

# **HIPE Statistics Reporter Information Booklet**

**May 2016**

**Version 2.0**

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## BACKGROUND INFORMATION

The HIPE (Hospital In-Patient Enquiry) Scheme is a health information system designed to collect medical and administrative data regarding discharges from and deaths in acute hospitals.

A HIPE discharge record is created when a patient is discharged from (or dies in) hospital. This record contains administrative, demographic and clinical information for an episode of care. An episode of care begins at admission to hospital, as a day- or in-patient, and ends at discharge from (or death in) that hospital.

Each HIPE discharge record represents one episode of care and patients may have been admitted to more than one hospital with the same or different diagnoses. In the absence of a unique patient identifier in HIPE, the unit of measurement is discharges and not patients.

The records therefore facilitate analyses of hospital activity rather than incidence or prevalence of disease. HIPE does not collect data on visits to the Emergency Department or outpatient clinics.

For more information on the HIPE scheme and the type of data collected, please see the main HIPE page and the HIPE data dictionary.

This reporter enables more in-depth analysis of the diagnosis and procedure categories outlined in the report *Activity in Acute Public Hospitals in Ireland*.

If you require more detailed aggregate information please email [HIPEData.Requests@hpo.ie](mailto:HIPEData.Requests@hpo.ie) with details of your information requirements.<sup>1</sup> Please include a description of the information you require, the reason for submitting this request and how you intend to use the information. While the HPO endeavours to complete requests within 20 working days, it is the responsibility of those requesting information to ensure that adequate time has been given to process the request, particularly if the nature of the request is complex.

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<sup>1</sup> This is information that is analysed in greater detail than available in reports and is not routinely published by the HPO. This type of information does not allow for the direct identification of individuals or hospitals.

## HOSPITALS PARTICIPATING IN HIPE

The tables generated using this reporter will contain analysis from all public participating hospitals (including a small number of long stay hospitals). For a full listing of public hospitals that participate in HIPE, please see Appendix I of Activity in Acute Public Hospitals in Ireland report.

## FILE VERSIONS

As the data on this website can be updated, the information reported may differ slightly from the HPO's published reports.<sup>2</sup>

Year	File
2014	2014_ASOF_0615_V19_CLOSE
2013	2013_ASOF_0814_V20_CLOSE
2012	2012_ASOF_0114_V23_CLOSE
2011	2011_ASOF_0513_V24_CLOSE
2010	2010_ASOF_1212_V21_CLOSE
2009	2009_ASOF_0513_V22_CLOSE
2008	2008_ASOF_0812_V27_CLOSE
2007	2007_ASOF_1112_V25_CLOSE
2006	2006_ASOF_0113_V27_CLOSE
2005	2005_ASOF_0113_V34_CLOSE

## REPORTING OF HIPE DATA – SMALL NUMBERS

It is policy of the Healthcare Pricing Office (HPO) not to present cells where the number of discharges reported to HIPE is between 1 and 5. The following symbols are used where suppression of data cells is necessary.

~ Between 1 and 5 discharges reported to HIPE.

\* Further suppression is necessary to ensure that cells between 1 and 5 discharges are not disclosed.

^ Row aggregated to ensure that cells between 1 and 5 discharges are not disclosed.

## CLINICAL DATA

Discharges are coded using ICD-10-AM, the International Statistical Classification of Diseases and Related Health Problems, Tenth Revision, Australian Modification. The ICD-10-AM disease component is based on the World Health Organisation (WHO) ICD-10. ICD-10-AM is used in conjunction with the Australian Classification of Health Interventions (ACHI) and the Australian Coding Standard (ACS) to reflect an accurate health episode of care. Between 2005 and 2008 the 4th edition of this classification was used to code all discharges. Between 2009 and 2014 the 6th edition of this classification was used to code all discharges. From 1st January 2015 Ireland updated to the 8<sup>th</sup> Edition of ICD10-AM/ACHI/ACS to code all discharges.

<sup>2</sup> The 2005-2012 files were updated in March 2014. In May 2016, the 2012 file was updated and files for 2013 and 2014 were added to the HIPE Statistics Reporter.

## Diagnoses

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

An **additional diagnosis** is defined as, 'a condition or complaint either coexisting with the principal diagnosis or arising during the episode of admitted patient care, episode of residential care or attendance at a health care establishment, as represented by a code' and may be used as an indication of the level of comorbidity.

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

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

From 2005-2010 HIPE collected a principal diagnosis for each discharge, together with up to 19 additional diagnosis codes

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

## Procedures

The classification of procedures in ICD-10-AM uses the Australian Classification of Health Interventions (ACHI). Procedures are coded in HIPE in accordance with the following hierarchy:

A procedure is defined as a clinical intervention that

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

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

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

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

HIPE collects a principal procedure and up to 19 additional procedure codes for each discharge could be reported to HIPE where appropriate. Please note that not all discharges may have a procedure recorded.

## HOW TO RUN A REPORT ON THE HIPE STATISTICS REPORTER

### Step 1

#### HIPE Data Reporter: Select Year



A vertical list of eight buttons, each containing a year from 2012 at the top to 2005 at the bottom. The buttons are arranged in a single column and are styled with a light gray background and a subtle gradient.

**Year** – Year refers to the year in which the discharge occurred. For example, 2010 data relate to those discharged from hospital in 2010, even though some of these cases may have been admitted in earlier years.

### Step 2

#### HIPE Data Reporter: Select Report Type



A vertical list of four buttons, each containing a report type: 'Principal Diagnosis', 'Principal Procedure', 'All Diagnoses', and 'All Procedures'. The buttons are arranged in a single column and are styled with a light gray background and a subtle gradient.

**Principal Diagnosis Report** –allows reports to be run on principal diagnoses only.

**Principal Procedure Report** –allows reports to be run on principal procedures only.

**All Diagnoses** - The 'All diagnoses' reports provides a count of all-listed diagnosis codes (including principal diagnosis and any additional diagnoses), it does not provide a count of discharges.

**All Procedures** - The 'All procedures' report provides a count of the number of procedures (including principal and additional procedures) for discharges where a procedure was reported, it does not provide a count of discharges .

### Step 3

HIPE Data Reporter: Select Case Type

All Cases  
 In-patients  
 Day Cases

**All Cases** - All day patient and in-patient discharges.

**In-Patient** - An in-patient is admitted to hospital for treatment or investigation, either on a planned or emergency basis. While an in-patient would typically stay in hospital for at least one night, in the case of emergency admissions the date of admission and discharge may be the same. In this latter case, the length of stay is set to one day.

**Day case** - A person admitted to hospital for treatment on a planned (rather than emergency) basis and who is discharged alive, as scheduled, on the same day. Births are not included. On the basis of this definition, a day case cannot be admitted to hospital as an emergency.

### Step 4

HIPE Data Reporter: Select Code

Please see [Appendix 1](#) for details of the diagnoses categories

Please see [Appendix 2](#) for details for the procedure categories

### Step 5

HIPE Data Reporter: Select Age

All ages  
 0 - 14 years  
 15 - 44 years  
 45 - 64 years  
 65 years and over

Age is calculated on date of admission.

### Step 6

HIPE Data Reporter: Select Sex

All sexes  
 Male  
 Female



## Step 7

HIPE Data Reporter: Select Health Region

- All health regions
- HSE Dublin North East
- HSE Dublin Mid Leinster
- HSE South
- HSE West
- Other : NFA

**Health Region** - Health Region of Residence of the discharge. The category 'Other & NFA' includes 'other' discharges with no known health region of residence (refers to discharges normally resident outside the Republic of Ireland) and 'NFA' relating to discharges with no fixed abode.

## Step 8

HIPE Data Reporter: Select Fields

- Total
- In-patient average length of stay
- Number of discharges admitted from home
- Number of discharges admitted from other location
- Number of discharges discharged to home
- Number of discharges discharged to other location

**In-patient average length of stay** - Mean time, expressed in days, between admission to and discharge from hospital. For the purpose of these reports average length of stay is based on in-patient discharges only.

**Admitted from other location** - This includes discharges admitted to hospital from a location other than home, including another hospital, nursing/convalescent home, long stay accommodation, hospice, psychiatric hospital/unit, temporary place of residence and prison. New borns are also included in this category.

**Discharged to other location** - This includes discharges to a location other than home, including nursing/convalescent home, other hospital, psychiatric hospital/unit, rehabilitation facility and hospice. This also includes discharges that are self discharged or absconded, discharged to prison, temporary place of residence or other location. Patients who died in hospital are also included in this category.

## APPENDIX 1 - REPORTING CATEGORIES FOR DIAGNOSES

Description	Code
<b>Certain infectious and parasitic diseases</b>	<b>A00-B99</b>
Intestinal infectious diseases (including diarrhoea)	A00-A09
Tuberculosis	A15-A19
Septicaemia	A40-A41
Human immunodeficiency virus [HIV] disease	B20-B24
<b>Neoplasms</b>	<b>C00-D48</b>
Malignant neoplasms	C00-C96
Malignant neoplasm of colon, rectum and anus	C18-C21
Malignant neoplasm of trachea, bronchus and lung	C33-C34
Malignant neoplasm of skin	C43-C44
Malignant neoplasm of breast	C50
Malignant neoplasms of female genital organs	C51-C58
Malignant neoplasm of prostate	C61
Malignant neoplasm of bladder	C67
Malignant neoplasms of lymphoid, haematopoietic and related tissue	C81-C96
Benign neoplasms and neoplasms of uncertain or unknown behaviour	D10-D48
<b>Diseases of the blood and blood forming organs and certain disorders involving the immune mechanism</b>	<b>D50-D89</b>
<b>Endocrine, nutritional and metabolic diseases</b>	<b>E00-E89</b>
Diabetes mellitus	E10-E14
Cystic fibrosis	E84
<b>Mental and behavioural disorders</b>	<b>F00-F99</b>
Mental and behavioural disorders due to alcohol	F10
Mental and behavioural disorders due to use of other psychoactive substance	F11-F19
<b>Diseases of nervous system</b>	<b>G00-G99</b>
Multiple sclerosis	G35
Epilepsy	G40, G41
Transient cerebral ischaemic attacks and related syndromes	G45
<b>Diseases of the eye and adnexa</b>	<b>H00-H59</b>
<b>Diseases of the ear and mastoid process</b>	<b>H60-H95</b>
<b>Diseases of the circulatory system</b>	<b>I00-I99</b>
Hypertensive diseases	I10-I15
Angina pectoris	I20
Acute myocardial infarction	I21-I22
Other ischaemic heart disease	I23-I25
Pulmonary heart disease and diseases of pulmonary circulation	I26-I28
Conduction disorders and cardiac arrhythmias	I44-I49
Heart failure	I50
Cerebrovascular disease	I60-I69
Atherosclerosis	I70
<b>Diseases of the respiratory system</b>	<b>J00-J99</b>
Acute upper respiratory infections and influenza	J00-J11
Pneumonia	J12-J18
Chronic diseases of tonsils and adenoids	J35
Chronic obstructive pulmonary disease and bronchiectasis	J40-J44, J47
Asthma	J45-J46
<b>Diseases of the digestive system</b>	<b>K00-K93</b>
Diseases of oesophagus, stomach and duodenum	K20-K31
Diseases of appendix	K35-K38
Inguinal hernia	K40
Noninfective enteritis and colitis	K50-K52
Alcoholic liver disease	K70
Cholelithiasis	K80
<b>Diseases of the skin and subcutaneous tissue</b>	<b>L00-L99</b>
Cutaneous abscess, furuncle and carbuncle and cellulitis	L02-L03
<b>Diseases of the musculoskeletal system and connective tissue</b>	<b>M00-M99</b>
Rheumatoid arthritis	M05-M06
Coxarthrosis and Gonarthrosis	M16-M17
Intervertebral disc disorders	M50-M51
Dorsalgia	M54
<b>Diseases of the genitourinary system</b>	<b>N00-N99</b>
Chronic kidney disease (2)	N18
Urolithiasis	N20-N23
Hyperplasia of prostate	N40
Disorders of breast	N60-N64

**Appendix 1 - Reporting Categories for Diagnoses (continued)**

<b>Description</b>	<b>Code</b>
Inflammatory diseases of female pelvic organs	N70–N77
Noninflammatory disorders of female genital tract	N80–N98
<b>Pregnancy, childbirth and the puerperium</b>	<b>O00–O99</b>
Pregnancy with abortive outcome	O00–O08
<b>Certain conditions originating in the perinatal period</b>	<b>P00–P96</b>
<b>Congenital malformations, deformations and chromosomal abnormalities</b>	<b>Q00–Q99</b>
<b>Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified</b>	<b>R00–R99</b>
Abdominal and pelvic pain	R10
<b>Injury, poisoning and certain other consequences of external causes</b>	<b>S00–T98</b>
Intracranial injury	S06
Other injuries to the head (including skull fracture)	S00–S05,S07–S09
Fracture of femur	S72
Poisonings by drugs, medicaments and biological substances and toxic effects of substances chiefly nonmedicinal as to source	T36–T65
<b>External causes of morbidity and mortality (1)</b>	<b>U50–Y98</b>
Transport accidents (1)	V01–V99
<b>Factors influencing health status and contact with health services (2)</b>	<b>U00–U49,Z00–Z99</b>
Other medical care (including radiotherapy and chemotherapy sessions)	Z51

**Notes - The clinical codes used for some categories have been revised from those presented via the pre March 2014 version of the HIPE Statistics Reporter or in Activity in Acute Public Hospital Reports (2005-2012).**

- (1) "The codes in this chapter allow the classification of environmental events and circumstances as the cause of injury, poisoning and other adverse effects. Where a code from this section is applicable, it is intended that it shall be used in addition to a code from another chapter of the Classification indicating the nature of the condition." Extracted from NCCH eBook, July 2008, External Causes. These would be reported as an additional diagnosis.
- (2) This category includes discharges in the code range U00–U49 'codes for special purposes', this chapter was introduced in the 6<sup>th</sup> Edition of ICD10-AM/ACHI/ACS classification, between January 1 2009 and December 31 2014 all HIPE discharges are coded using this edition of the classification.

## APPENDIX 2 - REPORTING CATEGORIES FOR PROCEDURES

Description	Code
<b>All Procedures</b>	<b>0001-2016</b>
<b>Procedures on nervous system</b>	<b>0001-0086</b>
Lumbar puncture	0030
<b>Procedures on endocrine system</b>	<b>0110-0129</b>
<b>Procedures on eye and adnexa</b>	<b>0160-0256</b>
Lens Extraction	0195-0202
<b>Procedures on ear and mastoid process</b>	<b>0300-0333</b>
Myringotomy	0309
<b>Procedures on nose, mouth and pharynx</b>	<b>0370-0422</b>
Tonsillectomy or adenoidectomy	0412
<b>Dental services</b>	<b>0450-0490</b>
<b>Procedures on respiratory system (1)</b>	<b>0520-0570</b>
Bronchoscopy with/without biopsy	0543-0544,41892-01[0545]
<b>Procedures on cardiovascular system (2)</b>	<b>0600-0777</b>
Coronary angiography	0668
Transluminal coronary angioplasty with/without excision	0670-0671
CABG	0672-0679
Leg varicose vein ligation	0727-0728
<b>Procedures on blood and blood forming organs</b>	<b>0800-0817</b>
<b>Procedures on digestive system</b>	<b>0850-1011</b>
Fibreoptic colonoscopy with/without excision	0905, 0911
Appendectomy	0926
Procedures for haemorrhoids	0941
Cholecystectomy	0965
Lysis of peritoneal adhesions	0986
Repair of inguinal and obstructed hernia	0990, 0997
Panendoscopy with/without excision	1005-1008
<b>Procedures on urinary system</b>	<b>1040-1129</b>
Examination procedures on bladder (including cystoscopy)	1089
<b>Procedures on male genital organs</b>	<b>1160-1203</b>
Prostatectomy	1165-1167
Circumcision	30653-00[1196]
<b>Gynaecological procedures</b>	<b>1240-1299</b>
Oophorectomy and Salpingo-oophorectomy	1243, 1252
Salpingectomy	1251
Examination procedures on uterus	1259
Dilation and curettage of uterus (3) 2005-2008	1265, 1267
Curettage and evacuation of uterus (3) 2009 onwards	1265
Hysterectomy	1268-1269
Repair of prolapse of uterus, pelvic floor or enterocele	1283
<b>Obstetric procedures</b>	<b>1330-1347</b>
Induction and augmentation of labour	1334, 1335
Vacuum extraction	1338
Caesarean section	1340
Episiotomy associated with delivery	90472-00[1343]
Postpartum suture	1344
<b>Procedures of musculoskeletal system</b>	<b>1360-1579</b>
Arthroplasty of hip	1489
Arthroplasty of knee	1518-1519
<b>Dermatological and plastic procedures</b>	<b>1600-1718</b>
Excision of lesion of skin and subcutaneous tissue	1620
Other debridement of skin and subcutaneous tissue	1628
Skin graft	1640-1650
<b>Procedures on breast</b>	<b>1740-1759</b>
Breast Biopsy	1743-1744

**Appendix 2 - Reporting Categories for Procedures (continued)**

<b>Description</b>	<b>Code</b>
Mastectomy	1747–1748
<b>Radiation oncology procedures</b>	<b>1786–1799</b>
<b>Non-invasive, cognitive and other interventions, not elsewhere classified</b>	<b>1820–1922</b>
Administration of blood and blood products (4)	1893
Conduction anaesthesia	1909
Cerebral anaesthesia	1910
<b>Imaging services</b>	<b>1940–2016</b>
Computerised tomography scan	1952–1966
Magnetic resonance imaging	2015

**Notes - The clinical codes used for some categories has have been revised from those presented via the pre March 2014 version of the HIPE Statistics Reporter or in Activity in Acute Public Hospital Reports (2005-2012).**

- (1) Some procedure block chapters were revised in ICD-10-AM 6th Edition, blocks in this chapter have changed from 0520-0569 in ICD-10-AM 4th Edition to 0520-0570 in ICD-10-AM 6th Edition.
- (2) Some procedure block chapters were revised in ICD-10-AM 6th Edition, blocks in this chapter have changed from 0600-0767 in ICD-10-AM 4th Edition to 0660-0777 in ICD-10-AM 6th Edition.
- (3) Some procedure block chapters were revised in ICD-10-AM 6th Edition, *dilation and curettage of uterus* (Block Codes 1265, 1267) was reported for 2005-2008, in ICD-10-AM 6th Edition Block 1267 has been deleted and the title of Block 1265 has been changed in 6th edition to *curettage and evacuation of uterus*.
- (4) Some procedure block names were revised in ICD-10-AM 6th Edition, Administration of blood and blood products was known as Transfusion of blood and gamma globulin in ICD-10-AM 4th Edition.