

Activity in Acute **ANNUAL**
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This is a report on the discharges from acute public hospitals participating in HIPE in 2005. Discharge activity is examined by type of patient and hospital, and by demographic parameters (such as age and sex). Particular issues of relevance to the Irish health care system covered in the report relate to the composition of discharges by medical card and public/private status. Discharges are also analysed by diagnoses, procedures, major diagnostic categories and diagnosis related groups. The analysis is presented at the national level and is also disaggregated by Health Service Executive (HSE) administrative areas.

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Inevitably, a small number of individuals have to carry most of the burden of producing a report of this type. In this case Aoife Brick, Barbara Clyne, Patricia Holmes, Aisling Mulligan and Sinead 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.

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Executive Summary

INTRODUCTION

The Hospital In-Patient Enquiry (HIPE) Scheme, established in 1971, is a computer-based health information system designed to collect clinical and administrative data on discharges from, and deaths in, acute hospitals in Ireland. The Economic and Social Research Institute (ESRI) is contracted by the Department of Health and Children (DoH&C) and the Health Service Executive (HSE) to oversee the administration and management of this system. Within the ESRI, the Health Research and Information Division (HRID) is responsible for overseeing all functions associated with the operation of this database, including the development and support of the data collection and reporting software, training of coders and data quality audit, reporting and responding to requests for data.¹

This report relates to the 2005 calendar year. As with previous reports, the aim is to present an overview of discharge activity in acute public hospitals in Ireland. In 2005 the HIPE system captured data on 95.6 per cent of all discharges from the acute public hospital system.

Given the comprehensive coverage achieved by this information system, the data captured by HIPE have become increasingly used by policymakers and researchers, and in 2005 the HRID responded to 201 requests for HIPE data. In addition, data sets for HIPE discharges were provided to a number of state agencies to address specific data requirements.

ACUTE HOSPITAL DISCHARGES FROM 2001 TO 2005

In 2005, 1,008,498 discharges were reported to HIPE by acute public hospitals in Ireland. This represented growth of 17.8 per cent from the 856,261 discharges recorded in 2001, and was the first year in which over one million discharges were reported. While improved coverage of the database is one factor impacting on this growth, the most important factor was increased activity, most notably in the volume of day patient activity. In 2001, day patients accounted for 36.8 per cent of total discharges, but by 2005 this proportion had increased to 44.0 per cent. The 40.9 per cent increase in the number of day patients between 2001 and 2005 is related, at least in part, to the increased availability of day treatment facilities and technological advances in treatment. For certain procedures, therefore, an overnight stay in hospital is no longer necessary. In-patient discharges experienced a lower rate of growth of 4.3 per cent over the period since 2001, yet in-patient activity still accounted for the majority of total discharges (56.0 per cent in 2005) compared to day patients.

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

In 2005 emergency in-patients amounted to 38.8 per cent of total discharges compared to 17.2 per cent for planned in-patients. Over the five-year period, the general trend has been a decrease in in-patient discharges, both planned and emergency, as a proportion of total discharges.

For every 1,000 members of the population in 2005 there were 246.6 discharges recorded. This discharge rate was 10.6 per cent higher than that recorded for 2001, when there were 223.0 discharges per 1,000 population. The percentage increase in the number of total discharges between 2001 and 2005 (17.8 per cent) surpassed that of discharge rates, indicating that the level of activity supported by the acute hospital system experienced stronger growth than the population.

A further indicator of utilisation, bed days, also increased over the period between 2001 and 2005. Total in-patient bed days grew by 4.9 per cent over the five-year period, representing a slightly higher growth rate than total in-patient discharges (4.3 per cent). While only 1.6 per cent of total discharges were extended stay in-patients, this group used a disproportionate share of total bed days (24.0 per cent of total bed days). These differential growth rates in bed days and discharges impacted on the duration of hospital stays. Over the period under consideration, the average length of stay for total discharges declined by 6.8 per cent, from 4.4 days in 2001 to 4.1 days in 2005. Acute in-patients experienced a fall in their average length of stay by 2.0 per cent over the period, while extended stay in-patients experienced slight growth of 3.4 per cent.²

In contrast to the significant growth in total discharge activity (17.8 per cent), the total number of hospital beds increased by 8.3 per cent over the period 2001 to 2005. In-patient bed numbers experienced growth of 4.7 per cent while the number of day patient beds increased from 751 to 1,244 beds—an increase of 65.6 per cent. In-patient beds accounted for 90.9 per cent of all acute hospital beds in 2005.

ANALYSIS OF ACUTE HOSPITAL ACTIVITY IN 2005

Patient Type

In 2005, approximately three out of every five discharges were in-patients, with the remainder being day patients. Furthermore, total in-patients accounted for 89.2 per cent of total bed days in that year. Acute in-patients accounted for 54.5 per cent of total discharges and 65.2 per cent of total bed days. Extended stay in-patients amounted to 1.6 per cent of total discharges and 24.0 per cent of total bed days. The average length of stay was 4.9 days for acute in-patients and 6.5 days for total (acute and extended stay) in-patients.

² Acute in-patients are defined as discharges with a length of stay between 0 and 30 days, while extended stay in-patients have a length of stay of more than 30 days.

Hospital Type

General hospitals accounted for 86.7 per cent of total discharges. Within the general hospital group, county and regional hospitals accounted for 58.2 per cent of total discharges, and 28.5 per cent of total discharges were from voluntary hospitals. Special hospitals (including long stay hospitals) accounted for 13.3 per cent of total discharges. Of these special hospitals, maternity and paediatric hospitals recorded the highest number of total discharges.

The distribution of discharges by patient type differed by hospital type. A higher proportion of day patients were discharged from voluntary hospitals compared to county and regional hospitals, while the proportions of both total and acute in-patient discharges were highest in county hospitals. Voluntary hospitals discharged a higher proportion of extended stay in-patients than the other general hospitals. Within special hospitals a marginally higher proportion of acute in-patients were discharged compared to extended stay in-patients. The pattern observed for discharges across hospital types was comparable with that reported for bed days.

There were differences in the average length of stay across the three types of general hospitals for both acute and extended stay in-patient discharges. On average, voluntary hospitals recorded a consistently longer length of stay for both types of in-patient discharges compared to those reported for regional and county hospitals. Voluntary hospitals recorded an average length of stay of 6.2 days for acute in-patient discharges, which was 1.4 days longer than the 4.8 days estimated for regional hospitals and 1.6 days longer than the 4.6 days estimated for county hospitals.

The share of in-patient beds in general hospitals (84.2 per cent) was in line with the 83.3 per cent of total in-patient discharges treated in these types of hospitals. While 91.0 per cent of day patients were discharged from general hospitals, the proportion of day patient beds located in general hospitals was 86.3 per cent.

Areas of Hospitalisation and Residence

Over 28 per cent of total discharges were treated in the HSE Dublin Mid Leinster area. The HSE South, West and Dublin North East areas each treated roughly one-quarter of total discharges. A similar pattern was maintained when total discharges were compared by day and in-patient status.

The average length of stay for acute in-patients was longest in HSE Dublin North East (5.2 days) which was above that reported for acute in-patient discharges across all HSE areas (4.9 days). The HSE Dublin North East area also recorded the longest length of stay for extended stay in-patient discharges (68.5 days).

There was considerable variability in the number of discharges and discharge rates by area of residence. For every 1,000 members of the population resident in the HSE Dublin Mid Leinster area there were 222.2 discharges, which was lower than the rates reported by all other HSE areas. The HSE West area recorded the highest discharge rate with 280.8 discharges per 1,000 population.

Distribution of Beds in HIPE Hospitals

Approximately 31 per cent of total hospital beds in HIPE hospitals were located in HSE Dublin Mid Leinster, with 23.8 per cent in HSE South. Almost one in three designated day patient beds were situated in HSE Dublin Mid Leinster and 25.8 per cent in HSE West. HSE Dublin Mid Leinster also accounted for 30.7 per cent of all in-patient beds.

On average, in 2005, there were 3.3 beds in HIPE hospitals per 1,000 members of the population. This figure varied across the HSE areas, and ranged from 3.1 beds per 1,000 in HSE South to 3.5 beds per 1,000 in HSE Dublin North East and HSE Dublin Mid Leinster.

Temporal Variation in Admission and Discharge Activity

During 2005 the highest monthly estimate of hospital admissions occurred during November (89,606 admissions), with the lowest number reported for December (72,179 admissions). Admissions for day patients peaked in November (42,447). Admissions of planned (15,475) in-patient admissions peaked in August, while emergency (34,106) in-patients peaked in March. Total in-patient admissions (48,740) peaked in May. The lowest numbers of both planned and emergency admissions were reported for December.

All types of admissions were more likely to take place during the first part of the week (Monday to Wednesday), and were considerably less likely at the weekend. Admissions of emergency in-patients were more evenly distributed throughout the week, while the number of planned in-patient admissions peaked on Mondays. Discharges were less likely to occur at the weekend, with discharge activity peaking on Fridays.

DEMOGRAPHIC ANALYSIS OF HOSPITAL DISCHARGE ACTIVITY IN 2005

Sex

More than half of total discharges in 2005 were females. Similar ratios between the sexes were observed for day and in-patients. This breakdown of discharges was not representative of the national population in 2005, which was more equally divided between men and women. Sex-specific discharge rates showed greater utilisation by females. The discharge rate for total female discharges was 271.9 per 1,000, which was 23.1 per cent greater than that for males (220.9 per 1,000). The use of obstetric services by females in the 15–44 year age group was an important factor in accounting for the different patterns of utilisation observed for men and women. The average length of stay for acute in-patient discharges was marginally higher for males (5.2 days) compared to females (4.7 days). While this pattern was consistent with that observed for total discharges, females recorded a longer average length of stay than males for extended stay in-patient stays.

Marital Status

Married people accounted for 46.2 per cent of total discharges—the single largest category by marital status—but only 42.8 per cent of total bed days. Thus, the average length of stay for married total discharges (3.8 days) was slightly below that for total discharges overall (4.1 days). In contrast, widowed discharges had a longer average length of stay (7.8 days) and accounted for proportionately more bed days than their share of total discharges.

Age

The age-specific discharge rates for older age groups were higher than those across all age groups. These rates indicate that, after controlling for the size of the population in each age group, a higher number of discharges took place among older age groups. This finding was consistent when the analysis was undertaken for day and in-patients and by sex. Moreover, older age groups accounted for a disproportionate share of bed days. While discharges aged 65 years and over represented 27.4 per cent of total in-patients and 27.7 per cent of total discharges, they accounted for 48.7 per cent of total in-patient bed days and 46.5 per cent of total bed days. Consequently, older discharges (65 years and older) recorded a much longer average length of stay compared to other age groups.

General Medical Service (GMS) Status

Information on whether a patient holds a medical card is collected through HIPE, although it should be noted that holding a medical card does not necessarily imply that the hospital discharge was publicly funded. While approximately 30 per cent of the population held medical cards in 2005, GMS patients accounted for about 46.5 per cent of total discharges from HIPE hospitals. Non-GMS patients (non-medical card holders) represented 50.6 per cent of total discharges. For the remaining 2.9 per cent of total discharges GMS status was unknown. More than 48 per cent of day patient discharges and 52.7 per cent of acute in-patients did not hold a medical card. The majority (73.1 per cent) of extended stay in-patient discharges were medical card holders. The average length of stay for acute GMS in-patients was 6.1 days, which was over two days longer than that for non-GMS in-patients (3.8 days). The HSE West area reported the highest proportion of GMS discharges; almost 55 per cent of discharges treated in this area were medical card holders. HSE Dublin Mid Leinster reported the highest proportion of non-GMS discharges in 2005, since almost 60 per cent of discharges from this area did not hold a medical card.

Public/Private Status

Within the HIPE system public/private status indicates whether the patient was treated by the consultant on a private or public basis. Almost three-quarters of total discharges were public patients. The average acute in-patient length of stay was 4.9 days for public discharges, which was slightly higher than that for private discharges (4.7 days). Nationally, approximately three-quarters of discharges from HIPE hospitals were public, although 77.2 per cent in the HSE Dublin North East area were public patients. The HSE South area recorded the highest proportion of private patients (29.5 per cent) as a proportion of total discharges.

Inter-Regional Flow of Discharges

Discharge data can be analysed by where the patient received treatment and by where they resided. For the majority of discharges (88.5 per cent), treatment was received in the HSE area in which the patient was resident. The HSE Dublin Mid Leinster area treated the highest proportion of non-resident discharges. Of the discharges hospitalised there, 19.0 per cent lived outside the area. Discharges were more likely to be treated in the HSE Dublin North East area if they were resident in the neighbouring HSE Dublin Mid Leinster area.

Nationally, 10.5 per cent of discharges were treated outside their HSE area of residence. Approximately 90 per cent of discharges who were resident in either HSE South or HSE West were treated in their home area. The HSE Dublin Mid Leinster area was the most common area of hospitalisation for residents from all the other HSE areas. The HSE Dublin North East area recorded the highest proportion of residents treated by other HSE areas (13.9 per cent).

MORBIDITY ANALYSIS FOR HOSPITAL DISCHARGES IN 2005

Diagnoses

The average number of diagnoses recorded for total discharges in 2005 was 2.6.³ On average, total in-patients recorded a higher number of diagnoses (3.1) compared with day patients (1.9). The average number of diagnoses was marginally higher for total male discharges than females (2.6 compared with 2.5, respectively). The average number of diagnoses per discharge increased with age. The numbers for day patients showed a generally increasing trend over the age groups with the exception of a slight decrease for those in the 15–44 years age group.

Over 45 per cent of day patient discharges had one of the top 20 most common principal diagnoses. The most common principal diagnosis for day patients was 'other medical care', which includes chemotherapy and radiotherapy. Over one-fifth of day patients had this principal diagnosis. The second most common cause of hospitalisation among day patients was 'disorders of mineral metabolism' (includes haemochromatosis).

The 20 most frequently recorded principal diagnoses incorporated 27.4 per cent of total in-patient discharges. The most common principal diagnosis was 'perineal laceration during delivery'. This diagnosis accounted for 2.7 per cent of total in-patient discharges with an average length of stay of 2.8 days.

Apart from obstetric and gynaecological diagnoses, there were some differences in the principal diagnoses reported for males and females. For example, of the 2,374 discharges for 'mental and behavioural disorders due to alcohol', 1,700 related to male discharges. Similarly, discharges for 'other ischaemic heart disease' and 'other injuries to the head (includes skull fracture)' comprised a higher proportion of males. Conversely, 'fracture of femur' was more common among female discharges. For many diagnoses, the number of discharges increased progressively with patient age.

³ Diagnoses and procedures were coded using ICD-10-AM for the first time in 2005. This change means that data presented here on diagnoses and procedures are not directly comparable with data from previous reports (see Section Four).

Procedures

Of the 1,008,498 discharges reported to HIPE in 2005, 756,158 principal procedures were recorded, indicating that over seven out of every ten discharges had a principal procedure performed. On average, 2.0 procedures were recorded for each discharge for whom a procedure was performed in 2005. Total in-patient discharges on whom a procedure was performed had, on average, 2.5 procedures compared with an average of 1.5 for day patients. The average number of procedures was similar for total male and female discharges who recorded a procedure. In general, the average number of procedures per discharge decreased with age for day patients and increased with age for total in-patients.

The top 20 principal procedure blocks accounted for 66.5 per cent of day patient discharges with a procedure. The most common principal procedure block for day patients was 'pharmacotherapy', which incorporates the administration of chemotherapy. 'Pharmacotherapy' for day patients comprised 18.3 per cent of day patients who recorded a procedure. Five of the remaining top 20 principal procedure blocks for day patients can be classified as 'procedures on the digestive system'.

The 20 most common principal procedure blocks for total in-patients were recorded for 47.2 per cent of in-patients who had a procedure. The most common principal procedure block was 'generalised allied health interventions'⁴, which accounted for 9.9 per cent of all principal procedures for total in-patients. The total in-patient average length of stay for this principal procedure was 12.9 days. Six of the top 20 principal in-patient procedure blocks were related to obstetrics.

As with diagnoses, there were some differences in principal procedures recorded by sex. More than half of all-listed principal procedures were performed on female discharges, which may reflect the volume of obstetric activity. Almost one-third of principal procedures were undertaken on discharges aged between 15 and 44 years. For most principal procedure blocks, the acute in-patient average length of stay increased with age.

ANALYSIS OF DISCHARGE DATA BY CASE MIX

Since 1993 the Department of Health and Children has applied a case mix adjustment when estimating the budgets for the majority of acute public hospitals in Ireland. For this purpose, in 2005, the Australian Refined Diagnosis Related Group⁵ (AR-DRG) case mix classification scheme has been adopted by the Department as the national standard. The AR-DRG scheme enables the disaggregation of discharges into homogeneous groups, which are expected to undergo similar treatment processes and incur similar levels of resource use. The first step in AR-DRG assignment is the classification of discharges into one of the Major Diagnostic Categories (MDCs), which are primary diagnostic groupings based on the systems of the body.

⁴ Includes physiotherapy, occupational therapy, speech therapy, etc.

⁵ The change from HCFA 16 DRG to AR-DRG in 2005 is discussed in Section Five.

Discharges by Major Diagnostic Category (MDC)

The single largest number of total discharges was recorded for 'diseases and disorders of the digestive system' (MDC 6). The numbers of day and in-patients were roughly equal within this category, with the majority of in-patients being acute. Services pertaining to 'neoplastic disorders (haematological and solid neoplasms)' (MDC 17) recorded the second largest number of total discharges. Discharges with 'pregnancy, childbirth and the puerperium' (MDC 14) had the shortest total in-patient average length of stay (3.0 days). The MDC with the longest average length of stay for acute in-patient discharges was 'neoplastic disorders (haematological and solid neoplasms)' (MDC 17) where discharges were hospitalised for an average of 7.6 days. Excluding 'pre-MDCs' and 'unassignable MDCs', the longest average length of stay for total in-patient discharges was 12.2 days for 'mental diseases and disorders' (MDC 19).

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

The top 20 highest volume AR-DRGs were assigned to 63.8 per cent of day patients. The AR-DRG that recorded the highest number of day patient discharges was 'chemotherapy' (AR-DRG R63Z). This AR-DRG amounted to 22.3 per cent of day patients in the top 20 AR-DRGs and 14.2 per cent of day patients. The top 20 high volume AR-DRGs represented 30.9 per cent of total in-patient discharges. The AR-DRG with the largest number of total in-patient discharges was 'vaginal delivery without catastrophic or severe complications and/or comorbidities' (AR-DRG O60B), which alone accounted for almost one-fifth of in-patient discharges within the top 20 AR-DRGs and 5.7 per cent of total in-patient discharges. The total in-patient average length of stay recorded for this AR-DRG was 3.1 days.



Introduction

SECTION

ENZO

INTRODUCTION

The Hospital In-Patient Enquiry (HIPE) Scheme, established in 1971, is a computer-based health information system designed to collect clinical and administrative data on discharges from, and deaths in, acute hospitals in Ireland. In 2005, 58 acute public hospitals in Ireland reported to HIPE.¹ Public hospitals that participated in HIPE in 2005 are listed in Appendix I.

The aim of this report is to present an overview of discharge activity in acute public hospitals in Ireland during 2005. Throughout this report, data on discharges from individual acute public hospitals are aggregated and presented by hospital type. The contents of this Annual Report for 2005 correspond with those contained in preceding reports.² The structure of this report is as follows:

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

The remainder of this section provides an overview of the data collected, coverage and selected statistics for the period 2001 to 2005. The following section focuses particularly on changes to the coding of diagnoses and procedures in HIPE which occurred in 2005. Information on the historical context of HIPE, as well as processes and procedures for collecting, validating and auditing data, is contained in reports in this series.³

¹ Although a small number of private hospitals supply information to HIPE, discharges from these hospitals have not been included in this report, which concentrates only on activity in public hospitals. For historic reasons, a small number of long stay hospitals also reported to HIPE in 2005. Discharges from these hospitals have been included in this report.

² Appendix V contains a table reference guide that links the information contained in the previous ten-year reports to that presented in this report. This appendix is not included in this report, but can be found online at www.esri.ie.

³ All previous HIPE reports are available from: <http://www.esri.ie>.

CHANGES TO CLINICAL CODING IN 2005

Ireland updated to an ICD-10⁴ based clinical coding classification for all discharges from 1 January 2005. Consequently, 2005 is the first year HIPE data were reported through an ICD-10 based classification. ICD-10 differs from the previously employed ICD-9 based classification (ICD-9-CM) in the following ways:

- the structure in ICD-10-AM is alphanumeric;
- a number of chapters have been restructured;
- several diseases have been reclassified;
- new features have been added; and
- the classification's specificity and detail have been expanded.

ICD-10 is an expanded classification when compared with ICD-9 with almost twice the number of codes previously available. ICD-10 has changed chapters, categories, titles and regrouped conditions. The traditional ICD framework is retained, but the alphanumeric coding scheme provides a larger coding frame and with potential for future revision.

The World Health Organisation (WHO) produces the ICD classification for disease, but does not provide a procedure classification. Extensive research of options available internationally was undertaken by the ESRI.⁵ The findings of this research, together with consultations with stakeholders, resulted in a recommendation for a pilot study of ICD-10-AM (Australian Modification) in Ireland. The positive findings from this study resulted in a decision to adopt ICD-10-AM as the national standard in Ireland from January 2005.

ICD-10-AM is the Australian Modification of the WHO ICD-10 disease classification and is produced by the National Centre for Classification in Health (NCCH). The NCCH developed a procedures classification using the Australian Commonwealth Government's Medicare Benefits Schedule (MBS). From July 2002, with the publication of the 3rd Edition of ICD-10-AM, the procedure classification became known as the Australian Classification of Health Interventions (ACHI). ICD-10-AM also includes the Australian Coding Standards (ACS).

ICD-10-AM has a number of important advantages for use in Ireland. Specifically, this system constitutes an integrated coding scheme for diagnoses and procedures with the coding scheme for diagnoses being compatible with the WHO's ICD-10. The NCCH regularly evaluate and update ICD-10-AM. A number of countries use ICD-10-AM so international comparability of these data is facilitated. Training and support in the use of the coding system is provided by the NCCH. The code books are readily available in English. Guidelines are published with ICD-10-AM and in 'Coding Matters', a journal published regularly by the NCCH. The Australian Case Mix Grouper (AR-DRG) is available for classification of the data coded by ICD-10-AM. There is further information on ICD-10-AM in Section Four of this report.

⁴ International Statistical Classification of Diseases and Related Health Problems, 10th Revision.

⁵ Murphy, D., MM. Wiley, A. Clifton, D. McDonagh, 2004. *Updating Clinical Coding in Ireland: Options and Opportunities*. Dublin: The Economic and Social Research Institute.

DATA COLLECTED BY HIPE IN 2005

The data elements recorded by HIPE in 2005 are listed in Table 1.1.⁶ In addition to the changes in clinical coding that took place in 2005, a new variable was also included. Following on from the introduction of a day ward indicator in 2004 to establish if a day case was admitted to a dedicated named day ward, a day ward identifier was incorporated in 2005. The inclusion of this variable means that where a day patient was admitted to a dedicated named day ward, the day ward indicator must then be entered to identify where the day patient was treated. A further modification was an increase in the number of secondary diagnoses and procedures from nine to nineteen.

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 patient identifier, therefore, the data reported to HIPE facilitate analysis of hospital discharge activity, but do not permit analysis of discharges at individual patient level. Consequently, it is not possible to use HIPE data to examine certain parameters such as the number of hospital encounters per patient or to estimate proxies for incidence or prevalence of disease.

TABLE 1.1

Data Collected by HIPE

Type of Data	Parameters	Notes
Demographic data	Date of birth	
	Sex	
	Marital status	Values include: single, married, widowed, other (including separated), unknown or divorced.
	Infant admission weight	Weight in whole grams on admission is collected for neonates (0–27 days old) and infants up to 1 year of age with admission weight of less than 2,500 grams.
	Area of residence by county or country	If resident in Ireland but outside Dublin, captures county of residence. If resident in Dublin, captures postal code. If usually resident outside Ireland, captures country of residence.
Clinical data	One principal diagnosis	Uses the International Statistical Classification of Diseases and Related Health Problems, 10 th Revision, Australian Modification (ICD-10-AM), Fourth Edition, July 2004.
	Nineteen secondary diagnoses	Uses the International Statistical Classification of Diseases and Related Health Problems, 10 th Revision, Australian Modification (ICD-10-AM), Fourth Edition, July 2004.
	One principal procedure	Uses the International Statistical Classification of Diseases and Related Health Problems, 10 th Revision, Australian Modification (ICD-10-AM), Fourth Edition, July 2004.
	Nineteen secondary procedures	Uses the International Statistical Classification of Diseases and Related Health Problems, 10 th Revision, Australian Modification (ICD-10-AM), Fourth Edition, July 2004.

⁶ A copy of the HIPE data entry form for 2005 is contained in Appendix II. Reports that can be produced from the HIPE database are outlined on www.esri.ie.

Table 1.1: Data collected by HIPE (contd.)

Type of Data	Parameters	Notes
Administrative data	Patient name	Not exported outside the hospital.
	Hospital number	
	Chart number	Is unique to hospital of discharge.
	Admission and discharge dates	
	Dates of principal and first procedures	
	Day case indicator	
	Day ward indicator	Indicates if a day case patient was admitted to a dedicated named day ward.
	Day ward identifier	If the answer to day ward indicator is 'Yes', the day ward identifier must be entered to identify where the patient was treated. New variable in 2005.
	Type of admission	Values include: elective, elective readmission, elective maternity, emergency, emergency readmission, emergency maternity or newborn.
	Waiting list indicator	Indicates if an elective admission case is funded by the National Treatment Purchase Fund (NTPF).
	Mode of emergency admission	Indicates where the patient with admission codes emergency, emergency readmission, emergency maternity or newborn was treated prior to being admitted to the hospital as an in-patient. Values include, Accident and Emergency Department, Medical Assessment Unit (MAU) other and unknown.
	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.
	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 or other.
	Discharge status	Refers to the public/private status of the patient on discharge and not to the type of bed occupied.
	General Medical Service status	Refers to whether the patient is a medical card holder.
	Days in an intensive care environment	
	Days in a private/semi-private bed	
	Days in a public bed	
	Specialty	Refers to specialty of consultant associated with the principal diagnosis and is assigned locally based on a list provided by the Department of Health and Children.
	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 in 2005.	
Discharge ward	Optional variable in 2005.	
Admitting ward	Optional variable in 2005.	

COVERAGE OF HIPE DATA

Table 1.2 and Figure 1.1 compare the returns to HIPE from 1992 to 2005 with the Integrated Management Returns (IMRs), which are completed by hospitals annually and returned to the Department of Health and Children (DoH&C). Estimating coverage of the HIPE Scheme is complicated by the fact that the requirement to collect all obstetric data only became obligatory in January 1999, although some obstetric data had been returned to HIPE prior to this. Consequently, obstetric discharges were removed from the calculation of the coverage of HIPE data for the period prior to 1999.

According to the IMRs, estimated discharges from public hospitals in 2005 stood at 1,054,884, compared to 1,008,498 discharges reported to HIPE. This indicates that 95.6 per cent of all discharges reported through the IMRs were captured by HIPE. While returns to HIPE have been steadily increasing, the coverage rate has remained fairly stable since the mid-1990's. The exception was 2004 when coverage reached almost 98 per cent. While more data have been reported and coded in 2005 it is not clear why the coverage rate has dropped back slightly to about 96 per cent. Factors that might have contributed to the change include organisational change factors associated with the change to the Health Service Executive (HSE), capacity issues in relation to data capture and coding, and changes in the estimation of the IMRs.

TABLE 1.2

Estimates of Hospital Discharges from the Department of Health and Children and HIPE, 1992–2005

Year	DoH&C Estimates ^a	DoH&C Estimate Minus Obstetric Estimate ^b	Data Returned by Hospitals to HIPE	HIPE Returns Minus MDC 14 ^b	% Coverage of HIPE ^c
1992	587,450	558,874	390,936	385,886	69.0
1993	628,000	600,696	511,600	504,968	84.1
1994	649,848	609,044	563,846	553,327	90.9
1995	674,286	629,485	608,151	595,183	94.6
1996	702,378	654,618	647,624	626,486	95.7
1997	728,320	665,958	679,197	640,181	96.1
1998	746,988	682,833	688,994	650,155	95.2
1999	798,132	–	751,945	–	94.2
2000	846,738	–	798,858	–	94.3
2001	892,591	–	856,261	–	95.9
2002	930,783	–	892,634	–	95.9
2003	983,537	–	937,906	–	95.4
2004	1,018,386	–	987,615	–	97.9
2005	1,054,884	–	1,008,498	–	95.6

Notes: ^a DoH&C estimates are based on IMR data.

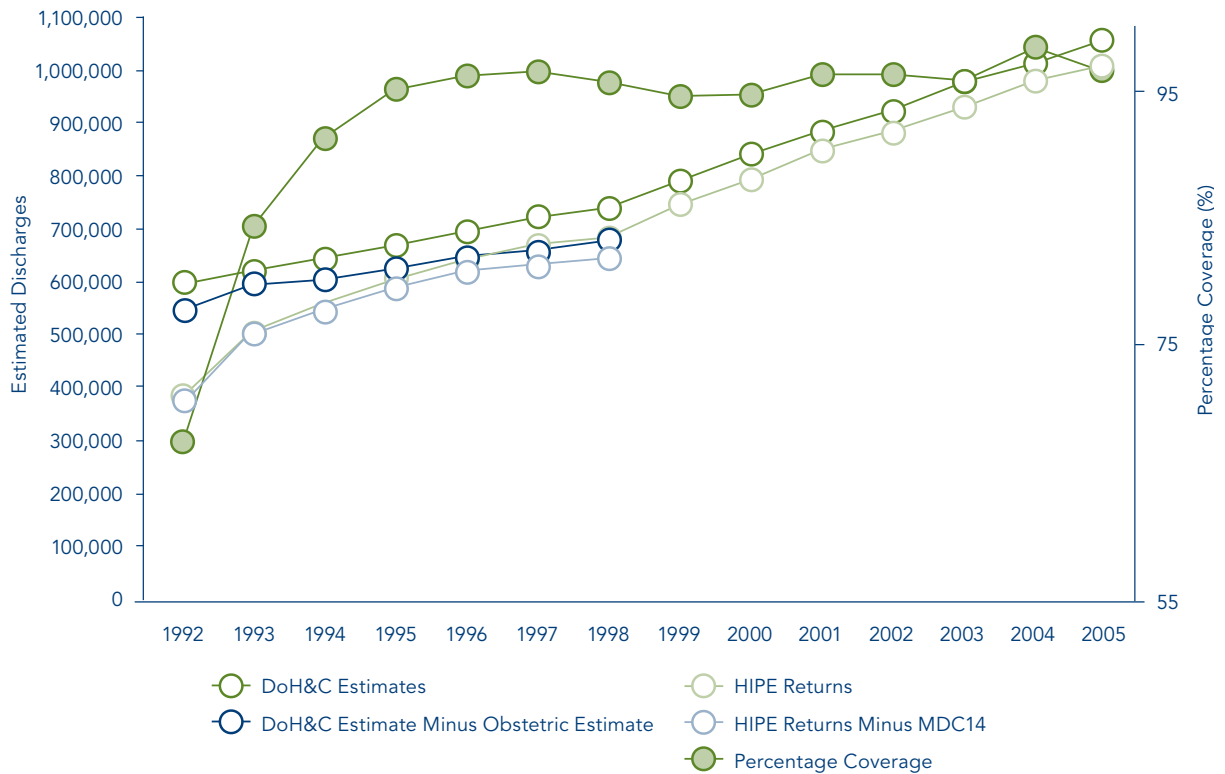
^b Major Diagnostic Category (MDC) 14: 'pregnancy, childbirth and the puerperium' incorporates obstetric cases. This classification is discussed in more detail in Section five.

^c Obstetric data excluded 1992–1998.

Source: IMR data were obtained from the Department of Health and Children.

FIGURE 1.1

Data on Hospital Discharges Returned by Participating Hospitals to HIPE and Department of Health and Children (DoH&C), 1992–2005



Source: IMR data were obtained from the Department of Health and Children.

ACUTE HOSPITAL DISCHARGES FROM 2001 TO 2005

In 2005, 1,008,498 discharges were reported to HIPE by participating acute public hospitals (see Table 1.3). This figure was 17.8 per cent higher than the level of discharges reported to HIPE five years earlier in 2001 (see Figure 1.4). According to Table 1.3, the volume of both day and in-patient discharges increased between 2001 and 2005, albeit at differing rates. Day patient discharges experienced the most rapid growth, as discharges in 2005 were 40.9 per cent higher than their 2001 levels. In contrast, total in-patient discharges increased by 4.3 per cent between 2001 and 2005. The share of total discharges accounted for by day patients increased from 36.8 per cent in 2001 to 44.0 per cent in 2005. Total in-patients still accounted for the majority (56.0 per cent) of total discharges in 2005.

The number of emergency in-patients was more than twice that of planned in-patients in 2005.⁷ Although the majority of in-patients were treated on an emergency basis, planned in-patients experienced more rapid growth between 2001 and 2005 (see Figure 1.5). Planned in-patients in 2005 were 15.4 per cent higher than the level reported in 2001. By comparison, the number of emergency in-patients fluctuated over the period and in 2005 was at approximately the same level as it was in 2001. The respective shares of total discharges for these two groups declined over the five-year period. These declining proportions were consistent with the rise in day patient activity over the same period.

In 2005, general hospitals accounted for 86.7 per cent of total discharges and the remainder were discharged from hospitals specialising in particular areas (such as maternity, paediatrics and cancer). The breakdown of activity between general and special hospitals in 2005 was similar to that recorded in 2001 (see Figure 1.6). Discharges from general hospitals experienced higher growth between 2001 and 2005 compared to special hospitals (growth of 18.1 per cent and 15.6 per cent for general and special hospitals respectively). General hospitals are divided further into voluntary, regional and county hospitals. The largest category of general hospital was county hospitals, which treated 33.9 per cent of total discharges in 2005, an increase of 21.7 per cent from 2001. Of the other categories, 24.3 per cent of total discharges were from regional hospitals and 28.5 per cent were from voluntary hospitals. Discharges from all three categories of general hospital experienced growth during the period 2001 to 2005. Growth in discharges from county hospitals exceeded that of both voluntary and regional hospitals.

In 2005, almost nine out of every ten discharges living in Ireland were treated in the same HSE area in which they resided. It is not possible to compare the 2005 figures presented here to those from previous years as the unit of measurement has changed from eight health boards/regional authorities to four HSE administrative areas (see Figure 1.2 and Figure 1.3).⁸

⁷ Emergency in-patient admissions include patients who visited the Accident and Emergency Department and were subsequently admitted to hospital. Therefore, emergency admissions do not capture all of those patients who attended the Accident and 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 Accident and Emergency Departments.

⁸ The establishment of the HSE on 1 January 2005 was intended to replace the eight regional health boards/regional authorities. Current policy is that health care is now provided through four HSE administrative areas and 32 local health offices (LHOs). For the purposes of this report, data are reported for the four HSE administrative areas. This reconfiguration implies that the geographical breakdown of discharge activity in earlier reports is not directly comparable with that in 2005.

FIGURE 1.2

Pre-2005 Health Board/Regional Authority Structure

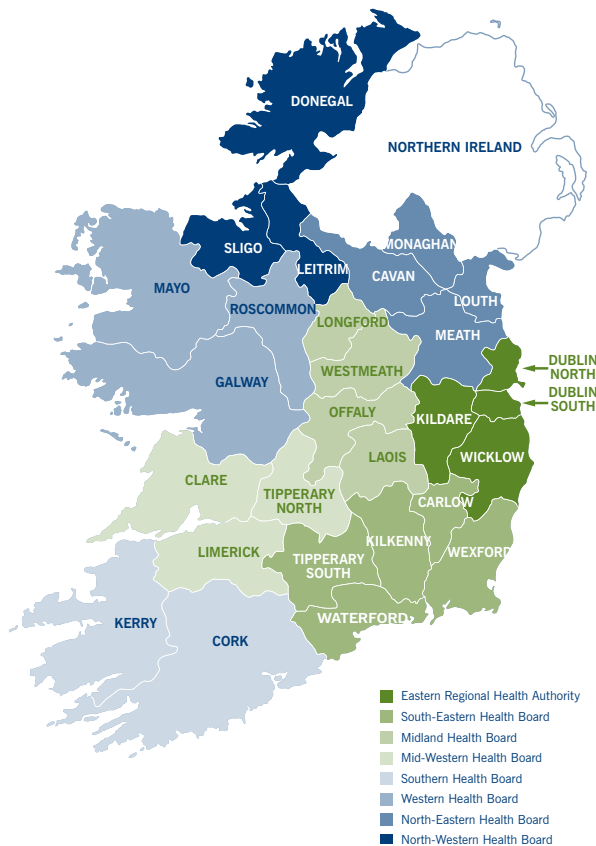
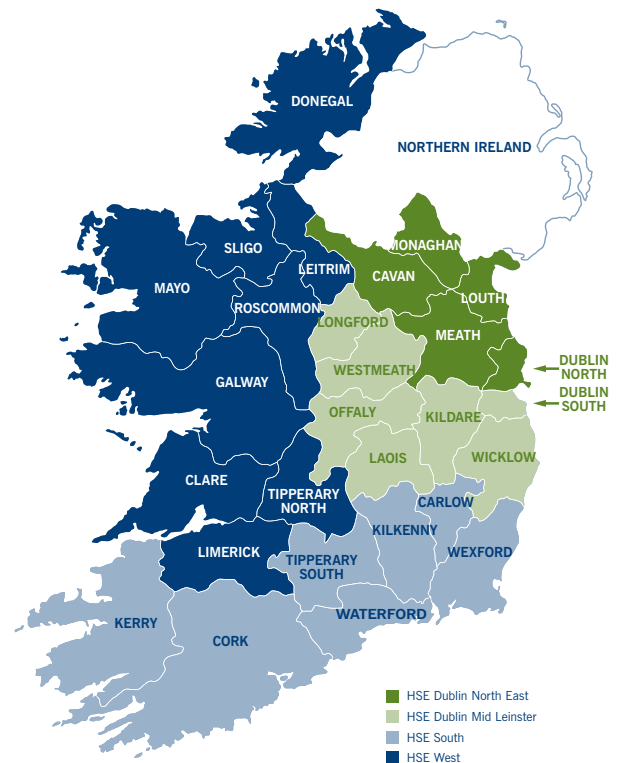


FIGURE 1.3

2005 Onwards HSE Administrative Area Structure



Source: Data obtained from the HSE (www.hse.ie).

The ratio of male to female discharges remained relatively unchanged throughout the period 2001 and 2005. Females accounted for more than 55 per cent of total discharges in each of the years reported in Table 1.3. The five-year growth rates of male and female discharges were similar. However, the growth in the number of male discharges between 2004 and 2005 was marginally higher than that for females (2.4 per cent and 1.9 per cent, respectively).

In 2001, 49.8 per cent of total discharges were aged 44 years or younger and by 2005 this had fallen to 46.4 per cent. This change reflects the differential growth in the number of discharges for each age group. Between 2001 and 2005, the two younger age groups reported slower growth rates (9.9 per cent for discharges under 15 years and 9.8 per cent for discharges aged between 15 and 44 years—see Figure 1.7), while discharges aged between 45 and 64 years experienced growth of 26.1 per cent and discharges in the oldest age group (65 years and over) recorded 25.2 per cent growth. The two older groups of discharges continued to grow at faster rates than the younger age groups between 2004 and 2005.

In the Irish health care system, holders of a medical card may use public hospital services free at the point of use, while charges may be levied on non-medical card holders who are treated in the same hospitals. The disaggregation of total discharges by whether or not they had a medical card (referred to here as General Medical Service (GMS) status) has generally been consistent between 2001 and 2005, although the proportion of total discharges for whom GMS status was unknown peaked in 2002. Between 2001 and 2005 there was an 8.3 per cent decrease in the number of discharges for whom GMS status was unknown. In each year reported in Table 1.3, more than half of total discharges were non-medical card holders and more than 40 per cent of total discharges were medical card holders. The five-year growth rate of GMS discharges (25.0 per cent) was higher than that of non-GMS discharges (13.6 per cent). The share of GMS discharges increased in the years subsequent to 2002. A possible explanation for this increase may be the extension of the medical card scheme to all those aged 70 years or older, irrespective of their income, which was introduced in July 2001.

Collection of the public/private status of the patient on discharge commenced in 1999. In HIPE, public/private status relates to whether the patient saw the consultant publicly or privately. Just under three-quarters of total discharges in 2005 were categorised as public. This proportion was lower than that reported in 2001, when 75.1 per cent were public. The declining share of public discharges was reflected in the lower rate of growth for this group. Between 2001 and 2005, public discharges grew by 16.5 per cent, while private discharges in 2005 were 21.7 per cent higher than their 2001 level. Between years, private discharges continued to exhibit stronger growth. Private discharges grew by 2.9 per cent between 2004 and 2005, which exceeded the growth rate for public discharges (1.9 per cent).

The number of discharges has been adjusted for population in the years reported in Table 1.3. Following this adjustment, the number of discharges per 1,000 increased steadily from 223.0 discharges for every 1,000 population in 2001 to 246.6 discharges per 1,000 in 2005, representing growth of 10.6 per cent over the five years (see Figure 1.8). While this growth was not as great as that experienced by the number of discharges over the same period, it does indicate that not all of the increase in discharges over the period can be attributed to population growth.

In 2005, discharges spent over 4,100,000 days in acute public hospitals. Although the majority of bed days were for in-patients, the proportion accounted for by day patients increased from 8.3 per cent in 2001 to 10.8 per cent in 2005. Total in-patient bed days increased by 4.9 per cent between 2001 and 2005 (see Figure 1.9). The breakdown of in-patient bed days by age group is reported in Table 1.3. The proportion of total bed days used by in-patient discharges aged 65 years and over was consistently in excess of 40 per cent throughout the period and accounted for 43.4 per cent of total bed days in 2005. The in-patient bed days used by this age group grew strongly between 2001 and 2005 (9.7 per cent) and continued this trend between 2004 and 2005.

On average, total discharges spent 4.1 days in hospital in 2005, a decline of less than half-a-day or 6.8 per cent relative to the 2001 level. The average length of stay for total in-patients increased slightly from 6.4 days to 6.5 days over the five-year period, an increase of 1.6 per cent. In 2005 acute in-patients (those with a length of stay of 30 days or less) spent, on average, less time in hospital when compared to 2001 (5.0 days in 2001 and 4.9 days in 2005). In contrast, the average length of stay for extended stay in-patients (those with a length of stay of more than 30 days) increased by over two days (60.9 days in 2001 and 63.0 days in 2005).

Between 2001 and 2005, the number of beds in HIPE hospitals increased by 8.3 per cent from 12,579 to 13,623 (see Figure 1.10).⁹ While the majority of beds in all years were allocated for the treatment of in-patients, this category experienced growth of just 4.7 per cent during the five-year period. The number of day patient beds grew by 65.6 per cent over the same period. Reflecting these differential growth rates, the in-patient share of beds declined from 94.0 per cent in 2001 to 90.9 per cent in 2005.

⁹ Excludes beds in long stay HIPE hospitals, which are not reported to the DoH&C.

TABLE 1.3

Number and Percentage Distribution of Acute Public Hospital Discharges, 2001–2005

	2001	2002	2003	2004	2005	% Change	
	(%)	(%)	(%)	(%)	(%)	2001–2005	2004–2005
Total Discharges	856,261	892,634	937,906	987,615	1,008,498	17.8	2.1
Patient Type							
Day Patients	314,768 (36.8)	353,400 (39.6)	389,637 (41.5)	425,978 (43.1)	443,654 (44.0)	40.9	4.1
Total In-Patients	541,493 (63.2)	539,234 (60.4)	548,269 (58.5)	561,637 (56.9)	564,844 (56.0)	4.3	0.6
Planned	150,416 (17.6)	172,166 (19.3)	172,341 (18.4)	178,209 (18.0)	173,644 (17.2)	15.4	-2.6
Emergency ^a	391,077 (45.7)	367,068 (41.1)	375,928 (40.1)	383,428 (38.8)	391,200 (38.8)	0.0	2.0
Hospital Type^b							
General Hospitals	740,056 (86.4)	778,104 (87.2)	818,548 (87.3)	858,295 (86.9)	874,119 (86.7)	18.1	1.8
Voluntary	256,653 (30.0)	254,834 (28.5)	265,951 (28.4)	285,417 (28.9)	287,319 (28.5)	11.9	0.7
Regional	202,323 (23.6)	214,511 (24.0)	224,735 (24.0)	232,806 (23.6)	244,608 (24.3)	20.9	5.1
County	281,080 (32.8)	308,759 (34.6)	327,862 (35.0)	340,072 (34.4)	342,192 (33.9)	21.7	0.6
Special Hospitals	116,205 (13.6)	114,530 (12.8)	119,358 (12.7)	129,320 (13.1)	134,379 (13.3)	15.6	3.9
Location of Treatment^c							
Within health area ^d of residence	751,002 (87.7)	785,966 (88.1)	827,778 (88.3)	868,123 (87.9)	892,349 (88.5)	n/a	n/a
Outside health area ^d of residence	98,492 (11.5)	102,005 (11.4)	105,828 (11.3)	115,444 (11.7)	106,126 (10.5)	n/a	n/a
Patient Characteristics							
Sex							
Males	379,963 (44.4)	397,229 (44.5)	415,307 (44.3)	438,627 (44.4)	449,213 (44.5)	18.2	2.4
Females	476,298 (55.6)	495,405 (55.5)	522,599 (55.7)	548,988 (55.6)	559,285 (55.5)	17.4	1.9
Age Group							
Under 15 years	112,861 (13.2)	111,952 (12.5)	116,690 (12.4)	121,930 (12.3)	124,080 (12.3)	9.9	1.8
15 to 44 years	313,625 (36.6)	321,153 (36.0)	331,075 (35.3)	346,546 (35.1)	344,385 (34.1)	9.8	-0.6
45 to 64 years	206,940 (24.2)	222,878 (25.0)	236,213 (25.2)	251,464 (25.5)	260,981 (25.9)	26.1	3.8
65 years and over	222,835 (26.0)	236,651 (26.5)	253,928 (27.1)	267,675 (27.1)	279,052 (27.7)	25.2	4.3
GMS Status^e							
GMS (Medical card holders)	374,969 (43.8)	385,974 (43.2)	419,168 (44.7)	444,158 (45.0)	468,709 (46.5)	25.0	5.5
Non-GMS (Non- medical card holders)	449,228 (52.5)	466,864 (52.3)	479,275 (51.1)	508,152 (51.5)	510,389 (50.6)	13.6	0.4
Unknown ^f	32,064 (3.7)	39,796 (4.5)	39,463 (4.2)	35,305 (3.6)	29,400 (2.9)	-8.3	-16.7

Table 1.3: Number and Percentage Distribution of Acute Public Hospital Discharges, 2001–2005 (contd.)

	2001	2002	2003	2004	2005	% Change	
	(%)	(%)	(%)	(%)	(%)	2001–2005	2004–2005
Public/Private Status^a							
Public Discharges	643,065 (75.1)	673,719 (75.5)	704,312 (75.1)	735,282 (74.5)	748,966 (74.3)	16.5	1.9
Private Discharges	213,196 (24.9)	218,915 (24.5)	233,594 (24.9)	252,333 (25.5)	259,532 (25.7)	21.7	2.9
Discharge Rate Per 1,000 Population^b	223.0	227.9	235.7	244.2	246.6	10.6	1.0
Total Bed Days	3,802,032	3,819,671	3,875,450	4,045,487	4,103,306	7.9	1.4
Day Patients	314,768 (8.3)	353,400 (9.3)	389,637 (10.1)	425,978 (10.5)	443,654 (10.8)	40.9	4.1
Total In-Patients	3,487,264 (91.7)	3,466,271 (90.7)	3,485,813 (89.9)	3,619,509 (89.5)	3,659,652 (89.2)	4.9	1.1
Under 15 years	298,696 (7.9)	281,908 (7.4)	284,094 (7.3)	291,711 (7.2)	293,459 (7.2)	-1.8	0.6
15 to 44 years	842,852 (22.2)	820,122 (21.5)	817,077 (21.1)	827,592 (20.5)	823,802 (20.1)	-2.3	-0.5
45 to 64 years	720,267 (18.9)	722,921 (18.9)	731,623 (18.9)	757,389 (18.7)	759,715 (18.5)	5.5	0.3
65 years and over	1,625,449 (42.8)	1,641,320 (43.0)	1,653,019 (42.7)	1,742,817 (43.1)	1,782,676 (43.4)	9.7	2.3
Average Length of Stay (Days)							
Total Discharges ⁱ	4.4	4.3	4.1	4.1	4.1	-6.8	0.0
Total In-Patients	6.4	6.4	6.4	6.4	6.5	1.6	1.6
Acute ⁱ	5.0	5.0	4.9	4.9	4.9	-2.0	0.0
Extended ^k	60.9	61.1	61.9	62.4	63.0	3.4	1.0
Total Hospital Beds in HIPE Hospitals^l	12,579	12,904	13,034	13,328	13,623	8.3	2.2
Day Patient Beds	751 (6.0)	812 (6.3)	909 (7.0)	1,135 (8.5)	1,244 (9.1)	65.6	9.6
In-Patient Beds	11,828 (94.0)	12,092 (93.7)	12,125 (93.0)	12,193 (91.5)	12,379 (90.9)	4.7	1.5

Notes: Percentages are reported in parentheses.

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

^b One hospital changed its status from a voluntary to a non-voluntary hospital in November 2001. For subsequent years, this hospital was classified as a non-voluntary hospital in HIPE.

^c Percentages are based on total discharges and include those who usually reside in Ireland, and exclude a small number of discharges who had no fixed abode or who resided outside the Republic of Ireland.

^d Figures from 2001 to 2004 relate to Health Board/Regional Authority of Residence. The 2005 data refer to HSE Area of Residence and are therefore not directly comparable with data from previous years.

^e With effect from 1 July 2001, the medical card scheme was extended to all those aged 70 years or older, irrespective of their income.

^f Includes discharges for whom GMS status was not known.

^g Collection of data on public/private status of patients commenced by HIPE in 1999. This refers to the patient's status on discharge, which may be public (private) if the patient saw the consultant publicly (privately). This does not relate to the type of bed occupied by the patient during the hospital stay.

^h Crude discharge rate is calculated as the ratio of total discharges to the population of Ireland, multiplied by 1,000. When those discharges with no fixed abode and who were living outside Ireland were excluded, the crude discharge rate was 245.6 per 1,000 population.

ⁱ Includes day and in-patients.

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

^k Restricted to lengths of stay of more than 30 days.

^l Excludes beds in long stay HIPE hospitals, which are not reported to the DoH&C.

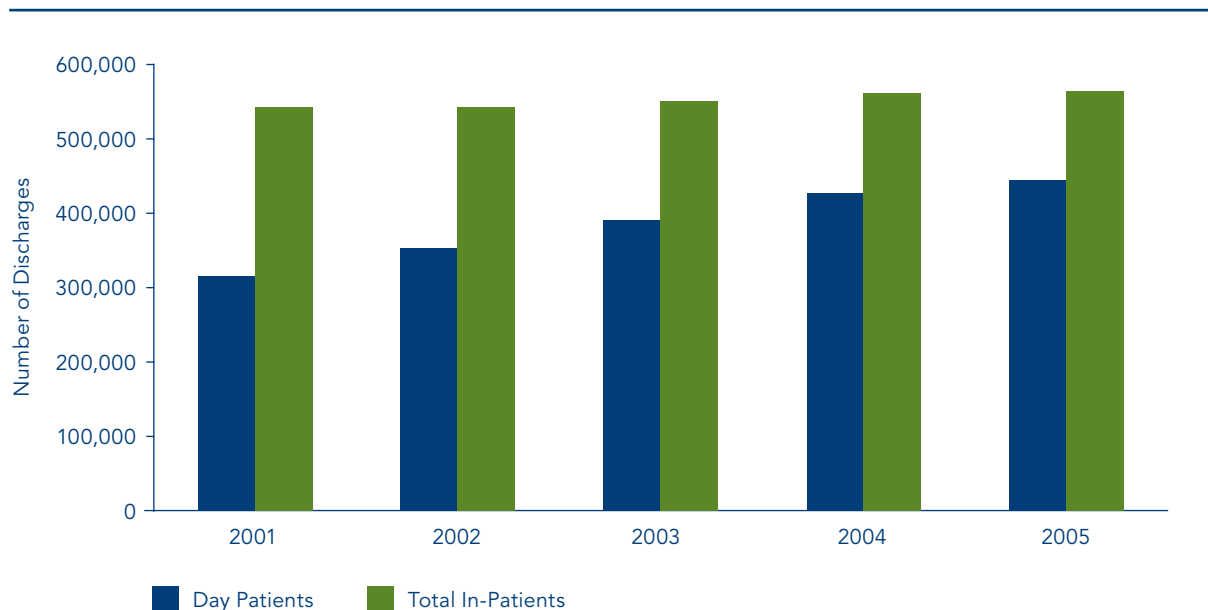
Source: Data on discharges and bed days for 2001 to 2004 were obtained from previous reports (see HIPE and NPRS Unit, 2007, *Activity in Acute Public Hospitals in Ireland, 2004 Annual Report*, Dublin: The Economic and Social Research Institute).

For 2001, 2003 and 2004, population data used in the calculation of rates were obtained from the Public Health Information System (PHIS), which is maintained by the Information Management Unit at the Department of Health and Children. These data for intercensal years are updated as new data on population become available. There may, therefore, be some discrepancies between the population estimates used in earlier HIPE reports and those currently available for these years from the PHIS. For 2002, population data were obtained from *Census 2002* (Central Statistics Office). For 2005, population data were obtained from the Economic and Social Research Institute.

Hospital bed data for all years were obtained from the Department of Health and Children (2008).

FIGURE 1.4

Total Discharges by Patient Type, 2001–2005

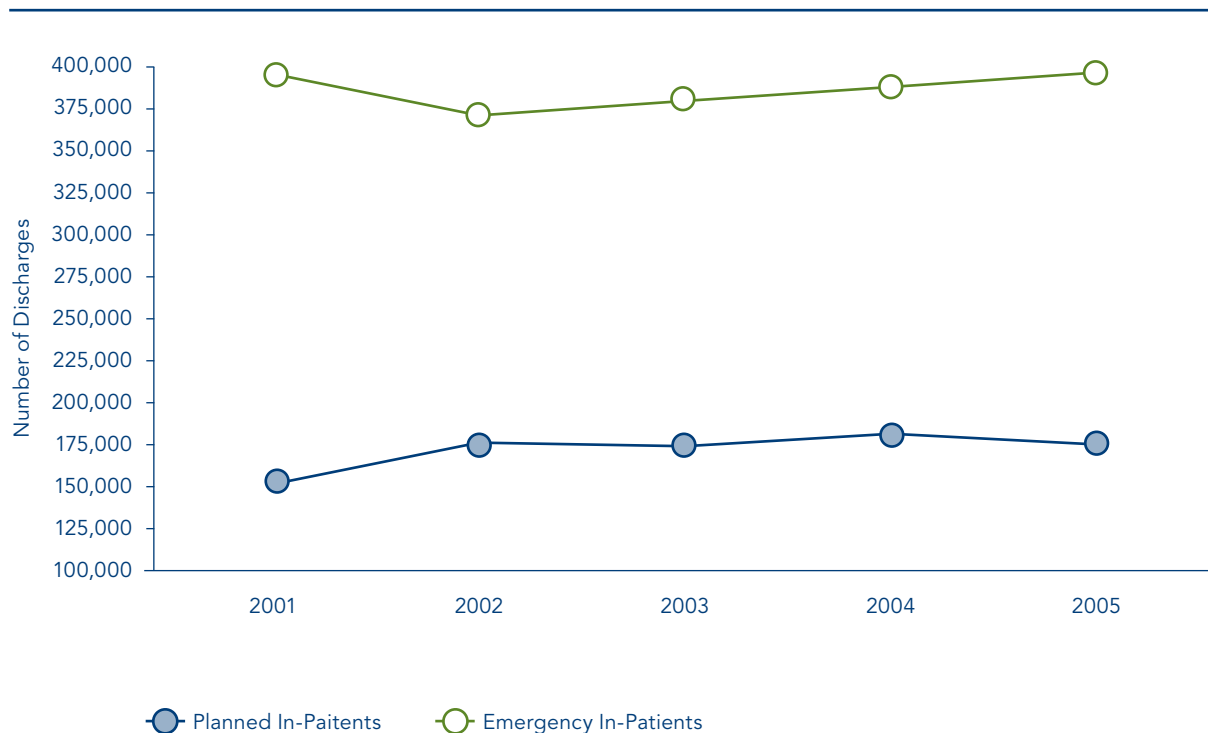


Note: See Appendix I for a list of hospitals that participated in HIPE in 2005.

Source: Data on discharges and bed days for 2001 to 2004 were obtained from previous reports (see HIPE and NPRS Unit, 2007. *Activity in Acute Public Hospitals in Ireland, 2004 Annual Report*, Dublin: The Economic and Social Research Institute).

FIGURE 1.5

Total In-Patient Discharges by Type of In-Patient Admission, 2001–2005

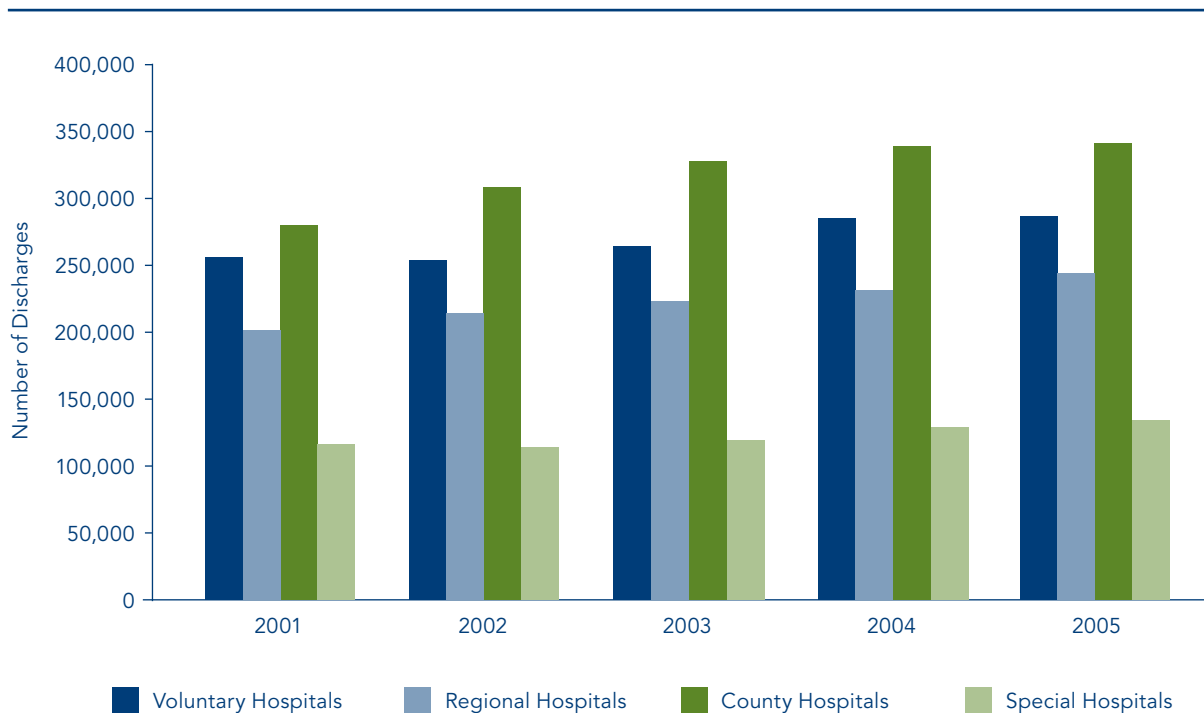


Note: Emergency in-patient admissions include patients who visited the Accident and Emergency Department and were subsequently admitted to hospital. Therefore, emergency admissions do not capture all of those patients who attended the Accident and Emergency Department. For this reason, it is not possible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

Source: As for Figure 1.4.

FIGURE 1.6

Total Discharges by Hospital Type, 2001–2005



Source: As for Figure 1.4.

FIGURE 1.7

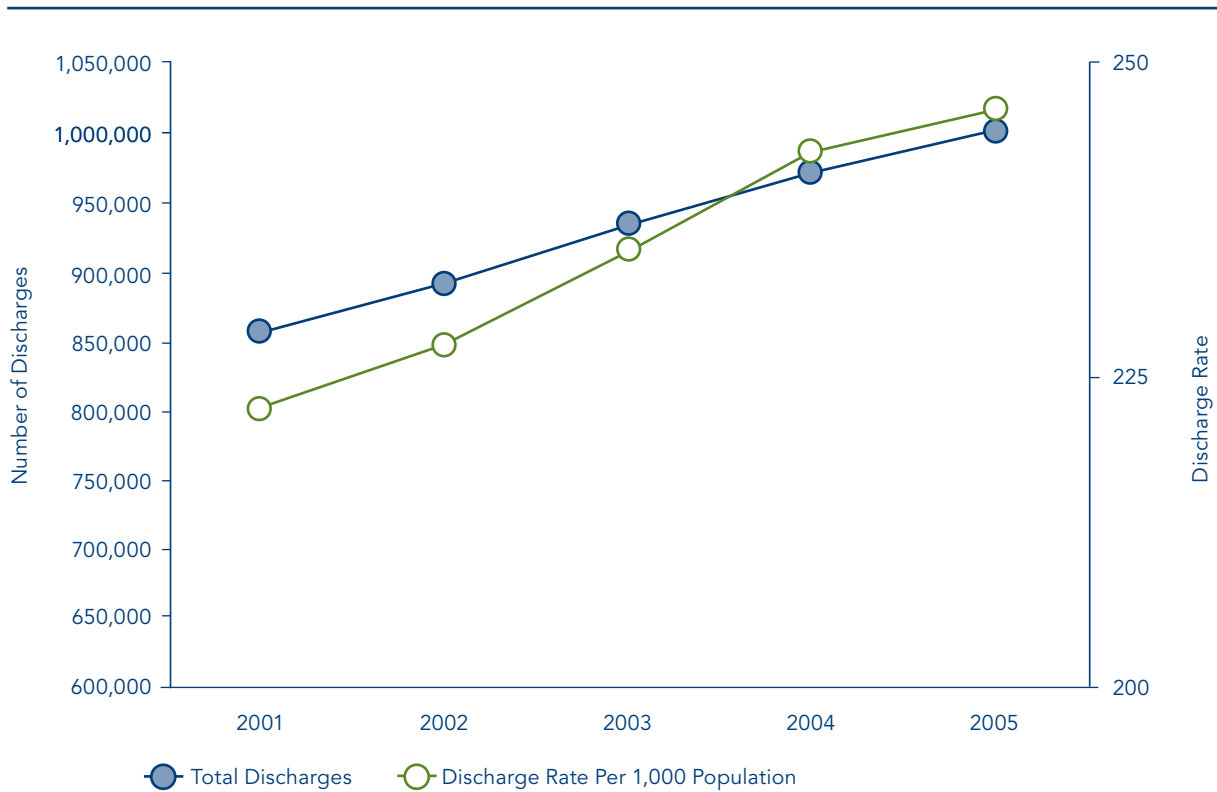
Total Discharges by Age Group, 2001–2005



Source: As for Figure 1.4.

FIGURE 1.8

Total Discharges and Discharge Rate (Per 1,000 Population), 2001–2005

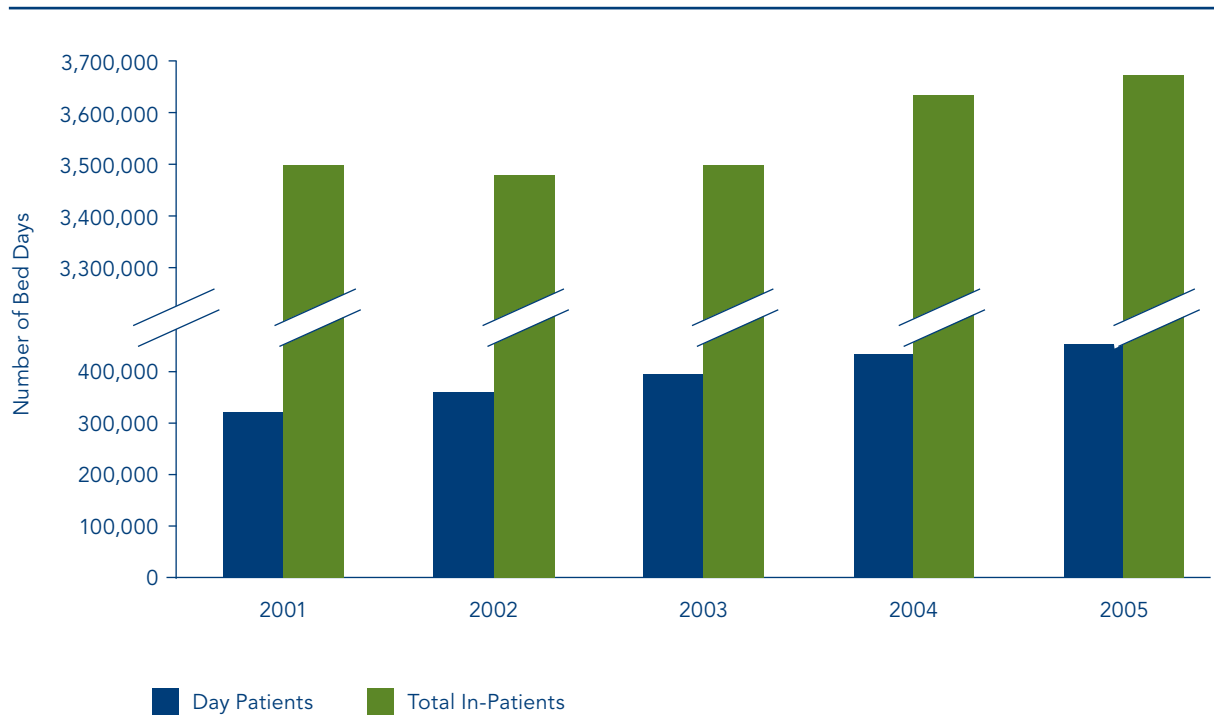


Note: Crude discharge rate is calculated as the ratio of total discharges to the population of Ireland, multiplied by 1,000. When those discharges with no fixed abode and who were living outside Ireland were excluded, the crude discharge rate was 245.6 per 1,000 population in 2005.

Source: For 2001, 2003 and 2004, population data, used in the calculation of discharge rates were obtained from the PHIS, which is maintained by the Information Management Unit at the Department of Health and Children. These data for intercensal years are updated as new data on population become available. There may, therefore, be some discrepancies between the population estimates used in earlier HIPE reports and those currently available for these years from the PHIS. For 2002, population data were obtained from *Census 2002* (Central Statistics Office). For 2005, population data were obtained from the Economic and Social Research Institute. See additional sources under Figure 1.4.

FIGURE 1.9

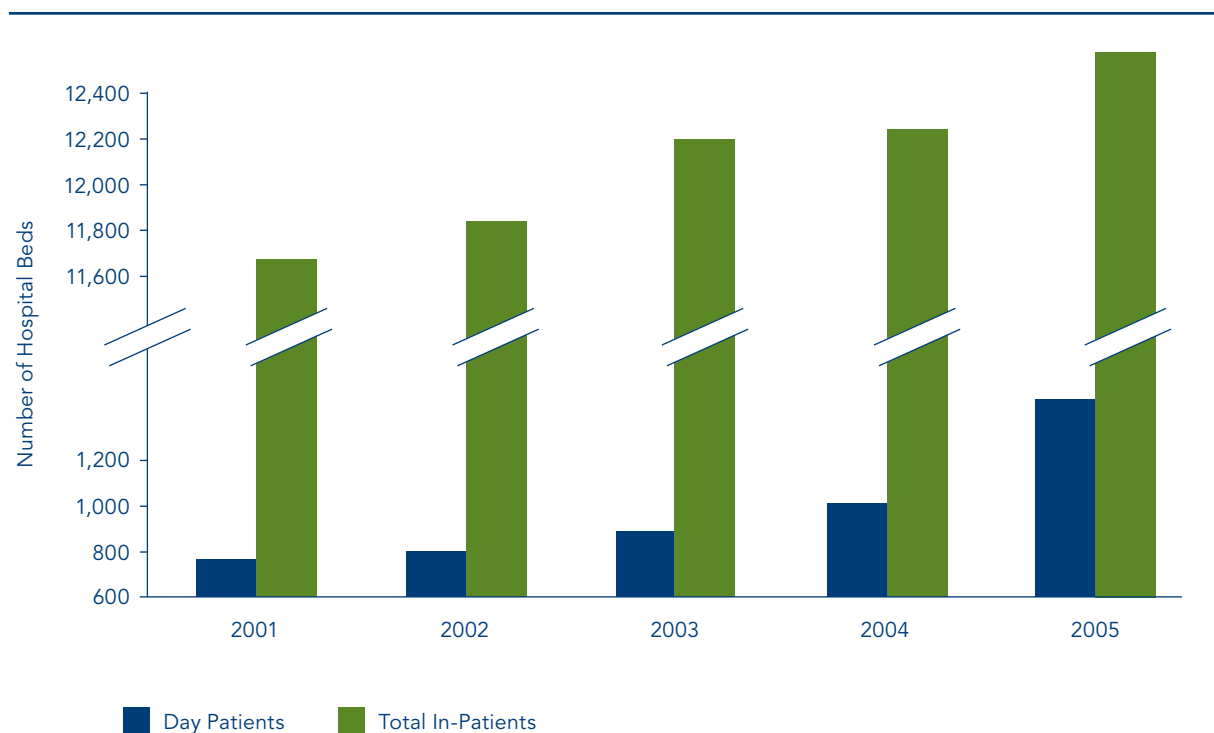
Bed Days by Patient Type, 2001–2005



Source: As for Figure 1.4.

FIGURE 1.10

Number of Beds in HIPE Hospitals by Bed Type, 2001–2005



Note: Excludes beds in long stay hospitals.

Source: Department of Health and Children (2008).

See additional sources under Figure 1.4.



Analysis of Acute
Hospital Activity in 2005

SECTION

TWO

SUMMARY

- In 2005, data on 1,008,498 discharges from acute public hospitals in Ireland were reported to HIPE.

Patient Type

- Total in-patients comprised 56.0 per cent of total discharges and the remainder were day patients.
- Almost two-thirds of total bed days were used by acute (0–30 days) in-patient discharges with the remainder used by extended stay (>30 days) in-patients and day patients.
- The average length of stay for total discharges in 2005 was 4.1 days, while average length of stay for acute in-patient discharges was 4.9 days.

Hospital Type

- General hospitals accounted for the majority (86.7 per cent) of total discharges, with special hospitals accounting for the remainder.
- Among the general hospitals, there were more day patients than in-patients treated in voluntary hospitals, while the reverse was observed for county and regional hospitals.
- Average length of stay for acute in-patients was longer in voluntary hospitals (6.2 days) than in regional and county hospitals (4.8 and 4.6 days, respectively).

Geographical Distribution of Discharges by Areas of Hospitalisation and Residence

- Over 28 per cent of discharges in 2005 were treated in the HSE Dublin Mid Leinster hospitals.
- The HSE Dublin North East hospitals recorded an average length of stay of 5.2 days for acute in-patients, which was 6.1 per cent longer than the national average of 4.9 days for acute in-patients.
- HSE South hospitals had the lowest acute in-patient average length of stay (4.7 days) relative to other HSE areas.

Temporal Variation in Hospital Admission and Discharge Activity

Monthly Pattern of Hospital Admissions

- In 2005, the number of day patient admissions peaked in November. Planned in-patient admissions peaked in August and emergency in-patient admissions peaked in March.

Daily Pattern of Hospital Admissions and Discharges

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

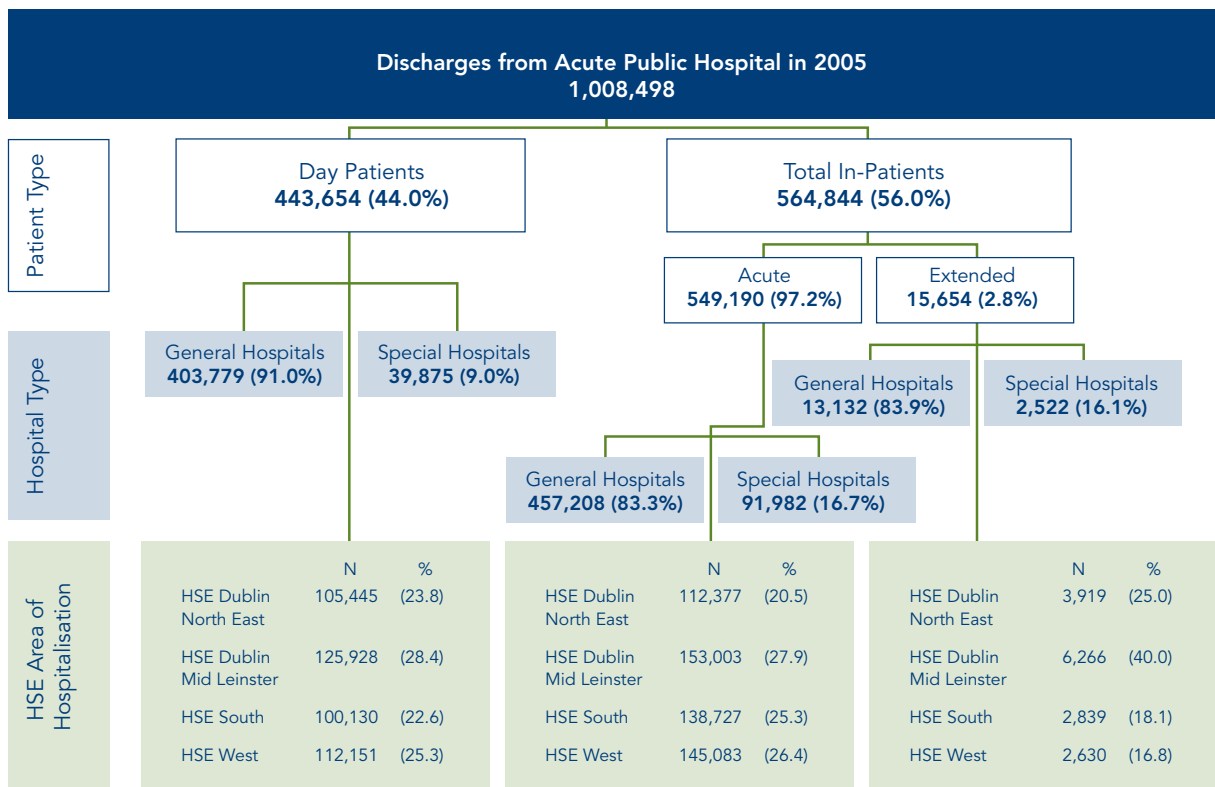
INTRODUCTION

In 2005, 1,008,498 discharges were reported to the Hospital In-Patient Enquiry (HIPE) Scheme by participating acute public hospitals (see Figure 2.1 and Table 2.1). This was equivalent to 246.6 discharges per 1,000 members of the population. The total number of bed days used was in excess of 4,100,000, representing a 1.4 per cent increase from 2004. On average, the length of stay for total discharges was 4.1 days.

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

FIGURE 2.1

Summary of Discharges from Acute Public Hospitals in 2005



PATIENT TYPE

Table 2.1 reports the total number of discharges reported to HIPE by type of patient—day or in-patient. A day patient is admitted to hospital on a planned basis and discharged, as scheduled, on the same day. In 2005, 56.0 per cent of total discharges were in-patients and the remainder were day patients. This relatively greater volume of in-patient activity was apparent in the higher discharge rate for this group (138.1 per 1,000 for total in-patients compared to 108.5 per 1,000 for day patients). Although day patients accounted for 44.0 per cent of total discharges, this group used only 10.8 per cent of total bed days. In contrast, in-patients accounted for proportionately more bed days (89.2 per cent of total bed days).

In-patient discharges are further divided into acute and extended stay discharges in Table 2.1. Acute in-patient discharges are defined as those with a length of stay of 30 days or less, while extended stay in-patient discharges have a length of stay in excess of 30 days. Of the in-patient discharges reported to HIPE in 2005, the majority were acute (97.2 per cent). Acute in-patients amounted to 54.5 per cent of total discharges and 65.2 per cent of total bed days. While only 1.6 per cent of total discharges were extended stay in-patients, this group used a disproportionate share of total bed days (24.0 per cent of total bed days). On average, acute in-patients remained in hospital for 4.9 days, while the length of stay for total (acute and extended stay) in-patients was longer at 6.5 days.

TABLE 2.1

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

	Total Discharges			Total Bed Days			Average Length of Stay
	N	%	Rate	N	%	Rate	
Day Patients	443,654	44.0	108.5	443,654	10.8	108.5	-
In-Patients							
Acute (0–30 days)	549,190	54.5	134.3	2,673,811	65.2	653.7	4.9
Extended (>30 days)	15,654	1.6	3.8	985,841	24.0	241.0	63.0
Total In-Patients	564,844	56.0	138.1	3,659,652	89.2	894.7	6.5
Total (Day and In-Patients)	1,008,498	100	246.6	4,103,306	100	1,003.2	4.1^a

Note: ^a Includes day and in-patients.

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

HOSPITAL TYPE

Discharges are disaggregated by type of patient and hospital in Table 2.2. General hospitals treated the largest volume of total discharges (86.7 per cent), while the remainder were discharged from hospitals specialising in the treatment of particular conditions (hereafter referred to as special hospitals). The distribution of discharges between general and special hospitals varied slightly by patient type. General hospitals discharged 91.0 per cent of day patients and 83.3 per cent of total in-patients. Figure 2.2 shows that a higher proportion of day patients were discharged from general hospitals compared with special hospitals. There were also some differences between acute and extended stay in-patients. The proportion of acute in-patients discharged from general hospitals was slightly smaller than that for extended stay in-patients (83.3 per cent for acute in-patients and 83.9 per cent for extended stay in-patients).

General hospitals comprise voluntary, regional and county hospitals. In 2005, county hospitals were the single largest category of general hospital, accounting for 33.9 per cent of total discharges. The proportion of total discharges treated in voluntary hospitals was 28.5 per cent and 24.3 per cent in regional hospitals. Within the general hospital group, there were disparities in the types of patients discharged (see Figure 2.3). For instance in voluntary hospitals, the number of day patients exceeded the number of total in-patients, while the reverse was true for county and regional hospitals. Furthermore, voluntary hospitals recorded the largest volume of day patients with 38.4 per cent of day patient discharges compared to 25.9 per cent for county hospitals and 26.7 per cent for regional hospitals. The number of acute in-patient discharges from county hospitals was over twice that from voluntary hospitals. Voluntary hospitals recorded the largest share of extended stay in-patients (39.9 per cent) compared to county (26.0 per cent) and regional (18.0 per cent) hospitals.

Among the group of special hospitals, maternity hospitals recorded the largest number of total discharges and acute in-patients (see Figure 2.4). Cancer hospitals were the only category of special hospitals for which the number of day patients exceeded the number of total in-patients. Paediatric hospitals recorded the highest number of day patients, while extended stay in-patient discharges were largest in cancer hospitals.

TABLE 2.2
Discharges and Discharge Rates (Per 1,000 Population) by Patient Type and Hospital Type

	Day Patients			In-Patients						Total Discharges					
	Acute (0–30 days)			Extended (>30 days)			Total In-Patients			Total Discharges					
	N	%	Rate	N	%	Rate	N	%	Rate	N	%	Rate			
General Hospitals															
Voluntary	170,523	38.4	41.7	110,550	20.1	27.0	6,246	39.9	1.5	116,796	20.7	28.6	287,319	28.5	70.2
Regional	118,360	26.7	28.9	123,427	22.5	30.2	2,821	18.0	0.7	126,248	22.4	30.9	244,608	24.3	59.8
County	114,896	25.9	28.1	223,231	40.6	54.6	4,065	26.0	1.0	227,296	40.2	55.6	342,192	33.9	83.7
Total (General)	403,779	91.0	98.7	457,208	83.3	111.8	13,132	83.9	3.2	470,340	83.3	115.0	874,119	86.7	213.7
Special Hospitals															
Cancer	4,232	1.0	1.0	1,090	0.2	0.3	884	5.6	0.2	1,974	0.3	0.5	6,206	0.6	1.5
Eye, Ear, Nose and Throat	3,479	0.8	0.9	3,907	0.7	1.0	8	0.1	0.0	3,915	0.7	1.0	7,394	0.7	1.8
Infectious Disease	0	0.0	0.0	342	0.1	0.1	61	0.4	0.0	403	0.1	0.1	403	0.0	0.1
Long Stay	~	0.0	0.0	1,019	0.2	0.2	143	0.9	0.0	1,162	0.2	0.3	1,163	0.1	0.3
Maternity	5,627	1.3	1.4	57,269	10.4	14.0	368	2.4	0.1	57,637	10.2	14.1	63,264	6.3	15.5
Orthopaedic	9,967	2.2	2.4	9,737	1.8	2.4	799	5.1	0.2	10,536	1.9	2.6	20,503	2.0	5.0
Paediatric	16,569	3.7	4.1	18,618	3.4	4.6	259	1.7	0.1	18,877	3.3	4.6	35,446	3.5	8.7
Total (Special)	39,875	9.0	9.7	91,982	16.7	22.5	2,522	16.1	0.6	94,504	16.7	23.1	134,379	13.3	32.9
Total (All Hospital Types)	443,654	100	108.5	549,190	100	134.3	15,654	100	3.8	564,844	100	138.1	1,008,498	100	246.6

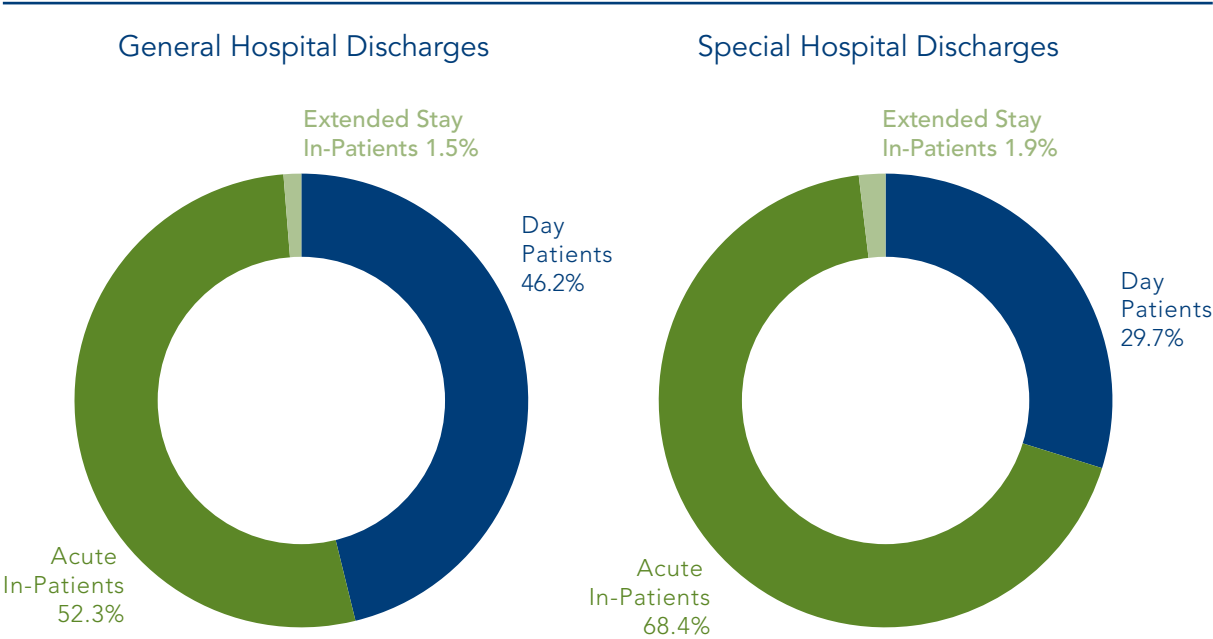
Notes: ~ denotes five or less discharges reported to HIPE.

See Appendix I for a list of hospitals that participated in HIPE in 2005.

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

FIGURE 2.2

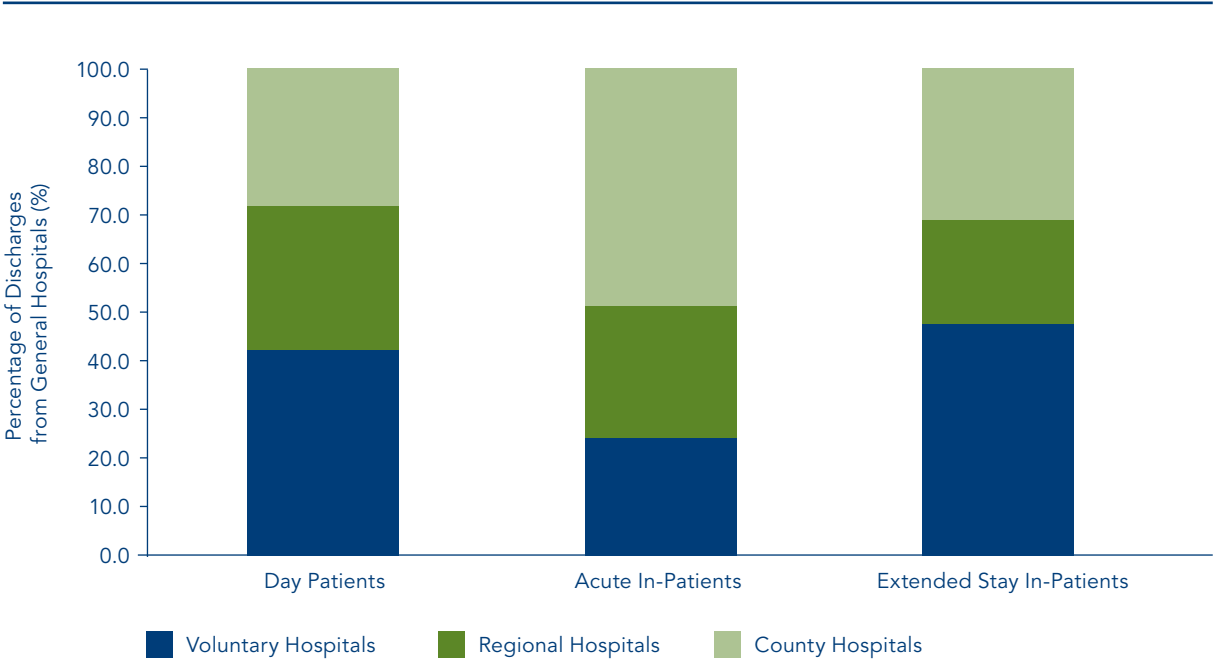
Total Discharges by Patient Type and Hospital Type



Notes: For the purposes of Figure 2.2, percentages were calculated using discharges from general and special hospitals as the denominator. See Appendix I for a list of hospitals that participated in HIPE in 2005.

FIGURE 2.3

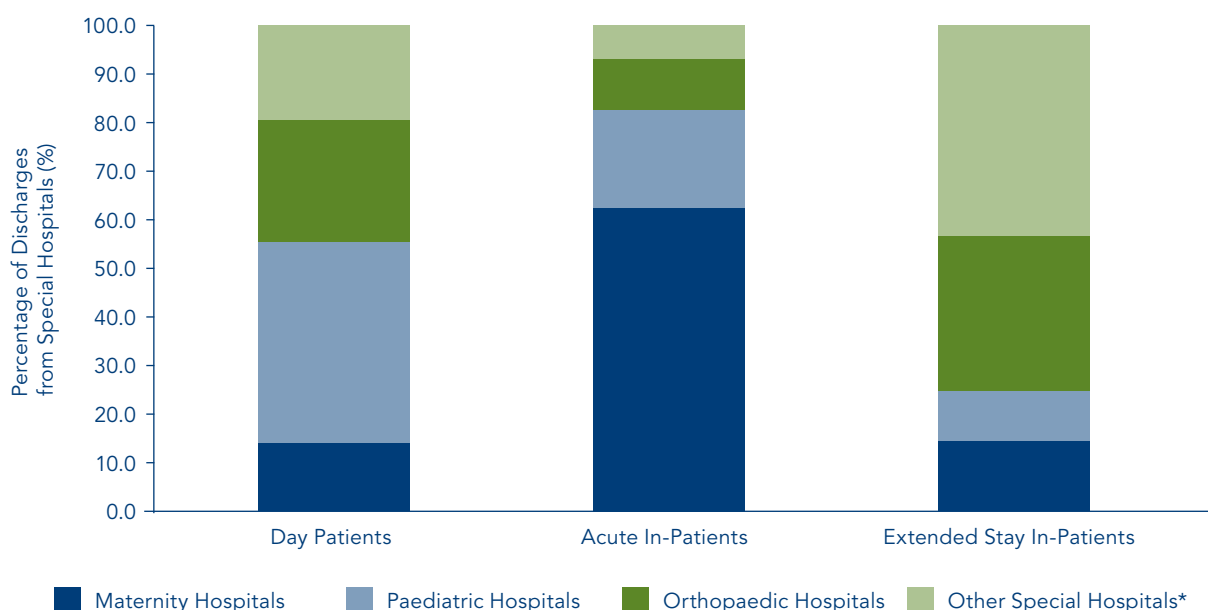
Percentage of Total Discharges from General Hospitals by Patient Type



Notes: For the purposes of Figure 2.3, percentages were calculated using discharges from general hospitals as the denominator. See Appendix I for a list of hospitals that participated in HIPE in 2005.

FIGURE 2.4

Percentage of Total Discharges from Special Hospitals by Patient Type



Notes: For the purposes of Figure 2.4, percentages were calculated using discharges from special hospitals as the denominator.

* Other special hospitals include 'cancer', 'eye, ear, nose and throat', 'infectious disease' and 'long stay' hospitals.

See Appendix I for a list of hospitals that participated in HIPE in 2005.

As with discharges in Table 2.2, bed days are disaggregated by patient and hospital type in Table 2.3. The distribution of total bed days between general and special hospitals was similar to the pattern identified for total discharges in Table 2.2. Discharges from general hospitals used 86.4 per cent of total bed days compared to 13.6 per cent by discharges from special hospitals. The distribution of bed days within general and special hospitals by patient type was comparable to that for discharges (see Figure 2.5). Of the bed days used by acute in-patients, 86.0 per cent were accounted for by general hospitals, while the equivalent proportion for extended stay in-patients was lower (85.2 per cent).

Within the group of general hospitals, discharges from voluntary hospitals accounted for 28.5 per cent of total discharges, but a higher proportion of total bed days (32.0 per cent). In contrast, the share of total bed days for county and regional hospitals was less than their respective shares of total discharges. County hospitals accounted for 33.9 per cent of total discharges and 33.5 per cent of total bed days, and regional hospitals accounted for 24.3 per cent of total discharges and 20.9 per cent of total bed days. This pattern of a higher proportion of bed days at voluntary hospitals and a higher proportion of discharges at regional and county hospitals was also seen in acute, extended stay and total in-patient discharges.

Of the special hospitals, maternity hospitals not only accounted for the highest number of total discharges but also the highest number of acute in-patient and total bed days. Although cancer hospitals recorded the highest number of extended stay in-patient discharges, the largest number of bed days for extended stay in-patients was used by orthopaedic hospitals.

TABLE 2.3

Bed Days by Patient Type and Hospital Type

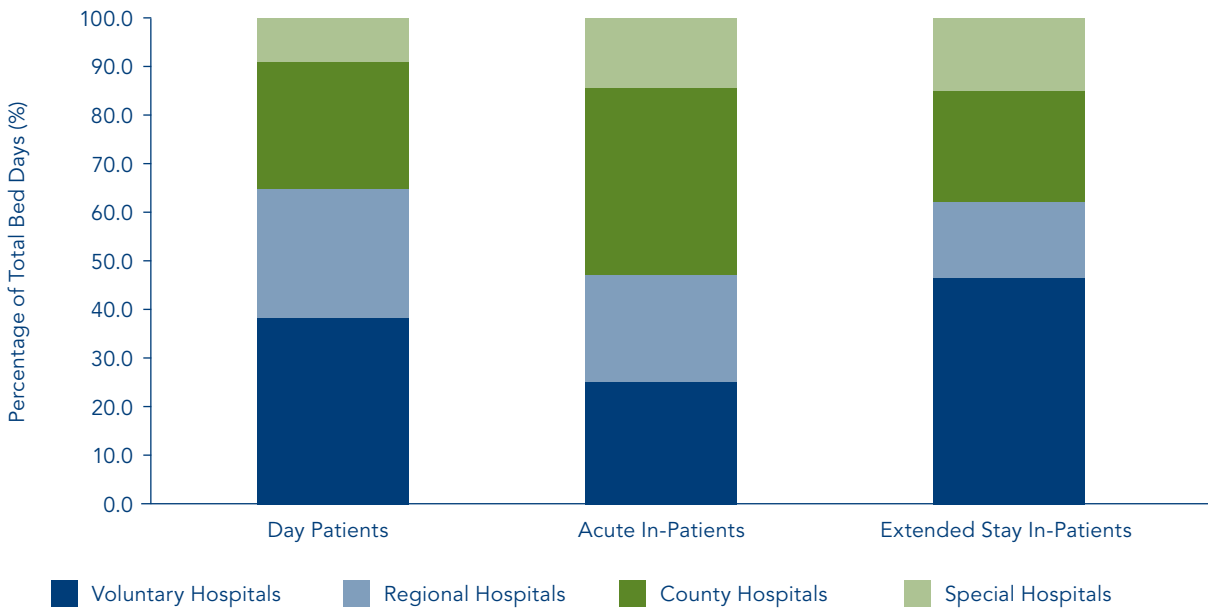
	Day Patient Bed Days		In-Patient Bed Days						Total Bed Days	
			Acute (0–30 days)		Extended (>30 days)		Total In-Patients			
	N	%	N	%	N	%	N	%	N	%
General Hospitals										
Voluntary	170,523	38.4	680,078	25.4	461,105	46.8	1,141,183	20.7	1,311,706	32.0
Regional	118,360	26.7	587,615	22.0	152,509	15.5	740,124	22.4	858,484	20.9
County	114,896	25.9	1,032,484	38.6	226,099	22.9	1,258,583	40.2	1,373,479	33.5
Total (General)	403,779	91.0	2,300,177	86.0	839,713	85.2	3,139,890	83.3	3,543,669	86.4
Special Hospitals										
Cancer	4,232	1.0	11,776	0.4	39,376	4.0	51,152	0.3	55,384	1.3
Eye, Ear, Nose and Throat	3,479	0.8	12,471	0.5	348	0.0	12,819	0.7	16,298	0.4
Infectious Disease	0	0.0	4,082	0.2	5,533	0.6	9,615	0.1	9,615	0.2
Long Stay	~	~	13,647	0.5	9,652	1.0	23,299	0.2	23,300	0.6
Maternity	5,627	1.3	182,219	6.8	19,086	1.9	201,305	10.2	206,932	5.0
Orthopaedic	9,967	2.2	81,343	3.0	55,459	5.6	136,802	1.9	146,769	3.6
Paediatric	16,569	3.7	68,096	2.5	16,674	1.7	84,770	3.3	101,339	2.5
Total (Special)	39,875	9.0	373,634	14.0	146,128	14.8	519,762	16.7	559,637	13.6
Total (All Hospital Types)	443,654	100	2,673,811	100	985,841	100	3,659,652	100	4,103,306	100

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

See Appendix I for a list of hospitals that participated in HIPE in 2005.

FIGURE 2.5

Percentage of Total Bed Days by Patient Type and Hospital Type



Note: See Appendix I for a list of hospitals that participated in HIPE in 2005.

Average length of stay for in-patients and total discharges by hospital type is reported in Table 2.4. For total discharges, the average length of stay in special hospitals was marginally longer than that for general hospitals (4.2 days for special hospitals and 4.1 days for general hospitals). The average length of stay for both acute and total in-patients was shorter in special hospitals (4.1 days for acute in-patients and 5.5 days for total in-patients in special hospitals, and 5.0 days for acute in-patients and 6.7 days for total in-patients in general hospitals). The average length of stay for extended stay in-patients was 6.0 days longer in general hospitals compared to special hospitals (63.9 days for general hospitals and 57.9 days for special hospitals). As shown in Figure 2.6, in-patient and total discharges from voluntary hospitals had a consistently longer average length of stay compared to the other two types of general hospitals. Infectious disease hospitals recorded the longest average duration of hospitalisation of the special hospitals.

TABLE 2.4

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

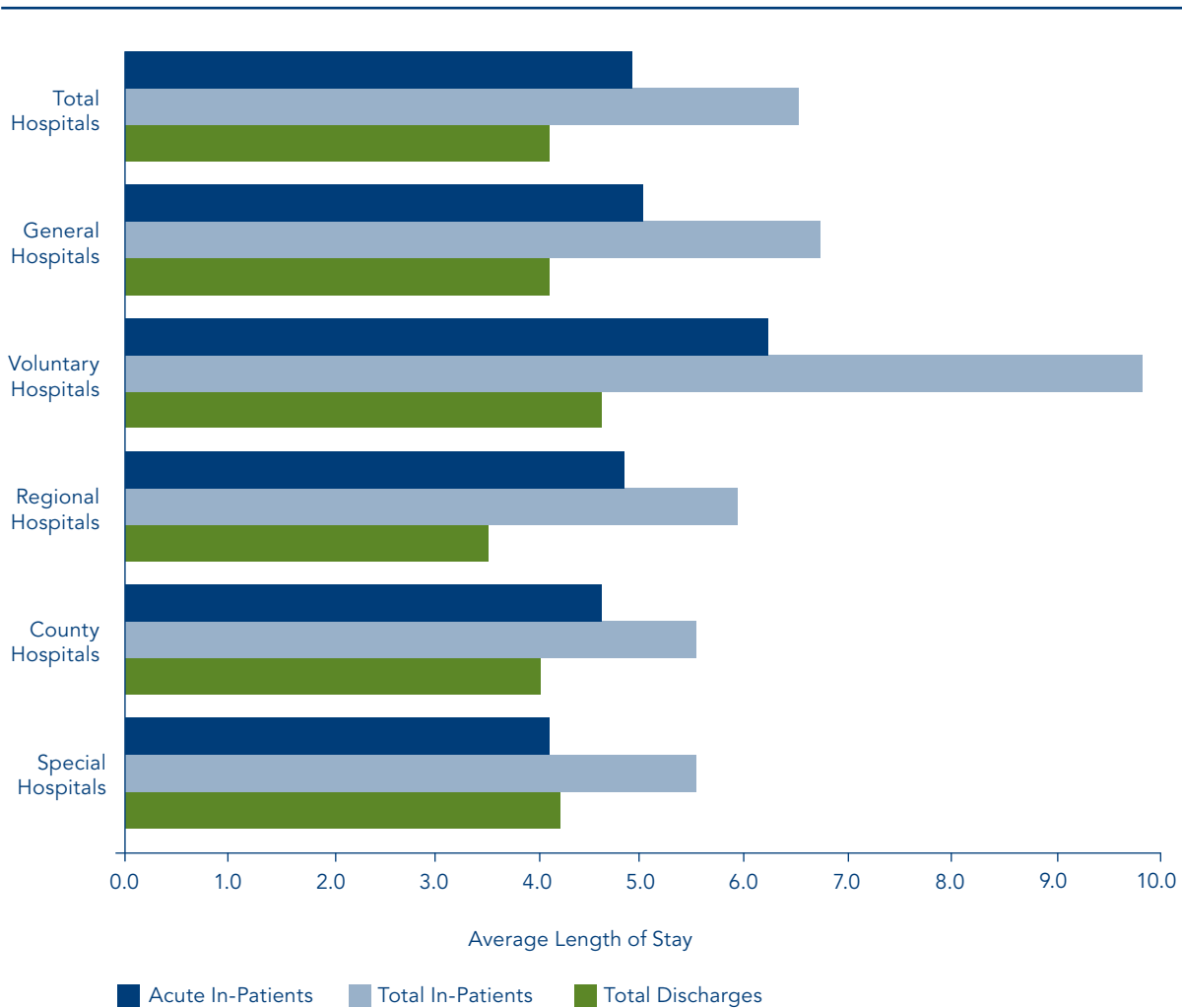
	In-Patients			Total Discharges ^a
	Acute (0–30 days)	Extended (>30 days)	Total In-Patients	
General Hospitals				
Voluntary	6.2	73.8	9.8	4.6
Regional	4.8	54.1	5.9	3.5
County	4.6	55.6	5.5	4.0
Total (General)	5.0	63.9	6.7	4.1
Special Hospitals				
Cancer	10.8	44.5	25.9	8.9
Eye, Ear, Nose and Throat	3.2	43.5	3.3	2.2
Infectious Disease	11.9	90.7	23.9	23.9
Long Stay	13.4	67.5	20.1	20.0
Maternity	3.2	51.9	3.5	3.3
Orthopaedic	8.4	69.4	13.0	7.2
Paediatric	3.7	64.4	4.5	2.9
Total (Special)	4.1	57.9	5.5	4.2
Total (All Hospital Types)	4.9	63.0	6.5	4.1

Notes: See Appendix I for a list of hospitals that participated in HIPE in 2005.

^a Includes day and in-patients.

FIGURE 2.6

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



Notes: See Appendix I for a list of hospitals that participated in HIPE in 2005.

Extended stay in-patients were not graphed due to their long average length of stay (see Table 2.4).

Total discharges include day and in-patients.

Beds in HIPE hospitals are presented in Table 2.5 by bed and hospital type. In 2005, there were 13,623 beds in hospitals that participated in HIPE (excluding long stay hospitals). Of these, 1,244 beds were allocated for the treatment of day patients and the remaining beds were assigned to in-patients (see Figure 2.7). This represents a 9.6 per cent increase in the number of day patient beds since 2004. Overall, more than eight out of every ten hospital beds were located in general hospitals. This was also the case for day and in-patient beds. More than one-third of all hospital beds were in county hospitals.

TABLE 2.5

Beds in HIPE Hospitals by Bed Type and Hospital Type

	Day Patient Beds		In-Patient Beds		Total Hospital Beds	
	N	%	N	%	N	%
General Hospitals						
Voluntary	392	31.5	3,637	29.4	4,029	29.6
Regional	324	26.0	2,519	20.4	2,843	20.9
County	358	28.8	4,269	34.5	4,627	34.0
Total (General)	1,074	86.3	10,425	84.2	11,499	84.4
Special Hospitals^a						
Cancer	20	1.6	175	1.4	195	1.4
Eye, Ear, Nose and Throat	19	1.5	53	0.4	72	0.5
Infectious Disease	0	0.0	59	0.5	59	0.4
Maternity	59	4.7	783	6.3	842	6.2
Orthopaedic	23	1.8	547	4.4	570	4.2
Paediatric	49	3.9	337	2.7	386	2.8
Total (Special)	170	13.7	1,954	15.8	2,124	15.6
Total (All Hospital Types)	1,244	100	12,379	100	13,623	100

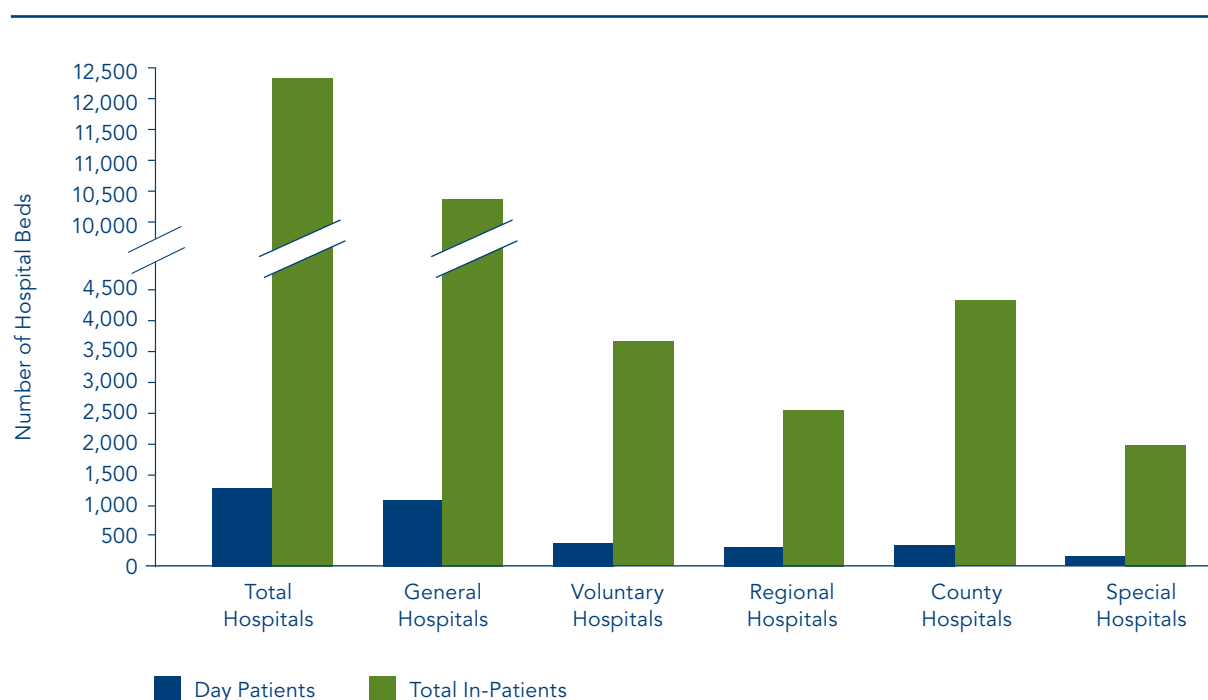
Notes: See Appendix I for a list of hospitals that participated in HIPE in 2005.

^a Excludes beds in long stay hospitals, which are not reported by the DoH&C.

Source: Department of Health and Children (2008)

FIGURE 2.7

Beds in HIPE Hospitals by Bed Type and Hospital Type



Notes: See Appendix I for a list of hospitals that participated in HIPE in 2005.

Beds in long stay hospitals are not reported by the DoH&C.

Source: Department of Health and Children (2008)

GEOGRAPHICAL DISTRIBUTION OF DISCHARGES BY HSE AREAS OF HOSPITALISATION AND RESIDENCE

HSE Area of Hospitalisation

The distribution of discharges by the HSE area of hospitalisation is presented in Table 2.6. Following the introduction of the four HSE administrative areas, close to one-quarter of discharges were treated in each of the four areas. Of the total discharges reported to HIPE in 2005, 28.3 per cent were treated in HSE Dublin Mid Leinster. Irrespective of patient type the HSE Dublin Mid Leinster area treated the highest number of discharges with, specifically, higher proportions of extended stay in-patients hospitalised in this area (see Figure 2.8). Over 28 per cent of day patients were discharged from hospitals in the HSE Dublin Mid Leinster area, while 40.0 per cent of extended stay in-patients received treatment in this area. The HSE South and HSE West areas both treated a higher proportion of acute in-patient discharges than extended stay in-patient discharges.

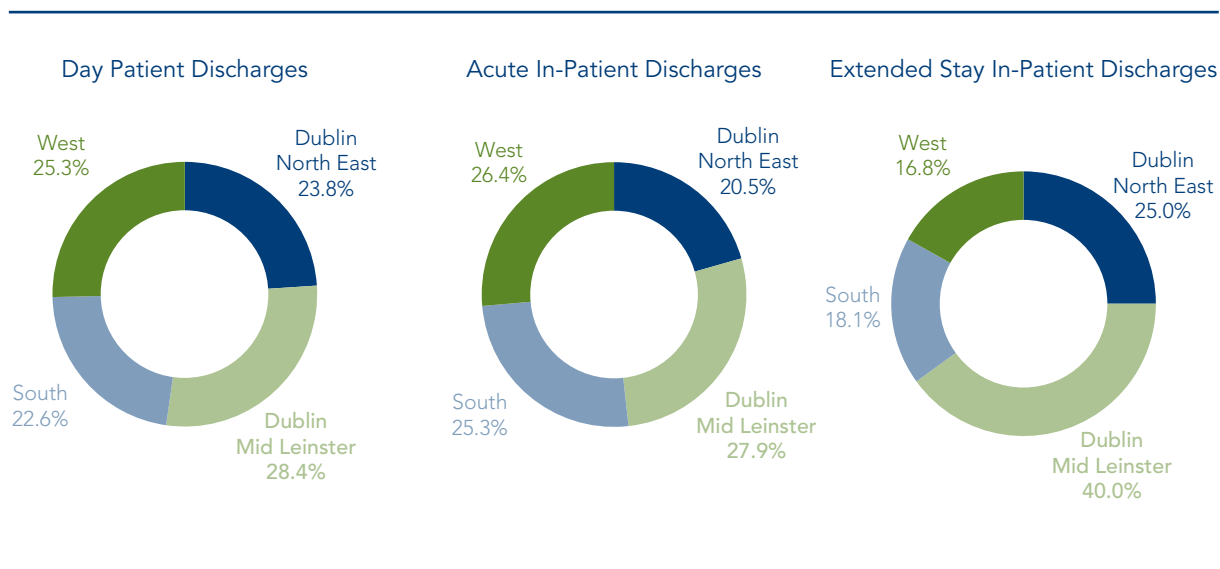
TABLE 2.6

Discharges by Patient Type and HSE Area of Hospitalisation

	Day Patients		In-Patients						Total Discharges	
	N	%	Acute (0–30 days)		Extended (>30 days)		Total In-Patients		N	%
			N	%	N	%	N	%		
HSE Dublin North East	105,445	23.8	112,377	20.5	3,919	25.0	116,296	20.6	221,741	22.0
HSE Dublin Mid Leinster	125,928	28.4	153,003	27.9	6,266	40.0	159,269	28.2	285,197	28.3
HSE South	100,130	22.6	138,727	25.3	2,839	18.1	141,566	25.1	241,696	24.0
HSE West	112,151	25.3	145,083	26.4	2,630	16.8	147,713	26.2	259,864	25.8
Total	443,654	100	549,190	100	15,654	100	564,844	100	1,008,498	100

FIGURE 2.8

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



The distribution of bed days by HSE area of hospitalisation and patient type is reported in Table 2.7. As reported for discharges in Table 2.6, the HSE Dublin Mid Leinster area recorded the highest number of total bed days, over 1.29 million, in 2005. The HSE South and HSE West areas accounted for 22.2 per cent and 22.9 per cent of total bed days respectively. Over 27 per cent of acute in-patient bed days and more than four in every ten extended stay in-patient bed days were reported for the HSE Dublin Mid Leinster area. Bed days for acute in-patients reported for the HSE Dublin Mid Leinster area was over 1.5 times that reported for extended stay in-patients in the area (see Figure 2.9).

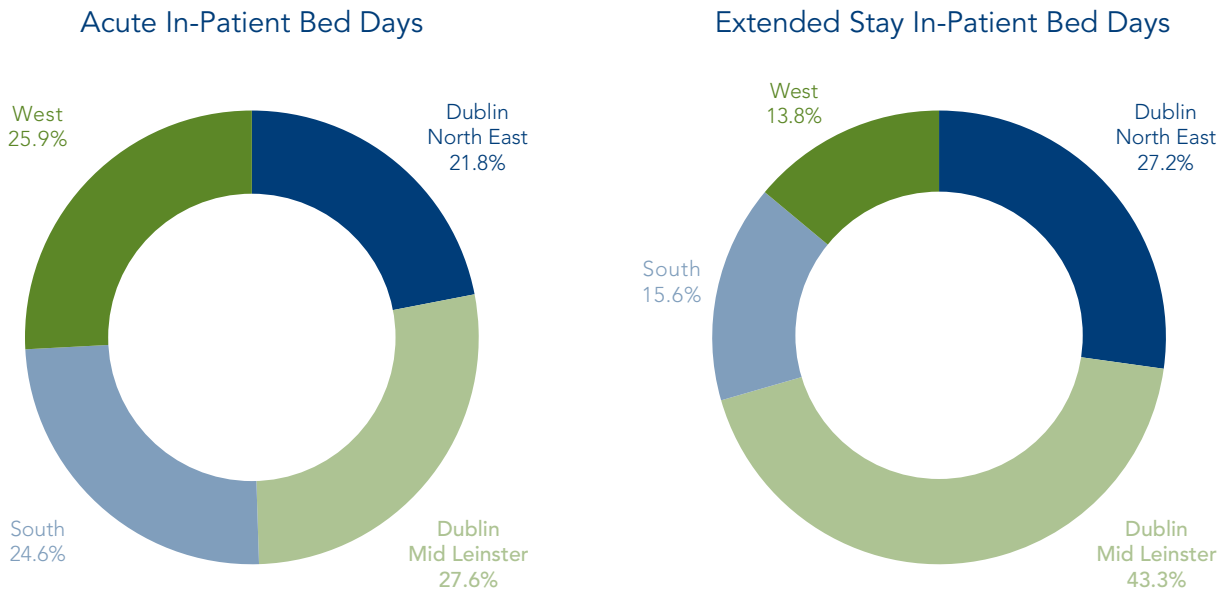
TABLE 2.7

Bed Days by Patient Type and HSE Area of Hospitalisation

	Day Patient Bed Days		In-Patient Bed Days						Total Bed Days	
			Acute (0–30 days)		Extended (>30 days)		Total In-Patients			
	N	%	N	%	N	%	N	%	N	%
HSE Dublin North East	105,445	23.8	584,146	21.8	268,345	27.2	852,491	23.3	957,936	23.3
HSE Dublin Mid Leinster	125,928	28.4	738,038	27.6	427,269	43.3	1,165,307	31.8	1,291,235	31.5
HSE South	100,130	22.6	658,673	24.6	154,040	15.6	812,713	22.2	912,843	22.2
HSE West	112,151	25.3	692,954	25.9	136,187	13.8	829,141	22.7	941,292	22.9
Total	443,654	100	2,673,811	100	985,841	100	3,659,652	100	4,103,306	100

FIGURE 2.9

Percentage of Total Bed Days by Patient Type and HSE Area of Hospitalisation



As shown in Tables 2.6 and 2.7, the proportion of total bed days (31.5 per cent) used by hospitals in the HSE Dublin Mid Leinster area was larger than the proportion of total discharges (28.3 per cent) treated in that area. Table 2.8 shows that the average length of stay recorded for all discharges from hospitals in the HSE Dublin Mid Leinster area was longer than that for hospitals across all HSE areas, at 4.5 days and 4.1 respectively. Average length of stay for discharges from hospitals in HSE South and HSE West was less than 4 days (3.8 and 3.6 days respectively).

As shown in Figure 2.10, the average duration of hospitalisation for acute in-patients was 4.9 days for discharges from all hospitals. This was highest in hospitals in the HSE Dublin North East area at 5.2 days and lowest in the HSE South area at 4.7 days. For extended stay in-patients, regional variation in duration of hospitalisation was more apparent. In the HSE Dublin North East and HSE Dublin Mid Leinster areas the average length of stay for extended stay in-patients was over 68 days, at 68.5 and 68.2 days respectively. In the HSE South and HSE West areas the average length of stay for this group was 54.3 and 51.8 days respectively.

TABLE 2.8

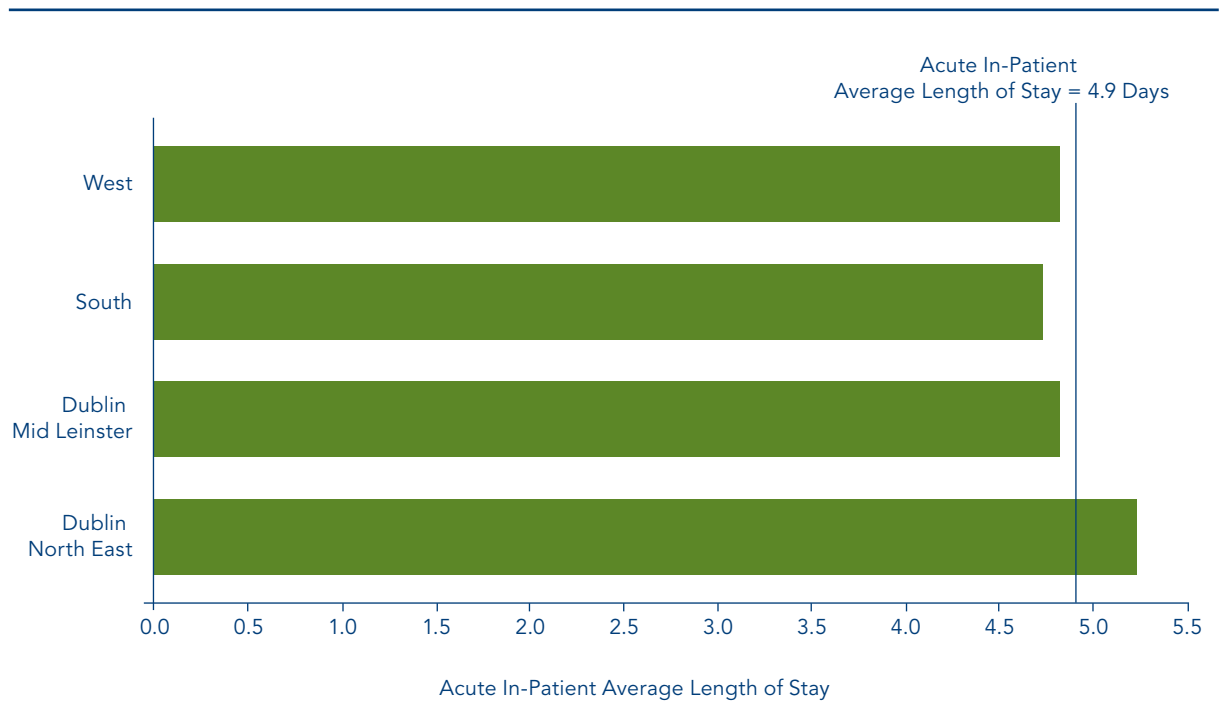
Average Length of Stay (Days) by Patient Type and HSE Area of Hospitalisation

	In-Patients			Total Discharges ^a
	Acute (0-30 days)	Extended (>30 days)	Total In-Patients	
HSE Dublin North East	5.2	68.5	7.3	4.3
HSE Dublin Mid Leinster	4.8	68.2	7.3	4.5
HSE South	4.7	54.3	5.7	3.8
HSE West	4.8	51.8	5.6	3.6
Total	4.9	63.0	6.5	4.1

Note: ^a Includes day and in-patients.

FIGURE 2.10

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



HSE Area of Residence

As discussed earlier, Table 2.6 shows the distribution of discharges by HSE area of hospitalisation, and Table 2.9 focuses on discharges by HSE area of residence. While over 28 per cent of total discharges were treated in hospitals in the HSE Dublin Mid Leinster area, a smaller proportion of total discharges (26.0 per cent) were resident in this area. A smaller proportion of day patients and acute and extended stay in-patients were resident in the HSE Dublin Mid Leinster area than were hospitalised in the area. Residents in the HSE Dublin Mid Leinster area accounted for almost one-third of extended stay in-patients. Similar proportions of day patients, acute and extended stay in-patients and total discharges were resident in the HSE Dublin North East area as were hospitalised in this area.

The numbers of discharges have been adjusted for the size of the population in each of the HSE areas reported in Table 2.9 to produce discharge rates. There was notable variation in the discharge rates across the four areas (see Figures 2.11 to 2.15). For every 1,000 members of the HSE Dublin Mid Leinster area population there were 222.2 total discharges in 2005, which was the lowest of all the health areas. In contrast, in the HSE West area there were 280.8 total discharges for every 1,000 members of the population, which equated to almost 59 more discharges per 1,000 compared to the HSE Dublin Mid Leinster area (see Figure 2.15).

The HSE West area also recorded the highest discharge rate for day patients, with 123.1 day patient discharges per 1,000 members of the population. This discharge rate was more than 27.7 per cent higher than that for the HSE Dublin Mid Leinster area, which also recorded the lowest discharge rate for day patients (96.4 per 1,000).

Compared to other HSE areas, the population of the HSE West area were more likely to be discharged from hospital as acute in-patients than those resident in the other HSE areas. The acute in-patient discharge rate for HSE West was 154.2 per 1,000 compared to the overall acute in-patient discharge rate of 133.4 per 1,000 across all HSE areas. The highest number of total in-patient discharges per 1,000 members of the population was also recorded by HSE West (157.7 per 1,000). The discharge rate for extended stay in-patient discharges was highest in the HSE Dublin Mid Leinster area (4.3 per 1,000).

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

TABLE 2.9

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

	Day Patients			In-Patients						Total Discharges					
	N	%	Rate	Acute (0–30 days)			Extended (>30 days)			Total In-Patients					
				N	%	Rate	N	%	Rate	N	%	Rate			
HSE Dublin North East	103,584	23.4	115.9	111,071	20.4	124.3	3,686	23.6	4.1	114,757	20.4	128.4	218,341	21.7	244.3
HSE Dublin Mid Leinster	113,345	25.6	96.4	142,897	26.2	121.5	5,102	32.7	4.3	147,999	26.4	125.9	261,344	26.0	222.2
HSE South	105,969	23.9	101.6	141,060	25.8	135.3	3,340	21.4	3.2	144,400	25.7	138.5	250,369	24.9	240.1
HSE West	120,358	27.2	123.1	150,710	27.6	154.2	3,480	22.3	3.6	154,190	27.5	157.7	274,548	27.3	280.8
Total	443,256	100	108.4	545,738	100	133.4	15,608	100	3.8	561,346	100	137.2	1,004,602	100	245.6^b

Notes: ^a Caution should be exercised in interpreting the information, particularly the rates, as it pertains only to the population resident in each HSE area, and does not, therefore, take into account flows of discharges across areas.

^b A small number of discharges have no HSE area of residence (including discharges resident outside the Republic of Ireland and those with no fixed abode), which accounts for the minor differences in the discharge rates and number of total discharges compared with Table 2.1.

Source: Rates are based on population data from the Economic and Social Research Institute (Appendix III).

FIGURE 2.11

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

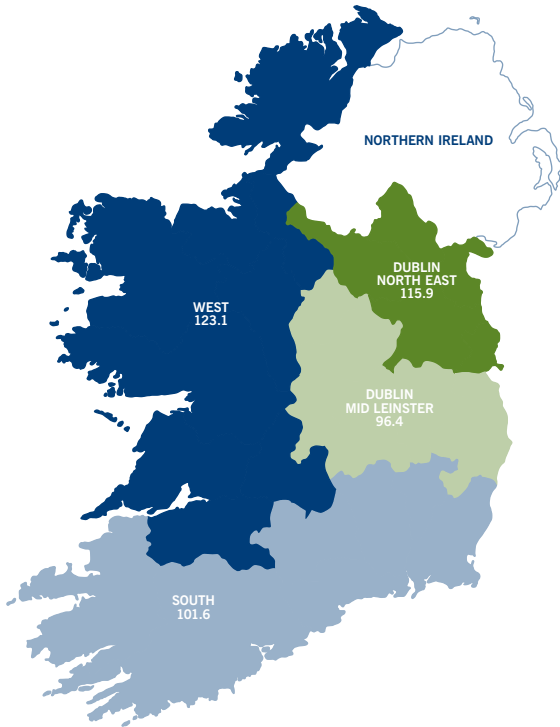


FIGURE 2.12

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

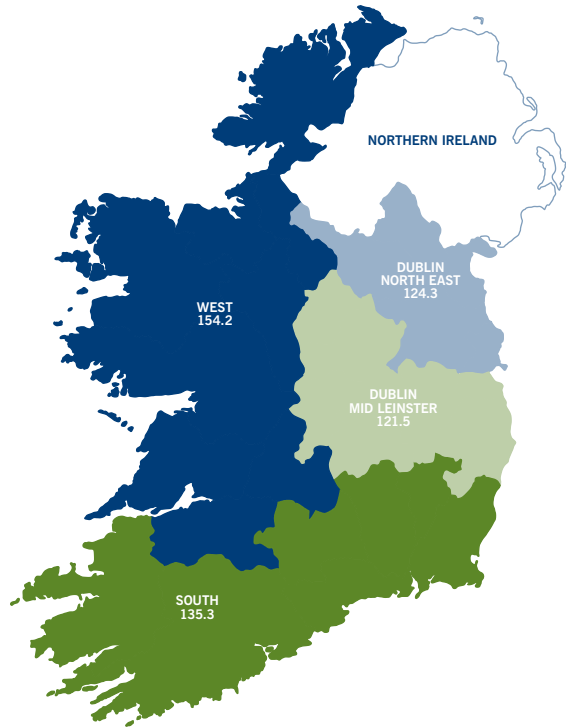


FIGURE 2.13

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

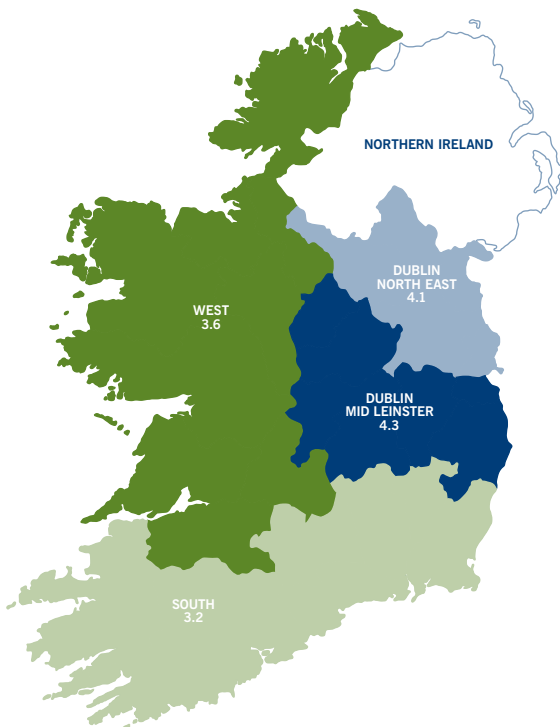


FIGURE 2.14

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

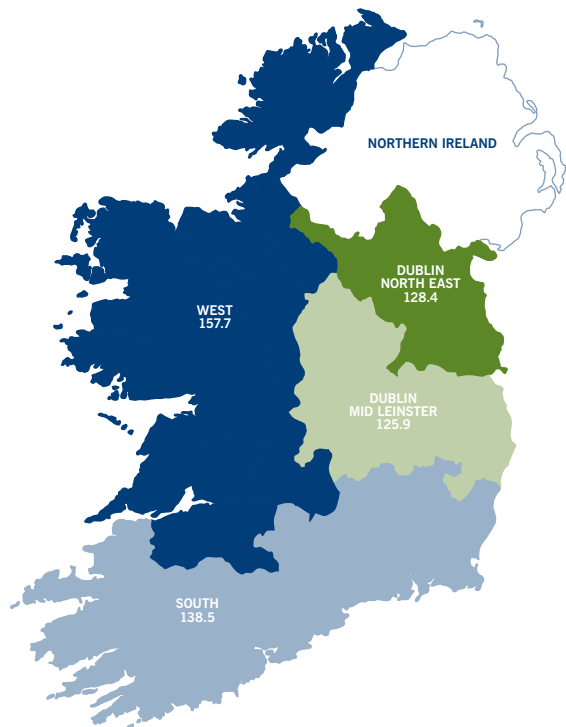
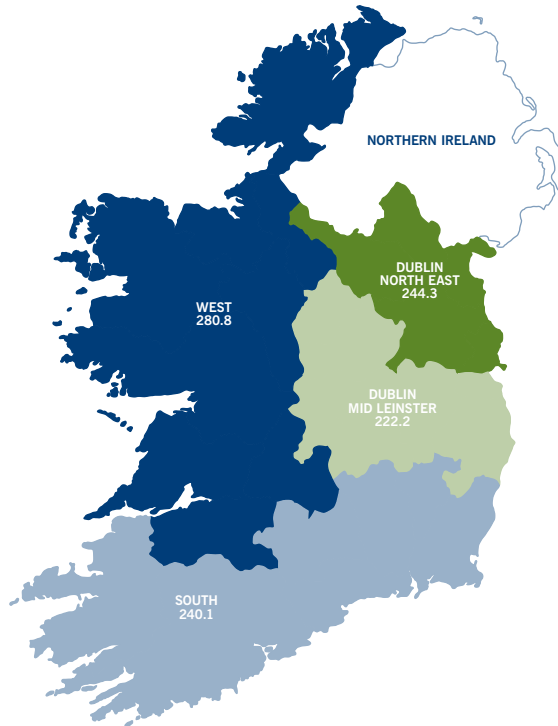


FIGURE 2.15

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



DISTRIBUTION OF BEDS IN HIPE HOSPITALS

The distribution of beds in HIPE hospitals by HSE area is presented in Table 2.10 and demonstrated in Figure 2.16. Over 30 per cent of total hospital beds were concentrated in HSE Dublin Mid Leinster. This area also had a higher proportion of day patient and in-patient beds than the other areas. Almost one out of every three in-patient beds were located in hospitals within the HSE Dublin Mid Leinster area, which was higher than the proportion of total in-patients hospitalised in this area (28.2 per cent, see Table 2.6). In contrast, 26.2 per cent of total in-patient discharges were hospitalised in HSE West (see Table 2.6), and 22.5 per cent of total in-patient beds were located in this area.

TABLE 2.10

Beds in HIPE Hospitals by Bed Type and HSE Area

	Day Patient Beds		In-Patient Beds		Total Hospital Beds	
	N	%	N	%	N	%
HSE Dublin North East	309	24.9	2,800	22.6	3,109	22.8
HSE Dublin Mid Leinster	361	29.0	3,804	30.7	4,164	30.6
HSE South	253	20.4	2,985	24.1	3,239	23.8
HSE West	321	25.8	2,790	22.5	3,111	22.8
Total	1,244	100	12,379	100	13,623	100

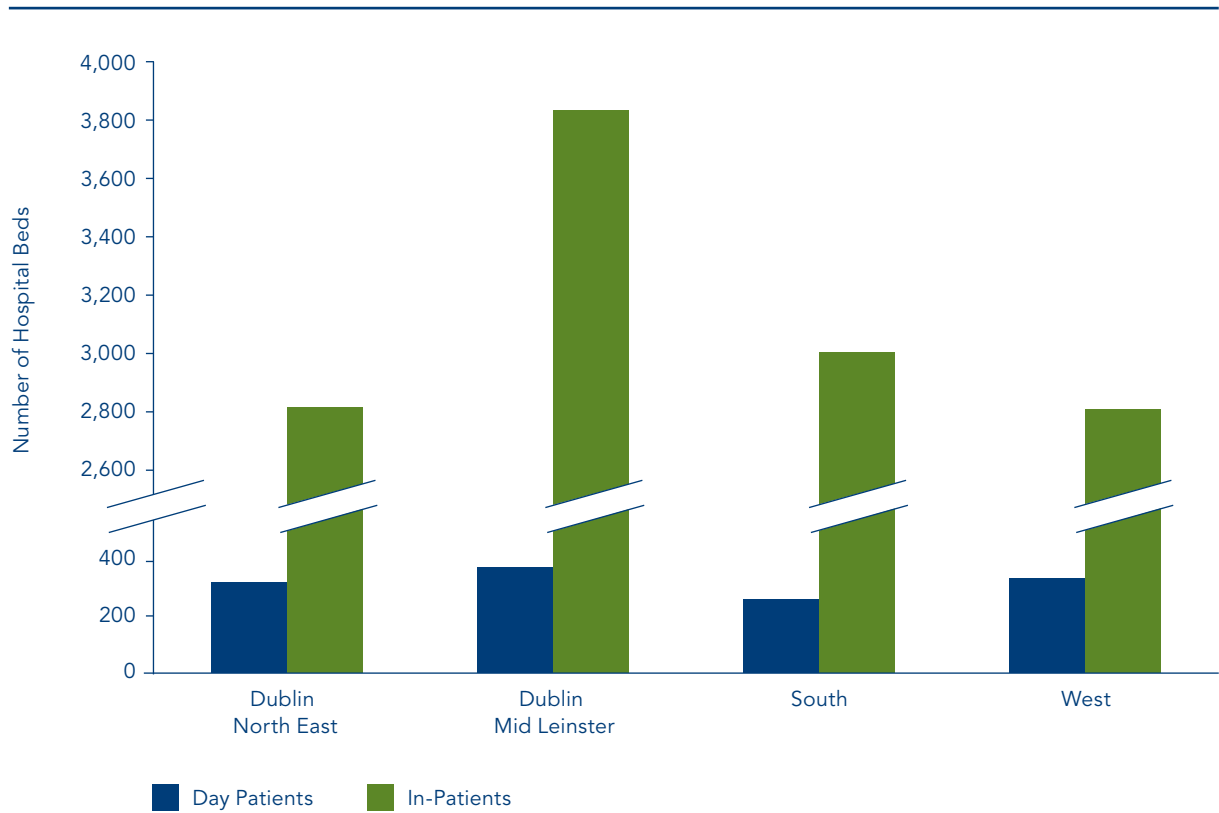
Notes: Does not include beds in long stay hospitals, which are not reported by the DoH&C.

See Appendix I for a list of hospitals that participated in HIPE in 2005.

Source: Department of Health and Children (2008)

FIGURE 2.16

Beds in HIPE Hospitals by Bed Type and HSE Area of Hospitalisation



Notes: Does not include beds in long stay hospitals, which are not reported by the DoH&C.

See Appendix I for a list of hospitals that participated in HIPE in 2005.

Source: Department of Health and Children (2008)

The number of hospital beds has been adjusted for population size in each HSE area in Table 2.11 and Figure 2.17. On average, there were 3.3 beds per 1,000 population across all HSE areas. This ratio varied from 3.1 beds per 1,000 in HSE South to 3.5 beds per 1,000 in the HSE Dublin North East and HSE Dublin Mid Leinster areas.

TABLE 2.11Beds in HIPE Hospitals (Per 1,000 Population) by HSE Area^a

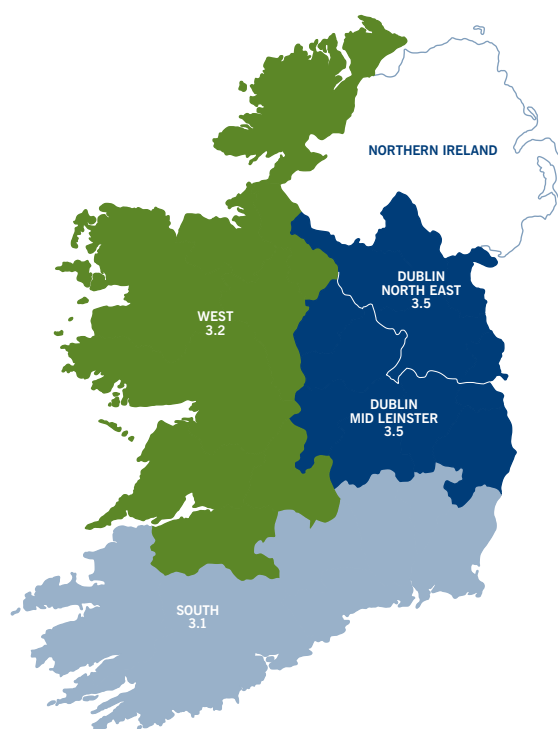
	Hospital Beds (Per 1,000 Population) ^b
HSE Dublin North East	3.5
HSE Dublin Mid Leinster	3.5
HSE South	3.1
HSE West	3.2
Total	3.3

Notes: ^a Caution should be exercised in interpreting the rates, as they pertain to the population resident in each HSE area, and do not therefore take into account flows of discharges across areas.

^b Hospital beds include day and in-patient beds.

Does not include beds in long stay hospitals, which are not reported by the DoH&C.

Source: Bed data were obtained from Department of Health and Children (2008). Rates are based on population data from the ESRI. For more information please see Appendix III.

FIGURE 2.17Beds in HIPE Hospitals (Per 1,000 Population) by HSE Area^a

Notes: ^a Includes day and in-patient beds in HIPE hospitals.

Does not include beds in long stay hospitals, which are not reported by the DoH&C.

Source: Bed data were obtained from Department of Health and Children (2008). Rates are based on population data from the ESRI (see Appendix III).

TEMPORAL VARIATION IN HOSPITAL ADMISSION AND DISCHARGE ACTIVITY

Monthly Pattern of Hospital Admissions

Table 2.12 shows the month of admission for patients that were admitted to and discharged from HIPE hospitals during 2005. The volume of total hospital admissions exceeded 80,000 in every month with the exception of February (77,466) and December (72,179). Admissions in November (89,606) were 24.1 per cent higher than those reported in December when the lowest number of admissions was recorded. Day patient activity peaked in November and was lowest in January (see Figure 2.18), while total in-patient activity peaked in May and was lowest in December.

In-patients have been further divided by the type of admission, either planned or emergency. A planned admission refers to one that has been arranged in advance, and an emergency admission is unforeseen and requires urgent care.¹ Of the 556,831 in-patients admitted and discharged during 2005, 384,626 (69.1 per cent) were classified as emergencies. Planned in-patient admissions peaked in August (15,475) and emergency in-patient admissions reached a maximum in March (34,106). As shown in Figure 2.19, the lowest numbers of both planned and emergency admissions were recorded in December.

¹ Emergency in-patient admissions include patients who visited the Accident and Emergency Department and were subsequently admitted to hospital. Therefore, emergency admissions do not capture all of those patients who attended the Accident and 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 Accident and Emergency Departments.

TABLE 2.12
Discharges by Patient Type and Month of Admission

	Day Patients		In-Patients						Total Discharges	
	N	%	Planned		Emergency		Total In-Patients		N	%
			N	%	N	%	N	%		
January	33,086	7.5	14,312	8.3	32,970	8.6	47,282	8.5	80,368	8.0
February	34,327	7.7	13,620	7.9	29,519	7.7	43,139	7.7	77,466	7.7
March	35,800	8.1	14,279	8.3	34,106	8.9	48,385	8.7	84,185	8.4
April	36,899	8.3	14,290	8.3	32,503	8.5	46,793	8.4	83,692	8.4
May	37,293	8.4	15,238	8.8	33,502	8.7	48,740	8.8	86,033	8.6
June	37,347	8.4	14,753	8.6	32,124	8.4	46,877	8.4	84,224	8.4
July	36,279	8.2	14,186	8.2	32,479	8.4	46,665	8.4	82,944	8.3
August	38,267	8.6	15,475	9.0	33,082	8.6	48,557	8.7	86,824	8.7
September	39,941	9.0	15,137	8.8	32,282	8.4	47,419	8.5	87,360	8.7
October	38,399	8.7	14,729	8.6	32,476	8.4	47,205	8.5	85,604	8.6
November	42,447	9.6	15,283	8.9	31,876	8.3	47,159	8.5	89,606	9.0
December	33,569	7.6	10,903	6.3	27,707	7.2	38,610	6.9	72,179	7.2
Total	443,654	100	172,205	100	384,626	100	556,831	100	1,000,485	100

Note: Includes admissions and discharges that took place in 2005. Does not include 8,013 in-patient discharges, who were admitted prior to 2005, but discharged during 2005.

FIGURE 2.18
Discharges by Patient Type and Month of Admission

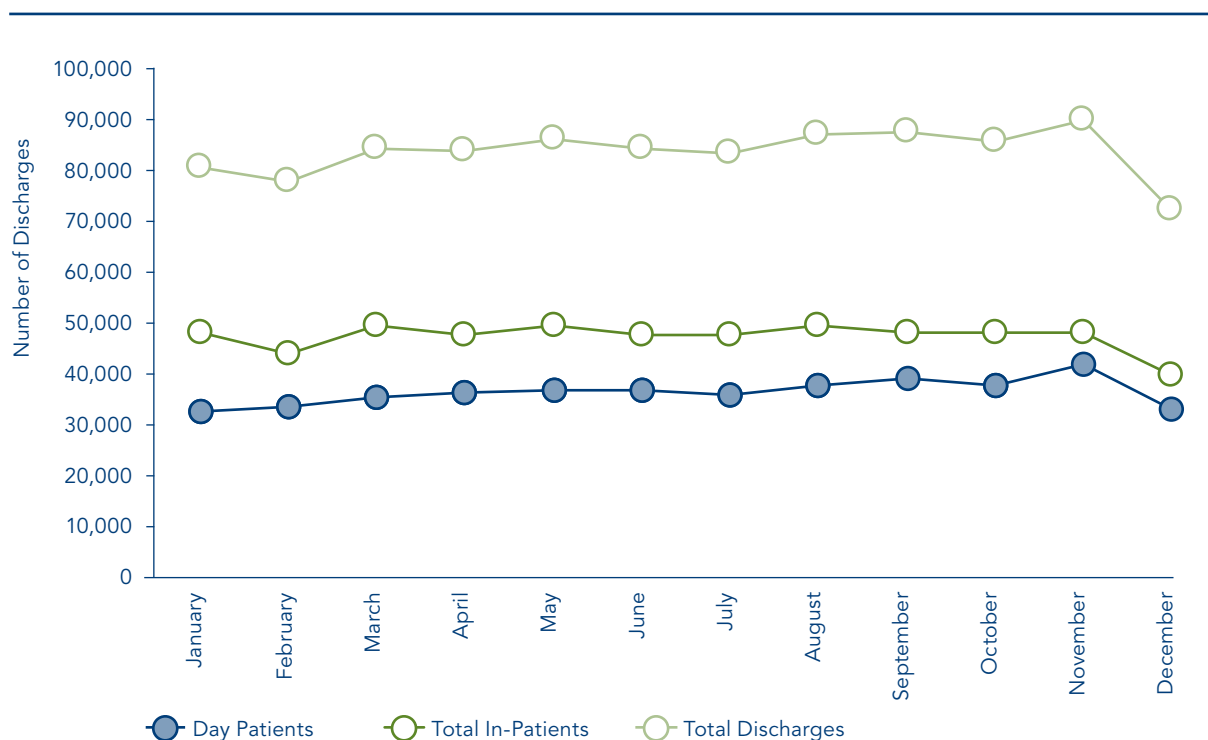
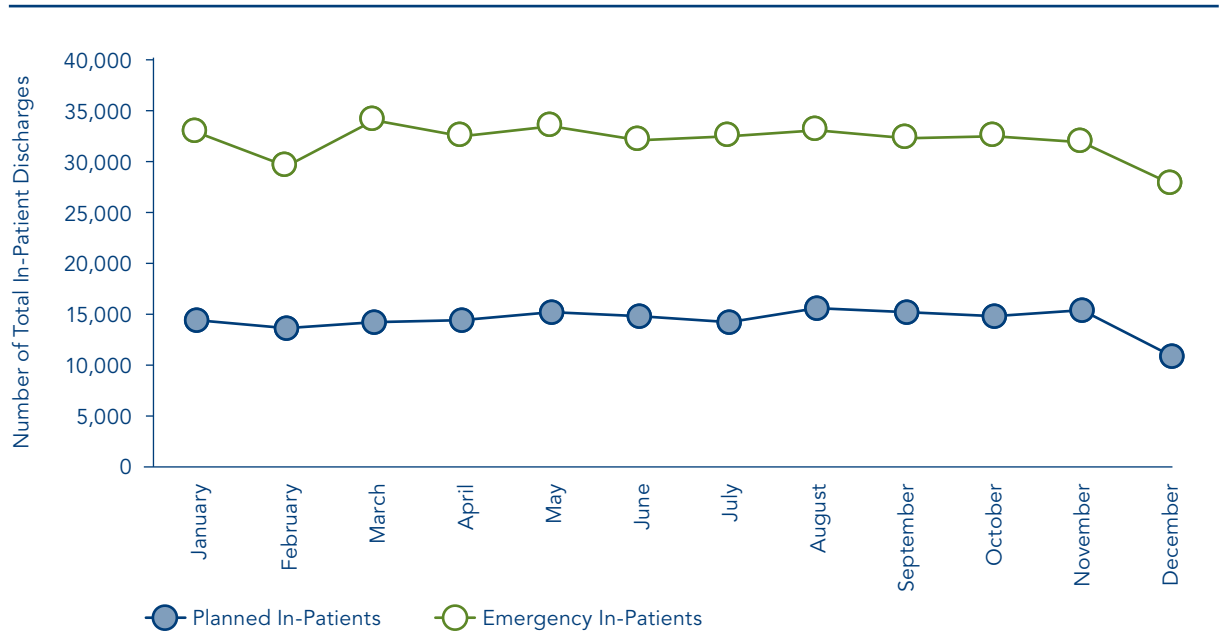


FIGURE 2.19

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



Daily Pattern of Hospital Admissions and Discharges

The daily patterns of admission and discharge activity are presented in Tables 2.13 and 2.14 respectively. As shown in Table 2.13, admissions were highest at the beginning of the week (Monday to Wednesday) and declined towards the latter part of the week and the weekend. Similarly, day and in-patient admissions were more likely to occur during weekdays compared to the weekends. The volume of in-patient admissions was highest on Monday and the volume of day patients was highest on Wednesday.

The largest number of planned in-patients was admitted to HIPE hospitals on Monday, while admission for planned activity declined for the remainder of the week until Saturday when less than 5 per cent of planned in-patients were admitted. In contrast, emergency in-patient admissions were more evenly distributed throughout the week, peaking on Tuesdays (16.0 per cent), although this activity also noticeably declined at the weekends.

TABLE 2.13

Discharges by Patient Type and Day of Admission

	Day Patients		In-Patients						Total Discharges	
			Planned		Emergency		Total In-Patients			
	N	%	N	%	N	%	N	%	N	%
Monday	83,268	18.8	38,489	22.2	62,265	15.9	100,754	17.8	184,022	18.2
Tuesday	95,418	21.5	32,466	18.7	62,433	16.0	94,899	16.8	190,317	18.9
Wednesday	98,655	22.2	31,025	17.9	61,625	15.8	92,650	16.4	191,305	19.0
Thursday	87,844	19.8	27,573	15.9	58,899	15.1	86,472	15.3	174,316	17.3
Friday	76,455	17.2	16,755	9.6	59,661	15.3	76,416	13.5	152,871	15.2
Saturday	1,314	0.3	8,290	4.8	44,326	11.3	52,616	9.3	53,930	5.3
Sunday	700	0.2	19,046	11.0	41,991	10.7	61,037	10.8	61,737	6.1
Total	443,654	100	173,644	100	391,200	100	564,844	100	1,008,498	100

Table 2.14 shows the proportion of total discharges from hospital increased throughout the week to reach a peak on Friday. Only 10.0 per cent of total discharges left the hospital on Saturday or Sunday. The peak in discharge activity on Friday was also observed for in-patients, with approximately one-fifth of both planned and emergency in-patients discharged before the weekend. Figures 2.20 to 2.22 respectively show the patterns of admission and discharge activity for total, planned and emergency in-patients throughout the week and the weekend.

TABLE 2.14

Discharges by Patient Type and Day of Discharge

	Day Patients		In-Patients						Total Discharges	
			Planned		Emergency		Total In-Patients			
	N	%	N	%	N	%	N	%	N	%
Monday	83,268	18.8	19,655	11.3	58,499	15.0	78,154	13.8	161,422	16.0
Tuesday	95,418	21.5	25,109	14.5	60,939	15.6	86,048	15.2	181,466	18.0
Wednesday	98,655	22.2	28,474	16.4	64,414	16.5	92,888	16.4	191,543	19.0
Thursday	87,844	19.8	28,796	16.6	61,665	15.8	90,461	16.0	178,305	17.7
Friday	76,455	17.2	37,912	21.8	80,547	20.6	118,459	21.0	194,914	19.3
Saturday	1,314	0.3	19,687	11.3	36,159	9.2	55,846	9.9	57,160	5.7
Sunday	700	0.2	14,011	8.1	28,977	7.4	42,988	7.6	43,688	4.3
Total	443,654	100	173,644	100	391,200	100	564,844	100	1,008,498	100

FIGURE 2.20

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

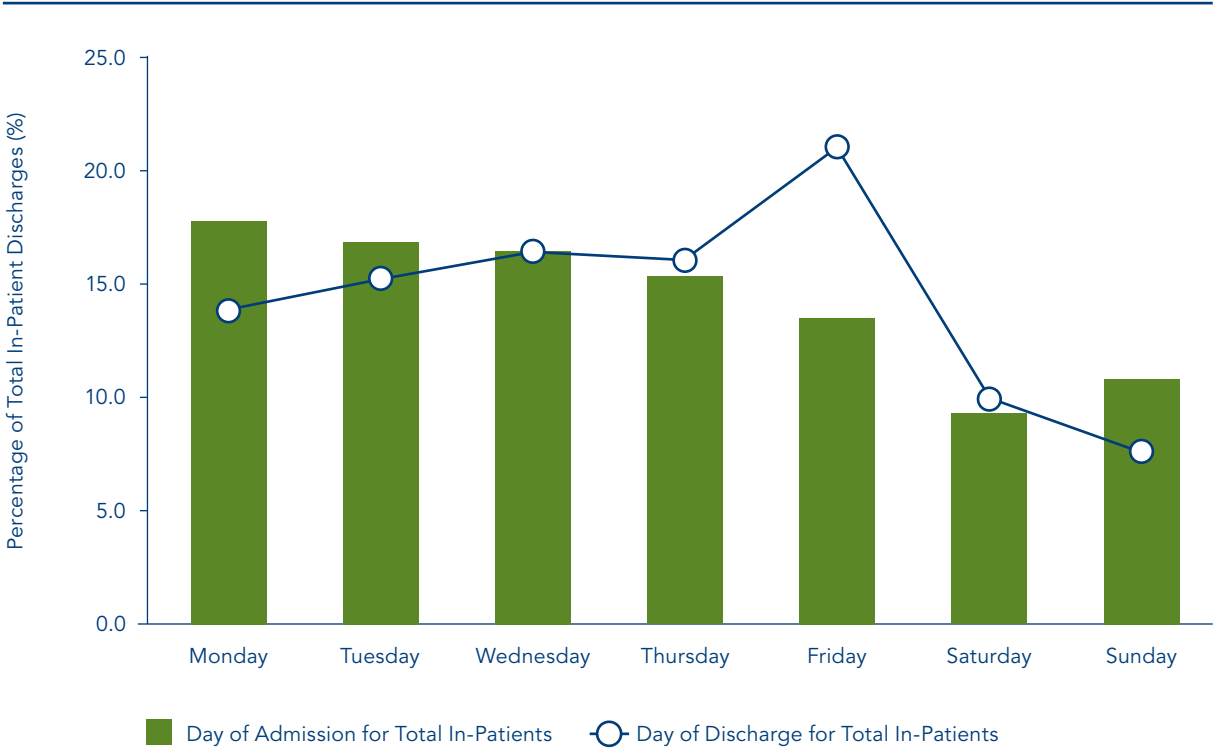


FIGURE 2.21

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

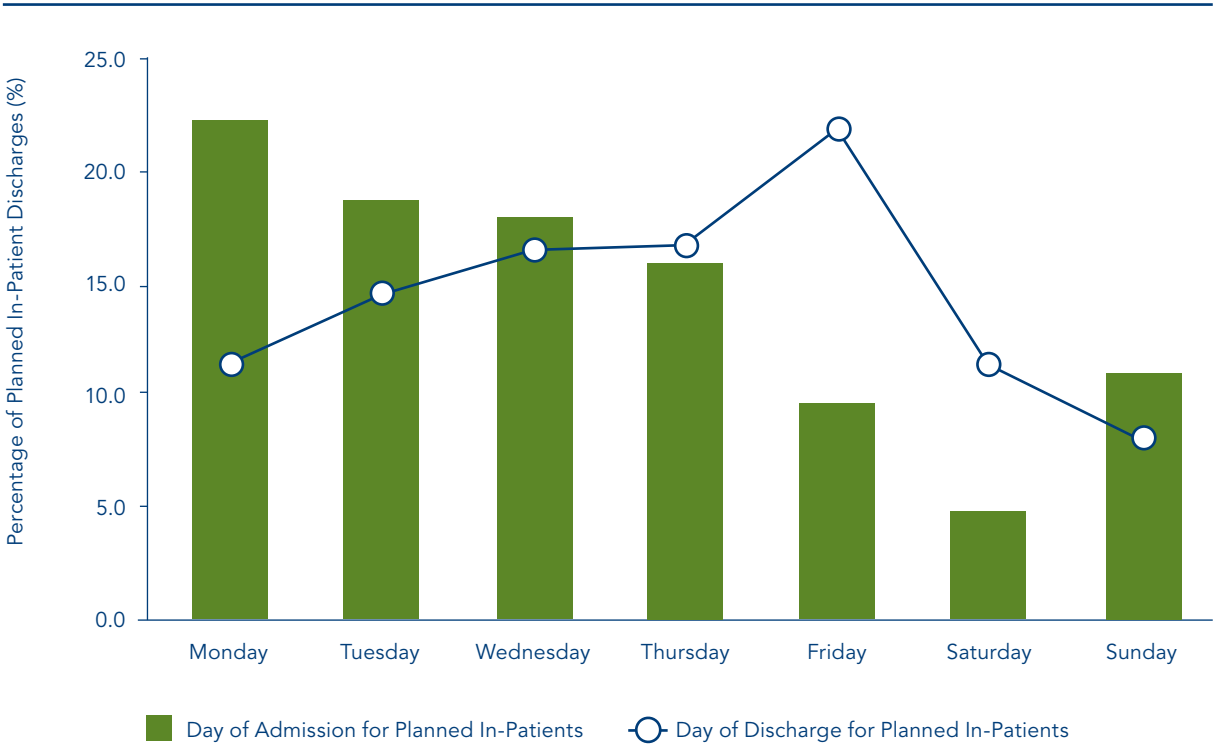
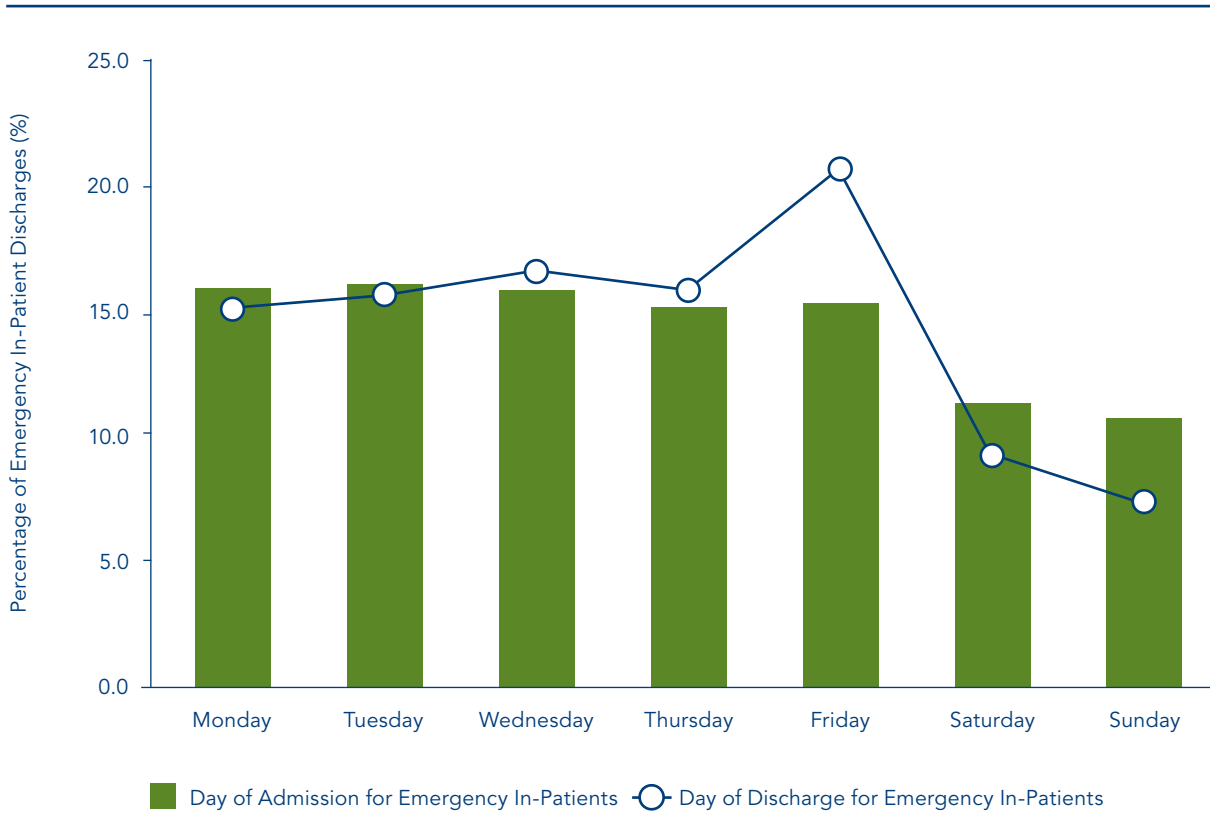


FIGURE 2.22

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



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Demographic Analysis of
Hospital Discharge
Activity in 2005

SECTION

THREE

SUMMARY

Discharges by Sex

- The split between male and female discharges was unequal in 2005; more than half of total discharges (55.5 per cent) were female.
- The proportions of total discharges for both day and acute in-patients were higher for females than for males.
- The discharge rate for total female discharges was 271.9 per 1,000, which was 23.1 per cent greater than that for males (220.9 per 1,000).
- For every 1,000 members of the female population there were 1,084.4 days spent in acute public hospitals – 17.7 per cent more than that for males (921.0 days per 1,000).

Discharges by Marital Status

- Together, single and married discharges accounted for 84.6 per cent of total discharges and 76.5 per cent of total bed days.
- Widowed discharges accounted for 9.2 per cent of total discharges but a greater proportion of total bed days (17.6 per cent). Consequently the average length of stay for widowed discharges was 7.8 days, which was almost twice as long as that for total discharges (4.1 days).

Discharges by Age

- Although the number of discharges was highest for the 55-64 age group, the 75 to 84 year age group had the highest discharge rate (685.2 per 1,000).
- Over one-fifth of in-patient (22.0 per cent) and total (20.6 per cent) bed days were used by discharges aged between 75 and 84 years, even though this age group accounted for only 11.6 per cent of total in-patient discharges and 10.6 per cent of total discharges.
- The total in-patient average length of stay generally increased with age, peaking at 14.5 days for discharges aged 85 years and over.

Discharges by GMS Status

- Acute in-patient discharges with a medical card stayed an average of 6.1 days in hospital, which was 2.3 days longer than their non-GMS counterparts.
- GMS discharges accounted for 73.1 per cent of extended stay in-patient discharges.
- In the HSE Dublin Mid Leinster and HSE South areas non-GMS discharges accounted for over half of total discharges (59.8 and 51.9 per cent respectively).

Discharges by Public/Private Status

- Public discharges accounted for 74.3 per cent of total discharges in 2005 and the remainder were private.
- Compared to general hospitals, special hospitals discharged a higher proportion of private patients, regardless of patient type.
- The total in-patient average length of stay for public discharges was 6.7 days, which was almost a day longer than that for private discharges (5.8 days).
- The HSE South area recorded the highest proportion of private discharges with 27.5 per cent of the total private discharges hospitalised here. This was 8 percentage points above the HSE Dublin North East area where 19.5 per cent of private discharges were hospitalised.

Inter-Regional Flow of Discharges

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

INTRODUCTION

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

SEX

As in previous years, the split between male and female discharges was unequal in 2005 (see Table 3.1). More than half of total discharges were female¹. The proportions of total discharges treated as both day and acute in-patients were higher for females than for males. Both sexes accounted for similar proportions of extended stay in-patients. In addition to the higher number of female discharges, the sex-specific discharge rates also indicated that this group was more likely to be discharged from hospital as day or in-patients. The discharge rate for total female discharges was 271.9 per 1,000, which was over 23.1 per cent greater than males (220.9 per 1,000).

Female discharges accounted for 54.4 per cent of total bed days. The highest proportion of total bed days was used by acute female in-patients (36.3 per cent). Both male and female extended stay in-patients used similar proportions of total bed days. In addition to a higher discharge rate, female discharges also recorded a higher bed day rate. For every 1,000 members of the female population, there were 1084.4 days spent in hospital, which was almost 17.7 per cent higher than that for males (921.0 days per 1,000 members).

Total female in-patient discharges spent, on average, 6.1 days in hospital, while total male in-patient discharges stayed in hospital, on average, for one week. Acute female in-patients also had a shorter average length of stay than their male counterparts (4.7 days for females and 5.2 days for males). Conversely, for extended stay in-patients, males had a shorter average length of stay than females (62.3 days for males and 63.7 days for females).

¹ According to the Central Statistics Office, the split between men and women in the general population was approximately 50:50 in the Census of Population 2002 and 2006. (see www.cso.ie/statistics/Population1901-2006.htm; date consulted: 8 July 2008)

TABLE 3.1

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

	Total Discharges			Total Bed Days			Average Length of Stay
	N	%	Rate	N	%	Rate	
Males and Females							
Day Patients	443,654	44.0	108.5	443,654	10.8	108.5	-
In-Patients							
Acute (0-30 days)	549,190	54.5	134.3	2,673,811	65.2	653.7	4.9
Extended (>30 days)	15,654	1.6	3.8	985,841	24.0	241.0	63.0
Total In-Patients	564,844	56.0	138.1	3,659,652	89.2	894.7	6.5
Total (Males and Females)	1,008,498	100	246.6	4,103,306	100	1,003.2	4.1^a
Males							
Day Patients	212,259	21.0	104.4	212,259	5.2	104.4	-
In-Patients							
Acute (0-30 days)	229,283	22.7	112.7	1,182,959	28.8	581.7	5.2
Extended (>30 days)	7,671	0.8	3.8	477,664	11.6	234.9	62.3
Total In-Patients	236,954	23.5	116.5	1,660,623	40.5	816.6	7.0
Total (Males)	449,213	44.5	220.9	1,872,882	45.6	921.0	4.2^a
Females							
Day Patients	231,395	22.9	112.5	231,395	5.6	112.5	-
In-Patients							
Acute (0-30 days)	319,907	31.7	155.5	1,490,852	36.3	724.9	4.7
Extended (>30 days)	7,983	0.8	3.9	508,177	12.4	247.1	63.7
Total In-Patients	327,890	32.5	159.4	1,999,029	48.7	971.9	6.1
Total (Females)	559,285	55.5	271.9	2,230,424	54.4	1,084.4	4.0^a

Note: ^a Includes day and in-patients.**Source:** Rates are based on population data from the Economic and Social Research Institute (see Appendix III).

MARITAL STATUS

The marital status of discharges from acute public hospitals is reported in Table 3.2. The highest volume of discharge activity involved married patients. Together, married and single discharges accounted for 84.6 per cent of total discharges and a slightly smaller proportion of total bed days (76.5 per cent). Both married and single discharges had lengths of stay, which, on average, were shorter than total discharges (3.6 days for single discharges, 3.8 days for married discharges and 4.1 days for total discharges). Widowed discharges accounted for 9.2 per cent of total discharges, but a greater proportion of total bed days (17.6 per cent). The average length of stay for widowed discharges² was 7.8 days, which was almost twice as long as the average for total discharges (see Figure 3.1).

² It should be noted that 76.2 per cent of those discharges with a marital status of 'widowed' were 70 years and over and, as such, age may be a confounding factor.

TABLE 3.2

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

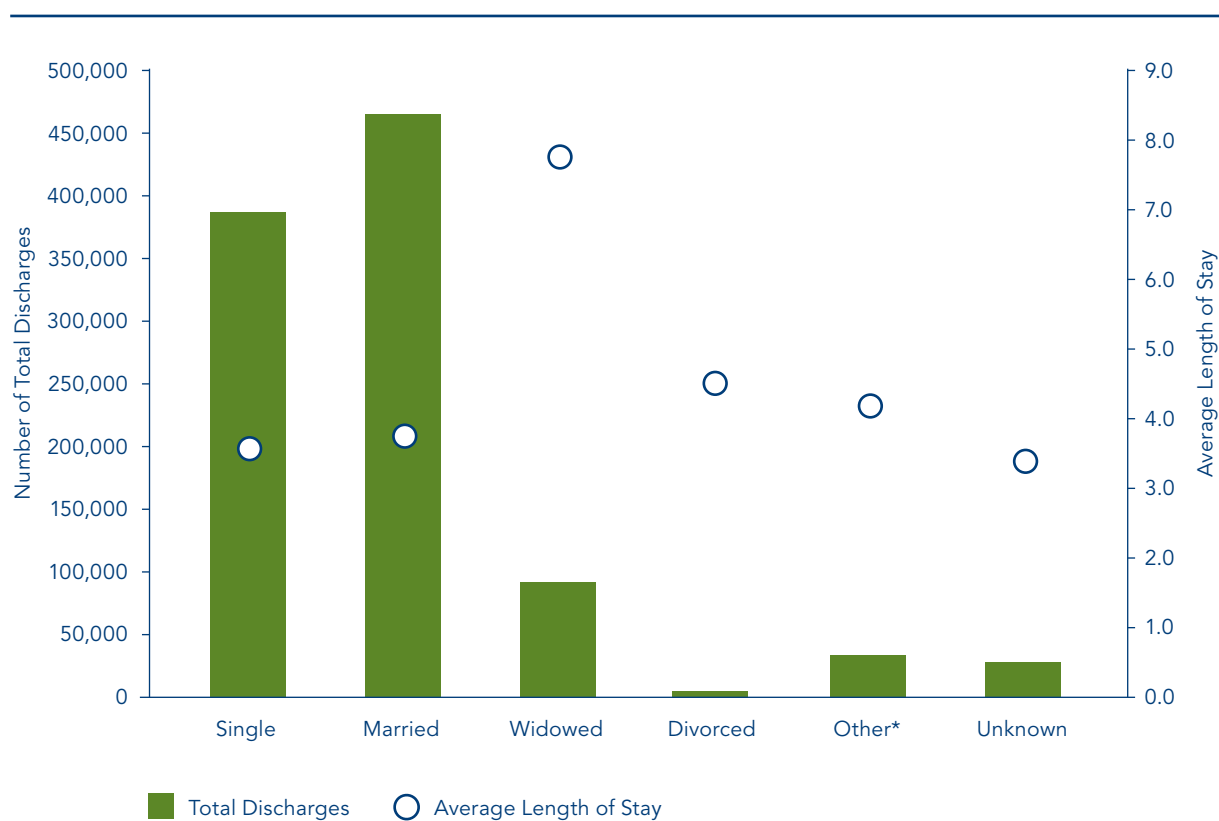
	Total Discharges		Total Bed Days ^a		Average Length of Stay ^b
	N	%	N	%	
Single	386,794	38.4	1,383,941	33.7	3.6
Married	466,314	46.2	1,755,474	42.8	3.8
Widowed	92,938	9.2	722,793	17.6	7.8
Divorced	968	0.1	4,361	0.1	4.5
Other (includes separated)	33,892	3.4	142,674	3.5	4.2
Unknown	27,592	2.7	94,063	2.3	3.4
Total	1,008,498	100	4,103,306	100	4.1

Notes: ^a Includes bed days for day and in-patients.

^b Includes day and in-patients.

FIGURE 3.1

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



Notes: Average Length of Stay includes day and in-patients.

* 'Other' includes separated.

AGE

The distribution of discharges by age group and sex is reported in Table 3.3.³ The number of total discharges was highest in the 55 to 64 age group. Discharges aged between 55 and 64 years also accounted for the highest proportion of day patients (19.0 per cent). The 25 to 34 year age group had the highest number of total in-patients, accounting for 16.9 per cent of the total.

There was considerable variability in the discharge rates across the age ranges. While the 55 to 64 year age group recorded the largest volume of total discharges, the 75 to 84 year age group had the highest number of discharges per 1,000, controlling for the age profile of the population. Approximately 685 discharges for every 1,000 members of the population aged between 75 and 84 years were recorded. This age group had in excess of three times more discharges per 1,000 population than the 25 to 34 year age group, whose discharge rate was 210.7 per 1,000. Younger age groups (0 to 44 years old) were more likely to be discharged as in-patients rather than day patients. Conversely, for discharges aged between 45 to 74 years the day patient discharge rates were greater than the in-patient discharge rates, indicating that a higher proportion of these discharges in the 45 to 74 year age groups were treated on a day patient basis.

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

For both sexes, the discharge rates were highest among the older age groups. The total discharge rates were higher for males in two of the four main age groups. The discharge rates for the under 15 years and 65 years and over age groups were higher for males than for females (163.8 per 1,000 for males and 132.6 per 1,000 for females for the under 15 years group and 688.9 per 1,000 for males and 541.2 per 1,000 for females for the 65 years and over age group). Conversely, in the 15 to 44 year age group, there were more than twice as many females discharged compared to males (119.3 per 1,000 for males and 249.7 per 1,000 for females). Discharge rates in the 45 to 64 year age group were comparatively similar but still higher for females, with a rate of 274.9 per 1,000 members of the male population and 289.2 per 1,000 members of the female population.

For both males and females a higher proportion were discharged as in-patients rather than day patients. However, for certain age groups, particularly between 45 and 74 years, the day patient discharge rate was higher than the in-patient discharge rate for both males and females.

Over one-fifth of in-patient and total bed days were used by discharges aged between 75 and 84 years, even though this age group accounted for only 11.6 per cent of total in-patient discharges and 10.6 per cent of total discharges. Similarly, for both males and females, discharges in the older age group used proportionally more bed days. Bed day rates generally increased with age for both males and females. The bed day rate for the 65 years and over age group was roughly four times that of the 45 to 64 year age group, overall.

³ These tables have been replicated for discharges from voluntary and non-voluntary hospitals (available at www.esri.ie).

The total in-patient average length of stay for both sexes generally increased with age (see Figure 3.3). Total in-patients aged 85 years and older stayed in hospital, on average, for 14.5 days, which was over five times that of in-patient discharges aged between 5 and 14 years, which had the lowest average length of stay. While those aged 65 years and over accounted for 27.4 per cent of total in-patient discharges, this group used 48.7 per cent of total in-patient bed days. On average, those in the youngest age group (0 to 4 years) stayed in hospital for more than one day longer than those in the next oldest age group (3.9 days for the 0 to 4 year age group and 2.7 days for the 5 to 14 year age group).

The longer average length of stay for older age groups was also observed when male and female discharges were analysed separately. The total in-patient average length of stay for males ranged from a low of 2.5 days for the 5 to 14 year age group to a high of 13.6 days for the 85 years and over age group. The equivalent range for females was 2.8 days for the 5 to 14 year age group to 14.9 days for the 85 years and over age group. While the total in-patient average length of stay for females was shorter than males (6.1 days for females and 7.0 days for males), there were differences between the two sexes across the age groups. For all age groups, apart from the youngest (under 15 years) and oldest (65 years and over), females recorded a shorter total in-patient average length of stay than males.

TABLE 3.3

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

	Discharges						Bed Days						Total In-Patient Average Length of Stay			
	Day Patients			In-Patients			Total Discharges			In-Patient Bed Days				Total Bed Days ^a		
	N	%	Rate	N	%	Rate	N	%	Rate	N	%	Rate		N	%	Rate
Total Discharges (All Ages and Males and Females)	443,654	100	108.5	564,844	100	138.1	1,008,498	100	246.6	3,659,652	100	894.7	4,103,306	100	1,003.2	6.5
Under 15 years	39,692	8.9	47.5	84,388	14.9	101.1	124,080	12.3	148.6	293,459	8.0	351.5	333,151	8.1	399.0	3.5
0-4 years	18,551	4.2	61.6	53,886	9.5	179.1	72,437	7.2	240.7	212,551	5.8	706.3	231,102	5.6	768.0	3.9
5-14 years	21,141	4.8	39.6	30,502	5.4	57.1	51,643	5.1	96.7	80,908	2.2	151.5	102,049	2.5	191.1	2.7
15-44 years	124,608	28.1	66.6	219,777	38.9	117.5	344,385	34.1	184.2	823,802	22.5	440.6	948,410	23.1	507.2	3.7
15-19 years	11,059	2.5	38.6	23,922	4.2	83.5	34,981	3.5	122.1	82,100	2.2	286.6	93,159	2.3	325.3	3.4
20-24 years	15,345	3.5	46.3	35,316	6.3	106.7	50,661	5.0	153.0	121,447	3.3	366.8	136,792	3.3	413.1	3.4
25-34 years	42,413	9.6	64.8	95,498	16.9	145.9	137,911	13.7	210.7	333,911	9.1	510.2	376,324	9.2	575.0	3.5
35-44 years	55,791	12.6	93.3	65,041	11.5	108.8	120,832	12.0	202.1	286,344	7.8	479.0	342,135	8.3	572.4	4.4
45-64 years	155,163	35.0	167.7	105,818	18.7	114.4	260,981	25.9	282.1	759,715	20.8	821.1	914,878	22.3	988.8	7.2
45-54 years	70,697	15.9	137.0	47,780	8.5	92.6	118,477	11.7	229.6	301,209	8.2	583.7	371,906	9.1	720.6	6.3
55-64 years	84,466	19.0	206.4	58,038	10.3	141.8	142,504	14.1	348.3	458,506	12.5	1,120.5	542,972	13.2	1,326.9	7.9
65 years and over	124,191	28.0	269.8	154,861	27.4	336.4	279,052	27.7	606.2	1,782,676	48.7	3,872.5	1,906,867	46.5	4,142.2	11.5
65-74 years	76,178	17.2	294.7	65,548	11.6	253.6	141,726	14.1	548.3	637,846	17.4	2,467.6	714,024	17.4	2,762.3	9.7
75-84 years	41,279	9.3	264.3	65,720	11.6	420.9	106,999	10.6	685.2	803,874	22.0	5,147.8	845,153	20.6	5,412.1	12.2
85 years and over	6,734	1.5	147.4	23,593	4.2	516.3	30,327	3.0	663.6	340,956	9.3	7,460.7	347,690	8.5	7,608.1	14.5

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

	Discharges						Bed Days						Total In-Patient Average Length of Stay			
	Day Patients			In-Patients			Total Discharges			In-Patient Bed Days				Total Bed Days ^a		
	N	%	Rate	N	%	Rate	N	%	Rate	N	%	Rate		N	%	Rate
Male (All Ages)	212,259	47.8	104.4	236,954	42.0	116.5	449,213	44.5	220.9	1,660,623	45.4	816.6	1,872,882	45.6	921.0	7.0
Under 15 years	23,181	5.2	54.2	46,931	8.3	109.7	70,112	7.0	163.8	157,021	4.3	367.0	180,202	4.4	421.1	3.3
0-4 years	11,109	2.5	72.2	30,154	5.3	195.9	41,263	4.1	268.0	114,319	3.1	742.6	125,428	3.1	814.8	3.8
5-14 years	12,072	2.7	44.1	16,777	3.0	61.2	28,849	2.9	105.3	42,702	1.2	155.9	54,774	1.3	199.9	2.5
15-44 years	52,477	11.8	55.9	59,582	10.5	63.4	112,059	11.1	119.3	268,938	7.3	286.3	321,415	7.8	342.2	4.5
15-19 years	5,464	1.2	37.3	9,513	1.7	65.0	14,977	1.5	102.3	33,913	0.9	231.6	39,377	1.0	268.9	3.6
20-24 years	6,818	1.5	40.6	10,830	1.9	64.5	17,648	1.7	105.1	44,644	1.2	265.9	51,462	1.3	306.5	4.1
25-34 years	17,821	4.0	54.5	19,242	3.4	58.8	37,063	3.7	113.3	85,141	2.3	260.2	102,962	2.5	314.7	4.4
35-44 years	22,374	5.0	75.1	19,997	3.5	67.1	42,371	4.2	142.3	105,240	2.9	353.4	127,614	3.1	428.5	5.3
45-64 years	71,828	16.2	154.9	55,688	9.9	120.1	127,516	12.6	274.9	408,006	11.1	879.7	479,834	11.7	1,034.6	7.3
45-54 years	30,316	6.8	117.7	24,119	4.3	93.6	54,435	5.4	211.3	153,282	4.2	594.9	183,598	4.5	712.5	6.4
55-64 years	41,512	9.4	201.4	31,569	5.6	153.2	73,081	7.2	354.5	254,724	7.0	1,235.7	296,236	7.2	1437.1	8.1
65 years and over	64,773	14.6	319.8	74,753	13.2	369.1	139,526	13.8	688.9	826,658	22.6	4,081.7	891,431	21.7	4,401.5	11.1
65-74 years	41,532	9.4	330.9	35,579	6.3	283.5	77,111	7.6	614.3	346,779	9.5	2,762.8	388,311	9.5	3,093.7	9.7
75-84 years	20,398	4.6	322.6	30,533	5.4	482.8	50,931	5.1	805.4	362,104	9.9	5,726.0	382,502	9.3	6,048.5	11.9
85 years and over	2,843	0.6	206.5	8,641	1.5	627.5	11,484	1.1	834.0	117,775	3.2	8,553.0	120,618	2.9	8,759.4	13.6

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

	Discharges						Bed Days						Total In-Patient Average Length of Stay			
	Day Patients			In-Patients			Total Discharges			In-Patient Bed Days				Total Bed Days ^a		
	N	%	Rate	N	%	Rate	N	%	Rate	N	%	Rate		N	%	Rate
Female (All Ages)	231,395	52.2	112.5	327,890	58.0	159.4	559,285	55.5	271.9	1,999,029	54.6	971.9	2,230,424	54.4	1084.4	6.1
Under 15 years	16,511	3.7	40.6	37,457	6.6	92.0	53,968	5.4	132.6	136,438	3.7	335.2	152,949	3.7	375.7	3.6
0-4 years	7,442	1.7	50.6	23,732	4.2	161.5	31,174	3.1	212.1	98,232	2.7	668.3	105,674	2.6	718.9	4.1
5-14 years	9,069	2.0	34.9	13,725	2.4	52.8	22,794	2.3	87.6	38,206	1.0	146.9	47,275	1.2	181.8	2.8
15-44 years	72,131	16.3	77.5	160,195	28.4	172.2	232,326	23.0	249.7	554,864	15.2	596.4	626,995	15.3	673.9	3.5
15-19 years	5,595	1.3	40.0	14,409	2.6	102.9	20,004	2.0	142.9	48,187	1.3	344.2	53,782	1.3	384.2	3.3
20-24 years	8,527	1.9	52.2	24,486	4.3	150.0	33,013	3.3	202.3	76,803	2.1	470.6	85,330	2.1	522.8	3.1
25-34 years	24,592	5.5	75.1	76,256	13.5	233.0	100,848	10.0	308.2	248,770	6.8	760.2	273,362	6.7	835.3	3.3
35-44 years	33,417	7.5	111.4	45,044	8.0	150.2	78,461	7.8	261.6	181,104	4.9	603.8	214,521	5.2	715.2	4.0
45-64 years	83,335	18.8	180.6	50,130	8.9	108.6	133,465	13.2	289.2	351,709	9.6	762.1	435,044	10.6	942.7	7.0
45-54 years	40,381	9.1	156.3	23,661	4.2	91.6	64,042	6.4	247.8	147,927	4.0	572.5	188,308	4.6	728.7	6.3
55-64 years	42,954	9.7	211.5	26,469	4.7	130.3	69,423	6.9	341.9	203,782	5.6	1,003.5	246,736	6.0	1,215.0	7.7
65 years and over	59,418	13.4	230.5	80,108	14.2	310.7	139,526	13.8	541.2	956,018	26.1	3,708.1	1,015,436	24.7	3,938.5	11.9
65-74 years	34,646	7.8	260.6	29,969	5.3	225.4	64,615	6.4	485.9	291,067	8.0	2,189.0	325,713	7.9	2,449.5	9.7
75-84 years	20,881	4.7	224.7	35,187	6.2	378.7	56,068	5.6	603.4	441,770	12.1	4,754.3	462,651	11.3	4,979.0	12.6
85 years and over	3,891	0.9	121.9	14,952	2.6	468.3	18,843	1.9	590.1	223,181	6.1	6,989.7	227,072	5.5	7,111.5	14.9

Note: ^a Includes bed days for day and in-patients.

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

FIGURE 3.2

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

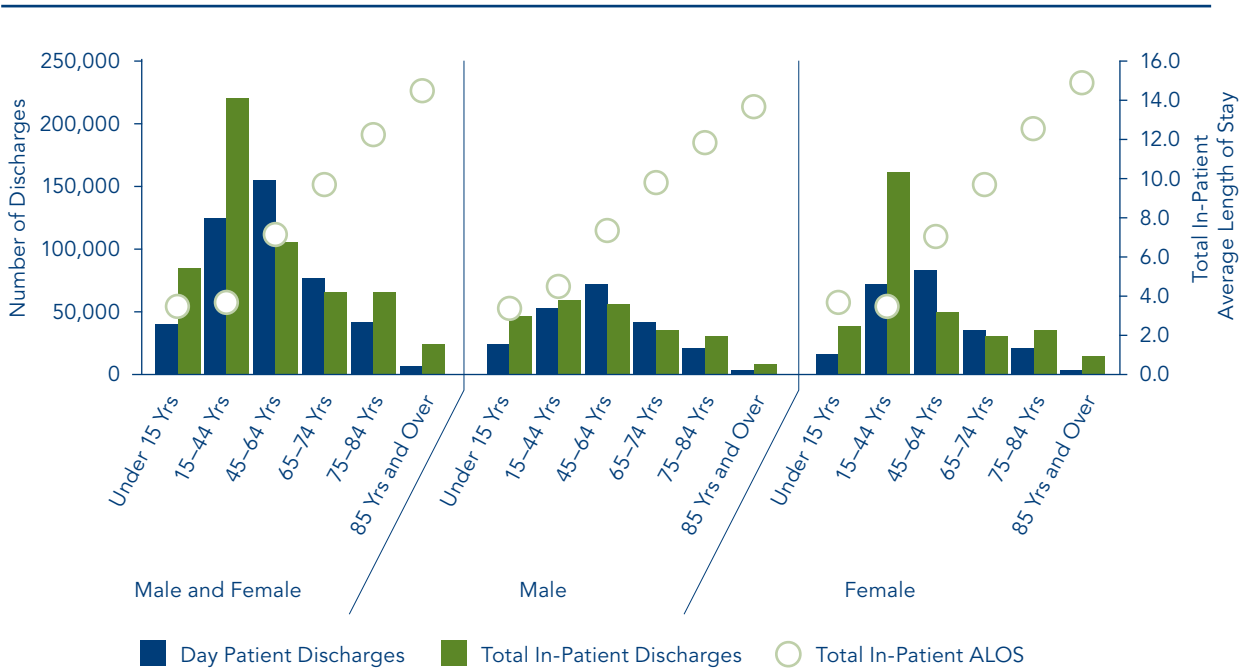
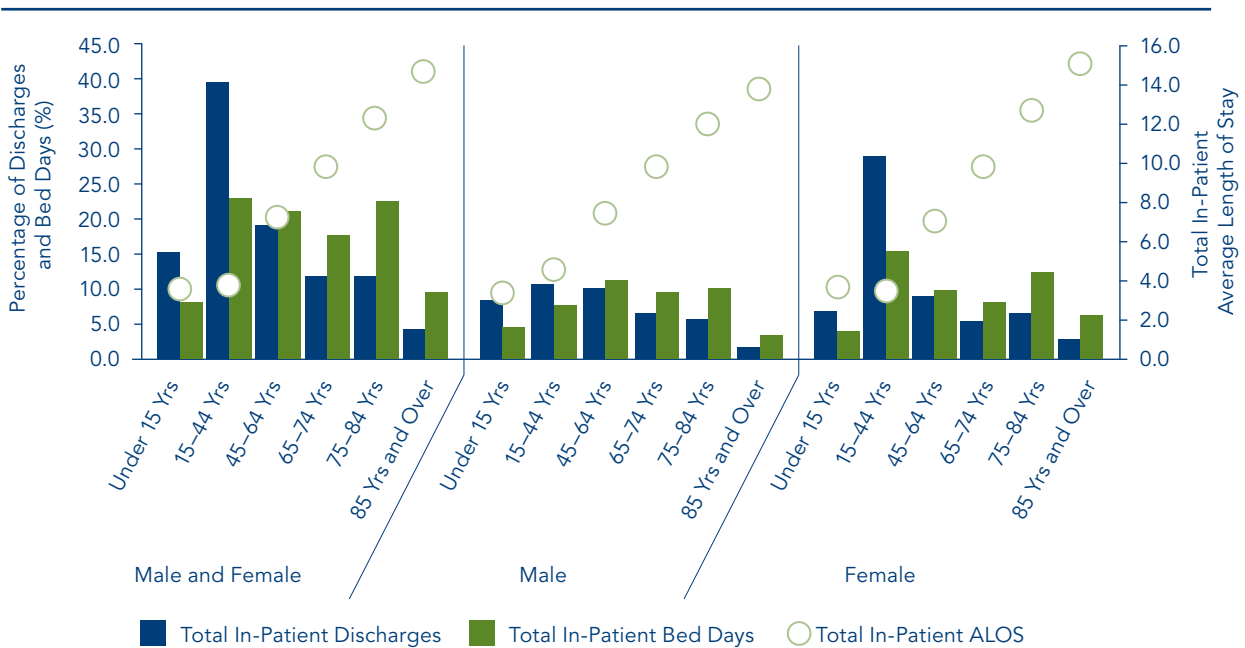


FIGURE 3.3

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



Note: Denominators for male and female data are those discharges relevant to each respective sex.

The age distribution of discharges according to their Health Service Executive (HSE) area of hospitalisation is presented in Table 3.4. Over 28 per cent of total discharges were hospitalised in the HSE Dublin Mid Leinster area in 2005. The HSE Dublin Mid Leinster area treated the highest proportion of discharges in the under 44 years age groups (51.6 per cent) and the lowest in the 45 and over age group (48.4 per cent). Discharges in this older age group were highest in HSE South and HSE West and amounted to 56.3 per cent and 57.0 per cent respectively.

The lowest numbers of total discharges were hospitalised in the HSE Dublin North East area in 2005 and, of these, 11.4 per cent were younger than 15 years of age, 35.4 per cent aged between 15 and 44 years, 25.8 per cent between 45 and 64 years and 27.4 per cent aged 65 years and over (see Figure 3.4).

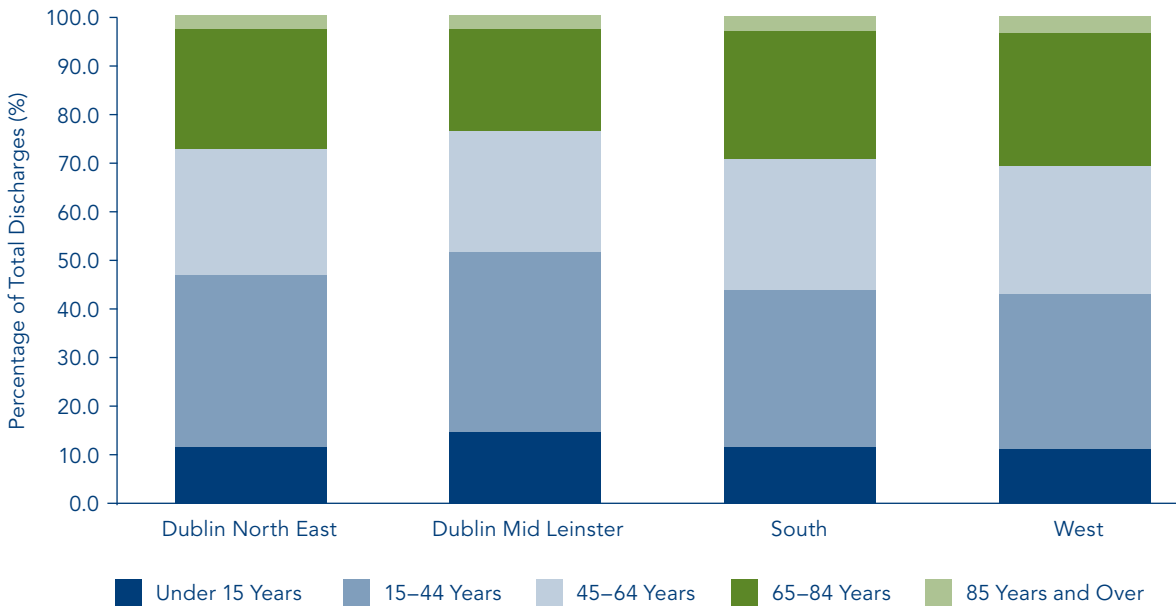
TABLE 3.4

Discharges by HSE Area of Hospitalisation and Age Group

	HSE Area of Hospitalisation								Total	
	HSE Dublin North East		HSE Dublin Mid Leinster		HSE South		HSE West		N	%
	N	%	N	%	N	%	N	%		
Total Discharges	221,741	100	285,197	100	241,696	100	259,864	100	1,008,498	100
Under 15 years	25,368	11.4	41,241	14.5	28,313	11.7	29,158	11.2	124,080	12.3
0–4 years	15,187	6.8	23,240	8.1	17,085	7.1	16,925	6.5	72,437	7.2
5–14 years	10,181	4.6	18,001	6.3	11,228	4.6	12,233	4.7	51,643	5.1
15–44 years	78,541	35.4	105,930	37.1	77,387	32.0	82,527	31.8	344,385	34.1
15–19 years	7,760	3.5	10,237	3.6	8,320	3.4	8,664	3.3	34,981	3.5
20–24 years	11,679	5.3	15,504	5.4	11,537	4.8	11,941	4.6	50,661	5.0
25–34 years	32,049	14.5	43,742	15.3	30,090	12.4	32,030	12.3	137,911	13.7
35–44 years	27,053	12.2	36,447	12.8	27,440	11.4	29,892	11.5	120,832	12.0
45–64 years	57,108	25.8	70,624	24.8	64,922	26.9	68,327	26.3	260,981	25.9
45–54 years	25,505	11.5	33,893	11.9	27,942	11.6	31,137	12.0	118,477	11.7
55–64 years	31,603	14.3	36,731	12.9	36,980	15.3	37,190	14.3	142,504	14.1
65 years and over	60,724	27.4	67,402	23.6	71,074	29.4	79,852	30.7	279,052	27.7
65–74 years	31,313	14.1	35,167	12.3	36,368	15.0	38,878	15.0	141,726	14.1
75–84 years	23,244	10.5	25,120	8.8	27,176	11.2	31,459	12.1	106,999	10.6
85 years and over	6,167	2.8	7,115	2.5	7,530	3.1	9,515	3.7	30,327	3.0

FIGURE 3.4

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



The distribution of discharges resident in each of the four health areas by age group is reported in Table 3.5. In 2005, just less than 50 per cent of discharges residing in the HSE Dublin North East and HSE Dublin Mid Leinster areas were in the under 45 years age groups and over 50 per cent were in the 45 years and over age groups. In the HSE South and HSE West areas, the highest proportions of discharges were classified among the older age groups, 55.7 per cent and 57.0 per cent respectively (see Figure 3.5). The HSE West area reported over 30 per cent of resident discharges aged 65 years and over.

Age-specific discharge rates for each HSE area are presented in Table 3.6. Consistently across all HSE areas, the discharge rate increased with age. In the HSE West area, for instance, there were 164.1 discharges for every 1,000 members of the population aged under 15 years, which was less than a quarter of the number of discharges per 1,000 population aged over 64 years (691.1 per 1,000).

For almost all age groups, the number of discharges per 1,000 was highest in the HSE West area. No single area consistently reported the lowest discharge rate for all age groups. The HSE West area reported the highest discharge rate overall and for each of the six aggregate age groups illustrated in Figures 3.6 to 3.11. The HSE Dublin Mid Leinster area reported the lowest overall discharge rate with 222.2 discharges for every 1,000 members of the population.

TABLE 3.5

Discharges by HSE Area of Residence and Age Group

	HSE Area of Residence								Total	
	HSE Dublin North East		HSE Dublin Mid Leinster		HSE South		HSE West			
	N	%	N	%	N	%	N	%	N	%
Total Discharges	218,341	100	261,344	100	250,369	100	274,548	100	1,004,602	100
Under 15 years	26,408	12.1	33,520	12.8	31,580	12.6	32,141	11.7	123,649	12.3
0–4 years	15,446	7.1	19,544	7.5	18,731	7.5	18,485	6.7	72,206	7.2
5–14 years	10,962	5.0	13,976	5.3	12,849	5.1	13,656	5.0	51,443	5.1
15–44 years	81,530	37.3	96,182	36.8	79,421	31.7	85,889	31.3	343,022	34.1
15–19 years	7,772	3.6	9,114	3.5	8,784	3.5	9,156	3.3	34,826	3.5
20–24 years	11,782	5.4	14,384	5.5	11,815	4.7	12,469	4.5	50,450	5.0
25–34 years	34,361	15.7	39,459	15.1	30,551	12.2	33,062	12.0	137,433	13.7
35–44 years	27,615	12.6	33,225	12.7	28,271	11.3	31,202	11.4	120,313	12.0
45–64 years	53,729	24.6	65,759	25.2	67,242	26.9	73,145	26.6	259,875	25.9
45–54 years	24,204	11.1	31,700	12.1	28,979	11.6	33,119	12.1	118,002	11.7
55–64 years	29,525	13.5	34,059	13.0	38,263	15.3	40,026	14.6	141,873	14.1
65 years and over	56,674	26.0	65,883	25.2	72,126	28.8	83,373	30.4	278,056	27.7
65–74 years	29,072	13.3	33,652	12.9	37,141	14.8	41,268	15.0	141,133	14.0
75–84 years	21,748	10.0	24,949	9.5	27,492	11.0	32,474	11.8	106,663	10.6
85 years and over	5,854	2.7	7,282	2.8	7,493	3.0	9,631	3.5	30,260	3.0

Note: A small number of discharges have no HSE area of residence (including discharges resident outside the Republic of Ireland and those with no fixed abode), which accounts for the minor differences in the discharge rates, and total number of discharges compared with Tables 3.4 and 3.5.

FIGURE 3.5

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

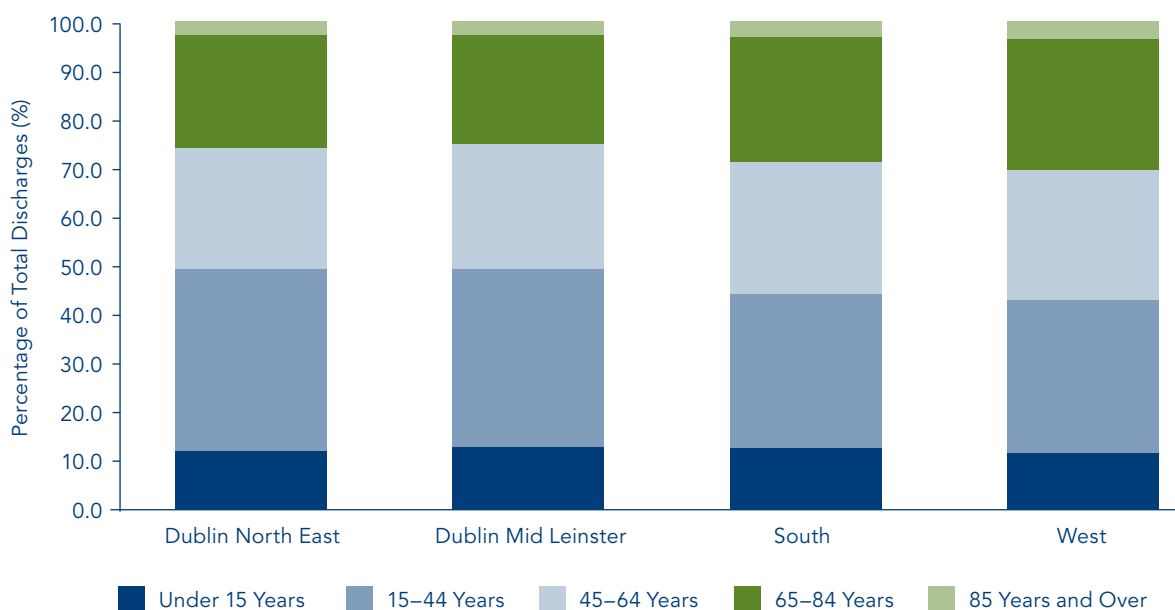


TABLE 3.6

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

	HSE Area of Residence			
	HSE Dublin North East	HSE Dublin Mid Leinster	HSE South	HSE West
Total Discharges	244.3	222.2	240.1	280.8
Under 15 years	143.5	137.5	149.4	164.1
0-4 years	223.3	215.0	255.3	274.0
5-14 years	95.4	91.4	93.1	106.4
15-44 years	192.6	172.5	172.3	200.7
15-19 years	128.8	114.4	118.2	126.9
20-24 years	161.6	148.9	144.4	156.3
25-34 years	218.0	192.7	200.5	236.7
35-44 years	208.5	188.2	185.6	228.7
45-64 years	278.8	257.6	275.4	313.8
45-54 years	223.4	219.4	215.3	257.4
55-64 years	349.9	307.4	349.2	383.2
65 years and over	604.3	552.0	569.9	691.1
65-74 years	548.1	494.1	518.8	627.7
75-84 years	685.1	622.5	640.8	783.9
85 years and over	650.2	652.2	621.2	715.1

Note: A small number of discharges have no HSE area of residence (including discharges resident outside the Republic of Ireland and those with no fixed abode). These rates exclude those discharges for whom HSE area of residence was unknown.

Source: Rates are based on population data from the Economic and Social Research Institute (see Appendix III).

FIGURE 3.6

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

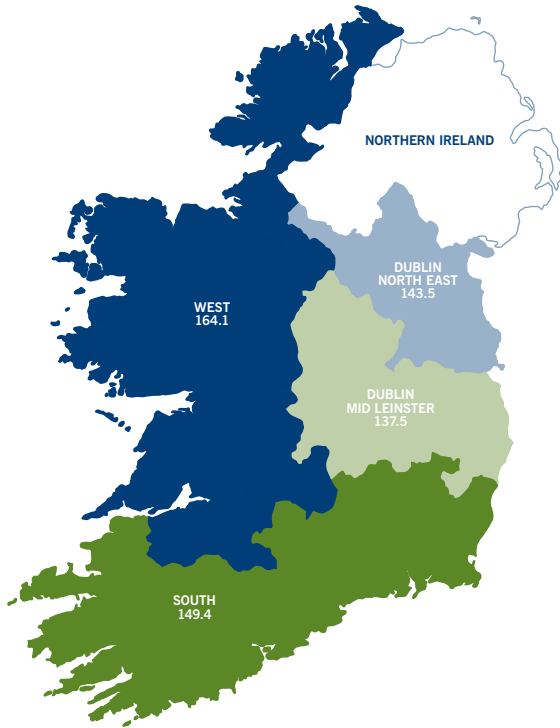


FIGURE 3.7

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

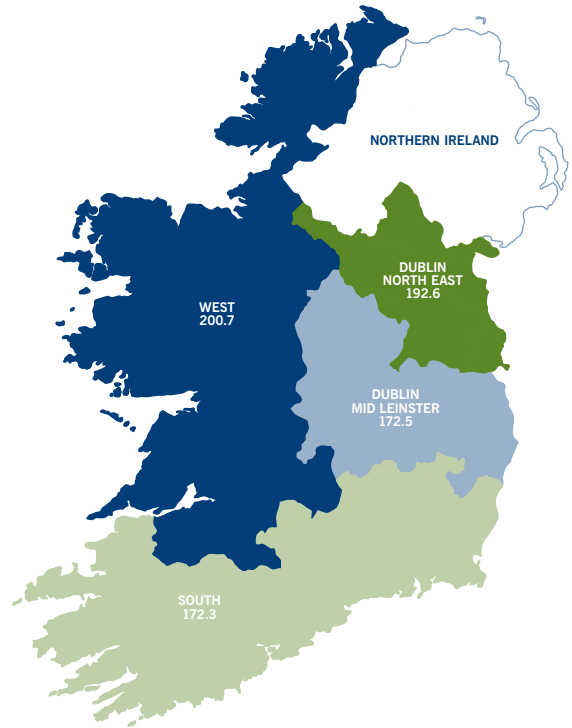


FIGURE 3.8

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

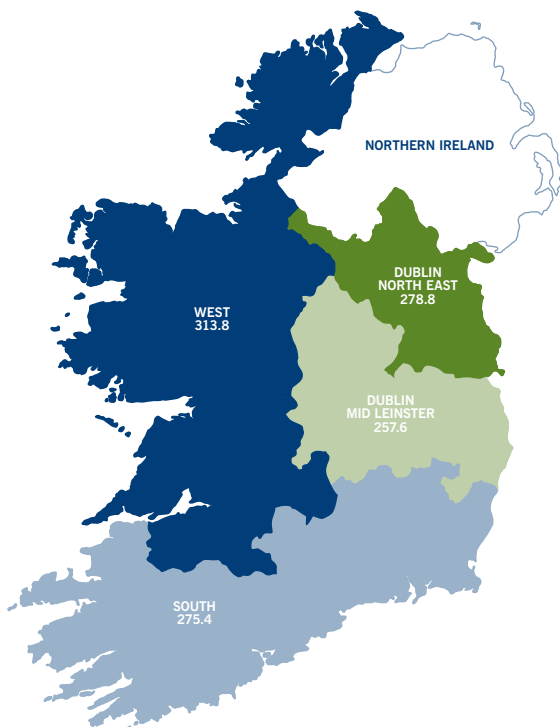


FIGURE 3.9

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

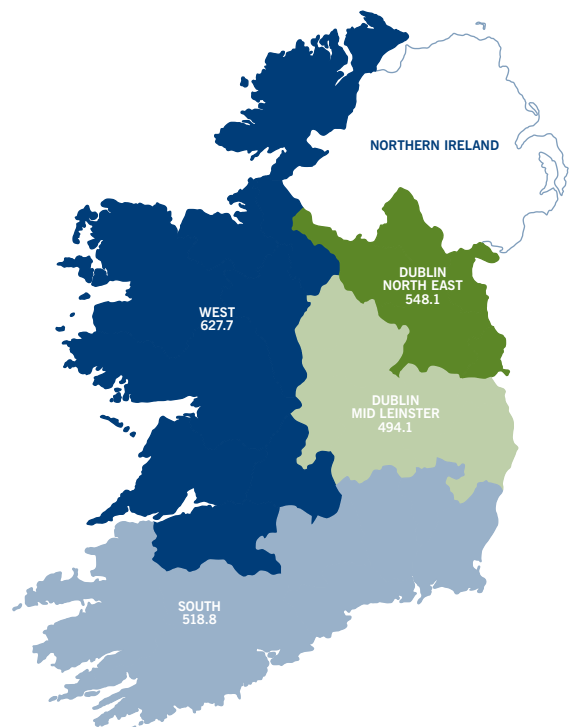


FIGURE 3.10

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

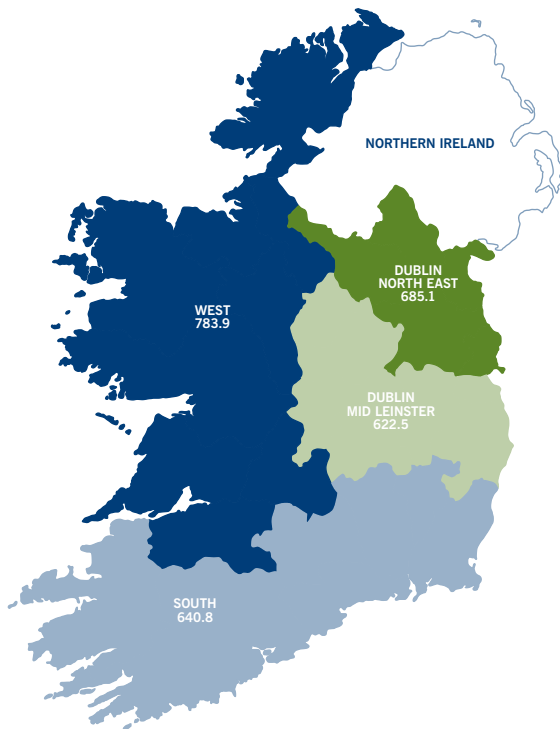
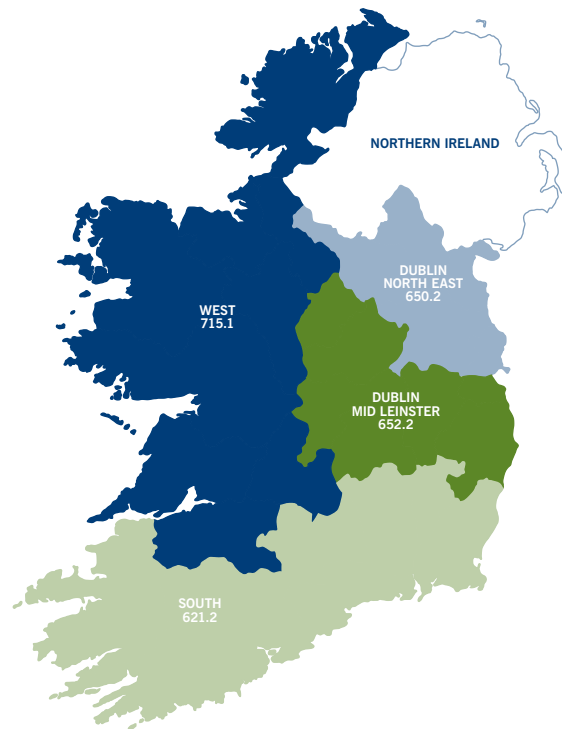


FIGURE 3.11

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



GENERAL MEDICAL SERVICE (GMS) STATUS

In Ireland, health care may be provided free at the point of use to those who are entitled to a medical card. Eligibility for a medical card is predominately dependent on income or age.⁴ It should be noted that where discharges in the Hospital In-Patient Enquiry (HIPE) scheme are recorded as having a medical card this does not necessarily imply that the hospital discharge was publicly funded and vice versa. Table 3.7 reports discharges for those who hold medical cards (classified as 'GMS') and do not hold medical cards ('non-GMS'). According to figures available from the HSE Primary Care Reimbursement Service, 28.0 per cent of the population were covered by a medical card in 2005.⁵

⁴ With effect from 1 July 2001, the medical card scheme was extended to cover all persons aged 70 years and over, irrespective of means. In 2005, 38.9 per cent of GMS discharges reported to HIPE were 70 years and over.

⁵ Data on the number of medical card holders in 2005 were obtained from www.hse.ie/eng/PCRS/Primary_Care_Reimbursement_Service_Financial_and_Statistical_Analysis_2005.pdf; date consulted: 15 August 2008. Percentage calculation is based on the official CSO estimate of national population as at April 2005.

Of the total 1,008,498 discharges, 46.5 per cent were GMS, while non-GMS discharges accounted for 50.6 per cent. Just over 47 per cent of all day patients and 45.2 per cent of all acute in-patients were GMS. The corresponding proportions for non-GMS were 48.9 per cent and 52.7 per cent of day and acute in-patients respectively (see Figure 3.12). The medical card status of extended stay in-patient discharges differed substantially, as a higher proportion of extended stay in-patients (73.1 per cent) were GMS patients. Within the GMS and non-GMS discharge categories, the distribution by day and in-patient status was similar.

Within the general hospitals group, both voluntary and regional hospitals reported a higher proportion of GMS discharges (see Figure 3.13). In contrast, the proportion of non-GMS discharges was higher relative to GMS discharges in county hospitals.

Almost seven out of every ten discharges from special hospitals were non-GMS. However, there were differences in the GMS/non-GMS breakdown across the different types of special hospitals. More than 80 per cent of discharges from maternity hospitals were not medical card holders, which was the highest proportion of non-GMS discharges for any of the categories of special hospital. In contrast, cancer hospitals recorded the lowest proportion of non-GMS discharges and long-stay hospitals reported the highest proportion of discharges for whom GMS status was unknown. Over 62 per cent of discharges from paediatric hospitals were non-GMS discharges.

The in-patient average length of stay, reported in Table 3.7, is generally shorter for acute and total non-GMS in-patients compared to the corresponding GMS discharges. Acute in-patient discharges with a medical card stayed an average of 6.1 days in hospital, which was 2.3 days longer than their non-GMS counterparts. Extended stay in-patient discharges with a medical card stayed almost 4 days longer in hospital than their non-GMS counterparts. Total in-patient GMS discharges from general hospitals had a longer average length of stay than non-GMS discharges (8.7 and 4.6 days respectively). Within the group of general hospitals, the average length of stay for GMS total in-patient discharges from voluntary hospitals was approximately 5.5 days longer than those in regional and county hospitals. Non-GMS discharges stayed around 2.5 days longer in voluntary hospitals than those in regional and county hospitals (see Figure 3.14). Regional and county hospitals recorded similar average lengths of stay for GMS (7.4 and 7.3 days respectively) and non-GMS (4.2 and 3.8 days respectively) in-patient discharges.

The total in-patient average lengths of stay for GMS and non-GMS discharges from general and special hospitals were broadly similar, although GMS discharges stayed slightly longer, on average, than their non-GMS counterparts in special hospitals.

TABLE 3.7
Discharges and Average Length of Stay (Days) by GMS Status, Patient Type and Hospital Type^a

	GMS			Non-GMS			Unknown ^b			Total		
	N	%	In-Patient Average Length of Stay	N	%	In-Patient Average Length of Stay	N	%	In-Patient Average Length of Stay	N	%	In-Patient Average Length of Stay
All Patient and Hospital Types												
Day Patients	208,805	47.1	-	216,887	48.9	-	17,962	4.0	-	443,654	100	-
In-Patients												
Acute (0–30 days)	248,463	45.2	6.1	289,648	52.7	3.8	11,079	2.0	5.5	549,190	100	4.9
Extended (>30 days)	11,441	73.1	64.0	3,854	24.6	60.2	359	2.3	61.0	15,654	100	63.0
Total In-Patients	259,904	46.0	8.6	293,502	52.0	4.6	11,438	2.0	7.3	564,844	100	6.5
Total Discharges (All Patient and Hospital Types)	468,709	46.5	-	510,389	50.6	-	29,400	2.9	-	1,008,498	100	-
General Hospitals												
Voluntary	132,082	46.0	12.9	131,843	45.9	6.7	23,394	8.1	7.9	287,319	100	9.8
Regional	128,621	52.6	7.4	113,272	46.3	4.2	2,715	1.1	5.3	244,608	100	5.9
County	169,005	49.4	7.3	172,334	50.4	3.8	853	0.2	4.7	342,192	100	5.5
Total (General)	429,708	49.2	8.7	417,449	47.8	4.6	26,962	3.1	7.6	874,119	100	6.7
Special Hospitals												
Cancer	3,784	61.0	27.4	2,403	38.7	22.1	19	0.3	36.0	6,206	100	25.9
Eye, Ear, Nose and Throat	3,004	40.6	3.3	4,274	57.8	3.3	116	1.6	3.8	7,394	100	3.3
Infectious Disease	207	51.4	18.5	194	48.1	29.7	~	~	~	403	100	23.9
Long Stay	611	52.5	22.6	480	41.3	17.4	72	6.2	16.1	1,163	100	20.1
Maternity	9,375	14.8	3.2	51,808	81.9	3.5	2,081	3.3	5.4	63,264	100	3.5
Orthopaedic	8,793	42.9	14.2	11,696	57.0	11.7	14	0.1	7.2	20,503	100	13.0
Paediatric	13,227	37.3	4.7	22,085	62.3	4.4	134	0.4	5.2	35,446	100	4.5
Total (Special)	39,001	29.0	8.1	92,940	69.2	4.6	2,438	1.8	5.7	134,379	100	5.5

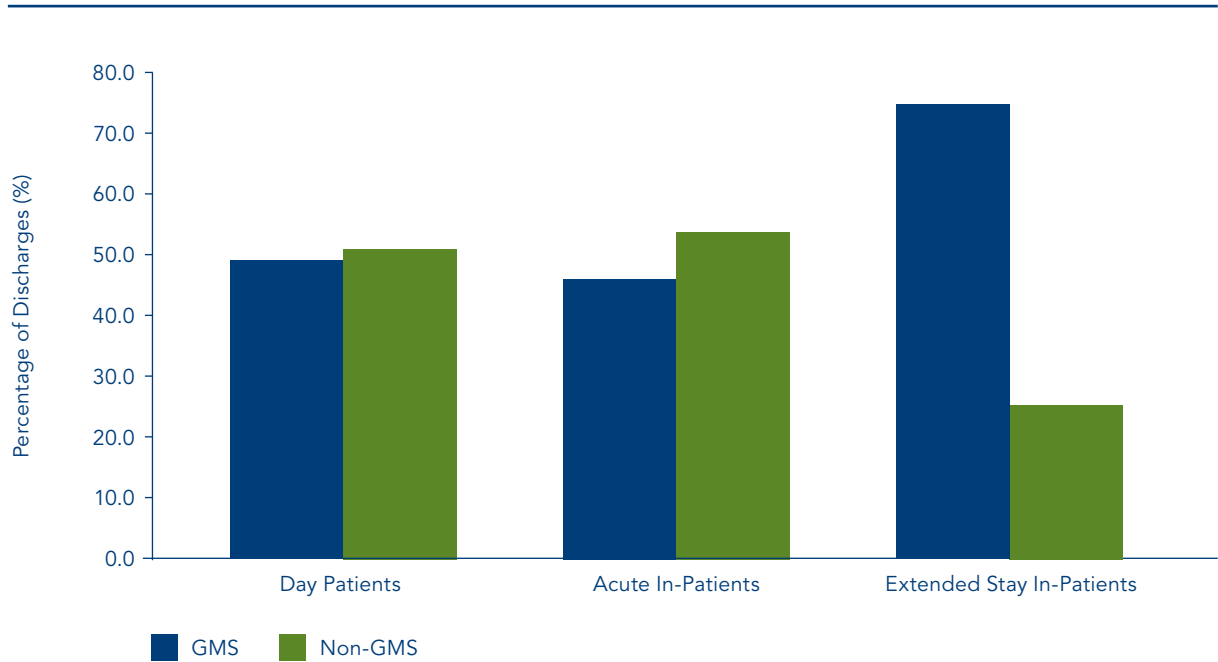
Notes: ^a For general and special hospitals, average length of stay relates to total in-patients.

^b Relates to discharges for whom GMS status was not known.

~ Denotes five or less discharges reported to HIPE.

FIGURE 3.12

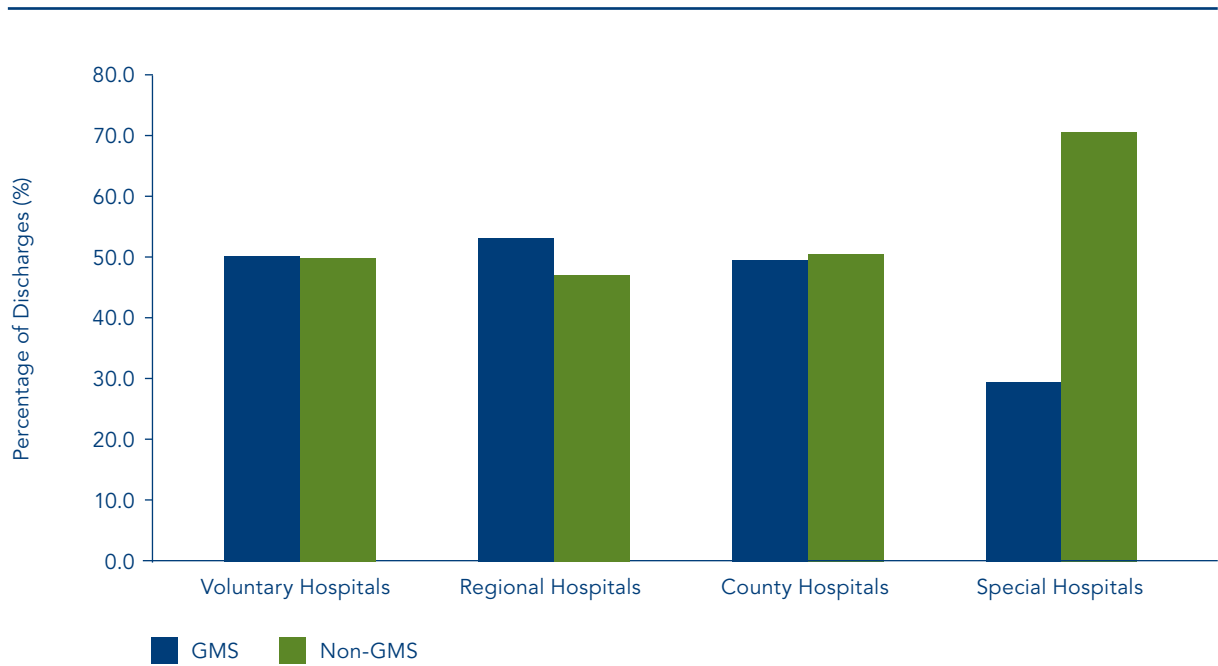
Percentage of Discharges by GMS Status and Patient Type



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

FIGURE 3.13

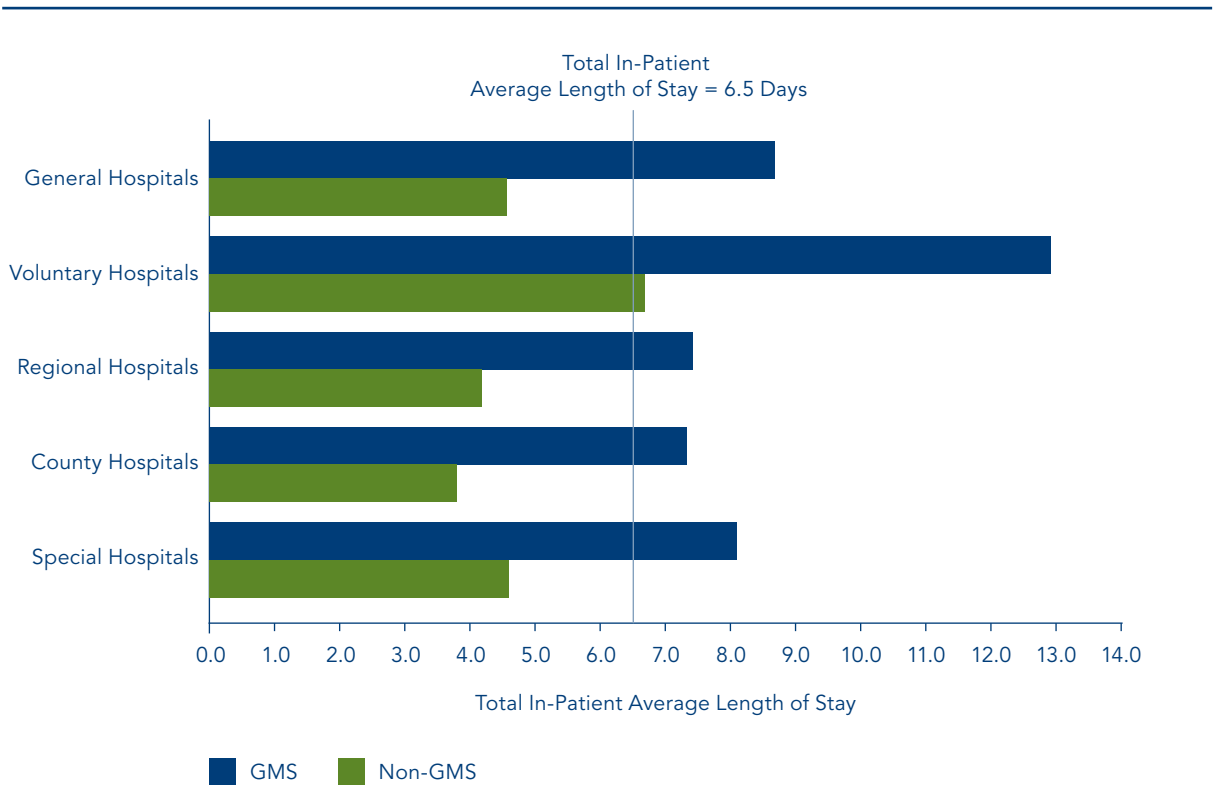
Percentage of Discharges by GMS Status and Hospital Type



See note under Figure 3.12.

FIGURE 3.14

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



See note under Figure 3.12.

The GMS status of the discharges hospitalised in each HSE area are reported in Table 3.8 and shown in Figure 3.15. In the HSE Dublin Mid Leinster and HSE South areas at least half of total discharges were non-GMS patients. For the HSE Dublin Mid Leinster area, non-GMS discharges accounted for almost 60 per cent of total discharges. This result was reversed in the HSE West area, where the majority of total discharges (54.9 per cent) were GMS.

TABLE 3.8

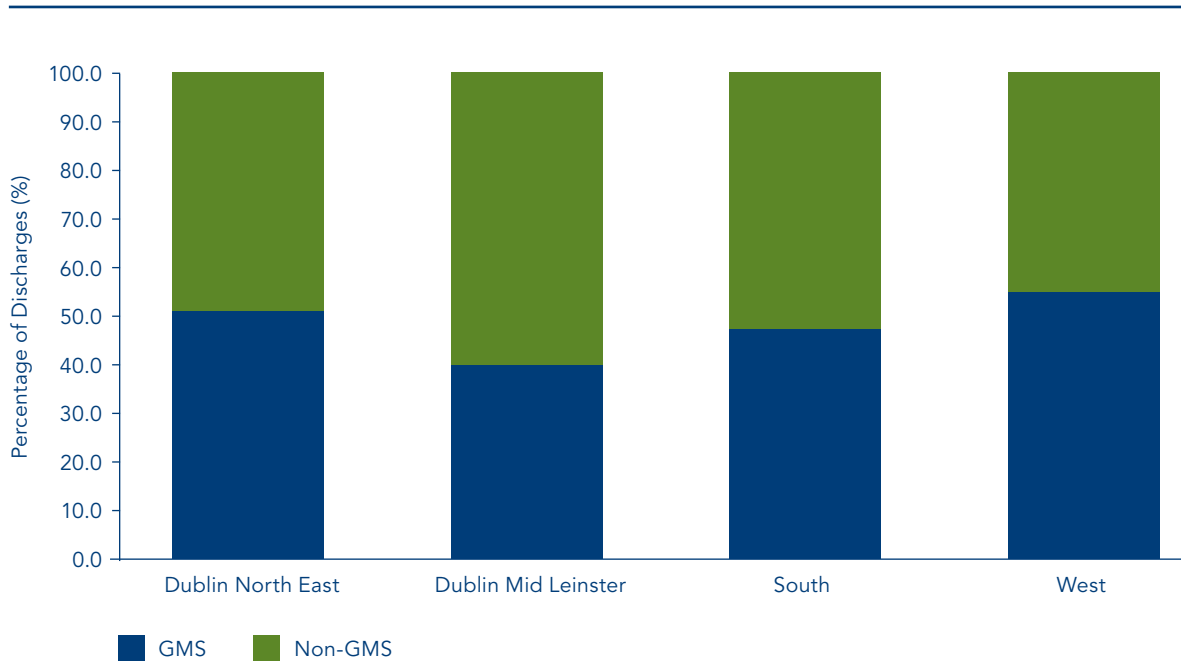
Total Discharges by GMS Status and HSE Area of Hospitalisation

	GMS		Non-GMS		Unknown ^a		Total	
	N	%	N	%	N	%	N	%
HSE Dublin North East %	101,214 45.6	21.6	97,648 44.0	19.1	22,879 10.3	77.8	221,741 100	22.0
HSE Dublin Mid Leinster %	112,396 39.4	24.0	170,557 59.8	33.4	2,244 0.8	7.6	285,197 100	28.3
HSE South %	112,542 46.6	24.0	125,487 51.9	24.6	3,667 1.5	12.5	241,696 100	24.0
HSE West %	142,557 54.9	30.4	116,697 44.9	22.9	610 0.2	2.1	259,864 100	25.8
Total %	468,709 46.5	100	510,389 50.6	100	29,400 2.9	100	1,008,498 100	100

Note: ^aRelates to discharges for whom GMS status was not known.

FIGURE 3.15

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



See note under Figure 3.12.

PUBLIC/PRIVATE STATUS

In HIPE, public/private status relates to whether the patient saw the consultant on a private or public basis. Private consultant care may be funded through private health insurance or out-of-pocket payment, although HIPE does not distinguish between these two methods of payment. As shown in Table 3.9, approximately three-quarters of total discharges were public. A slightly higher proportion of day patients were public (75.8 per cent) compared to total in-patients (73.1 per cent). A higher proportion of extended stay in-patients were public patients compared to acute in-patients (79.9 per cent and 72.9 per cent respectively).

Almost 76 per cent of discharges from general hospitals were public. A higher proportion of day patients than total in-patients from general hospitals were public patients. Within the group of general hospitals, there were some differences in the public/private breakdown (see Figure 3.16). While voluntary and county hospitals discharged similar proportions of public patients (77.9 per cent and 77.8 per cent respectively), regional hospitals had the highest proportion of private discharges (29.9 per cent).

Further differences were apparent upon examining the public/private classification by patient type in these general hospitals. Of all day patients discharged by voluntary hospitals, 82.3 per cent were public compared to 71.4 per cent of in-patients. In regional hospitals a similar proportion of day patients and in-patients were public (70.1 per cent and 70.0 per cent respectively). Furthermore, county hospitals were the only category of general hospital in which the proportion of public in-patients (79.0 per cent) exceeded the proportion of public day patients (75.4 per cent).

Compared to general hospitals, special hospitals discharged a higher proportion of private patients, regardless of patient type. The low proportion of public discharges was also evident for a number of categories of special hospital. Only in orthopaedic hospitals did the proportion of public discharges reach the level reported for total discharges, while the majority of discharges from infectious disease hospitals (92.6 per cent) were public.

The total in-patient average length of stay for public discharges was 6.7 days, which was almost one day longer than that for private discharges (5.8 days). While there was little difference between public and private discharges in their acute in-patient average lengths of stay, public extended stay in-patients were, on average, 6.6 days longer in hospital compared to their private counterparts. As shown in Figure 3.17, the total public in-patient average length of stay was half a day longer in general compared to special hospitals (6.9 days and 6.4 days respectively). For private in-patients the average length of stay in general hospitals was 1.3 days longer compared to special hospitals (6.1 days and 4.8 days respectively).

Within the group of general hospitals, the total in-patient average length of stay for public discharges was longer than that for private discharges in regional and county hospitals. Only in voluntary hospitals did total private discharges have a longer duration of hospitalisation than public discharges (5.1 days for private discharges and 4.4 days for public discharges). It is worth noting that factors such as case complexity and the ratio of in-patients to day patients may also explain the differences in average length of stay across the hospital types. For both private and public discharges, the average lengths of stay in voluntary hospitals were longer than those in regional and county hospitals.

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

TABLE 3.9

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

	Public			Private			Total		
	N	%	In-Patient Average Length of Stay	N	%	In-Patient Average Length of Stay	N	%	In-Patient Average Length of Stay
All Hospital and Patient Types									
Day Patients	336,222	75.8	-	107,432	24.2	-	443,654	100	-
In-Patients									
Acute (0–30 days)	400,240	72.9	4.9	148,950	27.1	4.7	549,190	100	4.9
Extended (>30 days)	12,504	79.9	64.3	3,150	20.1	57.7	15,654	100	63.0
Total In-Patients	412,744	73.1	6.7	152,100	26.9	5.8	564,844	100	6.5
Total Discharges (All Hospital and Patient Types)	748,966	74.3	4.2	259,532	25.7	3.8	1,008,498	100	4.1
General Hospitals									
Day Patients	309,946	76.8	-	93,833	23.2	-	403,779	100	-
In-Patients	351,361	74.7	6.9	118,979	25.3	6.1	470,340	100	6.7
Total Discharges (General)	661,307	75.7	-	212,812	24.3	-	874,119	100	-
Voluntary^a	223,713	77.9	4.4	63,606	22.1	5.1	287,319	100	4.6
Day Patients	140,332	82.3	-	30,191	17.7	-	170,523	100	-
In-Patients	83,381	71.4	10.2	33,415	28.6	8.7	116,796	100	9.8
Regional^a	171,396	70.1	3.6	73,212	29.9	3.2	244,608	100	3.5
Day Patients	82,975	70.1	-	35,385	29.9	-	118,360	100	-
In-Patients	88,421	70.0	6.1	37,827	30.0	5.4	126,248	100	5.9
County^a	266,198	77.8	4.2	75,994	22.2	3.4	342,192	100	4.0
Day Patients	86,639	75.4	-	28,257	24.6	-	114,896	100	-
In-Patients	179,559	79.0	5.7	47,737	21.0	4.9	227,296	100	5.5
Special Hospitals									
Day Patients	26,276	65.9	-	13,599	34.1	-	39,875	100	-
In-Patients	61,383	65.0	6.4	33,121	35.0	4.8	94,504	100	5.8
Total Discharges (Special)	87,659	65.2	-	46,720	34.8	-	134,379	100	-
Cancer	4,213	67.9	26.6	1,993	32.1	24.1	6,206	100	25.9
Eye, Ear, Nose and Throat	4,270	57.7	3.2	3,124	42.3	3.4	7,394	100	3.3
Infectious Disease	373	92.6	24.7	30	7.4	13.0	403	100	23.9
Long Stay	678	58.3	20.8	485	41.7	19.0	1,163	100	20.1
Maternity	39,960	63.2	3.4	23,304	36.8	3.7	63,264	100	3.5
Orthopaedic	15,300	74.6	14.9	5,203	25.4	8.3	20,503	100	13.0
Paediatric	22,865	64.5	4.7	12,581	35.5	4.0	35,446	100	4.5

Note: ^a Overall average lengths of stay for voluntary, regional and county hospitals include day patients.

FIGURE 3.16

Total Discharges by Public/Private Status and Hospital Type

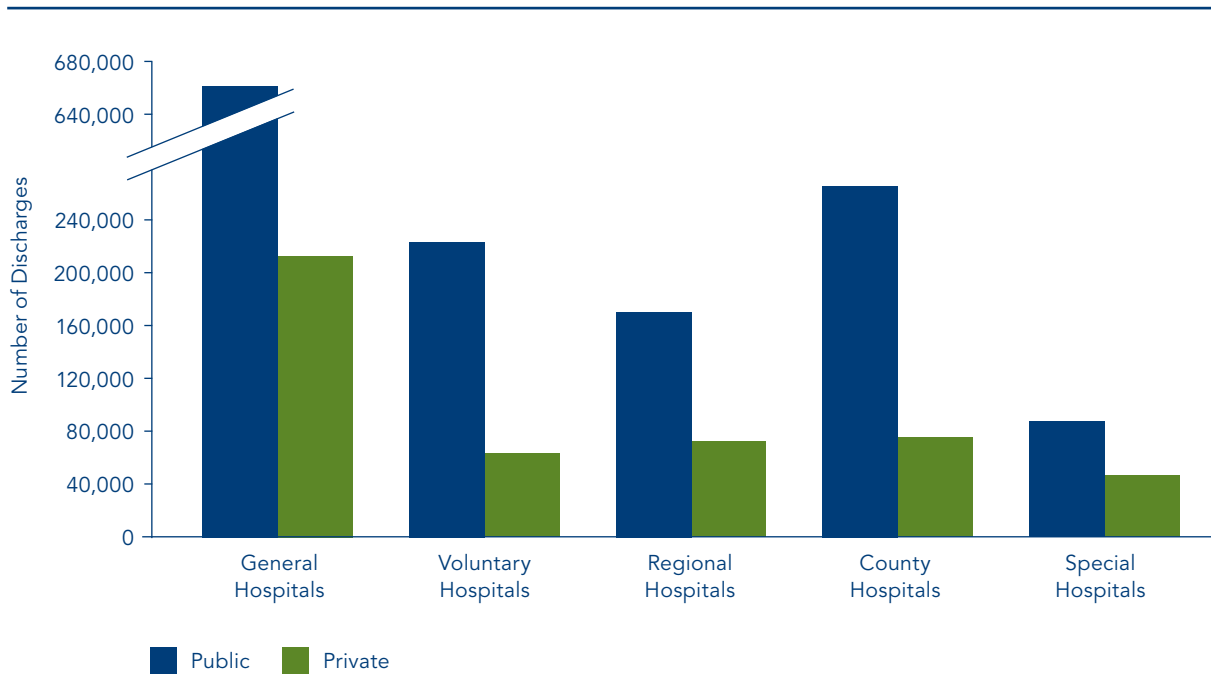
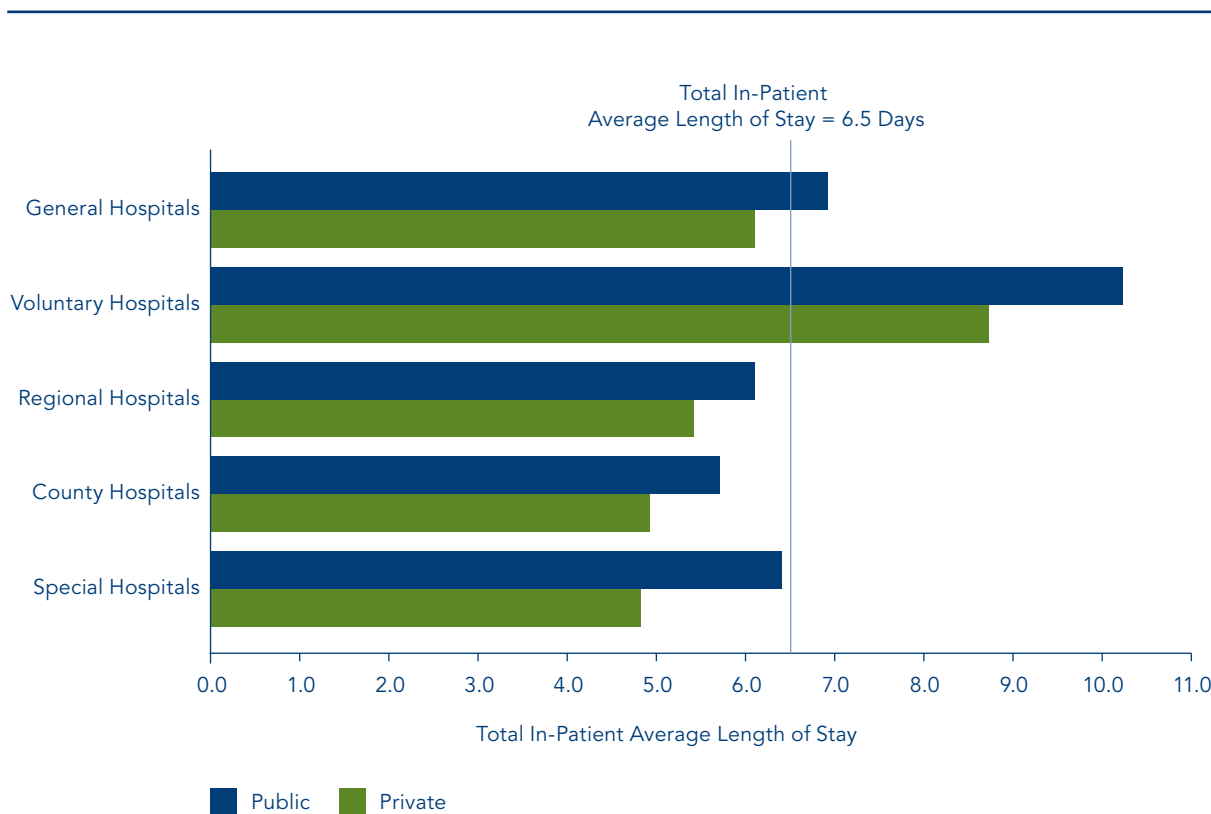


FIGURE 3.17

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



The public/private composition of discharges by HSE area of hospitalisation is represented in Table 3.10 and Figure 3.18. The HSE South area accounted for the largest proportion of private discharges and the HSE Dublin Mid Leinster area accounted for the largest proportion of public discharges. Within the HSE areas there was a higher proportion of public discharges in the HSE Dublin North East area (77.2 per cent) compared to 70.5 per cent in the HSE South area.

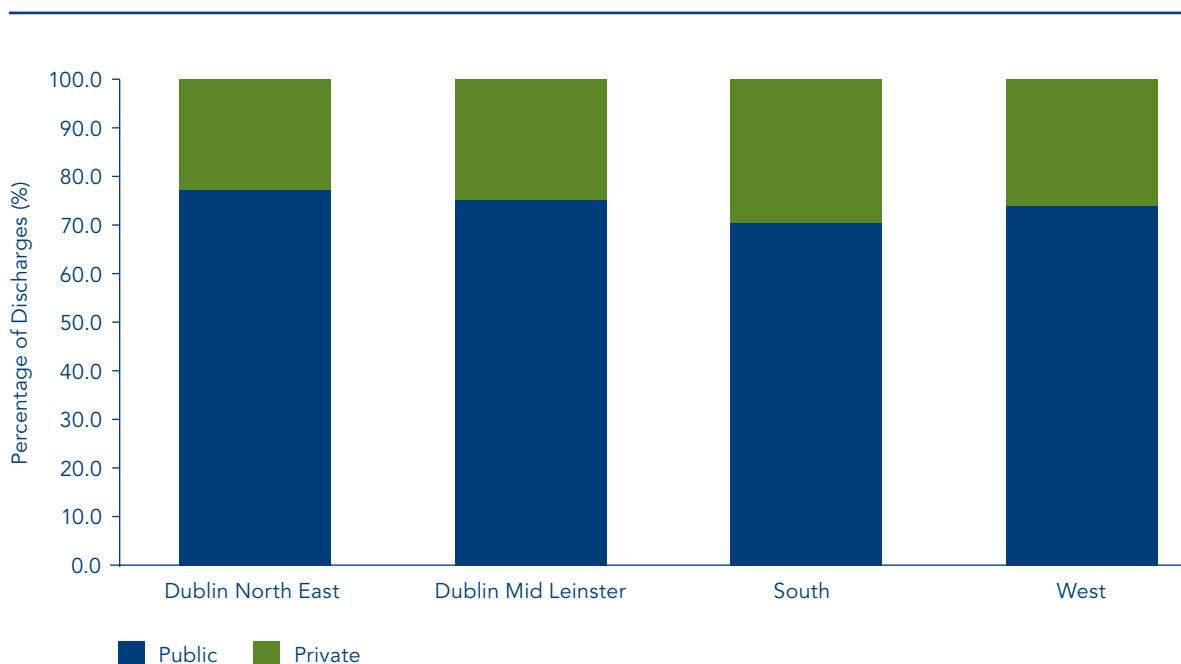
TABLE 3.10

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

	Public Discharges		Private Discharges		Total Discharges	
	N	%	N	%	N	%
HSE Dublin North East	171,255	22.9	50,486	19.5	221,741	22.0
%	77.2		22.8		100	
HSE Dublin Mid Leinster	214,779	28.7	70,418	27.1	285,197	28.3
%	75.3		24.7		100	
HSE South	170,426	22.8	71,270	27.5	241,696	24.0
%	70.5		29.5		100	
HSE West	192,506	25.7	67,358	26.0	259,864	25.8
%	74.1		25.9		100	
Total	748,966	100	259,532	100	1,008,498	100
%	74.3		25.7		100	

FIGURE 3.18

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



INTER-REGIONAL FLOW OF DISCHARGES

Table 3.11 reports the area of residence for patients who were hospitalised in each of the four HSE areas. Thus, of the discharges treated in the HSE Dublin Mid Leinster area, 80.9 per cent were living in that area and 10.2 per cent were from the neighbouring HSE Dublin North East area, and the rest were from the other two health areas. For the majority of discharges, their HSE area of residence was the same as their HSE area of hospitalisation. Figure 3.19 shows the HSE area of residence for discharges hospitalised in the HSE Dublin Mid Leinster area. Of discharges hospitalised in the HSE Dublin Mid Leinster area 19.0 per cent were resident outside this area. Discharges were more likely to travel to the HSE Dublin Mid Leinster area for treatment if they were resident in the HSE Dublin North East area. In contrast, lower proportions of discharges treated in the HSE Dublin Mid Leinster area were residents of the two remaining health areas.

TABLE 3.11

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

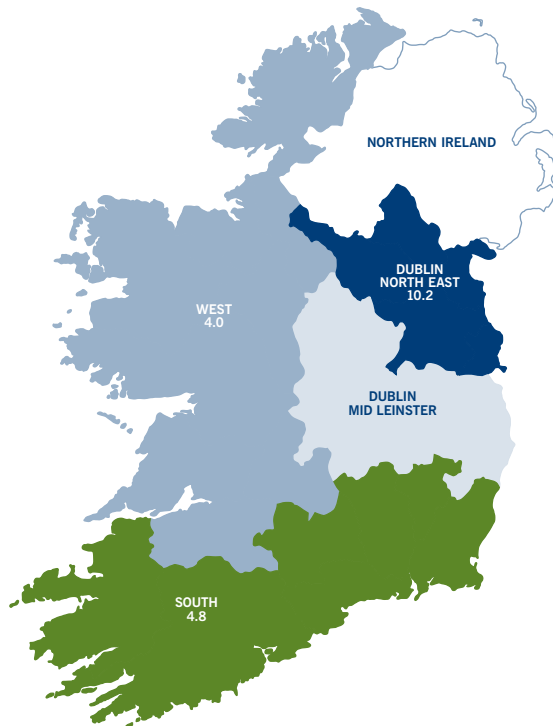
HSE Area of Residence	HSE Area of Hospitalisation			
	HSE Dublin North East	HSE Dublin Mid Leinster	HSE South	HSE West
HSE Dublin North East	85.1	10.2	0.2	0.3
HSE Dublin Mid Leinster	10.0	80.9	0.8	2.8
HSE South	1.8	4.8	95.8	0.8
HSE West	3.1	4.0	3.2	96.2
Total	100	100	100	100

Notes: For example, 85.1 per cent of discharges treated in the HSE Dublin North East area were resident in that area, and 3.1 per cent of discharges treated in the HSE Dublin North East area were resident in the HSE West area.

A small number of discharges have no HSE area of residence (including discharges resident outside the Republic of Ireland and those with no fixed abode). This table excludes those discharges for whom HSE area of residence was unknown.

FIGURE 3.19

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



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

The focus of Figure 3.20 is the HSE Dublin North East area which, according to Table 3.12, had the lowest proportion of discharges treated within their residential health area (86.1 per cent). Specifically, Figure 3.20 shows the HSE area of hospitalisation in which discharges resident in the HSE Dublin North East area were treated. As observed in Figure 3.19, the flows were generally strongest from the HSE Dublin North East area to the HSE Dublin Mid Leinster area (13.3 per cent).

TABLE 3.12

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

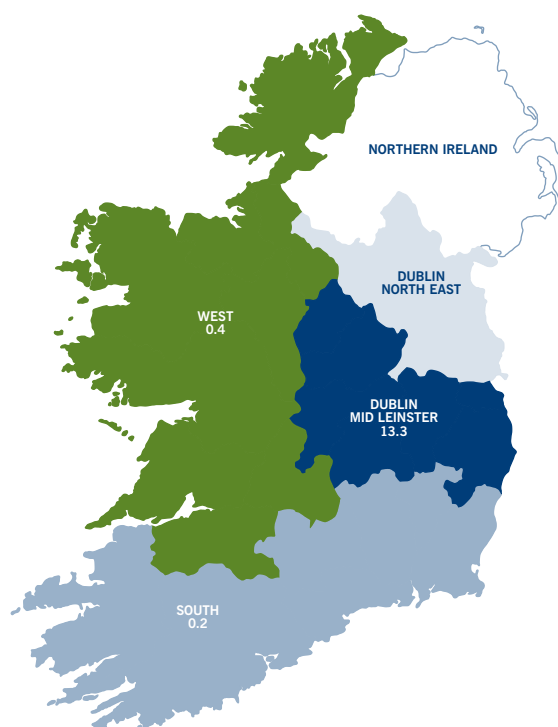
HSE Area of Hospitalisation	HSE Area of Residence			
	HSE Dublin North East	HSE Dublin Mid Leinster	HSE South	HSE West
HSE Dublin North East	86.1	8.5	1.6	2.5
HSE Dublin Mid Leinster	13.3	88.1	5.5	4.2
HSE South	0.2	0.7	92.1	2.8
HSE West	0.4	2.7	0.8	90.5
Total	100	100	100	100

Notes: For example, 88.1 per cent of discharges resident in the HSE Dublin Mid Leinster area were treated in that area, and 8.5 per cent of HSE Dublin Mid Leinster residents were treated in the HSE Dublin North East area.

A small number of discharges have no HSE area of residence (including discharges resident outside the Republic of Ireland and those with no fixed abode). This table excludes those discharges for whom HSE area of residence was unknown.

FIGURE 3.20

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





Morbidity Analysis
for Hospital Discharges
in 2005

SECTION

FOUR

SUMMARY

Discharges by Diagnosis

- In 2005, an average of 2.6 diagnoses were recorded for each HIPE discharge.
- Total in-patients were found, on average, to have 1.2 more diagnoses compared to day patients.
- The average number of all-listed diagnoses was slightly higher for male discharges (2.6 diagnoses) than female discharges (2.5 diagnoses).
- The average number of diagnoses generally increased with age, regardless of patient type. The average number of diagnoses for those under 15 years old was 2.2, this increased to 3.1 for those aged 65 years and over.
- Over 45 per cent of all day patients had one of the top 20 principal day patient diagnoses.
- 'Other medical care' was the most common principal diagnosis among day patients in 2005, accounting for 22.0 per cent of total day patient discharges.
- The top 20 most common principal diagnoses for total in-patients accounted for 27.4 per cent of total in-patient discharges.
- The most common principal diagnosis for in-patients was 'perineal laceration during delivery', which accounted for 2.7 per cent of total in-patients.

Discharges by Procedure

- Principal procedures were recorded for 75.0 per cent of total discharges in 2005, with an average of 2.0 procedures performed on these discharges.
- The top 20 principal procedure blocks for day patients accounted for 66.5 per cent of total day patients who had a principal procedure. Similarly, 47.2 per cent of total in-patients with a procedure underwent one of the top 20 principal procedures.
- For day patients, the most common principal procedure block was 'pharmacotherapy'. This procedure block accounted for 18.3 per cent of day patients with a principal procedure. For in-patients the most common principal procedure block was 'generalised allied health interventions'. This accounted for 9.9 per cent of total in-patients with a principal procedure.
- The average length of stay for acute in-patients with a principal procedure was 5.8 days.

INTRODUCTION

This Section analyses the diagnoses and procedures recorded for discharges reported to the Hospital In-Patient Enquiry (HIPE) scheme in 2005. The most common principal diagnoses are analysed first, followed by a detailed analysis of principal and all-listed diagnoses by sex and then age. The most frequently reported procedures performed are outlined together with a breakdown of principal and all-listed procedures by patient demographics. In 2005, for the first time, the diagnoses and procedures were coded using the 10th Revision of the International Classification of Diseases, Australian Modification, 4th Edition (ICD-10-AM) incorporating the Australian Classification for Health Interventions (ACHI). The spelling conventions of ICD-10-AM comply with the Macquarie Dictionary as recommended by the Australian government style manual. In 2005 HIPE collected principal diagnosis and principal procedure (where relevant), together with up to nineteen additional diagnosis codes and nineteen additional procedures codes.¹

It is important to note that given the changes to clinical coding it is not possible to compare the results presented here for diagnoses and procedures to those presented in previous reports. For example, in the case of diabetes, in ICD-9-CM a fifth character is used with category 250 'diabetes mellitus' to identify the type of diabetes and whether the diabetes is controlled or uncontrolled. The fifth character used to record Type II diabetes is also used to collect diabetes of unspecified type. In ICD-10-AM a separate category of E14 'unspecified diabetes mellitus' has been provided to record diabetes of unspecified type. A comparison of diabetes of unspecified type between ICD-9-CM and ICD-10-AM is not possible.

DIAGNOSES

A principal diagnosis is defined as, 'the diagnosis established after study to be chiefly responsible for occasioning the patient's episode of care in hospital (or attendance at the health care facility)'.^{2,3} An additional diagnosis is defined as, 'a condition or complaint either coexisting with the principal diagnosis or arising during the episode of care or attendance at a health care facility'⁴ and may be used as an indication of the level of comorbidity. This ICD-10-AM definition of additional diagnoses differs from ICD-9-CM, by limiting the coding of conditions to only those that affect patient management in a significant way. Within this context, additional diagnoses are interpreted as conditions that generally result in an extended length of hospital stay and require therapeutic treatment, diagnostic procedures or increased nursing care and/or monitoring. In ICD-10-AM, a condition will not be routinely coded if a patient is continuing a course of medication for treatment of the condition. However, if the medication is altered or adjusted during the episode of care, the condition will be coded.⁵ This change in the coding of additional diagnoses must be taken into account in the analyses of these data.

¹ In addition to the principal diagnosis and principal procedure codes, from 1995–2001 HIPE collected five secondary diagnosis codes and three secondary procedure codes. From 2001 to 2004, HIPE collected nine secondary diagnosis codes and nine secondary procedure codes.

² National Centre of Classification in Health (NCCH), 2004. *The International Statistical Classification of Diseases and Related Health Problems, Tenth Revision, Australian Modification. Volume 5: Australian Coding Standards*. Sydney: NCCH. p 6.

³ This differs slightly to the ICD-9-CM definition of the principal diagnosis: '...that condition established after study to be chiefly responsible for occasioning admission to the hospital for care'.

⁴ NCCH (2004), p 9

⁵ NCCH (2004), p 9

On average, 2.6 diagnoses were recorded for each HIPE discharge in 2005. The average number of diagnoses varied for day and in-patients. Total in-patients had more diagnoses compared with day patients (3.1 diagnoses, on average, for total in-patients compared to 1.9 diagnoses for day patients). The average number of all-listed diagnoses was slightly higher for total male discharges compared with female discharges. This difference between males and females was more apparent when comparing total in-patients. Total male in-patients recorded 3.3 diagnoses on average, which was 10 per cent higher than the 3.0 diagnoses for their female counterparts. The average number of diagnoses for day patients was higher for females than males and it generally increased with age, regardless of patient type. The positive association between age and the number of diagnoses was particularly strong among in-patients, where the average number of diagnoses recorded by the oldest age group was 4.0 diagnoses, compared with the average of 2.5 diagnoses recorded for discharges aged less than 15 years.

TABLE 4.1

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

	Day Patients	Total In-Patients	Total Discharges
Total	1.9	3.1	2.6
Sex			
Male	1.8	3.3	2.6
Female	1.9	3.0	2.5
Age Group			
Under 15 years	1.8	2.5	2.2
15–44 years	1.7	2.8	2.4
45–64 years	1.9	3.2	2.5
65 years and over	2.0	4.0	3.1

Top 20 Principal Diagnoses

In 2005, 443,654 principal diagnoses were recorded for day patients; one for each day patient discharged. The 20 most commonly reported principal diagnoses, analysed at the three-digit level, for day patients are presented in Table 4.2 and shown in Figure 4.1. Over 45 per cent of day patients were diagnosed with one of the top 20 principal diagnoses. The principal diagnosis of 'other medical care', which includes chemotherapy and radiotherapy encounters, accounted for the largest proportion of total day patients (22.0 per cent). This diagnosis amounted to over seven times the number of day patients when compared with the second most common principal diagnosis, 'disorders of mineral metabolism' (includes haemochromatosis).

TABLE 4.2

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

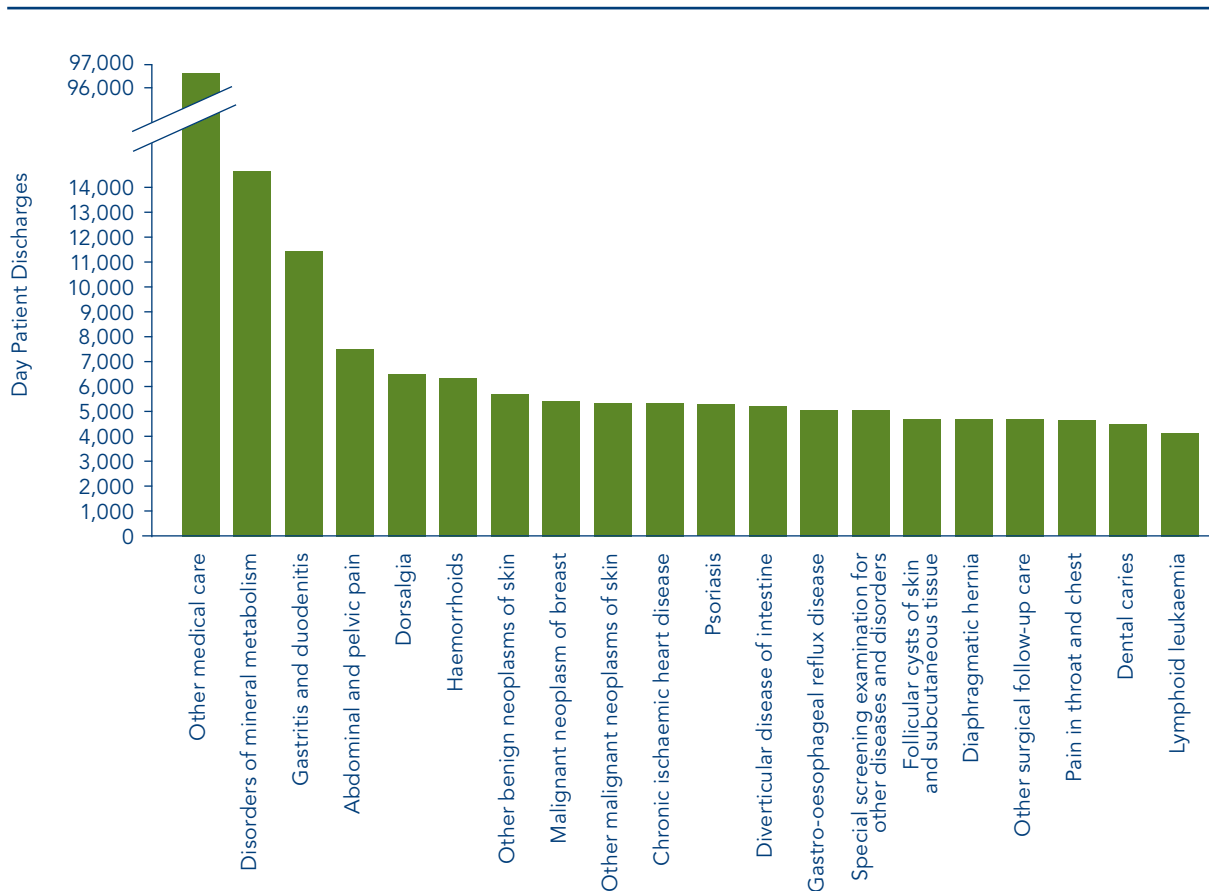
Rank	Principal Diagnosis	ICD-10-AM Code ^a	N	% of Top 20 Principal Diagnoses for Day Patients	% of Total Day Patients
1	Other medical care ^b	Z51	97,540	48.5	22.0
2	Disorders of mineral metabolism	E83	13,054	6.5	2.9
3	Gastritis and duodenitis	K29	10,219	5.1	2.3
4	Abdominal and pelvic pain	R10	6,661	3.3	1.5
5	Dorsalgia	M54	5,789	2.9	1.3
6	Haemorrhoids	I84	5,693	2.8	1.3
7	Other benign neoplasms of skin	D23	5,117	2.5	1.2
8	Malignant neoplasm of breast	C50	4,846	2.4	1.1
9	Other malignant neoplasms of skin	C44	4,797	2.4	1.1
10	Chronic ischaemic heart disease	I25	4,797	2.4	1.1
11	Psoriasis	L40	4,714	2.3	1.1
12	Diverticular disease of intestine	K57	4,627	2.3	1.0
13	Gastro-oesophageal reflux disease	K21	4,499	2.2	1.0
14	Special screening examination for other diseases and disorders	Z13	4,497	2.2	1.0
15	Follicular cysts of skin and subcutaneous tissue	L72	4,223	2.1	1.0
16	Diaphragmatic hernia	K44	4,202	2.1	0.9
17	Other surgical follow-up care	Z48	4,175	2.1	0.9
18	Pain in throat and chest	R07	4,142	2.1	0.9
19	Dental caries	K02	3,984	2.0	0.9
20	Lymphoid leukaemia	C91	3,715	1.8	0.8
Top 20 Principal Diagnoses for Day Patients—Total		-	201,291	100	45.4
Day Patients—Total		-	443,654	-	-

Notes: ^a ICD-10-AM diagnosis codes analysed at three-digit level.

^b Includes chemotherapy and radiotherapy encounters. The volume of activity reported here should be treated with caution as there was significant under-reporting of radiotherapy activity by one HIPE hospital.

FIGURE 4.1

Top 20 Principal Diagnoses for Day Patients



See notes under Table 4.2.

While the top 20 principal diagnoses for day patients accounted for over 45 per cent of discharges for this group, the equivalent proportion for total in-patients was substantially lower with 27.4 per cent of total in-patient discharges reporting one of the 20 most common principal diagnoses. As shown in Table 4.3, the most common principal diagnosis for in-patients was 'perineal laceration during delivery', which accounted for 2.7 per cent of total in-patients. A slightly smaller proportion of total in-patients were discharged with the second most frequently reported principal diagnosis, 'pain in throat and chest'. The total in-patient average length of stay for the top 20 principal diagnoses ranged from 1.4 days for 'false labour' to 12.3 days for 'heart failure'. Figure 4.2 shows the volume of in-patient activity for each of these top 20 principal diagnoses together with their total in-patient average length of stay. In addition to the most common principal diagnosis, four other obstetrical diagnoses also ranked in the top 20 (including 'other maternal diseases classifiable elsewhere but complicating pregnancy, childbirth and the puerperium', 'single spontaneous delivery', 'labour and delivery complicated by fetal stress [distress]' and 'false labour').

TABLE 4.3

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

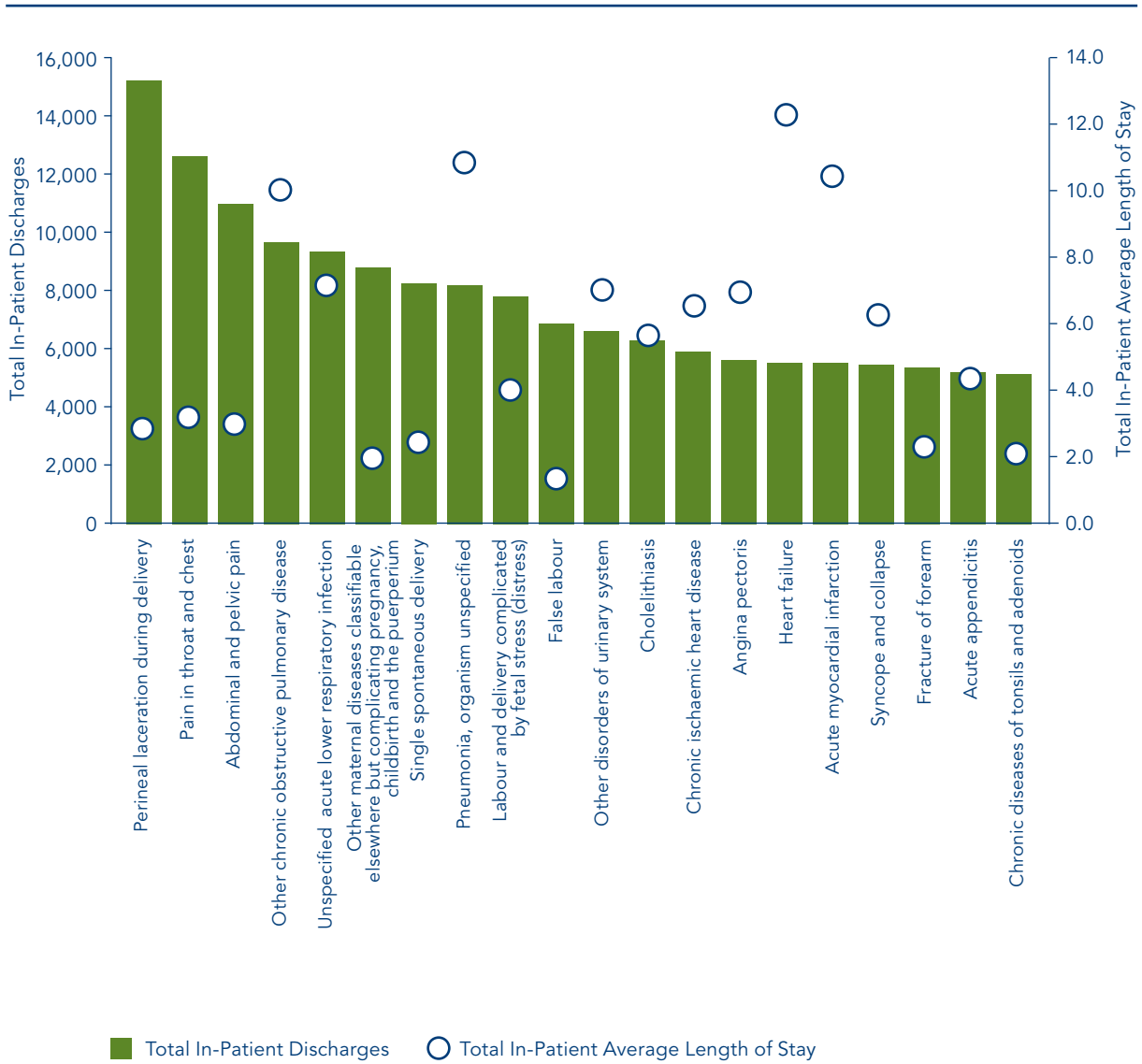
Rank	Principal Diagnosis	ICD-10-AM Code ^a	N	% of Top 20 Principal Diagnoses for In-Patients	% of Total In-Patients	Total In-Patient Average Length of Stay ^b
1	Perineal laceration during delivery	O70	15,225	9.8	2.7	2.8
2	Pain in throat and chest	R07	12,669	8.2	2.2	3.2
3	Abdominal and pelvic pain	R10	10,990	7.1	1.9	3.0
4	Other chronic obstructive pulmonary disease	J44	9,657	6.2	1.7	10.1
5	Unspecified acute lower respiratory infection	J22	9,404	6.1	1.7	7.2
6	Other maternal diseases classifiable elsewhere but complicating pregnancy, childbirth and the puerperium	O99	8,813	5.7	1.6	2.0
7	Single spontaneous delivery	O80	8,265	5.3	1.5	2.5
8	Pneumonia, organism unspecified	J18	8,211	5.3	1.5	10.9
9	Labour and delivery complicated by fetal stress [distress]	O68	7,838	5.1	1.4	4.1
10	False labour	O47	6,865	4.4	1.2	1.4
11	Other disorders of urinary system	N39	6,669	4.3	1.2	7.1
12	Cholelithiasis	K80	6,285	4.1	1.1	5.7
13	Chronic ischaemic heart disease	I25	5,939	3.8	1.1	6.6
14	Angina pectoris	I20	5,632	3.6	1.0	6.9
15	Heart failure	I50	5,564	3.6	1.0	12.3
16	Acute myocardial infarction	I21	5,548	3.6	1.0	10.5
17	Syncope and collapse	R55	5,468	3.5	1.0	6.3
18	Fracture of forearm	S52	5,391	3.5	1.0	2.3
19	Acute appendicitis	K35	5,227	3.4	0.9	4.4
20	Chronic diseases of tonsils and adenoids	J35	5,136	3.3	0.9	2.1
Top 20 Principal Diagnoses for In-Patients—Total		-	154,796	100	27.4	5.3
In-Patients—Total		-	564,844	-	-	6.5

Notes: ^a ICD-10-AM diagnosis codes analysed at three-digit level.

^b Includes acute and extended stay in-patients.

FIGURE 4.2

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



See notes under Table 4.3.

Principal and All-Listed Diagnoses

Selected principal diagnoses recorded for total male and female discharges in 2005 are listed in Table 4.4. The presentation of morbidity data here is formatted by chapter within the ICD-10-AM coding scheme with certain specific conditions within these chapters reported separately.

Principal diagnoses within 'factors influencing health status and contact with health services' amounted to 145,957 discharges or 14.5 per cent of total discharges. The majority of discharges within this category are related to radiotherapy and chemotherapy encounters. More than 100,000 total discharges were also recorded for 'diseases of the digestive system' as well as 'pregnancy, childbirth and the puerperium'.

Over 55 per cent of discharges were female which is related to the high volume of principal diagnoses classified as 'pregnancy, childbirth and the puerperium' (18.6 per cent of total female discharges). There were other examples in which the principal diagnosis was more common in either males or females. Of the 71,223 discharges with a principal diagnosis related to 'diseases of the circulatory system', 57.5 per cent related to male discharges. Furthermore, within this chapter, 69.7 per cent of discharges with a principal diagnosis of 'other ischaemic heart disease' were male. The majority of discharges with a principal diagnosis in the 'diseases of the genitourinary system' chapter were female (64.3 per cent). Within several of the other ICD-10-AM chapters the division of principal diagnoses between male and female discharges was approximately equal. For instance, of the 110,494 principal diagnoses under 'diseases of the digestive system', 50.8 per cent were for female discharges.

TABLE 4.4

Total Discharges by Principal Diagnosis and Sex

Principal Diagnosis	ICD-10-AM Code	Male	Female	Total Discharges
Total Discharges	-	449,213	559,285	1,008,498
Certain infectious and parasitic diseases	A00-B99	10,025	9,512	19,537
Intestinal infectious diseases (including diarrhoea)	A00-A09	4,113	3,946	8,059
Tuberculosis	A15-A19, B90	286	177	463
Septicaemia	A40-A41	635	643	1,278
Human immunodeficiency virus [HIV] disease	B20-B24	120	78	198
Neoplasms	C00-D48	45,025	49,575	94,600
Malignant neoplasms	C00-C96	35,531	34,163	69,694
Malignant neoplasm of colon, rectum and anus	C18-C21	4,477	2,798	7,275
Malignant neoplasm of trachea, bronchus and lung	C33-C34	3,198	2,203	5,401
Malignant neoplasm of skin	C43-C44	3,630	3,027	6,657
Malignant neoplasm of breast	C50	37	8,121	8,158
Malignant neoplasms of female genital organs	C51-C58	0	3,855	3,855
Malignant neoplasm of prostate	C61	2,994	0	2,994
Malignant neoplasm of bladder	C67	1,453	586	2,039
Malignant neoplasms of lymphoid, haematopoietic and related tissue	C81-C96	10,361	7,076	17,437
Benign neoplasms and neoplasms of uncertain or unknown behaviour	D10-D48	8,938	13,229	22,167
Diseases of the blood and blood forming organs and certain disorders involving the immune mechanism	D50-D89	7,334	8,198	15,532
Endocrine, nutritional and metabolic diseases	E00-E89	17,055	10,987	28,042
Diabetes mellitus	E10-E14	4,311	3,383	7,694
Cystic fibrosis	E84	761	725	1,486
Mental and behavioural disorders	F00-F99	2,968	2,214	5,182
Mental and behavioural disorders due to alcohol	F10	1,700	674	2,374
Mental and behavioural disorders due to use of other psychoactive substance	F11-F19	163	101	264
Diseases of the nervous system	G00-G99	8,595	9,354	17,949
Multiple sclerosis	G35	531	1,003	1,534
Epilepsy	G40, G41	1,896	1,634	3,530
Transient cerebral ischaemic attacks and related syndromes	G45	1,239	1,268	2,507
Diseases of the eye and adnexa	H00-H59	9,113	11,471	20,584
Diseases of the ear and mastoid process	H60-H95	6,092	5,386	11,478
Diseases of the circulatory system	I00-I99	40,962	30,261	71,223
Hypertensive diseases	I10-I15	1,418	1,680	3,098
Angina pectoris	I20	3,896	2,269	6,165
Acute myocardial infarction	I21-I22	3,862	1,974	5,836
Other ischaemic heart disease	I23-I25	7,700	3,346	11,046
Pulmonary heart disease and diseases of pulmonary circulation	I26-I28	521	704	1,225
Conduction disorders and cardiac arrhythmias	I44-I49	5,681	3,924	9,605
Heart failure	I50	3,126	2,574	5,700
Cerebrovascular disease	I60-I69	3,807	3,428	7,235
Atherosclerosis	I70	928	560	1,488
Diseases of the respiratory system	J00-J99	33,212	29,840	63,052
Acute upper respiratory infections and influenza	J00-J11	4,772	4,228	9,000
Pneumonia	J12-J18	4,790	4,382	9,172
Chronic diseases of tonsils and adenoids	J35	2,423	3,032	5,455
Chronic obstructive pulmonary disease and bronchiectasis	J40-J44, J47	5,757	5,147	10,904
Asthma	J45-J46	2,355	2,257	4,612
Diseases of the digestive system	K00-K93	54,397	56,097	110,494
Diseases of oesophagus, stomach and duodenum	K20-K31	16,172	15,759	31,931
Diseases of appendix	K35-K38	3,279	2,650	5,929
Inguinal hernia	K40	3,873	324	4,197
Noninfective enteritis and colitis	K50-K52	4,449	5,849	10,298
Alcoholic liver disease	K70	742	408	1,150
Cholelithiasis	K80	2,133	5,148	7,281
Diseases of the skin and subcutaneous tissue	L00-L99	17,267	17,273	34,540
Cutaneous abscess, furuncle and carbuncle and cellulitis	L02, L03	3,289	2,584	5,873
Diseases of the musculoskeletal system and connective tissue	M00-M99	20,505	23,147	43,652
Rheumatoid arthritis	M05-M06	1,042	1,957	2,999
Coxarthrosis and Gonarthrosis	M16-M17	3,236	3,670	6,906
Intervertebral disc disorders	M50, M51	1,148	1,131	2,279
Dorsalgia (back pain)	M54	3,125	4,401	7,526
Diseases of the genitourinary system	N00-N99	20,691	37,192	57,883
Urolithiasis	N20-N23	3,094	1,413	4,507
Hyperplasia of prostate	N40	4,084	0	4,084
Disorders of the breast and female genital tract	N60-N64, N70-N77	207	4,103	4,310
Pregnancy, childbirth and the puerperium	O00-O99	0	104,016	104,016
Pregnancy with abortive outcome	O00-O08	0	9,262	9,262
Certain conditions originating in the perinatal period	P00-P96	4,687	4,001	8,688
Congenital malformations, deformations and chromosomal abnormalities	Q00-Q99	5,422	4,677	10,099
Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified	R00-R99	40,617	44,506	85,123
Abdominal and pelvic pain	R10	6,083	11,568	17,651
Injury, poisoning and certain other consequences of external causes	S00-T98	36,424	24,443	60,867
Intracranial injury	S06	2,414	1,110	3,524
Other injuries to the head (including skull fracture)	S00-S05, S07-S09	7,632	3,060	10,692
Fracture of femur	S72	1,313	2,863	4,176
Poisonings by drugs, medicaments and biological substances and toxic effects of substances chiefly nonmedicinal as to source	T36-T65	2,056	2,633	4,689
Factors influencing health status and contact with health services	Z00-Z99	68,822	77,135	145,957
Other medical care (including radiotherapy and chemotherapy sessions)	Z51	46,062	51,765	97,827

The distribution of total discharges by age group and principal diagnosis is presented in Table 4.5. Discharges aged between 15 and 44 years accounted for 34.1 per cent of principal diagnoses reported. Over 30 per cent of discharges within this age group had a principal diagnosis relating to 'pregnancy, childbirth and the puerperium', which was the chapter with the largest number of discharges aged between 15 and 44 years. Over 99 per cent of total discharges within this chapter were aged between 15 and 44 years.

For some ICD-10-AM chapters, the number of principal diagnoses increased with age. Most notably, within 'diseases of the circulatory system' the youngest discharges (under 15 years) amounted to 1,061 principal diagnoses, which was substantially less than the 37,182 discharges reported within this chapter for those aged 65 years and over. More than half of discharges with a principal diagnosis in 'diseases of the circulatory system' were accounted for by the oldest discharges. In contrast, the number of discharges with principal diagnoses of 'intestinal infectious diseases (including diarrhoea)' was highest among the under 15 years age group (82.8 per cent). The number of discharges with principal diagnoses relating to 'injury, poisoning and certain other consequences of external causes' were similar for the youngest and oldest discharges, but diagnoses within this ICD-10-AM chapter were more common among the 15 to 44 year age group. Similarly, compared to the youngest and oldest age groups, discharges in the middle age groups were more likely to record principal diagnoses relating to 'diseases of the digestive system', with 64.4 per cent between 15 and 64 years.

TABLE 4.5

Total Discharges by Principal Diagnosis and Age Group

Principal Diagnosis	ICD-10-AM Code	Under 15 Years	15-44 Years	45-64 Years	65 Years and Over	Total Discharges
Total Discharges	-	124,080	344,385	260,981	279,052	1,008,498
Certain infectious and parasitic diseases	A00-B99	11,200	4,544	1,771	2,022	19,537
Intestinal infectious diseases (including diarrhoea)	A00-A09	6,676	582	306	495	8,059
Tuberculosis	A15-A19, B90	37	216	111	99	463
Septicaemia	A40-A41	106	138	261	773	1,278
Human immunodeficiency virus [HIV] disease	B20-B24	0	150	46	~	198
Neoplasms	C00-D48	5,056	19,206	33,348	36,990	94,600
Malignant neoplasms	C00-C96	3,867	9,439	26,190	30,198	69,694
Malignant neoplasm of colon, rectum and anus	C18-C21	~	410	2,840	4,024	7,275
Malignant neoplasm of trachea, bronchus and lung	C33-C34	8	209	2,287	2,897	5,401
Malignant neoplasm of skin	C43-C44	9	540	1,635	4,473	6,657
Malignant neoplasm of breast	C50	0	1,501	4,476	2,181	8,158
Malignant neoplasms of female genital organs	C51-C58	~	606	1,884	1,363	3,855
Malignant neoplasm of prostate	C61	0	7	1,018	1,969	2,994
Malignant neoplasm of bladder	C67	~	43	508	1,486	2,039
Malignant neoplasms of lymphoid, haematopoietic and related tissue	C81-C96	2,119	3,667	6,088	5,563	17,437
Benign neoplasms and neoplasms of uncertain or unknown behaviour	D10-D48	1,186	8,699	6,572	5,710	22,167
Diseases of the blood and blood forming organs and certain disorders involving the immune mechanism	D50-D89	2,692	4,296	3,574	4,970	15,532
Endocrine, nutritional and metabolic diseases	E00-E89	2,765	7,047	10,629	7,601	28,042
Diabetes mellitus	E10-E14	608	1,510	2,046	3,530	7,694
Cystic fibrosis	E84	742	730	13	~	1,486
Mental and behavioural disorders	F00-F99	513	1,997	1,536	1,136	5,182
Mental and behavioural disorders due to alcohol	F10	110	1,042	993	229	2,374
Mental and behavioural disorders due to use of other psychoactive substance	F11-F19	~	215	28	19	264
Diseases of the nervous system	G00-G99	2,267	5,422	4,992	5,268	17,949
Multiple sclerosis	G35	~	824	638	70	1,534
Epilepsy	G40, G41	982	1,456	673	419	3,530
Transient cerebral ischaemic attacks and related syndromes	G45	6	104	591	1,806	2,507
Diseases of the eye and adnexa	H00-H59	1,414	2,347	4,049	12,774	20,584
Diseases of the ear and mastoid process	H60-H95	5,191	3,106	2,011	1,170	11,478
Diseases of the circulatory system	I00-I99	1,061	9,562	23,418	37,182	71,223
Hypertensive diseases	I10-I15	54	559	1,180	1,305	3,098
Angina pectoris	I20	0	339	2,508	3,318	6,165
Acute myocardial infarction	I21-I22	~	298	1,963	3,574	5,836
Other ischaemic heart disease	I23-I25	~	526	4,774	5,744	11,046
Pulmonary heart disease and diseases of pulmonary circulation	I26-I28	19	265	375	566	1,225
Conduction disorders and cardiac arrhythmias	I44-I49	198	1,008	2,911	5,488	9,605
Heart failure	I50	24	62	724	4,890	5,700
Cerebrovascular disease	I60-I69	68	476	1,806	4,885	7,235
Atherosclerosis	I70	~	47	367	1,071	1,488
Diseases of the respiratory system	J00-J99	20,278	11,757	9,470	21,547	63,052
Acute upper respiratory infections and influenza	J00-J11	6,077	2,260	358	305	9,002
Pneumonia	J12-J18	2,130	1,173	1,256	4,613	9,172
Chronic diseases of tonsils and adenoids	J35	3,593	1,776	70	16	5,455
Chronic obstructive pulmonary disease and bronchiectasis	J40-J44, J47	119	376	2,676	7,733	10,904
Asthma	J45-J46	2,567	1,034	694	317	4,612
Diseases of the digestive system	K00-K93	10,579	37,690	33,496	28,729	110,494
Diseases of oesophagus, stomach and duodenum	K20-K31	1,406	11,218	11,225	8,082	31,931
Diseases of appendix	K35-K38	1,771	3,563	486	109	5,929
Inguinal hernia	K40	651	1,080	1,197	1,269	4,197
Noninfective enteritis and colitis	K50-K52	209	5,154	2,691	2,244	10,298
Alcoholic liver disease	K70	0	347	668	135	1,150
Cholelithiasis	K80	25	2,477	2,430	2,349	7,281
Diseases of the skin and subcutaneous tissue	L00-L99	2,861	14,944	8,685	8,050	34,540
Cutaneous abscess, furuncle and carbuncle and cellulitis	L02, L03	581	1,983	1,548	1,761	5,873
Diseases of the musculoskeletal system and connective tissue	M00-M99	2,417	12,966	15,408	12,861	43,652
Rheumatoid arthritis	M05-M06	~	649	1,397	951	2,999
Coxarthrosis and Gonarthrosis	M16-M17	~	353	2,422	4,127	6,906
Intervertebral disc disorders	M50, M51	~	1,077	884	315	2,279
Dorsalgia (back pain)	M54	92	2,793	3,075	1,566	7,526
Diseases of the genitourinary system	N00-N99	6,576	22,327	16,653	12,327	57,883
Urolithiasis	N20-N23	76	2,026	1,808	597	4,507
Hyperplasia of prostate	N40	0	67	1,344	2,673	4,084
Disorders of the breast and female genital tract	N60-N64, N70-N77	41	2,595	1,365	309	4,310
Pregnancy, childbirth and the puerperium	O00-O99	20	103,827	169	0	104,016
Pregnancy with abortive outcome	O00-O08	~	9,191	70	0	9,262
Certain conditions originating in the perinatal period	P00-P96	8,687	~	0	0	8,688
Congenital malformations, deformations and chromosomal abnormalities	Q00-Q99	7,737	1,547	580	235	10,099
Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified	R00-R99	9,911	26,960	24,811	23,441	85,123
Abdominal and pelvic pain	R10	2,257	9,055	4,136	2,203	17,651
Injury, poisoning and certain other consequences of external causes	S00-T98	12,257	26,201	10,326	12,083	60,867
Intracranial injury	S06	538	1,877	577	532	3,524
Other injuries to the head (including skull fracture)	S00-S05, S07-S09	3,648	5,049	1,090	905	10,692
Fracture of femur	S72	186	268	393	3,329	4,176
Poisonings by drugs, medicaments and biological substances and toxic effects of substances chiefly nonmedicinal as to source	T36-T65	605	3,021	836	227	4,689
Factors influencing health status and contact with health services	Z00-Z99	10,598	28,638	56,055	50,666	145,957
Other medical care (including radiotherapy and chemotherapy sessions)	Z51	2,901	12,484	44,681	37,761	97,827

Note: ~ denotes five or less discharges reported to HIPE.

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

For the majority of ICD-10-AM chapters reported in Table 4.6, the acute in-patient average length of stay generally increased with age. For some conditions, there was a substantial variance between the average length of stay for the youngest and oldest acute in-patients. For example, for 'certain infectious and parasitic diseases', acute in-patient discharges aged 65 years and over stayed in hospital four times longer than those aged under 15 years. Acute in-patient average length of stay was 9.3 days for those aged 65 years and over and 2.3 days for those aged under 15 years.

The principal diagnosis, 'fracture of femur', had the longest acute in-patient length of stay overall (11.4 days) and for this condition discharges within the 65 years and over age group stayed almost one day longer (12.2 days). 'Cystic fibrosis' recorded the longest stay for discharges aged between 15 and 44 years (11.4 days). For those discharges in the 45–64 years age group, the small number of discharges with a principal diagnosis of 'mental and behavioural disorders due to use of other psychoactive substance' recorded the longest average length of stay with 13.3 days. Finally, those discharges in the youngest age group with a principal diagnosis of 'cerebrovascular disease' had the longest acute in-patient length of stay with 8.4 days.

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

TABLE 4.6

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

Principal Diagnosis	ICD-10-AM Code	Under 15 Years	15-44 Years	45-64 Years	65 Years and Over	Total
Acute In-Patients^a	-	2.9	3.3	5.6	7.8	4.9
Certain infectious and parasitic diseases	A00-B99	2.3	4.7	7.0	9.3	3.6
Intestinal infectious diseases (including diarrhoea)	A00-A09	2.1	3.2	4.7	8.7	2.5
Tuberculosis	A15-A19, B90	8.0	9.5	10.1	12.0	10.0
Septicaemia	A40-A41	5.6	8.4	10.2	9.9	9.4
Human immunodeficiency virus [HIV] disease	B20-B24	-	9.1	12.4	~	9.7
Neoplasms	C00-D48	3.6	6.2	7.7	9.2	7.9
Malignant neoplasms	C00-C96	3.6	6.8	8.0	9.5	8.4
Malignant neoplasm of colon, rectum and anus	C18-C21	~	9.2	9.1	11.6	10.6
Malignant neoplasm of trachea, bronchus and lung	C33-C34	3.0	6.8	8.4	10.3	9.4
Malignant neoplasm of skin	C43-C44	-	4.4	5.5	6.1	5.8
Malignant neoplasm of breast	C50	-	5.7	6.6	9.1	7.2
Malignant neoplasms of female genital organs	C51-C58	~	5.9	7.5	8.9	7.8
Malignant neoplasm of prostate	C61	-	5.0	6.7	7.8	7.4
Malignant neoplasm of bladder	C67	~	6.7	6.0	6.7	6.6
Malignant neoplasms of lymphoid, haematopoietic and related tissue	C81-C96	3.3	7.9	8.4	9.1	7.8
Benign neoplasms and neoplasms of uncertain or unknown behaviour	D10-D48	3.6	4.9	5.9	7.0	5.8
Diseases of the blood and blood forming organs and certain disorders involving the immune mechanism	D50-D89	3.5	5.6	6.4	7.2	6.0
Endocrine, nutritional and metabolic diseases	E00-E89	4.1	5.7	5.9	7.8	6.3
Diabetes mellitus	E10-E14	4.3	4.5	6.2	7.7	6.2
Cystic fibrosis	E84	6.6	11.4	13.1	~	9.9
Mental and behavioural disorders	F00-F99	3.1	4.9	5.0	9.4	5.6
Mental and behavioural disorders due to alcohol	F10	1.2	3.0	4.3	6.2	3.7
Mental and behavioural disorders due to use of other psychoactive substance	F11-F19	~	11.1	13.3	9.6	11.3
Diseases of the nervous system	G00-G99	4.0	4.1	5.1	7.5	5.3
Multiple sclerosis	G35	~	6.2	6.7	9.2	6.6
Epilepsy	G40, G41	3.7	3.6	5.1	6.1	4.2
Transient cerebral ischaemic attacks and related syndromes	G45	3.3	4.3	5.1	6.7	6.2
Diseases of the eye and adnexa	H00-H59	2.2	3.7	3.6	3.0	3.1
Diseases of the ear and mastoid process	H60-H95	1.9	2.5	3.3	3.7	2.6
Diseases of the circulatory system	I00-I99	3.4	4.8	6.2	8.3	7.2
Hypertensive diseases	I10-I15	5.0	4.1	4.6	6.1	5.2
Angina pectoris	I20	-	4.6	5.7	7.1	6.4
Acute myocardial infarction	I21-I22	~	5.6	7.1	9.1	8.3
Other ischaemic heart disease	I23-I25	~	4.0	5.0	6.3	5.6
Pulmonary heart disease and diseases of pulmonary circulation	I26-I28	6.7	8.2	9.8	11.6	10.2
Conduction disorders and cardiac arrhythmias	I44-I49	3.2	3.0	4.8	6.6	5.7
Heart failure	I50	5.3	7.5	8.6	9.4	9.3
Cerebrovascular disease	I60-I69	8.4	8.6	9.0	10.7	10.1
Atherosclerosis	I70	~	8.1	8.0	9.3	8.9
Diseases of the respiratory system	J00-J99	2.4	3.7	6.4	8.6	5.3
Acute upper respiratory infections and influenza	J00-J11	1.8	2.8	4.0	6.3	2.3
Pneumonia	J12-J18	3.8	5.8	7.7	9.7	7.5
Chronic diseases of tonsils and adenoids	J35	1.9	2.5	2.6	3.7	2.1
Chronic obstructive pulmonary disease and bronchiectasis	J40-J44, J47	2.9	5.9	7.1	8.4	8.0
Asthma	J45-J46	2.0	3.6	5.2	6.8	3.2
Diseases of the digestive system	K00-K93	3.1	4.3	5.6	7.1	5.4
Diseases of oesophagus, stomach and duodenum	K20-K31	2.3	3.6	4.9	6.8	4.7
Diseases of appendix	K35-K38	4.1	4.0	6.2	8.1	4.3
Inguinal hernia	K40	2.2	2.2	2.6	4.2	3.1
Noninfective enteritis and colitis	K50-K52	4.1	6.0	6.3	7.6	6.5
Alcoholic liver disease	K70	-	8.9	10.0	10.6	9.7
Cholelithiasis	K80	4.0	4.0	5.1	7.1	5.3
Diseases of the skin and subcutaneous tissue	L00-L99	3.1	3.9	6.1	8.6	5.4
Cutaneous abscess, furuncle and carbuncle and cellulitis	L02, L03	3.1	4.1	6.0	8.2	5.7
Diseases of the musculoskeletal system and connective tissue	M00-M99	3.5	3.8	6.2	9.0	6.4
Rheumatoid arthritis	M05-M06	~	4.4	6.4	8.2	6.9
Coxarthrosis and Gonarthrosis	M16-M17	~	7.6	9.5	11.3	10.6
Intervertebral disc disorders	M50, M51	-	4.8	5.9	9.1	5.7
Dorsalgia (back pain)	M54	2.7	4.0	5.2	6.8	5.0
Diseases of the genitourinary system	N00-N99	2.9	3.3	4.6	7.2	4.6
Urolithiasis	N20-N23	4.4	3.1	3.6	5.2	3.6
Hyperplasia of prostate	N40	-	5.3	5.7	7.1	6.7
Disorders of the breast and female genital tract	N60-N64, N70-N77	2.5	2.9	3.7	5.2	3.2
Pregnancy, childbirth and the puerperium	O00-O99	3.2	2.9	3.3	-	2.9
Pregnancy with abortive outcome	O00-O08	~	1.5	1.5	-	1.5
Certain conditions originating in the perinatal period	P00-P96	5.9	-	-	-	5.9
Congenital malformations, deformations and chromosomal abnormalities	Q00-Q99	4.7	4.7	7.1	6.8	4.9
Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified	R00-R99	2.2	2.8	3.8	5.8	3.8
Abdominal and pelvic pain	R10	1.9	2.7	3.7	5.2	3.0
Injury, poisoning and certain other consequences of external causes	S00-T98	1.8	2.8	4.4	8.1	3.9
Intracranial injury	S06	2.6	2.8	4.6	6.4	3.6
Other injuries to the head (including skull fracture)	S00-S05, S07-S09	1.3	2.1	2.9	5.2	2.2
Fracture of femur	S72	7.3	7.4	9.6	12.2	11.4
Poisonings by drugs, medicaments and biological substances and toxic effects of substances chiefly nonmedicinal as to source	T36-T65	1.5	2.1	3.0	5.6	2.3
Factors influencing health status and contact with health services	Z00-Z99	3.0	2.7	5.9	9.4	5.7
Other medical care (including radiotherapy and chemotherapy sessions)	Z51	7.7	4.2	3.6	5.8	5.3

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

- denotes no discharges reported to HIPE.

^a Includes average length of stay for acute in-patients (length of stay of 30 days or less) only. Does not include extended stay in-patients or day patients.

Table 4.7 provides a detailed breakdown of all-listed diagnoses for males and females. Over 2.6 million diagnoses were recorded for total discharges reported to HIPE in 2005.⁷ In absolute terms, the number of all-listed diagnoses was higher for female discharges compared to male discharges. However, as shown in Table 4.1, the average number of all-listed diagnoses for total male discharges was higher than that for total female discharges. Apart from 'factors influencing health status and contact with health services', and 'external causes of morbidity and mortality', the chapter 'neoplasms' recorded the highest volume of all-listed diagnoses in total, and for both males and females. Together, 'diseases of the circulatory system' and 'neoplasms' accounted for 19.8 per cent of all-listed diagnoses.

All-listed diagnoses are reported by age group in Table 4.8. Discharges aged 65 years and over recorded the highest number of all-listed diagnoses, accounting for over a third of the 2.6 million all-listed diagnoses. This is consistent with the finding in Table 4.1 that this age group had the highest average number of diagnoses per discharge. The distribution of all-listed diagnoses across the age groups was similar to that identified for principal diagnoses in Table 4.5. For some chapters, there was a substantial difference in the number of all-listed diagnoses between age groups. For instance, of the 219,694 diagnoses reported for 'diseases of the circulatory system' those aged 65 years and over accounted for 63.5 per cent of all-listed diagnoses within this group.

⁷ As up to twenty diagnoses in total may have been reported for each discharge in 2005, an analysis of the frequency of occurrence of all-listed diagnoses will not equal the number of discharges.

TABLE 4.7

All-Listed Diagnoses by Sex

Diagnosis	ICD-10-AM Code	Male	Female	Total
Total Discharges	-	449,213	559,285	1,008,498
All Conditions	A00-Z99	1,183,767	1,418,425	2,602,192
Certain infectious and parasitic diseases	A00-B99	29,242	32,543	61,785
Intestinal infectious diseases (including diarrhoea)	A00-A09	5,396	5,473	10,869
Tuberculosis	A15-A19, B90	423	314	737
Septicaemia	A40-A41	2,405	2,187	4,592
Human immunodeficiency virus [HIV] disease	B20-B24	474	257	731
Neoplasms	C00-D48	132,176	164,046	296,222
Malignant neoplasms	C00-C96	119,546	143,437	262,983
Malignant neoplasm of colon, rectum and anus	C18-C21	17,875	11,052	28,927
Malignant neoplasm of trachea, bronchus and lung	C33-C34	7,509	5,236	12,745
Malignant neoplasm of skin	C43-C44	5,386	4,352	9,738
Malignant neoplasm of breast	C50	114	35,533	35,647
Malignant neoplasms of female genital organs	C51-C58	0	10,218	10,218
Malignant neoplasm of prostate	C61	16,700	0	16,700
Malignant neoplasm of bladder	C67	2,654	1,131	3,785
Malignant neoplasms of lymphoid, haematopoietic and related tissue	C81-C96	20,727	14,175	34,902
Benign neoplasms and neoplasms of uncertain or unknown behaviour	D10-D48	11,754	17,441	29,195
Diseases of the blood and blood forming organs and certain disorders involving the immune mechanism	D50-D89	21,195	23,523	44,718
Endocrine, nutritional and metabolic diseases	E00-E89	64,711	57,122	121,833
Diabetes mellitus	E10-E14	23,932	18,500	42,432
Cystic fibrosis	E84	1,136	1,108	2,244
Mental and behavioural disorders	F00-F99	19,364	16,082	35,446
Mental and behavioural disorders due to alcohol	F10	9,277	3,178	12,455
Mental and behavioural disorders due to use of other psychoactive substance	F11-F19	1,376	969	2,345
Diseases of nervous system	G00-G99	20,475	21,131	41,606
Multiple sclerosis	G35	913	1,715	2,628
Epilepsy	G40, G41	3,541	3,274	6,815
Transient cerebral ischaemic attacks and related syndromes	G45	1,511	1,540	3,051
Diseases of the eye and adnexa	H00-H59	13,530	15,943	29,473
Diseases of the ear and mastoid process	H60-H95	9,133	8,208	17,341
Diseases of the circulatory system	I00-I99	122,745	96,949	219,694
Hypertensive diseases	I10-I15	25,247	25,004	50,251
Angina pectoris	I20	5,976	3,637	9,613
Acute myocardial infarction	I21-I22	4,937	2,786	7,723
Other ischaemic heart disease	I23-I25	22,736	10,842	33,578
Pulmonary heart disease and diseases of pulmonary circulation	I26-I28	1,258	1,600	2,858
Conduction disorders and cardiac arrhythmias	I44-I49	21,511	16,464	37,975
Heart failure	I50	9,048	7,981	17,029
Cerebrovascular disease	I60-I69	6,935	6,039	12,974
Atherosclerosis	I70	2,357	1,364	3,721
Diseases of the respiratory system	J00-J99	62,685	56,087	118,772
Acute upper respiratory infections and influenza	J00-J11	6,684	6,093	12,777
Pneumonia	J12-J18	8,209	7,284	15,493
Chronic diseases of tonsils and adenoids	J35	2,915	3,406	6,321
Chronic obstructive pulmonary disease and bronchiectasis	J40-J44, J47	12,006	9,834	21,840
Asthma	J45-J46	5,045	5,989	11,034
Diseases of the digestive system	K00-K93	95,323	99,127	194,450
Diseases of oesophagus, stomach and duodenum	K20-K31	31,867	29,461	61,328
Diseases of appendix	K35-K38	3,374	2,822	6,196
Inguinal hernia	K40	4,284	367	4,651
Noninfective enteritis and colitis	K50-K52	7,163	10,013	17,176
Alcoholic liver disease	K70	1,678	822	2,500
Cholelithiasis	K80	3,210	7,047	10,257
Diseases of the skin and subcutaneous tissue	L00-L99	24,180	24,776	48,956
Cutaneous abscess, furuncle and carbuncle and cellulitis	L02, L03	5,415	4,591	10,006
Diseases of the musculoskeletal system and connective tissue	M00-M99	32,791	41,930	74,721
Rheumatoid arthritis	M05-M06	1,666	3,562	5,228
Coxarthrosis and Gonarthrosis	M16-M17	4,599	5,511	10,110
Intervertebral disc disorders	M50, M51	1,535	1,569	3,104
Dorsalgia (back pain)	M54	4,124	6,723	10,847
Diseases of the genitourinary system	N00-N99	44,207	70,979	115,186
Urolithiasis	N20-N23	3,671	1,779	5,450
Hyperplasia of prostate	N40	6,562	0	6,562
Disorders of the breast and female genital tract	N60-N64, N70-N77	243	6,786	7,029
Pregnancy, childbirth and the puerperium	O00-O99	0	168,764	168,764
Pregnancy with abortive outcome	O00-O08	0	9,382	9,382
Certain conditions originating in the perinatal period	P00-P96	12,477	10,442	22,919
Congenital malformations, deformations and chromosomal abnormalities	Q00-Q99	13,919	11,200	25,119
Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified	R00-R99	84,736	96,838	181,574
Abdominal and pelvic pain	R10	8,069	20,711	28,780
Injury, poisoning and certain other consequences of external causes	S00-T98	61,867	39,809	101,676
Intracranial injury	S06	4,230	1,849	6,079
Other injuries to the head (including skull fracture)	S00-S05, S07-S09	11,861	4,812	16,673
Fracture of femur	S72	1,718	3,681	5,399
Poisonings by drugs, medicaments and biological substances and toxic effects of substances chiefly nonmedicinal as to source	T36-T65	3,362	4,262	7,624
External causes of morbidity and mortality	U50-Y98	123,691	88,329	212,020
Transport accidents	V01-V99	5,054	2,861	7,915
Factors influencing health status and contact with health services	Z00-Z99	195,320	274,597	469,917
Other medical care (including radiotherapy and chemotherapy sessions)	Z51	49,246	54,918	104,164

TABLE 4.8

All-Listed Diagnoses by Age Group

Diagnosis	ICD-10-AM Code	Under 15 Years	15-44 Years	45-64 Years	65 Years and Over	Total
Total Discharges	-	124,080	344,385	260,981	279,052	1,008,498
All Conditions	A00-Z99	276,498	815,323	643,615	866,756	2,602,192
Certain infectious and parasitic diseases	A00-B99	18,148	14,827	10,178	18,632	61,785
Intestinal infectious diseases (including diarrhoea)	A00-A09	7,935	959	598	1,377	10,869
Tuberculosis	A15-A19, B90	115	275	177	170	737
Septicaemia	A40-A41	306	506	1,040	2,740	4,592
Human immunodeficiency virus [HIV] disease	B20-B24	~	584	134	8	731
Neoplasms	C00-D48	9,315	44,988	124,379	117,540	296,222
Malignant neoplasms	C00-C96	7,851	32,940	114,397	107,795	262,983
Malignant neoplasm of colon, rectum and anus	C18-C21	~	1,596	12,632	14,695	28,927
Malignant neoplasm of trachea, bronchus and lung	C33-C34	21	521	5,712	6,491	12,745
Malignant neoplasm of skin	C43-C44	10	1,061	2,307	6,360	9,738
Malignant neoplasm of breast	C50	0	6,723	19,836	9,088	35,647
Malignant neoplasms of female genital organs	C51-C58	~	1,462	5,359	3,395	10,218
Malignant neoplasm of prostate	C61	0	7	5,325	11,368	16,700
Malignant neoplasm of bladder	C67	~	92	971	2,720	3,785
Malignant neoplasms of lymphoid, haematopoietic and related tissue	C81-C96	4,502	6,315	12,475	11,610	34,902
Benign neoplasms and neoplasms of uncertain or unknown behaviour	D10-D48	1,459	10,791	8,862	8,083	29,195
Diseases of the blood and blood forming organs and certain disorders involving the immune mechanism	D50-D89	5,804	9,187	10,264	19,463	44,718
Endocrine, nutritional and metabolic diseases	E00-E89	9,700	17,836	36,347	57,950	121,833
Diabetes mellitus	E10-E14	937	4,154	12,232	25,109	42,432
Cystic fibrosis	E84	1,032	1,193	18	~	2,244
Mental and behavioural disorders	F00-F99	1,625	12,722	10,135	10,964	35,446
Mental and behavioural disorders due to alcohol	F10	138	5,279	5,065	1,973	12,455
Mental and behavioural disorders due to use of other psychoactive substance	F11-F19	10	1,983	221	131	2,345
Diseases of nervous system	G00-G99	5,483	9,839	10,042	16,242	41,606
Multiple sclerosis	G35	~	1,124	1,226	276	2,628
Epilepsy	G40, G41	1,669	2,622	1,462	1,062	6,815
Transient cerebral ischaemic attacks and related syndromes	G45	10	130	702	2,209	3,051
Diseases of the eye and adnexa	H00-H59	2,699	4,100	5,747	16,927	29,473
Diseases of the ear and mastoid process	H60-H95	7,744	4,382	2,970	2,245	17,341
Diseases of the circulatory system	I00-I99	2,878	17,805	59,443	139,568	219,694
Hypertensive diseases	I10-I15	470	2,925	15,049	31,807	50,251
Angina pectoris	I20	~	417	3,466	5,729	9,613
Acute myocardial infarction	I21-I22	~	353	2,353	5,015	7,723
Other ischaemic heart disease	I23-I25	12	1,129	11,391	21,046	33,578
Pulmonary heart disease and diseases of pulmonary circulation	I26-I28	165	484	804	1,405	2,858
Conduction disorders and cardiac arrhythmias	I44-I49	439	2,255	7,535	27,746	37,975
Heart failure	I50	144	204	2,018	14,663	17,029
Cerebrovascular disease	I60-I69	166	782	2,854	9,172	12,974
Atherosclerosis	I70	15	97	816	2,793	3,721
Diseases of the respiratory system	J00-J99	28,091	20,168	20,136	50,377	118,772
Acute upper respiratory infections and influenza	J00-J11	8,503	3,071	590	613	12,777
Pneumonia	J12-J18	2,580	2,160	2,300	8,453	15,493
Chronic diseases of tonsils and adenoids	J35	4,320	1,892	87	22	6,321
Chronic obstructive pulmonary disease and bronchiectasis	J40-J44, J47	160	857	4,797	16,026	21,840
Asthma	J45-J46	4,278	3,222	1,995	1,539	11,034
Diseases of the digestive system	K00-K93	13,916	59,239	59,716	61,579	194,450
Diseases of oesophagus, stomach and duodenum	K20-K31	2,339	19,357	21,314	18,318	61,328
Diseases of appendix	K35-K38	1,822	3,716	518	140	6,196
Inguinal hernia	K40	785	1,106	1,263	1,497	4,651
Noninfective enteritis and colitis	K50-K52	289	7,701	4,446	4,740	17,176
Alcoholic liver disease	K70	0	686	1,455	359	2,500
Cholelithiasis	K80	35	2,974	3,210	4,038	10,257
Diseases of the skin and subcutaneous tissue	L00-L99	4,337	17,635	11,799	15,185	48,956
Cutaneous abscess, furuncle and carbuncle and cellulitis	L02, L03	813	2,697	2,504	3,992	10,006
Diseases of the musculoskeletal system and connective tissue	M00-M99	3,431	19,566	23,491	28,233	74,721
Rheumatoid arthritis	M05-M06	~	851	2,147	2,227	5,228
Coxarthrosis and Gonarthrosis	M16-M17	~	538	3,249	6,319	10,110
Intervertebral disc disorders	M50, M51	~	1,254	1,160	687	3,104
Dorsalgia (back pain)	M54	138	4,519	3,833	2,357	10,847
Diseases of the genitourinary system	N00-N99	10,983	36,077	29,511	38,615	115,186
Urolithiasis	N20-N23	116	2,308	2,125	901	5,450
Hyperplasia of prostate	N40	0	88	1,748	4,726	6,562
Disorders of the breast and female genital tract	N60-N64, N70-N77	80	4,268	2,012	669	7,029
Pregnancy, childbirth and the puerperium	O00-O99	37	168,400	327	0	168,764
Pregnancy with abortive outcome	O00-O08	~	9,310	71	0	9,382
Certain conditions originating in the perinatal period	P00-P96	22,907	10	0	~	22,919
Congenital malformations, deformations and chromosomal abnormalities	Q00-Q99	19,031	3,756	1,562	770	25,119
Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified	R00-R99	21,682	55,455	44,958	59,479	181,574
Abdominal and pelvic pain	R10	2,732	17,151	5,578	3,319	28,780
Injury, poisoning and certain other consequences of external causes	S00-T98	16,266	44,622	18,741	22,047	101,676
Intracranial injury	S06	796	3,116	1,095	1,072	6,079
Other injuries to the head (including skull fracture)	S00-S05, S07-S09	4,376	8,015	2,104	2,178	16,673
Fracture of femur	S72	216	394	529	4,260	5,399
Poisonings by drugs, medicaments and biological substances and toxic effects of substances chiefly nonmedicinal as to source	T36-T65	733	5,042	1,464	385	7,624
External causes of morbidity and mortality	U50-Y98	38,450	86,159	37,327	50,084	212,020
Transport accidents	V01-V99	1,579	4,686	1,089	561	7,915
Factors influencing health status and contact with health services	Z00-Z99	33,971	168,550	126,542	140,854	469,917
Other medical care (including radiotherapy and chemotherapy sessions)	Z51	2,989	13,019	46,878	41,278	104,164

Note: ~ denotes five or less discharges reported to HIPE.

PROCEDURES

The classification of procedures in ICD-10-AM uses the Australian Classification of Health Interventions (ACHI). This resulted in an increase of 67.4 per cent in the number of procedure codes potentially available when compared to those in ICD-9-CM. The order by which procedures were coded in HIPE used the following hierarchy:

- procedure performed for treatment of the principal diagnosis;
- procedure performed for treatment of additional diagnoses;
- diagnostic/exploratory procedure related to the principal diagnosis; and
- diagnostic/exploratory procedure related to additional diagnoses for the episode of care.⁸

In 2005, the principal procedure and up to nineteen additional procedures could be reported to HIPE where appropriate. A main feature of the ACHI procedure classification is a seven-character code in the format xxxxx-xx. The structure is based on the Australian Medical Benefits Schedule (MBS), which is organised on an anatomical basis and thus does not always appear in numerical order. Procedure blocks have been 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.⁹ 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. Among the changes arising from the change in the coding system is that anaesthesia is now reported where appropriate.¹⁰

Of the 1,008,498 discharges reported to HIPE in 2005, principal procedures were recorded for 756,158 or 75.0 per cent of these discharges. Table 4.9 reports the average number of all-listed procedures for those discharges who underwent at least a principal procedure by sex, age and patient type. On average, 2.0 procedures were recorded for those discharges who underwent a principal procedure in 2005. With the introduction of codes for anaesthesia in ICD-10-AM many procedures also have an additional code for the anaesthesia.

The average number of procedures performed varied significantly for day and in-patients. For those discharges who underwent a procedure, total in-patients had on average 2.5 procedures, compared to 1.5 procedures, on average, for day patients. Differences also existed between the number of procedures performed on male and female in-patients and total discharges. The average number of procedures performed on total male in-patients was slightly higher than that reported for females. The average number of procedures performed was highest among total discharges aged under 15 years who underwent a procedure. While the average number of procedures increased with age for total in-patients, the day patient pattern differed. For those undergoing a procedure, day patient discharges aged under 15 years recorded an average of 2.0 procedures, which was higher than that reported for the older age groups.

⁸ National Centre of Classification in Health (NCCH), 2004. *The International Statistical Classification of Diseases and Related Health Problems, Tenth Revision, Australian Modification. Volume 5: Australian Coding Standards*. Sydney: NCCH. Page 28.

⁹ National Centre of Classification in Health (NCCH), 2004. *The International Statistical Classification of Diseases and Related Health Problems, Tenth Revision, Australian Modification. Volume 3: Tabular List of Procedures*. Sydney: NCCH. Page viii.

¹⁰ The move to the ACHI introduced significant changes to the collection of procedures in 2005, including the use of Australian Coding Standard (ACS) number 0042 (see Appendix VI).

TABLE 4.9

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

	Day Patients	Total In-Patients	Total Discharges
Total	1.5	2.5	2.0
Sex			
Male	1.5	2.6	1.9
Female	1.5	2.5	2.0
Age Group			
Under 15 years	2.0	2.3	2.2
15–44 years	1.6	2.4	2.0
45–64 years	1.4	2.6	1.8
65 years and over	1.3	2.6	2.0

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

Top 20 Principal Procedure Blocks

The 20 principal procedure blocks with the largest volume of day patient discharges are reported in Table 4.10 and presented in Figure 4.3. Of the 406,505 principal procedures performed on day patients in 2005, the top 20 principal procedure blocks accounted for 66.5 per cent of total day patients who had a principal procedure. The most common principal procedure block for day patients was 'pharmacotherapy'. This procedure block accounted for 27.5 per cent of discharges in the top 20 and 18.3 per cent of all day patient discharges with a principal procedure. The majority (77.4 per cent) of procedures in this block were accounted for by 'intravenous administration of pharmacological agent, antineoplastic agent' (96199–00). Of the remaining top 20 principal procedure blocks, five are classified under 'procedures on the digestive system' (including 'panendoscopy with excision', 'fiberoptic colonoscopy', 'fiberoptic colonoscopy with excision', 'panendoscopy' and 'other excision procedures on oesophagus').

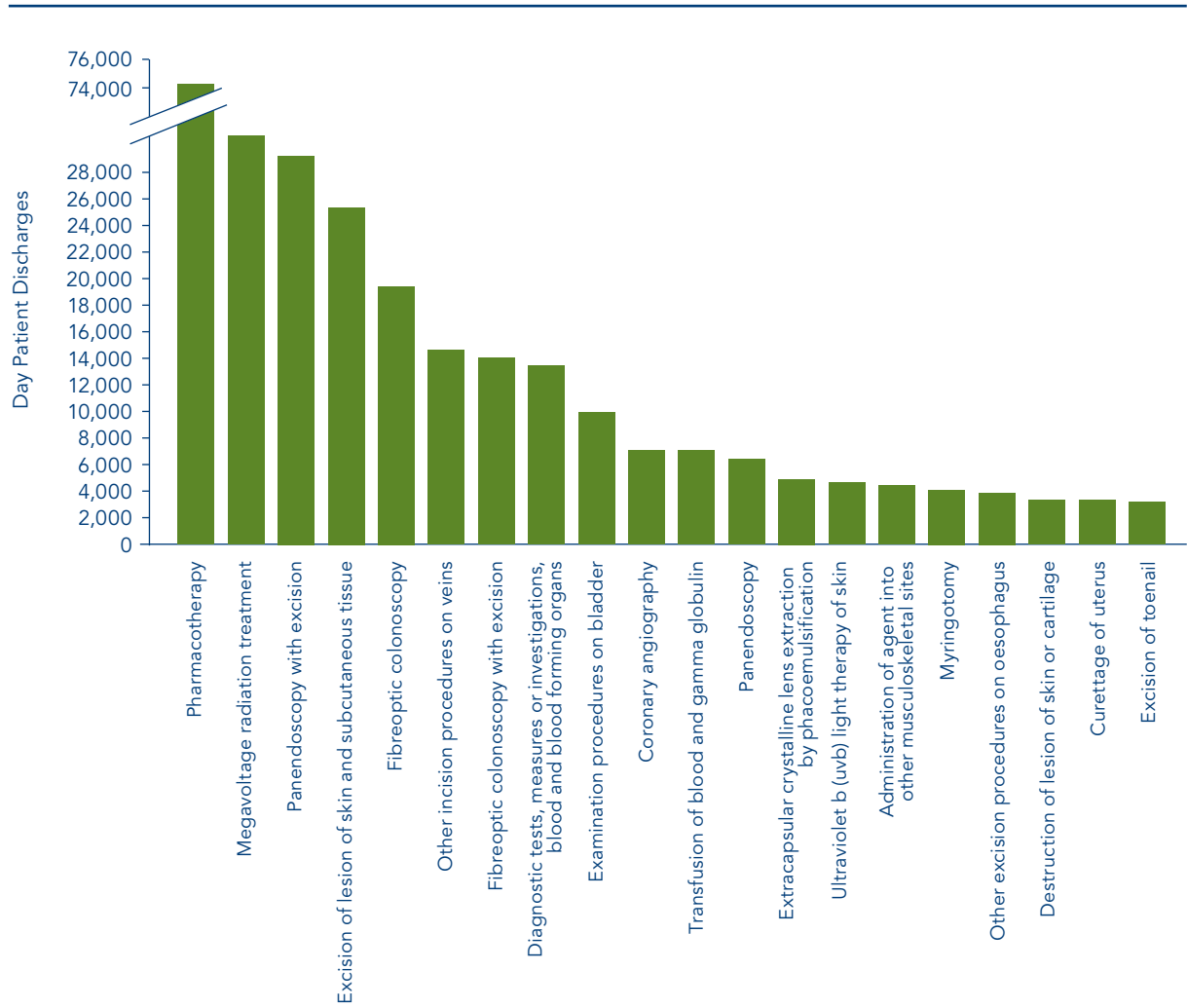
TABLE 4.10

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

Rank	Principal Procedure	Procedure Block	N	% of Top 20 Principal Procedures for Day Patients	% of Day Patients with a Principal Procedure
1	Pharmacotherapy	1920	74,418	27.5	18.3
2	Megavoltage radiation treatment	1788	28,782	10.7	7.1
3	Panendoscopy with excision	1008	27,419	10.1	6.7
4	Excision of lesion of skin and subcutaneous tissue	1620	23,758	8.8	5.8
5	Fibreoptic colonoscopy	0905	18,193	6.7	4.5
6	Other incision procedures on veins	0725	13,665	5.1	3.4
7	Fibreoptic colonoscopy with excision	0911	13,109	4.9	3.2
8	Diagnostic tests, measures or investigations, blood and blood forming organs	1858	12,598	4.7	3.1
9	Examination procedures on bladder	1089	9,258	3.4	2.3
10	Coronary angiography	0668	6,616	2.4	1.6
11	Transfusion of blood and gamma globulin	1893	6,604	2.4	1.6
12	Panendoscopy	1005	5,987	2.2	1.5
13	Extracapsular crystalline lens extraction by phacoemulsification	0197	4,609	1.7	1.1
14	Ultraviolet B [UVB] light therapy of skin	1610	4,345	1.6	1.1
15	Administration of agent into other musculoskeletal sites	1552	4,149	1.5	1.0
16	Myringotomy	0309	3,854	1.4	0.9
17	Other excision procedures on oesophagus	0861	3,665	1.4	0.9
18	Destruction of lesion of skin or cartilage	1612	3,124	1.2	0.8
19	Curettage of uterus	1265	3,086	1.1	0.8
20	Excision of toenail	1632	2,971	1.1	0.7
Top 20 Principal Procedures for Day Patients —Total		-	270,210	100	66.5
Day Patients with a Principal Procedure —Total		-	406,505	-	-
Day-Patients—Total		-	443,654	-	-

FIGURE 4.3

Top 20 Principal Procedure Blocks for Day Patients



Approximately 62 per cent of total in-patient discharges underwent a procedure in 2005. As reported in Table 4.11, the top 20 principal procedure blocks accounted for 47.2 per cent of total in-patient discharges with a procedure. The most common principal procedure block for in-patients was 'generalised allied health interventions', which accounted for almost 10 per cent of total in-patient discharges with a procedure. The principal procedure block with the second highest number of in-patient discharges was 'computerised tomography of brain', which accounted for 5.5 per cent of total in-patient discharges with a procedure. Of the top 20 principal procedure blocks, six were related to obstetrics (including 'Caesarean section', 'postpartum suture', 'medical or surgical induction of labour', 'vacuum extraction', 'spontaneous vertex delivery' and 'other procedures associated with delivery').

The total in-patient average length of stay for the top 20 principal procedure blocks was 8.2 days and, as reported in Figure 4.4, ranged from 1.3 days for 'evacuation of gravid uterus' to 15.3 days for 'arthroplasty of hip'. The total in-patient average length of stay for 'generalised allied health interventions', the most common principal procedure block, was 12.9 days.

TABLE 4.11

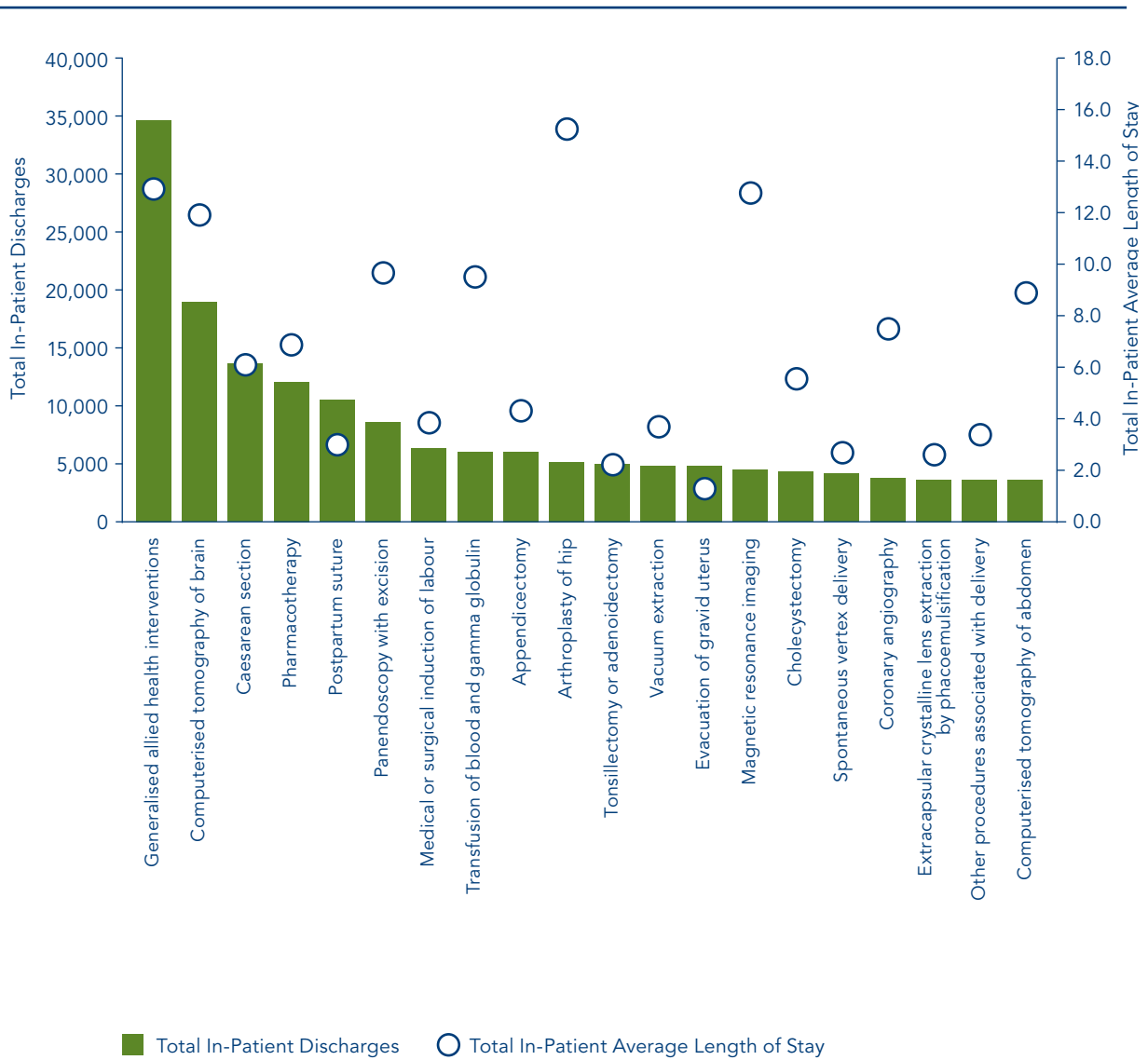
Top 20 Principal Procedure Blocks for Total In-Patients—Number and Percentage of Total In-Patient Discharges and Total In-Patient Average Length of Stay (Days)

Rank	Principal Procedure	Procedure Block	N	% of Top 20 Principal Procedures for In-Patients	% of Total In-Patients with a Principal Procedure	Total In-Patient Average Length of Stay ^a
1	Generalised allied health interventions	1916	34,751	21.0	9.9	12.9
2	Computerised tomography of brain	1952	19,113	11.6	5.5	12.0
3	Caesarean section	1340	13,747	8.3	3.9	6.1
4	Pharmacotherapy	1920	12,083	7.3	3.5	6.8
5	Postpartum suture	1344	10,645	6.4	3.0	3.0
6	Panendoscopy with excision	1008	8,665	5.2	2.5	9.7
7	Medical or surgical induction of labour	1334	6,379	3.9	1.8	3.8
8	Transfusion of blood and gamma globulin	1893	6,136	3.7	1.8	9.5
9	Appendectomy	0926	6,014	3.6	1.7	4.2
10	Arthroplasty of hip	1489	5,230	3.2	1.5	15.3
11	Tonsillectomy or adenoidectomy	0412	5,051	3.1	1.4	2.2
12	Vacuum extraction	1338	4,859	2.9	1.4	3.7
13	Evacuation of gravid uterus	1267	4,843	2.9	1.4	1.3
14	Magnetic resonance imaging	2015	4,579	2.8	1.3	12.8
15	Cholecystectomy	0965	4,259	2.6	1.2	5.5
16	Spontaneous vertex delivery	1336	4,162	2.5	1.2	2.7
17	Coronary angiography	0668	3,886	2.4	1.1	7.4
18	Extracapsular crystalline lens extraction by phacoemulsification	0197	3,644	2.2	1.0	2.6
19	Other procedures associated with delivery	1343	3,596	2.2	1.0	3.4
20	Computerised tomography of abdomen	1962	3,553	2.2	1.0	8.9
Top 20 Principal Procedures for Total In-Patients—Total		-	165,195	100	47.2	8.2
Total In-Patients with a Principal Procedure—Total		-	349,653	-	-	8.2
Total In-Patients (including those with and without a Principal Procedure)		-	564,844	-	-	6.5

Note: ^a Includes acute and extended stay in-patients.

FIGURE 4.4

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



^a See note under Table 4.11.

Principal and All-Listed Procedures

The type and number of principal procedures recorded for male and female discharges are reported in Table 4.12. Female discharges, who represented 55.5 per cent of total discharges, accounted for 54.7 per cent of all principal procedures undertaken in HIPE hospitals in 2005. The proportion of total male discharges undergoing a principal procedure was 76.2 per cent and was slightly higher than that for female discharges (74.0 per cent). The ICD-10-AM chapter 'non-invasive, cognitive and other interventions, not elsewhere classified' had the highest number of total discharges with a principal procedure. This chapter includes the procedure blocks 'pharmacotherapy' and 'generalised allied health interventions'.

Almost 17 per cent of total principal procedures were 'procedures on digestive system', which includes 'fiberoptic colonoscopy with/without excision'. Together 'gynaecological procedures' and 'obstetric procedures' amounted to 81,677 (19.7 per cent) of the principal procedures performed on female discharges. Generally, the volume of male and female discharges undergoing principal procedures was comparable for most of the ICD-10-AM chapters. However, male discharges recorded almost twice as many 'procedures on urinary system' compared with female discharges.

TABLE 4.12

Total Discharges by Principal Procedure Block and Sex

Principal Procedure	Procedure Block	Male	Female	Total Discharges
Total Discharges	-	449,213	559,285	1,008,498
All Principal Procedures	0001–2016	342,320	413,838	756,158
Procedures on the nervous system	0001–0086	7,296	8,705	16,001
Lumbar puncture	0030	1,251	1,464	2,715
Procedures on endocrine system	0110–0129	302	822	1,124
Procedures on eye and adnexa	0160–0256	8,641	10,083	18,724
Lens extraction	0195–0202	4,104	6,096	10,200
Procedures on ear and mastoid process	0300–0333	5,427	4,586	10,013
Myringotomy	0309	2,440	1,791	4,231
Procedures on nose, mouth and pharynx	0370–0422	8,430	7,422	15,852
Tonsillectomy or adenoidectomy	0412	2,310	2,882	5,192
Dental services	0450–0490	3,185	3,136	6,321
Procedures on respiratory system	0520–0569	8,890	6,552	15,442
Bronchoscopy with/without biopsy	0543–0544, 41892–01[0545]	3,004	2,255	5,259
Procedures on cardiovascular system	0600–0767	27,236	15,718	42,954
Coronary angiography	0668	6,608	3,894	10,502
Transluminal coronary angioplasty with/without excision	0670–0671	2,909	1,035	3,944
CABG	0672–0679	887	239	1,126
Leg varicose vein ligation	0727–0728	906	1,673	2,579
Procedures on blood and blood forming organs	0800–0817	2,311	2,126	4,437
Procedures on digestive system	0850–1011	60,898	66,168	127,066
Fibreoptic colonoscopy with/without excision	0905, 0911	17,375	19,636	37,011
Appendicectomy	0926	3,239	2,783	6,022
Procedures for haemorrhoids	0941	1,329	1,045	2,374
Cholecystectomy	0965	1,060	3,333	4,393
Lysis of peritoneal adhesions	0986	141	693	834
Repair of inguinal and obstructed hernia	0990, 0997	3,664	402	4,066
Panendoscopy with/without excision	1005–1008	21,366	23,836	45,202
Procedures on urinary system	1040–1129	15,147	8,729	23,876
Examination procedures on bladder (including cystoscopy)	1089	6,823	4,137	10,960
Procedures on male genital organs	1160–1203	9,419	0	9,419
Prostatectomy	1165–1167	1,745	0	1,745
Circumcision	30653–00[1196]	2,890	0	2,890
Gynaecological procedures	1240–1299	~	28,719	28,721
Oophorectomy and salpingo-oophorectomy	1243,1252	~	584	585
Salpingectomy	1251	0	126	126
Examination procedures on uterus	1259	0	2,968	2,968
Dilation and curettage of uterus	1265,1267	0	9,804	9,804
Hysterectomy	1268–1269	~	2,843	2,844
Repair of prolapse of uterus, pelvic floor or enterocele	1283	0	680	680
Obstetric procedures	1330–1347	0	52,958	52,958
Induction and augmentation of labour	1334,1335	0	9,536	9,536
Vacuum extraction	1338	0	4,859	4,859
Caesarean section	1340	0	13,747	13,747
Episiotomy associated with delivery	90472–00 [1343]	0	2,913	2,913
Postpartum suture	1344	0	10,649	10,649
Procedures of musculoskeletal system	1360–1579	27,853	22,859	50,712
Arthroplasty of hip	1489	2,299	2,931	5,230
Arthroplasty of knee	1518–1519	631	1,115	1,746
Dermatological and plastic procedures	1600–1718	27,604	28,481	56,085
Excision of lesion of skin and subcutaneous tissue	1620	11,793	13,754	25,547
Other debridement of skin and subcutaneous tissue	1628	1,468	1,009	2,477
Skin graft	1640–1650	292	212	504
Procedures on breast	1740–1759	212	6,784	6,996
Breast biopsy	1743–1744	105	4,630	4,735
Mastectomy	1747–1748	74	984	1,058
Radiation oncology procedures	1786–1799	18,701	14,666	33,367
Non-invasive, cognitive and other interventions, not elsewhere classified	1820–1922	86,004	99,812	185,816
Transfusion of blood and gamma globulin	1893	6,702	6,038	12,740
Conduction anaesthesia	1909	161	551	712
Imaging services	1940–2016	24,762	25,512	50,274
Computerised tomography scan	1952–1966	16,677	16,221	32,898
Magnetic resonance imaging	2015	2,668	3,024	5,692

Note: ~ denotes five or less discharges reported to HIPE.

Principal procedures are further analysed by age group in Table 4.13. The proportion of discharges within each age group undergoing a principal procedure varied across the age groups. A principal procedure was performed on 55.8 per cent of those discharges aged under 15 years. This was lower than the equivalent proportions for the older age groups. Approximately 73 per cent of discharges aged between 15 and 44 years and 79 per cent of discharges aged 65 years and over had a principal procedure. The 45 to 64 year age group recorded the highest proportion of discharges with a principal procedure at 83.1 per cent.

The frequency of principal procedures varied by age group. Some principal procedures were more common among younger age groups. For instance, more than 67 per cent of all 'tonsillectomy or adenoidectomy' procedures were undertaken on discharges younger than 15 years of age, as were 76.4 per cent of all 'myringotomy' procedures. The 15 to 44 year age group recorded the highest number of 'obstetric procedures' and 'gynaecological procedures'. Almost 61 per cent of 'procedures on eye and adnexa' undertaken as principal procedures were performed on discharges aged 65 years and over. Within this age group, 73.6 per cent of these operations involved 'lens extraction'.

The average length of stay of acute in-patient discharges for each principal procedure category and age group is reported in Table 4.14. Generally, the average length of stay for almost all principal procedures increased with age. For instance, the average length of stay for acute in-patients aged 65 years and over who underwent 'procedures of musculoskeletal system' was 10.2 days, which was almost five times that for discharges aged under 15 years (2.2 days). 'Procedures on respiratory system' recorded the longest average length of stay of 9.1 days for the youngest group of acute in-patients. Acute in-patients in the three older age groups who underwent 'CABG' (coronary artery bypass graft) stayed in hospital the longest.

TABLE 4.13

Total Discharges by Principal Procedure Block and Age Group

Principal Procedure	Procedure Block	Under 15 Years	15–44 Years	45–64 Years	65 Years and Over	Total Discharges
Total Discharges	-	124,080	344,385	260,981	279,052	1,008,498
All Principal Procedures	0001–2016	69,208	250,130	216,959	219,861	756,158
Procedures on the nervous system	0001–0086	988	6,225	5,737	3,051	16,001
Lumbar puncture	0030	691	1,206	544	274	2,715
Procedures on endocrine system	0110–0129	51	408	459	206	1,124
Procedures on eye and adnexa	0160–0256	1,484	2,139	3,697	11,404	18,724
Lens extraction	0195–0202	70	251	1,480	8,399	10,200
Procedures on ear and mastoid process	0300–0333	4,552	2,856	1,680	925	10,013
Myringotomy	0309	3,234	514	304	179	4,231
Procedures on nose, mouth and pharynx	0370–0422	4,925	5,496	3,123	2,308	15,852
Tonsillectomy or adenoidectomy	0412	3,479	1,644	61	8	5,192
Dental services	0450–0490	4,047	1,715	383	176	6,321
Procedures on respiratory system	0520–0569	2,212	2,931	4,747	5,552	15,442
Bronchoscopy with/without biopsy	0543–0544, 41892–01[0545]	113	965	1,995	2,186	5,259
Procedures on cardiovascular system	0600–0767	1,182	7,752	19,541	14,479	42,954
Coronary angiography	0668	168	891	5,032	4,411	10,502
Transluminal coronary angioplasty with/without excision	0670–0671	~	210	1,790	1,942	3,944
CABG	0672–0679	~	27	470	628	1,126
Leg varicose vein ligation	0727–0728	~	1,017	1,254	307	2,579
Procedures on blood and blood forming organs	0800–0817	213	1,067	1,566	1,591	4,437
Procedures on digestive system	0850–1011	4,474	44,140	42,580	35,872	127,066
Fibreoptic colonoscopy with/without excision	0905, 0911	107	10,878	14,231	11,795	37,011
Appendectomy	0926	1,805	3,671	448	98	6,022
Procedures for haemorrhoids	0941	0	1,091	945	338	2,374
Cholecystectomy	0965	15	1,807	1,723	848	4,393
Lysis of peritoneal adhesions	0986	25	510	186	113	834
Repair of inguinal and obstructed hernia	0990, 0997	608	1,051	1,184	1,223	4,066
Panendoscopy with/without excision	1005–1008	450	15,334	15,963	13,455	45,202
Procedures on urinary system	1040–1129	1,496	4,976	7,459	9,945	23,876
Examination procedures on bladder (including cystoscopy)	1089	237	2,113	3,513	5,097	10,960
Procedures on male genital organs	1160–1203	3,772	1,653	1,680	2,314	9,419
Prostatectomy	1165–1167	~	~	524	1,216	1,745
Circumcision	30653–00[1196]	2,221	464	127	78	2,890
Gynaecological procedures	1240–1299	118	18,461	8,380	1,762	28,721
Oophorectomy and salpingo-oophorectomy	1243,1252	7	324	204	50	585
Salpingectomy	1251	~	111	11	~	126
Examination procedures on uterus	1259	0	1,216	1,516	236	2,968
Dilation and curettage of uterus	1265,1267	0	7,052	2,414	338	9,804
Hysterectomy	1268–1269	~	839	1,501	503	2,844
Repair of prolapse of uterus, pelvic floor or enterocele	1283	~	71	386	220	680
Obstetric procedures	1330–1347	7	52,886	65	0	52,958
Induction and augmentation of labour	1334,1335	~	9,519	15	0	9,536
Vacuum extraction	1338	~	4,857	~	0	4,859
Caesarean section	1340	0	13,716	31	0	13,747
Episiotomy associated with delivery	90472–00 [1343]	~	2,911	~	0	2,913
Postpartum suture	1344	~	10,641	7	0	10,649
Procedures of musculoskeletal system	1360–1579	6,609	18,113	12,531	13,459	50,712
Arthroplasty of hip	1489	~	181	1,397	3,651	5,230
Arthroplasty of knee	1518–1519	~	26	576	1,143	1,746
Dermatological and plastic procedures	1600–1718	6,727	22,955	12,765	13,638	56,085
Excision of lesion of skin and subcutaneous tissue	1620	1,168	9,572	6,920	7,887	25,547
Other debridement of skin and subcutaneous tissue	1628	474	858	471	674	2,477
Skin graft	1640–1650	84	171	95	154	504
Procedures on breast	1740–1759	20	2,872	2,922	1,182	6,996
Breast biopsy	1743–1744	6	2,027	1,954	748	4,735
Mastectomy	1747–1748	~	243	489	321	1,058
Radiation oncology procedures	1786–1799	33	3,577	14,550	15,207	33,367
Non-invasive, cognitive and other interventions, not elsewhere classified	1820–1922	20,958	38,069	60,390	66,399	185,816
Transfusion of blood and gamma globulin	1893	1,666	1,711	2,800	6,563	12,740
Conduction anaesthesia	1909	~	483	158	67	712
Imaging services	1940–2016	5,340	11,839	12,704	20,391	50,274
Computerised tomography scan	1952–1966	1,558	7,795	8,154	15,391	32,898
Magnetic resonance imaging	2015	1,317	1,585	1,507	1,283	5,692

Note: ~ denotes five or less discharges reported to HIPE.

TABLE 4.14

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

Principal Procedure	Procedure Block	Under 15 Years	15–44 Years	45–64 Years	65 Years and Over	Total
Acute In-Patient Discharges^a	-	2.9	3.3	5.6	7.8	4.9
All Principal Procedures	0001–2016	3.9	4.0	6.3	8.9	5.8
Procedures on the nervous system	0001–0086	5.7	5.2	7.2	8.4	6.3
Lumbar puncture	0030	5.0	5.0	7.4	10.7	5.9
Procedures on endocrine system	0110–0129	3.1	5.4	6.0	7.3	5.9
Procedures on eye and adnexa	0160–0256	2.2	3.8	3.5	2.9	3.1
Lens extraction	0195–0202	3.7	2.5	2.4	2.2	2.3
Procedures on ear and mastoid process	0300–0333	1.9	2.4	2.8	2.4	2.3
Myringotomy	0309	1.6	2.2	3.8	1.8	1.8
Procedures on nose, mouth and pharynx	0370–0422	1.9	2.7	3.4	4.5	2.7
Tonsillectomy or adenoidectomy	0412	1.9	2.5	3.0	5.3	2.1
Dental services	0450–0490	1.9	2.5	3.6	5.4	2.8
Procedures on respiratory system	0520–0569	9.1	6.9	8.6	10.6	9.1
Bronchoscopy with/without biopsy	0543–0544, 41892–01[0545]	3.5	7.1	9.8	11.9	10.0
Procedures on cardiovascular system	0600–0767	6.0	5.5	6.0	7.9	6.8
Coronary angiography	0668	3.2	5.8	6.0	7.3	6.4
Transluminal coronary angioplasty with/without excision	0670–0671	~	3.4	3.8	4.9	4.3
CABG	0672–0679	~	13.0	11.9	13.9	13.0
Leg varicose vein ligation	0727–0728	-	1.7	1.9	3.2	2.1
Procedures on blood and blood forming organs	0800–0817	4.7	7.6	9.3	11.0	9.3
Procedures on digestive system	0850–1011	4.5	4.6	6.8	9.2	6.7
Fibreoptic colonoscopy with/without excision	0905, 0911	4.2	6.5	6.8	8.1	7.4
Appendicectomy	0926	4.0	4.0	6.1	8.6	4.2
Procedures for haemorrhoids	0941	-	2.8	3.3	6.5	3.7
Cholecystectomy	0965	7.7	4.1	4.8	7.3	5.0
Lysis of peritoneal adhesions	0986	8.0	4.6	8.8	13.7	7.0
Repair of inguinal and obstructed hernia	0990, 0997	2.5	2.2	2.8	4.6	3.4
Panendoscopy with/without excision	1005–1008	3.8	4.6	6.6	9.2	7.2
Procedures on urinary system	1040–1129	5.7	5.2	5.9	7.6	6.5
Examination procedures on bladder (including cystoscopy)	1089	3.4	4.0	4.2	6.3	5.3
Procedures on male genital organs	1160–1203	2.0	2.6	5.9	7.4	5.1
Prostatectomy	1165–1167	~	~	7.4	8.0	7.8
Circumcision	30653–00[1196]	1.2	1.6	2.0	3.7	1.8
Gynaecological procedures	1240–1299	3.0	2.5	4.9	6.5	3.5
Oophorectomy and salpingo-oophorectomy	1243,1252	5.0	5.8	6.8	11.9	6.7
Salpingectomy	1251	~	3.8	3.9	~	4.0
Examination procedures on uterus	1259	-	1.7	2.2	3.4	2.3
Dilation and curettage of uterus	1265,1267	-	1.3	1.8	2.9	1.4
Hysterectomy	1268–1269	~	7.1	7.4	8.9	7.5
Repair of prolapse of uterus, pelvic floor or enterocele	1283	~	5.1	5.9	6.8	6.1
Obstetric procedures	1330–1347	4.4	3.9	5.6	-	3.9
Induction and augmentation of labour	1334,1335	~	3.4	3.7	-	3.4
Vacuum extraction	1338	~	3.7	~	-	3.7
Caesarean section	1340	-	5.9	8.1	-	5.9
Episiotomy associated with delivery	90472–00 [1343]	~	3.4	~	-	3.4
Postpartum suture	1344	~	3.0	3.1	-	3.0
Procedures of musculoskeletal system	1360–1579	2.2	3.2	5.9	10.2	5.8
Arthroplasty of hip	1489	~	9.4	10.1	12.7	11.9
Arthroplasty of knee	1518–1519	~	9.7	11.0	12.5	12.0
Dermatological and plastic procedures	1600–1718	3.1	3.3	5.3	7.3	4.2
Excision of lesion of skin and subcutaneous tissue	1620	2.0	2.4	3.8	5.4	4.3
Other debridement of skin and subcutaneous tissue	1628	1.9	3.5	6.6	11.0	5.1
Skin graft	1640–1650	8.8	8.4	10.5	9.9	9.3
Procedures on breast	1740–1759	3.0	4.6	5.6	8.4	5.9
Breast biopsy	1743–1744	1.0	3.7	4.1	7.0	4.8
Mastectomy	1747–1748	~	7.5	8.4	10.2	8.7
Radiation oncology procedures	1786–1799	-	6.0	9.5	10.0	9.3
Non-invasive, cognitive and other interventions, not elsewhere classified	1820–1922	4.6	4.5	6.8	9.6	7.1
Transfusion of blood and gamma globulin	1893	4.1	4.9	6.7	8.2	7.1
Conduction anaesthesia	1909	~	4.2	7.9	8.9	4.6
Imaging services	1940–2016	3.9	4.5	6.7	9.4	7.1
Computerised tomography scan	1952–1966	3.2	4.2	6.4	9.3	7.1
Magnetic resonance imaging	2015	4.7	6.5	8.5	11.1	8.1

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

- denotes no discharges reported to HIPE.

^a Includes average length of stay for acute in-patients (length of stay of 30 days or less) only. Does not include extended stay in-patients and day patients.

Table 4.15 reports all-listed (principal and additional) procedures by procedure category and sex. In total, almost one and a half million procedures were recorded during 2005. Female discharges recorded a higher number of all-listed procedures and accounted for over 55 per cent of total procedures. Over 44 per cent of all procedures performed in 2005 were classified as 'non-invasive, cognitive and other interventions, not elsewhere classified'. The next largest category was 'procedures on digestive system' which accounted for 10.8 per cent of all-listed procedures. Apart from 'non-invasive, cognitive and other interventions, not elsewhere classified', this grouping also recorded the highest number of all-listed procedures for male discharges. In contrast, the next highest volume for female discharges after 'non-invasive, cognitive and other interventions, not elsewhere classified' was 'obstetric procedures'.

All-listed procedures are presented by age group in Table 4.16. Discharges in the 15 to 44 year age group accounted for the highest number of all-listed procedures—over one-third of the total. 'Non-invasive, cognitive and other interventions, not elsewhere classified' recorded the highest number of all-listed procedures for all age groups. Excluding 'imaging services', the next highest number of all-listed procedures for the youngest age group was 'dermatological and plastic procedures'. For the 15 to 44 year age group, 'obstetric procedures' were the second most common principal and additional procedures. This age group accounted for the vast majority (99.9 per cent) of all listed obstetrical procedures. 'Procedures on digestive system' were the second most common type of procedure performed on discharges aged between 45 and 64 years, and for those aged 65 and over.

TABLE 4.15

All-Listed Procedure Blocks by Sex

Procedure	Procedure Block	Male	Female	Total
Total Discharges	-	449,213	559,285	1,008,498
All Procedures	0001–2016	665,702	825,054	1,490,756
Procedures on nervous system	0001–0086	9,535	11,102	20,637
Lumbar puncture	0030	2,139	2,408	4,547
Procedures on endocrine system	0110–0129	352	895	1,247
Procedures on eye and adnexa	0160–0256	9,812	11,076	20,888
Lens Extraction	0195–0202	4,200	6,181	10,381
Procedures on ear and mastoid process	0300–0333	6,872	5,783	12,655
Myringotomy	0309	3,053	2,267	5,320
Procedures on nose, mouth and pharynx	0370–0422	10,549	8,800	19,349
Tonsillectomy or adenoidectomy	0412	2,445	2,987	5,432
Dental services	0450–0490	4,662	4,445	9,107
Procedures on respiratory system	0520–0569	18,074	12,546	30,620
Bronchoscopy with/without biopsy	0543–0544, 41892–01[0545]	3,636	2,660	6,296
Procedures on cardiovascular system	0600–0767	41,116	23,100	64,216
Coronary angiography	0668	9,360	5,012	14,372
Transluminal coronary angioplasty with/without excision	0670–0671	3,333	1,171	4,504
CABG	0672–0679	1,501	416	1,917
Leg varicose vein ligation	0727–0728	923	1,699	2,622
Procedures on blood and blood forming organs	0800–0817	3,459	4,602	8,061
Procedures on digestive system	0850–1011	77,299	83,964	161,263
Fibreoptic colonoscopy with/without excision	0905, 0911	22,468	25,458	47,926
Appendicectomy	0926	3,364	3,015	6,379
Procedures for haemorrhoids	0941	3,017	2,403	5,420
Cholecystectomy	0965	1,132	3,412	4,544
Lysis of peritoneal adhesions	0986	483	1,521	2,004
Repair of inguinal and obstructed hernia	0990, 0997	3,789	416	4,205
Panendoscopy with/without excision	1005–1008	24,428	26,786	51,214
Procedures on urinary system	1040–1129	21,386	11,872	33,258
Examination procedures on bladder (including cystoscopy)	1089	7,611	4,631	12,242
Procedures on male genital organs	1160–1203	10,337	0	10,337
Prostatectomy	1165–1167	1,848	0	1,848
Circumcision	30653–00[1196]	2,980	0	2,980
Gynaecological procedures	1240–1299	~	45,420	45,423
Oophorectomy and salpingo-oophorectomy	1243,1252	~	771	773
Salpingectomy	1251	0	259	259
Examination procedures on uterus	1259	0	6,231	6,231
Dilation and curettage of uterus	1265,1267	0	12,993	12,993
Hysterectomy	1268–1269	~	2,946	2,947
Repair of prolapse of uterus, pelvic floor or enterocele	1283	0	1,479	1,479
Obstetric procedures	1330–1347	0	116,788	116,788
Induction and augmentation of labour	1334,1335	0	25,820	25,820
Vacuum extraction	1338	0	7,178	7,178
Caesarean section	1340	0	14,326	14,326
Episiotomy associated with delivery	90472–00 [1343]	0	9,522	9,522
Postpartum suture	1344	0	16,159	16,159
Procedures of musculoskeletal system	1360–1579	33,445	26,404	59,849
Arthroplasty of hip	1489	2,345	2,979	5,324
Arthroplasty of knee	1518–1519	638	1,123	1,761
Dermatological and plastic procedures	1600–1718	36,407	35,240	71,647
Excision of lesion of skin and subcutaneous tissue	1620	13,776	16,055	29,831
Other debridement of skin and subcutaneous tissue	1628	3,143	1,724	4,867
Skin graft	1640–1650	1,258	994	2,252
Procedures on breast	1740–1759	229	7,550	7,779
Breast biopsy	1743–1744	115	4,882	4,997
Mastectomy	1747–1748	75	996	1,071
Radiation oncology procedures	1786–1799	19,665	15,809	35,474
Non-invasive, cognitive and other interventions, not elsewhere classified	1820–1922	310,026	349,060	659,086
Transfusion of blood and gamma globulin	1893	14,108	13,345	27,453
Conduction anaesthesia	1909	8,467	18,011	26,478
Imaging services	1940–2016	52,474	50,598	103,072
Computerised tomography scan	1952–1966	35,146	32,147	67,293
Magnetic resonance imaging	2015	5,434	6,071	11,505

Note: ~ denotes five or less discharges reported to HIPE.

TABLE 4.16

All-Listed Procedure Blocks by Age Group

Procedure	Procedure Block	Under 15 Years	15–44 Years	45–64 Years	65 Years and Over	Total
Total Discharges	-	124,080	344,385	260,981	279,052	1,008,498
All Procedures	0001–2016	151,806	509,411	397,933	431,606	1,490,756
Procedures on nervous system	0001–0086	1,583	7,943	7,212	3,899	20,637
Lumbar puncture	0030	1,118	1,838	1,038	553	4,547
Procedures on endocrine system	0110–0129	57	435	501	254	1,247
Procedures on eye and adnexa	0160–0256	1,774	2,549	4,160	12,405	20,888
Lens Extraction	0195–0202	91	275	1,504	8,511	10,381
Procedures on ear and mastoid process	0300–0333	6,105	3,423	2,029	1,098	12,655
Myringotomy	0309	4,194	591	347	188	5,320
Procedures on nose, mouth and pharynx	0370–0422	5,824	6,630	4,080	2,815	19,349
Tonsillectomy or adenoidectomy	0412	3,680	1,663	72	17	5,432
Dental services	0450–0490	5,737	2,400	623	347	9,107
Procedures on respiratory system	0520–0569	5,824	5,256	8,625	10,915	30,620
Bronchoscopy with/without biopsy	0543–0544, 41892–01[0545]	360	1,074	2,299	2,563	6,296
Procedures on cardiovascular system	0600–0767	2,658	9,717	27,725	24,116	64,216
Coronary angiography	0668	270	1,127	6,738	6,237	14,372
Transluminal coronary angioplasty with/without excision	0670–0671	~	242	2,027	2,233	4,504
CABG	0672–0679	~	53	819	1,043	1,917
Leg varicose vein ligation	0727–0728	~	1,030	1,266	325	2,622
Procedures on blood and blood forming organs	0800–0817	500	1,760	3,008	2,793	8,061
Procedures on digestive system	0850–1011	5,191	54,192	53,793	48,087	161,263
Fibreoptic colonoscopy with/without excision	0905, 0911	175	13,877	17,887	15,987	47,926
Appendicectomy	0926	1,838	3,821	552	168	6,379
Procedures for haemorrhoids	0941	~	2,409	2,174	836	5,420
Cholecystectomy	0965	16	1,839	1,782	907	4,544
Lysis of peritoneal adhesions	0986	52	1,098	509	345	2,004
Repair of inguinal and obstructed hernia	0990, 0997	663	1,074	1,200	1,268	4,205
Panendoscopy with/without excision	1005–1008	494	16,487	17,888	16,345	51,214
Procedures on urinary system	1040–1129	1,971	6,761	10,390	14,136	33,258
Examination procedures on bladder (including cystoscopy)	1089	274	2,350	3,930	5,688	12,242
Procedures on male genital organs	1160–1203	4,014	1,833	1,864	2,626	10,337
Prostatectomy	1165–1167	~	~	550	1,292	1,848
Circumcision	30653–00[1196]	2,275	481	137	87	2,980
Gynaecological procedures	1240–1299	145	28,281	14,208	2,789	45,423
Oophorectomy and salpingo-oophorectomy	1243,1252	8	405	282	78	773
Salpingectomy	1251	~	231	22	~	259
Examination procedures on uterus	1259	~	2,811	3,011	408	6,231
Dilation and curettage of uterus	1265,1267	~	8,517	3,918	557	12,993
Hysterectomy	1268–1269	~	865	1,542	539	2,947
Repair of prolapse of uterus, pelvic floor or enterocele	1283	~	132	822	522	1,479
Obstetric procedures	1330–1347	20	116,662	106	0	116,788
Induction and augmentation of labour	1334,1335	~	25,792	25	0	25,820
Vacuum extraction	1338	~	7,176	~	0	7,178
Caesarean section	1340	~	14,292	33	0	14,326
Episiotomy associated with delivery	90472–00 [1343]	~	9,515	~	0	9,522
Postpartum suture	1344	~	16,147	10	0	16,159
Procedures of musculoskeletal system	1360–1579	7,741	21,674	14,835	15,599	59,849
Arthroplasty of hip	1489	~	186	1,420	3,716	5,324
Arthroplasty of knee	1518–1519	~	27	582	1,151	1,761
Dermatological and plastic procedures	1600–1718	9,091	28,170	16,239	18,147	71,647
Excision of lesion of skin and subcutaneous tissue	1620	1,282	11,070	8,169	9,310	29,831
Other debridement of skin and subcutaneous tissue	1628	730	1,957	974	1,206	4,867
Skin graft	1640–1650	161	541	479	1,071	2,252
Procedures on breast	1740–1759	21	3,124	3,317	1,317	7,779
Breast biopsy	1743–1744	6	2,101	2,069	821	4,997
Mastectomy	1747–1748	~	245	497	324	1,071
Radiation oncology procedures	1786–1799	34	3,867	15,426	16,147	35,474
Non-invasive, cognitive and other interventions, not elsewhere classified	1820–1922	83,514	182,628	181,364	211,580	659,086
Transfusion of blood and gamma globulin	1893	3,286	4,156	6,370	13,641	27,453
Conduction anaesthesia	1909	951	12,256	4,798	8,473	26,478
Imaging services	1940–2016	10,002	22,106	28,428	42,536	103,072
Computerised tomography scan	1952–1966	2,202	14,648	18,585	31,858	67,293
Magnetic resonance imaging	2015	1,601	3,186	3,537	3,181	11,505

Note: ~ denotes five or less discharges reported to HIPE.



Analysis of Discharge
Data by Case Mix

SECTION

FIVE

SUMMARY

Discharges by Major Diagnostic Category (MDC)

- The MDC with the largest number of total discharges was 'diseases and disorders of the digestive system' (MDC 6). The number of day patients was largest for 'neoplastic disorders (haematological and solid neoplasms)' (MDC 17). The volume of acute and total in-patient activity was highest for 'pregnancy, childbirth and the puerperium' (MDC 14).
- The MDC with the longest average length of stay for total in-patient discharges was 'mental diseases and disorders' (MDC 19) at 12.2 days. Acute in-patients had the longest average length of stay of 7.6 days for 'neoplastic disorders (haematological and solid neoplasms)'.

Discharges by Diagnosis Related Group (AR-DRG)

- The top 20 AR-DRGs for day patients accounted for 63.8 per cent of total day patient discharges.
- The most common AR-DRG for day patients was 'chemotherapy' (AR-DRG R63Z), which accounted for 22.3 per cent of the day patient top 20 and 14.2 per cent of total day patient discharges.
- The 20 most common AR-DRGs for total in-patients accounted for 30.9 per cent of total in-patient discharges.
- The most common AR-DRG for total in-patients was 'vaginal delivery without catastrophic or severe complications and/or comorbidity' (AR-DRG O60B), which accounted for 5.7 per cent of total in-patients.

INTRODUCTION

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

The Ninth Revision of the DRGs produced for the US Health Care Financing Administration (HCFA) version 9.0 was used as the national standard in Ireland until 1994. This was superseded by HCFA 12.0, which was used until 1998 when HCFA 16.0 was adopted for DRG analysis until 2004. Following an extensive evaluation of the available alternative grouping methodologies in 2004, the decision was made to move to Australian Refined Diagnosis Related Group (AR-DRG) version 5.1 from 2005 onwards.⁵ One of the key features of this methodology is the classification of cases into different levels of complexity within AR-DRGs. ICD-10-AM was the coding system used for AR-DRG grouping in 2005. 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, discharges are directly assigned to the AR-DRG system from this database.

The first step in AR-DRG assignment is the classification of discharges by Major Diagnostic Category (MDC). There are 24 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 MDC, there is a category entitled ‘unassignable to MDC’. To deal with certain categories of high cost discharges, the second step performs a pre-MDC analysis which can override the initial MDC assignment. Examples of discharges affected include transplants, human immunodeficiency virus (HIV) disease, and multiple significant trauma.

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

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

³ Wiley, M.M., 2005. ‘Diagnosis Related Groups (DRGs): Measuring Hospital Case Mix’, in P. Armitage and T. Colton (eds.), *Encyclopaedia of Biostatistics*. Chichester: Wiley and Sons.

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

⁵ Aisbett, C., M.M. Wiley, B. McCarthy, and A. Mulligan, 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.

After assignment to the appropriate MDCs, discharges are assigned to the AR-DRG level. In total, there are 665 AR-DRGs (a listing of all AR-DRGs, by MDC, for ARDRG 5.1 is available at www.esri.ie). Discharges with a surgical procedure performed are assigned to the surgical AR-DRGs where classification is based on the most resource intensive procedure performed. Medical discharges are assigned to an AR-DRG on the basis of principal diagnosis.

The numbering system for each AR-DRG consists of four alphanumeric characters in the form of 'ADDS'. The first character, 'A' is either a letter (indicating the broad group of the DRG) or a '9' (indicating an error AR-DRG). The second and third characters, 'DD', identify the adjacent DRG within the MDC, and the partition to which the adjacent DRG belongs. Both characters are numbers indicating whether the code is surgical, medical or other. The last character, 'S' is a split indicator that ranks DRGs within adjacent DRGs on the basis of their consumption of resources, it is either 'A' to 'Z' indicating levels of complexity, 'A' being the most complex or 'Z' indicating that there is no complexity split.⁶⁷

Further classification within these groups for the purpose of distinguishing the complexity of cases will occur if particular variables, such as the presence of complications and/or comorbidities (cc), age or discharge status, are found to have an influence on the treatment process and/or the pattern of resource utilisation.⁸⁹

ANALYSIS BY MAJOR DIAGNOSTIC CATEGORY (MDC)

In the following analysis of Tables 5.1 and 5.2 discharges assigned to 'pre-MDC' or 'unassignable to MDC' are excluded from the discussion. Discharges are broken down by MDC and patient type in Table 5.1. The MDC with the highest number of total discharges in all HIPE hospitals was 'diseases and disorders of the digestive system' (MDC 6). More than half of discharges assigned to this MDC were treated on a day patient basis (53.1 per cent), while the remainder were more likely to be acute in-patients.

'Neoplastic disorders (haematological and solid neoplasms)' (MDC 17) had the second largest number of total discharges. The proportion of discharges treated as in-patients under this MDC (4.6 per cent) was the lowest of any MDC. Together, MDCs 6 and 17 accounted for over one-quarter of total discharges. The MDCs with the lowest number of total discharges included 'burns' (MDC 22), 'mental diseases and disorders' (MDC 19)¹⁰, and 'alcohol/drug use and alcohol/drug induced organic mental disorders' (MDC 20).

⁶ For a more detailed description of how AR-DRGs are numbered see Canberra: Commonwealth Department of Health and Aged Care., 2004. 'Australian Refined Diagnosis Related Groups Version 5.1 Definitions Manual.' Canberra. pp. 4-13.

⁷ Aisbett, C., M.M. Wiley, B. McCarthy, and A. Mulligan, 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. pp 9–10.

⁸ Complications may arise during the hospital stay, while comorbidities are assumed to be prior existing conditions which were present at the time of admission.

⁹ For a more detailed description of case mix and its application in Ireland see Wiley, M.M., 2001. 'Case Mix in Ireland: Budgeting Basis for Acute Hospital Services', in F.H. Roger France, I. Mertens, M. Cloesen and J. Hofdijk (eds.), *Case Mix- Global Views, Local Actions*. Amsterdam: IOS Press; and Wiley, M.M. and R.B. Fetter, 1990. *Measuring Activity and Costs in Irish Hospitals: A Study of Hospital Case Mix, General Research Series No. 147*, Dublin: The Economic and Social Research Institute.

¹⁰ The National Psychiatric In-Patient Reporting Scheme, supported by the Health Research Board, reports information on all admissions to psychiatric hospitals nationally.

A further disaggregation of discharges by MDC and hospital type is also presented in Table 5.1. In this section, the distinction between voluntary and non-voluntary hospitals is made. The voluntary hospital grouping includes both general and special hospitals, which are operated on a voluntary basis. Likewise, the non-voluntary hospital group in this section incorporates both general (at county and regional levels) and special hospitals managed by HSE areas of administration. See Appendix I for the classification of HIPE hospitals by voluntary and non-voluntary status in 2005.

More than half a million (607,900) or 60.3 per cent of total discharges were treated in non-voluntary hospitals and the remainder were discharged from voluntary hospitals. There were similarities in the distribution of discharges by MDC by hospital type. The top ranked MDCs in voluntary hospitals were MDC 6 ('diseases and disorders of the digestive system') and MDC 17 ('neoplastic disorders (haematological and solid neoplasms)'), recording 49,436 and 49,623 discharges respectively. The MDC with the greatest number of discharges for non-voluntary hospitals was 'diseases and disorders of the digestive system' (MDC 6). Within MDC 6, the types of patients treated by voluntary and non-voluntary hospitals differed. In voluntary hospitals, 62.2 per cent of discharges were treated on a day basis for 'diseases and disorders of the digestive system' (MDC 6) while total in-patients amounted to 37.8 per cent. In contrast, in non-voluntary hospitals the number of total in-patients exceeded the number of day patients assigned to MDC 6. The highest number of day patients was recorded for 'neoplastic disorders (haematological and solid neoplasms)' (MDC 17) in both voluntary and non-voluntary hospitals. Likewise, volumes of acute and total in-patients in the two groups of hospitals were highest for 'pregnancy, childbirth and the puerperium' (MDC 14).

TABLE 5.1

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

MDC Description	Voluntary Hospitals				Non-Voluntary Hospitals				All Hospitals						
	Day Patients	In-Patients			Day Patients	In-Patients			Day Patients	In-Patients					
		Acute (0-30 days)	Extended (>30 days)	Total In-Patients		Total Discharges	Acute (0-30 days)	Extended (>30 days)		Total In-Patients	Total Discharges	Acute (0-30 days)	Extended (>30 days)	Total In-Patients	Total Discharges
Pre MDC	2	870	616	1,486	1,488	5	470	347	817	822	7	1,340	963	2,303	2,310
00 Unassignable to MDC	457	1,047	231	1,278	1,735	261	709	120	829	1,090	718	1,756	351	2,107	2,825
01 Diseases and disorders of the nervous system	3,992	10,767	1,312	12,079	16,071	3,833	25,074	1,104	26,178	30,011	7,825	35,841	2,416	38,257	46,082
02 Diseases and disorders of the eye	7,740	4,074	18	4,092	11,832	7,827	5,500	17	5,517	13,344	15,567	9,574	35	9,609	25,176
03 Diseases and disorders of the ear, nose, mouth and throat	10,368	10,203	168	10,371	20,739	11,980	19,314	44	19,358	31,338	22,348	29,517	212	29,729	52,077
04 Diseases and disorders of the respiratory system	4,084	14,981	975	15,956	20,040	3,154	35,007	934	35,941	39,095	7,238	49,988	1,909	51,897	59,135
05 Diseases and disorders of the circulatory system	9,037	19,733	813	20,546	29,583	9,492	41,673	792	42,465	51,957	18,529	61,406	1,605	63,011	81,540
06 Diseases and disorders of the digestive system	30,751	17,940	745	18,685	49,436	45,031	47,592	691	48,283	93,314	75,782	65,532	1,436	66,968	142,750
07 Diseases and disorders of the hepatobiliary system and pancreas	1,723	4,606	238	4,844	6,567	1,200	9,405	218	9,623	10,823	2,923	14,011	456	14,467	17,390
08 Diseases and disorders of the musculoskeletal system and connective tissue	13,295	15,049	612	15,661	28,956	15,343	33,402	762	34,164	49,507	28,638	48,451	1,374	49,825	78,463
09 Diseases and disorders of the skin, subcutaneous tissue and breast	27,313	6,459	421	6,880	34,193	23,239	12,006	184	12,190	35,429	50,552	18,465	605	19,070	69,622
10 Endocrine, nutritional and metabolic diseases and disorders	1,497	2,907	146	3,053	4,550	1,647	6,094	199	6,293	7,940	3,144	9,001	345	9,346	12,490
11 Diseases and disorders of the kidney and urinary tract	9,108	7,451	308	7,759	16,867	4,989	12,223	326	12,549	17,538	14,097	19,674	634	20,308	34,405

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

MDC Description	Voluntary Hospitals					Non-Voluntary Hospitals					All Hospitals				
	Day Patients	In-Patients			Total Discharges	Day Patients	In-Patients			Total Discharges	Day Patients	In-Patients			Total Discharges
		Acute (0-30 days)	Extended (>30 days)	Total In-Patients			Acute (0-30 days)	Extended (>30 days)	Total In-Patients			Acute (0-30 days)	Extended (>30 days)	Total In-Patients	
12 Diseases and disorders of the male reproductive system	5,310	2,309	269	2,578	7,888	4,502	3,811	45	3,856	8,358	9,812	6,120	314	6,434	16,246
13 Diseases and disorders of the female reproductive system	7,466	6,441	126	6,567	14,033	9,851	8,743	37	8,780	18,631	17,317	15,184	163	15,347	32,664
14 Pregnancy, childbirth and the puerperium	840	38,368	53	38,421	39,261	3,086	64,434	62	64,496	67,582	3,926	102,802	115	102,917	106,843
15 Newborns and other neonates	179	5,140	331	5,471	5,650	177	6,714	299	7,013	7,190	356	11,854	630	12,484	12,840
16 Diseases and disorders of blood, blood forming organs, immunological disorders	9,782	2,143	42	2,185	11,967	13,667	3,672	91	3,763	17,430	23,449	5,815	133	5,948	29,397
17 Neoplastic disorders (haematological and solid neoplasms)	46,922	2,447	254	2,701	49,623	64,165	2,513	158	2,671	66,836	111,087	4,960	412	5,372	116,459
18 Infectious and parasitic diseases, systemic or unspecified sites	423	1,842	112	1,954	2,377	191	5,947	112	6,059	6,250	614	7,789	224	8,013	8,627
19 Mental diseases and disorders	245	791	146	937	1,182	274	696	23	719	993	519	1,487	169	1,656	2,175
20 Alcohol/drug use and alcohol/drug induced organic mental disorders	45	426	16	442	487	7	1,866	9	1,875	1,882	52	2,292	25	2,317	2,369
21 Injuries, poisonings and toxic effects of drugs	910	4,944	202	5,146	6,056	206	11,079	106	11,185	11,391	1,116	16,023	308	16,331	17,447
22 Burns	3	359	24	383	386	0	336	11	347	347	3	695	35	730	733
23 Factors influencing health status and other contacts with health services	15,377	3,875	379	4,254	19,631	12,658	5,738	406	6,144	18,802	28,035	9,613	785	10,398	38,433
Total	206,869	185,172	8,557	193,729	400,598	236,785	364,018	7,097	371,115	607,900	443,654	549,190	15,654	564,844	1,008,498

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

The average length of stay for in-patients and total discharges by MDC and hospital type is reported in Table 5.2. Although MDCs 6, 14 and 17 recorded the highest volume of activity within both voluntary and non-voluntary hospitals, the average lengths of stay for these diagnostic categories were among the shortest. The average length of stay for total discharges with 'diseases and disorders of the digestive system' (MDC 6) was 3.3 days, with acute in-patients spending an average of 4.8 days in hospital. Acute in-patients and total discharges recorded the same average lengths of stay of 2.9 days for 'pregnancy, childbirth and the puerperium' (MDC 14). Interestingly, the MDC with the second highest volume of total discharges and the lowest proportion of acute in-patients, 'neoplastic disorders (haematological and solid neoplasms)' (MDC 17), recorded one of the longest lengths of stay for acute in-patients (7.6 days) and the shortest average length of stay for total discharges (1.5 days).

Across all hospitals, 'mental diseases and disorders' (MDC 19) had the longest average length of stay for total in-patients (12.2 days), and 'burns' (MDC 22) had the longest average length of stay of 9.6 days for total discharges. In voluntary hospitals, 'alcohol/drug use and alcohol/drug induced organic mental disorders' (MDC 20) recorded the longest average length of stay for acute in-patients (9.0 days), while MDC 19 ('mental diseases and disorders') recorded the longest average length of stay for total in-patients, (17.1 days). In non-voluntary hospitals, the longest average length of stay for acute in-patients is recorded for 'neoplastic disorders (haematological and solid neoplasms)' (MDC 17) (7.3 days), and for total in-patients is recorded for MDC 23 'factors influencing health status and other contacts with health services' (10.8 days).

On average, the duration of the acute in-patient stay across MDC was longer in voluntary hospitals compared to non-voluntary hospitals. Only 'pregnancy, childbirth and the puerperium' (MDC 14) and 'diseases and disorders of blood, blood forming organs, immunological disorders' (MDC 16) recorded a shorter average length of stay for acute in-patients in voluntary hospitals than their counterparts in non-voluntary hospitals.

TABLE 5.2

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

MDC Description	Voluntary Hospitals			Non-Voluntary Hospitals			All Hospitals		
	In-Patients		Total Discharges ^a	In-Patients		Total Discharges ^a	In-Patients		Total Discharges ^a
	Acute (0-30 days)	Extended (>30 days)	Total In-Patients	Acute (0-30 days)	Extended (>30 days)	Total In-Patients	Acute (0-30 days)	Extended (>30 days)	Total In-Patients
Pre MDC	14.9	73.7	39.3	39.2	37.4	37.2	14.8	71.8	38.6
00 Unassignable to MDC	9.3	94.1	24.6	18.4	15.4	12.0	9.0	81.0	21.0
01 Diseases and disorders of the nervous system	6.8	93.7	16.2	12.4	7.8	6.9	5.7	81.1	10.4
02 Diseases and disorders of the eye	3.3	68.2	3.6	1.9	3.2	1.9	3.2	57.7	3.4
03 Diseases and disorders of the ear, nose, mouth and throat	3.0	48.5	3.8	2.4	2.6	2.0	2.6	49.9	3.0
04 Diseases and disorders of the respiratory system	7.1	70.3	11.0	9.0	7.4	6.9	6.5	59.2	8.5
05 Diseases and disorders of the circulatory system	6.1	69.5	8.6	6.3	6.5	5.5	5.8	59.6	7.2
06 Diseases and disorders of the digestive system	5.6	57.7	7.7	3.5	5.2	3.2	4.8	53.1	5.9
07 Diseases and disorders of the hepatobiliary system and pancreas	7.0	52.4	9.2	7.1	7.3	6.6	6.6	50.1	7.9
08 Diseases and disorders of the musculoskeletal system and connective tissue	5.8	76.2	8.6	5.1	6.6	4.9	5.6	64.0	7.2
09 Diseases and disorders of the skin, subcutaneous tissue and breast	5.8	53.9	8.7	2.6	5.6	2.6	5.2	54.1	6.7
10 Endocrine, nutritional and metabolic diseases and disorders	5.9	70.3	9.0	6.4	7.7	6.3	5.9	65.0	8.1
11 Diseases and disorders of the kidney and urinary tract	5.9	66.0	8.2	4.3	6.7	5.1	5.7	57.8	7.3
12 Diseases and disorders of the male reproductive system	5.4	54.2	10.5	4.1	5.0	2.9	4.8	53.2	7.2

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

MDC Description	Voluntary Hospitals			Non-Voluntary Hospitals			All Hospitals			
	In-Patients		Total Discharges ^a	In-Patients		Total Discharges ^a	In-Patients		Total Discharges ^a	
	Acute (0-30 days)	Extended (>30 days)	Total In-Patients	Acute (0-30 days)	Extended (>30 days)	Total In-Patients	Acute (0-30 days)	Extended (>30 days)	Total In-Patients	
13 Diseases and disorders of the female reproductive system	4.6	46.9	5.4	3.1	3.1	4.1	4.2	46.6	4.6	2.7
14 Pregnancy, childbirth and the puerperium	2.8	42.1	2.9	2.9	2.9	3.0	2.9	44.7	3.0	2.9
15 Newborns and other neonates	5.3	61.2	8.7	8.5	8.5	7.2	5.3	55.8	7.9	7.7
16 Diseases and disorders of blood, blood forming organs, immunological disorders	5.5	40.1	6.2	1.9	1.9	7.1	5.8	48.9	6.8	2.2
17 Neoplastic disorders (haematological and solid neoplasms)	7.9	53.9	12.2	1.6	1.6	9.6	7.6	51.3	11.0	1.5
18 Infectious and parasitic diseases, systemic or unspecified sites	6.2	63.4	9.5	8.0	8.0	5.1	4.7	58.1	6.2	5.8
19 Mental diseases and disorders	7.5	69.0	17.1	13.7	13.7	5.8	6.0	66.9	12.2	9.5
20 Alcohol/drug use and alcohol/drug induced organic mental disorders	9.0	47.1	10.3	9.5	9.5	3.3	4.2	47.2	4.6	4.5
21 Injuries, poisonings and toxic effects of drugs	3.2	68.8	5.7	5.0	5.0	3.1	2.8	64.8	3.9	3.7
22 Burns	8.6	69.5	12.5	12.4	12.4	6.6	6.7	67.5	9.7	9.6
23 Factors influencing health status and other contacts with health services	8.8	59.3	13.3	3.7	3.7	10.8	7.3	66.8	11.8	3.9
Total	5.2	69.4	8.1	4.4	4.4	5.6	4.9	63.0	6.5	4.1

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

^a Includes day and in-patients.

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

Top 20 AR-DRGs

In 2005, 63.8 per cent of day patient discharges were assigned to one of the top 20 AR-DRGs with the highest volume of day patient activity (see Table 5.3). The most common AR-DRG for day patients was 'chemotherapy' (AR-DRG R63Z), which accounted for 22.3 per cent of the day patient top 20 and 14.2 per cent of total day patient discharges.

TABLE 5.3

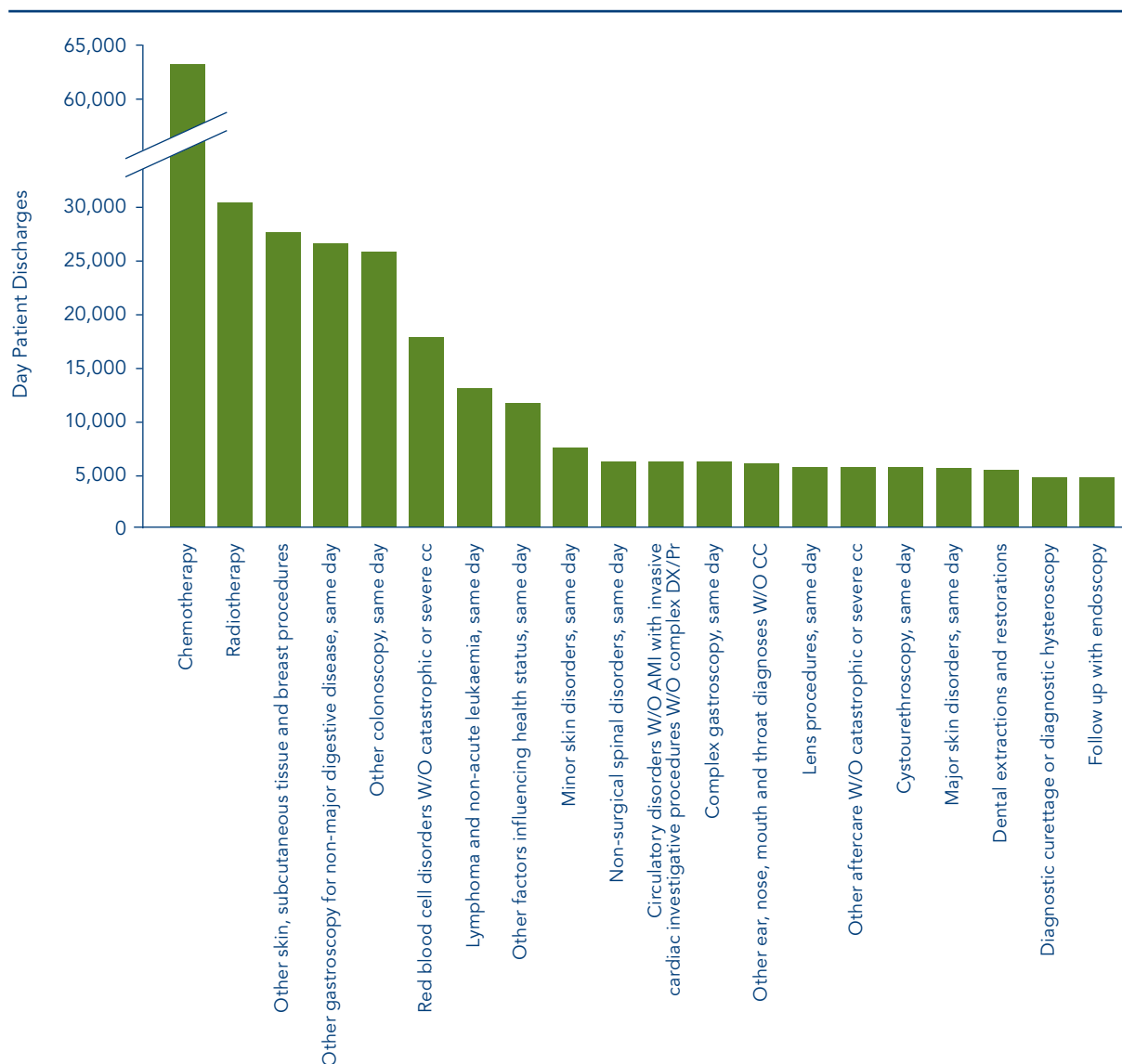
Top 20 AR-DRGs for Day Patients—Number and Percentage of Day Patient Discharges

Rank	Description	AR-DRG	N	% of Top 20 AR-DRGs for Day Patients	% of Total Day Patients
1	Chemotherapy	R63Z	63,022	22.3	14.2
2	Radiotherapy ^a	R64Z	30,144	10.6	6.8
3	Other skin, subcutaneous tissue and breast procedures	J11Z	27,373	9.7	6.2
4	Other gastroscopy for non-major digestive disease, same day	G45B	26,434	9.3	6.0
5	Other colonoscopy, same day	G44C	25,605	9.0	5.8
6	Red blood cell disorders without catastrophic or severe CC	Q61C	17,625	6.2	4.0
7	Lymphoma and non-acute leukaemia, same day	R61C	12,925	4.6	2.9
8	Other factors influencing health status, same day	Z64B	11,496	4.1	2.6
9	Minor skin disorders, same day	J67B	7,414	2.6	1.7
10	Non-surgical spinal disorders, same day	I68C	6,128	2.2	1.4
11	Circulatory disorders without AMI with invasive cardiac investigative procedures without complex DX/Pr	F42B	6,103	2.2	1.4
12	Complex gastroscopy, same day	G46C	6,087	2.1	1.4
13	Other ear, nose, mouth and throat diagnoses without CC	D66B	6,010	2.1	1.4
14	Lens procedures, same day	C16B	5,686	2.0	1.3
15	Other aftercare without catastrophic or severe CC	Z63B	5,550	2.0	1.3
16	Cystourethroscopy, same day	L41Z	5,525	2.0	1.2
17	Major skin disorders, same day	J68B	5,462	1.9	1.2
18	Dental extractions and restorations	D40Z	5,285	1.9	1.2
19	Diagnostic curettage or diagnostic hysteroscopy	N10Z	4,694	1.7	1.1
20	Follow up with endoscopy	Z40Z	4,625	1.6	1.0
Top 20 AR-DRGs for Day Patients—Total		-	283,193	100	63.8
Day Patients—Total		-	443,654	-	-

Note: ^a The volume of activity reported here should be treated with caution as there was significant under reporting of radiotherapy activity by one HIPE hospital.

FIGURE 5.1

Top 20 AR-DRGs for Day Patients



See note under Table 5.3.

While 63.8 per cent of day patients were assigned to one of the 20 most common AR-DRGs, less than one-third of total in-patient discharges were classified in the top 20 AR-DRGs (see Table 5.4). The most common AR-DRG for total in-patients, 'vaginal delivery without catastrophic or severe complications and/or comorbidity' (AR-DRG O60B), accounted for 5.7 per cent of total in-patients. The total in-patient average length of stay for this AR-DRG was 3.1 days, which was less than half that of total in-patients (6.5 days). This AR-DRG was one of six in the top 20 relating to obstetrical and gynaecological activity, which together accounted for 49.8 per cent of the top 20 in-patient discharges.

TABLE 5.4

Top 20 AR-DRGs for Total In-Patients—Number and Percentage of Total In-Patient Discharges and Total In-Patient Average Length of Stay

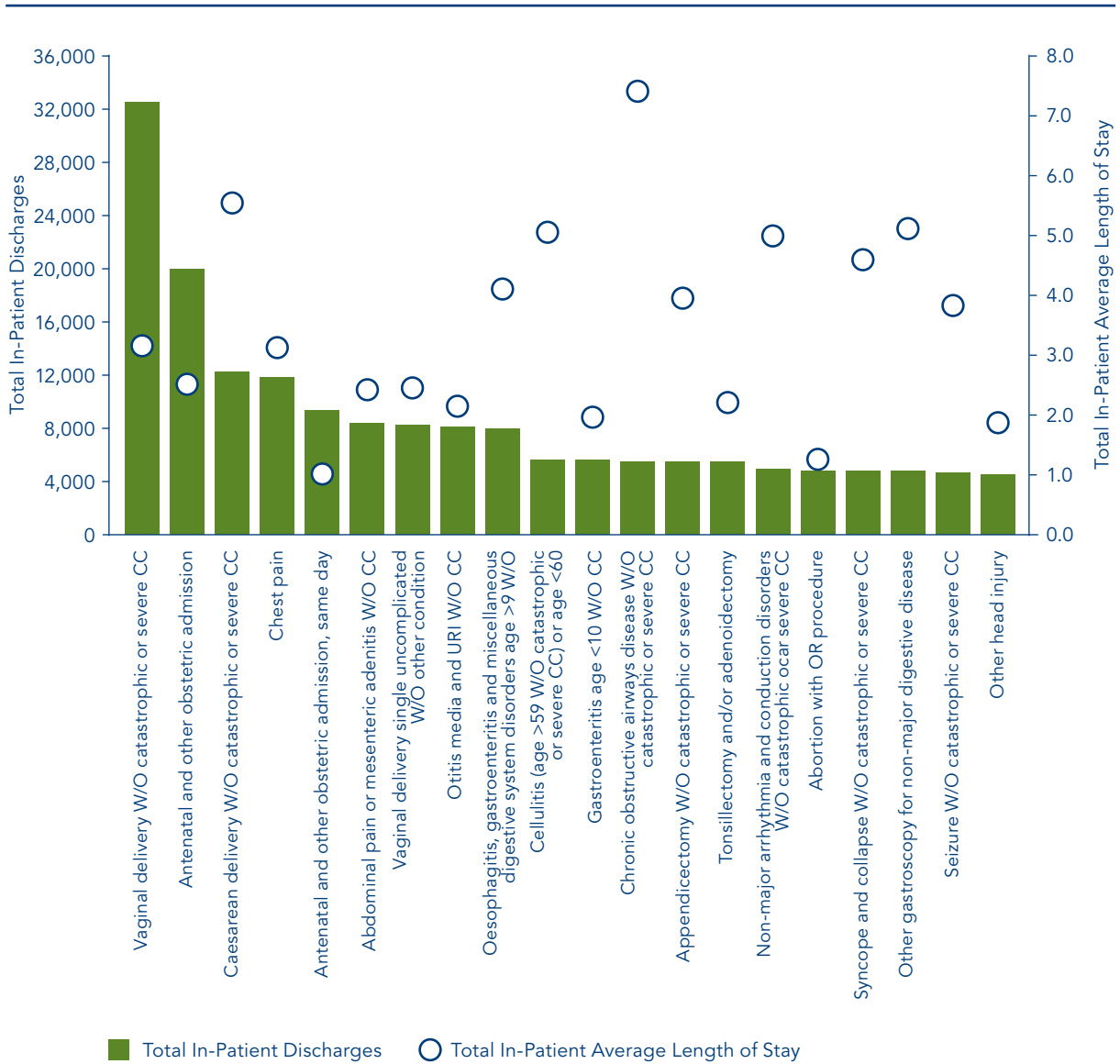
Rank	Description	AR-DRG	N	% of Top 20 AR-DRGs for In-Patients	% of Total In-Patients	Total In-Patient Average Length of Stay ^a
1	Vaginal delivery without catastrophic or severe CC	O60B	32,418	18.6	5.7	3.1
2	Antenatal and other obstetric admission	O66A	19,920	11.4	3.5	2.5
3	Caesarean delivery without catastrophic or severe CC	O01C	12,206	7.0	2.2	5.5
4	Chest pain	F74Z	11,836	6.8	2.1	3.1
5	Antenatal and other obstetric admission, same day	O66B	9,281	5.3	1.6	1.0
6	Abdominal pain or mesenteric adenitis without CC	G66B	8,403	4.8	1.5	2.4
7	Vaginal delivery single uncomplicated without other condition	O60C	8,253	4.7	1.5	2.5
8	Otitis media and URI without CC	D63B	8,076	4.6	1.4	2.1
9	Oesophagitis, gastroenteritis and miscellaneous digestive system disorders age >9 without catastrophic or severe CC	G67B	7,955	4.6	1.4	4.1
10	Cellulitis (age >59 without catastrophic or severe CC) or age <60	J64B	5,640	3.2	1.0	5.1
11	Gastroenteritis age <10 without CC	G68B	5,585	3.2	1.0	2.0
12	Chronic obstructive airways disease without catastrophic or severe CC	E65B	5,520	3.2	1.0	7.4
13	Appendectomy without catastrophic or severe CC	G07B	5,486	3.1	1.0	3.9
14	Tonsillectomy and/or adenoidectomy	D11Z	5,434	3.1	1.0	2.2
15	Non-major arrhythmia and conduction disorders without catastrophic or severe CC	F71B	4,954	2.8	0.9	5.0
16	Abortion with OR procedure ^b	O05Z	4,824	2.8	0.9	1.2
17	Syncope and collapse without catastrophic or severe CC	F73B	4,768	2.7	0.8	4.6
18	Other gastroscopy for non-major digestive disease	G45A	4,748	2.7	0.8	5.1
19	Seizure without catastrophic or severe CC	B76B	4,666	2.7	0.8	3.8
20	Other head injury	B80Z	4,587	2.6	0.8	1.9
Top 20 AR-DRGs for In-Patients—Total		-	174,560	100	30.9	3.3
Total In-Patients		-	564,844	-	-	6.5

Note: ^a Includes acute and extended stay in-patients.

^b This includes pregnancy with abortive outcome.

FIGURE 5.2

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



AR-DRGs by Patient and Hospital Type

Table 5.5 presents a breakdown of discharges by AR-DRG, patient type and hospital type.¹¹ Consistent with the analysis of the top 20 AR-DRGs, the most common AR-DRG for day patients in both voluntary and non-voluntary hospitals was 'chemotherapy' (AR-DRG R63Z). For both voluntary and non-voluntary hospitals the AR-DRG which recorded the highest number of total in-patients was 'vaginal delivery without catastrophic or severe complications and/or comorbidity' (AR-DRG O60B).

Average length of stay by AR-DRG and hospital and patient types is reported in Table 5.6. The most common AR-DRG for in-patients ('vaginal delivery without catastrophic or severe complications and/or comorbidity', AR-DRG O60B) recorded an average length of stay for acute in-patient discharges of 3.0 days for voluntary hospitals, which was slightly shorter than that recorded for non-voluntary hospitals (3.2 days). In contrast, the acute in-patient average length of stay for the second most common AR-DRG ('antenatal & other obstetric admission', AR-DRG O66A), was 2.5 days at voluntary hospitals compared to 2.4 days at non-voluntary hospitals.

Although these two AR-DRGs represented a high volume of discharges, the corresponding acute in-patient average length of stay was comparatively short. The longest average length of stay recorded for acute in-patients in voluntary hospitals was 21.8 days for 'liver transplant' (AR-DRG A01Z). The AR-DRG with the longest average length of stay for acute in-patients in non-voluntary hospitals, of 25.6 days, was 'autologous bone marrow transplant with catastrophic complications and/or comorbidity' (AR-DRG A08A).

¹¹ In this section, the voluntary hospital grouping includes both general and special hospitals, which are operated on a voluntary basis. Likewise, the non-voluntary hospital group here incorporates both general (regional and county) and special hospitals run by HSE administrative areas. See Appendix I for the classification of HIPE hospitals by voluntary and non-voluntary status in 2005.

TABLE 5.5
Discharges from Voluntary, Non-Voluntary and All Hospitals by AR-DRG and Patient Type

AR-DRG Description	Voluntary Hospitals				Non-Voluntary Hospitals				All Hospitals			
	Day Patients	In-Patients			Day Patients	In-Patients			Day Patients	In-Patients		
		Acute (0-30 days)	Extended (>30 days)	Total In-Patients		Total Discharges	Acute (0-30 days)	Extended (>30 days)		Total In-Patients	Acute (0-30 days)	Extended (>30 days)
A01Z Liver transplant	0	32	23	55	0	0	0	0	0	32	23	55
A03Z Lung or heart/lung transplant	0	3	0	3	0	0	0	0	0	3	0	3
A05Z Heart transplant	0	7	4	11	0	0	0	0	0	7	4	11
A06Z Tracheostomy or ventilation >95 hours	1	548	515	1,063	5	416	345	761	6	964	860	1,824
A07Z Allogeneic bone marrow transplant	0	18	41	59	0	3	1	4	0	21	42	63
A08A Autologous bone marrow transplant with catastrophic CC	0	23	11	34	0	5	0	5	0	28	11	39
A08B Autologous bone marrow transplant W/O catastrophic CC	1	12	4	16	0	6	1	7	1	18	5	23
A09A Renal transplant with pancreas transplant or catastrophic CC	0	16	9	25	0	0	0	0	0	16	9	25
A09B Renal transplant W/O pancreas transplant W/O catastrophic CC	0	101	0	101	0	0	0	0	0	101	0	101
A40Z ECMO W/O cardiac surgery	0	3	2	5	0	0	0	0	0	3	2	5
A41A Intubation age<16 with CC	0	54	6	60	0	17	0	17	0	71	6	77
A41B Intubation age<16 W/O CC	0	53	1	54	0	23	0	23	0	76	1	77
B01Z Ventricular shunt revision	0	52	0	52	0	23	0	23	0	75	0	75

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

AR-DRG Description	Voluntary Hospitals				Non-Voluntary Hospitals				All Hospitals						
	Day Patients	In-Patients			Day Patients	In-Patients			Day Patients	In-Patients					
		Acute (0-30 days)	Extended (>30 days)	Total In-Patients		Total Discharges	Acute (0-30 days)	Extended (>30 days)		Total In-Patients	Total Discharges	Acute (0-30 days)	Extended (>30 days)	Total In-Patients	Total Discharges
B02A Craniotomy with catastrophic CC	0	92	24	116	116	0	23	3	26	26	0	115	27	142	142
B02B Craniotomy with severe or moderate CC	1	265	28	293	294	0	72	5	77	77	1	337	33	370	371
B02C Craniotomy W/O CC	11	554	19	573	584	0	207	2	209	209	11	761	21	782	793
B03A Spinal procedures with catastrophic or severe CC	0	23	5	28	28	0	8	0	8	8	0	31	5	36	36
B03B Spinal procedures W/O catastrophic or severe CC	12	82	3	85	97	8	53	0	53	61	20	135	3	138	158
B04A Extracranial vascular procedures with catastrophic or severe CC	0	56	18	74	74	0	27	0	27	27	0	83	18	101	101
B04B Extracranial vascular procedures W/O catastrophic or severe CC	0	142	6	148	148	0	73	0	73	73	0	215	6	221	221
B05Z Carpal tunnel release	277	56	0	56	333	616	271	1	272	888	893	327	1	328	1,221
B06A Procedures for cerebral palsy, muscular dystrophy, neuropathy with catastrophic or severe CC	1	14	5	19	20	0	7	7	14	14	1	21	12	33	34
B06B Procedures for cerebral palsy, muscular dystrophy, neuropathy W/O catastrophic or severe CC	129	77	8	85	214	58	75	0	75	133	187	152	8	160	347
B07A Peripheral and cranial nerve and other nervous system procedures with CC	1	20	6	26	27	0	11	2	13	13	1	31	8	39	40

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

AR-DRG Description	Voluntary Hospitals					Non-Voluntary Hospitals					All Hospitals				
	Day Patients	In-Patients			Total Discharges	Day Patients	Acute (0-30 days)	Extended (>30 days)	Total In-Patients	Total Discharges	Day Patients	In-Patients			Total Discharges
		Acute (0-30 days)	Extended (>30 days)	Total In-Patients								Acute (0-30 days)	Extended (>30 days)	Total In-Patients	
B07B Peripheral and cranial nerve and other nervous system procedures W/O CC	34	152	1	153	187	24	244	0	244	268	58	396	1	397	455
B40Z Plasmapheresis with neurological disease	37	35	6	41	78	28	18	1	19	47	65	53	7	60	125
B41Z Telemetric EEG monitoring	8	96	1	97	105	1	61	0	61	62	9	157	1	158	167
B60A Established paraplegia/quadriplegia with or W/O OR procedures with catastrophic CC	1	21	16	37	38	0	18	9	27	27	1	39	25	64	65
B60B Established paraplegia/quadriplegia with or W/O OR procedures W/O catastrophic CC	311	147	30	177	488	45	268	29	297	342	356	415	59	474	830
B61A Spinal cord conditions with or W/O OR procedures with catastrophic or severe CC	10	31	37	68	78	1	9	3	12	13	11	40	40	80	91
B61B Spinal cord conditions with or W/O OR procedures W/O catastrophic or severe CC	9	95	29	124	133	2	57	0	57	59	11	152	29	181	192
B62Z Admit for apheresis	26	2	0	2	28	42	0	0	0	42	68	2	0	2	70
B63Z Dementia and other chronic disturbances of cerebral function	35	117	109	226	261	145	378	80	458	603	180	495	189	684	864
B64A Delirium with catastrophic CC	0	33	20	53	53	0	35	5	40	40	0	68	25	93	93
B64B Delirium W/O catastrophic CC	7	252	49	301	308	70	797	23	820	890	77	1,049	72	1,121	1,198
B65Z Cerebral palsy	170	45	2	47	217	22	25	1	26	48	192	70	3	73	265

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

AR-DRG Description	Voluntary Hospitals				Non-Voluntary Hospitals				All Hospitals						
	Day Patients	In-Patients			Day Patients	In-Patients			Day Patients	In-Patients					
		Acute (0-30 days)	Extended (>30 days)	Total In-Patients		Total Discharges	Acute (0-30 days)	Extended (>30 days)		Total In-Patients	Total Discharges	Acute (0-30 days)	Extended (>30 days)	Total In-Patients	Total Discharges
B66A Nervous system neoplasm with catastrophic or severe CC	42	111	25	136	178	11	168	22	190	201	53	279	47	326	379
B66B Nervous system neoplasm W/O catastrophic or severe CC	296	286	51	337	633	209	392	15	407	616	505	678	66	744	1,249
B67A Degenerative nervous system disorders with catastrophic or severe CC	9	96	49	145	154	32	193	48	241	273	41	289	97	386	427
B67B Degenerative nervous system disorders age>59 W/O catastrophic or severe CC	56	162	26	188	244	167	361	38	399	566	223	523	64	587	810
B67C Degenerative nervous system disorders age<60 W/O catastrophic or severe CC	186	163	6	169	355	163	216	7	223	386	349	379	13	392	741
B68A Multiple sclerosis and cerebellar ataxia with CC	13	88	16	104	117	10	128	14	142	152	23	216	30	246	269
B68B Multiple sclerosis and cerebellar ataxia W/O CC	414	202	9	211	625	304	532	8	540	844	718	734	17	751	1,469
B69A TIA and precerebral occlusion with catastrophic or severe CC	0	140	22	162	162	0	317	14	331	331	0	457	36	493	493
B69B TIA and precerebral occlusion W/O catastrophic or severe CC	13	418	5	423	436	42	1,635	11	1,646	1,688	55	2,053	16	2,069	2,124
B70A Stroke with catastrophic CC	36	119	215	334	370	0	292	231	523	523	36	411	446	857	893

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

AR-DRG Description	Voluntary Hospitals					Non-Voluntary Hospitals					All Hospitals				
	Day Patients	In-Patients			Total Discharges	Day Patients	Acute (0-30 days)	Extended (>30 days)	Total In-Patients	Total Discharges	Day Patients	In-Patients			Total Discharges
		Acute (0-30 days)	Extended (>30 days)	Total In-Patients								Acute (0-30 days)	Extended (>30 days)	Total In-Patients	
B70B Stroke with severe CC	6	286	144	430	436	0	740	198	938	938	6	1,026	342	1,368	1,374
B70C Stroke W/O catastrophic or severe CC	17	601	103	704	721	12	1,790	179	1,969	1,981	29	2,391	282	2,673	2,702
B70D Stroke, died or transferred <5 days	2	170	0	170	172	0	509	0	509	509	2	679	0	679	681
B71A Cranial and peripheral nerve disorders with CC	59	97	17	114	173	22	138	16	154	176	81	235	33	268	349
B71B Cranial and peripheral nerve disorders W/O CC	421	205	11	216	637	658	510	5	515	1,173	1,079	715	16	731	1,810
B72A Nervous system infection except viral meningitis with catastrophic or severe CC	73	34	11	45	118	0	35	3	38	38	73	69	14	83	156
B72B Nervous system infection except viral meningitis W/O catastrophic or severe CC	17	119	5	124	141	24	205	6	211	235	41	324	11	335	376
B73Z Viral meningitis	1	73	1	74	75	0	176	0	176	176	1	249	1	250	251
B74Z Nontraumatic stupor and coma	5	30	1	31	36	5	125	2	127	132	10	155	3	158	168
B75Z Febrile convulsions	10	294	0	294	304	17	714	0	714	731	27	1,008	0	1,008	1,035
B76A Seizure with catastrophic or severe CC	13	323	29	352	365	1	419	16	435	436	14	742	45	787	801
B76B Seizure W/O catastrophic or severe CC	420	1,324	11	1,335	1,755	241	3,314	17	3,331	3,572	661	4,638	28	4,666	5,327
B77Z Headache	246	935	3	938	1,184	382	3,606	5	3,611	3,993	628	4,541	8	4,549	5,177

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

AR-DRG Description	Voluntary Hospitals					Non-Voluntary Hospitals					All Hospitals				
	Day Patients	In-Patients			Total Discharges	Day Patients	In-Patients			Total Discharges	Day Patients	In-Patients			Total Discharges
		Acute (0-30 days)	Extended (>30 days)	Total In-Patients			Acute (0-30 days)	Extended (>30 days)	Total In-Patients			Acute (0-30 days)	Extended (>30 days)	Total In-Patients	
B78A Intracranial injury with catastrophic or severe CC	26	33	21	54	80	0	53	12	65	26	86	33	119	145	
B78B Intracranial injury W/O catastrophic or severe CC	54	211	35	246	300	0	337	9	346	54	548	44	592	646	
B79Z Skull fractures	2	120	1	121	123	1	339	1	340	3	459	2	461	464	
B80Z Other head injury	5	933	6	939	944	17	3,644	4	3,648	22	4,577	10	4,587	4,609	
B81A Other disorders of the nervous system with catastrophic or severe CC	20	161	53	214	234	17	206	15	221	37	367	68	435	472	
B81B Other disorders of the nervous system W/O catastrophic or severe CC	450	574	14	588	1,038	436	1,220	37	1,257	886	1,794	51	1,845	2,731	
C01Z Procedures for penetrating eye injury	2	85	0	85	87	2	97	0	97	4	182	0	182	186	
C02Z Enucleations and orbital procedures	12	98	0	98	110	6	31	1	32	18	129	1	130	148	
C03Z Retinal procedures	601	457	2	459	1,060	1,053	553	2	555	1,654	1,010	4	1,014	2,668	
C04Z Major corneal, scleral and conjunctival procedures	2	60	1	61	63	2	31	1	32	4	91	2	93	97	
C05Z Dacryocystorhinostomy	34	79	0	79	113	16	66	0	66	50	145	0	145	195	
C10Z Strabismus procedures	127	355	0	355	482	83	164	0	164	210	519	0	519	729	
C11Z Eyelid procedures	320	161	2	163	483	270	133	0	133	590	294	2	296	886	
C12Z Other corneal, scleral and conjunctival procedures	78	39	0	39	117	87	70	1	71	165	109	1	110	275	
C13Z Lacrimal procedures	229	16	0	16	245	332	9	0	9	561	25	0	25	586	
C14Z Other eye procedures	932	160	2	162	1,094	1,209	100	0	100	2,141	260	2	262	2,403	

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

AR-DRG Description	Voluntary Hospitals				Non-Voluntary Hospitals				All Hospitals						
	Day Patients	In-Patients			Day Patients	In-Patients			Day Patients	In-Patients					
		Acute (0-30 days)	Extended (>30 days)	Total In-Patients		Total Discharges	Acute (0-30 days)	Extended (>30 days)		Total In-Patients	Total Discharges	Acute (0-30 days)	Extended (>30 days)	Total In-Patients	Total Discharges
C15A Glaucoma and complex cataract procedures	0	221	0	221	221	0	304	2	306	306	0	525	2	527	527
C15B Glaucoma and complex cataract procedures, same day	83	2	0	2	85	179	1	0	1	180	262	3	0	3	265
C16A Lens procedures	0	1,444	1	1,445	1,445	0	2,713	2	2,715	2,715	0	4,157	3	4,160	4,160
C16B Lens procedures, same day	1,964	8	0	8	1,972	3,722	0	0	0	3,722	5,686	8	0	8	5,694
C60A Acute and major eye infections age>54 or with catastrophic or severe CC	4	42	2	44	48	1	61	2	63	64	5	103	4	107	112
C60B Acute and major eye infections age<55 W/O catastrophic or severe CC	3	72	0	72	75	2	62	0	62	64	5	134	0	134	139
C61Z Neurological and vascular disorders of the eye	333	117	1	118	451	90	242	2	244	334	423	359	3	362	785
C62Z HypHEMA and medically managed trauma to the eye	55	194	1	195	250	24	377	0	377	401	79	571	1	572	651
C63A Other disorders of the eye with CC	73	86	5	91	164	29	76	4	80	109	102	162	9	171	273
C63B Other disorders of the eye W/O CC	2,888	378	1	379	3,267	720	410	0	410	1,130	3,608	788	1	789	4,397
D01Z Cochlear implant	0	34	0	34	34	0	0	0	0	0	0	34	0	34	34
D02A Head and neck procedures with catastrophic or severe CC	0	43	9	52	52	0	6	5	11	11	0	49	14	63	63
D02B Head and neck procedures with malignancy or moderate CC	0	33	5	38	38	1	24	2	26	27	1	57	7	64	65

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

AR-DRG Description	Voluntary Hospitals				Non-Voluntary Hospitals				All Hospitals						
	Day Patients	In-Patients		Total Discharges	Day Patients	In-Patients		Total Discharges	Day Patients	In-Patients		Total Discharges			
		Acute (0-30 days)	Extended (>30 days)			Total In-Patients	Acute (0-30 days)			Extended (>30 days)	Total In-Patients		Acute (0-30 days)	Extended (>30 days)	Total In-Patients
D02C Head and neck procedures W/O malignancy W/O CC	4	95	1	96	100	6	40	0	40	46	10	135	1	136	146
D03Z Surgical repair for cleft lip or palate diagnosis	7	112	0	112	119	1	25	0	25	26	8	137	0	137	145
D04A Maxillo surgery with CC	0	59	2	61	61	0	22	0	22	22	0	81	2	83	83
D04B Maxillo surgery W/O CC	4	583	0	583	587	30	221	0	221	251	34	804	0	804	838
D05Z Parotid gland procedures	0	64	2	66	66	0	65	1	66	66	0	129	3	132	132
D06Z Sinus, mastoid and complex middle ear procedures	24	420	2	422	446	19	342	0	342	361	43	762	2	764	807
D09Z Miscellaneous ear, nose, mouth and throat procedures	937	500	2	502	1,439	401	554	1	555	956	1,338	1,054	3	1,057	2,395
D10Z Nasal procedures	101	452	0	452	553	64	469	0	469	533	165	921	0	921	1,086
D11Z Tonsillectomy and/or adenoidectomy	126	2,554	0	2,554	2,680	74	2,880	0	2,880	2,954	200	5,434	0	5,434	5,634
D12Z Other ear, nose, mouth and throat procedures	85	162	1	163	248	21	204	4	208	229	106	366	5	371	477
D13Z Myringotomy with tube insertion	1,537	84	0	84	1,621	1,525	85	0	85	1,610	3,062	169	0	169	3,231
D14Z Mouth and salivary gland procedures	231	272	1	273	504	370	223	1	224	594	601	495	2	497	1,098
D40Z Dental extractions and restorations	864	178	0	178	1,042	4,421	215	0	215	4,636	5,285	393	0	393	5,678
D60A Ear, nose, mouth and throat malignancy with catastrophic or severe CC	20	82	37	119	139	20	61	11	72	92	40	143	48	191	231

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

AR-DRG Description	Voluntary Hospitals				Non-Voluntary Hospitals				All Hospitals						
	Day Patients	In-Patients		Total Discharges	Day Patients	In-Patients		Total Discharges	Day Patients	In-Patients		Total Discharges			
		Acute (0-30 days)	Extended (>30 days)			Total In-Patients	Acute (0-30 days)			Extended (>30 days)	Total In-Patients		Acute (0-30 days)	Extended (>30 days)	Total In-Patients
D60B Ear, nose, mouth and throat malignancy W/O catastrophic or severe CC	200	270	96	366	566	124	216	6	222	346	324	486	102	588	912
D61Z Dysequilibrium	105	272	2	274	379	237	1,330	2	1,332	1,569	342	1,602	4	1,606	1,948
D62Z Epistaxis	257	487	3	490	747	197	1,039	2	1,041	1,238	454	1,526	5	1,531	1,985
D63A Otitis media and URI with CC	30	292	2	294	324	21	983	3	986	1,007	51	1,275	5	1,280	1,331
D63B Otitis media and URI W/O CC	1,069	1,497	0	1,497	2,566	1,021	6,578	1	6,579	7,600	2,090	8,075	1	8,076	10,166
D64Z Laryngotracheitis and epiglottitis	5	117	0	117	122	0	841	0	841	841	5	958	0	958	963
D65Z Nasal trauma and deformity	477	222	0	222	699	646	599	0	599	1,245	1,123	821	0	821	1,944
D66A Other ear, nose, mouth and throat diagnoses with CC	73	120	2	122	195	64	129	2	131	195	137	249	4	253	390
D66B Other ear, nose, mouth and throat diagnoses W/O CC	3,750	739	1	740	4,490	2,260	1,251	0	1,251	3,511	6,010	1,990	1	1,991	8,001
D67A Oral and dental disorders except extractions and restorations	0	328	0	328	328	0	734	3	737	737	0	1,062	3	1,065	1,065
D67B Oral and dental disorders except extractions and restorations, same day	462	132	0	132	594	457	178	0	178	635	919	310	0	310	1,229
E01A Major chest procedures with catastrophic CC	0	120	25	145	145	0	20	7	27	27	0	140	32	172	172
E01B Major chest procedures W/O catastrophic CC	6	345	15	360	366	3	79	9	88	91	9	424	24	448	457

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

AR-DRG Description	Voluntary Hospitals						Non-Voluntary Hospitals						All Hospitals					
	Day Patients	In-Patients			Total Discharges	Day Patients	Acute (0-30 days)	Extended (>30 days)	Total In-Patients	Total Discharges	Day Patients	In-Patients			Total Discharges			
		Acute (0-30 days)	Extended (>30 days)	Total In-Patients								Acute (0-30 days)	Extended (>30 days)	Total In-Patients				
E02A Other respiratory system OR procedures with catastrophic CC	0	42	25	67	67	0	30	11	41	41	0	72	36	108	108			
E02B Other respiratory system OR procedures with severe CC	3	56	4	63	63	4	29	3	32	36	7	85	7	99	99			
E02C Other respiratory system OR procedures W/O catastrophic or severe CC	110	110	3	113	223	25	77	4	81	106	135	187	7	194	329			
E40Z Respiratory system diagnosis with ventilator support	0	57	11	68	68	0	115	14	129	129	0	172	25	197	197			
E41Z Respiratory system diagnosis with non-invasive ventilation	0	304	72	376	376	2	423	38	461	463	2	727	110	837	839			
E60A Cystic fibrosis with catastrophic or severe CC	39	259	22	281	320	14	27	0	27	41	53	286	22	308	361			
E60B Cystic fibrosis W/O catastrophic or severe CC	382	253	4	257	639	351	344	3	347	698	733	597	7	604	1,337			
E61A Pulmonary embolism with catastrophic or severe CC	3	114	24	138	141	0	202	17	219	219	3	316	41	357	360			
E61B Pulmonary embolism W/O catastrophic or severe CC	2	235	6	241	243	8	413	1	414	422	10	648	7	655	665			
E62A Respiratory infections/inflamations with catastrophic CC	0	432	139	571	571	2	1,106	158	1,264	1,266	2	1,538	297	1,835	1,837			
E62B Respiratory infections/inflamations with severe or moderate CC	95	1,071	117	1,188	1,283	19	2,360	127	2,487	2,506	114	3,431	244	3,675	3,789			
E62C Respiratory infections/inflamations W/O CC	113	1,272	27	1,299	1,412	101	3,010	36	3,046	3,147	214	4,282	63	4,345	4,559			

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

AR-DRG Description	Voluntary Hospitals						Non-Voluntary Hospitals						All Hospitals					
	Day Patients	In-Patients			Total Discharges	Day Patients	Acute (0-30 days)	Extended (>30 days)	Total In-Patients	Total Discharges	Day Patients	Acute (0-30 days)	Extended (>30 days)	Total In-Patients	Total Discharges			
		Acute (0-30 days)	Extended (>30 days)	Total In-Patients														
E63Z Sleep apnoea	16	703	0	703	719	15	209	1	210	225	31	912	1	913	944			
E64Z Pulmonary oedema and respiratory failure	176	177	24	201	377	6	511	22	533	539	182	688	46	734	916			
E65A Chronic obstructive airways disease with catastrophic or severe CC	19	1,043	128	1,171	1,190	20	2,776	116	2,892	2,912	39	3,819	244	4,063	4,102			
E65B Chronic obstructive airways disease W/O catastrophic or severe CC	266	1,440	32	1,472	1,738	218	4,007	41	4,048	4,266	484	5,447	73	5,520	6,004			
E66A Major chest trauma age>69 with CC	0	6	0	6	6	0	48	4	52	52	0	54	4	58	58			
E66B Major chest trauma age>69 or with CC	0	25	0	25	25	0	142	1	143	143	0	167	1	168	168			
E66C Major chest trauma age<70 W/O CC	0	31	0	31	31	0	235	1	236	236	0	266	1	267	267			
E67A Respiratory signs and symptoms with catastrophic or severe CC	21	213	4	217	238	26	264	6	270	296	47	477	10	487	534			
E67B Respiratory signs and symptoms W/O catastrophic or severe CC	791	619	2	621	1,412	743	1,672	4	1,676	2,419	1,534	2,291	6	2,297	3,831			
E68Z Pneumothorax	1	222	4	226	227	2	471	4	475	477	3	693	8	701	704			
E69A Bronchitis and asthma age>49 with CC	12	92	2	94	106	12	169	3	172	184	24	261	5	266	290			
E69B Bronchitis and asthma age>49 or with CC	67	300	1	301	368	86	663	3	666	752	153	963	4	967	1,120			
E69C Bronchitis and asthma age<50 W/O CC	112	935	0	935	1,047	91	2,621	1	2,622	2,713	203	3,556	1	3,557	3,760			

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

AR-DRG Description	Voluntary Hospitals				Non-Voluntary Hospitals				All Hospitals						
	Day Patients	In-Patients		Total Discharges	Day Patients	In-Patients		Total Discharges	Day Patients	In-Patients		Total Discharges			
		Acute (0-30 days)	Extended (>30 days)			Total In-Patients	Acute (0-30 days)			Extended (>30 days)	Total In-Patients		Acute (0-30 days)	Extended (>30 days)	Total In-Patients
E70A Whooping cough and acute bronchiolitis with CC	2	98	0	98	100	0	144	1	145	145	2	242	1	243	245
E70B Whooping cough and acute bronchiolitis W/O CC	4	487	2	489	493	10	1,646	2	1,648	1,658	14	2,133	4	2,137	2,151
E71A Respiratory neoplasms with catastrophic CC	33	161	48	209	242	20	244	44	288	308	53	405	92	497	550
E71B Respiratory neoplasms with severe or moderate CC	413	745	86	831	1,244	406	981	75	1,056	1,462	819	1,726	161	1,887	2,706
E71C Respiratory neoplasms W/O CC	1,028	307	22	329	1,357	588	482	22	504	1,092	1,616	789	44	833	2,449
E72Z Respiratory problems arising from neonatal period	7	32	0	32	39	10	36	1	37	47	17	68	1	69	86
E73A Pleural effusion with catastrophic CC	0	44	13	57	57	0	66	19	85	85	0	110	32	142	142
E73B Pleural effusion with severe CC	1	88	6	94	95	10	155	3	158	168	11	243	9	252	263
E73C Pleural effusion W/O catastrophic or severe CC	29	96	5	101	130	44	228	4	232	276	73	324	9	333	406
E74A Interstitial lung disease with catastrophic CC	0	43	9	52	52	0	56	5	61	61	0	99	14	113	113
E74B Interstitial lung disease with severe CC	3	79	5	84	87	6	117	2	119	125	9	196	7	203	212
E74C Interstitial lung disease W/O catastrophic or severe CC	115	174	8	182	297	114	311	5	316	430	229	485	13	498	727
E75A Other respiratory system diagnosis age>64 with CC	10	593	63	656	666	20	2,681	86	2,767	2,787	30	3,274	149	3,423	3,453

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

AR-DRG Description	Voluntary Hospitals					Non-Voluntary Hospitals					All Hospitals				
	Day Patients	In-Patients			Total Discharges	Day Patients	In-Patients			Total Discharges	Day Patients	In-Patients			Total Discharges
		Acute (0-30 days)	Extended (>30 days)	Total In-Patients			Acute (0-30 days)	Extended (>30 days)	Total In-Patients			Acute (0-30 days)	Extended (>30 days)	Total In-Patients	
E75B Other respiratory system diagnosis age>64 or with CC	95	841	15	856	951	72	2,608	30	2,638	2,710	167	3,449	45	3,494	3,661
E75C Other respiratory system diagnosis age<65 W/O CC	110	717	2	719	829	106	3,229	0	3,229	3,355	216	3,946	2	3,948	4,164
F01A Implantation or replacement of AICD, total system with catastrophic or severe CC	7	119	13	132	139	1	11	2	13	14	8	130	15	145	153
F01B Implantation or replacement of AICD, total system W/O catastrophic or severe CC	35	156	1	157	192	5	32	1	33	38	40	188	2	190	230
F02Z AICD component implantation/ replacement	1	7	1	8	9	0	7	0	7	7	1	14	1	15	16
F03Z Cardiac valve procedure with CPB pump with invasive cardiac investigation	0	13	7	20	20	0	6	6	12	12	0	19	13	32	32
F04A Cardiac valve procedure with CPB pump W/O invasive cardiac investigation with catastrophic CC	0	103	14	117	117	0	38	9	47	47	0	141	23	164	164
F04B Cardiac valve procedure with CPB pump W/O invasive cardiac investigation W/O catastrophic CC	0	141	5	146	146	0	57	1	58	58	0	198	6	204	204
F05A Coronary bypass with invasive cardiac investigation with catastrophic CC	0	20	8	28	28	0	8	6	14	14	0	28	14	42	42

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

AR-DRG Description	Voluntary Hospitals					Non-Voluntary Hospitals					All Hospitals				
	Day Patients	In-Patients			Total Discharges	Day Patients	In-Patients			Total Discharges	Day Patients	In-Patients			Total Discharges
		Acute (0-30 days)	Extended (>30 days)	Total In-Patients			Acute (0-30 days)	Extended (>30 days)	Total In-Patients			Acute (0-30 days)	Extended (>30 days)	Total In-Patients	
F05B Coronary bypass with invasive cardiac investigation W/O catastrophic CC	0	31	3	34	34	0	20	3	23	23	0	51	6	57	57
F06A Coronary bypass W/O invasive cardiac investigation with catastrophic or severe CC	0	406	28	434	434	0	105	9	114	114	0	511	37	548	548
F06B Coronary bypass W/O invasive cardiac investigation W/O catastrophic or severe CC	0	175	0	175	175	0	133	0	133	133	0	308	0	308	308
F07A Other cardiothoracic/vascular procedures with CPB pump with catastrophic CC	0	17	7	24	24	0	2	0	2	2	0	19	7	26	26
F07B Other cardiothoracic/vascular procedures with CPB pump W/O catastrophic CC	0	91	0	91	91	0	10	1	11	11	0	101	1	102	102
F08A Major reconstruct vascular procedures W/O CPB pump with catastrophic CC	0	109	45	154	154	0	48	23	71	71	0	157	68	225	225
F08B Major reconstruct vascular procedures W/O CPB pump W/O catastrophic CC	2	348	32	380	382	0	148	15	163	163	2	496	47	543	545
F09A Other cardiothoracic procedures W/O CPB pump with catastrophic CC	0	34	8	42	42	0	4	1	5	5	0	38	9	47	47
F09B Other cardiothoracic procedures W/O CPB pump W/O catastrophic CC	20	99	4	103	123	2	10	0	10	12	22	109	4	113	135

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

AR-DRG Description	Voluntary Hospitals				Non-Voluntary Hospitals				All Hospitals						
	Day Patients	In-Patients		Total Discharges	Day Patients	In-Patients		Total Discharges	Day Patients	In-Patients		Total Discharges			
		Acute (0-30 days)	Extended (>30 days)			Total In-Patients	Acute (0-30 days)			Extended (>30 days)	Total In-Patients		Acute (0-30 days)	Extended (>30 days)	Total In-Patients
F10Z Percutaneous coronary intervention with AMI	65	559	14	573	638	30	229	3	232	262	95	788	17	805	900
F11A Amputation for circulatory system except upper limb and toe with catastrophic CC	0	14	30	44	44	0	19	27	46	46	0	33	57	90	90
F11B Amputation for circulatory system except upper limb and toe W/O catastrophic CC	1	40	10	50	51	0	21	23	44	44	1	61	33	94	95
F12Z Cardiac pacemaker implantation	228	320	18	338	566	17	160	2	162	179	245	480	20	500	745
F13Z Upper limb and toe amputation for circulatory system disorders	0	43	10	53	53	1	29	10	39	40	1	72	20	92	93
F14A Vascular procedures except major reconstruction W/O CPB pump with catastrophic CC	0	84	16	100	100	3	58	6	64	67	3	142	22	164	167
F14B Vascular procedures except major reconstruction W/O CPB pump with severe CC	5	114	9	123	128	6	93	5	98	104	11	207	14	221	232
F14C Vascular procedures except major reconstruction W/O CPB pump W/O catastrophic or severe CC	27	283	3	286	313	23	290	1	291	314	50	573	4	577	627
F15Z Percutaneous coronary intervention W/O AMI with stent implantation	443	1,741	10	1,751	2,194	122	522	1	523	645	565	2,263	11	2,274	2,839

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

AR-DRG Description	Voluntary Hospitals					Non-Voluntary Hospitals					All Hospitals				
	Day Patients	In-Patients			Total Discharges	Day Patients	In-Patients			Total Discharges	Day Patients	In-Patients			Total Discharges
		Acute (0-30 days)	Extended (>30 days)	Total In-Patients			Acute (0-30 days)	Extended (>30 days)	Total In-Patients			Acute (0-30 days)	Extended (>30 days)	Total In-Patients	
F16Z Percutaneous coronary intervention W/O AMI W/O stent implantation	104	211	2	213	317	5	38	0	38	43	109	249	2	251	360
F17Z Cardiac pacemaker replacement	125	140	6	146	271	24	143	2	145	169	149	283	8	291	440
F18Z Cardiac pacemaker revision except device replacement	17	33	3	36	53	1	18	0	18	19	18	51	3	54	72
F19Z Other trans-vascular percutaneous cardiac intervention	18	90	0	90	108	0	7	0	7	7	18	97	0	97	115
F20Z Vein ligation and stripping	702	479	0	479	1,181	705	939	1	940	1,645	1,407	1,418	1	1,419	2,826
F21A Other circulatory system OR procedures with catastrophic CC	0	11	16	27	27	1	12	9	21	22	1	23	25	48	49
F21B Other circulatory system OR procedures W/O catastrophic CC	4	56	4	60	64	9	45	11	56	65	13	101	15	116	129
F40Z Circulatory system diagnosis with ventilator support	0	40	3	43	43	0	70	10	80	80	0	110	13	123	123
F41A Circulatory disorders with AMI with invasive cardiac inves procedure with catastrophic or severe CC	18	159	11	170	188	5	57	1	58	63	23	216	12	228	251
F41B Circulatory disorders with AMI with invasive cardiac inves procedure W/O catastrophic or severe CC	58	200	0	200	258	53	141	2	143	196	111	341	2	343	454
F42A Circulatory disorders W/O AMI with invasive cardiac inves procedure with complex DX/Pr	304	797	30	827	1,131	108	315	7	322	430	412	1,112	37	1,149	1,561

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

AR-DRG Description	Voluntary Hospitals					Non-Voluntary Hospitals					All Hospitals				
	Day Patients	In-Patients			Total Discharges	Day Patients	In-Patients			Total Discharges	Day Patients	In-Patients			Total Discharges
		Acute (0-30 days)	Extended (>30 days)	Total In-Patients			Acute (0-30 days)	Extended (>30 days)	Total In-Patients			Acute (0-30 days)	Extended (>30 days)	Total In-Patients	
F42B Circulatory disorders W/O AMI with invasive cardiac invess procedure W/O complex DX/Pr	3,817	1,119	11	1,130	4,947	2,286	1,016	4	1,020	3,306	6,103	2,135	15	2,150	8,253
F60A Circulatory disorders with AMI W/O invasive cardiac invess procedure with catastrophic or severe CC	23	229	44	273	296	0	734	66	800	800	23	963	110	1,073	1,096
F60B Circulatory disorders with AMI W/O invasive cardiac invess procedure W/O catastrophic/severe CC	1	360	7	367	368	6	1,902	16	1,918	1,924	7	2,262	23	2,285	2,292
F60C Circulatory disorders with AMI W/O invasive cardiac invess procedure, died	0	127	19	146	146	0	345	18	363	363	0	472	37	509	509
F61Z Infective endocarditis	3	13	9	22	25	24	41	22	63	87	27	54	31	85	112
F62A Heart failure and shock with catastrophic CC	3	250	65	315	318	1	549	89	638	639	4	799	154	953	957
F62B Heart failure and shock W/O catastrophic CC	50	802	33	835	885	48	3,503	94	3,597	3,645	98	4,305	127	4,432	4,530
F63A Venous thrombosis with catastrophic or severe CC	2	141	11	152	154	2	212	9	221	223	4	353	20	373	377
F63B Venous thrombosis W/O catastrophic/severe CC	10	351	3	354	364	183	940	7	947	1,130	193	1,291	10	1,301	1,494
F64Z Skin ulcers for circulatory disorders	6	25	6	31	37	356	171	16	187	543	362	196	22	218	580
F65A Peripheral vascular disorders with catastrophic or severe CC	6	163	21	184	190	9	244	20	264	273	15	407	41	448	463

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

AR-DRG Description	Voluntary Hospitals				Non-Voluntary Hospitals				All Hospitals						
	Day Patients	In-Patients		Total Discharges	Day Patients	In-Patients		Total Discharges	Day Patients	In-Patients		Total Discharges			
		Acute (0-30 days)	Extended (>30 days)			Total In-Patients	Acute (0-30 days)			Extended (>30 days)	Total In-Patients		Acute (0-30 days)	Extended (>30 days)	Total In-Patients
F65B Peripheral vascular disorders W/O catastrophic or severe CC	248	507	14	521	769	325	781	13	794	1,119	573	1,288	27	1,315	1,888
F66A Coronary atherosclerosis with CC	43	222	22	244	287	40	842	21	863	903	83	1,064	43	1,107	1,190
F66B Coronary atherosclerosis W/O CC	163	328	2	330	493	373	1,606	10	1,616	1,989	536	1,934	12	1,946	2,482
F67A Hypertension with CC	19	122	4	126	145	8	256	2	258	266	27	378	6	384	411
F67B Hypertension W/O CC	253	173	0	173	426	897	852	5	857	1,754	1,150	1,025	5	1,030	2,180
F68Z Congenital heart disease	258	140	0	140	398	95	50	1	51	146	353	190	1	191	544
F69A Valvular disorders with catastrophic/severe CC	16	58	7	65	81	10	116	10	126	136	26	174	17	191	217
F69B Valvular disorders W/O catastrophic or severe CC	312	213	0	213	525	734	1,045	8	1,053	1,787	1,046	1,258	8	1,266	2,312
F70A Major arrhythmia and cardiac arrest with catastrophic or severe CC	1	56	18	74	75	0	152	15	167	167	1	208	33	241	242
F70B Major arrhythmia and cardiac arrest W/O catastrophic or severe CC	18	97	0	97	115	7	439	3	442	449	25	536	3	539	564
F71A Non-major arrhythmia and conduction disorders with catastrophic or severe CC	12	293	23	316	328	24	750	36	786	810	36	1,043	59	1,102	1,138
F71B Non-major arrhythmia and conduction disorders W/O catastrophic or severe CC	615	1,137	8	1,145	1,760	752	3,795	14	3,809	4,561	1,367	4,932	22	4,954	6,321

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

AR-DRG Description	Voluntary Hospitals				Non-Voluntary Hospitals				All Hospitals			
	Day Patients	In-Patients		Total Discharges	Day Patients	In-Patients		Total Discharges	Day Patients	In-Patients		Total Discharges
		Acute (0-30 days)	Extended (>30 days)			Total In-Patients	Acute (0-30 days)			Extended (>30 days)	Total In-Patients	
F72A Unstable angina with catastrophic or severe CC	0	124	13	137	2	412	14	426	2	536	27	565
F72B Unstable angina W/O catastrophic or severe CC	26	531	3	534	23	2,449	16	2,465	49	2,980	19	3,048
F73A Syncope and collapse with catastrophic or severe CC	3	349	54	403	10	823	14	837	13	1,172	68	1,253
F73B Syncope and collapse W/O catastrophic or severe CC	125	910	12	922	276	3,828	18	3,846	401	4,738	30	5,169
F74Z Chest pain	665	3,094	6	3,100	1,605	8,730	6	8,736	2,270	11,824	12	14,106
F75A Other circulatory system diagnoses with catastrophic CC	0	64	16	80	0	91	6	97	0	155	22	177
F75B Other circulatory system diagnoses with severe CC	21	158	5	163	2	278	12	290	23	436	17	476
F75C Other circulatory system diagnoses W/O catastrophic or severe CC	134	294	6	300	273	876	9	885	407	1,170	15	1,592
G01A Rectal resection with catastrophic CC	0	69	36	105	0	96	50	146	0	165	86	251
G01B Rectal resection W/O catastrophic CC	0	213	16	229	0	291	30	321	0	504	46	550
G02A Major small and large bowel procedures with catastrophic CC	0	194	105	299	0	260	129	389	0	454	234	688
G02B Major small and large bowel procedures W/O catastrophic CC	14	603	62	665	9	886	75	961	23	1,489	137	1,649

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

AR-DRG Description	Voluntary Hospitals				Non-Voluntary Hospitals				All Hospitals				
	Day Patients	In-Patients		Total Discharges	Day Patients	In-Patients		Total Discharges	Day Patients	In-Patients		Total Discharges	
		Acute (0-30 days)	Extended (>30 days)			Total In-Patients	Acute (0-30 days)			Extended (>30 days)	Total In-Patients		Acute (0-30 days)
G03A Stomach, oesophageal and duodenal procedures with malignancy	0	113	42	155	1	95	20	115	1	208	62	270	271
G03B Stomach, oesophageal and duodenal procedures W/O malignancy with catastrophic or severe CC	1	72	20	93	0	72	11	83	1	144	31	175	176
G03C Stomach, oesophageal and duodenal procedures W/O malignancy W/O catastrophic or severe CC	15	189	3	207	14	165	1	166	29	354	4	358	387
G04A Peritoneal adhesiolysis age>49 with CC	0	35	4	39	0	67	11	78	0	102	15	117	117
G04B Peritoneal adhesiolysis age>49 or with CC	2	63	7	72	4	148	3	151	6	211	10	221	227
G04C Peritoneal adhesiolysis age<50 W/O CC	13	107	1	121	12	177	1	178	25	284	2	286	311
G05A Minor small and large bowel procedures with CC	1	42	7	50	0	48	1	49	1	90	8	98	99
G05B Minor small and large bowel procedures W/O CC	19	95	0	114	14	113	2	115	33	208	2	210	243
G06Z Pyloromyotomy procedure	0	54	0	54	0	11	0	11	0	65	0	65	65
G07A Appendicectomy with catastrophic or severe CC	0	161	4	165	0	218	2	220	0	379	6	385	385
G07B Appendicectomy W/O catastrophic or severe CC	3	1,426	0	1,429	3	4,060	0	4,060	6	5,486	0	5,486	5,492

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

AR-DRG Description	Voluntary Hospitals				Non-Voluntary Hospitals				All Hospitals						
	Day Patients	In-Patients		Total Discharges	Day Patients	In-Patients		Total Discharges	Day Patients	In-Patients		Total Discharges			
		Acute (0-30 days)	Extended (>30 days)			Total In-Patients	Acute (0-30 days)			Extended (>30 days)	Total In-Patients		Acute (0-30 days)	Extended (>30 days)	Total In-Patients
G08A Abdominal and other hernia procedures age>59 or with catastrophic or severe CC	6	156	7	163	169	20	381	4	385	405	26	537	11	548	574
G08B Abdominal and other hernia procedures age 1 to 59 W/O catastrophic or severe CC	172	204	0	204	376	177	449	0	449	626	349	653	0	653	1,002
G09Z Inguinal and femoral hernia procedures age>0	460	703	1	704	1,164	577	1,899	5	1,904	2,481	1,037	2,602	6	2,608	3,645
G10Z Hernia procedures age<1	51	109	0	109	160	15	21	0	21	36	66	130	0	130	196
G11A Anal and stoma procedures with catastrophic or severe CC	10	57	4	61	71	7	65	3	68	75	17	122	7	129	146
G11B Anal and stoma procedures W/O catastrophic or severe CC	545	494	3	497	1,042	1,048	1,088	0	1,088	2,136	1,593	1,582	3	1,585	3,178
G12A Other digestive system OR procedures with catastrophic or severe CC	4	160	28	188	192	9	148	26	174	183	13	308	54	362	375
G12B Other digestive system OR procedures W/O catastrophic or severe CC	129	291	8	299	428	129	411	3	414	543	258	702	11	713	971
G42A Other gastroscopy for major digestive disease	0	819	42	861	861	0	1,578	27	1,605	1,605	0	2,397	69	2,466	2,466
G42B Other gastroscopy for major digestive disease, same day	1,462	19	0	19	1,481	2,034	22	0	22	2,056	3,496	41	0	41	3,537
G43Z Complex colonoscopy	14	5	0	5	19	17	2	0	2	19	31	7	0	7	38

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

AR-DRG Description	Voluntary Hospitals				Non-Voluntary Hospitals				All Hospitals						
	Day Patients	In-Patients			Day Patients	In-Patients			Day Patients	In-Patients					
		Acute (0-30 days)	Extended (>30 days)	Total In-Patients		Total Discharges	Acute (0-30 days)	Extended (>30 days)		Total In-Patients	Total Discharges	Acute (0-30 days)	Extended (>30 days)	Total In-Patients	Total Discharges
G44A Other colonoscopy with catastrophic or severe CC	0	203	29	232	232	0	298	26	324	324	0	501	55	556	556
G44B Other colonoscopy W/O catastrophic or severe CC	0	860	12	872	872	0	2,405	20	2,425	2,425	0	3,265	32	3,297	3,297
G44C Other colonoscopy, same day	9,667	14	0	14	9,681	15,938	58	0	58	15,996	25,605	72	0	72	25,677
G45A Other gastroscopy for non-major digestive disease	0	1,243	22	1,265	1,265	0	3,460	23	3,483	3,483	0	4,703	45	4,748	4,748
G45B Other gastroscopy for non-major digestive disease, same day	9,453	60	0	60	9,513	16,981	127	0	127	17,108	26,434	187	0	187	26,621
G46A Complex gastroscopy with catastrophic or severe CC	0	283	49	332	332	0	292	49	341	341	0	575	98	673	673
G46B Complex gastroscopy W/O catastrophic or severe CC	0	673	19	692	692	0	1,167	18	1,185	1,185	0	1,840	37	1,877	1,877
G46C Complex gastroscopy, same day	2,619	7	0	7	2,626	3,468	16	0	16	3,484	6,087	23	0	23	6,110
G60A Digestive malignancy with catastrophic or severe CC	355	362	60	422	777	363	541	38	579	942	718	903	98	1,001	1,719
G60B Digestive malignancy W/O catastrophic or severe CC	2,416	522	96	618	3,034	943	833	13	846	1,789	3,359	1,355	109	1,464	4,823
G61A GI Haemorrhage age>64 or with catastrophic or severe CC	8	124	5	129	137	18	687	10	697	715	26	811	15	826	852
G61B GI Haemorrhage age<65 W/O catastrophic or severe CC	57	134	0	134	191	73	443	1	444	517	130	577	1	578	708

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

AR-DRG Description	Voluntary Hospitals					Non-Voluntary Hospitals					All Hospitals				
	Day Patients	In-Patients			Total Discharges	Day Patients	Acute (0-30 days)	Extended (>30 days)	Total In-Patients	Total Discharges	Day Patients	In-Patients			Total Discharges
		Acute (0-30 days)	Extended (>30 days)	Total In-Patients								Acute (0-30 days)	Extended (>30 days)	Total In-Patients	
G62Z Complicated peptic ulcer	13	18	0	18	31	13	52	2	54	67	26	70	2	72	98
G63Z Uncomplicated peptic ulcer	6	16	0	16	22	9	103	0	103	112	15	119	0	119	134
G64Z Inflammatory bowel disease	662	323	6	329	991	379	561	2	563	942	1,041	884	8	892	1,933
G65A GI Obstruction with CC	2	108	4	112	114	1	237	10	247	248	3	345	14	359	362
G65B GI Obstruction W/O CC	1	167	0	167	168	1	521	1	522	523	2	688	1	689	691
G66A Abdominal pain or mesenteric adenitis with CC	26	397	0	397	423	24	763	0	763	787	50	1,160	0	1,160	1,210
G66B Abdominal pain or mesenteric adenitis W/O CC	269	1,504	2	1,506	1,775	434	6,897	0	6,897	7,331	703	8,401	2	8,403	9,106
G67A Oesophagitis, gastroenteritis and misc digestive system disorders age>9 with catastrophic or severe CC	13	476	19	495	508	30	1,132	43	1,175	1,205	43	1,608	62	1,670	1,713
G67B Oesophagitis, gastroenteritis and misc digestive system disorders age>9 W/O catastrophic or severe CC	1,546	1,275	10	1,285	2,831	621	6,649	21	6,670	7,291	2,167	7,924	31	7,955	10,122
G68A Gastroenteritis age<10 with CC	1	208	3	211	212	6	344	0	344	350	7	552	3	555	562
G68B Gastroenteritis age<10 W/O CC	10	1,299	0	1,299	1,309	26	4,286	0	4,286	4,312	36	5,585	0	5,585	5,621
G69Z Oesophagitis and misc digestive system disorders age<10	105	570	1	571	676	79	1,507	2	1,509	1,588	184	2,077	3	2,080	2,264
G70A Other digestive system diagnoses with CC	44	252	5	257	301	83	400	7	407	490	127	652	12	664	791

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

AR-DRG Description	Voluntary Hospitals					Non-Voluntary Hospitals					All Hospitals				
	Day Patients	In-Patients			Total Discharges	Day Patients	In-Patients			Total Discharges	Day Patients	In-Patients			Total Discharges
		Acute (0-30 days)	Extended (>30 days)	Total In-Patients			Acute (0-30 days)	Extended (>30 days)	Total In-Patients			Acute (0-30 days)	Extended (>30 days)	Total In-Patients	
G70B Other digestive system diagnoses W/O CC	557	389	3	392	949	1,451	1,042	1	1,043	2,494	2,008	1,431	4	1,435	3,443
H01A Pancreas, liver and shunt procedures with catastrophic CC	0	41	35	76	76	0	13	11	24	24	0	54	46	100	100
H01B Pancreas, liver and shunt procedures W/O catastrophic CC	3	107	17	124	127	1	51	8	59	60	4	158	25	183	187
H02A Major biliary tract procedures with malignancy or catastrophic CC	2	31	7	38	40	2	13	5	18	20	4	44	12	56	60
H02B Major biliary tract procedures W/O malignancy with severe or moderate CC	4	35	2	37	41	3	19	4	23	26	7	54	6	60	67
H02C Major biliary tract procedures W/O malignancy W/O CC	8	46	1	47	55	10	52	0	52	62	18	98	1	99	117
H05A Hepatobiliary diagnostic procedures with catastrophic or severe CC	0	24	6	30	30	0	22	4	26	26	0	46	10	56	56
H05B Hepatobiliary diagnostic procedures W/O catastrophic or severe CC	4	31	1	32	36	3	31	1	32	35	7	62	2	64	71
H06Z Other hepatobiliary and pancreas OR procedures	0	18	7	25	25	1	31	11	42	43	1	49	18	67	68
H07A Open cholecystectomy with closed CDE or with catastrophic CC	0	21	2	23	23	0	22	8	30	30	0	43	10	53	53
H07B Open cholecystectomy W/O closed CDE W/O catastrophic CC	1	121	3	124	125	0	285	3	288	288	1	406	6	412	413

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

AR-DRG Description	Voluntary Hospitals				Non-Voluntary Hospitals				All Hospitals				
	Day Patients	In-Patients		Total Discharges	Day Patients	In-Patients		Total Discharges	Day Patients	In-Patients		Total Discharges	
		Acute (0-30 days)	Extended (>30 days)			Total In-Patients	Acute (0-30 days)			Extended (>30 days)	Total In-Patients		Acute (0-30 days)
H08A Laparoscopic cholecystectomy with closed CDE or with catastrophic or severe CC	0	201	6	207	1	250	3	253	1	451	9	460	461
H08B Laparoscopic cholecystectomy W/O closed CDE W/O catastrophic or severe CC	63	798	2	800	68	2,401	0	2,401	131	3,199	2	3,201	3,332
H40Z Endoscopic procedures for bleeding oesophageal varices	1	22	2	24	4	3	1	4	5	25	3	28	33
H41A ERCP complex therapeutic procedure with catastrophic or severe CC	3	40	2	42	7	30	5	35	10	70	7	77	87
H41B ERCP complex therapeutic procedure W/O catastrophic or severe CC	93	105	2	107	129	123	4	127	222	228	6	234	456
H42A ERCP other therapeutic procedure with catastrophic or severe CC	5	111	9	120	9	53	6	59	14	164	15	179	193
H42B ERCP other therapeutic procedure with moderate CC	30	127	3	130	84	44	0	44	114	171	3	174	288
H42C ERCP other therapeutic procedure W/O CC	420	328	1	329	143	194	2	196	563	522	3	525	1,088
H60A Cirrhosis and alcoholic hepatitis with catastrophic CC	0	67	27	94	0	56	15	71	0	123	42	165	165
H60B Cirrhosis and alcoholic hepatitis with severe CC	10	192	18	210	9	141	15	156	19	333	33	366	385

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

AR-DRG Description	Voluntary Hospitals				Non-Voluntary Hospitals				All Hospitals						
	Day Patients	In-Patients			Day Patients	In-Patients			Day Patients	In-Patients					
		Acute (0-30 days)	Extended (>30 days)	Total In-Patients		Total Discharges	Acute (0-30 days)	Extended (>30 days)		Total In-Patients	Total Discharges	Acute (0-30 days)	Extended (>30 days)	Total In-Patients	Total Discharges
H60C Cirrhosis and alcoholic hepatitis W/O catastrophic or severe CC	73	295	12	307	380	61	264	11	275	336	134	559	23	582	716
H61A Malignancy of hepatobiliary system, pancreas (age>69 with catastrophic or severe CC) or with catastrophic CC	8	88	18	106	114	27	205	18	223	250	35	293	36	329	364
H61B Malignancy of hepatobiliary system, pancreas (age>69 W/O catastrophic or severe CC) or W/O catastrophic CC	279	242	20	262	541	261	484	18	502	763	540	726	38	764	1,304
H62A Disorders of pancreas except for malignancy with catastrophic or severe CC	1	86	9	95	96	0	147	13	160	160	1	233	22	255	256
H62B Disorders of pancreas except for malignancy W/O catastrophic or severe CC	78	251	1	252	330	6	698	6	704	710	84	949	7	956	1,040
H63A Disorders of liver except malignancy, cirrhosis, alcoholic hepatitis with catastrophic or severe CC	13	133	16	149	162	8	146	12	158	166	21	279	28	307	328
H63B Disorders of liver except malignancy, cirrhosis, alcoholic hepatitis W/O catastrophic or severe CC	462	467	6	473	935	175	572	8	580	755	637	1,039	14	1,053	1,690
H64A Disorders of the biliary tract with CC	23	203	1	204	227	14	685	20	705	719	37	888	21	909	946
H64B Disorders of the biliary tract W/O CC	139	375	2	377	516	174	2,370	6	2,376	2,550	313	2,745	8	2,753	3,066

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

AR-DRG Description	Voluntary Hospitals				Non-Voluntary Hospitals				All Hospitals			
	Day Patients	In-Patients		Total Discharges	Day Patients	In-Patients		Total Discharges	Day Patients	In-Patients		Total Discharges
		Acute (0-30 days)	Extended (>30 days)			Total In-Patients	Acute (0-30 days)			Extended (>30 days)	Total In-Patients	
I01Z Bilateral or multiple major joint procedures of lower extremity	0	17	6	23	0	72	19	91	0	89	25	114
I02A Microvascular tissue transfer or (skin graft with catastrophic or severe CC), excluding hand	0	14	8	22	0	14	11	25	0	28	19	47
I02B Skin graft W/O catastrophic or severe CC, excluding hand	1	28	5	33	10	41	1	42	11	69	6	86
I03A Hip revision with catastrophic or severe CC	0	7	9	16	0	52	15	67	0	59	24	83
I03B Hip replacement with catastrophic or severe CC or hip revision W/O catastrophic or severe CC	0	328	80	408	0	763	114	877	0	1,091	194	1,285
I03C Hip replacement W/O catastrophic or severe CC	0	1,036	17	1,053	0	3,079	40	3,119	0	4,115	57	4,172
I04Z Knee replacement and reattachment	0	617	15	632	1	1,188	12	1,200	1	1,805	27	1,833
I05Z Other major joint replacement and limb reattachment procedures	0	57	3	60	0	76	1	77	0	133	4	137
I06Z Spinal fusion with deformity	2	70	0	72	0	0	0	0	2	70	0	72
I07Z Amputation	0	14	12	26	0	5	3	8	0	19	15	34
I08A Other hip and femur procedures with catastrophic or severe CC	0	303	89	392	0	351	107	458	0	654	196	850

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

AR-DRG Description	Voluntary Hospitals				Non-Voluntary Hospitals				All Hospitals				
	Day Patients	In-Patients		Total Discharges	Day Patients	In-Patients		Total Discharges	Day Patients	In-Patients		Total Discharges	
		Acute (0-30 days)	Extended (>30 days)			Total In-Patients	Acute (0-30 days)			Extended (>30 days)	Total In-Patients		Acute (0-30 days)
108B Other hip and femur procedures W/O catastrophic or severe CC	11	431	21	452	4	1,113	45	1,158	15	1,544	66	1,610	1,625
109A Spinal fusion with catastrophic or severe CC	0	68	12	80	0	16	10	26	0	84	22	106	106
109B Spinal fusion W/O catastrophic or severe CC	1	153	3	156	2	80	1	81	3	233	4	237	240
110A Other back and neck procedures with catastrophic or severe CC	1	50	10	60	0	22	3	25	1	72	13	85	86
110B Other back and neck procedures W/O catastrophic or severe CC	313	477	8	485	314	750	7	757	627	1,227	15	1,242	1,869
111Z Limb lengthening procedures	21	41	0	41	0	9	1	10	21	50	1	51	72
112A Infect/inflam of bone and joint with misc muscle system and connective tissue procedures with catastrophic CC	0	9	7	16	0	13	9	22	0	22	16	38	38
112B Infect/inflam of bone and joint with misc muscle system and connective tissue procedures with severe CC	0	14	1	15	1	25	5	30	1	39	6	45	46
112C Infect/inflam bone and joint with misc muscle system and connective tissue procedures W/O catastrophic or severe CC	19	154	6	160	20	208	7	215	39	362	13	375	414

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

AR-DRG Description	Voluntary Hospitals				Non-Voluntary Hospitals				All Hospitals				
	Day Patients	In-Patients		Total Discharges	Day Patients	In-Patients		Total Discharges	Day Patients	In-Patients		Total Discharges	
		Acute (0-30 days)	Extended (>30 days)			Total In-Patients	Acute (0-30 days)			Extended (>30 days)	Total In-Patients		Acute (0-30 days)
I13A Humerus, tibia, fibula and ankle procedures with catastrophic or severe CC	0	162	11	173	1	127	10	137	1	289	21	310	311
I13B Humerus, tibia, fibula and ankle procedures age>59 W/O catastrophic or severe CC	0	139	2	141	0	432	7	439	0	571	9	580	580
I13C Humerus, tibia, fibula and ankle procedures age<60 W/O catastrophic or severe CC	31	1,033	1	1,034	18	2,018	1	2,019	49	3,051	2	3,053	3,102
I14Z Stump revision	0	8	0	8	5	6	0	6	5	14	0	14	19
I15Z Cranio-facial surgery	1	19	1	21	0	4	0	4	1	23	1	24	25
I16Z Other shoulder procedures	34	223	1	258	11	354	0	354	45	577	1	578	623
I17Z Maxillo-facial surgery	0	42	0	42	1	39	0	39	1	81	0	81	82
I18Z Other knee procedures	639	185	1	825	1,580	749	1	750	2,219	934	2	936	3,155
I19Z Other elbow or forearm procedures	48	803	5	856	53	1,932	4	1,936	101	2,735	9	2,744	2,845
I20Z Other foot procedures	128	437	2	567	163	920	1	921	291	1,357	3	1,360	1,651
I21Z Local excision and removal of internal fixation devices of hip and femur	33	48	0	81	52	93	4	97	85	141	4	145	230
I23Z Local excision and removal of internal fixation devices excluding hip and femur	905	219	2	1,126	1,583	439	1	440	2,488	658	3	661	3,149
I24Z Arthroscopy	581	133	0	714	642	324	0	324	1,223	457	0	457	1,680

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

AR-DRG Description	Voluntary Hospitals				Non-Voluntary Hospitals				All Hospitals						
	Day Patients	In-Patients		Total Discharges	Day Patients	In-Patients		Total Discharges	Day Patients	In-Patients		Total Discharges			
		Acute (0-30 days)	Extended (>30 days)			Total In-Patients	Acute (0-30 days)			Extended (>30 days)	Total In-Patients		Acute (0-30 days)	Extended (>30 days)	Total In-Patients
I25Z Bone and joint diagnostic procedures including biopsy	19	56	8	64	83	26	69	3	72	98	45	125	11	136	181
I27A Soft tissue procedures with catastrophic or severe CC	10	50	6	56	66	2	39	8	47	49	12	89	14	103	115
I27B Soft tissue procedures W/O catastrophic or severe CC	222	269	3	272	494	283	413	4	417	700	505	682	7	689	1,194
I28A Other connective tissue procedures with CC	3	43	10	53	56	1	69	4	73	74	4	112	14	126	130
I28B Other connective tissue procedures W/O CC	88	199	1	200	288	67	413	1	414	481	155	612	2	614	769
I29Z Knee reconstruction or revision	11	236	0	236	247	50	268	0	268	318	61	504	0	504	565
I30Z Hand procedures	459	757	3	760	1,219	555	1,849	2	1,851	2,406	1,014	2,606	5	2,611	3,625
I60Z Femoral shaft fractures	0	17	0	17	17	0	72	3	75	75	0	89	3	92	92
I61Z Distal femoral fractures	1	40	5	45	46	0	72	3	75	75	1	112	8	120	121
I63Z Sprains, strains and dislocations of hip, pelvis and thigh	0	47	1	48	48	1	147	1	148	149	1	194	2	196	197
I64A Osteomyelitis with CC	0	30	5	35	35	3	43	13	56	59	3	73	18	91	94
I64B Osteomyelitis W/O CC	15	53	2	55	70	17	114	3	117	134	32	167	5	172	204
I65A Connective tissue malignancy, including pathological Fx with catastrophic or severe CC	51	183	16	199	250	44	186	14	200	244	95	369	30	399	494
I65B Connective tissue malignancy, including pathological Fx W/O catastrophic or severe CC	444	415	19	434	878	276	317	11	328	604	720	732	30	762	1,482

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

AR-DRG Description	Voluntary Hospitals				Non-Voluntary Hospitals				All Hospitals						
	Day Patients	In-Patients		Total Discharges	Day Patients	In-Patients		Total Discharges	Day Patients	In-Patients		Total Discharges			
		Acute (0-30 days)	Extended (>30 days)			Total In-Patients	Acute (0-30 days)			Extended (>30 days)	Total In-Patients		Acute (0-30 days)	Extended (>30 days)	Total In-Patients
166A Inflammatory musculoskeletal disorders with catastrophic or severe CC	10	89	19	108	118	16	135	11	146	162	26	224	30	254	280
166B Inflammatory musculoskeletal disorders W/O catastrophic or severe CC	1,107	387	5	392	1,499	1,994	522	11	533	2,527	3,101	909	16	925	4,026
167A Septic arthritis with catastrophic or severe CC	0	8	1	9	9	2	10	4	14	16	2	18	5	23	25
167B Septic arthritis W/O catastrophic or severe CC	2	30	0	30	32	8	83	5	88	96	10	113	5	118	128
168A Non-surgical spinal disorders with CC	0	251	41	292	292	0	450	31	481	481	0	701	72	773	773
168B Non-surgical spinal disorders W/O CC	0	734	16	750	750	0	1,959	13	1,972	1,972	0	2,693	29	2,722	2,722
168C Non-surgical spinal disorders, same day	2,887	63	0	63	2,950	3,241	230	0	230	3,471	6,128	293	0	293	6,421
169A Bone diseases and specific arthropathies age>74 with catastrophic or severe CC	4	34	11	45	49	3	92	15	107	110	7	126	26	152	159
169B Bone diseases and specific arthropathies age<74 or with catastrophic or severe CC	103	103	6	109	212	222	393	10	403	625	325	496	16	512	837
169C Bone diseases and spec arthropathies age<75 W/O catastrophic or severe CC	403	182	1	183	586	524	437	2	439	963	927	619	3	622	1,549

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

AR-DRG Description	Voluntary Hospitals				Non-Voluntary Hospitals				All Hospitals						
	Day Patients	In-Patients			Day Patients	In-Patients			Day Patients	In-Patients					
		Acute (0-30 days)	Extended (>30 days)	Total In-Patients		Total Discharges	Acute (0-30 days)	Extended (>30 days)		Total In-Patients	Total Discharges	Acute (0-30 days)	Extended (>30 days)	Total In-Patients	Total Discharges
I70Z Non-specific arthropathies	39	41	0	41	80	62	127	1	128	190	101	168	1	169	270
I71A Other musculoskeletal disorders age>69 with CC	8	47	5	52	60	13	195	2	197	210	21	242	7	249	270
I71B Other musculoskeletal disorders age>69 or with CC	366	185	4	189	555	272	585	6	591	863	638	770	10	780	1,418
I71C Other musculoskeletal disorders age<70 W/O CC	1,248	425	0	425	1,673	1,343	1,135	6	1,141	2,484	2,591	1,560	6	1,566	4,157
I72A Specific musculoskeletal disorders age>79 or with catastrophic or severe CC	27	29	6	35	62	27	83	6	89	116	54	112	12	124	178
I72B Specific musculoskeletal disorders age<80 W/O catastrophic or severe CC	704	139	1	140	844	863	552	3	555	1,418	1,567	691	4	695	2,262
I73A Aftercare of musculoskeletal implants/prostheses age>59 with catastrophic or severe CC	0	18	7	25	25	2	202	31	233	235	2	220	38	258	260
I73B Aftercare of musculoskeletal implants/prostheses age>59 or with catastrophic or severe CC	319	115	6	121	440	33	375	25	400	433	352	490	31	521	873

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

AR-DRG Description	Voluntary Hospitals				Non-Voluntary Hospitals				All Hospitals						
	Day Patients	In-Patients		Total Discharges	Day Patients	In-Patients		Total Discharges	Day Patients	In-Patients		Total Discharges			
		Acute (0-30 days)	Extended (>30 days)			Total In-Patients	Acute (0-30 days)			Extended (>30 days)	Total In-Patients		Acute (0-30 days)	Extended (>30 days)	Total In-Patients
I73C Aftercare of musculoskeletal implants/prostheses age<60 W/O catastrophic or severe CC	859	96	1	97	956	209	240	8	248	457	1,068	336	9	345	1,413
I74A Injury to forearm, wrist, hand or foot age>74 with CC	0	28	4	32	32	0	54	5	59	59	0	82	9	91	91
I74B Injury to forearm, wrist, hand or foot age>74 or with CC	7	112	0	112	119	4	320	0	320	324	11	432	0	432	443
I74C Injury to forearm, wrist, hand or foot age<75 W/O CC	84	870	0	870	954	131	2,284	0	2,284	2,415	215	3,154	0	3,154	3,369
I75A Injury to shoulder, arm, elbow, knee, leg or ankle age>64 with CC	1	38	23	61	62	0	119	12	131	131	1	157	35	192	193
I75B Injury to shoulder, arm, elbow, knee, leg or ankle age>64 or with CC	8	150	7	157	165	4	490	2	492	496	12	640	9	649	661
I75C Injury to shoulder, arm, elbow, knee, leg or ankle age<65 W/O CC	57	521	0	521	578	61	1,440	1	1,441	1,502	118	1,961	1	1,962	2,080
I76A Other musculoskeletal disorders age>69 with CC	1	18	3	21	22	1	45	4	49	50	2	63	7	70	72
I76B Other musculoskeletal disorders age>69 or with CC	142	112	5	117	259	34	205	5	210	244	176	317	10	327	503
I76C Other musculoskeletal disorders age<70 W/O CC	816	338	1	339	1,155	488	568	1	569	1,057	1,304	906	2	908	2,212
I77A Fractures of pelvis with catastrophic or severe CC	0	26	10	36	36	0	62	10	72	72	0	88	20	108	108

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

AR-DRG Description	Voluntary Hospitals					Non-Voluntary Hospitals					All Hospitals				
	Day Patients	In-Patients			Total Discharges	Day Patients	Acute (0-30 days)	Extended (>30 days)	Total In-Patients	Total Discharges	Day Patients	In-Patients			Total Discharges
		Acute (0-30 days)	Extended (>30 days)	Total In-Patients								Acute (0-30 days)	Extended (>30 days)	Total In-Patients	
I77B Fractures of pelvis W/O catastrophic or severe CC	1	69	3	72	73	0	272	8	280	280	1	341	11	352	353
I78A Fractures of neck of femur with catastrophic or severe CC	0	18	5	23	23	0	71	5	76	76	0	89	10	99	99
I78B Fractures of neck of femur W/O catastrophic or severe CC	0	39	4	43	43	0	282	9	291	291	0	321	13	334	334
J01Z Microvascular tissue transfer for skin, subcutaneous tissue and breast disorder	0	6	0	6	6	0	1	0	1	1	0	7	0	7	7
J06A Major procedures for malignant breast conditions	12	732	3	735	747	5	783	5	788	793	17	1,515	8	1,523	1,540
J06B Major procedures for non-malignant breast conditions	65	155	0	155	220	30	141	1	142	172	95	296	1	297	392
J07A Minor procedures for malignant breast conditions	109	155	0	155	264	74	221	2	223	297	183	376	2	378	561
J07B Minor procedures for non-malignant breast conditions	602	117	0	117	719	736	188	0	188	924	1,338	305	0	305	1,643
J08A Other skin graft and/or debridement procedures with catastrophic or severe CC	3	45	10	55	58	0	34	3	37	37	3	79	13	92	95
J08B Other skin graft and/or debridement procedures W/O catastrophic or severe CC	152	193	3	196	348	175	234	3	237	412	327	427	6	433	760
J09Z Perianal and pilonidal procedures	141	135	0	135	276	178	455	0	455	633	319	590	0	590	909

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

AR-DRG Description	Voluntary Hospitals				Non-Voluntary Hospitals				All Hospitals						
	Day Patients	In-Patients			Day Patients	In-Patients			Day Patients	In-Patients					
		Acute (0-30 days)	Extended (>30 days)	Total In-Patients		Total Discharges	Acute (0-30 days)	Extended (>30 days)		Total In-Patients	Total Discharges	Acute (0-30 days)	Extended (>30 days)	Total In-Patients	Total Discharges
J10Z Skin, subcutaneous tissue and breast plastic OR procedures	569	132	3	135	704	234	175	0	175	409	803	307	3	310	1,113
J11Z Other skin, subcutaneous tissue and breast procedures	12,352	518	17	535	12,887	15,021	888	9	897	15,918	27,373	1,406	26	1,432	28,805
J12A Lower limb procedures with ulcer/cellulitis with catastrophic CC	0	17	6	23	23	0	9	8	17	17	0	26	14	40	40
J12B Lower limb procedures with ulcer/cellulitis W/O catastrophic CC with skin graft/flap repair	0	30	7	37	37	1	29	6	35	36	1	59	13	72	73
J12C Lower limb procedures with ulcer/cellulitis W/O catastrophic CC W/O skin graft/flap repair	2	51	14	65	67	4	73	17	90	94	6	124	31	155	161
J13A Lower limb procedures W/O ulcer/cellulitis with skin graft with catastrophic or severe CC	0	21	2	23	23	1	10	3	13	14	1	31	5	36	37
J13B Lower limb procedures W/O ulcer/cellulitis W/O skin graft and catastrophic or severe CC	26	90	2	92	118	32	120	4	124	156	58	210	6	216	274
J14Z Major breast reconstructions	2	69	0	69	71	0	70	0	70	70	2	139	0	139	141
J60A Skin ulcers	0	152	35	187	187	0	378	40	418	418	0	530	75	605	605
J60B Skin ulcers, same day	41	7	0	7	48	60	7	0	7	67	101	14	0	14	115
J62A Malignant breast disorders (age>69 with CC) or with catastrophic or severe CC	423	233	46	279	702	319	376	21	397	716	742	609	67	676	1,418

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

AR-DRG Description	Voluntary Hospitals					Non-Voluntary Hospitals					All Hospitals				
	Day Patients	In-Patients			Total Discharges	Day Patients	In-Patients			Total Discharges	Day Patients	In-Patients			Total Discharges
		Acute (0-30 days)	Extended (>30 days)	Total In-Patients			Acute (0-30 days)	Extended (>30 days)	Total In-Patients			Acute (0-30 days)	Extended (>30 days)	Total In-Patients	
J62B Malignant breast disorders (age>69 W/O CC) or W/O catastrophic or severe CC	2,521	178	177	355	2,876	1,434	413	2	415	1,849	3,955	591	179	770	4,725
J63Z Non-malignant breast disorders	1,140	108	0	108	1,248	665	244	2	246	911	1,805	352	2	354	2,159
J64A Cellulitis age>59 with catastrophic or severe CC	0	111	19	130	130	3	242	18	260	263	3	353	37	390	393
J64B Cellulitis (age>59 W/O catastrophic or severe CC) or age<60	164	1,659	14	1,673	1,837	313	3,958	9	3,967	4,280	477	5,617	23	5,640	6,117
J65A Trauma to the skin, subcutaneous tissue and breast age>69	2	46	3	49	51	1	198	6	204	205	3	244	9	253	256
J65B Trauma to the skin, subcutaneous tissue and breast age<70	48	505	0	505	553	16	821	3	824	840	64	1,326	3	1,329	1,393
J67A Minor skin disorders	0	490	23	513	513	0	1,030	11	1,041	1,041	0	1,520	34	1,554	1,554
J67B Minor skin disorders, same day	3,821	40	0	40	3,861	3,593	192	0	192	3,785	7,414	232	0	232	7,646
J68A Major skin disorders	0	453	37	490	490	0	655	11	666	666	0	1,108	48	1,156	1,156
J68B Major skin disorders, same day	5,118	11	0	11	5,129	344	61	0	61	405	5,462	72	0	72	5,534
K01Z Diabetic foot procedures	4	55	34	89	93	3	95	51	146	149	7	150	85	235	242
K02Z Pituitary procedures	0	40	3	43	43	2	25	1	26	28	2	65	4	69	71
K03Z Adrenal procedures	3	30	5	35	38	0	4	0	4	4	3	34	5	39	42
K04Z Major procedures for obesity	0	1	0	1	1	0	10	2	12	12	0	11	2	13	13
K05Z Parathyroid procedures	0	59	2	61	61	0	74	2	76	76	0	133	4	137	137

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

AR-DRG Description	Voluntary Hospitals				Non-Voluntary Hospitals				All Hospitals						
	Day Patients	In-Patients			Day Patients	In-Patients			Day Patients	In-Patients					
		Acute (0-30 days)	Extended (>30 days)	Total In-Patients		Total Discharges	Acute (0-30 days)	Extended (>30 days)		Total In-Patients	Total Discharges	Acute (0-30 days)	Extended (>30 days)	Total In-Patients	Total Discharges
K06Z Thyroid procedures	4	238	3	241	245	3	318	2	320	323	7	556	5	561	568
K07Z Obesity procedures	2	8	0	8	10	1	14	0	14	15	3	22	0	22	25
K08Z Thyroglossal procedures	6	46	0	46	52	1	25	0	25	26	7	71	0	71	78
K09Z Other endocrine, nutritional and metabolic OR procedures	23	77	6	83	106	10	28	9	37	47	33	105	15	120	153
K40Z Endoscopic or investigative procedure for metabolic disorders W/O CC	212	75	3	78	290	306	116	3	119	425	518	191	6	197	715
K60A Diabetes with catastrophic or severe CC	4	142	26	168	172	4	393	44	437	441	8	535	70	605	613
K60B Diabetes W/O catastrophic or severe CC	59	726	10	736	795	150	2,492	34	2,526	2,676	209	3,218	44	3,262	3,471
K61Z Severe nutritional disturbance	3	15	7	22	25	0	13	3	16	16	3	28	10	38	41
K62A Miscellaneous metabolic disorders with catastrophic CC	0	44	7	51	51	0	108	8	116	116	0	152	15	167	167
K62B Miscellaneous metabolic disorders age>74 or with severe CC	33	238	17	255	288	98	787	18	805	903	131	1,025	35	1,060	1,191
K62C Miscellaneous metabolic disorders age<75 W/O catastrophic or severe CC	284	444	4	448	732	437	954	2	956	1,393	721	1,398	6	1,404	2,125
K63Z Inborn errors of metabolism	277	159	2	161	438	201	92	4	96	297	478	251	6	257	735

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

AR-DRG Description	Voluntary Hospitals				Non-Voluntary Hospitals				All Hospitals						
	Day Patients	In-Patients		Total Discharges	Day Patients	In-Patients		Total Discharges	Day Patients	In-Patients		Total Discharges			
		Acute (0-30 days)	Extended (>30 days)			Total In-Patients	Acute (0-30 days)			Extended (>30 days)	Total In-Patients		Acute (0-30 days)	Extended (>30 days)	Total In-Patients
K64A Endocrine disorders with catastrophic or severe CC	42	80	14	94	136	13	135	13	148	161	55	215	27	242	297
K64B Endocrine disorders W/O catastrophic or severe CC	541	430	3	433	974	418	411	3	414	832	959	841	6	847	1,806
L02A Operative insertion of peritoneal catheter for dialysis with catastrophic or severe CC	0	18	7	25	25	1	6	2	8	9	1	24	9	33	34
L02B Operative insertion of peritoneal catheter for dialysis W/O catastrophic or severe CC	0	51	0	51	51	1	17	1	18	19	1	68	1	69	70
L03A Kidney, ureter and major bladder procedures for neoplasm with catastrophic or severe CC	0	112	15	127	127	0	23	9	32	32	0	135	24	159	159
L03B Kidney, ureter and major bladder procedures for neoplasm W/O catastrophic or severe CC	1	149	2	151	152	3	57	2	59	62	4	206	4	210	214
L04A Kidney, ureter and major bladder procedures for non-neoplasm with catastrophic CC	1	44	11	55	56	0	8	8	16	16	1	52	19	71	72
L04B Kidney, ureter and major bladder procedures for non-neoplasm with severe or moderate CC	8	209	9	218	226	6	44	1	45	51	14	253	10	263	277

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

AR-DRG Description	Voluntary Hospitals					Non-Voluntary Hospitals					All Hospitals				
	Day Patients	In-Patients			Total Discharges	Day Patients	Acute (0-30 days)	Extended (>30 days)	Total In-Patients	Total Discharges	Day Patients	In-Patients			Total Discharges
		Acute (0-30 days)	Extended (>30 days)	Total In-Patients								Acute (0-30 days)	Extended (>30 days)	Total In-Patients	
L04C Kidney, ureter and major bladder procedures for non-neoplasm W/O CC	39	320	2	322	361	22	141	1	142	164	61	461	3	464	525
L05A Transurethral prostatectomy with catastrophic or severe CC	0	17	2	19	19	0	25	6	31	31	0	42	8	50	50
L05B Transurethral prostatectomy W/O catastrophic or severe CC	0	37	0	37	37	1	94	2	96	97	1	131	2	133	134
L06A Minor bladder procedures with catastrophic or severe CC	6	42	3	45	51	1	31	3	34	35	7	73	6	79	86
L06B Minor bladder procedures W/O catastrophic or severe CC	616	142	3	145	761	43	129	2	131	174	659	271	5	276	935
L07A Transurethral procedures except prostatectomy with catastrophic or severe CC	3	86	3	89	92	2	50	4	54	56	5	136	7	143	148
L07B Transurethral procedures except prostatectomy W/O catastrophic or severe CC	276	566	0	566	842	228	428	1	429	657	504	994	1	995	1,499
L08A Urethral procedures with CC	3	44	0	44	47	1	10	0	10	11	4	54	0	54	58
L08B Urethral procedures W/O CC	18	111	0	111	129	25	61	0	61	86	43	172	0	172	215
L09A Other procedures for kidney and urinary tract disorders with catastrophic CC	0	23	14	37	37	0	10	10	20	20	0	33	24	57	57

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

AR-DRG Description	Voluntary Hospitals					Non-Voluntary Hospitals					All Hospitals				
	Day Patients	In-Patients			Total Discharges	Day Patients	In-Patients			Total Discharges	Day Patients	In-Patients			Total Discharges
		Acute (0-30 days)	Extended (>30 days)	Total In-Patients			Acute (0-30 days)	Extended (>30 days)	Total In-Patients			Acute (0-30 days)	Extended (>30 days)	Total In-Patients	
L09B Other procedures for kidney and urinary tract disorders with severe CC	0	47	5	52	52	0	12	3	15	15	0	59	8	67	67
L09C Other procedures for kidney and urinary tract disorders W/O catastrophic or severe CC	16	186	2	188	204	22	55	2	57	79	38	241	4	245	283
L40Z Ureterscopy	19	105	2	107	126	34	106	0	106	140	53	211	2	213	266
L41Z Cystourethroscopy, same day	3,170	15	0	15	3,185	2,355	13	0	13	2,368	5,525	28	0	28	5,553
L42Z ESW Lithotripsy for urinary stones	640	55	0	55	695	384	39	0	39	423	1,024	94	0	94	1,118
L60A Renal failure with catastrophic CC	0	73	30	103	103	0	151	35	186	186	0	224	65	289	289
L60B Renal failure with severe CC	35	193	30	223	258	16	348	24	372	388	51	541	54	595	646
L60C Renal failure W/O catastrophic or severe CC	168	379	14	393	561	116	567	22	589	705	284	946	36	982	1,266
L61Z Admit for renal dialysis	616	16	0	16	632	3	1	0	1	4	619	17	0	17	636
L62A Kidney and urinary tract neoplasms with catastrophic or severe CC	43	95	18	113	156	39	174	16	190	229	82	269	34	303	385
L62B Kidney and urinary tract neoplasms W/O catastrophic or severe CC	317	177	12	189	506	95	211	4	215	310	412	388	16	404	816
L63A Kidney and urinary tract infections with catastrophic CC	0	59	13	72	72	0	134	17	151	151	0	193	30	223	223

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

AR-DRG Description	Voluntary Hospitals					Non-Voluntary Hospitals					All Hospitals				
	Day Patients	In-Patients			Total Discharges	Day Patients	In-Patients			Total Discharges	Day Patients	In-Patients			Total Discharges
		Acute (0-30 days)	Extended (>30 days)	Total In-Patients			Acute (0-30 days)	Extended (>30 days)	Total In-Patients			Acute (0-30 days)	Extended (>30 days)	Total In-Patients	
L63B Kidney and urinary tract infections age>69 or with severe CC	35	537	58	595	630	27	1,900	87	1,987	2,014	62	2,437	145	2,582	2,644
L63C Kidney and urinary tract infections age<70 W/O catastrophic or severe CC	545	1,186	8	1,194	1,739	215	2,679	7	2,686	2,901	760	3,865	15	3,880	4,640
L64Z Urinary stones and obstruction	133	784	2	786	919	90	1,914	8	1,922	2,012	223	2,698	10	2,708	2,931
L65A Kidney and urinary tract signs and symptoms with catastrophic or severe CC	5	85	3	88	93	3	202	6	208	211	8	287	9	296	304
L65B Kidney and urinary tract signs and symptoms W/O catastrophic or severe CC	843	471	4	475	1,318	567	1,361	6	1,367	1,934	1,410	1,832	10	1,842	3,252
L66Z Urethral stricture	49	47	0	47	96	78	67	1	68	146	127	114	1	115	242
L67A Other kidney and urinary tract diagnoses with catastrophic CC	5	36	22	58	63	0	57	13	70	70	5	93	35	128	133
L67B Other kidney and urinary tract diagnoses with severe CC	33	168	7	175	208	13	173	18	191	204	46	341	25	366	412
L67C Other kidney and urinary tract diagnoses W/O catastrophic or severe CC	1,465	766	7	773	2,238	598	925	5	930	1,528	2,063	1,691	12	1,703	3,766
M01Z Major male pelvic procedures	0	239	1	240	240	1	39	0	39	40	1	278	1	279	280
M02A Transurethral prostatectomy with catastrophic or severe CC	0	105	6	111	111	0	89	12	101	101	0	194	18	212	212

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

AR-DRG Description	Voluntary Hospitals				Non-Voluntary Hospitals				All Hospitals						
	Day Patients	In-Patients			Day Patients	In-Patients			Day Patients	In-Patients					
		Acute (0-30 days)	Extended (>30 days)	Total In-Patients		Total Discharges	Acute (0-30 days)	Extended (>30 days)		Total In-Patients	Total Discharges	Acute (0-30 days)	Extended (>30 days)	Total In-Patients	Total Discharges
M02B Transurethral prostatectomy W/O catastrophic or severe CC	1	401	2	403	404	7	692	3	695	702	8	1,093	5	1,098	1,106
M03A Penis procedures with CC	8	12	0	12	20	2	12	0	12	14	10	24	0	24	34
M03B Penis procedures W/O CC	344	183	0	183	527	120	42	0	42	162	464	225	0	225	689
M04A Testes procedures with CC	5	47	4	51	56	4	30	1	31	35	9	77	5	82	91
M04B Testes procedures W/O CC	489	320	0	320	809	388	585	2	587	975	877	905	2	907	1,784
M05Z Circumcision	1,322	125	0	125	1,447	1,052	299	0	299	1,351	2,374	424	0	424	2,798
M06A Other male reproductive system OR procedures for malignancy	32	16	1	17	49	11	16	2	18	29	43	32	3	35	78
M06B Other male reproductive system OR procedures except for malignancy	267	28	0	28	295	49	22	0	22	71	316	50	0	50	366
M40Z Cystourethroscopy W/O CC	429	23	0	23	452	830	79	0	79	909	1,259	102	0	102	1,361
M60A Malignancy, male reproductive system with catastrophic or severe CC	31	131	29	160	191	97	180	16	196	293	128	311	45	356	484
M60B Malignancy, male reproductive system W/O catastrophic or severe CC	611	273	224	497	1,108	881	408	7	415	1,296	1,492	681	231	912	2,404
M61A Benign prostatic hypertrophy with catastrophic or severe CC	3	8	1	9	12	9	18	2	20	29	12	26	3	29	41

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

AR-DRG Description	Voluntary Hospitals					Non-Voluntary Hospitals					All Hospitals				
	Day Patients	In-Patients			Total Discharges	Day Patients	Acute (0-30 days)	Extended (>30 days)	Total In-Patients	Total Discharges	Day Patients	In-Patients			Total Discharges
		Acute (0-30 days)	Extended (>30 days)	Total In-Patients								Acute (0-30 days)	Extended (>30 days)	Total In-Patients	
M61B Benign prostatic hypertrophy W/O catastrophic or severe CC	1,022	47	0	47	1,069	514	155	0	155	669	1,536	202	0	202	1,738
M62A Inflammation of the male reproductive system with CC	10	47	1	48	58	12	85	0	85	97	22	132	1	133	155
M62B Inflammation of the male reproductive system W/O CC	237	176	0	176	413	189	653	0	653	842	426	829	0	829	1,255
M63Z Sterilisation, male	106	1	0	1	107	202	13	0	13	215	308	14	0	14	322
M64Z Other male reproductive system diagnoses	393	127	0	127	520	134	394	0	394	528	527	521	0	521	1,048
N01Z Pelvic evisceration and radical vulvectomy	0	19	4	23	23	0	1	1	2	2	0	20	5	25	25
N02A Uterine, adnexa procedure for ovarian or adnexal malignancy with CC	0	95	6	101	101	0	42	3	45	45	0	137	9	146	146
N02B Uterine, adnexa procedure for ovarian or adnexal malignancy W/O CC	1	63	2	65	66	1	57	0	57	58	2	120	2	122	124
N03A Uterine, adnexa procedure for non-ovarian or adnexal malignancy with CC	0	70	6	76	76	0	42	1	43	43	0	112	7	119	119
N03B Uterine, adnexa procedure for non-ovarian or adnexal malignancy W/O CC	1	107	0	107	108	4	83	0	83	87	5	190	0	190	195
N04Z Hysterectomy for non-malignancy	5	1,137	2	1,139	1,144	6	1,282	0	1,282	1,288	11	2,419	2	2,421	2,432

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

AR-DRG Description	Voluntary Hospitals				Non-Voluntary Hospitals				All Hospitals			
	Day Patients	In-Patients		Total Discharges	Day Patients	In-Patients		Total Discharges	Day Patients	In-Patients		Total Discharges
		Acute (0-30 days)	Extended (>30 days)			Total In-Patients	Acute (0-30 days)			Extended (>30 days)	Total In-Patients	
N05A Oophorectomies and complex fallopian tube procedures for non-malignancy with catastrophic or severe CC	0	21	2	23	0	22	0	22	0	43	2	45
N05B Oophorectomies and complex fallopian tube procedures for non-malignancy W/O catastrophic or severe CC	11	224	0	224	3	213	0	213	14	437	0	451
N06Z Female reproductive system reconstructive procedures	39	486	0	486	51	713	1	714	90	1,199	1	1,290
N07Z Other uterine and adnexa procedures for non-malignancy	662	867	0	867	497	824	0	824	1,159	1,691	0	2,850
N08Z Endoscopic and laparoscopic procedures for female reproductive system	1,251	715	3	718	1,109	821	1	822	2,360	1,536	4	3,900
N09Z Conisation, vagina, cervix and vulva procedures	1,630	767	11	778	2,015	646	2	648	3,645	1,413	13	5,071
N10Z Diagnostic curettage or diagnostic hysteroscopy	1,840	701	2	703	2,854	1,099	2	1,101	4,694	1,800	4	6,498
N11A Other female reproductive system OR procedures age>64 or with malignancy or with CC	0	44	7	51	3	26	5	31	3	70	12	85
N11B Other female reproductive system OR procedures age<65 W/O malignancy W/O CC	33	34	0	34	143	52	0	52	176	86	0	262

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

AR-DRG Description	Voluntary Hospitals					Non-Voluntary Hospitals					All Hospitals				
	Day Patients	In-Patients			Total Discharges	Day Patients	In-Patients			Total Discharges	Day Patients	In-Patients			Total Discharges
		Acute (0-30 days)	Extended (>30 days)	Total In-Patients			Acute (0-30 days)	Extended (>30 days)	Total In-Patients			Acute (0-30 days)	Extended (>30 days)	Total In-Patients	
N60A Malignancy, female reproductive system with catastrophic or severe CC	40	164	18	182	222	111	186	13	199	310	151	350	31	381	532
N60B Malignancy, female reproductive system W/O catastrophic or severe CC	988	242	59	301	1,289	527	298	5	303	830	1,515	540	64	604	2,119
N61Z Infections, female reproductive system	18	79	0	79	97	41	267	0	267	308	59	346	0	346	405
N62A Menstrual and other female reproductive system disorders with CC	40	106	2	108	148	33	213	2	215	248	73	319	4	323	396
N62B Menstrual and other female reproductive system disorders W/O CC	907	500	2	502	1,409	2,453	1,856	1	1,857	4,310	3,360	2,356	3	2,359	5,719
O01A Caesarean delivery with catastrophic CC	0	145	12	157	157	0	171	15	186	186	0	316	27	343	343
O01B Caesarean delivery with severe CC	0	725	15	740	740	0	1,008	20	1,028	1,028	0	1,733	35	1,768	1,768
O01C Caesarean delivery W/O catastrophic or severe CC	0	4,001	5	4,006	4,006	0	8,198	2	8,200	8,200	0	12,199	7	12,206	12,206
O02A Vaginal delivery with OR procedure with catastrophic or severe CC	0	113	0	113	113	0	64	0	64	64	0	177	0	177	177
O02B Vaginal delivery with OR procedure W/O catastrophic or severe CC	0	201	0	201	201	0	247	0	247	247	0	448	0	448	448
O03Z Ectopic pregnancy	1	223	0	223	224	1	314	0	314	315	2	537	0	537	539

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

AR-DRG Description	Voluntary Hospitals					Non-Voluntary Hospitals					All Hospitals				
	Day Patients	In-Patients			Total Discharges	Day Patients	In-Patients			Total Discharges	Day Patients	In-Patients			Total Discharges
		Acute (0-30 days)	Extended (>30 days)	Total In-Patients			Acute (0-30 days)	Extended (>30 days)	Total In-Patients			Acute (0-30 days)	Extended (>30 days)	Total In-Patients	
O04Z Postpartum and post abortion with OR procedure	0	85	0	85	85	14	126	0	126	140	14	211	0	211	225
O05Z Abortion with OR procedure ^a	2	1,787	0	1,787	1,789	401	3,037	0	3,037	3,438	403	4,824	0	4,824	5,227
O60A Vaginal delivery with catastrophic or severe CC	0	898	7	905	905	0	754	7	761	761	0	1,652	14	1,666	1,666
O60B Vaginal delivery W/O catastrophic or severe CC	0	12,689	7	12,696	12,696	0	19,720	2	19,722	19,722	0	32,409	9	32,418	32,418
O60C Vaginal delivery single uncomplicated W/O other condition	0	3,038	1	3,039	3,039	0	5,213	1	5,214	5,214	0	8,251	2	8,253	8,253
O61Z Postpartum and post abortion W/O OR procedure	5	620	2	622	627	48	802	2	804	852	53	1,422	4	1,426	1,479
O63Z Abortion W/O OR procedure	29	621	0	621	650	452	1,975	0	1,975	2,427	481	2,596	0	2,596	3,077
O64A False labour before 37 weeks or with catastrophic CC	0	1,434	0	1,434	1,434	18	1,225	0	1,225	1,243	18	2,659	0	2,659	2,677
O64B False labour after 37 weeks W/O catastrophic CC	0	2,396	0	2,396	2,396	285	1,788	0	1,788	2,073	285	4,184	0	4,184	4,469
O66A Antenatal and other obstetric admission	0	6,689	4	6,693	6,693	0	13,214	13	13,227	13,227	0	19,903	17	19,920	19,920
O66B Antenatal and other obstetric admission, same day	803	2,703	0	2,703	3,506	1,867	6,578	0	6,578	8,445	2,670	9,281	0	9,281	11,951
P01Z Neonate, died or transferred <5 days of admission with significant OR procedure	0	52	0	52	52	0	5	0	5	5	0	57	0	57	57

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

AR-DRG Description	Voluntary Hospitals						Non-Voluntary Hospitals						All Hospitals					
	Day Patients	In-Patients			Total Discharges	Day Patients	Acute (0-30 days)	Extended (>30 days)	Total In-Patients	Total Discharges	Day Patients	In-Patients			Total Discharges			
		Acute (0-30 days)	Extended (>30 days)	Total In-Patients								Acute (0-30 days)	Extended (>30 days)	Total In-Patients				
P02Z Cardiothoracic/vascular procedures for neonates	0	36	11	47	47	0	0	0	0	0	0	0	0	36	11	47	47	
P03Z Neonate, admwt 1000-1499 g with significant OR procedure	7	31	49	80	87	1	13	22	35	36	8	44	71	115	123	123		
P04Z Neonate, admwt 1500-1999 g with significant OR procedure	1	19	11	30	31	0	6	2	8	8	1	25	13	38	39	39		
P05Z Neonate, admwt 2000-2499 g with significant OR procedure	0	23	12	35	35	0	5	1	6	6	0	28	13	41	41	41		
P06A Neonate, admwt >2499 g with significant OR procedure with multi major problems	0	53	31	84	84	0	7	2	9	9	0	60	33	93	93	93		
P06B Neonate, admwt >2499 g with significant OR procedure W/O multi major problems	0	85	9	94	94	0	16	0	16	16	0	101	9	110	110	110		
P60A Neonate, died or transf <5 days of adm, W/O significant OR procedure, Newborn	0	145	0	145	145	0	213	0	213	213	0	358	0	358	358	358		
P60B Neonate, died/ transferred <5 days of adm, W/O significant OR procedure, not newborn	2	85	0	85	87	0	82	0	82	82	2	167	0	167	169	169		
P61Z Neonate, admwt <750 g	0	10	20	30	30	1	19	9	28	29	1	29	29	58	59	59		
P62Z Neonate, admwt 750-999 g	23	118	48	166	189	1	18	25	43	44	24	136	73	209	233	233		
P63Z Neonate, admwt 1000-1249 g W/O significant OR procedure	46	157	34	191	237	10	102	47	149	159	56	259	81	340	396	396		

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

AR-DRG Description	Voluntary Hospitals					Non-Voluntary Hospitals					All Hospitals				
	Day Patients	In-Patients			Total Discharges	Day Patients	In-Patients			Total Discharges	Day Patients	In-Patients			Total Discharges
		Acute (0-30 days)	Extended (>30 days)	Total In-Patients			Acute (0-30 days)	Extended (>30 days)	Total In-Patients			Acute (0-30 days)	Extended (>30 days)	Total In-Patients	
P64Z Neonate, admwt 1250-1499 g W/O significant OR procedure	3	53	31	84	87	6	29	63	92	98	9	82	94	176	185
P65A Neonate, admwt 1500-1999 g W/O significant OR procedure with multi major problems	0	22	6	28	28	0	12	12	24	24	0	34	18	52	52
P65B Neonate, admwt 1500-1999 g W/O significant OR procedure with major problem	0	67	18	85	85	0	91	51	142	142	0	158	69	227	227
P65C Neonate, admwt 1500-1999 g W/O significant OR procedure with other problem	0	108	9	117	117	0	92	10	102	102	0	200	19	219	219
P65D Neonate, admwt 1500-1999 g W/O significant OR procedure W/O problem	0	32	1	33	33	8	162	11	173	181	8	194	12	206	214
P66A Neonate, admwt 2000-2499 g W/O significant OR procedure with multi major problems	0	27	5	32	32	0	19	2	21	21	0	46	7	53	53
P66B Neonate, admwt 2000-2499 g W/O significant OR procedure with major problem	4	114	3	117	121	1	144	11	155	156	5	258	14	272	277
P66C Neonate, admwt 2000-2499 g W/O significant OR procedure with other problem	0	253	1	254	254	0	282	4	286	286	0	535	5	540	540
P66D Neonate, admwt 2000-2499 g W/O significant OR procedure W/O problem	1	175	0	175	176	9	333	5	338	347	10	508	5	513	523
P67A Neonate, admwt >2499 g W/O significant OR procedure with multi major problems	2	122	10	132	134	0	86	5	91	91	2	208	15	223	225

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

AR-DRG Description	Voluntary Hospitals					Non-Voluntary Hospitals					All Hospitals				
	Day Patients	In-Patients			Total Discharges	Day Patients	Acute (0-30 days)	Extended (>30 days)	Total In-Patients	Total Discharges	Day Patients	In-Patients			Total Discharges
		Acute (0-30 days)	Extended (>30 days)	Total In-Patients								Acute (0-30 days)	Extended (>30 days)	Total In-Patients	
P67B Neonate, admwt>2499 g W/O significant OR procedure with major problem	27	518	19	537	564	19	764	7	771	790	46	1,282	26	1,308	1,354
P67C Neonate, admwt> 2499 g W/O significant OR procedure with other problem	2	1,348	1	1,349	1,351	5	1,338	4	1,342	1,347	7	2,686	5	2,691	2,698
P67D Neonate, admwt>2499 g W/O significant OR procedure W/O problem	61	1,487	2	1,489	1,550	116	2,876	6	2,882	2,998	177	4,363	8	4,371	4,548
Q01Z Splenectomy	0	24	0	24	24	0	22	0	22	22	0	46	0	46	46
Q02A Other OR procedure of blood and blood forming organs with catastrophic or severe CC	3	48	7	55	58	0	12	7	19	19	3	60	14	74	77
Q02B Other OR procedure of blood and blood forming organs W/O catastrophic or severe CC	116	149	3	152	268	125	135	0	135	260	241	284	3	287	528
Q60A Reticuloendothelial and immunity disorders with catastrophic or severe CC	50	192	6	198	248	77	276	8	284	361	127	468	14	482	609
Q60B Reticuloendothelial and immunity disorders W/O catastrophic or severe CC with malignancy	22	85	4	89	111	90	159	0	159	249	112	244	4	248	360
Q60C Reticuloendothelial and immunity disorders W/O catastrophic or severe CC W/O malignancy	1,307	159	3	162	1,469	1,000	507	29	536	1,536	2,307	666	32	698	3,005

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

AR-DRG Description	Voluntary Hospitals					Non-Voluntary Hospitals					All Hospitals				
	Day Patients	In-Patients			Total Discharges	Day Patients	In-Patients			Total Discharges	Day Patients	In-Patients			Total Discharges
		Acute (0-30 days)	Extended (>30 days)	Total In-Patients			Acute (0-30 days)	Extended (>30 days)	Total In-Patients			Acute (0-30 days)	Extended (>30 days)	Total In-Patients	
Q61A Red blood cell disorders with catastrophic CC	5	66	7	73	78	4	130	14	144	148	9	196	21	217	226
Q61B Red blood cell disorders with severe CC	153	216	3	219	372	63	348	14	362	425	216	564	17	581	797
Q61C Red blood cell disorders W/O catastrophic or severe CC	6,238	726	4	730	6,968	11,387	1,365	9	1,374	12,761	17,625	2,091	13	2,104	19,729
Q62Z Coagulation disorders	1,888	478	5	483	2,371	921	718	10	728	1,649	2,809	1,196	15	1,211	4,020
R01A Lymphoma and leukaemia with major OR procedures with catastrophic or severe CC	0	30	12	42	42	0	17	7	24	24	0	47	19	66	66
R01B Lymphoma and leukaemia with major OR procedures W/O catastrophic or severe CC	3	29	0	29	32	2	33	3	36	38	5	62	3	65	70
R02A Other neoplastic disorders with major OR procedures with catastrophic or severe CC	1	21	5	26	27	0	15	3	18	18	1	36	8	44	45
R02B Other neoplastic disorders with major OR procedures W/O catastrophic or severe CC	8	59	3	62	70	3	45	1	46	49	11	104	4	108	119
R03A Lymphoma and leukaemia with other OR procedures with catastrophic or severe CC	1	49	24	73	74	0	43	12	55	55	1	92	36	128	129

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

AR-DRG Description	Voluntary Hospitals					Non-Voluntary Hospitals					All Hospitals				
	Day Patients	In-Patients			Total Discharges	Day Patients	Acute (0-30 days)	Extended (>30 days)	Total In-Patients	Total Discharges	Day Patients	In-Patients			Total Discharges
		Acute (0-30 days)	Extended (>30 days)	Total In-Patients								Acute (0-30 days)	Extended (>30 days)	Total In-Patients	
R03B Lymphoma and leukaemia with other OR procedures W/O catastrophic or severe CC	47	94	3	97	144	44	104	6	110	154	91	198	9	207	298
R04A Other neoplastic disorders with other OR procedures with catastrophic or severe CC	7	32	3	35	42	8	27	3	30	38	15	59	6	65	80
R04B Other neoplastic disorders with other OR procedures W/O catastrophic or severe CC	39	49	1	50	89	59	57	1	58	117	98	106	2	108	206
R60A Acute leukaemia with catastrophic CC	20	86	36	122	142	28	46	22	68	96	48	132	58	190	238
R60B Acute leukaemia with severe CC	189	167	25	192	381	136	91	5	96	232	325	258	30	288	613
R60C Acute leukaemia W/O catastrophic or severe CC	2,557	363	12	375	2,932	939	150	9	159	1,098	3,496	513	21	534	4,030
R61A Lymphoma and non-acute leukaemia with catastrophic CC	0	161	44	205	205	0	200	33	233	233	0	361	77	438	438
R61B Lymphoma and non-acute leukaemia W/O catastrophic CC	0	1,108	58	1,166	1,166	0	1,437	37	1,474	1,474	0	2,545	95	2,640	2,640
R61C Lymphoma and non-acute leukaemia, same day	8,879	29	0	29	8,908	4,046	27	0	27	4,073	12,925	56	0	56	12,981
R62A Other neoplastic disorders with CC	72	84	17	101	173	70	115	11	126	196	142	199	28	227	369
R62B Other neoplastic disorders W/O CC	393	86	11	97	490	370	106	5	111	481	763	192	16	208	971
R63Z Chemotherapy	33,462	0	0	0	33,462	29,560	0	0	0	29,560	63,022	0	0	0	63,022

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

AR-DRG Description	Voluntary Hospitals						Non-Voluntary Hospitals						All Hospitals					
	Day Patients	In-Patients			Total Discharges	Day Patients	Acute (0-30 days)	Extended (>30 days)	Total In-Patients	Total Discharges	Day Patients	Acute (0-30 days)	Extended (>30 days)	Total In-Patients	Total Discharges			
		Acute (0-30 days)	Extended (>30 days)	Total In-Patients														
R64Z Radiotherapy	1,244	0	0	0	1,244	28,900	0	0	0	28,900	30,144	0	0	0	30,144			
S60Z HIV, same day	140	7	0	7	147	5	1	0	1	6	145	8	0	8	153			
S65A HIV-related diseases with catastrophic CC	0	42	16	58	58	0	3	0	3	3	0	45	16	61	61			
S65B HIV-related diseases with severe CC	0	54	3	57	57	0	5	0	5	5	0	59	3	62	62			
S65C HIV-related diseases W/O catastrophic or severe CC	0	85	0	85	85	0	26	0	26	26	0	111	0	111	111			
T01A OR procedures for infectious and parasitic diseases with catastrophic CC	0	28	14	42	42	1	21	11	32	33	1	49	25	74	75			
T01B OR procedures for infectious and parasitic diseases with severe or moderate CC	2	39	8	47	49	1	29	6	35	36	3	68	14	82	85			
T01C OR procedures for infectious and parasitic diseases W/O CC	30	98	6	104	134	14	120	10	130	144	44	218	16	234	278			
T60A Septicaemia with catastrophic or severe CC	1	154	32	186	187	0	572	57	629	629	1	726	89	815	816			
T60B Septicaemia W/O catastrophic or severe CC	5	109	9	118	123	0	366	7	373	373	5	475	16	491	496			
T61A Post-operative and post-traumatic infections age>54 or with catastrophic or severe CC	1	142	7	149	150	4	231	14	245	249	5	373	21	394	399			
T61B Post-operative and post-traumatic infections age<55 W/O catastrophic or severe CC	29	158	2	160	189	14	346	0	346	360	43	504	2	506	549			

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

AR-DRG Description	Voluntary Hospitals					Non-Voluntary Hospitals					All Hospitals				
	Day Patients	In-Patients			Total Discharges	Day Patients	Acute (0-30 days)	Extended (>30 days)	Total In-Patients	Total Discharges	Day Patients	In-Patients			Total Discharges
		Acute (0-30 days)	Extended (>30 days)	Total In-Patients								Acute (0-30 days)	Extended (>30 days)	Total In-Patients	
T62A	2	90	3	93	95	0	104	2	106	2	194	5	199	201	
T62B	7	98	1	99	106	9	245	0	245	16	343	1	344	360	
T63A	2	136	2	138	140	56	485	1	486	58	621	3	624	682	
T63B	37	484	0	484	521	36	3,111	0	3,111	73	3,595	0	3,595	3,668	
T64A	0	43	8	51	51	1	54	2	56	1	97	10	107	108	
T64B	167	75	1	76	243	50	228	2	230	217	303	3	306	523	
U40Z	1	0	0	0	1	120	15	0	15	121	15	0	15	136	
U60Z	244	65	0	65	309	154	95	0	95	398	160	0	160	558	
U61A	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
U61B	0	86	37	123	123	0	6	0	6	0	92	37	129	129	
U62A	0	3	2	5	5	0	5	1	6	0	8	3	11	11	

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

AR-DRG Description	Voluntary Hospitals				Non-Voluntary Hospitals				All Hospitals			
	Day Patients	In-Patients		Total Discharges	Day Patients	In-Patients		Total Discharges	Day Patients	In-Patients		Total Discharges
		Acute (0-30 days)	Extended (>30 days)			Total In-Patients	Acute (0-30 days)			Extended (>30 days)	Total In-Patients	
U62B Paranoia and acute psychotic disorder W/O CC W/O mental health legal status	0	33	6	39	0	21	0	21	0	54	6	60
U63A Major affective disorders age>69 or with catastrophic or severe CC	0	19	17	36	0	18	0	18	0	37	17	54
U63B Major affective disorders age<70 W/O catastrophic or severe CC	0	116	22	138	0	32	1	33	0	148	23	171
U64Z Other affective and somatoform disorders	0	132	23	155	0	104	5	109	0	236	28	264
U65Z Anxiety disorders	0	143	9	152	0	251	4	255	0	394	13	407
U66Z Eating and obsessive-compulsive disorders	0	32	23	55	0	53	10	63	0	85	33	118
U67Z Personality disorders and acute reactions	0	118	6	124	0	68	2	70	0	186	8	194
U68Z Childhood mental disorders	0	44	1	45	0	28	0	28	0	72	1	73
V60A Alcohol intoxication and withdrawal with CC	1	66	4	71	1	214	6	220	2	280	10	292
V60B Alcohol intoxication and withdrawal W/O CC	1	121	0	122	1	999	2	1,001	2	1,120	2	1,124
V61Z Drug intoxication and withdrawal	0	11	0	11	1	20	0	20	1	31	0	32
V62A Alcohol use disorder and dependence	0	92	5	97	0	528	1	529	0	620	6	626
V62B Alcohol use disorder and dependence, same day	5	6	0	6	4	62	0	62	9	68	0	77

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

AR-DRG Description	Voluntary Hospitals					Non-Voluntary Hospitals					All Hospitals				
	Day Patients	In-Patients			Total Discharges	Day Patients	Acute (0-30 days)	Extended (>30 days)	Total In-Patients	Total Discharges	Day Patients	In-Patients			Total Discharges
		Acute (0-30 days)	Extended (>30 days)	Total In-Patients								Acute (0-30 days)	Extended (>30 days)	Total In-Patients	
V63A Opioid use disorder and dependence	1	43	2	45	46	0	9	0	9	9	1	52	2	54	55
V63B Opioid use disorder and dependence, left against medical advice	0	1	0	1	1	0	3	0	3	3	0	4	0	4	4
V64Z Other drug use disorder and dependence	37	86	5	91	128	0	31	0	31	31	37	117	5	122	159
W01Z Ventilation or craniotomy procedures for multiple significant trauma	0	34	22	56	56	0	28	19	47	47	0	62	41	103	103
W02Z Hip, femur and limb procedures for multiple significant trauma, incl implantation	0	16	6	22	22	0	47	10	57	57	0	63	16	79	79
W03Z Abdominal procedures for multiple significant trauma	0	9	2	11	11	0	17	6	23	23	0	26	8	34	34
W04Z Other OR procedures for multiple significant trauma	0	24	7	31	31	0	22	4	26	26	0	46	11	57	57
W60Z Multiple trauma, died or transferred to another acute care facility LOS<5 days	0	13	0	13	13	0	63	0	63	63	0	76	0	76	76
W61Z Multiple trauma W/O significant procedures	35	59	41	100	135	0	71	7	78	78	35	130	48	178	213
X02Z Microvascular tissue transfer or skin grafts for injuries to hand	19	67	1	68	87	0	76	0	76	76	19	143	1	144	163
X04A Other procedures for injuries to lower limb age>59 or with CC	0	13	5	18	18	0	28	2	30	30	0	41	7	48	48
X04B Other procedures for injuries to lower limb age<60 W/O CC	10	57	0	57	67	4	90	0	90	94	14	147	0	147	161

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

AR-DRG Description	Voluntary Hospitals					Non-Voluntary Hospitals					All Hospitals				
	Day Patients	In-Patients			Total Discharges	Day Patients	Acute (0-30 days)	Extended (>30 days)	Total In-Patients	Total Discharges	Day Patients	In-Patients			Total Discharges
		Acute (0-30 days)	Extended (>30 days)	Total In-Patients								Acute (0-30 days)	Extended (>30 days)	Total In-Patients	
X05Z Other procedures for injuries to hand	141	859	1	860	1,001	7	893	1	894	901	148	1,752	2	1,754	1,902
X06A Other procedures for other injuries with catastrophic or severe CC	2	59	4	63	65	0	73	5	78	78	2	132	9	141	143
X06B Other procedures for other injuries W/O catastrophic or severe CC	83	402	3	405	488	41	866	3	869	910	124	1,268	6	1,274	1,398
X07A Skin graft for injuries excluding hand with microvascular tissue transfer or with catastrophic or severe CC	0	19	8	27	27	0	17	4	21	21	0	36	12	48	48
X07B Skin graft for injuries excluding hand W/O microvascular tissue transfer W/O catastrophic or severe CC	2	61	1	62	64	1	69	3	72	73	3	130	4	134	137
X60A Injuries age>64 with CC	22	78	32	110	132	0	185	16	201	201	22	263	48	311	333
X60B Injuries age>64 W/O CC	5	97	9	106	111	2	377	6	383	385	7	474	15	489	496
X60C Injuries age<65	354	1,552	40	1,592	1,946	101	2,984	1	2,985	3,086	455	4,536	41	4,577	5,032
X61Z Allergic reactions	41	84	0	84	125	0	226	0	226	226	41	310	0	310	351
X62A Poisoning/toxic effects of drugs and other substances age>59 or with CC	1	298	8	306	307	0	1,058	4	1,062	1,062	1	1,356	12	1,368	1,369
X62B Poisoning/toxic effects of drugs and other substances age<60 W/O CC	23	497	2	499	522	10	2,881	3	2,884	2,894	33	3,378	5	3,383	3,416

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

AR-DRG Description	Voluntary Hospitals					Non-Voluntary Hospitals					All Hospitals				
	Day Patients	In-Patients			Total Discharges	Day Patients	Acute (0-30 days)	Extended (>30 days)	Total In-Patients	Total Discharges	Day Patients	In-Patients			Total Discharges
		Acute (0-30 days)	Extended (>30 days)	Total In-Patients								Acute (0-30 days)	Extended (>30 days)	Total In-Patients	
X63A Sequelae of treatment with catastrophic or severe CC	3	74	5	79	82	1	95	6	101	102	4	169	11	180	184
X63B Sequelae of treatment W/O catastrophic or severe CC	168	504	1	505	673	35	669	1	670	705	203	1,173	2	1,175	1,378
X64A Other injury, poisoning and toxic effect diagnosis age>59 or with CC	0	21	4	25	25	0	62	5	67	67	0	83	9	92	92
X64B Other injury, poisoning and toxic effect diagnosis age<60 W/O CC	1	47	0	47	48	4	182	0	182	186	5	229	0	229	234
Y01Z Severe full thickness burns	0	7	9	16	16	0	1	2	3	3	0	8	11	19	19
Y02A Other burns with skin graft age>64 or with catastrophic or severe CC or with complicating procedure	0	41	4	45	45	0	23	8	31	31	0	64	12	76	76
Y02B Other burns with skin graft age<65 W/O catastrophic or severe CC W/O complicating procedure	0	100	6	106	106	0	34	0	34	34	0	134	6	140	140
Y03Z Other OR procedures for other burns	0	17	4	21	21	0	13	0	13	13	0	30	4	34	34
Y60Z Burns, transferred to another acute care facility <5 days	0	7	0	7	7	0	62	0	62	62	0	69	0	69	69
Y61Z Severe burns	0	25	0	25	25	0	35	1	36	36	0	60	1	61	61
Y62A Other burns age>64 or with catastrophic or severe CC or with complicating procedure	0	8	1	9	9	0	20	0	20	20	0	28	1	29	29

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

AR-DRG Description	Voluntary Hospitals				Non-Voluntary Hospitals				All Hospitals				
	Day Patients	In-Patients		Total Discharges	Day Patients	In-Patients		Total Discharges	Day Patients	In-Patients		Total Discharges	
		Acute (0-30 days)	Extended (>30 days)			Total In-Patients	Acute (0-30 days)			Extended (>30 days)	Total In-Patients		Acute (0-30 days)
Y62B Other burns age <65 W/O catastrophic or severe CC/W/O complicating procedure	3	154	0	154	0	148	0	148	3	302	0	302	305
Z01A OR procedures with diagnoses of other contacts with health services with catastrophic or severe CC	22	66	4	70	11	52	13	65	33	118	17	135	168
Z01B OR procedures with diagnoses of other contacts with health services W/O catastrophic or severe CC	421	209	2	211	180	174	3	177	601	383	5	388	989
Z40Z Follow up with endoscopy	2,189	80	2	82	2,436	150	0	150	4,625	230	2	232	4,857
Z60A Rehabilitation with catastrophic or severe CC	0	271	102	373	0	275	144	419	0	546	246	792	792
Z60B Rehabilitation W/O catastrophic or severe CC	0	1,653	217	1,870	0	749	81	830	0	2,402	298	2,700	2,700
Z60C Rehabilitation, same day	24	2	0	2	8	5	0	5	32	7	0	7	39
Z61Z Signs and symptoms	396	554	33	587	438	953	8	961	834	1,507	41	1,548	2,382
Z62Z Follow up W/O endoscopy	2,898	141	0	141	1,161	146	0	146	4,059	287	0	287	4,346
Z63A Other aftercare with catastrophic or severe CC	205	203	3	206	532	801	106	907	737	1,004	109	1,113	1,850
Z63B Other aftercare W/O catastrophic or severe CC	1,464	362	2	364	4,086	981	20	1,001	5,550	1,343	22	1,365	6,915

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

AR-DRG Description	Voluntary Hospitals					Non-Voluntary Hospitals					All Hospitals				
	Day Patients	In-Patients			Total Discharges	Day Patients	In-Patients			Total Discharges	Day Patients	In-Patients			Total Discharges
		Acute (0-30 days)	Extended (>30 days)	Total In-Patients			Acute (0-30 days)	Extended (>30 days)	Total In-Patients			Acute (0-30 days)	Extended (>30 days)	Total In-Patients	
Z64A Other factors influencing health status	0	247	13	260	260	0	1,258	30	1,288	1,288	0	1,505	43	1,548	1,548
Z64B Other factors influencing health status, same day	7,698	37	0	7,735	7,735	3,798	177	0	3,975	3,975	11,496	214	0	11,710	11,710
Z65Z Multiple, other and unspecified congenital anomalies	60	50	1	111	111	8	17	1	26	26	68	67	2	137	137
901Z Extensive OR procedure unrelated to principal diagnosis	326	755	186	1,267	1,267	116	483	95	694	694	442	1,238	281	1,519	1,961
902Z Non-extensive OR procedure unrelated to principal diagnosis	117	213	33	363	363	66	109	12	187	187	183	322	45	367	550
903Z Prostatic OR procedure unrelated to principal diagnosis	1	8	7	16	16	0	7	2	9	9	1	15	9	24	25
960Z Ungroupable	0	1	0	1	1	0	11	0	11	11	0	12	0	12	12
961Z Unacceptable principal diagnosis	4	15	0	19	19	25	49	2	76	76	29	64	2	66	95
963Z Neonatal diagnosis not consistent with age/weight	9	55	5	69	69	54	50	9	113	113	63	105	14	119	182
Total	206,869	185,172	8,557	193,729	400,598	236,785	364,018	7,097	607,900	607,900	443,654	549,190	15,654	564,844	1,008,498

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

^a This includes pregnancy with abortive outcome.

TABLE 5.6

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

AR-DRG Description	Voluntary Hospitals				Non-Voluntary Hospitals				All Hospitals			
	In-Patients			Total Discharges ^a	In-Patients			Total Discharges ^a	In-Patients			Total Discharges ^a
	Acute (0-30 days)	Extended (>30 days)	Total In-Patients	Total Discharges ^a	Acute (0-30 days)	Extended (>30 days)	Total In-Patients	Total Discharges ^a	Acute (0-30 days)	Extended (>30 days)	Total In-Patients	Total Discharges ^a
A01Z Liver transplant	21.8	82.4	47.1	47.1	-	-	-	-	21.8	82.4	47.1	47.1
A03Z Lung or heart/lung transplant	12.7	-	12.7	12.7	-	-	-	-	12.7	-	12.7	12.7
A05Z Heart transplant	19.7	75.0	39.8	39.8	-	-	-	-	19.7	75.0	39.8	39.8
A06Z Tracheostomy or ventilation >95 hours	15.8	77.1	45.5	45.5	15.4	68.6	39.5	39.3	15.6	73.7	43.0	42.9
A07Z Allogeneic bone marrow transplant	21.3	40.1	34.4	34.4	13.7	33.0	18.5	18.5	20.2	40.0	33.4	33.4
A08A Autologous bone marrow transplant with catastrophic CC	19.6	46.8	28.4	28.4	25.6	-	25.6	25.6	20.7	46.8	28.1	28.1
A08B Autologous bone marrow transplant W/O catastrophic CC	17.5	35.3	21.9	20.7	18.7	33.0	20.7	20.7	17.9	34.8	21.6	20.7
A09A Renal transplant with pancreas transplant or catastrophic CC	18.8	72.6	38.1	38.1	-	-	-	-	18.8	72.6	38.1	38.1
A09B Renal transplant W/O pancreas transplant W/O catastrophic CC	11.9	-	11.9	11.9	-	-	-	-	11.9	-	11.9	11.9
A40Z ECMO W/O cardiac surgery	13.3	39.0	23.6	23.6	-	-	-	-	13.3	39.0	23.6	23.6
A41A Intubation age<16 with CC	8.9	68.8	14.9	14.9	5.2	-	5.2	5.2	8.1	68.8	12.8	12.8
A41B Intubation age<16 W/O CC	6.3	42.0	6.9	6.9	2.6	-	2.6	2.6	5.2	42.0	5.6	5.6
B01Z Ventricular shunt revision	7.6	-	7.6	7.6	5.8	-	5.8	5.8	7.0	-	7.0	7.0
B02A Craniotomy with catastrophic CC	15.6	53.7	23.5	23.5	12.3	78.7	20.0	20.0	14.9	56.4	22.8	22.8

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

AR-DRG Description	Voluntary Hospitals				Non-Voluntary Hospitals				All Hospitals			
	In-Patients			Total Discharges ^a	In-Patients			Total Discharges ^a	In-Patients			Total Discharges ^a
	Acute (0-30 days)	Extended (>30 days)	Total In-Patients		Acute (0-30 days)	Extended (>30 days)	Total In-Patients		Acute (0-30 days)	Extended (>30 days)	Total In-Patients	
B02B Craniotomy with severe or moderate CC	12.6	41.9	15.4	15.4	10.1	42.6	12.2	12.2	12.1	42.0	14.7	14.7
B02C Craniotomy W/O CC	10.1	46.1	11.3	11.1	7.5	52.0	8.0	8.0	9.4	46.6	10.4	10.3
B03A Spinal procedures with catastrophic or severe CC	14.5	91.4	28.3	28.3	11.6	-	11.6	11.6	13.8	91.4	24.6	24.6
B03B Spinal procedures W/O catastrophic or severe CC	10.9	39.7	11.9	10.5	4.8	-	4.8	4.8	8.5	39.7	9.2	8.1
B04A Extracranial vascular procedures with catastrophic or severe CC	12.3	115.1	37.3	37.3	9.0	-	9.0	9.0	11.2	115.1	29.7	29.7
B04B Extracranial vascular procedures W/O catastrophic or severe CC	9.6	114.7	13.9	13.9	7.4	-	7.4	7.4	8.8	114.7	11.7	11.7
B05Z Carpal tunnel release	2.6	-	2.6	1.3	1.7	36.0	1.8	1.3	1.9	36.0	2.0	1.3
B06A Procedures for cerebral palsy, muscular dystrophy, neuropathy with catastrophic or severe CC	12.1	197.8	60.9	58.0	9.0	47.0	28.0	28.0	11.0	109.8	47.0	45.6
B06B Procedures for cerebral palsy, muscular dystrophy, neuropathy W/O catastrophic or severe CC	6.0	65.5	11.6	5.2	4.2	-	4.2	2.8	5.1	65.5	8.1	4.3
B07A Peripheral and cranial nerve and other nervous system procedures with CC	7.9	103.3	29.9	28.9	11.7	77.0	21.8	21.8	9.3	96.8	27.2	26.6
B07B Peripheral and cranial nerve and other nervous system procedures W/O CC	2.7	32.0	2.9	2.5	2.3	-	2.3	2.1	2.4	32.0	2.5	2.3
B40Z Plasmapheresis with neurological disease	9.6	46.5	15.0	8.4	3.2	44.0	5.4	2.8	7.5	46.1	12.0	6.3
B41Z Telemetric EEG monitoring	7.8	56.0	8.3	7.8	3.4	-	3.4	3.4	6.1	56.0	6.4	6.1

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

AR-DRG Description	Voluntary Hospitals				Non-Voluntary Hospitals				All Hospitals			
	In-Patients		Total Discharges*	In-Patients		Total Discharges*	In-Patients		Total Discharges*	In-Patients		Total Discharges*
	Acute (0-30 days)	Extended (>30 days)		Total In-Patients	Acute (0-30 days)		Extended (>30 days)	Total In-Patients		Acute (0-30 days)	Extended (>30 days)	
B60A Established paraplegia/quadriplegia with or W/O OR procedures with catastrophic CC	14.9	81.7	43.8	42.6	15.7	88.4	40.0	40.0	15.3	84.1	42.2	41.5
B60B Established paraplegia/quadriplegia with or W/O OR procedures W/O catastrophic CC	7.5	80.7	19.9	7.9	8.6	69.0	14.5	12.7	8.2	74.9	16.5	9.9
B61A Spinal cord conditions with W/O OR procedures with catastrophic or severe CC	11.5	108.7	64.4	56.3	9.9	45.7	18.8	17.5	11.1	104.0	57.6	50.7
B61B Spinal cord conditions with W/O OR procedures W/O catastrophic or severe CC	8.1	99.8	29.5	27.6	5.2	-	5.2	5.0	7.0	99.8	21.9	20.7
B62Z Admit for apheresis	1.5	-	1.5	1.0	-	-	-	1.0	1.5	-	1.5	1.0
B63Z Dementia and other chronic disturbances of cerebral function	13.0	128.7	68.8	59.7	11.3	109.3	28.4	21.8	11.7	120.5	41.7	33.3
B64A Delirium with catastrophic CC	11.8	125.6	54.7	54.7	11.3	60.4	17.5	17.5	11.6	112.5	38.7	38.7
B64B Delirium W/O catastrophic CC	7.7	132.9	28.1	27.5	7.4	51.3	8.6	8.0	7.5	106.8	13.8	13.0
B65Z Cerebral palsy	5.2	83.5	8.5	2.6	3.5	31.0	4.5	2.9	4.6	66.0	7.1	2.7
B66A Nervous system neoplasm with catastrophic or severe CC	8.9	75.8	21.2	16.4	9.6	53.7	14.7	14.0	9.3	65.4	17.4	15.1
B66B Nervous system neoplasm W/O catastrophic or severe CC	6.0	64.3	14.8	8.4	7.3	41.5	8.5	6.0	6.7	59.1	11.4	7.2
B67A Degenerative nervous system disorders with catastrophic or severe CC	12.3	111.1	45.7	43.1	11.8	73.0	24.0	21.3	12.0	92.2	32.1	29.1

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

AR-DRG Description	Voluntary Hospitals				Non-Voluntary Hospitals				All Hospitals			
	In-Patients		Total Discharges*	In-Patients		Total Discharges*	In-Patients		Total Discharges*	In-Patients		Total Discharges*
	Acute (0-30 days)	Extended (>30 days)		Acute (0-30 days)	Extended (>30 days)		Acute (0-30 days)	Extended (>30 days)		Acute (0-30 days)	Extended (>30 days)	
B67B Degenerative nervous system disorders age>59 W/O catastrophic or severe CC	9.6	67.8	17.6	13.8	9.7	49.4	13.5	9.8	9.6	56.9	14.8	11.0
B67C Degenerative nervous system disorders age<60 W/O catastrophic or severe CC	7.6	75.8	10.0	5.3	5.0	291.4	14.0	8.5	6.1	191.9	12.3	7.0
B68A Multiple sclerosis and cerebellar ataxia with CC	9.9	72.9	19.6	17.5	8.1	80.6	15.3	14.3	8.8	76.5	17.1	15.7
B68B Multiple sclerosis and cerebellar ataxia W/O CC	7.4	42.1	8.8	3.6	5.2	44.3	5.7	4.0	5.8	43.1	6.6	3.9
B69A TIA and precerebral occlusion with catastrophic or severe CC	9.2	81.7	19.0	19.0	8.1	54.6	10.0	10.0	8.4	71.2	13.0	13.0
B69B TIA and precerebral occlusion W/O catastrophic or severe CC	6.4	63.6	7.1	6.9	5.6	49.7	5.9	5.8	5.8	54.1	6.2	6.0
B70A Stroke with catastrophic CC	17.4	112.8	78.8	71.3	15.5	68.8	39.1	39.1	16.1	90.0	54.6	52.4
B70B Stroke with severe CC	14.0	85.1	37.8	37.3	13.1	56.7	22.3	22.3	13.3	68.6	27.2	27.1
B70C Stroke W/O catastrophic or severe CC	9.7	79.7	20.0	19.5	10.1	55.0	14.1	14.1	10.0	64.0	15.7	15.5
B70D Stroke, died or transferred <5 days	1.9	-	1.9	1.8	2.0	-	2.0	2.0	1.9	-	1.9	1.9
B71A Cranial and peripheral nerve disorders with CC	7.4	88.1	19.5	13.2	7.9	50.9	12.4	10.9	7.7	70.0	15.4	12.0
B71B Cranial and peripheral nerve disorders W/O CC	6.3	53.1	8.7	3.6	4.9	48.4	5.3	2.9	5.3	51.6	6.3	3.1
B72A Nervous system infection except viral meningitis with catastrophic or severe CC	12.1	117.1	37.8	15.0	10.9	111.3	18.8	18.8	11.5	115.9	29.1	16.0
B72B Nervous system infection except viral meningitis W/O catastrophic or severe CC	8.1	43.4	9.5	8.5	8.8	43.8	9.8	8.9	8.5	43.6	9.7	8.7

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

AR-DRG Description	Voluntary Hospitals			Non-Voluntary Hospitals			All Hospitals		
	In-Patients		Total Discharges*	In-Patients		Total Discharges*	In-Patients		Total Discharges*
	Acute (0-30 days)	Extended (>30 days)	Total In-Patients	Acute (0-30 days)	Extended (>30 days)	Total In-Patients	Acute (0-30 days)	Extended (>30 days)	Total In-Patients
B73Z Viral meningitis	6.9	32.0	7.3	5.7	-	5.7	6.0	32.0	6.1
B74Z Nontraumatic stupor and coma	5.2	32.0	6.0	4.0	504.5	11.9	4.3	347.0	10.2
B75Z Febrile convulsions	1.9	-	1.9	1.8	-	1.8	1.9	-	1.8
B76A Seizure with catastrophic or severe CC	7.2	69.6	12.4	6.3	64.3	8.4	6.7	67.7	10.0
B76B Seizure W/O catastrophic or severe CC	4.3	80.9	4.9	3.2	45.8	3.4	3.5	59.6	3.5
B77Z Headache	3.5	65.0	3.7	2.9	33.4	2.9	3.0	45.3	3.1
B78A Intracranial injury with catastrophic or severe CC	10.0	107.0	47.7	9.6	82.9	23.2	9.8	98.2	28.3
B78B Intracranial injury W/O catastrophic or severe CC	6.5	75.9	16.4	5.2	69.6	6.9	5.7	74.6	10.0
B79Z Skull fractures	4.0	33.0	4.3	4.1	31.0	4.2	4.1	32.0	4.2
B80Z Other head injury	1.8	48.0	2.1	1.7	63.3	1.8	1.7	54.1	1.9
B81A Other disorders of the nervous system with catastrophic or severe CC	10.4	108.5	34.7	9.1	78.5	13.8	9.7	101.9	22.3
B81B Other disorders of the nervous system W/O catastrophic or severe CC	5.6	70.3	7.1	5.6	50.4	6.9	5.6	55.9	5.0
C01Z Procedures for penetrating eye injury	5.8	-	5.8	5.4	-	5.4	5.6	-	5.5
C02Z Enucleations and orbital procedures	3.7	-	3.7	5.5	41.0	6.6	4.1	41.0	4.0
C03Z Retinal procedures	4.8	48.0	5.0	5.3	46.0	5.4	5.1	47.0	2.6
C04Z Major corneal, scleral and conjunctival procedures	6.6	35.0	7.1	6.7	32.0	7.5	6.6	33.5	7.0
C05Z Dacryocystorhinostomy	2.3	-	2.3	2.1	-	2.1	2.2	-	1.9
C10Z Strabismus procedures	1.8	-	1.8	1.3	-	1.3	1.7	-	1.5

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

AR-DRG Description	Voluntary Hospitals				Non-Voluntary Hospitals				All Hospitals			
	In-Patients		Total Discharges*	Total In-Patients	In-Patients		Total Discharges*	Total In-Patients	In-Patients		Total Discharges*	Total In-Patients
	Acute (0-30 days)	Extended (>30 days)	Acute (0-30 days)		Extended (>30 days)	Acute (0-30 days)	Extended (>30 days)		Acute (0-30 days)	Extended (>30 days)		
C11Z Eyelid procedures	2.7	51.5	3.3	1.8	2.2	-	2.2	1.4	2.5	51.5	2.8	1.6
C12Z Other corneal, scleral and conjunctival procedures	5.3	-	5.3	2.4	4.8	33.0	5.2	2.9	5.0	33.0	5.2	2.7
C13Z Lacrimal procedures	3.3	-	3.3	1.2	3.0	-	3.0	1.1	3.2	-	3.2	1.1
C14Z Other eye procedures	4.8	40.0	5.2	1.6	2.9	-	2.9	1.1	4.1	40.0	4.4	1.4
C15A Glaucoma and complex cataract procedures	4.0	-	4.0	4.0	4.7	36.0	4.9	4.9	4.4	36.0	4.5	4.5
C15B Glaucoma and complex cataract procedures, same day	1.0	-	1.0	1.0	1.0	-	1.0	1.0	1.0	-	1.0	1.0
C16A Lens procedures	2.4	77.0	2.5	2.5	2.0	62.5	2.0	2.0	2.1	67.3	2.2	2.2
C16B Lens procedures, same day	1.0	-	1.0	1.0	-	-	-	1.0	1.0	-	1.0	1.0
C60A Acute and major eye infections age>54 or with catastrophic or severe CC	6.7	64.5	9.3	8.6	9.2	38.5	10.1	10.0	8.2	51.5	9.8	9.4
C60B Acute and major eye infections age<55 W/O catastrophic or severe CC	4.5	-	4.5	4.4	5.4	-	5.4	5.3	4.9	-	4.9	4.8
C61Z Neurological and vascular disorders of the eye	4.7	59.0	5.1	2.1	5.1	66.5	5.6	4.4	5.0	64.0	5.4	3.1
C62Z HypHEMA and medically managed trauma to the eye	2.8	77.0	3.2	2.7	2.9	-	2.9	2.8	2.9	77.0	3.0	2.8
C63A Other disorders of the eye with CC	4.6	98.6	9.7	5.8	5.9	46.5	7.9	6.1	5.2	75.4	8.9	5.9
C63B Other disorders of the eye W/O CC	3.2	79.0	3.4	1.3	3.5	-	3.5	1.9	3.4	79.0	3.5	1.4
D01Z Cochlear implant	6.4	-	6.4	6.4	-	-	-	-	6.4	-	6.4	6.4
D02A Head and neck procedures with catastrophic or severe CC	11.9	53.9	19.2	19.2	14.2	43.4	27.5	27.5	12.2	50.1	20.6	20.6

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

AR-DRG Description	Voluntary Hospitals				Non-Voluntary Hospitals				All Hospitals			
	In-Patients			Total Discharges*	In-Patients			Total Discharges*	In-Patients			Total Discharges*
	Acute (0-30 days)	Extended (>30 days)	Total In-Patients		Acute (0-30 days)	Extended (>30 days)	Total In-Patients		Acute (0-30 days)	Extended (>30 days)	Total In-Patients	
D02B	11.5	44.8	15.8	15.8	7.5	57.0	11.3	11.0	9.8	48.3	14.0	13.8
D02C	4.1	35.0	4.4	4.2	3.6	-	3.6	3.3	3.9	35.0	4.1	3.9
D03Z	3.9	-	3.9	3.7	3.4	-	3.4	3.3	3.8	-	3.8	3.7
D04A	4.6	50.0	6.0	6.0	5.7	-	5.7	5.7	4.9	50.0	6.0	6.0
D04B	2.6	-	2.6	2.6	3.0	-	3.0	2.7	2.7	-	2.7	2.6
D05Z	6.6	39.5	7.6	7.6	4.0	37.0	4.5	4.5	5.3	38.7	6.1	6.1
D06Z	3.3	35.0	3.4	3.3	2.9	-	2.9	2.8	3.1	35.0	3.2	3.1
D09Z	2.8	47.5	3.0	1.7	2.2	61.0	2.3	1.8	2.5	52.0	2.7	1.7
D10Z	2.6	-	2.6	2.3	2.3	-	2.3	2.2	2.5	-	2.5	2.3
D11Z	2.3	-	2.3	2.2	2.1	-	2.1	2.1	2.2	-	2.2	2.2
D12Z	4.5	32.0	4.7	3.4	2.0	67.8	3.2	3.0	3.1	60.6	3.9	3.2
D13Z	2.0	-	2.0	1.1	1.2	-	1.2	1.0	1.6	-	1.6	1.0
D14Z	3.7	35.0	3.9	2.5	3.0	76.0	3.3	1.9	3.4	55.5	3.6	2.2
D40Z	1.6	-	1.6	1.1	2.1	-	2.1	1.1	1.9	-	1.9	1.1
D60A	11.9	53.5	24.8	21.4	10.7	65.7	19.1	15.2	11.4	56.3	22.7	18.9
D60B	7.8	48.1	18.4	12.2	5.1	46.2	6.2	4.4	6.6	48.0	13.8	9.3

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

AR-DRG Description	Voluntary Hospitals				Non-Voluntary Hospitals				All Hospitals			
	In-Patients		Total Discharges*	In-Patients		Total Discharges*	In-Patients		Total Discharges*	In-Patients		Total Discharges*
	Acute (0-30 days)	Extended (>30 days)		Total In-Patients	Acute (0-30 days)		Extended (>30 days)	Total In-Patients		Acute (0-30 days)	Extended (>30 days)	
D61Z Dysequilibrium	5.2	45.0	4.3	4.1	42.5	4.1	4.3	43.8	4.4	3.7	3.8	
D62Z Epistaxis	3.6	35.0	2.8	2.9	43.0	3.0	3.2	38.2	3.3	2.7	2.7	
D63A Otitis media and URI with CC	3.5	38.0	3.5	3.0	70.3	3.2	3.1	57.4	3.3	3.1	3.2	
D63B Otitis media and URI W/O CC	2.5	-	1.9	2.1	32.0	2.1	1.9	32.0	2.1	1.9	1.9	
D64Z Laryngotracheitis and epiglottitis	2.0	-	2.0	1.4	-	1.4	1.4	-	1.5	1.4	1.5	
D65Z Nasal trauma and deformity	1.7	-	1.2	1.6	-	1.6	1.3	-	1.6	1.3	1.3	
D66A Other ear, nose, mouth and throat diagnoses with CC	4.5	38.0	3.5	4.7	57.0	5.5	4.0	47.5	5.3	4.0	3.8	
D66B Other ear, nose, mouth and throat diagnoses W/O CC	2.4	46.0	1.2	2.3	-	2.3	1.4	46.0	2.3	1.4	1.3	
D67A Oral and dental disorders except extractions and restorations	2.7	-	2.7	2.6	42.7	2.8	2.8	42.7	2.7	2.8	2.7	
D67B Oral and dental disorders except extractions and restorations, same day	1.0	-	1.0	1.0	-	1.0	1.0	-	1.0	1.0	1.0	
E01A Major chest procedures with catastrophic CC	15.0	53.6	21.7	15.0	55.6	25.5	25.5	54.1	22.3	25.5	22.3	
E01B Major chest procedures W/O catastrophic CC	10.7	43.4	11.9	11.5	48.3	15.3	14.8	45.3	12.7	14.8	12.5	
E02A Other respiratory system OR procedures with catastrophic CC	16.0	60.9	32.7	14.0	66.5	28.1	28.1	62.6	31.0	28.1	31.0	
E02B Other respiratory system OR procedures with severe CC	10.5	46.0	12.3	11.3	46.3	14.6	13.1	46.1	13.5	13.1	12.6	
E02C Other respiratory system OR procedures W/O catastrophic or severe CC	5.8	38.3	3.9	7.4	36.3	8.9	7.0	37.1	7.6	7.0	4.9	

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

AR-DRG Description	Voluntary Hospitals				Non-Voluntary Hospitals				All Hospitals			
	In-Patients		Total Discharges*		In-Patients		Total Discharges*		In-Patients		Total Discharges*	
	Acute (0-30 days)	Extended (>30 days)	Total In-Patients	Total Discharges*	Acute (0-30 days)	Extended (>30 days)	Total In-Patients	Total Discharges*	Acute (0-30 days)	Extended (>30 days)	Total In-Patients	Total Discharges*
E40Z Respiratory system diagnosis with ventilator support	11.0	57.9	18.6	18.6	9.8	55.6	14.8	14.8	10.2	56.6	16.1	16.1
E41Z Respiratory system diagnosis with non-invasive ventilation	12.5	58.8	21.3	21.3	10.4	50.9	13.7	13.7	11.3	56.1	17.1	17.1
E60A Cystic fibrosis with catastrophic or severe CC	12.7	41.6	15.0	13.3	7.9	-	7.9	5.5	12.3	41.6	14.4	12.4
E60B Cystic fibrosis W/O catastrophic or severe CC	7.7	39.8	8.2	3.9	7.9	43.7	8.2	4.6	7.8	41.4	8.2	4.2
E61A Pulmonary embolism with catastrophic or severe CC	12.2	63.1	21.0	20.6	12.5	48.1	15.3	15.3	12.4	56.9	17.5	17.4
E61B Pulmonary embolism W/O catastrophic or severe CC	8.4	80.7	10.2	10.2	9.4	128.0	9.7	9.6	9.1	87.4	9.9	9.8
E62A Respiratory infections/inflamations with catastrophic CC	11.9	94.0	31.9	31.9	11.9	50.6	16.7	16.7	11.9	70.9	21.4	21.4
E62B Respiratory infections/inflamations with severe or moderate CC	8.8	86.1	16.4	15.3	8.5	47.4	10.4	10.4	8.6	66.0	12.4	12.0
E62C Respiratory infections/inflamations W/O CC	5.1	65.9	6.3	5.9	5.3	44.6	5.8	5.7	5.3	53.7	6.0	5.7
E63Z Sleep apnoea	1.4	-	1.4	1.4	2.6	37.0	2.8	2.7	1.7	37.0	1.7	1.7
E64Z Pulmonary oedema and respiratory failure	9.5	93.7	19.6	10.9	8.1	54.2	10.0	9.9	8.5	74.8	12.6	10.3
E65A Chronic obstructive airways disease with catastrophic or severe CC	9.9	73.6	16.9	16.6	9.0	47.4	10.6	10.5	9.3	61.2	12.4	12.3
E65B Chronic obstructive airways disease W/O catastrophic or severe CC	7.2	61.3	8.3	7.2	6.6	50.7	7.1	6.7	6.8	55.3	7.4	6.9
E66A Major chest trauma age>69 with CC	12.2	-	12.2	12.2	9.0	68.3	13.5	13.5	9.3	68.3	13.4	13.4

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

AR-DRG Description	Voluntary Hospitals			Non-Voluntary Hospitals			All Hospitals		
	In-Patients		Total Discharges*	In-Patients		Total Discharges*	In-Patients		Total Discharges*
	Acute (0-30 days)	Extended (>30 days)	Total In-Patients	Acute (0-30 days)	Extended (>30 days)	Total In-Patients	Acute (0-30 days)	Extended (>30 days)	Total In-Patients
E66B Major chest trauma age>69 or with CC	8.1	-	8.1	6.0	35.0	6.2	6.3	35.0	6.5
E66C Major chest trauma age<70 W/O CC	2.4	-	2.4	3.1	31.0	3.2	3.0	31.0	3.1
E67A Respiratory signs and symptoms with catastrophic or severe CC	7.8	33.5	8.3	6.6	38.3	6.7	7.1	36.4	7.2
E67B Respiratory signs and symptoms W/O catastrophic or severe CC	4.2	42.5	4.3	3.1	36.5	2.5	3.4	38.5	2.5
E68Z Pneumothorax	6.7	42.5	7.3	5.7	39.0	6.0	6.0	40.8	6.4
E69A Bronchitis and asthma age>49 with CC	7.5	40.5	8.2	7.4	38.3	7.5	7.4	39.2	7.4
E69B Bronchitis and asthma age>49 or with CC	5.3	38.0	5.4	4.5	40.0	4.3	4.8	39.5	4.4
E69C Bronchitis and asthma age<50 W/O CC	2.5	-	2.5	2.3	42.0	2.2	2.3	42.0	2.3
E70A Whooping cough and acute bronchiolitis with CC	5.2	-	5.2	4.8	48.0	5.1	4.9	48.0	5.1
E70B Whooping cough and acute bronchiolitis W/O CC	3.3	31.0	3.4	2.7	34.5	2.8	2.9	32.8	2.9
E71A Respiratory neoplasms with catastrophic CC	12.2	52.6	21.5	11.6	43.3	15.4	11.8	48.2	16.9
E71B Respiratory neoplasms with severe or moderate CC	9.9	52.2	14.3	9.0	41.1	8.4	9.3	47.0	9.1
E71C Respiratory neoplasms W/O CC	6.1	48.7	9.0	6.4	44.1	4.3	6.3	46.4	3.5
E72Z Respiratory problems arising from neonatal period	3.2	-	3.2	3.0	69.0	4.0	3.1	69.0	3.5
E73A Pleural effusion with catastrophic CC	12.0	63.1	23.6	12.0	45.6	19.5	12.0	52.7	21.1

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

AR-DRG Description	Voluntary Hospitals				Non-Voluntary Hospitals				All Hospitals			
	In-Patients		Total Discharges*	In-Patients		Total Discharges*	In-Patients		Total Discharges*	In-Patients		Total Discharges*
	Acute (0-30 days)	Extended (>30 days)		Total In-Patients	Acute (0-30 days)		Extended (>30 days)	Total In-Patients		Acute (0-30 days)	Extended (>30 days)	
E73B Pleural effusion with severe CC	10.3	48.2	12.8	12.6	10.3	57.3	11.2	10.6	10.3	51.2	11.8	11.3
E73C Pleural effusion W/O catastrophic or severe CC	6.9	33.0	8.2	6.6	8.3	60.0	9.2	7.9	7.9	45.0	8.9	7.5
E74A Interstitial lung disease with catastrophic CC	12.8	74.1	23.4	23.4	11.4	59.0	15.3	15.3	12.0	68.7	19.0	19.0
E74B Interstitial lung disease with severe CC	11.6	59.6	14.5	14.0	8.9	50.5	9.6	9.1	10.0	57.0	11.6	11.1
E74C Interstitial lung disease W/O catastrophic or severe CC	7.1	37.3	8.4	5.5	5.6	41.0	6.1	4.8	6.1	38.7	7.0	5.1
E75A Other respiratory system diagnosis age>64 with CC	9.0	100.3	17.7	17.5	8.6	45.0	9.8	9.7	8.7	68.4	11.3	11.2
E75B Other respiratory system diagnosis age>64 or with CC	6.5	41.1	7.1	6.5	6.0	45.8	6.4	6.3	6.1	44.3	6.6	6.3
E75C Other respiratory system diagnosis age<65 W/O CC	3.6	38.5	3.7	3.3	2.9	-	2.9	2.8	3.0	38.5	3.0	2.9
F01A Implantation or replacement of AICD, total system with catastrophic or severe CC	8.7	55.8	13.3	12.7	5.5	64.5	14.5	13.6	8.4	56.9	13.4	12.8
F01B Implantation or replacement of AICD, total system W/O catastrophic or severe CC	5.1	35.0	5.3	4.5	4.5	33.0	5.3	4.8	5.0	34.0	5.3	4.5
F02Z AICD component implantation/replacement	6.0	112.0	19.3	17.2	6.6	-	6.6	6.6	6.3	112.0	13.3	12.6
F03Z Cardiac valve procedure with CPB pump with invasive cardiac investigation	20.2	53.6	31.9	31.9	25.2	44.2	34.7	34.7	21.8	49.2	32.9	32.9
F04A Cardiac valve procedure with CPB pump W/O invasive cardiac investigation with catastrophic CC	14.1	45.0	17.8	17.8	17.4	44.7	22.6	22.6	15.0	44.9	19.2	19.2

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

AR-DRG Description	Voluntary Hospitals				Non-Voluntary Hospitals				All Hospitals			
	In-Patients		Total Discharges*	In-Patients		Total Discharges*	In-Patients		Total Discharges*	In-Patients		Total Discharges*
	Acute (0-30 days)	Extended (>30 days)		Total In-Patients	Acute (0-30 days)		Extended (>30 days)	Total In-Patients		Acute (0-30 days)	Extended (>30 days)	
F04B Cardiac valve procedure with CPB pump W/O invasive cardiac investigation W/O catastrophic CC	11.2	41.8	12.3	12.3	14.9	34.0	15.2	15.2	12.3	40.5	13.1	13.1
F05A Coronary bypass with invasive cardiac inves with catastrophic CC	20.8	50.3	29.2	29.2	18.0	64.7	38.0	38.0	20.0	56.4	32.1	32.1
F05B Coronary bypass with invasive cardiac inves W/O catastrophic CC	17.8	45.7	20.2	20.2	18.7	44.3	22.0	22.0	18.1	45.0	21.0	21.0
F06A Coronary bypass W/O invasive cardiac inves with catastrophic or severe CC	12.4	47.7	14.7	14.7	13.7	34.9	15.3	15.3	12.7	44.6	14.8	14.8
F06B Coronary bypass W/O invasive cardiac inves W/O catastrophic or severe CC	10.5	-	10.5	10.5	11.5	-	11.5	11.5	11.0	-	11.0	11.0
F07A Other cardiothoracic/vascular procedures with CPB pump with catastrophic CC	12.8	62.0	27.1	27.1	23.0	-	23.0	23.0	13.8	62.0	26.8	26.8
F07B Other cardiothoracic/vascular procedures with CPB pump W/O catastrophic CC	10.9	-	10.9	10.9	12.7	35.0	14.7	14.7	11.0	35.0	11.3	11.3
F08A Major reconstruct vascular procedures W/O CPB pump with catastrophic CC	16.2	56.6	28.0	28.0	13.4	48.0	24.6	24.6	15.4	53.7	26.9	26.9
F08B Major reconstruct vascular procedures W/O CPB pump W/O catastrophic CC	12.7	48.1	15.7	15.7	11.8	56.5	15.9	15.9	12.4	50.8	15.7	15.7
F09A Other cardiothoracic procedures W/O CPB pump with catastrophic CC	15.9	49.6	22.3	22.3	13.8	32.0	17.4	17.4	15.6	47.7	21.8	21.8
F09B Other cardiothoracic procedures W/O CPB pump W/O catastrophic CC	8.0	40.8	9.2	9.2	8.7	-	8.7	7.4	8.0	40.8	9.2	7.9

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

AR-DRG Description	Voluntary Hospitals				Non-Voluntary Hospitals				All Hospitals			
	In-Patients			Total Discharges*	In-Patients			Total Discharges*	In-Patients			Total Discharges*
	Acute (0-30 days)	Extended (>30 days)	Total In-Patients		Acute (0-30 days)	Extended (>30 days)	Total In-Patients		Acute (0-30 days)	Extended (>30 days)	Total In-Patients	
F10Z Percutaneous coronary intervention with AMI	6.2	53.1	7.4	6.7	5.7	68.0	6.5	5.9	6.1	55.7	7.1	6.5
F11A Amputation for circulatory system except upper limb and toe with catastrophic CC	17.5	98.9	73.0	73.0	16.2	65.8	45.3	45.3	16.8	83.2	58.8	58.8
F11B Amputation for circulatory system except upper limb and toe W/O catastrophic CC	17.9	58.7	26.1	25.6	15.4	58.8	38.1	38.1	17.0	58.8	31.7	31.4
F12Z Cardiac pacemaker implantation	6.4	43.4	8.4	5.4	5.1	34.0	5.4	5.0	6.0	42.5	7.4	5.3
F13Z Upper limb and toe amputation for circulatory system disorders	13.6	61.7	22.7	22.7	9.6	70.0	25.1	24.5	12.0	65.9	23.7	23.5
F14A Vascular procedures except major reconstruction W/O CPB pump with catastrophic CC	11.0	53.8	17.8	17.8	11.8	74.0	17.6	16.9	11.3	59.3	17.8	17.5
F14B Vascular procedures except major reconstruction W/O CPB pump with severe CC	9.0	48.8	11.9	11.5	6.0	39.6	7.7	7.4	7.7	45.5	10.1	9.6
F14C Vascular procedures except major reconstruction W/O CPB pump W/O catastrophic or severe CC	5.9	37.3	6.3	5.8	4.3	48.0	4.4	4.2	5.1	40.0	5.3	5.0
F15Z Percutaneous coronary intervention W/O AMI with stent implantation	3.8	43.2	4.1	3.4	3.8	60.0	3.9	3.4	3.8	44.7	4.0	3.4
F16Z Percutaneous coronary intervention W/O AMI W/O stent implantation	2.9	109.5	3.9	3.0	5.5	-	5.5	5.0	3.3	109.5	4.2	3.2
F17Z Cardiac pacemaker replacement	6.3	109.3	10.5	6.1	5.0	37.5	5.4	4.8	5.6	91.4	8.0	5.6
F18Z Cardiac pacemaker revision except device replacement	5.5	60.7	10.1	7.2	4.2	-	4.2	4.0	5.0	60.7	8.1	6.3

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

AR-DRG Description	Voluntary Hospitals			Non-Voluntary Hospitals			All Hospitals		
	In-Patients		Total Discharges*	In-Patients		Total Discharges*	In-Patients		Total Discharges*
	Acute (0-30 days)	Extended (>30 days)	Total In-Patients	Acute (0-30 days)	Extended (>30 days)	Total In-Patients	Acute (0-30 days)	Extended (>30 days)	Total In-Patients
F19Z Other trans-vascular percutaneous cardiac intervention	3.8	-	3.8	5.3	-	5.3	3.9	-	3.9
F20Z Vein ligation and stripping	2.1	-	2.1	2.0	66.0	2.1	2.1	66.0	2.1
F21A Other circulatory system OR procedures with catastrophic CC	12.6	91.2	59.2	11.8	58.7	31.9	12.2	79.5	47.2
F21B Other circulatory system OR procedures W/O catastrophic CC	6.3	50.8	9.3	12.0	47.5	18.9	8.8	48.3	13.9
F40Z Circulatory system diagnosis with ventilator support	9.7	97.0	15.8	8.3	57.3	14.4	8.8	66.5	14.9
F41A Circulatory disorders with AMI with invasive cardiac inves procedure with catastrophic or severe CC	9.3	89.5	14.5	9.5	38.0	10.0	9.3	85.3	13.3
F41B Circulatory disorders with AMI with invasive cardiac inves procedure W/O catastrophic or severe cc	6.0	-	6.0	7.0	37.0	7.4	6.4	37.0	6.6
F42A Circulatory disorders W/O AMI with invasive cardiac inves procedure with complex DX/Pr	6.6	49.8	8.2	7.7	40.1	8.4	6.9	47.9	8.2
F42B Circulatory disorders W/O AMI with invasive cardiac inves procedure W/O complex DX/Pr	5.6	37.4	6.0	4.3	50.0	4.5	5.0	40.7	5.3
F60A Circulatory disorders with AMI W/O invasive cardiac inves procedure with catastrophic or severe CC	10.9	82.9	22.5	11.9	44.3	14.5	11.6	59.7	16.6
F60B Circulatory disorders with AMI W/O invasive cardiac inves procedure W/O catastrophic or severe CC	8.3	57.3	9.2	7.5	37.0	7.7	7.6	43.2	8.0

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

AR-DRG Description	Voluntary Hospitals				Non-Voluntary Hospitals				All Hospitals			
	In-Patients		Total Discharges*	In-Patients		Total Discharges*	In-Patients		Total Discharges*	In-Patients		Total Discharges*
	Acute (0-30 days)	Extended (>30 days)		Total In-Patients	Acute (0-30 days)		Extended (>30 days)	Total In-Patients		Acute (0-30 days)	Extended (>30 days)	
F60C Circulatory disorders with AMI W/O invasive cardiac inves procedure, died	7.7	63.7	15.0	15.0	6.0	46.4	8.0	8.0	6.4	55.3	10.0	10.0
F61Z Infective endocarditis	13.9	44.1	23.2	26.3	14.2	52.3	27.5	20.2	14.1	49.9	27.2	20.9
F62A Heart failure and shock with catastrophic CC	12.6	89.8	28.3	28.5	12.0	54.7	18.0	17.9	12.2	69.5	21.5	21.4
F62B Heart failure and shock W/O catastrophic CC	9.3	64.3	10.9	11.4	8.4	45.3	9.4	9.2	8.6	50.3	9.7	9.6
F63A Venous thrombosis with catastrophic or severe CC	9.0	64.6	12.9	13.1	10.3	46.7	11.8	11.7	9.8	56.6	12.3	12.2
F63B Venous thrombosis W/O catastrophic or severe CC	6.2	59.7	6.5	6.6	6.9	52.0	7.2	6.2	6.7	54.3	7.0	6.3
F64Z Skin ulcers for circulatory disorders	10.6	67.2	18.2	21.5	11.4	44.8	14.2	5.6	11.3	50.9	15.3	6.4
F65A Peripheral vascular disorders with catastrophic or severe CC	9.9	63.2	15.5	16.0	9.8	49.3	12.8	12.4	9.8	56.4	14.1	13.7
F65B Peripheral vascular disorders W/O catastrophic or severe CC	6.0	49.4	5.2	7.2	5.3	43.2	5.9	4.5	5.6	46.4	6.4	4.8
F66A Coronary atherosclerosis with CC	9.1	78.9	13.2	15.4	7.3	39.5	8.1	7.8	7.7	59.6	9.7	9.1
F66B Coronary atherosclerosis W/O CC	4.2	42.5	3.3	4.5	5.5	39.3	5.7	4.8	5.2	39.8	5.5	4.5
F67A Hypertension with CC	6.4	47.0	6.8	7.7	6.4	45.5	6.7	6.6	6.4	46.5	7.1	6.7
F67B Hypertension W/O CC	4.2	-	2.3	4.2	3.9	48.2	4.2	2.5	4.0	48.2	4.2	2.5
F68Z Congenital heart disease	3.5	-	1.9	3.5	4.8	31.0	5.3	2.5	3.8	31.0	4.0	2.0
F69A Valvular disorders with catastrophic or severe CC	8.9	46.9	10.7	13.0	8.9	38.9	11.3	10.5	8.9	42.2	11.9	10.6
F69B Valvular disorders W/O catastrophic or severe CC	4.1	-	2.3	4.1	3.6	39.8	3.9	2.7	3.7	39.8	3.9	2.6

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

AR-DRG Description	Voluntary Hospitals			Non-Voluntary Hospitals			All Hospitals			
	In-Patients		Total Discharges*	In-Patients		Total Discharges*	In-Patients		Total Discharges*	
	Acute (0-30 days)	Extended (>30 days)	Total In-Patients	Acute (0-30 days)	Extended (>30 days)	Total In-Patients	Acute (0-30 days)	Extended (>30 days)	Total In-Patients	
F70A Major arrhythmia and cardiac arrest with catastrophic or severe CC	8.6	110.2	33.3	32.9	8.2	53.1	12.3	84.2	18.7	18.6
F70B Major arrhythmia and cardiac arrest W/O catastrophic or severe CC	3.6	-	3.6	3.2	5.6	40.3	5.9	40.3	5.5	5.3
F71A Non-major arrhythmia and conduction disorders with catastrophic or severe CC	8.1	123.8	16.5	15.9	8.9	57.0	11.1	83.0	12.6	12.3
F71B Non-major arrhythmia and conduction disorders W/O catastrophic or severe CC	4.5	56.4	4.8	3.5	4.9	42.4	5.0	47.5	5.0	4.1
F72A Unstable angina with catastrophic or severe CC	8.7	74.0	14.9	14.9	8.7	48.0	10.0	60.5	11.2	11.2
F72B Unstable angina W/O catastrophic or severe CC	5.6	40.7	5.8	5.6	5.9	39.7	6.2	39.8	6.1	6.0
F73A Syncope and collapse with catastrophic or severe CC	7.9	100.5	20.3	20.2	7.7	59.5	8.6	92.1	12.4	12.3
F73B Syncope and collapse W/O catastrophic or severe CC	4.6	77.6	5.6	5.0	4.1	52.0	4.3	62.2	4.6	4.3
F74Z Chest pain	2.6	54.3	2.7	2.4	3.2	60.8	3.3	57.6	3.1	2.8
F75A Other circulatory system diagnoses with catastrophic CC	11.6	69.6	23.2	23.2	11.1	62.5	14.3	67.7	18.3	18.3
F75B Other circulatory system diagnoses with severe CC	7.9	40.8	8.9	8.0	7.9	41.3	9.2	41.1	9.1	8.7
F75C Other circulatory system diagnoses W/O catastrophic or severe CC	5.8	59.8	6.8	5.0	5.4	41.6	5.8	48.9	6.0	4.8
G01A Rectal resection with catastrophic CC	17.6	52.8	29.7	29.7	17.7	56.2	30.9	54.7	30.4	30.4
G01B Rectal resection W/O catastrophic CC	14.8	46.4	17.0	17.0	14.8	39.9	17.1	42.2	17.1	17.1

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

AR-DRG Description	Voluntary Hospitals			Non-Voluntary Hospitals			All Hospitals			
	In-Patients		Total Discharges*	In-Patients		Total Discharges*	In-Patients		Total Discharges*	
	Acute (0-30 days)	Extended (>30 days)	Total In-Patients	Acute (0-30 days)	Extended (>30 days)	Total In-Patients	Acute (0-30 days)	Extended (>30 days)	Total In-Patients	
G02A Major small and large bowel procedures with catastrophic CC	17.6	66.4	34.8	34.8	16.1	53.2	28.4	16.8	59.1	31.2
G02B Major small and large bowel procedures W/O catastrophic CC	12.7	46.3	15.8	15.8	14.0	45.1	16.2	13.4	45.7	15.9
G03A Stomach, oesophageal and duodenal procedures with malignancy	18.4	51.1	27.3	27.3	17.8	44.4	22.2	18.1	48.9	25.1
G03B Stomach, oesophageal and duodenal procedures W/O malignancy with catastrophic or severe CC	12.3	49.9	20.5	20.5	13.7	44.6	17.8	13.0	48.0	19.1
G03C Stomach, oesophageal and duodenal procedures W/O malignancy W/O catastrophic or severe CC	5.2	56.0	6.0	6.0	7.2	34.0	7.4	6.1	50.5	6.2
G04A Peritoneal adhesiolysis age>49 with CC	14.2	99.8	22.9	22.9	15.1	44.6	19.2	14.8	59.3	20.5
G04B Peritoneal adhesiolysis age>49 or with CC	9.7	38.3	12.6	12.6	9.9	56.3	10.8	9.8	43.7	11.1
G04C Peritoneal adhesiolysis age<50 W/O CC	6.3	32.0	6.5	6.5	5.3	37.0	5.5	5.7	34.5	5.5
G05A Minor small and large bowel procedures with CC	10.9	67.3	18.9	18.9	13.8	31.0	14.1	12.4	62.8	16.4
G05B Minor small and large bowel procedures W/O CC	9.0	-	9.0	9.0	9.4	38.5	9.9	9.2	38.5	8.3
G06Z Pyloromyotomy procedure	3.9	-	3.9	3.9	4.7	-	4.7	4.1	-	4.1
G07A Appendectomy with catastrophic or severe CC	6.9	38.3	7.7	7.7	9.2	31.5	9.4	8.2	36.0	8.7
G07B Appendectomy W/O catastrophic or severe CC	4.0	-	4.0	4.0	3.9	-	3.9	3.9	-	3.9

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

AR-DRG Description	Voluntary Hospitals			Non-Voluntary Hospitals			All Hospitals					
	In-Patients			In-Patients			In-Patients					
	Acute (0-30 days)	Extended (>30 days)	Total In-Patients	Total Discharges*	Acute (0-30 days)	Extended (>30 days)	Total In-Patients	Total Discharges*	Acute (0-30 days)	Extended (>30 days)	Total In-Patients	Total Discharges*
G08A Abdominal and other hernia procedures age>59 or with catastrophic or severe CC	6.7	74.6	9.6	9.3	6.5	33.0	6.8	6.5	6.6	59.5	7.6	7.3
G08B Abdominal and other hernia procedures age 1 to 59 W/O catastrophic or severe CC	3.7	-	3.7	2.4	3.1	-	3.1	2.5	3.3	-	3.3	2.5
G09Z Inguinal and femoral hernia procedures age>0	2.8	46.0	2.8	2.1	3.0	60.0	3.1	2.6	2.9	57.7	3.0	2.5
G10Z Hernia procedures age<1	2.8	-	2.8	2.2	2.0	-	2.0	1.6	2.7	-	2.7	2.1
G11A Anal and stoma procedures with catastrophic or severe CC	8.1	65.3	11.9	10.4	9.2	58.3	11.4	10.4	8.7	62.3	11.6	10.4
G11B Anal and stoma procedures W/O catastrophic or severe CC	4.1	33.3	4.3	2.6	3.3	-	3.3	2.2	3.5	33.3	3.6	2.3
G12A Other digestive system OR procedures with catastrophic or severe CC	11.7	45.9	16.8	16.5	12.7	46.0	17.7	16.9	12.2	46.0	17.3	16.7
G12B Other digestive system OR procedures W/O catastrophic or severe CC	6.5	42.6	7.5	5.5	5.9	35.3	6.2	4.9	6.2	40.6	6.7	5.2
G42A Other gastroscopy for major digestive disease	7.0	61.4	9.7	9.7	6.8	47.4	7.5	7.5	6.9	55.9	8.2	8.2
G42B Other gastroscopy for major digestive disease, same day	1.0	-	1.0	1.0	1.0	-	1.0	1.0	1.0	-	1.0	1.0
G43Z Complex colonoscopy	5.2	-	5.2	2.1	14.0	-	14.0	2.4	7.7	-	7.7	2.2
G44A Other colonoscopy with catastrophic or severe CC	9.7	61.4	16.1	16.1	10.7	44.5	13.4	13.4	10.3	53.4	14.5	14.5
G44B Other colonoscopy W/O catastrophic or severe CC	6.3	45.3	6.9	6.9	5.7	36.2	5.9	5.9	5.9	39.6	6.2	6.2
G44C Other colonoscopy, same day	1.0	-	1.0	1.0	1.0	-	1.0	1.0	1.0	-	1.0	1.0

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

AR-DRG Description	Voluntary Hospitals				Non-Voluntary Hospitals				All Hospitals			
	In-Patients		Total Discharges*	In-Patients		Total Discharges*	In-Patients		Total Discharges*	In-Patients		Total Discharges*
	Acute (0-30 days)	Extended (>30 days)		Total In-Patients	Acute (0-30 days)		Extended (>30 days)	Total In-Patients		Acute (0-30 days)	Extended (>30 days)	
G45A Other gastroscopy for non-major digestive disease	4.9	55.4	5.8	5.8	4.6	42.9	4.8	4.7	49.0	5.1	5.1	
G45B Other gastroscopy for non-major digestive disease, same day	1.0	-	1.0	1.0	1.0	-	1.0	1.0	-	1.0	1.0	
G46A Complex gastroscopy with catastrophic or severe CC	11.9	64.5	19.6	19.6	12.5	57.8	19.0	12.2	61.2	19.3	19.3	
G46B Complex gastroscopy W/O catastrophic or severe CC	7.4	40.6	8.3	8.3	7.1	42.1	7.6	7.2	41.3	7.9	7.9	
G46C Complex gastroscopy, same day	1.0	-	1.0	1.0	1.0	-	1.0	1.0	-	1.0	1.0	
G60A Digestive malignancy with catastrophic or severe CC	8.5	62.9	16.2	16.2	7.4	46.3	9.9	7.8	56.5	12.6	7.8	
G60B Digestive malignancy W/O catastrophic or severe CC	6.3	42.7	12.0	12.0	4.8	40.2	5.4	5.4	42.4	8.2	3.2	
G61A GI haemorrhage age>64 or with catastrophic or severe CC	4.7	135.2	9.8	9.8	6.0	46.2	6.5	5.8	75.9	7.0	6.9	
G61B GI haemorrhage age<65 W/O catastrophic or severe CC	3.0	-	3.0	3.0	2.6	34.0	2.7	2.7	34.0	2.8	2.4	
G62Z Complicated peptic ulcer	5.6	-	5.6	5.6	5.6	41.5	6.9	5.6	41.5	6.6	5.1	
G63Z Uncomplicated peptic ulcer	5.3	-	5.3	5.3	3.7	-	3.7	3.9	-	3.9	3.6	
G64Z Inflammatory bowel disease	5.4	158.8	8.2	8.2	6.0	66.0	6.2	5.8	135.6	6.9	3.7	
G65A GI obstruction with CC	7.5	49.0	9.0	9.0	8.4	36.9	9.5	8.1	40.4	9.3	9.3	
G65B GI obstruction W/O CC	4.0	-	4.0	4.0	4.3	36.0	4.4	4.3	36.0	4.3	4.3	
G66A Abdominal pain or mesenteric adenitis with CC	4.4	-	4.4	4.4	4.3	-	4.3	4.3	-	4.3	4.2	
G66B Abdominal pain or mesenteric adenitis W/O CC	2.4	34.5	2.5	2.5	2.4	-	2.4	2.4	34.5	2.4	2.3	

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

AR-DRG Description	Voluntary Hospitals			Non-Voluntary Hospitals			All Hospitals					
	In-Patients		Total Discharges*	In-Patients		Total Discharges*	In-Patients		Total Discharges*			
	Acute (0-30 days)	Extended (>30 days)	Total In-Patients	Acute (0-30 days)	Extended (>30 days)	Total In-Patients	Acute (0-30 days)	Extended (>30 days)	Total In-Patients			
G67A Oesophagitis, gastroenteritis and misc digestive system disorders age>9 with catastrophic or severe CC	6.9	122.3	11.3	11.0	6.9	50.9	8.5	8.3	6.9	72.8	9.4	9.1
G67B Oesophagitis, gastroenteritis and misc digestive system disorders age>9 W/O catastrophic or severe CC	4.0	59.8	4.5	2.6	3.9	43.3	4.0	3.8	3.9	48.6	4.1	3.4
G68A Gastroenteritis age<10 with CC	3.4	54.0	4.1	4.1	2.5	-	2.5	2.5	2.8	54.0	3.1	3.1
G68B Gastroenteritis age<10 W/O CC	2.0	-	2.0	2.0	2.0	-	2.0	2.0	2.0	-	2.0	2.0
G69Z Oesophagitis and misc digestive system disorders age<10	3.0	42.0	3.1	2.7	2.0	33.0	2.1	2.0	2.3	36.0	2.4	2.2
G70A Other digestive system diagnoses with CC	6.2	44.4	6.9	6.1	5.8	63.6	6.8	5.8	5.9	55.6	6.8	5.9
G70B Other digestive system diagnoses W/O CC	3.9	45.0	4.2	2.3	3.0	79.0	3.0	1.9	3.2	53.5	3.4	2.0
H01A Pancreas, liver and shunt procedures with catastrophic CC	15.9	61.0	36.6	36.6	20.2	57.9	37.5	37.5	16.9	60.2	36.8	36.8
H01B Pancreas, liver and shunt procedures W/O catastrophic CC	13.3	45.1	17.7	17.3	11.4	38.6	15.1	14.8	12.7	43.0	16.8	16.5
H02A Major biliary tract procedures with malignancy or catastrophic CC	14.6	58.0	22.6	21.5	19.1	48.6	27.3	24.7	15.9	54.1	24.1	22.6
H02B Major biliary tract procedures W/O malignancy with severe or moderate CC	12.4	61.5	15.0	13.7	12.1	46.0	18.0	16.0	12.3	51.2	16.2	14.6

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

AR-DRG Description	Voluntary Hospitals			Non-Voluntary Hospitals			All Hospitals			
	In-Patients		Total Discharges*	In-Patients		Total Discharges*	In-Patients		Total Discharges*	
	Acute (0-30 days)	Extended (>30 days)	Total In-Patients	Acute (0-30 days)	Extended (>30 days)	Total In-Patients	Acute (0-30 days)	Extended (>30 days)	Total In-Patients	
H02C Major biliary tract procedures W/O malignancy W/O CC	7.0	34.0	7.6	6.6	9.5	9.5	8.1	34.0	8.6	7.4
H05A Hepatobiliary diagnostic procedures with catastrophic or severe CC	13.9	51.2	21.3	21.3	11.6	16.9	16.9	49.2	19.3	19.3
H05B Hepatobiliary diagnostic procedures W/O catastrophic or severe CC	9.1	32.0	9.8	8.8	8.0	9.0	8.3	35.0	9.4	8.5
H06Z Other hepatobiliary and pancreas OR procedures	11.3	58.4	24.5	24.5	7.8	20.4	20.0	56.9	21.9	21.6
H07A Open cholecystectomy with closed CDE or with catastrophic CC	15.4	88.0	21.7	21.7	16.2	24.7	24.7	55.9	23.4	23.4
H07B Open cholecystectomy W/O closed CDE W/O catastrophic CC	7.8	64.3	9.1	9.1	8.2	8.5	8.5	50.8	8.7	8.7
H08A Laparoscopic cholecystectomy with closed CDE or with catastrophic or severe CC	8.7	38.3	9.6	9.6	7.9	8.5	8.5	46.3	9.0	9.0
H08B Laparoscopic cholecystectomy W/O closed CDE W/O catastrophic or severe CC	4.0	43.5	4.1	3.9	3.7	3.7	3.6	43.5	3.8	3.7
H40Z Endoscopic procedures for bleeding oesophageal varices	10.0	40.0	12.5	12.1	7.0	14.8	7.9	39.3	12.9	11.1
H41A ERCP complex therapeutic procedure with catastrophic or severe CC	11.4	98.5	15.5	14.6	10.6	16.3	13.8	64.3	15.9	14.2
H41B ERCP complex therapeutic procedure W/O catastrophic or severe CC	6.5	70.0	7.6	4.6	6.8	7.7	4.3	47.8	7.7	4.4

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

AR-DRG Description	Voluntary Hospitals			Non-Voluntary Hospitals			All Hospitals			
	In-Patients		Total Discharges*	In-Patients		Total Discharges*	In-Patients		Total Discharges*	
	Acute (0-30 days)	Extended (>30 days)	Total In-Patients	Acute (0-30 days)	Extended (>30 days)	Total In-Patients	Acute (0-30 days)	Extended (>30 days)	Total In-Patients	
H42A ERCP other therapeutic procedure with catastrophic or severe CC	11.2	42.6	13.6	14.3	48.7	17.8	12.2	45.0	15.0	13.9
H42B ERCP other therapeutic procedure with moderate CC	7.3	51.3	8.3	9.1	-	9.1	7.8	51.3	8.5	5.6
H42C ERCP other therapeutic procedure W/O CC	4.9	34.0	5.0	6.5	44.5	6.9	5.5	41.0	5.7	3.3
H60A Cirrhosis and alcoholic hepatitis with catastrophic CC	11.7	53.2	23.6	14.3	48.3	21.5	12.9	51.4	22.7	22.7
H60B Cirrhosis and alcoholic hepatitis with severe CC	10.2	63.1	14.7	11.2	48.8	14.8	10.6	56.6	14.7	14.1
H60C Cirrhosis and alcoholic hepatitis W/O catastrophic or severe CC	7.0	44.6	8.5	7.5	39.3	8.8	7.3	42.0	8.6	7.2
H61A Malignancy of hepatobiliary system, pancreas (age>69 with catastrophic or severe CC) or with catastrophic CC	11.8	47.3	17.8	11.6	44.2	14.2	11.7	45.8	15.4	14.0
H61B Malignancy of hepatobiliary system, pancreas (age>69 W/O catastrophic or severe CC) or W/O catastrophic CC	7.0	46.4	10.0	8.7	43.8	9.9	8.1	45.2	10.0	6.3
H62A Disorders of pancreas except for malignancy with catastrophic or severe CC	9.5	51.3	13.5	11.1	44.2	13.8	10.5	47.1	13.7	13.6
H62B Disorders of pancreas except for malignancy W/O catastrophic or severe CC	6.8	33.0	6.9	7.0	37.8	7.3	7.0	37.1	7.2	6.7
H63A Disorders of liver except malignancy, cirrhosis, alcoholic hepatitis with catastrophic or severe CC	10.1	46.3	14.0	10.5	50.1	13.5	10.3	47.9	13.7	12.9

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

AR-DRG Description	Voluntary Hospitals			Non-Voluntary Hospitals			All Hospitals			
	In-Patients		Total Discharges*	In-Patients		Total Discharges*	In-Patients		Total Discharges*	
	Acute (0-30 days)	Extended (>30 days)	Total In-Patients	Acute (0-30 days)	Extended (>30 days)	Total In-Patients	Acute (0-30 days)	Extended (>30 days)	Total In-Patients	
H63B Disorders of liver except malignancy, cirrhosis, alcoholic hepatitis W/O catastrophic or severe CC	4.0	56.7	4.7	2.9	44.9	6.2	5.0	49.9	5.5	3.8
H64A Disorders of the biliary tract with CC	7.7	48.0	7.9	7.2	42.6	9.7	9.5	42.8	9.3	9.0
H64B Disorders of the biliary tract W/O CC	4.9	36.0	5.1	4.0	97.2	5.3	5.0	81.9	5.3	4.8
I01Z Bilateral or multiple major joint procedures of lower extremity	15.3	55.0	25.7	25.7	70.3	25.8	25.8	66.6	25.8	25.8
I02A Microvascular tissue transfer or (skin graft with catastrophic or severe CC), excluding hand	15.7	61.1	32.2	32.2	54.4	32.6	32.6	57.2	32.4	32.4
I02B Skin graft W/O catastrophic or severe CC, excluding hand	10.9	49.8	16.8	16.4	57.0	12.1	10.0	51.0	14.2	12.5
I03A Hip revision with catastrophic or severe CC	18.0	55.9	39.3	39.3	57.2	25.3	25.3	56.7	28.0	28.0
I03B Hip replacement with catastrophic or severe CC or hip revision W/O catastrophic or severe CC	13.5	84.3	27.4	27.4	52.0	19.7	19.7	65.3	22.1	22.1
I03C Hip replacement W/O catastrophic or severe CC	11.2	75.6	12.2	12.2	46.8	11.8	11.8	55.4	11.9	11.9
I04Z Knee replacement and reattachment	12.5	44.7	13.2	13.2	46.3	12.1	12.1	45.4	12.5	12.5
I05Z Other major joint replacement and limb reattachment procedures	8.6	35.0	9.9	9.9	38.0	7.4	7.4	35.8	8.5	8.5
I06Z Spinal fusion with deformity	9.8	-	9.8	9.6	-	-	-	-	9.8	9.6
I07Z Amputation	13.1	99.3	52.9	52.9	42.3	26.5	26.5	87.9	46.7	46.7

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

AR-DRG Description	Voluntary Hospitals			Non-Voluntary Hospitals			All Hospitals		
	In-Patients		Total Discharges*	In-Patients		Total Discharges*	In-Patients		Total Discharges*
	Acute (0-30 days)	Extended (>30 days)	Total In-Patients	Acute (0-30 days)	Extended (>30 days)	Total In-Patients	Acute (0-30 days)	Extended (>30 days)	Total In-Patients
I08A Other hip and femur procedures with catastrophic or severe CC	12.5	90.3	30.2	15.5	54.1	24.5	14.1	70.6	27.1
I08B Other hip and femur procedures W/O catastrophic or severe CC	8.8	50.6	10.5	10.6	46.8	12.0	10.1	48.0	11.6
I09A Spinal fusion with catastrophic or severe CC	13.4	63.2	20.9	14.9	62.9	33.4	13.7	63.0	23.9
I09B Spinal fusion W/O catastrophic or severe CC	9.0	39.7	9.5	8.2	70.0	9.0	8.7	47.3	9.4
I10A Other back and neck procedures with catastrophic or severe CC	11.4	140.8	32.5	7.8	124.0	21.8	10.3	136.9	29.7
I10B Other back and neck procedures W/O catastrophic or severe CC	6.6	38.5	4.7	4.4	46.7	4.8	5.2	42.3	5.7
I11Z Limb lengthening procedures	5.8	-	4.2	7.4	60.0	12.7	6.1	60.0	7.2
I12A Infect/inflam of bone and joint with misc muscle system and connective tissue procedures with catastrophic CC	20.9	76.3	45.1	16.7	90.1	46.7	18.4	84.1	46.1
I12B Infect/inflam of bone and joint with misc muscle system and connective tissue procedures with severe CC	13.9	32.0	15.1	11.3	54.2	18.4	12.2	50.5	17.3
I12C Infect/inflam bone and joint with misc muscle system and connective tissue procedures W/O catastrophic or severe CC	8.3	58.3	9.2	7.7	42.9	8.8	7.9	50.0	9.4
I13A Humerus, tibia, fibula and ankle procedures with catastrophic or severe CC	7.7	94.8	13.2	10.4	48.7	13.2	8.9	72.9	13.2

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

AR-DRG Description	Voluntary Hospitals				Non-Voluntary Hospitals				All Hospitals			
	In-Patients		Total Discharges*	In-Patients		Total Discharges*	In-Patients		Total Discharges*	In-Patients		Total Discharges*
	Acute (0-30 days)	Extended (>30 days)		Total In-Patients	Acute (0-30 days)		Extended (>30 days)	Total In-Patients		Acute (0-30 days)	Extended (>30 days)	
I13B Humerus, tibia, fibula and ankle procedures age>59 W/O catastrophic or severe CC	6.2	45.0	6.8	6.8	6.2	41.0	6.8	6.8	6.2	41.9	6.8	6.8
I13C Humerus, tibia, fibula and ankle procedures age<60 W/O catastrophic or severe CC	4.0	34.0	4.0	3.9	3.5	40.0	3.6	3.5	3.7	37.0	3.7	3.7
I14Z Stump revision	7.6	-	7.6	7.6	5.2	-	5.2	3.3	6.6	-	6.6	5.1
I15Z Cranio-facial surgery	8.8	129.0	14.8	14.1	3.3	-	3.3	3.3	7.8	129.0	12.9	12.4
I16Z Other shoulder procedures	3.1	99.0	3.5	3.2	2.3	-	2.3	2.3	2.6	99.0	2.8	2.6
I17Z Maxillo-facial surgery	4.9	-	4.9	4.9	5.2	-	5.2	5.1	5.0	-	5.0	5.0
I18Z Other knee procedures	3.6	83.0	4.0	1.7	2.0	44.0	2.1	1.3	2.3	63.5	2.5	1.4
I19Z Other elbow or forearm procedures	2.4	133.2	3.2	3.1	2.3	64.3	2.4	2.4	2.3	102.6	2.7	2.6
I20Z Other foot procedures	3.5	46.5	3.7	3.1	2.8	52.0	2.9	2.6	3.0	48.3	3.1	2.8
I21Z Local excision and removal of internal fixation devices of hip and femur	4.7	-	4.7	3.2	4.0	45.3	5.7	4.1	4.3	45.3	5.4	3.8
I23Z Local excision and removal of internal fixation devices excluding hip and femur	3.7	73.5	4.3	1.7	2.3	67.0	2.4	1.3	2.8	71.3	3.1	1.4
I24Z Arthroscopy	2.9	-	2.9	1.3	1.7	-	1.7	1.2	2.1	-	2.1	1.3
I25Z Bone and joint diagnostic procedures including biopsy	7.0	49.6	12.3	9.7	7.1	35.3	8.2	6.3	7.0	45.7	10.2	7.9
I27A Soft tissue procedures with catastrophic or severe CC	7.7	45.5	11.8	10.1	11.2	82.5	23.3	22.4	9.2	66.6	17.0	15.4
I27B Soft tissue procedures W/O catastrophic or severe CC	3.7	42.7	4.2	2.7	3.5	83.5	4.3	3.0	3.6	66.0	4.2	2.9
I28A Other connective tissue procedures with CC	11.2	70.0	22.3	21.2	9.0	65.0	12.0	11.9	9.8	68.6	16.4	15.9

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

AR-DRG Description	Voluntary Hospitals			Non-Voluntary Hospitals			All Hospitals			
	In-Patients		Total Discharges*	In-Patients		Total Discharges*	In-Patients		Total Discharges*	
	Acute (0-30 days)	Extended (>30 days)	Total In-Patients	Acute (0-30 days)	Extended (>30 days)	Total In-Patients	Acute (0-30 days)	Extended (>30 days)	Total In-Patients	
I28B Other connective tissue procedures W/O CC	4.7	34.0	4.9	3.4	35.0	3.5	3.9	34.5	4.0	3.4
I29Z Knee reconstruction or revision	3.2	-	3.2	2.4	-	2.4	2.8	-	2.8	2.6
I30Z Hand procedures	2.0	44.0	2.2	1.7	183.0	1.9	1.8	99.6	2.0	1.7
I60Z Femoral shaft fractures	9.6	-	9.6	8.0	36.0	9.2	8.3	36.0	9.3	9.3
I61Z Distal femoral fractures	7.1	78.8	15.0	5.5	36.3	6.8	6.1	62.9	9.9	9.8
I63Z Sprains, strains and dislocations of hip, pelvis and thigh	3.6	39.0	4.4	4.1	91.0	4.6	4.0	65.0	4.6	4.6
I64A Osteomyelitis with CC	12.7	50.0	18.1	13.6	57.8	23.8	13.2	55.6	21.6	20.9
I64B Osteomyelitis W/O CC	8.4	39.5	9.5	6.9	37.3	7.6	7.3	38.2	8.2	7.1
I65A Connective tissue malignancy, including pathological Fx with catastrophic or severe CC	8.0	54.4	11.8	9.6	40.1	11.7	8.8	47.7	11.7	9.7
I65B Connective tissue malignancy, including pathological Fx W/O catastrophic or severe CC	4.9	90.4	8.6	6.8	56.7	8.4	5.7	78.0	8.6	4.9
I66A Inflammatory musculoskeletal disorders with catastrophic or severe CC	11.5	65.8	21.0	9.3	65.8	13.5	10.2	65.8	16.7	15.3
I66B Inflammatory musculoskeletal disorders W/O catastrophic or severe CC	4.6	89.4	5.7	6.4	39.6	7.1	5.6	55.2	6.5	2.3
I67A Septic arthritis with catastrophic or severe CC	14.8	48.0	18.4	11.2	88.0	33.1	12.8	80.0	27.4	25.3
I67B Septic arthritis W/O catastrophic or severe CC	7.7	-	7.7	6.8	34.2	8.4	7.0	34.2	8.2	7.6

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

AR-DRG Description	Voluntary Hospitals			Non-Voluntary Hospitals			All Hospitals		
	In-Patients		Total Discharges*	In-Patients		Total Discharges*	In-Patients		Total Discharges*
	Acute (0-30 days)	Extended (>30 days)	Total In-Patients	Acute (0-30 days)	Extended (>30 days)	Total In-Patients	Acute (0-30 days)	Extended (>30 days)	Total In-Patients
168A Non-surgical spinal disorders with CC	8.4	78.6	18.3	8.4	46.1	10.9	8.4	64.6	13.7
168B Non-surgical spinal disorders W/O CC	4.9	86.6	6.6	5.1	47.2	5.4	5.1	69.0	5.7
168C Non-surgical spinal disorders, same day	1.0	-	1.0	1.0	-	1.0	1.0	-	1.0
169A Bone diseases and specific arthropathies age>74 with catastrophic or severe CC	12.4	69.3	26.3	10.4	54.2	16.5	10.9	60.6	19.4
169B Bone diseases and specific arthropathies age>74 or with catastrophic or severe CC	7.9	93.8	12.6	7.2	47.3	8.2	7.3	64.8	9.1
169C Bone diseases and specific arthropathies age<75 W/O catastrophic or severe CC	5.0	77.0	5.4	3.9	44.5	4.1	4.2	55.3	4.5
170Z Non-specific arthropathies	6.4	-	6.4	5.6	34.0	5.8	5.8	34.0	5.9
171A Other musculotendinous disorders age>69 with CC	7.9	92.8	16.1	6.9	40.0	7.3	7.1	77.7	9.1
171B Other musculotendinous disorders age>69 or with CC	4.2	87.0	6.0	4.4	37.8	4.7	4.3	57.5	5.0
171C Other musculotendinous disorders age<70 W/O CC	3.0	-	3.0	2.8	43.2	3.0	2.8	43.2	3.0
172A Specific musculotendinous disorders age>79 or with catastrophic or severe CC	9.6	73.2	20.5	7.5	53.8	10.7	8.1	63.5	13.4
172B Specific musculotendinous disorders age<80 W/O catastrophic or severe CC	3.6	62.0	4.0	3.2	71.0	3.6	3.3	68.8	3.7
173A Aftercare of musculoskeletal implants/prostheses age>59 with catastrophic or severe CC	14.1	58.1	26.4	11.9	63.2	18.7	12.1	62.3	19.5
			26.4			18.6			18.6
			26.4			18.7			19.3

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

AR-DRG Description	Voluntary Hospitals			Non-Voluntary Hospitals			All Hospitals			
	In-Patients		Total Discharges ^a	In-Patients		Total Discharges ^a	In-Patients		Total Discharges ^a	
	Acute (0-30 days)	Extended (>30 days)	Total In-Patients	Acute (0-30 days)	Extended (>30 days)	Total In-Patients	Acute (0-30 days)	Extended (>30 days)	Total In-Patients	
I73B Aftercare of musculoskeletal implants/prostheses age>59 or with catastrophic or severe CC	6.7	49.8	8.8	3.2	60.0	10.6	7.2	58.1	10.2	6.5
I73C Aftercare of musculoskeletal implants/prostheses age<60 W/O catastrophic or severe CC	3.9	41.0	4.3	1.3	60.9	6.5	4.5	58.7	5.9	2.2
I74A Injury to forearm, wrist, hand or foot age>74 with CC	9.2	63.8	16.0	16.0	46.2	10.5	7.9	54.0	12.4	12.4
I74B Injury to forearm, wrist, hand or foot age>74 or with CC	3.2	-	3.2	3.0	-	3.0	3.0	-	3.0	3.0
I74C Injury to forearm, wrist, hand or foot age<75 W/O CC	1.4	-	1.4	1.3	-	1.3	1.4	-	1.4	1.3
I75A Injury to shoulder, arm, elbow, knee, leg or ankle age>64 with CC	10.2	77.9	35.7	35.2	63.4	14.4	9.7	72.9	21.2	21.1
I75B Injury to shoulder, arm, elbow, knee, leg or ankle age>64 or with CC	4.6	54.1	6.8	6.5	43.5	4.9	4.7	51.8	5.3	5.3
I75C Injury to shoulder, arm, elbow, knee, leg or ankle age<65 W/O CC	2.1	-	2.1	2.0	38.0	1.9	1.9	38.0	1.9	1.9
I76A Other musculoskeletal disorders age>69 with CC	7.3	84.3	18.3	17.5	107.0	15.0	7.0	97.3	16.0	15.6
I76B Other musculoskeletal disorders age>69 or with CC	5.1	51.0	7.0	3.7	55.8	6.7	5.4	53.4	6.8	4.8
I76C Other musculoskeletal disorders age<70 W/O CC	3.1	133.0	3.5	1.7	35.0	2.6	2.8	84.0	2.9	1.8
I77A Fractures of pelvis with catastrophic or severe CC	13.3	101.9	37.9	37.9	53.5	18.1	12.6	77.7	24.7	24.7

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

AR-DRG Description	Voluntary Hospitals				Non-Voluntary Hospitals				All Hospitals			
	In-Patients		Total Discharges*	Total In-Patients	In-Patients		Total Discharges*	Total In-Patients	In-Patients		Total Discharges*	Total In-Patients
	Acute (0-30 days)	Extended (>30 days)	Acute (0-30 days)		Extended (>30 days)	Acute (0-30 days)	Extended (>30 days)		Acute (0-30 days)	Extended (>30 days)		
I77B Fractures of pelvis W/O catastrophic or severe CC	7.3	33.3	8.3	8.2	6.3	47.5	7.5	7.5	6.5	43.6	7.6	7.6
I78A Fractures of neck of femur with catastrophic or severe CC	11.7	121.0	35.5	35.5	8.8	65.2	12.5	12.5	9.4	93.1	17.8	17.8
I78B Fractures of neck of femur W/O catastrophic or severe CC	7.8	104.0	16.8	16.8	3.9	42.1	5.1	5.1	4.4	61.2	6.6	6.6
J01Z Microvascular tissue transfer for skin, subcutaneous tissue and breast disorder	14.8	-	14.8	14.8	9.0	-	9.0	9.0	14.0	-	14.0	14.0
J06A Major procedures for malignant breast conditions	7.2	73.7	7.5	7.3	7.8	32.6	8.0	7.9	7.5	48.0	7.7	7.6
J06B Major procedures for non-malignant breast conditions	3.7	-	3.7	2.9	3.6	35.0	3.9	3.4	3.7	35.0	3.8	3.1
J07A Minor procedures for malignant breast conditions	4.4	-	4.4	3.0	4.1	85.0	4.8	3.8	4.2	85.0	4.6	3.4
J07B Minor procedures for non-malignant breast conditions	2.5	-	2.5	1.2	1.9	-	1.9	1.2	2.1	-	2.1	1.2
J08A Other skin graft and/or debridement procedures with catastrophic or severe CC	11.3	54.3	19.1	18.2	12.4	70.0	17.1	17.1	11.8	57.9	18.3	17.8
J08B Other skin graft and/or debridement procedures W/O catastrophic or severe CC	5.2	43.3	5.8	3.7	5.0	59.3	5.7	3.7	5.1	51.3	5.7	3.7
J09Z Perianal and pilonidal procedures	2.7	-	2.7	1.8	2.7	-	2.7	2.2	2.7	-	2.7	2.1
J10Z Skin, subcutaneous tissue and breast plastic OR procedures	4.9	78.7	6.6	2.1	2.8	-	2.8	1.8	3.7	78.7	4.5	2.0
J11Z Other skin, subcutaneous tissue and breast procedures	4.6	43.6	5.8	1.2	3.0	44.1	3.4	1.1	3.6	43.8	4.3	1.2

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

AR-DRG Description	Voluntary Hospitals			Non-Voluntary Hospitals			All Hospitals		
	In-Patients		Total Discharges*	In-Patients		Total Discharges*	In-Patients		Total Discharges*
	Acute (0-30 days)	Extended (>30 days)	Total In-Patients	Acute (0-30 days)	Extended (>30 days)	Total In-Patients	Acute (0-30 days)	Extended (>30 days)	Total In-Patients
J12A Lower limb procedures with ulcer/cellulitis with catastrophic CC	16.1	100.2	38.0	18.4	142.5	76.8	16.9	124.4	54.5
J12B Lower limb procedures with ulcer/cellulitis W/O catastrophic CC with skin graft/flap repair	16.0	56.0	23.6	13.7	45.5	19.1	14.8	51.2	21.1
J12C Lower limb procedures with ulcer/cellulitis W/O catastrophic CC W/O skin graft/flap repair	11.2	57.3	21.1	12.7	58.6	21.4	12.1	58.0	20.5
J13A Lower limb procedures W/O ulcer/cellulitis with skin graft with catastrophic or severe CC	12.5	34.5	14.4	9.0	90.7	27.8	11.4	68.2	19.3
J13B Lower limb procedures W/O ulcer/cellulitis W/O (skin graft and catastrophic or severe CC)	7.5	38.5	8.2	6.6	36.8	7.5	7.0	37.3	7.8
J14Z Major breast reconstructions	8.3	-	8.3	9.0	-	9.0	8.7	-	8.7
J60A Skin ulcers	10.6	94.4	26.3	10.8	53.5	14.9	10.7	72.6	18.4
J60B Skin ulcers, same day	1.0	-	1.0	1.0	-	1.0	1.0	-	1.0
J62A Malignant breast disorders (age>69 with CC) or with catastrophic or severe CC	10.3	45.3	16.1	7.5	42.4	9.4	8.6	44.4	6.3
J62B Malignant breast disorders (age>69 W/O CC) or W/O catastrophic or severe CC	10.6	41.2	25.8	3.6	32.5	3.8	5.7	41.1	3.1
J63Z Non-malignant breast disorders	3.7	-	3.7	3.3	105.5	4.2	3.4	105.5	4.0
J64A Cellulitis age>59 with catastrophic or severe CC	11.6	113.6	26.5	10.0	46.5	12.5	10.5	81.0	17.2
			26.5			12.5			17.1

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

AR-DRG Description	Voluntary Hospitals			Non-Voluntary Hospitals			All Hospitals			
	In-Patients		Total Discharges*	In-Patients		Total Discharges*	In-Patients		Total Discharges*	
	Acute (0-30 days)	Extended (>30 days)	Total In-Patients	Acute (0-30 days)	Extended (>30 days)	Total In-Patients	Acute (0-30 days)	Extended (>30 days)	Total In-Patients	
J64B Cellulitis (age>59 W/O catastrophic or severe CC) or age<60	4.9	45.2	5.2	4.9	53.0	5.0	4.9	48.3	5.1	4.7
J65A Trauma to the skin, subcutaneous tissue and breast age>69	6.1	94.7	11.5	6.6	44.7	7.7	6.5	61.3	8.4	7.7
J65B Trauma to the skin, subcutaneous tissue and breast age<70	1.7	-	1.7	1.9	40.0	2.1	1.8	40.0	1.9	2.0
J67A Minor skin disorders	4.7	69.2	7.6	3.5	51.2	4.0	3.9	63.4	5.2	4.0
J67B Minor skin disorders, same day	1.0	-	1.0	1.0	-	1.0	1.0	-	1.0	1.0
J68A Major skin disorders	8.0	41.5	10.5	5.1	46.5	5.8	6.3	42.6	7.8	5.8
J68B Major skin disorders, same day	1.0	-	1.0	1.0	-	1.0	1.0	-	1.0	1.0
K01Z Diabetic foot procedures	14.3	84.4	41.1	15.8	77.1	37.2	15.2	80.0	38.7	36.4
K02Z Pituitary procedures	12.1	37.0	13.8	5.9	119.0	10.2	9.7	57.5	12.5	9.6
K03Z Adrenal procedures	7.7	109.4	22.2	12.3	-	12.3	8.2	109.4	21.2	12.3
K04Z Major procedures for obesity	4.0	-	4.0	7.2	56.5	15.4	6.9	56.5	14.5	15.4
K05Z Parathyroid procedures	7.5	35.0	8.4	4.6	33.5	5.3	5.9	34.3	6.7	5.3
K06Z Thyroid procedures	5.9	57.0	6.6	4.4	64.0	4.8	5.1	59.8	5.6	4.8
K07Z Obesity procedures	5.8	-	5.8	4.1	-	4.1	4.7	-	4.7	3.9
K08Z Thyroglossal procedures	3.1	-	3.1	2.7	-	2.7	3.0	-	3.0	2.7
K09Z Other endocrine, nutritional and metabolic OR procedures	6.5	65.5	10.8	11.7	48.3	20.6	7.9	55.2	13.8	16.4
K40Z Endoscopic or investigative procedure for metabolic disorders W/O CC	7.0	38.0	8.2	9.1	41.7	9.9	8.3	39.8	9.3	3.5

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

AR-DRG Description	Voluntary Hospitals			Non-Voluntary Hospitals			All Hospitals			
	In-Patients		Total Discharges*	In-Patients		Total Discharges*	In-Patients		Total Discharges*	
	Acute (0-30 days)	Extended (>30 days)		Total In-Patients	Acute (0-30 days)		Extended (>30 days)	Total In-Patients		Acute (0-30 days)
K60A Diabetes with catastrophic or severe CC	8.3	68.5	17.6	9.1	56.6	13.8	8.9	61.0	14.9	14.7
K60B Diabetes W/O catastrophic or severe CC	5.0	93.6	6.2	5.4	65.9	6.2	5.3	72.2	6.2	5.9
K61Z Severe nutritional disturbance	9.1	78.4	31.1	9.1	75.7	21.6	9.1	77.6	27.1	25.2
K62A Miscellaneous metabolic disorders with catastrophic CC	12.7	74.4	21.2	10.3	50.4	13.1	11.0	61.6	15.6	15.6
K62B Miscellaneous metabolic disorders age>74 or with severe CC	7.9	54.5	11.0	7.1	48.5	8.0	7.3	51.4	8.8	7.9
K62C Miscellaneous metabolic disorders age<75 W/O catastrophic or severe CC	4.6	38.8	4.9	3.8	72.0	3.9	4.0	49.8	4.2	3.1
K63Z Inborn errors of metabolism	5.1	73.0	6.0	4.3	43.5	6.0	4.8	53.3	6.0	2.7
K64A Endocrine disorders with catastrophic or severe CC	8.1	60.4	15.9	8.5	44.4	11.6	8.3	52.7	13.3	11.0
K64B Endocrine disorders W/O catastrophic or severe CC	4.1	40.0	4.3	5.2	35.0	5.5	4.7	37.5	4.9	2.8
L02A Operative insertion of peritoneal catheter for dialysis with catastrophic or severe CC	14.1	51.1	24.5	5.7	118.0	33.8	12.0	66.0	26.7	26.0
L02B Operative insertion of peritoneal catheter for dialysis W/O catastrophic or severe CC	11.2	-	11.2	6.3	39.0	8.1	10.0	39.0	10.4	10.2
L03A Kidney, ureter and major bladder procedures for neoplasm with catastrophic or severe CC	13.7	47.6	17.7	18.6	50.2	27.5	14.5	48.6	19.7	19.7

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

AR-DRG Description	Voluntary Hospitals				Non-Voluntary Hospitals				All Hospitals			
	In-Patients		Total Discharges*	In-Patients		Total Discharges*	In-Patients		Total Discharges*	In-Patients		Total Discharges*
	Acute (0-30 days)	Extended (>30 days)		Total In-Patients	Acute (0-30 days)		Extended (>30 days)	Total In-Patients		Acute (0-30 days)	Extended (>30 days)	
L03B Kidney, ureter and major bladder procedures for neoplasm W/O catastrophic or severe CC	10.1	33.0	10.4	10.3	12.1	36.0	12.9	12.3	10.6	34.5	11.1	10.9
L04A Kidney, ureter and major bladder procedures for non-neoplasm with catastrophic CC	15.7	58.7	24.3	23.9	16.3	71.9	44.1	44.1	15.8	64.3	28.7	28.3
L04B Kidney, ureter and major bladder procedures for non-neoplasm with severe or moderate CC	9.4	40.1	10.7	10.3	10.7	42.0	11.4	10.2	9.6	40.3	10.8	10.3
L04C Kidney, ureter and major bladder procedures for non-neoplasm W/O CC	7.0	33.5	7.2	6.5	8.2	31.0	8.4	7.4	7.4	32.7	7.5	6.8
L05A Transurethral prostatectomy with catastrophic or severe CC	7.2	125.5	19.7	19.7	12.6	52.5	20.4	20.4	10.5	70.8	20.1	20.1
L05B Transurethral prostatectomy W/O catastrophic or severe CC	7.8	-	7.8	7.8	8.1	39.5	8.8	8.7	8.0	39.5	8.5	8.5
L06A Minor bladder procedures with catastrophic or severe CC	8.4	43.0	10.7	9.5	12.6	41.3	15.1	14.7	10.2	42.2	12.6	11.6
L06B Minor bladder procedures W/O catastrophic or severe CC	4.5	65.3	5.8	1.9	5.7	37.0	6.2	4.9	5.1	54.0	6.0	2.5
L07A Transurethral procedures except prostatectomy with catastrophic or severe CC	7.7	102.3	10.9	10.6	12.5	45.3	14.9	14.4	9.5	69.7	12.4	12.1
L07B Transurethral procedures except prostatectomy W/O catastrophic or severe CC	3.6	-	3.6	2.7	4.8	43.0	4.9	3.5	4.1	43.0	4.1	3.1
L08A Urethral procedures with CC	6.4	-	6.4	6.1	6.9	-	6.9	6.4	6.5	-	6.5	6.1
L08B Urethral procedures W/O CC	4.2	-	4.2	3.8	3.3	-	3.3	2.6	3.9	-	3.9	3.3

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

AR-DRG Description	Voluntary Hospitals			Non-Voluntary Hospitals			All Hospitals		
	In-Patients		Total Discharges*	In-Patients		Total Discharges*	In-Patients		Total Discharges*
	Acute (0-30 days)	Extended (>30 days)	Total In-Patients	Acute (0-30 days)	Extended (>30 days)	Total In-Patients	Acute (0-30 days)	Extended (>30 days)	Total In-Patients
L09A Other procedures for kidney and urinary tract disorders with catastrophic CC	14.1	62.6	32.4	12.5	61.5	37.0	13.6	62.1	34.0
L09B Other procedures for kidney and urinary tract disorders with severe CC	10.1	55.0	14.4	8.5	41.0	15.0	9.8	49.8	14.6
L09C Other procedures for kidney and urinary tract disorders W/O catastrophic or severe CC	5.9	63.5	6.1	5.0	51.5	6.6	5.7	57.5	5.8
L40Z Ureterscopy	3.9	53.0	4.2	4.4	-	4.4	4.1	53.0	4.6
L41Z Cystourethroscopy, same day	1.0	-	1.0	1.0	-	1.0	1.0	-	1.0
L42Z ESW Lithotripsy for urinary stones	4.0	-	1.2	3.9	-	3.9	4.0	-	1.2
L60A Renal failure with catastrophic CC	11.7	82.8	32.4	11.3	54.4	19.5	11.5	67.5	24.1
L60B Renal failure with severe CC	9.6	70.6	17.8	9.6	51.8	12.3	9.6	62.3	14.4
L60C Renal failure W/O catastrophic or severe CC	7.1	43.6	8.4	7.3	43.4	8.7	7.3	43.5	8.6
L61Z Admit for renal dialysis	1.9	-	1.0	12.0	-	12.0	2.5	-	2.5
L62A Kidney and urinary tract neoplasms with catastrophic or severe CC	11.0	71.7	20.7	8.9	44.8	12.0	9.7	59.0	15.2
L62B Kidney and urinary tract neoplasms W/O catastrophic or severe CC	5.5	58.0	8.8	6.3	43.3	7.0	5.9	54.3	7.8
L63A Kidney and urinary tract infections with catastrophic CC	10.8	88.6	24.8	10.6	44.8	14.5	10.7	63.8	17.8
L63B Kidney and urinary tract infections age>69 or with severe CC	8.2	79.0	15.1	7.7	49.3	9.5	7.8	61.2	10.6

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

AR-DRG Description	Voluntary Hospitals			Non-Voluntary Hospitals			All Hospitals					
	In-Patients			In-Patients			In-Patients					
	Acute (0-30 days)	Extended (>30 days)	Total In-Patients	Total Discharges*	Acute (0-30 days)	Extended (>30 days)	Total In-Patients	Total Discharges*	Acute (0-30 days)	Extended (>30 days)	Total In-Patients	Total Discharges*
L63C Kidney and urinary tract infections age<70 W/O catastrophic or severe CC	3.8	38.0	4.0	3.1	3.7	36.1	3.8	3.6	3.7	37.1	3.9	3.4
L64Z Urinary stones and obstruction	3.4	46.0	3.5	3.2	3.3	72.9	3.6	3.5	3.4	67.5	3.6	3.4
L65A Kidney and urinary tract signs and symptoms with catastrophic or severe CC	8.7	55.3	10.3	9.8	8.1	43.8	9.1	9.0	8.3	47.7	9.5	9.2
L65B Kidney and urinary tract signs and symptoms W/O catastrophic or severe CC	3.7	40.0	4.0	2.1	4.3	38.3	4.5	3.4	4.2	39.0	4.3	2.9
L66Z Urethral stricture	4.4	-	4.4	2.7	4.3	37.0	4.7	2.7	4.3	37.0	4.6	2.7
L67A Other kidney and urinary tract diagnoses with catastrophic CC	11.1	64.7	31.4	29.0	11.6	55.0	19.7	19.7	11.4	61.1	25.0	24.1
L67B Other kidney and urinary tract diagnoses with severe CC	7.7	59.4	9.8	8.4	7.6	49.1	11.5	10.9	7.7	52.0	10.7	9.6
L67C Other kidney and urinary tract diagnoses W/O catastrophic or severe CC	4.4	50.7	4.8	2.3	5.1	40.6	5.3	3.6	4.8	46.5	5.1	2.9
M01Z Major male pelvic procedures	8.7	45.0	8.8	8.8	13.3	-	13.3	13.0	9.3	45.0	9.4	9.4
M02A Transurethral prostatectomy with catastrophic or severe CC	9.7	48.8	11.8	11.8	11.3	50.8	16.0	16.0	10.4	50.1	13.8	13.8
M02B Transurethral prostatectomy W/O catastrophic or severe CC	6.1	42.0	6.3	6.2	7.3	44.3	7.4	7.4	6.8	43.4	7.0	7.0
M03A Penis procedures with CC	9.0	-	9.0	5.8	9.8	-	9.8	8.5	9.4	-	9.4	6.9
M03B Penis procedures W/O CC	4.0	-	4.0	2.0	3.5	-	3.5	1.6	3.9	-	3.9	1.9
M04A Testes procedures with CC	5.9	90.5	12.5	11.5	5.8	149.0	10.4	9.3	5.8	102.2	11.7	10.6
M04B Testes procedures W/O CC	2.4	-	2.4	1.5	2.3	39.0	2.4	1.9	2.3	39.0	2.4	1.7

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

AR-DRG Description	Voluntary Hospitals			Non-Voluntary Hospitals			All Hospitals			
	In-Patients		Total Discharges*	In-Patients		Total Discharges*	In-Patients		Total Discharges*	
	Acute (0-30 days)	Extended (>30 days)	Total In-Patients	Acute (0-30 days)	Extended (>30 days)	Total In-Patients	Acute (0-30 days)	Extended (>30 days)	Total In-Patients	
M05Z Circumcision	1.6	-	1.6	1.5	-	1.5	1.5	-	1.5	1.1
M06A Other male reproductive system OR procedures for malignancy	9.4	34.0	10.8	6.4	48.0	11.1	7.9	43.3	10.9	7.2
M06B Other male reproductive system OR procedures except for malignancy	5.7	-	5.7	4.3	-	4.3	5.1	-	5.1	2.0
M40Z Cystourethroscopy W/O CC	3.4	-	3.4	4.4	-	4.4	4.2	-	4.2	1.3
M60A Malignancy, male reproductive system with catastrophic or severe CC	9.1	62.8	18.8	8.3	43.9	11.2	8.7	56.0	14.7	7.8
M60B Malignancy, male reproductive system W/O catastrophic or severe CC	6.5	52.6	27.3	4.9	42.1	5.5	5.5	52.3	17.4	2.5
M61A Benign prostatic hypertrophy with catastrophic or severe CC	7.6	101.0	18.0	10.3	32.5	12.6	9.5	55.3	14.2	9.0
M61B Benign prostatic hypertrophy W/O catastrophic or severe CC	4.0	-	4.0	5.0	-	5.0	4.7	-	4.7	1.9
M62A Inflammation of the male reproductive system with CC	6.7	38.0	7.4	6.2	-	6.2	6.3	38.0	6.6	5.5
M62B Inflammation of the male reproductive system W/O CC	3.6	-	3.6	3.1	-	3.1	3.2	-	3.2	2.6
M63Z Sterilisation, male	1.0	-	1.0	1.2	-	1.2	1.1	-	1.1	1.0
M64Z Other male reproductive system diagnoses	2.1	-	2.1	2.2	-	2.2	2.2	-	2.2	1.9
N01Z Pelvic evisceration and radical vulvectomy	13.7	43.5	18.9	4.0	32.0	18.0	13.3	41.2	18.8	18.0
N02A Uterine, adnexa procedure for ovarian or adnexal malignancy with CC	13.9	45.7	15.8	13.8	42.7	15.7	13.9	44.7	15.8	15.7

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

AR-DRG Description	Voluntary Hospitals			Non-Voluntary Hospitals			All Hospitals		
	In-Patients		Total Discharges*	In-Patients		Total Discharges*	In-Patients		Total Discharges*
	Acute (0-30 days)	Extended (>30 days)	Total In-Patients	Acute (0-30 days)	Extended (>30 days)	Total In-Patients	Acute (0-30 days)	Extended (>30 days)	Total In-Patients
N02B Uterine, adnexa procedure for ovarian or adnexal malignancy W/O CC	9.5	67.0	11.2	11.1	8.3	8.3	8.9	67.0	9.9
N03A Uterine, adnexa procedure for non-ovarian or adnexal malignancy with CC	12.3	39.5	14.4	14.4	11.8	12.4	12.1	39.4	13.7
N03B Uterine, adnexa procedure for non-ovarian or adnexal malignancy W/O CC	9.0	-	9.0	9.0	8.5	8.5	8.8	-	8.8
N04Z Hysterectomy for non-malignancy	6.9	37.5	7.0	7.0	7.1	7.1	7.0	37.5	7.0
N05A Oophorectomies and complex fallopian tube procedures for non-malignancy with catastrophic or severe CC	10.5	42.5	13.3	13.3	10.1	10.1	10.3	42.5	11.8
N05B Oophorectomies and complex fallopian tube procedures for non-malignancy W/O catastrophic or severe CC	5.3	-	5.3	5.1	6.1	6.1	5.7	-	5.7
N06Z Female reproductive system reconstructive procedures	5.1	-	5.1	4.8	4.8	4.9	4.9	56.0	5.0
N07Z Other uterine and adnexa procedures for non-malignancy	3.3	-	3.3	2.3	3.8	3.8	3.5	-	3.5
N08Z Endoscopic and laparoscopic procedures for female reproductive system	2.2	48.7	2.4	1.5	2.3	2.3	2.2	49.3	2.4
N09Z Conisation, vagina, cervix and vulva procedures	2.7	47.3	3.4	1.8	2.3	2.4	2.6	46.6	3.0
N10Z Diagnostic curettage or diagnostic hysteroscopy	2.0	144.0	2.4	1.4	2.0	2.1	2.0	109.5	2.2

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

AR-DRG Description	Voluntary Hospitals			Non-Voluntary Hospitals			All Hospitals		
	In-Patients		Total Discharges ^a	In-Patients		Total Discharges ^a	In-Patients		Total Discharges ^a
	Acute (0-30 days)	Extended (>30 days)	Total In-Patients	Acute (0-30 days)	Extended (>30 days)	Total In-Patients	Acute (0-30 days)	Extended (>30 days)	Total In-Patients
N11A Other female reproductive system OR procedures age>64 or with malignancy or with CC	11.3	54.7	17.3	9.9	51.6	16.6	10.8	53.4	17.0
N11B Other female reproductive system OR procedures age<65 W/O malignancy W/O CC	6.2	-	6.2	4.1	-	4.1	5.0	-	5.0
N60A Malignancy, female reproductive system with catastrophic or severe CC	9.4	49.3	13.4	8.5	41.6	10.6	8.9	46.1	11.9
N60B Malignancy, female reproductive system W/O catastrophic or severe CC	6.8	43.2	14.0	5.4	41.4	6.0	6.1	43.1	10.0
N61Z Infections, female reproductive system	2.8	-	2.8	2.5	-	2.5	2.6	-	2.6
N62A Menstrual and other female reproductive system disorders with CC	4.6	44.0	5.4	4.0	48.5	4.4	4.2	46.3	4.7
N62B Menstrual and other female reproductive system disorders W/O CC	2.5	37.0	2.6	2.2	40.0	2.2	2.3	38.0	2.3
O01A Caesarean delivery with catastrophic CC	10.4	46.4	13.1	11.2	40.4	13.6	10.8	43.1	13.4
O01B Caesarean delivery with severe CC	7.7	41.3	8.4	7.9	42.0	8.5	7.8	41.7	8.5
O01C Caesarean delivery W/O catastrophic or severe CC	5.5	32.6	5.5	5.5	32.0	5.5	5.5	32.4	5.5
O02A Vaginal delivery with OR procedure with catastrophic or severe CC	4.4	-	4.4	4.8	-	4.8	4.6	-	4.6
O02B Vaginal delivery with OR procedure W/O catastrophic or severe CC	3.4	-	3.4	3.9	-	3.9	3.7	-	3.7
O03Z Ectopic pregnancy	2.8	-	2.8	4.3	-	4.3	3.7	-	3.7

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

AR-DRG Description	Voluntary Hospitals				Non-Voluntary Hospitals				All Hospitals			
	In-Patients		Total Discharges ^a	Total In-Patients	In-Patients		Total Discharges ^a	Total In-Patients	In-Patients		Total Discharges ^a	Total In-Patients
	Acute (0-30 days)	Extended (>30 days)	Acute (0-30 days)		Extended (>30 days)	Acute (0-30 days)	Extended (>30 days)		Acute (0-30 days)	Extended (>30 days)		
O04Z Postpartum and post abortion with OR procedure	2.8	-	2.8	2.8	2.2	-	2.2	2.2	2.5	-	2.5	2.4
O05Z ^b Abortion with OR procedure	1.1	-	1.1	1.1	1.3	-	1.3	1.3	1.2	-	1.2	1.2
O60A Vaginal delivery with catastrophic or severe CC	4.9	39.1	5.2	5.2	5.1	43.1	5.4	5.4	5.0	41.1	5.3	5.3
O60B Vaginal delivery W/O catastrophic or severe CC	3.0	38.0	3.0	3.0	3.2	55.5	3.2	3.2	3.1	41.9	3.1	3.1
O60C Vaginal delivery single uncomplicated W/O other condition	2.3	37.0	2.3	2.3	2.5	33.0	2.5	2.5	2.4	35.0	2.5	2.5
O61Z Postpartum and post abortion W/O OR procedure	2.7	65.5	2.9	2.9	2.2	44.5	2.3	2.3	2.4	55.0	2.6	2.5
O63Z Abortion W/O OR procedure	1.4	-	1.4	1.4	1.3	-	1.3	1.3	1.3	-	1.3	1.3
O64A False labour before 37 weeks or with catastrophic CC	1.6	-	1.6	1.6	1.8	-	1.8	1.8	1.7	-	1.7	1.7
O64B False labour after 37 weeks W/O catastrophic CC	1.1	-	1.1	1.1	1.3	-	1.3	1.3	1.2	-	1.2	1.2
O66A Antenatal and other obstetric admission	2.5	45.8	2.5	2.5	2.4	66.5	2.5	2.5	2.4	61.6	2.5	2.5
O66B Antenatal and other obstetric admission, same day	1.0	-	1.0	1.0	1.0	-	1.0	1.0	1.0	-	1.0	1.0
P01Z Neonate, died or transferred <5 days of admission with significant OR procedure	1.8	-	1.8	1.8	2.6	-	2.6	2.6	1.9	-	1.9	1.9
P02Z Cardiothoracic/vascular procedures for neonates	15.3	63.6	26.6	26.6	-	-	-	-	15.3	63.6	26.6	26.6

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

AR-DRG Description	Voluntary Hospitals			Non-Voluntary Hospitals			All Hospitals			
	In-Patients		Total Discharges*	In-Patients		Total Discharges*	In-Patients		Total Discharges*	
	Acute (0-30 days)	Extended (>30 days)	Total In-Patients	Acute (0-30 days)	Extended (>30 days)	Total In-Patients	Acute (0-30 days)	Extended (>30 days)	Total In-Patients	
P03Z Neonate, admwt 1000-1499 g with significant OR procedure	14.3	60.7	42.7	39.3	60.9	45.8	16.0	60.7	43.6	40.9
P04Z Neonate, admwt 1500-1999 g with significant OR procedure	16.3	95.6	45.4	43.9	34.0	19.6	15.9	86.2	39.9	38.9
P05Z Neonate, admwt 2000-2499 g with significant OR procedure	19.8	75.7	38.9	38.9	43.0	22.8	19.6	73.2	36.6	36.6
P06A Neonate, admwt >2499 g with significant OR procedure with multi major problems	15.6	97.4	45.8	45.8	57.5	20.4	14.9	95.0	43.3	43.3
P06B Neonate, admwt >2499 g with significant OR procedure W/O multi major problems	12.1	52.7	16.0	16.0	-	6.6	11.2	52.7	14.6	14.6
P60A Neonate, died or transferred <5 days of adm, W/O significant OR procedure, Newborn	1.3	-	1.3	1.3	-	1.5	1.4	-	1.4	1.4
P60B Neonate, died/transferred <5 days of adm, W/O significant OR procedure, not newborn	1.7	-	1.7	1.6	-	1.5	1.6	-	1.6	1.6
P61Z Neonate, admwt <750 g	9.2	80.6	56.8	56.8	61.7	26.0	9.1	74.7	41.9	41.2
P62Z Neonate, admwt 750-999 g	4.7	69.5	23.5	20.7	64.0	40.6	5.2	67.6	27.0	24.3
P63Z Neonate, admwt 1000-1249 g W/O significant OR procedure	3.3	50.6	11.7	9.6	56.4	21.4	4.1	54.0	16.0	13.8
P64Z Neonate, admwt 1250-1499 g W/O significant OR procedure	16.1	42.5	25.8	24.9	48.7	37.8	15.4	46.6	32.0	30.5

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

AR-DRG Description	Voluntary Hospitals			Non-Voluntary Hospitals			All Hospitals		
	In-Patients		Total Discharges*	In-Patients		Total Discharges*	In-Patients		Total Discharges*
	Acute (0-30 days)	Extended (>30 days)	Total In-Patients	Acute (0-30 days)	Extended (>30 days)	Total In-Patients	Acute (0-30 days)	Extended (>30 days)	Total In-Patients
P65A Neonate, admwt 1500-1999 g W/O significant OR procedure with multi major problems	19.2	40.2	23.7	19.3	35.9	27.6	19.2	37.3	25.5
P65B Neonate, admwt 1500-1999 g W/O significant OR procedure with major problem	17.7	46.4	23.8	18.2	39.5	25.8	18.0	41.3	25.1
P65C Neonate, admwt 1500-1999 g W/O significant OR procedure with other problem	15.6	36.7	17.2	18.7	38.7	20.6	17.0	37.7	18.8
P65D Neonate, admwt 1500-1999 g W/O significant OR procedure W/O problem	11.8	33.0	12.5	14.6	43.6	16.5	14.2	42.8	15.3
P66A Neonate, admwt 2000-2499 g W/O significant OR procedure with multi major problems	12.8	39.0	16.9	12.9	36.0	15.1	12.8	38.1	16.2
P66B Neonate, admwt 2000-2499 g W/O significant OR procedure with major problem	12.9	41.0	13.6	13.8	40.1	15.7	13.4	40.3	14.5
P66C Neonate, admwt 2000-2499 g W/O significant OR procedure with other problem	6.9	45.0	7.1	10.7	39.0	11.1	8.9	40.2	9.2
P66D Neonate, admwt 2000-2499 g W/O significant OR procedure W/O problem	3.1	-	3.1	7.0	38.8	7.5	5.7	38.8	5.9
P67A Neonate, admwt >2499 g W/O significant OR procedure with multi major problems	9.5	45.5	12.3	8.9	69.0	12.2	9.3	53.3	12.1
P67B Neonate, admwt >2499 g W/O significant OR procedure with major problem	6.8	40.3	8.0	6.0	69.4	6.6	6.3	48.2	7.0

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

AR-DRG Description	Voluntary Hospitals				Non-Voluntary Hospitals				All Hospitals			
	In-Patients		Total Discharges*	In-Patients		Total Discharges*	In-Patients		Total Discharges*	In-Patients		Total Discharges*
	Acute (0-30 days)	Extended (>30 days)		Total In-Patients	Acute (0-30 days)		Extended (>30 days)	Total In-Patients		Acute (0-30 days)	Extended (>30 days)	
P67C Neonate, admwt >2499 g W/O significant OR procedure with other problem	3.6	33.0	3.6	3.6	4.1	43.8	4.2	3.8	41.6	3.9	3.9	
P67D Neonate, admwt >2499 g W/O significant OR procedure W/O problem	2.8	36.0	2.8	2.8	3.0	50.2	3.1	2.9	46.6	3.0	2.9	
Q01Z Splenectomy	8.9	-	8.9	8.9	9.5	-	9.5	9.2	-	9.2	9.2	
Q02A Other OR procedure of blood and blood forming organs with catastrophic or severe CC	12.8	40.7	16.3	19.6	7.4	40.6	19.6	11.7	40.6	17.2	16.5	
Q02B Other OR procedure of blood and blood forming organs W/O catastrophic or severe CC	4.4	36.0	5.0	4.4	4.4	-	4.4	4.4	36.0	4.7	3.0	
Q60A Reticuloendothelial and immunity disorders with catastrophic or severe CC	7.7	40.7	8.7	8.3	7.3	41.1	8.3	7.5	40.9	8.4	6.9	
Q60B Reticuloendothelial and immunity disorders W/O catastrophic or severe CC with malignancy	5.7	33.5	6.9	5.8	5.8	-	5.8	5.7	33.5	6.2	4.6	
Q60C Reticuloendothelial and immunity disorders W/O catastrophic or severe CC W/O malignancy	4.5	33.0	5.0	1.4	6.2	62.1	9.2	5.8	59.4	8.3	2.7	
Q61A Red blood cell disorders with catastrophic CC	13.7	42.3	16.5	15.5	11.1	44.0	14.3	12.0	43.4	15.0	14.5	
Q61B Red blood cell disorders with severe CC	7.8	47.0	8.3	5.3	8.6	43.1	9.9	8.3	43.8	9.3	7.0	
Q61C Red blood cell disorders W/O catastrophic or severe CC	4.5	33.5	4.6	1.4	5.2	78.1	5.7	5.0	64.4	5.3	1.5	
Q62Z Coagulation disorders	4.0	48.4	4.4	1.7	4.8	48.7	5.4	4.4	48.6	5.0	2.2	

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

AR-DRG Description	Voluntary Hospitals				Non-Voluntary Hospitals				All Hospitals			
	In-Patients		Total Discharges*	In-Patients		Total Discharges*	In-Patients		Total Discharges*	In-Patients		Total Discharges*
	Acute (0-30 days)	Extended (>30 days)		Total In-Patients	Acute (0-30 days)		Extended (>30 days)	Total In-Patients		Acute (0-30 days)	Extended (>30 days)	
R01A Lymphoma and leukaemia with major OR procedures with catastrophic or severe CC	16.9	65.5	30.8	30.8	15.0	52.0	25.8	25.8	16.2	60.5	29.0	29.0
R01B Lymphoma and leukaemia with major OR procedures W/O catastrophic or severe CC	9.0	-	8.3	9.0	10.2	33.0	12.1	11.5	9.6	33.0	10.7	10.0
R02A Other neoplastic disorders with major OR procedures with catastrophic or severe CC	14.9	44.0	19.8	20.5	13.6	44.3	18.7	18.7	14.4	44.1	19.8	19.4
R02B Other neoplastic disorders with major OR procedures W/O catastrophic or severe CC	10.4	41.7	10.7	11.9	7.8	37.0	8.4	8.0	9.3	40.5	10.4	9.6
R03A Lymphoma and leukaemia with other OR procedures with catastrophic or severe CC	14.7	72.1	33.1	33.5	15.6	47.1	22.5	22.5	15.1	63.8	28.8	28.6
R03B Lymphoma and leukaemia with other OR procedures W/O catastrophic or severe CC	7.5	42.0	6.1	8.6	5.8	32.7	7.3	5.5	6.6	35.8	7.9	5.8
R04A Other neoplastic disorders with other OR procedures with catastrophic or severe CC	12.3	62.7	14.0	16.6	11.6	37.0	14.1	11.3	11.9	49.8	15.4	12.7
R04B Other neoplastic disorders with other OR procedures W/O catastrophic or severe CC	9.0	111.0	6.6	11.0	5.4	41.0	6.0	3.5	7.1	76.0	8.4	4.9
R60A Acute leukaemia with catastrophic CC	17.2	52.7	23.9	27.7	13.2	40.9	22.2	16.0	15.8	48.2	25.7	20.7
R60B Acute leukaemia with severe CC	8.5	41.9	7.0	12.8	6.4	39.0	8.1	3.9	7.8	41.4	11.3	5.8

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

AR-DRG Description	Voluntary Hospitals				Non-Voluntary Hospitals				All Hospitals				
	In-Patients		Total Discharges*	Total In-Patients	In-Patients		Total Discharges*	Total In-Patients	In-Patients		Total Discharges*	Total In-Patients	
	Acute (0-30 days)	Extended (>30 days)	Acute (0-30 days)		Extended (>30 days)	Acute (0-30 days)	Extended (>30 days)		Acute (0-30 days)	Extended (>30 days)			
R60C Acute leukaemia W/O catastrophic or severe CC	4.1	51.2	1.6	5.6	6.3	48.1	2.1	8.6	4.7	49.9	2.1	6.5	1.7
R61A Lymphoma and non-acute leukaemia with catastrophic CC	12.1	57.9	21.9	21.9	11.8	57.6	18.2	18.2	11.9	57.8	18.2	20.0	20.0
R61B Lymphoma and non-acute leukaemia W/O catastrophic CC	6.9	47.7	8.9	8.9	6.2	46.7	7.2	7.2	6.5	47.3	7.2	8.0	8.0
R61C Lymphoma and non-acute leukaemia, same day	1.0	-	1.0	1.0	1.0	-	1.0	1.0	1.0	-	1.0	1.0	1.0
R62A Other neoplastic disorders with CC	8.9	58.4	10.5	17.3	9.8	45.6	8.7	12.9	9.4	53.4	8.7	14.8	9.5
R62B Other neoplastic disorders W/O CC	7.4	50.3	3.2	12.3	7.1	43.6	2.8	8.8	7.3	48.2	2.8	10.4	3.0
R63Z Chemotherapy	-	-	1.0	-	-	-	1.0	-	-	-	1.0	-	1.0
R64Z Radiotherapy	-	-	1.0	-	-	-	1.0	-	-	-	1.0	-	1.0
S60Z HIV, same day	1.0	-	1.0	1.0	1.0	-	1.0	1.0	1.0	-	1.0	1.0	1.0
S65A HIV-related diseases with catastrophic CC	12.0	49.9	22.5	22.5	17.3	-	17.3	17.3	12.4	49.9	17.3	22.2	22.2
S65B HIV-related diseases with severe CC	8.5	57.7	11.1	11.1	11.0	-	11.0	11.0	8.7	57.7	11.0	11.0	11.0
S65C HIV-related diseases W/O catastrophic or severe CC	7.3	-	7.3	7.3	8.1	-	8.1	8.1	7.5	-	8.1	7.5	7.5
T01A OR procedures for infectious and parasitic diseases with catastrophic CC	15.2	53.9	28.1	28.1	14.6	88.4	38.8	40.0	15.0	69.1	38.8	33.2	32.8
T01B OR procedures for infectious and parasitic diseases with severe or moderate CC	12.2	45.4	17.1	17.8	11.7	37.2	15.6	16.0	12.0	41.9	15.6	17.1	16.5

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

AR-DRG Description	Voluntary Hospitals			Non-Voluntary Hospitals			All Hospitals		
	In-Patients		Total Discharges*	In-Patients		Total Discharges*	In-Patients		Total Discharges*
	Acute (0-30 days)	Extended (>30 days)	Total In-Patients	Acute (0-30 days)	Extended (>30 days)	Total In-Patients	Acute (0-30 days)	Extended (>30 days)	Total In-Patients
T01C	8.7	46.0	10.8	8.6	47.9	10.9	8.2	47.2	10.9
T60A	10.6	74.7	21.6	21.5	54.8	14.1	10.2	61.9	15.8
T60B	7.5	97.8	14.3	13.8	38.1	7.7	7.2	71.7	9.3
T61A	8.8	77.9	12.1	12.0	37.5	9.4	8.2	51.0	10.3
T61B	5.0	57.0	5.6	4.9	-	4.6	4.7	57.0	4.9
T62A	5.1	44.3	6.4	6.3	46.0	6.0	5.2	45.0	6.2
T62B	4.1	42.0	4.5	4.2	-	3.3	3.5	42.0	3.6
T63A	4.8	49.5	5.4	5.4	46.0	3.9	4.0	48.3	4.2
T63B	2.7	-	2.7	2.6	-	2.2	2.2	-	2.2
T64A	10.9	62.0	18.9	18.9	47.5	10.5	9.9	59.1	14.5
T64B	5.0	38.0	5.4	2.4	43.0	4.3	4.2	41.3	4.5
U40Z	-	-	-	1.0	-	1.0	1.0	-	1.0
U60Z	1.0	-	1.0	1.0	-	1.0	1.0	-	1.0

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

AR-DRG Description	Voluntary Hospitals			Non-Voluntary Hospitals			All Hospitals		
	In-Patients		Total Discharges*	In-Patients		Total Discharges*	In-Patients		Total Discharges*
	Acute (0-30 days)	Extended (>30 days)	Total In-Patients	Acute (0-30 days)	Extended (>30 days)	Total In-Patients	Acute (0-30 days)	Extended (>30 days)	Total In-Patients
U61A Schizophrenia disorders with mental health legal status	-	-	-	-	-	-	-	-	-
U61B Schizophrenia disorders W/O mental health legal status	10.2	65.3	26.8	5.0	-	5.0	9.9	65.3	25.8
U62A Paranoia and acute psychotic disorder with catastrophic or severe CC or with mental health legal status	9.3	36.5	20.2	11.4	47.0	17.3	10.6	40.0	18.6
U62B Paranoia and acute psychotic disorder W/O catastrophic or severe CC W/O mental health legal status	10.2	69.2	19.2	5.1	-	5.1	8.2	69.2	14.3
U63A Major affective disorders age>69 or with catastrophic or severe CC	18.3	83.1	48.9	8.8	-	8.8	13.6	83.1	35.5
U63B Major affective disorders age<70 W/O catastrophic or severe CC	10.8	69.5	20.1	3.9	65.0	5.7	9.3	69.3	17.4
U64Z Other affective and somatoform disorders	8.6	62.3	16.6	5.7	46.2	7.6	7.3	59.5	12.8
U65Z Anxiety disorders	5.7	52.0	8.5	4.2	37.8	4.7	4.7	47.6	6.1
U66Z Eating and obsessive-compulsive disorders	8.6	78.3	37.7	6.7	60.5	15.3	7.4	72.9	25.7
U67Z Personality disorders and acute reactions	5.0	84.0	8.8	4.2	60.5	5.8	4.7	78.1	7.7
U68Z Childhood mental disorders	4.1	31.0	4.7	3.6	-	3.6	3.9	31.0	4.3
V60A Alcohol intoxication and withdrawal with CC	7.7	61.8	10.8	4.4	47.8	5.6	5.2	53.4	6.8
V60B Alcohol intoxication and withdrawal W/O CC	3.4	-	3.4	2.4	34.5	2.5	2.5	34.5	2.6

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

AR-DRG Description	Voluntary Hospitals				Non-Voluntary Hospitals				All Hospitals			
	In-Patients		Total Discharges*	In-Patients		Total Discharges*	In-Patients		Total Discharges*	In-Patients		Total Discharges*
	Acute (0-30 days)	Extended (>30 days)		Total In-Patients	Acute (0-30 days)		Extended (>30 days)	Total In-Patients		Acute (0-30 days)	Extended (>30 days)	
V61Z Drug intoxication and withdrawal	8.7	-	8.7	8.7	4.8	-	4.8	4.6	6.2	-	6.2	6.0
V62A Alcohol use disorder and dependence	8.2	44.2	10.1	10.1	4.0	70.0	4.2	4.2	4.7	48.5	5.1	5.1
V62B Alcohol use disorder and dependence, same day	1.0	-	1.0	1.0	1.0	-	1.0	1.0	1.0	-	1.0	1.0
V63A Opioid use disorder and dependence	16.5	35.5	17.4	17.4	3.2	-	3.2	3.2	14.2	35.5	15.0	14.7
V63B Opioid use disorder and dependence, left against medical advice	1.0	-	1.0	1.0	1.7	-	1.7	1.7	1.5	-	1.5	1.5
V64Z Other drug use disorder and dependence	15.4	43.0	16.9	16.9	1.5	-	1.5	1.5	11.7	43.0	13.0	10.2
W01Z Ventilation or craniotomy procedures for multiple significant trauma	14.7	66.8	35.1	35.1	14.0	73.3	37.9	37.9	14.4	69.8	36.4	36.4
W02Z Hip, femur and limb procedures for multiple significant trauma, including implantation	14.8	57.7	26.5	26.5	14.8	56.4	22.1	22.1	14.8	56.9	23.3	23.3
W03Z Abdominal procedures for multiple significant trauma	15.6	47.0	21.3	21.3	12.2	45.3	20.8	20.8	13.3	45.8	21.0	21.0
W04Z Other OR procedures for multiple significant trauma	16.5	47.4	23.5	23.5	13.2	58.3	20.1	20.1	14.9	51.4	21.9	21.9
W60Z Multiple trauma, died or transferred to another acute care facility LOS<5 days	2.2	-	2.2	2.2	1.8	-	1.8	1.8	1.8	-	1.8	1.8
W61Z Multiple trauma without significant procedures	8.3	91.0	42.2	42.2	9.0	74.9	14.9	14.9	8.7	88.7	30.2	25.4
X02Z Microvascular tissue transfer or skin grafts for injuries to hand	3.7	35.0	4.1	4.1	2.4	-	2.4	2.4	3.0	35.0	3.2	3.0

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

AR-DRG Description	Voluntary Hospitals				Non-Voluntary Hospitals				All Hospitals			
	In-Patients			Total Discharges ^a	In-Patients			Total Discharges ^a	In-Patients			Total Discharges ^a
	Acute (0-30 days)	Extended (>30 days)	Total In-Patients	Acute (0-30 days)	Extended (>30 days)	Total In-Patients	Acute (0-30 days)	Extended (>30 days)	Total In-Patients	Acute (0-30 days)	Extended (>30 days)	Total In-Patients
X04A Other procedures for injuries to lower limb age>59 or with CC	8.5	87.6	30.5	30.5	8.6	99.0	14.7	14.7	8.6	90.9	20.6	20.6
X04B Other procedures for injuries to lower limb age<60 W/O CC	3.3	-	3.3	3.0	2.6	-	2.6	2.5	2.9	-	2.9	2.7
X05Z Other procedures for injuries to hand	1.7	31.0	1.8	1.7	62.0	1.7	1.7	1.7	1.7	46.5	1.7	1.7
X06A Other procedures for other injuries with catastrophic or severe CC	8.2	38.8	10.1	9.8	43.6	11.2	11.2	11.2	8.6	41.4	10.7	10.6
X06B Other procedures for other injuries W/O catastrophic or severe CC	3.4	55.3	3.8	3.3	51.3	2.7	2.7	2.6	2.8	53.3	3.0	2.8
X07A Skin graft for injuries excluding hand with microvascular tissue transfer or with catastrophic or severe CC	12.7	56.6	25.7	25.7	11.2	38.0	16.3	16.3	12.0	50.4	21.6	21.6
X07B Skin graft for injuries excluding hand W/O microvascular tissue transfer W/O catastrophic or severe CC	8.0	43.0	8.6	8.4	9.2	42.3	10.6	10.5	8.7	42.5	9.7	9.5
X60A Injuries age>64 with CC	8.7	62.0	24.2	20.3	9.4	63.0	13.7	13.7	9.2	62.3	17.4	16.3
X60B Injuries age>64 W/O CC	3.1	61.1	8.0	7.7	4.4	47.5	5.1	5.0	4.1	55.7	5.7	5.6
X60C Injuries age<65	1.9	61.7	3.4	3.0	1.8	45.0	1.8	1.7	1.8	61.3	2.3	2.2
X61Z Allergic reactions	2.2	-	2.2	1.8	2.0	-	2.0	2.0	2.0	-	2.0	1.9
X62A Poisoning/toxic effects of drugs and other substances age>59 or with CC	5.0	97.1	7.4	7.4	3.1	56.3	3.3	3.3	3.5	83.5	4.2	4.2
X62B Poisoning/toxic effects of drugs and other substances age<60 W/O CC	2.5	79.0	2.8	2.7	1.6	33.0	1.7	1.7	1.8	51.4	1.8	1.8

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

AR-DRG Description	Voluntary Hospitals				Non-Voluntary Hospitals				All Hospitals			
	In-Patients		Total Discharges*	Total In-Patients	In-Patients		Total Discharges*	Total In-Patients	In-Patients		Total Discharges*	Total In-Patients
	Acute (0-30 days)	Extended (>30 days)	Acute (0-30 days)		Extended (>30 days)	Acute (0-30 days)	Extended (>30 days)		Acute (0-30 days)	Extended (>30 days)		
X63A Sequelae of treatment with catastrophic or severe CC	7.1	57.8	10.3	10.0	6.6	40.7	8.7	8.6	6.8	48.5	9.4	9.2
X63B Sequelae of treatment W/O catastrophic or severe CC	3.3	38.0	3.3	2.7	3.3	37.0	3.4	3.3	3.3	37.5	3.4	3.0
X64A Other injury, poisoning and toxic effect diagnosis age>59 or with CC	6.6	87.3	19.5	19.5	6.1	41.4	8.7	8.7	6.2	61.8	11.7	11.7
X64B Other injury, poisoning and toxic effect diagnosis age<60 W/O CC	2.3	-	2.3	2.3	1.4	-	1.4	1.4	1.6	-	1.6	1.6
Y01Z Severe full thickness burns	13.3	86.2	54.3	54.3	13.0	98.5	70.0	70.0	13.3	88.5	56.8	56.8
Y02A Other burns with skin graft age>64 or with catastrophic or severe CC or with complicating procedure	18.2	44.3	20.5	20.5	15.1	55.9	25.6	25.6	17.1	52.0	22.6	22.6
Y02B Other burns with skin graft age<65 W/O catastrophic or severe CC W/O complicating procedure	10.9	46.3	12.9	12.9	11.6	-	11.6	11.6	11.1	46.3	12.6	12.6
Y03Z Other OR procedures for other burns	13.5	99.5	29.9	29.9	6.5	-	6.5	6.5	10.5	99.5	20.9	20.9
Y60Z Burns, transferred to another acute care facility <5 days	1.0	-	1.0	1.0	1.3	-	1.3	1.3	1.2	-	1.2	1.2
Y61Z Severe burns	6.4	-	6.4	6.4	4.2	50.0	5.4	5.4	5.1	50.0	5.8	5.8
Y62A Other burns age>64 or with catastrophic or severe CC or with complicating procedures	7.9	40.0	11.4	11.4	6.2	-	6.2	6.2	6.6	40.0	7.8	7.8
Y62B Other burns age<65 W/O catastrophic or severe CC W/O complicating procedures	4.6	-	4.6	4.6	2.7	-	2.7	2.7	3.7	-	3.7	3.7

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

AR-DRG Description	Voluntary Hospitals			Non-Voluntary Hospitals			All Hospitals			
	In-Patients		Total Discharges*	In-Patients		Total Discharges*	In-Patients		Total Discharges*	
	Acute (0-30 days)	Extended (>30 days)	Total In-Patients	Acute (0-30 days)	Extended (>30 days)	Total In-Patients	Acute (0-30 days)	Extended (>30 days)	Total In-Patients	
Z01A OR procedures with diagnoses of other contacts with health services with catastrophic or severe CC	7.6	81.0	11.8	9.1	73.3	21.9	8.2	75.1	16.7	13.6
Z01B OR procedures with diagnoses other contacts with health services W/O catastrophic or severe CC	4.4	36.0	4.7	3.8	39.0	4.4	4.1	37.8	4.6	2.4
Z40Z Follow up with endoscopy	2.4	71.0	4.1	2.1	-	2.1	2.2	71.0	2.8	1.1
Z60A Rehabilitation with catastrophic or severe CC	16.1	47.6	24.7	10.9	85.5	36.5	13.5	69.8	31.0	31.0
Z60B Rehabilitation W/O catastrophic or severe CC	13.3	60.2	18.8	7.8	67.4	13.7	11.6	62.2	17.2	17.2
Z60C Rehabilitation, same day	1.0	-	1.0	1.0	-	1.0	1.0	-	1.0	1.0
Z61Z Signs and symptoms	5.4	75.7	9.4	4.8	51.0	5.2	5.0	70.9	6.8	4.8
Z62Z Follow up W/O endoscopy	3.6	-	3.6	4.7	-	4.7	4.2	-	4.2	1.2
Z63A Other aftercare with catastrophic or severe CC	2.9	33.7	3.4	9.0	65.1	15.5	7.8	64.2	13.3	8.4
Z63B Other aftercare W/O catastrophic or severe CC	1.9	34.5	2.0	5.1	51.3	6.1	4.3	49.7	5.0	1.8
Z64A Other factors influencing health status	3.3	100.1	8.1	6.8	91.2	8.8	6.2	93.9	8.7	8.7
Z64B Other factors influencing health status, same day	1.0	-	1.0	1.0	-	1.0	1.0	-	1.0	1.0
Z65Z Multiple, other and unspecified congenital anomalies	5.3	42.0	6.1	3.4	39.0	5.3	4.8	40.5	5.9	3.5
901Z Extensive OR procedure unrelated to principal diagnosis	9.5	96.4	26.7	9.4	56.9	17.2	9.5	83.1	23.1	18.1
902Z Non-extensive OR procedure unrelated to principal diagnosis	9.2	83.3	19.2	9.1	48.4	13	9.2	74	17.1	11.8

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

AR-DRG Description	Voluntary Hospitals				Non-Voluntary Hospitals				All Hospitals			
	In-Patients		Total Discharges ^a	In-Patients		Total Discharges ^a	In-Patients		Total Discharges ^a	In-Patients		Total Discharges ^a
	Acute (0-30 days)	Extended (>30 days)		Total In-Patients	Acute (0-30 days)		Extended (>30 days)	Total In-Patients		Acute (0-30 days)	Extended (>30 days)	
903Z Prostatic OR procedure unrelated to principal diagnosis	15.3	108.6	58.8	55.2	17.1	66.5	28.1	28.1	16.1	99.2	47.3	45.4
960Z Ungroupable	4.0	-	4.0	4.0	3.5	-	3.5	3.5	3.5	-	3.5	3.5
961Z Unacceptable principal diagnosis	6.9	-	6.9	5.6	3.8	45.5	5.5	4.0	4.5	45.5	5.8	4.3
963Z Neonatal diagnosis not consistent with age/weight	6.2	59.2	10.7	9.4	4.6	53.9	12.1	6.8	5.4	55.8	11.4	7.8
Total	5.2	69.4	8.1	4.4	4.7	55.2	5.6	3.8	4.9	63.0	6.5	4.1

Notes: - denotes no discharges reported to HIPE.

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

^a Includes day and in-patients.

^b This includes pregnancy with abortive outcome.



Glossary and Abbreviations

GLOSSARY

Acute hospital	An acute hospital provides medical and surgical treatment of relatively short duration (Department of Health and Children, 2001).
Additional Diagnosis	A condition or complaint either coexisting with the principal diagnosis or arising during the episode of care or attendance at a health care facility (NCCH, 2004).
Admission type	The type of admission may generally be classified as a planned or emergency admission. Unlike emergency admissions, planned admissions are arranged in advance by the patient and/or service provider.
Bed designation	The designation of beds in public hospitals may be public, semi-private or private.
Case mix	Case mix is a method of quantifying hospital workload taking account of the complexity and resource-intensity of the services provided.
Complications	Complications may arise during the hospital stay.
Comorbidities	Comorbidities are assumed to be prior existing conditions, which were present at the time of admission.
Day patient	A day patient is admitted to hospital for treatment on a planned (rather than an emergency) basis and who is discharged alive, as scheduled, on the same day (Department of Health and Children, 2001). Births are not included.
Diagnosis Related Group (DRG)	DRGs are clusters of cases with similar clinical attributes and resource requirements. In Ireland, the decision was made to move to Australian Refined Diagnosis Related Group (AR-DRG) version 5.1 from 2005 onwards.
Discharge rate	Discharge rate is the ratio of discharges to the corresponding population. The formula for calculating the discharge rate is:

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

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

Emergency admission	An emergency admission is unforeseen and requires urgent care (Department of Health and Children, 2001). This term is used to refer to in-patient discharges.
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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 computer-based health information system that collates data on discharges from, and deaths in, acute hospitals in Ireland.
Hospital type	Relates to voluntary and non-voluntary hospitals. It is also used to distinguish between general and special hospitals.
In-patient	An in-patient is admitted to hospital for treatment or investigation on a planned or emergency basis (Department of Health and Children, 2001). While a planned in-patient would stay for at least one night, in the case of emergency admissions, the date of admission and discharge may be the same.
Integrated Management Return (IMR)	A set of management reports is submitted to the Department of Health and Children on a monthly basis by health boards/regional authorities and hospitals. Each report contains financial data, hospital activity data and employment control data, and is accompanied by a covering summary note which is signed off by the Chief Executive Officer or Secretary Manager of the relevant health board and/or hospital. The format of the IMRs changed when the health boards/regional authorities were replaced by the Health Service Executive on 1 January 2005.
Length of stay	Length of stay refers to the time, expressed in days, between admission to, and discharge from, hospital. For a day patient, length of stay is set equal to 1 day.
Non-voluntary hospital	A non-voluntary hospital is owned and funded by the Health Service Executive (also known as a HSE hospital) (Citizen's Information, 2008).
Patient type	A patient may be admitted to hospital as a day patient (which is planned and does not involve an overnight stay) or an in-patient.
Planned admission	An admission or procedure that has been arranged in advance (Department of Health and Children, 2001). This term is generally used to refer to in-patient discharges. The terms elective admission or procedure may also be used.

Principal diagnosis	The diagnosis established after study to be chiefly responsible for occasioning the patients episode of care. The phrase after study in the definition means evaluation of findings to establish the condition that was chiefly responsible for occasioning the episode of care. (NCCH, 2004)
Principal and additional procedure	<p>A procedure is defined as a clinical intervention that:</p> <ul style="list-style-type: none"> • 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 <p>The order of codes should be determined using the following hierarchy:</p> <ul style="list-style-type: none"> • 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. <p>(NCCH, 2004)</p>
Public/Private status	Refers to whether the patient is a public or private patient of the consultant.
Special hospital	A special hospital specialises in the provision of medical and surgical services in a particular area—such as maternity hospitals, cancer hospitals or orthopaedic hospitals.
Voluntary hospital	Management authorities for this group of hospitals vary widely. Some are owned and operated by religious orders, others are incorporated by charter or statute and work under lay boards of governors. These are financed to a large extent by State funds (Citizen’s Information, 2008). For the purposes of this report, joint board hospitals are categorised as voluntary hospitals.
W-HIPE	The data entry and reporting system used in HIPE.

Source: 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 (4 June 2008)
http://www.citizensinformation.ie/categories/health/hospital-services/hospital_services_introduction; date consulted: 10 July 2008.
 For further information on the definitions of diagnoses see NCCH ICD-10-AM, July 2004, General Standards for Diseases.
 For further information on the definitions of procedures see NCCH ICD-10-AM, July 2004, General Standards for Procedures.

ABBREVIATIONS

Adm	Admission
Admwt	Admission Weight
ACHI	Australian Classification of Health Interventions
ACS	Australian Coding Standards
AICD	Automatic Implantable Cardioverter-Defibrillator
AMI	Acute Myocardial Infarction
ALOS	Average Length of Stay
AR-DRG	Australian Refined Diagnosis Related Group
CABG	Coronary Artery Bypass Graft
CC	Complication and/or Comorbidity
CDE	Common Bile Duct Exploration
CSO	Central Statistics Office
D&C	Dilation and Curettage
CPB pump	Cardiopulmonary bypass pump
DoH&C	Department of Health and Children
DRG	Diagnosis Related Group
DX/Pr	Diagnosis or Procedure
EEG	Electroencephalography
ECMO	Extra corporeal membrane oxygenation
ECT	Electroconvulsive therapy
ENT	Ear, Nose and Throat
ERCP	Endoscopic Retrograde Cholangio Pancreatography
ESRI	Economic and Social Research Institute
ESW	Extracorporeal Shock Waves
GI	Gastro-intestinal
Fx	Fracture
g	Grams
GMS	General Medical Services
GP	General Practitioner
HCFA	Health Care Financing Administration
HIPE	Hospital In-Patient Enquiry
HIV	Human Immunodeficiency Virus
hr	Hour
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, 4th Edition

Incl	Including
IHD	Ischaemic Heart Disease
IMR	Integrated Management Return
Infect/inflam	Infection/inflammation
Inhal	Inhalation
Inves	Investigative
IT	Information Technology
LHO	Local Health Office
LOS	Length of Stay
MBS	Medical Benefit Schedule
MDC	Major Diagnostic Category
misc	Miscellaneous
n/a	Not applicable
NCCH	National Centre for Classification in Health
N	Number of Observations/Discharges
NPRS	National Perinatal Reporting System
NTPF	National Treatment Purchase Fund
OR	Operating Room
PHIS	Public Health Information System
PTCA	Percutaneous Transluminal Coronary Angioplasty
TIA	Transient Ischaemic Attack
URI	Upper Respiratory Infection
WHO	World Health Organisation
W/O	Without



Appendices

APPENDIX I

Listing of Hospitals Participating in the HIPE System

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
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
Cherry Orchard Hospital, Ballyfermot	Dublin	Non-Voluntary	Infectious Disease
HSE Dublin Mid Leinster			
Coombe Women's Hospital	Dublin	Voluntary	Maternity
Hume Street Hospital	Dublin	Voluntary	Cancer
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	Infectious Disease
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, Meath Incorporating 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


Hospital Name	County	Hospital Type	
HSE West			
Midwestern Regional Hospital, Ennis	Clare	Non-Voluntary	County
Midwestern Regional Hospital, Nenagh	Tipperary	Non-Voluntary	County
Midwestern Regional Hospital, Dooradoyle	Limerick	Non-Voluntary	Regional
Midwestern Regional Maternity Hospital	Limerick	Non-Voluntary	Maternity
Midwestern Regional Orthopaedic Hospital, Croom	Limerick	Non-Voluntary	Orthopaedic
St. John's Hospital	Limerick	Voluntary	General
Letterkenny General Hospital	Donegal	Non-Voluntary	County
Sligo General Hospital	Sligo	Non-Voluntary	Regional
Mayo General Hospital, Castlebar	Mayo	Non-Voluntary	County
Merlin Park Regional Hospital	Galway	Non-Voluntary	Regional
Portiuncula Hospital, Ballinasloe ^a	Galway	Non-Voluntary	County
Roscommon County Hospital	Roscommon	Non-Voluntary	County
University College Hospital Galway	Galway	Non-Voluntary	Regional
HSE South			
Lourdes Orthopaedic Hospital, Kilcreene	Kilkenny	Non-Voluntary	Orthopaedic
Our Lady's Hospital, Cashel	Tipperary	Non-Voluntary	County
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	Cork	Non-Voluntary	Regional
Erinville Hospital, Cork	Cork	Non-Voluntary	Maternity
Kerry General Hospital, Tralee	Kerry	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 public hospitals participating in 2005: 58.

Two private hospitals began to participate in HIPE in 2000. Data relating to these two hospitals are not contained in this report.

^a Portiuncula Hospital changed its status from a voluntary to a health board hospital (now non-voluntary hospital) in November 2001. The analysis presented here reflects these changes.

APPENDIX II
HIPE Data Entry Form, 2005



Hospital In-Patient Enquiry (HIPE) Summary Sheet

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

I	I	I	I
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Hosp No:

Patient Discharge Information		W/List <small>If = 1-2</small>	Mode <small>If = 4-7</small>
Medical Record Number	<input style="width: 100%;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>
Admission Date	<input style="width: 100%;" type="text"/>	Type (priority) of admission	
Date of Transfer to PDU	<input style="width: 100%;" type="text"/>	Source of Admission	
Discharge Date	<input style="width: 100%;" type="text"/>	Transfer From	
Date of Birth	<input style="width: 100%;" type="text"/>	Discharge Code	
Sex	<input style="width: 20px;" type="text"/> Infant Admit weight <input style="width: 40px;" type="text"/>	Transfer To	

Patient Details		Marital Status	GMS Number
Name	<input style="width: 100%;" type="text"/>		
Medical Card	<input style="width: 20px;" type="text"/>	Discharge Status	
Area of Residence	<input style="width: 40px;" type="text"/>	<input style="width: 20px;" type="text"/>	Day Case
Days in an Intensive Care Environment	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>	Day Ward
Admitting Consultant	<input style="width: 40px;" type="text"/>	<input style="width: 20px;" type="text"/>	Days in a: <input style="width: 40px;" type="text"/>
Discharge Consultant	<input style="width: 40px;" type="text"/>	<input style="width: 20px;" type="text"/>	Private / Semi Private bed
		<input style="width: 20px;" type="text"/>	Public Bed
		<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>

PDX = The diagnosis established after study to be chiefly responsible for occasioning the patient's episode of care in hospital (ACS 001)

	ICD-10-AM Code	Principal Diagnosis (PDX)	Consultant	Speciality
(1)	<input style="width: 50%;" type="text"/>	<input style="width: 50%;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>
(2)	<input style="width: 50%;" type="text"/>	<input style="width: 50%;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>
(3)	<input style="width: 50%;" type="text"/>	<input style="width: 50%;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>
(4)	<input style="width: 50%;" type="text"/>	<input style="width: 50%;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>
(5)	<input style="width: 50%;" type="text"/>	<input style="width: 50%;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>
(6)	<input style="width: 50%;" type="text"/>	<input style="width: 50%;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>
(7)	<input style="width: 50%;" type="text"/>	<input style="width: 50%;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>
(8)	<input style="width: 50%;" type="text"/>	<input style="width: 50%;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>
(9)	<input style="width: 50%;" type="text"/>	<input style="width: 50%;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>
(10)	<input style="width: 50%;" type="text"/>	<input style="width: 50%;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>

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

	Block No.	Principal Procedure	Consultant
(1)	<input style="width: 20px;" type="text"/>	<input style="width: 30%;" type="text"/>	<input style="width: 20px;" type="text"/>
(2)	<input style="width: 20px;" type="text"/>	<input style="width: 30%;" type="text"/>	<input style="width: 20px;" type="text"/>
(3)	<input style="width: 20px;" type="text"/>	<input style="width: 30%;" type="text"/>	<input style="width: 20px;" type="text"/>
(4)	<input style="width: 20px;" type="text"/>	<input style="width: 30%;" type="text"/>	<input style="width: 20px;" type="text"/>
(5)	<input style="width: 20px;" type="text"/>	<input style="width: 30%;" type="text"/>	<input style="width: 20px;" type="text"/>
(6)	<input style="width: 20px;" type="text"/>	<input style="width: 30%;" type="text"/>	<input style="width: 20px;" type="text"/>
(7)	<input style="width: 20px;" type="text"/>	<input style="width: 30%;" type="text"/>	<input style="width: 20px;" type="text"/>
(8)	<input style="width: 20px;" type="text"/>	<input style="width: 30%;" type="text"/>	<input style="width: 20px;" type="text"/>
(9)	<input style="width: 20px;" type="text"/>	<input style="width: 30%;" type="text"/>	<input style="width: 20px;" type="text"/>
(10)	<input style="width: 20px;" type="text"/>	<input style="width: 30%;" type="text"/>	<input style="width: 20px;" type="text"/>

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

Date of 1st Procedure / /

Date of Principal Procedure / /

Case Entered on W-HIPE: Comment: _____

For use on all discharges from 1.1.2005

Source: HIPE Unit, ESRI, 4 Burlington Road, Dublin 4. Tel 01-6671525 Fax 01-6686231

APPENDIX III

2005 Population Data by Age, Sex and HSE Area of Residence

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

TABLE III.1

Total Population Estimates by HSE Area of Residence, 2005

	HSE Area of Residence				Total
	HSE Dublin North East	HSE Dublin Mid-Leinster	HSE South	HSE West	
0–4 years	69,179	90,917	73,361	67,473	300,930
5–9 years	59,157	78,925	70,095	65,096	273,273
10–14 years	55,710	73,908	67,911	63,247	260,776
15–19 years	60,346	79,644	74,290	72,139	286,419
20–24 years	72,919	96,622	81,794	79,784	331,119
25–29 years	79,480	102,556	75,450	70,021	327,507
30–34 years	78,151	102,221	76,932	69,669	326,973
35–39 years	68,550	90,923	76,132	68,377	303,982
40–44 years	63,899	85,632	76,218	68,026	293,775
45–49 years	56,539	75,489	69,517	65,397	266,942
50–54 years	51,796	68,988	65,078	63,268	249,130
55–59 years	48,072	63,267	61,952	59,882	233,173
60–64 years	36,299	47,534	47,612	44,581	176,026
65–69 years	29,349	38,076	39,219	35,778	142,422
70–74 years	23,692	30,031	32,375	29,969	116,067
75–79 years	18,749	23,793	25,038	23,932	91,512
80–84 years	12,995	16,288	17,867	17,497	64,647
85 years and over	9,003	11,165	12,063	13,469	45,700
All Ages	893,885	1,175,979	1,042,905	977,606	4,090,375

Note: These population estimates were constructed by age, sex and county with counties Dublin and Tipperary split into north and south components as per the HSE area definitions. The estimates were derived using a cohort component model, and then applying the mortality rates of the CSO Life Table Number 14, the observed fertility rates and the observed migration rates for 2005.

TABLE III.2

Male Population Estimates by HSE Area of Residence, 2005

	HSE Area of Residence				Total
	HSE Dublin North East	HSE Dublin Mid-Leinster	HSE South	HSE West	
0–4 years	35,452	46,524	37,572	34,395	153,943
5–9 years	30,400	40,612	35,738	33,536	140,286
10–14 years	28,746	38,020	34,747	32,161	133,674
15–19 years	30,607	40,682	38,025	37,127	146,441
20–24 years	36,946	48,820	41,586	40,554	167,906
25–29 years	39,166	50,627	38,353	35,612	163,758
30–34 years	38,954	50,915	38,586	35,010	163,465
35–39 years	34,341	45,300	38,124	34,507	152,272
40–44 years	31,416	42,237	37,847	34,040	145,540
45–49 years	27,927	37,124	34,914	32,727	132,692
50–54 years	25,617	34,000	33,081	32,275	124,973
55–59 years	23,823	31,382	31,314	31,014	117,533
60–64 years	18,000	23,486	24,139	22,972	88,597
65–69 years	14,155	18,263	19,484	18,204	70,106
70–74 years	10,884	13,900	15,597	15,031	55,412
75–79 years	7,660	9,819	10,881	10,482	38,842
80–84 years	4,777	5,953	6,842	6,826	24,398
85 years and over	2,540	3,151	3,699	4,380	13,770
Male (All Ages)	441,412	580,814	520,529	490,855	2,033,610

Note: These population estimates were constructed by age, sex and county with counties Dublin and Tipperary split into north and south components as per the HSE area definitions. The estimates were derived using a cohort component model, and then applying the mortality rates of the CSO Life Table Number 14, the observed fertility rates and the observed migration rates for 2005.

TABLE III.3

Female Population Estimates by HSE Area of Residence, 2005

	HSE Area of Residence				Total
	HSE Dublin North East	HSE Dublin Mid-Leinster	HSE South	HSE West	
0–4 years	33,727	44,393	35,789	33,078	146,987
5–9 years	28,756	38,313	34,357	31,560	132,986
10–14 years	26,963	35,887	33,164	31,086	127,100
15–19 years	29,739	38,962	36,265	35,012	139,978
20–24 years	35,973	47,802	40,208	39,230	163,213
25–29 years	40,314	51,929	37,097	34,409	163,749
30–34 years	39,197	51,306	38,346	34,659	163,508
35–39 years	34,209	45,623	38,009	33,869	151,710
40–44 years	32,483	43,395	38,371	33,986	148,235
45–49 years	28,612	38,364	34,603	32,671	134,250
50–54 years	26,180	34,988	31,997	30,993	124,158
55–59 years	24,249	31,885	30,638	28,868	115,640
60–64 years	18,299	24,048	23,473	21,609	87,429
65–69 years	15,194	19,813	19,735	17,574	72,316
70–74 years	12,808	16,131	16,778	14,938	60,655
75–79 years	11,089	13,975	14,157	13,450	52,671
80–84 years	8,219	10,335	11,025	10,671	40,250
85 years and over	6,463	8,014	8,364	9,088	31,929
Female (All Ages)	452,473	595,165	522,377	486,751	2,056,766

Note: These population estimates were constructed by age, sex and county with counties Dublin and Tipperary split into north and south components as per the HSE area definitions. The estimates were derived using a cohort component model, and then applying the mortality rates of the CSO Life Table Number 14, the observed fertility rates and the observed migration rates for 2005.

APPENDIX IV

Australian Coding Standard 0042 Procedures not Normally Coded¹

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.

That is, for a particular diagnosis or procedure there is a standard treatment which is unnecessary to code.

Note:

- a. Where there is a specific need to code any of the listed procedures for research or other purposes, these **codes may be assigned**.
- b. Note that some codes on this list may be required in certain standards elsewhere in this document. In such cases, the standard overrides this list and the stated code should therefore be assigned as described in the relevant standard.
- c. These procedures should be coded if performed under anaesthesia (excluding local anaesthesia, see ACS 0031 *Anaesthesia*).

1. *Application of plaster*

2. *Cardioplegia*

Code only when not associated with cardiac surgery, for example neurosurgery.

3. *Cardiotocography (CTG)*

Code if fetal scalp electrodes are applied.

4. *Dressings*

5. *Drug treatment*

Drug treatment should not be coded unless the substance is given as the principal treatment in same day episodes of care, for example, chemotherapy for neoplasm or HIV, or if it is specifically addressed in a coding standard (see ACS 1316 *Cement spacer/beads* and ACS 1615 *Specific interventions for the sick neonate*).

¹ Extracted from NCCH ICD-10-AM, July 2004, General Standards for Procedures.

6. *Echocardiogram*
Code transoesophageal echocardiogram.
7. *Electrocardiography (ECG)*
Code patient activated implantable cardiac event monitoring (loop recorder).
8. *Electromyography (EMG)*
9. *Hypothermia*
Code only when not associated with cardiac surgery.
10. *Insertion of pacing wires*
Code only when not associated with cardiac surgery.
11. *Monitoring: cardiac, electroencephalography (EEG), vascular pressure*
12. *Nasogastric intubation*
13. *Perfusion*
Code only when not associated with cardiac surgery.
14. *Postprocedural urinary catheterisation*
Code if patient discharged with catheter in situ.
Code suprapubic catheterisation.
(See ACS 0016 *General procedure guidelines*).
15. *Primary suture of surgical and traumatic wounds*
Code only for traumatic wounds which are not associated with an underlying injury, for example, suture of lacerated forearm would be coded if there is no other associated injury.
16. *Procedure components*
17. *Stress test*
18. *Traction*
Code if traction is the only procedure performed.
19. *Ultrasound*
20. *X-rays without contrast (plain)*

