

# H.I.P.E.

Hospital In-Patient Enquiry

**2015**

**INSTRUCTION MANUAL**



For use with the HIPE Portal

01.01.2015

Healthcare Pricing Office

## INSTRUCTIONS FOR THE CODER

Before you begin, make sure you have the following (which are available from the Healthcare Pricing Office):

- 8<sup>th</sup> Edition ICD-10-AM/ACHI/ACS classification:
  - 5 Volume book set or Turbo Coder
- ICD-10-AM/ACHI/ACS training material (as issued at training courses)
- HIPE Instruction Manual
- Irish Coding Standards
- Record summary sheets (if required)

Also have for reference

- Medical Dictionary e.g. Dorland's
- M.I.M.S. - Index of Drugs

For definitions of all HIPE variables please refer to the

- HIPE Data Dictionary, at [www.hpo.ie](http://www.hpo.ie)

## HIPE Support

<b>ICD-10-AM Clinical Coding Queries:</b>	Please submit by email with as much detail as possible to <a href="mailto:hipecodingquery@hpo.ie">hipecodingquery@hpo.ie</a>
<b>HIPE Data Requests &amp; Statistics:</b>	Complete the online HIPE data request form available at <a href="http://www.hpo.ie">www.hpo.ie</a>
<b>HIPE Software Support:</b>	Any queries relating to HIPE software can be submitted to <a href="mailto:HIPEIT@hpo.ie">HIPEIT@hpo.ie</a>
<b>HIPE Training Requests &amp; Queries:</b>	Any queries relating to HIPE training can be submitted to <a href="mailto:hipetraining@hpo.ie">hipetraining@hpo.ie</a>
<b>HIPE Exports:</b>	To be submitted monthly via email to <a href="mailto:export@hpo.ie">export@hpo.ie</a> See page 21 for list of export dates in 2015.
<b>Contact Details:</b>	Healthcare Pricing Office Website: <a href="http://www.hpo.ie">www.hpo.ie</a> E-mail: <a href="mailto:info@hpo.ie">info@hpo.ie</a>

# Hospital In-Patient Enquiry (HIPE) Summary Sheet

For use with HIPE on ALL DISCHARGES FROM 01.01.2015

Patient's Hospital of Discharge <input type="text"/>	Type (priority) of Admission <input type="text"/>	<div style="border: 1px solid black; padding: 5px;"> <p><b>FOR LOCAL COLLECTION ONLY</b></p> <p>* Name: _____</p> <p>* Address: _____</p> </div> <div style="writing-mode: vertical-rl; transform: rotate(180deg); font-weight: bold; font-size: 2em; margin-top: 10px;">Affix Label</div>			
MRN <input type="text"/>	W/List If=1-2 <input type="text"/>			Type of Elective Adm If=1-2 <input type="text"/>	Mode If=4,5,7 <input type="text"/>
Sex <input type="text"/>	Admission Source <input type="text"/>				
Admission Date <input type="text"/>	Discharge Code <input type="text"/>				
Admission Time <input type="text"/>	Date of Birth <input type="text"/>				
Discharge Date <input type="text"/>					
Discharge Time <input type="text"/>					
<hr/>					
Area of Residence <input type="text"/>	Admitting Ward <input type="text"/>	Day Case <input type="text"/>			
Marital /Civil Status <input type="text"/>	Discharge Ward <input type="text"/>	Day Ward <input type="text"/>			
Medical Card <input type="text"/>	Transfer from <input type="text"/>	Day Ward ID <input type="text"/>			
*GMS Number <input type="text"/>	Transfer to <input type="text"/>	Oncology Day Ward Flag <input type="text"/>			
Discharge Status <input type="text"/>	Temp Leave Days <input type="text"/>	Total <input type="text"/>	Single <input type="text"/>		
Health Insurer <input type="text"/>	Date of Transfer to rehab/PDU <input type="text"/>	Days in a Private Bed <input type="text"/>	Multiple <input type="text"/>		
Parity <input type="text"/> Still + <input type="text"/> Live	Infant Admit Weight (grams) <input type="text"/>	Days in a Semi-Private Bed <input type="text"/>			
	Days in a Critical Care Bed <input type="text"/>	Days in a Public Bed <input type="text"/>			
		Days (or part there of) in ICU <input type="text"/>			
<hr/>					
Admitting Consultant <input type="text"/>	Intensive Care Consultant <input type="text"/>	Discharge Consultant <input type="text"/>			
Primary Consultant <input type="text"/>	Up to 10 <b>Intensive Care</b> consultants may be recorded		Specialty of Discharge Consultant <input type="text"/>		

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

ICD-10-AM Code	Hospital Acquired Dx	Consultant #	Specialty
(1) <input type="text"/> Principal Diagnosis (PDX)	^	<input type="text"/>	<input type="text"/>
(2) <input type="text"/>	<input type="text"/>	<input type="text"/>	
(3) <input type="text"/>	<input type="text"/>	<input type="text"/>	
(4) <input type="text"/>	<input type="text"/>	<input type="text"/>	
(5) <input type="text"/>	<input type="text"/>	<input type="text"/>	
(6) <input type="text"/>	<input type="text"/>	<input type="text"/>	
(7) <input type="text"/>	<input type="text"/>	<input type="text"/>	
(8) <input type="text"/>	<input type="text"/>	<input type="text"/>	
(9) <input type="text"/>	<input type="text"/>	<input type="text"/>	
(10) <input type="text"/>	<input type="text"/>	<input type="text"/>	

Up to 30 diagnoses codes may be entered.

For use on all discharges from 01.01.2015

Procedure/Intervention Codes	Block No.	Hospital Acquired Dx	Consultant #	Consultant Anaesthetist #	Date of Procedure
(1) <input type="text"/>	[ ]	^	<input type="text"/>	<input type="text"/>	<input type="text"/>
(2) <input type="text"/>	[ ]	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
(3) <input type="text"/>	[ ]	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
(4) <input type="text"/>	[ ]	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
(5) <input type="text"/>	[ ]	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Up to 20 procedure codes may be entered.

Case entered on HIPE:  Hospital Ref No. For HPO Use:

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

# More than one consultant can be recorded.

^ HADx flag can be assigned for PDx in **Neonates on the birth episode only**.

# HIPE Instruction Manual

HIPE collects information on in-patient and day patient activity from participating 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 a discrete episode of care. An episode of care begins at admission to hospital and ends at discharge from (or death in) that hospital.

This manual provides instruction on the capture of administrative and demographic data for each HIPE discharge record. Clinical data are captured in accordance with the classification and associated standards.

All variables listed are for collection for discharges from 01.01.2015. When reviewing HIPE data for previous years, please refer to the Instruction Manual for the relevant period.

↓ The arrow beside a field below refers to items downloaded by the PAS where available. These fields must always be verified against the information in the chart.

***All HIPE Data are subject to Audit (including chart based reviews)***

- ↓
1. **Patient's Hospital of Discharge:** The code of the hospital that the patient attends using the four digit Hospital Code List (see full listing on page 15).
- ↓
2. **Chart Number:** Up to 7 characters allowed. If less than 7, place zeros before the chart number (or case reference number). Up to 2 alpha characters allowed, again place these before the chart number and in the first position(s).
- ↓
3. **Date of Admission:** Enter day, month and year in appropriate boxes, inserting zeros where necessary.  
e.g. 1st March 2015 = 

01	03	2015
----	----	------
- ↓
- 3a. **Time of Admission:** The time of admission in the 24 hour format for the patient will be collected for all patients discharged from hospital. The time of admission will be the time, as recorded on the PAS, the patient was admitted to a ward as either a daycase or an inpatient.

# Admission codes

**Type of Admission** This indicates the *priority* of the admission

## 4. Type of Admission

### 1 Elective

The patient's condition permits adequate time to schedule the availability of suitable services. An elective admission may be delayed without substantial risk to the health of the individual.

### 2 Elective Readmission

Patient admitted electively to continue ongoing treatment or care.

### 4 Emergency

The patient requires immediate care and treatment as a result of a severe, life threatening or potentially disabling condition. Generally, the patient is admitted through the Emergency Department.

### 5 Emergency Readmission

This is an unscheduled readmission following a previous spell of treatment in the same hospital and relating to the treatment or care previously given.

### 6 Maternity

The patient is admitted related to their obstetrical experience. (From conception to 6 weeks post delivery).

Collection of the patient's parity is mandatory for this Admission Type – see pg. 14 for further details.

### 7 New born (0-27 days)

Neonate admitted to hospital for care or observation. Type of admission '7' will be used for patients up to the age of 28 days (0-27 days old) who are admitted to the hospital as an emergency or where the admission is unplanned. *Note:* Any other neonatal patients (0-27 days old) admitted routinely will be assigned the regular booked admission type.

### "Type" of Elective Admission

When the admission type is either **1- Elective** or **2 - Elective Readmission** the **Type of Elective Admission** is also required to indicate if the elective admission is from a waiting list or is a planned admission. It is coded as:

- 1 - Planned Admission
- 2 - Admission from Waiting List
- 3 - Unknown

### "Type" of Waiting List category

When a user indicates that the admission type is either **1- Elective** or **2 - Elective Readmission** a display box appears on the screen to ask if the case is funded by the National Treatment Purchase Fund (NTPF).

- 0 – Not NTPF
- 1 – Yes NTPF

### Elective MAU Admissions:

Elective admissions to registered MAUs will record an elective admission type. The admitting ward will record the MAU ward code and the discharge ward will be coded as appropriate.

### Mode of Emergency Admission

This information indicates where the patient was treated *prior to being admitted* into the hospital as an inpatient or when the patient was treated only in a registered Acute Medical Assessment Unit\* (AMAU).

When the user chooses a **Type of Admission: Emergency or Newborn**, a display box presents the options of:

- 1 ED (Emergency Department)
- 2 AMAU **Admitted as Inpatient.**

This code is assigned if the patient is admitted as an emergency to the hospital through the AMAU.

- 3 Other
- 4 Unknown

- 5 AMAU **Only.**

This code is assigned if the patient is admitted as an emergency to the AMAU and discharged from there.

*Note: Once an AMAU has been registered with the Healthcare Pricing Office ensure that [HIPEIT@HPO.ie](mailto:HIPEIT@HPO.ie) have activated this field for collection.*

*\*Also includes AMU/MAU .*

Mode of emergency admission for AMAU cases can only be **2 – AMAU Admitted as inpatient** or **5 – AMAU Only**

5. **Source of Admission** - *Where* the patient was prior to admission.

- 1 Home
- 2 Transfer from nursing home/convalescent home or other long stay accommodation
- 3 Transfer from Hospital in Hospital code list or transfer from *any* Acute Hospital not specified in Hospital Code Listing (see pages 15 – 16 in this manual).

When the coder enters a transfer (3) as a source of admission the system will respond with a request to identify the hospital in question. This hospital may be entered as a 4-digit code from the Hospital Code List (See pull down menu on PC or listing on page 15 of this instruction manual).

- 4 Transfer from Non-Acute Hospital not in Hospital Code Listing
- 5 Transfer from hospice not in Hospital Code Listing
- 6 Transfer from psychiatric hospital/unit
- 7 New born
- 8 Temporary place of residence (e.g. hotel)
- 9 Prison
- 0 Other

6. **Date of Discharge**

Enter the appropriate date in the appropriate boxes inserting zeros where necessary.

e.g. 10<sup>th</sup> March 2015 = 

10	03	2015
----	----	------

Where a patient is discharged from the same hospital more than once in the same day, these episodes are consolidated into one discharge record for HIPE purposes.

6a. **Time of Discharge**

The time of discharge, in the 24 hour format, for the patient will be collected for all patients, both daycases and inpatients, discharged from hospital. The time of discharge will be the time, as recorded on the PAS, that the patient was discharged.

7. **Discharge codes** identify the discharge destination

- 00 - Self discharge
- 01 - Home
- 02 - Nursing home, convalescent home or long stay accommodation
- 03 - **Emergency** Transfer to Hospital in Hospital Code Listing or transfer to *any* Acute Hospital not specified in Hospital Code Listing (see pages 15 – 16 in this manual).
- 04 - **Non Emergency** Transfer to Hospital in Hospital Code Listing or transfer to *any* Acute Hospital not specified in Hospital Code Listing (see pages 15 – 16 in this manual).

When the coder enters a transfer (03 or 04) as a discharge code the system will respond with a request to identify the hospital in question. This hospital may be entered by a 4-digit code number from the Hospital Code List (See pull down menu on PC or listing at the end of this instruction manual).

- 05 - Transfer to psychiatric hospital/unit
- 06 - Died with post mortem
- 07 - Died no post mortem
- 08 - Emergency Transfer to Non-Acute hospital not in Hospital Code Listing
- 09 - Non Emergency Transfer to Non-Acute hospital not in Hospital Code Listing
- 10 - Transfer to external rehabilitation facility (not in Hospital Code Listing)
- 11 - Hospice (not in Hospital Code Listing)
- 12 - Prison
- 13 - Absconded
- 14 - Other (e.g. Foster care)
- 15 - Temporary place of residence (e.g. hotel)

↓  
**8. Date of Birth**

The date of birth is stored as 8 digits (dd/mm/yyyy). It is possible to key the last two digits of the year (yy) and the software will convert this to a year this century (20yy). If the date of birth is unknown the year must be estimated and entered with the day and month being keyed as 00/00 e.g. 1981 = 00/00/1981.

The full date of birth is collected only at hospital level. Full details are not currently exported to the HPO.

↓  
**9. Infant Admission Weight**

For patients aged less than 1 year of age, admission weight is collected in grams in the following circumstances:

- Required for all neonates (0-27 days old)
- Required for infants up to 1 year of age **with** an admission weight less than 2,500 grams.

The value collected will be the weight in whole grams on admission. If the patient is admitted on the day of birth, the admission weight will be the birth weight.

↓  
**10. Sex**

Enter appropriate code:

- 1 - Male
- 2 - Female
- (3 - Unknown) *Rare and Unlikely*

↓  
**11. Marital /Civil Status**

Enter appropriate code:

- |                                |                          |                             |
|--------------------------------|--------------------------|-----------------------------|
| 1 – Single                     | 5 – Unknown              | 9 – Surviving Civil Partner |
| 2 – Married                    | 6 – Divorced             |                             |
| 3 – Widowed                    | 7 – Civil Partner        |                             |
| 4 – Other (includes Separated) | 8 – Former Civil Partner |                             |

↓  
**12. Medical Card Indicator**

This relates to the patient’s eligibility and not to the status of bed used by the patient during the stay in hospital. If the patient has full eligibility for health services and has a medical card, the coder will enter the appropriate code

- 0 - No    1 - Yes    2 – Unknown

↓  
**13. GMS Patient Number**

If a coder enters 1 (Yes) in the medical card indicator field they will then enter the GMS (General Medical Services/Medical Card) number for the patient. If the coder does not know the GMS Patient Number they can enter **n/a** into this field.

The GMS Patient Number will only be collected locally at hospital level. This information is not currently exported to the HPO.





# TIPPERARY - North & South Ridings

## Tipperary North Riding:

**1700**

Ballinastick	Silvermines
Ballina	Sherry
Ballingarry	Templemore
Ballynonty	Templetouhy
Ballycahill	Thurles
Birr	Toomevara
Borrisokane	Tyane
Borrisoleigh	Upperchurch

Bouladuff

Birdhill

Ballinahow

Coalbrook

Cloughjordan

Clonea

Clonlea

Dolla

Dronard

Drangan

Drumbane

Glencarragh

Gaile

Gortnahoe

Glengoole

Holycross

Inch

Kyle

Littleton

Lorrha

Loughnafulla

Lisnaginly

Milestone

Nenagh

Newhill

Newport

Puckane

Portroe

Roscrea

## Tipperary South Riding:

**0800**

Abbey

Abbeyside

Annacarthy

Ardfinnan

Athenny

Ballinilard

Ballinure

Ballydrehid

Ballykisteen

Ballyloogy

Ballymacarberry

Ballypatrick

Ballyporeen

Bansha

Bonorlahan

Burncourt

Bohererowe

Cullen

Cahir

Cappawhite

Carrick-On-Suir

Cashel

Clerihan

Clogheen

Cloneen

Clonmel

Crohan

Commins

Donaskeigh

Dondhill

Dualla

Dundrum

Emly

Fethard

Grantstown

Glohihan

Golden

Goolds Cross

Hollyford

Loughtally

Kilfeackle

Kellenaule

Kilcross

Kishane

Kilshelan

Knockroe

Knockgraffan

Lattin

Limerick Junction

Lisronagh

Loughtally

Monard

Mullinahone

Noan

Newcastle

New Inn

Rossmore

Tipperary Town

Nine-Mile-House

# DUBLIN HIPE POSTAL CODES

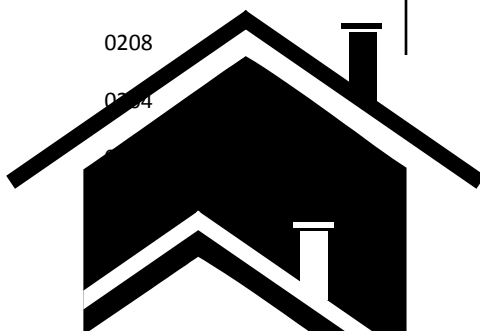
**North Dublin – 0100** (all **odd** numbered postal codes)

**South Dublin – 0200** (all **even** numbered postal codes)

For further specificity a patient's own Dublin postal codes may be incorporated into these codes, 0100 & 0200.

Please see the list of examples below.

Address	Code	Address	Code
Arbour Hill (7)	0107	Darndale (17)	0117
Artane (5)	0105	Dartry (6)	0206
Baily (13)	0113	Deans Grange	0200
Balbriffin	0100	Dollymount (3)	0103
Baldoye (13)	0113	Dolphin's Barn (8)	0208
Balgriffin (17)	0117	Donaghmede (13)	0113
Ballinteer (16)	0216	Donnybrook (4)	0204
Ballsbridge (4)	0204	Drimnagh (12)	0212
Ballybough (3)	0103	Drumcondra (9)	0109
Ballybrack	0200	Dubber (11)	0111
Ballyedmonduff (18)	0218	Dundrum (14)	0214
Ballyfermot (10)	0210	Dun Laoghaire	0217
Ballygall (11)	0111	East Wall (3)	0103
Ballyogan (18)	0218	Edmonstown (16)	0216
Bawnogue (22)	0222	Elm Mount (9)	0109
Bayside (13)	0113	Fairview (3)	0103
Beaumont (9)	0109	Finglas (11)	0111
Belcamp (17)	0117	Firhouse (24)	0224
Blackrock	0200	Four Courts (7)	0107
Blanchardstown (15)	0115	Foxrock (18)	0218
Bluebell (12)	0212	Goatstown (14)	0214
Bohernabreena (24)	0224	Griffith Ave. (9)	0109
Cabinteely (18)	0218	Harmonstown (5)	0105
Cabra (7)	0107	Howth (13)	0113
Cappagh (11)	0111	Inchicore (8)	0208
Carrickmines (18)	0218	Irishtown (4)	0204
Castleknock (15)	0115	Island Bridge (8)	0218
Chapelizod (20)	0220	Jamestown (11)	0100
Churchtown (14)	0214	Jobstown (20)	0218
Clondalkin (22)	0222	Kilmacud	0200
		Stillorgan	0200



↓ **15. Patient status on discharge**

Refers to the public/private status of the patient and not to the type of bed occupied. Either public or private must be specified.

Enter appropriate code:

**1** - Public

**2** - Private<sup>†</sup>

<sup>†</sup> Where the patient has a discharge status of Private the **Health Insurer** of the patient will be collected where applicable. The coder will have the option to select from the following list:

Code	Description
1	Voluntary Health Insurance (VHI)
2	Laya (formerly Quinn Healthcare)
3	Aviva
5	Company Insurance plan (ESB etc.)
6	State employee insurance (Prison Officer, Garda, Army)
7	GloHealth
8	Not stated
9	Other
0	No Insurance

For private patients, the number of days in a public/private/semi-private or ITU bed in a single and multiple occupancy ward/room will also be collected. See page 11.

↓ **16. Day Case**

A day case is a patient who is admitted to hospital on an elective basis for care and/or treatment which does not require the use of a hospital bed overnight and who is discharged as scheduled. (*Source*: Department of Health and Children, September 1993).

Enter appropriate code for Day Case: **0** - No **1** – Yes

↓ **17. Day Ward Indicator**

If the patient is identified as a day case it is necessary to denote that the patient was admitted to a dedicated named day ward. The options presented will be

**0** - No **1** - Yes **2** - Unknown.

Hospitals must register their dedicated day wards with the Healthcare Pricing Office prior to using this facility.

- ↓ **18. Day Ward Identifier**
- If the answer to Day Ward Indicator is **1 – Yes**, the pre-registered Day Ward name must be entered to identify the day place where the patient was treated.
- Where a case is coded as being in an Oncology Day Ward a ‘type of attendance’ flag may appear; see Irish Coding Standard O2X0: Classification of Attendances at Oncology Daywards.
- ↓ **19. ITU/ICU days** (where applicable)
- This identifies the number of days, or part thereof, the patient spent in an intensive care environment e.g. ICU/ITU/CCU/HDU/NITU etc.
- Where part of day is spent in ICU the allocation of public/private/semi- private days (see below) can be adjusted accordingly.
- a) Total number of days † in an ITU/ICU bed
- Where the patient status on discharge is private the following will also be collected:
- b) Number of days in an ITU/ICU bed– single occupancy room/ward #
- c) Number of days in an ITU/ICU bed – multiple occupancy room/ward #
- ↓ **20. Number of days** (where applicable) **in a:**
- Private Bed**
- a) Total number of days † in a Private Bed
- Where the patient status is private the following will also be collected:
- b) Number of days in a Private bed – single occupancy room/ward #
- c) Number of days in a Private bed – multiple occupancy room/ward #
- Semi-private bed**
- a) Total number of days † in a Semi-private bed
- Where the patient status on discharge is private the following will also be collected:
- b) Number of days in a Semi-private bed – single occupancy room/ward #
- c) Number of days in a Semi-private bed – multiple occupancy room/ward #
- ↓ **21. Number of days** (where applicable) **in a:**
- Public bed**
- a) Total number of days † in a Public bed
- Where the patient status on discharge is private the following will also be collected:
- b) Number of days in a Public bed – single occupancy room/ward #
- c) Number of days in a Public bed – multiple occupancy room/ward #
- ❖ **The following guidelines apply to 19, 20 and 21 above;**
- The midnight census can be used to determine the number of days spent in these environments. If the patient spends less than 1 day in these environments and is not present at the time of the midnight census, a stay of less than one day can optionally be recorded as ‘1’ day.
  - † The total number of days in a private/semi-private/public bed are based on the designation of the bed and not the public/private status of the patient.
  - # Number of days in single/multiple occupancy rooms/wards are collected where Patient status on Discharge = 2 (private) ONLY.

## 22. Consultant Identifiers

Each consultant has a unique number (4 digit code) assigned by the HPO which may *not* be used for any other consultant. When a consultant (including non-permanent consultants) takes up duty a written request for a new (or existing) number is sent to the HPO. All consultant numbers are encrypted on export to the HPO.

### Notes:

- **For data entry purposes, where the entire case is handled by one consultant his/her code number need only be entered opposite the principal diagnosis.**
- **If more than one consultant is involved in a case** the relevant consultant code number will be placed opposite the relevant diagnoses/procedures. See ICS 0027 Multiple Coding.
- **A specialty code is assigned to the record on the basis of the specialty assignment of the consultant associated with the principal diagnosis.** The specialty assignment of the consultant is determined locally. All specialty codes are listed at the end of this instruction manual. The specialty code of the discharge consultant is also collected.

### Consultant Types

#### ↓ **22(a) Primary Consultant**

The primary consultant is the consultant who has overall responsibility for the case. If there is no clear information in the chart on the identity of the primary consultant, the code for the discharge consultant will be used.

#### ↓ **22(b) Admitting Consultant**

The admitting consultant is the consultant who admits the patient. If there is no clear information in the chart on the identity of the admitting consultant, the code for the primary consultant will be used.

#### ↓ **22(c) Discharge Consultant**

The discharge consultant is the consultant who discharges the patient at the end of the episode.

#### ↓ **22(d) Specialty of Discharge Consultant**

The specialty of the discharge consultant.

#### **22(e) Consultant Anaesthetists**

The consultant anaesthetist should be recorded next to the procedure where a coded anaesthetic was administered as part of the procedure. The operating consultants' and consultant anaesthetists' codes will also be repeated against the anaesthetic code for the procedure.

If there is no coded anaesthetic for a procedure then there will be no code entered for the consultant anaesthetist. The existing coding standard on the administration of local anaesthetic (ACS 0031) continues to apply and, as such, neither local anaesthetics nor the consultants who administer them should be coded.

#### **22(f) Intensive Care Consultant**

Consultant codes are assigned for Intensive Care Consultants/Consultant Intensivists when a patient spends any time in an intensive care environment and this is documented in the chart. Codes for up to ten Intensive Care Consultant/Consultant Intensivists can be entered on the patient's HIPE record.

### 23. Procedure Dates

A procedure date is collected for all coded procedures. The principal procedure is sequenced first regardless of the date performed. See ICS 002X Date for Each Procedure Performed.

### 24. Ward Identification

The ward identifier can be up to 6 characters in length.

- Admitting ward:

The ward to which the patient is formally admitted. If the admission ward is unclear the coder should determine the ward based on the midnight census.

- Discharge ward:

The ward occupied prior to discharge.

(Source: Department of Health & Children CX06/2006)

### 25. Temporary leave days (where applicable)

For all discharges the number of temporary leave days will be collected to “enable the collection of information on the number of days during an in-patient stay where the patient is not in the hospital and has been temporarily sent home.”  
(Source: Department of Health & Children CX06/2006)

There will be a single HIPE record to include the total length of stay in days from the patient’s original admission to the eventual final discharge.

This field will **not** be collected where:

- A patient is considered to be “clinically discharged” but continues to reside in a bed for a number of days prior to being transferred to another facility.
- Where a patient is temporarily sent to another hospital for a day to undergo a particular procedure.
- Where the patient returns home during a day and returns before midnight.
- Where a patient returns home for more than three days and is readmitted after this.

### 26. Number of days in a Critical Care Bed (where applicable)

This field will record the number of days a patient spent in a Level 2, Level 3 or Level 3s critical care bed using the definitions used by the Critical Care Programme <sup>1</sup>

- The number of days is to be based on the midnight census
- Intensive care beds are considered to be non-designated and as such are neither public nor private
- This information is collected for all patients
- The ‘number of days in a critical care bed’ field is not related to the ‘number of days in a ITU bed’ field and should be collected separately. This field is to distinguish level 2, level 3 and level 3s beds from other types of ICU/ITU beds.

<sup>1</sup><http://www.hse.ie/eng/about/Who/clinical/natclinprog/criticalcareprogramme/modelofcare/criticalcare.pdf>

↓ 27. **Parity (see also ICS V7.0, p.7; Parity, HIPE Guidelines for Administrative Data)**

Collection of the patient’s parity is mandatory for all cases with admission type “6 *Maternity*”. For this variable, two separate integer (whole) numbers are collected to record:

- The number of previous livebirths
- The number of previous stillbirths (over 500g)

For multiple births, each birth is counted. The current pregnancy is not included. Where information is available, parity may be collected for all other females regardless of admission type.

Please note the following:

- Please use ‘0’ to record where there are no previous live births and/or stillbirths.
- If the number of previous live births or the number of previous stillbirths is not documented this will be recorded as NA (not available).

28. **Hospital Reference Number for HPO Use:**

A 3 digit code allocated to your hospital by the HPO for HIPE operational purposes and is automatically assigned by the data entry software. This code is for HPO operational use only. It differs from the 4-digit Hospital Code List (see page 15) which are used for transfers and to identify the hospital that the patient attends (see item 1 on page 4).

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- **Batch Coding Facility for Radiotherapy and Dialysis Episodes**

A program is available to facilitate the collection of same day radiotherapy and dialysis episodes. Please contact the HIPE Unit for information on this software.

- **Optional Field: Date of transfer to a Pre-Discharge Unit/Rehab (where applicable)**

A date may be collected to identify when a patient was *transferred* to a Pre-Discharge Unit/Rehab within the hospital prior to being discharged as planned. Prior to collecting this additional field hospitals must register the Pre- Discharge Unit/Rehab with the Healthcare Pricing Office and contact the HIPEIT@hpo.ie to activate the optional field:

By definition this will not be the same as discharge date.

e.g. A patient is transferred to the Pre Discharge Unit/Rehab of their hospital on 16<sup>th</sup> March 2014 and is discharged home from the Pre Discharge Unit/Rehab 3 days later on the 19<sup>th</sup> March 2014.

Date of transfer to Pre Discharge Unit/Rehab	16	03	2015
<b>Date of Discharge from Hospital</b>	<b>19</b>	<b>03</b>	<b>2015</b>

## HOSPITAL CODE LIST

(For use with transfers and on download)

### Dublin and Mid Leinster Region

- 0100 St. Mary's Hospital, Phoenix Park
- 0101 St. Columcille's Hospital, Loughlinstown
- 0102 Naas General Hospital
- 0106 Cherry Orchard Hospital, Ballyfermot
- 0201 Midland Regional Hospital, Portlaoise
- 0202 Midland Regional Hospital, Mullingar
- 0203 Midland Regional Hospital, Tullamore

### Dublin and North East Region

- 0400 Louth County Hospital, Dundalk
- 0402 Cavan General Hospital
- 0403 Our Lady's Hospital, Navan
- 0404 Monaghan General Hospital
- 0922 Our Lady of Lourdes Hospital, Drogheda
- 0108 Connolly Hospital Blanchardstown

### Western Region

- 0300 Midwestern Regional Hospital, Dooradoyle
- 0301 Midwestern Regional Maternity Hospital Limerick
- 0302 Midwestern Regional Orthopaedic Hospital, Croom
- 0304 Midwestern Regional Hospital, Nenagh
- 0305 Midwestern Regional Hospital, Ennis
- 0500 Letterkenny General Hospital
- 0501 Sligo General Hospital
- 0502 Our Lady's Hospital, Manorhamilton
- 0800 Galway University Hospitals

### ~~0801 Merlin Park University Hospital, Galway~~

*[From June 2011 the use of code 0801 is invalid. All transfers to/from Galway University Hospital and the hospital previously known as Merlin Park are now identified using the code for the single entity 'Galway University Hospitals' 0800]*

- 0802 Mayo General Hospital
- 0803 Roscommon County Hospital
- 0805 Ballina District Hospital
- 0919 Portiuncula Hospital, Ballinasloe

### Southern Region

- 0600 Waterford Regional Hospital (Ardkeen)
- 0601 St. Luke's General Hospital, Kilkenny
- 0602 Lourdes Orthopaedic Hospital, Kilcreene
- 0605 Wexford General Hospital
- 0607 South Tipperary General Hospital, Clonmel
- 0608 Our Lady's Hospital, Cashel
- 0701 St. Mary's Orthopaedic Hospital, Gurrabraher
- 0703 Mallow General Hospital
- 0704 Bantry General Hospital
- 0705 St. Finbarr's Hospital, Cork
- 0724 Cork University Hospital (Includes Cork University Maternity Hospital)
- 0725 Erinville Hospital, Cork (Closed March 2007)
- 0726 Kerry General Hospital



## **Voluntary Hospitals**

- 0901 Adelaide Hospital, Dublin
- 0903 Meath Hospital, Dublin
- 0904 St. James's Hospital, Dublin
- 0908 Mater Misericordiae University Hospital, Dublin
- 0910 St. Vincent's University Hospital, Elm park
- 0912 St. Michael's Hospital, Dun Laoghaire
- 0913 Mercy University Hospital, Cork.
- 0915 South Infirmary/Victoria, Cork
- 0918 St. John's Hospital, Limerick
- 0923 Beaumont Hospital, Dublin
- 0925 Peamount Hospital, Newcastle
- 0930 Coombe Women and Infants University Hospital, Dublin
- 0931 National Maternity Hospital, Holles St, Dublin
- 0932 Rotunda Hospital, Dublin
- 0934 Waterford Maternity Hospital
- 0940 The Children's University Hospital, Temple St, Dublin
- 0941 Our Lady's Children's Hospital, Crumlin
- 0943 National Children's Hospital, Harcourt St
- 0945 St. Anne's Hospital, Dublin
- 0946 Hume St. Hospital, Dublin
- 0947 St. Luke's Hospital, Rathgar
- 0948 St Luke's Radiation Oncology Network - St James's Centre
- 0949 St Luke's Radiation Oncology Network - Beaumont Centre
- 0950 Royal Victoria Eye & Ear Hospital, Dublin
- 0954 Incorporated Orthopaedic Hospital, Clontarf
- 0955 National Orthopaedic Hospital, Cappagh
- 0956 St. Mary's Auxiliary Hospital, Baldoyle
- 0960 National Rehabilitation Hospital, (NRH), Dun Laoghaire
- 0978 Our Lady's Hospice, Harold's Cross, Dublin
- 1225 St. Joseph's Unit, Harold's Cross
- 1270 Adelaide, Meath Incorporating National Children's Hospital (AMNCH), Tallaght
- 1762 St. Joseph's Hospital, Raheny
- 1001 Blackrock Hospice

## **Other Acute Hospitals (not in Hospital Code List above)**

- 9030 Acute Hospital in Northern Ireland
- 9031 Acute Hospital in England
- 9032 Acute Hospital in Scotland
- 9033 Acute Hospital in Wales
- 9040 Acute Hospital in France
- 9041 Acute Hospital in Germany
- 9050 Acute Hospital in the United States of America
  
- 9060 Private Hospital
- 9099 Other Acute Hospital

# Department of Health

## Database list of consultant specialties

- 0100** Cardiology
- 0300** Dermatology
- 0400** Endocrinology
  - 0402** Diabetes Mellitus
- 0600** Otolaryngology (ENT)
  - 0601** Paediatric ENT
- 0700** Gastro-Enterology
- 0800** Genito-Urinary medicine
- 0900** Geriatric medicine
  - 0902** Psychogeriatric medicine
- 1100** Haematology
  - 1102** Transfusion Medicine
- 1300** Neurology
  - 1302** Paediatric Neurology
- 1400** Neurosurgery
  - 1402** Paediatric Neurosurgery
- 1500** Obstetrics/Gynaecology
  - 1502** Obstetrics
  - 1503** Gynaecology
- 1600** Oncology
- 1700** Ophthalmology
  - 1702** Neuro-Ophthalmic Surgery
  - 1703** Vitro-Retinal Surgery
- 1800** Orthopaedics
  - 1802** Paediatric Orthopaedic Surgery
- 1900** Paediatrics
  - 1902** Paediatric Cardiology
  - 1903** Paediatric Oncology
  - 1904** Neonatology
  - 1905** Paediatric Endocrinology
  - 1906** Paediatric Gastro-enterology
  - 1907** Paediatric Haematology
  - 1908** Paediatric A/E (ED) Medicine
  - 1909** Paediatric Infectious Diseases
  - 1910** Paediatric Metabolic Medicine
  - 1911** Paediatric Nephrology
  - 1912** Paediatric Respiratory Medicine
  - 1913** Perinatal Paediatrics
  - 1914** Paediatric Physical Handicap
  - 1915** Paediatric Dermatology
  - 1916** Paediatrics Development

## Department of Health

### Database list of consultant specialties Contd.

- 2000** Plastic Surgery
  - 2003** Maxillo-Facial
- 2100** Psychiatry
  - 2102** Child/adolescent Psychiatry
  - 2103** Forensic Psychiatry
  - 2104** Substance Abuse
  - 2105** Old Age Psychiatry
  - 2106** Rehabilitation Psychiatry
- 2200** Radiology
  - 2202** Paediatric Radiology
  - 2203** Neuroradiology
- 2300** Nephrology
- 2400** Respiratory Medicine
- 2500** Rheumatology
- 2600** General Surgery
  - 2602** Gastro-Intestinal Surgery
  - 2603** Hepato-Biliary Surgery
  - 2604** Vascular Surgery
  - 2605** Breast Surgery
- 2700** Infectious Diseases
  - 2702** Tropical
- 2800** Accident & Emergency
- 3000** Rehabilitation Medicine
  - 3002** Spinal paralysis
- 5000** General Medicine
- 6000** Audiological Medicine
- 6100** Public Health Medicine
- 6200** Clinical Neurophysiology
- 6300** Clinical Pharmacology
- 6400** Clinical Physiology
- 6500** G.P. Medicine
- 6700** Clinical (Medical) Genetics
- 6800** Mental Handicap
- 6900** Nuclear Medicine

## Department of Health

### Database list of consultant specialties Contd.

<b>7000</b>	Dental Surgery
	<b>7001</b> Oral Surgery
	<b>7002</b> Orthodontics
<b>7100</b>	Occupational Medicine
<b>7200</b>	Paediatric Surgery
<b>7300</b>	Palliative Medicine
<b>7400</b>	Pathology
<b>7500</b>	Radiotherapy
<b>7600</b>	Cardio-Thoracic Surgery
<b>7700</b>	Metabolic Medicine
<b>7800</b>	Urology
	<b>7802</b> Renal Transplantation
	<b>7803</b> Paediatric Urology
<b>7900</b>	Clinical Immunology
<b>8000</b>	Anaesthetics
	<b>8002</b> Intensive Care
	<b>8003</b> Pain Relief
	<b>8004</b> Paediatric Anaesthetics
<b>8300</b>	General Pathology
<b>8400</b>	Chemical Pathology
	<b>8402</b> Paediatric Chemical Pathology
<b>8500</b>	Histopathology
	<b>8502</b> Neuropathology
<b>8600</b>	Biochemistry
<b>8700</b>	Cytology
<b>8800</b>	Immunology
<b>8900</b>	Microbiology
	<b>8902</b> Virology
<b>9000</b>	Other

## Coding Schemes Used in HIPE in Ireland

- 2015 8th Edition ICD-10-AM/ACHI/ACS for both Diagnoses and Procedures
- 2009 – 2014 6<sup>th</sup> Edition ICD-10-AM/ACHI/ACS for both Diagnoses and Procedures
- 2005 – 2008 4<sup>th</sup> Edition ICD-10-AM for both Diagnoses and Procedures
- 1999 – 2004 ICD-9-CM (Oct 98 version) for both Diagnoses and Procedures
- 1995 – 1998 ICD-9-CM (Oct 94 version) for both Diagnoses and Procedures
- 1990 – 1994 ICD-9-CM (Oct 88 version) for both Diagnoses and Procedures
- 1981 – 1989 ICD-9 for Diagnoses and OPCS Procedures classification
- 1969 – 1980 ICD-8 for Diagnoses and OPCS<sup>1</sup> Procedures classification

## Dates for Download and Export in 2015

HIPE Export Month	Download all cases	Final Date of Receipt of Export by HPO
<b>End of December 2014</b>	To 31 <sup>st</sup> December (2014)	(Tues) 06/01/2015
<b>End of January 2015</b>	To 31 <sup>st</sup> January	(Wed) 04/02/2015
<b>End of February 2015</b>	To 28 <sup>th</sup> February	(Wed) 04/03/2015
<b>End of March 2015</b>	To 31 <sup>st</sup> March	(Tues) 07/04/2015
<b>End of April 2015</b>	To 30 <sup>th</sup> April	(Wed) 06/05/2015
<b>End of May 2015</b>	To 31 <sup>st</sup> May	(Thurs) 04/06/2015
<b>End of June 2015</b>	To 30 <sup>th</sup> June	(Fri) 03/07/2015
<b>End of July 2015</b>	To 31 <sup>st</sup> July	(Thurs) 06/08/2015
<b>End of August 2015</b>	To 31 <sup>st</sup> August	(Thurs) 03/09/2015
<b>End of September 2015</b>	To 30 <sup>th</sup> September	(Mon) 05/10/2015
<b>End of October 2015</b>	To 31 <sup>st</sup> October	(Wed) 04/11/2015
<b>End of November 2015</b>	To 30 <sup>th</sup> November	(Thurs) 03/12/2015
<b>End of December 2015</b>	To 31 <sup>st</sup> December	(Wed) 06/01/2016