Activity in Acute Public Hospitals in Ireland

ANNUAL REPORT 2011

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Activity in Acute Public Hospitals in Ireland Annual Report, 2011

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Health Research and Information Division (HRID), The Economic and Social Research Institute (ESRI)

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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 2011. Discharge activity is examined by type of patient and hospital, and by demographic parameters (such as age and sex). Particular issues of relevance to the Irish health care system covered in the report relate to the composition of discharges by medical card and public/private status. Discharges are also analysed by diagnoses, procedures, major diagnostic categories, and diagnosis related groups. *Maternity* discharges are examined separately from other discharges. The analysis is presented at the national level and is also disaggregated by Health Service Executive (HSE) administrative areas.

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ACKNOWLEDGEMENTS

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

The Department of Health and the Health Service Executive are acknowledged for the financial support allocated to the HIPE scheme and for the substantial input to the development of HIPE. In particular, we would like to express our gratitude to Fiachra Bane, Alan Cahill, Lorna Collins, Gráinne Cosgrove, and Emer Gallagher for their valuable contributions and comments on an early draft of this report.

We would also like to thank Prof. Michael Turner (University College Dublin) for helpful comments on an early draft of the *Maternity* Section of this report.

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, and Deirdre Murphy for reviewing and commenting on earlier drafts of this report, and Edgar Morgenroth for advising on the population data.

Inevitably, a number of individuals have to carry most of the responsibility for producing a report of this type. In this case Sheelagh Bonham, Aoife Brick, Nathan Cunningham, Eoin Feeney, Conor Keegan, Aisling Mulligan and Sinéad O'Hara 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.

Table of Contents

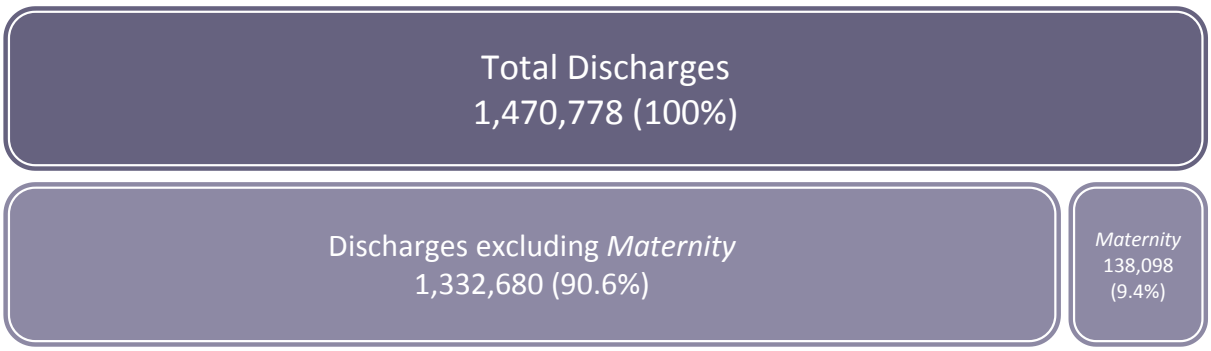
List of Tables

List of Figures

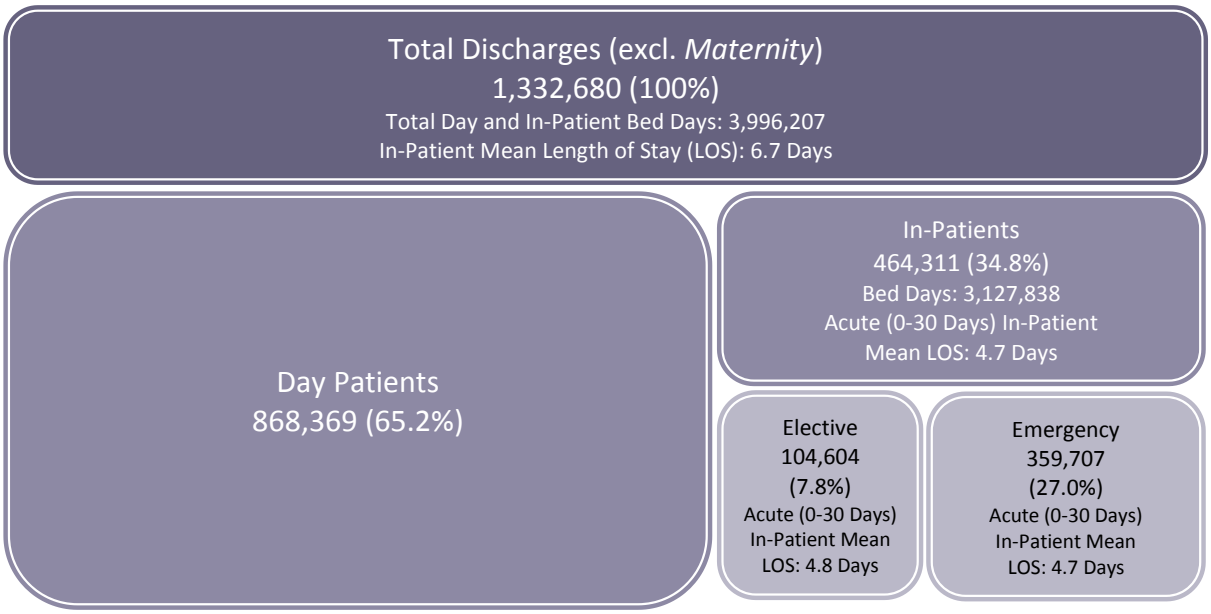
EXECUTIVE SUMMARY

The Hospital In-Patient Enquiry (HIPE) scheme, established in 1971, is a health information system designed to collect clinical and administrative data on discharges from, and deaths in, acute hospitals in Ireland. 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.

This report relates to discharges that occurred in the 2011 calendar year. The aim is to present an overview of discharge activity in acute public hospitals in Ireland. The demographic and morbidity analysis for *Maternity* discharges are presented separately for specified sections of the *Activity in Acute Public Hospitals in Ireland Annual Report, 2011* to enable a comprehensive overview of trends in this area.



TOTAL DISCHARGES (EXCL. *MATERNITY*), 2011



WHO

Sex

- Females accounted for 49.1 per cent of total discharges (excl. *Maternity*) with males accounting for 50.9 per cent.

Age

- The 65–74 years age group accounted for the largest proportion of male discharges (19.8 per cent) whereas the 55–64 years age group accounted for the largest proportion of female discharges (excl. *Maternity*) (16.7 per cent).

Marital Status

- Married discharges accounted for 47.0 per cent of total discharges (excl. *Maternity*).

Public/Private Status

- Almost 83 per cent of total discharges (excl. *Maternity*) were treated on a public basis with 17.2 per cent treated on a private basis.
- The 85 years and over age group had the largest proportion of total discharges (excl. *Maternity*) treated publicly (89.3 per cent) with only 10.7 per cent treated on a private basis.

General Medical Service (GMS) Status

- Of total discharges (excl. *Maternity*), 56.5 per cent were GMS discharges.
- Over 85 per cent of discharges in the 85 years and over age group were GMS discharges compared to just 18.6 per cent of the less than 1 years age group

WHERE

HSE Area of Hospitalisation

- The largest proportion of total discharges (excl. *Maternity*) were hospitalised in the HSE Dublin Mid Leinster area (30.4 per cent) with the smallest proportion hospitalised in the HSE Dublin North East area (21.7 per cent).

HSE Area of Residence

- A larger proportion of discharges resident in the HSE West area were aged 85 years and older (4.6 per cent) compared to 3.9 per cent in the HSE Dublin Mid Leinster and the HSE Dublin North East areas.

Admission Source

- The majority of total discharges (excl. *Maternity*) in all HSE areas were admitted from home, ranging from 95.0 per cent in the HSE Dublin North East area to 97.1 per cent in the HSE Dublin Mid Leinster area.

Discharge Destination

- The majority of in-patient discharges (excl. *Maternity*) were discharged home, ranging from 86.2 per cent in HSE West area to 87.6 per cent in the HSE Dublin Mid Leinster area.

WHEN

Day of Admission

- The proportion of in-patient discharges (excl. *Maternity*) admitted on an elective basis decreased throughout the week, with almost 63 per cent admitted from Monday to Wednesday, falling to 9.7 per cent at the weekend.

Day of Discharge

- The proportion of elective in-patients discharged rose throughout the week, from 10.6 per cent on Monday to 22.6 per cent on Friday, falling to 5.0 per cent on Sunday.

Month of Admission

- March recorded the largest number of emergency in-patient admissions (32,090 discharges).

MORBIDITY ANALYSIS

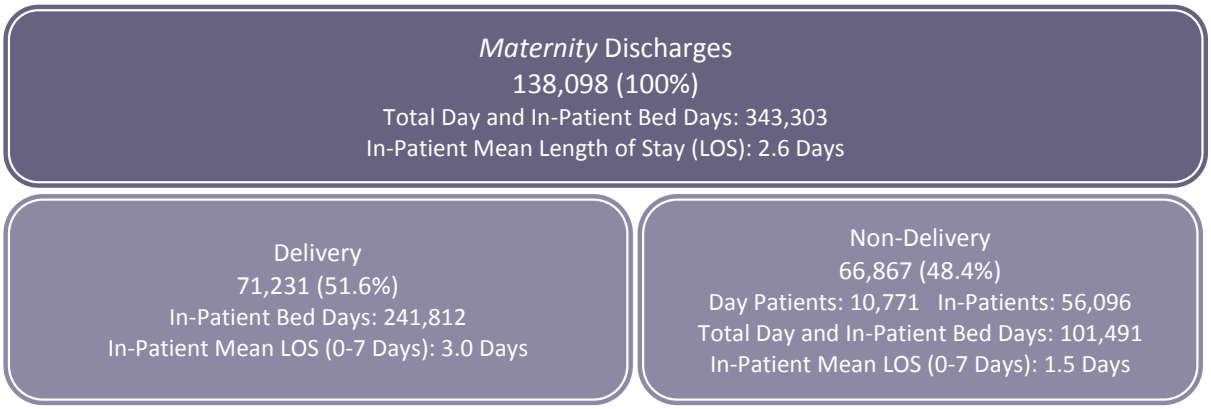
Day Patients

- The principal diagnosis category which includes chemotherapy and radiotherapy encounters, accounted for the largest proportion of total day patient discharges (19.6 per cent).
- At least one procedure was recorded for 93.8 per cent of day patient discharges.
- *Haemodialysis* was reported as a principal procedure for 20.8 per cent of day patient discharges with at least one procedure reported.

In-Patients

- In-patient discharges with a principal diagnosis of *pain in throat and chest* accounted for 3.6 per cent of in-patients.
- At least one procedure was recorded for 65.7 per cent of in-patient discharges.
- *Generalised allied health interventions* were reported as a principal procedure for 15.1 per cent of in-patient discharges with at least one procedure. This category includes interventions such as physiotherapy, dietetics, pharmacy, occupational therapy, and social work.

MATERNITY DISCHARGES, 2011



DELIVERY

- Over 59 per cent of *Delivery* discharges were in the 25–34 years age group.
- Non-instrumental deliveries accounted for the largest proportion of *Delivery* discharges (56.7 per cent), followed by Caesarean section at 27.4 per cent. Instrumental deliveries accounted for 16.0 per cent.
- Of *Delivery* discharges, over 78 per cent were treated on a public basis and 21.6 per cent on a private basis.
- Of *Delivery* discharges who were treated on a public basis, 25.0 per cent had a Caesarean section compared to 36.0 per cent of those treated privately.
- Almost 22 per cent of *Delivery* discharges had a principal diagnosis of *perineal laceration during delivery*.
- At least one procedure was recorded for 93.7 per cent of *Delivery* discharges.

NON-DELIVERY

Day Patients

- The principal diagnosis of *special screening examination for other diseases and disorders* accounted for the largest proportion of *Non-Delivery* day patient discharges (24.4 per cent).
- At least one procedure was recorded for 29.2 per cent of *Non-Delivery* day patient discharges.
- *Curettage and evacuation of uterus* was reported as a principal procedure for 58.6 per cent of *Non-Delivery* day patient discharges with at least one procedure.

In-Patients

- Exactly 23 per cent of *Non-Delivery* in-patient discharges had a principal diagnosis of *other maternal diseases classifiable elsewhere but complicating pregnancy, childbirth and the puerperium* while *false labour* accounted for a further 13.5 per cent.
- At least one procedure was recorded for 18.3 per cent of *Non-Delivery* in-patient discharges.
- *Curettage and evacuation of uterus* was reported as a principal procedure for 29.6 per cent of *Non-Delivery* in-patient discharges with at least one procedure.

CASE MIX ANALYSIS

Total Discharges
1,470,778 (100%)

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

- The MDC with the largest proportion of day patient discharges reported was MDC 11 *Diseases and Disorders of the Kidney and Urinary Tract*, at 21.5 per cent.
    - *Haemodialysis* (AR-DRG L61Z) accounted for 89.6 per cent of day patients within this category and 19.3 per cent of total day patients.
- The MDC with the largest proportion of in-patient discharges (21.1 per cent) was *Pregnancy, Childbirth and the Puerperium*, MDC 14.
    - *Vaginal Delivery* (AR-DRG O60Z), accounted for 40.4 per cent of in-patients within this category and 8.5 per cent of total in-patient discharges.

Overview SECTION

ONE

Table of Contents

1.1 INTRODUCTION

The aim of the Activity in Acute Public Hospitals Annual Report is to present an overview of discharge activity in acute public hospitals in Ireland during 2011 using data from the Hospital In-Patient Enquiry (HIPE) scheme. HIPE collects information on day patient and in-patient activity from participating hospitals.[1] A HIPE discharge record is created when a patient is discharged from (or dies in) hospital. This record contains administrative, demographic and clinical information for an episode of care. An episode of care begins at admission to hospital and ends at discharge from (or death in) that hospital.

Section One provides an overview of the 2011 report. It outlines briefly the background of the HIPE scheme which is the principal data source for the report, and highlights other data sources used throughout the report. This is followed by an outline of the structure of the 2011 report. In addition, the scope of the HIPE data and the methods used in the report are outlined. Finally, an analysis of the trends in the main HIPE variables is undertaken using data from 2007–2011.

1.2 BACKGROUND

The Economic and Social Research Institute (ESRI) oversees the administration and management of the HIPE scheme on behalf of the Health Service Executive and the Department of Health. 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, data quality, audit, reporting, and responding to requests for data.[2, 3]

Given the comprehensive coverage achieved by this information system, the data gathered 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 in order to address specific data requirements. In addition to responding to requests for HIPE data, the HRID also manages an online data reporting tool.[4]

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1 See Appendix I for a list of hospitals participating in HIPE in 2011.

2 The HIPE Portal is a web-based software application designed and developed in the ESRI for the collection and reporting of HIPE data within public hospitals.

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

4 An online data reporting tool is available at www.hipe.ie

1.3 Data Sources for Annual Report 2011

HIPE: The Hospital In-Patient Enquiry (HIPE) scheme, established in 1971, is a health information system designed to collect clinical and administrative data on discharges from, and deaths in, acute hospitals in Ireland.[5, 6] In 2011, 57 public hospitals in Ireland participated in HIPE (see Appendix I).[7]

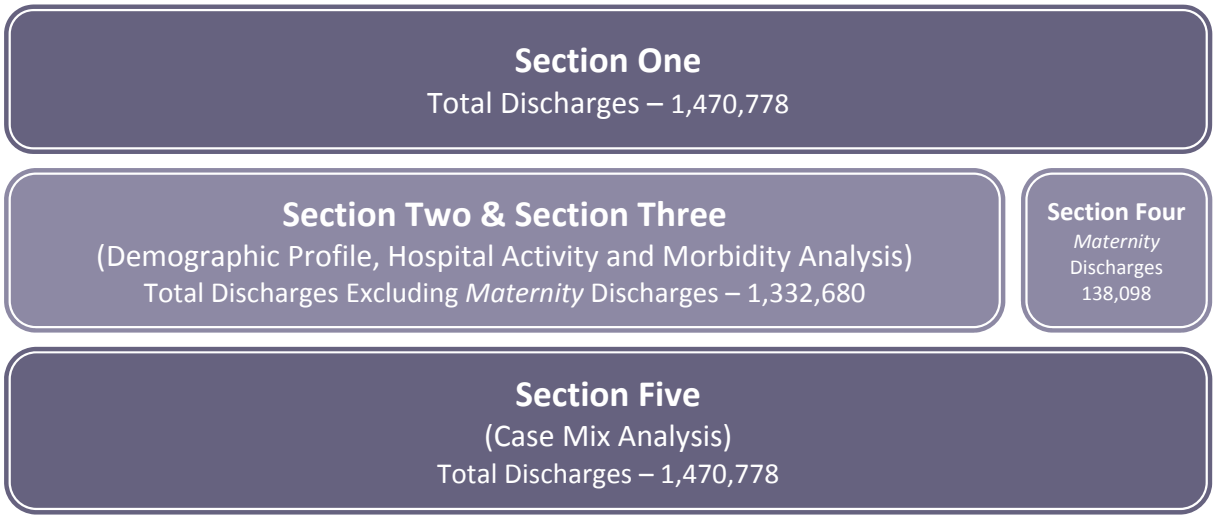
Hospital Beds: Hospital bed data from 2007–2011 were obtained from the Business Intelligence Unit in the Corporate Planning and Corporate Performance Directorate of the HSE (see Appendix IV for 2011 bed data).

Population Estimates: Population estimates for 2007–2011 are based on Census 2011 data published by the Central Statistics Office.

1.4 Structure of Annual Report 2011

Figure 1.1 outlines the structure of Annual Report 2011. It illustrates the number of discharges included in each of the five sections and the exclusion of *Maternity* discharges from Sections Two and Three.[8] The report follows the same structure as *Activity in Acute Public Hospitals* Annual Report 2010.

FIGURE 1.1 Structure of the Activity in Acute Public Hospitals in Ireland Annual Report, 2011



5 See Appendix II for details of data collected by HIPE and see also the HIPE Data Dictionary 2011 Version 3.0 available at www.esri.ie

6 A copy of the HIPE data entry form for 2011 is contained in Appendix III.

7 For historic reasons, a small number of non-acute hospitals also reported to HIPE in 2011. Discharges from these hospitals have been included in this report.

8 *Maternity* discharges in HIPE are those who were *admitted* in relation to their obstetrical experience (from conception to 6 weeks post delivery), that is they were allocated to Admission Type code *Maternity*. *Maternity* discharges are a large subset of the acute public hospital discharge population. All discharges are female and are within a narrow age range. Discharges in this group report a very narrow range of diagnoses and procedures and the majority have a short acute in-patient mean length of stay (2.6 days) compared to total discharges excluding *Maternity* (4.7 days).

The remainder of the report is structured as follows:

Section Two

In Section Two the report is concerned with providing a demographic (WHO), regional (WHERE) and temporal (WHEN) profile of discharges reported to HIPE in 2011. Section Two *excludes Maternity* discharges which are reported separately in Section Four. Section Two includes many of the administrative variables reported to HIPE, including age, sex, marital status, GMS status, and discharge status. The regional analysis uses HSE area of residence, county of residence, and HSE area of hospitalisation to see where discharges are being hospitalised, while the temporal analysis looks at day of admission, day of discharge, and month of admission.

Section Three

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

Section Four

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

Section Five

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

Annex

The annex is designed to highlight particular topics of interest that merit a more focused supplementary analysis. This year's chosen topic of interest is Asthma.

1.5 SCOPE OF HIPE DATA

- *Each HIPE discharge record represents one episode of care.* Patients may be admitted to hospital more than once in any given time period with the same or different diagnoses. In the absence of a unique health identifier, therefore, the data reported to HIPE facilitate analysis of hospital discharge activity, but do not permit analysis of certain parameters, such as the number of hospital encounters per patient, or to estimate incidence or prevalence of a particular disease.
- *Emergency In-Patient Admissions:* HIPE includes patients who attended the Emergency Department and were subsequently admitted to hospital. As just a proportion of those attending the Emergency Department will subsequently be admitted to hospital, it would not be possible to use emergency admissions reported to HIPE to draw conclusions about the total volume of activity in Emergency Departments.
- *Coverage of data:* For reports prior to *Activity in Acute Public Hospitals in Ireland*, 2009 Annual Report, the coverage of the HIPE system was estimated from hospital returns and data provided from the DoH and subsequently from the HSE. Because of differences in the approach to compiling hospital activity data it is not currently possible to adopt that approach here. Work to address these differences between the systems is ongoing. In the meantime, we have used the data returned as 'coded' as a proportion of total discharges appropriate for inclusion in the HIPE system as an estimate of coverage. The data available from participating hospitals for 2011 indicate that for day patient and in-patient discharges that are appropriate for inclusion in the HIPE data set, 99.9 per cent of the discharges were coded and returned for inclusion in the national HIPE data set.[9]
- *Hospital factors:* There has been restructuring within the hospital system which will be reflected in the analysis presented in this report. From April 2011 St. Luke's Radiation Oncology Network commenced providing services at centres in Beaumont and St. James's Hospitals, as well as continuing to provide services at St. Luke's Hospital, Rathgar. HIPE activity data from St. Luke's Hospital, Rathgar are returned to the ESRI and work is currently underway to make data collected by the centres at Beaumont and St. James's hospitals compatible with HIPE. In 2011 it is estimated that 13,000 day cases received radiotherapy at these two centres.

[9] This method of calculating coverage does not capture the under-reporting of data in particular hospitals as it cannot make any comparison for cases that were not actually downloaded within the hospital. We note specifically that there was no data submitted for Bantry Hospital in 2011. Also, Roscommon Hospital only coded and returned 1.5 per cent of their discharges and Cork University Hospital coded and returned 97.2 per cent of their discharges.

1.6 METHODS AND DEFINITIONS

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

- *Maternity Discharges*: *Maternity* discharges in HIPE are those who were *admitted* in relation to their obstetrical experience (from conception to 6 weeks post delivery); that is, they were allocated to Admission Type code *Maternity*.[10]
- *Hospital Type*: Due to confidentiality constraints, data cannot be published on a named hospital basis. Data are therefore presented at the more aggregated hospital category groupings of 'General' and 'Other' hospitals. General hospitals comprise voluntary, regional and county hospitals, while 'Other' hospitals specialise in the treatment of particular conditions or patient groupings.[11]
- *Derived Variables*: For some of the categorical administrative variables, aggregation of categories has been necessary to ensure confidentiality. These derivations are presented in Appendix VI for admission type, admission source, and discharge destination.
- *Length of Stay*: In addition to the in-patient mean length of stay, the in-patient median length of stay is provided to highlight the effect of outlier cases.

[10] See Appendix II for details of data collected by HIPE and the HIPE Data Dictionary 2011 Version 3.0 available at www.esri.ie

[11] See Appendix I for a list of hospitals participating in HIPE in 2011.

1.7 DISCHARGES REPORTED TO HIPE, 2007–2011

In 2011, 1,470,778 discharges were reported to HIPE by participating acute public hospitals, representing a mean annual percentage increase of 2.8 per cent over the period 2007–2011 and a 1.6 per cent increase between 2010 and 2011.

Table 1.1 and Figures 1.2 to 1.3 show the distribution of discharges over the period 2007–2011 by selected variables.

- The number of day patients has increased from 718,851 in 2007 to 879,140 in 2011, a mean annual increase of 5.2 per cent, and a 2.7 per cent increase since 2010 (see Figure 1.2).
- The number of in-patients has decreased from 598,775 in 2007 to 591,638 in 2011, a mean annual decrease of 0.3 per cent.
- Emergency in-patient discharges comprised 74.9 per cent of total in-patient discharges in 2007 which has increased to 77.5 per cent in 2011, a mean annual increase of 0.8 per cent over the period.
- *Maternity* discharges increased annually by a mean of 2.2 per cent over the period 2007–2011 from 126,666 to 138,098 discharges.
- The male-female split in 2011 has remained consistent with previous years with a larger proportion of female discharges (53.8 per cent).
- Across the age groups, the 65 years and over age group accounted for 32.7 per cent of total discharges, with the smallest proportion in the under 15 years age group (9.2 per cent).
- There is a decreasing trend in the proportion of private discharges. Between 2007 and 2011 there was a mean annual decrease of 2.2 per cent and between 2010 and 2011 there was a decrease of 7.5 per cent in the proportion of private discharges.
- The number of GMS discharges increased by a mean of 4.3 per cent per year between 2007 and 2011, from 663,162 to 784,021 discharges. This trend is slowing with only a 1.3 per cent increase in the number of GMS discharges between 2010 and 2011.
- Total and acute in-patient mean length of stay have consistently fallen over the period 2007 to 2011. Acute in-patient mean length of stay decreased by 3.1 per cent between 2010 and 2011 from 6.0 days to 5.8 days.
- General hospitals continued to account for the largest proportion of total discharges (87.0 per cent) in 2011 with the remainder accounted for by 'other' hospitals (13.0 per cent). Voluntary and county hospitals accounted for the largest proportions of total discharges (30.7 and 30.2 per cent, respectively) in the general hospital category in 2011 (see Figure 1.3).

TABLE 1.1 Acute Public Hospital Discharges in HIPE (N, %), 2007-2011

	2007 N (%)	2008 N (%)	2009 N (%)	2010 N (%)	2011 N (%)	Mean Annual % Change 2007–2011[a]	% Change 2010–2011
Total Discharges	**1,317,626 (100)**	**1,368,594 (100)**	**1,410,394 (100)**	**1,447,108 (100)**	**1,470,778 (100)**	**2.8**	**1.6**
Patient Type							
Day Patients	718,851 (54.6)	771,145 (56.3)	820,234 (58.2)	855,618 (59.1)	879,140 (59.8)	5.2	2.7
In-Patients	598,775 (45.4)	597,449 (43.7)	590,160 (41.8)	591,490 (40.9)	591,638 (40.2)	-0.3	0.0
Total Discharges (excl. *Maternity*)[b]	**1,190,960 (90.4)**	**1,235,092 (90.2)**	**1,275,238 (90.4)**	**1,310,527 (90.6)**	**1,332,680 (90.6)**	**2.9**	**1.7**
Day Patients	712,076 (54.0)	764,399 (55.9)	808,469 (57.3)	845,331 (58.4)	868,369 (59.0)	5.1	2.7
In-Patients	478,884 (36.3)	470,693 (34.4)	466,769 (33.1)	465,196 (32.1)	464,311 (31.6)	-0.8	-0.2
Elective	120,012 (9.1)	115,507 (8.4)	110,355 (7.8)	108,825 (7.5)	104,604 (7.1)	-3.4	-3.9
Emergency[c]	358,872 (27.2)	355,186 (26.0)	356,414 (25.3)	356,371 (24.6)	359,707 (24.5)	0.1	0.9
***Maternity* Discharges**	**126,666 (9.6)**	**133,502 (9.8)**	**135,156 (9.6)**	**136,581 (9.4)**	**138,098 (9.4)**	**2.2**	**1.1**
Day Patients	6,775 (0.5)	6,746 (0.5)	11,765 (0.8)	10,287 (0.7)	10,771 (0.7)	16.5	4.7
In-Patients	119,891 (9.1)	126,756 (9.3)	123,391 (8.7)	126,294 (8.7)	127,327 (8.7)	1.6	0.8
Patient Characteristics							
Sex							
Males	615,312 (46.7)	630,950 (46.1)	651,525 (46.2)	674,978 (46.6)	678,845 (46.2)	2.5	0.6
Females	702,314 (53.3)	737,644 (53.9)	758,869 (53.8)	772,130 (53.4)	791,933 (53.8)	3.1	2.6
Age Group							
Under 15 years	125,348 (9.5)	127,471 (9.3)	127,264 (9.0)	128,551 (8.9)	135,221 (9.2)	1.9	5.2
15–44 years	420,388 (31.9)	430,068 (31.4)	435,965 (30.9)	439,317 (30.4)	442,830 (30.1)	1.3	0.8
45–64 years	371,405 (28.2)	389,558 (28.5)	395,924 (28.1)	406,013 (28.1)	412,461 (28.0)	2.7	1.6
65 years and over	400,485 (30.4)	421,497 (30.8)	451,241 (32.0)	473,227 (32.7)	480,266 (32.7)	4.7	1.5
Public/Private Status[d]							
Public Discharges	1,037,584 (78.7)	1,077,917 (78.8)	1,123,154 (79.6)	1,171,066 (80.9)	1,215,522 (82.6)	4.0	3.8
Private Discharges	280,042 (21.3)	290,677 (21.2)	287,240 (20.4)	276,042 (19.1)	255,256 (17.4)	-2.2	-7.5
GMS Status							
GMS (Medical card holders)	663,162 (50.3)	686,181 (50.1)	735,723 (52.2)	773,622 (53.5)	784,021 (53.3)	4.3	1.3
Non-GMS (Non-medical card holders)	620,708 (47.1)	641,093 (46.8)	660,812 (46.9)	657,214 (45.4)	668,332 (45.4)	1.9	1.7
Unknown[e]	33,756 (2.6)	41,320 (3.0)	13,859 (1.0)	16,272 (1.1)	18,425 (1.3)	-3.4	13.2
Hospital Type[f]							
General Hospitals	1,130,965 (85.8)	1,192,755 (87.2)	1,225,574 (86.9)	1,252,454 (86.5)	1,278,909 (87.0)	3.1	2.1
Voluntary Hospitals	396,926 (30.1)	417,850 (30.5)	424,683 (30.1)	437,638 (30.2)	450,860 (30.7)	3.2	3.0
Regional Hospitals	325,484 (24.7)	355,837 (26.0)	369,774 (26.2)	379,846 (26.2)	383,902 (26.1)	4.3	1.1
County Hospitals	408,555 (31.0)	419,068 (30.6)	431,117 (30.6)	434,970 (30.1)	444,147 (30.2)	2.1	2.1
'Other' Hospitals	186,661 (14.2)	175,839 (12.8)	184,820 (13.1)	194,654 (13.5)	191,869 (13.0)	0.8	-1.4

TABLE 1.1 Acute Public Hospital Discharges in HIPE (N, %), 2007-2011 (contd.)

	2007 N (%)	2008 N (%)	2009 N (%)	2010 N (%)	2011 N (%)	Mean Annual % Change 2007–2011[a]	% Change 2010–2011
Discharge Rate Per 1,000 Population[g,h]	**301.1**	**305.1**	**311.1**	**317.7**	**321.5**	**1.6**	**1.2**
Mean Length of Stay							
Total In-Patients	6.2	6.2	6.1	6.0	5.8	-1.4	-2.5
Acute[i]	4.7	4.6	4.5	4.4	4.3	-2.4	-3.1
Extended[j]	59.8	62.5	64.9	65.1	65.3	2.2	0.3
Total Bed Days	**4,451,301**	**4,472,104**	**4,428,882**	**4,426,574**	**4,339,510**	**-0.6**	**-2.0**
Day Patients	718,851 (16.1)	771,145 (17.2)	820,234 (18.5)	855,618 (19.3)	879,140 (20.3)	5.2	2.7
In-Patients	3,732,450 (83.9)	3,700,959 (82.8)	3,608,648 (81.5)	3,570,956 (80.7)	3,460,370 (79.7)	-1.9	-3.1
Under 15 Years	301,025 (6.8)	309,361 (6.9)	301,909 (6.8)	295,262 (6.7)	302,237 (7.0)	0.1	2.4
15 to 44 Years	863,476 (19.4)	847,468 (19.0)	814,708 (18.4)	785,964 (17.8)	752,480 (17.3)	-3.4	-4.3
45 to 64 Years	790,809 (17.8)	768,845 (17.2)	730,938 (16.5)	714,472 (16.1)	683,008 (15.7)	-3.6	-4.4
65 Years and Over	1,777,140 (39.9)	1,775,285 (39.7)	1,761,093 (39.8)	1,775,258 (40.1)	1,722,645 (39.7)	-0.8	-3.0

Notes: Percentage columns are subject to rounding.

a The mean annual percentage change is the mean of the four annual percentage growth rates over the five years.

b Annual Reports from 2007 to 2009 did not exclude *Maternity* discharges. We have presented them in this report to allow for comparability over the five year period.

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 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.

e Includes discharges for which GMS status was not known.

f 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.

g 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 319.8 per 1,000 population.

h Revised population estimates published by the Central Statistics Office, based on Census 2011 results, have been used to update discharge rates for 2007–2010. These figures are based on the 'usual residence' concept and differ slightly to those published in Census 2011. Rates used throughout the rest of the report are based on data from Census 2011 as a regional breakdown by HSE Region was only achievable using the original Census 2011 data.

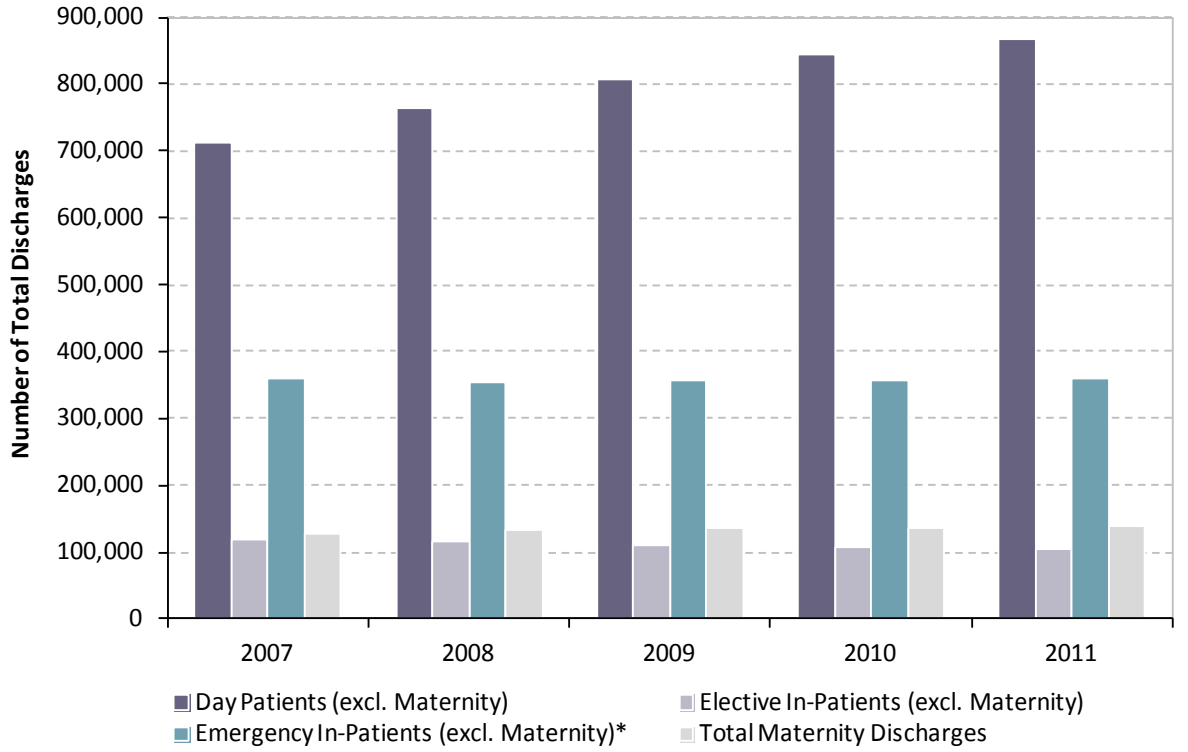
i Relates to lengths of stay of more than 30 days.

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

Sources: Data on discharges and bed days for 2007–11 were obtained from HIPE.
Population estimates for 2007–2011 were obtained from the Central Statistics Office (http://www.cso.ie/px/pxeirestat/Database/eirestat/Population%20Estimates/Population%20Estimates_statbank.asp?SP=Population%20Estimates&Planguage=0 – Accessed: 7th November 2012)

Contd. overleaf

FIGURE 1.2 Total Discharges by Patient Type and Admission Type (N), 2007-2011

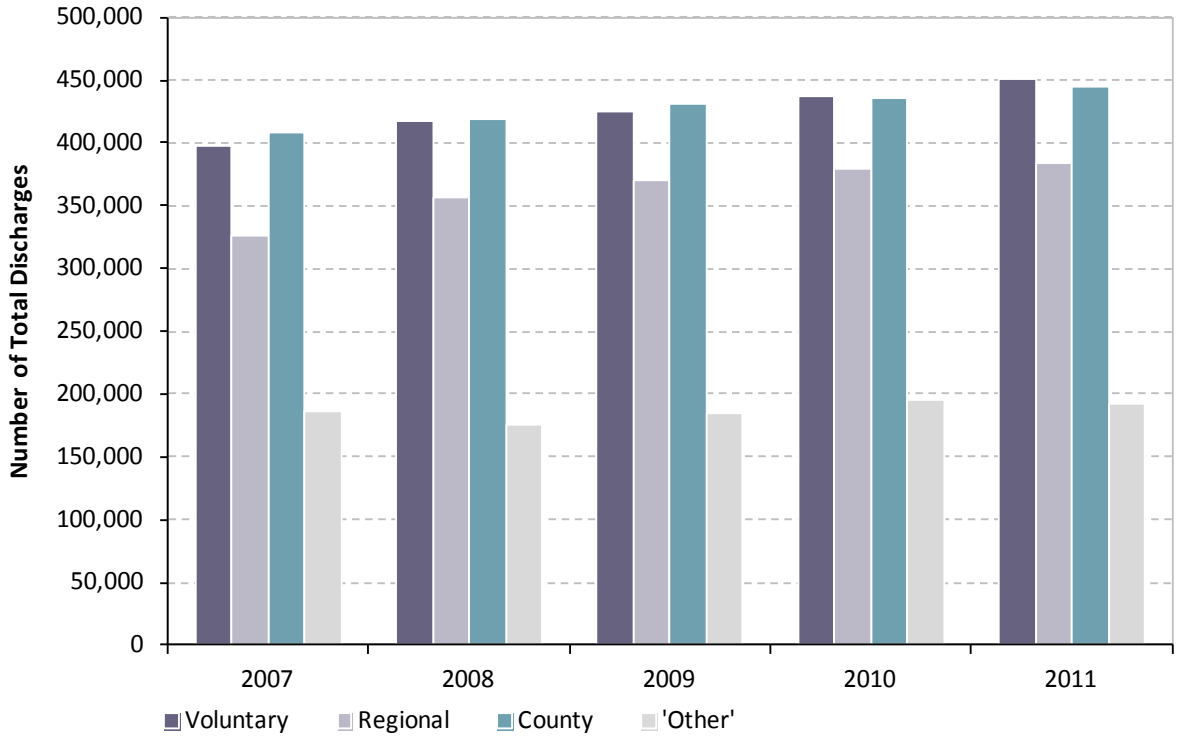


Notes: See Appendix I for a list of hospitals that participated in HIPE in 2011.

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

Sources: Data for 2007–2010 were obtained from HIPE.

FIGURE 1.3 Total Discharges by Hospital Type (N), 2007-2011



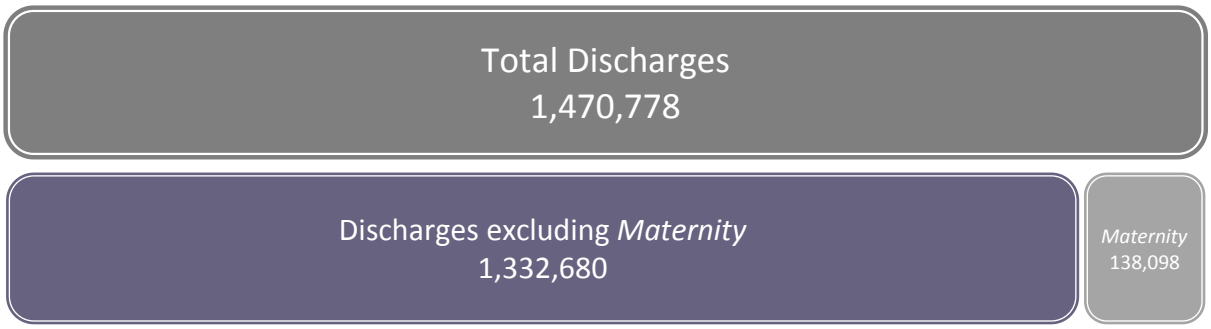
Notes: See Appendix I for a list of hospitals that participated in HIPE in 2011.

Sources: Data for 2007–2010 were obtained from HIPE.

Discharge Overview 2011

SECTION TWO

Table of Contents



2.1 INTRODUCTION

Section Two provides an overview of the demographic, regional and temporal distribution of day patient and in-patient discharges. The discharges reported in this section relate to total discharges excluding those with Admission Type *Maternity*.[1] Section Two therefore provides an analysis of 1,332,680 discharges and is divided into three sections.

- Section 2.2 discusses *who* the discharges were (age, sex, marital status, public/private status, GMS status).
- Section 2.3 discusses *where* discharges were hospitalised, reside, where they were coming from, and where they were discharged to (HSE area of hospitalisation, hospital type, HSE area of residence, admission source, and discharge destination).
- Section 2.4 discusses *when* discharges were admitted to, and discharged from, hospital (day of admission, day of discharge, and month of admission).

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

2.2 WHO

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

A day patient is admitted to hospital for treatment on an elective (rather than an emergency) basis and who is discharged alive, as scheduled, on the same day. In 2011, day patient discharges accounted for 65.2 per cent of total discharges (excl. *Maternity*). In-patient discharges accounted for the remaining 34.8 per cent of total discharges (excl. *Maternity*) with 77.5 per cent of in-patients admitted on an emergency basis and 22.5 per cent admitted on an elective basis.

2.2.1 Age

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

Discharges

- The largest proportion of total discharges (excl. *Maternity*) were in the 65–74 years age group (18.1 per cent). They accounted for the largest proportion of day patient discharges (20.0 per cent) and acute in-patient discharges (14.3 per cent).
- The 75–84 years age group accounted for the largest proportion of extended stay in-patient discharges (28.4 per cent).
- The 1–14 years age group accounted for 12.3 per cent of in-patient discharges and 4.4 per cent of in-patient bed days.
- Discharges in the older age groups accounted for a relatively large proportion of bed days; the 75–84 years age group accounted for 14.2 per cent of in-patient discharges and 23.7 per cent of in-patient bed days.

Length of Stay

- Apart from those aged less than one year, mean length of stay increased with age for acute in-patient discharges rising from 2.2 days for discharges aged 1–14 years to 8.1 days for discharges aged 85 years and over.
- For extended stay in-patient discharges, those aged 85 years and over had the longest mean length of stay of 69.3 days. Across all age groups median length of stay ranged from 42 to 49 days.

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

	Discharges and Bed Days															
	Day Patients		In-Patients												Total Discharges (excl. *Maternity*)	
			Acute (0–30 days)				Extended (> 30 days)				Total In-Patients					
	N	%	N	%	Bed Days	%	N	%	Bed Days	%	N	%	Bed Days	%	N	%
< 1 Year	5,276	0.6	27,558	6.1	110,159	5.2	928	6.1	54,723	5.5	28,486	6.1	164,882	5.3	33,762	2.5
1–14 Years	44,175	5.1	57,102	12.7	126,853	5.9	164	1.1	10,458	1.1	57,266	12.3	137,311	4.4	101,441	7.6
15–24 Years	32,330	3.7	30,959	6.9	86,746	4.1	227	1.5	14,553	1.5	31,186	6.7	101,299	3.2	63,516	4.8
25–34 Years	68,015	7.8	35,052	7.8	111,377	5.2	431	2.8	28,475	2.9	35,483	7.6	139,852	4.5	103,498	7.8
35–44 Years	97,718	11.3	39,838	8.9	143,201	6.7	589	3.9	36,714	3.7	40,427	8.7	179,915	5.8	138,145	10.4
45–54 Years	132,343	15.2	47,138	10.5	199,101	9.3	1,073	7.1	69,974	7.0	48,211	10.4	269,075	8.6	180,554	13.5
55–64 Years	171,312	19.7	58,310	13.0	298,977	14.0	1,876	12.4	113,882	11.4	60,186	13.0	412,859	13.2	231,498	17.4
65–74 Years	173,897	20.0	64,318	14.3	390,598	18.3	3,009	19.8	194,236	19.5	67,327	14.5	584,834	18.7	241,224	18.1
75–84 Years	118,109	13.6	61,614	13.7	446,363	20.9	4,312	28.4	293,575	29.5	65,926	14.2	739,938	23.7	184,035	13.8
85 Years and Over	25,194	2.9	27,237	6.1	219,379	10.3	2,576	17.0	178,494	17.9	29,813	6.4	397,873	12.7	55,007	4.1
Total Discharges (excl. *Maternity*)	**868,369**	**100**	**449,126**	**100**	**2,132,754**	**100**	**15,185**	**100**	**995,084**	**100**	**464,311**	**100**	**3,127,838**	**100**	**1,332,680**	**100**

In-Patient Length of Stay								
	Acute (0–30 days)		Extended (> 30 days)			Total In-Patient		
	Mean	Median		Mean	Median		Mean	Median
< 1 Year	4.0	2	< 1 Year	59.0	47	< 1 Year	5.8	2
1–14 Years	2.2	1	1–14 Years	63.8	42	1–14 Years	2.4	1
15–24 Years	2.8	2	15–24 Years	64.1	47	15–24 Years	3.2	2
25–34 Years	3.2	2	25–34 Years	66.1	46	25–34 Years	3.9	2
35–44 Years	3.6	2	35–44 Years	62.3	45	35–44 Years	4.5	2
45–54 Years	4.2	2	45–54 Years	65.2	45	45–54 Years	5.6	3
55–64 Years	5.1	3	55–64 Years	60.7	44	55–64 Years	6.9	3
65–74 Years	6.1	4	65–74 Years	64.6	46	65–74 Years	8.7	4
75–84 Years	7.2	5	75–84 Years	68.1	49	75–84 Years	11.2	6
85 Years and Over	8.1	6	85 Years and Over	69.3	49	85 Years and Over	13.3	7
Acute In-Patients (excl. *Maternity*)	**4.7**	**3**	**Extended In-Patients (excl. *Maternity*)**	**65.5**	**47**	**Total In-Patients (excl. *Maternity*)**	**6.7**	**3**

Note: Percentage columns are subject to rounding.

2.2.1.1 Age and Sex

The data presented in Table 2.1a is disaggregated by male and female discharges in Tables 2.1b and 2.1c respectively. In 2011, females accounted for 49.1 per cent of total discharges (excl. *Maternity*).

Discharges

- The 65–74 years age group accounted for the largest proportion of male discharges (19.8 per cent) whereas the 55–64 years age group accounted for the largest proportion of female discharges (16.7 per cent).
- Discharges aged 65 years and over accounted for 33.9 per cent of male in-patient discharges and 52.5 per cent of male in-patient bed days, while for females this group accounted for 36.5 per cent of female in-patient discharges and 57.9 per cent of female in-patient bed days.
- The 75–84 years age group accounted for the largest proportion of in-patient bed days for both males (22.8 per cent) and females (24.6 per cent).

Length of Stay

- Female acute in-patient discharges had a slightly longer mean length of stay (4.8 days) compared to male acute in-patients (4.7 days). As displayed in Figure 2.1, acute mean length of stay generally increased with age for both sexes.
- Mean length of stay for extended stay in-patient discharges was broadly similar across the age groups for both males and females (see Figure 2.2). Median length of stay ranged between 42 days and 50 days for male discharges and between 41 days and 51 days for female discharges. Median length of stay was generally longest in the older age categories for both sexes.

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

	Discharges and Bed Days															
	Day Patients		In-Patients												Total Male Discharges	
			Acute (0–30 days)				Extended (> 30 days)				Total In-Patients					
	N	%	N	%	Bed Days	%	N	%	Bed Days	%	N	%	Bed Days	%	N	%
< 1 Year	2,937	0.7	15,451	6.7	60,943	5.6	517	6.7	31,320	6.2	15,968	6.7	92,263	5.8	18,905	2.8
1–14 Years	26,257	6.0	31,705	13.7	68,530	6.3	86	1.1	4,943	1.0	31,791	13.3	73,473	4.6	58,048	8.6
15–24 Years	15,905	3.6	15,452	6.7	43,285	4.0	140	1.8	9,203	1.8	15,592	6.5	52,488	3.3	31,497	4.6
25–34 Years	29,294	6.7	17,022	7.4	55,472	5.1	235	3.0	15,465	3.1	17,257	7.2	70,937	4.5	46,551	6.9
35–44 Years	42,034	9.5	19,548	8.5	71,463	6.6	355	4.6	22,800	4.5	19,903	8.3	94,263	5.9	61,937	9.1
45–54 Years	58,454	13.3	23,969	10.4	102,447	9.5	593	7.7	37,589	7.4	24,562	10.3	140,036	8.8	83,016	12.2
55–64 Years	89,378	20.3	31,640	13.7	164,164	15.2	1,106	14.3	68,490	13.5	32,746	13.7	232,654	14.6	122,124	18.0
65–74 Years	97,533	22.2	35,105	15.2	214,849	19.8	1,741	22.5	111,669	22.1	36,846	15.4	326,518	20.6	134,379	19.8
75–84 Years	65,004	14.8	30,511	13.2	218,658	20.2	2,067	26.7	142,944	28.3	32,578	13.7	361,602	22.8	97,582	14.4
85 Years and Over	13,426	3.0	10,471	4.5	82,979	7.7	909	11.7	61,474	12.2	11,380	4.8	144,453	9.1	24,806	3.7
Total Male Discharges	**440,222**	**100**	**230,874**	**100**	**1,082,790**	**100**	**7,749**	**100**	**505,897**	**100**	**238,623**	**100**	**1,588,687**	**100**	**678,845**	**100**

In-Patient Length of Stay								
	Acute (0–30 days)		Extended (> 30 days)			Total In-Patient		
	Mean	Median		Mean	Median		Mean	Median
< 1 Year	3.9	2	< 1 Year	60.6	48	< 1 Year	5.8	2
1–14 Years	2.2	1	1–14 Years	57.5	42	1–14 Years	2.3	1
15–24 Years	2.8	2	15–24 Years	65.7	50	15–24 Years	3.4	2
25–34 Years	3.3	2	25–34 Years	65.8	44	25–34 Years	4.1	2
35–44 Years	3.7	2	35–44 Years	64.2	45	35–44 Years	4.7	2
45–54 Years	4.3	2	45–54 Years	63.4	45	45–54 Years	5.7	2
55–64 Years	5.2	3	55–64 Years	61.9	44	55–64 Years	7.1	3
65–74 Years	6.1	4	65–74 Years	64.1	46	65–74 Years	8.9	4
75–84 Years	7.2	5	75–84 Years	69.2	49	75–84 Years	11.1	6
85 Years and Over	7.9	6	85 Years and Over	67.6	47	85 Years and Over	12.7	7
Acute Male In-Patients	**4.7**	**3**	**Extended Male In-Patients**	**65.3**	**47**	**Total Male In-Patients**	**6.7**	**3**

Note: Percentage columns are subject to rounding.

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

	Discharges and Bed Days															
	Day Patients		In-Patients												Total Female Discharges (excl. *Maternity*)	
			Acute (0–30 days)				Extended (>30 days)				Total In-Patients					
	N	%	N	%	Bed Days	%	N	%	Bed Days	%	N	%	Bed Days	%	N	%
< 1 Year	2,339	0.5	12,107	5.5	49,216	4.7	411	5.5	23,403	4.8	12,518	5.5	72,619	4.7	14,857	2.3
1–14 Years	17,918	4.2	25,397	11.6	58,323	5.6	78	1.0	5,515	1.1	25,475	11.3	63,838	4.1	43,393	6.6
15–24 Years	16,425	3.8	15,507	7.1	43,461	4.1	87	1.2	5,350	1.1	15,594	6.9	48,811	3.2	32,019	4.9
25–34 Years	38,721	9.0	18,030	8.3	55,905	5.3	196	2.6	13,010	2.7	18,226	8.1	68,915	4.5	56,947	8.7
35–44 Years	55,684	13.0	20,290	9.3	71,738	6.8	234	3.1	13,914	2.8	20,524	9.1	85,652	5.6	76,208	11.7
45–54 Years	73,889	17.3	23,169	10.6	96,654	9.2	480	6.5	32,385	6.6	23,649	10.5	129,039	8.4	97,538	14.9
55–64 Years	81,934	19.1	26,670	12.2	134,813	12.8	770	10.4	45,392	9.3	27,440	12.2	180,205	11.7	109,374	16.7
65–74 Years	76,364	17.8	29,213	13.4	175,749	16.7	1,268	17.1	82,567	16.9	30,481	13.5	258,316	16.8	106,845	16.3
75–84 Years	53,105	12.4	31,103	14.3	227,705	21.7	2,245	30.2	150,631	30.8	33,348	14.8	378,336	24.6	86,453	13.2
85 Years and Over	11,768	2.7	16,766	7.7	136,400	13.0	1,667	22.4	117,020	23.9	18,433	8.2	253,420	16.5	30,201	4.6
Total Female Discharges (excl. *Maternity*)	**428,147**	**100**	**218,252**	**100**	**1,049,964**	**100**	**7,436**	**100**	**489,187**	**100**	**225,688**	**100**	**1,539,151**	**100**	**653,835**	**100**

In-Patient Length of Stay								
	Acute (0–30 days)		Extended (> 30 days)			Total In-Patient		
	Mean	Median		Mean	Median		Mean	Median
< 1 Year	4.1	2	< 1 Year	56.9	44	< 1 Year	5.8	2
1–14 Years	2.3	1	1–14 Years	70.7	41	1–14 Years	2.5	1
15–24 Years	2.8	2	15–24 Years	61.5	42	15–24 Years	3.1	2
25–34 Years	3.1	2	25–34 Years	66.4	47	25–34 Years	3.8	2
35–44 Years	3.5	2	35–44 Years	59.5	45	35–44 Years	4.2	2
45–54 Years	4.2	2	45–54 Years	67.5	45	45–54 Years	5.5	3
55–64 Years	5.1	3	55–64 Years	59.0	44	55–64 Years	6.6	3
65–74 Years	6.0	4	65–74 Years	65.1	45	65–74 Years	8.5	4
75–84 Years	7.3	6	75–84 Years	67.1	48	75–84 Years	11.3	6
85 Years and Over	8.1	6	85 Years and Over	70.2	51	85 Years and Over	13.7	7
Acute Female In-Patients (excl. *Maternity*)	**4.8**	**3**	**Extended Female In-Patients (excl. *Maternity*)**	**65.8**	**47**	**Total Female In-Patients (excl. *Maternity*)**	**6.8**	**3**

Note: Percentage columns are subject to rounding.

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

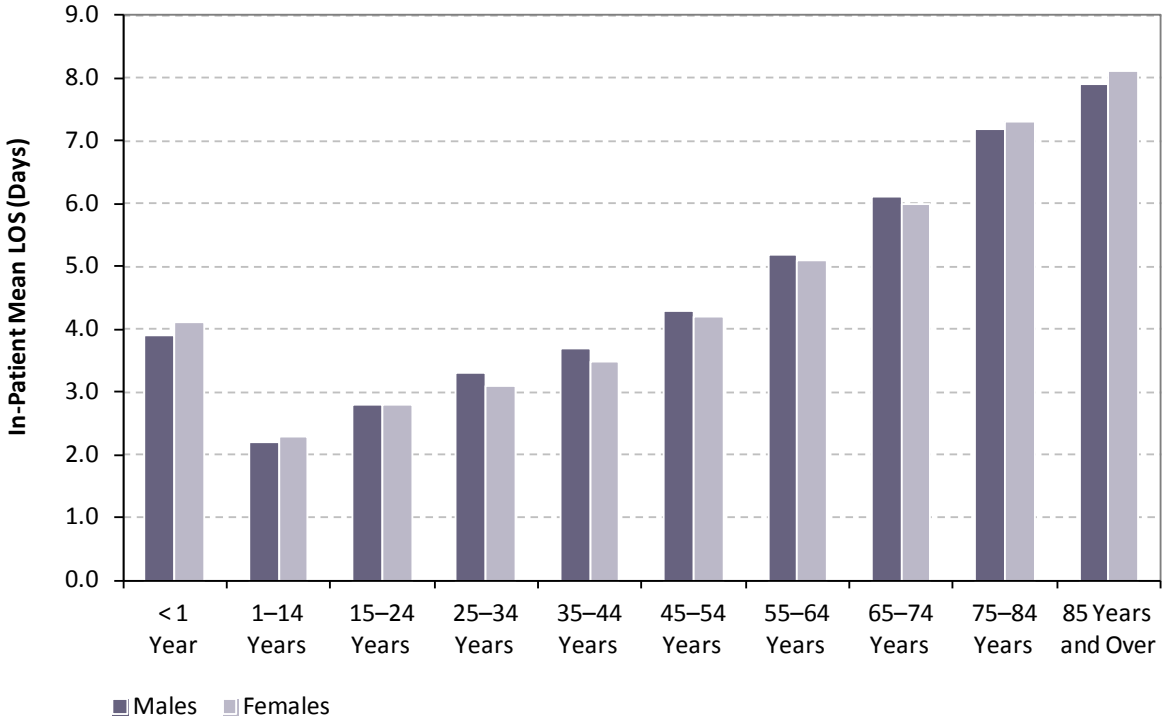
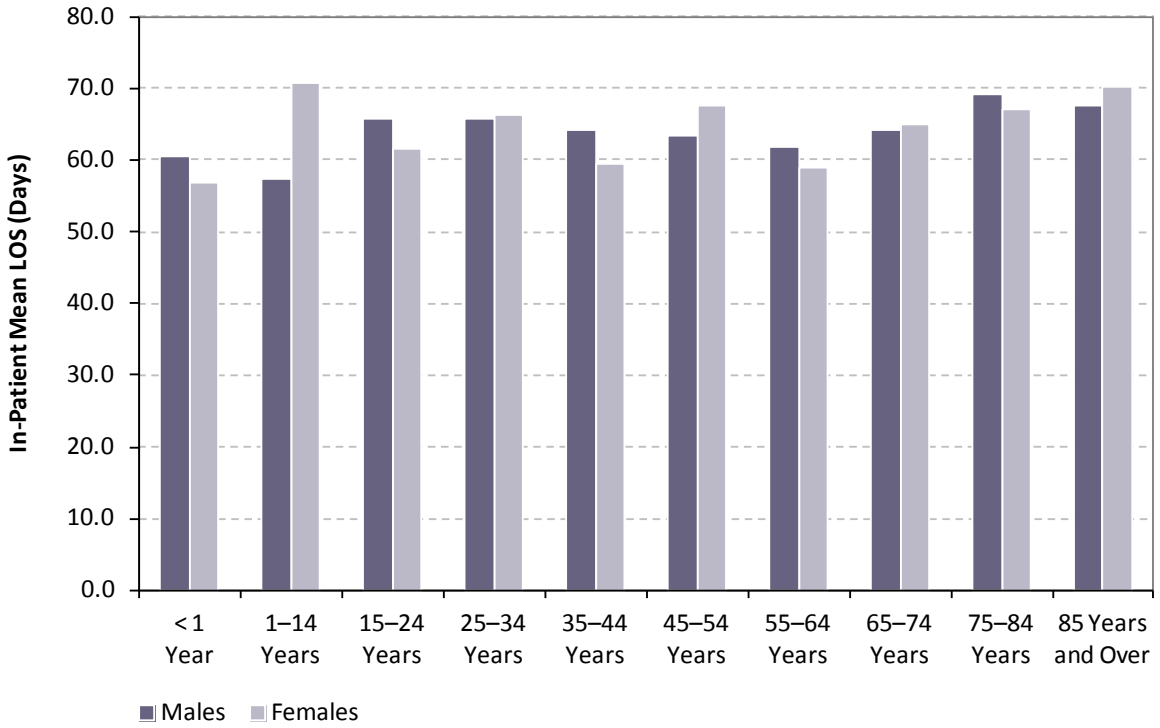


FIGURE 2.2 Extended Stay In-Patients (excl. *Maternity*): Mean Length of Stay by Sex and Age Group

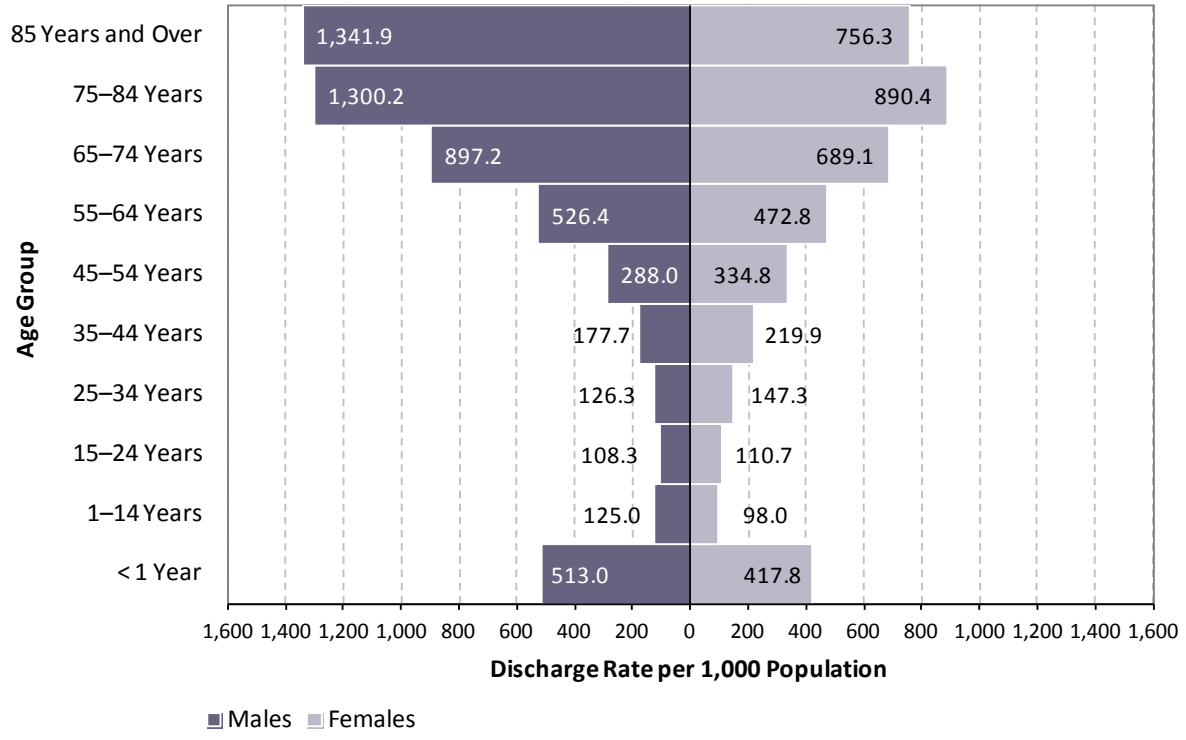


2.2.1.2 Discharge Rates by Age and Sex

Figure 2.3 shows the discharge rates per 1,000 population by sex and age group for total discharges (excl. *Maternity*).[2]

- Apart from the youngest age groups, for both males and females, the discharge rate generally increased with age. Males aged 85 years and over recorded the highest discharge rate (1,341.9 per 1,000 population for males) whilst the highest discharge rate for females was amongst those aged between 75 and 84 years (890.4 per 1,000 population of females).
- Apart from females aged between 15 and 54, males had a higher discharge rate per 1,000 population for all other age groups.

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



Note: Rates are based on population data obtained from Census 2011 (Central Statistics Office) — see Appendix V.

[2] Rates are based on population data obtained from Census 2011 (Central Statistics Office) — see Appendix V.

2.2.2 Marital Status

2.2.2.1 Marital Status by Patient Type

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

- Married discharges accounted for 47.0 per cent of total discharges (excl. *Maternity*).
- Discharges who were single accounted for the largest proportion of acute in-patient discharges (44.5 per cent).
- Discharges with 'widowed' marital status accounted for 10.0 per cent of total discharges (excl. *Maternity*). However, they accounted for almost a quarter of extended stay in-patient discharges (23.5 per cent).

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

	Day Patients		In-Patients						Total Discharges (excl. *Maternity*)	
			Acute (0–30 days)		Extended (> 30 days)		Total In-Patients			
	N	%	N	%	N	%	N	%	N	%
Single	267,407	30.8	199,657	44.5	4,740	31.2	204,397	44.0	471,804	35.4
Married	451,898	52.0	168,732	37.6	5,553	36.6	174,285	37.5	626,183	47.0
Widowed	77,857	9.0	51,438	11.5	3,575	23.5	55,013	11.8	132,870	10.0
Other (includes separated)	39,120	4.5	17,820	4.0	763	5.0	18,583	4.0	57,703	4.3
Unknown	26,289	3.0	9,097	2.0	477	3.1	9,574	2.1	35,863	2.7
Divorced	5,798	0.7	2,382	0.5	77	0.5	2,459	0.5	8,257	0.6
Total Discharges (excl. *Maternity*)	**868,369**	**100**	**449,126**	**100**	**15,185**	**100**	**464,311**	**100**	**1,332,680**	**100**

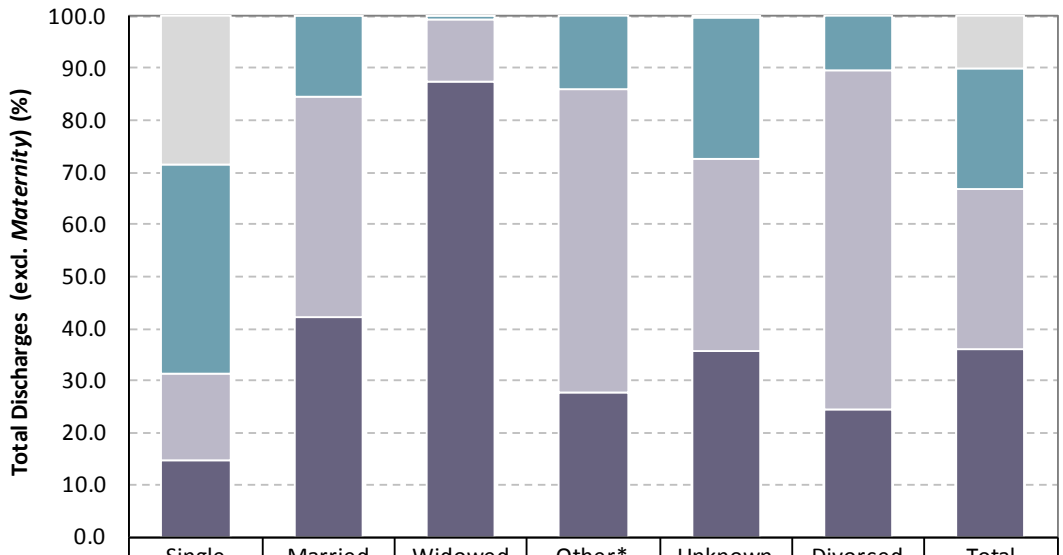
Note: Percentage columns are subject to rounding.

2.2.2.2 Marital Status by Age

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

- Two out of every five discharges who were single were aged 15–44 years.
- 87.4 per cent of widowed patients were aged 65 years and over.

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



	Single	Married	Widowed	Other*	Unknown	Divorced	Total
Under 15 Years	28.6	0.0	0.0	0.0	0.1	0.0	10.1
15–44 Years	40.0	15.5	0.5	14.1	27.3	10.3	22.9
45–64 Years	16.9	42.2	12.0	58.3	36.9	65.3	30.9
65 Years and Over	14.5	42.3	87.4	27.6	35.7	24.4	36.0

Notes: Percentage columns are subject to rounding.
* 'Other' includes separated.

2.2.3 Public/Private Status

In HIPE, public/private status relates to whether the patient saw the consultant on a private or public basis. Private consultant care may be funded through private health insurance and/or out-of-pocket payment. Table 2.3 disaggregates total discharges (excl. *Maternity*) by public/private status and age group.[3]

- Of total discharges (excl. *Maternity*), 82.8 per cent were discharged on a public basis.
- The 85 years and over age group had the largest proportion of total discharges (excl. *Maternity*) treated publicly (89.3 per cent) with only 10.7 per cent treated on a private basis.
- The 1–14 years age group had the largest proportion of total discharges (excl. *Maternity*) that were treated on a private basis, which accounted for 25.1 per cent of all discharges in this age group.

[3] For length of stay analysis see Table 2.11.

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

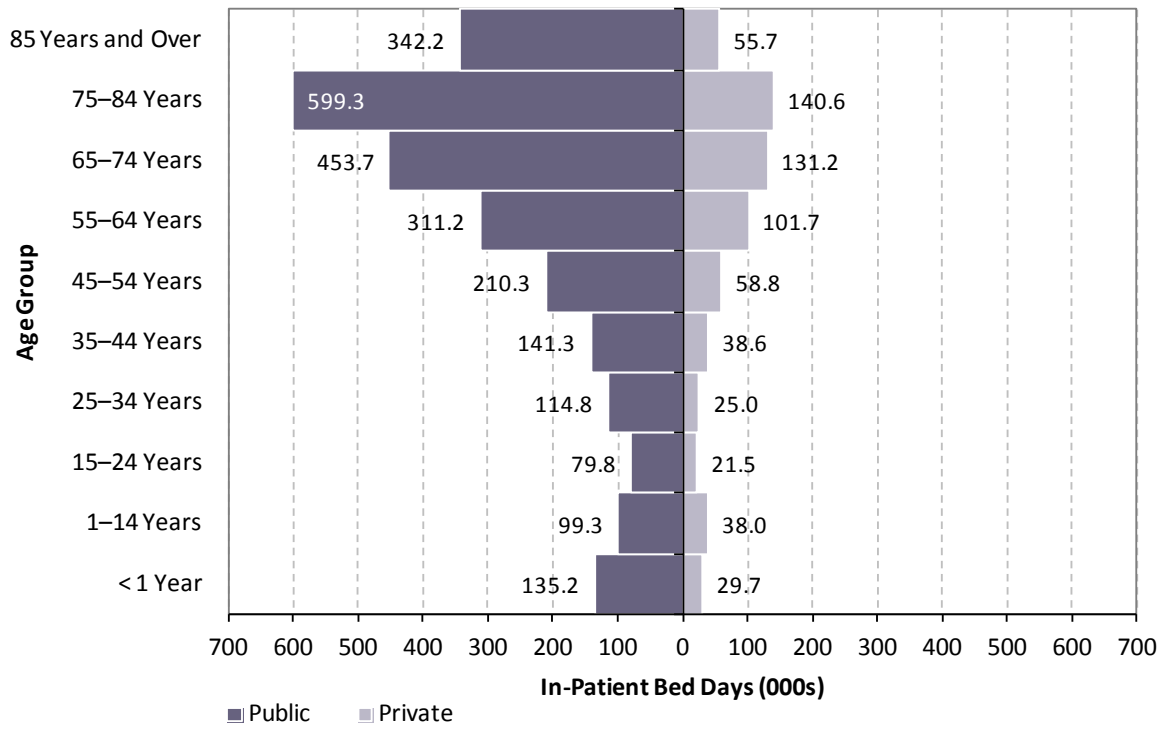
	Public		Private		Total Discharges (excl. *Maternity*)	
	N	%	N	%	N	%
< 1 Years	26,813	79.4	6,949	20.6	33,762	100
1–14 Years	76,018	74.9	25,423	25.1	101,441	100
15–24 Years	52,778	83.1	10,738	16.9	63,516	100
25–34 Years	88,833	85.8	14,665	14.2	103,498	100
35–44 Years	113,107	81.9	25,038	18.1	138,145	100
45–54 Years	147,964	81.9	32,590	18.1	180,554	100
55–64 Years	188,585	81.5	42,913	18.5	231,498	100
65–74 Years	200,608	83.2	40,616	16.8	241,224	100
75–84 Years	159,197	86.5	24,838	13.5	184,035	100
85 Years and Over	49,111	89.3	5,896	10.7	55,007	100
Total Discharges (excl. *Maternity*)	**1,103,014**	**82.8**	**229,666**	**17.2**	**1,332,680**	**100**

Note: Percentage columns are subject to rounding.

Figure 2.5 disaggregates total in-patient bed days (excl. *Maternity*) by public/private status and age group. The discharges they relate to are presented in Table 2.3.

- The largest number of in-patient bed days was recorded by public in-patient discharges aged 75–84 years, which accounted for 599,335 bed days.
- The smallest number of in-patient bed days for both public and private patients was recorded in the 15–24 years age group, which accounted for 79,764 public bed days and 21,535 private bed days.

FIGURE 2.5 Total In-Patient Bed Days (excl. *Maternity*): Public/Private Status by Age Group (Bed Days)



2.2.4 GMS Status

GMS status refers to the medical card status of each HIPE discharge.[4] Eligibility for a medical card is predominately dependent on income. It should be noted that where discharges are recorded as having a medical card this does not necessarily imply that the hospital discharge was publicly funded and vice versa.

Table 2.4 disaggregates total discharges (excl. *Maternity*) by GMS status and age group.[5]

- Of total discharges (excl. *Maternity*), 56.5 per cent were GMS discharges.
- The proportion of total discharges (excl. *Maternity*) that were GMS discharges generally increased with age, with the largest proportion in the 85 years and over age group (85.1 per cent).

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

	GMS		Non-GMS		Unknown[a]		Total Discharges (excl. *Maternity*)	
	N	%	N	%	N	%	N	%
< 1 Years	6,268	18.6	26,629	78.9	865	2.6	33,762	100
1–14 Years	46,657	46.0	54,458	53.7	326	0.3	101,441	100
15–24 Years	27,555	43.4	35,164	55.4	797	1.3	63,516	100
25–34 Years	42,915	41.5	58,811	56.8	1,772	1.7	103,498	100
35–44 Years	61,655	44.6	74,777	54.1	1,713	1.2	138,145	100
45–54 Years	83,665	46.3	94,630	52.4	2,259	1.3	180,554	100
55–64 Years	121,024	52.3	108,309	46.8	2,165	0.9	231,498	100
65–74 Years	162,212	67.2	76,782	31.8	2,230	0.9	241,224	100
75–84 Years	153,863	83.6	27,626	15.0	2,546	1.4	184,035	100
85 Years and Over	46,786	85.1	7,475	13.6	746	1.4	55,007	100
Total Discharges (excl. *Maternity*)	**752,600**	**56.5**	**564,661**	**42.4**	**15,419**	**1.2**	**1,332,680**	**100**

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

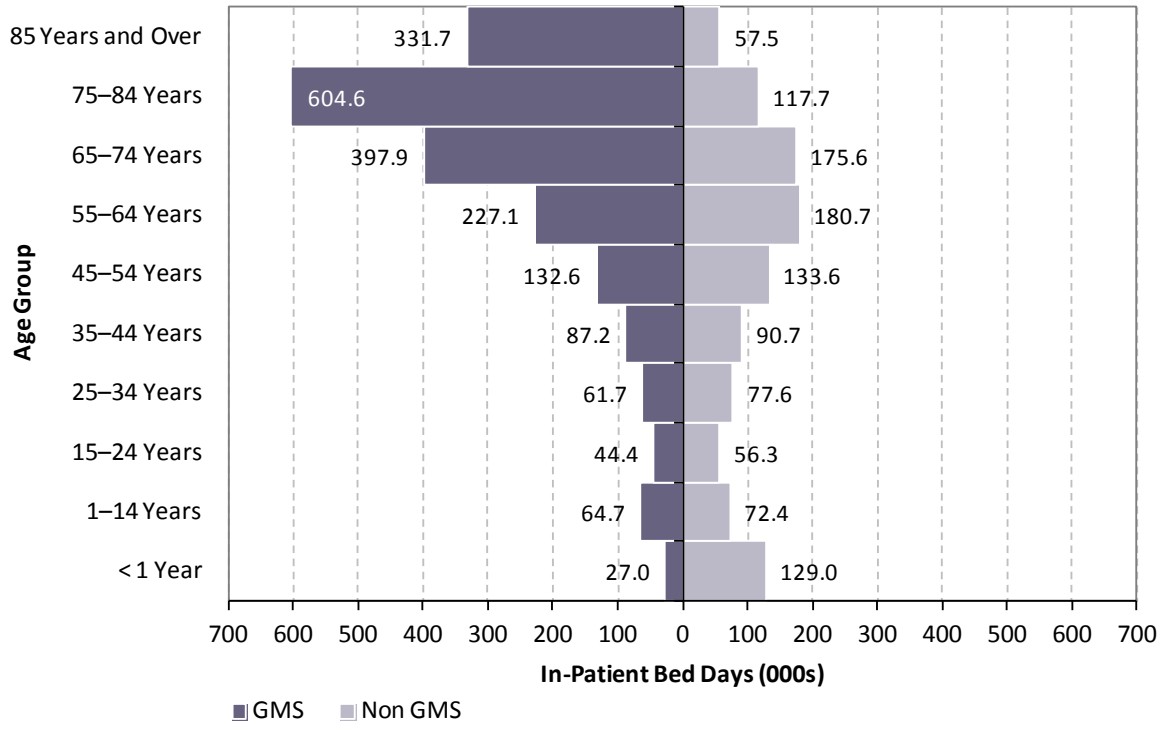
4 The HSE reported that 1,694,063 individuals were covered by a medical card at the end of December 2011. Using population data obtained from Census 2011 (Central Statistics Office), this equates to 36.9 per cent of the population — see Appendix V.
http://www.hse.ie/eng/services/Publications/corporate/performancereports/December_2011_Performance_Report.pdf

5 For length of stay analysis see Table 2.7.

Figure 2.6 disaggregates in-patient bed days (excl. *Maternity*) by GMS status and age group. The discharges they relate to are presented in Table 2.4.

- The largest number of in-patient bed days for GMS discharges was in the 75–84 years age group, which accounted for 604,604 bed days.
- The largest number of in-patient bed days for non-GMS discharges was in the 55–64 years age group, which accounted for 180,686 bed days. The smallest number of in-patient bed days for GMS discharges was 26,989 in the less than one year age group, while the smallest number of in-patient bed days for non-GMS discharges was 56,330 in the 15–24 years age group.

FIGURE 2.6 Total In-Patient Bed Days (excl. *Maternity*): GMS Status by Age Group (Bed Days)



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

2.2.5 Public/Private Status by GMS Status and Patient Type

Table 2.5 and Figure 2.7 disaggregate total discharges (excl. *Maternity*) by public/private status, GMS status and patient type.

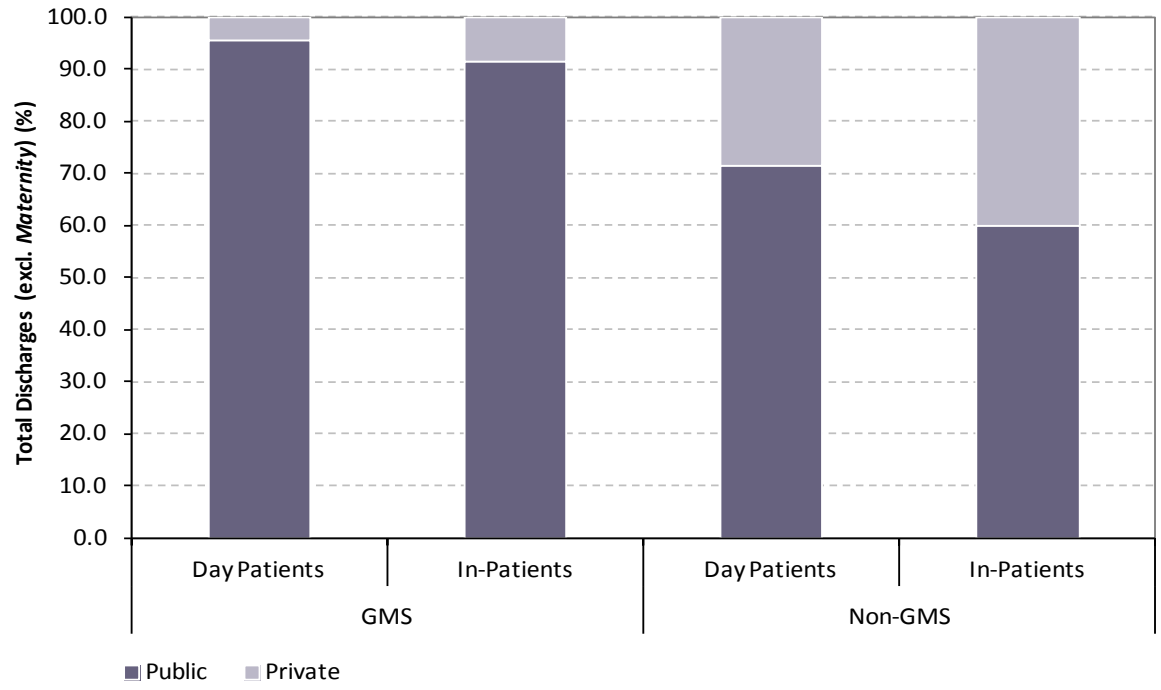
- For GMS in-patient discharges, 91.5 per cent were treated on a public basis compared to 8.5 per cent who were treated privately.
- For non-GMS in-patient discharges, 60.0 per cent were treated on a public basis with the remaining 40.0 per cent treated on a private basis.

TABLE 2.5 Total Discharges (excl. *Maternity*): Public/Private Status by GMS Status and Patient Type (N, %)

		Public		Private		Total Discharges (excl. *Maternity*)	
		N	%	N	%	N	%
GMS	Day Patients	475,799	95.5	22,338	4.5	498,137	100
	In-Patients	232,939	91.5	21,524	8.5	254,463	100
	Total GMS	**708,738**	**94.2**	**43,862**	**5.8**	**752,600**	**100**
Non-GMS	Day Patients	256,351	71.4	102,670	28.6	359,021	100
	In-Patients	123,417	60.0	82,223	40.0	205,640	100
	Total Non-GMS	**379,768**	**67.3**	**184,893**	**32.7**	**564,661**	**100**
Unknown [a]	Day Patients	10,609	94.6	602	5.4	11,211	100
	In-Patients	3,899	92.7	309	7.3	4,208	100
	Total GMS Unknown	**14,508**	**94.1**	**911**	**5.9**	**15,419**	**100**
Total	Day Patients	742,759	85.5	125,610	14.5	868,369	100
	In-Patients	360,255	77.6	104,056	22.4	464,311	100
	Total Discharges (excl. *Maternity*)	**1,103,014**	**82.8**	**229,666**	**17.2**	**1,332,680**	**100**

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

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



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

2.3 WHERE

Section 2.3 examines where discharges were hospitalised, where they were resident, and where they were admitted from and discharged to. Data are presented in the following tables and figures by HSE area of hospitalisation, HSE area of residence, hospital type, and admission source and discharge destination.

2.3.1 HSE Area of Hospitalisation

HSE area of hospitalisation reflects the HSE administrative area in which the discharge was hospitalised. Total discharges (excl. *Maternity*) are disaggregated by patient type and admission type across each HSE area, followed by a further breakdown by GMS status to show the distribution of medical card holders across the HSE areas by patient type.

2.3.1.1 Patient Type and Admission Type by HSE Area of Hospitalisation

Table 2.6 disaggregates total discharges (excl. *Maternity*) by HSE area of hospitalisation, patient type and admission type.

Discharges

- The largest proportion of total discharges (excl. *Maternity*) were hospitalised in the HSE Dublin Mid Leinster area (30.4 per cent) with the smallest proportion hospitalised in the HSE Dublin North East area (21.7 per cent).
- The largest proportion of day patients were hospitalised in the HSE Dublin Mid Leinster area (31.7 per cent) while the smallest proportion of day patient discharges were hospitalised in the HSE South area (21.6 per cent).
- Whilst overall, the number of acute emergency in-patients as a proportion of total acute in-patients was 77.5 per cent, this ranged from 76.0 per cent in the HSE Dublin North East Area to 79.3 per cent in the HSE West area.

Length of Stay

- Acute in-patient mean length of stay ranged from 4.2 days in the HSE South area to 5.2 days in the HSE Dublin North East area.
- For acute emergency in-patient length of stay, the HSE Dublin North East and the HSE Dublin Mid Leinster areas recorded a mean length of stay of 5.1 days compared to 4.6 days in the HSE West Area and 4.2 days in the HSE South Area.
- Extended stay in-patient mean length of stay was longest in HSE Dublin North East (71.9 days) which was nearly 16 days longer than in the HSE West area (56.4 days).

TABLE 2.6 Total Discharges (excl. *Maternity*): HSE Area of Hospitalisation by Patient Type and Admission Type (N, % and In-Patient Length of Stay)

			Discharges									
			Dublin North East		Dublin Mid Leinster		South		West		Total Discharges (excl. *Maternity*)	
			N	%	N	%	N	%	N	%	N	%
Day Patients			**192,428**	**22.2**	**275,542**	**31.7**	**187,504**	**21.6**	**212,895**	**24.5**	**868,369**	**100**
In-Patients	**Elective**	Acute (0–30 days)	22,318	22.1	28,861	28.6	25,918	25.7	23,900	23.7	100,997	100
		Extended (> 30 days)	776	21.5	1,836	50.9	592	16.4	403	11.2	3,607	100
		Total Elective	**23,094**	**22.1**	**30,697**	**29.3**	**26,510**	**25.3**	**24,303**	**23.2**	**104,604**	**100**
	Emergency[a]	Acute (0–30 days)	70,499	20.3	94,630	27.2	91,354	26.2	91,646	26.3	348,129	100
		Extended (> 30 days)	2,982	25.8	4,512	39.0	2,248	19.4	1,836	15.9	11,578	100
		Total Emergency	**73,481**	**20.4**	**99,142**	**27.6**	**93,602**	**26.0**	**93,482**	**26.0**	**359,707**	**100**
	Total	Acute (0–30 days)	92,817	20.7	123,491	27.5	117,272	26.1	115,546	25.7	449,126	100
		Extended (> 30 days)	3,758	24.7	6,348	41.8	2,840	18.7	2,239	14.7	15,185	100
		Total In-Patients	**96,575**	**20.8**	**129,839**	**28.0**	**120,112**	**25.9**	**117,785**	**25.4**	**464,311**	**100**
Total Discharges (excl. *Maternity*)			**289,003**	**21.7**	**405,381**	**30.4**	**307,616**	**23.1**	**330,680**	**24.8**	**1,332,680**	**100**

		In-Patient Length of Stay									
		Dublin North East		Dublin Mid Leinster		South		West		Total Discharges (excl. *Maternity*)	
		Mean	Median	Mean	Median	Mean	Median	Mean	Median	Mean	Median
Elective	Acute (0–30 days)	5.4	3	5.0	3	4.3	2	4.4	3	4.8	3
	Extended (> 30 days)	61.1	43	59.4	47	56.8	45	64.3	43	59.9	45
	Total Elective	**7.3**	**3**	**8.3**	**3**	**5.4**	**2**	**5.4**	**3**	**6.7**	**3**
Emergency[a]	Acute (0–30 days)	5.1	3	5.1	3	4.2	2	4.6	3	4.7	3
	Extended (> 30 days)	74.7	50	72.0	50	58.3	45	54.7	42	67.3	47
	Total Emergency	**7.9**	**3**	**8.1**	**3**	**5.5**	**2**	**5.6**	**3**	**6.8**	**3**
Total	Acute (0–30 days)	5.2	3	5.1	3	4.2	2	4.6	3	4.7	3
	Extended (> 30 days)	71.9	48	68.3	49	57.9	45	56.4	42	65.5	47
	Total In-Patients (excl. *Maternity*)	**7.8**	**3**	**8.1**	**3**	**5.5**	**2**	**5.6**	**3**	**6.7**	**3**

Notes: Percentage columns are subject to rounding.

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

Figures 2.8a and 2.8b show the cumulative distribution of length of stay for elective and emergency in-patient discharges respectively by HSE area of hospitalisation.

- 82.4 per cent of elective in-patients discharged in the HSE South and 81.5 per cent in the HSE West areas spent 7 days or less in hospital. In contrast, 72.8 per cent of elective in-patients discharged in the HSE Dublin North East area and 74.8 per cent in the HSE Dublin Mid Leinster area had a length of stay of 7 days or less.
- 81.9 per cent of emergency in-patients discharged in the HSE South and 80.0 per cent in the HSE West areas spent 7 days or less in hospital. This compared to approximately 75 per cent in both the HSE Dublin North East and HSE Dublin Mid Leinster areas.

FIGURE 2.8a Elective In-Patient Discharges: Length of Stay by HSE Area of Hospitalisation (Cumulative Percentage)

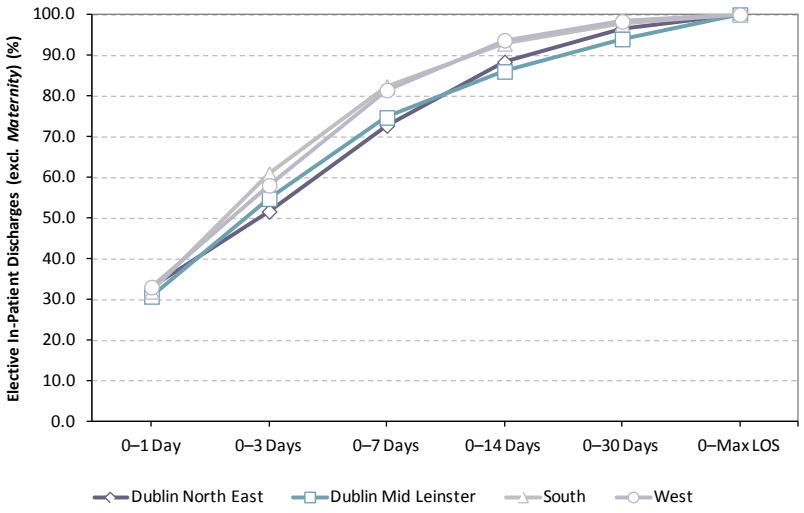
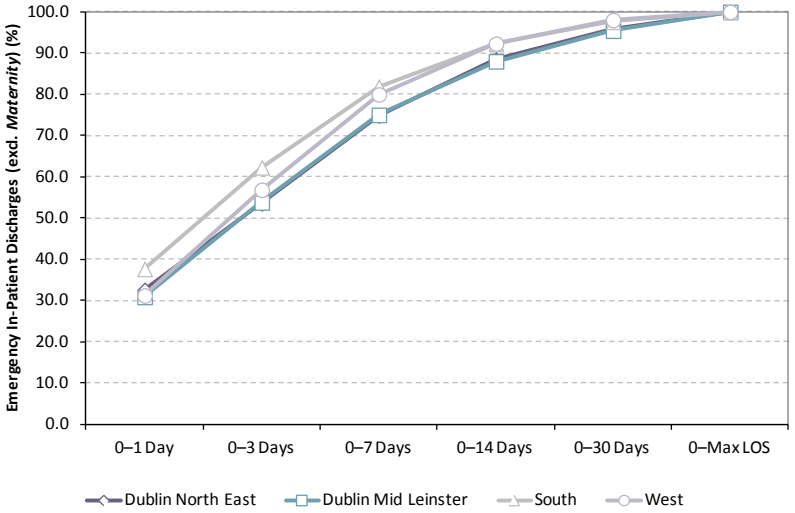


FIGURE 2.8b Emergency In-Patient Discharges[a]: Length of Stay by HSE Area of Hospitalisation (Cumulative Percentage)



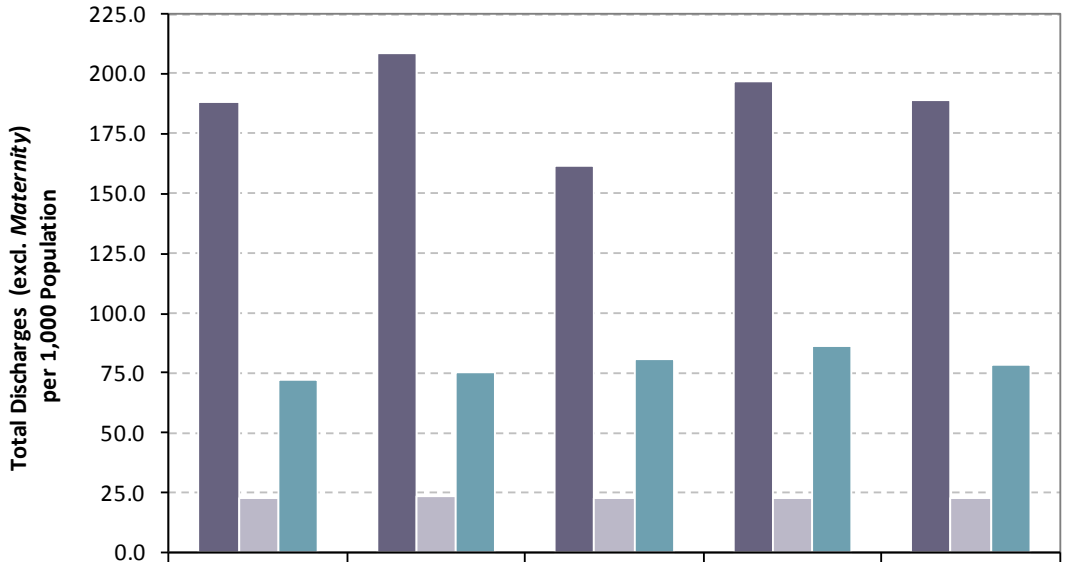
Note: a HIPE includes patients who attended the Emergency Department and were subsequently admitted to hospital. As just a proportion of those attending the emergency department will subsequently be admitted to hospital, it would not be possible to use emergency admissions reported to HIPE to draw conclusions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

2.3.1.2 Discharge Rates by HSE Area of Hospitalisation

Figure 2.9 shows the discharge rates per 1,000 population for total discharges (excl. *Maternity*) by HSE area of hospitalisation, patient and admission type.

- The HSE Dublin Mid Leinster area recorded the highest discharge rate for day patients (208.6 per 1,000 population) compared with the lowest rate in the HSE South area (161.3 per 1,000 population).
- Elective in-patient discharges recorded a similar rate across all areas ranging from 22.4 in the HSE West area to 23.2 per 1,000 population in the HSE Dublin Mid Leinster area.
- The HSE West area recorded the highest discharge rate for emergency in-patient discharges (86.3 per 1,000 population) compared with the lowest rate in the HSE Dublin North East area (71.9 per 1,000 population).

FIGURE 2.9 Total Discharges (excl. *Maternity*): HSE Area of Hospitalisation by Patient Type and Admission Type (Discharge Rate per 1,000 Population)



	Dublin North East	Dublin Mid Leinster	South	West	Total
Day Patients	188.3	208.6	161.3	196.6	189.3
Elective In-Patients	22.6	23.2	22.8	22.4	22.8
Emergency In-Patients*	71.9	75.1	80.5	86.3	78.4

Notes: Rates are based on population data obtained from Census 2011 (Central Statistics Office) — see Appendix V.

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

2.3.1.3 HSE Area of Hospitalisation by GMS Status

Table 2.7 disaggregates total discharges (excl. *Maternity*) by HSE area of hospitalisation and GMS status.

Discharges

- The HSE West area treated the largest proportion of GMS discharges (29.7 per cent) while the HSE Dublin North East area treated the smallest proportion of GMS discharges (20.2 per cent).
- For extended stay in-patients, the HSE Dublin Mid Leinster area treated the largest proportion of both GMS discharges (40.2 per cent) and non-GMS discharges (46.4 per cent).

Length of Stay

- GMS discharges had a mean length of stay which was 2.5 days longer than their non-GMS counterparts (7.8 days compared to 5.3 days). Median length of stay was 1 day longer for GMS discharges.
- The HSE West area recorded the shortest in-patient mean length of stay for GMS discharges (6.4 days) and both the HSE West area and the HSE South area recorded the shortest in-patient mean length of stay for non-GMS discharges (4.2 days).
- The HSE Dublin North East area had the longest mean length of stay for extended stay in-patient discharges for GMS discharges (79.5 days) while the Dublin Mid Leinster area recorded the longest in-patient mean length of stay for extended stay non-GMS discharges (66.9 days).

TABLE 2.7 Total Discharges (excl. *Maternity*): HSE Area of Hospitalisation by GMS Status and Patient Type (N, % and In-Patient Length of Stay)

			Discharges									
			Dublin North East		Dublin Mid Leinster		South		West		Total Discharges (excl. *Maternity*)	
			N	%	N	%	N	%	N	%	N	%
GMS	Day Patient		104,306	20.9	139,807	28.1	104,288	20.9	149,736	30.1	498,137	100
	In-Patients	Acute (0–30 days)	45,364	18.6	61,595	25.2	65,160	26.7	72,309	29.6	244,428	100
		Extended (> 30 days)	2,167	21.6	4,036	40.2	2,077	20.7	1,755	17.5	10,035	100
		Total	47,531	18.7	65,631	25.8	67,237	26.4	74,064	29.1	254,463	100
	Total GMS		151,837	20.2	205,438	27.3	171,525	22.8	223,800	29.7	752,600	100
Non-GMS	Day Patient		87,153	24.3	133,382	37.2	76,782	21.4	61,704	17.2	359,021	100
	In-Patients	Acute (0–30 days)	45,596	22.7	60,992	30.4	51,787	25.8	42,548	21.2	200,923	100
		Extended (> 30 days)	1,324	28.1	2,191	46.4	752	15.9	450	9.5	4,717	100
		Total	46,920	22.8	63,183	30.7	52,539	25.5	42,998	20.9	205,640	100
	Total Non-GMS		134,073	23.7	196,565	34.8	129,321	22.9	104,702	18.5	564,661	100
Unknown[a]	Day Patient		969	8.6	2,353	21.0	6,434	57.4	1,455	13.0	11,211	100
	In-Patients	Acute (0–30 days)	1,857	49.2	904	23.9	325	8.6	689	18.3	3,775	100
		Extended (> 30 days)	267	61.7	121	27.9	11	2.5	34	7.9	433	100
		Total	2,124	50.5	1,025	24.4	336	8.0	723	17.2	4,208	100
	Total GMS Unknown		3,093	20.1	3,378	21.9	6,770	43.9	2,178	14.1	15,419	100
Total	Day Patient		192,428	22.2	275,542	31.7	187,504	21.6	212,895	24.5	868,369	100
	In-Patients	Acute (0–30 days)	92,817	20.7	123,491	27.5	117,272	26.1	115,546	25.7	449,126	100
		Extended (> 30 days)	3,758	24.7	6,348	41.8	2,840	18.7	2,239	14.7	15,185	100
		Total	96,575	20.8	129,839	28.0	120,112	25.9	117,785	25.4	464,311	100
	Total Discharges (excl. *Maternity*)		289,003	21.7	405,381	30.4	307,616	23.1	330,680	24.8	1,332,680	100

		In Patient Length of Stay									
		Dublin North East		Dublin Mid Leinster		South		West		Total Discharges (excl. *Maternity*)	
		Mean	Median	Mean	Median	Mean	Median	Mean	Median	Mean	Median
GMS	Acute (0–30 days)	5.6	3	5.8	4	4.9	3	5.2	3	5.3	3
	Extended (> 30 days)	79.5	51	69.3	49	59.1	46	55.2	42	66.9	47
	Total GMS	9.0	4	9.7	4	6.6	3	6.4	3	7.8	3
Non-GMS	Acute (0–30 days)	4.4	2	4.3	2	3.4	2	3.6	2	3.9	2
	Extended (> 30 days)	63.3	46	66.9	49	54.7	44	61.8	44	63.5	46
	Total Non-GMS	6.1	2	6.4	2	4.2	2	4.2	2	5.3	2
Unknown[a]	Acute (0–30 days)	13.2	13	5.9	3	3.8	2	4.4	2	9.1	7
	Extended (> 30 days)	52.7	43	61.6	52	58.3	42	49.9	40	55.1	45
	Total GMS Unknown	18.2	14	12.5	3	5.6	2	6.6	2	13.8	9
Total	Acute (0–30 days)	5.2	3	5.1	3	4.2	2	4.6	3	4.7	3
	Extended (> 30 days)	71.9	48	68.3	49	57.9	45	56.4	42	65.5	47
	Total In-Patients (excl. *Maternity*)	7.8	3	8.1	3	5.5	2	5.6	3	6.7	3

Notes: Percentage columns are subject to rounding.

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

Figures 2.10a and 2.10b show the cumulative distribution of length of stay for GMS and non GMS in-patient discharges respectively by HSE area of hospitalisation.

- 77.3 per cent of GMS in-patient discharges in the HSE South area and 75.8 per cent in the HSE West area spent 7 days or less in hospital. This compared to 71.1 per cent in the HSE Dublin North East area and 69.0 per cent in HSE Dublin Mid Leinster area.
- Approximately 88 per cent of non-GMS discharges in both the HSE South and HSE West areas spent 7 days or less in hospital. This compared to 80.2 per cent in the HSE Dublin North East area and 81.3 per cent in HSE Dublin Mid Leinster area.

FIGURE 2.10a GMS In-Patient Discharges (excl. *Maternity*): Length of Stay by HSE Area of Hospitalisation (Cumulative Percentage)

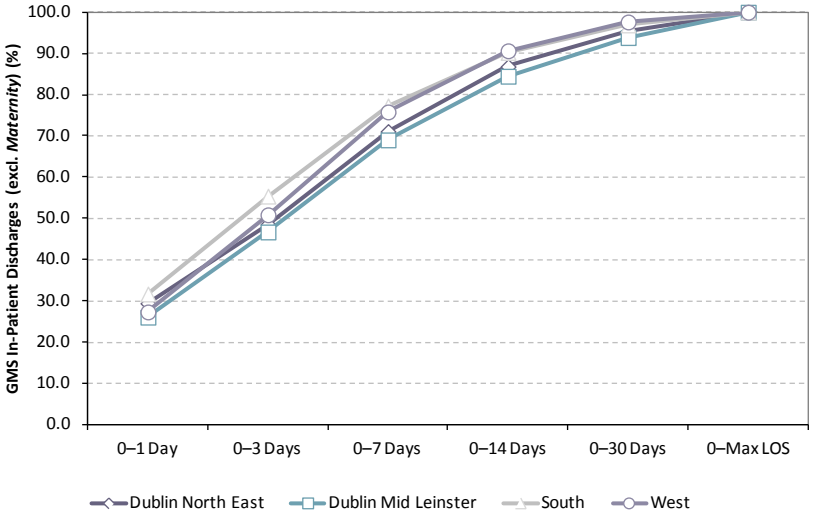
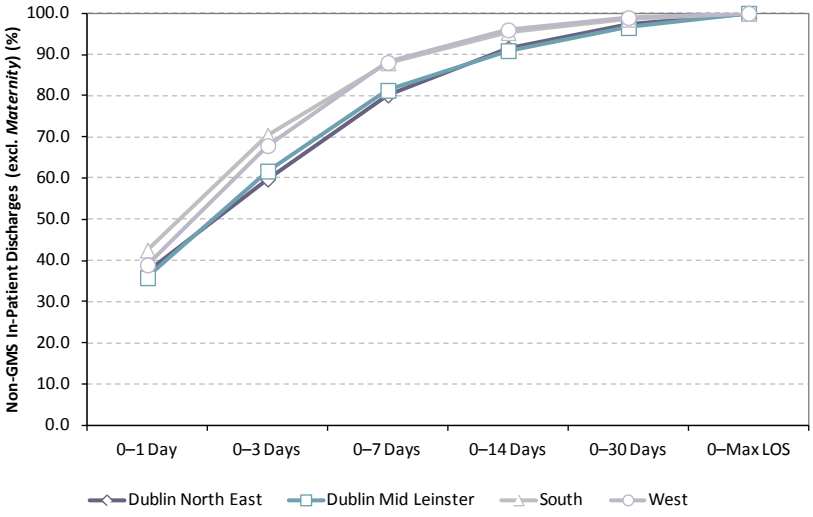


FIGURE 2.10b Non-GMS In-Patient Discharges (excl. *Maternity*): Length of Stay by HSE Area of Hospitalisation (Cumulative Percentage)



2.3.2 HSE Area of Residence

HSE area of residence reflects the HSE administrative area in which the discharge was resident. Total discharges (excl. *Maternity*) are disaggregated by age group across each HSE administrative area.

2.3.2.1 HSE Area of Residence by Age Group

Table 2.8 disaggregates total discharges (excl. *Maternity*) by HSE area of residence and age group.

- A larger proportion of discharges resident in the HSE West area were aged 85 years and older (4.6 per cent) compared to 3.9 per cent in the HSE Dublin Mid Leinster and the HSE Dublin North East areas.
- The largest proportion of discharges aged 65-74 years were residents of the HSE South area (18.8 per cent) compared to 17.1 per cent in the HSE Dublin Mid Leinster area.

TABLE 2.8 Total Discharges (excl. *Maternity*): HSE Area of Residence and Age Group (N, %)

	Dublin North East		Dublin Mid Leinster		South		West		Total Discharges (excl. *Maternity*)[a]	
	N	%	N	%	N	%	N	%	N	%
< 1 Years	7,093	2.5	9,466	2.6	8,795	2.7	8,327	2.4	33,681	2.5
1–14 Years	20,045	7.0	27,891	7.6	25,336	7.8	27,852	8.0	101,124	7.6
15–24 Years	13,314	4.6	18,032	4.9	16,049	4.9	15,864	4.5	63,259	4.8
25–34 Years	23,648	8.2	32,109	8.7	23,056	7.1	24,387	7.0	103,200	7.8
35–44 Years	32,795	11.4	40,775	11.1	32,375	10.0	31,826	9.1	137,771	10.4
45–54 Years	39,265	13.7	52,093	14.1	44,026	13.6	44,634	12.8	180,018	13.5
55–64 Years	47,242	16.4	63,571	17.3	56,845	17.5	63,347	18.2	231,005	17.4
65–74 Years	51,671	18.0	63,139	17.1	61,130	18.8	64,723	18.5	240,663	18.1
75–84 Years	41,159	14.3	46,947	12.7	43,676	13.5	51,906	14.9	183,688	13.8
85 Years and Over	11,160	3.9	14,330	3.9	13,335	4.1	16,095	4.6	54,920	4.1
Total Discharges (excl. *Maternity*)	**287,392**	**100**	**368,353**	**100**	**324,623**	**100**	**348,961**	**100**	**1,329,329**	**100**

Notes: Percentage columns are subject to rounding.

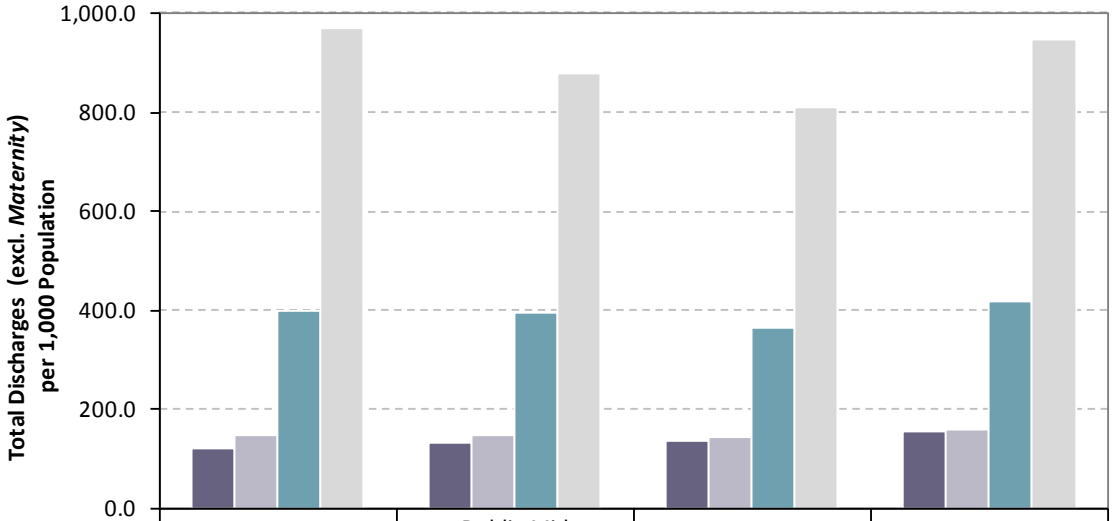
a A small number of discharges have no HSE area of residence (including discharges resident outside the Republic of Ireland and those with no fixed abode). This table excludes discharges for whom HSE area of residence was unknown or not applicable.

2.3.2.2 Discharge Rates by HSE Area of Residence and Age Group

Figure 2.11 shows the discharge rates per 1,000 population for total discharges (excl. *Maternity*) by HSE area of residence and age group.

- For the 65 years and over age group the HSE Dublin North East area recorded the highest discharge rate of 969.8 per 1,000 population compared to the lowest rate recorded for this age group in the HSE South area (808.1 per 1,000 population).
- The highest discharge rate for the youngest age group, aged under 15 years, was recorded for residents of the HSE West area (156.8 per 1,000 population) compared to a much lower rate in the HSE Dublin North East area (122.0 per 1,000 population).

FIGURE 2.11 Total Discharges (excl. *Maternity*): HSE Area of Residence by Age (Discharge Rate per 1,000 Population)



	Dublin North East	Dublin Mid Leinster	South	West
Under 15 Years	122.0	134.5	137.2	156.8
15–44 Years	146.4	149.4	145.3	158.9
45–64 Years	400.5	394.4	366.4	418.0
65 and Over	969.8	879.1	808.1	944.9

Notes: Rates are based on population data obtained from Census 2011 (Central Statistics Office) — see Appendix V.
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 figure excludes discharges for whom HSE area of residence was unknown or not applicable.

2.3.3 Inter-Regional Flows

Where a patient is hospitalised may be influenced by many factors including services required and proximity to local hospital, therefore there may be a greater flow of patients across HSE areas. To illustrate this in greater detail the following section examines inter-regional flows by HSE administrative area and by county.

2.3.3.1 HSE Area of Residence by HSE Area of Hospitalisation

Table 2.9 disaggregates total discharges (excl. *Maternity*) by HSE area of hospitalisation, HSE area of residence and patient type.

- Inter-regional flows are evident for elective in-patient discharges. For example, 80.3 per cent of elective in-patient discharges residing in the HSE West area were hospitalised in this area compared to 92.8 per cent of emergency in-patient discharges and 92.1 per cent of day patient discharges.
- There was significant crossover between the HSE Dublin North East and HSE Dublin Mid Leinster areas. For example, for total discharges (excl. *Maternity*), of the 14.5 per cent of HSE Dublin North East area residents who were hospitalised outside their HSE area of residence, 14.0 per cent were hospitalised in the HSE Dublin Mid Leinster area.

TABLE 2.9 Total Discharges (excl. *Maternity*): HSE Area of Hospitalisation by HSE Area of Residence, Patient Type and Admission Type (%)

		HSE Area of Hospitalisation				
		Dublin North East	Dublin Mid Leinster	South	West	Total Discharges (excl. *Maternity*)
		%	%	%	%	%
HSE Area of Residence	**Day Patients**					
	Dublin North East	**84.2**	15.6	0.0	0.2	100
	Dublin Mid Leinster	8.2	**89.7**	0.3	1.9	100
	South	1.6	7.0	**90.7**	0.7	100
	West	2.0	4.0	1.9	**92.1**	100
	Elective In-Patients					
	Dublin North East	**82.2**	17.2	0.1	0.5	100
	Dublin Mid Leinster	14.1	**83.5**	0.4	2.0	100
	South	4.0	11.1	**83.6**	1.4	100
	West	5.3	10.3	4.1	**80.3**	100
	Emergency In-Patients[a]					
	Dublin North East	**90.2**	9.0	0.4	0.5	100
	Dublin Mid Leinster	6.0	**90.5**	1.1	2.4	100
	South	1.0	2.9	**95.4**	0.7	100
	West	1.8	2.7	2.7	**92.8**	100
	Total Discharges (excl. *Maternity*)					
	Dublin North East	**85.5**	14.0	0.1	0.3	100
	Dublin Mid Leinster	8.0	**89.5**	0.5	2.0	100
	South	1.7	6.2	**91.4**	0.8	100
	West	2.2	4.2	2.3	**91.3**	100

Notes: Percentage columns are subject to rounding
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 discharges for whom HSE area of residence was unknown or not applicable.

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

2.3.3.2 County of Residence by HSE Area of Hospitalisation

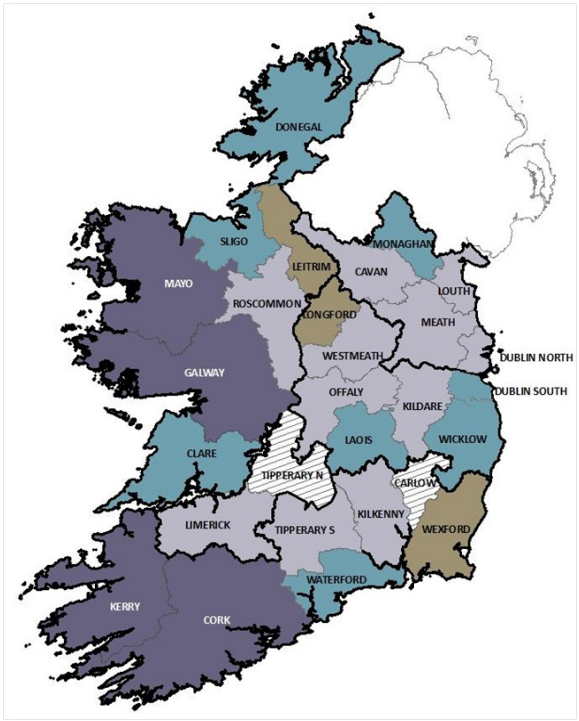
Figure 2.12a to Figure 2.12d present county level inter-regional flows for total discharges (excl. *Maternity*), day patients, elective in-patients, and emergency in-patients.[6]

- Over 95 per cent of discharges in Cork, Galway, Mayo and Kerry were hospitalised within their HSE area of residence for total discharges (excl. *Maternity*), day patients, and emergency in-patients.
- For elective in-patient discharges the proportion hospitalised within their area of residence is smaller than for emergency in-patients in all counties.
- Carlow had the smallest proportion of discharges hospitalised within the HSE area of residence with 64.2 per cent of total discharges (excl. *Maternity*) and 47.8 per cent of day patients hospitalised in the HSE Dublin Mid Leinster area.

[6] The reference table containing the data for these figures is in Appendix VII.

FIGURE 2.12a Total Discharges (excl. *Maternity*): Proportion of Discharges Hospitalised within their HSE Area of Residence (%)

FIGURE 2.12b Day Patient Discharges (excl. *Maternity*): Proportion of Discharges Hospitalised within their HSE Area of Residence (%)



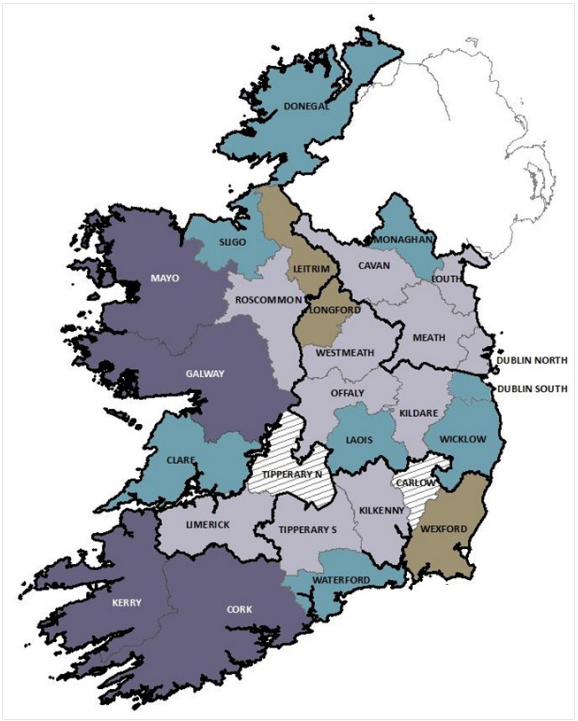
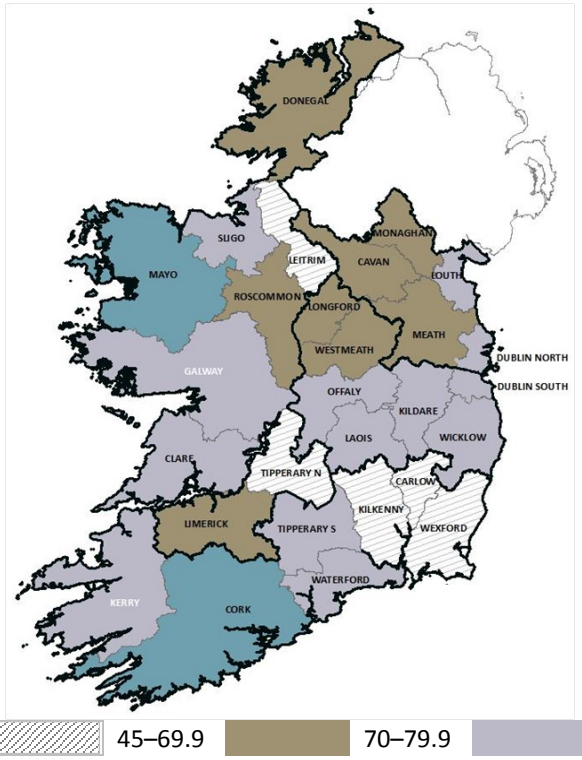
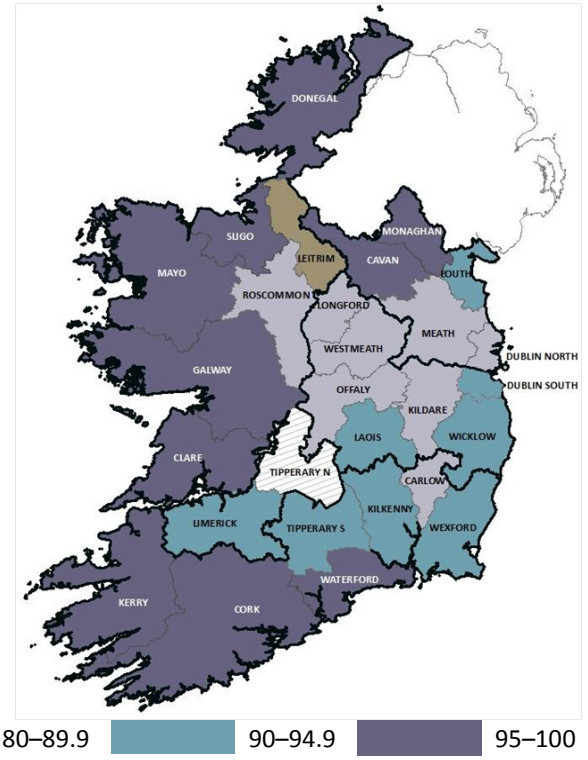


FIGURE 2.12c Elective In-Patient Discharges: Proportion of Discharges Hospitalised within their HSE Area of Residence (%)

FIGURE 2.12d Emergency In-Patient Discharges[a]: Proportion of Discharges Hospitalised within their HSE Area of Residence (%)





45–69.9 70–79.9 80–89.9 90–94.9 95–100

Notes: The reference table containing the data for these figures is in Appendix VII.
The heavy black lines demarcate the four HSE regions.
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 figures exclude discharges for whom HSE area of residence was unknown or not applicable.

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

2.3.4 Hospital Type

Hospital types are broadly categorised into general hospitals and 'other' hospitals. General hospitals comprise voluntary, regional and county hospitals, and treated the largest volume of total discharges (excl. *Maternity*) (90.2 per cent), while the remainder were discharged from 'other' hospitals that specialise in the treatment of particular conditions or patient groupings.[7]

2.3.4.1 Hospital Type by Admission Type

Table 2.10 and Figure 2.13 disaggregates total discharges (excl. *Maternity*) by hospital type, patient type and admission type.

Discharges

- Across all hospital types day patient discharges comprised the largest proportion of discharges. This was largest in voluntary hospitals which treated 72.6 per cent of their discharges as day patients and smallest in county hospitals which treated only 53.8 per cent as day patients.
- Across the general hospital groupings, county hospitals treated the largest proportion of total in-patient discharges as emergency in-patients (87.6 per cent) compared to voluntary hospitals which treated 72.9 per cent of their in-patients on an emergency basis.
- 'Other' hospitals treated 66.9 per cent of their discharges as day patients and the remaining 33.1 per cent as in-patients. Of these in-patient discharges, 55.0 per cent were treated on an elective basis.

Length of Stay

- The acute in-patient mean length of stay for elective in-patient discharges was 4.2 days in regional and county hospitals compared to 6.1 days in 'other' hospitals.
- Across the general hospital groupings, the acute in-patient mean length of stay for emergency in-patient discharges was 4.2 days in county hospitals compared to 6.0 days in voluntary hospitals.
- Voluntary hospitals recorded the longest acute in-patient mean length of stay (5.6 days) compared to county hospitals (4.2 days).
- Voluntary hospitals recorded the longest extended stay in-patient mean length of stay (74.9 days) compared to regional hospitals (56.9 days).

[7] 'Other' hospitals include Cancer; Eye, Ear, Nose and Throat; Long Stay; Orthopaedic; Paediatric and 'Other Care' (covering a range of specialist services including infectious disease, elderly care, and care of the young disabled). See Appendix I for the list of hospitals participating in HIPE in 2011.

TABLE 2.10 Total Discharges (excl. *Maternity*): Hospital Type by Patient Type and Admission Type (N, % and In-Patient Length of Stay)

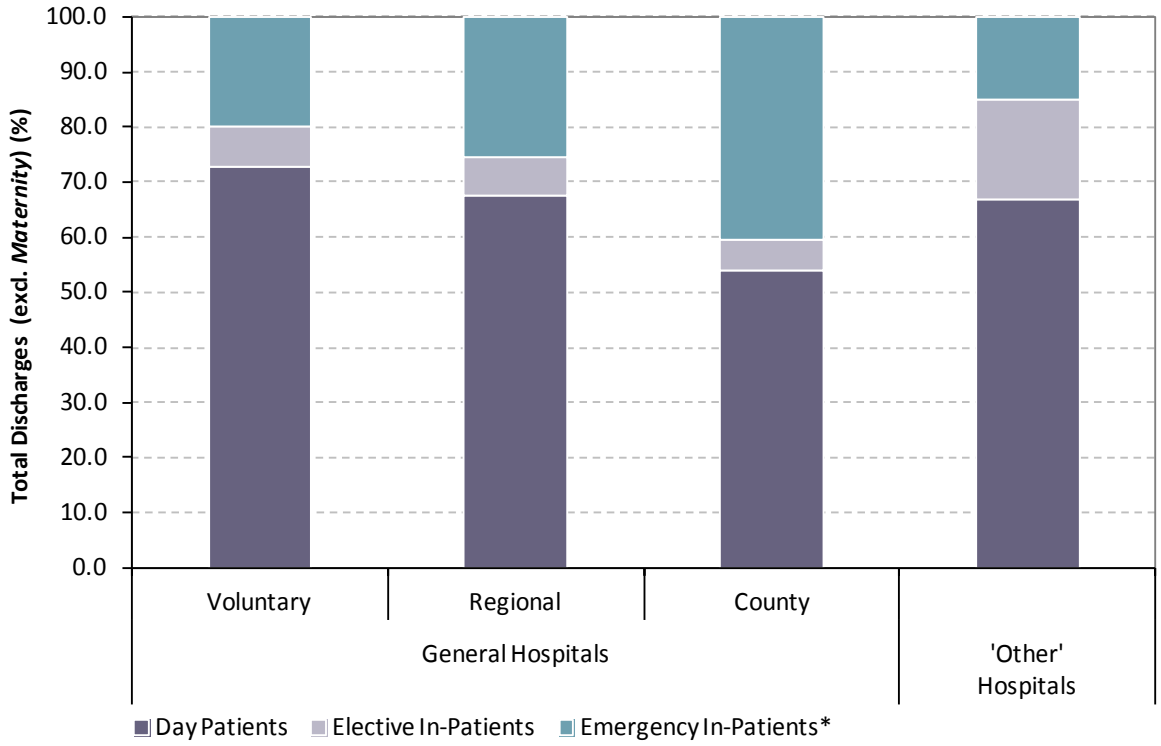
			Discharges											
			General Hospitals								'Other'		Total Discharges (excl. *Maternity*)	
			Voluntary		Regional		County		Total General					
			N	%	N	%	N	%	N	%	N	%	N	%
Day Patient			327,220	72.6	241,970	67.6	211,905	53.8	781,095	65.0	87,274	66.9	868,369	65.2
In-Patients	Elective	Acute (0–30 days)	32,542	7.2	24,307	6.8	22,106	5.6	78,955	6.6	22,042	16.9	100,997	7.6
		Extended (> 30 days)	847	0.2	481	0.1	551	0.1	1,879	0.2	1,728	1.3	3,607	0.3
		Total	33,389	7.4	24,788	6.9	22,657	5.8	80,834	6.7	23,770	18.2	104,604	7.8
	Emergency[a]	Acute (0–30 days)	84,401	18.7	88,511	24.7	156,356	39.7	329,268	27.4	18,861	14.4	348,129	26.1
		Extended (> 30 days)	5,460	1.2	2,419	0.7	3,078	0.8	10,957	0.9	621	0.5	11,578	0.9
		Total	89,861	19.9	90,930	25.4	159,434	40.5	340,225	28.3	19,482	14.9	359,707	27.0
	Total	Acute (0–30 days)	116,943	26.0	112,818	31.5	178,462	45.3	408,223	34.0	40,903	31.3	449,126	33.7
		Extended (> 30 days)	6,307	1.4	2,900	0.8	3,629	0.9	12,836	1.1	2,349	1.8	15,185	1.1
		Total	123,250	27.4	115,718	32.4	182,091	46.2	421,059	35.0	43,252	33.1	464,311	34.8
Total Discharges (excl. *Maternity*)			450,470	100	357,688	100	393,996	100	1,202,154	100	130,526	100	1,332,680	100

		In-Patient Length of Stay											
		General Hospitals								'Other'		Total Discharges (excl. *Maternity*)	
		Voluntary		Regional		County		Total General					
		Mean	Median	Mean	Median	Mean	Median	Mean	Median	Mean	Median	Mean	Median
Elective	Acute (0–30 days)	4.7	3	4.2	2	4.2	2	4.4	2	6.1	4	4.8	3
	Extended (> 30 days)	61.2	42	55.7	44	73.2	48	63.3	44	56.2	46	59.9	45
	Total	6.1	3	5.2	2	5.9	2	5.8	2	9.8	4	6.7	3
Emergency[a]	Acute (0–30 days)	6.0	4	4.6	2	4.2	2	4.8	3	4.1	2	4.7	3
	Extended (> 30 days)	77.0	51	57.2	44	59.2	45	67.6	47	61.5	48	67.3	47
	Total	10.3	4	6.0	3	5.3	2	6.8	3	5.9	2	6.8	3
Total	Acute (0–30 days)	5.6	3	4.5	2	4.2	2	4.7	3	5.2	3	4.7	3
	Extended (> 30 days)	74.9	50	56.9	44	61.3	45	67.0	47	57.6	47	65.5	47
	Total In-Patients (excl. *Maternity*)	9.2	4	5.8	3	5.4	2	6.6	3	8.0	3	6.7	3

Notes: Percentage columns are subject to rounding.

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

FIGURE 2.13 Total Discharges (excl. *Maternity*): Patient Type and Admission Type by Hospital Type (%)



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

Figures 2.14a and 2.14b show the cumulative lengths of stay for elective and emergency discharges by hospital type.

- 67.5 per cent of elective in-patients discharged from 'other' hospitals spent 7 days or less in hospital. This was a smaller cumulative proportion than for voluntary (79.1 per cent), regional (82.5 per cent) and county (81.6 per cent) hospitals.
- 68.4 per cent of emergency in-patients discharged from voluntary hospitals spent 7 days or less in hospital. This was a smaller cumulative proportion than for regional (79.6 per cent), county (82.2 per cent) and 'other' (82.3 per cent) hospitals.

FIGURE 2.14a Elective In-Patient Discharges: Length of Stay by Hospital Type (Cumulative Percentage)

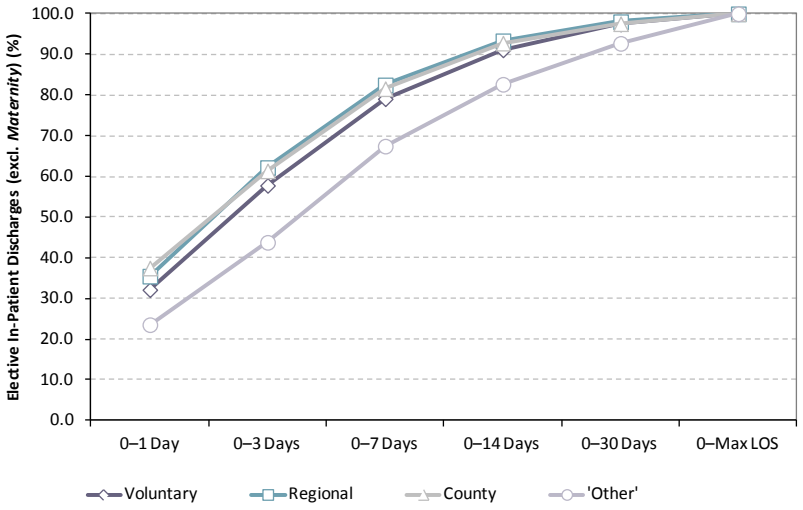
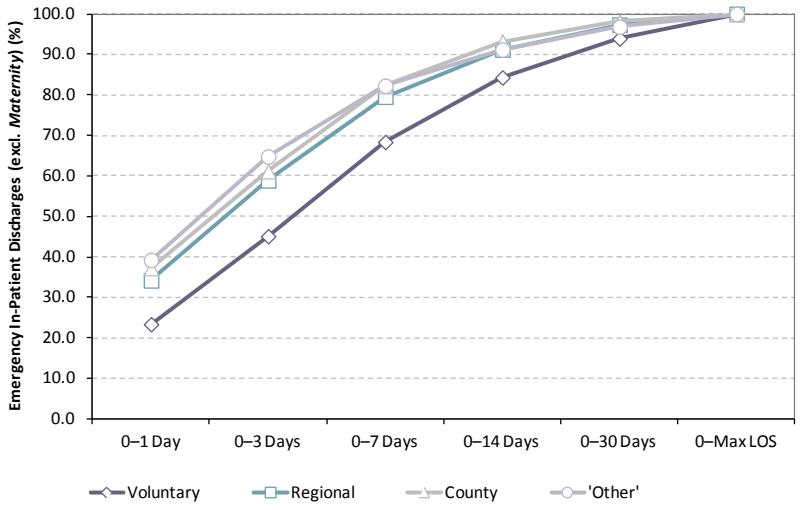


FIGURE 2.14b Emergency In-Patient Discharges[a]: Length of Stay by Hospital Type (Cumulative Percentage)



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

2.3.4.2 Hospital Type by Public/Private Status

Table 2.11 disaggregates total discharges (excl. *Maternity*) by hospital type and public/private status.

Discharges

- Voluntary hospitals treated the largest proportion of total discharges (excl. *Maternity*) on a public basis (84.4 per cent) compared to the smallest proportion in 'other' hospitals (75.5 per cent).
- Voluntary and 'other' hospitals had the largest proportion of public in-patients as extended stay patients (1.1 per cent and 1.5 per cent, respectively) compared to regional and county hospitals (0.7 per cent and 0.8 per cent, respectively).
- In contrast to all other hospital types, county hospitals treated a similar proportion of their private patients as day patients (7.9 per cent) and in-patients (8.1 per cent).

Length of Stay

- Total mean in-patient length of stay was 6.9 days for public discharges compared to 6.2 days for private discharges.
- Voluntary hospitals recorded the longest acute in-patient mean length of stay for public discharges (5.6 days), a day longer than regional hospitals which recorded an acute in-patient mean length of stay of 4.6 days. This difference was greater for private discharges with voluntary hospitals recording an acute in-patient mean length of stay of 5.8 days compared to 4.3 days in regional hospitals.
- County hospitals recorded the shortest acute in-patient mean length of stay for public discharges (4.2 days) and private discharges (4.2 days).
- For 'other' hospitals acute in-patient mean length of stay for public discharges was 5.4 days compared to 4.8 days for private discharges.

TABLE 2.11 Total Discharges (excl. *Maternity*): Hospital Type by Public/Private Status, Patient Type and Admission Type (N, % and In-Patient Length of Stay)

			Discharges											
			General Hospitals								'Other'		Total Discharges (excl. *Maternity*)	
			Voluntary		Regional		County		Total General					
			N	%	N	%	N	%	N	%	N	%	N	%
Public	Day Patient		285,794	63.4	208,883	58.4	180,837	45.9	675,514	56.2	67,245	51.5	742,759	55.7
	In-Patient	Acute (0–30 days)	89,174	19.8	82,404	23.0	146,852	37.3	318,430	26.5	29,302	22.4	347,732	26.1
		Extended (> 30 days)	5,024	1.1	2,342	0.7	3,148	0.8	10,514	0.9	2,009	1.5	12,523	0.9
		Total	94,198	20.9	84,746	23.7	150,000	38.1	328,944	27.4	31,311	24.0	360,255	27.0
	Total		379,992	84.4	293,629	82.1	330,837	84.0	1,004,458	83.6	98,556	75.5	1,103,014	82.8
Private	Day Patient		41,426	9.2	33,087	9.3	31,068	7.9	105,581	8.8	20,029	15.3	125,610	9.4
	In-Patient	Acute (0–30 days)	27,769	6.2	30,414	8.5	31,610	8.0	89,793	7.5	11,601	8.9	101,394	7.6
		Extended (> 30 days)	1,283	0.3	558	0.2	481	0.1	2,322	0.2	340	0.3	2,662	0.2
		Total	29,052	6.4	30,972	8.7	32,091	8.1	92,115	7.7	11,941	9.1	104,056	7.8
	Total		70,478	15.6	64,059	17.9	63,159	16.0	197,696	16.4	31,970	24.5	229,666	17.2
Total	Day Patient		327,220	72.6	241,970	67.6	211,905	53.8	781,095	65.0	87,274	66.9	868,369	65.2
	In-Patient	Acute (0–30 days)	116,943	26.0	112,818	31.5	178,462	45.3	408,223	34.0	40,903	31.3	449,126	33.7
		Extended (> 30 days)	6,307	1.4	2,900	0.8	3,629	0.9	12,836	1.1	2,349	1.8	15,185	1.1
		Total	123,250	27.4	115,718	32.4	182,091	46.2	421,059	35.0	43,252	33.1	464,311	34.8
	Total Discharges (excl. *Maternity*)		450,470	100	357,688	100	393,996	100	1,202,154	100	130,526	100	1,332,680	100

		In-Patient Length of Stay											
		General Hospitals								'Other'		Total Discharges (excl. *Maternity*)	
		Voluntary		Regional		County		Total General					
		Mean	Median	Mean	Median	Mean	Median	Mean	Median	Mean	Median	Mean	Median
Public	Acute (0–30 days)	5.6	3	4.6	2	4.2	2	4.7	3	5.4	3	4.8	3
	Extended (> 30 days)	77.1	50	56.9	44	62.1	46	68.1	47	58.5	48	66.6	47
	Total	9.4	4	6.0	3	5.5	2	6.7	3	8.8	3	6.9	3
Private	Acute (0–30 days)	5.8	4	4.3	2	4.2	2	4.7	3	4.8	3	4.7	3
	Extended (> 30 days)	66.2	47	57.0	43	55.9	43	61.9	45	52.3	44	60.6	45
	Total	8.5	4	5.2	2	5.0	3	6.2	3	6.1	3	6.2	3
Total	Acute (0–30 days)	5.6	3	4.5	2	4.2	2	4.7	3	5.2	3	4.7	3
	Extended (> 30 days)	74.9	50	56.9	44	61.3	45	67.0	47	57.6	47	65.5	47
	Total In-Patients (excl. *Maternity*)	9.2	4	5.8	3	5.4	2	6.6	3	8.0	3	6.7	3

Note: Percentage columns are subject to rounding.

Figures 2.15a and 2.15b show the cumulative distribution of length of stay for public and private in-patient discharges by hospital type.

- 79.3 per cent and 81.8 per cent of public in-patients discharged from regional and county hospitals, respectively, spent less than 7 days in hospital. In contrast, 71.4 per cent and 72.1 per cent of public in-patients discharged from voluntary and 'other' hospitals, respectively, had a length of stay of 7 days or less.
- 71.0 per cent of private in-patients discharged from voluntary hospitals spent 7 days or less in hospital. This was a smaller cumulative proportion than for regional (82.5 per cent), county (83.7 per cent) and 'other' (79.4 per cent) hospitals.

FIGURE 2.15a Public In-Patient Discharges (excl. *Maternity*): Length of Stay by Hospital Type (Cumulative Percentage)

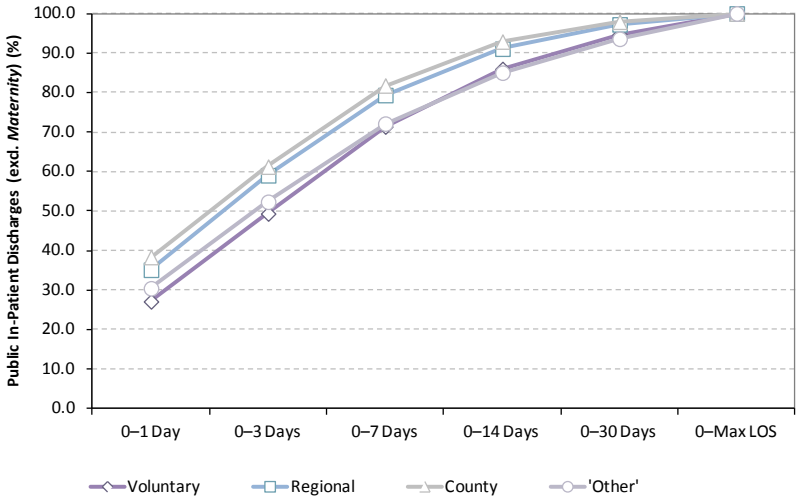
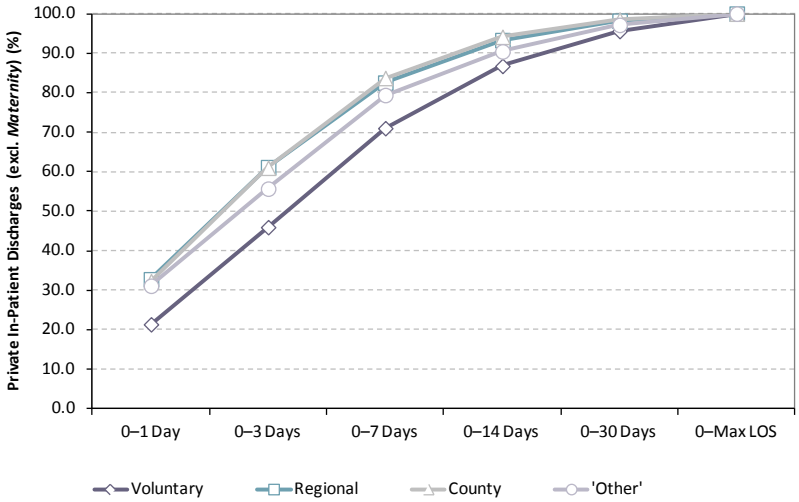


FIGURE 2.15b Private In-Patient Discharges (excl. *Maternity*): Length of Stay by Hospital Type (Cumulative Percentage)



2.3.5 Admission Source

Admission source describes where the patient was admitted from. It does not refer to where an emergency or accident occurred. Table 2.12 disaggregates total discharges (excl. *Maternity*) by HSE area of hospitalisation and admission source.

- The majority of total discharges (excl. *Maternity*) in all HSE areas were admitted from home, ranging from 95.0 per cent in the HSE Dublin North East area to 97.1 per cent in the HSE Dublin Mid Leinster area.
- The HSE Dublin North East area had the largest proportion of in-patient discharges who were transferred from another hospital (8.2 per cent) compared to 3.6 per cent in the HSE West area.
- The HSE South area had the largest proportion of in-patient discharges admitted from long stay accommodation (2.3 per cent) compared to only 1.3 per cent of in-patients in the HSE Dublin Mid Leinster area.

TABLE 2.12 Total Discharges (excl. *Maternity*): HSE Area of Hospitalisation by Patient Type, Admission Type and Admission Source (N, %)

		Discharges									
		HSE Area of Hospitalisation								Total Discharges (excl. *Maternity*)	
		Dublin North East		Dublin Mid Leinster		South		West			
		N	%	N	%	N	%	N	%	N	%
Day Patients	Home	189,822	98.6	275,172	99.9	185,890	99.1	212,297	99.7	863,181	99.4
	Long stay accommodation	372	0.2	153	0.1	362	0.2	194	0.1	1,081	0.1
	Transfer from other Hospital	2,231	1.2	147	0.1	1,154	0.6	387	0.2	3,919	0.5
	New Born	~	0.0	~	0.0	~	0.0	~	0.0	6	0.0
	Other	~	0.0	*	0.0	*	0.1	*	0.0	182	0.0
	Total Day Patients	**192,428**	**100**	**275,542**	**100**	**187,504**	**100**	**212,895**	**100**	**868,369**	**100**
In-Patients – Elective	Home	19,889	86.1	28,381	92.5	23,906	90.2	21,917	90.2	94,093	90.0
	Long stay accommodation	60	0.3	92	0.3	200	0.8	152	0.6	504	0.5
	Transfer from other Hospital	3,136	13.6	2,201	7.2	2,376	9.0	2,223	9.1	9,936	9.5
	New Born	0	0.0	~	0.0	~	0.0	0	0.0	~	0.0
	Other	9	0.0	*	0.1	*	0.1	11	0.0	*	0.1
	Total Elective In-Patients	**23,094**	**100**	**30,697**	**100**	**26,510**	**100**	**24,303**	**100**	**104,604**	**100**
In-Patients – Emergency[a]	Home	64,864	88.3	90,035	90.8	85,440	91.3	86,411	92.4	326,750	90.8
	Long stay accommodation	1,394	1.9	1,551	1.6	2,594	2.8	2,483	2.7	8,022	2.2
	Transfer from other Hospital	4,796	6.5	4,176	4.2	2,340	2.5	1,963	2.1	13,275	3.7
	New Born	2,035	2.8	2,333	2.4	2,553	2.7	2,307	2.5	9,228	2.6
	Other	392	0.5	1,047	1.1	675	0.7	318	0.3	2,432	0.7
	Total Emergency In-Patients	**73,481**	**100**	**99,142**	**100**	**93,602**	**100**	**93,482**	**100**	**359,707**	**100**
In-Patients – Total	Home	84,753	87.8	118,416	91.2	109,346	91.0	108,328	92.0	420,843	90.6
	Long stay accommodation	1,454	1.5	1,643	1.3	2,794	2.3	2,635	2.2	8,526	1.8
	Transfer from other Hospital	7,932	8.2	6,377	4.9	4,716	3.9	4,186	3.6	23,211	5.0
	New Born	2,035	2.1	2,334	1.8	2,557	2.1	2,307	2.0	9,233	2.0
	Other	401	0.4	1,069	0.8	699	0.6	329	0.3	2,498	0.5
	Total In-Patients	**96,575**	**100**	**129,839**	**100**	**120,112**	**100**	**117,785**	**100**	**464,311**	**100**
Total	Home	274,575	95.0	393,588	97.1	295,236	96.0	320,625	97.0	1,284,024	96.3
	Long stay accommodation	1,826	0.6	1,796	0.4	3,156	1.0	2,829	0.9	9,607	0.7
	Transfer from other Hospital	10,163	3.5	6,524	1.6	5,870	1.9	4,573	1.4	27,130	2.0
	New Born	2,037	0.7	2,335	0.6	2,559	0.8	2,308	0.7	9,239	0.7
	Other	402	0.1	1,138	0.3	795	0.3	345	0.1	2,680	0.2
	Total Discharges (excl. *Maternity*)	**289,003**	**100**	**405,381**	**100**	**307,616**	**100**	**330,680**	**100**	**1,332,680**	**100**

Notes: Percentage columns are subject to rounding. ~ Denotes five or less discharges reported to HIPE.* Further suppression required to prevent disclosure of five or less discharges.
See Appendix VI for information on how the HIPE variable 'Admission Source' was grouped for this report.

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

2.3.6 Discharge Destination

Discharge destination identifies the destination of the discharge upon completion of their episode of care. Table 2.13 disaggregates total discharges (excl. *Maternity*) by HSE area of hospitalisation and discharge destination.

- The majority of in-patient discharges were discharged home, ranging from 86.2 per cent in HSE West area to 87.6 per cent in the HSE Dublin Mid Leinster area.
- The proportion of in-patient discharges discharged to long stay accommodation ranged from 3.4 per cent in the HSE Dublin Mid Leinster area to 6.5 per cent in the HSE West area.
- For emergency in-patient discharges, the proportion of discharges transferred to another hospital ranged from 4.9 per cent in the HSE West area to 5.5 per cent in the HSE South area.

TABLE 2.13 Total Discharges (excl. *Maternity*): HSE Area of Hospitalisation by Patient Type, Admission Type and Discharge Destination (N, %)

		Discharges									
		HSE Area of Hospitalisation								Total Discharges (excl. *Maternity*)	
		Dublin North East		Dublin Mid Leinster		South		West			
		N	%	N	%	N	%	N	%	N	%
Day Patients	Home	189,983	98.7	274,888	99.8	185,828	99.1	212,260	99.7	862,959	99.4
	Long stay accommodation	469	0.2	171	0.1	389	0.2	246	0.1	1,275	0.1
	Transfer to other Hospital	1,964	1.0	397	0.1	1,199	0.6	372	0.2	3,932	0.5
	Died[a]	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
	Other	12	0.0	86	0.0	88	0.0	17	0.0	203	0.0
	Total Day Patients	**192,428**	**100**	**275,542**	**100**	**187,504**	**100**	**212,895**	**100**	**868,369**	**100**
In-Patients – Elective	Home	21,315	92.3	28,174	91.8	24,503	92.4	22,580	92.9	96,572	92.3
	Long stay accommodation	754	3.3	555	1.8	851	3.2	860	3.5	3,020	2.9
	Transfer to other Hospital	733	3.2	1,189	3.9	855	3.2	640	2.6	3,417	3.3
	Died	165	0.7	656	2.1	213	0.8	151	0.6	1,185	1.1
	Other	127	0.5	123	0.4	88	0.3	72	0.3	410	0.4
	Total Elective In-patients	**23,094**	**100**	**30,697**	**100**	**26,510**	**100**	**24,303**	**100**	**104,604**	**100**
In-Patients – Emergency[b]	Home	62,065	84.5	85,618	86.4	80,234	85.7	78,957	84.5	306,874	85.3
	Transfer to long stay accommodation	3,903	5.3	3,919	4.0	4,355	4.7	6,807	7.3	18,984	5.3
	Transfer to other Hospital	3,965	5.4	5,393	5.4	5,151	5.5	4,576	4.9	19,085	5.3
	Died	2,336	3.2	2,824	2.8	2,439	2.6	2,135	2.3	9,734	2.7
	Other	1,212	1.6	1,388	1.4	1,423	1.5	1,007	1.1	5,030	1.4
	Total Emergency In-Patients	**73,481**	**100**	**99,142**	**100**	**93,602**	**100**	**93,482**	**100**	**359,707**	**100**
In-Patients – Total	Home	83,380	86.3	113,792	87.6	104,737	87.2	101,537	86.2	403,446	86.9
	Long stay accommodation	4,657	4.8	4,474	3.4	5,206	4.3	7,667	6.5	22,004	4.7
	Transfer to other Hospital	4,698	4.9	6,582	5.1	6,006	5.0	5,216	4.4	22,502	4.8
	Died	2,501	2.6	3,480	2.7	2,652	2.2	2,286	1.9	10,919	2.4
	Other	1,339	1.4	1,511	1.2	1,511	1.3	1,079	0.9	5,440	1.2
	Total In-Patients	**96,575**	**100**	**129,839**	**100**	**120,112**	**100**	**117,785**	**100**	**464,311**	**100**
Total	Home	273,363	94.6	388,680	95.9	290,565	94.5	313,797	94.9	1,266,405	95.0
	Long stay accommodation	5,126	1.8	4,645	1.1	5,595	1.8	7,913	2.4	23,279	1.7
	Transfer to other Hospital	6,662	2.3	6,979	1.7	7,205	2.3	5,588	1.7	26,434	2.0
	Died	2,501	0.9	3,480	0.9	2,652	0.9	2,286	0.7	10,919	0.8
	Other	1,351	0.5	1,597	0.4	1,599	0.5	1,096	0.3	5,643	0.4
	Total Discharges (excl. *Maternity*)	**289,003**	**100**	**405,381**	**100**	**307,616**	**100**	**330,680**	**100**	**1,332,680**	**100**

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

a A day patient is admitted to hospital for treatment on an elective (rather than an emergency) basis and who is discharged alive, as scheduled, on the same day

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

2.3.7 Admission Source by Discharge Destination

Table 2.14 disaggregates in-patient discharges (excl. *Maternity*) by discharge destination and admission source.

- Of in-patients who were admitted from home 89.9 per cent were discharged home.
- In-patients admitted from long stay accommodation were primarily discharged back to a long stay accommodation (83.3 per cent).
- Over a quarter of in-patients (26.2 per cent) who were admitted from another hospital were transferred to another hospital, while almost two thirds were discharged home (63.8 per cent).

TABLE 2.14 In-Patient Discharges (excl. *Maternity*): Discharge Destination by Admission Source (N, %)

	Discharges											
	Discharge Destination										Total In-Patient Discharges (excl. *Maternity*)	
	Home		Long Stay Accommodation		Transfer to other Hospital		Died		Other			
Admission Source	N	%	N	%	N	%	N	%	N	%	N	%
Home	378,283	89.9	13,628	3.2	15,380	3.7	8,950	2.1	4,602	1.1	420,843	100
Long Stay Accommodation	152	1.8	7,106	83.3	297	3.5	957	11.2	14	0.2	8,526	100
Transfer from other Hospital	14,806	63.8	1,252	5.4	6,080	26.2	927	4.0	146	0.6	23,211	100
New Born	8,478	91.8	~	0.0	644	7.0	*	0.8	38	0.4	9,233	100
Other	1,727	69.1	*	0.7	101	4.0	*	0.5	640	25.6	2,498	100
Total In-Patient Discharges (excl. *Maternity*)	**403,446**	**86.9**	**22,004**	**4.7**	**22,502**	**4.8**	**10,919**	**2.4**	**5,440**	**1.2**	**464,311**	**100**

Notes: Percentage columns are subject to rounding.

~ Denotes five or less discharges reported to HIPE.

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

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

2.4 WHEN

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

2.4.1 Day of Admission

Table 2.15 disaggregates total discharges (excl. *Maternity*) by patient type, admission type, and day of admission (see also Figure 2.16).

Discharges

- The proportion of in-patients admitted on an elective basis decreased throughout the week, with almost 63 per cent admitted from Monday to Wednesday, falling to 9.7 per cent at the weekend.
- Emergency in-patient admissions remained relatively constant throughout the week at approximately 15 per cent per day, but fell at weekends when no more than 12 per cent were admitted per day.
- The majority of day patients were admitted midweek, ranging from 20.3 per cent on both Tuesday and Wednesday to only 1.1 per cent on Sunday.

Length of Stay

- Mean length of stay for elective in-patients ranged from 6.3 days for those admitted on a Monday to 10.7 days for those admitted on a Saturday.
- Mean length of stay for emergency in-patients ranged from 6.3 days for those admitted on a Sunday to 7.3 days for those admitted on a Friday.

TABLE 2.15 Total Discharges (excl. *Maternity*): Patient Type and Admission Type by Day of Admission (N, % and In-Patient Length of Stay)

	Discharges									
	Day Patients		In-Patients						Total Discharges (excl. *Maternity*)	
			Elective		Emergency[a]		Total			
	N	%	N	%	N	%	N	%	N	%
Monday	157,846	18.2	23,670	22.6	55,112	15.3	78,782	17.0	236,628	17.8
Tuesday	176,046	20.3	21,493	20.5	58,441	16.2	79,934	17.2	255,980	19.2
Wednesday	176,613	20.3	20,746	19.8	57,151	15.9	77,897	16.8	254,510	19.1
Thursday	168,736	19.4	17,997	17.2	56,156	15.6	74,153	16.0	242,889	18.2
Friday	152,775	17.6	10,537	10.1	55,709	15.5	66,246	14.3	219,021	16.4
Saturday	26,569	3.1	2,215	2.1	40,418	11.2	42,633	9.2	69,202	5.2
Sunday	9,784	1.1	7,946	7.6	36,720	10.2	44,666	9.6	54,450	4.1
Total Discharges (excl. *Maternity*)	**868,369**	**100**	**104,604**	**100**	**359,707**	**100**	**464,311**	**100**	**1,332,680**	**100**

	In-Patient Length of Stay					
	Elective		Emergency[a]		Total	
	Mean	Median	Mean	Median	Mean	Median
Monday	6.3	3	6.5	3	6.4	3
Tuesday	6.5	3	6.8	3	6.7	3
Wednesday	6.6	2	6.7	2	6.7	2
Thursday	6.4	2	6.8	3	6.7	3
Friday	7.6	3	7.3	3	7.3	3
Saturday	10.7	5	6.8	3	7.0	3
Sunday	6.7	4	6.3	3	6.4	3
In-Patient Discharges (excl. *Maternity*)	**6.7**	**3**	**6.8**	**3**	**6.7**	**3**

Notes: Percentage columns are subject to rounding.

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

2.4.2 Day of Discharge

Table 2.16 disaggregates total discharges (excl. *Maternity*) by patient type, admission type and day of discharge (see also Figure 2.17).

Discharges

- The proportion of elective in-patients discharged rose throughout the week, from 10.6 per cent on Monday to 22.6 per cent on Friday, falling to 5.0 per cent on Sunday.
- The largest proportion of emergency in-patients were discharged on Friday (20.5 per cent), with the smallest proportion discharged on Sunday (6.8 per cent).

Length of Stay

- In-patient mean length of stay for elective discharges generally fell throughout the week, from 9.7 days for those discharged on a Monday to 4.4 days for those discharged on a Saturday.
- Emergency in-patient mean length of stay also fell throughout the week falling from 7.6 days for those discharged on Monday to 4.3 days for those discharged on a Sunday.

TABLE 2.16 Total Discharges (excl. *Maternity*): Patient Type and Admission Type by Day of Discharge (N, % and In-Patient Length of Stay)

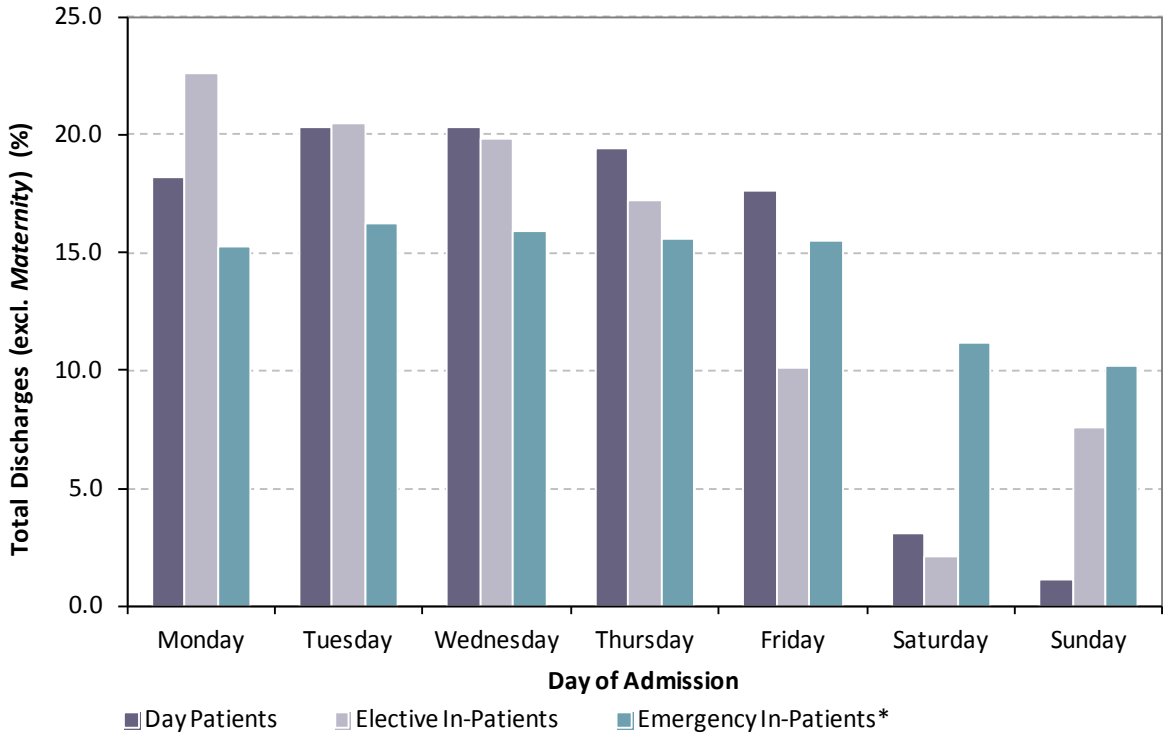
	Discharges									
	Day Patients		In-Patients						Total Discharges (excl. *Maternity*)	
			Elective		Emergency[a]		Total			
	N	%	N	%	N	%	N	%	N	%
Monday	157,846	18.2	11,114	10.6	53,492	14.9	64,606	13.9	222,452	16.7
Tuesday	176,046	20.3	16,880	16.1	57,979	16.1	74,859	16.1	250,905	18.8
Wednesday	176,613	20.3	18,705	17.9	60,224	16.7	78,929	17.0	255,542	19.2
Thursday	168,736	19.4	18,894	18.1	58,653	16.3	77,547	16.7	246,283	18.5
Friday	152,775	17.6	23,683	22.6	73,700	20.5	97,383	21.0	250,158	18.8
Saturday	26,569	3.1	10,072	9.6	31,152	8.7	41,224	8.9	67,793	5.1
Sunday	9,784	1.1	5,256	5.0	24,507	6.8	29,763	6.4	39,547	3.0
Total Discharges (excl. *Maternity*)	**868,369**	**100**	**104,604**	**100**	**359,707**	**100**	**464,311**	**100**	**1,332,680**	**100**

	In-Patient Length of Stay					
	Elective		Emergency[a]		Total	
	Mean	Median	Mean	Median	Mean	Median
Monday	9.7	6	7.6	3	8.0	4
Tuesday	6.6	2	7.3	3	7.1	3
Wednesday	6.8	2	7.2	3	7.2	3
Thursday	5.9	2	7.1	3	6.9	3
Friday	6.6	3	6.7	3	6.7	3
Saturday	4.4	2	4.7	2	4.6	2
Sunday	7.3	4	4.3	2	4.8	2
In-Patient Discharges (excl. *Maternity*)	**6.7**	**3**	**6.8**	**3**	**6.7**	**3**

Notes: Percentage columns are subject to rounding.

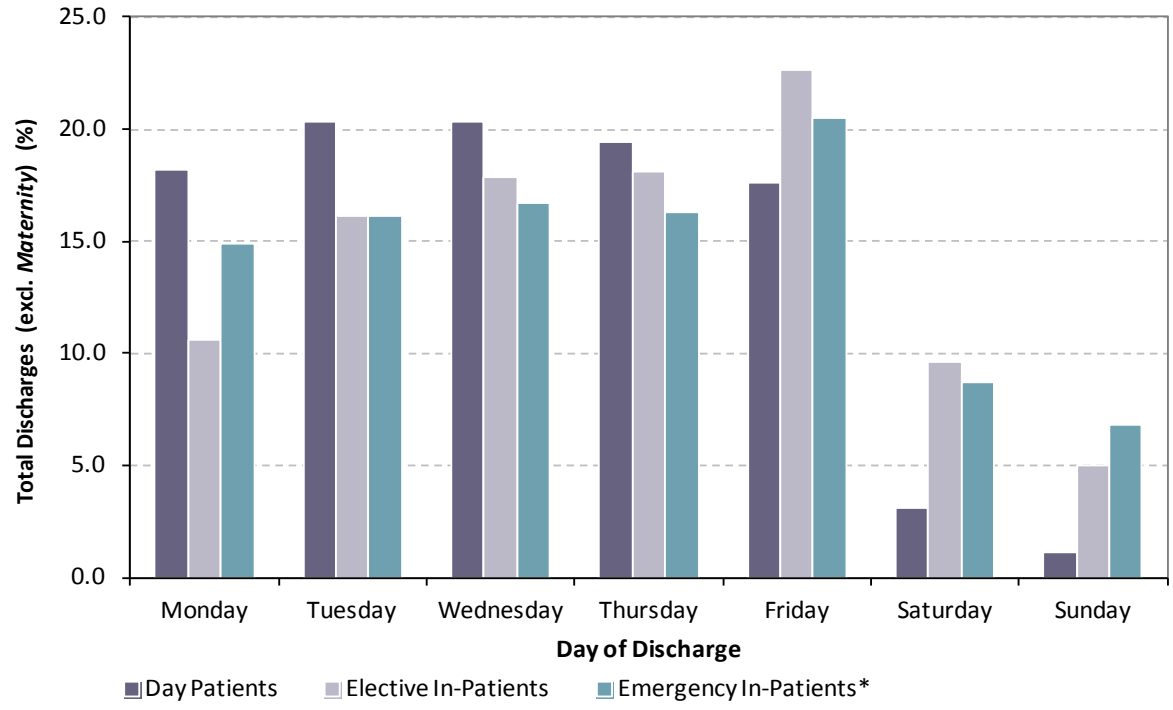
a HIPE includes patients who attended the Emergency Department and were subsequently admitted to hospital. As just a proportion of those attending the emergency department will subsequently be admitted to hospital, it would not be possible to use emergency admissions reported to HIPE to draw conclusions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

FIGURE 2.16 Total Discharges (excl. *Maternity*): Patient Type and Admission Type by Day of Admission (%)



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

FIGURE 2.17 Total Discharges (excl. *Maternity*): Patient Type and Admission Type by Day of Discharge (%)



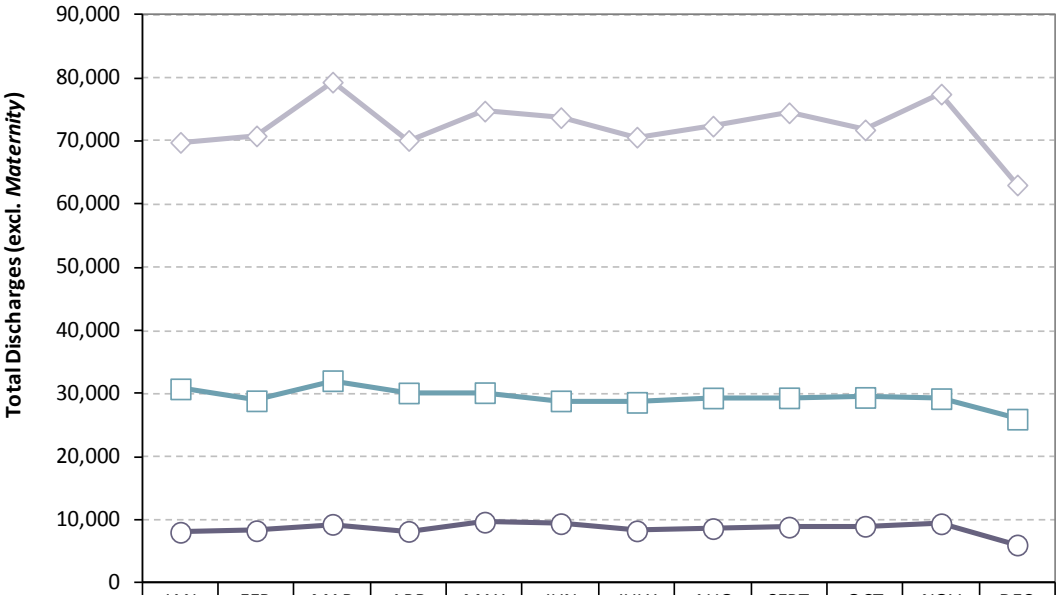
Note: * HIPE includes patients who attended the Emergency Department and were subsequently admitted to hospital. As just a proportion of those attending the emergency department will subsequently be admitted to hospital, it would not be possible to use emergency admissions reported to HIPE to draw conclusions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

2.4.3 Month of Admission

Figure 2.18 shows total discharges (excl. *Maternity*) by month of admission disaggregated by patient type and admission type. The data presented here are based on discharges admitted and discharged in 2011.

- The largest number of day patients were treated in March with 79,342 discharges, while December recorded the smallest number of day patients (63,062 discharges).
- While admissions were lowest in December for both emergency and elective patients, monthly trends over the rest of the year showed that:
    - hospital admissions peaked in March for emergency in-patients (32,090 discharges), while July recorded the smallest number of emergency in-patient admissions with 28,662 discharges;
    - hospital admissions peaked in May for elective in-patients (9,697 discharges), while January recorded the smallest number of elective in-patient admissions with only 8,097 in-patient discharges admitted in this month.

FIGURE 2.18 Total Discharges (excl. *Maternity*): Month of Admission by Patient Type and Admission Type (N)



	JAN	FEB	MAR	APR	MAY	JUN	JULY	AUG	SEPT	OCT	NOV	DEC
Day Patients	69,810	70,832	79,342	70,111	74,758	73,723	70,633	72,379	74,489	71,782	77,448	63,062
Elective In-Patients	8,097	8,344	9,351	8,237	9,697	9,456	8,321	8,677	8,910	9,044	9,436	6,080
Emergency In-Patients*	30,794	28,907	32,090	30,150	30,192	28,892	28,662	29,355	29,375	29,439	29,243	26,001

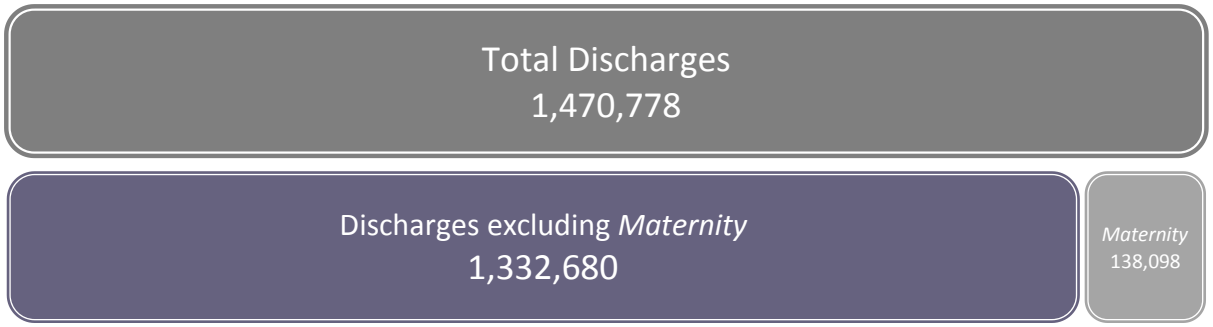
Notes: * HIPE includes patients who attended the Emergency Department and were subsequently admitted to hospital. As just a proportion of those attending the emergency department will subsequently be admitted to hospital, it would not be possible to use emergency admissions reported to HIPE to draw conclusions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

This does not include 7,561 discharges that were admitted prior to 2011 but were discharged in 2011.

Morbidity Analysis 2011

SECTION THREE

Table of Contents



3.1 INTRODUCTION

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

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

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

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

3.2 CODING OF DIAGNOSES AND PROCEDURES

Coding of HIPE hospital activity is performed by the HIPE Clinical Coder who translates medical terminology into code; they perform an essential function in providing high quality, accurate, standardised medical information. The source document for coding for the HIPE system is the medical record or chart. Documentation within the medical record includes the discharge summary or letter, nursing notes, consultation reports, progress notes, operative reports, pre- and post-operative reports, and pathology reports. The coder uses the whole chart to extract the diagnoses and procedures that are critical to representing the essential features of the patient and their hospital stay in accordance with international and national coding standards. Appendix III contains the HIPE Data Entry Form for 2011, which details the information coded for each hospital discharge. No interpretation of test results may be presumed by the coder and all diagnoses recorded must be documented by a clinician in the chart.[3]

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

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3 The Health Research and Information Division (HRID) of the ESRI is responsible for the training of coders. For further information see www.hipe.ie

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

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

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

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

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

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

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

ICD-10-AM Diagnosis Codes

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

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

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

WHO intends the codes U00–U99 to be used for provisional assignment of new diseases of uncertain aetiology and for specific research purposes. U50–U71 are used in ICD-10-AM to classify sporting activities previously classified to Y93.0 Activity, While engaged in sports.

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

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

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

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

Australian Classification of Health Interventions (ACHI)

The Australian Classification of Health Interventions (ACHI) was developed by the NCCH and is generally based on the Commonwealth Medicare Benefits Schedule (MBS).

The main features of the classification are:

1) The procedure classification captures procedures and interventions performed in public and private hospitals, day centres and ambulatory settings. Allied health interventions, dental services and procedures performed outside the operating theatre are included.
2) The procedure classification is based on the Commonwealth Medicare Benefits Schedule (MBS) and consists of a seven character code in the format xxxxx-xx. Generally, the first five characters represent the MBS item number. A two character extension number has been attached to each MBS item number to represent individual procedural concepts (e.g., 36564-00). The two character extensions are also used in anaesthetic procedure codes to indicate ASA, while in pharmacotherapy they are used to indicate drug type.
   Other ACHI interventions which are not represented in MBS are allocated a code number from the 90000 series. Note: 97000 codes are reserved for dental services.
3) The structure of the procedure classification is based on anatomy rather than surgical specialty. Chapters closely follow the chapter headings of the WHO ICD-10 to maintain parity with the disease classification.
4) Nonsurgical procedures are listed separately from the surgical procedures, whenever feasible.
5) A hierarchical structure with the following axes:
   - First level – anatomical site axis
   - Second level – procedure type axis
   - Third level –block axis
6) Inclusion of many more procedures which can be utilised in non-institutional settings, such as community based health and ambulatory care

Chapter and Title		Chapter and Title	
1	Procedures on nervous system	11	Procedures on urinary system
2	Procedures on endocrine system	12	Procedures on male genital organs
3	Procedures on eye and adnexa	13	Gynaecological procedures
4	Procedures on ear and mastoid process	14	Obstetric procedures
5	Procedures on nose, mouth and pharynx	15	Procedures on musculoskeletal system
6	Dental services	16	Dermatological and plastic procedures
7	Procedures on respiratory system	17	Procedures on breast
8	Procedures on cardiovascular system	18	Radiation oncology procedures
9	Procedures on blood and blood-forming organs	19	Non-invasive, cognitive and other interventions, not elsewhere classified
10	Procedures on digestive system	20	Imaging services

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

3.2.1 Definition of a Diagnosis

In 2011, HIPE collected a principal diagnosis for each discharge, together with up to 29 additional diagnosis codes.

DIAGNOSES

A **principal diagnosis** is defined as, 'the diagnosis established after study to be chiefly responsible for occasioning an episode of admitted patient care, an episode of residential care or attendance at the healthcare establishment, as represented by a code'.[9]

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.[10]

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

3.2.1.1 Mean Number of Diagnoses Reported

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

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

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

	Day Patients	In-Patients	Total Discharges (excl. *Maternity*)
Total	**2.0**	**3.8**	**2.6**
Sex			
Male	2.0	3.9	2.7
Female	2.0	3.6	2.5
Age Group			
< 15 Years	1.8	2.6	2.3
15–44 Years	1.7	3.0	2.1
45–64 Years	2.1	3.8	2.5
65 Years and Over	2.1	4.9	3.1

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

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

3.2.2 Definition of a Procedure

In 2011, a principal procedure and up to 19 additional procedure codes for each discharge could be reported to HIPE where appropriate.

PROCEDURES

The classification of procedures in ICD-10-AM uses the Australian Classification of Health Interventions (ACHI).[11] 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.[12]

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.[13] 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.[14]

3.2.2.1 Discharges with a Procedure

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

- Of the 1,332,680 total discharges (excl. *Maternity*) principal procedures were recorded for 1,119,184 (84.0 per cent).
- Close to 94 per cent of day patient discharges had a principal procedure recorded.
- Over 65 per cent of in-patient discharges had a principal procedure recorded, with 89.4 per cent of elective in-patients and 58.8 per cent of emergency in-patients undergoing a principal procedure.

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11 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.

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

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

14 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 VIII).

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

	Total Discharges (excl. *Maternity*)	Total Discharges (excl. *Maternity*) with a Principal Procedure	
	N	N	%
Total Discharges (excl. *Maternity*)	**1,332,680**	**1,119,184**	**84.0**
Day Patients	868,369	814,141	93.8
In-Patients	464,311	305,043	65.7
Elective In-Patients	104,604	93,487	89.4
Emergency In-Patients	359,707	211,556	58.8

3.2.2.2 Mean Number of Procedures Reported

Table 3.5 outlines the mean number of procedures reported for day patient, in-patient and total discharges (excl. *Maternity*), by sex and age group. The calculation of mean procedures is based on discharges with at least one procedure reported to HIPE.[15]

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

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

	Day Patients	In-Patients	Total Discharges (excl. *Maternity*)
Total (excl. *Maternity*)	**1.4**	**2.9**	**1.8**
Sex			
Male	1.3	2.9	1.8
Female	1.4	2.9	1.8
Age Group			
< 15 Years	1.9	2.5	2.2
15–44 Years	1.5	2.6	1.8
45–64 Years	1.4	3.0	1.7
65 Years and Over	1.3	3.2	1.8

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

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

Section 3.3 provides a summary of the day patient and in-patient hospital activity reported to HIPE.[16] This analysis reports on the most commonly recorded diagnoses, procedures and diagnosis related groups as well as providing demographic and administrative information for these discharges.

3.3.1 Day Patient Activity (excl. *Maternity*)

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

Day Patients – Profile

- Day patient discharges accounted for 65.2 per cent of total discharges (excl. *Maternity*).
- Day patients aged 65–74 years accounted for 20.0 per cent of day patient discharges.

Day Patients – Top 20 Principal Diagnoses

- Day patients with a principal diagnosis of *other medical care* (includes *chemotherapy* and *radiotherapy* encounters) accounted for 19.6 per cent of day patient discharges.
- *Care involving dialysis* accounted for 19.5 per cent of day patient discharges.

Day Patients – Top 20 Principal Procedures

- A principal procedure was recorded for 93.8 per cent of day patient discharges (see Table 3.4).
- *Haemodialysis* was reported as a principal procedure for 20.8 per cent of day patients with at least one procedure.

Day Patients – Top 10 AR-DRGs

- The top 3 AR-DRGs accounted for over 38 per cent of day patient discharges reported to HIPE when analysed by diagnosis related group.[17]
- *Haemodialysis* accounted for 19.5 per cent, *chemotherapy* and *radiotherapy* each accounted for 9.6 per cent of day patient discharges.

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

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

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

Principal Diagnosis – Top 20[a]		N	%
Z51	Other medical care	170,246	19.6
Z49	Care involving dialysis	169,657	19.5
E83	Disorders of mineral metabolism	23,455	2.7
L40	Psoriasis	16,048	1.8
K29	Gastritis and duodenitis	12,387	1.4
M54	Dorsalgia	9,986	1.1
M25	Other joint disorders, not elsewhere classified	8,589	1.0
C44	Other malignant neoplasms of skin	8,022	0.9
H35	Other retinal disorders	7,835	0.9
I84	Haemorrhoids	7,784	0.9
R10	Abdominal and pelvic pain	7,315	0.8
K57	Diverticular disease of intestine	6,920	0.8
Z08	Follow-up examination after treatment for malignant neoplasms	6,907	0.8
Z09	Follow-up examination after treatment for conditions other than malignant neoplasms	6,819	0.8
K44	Diaphragmatic hernia	6,336	0.7
Z13	Special screening examination for other diseases and disorders	6,273	0.7
Z45	Adjustment and management of implanted device	6,063	0.7
H26	Other cataract	6,028	0.7
N87	Dysplasia of cervix uteri	5,561	0.6
K21	Gastro-oesophageal reflux disease	5,491	0.6

Day Patients
868,369

Sex	N	%
Male	440,222	50.7
Female	428,147	49.3

Age Group	N	%
< 1 Years	5,276	0.6
1–14 Years	44,175	5.1
15–24 Years	32,330	3.7
25–34 Years	68,015	7.8
35–44 Years	97,718	11.3
45–54 Years	132,343	15.2
55–64 Years	171,312	19.7
65–74 Years	173,897	20.0
75–84 Years	118,109	13.6
85 Years and Over	25,194	2.9

Principal Procedure – Top 20[b]		N	%
1060	Haemodialysis	169,546	20.8
1920	Administration of pharmacotherapy	110,559	13.6
1788	Megavoltage radiation treatment	78,270	9.6
1008	Panendoscopy with excision	40,632	5.0
1620	Excision of lesion(s) of skin and subcutaneous tissue	32,618	4.0
0905	Fibreoptic colonoscopy	24,706	3.0
0725	Other incision procedures on veins	23,418	2.9
0911	Fibreoptic colonoscopy with excision	23,156	2.8
1552	Administration of agent into other musculoskeletal sites	14,048	1.7
1610	Ultraviolet B [UVB] light therapy of skin	14,019	1.7
1893	Administration of blood and blood products	13,446	1.7
1089	Examination procedures on bladder	11,542	1.4
0668	Coronary angiography	9,336	1.1
0209	Application, insertion or removal procedures on retina, choroid or posterior chamber	8,770	1.1
1005	Panendoscopy	8,292	1.0
0197	Extracapsular crystalline lens extraction by phacoemulsification	7,522	0.9
0544	Bronchoscopy with biopsy or removal of foreign body	4,983	0.6
1279	Examination procedures on vagina	4,686	0.6
1259	Examination procedures on uterus	4,263	0.5
1612	Destruction of lesion of skin or cartilage	4,211	0.5

Admission Source	N	%
Home	863,181	99.4
Long stay accommodation	1,081	0.1
Transfer from other hospital	3,919	0.5
Other (includes new born)	188	0.0

Discharge Destination	N	%
Home	862,959	99.4
Long stay accommodation	1,275	0.1
Transfer to other hospital	3,932	0.5
Other	203	0.0

AR-DRG – Top 10		N	%
L61Z	Haemodialysis	169,389	19.5
R63Z	Chemotherapy	83,434	9.6
R64Z	Radiotherapy	83,207	9.6
G48C	Colonoscopy, sameday	36,830	4.2
G47C	Other gastroscopy, sameday	36,466	4.2
J11Z	Other skin, subcutaneous tissue and breast procedures	36,410	4.2
Q61B	Red blood cell disorders w/o catastrophic or severe cc	31,103	3.6
Z64B	Other factors influencing health status, sameday	25,290	2.9
J68C	Major skin disorders, sameday	18,741	2.2
R61C	Lymphoma and non-acute leukaemia, sameday	15,586	1.8

Notes: Percentage columns are subject to rounding.

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

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

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

An in-patient is admitted to hospital for treatment or investigation on an elective or emergency basis (Department of Health and Children, 2001). While an elective 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. Table 3.7 presents a summary of in-patient activity reported to HIPE.

In-Patients – Profile

- In-patient discharges accounted for 34.8 per cent of total discharges (excl. *Maternity*).
- Over 96 per cent (449,126) were acute in-patient discharges (those with a length of stay of 30 days or less). They used 68.2 per cent of in-patient bed days (excl. *Maternity*) while extended stay in-patients accounted for 3.3 per cent of in-patient discharges and 31.8 per cent of in-patient bed days.

In-Patients – Top 20 Principal Diagnoses

- In-patient discharges with a principal diagnosis of *pain in throat and chest* accounted for 3.6 per cent of in-patient discharges.
- In-patient discharges with a principal diagnosis of *abdominal and pelvic pain* accounted for 2.5 per cent of in-patients.

In-Patients – Top 20 Principal Procedures

- A principal procedure was recorded for 65.7 per cent of in-patient discharges (Table 3.4).
- *Generalised allied health interventions* were reported as a principal procedure for 15.1 per cent of in-patient discharges with at least one procedure reported. This category includes interventions such as physiotherapy, dietetics, pharmacy, occupational therapy, and social work. Together, these five interventions accounted for 90.1 per cent of cases within this procedure block.
- *Computerised tomography of brain* accounted for 9.2 per cent of in-patient discharges with a principal procedure reported.

In-Patients – Top 10 AR-DRGs

- The top 3 AR-DRGs accounted for 7.6 per cent of in-patient discharges when analysed by diagnosis related group.[18]
- *Chest pain* accounted for 3.3 per cent, *abdominal pain or mesenteric adenitis* accounted for 2.2 per cent and *oesophagitis and gastroenteritis w/o cat/sev cc* accounted for 2.1 per cent of in-patient discharges.

[18] See Section Five for details of the case mix classification.

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

Principal Diagnosis – Top 20[a]		N	%	Total Mean LOS[c]	Acute Mean LOS[d]
R07	Pain in throat and chest	16,519	3.6	2.2	2.1
R10	Abdominal and pelvic pain	11,710	2.5	2.5	2.4
J44	Other chronic obstructive pulmonary disease	11,440	2.5	8.9	7.0
J22	Unspecified acute lower respiratory infection	10,333	2.2	6.6	5.3
J18	Pneumonia, organism unspecified	9,095	2.0	11.0	7.3
N39	Other disorders of urinary system	8,618	1.9	8.0	5.5
R55	Syncope and collapse	6,839	1.5	5.7	4.1
K35	Acute appendicitis	6,075	1.3	3.5	3.5
I21	Acute myocardial infarction	5,989	1.3	7.8	6.0
K80	Cholelithiasis	5,987	1.3	4.8	4.5
A09	Diarrhoea and gastroenteritis of presumed infectious origin	5,833	1.3	3.4	2.9
I48	Atrial fibrillation and flutter	5,736	1.2	4.8	4.3
I50	Heart failure	5,154	1.1	11.6	8.4
I25	Chronic ischaemic heart disease	4,954	1.1	5.0	4.4
R51	Headache	4,918	1.1	2.5	2.3
S52	Fracture of forearm	4,869	1.0	2.4	1.9
L03	Cellulitis	4,729	1.0	6.6	5.6
I20	Angina pectoris	4,324	0.9	5.2	4.8
I63	Cerebral infarction	4,170	0.9	23.6	10.0
S72	Fracture of femur	4,031	0.9	17.4	11.2

In-Patients
464,311

Discharges	N	%
Total	**464,311**	**100**
Acute	449,126	96.7
Extended	15,185	3.3

Bed Days	N	%
Total	**3,127,838**	**100**
Acute	2,132,754	68.2
Extended	995,084	31.8

Length of Stay	Mean
Total	**6.7**
Acute	4.7
Extended	65.5

Principal Procedure – Top 20[b]		N	%	Total Mean LOS[c]	Acute Mean LOS[d]
1916	Generalised allied health interventions	45,978	15.1	11.6	7.9
1952	Computerised tomography of brain	27,996	9.2	10.3	5.6
1920	Administration of pharmacotherapy	10,683	3.5	7.2	5.4
1008	Panendoscopy with excision	7,772	2.5	9.4	6.7
2015	Magnetic resonance imaging	7,163	2.3	11.1	7.1
0926	Appendicectomy	6,748	2.2	3.4	3.4
1893	Administration of blood and blood products	6,424	2.1	7.9	5.9
1963	Computerised tomography of abdomen and pelvis	6,345	2.1	6.5	5.6
1966	Other computerised tomography	5,638	1.8	7.7	6.2
0668	Coronary angiography	5,453	1.8	5.9	5.0
1489	Arthroplasty of hip	4,753	1.6	12.0	9.1
0965	Cholecystectomy	3,858	1.3	4.3	3.7
0412	Tonsillectomy or adenoidectomy	3,739	1.2	1.4	1.4
0570	Non-invasive ventilatory support	3,543	1.2	14.6	9.0
0569	Ventilatory support	3,455	1.1	21.8	8.8
0911	Fibreoptic colonoscopy with excision	2,997	1.0	9.4	6.8
1005	Panendoscopy	2,972	1.0	10.1	6.7
0030	Lumbar puncture	2,956	1.0	7.5	5.3
0671	Transluminal coronary angioplasty with stenting	2,937	1.0	4.0	3.5
1962	Computerised tomography of abdomen	2,894	0.9	7.3	5.8

Admission Source	N	%
Home	420,843	90.6
Long stay accommodation	8,526	1.8
Transfer from other hospital	23,211	5.0
New born	9,233	2.0
Other	2,498	0.5

Discharge Destination	N	%
Home	403,446	86.9
Long stay accommodation	22,004	4.7
Transfer to other hospital	22,502	4.8
Died	10,919	2.4
Other	5,440	1.2

Sex	N	%
Male	238,623	51.4
Female	225,688	48.6

Age Group	N	%
< 1 Years	28,486	6.1
1–14 Years	57,266	12.3
15–24 Years	31,186	6.7
25–34 Years	35,483	7.6
35–44 Years	40,427	8.7
45–54 Years	48,211	10.4
55–64 Years	60,186	13.0
65–74 Years	67,327	14.5
75–84 Years	65,926	14.2
85 Years and Over	29,813	6.4

AR-DRG – Top 10		N	%	Total Mean LOS[c]	Acute Mean LOS[d]
F74Z	Chest pain	15,354	3.3	2.1	2.1
G66Z	Abdominal pain or mesenteric Adenitis	10,346	2.2	2.2	2.2
G67B	Oesophagitis and gastroenteritis w/o cat/sev cc	9,941	2.1	2.2	2.2
E65B	Chronic obstructive airways disease w/o cat cc	8,752	1.9	6.7	6.0
D63Z	Otitis media and URI	8,480	1.8	2.2	2.2
G70B	Other digestive system diagnoses	8,451	1.8	3.2	3.1
	w/o catastrophic or severe cc				
B77Z	Headache	7,113	1.5	2.5	2.3
L63B	Kidney and urinary tract infections w/o cat/sev cc	6,333	1.4	5.2	4.5
F76B	Arrhythmia, cardiac arrest and conduction disorders w/o cat/sev cc	6,044	1.3	3.6	3.5
F73B	Syncope and collapse w/o catastrophic or severe cc	5,654	1.2	3.5	3.3

Notes:

Percentage columns are subject to rounding.

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

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

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

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

3.3.2.1 Elective In-Patient Activity

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

Elective In-Patients – Profile

- Elective in-patient discharges accounted for 7.8 per cent of total discharges (excl. *Maternity*) and 22.5 per cent of in-patients.
- Elective in-patient discharges accounted for 698,574 bed days, 22.3 per cent of in-patient bed days (see Table 3.7).
- Ninety per cent of elective in-patient discharges were admitted from home with a further 9.5 per cent admitted by transfer from another hospital.
- Over 92 per cent of elective in-patient discharges were discharged home.

Elective In-Patients – Top 20 Principal Diagnoses

- Elective in-patients with a principal diagnosis of *care involving use of rehabilitation procedures* accounted for 3.7 per cent of elective in-patient discharges and reported the longest acute mean length of stay of the top 20 principal diagnoses for elective in-patient discharges, at 13.8 days.
- *Chronic diseases of tonsils and adenoids* accounted for 3.5 per cent of elective in-patient discharges.

Elective In-Patients – Top 20 Principal Procedures

- A principal procedure was recorded for 89.4 per cent of elective in-patient discharges (see Table 3.4).
- *Generalised allied health interventions* were reported for 9.7 per cent of elective in-patients who had a principal procedure reported.
- Four per cent of elective in-patient discharges had a principal procedure of *tonsillectomy or adenoidectomy* reported, with an acute mean length of stay of 1.4 days.

Elective In-Patients – Top 10 AR-DRGs

- The top 3 AR-DRGs accounted for 9.7 per cent of elective in-patient discharges reported to HIPE when analysed by case mix.[19]
- *Tonsillectomy and/or adenoidectomy* accounted for 3.6 per cent, r*ehabilitation w/o catastrophic cc* accounted for 3.2 per cent and *hip replacement w/o catastrophic cc* accounted for 2.9 per cent of elective in-patient discharges.

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

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

Principal Diagnosis – Top 20[a]		N	%	Total Mean LOS[c]	Acute Mean LOS[d]
Z50	Care involving use of rehabilitation procedures	3,871	3.7	26.1	13.8
J35	Chronic diseases of tonsils and adenoids	3,651	3.5	1.3	1.3
M16	Coxarthrosis [arthrosis of hip]	3,113	3.0	7.4	7.2
K80	Cholelithiasis	2,552	2.4	2.6	2.6
I25	Chronic ischaemic heart disease	2,267	2.2	3.9	3.4
G47	Sleep disorders	2,111	2.0	1.4	1.3
C50	Malignant neoplasm of breast	2,088	2.0	6.6	4.6
M17	Gonarthrosis [arthrosis of knee]	2,062	2.0	6.7	6.5
Z48	Other surgical follow-up care	1,853	1.8	8.6	5.4
K40	Inguinal hernia	1,567	1.5	2.0	2.0
N81	Female genital prolapse	1,388	1.3	4.6	4.6
C34	Malignant neoplasm of bronchus and lung	1,323	1.3	10.9	7.6
Z47	Other orthopaedic follow-up care	1,172	1.1	10.2	6.6
C18	Malignant neoplasm of colon	979	0.9	11.2	8.4
C61	Malignant neoplasm of prostate	919	0.9	13.0	6.8
Z54	Convalescence	897	0.9	15.5	12.4
C67	Malignant neoplasm of bladder	866	0.8	6.7	5.3
E11	Type 2 diabetes mellitus	834	0.8	7.0	4.6
N39	Other disorders of urinary system	830	0.8	3.6	3.2
M51	Other intervertebral disc disorders	807	0.8	3.1	2.9

Elective In-Patients
104,604

Discharges	N	%
Total	**104,604**	**100**
Acute	100,997	96.6
Extended	3,607	3.4

Bed Days	N	%
Total	**698,574**	**100**
Acute	482,487	69.1
Extended	216,087	30.9

Length of Stay	Mean
Total	**6.7**
Acute	4.8
Extended	59.9

Sex	N	%
Male	51,570	49.3
Female	53,034	50.7

Principal Procedure – Top 20[b]		N	%	Total Mean LOS[c]	Acute Mean LOS[d]
1916	Generalised allied health interventions	9,045	9.7	18.1	10.9
0412	Tonsillectomy or adenoidectomy	3,698	4.0	1.4	1.4
1920	Administration of pharmacotherapy	3,440	3.7	7.5	5.2
1489	Arthroplasty of hip	3,102	3.3	7.9	7.5
0965	Cholecystectomy	2,890	3.1	2.7	2.6
1828	Sleep study	2,169	2.3	1.2	1.2
1518	Arthroplasty of knee	1,865	2.0	7.3	7.1
1893	Administration of blood and blood products	1,558	1.7	4.9	3.7
1268	Abdominal hysterectomy	1,514	1.6	6.8	6.5
0990	Repair of inguinal hernia	1,514	1.6	2.0	2.0
0671	Transluminal coronary angioplasty with stenting	1,151	1.2	1.7	1.6
1008	Panendoscopy with excision	1,084	1.2	5.6	4.7
1788	Megavoltage radiation treatment	1,041	1.1	26.7	13.1
1620	Excision of lesion(s) of skin and subcutaneous tissue	1,033	1.1	3.8	2.9
0668	Coronary angiography	975	1.0	3.8	3.4
1744	Excision of lesion of breast	961	1.0	2.2	2.2
1269	Vaginal hysterectomy	914	1.0	4.9	4.8
0911	Fibreoptic colonoscopy with excision	912	1.0	4.3	3.8
0913	Colectomy	852	0.9	13.1	10.7
2015	Magnetic resonance imaging	796	0.9	8.8	6.2

Admission Source	N	%
Home	94,093	90.0
Long stay accommodation	504	0.5
Transfer from other hospital	9,936	9.5
Other (includes new born)	71	0.1

Discharge Destination	N	%
Home	96,572	92.3
Long stay accommodation	3,020	2.9
Transfer to other hospital	3,417	3.3
Died	1,185	1.1
Other	410	0.4

Age Group	N	%
< 1 Years	1,880	1.8
1–14 Years	10,124	9.7
15–24 Years	5,318	5.1
25–34 Years	7,013	6.7
35–44 Years	9,962	9.5
45–54 Years	13,757	13.2
55–64 Years	18,610	17.8
65–74 Years	19,886	19.0
75–84 Years	14,187	13.6
85 Years and Over	3,867	3.7

AR-DRG – Top 10		N	%	Total Mean LOS[c]	Acute Mean LOS[d]
D11Z	Tonsillectomy and/or adenoidectomy	3,737	3.6	1.4	1.4
Z60B	Rehabilitation w/o catastrophic cc	3,302	3.2	21.9	13.6
I03B	Hip replacement w/o catastrophic cc	2,997	2.9	7.5	7.4
H08B	Laparoscopic cholecystectomy w/o closed cde w/o cat or sev cc	2,466	2.4	2.0	2.0
Z63B	Other surgical follow up and medical care w/o catastrophic cc	2,459	2.4	9.3	7.2
G10B	Hernia procedures w/o cc	2,029	1.9	2.1	2.1
E63Z	Sleep apnoea	1,943	1.9	1.4	1.3
J06Z	Major procedures for breast conditions	1,930	1.8	3.5	3.4
N04B	Hysterectomy for non- malignancy w/o catastrophic or severe cc	1,811	1.7	5.2	5.2
I04B	Knee replacement w/o catastrophic or severe cc	1,650	1.6	6.8	6.8

Notes: Percentage columns are subject to rounding.

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

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

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

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

3.3.2.2 Emergency In-Patient Activity

An emergency in-patient admission is unforeseen and requires urgent care (Department of Health and Children, 2001).[20] Table 3.9 presents a summary of emergency in-patient activity reported to HIPE.

Emergency In-Patients – Profile

- Emergency in-patient discharges accounted for 27.0 per cent of total discharges (excl. *Maternity*) and 77.5 per cent of in-patients.
- Emergency in-patient discharges accounted for 77.7 per cent of in-patient bed days (see Table 3.7).
- Exactly 79 per cent of emergency in-patient discharges were admitted from an Emergency Department with 7.3 per cent admitted via a medical assessment unit.

Emergency In-Patients – Top 20 Principal Diagnoses

- Emergency in-patient discharges with a principal diagnosis of *pain in throat and chest* accounted for 4.4 per cent of emergency in-patients.
- Emergency in-patient discharges with a principal diagnosis of *abdominal and pelvic pain* and *other chronic obstructive pulmonary disease* each accounted for approximately 3 per cent of emergency in-patients.

Emergency In-Patients – Top 20 Principal Procedures

- A principal procedure was recorded for 58.8 per cent of emergency in-patient discharges (see Table 3.4).
- *Generalised allied health interventions* were reported for 17.5 per cent of emergency in-patient discharges with a procedure recorded.
- *Computerised tomography of brain* was reported for 12.9 per cent of emergency in-patient discharges with a principal procedure recorded.

Emergency In-Patient – Top 10 AR-DRGs

- The top 3 AR-DRGs accounted for 9.6 per cent of emergency in-patient discharges reported to HIPE when analysed by case mix.[21]
- *Chest pain* accounted for 4.1 per cent, *abdominal pain or mesenteric adenitis* accounted for 2.8 per cent and *oesophagitis and gastroenteritis w/o cat/sev cc* accounted for 2.7 per cent of emergency in-patient discharges.

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

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

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

Principal Diagnosis – Top 20[a]		N	%	Total Mean LOS[c]	Acute Mean LOS[d]
R07	Pain in throat and chest	15,961	4.4	2.2	2.1
R10	Abdominal and pelvic pain	11,169	3.1	2.4	2.4
J44	Other chronic obstructive pulmonary disease	10,701	3.0	8.8	7.0
J22	Unspecified acute lower respiratory infection	10,033	2.8	6.6	5.3
J18	Pneumonia, organism unspecified	8,849	2.5	11.0	7.3
N39	Other disorders of urinary system	7,788	2.2	8.5	5.7
R55	Syncope and collapse	6,681	1.9	5.8	4.1
K35	Acute appendicitis	6,028	1.7	3.5	3.5
A09	Other gastroenteritis and colitis of infectious and unspecified origin	5,636	1.6	3.3	2.9
I21	Acute myocardial infarction	5,563	1.5	8.1	6.1
I48	Atrial fibrillation and flutter	5,002	1.4	5.1	4.6
I50	Heart failure	4,886	1.4	11.7	8.5
R51	Headache	4,758	1.3	2.5	2.3
S52	Fracture of forearm	4,638	1.3	2.5	1.9
L03	Cellulitis	4,585	1.3	6.5	5.5
I63	Cerebral infarction	4,068	1.1	23.7	10.0
S72	Fracture of femur	3,990	1.1	17.4	11.2
B34	Viral infection of unspecified site	3,907	1.1	1.9	1.9
R56	Convulsions, not elsewhere classified	3,835	1.1	3.6	2.9
S82	Fracture of lower leg, including ankle	3,756	1.0	5.4	3.9

Emergency In-Patients
359,707

Discharges	N	%
Total	**359,707**	**100**
Acute	348,129	96.8
Extended	11,578	3.2

Bed Days	N	%
Total	**2,429,264**	**100**
Acute	1,650,267	67.9
Extended	778,997	32.1

Length of Stay	Mean
Total	**6.8**
Acute	4.7
Extended	67.3

Principal Procedure – Top 20[b]		N	%	Total Mean LOS[c]	Acute Mean LOS[d]
1916	Generalised allied health interventions	36,933	17.5	10.0	7.2
1952	Computerised tomography of brain	27,348	12.9	10.2	5.5
1920	Administration of pharmacotherapy	7,243	3.4	7.1	5.5
1008	Panendoscopy with excision	6,688	3.2	10.0	7.1
0926	Appendicectomy	6,608	3.1	3.5	3.4
2015	Magnetic resonance imaging	6,367	3.0	11.4	7.2
1963	Computerised tomography of abdomen and pelvis	6,083	2.9	6.4	5.6
1966	Other computerised tomography	5,414	2.6	7.8	6.2
1893	Administration of blood and blood products	4,866	2.3	8.8	6.6
0668	Coronary angiography	4,478	2.1	6.3	5.4
0569	Ventilatory support	3,331	1.6	21.3	8.7
0570	Noninvasive ventilatory support	2,940	1.4	16.1	10.2
1962	Computerised tomography of abdomen	2,765	1.3	7.3	5.8
0030	Lumbar puncture	2,759	1.3	7.4	5.3
1005	Panendoscopy	2,566	1.2	10.6	7.0
1960	Computerised tomography of chest	2,551	1.2	10.1	7.8
1961	Computerised tomography of chest, abdomen and pelvis	2,358	1.1	11.0	8.2
1427	Closed reduction of fracture of radius	2,334	1.1	1.8	1.6
0911	Fibreoptic colonoscopy with excision	2,085	1.0	11.7	8.3
1539	Open reduction of fracture of ankle or toe	1,798	0.8	4.2	3.5

Admission Source	N	%
Home	326,750	90.8
Long stay accommodation	8,022	2.2
Transfer from other hospital	13,275	3.7
New born	9,228	2.6
Other	2,432	0.7

Discharge Destination	N	%
Home	306,874	85.3
Long stay accommodation	18,984	5.3
Transfer to other hospital	19,085	5.3
Died	9,734	2.7
Other	5,030	1.4

Mode of Emergency Admission	N	%
Emergency Department	284,132	79.0
Medical assessment unit - admitted as in-patient	12,039	3.3
Medical assessment unit - day only	14,461	4.0
Other	48,822	13.6
Unknown	253	0.1

Sex	N	%
Male	187,053	52.0
Female	172,654	48.0

Age Group	N	%
< 1 Years	26,606	7.4
1–14 Years	47,142	13.1
15–24 Years	25,868	7.2
25–34 Years	28,470	7.9
35–44 Years	30,465	8.5
45–54 Years	34,454	9.6
55–64 Years	41,576	11.6
65–74 Years	47,441	13.2
75–84 Years	51,739	14.4
85 Years and Over	25,946	7.2

AR-DRG – Top 10		N	%	Total Mean LOS[c]	Acute Mean LOS[d]
F74Z	Chest pain	14,906	4.1	2.1	2.1
G66Z	Abdominal pain or mesenteric adenitis	10,093	2.8	2.2	2.1
G67B	Oesophagitis and gastroenteritis w/o cat/sev cc	9,716	2.7	2.2	2.2
D63Z	Otitis media and URI	8,258	2.3	2.2	2.1
E65B	Chronic obstructive airways disease w/o catastrophic cc	8,073	2.2	6.5	5.9
G70B	Other digestive system diagnoses w/o catastrophic or severe cc	7,729	2.1	3.2	3.1
B77Z	Headache	6,919	1.9	2.4	2.3
L63B	Kidney and urinary tract infections w/o catastrophic or severe cc	6,132	1.7	5.2	4.5
F73B	Syncope and collapse w/o catastrophic or severe cc	5,515	1.5	3.5	3.2
E75C	Other respiratory system diagnosis w/o cc	5,467	1.5	3.3	3.1

Notes:

Percentage columns are subject to rounding.

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

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

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

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

3.4 Morbidity Analysis: Total Discharge Activity (excl. *Maternity*)

The analysis presented in Section 3.4 is based on total discharges (excl. *Maternity*).[22] Morbidity data are presented by chapter within the ICD-10-AM diagnosis coding scheme, with certain specific conditions within these chapters reported separately. Procedures are reported by block at chapter level with specific procedures reported separately. Discussion of morbidity analysis will be limited to chapter level. Diagnosis and procedure tables are cross tabulated by sex and age group.

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

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

- Over 30 per cent of total discharges (excl. *Maternity*) had a principal diagnosis of *factors influencing health status and contact with health services*; this includes persons encountering health services for examination and investigation or for specific procedures and health care (e.g., *chemotherapy*, *radiotherapy* and *dialysis*).
- The chapter *diseases of the digestive system* had the second largest number of principal diagnoses with 9.9 per cent of total discharges (excl. *Maternity*).
- For discharges aged less than 15 years the most common principal diagnosis came from the chapter *diseases of the respiratory system* which accounted for 13.1 per cent of discharges within this age category.
- Diagnoses from the chapter *factors influencing health status and contact with health services* were the most common principal diagnosis for the remaining age categories.

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

Table 3.11 presents the acute in-patient mean length of stay for principal diagnosis by sex and age group. The analysis presented here is limited to the mean length of stay for acute in-patient discharges, (excl. *Maternity*) with a length of stay of 30 days or less, and excluding day patients. It should also be noted that this analysis by mean 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 mean length of stay

[22] See Section Four for details of the diagnoses and procedures reported for *Maternity* discharges.

presented in Table 3.11, in the absence of information on discharge destination.[23] Discussion of acute in-patient mean length of stay is limited to ICD-10-AM chapter level.

- The longest acute in-patient mean length of stay was recorded for acute in-patient discharges with a principal diagnosis of *neoplasms* (7.3 days). When analysed by sex, male discharges reported 7.7 days and females reported 6.8 days.
- For discharges aged less than 15 years, those with a principal diagnosis of *certain conditions originating in the perinatal period* recorded an acute in-patient mean length of stay of 5.8 days.
- The longest acute in-patient mean length of stay for discharges aged 15–44 years and 45–64 years was reported for those with a principal diagnosis of *neoplasms;* 5.6 and 7.0 days respectively.
- The shortest acute in-patient mean length of stay (2.7 days) was recorded for acute in-patient discharges with a principal diagnosis from the chapter *diseases of the ear and mastoid process.* When analysed by sex, 2.6 days was reported for male discharges and 2.8 days for female discharges.

3.4.3 All-Listed Diagnoses by Sex and Age Group

Table 3.12 provides details of all-listed diagnoses reported by sex and age group. Almost 3.5 million diagnoses were recorded for total discharges (excl. *Maternity*) reported to HIPE. As one principal diagnosis and up to 29 secondary diagnoses may be collected per discharge, the number of diagnoses will not equal the number of discharges.

- The chapter *factors influencing health status and contact with health services* was the most frequently reported diagnosis across both sexes and all age groups for total discharges (excl. *Maternity*). It accounted for 786,157 diagnoses, or 22.6 per cent of all-listed diagnoses (excl. *Maternity*) reported.
- *Neoplasms* accounted for 464,899 diagnoses or 13.4 per cent of all-listed diagnoses reported for total discharges (excl. *Maternity*).
- For total discharges (excl. *Maternity*) aged less than 15 years and those aged 15–44 years, *external causes of morbidity and mortality* were recorded for 12.2 per cent and 11.1 per cent of all-listed diagnoses reported, respectively.[24]

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23 See Section Two for details of discharge destination.

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

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

Principal Diagnosis	ICD-10-AM Code	Male					Female (excl. *Maternity*)					Total Discharges (excl. *Maternity*)				
		< 15	15–44	45–64	≥65	Total	< 15	15–44	45–64	≥65	Total	< 15	15–44	45–64	≥65	Total
Total Discharges (excl. *Maternity*)	–	**76,953**	**139,985**	**205,140**	**256,767**	**678,845**	**58,250**	**165,174**	**206,912**	**223,499**	**653,835**	**135,203**	**305,159**	**412,052**	**480,266**	**1,332,680**
Certain infectious and parasitic diseases	**A00–B99**	**6,138**	**3,000**	**1,619**	**1,700**	**12,457**	**5,618**	**2,939**	**1,754**	**2,097**	**12,408**	**11,756**	**5,939**	**3,373**	**3,797**	**24,865**
Intestinal infectious diseases including diarrhoea	A00–A09	3,584	879	659	775	5,897	3,402	1,221	888	1,196	6,707	6,986	2,100	1,547	1,971	12,604
Tuberculosis	A15–A19	11	151	60	40	262	14	89	48	30	181	25	240	108	70	443
Septicaemia	A40–A41	49	87	177	495	808	35	87	175	430	727	84	174	352	925	1,535
Human immunodeficiency virus [HIV] disease	B20–B24	~	68	30	~	103	0	52	7	~	60	~	120	37	~	163
Neoplasms	**C00–D48**	**3,028**	**7,820**	**18,951**	**27,843**	**57,642**	**2,454**	**15,147**	**20,601**	**21,578**	**59,780**	**5,482**	**22,967**	**39,552**	**49,421**	**117,422**
Malignant neoplasms	C00–C96	2,240	4,409	14,709	21,703	43,061	1,604	4,985	14,372	16,356	37,317	3,844	9,394	29,081	38,059	80,378
Malignant neoplasm of colon, rectum and anus (primary)	C18–C21	0	231	1,659	2,585	4,475	0	186	1,282	1,629	3,097	0	417	2,941	4,214	7,572
Malignant neoplasm of trachea, bronchus and lung (primary)	C33–C34	~	102	1,263	2,050	3,416	~	97	932	1,309	2,339	~	199	2,195	3,359	5,755
Malignant neoplasm of skin (primary)	C43–C44	~	310	1,327	4,017	5,658	9	404	1,047	2,890	4,350	13	714	2,374	6,907	10,008
Malignant neoplasm of breast (primary)	C50	0	~	22	11	37	0	1,254	4,259	2,262	7,775	0	1,258	4,281	2,273	7,812
Malignant neoplasms of female genital organs (primary)	C51–C58	0	0	0	0	0	15	690	1,577	1,304	3,586	15	690	1,577	1,304	3,586
Malignant neoplasm of prostate (primary)	C61	0	14	1,552	2,498	4,064	0	0	0	0	0	0	14	1,552	2,498	4,064
Malignant neoplasm of bladder (primary)	C67	0	42	355	1,258	1,655	0	18	147	488	653	0	60	502	1,746	2,308
Malignant neoplasms of lymphoid, haematopoietic and related tissue	C81–C96	1,161	1,934	4,217	4,371	11,683	777	1,282	2,432	3,298	7,789	1,938	3,216	6,649	7,669	19,472
Benign neoplasms and neoplasms of uncertain or unknown behaviour	D10–D48	788	3,371	3,941	5,409	13,509	850	7,533	5,294	4,162	17,839	1,638	10,904	9,235	9,571	31,348
Diseases of the blood and blood-forming organs and certain disorders involving the immune mechanism	**D50–D89**	**2,243**	**1,810**	**1,969**	**3,383**	**9,405**	**1,611**	**2,705**	**2,712**	**3,888**	**10,916**	**3,854**	**4,515**	**4,681**	**7,271**	**20,321**
Endocrine, nutritional and metabolic diseases	**E00–E89**	**1,693**	**7,592**	**12,161**	**7,390**	**28,836**	**1,376**	**3,403**	**5,584**	**5,500**	**15,863**	**3,069**	**10,995**	**17,745**	**12,890**	**44,699**
Diabetes mellitus	E10–E14	269	1,042	2,382	3,187	6,880	341	807	1,259	2,522	4,929	610	1,849	3,641	5,709	11,809
Cystic fibrosis	E84	415	710	10	0	1,135	334	562	19	~	917	749	1,272	29	~	2,052
Mental and behavioural disorders	**F00–F99**	**383**	**1,290**	**1,091**	**579**	**3,343**	**206**	**839**	**650**	**638**	**2,333**	**589**	**2,129**	**1,741**	**1,217**	**5,676**
Mental and behavioural disorders due to alcohol	F10	29	701	750	185	1,665	36	234	299	84	653	65	935	1,049	269	2,318
Mental and behavioural disorders due to use of other psychoactive substance	F11–F19	~	107	12	~	127	0	74	12	8	94	~	181	24	13	221
Diseases of nervous system	**G00–G99**	**1,579**	**3,600**	**4,116**	**3,422**	**12,717**	**1,261**	**5,776**	**4,439**	**3,531**	**15,007**	**2,840**	**9,376**	**8,555**	**6,953**	**27,724**
Multiple sclerosis	G35	0	951	472	43	1,466	~	2,316	1,007	81	3,406	~	3,267	1,479	124	4,872
Epilepsy	G40, G41	675	652	420	268	2,015	567	592	302	278	1,739	1,242	1,244	722	546	3,754
Transient cerebral ischaemic attacks and related syndromes	G45	~	65	413	966	1,446	~	66	321	1,148	1,537	~	131	734	2,114	2,983
Diseases of the eye and adnexa	**H00–H59**	**717**	**1,522**	**3,104**	**8,523**	**13,866**	**677**	**1,591**	**2,989**	**11,749**	**17,006**	**1,394**	**3,113**	**6,093**	**20,272**	**30,872**
Diseases of the ear and mastoid process	**H60–H95**	**2,359**	**1,334**	**1,015**	**673**	**5,381**	**1,653**	**1,257**	**1,005**	**680**	**4,595**	**4,012**	**2,591**	**2,020**	**1,353**	**9,976**
Diseases of the circulatory system	**I00–I99**	**588**	**5,430**	**15,822**	**21,201**	**43,041**	**453**	**4,908**	**8,313**	**16,629**	**30,303**	**1,041**	**10,338**	**24,135**	**37,830**	**73,344**
Hypertensive diseases	I10–I15	41	179	425	279	924	22	200	356	456	1,034	63	379	781	735	1,958
Angina pectoris	I20	0	148	1,445	1,867	3,460	0	56	558	1,033	1,647	0	204	2,003	2,900	5,107
Acute myocardial infarction	I21–I22	0	288	1,837	2,140	4,265	0	69	456	1,447	1,972	0	357	2,293	3,587	6,237
Other ischaemic heart disease	I23–I25	0	310	3,474	3,607	7,391	0	88	1,013	1,751	2,852	0	398	4,487	5,358	10,243
Pulmonary heart disease and diseases of pulmonary circulation	I26–I28	6	127	274	372	779	11	166	230	584	991	17	293	504	956	1,770
Conduction disorders and cardiac arrhythmias	I44–I49	94	632	2,297	3,541	6,564	82	300	935	3,000	4,317	176	932	3,232	6,541	10,881
Heart failure	I50	8	44	453	2,471	2,976	11	21	174	2,104	2,310	19	65	627	4,575	5,286
Cerebrovascular disease	I60–I69	51	253	1,089	2,461	3,854	26	261	748	2,468	3,503	77	514	1,837	4,929	7,357
Atherosclerosis (non-coronary)	I70	0	36	360	647	1,043	0	10	116	397	523	0	46	476	1,044	1,566
Diseases of the respiratory system	**J00–J99**	**9,987**	**5,338**	**6,307**	**13,613**	**35,245**	**7,688**	**5,842**	**6,597**	**12,923**	**33,050**	**17,675**	**11,180**	**12,904**	**26,536**	**68,295**
Acute upper respiratory infections and influenza	J00–J11	3,340	816	231	96	4,483	2,434	1,193	273	133	4,033	5,774	2,009	504	229	8,516
Pneumonia	J12–J18	699	588	842	3,081	5,210	676	439	743	2,819	4,677	1,375	1,027	1,585	5,900	9,887
Chronic diseases of tonsils and adenoids	J35	1,514	399	26	22	1,961	1,414	889	44	9	2,356	2,928	1,288	70	31	4,317

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

Principal Diagnosis	ICD-10-AM Code	Male					Female (excl. *Maternity*)					Total Discharges (excl. *Maternity*)				
		< 15	15–44	45–64	≥65	Total	< 15	15–44	45–64	≥65	Total	< 15	15–44	45–64	≥65	Total
Chronic obstructive pulmonary disease and bronchiectasis	J40–J44, J47	67	286	1,662	5,125	7,140	37	324	2,046	4,600	7,007	104	610	3,708	9,725	14,147
Asthma	J45–J46	1,169	457	735	173	2,534	697	768	1,034	363	2,862	1,866	1,225	1,769	536	5,396
Diseases of the digestive system	**K00–K93**	**6,421**	**20,323**	**21,175**	**17,067**	**64,986**	**5,095**	**22,458**	**21,550**	**17,709**	**66,812**	**11,516**	**42,781**	**42,725**	**34,776**	**131,798**
Diseases of oesophagus, stomach and duodenum	K20–K31	796	5,648	6,870	4,941	18,255	699	5,573	7,046	5,284	18,602	1,495	11,221	13,916	10,225	36,857
Diseases of appendix	K35–K38	1,114	2,020	309	98	3,541	887	1,842	280	85	3,094	2,001	3,862	589	183	6,635
Inguinal hernia	K40	556	755	1,046	1,089	3,446	80	63	55	92	290	636	818	1,101	1,181	3,736
Noninfective enteritis and colitis	K50–K52	232	3,414	1,553	734	5,933	189	3,404	1,803	913	6,309	421	6,818	3,356	1,647	12,242
Alcoholic liver disease	K70	0	224	475	100	799	0	104	215	38	357	0	328	690	138	1,156
Cholelithiasis	K80	11	435	843	1,160	2,449	11	2,360	1,525	1,397	5,293	22	2,795	2,368	2,557	7,742
Diseases of the skin and subcutaneous tissue	**L00–L99**	**1,631**	**11,674**	**8,510**	**5,729**	**27,544**	**1,321**	**10,833**	**7,371**	**6,081**	**25,606**	**2,952**	**22,507**	**15,881**	**11,810**	**53,150**
Cutaneous abscess, furuncle and carbuncle and cellulitis	L02–L03	373	1,069	976	1,003	3,421	287	648	642	1,072	2,649	660	1,717	1,618	2,075	6,070
Diseases of the musculoskeletal system and connective tissue	**M00–M99**	**1,710**	**8,182**	**10,312**	**7,613**	**27,817**	**1,749**	**8,053**	**13,634**	**12,627**	**36,063**	**3,459**	**16,235**	**23,946**	**20,240**	**63,880**
Rheumatoid arthritis	M05–M06	0	329	851	626	1,806	0	688	1,755	1,175	3,618	0	1,017	2,606	1,801	5,424
Coxarthrosis and Gonarthrosis	M16–M17	0	275	1,472	1,961	3,708	~	212	1,561	2,741	4,515	~	487	3,033	4,702	8,223
Intervertebral disc disorders	M50–M51	0	622	531	201	1,354	~	592	554	328	1,477	~	1,214	1,085	529	2,831
Dorsalgia (back pain)	M54	71	1,435	1,901	977	4,384	86	2,145	2,839	2,189	7,259	157	3,580	4,740	3,166	11,643
Diseases of the genitourinary system	**N00–N99**	**4,292**	**4,385**	**5,821**	**8,039**	**22,537**	**2,385**	**19,902**	**13,588**	**8,193**	**44,068**	**6,677**	**24,287**	**19,409**	**16,232**	**66,605**
Chronic kidney disease	N18	162	255	419	533	1,369	92	313	265	408	1,078	254	568	684	941	2,447
Urolithiasis	N20–N23	81	1,259	1,293	497	3,130	34	714	712	191	1,651	115	1,973	2,005	688	4,781
Hyperplasia of prostate	N40	0	104	1,356	2,574	4,034	0	0	0	0	0	0	104	1,356	2,574	4,034
Disorders of breast	N60–N64	~	91	44	20	159	16	1,325	1,262	319	2,922	20	1,416	1,306	339	3,081
Inflammatory diseases of female pelvic organs	N70–N77	0	0	0	0	0	18	1,220	380	77	1,695	18	1,220	380	77	1,695
Noninflammatory disorders of female genital tract	N80–N98	0	0	0	0	0	213	13,664	8,153	2,011	24,041	213	13,664	8,153	2,011	24,041
Pregnancy, childbirth and the puerperium [a]	**O00–O99**	**0**	**0**	**0**	**0**	**0**	**0**	**9**	**0**	**0**	**9**	**0**	**9**	**0**	**0**	**9**
Pregnancy with abortive outcome	O00–O08	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Certain conditions originating in the perinatal period	**P00–P96**	**5,872**	**~**	**0**	**0**	**5,873**	**4,463**	**0**	**0**	**0**	**4,463**	**10,335**	**~**	**0**	**0**	**10,336**
Congenital malformations, deformations and chromosomal abnormalities	**Q00–Q99**	**5,891**	**607**	**188**	**92**	**6,778**	**4,082**	**784**	**212**	**72**	**5,150**	**9,973**	**1,391**	**400**	**164**	**11,928**
Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified	**R00–R99**	**5,947**	**13,480**	**16,101**	**15,864**	**51,392**	**5,161**	**20,484**	**17,234**	**16,259**	**59,138**	**11,108**	**33,964**	**33,335**	**32,123**	**110,530**
Abdominal and pelvic pain	R10	1,063	2,412	1,682	988	6,145	1,349	7,138	3,019	1,374	12,880	2,412	9,550	4,701	2,362	19,025
Injury, poisoning and certain other consequences of external causes	**S00–T98**	**7,291**	**14,485**	**5,833**	**4,957**	**32,566**	**4,618**	**6,303**	**4,829**	**8,004**	**23,754**	**11,909**	**20,788**	**10,662**	**12,961**	**56,320**
Intracranial injury	S06	216	775	340	356	1,687	107	239	152	310	808	323	1,014	492	666	2,495
Other injuries to the head (including skull fracture)	S00–S05, S07–S09	2,146	2,973	629	513	6,261	1,396	709	269	563	2,937	3,542	3,682	898	1,076	9,198
Fracture of femur	S72	119	142	202	893	1,356	51	50	230	2,348	2,679	170	192	432	3,241	4,035
Poisonings by drugs, medicaments and biological substances and toxic effects of substances chiefly nonmedicinal as to source	T36–T65	208	1,128	359	106	1,801	236	1,307	531	124	2,198	444	2,435	890	230	3,999
Factors influencing health status and contact with health services [b]	**U00–U49, Z00–Z99**	**9,183**	**28,112**	**71,045**	**109,079**	**217,419**	**6,379**	**31,941**	**73,850**	**75,341**	**187,511**	**15,562**	**60,053**	**144,895**	**184,420**	**404,930**
Other medical care (including radiotherapy and chemotherapy sessions)	Z51	3,258	6,073	30,259	41,980	81,570	2,330	12,268	46,702	27,699	88,999	5,588	18,341	76,961	69,679	170,569

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

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

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

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

Principal Diagnosis	ICD-10-AM Code	Male					Female (excl. *Maternity*)					Total Discharges (excl. *Maternity*)				
		< 15	15–44	45–64	≥65	Total	< 15	15–44	45–64	≥65	Total	< 15	15–44	45–64	≥65	Total
Acute In-Patient Discharges	**–**	**2.7**	**3.3**	**4.8**	**6.8**	**4.7**	**2.9**	**3.2**	**4.6**	**7.0**	**4.8**	**2.8**	**3.2**	**4.7**	**6.9**	**4.7**
Certain infectious and parasitic diseases	**A00–B99**	**2.0**	**4.4**	**6.4**	**8.1**	**3.5**	**2.0**	**4.0**	**5.5**	**7.6**	**3.6**	**2.0**	**4.2**	**5.9**	**7.8**	**3.6**
Intestinal infectious diseases including diarrhoea	A00–A09	1.8	3.1	4.9	6.4	2.7	1.8	2.9	4.6	6.7	3.0	1.8	2.9	4.7	6.6	2.8
Tuberculosis	A15–A19	1.5	11.0	9.6	15.0	10.6	4.8	8.7	13.0	9.4	9.3	3.4	10.1	10.8	13.4	10.1
Septicaemia	A40–A41	4.8	9.1	8.7	9.8	9.1	4.4	8.4	8.1	9.6	8.8	4.6	8.7	8.4	9.7	9.0
Human immunodeficiency virus [HIV] disease	B20–B24	-	12.3	15.7	~	13.4	-	16.3	~	~	15.8	-	14.0	15.3	~	14.3
Neoplasms	**C00–D48**	**3.8**	**6.4**	**7.6**	**8.5**	**7.7**	**3.5**	**5.2**	**6.5**	**8.2**	**6.8**	**3.6**	**5.6**	**7.0**	**8.4**	**7.3**
Malignant neoplasms	C00–C96	3.9	6.8	7.8	8.8	8.1	3.8	6.1	7.0	8.6	7.5	3.9	6.4	7.4	8.7	7.8
Malignant neoplasm of colon, rectum and anus (primary)	C18–C21	-	9.3	8.6	10.1	9.6	-	8.0	7.8	10.6	9.4	-	8.7	8.2	10.3	9.5
Malignant neoplasm of trachea, bronchus and lung (primary)	C33–C34	~	6.4	7.9	9.1	8.6	~	6.5	8.3	9.7	9.1	~	6.5	8.1	9.3	8.8
Malignant neoplasm of skin (primary)	C43–C44	~	4.9	4.3	5.3	5.0	-	4.3	4.3	4.7	4.6	~	4.6	4.3	5.1	4.8
Malignant neoplasm of breast (primary)	C50	-	~	2.9	7.8	5.2	-	4.3	4.6	6.5	5.2	-	4.3	4.6	6.5	5.2
Malignant neoplasms of female genital organs (primary)	C51–C58	-	-	-	-	-	3.4	6.1	7.1	7.8	7.2	3.4	6.1	7.1	7.8	7.2
Malignant neoplasm of prostate (primary)	C61	-	~	6.5	8.4	7.6	-	-	-	-	-	-	~	6.5	8.4	7.6
Malignant neoplasm of bladder (primary)	C67	-	6.4	5.8	6.9	6.7	-	~	6.2	7.0	6.7	-	6.1	5.9	6.9	6.7
Malignant neoplasms of lymphoid, haematopoietic and related tissue	C81–C96	3.7	7.4	8.1	8.1	7.4	3.6	7.9	8.4	7.9	7.4	3.6	7.7	8.2	8.0	7.4
Benign neoplasms and neoplasms of uncertain or unknown behaviour	D10–D48	3.0	4.1	5.5	5.3	4.9	2.7	3.9	4.9	5.8	4.7	2.8	4.0	5.1	5.6	4.7
Diseases of the blood and blood-forming organs and certain disorders involving the immune mechanism	**D50–D89**	**3.0**	**4.4**	**5.3**	**5.7**	**4.7**	**3.2**	**3.9**	**5.1**	**5.9**	**5.0**	**3.1**	**4.1**	**5.2**	**5.8**	**4.8**
Endocrine, nutritional and metabolic diseases	**E00–E89**	**3.9**	**5.9**	**5.7**	**7.4**	**6.1**	**4.1**	**4.9**	**4.7**	**6.9**	**5.5**	**4.0**	**5.4**	**5.2**	**7.2**	**5.8**
Diabetes mellitus	E10–E14	3.4	3.5	5.9	7.7	5.9	3.6	3.2	5.1	7.1	5.2	3.5	3.3	5.6	7.4	5.6
Cystic fibrosis	E84	6.8	11.8	16.1	-	10.4	7.4	11.5	13.2	~	10.4	7.0	11.7	14.4	~	10.4
Mental and behavioural disorders	**F00–F99**	**2.6**	**3.6**	**4.4**	**7.5**	**4.5**	**3.7**	**4.4**	**4.7**	**8.2**	**5.3**	**3.1**	**3.9**	**4.5**	**7.9**	**4.8**
Mental and behavioural disorders due to alcohol	F10	1.2	2.7	4.2	6.0	3.7	1.1	2.8	3.9	5.0	3.4	1.1	2.7	4.1	5.7	3.6
Mental and behavioural disorders due to use of other psychoactive substance	F11–F19	~	10.6	8.7	~	10.0	-	10.0	14.7	13.8	10.9	~	10.3	11.8	10.3	10.3
Diseases of nervous system	**G00–G99**	**3.1**	**3.6**	**3.7**	**5.8**	**4.2**	**3.4**	**3.4**	**4.3**	**6.2**	**4.4**	**3.2**	**3.5**	**4.0**	**6.0**	**4.3**
Multiple sclerosis	G35	-	6.1	6.3	4.9	6.1	~	5.0	6.1	9.5	5.9	~	5.3	6.2	8.3	5.9
Epilepsy	G40, G41	3.3	3.5	4.2	5.6	3.9	3.3	3.4	4.6	7.0	4.2	3.3	3.5	4.4	6.3	4.0
Transient cerebral ischaemic attacks and related syndromes	G45	~	3.5	3.4	5.1	4.5	-	3.8	3.9	5.1	4.8	~	3.6	3.6	5.1	4.7
Diseases of the eye and adnexa	**H00–H59**	**2.1**	**3.3**	**3.5**	**3.5**	**3.3**	**2.2**	**3.0**	**3.3**	**3.4**	**3.2**	**2.2**	**3.2**	**3.4**	**3.4**	**3.3**
Diseases of the ear and mastoid process	**H60–H95**	**1.7**	**2.6**	**3.2**	**4.7**	**2.6**	**2.0**	**2.7**	**3.2**	**4.0**	**2.8**	**1.8**	**2.6**	**3.2**	**4.3**	**2.7**
Diseases of the circulatory system	**I00–I99**	**3.0**	**4.1**	**5.0**	**6.8**	**5.9**	**3.1**	**4.0**	**5.0**	**7.0**	**6.2**	**3.1**	**4.1**	**5.0**	**6.9**	**6.0**
Hypertensive diseases	I10–I15	3.3	2.8	3.3	4.1	3.4	1.4	2.6	2.9	4.0	3.2	2.6	2.7	3.1	4.0	3.3
Angina pectoris	I20	-	3.1	4.5	5.3	4.9	-	3.6	4.1	4.9	4.6	-	3.2	4.4	5.1	4.8
Acute myocardial infarction	I21–I22	-	4.1	4.8	6.7	5.7	-	4.3	5.3	7.2	6.6	-	4.1	4.9	6.9	6.0
Other ischaemic heart disease	I23–I25	-	4.2	4.0	4.9	4.5	-	2.7	3.9	4.6	4.3	-	4.0	4.0	4.8	4.4
Pulmonary heart disease and diseases of pulmonary circulation	I26–I28	~	6.7	6.7	8.6	7.6	9.5	5.5	7.7	9.2	8.2	8.0	6.1	7.2	9.0	8.0
Conduction disorders and cardiac arrhythmias	I44–I49	3.0	2.8	3.6	4.8	4.2	4.0	2.6	3.4	5.1	4.6	3.5	2.8	3.5	5.0	4.4
Heart failure	I50	3.1	6.8	7.0	8.5	8.3	7.9	6.8	7.6	8.7	8.6	5.8	6.8	7.2	8.6	8.4
Cerebrovascular disease	I60–I69	7.9	6.9	8.1	9.5	8.9	6.4	7.8	7.9	9.6	9.0	7.3	7.4	8.0	9.5	9.0
Atherosclerosis (non-coronary)	I70	-	8.2	6.7	8.7	8.0	-	9.6	7.2	8.6	8.3	-	8.5	6.8	8.7	8.1
Diseases of the respiratory system	**J00–J99**	**2.3**	**3.6**	**5.6**	**7.7**	**5.1**	**2.4**	**2.9**	**5.5**	**7.8**	**5.2**	**2.3**	**3.3**	**5.6**	**7.7**	**5.1**
Acute upper respiratory infections and influenza	J00–J11	1.8	2.6	4.1	5.2	2.1	1.9	2.4	3.7	4.6	2.2	1.8	2.5	3.9	4.8	2.1
Pneumonia	J12–J18	4.0	6.0	6.8	8.6	7.4	4.0	5.3	7.1	8.8	7.5	4.0	5.7	7.0	8.7	7.4
Chronic diseases of tonsils and adenoids	J35	1.3	1.5	1.9	1.4	1.3	1.3	1.6	1.8	3.5	1.4	1.3	1.5	1.8	2.0	1.4
Chronic obstructive pulmonary disease and bronchiectasis	J40–J44, J47	3.3	5.7	5.9	7.2	6.9	2.6	4.1	6.0	7.6	7.0	3.0	4.9	6.0	7.4	7.0
Asthma	J45–J46	1.8	2.8	3.4	4.4	2.3	1.9	3.0	4.0	5.6	3.2	1.8	3.0	3.8	5.2	2.7
Diseases of the digestive system	**K00–K93**	**2.9**	**3.9**	**5.0**	**6.2**	**4.8**	**3.0**	**3.7**	**4.9**	**6.5**	**4.8**	**2.9**	**3.8**	**5.0**	**6.4**	**4.8**
Diseases of oesophagus, stomach and duodenum	K20–K31	2.2	2.9	3.9	5.7	3.9	2.1	3.0	3.9	5.8	4.1	2.2	2.9	3.9	5.8	4.0
Diseases of appendix	K35–K38	3.4	3.1	4.8	7.6	3.5	3.6	3.1	4.6	8.0	3.5	3.5	3.1	4.7	7.8	3.5

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

Principal Diagnosis	ICD-10-AM Code	Male					Female (excl. *Maternity*)					Total Discharges (excl. *Maternity*)				
		< 15	15–44	45–64	≥65	Total	< 15	15–44	45–64	≥65	Total	< 15	15–44	45–64	≥65	Total
Inguinal hernia	K40	1.9	1.8	2.0	2.9	2.3	1.7	2.7	1.8	3.7	2.9	1.9	1.9	2.0	2.9	2.4
Noninfective enteritis and colitis	K50–K52	3.3	6.4	6.6	7.3	6.4	3.4	6.0	6.5	7.1	6.3	3.4	6.2	6.5	7.2	6.3
Alcoholic liver disease	K70	-	8.8	8.3	9.9	8.7	-	9.4	10.1	11.5	10.0	-	9.0	8.9	10.3	9.1
Cholelithiasis	K80	3.8	3.6	4.6	7.1	5.5	3.3	3.1	3.5	6.4	4.1	3.5	3.2	3.9	6.7	4.5
Diseases of the skin and subcutaneous tissue	**L00–L99**	**2.9**	**3.4**	**5.1**	**7.2**	**4.6**	**2.6**	**3.1**	**4.9**	**7.4**	**4.9**	**2.8**	**3.3**	**5.0**	**7.3**	**4.7**
Cutaneous abscess, furuncle and carbuncle and cellulitis	L02–L03	3.3	3.8	5.3	7.2	5.2	3.0	3.4	5.1	7.4	5.4	3.2	3.6	5.2	7.3	5.3
Diseases of the musculoskeletal system and connective tissue	**M00–M99**	**3.0**	**2.9**	**4.5**	**6.4**	**4.6**	**3.5**	**3.2**	**4.3**	**6.4**	**4.9**	**3.2**	**3.0**	**4.4**	**6.4**	**4.8**
Rheumatoid arthritis	M05–M06	-	5.6	4.0	6.4	5.4	-	3.9	4.0	6.0	4.9	-	4.4	4.0	6.1	5.1
Coxarthrosis and Gonarthrosis	M16–M17	-	5.0	6.1	7.5	6.9	~	5.8	6.3	7.5	7.1	~	5.4	6.2	7.5	7.0
Intervertebral disc disorders	M50–M51	-	3.1	4.0	6.4	3.9	~	3.4	4.0	6.2	4.2	~	3.3	4.0	6.3	4.0
Dorsalgia (back pain)	M54	2.2	2.6	3.6	5.4	3.7	1.9	3.3	4.2	5.9	4.3	2.0	3.0	4.0	5.7	4.0
Diseases of the genitourinary system	**N00–N99**	**2.5**	**3.2**	**4.5**	**6.7**	**4.7**	**2.9**	**2.9**	**4.0**	**6.7**	**4.3**	**2.7**	**2.9**	**4.2**	**6.7**	**4.4**
Chronic kidney disease	N18	3.5	5.5	6.9	7.7	6.5	2.5	5.9	5.5	7.5	6.1	3.1	5.7	6.4	7.6	6.3
Urolithiasis	N20–N23	2.3	2.6	2.7	4.0	2.8	3.0	2.7	3.6	5.6	3.4	2.4	2.6	3.0	4.5	3.0
Hyperplasia of prostate	N40	-	.	4.5	5.3	5.1	-	-	-	-	-	-	-	4.5	5.3	5.1
Disorders of breast	N60–N64	~	2.1	2.8	~	2.4	2.1	2.6	3.1	4.3	2.9	2.4	2.5	3.1	4.3	2.9
Inflammatory diseases of female pelvic organs	N70–N77	-	-	-	-	-	2.2	2.6	4.1	3.8	3.0	2.2	2.6	4.1	3.8	3.0
Noninflammatory disorders of female genital tract	N80–N98	-	-	-	-	-	2.3	2.5	3.6	4.4	3.2	2.3	2.5	3.6	4.4	3.2
Pregnancy, childbirth and the puerperium[b]	**O00–O99**	**-**	**-**	**-**	**-**	**-**	**-**	**~**	**-**	**-**	**~**	**-**	**~**	**-**	**-**	**~**
Pregnancy with abortive outcome	O00–O08	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Certain conditions originating in the perinatal period	**P00–P96**	**5.7**	**-**	**-**	**-**	**5.7**	**5.9**	**-**	**-**	**-**	**5.9**	**5.8**	**-**	**-**	**-**	**5.8**
Congenital malformations, deformations and chromosomal abnormalities	**Q00–Q99**	**4.5**	**4.0**	**5.3**	**6.4**	**4.5**	**4.9**	**4.0**	**5.0**	**7.6**	**4.8**	**4.7**	**4.0**	**5.1**	**6.9**	**4.6**
Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified	**R00–R99**	**1.9**	**2.1**	**2.8**	**4.5**	**3.0**	**2.0**	**2.2**	**2.8**	**4.5**	**3.0**	**1.9**	**2.2**	**2.8**	**4.5**	**3.0**
Abdominal and pelvic pain	R10	1.6	2.1	3.1	3.9	2.4	1.8	2.2	3.0	4.0	2.4	1.7	2.2	3.0	4.0	2.4
Injury, poisoning and certain other consequences of external causes	**S00–T98**	**1.7**	**2.5**	**4.3**	**7.4**	**3.4**	**1.7**	**2.6**	**4.1**	**8.1**	**4.5**	**1.7**	**2.5**	**4.2**	**7.8**	**3.9**
Intracranial injury	S06	2.4	3.2	5.3	6.5	4.2	2.6	2.7	5.1	7.3	4.8	2.5	3.1	5.2	6.9	4.4
Other injuries to the head (including skull fracture)	S00–S05, S07–S09	1.3	2.0	2.7	4.8	2.0	1.2	1.8	2.5	5.0	2.2	1.3	2.0	2.7	4.9	2.1
Fracture of femur	S72	4.4	6.5	8.1	12.6	10.4	2.8	7.0	9.1	12.2	11.6	3.9	6.6	8.7	12.3	11.2
Poisonings by drugs, medicaments and biological substances and toxic effects of substances chiefly nonmedicinal as to source	T36–T65	1.4	2.1	3.1	5.1	2.3	2.1	1.9	2.8	4.6	2.3	1.8	2.0	2.9	4.8	2.3
Factors influencing health status and contact with health services[c]	**U00–U49, Z00–Z99**	**2.4**	**4.7**	**6.1**	**8.7**	**5.8**	**2.3**	**3.8**	**7.4**	**11.2**	**7.4**	**2.3**	**4.2**	**6.7**	**10.1**	**6.6**
Other medical care (including radiotherapy and chemotherapy sessions)	Z51	6.5	2.8	3.1	3.8	3.8	7.5	2.3	2.5	4.7	4.4	6.9	2.6	2.9	4.3	4.1

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

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

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

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

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

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

Diagnosis	ICD-10-AM Code	Male					Female (excl. *Maternity*)					Total Discharges (excl. *Maternity*)				
		< 15	15–44	45–64	≥65	Total	< 15	15–44	45–64	≥65	Total	< 15	15–44	45–64	≥65	Total
Total Discharges (excl. *Maternity*)		**76,953**	**139,985**	**205,140**	**256,767**	**678,845**	**58,250**	**165,174**	**206,912**	**223,499**	**653,835**	**135,203**	**305,159**	**412,052**	**480,266**	**1,332,680**
All Conditions	–	**178,982**	**323,186**	**526,941**	**784,531**	**1,813,640**	**135,373**	**332,374**	**507,393**	**691,455**	**1,666,595**	**314,355**	**655,560**	**1,034,334**	**1,475,986**	**3,480,235**
Certain infectious and parasitic diseases	**A00-B99**	**9,316**	**8,189**	**7,250**	**10,531**	**35,286**	**8,690**	**7,964**	**6,845**	**12,936**	**36,435**	**18,006**	**16,153**	**14,095**	**23,467**	**71,721**
Intestinal infectious diseases including diarrhoea	A00–A09	4,223	1,415	1,363	2,114	9,115	3,970	1,948	1,658	3,022	10,598	8,193	3,363	3,021	5,136	19,713
Tuberculosis	A15–A19	15	200	90	63	368	40	121	68	48	277	55	321	158	111	645
Septicaemia	A40–A41	149	396	925	2,137	3,607	98	340	719	1,851	3,008	247	736	1,644	3,988	6,615
Human immunodeficiency virus [HIV] disease	B20–B24	12	317	142	11	482	~	304	54	~	361	13	621	196	13	843
Neoplasms	**C00–D48**	**7,301**	**19,494**	**78,778**	**109,383**	**214,956**	**5,824**	**41,220**	**116,944**	**85,955**	**249,943**	**13,125**	**60,714**	**195,722**	**195,338**	**464,899**
Malignant neoplasms	C00–C96	6,229	15,286	72,643	99,393	193,551	4,750	28,569	105,296	77,361	215,976	10,979	43,855	177,939	176,754	409,527
Malignant neoplasm of colon, rectum and anus (primary)	C18–C21	~	1,017	8,194	10,710	19,922	0	823	5,688	5,520	12,031	~	1,840	13,882	16,230	31,953
Malignant neoplasm of trachea, bronchus and lung (primary)	C33–C34	~	252	4,976	6,435	11,665	~	295	3,613	4,479	8,388	~	547	8,589	10,914	20,053
Malignant neoplasm of skin (primary)	C43–C44	~	607	2,233	6,402	9,247	9	597	1,395	4,126	6,127	14	1,204	3,628	10,528	15,374
Malignant neoplasm of breast (primary)	C50	0	34	94	128	256	0	8,904	34,097	14,635	57,636	0	8,938	34,191	14,763	57,892
Malignant neoplasms of female genital organs (primary)	C51–C58	0	0	0	0	0	20	2,449	7,020	4,852	14,341	20	2,449	7,020	4,852	14,341
Malignant neoplasm of prostate (primary)	C61	0	95	10,773	23,260	34,128	0	0	0	0	0	0	95	10,773	23,260	34,128
Malignant neoplasm of bladder (primary)	C67	0	68	745	2,519	3,332	0	19	314	1,006	1,339	0	87	1,059	3,525	4,671
Malignant neoplasms of lymphoid, haematopoietic and related tissue	C81–C96	3,324	4,058	9,154	10,973	27,509	2,112	2,875	5,564	8,532	19,083	5,436	6,933	14,718	19,505	46,592
Benign neoplasms and neoplasms of uncertain or unknown behaviour	D10–D48	1,072	4,126	5,626	8,837	19,661	1,074	9,203	7,466	6,142	23,885	2,146	13,329	13,092	14,979	43,546
Diseases of the blood and blood-forming organs and certain disorders involving the immune mechanism	**D50–D89**	**3,876**	**4,318**	**7,519**	**14,346**	**30,059**	**2,966**	**5,538**	**7,500**	**13,778**	**29,782**	**6,842**	**9,856**	**15,019**	**28,124**	**59,841**
Endocrine, nutritional and metabolic diseases	**E00–E89**	**5,816**	**14,245**	**37,957**	**56,172**	**114,190**	**5,363**	**9,334**	**23,460**	**48,353**	**86,510**	**11,179**	**23,579**	**61,417**	**104,525**	**200,700**
Diabetes mellitus	E10–E14	435	3,643	17,210	33,647	54,935	564	2,760	10,398	24,230	37,952	999	6,403	27,608	57,877	92,887
Cystic fibrosis	E84	511	1,046	28	0	1,585	415	825	31	6	1,277	926	1,871	59	6	2,862
Mental and behavioural disorders	**F00–F99**	**1,788**	**8,209**	**8,552**	**8,530**	**27,079**	**875**	**5,140**	**5,278**	**10,037**	**21,330**	**2,663**	**13,349**	**13,830**	**18,567**	**48,409**
Mental and behavioural disorders due to alcohol	F10	42	3,777	4,876	2,230	10,925	56	1,285	1,722	704	3,767	98	5,062	6,598	2,934	14,692
Mental and behavioural disorders due to use of other psychoactive substance	F11–F19	12	1,661	321	44	2,038	~	688	140	61	891	14	2,349	461	105	2,929
Diseases of nervous system	**G00–G99**	**3,929**	**6,934**	**8,328**	**11,470**	**30,661**	**3,122**	**8,350**	**7,967**	**10,989**	**30,428**	**7,051**	**15,284**	**16,295**	**22,459**	**61,089**
Multiple sclerosis	G35	0	1,046	708	282	2,036	~	2,495	1,536	277	4,310	~	3,541	2,244	559	6,346
Epilepsy	G40, G41	1,259	1,478	1,038	821	4,596	1,138	1,096	815	809	3,858	2,397	2,574	1,853	1,630	8,454
Transient cerebral ischaemic attacks and related syndromes	G45	~	74	481	1,140	1,698	~	83	366	1,365	1,817	6	157	847	2,505	3,515
Diseases of the eye and adnexa	**H00–H59**	**1,519**	**2,845**	**5,488**	**13,079**	**22,931**	**1,439**	**2,750**	**4,817**	**16,980**	**25,986**	**2,958**	**5,595**	**10,305**	**30,059**	**48,917**
Diseases of the ear and mastoid process	**H60–H95**	**3,647**	**1,905**	**1,441**	**1,255**	**8,248**	**2,558**	**1,724**	**1,440**	**1,373**	**7,095**	**6,205**	**3,629**	**2,881**	**2,628**	**15,343**
Diseases of the circulatory system	**I00–I99**	**1,819**	**12,831**	**50,758**	**104,438**	**169,846**	**1,423**	**9,918**	**26,382**	**86,814**	**124,537**	**3,242**	**22,749**	**77,140**	**191,252**	**294,383**
Hypertensive diseases	I10–I15	467	3,729	16,764	30,740	51,700	281	2,226	9,782	30,064	42,353	748	5,955	26,546	60,804	94,053
Angina pectoris	I20	0	188	1,875	2,887	4,950	0	65	724	1,872	2,661	0	253	2,599	4,759	7,611
Acute myocardial infarction	I21–I22	~	349	2,218	3,012	5,581	0	82	574	2,140	2,796	~	431	2,792	5,152	8,377
Other ischaemic heart disease	I23–I25	~	793	10,146	16,521	27,463	~	218	2,768	8,670	11,658	~	1,011	12,914	25,191	39,121
Pulmonary heart disease and diseases of pulmonary circulation	I26–I28	126	268	579	1,216	2,189	102	278	543	1,439	2,362	228	546	1,122	2,655	4,551
Conduction disorders and cardiac arrhythmias	I44–I49	236	1,210	5,502	20,065	27,013	207	586	2,335	16,258	19,386	443	1,796	7,837	36,323	46,399
Heart failure	I50	50	145	1,331	8,532	10,058	82	86	663	7,429	8,260	132	231	1,994	15,961	18,318
Cerebrovascular disease	I60–I69	193	479	2,081	5,555	8,308	105	473	1,342	5,246	7,166	298	952	3,423	10,801	15,474
Atherosclerosis (non-coronary)	I70	~	78	956	2,188	3,223	0	28	300	1,296	1,624	~	106	1,256	3,484	4,847
Diseases of the respiratory system	**J00–J99**	**13,944**	**9,836**	**15,365**	**35,424**	**74,569**	**10,823**	**9,547**	**13,905**	**32,265**	**66,540**	**24,767**	**19,383**	**29,270**	**67,689**	**141,109**
Acute upper respiratory infections and influenza	J00–J11	4,421	1,091	404	235	6,151	3,329	1,498	449	297	5,573	7,750	2,589	853	532	11,724
Pneumonia	J12–J18	879	1,224	1,745	5,775	9,623	838	877	1,373	5,093	8,181	1,717	2,101	3,118	10,868	17,804
Chronic diseases of tonsils and adenoids	J35	1,936	448	36	25	2,445	1,790	933	54	13	2,790	3,726	1,381	90	38	5,235

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

Diagnosis	ICD-10-AM Code	Male					Female (excl. *Maternity*)					Total Discharges (excl. *Maternity*)				
		< 15	15–44	45–64	≥65	Total	< 15	15–44	45–64	≥65	Total	< 15	15–44	45–64	≥65	Total
Chronic obstructive pulmonary disease and bronchiectasis	J40–J44, J47	100	524	3,914	12,056	16,594	77	515	3,950	9,830	14,372	177	1,039	7,864	21,886	30,966
Asthma	J45–J46	2,014	1,183	1,391	770	5,358	1,239	1,673	1,995	1,517	6,424	3,253	2,856	3,386	2,287	11,782
Diseases of the digestive system	**K00–K93**	**8,744**	**33,372**	**42,509**	**41,040**	**125,665**	**6,815**	**35,517**	**41,509**	**42,525**	**126,366**	**15,559**	**68,889**	**84,018**	**83,565**	**252,031**
Diseases of oesophagus, stomach and duodenum	K20–K31	1,567	11,195	15,573	13,003	41,338	1,193	10,176	14,907	13,343	39,619	2,760	21,371	30,480	26,346	80,957
Diseases of appendix	K35–K38	1,135	2,068	332	118	3,653	902	1,913	302	102	3,219	2,037	3,981	634	220	6,872
Inguinal hernia	K40	699	776	1,109	1,331	3,915	83	68	56	116	323	782	844	1,165	1,447	4,238
Noninfective enteritis and colitis	K50–K52	317	4,341	2,469	1,562	8,689	239	4,516	2,754	2,025	9,534	556	8,857	5,223	3,587	18,223
Alcoholic liver disease	K70	0	547	1,286	411	2,244	0	321	545	149	1,015	0	868	1,831	560	3,259
Cholelithiasis	K80	21	547	1,090	1,838	3,496	18	2,676	1,849	2,248	6,791	39	3,223	2,939	4,086	10,287
Diseases of the skin and subcutaneous tissue	**L00–L99**	**2,537**	**13,111**	**10,974**	**10,469**	**37,091**	**1,998**	**12,279**	**9,248**	**10,635**	**34,160**	**4,535**	**25,390**	**20,222**	**21,104**	**71,251**
Cutaneous abscess, furuncle and carbuncle and cellulitis	L02–L03	510	1,558	1,721	2,438	6,227	405	908	1,103	2,475	4,891	915	2,466	2,824	4,913	11,118
Diseases of the musculoskeletal system and connective tissue	**M00–M99**	**2,945**	**10,954**	**15,788**	**15,718**	**45,405**	**2,588**	**11,407**	**19,598**	**25,429**	**59,022**	**5,533**	**22,361**	**35,386**	**41,147**	**104,427**
Rheumatoid arthritis	M05–M06	0	384	1,085	1,070	2,539	0	828	2,237	2,018	5,083	0	1,212	3,322	3,088	7,622
Coxarthrosis and Gonarthrosis	M16–M17	~	353	1,782	2,689	4,826	~	265	1,844	3,943	6,053	~	618	3,626	6,632	10,879
Intervertebral disc disorders	M50–M51	158	725	755	490	2,128	~	719	802	740	2,265	162	1,444	1,557	1,230	4,393
Dorsalgia (back pain)	M54	125	1,781	2,403	1,508	5,817	127	2,664	3,494	3,038	9,323	252	4,445	5,897	4,546	15,140
Diseases of the genitourinary system	**N00–N99**	**7,405**	**16,687**	**32,591**	**68,401**	**125,084**	**3,671**	**36,800**	**33,041**	**50,900**	**124,412**	**11,076**	**53,487**	**65,632**	**119,301**	**249,496**
Chronic kidney disease	N18	1,270	9,294	21,100	44,374	76,038	435	7,423	11,380	29,567	48,805	1,705	16,717	32,480	73,941	124,843
Urolithiasis	N20–N23	126	1,391	1,490	774	3,781	58	825	854	321	2,058	184	2,216	2,344	1,095	5,839
Hyperplasia of prostate	N40	0	139	2,075	5,315	7,529	0	0	0	0	0	0	139	2,075	5,315	7,529
Disorders of breast	N60–N64	7	109	60	35	211	19	1,554	1,624	493	3,690	26	1,663	1,684	528	3,901
Inflammatory diseases of female pelvic organs	N70–N77	0	0	0	0	0	55	2,319	843	255	3,472	55	2,319	843	255	3,472
Noninflammatory disorders of female genital tract	N80–N98	0	0	0	0	0	322	18,183	11,846	3,527	33,878	322	18,183	11,846	3,527	33,878
Pregnancy, childbirth and the puerperium[a]	**O00–O99**	**0**	**0**	**0**	**0**	**0**	**~**	**277**	**11**	**0**	**289**	**~**	**277**	**11**	**0**	**289**
Pregnancy with abortive outcome	O00–O08	0	0	0	0	0	0	9	6	0	15	0	9	6	0	15
Certain conditions originating in the perinatal period	**P00–P96**	**16,528**	**9**	**~**	**0**	**16,539**	**12,466**	**~**	**0**	**0**	**12,468**	**28,994**	**11**	**~**	**0**	**29,007**
Congenital malformations, deformations and chromosomal abnormalities	**Q00–Q99**	**15,178**	**2,095**	**1,526**	**969**	**19,768**	**12,675**	**2,594**	**1,496**	**1,014**	**17,779**	**27,853**	**4,689**	**3,022**	**1,983**	**37,547**
Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified	**R00–R99**	**13,501**	**24,490**	**31,046**	**43,290**	**112,327**	**11,238**	**33,670**	**31,266**	**44,032**	**120,206**	**24,739**	**58,160**	**62,312**	**87,322**	**232,533**
Abdominal and pelvic pain	R10	1,300	3,145	2,398	1,633	8,476	1,610	8,666	4,035	2,255	16,566	2,910	11,811	6,433	3,888	25,042
Injury, poisoning and certain other consequences of external causes	**S00–T98**	**9,543**	**24,740**	**11,322**	**10,466**	**56,071**	**5,840**	**10,268**	**8,297**	**14,312**	**38,717**	**15,383**	**35,008**	**19,619**	**24,778**	**94,788**
Intracranial injury	S06	415	1,441	662	661	3,179	146	377	284	563	1,370	561	1,818	946	1,224	4,549
Other injuries to the head (including skull fracture)	S00–S05, S07–S09	2,651	4,759	1,390	1,300	10,100	1,593	1,090	558	1,404	4,645	4,244	5,849	1,948	2,704	14,745
Fracture of femur	S72	133	194	278	1,234	1,839	55	67	298	3,185	3,605	188	261	576	4,419	5,444
Poisonings by drugs, medicaments and biological substances and toxic effects of substances chiefly nonmedicinal as to source	T36–T65	247	2,074	657	214	3,192	316	2,286	974	235	3,811	563	4,360	1,631	449	7,003
External causes of morbidity and mortality	**U50–Y98**	**23,651**	**49,913**	**23,542**	**25,730**	**122,836**	**14,831**	**22,806**	**19,214**	**36,611**	**93,462**	**38,482**	**72,719**	**42,756**	**62,341**	**216,298**
Transport accidents	V01–V99	821	1,849	608	254	3,532	376	784	311	255	1,726	1,197	2,633	919	509	5,258
Factors influencing health status and contact with health services[b]	**U00–U49, Z00–Z99**	**25,995**	**59,009**	**136,205**	**203,820**	**425,029**	**20,167**	**65,269**	**129,175**	**146,517**	**361,128**	**46,162**	**124,278**	**265,380**	**350,337**	**786,157**
Other medical care (including radiotherapy and chemotherapy sessions)	Z51	3,391	6,352	31,855	45,529	87,127	2,441	12,721	48,263	30,722	94,147	5,832	19,073	80,118	76,251	181,274

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

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

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

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

In 2011, 84 per cent of total discharges (excl. *Maternity*) had a principal procedure recorded (see Table 3.4). Discussion of procedures is confined to ACHI chapter level.

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

- The most common principal procedure was *non-invasive, cognitive and other interventions, not elsewhere classified*. This accounted for 21.2 per cent of total discharges (excl. *Maternity*) with a principal procedure reported. Over 31 per cent of discharges aged under 15 years, 21.1 per cent aged between 45–64 years and 21.6 per cent aged 65 years and older had this recorded as a principal procedure. For the 15–44 year age group the most common principal procedure was *procedures on digestive system* at 18.9 per cent.
- The most common principal procedure for male discharges with a procedure reported was *procedures on urinary system*, which accounted for 21.2 per cent of all principal procedures for male discharges.
- The most common principal procedure for female discharges (excl. *Maternity*) with a procedure reported was *non-invasive, cognitive and other interventions, not elsewhere classified.* This accounted for 22.6 per cent of all principal procedures for female discharges.
- Over 66 per cent of principal *procedures on cardiovascular system* were reported for male discharges with a principal procedure reported.
- Over 75 per cent of principal *procedures on endocrine system* were reported for female discharges (excl. *Maternity*) with a principal procedure reported.
- Of total discharges (excl. *Maternity*) with *procedures on eye and adnexa* recorded as a principal procedure 64.7 per cent were aged 65 years and over.

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

Table 3.14 presents the acute in-patient mean length of stay for principal procedure by sex and age group. The analysis presented here is limited to the mean length of stay for acute in-patient discharges (excl. *Maternity*), with a length of stay of 30 days or less and excluding day patients. This measure includes pre-operative and post-operative length of stay. It should also be noted that this analysis by mean length of stay does not take into account the status of the patient on discharge. For example, a patient may be transferred to another facility on discharge. Care must be taken, therefore, in interpreting the data on mean length of stay presented in Table 3.14, in the absence of information on discharge destination.[25]

[25] See Section Two for details of discharge destination.

- At chapter level the longest acute in-patient mean length of stay was reported for *radiation oncology procedures* at 10.8 days, with male and female discharges reporting at 12.0 and 9.8 days respectively for this chapter. It should be noted that the majority of discharges with *radiation oncology* recorded as a principal procedure were day patients.
- The longest acute in-patient mean length of stay for those less than 15 years was reported for *procedures on respiratory system* at 9.0 days.
- The shortest acute in-patient mean length of stay was reported for *procedures on nose, mouth and pharynx* at 2.3 days for total discharges (excl. *Maternity*); across the age groups this ranged from 1.4 days for discharges aged less than 15 years to 4.9 days for those aged 65 years and over.

3.4.6 All-Listed Procedures by Sex and Age Group

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

- Over 2 million procedures were reported for total discharges (excl. *Maternity*).
- Procedures within the chapter *non-invasive, cognitive and other interventions, not elsewhere classified* accounted for 834,545 of all-listed procedures or 41.6 per cent of all procedures reported for total discharges (excl. *Maternity*).
- Over 63 per cent of *procedures on eye and adnexa* were reported for total discharges *(excl. Maternity)* aged 65 years and over.
- Almost 47 per cent of *procedures on ear and mastoid process* were reported for total discharges (excl. *Maternity)* aged less than 15 years.

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

Principal Procedure	Procedure Block	Male					Female (excl. *Maternity*)					Total Discharges (excl. *Maternity*)				
		< 15	15–44	45–64	≥65	Total	< 15	15–44	45–64	≥65	Total	< 15	15–44	45–64	≥65	Total
Total Discharges (excl. *Maternity*)	-	**76,953**	**139,985**	**205,140**	**256,767**	**678,845**	**58,520**	**165,174**	**206,912**	**223,499**	**653,835**	**135,203**	**305,159**	**412,052**	**480,226**	**1,332,680**
All Principal Procedures	0001–2016	**46,486**	**117,802**	**179,190**	**225,627**	**569,105**	**33,414**	**138,739**	**184,503**	**193,423**	**550,079**	**79,900**	**256,541**	**363,693**	**419,050**	**1,119,184**
Procedures on nervous system	**0001–0086**	**946**	**3,302**	**3,475**	**1,910**	**9,633**	**664**	**4,045**	**4,855**	**3,341**	**12,905**	**1,610**	**7,347**	**8,330**	**5,251**	**22,538**
Lumbar puncture	0030	618	571	288	157	1,634	479	872	385	185	1,921	1,097	1,443	673	342	3,555
Procedures on endocrine system	**0110–0129**	**21**	**116**	**176**	**106**	**419**	**22**	**451**	**516**	**271**	**1,260**	**43**	**567**	**692**	**377**	**1,679**
Procedures on eye and adnexa	**0160–0256**	**781**	**1,537**	**3,636**	**8,453**	**14,407**	**712**	**1,180**	**2,833**	**11,126**	**15,851**	**1,493**	**2,717**	**6,469**	**19,579**	**30,258**
Lens extraction	0195–0202	51	154	750	3,098	4,053	36	97	732	4,539	5,404	87	251	1,482	7,637	9,457
Procedures on ear and mastoid process	**0300–0333**	**2,139**	**1,243**	**811**	**544**	**4,737**	**1,535**	**1,104**	**795**	**491**	**3,925**	**3,674**	**2,347**	**1,606**	**1,035**	**8,662**
Myringotomy	0309	1,591	415	325	244	2,575	1,055	362	296	178	1,891	2,646	777	621	422	4,466
Procedures on nose, mouth and pharynx	**0370–0422**	**2,579**	**2,417**	**1,922**	**1,344**	**8,262**	**2,009**	**2,665**	**1,673**	**1,191**	**7,538**	**4,588**	**5,082**	**3,595**	**2,535**	**15,800**
Tonsillectomy or adenoidectomy	0412	1,480	353	17	9	1,859	1,366	815	30	7	2,218	2,846	1,168	47	16	4,077
Dental services	**0450–0490**	**2,229**	**839**	**209**	**93**	**3,370**	**1,952**	**1,025**	**187**	**79**	**3,243**	**4,181**	**1,864**	**396**	**172**	**6,613**
Procedures on respiratory system	**0520–0570**	**1,959**	**2,215**	**3,697**	**4,521**	**12,392**	**1,325**	**1,485**	**3,192**	**3,540**	**9,542**	**3,284**	**3,700**	**6,889**	**8,061**	**21,934**
Bronchoscopy with/without biopsy	0543–0544, 41892-01[0545]	211	820	1,521	1,800	4,352	145	590	1,440	1,412	3,587	356	1,410	2,961	3,212	7,939
Procedures on cardiovascular system	**0600–0777**	**722**	**7,674**	**17,925**	**13,004**	**39,325**	**731**	**3,576**	**8,470**	**7,399**	**20,176**	**1,453**	**11,250**	**26,395**	**20,403**	**59,501**
Coronary angiography	0668	90	777	4,361	4,006	9,234	79	321	2,337	2,818	5,555	169	1,098	6,698	6,824	14,789
Transluminal coronary angioplasty with/without stenting	0670–0671	~	167	1,497	1,265	2,930	0	27	322	556	905	~	194	1,819	1,821	3,835
CABG	0672–0679	0	16	297	325	638	0	~	35	71	108	0	18	332	396	746
Leg varicose vein ligation	0727–0728	0	302	432	128	862	0	801	729	160	1,690	0	1,103	1,161	288	2,552
Procedures on blood and blood-forming organs	**0800–0817**	**161**	**455**	**852**	**943**	**2,411**	**111**	**607**	**893**	**780**	**2,391**	**272**	**1,062**	**1,745**	**1,723**	**4,802**
Procedures on digestive system	**0850–1011**	**3,015**	**21,769**	**27,942**	**23,798**	**76,524**	**2,147**	**26,799**	**28,698**	**23,588**	**81,232**	**5,162**	**48,568**	**56,640**	**47,386**	**157,756**
Fibreoptic colonoscopy with/without excision	0905, 0911	83	6,449	10,333	8,823	25,688	62	7,644	11,080	8,713	27,499	145	14,093	21,413	17,536	53,187
Appendicectomy	0926	1,109	2,014	289	89	3,501	906	2,010	275	70	3,261	2,015	4,024	564	159	6,762
Procedures for haemorrhoids	0941	~	868	898	288	2,055	~	717	660	272	1,651	~	1,585	1,558	560	3,706
Cholecystectomy	0965	~	329	496	390	1,220	14	1,801	1,158	459	3,432	19	2,130	1,654	849	4,652
Division of abdominal adhesions	0986	8	54	46	70	178	7	386	139	84	616	15	440	185	154	794
Repair of inguinal and obstructed hernia	0990, 0997	522	759	1,045	1,025	3,351	73	72	83	148	376	595	831	1,128	1,173	3,727
Panendoscopy with/without excision	1005–1008	269	8,191	10,526	8,897	27,883	294	9,892	11,858	9,993	32,037	563	18,083	22,384	18,890	59,920
Procedures on urinary system	**1040–1129**	**1,521**	**16,969**	**36,676**	**65,355**	**120,521**	**821**	**13,017**	**21,138**	**42,048**	**77,024**	**2,342**	**29,986**	**57,814**	**107,403**	**197,545**
Examination procedures on bladder (includes cystoscopy)	1089	80	977	2,435	4,473	7,965	90	1,000	1,559	2,014	4,663	170	1,977	3,994	6,487	12,628
Procedures on male genital organs	**1160–1203**	**3,759**	**1,566**	**2,775**	**2,783**	**10,883**	**0**	**~**	**0**	**0**	**~**	**3,759**	**1,567**	**2,775**	**2,783**	**10,884**
Prostatectomy	1165–1167	0	7	528	840	1,375	0	0	0	0	0	0	7	528	840	1,375
Circumcision	30653-00[1196]	2,010	508	222	78	2,818	0	0	0	0	0	2,010	508	222	78	2,818
Gynaecological procedures	**1240–1299**	**0**	**0**	**~**	**~**	**~**	**101**	**18,986**	**10,791**	**2,323**	**32,201**	**101**	**18,986**	**10,792**	**2,324**	**32,203**
Oophorectomy and salpingo-oophorectomy	1243, 1252	0	0	0	0	0	9	332	338	110	789	9	332	338	110	789
Salpingectomy	1251	0	0	0	0	0	~	71	13	~	91	~	71	13	~	91
Examination procedures on uterus	1259	0	0	0	0	0	~	1,949	2,472	432	4,854	~	1,949	2,472	432	4,854
Curettage and evacuation of uterus	1265	0	0	0	0	0	~	1,481	2,011	395	3,888	~	1,481	2,011	395	3,888
Hysterectomy	1268–1269	0	0	0	0	0	0	607	1,421	574	2,602	0	607	1,421	574	2,602
Repair of prolapse of uterus, pelvic floor or enterocele	1283	0	0	0	0	0	0	73	352	254	679	0	73	352	254	679
Obstetric procedures[a]	**1330–1347**	**0**	**0**	**0**	**0**	**0**	**0**	**~**	**0**	**0**	**~**	**0**	**~**	**0**	**0**	**~**
Induction and augmentation of labour	1334, 1335	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Vacuum extraction	1338	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Caesarean section	1340	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Episiotomy associated with delivery	90472-00[1343]	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Postpartum suture	1344	0	0	0	0	0	0	~	0	0	~	0	~	0	0	~
Procedures on musculoskeletal system	**1360–1579**	**3,993**	**12,172**	**8,030**	**6,352**	**30,547**	**2,943**	**6,010**	**9,520**	**11,053**	**29,526**	**6,936**	**18,182**	**17,550**	**17,405**	**60,073**
Arthroplasty of hip	1489	~	94	636	1,397	2,130	~	97	547	1,978	2,623	~	191	1,183	3,375	4,753

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

Principal Procedure	Procedure Block	Male					Female (excl. *Maternity*)					Total Discharges (excl. *Maternity*)				
		< 15	15–44	45–64	≥65	Total	< 15	15–44	45–64	≥65	Total	< 15	15–44	45–64	≥65	Total
Arthroplasty of knee	1518–1519	0	18	265	443	726	0	12	385	763	1,160	0	30	650	1,206	1,886
Dermatological and plastic procedures	**1600–1718**	**3,708**	**15,223**	**10,832**	**10,179**	**39,942**	**2,949**	**15,621**	**10,393**	**9,909**	**38,872**	**6,657**	**30,844**	**21,225**	**20,088**	**78,814**
Excision of lesion(s) of skin and subcutaneous tissue	1620	620	5,077	4,573	5,858	16,128	583	6,659	5,046	5,441	17,729	1,203	11,736	9,619	11,299	33,857
Other debridement of skin and subcutaneous tissue	1628	268	610	385	251	1,514	138	166	156	219	679	406	776	541	470	2,193
Skin graft	1640–1650	35	67	56	67	225	21	31	30	58	140	56	98	86	125	365
Procedures on breast	**1740–1759**	**~**	**78**	**55**	**26**	**160**	**15**	**3,552**	**4,003**	**1,677**	**9,247**	**16**	**3,630**	**4,058**	**1,703**	**9,407**
Breast biopsy	1743–1744	0	26	39	25	90	8	2,549	2,666	1,203	6,426	8	2,575	2,705	1,228	6,516
Mastectomy	1747–1748	0	27	12	~	40	0	167	411	266	844	0	194	423	267	884
Radiation oncology procedures	**1786–1799**	**628**	**2,386**	**16,787**	**24,458**	**44,259**	**177**	**5,355**	**23,573**	**12,129**	**41,234**	**805**	**7,741**	**40,360**	**36,587**	**85,493**
Non-invasive, cognitive and other interventions, not elsewhere classified	**1820–1922**	**13,935**	**19,625**	**33,329**	**45,795**	**112,684**	**11,244**	**24,892**	**43,539**	**44,902**	**124,577**	**25,179**	**44,517**	**76,868**	**90,697**	**237,261**
Administration of blood and blood products	1893	1,783	1,099	2,355	5,400	10,637	1,169	1,525	2,255	4,284	9,233	2,952	2,624	4,610	9,684	19,870
Conduction anaesthesia	1909	~	13	17	10	41	~	11	18	9	39	~	24	35	19	80
Cerebral anaesthesia	1910	10	18	14	15	57	9	19	10	7	45	19	37	24	22	102
Imaging services	**1940–2016**	**4,389**	**8,216**	**10,060**	**15,962**	**38,627**	**3,956**	**8,363**	**9,434**	**17,576**	**39,329**	**8,345**	**16,579**	**19,494**	**33,538**	**77,956**
Computerised tomography scan	1952–1966	1,054	6,489	7,467	12,792	27,802	750	5,984	7,032	14,315	28,081	1,804	12,473	14,499	27,107	55,883
Magnetic resonance imaging	2015	1,813	948	1,157	1,214	5,132	1,450	1,355	1,149	1,213	5,167	3,263	2,303	2,306	2,427	10,299

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

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

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

Principal Procedure	Procedure Block	Male					Female (excl. *Maternity*)					Total Discharges (excl. *Maternity*)				
		< 15	15–44	45–64	≥65	Total	< 15	15–44	45–64	≥65	Total	< 15	15–44	45–64	≥65	Total
Acute In-Patient Discharges	-	**2.7**	**3.3**	**4.8**	**6.8**	**4.7**	**2.9**	**3.2**	**4.6**	**7.0**	**4.8**	**2.8**	**3.2**	**4.7**	**6.9**	**4.7**
All Principal Procedures	0001–2016	3.8	3.9	5.7	7.9	5.8	4.1	3.9	5.4	8.2	6.0	3.9	3.9	5.6	8.0	5.9
Procedures on nervous system	**0001–0086**	**5.3**	**4.7**	**6.3**	**7.8**	**5.7**	**5.3**	**4.9**	**6.5**	**8.2**	**6.0**	**5.3**	**4.8**	**6.4**	**8.0**	**5.8**
Lumbar puncture	0030	4.8	4.6	7.1	9.5	5.4	4.5	4.3	6.3	9.9	5.2	4.7	4.4	6.7	9.7	5.3
Procedures on endocrine system	**0110–0129**	**3.3**	**4.9**	**5.1**	**6.3**	**5.2**	**1.9**	**3.5**	**3.8**	**5.2**	**3.9**	**2.6**	**3.8**	**4.1**	**5.6**	**4.3**
Procedures on eye and adnexa	**0160–0256**	**2.2**	**2.9**	**3.2**	**3.3**	**3.1**	**2.3**	**2.4**	**3.0**	**3.2**	**3.0**	**2.3**	**2.7**	**3.2**	**3.3**	**3.0**
Lens extraction	0195–0202	2.8	2.8	2.2	2.4	2.4	2.9	1.9	1.9	2.1	2.1	2.8	2.6	2.0	2.3	2.3
Procedures on ear and mastoid process	**0300–0333**	**1.4**	**2.5**	**3.4**	**5.1**	**2.3**	**1.5**	**2.7**	**3.5**	**5.1**	**2.5**	**1.4**	**2.6**	**3.4**	**5.1**	**2.4**
Myringotomy	0309	1.3	2.9	2.6	~	1.7	1.5	2.4	2.4	~	1.8	1.4	2.7	2.5	4.3	1.7
Procedures on nose, mouth and pharynx	**0370–0422**	**1.4**	**2.2**	**3.5**	**4.9**	**2.4**	**1.3**	**2.0**	**3.6**	**4.9**	**2.2**	**1.4**	**2.1**	**3.5**	**4.9**	**2.3**
Tonsillectomy or adenoidectomy	0412	1.3	1.5	3.2	5.0	1.4	1.3	1.6	2.3	6.9	1.4	1.3	1.5	2.6	5.9	1.4
Dental services	**0450–0490**	**1.9**	**3.6**	**2.8**	**3.8**	**2.7**	**1.9**	**2.2**	**5.8**	**5.7**	**2.7**	**1.9**	**2.9**	**3.9**	**4.5**	**2.7**
Procedures on respiratory system	**0520–0570**	**8.8**	**7.2**	**7.8**	**9.9**	**8.6**	**9.3**	**7.3**	**8.3**	**9.9**	**9.0**	**9.0**	**7.2**	**8.0**	**9.9**	**8.8**
Bronchoscopy with/without biopsy	0543–0544, 41892-1[0545]	4.8	8.9	9.8	10.8	9.7	4.4	8.1	9.2	10.9	9.5	4.6	8.6	9.5	10.8	9.6
Procedures on cardiovascular system	**0600–0777**	**7.3**	**5.8**	**5.4**	**6.8**	**6.2**	**8.3**	**4.9**	**5.1**	**6.9**	**6.2**	**7.8**	**5.4**	**5.3**	**6.8**	**6.2**
Coronary angiography	0668	2.9	4.2	4.6	5.8	5.1	3.6	3.9	4.6	5.5	5.0	3.2	4.1	4.6	5.7	5.0
Transluminal coronary angioplasty with/without stenting	0670–0671	~	3.3	3.1	3.8	3.4	-	2.7	3.3	4.5	4.0	~	3.2	3.1	4.0	3.5
CABG	0672–0679	-	11.7	11.6	12.6	12.1	-	~	11.2	13.8	13.1	-	13.0	11.5	12.8	12.3
Leg varicose vein ligation	0727–0728	-	1.2	1.3	2.1	1.4	-	1.2	1.2	2.1	1.3	-	1.2	1.2	2.1	1.4
Procedures on blood and blood-forming organs	**0800–0817**	**5.8**	**8.4**	**9.1**	**10.3**	**9.1**	**7.6**	**6.5**	**6.4**	**8.5**	**7.2**	**6.4**	**7.4**	**7.9**	**9.4**	**8.2**
Procedures on digestive system	**0850–1011**	**4.1**	**4.3**	**6.3**	**8.1**	**6.2**	**4.2**	**4.0**	**6.1**	**8.5**	**6.0**	**4.1**	**4.1**	**6.2**	**8.3**	**6.1**
Fibreoptic colonoscopy with/without excision	0905, 0911	3.6	5.3	6.1	7.1	6.4	5.8	5.4	6.2	7.1	6.5	4.3	5.3	6.2	7.1	6.5
Appendicectomy	0926	3.3	3.0	4.6	7.9	3.4	3.5	3.1	4.3	7.5	3.4	3.4	3.1	4.5	7.7	3.4
Procedures for haemorrhoids	0941	-	2.4	2.2	3.1	2.4	-	2.2	2.2	4.9	2.8	-	2.3	2.2	4.0	2.6
Cholecystectomy	0965	~	3.4	4.2	6.5	4.8	3.1	3.0	3.0	5.2	3.3	3.2	3.1	3.4	5.8	3.7
Division of abdominal adhesions	0986	13.3	7.8	10.4	13.0	10.7	3.7	3.7	6.5	11.7	5.9	8.8	4.5	7.6	12.3	7.2
Repair of inguinal and obstructed hernia	0990, 0997	2.0	2.0	2.2	3.1	2.5	1.9	2.3	3.1	5.3	4.1	2.0	2.0	2.3	3.4	2.7
Panendoscopy with/without excision	1005–1008	2.9	4.2	6.1	8.1	6.6	3.2	4.3	6.0	8.5	6.8	3.1	4.3	6.0	8.3	6.7
Procedures on urinary system	**1040–1129**	**5.2**	**4.8**	**5.6**	**7.0**	**6.1**	**5.1**	**4.6**	**5.1**	**7.4**	**5.7**	**5.1**	**4.7**	**5.3**	**7.1**	**6.0**
Examination procedures on bladder (includes cystoscopy)	1089	3.0	4.6	4.9	6.6	5.9	2.7	5.0	5.6	6.4	5.8	2.9	4.8	5.1	6.5	5.8
Procedures on male genital organs	**1160–1203**	**1.5**	**2.2**	**5.3**	**6.0**	**4.2**	**-**	**~**	**-**	**-**	**~**	**1.5**	**2.2**	**5.3**	**6.0**	**4.2**
Prostatectomy	1165–1167	-	5.6	6.1	6.3	6.2	-	-	-	-	-	-	5.6	6.1	6.3	6.2
Circumcision	30653-00[1196]	1.3	1.1	2.3	3.2	1.6	-	-	-	-	-	1.3	1.1	2.3	3.2	1.6
Gynaecological procedures	**1240–1299**	**-**	**-**	**~**	**-**	**~**	**3.7**	**3.3**	**4.4**	**5.2**	**4.1**	**3.7**	**3.3**	**4.4**	**5.2**	**4.1**
Oophorectomy and salpingo-oophorectomy	1243, 1252	-	-	-	-	-	5.7	4.3	4.1	5.8	4.4	5.7	4.3	4.1	5.8	4.4
Salpingectomy	1251	-	-	-	-	-	~	3.4	3.0	~	3.4	~	3.4	3.0	~	3.4
Examination procedures on uterus	1259	-	-	-	-	-	-	1.8	1.9	2.4	2.0	-	1.8	1.9	2.4	2.0
Curettage and evacuation of uterus	1265	-	-	-	-	-	-	1.6	1.7	2.6	1.9	-	1.6	1.7	2.6	1.9
Hysterectomy	1268–1269	-	-	-	-	-	-	5.7	6.0	6.9	6.1	-	5.7	6.0	6.9	6.1
Repair of prolapse of uterus, pelvic floor or enterocele	1283	-	-	-	-	-	-	3.4	4.3	4.7	4.3	-	3.4	4.3	4.7	4.3
Obstetric procedures[b]	**1330–1347**	**-**	**-**	**-**	**-**	**-**	**-**	**~**	**-**	**-**	**~**	**-**	**~**	**-**	**-**	**~**
Induction and augmentation of labour	1334, 1335	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Vacuum extraction	1338	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Caesarean section	1340	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-

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

Principal Procedure	Procedure Block	Male					Female (excl. *Maternity*)					Total Discharges (excl. *Maternity*)				
		< 15	15–44	45–64	≥65	Total	< 15	15–44	45–64	≥65	Total	< 15	15–44	45–64	≥65	Total
Episiotomy associated with delivery	90472-00[1343]	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Postpartum suture	1344	-	-	-	-	-	-	~	-	-	~	-	~	-	-	~
Procedures on musculoskeletal system	**1360–1579**	**1.9**	**2.5**	**5.0**	**8.4**	**4.3**	**2.2**	**3.0**	**4.4**	**8.4**	**5.6**	**2.0**	**2.7**	**4.7**	**8.4**	**4.9**
Arthroplasty of hip	1489	~	5.9	6.6	9.2	8.3	~	7.1	7.6	10.5	9.8	~	6.5	7.1	10.0	9.1
Arthroplasty of knee	1518–1519	-	8.1	6.3	7.4	7.0	-	7.0	6.6	7.7	7.3	-	7.7	6.5	7.5	7.2
Dermatological and plastic procedures	**1600–1718**	**2.9**	**2.8**	**4.8**	**6.1**	**3.6**	**3.0**	**2.8**	**5.0**	**6.5**	**3.9**	**2.9**	**2.8**	**4.9**	**6.3**	**3.7**
Excision of lesion(s) of skin and subcutaneous tissue	1620	1.3	2.5	2.8	3.9	3.3	1.5	2.0	2.5	4.2	3.4	1.4	2.2	2.7	4.1	3.3
Other debridement of skin and subcutaneous tissue	1628	1.7	3.1	6.3	9.5	4.4	1.8	3.5	7.3	10.0	5.8	1.7	3.2	6.6	9.7	4.8
Skin graft	1640–1650	7.8	6.8	6.2	9.0	7.4	6.5	6.8	10.2	9.5	8.4	7.4	6.8	7.5	9.3	7.7
Procedures on breast	**1740–1759**	**~**	**2.2**	**2.5**	**~**	**2.3**	**~**	**3.3**	**3.4**	**4.6**	**3.7**	**2.5**	**3.2**	**3.4**	**4.6**	**3.7**
Breast biopsy	1743–1744	-	~	~	~	~	-	2.1	2.2	3.5	2.6	-	2.0	2.2	3.5	2.6
Mastectomy	1747–1748	-	2.1	2.5	~	2.4	-	5.1	4.9	6.1	5.3	-	4.9	4.8	6.1	5.2
Radiation oncology procedures	**1786–1799**	**-**	**11.2**	**11.5**	**12.4**	**12.0**	**~**	**6.5**	**9.9**	**11.5**	**9.8**	**~**	**7.5**	**10.6**	**12.0**	**10.8**
Non-invasive, cognitive and other interventions, not elsewhere classified	**1820–1922**	**4.3**	**4.9**	**5.8**	**8.3**	**6.5**	**4.5**	**4.8**	**6.2**	**8.9**	**7.1**	**4.4**	**4.8**	**6.0**	**8.6**	**6.8**
Administration of blood and blood products	1893	3.3	4.6	6.2	6.4	5.7	4.1	4.7	5.3	7.0	6.1	3.6	4.7	5.7	6.7	5.9
Conduction anaesthesia	1909	~	6.3	-	~	5.7	-	~	~	~	8.9	~	7.8	~	6.8	7.0
Cerebral anaesthesia	1910	~	3.5	~	8.2	6.4	~	4.0	~	7.8	5.2	~	3.8	5.4	8.1	5.9
Imaging services	**1940–2016**	**3.6**	**3.8**	**5.6**	**8.0**	**6.0**	**4.1**	**3.7**	**5.3**	**8.0**	**6.1**	**3.8**	**3.8**	**5.5**	**8.0**	**6.1**
Computerised tomography scan	1952-1966	2.5	3.5	5.2	7.7	5.8	2.7	3.4	5.0	7.8	6.0	2.6	3.4	5.1	7.8	5.9
Magnetic resonance imaging	2015	4.2	5.8	7.3	9.7	7.3	5.1	5.3	7.0	9.6	7.0	4.6	5.5	7.1	9.6	7.1

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

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

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

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

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

All Procedures	Procedure Block	Male					Female (excl. *Maternity*)					Total Discharges (excl. *Maternity*)				
		< 15	15–44	45–64	≥65	Total	< 15	15–44	45–64	≥65	Total	< 15	15–44	45–64	≥65	Total
Total Discharges (excl. *Maternity*)	-	**76,953**	**139,985**	**205,140**	**256,767**	**678,845**	**58,250**	**165,174**	**206,912**	**223,499**	**653,835**	**135,203**	**305,159**	**412,052**	**480,266**	**1,332,680**
All Procedures	0001–2016	**101,205**	**208,809**	**306,616**	**395,974**	**1,012,604**	**73,125**	**245,752**	**315,733**	**360,527**	**995,137**	**174,330**	**454,561**	**622,349**	**756,501**	**2,007,741**
Procedures on nervous system	**0001–0086**	**2,017**	**4,490**	**4,482**	**2,570**	**13,559**	**1,454**	**5,249**	**6,002**	**4,337**	**17,042**	**3,471**	**9,739**	**10,484**	**6,907**	**30,601**
Lumbar puncture	0030	1,423	1,075	583	375	3,456	1,098	1,537	744	453	3,832	2,521	2,612	1,327	828	7,288
Procedures on endocrine system	**0110–0129**	**25**	**127**	**204**	**143**	**499**	**24**	**467**	**549**	**310**	**1,350**	**49**	**594**	**753**	**453**	**1,849**
Procedures on eye and adnexa	**0160–0256**	**1,009**	**1,824**	**4,078**	**9,175**	**16,086**	**869**	**1,335**	**3,162**	**11,898**	**17,264**	**1,878**	**3,159**	**7,240**	**21,073**	**33,350**
Lens extraction	0195–0202	52	164	779	3,150	4,145	41	98	751	4,585	5,475	93	262	1,530	7,735	9,620
Procedures on ear and mastoid process	**0300–0333**	**2,890**	**1,397**	**911**	**611**	**5,809**	**2,059**	**1,226**	**898**	**569**	**4,752**	**4,949**	**2,623**	**1,809**	**1,180**	**10,561**
Myringotomy	0309	2,031	447	346	255	3,079	1,346	381	314	188	2,229	3,377	828	660	443	5,308
Procedures on nose, mouth and pharynx	**0370–0422**	**3,090**	**3,074**	**2,621**	**1,690**	**10,475**	**2,334**	**3,122**	**2,111**	**1,459**	**9,026**	**5,424**	**6,196**	**4,732**	**3,149**	**19,501**
Tonsillectomy or adenoidectomy	0412	1,596	363	28	12	1,999	1,450	820	34	8	2,312	3,046	1,183	62	20	4,311
Dental services	**0450–0490**	**4,810**	**1,406**	**335**	**144**	**6,695**	**3,808**	**1,295**	**232**	**104**	**5,439**	**8,618**	**2,701**	**567**	**248**	**12,134**
Procedures on respiratory system	**0520–0570**	**3,561**	**3,313**	**5,913**	**7,608**	**20,395**	**2,664**	**2,116**	**4,563**	**5,652**	**14,995**	**6,225**	**5,429**	**10,476**	**13,260**	**35,390**
Bronchoscopy with/without biopsy	0543–0544, 41892-01[0545]	310	937	1,795	2,173	5,215	213	673	1,612	1,646	4,144	523	1,610	3,407	3,819	9,359
Procedures on cardiovascular system	**0600–0777**	**2,318**	**9,508**	**25,372**	**21,440**	**58,638**	**2,247**	**4,676**	**11,590**	**12,162**	**30,675**	**4,565**	**14,184**	**36,962**	**33,602**	**89,313**
Coronary angiography	0668	175	973	5,890	5,376	12,414	189	366	2,718	3,437	6,710	364	1,339	8,608	8,813	19,124
Transluminal coronary angioplasty with/without stenting	0670–0671	~	215	1,920	1,652	3,789	~	32	397	749	1,179	~	247	2,317	2,401	4,968
CABG	0672–0679	~	40	733	793	1,567	0	~	69	183	256	~	44	802	976	1,823
Leg varicose vein ligation	0727–0728	0	309	441	135	885	0	822	749	166	1,737	0	1,131	1,190	301	2,622
Procedures on blood and blood-forming organs	**0800–0817**	**348**	**703**	**1,349**	**1,482**	**3,882**	**283**	**1,267**	**2,497**	**1,796**	**5,843**	**631**	**1,970**	**3,846**	**3,278**	**9,725**
Procedures on digestive system	**0850–1011**	**3,557**	**26,802**	**35,970**	**32,639**	**98,968**	**2,570**	**33,285**	**36,810**	**32,002**	**104,667**	**6,127**	**60,087**	**72,780**	**64,641**	**203,635**
Fibreoptic colonoscopy with/without excision	0905, 0911	174	8,214	13,069	11,800	33,257	129	9,928	14,223	11,806	36,086	303	18,142	27,292	23,606	69,343
Appendicectomy	0926	1,128	2,059	324	114	3,625	922	2,118	377	126	3,543	2,050	4,177	701	240	7,168
Procedures for haemorrhoids	0941	~	1,707	1,785	619	4,113	~	1,405	1,366	615	3,391	7	3,112	3,151	1,234	7,504
Cholecystectomy	0965	6	353	541	445	1,345	15	1,830	1,188	490	3,523	21	2,183	1,729	935	4,868
Division of abdominal adhesions	0986	41	232	268	313	854	38	1,028	556	367	1,989	79	1,260	824	680	2,843
Repair of inguinal and obstructed hernia	0990, 0997	558	775	1,058	1,061	3,452	73	77	85	160	395	631	852	1,143	1,221	3,847
Panendoscopy with/without excision	1005–1008	299	8,942	12,037	11,102	32,380	320	10,820	13,327	12,069	36,536	619	19,762	25,364	23,171	68,916
Procedures on urinary system	**1040–1129**	**1,824**	**17,904**	**38,694**	**69,550**	**127,972**	**970**	**13,862**	**22,435**	**43,725**	**80,992**	**2,794**	**31,766**	**61,129**	**113,275**	**208,964**
Examination procedures on bladder (includes cystoscopy)	1089	101	1,031	2,575	4,838	8,545	104	1,146	1,792	2,196	5,238	205	2,177	4,367	7,034	13,783
Procedures on male genital organs	**1160–1203**	**4,134**	**1,724**	**2,936**	**3,010**	**11,804**	**0**	**~**	**0**	**0**	**~**	**4,134**	**1,725**	**2,936**	**3,010**	**11,805**
Prostatectomy	1165–1167	0	9	552	897	1,458	0	0	0	0	0	0	9	552	897	1,458
Circumcision	30653-00[1196]	2,118	516	233	91	2,958	0	0	0	0	0	2,118	516	233	91	2,958
Gynaecological procedures	**1240–1299**	**0**	**0**	**~**	**~**	**~**	**141**	**31,795**	**18,866**	**3,681**	**54,483**	**141**	**31,795**	**18,867**	**3,683**	**54,486**
Oophorectomy and salpingo-oophorectomy	1243, 1252	0	0	0	0	0	9	386	401	152	948	9	386	401	152	948
Salpingectomy	1251	0	0	0	0	0	8	103	26	7	144	8	103	26	7	144
Examination procedures on uterus	1259	0	0	0	0	0	~	3,428	3,922	706	8,058	~	3,428	3,922	706	8,058
Curettage and evacuation of uterus	1265	0	0	0	0	0	~	3,387	4,367	772	8,527	~	3,387	4,367	772	8,527
Hysterectomy	1268–1269	0	0	0	0	0	0	612	1,467	604	2,683	0	612	1,467	604	2,683
Repair of prolapse of uterus, pelvic floor or enterocele	1283	0	0	0	0	0	0	131	720	561	1,412	0	131	720	561	1,412
Obstetric procedures[a]	**1330–1347**	**0**	**0**	**0**	**0**	**0**	**0**	**20**	**~**	**0**	**23**	**0**	**20**	**~**	**0**	**23**
Induction and augmentation of labour	1334, 1335	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Vacuum extraction	1338	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Caesarean section	1340	0	0	0	0	0	0	~	0	0	~	0	~	0	0	~
Episiotomy associated with delivery	90472-00[1343]	0	0	0	0	0	0	~	0	0	~	0	~	0	0	~
Postpartum suture	1344	0	0	0	0	0	0	~	0	0	~	0	~	0	0	~

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

All Procedures	Procedure Block	Male					Female (excl. *Maternity*)					Total Discharges (excl. *Maternity*)				
		< 15	15–44	45–64	≥65	Total	< 15	15–44	45–64	≥65	Total	< 15	15–44	45–64	≥65	Total
Procedures on musculoskeletal system	**1360–1579**	**5,244**	**15,120**	**10,224**	**7,802**	**38,390**	**3,980**	**7,573**	**11,745**	**13,193**	**36,491**	**9,224**	**22,693**	**21,969**	**20,995**	**74,881**
Arthroplasty of hip	1489	~	94	641	1,421	2,160	~	97	551	2,017	2,667	6	191	1,192	3,438	4,827
Arthroplasty of knee	1518–1519	0	18	266	443	727	0	12	386	763	1,161	0	30	652	1,206	1,888
Dermatological and plastic procedures	**1600–1718**	**5,551**	**18,353**	**13,190**	**13,476**	**50,570**	**4,118**	**17,774**	**12,274**	**12,752**	**46,918**	**9,669**	**36,127**	**25,464**	**26,228**	**97,488**
Excision of lesion(s) of skin and subcutaneous tissue	1620	675	5,735	5,252	6,886	18,548	640	7,688	5,817	6,516	20,661	1,315	13,423	11,069	13,402	39,209
Other debridement of skin and subcutaneous tissue	1628	587	1,619	1,006	786	3,998	305	497	472	593	1,867	892	2,116	1,478	1,379	5,865
Skin graft	1640–1650	94	242	247	557	1,140	51	100	143	492	786	145	342	390	1,049	1,926
Procedures on breast	**1740–1759**	**~**	**82**	**60**	**30**	**173**	**15**	**4,213**	**5,103**	**2,060**	**11,391**	**16**	**4,295**	**5,163**	**2,090**	**11,564**
Breast biopsy	1743–1744	0	26	41	27	94	8	2,775	2,913	1,339	7,035	8	2,801	2,954	1,366	7,129
Mastectomy	1747–1748	0	27	12	~	40	0	171	419	268	858	0	198	431	269	898
Radiation oncology procedures	**1786–1799**	**637**	**2,624**	**18,446**	**26,738**	**48,445**	**221**	**6,090**	**25,701**	**13,088**	**45,100**	**858**	**8,714**	**44,147**	**39,826**	**93,545**
Non-invasive, cognitive and other interventions, not elsewhere classified	**1820–1922**	**52,437**	**83,145**	**116,090**	**159,502**	**411,174**	**38,449**	**92,406**	**127,939**	**164,577**	**423,371**	**90,886**	**175,551**	**244,029**	**324,079**	**834,545**
Administration of blood and blood products	1893	3,064	2,187	5,156	10,725	21,132	2,237	2,633	4,288	8,977	18,135	5,301	4,820	9,444	19,702	39,267
Conduction anaesthesia	1909	219	1,401	2,752	4,690	9,062	83	1,000	2,861	5,787	9,731	302	2,401	5,613	10,477	18,793
Cerebral anaesthesia	1910	24,824	42,722	46,642	42,988	157,176	16,525	49,661	53,665	41,802	161,653	41,349	92,383	100,307	84,790	318,829
Imaging services	**1940–2016**	**7,752**	**17,213**	**25,740**	**38,362**	**89,067**	**6,919**	**17,980**	**23,253**	**37,162**	**85,314**	**14,671**	**35,193**	**48,993**	**75,524**	**174,381**
Computerised tomography scan	1952–1966	1,550	11,795	15,785	26,616	55,746	1,089	10,143	13,794	26,883	51,909	2,639	21,938	29,579	53,499	107,655
Magnetic resonance imaging	2015	2,394	2,353	3,124	3,459	11,330	1,960	3,018	2,873	3,241	11,092	4,354	5,371	5,997	6,700	22,422

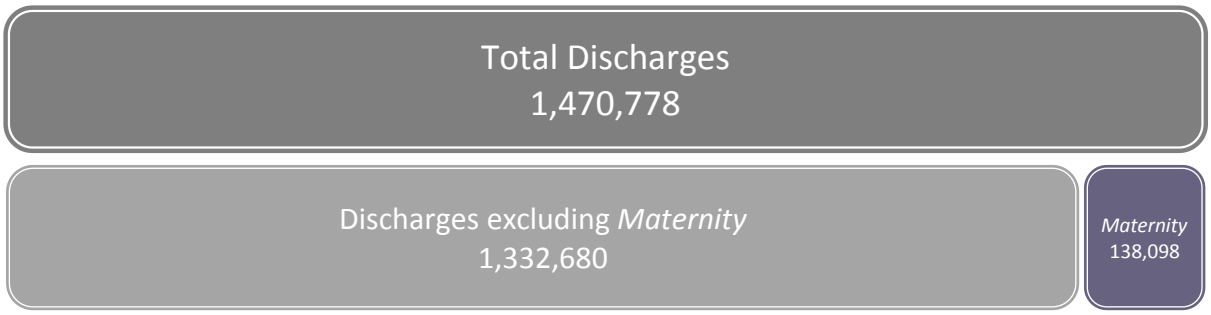
Notes: ~ Denotes five or less discharges reported to HIPE.

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

Maternity Discharges 2011

SECTION FOUR

Table of Contents



4.1 INTRODUCTION

Section Four examines *Maternity* discharges only. In 2011, 9.4 per cent of total discharges were categorised as *Maternity* discharges. *Maternity* discharges in HIPE are those who were *admitted* in relation to their obstetrical experience (from conception to 6 weeks post delivery); that is, they were allocated to Admission Type code *Maternity*.[1]

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

* The NPRS includes all deliveries in Ireland including those in public and private hospitals and domiciliary births. HIPE does not currently collect data from private hospitals or domiciliary births.
* Delivery data in the NPRS is reported based on date of delivery, HIPE data is reported on the date of discharge of the mother. For example, a delivery that occurs on 27 December 2010 and the mother is discharged on 1 January 2011 will be recorded as a 2010 delivery in NPRS and a 2011 delivery in HIPE.
* In accordance with the World Health Organization (WHO) guidelines the NPRS does not include births weighing less than 500 grams; these deliveries would be reported by HIPE.

1 Hospital In-Patient Enquiry Scheme (HIPE) Data Dictionary 2011 Version 3.0 available at www.esri.ie

2 See www.nprs.ie

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

- Section 4.2 provides an overview of *Maternity* discharges, disaggregated according to whether they delivered during this episode of care.
- Section 4.3 examines *Delivery* discharges. Method of delivery is analysed by selected demographic and administrative variables. Top 20 diagnoses and Top 10 procedures are provided, along with further details on Caesarean section deliveries.
- Section 4.4 provides a summary of *Non-Delivery* discharges and reports on age, marital status and public/private status for day patients and in-patients. Top 10 principal diagnoses and procedures are also presented.

4.2 Maternity Discharges – Total

This section provides an overview of the 138,098 *Maternity* discharges reported to HIPE. Of those discharges registered as *Maternity*, there were 71,231 (51.6 per cent) *Delivery* discharges and 66,867 (48.4 per cent) *Non-Delivery* discharges.

4.2.1 *Maternity* Discharges: Profile

Table 4.1 disaggregates *Maternity* discharges and bed days by patient type and delivery status.[4,5] Mean and median lengths of stay for in-patient discharges are also presented.[6]

Discharges

- Day patients accounted for 10,771 (7.8 per cent) of *Maternity* discharges. The remaining 127,327 (92.2 per cent) of *Maternity* discharges were in-patients.
- 57.3 per cent of *Maternity* discharges were aged 25–34 years (see Figure 4.1).
- Single women accounted for 37.5 per cent of *Maternity* discharges while married women accounted for 59.8 per cent (see Figure 4.2).
- Almost 19 per cent of *Maternity* discharges were discharged on a private basis and 81.5 per cent on a public basis (see Figure 4.3).

Length of Stay

- The cumulative proportion of discharges and bed days differ for *Delivery* and *Non-Delivery* discharges (see Figures 4.4a–4.4c). For example, for discharges staying 3 days or less, 63.4 per cent of *Delivery* in-patient discharges used 40.2 per cent of bed days, whereas 93 per cent of *Non-Delivery* discharges used 73.7 per cent of bed days.

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4 See Glossary for definition of patient type.

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

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

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

	Discharges and Bed Days																	
	Day Patients		In-Patients												Total *Maternity* Discharges			
			0–7 Days				> 7 Days				Total *Maternity* In-Patient							
	N	%	N	%	Bed Days	%	N	%	Bed Days	%	N	%	Bed Days	%	N	%	Bed Days	%
Delivery[a,b]	-	-	68,722	55.4	207,789	71.9	2,509	77.0	34,023	78.0	71,231	55.9	241,812	72.7	71,231	51.6	241,812	70.4
Non-Delivery	10,771	100	55,345	44.6	81,145	28.1	751	23.0	9,575	22.0	56,096	44.1	90,720	27.3	66,867	48.4	101,491	29.6
Total *Maternity*	**10,771**	**100**	**124,067**	**100**	**288,934**	**100**	**3,260**	**100**	**43,598**	**100**	**127,327**	**100**	**332,532**	**100**	**138,098**	**100**	**343,303**	**100**

In-Patient Length of Stay								
	0–7 Days		> 7 Days			Total *Maternity* In-Patient		
	Mean	Median		Mean	Median		Mean	Median
Delivery	3.0	3	Delivery	13.6	10	Delivery	3.4	3
Non-Delivery	1.5	1	Non-Delivery	12.7	10	Non-Delivery	1.6	1
Total *Maternity*	**2.3**	**2**	**Total *Maternity***	**13.4**	**10**	**Total *Maternity***	**2.6**	**2**

Notes: Percentage columns are subject to rounding.

a *Delivery* discharges are all in-patients.

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

FIGURE 4.1 *Maternity Discharges*: Age (N, %)

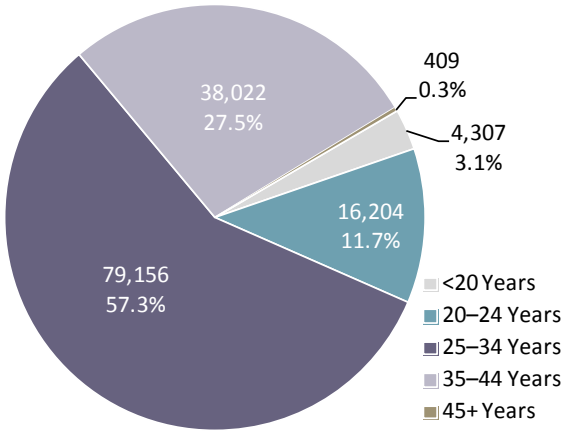


FIGURE 4.2 *Maternity Discharges*: Marital Status (N, %)

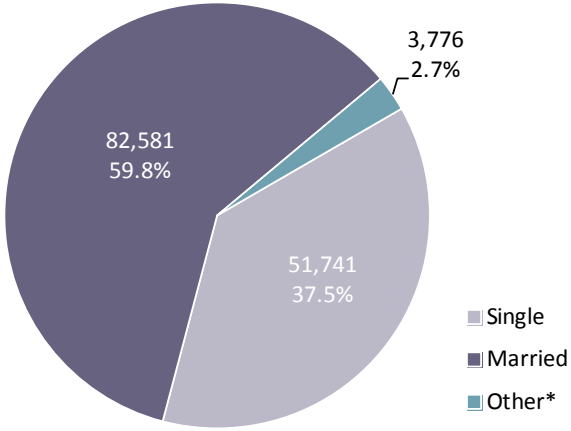
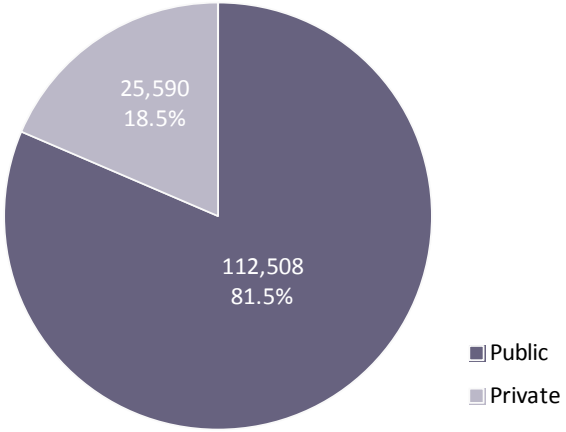


FIGURE 4.3 *Maternity Discharges*: Public/Private Status (N, %)



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

* Other includes widowed, separated, divorced, and unknown.

FIGURE 4.4a *Delivery* Discharges: In-Patient Length of Stay by Discharges and Bed Days (Cumulative Percentage)[a,b]

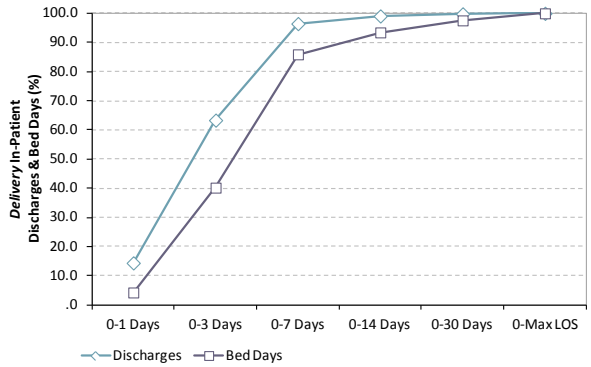


FIGURE 4.4b *Non-Delivery* Discharges: In-Patient Length of Stay by Discharges and Bed Days (Cumulative Percentage)

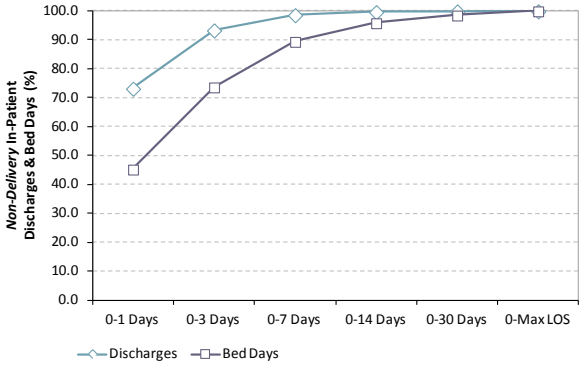
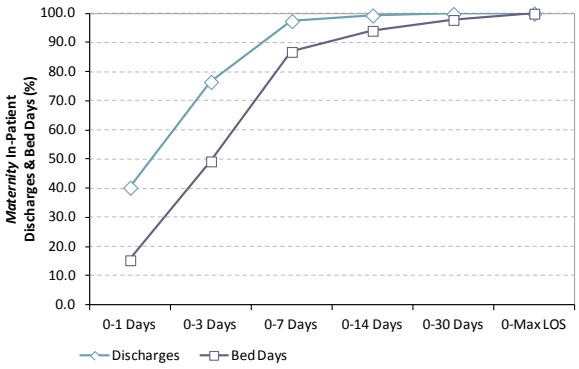


FIGURE 4.4c *Maternity* Discharges: In-Patient Length of Stay by Discharges and Bed Days (Cumulative Percentage)



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

b *Delivery* discharges are all in-patients.

4.3 MATERNITY DISCHARGES – DELIVERY

There were 71,231 *Maternity* discharges with a diagnosis of *outcome of delivery* reported to HIPE (51.6 per cent of *Maternity* discharges and 4.8 per cent of total HIPE discharges).[7,8]

4.3.1 *Delivery* Discharges: Outcome of Delivery

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

- Single deliveries accounted for 98.1 per cent of total *Delivery* discharges while multiple deliveries accounted for 1.9 per cent.
- The in-patient mean length of stay for a single delivery was 3.3 days compared to 6.4 days for a multiple delivery.

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

		Delivery Discharges[a]		In-Patient Length of Stay[b]	
		N	%	Mean	Median
Z37.0–Z37.1	Single Deliveries	69,883	98.1	3.3	3
Z37.2–Z37.7	Multiple Deliveries	1,329	1.9	6.4	5
Z37.9	Unspecified	19	0.0	4.5	4
Total *Delivery* Discharges		**71,231**	**100**	**3.4**	**3**

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

7 See Section Three for details of clinical coding and classification.
8 ICD-10-AM Diagnosis Code Z37. (Extracted from NCCH eBook, July 2008, Factors Affecting Health Status.)
9 As a delivery can result in either single or multiple outcomes, the number of deliveries will not equal the number of births. For national statistics on perinatal events in Ireland see the *National Perinatal Reporting System* (www.nprs.ie).

4.3.2 *Delivery* Discharges: Method of Delivery

Method of delivery is derived from delivery procedure codes and, for the purposes of this report are grouped into non-instrumental, instrumental and elective or emergency Caesarean section.[10,11,12,13,14] Table 4.3 disaggregates *Delivery* discharges by method of delivery and outcome of delivery. Figure 4.5 shows the proportion of *Delivery* discharges by method of delivery and in-patient length of stay.

Discharges

- Non-instrumental deliveries accounted for 57.3 per cent of single deliveries and 22.9 per cent of multiple deliveries.
- Caesarean section accounted for 26.6 per cent of single deliveries and 65.5 per cent of multiple deliveries.
- The proportions of elective and emergency Caesarean sections were similar for both the single and multiple deliveries.

Length of Stay

- The in-patient mean length of stay was 2.5 days for non-instrumental, 3.3 days for instrumental and 5.3 days for Caesarean section deliveries.
- In-patient mean length of stay was shorter for single deliveries compared to multiple deliveries for all methods of delivery.
- For single Caesarean section deliveries, in-patient mean length of stay was shorter for elective Caesarean section deliveries (4.8 days) than emergency Caesarean section deliveries (5.5 days). Similarly, for multiple Caesarean section deliveries the in-patient mean length of stay was shorter for elective Caesarean section deliveries (6.7 days) than emergency Caesarean section deliveries (7.7 days).
- Only 3.5 per cent of total *Delivery* discharges had an in-patient length of stay of more than 7 days (see Figure 4.5).

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

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

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

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

14 An **elective** Caesarean (ACHI Procedure Codes 16520-00, 16520-02) is defined as a Caesarean section carried out as a planned procedure before the onset of labour or following the onset of labour, when the decision was made before labour.
An **emergency** Caesarean (ACHI Procedure Codes 16520-01, 16520-03) is defined as a Caesarean required because of an emergency situation (e.g. obstructed labour, fetal distress). It is best described as 'when the Caesarean section is performed having not been considered necessary previously'. Caesarean section after failed trial of scar would be an emergency Caesarean section.
Source: Australian Coding Standard 1541 [Extracted from NCCH eBook, July 2008, Pregnancy, Childbirth and the Puerperium].

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

		Delivery Discharges											
		Non-Instrumental		Instrumental		Caesarean Section						Total *Delivery* Discharges[a]	
						Elective CS		Emergency CS		Total CS			
		N	%	N	%	N	%	N	%	N	%	N	%
Single	**0–7** Days	39,563	58.5	11,026	16.3	8,805	13.0	8,242	12.2	17,047	25.2	67,636	100
	> 7 Days	487	21.7	187	8.3	585	26.0	988	44.0	1,573	70.0	2,247	100
	Total Single	**40,050**	**57.3**	**11,213**	**16.0**	**9,390**	**13.4**	**9,230**	**13.2**	**18,620**	**26.6**	**69,883**	**100**
Multiple	**0–7** Days	270	25.3	133	12.5	371	34.7	294	27.5	665	62.3	1,068	100
	> 7 Days	35	13.4	21	8.0	93	35.6	112	42.9	205	78.5	261	100
	Total Multiple	**305**	**22.9**	**154**	**11.6**	**464**	**34.9**	**406**	**30.5**	**870**	**65.5**	**1,329**	**100**
Total[a]	**0–7** Days	39,833	58.0	11,159	16.2	9,176	13.4	8,536	12.4	17,712	25.8	68,704	100
	> 7 Days	522	20.8	208	8.3	678	27.0	1,100	43.9	1,778	70.9	2,508	100
	Total *Delivery* Discharges	**40,355**	**56.7**	**11,367**	**16.0**	**9,854**	**13.8**	**9,636**	**13.5**	**19,490**	**27.4**	**71,212**	**100**

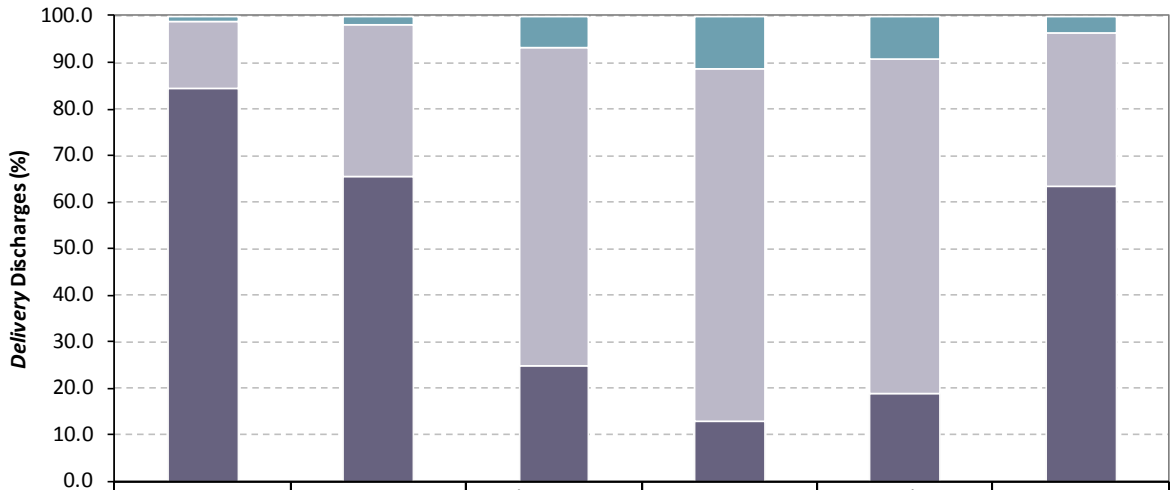
		Delivery In-Patient Length of Stay[b]											
		Non-Instrumental		Instrumental		Caesarean Section						Total *Delivery* Discharges	
						Elective CS		Emergency CS		Total CS			
		Mean	Median	Mean	Median	Mean	Median	Mean	Median	Mean	Median	Mean	Median
Single	**0–7** Days	2.4	2	3.1	3	4.1	4	4.7	5	4.4	4	3.0	3
	> 7 Days	12.5	10	11.1	9	15.7	11	12.9	10	14.0	10	13.4	10
	Total Single	**2.5**	**2**	**3.3**	**3**	**4.8**	**4**	**5.5**	**5**	**5.2**	**4**	**3.3**	**3**
Multiple	**0–7** Days	3.2	3	4.0	4	4.7	5	5.0	5	4.8	5	4.3	4
	> 7 Days	15.6	11	13.8	10	14.9	12	14.7	12	14.8	12	14.8	11
	Total Multiple	**4.6**	**3**	**5.4**	**4**	**6.7**	**5**	**7.7**	**6**	**7.2**	**5**	**6.4**	**5**
Total[a]	**0–7** Days	2.4	2	3.1	3	4.1	4	4.7	5	4.4	4	3.0	3
	> 7 Days	12.7	10	11.4	9	15.6	11	13.1	10	14.1	11	13.6	10
	Total *Delivery* Discharges	**2.5**	**2**	**3.3**	**3**	**4.9**	**4**	**5.6**	**5**	**5.3**	**4**	**3.4**	**3**

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

a Outcome of Delivery is 'unspecified' for 19 discharges; these are not included here due to the small numbers.

b *Delivery* discharges are all in-patients.

FIGURE 4.5 *Delivery* Discharges: Method of Delivery by In-Patient Length of Stay (%)



	Non-Instrumental	Instrumental	Caesarean Section: Elective CS	Caesarean Section: Emergency CS	Caesarean Section: Total CS	Total
>7 Days	1.3	1.8	6.9	11.4	9.1	3.5
4–7 Days	14.4	32.9	68.3	75.6	71.9	33.1
0–3 Days	84.3	65.3	24.8	13.0	19.0	63.4

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

4.3.3 *Delivery* Discharges: Age

Table 4.4 and Figure 4.6 disaggregate *Delivery* discharges by method of delivery and mother's age.

Discharges

- With the exception of mothers aged 45 years and over, the majority of mothers in the younger age groups had non-instrumental deliveries.
- A larger proportion of older mothers delivered by elective Caesarean section (21.3 per cent for mothers aged 35–44 compared to 12.0 per cent for mothers aged 25–34).
- For mothers aged 45 years and over, 59.7 per cent delivered by Caesarean section and 32.4 per cent had non-instrumental deliveries.

Length of Stay

- In-patient mean length of stay was shortest for non-instrumental deliveries for all age groups, this ranged from 2.5 days to 2.9 days across all age groups.
- In-patient mean length of stay for Caesarean section deliveries was longest for women aged 45 years and over (6.6 days).
- In-patient mean length of stay varied from 3.1 days for mothers aged 20–24 years to 5.1 days for mothers aged 45 years and over for total *Delivery* discharges.

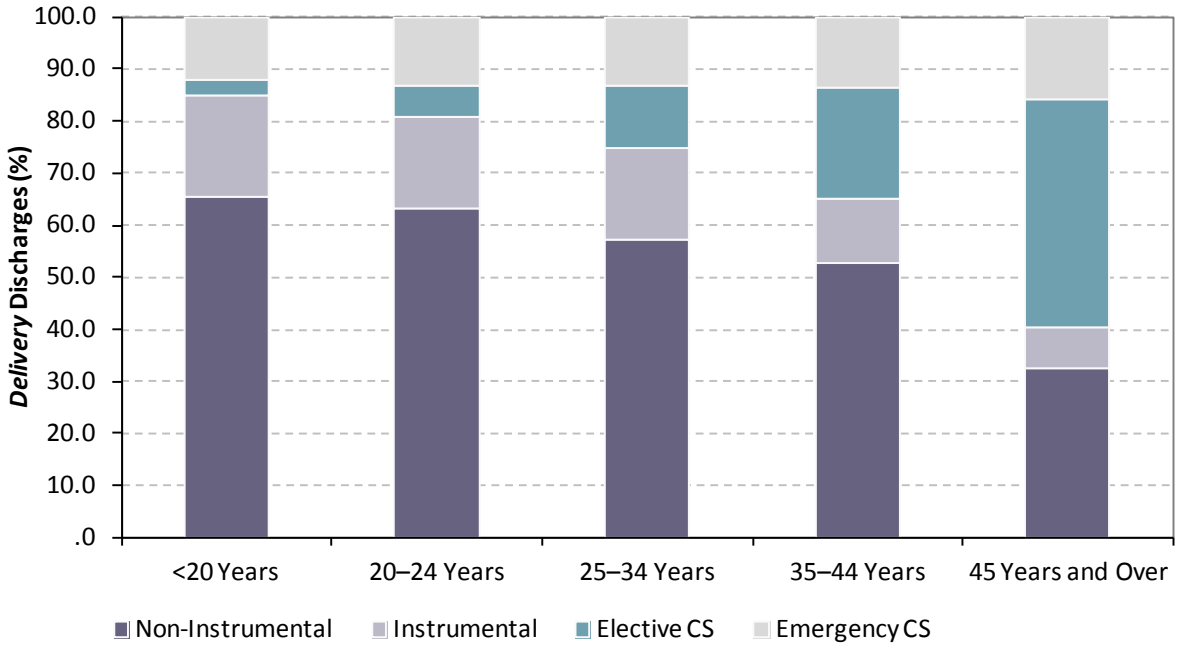
TABLE 4.4 *Delivery* Discharges: Method of Delivery by Mother's Age (N, % and Length of Stay)

	Delivery Discharges											
	Non-Instrumental		Instrumental		Caesarean Section						Total *Delivery* Discharges	
					Elective CS		Emergency CS		Total CS			
	N	%	N	%	N	%	N	%	N	%	N	%
<20 Years	1,101	65.2	333	19.7	50	3.0	204	12.1	254	15.0	1,688	100
20–24 Years	4,585	63.1	1,277	17.6	429	5.9	973	13.4	1,402	19.3	7,264	100
25–34 Years	24,079	57.3	7,264	17.3	5,041	12.0	5,663	13.5	10,704	25.5	42,047	100
35–44 Years	10,551	52.5	2,484	12.4	4,278	21.3	2,780	13.8	7,058	35.1	20,093	100
45 Years and Over	45	32.4	11	7.9	61	43.9	22	15.8	83	59.7	139	100
Total *Delivery* Discharges	**40,361**	**56.7**	**11,369**	**16.0**	**9,859**	**13.8**	**9,642**	**13.5**	**19,501**	**27.4**	**71,231**	**100**

	Delivery In-Patient Length of Stay[a]											
	Non-Instrumental		Instrumental		Caesarean Section						Total *Delivery* Discharges	
					Elective CS		Emergency CS		Total CS			
	Mean	Median	Mean	Median	Mean	Median	Mean	Median	Mean	Median	Mean	Median
<20 Years	2.9	2	3.3	3	5.2	4	5.4	5	5.3	5	3.3	3
20–24 Years	2.5	2	3.1	3	4.8	4	5.2	5	5.1	4	3.1	3
25–34 Years	2.5	2	3.3	3	4.8	4	5.5	5	5.2	4	3.3	3
35–44 Years	2.5	2	3.3	3	5.1	4	6.0	5	5.4	5	3.7	3
45 Years and Over	2.6	2	4.5	4	6.7	5	6.4	6	6.6	5	5.1	4
Total *Delivery* Discharges	**2.5**	**2**	**3.3**	**3**	**4.9**	**4**	**5.6**	**5**	**5.3**	**4**	**3.4**	**3**

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

FIGURE 4.6 *Delivery* Discharges: Method of Delivery by Mother's Age (%)

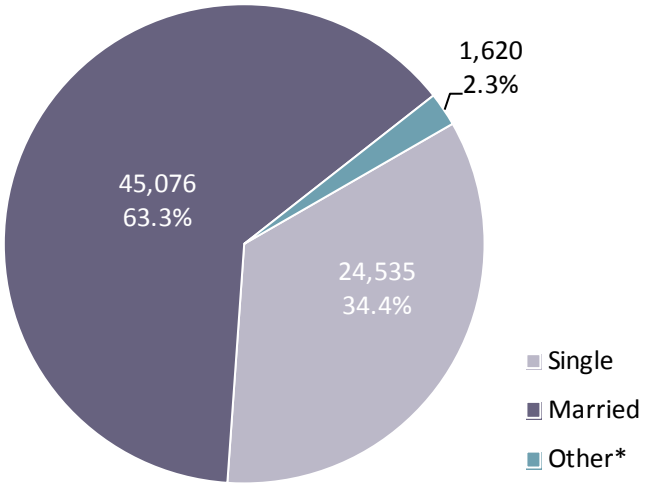


Notes: Data represent *Delivery* discharges in acute public hospitals reporting to HIPE which have been allocated an admission type *Maternity*. For national statistics on perinatal events in Ireland see the *National Perinatal Reporting System* (www.nprs.ie).

4.3.4 *Delivery* Discharges: Marital Status

Marital status for *Delivery* discharges is presented in Figure 4.7 and shows that 63.3 per cent of *Delivery* discharges were married while 34.4 per cent were single.

FIGURE 4.7 *Delivery Discharges*: Marital Status (N, %)



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

4.3.5 *Delivery* Discharges: Public/Private Status[15]

Table 4.5 and Figure 4.8 disaggregate *Delivery* discharges by method of delivery and public/private status.

Discharges

- Over 78 per cent of *Delivery* discharges were treated on a public basis (see Figure 4.8).
- Of *Delivery* discharges treated on a public basis, 59.3 per cent had a non-instrumental delivery, 15.7 per cent had an instrumental delivery, while the remaining 25.0 per cent delivered by Caesarean Section.
- Of *Delivery* discharges treated on a private basis, 47.1 per cent had a non-instrumental delivery, 16.9 per cent had an instrumental delivery, while the remaining 36.0 per cent delivered by Caesarean Section.
- Over 22 per cent of *Delivery* discharges treated on a private basis had an elective Caesarean section compared to 11.5 per cent of discharges who were treated publicly. Similar proportions of public and private *Delivery* discharges had an emergency Caesarean section.

Length of Stay

- *Delivery disch*arges treated on a private basis had a longer in-patient mean length of stay than those treated on a public basis for both non-instrumental

[15] See Section 2.2.3 for definition of public/private status.

(2.8 days compared to 2.5 days) and instrumental deliveries (3.4 days compared to 3.3 days).

- A longer in-patient mean length of stay was recorded for emergency Caesarean section deliveries treated on a private basis compared to those treated on a public basis (5.9 days compared to 5.6 days).

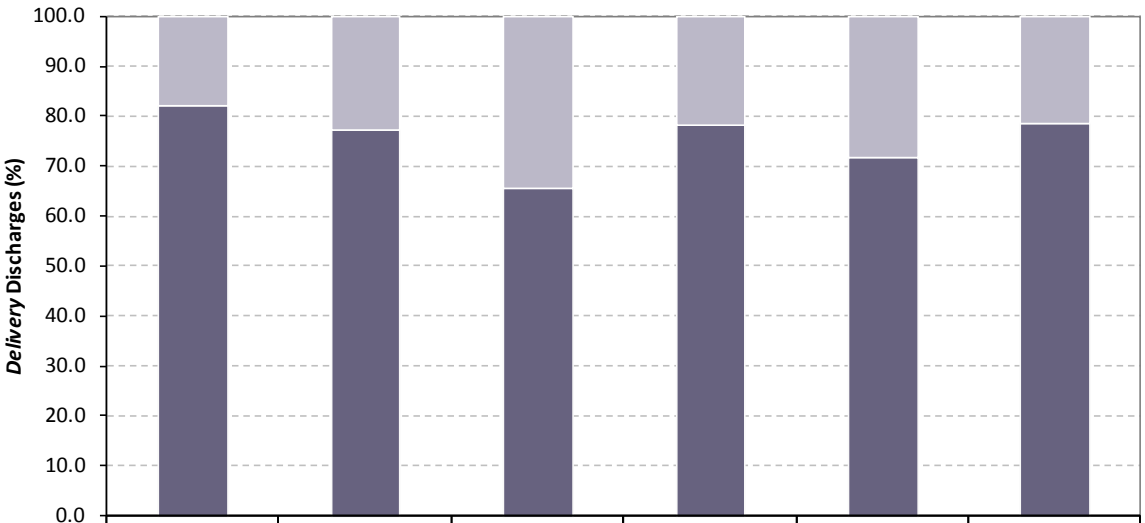
TABLE 4.5 *Delivery* Discharges: Method of Delivery by Public/Private Status (N, % and Length of Stay)

	Delivery Discharges											
	Non-Instrumental		Instrumental		Caesarean Section						Total *Delivery* Discharges	
					Elective CS		Emergency CS		Total CS			
	N	%	N	%	N	%	N	%	N	%	N	%
Public	33,113	59.3	8,776	15.7	6,444	11.5	7,516	13.5	13,960	25.0	55,849	100
Private	7,248	47.1	2,593	16.9	3,415	22.2	2,126	13.8	5,541	36.0	15,382	100
Total *Delivery* Discharges	**40,361**	**56.7**	**11,369**	**16.0**	**9,859**	**13.8**	**9,642**	**13.5**	**19,501**	**27.4**	**71,231**	**100**

	Delivery In-Patient Length of Stay[a]											
	Non-Instrumental		Instrumental		Caesarean Section						Total *Delivery* Discharges	
					Elective CS		Emergency CS		Total CS			
	Mean	Median	Mean	Median	Mean	Median	Mean	Median	Mean	Median	Mean	Median
Public	2.5	2	3.3	3	5.0	4	5.6	5	5.3	4	3.3	3
Private	2.8	3	3.4	3	4.8	4	5.9	5	5.2	5	3.8	3
Total *Delivery* Discharges	**2.5**	**2**	**3.3**	**3**	**4.9**	**4**	**5.6**	**5**	**5.3**	**4**	**3.4**	**3**

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

FIGURE 4.8 *Delivery* Discharges: Method of Delivery by Public/Private Status (%)



	Non-Instrumental	Instrumental	Caesarean Section: Elective CS	Caesarean Section: Emergency CS	Caesarean Section: Total CS	Total
Private	18.0	22.8	34.6	22.0	28.4	21.6
Public	82.0	77.2	65.4	78.0	71.6	78.4

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

4.3.6 *Delivery* Discharges: Day of Admission

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

- Admissions were most frequent midweek with 16.4 per cent of *Delivery* discharges admitted on Wednesday.
- Caesarean section admissions were most frequent on Wednesdays (18.3 per cent). Over 92 per cent of elective Caesarean sections were admitted on a weekday compared to 78.1 per cent of emergency Caesarean sections.

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

	Non-Instrumental		Instrumental		Caesarean Section						Total *Delivery* Discharges	
					Elective CS		Emergency CS		Total CS			
	N	%	N	%	N	%	N	%	N	%	N	%
Monday	6,023	14.9	1,818	16.0	1,874	19.0	1,578	16.4	3,452	17.7	11,293	15.9
Tuesday	6,222	15.4	1,876	16.5	1,862	18.9	1,547	16.0	3,409	17.5	11,507	16.2
Wednesday	6,369	15.8	1,741	15.3	1,996	20.2	1,581	16.4	3,577	18.3	11,687	16.4
Thursday	6,371	15.8	1,757	15.5	1,936	19.6	1,561	16.2	3,497	17.9	11,625	16.3
Friday	5,739	14.2	1,544	13.6	1,412	14.3	1,258	13.0	2,670	13.7	9,953	14.0
Saturday	4,728	11.7	1,218	10.7	235	2.4	938	9.7	1,173	6.0	7,119	10.0
Sunday	4,909	12.2	1,415	12.4	544	5.5	1,179	12.2	1,723	8.8	8,047	11.3
Total *Delivery* Discharges	**40,361**	**100**	**11,369**	**100**	**9,859**	**100**	**9,642**	**100**	**19,501**	**100**	**71,231**	**100**

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

4.3.7 *Delivery* Discharges: Morbidity Analysis

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

4.3.7.1 Top 20 Principal Diagnoses

The mean number of all diagnoses recorded for total *Delivery* discharges was 3.4. Table 4.7 outlines the top 20 principal diagnoses recorded for *Delivery* discharges.

- Almost 51 per cent of total *Delivery* discharges record one of the top three principal diagnoses and 93 per cent record one of the top 20 principal diagnoses.[16]
- A principal diagnosis of *perineal laceration during delivery* was recorded for 21.7 per cent of total *Delivery* discharges. This was followed by *labour and delivery complicated by fetal stress [distress]* (15.2 per cent) and *single spontaneous delivery* (14.0 per cent).

TABLE 4.7 *Delivery* Discharges: Top 20 Principal Diagnoses (N, % and Length of Stay)

Principal Diagnoses – Top 20		N	% of Top 20 Principal Diagnoses For Deliveries	% of Total Deliveries	In-Patient Mean LOS[a] (0–7 Days)
O70	Perineal laceration during delivery	15,474	23.3	21.7	2.3
O68	Labour and delivery complicated by fetal stress [distress]	10,792	16.3	15.2	3.2
O80	Single spontaneous delivery[b]	10,004	15.1	14.0	2.0
O34	Maternal care for known or suspected abnormality of pelvic organs	6,269	9.5	8.8	4.0
O48	Prolonged pregnancy	3,459	5.2	4.9	3.2
O42	Premature rupture of membranes	2,735	4.1	3.8	3.5
O63	Long labour	2,396	3.6	3.4	3.7
O62	Abnormalities of forces of labour	2,378	3.6	3.3	3.6
O36	Maternal care for other known or suspected fetal problems	2,265	3.4	3.2	3.5
O32	Maternal care for known or suspected malpresentation of fetus	2,210	3.3	3.1	4.1
O99	Other maternal diseases classifiable elsewhere but complicating pregnancy, childbirth and the puerperium	1,149	1.7	1.6	3.4
O13	Gestational [pregnancy-induced] hypertension without significant proteinuria	1,092	1.6	1.5	4.0
O64	Labour and delivery affected by malposition and malpresentation of fetus	934	1.4	1.3	3.7
O14	Gestational [pregnancy-induced] hypertension with significant proteinuria	822	1.2	1.2	4.7
O60	Preterm labour and delivery	817	1.2	1.1	3.6
O75	Other complications of labour and delivery, not elsewhere classified	814	1.2	1.1	3.1
O24	Diabetes mellitus in pregnancy	814	1.2	1.1	3.4
O65	Labour and delivery affected by maternal pelvic abnormality	692	1.0	1.0	2.6
O41	Other disorders of amniotic fluid and membranes	599	0.9	0.8	3.3
O72	Postpartum haemorrhage	557	0.8	0.8	2.9
Top 20 Principal Diagnoses for *Delivery* Discharges		**66,272**	**100**	**93.0**	**3.0**
***Delivery* Discharges – Total**		**71,231**	**-**	**-**	**3.0**

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

a *Delivery* discharges are all in-patients.

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

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

4.3.7.2 Top 10 Principal Procedures

In 2011, 93.7 per cent of *Delivery* discharges had a principal procedure reported. For those discharges that underwent at least one procedure, total Delivery discharges had a mean number of 2.7 procedures recorded. Almost all (98.1 per cent) of these deliveries were accounted for in the top ten principal procedures (see Table 4.8).[17]

- The top principal procedure was *Caesarean section*, which was recorded in 29.1 per cent of *Delivery* discharges with a principal procedure (see Section 4.3.8 for more information on Caesarean Section deliveries). This was followed by *postpartum suture* (27.0 per cent) and *vacuum extraction* (9.9 per cent).

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

Principal Procedure – Top 10		N	% of Top 10 Procedures for Deliveries	% of Deliveries with a Principal Procedure	In-Patient Mean LOS[a] (0–7 Days)
1340	Caesarean section[b]	19,384	29.6	29.1	4.4
1344	Postpartum suture	18,029	27.5	27.0	2.4
1338	Vacuum extraction	6,595	10.1	9.9	3.0
1343	Other procedures associated with delivery[c]	5,382	8.2	8.1	2.9
1334	Medical or surgical induction of labour	4,176	6.4	6.3	2.9
1335	Medical or surgical augmentation of labour	4,123	6.3	6.2	2.1
1333	Analgesia and anaesthesia during labour and delivery procedure	3,901	6.0	5.8	2.4
1337	Forceps delivery	2,347	3.6	3.5	3.3
1336	Spontaneous vertex delivery[d]	970	1.5	1.5	1.9
1345	Postpartum evacuation of uterus	551	0.8	0.8	2.9
Top 10 Principal Procedure Blocks for Deliveries		**65,458**	**100**	**98.1**	**3.1**
***Delivery* Discharges with a Principal Procedure – Total**		**66,720**	**-**	**-**	**3.1**
***Delivery* Discharges – Total (including those with and without a Principal Procedure)**		**71,231**	**-**	**-**	**3.0**

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

a *Delivery* discharges are all in-patients.

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

c Includes episiotomy.

d This code is not required for all spontaneous vertex deliveries as the delivery can be assumed to be normal when there is an absence of procedure codes for interventions such as Caesarean, forceps delivery, etc. [Coding Matters Newsletter, NCCH, Volume 5 Number 3, January 1999]

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

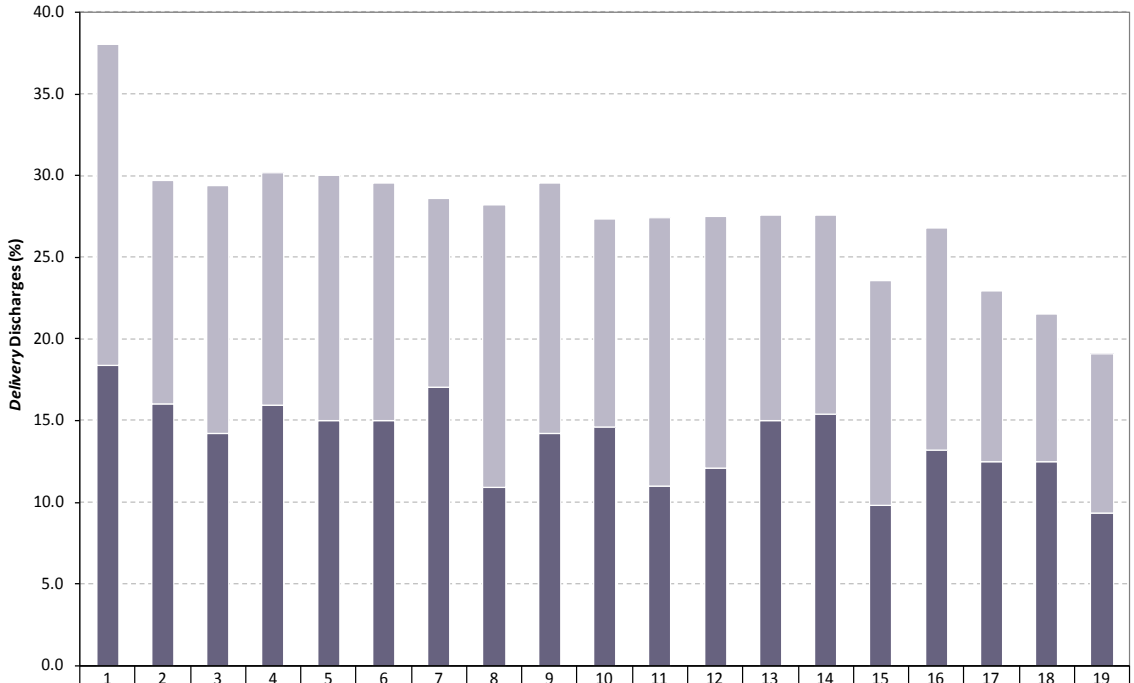
4.3.8 *Delivery* Discharges: Caesarean Section Deliveries

A Caesarean section was reported for 19,501 (27.4 per cent) *Delivery* discharges.[18] Section 4.3.8 presents additional information on discharges who underwent a Caesarean section procedure.

4.3.8.1 Caesarean Section by Hospital[19]

Figure 4.9 presents the proportion of *Delivery* discharges with an emergency/ elective Caesarean section procedure by (anonymised) hospital. It shows that the proportion ranged from 19.1 per cent to 38.0 per cent, compared to the national proportion of 27.4 per cent.

FIGURE 4.9 *Delivery* Discharges: Caesarean Section by Hospital (%)



	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19
Total CS	38.0	29.7	29.4	30.2	30.0	29.5	28.6	28.2	29.5	27.3	27.4	27.5	27.6	27.6	23.6	26.8	22.9	21.5	19.1
Elective CS	19.6	13.7	15.2	14.3	15.0	14.5	11.6	17.3	15.3	12.7	16.4	15.4	12.6	12.2	13.8	13.6	10.4	9.0	9.8
Emergency CS	18.4	16.0	14.2	15.9	15.0	15.0	17.0	10.9	14.2	14.6	11.0	12.1	15.0	15.4	9.8	13.2	12.5	12.5	9.3

Notes: Percentage columns are subject to rounding.
The hospital numbering presented here is comparable to that presented in Activity in Acute Public Hospitals in Ireland, Annual Report, 2010.
Data represent *Delivery* discharges in acute public hospitals reporting to HIPE which have been allocated an admission type *Maternity*. For national statistics on perinatal events in Ireland see the *National Perinatal Reporting System* (www.nprs.ie).
Six hospitals had <10 deliveries and were excluded from this presentation.

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

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

4.3.8.2 Previous Caesarean Section by Method of Delivery

Table 4.9 disaggregates *Delivery* discharges into two categories according to their Caesarean section history.[20] Previous Caesarean refers to mothers with a diagnosis of *outcome of delivery* and had evidence of a previous Caesarean section coded.

- Over 12 per cent of *Delivery* discharges had a previous Caesarean section.
- Of those mothers who had a previous Caesarean section 85.8 per cent had a Caesarean section procedure this episode (70.8 per cent by elective Caesarean section), 10.3 per cent had a non-instrumental delivery and 3.9 per cent had an instrumental delivery.
- Of deliveries to previous non-Caesarean or first time mothers, 19.0 per cent delivered by Caesarean section this episode, 63.3 per cent had a non-instrumental delivery and 17.7 per cent had an instrumental delivery.

TABLE 4.9 *Delivery* Discharges: Previous Caesarean Section by Method of Delivery (N, %)

	Previous Caesarean Delivery[a]		Previous Non-Caesarean or First Time Mother[b]		Total *Delivery* Discharges	
	N	%	N	%	N	%
Non-Instrumental	918	10.3	39,443	63.3	40,361	56.7
Instrumental	350	3.9	11,019	17.7	11,369	16.0
Caesarean Section	7,637	85.8	11,864	19.0	19,501	27.4
Elective	6,307	70.8	3,552	5.7	9,859	13.8
Emergency	1,330	14.9	8,312	13.3	9,642	13.5
Total *Delivery* Discharges	**8,905**	**100**	**62,326**	**100**	**71,231**	**100**

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

a Includes *Maternal care due to uterine scar from previous surgery* (O34.2) and *Vaginal delivery following previous Caesarean section* (O75.7), which should be assigned for all cases where a trial of Caesarean scar proceeds to a vaginal delivery.

b These are mothers for whom no evidence of a previous Caesarean section has been coded. This category includes mothers that have previously delivered vaginally and first time mothers.

[20] The collection of parity was introduced to the HIPE system in 2011; data from 2012 will provide the first complete year that parity data will be available for analysis.

4.3.8.3 Caesarean Section Deliveries: Top 10 Principal Diagnoses

Table 4.10 presents the top ten principal diagnoses for *Delivery* discharges with a Caesarean section procedure. The top three principal diagnoses accounted for over 56 per cent of all principal diagnoses within this category:

- Over 31 per cent of Caesarean section *Delivery* discharges had a principal diagnosis of *maternal care for known or suspected abnormality of pelvic organs*. Of these, over 93 per cent were elective Caesarean sections.
- Almost 15 per cent of Caesarean section *Delivery discharges* had a principal diagnosis of *labour and delivery complicated by fetal stress [distress]*. Of these, almost 97 per cent were emergency Caesarean sections.

TABLE 4.10 *Delivery* Discharges: Top 10 Principal Diagnoses for Discharges with a Caesarean Section Procedure (N, Col % and Row %)

		Caesarean Section								
		Elective CS			Emergency CS			Total Caesarean Section *Delivery* Discharges		
		N	Col %	Row %	N	Col %	Row %	N	Col %	Row %
O34	Maternal care for known or suspected abnormality of pelvic organs	5,703	57.8	93.1	420	4.4	6.9	6,123	31.4	100
O68	Labour and delivery complicated by fetal stress [distress]	99	1.0	3.4	2,802	29.1	96.6	2,901	14.9	100
O32	Maternal care for known or suspected malpresentation of fetus	1,704	17.3	84.1	323	3.3	15.9	2,027	10.4	100
O62	Abnormalities of forces of labour	30	0.3	3.3	867	9.0	96.7	897	4.6	100
O36	Maternal care for other known or suspected fetal problems	360	3.7	46.1	421	4.4	53.9	781	4.0	100
O63	Long labour	23	0.2	3.2	694	7.2	96.8	717	3.7	100
O64	Labour and delivery affected by malposition and malpresentation of fetus	176	1.8	25.5	513	5.3	74.5	689	3.5	100
O48	Prolonged pregnancy	35	0.4	5.5	597	6.2	94.5	632	3.2	100
O42	Premature rupture of membranes	54	0.5	10.8	448	4.6	89.2	502	2.6	100
O14	Gestational [pregnancy-induced] hypertension with significant proteinuria	104	1.1	21.5	379	3.9	78.5	483	2.5	100
All Other Diagnoses		1,571	15.9	41.9	2,178	22.6	58.1	3,749	19.2	100
Total Caesarean Section *Delivery* Discharges		**9,859**	**100**	**50.6**	**9,642**	**100**	**49.4**	**19,501**	**100**	**100**

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

4.4 MATERNITY DISCHARGES – NON-DELIVERIES

Non-Delivery discharges are *Maternity* discharges where admission was related to their obstetrical experience but they did not deliver during that episode of care. In 2011 there were 66,867 *Non-Delivery* discharges reported to HIPE (48.4 per cent of total *Maternity* discharges and 4.5 per cent of total HIPE discharges). *Non-Delivery* discharges are examined by day patient activity in Tables 4.11–4.12 and Figures 4.10–4.12 and in-patient activity in Tables 4.13–4.14 and Figures 4.13–4.15.

4.4.1 *Non-Delivery* Discharges: Day Patient Activity

Day patients accounted for 16.1 per cent (10,771) of *Non-Delivery* discharges.

- The top two principal diagnoses for *Non-Delivery* day patient discharges were; *special screening examination for other diseases and disorders* (24.4 per cent), followed by o*ther abnormal products of conception* (13.9 per cent).
- *Non-Delivery* day patient discharges recorded a principal procedure for 29.2 per cent of discharges. Of these, the top two principal procedures were; *curettage and evacuation of uterus* (58.6 per cent), and *administration of pharmacotherapy* (15.3 per cent).

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

In-patients accounted for 83.9 per cent (56,096) of *Non-Delivery* discharges.

- The top two principal diagnoses for *Non-Delivery* in-patient discharges were; *other maternal diseases classifiable elsewhere but complicating pregnancy, childbirth and the puerperium* (23.0 per cent), followed by *false labour* (13.5 per cent).
- At 1.8 days, the longest mean length of stay, for *Non-Delivery* in-patient discharges staying seven days or less in the top 10 principal diagnoses, was recorded for *excessive vomiting in pregnancy.*
- *Non-Delivery* in-patient discharges recorded a principal procedure for 18.3 per cent of discharges. Of these the top two principal procedures were; *curettage and evacuation of uterus* (29.6 per cent), and *administration of pharmaco-therapy* (19.3 per cent).
- In the top 10 principal procedures for *Non-Delivery* in-patient discharges staying seven days or less, mean length of stay ranged from 1.3 days for *curettage and evacuation of uterus* to 2.4 days for *generalised allied health interventions*.

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

		N	% of Top 10 Principal Diagnoses For Day Patients	% of Total Day Patients
Z13	Special screening examination for other diseases and disorders	2,630	28.0	24.4
O02	Other abnormal products of conception	1,494	15.9	13.9
O99	Other maternal diseases classifiable elsewhere but complicating pregnancy, childbirth and the puerperium	1,422	15.1	13.2
Z36	Antenatal screening	1,021	10.9	9.5
O03	Spontaneous abortion	997	10.6	9.3
O13	Gestational [pregnancy-induced] hypertension without significant proteinuria	509	5.4	4.7
O20	Haemorrhage in early pregnancy	457	4.9	4.2
Z34	Supervision of normal pregnancy	308	3.3	2.9
O24	Diabetes mellitus in pregnancy	308	3.3	2.9
O42	Premature rupture of membranes	246	2.6	2.3
Top 10 Principal Diagnoses for Day Patients – Total		**9,392**	**100**	**87.2**
Day Patients – Total		**10,771**	**-**	**100**

TABLE 4.12 *Non-Delivery* Discharges: Day Patient Top 10 Principal Procedures (N, %)

		N	% of Top 10 Principal Procedures For Day Patients	% of Total Day Patients with a Principal Procedure
1265	Curettage and evacuation of uterus	1,845	62.1	58.6
1920	Administration of pharmacotherapy	481	16.2	15.3
1857	Other cardiovascular diagnostic tests, measures or investigations	227	7.6	7.2
1893	Administration of blood and blood products	113	3.8	3.6
1916	Generalised allied health interventions	93	3.1	3.0
1256	Procedures for management of ectopic pregnancy	60	2.0	1.9
1274	Application, insertion or removal procedures on cervix	54	1.8	1.7
0063	Administration of anaesthetic agent around other peripheral nerve	50	1.7	1.6
1884	Immunisation	28	0.9	0.9
1824	Other assessment, consultation, interview, examination or evaluation	22	0.7	0.7
Top 10 Principal Procedures for Day Patients – Total		**2,973**	**100**	**94.4**
Day Patients with a Principal Procedure – Total		**3,150**	**-**	**100**
Day Patients – Total (including those with and without a procedure		**10,771**	**-**	**-**

FIGURE 4.10 *Non-Delivery Discharges*: Day Patient Age (N, %)

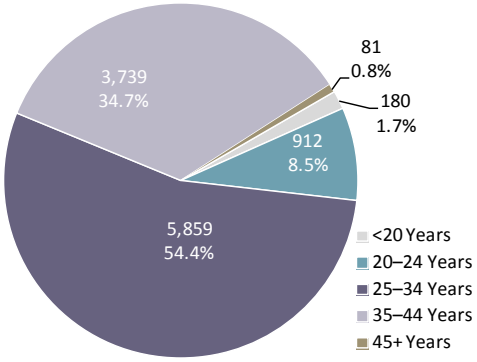


FIGURE 4.11 *Non-Delivery Discharges*: Day Patient Marital Status (N, %)

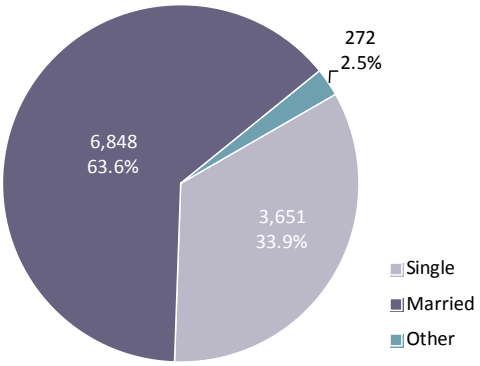


FIGURE 4.12 *Non-Delivery Discharges*: Day Patient Public/Private Status (N, %)

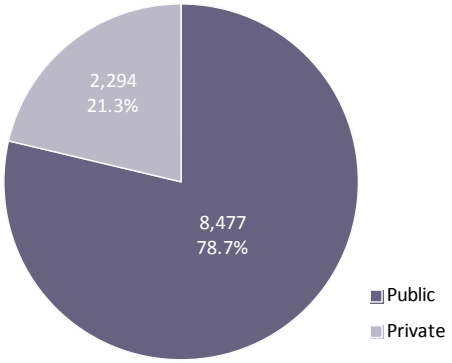


TABLE 4.13 *Non-Delivery* Discharges: In-Patient Top 10 Principal Diagnoses (N, %, and Length of Stay)

		N	% of Top 10 Principal Diagnoses for In-Patients	% of Total In-Patients	Mean LOS (0–7 Days)
O99	Other maternal diseases classifiable elsewhere but complicating pregnancy, childbirth and the puerperium	12,902	30.6	23.0	1.5
O47	False labour	7,599	18.0	13.5	1.2
O03	Spontaneous abortion	3,933	9.3	7.0	1.3
O21	Excessive vomiting in pregnancy	3,622	8.6	6.5	1.8
O46	Antepartum haemorrhage, not elsewhere classified	2,602	6.2	4.6	1.5
O20	Haemorrhage in early pregnancy	2,481	5.9	4.4	1.1
Z36	Antenatal screening	2,361	5.6	4.2	1.1
O13	Gestational [pregnancy-induced] hypertension without significant proteinuria	2,356	5.6	4.2	1.5
O02	Other abnormal products of conception	2,355	5.6	4.2	1.2
Z13	Special screening examination for other diseases and disorders	1,910	4.5	3.4	1.0
Top 10 Principal Diagnoses for In-Patients – Total		**42,121**	**100**	**75.1**	**1.4**
In-Patients – Total		**56,096**	**-**	**100**	**1.5**

TABLE 4.14 *Non-Delivery* Discharges: In-Patient Top 10 Principal Procedures (N, %, and Length of Stay)

		N	% of Top 10 Principal Procedures for In-Patients	% of Total In-Patients with a Principal Procedure	Mean LOS (0–7 Days)
1265	Curettage and evacuation of uterus	3,030	34.0	29.6	1.3
1920	Administration of pharmacotherapy	1,980	22.2	19.3	1.7
1916	Generalised allied health interventions	1,257	14.1	12.3	2.4
1256	Procedures for management of ectopic pregnancy	784	8.8	7.6	2.3
1884	Immunisation	709	8.0	6.9	1.4
1330	Antepartum application, insertion or removal procedures	312	3.5	3.0	1.5
1344	Postpartum suture	274	3.1	2.7	2.3
1274	Application, insertion or removal procedures on cervix	242	2.7	2.4	1.6
1334	Medical or surgical induction of labour	173	1.9	1.7	2.0
1345	Postpartum evacuation of uterus	139	1.6	1.4	2.3
Top 10 Principal Procedures for In-Patients – Total		**8,900**	**100**	**86.8**	**1.7**
In-Patients with a Principal Procedure – Total		**10,250**	**-**	**-**	**1.8**
In-Patients – Total (including those with and without a procedure		**56,096**	**-**	**-**	**1.5**

FIGURE 4.13 *Non-Delivery Discharges*: In-Patient Age (N, %)

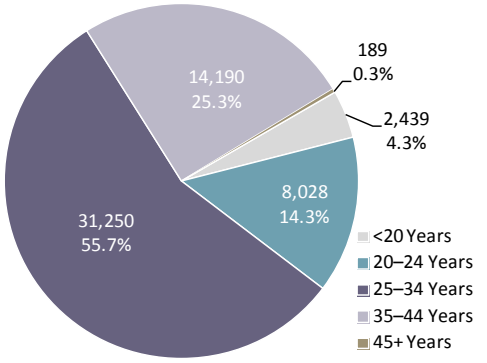


FIGURE 4.14 *Non-Delivery Discharges*: In-Patient Marital Status (N, %)

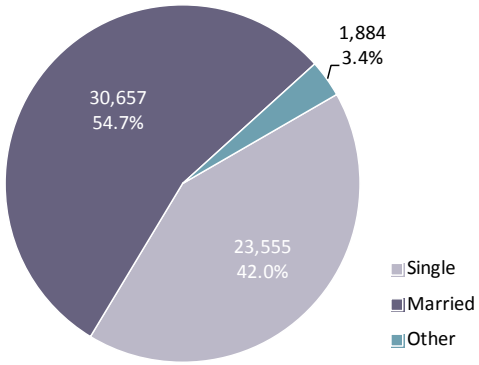
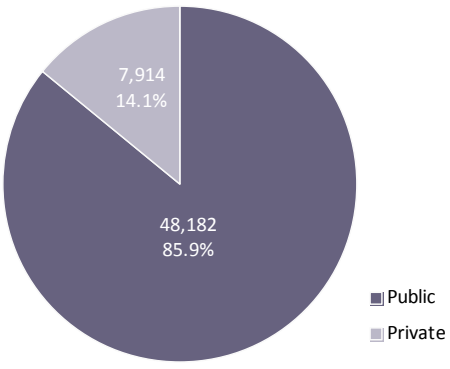


FIGURE 4.15 *Non-Delivery Discharges*: In-Patient Public/Private Status (N, %)



Case Mix Analysis 2011

SECTION FIVE

Table of Contents

Total Discharges
1,470,778

5.1 INTRODUCTION

The analysis in this Section focuses on the case mix classification for all discharges reported to the Hospital In-Patient Enquiry (HIPE) scheme in 2011. Hospital case mix may be defined as 'the proportion of cases of each disease and health problem treated in the hospital'.[1]

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

5.1.1 Case Mix Classification

- The Diagnosis Related Group (DRG) scheme enables the disaggregation of patients into homogeneous groups, which undergo similar treatment processes and incur similar levels of resource use.
- The data required for DRG assignment include principal and secondary diagnoses, procedures performed, age, sex and patient destination on discharge from hospital.
- Since the inception of the national case mix programme, the DRG classification scheme has been adopted as the national standard for Ireland.[2, 3]
- 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 2011.[4] As all of the data required for AR-DRG classification are available on the HIPE system, and since diagnoses and procedures are coded with ICD-10-AM/ACHI/ACS, discharges are directly assigned to the AR-DRG system from this database. AR-DRG version 6.0 has been in use in Ireland since 2009 onwards.[5]

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

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

3 For further information on the National Casemix Programme, HSE, see www.casemix.ie.

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

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

5.1.2 Assignment of Discharges to MDC and AR-DRG

Figure 5.1 shows the steps in AR-DRG assignment;

- The first step in assignment is the classification of discharges by Major Diagnostic Category (MDC). There are 23 MDCs which are essentially primary diagnostic groupings based on the systems of the body, for example nervous system (MDC 1), eye (MDC 2), circulatory system (MDC 5), etc. As not all discharges can be assigned directly to a MDC, there is a category entitled 'unassignable to MDC'.
- To deal with certain categories of high cost discharges, the second step involves a Pre-MDC analysis which can override the initial MDC assignment. Examples of discharges affected include transplants, human immunodeficiency virus (HIV) disease, and multiple significant trauma.[6]
- 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.

FIGURE 5.1 Steps in AR-DRG Assignment

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

- '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).[7]
- 'DD' identifies the partition to which the adjacent DRG belongs.[8] Both characters are numbers whose values indicate whether the code is surgical, medical or other. 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.

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6 '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.

7 '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.

8 '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.

- 'S' is a complexity split indicator that ranks DRGs within adjacent DRGs on the basis of their level of complexity/resource use, it is either 'A', 'B', 'C', 'D' or 'Z' with 'A' being the most complex or 'Z' indicating that there is no complexity split.[9, 10] 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.[11]

5.1.2.1 AR-DRG Complexity Split

The AR-DRG complexity split for total discharges is presented in Table 5.1, close to half of total discharges had no complexity split. Over 53 per cent of extended stay in-patients were assigned to complexity group A '*Highest consumption of resources'*, compared to 11.6 per cent of acute in-patients. Acute in-patients however accounted for 81.9 per cent of discharges within this AR-DRG complexity split indicator.

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

		Discharges									
		Day Patients		In-Patients						Total Discharges	
				Acute (0–30 Days)		Extended (>30 Days)		Total			
		N	%	N	%	N	%	N	%	N	%
AR-DRG Complexity	**A** Highest consumption of resources	6,700	0.8	67,101	11.6	8,147	53.1	75,248	12.7	81,948	5.6
	B Second highest consumption of resources	199,780	22.7	264,093	45.8	4,903	31.9	268,996	45.5	468,776	31.9
	C Third highest consumption of resources	156,233	17.8	30,316	5.3	521	3.4	30,837	5.2	187,070	12.7
	D Fourth highest consumption of resources	598	0.1	5,486	1.0	46	0.3	5,532	0.9	6,130	0.4
	Z No complexity split	515,829	58.7	209,293	36.3	1,732	11.3	211,025	35.7	726,854	49.4
	Total Discharges	**879,140**	**100**	**576,289**	**100**	**15,349**	**100**	**591,638**	**100**	**1,470,778**	**100**

Note: Percentage columns are subject to rounding.

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

10 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.

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

5.2 Analysis of HIPE Data by Case Mix

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

- Analysis of 2011 HIPE data by MDC is presented in Table 5.2 and Figures 5.2 and 5.3.
- Tables 5.3 to 5.27 represent each MDC (including unassignable to MDC and pre-MDC) and their associated AR-DRGs.

The following analysis is provided for Tables 5.3 to 5.15 and 5.17 to 5.27 for each MDC and its associated AR-DRGs.

MDC and AR-DRG Analysis

Total Day Patients		
In-Patients	Discharges	Elective In-Patients
		Emergency In-Patients[12]
		Total In-Patients
	Mean Length of Stay	Elective In-Patients
		Emergency In-Patients
		Total In-Patients
Total Discharges		

In-patient discharges are made up of elective, emergency and *Maternity* in-patients. The analysis of in-patients presented in this section is based on admission type, indicating the priority of admission, elective or emergency. While the majority of *Maternity* in-patients (98.0 per cent) are assigned to MDC 14, *Pregnancy, Childbirth and the Puerperium* and its associated AR-DRGs (see Tables 5.2 and 5.16), some *Maternity* in-patients may be assigned to other MDCs and their associated AR-DRGs. For these MDCs and AR-DRGs *Maternity* in-patients are not presented separately but are included in the overall figure for total in-patients. The sum of elective in-patients and emergency in-patients will therefore not equal total in-patients.[13]

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

13 As DRG assignment is the result of a multivariate process, the confidentiality of individual discharges is ensured. In this context cells in this section with small numbers have not been suppressed.

5.2.1 Analysis of Day Patients by MDC and AR-DRG

- The MDC with the largest proportion of day patients reported was *Diseases and Disorders of the Kidney and Urinary Tract* (MDC 11), with 189,106 discharges which accounted for 21.5 per cent of day patients (see Tables 5.2 and 5.13 and Figure 5.3).
    - *Haemodialysis* (AR-DRG L61Z), accounted for 89.6 per cent of day patients within this MDC and 19.3 per cent of total day patients.

- *Neoplastic Disorders (Haematological and Solid Neoplasms)* (MDC 17), accounted for 188,871 discharges or 21.5 per cent of day patients (see Tables 5.2 and 5.19 and Figure 5.3).
    - Both *Chemotherapy* (AR-DRG R63Z) and *Radiotherapy* (AR-DRG R64Z), accounted for over 44 per cent of day patients within this MDC and they both also accounted for 9.5 per cent of total day patients.

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

- The MDC with the largest proportion of in-patient discharges was *Pregnancy, Childbirth and the Puerperium* (MDC 14), with 124,752 discharges which accounted for 21.1 per cent of in-patients (see Tables 5.2 and 5.16 and Figure 5.3).
    - *Vaginal Delivery* (AR-DRG O60Z), accounted for 40.4 per cent of in-patients within this MDC and 8.5 per cent of total in-patient discharges.
    - *Antenatal and Other Obstetric Admission* (AR-DRG O66Z), accounted for 28.7 per cent of in-patients within this MDC and 6.1 per cent of total in-patients.
    - *Caesarean Delivery without Catastrophic or Severe Complication and/or Comorbidity* (AR-DRG O01B), accounted for 12.8 per cent of in-patients within this MDC and 2.7 per cent of total in-patients.
- *Diseases and Disorders of the Musculoskeletal System and Connective Tissue* (MDC 8), accounted for 16,423 elective in-patients or 15.7 per cent of total elective in-patients (see Tables 5.2 and 5.10).
    - Within this MDC the AR-DRG *Hip Replacement without Catastrophic Complication and/or Comorbidity* (AR-DRG I03B), accounted for 4,298 in-patients of which 2,997 or 69.7 per cent were elective in-patient discharges. The mean length of stay was 7.5 days for elective in-patients with emergency in-patients reporting a mean length of stay of 14.7 days.
- The largest proportion of emergency in-patients was accounted for by *Diseases and Disorders of the Circulatory System* (MDC 5) at 57,255 discharges or 15.9 per cent (see Tables 5.2 and 5.7).
    - *Chest Pain* (AR-DRG F74Z) accounted for 26 per cent of emergency in-patients within this MDC and over 4 per cent of total emergency in-patients.

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

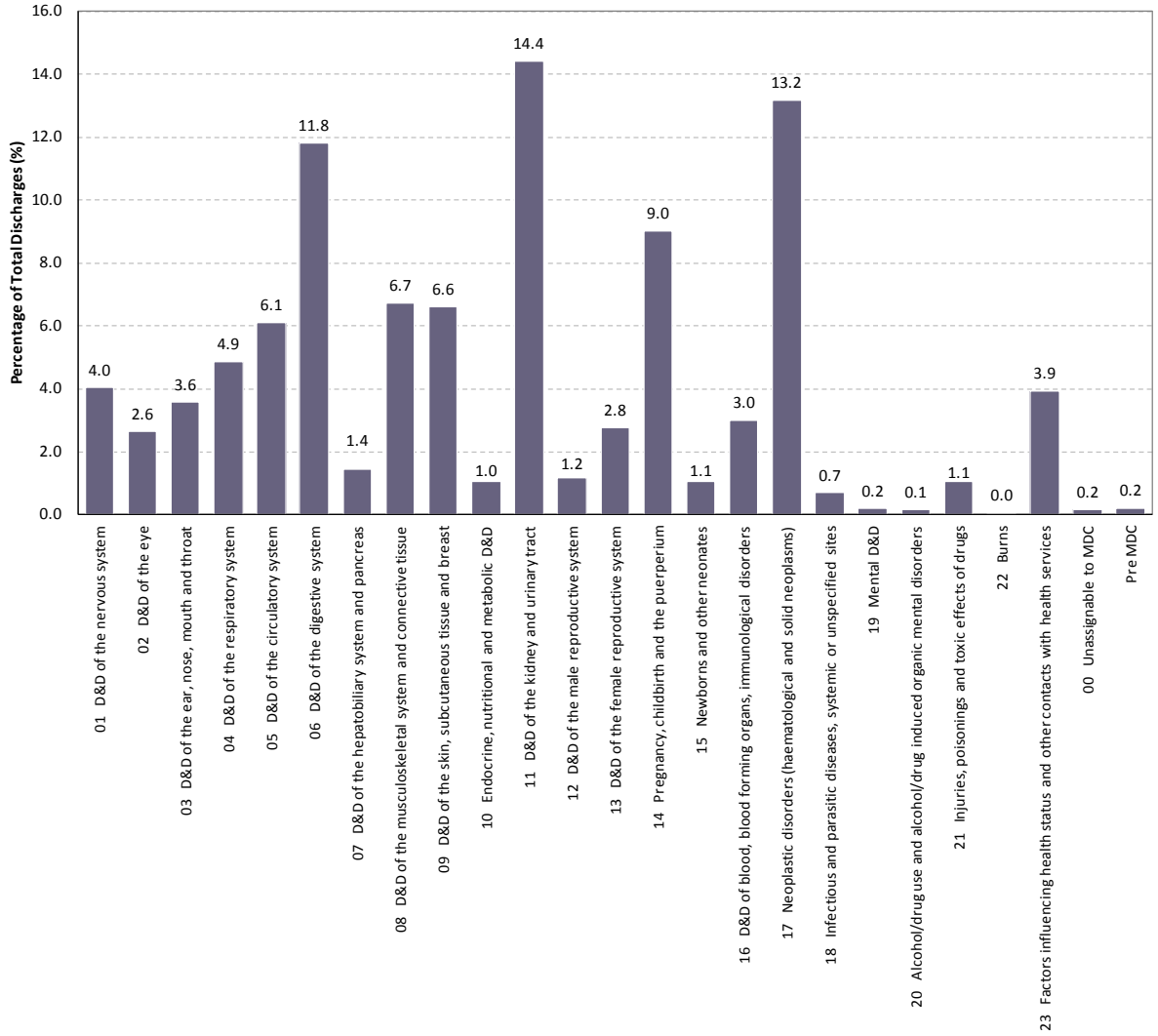
Major Diagnostic Category	Day Patients[a]		In-Patients								Total Discharges[b]	
			Elective		Emergency		*Maternity*		Total			
	N	%	N	%	N	%	N	%	N	%	N	%
01 Diseases and disorders of the nervous system	16,875	1.9	3,980	3.8	38,652	10.7	16	0.0	42,648	7.2	59,523	4.0
02 Diseases and disorders of the eye	33,687	3.8	2,517	2.4	2,624	0.7	3	0.0	5,144	0.9	38,831	2.6
03 Diseases and disorders of the ear, nose, mouth and throat	27,057	3.1	8,799	8.4	16,724	4.6	1	0.0	25,524	4.3	52,581	3.6
04 Diseases and disorders of the respiratory system	14,456	1.6	6,776	6.5	50,198	14.0	7	0.0	56,981	9.6	71,437	4.9
05 Diseases and disorders of the circulatory system	22,631	2.6	9,793	9.4	57,255	15.9	5	0.0	67,053	11.3	89,684	6.1
06 Diseases and disorders of the digestive system	106,400	12.1	11,825	11.3	55,712	15.5	94	0.1	67,631	11.4	174,031	11.8
07 Diseases and disorders of the hepatobiliary system and pancreas	6,066	0.7	5,099	4.9	10,023	2.8	2	0.0	15,124	2.6	21,190	1.4
08 Diseases and disorders of the musculoskeletal system and connective tissue	52,513	6.0	16,423	15.7	30,243	8.4	19	0.0	46,685	7.9	99,198	6.7
09 Diseases and disorders of the skin, subcutaneous tissue and breast	80,175	9.1	5,391	5.2	11,468	3.2	10	0.0	16,869	2.9	97,044	6.6
10 Endocrine, nutritional and metabolic diseases and disorders	5,417	0.6	2,921	2.8	7,083	2.0	7	0.0	10,011	1.7	15,428	1.0
11 Diseases and disorders of the kidney and urinary tract	189,106	21.5	4,818	4.6	18,067	5.0	17	0.0	22,902	3.9	212,008	14.4
12 Diseases and disorders of the male reproductive system	12,371	1.4	2,615	2.5	2,379	0.7	0	0.0	4,994	0.8	17,365	1.2
13 Diseases and disorders of the female reproductive system	27,472	3.1	8,408	8.0	4,589	1.3	221	0.2	13,218	2.2	40,690	2.8
14 Pregnancy, childbirth and the puerperium	8,038	0.9	0	0.0	14	0.0	124,738	98.0	124,752	21.1	132,790	9.0
15 Newborns and other neonates	806	0.1	336	0.3	14,339	4.0	0	0.0	14,675	2.5	15,481	1.1
16 Diseases and disorders of blood, blood forming organs, immunological disorders	38,463	4.4	1,234	1.2	4,677	1.3	4	0.0	5,915	1.0	44,378	3.0
17 Neoplastic disorders (haematological and solid neoplasms)	188,871	21.5	2,659	2.5	2,580	0.7	0	0.0	5,239	0.9	194,110	13.2
18 Infectious and parasitic diseases, systemic or unspecified sites	1,420	0.2	422	0.4	8,343	2.3	15	0.0	8,780	1.5	10,200	0.7
19 Mental diseases and disorders	616	0.1	312	0.3	1,816	0.5	0	0.0	2,128	0.4	2,744	0.2
20 Alcohol/drug use and alcohol/drug induced organic mental disorders	9	0.0	162	0.2	2,032	0.6	0	0.0	2,194	0.4	2,203	0.1
21 Injuries, poisonings and toxic effects of drugs	991	0.1	311	0.3	14,018	3.9	144	0.1	14,473	2.4	15,464	1.1
22 Burns	56	0.0	58	0.1	621	0.2	0	0.0	679	0.1	735	0.0
23 Factors influencing health status and other contacts with health services	44,818	5.1	8,365	8.0	2,770	0.8	2,004	1.6	13,139	2.2	57,957	3.9
00 Unassignable to MDC	667	0.1	615	0.6	1,206	0.3	9	0.0	1,830	0.3	2,497	0.2
Pre-MDC	159	0.0	765	0.7	2,274	0.6	11	0.0	3,050	0.5	3,209	0.2
Total Discharges	**879,140**	**100**	**104,604**	**100**	**359,707**	**100**	**127,327**	**100**	**591,638**	**100**	**1,470,778**	**100**

Notes: Percentage columns are subject to rounding.

a Includes *Maternity* day patients.

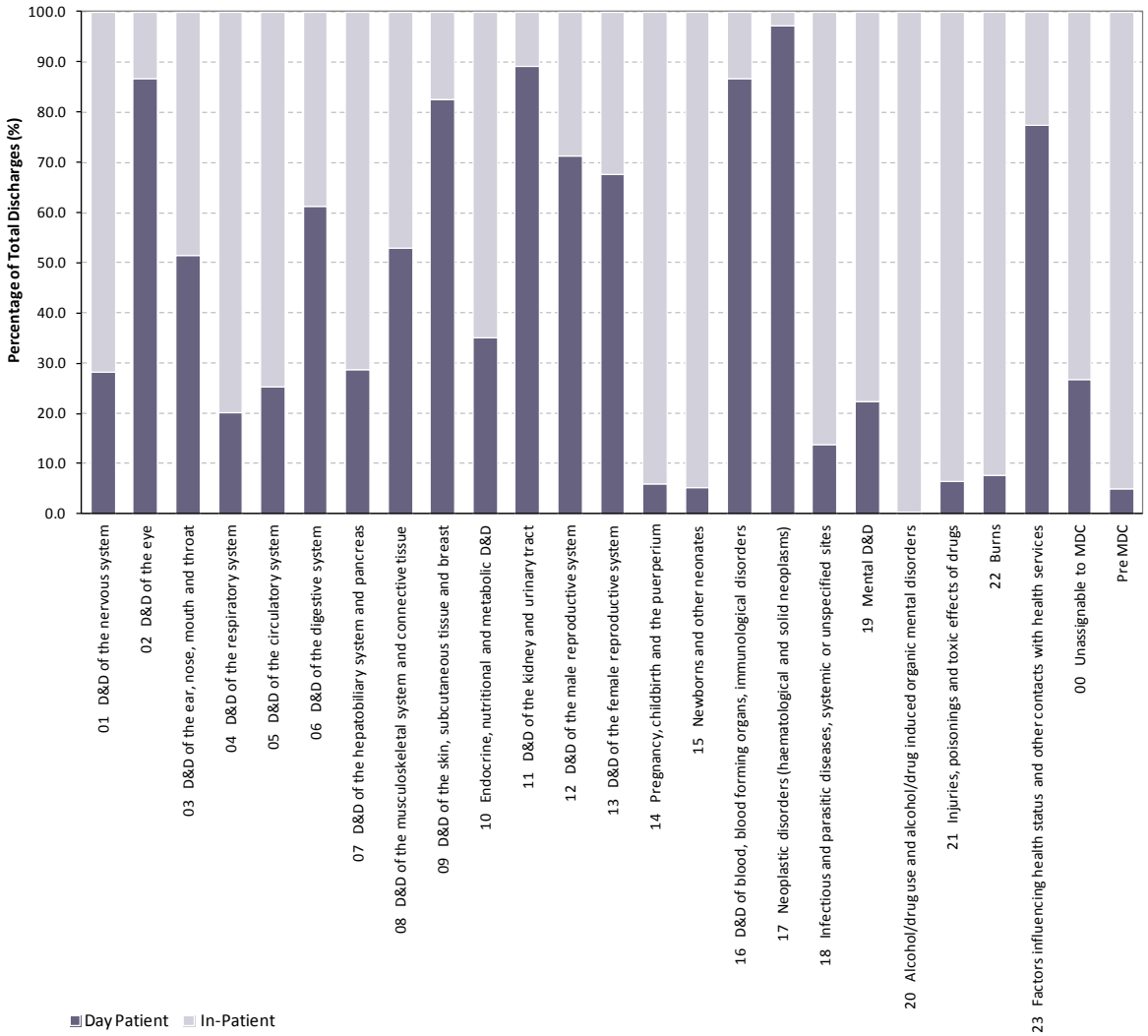
b Includes day patients and in-patients.

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



Note: D&D = Diseases and disorders

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



Note: D&D = Diseases and disorders

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

MDC 1 Diseases and Disorders of the Nervous System	Day Patients[a]	In-Patients									Total Discharges[b]
		Discharges			Length of Stay[c]						
		Elective	Emergency	Total[d]	Elective		Emergency		Total[e]		
	N	N	N	N	Mean	Median	Mean	Median	Mean	Median	N
B01A Ventricular Shunt Revision W Cat or Sev CC	0	3	50	53	6.0	3	5.4	4	5.5	4	53
B01B Ventricular Shunt Revision W/O Cat or Sev CC	1	15	40	55	4.9	4	4.1	3	4.3	3	56
B02A Cranial Procedures W Cat CC	0	35	126	161	32.6	12	20.6	16	23.2	14	161
B02B Cranial Procedures W Sev CC	1	85	207	292	10.2	8	13.3	10	12.4	9	293
B02C Cranial Procedures W/O Cat or Sev CC	6	471	609	1,080	7.0	6	9.6	8	8.5	7	1,086
B03A Spinal Procedures W Cat or Sev CC	1	16	17	33	15.8	10	31.6	15	23.9	11	34
B03B Spinal Procedures W/O Cat or Sev CC	51	159	57	216	5.5	4	11.8	6	7.2	4	267
B04A Extracranial Vascular Procedures W Cat CC	0	11	33	44	10.7	10	16.4	15	15.0	13	44
B04B Extracranial Vascular Procedures W/O Cat CC	3	173	153	326	5.9	5	11.7	10	8.6	7	329
B05Z Carpal Tunnel Release	1,516	75	8	83	1.5	1	62.8	4	7.4	1	1,599
B06A Procs for Cerebral Palsy, Muscular Dystrophy, Neuropathy W CC	9	23	51	74	23.0	4	56.6	26	46.1	19	83
B06B Procs for Cerebral Palsy, Muscular Dystrophy, Neuropathy W/O CC	150	111	17	128	2.7	2	12.6	13	4.1	2	278
B07A Peripheral and Cranial Nerve and Other Nervous System Procedures W CC	3	10	44	54	5.1	5	33.5	6	28.3	6	57
B07B Peripheral and Cranial Nerve and Other Nervous System Procedures W/O CC	82	32	359	391	2.9	2	2.3	2	2.3	2	473
B40Z Plasmapheresis W Neurological Disease, Sameday	52	0	0	0	-	-	-	-	-	-	52
B41Z Telemetric EEG Monitoring	13	140	162	302	5.2	4	7.7	4	6.5	4	315
B42A Nervous System Diagnosis W Ventilator Support W Cat CC	0	1	46	47	8.0	8	28.3	13	27.9	12	47
B42B Nervous System Diagnosis W Ventilator Support W/O Cat CC	0	3	154	157	4.7	5	7.1	3	7.0	3	157
B60A Acute Paraplegia/Quadriplegia W or W/O OR Procs W Cat CC	0	2	15	17	30.5	31	61.3	56	57.6	49	17
B60B Acute Paraplegia/Quadriplegia W or W/O OR Procs W/O Cat CC	21	24	45	69	27.8	15	11.4	7	17.1	8	90
B61A Spinal Cord Conditions W or W/O OR Procedures W Cat or Sev CC	0	5	46	51	11.2	8	25.0	17	23.6	16	51
B61B Spinal Cord Conditions W or W/O OR Procedures W/O Cat or Sev CC	24	24	104	128	9.0	6	9.7	6	9.6	6	152
B62Z Apheresis	81	11	7	18	4.6	5	3.1	3	4.1	4	99
B63Z Dementia and Other Chronic Disturbances of Cerebral Function	129	44	579	623	32.4	16	47.2	13	46.1	14	752
B64A Delirium W Cat CC	0	7	208	215	41.1	15	35.8	15	35.9	15	215
B64B Delirium W/O Cat CC	57	34	1,398	1,432	18.0	8	8.7	5	9.0	5	1,489
B65Z Cerebral Palsy	252	22	20	42	3.5	2	9.1	3	6.2	2	294
B66A Nervous System Neoplasm W Cat or Sev CC	88	105	272	377	13.8	8	16.7	10	15.9	9	465
B66B Nervous System Neoplasm W/O Cat or Sev CC	907	249	530	779	12.9	5	8.0	4	9.6	5	1,686
B67A Degenerative Nervous System Disorders W Cat or Sev CC	19	47	307	354	28.1	15	30.1	13	29.9	13	373
B67B Degenerative Nervous System Disorders W Moderate CC	46	57	273	330	8.3	6	13.9	8	13.0	7	376
B67C Degenerative Nervous System Disorders W/O CC	712	210	487	697	9.4	6	9.4	5	9.4	5	1,409
B68A Multiple Sclerosis and Cerebellar Ataxia W CC	18	44	153	197	13.3	7	16.0	7	15.4	7	215
B68B Multiple Sclerosis and Cerebellar Ataxia W/O CC	4,255	137	435	572	6.4	3	5.9	4	6.0	4	4,827
B69A TIA and Precerebral Occlusion W Cat or Sev CC	2	16	660	676	6.5	5	10.8	6	10.7	6	678
B69B TIA and Precerebral Occlusion W/O Cat or Sev CC	42	64	2,161	2,225	4.4	3	4.5	3	4.5	3	2,267

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

MDC 1 Diseases and Disorders of the Nervous System	Day Patients[a]	In-Patients									Total Discharges[b]
		Discharges			Length of Stay[c]						
		Elective	Emergency	Total[d]	Elective		Emergency		Total[e]		
	N	N	N	N	Mean	Median	Mean	Median	Mean	Median	N
B70A Stroke and Other Cerebrovascular Disorders W Cat CC	0	23	926	949	38.7	29	51.5	27	51.2	27	949
B70B Stroke and Other Cerebrovascular Disorders W Sev CC	5	51	1,462	1,513	24.4	15	24.3	12	24.3	12	1,518
B70C Stroke and Other Cerebrovascular Disorders W/O Cat or Sev CC	36	79	2,569	2,648	13.6	5	11.9	7	11.9	7	2,684
B70D Stroke and Other Cerebrovascular Disorders, Died or Transferred <5 Days	3	6	624	630	1.8	1	1.8	1	1.8	1	633
B71A Cranial and Peripheral Nerve Disorders W CC	100	66	292	358	8.2	4	13.2	6	12.3	5	458
B71B Cranial and Peripheral Nerve Disorders W/O CC	2,675	122	634	757	5.7	4	4.8	2	4.9	2	3,432
B72A Nervous System Infection Except Viral Meningitis W Cat or Sev CC	0	6	81	87	15.3	16	23.4	17	22.9	17	87
B72B Nervous System Infection Except Viral Meningitis W/O Cat or Sev CC	139	12	293	305	20.1	13	10.1	7	10.5	7	444
B73Z Viral Meningitis	0	3	269	272	5.7	2	5.6	4	5.6	4	272
B74A Nontraumatic Stupor and Coma W CC	9	9	132	141	6.4	6	8.4	4	8.3	4	150
B74B Nontraumatic Stupor and Coma W/O CC	42	7	64	71	3.0	2	3.0	1	3.0	1	113
B75Z Febrile Convulsions	24	8	877	885	1.8	1	1.7	1	1.7	1	909
B76A Seizure W Cat or Sev CC	9	22	939	961	6.2	4	10.5	5	10.4	5	970
B76B Seizure W/O Cat or Sev CC	1,099	233	4,891	5,124	5.6	3	3.0	2	3.1	2	6,223
B77Z Headache	1,007	194	6,919	7,118	3.4	2	2.4	1	2.5	1	8,125
B78A Intracranial Injury W Cat or Sev CC	0	8	168	176	80.9	101	21.1	13	23.8	13	176
B78B Intracranial Injury W/O Cat or Sev CC	7	14	637	651	32.9	3	7.9	4	8.4	4	658
B79A Skull Fractures W Cat or Sev CC	0	0	33	33	-	-	10.9	9	10.9	9	33
B79B Skull Fractures W/O Cat or Sev CC	2	1	359	360	1.0	1	3.6	2	3.6	2	362
B80Z Other Head Injury	6	4	3,341	3,348	3.8	4	2.2	1	2.2	1	3,354
B81A Other Disorders of the Nervous System W Cat or Sev CC	33	58	637	695	28.8	5	22.3	10	22.8	9	728
B81B Other Disorders of the Nervous System W/O Cat or Sev CC	2,797	269	2,312	2,583	5.8	3	4.9	2	5.0	2	5,380
B82A Chronic and Unspecified Paraplegia/Quadriplegia W or W/O OR Procs W Cat CC	32	41	77	118	77.2	58	60.3	19	66.2	33	150
B82B Chronic and Unspecified Paraplegia/Quadriplegia W or W/O OR Procs W Sev CC	50	121	96	218	37.7	25	13.8	7	27.0	14	268
B82C Chronic and Unspecified Paraplegia/Quadriplegia W or W/O OR Pr W/O Cat/Sev CC	259	158	187	349	32.9	8	10.1	5	20.4	6	608
Total Discharges	**16,875**	**3,980**	**38,652**	**42,648**	**11.9**	**4**	**9.0**	**3**	**9.3**	**3**	**59,523**

Notes:
- Mean and median length of stay cannot be calculated as no in-patients reported.
a Includes *Maternity* day patients.
b Includes day patients and in-patients.
c Length of stay (mean and median) is based on acute and extended in-patients.
d Total in-patients include *Maternity* in-patients.
e Total in-patient length of stay (mean and median) includes *Maternity* in-patient length of stay.

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

MDC 2 Diseases and Disorders of the Eye	Day Patients[a]	In-Patients									Total Discharges[b]
		Discharges			Length of Stay[c]						
		Elective	Emergency	Total[d]	Elective		Emergency		Total[e]		
	N	N	N	N	Mean	Median	Mean	Median	Mean	Median	N
C01Z Procedures for Penetrating Eye Injury	11	7	97	104	2.7	2	4.3	4	4.2	4	115
C02Z Enucleations and Orbital Procedures	51	71	24	95	2.8	2	4.2	3	3.1	2	146
C03Z Retinal Procedures	11,069	742	431	1,173	3.0	2	5.1	4	3.8	3	12,242
C04Z Major Corneal, Scleral and Conjunctival Procedures	13	143	12	155	2.8	3	13.8	4	3.6	3	168
C05Z Dacryocystorhinostomy	76	75	10	85	1.6	1	1.7	1	1.6	1	161
C10Z Strabismus Procedures	528	153	2	155	1.5	1	1.0	1	1.5	1	683
C11Z Eyelid Procedures	658	67	76	143	1.7	1	1.6	1	1.7	1	801
C12Z Other Corneal, Scleral and Conjunctival Procedures	204	24	59	83	3.4	2	5.4	4	4.8	3	287
C13Z Lacrimal Procedures	501	9	9	18	1.7	1	2.1	2	1.9	1	519
C14Z Other Eye Procedures	1,775	56	102	158	2.9	1	4.4	4	3.9	3	1,933
C15A Glaucoma and Complex Cataract Procedures	0	256	65	321	2.5	2	5.9	3	3.2	2	321
C15B Glaucoma and Complex Cataract Procedures, Sameday	579	1	7	8	1.0	1	1.0	1	1.0	1	587
C16Z Lens Procedures	8,086	653	35	688	2.0	2	2.8	2	2.0	2	8,774
C60A Acute and Major Eye Infections W CC	2	4	43	47	16.0	9	10.6	7	11.1	7	49
C60B Acute and Major Eye Infections W/O CC	55	13	149	162	9.0	7	5.3	4	5.6	4	217
C61A Neurological and Vascular Disorders of the Eye W CC	41	15	110	125	6.9	5	6.3	4	6.4	4	166
C61B Neurological and Vascular Disorders of the Eye W/O CC	605	27	302	329	3.8	3	3.8	3	3.8	3	934
C62Z Hyphema and Medically Managed Trauma to the Eye	128	12	419	431	1.1	1	4.1	1	4.0	1	559
C63Z Other Disorders of the Eye	9,305	189	672	864	3.1	2	3.7	2	3.5	2	10,169
Total Discharges	**33,687**	**2,517**	**2,624**	**5,144**	**2.6**	**2**	**4.4**	**3**	**3.5**	**2**	**38,831**

Notes:
- Mean and median length of stay cannot be calculated as no in-patients reported.
a Includes *Maternity* day patients.
b Includes day patients and in-patients.
c Length of stay (mean and median) is based on acute and extended in-patients.
d Total in-patients include *Maternity* in-patients.
e Total in-patient length of stay (mean and median) includes *Maternity* in-patient length of stay.

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

MDC 3 Diseases and Disorders of the Ear, Nose, Mouth and Throat	Day Patients[a]	In-Patients									Total Discharges[b]
		Discharges			Length of Stay[c]						
		Elective	Emergency	Total[d]	Elective		Emergency		Total[e]		
	N	N	N	N	Mean	Median	Mean	Median	Mean	Median	N
D01Z Cochlear Implant	0	96	0	96	4.9	5	.	.	4.9	5	96
D02A Head and Neck Procedures W Cat or Sev CC	1	43	22	65	20.7	14	23.4	22	21.6	15	66
D02B Head and Neck Procedures W Malignancy or Moderate CC	1	57	22	79	9.7	8	11.7	9	10.2	8	80
D02C Head and Neck Procedures W/O Malignancy W/O CC	24	87	11	98	3.0	3	4.2	2	3.1	3	122
D03Z Surgical Repair for Cleft Lip or Palate Diagnosis	18	148	1	149	3.4	3	8.0	8	3.5	3	167
D04A Maxillo Surgery W CC	1	20	92	112	3.4	3	4.3	3	4.2	3	113
D04B Maxillo Surgery W/O CC	74	219	522	741	2.7	3	2.6	2	2.6	2	815
D05Z Parotid Gland Procedures	3	169	5	174	4.3	3	9.0	7	4.5	3	177
D06Z Sinus and Complex Middle Ear Procedures	79	261	7	268	2.3	1	6.3	8	2.4	2	347
D10Z Nasal Procedures	399	549	21	570	1.4	1	3.8	2	1.5	1	969
D11Z Tonsillectomy and/or Adenoidectomy	462	3,737	368	4,105	1.4	1	2.9	3	1.5	1	4,567
D12Z Other Ear, Nose, Mouth and Throat Procedures	1,134	628	334	962	2.3	1	4.9	1	3.2	1	2,096
D13Z Myringotomy W Tube Insertion	2,534	162	26	188	1.3	1	4.7	4	1.7	1	2,722
D14Z Mouth and Salivary Gland Procedures	860	231	166	397	3.9	2	5.3	3	4.5	2	1,257
D15Z Mastoid Procedures	14	221	22	243	2.3	2	6.1	4	2.7	2	257
D40Z Dental Extractions and Restorations	5,933	121	83	204	1.3	1	2.2	1	1.7	1	6,137
D60A Ear, Nose, Mouth and Throat Malignancy W Cat or Sev CC	36	150	107	257	28.5	20	16.5	11	23.5	14	293
D60B Ear, Nose, Mouth and Throat Malignancy W/O Cat or Sev CC	540	365	151	516	11.7	5	10.8	7	11.5	6	1,056
D61Z Dysequilibrium	542	55	2,110	2,165	3.3	2	3.2	1	3.2	1	2,707
D62Z Epistaxis	453	29	941	970	3.9	1	3.7	3	3.7	3	1,423
D63Z Otitis Media and URI	2,442	222	8,258	8,480	3.5	1	2.2	1	2.2	1	10,922
D64Z Laryngotracheitis and Epiglottitis	18	10	744	754	2.1	1	1.4	1	1.5	1	772
D65Z Nasal Trauma and Deformity	1,027	62	457	519	1.5	1	2.8	1	2.6	1	1,546
D66A Other Ear, Nose, Mouth and Throat Diagnoses W CC	277	168	155	323	3.4	2	6.1	3	4.7	3	600
D66B Other Ear, Nose, Mouth and Throat Diagnoses W/O CC	8,619	905	823	1,728	1.4	1	2.6	1	2.0	1	10,347
D67A Oral and Dental Disorders Except Extractions and Restorations	0	66	872	939	3.6	2	3.3	2	3.3	2	939
D67B Oral and Dental Disorders Except Extractions and Restorations, Sameday	1,566	18	404	422	1.0	1	1.0	1	1.0	1	1,988
Total Discharges	**27,057**	**8,799**	**16,724**	**25,524**	**2.9**	**1**	**2.8**	**2**	**2.8**	**1**	**52,581**

Notes:
- Mean and median length of stay cannot be calculated as no in-patients reported.
a Includes *Maternity* day patients.
b Includes day patients and in-patients.
c Length of stay (mean and median) is based on acute and extended in-patients.
d Total in-patients include *Maternity* in-patients.
e Total in-patient length of stay (mean and median) includes *Maternity* in-patient length of stay.

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

MDC 4 Diseases and Disorders of the Respiratory System	Day Patients[a]	In-Patients									Total Discharges[b]
		Discharges			Length of Stay[c]						
		Elective	Emergency	Total[d]	Elective		Emergency		Total[e]		
	N	N	N	N	Mean	Median	Mean	Median	Mean	Median	N
E01A Major Chest Procedures W Cat CC	1	193	152	345	14.7	11	23.0	18	18.3	14	346
E01B Major Chest Procedures W/O Cat CC	9	310	178	488	8.9	8	13.1	10	10.4	8	497
E02A Other Respiratory System OR Procedures W Cat CC	9	25	149	174	15.3	8	29.5	19	27.4	18	183
E02B Other Respiratory System OR Procedures W Sev or Moderate CC	38	60	78	138	5.5	5	14.0	11	10.3	7	176
E02C Other Respiratory System OR Procedures W/O CC	45	110	45	156	3.9	2	7.8	6	5.0	3	201
E40A Respiratory System Diagnosis W Ventilator Support W Cat CC	0	1	132	133	3.0	3	14.3	10	14.3	10	133
E40B Respiratory System Diagnosis W Ventilator Support W/O Cat CC	0	4	99	103	16.8	18	9.1	6	9.3	6	103
E41Z Respiratory System Diagnosis W Non-Invasive Ventilation	1	106	1,109	1,215	19.1	11	18.4	11	18.5	11	1,216
E42A Bronchoscopy W Cat CC	0	31	279	310	25.9	15	26.4	19	26.3	18	310
E42B Bronchoscopy W/O Cat CC	0	320	840	1,160	5.5	3	12.7	10	10.7	8	1,160
E42C Bronchoscopy, Sameday	5,280	29	21	50	1.0	1	1.0	1	1.0	1	5,330
E60A Cystic Fibrosis W Cat or Sev CC	18	112	261	374	15.9	14	17.3	14	16.8	14	392
E60B Cystic Fibrosis W/O Cat or Sev CC	981	332	359	691	9.1	9	7.8	7	8.5	8	1,672
E61A Pulmonary Embolism W Cat CC	0	5	184	189	17.8	20	19.5	12	19.4	12	189
E61B Pulmonary Embolism W/O Cat CC	46	38	1,181	1,219	7.8	7	8.1	6	8.1	6	1,265
E62A Respiratory Infections/Inflammations W Cat CC	0	60	2,747	2,807	25.1	12	19.0	11	19.1	11	2,807
E62B Respiratory Infections/Inflammations W Sev or Moderate CC	17	110	3,983	4,094	10.8	7	9.5	6	9.5	6	4,111
E62C Respiratory Infections/Inflammations W/O CC	69	77	3,288	3,366	4.9	4	4.9	3	4.9	3	3,435
E63Z Sleep Apnoea	103	1,943	100	2,043	1.4	1	4.6	2	1.5	1	2,146
E64A Pulmonary Oedema and Respiratory Failure W Cat CC	2	5	253	258	7.6	7	14.2	8	14.1	8	260
E64B Pulmonary Oedema and Respiratory Failure W/O Cat CC	5	12	403	415	8.4	6	7.1	5	7.1	5	420
E65A Chronic Obstructive Airways Disease W Cat CC	7	91	2,114	2,205	14.2	10	13.0	8	13.0	8	2,212
E65B Chronic Obstructive Airways Disease W/O Cat CC	1,296	679	8,073	8,752	8.6	6	6.5	5	6.7	5	10,048
E66A Major Chest Trauma W Cat CC	0	0	28	28	-	-	20.9	13	20.9	13	28
E66B Major Chest Trauma W Sev or Moderate CC	0	0	165	165	-	-	6.0	4	6.0	4	165
E66C Major Chest Trauma W/O CC	0	1	225	226	1.0	1	3.2	2	3.2	2	226
E67A Respiratory Signs and Symptoms W Cat or Sev CC	67	65	546	611	4.4	4	5.8	3	5.7	3	678
E67B Respiratory Signs and Symptoms W/O Cat or Sev CC	1,213	192	2,826	3,020	2.4	1	2.1	1	2.1	1	4,233
E68A Pneumothorax W CC	2	11	261	272	11.2	5	7.5	6	7.7	6	274
E68B Pneumothorax W/O CC	6	8	416	424	8.4	3	4.3	3	4.3	3	430
E69A Bronchitis and Asthma W CC	16	19	460	479	16.3	4	5.6	4	6.0	4	495
E69B Bronchitis and Asthma W/O CC	1,860	137	2,934	3,071	3.3	1	2.3	2	2.4	2	4,931
E70A Whooping Cough and Acute Bronchiolitis W CC	0	10	238	248	6.9	5	5.8	5	5.9	5	248
E70B Whooping Cough and Acute Bronchiolitis W/O CC	22	52	2,248	2,300	3.5	2	2.9	2	2.9	2	2,322
E71A Respiratory Neoplasms W Cat CC	166	136	436	572	13.3	8	14.8	10	14.5	9	738
E71B Respiratory Neoplasms W/O Cat CC	2,259	851	976	1,827	9.0	4	8.7	6	8.8	5	4,086
E72Z Respiratory Problems Arising from Neonatal Period	20	14	94	108	19.1	5	3.3	1	5.4	2	128
E73A Pleural Effusion W Cat CC	4	7	176	183	19.3	15	14.3	11	14.5	11	187
E73B Pleural Effusion W Sev or Moderate CC	34	64	363	427	7.5	7	8.8	7	8.6	7	461

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

MDC 4 Diseases and Disorders of the Respiratory System	Day Patients[a]	In-Patients									Total Discharges[b]
		Discharges			Length of Stay[c]						
		Elective	Emergency	Total[d]	Elective		Emergency		Total[e]		
	N	N	N	N	Mean	Median	Mean	Median	Mean	Median	N
E73C Pleural Effusion W/O CC	75	28	213	241	4.0	3	5.5	4	5.3	4	316
E74A Interstitial Lung Disease W Cat CC	6	21	86	107	11.7	9	15.5	8	14.8	8	113
E74B Interstitial Lung Disease W Sev or Moderate CC	48	67	198	265	6.6	5	9.7	7	8.9	6	313
E74C Interstitial Lung Disease W/O CC	213	66	251	317	7.9	6	4.7	3	5.4	3	530
E75A Other Respiratory System Diagnosis W Cat CC	3	37	1,219	1,256	16.2	11	15.9	9	15.9	9	1,259
E75B Other Respiratory System Diagnosis W Sev or Moderate CC	72	170	4,198	4,368	7.4	6	7.1	5	7.1	5	4,440
E75C Other Respiratory System Diagnosis W/O CC	417	140	5,467	5,608	4.7	3	3.3	2	3.3	2	6,025
E76Z Respiratory Tuberculosis	26	27	146	173	22.8	9	19.5	9	20.0	9	199
Total Discharges	**14,456**	**6,776**	**50,198**	**56,981**	**6.8**	**3**	**7.9**	**5**	**7.7**	**4**	**71,437**

Notes:
- \- Mean and median length of stay cannot be calculated as no in-patients reported.
- a Includes *Maternity* day patients.
- b Includes day patients and in-patients.
- c Length of stay (mean and median) is based on acute and extended in-patients.
- d Total in-patients include *Maternity* in-patients.
- e Total in-patient length of stay (mean and median) includes *Maternity* in-patient length of stay.

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

MDC 5 Diseases and Disorders of the Circulatory System	Day Patients[a]	In-Patients									Total Discharges[b]
		Discharges			Length of Stay[c]						
		Elective	Emergency	Total[d]	Elective		Emergency		Total[e]		
	N	N	N	N	Mean	Median	Mean	Median	Mean	Median	N
F01A Implantation or Replacement of AICD, Total System W Cat CC	1	21	42	63	10.1	5	23.8	13	19.3	12	64
F01B Implantation or Replacement of AICD, Total System W/O Cat CC	72	192	96	288	2.5	2	10.4	8	5.1	2	360
F02Z Other AICD Procedures	8	18	28	46	1.8	1	6.6	5	4.7	2	54
F03A Cardiac Valve Proc W CPB Pump W Invasive Cardiac Investigation W Cat CC	0	14	19	33	27.8	24	37.5	32	33.4	29	33
F03B Cardiac Valve Proc W CPB Pump W Invasive Cardiac Investigation W/O Cat CC	0	11	17	28	10.8	12	27.4	23	20.9	20	28
F04A Cardiac Valve Proc W CPB Pump W/O Invasive Cardiac Inves W Cat CC	0	157	84	241	16.9	12	23.4	17	19.2	14	241
F04B Cardiac Valve Proc W CPB Pump W/O Invasive Cardiac Inves W/O Cat CC	0	197	41	238	10.5	9	15.1	14	11.3	9	238
F05A Coronary Bypass W Invasive Cardiac Investigation W Reoperation or W Cat CC	0	14	37	51	19.4	17	26.3	22	24.4	21	51
F05B Coronary Bypass W Invasive Cardiac Investigation W/O Reoperation W/O Cat CC	0	11	59	70	17.9	17	20.2	19	19.8	19	70
F06A Coronary Bypass W/O Invasive Cardiac Inves W Reoperation or W Cat or Sev CC	0	273	189	462	12.7	10	12.6	10	12.7	10	462
F06B Coronary Bypass W/O Invasive Cardiac Inves W/O Reoperation W/O Cat or Sev CC	0	123	75	198	9.5	9	11.4	10	10.2	9	198
F07A Other Cardiothoracic/Vascular Procedures W CPB Pump W Cat CC	0	38	21	59	19.9	12	22.8	15	20.9	13	59
F07B Other Cardiothoracic/Vascular Procedures W CPB Pump W Sev or Moderate CC	0	30	2	32	9.4	9	13.5	14	9.7	9	32
F07C Other Cardiothoracic/Vascular Procedures W CPB Pump W/O CC	0	49	12	61	9.0	8	19.0	11	10.9	8	61
F08A Major Reconstruct Vascular Procedures W/O CPB Pump W Cat CC	0	127	138	265	17.6	16	22.4	20	20.1	17	265
F08B Major Reconstruct Vascular Procedures W/O CPB Pump W/O Cat CC	7	369	230	599	8.8	7	12.0	10	10.1	8	606
F09A Other Cardiothoracic Procedures W/O CPB Pump W Cat CC	0	21	53	74	14.0	7	16.8	9	16.0	9	74
F09B Other Cardiothoracic Procedures W/O CPB Pump W Sev or Moderate CC	1	25	31	56	6.6	6	9.3	8	8.1	7	57
F09C Other Cardiothoracic Procedures W/O CPB Pump W/O CC	7	30	49	79	4.2	3	4.9	4	4.6	4	86
F10A Interventional Coronary Procedures W AMI W Cat CC	0	5	117	122	5.4	5	16.6	9	16.1	9	122
F10B Interventional Coronary Procedures W AMI W/O Cat CC	107	106	1,099	1,205	2.3	1	4.6	4	4.4	4	1,312
F11A Amputation for Circ System Except Upper Limb and Toe W Cat CC	0	16	60	76	48.4	25	62.3	50	59.4	43	76
F11B Amputation for Circ System Except Upper Limb and Toe W/O Cat CC	0	22	59	81	25.0	15	21.1	14	22.1	15	81
F12A Implantation or Replacement of Pacemaker, Total System W Cat CC	2	8	94	102	8.8	7	18.6	11	17.8	10	104
F12B Implantation or Replacement of Pacemaker, Total System W/O Cat CC	315	255	408	663	2.6	1	6.6	5	5.1	3	978
F13A Upper Limb and Toe Amputation for Circulatory Sys Disorders W Cat or Sev CC	2	15	43	58	15.4	14	19.7	15	18.6	15	60
F13B Upper Limb and Toe Amputation for Circulatory Sys Disorders W/O Cat or Sev CC	3	25	40	65	10.2	8	16.1	8	13.8	8	68

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

MDC 5 Diseases and Disorders of the Circulatory System	Day Patients[a]	In-Patients									Total Discharges[b]
		Discharges			Length of Stay[c]						
		Elective	Emergency	Total[d]	Elective		Emergency		Total[e]		
	N	N	N	N	Mean	Median	Mean	Median	Mean	Median	N
F14A Vascular Procs Except Major Reconstruction W/O CPB Pump W Cat CC	6	65	185	250	10.6	7	19.2	13	17.0	11	256
F14B Vascular Procs Except Major Reconstruction W/O CPB Pump W Sev or Mod CC	24	191	154	345	4.4	2	10.3	9	7.0	4	369
F14C Vascular Procs Except Major Reconstruction W/O CPB Pump W/O CC	148	410	178	588	3.1	2	7.0	6	4.3	2	736
F15A Interventional Coronary Procs W/O AMI W Stent Implantation W Cat or Sev CC	18	233	288	521	2.2	1	8.3	5	5.6	3	539
F15B Interventional Coronary Procs W/O AMI W Stent Implantation W/O Cat or Sev CC	692	946	722	1,668	1.4	1	3.9	3	2.5	1	2,360
F16A Interventional Coronary Procedures W/O AMI W/O Stent Implantation W CC	5	24	30	54	2.8	2	6.2	5	4.7	3	59
F16B Interventional Coronary Procedures W/O AMI W/O Stent Implantation W/O CC	28	41	41	82	2.0	1	4.0	3	3.0	1	110
F17A Insertion or Replacement of Pacemaker Generator W Cat or Sev CC	1	6	13	19	1.2	1	10.0	5	7.2	4	20
F17B Insertion or Replacement of Pacemaker Generator W/O Cat or Sev CC	112	99	30	129	1.8	1	7.2	5	3.0	2	241
F18A Other Pacemaker Procedures W CC	3	11	32	43	2.5	2	8.9	6	7.3	4	46
F18B Other Pacemaker Procedures W/O CC	14	17	17	34	2.2	1	6.5	5	4.4	3	48
F19Z Trans-Vascular Percutaneous Cardiac Intervention	41	159	24	183	2.7	2	18.0	7	4.7	2	224
F20Z Vein Ligation and Stripping	2,580	659	26	685	1.5	1	4.5	1	1.6	1	3,265
F21A Other Circulatory System OR Procedures W Cat CC	0	9	67	76	26.0	9	22.6	16	23.0	16	76
F21B Other Circulatory System OR Procedures W/O Cat CC	10	26	60	86	13.5	3	12.9	6	13.1	5	96
F40A Circulatory System Diagnosis W Ventilator Support W Cat CC	0	4	66	70	28.5	18	13.8	6	14.6	6	70
F40B Circulatory System Diagnosis W Ventilator Support W/O Cat CC	0	0	65	65	-	-	6.4	4	6.4	4	65
F41A Circulatory Disorders W AMI W Invasive Cardiac Inves Proc W Cat or Sev CC	5	6	173	179	3.8	2	12.2	7	12.0	7	184
F41B Circulatory Disorders W AMI W Invasive Cardiac Inves Proc W/O Cat or Sev CC	107	28	486	514	2.9	1	5.1	4	5.0	4	621
F42A Circulatory Disorders W/O AMI W Invasive Cardiac Inves Proc W Cat or Sev CC	0	112	549	661	6.7	4	11.4	8	10.6	8	661
F42B Circulatory Disorders W/O AMI W Invasive Cardiac Inves Proc W/O Cat or Sev CC	0	523	2,164	2,687	3.2	2	4.7	3	4.4	3	2,687
F42C Circulatory Disorders W/O AMI W Invasive Cardiac Inves Proc, Sameday	8,626	127	436	563	1.0	1	1.0	1	1.0	1	9,189
F43Z Circulatory System Diagnosis W Non-Invasive Ventilation	0	7	144	151	17.0	10	18.4	12	18.4	12	151
F60A Circulatory Disorders W AMI W/O Invasive Cardiac Inves Proc W Cat CC	0	16	484	500	9.8	3	18.8	11	18.5	10	500
F60B Circulatory Disorders W AMI W/O Invasive Cardiac Inves Pr W/O Cat CC	23	226	2,834	3,060	4.1	2	6.0	4	5.8	4	3,083

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

MDC 5 Diseases and Disorders of the Circulatory System	Day Patients[a]	In-Patients									Total Discharges[b]
		Discharges			Length of Stay[c]						
		Elective	Emergency	Total[d]	Elective		Emergency		Total[e]		
	N	N	N	N	Mean	Median	Mean	Median	Mean	Median	N
F61A Infective Endocarditis W Cat CC	0	3	38	41	29.3	12	32.6	30	32.4	29	41
F61B Infective Endocarditis W/O Cat CC	6	18	54	72	21.6	17	21.2	19	21.3	19	78
F62A Heart Failure and Shock W Cat CC	0	36	1,062	1,098	20.8	15	18.9	12	19.0	12	1,098
F62B Heart Failure and Shock W/O Cat CC	85	186	3,548	3,734	8.5	6	8.5	6	8.5	6	3,819
F63A Venous Thrombosis W Cat or Sev CC	9	18	272	290	5.3	3	9.2	6	8.9	6	299
F63B Venous Thrombosis W/O Cat or Sev CC	225	63	1,089	1,152	4.1	3	4.8	3	4.8	3	1,377
F64A Skin Ulcers in Circulatory Disorders W Cat or Sev CC	2	17	115	132	23.3	13	21.0	13	21.3	13	134
F64B Skin Ulcers in Circulatory Disorders W/O Cat or Sev CC	39	37	123	160	11.0	6	10.6	7	10.7	7	199
F65A Peripheral Vascular Disorders W Cat or Sev CC	35	78	302	380	14.0	5	12.6	7	12.9	7	415
F65B Peripheral Vascular Disorders W/O Cat or Sev CC	718	331	533	864	4.0	2	5.3	3	4.8	3	1,582
F66A Coronary Atherosclerosis W Cat or Sev CC	23	87	329	416	5.4	3	8.3	6	7.7	5	439
F66B Coronary Atherosclerosis W/O Cat or Sev CC	339	503	1,450	1,953	2.8	1	4.6	3	4.1	2	2,292
F67A Hypertension W Cat or Sev CC	5	8	111	119	15.4	5	10.1	5	10.4	5	124
F67B Hypertension W/O Cat or Sev CC	345	88	1,135	1,223	2.2	2	2.7	1	2.7	1	1,568
F68A Congenital Heart Disease W CC	103	35	32	67	2.4	1	8.5	5	5.3	3	170
F68B Congenital Heart Disease W/O CC	480	72	67	139	3.7	1	3.5	2	3.6	2	619
F69A Valvular Disorders W Cat or Sev CC	46	27	235	262	9.4	6	7.8	5	8.0	5	308
F69B Valvular Disorders W/O Cat or Sev CC	754	150	1,806	1,956	3.7	2	2.4	1	2.5	1	2,710
F72A Unstable Angina W Cat or Sev CC	0	11	348	359	2.6	2	8.5	5	8.3	5	359
F72B Unstable Angina W/O Cat or Sev CC	49	189	1,705	1,894	2.9	1	4.2	3	4.1	3	1,943
F73A Syncope and Collapse W Cat or Sev CC	11	39	1,808	1,847	9.6	6	12.5	6	12.4	6	1,858
F73B Syncope and Collapse W/O Cat or Sev CC	2,669	139	5,515	5,655	3.9	2	3.5	2	3.5	2	8,324
F74Z Chest Pain	1,338	448	14,906	15,355	2.2	1	2.1	1	2.1	1	16,693
F75A Other Circulatory System Diagnoses W Cat CC	4	23	183	206	33.4	13	13.9	9	16.1	9	210
F75B Other Circulatory System Diagnoses W Sev or Moderate CC	97	137	805	942	6.7	4	6.6	5	6.6	4	1,039
F75C Other Circulatory System Diagnoses W/O CC	297	134	676	811	3.6	2	3.4	2	3.4	2	1,108
F76A Arrhythmia, Cardiac Arrest and Conduction Disorders W Cat or Sev CC	45	78	1,274	1,352	8.1	6	9.5	6	9.4	6	1,397
F76B Arrhythmia, Cardiac Arrest and Conduction Disorders W/O Cat or Sev CC	1,939	721	5,323	6,046	2.5	1	3.7	2	3.6	2	7,985
Total Discharges	**22,631**	**9,793**	**57,255**	**67,053**	**5.0**	**2**	**5.6**	**3**	**5.5**	**2**	**89,684**

Notes:
- Mean and median length of stay cannot be calculated as no in-patients reported.
a Includes *Maternity* day patients.
b Includes day patients and in-patients.
c Length of stay (mean and median) is based on acute and extended in-patients.
d Total in-patients include *Maternity* in-patients.
e Total in-patient length of stay (mean and median) includes *Maternity* in-patient length of stay.

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

MDC 6 Diseases and Disorders of the Digestive System	Day Patients[a]	In-Patients									Total Discharges[b]
		Discharges			Length of Stay[c]						
		Elective	Emergency	Total[d]	Elective		Emergency		Total[e]		
	N	N	N	N	Mean	Median	Mean	Median	Mean	Median	N
G01A Rectal Resection W Cat CC	0	135	118	253	24.1	19	33.2	25	28.4	21	253
G01B Rectal Resection W/O Cat CC	7	460	120	580	11.4	10	16.0	14	12.4	10	587
G02A Major Small and Large Bowel Procedures W Cat CC	0	277	557	834	24.8	17	29.2	21	27.8	20	834
G02B Major Small and Large Bowel Procedures W/O Cat CC	68	972	719	1,691	9.9	8	15.5	12	12.3	9	1,759
G03A Stomach, Oesophageal and Duodenal Procedure W Malignancy or W Cat CC	8	231	164	395	19.7	16	23.2	18	21.2	17	403
G03B Stomach, Oesophageal and Duodenal Procedures W/O Malignancy W Sev or Mod CC	5	41	61	102	7.7	6	12.6	9	10.6	8	107
G03C Stomach, Oesophageal and Duodenal Procedures W/O Malignancy W/O CC	82	212	132	344	3.9	2	8.3	7	5.6	4	426
G04A Peritoneal Adhesiolysis W Cat CC	0	30	79	109	16.2	15	26.9	19	24.0	18	109
G04B Peritoneal Adhesiolysis W Sev or Moderate CC	1	59	99	158	8.5	8	13.6	11	11.7	9	159
G04C Peritoneal Adhesiolysis W/O CC	76	221	366	587	4.3	3	6.6	5	5.7	4	663
G05A Minor Small and Large Bowel Procedures W Cat CC	0	29	8	37	14.0	9	27.0	23	16.8	13	37
G05B Minor Small and Large Bowel Procedures W Sev or Moderate CC	4	75	9	84	10.4	9	11.9	12	10.6	9	88
G05C Minor Small and Large Bowel Procedures W/O CC	13	233	21	254	7.2	7	11.5	10	7.5	7	267
G06Z Pyloromyotomy Procedure	0	2	89	91	3.0	3	3.6	3	3.6	3	91
G07A Appendicectomy W Malignancy or Peritonitis or W Cat or Sev CC	3	13	1,072	1,086	5.1	2	5.5	4	5.5	4	1,089
G07B Appendicectomy W/O Malignancy or Peritonitis W/O Cat or Sev CC	11	104	5,298	5,402	2.2	2	3.0	3	3.0	3	5,413
G10A Hernia Procedures W CC	41	299	157	456	5.1	3	11.0	7	7.2	5	497
G10B Hernia Procedures W/O CC	2,307	2,029	514	2,543	2.1	1	4.0	3	2.4	2	4,850
G11Z Anal and Stomal Procedures	3,604	646	962	1,608	2.9	2	4.3	2	3.7	2	5,212
G12A Other Digestive System OR Procedures W Cat CC	4	35	140	175	10.8	10	22.7	19	20.3	15	179
G12B Other Digestive System OR Procedures W Sev or Moderate CC	38	102	156	258	6.3	5	11.3	9	9.3	7	296
G12C Other Digestive System OR Procedures W/O CC	260	166	519	686	4.8	3	6.2	5	5.8	4	946
G46A Complex Gastroscopy W Cat CC	0	45	198	243	16.2	10	24.5	16	22.9	15	243
G46B Complex Gastroscopy W/O Cat CC	0	605	1,550	2,155	4.9	3	8.9	7	7.8	6	2,155
G46C Complex Gastroscopy, Sameday	10,894	23	18	41	1.0	1	1.0	1	1.0	1	10,935
G47A Other Gastroscopy W Cat CC	0	32	325	357	17.1	8	20.6	12	20.3	12	357
G47B Other Gastroscopy W/O Cat CC	0	676	4,789	5,466	4.2	2	5.2	3	5.1	3	5,466
G47C Other Gastroscopy, Sameday	36,467	84	321	405	1.0	1	1.0	1	1.0	1	36,872
G48A Colonoscopy W Cat or Sev CC	0	105	407	512	7.5	4	15.8	9	14.1	8	512
G48B Colonoscopy W/O Cat or Sev CC	0	960	1,978	2,938	2.9	2	6.4	5	5.3	4	2,938
G48C Colonoscopy, Sameday	36,831	104	67	171	1.0	1	1.0	1	1.0	1	37,002
G60A Digestive Malignancy W Cat CC	101	115	308	423	16.0	8	14.0	10	14.6	10	524
G60B Digestive Malignancy W/O Cat CC	4,592	1,085	800	1,885	10.3	4	7.4	4	9.1	4	6,477
G61A GI Haemorrhage W Cat or Sev CC	5	17	358	375	8.4	7	9.8	5	9.7	5	380
G61B GI Haemorrhage W/O Cat or Sev CC	235	34	992	1,026	4.5	2	3.1	2	3.1	2	1,261
G62Z Complicated Peptic Ulcer	76	6	48	54	12.7	10	7.0	6	7.7	6	130
G63Z Uncomplicated Peptic Ulcer	11	4	55	59	3.0	3	3.5	2	3.4	2	70

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

MDC 6 Diseases and Disorders of the Digestive System	Day Patients[a]	In-Patients									Total Discharges[b]
		Discharges			Length of Stay[c]						
		Elective	Emergency	Total[d]	Elective		Emergency		Total[e]		
	N	N	N	N	Mean	Median	Mean	Median	Mean	Median	N
G64A Inflammatory Bowel Disease W CC	71	15	151	166	8.5	7	7.9	6	8.0	6	237
G64B Inflammatory Bowel Disease W/O CC	4,424	124	591	715	4.8	4	4.6	4	4.6	4	5,139
G65A GI Obstruction W Cat or Sev CC	0	7	377	384	10.3	8	12.6	7	12.6	7	384
G65B GI Obstruction W/O Cat or Sev CC	12	11	767	778	4.2	3	4.4	3	4.4	3	790
G66Z Abdominal Pain or Mesenteric Adenitis	792	253	10,093	10,422	3.3	2	2.2	1	2.2	1	11,214
G67A Oesophagitis and Gastroenteritis W Cat/Sev CC	23	58	1,117	1,176	7.2	5	8.5	5	8.4	5	1,199
G67B Oesophagitis and Gastroenteritis W/O Cat/Sev CC	680	225	9,716	9,947	2.6	2	2.2	1	2.2	1	10,627
G70A Other Digestive System Diagnoses W Cat or Sev CC	109	144	1,597	1,742	9.0	5	7.6	4	7.7	4	1,851
G70B Other Digestive System Diagnoses W/O Cat or Sev CC	4,545	722	7,729	8,458	3.5	2	3.2	2	3.2	2	13,003
Total Discharges	**106,400**	**11,825**	**55,712**	**67,631**	**6.4**	**3**	**4.9**	**2**	**5.1**	**2**	**174,031**

Notes:
- Mean and median length of stay cannot be calculated as no in-patients reported.
a Includes *Maternity* day patients.
b Includes day patients and in-patients.
c Length of stay (mean and median) is based on acute and extended in-patients.
d Total in-patients include *Maternity* in-patients.
e Total in-patient length of stay (mean and median) includes *Maternity* in-patient length of stay.

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

MDC 7 Diseases and Disorders of the Hepatobiliary System and Pancreas	Day Patients[a]	In-Patients									Total Discharges[b]
		Discharges			Length of Stay[c]						
		Elective	Emergency	Total[d]	Elective		Emergency		Total[e]		
	N	N	N	N	Mean	Median	Mean	Median	Mean	Median	N
H01A Pancreas, Liver and Shunt Procedures W Cat CC	0	57	42	99	20.1	17	29.3	21	24.0	19	99
H01B Pancreas, Liver and Shunt Procedures W/O Cat CC	9	137	40	177	9.4	8	19.0	16	11.5	9	186
H02A Major Biliary Tract Procedures W Cat CC	1	38	68	106	17.4	14	27.5	23	23.9	20	107
H02B Major Biliary Tract Procedures W Sev CC	2	28	35	63	9.0	9	19.4	15	14.8	12	65
H02C Major Biliary Tract Procedures W/O Cat or Sev CC	43	81	67	148	8.0	7	14.5	12	11.0	9	191
H05A Hepatobiliary Diagnostic Procedures W Cat CC	0	14	17	31	16.8	11	32.9	28	25.6	22	31
H05B Hepatobiliary Diagnostic Procedures W/O Cat CC	31	59	40	99	4.8	3	11.8	11	7.6	5	130
H06A Other Hepatobiliary and Pancreas OR Procedures W Cat CC	0	22	49	71	7.1	3	22.5	21	17.7	16	71
H06B Other Hepatobiliary and Pancreas OR Procedures W/O Cat CC	19	85	65	151	4.3	3	15.5	12	9.1	6	170
H07A Open Cholecystectomy W Closed CDE or W Cat CC	0	28	40	68	14.6	12	23.0	16	19.5	14	68
H07B Open Cholecystectomy W/O Closed CDE W/O Cat CC	4	163	72	235	6.0	5	11.2	9	7.6	6	239
H08A Laparoscopic Cholecystectomy W Closed CDE or W (Cat or Sev CC)	22	161	160	321	4.9	3	12.1	10	8.4	6	343
H08B Laparoscopic Cholecystectomy W/O Closed CDE W/O Cat or Sev CC	762	2,466	655	3,121	2.0	2	5.7	5	2.8	2	3,883
H40A Endoscopic Procedures for Bleeding Oesophageal Varices W Cat CC	0	2	23	25	15.0	15	18.8	8	18.5	8	25
H40B Endoscopic Procedures for Bleeding Oesophageal Varices W/O Cat CC	6	9	46	55	1.4	1	7.5	7	6.5	6	61
H43A ERCP Procedures W Cat or Sev CC	16	62	242	304	7.7	5	19.4	15	17.0	13	320
H43B ERCP Procedures W/O Cat or Sev CC	1,343	268	565	833	3.0	1	7.7	7	6.2	5	2,176
H60A Cirrhosis and Alcoholic Hepatitis W Cat CC	1	28	265	293	19.5	9	18.5	13	18.6	13	294
H60B Cirrhosis and Alcoholic Hepatitis W Sev or Moderate CC	92	80	483	563	3.3	2	10.7	7	9.7	6	655
H60C Cirrhosis and Alcoholic Hepatitis W/O CC	210	61	130	191	3.1	1	7.1	6	5.8	3	401
H61A Malignancy of Hepatobiliary System, Pancreas W Cat CC	29	47	225	272	11.6	6	15.5	11	14.9	10	301
H61B Malignancy of Hepatobiliary System, Pancreas W/O Cat CC	1,145	361	595	956	7.2	3	9.8	7	8.8	6	2,101
H62A Disorders of Pancreas Except for Malignancy W Cat or Sev CC	6	13	348	361	9.2	8	11.7	8	11.6	8	367
H62B Disorders of Pancreas Except for Malignancy W/O Cat or Sev CC	303	69	1,234	1,303	4.7	3	5.6	4	5.6	4	1,606
H63A Disorders of Liver Except Malig, Cirrhosis, Alcoholic Hepatitis W Cat/Sev CC	46	57	346	403	9.1	3	12.2	8	11.8	7	449
H63B Disorders of Liver Excep Malig, Cirrhosis, Alcoholic Hepatitis W/O Cat/Sev CC	1,490	346	677	1,023	2.6	1	5.3	3	4.4	2	2,513
H64A Disorders of the Biliary Tract W CC	50	98	897	995	6.2	4	9.4	7	9.1	7	1,045
H64B Disorders of the Biliary Tract W/O CC	436	259	2,597	2,857	2.6	2	4.5	3	4.3	3	3,293
Total Discharges	**6,066**	**5,099**	**10,023**	**15,124**	**4.1**	**2**	**8.5**	**6**	**7.0**	**4**	**21,190**

Notes:
- \- Mean and median length of stay cannot be calculated as no in-patients reported.
- a Includes *Maternity* day patients.
- b Includes day patients and in-patients.
- c Length of stay (mean and median) is based on acute and extended in-patients.
- d Total in-patients include *Maternity* in-patients.
- e Total in-patient length of stay (mean and median) includes *Maternity* in-patient length of stay.

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

MDC 8 Diseases and Disorders of the Musculoskeletal System and Connective Tissue	Day Patients[a]	In-Patients									Total Discharges[b]
		Discharges			Length of Stay[c]						
		Elective	Emergency	Total[d]	Elective		Emergency		Total[e]		
	N	N	N	N	Mean	Median	Mean	Median	Mean	Median	N
I01A Bilateral/Multiple Major Joint Proc of Lower Extremity W Revision or W Cat CC	0	9	9	18	22.1	20	71.1	62	46.6	24	18
I01B Bilateral/Multiple Major Joint Pr of Lower Extremity W/O Revision W/O Cat CC	0	25	4	29	8.0	8	26.0	32	10.4	8	29
I02A Microvascular Tissue Transfer or (Skin Graft W Cat or Sev CC), Excluding Hand	0	13	40	53	25.8	18	41.2	26	37.4	24	53
I02B Skin Graft W/O Cat or Sev CC, Excluding Hand	19	54	32	86	5.4	2	19.0	13	10.5	3	105
I03A Hip Replacement W Cat CC	0	72	296	368	12.7	10	35.7	22	31.2	19	368
I03B Hip Replacement W/O Cat CC	0	2,997	1,301	4,298	7.5	7	14.7	11	9.7	7	4,298
I04A Knee Replacement W Cat or Sev CC	0	221	4	225	11.7	8	16.5	17	11.8	9	225
I04B Knee Replacement W/O Cat or Sev CC	1	1,650	13	1,663	6.8	7	18.5	11	6.9	7	1,664
I05A Other Joint Replacement W Cat or Sev CC	0	7	15	22	8.0	6	22.5	13	17.9	9	22
I05B Other Joint Replacement W/O Cat or Sev CC	1	118	44	162	4.2	4	6.3	5	4.7	4	163
I06Z Spinal Fusion W Deformity	14	154	8	162	8.3	7	9.8	8	8.4	7	176
I07Z Amputation	0	20	21	41	13.4	6	62.0	33	38.3	21	41
I08A Other Hip and Femur Procedures W Cat CC	1	9	392	401	12.0	10	39.7	24	39.1	23	402
I08B Other Hip and Femur Procedures W/O Cat CC	31	317	1,897	2,214	5.2	3	12.9	9	11.8	9	2,245
I09A Spinal Fusion W Cat CC	0	12	27	39	16.8	9	22.1	19	20.5	12	39
I09B Spinal Fusion W/O Cat CC	1	286	114	400	6.1	5	11.6	7	7.7	5	401
I10A Other Back and Neck Procedures W Cat or Sev CC	8	45	42	87	12.8	7	22.1	12	17.3	8	95
I10B Other Back and Neck Procedures W/O Cat or Sev CC	677	939	259	1,198	3.0	2	4.4	3	3.3	2	1,875
I11Z Limb Lengthening Procedures	6	55	10	65	5.9	5	9.6	7	6.4	6	71
I12A Infect/Inflam of Bone and Joint W Misc Musculoskeletal Procs W Cat CC	0	10	53	63	20.2	16	36.5	33	33.9	30	63
I12B Infect/Inflam of Bone and Joint W Misc Musculoskeletal Procs W Sev or Mod CC	6	34	82	116	10.1	4	17.6	15	15.4	11	122
I12C Infect/Inflam of Bone and Joint W Misc Musculoskeletal Procs W/O CC	65	115	162	277	4.8	2	10.9	8	8.4	5	342
I13A Humerus, Tibia, Fibula and Ankle Procedures W CC	2	63	477	540	5.5	4	12.5	7	11.7	6	542
I13B Humerus, Tibia, Fibula and Ankle Procedures W/O CC	110	507	3,215	3,722	2.6	2	3.2	2	3.1	2	3,832
I15Z Cranio-Facial Surgery	0	51	4	55	5.0	5	5.8	4	5.1	5	55
I16Z Other Shoulder Procedures	157	754	45	799	1.6	1	4.2	2	1.7	1	956
I17A Maxillo-Facial Surgery W CC	3	8	11	19	2.5	2	7.7	3	5.5	3	22
I17B Maxillo-Facial Surgery W/O CC	9	27	33	60	2.6	2	3.2	3	2.9	2	69
I18Z Other Knee Procedures	2,403	408	234	642	1.7	1	5.1	2	2.9	1	3,045
I19A Other Elbow or Forearm Procedures W CC	6	13	243	256	3.3	2	7.1	3	6.9	2	262
I19B Other Elbow or Forearm Procedures W/O CC	292	289	2,521	2,811	1.6	1	1.8	1	1.8	1	3,103
I20Z Other Foot Procedures	410	695	463	1,158	2.0	2	3.0	2	2.4	2	1,568

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

MDC 8 Diseases and Disorders of the Musculoskeletal System and Connective Tissue	Day Patients[a]	In-Patients									Total Discharges[b]
		Discharges			Length of Stay[c]						
		Elective	Emergency	Total[d]	Elective		Emergency		Total[e]		
	N	N	N	N	Mean	Median	Mean	Median	Mean	Median	N
I21Z Local Excision and Removal of Internal Fixation Devices of Hip and Femur	96	65	20	85	1.9	1	19.3	7	6.0	1	181
I23Z Local Excision and Removal of Internal Fixation Devices Excl Hip and Femur	2,731	472	49	521	2.4	1	5.8	1	2.7	1	3,252
I24Z Arthroscopy	945	189	85	274	1.6	1	3.4	2	2.2	1	1,219
I25A Bone and Joint Diagnostic Procedures Including Biopsy W CC	11	15	22	37	3.9	2	22.6	23	15.1	8	48
I25B Bone and Joint Diagnostic Procedures Including Biopsy W/O CC	104	32	30	62	5.0	2	9.2	3	7.0	2	166
I27A Soft Tissue Procedures W CC	30	59	93	152	10.6	4	19.5	9	16.1	7	182
I27B Soft Tissue Procedures W/O CC	578	201	283	485	3.3	2	4.1	2	3.7	2	1,063
I28A Other Musculoskeletal Procedures W CC	10	34	86	120	11.6	7	20.7	10	18.1	9	130
I28B Other Musculoskeletal Procedures W/O CC	174	228	344	572	2.7	2	3.2	2	3.0	2	746
I29Z Knee Reconstruction or Revision	12	544	18	562	1.5	1	3.2	2	1.6	1	574
I30Z Hand Procedures	1,697	659	1,979	2,639	1.5	1	1.6	1	1.6	1	4,336
I31A Hip Revision W Cat CC	0	26	21	47	20.8	15	52.8	37	35.1	24	47
I31B Hip Revision W/O Cat CC	0	419	99	518	10.1	8	18.7	13	11.7	8	518
I32A Knee Revision W Cat CC	0	2	1	3	115.0	115	26.0	26	85.3	41	3
I32B Knee Revision W Sev CC	0	22	4	26	14.0	8	35.8	38	17.4	14	26
I32C Knee Revision W/O Cat or Sev CC	0	79	16	95	9.2	8	13.7	13	9.9	8	95
I60Z Femoral Shaft Fractures	2	4	65	69	4.8	4	4.5	2	4.5	3	71
I61A Distal Femoral Fractures W CC	0	2	24	26	5.0	5	30.6	10	28.7	10	26
I61B Distal Femoral Fractures W/O CC	2	3	54	57	9.3	8	3.1	1	3.4	1	59
I63A Sprains, Strains and Dislocations of Hip, Pelvis and Thigh W CC	0	1	35	36	14.0	14	18.9	4	18.8	5	36
I63B Sprains, Strains and Dislocations of Hip, Pelvis and Thigh W/O CC	2	1	146	147	15.0	15	6.5	2	6.5	2	149
I64A Osteomyelitis W Cat or Sev CC	7	17	84	101	24.1	20	21.5	15	22.0	15	108
I64B Osteomyelitis W/O Cat or Sev CC	198	37	137	174	11.5	7	9.7	7	10.1	7	372
I65A Musculoskeletal Malignant Neoplasms W Cat CC	21	47	98	145	12.0	7	21.6	15	18.5	12	166
I65B Musculoskeletal Malignant Neoplasms W/O Cat CC	998	417	381	798	5.5	4	7.8	4	6.6	4	1,796
I66A Inflammatory Musculoskeletal Disorders W Cat or Sev CC	69	41	127	168	8.1	4	16.7	10	14.6	8	237
I66B Inflammatory Musculoskeletal Disorders W/O Cat or Sev CC	7,107	283	446	729	4.5	4	5.5	4	5.2	4	7,836
I67A Septic Arthritis W Cat or Sev CC	0	3	26	29	46.0	31	22.8	16	25.2	17	29
I67B Septic Arthritis W/O Cat or Sev CC	23	5	72	77	11.0	4	6.0	4	6.4	4	100
I68A Non-surgical Spinal Disorders W CC	0	134	815	949	7.1	4	12.8	7	12.0	6	949
I68B Non-surgical Spinal Disorders W/O CC	0	326	1,609	1,939	3.7	2	5.1	3	4.8	3	1,939
I68C Non-surgical Spinal Disorders, Sameday	12,625	29	474	505	1.0	1	1.0	1	1.0	1	13,130
I69A Bone Diseases and Arthropathies W Cat or Sev CC	26	50	187	237	4.6	1	17.3	9	14.6	7	263
I69B Bone Diseases and Arthropathies W/O Cat or Sev CC	4,622	380	540	921	2.9	2	5.4	2	4.3	2	5,543
I71A Other Musculotendinous Disorders W Cat or Sev CC	67	26	263	289	7.7	3	10.0	5	9.8	5	356
I71B Other Musculotendinous Disorders W/O Cat or Sev CC	8,953	343	2,172	2,520	3.2	2	2.6	1	2.7	1	11,473

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

MDC 8 Diseases and Disorders of the Musculoskeletal System and Connective Tissue	Day Patients[a]	In-Patients									Total Discharges[b]
		Discharges			Length of Stay[c]						
		Elective	Emergency	Total[d]	Elective		Emergency		Total[e]		
	N	N	N	N	Mean	Median	Mean	Median	Mean	Median	N
I72A Specific Musculotendinous Disorders W Cat or Sev CC	25	12	60	72	24.1	13	16.8	10	18.0	10	97
I72B Specific Musculotendinous Disorders W/O Cat or Sev CC	2,572	98	549	647	4.1	2	3.3	2	3.4	2	3,219
I73A Aftercare of Musculoskeletal Implants/Prostheses W Cat or Sev CC	9	376	43	419	20.6	14	20.3	10	20.6	13	428
I73B Aftercare of Musculoskeletal Implants/Prostheses W/O Cat or Sev CC	1,736	329	252	581	8.9	5	4.7	3	7.1	4	2,317
I74Z Injury to Forearm, Wrist, Hand or Foot	308	95	2,575	2,670	1.4	1	2.5	1	2.4	1	2,978
I75A Injury to Shoulder, Arm, Elbow, Knee, Leg or Ankle W CC	4	11	465	477	6.6	4	14.6	6	14.4	6	481
I75B Injury to Shoulder, Arm, Elbow, Knee, Leg or Ankle W/O CC	201	58	1,628	1,689	3.7	1	2.7	1	2.7	1	1,890
I76A Other Musculoskeletal Disorders W Cat or Sev CC	42	13	115	128	11.4	5	22.8	9	21.6	8	170
I76B Other Musculoskeletal Disorders W/O Cat or Sev CC	2,247	220	639	859	3.6	2	3.5	1	3.5	1	3,106
I77A Fractures of Pelvis W Cat or Sev CC	0	1	187	188	13.0	13	23.6	15	23.5	15	188
I77B Fractures of Pelvis W/O Cat or Sev CC	0	4	304	308	17.5	11	10.2	7	10.3	7	308
I78A Fractures of Neck of Femur W Cat or Sev CC	0	4	79	83	70.0	66	16.3	8	18.9	9	83
I78B Fractures of Neck of Femur W/O Cat or Sev CC	0	5	155	160	11.4	6	7.3	3	7.4	3	160
I79A Pathological Fracture W Cat CC	0	1	24	25	15.0	15	35.0	27	34.2	27	25
I79B Pathological Fracture W/O Cat CC	37	24	192	216	9.5	7	14.1	7	13.6	7	253
Total Discharges	**52,513**	**16,423**	**30,243**	**46,685**	**5.5**	**4**	**7.1**	**2**	**6.5**	**3**	**99,198**

Notes:
- \- Mean and median length of stay cannot be calculated as no in-patients reported.
- a Includes *Maternity* day patients.
- b Includes day patients and in-patients.
- c Length of stay (mean and median) is based on acute and extended in-patients.
- d Total in-patients include *Maternity* in-patients.
- e Total in-patient length of stay (mean and median) includes *Maternity* in-patient length of stay.

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

MDC 9 Diseases and Disorders of the Skin, Subcutaneous Tissue and Breast	Day Patients[a]	In-Patients									Total Discharges[b]
		Discharges			Length of Stay[c]						
		Elective	Emergency	Total[d]	Elective		Emergency		Total[e]		
	N	N	N	N	Mean	Median	Mean	Median	Mean	Median	N
J01A Microvas Tiss Transf for Skin, Subcutaneous Tiss & Breast Disd W Cat/Sev CC	0	3	1	4	12.7	13	38.0	38	19.0	16	4
J01B Microvas Tiss Transf for Skin, Subcutaneous Tiss & Breast Disd W/O Cat/Sev CC	0	24	2	26	7.5	7	17.0	17	8.2	7	26
J06Z Major Procedures for Breast Conditions	650	1,930	74	2,004	3.5	3	2.9	2	3.4	3	2,654
J07Z Minor Procedures for Breast Conditions	1,950	260	20	281	2.0	1	4.8	2	2.2	1	2,231
J08A Other Skin Graft and/or Debridement Procedures W CC	22	78	70	148	10.6	7	32.8	11	21.1	8	170
J08B Other Skin Graft and/or Debridement Procedures W/O CC	820	243	94	337	3.4	2	5.7	3	4.0	2	1,157
J09Z Perianal and Pilonidal Procedures	399	216	152	368	2.1	1	2.4	2	2.2	2	767
J10Z Skin, Subcutaneous Tissue and Breast Plastic OR Procedures	889	259	18	277	3.8	2	3.0	2	3.7	2	1,166
J11Z Other Skin, Subcutaneous Tissue and Breast Procedures	36,412	782	341	1,124	2.8	2	7.0	2	4.1	2	37,536
J12A Lower Limb Procs W Ulcer/Cellulitis W Cat CC	1	2	19	21	61.5	62	34.2	34	36.8	34	22
J12B Lower Limb Procs W Ulcer/Cellulitis W/O Cat CC W Skin Graft/Flap Repair	6	7	11	18	14.4	10	18.5	20	16.9	15	24
J12C Lower Limb Procs W Ulcer/Cellulitis W/O Cat CC W/O Skin Graft/Flap Repair	14	24	53	77	10.7	8	18.2	11	15.9	10	91
J13A Lower Limb Procs W/O Ulcer/Cellulitis W Cat CC or W (Skin Graft and Sev CC)	1	21	12	33	21.5	10	13.3	11	18.5	10	34
J13B Lower Limb Procs W/O Ulcer/Cellulitis W/O Cat CC W/O (Skin Graft and Sev CC)	90	119	25	144	4.4	2	9.5	8	5.3	3	234
J14Z Major Breast Reconstructions	4	157	6	163	7.2	7	4.3	5	7.1	7	167
J60A Skin Ulcers W Cat CC	0	4	57	61	44.5	41	38.7	14	39.1	15	61
J60B Skin Ulcers W/O Cat CC	0	54	289	343	10.7	7	11.3	7	11.2	7	343
J60C Skin Ulcers, Sameday	326	1	22	23	1.0	1	1.0	1	1.0	1	349
J62A Malignant Breast Disorders W CC	2,058	283	368	651	16.9	9	11.2	6	13.7	7	2,709
J62B Malignant Breast Disorders W/O CC	2,305	146	43	189	21.0	21	2.9	2	16.9	9	2,494
J63A Non-Malignant Breast Disorders W CC	26	5	37	42	1.8	1	11.1	4	10.0	4	68
J63B Non-Malignant Breast Disorders W/O CC	3,350	15	228	243	2.2	1	2.6	2	2.6	2	3,593
J64A Cellulitis W Cat or Sev CC	14	31	837	868	10.7	7	13.1	8	13.0	8	882
J64B Cellulitis W/O Cat or Sev CC	495	192	4,925	5,117	5.8	3	4.3	3	4.4	3	5,612
J65A Trauma to the Skin, Subcutaneous Tissue and Breast W Cat or Sev CC	0	3	163	166	131.7	43	13.6	6	15.8	6	166
J65B Trauma to the Skin, Subcutaneous Tissue and Breast W/O Cat or Sev CC	57	9	1,214	1,230	2.1	2	2.4	1	2.3	1	1,287
J67A Minor Skin Disorders	0	256	999	1,255	5.4	2	3.6	2	4.0	2	1,255
J67B Minor Skin Disorders, Sameday	10,182	38	471	510	1.0	1	1.0	1	1.0	1	10,692
J68A Major Skin Disorders W Cat or Sev CC	0	14	84	98	10.4	8	12.5	7	12.2	7	98
J68B Major Skin Disorders W/O Cat or Sev CC	0	60	592	652	5.9	3	4.2	3	4.3	3	652
J68C Major Skin Disorders, Sameday	18,741	9	129	138	1.0	1	1.0	1	1.0	1	18,879

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

MDC 9 Diseases and Disorders of the Skin, Subcutaneous Tissue and Breast	Day Patients[a]	In-Patients									Total Discharges[b]
		Discharges			Length of Stay[c]						
		Elective	Emergency	Total[d]	Elective		Emergency		Total[e]		
	N	N	N	N	Mean	Median	Mean	Median	Mean	Median	N
J69A Skin Malignancy W Cat CC	0	15	37	52	16.9	8	28.2	12	24.9	12	52
J69B Skin Malignancy W/O Cat CC	0	129	72	201	15.4	8	12.8	6	14.5	8	201
J69C Skin Malignancy, Sameday	1,363	2	3	5	1.0	1	1.0	1	1.0	1	1,368
Total Discharges	**80,175**	**5,391**	**11,468**	**16,869**	**5.5**	**2**	**5.8**	**3**	**5.7**	**3**	**97,044**

Notes:
- Mean and median length of stay cannot be calculated as no in-patients reported.
a Includes *Maternity* day patients.
b Includes day patients and in-patients.
c Length of stay (mean and median) is based on acute and extended in-patients.
d Total in-patients include *Maternity* in-patients.
e Total in-patient length of stay (mean and median) includes *Maternity* in-patient length of stay.

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

MDC 10 Endocrine, Nutritional and Metabolic Diseases and Disorders	Day Patients[a]	In-Patients									Total Discharges[b]
		Discharges			Length of Stay[c]						
		Elective	Emergency	Total[d]	Elective		Emergency		Total[e]		
	N	N	N	N	Mean	Median	Mean	Median	Mean	Median	N
K01A OR Procedures for Diabetic Complications W Cat CC	0	22	106	128	33.6	22	36.1	20	35.7	20	128
K01B OR Procedures for Diabetic Complications W/O Cat CC	6	49	114	163	10.9	7	17.5	15	15.5	13	169
K02A Pituitary Procedures W CC	0	18	6	24	8.4	6	12.0	8	9.3	7	24
K02B Pituitary Procedures W/O CC	2	61	9	70	5.6	5	5.4	5	5.6	5	72
K03Z Adrenal Procedures	1	20	1	21	8.5	8	20.0	20	9.0	8	22
K04A Major Procedures for Obesity W CC	0	2	1	3	4.0	4	18.0	18	8.7	5	3
K04B Major Procedures for Obesity W/O CC	0	17	2	19	7.6	5	10.0	10	7.9	5	19
K05A Parathyroid Procedures W Cat or Sev CC	0	23	2	25	13.8	6	15.0	15	13.9	6	25
K05B Parathyroid Procedures W/O Cat or Sev CC	17	106	15	121	3.0	2	8.5	7	3.7	3	138
K06A Thyroid Procedures W Cat or Sev CC	0	55	17	72	6.6	6	14.1	12	8.4	6	72
K06B Thyroid Procedures W/O Cat or Sev CC	4	753	30	783	3.3	3	8.8	6	3.5	3	787
K07Z Obesity Procedures	7	35	0	35	5.7	5	-	-	5.7	5	42
K08Z Thyroglossal Procedures	6	57	2	59	2.0	2	6.0	6	2.2	2	65
K09A Other Endocrine, Nutritional and Metabolic OR Procedures W Cat CC	0	11	19	30	21.6	14	24.6	17	23.5	16	30
K09B Other Endocrine, Nutritional and Metabolic OR Procs W Sev or Moderate CC	4	23	22	45	5.0	3	14.8	12	9.8	7	49
K09C Other Endocrine, Nutritional and Metabolic OR Procedures W/O CC	24	42	6	48	3.2	3	12.3	10	4.4	3	72
K40A Endoscopic or Investigative Proc for Metabolic Disorders W Cat CC	0	7	62	69	11.4	14	39.6	23	36.8	22	69
K40B Endoscopic or Investigative Proc for Metabolic Disorders W/O Cat CC	0	119	244	363	5.7	4	14.2	9	11.4	7	363
K40C Endoscopic or Investigative Procedure for Metabolic Disorders, Sameday	1,044	8	5	13	1.0	1	1.0	1	1.0	1	1,057
K60A Diabetes W Cat or Sev CC	10	44	653	697	22.2	10	11.4	7	12.1	7	707
K60B Diabetes W/O Cat or Sev CC	298	365	2,734	3,101	3.8	2	4.3	3	4.3	3	3,399
K61Z Sev Nutritional Disturbance	0	7	28	35	12.4	4	32.8	7	28.7	6	35
K62A Miscellaneous Metabolic Disorders W Cat or Sev CC	75	69	695	764	8.8	7	10.6	6	10.4	6	839
K62B Miscellaneous Metabolic Disorders W/O Cat or Sev CC	1,135	432	1,565	2,000	3.3	2	4.5	2	4.2	2	3,135
K63A Inborn Errors of Metabolism W CC	74	39	52	91	8.0	5	10.6	7	9.5	6	165
K63B Inborn Errors of Metabolism W/O CC	1,087	110	84	194	3.3	2	2.9	1	3.1	2	1,281
K64A Endocrine Disorders W Cat or Sev CC	50	39	121	160	7.6	4	13.0	7	11.7	7	210
K64B Endocrine Disorders W/O Cat or Sev CC	1,573	388	488	878	3.3	3	4.3	2	3.9	3	2,451
Total Discharges	**5,417**	**2,921**	**7,083**	**10,011**	**4.8**	**3**	**7.4**	**4**	**6.6**	**3**	**15,428**

Notes:
- \- Mean and median length of stay cannot be calculated as no in-patients reported.
- a Includes *Maternity* day patients.
- b Includes day patients and in-patients.
- c Length of stay (mean and median) is based on acute and extended in-patients.
- d Total in-patients include *Maternity* in-patients.
- e Total in-patient length of stay (mean and median) includes *Maternity* in-patient length of stay.

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

MDC 11 Diseases and Disorders of the Kidney and Urinary Tract	Day Patients[a]	In-Patients									Total Discharges[b]
		Discharges			Length of Stay[c]						
		Elective	Emergency	Total[d]	Elective		Emergency		Total[e]		
	N	N	N	N	Mean	Median	Mean	Median	Mean	Median	N
L02A Operative Insertion of Peritoneal Catheter for Dialysis W Cat or Sev CC	0	16	25	41	8.1	2	32.1	17	22.8	10	41
L02B Operative Insertion of Peritoneal Catheter for Dialysis W/O Cat or Sev CC	4	34	18	52	2.8	2	11.1	9	5.7	3	56
L03A Kidney, Ureter and Major Bladder Procedures for Neoplasm W Cat CC	0	89	34	123	19.7	15	26.2	22	21.5	15	123
L03B Kidney, Ureter and Major Bladder Procedures for Neoplasm W Sev CC	0	72	19	91	12.0	10	21.1	18	13.9	12	91
L03C Kidney, Ureter and Major Bladder Procedures for Neoplasm W/O Cat or Sev CC	4	248	30	278	8.1	7	11.4	10	8.4	7	282
L04A Kidney, Ureter & Major Bladder Procedures for Non-Neoplasm W Cat CC	7	41	77	118	15.8	14	29.7	17	24.9	15	125
L04B Kidney, Ureter and Major Bladder Procedures for Non-Neoplasm W Sev CC	14	67	59	126	7.5	7	13.2	11	10.2	9	140
L04C Kidney, Ureter & Major Bladder Procedures for Non-Neoplasm W/O Cat or Sev CC	176	441	211	652	5.7	5	8.6	7	6.7	5	828
L05A Transurethral Prostatectomy W Cat or Sev CC	0	11	23	34	12.0	8	23.9	14	20.0	13	34
L05B Transurethral Prostatectomy W/O Cat or Sev CC	7	72	35	107	5.1	4	10.8	9	7.0	5	114
L06A Minor Bladder Procedures W Cat or Sev CC	8	16	66	82	11.3	10	13.2	8	12.9	8	90
L06B Minor Bladder Procedures W/O Cat or Sev CC	347	175	84	259	3.3	3	7.7	5	4.7	3	606
L07A Transurethral Procedures Except Prostatectomy W CC	53	260	232	492	5.4	3	11.8	6	8.4	4	545
L07B Transurethral Procedures Except Prostatectomy W/O CC	750	634	446	1,080	2.8	2	3.6	3	3.1	2	1,830
L08A Urethral Procedures W CC	5	38	16	54	5.4	4	6.3	5	5.6	4	59
L08B Urethral Procedures W/O CC	93	97	42	139	3.0	3	3.8	3	3.3	3	232
L09A Other Procedures for Kidney and Urinary Tract Disorders W Cat CC	0	32	52	84	12.3	7	30.2	21	23.4	15	84
L09B Other Procedures for Kidney and Urinary Tract Disorders W Sev CC	12	53	36	89	3.6	2	15.1	11	8.2	3	101
L09C Other Procedures for Kidney and Urinary Tract Disorders W/O Cat or Sev CC	100	141	50	191	3.0	2	6.6	4	3.9	2	291
L40Z Ureteroscopy	66	42	100	142	3.1	2	4.2	3	3.9	3	208
L41Z Cystourethroscopy, Sameday	7,579	23	27	50	1.0	1	1.0	1	1.0	1	7,629
L42Z ESW Lithotripsy for Urinary Stones	1,178	35	39	74	1.9	2	3.7	3	2.9	2	1,252
L60A Renal Failure W Cat CC	8	25	404	429	18.1	11	21.1	13	20.9	13	437
L60B Renal Failure W Sev CC	116	72	604	677	7.9	4	10.4	7	10.1	7	793
L60C Renal Failure W/O Cat or Sev CC	1,122	168	854	1,022	4.4	2	6.9	5	6.5	4	2,144
L61Z Haemodialysis	169,389	5	0	5	1.2	1	-	-	1.2	1	169,394
L62A Kidney and Urinary Tract Neoplasms W Cat or Sev CC	378	83	273	356	10.6	6	13.0	9	12.4	9	734
L62B Kidney and Urinary Tract Neoplasms W/O Cat or Sev CC	720	201	191	392	5.5	3	6.9	5	6.2	4	1,112
L63A Kidney and Urinary Tract Infections W Cat or Sev CC	12	53	2,249	2,302	10.3	7	15.4	8	15.2	8	2,314
L63B Kidney and Urinary Tract Infections W/O Cat or Sev CC	1,340	201	6,132	6,341	5.8	3	5.2	3	5.2	3	7,681

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

MDC 11 Diseases and Disorders of the Kidney and Urinary Tract	Day Patients[a]	In-Patients									Total Discharges[b]
		Discharges			Length of Stay[c]						
		Elective	Emergency	Total[d]	Elective		Emergency		Total[e]		
	N	N	N	N	Mean	Median	Mean	Median	Mean	Median	N
L64Z Urinary Stones and Obstruction	400	243	2,229	2,473	3.7	2	2.9	2	3.0	2	2,873
L65A Kidney and Urinary Tract Signs and Symptoms W Cat or Sev CC	18	41	398	439	9.7	4	9.7	6	9.7	6	457
L65B Kidney and Urinary Tract Signs and Symptoms W/O Cat or Sev CC	1,308	218	1,359	1,580	2.9	2	4.0	3	3.8	3	2,888
L66Z Urethral Stricture	147	64	33	97	2.6	2	6.2	5	3.8	2	244
L67A Other Kidney and Urinary Tract Diagnoses W Cat or Sev CC	145	112	559	671	6.4	4	13.0	8	11.9	7	816
L67B Other Kidney and Urinary Tract Diagnoses W/O Cat or Sev CC	3,538	692	1,061	1,757	2.6	2	5.2	3	4.2	2	5,295
L68Z Peritoneal Dialysis	62	3	0	3	7.3	4	-	-	7.3	4	65
Total Discharges	**189,106**	**4,818**	**18,067**	**22,902**	**5.1**	**3**	**7.7**	**4**	**7.1**	**4**	**212,008**

Notes:
- Mean and median length of stay cannot be calculated as no in-patients reported.
a Includes *Maternity* day patients.
b Includes day patients and in-patients.
c Length of stay (mean and median) is based on acute and extended in-patients.
d Total in-patients include *Maternity* in-patients.
e Total in-patient length of stay (mean and median) includes *Maternity* in-patient length of stay.

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

MDC 12 Diseases and Disorders of the Male Reproductive System	Day Patients[a]	In-Patients									Total Discharges[b]
		Discharges			Length of Stay[c]						
		Elective	Emergency	Total[d]	Elective		Emergency		Total[e]		
	N	N	N	N	Mean	Median	Mean	Median	Mean	Median	N
M01A Major Male Pelvic Procedures W Cat or Sev CC	0	67	4	71	10.0	8	25.5	28	10.9	8	71
M01B Major Male Pelvic Procedures W/O Cat or Sev CC	2	374	7	381	6.2	6	5.6	5	6.2	6	383
M02A Transurethral Prostatectomy W Cat or Sev CC	0	90	36	126	8.6	7	16.7	11	10.9	8	126
M02B Transurethral Prostatectomy W/O Cat or Sev CC	10	584	88	672	4.5	4	9.1	7	5.1	4	682
M03Z Penis Procedures	463	200	27	227	2.4	2	4.3	1	2.7	2	690
M04Z Testes Procedures	1,221	383	373	756	1.9	1	2.5	1	2.2	1	1,977
M05Z Circumcision	2,491	207	33	240	1.3	1	3.2	2	1.6	1	2,731
M06A Other Male Reproductive System OR Procedures W CC	24	25	32	57	8.0	5	16.1	10	12.5	7	81
M06B Other Male Reproductive System OR Procedures W/O CC	417	29	9	38	4.3	4	7.3	6	5.0	4	455
M40Z Cystourethroscopy, Sameday	1,612	8	1	9	1.0	1	1.0	1	1.0	1	1,621
M60A Malignancy, Male Reproductive System W Cat or Sev CC	244	115	256	371	11.3	6	13.6	8	12.9	8	615
M60B Malignancy, Male Reproductive System W/O Cat or Sev CC	2,715	361	168	529	21.2	8	8.2	6	17.1	6	3,244
M61Z Benign Prostatic Hypertrophy	1,615	80	86	166	2.8	2	5.6	5	4.2	3	1,781
M62Z Inflammation of the Male Reproductive System	666	43	719	762	2.5	1	3.2	2	3.2	2	1,428
M63Z Sterilisation, Male	338	4	1	5	1.3	1	1.0	1	1.2	1	343
M64Z Other Male Reproductive System Diagnoses	553	45	539	584	1.9	1	2.2	1	2.1	1	1,137
Total Discharges	**12,371**	**2,615**	**2,379**	**4,994**	**6.7**	**4**	**5.1**	**2**	**5.9**	**3**	**17,365**

Notes:
- Mean and median length of stay cannot be calculated as no in-patients reported.
a Includes *Maternity* day patients.
b Includes day patients and in-patients.
c Length of stay (mean and median) is based on acute and extended in-patients.
d Total in-patients include *Maternity* in-patients.
e Total in-patient length of stay (mean and median) includes *Maternity* in-patient length of stay.

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

MDC 13 Diseases and Disorders of the Female Reproductive System	Day Patients[a]	In-Patients									Total Discharges[b]
		Discharges			Length of Stay[c]						
		Elective	Emergency	Total[d]	Elective		Emergency		Total[e]		
	N	N	N	N	Mean	Median	Mean	Median	Mean	Median	N
N01Z Pelvic Evisceration and Radical Vulvectomy	0	33	7	40	16.2	9	15.6	14	16.1	9	40
N04A Hysterectomy for Non-Malignancy W Cat or Sev CC	0	152	16	168	8.5	7	27.3	18	10.3	7	168
N04B Hysterectomy for Non-Malignancy W/O Cat or Sev CC	3	1,811	61	1,878	5.2	5	9.0	7	5.4	5	1,881
N05A Oophorectomies and Complex Fallopian Tube Procs for Non-Malig W Cat or Sev CC	0	30	19	49	7.0	6	9.6	7	8.0	7	49
N05B Oophorectomies & Complex Fallopian Tube Procs for Non-Malig W/O Cat or Sev CC	55	495	128	629	3.5	3	5.5	5	3.9	4	684
N06A Female Reproductive System Reconstructive Procs W Cat or Sev CC	5	65	4	69	5.4	4	36.5	28	7.2	4	74
N06B Female Reproductive System Reconstructive Procs W/O Cat or Sev CC	149	1,214	10	1,230	3.3	3	4.3	3	3.3	3	1,379
N07Z Other Uterine and Adnexa Procedures for Non-Malignancy	2,156	1,253	436	1,710	2.4	2	4.1	3	2.8	2	3,866
N08Z Endoscopic and Laparoscopic Procedures for Female Reproductive System	1,480	516	366	891	1.5	1	3.5	3	2.3	1	2,371
N09Z Conisation, Vagina, Cervix and Vulva Procedures	9,870	679	306	993	4.9	1	3.3	2	4.4	2	10,863
N10Z Diagnostic Curettage or Diagnostic Hysteroscopy	6,443	765	136	906	1.5	1	4.5	3	2.0	1	7,349
N11Z Other Female Reproductive System OR Procedures	24	65	80	146	9.7	6	19.7	13	15.2	9	170
N12A Uterine and Adnexa Procedures for Malignancy W Cat CC	1	43	31	74	16.1	14	24.2	16	19.5	14	75
N12B Uterine and Adnexa Procedures for Malignancy W/O Cat CC	20	467	102	569	7.2	7	9.4	8	7.6	7	589
N60A Malignancy, Female Reproductive System W Cat CC	49	38	133	171	16.1	12	18.0	11	17.6	11	220
N60B Malignancy, Female Reproductive System W/O Cat CC	1,217	403	382	788	9.2	4	7.3	4	8.3	4	2,005
N61Z Infections, Female Reproductive System	201	6	310	326	3.7	3	3.0	2	3.0	2	527
N62Z Menstrual and Other Female Reproductive System Disorders	5,799	373	2,062	2,581	2.3	1	2.1	1	2.1	1	8,380
Total Discharges	**27,472**	**8,408**	**4,589**	**13,218**	**4.3**	**3**	**4.5**	**2**	**4.3**	**3**	**40,690**

Notes:
- Mean and median length of stay cannot be calculated as no in-patients reported.
a Includes *Maternity* day patients.
b Includes day patients and in-patients.
c Length of stay (mean and median) is based on acute and extended in-patients.
d Total in-patients include *Maternity* in-patients.
e Total in-patient length of stay (mean and median) includes *Maternity* in-patient length of stay.

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

MDC 14 Pregnancy, Childbirth and the Puerperium	Day Patients[a]	In-Patients												Total Discharges[b]
		Discharges				Length of Stay[c]								
		Elective	Emergency	*Maternity*	Total[d]	Elective		Emergency		*Maternity*		Total[e]		
	N	N	N	N	N	Mean	Median	Mean	Median	Mean	Median	Mean	Median	N
O01A Caesarean Delivery W Cat or Sev CC	0	0	0	3,497	3,497	-	-	-	-	8.3	6.0	8.3	6.0	3,497
O01B Caesarean Delivery W/O Cat or Sev CC	0	0	0	15,992	15,992	-	-	-	-	4.6	4.0	4.6	4.0	15,992
O02A Vaginal Delivery W OR Procedure W Cat or Sev CC	0	0	0	211	211	-	-	-	-	4.9	4.0	4.9	4.0	211
O02B Vaginal Delivery W OR Procedure W/O Cat or Sev CC	0	0	0	1,041	1,041	-	-	-	-	3.3	3.0	3.3	3.0	1,041
O03A Ectopic Pregnancy W CC	0	0	0	32	32	-	-	-	-	3.9	3.0	3.9	3.0	32
O03B Ectopic Pregnancy W/O CC	53	0	0	760	760	-	-	-	-	2.4	2.0	2.4	2.0	813
O04A Postpartum and Post Abortion W OR Procedure W Cat or Sev CC[f]	1	0	1	37	38	-	-	17.0	17.0	9.1	3.0	9.3	3.5	39
O04B Postpartum and Post Abortion W OR Procedure W/O Cat or Sev CC[f]	38	0	0	203	203	-	-	-	-	2.8	2.0	2.8	2.0	241
O05Z Abortion W OR Procedure[f]	1,829	0	0	3,017	3,017	-	-	-	-	1.3	1.0	1.3	1.0	4,846
O60Z Vaginal Delivery	0	0	0	50,456	50,456	-	-	-	-	2.7	2.0	2.7	2.0	50,456
O61Z Postpartum and Post Abortion W/O OR Procedure[f]	71	0	9	2,685	2,694	-	-	2.1	1.0	2.2	2.0	2.2	1.5	2,765
O63Z Abortion W/O OR Procedure[f]	751	0	0	3,363	3,363	-	-	-	-	1.3	1.0	1.3	1.0	4,114
O64Z False Labour	107	0	0	7,597	7,597	-	-	-	-	1.3	1.0	1.3	1.0	7,704
O66Z Antenatal and Other Obstetric Admission	5,188	0	4	35,847	35,851	-	-	1.3	1.0	1.7	1.0	1.7	1.0	41,039
Total Discharges	**8,038**	**0**	**14**	**124,738**	**124,752**	**.**	**-**	**2.9**	**1.0**	**2.6**	**2.0**	**2.6**	**2.0**	**132,790**

Notes:
- \- Mean and median length of stay cannot be calculated as no in-patients reported.
- a Includes *Maternity* day patients.
- b Includes day patients and in-patients.
- c Length of stay (mean and median) is based on acute and extended in-patients.
- d Total in-patients include *Maternity* in-patients.
- e Total in-patient length of stay (mean and median) includes *Maternity* in-patient length of stay.
- f This includes pregnancy with abortive outcome.

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

MDC 15 Newborns and Other Neonates	Day Patients[a]	In-Patients									Total Discharges[b]
		Discharges			Length of Stay[c]						
		Elective	Emergency	Total[d]	Elective		Emergency		Total[e]		
	N	N	N	N	Mean	Median	Mean	Median	Mean	Median	N
P01Z Neonate, Died or Transferred <5 Days of Admission W Significant OR Procedure	0	2	43	45	2.0	2	2.2	2	2.2	2	45
P02Z Cardiothoracic/Vascular Procedures for Neonates	0	8	59	67	46.3	26	39.0	19	39.9	19	67
P03Z Neonate, AdmWt 1000-1499 g W Significant OR Procedure	0	7	207	214	47.4	49	45.4	45	45.5	45	214
P04Z Neonate, AdmWt 1500-1999 g W Significant OR Procedure	0	6	140	146	52.5	50	30.6	29	31.5	29	146
P05Z Neonate, AdmWt 2000-2499 g W Significant OR Procedure	0	1	86	87	12.0	12	25.7	21	25.6	21	87
P06A Neonate, AdmWt >2499 g W Significant OR Procedure W Multi Major Problems	1	19	184	203	54.8	19	29.7	17	32.1	17	204
P06B Neonate, AdmWt >2499 g W Significant OR Procedure W/O Multi Major Problems	5	30	123	153	8.3	6	12.0	10	11.3	10	158
P60A Neonate, Died or Transferred <5 Days of Adm, W/O Significant OR Proc, Newborn	0	0	469	469	-	-	1.3	1	1.3	1	469
P60B Neonate, Died or Transf <5 Days of Adm, W/O Significant OR Proc, Not Newborn	5	13	155	168	1.8	2	1.7	1	1.7	1	173
P61Z Neonate, AdmWt <750 g	0	0	71	71	-	-	74.1	79	74.1	79	71
P62Z Neonate, AdmWt 750-999 g	0	0	121	121	-	-	58.0	64	58.0	64	121
P63Z Neonate, AdmWt 1000-1249 g W/O Significant OR Procedure	0	3	64	67	40.3	41	36.3	36	36.4	36	67
P64Z Neonate, AdmWt 1250-1499 g W/O Significant OR Procedure	1	6	134	140	33.5	30	30.2	29	30.4	29	141
P65A Neonate, AdmWt 1500-1999 g W/O Significant OR Proc W Multi Major Problems	0	3	63	66	29.7	27	24.7	23	24.9	23	66
P65B Neonate, AdmWt 1500-1999 g W/O Significant OR Procedure W Major Problem	2	10	227	237	24.3	25	22.7	22	22.8	22	239
P65C Neonate, AdmWt 1500-1999 g W/O Significant OR Procedure W Other Problem	0	4	320	324	22.0	21	16.8	17	16.8	17	324
P65D Neonate, AdmWt 1500-1999 g W/O Significant OR Procedure W/O Problem	1	11	195	206	21.5	25	13.5	12	13.9	12	207
P66A Neonate, AdmWt 2000-2499 g W/O Significant OR Proc W Multi Major Problems	2	7	66	73	20.1	11	19.7	14	19.7	14	75
P66B Neonate, AdmWt 2000-2499 g W/O Significant OR Procedure W Major Problem	4	17	236	253	11.6	8	13.5	13	13.4	13	257
P66C Neonate, AdmWt 2000-2499 g W/O Significant OR Procedure W Other Problem	1	14	755	769	12.4	13	9.0	7	9.0	8	770
P66D Neonate, AdmWt 2000-2499 g W/O Significant OR Procedure W/O Problem	7	7	497	504	11.9	9	4.8	3	4.9	3	511
P67A Neonate, AdmWt >2499 g W/O Significant OR Procedure W Multi Major Problems	51	30	294	324	12.4	8	11.9	7	12.0	7	375
P67B Neonate, AdmWt >2499 g W/O Significant OR Procedure W Major Problem	119	65	1,461	1,526	8.7	4	6.7	5	6.8	5	1,645
P67C Neonate, AdmWt >2499 g W/O Significant OR Procedure W Other Problem	21	22	4,333	4,355	6.8	2	3.2	2	3.3	2	4,376

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

MDC 15 Newborns and Other Neonates	Day Patients[a]	In-Patients									Total Discharges[b]
		Discharges			Length of Stay[c]						
		Elective	Emergency	Total[d]	Elective		Emergency		Total[e]		
	N	N	N	N	Mean	Median	Mean	Median	Mean	Median	N
P67D Neonate, AdmWt >2499 g W/O Significant OR Procedure W/O Problem	586	51	4,036	4,087	5.5	2	2.2	1	2.3	1	4,673
Total Discharges	**806**	**336**	**14,339**	**14,675**	**15.7**	**6**	**7.6**	**3**	**7.8**	**3**	**15,481**

Notes:
- Mean and median length of stay cannot be calculated as no in-patients reported.
a Includes *Maternity* day patients.
b Includes day patients and in-patients.
c Length of stay (mean and median) is based on acute and extended in-patients.
d Total in-patients include *Maternity* in-patients.
e Total in-patient length of stay (mean and median) includes *Maternity* in-patient length of stay.

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

MDC 16 Diseases and Disorders of Blood, Blood Forming Organs, Immunological Disorders	Day Patients[a]	In-Patients									Total Discharges[b]
		Discharges			Length of Stay[c]						
		Elective	Emergency	Total[d]	Elective		Emergency		Total[e]		
	N	N	N	N	Mean	Median	Mean	Median	Mean	Median	N
Q01Z Splenectomy	0	22	25	47	5.1	5	12.4	9	9.0	7	47
Q02A Other OR Procedure of Blood and Blood Forming Organs W Cat or Sev CC	16	25	45	71	9.4	5	27.1	17	20.6	9	87
Q02B Other OR Procedure of Blood and Blood Forming Organs W/O Cat or Sev CC	466	150	76	226	3.2	2	6.4	5	4.3	2	692
Q60A Reticuloendothelial and Immunity Disorders W Cat or Sev CC	164	113	497	610	8.5	6	8.8	6	8.7	6	774
Q60B Reticuloendothelial and Immunity Disorders W/O Cat or Sev CC W Malignancy	203	50	226	276	5.6	4	5.1	4	5.2	4	479
Q60C Reticuloendothelial and Immunity Disorders W/O Cat or Sev CC W/O Malignancy	2,787	108	484	592	3.2	1	3.7	2	3.6	2	3,379
Q61A Red Blood Cell Disorders W Cat or Sev CC	248	143	673	816	6.5	3	9.9	7	9.3	6	1,064
Q61B Red Blood Cell Disorders W/O Cat or Sev CC	31,104	468	1,614	2,085	3.0	1	4.3	3	4.1	2	33,189
Q62Z Coagulation Disorders	3,475	155	1,037	1,192	2.6	1	3.9	2	3.8	2	4,667
Total Discharges	**38,463**	**1,234**	**4,677**	**5,915**	**4.2**	**2**	**5.8**	**3**	**5.5**	**3**	**44,378**

Notes:
- Mean and median length of stay cannot be calculated as no in-patients reported.
a Includes *Maternity* day patients.
b Includes day patients and in-patients.
c Length of stay (mean and median) is based on acute and extended in-patients.
d Total in-patients include *Maternity* in-patients.
e Total in-patient length of stay (mean and median) includes *Maternity* in-patient length of stay.

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

MDC 17 Neoplastic Disorders (Haematological and Solid Neoplasms)	Day Patients[a]	In-Patients									Total Discharges[b]
		Discharges			Length of Stay[c]						
		Elective	Emergency	Total[d]	Elective		Emergency		Total[e]		
	N	N	N	N	Mean	Median	Mean	Median	Mean	Median	N
R01A Lymphoma and Leukaemia W Major OR Procedures W Cat or Sev CC	0	18	38	56	18.0	11	26.9	25	24.0	19	56
R01B Lymphoma and Leukaemia W Major OR Procedures W/O Cat or Sev CC	16	35	36	71	5.7	3	10.9	8	8.3	5	87
R02A Other Neoplastic Disorders W Major OR Procedures W Cat CC	0	15	11	26	17.8	16	39.7	39	27.1	17	26
R02B Other Neoplastic Disorders W Major OR Procedures W Sev or Moderate CC	3	41	10	51	10.5	7	11.9	10	10.7	7	54
R02C Other Neoplastic Disorders W Major OR Procedures W/O CC	35	116	21	137	5.4	5	7.2	6	5.7	5	172
R03A Lymphoma and Leukaemia W Other OR Procedures W Cat or Sev CC	2	40	86	126	14.1	7	28.3	20	23.8	17	128
R03B Lymphoma and Leukaemia W Other OR Procedures W/O Cat or Sev CC	167	114	104	218	4.7	2	11.3	9	7.9	4	385
R04A Other Neoplastic Disorders W Other OR Procedures W CC	59	36	34	70	6.0	3	17.5	16	11.6	9	129
R04B Other Neoplastic Disorders W Other OR Procedures W/O CC	671	56	10	66	4.4	3	6.5	6	4.7	3	737
R60A Acute Leukaemia W Cat CC	180	149	142	291	27.0	27	21.6	16	24.4	24	471
R60B Acute Leukaemia W/O Cat CC	4,576	349	465	814	9.9	5	5.9	2	7.6	3	5,390
R61A Lymphoma and Non-Acute Leukaemia W Cat CC	0	105	310	415	17.1	14	26.8	14	24.4	14	415
R61B Lymphoma and Non-Acute Leukaemia W/O Cat CC	0	1,347	1,044	2,391	5.2	3	8.7	5	6.7	4	2,391
R61C Lymphoma and Non-Acute Leukaemia, Sameday	15,586	21	90	111	1.0	1	1.0	1	1.0	1	15,697
R62A Other Neoplastic Disorders W CC	342	103	131	234	8.8	4	12.4	8	10.8	6	576
R62B Other Neoplastic Disorders W/O CC	592	114	48	162	5.2	3	10.7	7	6.8	3	754
R63Z Chemotherapy	83,435	0	0	0	-	-	-	-	-	-	83,435
R64Z Radiotherapy	83,207	0	0	0	-	-	-	-	-	-	83,207
Total Discharges	**188,871**	**2,659**	**2,580**	**5,239**	**8.0**	**4**	**12.3**	**6**	**10.1**	**5**	**194,110**

Notes:
- \- Mean and median length of stay cannot be calculated as no in-patients reported.
- a Includes *Maternity* day patients.
- b Includes day patients and in-patients.
- c Length of stay (mean and median) is based on acute and extended in-patients.
- d Total in-patients include *Maternity* in-patients.
- e Total in-patient length of stay (mean and median) includes *Maternity* in-patient length of stay.

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

MDC 18 Infectious and Parasitic Diseases, Systemic or Unspecified Sites	Day Patients[a]	In-Patients									Total Discharges[b]
		Discharges			Length of Stay[c]						
		Elective	Emergency	Total[d]	Elective		Emergency		Total[e]		
	N	N	N	N	Mean	Median	Mean	Median	Mean	Median	N
S60Z HIV, Sameday	60	0	11	11	-	-	1.0	1	1.0	1	71
S65A HIV-Related Diseases W Cat CC	0	9	54	63	34.2	17	42.6	11	41.4	13	63
S65B HIV-Related Diseases W Sev CC	0	7	52	59	16.1	11	7.8	6	8.8	6	59
S65C HIV-Related Diseases W/O Cat or Sev CC	0	98	80	178	26.0	22	8.2	7	18.0	11	178
T01A OR Procedures for Infectious and Parasitic Diseases W Cat CC	0	13	107	120	38.3	19	38.5	24	38.5	23	120
T01B OR Procedures for Infectious and Parasitic Diseases W Sev or Moderate CC	14	30	109	139	12.7	11	19.4	14	17.9	14	153
T01C OR Procedures for Infectious and Parasitic Diseases W/O CC	43	60	174	234	9.5	7	10.0	8	9.9	7	277
T40Z Infectious and Parasitic Diseases W Ventilator Support	0	0	20	20	-	-	14.6	9	14.6	9	20
T60A Septicaemia W Cat CC	0	7	547	554	37.6	35	15.8	11	16.1	11	554
T60B Septicaemia W/O Cat CC	13	12	861	874	8.8	4	8.9	6	8.9	6	887
T61A Postoperative and Post-Traumatic Infections W Cat or Sev CC	7	16	184	201	11.9	9	10.9	7	10.9	7	208
T61B Postoperative and Post-Traumatic Infections W/O Cat or Sev CC	138	60	758	825	6.2	5	5.3	4	5.3	4	963
T62A Fever of Unknown Origin W CC	10	20	199	219	5.4	4	5.4	3	5.4	3	229
T62B Fever of Unknown Origin W/O CC	18	13	342	357	7.4	4	3.0	2	3.1	2	375
T63Z Viral Illness	910	58	4,584	4,645	3.4	2	2.1	1	2.2	1	5,555
T64A Other Infectious and Parasitic Diseases W Cat CC	2	2	30	32	14.5	15	17.9	15	17.7	15	34
T64B Other Infectious and Parasitic Diseases W Sev or Moderate CC	20	8	78	86	11.1	11	7.5	5	7.8	6	106
T64C Other Infectious and Parasitic Diseases W/O CC	185	9	153	163	3.9	2	3.9	3	3.9	3	348
Total Discharges	**1,420**	**422**	**8,343**	**8,780**	**14.0**	**7**	**5.7**	**2**	**6.1**	**2**	**10,200**

Notes:
- Mean and median length of stay cannot be calculated as no in-patients reported.
a Includes *Maternity* day patients.
b Includes day patients and in-patients.
c Length of stay (mean and median) is based on acute and extended in-patients.
d Total in-patients include *Maternity* in-patients.
e Total in-patient length of stay (mean and median) includes *Maternity* in-patient length of stay.

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

MDC 19 Mental Diseases and Disorders	Day Patients[a]	In-Patients									Total Discharges[b]
		Discharges			Length of Stay[c]						
		Elective	Emergency	Total[d]	Elective		Emergency		Total[e]		
	N	N	N	N	Mean	Median	Mean	Median	Mean	Median	N
U40Z Mental Health Treatment, Sameday, W ECT	82	0	0	0	-	-	-	-	-	-	82
U60Z Mental Health Treatment, Sameday, W/O ECT	534	18	732	750	1.0	1	1.0	1	1.0	1	1,284
U61Z Schizophrenia Disorders	0	18	118	136	40.0	26	41.2	26	41.0	26	136
U62A Paranoia & Acute Psych Disorder W Cat/Sev CC or W Mental Health Legal Status	0	1	9	10	15.0	15	22.8	8	22.0	12	10
U62B Paranoia & Acute Psych Disorder W/O Cat/Sev CC W/O Mental Health Legal Status	0	3	55	58	37.0	19	15.4	6	16.5	7	58
U63Z Major Affective Disorders	0	31	196	227	28.7	23	22.3	10	23.2	13	227
U64Z Other Affective and Somatoform Disorders	0	12	154	166	21.8	13	8.5	4	9.5	4	166
U65Z Anxiety Disorders	0	145	301	446	2.6	1	7.6	3	6.0	2	446
U66Z Eating and Obsessive-Compulsive Disorders	0	22	86	108	28.3	10	19.1	9	21.0	9	108
U67Z Personality Disorders and Acute Reactions	0	33	137	170	8.5	4	14.9	4	13.6	4	170
U68Z Childhood Mental Disorders	0	29	28	57	2.7	1	4.9	3	3.7	2	57
Total Discharges	**616**	**312**	**1,816**	**2,128**	**10.8**	**1**	**10.1**	**1**	**10.2**	**1**	**2,744**

Notes:
- \- Mean and median length of stay cannot be calculated as no in-patients reported.
- a Includes *Maternity* day patients.
- b Includes day patients and in-patients.
- c Length of stay (mean and median) is based on acute and extended in-patients.
- d Total in-patients include *Maternity* in-patients.
- e Total in-patient length of stay (mean and median) includes *Maternity* in-patient length of stay.

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

MDC 20 Alcohol/Drug Use and Alcohol/Drug Induced Organic Mental Disorders	Day Patients[a]	In-Patients									Total Discharges[b]
		Discharges			Length of Stay[c]						
		Elective	Emergency	Total[d]	Elective		Emergency		Total[e]		
	N	N	N	N	Mean	Median	Mean	Median	Mean	Median	N
V60Z Alcohol Intoxication and Withdrawal	3	12	1,241	1,253	5.9	3	3.7	2	3.7	2	1,256
V61Z Drug Intoxication and Withdrawal	0	2	53	55	8.5	9	6.3	2	6.4	2	55
V62A Alcohol Use Disorder and Dependence	0	35	578	613	11.8	10	4.6	3	5.1	3	613
V62B Alcohol Use Disorder and Dependence, Sameday	6	0	111	111	-	-	1.0	1	1.0	1	117
V63Z Opioid Use Disorder and Dependence	0	66	8	74	19.6	21	7.6	1	18.3	19	74
V64Z Other Drug Use Disorder and Dependence	0	47	41	88	21.3	21	6.5	2	14.4	12	88
Total Discharges	**9**	**162**	**2,032**	**2,194**	**17.2**	**16**	**4.0**	**2**	**4.9**	**2**	**2,203**

Notes:
- Mean and median length of stay cannot be calculated as no in-patients reported.
a Includes *Maternity* day patients.
b Includes day patients and in-patients.
c Length of stay (mean and median) is based on acute and extended in-patients.
d Total in-patients include *Maternity* in-patients.
e Total in-patient length of stay (mean and median) includes *Maternity* in-patient length of stay.

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

MDC 21 Injuries, Poisonings and Toxic Effects of Drugs	Day Patients[a]	In-Patients									Total Discharges[b]
		Discharges			Length of Stay[c]						
		Elective	Emergency	Total[d]	Elective		Emergency		Total[e]		
	N	N	N	N	Mean	Median	Mean	Median	Mean	Median	N
W01Z Ventilation or Cranial Procedures for Multiple Significant Trauma	0	0	25	25	-	-	29.5	18	29.5	18	25
W02A Hip, Femur & Limb Pr for Mult Signif Trauma, Incl Implantation W Cat/Sev CC	0	0	34	34	-	-	33.1	24	33.1	24	34
W02B Hip, Femur & Limb Pr for Mult Signif Trauma, Incl Implantation W/O Cat/Sev CC	0	0	50	50	-	-	18.6	14	18.6	14	50
W03Z Abdominal Procedures for Multiple Significant Trauma	0	0	23	23	-	-	20.3	11	20.3	11	23
W04A Other OR Procs for Multiple Significant Trauma W Cat or Sev CC	0	2	21	23	96.5	97	22.0	22	28.4	24	23
W04B Other OR Procs for Multiple Significant Trauma W/O Cat or Sev CC	0	0	42	42	-	-	14.2	10	14.2	10	42
W60Z Multiple Trauma, Died or Transferred to Another Acute Care Facility <5 Days	0	2	64	66	2.5	3	1.8	1	1.8	1	66
W61A Multiple Trauma W/O Significant Procedures W Cat or Sev CC	0	4	35	39	38.3	27	47.7	16	46.7	17	39
W61B Multiple Trauma W/O Significant Procedures W/O Cat or Sev CC	0	0	85	85	-	-	8.2	6	8.2	6	85
X02A Microvascular Tiss Transfer or (Skin Graft W Cat/Sev CC) for Injuries to Hand	0	1	20	21	1.0	1	5.9	5	5.7	4	21
X02B Skin Graft for Injuries to Hand W/O Cat or Sev CC	10	1	119	120	3.0	3	2.5	1	2.5	1	130
X04A Other Procedures for Injuries to Lower Limb W Cat or Sev CC	0	1	21	22	37.0	37	30.2	14	30.5	15	22
X04B Other Procedures for Injuries to Lower Limb W/O Cat or Sev CC	11	6	141	147	2.5	1	3.3	2	3.3	2	158
X05A Other Procedures for Injuries to Hand W CC	1	0	56	56	-	-	2.6	2	2.6	2	57
X05B Other Procedures for Injuries to Hand W/O CC	135	24	1,146	1,170	1.6	1	1.3	1	1.3	1	1,305
X06A Other Procedures for Other Injuries W Cat or Sev CC	17	15	199	214	8.1	6	13.9	8	13.5	8	231
X06B Other Procedures for Other Injuries W/O Cat or Sev CC	147	78	1,053	1,131	2.7	2	3.0	1	3.0	2	1,278
X07A Skin Graft for Injuries Ex Hand W Microvascular Tiss Tfr or W (Cat or Sev CC)	0	1	43	44	1.0	1	18.7	12	18.3	12	44
X07B Skin Graft for Injuries Ex Hand W/O Microvascular Tiss Tfr W/O Cat or Sev CC	3	19	67	86	7.4	3	8.2	6	8.0	6	89
X40Z Injuries, Poisoning and Toxic Effects of Drugs W Ventilator Support	0	0	79	79	-	-	5.8	4	5.8	4	79
X60A Injuries W Cat or Sev CC	0	6	396	405	13.0	9	14.1	6	13.9	6	405
X60B Injuries W/O Cat or Sev CC	179	48	3,790	3,863	1.7	1	2.0	1	2.0	1	4,042
X61Z Allergic Reactions	5	1	240	241	10.0	10	1.5	1	1.5	1	246
X62A Poisoning/Toxic Effects of Drugs and Other Substances W Cat or Sev CC	0	8	506	514	4.0	3	6.0	3	6.0	3	514
X62B Poisoning/Toxic Effects of Drugs and Other Substances W/O Cat or Sev CC	76	9	3,513	3,522	1.8	1	1.9	1	1.9	1	3,598
X63A Sequelae of Treatment W Cat or Sev CC	21	9	291	301	13.8	4	9.0	5	9.3	5	322
X63B Sequelae of Treatment W/O Cat or Sev CC	380	74	1,555	1,638	4.3	2	3.0	2	3.1	2	2,018
X64A Other Injury, Poisoning and Toxic Effect Diagnosis W Cat or Sev CC	1	0	39	41	.	.	12.3	4	11.7	4	42
X64B Other Injury, Poisoning and Toxic Effect Diagnosis W/O Cat or Sev CC	5	2	365	471	1.5	2	1.8	1	1.7	1	476
Total Discharges	**991**	**311**	**14,018**	**14,473**	**5.1**	**2**	**3.5**	**1**	**3.5**	**1**	**15,464**

Notes:
- \- Mean and median length of stay cannot be calculated as no in-patients reported.
- a Includes *Maternity* day patients.
- b Includes day patients and in-patients.
- c Length of stay (mean and median) is based on acute and extended in-patients.
- d Total in-patients include *Maternity* in-patients.
- e Total in-patient length of stay (mean and median) includes *Maternity* in-patient length of stay.

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

MDC 22 Burns	Day Patients[a]	In-Patients									Total Discharges[b]
		Discharges			Length of Stay[c]						
		Elective	Emergency	Total[d]	Elective		Emergency		Total[e]		
	N	N	N	N	Mean	Median	Mean	Median	Mean	Median	N
Y01Z Ventilation for Burns and Sev Full Thickness Burns	0	0	17	17	-	-	44.4	35	44.4	35	17
Y02A Other Burns W Skin Graft W CC	0	7	53	60	9.6	8	26.5	19	24.5	19	60
Y02B Other Burns W Skin Graft W/O CC	4	14	78	92	5.9	5	12.9	12	11.8	10	96
Y03Z Other OR Procedures for Other Burns	20	28	42	70	3.4	2	10.6	8	7.7	3	90
Y60Z Burns, Transferred to Another Acute Care Facility <5 Days	0	0	58	58	-	-	1.3	1	1.3	1	58
Y61Z Severe Burns	2	2	54	56	3.0	3	5.1	3	5.1	3	58
Y62A Other Burns W CC	0	1	42	43	2.0	2	13.5	5	13.3	5	43
Y62B Other Burns W/O CC	30	6	277	283	10.3	2	4.2	2	4.3	2	313
Total Discharges	**56**	**58**	**621**	**679**	**5.4**	**2**	**9.2**	**4**	**8.8**	**4**	**735**

Notes:
- \- Mean and median length of stay cannot be calculated as no in-patients reported.
- a Includes *Maternity* day patients.
- b Includes day patients and in-patients.
- c Length of stay (mean and median) is based on acute and extended in-patients.
- d Total in-patients include *Maternity* in-patients.
- e Total in-patient length of stay (mean and median) includes *Maternity* in-patient length of stay.

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

MDC 23 Factors Influencing Health Status and Other Contacts with Health Services	Day Patients[a]	In-Patients									Total Discharges[b]
		Discharges			Length of Stay[c]						
		Elective	Emergency	Total[d]	Elective		Emergency		Total[e]		
	N	N	N	N	Mean	Median	Mean	Median	Mean	Median	N
Z01A OR Procedures W Diagnoses of Other Contacts W Health Services W Cat/Sev CC	97	115	18	133	11.5	3	30.1	15	14.0	3	230
Z01B OR Procedures W Diagnoses of Other Contacts W Health Services W/O Cat/Sev CC	1,020	211	23	235	3.1	2	5.3	2	3.3	2	1,255
Z40Z Endoscopy W Diagnoses of Other Contacts W Health Services, Sameday	12,985	22	1	23	1.0	1	1.0	1	1.0	1	13,008
Z60A Rehabilitation W Cat CC	0	364	6	370	48.7	36	96.8	91	49.4	37	370
Z60B Rehabilitation W/O Cat CC	0	3,302	77	3,379	21.9	16	11.8	5	21.6	15	3,379
Z60C Rehabilitation, Sameday	326	6	15	21	1.0	1	1.0	1	1.0	1	347
Z61A Signs and Symptoms	0	178	1,136	1,315	4.5	3	8.9	4	8.3	4	1,315
Z61B Signs and Symptoms, Sameday	1,266	15	474	489	1.0	1	1.0	1	1.0	1	1,755
Z63A Other Surgical Follow Up and Medical Care W Cat CC	2	329	11	340	20.7	11	20.7	10	20.7	11	342
Z63B Other Surgical Follow Up and Medical Care W/O Cat CC	1,072	2,459	167	2,629	9.3	5	4.3	1	8.9	5	3,701
Z64A Other Factors Influencing Health Status	0	1,174	418	1,655	6.4	3	9.4	2	7.0	2	1,655
Z64B Other Factors Influencing Health Status, Sameday	27,936	129	372	2,437	1.0	1	1.0	1	1.0	1	30,373
Z65Z Congenital Anomalies and Problems Arising from Neonatal Period	114	61	52	113	4.4	1	3.2	1	3.9	1	227
Total Discharges	**44,818**	**8,365**	**2,770**	**13,139**	**15.6**	**10**	**6.6**	**1**	**11.4**	**4**	**57,957**

Notes:
- Mean and median length of stay cannot be calculated as no in-patients reported.
a Includes *Maternity* day patients.
b Includes day patients and in-patients.
c Length of stay (mean and median) is based on acute and extended in-patients.
d Total in-patients include *Maternity* in-patients.
e Total in-patient length of stay (mean and median) includes *Maternity* in-patient length of stay.

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

Unassignable to MDC	Day Patients[a]	In-Patients									Total Discharges[b]
		Discharges			Length of Stay[c]						
		Elective	Emergency	Total[d]	Elective		Emergency		Total[e]		
	N	N	N	N	Mean	Median	Mean	Median	Mean	Median	N
801A OR Procedures Unrelated to Principal Diagnosis W Cat CC	3	110	532	642	19.7	13	46.1	27	41.6	25	645
801B OR Procedures Unrelated to Principal Diagnosis W Sev or Moderate CC	58	158	330	492	9.1	6	18.3	12	15.3	9	550
801C OR Procedures Unrelated to Principal Diagnosis W/O CC	555	347	339	691	4.1	3	8.4	4	6.2	3	1,246
963Z Neonatal Diagnosis Not Consistent W Age/Weight	51	0	5	5	-	-	1.6	1	1.6	1	56
Total Discharges	**667**	**615**	**1,206**	**1,830**	**8.2**	**4**	**27.7**	**13**	**21.0**	**8**	**2,497**

Notes:
- Mean and median length of stay cannot be calculated as no in-patients reported.
a Includes *Maternity* day patients.
b Includes day patients and in-patients.
c Length of stay (mean and median) is based on acute and extended in-patients.
d Total in-patients include *Maternity* in-patients.
e Total in-patient length of stay (mean and median) includes *Maternity* in-patient length of stay.

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

Pre-MDC	Day Patients[a]	In-Patients									Total Discharges[b]
		Discharges			Length of Stay[c]						
		Elective	Emergency	Total[d]	Elective		Emergency		Total[e]		
	N	N	N	N	Mean	Median	Mean	Median	Mean	Median	N
A01Z Liver Transplant	0	37	19	56	34.8	20	51.6	39	40.5	26	56
A03Z Lung or Heart/Lung Transplant	0	5	3	8	25.8	17	66.7	55	41.1	18	8
A05Z Heart Transplant	0	1	3	4	382.0	382	113.0	113	180.3	134	4
A06A Tracheostomy W Ventilation >95 hours W Cat CC	0	68	462	532	140.9	71	83.9	56	91.1	57	532
A06B Trach W Vent >95 hours W/O Cat CC or Trach/Vent >95 hours W Cat CC	0	233	1,357	1,595	51.4	34	35.8	23	38.0	24	1,595
A06C Ventilation >95 hours W/O Cat CC	0	35	136	173	18.4	13	16.7	11	17.1	12	173
A06D Tracheostomy W/O Cat CC	1	48	57	105	29.4	25	29.5	22	29.5	24	106
A07Z Allogeneic Bone Marrow Transplant	2	76	2	78	43.7	36	67.0	67	44.3	36	80
A08A Autologous Bone Marrow Transplant W Cat CC	0	48	8	56	25.9	23	26.8	28	26.0	23	56
A08B Autologous Bone Marrow Transplant W/O Cat CC	7	63	7	70	13.8	15	10.9	9	13.5	15	77
A09A Renal Transplant W Pancreas Transplant or W Cat CC	0	5	34	39	11.2	11	22.1	15	20.7	15	39
A09B Renal Transplant W/O Pancreas Transplant W/O Cat CC	0	21	125	146	9.6	8	9.3	8	9.3	8	146
A10Z Insertion of Ventricular Assist Devices	0	3	2	5	93.3	85	71.5	72	84.6	85	5
A11A Insertion of Implantable Spinal Infusion Device W Cat CC	0	5	8	13	61.8	15	40.9	21	48.9	19	13
A11B Insertion of Implantable Spinal Infusion Device W/O Cat CC	7	21	6	28	14.3	8	17.8	7	14.9	8	35
A12Z Insertion of Neurostimulator Device	142	87	15	102	4.0	2	34.5	2	8.5	2	244
A40Z ECMO	0	9	30	40	111.9	48	47.3	31	60.7	36	40
Total Discharges	**159**	**765**	**2,274**	**3,050**	**43.6**	**24**	**42.9**	**25**	**43.0**	**25**	**3,209**

Notes:
- Mean and median length of stay cannot be calculated as no in-patients reported.
a Includes *Maternity* day patients.
b Includes day patients and in-patients.
c Length of stay (mean and median) is based on acute and extended in-patients.
d Total in-patients include *Maternity* in-patients.
e Total in-patient length of stay (mean and median) includes *Maternity* in-patient length of stay.

Annex
2011

Table of Contents

Tables

Figures

ASTHMA DISCHARGE PROFILE, 2011

A 1.1 INTRODUCTION

As noted in Section One, this annex is designed to highlight particular topics of interest that merit a more focused supplementary analysis. The focus of this year's annex is discharges with a principal diagnosis of asthma.

Asthma is defined as "a disease characterised by recurrent attacks of breathlessness and wheezing, which vary in severity and frequency from person to person." The condition is due to "inflammation of the air passages in the lungs and affects the sensitivity of the nerve endings in the airways so they become easily irritated. In an attack, the lining of the passages swell causing the airways to narrow and reducing the flow of air in and out of the lungs."[1]

Asthma is classified into two main types using ICD-10-AM diagnostic codes, J45 *Asthma* and J46 *Status asthmaticus*.[2]

> "Patients with acute severe asthma (status asthmaticus) are suffering from a deterioration of their baseline condition and are not responding to usual medication [J46]. This definition would often apply to patients who are admitted to hospital with a principal diagnosis of 'asthma'. However, different admission practices across the country may mean that asthma as a principal diagnosis cannot be assumed to be 'acute severe asthma'. Asthma patients may be admitted for other reasons (e.g. no one able to provide care at home, education in managing asthma, unavailability of general practitioner in a rural area)" [3]

In 2011, 5,396 discharges had a principal diagnosis of either J45 *asthma* (93.2 per cent) or J46 *status asthmaticus* (6.8 per cent) – referred to here as *Asthma* discharges.These *Asthma* discharges accounted for 0.4 per cent of total HIPE discharges (excl. *Maternity*) and 0.3 per cent of in-patient bed days (excl. *Maternity*).[4]

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1 WHO (2012). *Chronic Respiratory Diseases: Asthma Definition*. Available: http://www.who.int/respiratory/asthma/definition/en/. Last accessed 9th October 2012.

2 Unless otherwise stated in the text, asthma discharges refer to those with either a principal diagnosis of J45 or J46.

3 National Centre for Classification in Health (NCCH), 2008: *The International Statistical Classification of Diseases and Related Health Problems, Tenth Revision, Australian Modification (6thEd)*: NCCH, Faculty of Health Sciences, The University of Sydney, ACS 1002: Asthma.

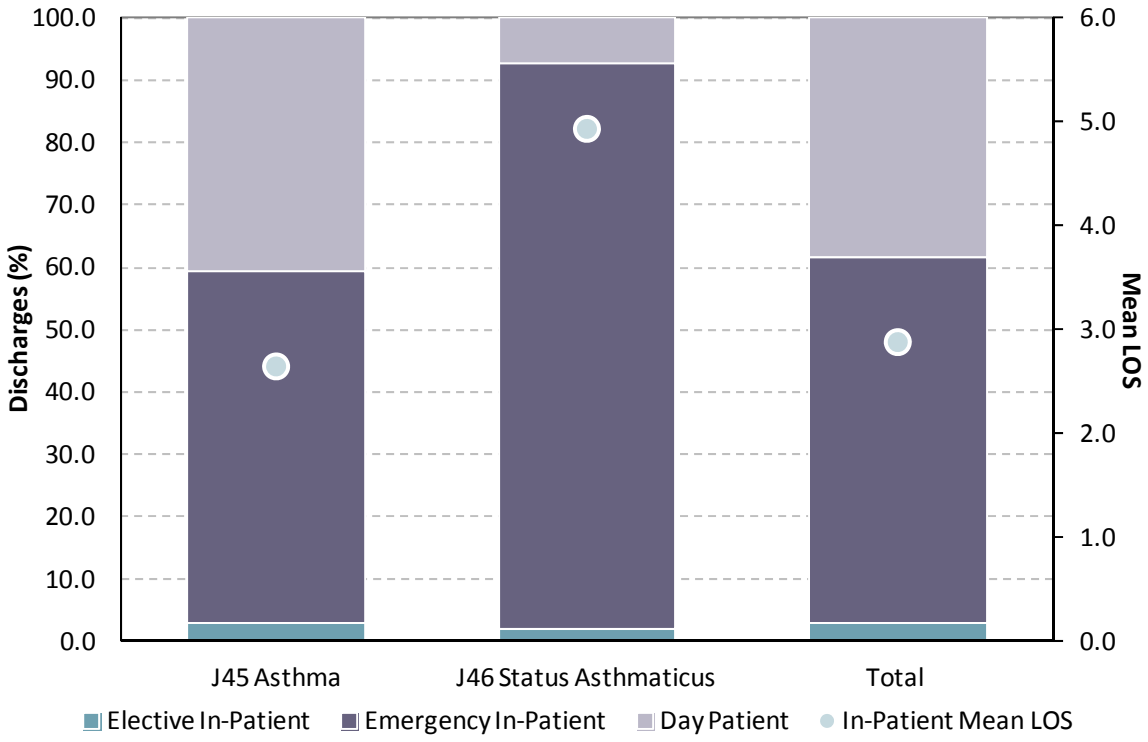
4 Maternity discharges admitted with a diagnosis of asthma (complicating pregnancy) would be assigned a principal diagnosis of 099.5 "*diseases of the respiratory system, complicating pregnancy, childbirth and puerperium"* combined with an additional diagnosis of either J45 or J46 (NCCH eBook, July 2008). In 2011, 71 maternity discharges had a principal diagnosis of 099.5 with an additional diagnosis of either J45 or J46. For the purposes of this analysis, these cases have been excluded.

A 1.2 Asthma Type and Admission Type

Figure A 1.1 presents *Asthma* discharges by asthma type, length of stay and admission type.

- Of total *Asthma* discharges, 2,074 (38.4 per cent) were admitted as day patients and 3,322 (61.6 per cent) were admitted as in-patients.
- Over 95 per cent of in-patient *Asthma* discharges were admitted as emergency in-patients, and the remainder (4.7 per cent) were admitted as elective in-patients.
- In-patient *Asthma* discharges had a mean length of stay of 2.9 days and accounted for 9,568 in-patient bed days. This compares with an in-patient mean length of stay for total HIPE discharges (excl. *Maternity*) of 6.7 days.
- Those with a diagnosis of J45 (asthma) reported a mean LOS of 2.6 days compared to 4.9 days for those with a diagnosis of J46 (status asthmaticus).
- Over 56 per cent of those discharges with a principal diagnosis of J45 (asthma) and 90.7 per cent of those with a principal diagnosis of J46 (status asthmaticus) were emergency in-patients.

FIGURE A 1.1 *Asthma* Discharges: Asthma Type by Patient Type and Admission Type (% and In-Patient Length of Stay)



A 1.3 Demographic Analysis

Table A 1.1 disaggregates *Asthma* discharges by sex, age group and asthma type.

- Females accounted for 53.0 per cent of total *Asthma* discharges.
- Of those aged less than 5 years, there were nearly double the proportion of male discharges (12.4 per cent) as female discharges (6.4 per cent) with a principal diagnosis of asthma.
- Almost 38 per cent of discharges with a principal diagnosis of *J45* (asthma) were less than 18 years of age compared to 29.2 per cent of those with a principal diagnosis of *J46* (status asthmaticus).
- Overall, female in-patient *Asthma* discharges had a mean length of stay of 3.3 days, while male in-patient *Asthma* discharges had a mean length of stay of 2.4 days.

TABLE A 1.1 *Asthma* Discharges: Asthma Type by Sex and Age Group (N, % and In-Patient Length of Stay)

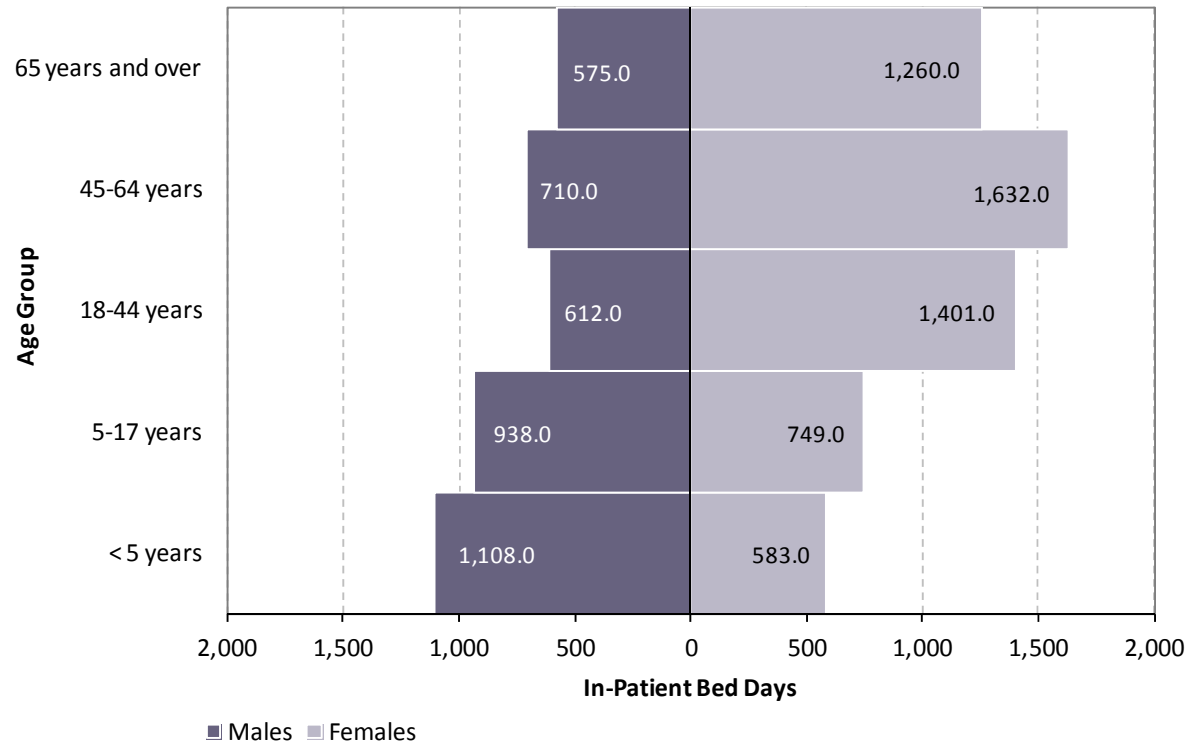
		J45 (Asthma)			J46 (Status Asthmaticus)			Total Asthma Discharges		
		N	%	Mean In-Patient Length of Stay	N	%	Mean In-Patient Length of Stay	N	%	Mean In-Patient Length of Stay
Male	< 5 Years	640	12.7	1.7	30	8.2	2.3	670	12.4	1.7
	5-17 Years	512	10.2	1.9	32	8.7	2.2	544	10.1	1.9
	18-44 Years	369	7.3	3.1	43	11.7	3.5	412	7.6	3.2
	45-64 Years	692	13.8	3.2	43	11.7	7.0	735	13.6	4.0
	65 Years and Over	153	3.0	4.9	20	5.4	9.2	173	3.2	5.7
	Total	**2,366**	**47.0**	**2.2**	**168**	**45.8**	**4.5**	**2,534**	**47.0**	**2.4**
Female	< 5 Years	318	6.3	1.7	25	6.8	2.2	343	6.4	1.8
	5-17 Years	426	8.5	2.1	20	5.4	2.7	446	8.3	2.1
	18-44 Years	602	12.0	3.1	74	20.2	4.2	676	12.5	3.3
	45-64 Years	980	19.5	4.0	54	14.7	5.8	1,034	19.2	4.3
	65 Years and Over	337	6.7	5.3	26	7.1	12.4	363	6.7	6.1
	Total	**2,663**	**53.0**	**3.1**	**199**	**54.2**	**5.3**	**2,862**	**53.0**	**3.3**
Total	< 5 Years	958	19.0	1.7	55	15.0	2.2	1,013	18.8	1.7
	5-17 Years	938	18.7	1.9	52	14.2	2.4	990	18.3	2.0
	18-44 Years	971	19.3	3.1	117	31.9	3.9	1,088	20.2	3.2
	45-64 Years	1,672	33.2	3.8	97	26.4	6.3	1,769	32.8	4.2
	65 Years and Over	490	9.7	5.2	46	12.5	11.0	536	9.9	6.0
	Total Discharges	**5,029**	**100**	**2.6**	**367**	**100**	**4.9**	**5,396**	**100**	**2.9**

Note: Percentage columns are subject to rounding.

Figure A 1.2 disaggregates *Asthma* in-patient bed days by sex and age group.

- *Asthma* in-patient discharges aged less than 18 years accounted for 35.3 per cent (3,378 bed days) of total *Asthma* in-patient bed days.
- Males accounted for 60.6 per cent of *Asthma* in-patient bed days for those discharges aged less than 18 years. In contrast, females accounted for 69.4 per cent of *Asthma* in-patient bed days for those aged 18 years and over.

FIGURE A 1.2 *Asthma* In-Patient Discharges: Sex by Age Group (Bed Days)



A 1.4 PRINCIPAL PROCEDURES

Table A 1.2 presents the top 5 principal procedures for *Asthma* discharges (day, in-patient, and total) that underwent a principal procedure based on ICD-10-AM classification.[5, 6]

- Overall, 2,938 (54.4 per cent of) *Asthma* discharges had a principal procedure. Over 93 per cent of day patient *Asthma* discharges had a principal procedure compared to 30.3 per cent of in-patient *Asthma* discharges.
- Of the 2,938 principal procedures performed, the top five procedures accounted for 82.2 per cent of these procedures.
- *Administration of pharmacotherapy* accounted for the highest proportion of day patient discharges with a principal procedure (41.8 per cent)
- *Generalised allied health interventions* were reported as a principal procedure for 54.0 per cent of in-patient discharges with at least one procedure reported. This category includes interventions such as physiotherapy, dietetics, pharmacy, occupational therapy, and social work.

TABLE A 1.2 *Asthma* Discharges: Top 5 Principal Procedure Blocks (N, %)

		N	% of Top 5 Principal Procedures	% of Total Discharges with a Principal Procedure
***Asthma* Day Patients**				
1920	Administration of Pharmacotherapy	806	44.4	41.8
1822	Assessment of personal care and other activities of daily/independent living	601	33.1	31.1
1884	Immunisation	199	11.0	10.3
544	Bronchoscopy with biopsy or removal of foreign body	170	9.4	8.8
543	Examination procedures on bronchus	39	2.1	2.0
Top 5 Principal Procedures for *Asthma* Day Patients – Total		**1,815**	**100**	**94.0**
***Asthma* Day Patients with a Principal Procedure**		**1,930**	**-**	**100**
***Asthma* Day Patients – Total (including those with and without a procedure)**		**2,074**	**-**	**-**
***Asthma* In-Patients**				
1916	Generalised allied health interventions	544	67.3	54.0
1889	Other therapeutic interventions on respiratory system	98	12.1	9.7
1966	Other computerised tomography	71	8.8	7.0
1920	Administration of Pharmacotherapy	53	6.6	5.3
1960	Computerised tomography of chest	42	5.2	4.2
Top 5 Principal Procedures for *Asthma* In-Patients – Total		**808**	**100**	**80.2**
***Asthma* In-Patients with a Principal Procedure**		**1,008**	**-**	**100**
***Asthma* In-Patients – Total (including those with and without a procedure)**		**3,322**	**-**	**-**
Total *Asthma* Discharges				
1920	Administration of Pharmacotherapy	859	35.6	29.2
1822	Assessment of personal care and other activities of daily/independent living	604	25.0	20.6
1916	Generalised allied health interventions	561	23.2	19.1
1884	Immunisation	200	8.3	6.8
544	Bronchoscopy with biopsy or removal of foreign body	190	7.9	6.5
Top 5 Principal Procedures for *Asthma* Discharges– Total		**2,414**	**100**	**82.2**
Total *Asthma* Discharges with a Principal Procedure		**2,938**	**-**	**100**
***Asthma* Discharges – Total (including those with and without a procedure)**		**5,396**	**-**	**-**

Note: Percentage columns are subject to rounding.

5 See Section Three for details of clinical coding and classification.
6 See Appendix VIII for details of ACS 0042 Procedures not normally coded.

A 1.5 Case Mix Analysis

Table A 1.3 presents the top 5 AR-DRGs for total *Asthma* discharges.[7]

- Almost all *Asthma discharges* were assigned to one of the top five AR-DRGs (99.6 per cent).
- The majority of *Asthma* discharges were assigned to *Bronchitis and Asthma W/O CC* (AR-DRG E69B) (87.0 per cent).

TABLE A 1.3 *Asthma* Discharges: Top 5 AR-DRGs (N, %, and In-Patient Length of Stay)

		Asthma Discharges		In-Patient Length of Stay
		N	%	Mean
E69B	Bronchitis and Asthma W/O CC	4,697	87.0	2.4
E69A	Bronchitis and Asthma W CC	425	7.9	5.4
E42C	Bronchoscopy, Sameday	211	3.9	1.0
E42B	Bronchoscopy W/O Catastrophic CC	24	0.4	5.3
E41Z	Respiratory System Diagnosis W Non-Invasive Ventilation	17	0.3	7.4
Top 5 AR-DRGs for Asthma Discharges		**5,374**	**99.6**	**2.8**
Asthma Discharges		**5,396**	**100**	**2.9**

Note: Percentage columns are subject to rounding.

[7] See Section Five for details of the case mix classification.

Glossary & Abbreviations

GLOSSARY

Acute hospital

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

Additional diagnosis

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

Admission type

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

Australian Coding Standards

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

Case mix

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

Complications

Complications may arise during the hospital stay.

Comorbidities

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

Day patient

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

Delivery discharges

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

Delivery status

Refers to the disaggregation of *maternity* discharges into delivery and non-delivery status determined by the presence of a diagnosis of delivery (Z37).

Diagnosis Related Group (DRG)

DRGs are clusters of cases with similar clinical attributes and resource requirements. In Ireland, the decision was made to use 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.

Elective 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 term planned admission may also be used.
Emergency admission	An emergency admission is unforeseen and requires urgent care (Department of Health and Children, 2001). This term is used to refer to in-patient discharges.
General hospital	A general hospital provides a broad range of services, and includes voluntary and non-voluntary (county and regional) hospitals.
GMS status	Refers to whether a patient holds a medical card. 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 health information system that collates data on discharges from, and deaths in, acute hospitals in Ireland.
Hospital type	Relates to health board/regional authority hospitals and voluntary hospitals. It is also used to distinguish between general and other hospitals.
In-patient	An in-patient is admitted to hospital for treatment or investigation on a planned or emergency basis (Department of Health and Children, 2001).
Irish Coding Standards	Irish Coding Standards (ICS) is a document which provides guidance and instruction on all aspects of HIPE data collection by addressing issues specific to the Irish hospital setting. It is revised regularly to reflect changing clinical practice. ICS is designed to complement the Australian Coding Standards. ICS v3.0 was used in the collection of HIPE data in 2011.
Length of stay	Length of stay refers to the time, expressed in days, between admission to and discharge from hospital. For day patients or where the dates of admission and discharge are the same, length of stay is set equal to one day. Mean length of stay is computed by dividing the number of days stayed by the number of discharges. The median length of stay is the middle value among the ordered lengths of stay, such that half of the values for length of stay are below the median and half the values for length of stay are above the median.
Major Diagnostic Category (MDC)	The MDC is a category generally based on a single body system or aetiology that is associated with a particular medical specialty. However, records assigned to MDCs 01, 15, 18 and 21 may have principal diagnoses associated with other categories. In AR-DRG Version 6.0, there are 23 MDCs.
Medical Assessment Unit	A medical assessment unit (MAU) is a consultant led unit that accepts direct referrals from GPs, it offers priority access to diagnostic facilities and preferably closes at night.
Method of delivery	Refers to the method of delivery derived for delivery discharges. These are based on delivery procedure codes at any procedure code level and are grouped into Non-instrumental, Instrumental and Elective or Emergency Caesarean section.

Maternity discharges Discharges *admitted* in relation to their obstetrical experience (from conception to 6 weeks post delivery); that is, they are allocated to Admission Type code 'Maternity'.

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

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

'Other' hospital A hospital described as 'Other' specialises in the provision of medical and surgical services in a particular area, such as maternity hospitals, cancer hospitals or orthopaedic hospitals.

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

Principal diagnosis 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.

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.

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

ABBREVIATIONS

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

IT	Information Technology
LOS	Length of Stay
MDC	Major Diagnostic Category
misc	Miscellaneous
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
PTCA	Percutaneous Transluminal Coronary Angioplasty
Sev	Severe
TIA	Transient Ischaemic Attack
URI	Upper Respiratory Infection
WHO	World Health Organisation
W/O	Without

Appendices

Table of Contents

APPENDIX I: HIPE HOSPITALS

TABLE I.1 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	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
Blackrock Hospice	Dublin	Voluntary	Long Stay

TABLE I.1 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
Portiuncula Hospital, Ballinasloe	Galway	Non-Voluntary	County
Roscommon County Hospital[a]	Roscommon	Non-Voluntary	County
Galway University Hospitals	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[a]	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 2011: 57

a There was some under reporting of data in particular hospitals in 2011. No data was submitted for Bantry Hospital. Also, Roscommon Hospital only coded and returned 1.5 per cent of their discharges and Cork University Hospital coded and returned 97.2 per cent of their discharges.

APPENDIX II: HIPE DATA COLLECTED

TABLE II.1 Data Collected by HIPE

Type of Data	Parameters	Notes
Demographic Data	Date of birth	Full date of birth not exported outside the hospital.
	Sex	
	Marital 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.
	Twenty nine additional diagnoses	Uses the International Statistical Classification of Diseases and Related Health Problems, 10th Revision, Australian Modification (ICD-10-AM), 6th Edition, July 2008.
	One principal procedure	Uses the Australian Classification of Health Interventions (ACHI) of the International Statistical Classification of Diseases and Related Health Problems, 10th Revision, Australian Modification (ICD-10-AM), 6th Edition, July 2008.
	Nineteen additional procedures	Uses the Australian Classification of Health Interventions (ACHI) of the International Statistical Classification of Diseases and Related Health Problems, 10th Revision, Australian Modification (ICD-10-AM), 6th Edition, July 2008.
	Hospital Acquired Diagnosis	
Administrative Data	Patient name	Is not exported outside the hospital.
	Hospital number	
	Chart number	Is unique to hospital of discharge.
	Admission and discharge dates	
	Dates of procedures	Collected for each procedure.
	Day case indicator	
	Day ward indicator	Indicates if a day case patient was admitted to a dedicated named day ward.
	Day ward identifier	If the answer to day ward indicator is 'Yes', the day ward identifier must be entered to identify where the patient was treated.
	Type of admission	Values include elective, elective readmission, emergency, emergency readmission, maternity, or newborn.[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.

Data Collected by HIPE (contd.)

Type of Data	Parameters	Notes
Administrative Data (contd.)	Discharge destination	Values include: self discharge, home, nursing home, convalescent home or long stay accommodation, transfer to hospital (in HIPE) as emergency, transfer to hospital (in HIPE) as non-emergency, transfer to psychiatric hospital/unit, died with post-mortem, died without post-mortem, transfer to other hospital (not in HIPE) as emergency, transfer to other hospital (not in HIPE) as non-emergency, rehabilitation facility, hospice, prison, absconded, other, or temporary place of residence (e.g. hotel).
	Discharge status	Refers to the public/private status of the patient on discharge and not to the type of bed occupied.
	Health Insurer	Collected where discharge status of the patient is private.
	General Medical Service status	Refers to whether the patient is a medical card holder.
	Days in an intensive care environment	
	Days in a private bed	
	Days in a semi-private bed	
	Days in a public bed	
	Parity	Parity: Live births Parity: Still births Mandatory for all cases with admission type maternity.
	Specialty	Refers to specialty of consultant associated with the principal diagnosis and is assigned locally based on a list provided by the Department of Health 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 elective and emergency admissions as in previous years.

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

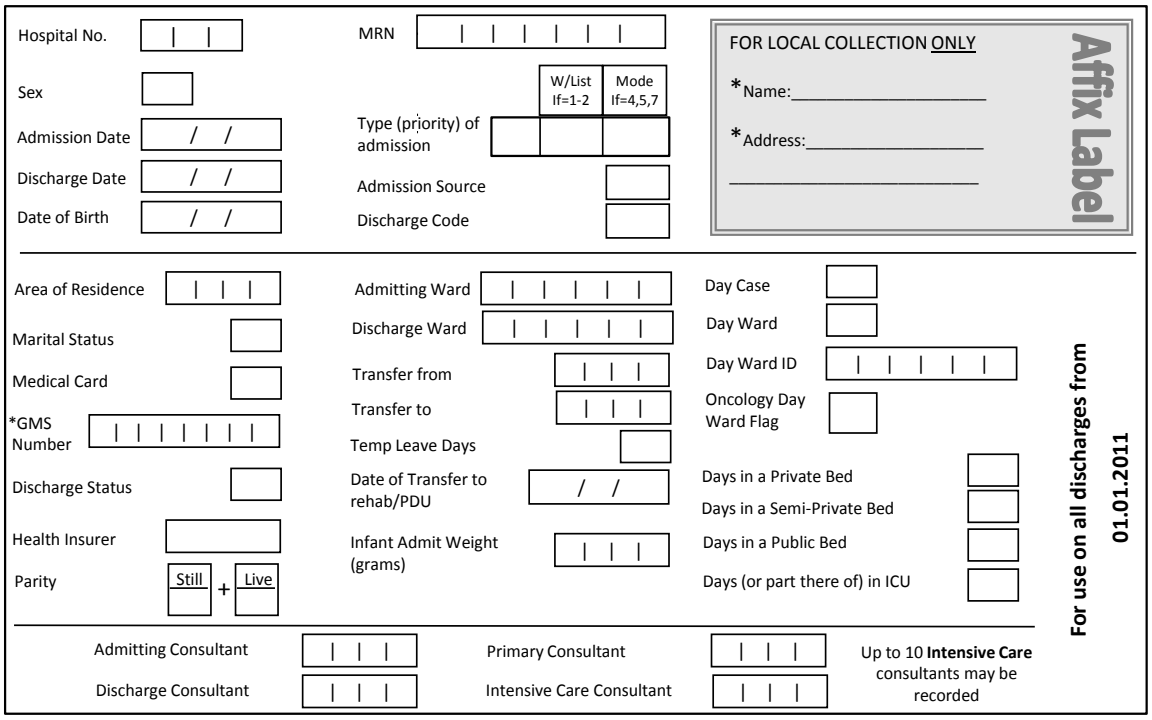
Source: HIPE Data Dictionary 2011 Version 3.0 available at www.hipe.ie.

APPENDIX III: HIPE DATA ENTRY FORM

FIGURE III.1 HIPE Data Entry Form, 2011

Hospital In-Patient Enquiry (HIPE) Summary Sheet

For use with HIPE on ALL DISCHARGES FROM 01.01.2011



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

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

Case entered on HIPE: ☐

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

** More than one consultant can be recorded.

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

APPENDIX IV: BED DATA

The HIPE Report has historically reported on figures for the number of beds in HIPE hospitals.[1] These were initially produced by the Department of Health but since 2006 have been provided by the HSE.

Number of Beds in HIPE Hospitals, 2007–2011

Table IV.1 shows the number of beds in HIPE hospitals over the years 2007–2011.

TABLE IV.1 Number of Beds in HIPE Hospitals, 2007-2011

	2007 (%)	2008 (%)	2009 (%)	2010 (%)	2011 (%)	Average Annual % Change[a]	% Change
						2007-2011	2010-2011
Day Patient Beds	1,529 (11.0)	1,697 (12.2)	1,774 (13.1)	1,859 (14.0)	1,938 (14.8)	6.1	4.2
In-Patient Beds	12,356 (89.0)	12,182 (87.8)	11,751 (86.9)	11,417 (86.0)	11,113 (85.2)	-2.6	-2.7
Total Hospital Beds	**13,885 (100)**	**13,879 (100)**	**13,525 (100)**	**13,276 (100)**	**13,051 (100)**		

Notes: Percentages are reported in parentheses.
It should be noted when interpreting data on the number of hospital beds that the number of participating hospitals will have changed over time.

Source: Most up to date data was provided by the Business Intelligence Unit in the Corporate Planning and Corporate Performance Directorate of the Health Service Executive (September 2012) and via personal communication from particular hospitals (August–October 2012).

The following tables indicate the volume and distribution of beds across the health system for 2011.

Number of Beds in HIPE Hospitals by HSE Region

Table IV.2 shows the number of HIPE hospital beds by HSE Region.

TABLE IV.2 Number of Beds in HIPE Hospitals by HSE Region, 2011

	Day Patient Beds		In-Patient Beds		Total HIPE Hospital Beds	
	N	%	N	%	N	%
HSE Dublin North East	482 24.9	16.3	2,471 22.2	83.7	2,953 22.6	100
HSE Dublin Mid Leinster	553 28.5	13.2	3,644 32.8	86.8	4,197 32.2	100
HSE South	406 20.9	13.8	2,532 22.8	86.2	2,938 22.5	100
HSE West	497 25.6	16.8	2,466 22.2	83.2	2,963 22.7	100
Total Hospital Beds	**1,938 100**	**14.8**	**11,113 100**	**85.2**	**13,051 100**	**100**

Notes: Percentages columns are subject to rounding.
See additional notes and Source under Table IV.1.

[1] The Business Intelligence Unit in the HSE estimated the number of beds as the average number of beds per day that were available throughout the year and is exclusive of bed closures.

Number of Beds in HIPE Hospitals by Hospital Type

Table IV.3 shows the number of HIPE hospital beds by Hospital Type.

TABLE IV.3 Number of Beds in HIPE Hospitals by Hospital Type, 2011

	Day Patient Beds		In-Patient Beds		Total Hospital Beds	
	N	%	N	%	N	%
General Hospitals	**1,740** **89.8**	**15.5**	**9,494** **85.4**	**84.5**	**11,234** **86.1**	**100**
Voluntary	658 34.0	15.9	3,477 31.3	84.1	4,135 31.7	100
Regional	472 24.4	16.2	2,433 21.9	83.8	2,905 22.3	100
County	610 31.5	14.5	3,584 32.3	85.5	4,194 32.1	100
Special Hospitals	**198** **10.2**	**10.9**	**1619** **14.6**	**89.1**	**1,817** **13.9**	**100**
Total (All Hospital Types)	**1,938** **100**	**14.9**	**11,113** **100**	**85.1**	**13,051** **100**	**100**

Notes: Percentages columns are subject to rounding.
See additional notes and Source under Table IV.1.

APPENDIX V: POPULATION, 2011

Table V.1 presents the population data from Census 2011 which was used to calculate rates in Section Two. These are presented by sex, age group and HSE area of residence.

TABLE V.1 Population Data (Total, Male, Female by Age Group) by HSE Area of Residence, 2011

		HSE Dublin North East	HSE Dublin Mid Leinster	HSE South	HSE West	Total
Total Population	<1 Years	17,241	21,256	17,689	16,224	72,410
	1-14 Years	205,230	256,468	231,044	214,438	907,180
	15-24 Years	129,994	172,787	141,421	136,048	580,250
	25-34 Years	184,523	235,016	176,608	158,920	755,067
	35-44 Years	161,986	200,647	173,864	158,576	695,073
	45-54 Years	123,652	164,136	152,155	139,628	579,571
	55-64 Years	92,333	129,114	123,142	118,719	463,308
	65-74 Years	61,607	80,820	83,564	78,837	304,828
	75-84 Years	34,395	45,428	47,041	45,285	172,149
	85 and Over	11,223	15,273	15,584	16,336	58,416
	Total	**1,022,184**	**1,320,945**	**1,162,112**	**1,083,011**	**4,588,252**
Male Population	<1 Years	8,727	10,773	9,048	8,302	36,850
	1-14 Years	105,177	131,283	118,216	109,663	464,339
	15-24 Years	64,842	85,923	71,199	68,934	290,898
	25-34 Years	89,690	114,234	86,048	78,516	368,488
	35-44 Years	81,157	100,143	87,683	79,584	348,567
	45-54 Years	61,306	80,611	76,298	70,038	288,253
	55-64 Years	45,711	63,611	62,332	60,336	231,990
	65-74 Years	29,686	38,830	41,368	39,890	149,774
	75-84 Years	14,539	19,272	20,740	20,503	75,054
	85 and Over	3,469	4,694	5,003	5,320	18,486
	Total	**504,304**	**649,374**	**577,935**	**541,086**	**2,272,699**
Female Population	<1 Years	8,514	10,483	8,641	7,922	35,560
	1-14 Years	100,053	125,185	112,828	104,775	442,841
	15-24 Years	65,152	86,864	70,222	67,114	289,352
	25-34 Years	94,833	120,782	90,560	80,404	386,579
	35-44 Years	80,829	100,504	86,181	78,992	346,506
	45-54 Years	62,346	83,525	75,857	69,590	291,318
	55-64 Years	46,622	65,503	60,810	58,383	231,318
	65-74 Years	31,921	41,990	42,196	38,947	155,054
	75-84 Years	19,856	26,156	26,301	24,782	97,095
	85 and Over	7,754	10,579	10,581	11,016	39,930
	Total	**517,880**	**671,571**	**584,177**	**541,925**	**2,315,553**

Source: Census 2011 (Central Statistics Office, 2012).

APPENDIX VI: DERIVED VARIABLES

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

TABLE VI.1 Derived Variables

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

Note: For further information on all variables collected by HIPE see HIPE Data Dictionary 2011 Version 3.0 available at www.hipe.ie.

APPENDIX VII: REFERENCE TABLES

Table VII.1 presents the data used to produce Figures 2.12a to 2.12d in Section Two.

TABLE VII.1 Total Discharges (excl. *Maternity*): Proportion of Discharges Hospitalised within their HSE Region of Residence by County of Residence and Patient Type (N, %)

		Day Patients		Elective In-Patients		Emergency In-Patients		Total Discharges (excl. *Maternity*)	
		N	%	N	%	N	%	N	%
HSE Dublin North East	Dublin North	94,076	83.0	9,564	84.5	31,354	88.5	134,994	84.3
	Cavan	14,384	87.7	1,386	79.0	8,121	95.1	23,891	89.5
	Monaghan	11,674	90.8	984	79.9	5,017	95.7	17,675	91.4
	Louth	21,512	88.9	2,138	82.7	8,097	94.8	31,747	89.9
	Meath	22,690	79.8	2,744	77.3	12,038	86.3	37,472	81.6
	Total	**164,336**	**84.2**	**16,816**	**82.2**	**64,627**	**90.2**	**245,779**	**85.5**
HSE Dublin Mid Leinster	Dublin South	118,164	93.5	10,537	85.7	41,771	93.2	170,472	92.9
	Kildare	26,157	80.8	3,001	80.5	12,916	86.3	42,074	82.4
	Wicklow	26,625	94.7	2,429	85.4	7,779	91.9	36,833	93.4
	Longford	5,220	69.8	676	77.0	3,644	88.7	9,540	76.5
	Westmeath	16,463	79.8	1,414	73.1	7,999	82.4	25,876	80.2
	Offaly	14,840	87.0	1,341	80.8	5,727	88.6	21,908	87.0
	Laois	14,486	93.2	1,405	89.2	6,976	94.9	22,867	93.5
	Total	**221,955**	**89.7**	**20,803**	**83.5**	**86,812**	**90.5**	**329,570**	**89.5**
HSE South	Carlow	4,116	48.5	633	48.0	5,715	87.8	10,464	64.2
	Wexford	19,242	74.9	1,890	57.3	13,977	92.2	35,109	79.5
	Kilkenny	8,307	79.8	1,135	63.9	8,383	94.3	17,825	84.6
	Tipp South	11,985	88.4	2,688	84.7	7,844	94.4	22,517	89.9
	Waterford	18,893	94.3	2,023	82.5	9,361	96.6	30,277	94.1
	Cork	96,881	98.0	13,813	93.9	33,637	97.9	144,331	97.6
	Kerry	23,071	95.4	3,005	88.3	10,088	97.0	36,164	95.2
	Total	**182,495**	**90.7**	**25,187**	**83.6**	**89,005**	**95.4**	**296,687**	**91.4**
HSE West	Limerick	26,138	87.7	4,145	79.1	14,457	92.0	44,740	88.2
	Clare	14,925	95.4	2,523	85.9	8,909	96.7	26,357	94.8
	Tipp North	9,845	69.9	1,213	59.0	4,279	63.9	15,337	67.2
	Galway	52,833	97.2	4,814	87.9	20,057	97.2	77,704	96.6
	Roscommon	9,329	86.9	1,070	77.6	3,477	87.9	13,876	86.3
	Mayo	35,757	96.6	4,292	90.8	12,289	97.1	52,338	96.2
	Leitrim	5,416	79.9	467	58.7	2,029	76.4	7,912	77.4
	Sligo	18,849	93.9	1,639	82.6	7,095	96.5	27,583	93.8
	Donegal	33,072	93.8	3,085	70.8	16,742	96.3	52,899	92.8
	Total	**206,164**	**92.1**	**23,248**	**80.3**	**89,334**	**92.8**	**318,746**	**91.3**

Note: Percentage columns are subject to rounding.

APPENDIX VIII: AUSTRALIAN CODING STANDARD 0042

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:

Some codes on this list may be required in certain standards elsewhere in the Australian Coding Standards. In such cases, the standard overrides this list and the stated code should therefore be assigned as described in the relevant standard.

The listed procedures should be coded if anaesthesia (except local) is required for the procedure (see ACS 0031 *Anaesthesia*).

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)

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

8. Electrodes (pacing wires) – temporary: insertion of temporary trans-cutaneous or transvenous electrodes when associated with cardiac surgery; adjustment, repositioning, manipulation or removal of temporary electrodes

9. Electromyography (EMG)

10. Hypothermia when associated with cardiac surgery

11. Monitoring: cardiac, electroencephalography (EEG), vascular pressure except radiographic/video EEG monitoring 24 hours

12. Nasogastric intubation, aspiration and feeding, except nasogastric feeding in neonates. (see ACS 1615 Specific interventions for the sick neonate)

13. Perfusion when associated with cardiac surgery

14. Primary suture of surgical and traumatic wounds
Code only for traumatic wounds which are not associated with an underlying injury (e.g. suture of lacerated forearm would be coded if there is no other associated injury repair). (see ACS 1217 Repair of wound of skin and subcutaneous tissue)

15. Procedure components

16. Stress test

17. Traction if associated with another procedure

18. Ultrasound

19. Urinary catheterisation except if suprapubic or if patient discharged with catheter in situ (see ACS 0016 General procedure guidelines and ACS 1436 Admission for trial of void)

20. X-rays without contrast (plain)

Health Research and Information Division
The Economic and Social Research Institute

Whitaker Square
Sir John Rogerson's Quay
Dublin 2
Ireland

Telephone + 353 1 8632000
Fax + 353 1 8632100

www.esri.ie

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