Activity in Acute Public Hospitals in Ireland

ANNUAL REPORT

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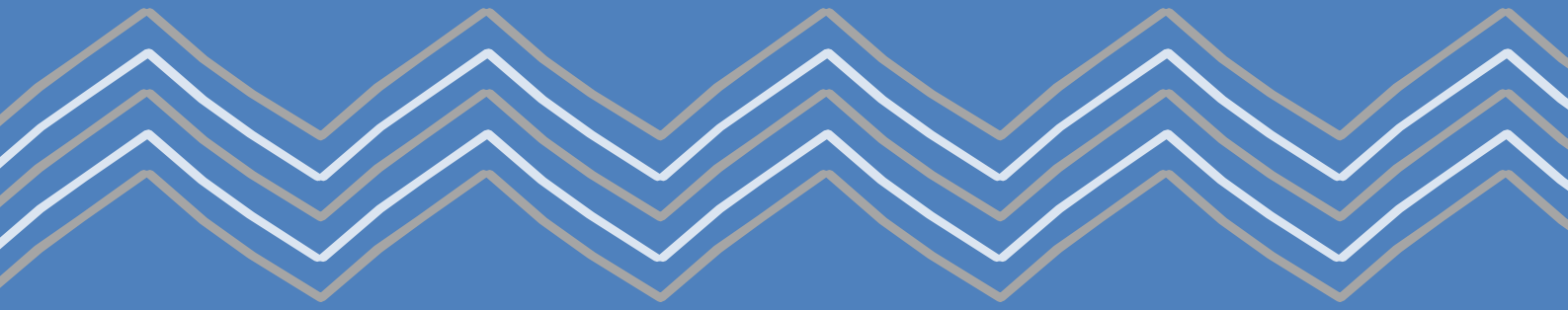

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Summary Description

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 2009. Discharge activity is examined by type of patient and hospital, and by demographic parameters (such as age and sex). Particular issues of relevance to the Irish health care system covered in the report relate to the composition of discharges by medical card and public/private status. Discharges are also analysed by diagnoses, procedures, major diagnostic categories, and diagnosis related groups. The analysis is presented at the national level and is also disaggregated by Health Service Executive (HSE) administrative areas.

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The HIPE team within the Economic and Social Research Institute's Health Research and Information Division oversees a wide range of tasks related to the management of this system, including software development and support, personnel training, data quality and audit, data management and analysis, and information dissemination. We acknowledge gratefully the dedication, skill and expertise that all the members of this team bring to their work on this scheme. We would also like to thank, specifically, Jacqui Curley, Brian McCarthy, Deirdre Murphy, Betty O'Donovan, Cliona O'Donovan, and Jacqueline O'Reilly for reviewing and commenting on earlier drafts of this report, and Edgar Morgenroth for providing population data.

Inevitably, a small number of individuals have to carry most of the responsibility of producing a report of this type. In this case Aoife Brick, Eoin Feeney, Conor Keegan, Aisling Mulligan, Sinead O'Hara, and Eithne Sexton 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

INTRODUCTION

The Hospital In-Patient Enquiry (HIPE) scheme, established in 1971, 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 Economic and Social Research Institute (ESRI) oversees the administration and management of this scheme on behalf of the Health Service Executive. Within the ESRI, the Health Research and Information Division (HRID) is responsible for overseeing all functions associated with the operation of this database, including the development and support of the data collection and reporting software, training of coders and data quality audit, reporting, and responding to requests for data.[1]

This report relates to the 2009 calendar year. As with previous reports, the aim is to present an overview of discharge activity in acute public hospitals in Ireland. The data available from participating hospitals for 2009 indicate that for inpatient and day discharges appropriate for inclusion in HIPE, 99.8 per cent were coded and returned for inclusion in the national HIPE data set.

Given the comprehensive coverage achieved by this information system, the data captured by HIPE have become increasingly used by policymakers, clinical teams and researchers. Data sets for HIPE discharges are provided to a number of state agencies to address specific data requirements. In addition to responding to requests for HIPE data, the HRID also manages an online data reporting tool.[2]

ACUTE HOSPITAL DISCHARGES FROM 2005 TO 2009

In 2009, 1,410,394 discharges were reported to HIPE by acute public hospitals in Ireland. This represented average annual growth over the five-year period of 9.1 per cent from the 1,008,498 discharges recorded in 2005.[3] While improved coverage of the database is one factor impacting on this growth, the most important factor was increased recorded activity, most notably in the volume of day patient activity. In 2005, day patients accounted for 44.0 per cent of total discharges, but by 2009 this proportion had increased to 58.2 per cent. There was average annual growth in the number of day patients over the period 2005 to 2009 of 17.9 per cent. The growth in the number of day patients reported between 2005 and 2009 is related, in part, to technological advances and the increased availability of day treatment facilities. However, the increase can be attributed mainly to the expansion of the HIPE scheme in 2006[4] to record all day patient dialysis discharges and, in the same year, the amendment of the HIPE data entry system

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

2 An online data reporting tool is now available at www.esri.ie/health_information/hipe_data_reporter

3 The average annual percentage change over the five-year period is used to measure growth over the period rather than the percentage change between 2005 and 2009. This measure is used for all further comparative analysis over the 2005 to 2009 period in order to avoid the distortion of the percentage change figures caused by an expansion in the areas covered by the scheme from 2006.

4 Health Research and Information Division, 2008, *Activity in Acute Public Hospitals in Ireland, 2006 Annual Report*, Dublin: The Economic and Social Research Institute.

to facilitate the collection of radiotherapy day patient discharges from one hospital which previously underreported this activity. There were additional increases in the number of day patient discharges in 2007[5], which can be partly attributed to an increase in the number of day patient dermatology discharges reported to HIPE as a result of the reconfiguration of services across two hospitals. In-patient discharges show an average annual rate of growth of 1.1 per cent over the period since 2005.

In 2009, a change to the classification of the Admission Type variable has meant that maternity in-patient discharges are no longer differentiated as planned or emergency.[6] Over the period 2005-2009, planned in-patients experienced a decrease in the average annual growth rate of 2.6 per cent, while emergency in-patients had an average annual growth rate of 1.3 per cent. Maternity in-patients have increased by 4.7 per cent on average over the period 2005-2009.

For every 1,000 members of the population in 2009 there were 315.9 discharges recorded. This discharge rate has grown at an average annual rate of 6.6 per cent since 2005, when there were 246.6 discharges per 1,000 population. The average annual percentage increase in the number of total discharges over the period 2005 to 2009 (9.1 per cent) surpassed that of discharge rates (6.6 per cent), indicating that the level of activity supported by the acute public hospital system experienced stronger growth than the population.

A further indicator of utilisation, bed days, also increased over the period between 2005 and 2009 (2.0 per cent). However, total in-patient bed days decreased by an average annual rate of 0.3 per cent over the five-year period, representing a lower growth rate than total in-patient discharges (1.1 per cent). While only 1.1 per cent of total discharges were extended stay in-patients, this group used a disproportionate share of total bed days (23.2 per cent of total bed days).[7] These differential growth rates in bed days and discharges impacted on the duration of hospital stays. During the five-year period under consideration, the average length of stay for total (day and in-patient) discharges declined by an average annual rate of 6.6 per cent, from 4.1 days in 2005 to 3.1 days in 2009. Acute in-patients experienced a fall in their average length of stay over the entire period, from 4.9 days in 2005 to 4.5 days in 2009, representing an average annual decrease of 2.1 per cent.[8]

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5 Health Research and Information Division, 2009, *Activity in Acute Public Hospitals in Ireland, 2007 Annual Report*, Dublin: The Economic and Social Research Institute.

6 This has necessitated a change in the presentation of discharges by patient type, which is now disaggregated into emergency, elective and maternity discharges.

7 Extended stay in-patients have a length of stay of more than 30 days.

8 Acute in-patients are defined as in-patient discharges with a length of stay between 0 and 30 days.

ANALYSIS OF ACUTE HOSPITAL ACTIVITY IN 2009

Patient Type

In 2009, over 58 per cent of total discharges were day patients, the remainder being in-patients. Total in-patients accounted for 81.5 per cent of total bed days in that year. Acute in-patients accounted for 40.7 per cent of total discharges and 58.3 per cent of total bed days. Extended stay in-patients amounted to 1.1 per cent of total discharges and 23.2 per cent of total bed days. The average length of stay was 4.5 days for acute in-patients and 6.1 days for total (acute and extended stay) in-patients.

Hospital Type

General hospitals accounted for 86.9 per cent of total discharges. Within the general hospital group, county and regional hospitals accounted for 56.8 per cent of total discharges and voluntary hospitals accounted for the remainder. Special hospitals (including long stay hospitals) accounted for 13.1 per cent of total discharges. Of these special hospitals, maternity and cancer hospitals recorded the highest number of total discharges.[9]

The distribution of discharges by patient type differed by hospital type. A higher proportion of day patients were discharged from voluntary hospitals compared to county and regional hospitals, while the proportions of both total and acute in-patient discharges were highest in county hospitals. Voluntary hospitals discharged a higher proportion of extended stay in-patients than the other general hospitals. Within special hospitals a higher proportion of acute in-patients were discharged compared to extended stay in-patients. Of total acute in-patients, 83.9 per cent were discharged from general hospitals and, of total extended stay in-patients, 85.2 per cent were discharged from general hospitals. The remainder of acute and extended stay in-patients were discharged from special hospitals (16.1 per cent and 14.8 per cent respectively).

There were differences in the average length of stay across the three types of general hospitals for both acute and extended stay in-patient discharges. Voluntary hospitals recorded a consistently longer average length of stay for both types of in-patient discharges compared to those reported for regional and county hospitals. Voluntary hospitals recorded an average length of stay of 5.9 days for acute in-patient discharges, which was 1.5 days longer than the 4.4 days reported for regional hospitals and 1.8 days longer than the 4.1 days reported for county hospitals.

[9] As a result of the reconfiguration of maternity services in Cork in March 2007, activity previously reported as 'Maternity Hospital' activity for this region is now reported as 'Regional Hospital' activity from 01 January 2008 (see Appendix I).

Areas of Hospitalisation and Residence

Over 30 per cent of total discharges were treated in the HSE Dublin Mid Leinster area. HSE Dublin North East treated the smallest proportion of discharges (21.5 per cent). The HSE South area treated 22.6 per cent and the HSE West treated 25.2 per cent of total discharges. A similar pattern was maintained when total discharges were compared by day and in-patient status.

The average length of stay for acute in-patients was longest in HSE Dublin North East and HSE Dublin Mid Leinster (4.6 days), which was above that reported for acute in-patient discharges across all HSE areas (4.5 days). The HSE Dublin North East area recorded the longest length of stay for extended stay in-patient discharges (71.9 days).

There was considerable variability in the number of discharges and discharge rates by area of residence. For every 1,000 members of the population resident in the HSE South area there were 293.5 discharges, which was lower than the rates reported by all other HSE areas. The HSE West area recorded the highest discharge rate with 348.8 discharges per 1,000 population.

Temporal Variation in Admission and Discharge Activity

During 2009, the highest number of hospital admissions occurred during March (123,056 admissions), with the lowest number reported for December (104,486 admissions). Admissions for day patients peaked in July (72,757) and total in-patients peaked in March (51,941). Admissions of planned in-patients peaked in September (10,202), emergency in-patient admissions peaked in March (31,194), and maternity admissions peaked in July (10,636). The lowest numbers of planned and emergency admissions were reported for December, while the lowest number of maternity admissions were in February (9,435).

All types of admissions were more likely to take place during the first part of the week. Admissions of emergency and maternity in-patients were more evenly distributed throughout the week, while the number of planned in-patient admissions peaked on Mondays. Discharge activity peaked on Fridays with discharges being less likely to occur at the weekend.

DEMOGRAPHIC ANALYSIS OF HOSPITAL DISCHARGE ACTIVITY IN 2009

Sex

More than half of total discharges in 2009 were females. This differs from the national population in 2009, which was more equally divided between men and women. A higher proportion of males were discharged as day patients than females (63.2 per cent and 53.8 per cent respectively). Sex-specific discharge rates showed greater utilisation of acute in-patient hospital services by females. The discharge rate for acute female in-patient discharges was 154.0 per 1,000, which was 48.8 per cent greater than for males (103.5 per 1,000).

The use of obstetric services by females in the 15-44 year age group was an important factor in accounting for the different patterns of utilisation observed for men and women. The average length of stay for acute in-patient discharges was more than half a day longer for males (4.9 days) compared to females (4.2 days). Average length of stay for extended stay in-patients was over two days longer for females compared to males (66.0 days and 63.9 days respectively).

Marital Status

Married discharges accounted for 48.8 per cent of total discharges – the single largest category by marital status – but only 43.6 per cent of total bed days. Thus, the average length of stay for married total discharges (2.8 days) was slightly below that for total discharges overall (3.1 days). In contrast, widowed discharges had a longer average length of stay (5.7 days) and accounted for proportionately more bed days (16.6 per cent) than their share of total discharges (9.2 per cent).

Age

The age-specific discharge rates indicate that, after controlling for the size of the population in each age group, a higher number of discharges took place among older age groups. This finding was consistent when the analysis was undertaken for day and in-patients and by sex. Moreover, older age groups accounted for a disproportionate share of bed days. While discharges aged 65 years and over represented 27.4 per cent of total in-patients and 32.0 per cent of total discharges, they accounted for 48.8 per cent of total in-patient bed days and 46.3 per cent of total bed days. Consequently, older discharges (65 years and over) recorded a much longer average length of stay for total in-patients (10.9 days) than, for example, the 45 to 64 years group (6.6 days), which recorded the second longest average length of stay for total in-patients.

General Medical Service (GMS) Status

Information on whether a patient holds a medical card is collected through HIPE, although it should be noted that holding a medical card does not necessarily imply that the hospital discharge was publicly funded. While approximately 33 per cent of the population held medical cards in 2009, GMS patients accounted for 52.2 per cent of total discharges from HIPE hospitals. Non-GMS patients (non-medical card holders) represented 46.9 per cent of total discharges. The GMS status of the remaining 1.0 per cent of total discharges was unknown. Almost 43 per cent of day patient discharges and 53.0 per cent of acute in-patient discharges did not hold a medical card. The majority (68.1 per cent) of extended stay in-patient discharges were medical card holders. The average length of stay for acute GMS in-patients was 5.5 days, which was almost two days longer than that for non-GMS in-patients (3.6 days). The HSE West area reported the highest proportion of GMS discharges; 62.3 per cent of discharges treated in this area were medical card holders. HSE Dublin Mid Leinster reported the highest proportion of non-GMS discharges in 2009; 54.6 per cent of discharges from this area did not hold a medical card.

Public/Private Status

Within the HIPE system public/private status indicates whether the patient was treated by the consultant on a private or public basis. Nationally, 79.6 per cent of discharges from HIPE hospitals were public, although 82.4 per cent treated in the HSE Dublin North East area were public patients. The HSE South area recorded the highest proportion of private patients (26.2 per cent) as a proportion of discharges hospitalised in this HSE area. The average acute in-patient length of stay was 4.5 days for public discharges, which was only slightly higher than that for private discharges (4.4 days).

Inter-Regional Flow of Discharges

Discharge data can be analysed by where the patient received treatment and by where they resided. For the majority of discharges (88.9 per cent), treatment was received in the HSE area in which the patient was resident. The HSE Dublin Mid Leinster area treated the highest proportion of non-resident discharges. Of the discharges hospitalised there, 20.0 per cent lived outside the area, with the majority of these non-resident discharges coming from the neighbouring Dublin North East area (12.4 per cent).

Nationally, 10.8 per cent of discharges were treated outside their HSE area of residence. Over 92 per cent of discharges who were resident in either HSE South or HSE West were treated in their home area. The HSE Dublin North East area recorded the highest proportion of residents treated by other HSE areas (17.5 per cent).

MORBIDITY ANALYSIS FOR HOSPITAL DISCHARGES IN 2009

Diagnoses

The average number of diagnoses recorded for total discharges in 2009 was 2.6.[10] On average, total in-patients recorded a higher number of diagnoses (3.5) compared with day patients (2.0). The average number of diagnoses was marginally higher for total male discharges than females (2.7 compared with 2.6, respectively). The average number of diagnoses per discharge increased with age.

Almost 60 per cent of day patient discharges had one of the top 20 most common principal diagnoses.[11] The principal diagnosis of 'other medical care', which includes chemotherapy and radiotherapy encounters, accounted for the largest proportion of total day patients (21.3 per cent).

The 20 most frequently recorded principal diagnoses for in-patients accounted for 30.1 per cent of total in-patient discharges. The most common principal diagnosis was 'perineal laceration during delivery'. This diagnosis accounted for 3.0 per cent of total in-patient discharges with an average length of stay of 2.6 days.

Apart from obstetric and gynaecological diagnoses, there were some differences in the principal diagnoses reported for males and females. For example, of the 3,086 discharges with a principal diagnosis of 'mental and behavioural disorders due to alcohol', 2,234 (72.4 per cent) related to male discharges. Similarly, discharges for 'other ischaemic heart disease' and 'other injuries to the head (includes skull fracture)' included a higher proportion of males. Conversely, 'fracture of femur' was more common among female discharges. For many diagnoses, the number of discharges increased progressively with patient age.

Procedures

Of the 1,410,394 discharges reported to HIPE in 2009, 1,141,017 principal procedures were recorded, indicating that over 8 out of every 10 discharges had at least one procedure performed. On average, 1.8 procedures were recorded for each discharge for whom a procedure was performed in 2009. Total in-patient discharges on whom a procedure was performed had, on average, 2.8 procedures compared with an average of 1.4 for day patients. The average number of procedures was similar for total male and female discharges who recorded a procedure. The average number of procedures per discharge decreased with age for day patients and increased with age for total in-patients.

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[10] Diagnoses and procedures were coded using ICD-10-AM/ACHI/ACS for the first time in the 2005. The data presented here on diagnoses and procedures are not therefore directly comparable with data published in reports for earlier years when a different clinical coding scheme was in use.

[11] In 2006 the HIPE scheme expanded to record day patient dialysis discharges. In the same year, the HIPE data entry system was amended to facilitate the collection of radiotherapy day patient discharges from one hospital which previously underreported this activity. This has led to significantly higher numbers of day patient discharges with a principal diagnosis of 'care involving dialysis' and 'other medical care' than were reported in 2005. In 2007, there was an increase in the number of day patient dermatology discharges reported to HIPE as a result of the reconfiguration of services across two hospitals.

The top 20 principal procedure blocks accounted for 75.6 per cent of day patient discharges who had a procedure.[12] The most common principal procedure block for day patients was 'haemodialysis', which accounted for 22.0 per cent of day patients who recorded a procedure. Four of the remaining top 20 principal procedure blocks for day patients can be classified as 'procedures on the digestive system'.

The 20 most common principal procedure blocks for total in-patients were recorded for 52.4 per cent of in-patients who had a procedure. The most common principal procedure block was 'generalised allied health interventions', which accounted for 11.0 per cent of all principal procedures for total in-patients.[13] The total in-patient average length of stay for this principal procedure block was 11.7 days. Six of the top 20 principal in-patient procedure blocks were related to obstetrics.

As with diagnoses, there were some differences in principal procedures recorded by sex. More than half of all-listed principal procedures were performed on female discharges, which may reflect the volume of obstetric activity. Over one-third of principal procedures were undertaken on discharges aged 65 years and over. For most principal procedure blocks, the acute in-patient average length of stay increased with age.

ANALYSIS OF DISCHARGE DATA BY CASE MIX

Since 1993 a case mix adjustment has been applied when estimating the budgets for the majority of acute public hospitals in Ireland. For this purpose, in 2005, the Australian Refined Diagnosis Related Group (AR-DRG) case mix classification scheme was adopted by the Department of Health and Children as the national standard.[14] The AR-DRG scheme enables the disaggregation of discharges into homogeneous groups, which are expected to undergo similar treatment processes and incur similar levels of resource use. The first step in AR-DRG assignment is the classification of discharges into one of the Major Diagnostic Categories (MDCs), which are primary diagnostic groupings based on the systems of the body.

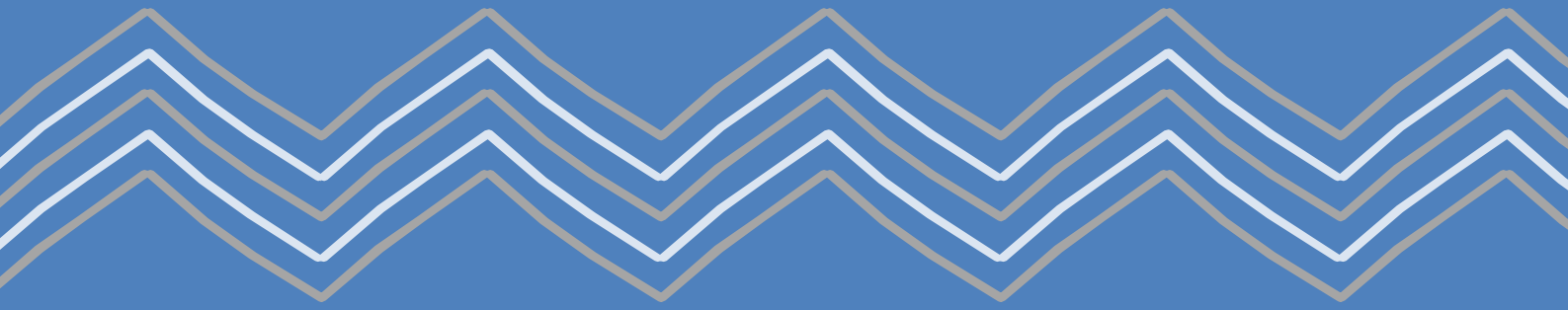
Discharges by Major Diagnostic Category (MDC)

The single largest number of total discharges was recorded for 'diseases and disorders of the kidney and urinary tract' (MDC 11). Over 89 per cent of discharges assigned to this MDC were treated on a day patient basis. Services pertaining to 'neoplastic disorders (haematological and solid neoplasms)' (MDC 17) recorded the second largest number of total discharges. Discharges with 'pregnancy, childbirth and the puerperium' (MDC 14) had the shortest total in-patient average length of stay (2.7 days). Excluding discharges assigned to 'pre-MDC' and 'unassignable to MDC', the MDC with the longest average length of stay for acute and total in-patient discharges was 'factors influencing health status and other contacts with health services' (MDC 23) at 7.3 days and 13.4 days respectively.

12 A procedure block represents a homogenous group of procedure codes in the Australian Classification of Health Interventions (ACHI).
13 Includes physiotherapy, occupational therapy, speech therapy, etc.
14 The use of AR-DRGs is discussed in Section Five.

Discharges by Australian Refined Diagnosis Related Group (AR-DRG)

The top 20 highest volume AR-DRGs for day patients accounted for 74.7 per cent of total day patient discharges. The AR-DRG that recorded the highest number of day patient discharges was 'haemodialysis' (AR-DRG L61Z). This AR-DRG amounted to 27.2 per cent of day patients in the top 20 AR-DRGs and 20.3 per cent of total day patients. The top 20 most common AR-DRGs for total in-patients accounted for 37.4 per cent of total in-patient discharges. The AR-DRG with the largest number of total in-patient discharges was 'vaginal delivery' (AR-DRG O60Z), which alone accounted for almost one-quarter of in-patient discharges within the top 20 AR-DRGs and 8.9 per cent of total in-patient discharges. The total in-patient average length of stay recorded for this AR-DRG was 2.7 days.



Introduction SECTION ONE

INTRODUCTION

The Hospital In-Patient Enquiry (HIPE) scheme, established in 1971, is a computer-based health information system designed to collect clinical and administrative data on discharges from, and deaths in, acute hospitals in Ireland. In 2009, 57 public hospitals in Ireland reported to HIPE.[1] Public hospitals that participated in HIPE in 2009 are listed in Appendix I.

The aim of this report is to present an overview of discharge activity in acute public hospitals in Ireland during 2009. Throughout this report, data on discharges from individual acute public hospitals are aggregated and presented by hospital type. The format of this Annual Report for 2009 corresponds with that of previous annual reports.

- Section Two contains a detailed account of acute public hospital discharge activity, in particular the number of day and in-patient discharges, and examines the geographical distribution of this activity.
- Demographic analysis of discharges from acute public hospitals is presented in Section Three, which examines the sex and age profile of discharges.
- Section Four concentrates on data reported for diagnoses and procedures.
- A case mix breakdown of discharge activity is presented in Section Five.

The remainder of this section provides an overview of the data collected by HIPE in 2009, discusses the coverage of HIPE, and compares selected statistics for the period 2005–9. Information on the historical context of HIPE, as well as processes and procedures for collecting, validating and auditing data, is contained in previous reports in this series.[2]

[1] Although a small number of private hospitals supply information to HIPE, discharges from these hospitals have not been included in this report, which concentrates only on activity in public hospitals. For historic reasons, a small number of non-acute hospitals also reported to HIPE in 2009. Discharges from these hospitals have been included in this report.

[2] All 'Activity in Acute Public Hospitals in Ireland' annual reports are available for download at www.esri.ie/health_information/latest_hipe_nprs_reports

CHANGES TO CLINICAL CODING IN 2009

The clinical coding classification for all discharges from 1 January 2009 was updated from the 4th to the 6th edition of the ICD-10-AM/ACHI/ACS.[3] This is the first year HIPE data were reported using the updated ICD-10-AM/ACHI/ACS 6th edition classification. Changes in 6th Edition ICD-10-AM/ACHI/ACS for diagnosis codes include chronic kidney disease, diabetes mellitus, post procedural complications, gastroenteritis and benign neoplasm of prostate. Changes to procedure codes include increased endoscopic procedure codes, reclassification of ventilatory support, and changes to coding of pacemakers and defibrillators. There were changes in coding guidelines, including ACS0002 additional diagnoses, ACS0020 multiple/bilateral procedures, and ACS0042 procedures not normally coded.[4]

DATA COLLECTED BY HIPE IN 2009

The data elements recorded by HIPE in 2009 are listed in Table 1.1.[5] In addition to the changes in clinical coding that took place in 2009, there was also a change to the variable Admission Type. From 1 January 2009 the Admission Type variable was changed to remove the distinction between elective and emergency maternity admissions. All maternity admissions are now allocated to one Admission Type code 'Maternity'. The potential impact of this revision needs to be borne in mind when reviewing trends in elective and emergency admissions.

To accommodate this change, a new category, 'Maternity In-Patients', has been added to the relevant Patient Type Reports. In previous years a maternity day case was a planned case, admitted and discharged alive, as scheduled, on the same day, and who did not give birth. In order to identify maternity day cases from 2009, only maternity cases admitted and discharged alive, as scheduled, on the same day, who did not give birth, *and* were treated in a registered day ward are considered planned maternity day cases.

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 discharges at individual patient level. Consequently, it is not possible to use HIPE data to examine certain parameters such as the number of hospital encounters per patient, or to estimate proxies for incidence or prevalence of disease.

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3 International Statistical Classification of Diseases and Related Health Problems, 10th Revision, 6th Edition/Australian Classification Health Interventions/Australian Coding Standards

4 A summary of major changes is contained in Appendix II.

5 A copy of the HIPE data entry form for 2009 is contained in Appendix III. Illustrations of the range of reports that can be produced from the HIPE database are outlined on www.esri.ie.

TABLE 1.1
Data Collected by HIPE

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

Table 1.1: Data Collected by HIPE (contd.)

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

Notes:

[a] For maternity discharges on or after 1 January 2009 there is no longer a distinction between planned and emergency admissions as in previous years.

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

COVERAGE OF HIPE DATA

In previous reports the coverage of the HIPE system was estimated using data provided by the Department of Health and Children and subsequently the Health Service Executive on total discharges from participating hospitals.[6] While data on discharges for participating hospitals were made available by the HSE for 2009, estimates were not consistent with the specification of discharge data that is within the remit of the HIPE system. To attempt to estimate the coverage for HIPE for 2009, therefore, the baseline data have been sourced from the data returned as 'uncoded' from participating HIPE hospitals. This dataset includes cases appropriate for inclusion in the HIPE system which are downloaded from the hospital's patient administration system (PAS). The data available from participating hospitals for 2009 indicate that for inpatient and day discharges that are appropriate for inclusion in the HIPE data set, 99.8 per cent of the discharges were coded and returned for inclusion in the national HIPE data set.

ACUTE HOSPITAL DISCHARGES FROM 2005 to 2009

In 2009, 1,410,394 discharges were reported to HIPE by participating acute public hospitals (see Table 1.2). This figure was, on average, 9.1 per cent higher than the level of discharges reported to HIPE five years earlier in 2005. This 9.1 per cent increase represents the average annual percentage change over the five-year period. This measure is used for all further comparative analysis over the 2005–9 period to avoid distortion of the percentage change figures caused by the increase in the number of total discharges recorded from 2006.[7]

The volume of day patient discharges increased over the period 2005–9 (see Figure 1.1). Day patient discharges experienced average annual growth of 17.9 per cent over the period and a 6.4 per cent increase between 2008 and 2009. The share of total discharges accounted for by day patients increased from 44.0 per cent in 2005 to 58.2 per cent in 2009. The volume of in-patient discharges increased year-on-year up to 2007 but decreased thereafter. Total in-patient discharges experienced an average annual increase of 1.1 per cent over the period 2005–9, although there was a decrease of 1.2 per cent between 2008 and 2009.

In 2009, the number of emergency in-patients was more than twice that of planned in-patients in 2008.[8] In 2009 a change to the classification of the Admission Type variable has meant that it is no longer possible to classify maternity in-patients as planned or emergency, therefore, maternity in-patients are reported separately. Given this change the presentation of Patient Type data in Table 1.2 and Figure 1.2 differs from that presented in previous reports.

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6 Previous reports are available online from www.esri.ie/health_information/latest_hipe_nprs_reports

7 In 2006 the HIPE scheme expanded to record day patient dialysis discharges. In the same year, the HIPE data entry system was amended to facilitate the collection of radiotherapy day patient discharges from one hospital which previously underreported this activity. In 2007, there was an increase in the number of day patient dermatology discharges reported to HIPE as a result of the reconfiguration of services across two hospitals. In 2008, the HIPE scheme was expanded to record all day patient dermatology discharges at a hospital which had not previously been reported.

8 Emergency in-patient admissions includes patients who visited the Emergency Department and were subsequently admitted to hospital. Therefore, emergency admissions do not capture all of those who attended the Emergency Department. For this reason, it is not possible to use emergency admissions reported to HIPE to draw conclusions about the total volume of activity in Emergency Departments.

In 2009, general hospitals accounted for 86.9 per cent of total discharges and the remainder were discharged from hospitals specialising in particular areas (such as maternity, paediatrics and cancer). It should be noted that as a result of the reconfiguration of maternity services in Cork in March 2007, activity previously reported as 'Maternity Hospital' activity for this region is reported as 'Regional Hospital' activity from 1 January 2008. The breakdown of activity between general and special hospitals in 2009 was similar to that recorded in 2005 (see Figure 1.3). Discharges from special hospitals experienced similar average annual growth over the period 2005–9 compared to general hospitals (growth of 8.9 per cent and 9.1 per cent for special and general hospitals respectively); however, it should be noted that growth fluctuated significantly over the five year period. General hospitals are divided further into voluntary, regional and county hospitals. The largest category of general hospital was county hospitals, which treated 30.6 per cent of total discharges in 2009, representing an average annual growth rate of 6.0 per cent from 2005. A similar proportion of discharges were from voluntary hospitals (30.1 per cent) and the remainder were from regional hospitals (26.2 per cent). Discharges from all three categories of general hospital experienced growth during the period 2005–9. Average annual growth in discharges from regional hospitals exceeded that of both voluntary and county hospitals.

In 2009, almost nine out of every ten discharges living in Ireland were treated in the same HSE area in which they resided and this proportion has remained relatively stable since 2005 (Table 1.2). The numbers of discharges treated within and outside their HSE area of residence increased at a similar rate between 2008 and 2009 (3.1 per cent and 3.0 per cent respectively).

In 2009, male discharges accounted for 46.2 per cent of total discharges from HIPE hospitals. The average annual growth of discharges over the period 2005–9 was higher for males than it was for females (10.3 per cent for males and 8.1 per cent for females). Similarly, the growth in the number of male discharges between 2008 and 2009 was higher than that for females at 3.3 per cent and 2.9 per cent respectively (see Table 1.2).

In 2005, 46.4 per cent of total discharges were aged under 45 years and by 2009 this had fallen to 39.9 per cent. This change reflects the differential growth in the number of discharges for each age group. In the period from 2005–9, the two younger age groups experienced lower average annual growth than the two older age groups, 0.6 per cent for discharges under 15 years and 6.2 per cent for discharges aged between 15 and 44 years (see Figure 1.4). Discharges aged between 45 and 64 years experienced average annual growth of 11.6 per cent and discharges in the oldest age group (65 years and over) recorded 13.5 per cent growth. Between 2008 and 2009 the 65 years and over age group experienced the highest level of growth (7.1 per cent).

In the Irish health-care system holders of a medical card are not charged for treatment in a public ward, while charges may be levied on non-medical card holders. The disaggregation of

total discharges by whether or not they had a medical card is referred to here as General Medical Service (GMS) status. In 2006, for the first time, GMS discharges accounted for a higher proportion of total discharges than non-GMS discharges and this continued to be the case in 2009. The average annual year-on-year growth rate of GMS discharges (12.3 per cent) was higher than that of non-GMS discharges (6.8 per cent).

In HIPE, the public/private status variable relates to whether the patient saw the consultant publicly or privately. Public discharges accounted for 79.6 per cent of total discharges in 2009. This proportion was greater than that reported in 2005, when 74.3 per cent were public discharges. Between 2005 and 2009, the average annual growth rate of public discharges was 11.1 per cent, while the average annual growth in private discharges was 2.6 per cent over the period. Public discharges grew by 4.2 per cent between 2008 and 2009; in contrast, private discharges decreased by 1.2 per cent.

The discharge rate per 1,000 population is reported in Table 1.2. The number of discharges per 1,000 population increased steadily from 246.6 discharges for every 1,000 population in 2005 to 315.9 discharges per 1,000 in 2009, representing an average annual growth of 6.6 per cent over the five years (see Figure 1.5). The number of discharges experienced a higher level of growth over the same period, demonstrating that while increases in hospital activity may be partially attributed to factors such as population growth, other factors such as the expansion of the HIPE scheme in its reporting of hospital activity should also be considered.

In 2009, discharges spent over 4.4 million bed days in acute public hospitals. Although the majority of bed days were for in-patient discharges, the proportion accounted for by day patient discharges increased from 10.8 per cent in 2005 to 18.5 per cent in 2009, an average annual increase of 17.9 per cent. Total in-patient bed days experienced an average annual decline of 0.3 per cent over the period 2005–9 (see Figure 1.6). The breakdown of in-patient bed days by age group is reported in Table 1.2. The proportion of total bed days used by in-patient discharges aged 65 years and over was in excess of 40 per cent until 2007 when it accounted for 39.9 per cent of total bed days. This decrease continued in 2008; however, a slight increase was reported in 2009 when this group accounted for 39.8 per cent of total bed days. The in-patient bed days used by this age group declined by an average annual rate of 0.3 per cent over the period 2005–9 and also exhibited negative growth between 2008 and 2009 (-0.8 per cent).

On average, total discharges spent 3.1 days in hospital in 2009, representing a decline of 1 day or an average annual decrease of 6.6 per cent in average length of stay since 2005. The average length of stay for total in-patients decreased from 6.5 days to 6.1 days over the five-year period. In 2009 acute in-patients (those with a length of stay of 30 days or less) spent, on average, less time in hospital when compared to 2005 (4.9 days in 2005 and 4.5 days in 2009). The average length of stay for extended stay in-patients (those with a length of stay of more than 30 days) fluctuated over the period 2005–9, with average annual growth rate of 0.8 per cent and 3.8 per cent growth between 2008 and 2009. From the analysis of length of stay data by patient type,

the increase in the number of day patient discharges from 2006 has contributed to the decline in average length of stay for total discharges.

TABLE 1.2

Number and Percentage Distribution of Acute Public Hospital Discharges, 2005–2009

	2005 (%)	2006 (%)	2007 (%)	2008 (%)	2009 (%)	Average Annual % Change[a]	% Change
						2005-2009	2008-2009
Total Discharges	**1,008,498**	**1,244,890**	**1,317,626**	**1,368,594**	**1,410,394**	**9.1**	**3.1**
Patient Type[b]							
Day Patients	443,654 (44.0)	662,096 (53.2)	718,851 (54.6)	771,145 (56.3)	820,234 (58.2)	17.9	6.4
Total In-Patients	564,844 (56.0)	582,794 (46.8)	598,775 (45.4)	597,449 (43.7)	590,160 (41.8)	1.1	-1.2
Planned	122,628 (12.2)	122,435 (9.8)	120,012 (9.1)	115,507 (8.4)	110,355 (7.8)	-2.6	-4.5
Emergency[c]	338,960 (33.6)	351,618 (28.2)	358,872 (27.2)	355,186 (26.0)	356,414 (25.3)	1.3	0.3
Maternity	103,256 (10.2)	108,741 (8.7)	119,891 (9.1)	126,756 (9.3)	123,391 (8.7)	4.7	-2.7
Hospital Type[d]							
General Hospitals	874,119 (86.7)	1,074,202 (86.3)	1,130,965 (85.8)	1,192,755 (87.2)	1,225,574 (86.9)	9.1	2.8
Voluntary	287,319 (28.5)	365,761 (29.4)	396,926 (30.1)	417,850 (30.5)	424,683 (30.1)	10.7	1.6
Regional	244,608 (24.3)	317,643 (25.5)	325,484 (24.7)	355,837 (26.0)	369,774 (26.2)	11.4	3.9
County	342,192 (33.9)	390,798 (31.4)	408,555 (31.0)	419,068 (30.6)	431,117 (30.6)	6.0	2.9
Special Hospitals	134,379 (13.3)	170,688 (13.7)	186,661 (14.2)	175,839 (12.8)	184,820 (13.1)	8.9	5.1
Location of Treatment[e]							
Within health area of residence	897,517 (89.0)	1,103,844 (88.7)	1,167,908 (88.6)	1,216,698 (88.9)	1,254,493 (88.9)	9.0	3.1
Outside health area of residence	107,085 (10.6)	136,496 (11.0)	145,289 (11.0)	147,950 (10.8)	152,368 (10.8)	9.7	3.0
Patient Characteristics							
Sex							
Males	449,213 (44.5)	586,077 (47.1)	615,312 (46.7)	630,950 (46.1)	651,525 (46.2)	10.3	3.3
Females	559,285 (55.5)	658,813 (52.9)	702,314 (53.3)	737,644 (53.9)	758,869 (53.8)	8.1	2.9
Age Group							
Under 15 years	124,080 (12.3)	127,461 (10.2)	125,348 (9.5)	127,471 (9.3)	127,264 (9.0)	0.6	-0.2
15 to 44 years	344,385 (34.1)	390,774 (31.4)	420,388 (31.9)	430,068 (31.4)	435,965 (30.9)	6.2	1.4
45 to 64 years	260,981 (25.9)	345,500 (27.8)	371,405 (28.2)	389,558 (28.5)	395,924 (28.1)	11.6	1.6
65 years and over	279,052 (27.7)	381,155 (30.6)	400,485 (30.4)	421,497 (30.8)	451,241 (32.0)	13.5	7.1
GMS Status							
GMS (Medical card holders)	468,709 (46.5)	604,983 (48.6)	663,162 (50.3)	686,181 (50.1)	735,723 (52.2)	12.3	7.2
Non-GMS (Non-medical card holders)	510,389 (50.6)	579,950 (46.6)	620,708 (47.1)	641,093 (46.8)	660,812 (46.9)	6.8	3.1
Unknown[f]	29,400 (2.9)	59,957 (4.8)	33,756 (2.6)	41,320 (3.0)	13,859 (1.0)	4.0	-66.5

Table 1.2: Number and Percentage Distribution of Acute Public Hospital Discharges, 2005-2009 (contd.)

	2005 (%)	2006 (%)	2007 (%)	2008 (%)	2009 (%)	Average Annual % Change[a] 2005-2009	% Change 2008-2009
Public/Private Status[g]							
Public Discharges	748,966	963,620	1,037,584	1,077,917	1,123,154	11.1	4.2
	(74.3)	(77.4)	(78.7)	(78.8)	(79.6)		
Private Discharges	259,532	281,270	280,042	290,677	287,240	2.6	-1.2
	(25.7)	(22.6)	(21.3)	(21.2)	(20.4)		
Discharge Rate Per 1,000 Population[h]	**246.6**	**293.6**	**303.2**	**309.1**	**315.9**	**6.6**	**2.2**
Total Bed Days	**4,103,306**	**4,350,877**	**4,451,301**	**4,472,104**	**4,428,882**	**2.0**	**-1.0**
Day Patients	443,654	662,096	718,851	771,145	820,234	17.9	6.4
	(10.8)	(15.2)	(16.1)	(17.2)	(18.5)		
Total In-Patients	3,659,652	3,688,781	3,732,450	3,700,959	3,608,648	-0.3	-2.5
	(89.2)	(84.8)	(83.9)	(82.8)	(81.5)		
Under 15 years	293,459	302,697	301,025	309,361	301,909	0.7	-2.4
	(7.2)	(7.0)	(6.8)	(6.9)	(6.8)		
15 to 44 years	823,802	834,045	863,476	847,468	814,708	-0.2	-3.9
	(20.1)	(19.2)	(19.4)	(19.0)	(18.4)		
45 to 64 years	759,715	769,340	790,809	768,845	730,938	-0.9	-4.9
	(18.5)	(17.7)	(17.8)	(17.2)	(16.5)		
65 years and over	1,782,676	1,782,699	1,777,140	1,775,285	1,761,093	-0.3	-0.8
	(43.4)	(41.0)	(39.9)	(39.7)	(39.8)		
Average Length of Stay (Days)							
Total Discharges[i]	4.1	3.5	3.4	3.3	3.1	-6.6	-6.1
Total In-Patients	6.5	6.3	6.2	6.2	6.1	-1.6	-1.6
Acute[j]	4.9	4.8	4.7	4.6	4.5	-2.1	-2.2
Extended[k]	63.0	60.0	59.8	62.5	64.9	0.8	3.8
Total Hospital Beds in HIPE Hospitals[l,m]	**13,623**	**13,773**	**13,885**	**13,879**	**-**	**-**	**-**
Day Patient Beds	1,244	1,402	1,529	1,697	-	-	-
	(9.1)	(10.2)	(11.0)	(12.2)	-	-	-
In-Patient Beds	12,379	12,371	12,356	12,182	-	-	-
	(90.9)	(89.8)	(89.0)	(87.8)	-	-	-

Notes: Percentages are reported in parentheses.

[a] The average annual percentage change is the average of the four annual percentage growth rates over the five years.

[b] For maternity discharges on or after 1 January 2009 there is no longer a distinction between planned and emergency admissions as in previous years. Given this change the presentation of Patient Type data in Table 1.2 and Figure 1.2 differs from that presented in previous reports, see *Data Collected by HIPE in 2009* for further information.

[c] Emergency in-patient admissions include patients who visited the Emergency Department and were subsequently admitted to hospital. Therefore, emergency admissions do not capture all of those patients who attended the Emergency Department. 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.

[d] As a result of the reconfiguration of maternity services in Cork in March 2007, activity previously reported as 'Maternity Hospital' activity for this region is reported as 'Regional Hospital' activity from 1 January 2008.

[e] Percentages are based on total discharges.

[f] Includes discharges for whom GMS status was not known.

[g] Public/Private status refers to the patient's status on discharge, which may be public (private) if the patient saw the consultant publicly (privately). This does not relate to the type of bed occupied by the patient during the hospital stay.

[h] Crude discharge rate is calculated as the ratio of total discharges to the population of Ireland, multiplied by 1,000. When those discharges with no fixed abode and who were living outside Ireland were excluded, the crude discharge rate was 315.1 per 1,000 population.

[i] Includes day and in-patients.

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

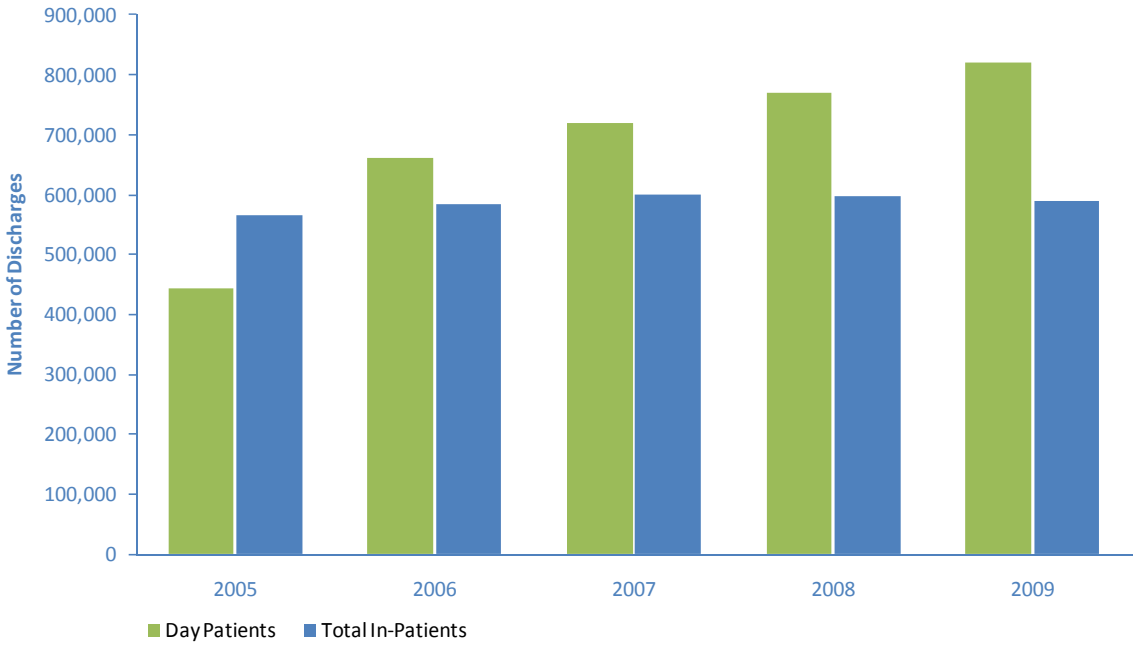
[k] Restricted to lengths of stay of more than 30 days.

[l] At the time of publication (November 2010), bed data for 2008 was the most recent available from the Business Intelligence Unit in the Corporate Planning and Corporate Performance Directorate of the Health Service Executive.

[m] It should be noted when interpreting data on the number of hospital beds that the number of participating hospitals will have changed over time (see Appendix I).

Sources: Data on discharges and bed days for 2005–8 were obtained from previous reports (see Health Research and Information Division, 2010, *Activity in Acute Public Hospitals in Ireland, 2008 Annual Report*, Dublin: The Economic and Social Research Institute).
For 2005 and 2007–9 population data were obtained from the Economic and Social Research Institute.
For 2006, population data were obtained from *Census 2006* (Central Statistics Office).Hospital bed data for 2005 was obtained from the Department of Health and Children (2008).
Hospital bed data from 2006–8 were obtained from the Business Intelligence Unit in the Corporate Planning and Corporate Performance Directorate of the Health Service Executive. The data reported here and provided by the Business Intelligence Unit estimate the number of beds as the average number of beds per day that were in use through the year and is exclusive of bed closures. Bed data for hospitals which were not part of the series collected by the Business Intelligence Unit were obtained directly from the hospitals.

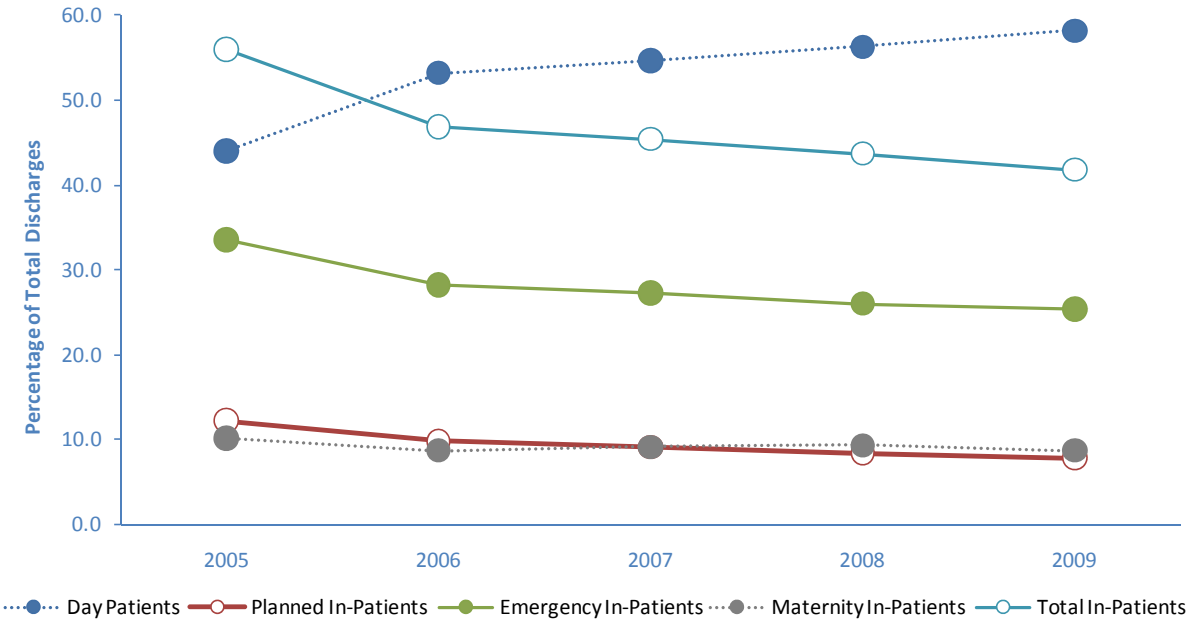
FIGURE 1.1
Total Discharges by Patient Type, 2005–2009



Notes: See Appendix I for a list of hospitals that participated in HIPE in 2009.

Sources: Data on discharges and bed days for 2005–8 were obtained from previous reports (see Health Research and Information Division, 2010, *Activity in Acute Public Hospitals in Ireland, 2008 Annual Report*, Dublin: The Economic and Social Research Institute).

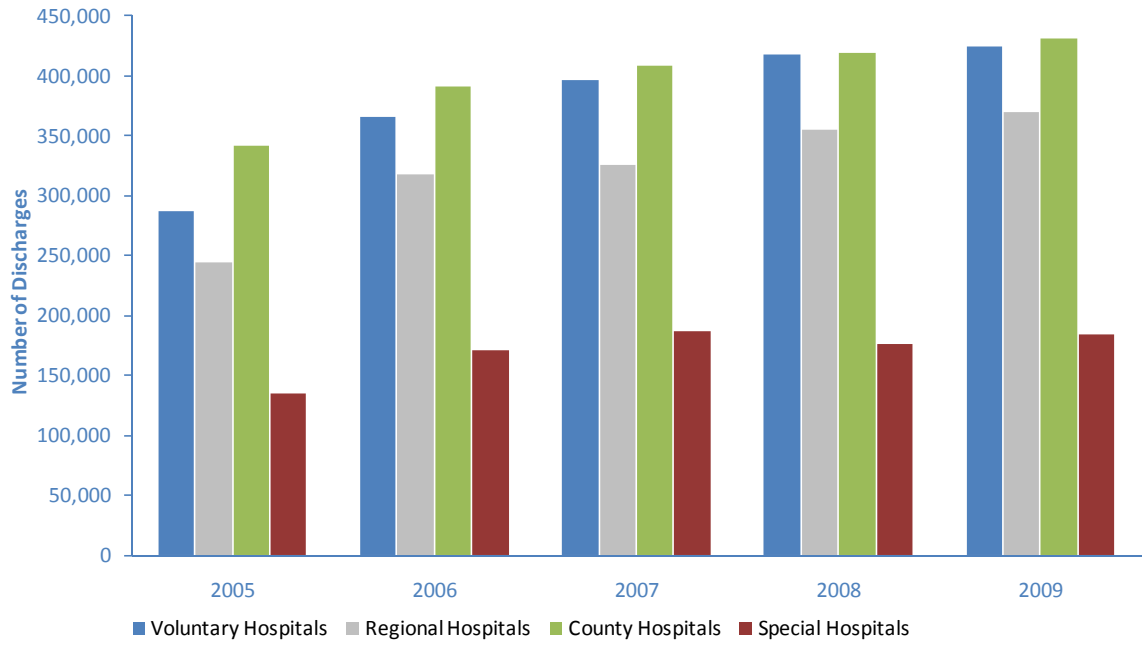
FIGURE 1.2
Percentage of Total Discharges by Type of Admission, 2005–2009



Notes: Emergency in-patient admissions include patients who visited the Emergency Department and were subsequently admitted to hospital. Therefore, emergency admissions do not capture all of those patients who attended the Emergency Department. 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.
For maternity discharges on or after 1 January 2009 there is no longer a distinction between planned and emergency admissions as in previous years. Given this change the presentation of Patient Type data in Table 1.3 and Figure 1.3 differs from that presented in previous reports, see Data Collected by HIPE in 2009 for further information.

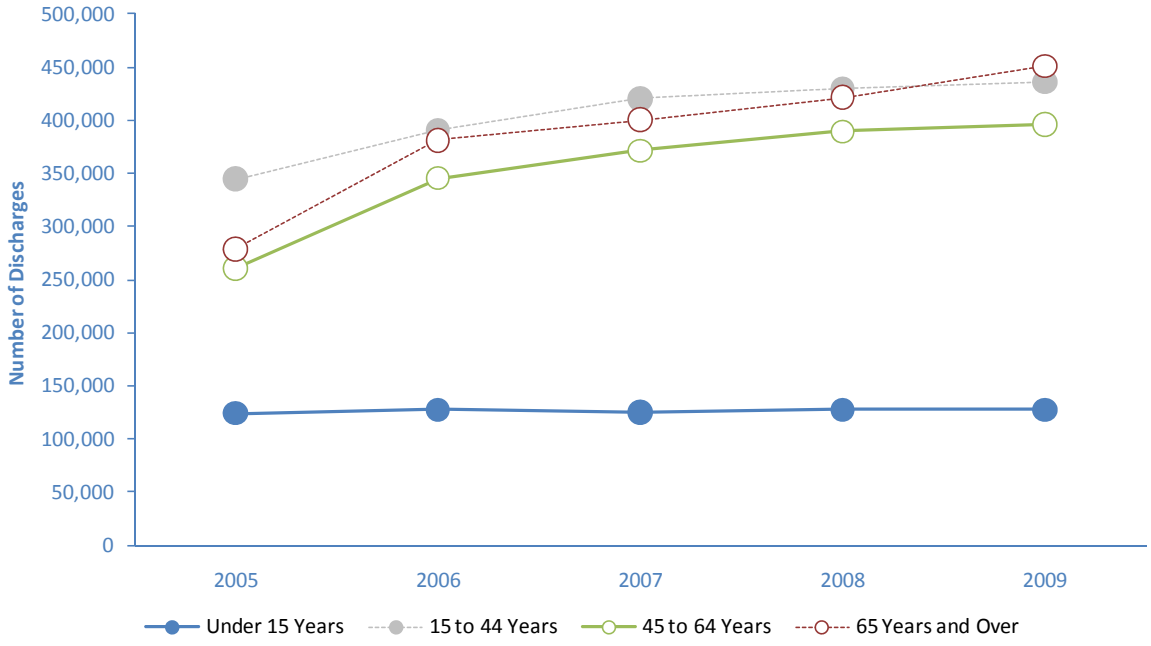
Source: Data for 2005-8 were obtained from HIPE.

FIGURE 1.3
Total Discharges by Hospital Type, 2005–2009



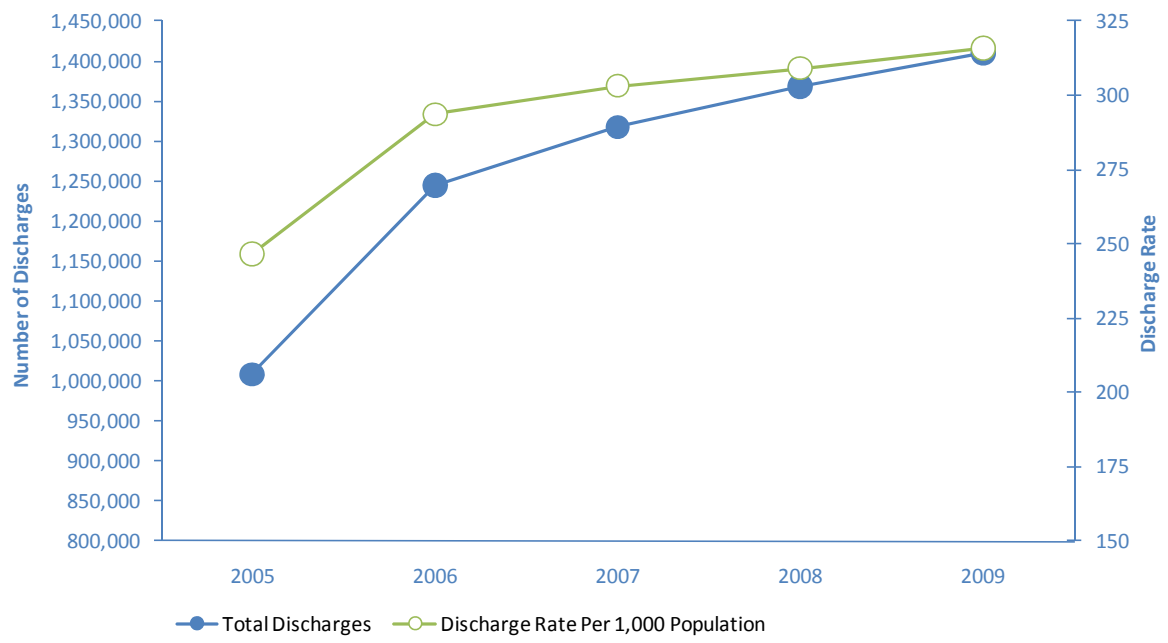
Sources: As for Figure 1.1

FIGURE 1.4
Total Discharges by Age Group, 2005–2009



Sources: As for Figure 1.1

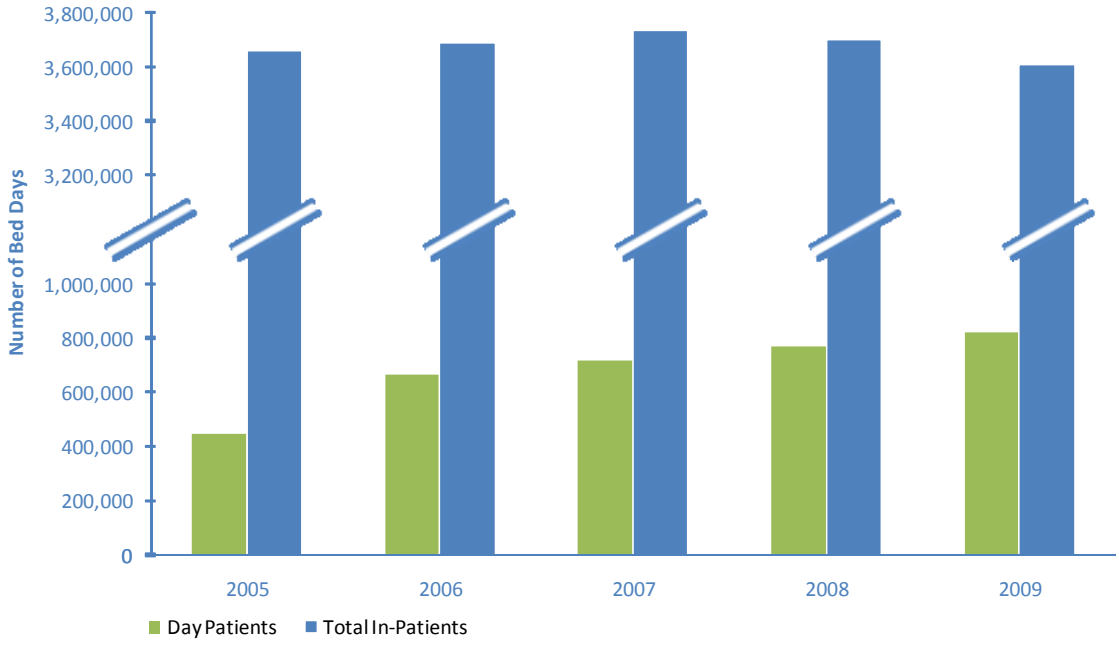
FIGURE 1.5
Total Discharges and Discharge Rate (Per 1,000 Population), 2005–2009



Note: Crude discharge rate is calculated as the ratio of total discharges to the population of Ireland, multiplied by 1,000. When those discharges with no fixed abode and who were living outside Ireland were excluded, the crude discharge rate was 315.1 per 1,000 population in 2009.

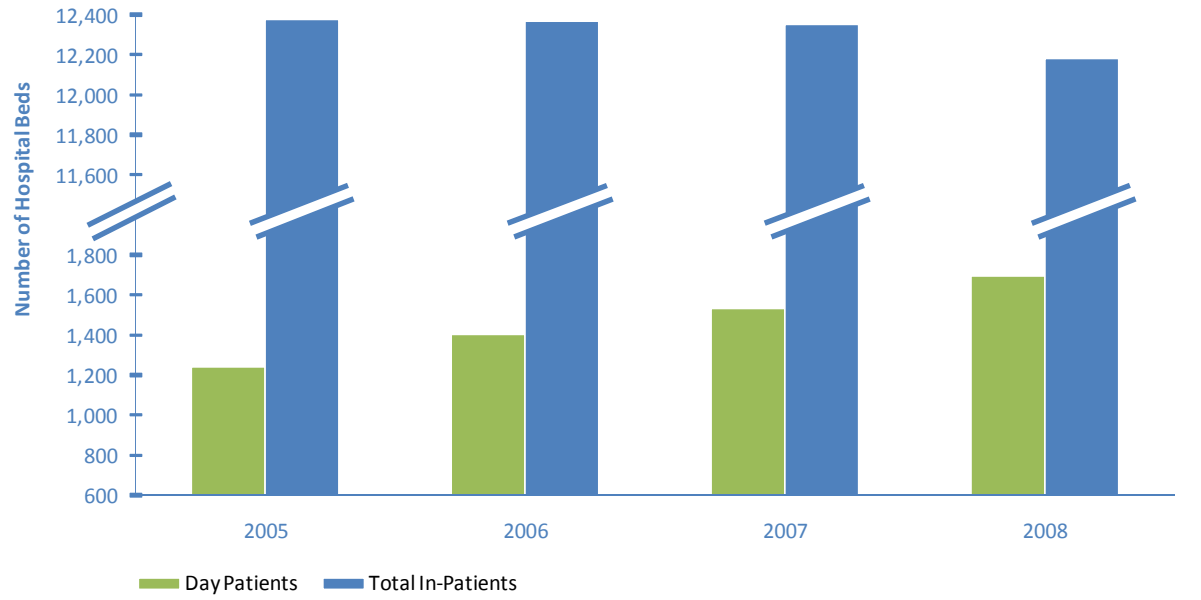
Sources: For 2005 and 2007–9, population data were obtained from the Economic and Social Research Institute. For 2006, population data were obtained from *Census 2006* (Central Statistics Office).
See additional Sources under Figure 1.1

FIGURE 1.6
Bed Days by Patient Type, 2005–2009



Sources: As for Figure 1.1

FIGURE 1.7
Number of Beds in HIPE Hospitals by Bed Type, 2005–2008[a]



Notes: [a] At the time of publication (November 2010), the most recent bed data available from the Business Intelligence Unit in the Corporate Planning and Corporate Performance Directorate of the Health Service Executive related to 2008.
For a small number of HIPE hospitals, bed numbers are not reported by the Health Service Executive and the Department of Health and Children. These data were therefore collected directly from the hospitals concerned.

Sources: Department of Health and Children (2010), Health Service Executive (2010)
See additional Sources under Table 1.2.

Analysis of Acute Hospital Activity 2009

SECTION TWO

SUMMARY

Patient Type

- Of the 1,410,394 discharges reported to HIPE from acute public hospitals in Ireland in 2009, total in-patients comprised 41.8 per cent of total discharges and the remainder were day patients.
- 58.3 per cent of total bed days were used by acute (0–30 days) in-patient discharges with the remainder used by extended stay (>30 days) in-patients and day patients.
- The average length of stay for total discharges in 2009 was 3.1 days, while average length of stay for acute in-patient discharges was 4.5 days.

Hospital Type

- General hospitals accounted for the majority (86.9 per cent) of total discharges, with special hospitals accounting for the remainder.
- Among the general hospitals, there were more day patients than in-patients treated in voluntary and regional hospitals, while the reverse was observed for county hospitals.
- Average length of stay for acute in-patients was longer in voluntary hospitals (5.9 days) than in regional and county hospitals (4.4 and 4.1 daysrespectively).

Geographical Distribution of Discharges by HSE Areas of Hospitalisation and Residence

- Almost 31 per cent of total discharges in 2009 were treated in the HSE Dublin Mid Leinster hospitals.
- The HSE Dublin North East and HSE Dublin Mid Leinster hospitals recorded an average length of stay of 4.6 days for acute in-patients, which was slightly longer than the national average of 4.5 days for acute in-patients.
- HSE South hospitals had the lowest acute in-patient average length of stay (4.3 days) relative to other HSE areas.

Temporal Variation in Hospital Admission and Discharge Activity

Monthly Pattern of Hospital Admissions

- In 2009, the number of day patient admissions peaked in July. Planned in-patient admissions peaked in September, emergency in-patient admissions peaked in March, and maternity in-patients peaked in July.

Daily Pattern of Hospital Admissions and Discharges

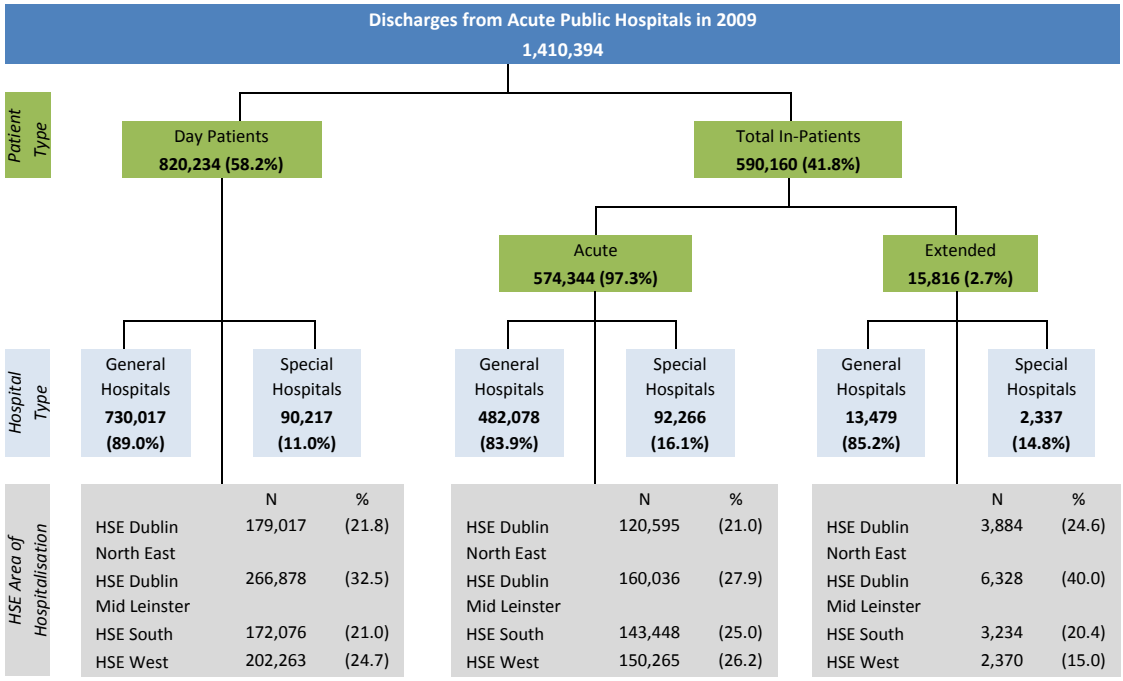
- While admissions were highest at the beginning of the week, over one-fifth of in-patient discharges were discharged on a Friday.

INTRODUCTION

In 2009, 1,410,394 discharges were reported to the Hospital In-Patient Enquiry (HIPE) Scheme by participating acute public hospitals (see Figure 2.1 and Table 2.1). This was equivalent to 315.9 discharges per 1,000 members of the population. The total number of bed days used was in excess of 4.4 million, representing a 1 per cent decrease from 2008. On average, the length of stay for total discharges was 3.1 days.

This section examines discharges by type of patient treated and the distribution of activity by type of hospital, geographical location, and temporal variation in admissions and discharges. An analysis of the number of beds in HIPE hospitals by patient type and Health Service Executive (HSE) area is also presented here.[1]

FIGURE 2.1
Summary of Discharges from Acute Public Hospitals in 2009



Note: Percentage columns are subject to rounding.

[1] At the time of publication (November 2010), the most recent bed data available from the Business Intelligence Unit in the Corporate Planning and Corporate Performance Directorate of the Health Service Executive related to 2008.

PATIENT TYPE

Table 2.1 presents the total number of discharges reported to HIPE by type of patient – day or in-patient. A day patient is admitted to hospital on a planned basis and discharged, as scheduled, on the same day. In 2009, 58.2 per cent of total discharges were day patients and the remainder were in-patients. This relatively greater volume of day patient activity was apparent in the higher discharge rate for this group (183.7 per 1,000 for total day patients compared to 132.2 per 1,000 for total in-patients). Although day patients accounted for 58.2 per cent of total discharges, this group used only 18.5 per cent of total bed days. In contrast, total in-patients accounted for proportionately more bed days (81.5 per cent of total bed days).

In-patient discharges are further divided into acute and extended stay discharges in Table 2.1. Acute in-patient discharges are defined as those with a length of stay of 30 days or less, while extended stay in-patient discharges have a length of stay in excess of 30 days. Of the in-patient discharges reported to HIPE in 2009, the majority were acute (97.3 per cent). Acute in-patients amounted to 40.7 per cent of total discharges and 58.3 per cent of total bed days. While only 1.1 per cent of total discharges were extended stay in-patients, this group used a disproportionate share of total bed days (23.2 per cent of total bed days). On average, acute in-patients remained in hospital for 4.5 days, while the average length of stay for total (acute and extended stay) in-patients was longer at 6.1 days.

TABLE 2.1
Discharges, Bed Days, Discharge Rates (Per 1,000 Population), and Average Length of Stay (Days) by Patient Type

	Total Discharges			Total Bed Days			Average Length of Stay
	N	%	Rate	N	%	Rate	
Day Patients	**820,234**	**58.2**	**183.7**	**820,234**	**18.5**	**183.7**	**-**
In-Patients							
Acute (0-30 days)	574,344	40.7	128.6	2,581,915	58.3	578.3	4.5
Extended (>30 days)	15,816	1.1	3.5	1,026,733	23.2	230.0	64.9
Total In-Patients	**590,160**	**41.8**	**132.2**	**3,608,648**	**81.5**	**808.2**	**6.1**
Total (Day and In-Patients)	**1,410,394**	**100**	**315.9**	**4,428,882**	**100**	**991.9**	**3.1**

Note: Percentage columns are subject to rounding.
Source: Rates are based on population data from the ESRI (see Appendix IV).

HOSPITAL TYPE

Discharges are disaggregated by type of patient and hospital in Table 2.2. General hospitals comprise voluntary, regional and county hospitals, and treated the largest volume of total discharges (86.9 per cent), while the remainder were discharged from hospitals specialising in the treatment of particular conditions or patient groupings (hereafter referred to as special hospitals). The distribution of discharges between general and special hospitals varied slightly by patient type. General hospitals discharged 89.0 per cent of day patients and 84.0 per cent of total in-patients. Figure 2.2 shows that a higher proportion of day patients were discharged from general hospitals compared with special hospitals. There were also some differences between acute and extended stay in-patients. The proportion of acute in-patients discharged from general hospitals was slightly smaller than that for extended stay in-patients (83.9 per cent for acute in-patients and 85.2 per cent for extended stay in-patients).

In 2009, county hospitals and voluntary hospitals treated similar proportions of total discharges, accounting for 30.6 per cent and 30.1 per cent of total discharges respectively. The proportion of total discharges treated in regional hospitals was 26.2 per cent. Within the general hospital group, there were differences in the types of patients discharged (see Figure 2.3). For instance, in voluntary and regional hospitals, the number of day patients exceeded the number of total in-patients, while the reverse was true for county hospitals. Furthermore, voluntary hospitals recorded the largest volume of day patients with 37.2 per cent of day patient discharges compared to 28.0 per cent for regional hospitals and 23.8 per cent for county hospitals. The number of acute in-patient discharges from county hospitals was over twice that from voluntary hospitals. Voluntary hospitals recorded the largest share of extended stay in-patients (41.1 per cent) compared to regional (18.7 per cent) and county (25.4 per cent) hospitals.

Among the group of special hospitals, maternity hospitals recorded the largest number of total discharges and acute in-patients (see Figure 2.4). The long stay, maternity and other care hospitals were the only categories of special hospitals for which the number of total in-patients exceeded the number of day patients.

TABLE 2.2

Discharges and Discharge Rates (Per 1,000 Population) by Patient Type and Hospital Type

	Day Patients			In-Patients									Total Discharges		
				Acute (0-30 days)			Extended (>30 days)			Total In-Patients					
	N	%	Rate	N	%	Rate	N	%	Rate	N	%	Rate	N	%	Rate
General Hospitals															
Voluntary	304,850	37.2	68.3	113,334	19.7	25.4	6,499	41.1	1.5	119,833	20.3	26.8	424,683	30.1	95.1
Regional	229,664	28.0	51.4	137,152	23.9	30.7	2,958	18.7	0.7	140,110	23.7	31.4	369,774	26.2	82.8
County	195,503	23.8	43.8	231,592	40.3	51.9	4,022	25.4	0.9	235,614	39.9	52.8	431,117	30.6	96.6
Total (General)	**730,017**	**89.0**	**163.5**	**482,078**	**83.9**	**108.0**	**13,479**	**85.2**	**3.0**	**495,557**	**84.0**	**111.0**	**1,225,574**	**86.9**	**274.5**
Special Hospitals															
Cancer	40,899	5.0	9.2	1,313	0.2	0.3	535	3.4	0.1	1,848	0.3	0.4	42,747	3.0	9.6
Eye, Ear, Nose and Throat	6,957	0.8	1.6	2,755	0.5	0.6	~	0.0	0.0	2,758	0.5	0.6	9,715	0.7	2.2
Long Stay	~	0.0	0.0	1,124	0.2	0.3	112	0.7	0.0	1,236	0.2	0.3	1,238	0.1	0.3
Maternity	9,669	1.2	2.2	59,393	10.3	13.3	457	2.9	0.1	59,850	10.1	13.4	69,519	4.9	15.6
Orthopaedic	11,983	1.5	2.7	8,517	1.5	1.9	737	4.7	0.2	9,254	1.6	2.1	21,237	1.5	4.8
Paediatric	20,704	2.5	4.6	18,039	3.1	4.0	332	2.1	0.1	18,371	3.1	4.1	39,075	2.8	8.8
Other Care[a]	~	0.0	0.0	1,125	0.2	0.3	161	1.0	0.0	1,286	0.2	0.3	1,289	0.1	0.3
Total (Special)	**90,217**	**11.0**	**20.2**	**92,266**	**16.1**	**20.7**	**2,337**	**14.8**	**0.5**	**94,603**	**16.0**	**21.2**	**184,820**	**13.1**	**41.4**
Total (All Hospital Types)	**820,234**	**100**	**183.7**	**574,344**	**100**	**128.6**	**15,816**	**100**	**3.5**	**590,160**	**100**	**132.2**	**1,410,394**	**100**	**315.9**

Notes: Percentage columns are subject to rounding.

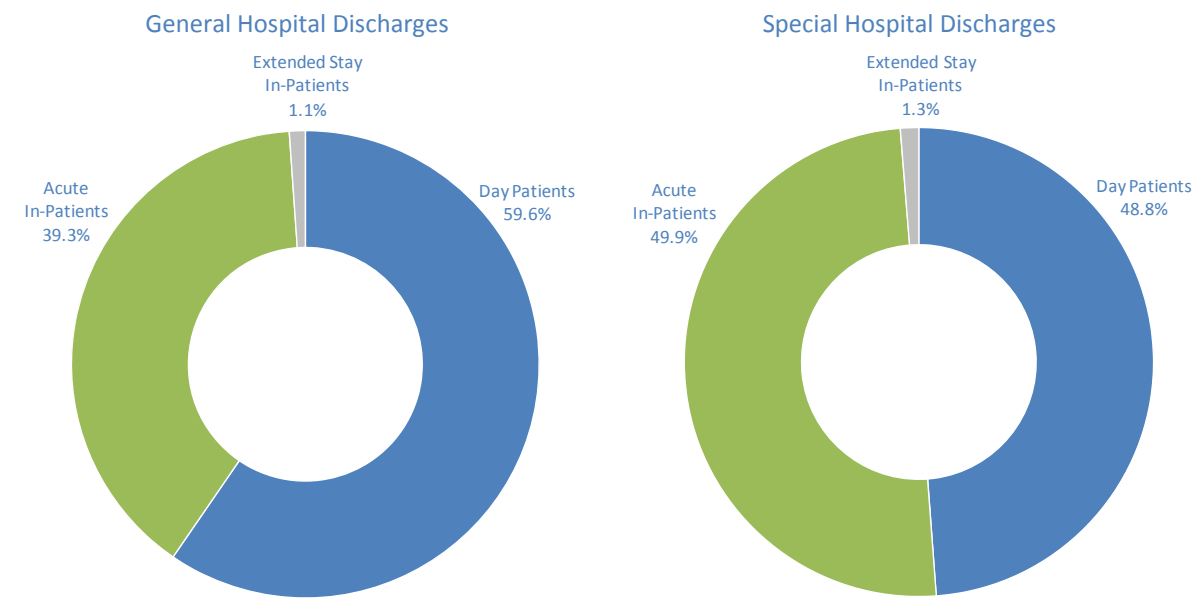
[a] 'Other care' hospitals provide a range of specialist services including infectious disease, elderly care, wound management, and care of the young disabled.

~ Denotes five or less discharges reported to HIPE.

See Appendix I for a list of hospitals that participated in HIPE in 2009.

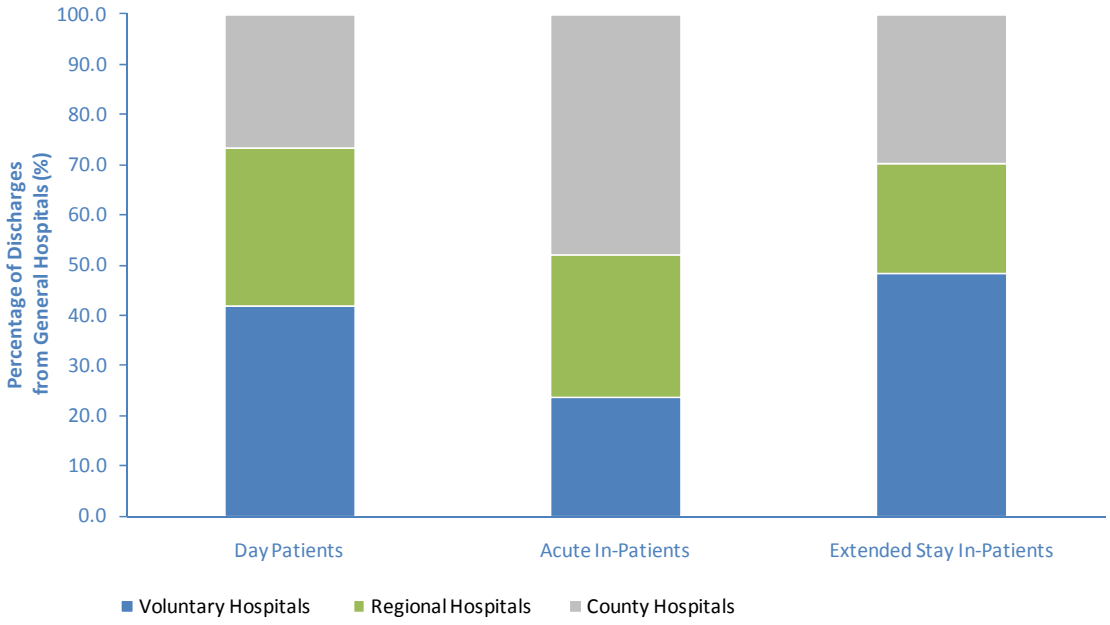
Source: Rates are based on population data from the ESRI (see Appendix IV).

FIGURE 2.2
Total Discharges by Patient Type and Hospital Type



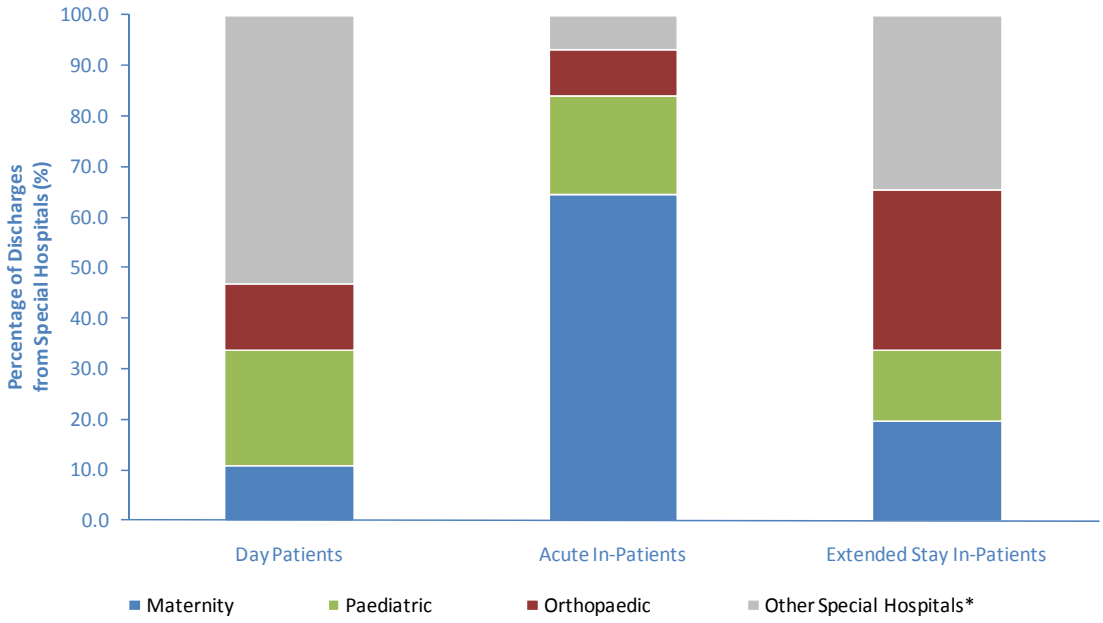
Notes: For Figure 2.2, percentages were calculated using discharges from general and special hospitals as the denominator. See Appendix I for a list of hospitals that participated in HIPE in 2009.

FIGURE 2.3
Percentage of Total Discharges from General Hospitals by Patient Type



Notes: For Figure 2.3, percentages were calculated using discharges from general hospitals as the denominator. See Appendix I for a list of hospitals that participated in HIPE in 2009.

FIGURE 2.4
Percentage of Total Discharges from Special Hospitals by Patient Type



Notes: For Figure 2.4, percentages were calculated using discharges from special hospitals as the denominator.
* Other special hospitals include 'cancer', 'eye, ear, nose and throat', 'long stay', and 'other care' hospitals. See Appendix I for a list of hospitals that participated in HIPE in 2009.

Bed days are disaggregated by patient and hospital type in Table 2.3. Discharges from general hospitals used 87.0 per cent of total bed days with discharges from special hospitals accounting for the remainder. The distribution of bed days within general and special hospitals by patient type was comparable to that for discharges (see Figure 2.5). The proportion of bed days accounted for by general hospitals was similar for acute and extended stay in-patients (86.5 per cent and 86.6 per cent respectively).

Within the group of general hospitals, discharges from regional hospitals accounted for 26.2 per cent of total discharges, but a lower proportion of total bed days (22.5 per cent). In contrast, the share of total bed days for voluntary and county hospitals was greater than their respective shares of total discharges. Voluntary hospitals accounted for 30.1 per cent of total discharges and 32.9 per cent of total bed days, and county hospitals accounted for 30.6 per cent of total discharges and 31.6 per cent of total bed days. For total in-patients the pattern remains the same for voluntary and regional hospitals, but for county hospitals the proportion of discharges is greater than the proportion of bed days.

Of the special hospitals, maternity hospitals not only accounted for the highest number of total discharges but also the highest number of both acute in-patient and total bed days. Orthopaedic hospitals recorded the highest number of both extended stay in-patient discharges and extended stay in-patient bed days.

TABLE 2.3
Bed Days by Patient Type and Hospital Type

	Day Patient Bed Days		In-Patient Bed Days						Total Bed Days	
			Acute (0-30 days)		Extended (>30 days)		Total In-Patients			
	N	%	N	%	N	%	N	%	N	%
General Hospitals										
Voluntary	304,850	37.2	669,856	25.9	481,894	46.9	1,151,750	31.9	1,456,600	32.9
Regional	229,664	28.0	609,050	23.6	158,035	15.4	767,085	21.3	996,749	22.5
County	195,503	23.8	953,281	36.9	249,322	24.3	1,202,603	33.3	1,398,106	31.6
Total (General)	**730,017**	**89.0**	**2,232,187**	**86.5**	**889,251**	**86.6**	**3,121,438**	**86.5**	**3,851,455**	**87.0**
Special Hospitals										
Cancer	40,899	5.0	13,844	0.5	24,901	2.4	38,745	1.1	79,644	1.8
Eye, Ear, Nose and Throat	6,957	0.8	7,418	0.3	205	0.0	7,623	0.2	14,580	0.3
Long Stay	^	0.0	14,900	0.6	7,677	0.7	22,577	0.6	22,579	0.5
Maternity	9,669	1.2	173,297	6.7	23,216	2.3	196,513	5.4	206,182	4.7
Orthopaedic	11,983	1.5	65,186	2.5	44,917	4.4	110,103	3.1	122,086	2.8
Paediatric	20,704	2.5	67,177	2.6	24,677	2.4	91,854	2.5	112,558	2.5
Other Care[a]	^	0.0	7,906	0.3	11,889	1.2	19,795	0.5	19,798	0.4
Total (Special)	**90,217**	**11.0**	**349,728**	**13.5**	**137,482**	**13.4**	**487,210**	**13.5**	**577,427**	**13.0**
Total (All Hospital Types)	**820,234**	**100**	**2,581,915**	**100**	**1,026,733**	**100**	**3,608,648**	**100**	**4,428,882**	**100**

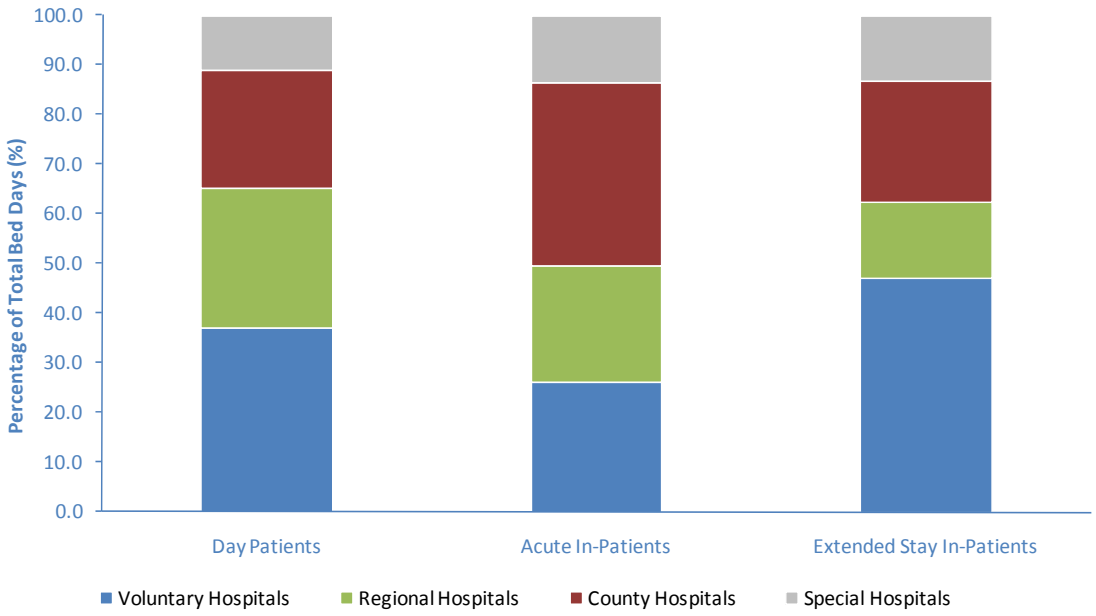
Notes: Percentage columns are subject to rounding.

[a] 'Other care' hospitals provide a range of specialist services including infectious disease, elderly care, wound management, and care of the young disabled.

^ Not reported as based on five or less discharges reported to HIPE.

See Appendix I for a list of hospitals that participated in HIPE in 2009.

FIGURE 2.5
Percentage of Total Bed Days by Patient Type and Hospital Type



Note: See Appendix I for a list of hospitals that participated in HIPE in 2009.

Average length of stay for in-patients and total discharges by hospital type is reported in Table 2.4. For total discharges, the average length of stay in general hospitals was the same as that in special hospitals (3.1 days). The average length of stay for acute, extended and total in-patients was shorter in special hospitals (3.8 days for acute in-patients, 58.8 for extended in-patients and 5.2 days for total in-patients in special hospitals, and 4.6 days for acute in-patients, 66.0 days for extended and 6.3 days for total in-patients in general hospitals). The average length of stay for extended stay in-patients was 7.2 days longer in general hospitals compared with special hospitals (66.0 days for general hospitals and 58.8 days for special hospitals). As shown in Figure 2.6, voluntary hospital average length of stay for in-patients (9.6 days) was over 4 days longer than that in county and regional hospitals.

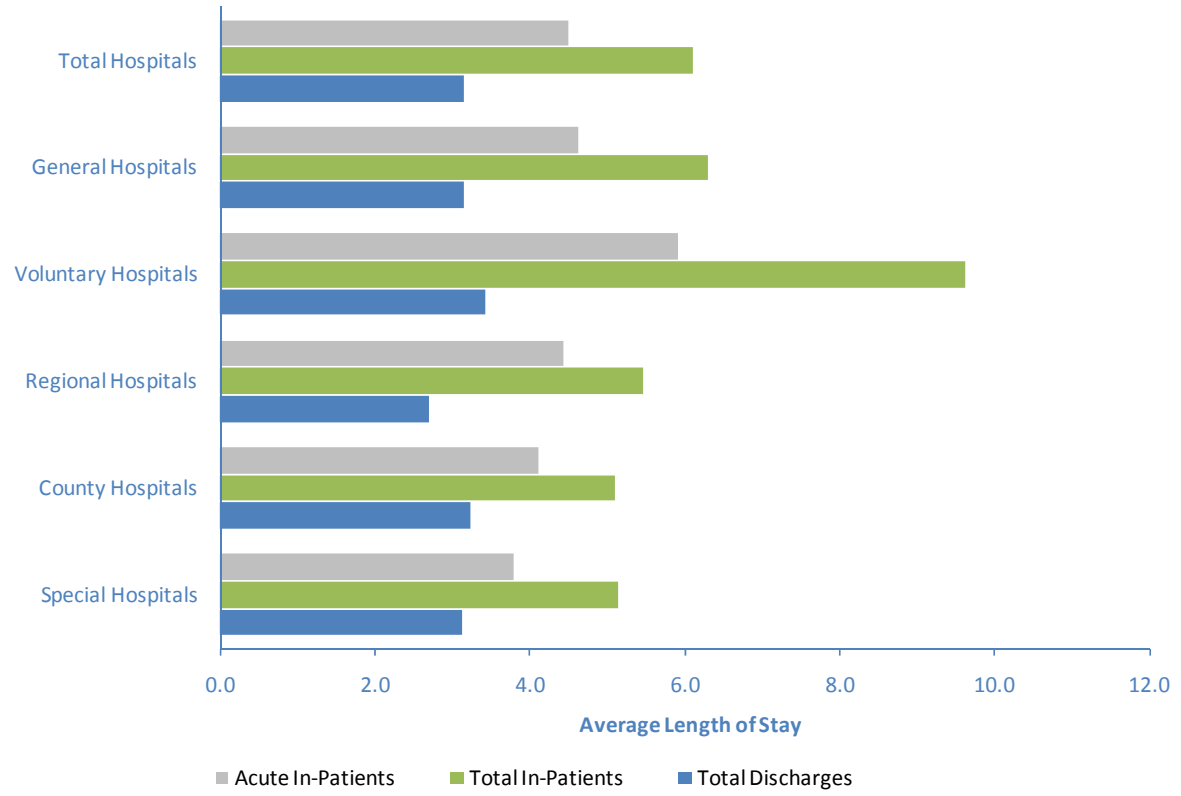
TABLE 2.4

Average Length of Stay (Days) by Patient Type and Hospital Type

	In-Patients			Total Discharges[a]
	Acute (0-30 days)	Extended (>30 days)	Total In-Patients	
General Hospitals				
Voluntary	5.9	74.1	9.6	3.4
Regional	4.4	53.4	5.5	2.7
County	4.1	62.0	5.1	3.2
Total (General)	**4.6**	**66.0**	**6.3**	**3.1**
Special Hospitals				
Cancer	10.5	46.5	21.0	1.9
Eye, Ear, Nose and Throat	2.7	68.3	2.8	1.5
Long Stay	13.3	68.5	18.3	18.2
Maternity	2.9	50.8	3.3	3.0
Orthopaedic	7.7	60.9	11.9	5.7
Paediatric	3.7	74.3	5.0	2.9
Other Care[b]	7.0	73.8	15.4	15.4
Total (Special)	**3.8**	**58.8**	**5.2**	**3.1**
Total (All Hospital Types)	**4.5**	**64.9**	**6.1**	**3.1**

Notes:
[a] Includes day and in-patients.
[b] 'Other care' hospitals provide a range of specialist services including infectious disease, elderly care, wound management, and care of the young disabled.
See Appendix I for a list of hospitals that participated in HIPE in 2009.

FIGURE 2.6
Average Length of Stay (Days) by Patient Type and Hospital Type



Notes: Extended stay in-patients were not graphed due to their long average length of stay (see Table 2.4).
Total discharges include day and in-patients.
See Appendix I for a list of hospitals that participated in HIPE in 2009.

Beds in hospitals that participate in HIPE in 2008 are presented in Table 2.5 by bed and hospital type.[2] In 2008, there were 13,879 beds in hospitals that participated in HIPE. Of these, 1,697 beds were allocated for the treatment of day patients, and the remaining beds were assigned to in-patients (see Figure 2.7). Overall, more than eight out of every ten hospital beds were located in general hospitals. This was also the case for day and in-patient beds. Just over one-third of all hospital beds were in county hospitals.

[2] At the time of publication (November 2010), the most recent bed data available from the Business Intelligence Unit in the Corporate Planning and Corporate Performance Directorate of the Health Service Executive related to 2008.

TABLE 2.5

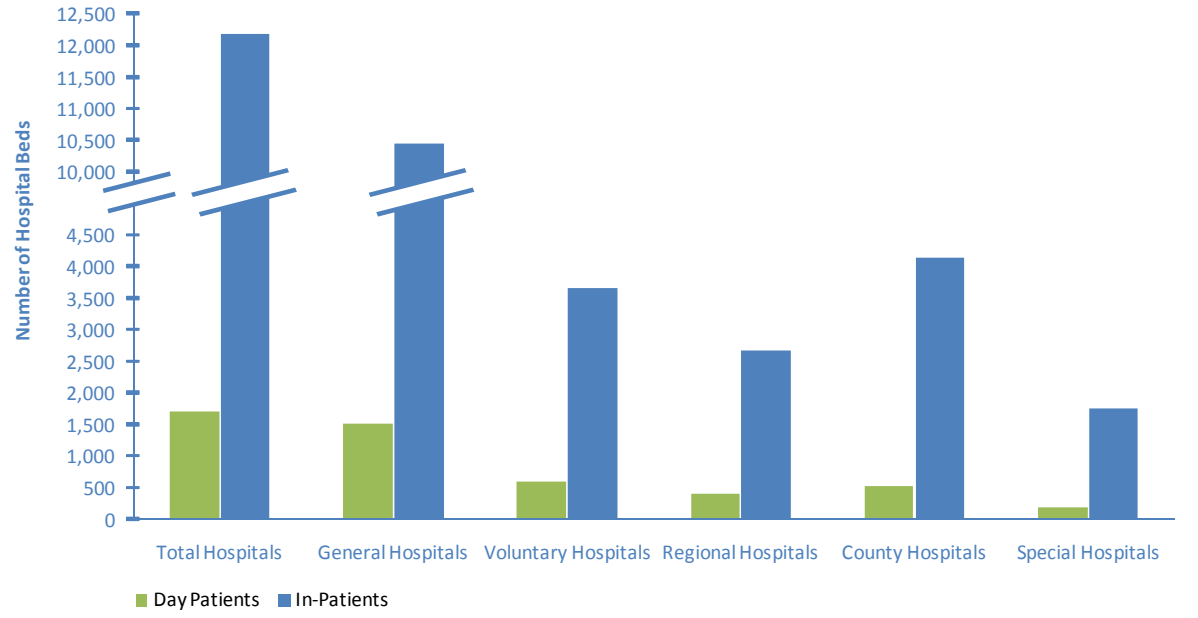
Beds in HIPE Hospitals by Bed Type and Hospital Type, 2008[a]

	Day Patient Beds		In-Patient Beds		Total Hospital Beds	
	N	%	N	%	N	%
General Hospitals						
Voluntary	595	35.1	3,644	29.9	4,239	30.5
Regional	401	23.6	2,663	21.9	3,064	22.1
County	517	30.5	4,128	33.9	4,645	33.5
Total (General)	**1,513**	**89.2**	**10,435**	**85.7**	**11,948**	**86.1**
Special Hospitals						
Cancer	20	1.2	159	1.3	179	1.3
Eye, Ear, Nose and Throat	20	1.2	36	0.3	56	0.4
Long Stay[b]	0	0.0	82	0.7	82	0.6
Maternity	51	3.0	607	5.0	658	4.7
Orthopaedic	33	1.9	488	4.0	521	3.8
Paediatric	60	3.5	308	2.5	368	2.7
Other Care[c]	0	0.0	67	0.5	67	0.5
Total (Special)	**184**	**10.8**	**1,747**	**14.3**	**1,931**	**13.9**
Total (All Hospital Types)	**1,697**	**100**	**12,182**	**100**	**13,879**	**100**

Notes: [a] At the time of publication (November 2010), the most recent bed data available from the Business Intelligence Unit in the Corporate Planning and Corporate Performance Directorate of the Health Service Executive related to 2008.
HIPE hospitals refer to hospitals that participated in HIPE in 2008, for further details see Appendix I.
[b] Long Stay Beds which were not previously reported were obtained directly from the hospitals in 2008.
[c] 'Other care' hospitals provide a range of specialist services including infectious disease, elderly care, wound management, and care of the young disabled.

Source: Business Intelligence Unit, Corporate Planning and Corporate Performance Directorate, Health Service Executive (June 2009). The data reported here and provided by the Business Intelligence Unit estimates the number of beds as the average number of beds per day that was in use through the year and is exclusive of bed closures. Psychiatric beds are included for all hospitals. Bed data for hospitals which were not part of the series collected by the Business Intelligence Unit were obtained directly from the hospitals.

FIGURE 2.7
Beds in HIPE Hospitals by Bed Type and Hospital Type, 2008[a]



Notes: [a] At the time of publication (November 2010), the most recent bed data available from the Business Intelligence Unit in the Corporate Planning and Corporate Performance Directorate of the Health Service Executive related to 2008.
HIPE hospitals refers to hospitals that participated in HIPE in 2009; for further details see Appendix I.

Source: As for Table 2.5

GEOGRAPHICAL DISTRIBUTION OF DISCHARGES BY HSE AREAS OF HOSPITALISATION AND RESIDENCE

HSE Area of Hospitalisation

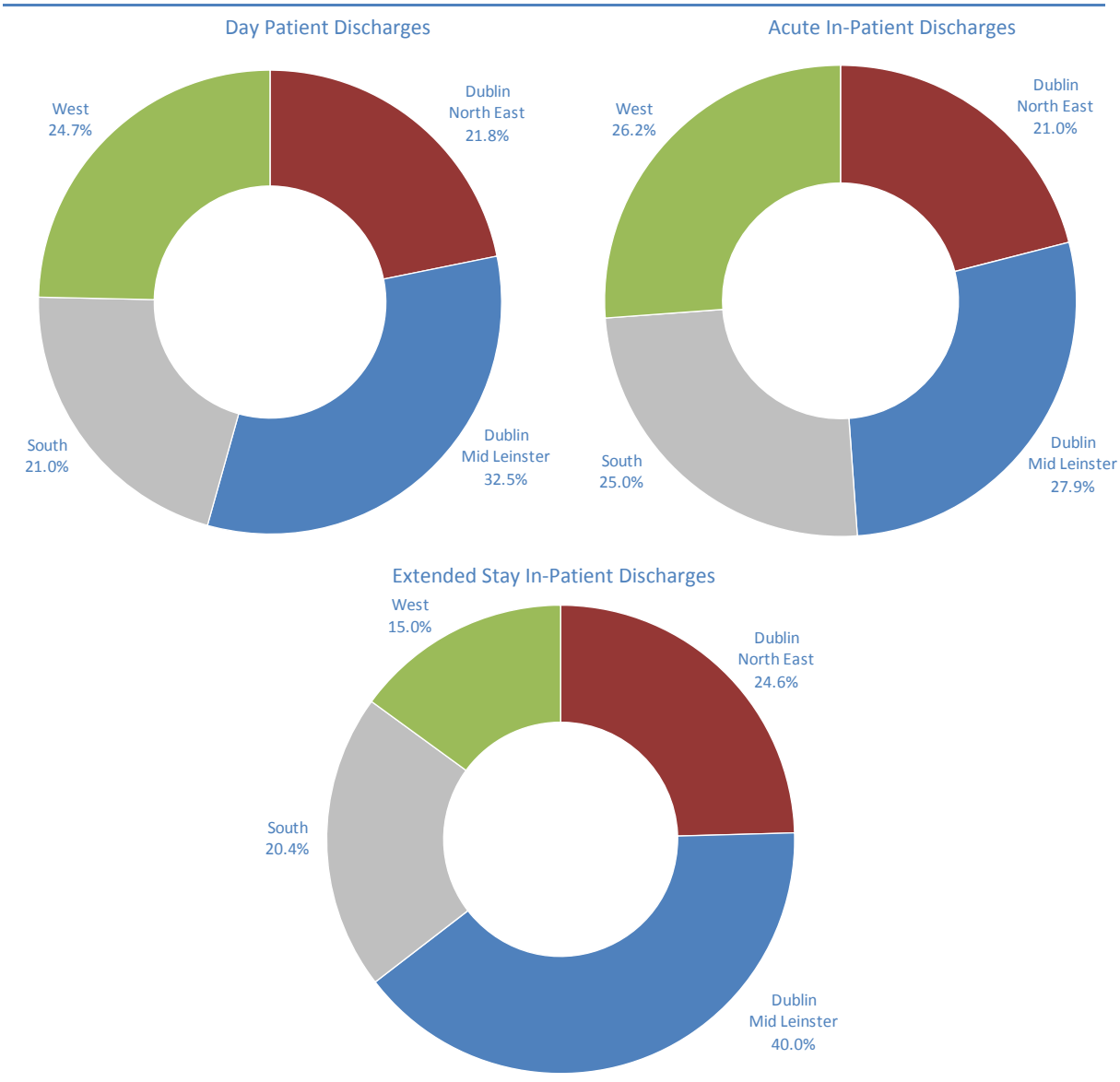
The distribution of discharges by the HSE area of hospitalisation is presented in Table 2.6. Of the total discharges reported to HIPE in 2009, 30.7 per cent were treated in HSE Dublin Mid Leinster. Irrespective of patient type, the HSE Dublin Mid Leinster area treated the highest number of discharges. In particular, 32.5 per cent of day patients were discharged from hospitals in the HSE Dublin Mid Leinster area, while 40.0 per cent of extended stay in-patients received treatment in this area (see Figure 2.8). The HSE South and HSE West areas both treated a higher proportion of acute in-patient discharges than extended stay in-patient discharges. The lowest proportion of total discharges were treated in HSE Dublin North East (21.5 per cent).

TABLE 2.6
Discharges by Patient Type and HSE Area of Hospitalisation

	Day Patients		In-Patients						Total Discharges	
			Acute (0-30 days)		Extended (>30 days)		Total In-Patients			
	N	%	N	%	N	%	N	%	N	%
HSE Dublin North East	179,017	21.8	120,595	21.0	3,884	24.6	124,479	21.1	303,496	21.5
HSE Dublin Mid Leinster	266,878	32.5	160,036	27.9	6,328	40.0	166,364	28.2	433,242	30.7
HSE South	172,076	21.0	143,448	25.0	3,234	20.4	146,682	24.9	318,758	22.6
HSE West	202,263	24.7	150,265	26.2	2,370	15.0	152,635	25.9	354,898	25.2
Total	**820,234**	**100**	**574,344**	**100**	**15,816**	**100**	**590,160**	**100**	**1,410,394**	**100**

Note: Percentage columns are subject to rounding.

FIGURE 2.8
Percentage of Total Discharges by Patient Type and HSE Area of Hospitalisation



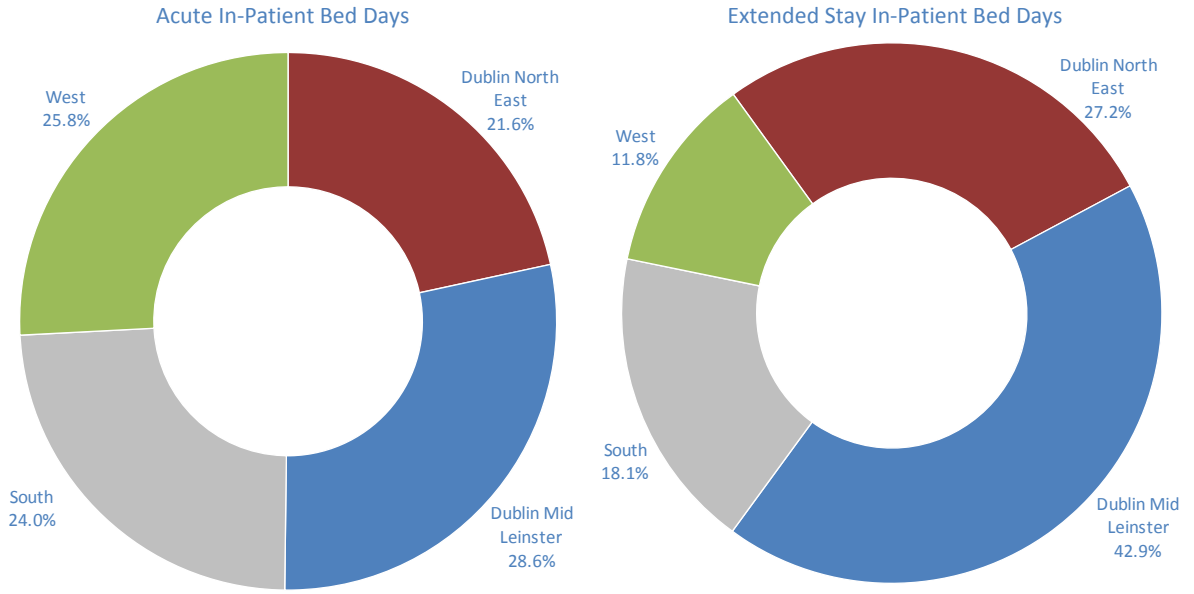
The distribution of bed days by HSE area of hospitalisation and patient type is reported in Table 2.7. In keeping with the trend reported for discharges in Table 2.6, the HSE Dublin Mid Leinster area recorded the highest number of total bed days, over 1.4 million, in 2009. The HSE South and HSE West areas accounted for 22.1 per cent and 22.4 per cent of total bed days respectively. Over 28 per cent of acute in-patient bed days and more than four in every ten extended stay in-patient bed days were reported for the HSE Dublin Mid Leinster area (see Figure 2.9). Bed days for acute in-patients reported for the HSE Dublin Mid Leinster area was 1.7 times that reported for extended stay in-patients in the area.

TABLE 2.7
Bed Days by Patient Type and HSE Area of Hospitalisation

	Day Patient Bed Days		In-Patient Bed Days						Total Bed Days	
			Acute (0-30 days)		Extended (>30 days)		Total In-Patients			
	N	%	N	%	N	%	N	%	N	%
HSE Dublin North East	179,017	21.8	557,836	21.6	279,440	27.2	837,276	23.2	1,016,293	22.9
HSE Dublin Mid Leinster	266,878	32.5	738,291	28.6	439,963	42.9	1,178,254	32.7	1,445,132	32.6
HSE South	172,076	21.0	619,072	24.0	186,350	18.1	805,422	22.3	977,498	22.1
HSE West	202,263	24.7	666,716	25.8	120,980	11.8	787,696	21.8	989,959	22.4
Total	**820,234**	**100**	**2,581,915**	**100**	**1,026,733**	**100**	**3,608,648**	**100**	**4,428,882**	**100**

Note: Percentage columns are subject to rounding.

FIGURE 2.9
Percentage of Total In-Patient Bed Days by Patient Type and HSE Area of Hospitalisation



As shown in Tables 2.6 and 2.7, the proportion of total bed days used by hospitals in the HSE Dublin North East area (22.9 per cent) was larger than the proportion of total discharges (21.5 per cent) treated in that area. Table 2.8 shows that the average length of stay recorded for total discharges from hospitals in the HSE Dublin North East and HSE Dublin Mid Leinster areas (3.3 days) was longer than that for hospitals across all HSE areas (3.1 days). The lowest average length of stay for total discharges was from hospitals in HSE West (2.8 days).

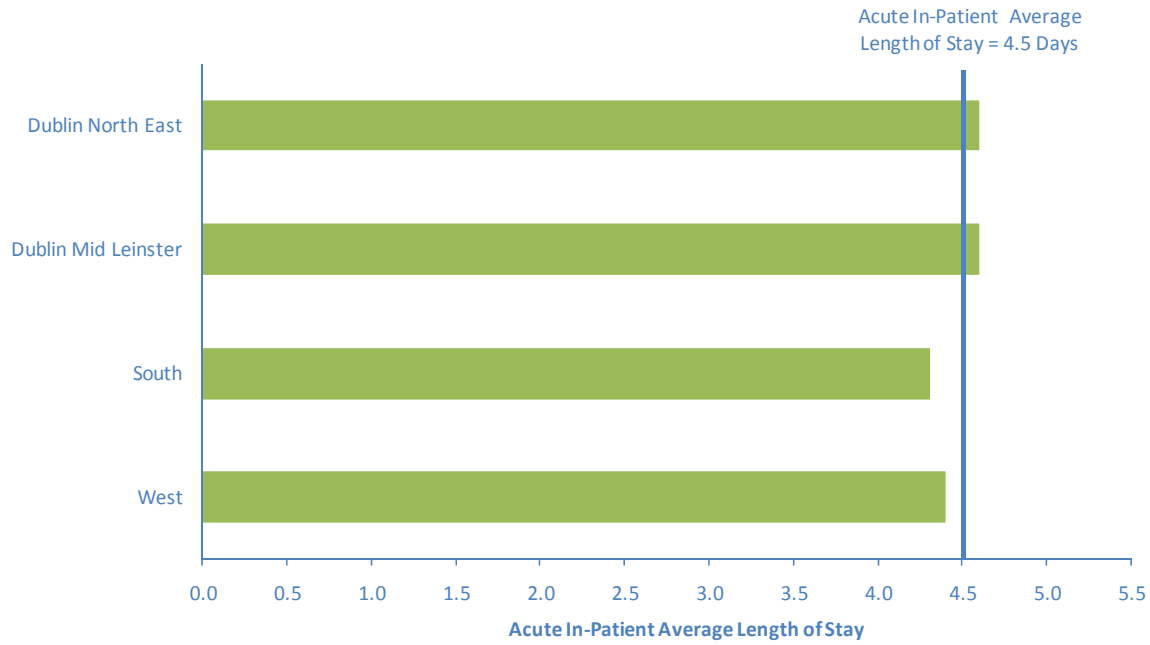
As shown in Figure 2.10, the average length of stay for acute in-patients was 4.5 days for discharges from all HIPE hospitals. The average length of stay was highest in hospitals in the HSE Dublin North East and HSE Dublin Mid-Leinster areas at 4.6 days and lowest in HSE South at 4.3 days. For extended stay in-patients, regional variation in duration of hospitalisation was more apparent. In HSE Dublin North East the average length of stay for extended stay in-patients was 71.9 days, which was similar to that in HSE Dublin Mid Leinster (69.5 days). In the HSE South and HSE West areas the average length of stay for this patient group was 57.6 and 51.0 days respectively.

TABLE 2.8
Average Length of Stay (Days) by Patient Type and HSE Area of Hospitalisation

	In-Patients			Total Discharges[a]
	Acute (0-30 days)	Extended (>30 days)	Total In-Patients	
HSE Dublin North East	4.6	71.9	6.7	3.3
HSE Dublin Mid Leinster	4.6	69.5	7.1	3.3
HSE South	4.3	57.6	5.5	3.1
HSE West	4.4	51.0	5.2	2.8
Total	**4.5**	**64.9**	**6.1**	**3.1**

Note: [a] Includes day and in-patients.

FIGURE 2.10
Acute In-Patient Average Length of Stay (Days) by HSE Area of Hospitalisation



HSE Area of Residence

While Table 2.6 shows the distribution of discharges by HSE area of hospitalisation, Table 2.9 focuses on discharges by HSE area of residence. Over 30 per cent of total discharges were treated in hospitals in the HSE Dublin Mid Leinster area but a smaller proportion of total discharges were resident in this area (27.6 per cent). Residents in the HSE Dublin Mid Leinster area accounted for the highest proportion of extended stay in-patients (34.4 per cent). Similar proportions of day patients, acute and extended stay in-patients, and total discharges were resident in the HSE Dublin North East area as were hospitalised in this area.

The numbers of discharges have been adjusted for the size of the population in each of the HSE areas reported in Table 2.9 to produce discharge rates. There was notable variation in the discharge rates across the four areas (see Figures 2.11 to 2.15). For every 1,000 members of the population resident in HSE South area there were 293.5 total discharges in 2009, which was the lowest of all the health areas. In contrast, in the HSE West area there were 348.8 total discharges for every 1,000 members of the population, which equated to approximately 55 more discharges per 1,000 compared to the HSE South area (see Figure 2.15).

The HSE West area recorded the highest discharge rate for day patients, with 199.2 day patient discharges per 1,000 members of the population. This discharge rate was over 23 per cent higher than that for the HSE South area, which recorded the lowest discharge rate for day patients (161.8 per 1,000).

Residents of the HSE West area were more likely to be discharged from hospital as acute in-patients than residents in the other HSE areas. The acute in-patient discharge rate for HSE West was 146.9 per 1,000 compared to the overall acute in-patient discharge rate of 128.0 per 1,000 across all HSE areas. The highest number of total in-patient discharges per 1,000 members of

the population was also recorded by HSE West (149.6 per 1,000). The discharge rate for extended stay in-patient discharges was highest in the HSE Dublin Mid Leinster area (4.2 per 1,000).

Across all HSE areas the discharge rate for day patients was higher than that for total in-patients, indicating that residents were more likely to be discharged from hospital as day patients.

TABLE 2.9

Discharges and Discharge Rates (Per 1,000 Population) by Patient Type and HSE Area of Residence

	Day Patients			In-Patients									Total Discharges		
				Acute (0-30 days)			Extended (>30 days)			Total In-Patients					
	N	%	Rate	N	%	Rate	N	%	Rate	N	%	Rate	N	%	Rate
HSE Dublin North East	189,882	23.2	193.0	120,766	21.1	122.7	3,819	24.2	3.9	124,585	21.2	126.6	314,467	22.4	319.6
HSE Dublin Mid Leinster	233,923	28.5	182.6	148,503	26.0	116.0	5,421	34.4	4.2	153,924	26.2	120.2	387,847	27.6	302.8
HSE South	184,157	22.5	161.8	146,239	25.6	128.5	3,642	23.1	3.2	149,881	25.5	131.7	334,038	23.7	293.5
HSE West	211,590	25.8	199.2	156,030	27.3	146.9	2,889	18.3	2.7	158,919	27.1	149.6	370,509	26.3	348.8
Total	**819,552**	**100**	**183.6**	**571,538**	**100**	**128.0**	**15,771**	**100**	**3.5**	**587,309**	**100**	**131.5**	**1,406,861**	**100**	**315.1**

Notes: Percentage columns are subject to rounding.
Care must be taken when interpreting the information, particularly the rates, as it pertains only to the population resident in each HSE area and does not, therefore, take into account flows of discharges across areas.
[a] A small number of discharges have no HSE area of residence (including discharges resident outside the Republic of Ireland and those with no fixed abode), which accounts for the minor differences in the discharge rates and number of total discharges compared with Table 2.1.

Source: Rates are based on population data from the ESRI (see Appendix IV).

FIGURE 2.11
Discharge Rate (Per 1,000 Population) for Day Patients by HSE Area of Residence

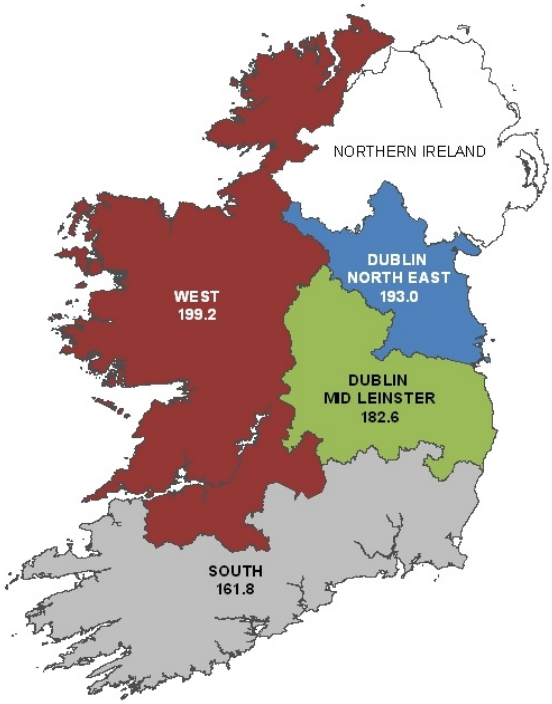


FIGURE 2.12
Discharge Rate (Per 1,000 Population) for Acute In-Patients by HSE Area of Residence

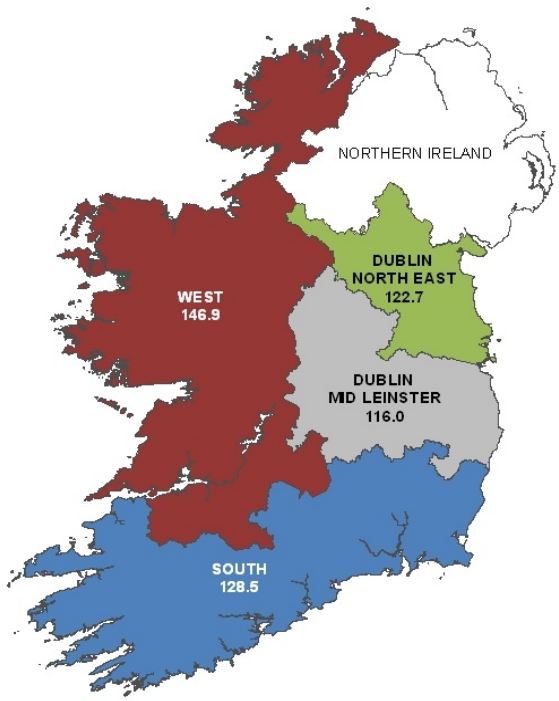


FIGURE 2.13
Discharge Rate (Per 1,000 Population) for Extended Stay In-Patients by HSE Area of Residence

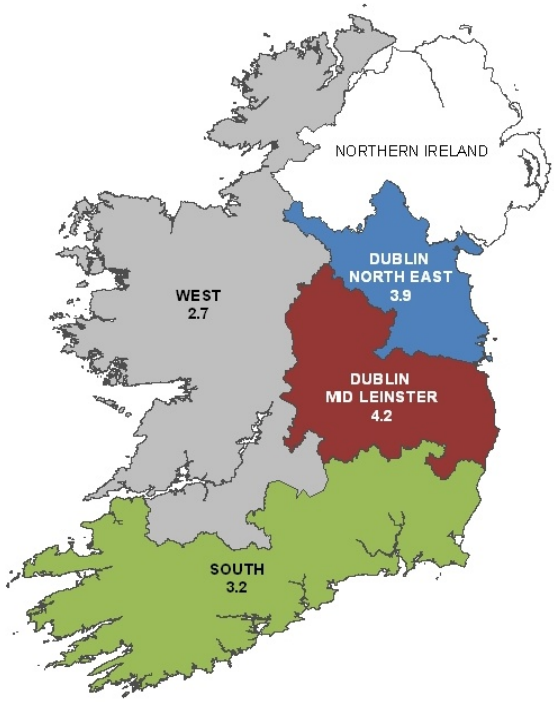


FIGURE 2.14
Discharge Rate (Per 1,000 Population) for Total In-Patients by HSE Area of Residence

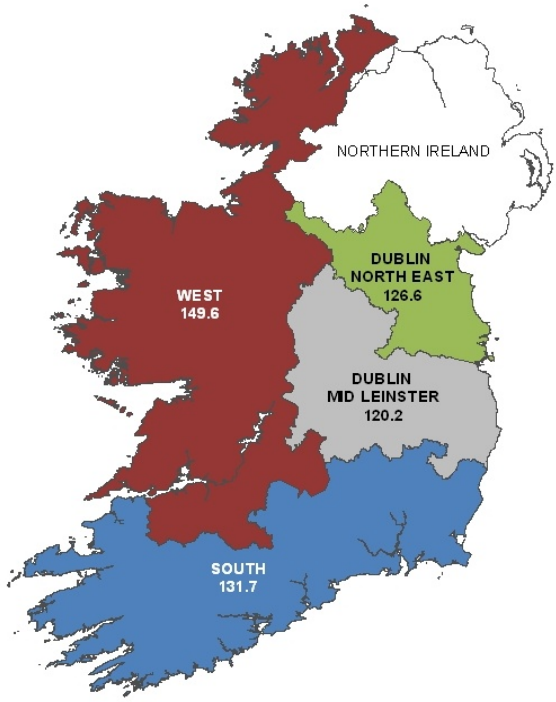
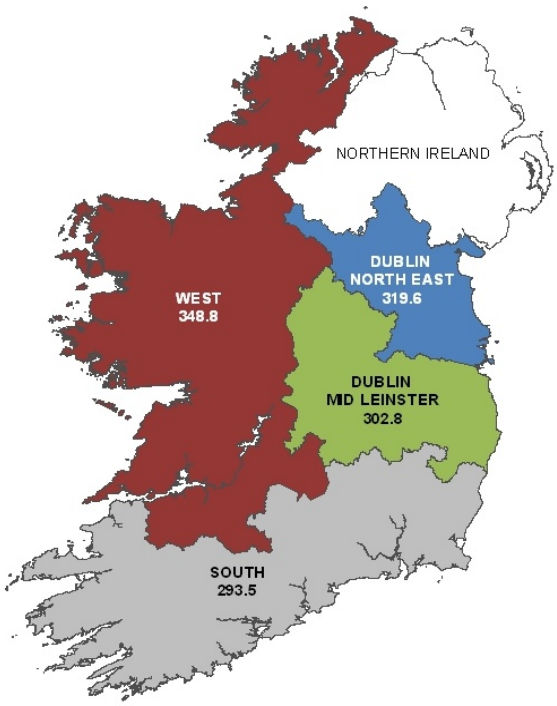


FIGURE 2.15
Discharge Rate (Per 1,000 Population) for Total Discharges by HSE Area of Residence



DISTRIBUTION OF BEDS IN HIPE HOSPITALS, 2008[3]

The distribution of beds in HIPE hospitals by HSE area in 2008 is presented in Table 2.10 and demonstrated in Figure 2.16. Approximately 31 per cent of total hospital beds were concentrated in the HSE Dublin Mid Leinster area. This area also had a higher proportion of day patient and in-patient beds than the other areas. Over three out of every ten in-patient beds were located in hospitals within this area.

TABLE 2.10
Beds in HIPE Hospitals by Bed Type and HSE Area, 2008[a]

	Day Patient Beds		In-Patient Beds		Total Hospital Beds	
	N	%	N	%	N	%
HSE Dublin North East	383	22.6	2,670	21.9	3,053	22.0
HSE Dublin Mid Leinster	516	30.4	3,838	31.5	4,354	31.4
HSE South	366	21.6	2,915	23.9	3,281	23.6
HSE West	432	25.5	2,759	22.6	3,191	23.0
Total	**1,697**	**100**	**12,182**	**100**	**13,879**	**100**

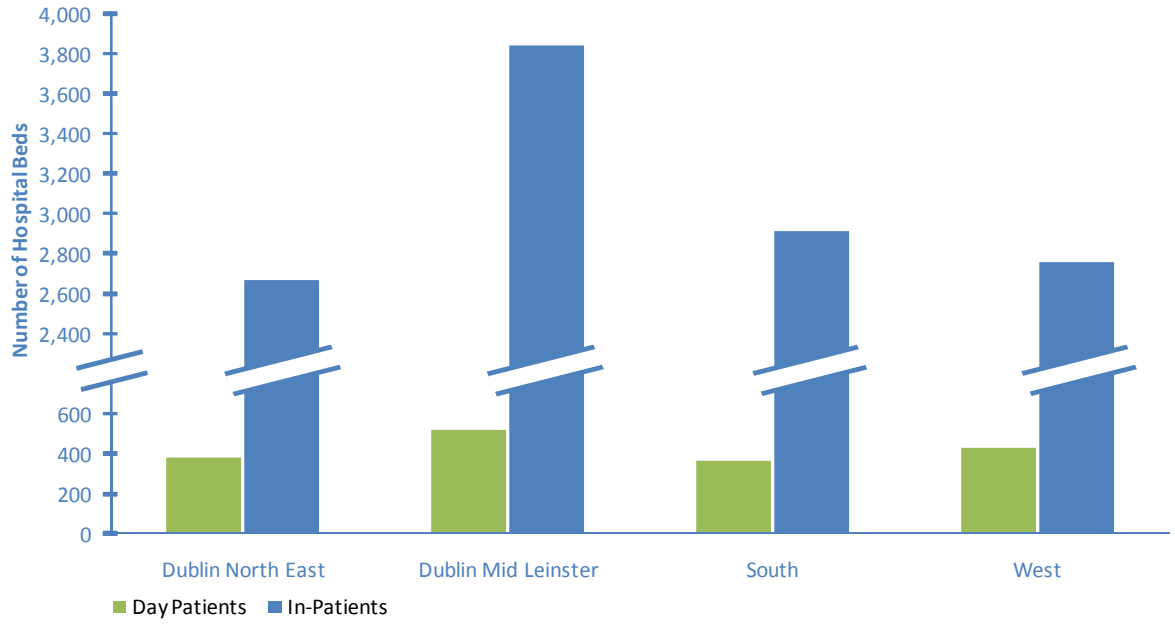
Notes: HIPE hospitals refers to hospitals that participated in HIPE in 2008, for further details see Appendix I of Activity in Acute Public Hospitals in Ireland, 2008 Report.

[a] At the time of publication (November 2010), bed data for 2008 was the most recent available from the Business Intelligence Unit in the Corporate Planning and Corporate Performance Directorate of the Health Service Executive.

Source: As for Table 2.5

[3] At the time of publication (November 2010), bed data for 2008 was the most recent available from the Business Intelligence Unit in the Corporate Planning and Corporate Performance Directorate of the Health Service Executive.

FIGURE 2.16
Beds in HIPE Hospitals by Bed Type and HSE Area of Hospitalisation, 2008[a]



Notes: HIPE hospitals refers to hospitals that participated in HIPE in 2008, for further details see Appendix I.
[a] At the time of publication (November 2010), the most recent bed data available from the Business Intelligence Unit in the Corporate Planning and Corporate Performance Directorate of the Health Service Executive related to 2008.

Source: As for Table 2.5

TEMPORAL VARIATION IN HOSPITAL ADMISSION AND DISCHARGE ACTIVITY

In 2009 a change to the classification of the Admission Type variable has meant that it is no longer possible to classify maternity in-patients as planned or emergency, therefore, maternity in-patients are now reported separately. Given this change, the presentation of Patient Type data in the following tables and figures differs from that presented in previous reports.[4] A planned admission refers to one that has been arranged in advance, and an emergency admission is unforeseen and requires urgent care.[5]

Monthly Pattern of Hospital Admissions

Table 2.11 shows the month of admission for patients that were admitted and discharged during 2009. The volume of total hospital admissions exceeded 100,000 in every month. Admissions in March (123,056) were 17.8 per cent higher than those reported in December when the lowest number of admissions was recorded. Day patient activity peaked in July while total in-patient activity peaked in March and was lowest in December (see Figure 2.17).

Of the 581,612 in-patients admitted and discharged during 2009, 349,473 (60.1 per cent) were classified as emergencies. Planned in-patient admissions peaked in September (10,202) and emergency in-patient admissions reached a maximum in March (31,194). Maternity admissions peaked in July (10,636). As shown in Figure 2.18, the lowest numbers of both planned and emergency admissions were recorded in December, while the lowest number of maternity admissions was in February (9,435).

TABLE 2.11
Discharges by Patient Type and Month of Admission

	Day Patients		In-Patients								Total Discharges	
			Planned		Emergency		Maternity		Total In-Patients			
	N	%	N	%	N	%	N	%	N	%	N	%
January	65,582	8.0	8,890	8.1	31,110	8.9	10,309	8.4	50,309	8.6	115,891	8.3
February	65,442	8.0	9,074	8.3	27,646	7.9	9,435	7.7	46,155	7.9	111,597	8.0
March	71,115	8.7	10,124	9.2	31,194	8.9	10,623	8.7	51,941	8.9	123,056	8.8
April	68,511	8.4	9,463	8.6	30,505	8.7	10,072	8.2	50,040	8.6	118,551	8.5
May	67,814	8.3	9,291	8.5	30,249	8.7	10,360	8.4	49,900	8.6	117,714	8.4
June	69,868	8.5	10,173	9.3	29,405	8.4	10,437	8.5	50,015	8.6	119,883	8.6
July	72,757	8.9	9,206	8.4	29,799	8.5	10,636	8.7	49,641	8.5	122,398	8.7
August	64,698	7.9	8,946	8.2	27,986	8.0	10,293	8.4	47,225	8.1	111,923	8.0
September	72,630	8.9	10,202	9.3	28,596	8.2	10,254	8.4	49,052	8.4	121,682	8.7
October	69,921	8.5	9,222	8.4	29,697	8.5	10,367	8.5	49,286	8.5	119,207	8.5
November	68,140	8.3	8,870	8.1	28,208	8.1	10,240	8.4	47,318	8.1	115,458	8.2
December	63,756	7.8	6,059	5.5	25,078	7.2	9,593	7.8	40,730	7.0	104,486	7.5
Total	**820,234**	**100**	**109,520**	**100**	**349,473**	**100**	**122,619**	**100**	**581,612**	**100**	**1,401,846**	**100**

Notes: Percentage columns are subject to rounding.
Includes admissions and discharges that took place in 2009. Does not include 8,548 in-patient discharges who were admitted prior to 2009, but discharged during 2009.

[4] See Section One for details on changes to data collected by HIPE in 2009.
[5] Emergency in-patient admissions include patients who visited the Emergency Department and were subsequently admitted to hospital. Therefore, emergency admissions do not capture all of those patients who attended the Emergency Department. 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.

FIGURE 2.17
Discharges by Patient Type and Month of Admission

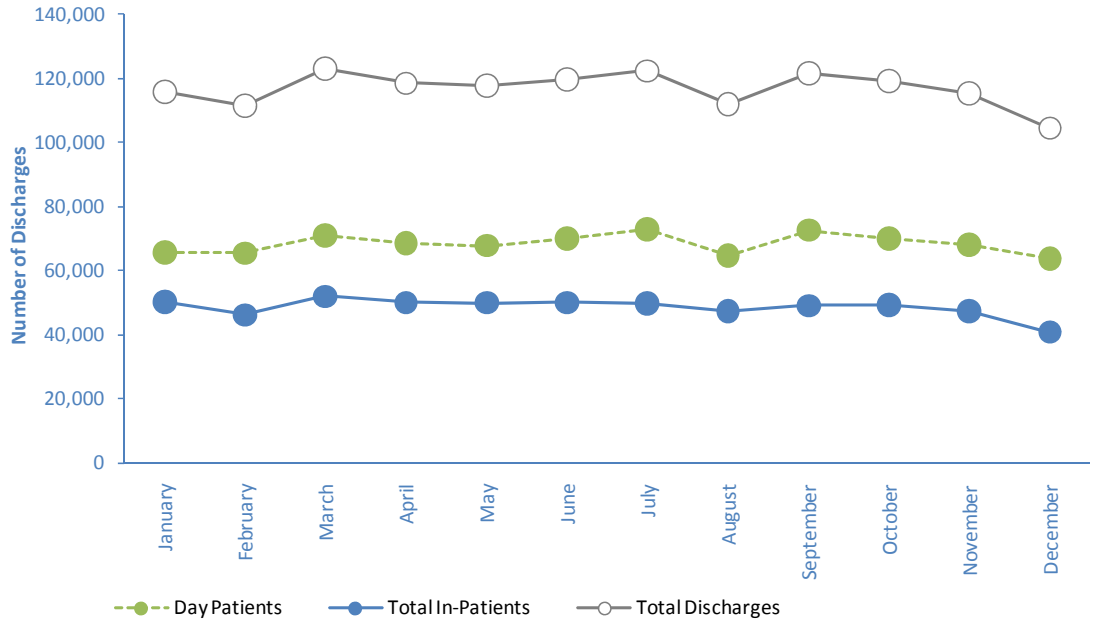
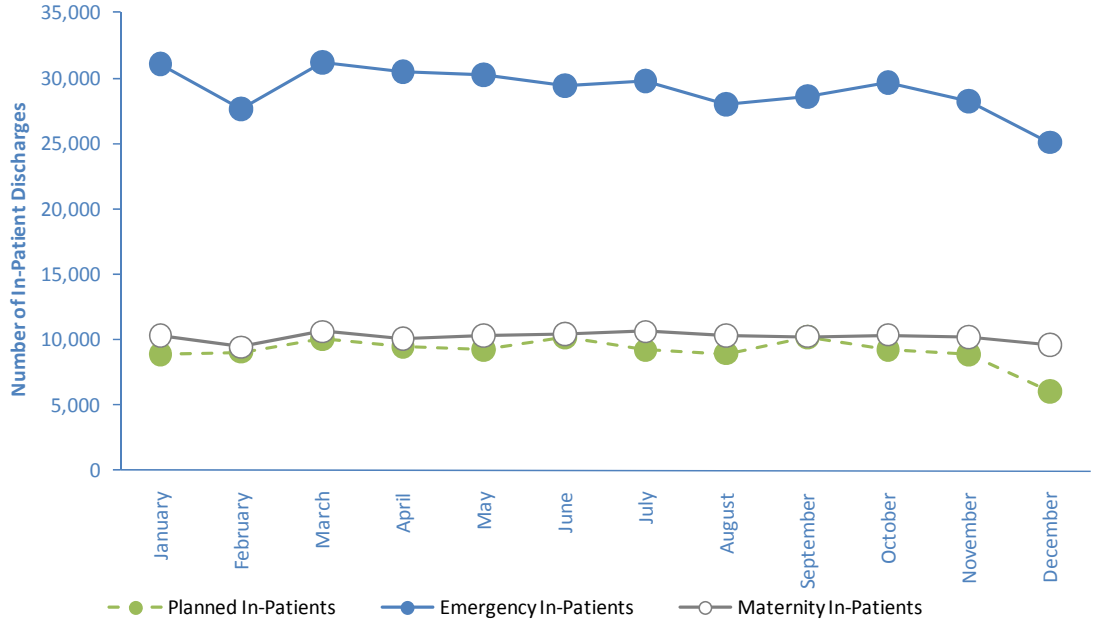


FIGURE 2.18
Total In-Patient Discharges by Admission Type and Month of Admission



Daily Pattern of Hospital Admissions and Discharges

The daily patterns of admission and discharge activity are presented in Tables 2.12 and 2.13. As shown in Table 2.12, admissions were highest at the beginning of the week (Monday to Wednesday) and declined towards the latter part of the week and the weekend. Similarly, day and in-patient admissions were more likely to occur during weekdays compared to the weekends. The volume of in-patient admissions was highest on Monday and the volume of day patients was highest on Wednesday.

The largest number of planned in-patients were admitted on Monday, while the proportion of admissions for planned activity declined for the remainder of the week until Saturday when just over 2 per cent of planned in-patients were admitted. In contrast, emergency and maternity in-patient admissions were more evenly distributed throughout the week. Maternity admissions peaked on Monday (16.6 per cent) and emergency admissions peaked on Tuesdays (16.2 per cent).However, this activity also declined at the weekends, albeit to a lesser extent than for planned in-patients.

TABLE 2.12
Discharges by Patient Type and Day of Admission

	Day Patients		In-Patients								Total Discharges	
			Planned		Emergency		Maternity		Total In-Patients			
	N	%	N	%	N	%	N	%	N	%	N	%
Monday	152,779	18.6	26,455	24.0	55,929	15.7	20,454	16.6	102,838	17.4	255,617	18.1
Tuesday	160,129	19.5	22,074	20.0	57,626	16.2	19,360	15.7	99,060	16.8	259,189	18.4
Wednesday	167,237	20.4	21,464	19.4	55,942	15.7	20,107	16.3	97,513	16.5	264,750	18.8
Thursday	157,841	19.2	18,205	16.5	54,373	15.3	19,149	15.5	91,727	15.5	249,568	17.7
Friday	146,279	17.8	8,951	8.1	54,201	15.2	17,419	14.1	80,571	13.7	226,850	16.1
Saturday	25,158	3.1	2,509	2.3	40,641	11.4	12,827	10.4	55,977	9.5	81,135	5.8
Sunday	10,811	1.3	10,697	9.7	37,702	10.6	14,075	11.4	62,474	10.6	73,285	5.2
Total	**820,234**	**100**	**110,355**	**100**	**356,414**	**100**	**123,391**	**100**	**590,160**	**100**	**1,410,394**	**100**

Note: Percentage columns are subject to rounding.

Table 2.13 shows that the proportion of total discharges from hospital fluctuated throughout the week, peaking on Friday. Only 9.8 per cent of total discharges left the hospital on Saturday or Sunday. Approximately one-quarter of planned in-patients and one-fifth of emergency in-patients were discharged on Friday. Maternity discharges also peaked on Friday (16.2 per cent) but were more evenly distributed throughout the week than planned or emergency discharges. Figures 2.19 to 2.22 show the daily patterns of admission and discharge activity for total, planned, emergency, and maternity in-patients throughout the week.

TABLE 2.13
Discharges by Patient Type and Day of Discharge

	Day Patients		In-Patients								Total Discharges	
			Planned		Emergency		Maternity		Total In-Patients			
	N	%	N	%	N	%	N	%	N	%	N	%
Monday	152,779	18.6	11,302	10.2	54,670	15.3	18,084	14.7	84,056	14.2	236,835	16.8
Tuesday	160,129	19.5	17,527	15.9	56,235	15.8	17,094	13.9	90,856	15.4	250,985	17.8
Wednesday	167,237	20.4	19,876	18.0	59,472	16.7	17,582	14.2	96,930	16.4	264,167	18.7
Thursday	157,841	19.2	19,576	17.7	59,209	16.6	18,046	14.6	96,831	16.4	254,672	18.1
Friday	146,279	17.8	26,019	23.6	72,919	20.5	19,937	16.2	118,875	20.1	265,154	18.8
Saturday	25,158	3.1	10,379	9.4	29,636	8.3	16,767	13.6	56,782	9.6	81,940	5.8
Sunday	10,811	1.3	5,676	5.1	24,273	6.8	15,881	12.9	45,830	7.8	56,641	4.0
Total	**820,234**	**100**	**110,355**	**100**	**356,414**	**100**	**123,391**	**100**	**590,160**	**100.0**	**1,410,394**	**100**

Note: Percentage columns are subject to rounding.

FIGURE 2.19
Percentage of Total In-Patient Discharges by Day of Admission and Discharge

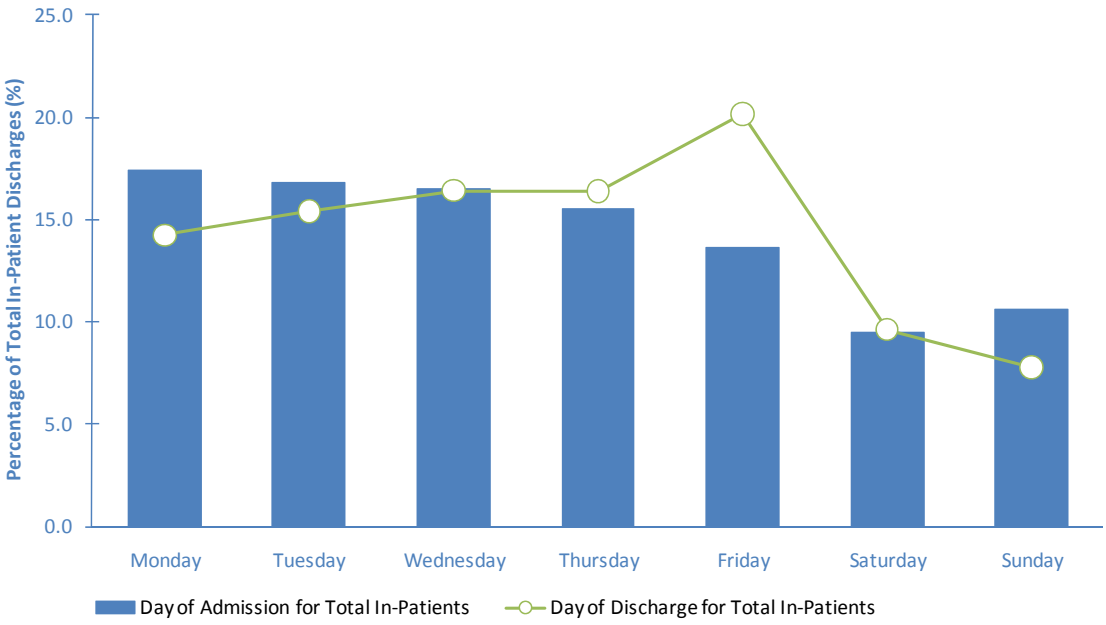


FIGURE 2.20
Percentage of Planned In-Patient Discharges by Day of Admission and Discharge

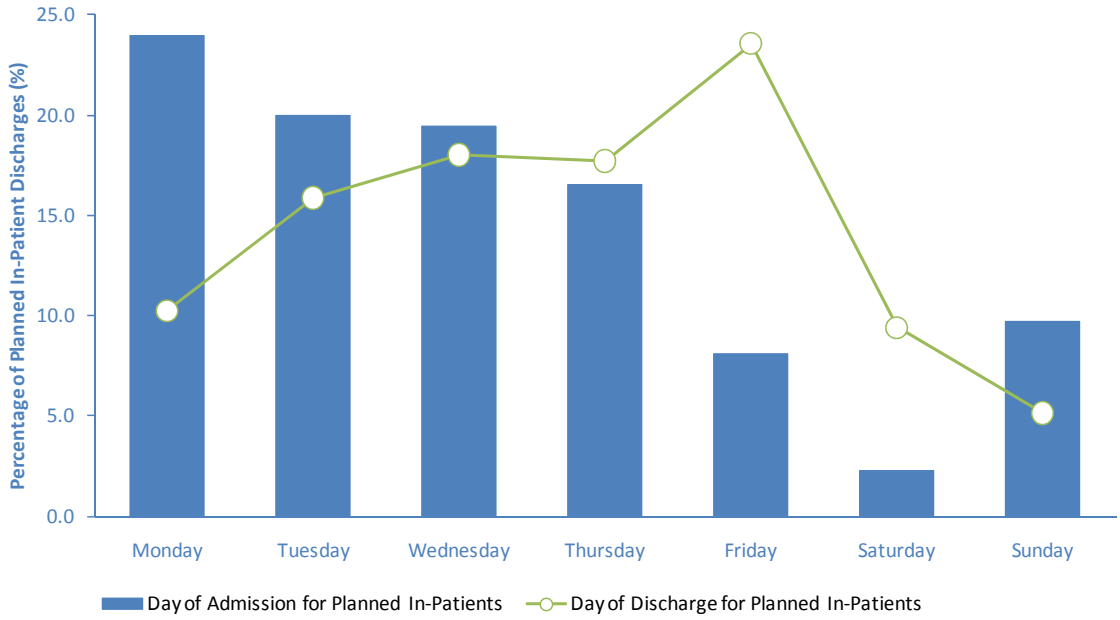


FIGURE 2.21
Percentage of Emergency In-Patient Discharges by Day of Admission and Discharge

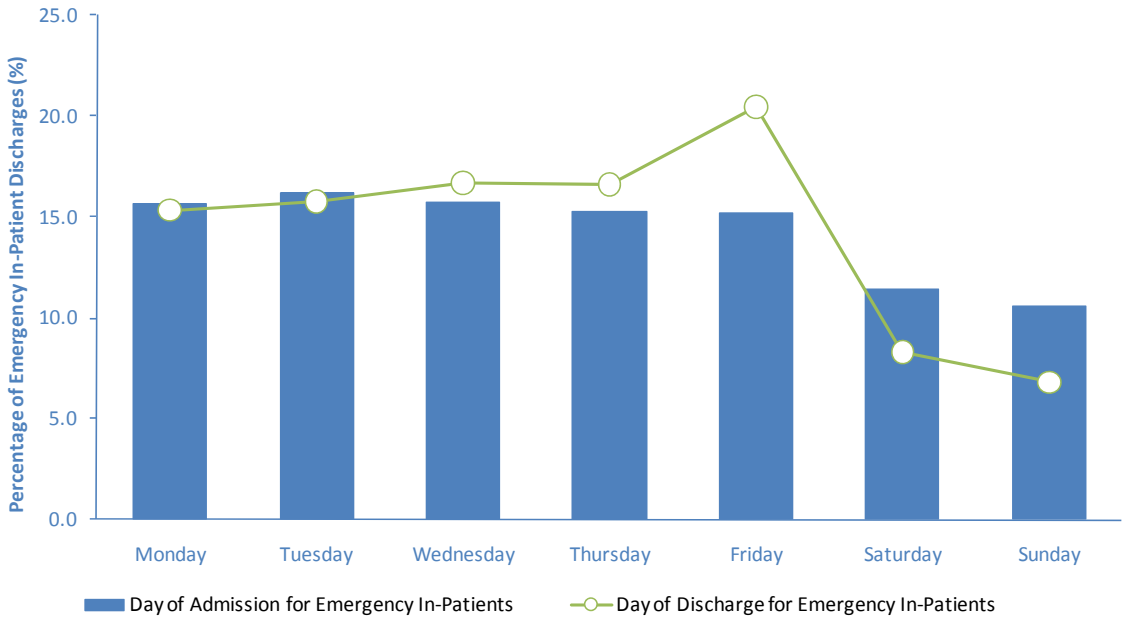
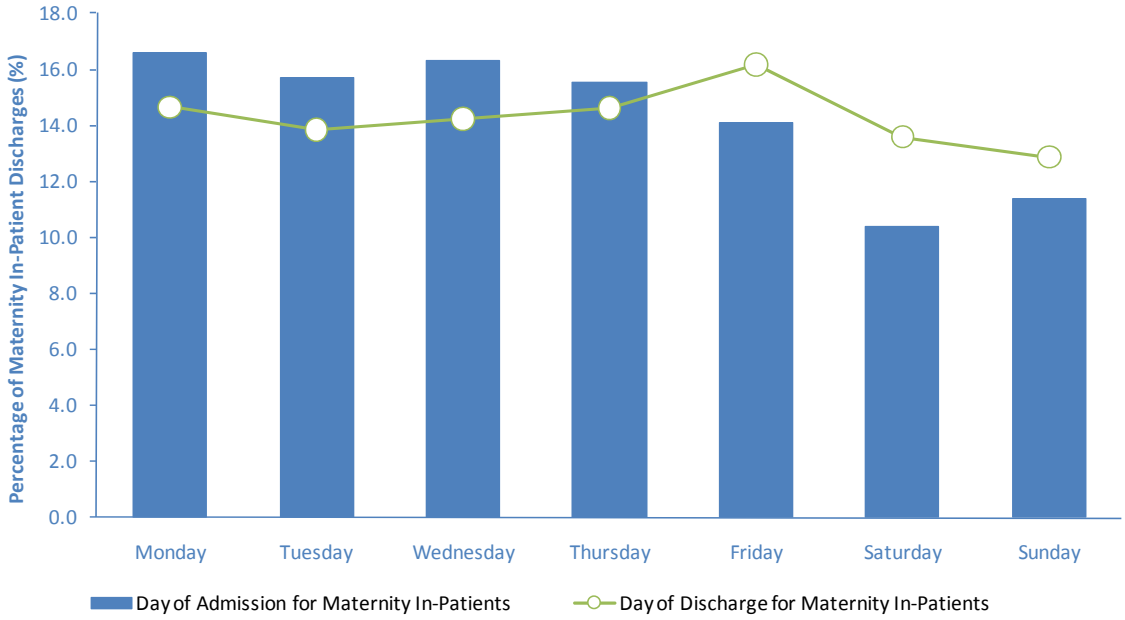


FIGURE 2.22
Percentage of Maternity In-Patient Discharges by Day of Admission and Discharge



SECTION

THREE

Demographic Analysis of Hospital Discharge Activity in 2009

SUMMARY

Discharges by Sex

- More than half of total discharges (53.8 per cent) in 2009 were female.
- Day patients as a proportion of total discharges was higher for males than for females, and acute in-patients as a proportion of total discharges was higher for females than males.
- The discharge rate for total female discharges was 341.0 per 1,000, which was 17.2 per cent greater than that for males (290.9 per 1,000).
- For every 1,000 members of the female population there were 1,066.2 days spent in acute public hospitals – 16.1 per cent more than that for males (918.1 days per 1,000).

Discharges by Marital Status

- Together, single and married discharges accounted for 83.8 per cent of total discharges and 76.6 per cent of total bed days.
- Widowed discharges accounted for 9.2 per cent of total discharges but a greater proportion of total bed days (16.6 per cent). Consequently, the average length of stay for widowed discharges was 5.7 days, which was more than two and a half days longer than that for total discharges (3.1 days).

Discharges by Age

- Although the number of discharges was highest for the 65 to 74 year age group, the 75 to 84 year age group had the highest discharge rate (1,040.7 per 1,000).
- Over 21 per cent of in-patient bed days and 20 per cent of total bed days were used by discharges aged between 75 and 84 years, even though this age group accounted for only 11.3 per cent of total in-patient discharges and 12.2 per cent of total discharges.
- The total in-patient average length of stay generally increased with age, peaking at 13.8 days for discharges aged 85 years and over.

Discharges by GMS Status

- Acute in-patient discharges with a medical card stayed an average of 5.5 days in hospital, which was 1.9 days longer than non-GMS discharges.
- Discharges with a medical card accounted for 68.1 per cent of extended stay in-patient discharges.
- Non-GMS discharges accounted for over half of total discharges in HSE Dublin North East and HSE Mid Leinster areas (50.2 per cent and 54.6 per cent respectively).

Discharges by Public/Private Status

- Public discharges accounted for 79.6 per cent of total discharges in 2009 and the remainder were private.
- Compared to general hospitals, special hospitals discharged a higher proportion of private patients, regardless of patient type.
- The total in-patient average length of stay for public discharges was 6.3 days, which was almost one day longer than that for private discharges (5.6 days).
- The HSE South area recorded the highest proportion of private discharges with 26.2 per cent of the total discharges hospitalised here. This contrasts with 17.6 per cent of discharges in the HSE Dublin North East area who were treated on a private basis.

Inter-Regional Flow of Discharges

- For the majority of discharges, HSE area of residence was the same as the HSE area of hospitalisation.
- Inter-regional flow was most evident between the HSE Dublin North East and HSE Dublin Mid Leinster areas.

INTRODUCTION

While the focus in Section Two was to analyse discharge activity by patient type and hospital characteristics, Section Three examines this activity according to patient characteristics such as sex, marital status, age, General Medical Service (GMS) status, and public/private status.

SEX

More than half of total discharges in 2009 were female (see Table 3.1).[1,2] The proportion of total discharges treated as day patients was higher for males than for females while the proportion of acute in-patients was higher for females than for males. The same proportion of males and females were treated as extended stay in-patients. In addition, the sex-specific discharge rates also indicate that males were more likely to be discharged from hospital as day patients than females, and females were more likely to be discharged from hospital as acute in-patients. The discharge rate for total female discharges was 341.0 per 1,000, which was over 17.2 per cent greater than males (290.9 per 1,000).

Female discharges accounted for 53.6 per cent of total bed days. The highest proportion of total bed days was used by acute female in-patients (32.7 per cent). Both male and female extended stay in-patients used similar proportions of total bed days. In addition to a higher discharge rate, female discharges also recorded a higher bed day rate. For every 1,000 members of the female population, there were 1,066.2 days spent in hospital, which was 16.1 per cent higher than that for males (918.1 days per 1,000 members of the male population).

Total female in-patient discharges spent, on average, 5.6 days in hospital, while total male in-patient discharges stayed in hospital, on average, for almost one week (6.9 days). Acute female in-patients also had a shorter average length of stay than their male counterparts (4.2 days for females and 4.9 days for males). Average length of stay for extended stay in-patients was over two days longer for females than it was for males (66.0 days for females and 63.9 days for males).

1 According to the population data from the ESRI, the split between men and women was approximately 50:50 in 2009 (see Appendix IV).

2 It is likely that obstetrics discharges for females account for much of the difference.

TABLE 3.1

Discharges, Bed Days, Sex-Specific Discharge Rates (Per 1,000 Population), and Average Length of Stay (Days) by Patient Type and Sex

	Total Discharges			Total Bed Days			Average Length of Stay
	N	%	Rate	N	%	Rate	
Males and Females							
Day Patients	**820,234**	**58.2**	**183.7**	**820,234**	**18.5**	**183.7**	
In-Patients							
Acute (0-30 days)	574,344	40.7	128.6	2,581,915	58.3	578.3	4.5
Extended (>30 days)	15,816	1.1	3.5	1,026,733	23.2	230.0	64.9
Total In-Patients	**590,160**	**41.8**	**132.2**	**3,608,648**	**81.5**	**808.2**	**6.1**
Total (Males and Females)	**1,410,394**	**100.0**	**315.9**	**4,428,882**	**100.0**	**991.9**	**3.1**[a]
Males							
Day Patients	**411,808**	**29.2**	**183.9**	**411,808**	**9.3**	**183.9**	
In-Patients							
Acute (0-30 days)	231,730	16.4	103.5	1,134,456	25.6	506.5	4.9
Extended (>30 days)	7,987	0.6	3.6	510,151	11.5	227.8	63.9
Total In-Patients	**239,717**	**17.0**	**107.0**	**1,644,607**	**37.1**	**734.3**	**6.9**
Total (Males)	**651,525**	**46.2**	**290.9**	**2,056,415**	**46.4**	**918.1**	**3.2**[a]
Females							
Day Patients	**408,426**	**29.0**	**183.5**	**408,426**	**9.2**	**183.5**	
In-Patients							
Acute (0-30 days)	342,614	24.3	154.0	1,447,459	32.7	650.5	4.2
Extended (>30 days)	7,829	0.6	3.5	516,582	11.7	232.1	66.0
Total In-Patients	**350,443**	**24.8**	**157.5**	**1,964,041**	**44.3**	**882.6**	**5.6**
Total (Females)	**758,869**	**53.8**	**341.0**	**2,372,467**	**53.6**	**1,066.2**	**3.1**[a]

Notes: Percentage columns are subject to rounding.
[a] Includes day and in-patients.

Source: Rates are based on population data from the ESRI (see Appendix IV).

MARITAL STATUS

The marital status of discharges from acute public hospitals is reported in Table 3.2. The highest volume of discharge activity involved married patients. Together, married and single discharges accounted for 83.8 per cent of total discharges and a smaller proportion of total bed days (76.6 per cent). Married discharges had an average length of stay of 2.8 days and single discharges had an average length of stay of 3.0 days, both of which were shorter than that for total discharges (3.1 days). Widowed discharges accounted for 9.2 per cent of total discharges, but a greater proportion of total bed days (16.6 per cent). The average length of stay for widowed discharges was 5.7 days, which was 2.6 days longer than the average for total discharges (see Figure 3.1).[3]

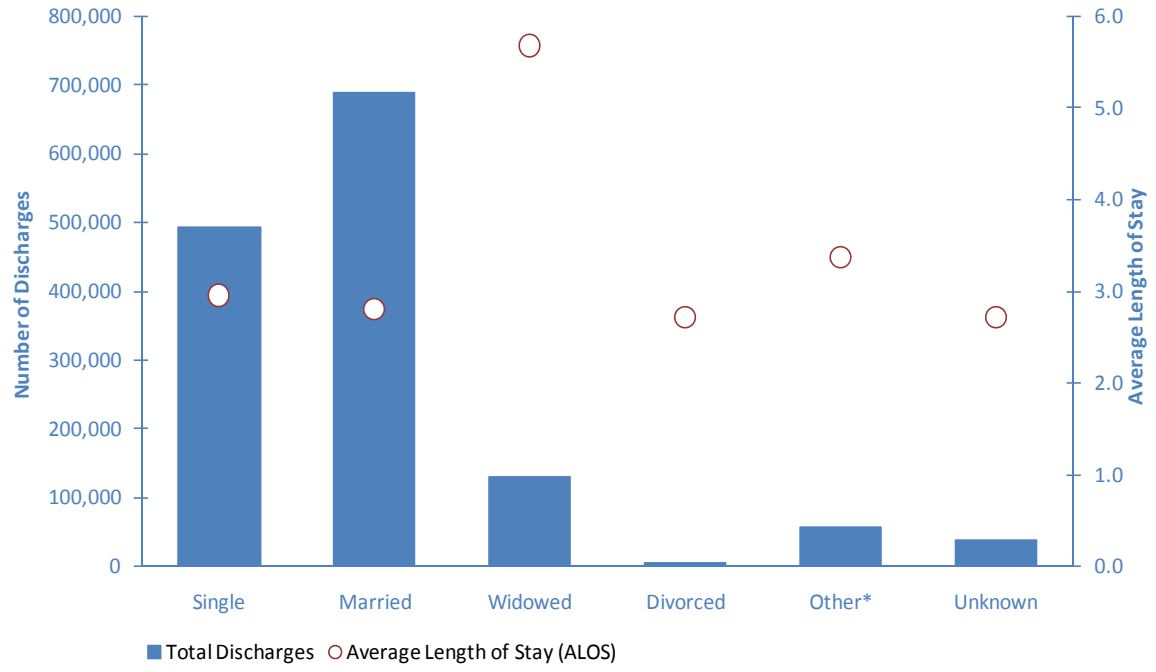
[3] It should be noted that 77.5 per cent of those discharges with a marital status of 'widowed' were 70 years and over and, as such, age may be a complicating factor.

TABLE 3.2
Discharges, Bed Days and Average Length of Stay (Days) by Marital Status

	Total Discharges		Total Bed Days[a]		Average Length of Stay[b]
	N	%	N	%	
Single	493,979	35.0	1,459,789	33.0	3.0
Married	688,492	48.8	1,929,640	43.6	2.8
Widowed	129,235	9.2	733,948	16.6	5.7
Divorced	4,263	0.3	11,582	0.3	2.7
Other (includes separated)	57,143	4.1	192,686	4.4	3.4
Unknown	37,282	2.6	101,237	2.3	2.7
Total	**1,410,394**	**100**	**4,428,882**	**100**	**3.1**

Notes: Percentage columns are subject to rounding.
[a] Includes bed days for day and in-patients.
[b] Includes day and in-patients.

FIGURE 3.1
Total Discharges and Average Length of Stay (Days) by Marital Status



Notes: Average Length of Stay includes day and in-patients.
* 'Other' includes separated.

AGE

The distribution of discharges by age group and sex is reported in Table 3.3. The number of total discharges was highest in the 65 to 74 age group. The 55 to 64 year age group had the highest number of total day patients (20.0 per cent) and the 25 to 34 year age group had the highest number of total in-patients (18.2 per cent).

There was considerable variability in the discharge rates across the age groups. While the 65 to 74 year age group recorded the largest volume of total discharges, the 75 to 84 year age group had the highest discharge rate of 1,040.7 discharges per 1,000, controlling for the age profile of the population. This age group had in excess of four times more discharges per 1,000 population than the 25 to 34 year age group, which had a discharge rate of 231.0 per 1,000. Discharges in the younger age groups (0 to 34 years old) were more likely to be discharged as in-patients rather than day patients. Conversely, for discharges aged between 35 and 84 years, the day patient discharge rates were greater than the in-patient discharge rates, indicating that a higher proportion of these discharges were treated on a day patient basis.

The age profile of discharges differed for males and females. For males, the highest numbers of total, day and in-patient discharges were in the 65 to 74 year age group. In contrast, for females the highest numbers of total and in-patient discharges were in the 25 to 34 year age group, and the highest number of day patients were in the 55 to 64 year age group (see Figure 3.2).

For both sexes, the discharge rates were highest among the older age groups. The total discharge rates were higher for males compared to females in two of the four main age groups. The discharge rates for the under 15 years and the 65 years and over age groups were higher for males than for females (152.9 per 1,000 for males and 122.5 per 1,000 for females for the under 15 years group, and 1,068.9 per 1,000 for males and 750.6 per 1,000 for females for the 65 years and over age group). Discharge rates in the 45 to 64 year age group were comparatively similar but marginally higher for females, with a rate of 388.5 per 1,000 members of the male population and 401.1 per 1,000 members of the female population. In the 15 to 44 year age group there were twice as many females discharged compared with males (135.8 per 1,000 for males and 295.3 per 1,000 for females).

For males, a higher proportion were discharged as day patients (63.2 per cent) rather than in-patients (36.8 per cent). For females, the pattern was similar though the numbers differed with day patients accounting for just over half of total discharges (53.8 per cent). For certain age groups, particularly those between 35 and 74 years, the day patient discharge rate was higher than the in-patient discharge rate for both males and females.

Approximately one-fifth of in-patient and total bed days were used by discharges aged between 75 and 84 years, even though this age group accounted for only 11.3 per cent of total in-patient discharges and 12.2 per cent of total discharges. Similarly, for both males and females, discharges in the older age group used proportionately more bed days. Bed day rates generally increased with age for both males and females. The total bed day rate for the 65 years and over age group was almost four times that of the 45 to 64 year age group.

The total in-patient average length of stay for both sexes generally increased with age (see Figure 3.3). Total in-patients aged 85 years and older stayed in hospital, on average, for 13.8 days, which was over five times that of in-patient discharges aged between 5 and 14 years, which had the lowest average length of stay (2.6 days). While those aged 65 years and over accounted for 27.4 per cent of total in-patient discharges, this group used 48.8 per cent of total in-patient bed days. On average, those in the youngest age group (0 to 4 years) stayed in hospital for 1.6 days longer than those in the next oldest age group (4.2 days for the 0 to 4 year age group and 2.6 days for the 5 to 14 year age group).

The longer average length of stay for older age groups was also observed when male and female discharges were analysed separately. The total in-patient average length of stay for males ranged from a low of 2.5 days for the 5 to 14 year age group to a high of 13.0 days for the 85 years and over age group. The equivalent range for females was 2.7 days for the 5 to 14 year age group to 14.3 days for the 85 years and over age group. While the total in-patient average length of stay for females was shorter than males (5.6 days for females and 6.9 days for males), there were differences between the two sexes across the age groups. Apart from the youngest (under 15 years) and oldest (65 years and over) age groups, females recorded a shorter total in-patient average length of stay than males in the 15-44 years and 45-64 years age groups.

TABLE 3.3

Discharges, Bed Days, Age- and Sex-Specific Discharge Rates (Per 1,000 Population) and Total In-Patient Average Length of Stay (Days) by Patient Type, Sex and Age Group

	Discharges									Bed Days						Total In-Patient Average Length of Stay
	Day Patients			In-Patients			Total Discharges			In-Patient Bed Days			Total Bed Days[a]			
	N	%	Rate	N	%	Rate	N	%	Rate	N	%	Rate	N	%	Rate	
Total Discharges (All Ages and Males and Females)	**820,234**	**100**	**183.7**	**590,160**	**100**	**132.2**	**1,410,394**	**100**	**315.9**	**3,608,648**	**100**	**808.2**	**4,428,882**	**100**	**991.9**	**6.1**
Under 15 years	**44,361**	**5.4**	**48.1**	**82,903**	**14.0**	**90.0**	**127,264**	**9.0**	**138.1**	**301,909**	**8.4**	**327.6**	**346,270**	**7.8**	**375.8**	**3.6**
0-4 years	21,715	2.6	64.7	54,354	9.2	162.0	76,069	5.4	226.7	227,843	6.3	679.1	249,558	5.6	743.9	4.2
5-14 years	22,646	2.8	38.6	28,549	4.8	48.7	51,195	3.6	87.4	74,066	2.1	126.4	96,712	2.2	165.0	2.6
15-44 years	**200,248**	**24.4**	**98.4**	**235,717**	**39.9**	**115.8**	**435,965**	**30.9**	**214.2**	**814,708**	**22.6**	**400.2**	**1,014,956**	**22.9**	**498.6**	**3.5**
15-19 years	13,351	1.6	47.3	21,702	3.7	76.8	35,053	2.5	124.1	66,314	1.8	234.7	79,665	1.8	282.0	3.1
20-24 years	20,590	2.5	65.2	33,716	5.7	106.8	54,306	3.9	171.9	105,080	2.9	332.7	125,670	2.8	397.9	3.1
25-34 years	69,546	8.5	90.7	107,555	18.2	140.3	177,101	12.6	231.0	348,902	9.7	455.2	418,448	9.4	545.9	3.2
35-44 years	96,761	11.8	144.3	72,744	12.3	108.5	169,505	12.0	252.7	294,412	8.2	439.0	391,173	8.8	583.2	4.0
45-64 years	**285,847**	**34.8**	**285.0**	**110,077**	**18.7**	**109.8**	**395,924**	**28.1**	**394.8**	**730,938**	**20.3**	**728.8**	**1,016,785**	**23.0**	**1,013.8**	**6.6**
45-54 years	121,832	14.9	218.8	49,115	8.3	88.2	170,947	12.1	307.0	282,860	7.8	507.9	404,692	9.1	726.7	5.8
55-64 years	164,015	20.0	367.7	60,962	10.3	136.7	224,977	16.0	504.3	448,078	12.4	1,004.5	612,093	13.8	1,372.1	7.4
65 years and over	**289,778**	**35.3**	**573.9**	**161,463**	**27.4**	**319.8**	**451,241**	**32.0**	**893.7**	**1,761,093**	**48.8**	**3,488.1**	**2,050,871**	**46.3**	**4,062.0**	**10.9**
65-74 years	161,473	19.7	569.2	66,233	11.2	233.5	227,706	16.1	802.7	589,321	16.3	2,077.4	750,794	17.0	2,646.6	8.9
75-84 years	105,916	12.9	638.1	66,841	11.3	402.7	172,757	12.2	1,040.7	778,713	21.6	4,691.1	884,629	20.0	5,329.1	11.7
85 years and over	22,389	2.7	405.6	28,389	4.8	514.3	50,778	3.6	919.9	393,059	10.9	7,120.4	415,448	9.4	7,525.9	13.8

Table 3.3: Discharges, Bed Days, Age- and Sex-Specific Discharge Rates (Per 1,000 Population) and Total In-Patient Average Length of Stay (Days) by Patient Type, Sex and Age Group (contd.)

	Discharges									Bed Days						Total In-Patient Average Length of Stay
	Day Patients			In-Patients			Total Discharges			In-Patient Bed Days			Total Bed Days[a]			
	N	%	Rate	N	%	Rate	N	%	Rate	N	%	Rate	N	%	Rate	
Male (All Ages)	**411,808**	**50.2**	**183.9**	**239,717**	**40.6**	**107.0**	**651,525**	**46.2**	**290.9**	**1,644,607**	**45.6**	**734.3**	**2,056,415**	**46.4**	**918.1**	**6.9**
Under 15 years	**26,089**	**3.2**	**55.2**	**46,182**	**7.8**	**97.7**	**72,271**	**5.1**	**152.9**	**162,048**	**4.5**	**342.8**	**188,137**	**4.2**	**398.0**	**3.5**
0-4 years	13,153	1.6	76.4	30,490	5.2	177.2	43,643	3.1	253.6	122,282	3.4	710.5	135,435	3.1	786.9	4.0
5-14 years	12,936	1.6	43.0	15,692	2.7	52.2	28,628	2.0	95.2	39,766	1.1	132.3	52,702	1.2	175.3	2.5
15-44 years	**83,910**	**10.2**	**81.0**	**56,687**	**9.6**	**54.7**	**140,597**	**10.0**	**135.8**	**248,665**	**6.9**	**240.1**	**332,575**	**7.5**	**321.2**	**4.4**
15-19 years	6,470	0.8	44.6	8,504	1.4	58.6	14,974	1.1	103.1	28,037	0.8	193.1	34,507	0.8	237.7	3.3
20-24 years	8,925	1.1	55.6	9,134	1.5	56.9	18,059	1.3	112.5	35,076	1.0	218.4	44,001	1.0	274.0	3.8
25-34 years	27,579	3.4	70.8	18,535	3.1	47.6	46,114	3.3	118.4	82,499	2.3	211.8	110,078	2.5	282.6	4.5
35-44 years	40,936	5.0	120.3	20,514	3.5	60.3	61,450	4.4	180.6	103,053	2.9	302.8	143,989	3.3	423.1	5.0
45-64 years	**138,482**	**16.9**	**274.5**	**57,493**	**9.7**	**114.0**	**195,975**	**13.9**	**388.5**	**400,006**	**11.1**	**792.9**	**538,488**	**12.2**	**1,067.4**	**7.0**
45-54 years	54,308	6.6	194.1	24,527	4.2	87.7	78,835	5.6	281.8	147,948	4.1	528.9	202,256	4.6	723.0	6.0
55-64 years	84,174	10.3	374.5	32,966	5.6	146.7	117,140	8.3	521.2	252,058	7.0	1,121.5	336,232	7.6	1,496.0	7.6
65 years and over	**163,327**	**19.9**	**719.4**	**79,355**	**13.4**	**349.5**	**242,682**	**17.2**	**1,068.9**	**833,888**	**23.1**	**3,672.9**	**997,215**	**22.5**	**4,392.3**	**10.5**
65-74 years	92,472	11.3	666.9	36,139	6.1	260.6	128,611	9.1	927.5	325,575	9.0	2,347.8	418,047	9.4	3,014.7	9.0
75-84 years	58,684	7.2	830.4	32,573	5.5	460.9	91,257	6.5	1,291.3	369,847	10.2	5,233.3	428,531	9.7	6,063.6	11.4
85 years and over	12,171	1.5	687.8	10,643	1.8	601.5	22,814	1.6	1,289.3	138,466	3.8	7,825.2	150,637	3.4	8,513.1	13.0

Table 3.3: Discharges, Bed Days, Age- and Sex-Specific Discharge Rates (Per 1,000 Population) and Total In-Patient Average Length of Stay (Days) by Patient Type, Sex and Age Group (contd.)

	Discharges									Bed Days						Total In-Patient Average Length of Stay
	Day Patients			In-Patients			Total Discharges			In-Patient Bed Days			Total Bed Days[a]			
	N	%	Rate	N	%	Rate	N	%	Rate	N	%	Rate	N	%	Rate	
Female (All Ages)	**408,426**	**49.8**	**183.5**	**350,443**	**59.4**	**157.5**	**758,869**	**53.8**	**341.0**	**1,964,041**	**54.4**	**882.6**	**2,372,467**	**53.6**	**1066.2**	**5.6**
Under 15 years	**18,272**	**2.2**	**40.7**	**36,721**	**6.2**	**81.8**	**54,993**	**3.9**	**122.5**	**139,861**	**3.9**	**311.6**	**158,133**	**3.6**	**352.3**	**3.8**
0-4 years	8,562	1.0	52.4	23,864	4.0	146.1	32,426	2.3	198.5	105,561	2.9	646.1	114,123	2.6	698.5	4.4
5-14 years	9,710	1.2	34.0	12,857	2.2	45.0	22,567	1.6	79.1	34,300	1.0	120.2	44,010	1.0	154.2	2.7
15-44 years	**116,338**	**14.2**	**116.3**	**179,030**	**30.3**	**179.0**	**295,368**	**20.9**	**295.3**	**566,043**	**15.7**	**566.0**	**682,381**	**15.4**	**682.3**	**3.2**
15-19 years	6,881	0.8	50.1	13,198	2.2	96.1	20,079	1.4	146.2	38,277	1.1	278.7	45,158	1.0	328.8	2.9
20-24 years	11,665	1.4	75.1	24,582	4.2	158.3	36,247	2.6	233.5	70,004	1.9	450.9	81,669	1.8	526.1	2.8
25-34 years	41,967	5.1	111.3	89,020	15.1	236.1	130,987	9.3	347.4	266,403	7.4	706.5	308,370	7.0	817.8	3.0
35-44 years	55,825	6.8	169.0	52,230	8.9	158.1	108,055	7.7	327.0	191,359	5.3	579.2	247,184	5.6	748.1	3.7
45-64 years	**147,365**	**18.0**	**295.6**	**52,584**	**8.9**	**105.5**	**199,949**	**14.2**	**401.1**	**330,932**	**9.2**	**663.9**	**478,297**	**10.8**	**959.5**	**6.3**
45-54 years	67,524	8.2	243.6	24,588	4.2	88.7	92,112	6.5	332.3	134,912	3.7	486.8	202,436	4.6	730.4	5.5
55-64 years	79,841	9.7	360.7	27,996	4.7	126.5	107,837	7.6	487.2	196,020	5.4	885.6	275,861	6.2	1,246.4	7.0
65 years and over	**126,451**	**15.4**	**455.1**	**82,108**	**13.9**	**295.5**	**208,559**	**14.8**	**750.6**	**927,205**	**25.7**	**3,337.1**	**1,053,656**	**23.8**	**3,792.2**	**11.3**
65-74 years	69,001	8.4	475.8	30,094	5.1	207.5	99,095	7.0	683.3	263,746	7.3	1,818.7	332,747	7.5	2,294.5	8.8
75-84 years	47,232	5.8	495.5	34,268	5.8	359.5	81,500	5.8	855.0	408,866	11.3	4,289.1	456,098	10.3	4,784.6	11.9
85 years and over	10,218	1.2	272.4	17,746	3.0	473.1	27,964	2.0	745.6	254,593	7.1	6,787.8	264,811	6.0	7,060.3	14.3

Notes: Percentage columns are subject to rounding.
[a] Includes bed days for day and in-patients.

Source: Rates are based on population data from the ESRI (see Appendix IV).

FIGURE 3.2
Discharges and Total In-Patient Average Length of Stay (Days) by Patient Type, Age Group and Sex

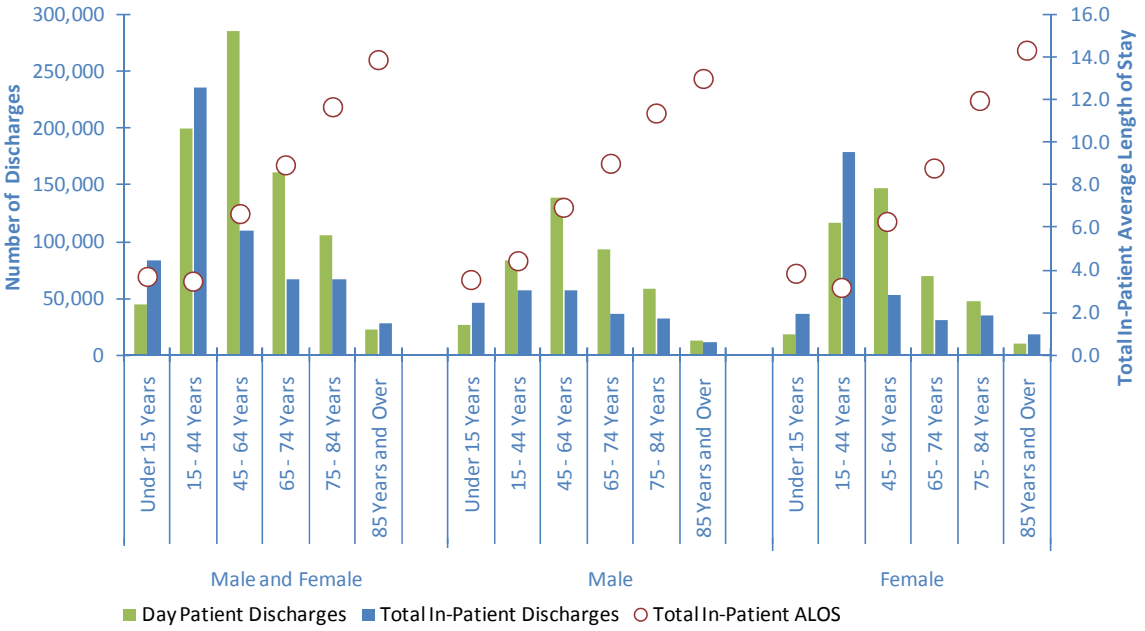
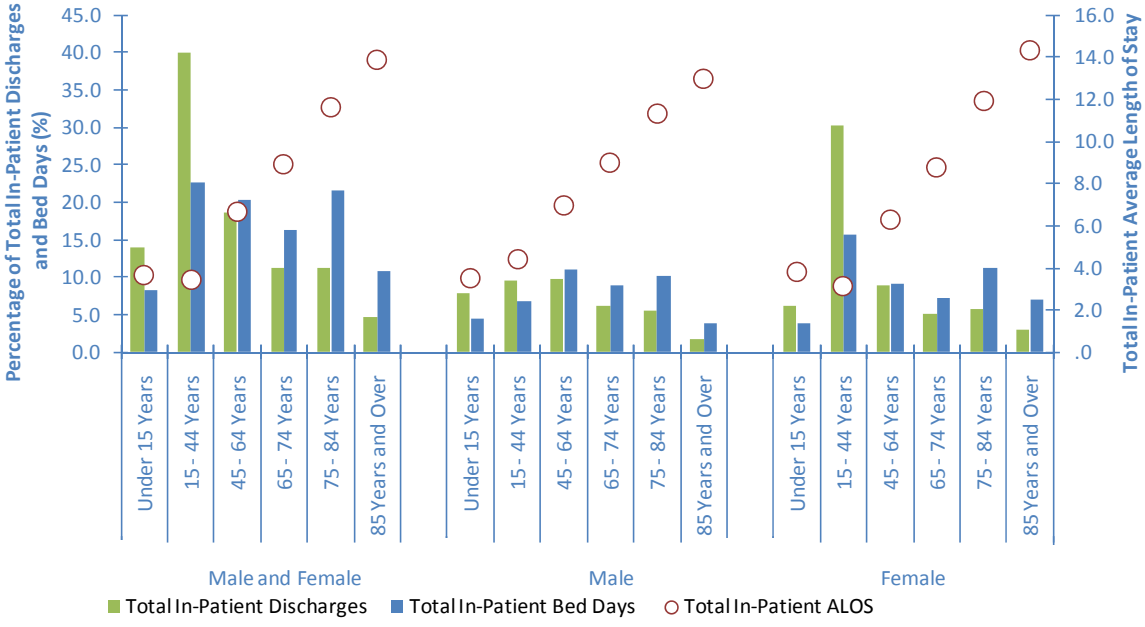


FIGURE 3.3
Percentage of Total In-Patient Discharges and Bed Days with Total In-Patient Average Length of Stay (Days) by Age Group and Sex



The age distribution of discharges according to their Health Service Executive (HSE) area of hospitalisation is presented in Table 3.4. The HSE Dublin Mid Leinster area treated the highest number of discharges in almost all of the broad age groups, accounting for over 30 per cent of total discharges in 2009.

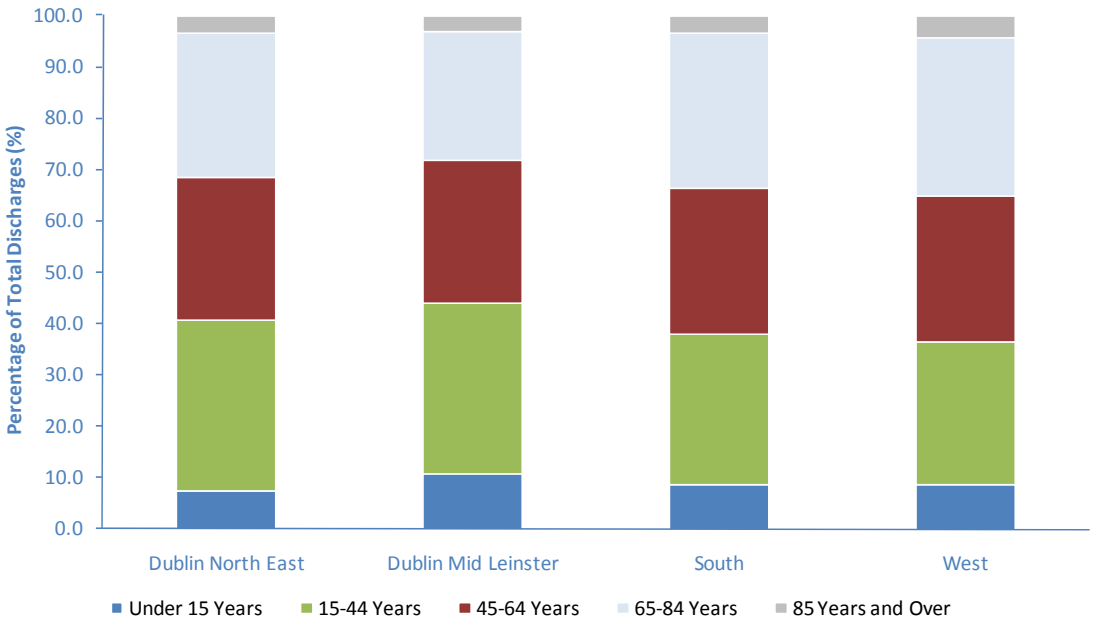
The HSE Dublin Mid Leinster area treated the highest proportion of discharges in the under 15 years age group (10.9 per cent) (see Figure 3.4). The HSE Dublin North East area treated the highest proportion of discharges aged between 15 and 44 years (33.4 per cent). The highest proportion of discharges aged 45-64 years and 65 years and over were treated in the HSE West area, accounting for 28.4 per cent and 35.2 per cent of total discharges respectively.

TABLE 3.4
Discharges by HSE Area of Hospitalisation and Age Group

	HSE Area of Hospitalisation								Total	
	HSE Dublin North East		HSE Dublin Mid Leinster		HSE South		HSE West			
	N	%	N	%	N	%	N	%	N	%
Total Discharges	**303,496**	**100**	**433,242**	**100**	**318,758**	**100**	**354,898**	**100**	**1,410,394**	**100**
Under 15 years	**22,098**	**7.3**	**47,030**	**10.9**	**27,194**	**8.5**	**30,942**	**8.7**	**127,264**	**9.0**
0-4 years	13,482	4.4	28,279	6.5	16,584	5.2	17,724	5.0	76,069	5.4
5-14 years	8,616	2.8	18,751	4.3	10,610	3.3	13,218	3.7	51,195	3.6
15-44 years	**101,251**	**33.4**	**143,153**	**33.0**	**93,370**	**29.3**	**98,191**	**27.7**	**435,965**	**30.9**
15-19 years	7,332	2.4	11,618	2.7	8,004	2.5	8,099	2.3	35,053	2.5
20-24 years	13,104	4.3	17,090	3.9	11,639	3.7	12,473	3.5	54,306	3.9
25-34 years	40,912	13.5	59,944	13.8	36,460	11.4	39,785	11.2	177,101	12.6
35-44 years	39,903	13.1	54,501	12.6	37,267	11.7	37,834	10.7	169,505	12.0
45-64 years	**84,274**	**27.8**	**120,275**	**27.8**	**90,432**	**28.4**	**100,943**	**28.4**	**395,924**	**28.1**
45-54 years	38,258	12.6	53,268	12.3	37,370	11.7	42,051	11.8	170,947	12.1
55-64 years	46,016	15.2	67,007	15.5	53,062	16.6	58,892	16.6	224,977	16.0
65 years and over	**95,873**	**31.6**	**122,784**	**28.3**	**107,762**	**33.8**	**124,822**	**35.2**	**451,241**	**32.0**
65-74 years	46,955	15.5	64,043	14.8	55,552	17.4	61,156	17.2	227,706	16.1
75-84 years	38,499	12.7	45,438	10.5	40,754	12.8	48,066	13.5	172,757	12.2
85 years and over	10,419	3.4	13,303	3.1	11,456	3.6	15,600	4.4	50,778	3.6

Note: Percentage columns are subject to rounding.

FIGURE 3.4
Percentage of Total Discharges by HSE Area of Hospitalisation and Age Group



The distribution of discharges resident in each of the four health areas by age group is reported in Table 3.5. In 2009, the highest proportion of discharges in the HSE Dublin North East and the HSE Dublin Mid Leinster areas were in the 15 to 44 year age group (34.3 per cent and 32.9 per cent respectively). In the HSE South and HSE West areas, the highest proportions of discharges were among 45 years and over age groups, 61.5 per cent and 63.1 per cent respectively (see Figure 3.5). Both the HSE South and HSE West areas reported over one-third of resident discharges aged 65 years and over.

Age-specific discharge rates for each HSE area are presented in Table 3.6. Consistently across all HSE areas, the discharge rates increased with age for the broad age categories. In the HSE West area, for instance, there were 960.2 discharges for every 1,000 members of the population aged 65 years and over, which was more than six times the number of discharges per 1,000 population aged under 15 years (159.5 per 1,000).

For almost all age groups, the number of discharges per 1,000 was higher in the HSE West area than the HSE Dublin Mid Leinster and HSE South areas. No single area consistently reported the lowest discharge rate for all age groups. The HSE Dublin North East area had the highest discharge rates for the 15 to 44 years and 75-84 years age groups. The HSE West area reported the highest discharge rate overall and for the under 15 years, 45 to 64 years, and 65 to 74 years age groups, as illustrated in Figures 3.6 to 3.11. The HSE Dublin Mid Leinster area reported the highest discharge rate for those aged 85 years and over. The HSE South area reported the lowest overall discharge rate, with 293.5 discharges for every 1,000 members of the population.

TABLE 3.5
Discharges by HSE Area of Residence and Age Group

	HSE Area of Residence								Total	
	HSE Dublin North East		HSE Dublin Mid Leinster		HSE South		HSE West			
	N	%	N	%	N	%	N	%	N	%
Total Discharges	**314,467**	**100**	**387,847**	**100**	**334,038**	**100**	**370,509**	**100**	**1,406,861**	**100**
Under 15 years	**24,522**	**7.8**	**36,225**	**9.3**	**31,445**	**9.4**	**34,697**	**9.4**	**126,889**	**9.0**
0-4 years	14,749	4.7	22,471	5.8	18,821	5.6	19,818	5.3	75,859	5.4
5-14 years	9,773	3.1	13,754	3.5	12,624	3.8	14,879	4.0	51,030	3.6
15-44 years	**108,002**	**34.3**	**127,651**	**32.9**	**96,980**	**29.0**	**102,099**	**27.6**	**434,732**	**30.9**
15-19 years	7,387	2.3	10,195	2.6	8,580	2.6	8,786	2.4	34,948	2.5
20-24 years	13,315	4.2	15,760	4.1	12,099	3.6	12,943	3.5	54,117	3.8
25-34 years	45,079	14.3	53,142	13.7	37,274	11.2	41,198	11.1	176,693	12.6
35-44 years	42,221	13.4	48,554	12.5	39,027	11.7	39,172	10.6	168,974	12.0
45-64 years	**85,673**	**27.2**	**108,317**	**27.9**	**95,022**	**28.4**	**105,952**	**28.6**	**394,964**	**28.1**
45-54 years	37,797	12.0	49,101	12.7	39,420	11.8	44,165	11.9	170,483	12.1
55-64 years	47,876	15.2	59,216	15.3	55,602	16.6	61,787	16.7	224,481	16.0
65 years and over	**96,270**	**30.6**	**115,654**	**29.8**	**110,591**	**33.1**	**127,761**	**34.5**	**450,276**	**32.0**
65-74 years	47,584	15.1	58,810	15.2	57,579	17.2	63,141	17.0	227,114	16.1
75-84 years	38,559	12.3	43,370	11.2	41,539	12.4	48,983	13.2	172,451	12.3
85 years and over	10,127	3.2	13,474	3.5	11,473	3.4	15,637	4.2	50,711	3.6

Note: A small number of discharges have no HSE area of residence (including discharges resident outside the Republic of Ireland and those with no fixed abode), which accounts for the minor differences in the discharge rates and number of total discharges compared with Table 3.4.

FIGURE 3.5
Percentage of Total Discharges by HSE Area of Residence and Age Group

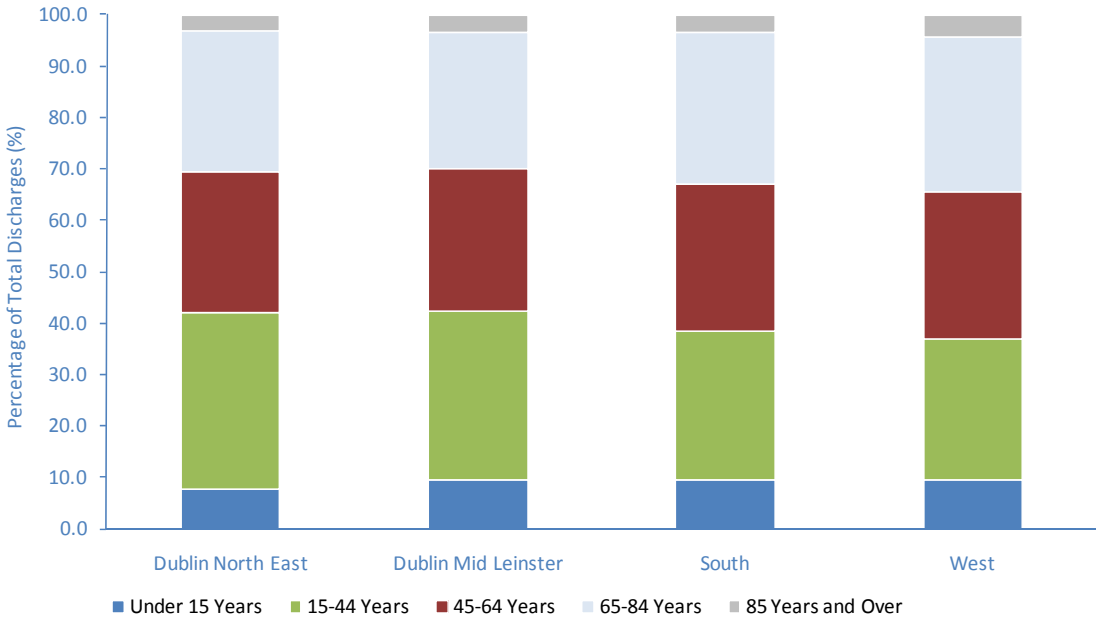


TABLE 3.6

Age-Specific Discharge Rates (Per 1,000 Population) by HSE Area of Residence and Age Group

	HSE Area of Residence			
	HSE Dublin North East	HSE Dublin Mid Leinster	HSE South	HSE West
Total Discharges	**319.6**	**302.8**	**293.5**	**348.8**
Under 15 years	**120.8**	**135.9**	**134.2**	**159.5**
0-4 years	194.7	224.6	225.9	259.6
5-14 years	76.8	82.6	83.6	105.4
15-44 years	**231.4**	**211.0**	**193.9**	**220.2**
15-19 years	124.5	131.5	114.8	123.9
20-24 years	194.0	174.5	153.1	166.2
25-34 years	242.7	222.3	208.7	252.6
35-44 years	275.9	244.9	232.8	258.0
45-64 years	**404.5**	**388.6**	**359.1**	**427.5**
45-54 years	317.2	312.4	270.6	327.4
55-64 years	516.9	487.1	467.6	546.9
65 years and over	**939.6**	**887.1**	**795.6**	**960.2**
65-74 years	819.3	785.8	736.3	870.1
75-84 years	1,146.2	1,024.5	906.0	1,108.8
85 years and over	942.9	1,021.0	767.4	958.5

Note: A small number of discharges have no HSE area of residence (including discharges resident outside the Republic of Ireland and those with no fixed abode). These rates exclude those discharges for whom HSE area of residence was unknown or not applicable.

Source: Rates are based on population data from the ESRI (see Appendix IV).

FIGURE 3.6
Age-Specific Discharge Rates (Per 1,000 Population) by HSE Area of Residence for Discharges Aged Under 15 Years

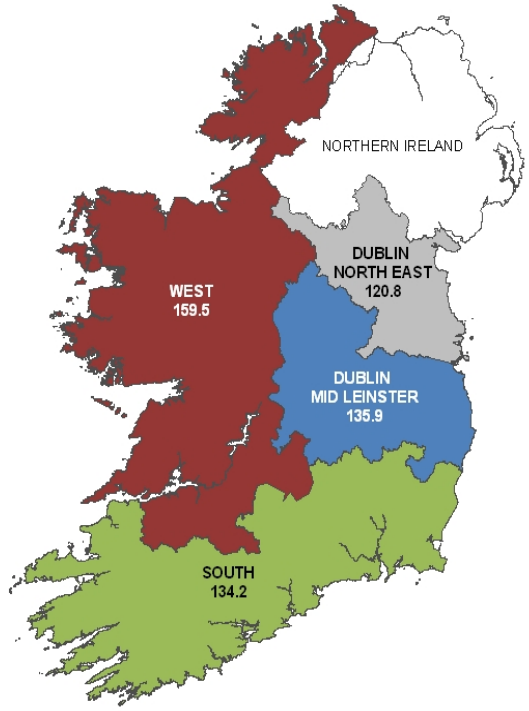


FIGURE 3.7
Age-Specific Discharge Rates (Per 1,000 Population) by HSE Area of Residence for Discharges Aged 15-44 Years

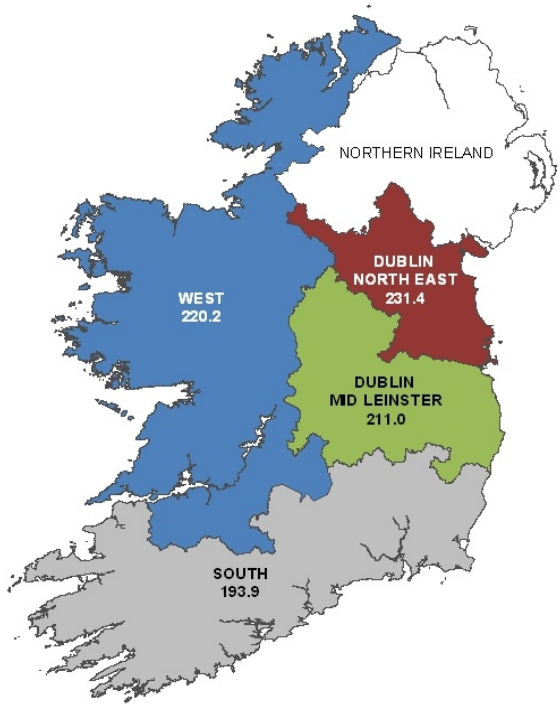


FIGURE 3.8
Age-Specific Discharge Rates (Per 1,000 Population) by HSE Area of Residence for Discharges Aged 45-64 Years

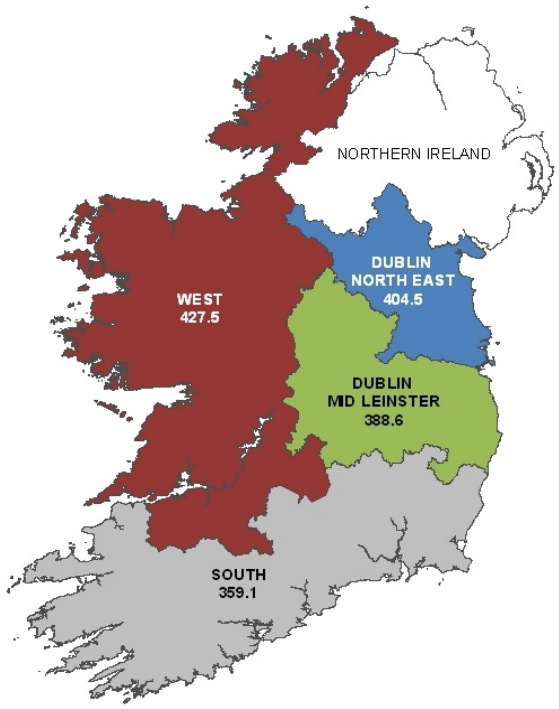


FIGURE 3.9
Age-Specific Discharge Rates (Per 1,000 Population) by HSE Area of Residence for Discharges Aged 65-74 Years

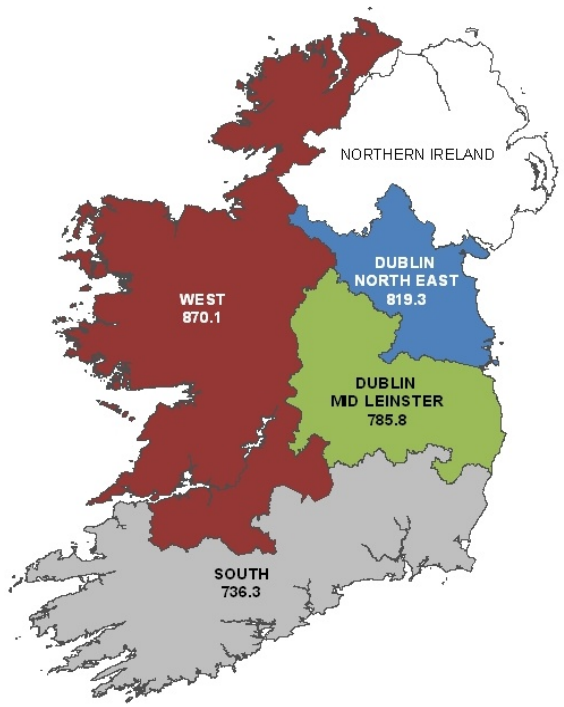


FIGURE 3.10
Age-Specific Discharge Rates (Per 1,000 Population) by HSE Area of Residence for Discharges Aged 75-84 Years

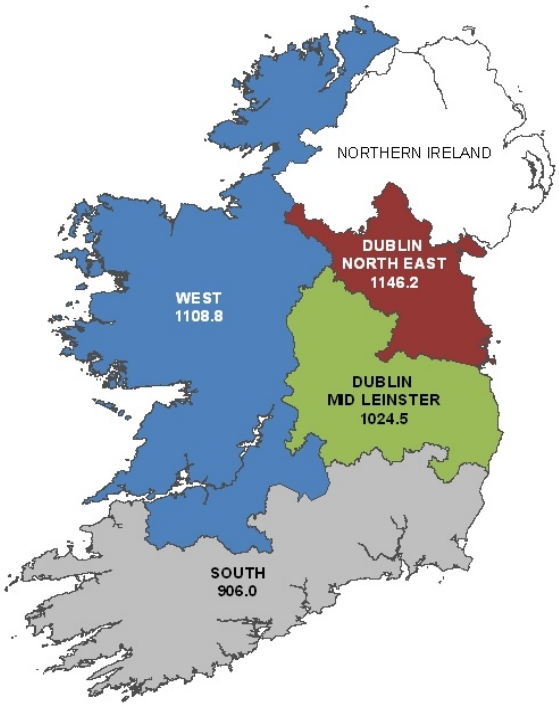
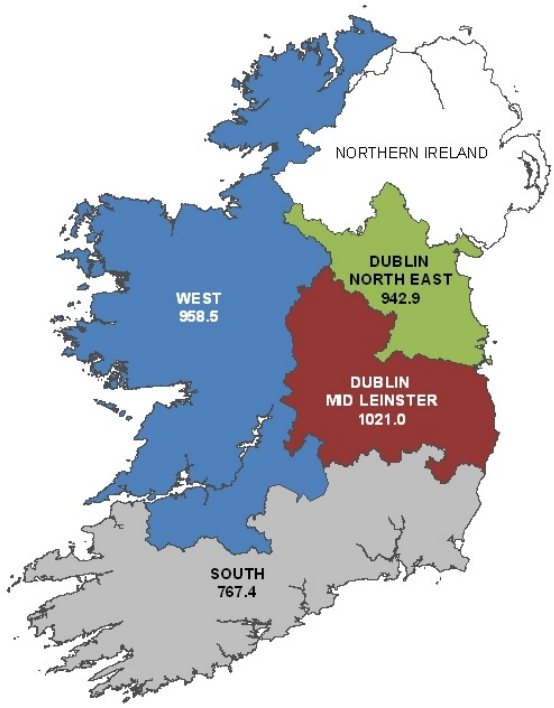


FIGURE 3.11
Age-Specific Discharge Rates (Per 1,000 Population) by HSE Area of Residence for Discharges Aged 85 Years and Over



GENERAL MEDICAL SERVICE (GMS) STATUS

In Ireland, health care may be provided free at the point of use to those who are entitled to a medical card. Eligibility for a medical card is predominately dependent on income or age.[4] It should be noted that where discharges are recorded as having a medical card this does not necessarily imply that the hospital discharge was publicly funded and vice versa. Table 3.7 reports discharges for those who hold medical cards (classified as 'GMS') and do not hold medical cards ('non-GMS'). According to figures available from the Primary Care Reimbursement Service, over 33.2 per cent of the population were eligible for a medical card in 2009.[5]

Of the total 1,410,394 discharges, 52.2 per cent were GMS, while non-GMS discharges accounted for 46.9 per cent. Extended stay in-patients had a higher proportion of GMS discharges (68.1 per cent) compared to acute in-patient GMS discharges (46.1 per cent). The corresponding proportions for non-GMS discharges were 29.8 per cent of extended stay in-patients and 53.0 per cent of acute in-patients (see Figure 3.12). Day patient discharges had a higher proportion of GMS discharges (56.1 per cent) compared to non-GMS discharges (42.9 per cent).

[4] With effect from 1 July 2001, the medical card scheme was extended to cover all persons aged 70 years and over, irrespective of means. Entitlement on the basis of age was revised in 2009. In 2009, 38.9 per cent of GMS discharges reported to HIPE were 70 years and over.

[5] Data on the number of persons eligible for a medical card in 2009 were obtained from www.hse.ie/eng/services/Publications/corporate/December%202009%20Performance%20Report.pdf;date consulted: 8 November 2010.

Within the general hospitals group only voluntary hospitals reported a lower proportion of GMS discharges than non-GMS discharges (see Figure 3.13). Over six out of every ten discharges from special hospitals were non-GMS. However, there were differences in the GMS/non-GMS breakdown across the different types of special hospitals. More than 80 per cent of discharges from maternity hospitals were not medical card holders, which was the highest proportion of non-GMS discharges for any of the categories of special hospital.

Nationally, the in-patient average length of stay, reported in Table 3.7, was generally shorter for acute and total non-GMS in-patients compared with the corresponding GMS discharges. Acute in-patient discharges with a medical card stayed an average of 5.5 days in hospital, which was 1.9 days longer than their non-GMS counterparts. Extended stay in-patient discharges with a medical card had a relatively similar length of stay to their non-GMS counterparts (66.5 days and 61.7 days respectively). Total in-patient GMS discharges from general hospitals had a longer average length of stay than non-GMS discharges (8.0 and 4.5 days respectively). Within the group of general hospitals, the average length of stay for GMS total in-patient discharges from voluntary hospitals was 5.3 days longer than those in regional hospitals and 5.5 days longer than those in county hospitals. Non-GMS discharges stayed around 2.9 days longer in voluntary hospitals than those in regional hospitals and 3.5 days longer than those in county hospitals (see Figure 3.14). Regional and county hospitals recorded similar average lengths of stay for GMS (6.8 and 6.6 days respectively) and non-GMS (4.1 and 3.5 days respectively) with regard to total in-patient discharges.

The total in-patient average lengths of stay for non-GMS discharges from general and special hospitals were broadly similar. GMS in-patient discharges from general hospitals stayed one day longer, on average, than those in special hospitals.

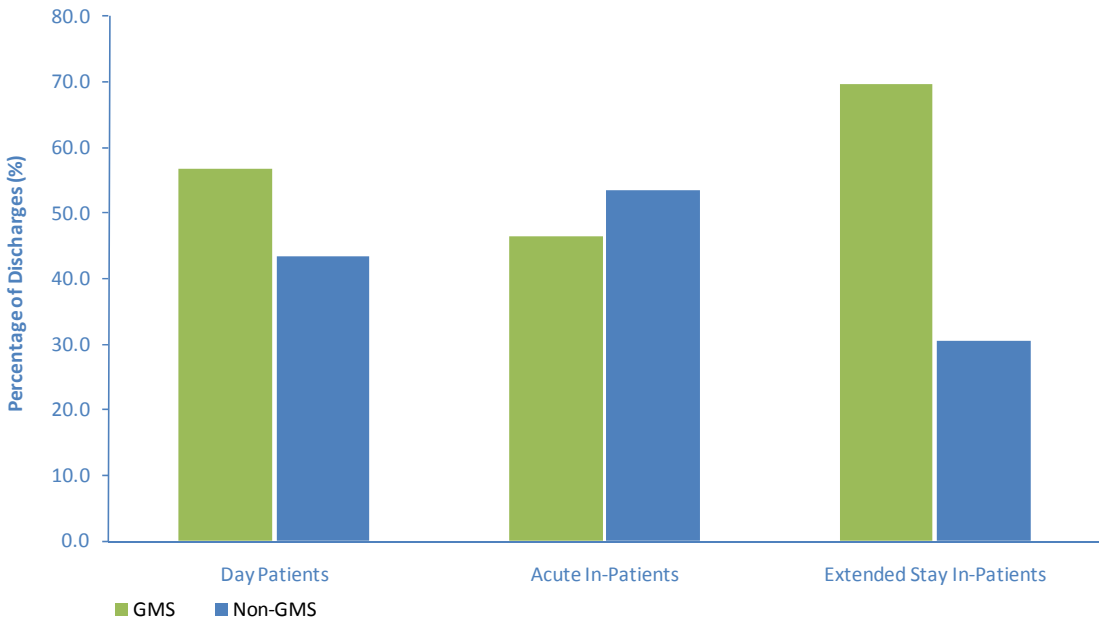
TABLE 3.7

Discharges and Average Length of Stay (Days) by GMS Status, Patient Type and Hospital Type[a]

	GMS			Non-GMS			Unknown[b]			Total		
	N	%	In-Patient Average Length of Stay	N	%	In-Patient Average Length of Stay	N	%	In-Patient Average Length of Stay	N	%	In-Patient Average Length of Stay
All Patient and Hospital Types												
Day Patients	**460,433**	**56.1**	-	**351,656**	**42.9**	-	**8,145**	**1.0**	-	**820,234**	**100**	-
In-Patients												
Acute (0-30 days)	264,517	46.1	5.5	304,448	53.0	3.6	5,379	0.9	4.6	574,344	100	4.5
Extended (>30 days)	10,773	68.1	66.5	4,708	29.8	61.7	335	2.1	59.3	15,816	100	64.9
Total In-Patients	**275,290**	**46.6**	**7.9**	**309,156**	**52.4**	**4.5**	**5,714**	**1.0**	**7.8**	**590,160**	**100**	**6.1**
Total Discharges (All Patient and Hospital Types)	**735,723**	**52.2**	**7.9**	**660,812**	**46.9**	**4.5**	**13,859**	**1.0**	**7.8**	**1,410,394**	**100**	**6.1**
General Hospitals												
Voluntary	208,809	49.2	12.1	211,115	49.7	7.0	4,759	1.1	27.2	424,683	100	9.6
Regional	223,706	60.5	6.8	144,313	39.0	4.1	1,755	0.5	4.0	369,774	100	5.5
County	237,872	55.2	6.6	191,285	44.4	3.5	1,960	0.5	4.8	431,117	100	5.1
Total (General)	**670,387**	**54.7**	**8.0**	**546,713**	**44.6**	**4.5**	**8,474**	**0.7**	**9.3**	**1,225,574**	**100**	**6.3**
Special Hospitals												
Cancer	27,153	63.5	21.8	15,594	36.5	18.2	0	0.0	-	42,747	100	21.0
Eye, Ear, Nose and Throat	3,867	39.8	2.7	5,830	60.0	2.8	18	0.2	1.0	9,715	100	2.8
Long Stay	711	57.4	18.2	512	41.4	18.4	15	1.2	16.9	1,238	100	18.3
Maternity	8,593	12.4	3.0	56,762	81.6	3.2	4,164	6.0	4.4	69,519	100	3.3
Orthopaedic	8,861	41.7	9.7	11,243	52.9	12.4	1,133	5.3	20.4	21,237	100	11.9
Paediatric	15,590	39.9	5.3	23,447	60.0	4.8	38	0.1	5.9	39,075	100	5.0
Other Care[c]	561	43.5	15.8	711	55.2	14.7	17	1.3	29.2	1,289	100	15.4
Total (Special)	**65,336**	**35.4**	**7.0**	**114,099**	**61.7**	**4.4**	**5,385**	**2.9**	**7.5**	**184,820**	**100**	**5.2**

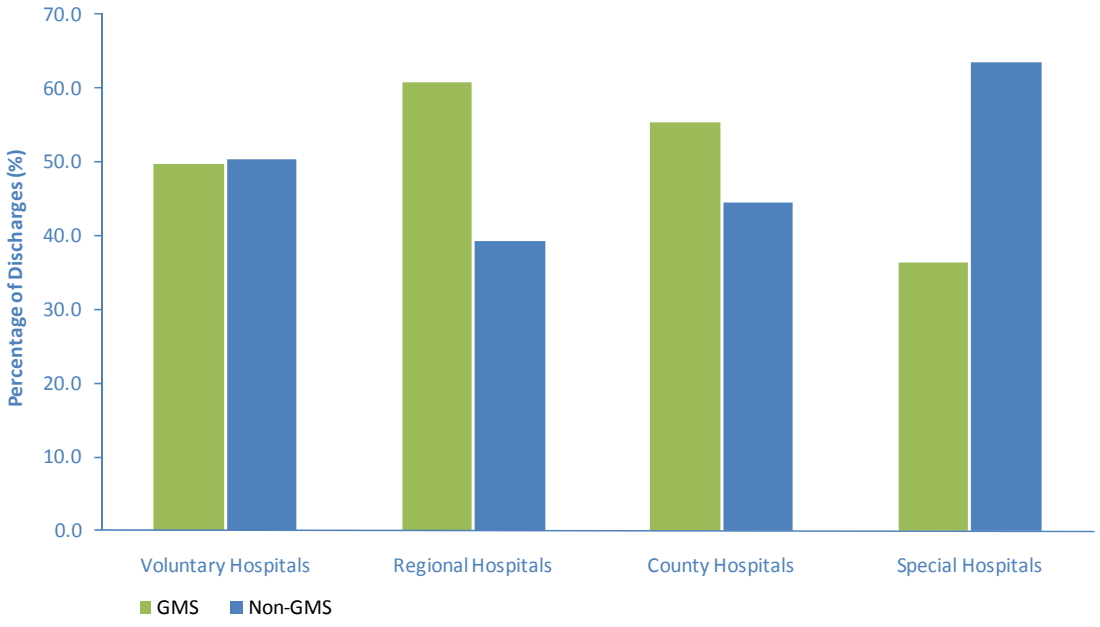
Notes:
Percentage columns subject to rounding.
[a] For general and special hospitals, average length of stay relates to total in-patients.
[b] Relates to discharges for whom GMS status was not known.
[c] 'Other care' hospitals provide a range of specialist services including infectious disease, elderly care, wound management, and care of the young disabled.

FIGURE 3.12
Percentage of Discharges by GMS Status and Patient Type



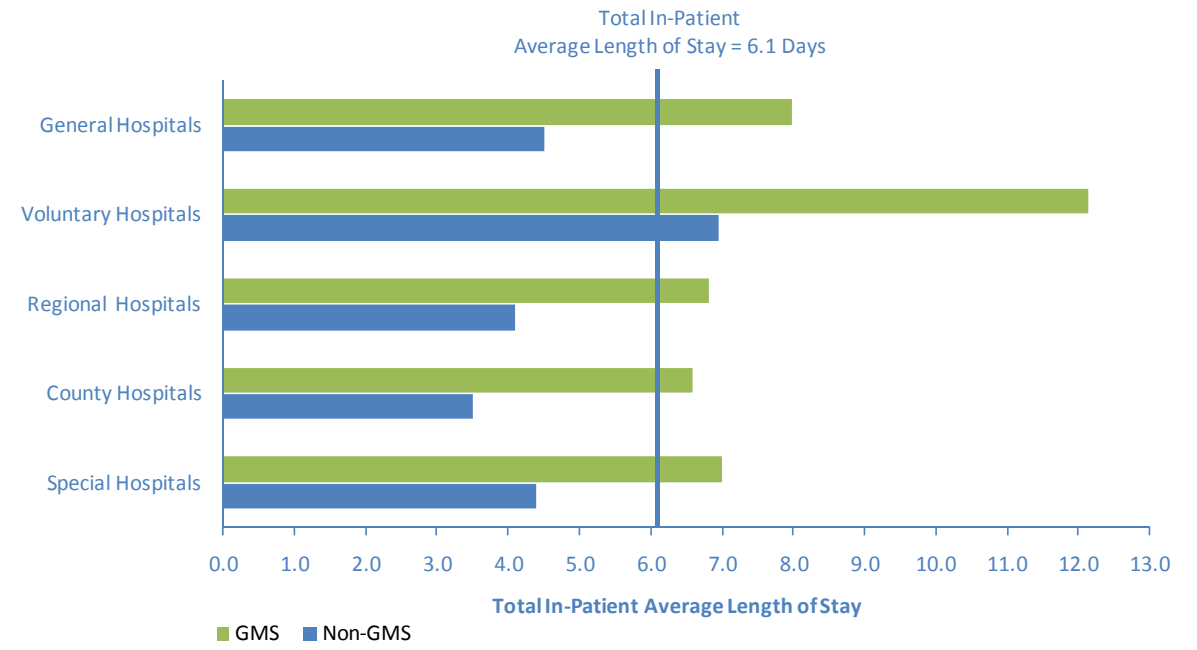
Note: Data have been recalculated to exclude those discharges for whom GMS status was unknown.

FIGURE 3.13
Percentage of Discharges by GMS Status and Hospital Type



Note: See note under Figure 3.12.

FIGURE 3.14
Total In-Patient Average Length of Stay (Days) by GMS Status and Hospital Type



Note: See note under Figure 3.12.

The GMS status of the discharges hospitalised in each HSE area are reported in Table 3.8 and shown in Figure 3.15. In the HSE South and HSE West areas at least one -half of total discharges were GMS patients. For the HSE Dublin Mid Leinster area, non-GMS discharges accounted for 54.6 per cent of total discharges.

TABLE 3.8
Total Discharges by GMS Status and HSE Area of Hospitalisation

	GMS		Non-GMS		Unknown[a]		Total	
	N	%	N	%	N	%	N	%
HSE Dublin North East	149,444	20.3	152,393	23.1	1,659	12.0	303,496	21.5
%	49.2		50.2		0.5		100	
HSE Dublin Mid Leinster	192,037	26.1	236,339	35.8	4,866	35.1	433,242	30.7
%	44.3		54.6		1.1		100	
HSE South	173,283	23.6	139,662	21.1	5,813	41.9	318,758	22.6
%	54.4		43.8		1.8		100	
HSE West	220,959	30.0	132,418	20.0	1,521	11.0	354,898	25.2
%	62.3		37.3		0.4		100	
Total	**735,723**	**100**	**660,812**	**100**	**13,859**	**100**	**1,410,394**	**100**
%	**52.2**		**46.9**		**1.0**		**100**	

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

FIGURE 3.15
Percentage of Total Discharges by GMS Status and HSE Area of Hospitalisation

Note: See note under Figure 3.12.

PUBLIC/PRIVATE STATUS

In HIPE, public/private status relates to whether the patient saw the consultant on a private or public basis. Private consultant care may be funded through private health insurance or out-of-pocket payment, although HIPE does not distinguish between these two methods of payment. As shown in Table 3.9, over three-quarters of total discharges were public. A higher proportion of day patients were public (82.1 per cent) compared to total in-patients (76.1 per cent). A higher proportion of extended stay in-patients were public patients compared to acute in-patients (80.7 per cent and 76.0 per cent respectively).

Over 80 per cent of discharges from general hospitals were public. Within the group of general hospitals, there were some differences in the public/private breakdown (see Figure 3.16). While voluntary and county hospitals discharged similar proportions of public patients (82.8 per cent and 82.4 per cent respectively), regional hospitals had the highest proportion of private discharges (22.9 per cent).

Examining the public/private classification by patient type in general hospitals, a higher proportion of day patient than in-patient discharges were public. Of all day patients discharged by voluntary hospitals, 85.6 per cent were public compared to 75.7 per cent of in-patients. In regional hospitals, 80.1 per cent of all day patients were public compared to 72.2 per cent of in-patients. County hospitals had the highest proportion of public in-patient discharges (81.7 per cent).

Compared to general hospitals, special hospitals discharged a higher proportion of private patients, regardless of patient type. The low proportion of public discharges was also evident for a number of categories of special hospital (e.g. paediatric and maternity hospitals).

The total in-patient average length of stay for public discharges was 6.3 days, which was almost one day longer than that for private discharges (5.6 days). While there was little difference between public and private discharges in acute in-patient average lengths of stay, public extended stay in-patients had an average length of stay of 6.3 days longer than their private counterparts. As shown in Figure 3.17, the total public in-patient average length of stay was almost one day longer in general hospitals compared to special hospitals (6.4 days and 5.5 days respectively). For private in-patients, the average length of stay in general hospitals was 1.5 days longer compared to special hospitals (5.9 days and 4.4 days respectively).

Within the group of general hospitals, the total in-patient average length of stay for public discharges was longer than that for private discharges for all hospital types. It is worth noting that factors such as case complexity and the ratio of in-patients to day patients may contribute to the differences in average length of stay across the hospital types. For both private and public discharges, the in-patient average length of stay in voluntary hospitals was longer than that in both regional and county hospitals.

For special hospitals, the average length of stay of public in-patients was longer than that for private in-patients for cancer, orthopaedic, paediatric, and other care hospitals. This difference was not observed in the eye, ear, nose and throat, long stay and maternity hospitals, where the average lengths of stay for private and public in-patients were broadly comparable.

TABLE 3.9

Discharges and Average Length of Stay (Days) by Public/Private Status, Patient Type and Hospital Type

	Public			Private			Total		
	N	%	In-Patient Average Length of Stay	N	%	In-Patient Average Length of Stay	N	%	In-Patient Average Length of Stay
All Hospital and Patient Types									
Day Patients	**673,748**	**82.1**	**-**	**146,486**	**17.9**	**-**	**820,234**	**100**	**-**
In-Patients									
Acute (0-30 days)	436,646	76.0	4.5	137,698	24.0	4.4	574,344	100	4.5
Extended (>30 days)	12,760	80.7	66.1	3,056	19.3	59.8	15,816	100	64.9
Total In-Patients	**449,406**	**76.1**	**6.3**	**140,754**	**23.9**	**5.6**	**590,160**	**100**	**6.1**
Total Discharges (All Hospital and Patient Types)	**1,123,154**	**79.6**	**3.1**	**287,240**	**20.4**	**3.3**	**1,410,394**	**100**	**3.1**
General Hospitals									
Day Patients	607,728	83.2	-	122,289	16.8	-	730,017	100	-
In-Patients	384,524	77.6	6.4	111,033	22.4	5.9	495,557	100	6.3
Total Discharges (General)	**992,252**	**81.0**	**3.1**	**233,322**	**19.0**	**3.4**	**1,225,574**	**100**	**3.1**
Voluntary[a]	**351,633**	**82.8**	**3.3**	**73,050**	**17.2**	**4.2**	**424,683**	**100**	**3.4**
Day Patients	260,877	85.6	-	43,973	14.4	-	304,850	100	-
In-Patients	90,756	75.7	9.8	29,077	24.3	9.1	119,833	100	9.6
Regional[a]	**285,220**	**77.1**	**2.6**	**84,554**	**22.9**	**2.9**	**369,774**	**100**	**2.7**
Day Patients	183,996	80.1	-	45,668	19.9	-	229,664	100	-
In-Patients	101,224	72.2	5.6	38,886	27.8	5.2	140,110	100	5.5
County[a]	**355,399**	**82.4**	**3.3**	**75,718**	**17.6**	**3.0**	**431,117**	**100**	**3.2**
Day Patients	162,855	83.3	-	32,648	16.7	-	195,503	100	-
In-Patients	192,544	81.7	5.2	43,070	18.3	4.5	235,614	100	5.1
Special Hospitals									
Day Patients	66,020	73.2	-	24,197	26.8	-	90,217	100	-
In-Patients	64,882	68.6	5.5	29,721	31.4	4.4	94,603	100	5.2
Total Discharges (Special)	**130,902**	**70.8**	**5.5**	**53,918**	**29.2**	**4.4**	**184,820**	**100**	**5.2**
Cancer	33,900	79.3	21.5	8,847	20.7	19.1	42,747	100	21.0
Eye, Ear, Nose and Throat	7,247	74.6	2.6	2,468	25.4	2.9	9,715	100	2.8
Long Stay	712	57.5	18.0	526	42.5	18.6	1,238	100	18.3
Maternity	47,588	68.5	3.2	21,931	31.5	3.5	69,519	100	3.3
Orthopaedic	14,704	69.2	13.9	6,533	30.8	6.9	21,237	100	11.9
Paediatric	25,536	65.4	5.3	13,539	34.6	4.5	39,075	100	5.0
Other Care[b]	1,215	94.3	16.1	74	5.7	4.3	1,289	100	15.4

Notes: [a] Overall average lengths of stay for voluntary, regional and county hospitals include day patients.
[b] 'Other care' provide a range of specialist services including infectious disease, elderly care, wound management, and care of the young disabled.

FIGURE 3.16
Total Discharges by Public/Private Status and Hospital Type

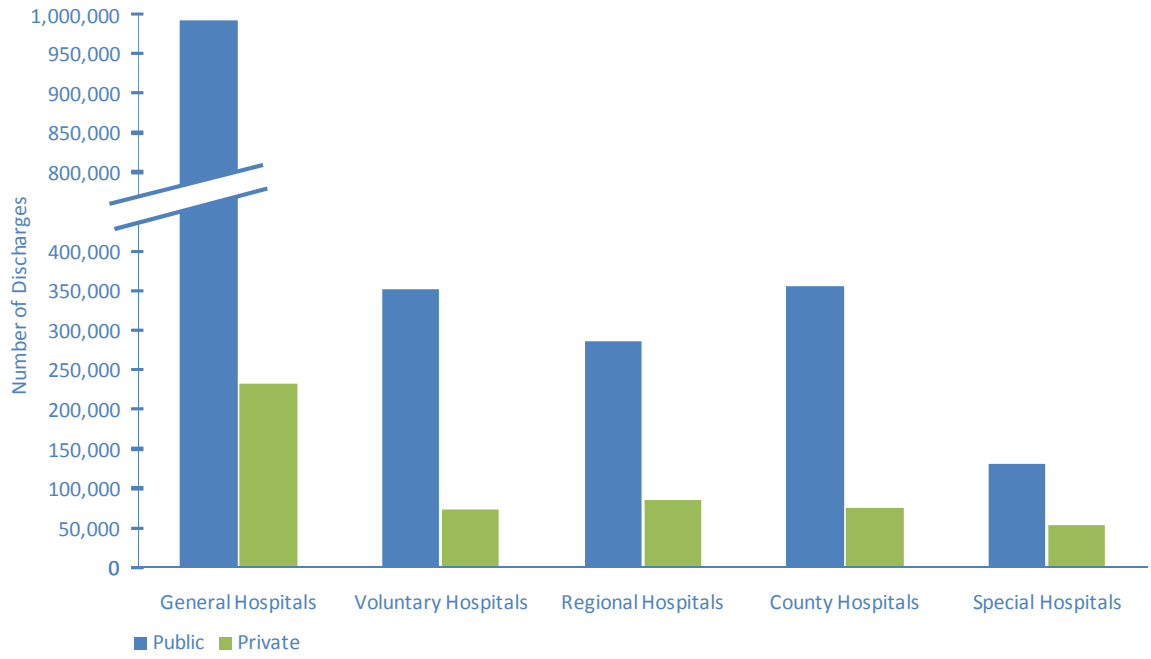
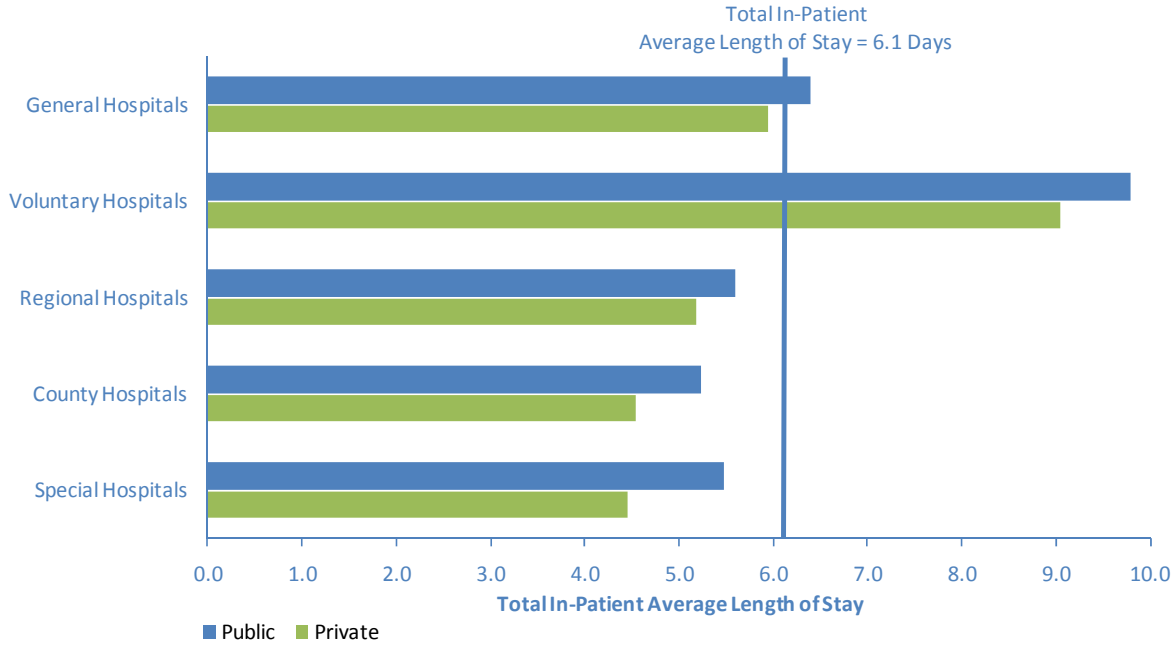


FIGURE 3.17
Total In-Patient Average Length of Stay (Days) by Public/Private Status and Hospital Type



The public/private composition of discharges by HSE area of hospitalisation is represented in Table 3.10 and Figure 3.18. The HSE Dublin Mid Leinster area accounted for the largest proportion of public discharges (31.5 per cent) and HSE South accounted for the largest proportion of private discharges (29.1 per cent). Within the HSE areas there was a higher proportion of public discharges in the HSE Dublin North East area (82.4 per cent) compared to the HSE South area which had the lowest proportion of public discharges (73.8 per cent).

TABLE 3.10
Total Discharges by Public/Private Status and HSE Area of Hospitalisation

	Public Discharges		Private Discharges		Total Discharges	
	N	%	N	%	N	%
HSE Dublin North East	249,929	22.3	53,567	18.6	303,496	21.5
%	82.4		17.6		100	
HSE Dublin Mid Leinster	353,264	31.5	79,978	27.8	433,242	30.7
%	81.5		18.5		100	
HSE South	235,234	20.9	83,524	29.1	318,758	22.6
%	73.8		26.2		100	
HSE West	284,727	25.4	70,171	24.4	354,898	25.2
%	80.2		19.8		100	
Total	**1,123,154**	**100**	**287,240**	**100**	**1,410,394**	**100**
%	**79.6**		**20.4**		**100**	

Note: Percentage columns are subject to rounding.

FIGURE 3.18
Percentage of Total Discharges by Public/Private Status and HSE Area of Hospitalisation

INTER-REGIONAL FLOW OF DISCHARGES

Table 3.11 reports the area of residence for patients who were hospitalised in each of the four HSE areas. Of the discharges treated in the HSE Dublin North East area, 85.8 per cent were living in that area, 10.2 per cent were from the neighbouring HSE Dublin Mid Leinster area, and the remainder were from the other two health areas. For the majority of discharges, their HSE area of residence was the same as their HSE area of hospitalisation. Figure 3.19 shows the HSE area of residence for discharges hospitalised in the HSE Dublin Mid Leinster area. Of discharges hospitalised in the HSE Dublin Mid Leinster area, 20.0 per cent were resident outside this area. Discharges were more likely to travel to the HSE Dublin Mid Leinster area for treatment if they were resident in the HSE Dublin North East area. In contrast, smaller proportions of discharges treated in the HSE Dublin Mid Leinster area were residents in the two remaining health areas.

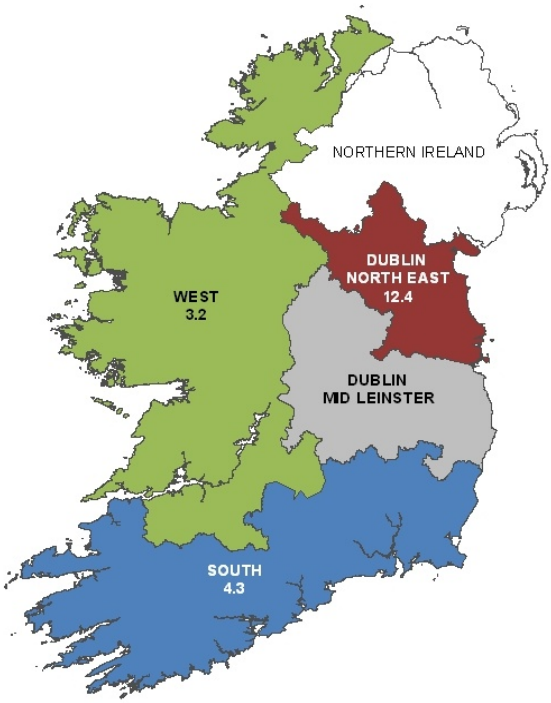
TABLE 3.11

Percentage of Total Discharges by HSE Area of Hospitalisation and HSE Area of Residence

HSE Area of Residence	HSE Area of Hospitalisation			
	HSE Dublin North East	HSE Dublin Mid Leinster	HSE South	HSE West
HSE Dublin North East	**85.8**	12.4	0.1	0.2
HSE Dublin Mid Leinster	10.2	**80.0**	0.6	2.5
HSE South	1.6	4.3	**96.8**	0.8
HSE West	2.4	3.2	2.6	**96.4**
Total	**100**	**100**	**100**	**100**

Notes: Percentage columns are subject to rounding.
For example, 85.8 per cent of discharges treated in the HSE Dublin North East area were resident in that area, and 2.4 per cent of discharges treated in the HSE Dublin North East area were resident in the HSE West area.
A small number of discharges have no HSE area of residence (including discharges resident outside the Republic of Ireland and those with no fixed abode). This table excludes those discharges for whom HSE area of residence was unknown or not applicable.

FIGURE 3.19
Percentage of Total Discharges Hospitalised in the HSE Dublin Mid Leinster Area and Resident in Other HSE Areas



The area of hospitalisation for those resident in each HSE area is shown in Table 3.12. The majority of discharges resident in each HSE area were also treated in that area. The HSE Dublin North East area was the most common area of hospitalisation for residents from the HSE Dublin Mid Leinster area treated outside their area and vice versa. Residents of the HSE South and HSE West areas were most commonly treated in the HSE Dublin Mid Leinster area when treated outside their own area.

The focus of Figure 3.20 is the HSE Dublin North East area which, according to Table 3.12, had the lowest proportion of discharges treated within their residential health area (82.5 per cent). Specifically, Figure 3.20 shows the HSE area of hospitalisation in which discharges resident in the HSE Dublin North East area were treated. As observed in Figure 3.20, the flows were generally strongest from the HSE Dublin North East area to the HSE Dublin Mid Leinster area (17.1 per cent).

TABLE 3.12

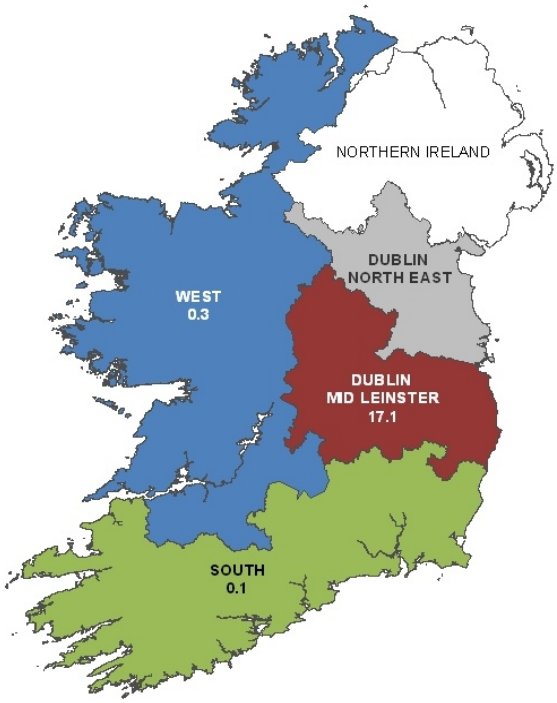
Percentage of Total Discharges by HSE Area of Residence and HSE Area of Hospitalisation

HSE Area of Hospitalisation	HSE Area of Residence			
	HSE Dublin North East	HSE Dublin Mid Leinster	HSE South	HSE West
HSE Dublin North East	**82.5**	8.0	1.4	2.0
HSE Dublin Mid Leinster	17.1	**89.2**	5.6	3.7
HSE South	0.1	0.5	**92.1**	2.2
HSE West	0.3	2.3	0.9	**92.1**
Total	**100**	**100**	**100**	**100**

Notes: Percentage columns are subject to rounding.
For example, 89.2 per cent of discharges resident in the HSE Dublin Mid Leinster area were treated in that area, and 8.0 per cent of HSE Dublin Mid Leinster resident discharges were treated in the HSE Dublin North East area.
A small number of discharges have no HSE area of residence (including discharges resident outside the Republic of Ireland and those with no fixed abode). This table excludes those discharges for whom HSE area of residence was unknown or not applicable.

FIGURE 3.20

Percentage of Total Discharges Resident in the HSE Dublin North East Area and Hospitalised in Other HSE Areas



SECTION

FOUR

Morbidity Analysis for Hospital Discharges in 2009

SUMMARY

Discharges by Diagnosis

- In 2009, an average of 2.6 diagnoses were recorded for each HIPE discharge.
- Total in-patients were found, on average, to have 3.3 diagnoses compared to 2.0 for day patients.
- The average number of diagnoses recorded was slightly higher for male discharges (2.7 diagnoses) than for female discharges (2.6 diagnoses).
- The average number of diagnoses generally increased with age, regardless of patient type. The average number of diagnoses for total discharges aged under 15 years was 2.3; this increased to 3.1 for those aged 65 years and over.
- Almost 60 per cent of all day patients had one of the top 20 principal day patient diagnoses.
- 'Other medical care' (includes chemotherapy and radiotherapy encounters) was the most common principal diagnosis among day patients in 2009, accounting for 21.3 per cent of total day patient discharges.
- The top 20 most common principal diagnoses for total in-patients accounted for 30.1 per cent of total in-patient discharges.
- The most common principal diagnosis for in-patients was 'perineal laceration during delivery', which accounted for 3.0 per cent of total in-patients.

Discharges by Procedure

- Principal procedures were recorded for 80.9 per cent of total discharges in 2009, with an average of 1.8 procedures performed on these discharges.
- The top 20 principal procedure blocks for day patients accounted for 75.6 per cent of total day patients who had a principal procedure. Of total in-patients with a procedure, 52.4 per cent underwent one of the top 20 principal procedures.
- For day patients, the most common principal procedure block was 'haemodialysis'. This procedure block accounted for 22.0 per cent of day patients with a principal procedure.
- For in-patients the most common principal procedure block was 'generalised allied health interventions'. This accounted for 11.0 per cent of total in-patients with a principal procedure.
- The average length of stay for acute in-patients with a principal procedure was 5.5 days.

INTRODUCTION

The analysis in this Section focuses on the diagnoses and procedures recorded for discharges reported to the Hospital In-Patient Enquiry (HIPE) scheme in 2009. The most common principal diagnoses are analysed first, followed by a detailed analysis of principal and all-listed diagnoses by sex and age. The most frequently reported procedures performed are then outlined together with a breakdown of principal and all-listed procedures by patient demographics. In 2005, for the first time, the diagnoses and procedures were coded using the 10th Revision of the International Classification of Diseases, Australian Modification (ICD-10-AM) incorporating the Australian Classification for Health Interventions (ACHI).[1,2] In 2009, HIPE updated to the 6th Edition of ICD-10-AM/ACHI/ACS, changes to clinical codes and coding guidelines should be taken into account when comparing data reported here to that presented in previous reports, see Appendix II for a *Summary of Changes to Clinical Coding*. In 2009, HIPE collected principal diagnosis and principal procedure (where applicable), together with up to nineteen additional diagnosis codes and nineteen additional procedure codes.[3]

DIAGNOSES

A **principal diagnosis** is defined as, 'the diagnosis established after study to be chiefly responsible for occasioning an episode of admitted patient care, an episode of residential care or attendance at the healthcare establishment, as represented by a code'.[4]

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.[5]

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.

On average, 2.6 diagnoses were recorded for each HIPE discharge in 2009, which is the same as that recorded in 2008 (Table 4.1). The average number of diagnoses varied for day and in-patients. Total in-patients reported 3.5 diagnoses, on average, compared to 2.0 diagnoses for day patients. The average number of all-listed diagnoses was slightly higher for total male discharges compared with female discharges, 2.7 for males and 2.6 for females, and represents no change from 2008. This difference between males and females was more apparent when comparing total in-patients. Total male in-patients recorded 3.8 diagnoses on average, which

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

2 Ireland changed from ICD-10-AM 4th edition to ICD-10-AM 6th edition in 2009. See Section One for further information.

3 In addition to the principal diagnosis and principal procedure codes, from 1995 to2001 HIPE collected five secondary diagnosis codes and three secondary procedure codes. From 2002 to 2004, HIPE collected nine secondary diagnosis codes and nine secondary procedure codes. For further information on changes in coding see our previous reports, available at www.esri.ie.

4 National Centre of Classification in Health (NCCH), 2008: *The International Statistical Classification of Diseases and Related Health Problems, Tenth Revision, Australian Modification (6th Ed): Australian Coding Standards*. Sydney: NCCH, Faculty of Health Sciences, The University of Sydney, p 10. This differs slightly to the ICD-10-AM (*4th Ed.)* definition of the principal diagnosis used 'the diagnosis established after study to be chiefly responsible for occasioning the patient's episode of care in hospital'.

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

was 15.2 per cent higher than the 3.3 diagnoses for female in-patients. The average number of diagnoses for day patients was the same for males as for females and it generally increased with age, regardless of patient type. The positive association between age and the number of diagnoses was particularly strong among in-patients, where the average number of diagnoses recorded by the oldest age group was 4.7 diagnoses, compared with the average of 2.6 diagnoses recorded for discharges aged less than 15 years.

TABLE 4.1
Average Number of All-Listed Diagnoses by Patient Type, Sex and Age Group

	Day Patients	In-Patients	Total Discharges
Total	**2.0**	**3.5**	**2.6**
Sex			
Male	2.0	3.8	2.7
Female	2.0	3.3	2.6
Age Group			
Under 15 years	1.7	2.6	2.3
15-44 years	1.7	2.9	2.3
45-64 years	2.1	3.7	2.5
65 years and over	2.1	4.7	3.1

Top 20 Principal Diagnoses

In 2009, 820,234 principal diagnoses were recorded for day patients. The 20 most commonly reported principal diagnoses, analysed at the three-digit level for day patients, are presented in Table 4.2 and shown in Figure 4.1. Almost 60 per cent of day patients were diagnosed with one of the top 20 principal diagnoses. The principal diagnosis of 'other medical care' (includes chemotherapy and radiotherapy encounters) accounted for the largest proportion of total day patients. This diagnosis accounted for 36.0 per cent of the top 20 principal diagnoses for day patients and 21.3 per cent of total day patient discharges.

The 2009 ranking of the top 20 principal diagnoses for day patients was broadly similar to that reported in 2008. In particular, the top 10 most common principal diagnoses remained unchanged over the two years, albeit in slightly different order. However, while 'malignant neoplasm of breast' was ranked among the top 20 principal diagnoses for day patients in 2008, this principal diagnoses is just outside the top 20 ranking in 2009. Instead, the diagnoses of 'other cataract' which did not appear in the 2008 listing appeared in the 2009 ranking.

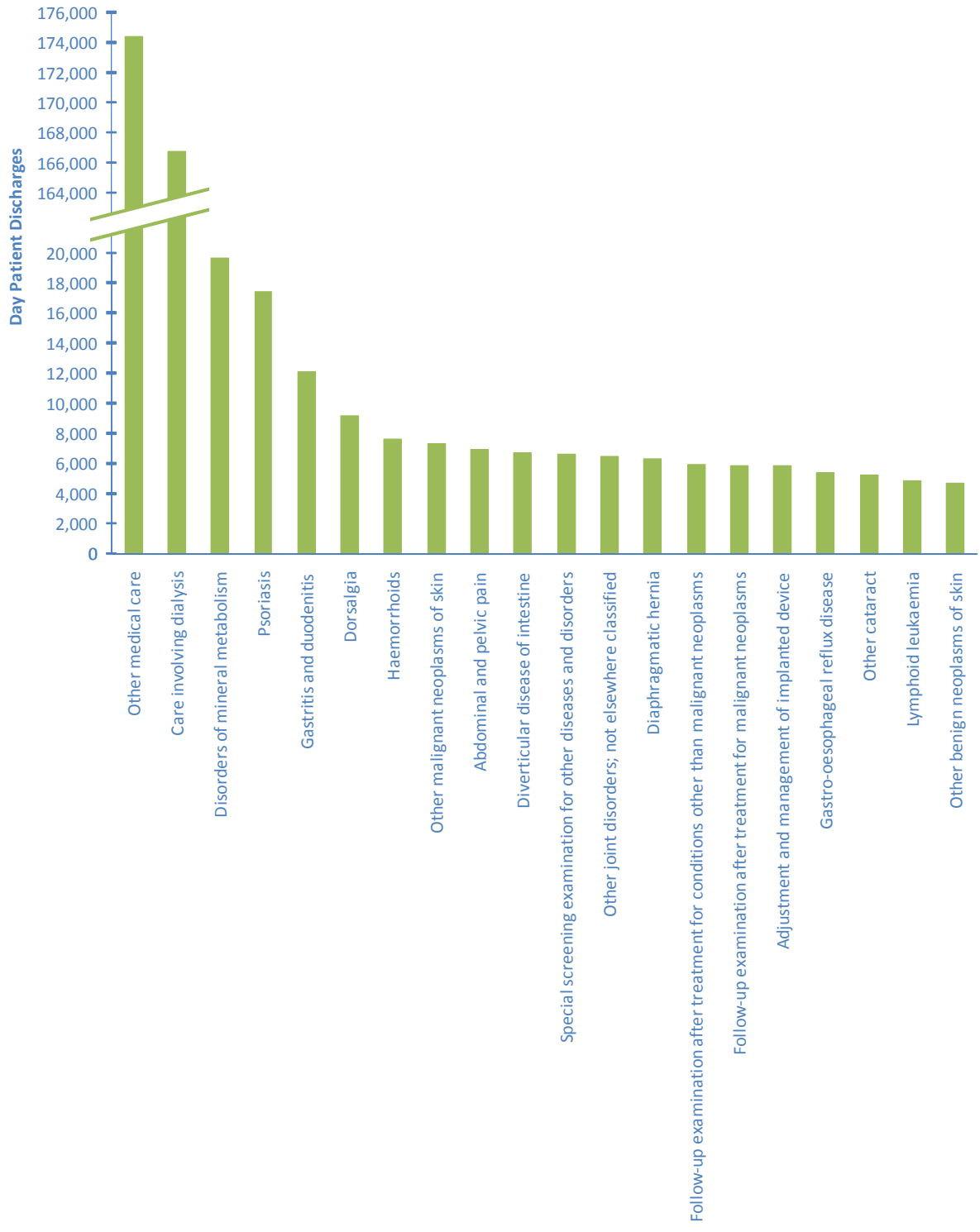
TABLE 4.2

Top 20 Principal Diagnoses for Day Patients – Number and Percentage of Day Patient Discharges

Rank	Principal Diagnosis	ICD-10-AM Code[a]	N	% of Top 20 Principal Diagnoses for Day Patients	% of Total Day Patients
1	Other medical care[b]	Z51	174,379	36.0	21.3
2	Care involving dialysis	Z49	166,741	34.4	20.3
3	Disorders of mineral metabolism	E83	19,637	4.0	2.4
4	Psoriasis	L40	17,436	3.6	2.1
5	Gastritis and duodenitis	K29	12,112	2.5	1.5
6	Dorsalgia	M54	9,136	1.9	1.1
7	Haemorrhoids	I84	7,606	1.6	0.9
8	Other malignant neoplasms of skin	C44	7,271	1.5	0.9
9	Abdominal and pelvic pain	R10	6,921	1.4	0.8
10	Diverticular disease of intestine	K57	6,708	1.4	0.8
11	Special screening examination for other diseases and disorders	Z13	6,565	1.4	0.8
12	Other joint disorders; not elsewhere classified	M25	6,480	1.3	0.8
13	Diaphragmatic hernia	K44	6,309	1.3	0.8
14	Follow-up examination after treatment for conditions other than malignant neoplasms	Z09	5,901	1.2	0.7
15	Follow-up examination after treatment for malignant neoplasms	Z08	5,837	1.2	0.7
16	Adjustment and management of implanted device	Z45	5,810	1.2	0.7
17	Gastro-oesophageal reflux disease	K21	5,396	1.1	0.7
18	Other cataract	H26	5,180	1.1	0.6
19	Lymphoid leukaemia	C91	4,809	1.0	0.6
20	Other benign neoplasms of skin	D23	4,701	1.0	0.6
Top 20 Principal Diagnoses for Day Patients – Total		**-**	**484,935**	**100**	**59.1**
Day Patients – Total			**820,234**		

Notes:
Percentage columns are subject to rounding.
[a] ICD-10-AM diagnosis codes analysed at three-digit level.
[b] Includes chemotherapy and radiotherapy encounters.

FIGURE 4.1
Top 20 Principal Diagnoses for Day Patients



Note: See notes under Table 4.2.

While the top 20 principal diagnoses for day patients accounted for almost 60 per cent of discharges for this group, the equivalent proportion for total in-patients was substantially lower with 30.1 per cent of total in-patient discharges reporting one of the 20 most common principal diagnoses. As shown in Table 4.3, the most common principal diagnosis for in-patients was 'perineal laceration during delivery', which accounted for 3.0 per cent of total in-patients. The total in-patient average length of stay for the top 20 principal diagnoses ranged from 1.3 days for 'false labour' to 12.3 days for 'heart failure'. Figure 4.2 shows the volume of in-patient activity for each of these top 20 principal diagnoses together with their total in-patient average length of stay. In addition to the most common principal diagnosis, five other obstetrical diagnoses also ranked in the top 20 (including 'other maternal diseases classifiable elsewhere but complicating pregnancy, childbirth and the puerperium', 'single spontaneous delivery', 'labour and delivery complicated by fetal stress [distress]', 'false labour', and 'maternal care for known or suspected abnormality of pelvic organs').

The ranking of the top 20 principal in-patient diagnoses in 2009 was generally similar to that for 2008. In particular, the top ten principal diagnoses were the same in 2008 and 2009, albeit in slightly different order. Only one principal diagnosis that was listed in the 2008 ranking was not among the top 20 in 2009. This principal diagnosis was 'angina pectoris'; it has been replaced in the 2009 top 20 principal in-patient diagnoses list by 'other gastroenteritis and colitis of infectious and unspecified origin'.

TABLE 4.3

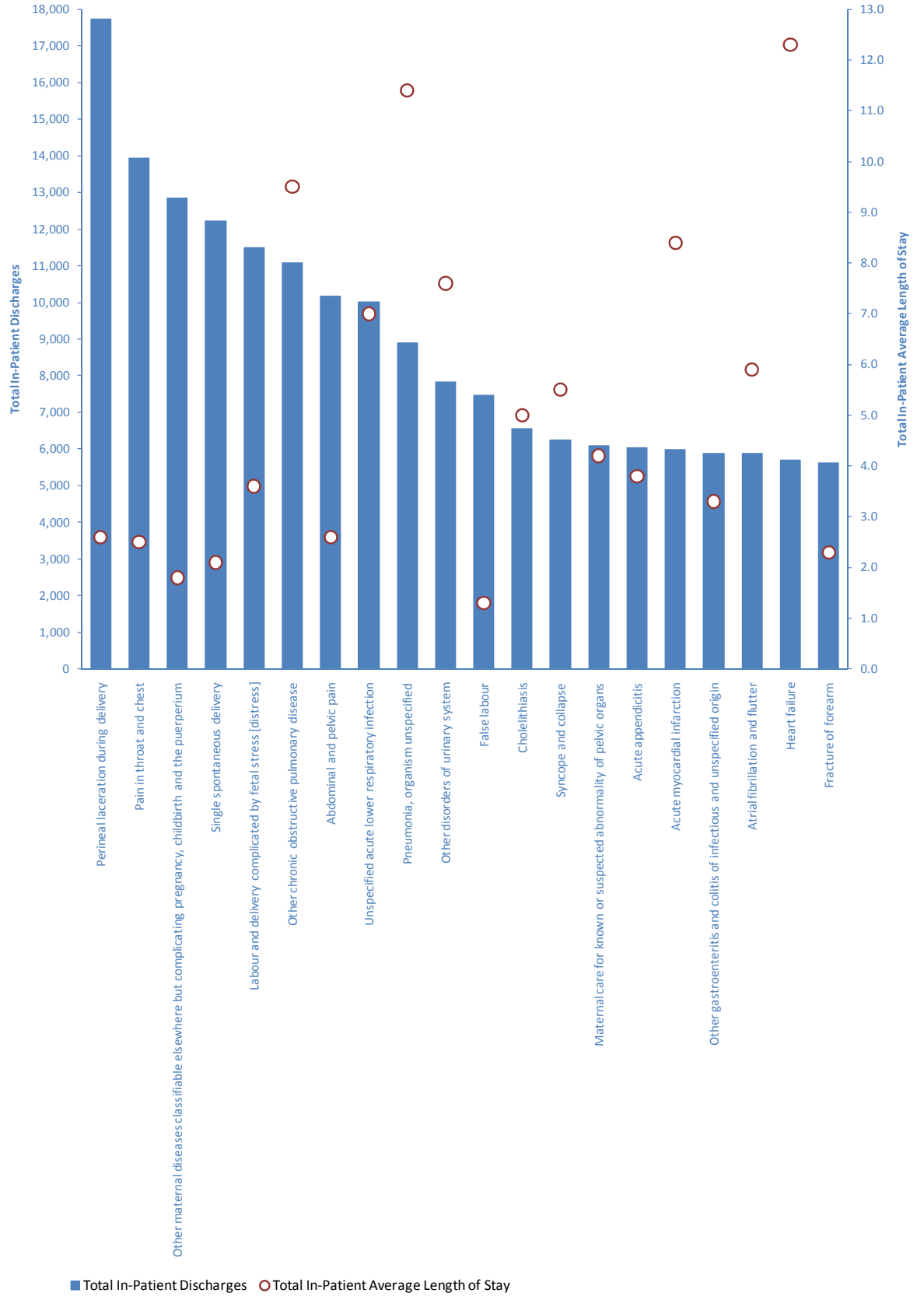
Top 20 Principal Diagnoses for Total In-Patients – Number and Percentage of Total In-Patient Discharges and Total In-Patient Average Length of Stay (Days)

Rank	Principal Diagnosis	ICD-10-AM Code[a]	N	% of Top 20 Principal Diagnoses for In-Patients	% of Total In-Patients	Total In-Patient Average Length of Stay[b]
1	Perineal laceration during delivery	O70	17,722	10.0	3.0	2.6
2	Pain in throat and chest	R07	13,949	7.9	2.4	2.5
3	Other maternal diseases classifiable elsewhere but complicating pregnancy, childbirth and the puerperium	O99	12,837	7.2	2.2	1.8
4	Single spontaneous delivery	O80	12,222	6.9	2.1	2.1
5	Labour and delivery complicated by fetal stress [distress]	O68	11,502	6.5	1.9	3.6
6	Other chronic obstructive pulmonary disease	J44	11,084	6.2	1.9	9.5
7	Abdominal and pelvic pain	R10	10,179	5.7	1.7	2.6
8	Unspecified acute lower respiratory infection	J22	10,009	5.6	1.7	7.0
9	Pneumonia, organism unspecified	J18	8,893	5.0	1.5	11.4
10	Other disorders of urinary system	N39	7,820	4.4	1.3	7.6
11	False labour	O47	7,463	4.2	1.3	1.3
12	Cholelithiasis	K80	6,555	3.7	1.1	5.0
13	Syncope and collapse	R55	6,252	3.5	1.1	5.5
14	Maternal care for known or suspected abnormality of pelvic organs	O34	6,097	3.4	1.0	4.2
15	Acute appendicitis	K35	6,045	3.4	1.0	3.8
16	Acute myocardial infarction	I21	5,978	3.4	1.0	8.4
17	Other gastroenteritis and colitis of infectious and unspecified origin	A09	5,886	3.3	1.0	3.3
18	Atrial fibrillation and flutter	I48	5,872	3.3	1.0	5.9
19	Heart failure	I50	5,689	3.2	1.0	12.3
20	Fracture of forearm	S52	5,623	3.2	1.0	2.3
Top 20 Principal Diagnoses for In-Patients – Total		**-**	**177,677**	**100**	**30.1**	**4.8**
In-Patients – Total		**-**	**590,160**	**-**	**-**	**6.1**

Notes:
Percentage columns are subject to rounding.
[a] ICD-10-AM diagnosis codes are analysed at three-digit level.
[b] Includes acute and extended stay in-patients.

FIGURE 4.2

Top 20 Principal Diagnoses for Total In-Patients with Total In-Patient Average Length of Stay (Days)



Note: See notes under Table 4.3.

Principal and All-Listed Diagnoses

Selected principal diagnoses recorded for total male and female discharges in 2009 are listed in Table 4.4. The presentation of morbidity data here is formatted by chapter within the ICD-10-AM coding scheme, with certain specific conditions within these chapters reported separately.

Principal diagnoses within '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, amounted to 408,919 discharges. 'Other medical care'; which includes radiotherapy and chemotherapy encounters, accounted for 42.7 per cent of discharges within this category. More than 100,000 total discharges were recorded for 'neoplasms', (including malignant neoplasm of trachea, bronchus and lung; breast and prostate and benign neoplasm) 'diseases of the digestive system', and 'pregnancy, childbirth and the puerperium'.

Almost 54 per cent of discharges were female which is related to the high volume of diagnoses classified to the chapter 'pregnancy, childbirth and the puerperium' (9.1 per cent of total discharges). There were other examples in which the principal diagnosis was more common in either males or females. Of the 74,024 discharges with a principal diagnosis related to 'diseases of the circulatory system', 57.8 per cent related to male discharges. Within this chapter, 70.7 per cent of discharges with a principal diagnosis of 'other ischaemic heart disease' were male. The majority of discharges with a principal diagnosis in the 'diseases of the genitourinary system' chapter were female (63.4 per cent). Within several of the other ICD-10-AM chapters, the division of principal diagnoses between male and female discharges was approximately equal. For instance, of the 127,801 principal diagnoses under 'diseases of the digestive system', 50.9 per cent were for female discharges.

TABLE 4.4
Total Discharges by Principal Diagnosis and Sex

Principal Diagnosis	ICD-10-AM Code	Male	Female	Total Discharges
Total Discharges	–	**651,525**	**758,869**	**1,410,394**
Certain infectious and parasitic diseases	**A00-B99**	**11,957**	**11,683**	**23,640**
Intestinal infectious diseases including diarrhoea	A00-A09	5,217	5,604	10,821
Tuberculosis	A15-A19	279	141	420
Septicaemia	A40-A41	798	785	1,583
Human immunodeficiency virus [HIV] disease	B20-B24	142	87	229
Neoplasms	**C00-D48**	**52,494**	**56,142**	**108,636**
Malignant neoplasms	C00-C96	39,118	36,207	75,325
Malignant neoplasm of colon, rectum and anus (primary)	C18-C21	4,118	2,808	6,926
Malignant neoplasm of trachea, bronchus and lung (primary)	C33-C34	3,241	2,344	5,585
Malignant neoplasm of skin (primary)	C43-C44	5,121	3,983	9,104
Malignant neoplasm of breast (primary)	C50	42	7,618	7,660
Malignant neoplasms of female genital organs (primary)	C51-C58	0	3,817	3,817
Malignant neoplasm of prostate (primary)	C61	3,066	0	3,066
Malignant neoplasm of bladder (primary)	C67	1,583	618	2,201
Malignant neoplasms of lymphoid, haematopoietic and related tissue	C81-C96	11,226	7,771	18,997
Benign neoplasms and neoplasms of uncertain or unknown behaviour	D10-D48	12,583	16,534	29,117
Diseases of the blood and blood-forming organs and certain disorders involving the immune mechanism	**D50-D89**	**8,735**	**10,200**	**18,935**
Endocrine, nutritional and metabolic diseases	**E00-E89**	**24,886**	**13,907**	**38,793**
Diabetes mellitus	E10-E14	5,933	4,107	10,040
Cystic fibrosis	E84	1,067	934	2,001
Mental and behavioural disorders	**F00-F99**	**3,838**	**2,588**	**6,426**
Mental and behavioural disorders due to alcohol	F10	2,234	852	3,086
Mental and behavioural disorders due to use of other psychoactive substance	F11-F19	167	104	271
Diseases of nervous system	**G00-G99**	**11,872**	**14,119**	**25,991**
Multiple sclerosis	G35	1,335	3,219	4,554
Epilepsy	G40, G41	2,164	1,755	3,919
Transient cerebral ischaemic attacks and related syndromes	G45	1,441	1,464	2,905
Diseases of the eye and adnexa	**H00-H59**	**11,546**	**14,477**	**26,023**
Diseases of the ear and mastoid process	**H60-H95**	**5,713**	**5,060**	**10,773**
Diseases of the circulatory system	**I00-I99**	**42,793**	**31,231**	**74,024**
Hypertensive diseases	I10-I15	1,057	1,236	2,293
Angina pectoris	I20	3,860	1,910	5,770
Acute myocardial infarction	I21-I22	4,304	1,982	6,286
Other ischaemic heart disease	I23-I25	6,482	2,692	9,174
Pulmonary heart disease and diseases of pulmonary circulation	I26-I28	751	912	1,663
Conduction disorders and cardiac arrhythmias	I44-I49	6,631	4,347	10,978
Heart failure	I50	3,178	2,634	5,812
Cerebrovascular disease	I60-I69	4,019	3,629	7,648
Atherosclerosis (non-coronary)	I70	1,004	569	1,573
Diseases of the respiratory system	**J00-J99**	**34,961**	**32,702**	**67,663**
Acute upper respiratory infections and influenza	J00-J11	4,669	4,133	8,802
Pneumonia	J12-J18	4,993	4,715	9,708
Chronic diseases of tonsils and adenoids	J35	2,179	2,702	4,881
Chronic obstructive pulmonary disease and bronchiectasis	J40-J44, J47	6,972	6,629	13,601
Asthma	J45-J46	2,248	2,478	4,726
Diseases of the digestive system	**K00-K93**	**62,735**	**65,066**	**127,801**
Diseases of oesophagus, stomach and duodenum	K20-K31	18,341	18,611	36,952
Diseases of appendix	K35-K38	3,707	2,984	6,691
Inguinal hernia	K40	3,554	262	3,816
Noninfective enteritis and colitis	K50-K52	5,260	5,754	11,014
Alcoholic liver disease	K70	752	371	1,123
Cholelithiasis	K80	2,396	5,514	7,910
Diseases of the skin and subcutaneous tissue	**L00-L99**	**27,610**	**26,692**	**54,302**
Cutaneous abscess, furuncle and carbuncle and cellulitis	L02-L03	3,282	2,518	5,800
Diseases of the musculoskeletal system and connective tissue	**M00-M99**	**24,695**	**31,153**	**55,848**
Rheumatoid arthritis	M05-M06	1,341	2,484	3,825
Coxarthrosis and Gonarthrosis	M16-M17	3,458	4,431	7,889
Intervertebral disc disorders	M50-M51	1,231	1,367	2,598
Dorsalgia (back pain)	M54	4,085	6,635	10,720
Diseases of the genitourinary system	**N00-N99**	**22,886**	**39,569**	**62,455**
Chronic kidney disease[a]	N18	1,240	881	2,121
Urolithiasis	N20-N23	3,263	1,566	4,829
Hyperplasia of prostate	N40	4,257	0	4,257
Disorders of breast	N60-N64	199	2,220	2,419
Inflammatory diseases of female pelvic organs	N70-N77	0	1,469	1,469
Noninflammatory disorders of female genital tract	N80-N98	0	21,061	21,061
Pregnancy, childbirth and the puerperium	**O00-O99**	**0**	**127,765**	**127,765**
Pregnancy with abortive outcome	O00-O08	0	10,679	10,679
Certain conditions originating in the perinatal period	**P00-P96**	**5,496**	**4,322**	**9,818**
Congenital malformations, deformations and chromosomal abnormalities	**Q00-Q99**	**6,148**	**4,636**	**10,784**
Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified	**R00-R99**	**43,476**	**49,288**	**92,764**
Abdominal and pelvic pain	R10	5,599	11,501	17,100
Injury, poisoning and certain other consequences of external causes	**S00-T98**	**34,294**	**24,740**	**59,034**
Intracranial injury	S06	1,924	887	2,811
Other injuries to the head (including skull fracture)	S00-S05, S07-S09	7,016	3,246	10,262
Fracture of femur	S72	1,332	2,833	4,165
Poisonings by drugs, medicaments and biological substances and toxic effects of substances chiefly nonmedicinal as to source	T36-T65	1,944	2,251	4,195
Factors influencing health status and contact with health services[b]	**U00-U49, Z00-Z99**	**215,390**	**193,529**	**408,919**
Other medical care (including radiotherapy and chemotherapy sessions)	Z51	80,870	93,777	174,647

Notes: [a] This is an additional category to those presented in the 2005 to 2008 Annual Reports.
[b] From 2009 this category includes discharges in the code range U00-U49 'codes for special purposes'.

The distribution of total discharges by age group and principal diagnosis is presented in Table 4.5. Discharges aged between 15 and 44 years accounted for 30.9 per cent of principal diagnoses reported. Close to 30 per cent of discharges within this age group had a principal diagnosis relating to 'pregnancy, childbirth and the puerperium'

For some ICD-10-AM chapters, the number of principal diagnoses increased with age. Most notably, within 'diseases of the circulatory system' the youngest discharges (under 15 years) accounted for 931 principal diagnoses compared to the 38,514 reported within this chapter for those aged 65 years and over. Almost 64 per cent of discharges with a principal diagnosis of 'diseases of the eye and adnexa' were accounted for by discharges aged 65 years and over. In contrast, the number of discharges with a principal diagnosis of 'certain infectious and parasitic diseases' was highest among the under 15 years age group (47.4 per cent). The number of discharges with a principal diagnoses relating to 'injury, poisoning and certain other consequences of external causes' was similar for the youngest and oldest discharges, but diagnoses within this ICD-10-AM chapter were more common among the 15 to 44 year age group. Similarly, compared to the youngest and oldest age groups, discharges in the middle age groups were more likely to record principal diagnoses relating to 'diseases of the digestive system', with 65.0 per cent aged between 15 and 64 years.

TABLE 4.5
Total Discharges by Principal Diagnosis and Age Group

Principal Diagnosis	ICD-10-AM Code	Under 15 Years	15-44 Years	45-64 Years	65 Years And Over	Total Discharges
Total Discharges	–	**127,264**	**435,965**	**395,924**	**451,241**	**1,410,394**
Certain infectious and parasitic diseases	**A00-B99**	**11,216**	**5,825**	**3,022**	**3,577**	**23,640**
Intestinal infectious diseases including diarrhoea	A00-A09	6,569	1,471	1,092	1,689	10,821
Tuberculosis	A15-A19	22	213	100	85	420
Septicaemia	A40-A41	116	152	334	981	1,583
Human immunodeficiency virus [HIV] disease	B20-B24	7	174	47	~	229
Neoplasms	**C00-D48**	**4,870**	**21,767**	**36,759**	**45,240**	**108,636**
Malignant neoplasms	C00-C96	3,532	9,883	27,213	34,697	75,325
Malignant neoplasm of colon, rectum and anus (primary)	C18-C21	~	332	2,554	4,039	6,926
Malignant neoplasm of trachea, bronchus and lung (primary)	C33-C34	~	156	2,457	2,970	5,585
Malignant neoplasm of skin (primary)	C43-C44	15	693	2,127	6,269	9,104
Malignant neoplasm of breast (primary)	C50	0	1,284	4,196	2,180	7,660
Malignant neoplasms of female genital organs (primary)	C51-C58	0	773	1,766	1,278	3,817
Malignant neoplasm of prostate (primary)	C61	0	16	1,001	2,049	3,066
Malignant neoplasm of bladder (primary)	C67	0	60	561	1,580	2,201
Malignant neoplasms of lymphoid, haematopoietic and related tissue	C81-C96	1,964	3,931	6,132	6,970	18,997
Benign neoplasms and neoplasms of uncertain or unknown behaviour	D10-D48	1,336	10,264	8,573	8,944	29,117
Diseases of the blood and blood-forming organs and certain disorders involving the immune mechanism	**D50-D89**	**3,007**	**4,640**	**4,354**	**6,934**	**18,935**
Endocrine, nutritional and metabolic diseases	**E00-E89**	**3,009**	**9,889**	**15,045**	**10,850**	**38,793**
Diabetes mellitus	E10-E14	614	1,934	3,008	4,484	10,040
Cystic fibrosis	E84	649	1,330	22	0	2,001
Mental and behavioural disorders	**F00-F99**	**678**	**2,434**	**1,924**	**1,390**	**6,426**
Mental and behavioural disorders due to alcohol	F10	93	1,337	1,363	293	3,086
Mental and behavioural disorders due to use of other psychoactive substance	F11-F19	~	226	28	13	271
Diseases of nervous system	**G00-G99**	**2,350**	**8,971**	**8,081**	**6,589**	**25,991**
Multiple sclerosis	G35	0	3,108	1,384	62	4,554
Epilepsy	G40, G41	1,110	1,441	821	547	3,919
Transient cerebral ischaemic attacks and related syndromes	G45	~	120	719	2,062	2,905
Diseases of the eye and adnexa	**H00-H59**	**1,353**	**2,828**	**5,225**	**16,617**	**26,023**
Diseases of the ear and mastoid process	**H60-H95**	**4,590**	**2,747**	**2,087**	**1,349**	**10,773**
Diseases of the circulatory system	**I00-I99**	**931**	**10,412**	**24,167**	**38,514**	**74,024**
Hypertensive diseases	I10-I15	54	497	896	846	2,293
Angina pectoris	I20	0	279	2,329	3,162	5,770
Acute myocardial infarction	I21-I22	0	320	2,294	3,672	6,286
Other ischaemic heart disease	I23-I25	0	341	3,921	4,912	9,174
Pulmonary heart disease and diseases of pulmonary circulation	I26-I28	22	309	457	875	1,663
Conduction disorders and cardiac arrhythmias	I44-I49	158	1,037	3,330	6,453	10,978
Heart failure	I50	18	81	705	5,008	5,812
Cerebrovascular disease	I60-I69	61	523	1,855	5,209	7,648
Atherosclerosis (non-coronary)	I70	0	49	454	1,070	1,573
Diseases of the respiratory system	**J00-J99**	**17,432**	**12,308**	**12,411**	**25,512**	**67,663**
Acute upper respiratory infections and influenza	J00-J11	5,737	2,379	463	223	8,802
Pneumonia	J12-J18	1,524	1,141	1,519	5,524	9,708
Chronic diseases of tonsils and adenoids	J35	3,214	1,561	80	26	4,881
Chronic obstructive pulmonary disease and bronchiectasis	J40-J44, J47	94	613	3,496	9,398	13,601
Asthma	J45-J46	1,799	1,178	1,309	440	4,726
Diseases of the digestive system	**K00-K93**	**11,044**	**42,047**	**41,031**	**33,679**	**127,801**
Diseases of oesophagus, stomach and duodenum	K20-K31	1,318	11,969	13,785	9,880	36,952
Diseases of appendix	K35-K38	2,002	3,943	589	157	6,691
Inguinal hernia	K40	575	863	1,167	1,211	3,816
Noninfective enteritis and colitis	K50-K52	323	6,048	2,936	1,707	11,014
Alcoholic liver disease	K70	0	313	692	118	1,123
Cholelithiasis	K80	15	2,929	2,446	2,520	7,910
Diseases of the skin and subcutaneous tissue	**L00-L99**	**2,609**	**23,760**	**15,396**	**12,537**	**54,302**
Cutaneous abscess, furuncle and carbuncle and cellulitis	L02-L03	642	1,739	1,490	1,929	5,800
Diseases of the musculoskeletal system and connective tissue	**M00-M99**	**2,652**	**14,813**	**21,204**	**17,179**	**55,848**
Rheumatoid arthritis	M05-M06	0	826	1,913	1,086	3,825
Coxarthrosis and Gonarthrosis	M16-M17	~	413	3,022	4,451	7,889
Intervertebral disc disorders	M50-M51	~	1,103	1,015	475	2,598
Dorsalgia (back pain)	M54	116	3,413	4,386	2,805	10,720
Diseases of the genitourinary system	**N00-N99**	**7,080**	**21,996**	**18,186**	**15,193**	**62,455**
Chronic kidney disease[a]	N18	161	377	525	1,058	2,121
Urolithiasis	N20-N23	106	2,110	1,937	676	4,829
Hyperplasia of prostate	N40	0	89	1,350	2,818	4,257
Disorders of breast	N60-N64	26	1,180	990	223	2,419
Inflammatory diseases of female pelvic organs	N70-N77	14	1,076	318	61	1,469
Noninflammatory disorders of female genital tract	N80-N98	160	11,619	7,588	1,694	21,061
Pregnancy, childbirth and the puerperium	**O00-O99**	**16**	**127,432**	**317**	**0**	**127,765**
Pregnancy with abortive outcome	O00-O08	~	10,598	77	0	10,679
Certain conditions originating in the perinatal period	**P00-P96**	**9,817**	**~**	**0**	**0**	**9,818**
Congenital malformations, deformations and chromosomal abnormalities	**Q00-Q99**	**8,854**	**1,348**	**430**	**152**	**10,784**
Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified	**R00-R99**	**9,670**	**28,765**	**27,508**	**26,821**	**92,764**
Abdominal and pelvic pain	R10	2,020	8,658	4,271	2,151	17,100
Injury, poisoning and certain other consequences of external causes	**S00-T98**	**11,720**	**23,089**	**11,181**	**13,044**	**59,034**
Intracranial injury	S06	311	1,314	559	627	2,811
Other injuries to the head (including skull fracture)	S00-S05, S07-S09	3,922	4,245	1,043	1,052	10,262
Fracture of femur	S72	171	244	477	3,273	4,165
Poisonings by drugs, medicaments and biological substances and toxic effects of substances chiefly nonmedicinal as to source	T36-T65	403	2,666	874	252	4,195
Factors influencing health status and contact with health services[b]	**U00-U49, Z00-Z99**	**14,366**	**70,893**	**147,596**	**176,064**	**408,919**
Other medical care (including radiotherapy and chemotherapy sessions)	Z51	4,938	21,624	77,418	70,667	174,647

Notes: ~ Denotes five or less discharges reported to HIPE.
[a] This is an additional category to those presented in the 2005 to 2008 Annual Reports.
[b] From 2009 this category includes discharges in the code range U00-U49 'codes for special purposes'.

The average length of stay by principal diagnosis and age group is recorded in Table 4.6. The analysis presented here is limited to the average length of stay for acute in-patient discharges (with a length of stay of 30 days or less and excluding day patients). It should also be noted that this analysis by average length of stay does not take into account the status of the patient on discharge. For example, a patient with a length of stay of one day for a diagnosis of chronic ischaemic heart disease may in fact be transferred to another facility on discharge. Care must be taken, therefore, in interpreting the data on average length of stay presented in Table 4.6, in the absence of information on discharge status or destination on discharge.[6]

For the majority of ICD-10-AM chapters reported in Table 4.6, the acute in-patient average length of stay generally increased with age. For some conditions, there was substantial variation between the average length of stay for the youngest and oldest acute in-patients. For example, for 'certain infectious and parasitic diseases', acute in-patient discharges aged 65 years and over stayed in hospital almost four times longer than those aged under 15 years. Acute in-patient average length of stay was 8.3 days for those aged 65 years and over and 2.1 days for those aged under 15 years.

The principal diagnosis, 'human immunodeficiency virus [HIV] disease', had the longest acute in-patient length of stay for the conditions presented here (13.3 days), it also had the longest length of stay for those in the 15-44 age group. Within the youngest age group, those discharges with a principal diagnosis of 'tuberculosis' had the longest acute in-patient length of stay of 12.6 days. The principal diagnosis with the longest average length of stay for discharges in the 45-64 years age group was 'cystic fibrosis' (14.1 days) and for those in the 65 years and over age group the longest average length of stay was for 'fracture of femur' (12.7 days).

[6] Although not presented here, information on discharge status and destination on discharge is collected through HIPE.

TABLE 4.6

Average Length of Stay (Days) for Acute In-Patient Discharges by Principal Diagnosis and Age Group[a]

Principal Diagnosis	ICD-10-AM Code	Under 15 Years	15-44 Years	45-64 Years	65 Years and Over	Total
Acute In-Patient Discharges[a]	**–**	**2.9**	**3.0**	**5.0**	**7.2**	**4.5**
Certain infectious and parasitic diseases	**A00-B99**	**2.1**	**4.5**	**6.5**	**8.3**	**3.8**
Intestinal infectious diseases including diarrhoea	A00-A09	1.9	3.3	4.8	7.1	3.0
Tuberculosis	A15-A19	12.6	11.5	11.2	12.4	11.6
Septicaemia	A40-A41	6.1	8.6	9.9	9.9	9.5
Human immunodeficiency virus [HIV] disease	B20-B24	-	13.2	13.9	~	13.3
Neoplasms	**C00-D48**	**3.6**	**6.0**	**7.3**	**8.6**	**7.6**
Malignant neoplasms	C00-C96	3.6	6.8	7.7	9.0	8.0
Malignant neoplasm of colon, rectum and anus (primary)	C18-C21	~	8.9	8.9	10.9	10.1
Malignant neoplasm of trachea, bronchus and lung (primary)	C33-C34	~	7.2	7.8	9.5	8.7
Malignant neoplasm of skin (primary)	C43-C44	-	5.5	5.3	6.0	5.8
Malignant neoplasm of breast (primary)	C50	-	5.3	5.2	6.8	5.7
Malignant neoplasms of female genital organs (primary)	C51-C58	-	6.3	7.1	8.5	7.4
Malignant neoplasm of prostate (primary)	C61	-	6.1	7.4	7.9	7.7
Malignant neoplasm of bladder (primary)	C67	-	5.8	5.9	6.6	6.4
Malignant neoplasms of lymphoid, haematopoietic and related tissue	C81-C96	3.8	8.0	8.9	8.1	7.8
Benign neoplasms and neoplasms of uncertain or unknown behaviour	D10-D48	3.5	4.4	5.3	6.0	5.1
Diseases of the blood and blood-forming organs and certain disorders involving the immune mechanism	**D50-D89**	**3.2**	**4.3**	**5.4**	**6.1**	**5.1**
Endocrine, nutritional and metabolic diseases	**E00-E89**	**4.0**	**5.5**	**5.4**	**7.2**	**5.9**
Diabetes mellitus	E10-E14	3.6	3.8	5.8	7.4	5.8
Cystic fibrosis	E84	7.5	11.1	14.1	-	10.2
Mental and behavioural disorders	**F00-F99**	**3.4**	**4.1**	**4.5**	**8.4**	**5.0**
Mental and behavioural disorders due to alcohol	F10	1.2	2.9	4.0	6.6	3.7
Mental and behavioural disorders due to use of other psychoactive substance	F11-F19	~	8.3	13.6	6.2	8.8
Diseases of nervous system	**G00-G99**	**3.6**	**3.7**	**4.4**	**6.5**	**4.7**
Multiple sclerosis	G35	-	5.5	6.9	9.1	6.3
Epilepsy	G40, G41	3.3	3.5	4.4	6.4	4.1
Transient cerebral ischaemic attacks and related syndromes	G45	~	3.7	4.2	5.6	5.1
Diseases of the eye and adnexa	**H00-H59**	**2.1**	**3.3**	**3.6**	**3.3**	**3.2**
Diseases of the ear and mastoid process	**H60-H95**	**2.0**	**2.7**	**3.2**	**4.5**	**2.8**
Diseases of the circulatory system	**I00-I99**	**3.4**	**4.4**	**5.3**	**7.4**	**6.4**
Hypertensive diseases	I10-I15	3.6	3.0	3.3	4.4	3.7
Angina pectoris	I20	-	3.1	4.3	5.3	4.8
Acute myocardial infarction	I21-I22	-	4.1	5.1	7.6	6.5
Other ischaemic heart disease	I23-I25	-	4.5	4.3	5.7	5.1
Pulmonary heart disease and diseases of pulmonary circulation	I26-I28	4.2	7.5	8.1	9.9	8.9
Conduction disorders and cardiac arrhythmias	I44-I49	3.1	3.1	4.0	5.7	4.9
Heart failure	I50	5.3	7.9	8.0	8.7	8.6
Cerebrovascular disease	I60-I69	8.2	7.8	8.4	10.0	9.4
Atherosclerosis (non-coronary)	I70	-	10.6	6.9	9.1	8.5
Diseases of the respiratory system	**J00-J99**	**2.4**	**3.4**	**6.1**	**8.1**	**5.3**
Acute upper respiratory infections and influenza	J00-J11	1.8	2.6	3.5	5.2	2.2
Pneumonia	J12-J18	4.1	5.7	7.5	9.1	7.6
Chronic diseases of tonsils and adenoids	J35	1.6	1.8	2.3	2.0	1.7
Chronic obstructive pulmonary disease and bronchiectasis	J40-J44, J47	4.2	4.7	6.7	7.9	7.5
Asthma	J45-J46	1.9	3.2	4.4	6.1	3.0
Diseases of the digestive system	**K00-K93**	**3.1**	**4.0**	**5.3**	**6.5**	**5.0**
Diseases of oesophagus, stomach and duodenum	K20-K31	2.4	3.3	4.3	5.8	4.3
Diseases of appendix	K35-K38	3.7	3.4	5.0	8.2	3.7
Inguinal hernia	K40	2.2	1.8	2.2	3.6	2.7
Noninfective enteritis and colitis	K50-K52	3.6	6.2	6.7	7.3	6.5
Alcoholic liver disease	K70	-	7.9	9.6	8.6	9.0
Cholelithiasis	K80	2.8	3.4	4.3	6.7	4.7
Diseases of the skin and subcutaneous tissue	**L00-L99**	**3.0**	**3.4**	**5.5**	**7.8**	**5.0**
Cutaneous abscess, furuncle and carbuncle and cellulitis	L02-L03	3.1	3.6	5.7	7.6	5.4
Diseases of the musculoskeletal system and connective tissue	**M00-M99**	**3.2**	**3.3**	**5.0**	**7.4**	**5.4**
Rheumatoid arthritis	M05-M06	-	3.6	5.4	7.1	5.9
Coxarthrosis and Gonarthrosis	M16-M17	~	5.4	7.3	9.2	8.4
Intervertebral disc disorders	M50-M51	~	3.8	4.6	7.2	4.7
Dorsalgia (back pain)	M54	2.9	3.3	4.0	5.7	4.1
Diseases of the genitourinary system	**N00-N99**	**2.8**	**3.1**	**4.1**	**6.9**	**4.4**
Chronic kidney disease[b]	N18	3.3	5.8	6.6	7.4	6.4
Urolithiasis	N20-N23	3.3	2.8	3.2	4.6	3.2
Hyperplasia of prostate	N40	-	~	5.0	6.0	5.8
Disorders of breast	N60-N64	2.7	2.7	2.9	3.9	2.9
Inflammatory diseases of female pelvic organs	N70-N77	4.3	2.7	3.6	5.5	3.0
Noninflammatory disorders of female genital tract	N80-N98	2.2	2.6	3.5	4.2	3.1
Pregnancy, childbirth and the puerperium	**O00-O99**	**5.1**	**2.7**	**3.4**	**-**	**2.7**
Pregnancy with abortive outcome	O00-O08	~	1.4	1.6	-	1.4
Certain conditions originating in the perinatal period	**P00-P96**	**6.1**	**-**	**-**	**-**	**6.1**
Congenital malformations, deformations and chromosomal abnormalities	**Q00-Q99**	**4.5**	**4.3**	**5.4**	**6.0**	**4.5**
Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified	**R00-R99**	**2.0**	**2.4**	**3.2**	**5.0**	**3.3**
Abdominal and pelvic pain	R10	1.8	2.3	3.3	4.2	2.6
Injury, poisoning and certain other consequences of external causes	**S00-T98**	**1.7**	**2.7**	**4.2**	**8.0**	**3.9**
Intracranial injury	S06	2.5	3.0	4.9	6.7	4.1
Other injuries to the head (including skull fracture)	S00-S05, S07-S09	1.3	2.0	2.7	4.9	2.1
Fracture of femur	S72	5.2	6.8	8.8	12.7	11.5
Poisonings by drugs, medicaments and biological substances and toxic effects of substances chiefly nonmedicinal as to source	T36-T65	1.4	2.1	3.2	5.1	2.4
Factors influencing health status and contact with health services[c]	**U00-U49, Z00-Z99**	**2.2**	**2.4**	**6.4**	**9.4**	**5.0**
Other medical care (including radiotherapy and chemotherapy sessions)	Z51	5.3	4.3	2.8	5.5	4.4

Notes: ~ Denotes five or less discharges reported to HIPE.
- Denotes no discharges reported to HIPE.
[a] Includes average length of stay for acute in-patients (length of stay of 30 days or less) only. Excludes extended stay in-patients and day patients.
[b] This is an additional category to those presented in the 2005 to 2008 Annual Reports.
[c] From 2009 this category includes discharges in the code range U00-U49 'codes for special purposes'.

Table 4.7 provides a detailed breakdown of all-listed diagnoses for males and females. Almost 3.69 million diagnoses were recorded for total discharges reported to HIPE in 2009.[7] In absolute terms, the number of all-listed diagnoses was higher for female discharges compared to male discharges. However, as shown in Table 4.1, the average number of all-listed diagnoses for total male discharges was higher than that for total female discharges. 'Factors influencing health status and contact with health services' recorded the highest volume of all-listed diagnoses in total, for both males and females. Together, 'neoplasms', 'diseases of the circulatory system' and 'diseases of the genitourinary system' accounted for over one-quarter of all-listed diagnoses (26.7 per cent).

All-listed diagnoses are reported by age group in Table 4.8. Discharges aged 65 years and over recorded the highest number of all-listed diagnoses, accounting for over one-third of all-listed diagnoses. This is consistent with the finding in Table 4.1 that this age group had the highest average number of diagnoses per discharge. The distribution of all-listed diagnoses across the age groups was similar to that identified for principal diagnoses in Table 4.5. For some chapters, there was a substantial difference in the number of all-listed diagnoses between age groups. For example, of the 284,472 diagnoses reported for 'diseases of the circulatory system' those aged 65 years and over accounted for 64.9 per cent of all-listed diagnoses within this group.

[7] As up to twenty diagnoses in total may have been reported for each discharge in 2009, an analysis of the frequency of occurrence of all-listed diagnoses will not equal the number of discharges.

TABLE 4.7
All-Listed Diagnoses by Sex

Diagnosis	ICD-10-AM Code	Male	Female	Total
Total Discharges	-	**651,525**	**758,869**	**1,410,394**
All Conditions	A00-Z99	**1,728,713**	**1,957,759**	**3,686,472**
Certain infectious and parasitic diseases	**A00-B99**	**35,412**	**38,074**	**73,486**
Intestinal infectious diseases including diarrhoea	A00-A09	8,028	9,379	17,407
Tuberculosis	A15-A19	411	208	619
Septicaemia	A40-A41	3,627	3,074	6,701
Human immunodeficiency virus [HIV] disease	B20-B24	518	272	790
Neoplasms	**C00-D48**	**203,437**	**247,364**	**450,801**
Malignant neoplasms	C00-C96	184,544	218,188	402,732
Malignant neoplasm of colon, rectum and anus (primary)	C18-C21	20,394	11,701	32,095
Malignant neoplasm of trachea, bronchus and lung (primary)	C33-C34	11,053	8,113	19,166
Malignant neoplasm of skin (primary)	C43-C44	8,698	5,542	14,240
Malignant neoplasm of breast (primary)	C50	241	62,912	63,153
Malignant neoplasms of female genital organs (primary)	C51-C58	0	15,609	15,609
Malignant neoplasm of prostate (primary)	C61	34,624	0	34,624
Malignant neoplasm of bladder (primary)	C67	3,475	1,215	4,690
Malignant neoplasms of lymphoid, haematopoietic and related tissue	C81-C96	26,180	17,937	44,117
Benign neoplasms and neoplasms of uncertain or unknown behaviour	D10-D48	17,677	22,900	40,577
Diseases of the blood and blood-forming organs and certain disorders involving the immune mechanism	**D50-D89**	**29,706**	**33,989**	**63,695**
Endocrine, nutritional and metabolic diseases	**E00-E89**	**98,440**	**79,300**	**177,740**
Diabetes mellitus	E10-E14	47,858	33,813	81,671
Cystic fibrosis	E84	1,472	1,293	2,765
Mental and behavioural disorders	**F00-F99**	**27,096**	**22,151**	**49,247**
Mental and behavioural disorders due to alcohol	F10	11,857	3,996	15,853
Mental and behavioural disorders due to use of other psychoactive substance	F11-F19	2,226	1,326	3,552
Diseases of nervous system	**G00-G99**	**28,348**	**29,011**	**57,359**
Multiple sclerosis	G35	1,855	4,122	5,977
Epilepsy	G40, G41	4,505	3,750	8,255
Transient cerebral ischaemic attacks and related syndromes	G45	1,742	1,734	3,476
Diseases of the eye and adnexa	**H00-H59**	**18,479**	**21,295**	**39,774**
Diseases of the ear and mastoid process	**H60-H95**	**8,629**	**7,670**	**16,299**
Diseases of the circulatory system	**I00-I99**	**162,490**	**121,982**	**284,472**
Hypertensive diseases	I10-I15	46,244	38,627	84,871
Angina pectoris	I20	5,576	3,066	8,642
Acute myocardial infarction	I21-I22	5,470	2,815	8,285
Other ischaemic heart disease	I23-I25	26,025	11,596	37,621
Pulmonary heart disease and diseases of pulmonary circulation	I26-I28	1,934	2,224	4,158
Conduction disorders and cardiac arrhythmias	I44-I49	26,739	19,260	45,999
Heart failure	I50	10,039	8,668	18,707
Cerebrovascular disease	I60-I69	8,263	7,461	15,724
Atherosclerosis (non-coronary)	I70	3,611	1,741	5,352
Diseases of the respiratory system	**J00-J99**	**71,922**	**65,403**	**137,325**
Acute upper respiratory infections and influenza	J00-J11	6,404	6,007	12,411
Pneumonia	J12-J18	9,431	8,360	17,791
Chronic diseases of tonsils and adenoids	J35	2,634	3,092	5,726
Chronic obstructive pulmonary disease and bronchiectasis	J40-J44, J47	15,292	13,060	28,352
Asthma	J45-J46	4,953	6,113	11,066
Diseases of the digestive system	**K00-K93**	**119,200**	**122,168**	**241,368**
Diseases of oesophagus, stomach and duodenum	K20-K31	39,837	37,735	77,572
Diseases of appendix	K35-K38	3,806	3,152	6,958
Inguinal hernia	K40	3,985	318	4,303
Noninfective enteritis and colitis	K50-K52	8,246	9,699	17,945
Alcoholic liver disease	K70	2,201	1,063	3,264
Cholelithiasis	K80	3,537	7,213	10,750
Diseases of the skin and subcutaneous tissue	**L00-L99**	**36,488**	**35,885**	**72,373**
Cutaneous abscess, furuncle and carbuncle and cellulitis	L02-L03	5,938	4,861	10,799
Diseases of the musculoskeletal system and connective tissue	**M00-M99**	**41,565**	**56,061**	**97,626**
Rheumatoid arthritis	M05-M06	2,053	4,264	6,317
Coxarthrosis and Gonarthrosis	M16-M17	4,554	5,951	10,505
Intervertebral disc disorders	M50-M51	1,840	2,180	4,020
Dorsalgia (back pain)	M54	5,375	9,808	15,183
Diseases of the genitourinary system	**N00-N99**	**125,405**	**122,579**	**247,984**
Chronic Kidney Disease[a]	N18	73,848	46,095	119,943
Urolithiasis	N20-N23	3,961	1,986	5,947
Hyperplasia of prostate	N40	8,030	0	8,030
Disorders of breast	N60-N64	238	2,817	3,055
Inflammatory diseases of female pelvic organs	N70-N77	0	3,426	3,426
Noninflammatory disorders of female genital tract	N80-N98	0	33,494	33,494
Pregnancy, childbirth and the puerperium	**O00-O99**	**0**	**206,038**	**206,038**
Pregnancy with abortive outcome	O00-O08	0	10,804	10,804
Certain conditions originating in the perinatal period	**P00-P96**	**15,805**	**12,690**	**28,495**
Congenital malformations, deformations and chromosomal abnormalities	**Q00-Q99**	**18,601**	**15,899**	**34,500**
Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified	**R00-R99**	**97,836**	**114,883**	**212,719**
Abdominal and pelvic pain	R10	7,683	21,862	29,545
Injury, poisoning and certain other consequences of external causes	**S00-T98**	**58,896**	**40,551**	**99,447**
Intracranial injury	S06	3,530	1,653	5,183
Other injuries to the head (including skull fracture)	S00-S05, S07-S09	11,218	4,980	16,198
Fracture of femur	S72	1,752	3,703	5,455
Poisonings by drugs, medicaments and biological substances and toxic effects of substances chiefly nonmedicinal as to source	T36-T65	3,392	3,958	7,350
External causes of morbidity and mortality	**U50-Y98**	**126,719**	**98,115**	**224,834**
Transport accidents	V01-V99	4,041	2,520	6,561
Factors influencing health status and contact with health services[b]	**U00-U49,Z00-Z99**	**404,239**	**466,651**	**870,890**
Other medical care (including radiotherapy and chemotherapy sessions)	Z51	85,749	98,268	184,017

Notes: ~ Denotes five or less discharges reported to HIPE.
[a] This is an additional category to those presented in the 2005 to 2008 Annual Reports.
[b] From 2009 this category includes discharges in the code range U00-U49 'codes for special purposes'.

TABLE 4.8
All-Listed Diagnoses by Age Group

Diagnosis	ICD-10-AM Code	Under 15 Years	15-44 Years	45-64 Years	65 Years and Over	Total
Total Discharges	-	**127,264**	**435,965**	**395,924**	**451,241**	**1,410,394**
All Conditions	A00-Z99	**295,549**	**1,023,074**	**989,446**	**1,378,403**	**3,686,472**
Certain infectious and parasitic diseases	**A00-B99**	**17,366**	**18,401**	**13,760**	**23,959**	**73,486**
Intestinal infectious diseases including diarrhoea	A00-A09	7,646	2,779	2,255	4,727	17,407
Tuberculosis	A15-A19	36	290	143	150	619
Septicaemia	A40-A41	288	803	1,555	4,055	6,701
Human immunodeficiency virus [HIV] disease	B20-B24	24	588	171	7	790
Neoplasms	**C00-D48**	**11,365**	**64,309**	**189,103**	**186,024**	**450,801**
Malignant neoplasms	C00-C96	9,419	49,184	174,308	169,821	402,732
Malignant neoplasm of colon, rectum and anus (primary)	C18-C21	~	1,887	13,484	16,723	32,095
Malignant neoplasm of trachea, bronchus and lung (primary)	C33-C34	15	467	8,676	10,008	19,166
Malignant neoplasm of skin (primary)	C43-C44	24	1,278	3,114	9,824	14,240
Malignant neoplasm of breast (primary)	C50	0	11,007	36,424	15,722	63,153
Malignant neoplasms of female genital organs (primary)	C51-C58	6	3,005	7,637	4,961	15,609
Malignant neoplasm of prostate (primary)	C61	0	108	9,982	24,534	34,624
Malignant neoplasm of bladder (primary)	C67	0	115	1,215	3,360	4,690
Malignant neoplasms of lymphoid, haematopoietic and related tissue	C81-C96	5,175	8,138	13,759	17,045	44,117
Benign neoplasms and neoplasms of uncertain or unknown behaviour	D10-D48	1,943	12,994	12,011	13,629	40,577
Diseases of the blood and blood-forming organs and certain disorders involving the immune mechanism	**D50-D89**	**6,307**	**13,620**	**14,471**	**29,297**	**63,695**
Endocrine, nutritional and metabolic diseases	**E00-E89**	**9,428**	**21,801**	**54,935**	**91,576**	**177,740**
Diabetes mellitus	E10-E14	877	5,988	24,998	49,808	81,671
Cystic fibrosis	E84	845	1,882	38	0	2,765
Mental and behavioural disorders	**F00-F99**	**2,231**	**14,989**	**13,808**	**18,219**	**49,247**
Mental and behavioural disorders due to alcohol	F10	129	5,841	6,928	2,955	15,853
Mental and behavioural disorders due to use of other psychoactive substance	F11-F19	16	3,074	356	106	3,552
Diseases of nervous system	**G00-G99**	**5,588**	**14,802**	**15,421**	**21,548**	**57,359**
Multiple sclerosis	G35	~	3,434	2,145	397	5,977
Epilepsy	G40, G41	2,046	2,914	1,841	1,454	8,255
Transient cerebral ischaemic attacks and related syndromes	G45	~	148	825	2,498	3,476
Diseases of the eye and adnexa	**H00-H59**	**2,789**	**5,222**	**8,333**	**23,430**	**39,774**
Diseases of the ear and mastoid process	**H60-H95**	**6,815**	**3,849**	**2,966**	**2,669**	**16,299**
Diseases of the circulatory system	**I00-I99**	**3,132**	**22,217**	**74,410**	**184,713**	**284,472**
Hypertensive diseases	I10-I15	636	5,220	23,903	55,112	84,871
Angina pectoris	I20	0	329	3,036	5,277	8,642
Acute myocardial infarction	I21-I22	0	369	2,756	5,160	8,285
Other ischaemic heart disease	I23-I25	~	1,010	11,981	24,628	37,621
Pulmonary heart disease & diseases of pulmonary circulation	I26-I28	284	576	1,051	2,247	4,158
Conduction disorders and cardiac arrhythmias	I44-I49	382	2,242	8,409	34,966	45,999
Heart failure	I50	118	239	2,098	16,252	18,707
Cerebrovascular disease	I60-I69	324	951	3,355	11,094	15,724
Atherosclerosis (non-coronary)	I70	0	105	1,270	3,977	5,352
Diseases of the respiratory system	**J00-J99**	**24,105**	**21,885**	**27,404**	**63,931**	**137,325**
Acute upper respiratory infections and influenza	J00-J11	7,774	3,346	751	540	12,411
Pneumonia	J12-J18	1,886	2,286	3,039	10,580	17,791
Chronic diseases of tonsils and adenoids	J35	3,924	1,669	96	37	5,726
Chronic obstructive pulmonary disease and bronchiectasis	J40-J44, J47	180	1,151	6,909	20,112	28,352
Asthma	J45-J46	2,879	3,145	2,924	2,118	11,066
Diseases of the digestive system	**K00-K93**	**14,651**	**68,716**	**78,593**	**79,408**	**241,368**
Diseases of oesophagus, stomach and duodenum	K20-K31	2,313	21,897	28,750	24,612	77,572
Diseases of appendix	K35-K38	2,032	4,090	640	196	6,958
Inguinal hernia	K40	706	882	1,234	1,481	4,303
Noninfective enteritis and colitis	K50-K52	448	8,523	4,744	4,230	17,945
Alcoholic liver disease	K70	0	841	1,935	488	3,264
Cholelithiasis	K80	28	3,494	3,126	4,102	10,750
Diseases of the skin and subcutaneous tissue	**L00-L99**	**4,082**	**27,368**	**19,537**	**21,386**	**72,373**
Cutaneous abscess, furuncle and carbuncle and cellulitis	L02-L03	884	2,629	2,656	4,630	10,799
Diseases of the musculoskeletal system and connective tissue	**M00-M99**	**4,029**	**23,007**	**32,361**	**38,229**	**97,626**
Rheumatoid arthritis	M05-M06	0	986	2,668	2,663	6,317
Coxarthrosis and Gonarthrosis	M16-M17	~	520	3,567	6,414	10,505
Intervertebral disc disorders	M50-M51	7	1,352	1,526	1,135	4,020
Dorsalgia (back pain)	M54	206	5,565	5,428	3,984	15,183
Diseases of the genitourinary system	**N00-N99**	**10,700**	**54,919**	**68,210**	**114,155**	**247,984**
Chronic Kidney Disease[a]	N18	945	15,815	34,863	68,320	119,943
Urolithiasis	N20-N23	193	2,397	2,279	1,078	5,947
Hyperplasia of prostate	N40	0	114	2,049	5,867	8,030
Disorders of breast	N60-N64	28	1,382	1,228	417	3,055
Inflammatory diseases of female pelvic organs	N70-N77	40	2,435	707	244	3,426
Noninflammatory disorders of female genital tract	N80-N98	233	18,380	11,658	3,223	33,494
Pregnancy, childbirth and the puerperium	**O00-O99**	**30**	**205,456**	**552**	**0**	**206,038**
Pregnancy with abortive outcome	O00-O08	~	10,723	77	0	10,804
Certain conditions originating in the perinatal period	**P00-P96**	**28,488**	**~**	**0**	**~**	**28,495**
Congenital malformations, deformations and chromosomal abnormalities	**Q00-Q99**	**24,232**	**4,489**	**3,901**	**1,878**	**34,500**
Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified	**R00-R99**	**21,817**	**62,552**	**53,292**	**75,058**	**212,719**
Abdominal and pelvic pain	R10	2,486	17,865	5,819	3,375	29,545
Injury, poisoning and certain other consequences of external causes	**S00-T98**	**15,189**	**39,456**	**20,302**	**24,500**	**99,447**
Intracranial injury	S06	577	2,409	1,049	1,148	5,183
Other injuries to the head (including skull fracture)	S00-S05, S07-S09	4,559	6,994	2,124	2,521	16,198
Fracture of femur	S72	191	355	614	4,295	5,455
Poisonings by drugs, medicaments and biological substances and toxic effects of substances chiefly nonmedicinal as to source	T36-T65	555	4,760	1,570	465	7,350
External causes of morbidity and mortality	**U50-Y98**	**38,134**	**82,620**	**43,737**	**60,343**	**224,834**
Transport accidents	V01-V99	1,288	3,750	1,003	520	6,561
Factors influencing health status and contact with health services[b]	**U00-U49, Z00-Z99**	**45,071**	**253,391**	**254,350**	**318,078**	**870,890**
Other medical care (including radiotherapy and chemotherapy sessions)	Z51	5,055	22,487	80,395	76,080	184,017

Notes:
~ Denotes five or less discharges reported to HIPE.
[a] This is an additional category to those presented in the 2005 to 2008 Annual Reports.
[b] From 2009 this category includes discharges in the code range U00-U49 'codes for special purposes'.

PROCEDURES

The classification of procedures in ICD-10-AM uses the Australian Classification of Health Interventions (ACHI).[8] 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 and
- diagnostic/exploratory procedure related to additional diagnoses for the episode of care.[9]

In 2009, the principal procedure and up to nineteen additional procedures could be reported to HIPE where appropriate. 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.[10] 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.[11]

Of the 1,410,394 discharges reported to HIPE in 2009, principal procedures were recorded for 1,141,017 or 80.9 per cent of these discharges. Table 4.9 reports the average number of all-listed procedures for those discharges who underwent at least a principal procedure by sex, age and patient type. On average, 1.8 procedures were recorded for those discharges who underwent a principal procedure in 2009. With the introduction of codes for anaesthesia in ICD-10-AM, many procedures also have an additional code for anaesthesia.

The average number of procedures performed varied significantly for day and in-patients. For those discharges who underwent a procedure, total in-patients had, on average, 2.8 procedures, compared to 1.4 procedures, on average, for day patients. The average number of procedures performed remained the same between 2008 and 2009 for day patients but increased slightly for in-patients. Differences also existed between the number of procedures performed on male and female in-patients and total discharges. The average number of procedures performed on total male in-patients was slightly higher than that reported for females. The average number of procedures performed was highest among total discharges aged under 15 years who underwent a procedure. While the average number of procedures increased with age for total in-patients, the day patient pattern differed. For those undergoing a procedure, day patient discharges aged

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

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

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

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

under 15 years recorded an average of 1.9 procedures, which was higher than that reported for the older age groups.

TABLE 4.9
Average Number of All-Listed Procedures by Patient Type, Sex and Age Group

	Day Patients	In-Patients	Total Discharges
Total	**1.4**	**2.8**	**1.8**
Sex			
Male	1.3	2.9	1.8
Female	1.4	2.7	1.9
Age Group			
Under 15 years	1.9	2.5	2.2
15-44 years	1.5	2.6	2.0
45-64 years	1.3	3.0	1.7
65 years and over	1.2	3.1	1.8

Note: Average number of procedures was calculated only for those discharges for which a procedure was performed.

Top 20 Principal Procedure Blocks

The 20 principal procedure blocks with the largest volume of day patient discharges are reported in Table 4.10 and presented in Figure 4.3. Of the 758,023 principal procedures performed on day patients in 2009, the top 20 principal procedure blocks accounted for 75.6 per cent of total day patients who had a principal procedure. The most common principal procedure block for day patients was 'haemodialysis'. This procedure block accounted for 29.1 per cent of discharges in the top 20 and 22.0 per cent of all day patient discharges with a principal procedure. Of the remaining top 20 principal procedure blocks, four were classified under 'procedures on the digestive system' ('panendoscopy with excision', 'fibreoptic colonoscopy', 'fibreoptic colonoscopy with excision', and 'panendoscopy').

Seventeen of the top 20 principal procedures for day patients who underwent a procedure in 2009 were the same as those reported in 2008, albeit with slightly different ranking. Three principal procedures that appeared in the 2008 listing were not included in 2009, these were 'psoralens and ultraviolet A [PUVA] light therapy of skin', 'other excision procedures on oesophagus' and 'nonsurgical removal of tooth'. These have been replaced by 'curettage and evacuation of uterus', 'examination procedures on nose' and 'application, insertion or removal procedures on retina, choroid or posterior chamber'.

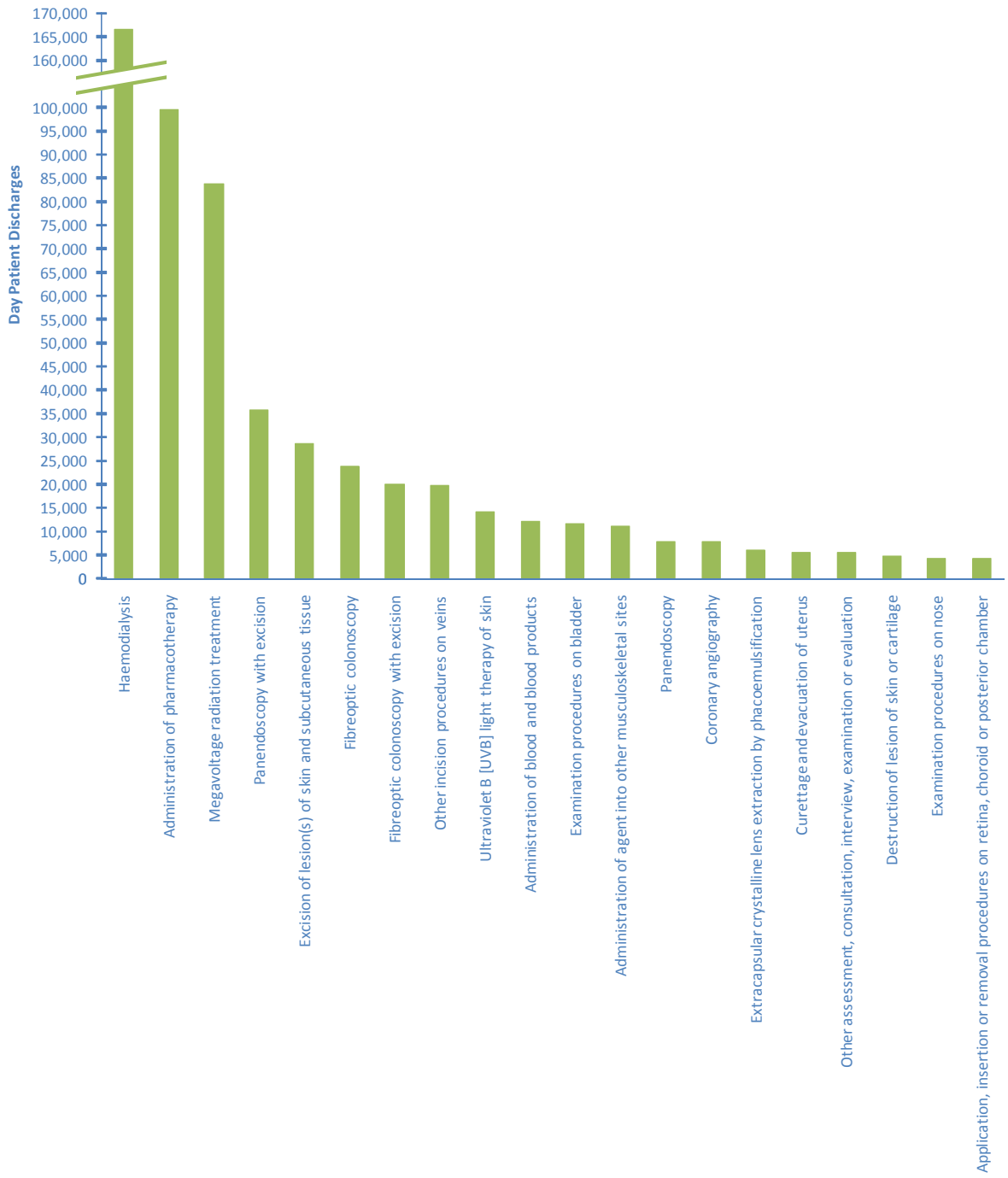
TABLE 4.10

Top 20 Principal Procedure Blocks for Day Patients – Number and Percentage of Day Patient Discharges

Rank	Procedure	Procedure Block	N	% of Top 20 Procedures	% of Day Patients with a Principal Procedure
1	Haemodialysis	1060	166,621	29.1	22.0
2	Administration of pharmacotherapy	1920	99,583	17.4	13.1
3	Megavoltage radiation treatment	1788	83,757	14.6	11.0
4	Panendoscopy with excision	1008	35,625	6.2	4.7
5	Excision of lesion(s) of skin and subcutaneous tissue	1620	28,745	5.0	3.8
6	Fibreoptic colonoscopy	0905	23,749	4.1	3.1
7	Fibreoptic colonoscopy with excision	0911	20,024	3.5	2.6
8	Other incision procedures on veins	0725	19,823	3.5	2.6
9	Ultraviolet B [UVB] light therapy of skin	1610	14,048	2.5	1.9
10	Administration of blood and blood products	1893	12,068	2.1	1.6
11	Examination procedures on bladder	1089	11,721	2.0	1.5
12	Administration of agent into other musculoskeletal sites	1552	11,219	2.0	1.5
13	Panendoscopy	1005	7,843	1.4	1.0
14	Coronary angiography	0668	7,832	1.4	1.0
15	Extracapsular crystalline lens extraction by phacoemulsification	0197	6,058	1.1	0.8
16	Curettage and evacuation of uterus	1265	5,451	1.0	0.7
17	Other assessment, consultation, interview, examination or evaluation	1824	5,436	0.9	0.7
18	Destruction of lesion of skin or cartilage	1612	4,711	0.8	0.6
19	Examination procedures on nose	0370	4,338	0.8	0.6
20	Application, insertion or removal procedures on retina, choroid or posterior chamber	0209	4,305	0.8	0.6
Top 20 Principal Procedure Blocks for Day Patients – Total		**-**	**572,957**	**100**	**75.6**
Day Patients with a Principal Procedure – Total		**-**	**758,023**	**-**	**100**
Day Patients – Total (including those with and without a Principal Procedure)		**-**	**820,234**	**-**	**-**

Notes: Percentage columns are subject to rounding.
Some procedure block names have been revised in ICD-10-AM 6th Edition.

FIGURE 4.3
Top 20 Principal Procedure Blocks for Day Patients



Approximately 65 per cent of total in-patient discharges underwent a procedure in 2009. As reported in Table 4.11, the top 20 principal procedure blocks accounted for 52.4 per cent of total in-patient discharges with a principal procedure. The most common principal procedure block for in-patients was 'generalised allied health interventions', which accounted for 11.0 per cent of total in-patient discharges with a principal procedure. The principal procedure block with the second highest number of in-patient discharges was 'computerised tomography of brain', which accounted for 6.3 per cent of total in-patient discharges with a principal procedure. Of the top 20 principal procedure blocks, 7 were related to obstetrics ('Caesarean section', 'postpartum suture', 'vacuum extraction', 'other procedures associated with delivery', 'medical or surgical augmentation of labour', 'curettage and evacuation of uterus' and 'medical or surgical induction of labour').

The total in-patient average length of stay for the top 20 principal procedure blocks was 7.5 days and, as reported in Figure 4.4, ranged from 1.4 days for 'curettage and evacuation of uterus' to 13.1 days for 'arthroplasty of hip'. The total in-patient average length of stay for 'generalised allied health interventions', the most common principal procedure block, was 11.7 days.

Similar to the top 20 principal procedures for day patients, 19 of the top 20 principal procedures for in-patients in 2008 have remained in the top 20 in 2009. In addition, the ranking of the top 10 procedures has remained the same as their 2008 ranking. The only procedure to appear in the top 20 in 2008 and not 2009 was 'evacuation of gravid uterus' (procedure block 1267). As a result of the update in Clinical Coding to 6th Edition ICD-10-AM/ACHI/ACS in 2009, this procedure block has been subsumed by 'curettage and evacuation of uterus' (procedure block 1265).

TABLE 4.11

Top 20 Principal Procedure Blocks for Total In-Patients – Number and Percentage of Total In-Patient Discharges and Total In-Patient Average Length of Stay (Days)

Rank	Principal Procedure	Procedure Block	N	% of Top 20 Principal Procedures for In-Patients	% of Total In-Patients with a Principal Procedure	Total In-Patient Average Length of Stay[a]
1	Generalised allied health interventions[b]	1916	42,149	21.0	11.0	11.7
2	Computerised tomography of brain	1952	24,314	12.1	6.3	10.6
3	Caesarean section	1340	19,001	9.5	5.0	5.5
4	Postpartum suture	1344	18,365	9.1	4.8	2.7
5	Administration of pharmacotherapy	1920	13,137	6.5	3.4	6.5
6	Panendoscopy with excision	1008	8,851	4.4	2.3	9.4
7	Administration of blood and blood products	1893	7,288	3.6	1.9	8.4
8	Vacuum extraction	1338	7,132	3.6	1.9	3.2
9	Magnetic resonance imaging	2015	6,854	3.4	1.8	11.0
10	Appendicectomy	0926	6,656	3.3	1.7	3.7
11	Other procedures associated with delivery	1343	5,293	2.6	1.4	3.1
12	Coronary angiography	0668	5,214	2.6	1.4	6.7
13	Medical or surgical augmentation of labour	1335	4,910	2.4	1.3	2.2
14	Computerised tomography of abdomen and pelvis	1963	4,883	2.4	1.3	6.9
15	Curettage and evacuation of uterus[c]	1265	4,793	2.4	1.3	1.4
16	Arthroplasty of hip	1489	4,664	2.3	1.2	13.1
17	Other computerised tomography	1966	4,409	2.2	1.2	9.2
18	Tonsillectomy or adenoidectomy	0412	4,318	2.2	1.1	1.7
19	Cholecystectomy	0965	4,275	2.1	1.1	4.4
20	Medical or surgical induction of labour	1334	4,243	2.1	1.1	3.2
Top 20 Principal Procedure Blocks for In-Patients		**-**	**200,749**	**100**	**52.4**	**7.5**
Total In-Patients with a Principal Procedure		**-**	**382,994**	**-**	**-**	**7.9**
Total In-Patients (including those with and without a Principal Procedure)		**-**	**590,160**	**-**	**-**	**-**

Notes: Percentage columns are subject to rounding.
Some procedure block names have been revised in ICD-10-AM 6th Edition.

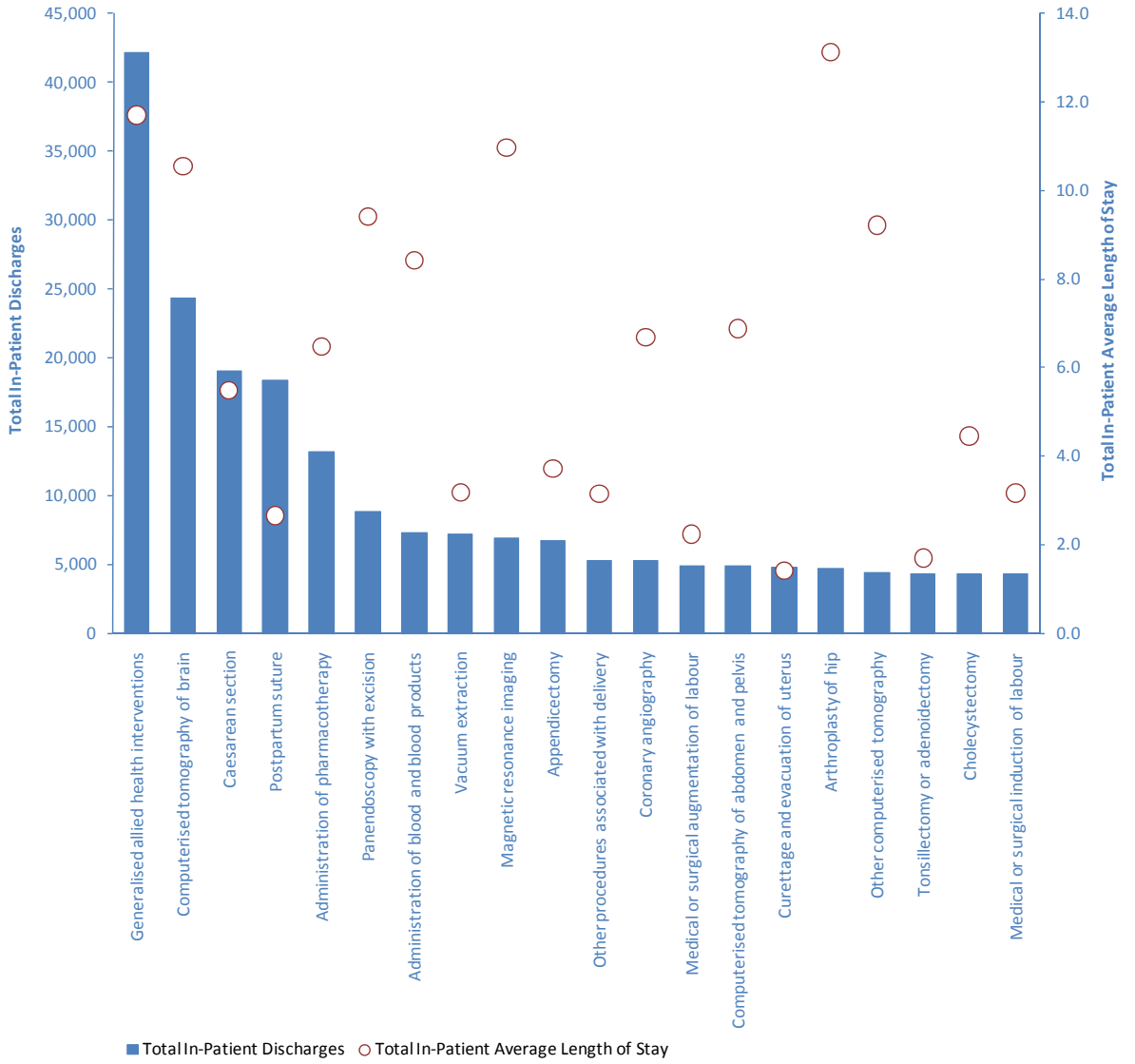
[a] Includes acute and extended stay in-patients.

[b] Includes interventions such as physiotherapy, dietetics, social work and occupational therapy. Together, these four interventions account for 83.7 per cent of cases within this procedure block.

[c] Includes procedures following miscarriage.

FIGURE 4.4

Top 20 Principal Procedure Blocks for Total In-Patients with Total In-Patient Average Length of Stay (Days)



Note: See notes under Table 4.11.

Principal and All-Listed Procedures

The type and number of principal procedures recorded for male and female discharges are reported in Table 4.12. Female discharges, representing 53.8 per cent of total discharges, accounted for 52.5 per cent of all principal procedures reported to HIPE in 2009. The proportion of total male discharges undergoing a principal procedure was 83.1 per cent and was slightly higher than that for female discharges (79.0 per cent). The ACHI chapter 'non-invasive, cognitive and other interventions, not elsewhere classified' had the highest number of total discharges with a principal procedure. This chapter includes the procedure blocks 'pharmacotherapy', 'generalised allied health interventions' and 'administration of blood and blood products'.

Of total principal procedures, 17 per cent were 'procedures on the urinary system', which includes 'haemodialysis'. Together, 'gynaecological procedures' and 'obstetric procedures' amounted to 99,629 (16.6 per cent) of the principal procedures performed on female discharges. Generally, with the exception of sex specific chapters, the volume of male and female discharges undergoing principal procedures was comparable for most of the ICD-10-AM chapters. However, male discharges recorded almost twice as many 'procedures on cardiovascular system' compared with female discharges.

TABLE 4.12
Total Discharges by Principal Procedure Block and Sex

Principal Procedure	Procedure Block	Male	Female	Total Discharges
Total Discharges	-	651,525	758,869	1,410,394
All Principal Procedures	0001-2016	541,607	599,410	1,141,017
Procedures on nervous system	**0001-0086**	**9,445**	**12,205**	**21,650**
Lumbar puncture	0030	1,695	1,813	3,508
Procedures on endocrine system	**0110-0129**	**355**	**1,145**	**1,500**
Procedures on eye and adnexa	**0160-0256**	**11,290**	**12,912**	**24,202**
Lens extraction	0195-0202	3,750	5,161	8,911
Procedures on ear and mastoid process	**0300-0333**	**5,124**	**4,270**	**9,394**
Myringotomy	0309	2,433	1,826	4,259
Procedures on nose, mouth and pharynx	**0370-0422**	**8,449**	**7,604**	**16,053**
Tonsillectomy or adenoidectomy	0412	2,041	2,495	4,536
Dental services	**0450-0490**	**3,694**	**3,393**	**7,087**
Procedures on respiratory system	**0520-0570**	**11,912**	**9,050**	**20,962**
Bronchoscopy with/without biopsy	0543-0544, 41892-01[0545]	3,925	2,998	6,923
Procedures on cardiovascular system	**0600-0777**	**34,425**	**18,619**	**53,044**
Coronary angiography	0668	8,083	4,963	13,046
Transluminal coronary angioplasty with/without stenting	0670-0671	2,743	911	3,654
CABG	0672-0679	745	171	916
Leg varicose vein ligation	0727-0728	830	1,588	2,418
Procedures on blood and blood-forming organs	**0800-0817**	**2,277**	**2,172**	**4,449**
Procedures on digestive system	**0850-1011**	**72,882**	**78,113**	**150,995**
Fibreoptic colonoscopy with/without excision	0905, 0911	23,761	25,780	49,541
Appendicectomy	0926	3,604	3,068	6,672
Procedures for haemorrhoids	0941	1,790	1,563	3,353
Cholecystectomy	0965	1,165	3,441	4,606
Division of abdominal adhesions	0986	132	635	767
Repair of inguinal and obstructed hernia	0990, 0997	3,407	337	3,744
Panendoscopy with/without excision	1005-1008	25,866	29,477	55,343
Procedures on urinary system	**1040-1129**	**120,793**	**73,368**	**194,161**
Examination procedures on bladder (includes cystoscopy)	1089	8,182	4,790	12,972
Procedures on male genital organs	**1160-1203**	**10,004**	**~**	**10,005**
Prostatectomy	1165-1167	1,430	0	1,430
Circumcision	30653-00[1196]	2,819	0	2,819
Gynaecological procedures	**1240-1299**	**~**	**31,836**	**31,838**
Oophorectomy and salpingo-oophorectomy	1243, 1252	0	728	728
Salpingectomy	1251	0	138	138
Examination procedures on uterus	1259	0	3,612	3,612
Curettage and evacuation of uterus	1265	0	10,244	10,244
Hysterectomy	1268-1269	0	2,855	2,855
Repair of prolapse of uterus, pelvic floor or enterocele	1283	0	658	658
Obstetric procedures	**1330-1347**	**0**	**67,793**	**67,793**
Induction and augmentation of labour	1334, 1335	0	9,160	9,160
Vacuum extraction	1338	0	7,132	7,132
Caesarean section	1340	0	19,001	19,001
Episiotomy associated with delivery	90472-00[1343]	0	5,269	5,269
Postpartum suture	1344	0	18,377	18,377
Procedures on musculoskeletal system	**1360-1579**	**29,873**	**28,221**	**58,094**
Arthroplasty of hip	1489	2,078	2,586	4,664
Arthroplasty of knee	1518-1519	681	1,055	1,736
Dermatological and plastic procedures	**1600-1718**	**38,040**	**38,647**	**76,687**
Excision of lesion(s) of skin and subcutaneous tissue	1620	14,132	16,051	30,183
Other debridement of skin and subcutaneous tissue	1628	1,337	594	1,931
Skin graft	1640-1650	228	126	354
Procedures on breast	**1740-1759**	**206**	**8,002**	**8,208**
Breast biopsy	1743-1744	101	5,208	5,309
Mastectomy	1747-1748	57	938	995
Radiation oncology procedures	**1786-1799**	**46,329**	**46,426**	**92,755**
Non-invasive, cognitive and other interventions, not elsewhere classified	**1820-1922**	**103,144**	**121,360**	**224,504**
Administration of blood and blood products	1893	10,286	9,070	19,356
Conduction anaesthesia	1909	22	105	127
Cerebral anaesthesia	1910	77	66	143
Imaging services	**1940-2016**	**33,363**	**34,273**	**67,636**
Computerised tomography scan	1952-1966	23,821	23,753	47,574
Magnetic resonance imaging	2015	4,548	4,784	9,332

Notes: ~ Denotes five or less discharges reported to HIPE.
Some procedure block names have been revised in ICD-10-AM 6th Edition.

Principal procedures are further analysed by age group in Table 4.13. The proportion of discharges within each age group undergoing a principal procedure varied across the age groups. A principal procedure was performed on 58.5 per cent of those discharges aged under 15 years. This was lower than the equivalent proportions for the older age groups. Over 75 per cent of discharges aged between 15 and 44 years and 86.3 per cent of discharges aged 65 years and over had a principal procedure. The 45 to 64 year age group recorded the highest proportion of discharges with a principal procedure at 87.6 per cent.

The frequency of principal procedures varied by age group. Some principal procedures were more common among younger age groups. For instance, 70.7 per cent of all 'myringotomy' procedures were undertaken on discharges younger than 15 years of age, as were 67.5 per cent of all 'tonsillectomy or adenoidectomy' procedures. The 15 to 44 year age group recorded the highest number of 'obstetric procedures' and 'gynaecological procedures'. Over 63 per cent of 'procedures on eye and adnexa' undertaken as principal procedures were performed on discharges aged 65 years and over. Within this age group, almost half of these operations involved 'lens extraction'.

The average length of stay of acute in-patient discharges for each principal procedure category and age group is reported in Table 4.14. Generally, the average length of stay for almost all if the specific principal procedures listed increased with age. For instance, the average length of stay for acute in-patients aged 65 years and over who underwent 'procedures of musculoskeletal system' was 9.0 days, which was over four times that for discharges aged under 15 years (1.9 days). 'Skin graft' recorded the longest average length of stay of 12.5 days for the youngest group of acute in-patients. Acute in-patients in the 15–44 and 45–64 age groups who underwent 'CABG' (coronary artery bypass graft) stayed in hospital the longest. 'Division of abdominal adhesions' recorded the longest average length of stay for those in the oldest age group (14.4 days). The average length of stay for acute in-patients who underwent a principal procedure was 5.5 days.

TABLE 4.13

Total Discharges by Principal Procedure Block and Age Group

Principal Procedure	Procedure Block	Under 15 Years	15-44 Years	45-64 Years	65 Years and Over	Total
Total Discharges	-	**127,264**	**435,965**	**395,924**	**451,241**	**1,410,394**
All Principal Procedures	0001-2016	**74,391**	**330,395**	**346,979**	**389,252**	**1,141,017**
Procedures on nervous system	**0001-0086**	**1,637**	**7,231**	**7,891**	**4,891**	**21,650**
Lumbar puncture	0030	1,178	1,393	584	353	3,508
Procedures on endocrine system	**0110-0129**	**44**	**523**	**626**	**307**	**1,500**
Procedures on eye and adnexa	**0160-0256**	**1,355**	**2,419**	**5,068**	**15,360**	**24,202**
Lens extraction	0195-0202	76	232	1,358	7,245	8,911
Procedures on ear and mastoid process	**0300-0333**	**4,195**	**2,469**	**1,700**	**1,030**	**9,394**
Myringotomy	0309	3,012	549	430	268	4,259
Procedures on nose, mouth and pharynx	**0370-0422**	**4,572**	**5,661**	**3,471**	**2,349**	**16,053**
Tonsillectomy or adenoidectomy	0412	3,060	1,414	48	14	4,536
Dental services	**0450-0490**	**4,358**	**1,777**	**675**	**277**	**7,087**
Procedures on respiratory system	**0520-0570**	**3,119**	**3,666**	**6,359**	**7,818**	**20,962**
Bronchoscopy with/without biopsy	0543-0544, 41892-01[0545]	291	1,201	2,557	2,874	6,923
Procedures on cardiovascular system	**0600-0777**	**1,171**	**9,708**	**23,586**	**18,579**	**53,044**
Coronary angiography	0668	132	935	5,952	6,027	13,046
Transluminal coronary angioplasty with/without stenting	0670-0671	~	190	1,727	1,734	3,654
CABG	0672-0679	0	18	382	516	916
Leg varicose vein ligation	0727-0728	~	1,028	1,127	262	2,418
Procedures on blood and blood-forming organs	**0800-0817**	**266**	**1,017**	**1,493**	**1,673**	**4,449**
Procedures on digestive system	**0850-1011**	**4,867**	**47,681**	**53,281**	**45,166**	**150,995**
Fibreoptic colonoscopy with/without excision	0905, 0911	130	13,117	19,814	16,480	49,541
Appendicectomy	0926	1,988	4,012	542	130	6,672
Procedures for haemorrhoids	0941	~	1,399	1,417	535	3,353
Cholecystectomy	0965	12	2,086	1,700	808	4,606
Division of abdominal adhesions	0986	10	460	181	116	767
Repair of inguinal and obstructed hernia	0990, 0997	551	856	1,181	1,156	3,744
Panendoscopy with/without excision	1005-1008	428	17,234	20,329	17,352	55,343
Procedures on urinary system	**1040-1129**	**1,791**	**31,322**	**61,373**	**99,675**	**194,161**
Examination procedures on bladder (includes cystoscopy)	1089	290	2,165	4,029	6,488	12,972
Procedures on male genital organs	**1160-1203**	**3,769**	**1,464**	**2,130**	**2,642**	**10,005**
Prostatectomy	1165-1167	0	8	468	954	1,430
Circumcision	30653-00[1196]	2,080	439	207	93	2,819
Gynaecological procedures	**1240-1299**	**104**	**20,287**	**9,353**	**2,094**	**31,838**
Oophorectomy and salpingo-oophorectomy	1243, 1252	12	328	308	80	728
Salpingectomy	1251	0	123	14	~	138
Examination procedures on uterus	1259	0	1,388	1,907	317	3,612
Curettage and evacuation of uterus	1265	~	7,260	2,550	431	10,244
Hysterectomy	1268-1269	0	736	1,600	519	2,855
Repair of prolapse of uterus, pelvic floor or enterocele	1283	0	62	347	249	658
Obstetric procedures	**1330-1347**	**~**	**67,650**	**139**	**0**	**67,793**
Induction and augmentation of labour	1334, 1335	0	9,145	15	0	9,160
Vacuum extraction	1338	~	7,122	9	0	7,132
Caesarean section	1340	~	18,921	78	0	19,001
Episiotomy associated with delivery	90472-00[1343]	0	5,266	~	0	5,269
Postpartum suture	1344	~	18,357	19	0	18,377
Procedures on musculoskeletal system	**1360-1579**	**6,355**	**18,665**	**16,822**	**16,252**	**58,094**
Arthroplasty of hip	1489	~	169	1,185	3,309	4,664
Arthroplasty of knee	1518-1519	~	25	628	1,082	1,736
Dermatological and plastic procedures	**1600-1718**	**6,124**	**30,902**	**19,880**	**19,781**	**76,687**
Excision of lesion(s) of skin and subcutaneous tissue	1620	1,077	10,620	8,469	10,017	30,183
Other debridement of skin and subcutaneous tissue	1628	207	777	463	484	1,931
Skin graft	1640-1650	40	115	87	112	354
Procedures on breast	**1740-1759**	**15**	**3,148**	**3,648**	**1,397**	**8,208**
Breast biopsy	1743-1744	~	2,086	2,320	898	5,309
Mastectomy	1747-1748	~	221	469	302	995
Radiation oncology procedures	**1786-1799**	**620**	**10,437**	**41,458**	**40,240**	**92,755**
Non-invasive, cognitive and other interventions, not elsewhere classified	**1820-1922**	**22,942**	**49,076**	**71,048**	**81,438**	**224,504**
Administration of blood and blood products	1893	2,212	2,549	4,472	10,123	19,356
Conduction anaesthesia	1909	0	81	32	14	127
Cerebral anaesthesia[a]	1910	24	45	39	35	143
Imaging services	**1940-2016**	**7,083**	**15,292**	**16,978**	**28,283**	**67,636**
Computerised tomography scan	1952-1966	1,710	11,161	12,330	22,373	47,574
Magnetic resonance imaging	2015	2,713	2,280	2,197	2,142	9,332

Notes: ~ Denotes five or less discharges reported to HIPE.
Some procedure block names have been revised in ICD-10-AM 6th Edition.

Table 4.14

Average Length of Stay (Days) for Acute In-Patient Discharges by Principal Procedure Block and Age Group

Principal Procedure	Procedure Block	Under 15 Years	15-44 Years	45-64 Years	65 Years and Over	Total
Acute In-Patient Discharges[a]	**-**	**2.9**	**3.0**	**5.0**	**7.2**	**4.5**
All Principal Procedures	**0001-2016**	**3.9**	**3.7**	**5.8**	**8.4**	**5.5**
Procedures on nervous system	**0001-0086**	**5.2**	**5.2**	**6.5**	**8.2**	**6.0**
Lumbar puncture	0030	4.5	5.1	7.3	10.8	5.7
Procedures on endocrine system	**0110-0129**	**3.4**	**4.2**	**4.7**	**6.1**	**4.8**
Procedures on eye and adnexa	**0160-0256**	**2.3**	**3.2**	**3.3**	**3.0**	**3.1**
Lens extraction	0195-0202	2.5	2.3	2.1	2.1	2.1
Procedures on ear and mastoid process	**0300-0333**	**1.8**	**2.8**	**3.0**	**5.1**	**2.5**
Myringotomy	0309	1.4	2.7	2.2	2.8	1.6
Procedures on nose, mouth and pharynx	**0370-0422**	**1.6**	**2.3**	**3.8**	**5.2**	**2.5**
Tonsillectomy or adenoidectomy	0412	1.6	1.8	3.7	8.2	1.7
Dental services	**0450-0490**	**1.8**	**2.1**	**1.9**	**3.1**	**2.1**
Procedures on respiratory system	**0520-0570**	**9.4**	**7.3**	**8.5**	**10.0**	**9.1**
Bronchoscopy with/without biopsy	0543-0544, 41892-01[0545]	5.0	8.5	9.5	10.9	9.7
Procedures on cardiovascular system	**0600-0777**	**8.4**	**5.7**	**5.6**	**7.4**	**6.6**
Coronary angiography	0668	3.5	4.9	5.1	6.5	5.7
Transluminal coronary angioplasty with/without stenting	0670-0671	~	3.6	3.4	4.2	3.8
CABG	0672-0679	-	12.8	12.0	13.6	12.9
Leg varicose vein ligation	0727-0728	-	1.4	1.7	2.1	1.7
Procedures on blood and blood-forming organs	**0800-0817**	**7.1**	**7.7**	**8.1**	**9.7**	**8.5**
Procedures on digestive system	**0850-1011**	**4.3**	**4.3**	**6.4**	**8.5**	**6.3**
Fibreoptic colonoscopy with/without excision	0905, 0911	5.0	6.1	6.4	7.0	6.7
Appendicectomy	0926	3.6	3.4	4.7	7.8	3.6
Procedures for haemorrhoids	0941	-	2.5	3.2	4.4	3.2
Cholecystectomy	0965	3.4	3.3	4.1	6.4	4.2
Division of abdominal adhesions	0986	10.6	4.1	8.1	14.4	7.2
Repair of inguinal and obstructed hernia	0990, 0997	2.4	1.9	2.5	4.0	3.0
Panendoscopy with/without excision	1005-1008	3.2	4.4	6.1	8.3	6.8
Procedures on urinary system	**1040-1129**	**5.2**	**4.8**	**5.7**	**7.4**	**6.2**
Examination procedures on bladder (includes cystoscopy)	1089	2.9	4.8	4.9	7.0	6.1
Procedures on male genital organs	**1160-1203**	**1.7**	**2.5**	**5.6**	**6.6**	**4.7**
Prostatectomy	1165-1167	-	7.7	6.7	7.1	7.0
Circumcision	30653-00[1196]	1.2	1.7	2.6	3.1	1.8
Gynaecological procedures	**1240-1299**	**3.5**	**2.4**	**4.5**	**5.7**	**3.3**
Oophorectomy and salpingo-oophorectomy	1243, 1252	4.1	5.1	5.1	7.9	5.4
Salpingectomy	1251	-	3.5	4.1	~	3.6
Examination procedures on uterus	1259	-	1.6	1.8	2.9	2.0
Curettage and evacuation of uterus	1265	~	1.3	1.5	2.7	1.4
Hysterectomy	1268-1269	-	6.1	6.5	7.7	6.6
Repair of prolapse of uterus, pelvic floor or enterocele	1283	-	4.6	4.8	5.3	5.0
Obstetric procedures	**1330-1347**	**~**	**3.5**	**4.9**	**-**	**3.5**
Induction and augmentation of labour	1334, 1335	-	2.6	3.7	-	2.6
Vacuum extraction	1338	~	3.2	3.4	-	3.2
Caesarean section	1340	~	5.2	6.1	-	5.2
Episiotomy associated with delivery	90472-00[1343]	-	3.1	~	-	3.1
Postpartum suture	1344	~	2.6	3.0	-	2.6
Procedures on musculoskeletal system	**1360-1579**	**1.9**	**2.8**	**5.0**	**9.0**	**5.1**
Arthroplasty of hip	1489	~	6.8	8.1	11.2	10.2
Arthroplasty of knee	1518-1519	~	7.7	8.4	9.5	9.1
Dermatological and plastic procedures	**1600-1718**	**3.2**	**3.1**	**5.1**	**6.8**	**4.1**
Excision of lesion(s) of skin and subcutaneous tissue	1620	2.2	2.4	3.2	4.5	3.8
Other debridement of skin and subcutaneous tissue	1628	2.0	3.4	6.9	10.2	5.5
Skin graft	1640-1650	12.5	6.8	11.6	9.0	9.2
Procedures on breast	**1740-1759**	**2.3**	**3.7**	**4.0**	**5.6**	**4.3**
Breast biopsy	1743-1744	~	2.5	2.7	4.8	3.2
Mastectomy	1747-1748	~	6.2	6.8	7.0	6.7
Radiation oncology procedures	**1786-1799**	**-**	**7.7**	**10.5**	**12.0**	**10.7**
Non-invasive, cognitive and other interventions, not elsewhere classified	**1820-1922**	**4.3**	**4.3**	**6.3**	**8.9**	**6.6**
Administration of blood and blood products	1893	3.4	4.6	5.7	7.4	6.2
Conduction anaesthesia	1909	-	4.3	7.7	8.2	5.1
Cerebral anaesthesia	1910	2.4	5.5	6.9	6.4	5.5
Imaging services	**1940-2016**	**3.9**	**4.0**	**5.8**	**8.4**	**6.4**
Computerised tomography scan	1952-1966	2.9	3.7	5.5	8.3	6.3
Magnetic resonance imaging	2015	4.5	5.6	7.5	10.1	7.3

Notes: ~ Denotes five or less discharges reported to HIPE.
- Denotes no discharges reported to HIPE.
Some procedure block names have been revised in ICD-10-AM 6th Edition.
[a] Includes average length of stay for acute in-patients (length of stay of 30 days or less) only. Excludes extended stay in-patients and day patients.

Table 4.15 reports all-listed (principal and additional) procedures by procedure category and sex. In total, over 2.2 million procedures were recorded during 2009. Female discharges recorded a higher number of all-listed procedures and accounted for 54.3 per cent of total procedures. Almost 37 per cent of all procedures performed in 2009 were classified as 'non-invasive, cognitive and other interventions, not elsewhere classified'. The next largest category was 'procedures on urinary system', which accounted for 9.1 per cent of all-listed procedures. Apart from 'non-invasive, cognitive and other interventions, not elsewhere classified', 'procedures on the urinary system' also recorded the highest number of all-listed procedures for male discharges. In contrast, the next highest volume for female discharges after 'non-invasive, cognitive and other interventions, not elsewhere classified' was 'obstetric procedures'.

All-listed procedures are presented by age group in Table 4.16. Discharges in the 15 to 44 years and 65 years and over age groups accounted for the highest proportions of all-listed procedures at 31.6 per cent and 31.4 per cent respectively. 'Non-invasive, cognitive and other interventions, not elsewhere classified' recorded the highest number of all-listed procedures for all age groups. The next highest number of all-listed procedures for the youngest age group was 'imaging services'. For the 15 to 44 year age group, 'obstetric procedures' were the second most common principal and additional procedures. Not surprisingly, this age group accounted for the vast majority (99.8 per cent) of all listed obstetrical procedures. 'Procedures on digestive system' were the second most common type of procedure performed on discharges aged between 45 and 64 years. For those aged 65 years and over the second most common all-listed procedure was 'procedures on urinary system'.

TABLE 4.15
All-Listed Procedure Blocks by Sex

Procedure	Procedure Block	Male	Female	Total
Total Discharges	-	651,525	758,869	1,410,394
All Procedures	0001-2016	957,207	1,138,243	2,095,450
Procedures on nervous system	**0001-0086**	**13,129**	**16,050**	**29,179**
Lumbar puncture	0030	3,603	3,595	7,198
Procedures on endocrine system	**0110-0129**	**434**	**1,226**	**1,660**
Procedures on eye and adnexa	**0160-0256**	**13,352**	**14,889**	**28,241**
Lens extraction	0195-0202	3,868	5,283	9,151
Procedures on ear and mastoid process	**0300-0333**	**6,490**	**5,277**	**11,767**
Myringotomy	0309	2,999	2,271	5,270
Procedures on nose, mouth and pharynx	**0370-0422**	**10,728**	**9,047**	**19,775**
Tonsillectomy or adenoidectomy	0412	2,195	2,602	4,797
Dental services	**0450-0490**	**5,606**	**4,730**	**10,336**
Procedures on respiratory system	**0520-0570**	**19,825**	**14,091**	**33,916**
Bronchoscopy with/without biopsy	0543-0544, 41892-01[0545]	4,673	3,462	8,135
Procedures on cardiovascular system	**0600-0777**	**52,755**	**28,709**	**81,464**
Coronary angiography	0668	11,029	6,039	17,068
Transluminal coronary angioplasty with/without stenting	0670-0671	3,431	1,131	4,562
CABG	0672-0679	1,644	374	2,018
Leg varicose vein ligation	0727-0728	837	1,599	2,436
Procedures on blood and blood-forming organs	**0800-0817**	**3,690**	**5,667**	**9,357**
Procedures on digestive system	**0850-1011**	**94,464**	**101,038**	**195,502**
Fibreoptic colonoscopy with/without excision	0905, 0911	31,209	34,240	65,449
Appendicectomy	0926	3,730	3,391	7,121
Procedures for haemorrhoids	0941	3,920	3,312	7,232
Cholecystectomy	0965	1,296	3,547	4,843
Division of abdominal adhesions	0986	695	1,971	2,666
Repair of inguinal and obstructed hernia	0990, 0997	3,519	362	3,881
Panendoscopy with/without excision	1005-1008	29,836	33,413	63,249
Procedures on urinary system	**1040-1129**	**128,548**	**77,437**	**205,985**
Examination procedures on bladder (includes cystoscopy)	1089	8,947	5,369	14,316
Procedures on male genital organs	**1160-1203**	**10,973**	**~**	**10,975**
Prostatectomy	1165-1167	1,546	0	1,546
Circumcision	30653-00[1196]	2,950	0	2,950
Gynaecological procedures	**1240-1299**	**~**	**51,273**	**51,276**
Oophorectomy and salpingo-oophorectomy	1243, 1252	0	909	909
Salpingectomy	1251	0	353	353
Examination procedures on uterus	1259	0	7,397	7,397
Curettage and evacuation of uterus	1265	0	13,990	13,990
Hysterectomy	1268-1269	0	2,979	2,979
Repair of prolapse of uterus, pelvic floor or enterocele	1283	0	1,410	1,410
Obstetric procedures	**1330-1347**	**0**	**148,166**	**148,166**
Induction and augmentation of labour	1334, 1335	0	37,000	37,000
Vacuum extraction	1338	0	10,087	10,087
Caesarean section	1340	0	19,070	19,070
Episiotomy associated with delivery	90472-00[1343]	0	12,904	12,904
Postpartum suture	1344	0	22,134	22,134
Procedures on musculoskeletal system	**1360-1579**	**37,114**	**34,101**	**71,215**
Arthroplasty of hip	1489	2,101	2,613	4,714
Arthroplasty of knee	1518-1519	682	1,056	1,738
Dermatological and plastic procedures	**1600-1718**	**49,246**	**46,739**	**95,985**
Excision of lesion(s) of skin and subcutaneous tissue	1620	16,546	18,699	35,245
Other debridement of skin and subcutaneous tissue	1628	4,217	1,958	6,175
Skin graft	1640-1650	1,198	823	2,021
Procedures on breast	**1740-1759**	**217**	**10,457**	**10,674**
Breast biopsy	1743-1744	104	6,068	6,172
Mastectomy	1747-1748	57	949	1,006
Radiation oncology procedures	**1786-1799**	**48,562**	**50,241**	**98,803**
Non-invasive, cognitive and other interventions, not elsewhere classified	**1820-1922**	**385,748**	**445,555**	**831,303**
Administration of blood and blood products	1893	20,281	19,128	39,409
Conduction anaesthesia	1909	8,363	23,431	31,794
Cerebral anaesthesia	1910	153,926	166,857	320,783
Imaging services	**1940-2016**	**76,323**	**73,548**	**149,871**
Computerised tomography scan	1952-1966	49,360	45,441	94,801
Magnetic resonance imaging	2015	9,749	10,136	19,885

Notes: ~ Denotes five or less discharges reported to HIPE.
Some procedure block names have been revised in ICD-10-AM 6th Edition.

Table 4.16
All-Listed Procedure Blocks by Age Group

Procedure	Procedure Block	Under 15 Years	15-44 Years	45-64 Years	65 Years and Over	Total
Total Discharges	-	**127,264**	**435,965**	**395,924**	**451,241**	**1,410,394**
All Procedures	0001-2016	**162,707**	**645,971**	**590,576**	**696,196**	**2,095,450**
Procedures on nervous system	**0001-0086**	**3,557**	**9,623**	**9,825**	**6,174**	**29,179**
Lumbar puncture	0030	2,729	2,508	1,160	801	7,198
Procedures on endocrine system	**0110-0129**	**54**	**559**	**683**	**364**	**1,660**
Procedures on eye and adnexa	**0160-0256**	**1,729**	**3,027**	**6,009**	**17,476**	**28,241**
Lens extraction	0195-0202	93	261	1,396	7,401	9,151
Procedures on ear and mastoid process	**0300-0333**	**5,872**	**2,808**	**1,916**	**1,171**	**11,767**
Myringotomy	0309	3,928	598	462	282	5,270
Procedures on nose, mouth and pharynx	**0370-0422**	**5,484**	**6,862**	**4,493**	**2,936**	**19,775**
Tonsillectomy or adenoidectomy	0412	3,281	1,431	66	19	4,797
Dental services	**0450-0490**	**6,773**	**2,376**	**843**	**344**	**10,336**
Procedures on respiratory system	**0520-0570**	**5,620**	**5,461**	**9,911**	**12,924**	**33,916**
Bronchoscopy with/without biopsy	0543-0544, 41892-01[0545]	482	1,346	2,945	3,362	8,135
Procedures on cardiovascular system	**0600-0777**	**3,346**	**12,850**	**33,830**	**31,438**	**81,464**
Coronary angiography	0668	247	1,195	7,729	7,897	17,068
Transluminal coronary angioplasty with/without stenting	0670-0671	7	221	2,138	2,196	4,562
CABG	0672-0679	~	39	849	1,126	2,018
Leg varicose vein ligation	0727-0728	~	1,033	1,134	268	2,436
Procedures on blood and blood-forming organs	**0800-0817**	**763**	**1,871**	**3,566**	**3,157**	**9,357**
Procedures on digestive system	**0850-1011**	**5,737**	**59,543**	**68,910**	**61,312**	**195,502**
Fibreoptic colonoscopy with/without excision	0905, 0911	267	17,174	25,576	22,432	65,449
Appendicectomy	0926	2,028	4,171	697	225	7,121
Procedures for haemorrhoids	0941	~	3,006	3,039	1,184	7,232
Cholecystectomy	0965	13	2,123	1,805	902	4,843
Lysis of peritoneal adhesions	0986	69	1,340	721	536	2,666
Repair of inguinal and obstructed hernia	0990, 0997	587	873	1,207	1,214	3,881
Panendoscopy with/without excision	1005-1008	501	18,709	22,973	21,066	63,249
Procedures on urinary system	**1040-1129**	**2,283**	**33,327**	**64,836**	**105,539**	**205,985**
Examination procedures on bladder (includes cystoscopy)	1089	330	2,366	4,484	7,136	14,316
Procedures on male genital organs	**1160-1203**	**4,152**	**1,603**	**2,282**	**2,938**	**10,975**
Prostatectomy	1165-1167	0	11	493	1,042	1,546
Circumcision	30653-00[1196]	2,172	446	220	112	2,950
Gynaecological procedures	**1240-1299**	**137**	**31,331**	**16,583**	**3,225**	**51,276**
Oophorectomy and salpingo-oophorectomy	1243, 1252	13	400	385	111	909
Salpingectomy	1251	0	324	28	~	353
Examination procedures on uterus	1259	~	3,124	3,696	576	7,397
Dilation and curettage of uterus	1265	~	8,863	4,399	725	13,990
Hysterectomy	1268-1269	0	778	1,646	555	2,979
Repair of prolapse of uterus, pelvic floor or enterocele	1283	0	134	789	487	1,410
Obstetric procedures	**1330-1347**	**14**	**147,906**	**246**	**0**	**148,166**
Induction and augmentation of labour	1334, 1335	~	36,940	56	0	37,000
Vacuum extraction	1338	~	10,075	10	0	10,087
Caesarean section	1340	~	18,990	78	0	19,070
Episiotomy associated with delivery	90472-00[1343]	~	12,892	10	0	12,904
Postpartum suture	1344	~	22,106	27	0	22,134
Procedures on musculoskeletal system	**1360-1579**	**8,126**	**22,916**	**20,923**	**19,250**	**71,215**
Arthroplasty of hip	1489	~	169	1,199	3,345	4,714
Arthroplasty of knee	1518-1519	~	25	629	1,083	1,738
Dermatological and plastic procedures	**1600-1718**	**9,112**	**37,056**	**24,345**	**25,472**	**95,985**
Excision of lesion of skin and subcutaneous tissue	1620	1,194	12,312	9,886	11,853	35,245
Other debridement of skin and subcutaneous tissue	1628	736	2,611	1,546	1,282	6,175
Skin graft	1640-1650	118	400	433	1,070	2,021
Procedures on breast	**1740-1759**	**15**	**3,871**	**5,009**	**1,779**	**10,674**
Breast biopsy	1743-1744	~	2,405	2,673	1,089	6,172
Mastectomy	1747-1748	~	224	471	308	1,006
Radiation oncology procedures	**1786-1799**	**638**	**11,408**	**44,135**	**42,622**	**98,803**
Non-invasive, cognitive and other interventions, not elsewhere classified	**1820-1922**	**88,062**	**219,720**	**229,913**	**293,608**	**831,303**
Transfusion of blood and gamma globulin	1893	4,192	6,063	9,181	19,973	39,409
Conduction anaesthesia	1909	153	16,218	5,547	9,876	31,794
Cerebral anaesthesia	1910	40,797	102,293	97,001	80,692	320,783
Imaging services	**1940-2016**	**11,233**	**31,853**	**42,318**	**64,467**	**149,871**
Computerised tomography scan	1952-1966	2,608	20,285	26,127	45,781	94,801
Magnetic resonance imaging	2015	3,545	5,046	5,478	5,816	19,885

Notes: ~ Denotes five or less discharges reported to HIPE.
Some procedure block names have been revised in ICD-10-AM 6th Edition.

SECTION

FIVE

Analysis of Discharge Data by Case Mix for 2009

SUMMARY

Discharges by Major Diagnostic Category (MDC)

- The MDC with the largest number of total discharges was 'diseases and disorders of the kidney and urinary tract' (MDC 11).
- The MDC 17 'neoplastic disorders (haematological and solid neoplasms)' had the largest number of day patient discharges.
- The volume of acute and total in-patient activity was highest for 'pregnancy, childbirth and the puerperium' (MDC 14).
- Excluding the pre and unassignable MDCs, MDC 23, 'factors influencing health status and other contacts with health services' had the longest average length of stay for acute and total in-patient discharges at 7.3 days and 13.4 days respectively.

Discharges by Australian Refined – Diagnosis Related Group (AR-DRG)

- The top 20 AR-DRGs for day patients accounted for 74.7 per cent of total day patient discharges.
- The most common AR-DRG for day patients was 'haemodialysis' (AR-DRG L61Z), which accounted for 27.2 per cent of day patients in the top 20 AR-DRGs and 20.3 per cent of total day patients.
- The 20 most common AR-DRGs for total in-patients accounted for 37.4 per cent of total in-patient discharges.
- The most common AR-DRG for total in-patients was 'vaginal delivery ' (AR-DRG O60Z), which accounted for 9.0 per cent of total in-patients.

INTRODUCTION

Since 1993, a case mix adjustment has been applied when estimating the budgets for the majority of acute public hospitals in Ireland.[1] Hospital case mix may be defined as 'the proportion of cases of each disease and health problem treated in the hospital'.[2] Since the inception of the national case mix programme, the Diagnosis Related Group (DRG) classification scheme has been adopted as the national standard for Ireland.[3] The DRG scheme enables the disaggregation of patients into homogeneous groups, which are expected to undergo similar treatment processes and incur similar levels of resource use. The data required for DRG assignment include principal and secondary diagnoses, procedures performed, age, sex, and patient destination on discharge from hospital.[4]

The Ninth Revision of the DRGs produced for the US Health Care Financing Administration (HCFA) version 9.0 was used as the national standard in Ireland until 1994. This was superseded by HCFA 12.0, which was used until 1998 when HCFA 16.0 was adopted for DRG analysis until 2004.[5] Following an extensive evaluation of the available alternative grouping methodologies in 2004, the decision was made to move to Australian Refined Diagnosis Related Group (AR-DRG) from 2005 onwards.[6] Initially, AR-DRG version 5.1 was used from 2005–8, however, following an update of the clinical classification, AR-DRG version 6.0 was adopted from 2009 onwards. One of the key features of this methodology is the classification of cases into different levels of complexity within AR-DRGs. ICD-10-AM/ACHI/ACS was the coding system used for AR-DRG grouping in 2009. As all of the data required for AR-DRG classification are available on the HIPE system, and since diagnoses and procedures are coded with ICD-10-AM/ACHI/ACS, discharges are directly assigned to the AR-DRG system from this database.

The first step in AR-DRG 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 performs 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.[7]

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1 Department of Health and Children, 2004. *The Modernisation of the National Case Mix Programme in Ireland.* Dublin: Department of Health and Children.

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

3 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.

4 As DRG assignment requires information on patient-specific characteristics (age and sex), as well as those pertaining to their discharge (length of stay, diagnoses and procedures), it is extremely difficult to identify individual patients. Furthermore, confidentiality is also maintained by presenting data on the distributions of DRGs and MDCs in cross tabulations. Given these safeguards, cells in this section with small numbers have not been suppressed.

5 The update of each version of the Grouper has closely followed the update of the clinical classification.

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

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

After assignment to the appropriate MDCs, discharges are assigned to the AR-DRG level. In total, there are 698 AR-DRGs in version 6.0, an increase from the 665 in version 5.1. In addition to new AR-DRGs being created in AR-DRG version 6.0, all DRG splits have been revised. This has ledt to the combination of some of the adjacent DRGs. [8] 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.

The numbering system for each AR-DRG consists of four alphanumeric characters in the form of 'ADDS'. The first character, 'A' is either a letter (indicating the broad group of the DRG) or an '8' or a '9' (indicating an unrelated operating room procedure DRG or an error DRG, respectively).[9] The second and third characters, 'DD', identify the adjacent DRG within the MDC, and the partition to which the adjacent DRG belongs.[10] Both characters are numbers indicating whether the code is surgical, medical or other. The last character, 'S' is a complexity split indicator that ranks DRGs within adjacent DRGs on the basis of their consumption of resources, it is either 'A', 'B', 'C', 'D' or 'Z' indicating level of complexity, 'A' being the most complex or 'Z' indicating that there is no complexity split.[11, 12] The complexity of the case is determined by particular variables, such as the presence of complications and/or comorbidities (cc), age, or discharge status, which influence the treatment process and/or the pattern of resource utilisation.[13, 14]

In this section, the distinction between voluntary and non-voluntary hospitals is made. See Appendix I for the classification of HIPE hospitals by voluntary and non-voluntary status in 2009.

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8 For further information see Commonwealth Department of Health and Aged Care., 2008. Australian Refined Diagnosis Related Groups Version 6.0 Definitions Manual. Canberra: Commonwealth Department of Health and Ageing.

9 '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.

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

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

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

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

14 For a more detailed description of case mix and its application in Ireland see Wiley, M.M., 2001. 'Case Mix in Ireland: Budgeting Basis for Acute Hospital Services', in F.H. Roger France, I. Mertens, M. Closen and J. Hofdijk (eds.), *Case Mix- Global Views, Local Actions*. Amsterdam: IOS Press; and Wiley, M.M. and R.B. Fetter, 1990. *Measuring Activity and Costs in Irish Hospitals: A Study of Hospital Case Mix, General Research Series No. 147*, Dublin: The Economic and Social Research Institute.

ANALYSIS BY MAJOR DIAGNOSTIC CATEGORY (MDC)

Discharges are broken down by MDC and patient type in Table 5.1.[15] The MDC with the highest number of total discharges in all hospitals was 'diseases and disorders of the kidney and urinary tract' (MDC 11). Over 89 per cent of discharges assigned to this MDC were treated on a day patient basis, while the remainder were mainly acute in-patients.

MDC 17, 'neoplastic disorders (haematological and solid neoplasms)' had the second largest number of total discharges. The proportion of discharges treated as in-patients within this MDC (2.8 per cent) was the lowest of any MDC. Together, MDCs 11 and 17 accounted for over one-quarter of total discharges. The MDCs with the lowest number of total discharges included 'burns' (MDC 22), 'mental diseases and disorders' (MDC 19), and 'alcohol/drug use and alcohol/drug induced organic mental disorders' (MDC 20).[16]

Table 5.1 shows that 819,580 (58.1 per cent) total discharges were treated in non-voluntary hospitals and the remainder were discharged from voluntary hospitals. There were similarities in the distribution of discharges by MDC by hospital type. The top ranked MDCs, in terms of total discharges, in voluntary hospitals were MDC 17, 'neoplastic disorders (haematological and solid neoplasms)' and MDC 11, 'diseases and disorders of the kidney and urinary tract', recording 92,132 and 78,099 discharges respectively. The MDC with the greatest number of discharges for non-voluntary hospitals was 'diseases and disorders of the kidney and urinary tract' (MDC 11). Within MDC 8 ('diseases and disorders of the musculoskeletal system and connective tissues'), the types of patients treated by voluntary and non-voluntary hospitals differed. In voluntary hospitals, 59.9 per cent of discharges were treated on a day basis with the remainder treated as in-patients. In contrast, in non-voluntary hospitals the proportion of total in-patients (61.3 per cent) exceeded the proportion of day patients assigned to MDC 8. Diseases and disorders of the ear, nose, mouth and throat (MDC 3) was the only other MDC in which the types of patients treated by voluntary and non-voluntary hospitals differed.

The highest number of day patients was recorded for MDC 17 'neoplastic disorders (haematological and solid neoplasms)' in voluntary and all hospitals. However, the highest number of day patients was recorded for 'diseases and disorders of the kidney and urinary tract' (MDC 11) in non-voluntary hospitals. Volumes of acute and total in-patients in the two groups of hospitals were highest for 'pregnancy, childbirth and the puerperium' (MDC 14).

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15 'Pre-MDC' and 'unassignable to MDC' are excluded from the discussion because they are very specialised and amount for a small proportion of discharges.

16 The National Psychiatric In-Patient Reporting Scheme, supported by the Health Research Board, reports information on all admissions to psychiatric in-patient facilities nationally.

TABLE 5.1

Discharges by MDC and Patient Type from Voluntary, Non-Voluntary and All Hospitals

MDC Description		Voluntary Hospitals					Non-Voluntary Hospitals					All Hospitals				
		Day Patients	In-Patients			Total Discharges	Day Patients	In-Patients			Total Discharges	Day Patients	In-Patients			Total Discharges
			Acute (0-30 days)	Extended (>30 days)	Total In-Patients			Acute (0-30 days)	Extended (>30 days)	Total In-Patients			Acute (30 days)	Extended (>30 days)	Total In-Patients	
	Pre-MDC	108	1,229	859	2,088	2,196	10	632	456	1,088	1,098	118	1,861	1,315	3,176	3,294
00	Unassignable to MDC	333	798	224	1,022	1,355	194	624	112	736	930	527	1,422	336	1,758	2,285
01	Diseases and disorders of the nervous system	9,212	12,084	1,173	13,257	22,469	5,386	27,128	1,158	28,286	33,672	14,598	39,212	2,331	41,543	56,141
02	Diseases and disorders of the eye	14,099	2,964	15	2,979	17,078	11,296	3,258	9	3,267	14,563	25,395	6,222	24	6,246	31,641
03	Diseases and disorders of the ear, nose, mouth and throat	13,121	9,665	125	9,790	22,911	13,134	16,885	69	16,954	30,088	26,255	26,550	194	26,744	52,999
04	Diseases and disorders of the respiratory system	7,564	17,069	1,016	18,085	25,649	4,017	36,428	1,005	37,433	41,450	11,581	53,497	2,021	55,518	67,099
05	Diseases and disorders of the circulatory system	11,906	19,481	704	20,185	32,091	7,818	44,342	666	45,008	52,826	19,724	63,823	1,370	65,193	84,917
06	Diseases and disorders of the digestive system	38,952	18,176	680	18,856	57,808	57,959	47,024	638	47,662	105,621	96,911	65,200	1,318	66,518	163,429
07	Diseases and disorders of the hepatobiliary system and pancreas	3,194	5,073	219	5,292	8,486	1,493	10,130	184	10,314	11,807	4,687	15,203	403	15,606	20,293
08	Diseases and disorders of the musculoskeletal system and connective tissue	22,242	14,220	667	14,887	37,129	20,877	32,356	742	33,098	53,975	43,119	46,576	1,409	47,985	91,104
09	Diseases and disorders of the skin, subcutaneous tissue and breast	52,169	6,333	252	6,585	58,754	25,395	11,148	177	11,325	36,720	77,564	17,481	429	17,910	95,474
10	Endocrine, nutritional and metabolic diseases and disorders	2,434	3,315	173	3,488	5,922	2,450	6,481	170	6,651	9,101	4,884	9,796	343	10,139	15,023
11	Diseases and disorders of the kidney and urinary tract	69,989	7,778	332	8,110	78,099	114,679	13,777	333	14,110	128,789	184,668	21,555	665	22,220	206,888
12	Diseases and disorders of the male reproductive system	6,000	2,015	151	2,166	8,166	4,941	3,147	32	3,179	8,120	10,941	5,162	183	5,345	16,286

Table 5.1: Discharges by MDC and Patient Type from Voluntary, Non-Voluntary and All Hospitals (contd.)

MDC Description		Voluntary Hospitals					Non-Voluntary Hospitals					All Hospitals				
		Day Patients	In-Patients			Total Discharges	Day Patients	In-Patients			Total Discharges	Day Patients	In-Patients			Total Discharges
			Acute (0-30 days)	Extended (>30 days)	Total In-Patients			Acute (0-30 days)	Extended (>30 days)	Total In-Patients			Acute (30 days)	Extended (>30 days)	Total In-Patients	
13	Diseases and disorders of the female reproductive system	7,852	5,581	104	5,685	13,537	12,899	8,664	52	8,716	21,615	20,751	14,245	156	14,401	35,152
14	Pregnancy, childbirth and the puerperium	3,906	43,609	72	43,681	47,587	6,363	79,118	105	79,223	85,586	10,269	122,727	177	122,904	133,173
15	Newborns and other neonates	259	5,864	415	6,279	6,538	221	8,208	406	8,614	8,835	480	14,072	821	14,893	15,373
16	Diseases and disorders of blood, blood forming organs, immunological disorders	13,666	1,936	46	1,982	15,648	19,363	4,172	52	4,224	23,587	33,029	6,108	98	6,206	39,235
17	Neoplastic disorders (haematological and solid neoplasms)	89,594	2,261	277	2,538	92,132	97,833	2,662	189	2,851	100,684	187,427	4,923	466	5,389	192,816
18	Infectious and parasitic diseases, systemic or unspecified sites	1,621	2,360	159	2,519	4,140	159	6,368	160	6,528	6,687	1,780	8,728	319	9,047	10,827
19	Mental diseases and disorders	390	779	164	943	1,333	291	869	22	891	1,182	681	1,648	186	1,834	2,515
20	Alcohol/drug use and alcohol/drug induced organic mental disorders	3	556	20	576	579	2	2,479	11	2,490	2,492	5	3,035	31	3,066	3,071
21	Injuries, poisonings and toxic effects of drugs	446	4,893	92	4,985	5,431	229	10,270	76	10,346	10,575	675	15,163	168	15,331	16,006
22	Burns	16	318	25	343	359	15	361	15	376	391	31	679	40	719	750
23	Factors influencing health status and other contacts with health services	20,730	4,049	638	4,687	25,417	23,404	5,407	375	5,782	29,186	44,134	9,456	1,013	10,469	54,603
Total		**389,806**	**192,406**	**8,602**	**201,008**	**590,814**	**430,428**	**381,938**	**7,214**	**389,152**	**819,580**	**820,234**	**574,344**	**15,816**	**590,160**	**1,410,394**

Note: The voluntary hospital group includes both general and special hospitals that were operated on a voluntary basis. The non-voluntary hospital group incorporates general and special hospitals managed by HSE administrative areas.

The average length of stay for in-patients and total discharges by MDC and hospital type is reported in Table 5.2. Although MDCs 6, 11 and 17 recorded high volumes of activity within both voluntary and non-voluntary hospitals, the average lengths of stay for these diagnostic categories were among the shortest. The MDC with the highest volume of total discharges in 2009, 'diseases and disorders of the kidney and urinary tract' (MDC 11), recorded an average length of stay for acute in-patients of 5.5 days and one of the lowest average lengths of stay for total discharges (1.7 days). A similar pattern emerged for the MDC with the second highest volume of total discharges and the lowest proportion of acute in-patients, 'neoplastic disorders (haematological and solid neoplasms)' (MDC 17), which recorded one of the longest lengths of stay for acute in-patients (7.2 days) and the shortest average length of stay for total discharges (1.3 days). For MDC 11 and 17 the majority of discharges were treated on a day basis. The average length of stay for total discharges with 'diseases and disorders of the digestive system' (MDC 6) was 2.9 days, with acute in-patients spending an average of 4.6 days in hospital.

Across all hospitals, 'mental diseases and disorders' (MDC 19) had the longest average length of stay for total discharges (9.9 days) while 'factors influencing health status and other contacts with health services' (MDC 23) had the longest average length of stay for total in-patients across all hospitals (13.4 days).

In voluntary hospitals, MDC 19 (mental diseases and disorders) recorded the longest average length of stay for total in-patients (21.1 days) and MDC 23 (factors influencing health status and other contacts with health services) recorded the longest average length of stay for acute in-patients (9.6 days). In non-voluntary hospitals, the longest average length of stay for total in-patients was 10.5 days for MDC 23 (factors influencing health status and other contacts with health services) and for acute in-patients was 6.6 days for 'neoplastic disorders (haematological and solid neoplasms)' (MDC 17).

Across all MDCs the duration of the acute in-patient stay was longer in voluntary hospitals compared to non-voluntary hospitals, apart from 'diseases and disorders of the eye' (MDC 2) 'pregnancy, childbirth and the puerperium' (MDC 14) and 'newborns and other neonates' (MDC 15) where the acute in-patient average length of stay was the same or similar.

TABLE 5.2

Average Length of Stay (Days) by MDC and Patient Type from Voluntary, Non-Voluntary and All Hospitals

MDC	MDC Description	Voluntary Hospitals				Non-Voluntary Hospitals				All Hospitals			
		In-Patients			Total Discharges[a]	In-Patients			Total Discharges[a]	In-Patients			Total Discharges[a]
		Acute (0-30 days)	Extended (>30 days)	Total In-Patients		Acute (0-30 days)	Extended (>30 days)	Total In-Patients		Acute (30 days)	Extended (>30 days)	Total In-Patients	
	Pre-MDC	13.7	76.8	39.7	37.8	16.0	77.4	41.7	41.3	14.5	77.0	40.4	39.0
00	Unassignable to MDC	9.0	87.3	26.2	20.0	8.9	62.8	17.1	13.7	9.0	79.1	22.4	17.5
01	Diseases and disorders of the nervous system	6.4	89.8	13.8	8.6	4.8	68.5	7.4	6.4	5.3	79.2	9.5	7.3
02	Diseases and disorders of the eye	3.1	82.3	3.5	1.4	3.2	45.9	3.3	1.5	3.2	68.7	3.4	1.5
03	Diseases and disorders of the ear, nose, mouth and throat	3.0	52.3	3.6	2.1	2.3	63.2	2.5	1.9	2.5	56.1	2.9	2.0
04	Diseases and disorders of the respiratory system	6.8	69.3	10.3	7.6	6.1	52.1	7.3	6.7	6.3	60.7	8.3	7.0
05	Diseases and disorders of the circulatory system	5.6	67.8	7.8	5.3	4.6	54.3	5.3	4.7	4.9	61.2	6.1	4.9
06	Diseases and disorders of the digestive system	5.5	59.6	7.4	3.1	4.2	49.6	4.8	2.7	4.6	54.7	5.6	2.9
07	Diseases and disorders of the hepatobiliary system and pancreas	6.9	50.2	8.6	5.8	5.6	48.9	6.3	5.7	6.0	49.6	7.1	5.7
08	Diseases and disorders of the musculoskeletal system and connective tissue	5.4	73.2	8.4	4.0	4.9	54.9	6.0	4.1	5.1	63.6	6.8	4.0
09	Diseases and disorders of the skin, subcutaneous tissue and breast	5.2	65.0	7.5	1.7	4.4	54.9	5.2	2.3	4.7	60.8	6.0	1.9
10	Endocrine, nutritional and metabolic diseases and disorders	5.6	78.5	9.2	5.8	5.1	53.1	6.3	4.9	5.3	65.9	7.3	5.3
11	Diseases and disorders of the kidney and urinary tract	5.7	71.7	8.4	1.8	5.4	55.0	6.6	1.6	5.5	63.3	7.3	1.7
12	Diseases and disorders of the male reproductive system	4.9	56.1	8.4	3.0	4.3	65.3	4.9	2.5	4.5	57.7	6.3	2.7
13	Diseases and disorders of the female reproductive system	4.3	49.3	5.1	2.7	3.6	41.6	3.8	2.1	3.9	46.8	4.3	2.4
14	Pregnancy, childbirth and the puerperium	2.7	43.2	2.7	2.6	2.7	45.9	2.7	2.6	2.7	44.8	2.7	2.6
15	Newborns and other neonates	4.8	60.5	8.5	8.2	5.1	48.6	7.1	7.0	5.0	54.6	7.7	7.5
16	Diseases and disorders of blood, blood forming organs, immunological disorders	5.3	50.1	6.3	1.7	4.7	49.9	5.2	1.8	4.9	50.0	5.6	1.7
17	Neoplastic disorders (haematological and solid neoplasms)	7.9	56.8	13.3	1.3	6.6	50.2	9.5	1.2	7.2	54.1	11.3	1.3

Table 5.2: Average Length of Stay (Days) by MDC and Patient Type from Voluntary, Non-Voluntary and All Hospitals (contd.)

MDC Description		Voluntary Hospitals				Non-Voluntary Hospitals				All Hospitals			
		In-Patients			Total	In-Patients			Total	In-Patients			Total
		Acute (0-30 days)	Extended (>30 days)	Total In-Patients	Discharges[a]	Acute (0-30 days)	Extended (>30 days)	Total In-Patients	Discharges[a]	Acute (30 days)	Extended (>30 days)	Total In-Patients	Discharges[a]
18	Infectious and parasitic diseases, systemic or unspecified sites	6.0	68.5	9.9	6.4	4.2	59.3	5.6	5.4	4.7	63.9	6.8	5.8
19	Mental diseases and disorders	7.1	87.5	21.1	15.2	3.4	63.5	4.9	4.0	5.2	84.6	13.2	9.9
20	Alcohol/drug use and alcohol/drug induced organic mental disorders	7.7	48.1	9.1	9.0	3.1	54.9	3.3	3.3	3.9	50.5	4.4	4.4
21	Injuries, poisonings and toxic effects of drugs	3.2	65.1	4.4	4.1	2.6	57.9	3.0	2.9	2.8	61.9	3.4	3.3
22	Burns	7.6	79.0	12.9	12.3	5.2	56.3	7.2	7.0	6.3	70.5	9.9	9.5
23	Factors influencing health status and other contacts with health services	9.6	63.3	16.9	3.9	5.6	81.2	10.5	2.9	7.3	69.9	13.4	3.4
Total		**5.0**	**70.4**	**7.8**	**3.3**	**4.2**	**58.4**	**5.3**	**3.0**	**4.5**	**64.9**	**6.1**	**3.1**

Notes: The voluntary hospital group includes both general and special hospitals that were operated on a voluntary basis. The non-voluntary hospital group incorporates general and special hospitals that were managed by HSE administrative areas.

[a] Includes day and in-patients.

ANALYSIS BY AUSTRALIAN REFINED DIAGNOSIS RELATED GROUP (AR-DRG)

Top 20 AR-DRGs

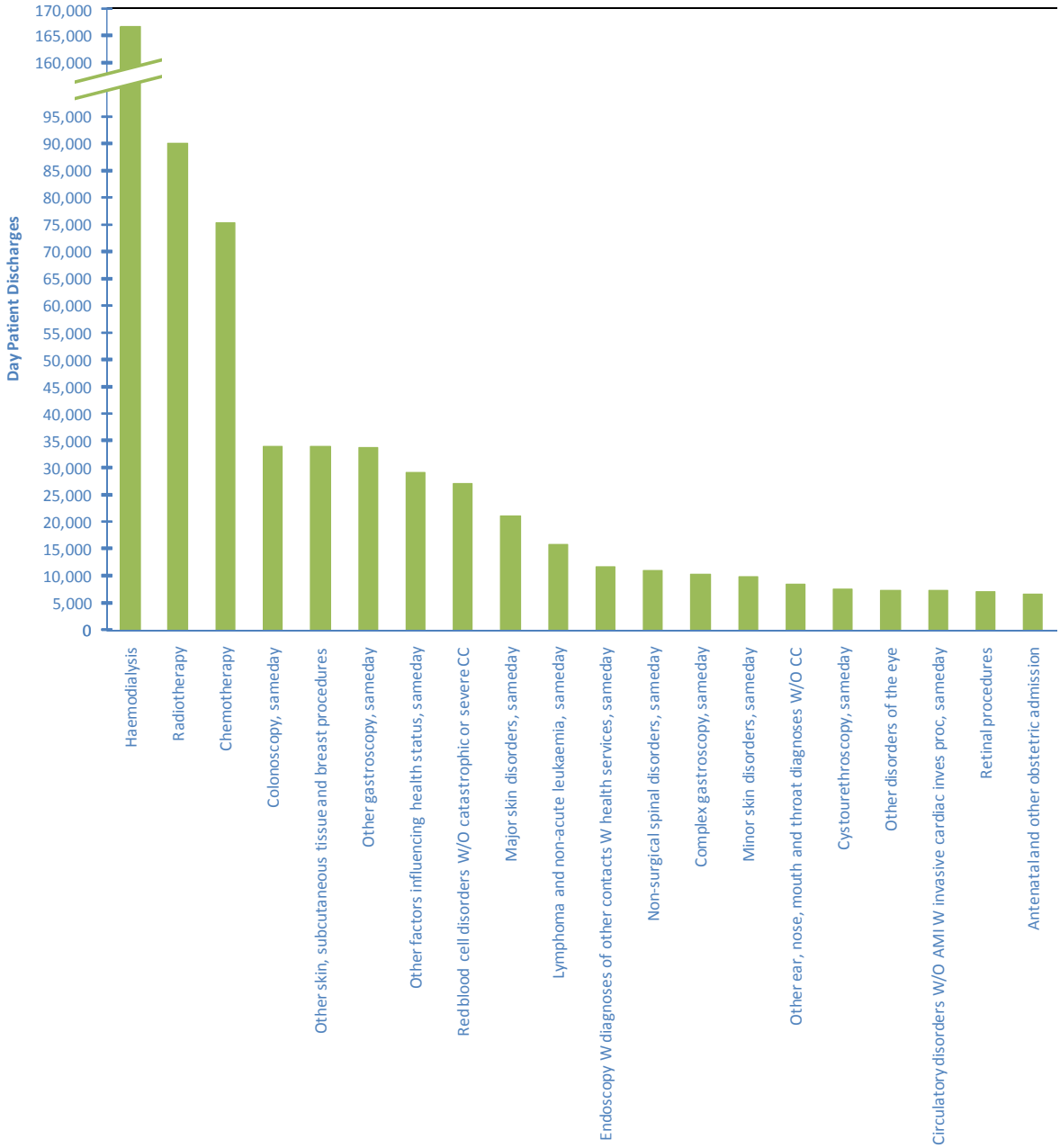
In 2009, 74.7 per cent of day patient discharges were assigned to one of the top 20 AR-DRGs (ranked according to the highest volume of day patient activity, see Table 5.3). The most common AR-DRG for day patients was 'Haemodialysis' (AR-DRG L61Z), which accounted for 27.2 per cent of day patients in the top 20 AR-DRGs and 20.3 per cent of total day patients.

TABLE 5.3
Top 20 AR-DRGs for Day Patients – Number and Percentage of Day Patient Discharges

Rank	Description	AR-DRG	N	% of Top 20 AR-DRGs for Day-Patients	% of Total Day Patients
1	Haemodialysis	L61Z	166,603	27.2	20.3
2	Radiotherapy	R64Z	90,003	14.7	11.0
3	Chemotherapy	R63Z	75,305	12.3	9.2
4	Colonoscopy, sameday	G48C	33,903	5.5	4.1
5	Other skin, subcutaneous tissue and breast procedures	J11Z	33,848	5.5	4.1
6	Other gastroscopy, sameday	G47C	33,590	5.5	4.1
7	Other factors influencing health status, sameday	Z64B	29,081	4.7	3.5
8	Red blood cell disorders W/O catastrophic or severe CC	Q61B	27,116	4.4	3.3
9	Major skin disorders, sameday	J68C	21,049	3.4	2.6
10	Lymphoma and non-acute leukaemia, sameday	R61C	15,686	2.6	1.9
11	Endoscopy W diagnoses of other contacts W health services, sameday	Z40Z	11,686	1.9	1.4
12	Non-surgical spinal disorders, sameday	I68C	10,953	1.8	1.3
13	Complex gastroscopy, sameday	G46C	10,240	1.7	1.2
14	Minor skin disorders, sameday	J67B	9,760	1.6	1.2
15	Other ear, nose, mouth and throat diagnoses W/O CC	D66B	8,382	1.4	1.0
16	Cystourethroscopy, sameday	L41Z	7,391	1.2	0.9
17	Other disorders of the eye	C63Z	7,320	1.2	0.9
18	Circulatory disorders W/O AMI W invasive cardiac inves proc, sameday	F42C	7,230	1.2	0.9
19	Retinal procedures	C03Z	7,029	1.1	0.9
20	Antenatal and other obstetric admission	O66Z	6,657	1.1	0.8
Top 20 AR-DRGs for Day Patients-Total		**–**	**612,832**	**100**	**74.7**
Day Patients – Total		**–**	**820,234**		

Note: Percentage columns are subject to rounding.

FIGURE 5.1
Top 20 AR-DRGs for Day Patients



While almost three-quarters of day patients were assigned to one of the 20 most common AR-DRGs, less than two in five of total in-patient discharges were classified in the top 20 AR-DRGs (see Table 5.4). The most common AR-DRG for total in-patients, 'vaginal delivery' (AR-DRG O60Z), accounted for 9.0 per cent of total in-patients. The total in-patient average length of stay for this AR-DRG was 2.7 days, which was less than half that for total in-patients (6.1 days). This AR-DRG was one of four in the top 20 relating to obstetrical activity, which together accounted for almost half (49.6 per cent) of the top 20 in-patient discharges.

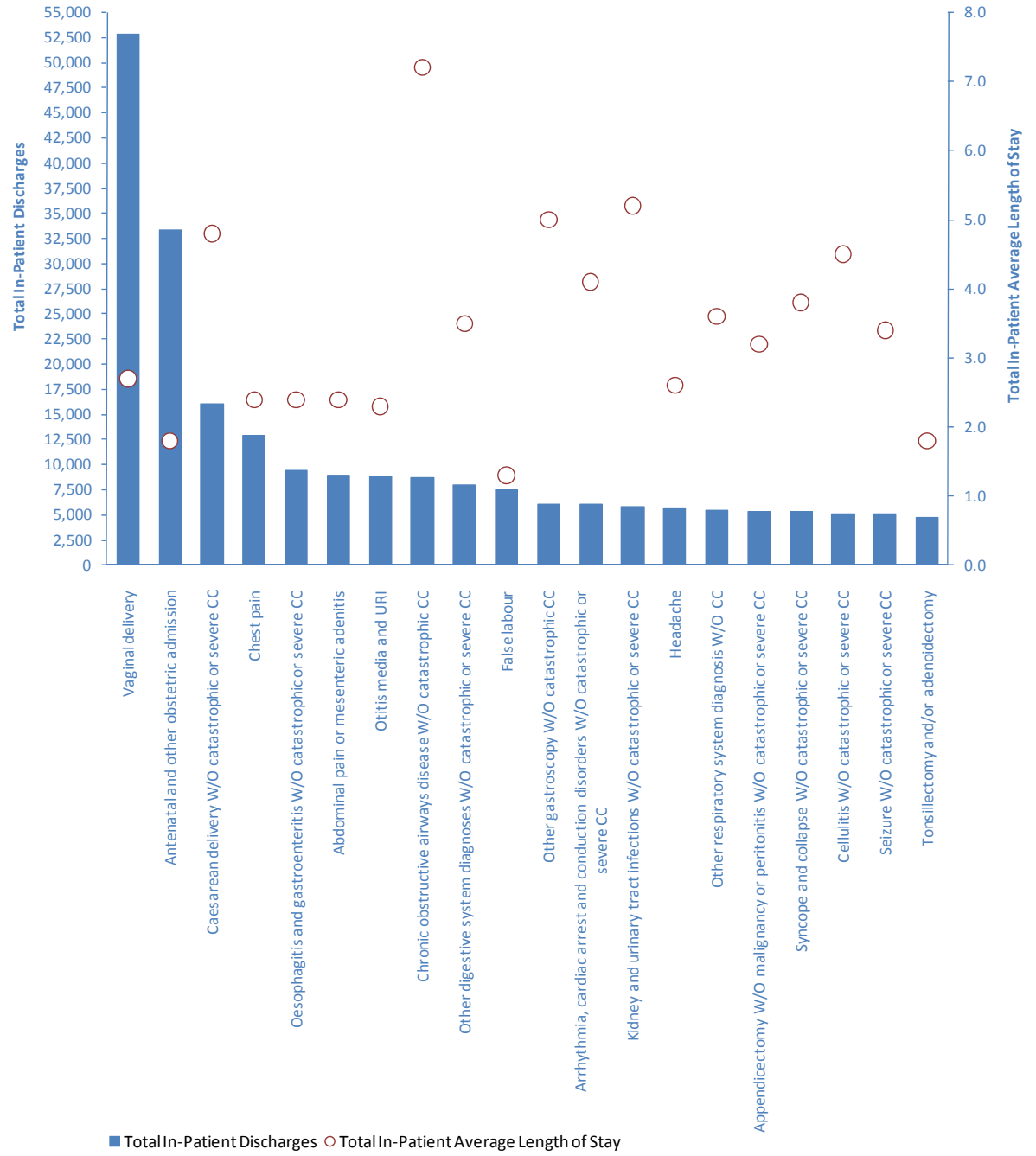
TABLE 5.4

Top 20 AR-DRGs for Total In-Patients – Number and Percentage of Total In-Patient Discharges and Total In-Patient Average Length of Stay (Days)

Rank	Description	AR-DRG	N	% of Top 20 AR-DRGs for In-Patients	% of Total In-Patients	Total In-Patient Average Length of Stay[a]
1	Vaginal delivery	O60Z	52,828	23.9	9.0	2.7
2	Antenatal and other obstetric admission	O66Z	33,297	15.1	5.6	1.8
3	Caesarean delivery W/O catastrophic or severe CC	O01B	15,983	7.2	2.7	4.8
4	Chest pain	F74Z	12,946	5.9	2.2	2.4
5	Oesophagitis and gastroenteritis W/O catastrophic or severe CC	G67B	9,388	4.3	1.6	2.4
6	Abdominal pain or mesenteric adenitis	G66Z	8,888	4.0	1.5	2.4
7	Otitis media and URI	D63Z	8,784	4.0	1.5	2.3
8	Chronic obstructive airways disease W/O catastrophic CC	E65B	8,675	3.9	1.5	7.2
9	Other digestive system diagnoses W/O catastrophic or severe CC	G70B	7,995	3.6	1.4	3.5
10	False labour	O64Z	7,453	3.4	1.3	1.3
11	Other gastroscopy W/O catastrophic CC	G47B	6,078	2.8	1.0	5.0
12	Arrhythmia, cardiac arrest and conduction disorders W/O catastrophic or severe CC	F76B	6,013	2.7	1.0	4.1
13	Kidney and urinary tract infections W/O catastrophic or severe CC	L63B	5,853	2.7	1.0	5.2
14	Headache	B77Z	5,662	2.6	1.0	2.6
15	Other respiratory system diagnosis W/O CC	E75C	5,434	2.5	0.9	3.6
16	Appendicectomy W/O malignancy or peritonitis W/O catastrophic or severe CC	G07B	5,328	2.4	0.9	3.2
17	Syncope and collapse W/O catastrophic or severe CC	F73B	5,317	2.4	0.9	3.8
18	Cellulitis W/O catastrophic or severe CC	J64B	5,144	2.3	0.9	4.5
19	Seizure W/O catastrophic or severe CC	B76B	5,053	2.3	0.9	3.4
20	Tonsillectomy and/or adenoidectomy	D11Z	4,759	2.2	0.8	1.8
Top 20 AR-DRGs for In-Patients-Total		**–**	**220,878**	**100**	**37.4**	**3.1**
In-Patients – Total		**–**	**590,160**			**6.1**

Notes: Percentage columns are subject to rounding.
[a] Includes acute and extended stay in-patients.

FIGURE 5.2
Top 20 AR-DRGs for Total In-Patients with Total In-Patient Average Length of Stay (Days)



Note: See notes under Table 5.4.

AR-DRGs by Patient and Hospital Type

Table 5.5 presents a breakdown of discharges by AR-DRG, patient type and hospital type. Consistent with the analysis of the top 20 AR-DRGs, the most common AR-DRG for day patients in both voluntary and non-voluntary hospitals was 'haemodialysis' (AR-DRG L61Z). For both voluntary and non-voluntary hospitals the AR-DRG which recorded the highest number of total in-patients was 'vaginal delivery' (AR-DRG O60Z).

Average length of stay by AR-DRG and hospital and patient types is reported in Table 5.6. The most common AR-DRG for in-patients ('vaginal delivery', AR-DRG O60Z) recorded an average length of stay for acute in-patient discharges of 2.7 days for both voluntary and non-voluntary hospitals. Of the top 20 most common AR-DRGs for in-patients just two recorded an average length of stay for acute in-patient discharges which was longer in non-voluntary than in voluntary hospitals and in each case by 0.1 days (Caesarean delivery W/O catastrophic or severe CC, AR-DRG O01B and false labour, AR-DRG O64Z).

The longest average length of stay recorded for acute in-patients in voluntary hospitals was for 'allogenic bone marrow transplant' (AR-DRG A07Z) at 25.3 days and in non-voluntary hospitals was for 'ECMO' (AR-DRG A40Z) at 27.0 days.

TABLE 5.5

Discharges from Voluntary, Non-Voluntary and All Hospitals by AR-DRG and Patient Type

AR-DRG	Description	Voluntary Hospitals					Non-Voluntary Hospitals					All Hospitals				
		Day Patients	In-Patients			Total Discharges	Day Patients	In-Patients			Total Discharges	Day Patients	In-Patients			Total Discharges
			Acute (0-30 days)	Extended (>30 days)	Total In-Patients			Acute (0-30 days)	Extended (>30 days)	Total In-Patients			Acute (0-30 days)	Extended (>30 days)	Total In-Patients	
A01Z	Liver transplant	0	40	23	63	63	0	0	0	0	0	0	40	23	63	63
A03Z	Lung or heart/lung transplant	0	3	1	4	4	0	0	0	0	0	0	3	1	4	4
A05Z	Heart transplant	0	6	5	11	11	0	0	0	0	0	0	6	5	11	11
A06A	Tracheostomy W ventilation >95 hours W catastrophic CC	0	77	295	372	372	0	58	153	211	211	0	135	448	583	583
A06B	Trach W vent >95 hours W/O cat CC or trach/vent >95 hours W cat CC	0	528	399	927	927	0	453	265	718	718	0	981	664	1,645	1,645
A06C	Ventilation >95 hours W/O catastrophic CC	0	105	11	116	116	0	65	14	79	79	0	170	25	195	195
A06D	Tracheostomy W/O catastrophic CC	0	34	38	72	72	1	18	19	37	38	1	52	57	109	110
A07Z	Allogeneic bone marrow transplant	0	22	51	73	73	0	0	0	0	0	0	22	51	73	73
A08A	Autologous bone marrow transplant W catastrophic CC	0	25	15	40	40	0	4	1	5	5	0	29	16	45	45
A08B	Autologous bone marrow transplant W/O catastrophic CC	14	28	1	29	43	0	13	1	14	14	14	41	2	43	57
A09A	Renal transplant W pancreas transplant or W catastrophic CC	0	26	4	30	30	0	0	0	0	0	0	26	4	30	30
A09B	Renal transplant W/O pancreas transplant W/O catastrophic CC	0	133	4	137	137	0	0	0	0	0	0	133	4	137	137
A10Z	Insertion of ventricular assist devices	0	0	3	3	3	0	1	0	1	1	0	1	3	4	4
A11A	Insertion of implantable spinal infusion device W catastrophic CC	0	3	1	4	4	0	4	3	7	7	0	7	4	11	11
A11B	Insertion of implantable spinal infusion device W/O catastrophic CC	8	17	0	17	25	0	7	0	7	7	8	24	0	24	32
A12Z	Insertion of neurostimulator device	86	175	0	175	261	9	8	0	8	17	95	183	0	183	278

Table 5.5: Discharges from Voluntary, Non-Voluntary and All Hospitals by AR-DRG and Patient Type (contd.)

AR-DRG	Description	Voluntary Hospitals					Non-Voluntary Hospitals					All Hospitals				
		Day Patients	In-Patients			Total Discharges	Day Patients	In-Patients			Total Discharges	Day Patients	In-Patients			Total Discharges
			Acute (0-30 days)	Extended (>30 days)	Total In-Patients			Acute (0-30 days)	Extended (>30 days)	Total In-Patients			Acute (0-30 days)	Extended (>30 days)	Total In-Patients	
A40Z	ECMO	0	7	8	15	15	0	1	0	1	1	0	8	8	16	16
B01A	Ventricular shunt revision W catastrophic or severe CC	0	28	0	28	28	0	18	0	18	18	0	46	0	46	46
B01B	Ventricular shunt revision W/O catastrophic or severe CC	0	43	0	43	43	0	12	0	12	12	0	55	0	55	55
B02A	Cranial procedures W catastrophic CC	0	70	34	104	104	0	29	8	37	37	0	99	42	141	141
B02B	Cranial procedures W severe CC	1	214	15	229	230	0	61	3	64	64	1	275	18	293	294
B02C	Cranial procedures W/O catastrophic or severe CC	2	718	19	737	739	5	297	4	301	306	7	1,015	23	1,038	1,045
B03A	Spinal procedures W catastrophic or severe CC	0	14	6	20	20	0	7	1	8	8	0	21	7	28	28
B03B	Spinal procedures W/O catastrophic or severe CC	43	99	2	101	144	1	87	2	89	90	44	186	4	190	234
B04A	Extracranial vascular procedures W catastrophic CC	0	25	12	37	37	0	10	3	13	13	0	35	15	50	50
B04B	Extracranial vascular procedures W/O catastrophic CC	1	242	6	248	249	0	85	1	86	86	1	327	7	334	335
B05Z	Carpal tunnel release	425	42	0	42	467	959	133	0	133	1,092	1,384	175	0	175	1,559
B06A	Procs for cerebral palsy, muscular dystrophy, neuropathy W CC	3	29	8	37	40	4	16	4	20	24	7	45	12	57	64
B06B	Procs for cerebral palsy, muscular dystrophy, neuropathy W/O CC	80	97	2	99	179	61	69	2	71	132	141	166	4	170	311
B07A	Peripheral and cranial nerve and other nervous system procedures W CC	0	24	9	33	33	1	17	4	21	22	1	41	13	54	55
B07B	Peripheral and cranial nerve and other nervous system procedures W/O CC	55	240	1	241	296	25	225	0	225	250	80	465	1	466	546
B40Z	Plasmapheresis W neurological disease, sameday	0	0	0	0	0	20	0	0	0	20	20	0	0	0	20
B41Z	Telemetric EEG monitoring	13	189	2	191	204	3	33	2	35	38	16	222	4	226	242

Table 5.5: Discharges from Voluntary, Non-Voluntary and All Hospitals by AR-DRG and Patient Type (contd.)

AR-DRG	Description	Voluntary Hospitals					Non-Voluntary Hospitals					All Hospitals				
		Day Patients	In-Patients			Total Discharges	Day Patients	In-Patients			Total Discharges	Day Patients	In-Patients			Total Discharges
			Acute (0-30 days)	Extended (>30 days)	Total In-Patients			Acute (0-30 days)	Extended (>30 days)	Total In-Patients			Acute (0-30 days)	Extended (>30 days)	Total In-Patients	
B42A	Nervous system diagnosis W ventilator support W catastrophic CC	0	21	4	25	25	0	28	2	30	30	0	49	6	55	55
B42B	Nervous system diagnosis W ventilator support W/O catastrophic CC	0	68	2	70	70	0	98	2	100	100	0	166	4	170	170
B60A	Acute paraplegia/quadriplegia W or W/O OR procs W cat CC	0	6	8	14	14	0	5	0	5	5	0	11	8	19	19
B60B	Acute paraplegia/quadriplegia W or W/O OR procs W/O cat CC	5	20	20	40	45	1	16	0	16	17	6	36	20	56	62
B61A	Spinal cord conditions W or W/O OR procedures W catastrophic or severe CC	0	30	8	38	38	0	15	4	19	19	0	45	12	57	57
B61B	Spinal cord conditions W or W/O OR procedures W/O catastrophic or severe CC	5	57	6	63	68	6	58	3	61	67	11	115	9	124	135
B62Z	Apheresis	161	11	0	11	172	46	0	0	0	46	207	11	0	11	218
B63Z	Dementia and other chronic disturbances of cerebral function	25	93	113	206	231	116	386	103	489	605	141	479	216	695	836
B64A	Delirium W catastrophic CC	1	45	28	73	74	0	65	13	78	78	1	110	41	151	152
B64B	Delirium W/O catastrophic CC	12	306	32	338	350	53	1,000	32	1,032	1,085	65	1,306	64	1,370	1,435
B65Z	Cerebral palsy	252	33	1	34	286	23	17	2	19	42	275	50	3	53	328
B66A	Nervous system neoplasm W catastrophic or severe CC	37	165	31	196	233	24	173	22	195	219	61	338	53	391	452
B66B	Nervous system neoplasm W/O catastrophic or severe CC	516	272	34	306	822	140	428	16	444	584	656	700	50	750	1,406
B67A	Degenerative nervous system disorders W catastrophic or severe CC	9	136	63	199	208	8	185	42	227	235	17	321	105	426	443
B67B	Degenerative nervous system disorders W moderate CC	33	93	21	114	147	18	187	21	208	226	51	280	42	322	373

Table 5.5: Discharges from Voluntary, Non-Voluntary and All Hospitals by AR-DRG and Patient Type (contd.)

AR-DRG	Description	Voluntary Hospitals					Non-Voluntary Hospitals					All Hospitals				
		Day Patients	In-Patients			Total Discharges	Day Patients	In-Patients			Total Discharges	Day Patients	In-Patients			Total Discharges
			Acute (0-30 days)	Extended (>30 days)	Total In-Patients			Acute (0-30 days)	Extended (>30 days)	Total In-Patients			Acute (0-30 days)	Extended (>30 days)	Total In-Patients	
B67C	Degenerative nervous system disorders W/O CC	365	243	12	255	620	268	426	13	439	707	633	669	25	694	1,327
B68A	Multiple sclerosis and cerebellar ataxia W CC	19	72	14	86	105	8	114	14	128	136	27	186	28	214	241
B68B	Multiple sclerosis and cerebellar ataxia W/O CC	2,315	240	2	242	2,557	1,495	466	6	472	1,967	3,810	706	8	714	4,524
B69A	TIA and precerebral occlusion W catastrophic or severe CC	1	162	18	180	181	3	392	26	418	421	4	554	44	598	602
B69B	TIA and precerebral occlusion W/O catastrophic or severe CC	26	495	6	501	527	34	1,748	5	1,753	1,787	60	2,243	11	2,254	2,314
B70A	Stroke and other cerebrovascular disorders W catastrophic CC	0	169	181	350	350	0	383	271	654	654	0	552	452	1,004	1,004
B70B	Stroke and other cerebrovascular disorders W severe CC	1	380	112	492	493	1	860	159	1,019	1,020	2	1,240	271	1,511	1,513
B70C	Stroke and other cerebrovascular disorders W/O catastrophic or severe CC	18	695	73	768	786	16	1,901	148	2,049	2,065	34	2,596	221	2,817	2,851
B70D	Stroke and other cerebrovascular disorders, died or transferred <5 days	1	134	0	134	135	4	443	0	443	447	5	577	0	577	582
B71A	Cranial and peripheral nerve disorders W CC	53	119	9	128	181	25	198	12	210	235	78	317	21	338	416
B71B	Cranial and peripheral nerve disorders W/O CC	1,565	193	6	199	1,764	1,036	561	8	569	1,605	2,601	754	14	768	3,369
B72A	Nervous system infection except viral meningitis W cat or sev CC	0	42	8	50	50	0	54	12	66	66	0	96	20	116	116
B72B	Nervous system infection except viral meningitis W/O cat or sev CC	51	117	5	122	173	18	218	3	221	239	69	335	8	343	412
B73Z	Viral meningitis	1	100	0	100	101	0	203	0	203	203	1	303	0	303	304
B74A	Nontraumatic stupor and coma W CC	12	24	3	27	39	0	88	1	89	89	12	112	4	116	128
B74B	Nontraumatic stupor and coma W/O CC	21	14	0	14	35	1	70	0	70	71	22	84	0	84	106
B75Z	Febrile convulsions	16	280	0	280	296	12	609	0	609	621	28	889	0	889	917

Table 5.5: Discharges from Voluntary, Non-Voluntary and All Hospitals by AR-DRG and Patient Type (contd.)

AR-DRG	Description	Voluntary Hospitals					Non-Voluntary Hospitals					All Hospitals				
		Day Patients	In-Patients			Total Discharges	Day Patients	In-Patients			Total Discharges	Day Patients	In-Patients			Total Discharges
			Acute (0-30 days)	Extended (>30 days)	Total In-Patients			Acute (0-30 days)	Extended (>30 days)	Total In-Patients			Acute (0-30 days)	Extended (>30 days)	Total In-Patients	
B76A	Seizure W catastrophic or severe CC	5	316	32	348	353	1	637	24	661	662	6	953	56	1,009	1,015
B76B	Seizure W/O catastrophic or severe CC	833	1,288	9	1,297	2,130	130	3,742	14	3,756	3,886	963	5,030	23	5,053	6,016
B77Z	Headache	302	1,180	0	1,180	1,482	310	4,477	5	4,482	4,792	612	5,657	5	5,662	6,274
B78A	Intracranial injury W catastrophic or severe CC	0	52	23	75	75	0	82	25	107	107	0	134	48	182	182
B78B	Intracranial injury W/O catastrophic or severe CC	16	178	14	192	208	0	462	18	480	480	16	640	32	672	688
B79A	Skull fractures W catastrophic or severe CC	0	11	0	11	11	0	29	2	31	31	0	40	2	42	42
B79B	Skull fractures W/O catastrophic or severe CC	1	141	0	141	142	0	292	2	294	294	1	433	2	435	436
B80Z	Other head injury	3	995	7	1,002	1,005	7	2,891	7	2,898	2,905	10	3,886	14	3,900	3,910
B81A	Other disorders of the nervous system W catastrophic or severe CC	28	192	48	240	268	10	315	39	354	364	38	507	87	594	632
B81B	Other disorders of the nervous system W/O catastrophic or severe CC	1,716	607	23	630	2,346	444	1,489	19	1,508	1,952	2,160	2,096	42	2,138	4,298
B82A	Chronic and unspecified paraplegia/ quadriplegia W or W/O OR procs W cat CC	1	32	29	61	62	0	21	11	32	32	1	53	40	93	94
B82B	Chronic and unspecified paraplegia/ quadriplegia W or W/O OR procs W severe CC	45	59	26	85	130	2	58	11	69	71	47	117	37	154	201
B82C	Chronic and unspecified paraplegia/ quadriplegia W or W/O or pr W/O cat/sev CC	118	124	26	150	268	47	139	7	146	193	165	263	33	296	461
C01Z	Procedures for penetrating eye injury	1	55	0	55	56	1	55	0	55	56	2	110	0	110	112
C02Z	Enucleations and orbital procedures	26	83	0	83	109	4	36	0	36	40	30	119	0	119	149
C03Z	Retinal procedures	3,937	1,038	0	1,038	4,975	3,092	463	0	463	3,555	7,029	1,501	0	1,501	8,530
C04Z	Major corneal, scleral and conjunctival procedures	5	115	1	116	121	2	27	0	27	29	7	142	1	143	150
C05Z	Dacryocystorhinostomy	54	45	0	45	99	17	56	0	56	73	71	101	0	101	172
C10Z	Strabismus procedures	179	185	0	185	364	119	51	0	51	170	298	236	0	236	534
C11Z	Eyelid procedures	252	82	0	82	334	284	102	0	102	386	536	184	0	184	720

Table 5.5: Discharges from Voluntary, Non-Voluntary and All Hospitals by AR-DRG and Patient Type (contd.)

AR-DRG	Description	Voluntary Hospitals					Non-Voluntary Hospitals					All Hospitals				
		Day Patients	In-Patients			Total Discharges	Day Patients	In-Patients			Total Discharges	Day Patients	In-Patients			Total Discharges
			Acute (0-30 days)	Extended (>30 days)	Total In-Patients			Acute (0-30 days)	Extended (>30 days)	Total In-Patients			Acute (0-30 days)	Extended (>30 days)	Total In-Patients	
C12Z	Other corneal, scleral and conjunctival procedures	99	47	1	48	147	65	60	0	60	125	164	107	1	108	272
C13Z	Lacrimal procedures	525	10	0	10	535	193	12	0	12	205	718	22	0	22	740
C14Z	Other eye procedures	851	100	0	100	951	961	92	0	92	1,053	1,812	192	0	192	2,004
C15A	Glaucoma and complex cataract procedures	0	175	1	176	176	0	185	0	185	185	0	360	1	361	361
C15B	Glaucoma and complex cataract procedures, sameday	357	5	0	5	362	137	1	0	1	138	494	6	0	6	500
C16Z	Lens procedures	1,626	344	2	346	1,972	4,700	884	0	884	5,584	6,326	1,228	2	1,230	7,556
C60A	Acute and major eye infections W CC	0	14	2	16	16	0	30	1	31	31	0	44	3	47	47
C60B	Acute and major eye infections W/O CC	7	49	0	49	56	12	82	0	82	94	19	131	0	131	150
C61A	Neurological and vascular disorders of the eye W CC	20	47	1	48	68	6	86	1	87	93	26	133	2	135	161
C61B	Neurological and vascular disorders of the eye W/O CC	285	99	0	99	384	167	178	0	178	345	452	277	0	277	729
C62Z	Hyphema and medically managed trauma to the eye	36	163	5	168	204	55	360	3	363	418	91	523	8	531	622
C63Z	Other disorders of the eye	5,839	308	2	310	6,149	1,481	498	4	502	1,983	7,320	806	6	812	8,132
D01Z	Cochlear implant	0	60	0	60	60	0	0	0	0	0	0	60	0	60	60
D02A	Head and neck procedures W catastrophic or severe CC	0	49	10	59	59	0	4	2	6	6	0	53	12	65	65
D02B	Head and neck procedures W malignancy or moderate CC	2	70	2	72	74	0	15	0	15	15	2	85	2	87	89
D02C	Head and neck procedures W/O malignancy W/O CC	5	64	2	66	71	13	50	0	50	63	18	114	2	116	134
D03Z	Surgical repair for cleft lip or palate diagnosis	8	115	0	115	123	1	51	0	51	52	9	166	0	166	175
D04A	Maxillo surgery W CC	1	95	0	95	96	1	22	0	22	23	2	117	0	117	119
D04B	Maxillo surgery W/O CC	18	534	0	534	552	70	263	0	263	333	88	797	0	797	885
D05Z	Parotid gland procedures	1	91	0	91	92	0	68	0	68	68	1	159	0	159	160
D06Z	Sinus and complex middle ear procedures	48	206	0	206	254	20	130	0	130	150	68	336	0	336	404
D10Z	Nasal procedures	209	262	1	263	472	100	419	0	419	519	309	681	1	682	991
D11Z	Tonsillectomy and/or adenoidectomy	197	2,065	0	2,065	2,262	123	2,694	0	2,694	2,817	320	4,759	0	4,759	5,079

Table 5.5: Discharges from Voluntary, Non-Voluntary and All Hospitals by AR-DRG and Patient Type (contd.)

AR-DRG	Description	Voluntary Hospitals					Non-Voluntary Hospitals					All Hospitals				
		Day Patients	In-Patients			Total Discharges	Day Patients	In-Patients			Total Discharges	Day Patients	In-Patients			Total Discharges
			Acute (0-30 days)	Extended (>30 days)	Total In-Patients			Acute (0-30 days)	Extended (>30 days)	Total In-Patients			Acute (0-30 days)	Extended (>30 days)	Total In-Patients	
D12Z	Other ear, nose, mouth and throat procedures	670	519	4	523	1,193	455	499	1	500	955	1,125	1,018	5	1,023	2,148
D13Z	Myringotomy W tube insertion	1,434	80	0	80	1,514	1,371	64	0	64	1,435	2,805	144	0	144	2,949
D14Z	Mouth and salivary gland procedures	231	191	4	195	426	490	172	3	175	665	721	363	7	370	1,091
D15Z	Mastoid procedures	16	199	0	199	215	1	94	0	94	95	17	293	0	293	310
D40Z	Dental extractions and restorations	568	75	0	75	643	5,359	194	0	194	5,553	5,927	269	0	269	6,196
D60A	Ear, nose, mouth and throat malignancy W catastrophic or severe CC	36	106	51	157	193	13	78	23	101	114	49	184	74	258	307
D60B	Ear, nose, mouth and throat malignancy W/O catastrophic or severe CC	331	284	40	324	655	152	212	23	235	387	483	496	63	559	1,042
D61Z	Dysequilibrium	438	292	1	293	731	142	1,571	4	1,575	1,717	580	1,863	5	1,868	2,448
D62Z	Epistaxis	235	351	0	351	586	136	649	1	650	786	371	1,000	1	1,001	1,372
D63Z	Otitis media and uri	1,570	1,909	4	1,913	3,483	856	6,865	6	6,871	7,727	2,426	8,774	10	8,784	11,210
D64Z	Laryngotracheitis and epiglottitis	12	150	0	150	162	6	554	0	554	560	18	704	0	704	722
D65Z	Nasal trauma and deformity	405	265	0	265	670	611	340	3	343	954	1,016	605	3	608	1,624
D66A	Other ear, nose, mouth and throat diagnoses W CC	233	171	3	174	407	61	125	0	125	186	294	296	3	299	593
D66B	Other ear, nose, mouth and throat diagnoses W/O CC	5,919	988	0	988	6,907	2,463	798	0	798	3,261	8,382	1,786	0	1,786	10,168
D67A	Oral and dental disorders except extractions and restorations	0	313	3	316	316	0	709	3	712	712	0	1,022	6	1,028	1,028
D67B	Oral and dental disorders except extractions and restorations, sameday	534	161	0	161	695	690	245	0	245	935	1,224	406	0	406	1,630
E01A	Major chest procedures W catastrophic CC	0	199	46	245	245	0	50	17	67	67	0	249	63	312	312
E01B	Major chest procedures W/O catastrophic CC	7	293	5	298	305	7	155	4	159	166	14	448	9	457	471
E02A	Other respiratory system OR procedures W catastrophic CC	1	82	37	119	120	0	47	16	63	63	1	129	53	182	183

Table 5.5: Discharges from Voluntary, Non-Voluntary and All Hospitals by AR-DRG and Patient Type (contd.)

AR-DRG	Description	Voluntary Hospitals					Non-Voluntary Hospitals					All Hospitals				
		Day Patients	In-Patients			Total Discharges	Day Patients	In-Patients			Total Discharges	Day Patients	In-Patients			Total Discharges
			Acute (0-30 days)	Extended (>30 days)	Total In-Patients			Acute (0-30 days)	Extended (>30 days)	Total In-Patients			Acute (0-30 days)	Extended (>30 days)	Total In-Patients	
E02B	Other respiratory system OR procedures W severe or moderate CC	6	78	4	82	88	5	57	1	58	63	11	135	5	140	151
E02C	Other respiratory system OR procedures W/O CC	9	109	2	111	120	8	65	1	66	74	17	174	3	177	194
E40A	Respiratory system diagnosis W ventilator support W catastrophic CC	0	51	8	59	59	0	76	11	87	87	0	127	19	146	146
E40B	Respiratory system diagnosis W ventilator support W/O catastrophic CC	0	41	3	44	44	0	46	5	51	51	0	87	8	95	95
E41Z	Respiratory system diagnosis W non-invasive ventilation	0	428	69	497	497	0	604	74	678	678	0	1,032	143	1,175	1,175
E42A	Bronchoscopy W catastrophic CC	0	155	65	220	220	0	93	30	123	123	0	248	95	343	343
E42B	Bronchoscopy W/O catastrophic CC	0	689	46	735	735	0	622	27	649	649	0	1,311	73	1,384	1,384
E42C	Bronchoscopy, sameday	2,334	10	0	10	2,344	1,784	16	0	16	1,800	4,118	26	0	26	4,144
E60A	Cystic fibrosis W catastrophic or severe CC	19	291	29	320	339	0	60	0	60	60	19	351	29	380	399
E60B	Cystic fibrosis W/O catastrophic or severe CC	721	283	3	286	1,007	211	407	2	409	620	932	690	5	695	1,627
E61A	Pulmonary embolism W catastrophic CC	0	51	17	68	68	0	103	9	112	112	0	154	26	180	180
E61B	Pulmonary embolism W/O catastrophic CC	12	383	8	391	403	31	746	8	754	785	43	1,129	16	1,145	1,188
E62A	Respiratory infections/inflammations W catastrophic CC	1	616	210	826	827	0	1,563	198	1,761	1,761	1	2,179	408	2,587	2,588
E62B	Respiratory infections/inflammations W severe or moderate CC	6	959	66	1,025	1,031	9	2,729	96	2,825	2,834	15	3,688	162	3,850	3,865
E62C	Respiratory infections/inflammations W/O CC	31	868	4	872	903	17	2,558	16	2,574	2,591	48	3,426	20	3,446	3,494
E63Z	Sleep apnoea	29	1,531	1	1,532	1,561	17	406	0	406	423	46	1,937	1	1,938	1,984
E64A	Pulmonary oedema and respiratory failure W catastrophic CC	0	53	9	62	62	0	172	12	184	184	0	225	21	246	246

Table 5.5: Discharges from Voluntary, Non-Voluntary and All Hospitals by AR-DRG and Patient Type (contd.)

AR-DRG	Description	Voluntary Hospitals					Non-Voluntary Hospitals					All Hospitals				
		Day Patients	In-Patients			Total Discharges	Day Patients	In-Patients			Total Discharges	Day Patients	In-Patients			Total Discharges
			Acute (0-30 days)	Extended (>30 days)	Total In-Patients			Acute (0-30 days)	Extended (>30 days)	Total In-Patients			Acute (0-30 days)	Extended (>30 days)	Total In-Patients	
E64B	Pulmonary oedema and respiratory failure W/O catastrophic CC	5	94	3	97	102	0	443	12	455	455	5	537	15	552	557
E65A	Chronic obstructive airways disease W catastrophic CC	8	591	79	670	678	1	1,231	110	1,341	1,342	9	1,822	189	2,011	2,020
E65B	Chronic obstructive airways disease W/O catastrophic CC	1,161	2,470	57	2,527	3,688	115	6,077	71	6,148	6,263	1,276	8,547	128	8,675	9,951
E66A	Major chest trauma W catastrophic CC	0	5	6	11	11	0	18	2	20	20	0	23	8	31	31
E66B	Major chest trauma W severe or moderate CC	0	35	1	36	36	0	123	0	123	123	0	158	1	159	159
E66C	Major chest trauma W/O CC	0	25	1	26	26	0	229	0	229	229	0	254	1	255	255
E67A	Respiratory signs and symptoms W catastrophic or severe CC	77	270	6	276	353	21	268	2	270	291	98	538	8	546	644
E67B	Respiratory signs and symptoms W/O catastrophic or severe CC	561	690	1	691	1,252	346	1,809	0	1,809	2,155	907	2,499	1	2,500	3,407
E68A	Pneumothorax W CC	1	118	3	121	122	0	169	5	174	174	1	287	8	295	296
E68B	Pneumothorax W/O CC	2	108	0	108	110	4	323	1	324	328	6	431	1	432	438
E69A	Bronchitis and asthma W CC	9	197	2	199	208	8	353	2	355	363	17	550	4	554	571
E69B	Bronchitis and asthma W/O CC	729	823	0	823	1,552	502	2,188	0	2,188	2,690	1,231	3,011	0	3,011	4,242
E70A	Whooping cough and acute bronchiolitis W CC	0	113	1	114	114	0	96	0	96	96	0	209	1	210	210
E70B	Whooping cough and acute bronchiolitis W/O CC	4	643	0	643	647	6	1,407	0	1,407	1,413	10	2,050	0	2,050	2,060
E71A	Respiratory neoplasms W catastrophic CC	69	187	24	211	280	54	294	47	341	395	123	481	71	552	675
E71B	Respiratory neoplasms W/O catastrophic CC	1,499	629	69	698	2,197	637	1,323	45	1,368	2,005	2,136	1,952	114	2,066	4,202
E72Z	Respiratory problems arising from neonatal period	12	41	1	42	54	3	30	0	30	33	15	71	1	72	87
E73A	Pleural effusion W catastrophic CC	1	57	9	66	67	4	80	17	97	101	5	137	26	163	168
E73B	Pleural effusion W severe or moderate CC	15	129	6	135	150	15	270	7	277	292	30	399	13	412	442

Table 5.5: Discharges from Voluntary, Non-Voluntary and All Hospitals by AR-DRG and Patient Type (contd.)

AR-DRG	Description	Voluntary Hospitals					Non-Voluntary Hospitals					All Hospitals				
		Day Patients	In-Patients			Total Discharges	Day Patients	In-Patients			Total Discharges	Day Patients	In-Patients			Total Discharges
			Acute (0-30 days)	Extended (>30 days)	Total In-Patients			Acute (0-30 days)	Extended (>30 days)	Total In-Patients			Acute (0-30 days)	Extended (>30 days)	Total In-Patients	
E73C	Pleural effusion W/O CC	17	71	1	72	89	31	167	6	173	204	48	238	7	245	293
E74A	Interstitial lung disease W catastrophic CC	1	32	8	40	41	0	46	8	54	54	1	78	16	94	95
E74B	Interstitial lung disease W severe or moderate CC	11	71	5	76	87	10	155	4	159	169	21	226	9	235	256
E74C	Interstitial lung disease W/O CC	35	111	4	115	150	39	173	1	174	213	74	284	5	289	363
E75A	Other respiratory system diagnosis W catastrophic CC	1	298	54	352	353	2	745	64	809	811	3	1,043	118	1,161	1,164
E75B	Other respiratory system diagnosis W severe or moderate CC	22	1,063	26	1,089	1,111	30	3,293	59	3,352	3,382	52	4,356	85	4,441	4,493
E75C	Other respiratory system diagnosis W/O CC	106	963	2	965	1,071	97	4,463	6	4,469	4,566	203	5,426	8	5,434	5,637
E76Z	Respiratory tuberculosis	42	65	15	80	122	3	80	9	89	92	45	145	24	169	214
F01A	Implantation or replacement of AICD, total system W catastrophic CC	4	62	11	73	77	0	8	1	9	9	4	70	12	82	86
F01B	Implantation or replacement of AICD, total system W/O catastrophic CC	64	260	2	262	326	12	59	1	60	72	76	319	3	322	398
F02Z	Other AICD procedures	8	31	0	31	39	2	21	0	21	23	10	52	0	52	62
F03A	Cardiac valve proc W CPB pump W invasive cardiac investigation W cat CC	0	14	10	24	24	0	3	6	9	9	0	17	16	33	33
F03B	Cardiac valve proc W CPB pump W invasive cardiac investigation W/O cat CC	0	9	1	10	10	0	6	3	9	9	0	15	4	19	19
F04A	Cardiac valve proc W CPB pump W/O invasive cardiac inves W cat CC	0	128	18	146	146	0	52	7	59	59	0	180	25	205	205
F04B	Cardiac valve proc W CPB pump W/O invasive cardiac inves W/O cat CC	0	117	1	118	118	0	100	2	102	102	0	217	3	220	220
F05A	Coronary bypass W invasive cardiac investigation W reoperation or W cat CC	0	21	8	29	29	0	27	12	39	39	0	48	20	68	68

Table 5.5: Discharges from Voluntary, Non-Voluntary and All Hospitals by AR-DRG and Patient Type (contd.)

AR-DRG	Description	Voluntary Hospitals					Non-Voluntary Hospitals					All Hospitals				
		Day Patients	In-Patients			Total Discharges	Day Patients	In-Patients			Total Discharges	Day Patients	In-Patients			Total Discharges
			Acute (0-30 days)	Extended (>30 days)	Total In-Patients			Acute (0-30 days)	Extended (>30 days)	Total In-Patients			Acute (0-30 days)	Extended (>30 days)	Total In-Patients	
F05B	Coronary bypass W invasive cardiac investigation W/O reoperation W/O cat CC	0	20	0	20	20	0	55	1	56	56	0	75	1	76	76
F06A	Coronary bypass W/O invasive cardiac inves W reoperation or W cat or sev CC	0	265	11	276	276	0	146	11	157	157	0	411	22	433	433
F06B	Coronary bypass W/O invasive cardiac inves W/O reoperation W/O cat or sev CC	0	113	0	113	113	0	153	0	153	153	0	266	0	266	266
F07A	Other cardiothoracic/vascular procedures W CPB pump W catastrophic CC	0	38	8	46	46	0	8	2	10	10	0	46	10	56	56
F07B	Other cardiothoracic/vascular procedures W CPB pump W severe or moderate CC	0	38	1	39	39	0	9	0	9	9	0	47	1	48	48
F07C	Other cardiothoracic/vascular procedures W CPB pump W/O CC	2	42	0	42	44	0	12	0	12	12	2	54	0	54	56
F08A	Major reconstruct vascular procedures W/O CPB pump W catastrophic CC	1	134	33	167	168	0	53	21	74	74	1	187	54	241	242
F08B	Major reconstruct vascular procedures W/O CPB pump W/O catastrophic CC	1	369	12	381	382	1	153	6	159	160	2	522	18	540	542
F09A	Other cardiothoracic procedures W/O CPB pump W catastrophic CC	0	40	4	44	44	0	12	3	15	15	0	52	7	59	59
F09B	Other cardiothoracic procedures W/O CPB pump W severe or moderate CC	3	42	0	42	45	0	18	0	18	18	3	60	0	60	63
F09C	Other cardiothoracic procedures W/O CPB pump W/O CC	15	48	0	48	63	1	13	0	13	14	16	61	0	61	77

Table 5.5: Discharges from Voluntary, Non-Voluntary and All Hospitals by AR-DRG and Patient Type (contd.)

AR-DRG	Description	Voluntary Hospitals					Non-Voluntary Hospitals					All Hospitals				
		Day Patients	In-Patients			Total Discharges	Day Patients	In-Patients			Total Discharges	Day Patients	In-Patients			Total Discharges
			Acute (0-30 days)	Extended (>30 days)	Total In-Patients			Acute (0-30 days)	Extended (>30 days)	Total In-Patients			Acute (0-30 days)	Extended (>30 days)	Total In-Patients	
F10A	Interventional coronary procedures W AMI W catastrophic CC	0	93	5	98	98	0	36	3	39	39	0	129	8	137	137
F10B	Interventional coronary procedures W AMI W/O catastrophic CC	78	763	2	765	843	71	445	1	446	517	149	1,208	3	1,211	1,360
F11A	Amputation for circ system except upper limb and toe W catastrophic CC	0	23	31	54	54	0	8	14	22	22	0	31	45	76	76
F11B	Amputation for circ system except upper limb and toe W/O catastrophic CC	0	20	14	34	34	0	31	9	40	40	0	51	23	74	74
F12A	Implantation or replacement of pacemaker, total system W catastrophic CC	0	47	9	56	56	1	32	4	36	37	1	79	13	92	93
F12B	Implantation or replacement of pacemaker, total system W/O catastrophic CC	206	289	6	295	501	107	286	1	287	394	313	575	7	582	895
F13A	Upper limb and toe amputation for circulatory sys disorders W cat or sev CC	0	28	6	34	34	1	14	3	17	18	1	42	9	51	52
F13B	Upper limb and toe amputation for circulatory sys disorders W/O cat or sev CC	2	26	0	26	28	2	21	0	21	23	4	47	0	47	51
F14A	Vascular procs except major reconstruction W/O CPB pump W cat CC	1	142	29	171	172	1	68	13	81	82	2	210	42	252	254
F14B	Vascular procs except major reconstruction W/O CPB pump W sev or mod CC	16	196	3	199	215	5	117	3	120	125	21	313	6	319	340
F14C	Vascular procs except major reconstruction W/O CPB pump W/O CC	130	324	1	325	455	23	206	1	207	230	153	530	2	532	685
F15A	Interventional coronary procs W/O AMI W stent implantation W cat or sev CC	3	268	3	271	274	39	118	1	119	158	42	386	4	390	432

Table 5.5: Discharges from Voluntary, Non-Voluntary and All Hospitals by AR-DRG and Patient Type (contd.)

AR-DRG	Description	Voluntary Hospitals					Non-Voluntary Hospitals					All Hospitals				
		Day Patients	In-Patients			Total Discharges	Day Patients	In-Patients			Total Discharges	Day Patients	In-Patients			Total Discharges
			Acute (0-30 days)	Extended (>30 days)	Total In-Patients			Acute (0-30 days)	Extended (>30 days)	Total In-Patients			Acute (0-30 days)	Extended (>30 days)	Total In-Patients	
F15B	Interventional coronary procs W/O AMI W stent implantation W/O cat or sev CC	462	1,021	2	1,023	1,485	170	538	0	538	708	632	1,559	2	1,561	2,193
F16A	Interventional coronary procedures W/O AMI W/O stent implantation W CC	0	30	0	30	30	1	9	0	9	10	1	39	0	39	40
F16B	Interventional coronary procedures W/O AMI W/O stent implantation W/O CC	14	40	0	40	54	7	25	0	25	32	21	65	0	65	86
F17A	Insertion or replacement of pacemaker generator W catastrophic or severe CC	4	34	4	38	42	2	13	1	14	16	6	47	5	52	58
F17B	Insertion or replacement of pacemaker generator W/O catastrophic or severe CC	48	90	1	91	139	34	76	0	76	110	82	166	1	167	249
F18A	Other pacemaker procedures W CC	2	17	0	17	19	2	27	0	27	29	4	44	0	44	48
F18B	Other pacemaker procedures W/O CC	9	15	0	15	24	4	22	0	22	26	13	37	0	37	50
F19Z	Trans-vascular percutaneous cardiac intervention	14	110	2	112	126	2	15	1	16	18	16	125	3	128	144
F20Z	Vein ligation and stripping	990	485	2	487	1,477	904	616	2	618	1,522	1,894	1,101	4	1,105	2,999
F21A	Other circulatory system OR procedures W catastrophic CC	0	21	11	32	32	0	12	5	17	17	0	33	16	49	49
F21B	Other circulatory system OR procedures W/O catastrophic CC	4	39	1	40	44	7	39	5	44	51	11	78	6	84	95
F40A	Circulatory system diagnosis W ventilator support W catastrophic CC	0	19	2	21	21	0	38	3	41	41	0	57	5	62	62
F40B	Circulatory system diagnosis W ventilator support W/O catastrophic CC	0	23	0	23	23	0	51	1	52	52	0	74	1	75	75
F41A	Circulatory disorders W AMI W invasive cardiac inves proc W cat or sev CC	3	112	8	120	123	10	62	4	66	76	13	174	12	186	199

Table 5.5: Discharges from Voluntary, Non-Voluntary and All Hospitals by AR-DRG and Patient Type (contd.)

AR-DRG	Description	Voluntary Hospitals					Non-Voluntary Hospitals					All Hospitals				
		Day Patients	In-Patients			Total Discharges	Day Patients	In-Patients			Total Discharges	Day Patients	In-Patients			Total Discharges
			Acute (0-30 days)	Extended (>30 days)	Total In-Patients			Acute (0-30 days)	Extended (>30 days)	Total In-Patients			Acute (0-30 days)	Extended (>30 days)	Total In-Patients	
F41B	Circulatory disorders W AMI W invasive cardiac inves proc W/O cat or sev CC	49	258	1	259	308	76	277	4	281	357	125	535	5	540	665
F42A	Circulatory disorders W/O AMI W invasive cardiac inves proc W cat or sev CC	0	392	34	426	426	0	212	9	221	221	0	604	43	647	647
F42B	Circulatory disorders W/O AMI W invasive cardiac inves proc W/O cat or sev CC	0	1,367	7	1,374	1,374	0	1,372	5	1,377	1,377	0	2,739	12	2,751	2,751
F42C	Circulatory disorders W/O AMI W invasive cardiac inves proc, sameday	3,723	97	0	97	3,820	3,507	146	0	146	3,653	7,230	243	0	243	7,473
F43Z	Circulatory system diagnosis W non-invasive ventilation	0	54	12	66	66	0	92	8	100	100	0	146	20	166	166
F60A	Circulatory disorders W AMI W/O invasive cardiac inves proc W catastrophic CC	0	147	42	189	189	0	291	35	326	326	0	438	77	515	515
F60B	Circulatory disorders W AMI W/O invasive cardiac inves pr W/O catastrophic CC	0	421	19	440	440	15	2,486	24	2,510	2,525	15	2,907	43	2,950	2,965
F61A	Infective endocarditis W catastrophic CC	0	4	9	13	13	0	12	10	22	22	0	16	19	35	35
F61B	Infective endocarditis W/O catastrophic CC	5	14	7	21	26	8	33	6	39	47	13	47	13	60	73
F62A	Heart failure and shock W catastrophic CC	1	313	92	405	406	0	658	108	766	766	1	971	200	1,171	1,172
F62B	Heart failure and shock W/O catastrophic CC	39	772	46	818	857	42	3,283	75	3,358	3,400	81	4,055	121	4,176	4,257
F63A	Venous thrombosis W catastrophic or severe CC	6	123	7	130	136	10	190	12	202	212	16	313	19	332	348
F63B	Venous thrombosis W/O catastrophic or severe CC	85	282	2	284	369	117	865	2	867	984	202	1,147	4	1,151	1,353
F64A	Skin ulcers in circulatory disorders W catastrophic or severe CC	1	39	7	46	47	1	52	8	60	61	2	91	15	106	108

Table 5.5: Discharges from Voluntary, Non-Voluntary and All Hospitals by AR-DRG and Patient Type (contd.)

AR-DRG	Description	Voluntary Hospitals					Non-Voluntary Hospitals					All Hospitals				
		Day Patients	In-Patients			Total Discharges	Day Patients	In-Patients			Total Discharges	Day Patients	In-Patients			Total Discharges
			Acute (0-30 days)	Extended (>30 days)	Total In-Patients			Acute (0-30 days)	Extended (>30 days)	Total In-Patients			Acute (0-30 days)	Extended (>30 days)	Total In-Patients	
F64B	Skin ulcers in circulatory disorders W/O catastrophic or severe CC	43	75	9	84	127	9	139	5	144	153	52	214	14	228	280
F65A	Peripheral vascular disorders W catastrophic or severe CC	23	147	14	161	184	5	191	14	205	210	28	338	28	366	394
F65B	Peripheral vascular disorders W/O catastrophic or severe CC	305	390	3	393	698	314	517	2	519	833	619	907	5	912	1,531
F66A	Coronary atherosclerosis W catastrophic or severe CC	7	94	2	96	103	2	360	13	373	375	9	454	15	469	478
F66B	Coronary atherosclerosis W/O catastrophic or severe CC	151	318	1	319	470	136	1,980	16	1,996	2,132	287	2,298	17	2,315	2,602
F67A	Hypertension W catastrophic or severe CC	9	57	3	60	69	2	87	1	88	90	11	144	4	148	159
F67B	Hypertension W/O catastrophic or severe CC	278	233	0	233	511	92	1,200	3	1,203	1,295	370	1,433	3	1,436	1,806
F68A	Congenital heart disease W CC	115	63	2	65	180	6	17	1	18	24	121	80	3	83	204
F68B	Congenital heart disease W/O CC	410	94	0	94	504	61	42	1	43	104	471	136	1	137	608
F69A	Valvular disorders W catastrophic or severe CC	14	86	8	94	108	9	123	12	135	144	23	209	20	229	252
F69B	Valvular disorders W/O catastrophic or severe CC	316	291	1	292	608	249	1,406	6	1,412	1,661	565	1,697	7	1,704	2,269
F72A	Unstable angina W catastrophic or severe CC	3	90	1	91	94	1	311	3	314	315	4	401	4	405	409
F72B	Unstable angina W/O catastrophic or severe CC	6	300	0	300	306	35	1,928	4	1,932	1,967	41	2,228	4	2,232	2,273
F73A	Syncope and collapse W catastrophic or severe CC	23	408	44	452	475	8	1,064	40	1,104	1,112	31	1,472	84	1,556	1,587
F73B	Syncope and collapse W/O catastrophic or severe CC	2,429	1,048	10	1,058	3,487	164	4,247	12	4,259	4,423	2,593	5,295	22	5,317	7,910
F74Z	Chest pain	732	2,860	2	2,862	3,594	465	10,081	3	10,084	10,549	1,197	12,941	5	12,946	14,143
F75A	Other circulatory system diagnoses W catastrophic CC	3	86	14	100	103	1	102	12	114	115	4	188	26	214	218
F75B	Other circulatory system diagnoses W severe or moderate CC	73	373	10	383	456	30	644	3	647	677	103	1,017	13	1,030	1,133

Table 5.5: Discharges from Voluntary, Non-Voluntary and All Hospitals by AR-DRG and Patient Type (contd.)

AR-DRG	Description	Voluntary Hospitals					Non-Voluntary Hospitals					All Hospitals				
		Day Patients	In-Patients			Total Discharges	Day Patients	In-Patients			Total Discharges	Day Patients	In-Patients			Total Discharges
			Acute (0-30 days)	Extended (>30 days)	Total In-Patients			Acute (0-30 days)	Extended (>30 days)	Total In-Patients			Acute (0-30 days)	Extended (>30 days)	Total In-Patients	
F75C	Other circulatory system diagnoses W/O CC	152	199	0	199	351	73	586	1	587	660	225	785	1	786	1,011
F76A	Arrhythmia, cardiac arrest and conduction disorders W cat or sev CC	26	447	25	472	498	34	1,000	40	1,040	1,074	60	1,447	65	1,512	1,572
F76B	Arrhythmia, cardiac arrest and conduction disorders W/O cat or sev CC	795	1,473	8	1,481	2,276	937	4,515	17	4,532	5,469	1,732	5,988	25	6,013	7,745
G01A	Rectal resection W catastrophic CC	0	82	60	142	142	0	107	45	152	152	0	189	105	294	294
G01B	Rectal resection W/O catastrophic CC	1	231	12	243	244	0	343	18	361	361	1	574	30	604	605
G02A	Major small and large bowel procedures W catastrophic CC	1	272	126	398	399	0	348	116	464	464	1	620	242	862	863
G02B	Major small and large bowel procedures W/O catastrophic CC	22	612	40	652	674	18	934	47	981	999	40	1,546	87	1,633	1,673
G03A	Stomach, oesophageal and duodenal procedure W malignancy or W catastrophic CC	4	177	63	240	244	3	105	25	130	133	7	282	88	370	377
G03B	Stomach, oesophageal and duodenal procedures W/O malignancy W sev or mod CC	0	73	1	74	74	0	47	1	48	48	0	120	2	122	122
G03C	Stomach, oesophageal and duodenal procedures W/O malignancy W/O CC	51	165	0	165	216	15	146	2	148	163	66	311	2	313	379
G04A	Peritoneal adhesiolysis W catastrophic CC	0	35	12	47	47	0	35	6	41	41	0	70	18	88	88
G04B	Peritoneal adhesiolysis W severe or moderate CC	0	46	4	50	50	0	77	2	79	79	0	123	6	129	129
G04C	Peritoneal adhesiolysis W/O CC	27	153	1	154	181	24	344	2	346	370	51	497	3	500	551
G05A	Minor small and large bowel procedures W catastrophic CC	0	22	4	26	26	0	20	2	22	22	0	42	6	48	48
G05B	Minor small and large bowel procedures W severe or moderate CC	0	44	1	45	45	0	44	2	46	46	0	88	3	91	91

Table 5.5: Discharges from Voluntary, Non-Voluntary and All Hospitals by AR-DRG and Patient Type (contd.)

AR-DRG	Description	Voluntary Hospitals					Non-Voluntary Hospitals					All Hospitals				
		Day Patients	In-Patients			Total Discharges	Day Patients	In-Patients			Total Discharges	Day Patients	In-Patients			Total Discharges
			Acute (0-30 days)	Extended (>30 days)	Total In-Patients			Acute (0-30 days)	Extended (>30 days)	Total In-Patients			Acute (0-30 days)	Extended (>30 days)	Total In-Patients	
G05C	Minor small and large bowel procedures W/O CC	12	84	1	85	97	9	114	1	115	124	21	198	2	200	221
G06Z	Pyloromyotomy procedure	0	88	0	88	88	0	17	0	17	17	0	105	0	105	105
G07A	Appendicectomy W malignancy or peritonitis or W catastrophic or severe CC	0	318	3	321	321	0	763	2	765	765	0	1,081	5	1,086	1,086
G07B	Appendicectomy W/O malignancy or peritonitis W/O cat or sev CC	10	1,351	0	1,351	1,361	5	3,977	0	3,977	3,982	15	5,328	0	5,328	5,343
G10A	Hernia procedures W CC	10	163	6	169	179	12	341	2	343	355	22	504	8	512	534
G10B	Hernia procedures W/O CC	789	955	1	956	1,745	1,024	2,031	1	2,032	3,056	1,813	2,986	2	2,988	4,801
G11Z	Anal and stomal procedures	976	578	8	586	1,562	2,050	1,059	8	1,067	3,117	3,026	1,637	16	1,653	4,679
G12A	Other digestive system OR procedures W catastrophic CC	13	74	25	99	112	1	54	18	72	73	14	128	43	171	185
G12B	Other digestive system OR procedures W severe or moderate CC	46	148	5	153	199	5	98	9	107	112	51	246	14	260	311
G12C	Other digestive system OR procedures W/O CC	73	246	2	248	321	133	414	4	418	551	206	660	6	666	872
G46A	Complex gastroscopy W catastrophic CC	0	125	43	168	168	0	93	25	118	118	0	218	68	286	286
G46B	Complex gastroscopy W/O catastrophic CC	0	918	13	931	931	0	1,468	28	1,496	1,496	0	2,386	41	2,427	2,427
G46C	Complex gastroscopy, sameday	4,075	9	0	9	4,084	6,165	18	0	18	6,183	10,240	27	0	27	10,267
G47A	Other gastroscopy W catastrophic CC	0	149	27	176	176	0	148	31	179	179	0	297	58	355	355
G47B	Other gastroscopy W/O catastrophic CC	0	1,797	15	1,812	1,812	0	4,242	24	4,266	4,266	0	6,039	39	6,078	6,078
G47C	Other gastroscopy, sameday	12,974	91	0	91	13,065	20,616	199	0	199	20,815	33,590	290	0	290	33,880
G48A	Colonoscopy W catastrophic or severe CC	0	205	24	229	229	0	338	21	359	359	0	543	45	588	588
G48B	Colonoscopy W/O catastrophic or severe CC	0	873	13	886	886	0	2,400	16	2,416	2,416	0	3,273	29	3,302	3,302
G48C	Colonoscopy, sameday	12,079	15	0	15	12,094	21,824	31	0	31	21,855	33,903	46	0	46	33,949
G60A	Digestive malignancy W catastrophic CC	20	121	19	140	160	41	164	21	185	226	61	285	40	325	386

Table 5.5: Discharges from Voluntary, Non-Voluntary and All Hospitals by AR-DRG and Patient Type (contd.)

AR-DRG	Description	Voluntary Hospitals					Non-Voluntary Hospitals					All Hospitals				
		Day Patients	In-Patients			Total Discharges	Day Patients	In-Patients			Total Discharges	Day Patients	In-Patients			Total Discharges
			Acute (0-30 days)	Extended (>30 days)	Total In-Patients			Acute (0-30 days)	Extended (>30 days)	Total In-Patients			Acute (0-30 days)	Extended (>30 days)	Total In-Patients	
G60B	Digestive malignancy W/O catastrophic CC	2,385	779	85	864	3,249	1,322	1,198	48	1,246	2,568	3,707	1,977	133	2,110	5,817
G61A	GI haemorrhage W catastrophic or severe CC	1	77	2	79	80	19	225	6	231	250	20	302	8	310	330
G61B	GI haemorrhage W/O catastrophic or severe CC	81	212	1	213	294	121	782	5	787	908	202	994	6	1,000	1,202
G62Z	Complicated peptic ulcer	79	18	0	18	97	7	56	1	57	64	86	74	1	75	161
G63Z	Uncomplicated peptic ulcer	3	11	0	11	14	6	73	0	73	79	9	84	0	84	93
G64A	Inflammatory bowel disease W CC	31	63	1	64	95	46	129	2	131	177	77	192	3	195	272
G64B	Inflammatory bowel disease W/O CC	1,456	195	1	196	1,652	1,537	516	1	517	2,054	2,993	711	2	713	3,706
G65A	GI obstruction W catastrophic or severe CC	0	99	9	108	108	0	207	9	216	216	0	306	18	324	324
G65B	GI obstruction W/O catastrophic or severe CC	7	265	1	266	273	10	611	1	612	622	17	876	2	878	895
G66Z	Abdominal pain or mesenteric adenitis	373	1,827	3	1,830	2,203	393	7,055	3	7,058	7,451	766	8,882	6	8,888	9,654
G67A	Oesophagitis and gastroenteritis W cat/sev CC	32	321	19	340	372	4	827	42	869	873	36	1,148	61	1,209	1,245
G67B	Oesophagitis and gastroenteritis W/O cat/sev CC	1,241	1,867	2	1,869	3,110	306	7,512	7	7,519	7,825	1,547	9,379	9	9,388	10,935
G70A	Other digestive system diagnoses W catastrophic or severe CC	104	494	19	513	617	35	1,063	26	1,089	1,124	139	1,557	45	1,602	1,741
G70B	Other digestive system diagnoses W/O catastrophic or severe CC	1,976	1,728	8	1,736	3,712	2,208	6,251	8	6,259	8,467	4,184	7,979	16	7,995	12,179
H01A	Pancreas, liver and shunt procedures W catastrophic CC	0	75	29	104	104	0	3	3	6	6	0	78	32	110	110
H01B	Pancreas, liver and shunt procedures W/O catastrophic CC	5	129	3	132	137	0	19	1	20	20	5	148	4	152	157
H02A	Major biliary tract procedures W catastrophic CC	3	36	9	45	48	0	17	2	19	19	3	53	11	64	67
H02B	Major biliary tract procedures W severe CC	5	36	6	42	47	0	18	2	20	20	5	54	8	62	67

Table 5.5: Discharges from Voluntary, Non-Voluntary and All Hospitals by AR-DRG and Patient Type (contd.)

AR-DRG	Description	Voluntary Hospitals					Non-Voluntary Hospitals					All Hospitals				
		Day Patients	In-Patients			Total Discharges	Day Patients	In-Patients			Total Discharges	Day Patients	In-Patients			Total Discharges
			Acute (0-30 days)	Extended (>30 days)	Total In-Patients			Acute (0-30 days)	Extended (>30 days)	Total In-Patients			Acute (0-30 days)	Extended (>30 days)	Total In-Patients	
H02C	Major biliary tract procedures W/O catastrophic or severe CC	22	69	4	73	95	2	38	3	41	43	24	107	7	114	138
H05A	Hepatobiliary diagnostic procedures W catastrophic CC	0	20	7	27	27	0	12	3	15	15	0	32	10	42	42
H05B	Hepatobiliary diagnostic procedures W/O catastrophic CC	22	78	0	78	100	0	40	2	42	42	22	118	2	120	142
H06A	Other hepatobiliary and pancreas OR procedures W catastrophic CC	0	41	12	53	53	0	18	8	26	26	0	59	20	79	79
H06B	Other hepatobiliary and pancreas OR procedures W/O catastrophic CC	12	78	3	81	93	3	33	3	36	39	15	111	6	117	132
H07A	Open cholecystectomy W closed cde or W catastrophic CC	0	28	10	38	38	0	12	5	17	17	0	40	15	55	55
H07B	Open cholecystectomy W/O closed cde W/O catastrophic CC	2	62	1	63	65	3	184	0	184	187	5	246	1	247	252
H08A	Laparoscopic cholecystectomy W closed cde or W (cat or sev CC)	1	170	2	172	173	1	177	3	180	181	2	347	5	352	354
H08B	Laparoscopic cholecystectomy W/O closed cde W/O cat or sev CC	95	887	0	887	982	227	2,634	0	2,634	2,861	322	3,521	0	3,521	3,843
H40A	Endoscopic procedures for bleeding oesophageal varices W catastrophic CC	0	15	3	18	18	0	2	3	5	5	0	17	6	23	23
H40B	Endoscopic procedures for bleeding oesophageal varices W/O catastrophic CC	2	46	0	46	48	5	22	0	22	27	7	68	0	68	75
H43A	ERCP procedures W catastrophic or severe CC	4	145	18	163	167	13	96	11	107	120	17	241	29	270	287
H43B	ERCP procedures W/O catastrophic or severe CC	887	481	5	486	1,373	301	373	4	377	678	1,188	854	9	863	2,051
H60A	Cirrhosis and alcoholic hepatitis W catastrophic CC	1	129	24	153	154	2	77	22	99	101	3	206	46	252	255

Table 5.5: Discharges from Voluntary, Non-Voluntary and All Hospitals by AR-DRG and Patient Type (contd.)

AR-DRG	Description	Voluntary Hospitals					Non-Voluntary Hospitals					All Hospitals				
		Day Patients	In-Patients			Total Discharges	Day Patients	In-Patients			Total Discharges	Day Patients	In-Patients			Total Discharges
			Acute (0-30 days)	Extended (>30 days)	Total In-Patients			Acute (0-30 days)	Extended (>30 days)	Total In-Patients			Acute (0-30 days)	Extended (>30 days)	Total In-Patients	
H60B	Cirrhosis and alcoholic hepatitis W severe or moderate CC	35	250	8	258	293	18	339	14	353	371	53	589	22	611	664
H60C	Cirrhosis and alcoholic hepatitis W/O CC	78	77	1	78	156	66	106	1	107	173	144	183	2	185	329
H61A	Malignancy of hepatobiliary system, pancreas W catastrophic CC	3	78	14	92	95	5	108	12	120	125	8	186	26	212	220
H61B	Malignancy of hepatobiliary system, pancreas W/O catastrophic CC	601	361	21	382	983	270	559	25	584	854	871	920	46	966	1,837
H62A	Disorders of pancreas except for malignancy W catastrophic or severe CC	5	135	10	145	150	1	195	12	207	208	6	330	22	352	358
H62B	Disorders of pancreas except for malignancy W/O catastrophic or severe CC	197	352	3	355	552	9	883	6	889	898	206	1,235	9	1,244	1,450
H63A	Disorders of liver except malig, cirrhosis, alcoholic hepatitis W cat/sev CC	13	185	16	201	214	8	170	13	183	191	21	355	29	384	405
H63B	Disorders of liver excep malig, cirrhosis, alcoholic hepatitis W/O cat/sev CC	928	459	1	460	1,388	371	672	3	675	1,046	1,299	1,131	4	1,135	2,434
H64A	Disorders of the biliary tract W CC	33	232	9	241	274	18	724	18	742	760	51	956	27	983	1,034
H64B	Disorders of the biliary tract W/O CC	240	419	0	419	659	170	2,599	5	2,604	2,774	410	3,018	5	3,023	3,433
I01A	Bilateral/multiple major joint proc of lower extremity W revision or W cat CC	0	6	5	11	11	0	8	16	24	24	0	14	21	35	35
I01B	Bilateral/multiple major joint pr of lower extremity W/O revision W/O cat CC	0	3	0	3	3	0	18	0	18	18	0	21	0	21	21
I02A	Microvascular tissue transfer or (skin graft W cat or sev CC), excluding hand	0	16	20	36	36	0	20	8	28	28	0	36	28	64	64

Table 5.5: Discharges from Voluntary, Non-Voluntary and All Hospitals by AR-DRG and Patient Type (contd.)

AR-DRG	Description	Voluntary Hospitals					Non-Voluntary Hospitals					All Hospitals				
		Day Patients	In-Patients			Total Discharges	Day Patients	In-Patients			Total Discharges	Day Patients	In-Patients			Total Discharges
			Acute (0-30 days)	Extended (>30 days)	Total In-Patients			Acute (0-30 days)	Extended (>30 days)	Total In-Patients			Acute (0-30 days)	Extended (>30 days)	Total In-Patients	
I02B	Skin graft W/O catastrophic or severe CC, excluding hand	7	35	3	38	45	2	27	2	29	31	9	62	5	67	76
I03A	Hip replacement W catastrophic CC	0	102	64	166	166	0	175	56	231	231	0	277	120	397	397
I03B	Hip replacement W/O catastrophic CC	0	968	33	1,001	1,001	0	3,106	52	3,158	3,158	0	4,074	85	4,159	4,159
I04A	Knee replacement W catastrophic or severe CC	0	68	3	71	71	0	124	7	131	131	0	192	10	202	202
I04B	Knee replacement W/O catastrophic or severe CC	0	462	1	463	463	0	1,066	1	1,067	1,067	0	1,528	2	1,530	1,530
I05A	Other joint replacement W catastrophic or severe CC	0	14	1	15	15	1	9	0	9	10	1	23	1	24	25
I05B	Other joint replacement W/O catastrophic or severe CC	0	74	0	74	74	0	86	0	86	86	0	160	0	160	160
I06Z	Spinal fusion W deformity	2	125	3	128	130	0	4	0	4	4	2	129	3	132	134
I07Z	Amputation	0	13	5	18	18	0	11	1	12	12	0	24	6	30	30
I08A	Other hip and femur procedures W catastrophic CC	0	85	79	164	164	0	145	68	213	213	0	230	147	377	377
I08B	Other hip and femur procedures W/O catastrophic CC	17	687	54	741	758	4	1,485	68	1,553	1,557	21	2,172	122	2,294	2,315
I09A	Spinal fusion W catastrophic CC	0	24	8	32	32	0	5	3	8	8	0	29	11	40	40
I09B	Spinal fusion W/O catastrophic CC	0	271	9	280	280	0	101	1	102	102	0	372	10	382	382
I10A	Other back and neck procedures W catastrophic or severe CC	9	73	10	83	92	2	27	6	33	35	11	100	16	116	127
I10B	Other back and neck procedures W/O catastrophic or severe CC	740	577	3	580	1,320	134	777	1	778	912	874	1,354	4	1,358	2,232
I11Z	Limb lengthening procedures	1	28	0	28	29	1	9	0	9	10	2	37	0	37	39
I12A	Infect/inflam of bone and joint W misc musculoskeletal procs W cat CC	0	19	12	31	31	0	21	17	38	38	0	40	29	69	69

Table 5.5: Discharges from Voluntary, Non-Voluntary and All Hospitals by AR-DRG and Patient Type (contd.)

AR-DRG	Description	Voluntary Hospitals					Non-Voluntary Hospitals					All Hospitals				
		Day Patients	In-Patients			Total Discharges	Day Patients	In-Patients			Total Discharges	Day Patients	In-Patients			Total Discharges
			Acute (0-30 days)	Extended (>30 days)	Total In-Patients			Acute (0-30 days)	Extended (>30 days)	Total In-Patients			Acute (0-30 days)	Extended (>30 days)	Total In-Patients	
I12B	Infect/inflam of bone and joint W misc musculoskeletal procs W sev or mod CC	3	44	5	49	52	2	48	6	54	56	5	92	11	103	108
I12C	Infect/inflam of bone and joint W misc musculoskeletal procs W/O CC	19	115	4	119	138	17	166	8	174	191	36	281	12	293	329
I13A	Humerus, tibia, fibula and ankle procedures W CC	1	206	23	229	230	0	266	12	278	278	1	472	35	507	508
I13B	Humerus, tibia, fibula and ankle procedures W/O CC	36	1,253	9	1,262	1,298	35	2,708	5	2,713	2,748	71	3,961	14	3,975	4,046
I15Z	Cranio-facial surgery	2	29	0	29	31	0	2	0	2	2	2	31	0	31	33
I16Z	Other shoulder procedures	89	208	0	208	297	23	537	0	537	560	112	745	0	745	857
I17A	Maxillo-facial surgery W CC	0	9	1	10	10	0	12	0	12	12	0	21	1	22	22
I17B	Maxillo-facial surgery W/O CC	0	29	0	29	29	2	17	0	17	19	2	46	0	46	48
I18Z	Other knee procedures	645	151	2	153	798	1,525	767	0	767	2,292	2,170	918	2	920	3,090
I19A	Other elbow or forearm procedures W CC	2	118	7	125	127	0	146	4	150	150	2	264	11	275	277
I19B	Other elbow or forearm procedures W/O CC	94	965	1	966	1,060	98	2,293	1	2,294	2,392	192	3,258	2	3,260	3,452
I20Z	Other foot procedures	161	368	1	369	530	183	950	1	951	1,134	344	1,318	2	1,320	1,664
I21Z	Local excision and removal of internal fixation devices of hip and femur	32	31	1	32	64	44	52	4	56	100	76	83	5	88	164
I23Z	Local excision and removal of internal fixation devices excl hip and femur	1,064	175	2	177	1,241	1,676	367	1	368	2,044	2,740	542	3	545	3,285
I24Z	Arthroscopy	432	100	1	101	533	638	262	0	262	900	1,070	362	1	363	1,433
I25A	Bone and joint diagnostic procedures including biopsy W CC	7	14	8	22	29	3	12	4	16	19	10	26	12	38	48
I25B	Bone and joint diagnostic procedures including biopsy W/O CC	79	20	1	21	100	38	31	2	33	71	117	51	3	54	171
I27A	Soft tissue procedures W CC	17	69	10	79	96	2	65	7	72	74	19	134	17	151	170
I27B	Soft tissue procedures W/O CC	321	192	0	192	513	226	344	1	345	571	547	536	1	537	1,084

Table 5.5: Discharges from Voluntary, Non-Voluntary and All Hospitals by AR-DRG and Patient Type (contd.)

AR-DRG	Description	Voluntary Hospitals					Non-Voluntary Hospitals					All Hospitals				
		Day Patients	In-Patients			Total Discharges	Day Patients	In-Patients			Total Discharges	Day Patients	In-Patients			Total Discharges
			Acute (0-30 days)	Extended (>30 days)	Total In-Patients			Acute (0-30 days)	Extended (>30 days)	Total In-Patients			Acute (0-30 days)	Extended (>30 days)	Total In-Patients	
I28A	Other musculoskeletal procedures W CC	9	53	14	67	76	3	54	7	61	64	12	107	21	128	140
I28B	Other musculoskeletal procedures W/O CC	84	225	3	228	312	61	439	0	439	500	145	664	3	667	812
I29Z	Knee reconstruction or revision	4	191	0	191	195	5	322	0	322	327	9	513	0	513	522
I30Z	Hand procedures	630	828	2	830	1,460	705	1,898	1	1,899	2,604	1,335	2,726	3	2,729	4,064
I31A	Hip revision W catastrophic CC	0	4	8	12	12	0	17	8	25	25	0	21	16	37	37
I31B	Hip revision W/O catastrophic CC	0	163	3	166	166	0	269	16	285	285	0	432	19	451	451
I32A	Knee revision W catastrophic CC	0	3	0	3	3	0	4	2	6	6	0	7	2	9	9
I32B	Knee revision W severe CC	0	2	1	3	3	0	9	2	11	11	0	11	3	14	14
I32C	Knee revision W/O catastrophic or severe CC	0	58	2	60	60	0	39	5	44	44	0	97	7	104	104
I60Z	Femoral shaft fractures	0	23	0	23	23	1	53	1	54	55	1	76	1	77	78
I61A	Distal femoral fractures W CC	0	5	3	8	8	0	15	0	15	15	0	20	3	23	23
I61B	Distal femoral fractures W/O CC	0	28	1	29	29	1	33	1	34	35	1	61	2	63	64
I63A	Sprains, strains and dislocations of hip, pelvis and thigh W CC	0	2	3	5	5	0	19	0	19	19	0	21	3	24	24
I63B	Sprains, strains and dislocations of hip, pelvis and thigh W/O CC	0	30	0	30	30	0	106	0	106	106	0	136	0	136	136
I64A	Osteomyelitis W catastrophic or severe CC	0	33	4	37	37	1	34	9	43	44	1	67	13	80	81
I64B	Osteomyelitis W/O catastrophic or severe CC	30	89	3	92	122	32	98	4	102	134	62	187	7	194	256
I65A	Musculoskeletal malignant neoplasms W catastrophic CC	5	57	7	64	69	5	29	3	32	37	10	86	10	96	106
I65B	Musculoskeletal malignant neoplasms W/O catastrophic CC	531	434	13	447	978	145	267	11	278	423	676	701	24	725	1,401
I66A	Inflammatory musculoskeletal disorders W cat or sev CC	14	52	5	57	71	44	100	10	110	154	58	152	15	167	225

Table 5.5: Discharges from Voluntary, Non-Voluntary and All Hospitals by AR-DRG and Patient Type (contd.)

AR-DRG	Description	Voluntary Hospitals					Non-Voluntary Hospitals					All Hospitals				
		Day Patients	In-Patients			Total Discharges	Day Patients	In-Patients			Total Discharges	Day Patients	In-Patients			Total Discharges
			Acute (0-30 days)	Extended (>30 days)	Total In-Patients			Acute (0-30 days)	Extended (>30 days)	Total In-Patients			Acute (0-30 days)	Extended (>30 days)	Total In-Patients	
I66B	Inflammatory musculoskeletal disorders W/O cat or sev CC	1,722	248	3	251	1,973	3,196	457	4	461	3,657	4,918	705	7	712	5,630
I67A	Septic arthritis W catastrophic or severe CC	0	3	3	6	6	0	20	4	24	24	0	23	7	30	30
I67B	Septic arthritis W/O catastrophic or severe CC	7	21	1	22	29	8	56	1	57	65	15	77	2	79	94
I68A	Non-surgical spinal disorders W CC	0	269	44	313	313	0	506	29	535	535	0	775	73	848	848
I68B	Non-surgical spinal disorders W/O CC	0	475	6	481	481	0	1,627	14	1,641	1,641	0	2,102	20	2,122	2,122
I68C	Non-surgical spinal disorders, sameday	6,220	68	0	68	6,288	4,733	288	0	288	5,021	10,953	356	0	356	11,309
I69A	Bone diseases and arthropathies W catastrophic or severe CC	8	63	13	76	84	6	135	9	144	150	14	198	22	220	234
I69B	Bone diseases and arthropathies W/O catastrophic or severe CC	1,181	194	7	201	1,382	2,311	630	11	641	2,952	3,492	824	18	842	4,334
I71A	Other musculotendinous disorders W catastrophic or severe CC	36	67	5	72	108	12	145	10	155	167	48	212	15	227	275
I71B	Other musculotendinous disorders W/O catastrophic or severe CC	3,927	489	1	490	4,417	2,612	1,719	6	1,725	4,337	6,539	2,208	7	2,215	8,754
I72A	Specific musculotendinous disorders W catastrophic or severe CC	15	23	4	27	42	2	45	3	48	50	17	68	7	75	92
I72B	Specific musculotendinous disorders W/O catastrophic or severe CC	977	163	1	164	1,141	1,377	548	2	550	1,927	2,354	711	3	714	3,068
I73A	Aftercare of musculoskeletal implants/ prostheses W catastrophic or severe CC	1	11	2	13	14	3	348	58	406	409	4	359	60	419	423
I73B	Aftercare of musculoskeletal implants/prostheses W/O cat or sev CC	1,535	124	7	131	1,666	283	556	34	590	873	1,818	680	41	721	2,539
I74Z	Injury to forearm, wrist, hand or foot	55	763	17	780	835	148	2,136	9	2,145	2,293	203	2,899	26	2,925	3,128

Table 5.5: Discharges from Voluntary, Non-Voluntary and All Hospitals by AR-DRG and Patient Type (contd.)

AR-DRG	Description	Voluntary Hospitals					Non-Voluntary Hospitals					All Hospitals				
		Day Patients	In-Patients			Total Discharges	Day Patients	In-Patients			Total Discharges	Day Patients	In-Patients			Total Discharges
			Acute (0-30 days)	Extended (>30 days)	Total In-Patients			Acute (0-30 days)	Extended (>30 days)	Total In-Patients			Acute (0-30 days)	Extended (>30 days)	Total In-Patients	
I75A	Injury to shoulder, arm, elbow, knee, leg or ankle W CC	2	128	25	153	155	1	276	19	295	296	3	404	44	448	451
I75B	Injury to shoulder, arm, elbow, knee, leg or ankle W/O CC	72	517	5	522	594	78	1,415	6	1,421	1,499	150	1,932	11	1,943	2,093
I76A	Other musculoskeletal disorders W catastrophic or severe CC	14	53	12	65	79	5	62	2	64	69	19	115	14	129	148
I76B	Other musculoskeletal disorders W/O catastrophic or severe CC	1,366	293	2	295	1,661	431	602	10	612	1,043	1,797	895	12	907	2,704
I77A	Fractures of pelvis W catastrophic or severe CC	0	32	14	46	46	0	85	24	109	109	0	117	38	155	155
I77B	Fractures of pelvis W/O catastrophic or severe CC	0	66	8	74	74	0	245	12	257	257	0	311	20	331	331
I78A	Fractures of neck of femur W catastrophic or severe CC	0	11	9	20	20	0	76	9	85	85	0	87	18	105	105
I78B	Fractures of neck of femur W/O catastrophic or severe CC	1	49	4	53	54	0	163	7	170	170	1	212	11	223	224
I79A	Pathological fracture W catastrophic CC	0	3	4	7	7	0	11	4	15	15	0	14	8	22	22
I79B	Pathological fracture W/O catastrophic CC	16	61	9	70	86	12	131	12	143	155	28	192	21	213	241
J01A	Microvas tiss transf for skin, subcutaneous tiss & breast disd W cat/sev CC	0	4	1	5	5	0	3	1	4	4	0	7	2	9	9
J01B	Microvas tiss transf for skin, subcutaneous tiss & breast disd W/O cat/sev CC	0	4	0	4	4	0	8	0	8	8	0	12	0	12	12
J06Z	Major procedures for breast conditions	176	1,248	3	1,251	1,427	145	949	1	950	1,095	321	2,197	4	2,201	2,522
J07Z	Minor procedures for breast conditions	936	307	0	307	1,243	716	254	0	254	970	1,652	561	0	561	2,213
J08A	Other skin graft and/or debridement procedures W CC	9	77	12	89	98	13	79	17	96	109	22	156	29	185	207

Table 5.5: Discharges from Voluntary, Non-Voluntary and All Hospitals by AR-DRG and Patient Type (contd.)

AR-DRG	Description	Voluntary Hospitals					Non-Voluntary Hospitals					All Hospitals				
		Day Patients	In-Patients			Total Discharges	Day Patients	In-Patients			Total Discharges	Day Patients	In-Patients			Total Discharges
			Acute (0-30 days)	Extended (>30 days)	Total In-Patients			Acute (0-30 days)	Extended (>30 days)	Total In-Patients			Acute (0-30 days)	Extended (>30 days)	Total In-Patients	
J08B	Other skin graft and/or debridement procedures W/O CC	497	183	2	185	682	213	186	3	189	402	710	369	5	374	1,084
J09Z	Perianal and pilonidal procedures	120	120	0	120	240	208	327	0	327	535	328	447	0	447	775
J10Z	Skin, subcutaneous tissue and breast plastic OR procedures	512	126	3	129	641	412	160	2	162	574	924	286	5	291	1,215
J11Z	Other skin, subcutaneous tissue and breast procedures	16,540	464	10	474	17,014	17,308	710	3	713	18,021	33,848	1,174	13	1,187	35,035
J12A	Lower limb procs W ulcer/cellulitis W catastrophic CC	0	16	5	21	21	0	8	3	11	11	0	24	8	32	32
J12B	Lower limb procs W ulcer/cellulitis W/O cat CC W skin graft/flap repair	1	7	2	9	10	7	22	4	26	33	8	29	6	35	43
J12C	Lower limb procs W ulcer/cellulitis W/O cat CC W/O skin graft/flap repair	7	30	2	32	39	10	49	2	51	61	17	79	4	83	100
J13A	Lower limb procs W/O ulcer/cellulitis W cat CC or W (skin graft and sev CC)	2	15	2	17	19	1	5	3	8	9	3	20	5	25	28
J13B	Lower limb procs W/O ulcer/cellulitis W/O cat CC W/O (skin graft and sev CC)	50	73	0	73	123	23	71	4	75	98	73	144	4	148	221
J14Z	Major breast reconstructions	1	122	1	123	124	2	94	0	94	96	3	216	1	217	220
J60A	Skin ulcers W catastrophic CC	0	20	4	24	24	0	34	18	52	52	0	54	22	76	76
J60B	Skin ulcers W/O catastrophic CC	0	99	9	108	108	0	306	15	321	321	0	405	24	429	429
J60C	Skin ulcers, sameday	322	7	0	7	329	39	12	0	12	51	361	19	0	19	380
J62A	Malignant breast disorders W CC	1,244	270	80	350	1,594	664	346	13	359	1,023	1,908	616	93	709	2,617
J62B	Malignant breast disorders W/O CC	1,695	108	44	152	1,847	674	93	3	96	770	2,369	201	47	248	2,617
J63A	Non-malignant breast disorders W CC	11	31	0	31	42	9	24	0	24	33	20	55	0	55	75
J63B	Non-malignant breast disorders W/O CC	1,763	114	0	114	1,877	753	227	0	227	980	2,516	341	0	341	2,857

Table 5.5: Discharges from Voluntary, Non-Voluntary and All Hospitals by AR-DRG and Patient Type (contd.)

AR-DRG	Description	Voluntary Hospitals					Non-Voluntary Hospitals					All Hospitals				
		Day Patients	In-Patients			Total Discharges	Day Patients	In-Patients			Total Discharges	Day Patients	In-Patients			Total Discharges
			Acute (0-30 days)	Extended (>30 days)	Total In-Patients			Acute (0-30 days)	Extended (>30 days)	Total In-Patients			Acute (0-30 days)	Extended (>30 days)	Total In-Patients	
J64A	Cellulitis W catastrophic or severe CC	5	309	29	338	343	0	409	34	443	443	5	718	63	781	786
J64B	Cellulitis W/O catastrophic or severe CC	171	1,483	8	1,491	1,662	147	3,643	10	3,653	3,800	318	5,126	18	5,144	5,462
J65A	Trauma to the skin, subcutaneous tissue and breast W cat or sev CC	0	34	5	39	39	0	101	7	108	108	0	135	12	147	147
J65B	Trauma to the skin, subcutaneous tissue and breast W/O cat or sev CC	24	256	0	256	280	14	1,071	2	1,073	1,087	38	1,327	2	1,329	1,367
J67A	Minor skin disorders	0	392	5	397	397	0	924	16	940	940	0	1,316	21	1,337	1,337
J67B	Minor skin disorders, sameday	6,330	50	0	50	6,380	3,430	259	0	259	3,689	9,760	309	0	309	10,069
J68A	Major skin disorders W catastrophic or severe CC	0	42	6	48	48	0	50	2	52	52	0	92	8	100	100
J68B	Major skin disorders W/O catastrophic or severe CC	0	207	1	208	208	0	476	0	476	476	0	683	1	684	684
J68C	Major skin disorders, sameday	20,772	8	0	8	20,780	277	81	0	81	358	21,049	89	0	89	21,138
J69A	Skin malignancy W catastrophic CC	0	16	3	19	19	0	33	5	38	38	0	49	8	57	57
J69B	Skin malignancy W/O catastrophic CC	0	88	15	103	103	0	132	9	141	141	0	220	24	244	244
J69C	Skin malignancy, sameday	981	3	0	3	984	330	2	0	2	332	1,311	5	0	5	1,316
K01A	OR procedures for diabetic complications W catastrophic CC	0	28	27	55	55	0	36	22	58	58	0	64	49	113	113
K01B	OR procedures for diabetic complications W/O catastrophic CC	10	53	16	69	79	3	89	19	108	111	13	142	35	177	190
K02A	Pituitary procedures W CC	0	16	3	19	19	0	9	0	9	9	0	25	3	28	28
K02B	Pituitary procedures W/O CC	0	34	0	34	34	1	20	0	20	21	1	54	0	54	55
K03Z	Adrenal procedures	1	31	1	32	33	0	9	0	9	9	1	40	1	41	42
K04A	Major procedures for obesity W CC	0	2	0	2	2	0	3	1	4	4	0	5	1	6	6
K04B	Major procedures for obesity W/O CC	0	0	0	0	0	0	29	1	30	30	0	29	1	30	30
K05A	Parathyroid procedures W catastrophic or severe CC	0	23	1	24	24	0	13	0	13	13	0	36	1	37	37

Table 5.5: Discharges from Voluntary, Non-Voluntary and All Hospitals by AR-DRG and Patient Type (contd.)

AR-DRG	Description	Voluntary Hospitals					Non-Voluntary Hospitals					All Hospitals				
		Day Patients	In-Patients			Total Discharges	Day Patients	In-Patients			Total Discharges	Day Patients	In-Patients			Total Discharges
			Acute (0-30 days)	Extended (>30 days)	Total In-Patients			Acute (0-30 days)	Extended (>30 days)	Total In-Patients			Acute (0-30 days)	Extended (>30 days)	Total In-Patients	
K05B	Parathyroid procedures W/O catastrophic or severe CC	0	68	1	69	69	4	90	0	90	94	4	158	1	159	163
K06A	Thyroid procedures W catastrophic or severe CC	0	36	3	39	39	0	19	1	20	20	0	55	4	59	59
K06B	Thyroid procedures W/O catastrophic or severe CC	3	322	0	322	325	5	343	0	343	348	8	665	0	665	673
K07Z	Obesity procedures	10	18	0	18	28	1	13	0	13	14	11	31	0	31	42
K08Z	Thyroglossal procedures	5	37	0	37	42	4	23	0	23	27	9	60	0	60	69
K09A	Other endocrine, nutritional and metabolic OR procedures W catastrophic CC	0	5	10	15	15	0	9	1	10	10	0	14	11	25	25
K09B	Other endocrine, nutritional and metabolic OR procs W severe or moderate CC	0	30	1	31	31	3	14	1	15	18	3	44	2	46	49
K09C	Other endocrine, nutritional and metabolic OR procedures W/O CC	16	42	2	44	60	9	8	1	9	18	25	50	3	53	78
K40A	Endoscopic or investigative proc for metabolic disorders W catastrophic CC	0	17	12	29	29	0	27	16	43	43	0	44	28	72	72
K40B	Endoscopic or investigative proc for metabolic disorders W/O catastrophic CC	0	141	10	151	151	0	214	8	222	222	0	355	18	373	373
K40C	Endoscopic or investigative procedure for metabolic disorders, sameday	235	0	0	0	235	458	1	0	1	459	693	1	0	1	694
K60A	Diabetes W catastrophic or severe CC	7	163	21	184	191	7	483	35	518	525	14	646	56	702	716
K60B	Diabetes W/O catastrophic or severe CC	93	835	8	843	936	366	2,465	14	2,479	2,845	459	3,300	22	3,322	3,781
K61Z	Severe nutritional disturbance	2	8	7	15	17	0	11	8	19	19	2	19	15	34	36
K62A	Miscellaneous metabolic disorders W catastrophic or severe CC	41	268	23	291	332	11	544	24	568	579	52	812	47	859	911

Table 5.5: Discharges from Voluntary, Non-Voluntary and All Hospitals by AR-DRG and Patient Type (contd.)

AR-DRG	Description	Voluntary Hospitals					Non-Voluntary Hospitals					All Hospitals				
		Day Patients	In-Patients			Total Discharges	Day Patients	In-Patients			Total Discharges	Day Patients	In-Patients			Total Discharges
			Acute (0-30 days)	Extended (>30 days)	Total In-Patients			Acute (0-30 days)	Extended (>30 days)	Total In-Patients			Acute (0-30 days)	Extended (>30 days)	Total In-Patients	
K62B	Miscellaneous metabolic disorders W/O catastrophic or severe CC	469	509	8	517	986	392	1,382	7	1,389	1,781	861	1,891	15	1,906	2,767
K63A	Inborn errors of metabolism W CC	141	47	2	49	190	3	27	1	28	31	144	74	3	77	221
K63B	Inborn errors of metabolism W/O CC	397	98	0	98	495	669	118	0	118	787	1,066	216	0	216	1,282
K64A	Endocrine disorders W catastrophic or severe CC	46	77	8	85	131	17	83	8	91	108	63	160	16	176	239
K64B	Endocrine disorders W/O catastrophic or severe CC	958	407	9	416	1,374	497	399	2	401	898	1,455	806	11	817	2,272
L02A	Operative insertion of peritoneal catheter for dialysis W cat or sev CC	2	40	3	43	45	0	7	1	8	8	2	47	4	51	53
L02B	Operative insertion of peritoneal catheter for dialysis W/O cat or sev CC	2	42	0	42	44	1	9	0	9	10	3	51	0	51	54
L03A	Kidney, ureter and major bladder procedures for neoplasm W catastrophic CC	0	66	23	89	89	0	20	8	28	28	0	86	31	117	117
L03B	Kidney, ureter and major bladder procedures for neoplasm W severe CC	0	78	3	81	81	0	21	3	24	24	0	99	6	105	105
L03C	Kidney, ureter and major bladder procedures for neoplasm W/O cat or sev CC	2	162	0	162	164	0	73	2	75	75	2	235	2	237	239
L04A	Kidney, ureter and major bladder procedures for non-neoplasm W catastrophic CC	6	59	26	85	91	0	25	10	35	35	6	84	36	120	126
L04B	Kidney, ureter and major bladder procedures for non-neoplasm W severe CC	9	88	3	91	100	6	45	3	48	54	15	133	6	139	154
L04C	Kidney, ureter and major bladder procedures for non-neoplasm W/O cat or sev CC	103	400	0	400	503	54	178	2	180	234	157	578	2	580	737

Table 5.5: Discharges from Voluntary, Non-Voluntary and All Hospitals by AR-DRG and Patient Type (contd.)

AR-DRG	Description	Voluntary Hospitals					Non-Voluntary Hospitals					All Hospitals				
		Day Patients	In-Patients			Total Discharges	Day Patients	In-Patients			Total Discharges	Day Patients	In-Patients			Total Discharges
			Acute (0-30 days)	Extended (>30 days)	Total In-Patients			Acute (0-30 days)	Extended (>30 days)	Total In-Patients			Acute (0-30 days)	Extended (>30 days)	Total In-Patients	
L05A	Transurethral prostatectomy W catastrophic or severe CC	0	17	1	18	18	0	13	3	16	16	0	30	4	34	34
L05B	Transurethral prostatectomy W/O catastrophic or severe CC	0	51	0	51	51	3	89	0	89	92	3	140	0	140	143
L06A	Minor bladder procedures W catastrophic or severe CC	14	44	3	47	61	0	36	2	38	38	14	80	5	85	99
L06B	Minor bladder procedures W/O catastrophic or severe CC	401	121	0	121	522	26	131	0	131	157	427	252	0	252	679
L07A	Transurethral procedures except prostatectomy W CC	24	296	9	305	329	16	154	10	164	180	40	450	19	469	509
L07B	Transurethral procedures except prostatectomy W/O CC	370	671	0	671	1,041	229	368	1	369	598	599	1,039	1	1,040	1,639
L08A	Urethral procedures W CC	4	33	0	33	37	3	10	1	11	14	7	43	1	44	51
L08B	Urethral procedures W/O CC	48	83	0	83	131	37	46	0	46	83	85	129	0	129	214
L09A	Other procedures for kidney and urinary tract disorders W cat CC	2	39	15	54	56	2	13	10	23	25	4	52	25	77	81
L09B	Other procedures for kidney and urinary tract disorders W sev CC	3	52	4	56	59	11	12	1	13	24	14	64	5	69	83
L09C	Other procedures for kidney and urinary tract disorders W/O cat or sev CC	37	159	0	159	196	65	57	0	57	122	102	216	0	216	318
L40Z	Ureteroscopy	48	71	1	72	120	27	90	0	90	117	75	161	1	162	237
L41Z	Cystourethroscopy, sameday	3,765	9	0	9	3,774	3,626	14	0	14	3,640	7,391	23	0	23	7,414
L42Z	ESW Lithotripsy for urinary stones	632	30	0	30	662	435	44	0	44	479	1,067	74	0	74	1,141
L60A	Renal failure W catastrophic CC	10	152	56	208	218	0	213	36	249	249	10	365	92	457	467
L60B	Renal failure W severe CC	98	257	16	273	371	60	400	19	419	479	158	657	35	692	850
L60C	Renal failure W/O catastrophic or severe CC	332	436	5	441	773	200	725	13	738	938	532	1,161	18	1,179	1,711
L61Z	Haemodialysis	59,936	14	0	14	59,950	106,667	1	0	1	106,668	166,603	15	0	15	166,618

Table 5.5: Discharges from Voluntary, Non-Voluntary and All Hospitals by AR-DRG and Patient Type (contd.)

AR-DRG	Description	Voluntary Hospitals					Non-Voluntary Hospitals					All Hospitals				
		Day Patients	In-Patients			Total Discharges	Day Patients	In-Patients			Total Discharges	Day Patients	In-Patients			Total Discharges
			Acute (0-30 days)	Extended (>30 days)	Total In-Patients			Acute (0-30 days)	Extended (>30 days)	Total In-Patients			Acute (0-30 days)	Extended (>30 days)	Total In-Patients	
L62A	Kidney and urinary tract neoplasms W catastrophic or severe CC	161	127	10	137	298	81	229	21	250	331	242	356	31	387	629
L62B	Kidney and urinary tract neoplasms W/O catastrophic or severe CC	482	152	8	160	642	196	274	5	279	475	678	426	13	439	1,117
L63A	Kidney and urinary tract infections W catastrophic or severe CC	6	427	68	495	501	4	1,239	88	1,327	1,331	10	1,666	156	1,822	1,832
L63B	Kidney and urinary tract infections W/O catastrophic or severe CC	587	1,436	27	1,463	2,050	512	4,358	32	4,390	4,902	1,099	5,794	59	5,853	6,952
L64Z	Urinary stones and obstruction	231	591	5	596	827	109	2,033	8	2,041	2,150	340	2,624	13	2,637	2,977
L65A	Kidney and urinary tract signs and symptoms W catastrophic or severe CC	10	119	8	127	137	12	246	12	258	270	22	365	20	385	407
L65B	Kidney and urinary tract signs and symptoms W/O catastrophic or severe CC	455	431	1	432	887	734	1,112	1	1,113	1,847	1,189	1,543	2	1,545	2,734
L66Z	Urethral stricture	55	45	1	46	101	89	53	0	53	142	144	98	1	99	243
L67A	Other kidney and urinary tract diagnoses W catastrophic or severe CC	120	247	29	276	396	60	365	33	398	458	180	612	62	674	854
L67B	Other kidney and urinary tract diagnoses W/O catastrophic or severe CC	2,032	733	7	740	2,772	1,374	1,073	8	1,081	2,455	3,406	1,806	15	1,821	5,227
L68Z	Peritoneal dialysis	2	0	0	0	2	40	1	0	1	41	42	1	0	1	43
M01A	Major male pelvic procedures W catastrophic or severe CC	1	32	1	33	34	0	9	0	9	9	1	41	1	42	43
M01B	Major male pelvic procedures W/O catastrophic or severe CC	1	182	0	182	183	1	83	0	83	84	2	265	0	265	267
M02A	Transurethral prostatectomy W catastrophic or severe CC	0	77	4	81	81	0	73	2	75	75	0	150	6	156	156
M02B	Transurethral prostatectomy W/O catastrophic or severe CC	0	334	0	334	334	1	487	1	488	489	1	821	1	822	823
M03Z	Penis procedures	559	193	1	194	753	135	46	0	46	181	694	239	1	240	934
M04Z	Testes procedures	610	291	0	291	901	439	419	0	419	858	1,049	710	0	710	1,759

Table 5.5: Discharges from Voluntary, Non-Voluntary and All Hospitals by AR-DRG and Patient Type (contd.)

AR-DRG	Description	Voluntary Hospitals					Non-Voluntary Hospitals					All Hospitals				
		Day Patients	In-Patients			Total Discharges	Day Patients	In-Patients			Total Discharges	Day Patients	In-Patients			Total Discharges
			Acute (0-30 days)	Extended (>30 days)	Total In-Patients			Acute (0-30 days)	Extended (>30 days)	Total In-Patients			Acute (0-30 days)	Extended (>30 days)	Total In-Patients	
M05Z	Circumcision	1,143	76	0	76	1,219	1,186	233	0	233	1,419	2,329	309	0	309	2,638
M06A	Other male reproductive system OR procedures W CC	16	22	2	24	40	4	20	0	20	24	20	42	2	44	64
M06B	Other male reproductive system OR procedures W/O CC	295	12	0	12	307	41	24	0	24	65	336	36	0	36	372
M40Z	Cystourethroscopy, sameday	615	0	0	0	615	1,252	3	0	3	1,255	1,867	3	0	3	1,870
M60A	Malignancy, male reproductive system W catastrophic or severe CC	114	123	20	143	257	60	196	22	218	278	174	319	42	361	535
M60B	Malignancy, male reproductive system W/O catastrophic or severe CC	978	250	122	372	1,350	657	283	6	289	946	1,635	533	128	661	2,296
M61Z	Benign prostatic hypertrophy	1,043	61	0	61	1,104	559	139	0	139	698	1,602	200	0	200	1,802
M62Z	Inflammation of the male reproductive system	232	203	0	203	435	174	743	1	744	918	406	946	1	947	1,353
M63Z	Sterilisation, male	70	3	0	3	73	194	2	0	2	196	264	5	0	5	269
M64Z	Other male reproductive system diagnoses	323	156	1	157	480	238	387	0	387	625	561	543	1	544	1,105
N01Z	Pelvic evisceration and radical vulvectomy	0	50	5	55	55	0	14	1	15	15	0	64	6	70	70
N04A	Hysterectomy for non-malignancy W catastrophic or severe CC	0	80	2	82	82	0	104	2	106	106	0	184	4	188	188
N04B	Hysterectomy for non-malignancy W/O catastrophic or severe CC	2	823	0	823	825	2	1,190	0	1,190	1,192	4	2,013	0	2,013	2,017
N05A	Oophorectomies and complex fallopian tube procs for non-malig W cat or sev CC	0	31	2	33	33	1	25	1	26	27	1	56	3	59	60
N05B	Oophorectomies & complex fallopian tube procs for non-malig W/O cat or sev CC	38	248	0	248	286	6	304	0	304	310	44	552	0	552	596
N06A	Female reproductive system reconstructive procs W catastrophic or severe CC	0	30	2	32	32	2	42	0	42	44	2	72	2	74	76

Table 5.5: Discharges from Voluntary, Non-Voluntary and All Hospitals by AR-DRG and Patient Type (contd.)

AR-DRG	Description	Voluntary Hospitals					Non-Voluntary Hospitals					All Hospitals				
		Day Patients	In-Patients			Total Discharges	Day Patients	In-Patients			Total Discharges	Day Patients	In-Patients			Total Discharges
			Acute (0-30 days)	Extended (>30 days)	Total In-Patients			Acute (0-30 days)	Extended (>30 days)	Total In-Patients			Acute (0-30 days)	Extended (>30 days)	Total In-Patients	
N06B	Female reproductive system reconstructive procs W/O catastrophic or severe CC	30	489	1	490	520	140	765	0	765	905	170	1,254	1	1,255	1,425
N07Z	Other uterine and adnexa procedures for non-malignancy	927	805	0	805	1,732	1,024	979	0	979	2,003	1,951	1,784	0	1,784	3,735
N08Z	Endoscopic and laparoscopic procedures for female reproductive system	895	398	1	399	1,294	962	647	2	649	1,611	1,857	1,045	3	1,048	2,905
N09Z	Conisation, vagina, cervix and vulva procedures	2,082	544	26	570	2,652	3,482	548	6	554	4,036	5,564	1,092	32	1,124	6,688
N10Z	Diagnostic curettage or diagnostic hysteroscopy	1,815	561	0	561	2,376	3,646	889	1	890	4,536	5,461	1,450	1	1,451	6,912
N11Z	Other female reproductive system OR procedures	6	51	6	57	63	25	60	4	64	89	31	111	10	121	152
N12A	Uterine and adnexa procedures for malignancy W catastrophic CC	0	36	13	49	49	0	48	3	51	51	0	84	16	100	100
N12B	Uterine and adnexa procedures for malignancy W/O catastrophic CC	7	352	0	352	359	4	314	2	316	320	11	666	2	668	679
N60A	Malignancy, female reproductive system W catastrophic CC	2	52	8	60	62	9	72	11	83	92	11	124	19	143	154
N60B	Malignancy, female reproductive system W/O catastrophic CC	944	310	33	343	1,287	456	440	18	458	914	1,400	750	51	801	2,201
N61Z	Infections, female reproductive system	52	69	0	69	121	34	222	1	223	257	86	291	1	292	378
N62Z	Menstrual and other female reproductive system disorders	1,052	652	5	657	1,709	3,106	2,001	0	2,001	5,107	4,158	2,653	5	2,658	6,816
O01A	Caesarean delivery W catastrophic or severe CC	0	1,330	39	1,369	1,369	0	1,636	66	1,702	1,702	0	2,966	105	3,071	3,071
O01B	Caesarean delivery W/O catastrophic or severe CC	0	5,048	5	5,053	5,053	0	10,922	8	10,930	10,930	0	15,970	13	15,983	15,983
O02A	Vaginal delivery W OR procedure W catastrophic or severe CC	0	66	0	66	66	0	93	0	93	93	0	159	0	159	159

Table 5.5: Discharges from Voluntary, Non-Voluntary and All Hospitals by AR-DRG and Patient Type (contd.)

AR-DRG	Description	Voluntary Hospitals					Non-Voluntary Hospitals					All Hospitals				
		Day Patients	In-Patients			Total Discharges	Day Patients	In-Patients			Total Discharges	Day Patients	In-Patients			Total Discharges
			Acute (0-30 days)	Extended (>30 days)	Total In-Patients			Acute (0-30 days)	Extended (>30 days)	Total In-Patients			Acute (0-30 days)	Extended (>30 days)	Total In-Patients	
O02B	Vaginal delivery W OR procedure W/O catastrophic or severe CC	0	334	0	334	334	0	489	0	489	489	0	823	0	823	823
O03A	Ectopic pregnancy W CC	0	23	0	23	23	0	23	0	23	23	0	46	0	46	46
O03B	Ectopic pregnancy W/O CC	18	257	0	257	275	4	391	0	391	395	22	648	0	648	670
O04A	Postpartum and post abortion W OR procedure W catastrophic or severe CC	2	9	1	10	12	0	12	0	12	12	2	21	1	22	24
O04B	Postpartum and post abortion W OR procedure W/O catastrophic or severe CC	13	65	0	65	78	19	133	0	133	152	32	198	0	198	230
O05Z	Abortion W OR procedure[a]	988	952	0	952	1,940	891	2,725	0	2,725	3,616	1,879	3,677	0	3,677	5,556
O60Z	Vaginal delivery	0	19,536	12	19,548	19,548	0	33,268	12	33,280	33,280	0	52,804	24	52,828	52,828
O61Z	Postpartum and post abortion W/O OR procedure[a]	32	755	0	755	787	65	1,189	3	1,192	1,257	97	1,944	3	1,947	2,044
O63Z	Abortion W/O OR procedure[a]	144	680	0	680	824	1,079	2,072	0	2,072	3,151	1,223	2,752	0	2,752	3,975
O64Z	False labour	111	3,783	2	3,785	3,896	246	3,668	0	3,668	3,914	357	7,451	2	7,453	7,810
O66Z	Antenatal and other obstetric admission	2,598	10,771	13	10,784	13,382	4,059	22,497	16	22,513	26,572	6,657	33,268	29	33,297	39,954
P01Z	Neonate, died or transferred <5 days of admission W significant OR procedure	0	46	0	46	46	0	3	0	3	3	0	49	0	49	49
P02Z	Cardiothoracic/vascular procedures for neonates	0	38	17	55	55	0	0	0	0	0	0	38	17	55	55
P03Z	Neonate, admwt 1000-1499g W significant OR procedure	0	39	82	121	121	0	7	75	82	82	0	46	157	203	203
P04Z	Neonate, admwt 1500-1999g W significant OR procedure	0	58	40	98	98	0	23	21	44	44	0	81	61	142	142
P05Z	Neonate, admwt 2000-2499g W significant OR procedure	0	35	14	49	49	0	23	6	29	29	0	58	20	78	78
P06A	Neonate, admwt >2499g W significant OR procedure W multi major problems	1	118	48	166	167	0	9	2	11	11	1	127	50	177	178

Table 5.5: Discharges from Voluntary, Non-Voluntary and All Hospitals by AR-DRG and Patient Type (contd.)

AR-DRG	Description	Voluntary Hospitals					Non-Voluntary Hospitals					All Hospitals				
		Day Patients	In-Patients			Total Discharges	Day Patients	In-Patients			Total Discharges	Day Patients	In-Patients			Total Discharges
			Acute (0-30 days)	Extended (>30 days)	Total In-Patients			Acute (0-30 days)	Extended (>30 days)	Total In-Patients			Acute (0-30 days)	Extended (>30 days)	Total In-Patients	
P06B	Neonate, admwt >2499g W significant OR procedure W/O multi major problems	3	89	10	99	102	2	30	2	32	34	5	119	12	131	136
P60A	Neonate, died or transferred <5 days of adm, W/O significant OR proc, newborn	0	164	0	164	164	0	260	0	260	260	0	424	0	424	424
P60B	Neonate, died or transf <5 days of adm, W/O significant OR proc, not newborn	4	122	0	122	126	0	83	0	83	83	4	205	0	205	209
P61Z	Neonate, admwt <750 g	0	7	31	38	38	0	7	14	21	21	0	14	45	59	59
P62Z	Neonate, admwt 750-999 g	0	17	69	86	86	0	2	40	42	42	0	19	109	128	128
P63Z	Neonate, admwt 1000-1249g W/O significant OR procedure	0	13	15	28	28	0	15	20	35	35	0	28	35	63	63
P64Z	Neonate, admwt 1250-1499g W/O significant OR procedure	0	47	27	74	74	0	33	71	104	104	0	80	98	178	178
P65A	Neonate, admwt 1500-1999g W/O significant OR proc W multi major problems	0	24	6	30	30	0	17	19	36	36	0	41	25	66	66
P65B	Neonate, admwt 1500-1999g W/O significant OR procedure W major problem	2	100	11	111	113	0	82	45	127	127	2	182	56	238	240
P65C	Neonate, admwt 1500-1999g W/O significant OR procedure W other problem	0	121	10	131	131	0	175	28	203	203	0	296	38	334	334
P65D	Neonate, admwt 1500-1999g W/O significant OR procedure W/O problem	1	60	2	62	63	0	118	10	128	128	1	178	12	190	191
P66A	Neonate, admwt 2000-2499g W/O significant OR proc W multi major problems	0	29	1	30	30	0	28	6	34	34	0	57	7	64	64

Table 5.5: Discharges from Voluntary, Non-Voluntary and All Hospitals by AR-DRG and Patient Type (contd.)

AR-DRG	Description	Voluntary Hospitals					Non-Voluntary Hospitals					All Hospitals				
		Day Patients	In-Patients			Total Discharges	Day Patients	In-Patients			Total Discharges	Day Patients	In-Patients			Total Discharges
			Acute (0-30 days)	Extended (>30 days)	Total In-Patients			Acute (0-30 days)	Extended (>30 days)	Total In-Patients			Acute (0-30 days)	Extended (>30 days)	Total In-Patients	
P66B	Neonate, admwt 2000-2499g W/O significant OR procedure W major problem	2	103	2	105	107	0	148	8	156	156	2	251	10	261	263
P66C	Neonate, admwt 2000-2499g W/O significant OR procedure W other problem	0	255	0	255	255	0	471	4	475	475	0	726	4	730	730
P66D	Neonate, admwt 2000-2499g W/O significant OR procedure W/O problem	1	165	1	166	167	15	334	3	337	352	16	499	4	503	519
P67A	Neonate, admwt >2499g W/O significant OR procedure W multi major problems	20	176	11	187	207	2	131	11	142	144	22	307	22	329	351
P67B	Neonate, admwt >2499g W/O significant OR procedure W major problem	84	616	16	632	716	22	802	14	816	838	106	1,418	30	1,448	1,554
P67C	Neonate, admwt >2499g W/O significant OR procedure W other problem	7	2,184	2	2,186	2,193	3	2,371	3	2,374	2,377	10	4,555	5	4,560	4,570
P67D	Neonate, admwt >2499g W/O significant OR procedure W/O problem	134	1,238	0	1,238	1,372	177	3,036	4	3,040	3,217	311	4,274	4	4,278	4,589
Q01Z	Splenectomy	0	14	1	15	15	0	22	1	23	23	0	36	2	38	38
Q02A	Other OR procedure of blood and blood forming organs W cat or sev CC	2	49	8	57	59	2	20	4	24	26	4	69	12	81	85
Q02B	Other OR procedure of blood and blood forming organs W/O cat or sev CC	169	97	0	97	266	156	113	2	115	271	325	210	2	212	537
Q60A	Reticuloendothelial and immunity disorders W catastrophic or severe CC	45	247	8	255	300	25	302	4	306	331	70	549	12	561	631
Q60B	Reticuloendothelial and immunity disorders W/O cat or sev CC W malignancy	8	81	0	81	89	94	181	1	182	276	102	262	1	263	365

Table 5.5: Discharges from Voluntary, Non-Voluntary and All Hospitals by AR-DRG and Patient Type (contd.)

AR-DRG	Description	Voluntary Hospitals					Non-Voluntary Hospitals					All Hospitals				
		Day Patients	In-Patients			Total Discharges	Day Patients	In-Patients			Total Discharges	Day Patients	In-Patients			Total Discharges
			Acute (0-30 days)	Extended (>30 days)	Total In-Patients			Acute (0-30 days)	Extended (>30 days)	Total In-Patients			Acute (0-30 days)	Extended (>30 days)	Total In-Patients	
Q60C	Reticuloendothelial and immunity disorders W/O cat or sev CC W/O malignancy	1,109	180	0	180	1,289	1,242	427	2	429	1,671	2,351	607	2	609	2,960
Q61A	Red blood cell disorders W catastrophic or severe CC	193	249	19	268	461	71	545	25	570	641	264	794	44	838	1,102
Q61B	Red blood cell disorders W/O catastrophic or severe CC	10,340	658	4	662	11,002	16,776	1,753	6	1,759	18,535	27,116	2,411	10	2,421	29,537
Q62Z	Coagulation disorders	1,800	361	6	367	2,167	997	809	7	816	1,813	2,797	1,170	13	1,183	3,980
R01A	Lymphoma and leukaemia W major OR procedures W catastrophic or severe CC	0	24	21	45	45	0	23	10	33	33	0	47	31	78	78
R01B	Lymphoma and leukaemia W major OR procedures W/O catastrophic or severe CC	5	30	1	31	36	7	39	3	42	49	12	69	4	73	85
R02A	Other neoplastic disorders W major OR procedures W catastrophic CC	1	11	2	13	14	0	8	4	12	12	1	19	6	25	26
R02B	Other neoplastic disorders W major OR procedures W severe or moderate CC	0	29	1	30	30	2	11	1	12	14	2	40	2	42	44
R02C	Other neoplastic disorders W major OR procedures W/O CC	25	91	1	92	117	7	53	0	53	60	32	144	1	145	177
R03A	Lymphoma and leukaemia W other OR procedures W catastrophic or severe CC	0	37	28	65	65	1	43	17	60	61	1	80	45	125	126
R03B	Lymphoma and leukaemia W other OR procedures W/O catastrophic or severe CC	51	84	5	89	140	69	97	4	101	170	120	181	9	190	310
R04A	Other neoplastic disorders W other OR procedures W CC	21	28	3	31	52	12	38	3	41	53	33	66	6	72	105
R04B	Other neoplastic disorders W other OR procedures W/O CC	292	30	0	30	322	309	30	1	31	340	601	60	1	61	662
R60A	Acute leukaemia W catastrophic CC	34	79	54	133	167	6	69	51	120	126	40	148	105	253	293

Table 5.5: Discharges from Voluntary, Non-Voluntary and All Hospitals by AR-DRG and Patient Type (contd.)

AR-DRG	Description	Voluntary Hospitals					Non-Voluntary Hospitals					All Hospitals				
		Day Patients	In-Patients			Total Discharges	Day Patients	In-Patients			Total Discharges	Day Patients	In-Patients			Total Discharges
			Acute (0-30 days)	Extended (>30 days)	Total In-Patients			Acute (0-30 days)	Extended (>30 days)	Total In-Patients			Acute (0-30 days)	Extended (>30 days)	Total In-Patients	
R60B	Acute leukaemia W/O catastrophic CC	3,507	484	35	519	4,026	703	292	16	308	1,011	4,210	776	51	827	5,037
R61A	Lymphoma and non-acute leukaemia W catastrophic CC	0	132	49	181	181	0	192	40	232	232	0	324	89	413	413
R61B	Lymphoma and non-acute leukaemia W/O catastrophic CC	0	976	51	1,027	1,027	0	1,546	35	1,581	1,581	0	2,522	86	2,608	2,608
R61C	Lymphoma and non-acute leukaemia, sameday	10,785	35	0	35	10,820	4,901	48	0	48	4,949	15,686	83	0	83	15,769
R62A	Other neoplastic disorders W CC	188	117	17	134	322	44	105	4	109	153	232	222	21	243	475
R62B	Other neoplastic disorders W/O CC	883	74	9	83	966	266	68	0	68	334	1,149	142	9	151	1,300
R63Z	Chemotherapy	35,015	0	0	0	35,015	40,290	0	0	0	40,290	75,305	0	0	0	75,305
R64Z	Radiotherapy	38,787	0	0	0	38,787	51,216	0	0	0	51,216	90,003	0	0	0	90,003
S60Z	HIV, sameday	41	5	0	5	46	4	3	0	3	7	45	8	0	8	53
S65A	HIV-related diseases W catastrophic CC	0	59	14	73	73	0	7	3	10	10	0	66	17	83	83
S65B	HIV-related diseases W severe CC	0	47	7	54	54	0	15	2	17	17	0	62	9	71	71
S65C	HIV-related diseases W/O catastrophic or severe CC	0	45	2	47	47	0	128	47	175	175	0	173	49	222	222
T01A	OR procedures for infectious and parasitic diseases W catastrophic CC	10	45	32	77	87	0	29	21	50	50	10	74	53	127	137
T01B	OR procedures for infectious and parasitic diseases W severe or moderate CC	23	61	16	77	100	2	50	10	60	62	25	111	26	137	162
T01C	OR procedures for infectious and parasitic diseases W/O CC	11	91	4	95	106	12	123	4	127	139	23	214	8	222	245
T40Z	Infectious and parasitic diseases W ventilator support	0	18	1	19	19	0	15	3	18	18	0	33	4	37	37
T60A	Septicaemia W catastrophic CC	0	147	45	192	192	0	353	36	389	389	0	500	81	581	581
T60B	Septicaemia W/O catastrophic CC	20	221	12	233	253	4	620	21	641	645	24	841	33	874	898

Table 5.5: Discharges from Voluntary, Non-Voluntary and All Hospitals by AR-DRG and Patient Type (contd.)

AR-DRG	Description	Voluntary Hospitals					Non-Voluntary Hospitals					All Hospitals				
		Day Patients	In-Patients			Total Discharges	Day Patients	In-Patients			Total Discharges	Day Patients	In-Patients			Total Discharges
			Acute (0-30 days)	Extended (>30 days)	Total In-Patients			Acute (0-30 days)	Extended (>30 days)	Total In-Patients			Acute (0-30 days)	Extended (>30 days)	Total In-Patients	
T61A	Postoperative and post-traumatic infections W catastrophic or severe CC	20	73	5	78	98	1	89	5	94	95	21	162	10	172	193
T61B	Postoperative and post-traumatic infections W/O catastrophic or severe CC	56	309	8	317	373	50	589	2	591	641	106	898	10	908	1,014
T62A	Fever of unknown origin W CC	10	114	1	115	125	1	135	1	136	137	11	249	2	251	262
T62B	Fever of unknown origin W/O CC	19	133	1	134	153	8	219	0	219	227	27	352	1	353	380
T63Z	Viral illness	1,180	877	4	881	2,061	33	3,775	2	3,777	3,810	1,213	4,652	6	4,658	5,871
T64A	Other infectious and parasitic diseases W catastrophic CC	0	9	6	15	15	0	18	1	19	19	0	27	7	34	34
T64B	Other infectious and parasitic diseases W severe or moderate CC	2	42	1	43	45	2	50	0	50	52	4	92	1	93	97
T64C	Other infectious and parasitic diseases W/O CC	229	64	0	64	293	42	150	2	152	194	271	214	2	216	487
U40Z	Mental health treatment, sameday, W ECT	12	0	0	0	12	119	0	0	0	119	131	0	0	0	131
U60Z	Mental health treatment, sameday, W/O ECT	378	167	0	167	545	172	253	0	253	425	550	420	0	420	970
U61Z	Schizophrenia disorders	0	68	48	116	116	0	13	2	15	15	0	81	50	131	131
U62A	Paranoia & acute psych disorder W cat/sev CC or W mental health legal status	0	4	4	8	8	0	2	0	2	2	0	6	4	10	10
U62B	Paranoia & acute psych disorder W/O cat/sev CC W/O mental health legal status	0	26	15	41	41	0	34	0	34	34	0	60	15	75	75
U63Z	Major affective disorders	0	121	48	169	169	0	48	2	50	50	0	169	50	219	219
U64Z	Other affective and somatoform disorders	0	81	8	89	89	0	93	4	97	97	0	174	12	186	186
U65Z	Anxiety disorders	0	141	7	148	148	0	275	4	279	279	0	416	11	427	427
U66Z	Eating and obsessive-compulsive disorders	0	49	23	72	72	0	45	7	52	52	0	94	30	124	124
U67Z	Personality disorders and acute reactions	0	86	10	96	96	0	69	3	72	72	0	155	13	168	168
U68Z	Childhood mental disorders	0	36	1	37	37	0	37	0	37	37	0	73	1	74	74

Table 5.5: Discharges from Voluntary, Non-Voluntary and All Hospitals by AR-DRG and Patient Type (contd.)

AR-DRG	Description	Voluntary Hospitals					Non-Voluntary Hospitals					All Hospitals				
		Day Patients	In-Patients			Total Discharges	Day Patients	In-Patients			Total Discharges	Day Patients	In-Patients			Total Discharges
			Acute (0-30 days)	Extended (>30 days)	Total In-Patients			Acute (0-30 days)	Extended (>30 days)	Total In-Patients			Acute (0-30 days)	Extended (>30 days)	Total In-Patients	
V60Z	Alcohol intoxication and withdrawal	0	309	6	315	315	1	1,323	5	1,328	1,329	1	1,632	11	1,643	1,644
V61Z	Drug intoxication and withdrawal	0	27	2	29	29	0	58	1	59	59	0	85	3	88	88
V62A	Alcohol use disorder and dependence	0	91	4	95	95	0	917	5	922	922	0	1,008	9	1,017	1,017
V62B	Alcohol use disorder and dependence, sameday	2	7	0	7	9	1	137	0	137	138	3	144	0	144	147
V63Z	Opioid use disorder and dependence	1	91	6	97	98	0	14	0	14	14	1	105	6	111	112
V64Z	Other drug use disorder and dependence	0	31	2	33	33	0	30	0	30	30	0	61	2	63	63
W01Z	Ventilation or cranial procedures for multiple significant trauma	0	8	5	13	13	0	9	3	12	12	0	17	8	25	25
W02A	Hip, femur & limb pr for mult signif trauma, incl implantation W cat/sev CC	0	4	5	9	9	0	12	6	18	18	0	16	11	27	27
W02B	Hip, femur & limb pr for mult signif trauma, incl implantation W/O cat/sev CC	0	15	1	16	16	0	31	2	33	33	0	46	3	49	49
W03Z	Abdominal procedures for multiple significant trauma	0	11	1	12	12	0	17	0	17	17	0	28	1	29	29
W04A	Other OR procs for multiple significant trauma W catastrophic or severe CC	0	7	1	8	8	0	7	2	9	9	0	14	3	17	17
W04B	Other OR procs for multiple significant trauma W/O catastrophic or severe CC	0	21	1	22	22	0	25	2	27	27	0	46	3	49	49
W60Z	Multiple trauma, died or transferred to another acute care facility <5 days	0	11	0	11	11	0	58	0	58	58	0	69	0	69	69
W61A	Multiple trauma W/O significant procedures W catastrophic or severe CC	0	13	7	20	20	0	35	3	38	38	0	48	10	58	58
W61B	Multiple trauma W/O significant procedures W/O catastrophic or severe CC	1	31	2	33	34	0	59	1	60	60	1	90	3	93	94

Table 5.5: Discharges from Voluntary, Non-Voluntary and All Hospitals by AR-DRG and Patient Type (contd.)

AR-DRG	Description	Voluntary Hospitals					Non-Voluntary Hospitals					All Hospitals				
		Day Patients	In-Patients			Total Discharges	Day Patients	In-Patients			Total Discharges	Day Patients	In-Patients			Total Discharges
			Acute (0-30 days)	Extended (>30 days)	Total In-Patients			Acute (0-30 days)	Extended (>30 days)	Total In-Patients			Acute (0-30 days)	Extended (>30 days)	Total In-Patients	
X02A	Microvascular tiss transfer or (skin graft W cat/sev CC) for injuries to hand	0	14	0	14	14	0	13	0	13	13	0	27	0	27	27
X02B	Skin graft for injuries to hand W/O catastrophic or severe CC	5	34	0	34	39	1	64	0	64	65	6	98	0	98	104
X04A	Other procedures for injuries to lower limb W catastrophic or severe CC	0	10	2	12	12	0	8	4	12	12	0	18	6	24	24
X04B	Other procedures for injuries to lower limb W/O catastrophic or severe CC	6	47	0	47	53	4	83	1	84	88	10	130	1	131	141
X05A	Other procedures for injuries to hand W CC	0	24	0	24	24	0	40	0	40	40	0	64	0	64	64
X05B	Other procedures for injuries to hand W/O CC	39	522	0	522	561	9	706	0	706	715	48	1,228	0	1,228	1,276
X06A	Other procedures for other injuries W catastrophic or severe CC	2	101	13	114	116	3	82	6	88	91	5	183	19	202	207
X06B	Other procedures for other injuries W/O catastrophic or severe CC	25	341	3	344	369	35	748	1	749	784	60	1,089	4	1,093	1,153
X07A	Skin graft for injuries ex hand W microvascular tiss tfr or W (cat or sev CC)	0	12	5	17	17	0	29	4	33	33	0	41	9	50	50
X07B	Skin graft for injuries ex hand W/O microvascular tiss tfr W/O cat or sev CC	5	48	0	48	53	1	36	3	39	40	6	84	3	87	93
X40Z	Injuries, poisoning and toxic effects of drugs W ventilator support	0	43	0	43	43	0	38	1	39	39	0	81	1	82	82
X60A	Injuries W catastrophic or severe CC	0	118	16	134	134	0	249	18	267	267	0	367	34	401	401
X60B	Injuries W/O catastrophic or severe CC	162	1,518	6	1,524	1,686	36	2,949	7	2,956	2,992	198	4,467	13	4,480	4,678
X61Z	Allergic reactions	13	77	1	78	91	1	200	0	200	201	14	277	1	278	292
X62A	Poisoning/toxic effects of drugs and other substances W cat or sev CC	0	201	8	209	209	0	324	3	327	327	0	525	11	536	536

Table 5.5: Discharges from Voluntary, Non-Voluntary and All Hospitals by AR-DRG and Patient Type (contd.)

AR-DRG	Description	Voluntary Hospitals					Non-Voluntary Hospitals					All Hospitals				
		Day Patients	In-Patients			Total Discharges	Day Patients	In-Patients			Total Discharges	Day Patients	In-Patients			Total Discharges
			Acute (0-30 days)	Extended (>30 days)	Total In-Patients			Acute (0-30 days)	Extended (>30 days)	Total In-Patients			Acute (0-30 days)	Extended (>30 days)	Total In-Patients	
X62B	Poisoning/toxic effects of drugs and other substances W/O cat or sev CC	9	703	1	704	713	65	2,953	2	2,955	3,020	74	3,656	3	3,659	3,733
X63A	Sequelae of treatment W catastrophic or severe CC	14	185	7	192	206	4	149	3	152	156	18	334	10	344	362
X63B	Sequelae of treatment W/O catastrophic or severe CC	160	670	2	672	832	60	884	2	886	946	220	1,554	4	1,558	1,778
X64A	Other injury, poisoning and toxic effect diagnosis W cat or sev CC	1	11	2	13	14	0	28	1	29	29	1	39	3	42	43
X64B	Other injury, poisoning and toxic effect diagnosis W/O cat or sev CC	4	93	3	96	100	10	434	1	435	445	14	527	4	531	545
Y01Z	Ventilation for burns and severe full thickness burns	0	5	8	13	13	0	5	3	8	8	0	10	11	21	21
Y02A	Other burns W skin graft W CC	0	25	9	34	34	0	19	5	24	24	0	44	14	58	58
Y02B	Other burns W skin graft W/O CC	1	29	3	32	33	1	36	4	40	41	2	65	7	72	74
Y03Z	Other OR procedures for other burns	10	28	2	30	40	7	37	0	37	44	17	65	2	67	84
Y60Z	Burns, transferred to another acute care facility <5 days	0	17	0	17	17	0	63	0	63	63	0	80	0	80	80
Y61Z	Severe burns	0	25	1	26	26	0	40	2	42	42	0	65	3	68	68
Y62A	Other burns W CC	0	16	2	18	18	0	27	1	28	28	0	43	3	46	46
Y62B	Other burns W/O CC	5	173	0	173	178	7	134	0	134	141	12	307	0	307	319
Z01A	OR procedures W diagnoses of other contacts W health services W cat/sev CC	68	48	6	54	122	36	64	8	72	108	104	112	14	126	230
Z01B	OR procedures W diagnoses of other contacts W health services W/O cat/sev CC	413	166	1	167	580	333	153	0	153	486	746	319	1	320	1,066
Z40Z	Endoscopy W diagnoses of other contacts W health services, sameday	4,782	0	0	0	4,782	6,904	1	0	1	6,905	11,686	1	0	1	11,687
Z60A	Rehabilitation W catastrophic CC	0	97	136	233	233	0	98	105	203	203	0	195	241	436	436

Table 5.5: Discharges from Voluntary, Non-Voluntary and All Hospitals by AR-DRG and Patient Type (contd.)

AR-DRG	Description	Voluntary Hospitals					Non-Voluntary Hospitals					All Hospitals				
		Day Patients	In-Patients			Total Discharges	Day Patients	In-Patients			Total Discharges	Day Patients	In-Patients			Total Discharges
			Acute (0-30 days)	Extended (>30 days)	Total In-Patients			Acute (0-30 days)	Extended (>30 days)	Total In-Patients			Acute (0-30 days)	Extended (>30 days)	Total In-Patients	
Z60B	Rehabilitation W/O catastrophic CC	0	1,926	451	2,377	2,377	0	633	123	756	756	0	2,559	574	3,133	3,133
Z60C	Rehabilitation, sameday	465	7	0	7	472	1	3	0	3	4	466	10	0	10	476
Z61A	Signs and symptoms	0	451	24	475	475	0	793	10	803	803	0	1,244	34	1,278	1,278
Z61B	Signs and symptoms, sameday	473	28	0	28	501	500	297	0	297	797	973	325	0	325	1,298
Z63A	Other surgical follow up and medical care W catastrophic CC	0	18	1	19	19	8	202	46	248	256	8	220	47	267	275
Z63B	Other surgical follow up and medical care W/O catastrophic CC	260	634	13	647	907	706	1,407	42	1,449	2,155	966	2,041	55	2,096	3,062
Z64A	Other factors influencing health status	0	512	6	518	518	0	1,401	38	1,439	1,439	0	1,913	44	1,957	1,957
Z64B	Other factors influencing health status, sameday	14,182	120	0	120	14,302	14,899	329	0	329	15,228	29,081	449	0	449	29,530
Z65Z	Congenital anomalies and problems arising from neonatal period	87	42	0	42	129	17	26	3	29	46	104	68	3	71	175
801A	OR procedures unrelated to principal diagnosis W catastrophic CC	3	209	191	400	403	8	143	86	229	237	11	352	277	629	640
801B	OR procedures unrelated to principal diagnosis W severe or moderate CC	21	227	27	254	275	11	143	18	161	172	32	370	45	415	447
801C	OR procedures unrelated to principal diagnosis W/O CC	307	362	6	368	675	174	337	8	345	519	481	699	14	713	1,194
963Z	Neonatal diagnosis not consistent W age/weight	2	0	0	0	2	1	1	0	1	2	3	1	0	1	4
Total		**389,806**	**192,406**	**8,602**	**201,008**	**590,814**	**430,428**	**381,938**	**7,214**	**389,152**	**819,580**	**820,234**	**574,344**	**15,816**	**590,160**	**1,410,394**

Notes: The voluntary hospital group includes both general and special hospitals that were operated on a voluntary basis. The non-voluntary hospital group incorporates general and special hospitals that were managed by HSE administrative areas.

[a] This includes pregnancy with abortive outcome.

TABLE 5.6

Average Length of Stay (Days) by AR-DRG and Patient Type for Voluntary, Non-Voluntary and All Hospitals

AR-DRG	Description	Voluntary Hospitals				Non-Voluntary Hospitals				Total Hospitals			
		In-Patients			Total Discharges[a]	In-Patients			Total Discharges[a]	In-Patients			Total Discharges[a]
		Acute (0-30 days)	Extended (>30 days)	Total In-Patients		Acute (0-30 days)	Extended (>30 days)	Total In-Patients		Acute (0-30 days)	Extended (>30 days)	Total In-Patients	
A01Z	Liver transplant	18.8	51.7	30.8	30.8	-	-	-	-	18.8	51.7	30.8	30.8
A03Z	Lung or heart/lung transplant	15.3	34.0	20.0	20.0	-	-	-	-	15.3	34.0	20.0	20.0
A05Z	Heart transplant	18.8	198.4	100.5	100.5	-	-	-	-	18.8	198.4	100.5	100.5
A06A	Tracheostomy W ventilation >95 hours W catastrophic CC	20.8	89.7	75.5	75.5	20.9	87.7	69.3	69.3	20.9	89.0	73.3	73.3
A06B	Trach W vent >95 hours W/O cat CC or trach/vent >95 hours W cat CC	15.7	71.3	39.6	39.6	15.9	73.7	37.3	37.3	15.8	72.3	38.6	38.6
A06C	Ventilation >95 hours W/O catastrophic CC	13.1	50.7	16.6	16.6	12.3	48.6	18.7	18.7	12.8	49.5	17.5	17.5
A06D	Tracheostomy W/O catastrophic CC	17.0	54.5	36.8	36.8	14.8	66.4	41.3	40.2	16.3	58.5	38.3	38.0
A07Z	Allogeneic bone marrow transplant	25.3	51.4	43.5	43.5	-	-	-	-	25.3	51.4	43.5	43.5
A08A	Autologous bone marrow transplant W catastrophic CC	19.3	62.5	35.5	35.5	24.8	32.0	26.2	26.2	20.0	60.6	34.5	34.5
A08B	Autologous bone marrow transplant W/O catastrophic CC	11.3	33.0	12.1	8.5	20.0	40.0	21.4	21.4	14.1	36.5	15.1	11.6
A09A	Renal transplant W pancreas transplant or W catastrophic CC	15.7	72.5	23.2	23.2	-	-	-	-	15.7	72.5	23.2	23.2
A09B	Renal transplant W/O pancreas transplant W/O catastrophic CC	10.1	34.8	10.8	10.8	-	-	-	-	10.1	34.8	10.8	10.8
A10Z	Insertion of ventricular assist devices	-	114.3	114.3	114.3	11.0	.	11.0	11.0	11.0	114.3	88.5	88.5
A11A	Insertion of implantable spinal infusion device W catastrophic CC	13.7	41.0	20.5	20.5	25.3	112.7	62.7	62.7	20.3	94.8	47.4	47.4
A11B	Insertion of implantable spinal infusion device W/O catastrophic CC	12.0	-	12.0	8.5	11.6	-	11.6	11.6	11.9	-	11.9	9.2
A12Z	Insertion of neurostimulator device	3.7	-	3.7	2.8	1.0	-	1.0	1.0	3.6	-	3.6	2.7
A40Z	ECMO	16.1	226.9	128.5	128.5	27.0	-	27.0	27.0	17.5	226.9	122.2	122.2
B01A	Ventricular shunt revision W catastrophic or severe CC	5.8	-	5.8	5.8	4.9	-	4.9	4.9	5.5	-	5.5	5.5
B01B	Ventricular shunt revision W/O catastrophic or severe CC	6.1	-	6.1	6.1	6.1	-	6.1	6.1	6.1	-	6.1	6.1
B02A	Cranial procedures W catastrophic CC	14.1	61.1	29.5	29.5	11.9	65.5	23.5	23.5	13.4	62.0	27.9	27.9
B02B	Cranial procedures W severe CC	11.5	51.8	14.1	14.0	7.7	81.0	11.2	11.2	10.6	56.7	13.5	13.4
B02C	Cranial procedures W/O catastrophic or severe CC	9.3	46.8	10.2	10.2	5.7	74.5	6.7	6.6	8.2	51.6	9.2	9.1
B03A	Spinal procedures W catastrophic or severe CC	12.3	79.5	32.5	32.5	15.3	95.0	25.3	25.3	13.3	81.7	30.4	30.4
B03B	Spinal procedures W/O catastrophic or severe CC	8.9	52.0	9.8	7.2	4.6	38.0	5.4	5.3	6.9	45.0	7.7	6.4
B04A	Extracranial vascular procedures W catastrophic CC	12.8	75.6	33.1	33.1	9.8	68.3	23.3	23.3	11.9	74.1	30.6	30.6
B04B	Extracranial vascular procedures W/O catastrophic CC	8.3	65.5	9.7	9.7	7.2	37.0	7.5	7.5	8.0	61.4	9.1	9.1

Table 5.6: Average Length of Stay (Days) by AR-DRG and Patient Type for Voluntary, Non-Voluntary and All Hospitals (contd.)

AR-DRG	Description	Voluntary Hospitals				Non-Voluntary Hospitals				Total Hospitals			
		In-Patients			Total Discharges[a]	In-Patients			Total Discharges[a]	In-Patients			Total Discharges[a]
		Acute (0-30 days)	Extended (>30 days)	Total In-Patients		Acute (0-30 days)	Extended (>30 days)	Total In-Patients		Acute (0-30 days)	Extended (>30 days)	Total In-Patients	
B05Z	Carpal tunnel release	2.1	-	2.1	1.1	1.5	-	1.5	1.1	1.7	-	1.7	1.1
B06A	Procs for cerebral palsy, muscular dystrophy, neuropathy W CC	11.1	162.1	43.8	40.6	11.2	65.3	22.0	18.5	11.2	129.8	36.1	32.3
B06B	Procs for cerebral palsy, muscular dystrophy, neuropathy W/O CC	4.4	46.5	5.3	3.4	2.4	72.0	4.3	2.8	3.6	59.3	4.9	3.1
B07A	Peripheral and cranial nerve and other nervous system procedures W CC	8.0	69.1	24.7	24.7	5.5	110.5	25.5	24.4	7.0	81.8	25.0	24.6
B07B	Peripheral and cranial nerve and other nervous system procedures W/O CC	2.3	51.0	2.5	2.2	2.0	.	2.0	1.9	2.1	51.0	2.2	2.0
B40Z	Plasmapheresis W neurological disease, sameday	-	-	-	-	-	-	-	1.0	-	-	-	1.0
B41Z	Telemetric EEG monitoring	6.5	73.0	7.2	6.8	5.3	57.0	8.3	7.7	6.4	65.0	7.4	7.0
B42A	Nervous system diagnosis W ventilator support W catastrophic CC	8.0	179.3	35.4	35.4	8.2	38.0	10.2	10.2	8.1	132.2	21.7	21.7
B42B	Nervous system diagnosis W ventilator support W/O catastrophic CC	7.1	32.0	7.8	7.8	4.9	44.0	5.7	5.7	5.8	38.0	6.6	6.6
B60A	Acute paraplegia/quadriplegia W or W/O OR procs W cat CC	11.5	115.4	70.9	70.9	14.0	-	14.0	14.0	12.6	115.4	55.9	55.9
B60B	Acute paraplegia/quadriplegia W or W/O OR procs W/O cat CC	11.7	115.6	63.6	56.7	8.1	-	8.1	7.7	10.1	115.6	47.8	43.2
B61A	Spinal cord conditions W or W/O OR procedures W catastrophic or severe CC	12.7	90.6	29.1	29.1	10.4	93.0	27.8	27.8	11.9	91.4	28.6	28.6
B61B	Spinal cord conditions W or W/O OR procedures W/O catastrophic or severe CC	8.7	45.5	12.2	11.4	6.0	44.0	7.9	7.3	7.3	45.0	10.1	9.3
B62Z	Apheresis	2.5	-	2.5	1.1	-	-	-	1.0	2.5	-	2.5	1.1
B63Z	Dementia and other chronic disturbances of cerebral function	11.2	127.3	74.9	66.9	9.7	90.8	26.8	21.9	10.0	109.9	41.1	34.3
B64A	Delirium W catastrophic CC	11.8	113.3	50.7	50.1	9.6	62.1	18.4	18.4	10.5	97.0	34.0	33.8
B64B	Delirium W/O catastrophic CC	7.2	94.0	15.4	15.0	6.4	54.1	7.9	7.5	6.6	74.1	9.7	9.4
B65Z	Cerebral palsy	4.6	139.0	8.5	1.9	6.1	89.5	14.9	7.3	5.1	106.0	10.8	2.6
B66A	Nervous system neoplasm W catastrophic or severe CC	9.5	71.7	19.3	16.4	10.5	52.1	15.2	13.6	10.0	63.6	17.3	15.1
B66B	Nervous system neoplasm W/O catastrophic or severe CC	6.3	47.7	10.9	4.7	5.9	46.1	7.4	5.9	6.1	47.2	8.8	5.2
B67A	Degenerative nervous system disorders W catastrophic or severe CC	11.2	101.9	39.9	38.2	10.6	78.2	23.1	22.4	10.9	92.4	31.0	29.8
B67B	Degenerative nervous system disorders W moderate CC	9.9	66.1	20.3	16.0	8.9	58.7	13.9	12.9	9.2	62.4	16.2	14.1
B67C	Degenerative nervous system disorders W/O CC	8.5	63.5	11.1	5.2	7.3	48.1	8.5	5.6	7.7	55.5	9.4	5.4
B68A	Multiple sclerosis and cerebellar ataxia W CC	11.4	101.4	26.1	21.5	9.5	72.2	16.3	15.4	10.2	86.8	20.2	18.1

Table 5.6: Average Length of Stay (Days) by AR-DRG and Patient Type for Voluntary, Non-Voluntary and All Hospitals (contd.)

AR-DRG	Description	Voluntary Hospitals				Non-Voluntary Hospitals				Total Hospitals			
		In-Patients			Total Discharges[a]	In-Patients			Total Discharges[a]	In-Patients			Total Discharges[a]
		Acute (0-30 days)	Extended (>30 days)	Total In-Patients		Acute (0-30 days)	Extended (>30 days)	Total In-Patients		Acute (0-30 days)	Extended (>30 days)	Total In-Patients	
B68B	Multiple sclerosis and cerebellar ataxia W/O CC	6.1	57.5	6.5	1.5	4.9	53.8	5.5	2.1	5.3	54.8	5.8	1.8
B69A	TIA and precerebral occlusion W catastrophic or severe CC	7.9	97.3	16.8	16.8	7.1	58.8	10.4	10.3	7.4	74.6	12.3	12.2
B69B	TIA and precerebral occlusion W/O catastrophic or severe CC	5.7	125.3	7.1	6.8	4.4	55.0	4.5	4.5	4.7	93.4	5.1	5.0
B70A	Stroke and other cerebrovascular disorders W catastrophic CC	15.3	107.0	62.7	62.7	15.2	73.1	39.2	39.2	15.2	86.7	47.4	47.4
B70B	Stroke and other cerebrovascular disorders W severe CC	12.8	83.3	28.8	28.8	12.2	62.4	20.0	20.0	12.4	71.0	22.9	22.9
B70C	Stroke and other cerebrovascular disorders W/O catastrophic or severe CC	9.1	68.6	14.7	14.4	8.8	53.9	12.0	11.9	8.8	58.8	12.8	12.6
B70D	Stroke and other cerebrovascular disorders, died or transferred <5 days	1.7	-	1.7	1.7	1.8	-	1.8	1.8	1.8	-	1.8	1.8
B71A	Cranial and peripheral nerve disorders W CC	8.7	69.0	13.0	9.5	7.3	51.6	9.8	8.9	7.8	59.0	11.0	9.1
B71B	Cranial and peripheral nerve disorders W/O CC	5.7	56.8	7.2	1.7	4.0	53.6	4.7	2.3	4.4	55.0	5.3	2.0
B72A	Nervous system infection except viral meningitis W cat or sev CC	14.3	74.1	23.9	23.9	13.4	80.2	25.5	25.5	13.8	77.8	24.8	24.8
B72B	Nervous system infection except viral meningitis W/O cat or sev CC	8.1	39.6	9.3	6.9	8.3	56.3	9.0	8.4	8.2	45.9	9.1	7.8
B73Z	Viral meningitis	5.5	-	5.5	5.4	5.8	-	5.8	5.8	5.7	-	5.7	5.7
B74A	Nontraumatic stupor and coma W CC	5.7	47.0	10.3	7.4	4.9	49.0	5.4	5.4	5.1	47.5	6.5	6.0
B74B	Nontraumatic stupor and coma W/O CC	2.1	-	2.1	1.4	3.2	-	3.2	3.2	3.0	-	3.0	2.6
B75Z	Febrile convulsions	1.9	-	1.9	1.9	1.7	-	1.7	1.7	1.8	-	1.8	1.7
B76A	Seizure W catastrophic or severe CC	7.6	111.7	17.2	17.0	6.0	62.6	8.0	8.0	6.5	90.6	11.2	11.1
B76B	Seizure W/O catastrophic or severe CC	3.8	48.8	4.1	2.9	2.9	61.6	3.1	3.0	3.1	56.6	3.4	3.0
B77Z	Headache	3.3	-	3.3	2.8	2.3	73.2	2.4	2.3	2.5	73.2	2.6	2.4
B78A	Intracranial injury W catastrophic or severe CC	10.3	87.9	34.1	34.1	10.7	78.5	26.6	26.6	10.6	83.0	29.7	29.7
B78B	Intracranial injury W/O catastrophic or severe CC	6.3	72.6	11.1	10.3	4.7	64.8	7.0	7.0	5.2	68.2	8.2	8.0
B79A	Skull fractures W catastrophic or severe CC	8.1	-	8.1	8.1	8.3	175.5	19.1	19.1	8.3	175.5	16.2	16.2
B79B	Skull fractures W/O catastrophic or severe CC	3.6	-	3.6	3.6	3.6	37.5	3.9	3.9	3.6	37.5	3.8	3.8
B80Z	Other head injury	1.6	127.4	2.5	2.5	1.7	60.4	1.9	1.9	1.7	93.9	2.0	2.0
B81A	Other disorders of the nervous system W catastrophic or severe CC	9.9	90.2	25.9	23.3	9.3	84.9	17.6	17.1	9.5	87.8	21.0	19.8
B81B	Other disorders of the nervous system W/O catastrophic or severe CC	5.6	68.7	7.9	2.9	4.6	56.5	5.2	4.3	4.9	63.2	6.0	3.5
B82A	Chronic and unspecified paraplegia/ quadriplegia W or W/O OR procs W cat CC	10.8	86.8	46.9	46.2	14.1	118.5	50.0	50.0	12.1	95.5	48.0	47.5
B82B	Chronic and unspecified paraplegia/ quadriplegia W or W/O OR procs W severe CC	10.6	65.7	27.4	18.3	8.6	83.7	20.5	20.0	9.6	71.0	24.4	18.9

Table 5.6: Average Length of Stay (Days) by AR-DRG and Patient Type for Voluntary, Non-Voluntary and All Hospitals (contd.)

AR-DRG	Description	Voluntary Hospitals				Non-Voluntary Hospitals				Total Hospitals			
		In-Patients			Total Discharges[a]	In-Patients			Total Discharges[a]	In-Patients			Total Discharges[a]
		Acute (0-30 days)	Extended (>30 days)	Total In-Patients		Acute (0-30 days)	Extended (>30 days)	Total In-Patients		Acute (0-30 days)	Extended (>30 days)	Total In-Patients	
B82C	Chronic and unspecified paraplegia/ quadriplegia W or W/O or pr W/O cat/sev CC	7.9	62.9	17.5	10.2	7.1	101.6	11.6	9.1	7.5	71.1	14.6	9.7
C01Z	Procedures for penetrating eye injury	4.4	-	4.4	4.4	4.2	-	4.2	4.1	4.3	-	4.3	4.3
C02Z	Enucleations and orbital procedures	3.6	-	3.6	2.9	5.4	-	5.4	5.0	4.1	-	4.1	3.5
C03Z	Retinal procedures	3.1	-	3.1	1.4	4.3	-	4.3	1.4	3.5	-	3.5	1.4
C04Z	Major corneal, scleral and conjunctival procedures	4.1	35.0	4.4	4.3	6.2	-	6.2	5.8	4.5	35.0	4.7	4.6
C05Z	Dacryocystorhinostomy	1.7	-	1.7	1.3	1.7	-	1.7	1.5	1.7	-	1.7	1.4
C10Z	Strabismus procedures	1.5	-	1.5	1.2	1.3	-	1.3	1.1	1.4	-	1.4	1.2
C11Z	Eyelid procedures	2.0	-	2.0	1.2	1.7	-	1.7	1.2	1.8	-	1.8	1.2
C12Z	Other corneal, scleral and conjunctival procedures	4.1	39.0	4.8	2.2	4.5	-	4.5	2.7	4.3	39.0	4.7	2.5
C13Z	Lacrimal procedures	3.5	-	3.5	1.0	2.7	-	2.7	1.1	3.0	-	3.0	1.1
C14Z	Other eye procedures	4.1	-	4.1	1.3	3.7	-	3.7	1.2	3.9	-	3.9	1.3
C15A	Glaucoma and complex cataract procedures	2.5	138.0	3.3	3.3	4.4	-	4.4	4.4	3.5	138.0	3.8	3.8
C15B	Glaucoma and complex cataract procedures, sameday	1.0	-	1.0	1.0	1.0	-	1.0	1.0	1.0	-	1.0	1.0
C16Z	Lens procedures	2.0	71.0	2.4	1.2	2.1	-	2.1	1.2	2.1	71.0	2.2	1.2
C60A	Acute and major eye infections W CC	7.0	228.0	34.6	34.6	9.7	65.0	11.5	11.5	8.9	173.7	19.4	19.4
C60B	Acute and major eye infections W/O CC	5.7	-	5.7	5.1	5.3	-	5.3	4.8	5.5	-	5.5	4.9
C61A	Neurological and vascular disorders of the eye W CC	7.3	48.0	8.1	6.0	6.1	50.0	6.6	6.3	6.5	49.0	7.2	6.2
C61B	Neurological and vascular disorders of the eye W/O CC	4.3	-	4.3	1.8	3.7	-	3.7	2.4	3.9	-	3.9	2.1
C62Z	Hyphema and medically managed trauma to the eye	2.4	56.6	4.0	3.5	2.3	45.7	2.6	2.4	2.3	52.5	3.1	2.8
C63Z	Other disorders of the eye	3.5	47.0	3.8	1.1	3.1	40.3	3.4	1.6	3.3	42.5	3.5	1.3
D01Z	Cochlear implant	7.0	-	7.0	7.0	-	-	-	-	7.0	-	7.0	7.0
D02A	Head and neck procedures W catastrophic or severe CC	13.7	54.6	20.7	20.7	8.5	39.0	18.7	18.7	13.3	52.0	20.5	20.5
D02B	Head and neck procedures W malignancy or moderate CC	10.2	35.5	10.9	10.7	8.7	-	8.7	8.7	10.0	35.5	10.6	10.3
D02C	Head and neck procedures W/O malignancy W/O CC	4.7	36.0	5.6	5.3	2.7	-	2.7	2.3	3.8	36.0	4.4	3.9
D03Z	Surgical repair for cleft lip or palate diagnosis	3.6	-	3.6	3.5	2.7	-	2.7	2.7	3.4	-	3.4	3.2
D04A	Maxillo surgery W CC	3.7	-	3.7	3.7	3.3	-	3.3	3.2	3.6	-	3.6	3.6
D04B	Maxillo surgery W/O CC	2.3	-	2.3	2.3	2.6	-	2.6	2.3	2.4	-	2.4	2.3
D05Z	Parotid gland procedures	4.5	-	4.5	4.5	3.6	-	3.6	3.6	4.1	-	4.1	4.1
D06Z	Sinus and complex middle ear procedures	2.8	-	2.8	2.5	1.9	-	1.9	1.8	2.4	-	2.4	2.2
D10Z	Nasal procedures	2.1	53.0	2.3	1.7	1.8	-	1.8	1.6	1.9	53.0	2.0	1.7
D11Z	Tonsillectomy and/or adenoidectomy	1.9	-	1.9	1.9	1.6	-	1.6	1.6	1.8	-	1.8	1.7

Table 5.6: Average Length of Stay (Days) by AR-DRG and Patient Type for Voluntary, Non-Voluntary and All Hospitals (contd.)

AR-DRG	Description	Voluntary Hospitals				Non-Voluntary Hospitals				Total Hospitals			
		In-Patients			Total Discharges[a]	In-Patients			Total Discharges[a]	In-Patients			Total Discharges[a]
		Acute (0-30 days)	Extended (>30 days)	Total In-Patients		Acute (0-30 days)	Extended (>30 days)	Total In-Patients		Acute (0-30 days)	Extended (>30 days)	Total In-Patients	
D12Z	Other ear, nose, mouth and throat procedures	3.7	43.8	4.0	2.3	2.0	62.0	2.2	1.6	2.9	47.4	3.1	2.0
D13Z	Myringotomy W tube insertion	2.0	-	2.0	1.1	1.6	-	1.6	1.0	1.8	-	1.8	1.0
D14Z	Mouth and salivary gland procedures	4.2	44.5	5.0	2.8	3.4	59.7	4.4	1.9	3.8	51.0	4.7	2.3
D15Z	Mastoid procedures	3.1	-	3.1	3.0	1.8	-	1.8	1.8	2.7	-	2.7	2.6
D40Z	Dental extractions and restorations	1.8	-	1.8	1.1	1.7	-	1.7	1.0	1.7	-	1.7	1.0
D60A	Ear, nose, mouth and throat malignancy W catastrophic or severe CC	9.9	53.9	24.2	19.9	8.6	60.2	20.4	18.1	9.4	55.8	22.7	19.2
D60B	Ear, nose, mouth and throat malignancy W/O catastrophic or severe CC	7.1	49.4	12.3	6.6	6.6	53.1	11.2	7.2	6.9	50.7	11.8	6.8
D61Z	Dysequilibrium	4.5	43.0	4.6	2.5	3.1	37.0	3.2	3.0	3.3	38.2	3.4	2.8
D62Z	Epistaxis	4.3	-	4.3	3.0	3.4	163.0	3.7	3.2	3.7	163.0	3.9	3.1
D63Z	Otitis media and uri	2.7	43.3	2.8	2.0	2.1	53.8	2.2	2.0	2.2	49.6	2.3	2.0
D64Z	Laryngotracheitis and epiglottitis	2.0	-	2.0	1.9	1.3	-	1.3	1.3	1.5	-	1.5	1.5
D65Z	Nasal trauma and deformity	1.7	.	1.7	1.3	1.5	233.7	3.6	1.9	1.6	233.7	2.8	1.7
D66A	Other ear, nose, mouth and throat diagnoses W CC	4.5	50.7	5.3	2.8	3.6	-	3.6	2.7	4.1	50.7	4.6	2.8
D66B	Other ear, nose, mouth and throat diagnoses W/O CC	1.8	-	1.8	1.1	2.3	-	2.3	1.3	2.0	-	2.0	1.2
D67A	Oral and dental disorders except extractions and restorations	3.2	115.7	4.3	4.3	2.7	33.7	2.8	2.8	2.8	74.7	3.3	3.3
D67B	Oral and dental disorders except extractions and restorations, sameday	1.0	-	1.0	1.0	1.0	-	1.0	1.0	1.0	-	1.0	1.0
E01A	Major chest procedures W catastrophic CC	15.1	65.0	24.4	24.4	16.5	46.0	24.0	24.0	15.4	59.8	24.3	24.3
E01B	Major chest procedures W/O catastrophic CC	10.2	45.4	10.8	10.5	9.8	35.5	10.4	10.0	10.0	41.0	10.6	10.4
E02A	Other respiratory system OR procedures W catastrophic CC	14.4	69.3	31.5	31.2	11.6	43.1	19.6	19.6	13.4	61.4	27.3	27.2
E02B	Other respiratory system OR procedures W severe or moderate CC	9.0	40.8	10.6	9.9	8.7	34.0	9.1	8.5	8.9	39.4	10.0	9.3
E02C	Other respiratory system OR procedures W/O CC	4.7	41.5	5.3	5.0	5.7	36.0	6.2	5.6	5.1	39.7	5.6	5.2
E40A	Respiratory system diagnosis W ventilator support W catastrophic CC	8.3	51.0	14.1	14.1	11.3	58.5	17.3	17.3	10.1	55.3	16.0	16.0
E40B	Respiratory system diagnosis W ventilator support W/O catastrophic CC	8.6	67.0	12.5	12.5	9.3	42.4	12.6	12.6	9.0	51.6	12.6	12.6
E41Z	Respiratory system diagnosis W non-invasive ventilation	13.4	60.7	19.9	19.9	10.7	51.9	15.2	15.2	11.8	56.1	17.2	17.2
E42A	Bronchoscopy W catastrophic CC	16.8	54.5	28.0	28.0	15.7	48.4	23.7	23.7	16.4	52.5	26.4	26.4
E42B	Bronchoscopy W/O catastrophic CC	8.9	51.5	11.6	11.6	8.4	44.5	9.9	9.9	8.7	48.9	10.8	10.8
E42C	Bronchoscopy, sameday	1.0	-	1.0	1.0	1.0	-	1.0	1.0	1.0	-	1.0	1.0
E60A	Cystic fibrosis W catastrophic or severe CC	12.4	65.6	17.2	16.3	10.3	-	10.3	10.3	12.0	65.6	16.1	15.4
E60B	Cystic fibrosis W/O catastrophic or severe CC	9.1	47.0	9.5	3.4	8.0	37.5	8.1	5.7	8.5	43.2	8.7	4.3
E61A	Pulmonary embolism W catastrophic CC	12.2	93.8	32.6	32.6	12.3	63.3	16.4	16.4	12.3	83.3	22.5	22.5

Table 5.6: Average Length of Stay (Days) by AR-DRG and Patient Type for Voluntary, Non-Voluntary and All Hospitals (contd.)

AR-DRG	Description	Voluntary Hospitals				Non-Voluntary Hospitals				Total Hospitals			
		In-Patients			Total Discharges[a]	In-Patients			Total Discharges[a]	In-Patients			Total Discharges[a]
		Acute (0-30 days)	Extended (>30 days)	Total In-Patients		Acute (0-30 days)	Extended (>30 days)	Total In-Patients		Acute (0-30 days)	Extended (>30 days)	Total In-Patients	
E61B	Pulmonary embolism W/O catastrophic CC	7.8	49.1	8.6	8.4	8.4	51.9	8.9	8.5	8.2	50.5	8.8	8.5
E62A	Respiratory infections/inflammations W catastrophic CC	11.1	83.5	29.5	29.5	10.7	58.0	16.0	16.0	10.8	71.1	20.3	20.3
E62B	Respiratory infections/inflammations W severe or moderate CC	8.2	91.1	13.6	13.5	7.9	47.8	9.3	9.3	8.0	65.5	10.4	10.4
E62C	Respiratory infections/inflammations W/O CC	4.5	44.8	4.7	4.6	4.6	41.1	4.8	4.8	4.6	41.8	4.8	4.7
E63Z	Sleep apnoea	1.4	32.0	1.4	1.4	1.6	-	1.6	1.6	1.5	32.0	1.5	1.5
E64A	Pulmonary oedema and respiratory failure W catastrophic CC	9.7	60.6	17.1	17.1	9.6	51.1	12.3	12.3	9.6	55.1	13.5	13.5
E64B	Pulmonary oedema and respiratory failure W/O catastrophic CC	7.8	56.3	9.3	8.9	6.3	72.9	8.0	8.0	6.5	69.6	8.3	8.2
E65A	Chronic obstructive airways disease W catastrophic CC	10.5	64.0	16.8	16.6	9.8	59.1	13.8	13.8	10.0	61.1	14.8	14.7
E65B	Chronic obstructive airways disease W/O catastrophic CC	7.1	54.8	8.1	5.9	6.3	43.4	6.8	6.7	6.5	48.5	7.2	6.4
E66A	Major chest trauma W catastrophic CC	7.8	53.0	32.5	32.5	13.7	66.5	19.0	19.0	12.4	56.4	23.7	23.7
E66B	Major chest trauma W severe or moderate CC	6.4	251.0	13.2	13.2	5.9	-	5.9	5.9	6.0	251.0	7.5	7.5
E66C	Major chest trauma W/O CC	3.8	38.0	5.2	5.2	2.9	-	2.9	2.9	3.0	38.0	3.1	3.1
E67A	Respiratory signs and symptoms W catastrophic or severe CC	6.0	41.0	6.7	5.5	5.0	42.5	5.3	5.0	5.5	41.4	6.0	5.3
E67B	Respiratory signs and symptoms W/O catastrophic or severe CC	3.1	76.0	3.2	2.2	2.2	-	2.2	2.0	2.5	76.0	2.5	2.1
E68A	Pneumothorax W CC	7.5	78.7	9.3	9.2	7.5	61.6	9.0	9.0	7.5	68.0	9.1	9.1
E68B	Pneumothorax W/O CC	4.6	-	4.6	4.5	4.4	35.0	4.5	4.4	4.4	35.0	4.5	4.4
E69A	Bronchitis and asthma W CC	6.0	59.0	6.6	6.3	5.0	37.0	5.2	5.1	5.4	48.0	5.7	5.6
E69B	Bronchitis and asthma W/O CC	2.7	-	2.7	1.9	2.5	-	2.5	2.2	2.5	-	2.5	2.1
E70A	Whooping cough and acute bronchiolitis W CC	6.3	46.0	6.6	6.6	4.5	-	4.5	4.5	5.5	46.0	5.7	5.7
E70B	Whooping cough and acute bronchiolitis W/O CC	3.4	-	3.4	3.3	2.8	-	2.8	2.8	3.0	-	3.0	2.9
E71A	Respiratory neoplasms W catastrophic CC	10.5	62.2	16.4	12.6	10.2	48.7	15.5	13.5	10.3	53.3	15.9	13.2
E71B	Respiratory neoplasms W/O catastrophic CC	7.5	50.6	11.8	4.4	6.7	43.9	7.9	5.7	7.0	47.9	9.2	5.0
E72Z	Respiratory problems arising from neonatal period	3.0	32.0	3.7	3.1	4.8	.	4.8	4.5	3.8	32.0	4.2	3.6
E73A	Pleural effusion W catastrophic CC	12.7	75.3	21.2	20.9	10.8	60.2	19.5	18.7	11.6	65.5	20.2	19.6
E73B	Pleural effusion W severe or moderate CC	8.1	34.3	9.3	8.5	8.0	38.4	8.8	8.4	8.1	36.5	9.0	8.4
E73C	Pleural effusion W/O CC	5.9	31.0	6.3	5.3	5.9	38.3	7.0	6.1	5.9	37.3	6.8	5.8
E74A	Interstitial lung disease W catastrophic CC	9.9	106.5	29.2	28.5	9.6	59.4	16.9	16.9	9.7	82.9	22.2	21.9
E74B	Interstitial lung disease W severe or moderate CC	8.5	41.8	10.7	9.5	6.8	37.3	7.6	7.2	7.4	39.8	8.6	8.0
E74C	Interstitial lung disease W/O CC	6.6	49.0	8.1	6.4	5.0	52.0	5.2	4.5	5.6	49.6	6.4	5.3
E75A	Other respiratory system diagnosis W catastrophic CC	10.9	87.4	22.6	22.6	9.7	55.9	13.4	13.3	10.0	70.3	16.2	16.1

Table 5.6: Average Length of Stay (Days) by AR-DRG and Patient Type for Voluntary, Non-Voluntary and All Hospitals (contd.)

AR-DRG	Description	Voluntary Hospitals				Non-Voluntary Hospitals				Total Hospitals			
		In-Patients			Total Discharges[a]	In-Patients			Total Discharges[a]	In-Patients			Total Discharges[a]
		Acute (0-30 days)	Extended (>30 days)	Total In-Patients		Acute (0-30 days)	Extended (>30 days)	Total In-Patients		Acute (0-30 days)	Extended (>30 days)	Total In-Patients	
E75B	Other respiratory system diagnosis W severe or moderate CC	6.8	63.0	8.1	8.0	6.6	53.3	7.4	7.4	6.6	56.3	7.6	7.5
E75C	Other respiratory system diagnosis W/O CC	3.8	39.0	3.8	3.6	3.5	39.0	3.6	3.5	3.6	39.0	3.6	3.5
E76Z	Respiratory tuberculosis	10.9	134.3	34.1	22.7	10.6	47.6	14.4	13.9	10.8	101.8	23.7	18.9
F01A	Implantation or replacement of AICD, total system W catastrophic CC	10.4	56.2	17.3	16.4	7.3	77.0	15.0	15.0	10.0	57.9	17.0	16.3
F01B	Implantation or replacement of AICD, total system W/O catastrophic CC	4.7	35.5	4.9	4.1	3.4	31.0	3.8	3.3	4.4	34.0	4.7	4.0
F02Z	Other AICD procedures	5.7	-	5.7	4.7	2.6	-	2.6	2.4	4.4	-	4.4	3.9
F03A	Cardiac valve proc W CPB pump W invasive cardiac investigation W cat CC	19.6	46.8	31.0	31.0	26.0	58.5	47.7	47.7	20.8	51.2	35.5	35.5
F03B	Cardiac valve proc W CPB pump W invasive cardiac investigation W/O cat CC	13.3	74.0	19.4	19.4	19.0	39.7	25.9	25.9	15.6	48.3	22.5	22.5
F04A	Cardiac valve proc W CPB pump W/O invasive cardiac inves W cat CC	13.6	45.2	17.5	17.5	15.3	53.9	19.9	19.9	14.1	47.6	18.2	18.2
F04B	Cardiac valve proc W CPB pump W/O invasive cardiac inves W/O cat CC	10.4	45.0	10.7	10.7	12.3	33.0	12.7	12.7	11.3	37.0	11.6	11.6
F05A	Coronary bypass W invasive cardiac investigation W reoperation or W cat CC	18.0	41.1	24.3	24.3	20.3	35.8	25.1	25.1	19.3	37.9	24.8	24.8
F05B	Coronary bypass W invasive cardiac investigation W/O reoperation W/O cat CC	17.8	.	17.8	17.8	16.7	38.0	17.1	17.1	17.0	38.0	17.3	17.3
F06A	Coronary bypass W/O invasive cardiac inves W reoperation or W cat or sev CC	12.2	43.3	13.4	13.4	13.8	54.0	16.6	16.6	12.8	48.6	14.6	14.6
F06B	Coronary bypass W/O invasive cardiac inves W/O reoperation W/O cat or sev CC	9.3	-	9.3	9.3	10.4	-	10.4	10.4	9.9	-	9.9	9.9
F07A	Other cardiothoracic/vascular procedures W CPB pump W catastrophic CC	14.5	47.1	20.2	20.2	12.8	43.5	18.9	18.9	14.2	46.4	19.9	19.9
F07B	Other cardiothoracic/vascular procedures W CPB pump W severe or moderate CC	9.9	32.0	10.4	10.4	14.1	-	14.1	14.1	10.7	32.0	11.1	11.1
F07C	Other cardiothoracic/vascular procedures W CPB pump W/O CC	9.9	-	9.9	9.5	12.0	-	12.0	12.0	10.4	-	10.4	10.1
F08A	Major reconstruct vascular procedures W/O CPB pump W catastrophic CC	15.0	50.6	22.0	21.9	13.2	60.9	26.8	26.8	14.5	54.6	23.5	23.4
F08B	Major reconstruct vascular procedures W/O CPB pump W/O catastrophic CC	10.1	39.9	11.0	11.0	9.6	40.3	10.8	10.7	9.9	40.1	10.9	10.9
F09A	Other cardiothoracic procedures W/O CPB pump W catastrophic CC	11.5	42.3	14.3	14.3	10.3	53.3	18.9	18.9	11.3	47.0	15.5	15.5
F09B	Other cardiothoracic procedures W/O CPB pump W severe or moderate CC	7.1	-	7.1	6.7	7.4	-	7.4	7.4	7.2	-	7.2	6.9
F09C	Other cardiothoracic procedures W/O CPB pump W/O CC	5.1	-	5.1	4.2	5.5	-	5.5	5.2	5.2	-	5.2	4.4

Table 5.6: Average Length of Stay (Days) by AR-DRG and Patient Type for Voluntary, Non-Voluntary and All Hospitals (contd.)

AR-DRG	Description	Voluntary Hospitals				Non-Voluntary Hospitals				Total Hospitals			
		In-Patients			Total Discharges[a]	In-Patients			Total Discharges[a]	In-Patients			Total Discharges[a]
		Acute (0-30 days)	Extended (>30 days)	Total In-Patients		Acute (0-30 days)	Extended (>30 days)	Total In-Patients		Acute (0-30 days)	Extended (>30 days)	Total In-Patients	
F10A	Interventional coronary procedures W AMI W catastrophic CC	8.5	48.0	10.6	10.6	9.8	35.7	11.7	11.7	8.9	43.4	10.9	10.9
F10B	Interventional coronary procedures W AMI W/O catastrophic CC	4.3	37.0	4.3	4.0	4.1	36.0	4.2	3.8	4.2	36.7	4.3	3.9
F11A	Amputation for circ system except upper limb and toe W catastrophic CC	18.0	80.1	53.7	53.7	18.8	69.5	51.0	51.0	18.2	76.8	52.9	52.9
F11B	Amputation for circ system except upper limb and toe W/O catastrophic CC	15.3	78.9	41.5	41.5	16.2	48.3	23.4	23.4	15.8	66.9	31.7	31.7
F12A	Implantation or replacement of pacemaker, total system W catastrophic CC	10.7	62.3	19.0	19.0	11.0	49.8	15.3	14.9	10.8	58.5	17.5	17.3
F12B	Implantation or replacement of pacemaker, total system W/O catastrophic CC	5.7	176.5	9.2	5.8	4.4	35.0	4.5	3.6	5.1	156.3	6.9	4.8
F13A	Upper limb and toe amputation for circulatory sys disorders W cat or sev CC	16.0	54.2	22.7	22.7	17.2	53.7	23.6	22.4	16.4	54.0	23.0	22.6
F13B	Upper limb and toe amputation for circulatory sys disorders W/O cat or sev CC	9.1	-	9.1	8.5	8.0	-	8.0	7.4	8.6	-	8.6	8.0
F14A	Vascular procs except major reconstruction W/O CPB pump W cat CC	10.7	59.4	19.0	18.9	10.5	43.8	15.9	15.7	10.7	54.5	18.0	17.9
F14B	Vascular procs except major reconstruction W/O CPB pump W sev or mod CC	8.0	42.3	8.5	7.9	7.7	47.0	8.7	8.4	7.9	44.7	8.6	8.1
F14C	Vascular procs except major reconstruction W/O CPB pump W/O CC	5.0	38.0	5.1	3.9	4.0	47.0	4.2	3.9	4.6	42.5	4.8	3.9
F15A	Interventional coronary procs W/O AMI W stent implantation W cat or sev CC	5.9	37.0	6.3	6.2	4.8	48.0	5.2	4.1	5.6	39.8	5.9	5.5
F15B	Interventional coronary procs W/O AMI W stent implantation W/O cat or sev CC	2.7	56.5	2.8	2.3	2.7	-	2.7	2.3	2.7	56.5	2.8	2.3
F16A	Interventional coronary procedures W/O AMI W/O stent implantation W CC	6.1	-	6.1	6.1	3.7	-	3.7	3.4	5.6	-	5.6	5.5
F16B	Interventional coronary procedures W/O AMI W/O stent implantation W/O CC	2.9	-	2.9	2.4	2.4	-	2.4	2.1	2.7	-	2.7	2.3
F17A	Insertion or replacement of pacemaker generator W catastrophic or severe CC	9.6	93.5	18.5	16.8	6.8	49.0	9.9	8.8	8.9	84.6	16.2	14.6
F17B	Insertion or replacement of pacemaker generator W/O catastrophic or severe CC	3.7	35.0	4.0	3.0	3.3	-	3.3	2.6	3.5	35.0	3.7	2.8
F18A	Other pacemaker procedures W CC	6.9	-	6.9	6.3	4.4	-	4.4	4.2	5.4	-	5.4	5.0
F18B	Other pacemaker procedures W/O CC	2.9	-	2.9	2.2	4.5	-	4.5	3.9	3.8	-	3.8	3.1
F19Z	Trans-vascular percutaneous cardiac intervention	3.2	59.0	4.2	3.8	7.4	48.0	9.9	8.9	3.7	55.3	4.9	4.5
F20Z	Vein ligation and stripping	1.6	61.0	1.8	1.3	1.8	75.0	2.0	1.4	1.7	68.0	1.9	1.3
F21A	Other circulatory system OR procedures W catastrophic CC	13.2	63.9	30.6	30.6	8.3	49.4	20.4	20.4	11.4	59.4	27.1	27.1

Table 5.6: Average Length of Stay (Days) by AR-DRG and Patient Type for Voluntary, Non-Voluntary and All Hospitals (contd.)

AR-DRG	Description	Voluntary Hospitals				Non-Voluntary Hospitals				Total Hospitals			
		In-Patients			Total Discharges[a]	In-Patients			Total Discharges[a]	In-Patients			Total Discharges[a]
		Acute (0-30 days)	Extended (>30 days)	Total In-Patients		Acute (0-30 days)	Extended (>30 days)	Total In-Patients		Acute (0-30 days)	Extended (>30 days)	Total In-Patients	
F21B	Other circulatory system OR procedures W/O catastrophic CC	8.9	173.0	13.1	12.0	9.8	44.4	13.8	12.0	9.4	65.8	13.4	12.0
F40A	Circulatory system diagnosis W ventilator support W catastrophic CC	7.5	44.0	11.0	11.0	8.0	72.0	12.7	12.7	7.8	60.8	12.1	12.1
F40B	Circulatory system diagnosis W ventilator support W/O catastrophic CC	6.2	-	6.2	6.2	6.6	45.0	7.3	7.3	6.5	45.0	7.0	7.0
F41A	Circulatory disorders W AMI W invasive cardiac inves proc W cat or sev CC	10.3	57.1	13.4	13.1	9.8	35.5	11.4	10.0	10.1	49.9	12.7	11.9
F41B	Circulatory disorders W AMI W invasive cardiac inves proc W/O cat or sev CC	4.9	47.0	5.0	4.4	6.1	41.0	6.5	5.4	5.5	42.2	5.8	4.9
F42A	Circulatory disorders W/O AMI W invasive cardiac inves proc W cat or sev CC	10.0	57.6	13.8	13.8	8.0	39.3	9.3	9.3	9.3	53.7	12.3	12.3
F42B	Circulatory disorders W/O AMI W invasive cardiac inves proc W/O cat or sev CC	4.6	40.9	4.7	4.7	4.7	45.6	4.8	4.8	4.6	42.8	4.8	4.8
F42C	Circulatory disorders W/O AMI W invasive cardiac inves proc, sameday	1.0	-	1.0	1.0	1.0	-	1.0	1.0	1.0	-	1.0	1.0
F43Z	Circulatory system diagnosis W non-invasive ventilation	14.0	75.8	25.2	25.2	10.5	48.9	13.6	13.6	11.8	65.0	18.2	18.2
F60A	Circulatory disorders W AMI W/O invasive cardiac inves proc W catastrophic CC	10.9	91.6	28.8	28.8	11.4	61.1	16.7	16.7	11.2	77.8	21.2	21.2
F60B	Circulatory disorders W AMI W/O invasive cardiac inves pr W/O catastrophic CC	6.4	62.4	8.8	8.8	5.7	54.5	6.2	6.2	5.8	58.0	6.6	6.6
F61A	Infective endocarditis W catastrophic CC	14.8	48.7	38.2	38.2	17.6	43.8	29.5	29.5	16.9	46.1	32.7	32.7
F61B	Infective endocarditis W/O catastrophic CC	15.9	44.7	25.5	20.8	12.8	44.3	17.7	14.9	13.8	44.5	20.4	17.0
F62A	Heart failure and shock W catastrophic CC	11.7	74.6	26.0	25.9	12.0	58.6	18.6	18.6	11.9	66.0	21.1	21.1
F62B	Heart failure and shock W/O catastrophic CC	8.3	81.4	12.4	11.9	7.4	43.3	8.2	8.1	7.5	57.8	9.0	8.8
F63A	Venous thrombosis W catastrophic or severe CC	7.7	37.7	9.3	8.9	9.3	47.0	11.5	11.0	8.6	43.6	10.6	10.2
F63B	Venous thrombosis W/O catastrophic or severe CC	5.2	45.5	5.4	4.4	5.3	36.5	5.3	4.8	5.2	41.0	5.4	4.7
F64A	Skin ulcers in circulatory disorders W catastrophic or severe CC	15.4	49.4	20.6	20.2	11.9	47.3	16.6	16.3	13.4	48.3	18.3	18.0
F64B	Skin ulcers in circulatory disorders W/O catastrophic or severe CC	8.0	73.7	15.0	10.3	8.4	42.6	9.6	9.1	8.3	62.6	11.6	9.6
F65A	Peripheral vascular disorders W catastrophic or severe CC	8.7	65.0	13.6	12.0	8.1	53.6	11.2	11.0	8.4	59.3	12.3	11.5
F65B	Peripheral vascular disorders W/O catastrophic or severe CC	4.8	97.7	5.5	3.5	4.9	32.0	5.0	3.5	4.9	71.4	5.2	3.5
F66A	Coronary atherosclerosis W catastrophic or severe CC	6.6	52.5	7.5	7.1	8.1	49.9	9.5	9.5	7.8	50.3	9.1	9.0
F66B	Coronary atherosclerosis W/O catastrophic or severe CC	3.5	32.0	3.6	2.8	4.2	47.1	4.5	4.3	4.1	46.2	4.4	4.0
F67A	Hypertension W catastrophic or severe CC	6.7	61.7	9.4	8.3	5.7	68.0	6.4	6.3	6.1	63.3	7.6	7.2

Table 5.6: Average Length of Stay (Days) by AR-DRG and Patient Type for Voluntary, Non-Voluntary and All Hospitals (contd.)

AR-DRG	Description	Voluntary Hospitals				Non-Voluntary Hospitals				Total Hospitals			
		In-Patients			Total Discharges[a]	In-Patients			Total Discharges[a]	In-Patients			Total Discharges[a]
		Acute (0-30 days)	Extended (>30 days)	Total In-Patients		Acute (0-30 days)	Extended (>30 days)	Total In-Patients		Acute (0-30 days)	Extended (>30 days)	Total In-Patients	
F67B	Hypertension W/O catastrophic or severe CC	4.0	-	4.0	2.4	2.9	54.3	3.0	2.8	3.0	54.3	3.2	2.7
F68A	Congenital heart disease W CC	6.0	39.0	7.0	3.2	5.7	71.0	9.3	7.3	5.9	49.7	7.5	3.6
F68B	Congenital heart disease W/O CC	2.6	-	2.6	1.3	2.2	81.0	4.0	2.3	2.5	81.0	3.1	1.5
F69A	Valvular disorders W catastrophic or severe CC	8.3	72.1	13.7	12.0	7.6	42.2	10.6	10.0	7.9	54.2	11.9	10.9
F69B	Valvular disorders W/O catastrophic or severe CC	3.2	229.0	4.0	2.4	2.4	41.5	2.6	2.4	2.6	68.3	2.8	2.4
F72A	Unstable angina W catastrophic or severe CC	7.4	47.0	7.9	7.6	7.0	80.7	7.7	7.7	7.1	72.3	7.7	7.7
F72B	Unstable angina W/O catastrophic or severe CC	4.0	-	4.0	3.9	4.1	49.8	4.2	4.1	4.1	49.8	4.2	4.1
F73A	Syncope and collapse W catastrophic or severe CC	7.8	96.6	16.5	15.7	7.0	75.4	9.5	9.5	7.3	86.5	11.5	11.3
F73B	Syncope and collapse W/O catastrophic or severe CC	4.4	49.8	4.8	2.1	3.3	93.1	3.5	3.4	3.5	73.4	3.8	2.9
F74Z	Chest pain	2.5	98.5	2.5	2.2	2.4	34.7	2.4	2.3	2.4	60.2	2.4	2.3
F75A	Other circulatory system diagnoses W catastrophic CC	11.8	45.6	16.5	16.1	9.8	62.9	15.4	15.3	10.7	53.6	15.9	15.7
F75B	Other circulatory system diagnoses W severe or moderate CC	6.8	45.9	7.8	6.7	6.2	38.3	6.4	6.1	6.4	44.2	6.9	6.4
F75C	Other circulatory system diagnoses W/O CC	4.3	-	4.3	2.9	3.3	35.0	3.4	3.1	3.6	35.0	3.6	3.0
F76A	Arrhythmia, cardiac arrest and conduction disorders W cat or sev CC	8.0	84.4	12.0	11.5	7.6	66.5	9.9	9.6	7.7	73.4	10.5	10.2
F76B	Arrhythmia, cardiac arrest and conduction disorders W/O cat or sev CC	3.9	67.0	4.2	3.1	3.9	43.1	4.1	3.6	3.9	50.7	4.1	3.4
G01A	Rectal resection W catastrophic CC	18.3	57.6	34.9	34.9	17.4	50.2	27.2	27.2	17.8	54.4	30.9	30.9
G01B	Rectal resection W/O catastrophic CC	12.3	42.4	13.8	13.7	13.9	43.5	15.4	15.4	13.3	43.1	14.8	14.7
G02A	Major small and large bowel procedures W catastrophic CC	17.2	69.5	33.8	33.7	16.5	49.5	24.8	24.8	16.8	59.9	28.9	28.9
G02B	Major small and large bowel procedures W/O catastrophic CC	11.6	52.1	14.1	13.7	12.1	40.4	13.5	13.2	11.9	45.7	13.7	13.4
G03A	Stomach, oesophageal and duodenal procedure W malignancy or W catastrophic CC	15.9	64.7	28.7	28.2	14.4	48.7	21.0	20.6	15.3	60.2	26.0	25.5
G03B	Stomach, oesophageal and duodenal procedures W/O malignancy W sev or mod CC	10.9	42.0	11.4	11.4	11.6	32.0	12.0	12.0	11.2	37.0	11.6	11.6
G03C	Stomach, oesophageal and duodenal procedures W/O malignancy W/O CC	5.7	-	5.7	4.6	5.5	46.0	6.1	5.6	5.6	46.0	5.9	5.0
G04A	Peritoneal adhesiolysis W catastrophic CC	17.3	50.2	25.7	25.7	15.0	43.5	19.2	19.2	16.2	47.9	22.7	22.7
G04B	Peritoneal adhesiolysis W severe or moderate CC	13.4	35.0	15.1	15.1	11.6	38.5	12.3	12.3	12.3	36.2	13.4	13.4
G04C	Peritoneal adhesiolysis W/O CC	5.8	56.0	6.1	5.4	5.3	33.0	5.4	5.1	5.4	40.7	5.6	5.2
G05A	Minor small and large bowel procedures W catastrophic CC	14.9	50.5	20.3	20.3	15.6	59.0	19.5	19.5	15.2	53.3	20.0	20.0

Table 5.6: Average Length of Stay (Days) by AR-DRG and Patient Type for Voluntary, Non-Voluntary and All Hospitals (contd.)

AR-DRG	Description	Voluntary Hospitals				Non-Voluntary Hospitals				Total Hospitals			
		In-Patients			Total Discharges[a]	In-Patients			Total Discharges[a]	In-Patients			Total Discharges[a]
		Acute (0-30 days)	Extended (>30 days)	Total In-Patients		Acute (0-30 days)	Extended (>30 days)	Total In-Patients		Acute (0-30 days)	Extended (>30 days)	Total In-Patients	
G05B	Minor small and large bowel procedures W severe or moderate CC	10.1	35.0	10.7	10.7	10.0	32.5	10.9	10.9	10.0	33.3	10.8	10.8
G05C	Minor small and large bowel procedures W/O CC	8.2	55.0	8.7	7.8	7.7	50.0	8.1	7.6	7.9	52.5	8.4	7.7
G06Z	Pyloromyotomy procedure	3.7	.	3.7	3.7	4.8	.	4.8	4.8	3.9	-	3.9	3.9
G07A	Appendicectomy W malignancy or peritonitis or W catastrophic or severe CC	6.1	47.3	6.5	6.5	5.1	52.5	5.2	5.2	5.4	49.4	5.6	5.6
G07B	Appendicectomy W/O malignancy or peritonitis W/O cat or sev CC	3.3	-	3.3	3.3	3.2	-	3.2	3.2	3.2	-	3.2	3.2
G10A	Hernia procedures W CC	6.8	92.5	9.9	9.4	6.2	64.5	6.5	6.3	6.4	85.5	7.6	7.4
G10B	Hernia procedures W/O CC	2.5	46.0	2.5	1.8	2.8	40.0	2.8	2.2	2.7	43.0	2.7	2.1
G11Z	Anal and stomal procedures	4.2	69.9	5.1	2.6	3.2	47.9	3.6	1.9	3.6	58.9	4.1	2.1
G12A	Other digestive system OR procedures W catastrophic CC	12.6	56.0	23.5	20.9	12.6	58.5	24.1	23.7	12.6	57.0	23.8	22.0
G12B	Other digestive system OR procedures W severe or moderate CC	9.5	40.8	10.6	8.4	8.7	55.7	12.7	12.1	9.2	50.4	11.4	9.7
G12C	Other digestive system OR procedures W/O CC	6.1	41.5	6.4	5.1	5.1	33.0	5.4	4.3	5.5	35.8	5.8	4.6
G46A	Complex gastroscopy W catastrophic CC	14.2	69.7	28.4	28.4	14.1	60.6	24.0	24.0	14.1	66.4	26.6	26.6
G46B	Complex gastroscopy W/O catastrophic CC	7.2	54.5	7.8	7.8	6.3	51.9	7.2	7.2	6.6	52.7	7.4	7.4
G46C	Complex gastroscopy, sameday	1.0	-	1.0	1.0	1.0	-	1.0	1.0	1.0	-	1.0	1.0
G47A	Other gastroscopy W catastrophic CC	12.2	64.3	20.2	20.2	12.6	46.6	18.5	18.5	12.4	54.8	19.3	19.3
G47B	Other gastroscopy W/O catastrophic CC	5.2	40.5	5.5	5.5	4.5	49.0	4.8	4.8	4.7	45.7	5.0	5.0
G47C	Other gastroscopy, sameday	1.0	-	1.0	1.0	1.0	-	1.0	1.0	1.0	-	1.0	1.0
G48A	Colonoscopy W catastrophic or severe CC	9.4	51.1	13.8	13.8	10.0	57.4	12.7	12.7	9.7	54.0	13.1	13.1
G48B	Colonoscopy W/O catastrophic or severe CC	5.6	75.8	6.6	6.6	4.8	42.4	5.1	5.1	5.0	57.4	5.5	5.5
G48C	Colonoscopy, sameday	1.0	-	1.0	1.0	1.0	-	1.0	1.0	1.0	-	1.0	1.0
G60A	Digestive malignancy W catastrophic CC	11.0	50.9	16.4	14.5	10.6	50.1	15.1	12.5	10.7	50.5	15.6	13.3
G60B	Digestive malignancy W/O catastrophic CC	6.8	47.5	10.8	3.6	5.6	42.3	7.0	3.9	6.1	45.6	8.6	3.7
G61A	GI haemorrhage W catastrophic or severe CC	7.1	44.0	8.0	7.9	6.2	67.0	7.8	7.3	6.4	61.3	7.8	7.4
G61B	GI haemorrhage W/O catastrophic or severe CC	3.1	33.0	3.3	2.6	3.3	49.6	3.6	3.3	3.3	46.8	3.6	3.1
G62Z	Complicated peptic ulcer	8.0	-	8.0	2.3	5.4	47.0	6.1	5.6	6.0	47.0	6.6	3.6
G63Z	Uncomplicated peptic ulcer	4.0	-	4.0	3.4	3.3	-	3.3	3.1	3.4	-	3.4	3.1
G64A	Inflammatory bowel disease W CC	6.1	97.0	7.5	5.4	8.1	33.5	8.5	6.5	7.4	54.7	8.2	6.1
G64B	Inflammatory bowel disease W/O CC	4.6	31.0	4.7	1.4	4.5	64.0	4.7	1.9	4.5	47.5	4.7	1.7
G65A	GI obstruction W catastrophic or severe CC	8.9	43.7	11.8	11.8	8.0	51.9	9.8	9.8	8.3	47.8	10.5	10.5
G65B	GI obstruction W/O catastrophic or severe CC	4.2	52.0	4.4	4.3	4.4	32.0	4.5	4.4	4.4	42.0	4.4	4.4
G66Z	Abdominal pain or mesenteric adenitis	2.5	47.7	2.6	2.3	2.3	41.3	2.3	2.3	2.4	44.5	2.4	2.3
G67A	Oesophagitis and gastroenteritis W cat/sev CC	6.9	81.9	11.1	10.2	6.9	58.8	9.4	9.3	6.9	66.0	9.9	9.6
G67B	Oesophagitis and gastroenteritis W/O cat/sev CC	2.4	88.0	2.5	1.9	2.3	37.6	2.4	2.3	2.3	48.8	2.4	2.2

Table 5.6: Average Length of Stay (Days) by AR-DRG and Patient Type for Voluntary, Non-Voluntary and All Hospitals (contd.)

AR-DRG	Description	Voluntary Hospitals				Non-Voluntary Hospitals				Total Hospitals			
		In-Patients			Total Discharges[a]	In-Patients			Total Discharges[a]	In-Patients			Total Discharges[a]
		Acute (0-30 days)	Extended (>30 days)	Total In-Patients		Acute (0-30 days)	Extended (>30 days)	Total In-Patients		Acute (0-30 days)	Extended (>30 days)	Total In-Patients	
G70A	Other digestive system diagnoses W catastrophic or severe CC	6.8	71.3	9.1	7.8	6.2	61.3	7.6	7.3	6.4	65.5	8.1	7.5
G70B	Other digestive system diagnoses W/O catastrophic or severe CC	3.8	39.6	4.0	2.4	3.3	38.4	3.4	2.8	3.5	39.0	3.5	2.7
H01A	Pancreas, liver and shunt procedures W catastrophic CC	15.9	53.2	26.3	26.3	23.7	67.0	45.3	45.3	16.2	54.5	27.4	27.4
H01B	Pancreas, liver and shunt procedures W/O catastrophic CC	11.7	36.7	12.3	11.9	11.5	31.0	12.5	12.5	11.7	35.3	12.3	11.9
H02A	Major biliary tract procedures W catastrophic CC	16.2	39.0	20.8	19.5	20.9	46.5	23.6	23.6	17.7	40.4	21.6	20.7
H02B	Major biliary tract procedures W severe CC	14.6	38.8	18.1	16.3	14.7	35.5	16.8	16.8	14.6	38.0	17.7	16.4
H02C	Major biliary tract procedures W/O catastrophic or severe CC	10.9	40.3	12.5	9.9	10.7	35.7	12.6	12.0	10.9	38.3	12.5	10.5
H05A	Hepatobiliary diagnostic procedures W catastrophic CC	13.0	56.0	24.1	24.1	13.2	41.3	18.8	18.8	13.0	51.6	22.2	22.2
H05B	Hepatobiliary diagnostic procedures W/O catastrophic CC	8.4	.	8.4	6.8	6.8	39.5	8.4	8.4	7.8	39.5	8.4	7.2
H06A	Other hepatobiliary and pancreas OR procedures W catastrophic CC	14.0	69.3	26.5	26.5	10.6	49.1	22.5	22.5	12.9	61.2	25.2	25.2
H06B	Other hepatobiliary and pancreas OR procedures W/O catastrophic CC	7.2	35.3	8.3	7.3	9.4	35.7	11.6	10.7	7.9	35.5	9.3	8.3
H07A	Open cholecystectomy W closed cde or W catastrophic CC	12.9	50.3	22.7	22.7	16.7	41.8	24.1	24.1	14.0	47.5	23.1	23.1
H07B	Open cholecystectomy W/O closed cde W/O catastrophic CC	9.5	33.0	9.9	9.6	8.4	-	8.4	8.2	8.7	33.0	8.8	8.6
H08A	Laparoscopic cholecystectomy W closed cde or W (cat or sev CC)	9.7	46.0	10.1	10.1	6.9	42.3	7.5	7.4	8.3	43.8	8.8	8.7
H08B	Laparoscopic cholecystectomy W/O closed cde W/O cat or sev CC	3.4	-	3.4	3.1	3.1	-	3.1	2.9	3.1	-	3.1	3.0
H40A	Endoscopic procedures for bleeding oesophageal varices W catastrophic CC	11.4	56.7	18.9	18.9	12.0	42.7	30.4	30.4	11.5	49.7	21.4	21.4
H40B	Endoscopic procedures for bleeding oesophageal varices W/O catastrophic CC	8.2	-	8.2	7.9	9.5	-	9.5	7.9	8.6	-	8.6	7.9
H43A	ERCP procedures W catastrophic or severe CC	10.5	46.5	14.5	14.2	10.5	42.4	13.8	12.4	10.5	44.9	14.2	13.4
H43B	ERCP procedures W/O catastrophic or severe CC	6.1	33.6	6.4	2.9	6.7	45.3	7.1	4.4	6.3	38.8	6.7	3.4
H60A	Cirrhosis and alcoholic hepatitis W catastrophic CC	11.8	45.7	17.1	17.0	12.8	47.0	20.4	20.0	12.2	46.3	18.4	18.2
H60B	Cirrhosis and alcoholic hepatitis W severe or moderate CC	7.1	51.9	8.5	7.6	8.1	41.1	9.4	9.0	7.7	45.0	9.0	8.4
H60C	Cirrhosis and alcoholic hepatitis W/O CC	4.9	52.0	5.5	3.3	6.2	43.0	6.5	4.4	5.7	47.5	6.1	3.9

Table 5.6: Average Length of Stay (Days) by AR-DRG and Patient Type for Voluntary, Non-Voluntary and All Hospitals (contd.)

AR-DRG	Description	Voluntary Hospitals				Non-Voluntary Hospitals				Total Hospitals			
		In-Patients			Total Discharges[a]	In-Patients			Total Discharges[a]	In-Patients			Total Discharges[a]
		Acute (0-30 days)	Extended (>30 days)	Total In-Patients		Acute (0-30 days)	Extended (>30 days)	Total In-Patients		Acute (0-30 days)	Extended (>30 days)	Total In-Patients	
H61A	Malignancy of hepatobiliary system, pancreas W catastrophic CC	11.2	48.9	17.0	16.5	11.7	49.2	15.4	14.8	11.5	49.0	16.1	15.6
H61B	Malignancy of hepatobiliary system, pancreas W/O catastrophic CC	7.3	56.0	10.0	4.5	8.5	47.3	10.2	7.3	8.1	51.3	10.1	5.8
H62A	Disorders of pancreas except for malignancy W catastrophic or severe CC	9.7	50.6	12.5	12.1	9.9	62.5	12.9	12.9	9.8	57.1	12.7	12.5
H62B	Disorders of pancreas except for malignancy W/O catastrophic or severe CC	5.6	43.3	5.9	4.2	5.7	56.2	6.0	5.9	5.6	51.9	6.0	5.3
H63A	Disorders of liver except malig, cirrhosis, alcoholic hepatitis W cat/sev CC	8.3	50.1	11.7	11.0	8.7	52.0	11.8	11.4	8.5	51.0	11.7	11.2
H63B	Disorders of liver excep malig, cirrhosis, alcoholic hepatitis W/O cat/sev CC	4.0	32.0	4.0	2.0	4.2	32.7	4.4	3.2	4.1	32.5	4.2	2.5
H64A	Disorders of the biliary tract W CC	7.5	62.3	9.6	8.5	8.1	67.1	9.6	9.4	8.0	65.5	9.6	9.2
H64B	Disorders of the biliary tract W/O CC	4.7	.	4.7	3.4	4.5	37.2	4.6	4.3	4.5	37.2	4.6	4.2
I01A	Bilateral/multiple major joint proc of lower extremity W revision or W cat CC	18.0	76.6	44.6	44.6	17.9	73.9	55.3	55.3	17.9	74.6	51.9	51.9
I01B	Bilateral/multiple major joint pr of lower extremity W/O revision W/O cat CC	14.7	-	14.7	14.7	11.1	-	11.1	11.1	11.6	-	11.6	11.6
I02A	Microvascular tissue transfer or (skin graft W cat or sev CC), excluding hand	15.0	67.7	44.3	44.3	18.4	45.3	26.1	26.1	16.9	61.3	36.3	36.3
I02B	Skin graft W/O catastrophic or severe CC, excluding hand	8.7	110.7	16.8	14.3	10.0	40.5	12.1	11.4	9.3	82.6	14.7	13.1
I03A	Hip replacement W catastrophic CC	15.9	67.2	35.7	35.7	15.7	52.9	24.7	24.7	15.7	60.6	29.3	29.3
I03B	Hip replacement W/O catastrophic CC	9.7	69.8	11.7	11.7	9.8	45.8	10.4	10.4	9.8	55.1	10.7	10.7
I04A	Knee replacement W catastrophic or severe CC	11.8	226.0	20.9	20.9	11.8	45.1	13.6	13.6	11.8	99.4	16.2	16.2
I04B	Knee replacement W/O catastrophic or severe CC	8.5	56.0	8.6	8.6	8.9	34.0	8.9	8.9	8.7	45.0	8.8	8.8
I05A	Other joint replacement W catastrophic or severe CC	10.3	38.0	12.1	12.1	8.6	-	8.6	7.8	9.6	38.0	10.8	10.4
I05B	Other joint replacement W/O catastrophic or severe CC	6.3	-	6.3	6.3	5.1	-	5.1	5.1	5.6	-	5.6	5.6
I06Z	Spinal fusion W deformity	7.6	62.3	8.9	8.8	8.5	-	8.5	8.5	7.7	62.3	8.9	8.8
I07Z	Amputation	12.2	112.8	40.1	40.1	11.1	55.0	14.8	14.8	11.7	103.2	30.0	30.0
I08A	Other hip and femur procedures W catastrophic CC	17.2	97.1	55.7	55.7	16.2	52.4	27.7	27.7	16.5	76.4	39.9	39.9
I08B	Other hip and femur procedures W/O catastrophic CC	9.1	70.1	13.6	13.3	10.4	47.9	12.0	12.0	10.0	57.7	12.5	12.4
I09A	Spinal fusion W catastrophic CC	10.3	44.9	18.9	18.9	16.0	45.7	27.1	27.1	11.2	45.1	20.6	20.6
I09B	Spinal fusion W/O catastrophic CC	7.4	59.9	9.1	9.1	7.3	87.0	8.1	8.1	7.4	62.6	8.9	8.9
I10A	Other back and neck procedures W catastrophic or severe CC	9.9	82.7	18.6	16.9	10.7	70.2	21.5	20.4	10.1	78.0	19.5	17.9

Table 5.6: Average Length of Stay (Days) by AR-DRG and Patient Type for Voluntary, Non-Voluntary and All Hospitals (contd.)

AR-DRG	Description	Voluntary Hospitals				Non-Voluntary Hospitals				Total Hospitals			
		In-Patients			Total Discharges[a]	In-Patients			Total Discharges[a]	In-Patients			Total Discharges[a]
		Acute (0-30 days)	Extended (>30 days)	Total In-Patients		Acute (0-30 days)	Extended (>30 days)	Total In-Patients		Acute (0-30 days)	Extended (>30 days)	Total In-Patients	
I10B	Other back and neck procedures W/O catastrophic or severe CC	3.9	47.3	4.1	2.4	3.3	33.0	3.4	3.0	3.6	43.8	3.7	2.6
I11Z	Limb lengthening procedures	6.8	-	6.8	6.6	7.0	-	7.0	6.4	6.8	-	6.8	6.5
I12A	Infect/inflam of bone and joint W misc musculoskeletal procs W cat CC	18.5	72.3	39.3	39.3	15.8	51.5	31.8	31.8	17.1	60.1	35.2	35.2
I12B	Infect/inflam of bone and joint W misc musculoskeletal procs W sev or mod CC	11.1	42.8	14.3	13.5	13.2	46.5	16.9	16.3	12.2	44.8	15.7	15.0
I12C	Infect/inflam of bone and joint W misc musculoskeletal procs W/O CC	7.5	46.8	8.8	7.7	6.6	42.1	8.2	7.6	7.0	43.7	8.5	7.7
I13A	Humerus, tibia, fibula and ankle procedures W CC	7.5	106.0	17.4	17.3	7.2	50.4	9.1	9.1	7.3	87.0	12.8	12.8
I13B	Humerus, tibia, fibula and ankle procedures W/O CC	3.4	39.7	3.7	3.6	3.2	46.2	3.3	3.3	3.3	42.0	3.4	3.4
I15Z	Cranio-facial surgery	7.6	-	7.6	7.2	2.0	-	2.0	2.0	7.3	-	7.3	6.9
I16Z	Other shoulder procedures	2.4	-	2.4	2.0	1.9	-	1.9	1.9	2.1	-	2.1	1.9
I17A	Maxillo-facial surgery W CC	7.1	32.0	9.6	9.6	4.1	-	4.1	4.1	5.4	32.0	6.6	6.6
I17B	Maxillo-facial surgery W/O CC	3.3	-	3.3	3.3	2.5	-	2.5	2.4	3.0	-	3.0	3.0
I18Z	Other knee procedures	3.2	83.0	4.2	1.6	2.0	-	2.0	1.3	2.2	83.0	2.4	1.4
I19A	Other elbow or forearm procedures W CC	4.9	51.1	7.5	7.4	4.7	38.3	5.6	5.6	4.8	46.5	6.5	6.5
I19B	Other elbow or forearm procedures W/O CC	2.0	44.0	2.0	1.9	1.8	34.0	1.9	1.8	1.9	39.0	1.9	1.8
I20Z	Other foot procedures	2.9	71.0	3.0	2.4	2.5	42.0	2.5	2.3	2.6	56.5	2.7	2.3
I21Z	Local excision and removal of internal fixation devices of hip and femur	3.6	33.0	4.5	2.8	3.0	45.8	6.1	3.9	3.2	43.2	5.5	3.4
I23Z	Local excision and removal of internal fixation devices excl hip and femur	3.1	39.0	3.5	1.4	2.3	44.0	2.4	1.3	2.6	40.7	2.8	1.3
I24Z	Arthroscopy	2.9	55.0	3.4	1.5	1.7	.	1.7	1.2	2.0	55.0	2.2	1.3
I25A	Bone and joint diagnostic procedures including biopsy W CC	11.3	53.6	26.7	20.5	6.2	85.0	25.9	21.9	8.9	64.1	26.3	21.1
I25B	Bone and joint diagnostic procedures including biopsy W/O CC	6.9	60.0	9.4	2.8	3.9	54.0	6.9	3.7	5.0	56.0	7.9	3.2
I27A	Soft tissue procedures W CC	8.2	57.4	14.4	12.1	9.4	70.9	15.4	15.0	8.8	62.9	14.9	13.4
I27B	Soft tissue procedures W/O CC	4.2	-	4.2	2.2	3.2	35.0	3.3	2.4	3.6	35.0	3.6	2.3
I28A	Other musculoskeletal procedures W CC	11.2	54.5	20.2	17.9	9.0	64.0	15.3	14.6	10.1	57.7	17.9	16.4
I28B	Other musculoskeletal procedures W/O CC	4.4	44.7	5.0	3.9	2.7	-	2.7	2.5	3.3	44.7	3.5	3.0
I29Z	Knee reconstruction or revision	2.1	-	2.1	2.1	1.9	-	1.9	1.8	2.0	-	2.0	1.9
I30Z	Hand procedures	1.7	52.0	1.9	1.5	1.4	57.0	1.5	1.3	1.5	53.7	1.6	1.4
I31A	Hip revision W catastrophic CC	18.5	75.5	56.5	56.5	15.1	65.8	31.3	31.3	15.7	70.6	39.5	39.5
I31B	Hip revision W/O catastrophic CC	11.3	40.3	11.9	11.9	10.8	59.8	13.6	13.6	11.0	56.7	12.9	12.9
I32A	Knee revision W catastrophic CC	8.0	.	8.0	8.0	21.0	49.5	30.5	30.5	15.4	49.5	23.0	23.0
I32B	Knee revision W severe CC	15.5	33.0	21.3	21.3	10.0	35.5	14.6	14.6	11.0	34.7	16.1	16.1
I32C	Knee revision W/O catastrophic or severe CC	11.6	80.5	13.9	13.9	10.2	69.0	16.9	16.9	11.0	72.3	15.1	15.1

Table 5.6: Average Length of Stay (Days) by AR-DRG and Patient Type for Voluntary, Non-Voluntary and All Hospitals (contd.)

AR-DRG	Description	Voluntary Hospitals				Non-Voluntary Hospitals				Total Hospitals			
		In-Patients			Total Discharges[a]	In-Patients			Total Discharges[a]	In-Patients			Total Discharges[a]
		Acute (0-30 days)	Extended (>30 days)	Total In-Patients		Acute (0-30 days)	Extended (>30 days)	Total In-Patients		Acute (0-30 days)	Extended (>30 days)	Total In-Patients	
I60Z	Femoral shaft fractures	3.4	-	3.4	3.4	7.1	34.0	7.6	7.5	6.0	34.0	6.3	6.3
I61A	Distal femoral fractures W CC	6.6	41.7	19.8	19.8	4.7	-	4.7	4.7	5.2	41.7	10.0	10.0
I61B	Distal femoral fractures W/O CC	3.1	44.0	4.6	4.6	4.9	45.0	6.1	6.0	4.1	44.5	5.4	5.3
I63A	Sprains, strains and dislocations of hip, pelvis and thigh W CC	5.0	72.3	45.4	45.4	7.1	-	7.1	7.1	6.9	72.3	15.1	15.1
I63B	Sprains, strains and dislocations of hip, pelvis and thigh W/O CC	4.5	-	4.5	4.5	3.3	-	3.3	3.3	3.5	-	3.5	3.5
I64A	Osteomyelitis W catastrophic or severe CC	13.9	43.0	17.0	17.0	13.9	50.2	21.5	21.0	13.9	48.0	19.4	19.2
I64B	Osteomyelitis W/O catastrophic or severe CC	8.5	65.3	10.3	8.0	9.0	34.5	10.0	7.9	8.8	47.7	10.2	7.9
I65A	Musculoskeletal malignant neoplasms W catastrophic CC	13.8	72.7	20.2	18.8	11.3	57.0	15.6	13.6	12.9	68.0	18.7	17.0
I65B	Musculoskeletal malignant neoplasms W/O catastrophic CC	6.3	59.7	7.8	4.1	7.5	42.0	8.9	6.2	6.8	51.6	8.2	4.8
I66A	Inflammatory musculoskeletal disorders W cat or sev CC	10.6	102.8	18.7	15.2	9.1	71.0	14.7	10.8	9.6	81.6	16.0	12.2
I66B	Inflammatory musculoskeletal disorders W/O cat or sev CC	4.5	47.7	5.0	1.5	5.3	64.3	5.8	1.6	5.0	57.1	5.6	1.6
I67A	Septic arthritis W catastrophic or severe CC	16.0	102.3	59.2	59.2	12.9	56.8	20.2	20.2	13.3	76.3	28.0	28.0
I67B	Septic arthritis W/O catastrophic or severe CC	6.9	38.0	8.3	6.6	8.9	42.0	9.5	8.5	8.4	40.0	9.2	7.9
I68A	Non-surgical spinal disorders W CC	7.9	73.8	17.1	17.1	8.2	55.1	10.7	10.7	8.1	66.4	13.1	13.1
I68B	Non-surgical spinal disorders W/O CC	4.9	43.7	5.4	5.4	4.6	43.8	4.9	4.9	4.6	43.8	5.0	5.0
I68C	Non-surgical spinal disorders, sameday	1.0	-	1.0	1.0	1.0	-	1.0	1.0	1.0	-	1.0	1.0
I69A	Bone diseases and arthropathies W catastrophic or severe CC	10.4	75.2	21.5	19.5	8.2	62.4	11.6	11.2	8.9	70.0	15.0	14.2
I69B	Bone diseases and arthropathies W/O catastrophic or severe CC	4.9	88.6	7.8	2.0	4.1	42.9	4.8	1.8	4.3	60.7	5.5	1.9
I71A	Other musculotendinous disorders W catastrophic or severe CC	7.4	49.0	10.3	7.2	7.0	53.9	10.0	9.3	7.1	52.3	10.1	8.5
I71B	Other musculotendinous disorders W/O catastrophic or severe CC	3.5	140.0	3.8	1.3	2.7	53.5	2.9	1.7	2.9	65.9	3.1	1.5
I72A	Specific musculotendinous disorders W catastrophic or severe CC	11.0	62.3	18.6	12.3	9.0	58.0	12.1	11.6	9.7	60.4	14.4	11.9
I72B	Specific musculotendinous disorders W/O catastrophic or severe CC	3.7	37.0	3.9	1.4	3.2	52.0	3.4	1.7	3.3	47.0	3.5	1.6
I73A	Aftercare of musculoskeletal implants/ prostheses W catastrophic or severe CC	11.5	43.5	16.4	15.3	12.0	68.3	20.0	19.9	11.9	67.5	19.9	19.7
I73B	Aftercare of musculoskeletal implants/prostheses W/O cat or sev CC	4.7	44.0	6.8	1.5	7.3	55.9	10.1	7.1	6.8	53.8	9.5	3.4
I74Z	Injury to forearm, wrist, hand or foot	1.9	75.4	3.6	3.4	1.7	64.2	2.0	1.9	1.8	71.5	2.4	2.3
I75A	Injury to shoulder, arm, elbow, knee, leg or ankle W CC	9.4	99.3	24.1	23.8	7.6	83.8	12.5	12.5	8.2	92.6	16.5	16.4

Table 5.6: Average Length of Stay (Days) by AR-DRG and Patient Type for Voluntary, Non-Voluntary and All Hospitals (contd.)

AR-DRG	Description	Voluntary Hospitals				Non-Voluntary Hospitals				Total Hospitals			
		In-Patients			Total Discharges[a]	In-Patients			Total Discharges[a]	In-Patients			Total Discharges[a]
		Acute (0-30 days)	Extended (>30 days)	Total In-Patients		Acute (0-30 days)	Extended (>30 days)	Total In-Patients		Acute (0-30 days)	Extended (>30 days)	Total In-Patients	
I75B	Injury to shoulder, arm, elbow, knee, leg or ankle W/O CC	2.4	49.8	2.8	2.6	2.3	65.8	2.5	2.4	2.3	58.5	2.6	2.5
I76A	Other musculoskeletal disorders W catastrophic or severe CC	10.0	73.8	21.8	18.1	9.0	49.5	10.3	9.6	9.5	70.4	16.1	14.1
I76B	Other musculoskeletal disorders W/O catastrophic or severe CC	3.1	31.5	3.3	1.4	2.7	59.9	3.7	2.6	2.8	55.2	3.5	1.9
I77A	Fractures of pelvis W catastrophic or severe CC	14.5	68.4	30.9	30.9	12.3	51.3	20.9	20.9	12.9	57.6	23.9	23.9
I77B	Fractures of pelvis W/O catastrophic or severe CC	10.0	50.8	14.4	14.4	6.7	40.5	8.3	8.3	7.4	44.6	9.6	9.6
I78A	Fractures of neck of femur W catastrophic or severe CC	9.3	98.3	49.4	49.4	9.0	79.2	16.5	16.5	9.1	88.8	22.7	22.7
I78B	Fractures of neck of femur W/O catastrophic or severe CC	8.6	92.5	14.9	14.7	6.3	60.9	8.6	8.6	6.9	72.4	10.1	10.0
I79A	Pathological fracture W catastrophic CC	19.3	50.0	36.9	36.9	14.0	44.5	22.1	22.1	15.1	47.3	26.8	26.8
I79B	Pathological fracture W/O catastrophic CC	10.7	50.2	15.8	13.1	8.9	44.3	11.8	11.0	9.5	46.8	13.1	11.7
J01A	Microvas tiss transf for skin, subcutaneous tiss & breast disd W cat/sev CC	17.5	321.0	78.2	78.2	9.7	31.0	15.0	15.0	14.1	176.0	50.1	50.1
J01B	Microvas tiss transf for skin, subcutaneous tiss & breast disd W/O cat/sev CC	15.0	-	15.0	15.0	7.8	-	7.8	7.8	10.2	-	10.2	10.2
J06Z	Major procedures for breast conditions	4.2	47.0	4.3	3.9	4.7	36.0	4.8	4.3	4.4	44.3	4.5	4.1
J07Z	Minor procedures for breast conditions	2.4	-	2.4	1.3	2.0	-	2.0	1.3	2.2	-	2.2	1.3
J08A	Other skin graft and/or debridement procedures W CC	8.7	101.9	21.2	19.4	9.8	62.1	19.1	16.9	9.3	78.6	20.1	18.1
J08B	Other skin graft and/or debridement procedures W/O CC	4.6	43.5	5.0	2.1	4.1	44.0	4.7	2.8	4.3	43.8	4.9	2.3
J09Z	Perianal and pilonidal procedures	2.3	-	2.3	1.6	2.5	-	2.5	1.9	2.4	-	2.4	1.8
J10Z	Skin, subcutaneous tissue and breast plastic OR procedures	4.0	95.0	6.1	2.0	3.0	57.0	3.7	1.8	3.5	79.8	4.8	1.9
J11Z	Other skin, subcutaneous tissue and breast procedures	4.3	41.4	5.1	1.1	2.9	44.3	3.0	1.1	3.4	42.1	3.9	1.1
J12A	Lower limb procs W ulcer/cellulitis W catastrophic CC	17.8	70.6	30.4	30.4	13.5	51.0	23.7	23.7	16.4	63.3	28.1	28.1
J12B	Lower limb procs W ulcer/cellulitis W/O cat CC W skin graft/flap repair	9.4	42.0	16.7	15.1	9.9	72.3	19.5	15.6	9.8	62.2	18.8	15.5
J12C	Lower limb procs W ulcer/cellulitis W/O cat CC W/O skin graft/flap repair	10.3	69.0	14.0	11.7	12.6	60.0	14.4	12.2	11.7	64.5	14.3	12.0
J13A	Lower limb procs W/O ulcer/cellulitis W cat CC or W (skin graft and sev CC)	12.2	38.5	15.3	13.8	14.0	39.3	23.5	21.0	12.7	39.0	17.9	16.1
J13B	Lower limb procs W/O ulcer/cellulitis W/O cat CC W/O (skin graft and sev CC)	7.1	-	7.1	4.6	4.6	36.3	6.3	5.0	5.8	36.3	6.7	4.8
J14Z	Major breast reconstructions	7.4	67.0	7.9	7.9	7.9	-	7.9	7.7	7.6	67.0	7.9	7.8

Table 5.6: Average Length of Stay (Days) by AR-DRG and Patient Type for Voluntary, Non-Voluntary and All Hospitals (contd.)

AR-DRG	Description	Voluntary Hospitals				Non-Voluntary Hospitals				Total Hospitals			
		In-Patients			Total Discharges[a]	In-Patients			Total Discharges[a]	In-Patients			Total Discharges[a]
		Acute (0-30 days)	Extended (>30 days)	Total In-Patients		Acute (0-30 days)	Extended (>30 days)	Total In-Patients		Acute (0-30 days)	Extended (>30 days)	Total In-Patients	
J60A	Skin ulcers W catastrophic CC	10.9	55.5	18.3	18.3	13.5	76.3	35.3	35.3	12.6	72.5	29.9	29.9
J60B	Skin ulcers W/O catastrophic CC	9.4	77.3	15.1	15.1	8.6	51.1	10.6	10.6	8.8	60.9	11.7	11.7
J60C	Skin ulcers, sameday	1.0	-	1.0	1.0	1.0	-	1.0	1.0	1.0	-	1.0	1.0
J62A	Malignant breast disorders W CC	9.8	55.2	20.1	5.2	6.0	49.8	7.6	3.3	7.6	54.4	13.8	4.5
J62B	Malignant breast disorders W/O CC	13.4	50.0	24.0	2.9	2.5	39.7	3.6	1.3	8.4	49.4	16.1	2.4
J63A	Non-malignant breast disorders W CC	6.6	-	6.6	5.1	6.7	-	6.7	5.2	6.6	-	6.6	5.1
J63B	Non-malignant breast disorders W/O CC	2.8	-	2.8	1.1	2.2	-	2.2	1.3	2.4	-	2.4	1.2
J64A	Cellulitis W catastrophic or severe CC	8.8	101.4	16.7	16.5	9.8	66.0	14.1	14.1	9.4	82.3	15.3	15.2
J64B	Cellulitis W/O catastrophic or severe CC	4.4	39.5	4.6	4.2	4.4	52.1	4.5	4.4	4.4	46.5	4.5	4.3
J65A	Trauma to the skin, subcutaneous tissue and breast W cat or sev CC	7.3	73.4	15.8	15.8	7.1	44.4	9.5	9.5	7.1	56.5	11.1	11.1
J65B	Trauma to the skin, subcutaneous tissue and breast W/O cat or sev CC	2.8	-	2.8	2.6	2.4	44.0	2.4	2.4	2.4	44.0	2.5	2.5
J67A	Minor skin disorders	3.9	45.0	4.4	4.4	3.9	43.2	4.6	4.6	3.9	43.6	4.5	4.5
J67B	Minor skin disorders, sameday	1.0	-	1.0	1.0	1.0	-	1.0	1.0	1.0	-	1.0	1.0
J68A	Major skin disorders W catastrophic or severe CC	9.0	158.3	27.7	27.7	8.6	33.5	9.6	9.6	8.8	127.1	18.3	18.3
J68B	Major skin disorders W/O catastrophic or severe CC	6.1	38.0	6.2	6.2	3.9	-	3.9	3.9	4.6	38.0	4.6	4.6
J68C	Major skin disorders, sameday	1.0	-	1.0	1.0	1.0	-	1.0	1.0	1.0	-	1.0	1.0
J69A	Skin malignancy W catastrophic CC	12.9	48.7	18.6	18.6	9.5	33.0	12.6	12.6	10.6	38.9	14.6	14.6
J69B	Skin malignancy W/O catastrophic CC	8.5	44.7	13.8	13.8	7.6	43.7	9.9	9.9	8.0	44.3	11.6	11.6
J69C	Skin malignancy, sameday	1.0	-	1.0	1.0	1.0	-	1.0	1.0	1.0	-	1.0	1.0
K01A	OR procedures for diabetic complications W catastrophic CC	16.8	75.0	45.4	45.4	15.9	69.0	36.1	36.1	16.3	72.3	40.6	40.6
K01B	OR procedures for diabetic complications W/O catastrophic CC	11.6	51.9	21.0	18.4	12.1	44.1	17.8	17.3	11.9	47.7	19.0	17.8
K02A	Pituitary procedures W CC	8.7	38.7	13.4	13.4	7.1	-	7.1	7.1	8.1	38.7	11.4	11.4
K02B	Pituitary procedures W/O CC	6.9	-	6.9	6.9	4.7	-	4.7	4.5	6.1	-	6.1	6.0
K03Z	Adrenal procedures	9.1	34.0	9.9	9.6	11.2	-	11.2	11.2	9.6	34.0	10.2	10.0
K04A	Major procedures for obesity W CC	5.5	-	5.5	5.5	5.3	73.0	22.3	22.3	5.4	73.0	16.7	16.7
K04B	Major procedures for obesity W/O CC	-	-	-	-	3.9	56.0	5.6	5.6	3.9	56.0	5.6	5.6
K05A	Parathyroid procedures W catastrophic or severe CC	7.9	44.0	9.4	9.4	6.8	-	6.8	6.8	7.5	44.0	8.5	8.5
K05B	Parathyroid procedures W/O catastrophic or severe CC	4.9	33.0	5.3	5.3	2.5	-	2.5	2.4	3.5	33.0	3.7	3.6
K06A	Thyroid procedures W catastrophic or severe CC	10.5	60.0	14.3	14.3	6.3	37.0	7.9	7.9	9.1	54.3	12.1	12.1
K06B	Thyroid procedures W/O catastrophic or severe CC	4.3	-	4.3	4.3	3.6	-	3.6	3.5	3.9	-	3.9	3.9
K07Z	Obesity procedures	5.4	-	5.4	3.8	3.8	-	3.8	3.6	4.7	-	4.7	3.8
K08Z	Thyroglossal procedures	2.8	-	2.8	2.5	2.6	-	2.6	2.4	2.7	-	2.7	2.5

Table 5.6: Average Length of Stay (Days) by AR-DRG and Patient Type for Voluntary, Non-Voluntary and All Hospitals (contd.)

AR-DRG	Description	Voluntary Hospitals				Non-Voluntary Hospitals				Total Hospitals			
		In-Patients			Total Discharges[a]	In-Patients			Total Discharges[a]	In-Patients			Total Discharges[a]
		Acute (0-30 days)	Extended (>30 days)	Total In-Patients		Acute (0-30 days)	Extended (>30 days)	Total In-Patients		Acute (0-30 days)	Extended (>30 days)	Total In-Patients	
K09A	Other endocrine, nutritional and metabolic OR procedures W catastrophic CC	11.8	75.6	54.3	54.3	15.8	42.0	18.4	18.4	14.4	72.5	40.0	40.0
K09B	Other endocrine, nutritional and metabolic OR procs W severe or moderate CC	10.4	34.0	11.2	11.2	9.9	48.0	12.4	10.5	10.3	41.0	11.6	10.9
K09C	Other endocrine, nutritional and metabolic OR procedures W/O CC	3.6	38.5	5.2	4.1	10.1	32.0	12.6	6.8	4.7	36.3	6.5	4.7
K40A	Endoscopic or investigative proc for metabolic disorders W catastrophic CC	19.4	165.5	79.8	79.8	17.3	44.6	27.4	27.4	18.1	96.4	48.5	48.5
K40B	Endoscopic or investigative proc for metabolic disorders W/O catastrophic CC	7.8	71.7	12.0	12.0	9.0	40.5	10.1	10.1	8.5	57.8	10.9	10.9
K40C	Endoscopic or investigative procedure for metabolic disorders, sameday	-	-	-	1.0	1.0	-	1.0	1.0	1.0	-	1.0	1.0
K60A	Diabetes W catastrophic or severe CC	9.3	84.8	17.9	17.3	8.2	57.5	11.5	11.4	8.5	67.7	13.2	13.0
K60B	Diabetes W/O catastrophic or severe CC	4.5	41.5	4.9	4.5	4.2	56.6	4.5	4.0	4.3	51.1	4.6	4.1
K61Z	Severe nutritional disturbance	12.1	104.9	55.4	49.0	10.0	53.0	28.1	28.1	10.9	77.2	40.1	38.0
K62A	Miscellaneous metabolic disorders W catastrophic or severe CC	7.5	87.1	13.8	12.2	7.4	60.3	9.6	9.4	7.4	73.4	11.0	10.4
K62B	Miscellaneous metabolic disorders W/O catastrophic or severe CC	4.7	62.6	5.6	3.4	3.8	37.1	4.0	3.3	4.1	50.7	4.4	3.4
K63A	Inborn errors of metabolism W CC	5.7	119.5	10.4	3.4	7.3	31.0	8.1	7.4	6.3	90.0	9.6	4.0
K63B	Inborn errors of metabolism W/O CC	3.1	-	3.1	1.4	2.3	-	2.3	1.2	2.7	-	2.7	1.3
K64A	Endocrine disorders W catastrophic or severe CC	6.9	94.3	15.1	10.2	8.6	37.1	11.1	9.5	7.8	65.7	13.0	9.9
K64B	Endocrine disorders W/O catastrophic or severe CC	3.6	45.2	4.5	2.1	4.1	42.0	4.2	2.4	3.8	44.6	4.4	2.2
L02A	Operative insertion of peritoneal catheter for dialysis W cat or sev CC	10.9	52.7	13.8	13.2	12.4	43.0	16.3	16.3	11.1	50.3	14.2	13.7
L02B	Operative insertion of peritoneal catheter for dialysis W/O cat or sev CC	5.8	-	5.8	5.6	3.2	-	3.2	3.0	5.4	-	5.4	5.1
L03A	Kidney, ureter and major bladder procedures for neoplasm W catastrophic CC	16.4	53.3	25.9	25.9	15.7	76.5	33.0	33.0	16.2	59.3	27.6	27.6
L03B	Kidney, ureter and major bladder procedures for neoplasm W severe CC	12.7	35.0	13.5	13.5	13.1	33.7	15.7	15.7	12.8	34.3	14.0	14.0
L03C	Kidney, ureter and major bladder procedures for neoplasm W/O cat or sev CC	8.5	-	8.5	8.4	10.2	39.5	11.0	11.0	9.0	39.5	9.3	9.2
L04A	Kidney, ureter and major bladder procedures for non-neoplasm W catastrophic CC	14.2	57.1	27.3	25.5	11.1	49.4	22.1	22.1	13.3	54.9	25.8	24.6
L04B	Kidney, ureter and major bladder procedures for non-neoplasm W severe CC	11.8	55.7	13.2	12.1	9.8	43.0	11.9	10.7	11.1	49.3	12.7	11.6
L04C	Kidney, ureter and major bladder procedures for non-neoplasm W/O cat or sev CC	6.5	-	6.5	5.4	6.6	61.0	7.2	5.8	6.6	61.0	6.8	5.5

Table 5.6: Average Length of Stay (Days) by AR-DRG and Patient Type for Voluntary, Non-Voluntary and All Hospitals (contd.)

AR-DRG	Description	Voluntary Hospitals				Non-Voluntary Hospitals				Total Hospitals			
		In-Patients			Total Discharges[a]	In-Patients			Total Discharges[a]	In-Patients			Total Discharges[a]
		Acute (0-30 days)	Extended (>30 days)	Total In-Patients		Acute (0-30 days)	Extended (>30 days)	Total In-Patients		Acute (0-30 days)	Extended (>30 days)	Total In-Patients	
L05A	Transurethral prostatectomy W catastrophic or severe CC	11.5	65.0	14.4	14.4	14.9	63.7	24.1	24.1	13.0	64.0	19.0	19.0
L05B	Transurethral prostatectomy W/O catastrophic or severe CC	6.6	-	6.6	6.6	7.2	-	7.2	7.0	7.0	-	7.0	6.9
L06A	Minor bladder procedures W catastrophic or severe CC	10.5	55.3	13.3	10.5	12.7	41.5	14.2	14.2	11.5	49.8	13.7	11.9
L06B	Minor bladder procedures W/O catastrophic or severe CC	5.1	-	5.1	2.0	5.2	-	5.2	4.5	5.2	-	5.2	2.6
L07A	Transurethral procedures except prostatectomy W CC	6.2	57.4	7.7	7.2	8.0	44.7	10.3	9.4	6.8	50.7	8.6	8.0
L07B	Transurethral procedures except prostatectomy W/O CC	3.0	-	3.0	2.3	3.6	33.0	3.7	2.7	3.2	33.0	3.3	2.4
L08A	Urethral procedures W CC	4.7	-	4.7	4.3	5.5	35.0	8.2	6.6	4.9	35.0	5.6	4.9
L08B	Urethral procedures W/O CC	4.2	-	4.2	3.0	3.1	-	3.1	2.2	3.8	-	3.8	2.7
L09A	Other procedures for kidney and urinary tract disorders W cat CC	11.9	55.3	24.0	23.1	14.6	68.8	38.2	35.2	12.6	60.7	28.2	26.9
L09B	Other procedures for kidney and urinary tract disorders W sev CC	9.6	50.3	12.5	11.9	9.4	73.0	14.3	8.2	9.6	54.8	12.9	10.9
L09C	Other procedures for kidney and urinary tract disorders W/O cat or sev CC	4.3	-	4.3	3.7	4.2	-	4.2	2.5	4.3	-	4.3	3.2
L40Z	Ureteroscopy	4.0	42.0	4.5	3.1	4.1	-	4.1	3.4	4.0	42.0	4.3	3.2
L41Z	Cystourethroscopy, sameday	1.0	-	1.0	1.0	1.0	-	1.0	1.0	1.0	-	1.0	1.0
L42Z	ESW Lithotripsy for urinary stones	3.0	-	3.0	1.1	4.4	-	4.4	1.3	3.9	-	3.9	1.2
L60A	Renal failure W catastrophic CC	11.8	76.1	29.1	27.8	11.4	56.9	18.0	18.0	11.6	68.6	23.1	22.6
L60B	Renal failure W severe CC	7.4	51.9	10.0	7.6	8.9	52.0	10.9	9.6	8.3	51.9	10.5	8.8
L60C	Renal failure W/O catastrophic or severe CC	4.6	41.8	5.0	3.3	5.9	49.8	6.7	5.5	5.4	47.6	6.1	4.5
L61Z	Haemodialysis	1.9	-	1.9	1.0	4.0	-	4.0	1.0	2.0	-	2.0	1.0
L62A	Kidney and urinary tract neoplasms W catastrophic or severe CC	9.9	82.9	15.2	7.6	8.8	44.8	11.8	9.2	9.2	57.1	13.0	8.4
L62B	Kidney and urinary tract neoplasms W/O catastrophic or severe CC	5.1	57.9	7.7	2.7	5.6	42.2	6.3	4.1	5.4	51.8	6.8	3.3
L63A	Kidney and urinary tract infections W catastrophic or severe CC	9.5	96.9	21.5	21.3	8.7	62.8	12.3	12.2	8.9	77.7	14.8	14.7
L63B	Kidney and urinary tract infections W/O catastrophic or severe CC	4.9	74.9	6.2	4.7	4.4	55.5	4.8	4.4	4.6	64.4	5.2	4.5
L64Z	Urinary stones and obstruction	2.9	57.4	3.4	2.7	3.2	37.5	3.3	3.2	3.1	45.2	3.3	3.1
L65A	Kidney and urinary tract signs and symptoms W catastrophic or severe CC	6.0	50.5	8.8	8.2	8.9	61.4	11.4	10.9	8.0	57.1	10.5	10.0
L65B	Kidney and urinary tract signs and symptoms W/O catastrophic or severe CC	3.4	33.0	3.5	2.2	4.1	112.0	4.2	2.9	3.9	72.5	4.0	2.7
L66Z	Urethral stricture	3.2	33.0	3.8	2.3	4.2	-	4.2	2.2	3.7	33.0	4.0	2.2
L67A	Other kidney and urinary tract diagnoses W catastrophic or severe CC	8.2	88.7	16.7	11.9	8.9	46.4	12.1	10.6	8.7	66.2	14.0	11.2

Table 5.6: Average Length of Stay (Days) by AR-DRG and Patient Type for Voluntary, Non-Voluntary and All Hospitals (contd.)

AR-DRG	Description	Voluntary Hospitals				Non-Voluntary Hospitals				Total Hospitals			
		In-Patients			Total Discharges[a]	In-Patients			Total Discharges[a]	In-Patients			Total Discharges[a]
		Acute (0-30 days)	Extended (>30 days)	Total In-Patients		Acute (0-30 days)	Extended (>30 days)	Total In-Patients		Acute (0-30 days)	Extended (>30 days)	Total In-Patients	
L67B	Other kidney and urinary tract diagnoses W/O catastrophic or severe CC	3.8	42.3	4.2	1.9	4.4	45.1	4.7	2.7	4.2	43.8	4.5	2.2
L68Z	Peritoneal dialysis	-	-	-	1.0	1.0	-	1.0	1.0	1.0	-	1.0	1.0
M01A	Major male pelvic procedures W catastrophic or severe CC	8.3	36.0	9.2	8.9	15.7	-	15.7	15.7	9.9	36.0	10.5	10.3
M01B	Major male pelvic procedures W/O catastrophic or severe CC	6.8	-	6.8	6.8	9.3	-	9.3	9.3	7.6	-	7.6	7.6
M02A	Transurethral prostatectomy W catastrophic or severe CC	8.9	126.3	14.7	14.7	10.3	72.0	12.0	12.0	9.6	108.2	13.4	13.4
M02B	Transurethral prostatectomy W/O catastrophic or severe CC	5.4	-	5.4	5.4	6.1	36.0	6.2	6.2	5.8	36.0	5.9	5.9
M03Z	Penis procedures	3.5	53.0	3.7	1.7	2.9	-	2.9	1.5	3.3	53.0	3.6	1.7
M04Z	Testes procedures	2.1	-	2.1	1.4	2.5	-	2.5	1.7	2.3	-	2.3	1.5
M05Z	Circumcision	2.3	-	2.3	1.1	1.6	-	1.6	1.1	1.8	-	1.8	1.1
M06A	Other male reproductive system OR procedures W CC	9.2	47.0	12.4	7.8	8.6	-	8.6	7.3	8.9	47.0	10.7	7.6
M06B	Other male reproductive system OR procedures W/O CC	3.3	-	3.3	1.1	2.9	-	2.9	1.7	3.0	-	3.0	1.2
M40Z	Cystourethroscopy, sameday	-	-	-	1.0	1.0	-	1.0	1.0	1.0	-	1.0	1.0
M60A	Malignancy, male reproductive system W catastrophic or severe CC	9.3	66.1	17.3	10.1	7.9	67.8	13.9	11.2	8.5	67.0	15.3	10.6
M60B	Malignancy, male reproductive system W/O catastrophic or severe CC	6.5	52.2	21.5	6.6	5.4	60.8	6.6	2.7	5.9	52.6	15.0	5.0
M61Z	Benign prostatic hypertrophy	3.9	-	3.9	1.2	5.3	.	5.3	1.8	4.9	-	4.9	1.4
M62Z	Inflammation of the male reproductive system	4.0	-	4.0	2.4	3.1	52.0	3.1	2.7	3.2	52.0	3.3	2.6
M63Z	Sterilisation, male	1.0	-	1.0	1.0	3.5	-	3.5	1.0	2.0	-	2.0	1.0
M64Z	Other male reproductive system diagnoses	2.0	83.0	2.5	1.5	2.2	-	2.2	1.7	2.1	83.0	2.3	1.6
N01Z	Pelvic evisceration and radical vulvectomy	13.6	50.2	16.9	16.9	13.0	35.0	14.5	14.5	13.5	47.7	16.4	16.4
N04A	Hysterectomy for non-malignancy W catastrophic or severe CC	9.7	47.0	10.6	10.6	7.8	34.5	8.3	8.3	8.6	40.8	9.3	9.3
N04B	Hysterectomy for non-malignancy W/O catastrophic or severe CC	5.9	-	5.9	5.9	5.6	-	5.6	5.6	5.7	-	5.7	5.7
N05A	Oophorectomies and complex fallopian tube procs for non-malig W cat or sev CC	10.5	80.5	14.7	14.7	10.3	33.0	11.2	10.8	10.4	64.7	13.2	13.0
N05B	Oophorectomies & complex fallopian tube procs for non-malig W/O cat or sev CC	5.0	-	5.0	4.4	4.3	-	4.3	4.2	4.6	-	4.6	4.3
N06A	Female reproductive system reconstructive procs W catastrophic or severe CC	8.0	58.0	11.2	11.2	5.8	-	5.8	5.6	6.7	58.0	8.1	7.9
N06B	Female reproductive system reconstructive procs W/O catastrophic or severe CC	3.8	34.0	3.8	3.7	3.7	-	3.7	3.3	3.7	34.0	3.7	3.4
N07Z	Other uterine and adnexa procedures for non-malignancy	2.8	-	2.8	1.8	2.8	-	2.8	1.9	2.8	-	2.8	1.9

Table 5.6: Average Length of Stay (Days) by AR-DRG and Patient Type for Voluntary, Non-Voluntary and All Hospitals (contd.)

AR-DRG	Description	Voluntary Hospitals				Non-Voluntary Hospitals				Total Hospitals			
		In-Patients			Total Discharges[a]	In-Patients			Total Discharges[a]	In-Patients			Total Discharges[a]
		Acute (0-30 days)	Extended (>30 days)	Total In-Patients		Acute (0-30 days)	Extended (>30 days)	Total In-Patients		Acute (0-30 days)	Extended (>30 days)	Total In-Patients	
N08Z	Endoscopic and laparoscopic procedures for female reproductive system	2.4	43.0	2.5	1.5	2.2	38.0	2.4	1.5	2.3	39.7	2.4	1.5
N09Z	Conisation, vagina, cervix and vulva procedures	3.0	46.5	4.9	1.8	2.4	45.5	2.9	1.3	2.7	46.3	3.9	1.5
N10Z	Diagnostic curettage or diagnostic hysteroscopy	1.7	-	1.7	1.2	1.8	38.0	1.8	1.2	1.7	38.0	1.7	1.2
N11Z	Other female reproductive system OR procedures	7.6	55.8	12.7	11.6	8.8	50.8	11.4	8.5	8.2	53.8	12.0	9.8
N12A	Uterine and adnexa procedures for malignancy W catastrophic CC	14.5	50.9	24.2	24.2	11.8	37.0	13.3	13.3	13.0	48.3	18.6	18.6
N12B	Uterine and adnexa procedures for malignancy W/O catastrophic CC	9.1	-	9.1	8.9	7.2	38.5	7.4	7.3	8.2	38.5	8.3	8.2
N60A	Malignancy, female reproductive system W catastrophic CC	10.7	47.5	15.6	15.1	12.2	48.1	17.0	15.4	11.6	47.8	16.4	15.3
N60B	Malignancy, female reproductive system W/O catastrophic CC	6.7	48.7	10.7	3.6	5.7	37.7	6.9	4.0	6.1	44.8	8.5	3.7
N61Z	Infections, female reproductive system	2.9	-	2.9	2.1	3.0	41.0	3.2	2.9	3.0	41.0	3.1	2.6
N62Z	Menstrual and other female reproductive system disorders	2.3	48.4	2.7	1.6	2.1	-	2.1	1.4	2.2	48.4	2.3	1.5
O01A	Caesarean delivery W catastrophic or severe CC	7.6	42.3	8.6	8.6	7.7	44.7	9.2	9.2	7.7	43.8	8.9	8.9
O01B	Caesarean delivery W/O catastrophic or severe CC	4.7	39.4	4.7	4.7	4.8	45.3	4.9	4.9	4.8	43.0	4.8	4.8
O02A	Vaginal delivery W OR procedure W catastrophic or severe CC	4.8	-	4.8	4.8	4.3	-	4.3	4.3	4.5	-	4.5	4.5
O02B	Vaginal delivery W OR procedure W/O catastrophic or severe CC	3.2	-	3.2	3.2	3.5	-	3.5	3.5	3.4	-	3.4	3.4
O03A	Ectopic pregnancy W CC	2.7	-	2.7	2.7	4.3	-	4.3	4.3	3.5	-	3.5	3.5
O03B	Ectopic pregnancy W/O CC	2.1	-	2.1	2.0	2.8	-	2.8	2.8	2.5	-	2.5	2.5
O04A	Postpartum and post abortion W OR procedure W catastrophic or severe CC	8.0	39.0	11.1	9.4	5.0	-	5.0	5.0	6.3	39.0	7.8	7.2
O04B	Postpartum and post abortion W OR procedure W/O catastrophic or severe CC	2.5	-	2.5	2.3	2.7	-	2.7	2.5	2.6	-	2.6	2.4
O05Z	Abortion W OR procedure[b]	1.2	-	1.2	1.1	1.2	.-	1.2	1.2	1.2	-	1.2	1.2
O60Z	Vaginal delivery	2.7	38.4	2.7	2.7	2.7	48.4	2.8	2.8	2.7	43.4	2.7	2.7
O61Z	Postpartum and post abortion W/O OR procedure[b]	2.7	-	2.7	2.6	2.2	40.3	2.3	2.2	2.4	40.3	2.4	2.4
O63Z	Abortion W/O OR procedure[b]	1.3	-	1.3	1.3	1.2	-	1.2	1.1	1.2	-	1.2	1.2
O64Z	False labour	1.2	42.0	1.3	1.3	1.3	-	1.3	1.3	1.3	42.0	1.3	1.3
O66Z	Antenatal and other obstetric admission	1.7	52.1	1.8	1.6	1.7	50.5	1.8	1.7	1.7	51.2	1.8	1.7
P01Z	Neonate, died or transferred <5 days of admission W significant OR procedure	2.2	-	2.2	2.2	3.0	-	3.0	3.0	2.2	-	2.2	2.2

Table 5.6: Average Length of Stay (Days) by AR-DRG and Patient Type for Voluntary, Non-Voluntary and All Hospitals (contd.)

AR-DRG	Description	Voluntary Hospitals				Non-Voluntary Hospitals				Total Hospitals			
		In-Patients			Total Discharges[a]	In-Patients			Total Discharges[a]	In-Patients			Total Discharges[a]
		Acute (0-30 days)	Extended (>30 days)	Total In-Patients		Acute (0-30 days)	Extended (>30 days)	Total In-Patients		Acute (0-30 days)	Extended (>30 days)	Total In-Patients	
P02Z	Cardiothoracic/vascular procedures for neonates	17.5	112.2	46.8	46.8	-	-	-	-	17.5	112.2	46.8	46.8
P03Z	Neonate, admwt 1000-1499g W significant OR procedure	18.6	53.2	42.1	42.1	20.4	56.3	53.2	53.2	18.9	54.7	46.6	46.6
P04Z	Neonate, admwt 1500-1999g W significant OR procedure	17.4	59.4	34.6	34.6	23.2	39.7	31.1	31.1	19.1	52.6	33.5	33.5
P05Z	Neonate, admwt 2000-2499g W significant OR procedure	17.0	49.5	26.3	26.3	19.0	42.5	23.9	23.9	17.8	47.4	25.4	25.4
P06A	Neonate, admwt >2499g W significant OR procedure W multi major problems	13.9	87.1	35.0	34.8	14.4	53.0	21.5	21.5	13.9	85.7	34.2	34.0
P06B	Neonate, admwt >2499g W significant OR procedure W/O multi major problems	11.1	39.8	14.0	13.6	11.6	47.0	13.8	13.0	11.2	41.0	14.0	13.5
P60A	Neonate, died or transferred <5 days of adm, W/O significant OR proc, newborn	1.3	-	1.3	1.3	1.3	-	1.3	1.3	1.3	-	1.3	1.3
P60B	Neonate, died or transf <5 days of adm, W/O significant OR proc, not newborn	1.6	-	1.6	1.6	1.5	-	1.5	1.5	1.5	-	1.5	1.5
P61Z	Neonate, admwt <750 g	18.0	80.2	68.7	68.7	15.3	84.1	61.1	61.1	16.6	81.4	66.0	66.0
P62Z	Neonate, admwt 750-999 g	16.3	62.5	53.3	53.3	12.0	70.1	67.3	67.3	15.8	65.2	57.9	57.9
P63Z	Neonate, admwt 1000-1249g W/O significant OR procedure	19.2	41.8	31.3	31.3	7.7	48.2	30.8	30.8	13.0	45.4	31.0	31.0
P64Z	Neonate, admwt 1250-1499g W/O significant OR procedure	20.3	38.9	27.1	27.1	23.0	41.3	35.5	35.5	21.4	40.6	32.0	32.0
P65A	Neonate, admwt 1500-1999g W/O significant OR proc W multi major problems	18.5	40.5	22.9	22.9	20.4	42.3	32.0	32.0	19.3	41.9	27.8	27.8
P65B	Neonate, admwt 1500-1999g W/O significant OR procedure W major problem	17.5	36.1	19.3	19.0	19.0	39.6	26.3	26.3	18.2	38.9	23.1	22.9
P65C	Neonate, admwt 1500-1999g W/O significant OR procedure W other problem	13.7	33.3	15.2	15.2	17.9	38.4	20.7	20.7	16.2	37.1	18.6	18.6
P65D	Neonate, admwt 1500-1999g W/O significant OR procedure W/O problem	8.8	33.0	9.6	9.5	16.7	37.0	18.3	18.3	14.1	36.3	15.5	15.4
P66A	Neonate, admwt 2000-2499g W/O significant OR proc W multi major problems	14.6	79.0	16.7	16.7	14.9	45.0	20.2	20.2	14.7	49.9	18.6	18.6
P66B	Neonate, admwt 2000-2499g W/O significant OR procedure W major problem	11.0	34.5	11.4	11.2	13.8	39.8	15.1	15.1	12.6	38.7	13.6	13.5
P66C	Neonate, admwt 2000-2499g W/O significant OR procedure W other problem	6.0	-	6.0	6.0	10.1	37.3	10.3	10.3	8.7	37.3	8.8	8.8
P66D	Neonate, admwt 2000-2499g W/O significant OR procedure W/O problem	2.4	34.0	2.6	2.6	6.4	37.0	6.6	6.4	5.1	36.3	5.3	5.2
P67A	Neonate, admwt >2499g W/O significant OR procedure W multi major problems	8.8	48.8	11.1	10.1	8.4	49.1	11.5	11.4	8.6	49.0	11.3	10.7
P67B	Neonate, admwt >2499g W/O significant OR procedure W major problem	5.6	53.2	6.8	6.1	6.3	45.2	7.0	6.8	6.0	49.5	6.9	6.5

Table 5.6: Average Length of Stay (Days) by AR-DRG and Patient Type for Voluntary, Non-Voluntary and All Hospitals (contd.)

AR-DRG	Description	Voluntary Hospitals				Non-Voluntary Hospitals				Total Hospitals			
		In-Patients			Total Discharges[a]	In-Patients			Total Discharges[a]	In-Patients			Total Discharges[a]
		Acute (0-30 days)	Extended (>30 days)	Total In-Patients		Acute (0-30 days)	Extended (>30 days)	Total In-Patients		Acute (0-30 days)	Extended (>30 days)	Total In-Patients	
P67C	Neonate, admwt >2499g W/O significant OR procedure W other problem	2.3	50.0	2.4	2.4	3.8	39.7	3.8	3.8	3.1	43.8	3.1	3.1
P67D	Neonate, admwt >2499g W/O significant OR procedure W/O problem	2.1	-	2.1	2.0	2.3	44.8	2.4	2.3	2.3	44.8	2.3	2.2
Q01Z	Splenectomy	5.6	36.0	7.6	7.6	7.4	53.0	9.3	9.3	6.7	44.5	8.7	8.7
Q02A	Other OR procedure of blood and blood forming organs W cat or sev CC	10.8	58.1	17.4	16.8	8.4	48.3	15.0	14.0	10.1	54.8	16.7	16.0
Q02B	Other OR procedure of blood and blood forming organs W/O cat or sev CC	4.9	.	4.9	2.4	4.5	39.5	5.1	2.7	4.7	39.5	5.0	2.6
Q60A	Reticuloendothelial and immunity disorders W catastrophic or severe CC	7.2	42.1	8.3	7.2	5.8	41.0	6.3	5.9	6.5	41.8	7.2	6.5
Q60B	Reticuloendothelial and immunity disorders W/O cat or sev CC W malignancy	4.5	-	4.5	4.2	4.7	32.0	4.8	3.5	4.6	32.0	4.7	3.7
Q60C	Reticuloendothelial and immunity disorders W/O cat or sev CC W/O malignancy	4.3	-	4.3	1.5	3.6	71.5	3.9	1.8	3.8	71.5	4.0	1.6
Q61A	Red blood cell disorders W catastrophic or severe CC	8.5	47.8	11.3	7.0	8.0	55.8	10.1	9.1	8.2	52.4	10.5	8.2
Q61B	Red blood cell disorders W/O catastrophic or severe CC	4.3	64.8	4.7	1.2	4.0	45.7	4.2	1.3	4.1	53.3	4.3	1.3
Q62Z	Coagulation disorders	3.6	50.0	4.3	1.6	3.8	37.1	4.1	2.4	3.7	43.1	4.2	1.9
R01A	Lymphoma and leukaemia W major OR procedures W catastrophic or severe CC	15.0	69.3	40.4	40.4	16.1	55.2	28.0	28.0	15.6	64.8	35.1	35.1
R01B	Lymphoma and leukaemia W major OR procedures W/O catastrophic or severe CC	8.0	33.0	8.8	7.7	7.0	39.0	9.3	8.1	7.4	37.5	9.1	7.9
R02A	Other neoplastic disorders W major OR procedures W catastrophic CC	16.7	42.5	20.7	19.3	13.9	43.5	23.8	23.8	15.5	43.2	22.2	21.3
R02B	Other neoplastic disorders W major OR procedures W severe or moderate CC	12.4	33.0	13.1	13.1	7.6	63.0	12.3	10.6	11.1	48.0	12.8	12.3
R02C	Other neoplastic disorders W major OR procedures W/O CC	5.7	36.0	6.1	5.0	6.3	-	6.3	5.7	5.9	36.0	6.2	5.2
R03A	Lymphoma and leukaemia W other OR procedures W catastrophic or severe CC	13.2	60.9	33.7	33.7	12.4	57.1	25.1	24.7	12.8	59.5	29.6	29.3
R03B	Lymphoma and leukaemia W other OR procedures W/O catastrophic or severe CC	6.8	51.4	9.3	6.3	6.4	38.3	7.6	4.9	6.6	45.6	8.4	5.6
R04A	Other neoplastic disorders W other OR procedures W CC	12.7	38.0	15.2	9.4	10.1	41.3	12.4	9.8	11.2	39.7	13.6	9.6
R04B	Other neoplastic disorders W other OR procedures W/O CC	6.5	-	6.5	1.5	3.5	33.0	4.5	1.3	5.0	33.0	5.5	1.4
R60A	Acute leukaemia W catastrophic CC	15.2	50.9	29.7	23.9	12.2	50.8	28.6	27.3	13.8	50.8	29.2	25.3
R60B	Acute leukaemia W/O catastrophic CC	6.3	42.2	8.7	2.0	6.5	34.8	8.0	3.1	6.4	39.8	8.4	2.2
R61A	Lymphoma and non-acute leukaemia W catastrophic CC	12.6	69.5	28.0	28.0	11.4	62.2	20.2	20.2	11.9	66.2	23.6	23.6

Table 5.6: Average Length of Stay (Days) by AR-DRG and Patient Type for Voluntary, Non-Voluntary and All Hospitals (contd.)

AR-DRG	Description	Voluntary Hospitals				Non-Voluntary Hospitals				Total Hospitals			
		In-Patients			Total Discharges[a]	In-Patients			Total Discharges[a]	In-Patients			Total Discharges[a]
		Acute (0-30 days)	Extended (>30 days)	Total In-Patients		Acute (0-30 days)	Extended (>30 days)	Total In-Patients		Acute (0-30 days)	Extended (>30 days)	Total In-Patients	
R61B	Lymphoma and non-acute leukaemia W/O catastrophic CC	7.2	58.4	9.7	9.7	5.6	42.6	6.4	6.4	6.2	52.0	7.7	7.7
R61C	Lymphoma and non-acute leukaemia, sameday	1.0	-	1.0	1.0	1.0	.	1.0	1.0	1.0	.	1.0	1.0
R62A	Other neoplastic disorders W CC	10.0	59.6	16.3	7.4	7.9	42.8	9.2	6.8	9.0	56.4	13.1	7.2
R62B	Other neoplastic disorders W/O CC	7.2	43.9	11.2	1.9	5.3	-	5.3	1.9	6.3	43.9	8.5	1.9
R63Z	Chemotherapy	-	-	-	1.0	-	-	-	1.0	-	-	-	1.0
R64Z	Radiotherapy	-	-	-	1.0	-	-	-	1.0	-	-	-	1.0
S60Z	HIV, sameday	1.0	-	1.0	1.0	1.0	-	1.0	1.0	1.0	-	1.0	1.0
S65A	HIV-related diseases W catastrophic CC	10.9	74.6	23.2	23.2	12.7	35.0	19.4	19.4	11.1	67.6	22.7	22.7
S65B	HIV-related diseases W severe CC	8.0	44.1	12.7	12.7	9.9	44.0	13.9	13.9	8.5	44.1	13.0	13.0
S65C	HIV-related diseases W/O catastrophic or severe CC	7.1	36.0	8.4	8.4	13.0	77.6	30.4	30.4	11.5	75.9	25.7	25.7
T01A	OR procedures for infectious and parasitic diseases W catastrophic CC	15.3	87.9	45.5	40.4	14.7	61.6	34.4	34.4	15.1	77.5	41.1	38.2
T01B	OR procedures for infectious and parasitic diseases W severe or moderate CC	10.3	49.6	18.5	14.5	11.8	73.4	22.1	21.4	11.0	58.8	20.1	17.1
T01C	OR procedures for infectious and parasitic diseases W/O CC	10.5	55.5	12.4	11.3	8.4	40.0	9.4	8.6	9.3	47.8	10.7	9.8
T40Z	Infectious and parasitic diseases W ventilator support	7.1	43.0	8.9	8.9	9.4	41.3	14.7	14.7	8.1	41.8	11.8	11.8
T60A	Septicaemia W catastrophic CC	12.7	75.2	27.3	27.3	10.4	47.6	13.8	13.8	11.1	62.9	18.3	18.3
T60B	Septicaemia W/O catastrophic CC	7.8	69.6	11.0	10.2	7.9	50.1	9.3	9.2	7.9	57.2	9.7	9.5
T61A	Postoperative and post-traumatic infections W catastrophic or severe CC	10.7	66.4	14.3	11.6	7.8	44.0	9.7	9.6	9.1	55.2	11.8	10.6
T61B	Postoperative and post-traumatic infections W/O catastrophic or severe CC	5.9	40.0	6.8	5.9	5.1	50.5	5.2	4.9	5.4	42.1	5.8	5.3
T62A	Fever of unknown origin W CC	4.7	48.0	5.1	4.8	4.5	32.0	4.7	4.6	4.6	40.0	4.9	4.7
T62B	Fever of unknown origin W/O CC	3.5	36.0	3.8	3.4	3.2	-	3.2	3.1	3.3	36.0	3.4	3.2
T63Z	Viral illness	2.7	46.0	2.9	1.8	2.1	53.5	2.1	2.1	2.2	48.5	2.3	2.0
T64A	Other infectious and parasitic diseases W catastrophic CC	13.9	64.7	34.2	34.2	12.6	37.0	13.9	13.9	13.0	60.7	22.9	22.9
T64B	Other infectious and parasitic diseases W severe or moderate CC	7.4	73.0	8.9	8.5	7.3	.	7.3	7.1	7.3	73.0	8.1	7.8
T64C	Other infectious and parasitic diseases W/O CC	4.9	-	4.9	1.8	4.0	34.0	4.4	3.7	4.3	34.0	4.6	2.6
U40Z	Mental health treatment, sameday, W ECT	-	-	-	1.0	-	-	-	1.0	-	-	-	1.0
U60Z	Mental health treatment, sameday, W/O ECT	1.0	-	1.0	1.0	1.0	-	1.0	1.0	1.0	-	1.0	1.0
U61Z	Schizophrenia disorders	15.4	112.0	55.4	55.4	4.5	63.0	12.3	12.3	13.7	110.0	50.4	50.4
U62A	Paranoia & acute psych disorder W cat/sev CC or W mental health legal status	13.3	75.8	44.5	44.5	5.5	-	5.5	5.5	10.7	75.8	36.7	36.7

Table 5.6: Average Length of Stay (Days) by AR-DRG and Patient Type for Voluntary, Non-Voluntary and All Hospitals (contd.)

AR-DRG	Description	Voluntary Hospitals				Non-Voluntary Hospitals				Total Hospitals			
		In-Patients			Total Discharges[a]	In-Patients			Total Discharges[a]	In-Patients			Total Discharges[a]
		Acute (0-30 days)	Extended (>30 days)	Total In-Patients		Acute (0-30 days)	Extended (>30 days)	Total In-Patients		Acute (0-30 days)	Extended (>30 days)	Total In-Patients	
U62B	Paranoia & acute psych disorder W/O cat/sev CC W/O mental health legal status	9.0	87.5	37.7	37.7	5.7	-	5.7	5.7	7.1	87.5	23.2	23.2
U63Z	Major affective disorders	13.4	82.8	33.1	33.1	5.9	87.5	9.1	9.1	11.3	83.0	27.7	27.7
U64Z	Other affective and somatoform disorders	7.9	56.4	12.3	12.3	4.4	55.8	6.5	6.5	6.0	56.2	9.3	9.3
U65Z	Anxiety disorders	4.8	59.7	7.4	7.4	3.4	47.8	4.1	4.1	3.9	55.4	5.2	5.2
U66Z	Eating and obsessive-compulsive disorders	7.3	76.8	29.5	29.5	8.7	73.4	17.4	17.4	8.0	76.0	24.4	24.4
U67Z	Personality disorders and acute reactions	6.1	70.7	12.8	12.8	4.3	55.7	6.5	6.5	5.3	67.2	10.1	10.1
U68Z	Childhood mental disorders	5.9	34.0	6.7	6.7	4.1	-	4.1	4.1	5.0	34.0	5.4	5.4
V60Z	Alcohol intoxication and withdrawal	4.6	56.3	5.6	5.6	2.8	55.6	3.0	3.0	3.2	56.0	3.5	3.5
V61Z	Drug intoxication and withdrawal	4.2	39.5	6.7	6.7	2.2	63.0	3.2	3.2	2.8	47.3	4.3	4.3
V62A	Alcohol use disorder and dependence	9.3	65.0	11.6	11.6	3.9	52.6	4.2	4.2	4.4	58.1	4.9	4.9
V62B	Alcohol use disorder and dependence, sameday	1.0	-	1.0	1.0	1.0	-	1.0	1.0	1.0	-	1.0	1.0
V63Z	Opioid use disorder and dependence	15.8	35.0	17.0	16.9	3.7	-	3.7	3.7	14.2	35.0	15.4	15.2
V64Z	Other drug use disorder and dependence	14.3	37.0	15.7	15.7	1.3	-	1.3	1.3	7.9	37.0	8.8	8.8
W01Z	Ventilation or cranial procedures for multiple significant trauma	15.5	40.6	25.2	25.2	13.9	59.7	25.3	25.3	14.6	47.8	25.2	25.2
W02A	Hip, femur & limb pr for mult signif trauma, incl implantation W cat/sev CC	17.3	88.6	56.9	56.9	13.4	44.5	23.8	23.8	14.4	64.5	34.8	34.8
W02B	Hip, femur & limb pr for mult signif trauma, incl implantation W/O cat/sev CC	15.7	38.0	17.1	17.1	14.3	64.5	17.3	17.3	14.7	55.7	17.2	17.2
W03Z	Abdominal procedures for multiple significant trauma	13.9	33.0	15.5	15.5	11.5	-	11.5	11.5	12.4	33.0	13.1	13.1
W04A	Other OR procs for multiple significant trauma W catastrophic or severe CC	14.9	41.0	18.1	18.1	12.0	48.5	20.1	20.1	13.4	46.0	19.2	19.2
W04B	Other OR procs for multiple significant trauma W/O catastrophic or severe CC	11.6	73.0	14.4	14.4	10.0	58.5	13.6	13.6	10.8	63.3	14.0	14.0
W60Z	Multiple trauma, died or transferred to another acute care facility <5 days	1.3	-	1.3	1.3	1.8	-	1.8	1.8	1.8	-	1.8	1.8
W61A	Multiple trauma W/O significant procedures W catastrophic or severe CC	11.2	94.7	40.4	40.4	14.3	77.7	19.3	19.3	13.4	89.6	26.6	26.6
W61B	Multiple trauma W/O significant procedures W/O catastrophic or severe CC	6.9	47.0	9.3	9.1	9.2	48.0	9.8	9.8	8.4	47.3	9.6	9.5
X02A	Microvascular tiss transfer or (skin graft W cat/sev CC) for injuries to hand	3.9	-	3.9	3.9	4.9	-	4.9	4.9	4.4	-	4.4	4.4
X02B	Skin graft for injuries to hand W/O catastrophic or severe CC	3.1	-	3.1	2.9	1.8	-	1.8	1.8	2.3	-	2.3	2.2
X04A	Other procedures for injuries to lower limb W catastrophic or severe CC	13.4	106.5	28.9	28.9	18.5	78.5	38.5	38.5	15.7	87.8	33.7	33.7
X04B	Other procedures for injuries to lower limb W/O catastrophic or severe CC	2.7	-	2.7	2.5	4.0	88.0	5.0	4.8	3.5	88.0	4.2	3.9
X05A	Other procedures for injuries to hand W CC	3.0	-	3.0	3.0	2.4	-	2.4	2.4	2.6	-	2.6	2.6

Table 5.6: Average Length of Stay (Days) by AR-DRG and Patient Type for Voluntary, Non-Voluntary and All Hospitals (contd.)

AR-DRG	Description	Voluntary Hospitals				Non-Voluntary Hospitals				Total Hospitals			
		In-Patients			Total Discharges[a]	In-Patients			Total Discharges[a]	In-Patients			Total Discharges[a]
		Acute (0-30 days)	Extended (>30 days)	Total In-Patients		Acute (0-30 days)	Extended (>30 days)	Total In-Patients		Acute (0-30 days)	Extended (>30 days)	Total In-Patients	
X05B	Other procedures for injuries to hand W/O CC	1.3	-	1.3	1.3	1.3	-	1.3	1.3	1.3	-	1.3	1.3
X06A	Other procedures for other injuries W catastrophic or severe CC	11.5	47.6	15.6	15.4	7.9	41.7	10.2	9.9	9.9	45.7	13.3	13.0
X06B	Other procedures for other injuries W/O catastrophic or severe CC	4.0	58.0	4.5	4.3	2.2	32.0	2.2	2.2	2.8	51.5	2.9	2.8
X07A	Skin graft for injuries ex hand W microvascular tiss tfr or W (cat or sev CC)	11.0	136.8	48.0	48.0	13.7	54.5	18.7	18.7	12.9	100.2	28.6	28.6
X07B	Skin graft for injuries ex hand W/O microvascular tiss tfr W/O cat or sev CC	7.0	-	7.0	6.4	6.3	42.7	9.1	8.9	6.7	42.7	7.9	7.5
X40Z	Injuries, poisoning and toxic effects of drugs W ventilator support	6.4	-	6.4	6.4	4.5	47.0	5.6	5.6	5.5	47.0	6.0	6.0
X60A	Injuries W catastrophic or severe CC	6.9	54.0	12.5	12.5	7.7	56.2	11.0	11.0	7.5	55.2	11.5	11.5
X60B	Injuries W/O catastrophic or severe CC	1.7	52.7	1.9	1.8	2.0	41.9	2.1	2.1	1.9	46.8	2.0	2.0
X61Z	Allergic reactions	1.7	35.0	2.1	2.0	1.7	-	1.7	1.7	1.7	35.0	1.8	1.8
X62A	Poisoning/toxic effects of drugs and other substances W cat or sev CC	6.0	70.1	8.4	8.4	3.9	73.0	4.5	4.5	4.7	70.9	6.1	6.1
X62B	Poisoning/toxic effects of drugs and other substances W/O cat or sev CC	2.5	36.0	2.5	2.5	1.8	40.0	1.8	1.8	1.9	38.7	1.9	1.9
X63A	Sequelae of treatment W catastrophic or severe CC	6.7	56.0	8.5	8.0	7.0	118.3	9.2	9.0	6.8	74.7	8.8	8.4
X63B	Sequelae of treatment W/O catastrophic or severe CC	3.0	50.0	3.1	2.7	3.2	58.0	3.3	3.2	3.1	54.0	3.2	3.0
X64A	Other injury, poisoning and toxic effect diagnosis W cat or sev CC	4.3	59.0	12.7	11.9	6.1	64.0	8.1	8.1	5.6	60.7	9.5	9.3
X64B	Other injury, poisoning and toxic effect diagnosis W/O cat or sev CC	1.8	97.3	4.8	4.6	1.6	115.0	1.9	1.8	1.6	101.8	2.4	2.4
Y01Z	Ventilation for burns and severe full thickness burns	13.0	98.4	65.5	65.5	9.0	53.0	25.5	25.5	11.0	86.0	50.3	50.3
Y02A	Other burns W skin graft W CC	18.4	95.8	38.9	38.9	15.5	36.4	19.8	19.8	17.1	74.6	31.0	31.0
Y02B	Other burns W skin graft W/O CC	12.2	36.7	14.5	14.1	11.3	40.5	14.2	13.9	11.7	38.9	14.3	14.0
Y03Z	Other OR procedures for other burns	9.4	44.0	11.7	9.0	6.5	-	6.5	5.6	7.7	44.0	8.8	7.2
Y60Z	Burns, transferred to another acute care facility <5 days	1.4	-	1.4	1.4	1.2	-	1.2	1.2	1.3	-	1.3	1.3
Y61Z	Severe burns	9.9	33.0	10.8	10.8	5.5	57.5	7.9	7.9	7.2	49.3	9.0	9.0
Y62A	Other burns W CC	7.4	48.0	11.9	11.9	8.9	227.0	16.7	16.7	8.3	107.7	14.8	14.8
Y62B	Other burns W/O CC	5.2	.	5.2	5.1	2.6	.	2.6	2.5	4.1	.	4.1	4.0
Z01A	OR procedures W diagnoses of other contacts W health services W cat/sev CC	6.5	42.7	10.5	5.2	5.9	73.4	13.4	9.2	6.1	60.2	12.1	7.1
Z01B	OR procedures W diagnoses of other contacts W health services W/O cat/sev CC	3.6	31.0	3.8	1.8	3.5	-	3.5	1.8	3.6	31.0	3.7	1.8
Z40Z	Endoscopy W diagnoses of other contacts W health services, sameday	-	-	-	1.0	1.0	-	1.0	1.0	1.0	-	1.0	1.0

Table 5.6: Average Length of Stay (Days) by AR-DRG and Patient Type for Voluntary, Non-Voluntary and All Hospitals (contd.)

AR-DRG	Description	Voluntary Hospitals				Non-Voluntary Hospitals				Total Hospitals			
		In-Patients			Total Discharges[a]	In-Patients			Total Discharges[a]	In-Patients			Total Discharges[a]
		Acute (0-30 days)	Extended (>30 days)	Total In-Patients		Acute (0-30 days)	Extended (>30 days)	Total In-Patients		Acute (0-30 days)	Extended (>30 days)	Total In-Patients	
Z60A	Rehabilitation W catastrophic CC	11.9	75.0	48.8	48.8	14.7	85.1	51.1	51.1	13.3	79.4	49.9	49.9
Z60B	Rehabilitation W/O catastrophic CC	14.2	58.2	22.6	22.6	8.9	64.1	17.9	17.9	12.9	59.4	21.5	21.5
Z60C	Rehabilitation, sameday	1.0	-	1.0	1.0	1.0	.	1.0	1.0	1.0	-	1.0	1.0
Z61A	Signs and symptoms	6.4	91.2	10.6	10.6	5.1	49.6	5.7	5.7	5.6	79.0	7.5	7.5
Z61B	Signs and symptoms, sameday	1.0	-	1.0	1.0	1.0	.	1.0	1.0	1.0	-	1.0	1.0
Z63A	Other surgical follow up and medical care W catastrophic CC	7.9	80.0	11.7	11.7	10.2	144.7	35.2	34.1	10.0	143.3	33.5	32.5
Z63B	Other surgical follow up and medical care W/O catastrophic CC	6.6	59.5	7.7	5.8	5.0	68.4	6.8	4.9	5.5	66.3	7.1	5.2
Z64A	Other factors influencing health status	3.7	106.0	4.9	4.9	5.8	73.9	7.6	7.6	5.2	78.3	6.9	6.9
Z64B	Other factors influencing health status, sameday	1.0	-	1.0	1.0	1.0	-	1.0	1.0	1.0	-	1.0	1.0
Z65Z	Congenital anomalies and problems arising from neonatal period	4.5	-	4.5	2.1	4.5	72.7	11.6	7.7	4.5	72.7	7.4	3.6
801A	OR procedures unrelated to principal diagnosis W catastrophic CC	15.0	90.6	51.1	50.7	17.1	64.1	34.7	33.6	15.9	82.4	45.1	44.4
801B	OR procedures unrelated to principal diagnosis W severe or moderate CC	10.3	74.2	17.1	15.9	11.3	63.3	17.1	16.1	10.7	69.9	17.1	16.0
801C	OR procedures unrelated to principal diagnosis W/O CC	4.8	41.7	5.4	3.4	4.4	46.9	5.4	3.9	4.6	44.6	5.4	3.6
963Z	Neonatal diagnosis not consistent W age/weight	-	-	-	1.0	1.0	-	1.0	1.0	1.0	-	1.0	1.0
Total		**5.0**	**70.4**	**7.8**	**3.3**	**4.2**	**58.4**	**5.3**	**3.0**	**4.5**	**64.9**	**6.1**	**3.1**

Notes: The voluntary hospital group includes both general and special hospitals that were operated on a voluntary basis. The non-voluntary hospital group incorporates general and special hospitals that were managed by HSE administrative areas.

\- Denotes no discharges reported to HIPE.

[a] Includes day and in-patients.

[b] This includes pregnancy with abortive outcome.

Glossary and Abbreviations

GLOSSARY

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

Additional diagnosis A condition or complaint either coexisting with the principal diagnosis or arising during the episode of admitted patient care, episode of residential care or attendance at a health care establishment, as represented by a code (Health Data Standards Committee (2006), National Health Data Dictionary, Version 13, AIHW).

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

Bed designation The designation of beds in public hospitals may be public, semi-private or private.

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 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. In Ireland, the decision was made to move to Australian Refined Diagnosis Related Group (AR-DRG) from 2005 onwards.

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

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

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

Emergency admission An emergency admission is unforeseen and requires urgent care (Department of Health and Children, 2001). This term is used to refer to in-patient discharges.

General hospital A general hospital provides a broad range of services, and includes voluntary and non-voluntary (county and regional) hospitals.

Glossary (contd.)

GMS status
Refers to whether a patient holds a medical card. Up to 2004, the General Medical Services (Payments) Board was responsible for making payments on behalf of the health boards/regional authorities for national schemes (including GP services and prescriptions used by medical card holders). At the end of 2004, the GMS (Payments) Board was replaced by the Primary Care Reimbursement Service.

HSE area of hospitalisation
Refers to the HSE area in which the patient was treated.

HSE area of residence
Refers to the HSE area in which the patient resides.

Hospital In-Patient Enquiry (HIPE)
HIPE is a 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. It is 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 (IMR)
A set of management reports is 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
Length of stay refers to the time, expressed in days, between admission to and discharge from, hospital. For a day patient, length of stay is set equal to one day.

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, 18and 21 may have principal diagnoses associated with other categories. In AR-DRG Version 6.0, there are 23 MDCs.

Maternity admission
In HIPE, from 2009, it is no longer possible to distinguish between planned and emergency maternity in-patients due to a change in the classification of the 'admission type' variable. Maternity day cases are those admitted and discharged alive, as scheduled, on the same day, who did not give birth, and were treated in a registered day ward.

Non-Voluntary
A non-voluntary hospital is owned and funded by the Health Service Executive. It is also known as a HSE hospital. (Citizen's Information, 2009).

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.

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.

Glossary (contd.)

Principal diagnosis

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

Principal and additional procedure

A procedure is defined as a clinical intervention that:

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

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

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

(NCCH, 2008)

Public/Private status

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

Special hospital

A special hospital specialises in the provision of medical and surgical services in a particular area, such as maternity hospitals, cancer hospitals or 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 (Citizen's Information, 2009). For the purposes of this report, joint board hospitals are categorised as voluntary hospitals.

W-HIPE

The data entry and reporting system used in HIPE.

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: 20 April 2010. www.citizensinformation.ie/categories/health/hospital-services/hospital_services_introduction
For further information on the definitions of diagnoses see NCCH ICD-10-AM, July 2008, General Standards for Diseases.
For further information on the definitions of procedures see NCCH ICD-10-AM, July 2008, General Standards for Procedures.
For further information on AR-DRGs see Commonwealth Department of Health and Aged Care., 2008. *Australian Refined Diagnosis Related Groups Version 6.0 Definitions Manual*. Canberra: Commonwealth Department of Health and Ageing. pp 4-15.

ABBREVIATIONS

Adm	Admission
Admwt	Admission Weight
ACHI	Australian Classification of Health Interventions
ACS	Australian Coding Standards
AICD	Automatic Implantable Cardioverter-Defibrillator
AMI	Acute Myocardial Infarction
ALOS	Average Length of Stay
AR-DRG	Australian Refined Diagnosis Related Group
BIU	Business Intelligence Unit
CABG	Coronary Artery Bypass Graft
CC	Complication and/or Comorbidity
CDE	Common Bile Duct Exploration
CPCP	Corporate Planning and Corporate Performance
CSO	Central Statistics Office
D&C	Dilation and Curettage
CPB pump	Cardiopulmonary bypass pump
DoH&C	Department of Health and Children
DRG	Diagnosis Related Group
EEG	Electroencephalography
ECMO	Extra corporeal membrane oxygenation
ECT	Electroconvulsive therapy
ENT	Ear, Nose and Throat
ERCP	Endoscopic Retrograde Cholangio Pancreatography
ESRI	Economic and Social Research Institute
ESW	Extracorporeal Shock Waves
GI	Gastro-intestinal
Fx	Fracture
g	Grams
GMS	General Medical Services
GP	General Practitioner
HCFA	Health Care Financing Administration
HIPE	Hospital In-Patient Enquiry
HIV	Human Immunodeficiency Virus
HSE	Health Service Executive
ICD-9-CM	Ninth Revision of the International Classification of Diseases, Clinical Modification, Version October 1998
ICD-10-AM	Tenth Revision of the International Classification of Diseases, Australian Modification, 6th Edition
Incl	Including
IHD	Ischaemic Heart Disease

Abbreviations (contd.)

IMR	Integrated Management Return
Infect/inflam	Infection/inflammation
Inhal	Inhalation
Inves	Investigative
IT	Information Technology
MBS	Medicare Benefits Schedule
MDC	Major Diagnostic Category
misc	Miscellaneous
n/a	Not applicable
NCCH	National Centre for Classification in Health
N	Number of Observations/Discharges
Non-malig	Non-malignant
NPRS	National Perinatal Reporting System
NTPF	National Treatment Purchase Fund
OR	Operating Room
PMU	Performance Management Unit
PTCA	Percutaneous Transluminal Coronary Angioplasty
TIA	Transient Ischaemic Attack
URI	Upper Respiratory Infection
WHO	World Health Organisation
W/O	Without

Appendices

APPENDIX I

Listing of Hospitals Participating in the HIPE Scheme

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

Appendix I: Listing of Hospitals Participating in the HIPE Scheme (contd.)

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

Notes: Total number of hospitals participating in 2009: 57.
Data from participating private hospitals are not contained in this report. .
[a] Participating in HIPE from 1 January 2009.
[b] Activity in Cork University Maternity Hospital is reported as Regional Hospital activity through Cork University Hospital.

APPENDIX II

Summary of Changes to Clinical Coding in 2009[1]

1. ICD-10-AM 6TH EDITION

The modifications to the disease classification include a number of important improvements.

1.1 Major changes

Include, but are not limited to:

- Abortion, curettage and ectopic pregnancy
- Chronic kidney disease
- Diabetes Mellitus
- Drug and alcohol
- Effects of radiotherapy
- Postpartum anaemia
- Post procedural complications
- Ruptured uterus

1.2 WHO ICD-10 updates

Recommendations for change to ICD-10 are made by the Update and Revision Committee of the WHO Family of International Classifications Network (WHO-FIC). ICD-10-AM Sixth Edition contains those recommendations ratified at the Tokyo (October 2005) and Tunis (October 2006) meetings of the URC.

The main changes include new codes for:

- Other infectious gastroenteritis and colitis
- Gastroenteritis and colitis of unspecified origin
- Acute viral hepatitis, unspecified
- Primary and secondary thrombophilia
- Vascular parkinsonism
- Indeterminate colitis
- Oesophageal varices, with and without bleeding, at the fourth character level
- Preterm labour without spontaneous delivery
- Immobility

New terminology in the area of:

- Decubitus ulcer and pressure areas
- Keratopathy following cataract surgery
- Ulcerative colitis
- Blindness and low vision
- Pneumocystis jiroveci

Change of classification for:

- Benign neoplasms of prostate (adenoma, fibroadenoma, fibroma and myoma)
- Stransky Regalia anaemia

[1] Coding Matters Volume 14 Number – 03 December 2007

1.3 External cause of injury codes

A submission was received by the Research Centre for Injury Studies (RCIS). Changes made as a result of this submission include the following areas:

- Bitten (pecked) or struck by birds
- Fall on and from stairs and steps
- Diving or- jumping into water causing injury other than drowning or submersion
- Other fall from one level to another
- Contact with other powered hand tools and household machinery
- Moving objects
- Place of occurrence – home

Other changes made to the external cause of injury section as a result of other public submissions include:

- Town camps
- Activity codes

2. Australian Classification of Health Interventions (ACHI) 6TH Edition

The major modifications to the intervention classification include both changes made through public submissions as well as amendments based on the Medicare Benefits Schedule (MBS) changes from November 2004, May 2005, November 2005 and May 2006, The major changes include:

- Cardiac electrophysiology study (EPS) with radiofrequency ablation
- Cerebrovascular embolisation
- Electroconvulsive therapy
- Endoscopic procedures
- Laparoscopic hysterectomy
- Pacemakers and defibrillators
- Pharmacotherapy
- Ventilatory support

3. Australian Coding Standards (ACS)

3.1 Major amendments

There have been 56 ACS amended for 6th Edition.

Significant changes include:

- ACS 0002 Additional diagnoses
- ACS 0020 Bilateral/multiple procedures
- ACS 0503 Drug, alcohol and tobacco use disorders
- ACS 0936 Pacemakers and defibrillators
- ACS 1006 Ventilatory support
- ACS 1904 Procedural complications

APPENDIX III

HIPE Data Entry Form, 2009

ESRI

Hospital In-Patient Enquiry (HIPE) Summary Sheet

For use with W-HIPE data entry software on ALL DISCHARGES FROM 01.09.08

Hosp No:

Patient Discharge Information

				W/List If=1-2	Mode If=4,5,7
Medical Record Number		Type (priority) of admission			
Admission Date		Source of Admission			
Date of transfer to PDU/ Rehab		Transfer From			
Discharge Date		Discharge Code			
Date of Birth		Transfer To			
Sex		Infant Admit weight (grams)		Temporary Leave Days	

Patient Details

Name		Marital Status		Area of Residence	
Medical Card		GMS Number		Discharge Status	
Day Case				Admitting Ward	
Day Ward		Day Ward ID		Discharge Ward	
Days in an Intensive Care Environment		Days in	Private/Semi Private Bed		
			Public Bed		

Admitting Consultant		Discharge Consultant	
Primary Consultant		Intensive Care Consultant	

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

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

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

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

For use on all discharges from 01.09.2008

	Procedure/Intervention Codes	Block No.	Principal Procedure	Consultant	Consultant Anaesthetist
(1)	–	[ ]			
(2)	–	[ ]			
(3)	–	[ ]			
(4)	–	[ ]			
(5)	–	[ ]			
(6)	–	[ ]			
(7)	–	[ ]			
(8)	–	[ ]			
(9)	–	[ ]			
(10)	–	[ ]			

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:_____

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

APPENDIX IV

Population Data by Age, Sex and HSE Area of Residence, 2009

Tables IV.1 to IV.3 contain the distribution of the total, male, and female population by age group and HSE area of residence.

TABLE IV.1

Total Population Estimates by HSE Area of Residence, 2009

	HSE Dublin North East	HSE Dublin Mid Leinster	HSE South	HSE West	Total
0-4 years	75,755	100,059	83333	76,341	335,488
5-9 years	66,368	87,073	76,738	71,419	301,598
10-14 years	60,942	79,393	74,330	69,747	284,412
15-19 years	59,317	77,526	74768	70,923	282,534
20-24 years	68,619	90,290	79,026	77,898	315,834
25-29 years	94,118	122,128	90,157	83,846	390,248
30-34 years	91,650	116,929	88,469	79,258	376,306
35-39 years	82,808	106,729	86,402	78,235	354,174
40-44 years	70,209	91,497	81,240	73,589	316,536
45-49 years	63,882	84,157	77,140	69,874	295,053
50-54 years	55,268	73,009	68,547	65,007	261,831
55-59 years	49,466	65,077	62,342	59,809	236,693
60-64 years	43,160	56,496	56,570	53,165	209,392
65-69 years	32,392	41,819	43,310	40,176	157,697
70-74 years	25,687	33,020	34,888	32,394	125,989
75-79 years	19,883	25,012	27,492	25,867	98,254
80-84 years	13,757	17,321	18,359	18,308	67,744
85 years and over	10,740	13,197	14,950	16,315	55,202
All Ages	**984,020**	**1,280,733**	**1,138,062**	**1,062,171**	**4,464,986**

Note: These population estimates were constructed by age, sex and county with counties Dublin and Tipperary split into north and south components as per the HSE area definitions. The estimates were derived using a cohort component model, and then applying the same mortality rates used by the CSO for their population projections, the CSO F2 fertility assumption along with published international migration data.

Source: The population data were obtained from the Economic and Social Research Institute.

TABLE IV.2

Male Population Estimates by HSE Area of Residence, 2009

	HSE Dublin North East	HSE Dublin Mid Leinster	HSE South	HSE West	Total
0-4 years	38,926	51,271	42644	39,268	172,110
5-9 years	34,065	44,593	39,433	36,201	154,292
10-14 years	31,399	40,922	37,981	35,981	146,284
15-19 years	30,625	39,948	38222	36,386	145,181
20-24 years	34,691	45,580	40,330	39,986	160,587
25-29 years	47,318	61,407	46,209	43,280	198,213
30-34 years	46,164	59,224	45,274	40,604	191,265
35-39 years	42,069	54,127	44,109	39,773	180,077
40-44 years	35,578	46,004	41,292	37,363	160,237
45-49 years	31,829	41,957	38,987	35,287	148,061
50-54 years	27,538	36,280	34,862	32,989	131,668
55-59 years	24,583	32,289	31,800	30,469	119,141
60-64 years	21,429	28,187	28,621	27,373	105,611
65-69 years	15,882	20,402	21,701	20,447	78,432
70-74 years	11,972	15,406	16,832	16,027	60,238
75-79 years	8,641	10,916	12,466	12,204	44,227
80-84 years	5,204	6,573	7,303	7,366	26,446
85 years and over	3,213	4,010	4,880	5,592	17,695
Male (All Ages)	**491,127**	**639,096**	**572,945**	**536,597**	**2,239,764**

Note: See note under Table IV.1.

Source: See source under Table IV.1

TABLE IV.3

Female Population Estimates by HSE Area of Residence, 2009

	HSE Dublin North East	HSE Dublin Mid Leinster	HSE South	HSE West	Total
0-4 years	36,828	48,788	40,689	37,073	163,378
5-9 years	32,303	42,480	37,305	35,218	147,307
10-14 years	29,543	38,471	36,348	33,765	138,128
15-19 years	28,692	37,578	36,546	34,537	137,353
20-24 years	33,928	44,710	38,695	37,913	155,247
25-29 years	46,800	60,721	43,949	40,566	192,035
30-34 years	45,486	57,705	43,195	38,654	185,041
35-39 years	40,739	52,602	42,293	38,463	174,097
40-44 years	34,631	45,493	39,949	36,226	156,299
45-49 years	32,053	42,200	38,153	34,587	146,992
50-54 years	27,730	36,729	33,685	32,019	130,162
55-59 years	24,882	32,788	30,542	29,339	117,552
60-64 years	21,732	28,308	27,949	25,792	103,781
65-69 years	16,509	21,417	21,610	19,728	79,265
70-74 years	13,715	17,614	18,056	16,367	65,752
75-79 years	11,242	14,096	15,026	13,663	54,028
80-84 years	8552	10,748	11,056	10,942	41,298
85 years and over	7,527	9,187	10,070	10723	37,507
Female (All Ages)	**492,893**	**641,637**	**565,117**	**525,574**	**2,225,221**

Note: See note under Table IV.1.

Source: See source under Table IV.1

APPENDIX V

Australian Coding Standard 0042 Procedures not Normally Coded[2]

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

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

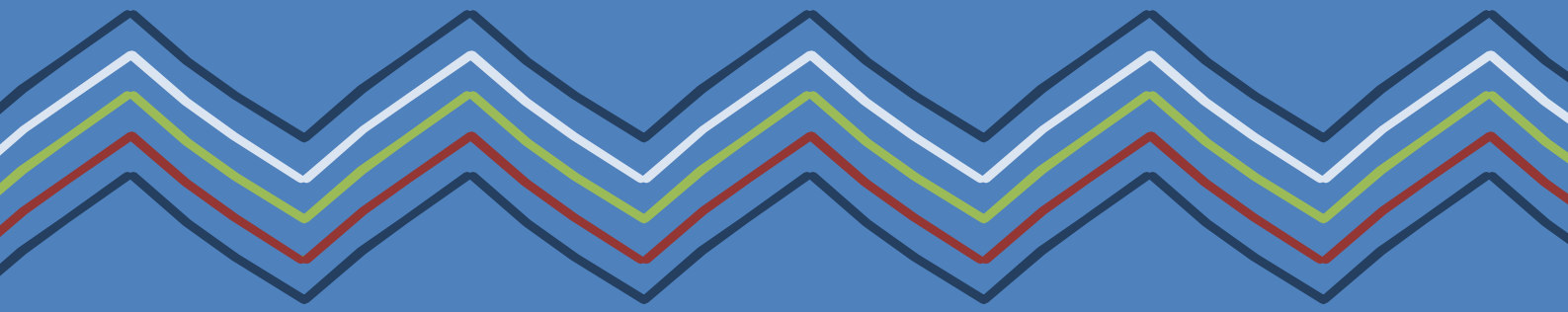
Note:

1) 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.
2) The listed procedures should be coded if anaesthesia (except local) is required for the procedure (see ACS 0031 *Anaesthesia*).
3) These procedures should be coded if they are the principal reason for admission in same-day episodes of care.

1. **Application of plaster**
2. **Cardioplegia** when associated with cardiac surgery
3. **Cardiotocography (CTG)** except fetal scalp electrodes
4. **Dressings**
5. **Drug treatment**
   Drug treatment should not be coded except if:
   the substance is given as the principal treatment in same-day episodes of care
   (e.g. chemotherapy for neoplasm or HIV, see ACS 0044 *Chemotherapy*)
   drug treatment is specifically addressed in a coding standard
   (see ACS 1316 *Cement spacer/beads* and ACS 1615 *Specific interventions for the sick neonate*)
6. **Echocardiogram** except transoesophageal echocardiogram
7. **Electrocardiography (ECG)** except patient-activated implantable cardiac event monitoring (loop recorder)
8. **Electrodes (pacing wires) – temporary**: insertion of temporary transcutaneous or transvenous electrodes when associated with cardiac surgery; adjustment, repositioning, manipulation or removal of temporary electrodes
9. **Electromyography (EMG)**
10. **Hypothermia** when associated with cardiac surgery

[2] Extracted from NCCH eBook, July 2008, General Standards for Interventions

11. **Monitoring: cardiac, electroencephalography (EEG), vascular pressure** except radiographic/video EEG monitoring 24 hours
12. **Nasogastric intubation, aspiration and feeding,** except nasogastric feeding in neonates (see ACS 1615 *Specific interventions for the sick neonate)*
13. **Perfusion** when associated with cardiac surgery
14. **Primary suture of surgical and traumatic wounds**
    Code only for traumatic wounds which are not associated with an underlying injury (e.g. suture of lacerated forearm would be coded if there is no other associated injury repair)
    (see ACS 1217 *Repair of wound of skin and subcutaneous tissue*)
15. **Procedure components**
16. **Stress test**
17. **Traction** if associated with another procedure
18. **Ultrasound**
19. **Urinary catheterisation** except if suprapubic or if patient discharged with catheter in situ (see ACS 0016 *General procedure guidelines* and ACS 1436 *Admission for trial of void*)
20. **X-rays without contrast (plain)**



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