



Activity in Acute Public Hospitals in Ireland **ANNUAL REPORT**

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A report on the discharges from acute public hospitals participating in HIPE in 2003. 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 board/regional authority.

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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. For over a decade now, the administration and management of this system has been contracted by the Department of Health and Children to The Economic and Social Research Institute (ESRI). Within the ESRI, the HIPE and NPRS¹ Unit in the Health Policy and Information Division 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, etc. The HIPE and NPRS Unit are responsible for the dissemination of data through reports such as this and also processing requests for HIPE data.

The aim of this report is to present an overview of discharge activity in acute public hospitals in Ireland. In 2003, the HIPE system captured data on over 95 per cent of all discharges from the acute public hospital system.

ACUTE HOSPITAL DISCHARGES FROM 1999 TO 2003

In 2003, 937,906 discharges were reported to HIPE by acute public hospitals in Ireland. This represented growth of over 5 per cent relative to the corresponding number in the previous year and an increase of 24.7 per cent on discharges recorded in 1999. While improved coverage of the database may help to explain this change, the major contributory factor was increased activity. There continues to be significant growth in the volume of day patient activity, with more than four out of every ten discharges being day patients in 2003. Although in-patient discharges continued to account for the majority of discharges, this group experienced a lower growth rate compared to that for day patients. Emergency in-patient activity was greater than that for planned in-patients. Although the volume of planned in-patients was substantially higher in 2003 relative to that in 1999, there was comparatively little growth of planned in-patient activity between 2002 and 2003.

The substantial growth in discharge activity surpassed the growth in the number of beds in HIPE hospitals. Between 1999 and 2003, hospital beds increased by 6.4 per cent. There was a large disparity in the growth of beds available for the treatment of day and in-patients. In 2003, beds assigned for the treatment of day patients numbered 909, which represented growth of over 35 per cent relative to their level in 1999. In contrast, in-patient beds grew by 4.7 per cent over the same period.

While this increase in the number of hospital beds available facilitated the treatment of a higher number of discharges, reductions in the average duration of hospitalisation is also likely to have contributed. The total number of bed days used by discharges in 2003 was in excess of 3.8 million, representing an increase of 13.0 per cent relative to that in 1999. This rate of growth was less than that recorded for discharges as the average length of stay for total discharges declined by 10.9 per cent, from 4.6 days in 1999 to 4.1 days in 2003. Between 1999 and 2003, the average length of stay for acute (those with a length of stay of 30 days or less) in-patients fell from 5.1 days to 4.9 days, a decrease of 3.9 per cent.

¹ National Perinatal Reporting System (NPRS).

For every 1,000 members of the population in 2003, there were 235.7 discharges recorded. This discharge rate was 17.4 per cent higher than that recorded for 1999, when there were just over 200 discharges per 1,000 population.

ANALYSIS OF ACUTE HOSPITAL ACTIVITY IN 2003

Patient Type

In 2003, total in-patients comprised 58.5 per cent of total discharges, with the remainder being day patients. Furthermore, in-patients used almost 90 per cent of the 3.8 million bed days recorded in 2003. Acute in-patients accounted for 57.0 per cent of total discharges and over two-thirds of total bed days. Extended stay in-patients (those with a length of stay in excess of 30 days) amounted to 1.5 per cent of total discharges and 22.6 per cent of total bed days. The average length of stay was 4.9 days for acute in-patients and 6.4 days for total (acute and extended stay) in-patients.

Hospital Type

General hospitals treated the largest volume of total discharges (87.3 per cent), while the remainder were discharged from hospitals specialising in medical conditions (referred to as special hospitals). In 2003, county hospitals were the single largest category of general hospital, accounting for 35.0 per cent of total discharges, with 28.4 per cent treated in voluntary hospitals and almost one-quarter in regional hospitals. Among the group of special hospitals, maternity hospitals recorded the largest number of total discharges.

Within the general hospital group, there were some disparities in the types of patients being discharged. The number of day patients exceeded the number of total in-patients in voluntary hospitals. The reverse was observed for county and regional hospitals. Compared to county and regional hospitals, voluntary hospitals recorded the largest shares of day and extended stay in-patient discharges. The number of acute in-patient discharges from county hospitals was almost twice that from voluntary hospitals.

The average length of stay for acute and total in-patients was shorter in special hospitals compared to general hospitals. Across the three types of general hospital there were differences in the average length of stay for both acute and extended stay in-patients. 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 per acute in-patient discharge, which was roughly 1.5 days longer than that estimated for regional and county hospitals.

Area of Hospitalisation and Residence

More than one out of every three discharges reported to HIPE in 2003 were treated in the Eastern Regional Health Authority (ERHA). The volume of discharges hospitalised in the ERHA was more than twice that recorded by the Southern Health Board (SHB) and three times that recorded by the Western Health Board (WHB). The ERHA treated the largest number of discharges, irrespective of patient type.

While the highest volume of discharges were treated in the ERHA, this regional authority also recorded the highest proportion of bed days and the longest average length of stay for all patient types. The ERHA, together with the SHB and Mid-Western Health Board (MWHB), recorded an average length of stay for acute in-patients that was in excess of that reported for acute in-patient discharges across all health boards/regional authorities.

The proportion of discharges resident in the ERHA was lower than the proportion treated in this health authority. For every 1,000 members of the ERHA population, there were over 199 total discharges in 2003, which was the lowest of all the health boards/regional authorities. In comparison, there were 100 more discharges per 1,000 in the North-Western Health Board (NWHB), which recorded the highest discharge rate of 299 discharges per 1,000.

Distribution of Beds in HIPE Hospitals

Over 40 per cent of total hospital beds were concentrated in the ERHA, which was higher than the proportion of beds located in the SHB, the WHB and the South-Eastern Health Board (SEHB). The majority of both day and in-patient beds were in the ERHA. On average, there were 3.3 beds per 1,000 population across all the health boards/regional authorities. This ratio varied from 2.3 beds per 1,000 in the Midland Health Board (MHB) to 3.7 beds per 1,000 in the ERHA.

Temporal Variation in Admission and Discharge Activity

During 2003, the highest monthly estimate of hospital admissions occurred during October (82,308 admissions), with the lowest number reported for December (67,189 admissions). For day patients, admissions peaked in July (35,344 day patients), while in-patient admissions were highest in January and March (roughly 47,400 in-patients recorded in each month). The number of emergency in-patient admissions reached a maximum in January (32,824 emergencies), while planned in-patient admissions were highest in March, July and September (approximately 15,100 planned in-patients in each month). For both planned and emergency in-patients, the period of lowest activity was December (11,339 planned and 26,066 emergency in-patients).

Admissions were highest at the beginning of the week (Monday to Wednesday), before falling off towards the latter part of the week and 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. As with admissions, discharges were less likely to occur at the weekend, with activity peaking for total discharges on Fridays.

DEMOGRAPHIC ANALYSIS OF HOSPITAL DISCHARGE ACTIVITY IN 2003

Sex

More than half of total discharges in 2003 were females. The proportions of total discharges treated as both day and acute in-patients were higher for females than for males. Both sexes, however, accounted for similar proportions of extended stay in-patients. Sex-specific discharge rates showed greater utilisation by females. The discharge rate for total female discharges was 261.1 per 1,000, which was greater than that for males (210.0 per 1,000). In addition to a higher discharge rate, female discharges also recorded a higher bed day rate. For every 1,000 members of the female population, there were 1,054.3 days spent in hospital, compared to 892.7 days per 1,000 members of the male population. Total female in-patient discharges

spent on average 6.0 days in hospital, which was lower than that for males. Similarly, acute female in-patients had a shorter average length of stay than their male counterparts. Conversely, for extended stay in-patients, the average length of stay for males was slightly shorter than that for females.

Marital Status

Married and single discharges together accounted for almost 85 per cent of total discharges and a slightly smaller proportion of total bed days (76.6 per cent). Both married and single discharges had lengths of stay which, on average, were shorter than that for total discharges. Widowed discharges accounted for 9.4 per cent of total discharges, but a higher proportion of total bed days. As a consequence, the average length of stay for widowed discharges was 7.7 days, which was almost twice as long as that for total discharges.

Age

Age-specific discharge rates were highest among the older age groups. Although the volume of discharges was highest for the 25 to 34 year age group, the 75 to 84 year age group had the highest number of discharges per 1,000 after controlling for the age profile of the population. 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 11.7 per cent of total in-patient discharges and 10.5 per cent of total discharges.

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. Of the 937,906 discharges recorded to HIPE in 2003, 44.7 per cent were GMS (medical card holders), while non-GMS (non-medical card holders) discharges accounted for more than half of the total. GMS status was unknown for the remaining 4.2 per cent of discharges. Just over 50 per cent of day patients and 52.3 per cent of acute in-patients were not medical card holders. The corresponding proportions for GMS discharges were 43.1 per cent and 45.2 per cent for day and acute in-patients respectively. The medical card status of extended stay in-patient discharges differed substantially from that for day and acute in-patients in that the majority of extended stay in-patients (almost 70 per cent) were GMS patients. The in-patient average length of stay was 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 days in hospital, which was almost 2 days longer than their non-GMS counterparts. There was very little difference between GMS and non-GMS discharges in the average length of stay for extended stay in-patients. In most health boards/regional authorities, at least half of total discharges treated were non-GMS patients. In the SHB and the North-Eastern Health Board (NEHB), non-GMS discharges accounted for as much as 56 per cent of total discharges. In contrast, in the NWHB and the WHB over 50 per cent of total discharges were GMS.

Public/Private Status

Within the HIPE system, public/private status captures whether the patient saw the consultant on a public or private basis. In 2003, approximately three-quarters of total discharges were public, with the remainder being private. The proportion of day patients who were public was slightly higher than that for total in-patients. The total in-patient average length of stay for public discharges was 6.6 days, which was almost a day longer than that for private discharges (5.8 days). Of all health boards/regional authorities, the MWHB treated the highest proportion of private discharges at 37.2 per cent of total discharges, which was substantially above that for the NWHB where only 16.5 per cent of discharges were private.

Inter-Regional Flow of Discharges

The discharge data can be analysed by where the patient received treatment and by where they resided. For the majority of discharges (88.3 per cent), treatment was received in the health board/regional authority area in which the patient was resident. The ERHA was the area that treated the highest proportion of non-residential discharges. Of the discharges hospitalised there, 18.7 per cent lived outside the area. Discharges were more likely to be treated in the ERHA if they were resident in one of the bordering health boards (the MHB, the NEHB or the SEHB).

Nationally, over 11 per cent of discharges were treated outside their health board/regional authority of residence. The vast majority of residents (approximately 97 per cent) in the ERHA and the SHB did not travel outside their area of residence, but were treated in their home area. The ERHA was the most common area of hospitalisation for travelling residents from all the other health boards, with the exception of discharges resident in the MWHB, who were more likely to travel to the SHB for treatment. The MHB recorded the highest proportion of residents treated by other health boards/regional authorities.

MORBIDITY ANALYSIS FOR HOSPITAL DISCHARGES IN 2003

In 2003, a principal diagnosis, with up to nine secondary diagnosis codes, for each discharge could be captured in the HIPE data entry system. Where surgery is performed, a principal procedure and up to nine secondary procedures may be reported to HIPE for each discharge.

Diagnoses

An average of 2.8 diagnoses were recorded for each HIPE discharge in 2003. This was similar to the average number of diagnoses recorded in 2002. Total in-patients recorded a higher number of diagnoses per discharge than day patients. The average number of all-listed diagnoses was slightly higher for male discharges than female discharges. The average number of diagnoses increased with age, regardless of patient type.

Almost one in every two day patients had one of the top 20 principal diagnoses for this group. As in 2002, “encounter for other and unspecified procedures and aftercare” was the most common principal diagnosis among day patients in 2003, accounting for 17.0 per cent of total day patient discharges. This common diagnosis includes chemotherapy and radiotherapy. The second most common cause of hospitalisation among day patients was “follow-up examination,” which was recorded as the principal diagnosis for 3.2 per cent of day patients.

The top 20 most common principal diagnoses for total in-patients accounted for 28.4 per cent of total in-patient discharges. The most common principal diagnosis for in-patients was “trauma to perineum and vulva during delivery,” which accounted for 2.4 per cent of total in-patients, with an average length of stay of 2.9 days.

A high volume of principal diagnoses in “complications of pregnancy, childbirth, and the puerperium,” which may be related to the higher proportion of female discharges. Apart from such obstetric and gynaecological diagnoses, the division of principal diagnoses between male and female discharges were

broadly equal within a number of other ICD-9-CM chapters. Some differences between the sexes arose for diseases of the circulatory system, for example, where over 56 per cent of discharges were male. For some ICD-9-CM chapters, the number of principal diagnoses increased with age. Over 30 per cent of discharges within the 15 to 44 year age group had a principal diagnosis relating to “complications of pregnancy, childbirth, and the puerperium.”

Procedures

In 2003, principal procedures were recorded for 91.5 per cent of total discharges. The average number of procedures conducted on those discharges who recorded a procedure was 2.3. These figures were higher than those reported to HIPE in 2002. Total in-patient discharges on which a procedure was performed had, on average, 3.0 procedures compared with an average of 1.3 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 increased with age.

The top 20 principal procedures for day patients accounted for 81.0 per cent of total day patients who had a principal procedure. The most common principal procedure for day patients was “other non-operative procedures,” which incorporates blood transfusion and prophylactic vaccinations. This procedure falls into the ICD-9-CM chapter entitled “miscellaneous diagnostic and therapeutic procedures,” which includes minor procedures. “Other non-operative procedures” for day patients represented 19.5 per cent of day patients who recorded a procedure. As well as the most common principal procedure, six of the remaining top 20 principal procedures could be classified as minor procedures.

The 20 most common principal procedures for total in-patients were recorded for 78.8 per cent of in-patients who had a procedure. As with day patients, the most common principal procedure performed was “other non-operative procedures,” which amounted to 20.0 per cent of all principal procedures for total in-patients. The total in-patient average length of stay for this principal procedure was 6.5 days. Another four of the top 20 principal procedures were minor procedures and five of the top 20 related to obstetrics.

Over 55 per cent of principal procedures were performed on female discharges. Similar proportions of male and female discharges underwent principal procedures. The proportion of discharges within each age group undergoing a principal procedure varied across age groups. A principal procedure was performed on almost 86 per cent of those discharges aged under 15 years. This was substantially lower than the equivalent proportions for the older age groups.

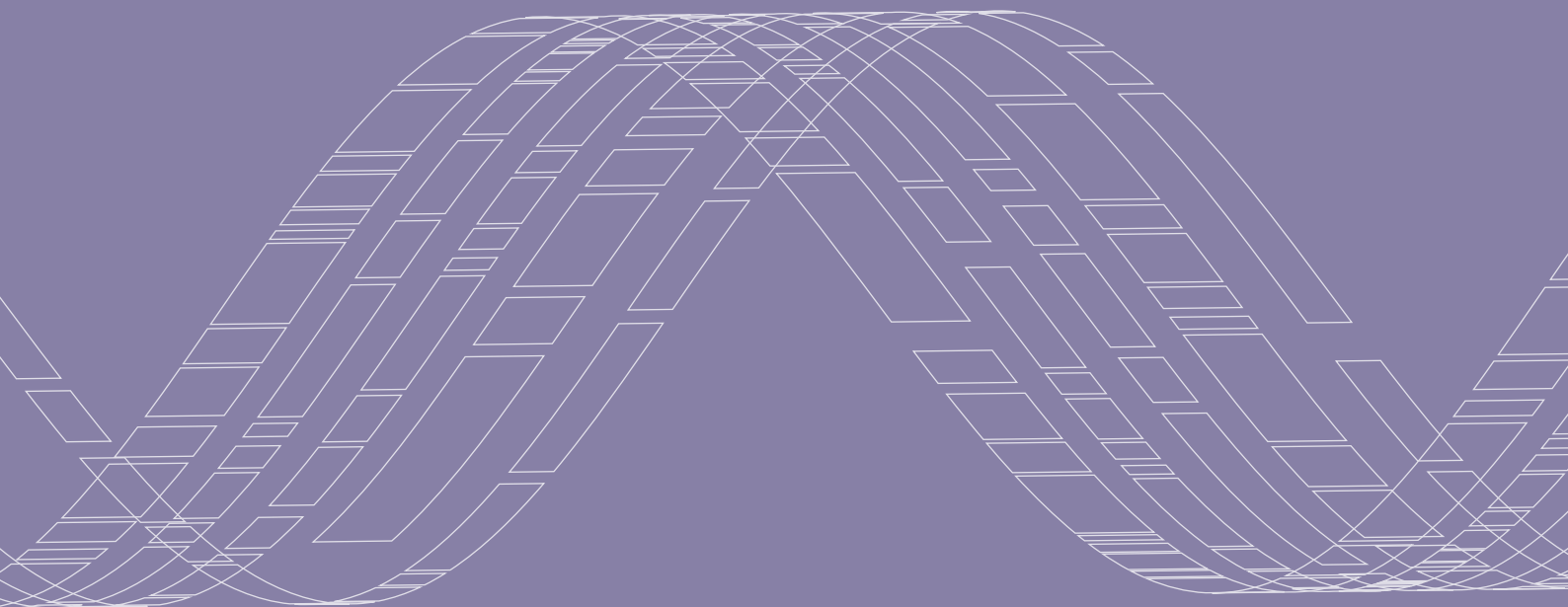
ANALYSIS OF DISCHARGE DATA BY CASE MIX

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, the Diagnosis Related Group (DRG) case mix classification scheme has been adopted by the Department as the national standard. The 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 DRG assignment is the classification of discharges into one of the Major Diagnostic Categories (MDCs), which are primary diagnostic groupings based on the systems of the body.

Discharges by MDC

As in 2002, the MDC with the largest volume of total discharges in 2003 was “diseases and disorders of the digestive system” (MDC 6). Just over half of total discharges assigned to this MDC were treated on a day patient basis, while the remainder were in-patients. A higher proportion of in-patients in this MDC were acute. “Pregnancy, childbirth, and the puerperium” (MDC 14) had the second largest number of total discharges. Unlike “diseases and disorders of the digestive system,” the number of total in-patients under MDC 14 was substantially greater than the number of day patients.

The top 20 DRGs for day patients accounted for 60.0 per cent of total day patient discharges. The most common DRG for day patients was “chemotherapy with acute leukaemia as secondary diagnosis” (DRG 410), which accounted for almost one-fifth of the day patient top 20 and 12.0 per cent of total day patient discharges. The most common DRG for total in-patients accounted for almost one-third of total in-patient discharges. The most common DRG for total in-patients was “vaginal delivery without complicating diagnoses” (DRG 373), which accounted for 7.2 per cent of total in-patients. The total in-patient average length of stay recorded for this 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 2003, sixty acute public hospitals reported to HIPE.¹ (Public hospitals that participated in HIPE in 2003 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 2003. Throughout this report, data on discharges from individual acute public hospitals are aggregated and presented by hospital type. The contents of this 2003 Annual Report correspond with those contained in previous reports. The structure of this report is as follows:

- Section II 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 III, which examines the gender and age profile of discharges;
- Section IV concentrates on data reported for diagnoses and procedures;
- A case mix breakdown of discharge activity is presented in Section V.

The remainder of this section provides an overview of the data collected through HIPE in 2003, discusses the coverage of HIPE and compares selected statistics for the period 1999 to 2003. Information on the historical context of HIPE as well as processes and procedures for collecting, validating and auditing data is contained in two previous ten-year reports.²

DATA COLLECTED BY HIPE IN 2003

The data elements recorded by HIPE in 2003 are listed in Table 1.1. (A copy of the HIPE data entry form for 2003 is contained in Appendix III. The reports that can be produced from the HIPE database are outlined on <http://www.esri.ie/>). The main development in data collection in 2003, compared to previous years, was the introduction of three optional variables. Two of these new variables involved description of the wards to which the discharge was admitted and discharged. The third new variable recorded the number of days in a public bed. While this variable is optional, its inclusion is intended to provide a more comprehensive breakdown of the hospital stay, since the number of days in both an intensive care environment and a private/semi-private bed were mandatory fields in 2003. These new variables provide further information on the public/private status of the type of bed the discharge occupied and complements the data already collected in HIPE on whether the discharge was public or private to the consultant.

Each HIPE discharge record represents one episode of care and patients may be admitted to hospital more than once 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 discharges per patient, or to estimate proxies for incidence or prevalence of disease.

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 2003. Discharges from these hospitals have been included in this report.

² Appendix II contains a table reference guide that links the information contained in the previous ten-year reports to that presented in this report. Both previous reports are available from http://www.esri.ie/health_information/latest_hipe_nprs_reports/.

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.
	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	Using the Ninth Revision of the International Classification of Diseases, Clinical Modification, Version October 1998.
	Nine secondary diagnoses	Using the Ninth Revision of the International Classification of Diseases, Clinical Modification, Version October 1998.
	One principal procedure	Using the Ninth Revision of the International Classification of Diseases, Clinical Modification, Version October 1998.
	Nine secondary procedures	Using the Ninth Revision of the International Classification of Diseases, Clinical Modification, Version October 1998.
Administrative data	Patient name	Not exported outside the hospital.
	Hospital number	
	Chart number	Unique to hospital of discharge.
	Admission and discharge dates	
	Dates of principal and first procedures	
	Day case indicator	
	Type of admission	Values include: elective, elective readmission, elective maternity, emergency, emergency readmission, emergency maternity or newborn.
	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	Optional variable in 2002, but mandatory from 2003.
	Days in a Private/Semi-Private bed	Optional variable in 2002, but mandatory from 2003.
	Days in a Public bed	New optional variable for 2003.
	Specialty	Refers to the specialty of the consultant associated with the principal diagnosis and is assigned locally, based on a list provided by Department of Health and Children.
	Admitting consultant	Encrypted.
	Discharge consultant	Encrypted.
	Consultant responsible for each diagnosis	Encrypted.
	Consultant responsible for each procedure	Encrypted.
	Discharge ward	New optional variable for 2003.
	Admitting ward	New optional variable for 2003.

COVERAGE OF HIPE DATA

Table 1.2 compares the returns to HIPE from 1992 to 2003 with the Integrated Management Returns (IMRs), which are completed by health boards/regional authorities and public hospitals monthly 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 2003 stood at 983,537, compared to 937,906 discharges reported to HIPE. This indicates that 95.4 per cent of all discharges reported through the IMRs were captured by HIPE. Indeed, as shown in Figure 1.1, there was a stark improvement in discharges captured by HIPE in the early 1990s, and since 1995 HIPE coverage has been consistently at or around 95 per cent.

TABLE 1.2

Estimates of Hospital Discharges from the DoH&C and HIPE, 1992–2003

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

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

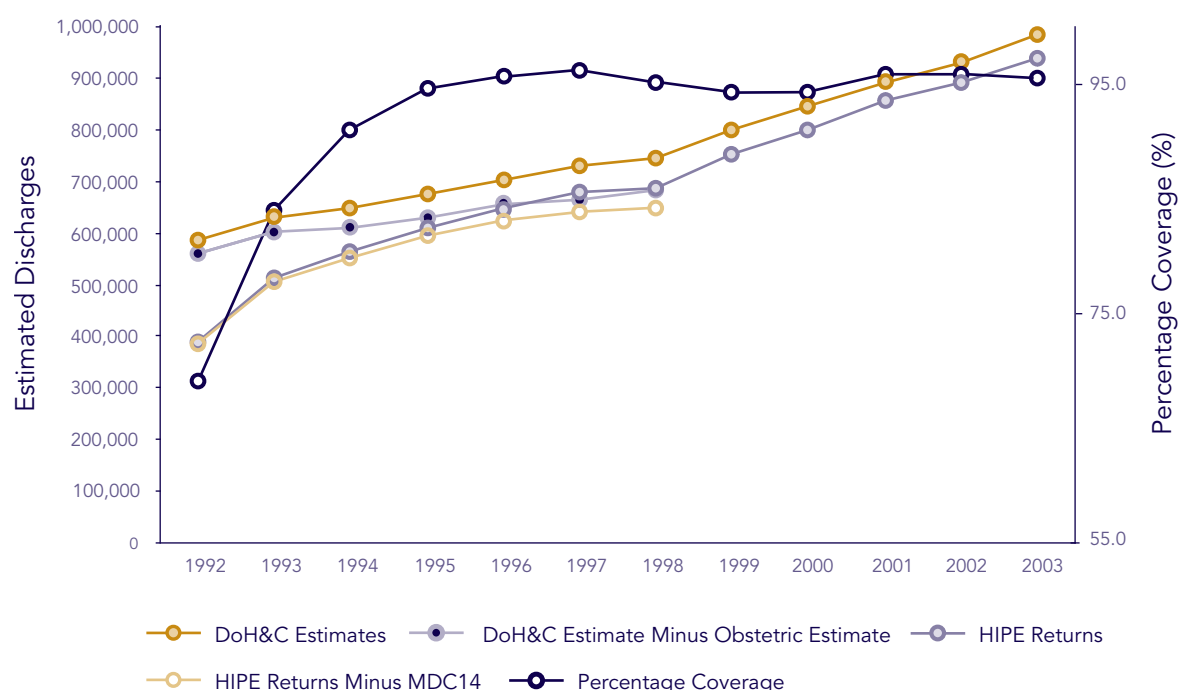
^b Major Diagnostic Category (MDC) 14: pregnancy, childbirth and the puerperium incorporates obstetric cases. This classification is discussed in more detail in Section V.

^c Obstetric data was excluded from 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 DoH&C, 1992–2003



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

ACUTE HOSPITAL DISCHARGES FROM 1999 TO 2003

In 2003, 937,906 discharges were reported to HIPE for participating acute public hospitals (see Table 1.3). This figure was more than 24 per cent higher than the level of discharges reported to HIPE five years earlier in 1999. As HIPE coverage was relatively stable over this period (see Table 1.2), the main explanation for this growth may be increased hospital activity. According to Table 1.3 the volume of both day and in-patient discharges increased between 1999 and 2003, albeit at differing rates. Day patient discharges experienced the most rapid growth, as discharges in 2003 were 58 per cent higher than their 1999 levels. In contrast, total in-patients increased by 8.5 per cent over the same period. As a result of this substantial growth the share of total discharges accounted for by day patients increased from 32.8 per cent in 1999 to 41.5 per cent in 2003, while there has been a commensurate decline in the proportion of discharges accounted for by total in-patients. Nevertheless, in-patients still accounted for the majority (58.5 per cent) of total discharges in 2003.

The number of emergency in-patients was more than twice the number of planned in-patients in 2003, although planned in-patients experienced more rapid growth between 1999 and 2003.³ Planned in-patients in 2003 were over 23 per cent higher than the level reported in 1999. By comparison, the number of emergency in-patients grew by 2.8 per cent over the same period. These disparate growth rates should be interpreted with caution, however, as the number of planned in-patients reported in 1999 may have been unusually low due to the impact of the nurses' strike in October of that year. Between 2002 and 2003 the

³ Emergency in-patient admissions represent 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.

growth in the number of emergency in-patients exceeded that of planned in-patients. In spite of the positive growth experienced by these two categories of in-patients, their respective shares of total discharges declined over the five-year period, which is consistent with the rise in day patient activity over the same period.

In 2003, general hospitals accounted for over 87 per cent of total discharges, with the remainder being discharged from hospitals specialising in particular areas (such as maternity, paediatrics and cancer). The breakdown of activity between general and special hospitals in 2003 was similar to that recorded in 1999. Discharges from general hospitals experienced higher growth between 1999 and 2003 compared to those for special hospitals (growth of 27.1 per cent and 10.8 per cent for general and special hospitals respectively). General hospitals are divided further into voluntary, regional and county hospitals. The largest category within the general hospital group was county hospitals, which treated over one-third of total discharges in 2003. Of the other two categories, approximately one-quarter of total discharges were from regional hospitals and 28.4 per cent were from voluntary hospitals. Discharges from all three categories of general hospitals experienced growth during the period 1999 to 2003. However, growth in discharges from county hospitals exceeded that of both voluntary and regional hospitals. The proportion of total discharges treated in county hospitals increased from 31.9 per cent in 1999 to 35.0 per cent in 2003. Furthermore, the growth in discharges from county hospitals also exceeded that of voluntary and regional hospitals between 2002 and 2003.

In 2003, almost nine out of every ten discharges living in Ireland were treated in the same health board/regional authority in which they resided. It is interesting to note this proportion has remained relatively stable over the five-year period as reported in Table 1.3. The numbers of discharges treated within and outside their health board/regional authority of residence have increased at comparable rates between 1999 and 2003. The increase in the number of discharges treated within their health board/regional authority of residence between 2002 and 2003 was marginally higher than that for discharges treated outside their health board/regional authority of residence.

The male/female ratio of discharges was relatively unchanged throughout the period 1999 to 2003. 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 female discharges between 2002 and 2003 was marginally higher than that for males (5.5 per cent for females and 4.6 per cent for males).

In 1999, just over half of total discharges were aged 44 years or younger. In contrast, by 2003 more than 52 per cent of discharges were aged 45 years or over. This change was brought about by differential growth in the number of discharges for each age group. Between 1999 and 2003, two younger age groups reported slower growth rates (9.5 per cent for discharges under 15 years and 18.2 per cent for discharges aged between 15 and 44 years), while discharges aged between 45 and 64 years experienced growth of 36.7 per cent, and discharges in the oldest age group (65 years and older) recorded 31.8 per cent growth. The two older groups of discharges continued to grow at faster rates than the younger age groups between 2002 and 2003.

In the Irish health care system holders of a medical card may use public hospital services free at the point of use, while charges are levied on non-medical card holders who use these same services. The disaggregation of total discharges by GMS status has generally been consistent between 1999 and 2003, although the proportion of total discharges for whom GMS status was unknown was slightly higher in 1999 and 2000

compared to those for later years. In each year reported in Table 1.3, over 40 per cent of total discharges were medical card holders and more than half of total discharges were non-medical card holders. In 2001, the share of GMS discharges increased relative to the two previous years. One 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. The five-year growth rate for GMS discharges was slightly higher, at 33.0 per cent, than that for non-GMS discharges, which had a 27.0 per cent rate of growth.

Collection of data on 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 over three-quarters of total discharges in 2003 were categorised as public. This proportion was marginally lower than reported in 1999, when more than 77 per cent were public. The declining share of public discharges is reflected in the lower rate of growth for this group. Between 1999 and 2003, public discharges grew by 21.3 per cent, while private discharges in 2003 were 36.2 per cent higher than their 1999 level. Between 2002 and 2003 private discharges grew by 6.7 per cent, which exceeded that of public discharges (4.5 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 has been steadily increasing from 200.8 discharges for every 1,000 population in 1999 to 235.7 discharges per 1,000 in 2003, representing growth of 17.4 per cent over the five years. While this growth rate 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 2003, almost 3.9 million bed days were used in acute public hospitals. Although the majority of bed days were for in-patients, the proportion accounted for by day patients increased from 7.2 per cent in 1999 to 10.1 per cent in 2003. Total in-patient bed days increased by 9.6 per cent between 1999 and 2003. 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 42.7 per cent of total bed days in 2003. There was strong growth in the in-patient bed days used by this age group between 1999 and 2003 (17.3 per cent).

On average, discharges spent 4.6 days in hospital in 1999. By 2003, the average length of stay for total discharges was 4.1 days, a decline of half-a-day or 10.9 per cent relative to the 1999 level. A similar reduction was not observed for total in-patients. The average length of stay for total in-patients increased marginally from 6.3 days in 1999 to 6.4 days in 2000 and continued at this level until 2003. However, this pattern was not experienced for all types of in-patients. Unlike total in-patients, acute in-patients in 2003 (those with a length of stay of 30 days or less) were staying in hospital for a slightly shorter time when compared to 1999 (5.1 days in 1999 and 4.9 days in 2003). 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 almost one week (55.1 days in 1999 and 61.9 days in 2003).

Between 1999 and 2003, the number of beds in HIPE hospitals increased by 6.4 per cent from 12,250 to 13,034. While the majority of beds in all years were allocated for the treatment of in-patients, this category only experienced growth of 4.7 per cent during the entire five-year period, which was substantially less than that for day patient beds (which grew by 35.1 per cent over the same period). Reflecting these differential growth rates, the in-patient share of beds declined from 94.5 per cent in 1999 to 93.0 per cent in 2003.

TABLE 1.3

Number and Percentage of Acute Public Hospital Discharges, 1999–2003

	1999 (%)	2000 (%)	2001 (%)	2002 (%)	2003 (%)	% Change	
						1999–2003	2002–2003
Total Discharges	751,945	798,858	856,261	892,634	937,906	24.7	5.1
Patient Type							
Day Patients	246,531 (32.8)	273,677 (34.3)	314,768 (36.8)	353,400 (39.6)	389,637 (41.5)	58.0	10.3
Total In-Patients	505,414 (67.2)	525,181 (65.7)	541,493 (63.2)	539,234 (60.4)	548,269 (58.5)	8.5	1.7
Planned	139,832 (18.6)	162,152 (20.3)	150,416 (17.6)	172,166 (19.3)	172,341 (18.4)	23.2	0.1
Emergency ^a	365,582 (48.6)	363,029 (45.4)	391,077 (45.7)	367,068 (41.1)	375,928 (40.1)	2.8	2.4
Hospital Type^b							
General Hospitals	644,189 (85.7)	685,157 (85.8)	740,056 (86.4)	778,104 (87.2)	818,548 (87.3)	27.1	5.2
Voluntary	230,751 (30.7)	238,948 (29.9)	256,653 (30.0)	254,834 (28.5)	265,951 (28.4)	15.3	4.4
Regional	173,419 (23.1)	190,464 (23.8)	202,323 (23.6)	214,511 (24.0)	224,735 (24.0)	29.6	4.8
County	240,019 (31.9)	255,745 (32.0)	281,080 (32.8)	308,759 (34.6)	327,862 (35.0)	36.6	6.2
Special Hospitals	107,756 (14.3)	113,701 (14.2)	116,205 (13.6)	114,530 (12.8)	119,358 (12.7)	10.8	4.2
Location of Treatment^c							
Within health board/ regional authority of residence	661,388 (88.0)	701,792 (87.8)	751,002 (87.7)	785,966 (88.1)	827,778 (88.3)	25.2	5.3
Outside health board/regional authority of residence	85,070 (11.3)	90,940 (11.4)	98,492 (11.5)	102,005 (11.4)	105,828 (11.3)	24.4	3.7
Patient Characteristics							
Sex							
Males	332,840 (44.3)	355,066 (44.4)	379,963 (44.4)	397,229 (44.5)	415,307 (44.3)	24.8	4.6
Females	419,105 (55.7)	443,792 (55.6)	476,298 (55.6)	495,405 (55.5)	522,599 (55.7)	24.7	5.5
Age Group							
Under 15 years	106,602 (14.2)	111,638 (14.0)	112,861 (13.2)	111,952 (12.5)	116,690 (12.4)	9.5	4.2
15 to 44 years	279,998 (37.2)	294,075 (36.8)	313,625 (36.6)	321,153 (36.0)	331,075 (35.3)	18.2	3.1
45 to 64 years	172,738 (23.0)	186,366 (23.3)	206,940 (24.2)	222,878 (25.0)	236,213 (25.2)	36.7	6.0
65 years and over	192,607 (25.6)	206,779 (25.9)	222,835 (26.0)	236,651 (26.5)	253,928 (27.1)	31.8	7.3
GMS Status^d							
GMS (Medical card holders)	315,093 (41.9)	326,186 (40.8)	374,969 (43.8)	385,974 (43.2)	419,168 (44.7)	33.0	8.6
Non-GMS (Non-medical card holders)	377,491 (50.2)	408,983 (51.2)	449,228 (52.5)	466,864 (52.3)	479,275 (51.1)	27.0	2.7
Unknown ^e	59,361 (7.9)	63,689 (8.0)	32,064 (3.7)	39,796 (4.5)	39,463 (4.2)	-33.5	-0.8
Public/Private Status^f							
Public Discharges	580,477 (77.2)	611,029 (76.5)	643,065 (75.1)	673,719 (75.5)	704,312 (75.1)	21.3	4.5
Private Discharges	171,468 (22.8)	187,829 (23.5)	213,196 (24.9)	218,915 (24.5)	233,594 (24.9)	36.2	6.7

Table 1.3: Number and Percentage of Acute Public Hospital Discharges, 1999–2003 (Contd.)

	1999 (%)	2000 (%)	2001 (%)	2002 (%)	2003 (%)	% Change	
						1999–2003	2002–2003
Discharge Rate Per 1,000 Population^g	200.8	211.0	223.0	227.9	235.7	17.4	3.4
Total Bed Days	3,428,328	3,644,766	3,802,032	3,819,671	3,875,450	13.0	1.5
Day Patients	246,531 (7.2)	273,677 (7.5)	314,768 (8.3)	353,400 (9.3)	389,637 (10.1)	58.0	10.3
Total In-Patients	3,181,797 (92.8)	3,371,089 (92.5)	3,487,264 (91.7)	3,466,271 (90.7)	3,485,813 (89.9)	9.6	0.6
Under 15 years	294,473 (8.6)	301,047 (8.3)	298,696 (7.9)	281,908 (7.4)	284,094 (7.3)	-3.5	0.8
15 to 44 years	810,837 (23.7)	822,875 (22.6)	842,852 (22.2)	820,122 (21.5)	817,077 (21.1)	0.8	-0.4
45 to 64 years	667,026 (19.5)	696,962 (19.1)	720,267 (18.9)	722,921 (18.9)	731,623 (18.9)	9.7	1.2
65 years and over	1,409,461 (41.1)	1,550,205 (42.5)	1,625,449 (42.8)	1,641,320 (43.0)	1,653,019 (42.7)	17.3	0.7
Average Length of Stay (Days)							
Total Discharges ^h	4.6	4.6	4.4	4.3	4.1	-10.9	-4.7
Total In-Patients	6.3	6.4	6.4	6.4	6.4	1.6	0.0
Acute ⁱ	5.1	5.0	5.0	5.0	4.9	-3.9	-2.0
Extended ^j	55.1	61.6	60.9	61.1	61.9	12.3	1.3
Total Hospital Beds in HIPE Hospitals^k	12,250	12,425	12,579	12,904	13,034	6.4	1.0
Day Patient Beds	673 (5.5)	721 (5.8)	751 (6.0)	812 (6.3)	909 (7.0)	35.1	11.9
Total In-Patient Beds	11,577 (94.5)	11,704 (94.2)	11,828 (94.0)	12,092 (93.7)	12,125 (93.0)	4.7	0.3

Notes: Percentages are reported in parentheses.

Obstetric data were not required to be reported to HIPE until 1999, although some hospitals submitted these data to HIPE from 1994.

A nurses' strike took place in October 1999.

^a Emergency in-patient admissions represent 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 to draw conclusions about the volume of activity in Accident and Emergency Departments.

^b One hospital changed its status from a voluntary to a health board hospital in November 2001. For subsequent years this hospital was classified as a health board 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 for whom health board/regional authority of residence was unknown.

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

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

^f Collection of data on public/private status of patients commenced by HIPE in 1999. This refers to a 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.

^g Crude discharge rate is calculated as the ratio of total discharges to the population of Ireland, multiplied by 1,000. When those discharges with no fixed abode and who were living outside Ireland were excluded, the crude discharge rate was 234.6 per 1,000 population for 2003.

^h Includes day and in-patients.

ⁱ Relates to lengths of stay for between 0 and 30 days (inclusive).

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

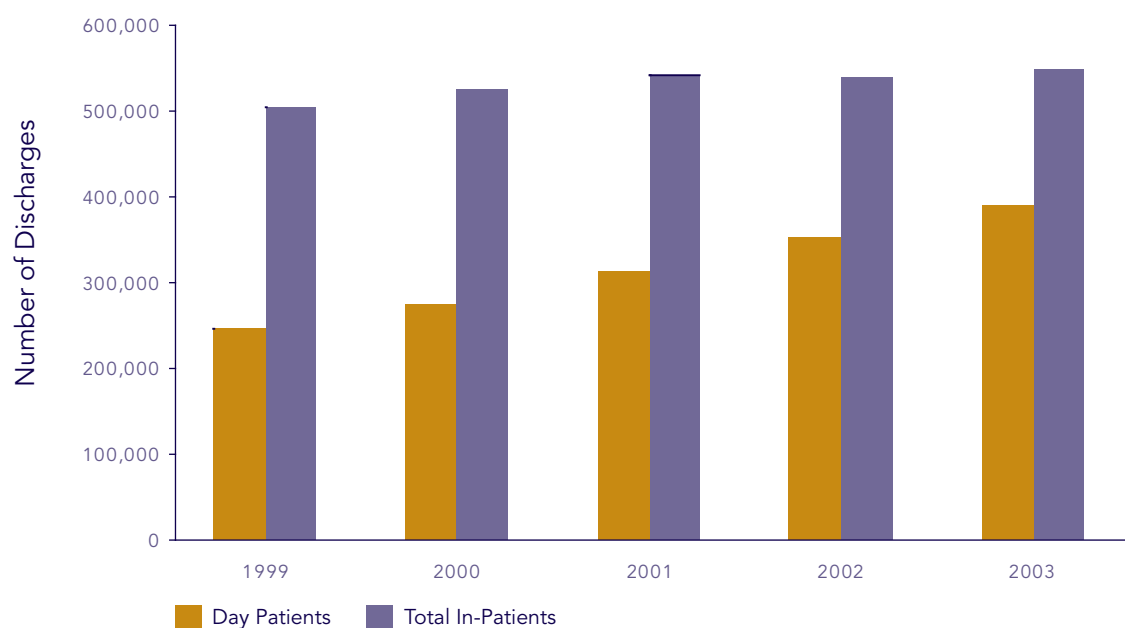
^k Excludes beds in long stay HIPE hospitals, which are not reported to the DoH&C.

Source: Data on discharges and bed days for 1999 to 2002 were obtained from previous reports (see HIPE and NPRS Unit, 2002, *Activity in Acute Public Hospitals in Ireland, 1990–1999*, Dublin: The Economic and Social Research Institute; HIPE and NPRS Unit, 2006, *Activity in Acute Public Hospitals in Ireland, 1992–2001*, Dublin: The Economic and Social Research Institute; and HIPE and NPRS Unit, 2007, *Activity in Acute Public Hospitals in Ireland, 2002 Annual Report*, Dublin: The Economic and Social Research Institute).

Population data, used in the calculation of rates, were obtained from the Population Health Intelligence 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 be, therefore, 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). Hospital bed data for all years were obtained from the Department of Health and Children (2005).

FIGURE 1.2

Total Discharges by Patient Type, 1999–2003



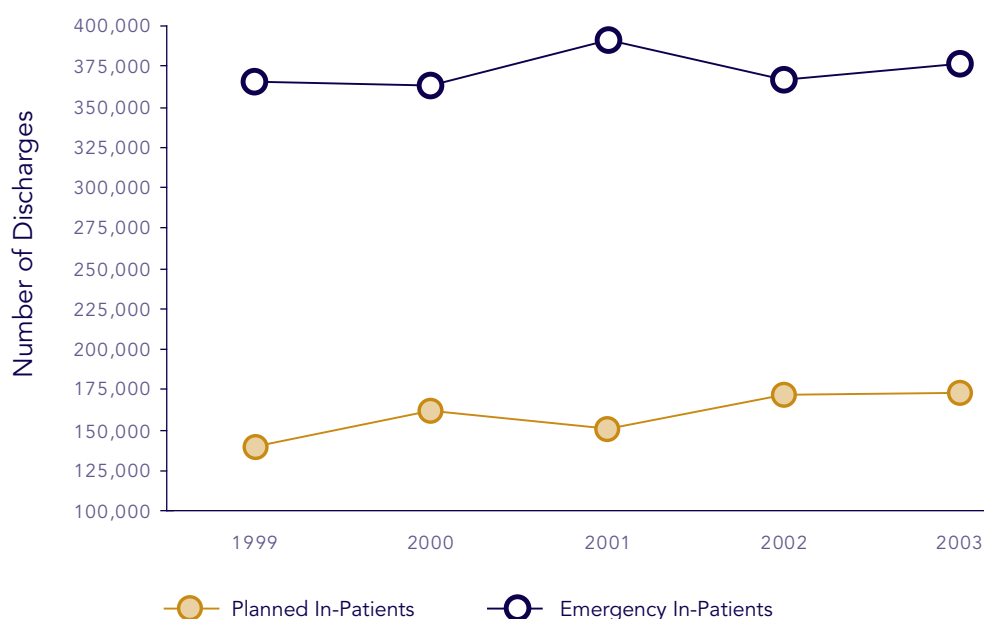
Notes: See Appendix I for a list of hospitals that participated in HIPE in 2003.

Obstetric data were not required to be reported to HIPE until 1999, although some hospitals submitted these data to HIPE from 1994.

Source: Data on discharges and bed days for 1999 to 2002 were obtained from previous reports (see HIPE and NPRS Unit, 2002, *Activity in Acute Public Hospitals in Ireland, 1990–1999*, Dublin: The Economic and Social Research Institute; HIPE and NPRS Unit, 2006, *Activity in Acute Public Hospitals in Ireland, 1992–2001*, Dublin: The Economic and Social Research Institute; and HIPE and NPRS Unit, 2007, *Activity in Acute Public Hospitals in Ireland, 2002 Annual Report*, Dublin: The Economic and Social Research Institute).

FIGURE 1.3

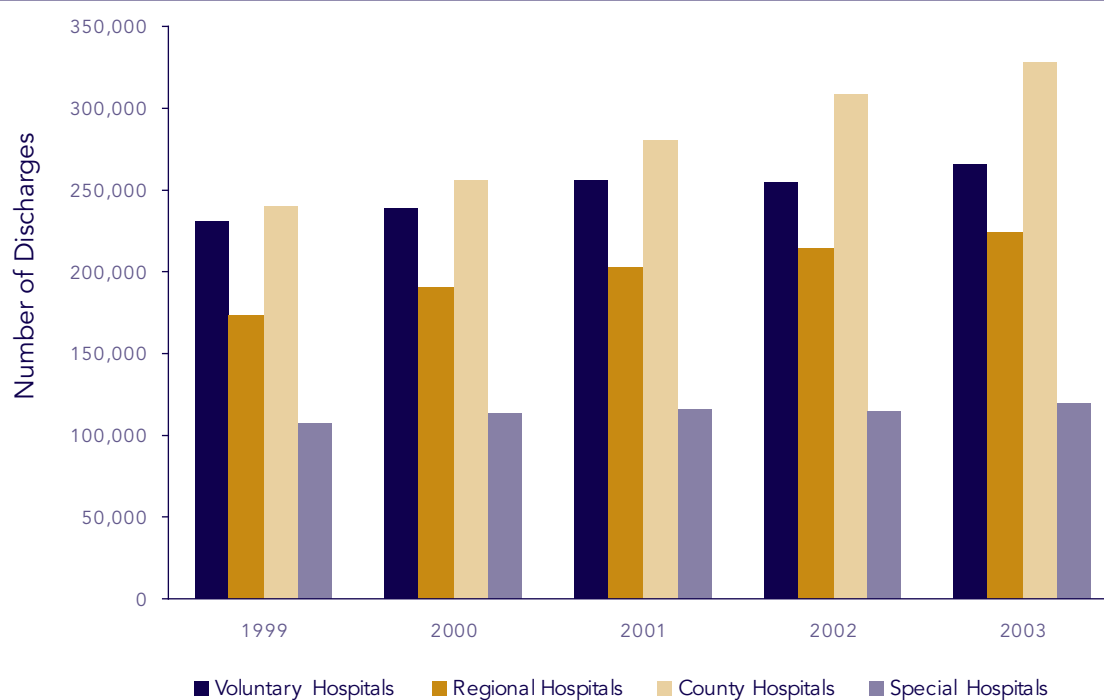
Total In-Patient Discharges by Type of In-Patient Admission, 1999–2003



Notes: Emergency in-patient admissions represent 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 to draw conclusions about the volume of activity in Accident and Emergency Departments. See additional notes under Figure 1.2.

FIGURE 1.4

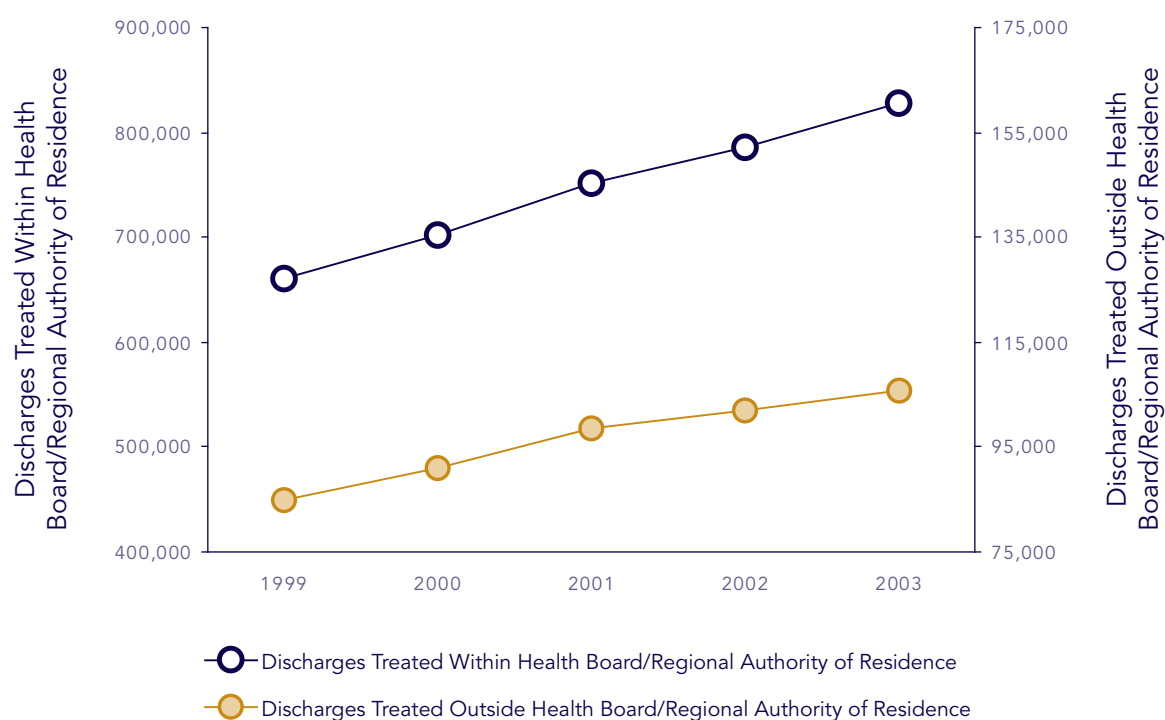
Total Discharges by Hospital Type, 1999–2003



See notes under Figure 1.2

FIGURE 1.5

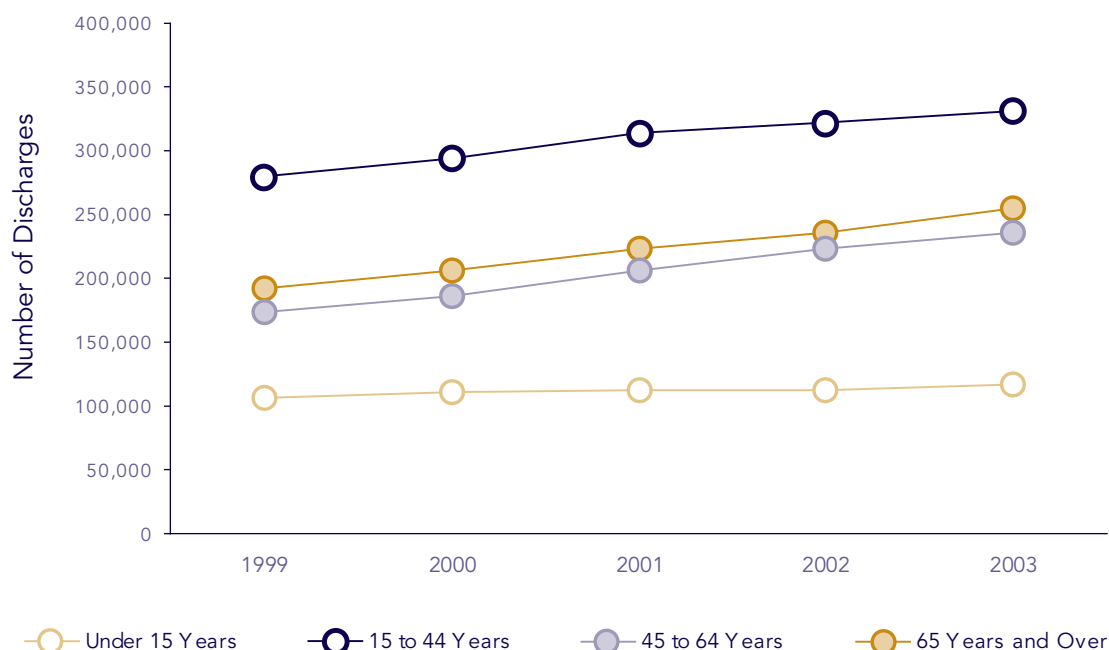
Total Discharges by Location of Treatment, 1999–2003



Note: 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 for whom health board/regional authority of residence was unknown.

FIGURE 1.6

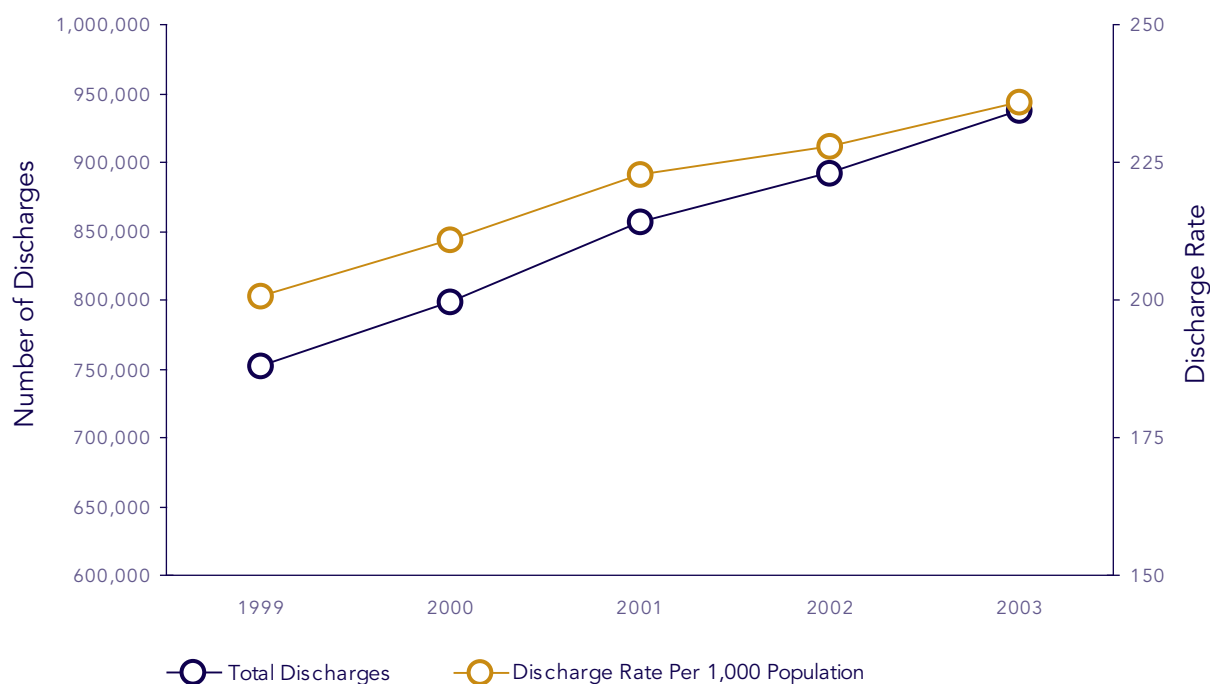
Total Discharges by Age Group, 1999–2003



See notes under Figure 1.2

FIGURE 1.7

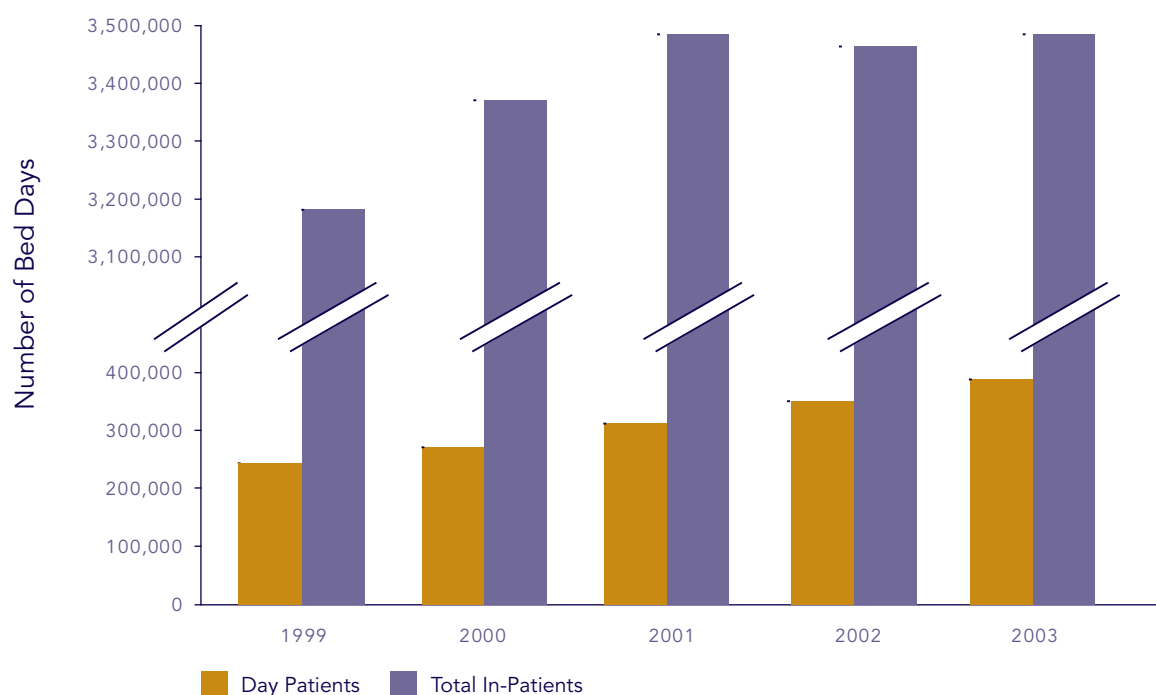
Total Discharges and Discharge Rate (Per 1,000 Population), 1999–2003



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 234.6 per 1,000 population in 2003. Population data, used in the calculation of 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 be, therefore, 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).

FIGURE 1.8

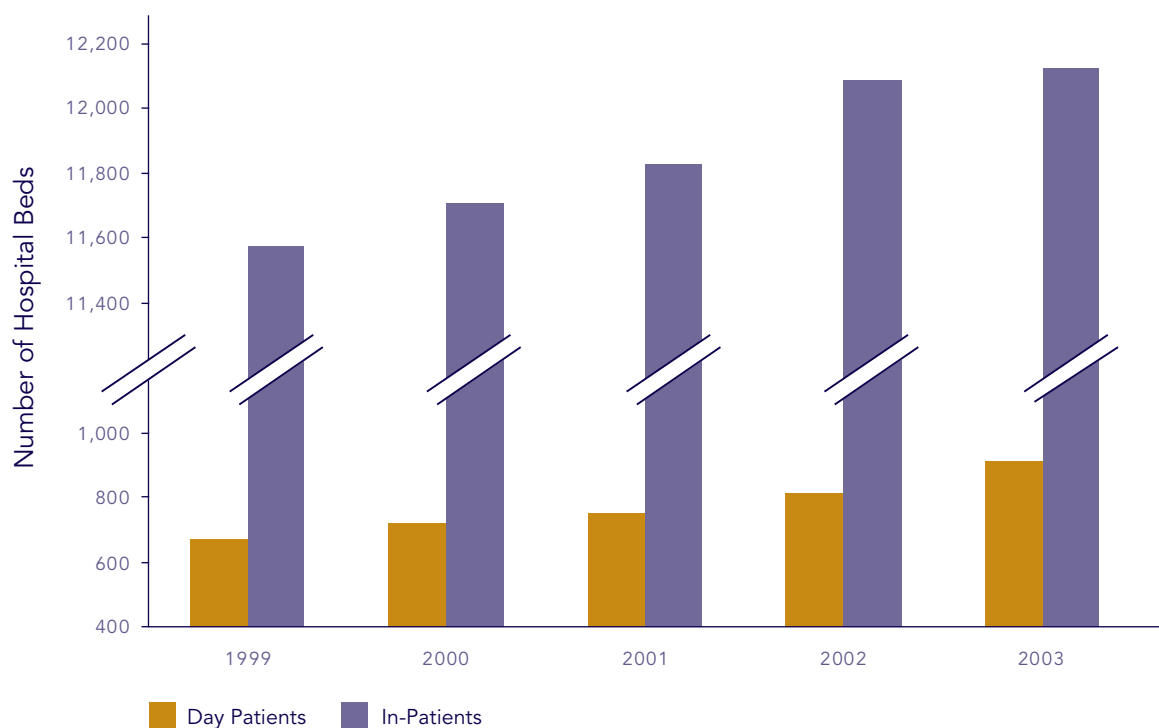
Bed Days by Patient Type, 1999–2003



See notes under Figure 1.2

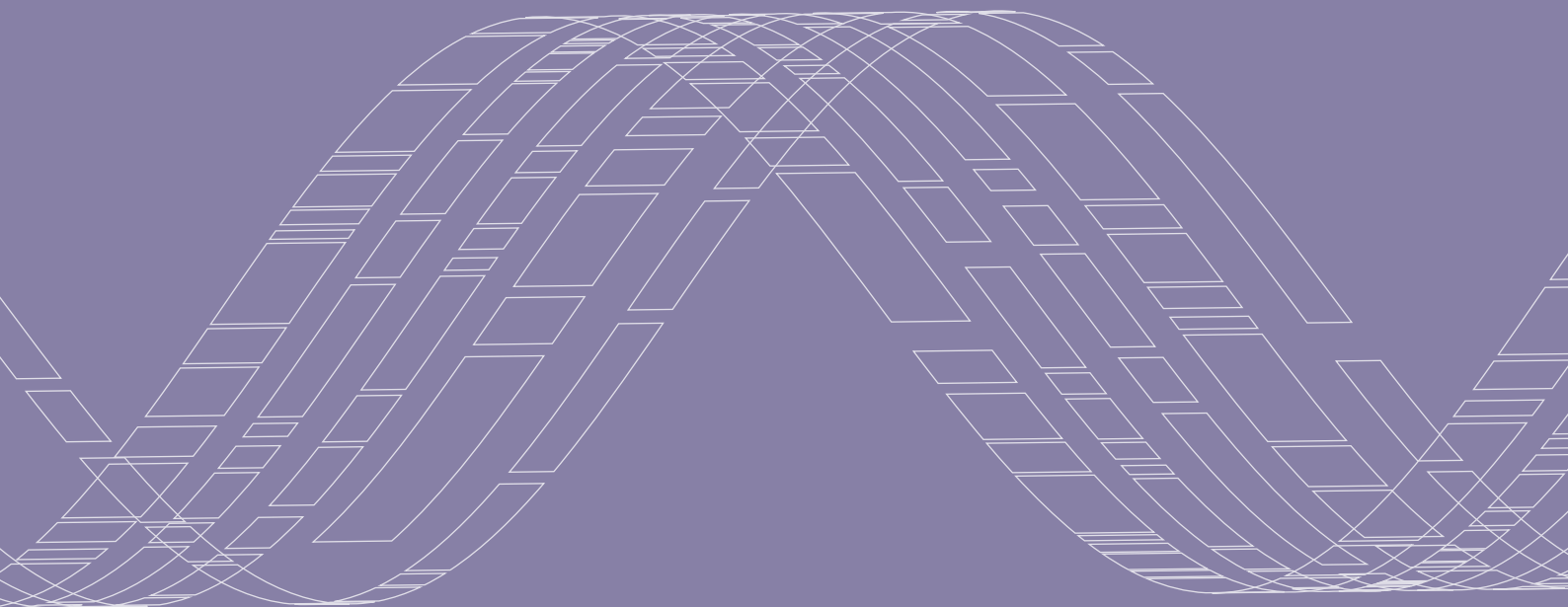
FIGURE 1.9

Number of Beds in HIPE Hospitals by Bed Type, 1999–2003



Notes: Excludes long-stay hospital beds.
See additional notes under Figure 1.2

Source: Department of Health and Children (2005).



Analysis of Acute Hospital Activity in 2003

SECTION

TWO

SUMMARY

- In 2003, 937,906 discharges were reported to HIPE by participating acute public hospitals.

Patient Type

- Total in-patients comprised 58.5 per cent of total discharges and the remainder were day patients.
- In-patients accounted for almost 90 per cent of the 3.8 million bed days recorded in 2003.
- The average length of stay for acute in-patients was 4.9 days.

Hospital Type

- Together the three types of general hospitals treated the largest volume of total discharges (87.3 per cent) and hospitals that specialise in medical conditions accounted for the remainder.
- Within the general hospitals the number of day patients in voluntary hospitals exceeded the number of total in-patients, while the reverse was observed for county and regional hospitals.
- The average length of stay for acute and total in-patients was shorter in special hospitals compared to general hospitals.

Geographical Distribution of Discharges by Areas of Hospitalisation and Residence

- More than one out of every three discharges were treated in the Eastern Regional Health Authority (ERHA).
- The average length of stay recorded for the ERHA was consistently longer than in other areas, regardless of patient type.

Temporal Variation in Hospital Admission and Discharge Activity

Monthly Pattern of Hospital Admissions

- The volume of total hospital admissions was highest in October.
- The highest number of admissions was recorded in January for emergency in-patients and in September for planned in-patients.

Daily Pattern of Hospital Admissions and Discharges

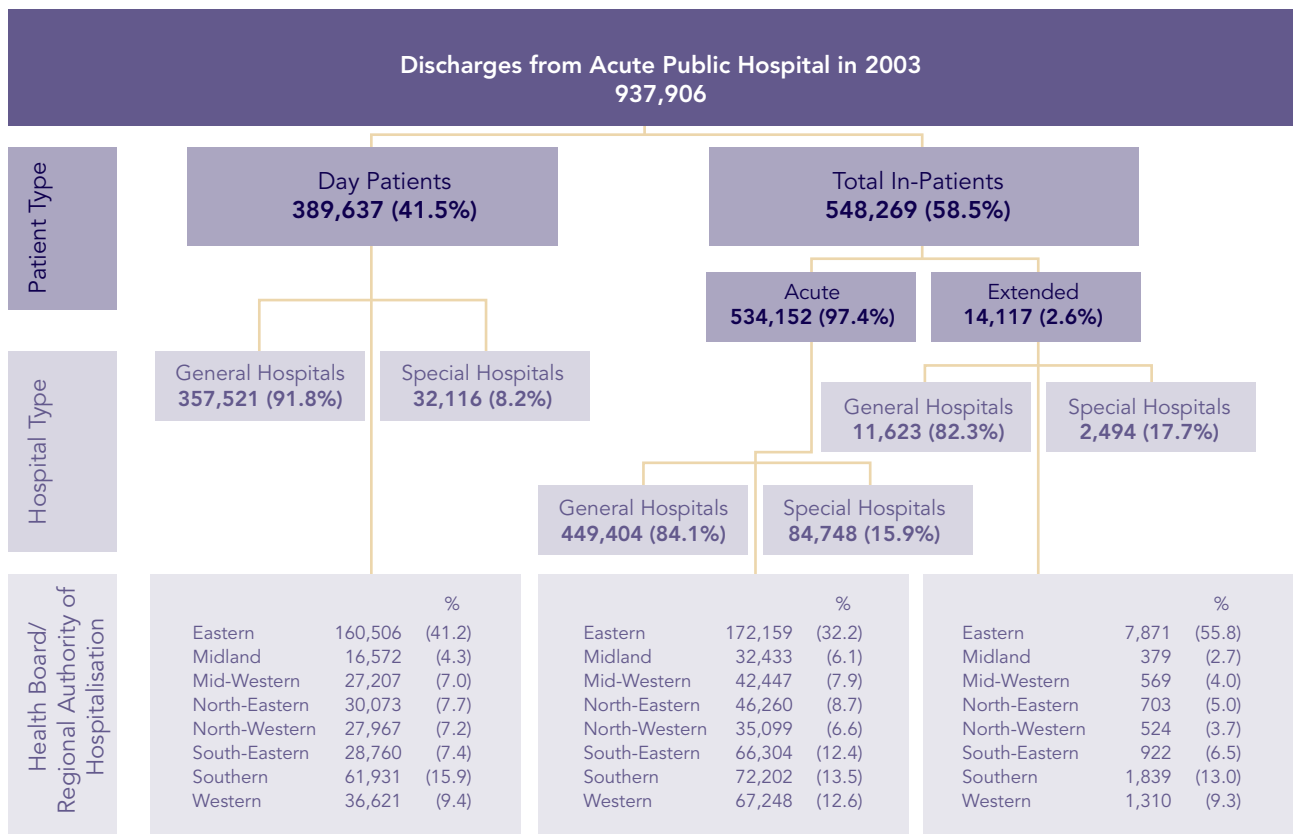
- Admissions were highest at the beginning of the week and decreased towards the latter part of the week and the weekend.
- In-patient discharges were more likely to take place on Fridays.

INTRODUCTION

In the calendar year 2003, 937,906 discharges were reported to HIPE by participating acute public hospitals (see Figure 2.1 and Table 2.1). This was equivalent to 235.7 discharges per 1,000 members of the population. The total number of bed days used was in excess of 3.8 million. On average, the length of stay for total discharges was 4.1 days. This section examines these discharges in greater detail by focusing on the types of patients treated and the distribution of activity by type of hospital and geographical location.

FIGURE 2.1

Summary of Discharges from Acute Public Hospitals in 2003



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 2003, 58.5 per cent of total discharges were in-patients and the remainder were day patients. This greater volume of in-patient activity was apparent in the higher discharge rate for this group (137.8 per 1,000 for total in-patients compared to 97.9 per 1,000 for day patients). Although day patients accounted for 41.5 per cent of total discharges, this group used only 10.1 per cent of total bed days. In-patients accounted for 89.9 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 2003, the majority were acute (534,152 out of 548,269). Acute in-patients amounted to 57.0 per cent of total discharges and 67.4 per cent of total bed days. While only 1.5 per cent of total discharges were extended stay in-patients, this group used a disproportionate share of total bed days (22.6 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 6.4 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	389,637	41.5	97.9	389,637	10.1	97.9	–
In-Patients							
Acute (0–30 days)	534,152	57.0	134.2	2,611,676	67.4	656.4	4.9
Extended (>30 days)	14,117	1.5	3.5	874,137	22.6	219.7	61.9
Total In-Patients	548,269	58.5	137.8	3,485,813	89.9	876.1	6.4
Total (Day and In-Patients)	937,906	100	235.7	3,875,450	100	974.0	4.1^a

Note: ^a Includes day and in-patients.

Source: Rates are based on population data from the PHIS.

HOSPITAL TYPE

Discharges are disaggregated by type of patient and hospital in Table 2.2. General hospitals treated the largest volume of total discharges (87.3 per cent), while the remainder were discharged from hospitals specialising in the treatment of particular areas (hereafter referred to as special hospitals). The distribution of discharges between general and special hospitals differed slightly by patient type. Almost 92 per cent of day patients were discharged from general hospitals, while the comparable figure for total in-patients was 84.1 per cent. Thus, compared to total in-patients, day patients were more likely to be discharged from general hospitals than special hospitals. This is also evident from Figure 2.2. There were also some differences between acute and extended stay in-patients. The proportion of acute in-patients discharged from general hospitals was slightly greater than extended stay in-patients (84.1 per cent for acute in-patients and 82.3 per cent for extended stay in-patients).

General hospitals comprise voluntary, regional and county hospitals. In 2003, county hospitals were the single largest category of general hospital, accounting for 35.0 per cent of total discharges. The proportion of total discharges treated in voluntary hospitals was 28.4 per cent and almost one-quarter in regional hospitals. Within the general hospital group, the type of patient discharged varied by hospital type (see Figure 2.3). For instance, in voluntary hospitals the number of day patients exceeded the number of total in-patients. The reverse was true for county and regional hospitals. Furthermore, voluntary hospitals recorded the largest volume of day patients, with 38.9 per cent of day patient discharges compared to 28.2 per cent for county hospitals and 24.7 per cent for regional hospitals. For in-patients, the number of acute discharges from county hospitals was almost twice that from voluntary hospitals. Voluntary hospitals recorded the largest share of extended stay in-patients (37.8 per cent) compared to county (25.2 per cent) and regional (19.3 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 in 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

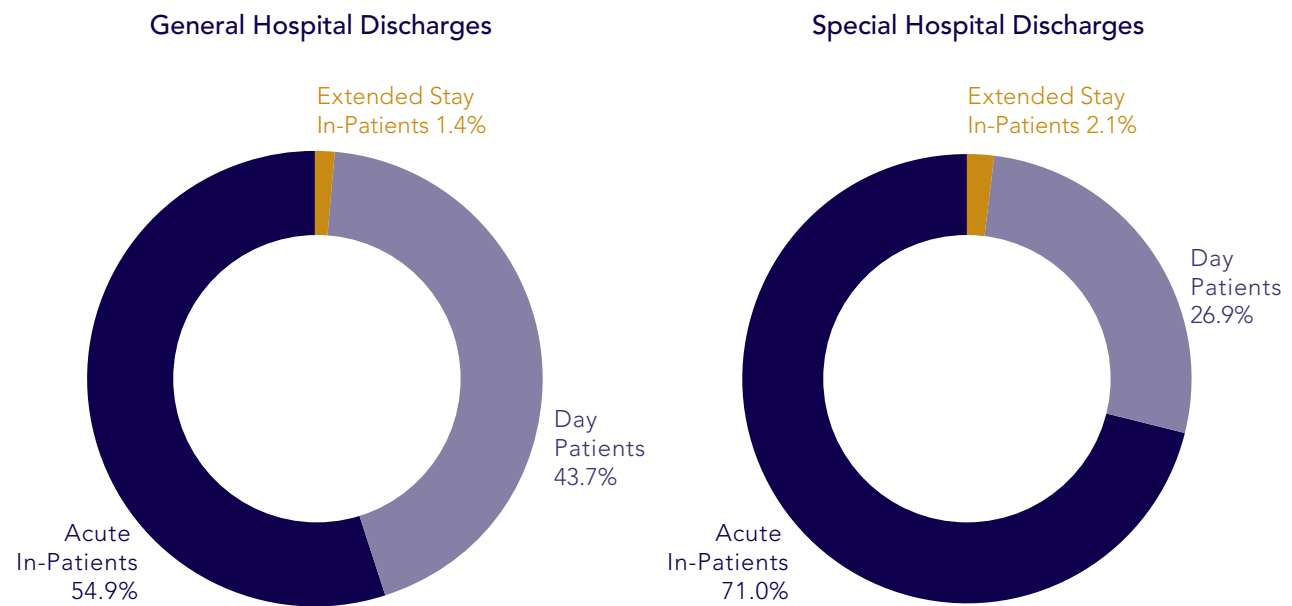
Discharges and Discharge Rates (Per 1,000 Population) by Patient Type and Hospital Type^a

	Day Patients			In-Patients						Total Discharges		
	Acute (0–30 days)			Extended (>30 days)			Total In-Patients					
	N	%	Rate	N	%	Rate	N	%	Rate	N	%	Rate
General Hospitals												
Voluntary	151,671	38.9	38.1	108,939	20.4	27.4	5,341	37.8	1.3	114,280	20.8	28.7
Regional	96,062	24.7	24.1	125,955	23.6	31.7	2,718	19.3	0.7	128,673	23.5	32.3
County	109,788	28.2	27.6	214,510	40.2	53.9	3,564	25.2	0.9	218,074	39.8	54.8
Total (General)	357,521	91.8	89.9	449,404	84.1	112.9	11,623	82.3	2.9	461,027	84.1	115.9
Special Hospitals												
Cancer	4,246	1.1	1.1	1,340	0.3	0.3	864	6.1	0.2	2,204	0.4	0.6
Eye, Ear, Nose and Throat	2,495	0.6	0.6	3,178	0.6	0.8	6	0.0	0.0	3,184	0.6	0.8
Infectious Disease	~	0.0	0.0	657	0.1	0.2	98	0.7	0.0	755	0.1	0.2
Long Stay	0	0.0	0.0	336	0.1	0.1	128	0.9	0.0	464	0.1	0.1
Maternity	5,085	1.3	1.3	52,397	9.8	13.2	356	2.5	0.1	52,753	9.6	13.3
Orthopaedic	7,237	1.9	1.8	9,133	1.7	2.3	775	5.5	0.2	9,908	1.8	2.5
Paediatric	13,051	3.3	3.3	17,707	3.3	4.5	267	1.9	0.1	17,974	3.3	4.5
Total (Special)	32,116	8.2	8.1	84,748	15.9	21.3	2,494	17.7	0.6	87,242	15.9	21.9
Total (All Hospital Types)	389,637	100	97.9	534,152	100	134.2	14,117	100	3.5	548,269	100	137.8
										119,358	12.7	30.0
										937,906	100	235.7

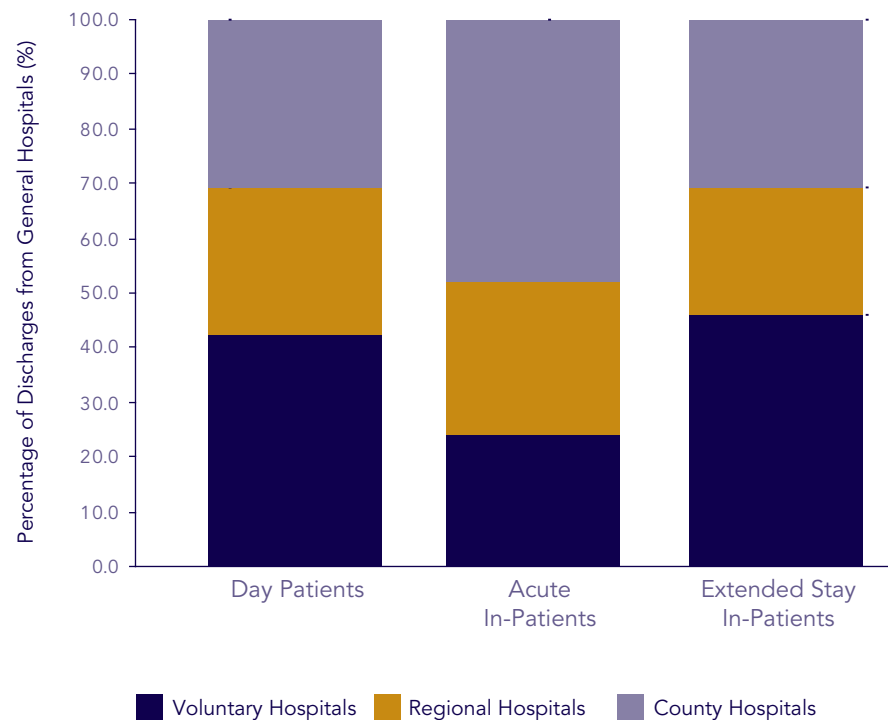
Notes: ~ denotes five or less discharges reported to HIPE.

^a See Appendix I for a list of hospitals that participated in HIPE in 2003.

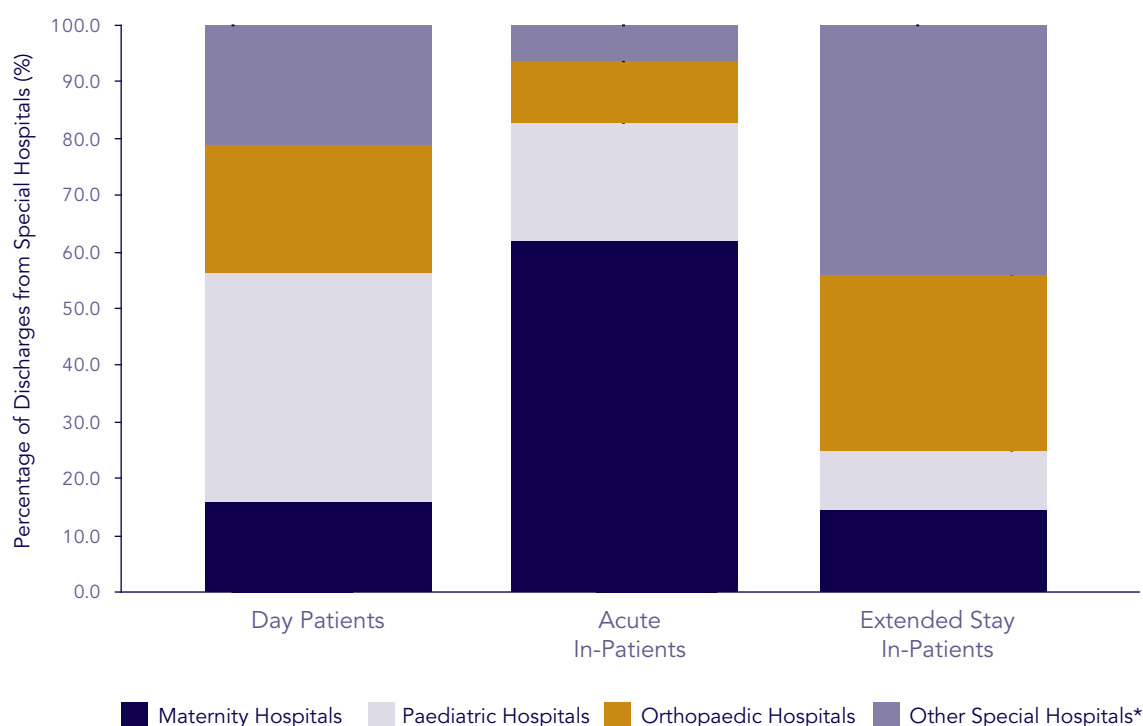
Source: Rates are based on population data from the PHIS.

FIGURE 2.2Total Discharges by Patient Type and Hospital Type^a

Notes: ^a See Appendix I for a list of hospitals that participated in HIPE in 2003.
For the purposes of Figure 2.2, percentages were calculated using discharges from general and special hospitals as the denominator.

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

Notes: ^a See Appendix I for a list of hospitals that participated in HIPE in 2003.
For the purposes of Figure 2.3, percentages were calculated using discharges from general hospitals as the denominator.

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

Notes: ^a See Appendix I for a list of hospitals that participated in HIPE in 2003. 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."

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 86.0 per cent of total bed days compared to 14.0 per cent by discharges from special hospitals. The proportion 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, 86.5 per cent were spent in general hospitals, while the equivalent proportion for extended stay in-patients was slightly lower (81.9 per cent).

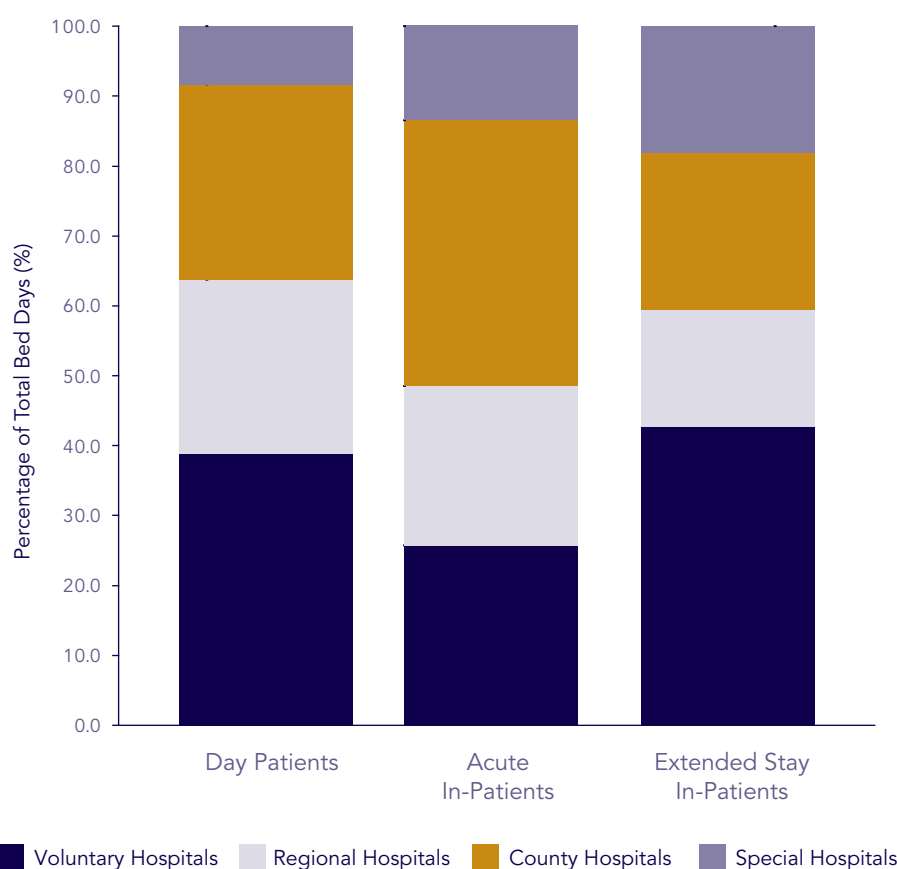
Within the group of general hospitals, discharges from voluntary hospitals accounted for 28.4 per cent of total discharges, but a higher proportion of total bed days (30.9 per cent). In contrast, the share of total bed days for county and regional hospitals was less than their respective shares of total discharges (county hospitals accounted for 35.0 per cent of total discharges and 33.5 per cent of total bed days while regional hospitals accounted for 24.0 per cent of total discharges and 21.6 per cent of total bed days). This general comparison was sustained for acute, extended stay and total in-patient bed days.

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 this group of in-patients were used by orthopaedic hospitals.

TABLE 2.3
Bed Days by Patient Type and Hospital Type^a

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	%		
General Hospitals										
Voluntary	151,671	38.9	672,686	25.8	374,340	42.8	1,047,026	30.0	1,198,697	30.9
Regional	96,062	24.7	594,761	22.8	145,248	16.6	740,009	21.2	836,071	21.6
County	109,788	28.2	990,588	37.9	196,505	22.5	1,187,093	34.1	1,296,881	33.5
Total (General)	357,521	91.8	2,258,035	86.5	716,093	81.9	2,974,128	85.3	3,331,649	86.0
Special Hospitals										
Cancer	4,246	1.1	15,598	0.6	37,259	4.3	52,857	1.5	57,103	1.5
Eye, Ear, Nose and Throat	2,495	0.6	10,151	0.4	380	0.0	10,531	0.3	13,026	0.3
Infectious Disease	~	0.0	6,199	0.2	7,666	0.9	13,865	0.4	13,867	0.4
Long Stay	0	0.0	3,843	0.1	26,662	3.1	30,505	0.9	30,505	0.8
Maternity	5,085	1.3	170,065	6.5	18,327	2.1	188,392	5.4	193,477	5.0
Orthopaedic	7,237	1.9	83,297	3.2	50,013	5.7	133,310	3.8	140,547	3.6
Paediatric	13,051	3.3	64,488	2.5	17,737	2.0	82,225	2.4	95,276	2.5
Total (Special)	32,116	8.2	353,641	13.5	158,044	18.1	511,685	14.7	543,801	14.0
Total (All Hospital Types)	389,637	100	2,611,676	100	874,137	100	3,485,813	100	3,875,450	100

Notes: ^a See Appendix I for a list of hospitals that participated in HIPE in 2003.
~ denotes five or less discharges reported to HIPE.

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

Notes: ^a See Appendix I for a list of hospitals that participated in HIPE in 2003.

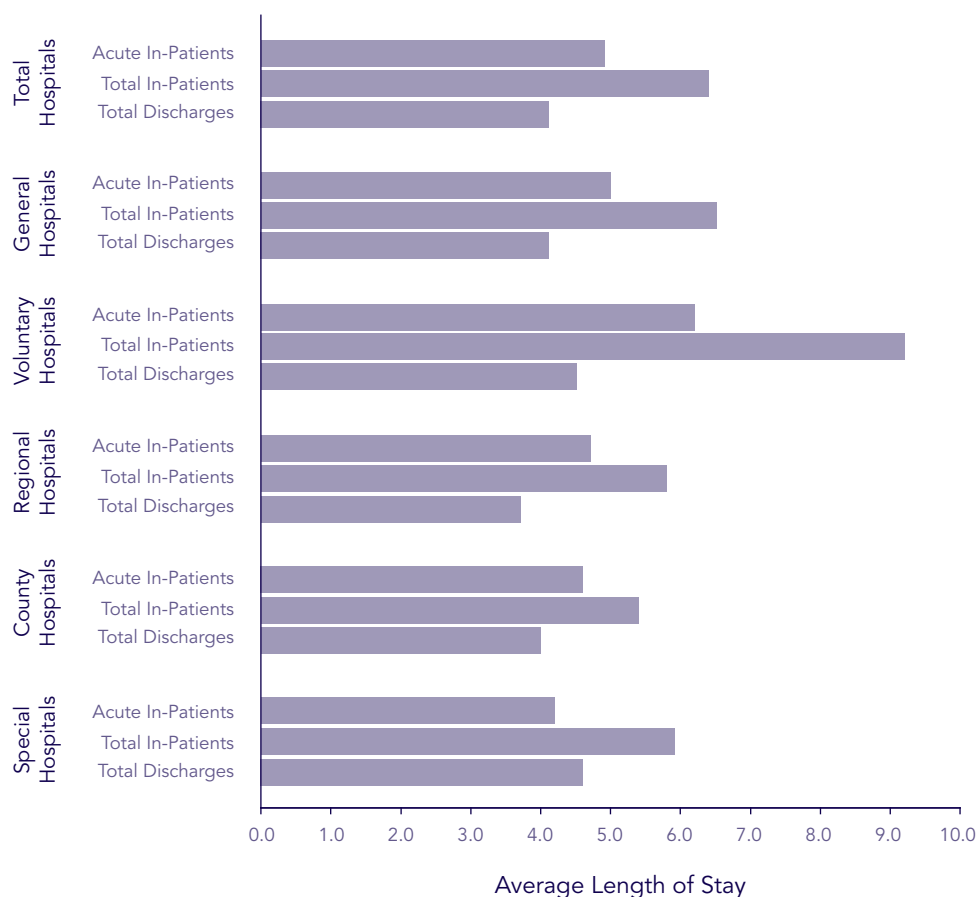
Average length of stay for in-patients and total discharges by hospital type is reported in Table 2.4. For total discharges, the average length of stay in special hospitals was marginally longer than in general hospitals (4.6 days for special hospitals and 4.1 days for general hospitals), whereas the average length of stay for extended stay in-patients was almost 2 days longer in special hospitals compared to general hospitals (63.4 days for special hospitals and 61.6 days for general hospitals). However, the average length of stay for both acute and total in-patients was shorter in special hospitals (average length of stay was 4.2 days for acute in-patients and 5.9 days for total in-patients in special hospitals, and 5.0 days for acute in-patients and 6.5 days for total in-patients in general hospitals).

As shown in Figure 2.6, the average length of stay for in-patient and total discharges from voluntary hospitals was consistently longer compared to the other two types of general hospitals. Of the special hospitals, long stay hospitals recorded the longest average duration of hospitalisation.

TABLE 2.4Average Length of Stay (Days) by Patient Type and Hospital Type^a

	In-Patients			Total Discharges ^b
	Acute (0–30 days)	Extended (>30 days)	Total In-Patients	
General Hospitals				
Voluntary	6.2	70.1	9.2	4.5
Regional	4.7	53.4	5.8	3.7
County	4.6	55.1	5.4	4.0
Total (General)	5.0	61.6	6.5	4.1
Special Hospitals				
Cancer	11.6	43.1	24.0	8.9
Eye, Ear, Nose and Throat	3.2	63.3	3.3	2.3
Infectious Disease	9.4	78.2	18.4	18.3
Long Stay	11.4	208.3	65.7	65.7
Maternity	3.2	51.5	3.6	3.3
Orthopaedic	9.1	64.5	13.5	8.2
Paediatric	3.6	66.4	4.6	3.1
Total (Special)	4.2	63.4	5.9	4.6
Total (All Hospital Types)	4.9	61.9	6.4	4.1

Notes: ^a See Appendix I for a list of hospitals that participated in HIPE in 2003.^b Includes day and in-patients.

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

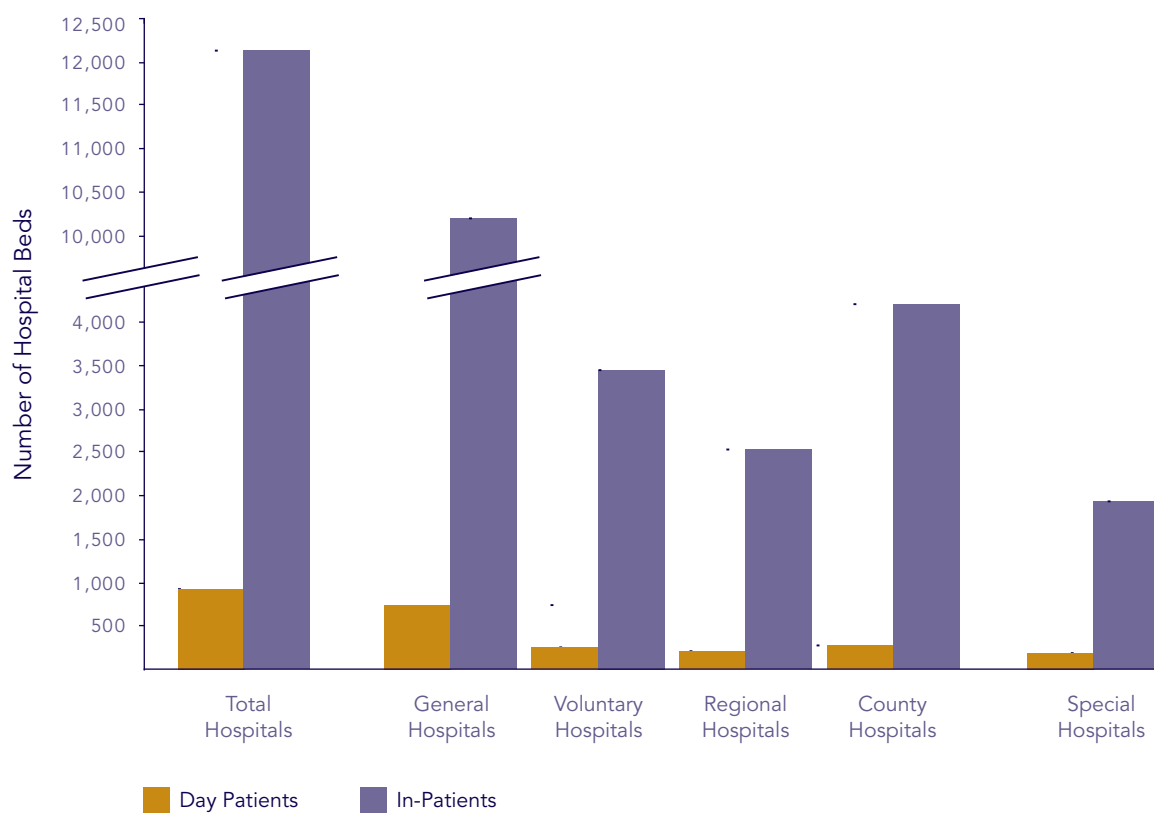
Notes: ^a See Appendix I for a list of hospitals that participated in HIPE in 2003.
 Extended stay in-patients were not graphed due to their long average length of stay (see Table 2.4).
 Total discharges include day and in-patients.

Beds in HIPE hospitals are presented in Table 2.5 by patient and hospital type. In 2003 there were 13,034 beds in participating HIPE hospitals (excluding long stay hospitals). Less than 1,000 of these were allocated for the treatment of day patients, leaving the majority for in-patients (see Figure 2.7). Overall, more than eight out of every ten hospital beds were located in general hospitals. This was also the case for day and in-patient beds. More than one-third of all hospital beds were in county hospitals.

TABLE 2.5Beds in HIPE Hospitals by Bed Type and Hospital Type^a

	Day Patient Beds		In-Patient Beds		Total Hospital Beds	
	N	%	N	%	N	%
General Hospitals						
Voluntary	259	28.5	3,449	28.4	3,708	28.4
Regional	198	21.8	2,527	20.8	2,725	20.9
County	278	30.6	4,216	34.8	4,494	34.5
Total (General)	735	80.9	10,192	84.1	10,927	83.8
Special Hospitals^b						
Cancer	20	2.2	171	1.4	191	1.5
Eye, Ear, Nose and Throat	20	2.2	38	0.3	58	0.4
Infectious Disease	0	0.0	60	0.5	60	0.5
Maternity	58	6.4	800	6.6	858	6.6
Orthopaedic	28	3.1	544	4.5	572	4.4
Paediatric	48	5.3	320	2.6	368	2.8
Total (Special)	174	19.1	1,933	15.9	2,107	16.2
Total (All Hospital Types)	909	100	12,125	100	13,034	100

Notes: ^a See Appendix I for a list of hospitals that participated in HIPE in 2003.^b Excludes beds in long stay hospitals, which are not reported by the Department of Health and Children (DoH&C).**Source:** Department of Health and Children (2005).

FIGURE 2.7Beds in HIPE Hospitals by Bed Type and Hospital Type^a

Notes: ^a See Appendix I for a list of hospitals that participated in HIPE in 2003.
Beds in long stay hospitals are not reported by the Department of Health and Children.

Source: Department of Health and Children (2005).

GEOGRAPHICAL DISTRIBUTION OF DISCHARGES BY AREAS OF HOSPITALISATION AND RESIDENCE

Health Board/Regional Authority of Hospitalisation

The distribution of discharges by the health board/regional authority in which they were hospitalised is presented in Table 2.6. More than one out of every three discharges reported to HIPE in 2003 were treated in the Eastern Regional Health Authority (ERHA). Of the eight health boards/regional authorities, the ERHA recorded the highest volume of total discharges, which was more than twice the number recorded by the Southern Health Board (SHB) and more than three times that of the Western Health Board (WHB)—the two health boards with the second and third highest volumes of discharges. The ERHA treated the highest number of discharges, irrespective of patient type (see Figure 2.8). Day patients and extended stay in-patients were more likely to be hospitalised in the ERHA. Over 41 per cent of day patients were discharged in the ERHA, while more than one out of every two extended stay in-patients received treatment in the ERHA. In contrast, other health boards outside the ERHA treated a higher proportion of acute in-patients.

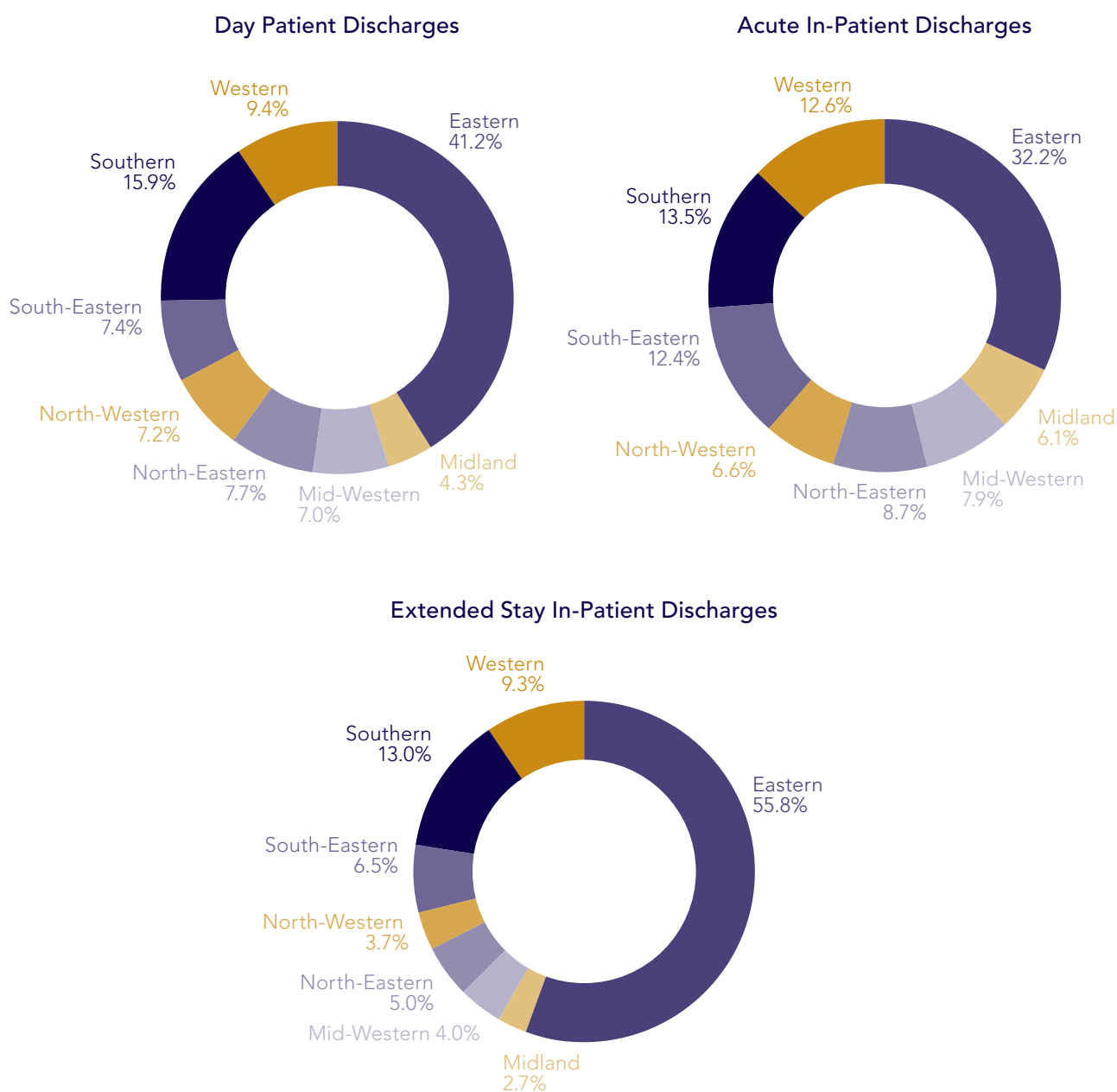
TABLE 2.6

Discharges by Patient Type and Health Board/Regional Authority of Hospitalisation

	Day Patients		In-Patients						Total Discharges	
			Acute (0–30 days)		Extended (>30 days)		Total In-Patients			
	N	%	N	%	N	%	N	%	N	%
Eastern	160,506	41.2	172,159	32.2	7,871	55.8	180,030	32.8	340,536	36.3
Midland	16,572	4.3	32,433	6.1	379	2.7	32,812	6.0	49,384	5.3
Mid-Western	27,207	7.0	42,447	7.9	569	4.0	43,016	7.8	70,223	7.5
North-Eastern	30,073	7.7	46,260	8.7	703	5.0	46,963	8.6	77,036	8.2
North-Western	27,967	7.2	35,099	6.6	524	3.7	35,623	6.5	63,590	6.8
South-Eastern	28,760	7.4	66,304	12.4	922	6.5	67,226	12.3	95,986	10.2
Southern	61,931	15.9	72,202	13.5	1,839	13.0	74,041	13.5	135,972	14.5
Western	36,621	9.4	67,248	12.6	1,310	9.3	68,558	12.5	105,179	11.2
Total	389,637	100	534,152	100	14,117	100	548,269	100	937,906	100

FIGURE 2.8

Percentage of Total Discharges by Patient Type and Health Board/Regional Authority of Hospitalisation



The distribution of bed days by health board/regional authority of hospitalisation and patient type is reported in Table 2.7. As reported in Table 2.6, the ERHA recorded the highest number of bed days, over 1.6 million in 2003. This was substantially greater than that recorded in either the SHB or the WHB, which accounted for 13.7 per cent and 10.6 per cent of total bed days respectively. Over one-third of acute in-patient bed days were recorded in the ERHA. In proportional terms, the share of bed days for extended stay in-patients in the ERHA was almost twice that of those used by acute in-patients in the region (see Figure 2.9).

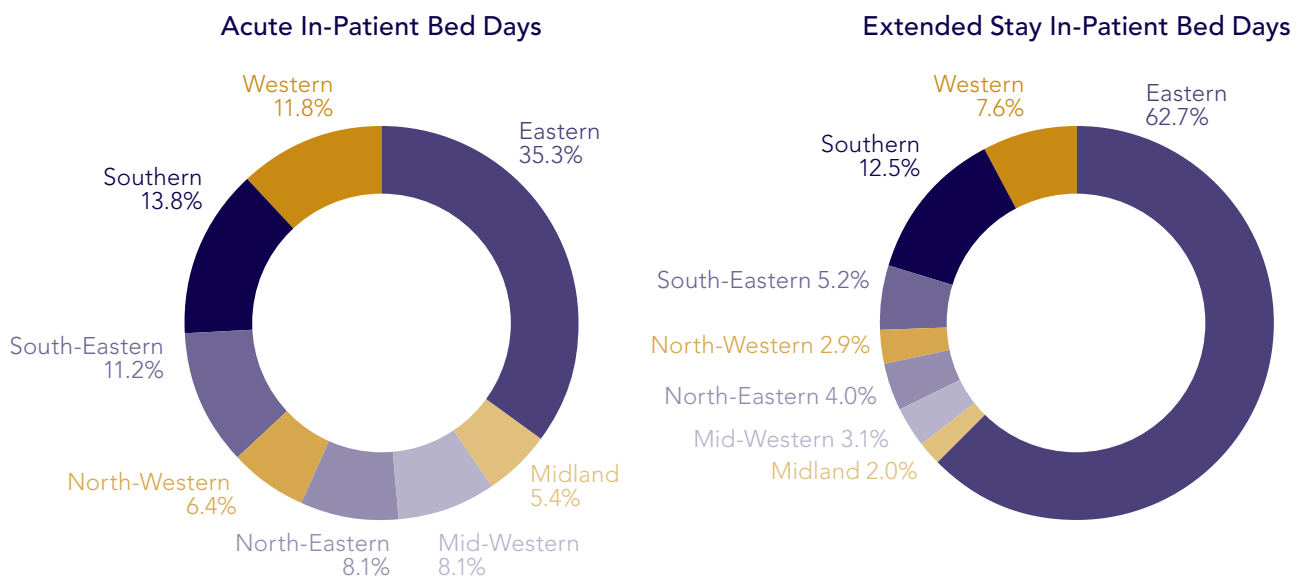
TABLE 2.7

Bed Days by Patient Type and Health Board/Regional Authority 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	%
Eastern	160,506	41.2	921,540	35.3	547,653	62.7	1,469,193	42.1	1,629,699	42.1
Midland	16,572	4.3	141,370	5.4	17,520	2.0	158,890	4.6	175,462	4.5
Mid-Western	27,207	7.0	211,282	8.1	27,052	3.1	238,334	6.8	265,541	6.9
North-Eastern	30,073	7.7	211,333	8.1	35,015	4.0	246,348	7.1	276,421	7.1
North-Western	27,967	7.2	166,257	6.4	25,787	2.9	192,044	5.5	220,011	5.7
South-Eastern	28,760	7.4	291,283	11.2	45,531	5.2	336,814	9.7	365,574	9.4
Southern	61,931	15.9	360,942	13.8	109,529	12.5	470,471	13.5	532,402	13.7
Western	36,621	9.4	307,669	11.8	66,050	7.6	373,719	10.7	410,340	10.6
Total	389,637	100	2,611,676	100	874,137	100	3,485,813	100	3,875,450	100

FIGURE 2.9

Percentage of Total Bed Days by Patient Type and Health Board/Regional Authority of Hospitalisation



According to Tables 2.6 and 2.7, the proportion of total bed days used in the ERHA was larger than the proportion of total discharges treated in there. This implies the average length of stay for total discharges in the ERHA was greater than in other health boards. This is confirmed in Table 2.8 where the average length of stay recorded for the ERHA was consistently longer than for other areas regardless of patient type. As shown in Figure 2.10, acute in-patients treated in the ERHA spent half-a-day longer in hospital compared with the overall average for this group (5.4 days in the ERHA versus 4.9 days for the average for acute in-patients in total). The ERHA treated more than half of extended stay in-patients and accounted for over 60 per cent of the bed days for this group, and thus there was a large discrepancy between the average length of stay for extended stay in-patients in the ERHA and those hospitalised in the other health boards. The duration of hospitalisation for this group was on average more than a week longer in the ERHA (69.6 days in the ERHA and 61.9 days for extended stay in-patients in total). For total in-patients, the average length of stay in the ERHA was 8.2 days, which was more than 3 days longer than the Midland Health Board (MHB), which had the shortest average stay duration of 4.8 days.

TABLE 2.8

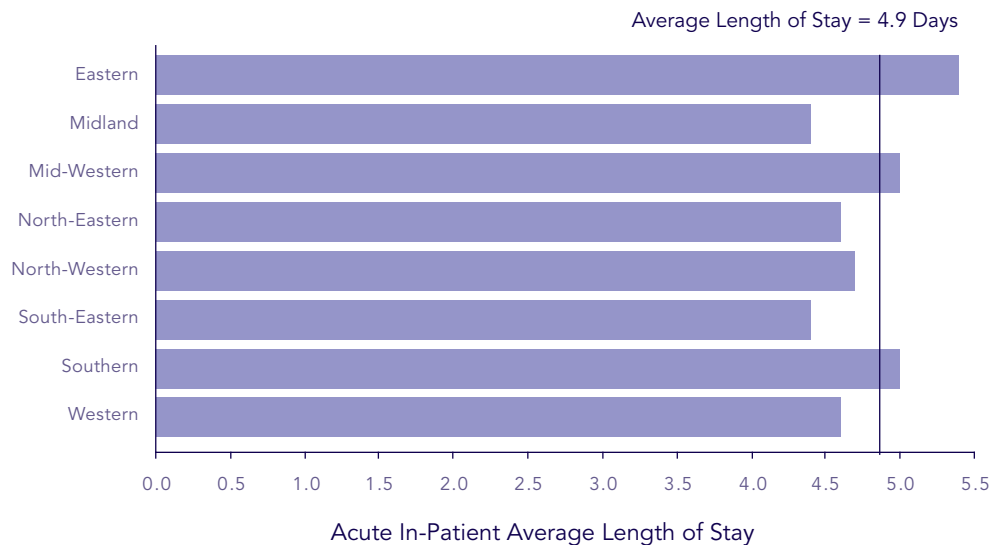
Average Length of Stay (Days) by Patient Type and Health Board/Regional Authority of Hospitalisation

	In-Patients			Total Discharges ^a
	Acute (0–30 days)	Extended (>30 days)	Total In-Patients	
Eastern	5.4	69.6	8.2	4.8
Midland	4.4	46.2	4.8	3.6
Mid-Western	5.0	47.5	5.5	3.8
North-Eastern	4.6	49.8	5.2	3.6
North-Western	4.7	49.2	5.4	3.5
South-Eastern	4.4	49.4	5.0	3.8
Southern	5.0	59.6	6.4	3.9
Western	4.6	50.4	5.5	3.9
Total	4.9	61.9	6.4	4.1

Note: ^a Includes day and in-patients.

FIGURE 2.10

Acute In-Patient Average Length of Stay (Days) by Health Board/Regional Authority of Hospitalisation

**Health Board/Regional Authority of Residence**

Having examined the distribution of discharges by health board/regional authority of hospitalisation in Table 2.6, Table 2.9 examines discharges by their area of residence. Although 36.3 per cent of total discharges were hospitalised in the ERHA, a smaller proportion of total discharges (30.4 per cent) were resident in this area. Similar proportions of day and acute in-patients were resident in the ERHA. However, ERHA residents accounted for a higher proportion (more than two out of every five) of extended stay in-patients.

The numbers of discharges have been adjusted for the size of the population in each of the health boards/regional authorities in Table 2.9 to produce discharge rates. There was considerable variation in the discharge rates across the eight areas (see Figures 2.11 to 2.15). For every 1,000 members of the ERHA population there were over 199 total discharges in 2003, which was the lowest of all the health boards/regional authorities. In contrast, in the North-Western Health Board (NWHB) there were 299 total discharges for every 1,000 members of the population, which equated to 100 more discharges per 1,000 compared to the ERHA (see Figure 2.15). The NWHB also recorded the highest discharge rate for day patients, with more than 132 day patient discharges per 1,000 members of the population. This discharge rate was more than 50 per cent higher than the SEHB, which recorded the lowest discharge rate for day patients (87.7 per 1,000).

Compared to other health boards/regional authorities, the population of the MHB was more likely to be discharged from hospital as acute in-patients than those resident in other health boards (acute in-patient discharge rate for MHB was 169.4 per 1,000 compared to acute in-patient discharge rate of 133.3 per 1,000 across all health boards/regional authorities). The MHB also recorded the highest number of total in-patient discharges per 1,000 members of the population. The discharge rate for extended stay in-patient discharges was highest in the ERHA and the WHB (both 4.1 discharges per 1,000).

Across all health board/regional authority areas the discharge rate for day patients was lower than for total in-patients, indicating residents were more likely to be discharged from hospital as in-patients. Furthermore, in-patient discharges were more likely to be acute rather than extended stay. Caution should be exercised in interpreting the information, particularly the rates, contained in Table 2.9 as it pertains only to the population resident in each health board/regional authority, and, therefore, does not take into account flows of discharges across areas.

TABLE 2.9

Discharges and Discharge Rates (Per 1,000 Population) by Patient Type and Health Board/Regional Authority of Residence

	Day Patients			In-Patients									Total Discharges		
				Acute (0–30 days)			Extended (>30 days)			Total In-Patients					
	N	%	Rate	N	%	Rate	N	%	Rate	N	%	Rate	N	%	Rate
Eastern	130,255	33.5	91.5	147,577	27.8	103.7	5,778	41.1	4.1	153,355	28.2	107.8	283,610	30.4	199.3
Midland	23,091	5.9	100.6	38,899	7.3	169.4	698	5.0	3.0	39,597	7.3	172.5	62,688	6.7	273.1
Mid-Western	32,805	8.4	95.2	49,042	9.2	142.3	896	6.4	2.6	49,938	9.2	144.9	82,743	8.9	240.1
North-Eastern	41,063	10.6	116.3	53,762	10.1	152.3	1,140	8.1	3.2	54,902	10.1	155.5	95,965	10.3	271.9
North-Western	29,716	7.6	132.6	36,465	6.9	162.7	828	5.9	3.7	37,293	6.8	166.4	67,009	7.2	299.0
South-Eastern	37,739	9.7	87.7	70,939	13.4	164.8	1,348	9.6	3.1	72,287	13.3	167.9	110,026	11.8	255.6
Southern	57,839	14.9	98.4	68,994	13.0	117.4	1,820	12.9	3.1	70,814	13.0	120.5	128,653	13.8	218.9
Western	36,659	9.4	94.9	64,686	12.2	167.4	1,567	11.1	4.1	66,253	12.2	171.5	102,912	11.0	266.3
Total	389,167	100	97.8	530,364	100	133.3	14,075	100	3.5	544,439	100	136.8	933,606	100	234.6 ^a

Note: ^a Not all discharges have a known health board/regional authority of residence, which accounts for the minor differences in the discharge rates for, and number of, total discharges compared with Table 2.1.

Source: Rates are based on population data from the PHIS.

FIGURE 2.11
Discharge Rate (Per 1,000 Population) for Day Patients
by Health Board/Regional Authority of Residence

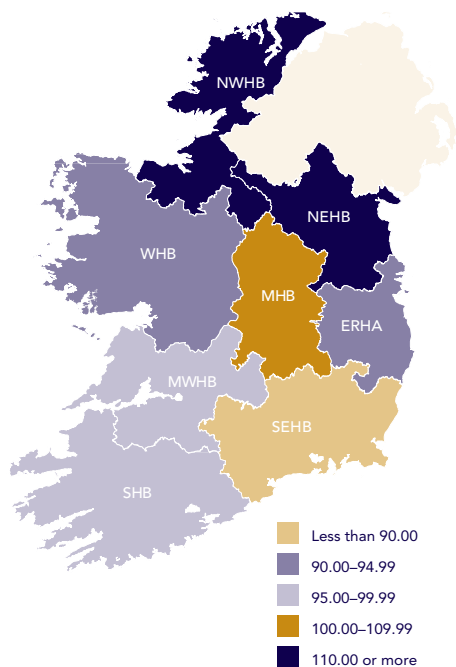


FIGURE 2.12
Discharge Rate (Per 1,000 Population) for Acute In-Patients
by Health Board/Regional Authority of Residence

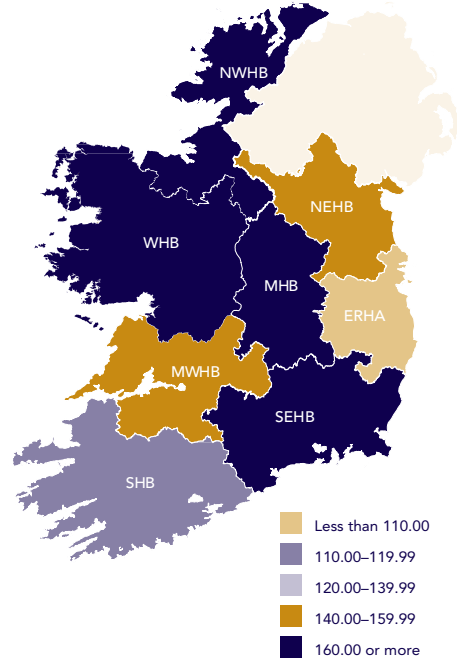


FIGURE 2.13
Discharge Rate (Per 1,000 Population) for Extended Stay In-Patients
by Health Board/Regional Authority of Residence

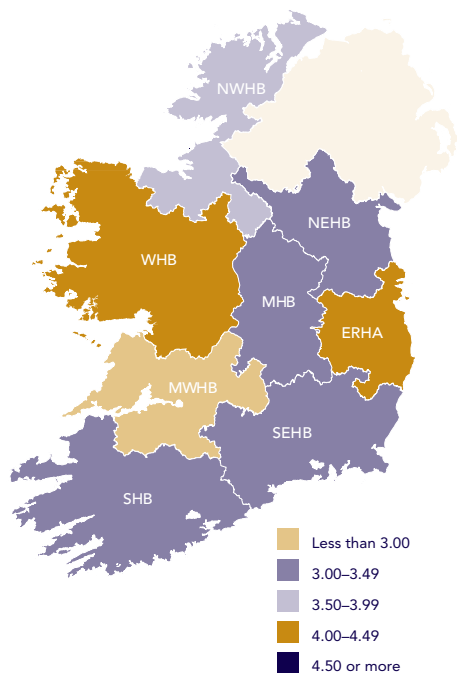
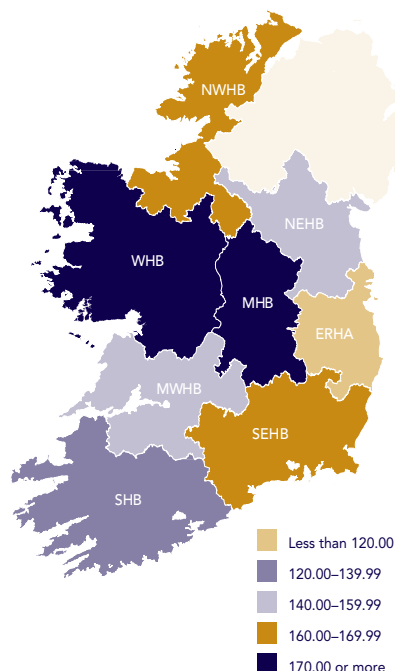
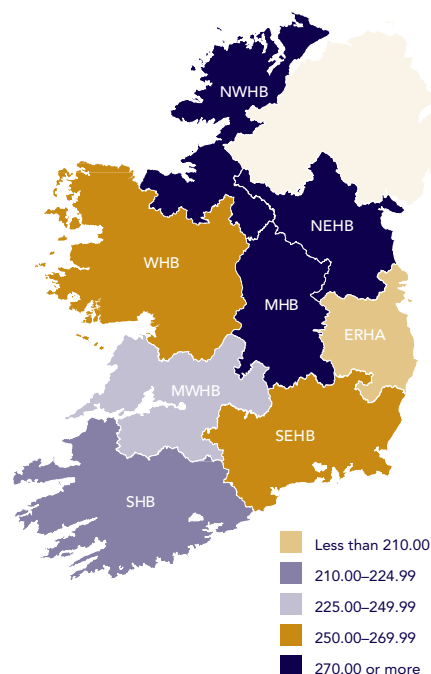


FIGURE 2.14

Discharge Rate (Per 1,000 Population) for Total In-Patients
by Health Board/Regional Authority of Residence

**FIGURE 2.15**

Discharge Rate (Per 1,000 Population) for Total Discharges
by Health Board/Regional Authority of Residence



DISTRIBUTION OF BEDS IN HIPE HOSPITALS

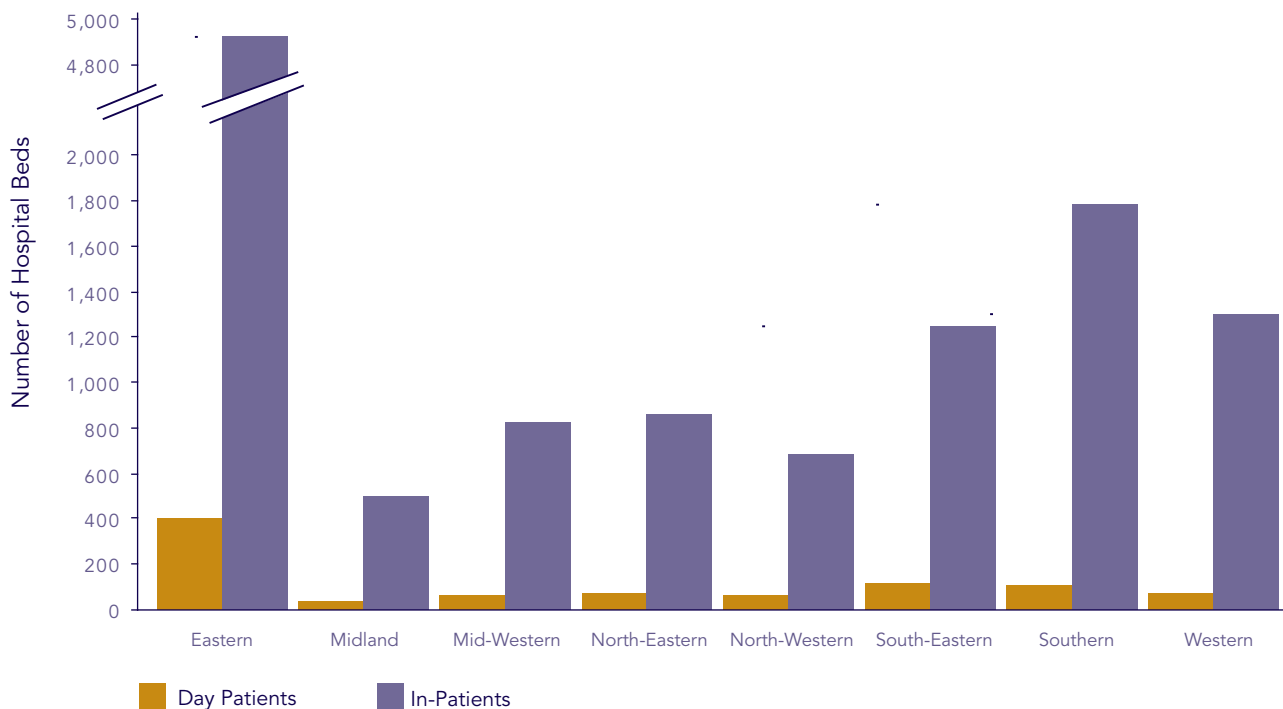
The distribution of beds in HIPE hospitals by health board/regional authority is presented in Table 2.10 and demonstrated in Figure 2.16. Over 40 per cent of total hospital beds were concentrated in the ERHA, which was higher than the proportion of beds located in the SEHB, the SHB and the WHB combined. The majority of both day and in-patient beds were in the ERHA. Two out of every five in-patient beds were in hospitals in the ERHA, which was higher than the proportion of total in-patients hospitalised in this health authority (32.8 per cent, see Table 2.6). Similarly, the proportion of day patient beds in the ERHA was marginally higher than the proportion of day patients treated in the ERHA (41.2 per cent, see Table 2.6).

TABLE 2.10Beds in HIPE Hospitals by Bed Type and Health Board/Regional Authority^a

	Day Patient Beds		In-Patient Beds		Total Hospital Beds	
	N	%	N	%	N	%
Eastern	393	43.2	4,925	40.6	5,318	40.8
Midland	37	4.1	500	4.1	537	4.1
Mid-Western	62	6.8	827	6.8	889	6.8
North-Eastern	70	7.7	857	7.1	927	7.1
North-Western	59	6.5	681	5.6	740	5.7
South-Eastern	116	12.8	1,250	10.3	1,366	10.5
Southern	105	11.6	1,786	14.7	1,891	14.5
Western	67	7.4	1,299	10.7	1,366	10.5
Total	909	100	12,125	100	13,034	100

Notes: Does not include beds in long stay hospitals, which are not reported by the DoH&C.^a See Appendix I for a list of hospitals that participated in HIPE in 2003.**Source:** Department of Health and Children (2005).**FIGURE 2.16**

Beds in HIPE Hospitals by Bed Type and Health Board/Regional Authority 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 2003.

Source: Department of Health and Children (2005).

The number of hospital beds have been adjusted for population size in each health board/regional authority in Table 2.11 and Figure 2.17. On average, there were 3.3 beds per 1,000 population across all the health boards/regional authorities. This ratio varied from 2.3 beds per 1,000 in the MHB to 3.7 beds per 1,000 in the ERHA.

TABLE 2.11

Beds in HIPE Hospitals (Per 1,000 Population) by Health Board/Regional Authority

	Hospital Beds (Per 1,000 Population) ^a
Eastern	3.7
Midland	2.3
Mid-Western	2.6
North-Eastern	2.6
North-Western	3.3
South-Eastern	3.2
Southern	3.2
Western	3.5
Total	3.3

Notes: ^a Hospital beds include day and in-patient beds.

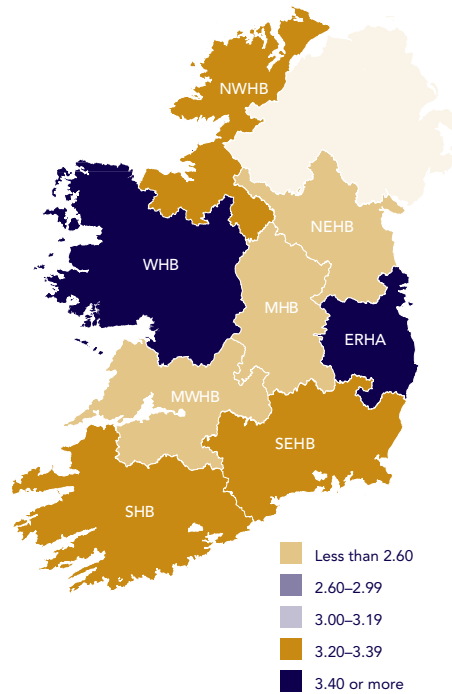
Does not include beds in long stay hospitals that are not reported by the DoH&C.

Source: Bed data were obtained from Department of Health and Children (2005).

Rates are based on population data from the PHIS.

FIGURE 2.17

Beds in HIPE Hospitals (Per 1,000 Population) by Health Board/Regional Authority



Notes: Includes day and in-patient beds in HIPE hospitals.
Does not include beds in long stay hospitals that are not reported by the DoH&C.

Source: Bed data were obtained from Department of Health and Children (2005).
Rates are based on population data from the PHIS.

TEMPORAL VARIATION IN HOSPITAL ADMISSION AND DISCHARGE ACTIVITY

Monthly Pattern of Hospital Admissions

Table 2.12 shows the month of admission for patients admitted to and discharged from HIPE hospitals during 2003. The volume of total hospital admissions exceeded 80,000 in July and September, and reached a peak at 82,308 in October. Admissions in October were more than 22 per cent higher than those reported in December, when the lowest number of admissions was recorded. Different patterns were observed for day and in-patient activity (see Figure 2.18). Total in-patient admissions peaked at the beginning of the year, particularly January and March. The highest number of day patient admissions was in July. As with total admissions in-patient discharges were lowest in December.

In-patients have been further divided by the type of admission—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 540,319 in-patients admitted and discharged during 2003, 369,337 (68.4 per cent) were classified as emergencies. The number of emergency admissions peaked in January. The number of planned admissions was relatively constant at several times during the year, but peaked in September. As shown in Figure 2.19, planned and emergency admissions were lowest in December.

TABLE 2.12

Discharges by Patient Type and Month of Admission

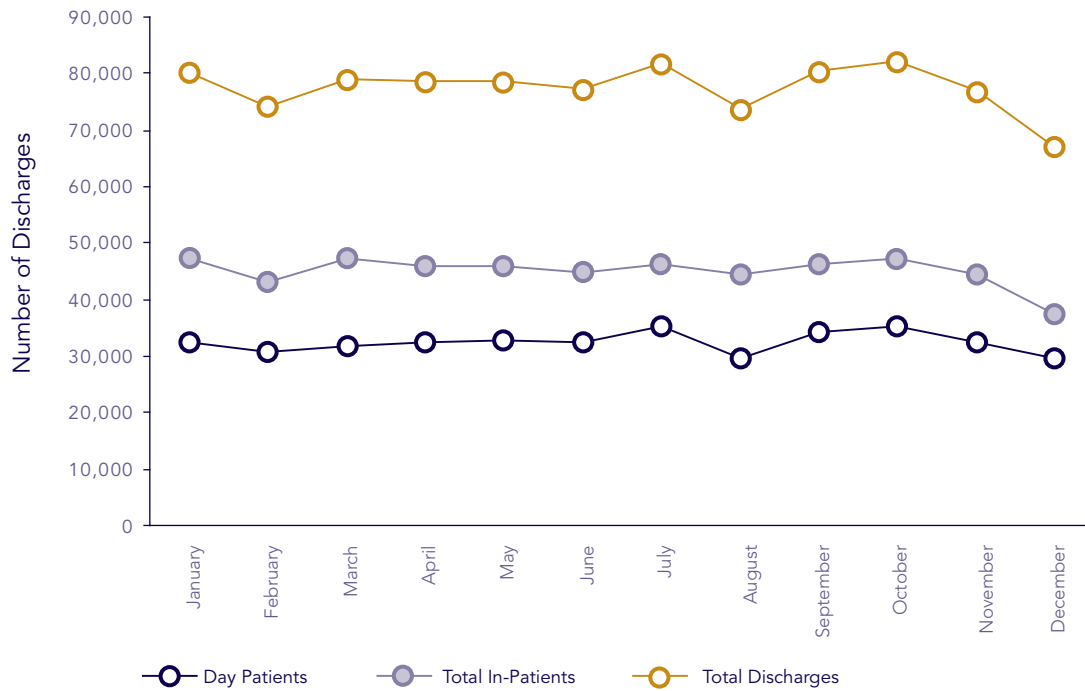
	Day Patients		In-Patients						Total Discharges	
			Planned		Emergency		Total In-Patients			
	N	%	N	%	N	%	N	%	N	%
January	32,538	8.4	14,621	8.6	32,824	8.9	47,445	8.8	79,983	8.6
February	30,814	7.9	13,724	8.0	29,458	8.0	43,182	8.0	73,996	8.0
March	31,751	8.1	15,056	8.8	32,301	8.7	47,357	8.8	79,108	8.5
April	32,594	8.4	14,541	8.5	31,416	8.5	45,957	8.5	78,551	8.4
May	32,999	8.5	14,482	8.5	31,252	8.5	45,734	8.5	78,733	8.5
June	32,396	8.3	14,554	8.5	30,211	8.2	44,765	8.3	77,161	8.3
July	35,344	9.1	15,095	8.8	31,303	8.5	46,398	8.6	81,742	8.8
August	29,520	7.6	13,675	8.0	30,653	8.3	44,328	8.2	73,848	7.9
September	34,278	8.8	15,106	8.8	31,092	8.4	46,198	8.6	80,476	8.7
October	35,174	9.0	14,782	8.6	32,352	8.8	47,134	8.7	82,308	8.9
November	32,445	8.3	14,007	8.2	30,409	8.2	44,416	8.2	76,861	8.3
December	29,784	7.6	11,339	6.6	26,066	7.1	37,405	6.9	67,189	7.2
Total	389,637	100	170,982	100	369,337	100	540,319	100	929,956	100

Note: Includes admissions and discharges that took place in 2003. Does not include 7,950 in-patient discharges who were admitted prior to 2003 and discharged during 2003.

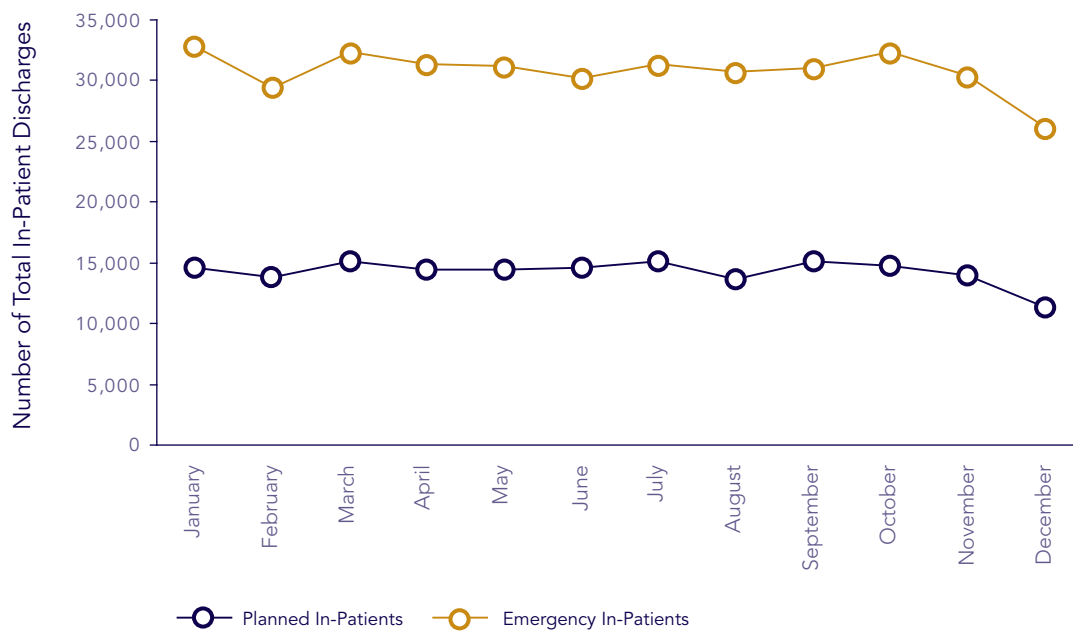
¹ Emergency in-patient admissions represent patients who visited the Accident and Emergency Department and were subsequently admitted to hospital. Therefore, emergency admissions do not capture all of those patients who attended the Accident and Emergency Department. For this reason, it is not possible to use emergency admissions reported to HIPE to draw conclusions about the volume of activity in Accident and Emergency Departments.

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), before falling off towards the latter part of the week and the weekend. Similarly, day and in-patient admissions were more likely to take place during weekdays compared to the weekends. However, the volume of day patients was largest on Tuesday, rather than Monday.

The largest number of planned in-patients was admitted to HIPE hospitals on Monday, while the volume of 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, 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	75,313	19.3	38,904	22.6	60,980	16.2	99,884	18.2	175,197	18.7
Tuesday	83,627	21.5	31,285	18.2	60,036	16.0	91,321	16.7	174,948	18.7
Wednesday	81,940	21.0	30,696	17.8	57,495	15.3	88,191	16.1	170,131	18.1
Thursday	78,744	20.2	27,157	15.8	56,383	15.0	83,540	15.2	162,284	17.3
Friday	67,970	17.4	16,353	9.5	56,946	15.1	73,299	13.4	141,269	15.1
Saturday	1,321	0.3	8,398	4.9	43,123	11.5	51,521	9.4	52,842	5.6
Sunday	722	0.2	19,548	11.3	40,965	10.9	60,513	11.0	61,235	6.5
Total	389,637	100	172,341	100	375,928	100	548,269	100	937,906	100

Table 2.14 shows that the proportion of total discharges from hospitals increased throughout the week and peaked on Friday. Just over 10 per cent of total discharges left hospital on the weekend. The peak in discharge activity on Friday was also observed for in-patients, with approximately one-fifth of planned and emergency in-patients discharged on Friday. 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	75,313	19.3	19,388	11.2	56,425	15.0	75,813	13.8	151,126	16.1
Tuesday	83,627	21.5	24,968	14.5	59,211	15.8	84,179	15.4	167,806	17.9
Wednesday	81,940	21.0	28,562	16.6	63,201	16.8	91,763	16.7	173,703	18.5
Thursday	78,744	20.2	28,280	16.4	58,546	15.6	86,826	15.8	165,570	17.7
Friday	67,970	17.4	37,475	21.7	76,402	20.3	113,877	20.8	181,847	19.4
Saturday	1,321	0.3	19,350	11.2	33,915	9.0	53,265	9.7	54,586	5.8
Sunday	722	0.2	14,318	8.3	28,228	7.5	42,546	7.8	43,268	4.6
Total	389,637	100	172,341	100	375,928	100	548,269	100	937,906	100

FIGURE 2.20

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

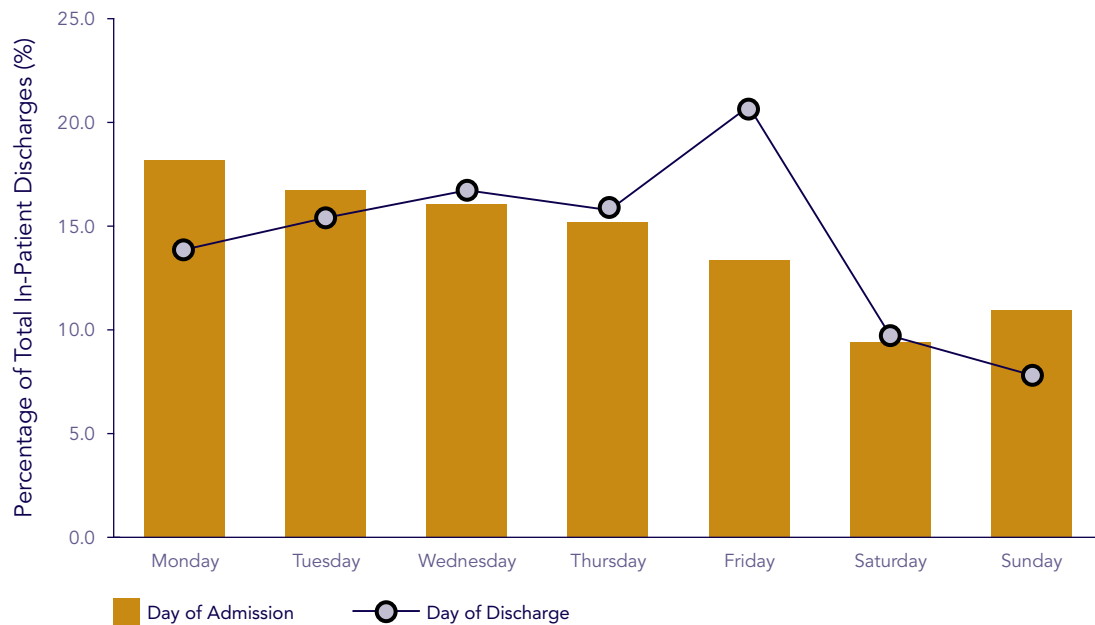
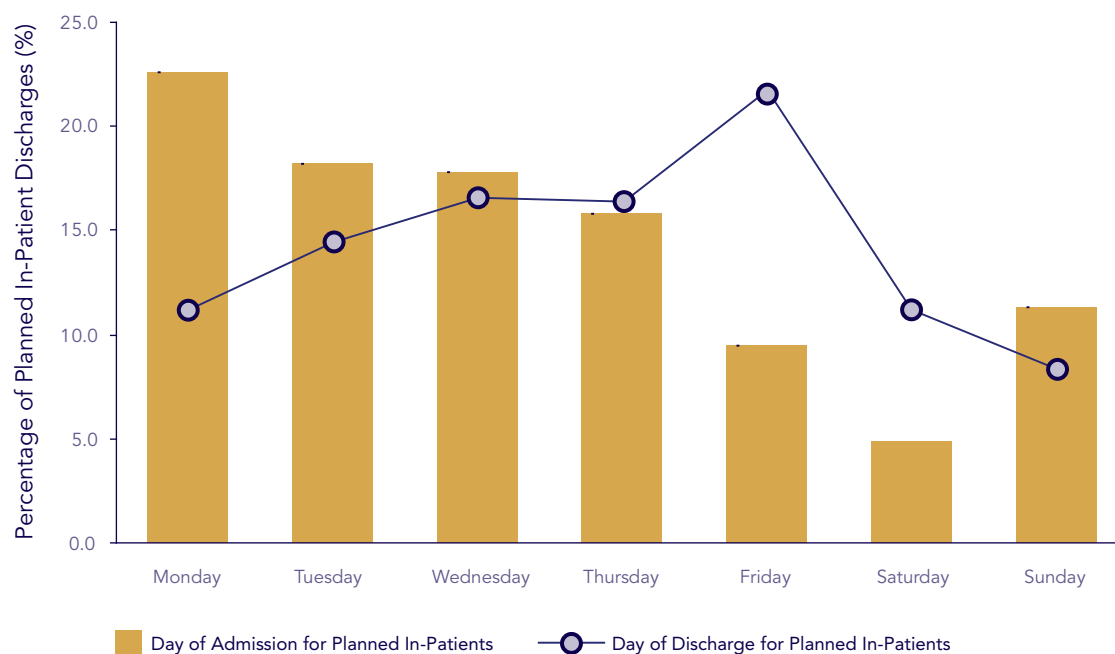
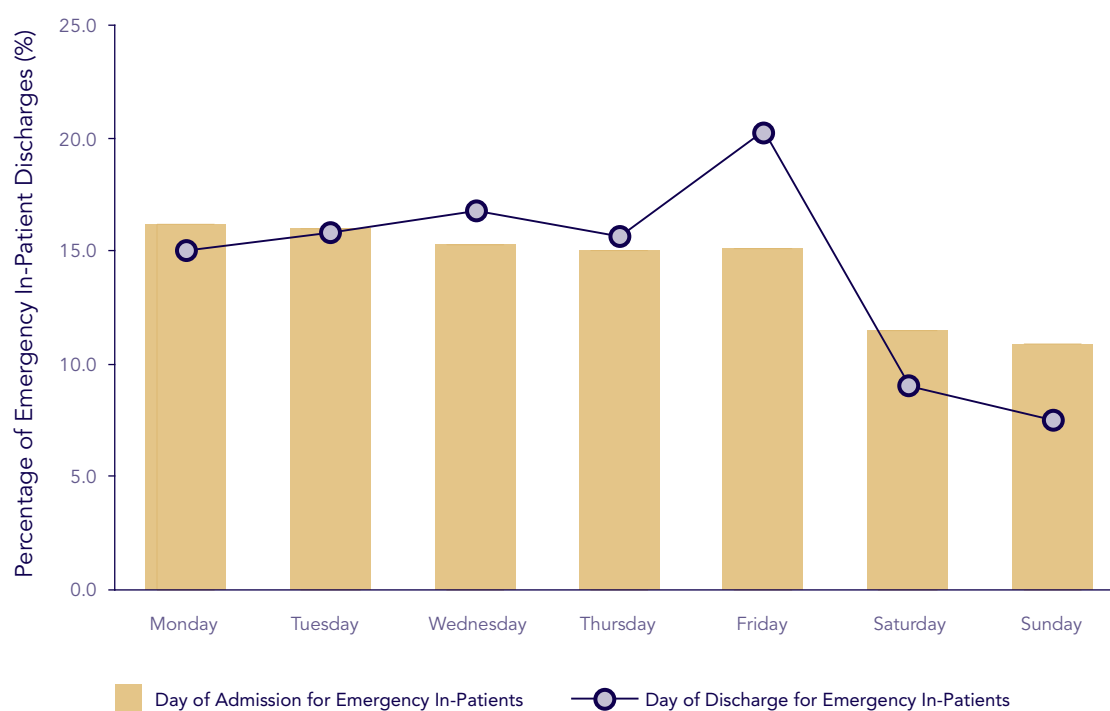


FIGURE 2.21

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





Demographic Analysis of Hospital Discharge Activity in 2003

SECTION

THREE

SUMMARY

Discharges by Sex

- The split between male and female discharges was unequal in 2003. More than half of total discharges (55.7 per cent) were female.
- The proportions of total discharges of day and acute in-patients were higher for females than for males.
- The discharge rate for total female discharges was 261.1 per 1,000 and for males was 210.0 per 1,000.
- For every 1,000 members of the female population there were 1,054.3 days spent in acute public hospitals—18 per cent more than males (892.7 days per 1,000).

Discharges by Marital Status

- Together married and single discharges accounted for almost 85 per cent of total discharges and 76.6 per cent of total bed days.
- Widowed discharges accounted for 9.4 per cent of total discharges, but 17.6 per cent of total bed days. Consequently, the average length of stay for widowed discharges was 7.7 days, which was almost twice as long as total discharges.

Discharges by Age

- Age-specific discharge rates were highest among the older age groups. Although the volume of discharges was highest for the 25 to 34 year age group, the 75 to 84 year age group had the highest discharge rate (654.5 per 1,000).
- Over 20 per cent 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 11.7 per cent of total in-patient discharges and 10.5 per cent of total discharges.
- The total in-patient average length of stay generally increased with age.

Discharges by GMS Status

- In most of the health boards/regional authorities non-GMS discharges accounted for at least half of total discharges. This result was reversed in the North-Western and Western Health Boards where over 50 per cent of discharges were GMS discharges.
- Acute in-patients discharges with a medical card stayed an average of 6 days in hospital, which was almost 2 days longer than their non-GMS counterparts.

Discharges by Public/Private Status

- Approximately three-quarters of total discharges were public patients and the remainder were private patients.
- The total in-patient average length of stay for public discharges was 6.6 days, which was almost a day longer than private discharges (5.8 days).

Inter-Regional Flow of Discharges

- For the majority of discharges, area of residence coincided with health board/regional authority of hospitalisation.
- Discharges were more likely to travel to the ERHA for treatment if resident in one of the three bordering health boards.

INTRODUCTION

While the focus in Section II was to analyse discharge activity by patient type and hospital characteristics, Section III examines this activity according to patient characteristics such as sex, marital status, age, GMS status and public/private status.

SEX

The split between male and female discharges was unequal in 2003 (see Table 3.1). More than half of total discharges were female (55.7 per cent). The proportions of total discharges treated as both day and acute in-patients were higher for females compared to males. Both sexes accounted for similar proportions of extended stay in-patients. Discharge rates for females confirm this group was more likely to be discharged from hospital. The discharge rate for total female discharges was 261.1 per 1,000, which was over 24 per cent greater than males (210.0 per 1,000).

Female discharges accounted for almost 55 per cent of total bed days. The majority of total bed days were used by total female in-patients. Both male and female extended stay in-patients used similar proportions of total bed days. In addition to a higher discharge rate, female discharges also recorded a higher bed day rate. For every 1,000 members of the female population, there were 1,054.3 days spent in hospital, which was 18 per cent higher than that for males (892.7 days per 1,000 male population).

Total female in-patient discharges spent, on average, 6.0 days in hospital, which was lower than the average for males, who stayed in hospital for close to a week (6.8 days). Similarly, acute female in-patients had a shorter average length of stay than their male counterparts (4.7 days for females and 5.1 days for males). Conversely, for extended stay in-patients, males had the shorter average length of stay (61.7 days for males and 62.1 days for females).

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	389,637	41.5	97.9	389,637	10.1	97.9	–
In-Patients							
Acute (0–30 days)	534,152	57.0	134.2	2,611,676	67.4	656.4	4.9
Extended (>30 days)	14,117	1.5	3.5	874,137	22.6	219.7	61.9
Total In-Patients	548,269	58.5	137.8	3,485,813	89.9	876.1	6.4
Total (Males and Females)	937,906	100	235.7	3,875,450	100	974.0	4.1 ^a
Males							
Day Patients	183,785	19.6	93.0	183,785	4.7	93.0	–
In-Patients							
Acute (0–30 days)	224,643	24.0	113.6	1,156,745	29.8	585.0	5.1
Extended (>30 days)	6,879	0.7	3.5	424,446	11.0	214.7	61.7
Total In-Patients	231,522	24.7	117.1	1,581,191	40.8	799.7	6.8
Total (Males)	415,307	44.3	210.0	1,764,976	45.5	892.7	4.2 ^a
Females							
Day Patients	205,852	21.9	102.8	205,852	5.3	102.8	–
In-Patients							
Acute (0–30 days)	309,509	33.0	154.6	1,454,931	37.5	726.8	4.7
Extended (>30 days)	7,238	0.8	3.6	449,691	11.6	224.7	62.1
Total In-Patients	316,747	33.8	158.2	1,904,622	49.1	951.5	6.0
Total (Females)	522,599	55.7	261.1	2,110,474	54.5	1,054.3	4.0 ^a

Note: ^a Includes day and in-patients.

Source: Rates are based on population data from the PHIS.

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 almost 85 per cent of total discharges and a slightly smaller proportion of total bed days (76.6 per cent). Both married and single discharges had lengths of stay that on average were shorter than the average for total discharges (3.6 days for single discharges, 3.9 days for married discharges and 4.1 days for total discharges). Widowed discharges accounted for 9.4 per cent of total discharges, but a greater proportion of total bed days (17.6 per cent). As a consequence, the average length of stay for widowed discharges was 7.7 days, which was almost twice as long as the average for total discharges (see Figure 3.1).

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	361,077	38.5	1,299,585	33.5	3.6
Married	432,672	46.1	1,670,475	43.1	3.9
Widowed	88,328	9.4	682,768	17.6	7.7
Divorced ^c	697	0.1	3,132	0.1	4.5
Other (includes separated)	29,457	3.1	125,301	3.2	4.3
Unknown	25,675	2.7	94,189	2.4	3.7
Total	937,906	100	3,875,450	100	4.1

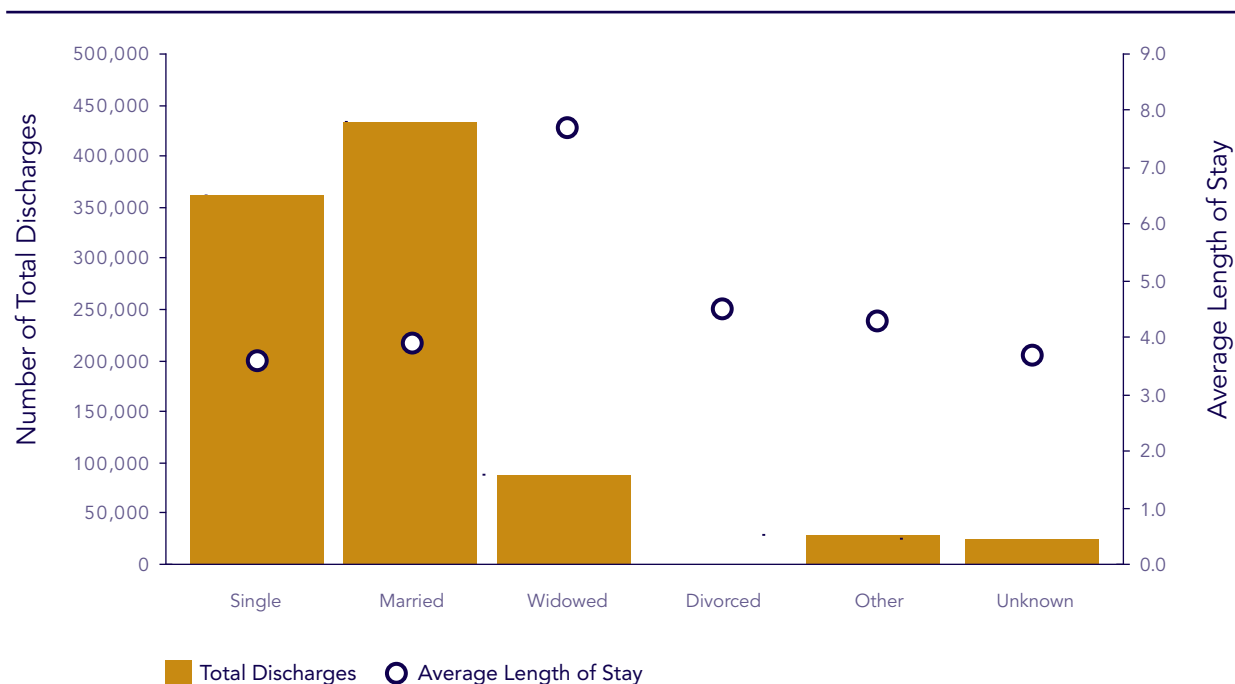
Notes: ^a Includes bed days for day and in-patients.

^b Includes day and in-patients.

^c Prior to 2001, divorced was coded as "Other." However, since 2001 it has been included as a separate category.

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 for all HIPE hospitals in Table 3.3. (These tables have been replicated for discharges from voluntary and health board hospitals and are available at <http://www.esri.ie/>). The number of total discharges was highest in the 25 to 34 year age group, although this was only slightly greater than the reported volumes for the 55 to 64 and 65 to 74 year age groups. Discharges aged between 55 and 64 years accounted for the highest proportion of day patients. The age group 25 to 34 years also had the highest number of total in-patients, accounting for almost 17 per cent of the total.

There was considerable variability in the discharge rates across the age ranges. While the 25 to 34 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 654.5 discharges for every 1,000 members of the population aged between 75 and 84 years were recorded, which is roughly three times more discharges per 1,000 population than the 25 to 34 year age group, whose discharge rate was 206.5 per 1,000. In general, the discharge rates indicate all age groups were more likely to be discharged as in-patients rather than day patients. However, discharges aged between 45 to 64 years were the exception to this. In the 45 to 64 years age group the day patient discharge rates were greater than the in-patient discharge rates, indicating these discharges were more likely to be treated on a day patient basis.

The age profile of discharges differed for males and females. As previously mentioned, the number of total discharges was highest for those in the 25 to 34 year age group. This finding appears to be driven by the age profile of female discharges (see Figure 3.2). Over 10 per cent of total female discharges were aged between 25 and 34 years. In contrast, the 65 to 74 year age group recorded the highest number of total male discharges (7.4 per cent). Male day and in-patients were also highest for this age group. The number of female in-patient discharges was largest for those aged 25 to 34 years, while the 55 to 64 year age group accounted for the highest number of female day patients (9.4 per cent).

For both sexes, the discharge rates were highest among the older age groups. The total discharge rates for the younger and older age groups were higher for males than for females. The under 15 years discharge rate was 152.9 per 1,000 for males and 126.3 per 1,000 for females. Likewise, there were approximately 656.2 discharges per 1,000 members of the male population aged 65 years and over, while the corresponding rate for females was 509.4 per 1,000. Conversely, in the 15 to 44 year age group there were twice as many females discharged compared to males (240.9 per 1,000 for females and 118.0 per 1,000 for males).

Generally, both males and females were more likely to be discharged as in-patients rather than day patients. However, for certain age groups the day patient discharge rate was higher than the in-patient discharge rate for males and females (35 to 64 year age group for males and 45 to 64 year age group for females).

Over one-fifth of both in-patient and total bed days were used by discharges aged between 75 and 84 years, even though this age group accounted for only 11.7 per cent of total in-patient discharges and 10.5 per cent of total discharges. Similarly, for both males and females, discharges in the older age group used proportionately more bed days. Bed day rates increased with age for both males and females. The bed day rate for the 65 years and over age group was roughly four times the rate for the 45 to 64 year age group, irrespective of sex.

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 an average of 13.6 days, which was almost five times longer than the lowest average length of stay for in-patient discharges recorded by the 5 to 14 year age group. The longer average length of stay for older age groups is not surprising given that they accounted for 27.4 per cent of total in-patient discharges, but a higher proportion of total in-patient bed days. The positive correlation between age and average length of stay did not apply to the youngest age group (0 to 4 years) who stayed in hospital for approximately one day longer than those in the next oldest age group (3.9 days for the 0 to 4 year age group and 2.8 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 2.8 days for the 5 to 14 year age group to a high of 12.7 days for the 85 years and over age group. The equivalent range for females was 2.9 days for the 5 to 14 year age group to 14.1 days for the oldest group. The total in-patient average length of stay for females was shorter than for males (6.0 days for females and 6.8 days for males). This was consistent throughout all age groups apart from the youngest and oldest groups, where females recorded longer average lengths 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			Total In-Patients			Total Discharges			Total 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)	389,637	100	97.9	548,269	100	137.8	937,906	100	235.7	3,485,813	100	876.1	3,875,450	100	974.0	6.4
	35,651	9.1	42.8	81,039	14.8	97.2	116,690	12.4	139.9	284,094	8.2	340.7	319,745	8.3	383.5	3.5
Under 15 years	16,167	4.1	56.8	50,032	9.1	175.7	66,199	7.1	232.4	196,267	5.6	689.1	212,434	5.5	745.9	3.9
0–4 years																
5–14 years	19,484	5.0	35.5	31,007	5.7	56.5	50,491	5.4	92.0	87,827	2.5	160.0	107,311	2.8	195.5	2.8
15–44 years	116,210	29.8	62.9	214,865	39.2	116.3	331,075	35.3	179.2	817,077	23.4	442.3	933,287	24.1	505.2	3.8
15–19 years	11,177	2.9	36.4	25,261	4.6	82.3	36,438	3.9	118.8	86,419	2.5	281.7	97,596	2.5	318.1	3.4
20–24 years	15,396	4.0	45.8	36,158	6.6	107.6	51,554	5.5	153.4	126,546	3.6	376.6	141,942	3.7	422.4	3.5
25–34 years	38,780	10.0	61.3	91,805	16.7	145.2	130,585	13.9	206.5	329,126	9.4	520.5	367,906	9.5	581.9	3.6
35–44 years	50,857	13.1	88.9	61,641	11.2	107.7	112,498	12.0	196.6	274,986	7.9	480.6	325,843	8.4	569.5	4.5
45–64 years	133,841	34.4	156.5	102,372	18.7	119.7	236,213	25.2	276.2	731,623	21.0	855.6	865,464	22.3	1,012.1	7.1
45–54 years	63,333	16.3	129.8	47,490	8.7	97.3	110,823	11.8	227.1	300,457	8.6	615.7	363,790	9.4	745.5	6.3
55–64 years	70,508	18.1	192.1	54,882	10.0	149.5	125,390	13.4	341.6	431,166	12.4	1,174.5	501,674	12.9	1,366.6	7.9
65 years and over	103,935	26.7	234.7	149,993	27.4	338.7	253,928	27.1	573.3	1,653,019	47.4	3,732.3	1,756,954	45.3	3,966.9	11.0
65–74 years	63,239	16.2	254.0	64,630	11.8	259.6	127,869	13.6	513.5	615,713	17.7	2,472.7	678,952	17.5	2,726.7	9.5
75–84 years	34,964	9.0	231.4	63,931	11.7	423.1	98,895	10.5	654.5	745,744	21.4	4,935.4	780,708	20.1	5,166.8	11.7
85 years and over	5,732	1.5	133.9	21,432	3.9	500.7	27,164	2.9	634.7	291,562	8.4	6,812.2	297,294	7.7	6,946.1	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			Total In-Patients			Total Discharges			Total In-Patient Bed Days				Total Bed Days ^a		
	N	%	Rate	N	%	Rate	N	%	Rate	N	%	Rate		N	%	Rate
Male (All Ages)	183,785	47.2	93.0	231,522	42.2	117.1	415,307	44.3	210.0	1,581,191	45.4	799.7	1,764,976	45.5	892.7	6.8
Under 15 years	20,198	5.2	47.2	45,175	8.2	105.7	65,373	7.0	152.9	153,138	4.4	358.2	173,336	4.5	405.5	3.4
0–4 years	9,476	2.4	65.1	28,034	5.1	192.5	37,510	4.0	257.6	105,850	3.0	727.0	115,326	3.0	792.1	3.8
5–14 years	10,722	2.8	38.0	17,141	3.1	60.8	27,863	3.0	98.8	47,288	1.4	167.7	58,010	1.5	205.8	2.8
15–44 years	49,115	12.6	53.0	60,241	11.0	65.0	109,356	11.7	118.0	265,163	7.6	286.1	314,278	8.1	339.1	4.4
15–19 years	5,825	1.5	37.1	10,278	1.9	65.5	16,103	1.7	102.6	37,302	1.1	237.6	43,127	1.1	274.7	3.6
20–24 years	6,835	1.8	40.6	11,374	2.1	67.5	18,209	1.9	108.1	45,932	1.3	272.6	52,767	1.4	313.2	4.0
25–34 years	15,806	4.1	49.9	18,745	3.4	59.2	34,551	3.7	109.1	81,409	2.3	257.0	97,215	2.5	306.9	4.3
35–44 years	20,649	5.3	72.6	19,844	3.6	69.8	40,493	4.3	142.3	100,520	2.9	353.3	121,169	3.1	425.9	5.1
45–64 years	60,477	15.5	140.6	53,512	9.8	124.4	113,989	12.2	265.0	392,945	11.3	913.4	453,422	11.7	1,054.0	7.3
45–54 years	26,712	6.9	109.2	23,662	4.3	96.7	50,374	5.4	205.9	151,097	4.3	617.5	177,809	4.6	726.6	6.4
55–64 years	33,765	8.7	182.0	29,850	5.4	160.9	63,615	6.8	342.9	241,848	6.9	1,303.8	275,613	7.1	1,485.8	8.1
65 years and over	53,995	13.9	279.9	72,594	13.2	376.3	126,589	13.5	656.2	769,945	22.1	3,991.4	823,940	21.3	4,271.3	10.6
65–74 years	34,337	8.8	288.1	35,047	6.4	294.0	69,384	7.4	582.1	333,777	9.6	2,800.1	368,114	9.5	3,088.2	9.5
75–84 years	17,251	4.4	284.2	29,713	5.4	489.5	46,964	5.0	773.7	336,541	9.7	5,544.3	353,792	9.1	5,828.5	11.3
85 years and over	2,407	0.6	185.2	7,834	1.4	602.6	10,241	1.1	787.8	99,627	2.9	7,663.6	102,034	2.6	7,848.8	12.7

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			Total In-Patients			Total Discharges			Total In-Patient Bed Days				Total Bed Days ^a		
	N	%	Rate	N	%	Rate	N	%	Rate	N	%	Rate		N	%	Rate
Female (All Ages)	205,852	52.8	102.8	316,747	57.8	158.2	522,599	55.7	261.1	1,904,622	54.6	951.5	2,110,474	54.5	1,054.3	6.0
Under 15 years	15,453	4.0	38.0	35,864	6.5	88.3	51,317	5.5	126.3	130,956	3.8	322.3	146,409	3.8	360.3	3.7
0–4 years	6,691	1.7	48.1	21,998	4.0	158.0	28,689	3.1	206.1	90,417	2.6	649.5	97,108	2.5	697.6	4.1
5–14 years	8,762	2.2	32.8	13,866	2.5	51.9	22,628	2.4	84.7	40,539	1.2	151.8	49,301	1.3	184.6	2.9
15–44 years	67,095	17.2	72.9	154,624	28.2	168.0	221,719	23.6	240.9	551,914	15.8	599.6	619,009	16.0	672.5	3.6
15–19 years	5,352	1.4	35.7	14,983	2.7	100.0	20,335	2.2	135.7	49,117	1.4	327.9	54,469	1.4	363.6	3.3
20–24 years	8,561	2.2	51.1	24,784	4.5	148.0	33,345	3.6	199.1	80,614	2.3	481.3	89,175	2.3	532.4	3.3
25–34 years	22,974	5.9	72.8	73,060	13.3	231.6	96,034	10.2	304.4	247,717	7.1	785.2	270,691	7.0	858.0	3.4
35–44 years	30,208	7.8	105.0	41,797	7.6	145.3	72,005	7.7	250.3	174,466	5.0	606.4	204,674	5.3	711.4	4.2
45–64 years	73,364	18.8	172.7	48,860	8.9	115.0	122,224	13.0	287.7	338,678	9.7	797.1	412,042	10.6	969.7	6.9
45–54 years	36,621	9.4	150.5	23,828	4.3	97.9	60,449	6.4	248.5	149,360	4.3	613.9	185,981	4.8	764.4	6.3
55–64 years	36,743	9.4	202.3	25,032	4.6	137.8	61,775	6.6	340.2	189,318	5.4	1,042.5	226,061	5.8	1,244.8	7.6
65 years and over	49,940	12.8	199.8	77,399	14.1	309.6	127,339	13.6	509.4	883,074	25.3	3,532.3	933,014	24.1	3,732.1	11.4
65–74 years	28,902	7.4	222.8	29,583	5.4	228.1	58,485	6.2	450.9	281,936	8.1	2,173.8	310,838	8.0	2,396.6	9.5
75–84 years	17,713	4.5	195.7	34,218	6.2	378.1	51,931	5.5	573.8	409,203	11.7	4,521.6	426,916	11.0	4,717.3	12.0
85 years and over	3,325	0.9	111.6	13,598	2.5	456.3	16,923	1.8	567.9	191,935	5.5	6,440.8	195,260	5.0	6,552.3	14.1

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

Source: Rates are based on population data from the PHIS.

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

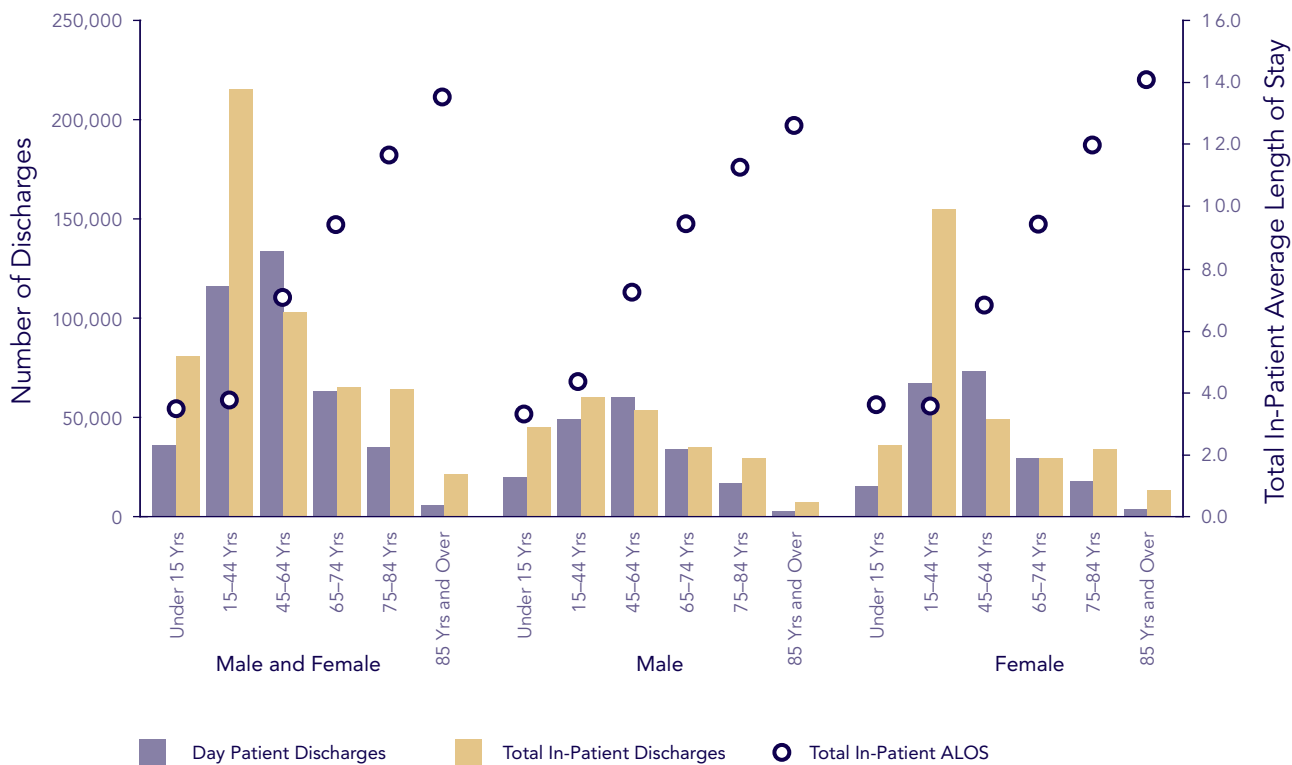
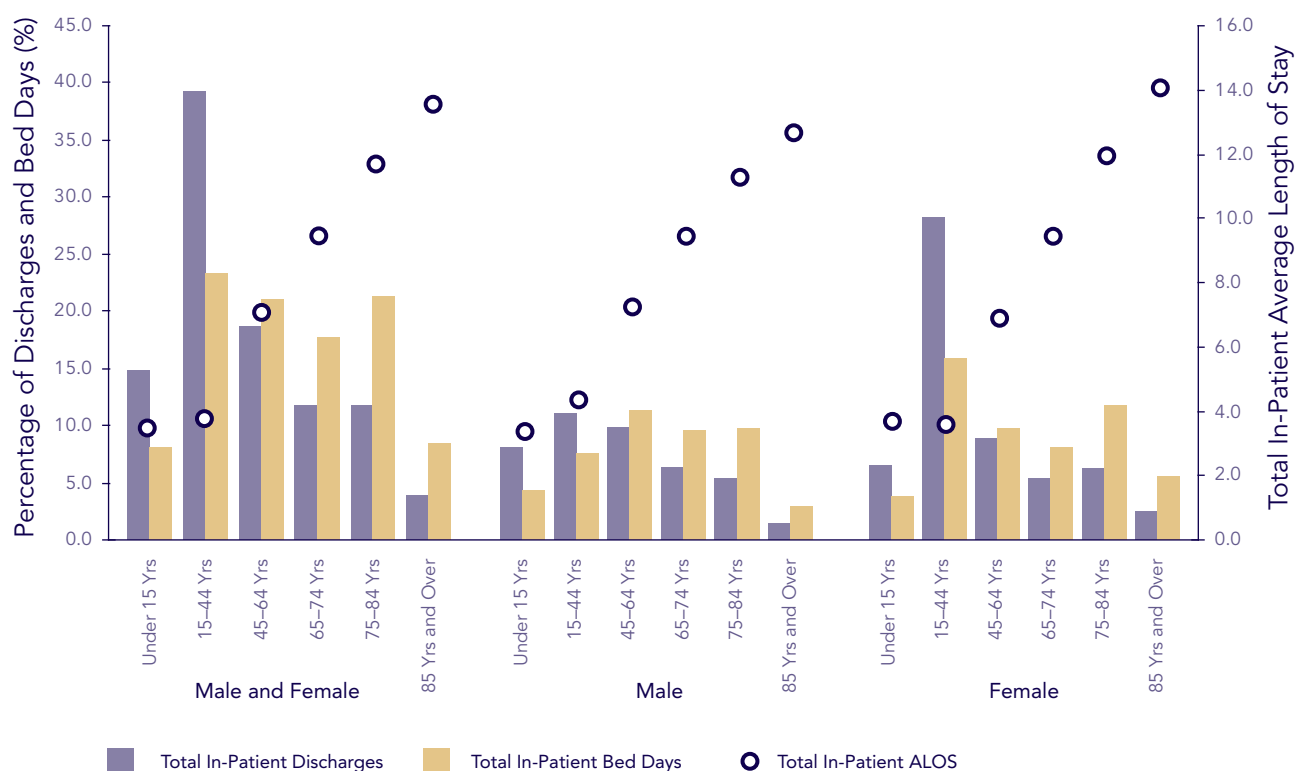


FIGURE 3.3

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



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

The age distribution of discharges, according to their health board/regional authority of hospitalisation, is presented in Table 3.4. Of the 340,536 discharges hospitalised in the Eastern Regional Health Authority (ERHA) in 2003, 13.1 per cent were younger than 15 years of age, 37.0 per cent aged between 15 and 44 years, 25.7 per cent between 45 and 64 years and 24.3 per cent were 65 years and over (see Figure 3.4). One-third of discharges in each of the Mid-Western (MWHB), the Southern (SHB) and the North-Western (NWHB) Health Boards were 65 years and over, whereas 13.9 per cent of discharges in the South-Eastern Health Board (SEHB) had a higher than average proportion of discharges in the under 15 year age group. Discharges in the NWHB and the SHB appeared to be older as approximately 58 per cent of discharges were aged 45 years or over, compared with 52 per cent across all health boards/regional authorities.

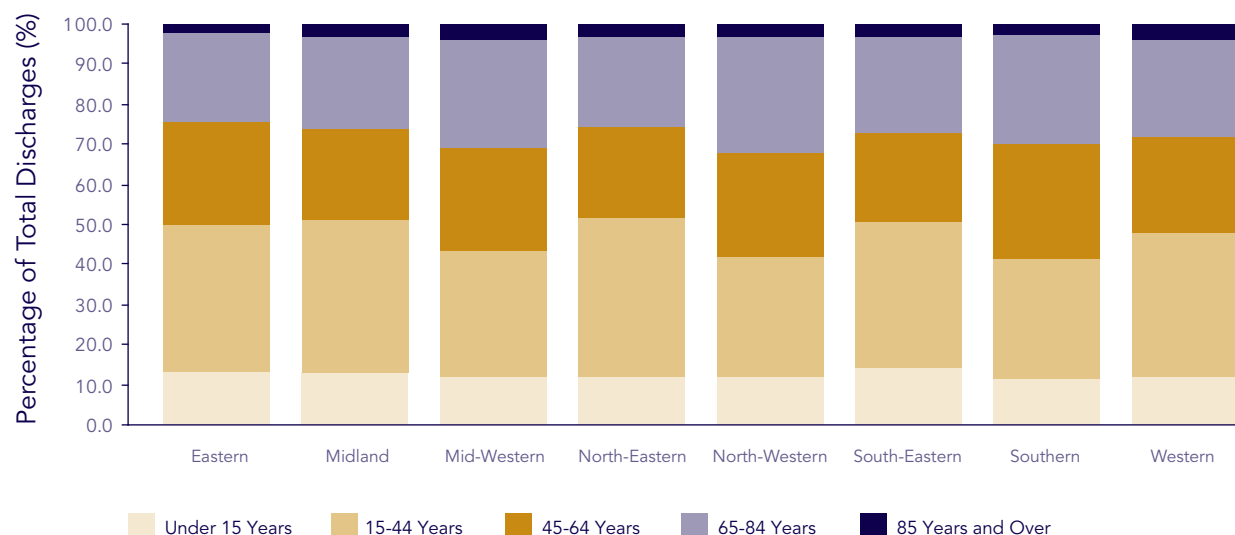
TABLE 3.4

Discharges by Health Board/Regional Authority of Hospitalisation and Age Group

Health Board/Regional Authority of Hospitalisation																		
	Eastern		Midland		Mid-Western		North-Eastern		North-Western		South-Eastern		Southern		Western		Total	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%
All Ages	340,536	100	49,384	100	70,223	100	77,036	100	63,590	100	95,986	100	135,972	100	105,179	100	937,906	100
Under 15 years	44,450	13.1	6,446	13.1	8,212	11.7	8,985	11.7	7,746	12.2	13,321	13.9	15,197	11.2	12,333	11.7	116,690	12.4
0–4 years	25,003	7.3	3,409	6.9	4,532	6.5	5,558	7.2	4,281	6.7	7,995	8.3	8,626	6.3	6,795	6.5	66,199	7.1
5–14 years	19,447	5.7	3,037	6.1	3,680	5.2	3,427	4.4	3,465	5.4	5,326	5.5	6,571	4.8	5,538	5.3	50,491	5.4
15–44 years	125,970	37.0	18,863	38.2	22,478	32.0	30,735	39.9	18,697	29.4	35,318	36.8	40,806	30.0	38,208	36.3	331,075	35.3
15–19 years	12,773	3.8	2,346	4.8	2,667	3.8	3,109	4.0	2,463	3.9	4,162	4.3	4,495	3.3	4,423	4.2	36,438	3.9
20–24 years	19,348	5.7	2,990	6.1	3,475	4.9	4,658	6.0	2,793	4.4	5,925	6.2	6,556	4.8	5,809	5.5	51,554	5.5
25–34 years	50,524	14.8	7,445	15.1	8,537	12.2	13,508	17.5	6,869	10.8	14,060	14.6	14,811	10.9	14,831	14.1	130,585	13.9
35–44 years	43,325	12.7	6,082	12.3	7,799	11.1	9,460	12.3	6,572	10.3	11,171	11.6	14,944	11.0	13,145	12.5	112,498	12.0
45–64 years	87,387	25.7	11,125	22.5	17,799	25.3	17,430	22.6	16,895	26.6	21,239	22.1	39,313	28.9	25,025	23.8	236,213	25.2
45–54 years	40,522	11.9	5,423	11.0	8,547	12.2	8,607	11.2	7,929	12.5	9,796	10.2	17,612	13.0	12,387	11.8	110,823	11.8
55–64 years	46,865	13.8	5,702	11.5	9,252	13.2	8,823	11.5	8,966	14.1	11,443	11.9	21,701	16.0	12,638	12.0	125,390	13.4
65 years and over	82,729	24.3	12,950	26.2	21,734	30.9	19,886	25.8	20,252	31.8	26,108	27.2	40,656	29.9	29,613	28.2	253,928	27.1
65–74 years	44,076	12.9	6,285	12.7	9,934	14.1	9,316	12.1	10,022	15.8	12,449	13.0	22,289	16.4	13,498	12.8	127,869	13.6
75–84 years	30,654	9.0	5,203	10.5	9,235	13.2	8,276	10.7	7,923	12.5	10,634	11.1	14,685	10.8	12,285	11.7	98,895	10.5
85 years and over	7,999	2.3	1,462	3.0	2,565	3.7	2,294	3.0	2,307	3.6	3,025	3.2	3,682	2.7	3,830	3.6	27,164	2.9

FIGURE 3.4

Percentage of Total Discharges by Health Board/Regional Authority of Hospitalisation and Age Group



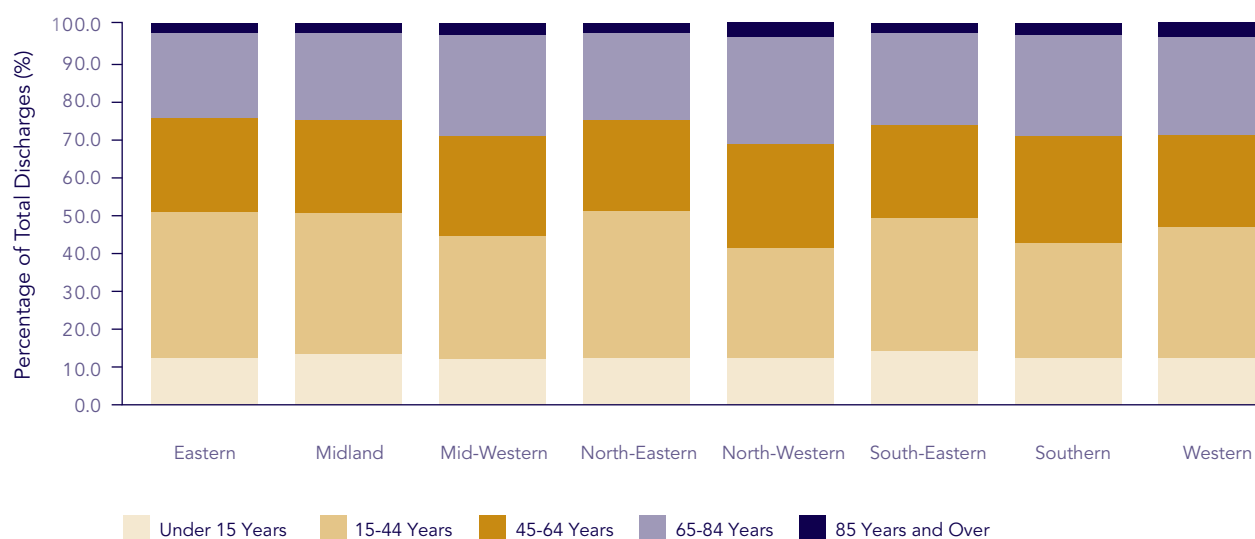
The distribution of discharges resident in each of the eight health boards/regional authorities by age group is reported in Table 3.5. Of the 283,610 discharges residing in the ERHA, the majority (38.5 per cent) were aged between 15 and 44 years, indicating a relatively young group of resident discharges for this regional authority. For other health boards, the highest proportions of discharges were classified among the older age groups (see Figure 3.5). The NWHB was one such health board, reporting over 31 per cent of resident discharges aged 65 years and over.

Age-specific discharge rates for each health board/regional authority are presented in Table 3.6. Consistently across all health boards/regional authorities the discharge rate increased with age, which implies there were a higher number of discharges per 1,000 members of the older population compared to the younger population. In the ERHA, for instance, there were almost 121 discharges for every 1,000 members of the population aged under 15 years, whereas there were 500.6 discharges per 1,000 aged over 64 years.

For almost all age groups the number of discharges per 1,000 was lowest in the ERHA. The SHB did, however, report the lowest rates for discharges aged between 15 and 44 years and those aged over 84 years. No single health board/regional authority consistently reported the highest discharge rate for all age groups. While the NWHB reported the highest discharge rate overall, the Midland Health Board (MHB), the North-Eastern Health Board (NEHB), the WHB and the SEHB reported the largest discharge rates for particular age groups (see Figures 3.6 to 3.11).

FIGURE 3.5

Percentage of Total Discharges by Health Board/Regional Authority of Residence and Age Group

**TABLE 3.6**

Age-Specific Discharge Rates (Per 1,000 Population) by Health Board/Regional Authority of Residence and Age Group

	Health Board/Regional Authority of Residence							
	Eastern	Midland	Mid-Western	North-Eastern	North-Western	South-Eastern	Southern	Western
All Ages	199.3	273.1	240.1	271.9	299.0	255.6	218.9	266.3
Under 15 years	120.8	159.9	137.4	147.0	163.2	164.3	128.9	156.1
0–4 years	196.1	259.6	224.5	243.4	276.9	286.6	220.2	261.3
5–14 years	80.2	107.6	92.8	93.8	108.2	102.4	83.1	105.8
15–44 years	153.7	229.7	172.3	229.1	209.3	203.7	148.0	210.5
15–19 years	100.1	149.7	112.2	139.8	143.1	135.2	98.4	140.9
20–24 years	120.2	215.9	142.0	214.1	192.3	201.6	134.3	184.1
25–34 years	173.0	275.9	199.1	284.3	239.5	244.6	163.7	250.5
35–44 years	179.3	234.4	196.0	226.8	227.6	201.3	165.7	225.7
45–64 years	242.4	306.3	282.8	303.5	356.6	275.7	273.6	287.5
45–54 years	195.7	254.4	238.2	256.6	299.0	223.4	217.4	247.8
55–64 years	305.4	378.8	341.8	368.4	430.1	342.5	346.3	340.7
65 years and over	500.6	601.5	606.8	667.1	718.4	582.7	538.2	600.1
65–74 years	446.7	537.7	518.2	597.2	680.6	516.3	512.4	515.0
75–84 years	573.3	680.4	721.1	761.3	781.4	665.1	583.1	712.9
85 years and over	582.6	679.7	709.9	713.3	698.2	692.9	532.1	656.2

Note: Not all discharges have a known health board/regional authority of residence. These rates exclude those discharges for whom health board/regional authority of residence was unknown.

Source: Rates are based on population data from the PHIS.

FIGURE 3.6

Age-Specific Discharge Rates (Per 1,000 Population) by Health Board/Regional Authority of Residence for Discharges Aged Under 15 Years

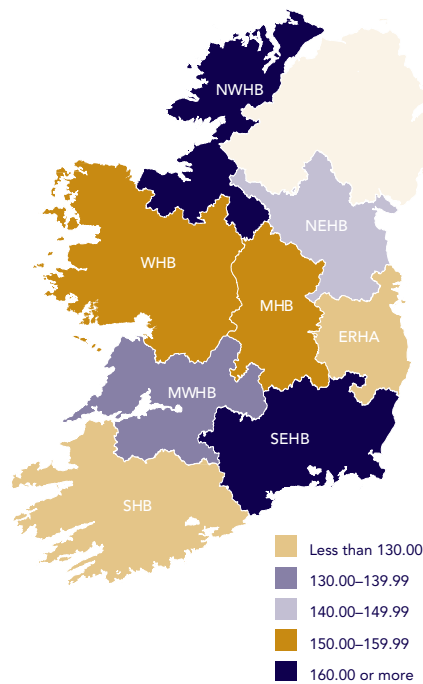


FIGURE 3.7

Age-Specific Discharge Rates (Per 1,000 Population) by Health Board/Regional Authority of Residence for Discharges Aged 15–44 Years

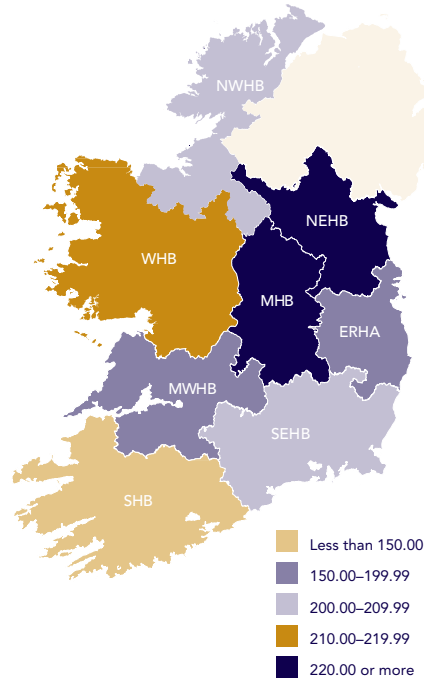


FIGURE 3.8

Age-Specific Discharge Rates (Per 1,000 Population) by Health Board/Regional Authority of Residence for Discharges Aged 45–64 Years

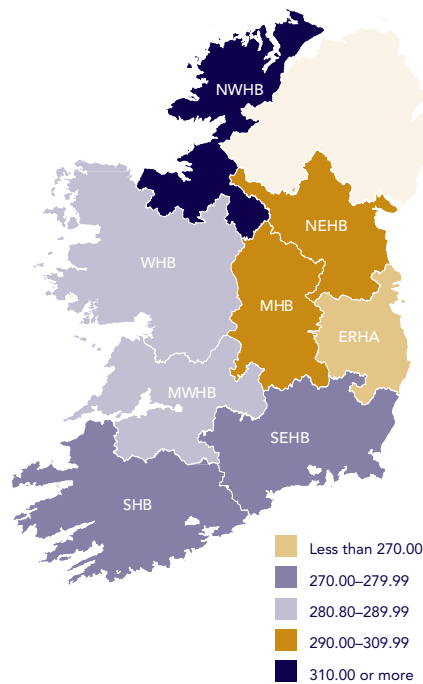


FIGURE 3.9

Age-Specific Discharge Rates (Per 1,000 Population) by Health Board/Regional Authority of Residence for Discharges Aged 65–74 Years

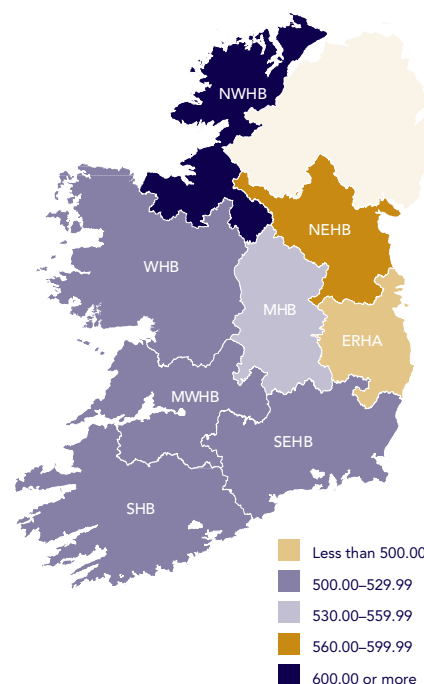
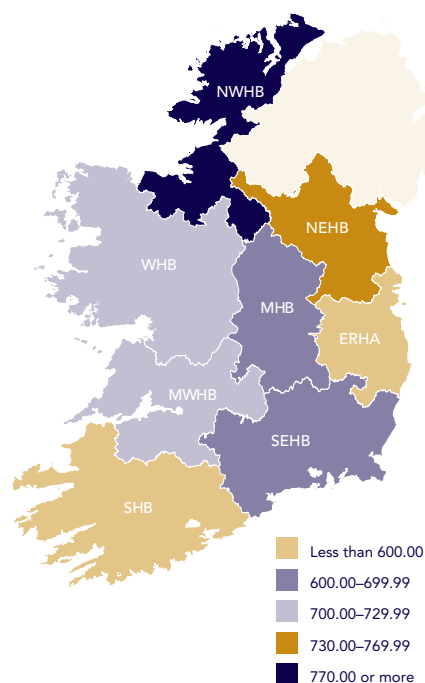
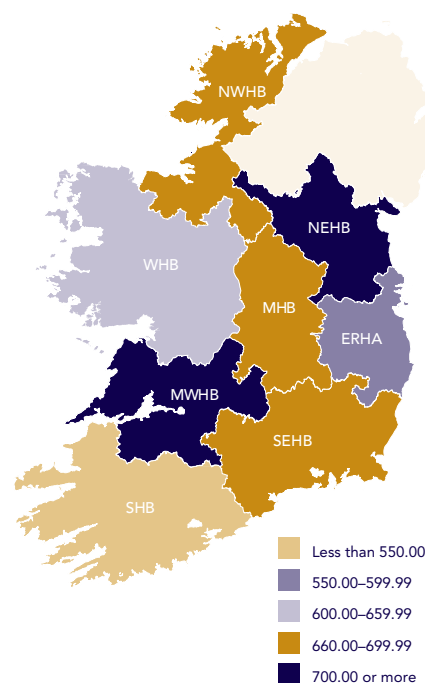


FIGURE 3.10

Age-Specific Discharge Rates (Per 1,000 Population) by Health Board/Regional Authority of Residence for Discharges Aged 75–84 Years

**FIGURE 3.11**

Age-Specific Discharge Rates (Per 1,000 Population) by Health Board/Regional Authority 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 dependent on income and age.¹ It should be noted that recording a medical card in HIPE does not necessarily imply 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 Department of Health and Children (DoH&C), over 29 per cent of the population were covered by a medical card in 2003.² However, the figures in Table 3.7 suggest medical card holders accounted for proportionally more discharges. Of the total 937,906 discharges, 44.7 per cent were GMS while non-GMS discharges accounted for more than half of the total. This breakdown between GMS and non-GMS discharges was similar to that reported for day and acute in-patients (see Figure 3.12). Just over 50 per cent of day patients and 52.3 per cent of acute in-patients were non-GMS. The corresponding proportions for GMS were 43.1 per cent and 45.2 per cent for day and acute in-patients respectively. The medical card status of extended stay in-patient discharges differed substantially from day and acute in-patients, as a higher proportion of extended stay in-patients (almost 70 per cent) were GMS patients.

¹ With effect from 1 July 2001 the medical card scheme was extended to cover all persons aged 70 years and over, irrespective of means.

² Data on the number of medical card holders in 2003 were obtained from http://www.dohc.ie/statistics/health_statistics/table_d1.html; date consulted: 15 March 2007.

Discharges from general hospitals had similar proportions of GMS and non-GMS. Within the general hospitals group both voluntary and county hospitals reported a higher proportion of non-GMS patients (see Figure 3.13). In contrast, the proportion of GMS discharges was greater than the proportion of non-GMS discharges in regional hospitals.

Almost seven out of every ten discharges from special hospitals were non-GMS. However, there was some disparity in the GMS/non-GMS breakdown across the different types of special hospitals. More than 80 per cent of discharges from maternity hospitals were non-GMS, which was the highest proportion of non-GMS discharges for any of the categories of special hospital. In contrast, long stay hospitals recorded the lowest proportion of non-GMS discharges, as well as the highest proportion of discharges for whom GMS status was unknown. Two-thirds of discharges from paediatric hospitals were non-GMS patients.

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 days in hospital, which was more than 2 days longer than their non-GMS counterparts. There was very little difference between GMS and non-GMS discharges in the average length of stay for extended stay in-patients. Total in-patient GMS discharges from general hospitals (8.1 days) had a longer average length of stay than non-GMS discharges (4.7 days). Within the general hospitals group the total in-patient average length of stay for both GMS and non-GMS discharges was longer for voluntary hospitals compared to either regional or county hospitals (see Figure 3.14). County and regional hospitals recorded similar average lengths of stay for GMS and non-GMS in-patient discharges.

GMS in-patient discharges also stayed longer on average than their non-GMS counterparts in special hospitals. The total in-patient average length of stay for both GMS and non-GMS discharges from general and special hospitals were comparable. There were differences in the average lengths of stay for GMS and non-GMS in-patient discharges within the group of special hospitals. Generally, the average length of stay for non-GMS discharges was shorter than for GMS discharges. Where this was not the case, the average lengths of stay for the two groups were broadly comparable (for example, eye, ear, nose and throat, maternity and paediatric hospitals). Infectious disease hospitals recorded the largest deviation between the two groups with non-GMS discharges staying on average 3 days longer than GMS discharges.

TABLE 3.7

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

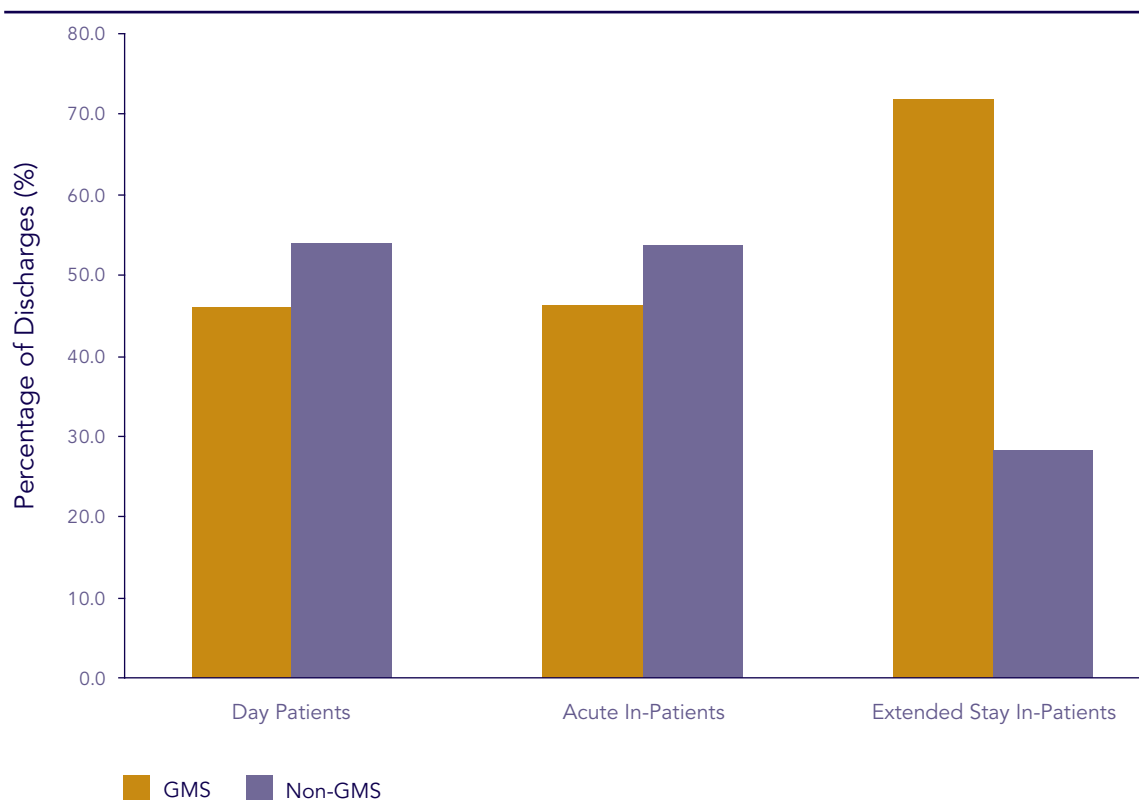
	GMS			Non-GMS			Unknown ^b			Total		
	N	%	In-Patient Average Length of Stay	N	%	In-Patient Average Length of Stay	N	%	In-Patient Average Length of Stay	N	%	In-Patient Average Length of Stay
All Patient and Hospital Types												
Day Patients	167,930	43.1	-	196,209	50.4	-	25,498	6.5	-	389,637	100	-
In-Patients												
Acute (0–30 days)	241,438	45.2	6.0	279,220	52.3	3.9	13,494	2.5	5.4	534,152	100	4.9
Extended (>30 days)	9,800	69.4	61.4	3,846	27.2	58.6	471	3.3	99.6	14,117	100	61.9
Total In-Patients	251,238	45.8	8.1	283,066	51.6	4.7	13,965	2.5	8.5	548,269	100	6.4
Total Discharges (All Patient and Hospital Types)	419,168	44.7	-	479,275	51.1	-	39,463	4.2	-	937,906	100	-
General Hospitals												
Voluntary	115,263	43.3	11.8	122,546	46.1	6.6	28,142	10.6	7.9	265,951	100	9.2
Regional	110,505	49.2	7.1	108,637	48.3	4.4	5,593	2.5	3.0	224,735	100	5.8
County	160,425	48.9	6.9	165,066	50.3	3.9	2,371	0.7	4.9	327,862	100	5.4
Total (General)	386,193	47.2	8.1	396,249	48.4	4.7	36,106	4.4	7.2	818,548	100	6.5
Special Hospitals												
Cancer	3,087	47.9	25.3	3,362	52.1	21.7	~	0.0	-	6,450	100	24.0
Eye, Ear, Nose and Throat	2,378	41.9	3.2	3,279	57.7	3.4	22	0.4	4.0	5,679	100	3.3
Infectious Disease	450	59.4	17.0	304	40.2	20.2	~	0.4	47.7	757	100	18.4
Long Stay	278	59.9	21.3	31	6.7	20.0	155	33.4	154.6	464	100	65.7
Maternity	7,749	13.4	3.0	46,980	81.2	3.5	3,109	5.4	5.8	57,838	100	3.6
Orthopaedic	8,366	48.8	14.6	8,729	50.9	11.9	50	0.3	23.8	17,145	100	13.5
Paediatric	10,667	34.4	4.9	20,341	65.6	4.4	17	0.1	5.2	31,025	100	4.6
Total (Special)	32,975	27.6	8.3	83,026	69.6	4.6	3,357	2.8	13.0	119,358	100	5.9

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

^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.

FIGURE 3.12

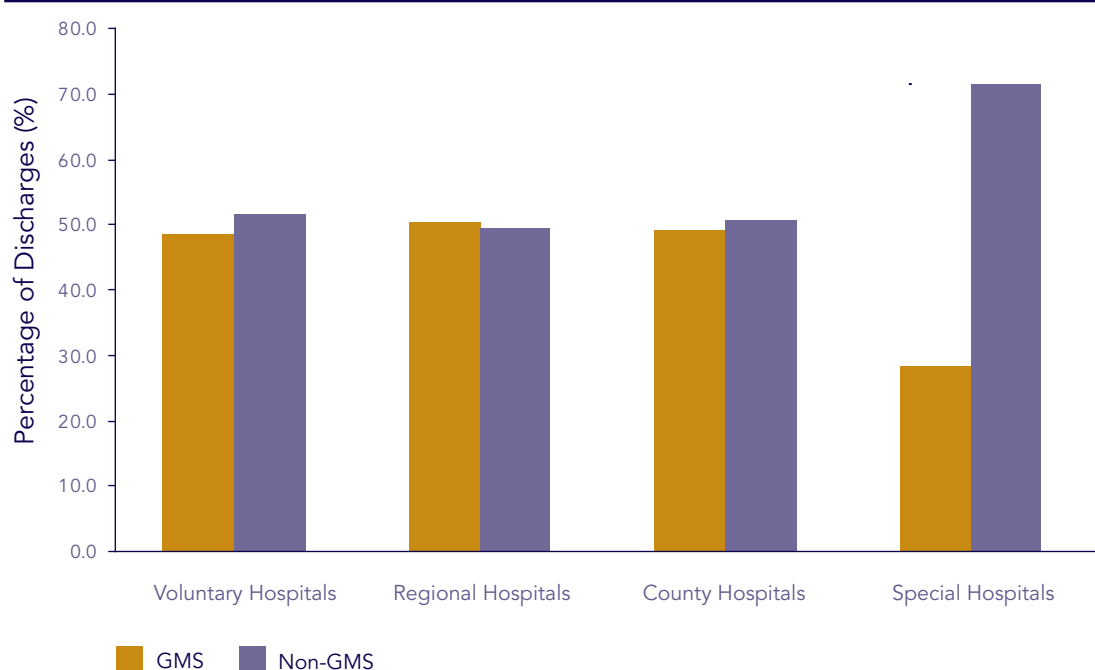
Percentage of Discharges by GMS Status and Patient Type



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

FIGURE 3.13

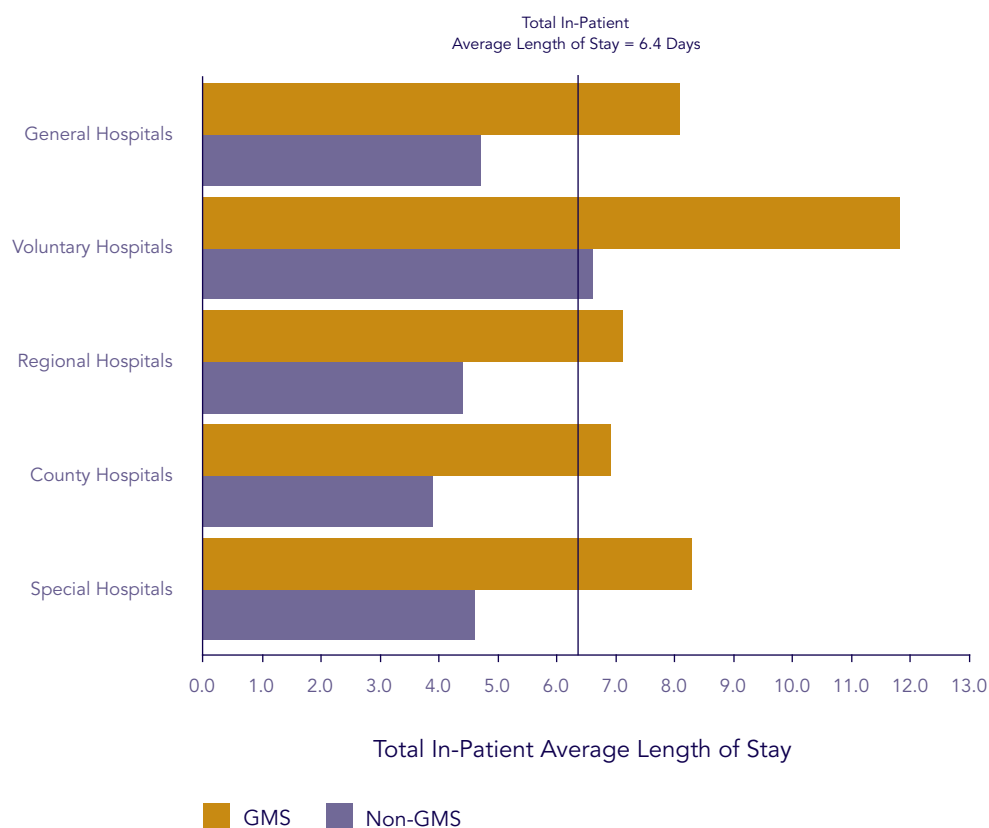
Percentage of Discharges by GMS Status and Hospital Type



See note under Figure 3.12

FIGURE 3.14

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



The GMS status of discharges hospitalised in each health board/regional authority area is reported in Table 3.8 and shown in Figure 3.15. In most of the health boards/regional authorities at least half of total discharges were non-GMS patients. In fact, for the NEHB and the SHB, non-GMS discharges accounted for as much as 56 per cent of total discharges. This result was reversed in only two health boards, where the majority of total discharges were GMS (53.9 per cent of total discharges in the NWHB and 58.1 per cent of total discharges in the Western Health Board (WHB)).

TABLE 3.8

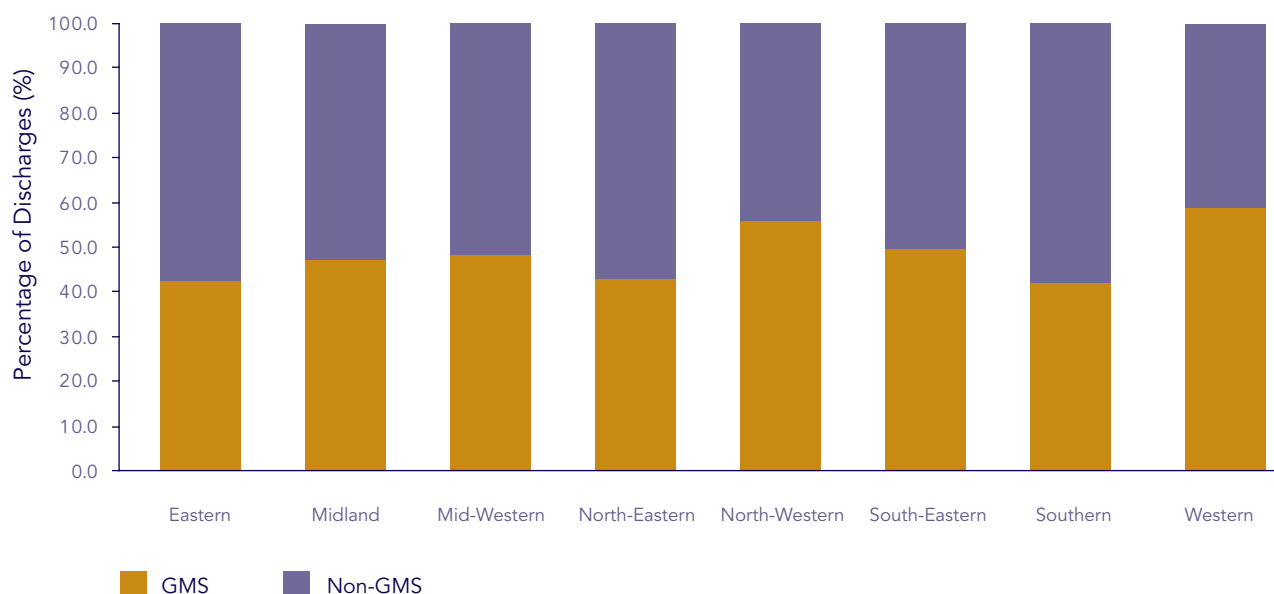
Discharges by GMS Status and Health Board/Regional Authority of Hospitalisation

	GMS		Non-GMS		Unknown ^a		Total Discharges	
	N	%	N	%	N	%	N	%
Eastern	132,107	31.5	180,141	37.6	28,288	71.7	340,536	36.3
%	38.8		52.9		8.3		100	
Midland	23,323	5.6	25,893	5.4	168	0.4	49,384	5.3
%	47.2		52.4		0.3		100	
Mid-Western	33,130	7.9	35,479	7.4	1,614	4.1	70,223	7.5
%	47.2		50.5		2.3		100	
North-Eastern	32,621	7.8	43,254	9.0	1,161	2.9	77,036	8.2
%	42.3		56.1		1.5		100	
North-Western	34,280	8.2	27,168	5.7	2,142	5.4	63,590	6.8
%	53.9		42.7		3.4		100	
South-Eastern	47,586	11.4	48,283	10.1	117	0.3	95,986	10.2
%	49.6		50.3		0.1		100	
Southern	54,964	13.1	76,125	15.9	4,883	12.4	135,972	14.5
%	40.4		56.0		3.6		100	
Western	61,157	14.6	42,932	9.0	1,090	2.8	105,179	11.2
%	58.1		40.8		1.0		100	
Total	419,168	100	479,275	100	39,463	100	937,906	100
%	44.7		51.1		4.2		100	

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

FIGURE 3.15

Percentage of Total Discharges by GMS Status and Health Board/Regional Authority 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 public or private 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 (76.3 per cent) compared to total in-patients (74.3 per cent), although over 80 per cent of extended stay in-patients were public.

Over 76 per cent of discharges from general hospitals were public. A higher percentage of day patients from general hospitals were public compared to total in-patients. Within the group of general hospitals there were some differences in the public/private breakdown (see Figure 3.16). County hospitals recorded the highest proportion of public discharges (79.5 per cent). In contrast, the proportion of private discharges was highest in regional hospitals, where almost 30 per cent of discharges were private.

Further differences were apparent upon examining the public/private classification by patient type in these general hospitals. Voluntary hospitals were the only category of general hospital in which the number of public day patients exceeded the number of public in-patients. In both regional and county hospitals day patients were more likely to be private than in-patients. In addition, the volume of in-patients from these two hospital types was higher than day patients, irrespective of public/private status.

Compared to general hospitals, special hospitals discharged a higher proportion of private patients, regardless of patient type. The relatively 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 estimated for all hospital and patient types, while the majority of discharges from infectious disease hospitals were public.

The total in-patient average length of stay for public discharges was 6.6 days, which was almost a 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 an average of 9 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 comparable in both general and special hospitals (6.6 days and 6.4 days in general and special hospitals respectively), but private in-patients had a shorter stay in special hospitals compared to general hospitals (4.8 days in special hospitals and 6.0 days in general hospitals).

Within the general hospitals group the average length of stay for total in-patients who were public was longer than that for private total in-patient discharges. Only in voluntary hospitals did total private discharges have a longer duration of hospitalisation than public discharges (5.2 days for private discharges and 4.3 days for public discharges). The shorter average length of stay for total public discharges in voluntary hospitals may be associated with the relatively high volume of public day patient activity conducted in these hospitals. It is worth noting that other factors (such as case complexity) 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 estimated for regional and county hospitals. For almost all categories of special hospital, the average length of stay of public in-patients was longer than for private in-patients. 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

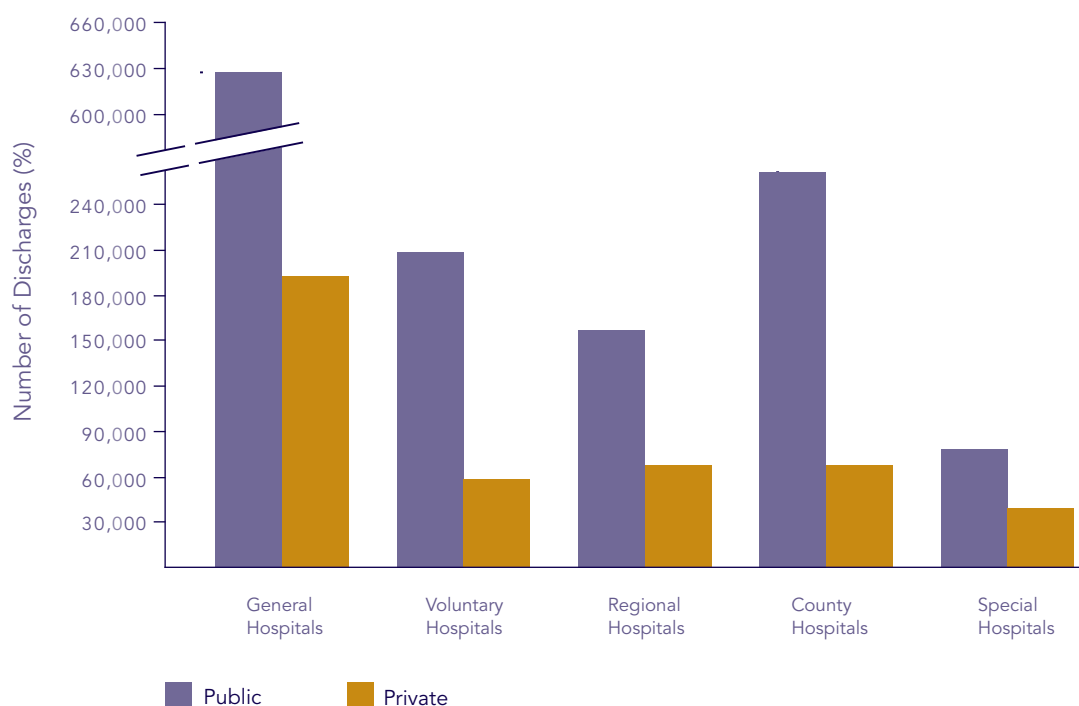
Discharges and Average Length of Stay (Days) by Public/Private Status, Patient Type and Hospital Type

	Public Discharges			Private Discharges			Total Discharges		
	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	297,189	76.3	–	92,448	23.7	–	389,637	100	–
In-Patients									
Acute (0–30 days)	395,800	74.1	4.9	138,352	25.9	4.8	534,152	100	4.9
Extended (>30 days)	11,323	80.2	63.7	2,794	19.8	54.7	14,117	100	61.9
Total In-Patients	407,123	74.3	6.6	141,146	25.7	5.8	548,269	100	6.4
Total Discharges (All Hospital and Patient Types)	704,312	75.1	–	233,594	24.9	–	937,906	100	–
General Hospitals									
Day Patients	277,442	77.6	–	80,079	22.4	–	357,521	100	–
Total In-Patients	349,169	75.7	6.6	111,858	24.3	6.0	461,027	100	6.5
Total Discharges (General)	626,611	76.6	–	191,937	23.4	–	818,548	100	–
Voluntary^a	208,246	78.3	4.3	57,705	21.7	5.2	265,951	100	4.5
Day Patients	125,723	82.9	–	25,948	17.1	–	151,671	100	–
Total In-Patients	82,523	72.2	9.4	31,757	27.8	8.6	114,280	100	9.2
Regional^a	157,578	70.1	3.9	67,157	29.9	3.3	224,735	100	3.7
Day Patients	66,026	68.7	–	30,036	31.3	–	96,062	100	–
Total In-Patients	91,552	71.2	6.0	37,121	28.8	5.2	128,673	100	5.8
County^a	260,787	79.5	4.1	67,075	20.5	3.5	327,862	100	4.0
Day Patients	85,693	78.1	–	24,095	21.9	–	109,788	100	–
Total In-Patients	175,094	80.3	5.6	42,980	19.7	4.9	218,074	100	5.4
Special Hospitals									
Day Patients	19,747	61.5	–	12,369	38.5	–	32,116	100	–
Total In-Patients	57,954	66.4	6.4	29,288	33.6	4.8	87,242	100	5.9
Total Discharges (Special)	77,701	65.1	–	41,657	34.9	–	119,358	100	–
Cancer	4,252	65.9	24.4	2,198	34.1	22.8	6,450	100	24.0
Eye, Ear, Nose and Throat	3,462	61.0	3.3	2,217	39.0	3.4	5,679	100	3.3
Infectious Disease	743	98.2	18.4	14	1.8	14.4	757	100	18.4
Long Stay	316	68.1	86.3	148	31.9	21.9	464	100	65.7
Maternity	36,454	63.0	3.4	21,384	37.0	3.8	57,838	100	3.6
Orthopaedic	12,886	75.2	14.7	4,259	24.8	9.4	17,145	100	13.5
Paediatric	19,588	63.1	4.8	11,437	36.9	4.1	31,025	100	4.6

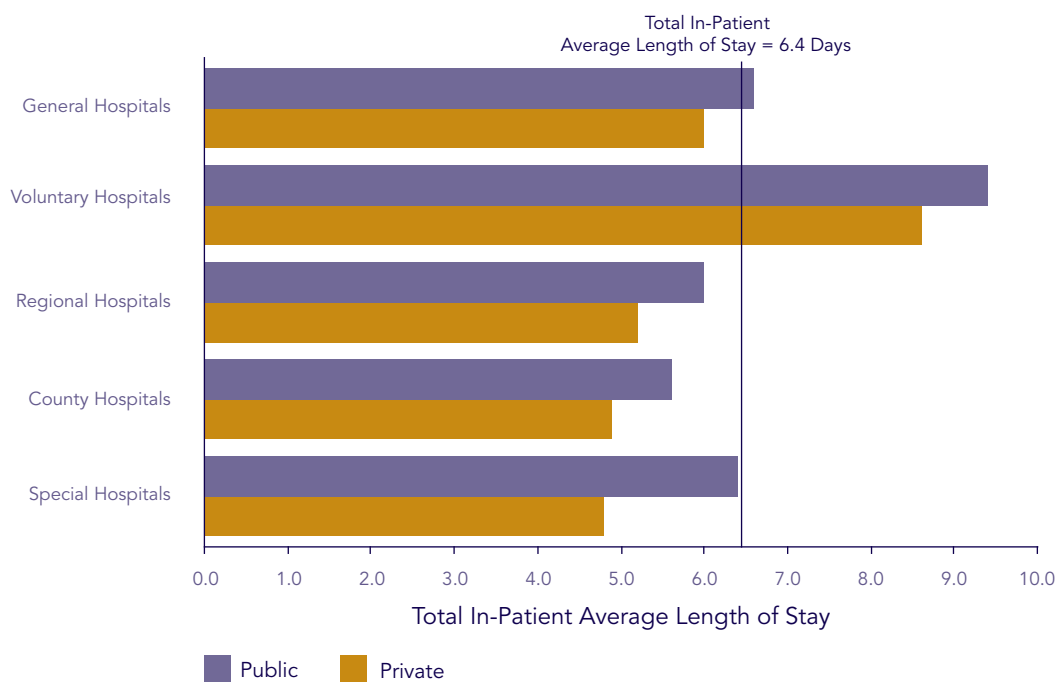
Note: ^a Overall average length of stay for voluntary, regional and county hospitals includes day patients.

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 health board/regional authority of hospitalisation is represented in Table 3.10 and Figure 3.18. The ERHA accounted for the largest proportions of public and private discharges. The MWHB recorded the highest proportion of private discharges at 37.2 per cent of total discharges hospitalised in that health board, which was substantially above the proportion for the NWHB where only 16.5 per cent of discharges treated were private.

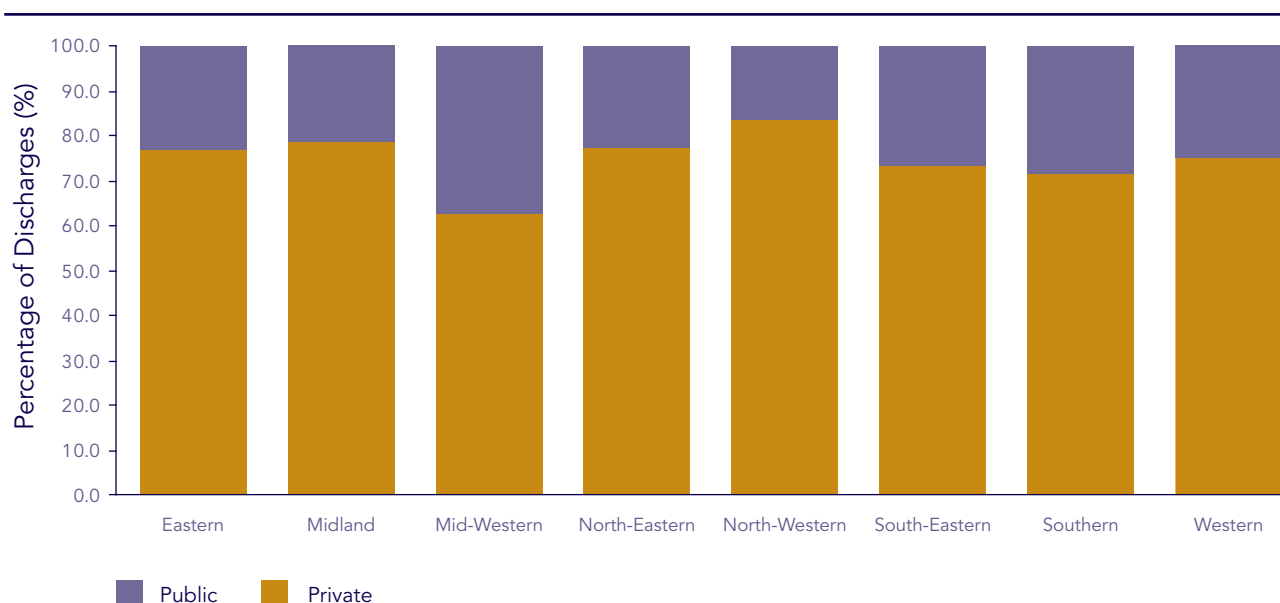
TABLE 3.10

Discharges by Public/Private Status and Health Board/Regional Authority of Hospitalisation

	Public Discharges		Private Discharges		Total Discharges	
	N	%	N	%	N	%
Eastern %	261,732 76.9	37.2	78,804 23.1	33.7	340,536 100	36.3
Midland %	38,918 78.8	5.5	10,466 21.2	4.5	49,384 100	5.3
Mid-Western %	44,111 62.8	6.3	26,112 37.2	11.2	70,223 100	7.5
North-Eastern %	59,719 77.5	8.5	17,317 22.5	7.4	77,036 100	8.2
North-Western %	53,121 83.5	7.5	10,469 16.5	4.5	63,590 100	6.8
South-Eastern %	70,525 73.5	10.0	25,461 26.5	10.9	95,986 100	10.2
Southern %	97,184 71.5	13.8	38,788 28.5	16.6	135,972 100	14.5
Western %	79,002 75.1	11.2	26,177 24.9	11.2	105,179 100	11.2
Total %	704,312 75.1	100	233,594 24.9	100	937,906 100	100

FIGURE 3.18

Percentage of Total Discharges by Public/Private Status and Health Board/Regional Authority of Hospitalisation



INTER-REGIONAL FLOW OF DISCHARGES

Table 3.11 reports the area of residence for patients who were hospitalised in each of the eight health board/regional authority areas. Thus, of the discharges treated in the ERHA, 81.3 per cent were living in this area and 6.8 per cent were from the neighbouring NEHB. For the majority of discharges, their area of residence coincided with their health board/regional authority of hospitalisation. Figure 3.19 shows the health boards of residence for discharges hospitalised in the ERHA. Almost 19 per cent of discharges hospitalised in the ERHA were resident outside this area. Discharges were more likely to travel to the ERHA for treatment if they were resident in one of the three bordering health boards (the NEHB, the MHB and the SEHB). In contrast, lower proportions of discharges treated in the ERHA were residents of the four health boards on the west coast of Ireland.

TABLE 3.11

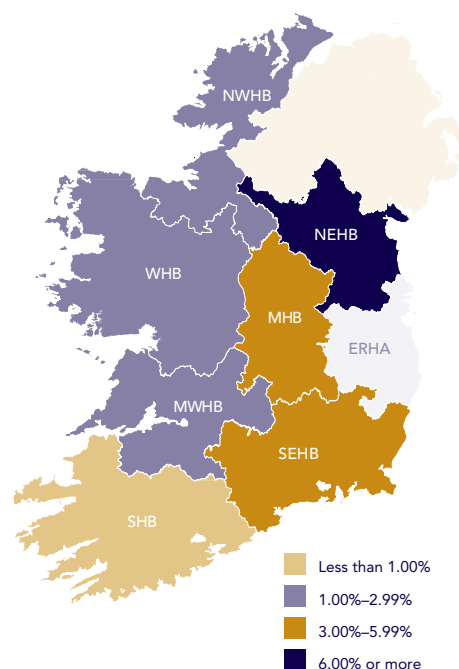
Percentage of Total Discharges by Health Board/Regional Authority of Hospitalisation and Area of Residence

Area of Residence	Health Board/Regional Authority of Hospitalisation							
	Eastern	Midland	Mid-Western	North-Eastern	North-Western	South-Eastern	Southern	Western
Eastern	81.3	4.7	0.3	4.0	0.2	1.4	0.2	0.4
Midland	3.1	89.8	0.4	0.9	0.1	0.4	0.1	6.2
Mid-Western	1.2	1.6	96.8	0.1	0.0	2.7	3.5	2.8
North-Eastern	6.8	1.8	0.1	93.3	0.4	0.1	0.0	0.1
North-Western	1.5	0.4	0.0	1.6	94.4	0.0	0.0	0.9
South-Eastern	3.7	0.9	0.9	0.1	0.0	95.1	4.0	0.1
Southern	0.8	0.0	1.2	0.0	0.0	0.3	92.1	0.1
Western	1.6	0.7	0.3	0.1	4.9	0.0	0.1	89.4
Total	100	100	100	100	100	100	100	100

Note: For example, 81.3 per cent of discharges treated in the ERHA were resident in this area and 6.8 per cent of discharges treated in the ERHA were resident in the NEHB.
Excludes those discharges for whom health board/regional authority of residence was unknown.

FIGURE 3.19

Percentage of Total Discharges Hospitalised in the Eastern Regional Health Authority and Resident in Other Health Boards



The area of hospitalisation for those resident in each health board/regional authority is shown in Table 3.12. A substantial majority of discharges resident in the ERHA were also treated there. A similar pattern was observed for the SHB where 96.9 per cent of discharges resident in this region were also hospitalised there. The ERHA was the most common area of hospitalisation when residents from other health boards were treated outside their area. The exception was discharges resident in the MWHB, who were more likely to be treated in the SHB when moving outside their area of residence.

The focus of Figure 3.20 is the MHB which, according to Table 3.12, had the lowest proportion of discharges treated within their residential health board. Specifically, Figure 3.20 shows the health board of hospitalisation in which discharges resident in the MHB were treated. As observed in Figure 3.19, the flows were generally strongest from the MHB to other areas that shared a border with this health board. In particular, the largest volume of discharges resident in the MHB and treated outside the region were hospitalised in the ERHA. The WHB was the next most common location of treatment for MHB resident discharges. Less than 2.5 per cent of resident MHB discharges were treated in the remaining five health boards.

TABLE 3.12

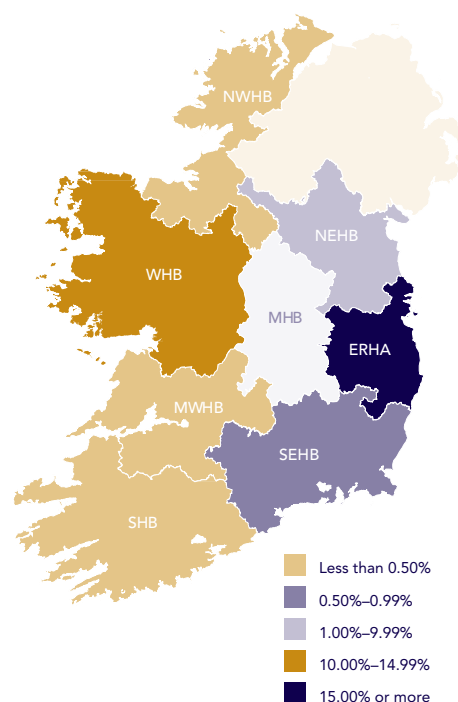
Percentage of Total Discharges by Area of Residence and Health Board/Regional Authority of Hospitalisation

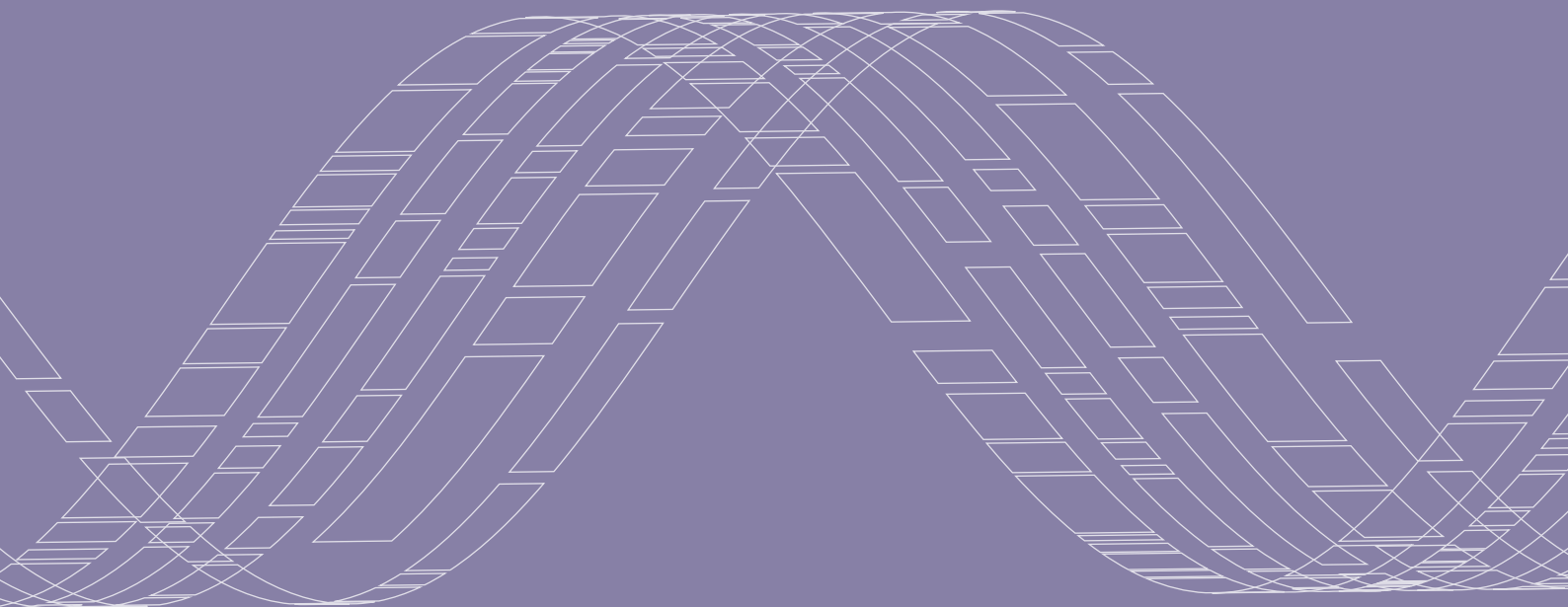
Health Board/ Regional Authority of Hospitalisation	Area of Residence							
	Eastern	Midland	Mid-Western	North-Eastern	North-Western	South-Eastern	Southern	Western
Eastern	97.3	16.7	4.9	23.9	7.8	11.5	2.1	5.4
Midland	0.8	70.6	1.0	0.9	0.3	0.4	0.0	0.3
Mid-Western	0.1	0.5	81.7	0.1	0.0	0.6	0.6	0.2
North-Eastern	1.1	1.1	0.0	74.6	1.8	0.0	0.0	0.1
North-Western	0.0	0.1	0.0	0.3	88.7	0.0	0.0	3.0
South-Eastern	0.5	0.6	3.1	0.1	0.0	82.5	0.2	0.0
Southern	0.1	0.1	5.7	0.1	0.0	4.9	96.9	0.1
Western	0.1	10.3	3.6	0.1	1.3	0.1	0.1	90.9
Total	100	100	100	100	100	100	100	100

Note: For example, 97.3 per cent of discharges resident in the ERHA were treated in this area, while 1.1 per cent of ERHA residents were treated in the NEHB area.
Excludes those discharges for whom health board/regional authority of residence was unknown.

FIGURE 3.20

Percentage of Total Discharges Resident in the Midland Health Board and Hospitalised in Other Health Boards/Regional Authorities





Morbidity Analysis for Hospital Discharges in 2003

SECTION

FOUR

SUMMARY

Discharges by Diagnosis

- In 2003 an average of 2.8 diagnoses were recorded for each HIPE discharge. This was similar to the average number of diagnoses recorded in 2002.
- Total in-patients were likely to have more diagnoses than day patients.
- The average number of all-listed diagnoses was slightly higher for male discharges than female discharges.
- The average number of diagnoses increased with age, regardless of patient type.
- Almost half of all day patients had one of the top 20 principal day patient diagnoses.
- As in 2002, “encounter for other and unspecified procedures and aftercare” was the most common principal diagnosis among day patients in 2003, accounting for 17.0 per cent of total day patient discharges.
- The top 20 most common diagnoses for total in-patients accounted for 28.4 per cent of total in-patient discharges.
- The most common principal diagnosis for in-patients was “trauma to perineum and vulva during delivery,” which accounted for 2.4 per cent of total in-patients.

Discharges by Procedure

- Compared to 2002, the volume of discharges who underwent a procedure, as well as the average number of procedures performed, were higher in 2003. Principal procedures were recorded for 91.5 per cent of total discharges in 2003, with an average of 2.3 procedures per discharge.
- The top 20 principal procedures for day patients accounted for 81.0 per cent of total day patients who had a principal procedure. Similarly, 78.8 per cent of total in-patients with a procedure underwent one of the top 20.
- For both day and in-patients, the most common principal procedure was “other non-operative procedures.” This procedure accounted for, respectively, 19.5 per cent and 20.0 per cent of day and in-patients with a principal procedure.

INTRODUCTION

This section examines the diagnoses and procedures recorded for discharges reported to HIPE in 2003. The most common 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 then outlined, in addition to a breakdown of principal and all-listed procedures by patient demographics. In 2003, both diagnoses and procedures were coded in HIPE using the Ninth Revision of the International Classification of Diseases, Clinical Modification, Version October 1998 (ICD-9-CM).¹ The reporting facility in HIPE in 2003 allowed the principal diagnosis and principal procedure (where relevant), together with up to nine secondary diagnosis and secondary procedures codes, to be entered.²

DIAGNOSES

A principal diagnosis is defined as “...that condition established after study to be chiefly responsible for occasioning admission to the hospital for care.”³ Secondary diagnoses are defined as “...conditions that affect patient management and/or consume hospital resources,” and may be used as an indication of the level of comorbidity.⁴ The average (mean) number of all-listed (including both principal and secondary) diagnoses is analysed in Table 4.1 by patient type, sex and age group.

On average, 2.8 diagnoses were recorded for each HIPE discharge in 2003, which was similar to that for discharges in 2002. The average number of diagnoses varied for day and in-patients. Total in-patients were likely to have more diagnoses than day patients (3.4 diagnoses for total in-patients compared to 2.0 diagnoses for day patients on average). The average number of all-listed diagnoses was slightly higher for total male discharges than female discharges. This difference between males and females was even more apparent in comparing total in-patients. Total male in-patients recorded 3.5 diagnoses on average, which was almost 10 per cent higher than the 3.2 diagnoses for their female counterparts. Interestingly, the average number of day patient diagnoses was comparable for both sexes. The average number of diagnoses 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 more than twice that recorded for discharges aged less than 15 years.

¹ Although the American spelling of medical terms is used in ICD-9-CM codebooks, British spelling has been used in this report. Three-digit ICD-9-CM codes are used to present the analysis of the top 20 most common diagnoses. Two-digit ICD-9-CM codes are used to classify the most common procedures.

² From 2005, the HIPE data entry system (W-HIPE) facilitated the reporting of up to 19 secondary diagnoses and up to 19 secondary procedures for each diagnosis.

³ HIPE Unit, ESRI. *H.I.P.E.—Hospital In-Patient Enquiry—Instruction Manual*. 1 January 2002. See also, American Hospital Association, *Official Coding Guidelines—Coding Clinic Newsletter*, Second Quarter 1990, pp. 3–4.

⁴ HIPE Unit, ESRI. *H.I.P.E.—Hospital In-Patient Enquiry—Instruction Manual*. 1 January 2002. See also, American Hospital Association, *Official Coding Guidelines—Coding Clinic Newsletter*, Fourth Quarter 1990, p. 5.

TABLE 4.1

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

	Day Patients	Total In-Patients	Total Discharges
Total	2.0	3.4	2.8
Sex			
Male	2.0	3.5	2.9
Female	2.0	3.2	2.8
Age Group			
Under 15 years	1.7	2.3	2.1
15–44 years	1.7	2.7	2.4
45–64 years	2.2	3.6	2.8
65 years and over	2.4	4.7	3.7

Top 20 Principal Diagnoses

In 2003, 389,637 principal diagnoses were recorded for day patients—one for each day patient discharge reported to HIPE in that year. The 20 most commonly reported principal diagnoses analysed at the 3-digit level for day patients are presented in Table 4.2 and shown in Figure 4.1. Almost 50 per cent of total day patients had one of the top 20 principal diagnoses. The principal diagnosis of “encounter for other and unspecified procedures and aftercare,” which includes chemotherapy and radiotherapy encounters, accounted for the largest proportion of total day patients (17.0 per cent). This diagnosis had more than five times the number of day patients than the second most common diagnosis, “follow-up examination.”

The 2003 ranking of the top 20 principal diagnoses for day patients was broadly similar to that reported in 2002. In particular, the most common principal diagnosis remained unchanged over the two years. Other diagnoses traditionally treated on a day patient basis, such as “cataract,” also ranked in the top 20 principal diagnoses in 2002 and 2003. However, while “psoriasis and similar disorders” and “diseases of hard tissues of teeth” were ranked among the top 20 in 2002 these principal diagnoses did not appear in the 2003 listing. Instead, the diagnoses of “other malignant neoplasm of skin” and “malignant neoplasm of female breast” entered the 2003 ranking.

TABLE 4.2

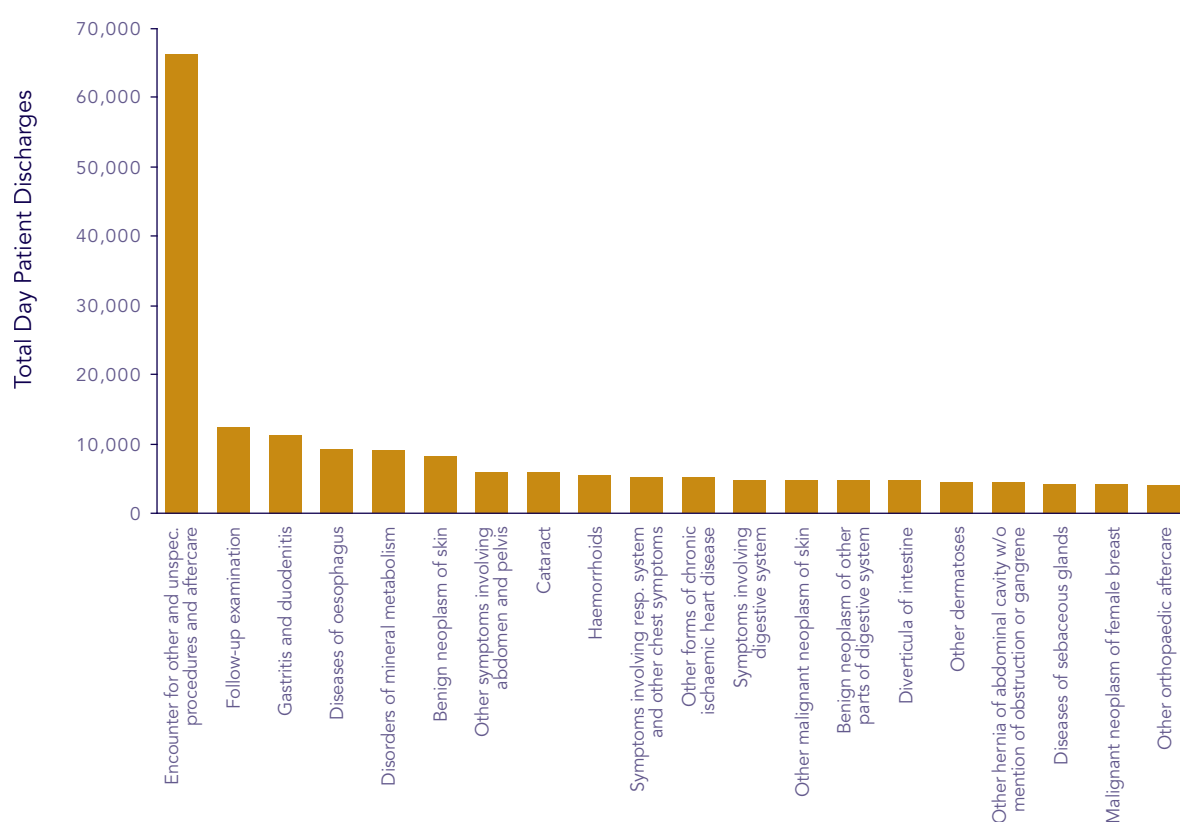
Top 20 Principal Diagnoses for Day Patients—Number and Percentage of Day Patient Discharges

Rank	Principal Diagnosis	ICD-9-CM Code	N	% of Top 20 Principal Diagnoses for Day Patients	% of Total Day Patients
1	Encounter for other and unspecified procedures and aftercare ^a	V58	66,410	36.0	17.0
2	Follow-up examination	V67	12,358	6.7	3.2
3	Gastritis and duodenitis	535	11,332	6.1	2.9
4	Diseases of oesophagus	530	9,340	5.1	2.4
5	Disorder of mineral metabolism	275	9,159	5.0	2.4
6	Benign neoplasm of skin	216	8,053	4.4	2.1
7	Other symptoms involving abdomen and pelvis	789	5,904	3.2	1.5
8	Cataract	366	5,841	3.2	1.5
9	Haemorrhoids	455	5,417	2.9	1.4
10	Symptoms involving respiratory system and other chest symptoms	786	5,170	2.8	1.3
11	Other forms of chronic ischaemic heart disease	414	4,974	2.7	1.3
12	Symptoms involving digestive system	787	4,855	2.6	1.2
13	Other malignant neoplasm of skin	173	4,713	2.6	1.2
14	Benign neoplasm of other parts of digestive system	211	4,712	2.6	1.2
15	Diverticula of intestine	562	4,668	2.5	1.2
16	Other dermatoses	702	4,620	2.5	1.2
17	Other hernia of abdominal cavity without mention of obstruction or gangrene	553	4,576	2.5	1.2
18	Diseases of sebaceous glands	706	4,133	2.2	1.1
19	Malignant neoplasm of female breast	174	4,130	2.2	1.1
20	Other orthopaedic aftercare	V54	4,087	2.2	1.0
Top 20 Principal Diagnoses for Day Patients—Total		–	184,452	100	47.3
Day Patients—Total		–	389,637	–	100

Note: ^a 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



While the top 20 principal diagnoses for day patients accounted for almost 50 per cent of discharges for this group, the equivalent proportion for total in-patients was substantially lower as only 28.4 per cent of total in-patient discharges had one of the most common principal diagnoses. As shown in Table 4.3, the most common principal diagnosis for in-patients was “trauma to perineum and vulva during delivery,” which accounted for 2.4 per cent of total in-patients. A similar proportion of total in-patients were discharged with the second most frequently reported principal diagnosis, “symptoms involving respiratory system and other chest symptoms.” The average length of stay for the top 20 diagnoses ranged from 1.7 days for “early or threatened labour” to 11.7 days for “heart failure.” Figure 4.2 shows the volume of activity for each of these top 20 principal diagnoses together with their total in-patient average length of stay. In addition to the most common principal diagnosis, five other obstetrical diagnoses also ranked in the top 20 (including “other complications of pregnancy, not elsewhere classified,” “normal delivery,” “early or threatened labour,” “other foetal and placental problems affecting management of mother” and “other indications for care or intervention related to labour and delivery, not elsewhere classified”).

The ranking of the top 20 principal in-patient diagnoses in 2003 was generally similar to that for 2002. In particular, the top four principal diagnoses were the same in 2002 and 2003. Three principal diagnoses that were listed in the 2002 ranking were not among the top 20 in 2003. These principal diagnoses were “fracture of radius and ulna,” “injury, other and unspecified” and “acute myocardial infarction,” which together accounted for over 3 per cent of total in-patient discharges in 2002. These diagnoses have been replaced by two obstetrical diagnoses (“other foetal and placental problems affecting management of mother” and “other indications for care or intervention related to labour and delivery, not elsewhere classified”) and “asthma.”

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)

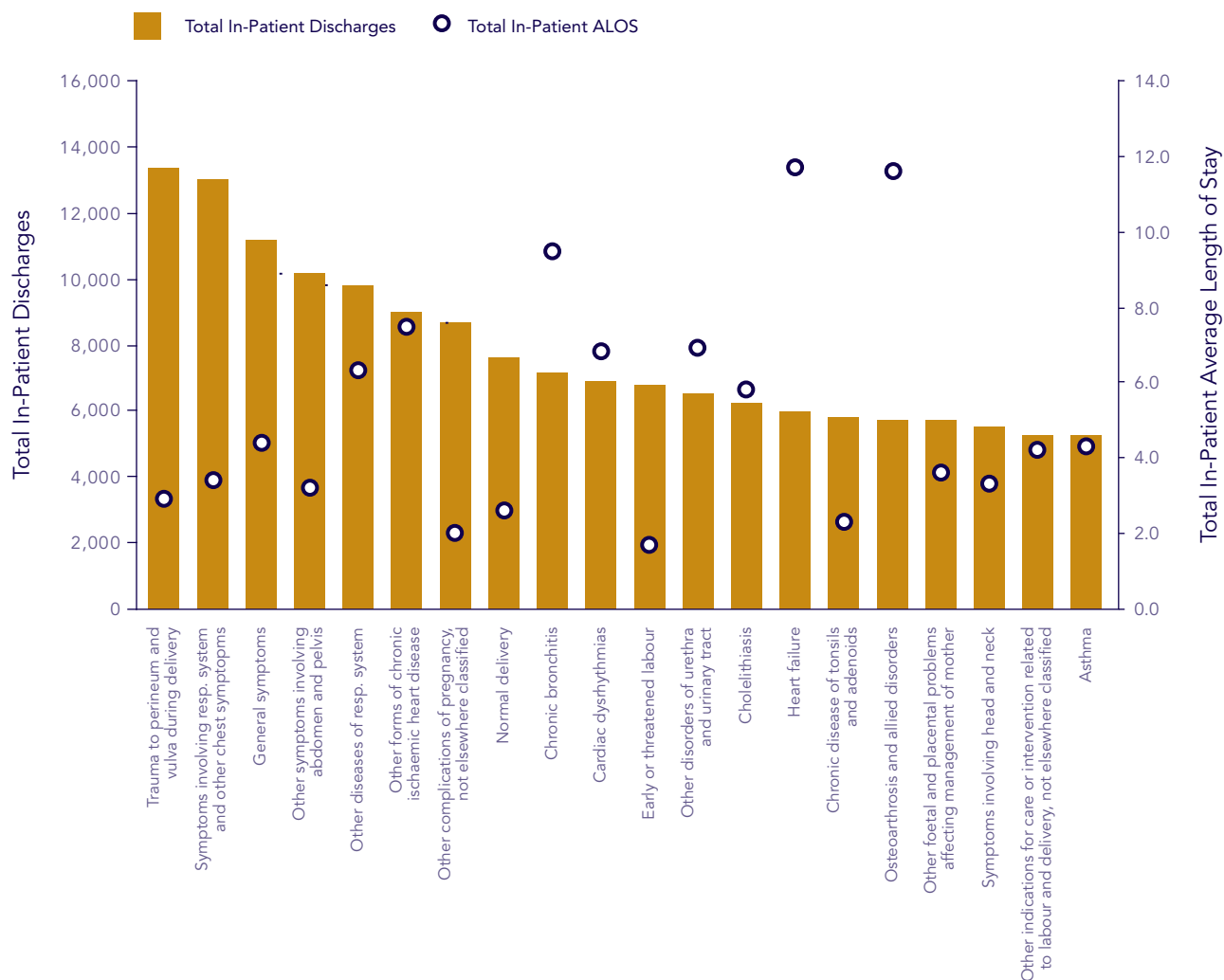
Rank	Principal Diagnosis	ICD-9-CM Code	N	% of Top 20 Principal Diagnoses for Total In-Patients	% of Total In-Patients	Total In-Patient Average Length of Stay ^a
1	Trauma to perineum and vulva during delivery	664	13,362	8.6	2.4	2.9
2	Symptoms involving respiratory system and other chest symptoms	786	13,029	8.4	2.4	3.4
3	General symptoms ^b	780	11,209	7.2	2.0	4.4
4	Other symptoms involving abdomen and pelvis	789	10,149	6.5	1.9	3.2
5	Other diseases of respiratory system	519	9,830	6.3	1.8	6.3
6	Other forms of chronic ischaemic heart disease	414	9,018	5.8	1.6	7.5
7	Other complications of pregnancy, not elsewhere classified	646	8,684	5.6	1.6	2.0
8	Normal delivery	650	7,640	4.9	1.4	2.6
9	Chronic bronchitis	491	7,192	4.6	1.3	9.5
10	Cardiac dysrhythmias	427	6,905	4.4	1.3	6.8
11	Early or threatened labour	644	6,748	4.3	1.2	1.7
12	Other disorders of urethra and urinary tract	599	6,557	4.2	1.2	6.9
13	Cholelithiasis	574	6,250	4.0	1.1	5.8
14	Heart failure	428	5,955	3.8	1.1	11.7
15	Chronic disease of tonsils and adenoids	474	5,789	3.7	1.1	2.3
16	Osteoarthritis and allied disorders	715	5,751	3.7	1.0	11.6
17	Other foetal and placental problems affecting management of mother	656	5,740	3.7	1.0	3.6
18	Symptoms involving head and neck	784	5,522	3.5	1.0	3.3
19	Other indications for care or intervention related to labour and delivery, not elsewhere classified	659	5,272	3.4	1.0	4.2
20	Asthma	493	5,252	3.4	1.0	4.3
Top 20 Principal Diagnoses for Total In-Patients—Total		–	155,854	100	28.4	5.0
Total In-Patients		–	548,269	–	100	6.4

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

^b Includes "syncope and collapse" (41.5 per cent), "convulsions" (29.1 per cent), "dizziness and giddiness" (9.9 per cent), "sleep disturbances" (6.8 per cent), "malaise and fatigue" (5.0 per cent), "fever" (3.3 per cent), "alteration of consciousness" (2.5 per cent), "hyperhidrosis" (1.1 per cent), "general symptoms, not elsewhere classified" (0.7 per cent) and "hallucinations" (0.1 per cent).

FIGURE 4.2

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



Principal and All-Listed Diagnoses

The principal diagnoses recorded for total male and female discharges in 2003 are listed in Table 4.4. The presentation of morbidity data here is formatted by chapter within the ICD-9-CM coding scheme, with some specific conditions within these chapters reported separately.

Principal diagnoses within “supplementary classifications” amounted to 108,905 discharges, over 11 per cent of total discharges. The majority of discharges within this category related to radiotherapy and chemotherapy encounters. More than 100,000 total discharges were also recorded for “diseases of the digestive system,” as well as “complications of pregnancy, childbirth and the puerperium.”

As with the breakdown of total discharges between male and female, over 55 per cent of principal diagnoses were recorded for female discharges. The higher share of principal diagnoses for female discharges may be related to the high volume of diagnoses classified as “complications of pregnancy, childbirth and the puerperium.” Apart from the latter ICD-9-CM chapter, the division of principal diagnoses between male and female discharges was approximately equal within several of the other ICD-9-CM chapters. For instance, of the 103,934 principal diagnoses under “diseases of the digestive system,” just over 50 per cent were for female discharges. In spite of these similarities between the sexes, some principal diagnoses were more common in either males or females. Of the 77,311 discharges with a principal diagnosis related to “diseases of the circulatory system,” over 56 per cent related to male discharges. Furthermore, more than 62 per cent of male discharges within this chapter had a principal diagnosis of “heart disease,” which was higher than the female proportion (49.0 per cent). Similarly, the majority of discharges with a principal diagnosis in the “diseases of the genitourinary system” chapter were female (62.6 per cent). Almost 70 per cent of female discharges within this chapter had a principal diagnosis of “disorders of the breast and female genital tract.”

TABLE 4.4

Total Discharges by Principal Diagnosis and Sex

Principal Diagnosis	ICD-9-CM Code	Male	Female	Total Discharges
Total Discharges (All Conditions)	–	415,307	522,599	937,906
Infectious and parasitic diseases	001–139	9,729	9,109	18,838
Tuberculosis	010–018	400	214	614
Septicaemia	038	553	594	1,147
HIV	042	563	293	856
Neoplasms	140–239	41,421	46,786	88,207
Malignant neoplasms	140–208, 230–234	31,072	32,037	63,109
Malignant neoplasm of large intestine and rectum	153–154, 197.5	3,115	2,140	5,255
Malignant neoplasm of trachea, bronchus and lung	162, 176.4, 197.0, 197.3	2,403	1,555	3,958
Malignant neoplasm of breast	174, 175, 198.81	33	6,864	6,897
Benign neoplasms and neoplasms of uncertain behaviour and unspecified nature	210–229, 235–239	10,349	14,749	25,098
Endocrine, nutritional and metabolic diseases and immunity disorders	240–279	13,279	9,086	22,365
Diabetes mellitus	250	3,522	2,948	6,470
Diseases of the blood and blood-forming organs	280–289	6,133	6,764	12,897
Mental disorders	290–319	3,184	2,625	5,809
Psychoses	290–299	1,155	972	2,127
Alcohol dependence syndrome	303	753	241	994
Diseases of the nervous system and sense organs	320–389	22,756	25,094	47,850
Diseases of the central nervous system	320–349	4,756	5,200	9,956
Epilepsy	345	1,944	1,561	3,505
Diseases of the ear and mastoid process	380–389	6,318	5,616	11,934
Diseases of the circulatory system	390–459	43,519	33,792	77,311
Hypertension	401–405	1,778	2,001	3,779
Heart disease	391–392.0, 393–398, 402, 404, 410–416, 420–429	27,050	16,548	43,598
Acute myocardial infarction	410	3,364	1,827	5,191
Coronary atherosclerosis	414.0, 414.8 ^a	9,830	4,143	13,973
Other ischaemic heart disease	411–413, 414.1, 414.9	3,214	1,972	5,186
Cardiac dysrhythmias	427	4,742	3,618	8,360
Congestive heart failure	428.0	2,500	2,151	4,651
Cerebrovascular disease	430–438	5,185	4,947	10,132
Diseases of the respiratory system	460–519	32,897	29,817	62,714
Acute respiratory infections	460–466	6,204	5,217	11,421
Chronic disease of tonsils and adenoids	474	2,648	3,476	6,124
Pneumonia	480–486	5,738	5,154	10,892
Asthma	493	2,704	2,867	5,571
Obstructive lung disease	491.2, 492.8, 493.2, 494–496	4,746	4,065	8,811
Diseases of the digestive system	520–579	50,938	52,996	103,934
Ulcers of the stomach and small intestine	531–534	1,824	1,263	3,087
Appendicitis	540–543	3,115	2,574	5,689
Inguinal hernia	550	3,901	280	4,181
Non-infectious enteritis and colitis	555–558	4,573	5,094	9,667
Cholelithiasis	574	1,962	5,157	7,119
Diseases of the genitourinary system	580–629	22,854	38,260	61,114
Calculus of kidney and ureter	592	2,753	1,396	4,149
Hyperplasia of prostate	600	4,726	0	4,726
Disorders of the breast and female genital tract	610–629	231	26,647	26,878
Complications of pregnancy, childbirth and the puerperium	630–677	0	100,361	100,361
Abortions and ectopic and molar pregnancies	630–639	0	8,187	8,187
Diseases of the skin and subcutaneous tissue	680–709	17,510	17,272	34,782
Cellulitis and abscess	681–682	3,173	2,467	5,640
Diseases of the musculoskeletal system and connective tissue	710–739	17,885	19,920	37,805
Arthropathies and related disorders	710–719	9,161	9,558	18,719
Rheumatoid arthritis	714.0	835	2,002	2,837
Intervertebral disc disorders	722	1,126	1,142	2,268
Congenital anomalies	740–759	4,739	4,015	8,754
Certain conditions originating in the perinatal period	760–779	3,725	3,005	6,730
Symptoms, signs and ill-defined conditions	780–799	37,719	40,738	78,457
Abdominal pain	789.0	5,133	10,144	15,277
Injury and Poisoning	800–999	36,409	24,664	61,073
Fractures, all sites	800–829	13,547	10,440	23,987
Fracture of neck of femur	820	993	2,722	3,715
Intracranial injuries (excluding those with skull fracture)	850–854	1,819	718	2,537
Superficial head injury	959.01	2,682	1,401	4,083
Open wounds	870–897	6,831	2,369	9,200
Poisonings by drugs, medicinal and biological substances ^b	960–979	2,109	3,057	5,166
Supplementary classifications	V01–V82	50,610	58,295	108,905
Encounters for radiotherapy, chemotherapy	V58.0, V58.1	29,579	35,202	64,781

Notes: ^a Ischaemic heart disease not otherwise stated is coded to 414.8.^b Accidental and deliberate poisonings

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 more than 35 per cent of principal diagnoses and over 30 per cent of these discharges were related to “complications of pregnancy, childbirth and the puerperium.”

For some ICD-9-CM chapters, the number of principal diagnoses increased with age. Most notably in “diseases of the circulatory system” the youngest discharges (under 15 years) had 570 principal diagnoses, which was substantially less than the 41,266 principal diagnoses among discharges aged 65 years and over within this same chapter. In contrast, “infectious and parasitic diseases” had the highest number of principal diagnoses among the youngest group of discharges. Conversely, the number of principal diagnoses relating to “injury and poisoning” were similar for the youngest and oldest discharges, but diagnoses within this ICD-9-CM 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.”

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 more accurately represent the in-patient population in acute public hospitals. It should also be noted 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. It would be reasonable to conclude, however, that male patients with a diagnosis of sterilisation with a one-day stay would be discharged home. 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.⁵

For each ICD-9-CM chapter 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, under “infectious and parasitic diseases,” acute in-patient discharges aged 65 years and over stayed in hospital almost five times as long as those aged under 15 years (acute in-patient average length of stay was 10.1 days for those aged 65 years and over and 2.5 days for those aged under 15 years).

The principal diagnosis with the longest acute in-patient length of stay was “malignant neoplasm of large intestine and rectum.” Not only did this diagnosis have the longest acute in-patient average length of stay overall, but it also recorded the longest stay for discharges aged between 15 and 44 years, 45 and 64 years and 65 years and over. In contrast, in the youngest age group “acute myocardial infarction” was the principal diagnosis with the longest acute in-patient average length of stay.

⁵ Although not presented here, information on discharge status and destination on discharge is collected through HIPE.

TABLE 4.5

Total Discharges by Principal Diagnosis and Age Group

Principal Diagnosis	ICD-9-CM Code	Under 15 Years	15–44 Years	45–64 Years	65 Years and Over	All Ages
Total Discharges (All Conditions)	–	116,690	331,075	236,213	253,928	937,906
Infectious and parasitic diseases	001–139	8,785	5,980	2,130	1,943	18,838
Tuberculosis	010–018	33	298	150	133	614
Septicaemia	038	196	95	175	681	1,147
HIV	042	21	717	112	6	856
Neoplasms	140–239	3,897	19,189	30,499	34,622	88,207
Malignant neoplasms	140–208, 230–234	2,768	9,861	22,520	27,960	63,109
Malignant neoplasm of large intestine and rectum	153–154, 197.5	0	281	1,994	2,980	5,255
Malignant neoplasm of trachea, bronchus and lung	162, 176.4, 197.0, 197.3	18	119	1,499	2,322	3,958
Malignant neoplasm of breast	174, 175, 198.81	0	1,348	3,647	1,902	6,897
Benign neoplasms and neoplasms of uncertain behaviour and unspecified nature	210–229, 235–239	1,129	9,328	7,979	6,662	25,098
Endocrine, nutritional and metabolic diseases and immunity disorders	240–279	1,864	5,717	8,755	6,029	22,365
Diabetes mellitus	250	687	1,470	1,886	2,427	6,470
Diseases of the blood and blood-forming organs	280–289	2,068	3,347	3,018	4,464	12,897
Mental disorders	290–319	533	2,148	1,341	1,787	5,809
Psychoses	290–299	42	329	437	1,319	2,127
Alcohol dependence syndrome	303	8	494	398	94	994
Diseases of the nervous system and sense organs	320–389	8,442	10,736	10,592	18,080	47,850
Diseases of the central nervous system	320–349	1,616	3,862	2,301	2,177	9,956
Epilepsy	345	856	1,625	619	405	3,505
Diseases of the ear and mastoid process	380–389	5,335	3,208	2,127	1,264	11,934
Diseases of the circulatory system	390–459	570	9,696	25,779	41,266	77,311
Hypertension	401–405	82	566	1,479	1,652	3,779
Heart disease	391–392.0, 393–398, 402, 404, 410–416, 420–429	216	3,001	14,685	25,696	43,598
Acute myocardial infarction	410	~	256	1,691	3,243	5,191
Coronary atherosclerosis	414.0, 414.8 ^a	0	661	6,220	7,092	13,973
Other ischaemic heart disease	411–413, 414.1, 414.9	0	283	2,056	2,847	5,186
Cardiac dysrhythmias	427	123	856	2,555	4,826	8,360
Congestive heart failure	428.0	18	40	526	4,067	4,651
Cerebrovascular disease	430–438	55	587	2,416	7,074	10,132
Diseases of the respiratory system	460–519	19,989	12,927	9,220	20,578	62,714
Acute respiratory infections	460–466	8,246	2,580	372	223	11,421
Chronic disease of tonsils and adenoids	474	4,021	2,047	50	6	6,124
Pneumonia	480–486	2,269	1,596	1,497	5,530	10,892
Asthma	493	2,282	1,350	1,001	938	5,571
Obstructive lung disease	491.2, 492.8, 493.2, 494–496	29	315	2,209	6,258	8,811
Diseases of the digestive system	520–579	13,354	34,551	29,888	26,141	103,934
Ulcers of the stomach and small intestine	531–534	16	974	967	1,130	3,087
Appendicitis	540–543	1,739	3,421	413	116	5,689
Inguinal hernia	550	627	1,009	1,290	1,255	4,181
Non-infectious enteritis and colitis	555–558	3,035	3,547	1,664	1,421	9,667
Cholelithiasis	574	23	2,368	2,477	2,251	7,119
Diseases of the genitourinary system	580–629	6,694	23,456	17,702	13,262	61,114
Calculus of kidney and ureter	592	93	1,861	1,693	502	4,149
Hyperplasia of prostate	600	~	93	1,544	3,088	4,726
Disorders of the breast and female genital tract	610–629	204	15,383	9,373	1,918	26,878
Complications of pregnancy, childbirth and the puerperium	630–677	30	100,173	158	0	100,361
Abortions and ectopic and molar pregnancies	630–639	~	8,135	48	0	8,187
Diseases of the skin and subcutaneous tissue	680–709	2,907	14,323	8,295	9,257	34,782
Cellulitis and abscess	681–682	473	1,917	1,409	1,841	5,640
Diseases of the musculoskeletal system and connective tissue	710–739	2,224	12,240	12,811	10,530	37,805
Arthropathies and related disorders	710–719	981	5,183	6,300	6,255	18,719
Rheumatoid arthritis	714.0	~	609	1,443	782	2,837
Intervertebral disc disorders	722	9	1,125	879	255	2,268
Congenital anomalies	740–759	6,590	1,435	496	233	8,754
Certain conditions originating in the perinatal period	760–779	6,727	~	0	~	6,730
Symptoms, signs and ill-defined conditions	780–799	9,385	26,254	23,227	19,591	78,457
Abdominal pain	789.0	1,940	7,827	3,624	1,886	15,277
Injury and Poisoning	800–999	12,134	26,691	10,139	12,109	61,073
Fractures, all sites	800–829	3,995	9,251	3,906	6,835	23,987
Fracture of neck of femur	820	25	111	358	3,221	3,715
Intracranial injuries (excluding those with skull fracture)	850–854	252	1,418	469	398	2,537
Superficial head injury	959.01	1,668	1,673	402	340	4,083
Open wounds	870–897	2,997	4,397	1,120	686	9,200
Poisonings by drugs, medicinal and biological substances ^b	960–979	508	3,679	800	179	5,166
Supplementary classifications	V01–V82	10,497	22,210	42,163	34,035	108,905
Encounters for radiotherapy, chemotherapy	V58.0, V58.1	2,501	8,928	31,117	22,235	64,781

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

^a Ischaemic heart disease not otherwise stated is coded to 414.8.^b Accidental and deliberate poisonings.

TABLE 4.6

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

Principal Diagnosis	ICD-9-CM Code	Under 15 Years	15–44 Years	45–64 Years	65 Years and Over	All Ages
Acute In-Patients (All Conditions)	–	2.9	3.4	5.6	7.8	4.9
Infectious and parasitic diseases	001–139	2.5	5.0	6.6	10.1	4.2
Tuberculosis	010–018	7.5	8.6	9.6	11.5	9.3
Septicaemia	038	6.5	8.2	8.6	11.3	9.8
HIV	042	6.0	10.7	9.1	11.0	10.4
Neoplasms	140–239	4.3	6.3	8.3	9.3	8.3
Malignant neoplasms	140–208, 230–234	4.6	7.1	8.8	9.7	8.9
Malignant neoplasm of large intestine and rectum	153–154, 197.5	–	11.0	11.3	12.2	11.9
Malignant neoplasm of trachea, bronchus and lung	162, 176.4, 197.0, 197.3	6.5	6.8	9.1	10.4	9.8
Malignant neoplasm of breast	174, 175, 198.81	–	6.6	7.9	9.8	8.3
Benign neoplasms and neoplasms of uncertain behaviour and unspecified nature	210–229, 235–239	3.5	5.0	5.5	6.0	5.4
Endocrine, nutritional and metabolic diseases and immunity disorders	240–279	4.1	4.5	5.8	8.0	6.0
Diabetes mellitus	250	4.5	4.7	6.2	7.9	6.1
Diseases of the blood and blood-forming organs	280–289	3.0	4.3	5.9	6.8	5.4
Mental disorders	290–319	2.5	4.2	5.0	9.1	5.6
Psychoses	290–299	3.4	5.2	6.6	9.8	8.2
Alcohol dependence syndrome	303	2.3	3.1	4.3	6.2	4.0
Diseases of the nervous system and sense organs	320–389	2.8	4.0	4.5	4.3	4.0
Diseases of the central nervous system	320–349	4.0	4.6	6.4	9.2	5.9
Epilepsy	345	3.3	3.7	4.5	6.5	4.1
Diseases of the ear and mastoid process	380–389	1.9	2.6	2.7	3.5	2.5
Diseases of the circulatory system	390–459	4.2	4.8	6.2	8.3	7.3
Hypertension	401–405	4.3	5.0	4.8	6.2	5.5
Heart disease	391–392.0, 393–398, 402, 404, 410–416, 420–429	3.8	5.0	6.3	8.0	7.2
Acute myocardial infarction	410	~	6.4	7.5	9.3	8.6
Coronary atherosclerosis	414.0, 414.8 ^b	–	4.4	5.8	7.1	6.4
Other ischaemic heart disease	411–413, 414.1, 414.9	–	4.6	5.6	7.0	6.3
Cardiac dysrhythmias	427	3.1	3.3	4.8	6.6	5.7
Congestive heart failure	428.0	5.6	8.8	8.7	9.5	9.4
Cerebrovascular disease	430–438	7.0	7.9	7.9	9.6	9.1
Diseases of the respiratory system	460–519	2.5	4.0	6.4	8.7	5.4
Acute respiratory infections	460–466	2.2	3.0	3.8	6.0	2.5
Chronic disease of tonsils and adenoids	474	2.0	2.9	2.9	2.3	2.3
Pneumonia	480–486	4.2	6.9	8.1	9.8	7.9
Asthma	493	2.2	3.6	5.4	7.0	3.9
Obstructive lung disease	491.2, 492.8, 493.2, 494–496	5.6	6.7	7.0	8.3	7.9
Diseases of the digestive system	520–579	2.8	4.3	5.5	7.1	5.1
Ulcers of the stomach and small intestine	531–534	2.2	4.9	6.3	8.3	6.8
Appendicitis	540–543	4.1	4.0	6.0	9.9	4.3
Inguinal hernia	550	1.9	2.2	2.8	4.3	3.1
Non-infectious enteritis and colitis	555–558	2.0	6.1	6.7	7.3	4.6
Cholelithiasis	574	4.7	4.1	5.0	7.2	5.4
Diseases of the genitourinary system	580–629	3.0	3.4	4.6	7.1	4.7
Calculus of kidney and ureter	592	3.7	3.2	4.0	5.4	3.7
Hyperplasia of prostate	600	~	3.5	5.1	6.5	6.1
Disorders of the breast and female genital tract	610–629	2.8	3.1	4.0	5.4	3.6
Complications of pregnancy, childbirth and the puerperium	630–677	3.0	3.0	3.1	–	3.0
Abortions and ectopic and molar pregnancies	630–639	~	1.5	1.6	–	1.5
Diseases of the skin and subcutaneous tissue	680–709	2.9	4.0	6.4	8.5	5.6
Cellulitis and abscess	681–682	3.2	4.1	6.2	7.9	5.8
Diseases of the musculoskeletal system and connective tissue	710–739	3.2	4.1	6.7	9.4	6.7
Arthropathies and related disorders	710–719	2.9	3.9	8.3	10.8	8.2
Rheumatoid arthritis	714.0	~	4.3	6.3	8.5	7.1
Intervertebral disc disorders	722	8.3	5.4	7.0	8.6	6.3
Congenital anomalies	740–759	4.4	4.8	5.9	7.3	4.6
Certain conditions originating in the perinatal period	760–779	6.2	~	–	~	6.2
Symptoms, signs and ill-defined conditions	780–799	2.2	2.8	3.7	5.4	3.6
Abdominal pain	789.0	1.9	2.7	3.8	4.8	3.0
Injury and Poisoning	800–999	1.8	2.8	4.4	7.7	3.8
Fractures, all sites	800–829	1.9	3.2	4.7	8.5	4.7
Fracture of neck of femur	820	6.6	8.3	9.2	11.5	11.1
Intracranial injuries (excluding those with skull fracture)	850–854	2.9	2.9	4.2	6.1	3.6
Superficial head injury	959.01	1.2	1.3	1.8	3.0	1.5
Open wounds	870–897	1.3	2.2	2.8	5.1	2.2
Poisonings by drugs, medicinal and biological substances ^c	960–979	1.5	1.9	2.9	5.5	2.2
Supplementary classifications	V01–V82	3.0	3.3	4.9	8.2	5.3
Encounters for radiotherapy, chemotherapy	V58.0, V58.1	3.9	4.0	4.0	5.2	4.4

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

- denotes no discharges reported to HIPE.

^a 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.^b Ischaemic heart disease not otherwise stated is coded to 414.8.^c Accidental and deliberate poisonings.

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 2003.⁶ 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 actually slightly higher than total female discharges. Apart from “supplementary classifications,” the chapters “diseases of the circulatory system” and “neoplasms” recorded the highest volumes of all-listed diagnoses in total and for both males and females. Together, “diseases of the circulatory system” and “neoplasms” accounted for more than 21 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 948,483 of the 2.6 million all-listed diagnoses (36.1 per cent). 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, “diseases of the circulatory system” recorded 318,978 diagnoses, and discharges aged 65 years and over accounted for more than two-thirds of all-listed diagnoses within this group.

⁶ Up to ten diagnoses in total may have been reported for each discharge in 2003, although it should be noted that 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-9-CM Code	Male	Female	Total
Total Discharges	—	415,307	522,599	937,906
All Conditions	—	1,184,259	1,440,066	2,624,325
Infectious and parasitic diseases	001–139	31,426	36,048	67,474
Tuberculosis	010–018	505	296	801
Septicaemia	038	2,073	1,789	3,862
HIV	042	774	549	1,323
Neoplasms	140–239	106,368	130,774	237,142
Malignant neoplasms	140–208, 230–234	92,247	111,160	203,407
Malignant neoplasm of large intestine and rectum	153–154, 197.5	14,708	8,819	23,527
Malignant neoplasm of trachea, bronchus and lung	162, 176.4, 197.0, 197.3	7,889	6,335	14,224
Malignant neoplasm of breast	174, 175, 198.81	126	24,820	24,946
Benign neoplasms and neoplasms of uncertain behaviour and unspecified nature	210–229, 235–239	14,121	19,614	33,735
Endocrine, nutritional and metabolic diseases and immunity disorders	240–279	70,758	72,221	142,979
Diabetes mellitus	250	22,234	17,482	39,716
Diseases of the blood and blood-forming organs	280–289	19,470	24,754	44,224
Mental disorders	290–319	58,291	56,760	115,051
Psychoses	290–299	6,447	6,979	13,426
Alcohol dependence syndrome	303	5,700	1,857	7,557
Diseases of the nervous system and sense organs	320–389	46,214	48,392	94,606
Diseases of the central nervous system	320–349	16,472	17,398	33,870
Epilepsy	345	5,505	5,255	10,760
Diseases of the ear and mastoid process	380–389	10,717	9,761	20,478
Diseases of the circulatory system	390–459	173,892	145,086	318,978
Hypertension	401–405	40,049	45,107	85,156
Heart disease	391–392.0, 393–398, 402, 404, 410–416, 420–429	104,332	71,510	175,842
Acute myocardial infarction	410	4,652	2,623	7,275
Coronary atherosclerosis	414.0, 414.8 ^a	28,213	14,411	42,624
Other ischaemic heart disease	411–413, 414.1, 414.9	19,188	11,616	30,804
Cardiac dysrhythmias	427	24,520	19,006	43,526
Congestive heart failure	428.0	9,618	8,633	18,251
Cerebrovascular disease	430–438	10,147	9,149	19,296
Diseases of the respiratory system	460–519	75,980	70,185	146,165
Acute respiratory infections	460–466	8,619	7,479	16,098
Chronic disease of tonsils and adenoids	474	2,904	3,686	6,590
Pneumonia	480–486	8,850	7,794	16,644
Asthma	493	13,257	16,550	29,807
Obstructive lung disease	491.2, 492.8, 493.2, 494–496	17,932	13,596	31,528
Diseases of the digestive system	520–579	95,029	99,271	194,300
Ulcers of the stomach and small intestine	531–534	3,959	2,733	6,692
Appendicitis	540–543	3,233	2,737	5,970
Inguinal hernia	550	4,518	337	4,855
Non-infectious enteritis and colitis	555–558	6,412	7,452	13,864
Cholelithiasis	574	3,304	7,307	10,611
Diseases of the genitourinary system	580–629	47,163	73,544	120,707
Calculus of kidney and ureter	592	3,288	1,779	5,067
Hyperplasia of prostate	600	8,978	0	8,978
Disorders of the breast and female genital tract	610–629	293	42,101	42,394
Complications of pregnancy, childbirth and the puerperium	630–677	0	160,933	160,933
Abortions and ectopic and molar pregnancies	630–639	0	8,390	8,390
Diseases of the skin and subcutaneous tissue	680–709	24,558	25,065	49,623
Cellulitis and abscess	681–682	4,715	3,983	8,698
Diseases of the musculoskeletal system and connective tissue	710–739	36,060	53,788	89,848
Arthropathies and related disorders	710–719	19,663	26,873	46,536
Rheumatoid arthritis	714.0	2,270	5,079	7,349
Intervertebral disc disorders	722	1,762	1,876	3,638
Congenital anomalies	740–759	11,799	10,682	22,481
Certain conditions originating in the perinatal period	760–779	10,432	8,556	18,988
Symptoms, signs and ill-defined conditions	780–799	76,525	88,297	164,822
Abdominal pain	789.0	7,012	18,481	25,493
Injury and Poisoning	800–999	58,590	39,555	98,145
Fractures, all sites	800–829	17,674	13,166	30,840
Fracture of neck of femur	820	1,174	3,072	4,246
Intracranial injuries (excluding those with skull fracture)	850–854	2,278	890	3,168
Superficial head injury	959.01	3,257	1,727	4,984
Open wounds	870–897	10,302	3,637	13,939
Poisonings by drugs, medicinal and biological substances ^b	960–979	2,935	4,333	7,268
Supplementary classifications	V01–V82	172,709	246,913	419,622
Personal history of malignancy	V10	14,092	17,738	31,830
Encounters for radiotherapy, chemotherapy	V58.0, V58.1	29,629	35,257	64,886
External cause of injury	E800–E999	68,995	49,242	118,237
Transport accidents	E800–E848	4,813	2,435	7,248

Notes: ^a Ischaemic heart disease not otherwise stated is coded to 414.8.

^b Accidental and deliberate poisonings

TABLE 4.8

All-Listed Diagnoses by Age Group

Diagnosis	ICD-9-CM Code	Under 15 Years	15–44 Years	45–64 Years	65 Years and Over	All Ages
Total Discharges	–	116,690	331,075	236,213	253,928	937,906
All Conditions	–	243,282	778,365	654,195	948,483	2,624,325
Infectious and parasitic diseases	001–139	14,873	20,117	12,245	20,239	67,474
Tuberculosis	010–018	40	371	182	208	801
Septicaemia	038	483	525	735	2,119	3,862
HIV	042	34	1,131	152	6	1,323
Neoplasms	140–239	7,494	39,433	98,794	91,421	237,142
Malignant neoplasms	140–208, 230–234	6,089	27,607	88,051	81,660	203,407
Malignant neoplasm of large intestine and rectum	153–154, 197.5	0	1,426	10,294	11,807	23,527
Malignant neoplasm of trachea, bronchus and lung	162, 176.4, 197.0, 197.3	106	1,156	6,011	6,951	14,224
Malignant neoplasm of breast	174, 175, 198.81	0	4,596	14,952	5,398	24,946
Benign neoplasms and neoplasms of uncertain behaviour and unspecified nature	210–229, 235–239	1,405	11,826	10,743	9,761	33,735
Endocrine, nutritional and metabolic diseases and immunity disorders	240–279	9,351	19,980	44,387	69,261	142,979
Diabetes mellitus	250	942	4,157	11,877	22,740	39,716
Diseases of the blood and blood-forming organs	280–289	4,336	10,660	9,575	19,653	44,224
Mental disorders	290–319	2,259	44,949	35,479	32,364	115,051
Psychoses	290–299	227	1,562	2,635	9,002	13,426
Alcohol dependence syndrome	303	10	2,768	3,436	1,343	7,557
Diseases of the nervous system and sense organs	320–389	15,375	20,209	20,400	38,622	94,606
Diseases of the central nervous system	320–349	3,909	9,342	7,270	13,349	33,870
Epilepsy	345	1,693	4,124	2,661	2,282	10,760
Diseases of the ear and mastoid process	380–389	8,777	4,737	3,428	3,536	20,478
Diseases of the circulatory system	390–459	1,977	20,382	85,102	211,517	318,978
Hypertension	401–405	709	3,820	25,522	55,105	85,156
Heart disease	391–392.0, 393–398, 402, 404, 410–416, 420–429	792	7,630	43,286	124,134	175,842
Acute myocardial infarction	410	~	333	2,294	4,647	7,275
Coronary atherosclerosis	414.0, 414.8 ^a	~	1,174	13,632	27,817	42,624
Other ischaemic heart disease	411–413, 414.1, 414.9	~	886	9,611	20,305	30,804
Cardiac dysrhythmias	427	282	2,361	8,175	32,708	43,526
Congestive heart failure	428.0	116	145	2,009	15,981	18,251
Cerebrovascular disease	430–438	94	943	4,144	14,115	19,296
Diseases of the respiratory system	460–519	30,109	27,685	27,098	61,273	146,165
Acute respiratory infections	460–466	11,541	3,441	644	472	16,098
Chronic disease of tonsils and adenoids	474	4,410	2,111	58	11	6,590
Pneumonia	480–486	2,721	2,201	2,580	9,142	16,644
Asthma	493	6,221	9,752	7,085	6,749	29,807
Obstructive lung disease	491.2, 492.8, 493.2, 494–496	86	943	6,957	23,542	31,528
Diseases of the digestive system	520–579	17,458	55,459	57,524	63,859	194,300
Ulcers of the stomach and small intestine	531–534	29	1,608	2,041	3,014	6,692
Appendicitis	540–543	1,792	3,552	459	167	5,970
Inguinal hernia	550	761	1,055	1,395	1,644	4,855
Non-infectious enteritis and colitis	555–558	3,608	4,969	2,681	2,606	13,864
Cholelithiasis	574	27	2,902	3,365	4,317	10,611
Diseases of the genitourinary system	580–629	10,178	39,832	31,151	39,546	120,707
Calculus of kidney and ureter	592	134	2,110	2,037	786	5,067
Hyperplasia of prostate	600	~	106	2,224	6,647	8,978
Disorders of the breast and female genital tract	610–629	321	24,289	14,316	3,468	42,394
Complications of pregnancy, childbirth and the puerperium	630–677	50	160,634	249	0	160,933
Abortions and ectopic and molar pregnancies	630–639	~	8,335	51	0	8,390
Diseases of the skin and subcutaneous tissue	680–709	4,701	17,285	11,466	16,171	49,623
Cellulitis and abscess	681–682	635	2,470	2,133	3,460	8,698
Diseases of the musculoskeletal system and connective tissue	710–739	3,292	20,081	25,162	41,313	89,848
Arthropathies and related disorders	710–719	1,325	7,801	12,882	24,528	46,536
Rheumatoid arthritis	714.0	~	881	2,947	3,517	7,349
Intervertebral disc disorders	722	9	1,395	1,390	844	3,638
Congenital anomalies	740–759	15,393	4,152	1,764	1,172	22,481
Certain conditions originating in the perinatal period	760–779	18,954	27	~	~	18,988
Symptoms, signs and ill-defined conditions	780–799	20,614	54,219	42,290	47,699	164,822
Abdominal pain	789.0	2,442	15,208	4,949	2,894	25,493
Injury and Poisoning	800–999	15,062	41,768	18,090	23,225	98,145
Fractures, all sites	800–829	4,383	12,116	5,325	9,016	30,840
Fracture of neck of femur	820	28	142	420	3,656	4,246
Intracranial injuries (excluding those with skull fracture)	850–854	300	1,742	597	529	3,168
Superficial head injury	959.01	1,860	2,018	548	558	4,984
Open wounds	870–897	3,488	7,032	1,880	1,539	13,939
Poisonings by drugs, medicinal and biological substances ^b	960–979	604	5,274	1,132	258	7,268
Supplementary classifications	V01–V82	26,308	131,474	115,292	146,548	419,622
Personal history of malignancy	V10	224	3,164	11,660	16,782	31,830
Encounters for radiotherapy, chemotherapy	V58.0, V58.1	2,501	8,945	31,165	22,275	64,886
External cause of injury	E800–E999	25,498	50,019	18,123	24,597	118,237
Transport accidents	E800–E848	1,372	4,284	1,030	562	7,248

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

^a Ischaemic heart disease not otherwise stated is coded to 414.8.

^b Accidental and deliberate poisonings

PROCEDURES

In the HIPE data collection a principal procedure is defined as one for which definitive treatment is performed as opposed to one performed for diagnostic or exploratory purposes.⁷ In 2003, the principal procedure and up to nine secondary procedures may have been recorded in HIPE where appropriate.

Of the 937,906 discharges reported to HIPE in 2003, principal procedures were recorded for 858,622 or 91.5 per cent of these discharges. The proportion of discharges who underwent a principal procedure in 2003 was marginally greater than was reported in 2002 (90.2 per cent of total discharges). Table 4.9 reports the average number of procedures for discharges with at least a principal procedure by sex, age and patient type. On average, this group underwent 2.3 procedures. The average number of procedures conducted in 2003 was slightly higher than 2002 (2.1 procedures). Therefore, not only did the volume of discharges who underwent a procedure increase in 2003 but the average number of procedures performed on these discharges also increased relative to the previous year.

The average number of procedures performed varied significantly for day and in-patients. For discharges who underwent a procedure, total in-patients had more than twice as many procedures as day patients. This difference between the number of procedures performed on day and in-patients was also evident for males and females. While there was no difference in the number of procedures performed on total male and female discharges and male and female day patients, the average number of procedures undertaken on total male in-patients was slightly higher than reported for their female counterparts. The average number of procedures performed was highest among total discharges aged 65 years and over who underwent a procedure, and there was little difference in the average number of procedures among younger age groups. The difference between age groups was more apparent for total in-patients. On average, in-patients aged 65 years and over underwent approximately one more procedure than those aged under 15 years and between 15 and 44 years. While the average number of procedures increased with age for total in-patients and total discharges, the pattern across the age groups differed for day patients. For those undergoing a procedure, day patient discharges aged under 15 years recorded an average of 1.5 procedures, which was higher than reported for the older age groups.

⁷ HIPE Unit, ESRI. H.I.P.E.—*Hospital In-Patient Enquiry—Instruction Manual*. 1 January 2002. See also, American Hospital Association, *Official Coding Guidelines—Coding Clinic Newsletter*, Fourth Quarter 1990, p. 5. If more than one procedure appears to meet this definition, then the procedure most related to the principal diagnosis is designated as the principal procedure (see HIPE Unit, ESRI, *ICD-9-CM Training Manual*, 1995).

TABLE 4.9

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

	Day Patients	Total In-Patients	Total Discharges
Total	1.3	3.0	2.3
Sex			
Male	1.3	3.1	2.3
Female	1.3	2.9	2.3
Age			
Under 15 years	1.5	2.5	2.1
15–44 years	1.3	2.6	2.2
45–64 years	1.3	3.2	2.1
65 years and over	1.3	3.6	2.6

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

Top 20 Principal Procedures

The 20 principal procedures with the largest volume of day patient discharges are reported in Table 4.10 and demonstrated in Figure 4.3. Of the 376,244 principal procedures performed on day patients in 2003 the top 20 procedures accounted for 81.0 per cent of total day patients who had a principal procedure. The most common principal procedure for day patients was “other non-operative procedures,” which incorporates blood transfusion and prophylactic vaccinations. This procedure falls into the ICD-9-CM chapter entitled “miscellaneous diagnostic and therapeutic procedures” (procedure codes 87–99), which includes minor procedures. “Other non-operative procedures” accounted for 24.1 per cent of the top 20 and 19.5 per cent of day patient discharges with a principal procedure. As well as the most common procedure, six of the remaining top 20 principal procedures can be classified as minor procedures (including “nuclear medicine,” “interview, evaluation, consultation and examination,” “other diagnostic radiology and related techniques,” “non-operative intubation and irrigation,” “ophthalmologic and otologic diagnosis and treatment,” and “replacement and removal of therapeutic appliances”).

The top nine principal procedures in 2003 were the same as those reported in 2002. As in 2003, the most common principal procedure in 2002 was also “other non-operative procedures.” Only three principal procedures that appeared in the 2002 listing were not included in the 2003 ranking. These procedures were “operations on eyelids,” “other incision and excision of uterus” and “incision, excision of joint structures,” which were replaced in 2003 by “other operations on heart and pericardium,” “repair and plastic operations on joint structures” and “operations on nose.”

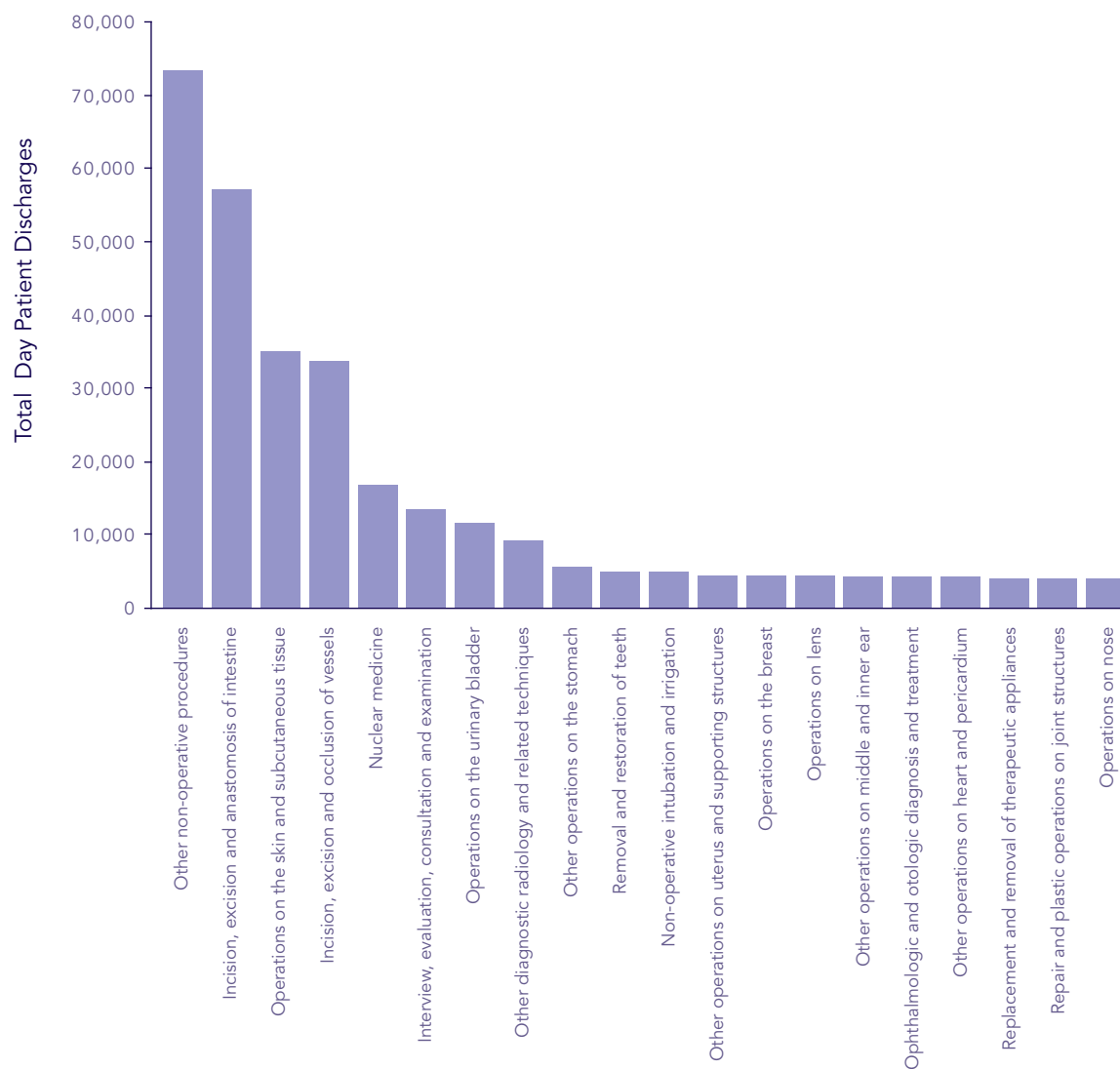
TABLE 4.10

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

Rank	Principal Procedure	ICD-9-CM Code	N	% of Top 20 Principal Procedures for Day Patients	% of Day Patients with a Principal Procedure
1	Other non-operative procedures	99	73,319	24.1	19.5
2	Incision, excision and anastomosis of intestine	45	57,030	18.7	15.2
3	Operations on the skin and subcutaneous tissue	86	35,200	11.6	9.4
4	Incision, excision and occlusion of vessels	38	33,708	11.1	9.0
5	Nuclear medicine	92	16,828	5.5	4.5
6	Interview, evaluation, consultation and examination	89	13,457	4.4	3.6
7	Operations on the urinary bladder	57	11,804	3.9	3.1
8	Other diagnostic radiology and related techniques	88	9,427	3.1	2.5
9	Other operations on the stomach	44	5,479	1.8	1.5
10	Removal and restoration of teeth	23	5,108	1.7	1.4
11	Non-operative intubation and irrigation	96	5,004	1.6	1.3
12	Other operations on uterus and supporting structures	69	4,523	1.5	1.2
13	Operations on the breast	85	4,489	1.5	1.2
14	Operations on lens	13	4,393	1.4	1.2
15	Other operations on middle and inner ear	20	4,360	1.4	1.2
16	Ophthalmologic and otologic diagnosis and treatment	95	4,354	1.4	1.2
17	Other operations on heart and pericardium	37	4,289	1.4	1.1
18	Replacement and removal of therapeutic appliances	97	3,984	1.3	1.1
19	Repair and plastic operations on joint structures	81	3,969	1.3	1.1
20	Operations on nose	21	3,887	1.3	1.0
Top 20 Principal Procedures for Day Patients—Total		–	304,612	100	81.0
Day Patients with a Principal Procedure—Total		–	376,244	–	100
Day Patients—Total		–	389,637	–	–

FIGURE 4.3

Top 20 Principal Procedures for Day Patients



The majority (88.0 per cent) of total in-patient discharges underwent a procedure in 2003. The top 20 principal procedures accounted for 78.8 per cent of total in-patient discharges with a procedure, as reported in Table 4.11. Like day patients, the most common principal procedure for in-patients was “other non-operative procedures,” which accounted for one-fifth of total in-patient discharges with a procedure. There was a substantial difference in the volume of total in-patient discharges recorded for the first and second most common principal procedures. The second procedure most frequently performed on in-patients was “other diagnostic and radiology and related techniques,” which accounted for over 8 per cent of total in-patient discharges with a procedure. In addition the other three minor procedures listed in the top 20 were “diagnostic radiology,” “interview, evaluation, consultation and examination” and “physical therapy, respiratory therapy, rehabilitation and related procedures.” Five of the top 20 principal procedures were related to obstetrics (“other obstetric operations,” “other procedures inducing or assisting delivery,” “Caesarean section and removal of foetus,” “forceps, vacuum, and breech delivery” and “other operations on uterus and supporting structures”).

The total in-patient average length of stay for the top 20 principal procedures was 6.3 days and, as shown in Figure 4.4, ranged from 1.6 days for “other operations on uterus and supporting structures” to 12.8 days, for both “physical therapy, respiratory therapy, rehabilitation and related procedures” and “repair and plastic operations on joint structures.” The total in-patient average length of stay for the most common principal procedure was just under one week.

Interestingly, the principal procedures that made up the top 20 in 2003 were the same as those included in the top 20 in 2002, although the ranking order changed between the two years.

TABLE 4.11

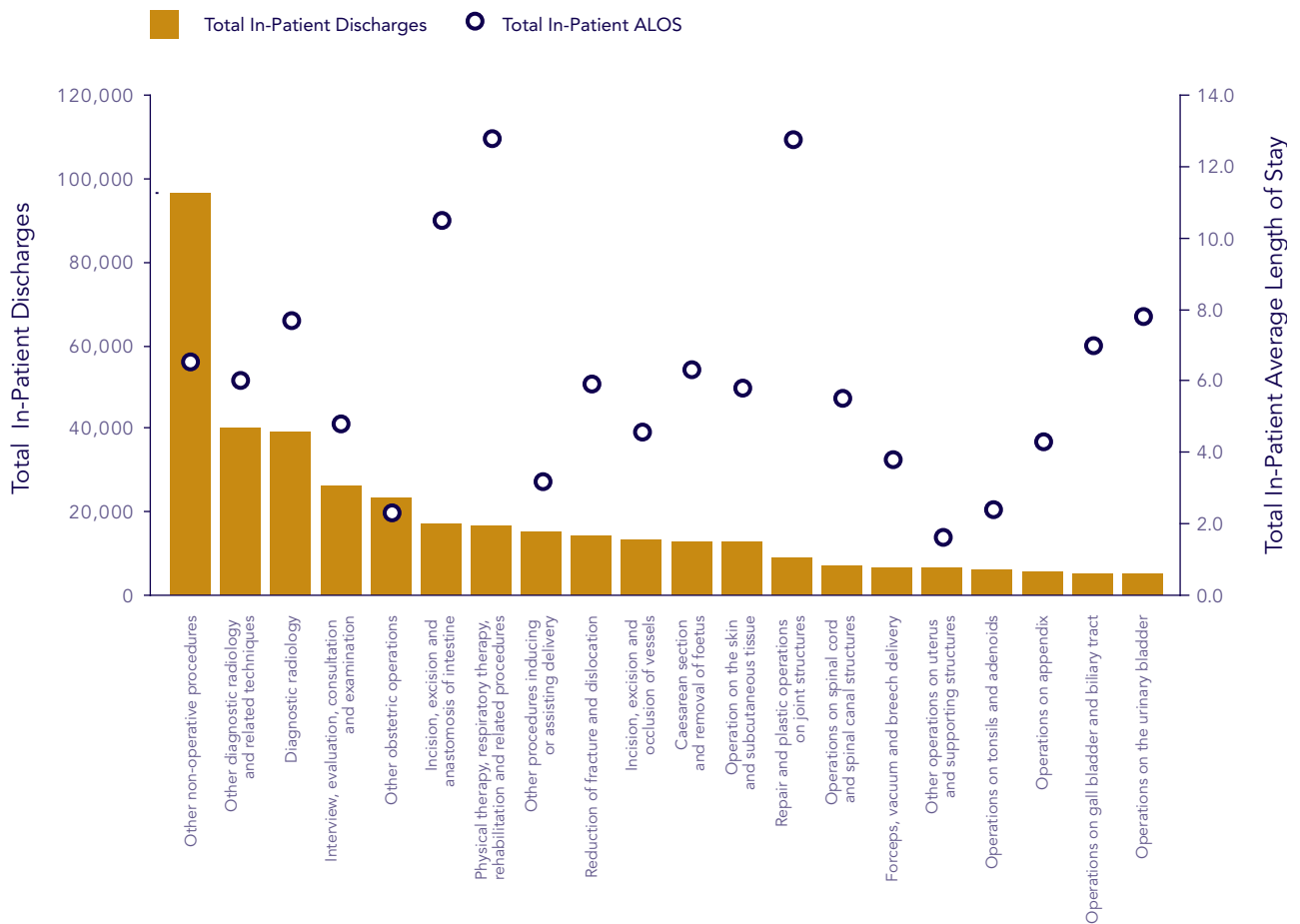
Top 20 Principal Procedures for Total In-Patients—Number and Percentage of Total In-Patient Discharges and Total In-Patient Average Length of Stay (Days)

Rank	Principal Procedure	ICD-9-CM Code	N	% of Top 20 Principal Procedures for Total In-Patients	% of Total In-Patients with a Principal Procedure	Total In-Patient Average Length of Stay ^a
1	Other non-operative procedures	99	96,556	25.4	20.0	6.5
2	Other diagnostic radiology and related techniques	88	39,943	10.5	8.3	6.0
3	Diagnostic radiology	87	39,376	10.4	8.2	7.7
4	Interview, evaluation, consultation and examination	89	26,513	7.0	5.5	4.8
5	Other obstetric operations	75	23,619	6.2	4.9	2.3
6	Incision, excision and anastomosis of intestine	45	17,023	4.5	3.5	10.5
7	Physical therapy, respiratory therapy, rehabilitation and related procedures	93	16,893	4.4	3.5	12.8
8	Other procedures inducing or assisting delivery	73	15,382	4.0	3.2	3.2
9	Reduction of fracture and dislocation	79	14,414	3.8	3.0	5.9
10	Incision, excision and occlusion of vessels	38	13,190	3.5	2.7	4.6
11	Caesarean section and removal of foetus	74	12,736	3.3	2.6	6.3
12	Operations on the skin and subcutaneous tissue	86	12,710	3.3	2.6	5.8
13	Repair and plastic operations on joint structures	81	9,014	2.4	1.9	12.8
14	Operations on spinal cord and spinal canal structures	03	7,035	1.9	1.5	5.5
15	Forceps, vacuum and breech delivery	72	6,576	1.7	1.4	3.8
16	Other operations on uterus and supporting structures	69	6,558	1.7	1.4	1.6
17	Operations on tonsils and adenoids	28	6,197	1.6	1.3	2.4
18	Operations on appendix	47	5,789	1.5	1.2	4.3
19	Operations on gall bladder and biliary tract	51	5,441	1.4	1.1	7.0
20	Operations on the urinary bladder	57	5,223	1.4	1.1	7.8
Top 20 Principal Procedures for Total In-Patients—Total		–	380,188	100	78.8	6.3
Total In-Patients with a Principal Procedure—Total		–	482,378	–	100	6.6
Total In-Patients (including those with and without a principal procedure)		–	548,269	–	–	6.4

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

FIGURE 4.4

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



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 55.7 per cent of total discharges, accounted for the same proportion of all principal procedures performed in HIPE hospitals as in 2002. The proportion of total female discharges who underwent at least one procedure was 91.5 per cent and was comparable with male discharges.

The ICD-9-CM chapter “miscellaneous diagnostic and therapeutic procedures” had the largest volume of total discharges who recorded a procedure. This chapter includes minor procedures such as “diagnostic ultrasound” and the most common principal procedure for both day and total in-patients “other non-operative procedures.”

More than one in ten principal procedures were “operations on the digestive system,” including “endoscopy of small and large intestine with or without biopsy.” Together “operations on the female genital organs” and “obstetrical procedures” amounted to 87,810 principal procedures performed on female discharges. Generally, the volume of male and female discharges undergoing principal procedures was comparable for most of the ICD-9-CM chapters. However, male discharges recorded almost twice as many “operations on the urinary system” than female discharges.

TABLE 4.12

Total Discharges by Principal Procedure and Sex

Principal Procedure	ICD-9-CM Code	Male	Female	Total Discharges
Total Discharges	–	415,307	522,599	937,906
All Principal Procedures	–	380,582	478,040	858,622
Operations on the nervous system	01–05	5,133	10,224	15,357
Spinal tap	03.31	1,171	1,345	2,516
Operations on the endocrine system	06–07	265	711	976
Operations on the eye	08–16	9,127	10,327	19,454
Cataract removal	13.1–13.6	3,766	5,419	9,185
Operations on the ear	18–20	5,254	4,022	9,276
Myringotomy with or without intubation	20.0	2,057	1,449	3,506
Operations on the nose, mouth and pharynx	21–29	12,689	11,075	23,764
Tonsillectomy with or without adenoidectomy	28.2–28.3	2,199	3,056	5,255
Operations on the respiratory system	30–34	5,579	4,011	9,590
Bronchoscopy with or without biopsy	33.21–33.24, 33.27	2,446	1,728	4,174
Operations on the cardiovascular system	35–39	34,990	29,477	64,467
Removal of coronary artery obstruction and insertion of stent(s)	36.0	2,466	919	3,385
Coronary artery bypass graft	36.1	1,047	315	1,362
Cardiac catheterisation	37.21–37.23	4,494	2,565	7,059
Insertion, replacement, removal and revision of pacemaker leads or device	37.7–37.8	775	570	1,345
Leg varicose vein ligation-stripping	38.59	1,057	2,013	3,070
Shunt or vascular bypass	39.0–39.2	414	255	669
Haemodialysis	39.95	449	630	1,079
Operations on the hemic and lymphatic system	40–41	1,818	1,693	3,511
Operations on the digestive system	42–54	56,144	62,286	118,430
Endoscopy of small intestine with or without biopsy	45.11–45.14, 45.16	19,093	21,002	40,095
Endoscopy of large intestine with or without biopsy	45.21–45.25	13,882	16,849	30,731
Partial excision of large intestine	45.7	747	739	1,486
Appendectomy, excluding incidental	47.0	3,077	2,682	5,759
Cholecystectomy	51.2	996	3,294	4,290
Repair of inguinal hernia	53.0–53.1	3,700	266	3,966
Lysis of peritoneal adhesions	54.5	126	516	642
Operations on the urinary system	55–59	14,026	7,785	21,811
Cystoscopy with or without biopsy	57.31–57.33	8,607	4,912	13,519
Operations on the male genital organs	60–64	9,615	0	9,615
Prostatectomy	60.2–60.6	1,854	0	1,854
Circumcision	64.0	2,779	0	2,779
Operations on the female genital organs	65–71	0	28,945	28,945
Oophorectomy and salpingo-oophorectomy	65.3–65.6	0	540	540
Bilateral destruction or occlusion of fallopian tubes	66.2–66.3	0	1,186	1,186
Hysterectomy	68.3–68.7, 68.9	0	3,093	3,093
Dilation and curettage of uterus	69.0	0	9,483	9,483
Repair of cystocele and rectocele	70.5	0	537	537
Obstetrical procedures	72–75	0	58,865	58,865
Episiotomy with or without forceps or vacuum extraction	72.1, 72.21, 72.31	0	1,283	1,283
Vacuum extraction with or without episiotomy	72.7	0	4,971	4,971
Artificial rupture of membranes	73.0	0	5,223	5,223
Caesarean section	74.0–74.2, 74.4, 74.99	0	12,733	12,733
Repair of current obstetric laceration	75.5–75.6	0	9,136	9,136
Operations of the musculoskeletal system	76–84	24,613	20,570	45,183
Partial excision of bone	76.2–76.3, 77.6–77.8	325	261	586
Closed reduction of fracture without internal fixation	79.0	2,216	1,796	4,012
Open reduction of fracture with internal fixation	79.3	3,475	2,997	6,472
Excision or destruction of intervertebral disc	80.5	486	432	918
Total hip replacement	81.51	1,711	1,674	3,385
Total knee replacement	81.54	503	819	1,322
Operations on the integumentary system	85–86	23,957	31,259	55,216
Breast biopsy	85.11–85.12	66	2,473	2,539
Mastectomy	85.4	38	887	925
Debridement of wound, infection or burn	86.22, 86.28	2,934	1,498	4,432
Skin graft	86.6–86.7	340	302	642
Miscellaneous diagnostic and therapeutic procedures	87–99	177,372	196,790	374,162
Computerised axial tomography	87.03, 87.41, 87.71, 88.01, 88.38	9,847	9,303	19,150
Pyelogram	87.73–87.75	660	298	958
Arteriography and angiocardiology using contrast material	88.4–88.5	3,430	2,351	5,781
Diagnostic ultrasound	88.7	9,493	22,367	31,860
Circulatory monitoring	89.6	87	78	165
Radioisotope scan	92.0–92.1	1,149	2,890	4,039
Respiratory therapy	93.9, 96.7	5,162	4,059	9,221

Principal procedures are further analysed by age group in Table 4.13. The proportion of discharges within each age group who underwent a principal procedure varied across the age groups. A principal procedure was performed on almost 86 per cent of discharges aged under 15 years. This was substantially lower than the equivalent proportions for the older age groups. Approximately 92 per cent of discharges aged between 15 and 44 years and 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 94.2 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 63 per cent of all “tonsillectomy with or without adenoidectomy” procedures were undertaken on discharges younger than 15 years of age. The 15 to 44 year age group recorded the highest number of “operations on the female genital organs” and “obstetrical procedures.” More than half of all “operations on the eye” undertaken as principal procedures were performed on discharges aged over 64 years. For this age group, over two-thirds of these operations involved cataract removal.

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 “operations on the musculoskeletal system” was 10.3 days, which was almost five times the average for discharges aged under 15 years (2.1 days). The longest average length of stay for discharges aged under 15 years was 11.9 days for “shunt or vascular bypass.” In contrast, acute in-patients in the three older age groups had the longest length of stay of over a fortnight for “partial excision of large intestine.”

TABLE 4.13

Total Discharges by Principal Procedure and Age Group

Principal Procedure	ICD-9-CM Code	Under 15 Years	15–44 Years	45–64 Years	65 Years and Over	All Ages
Total Discharges	–	116,690	331,075	236,213	253,928	937,906
All Principal Procedures	–	100,251	303,267	222,482	232,622	858,622
Operations on the nervous system	01–05	1,285	8,368	3,787	1,917	15,357
Spinal tap	03.31	908	1,008	408	192	2,516
Operations on the endocrine system	06–07	40	388	375	173	976
Operations on the eye	08–16	1,234	2,706	4,176	11,338	19,454
Cataract removal	13.1–13.6	41	223	1,276	7,645	9,185
Operations on the ear	18–20	4,700	2,199	1,318	1,059	9,276
Myringotomy with or without intubation	20.0	2,979	281	174	72	3,506
Operations on the nose, mouth and pharynx	21–29	9,785	8,335	3,115	2,529	23,764
Tonsillectomy with or without adenoidectomy	28.2–28.3	3,337	1,880	32	6	5,255
Operations on the respiratory system	30–34	442	2,278	3,357	3,513	9,590
Bronchoscopy with or without biopsy	33.21–33.24, 33.27	76	831	1,560	1,707	4,174
Operations on the cardiovascular system	35–39	5,703	15,635	24,929	18,200	64,467
Removal of coronary artery obstruction and insertion of stent(s)	36.0	~	212	1,612	1,559	3,385
Coronary artery bypass graft	36.1	0	26	602	734	1,362
Cardiac catheterisation	37.21–37.23	142	623	3,466	2,828	7,059
Insertion, replacement, removal and revision of pacemaker leads or device	37.7–37.8	16	44	183	1,102	1,345
Leg varicose vein ligation-stripping	38.59	0	1,131	1,573	366	3,070
Shunt or vascular bypass	39.0–39.2	20	78	221	350	669
Haemodialysis	39.95	602	157	141	179	1,079
Operations on the hemic and lymphatic system	40–41	191	883	1,144	1,293	3,511
Operations on the digestive system	42–54	4,199	42,077	39,515	32,639	118,430
Endoscopy of small intestine with or without biopsy	45.11–45.14, 45.16	519	14,267	13,783	11,526	40,095
Endoscopy of large intestine with or without biopsy	45.21–45.25	104	9,357	11,731	9,539	30,731
Partial excision of large intestine	45.7	20	186	446	834	1,486
Appendectomy, excluding incidental	47.0	1,770	3,502	388	99	5,759
Cholecystectomy	51.2	8	1,689	1,778	815	4,290
Repair of inguinal hernia	53.0–53.1	573	982	1,247	1,164	3,966
Lysis of peritoneal adhesions	54.5	17	363	167	95	642
Operations on the urinary system	55–59	1,034	4,454	6,828	9,495	21,811
Cystoscopy with or without biopsy	57.31–57.33	303	2,730	4,418	6,068	13,519
Operations on the male genital organs	60–64	3,362	1,766	1,845	2,642	9,615
Prostatectomy	60.2–60.6	~	9	506	1,336	1,854
Circumcision	64.0	2,041	480	166	92	2,779
Operations on the female genital organs	65–71	109	18,885	8,383	1,568	28,945
Oophorectomy and salpingo-oophorectomy	65.3–65.6	8	318	168	46	540
Bilateral destruction or occlusion of fallopian tubes	66.2–66.3	0	1,143	43	0	1,186
Hysterectomy	68.3–68.7, 68.9	0	1,014	1,648	431	3,093
Dilation and curettage of uterus	69.0	~	6,625	2,517	338	9,483
Repair of cystocele and rectocele	70.5	~	53	326	157	537
Obstetrical procedures	72–75	15	58,787	62	~	58,865
Episiotomy with or without forceps or vacuum extraction	72.1, 72.21, 72.31	0	1,283	0	0	1,283
Vacuum extraction with or without episiotomy	72.7	0	4,967	~	0	4,971
Artificial rupture of membranes	73.0	~	5,215	6	0	5,223
Caesarean section	74.0–74.2, 74.4, 74.99	~	12,707	25	0	12,733
Repair of current obstetric laceration	75.5–75.6	~	9,127	6	0	9,136
Operations on the musculoskeletal system	76–84	5,419	16,592	10,949	12,223	45,183
Partial excision of bone	76.2–76.3, 77.6–77.8	79	280	139	88	586
Closed reduction of fracture without internal fixation	79.0	2,185	858	375	594	4,012
Open reduction of fracture with internal fixation	79.3	483	2,720	1,361	1,908	6,472
Excision or destruction of intervertebral disc	80.5	~	534	319	64	918
Total hip replacement	81.51	0	133	1,179	2,073	3,385
Total knee replacement	81.54	0	31	422	869	1,322
Operations on the integumentary system	85–86	5,449	22,791	13,783	13,193	55,216
Breast biopsy	85.11–85.12	0	1,077	1,057	403	2,539
Mastectomy	85.4	~	165	440	318	925
Debridement of wound, infection or burn	86.22, 86.28	957	1,671	785	1,019	4,432
Skin graft	86.6–86.7	52	172	131	287	642
Miscellaneous diagnostic and therapeutic procedures	87–99	57,284	97,123	98,916	120,839	374,162
Computerised axial tomography	87.03, 87.41, 87.71, 88.01, 88.38	1,497	4,729	4,443	8,481	19,150
Pyelogram	87.73–87.75	90	464	295	109	958
Arteriography and angiocardiology using contrast material	88.4–88.5	15	709	2,489	2,568	5,781
Diagnostic ultrasound	88.7	2,772	16,539	5,119	7,430	31,860
Circulatory monitoring	89.6	86	21	23	35	165
Radioisotope scan	92.0–92.1	1,374	1,821	409	435	4,039
Respiratory therapy	93.9, 96.7	3,672	913	1,497	3,139	9,221

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

TABLE 4.14

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

Principal Procedure	ICD-9-CM Code	Under 15 Years	15–44 Years	45–64 Years	65 Years and Over	All Ages
Acute In-Patient Discharges	–	2.9	3.4	5.6	7.8	4.9
All Principal Procedures	–	3.1	3.5	5.7	7.9	5.1
Operations on the nervous system	01–05	5.4	4.1	7.6	8.2	5.1
Spinal tap	03.31	4.9	5.0	7.1	10.5	5.6
Operations on the endocrine system	06–07	3.5	5.2	6.4	7.7	6.0
Operations on the eye	08–16	1.9	3.7	3.4	2.8	2.9
Cataract removal	13.1–13.6	3.6	2.5	2.2	2.3	2.3
Operations on the ear	18–20	1.9	2.9	2.9	4.6	2.6
Myringotomy with or without intubation	20.0	1.4	1.9	2.1	2.6	1.6
Operations on the nose, mouth and pharynx	21–29	2.0	2.8	3.6	4.2	2.8
Tonsillectomy with or without adenoidectomy	28.2–28.3	2.1	2.9	4.0	9.8	2.4
Operations on the respiratory system	30–34	6.9	6.9	8.7	10.7	8.9
Bronchoscopy with or without biopsy	33.21–33.24, 33.27	4.8	6.9	9.2	11.5	9.6
Operations on the cardiovascular system	35–39	2.9	3.3	5.3	7.3	5.2
Removal of coronary artery obstruction and insertion of stent(s)	36.0	~	3.8	4.0	5.1	4.5
Coronary artery bypass graft	36.1	–	10.7	11.1	12.2	11.7
Cardiac catheterisation	37.21–37.23	2.7	5.6	5.4	6.6	5.8
Insertion, removal, replacement and revision of pacemaker leads or device	37.7–37.8	4.4	5.1	7.1	6.8	6.8
Leg varicose vein ligation-stripping	38.59	–	1.8	2.0	2.7	2.0
Shunt or vascular bypass	39.0–39.2	11.9	7.8	10.5	13.7	11.8
Haemodialysis	39.95	2.3	7.8	9.5	9.4	8.0
Operations on the hemic and lymphatic system	40–41	6.2	7.6	9.9	10.5	9.4
Operations on the digestive system	42–54	4.5	4.5	6.6	9.0	6.5
Endoscopy of small intestine with or without biopsy	45.11–45.14, 45.16	4.2	4.4	6.5	8.9	7.0
Endoscopy of large intestine with or without biopsy	45.21–45.25	5.4	5.8	6.0	7.7	6.9
Partial excision of large intestine	45.7	10.7	14.2	15.1	16.6	15.7
Appendectomy, excluding incidental	47.0	3.9	4.0	5.9	9.5	4.2
Cholecystectomy	51.2	6.0	4.5	5.2	7.8	5.4
Repair of inguinal hernia	53.0–53.1	1.9	2.2	2.8	4.5	3.2
Lysis of peritoneal adhesions	54.5	8.4	5.3	9.0	13.1	7.6
Operations on the urinary system	55–59	5.3	4.9	5.3	6.6	5.8
Cystoscopy with or without biopsy	57.31–57.33	3.9	3.7	4.1	5.6	4.8
Operations on the male genital organs	60–64	1.5	2.7	5.7	7.0	5.0
Prostatectomy	60.2–60.6	~	5.1	7.2	7.6	7.5
Circumcision	64.0	1.3	1.9	2.7	2.7	1.8
Operations on the female genital organs	65–71	3.8	2.7	5.1	6.8	3.6
Oophorectomy and salpingo-oophorectomy	65.3–65.6	5.6	6.6	7.9	11.8	7.4
Bilateral destruction or occlusion of fallopian tubes	66.2–66.3	–	1.6	1.2	–	1.6
Hysterectomy	68.3–68.7, 68.9	–	7.1	7.7	9.8	7.8
Dilation and curettage of uterus	69.0	~	1.4	1.8	2.5	1.5
Repair of cystocele and rectocele	70.5	~	5.6	6.3	6.9	6.4
Obstetrical procedures	72–75	3.3	3.5	4.5	~	3.5
Episiotomy with or without forceps or vacuum extraction	72.1, 72.21, 72.31	–	4.0	–	–	4.0
Vacuum extraction with or without episiotomy	72.7	–	3.7	~	–	3.7
Artificial rupture of membranes	73.0	~	2.8	4.5	–	2.8
Caesarean section	74.0–74.2, 74.4, 74.99	~	6.0	7.0	–	6.0
Repair of current obstetric laceration	75.5–75.6	~	3.1	2.8	–	3.1
Operations on the musculoskeletal system	76–84	2.1	3.5	6.6	10.3	6.1
Partial excision of bone	76.2–76.3, 77.6–77.8	3.5	3.6	6.2	8.9	5.2
Closed reduction of fracture without internal fixation	79.0	1.4	2.0	3.0	4.1	2.1
Open reduction of fracture with internal fixation	79.3	2.3	4.2	6.0	10.6	6.2
Excision or destruction of intervertebral disc	80.5	~	5.0	6.0	8.1	5.6
Total hip replacement	81.51	–	11.5	11.7	13.2	12.6
Total knee replacement	81.54	–	13.8	12.3	13.6	13.2
Operations on the integumentary system	85–86	2.0	3.2	5.4	7.6	4.3
Breast biopsy	85.11–85.12	~	2.0	3.6	8.7	4.6
Mastectomy	85.4	~	7.2	8.7	9.7	8.8
Debridement of wound, infection or burn	86.22, 86.28	2.5	3.2	5.3	10.6	4.4
Skin graft	86.6–86.7	7.9	6.8	8.2	8.3	7.7
Miscellaneous diagnostic and therapeutic procedures	87–99	3.3	3.4	5.5	7.9	5.2
Computerised axial tomography	87.03, 87.41, 87.71, 88.01, 88.38	3.1	4.1	6.3	9.2	6.8
Pyelogram	87.73–87.75	3.1	2.8	3.6	6.4	3.5
Arteriography and angiocardiology using contrast material	88.4–88.5	3.6	5.7	6.9	8.6	7.5
Diagnostic ultrasound	88.7	3.7	2.5	5.9	8.4	4.5
Circulatory monitoring	89.6	4.7	3.1	6.4	8.4	5.7
Radioisotope scan	92.0–92.1	3.8	3.7	6.5	10.3	5.0
Respiratory therapy	93.9, 96.7	4.4	5.0	7.2	8.6	6.4

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

- denotes no discharges reported to HIPE.

^a 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 secondary) procedures by category and sex. In total, over 1.9 million procedures were recorded during 2003. Female discharges recorded a higher number of all-listed procedures and accounted for over 55 per cent of total procedures. Over 57 per cent of all procedures performed in 2003 were classified as “miscellaneous diagnostic and therapeutic procedures,” which includes minor procedures. The next largest category was “operations on the cardiovascular system,” which accounted for 8.6 per cent of all-listed procedures. This grouping also recorded the highest number of all-listed procedures for male discharges, excluding minor procedures. In contrast, the next highest volume for female discharges after “miscellaneous diagnostic and therapeutic procedures” was obstetrical 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. The single procedure category with the largest number of principal and secondary procedures was “miscellaneous diagnostic and therapeutic procedures.” The highest number of all-listed procedures for the youngest age group was “operations on the cardiovascular system.” Within the 15 to 44 year age group, “obstetrical procedures” were the most common principal and secondary procedures. This age group accounted for the majority (99.9 per cent) of total obstetrical procedures. The most common type of procedure performed on discharges aged between 45 and 64 years were “operations on the digestive system,” and for discharges aged 65 years and over the most common procedure was “operations on the cardiovascular system.”

TABLE 4.15

All-Listed Procedures by Sex

Procedure	ICD-9-CM Code	Male	Female	Total
Total Discharges	—	415,307	522,599	937,906
All Procedures	—	855,786	1,080,523	1,936,309
Operations of the nervous system	01–05	7,686	32,442	40,128
Spinal tap	03.31	2,165	2,372	4,537
Operations on the endocrine system	06–07	324	802	1,126
Operations on the eye	08–16	15,144	17,645	32,789
Cataract removal	13.1–13.6	3,883	5,524	9,407
Operations on the ear	18–20	7,995	6,061	14,056
Myringotomy with or without intubation	20.0	3,420	2,431	5,851
Operations on the nose, mouth and pharynx	21–29	15,499	13,039	28,538
Tonsillectomy with or without adenoidectomy	28.2–28.3	2,225	3,077	5,302
Operations on the respiratory system	30–34	8,167	5,706	13,873
Bronchoscopy with or without biopsy	33.21–33.24, 33.27	3,101	2,154	5,255
Operations on the cardiovascular system	35–39	85,482	81,065	166,547
Removal of coronary artery obstruction and insertion of stent(s)	36.0	5,913	2,150	8,063
Coronary artery bypass graft	36.1	1,280	372	1,652
Cardiac catheterisation	37.21–37.23	7,380	3,986	11,366
Insertion, replacement, removal and revision of pacemaker leads or device	37.7–37.8	1,461	1,049	2,510
Leg varicose vein ligation-stripping	38.59	1,065	2,036	3,101
Shunt or vascular bypass	39.0–39.2	517	304	821
Haemodialysis	39.95	1,039	1,023	2,062
Operations on the hemic and lymphatic system	40–41	2,898	3,569	6,467
Operations on the digestive system	42–54	74,719	82,773	157,492
Endoscopy of small intestine with or without biopsy	45.11–45.14, 45.16	21,765	23,767	45,532
Endoscopy of large intestine with or without biopsy	45.21–45.25	18,619	21,938	40,557
Partial excision of large intestine	45.7	844	844	1,688
Appendectomy, excluding incidental	47.0	3,159	2,850	6,009
Cholecystectomy	51.2	1,069	3,369	4,438
Repair of inguinal hernia	53.0–53.1	3,853	273	4,126
Lysis of peritoneal adhesions	54.5	318	1,025	1,343
Operations on the urinary system	55–59	23,137	16,737	39,874
Cystoscopy with or without biopsy	57.31–57.33	10,929	5,960	16,889
Operations on the male genital organs	60–64	10,892	0	10,892
Prostatectomy	60.2–60.6	1,977	0	1,977
Circumcision	64.0	2,886	0	2,886
Operations on the female genital organs	65–71	0	48,423	48,423
Oophorectomy and salpingo-oophorectomy	65.3–65.6	0	2,252	2,252
Bilateral destruction or occlusion of fallopian tubes	66.2–66.3	0	1,969	1,969
Hysterectomy	68.3–68.7, 68.9	0	3,186	3,186
Dilation and curettage of uterus	69.0	0	13,293	13,293
Repair of cystocele and rectocele	70.5	0	1,151	1,151
Obstetrical procedures	72–75	0	133,948	133,948
Episiotomy with or without forceps or vacuum extraction	72.1, 72.21, 72.31	0	1,458	1,458
Vacuum extraction with or without episiotomy	72.7	0	6,285	6,285
Artificial rupture of membranes	73.0	0	19,255	19,255
Caesarean section	74.0–74.2, 74.4, 74.99	0	13,079	13,079
Repair of current obstetric laceration	75.5–75.6	0	13,640	13,640
Operations on the musculoskeletal system	76–84	31,172	24,601	55,773
Partial excision of bone	76.2–76.3, 77.6–77.8	903	688	1,591
Closed reduction of fracture without internal fixation	79.0	2,358	1,942	4,300
Open reduction of fracture with internal fixation	79.3	3,770	3,132	6,902
Excision or destruction of intervertebral disc	80.5	502	451	953
Total hip replacement	81.51	1,723	1,705	3,428
Total knee replacement	81.54	510	839	1,349
Operations on the integumentary system	85–86	33,561	39,182	72,743
Breast biopsy	85.11–85.12	89	3,107	3,196
Mastectomy	85.4	38	891	929
Debridement of wound, infection or burn	86.22, 86.28	4,624	2,257	6,881
Skin graft	86.6–86.7	1,331	1,055	2,386
Miscellaneous diagnostic and therapeutic procedures	87–99	539,110	574,530	1,113,640
Computerised axial tomography	87.03, 87.41, 87.71, 88.01, 88.38	26,119	24,047	50,166
Pyelogram	87.73–87.75	1,970	1,240	3,210
Arteriography and angiocardiology using contrast material	88.4–88.5	16,333	9,535	25,868
Diagnostic ultrasound	88.7	36,913	59,049	95,962
Circulatory monitoring	89.6	1,418	1,313	2,731
Radioisotope scan	92.0–92.1	2,688	4,709	7,397
Respiratory therapy	93.9, 96.7	24,408	22,665	47,073

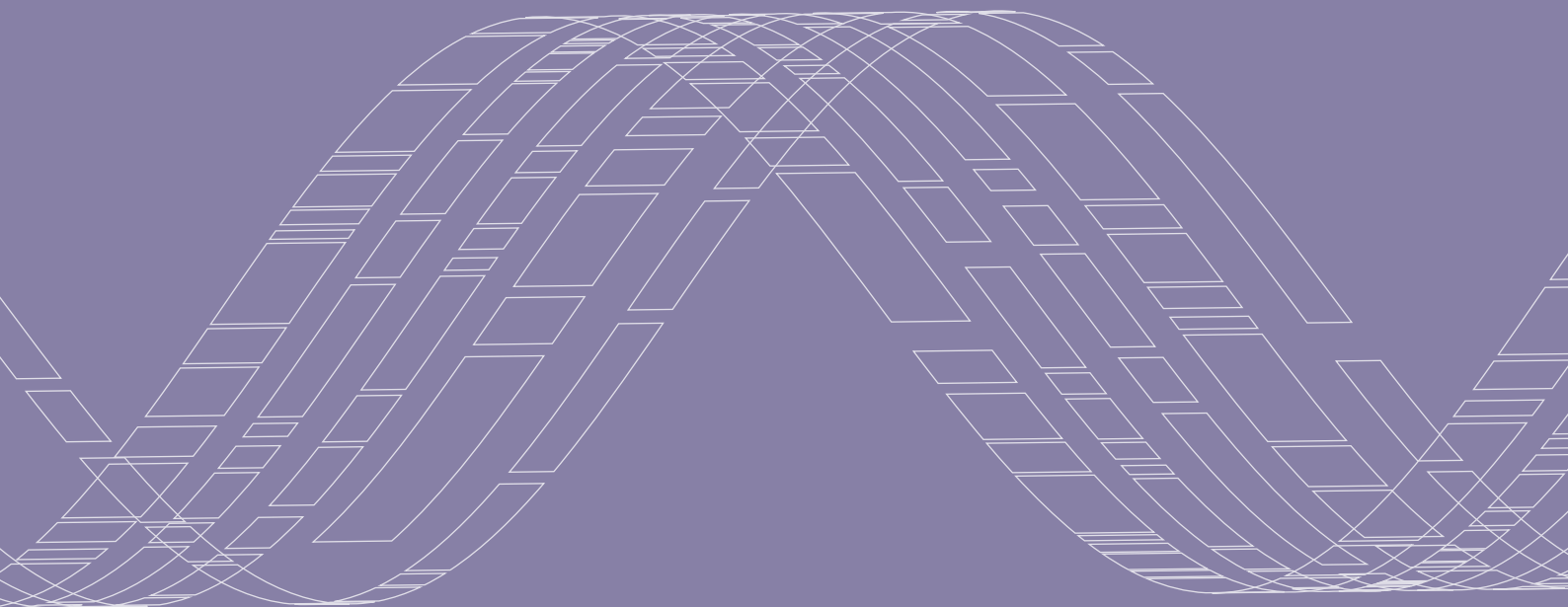
Note: ~ denotes five or less discharges reported to HIPE.

TABLE 4.16

All-Listed Procedures by Age Group

Procedure	ICD-9-CM Code	Under 15 Years	15–44 Years	45–64 Years	65 Years and Over	Total
Total Discharges	–	116,690	331,075	236,213	253,928	937,906
All Procedures	–	213,903	652,004	464,818	605,584	1,936,309
Operations of the nervous system	01–05	2,597	30,084	4,929	2,518	40,128
Spinal tap	03.31	1,593	1,799	747	398	4,537
Operations on the endocrine system	06–07	42	430	428	226	1,126
Operations on the eye	08–16	1,468	3,660	6,567	21,094	32,789
Cataract removal	13.1–13.6	53	258	1,320	7,776	9,407
Operations on the ear	18–20	7,653	3,051	1,882	1,470	14,056
Myringotomy with or without intubation	20.0	5,224	334	210	83	5,851
Operations on the nose, mouth and pharynx	21–29	11,409	9,730	4,217	3,182	28,538
Tonsillectomy with or without adenoidectomy	28.2–28.3	3,375	1,885	33	9	5,302
Operations on the respiratory system	30–34	753	3,118	4,743	5,259	13,873
Bronchoscopy with or without biopsy	33.21–33.24, 33.27	139	1,006	1,933	2,177	5,255
Operations on the cardiovascular system	35–39	16,574	44,746	50,475	54,752	166,547
Removal of coronary artery obstruction and insertion of stent(s)	36.0	~	501	3,767	3,792	8,063
Coronary artery bypass graft	36.1	0	30	740	882	1,652
Cardiac catheterisation	37.21–37.23	245	926	5,449	4,746	11,366
Insertion, replacement, removal and revision of pacemaker leads or device	37.7–37.8	21	88	354	2,047	2,510
Leg varicose vein ligation-stripping	38.59	~	1,138	1,588	374	3,101
Shunt or vascular bypass	39.0–39.2	29	97	273	422	821
Haemodialysis	39.95	621	299	461	681	2,062
Operations on the hemic and lymphatic system	40–41	513	1,412	2,257	2,285	6,467
Operations on the digestive system	42–54	5,221	53,328	52,290	46,653	157,492
Endoscopy of small intestine with or without biopsy	45.11–45.14, 45.16	569	15,432	15,394	14,137	45,532
Endoscopy of large intestine with or without biopsy	45.21–45.25	272	11,842	15,102	13,341	40,557
Partial excision of large intestine	45.7	28	219	509	932	1,688
Appendectomy, excluding incidental	47.0	1,801	3,598	467	143	6,009
Cholecystectomy	51.2	8	1,718	1,829	883	4,438
Repair of inguinal hernia	53.0–53.1	643	996	1,275	1,212	4,126
Lysis of peritoneal adhesions	54.5	35	669	384	255	1,343
Operations on the urinary system	55–59	1,533	10,913	10,822	16,606	39,874
Cystoscopy with or without biopsy	57.31–57.33	434	3,306	5,440	7,709	16,889
Operations on the male genital organs	60–64	3,639	2,051	2,103	3,099	10,892
Prostatectomy	60.2–60.6	~	11	528	1,435	1,977
Circumcision	64.0	2,114	485	176	111	2,886
Operations on the female genital organs	65–71	146	29,596	15,885	2,796	48,423
Oophorectomy and salpingo-oophorectomy	65.3–65.6	8	736	1,228	280	2,252
Bilateral destruction or occlusion of fallopian tubes	66.2–66.3	0	1,902	67	0	1,969
Hysterectomy	68.3–68.7, 68.9	0	1,042	1,689	455	3,186
Dilation and curettage of uterus	69.0	~	8,430	4,266	593	13,293
Repair of cystocele and rectocele	70.5	~	122	708	320	1,151
Obstetrical procedures	72–75	39	133,781	127	~	133,948
Episiotomy with or without forceps or vacuum extraction	72.1, 72.21, 72.31	0	1,458	0	0	1,458
Vacuum extraction with or without episiotomy	72.7	~	6,279	~	0	6,285
Artificial rupture of membranes	73.0	~	19,237	14	0	19,255
Caesarean section	74.0–74.2, 74.4, 74.99	~	13,052	26	0	13,079
Repair of current obstetric laceration	75.5–75.6	~	13,628	8	0	13,640
Operations on the musculoskeletal system	76–84	6,089	21,389	13,921	14,374	55,773
Partial excision of bone	76.2–76.3, 77.6–77.8	109	621	476	385	1,591
Closed reduction of fracture without internal fixation	79.0	2,230	951	428	691	4,300
Open reduction of fracture with internal fixation	79.3	500	2,942	1,465	1,995	6,902
Excision or destruction of intervertebral disc	80.5	~	548	335	69	953
Total hip replacement	81.51	0	137	1,191	2,100	3,428
Total knee replacement	81.54	0	36	432	881	1,349
Operations on the integumentary system	85–86	7,770	29,588	17,817	17,568	72,743
Breast biopsy	85.11–85.12	~	1,338	1,316	539	3,196
Mastectomy	85.4	~	165	444	318	929
Debridement of wound, infection or burn	86.22, 86.28	1,320	2,730	1,306	1,525	6,881
Skin graft	86.6–86.7	216	593	483	1,094	2,386
Miscellaneous diagnostic and therapeutic procedures	87–99	148,457	275,127	276,355	413,701	1,113,640
Computerised axial tomography	87.03, 87.41, 87.71, 88.01, 88.38	2,422	11,415	13,278	23,051	50,166
Pyelogram	87.73–87.75	143	1,330	1,031	706	3,210
Arteriography and angiocardiology using contrast material	88.4–88.5	279	2,641	11,758	11,190	25,868
Diagnostic ultrasound	88.7	10,858	34,952	19,396	30,756	95,962
Circulatory monitoring	89.6	560	346	479	1,346	2,731
Radioisotope scan	92.0–92.1	1,617	2,572	1,372	1,836	7,397
Respiratory therapy	93.9, 96.7	9,388	8,015	9,563	20,107	47,073

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



Analysis of Discharge
Data by Case Mix

SECTION

ENVE

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 “myeloproliferative diseases and disorders, and poorly differentiated 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 of three weeks for total in-patients was “multiple significant trauma” (MDC 24).

Discharges by Diagnosis Related Group (DRG)

- The top 20 DRGs for day patients accounted for 60.0 per cent of total day patient discharges.
- The most common DRG for day patients was “chemotherapy with acute leukaemia as secondary diagnosis” (DRG 410), which accounted for almost one-fifth of the day patient top 20 and 12.0 per cent of total day patient discharges.
- The 20 most common DRGs for total in-patients accounted for almost one-third of total in-patient discharges.
- The 20 most common DRG for total in-patients was “vaginal delivery without complicating diagnoses” (DRG 373), which accounted for 7.2 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 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 From the inception of the national case mix programme the Diagnosis Related Group (DRG) case mix classification scheme has been adopted by the DoH&C as the national standard for Ireland. The DRG scheme enables the disaggregation of patients into homogeneous groups, each of 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.³ The Ninth Revision of the International Classification of Diseases, Clinical Modification, Version October 1998 (ICD-9-CM) was the coding system used for DRG grouping in 2003. As all of the data required for DRG classification are available on the HIPE system, and since diagnoses and procedures are coded with ICD-9-CM, discharges are directly assigned to the DRG system from this database.

The Ninth Revision of the DRGs produced for the US Health Care Financing Administration (HCFA 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 2004.⁴

The first step in DRG assignment is the classification of discharges by Major Diagnostic Category (MDC). There are 25 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. There are some exceptions whereby the classification by MDC does not follow this pattern, for example “pregnancy, childbirth and the puerperium” (MDC 14), “multiple significant trauma” (MDC 24) and “human immunodeficiency virus (HIV) infections” (MDC 25).

After placement in the MDCs, discharges are assigned to a DRG level. In total, there are 511 DRGs. (A listing of all DRGs, by MDC, for HCFA 16.0 is available at <http://www.esri.ie/>). Discharges with a surgical procedure performed are assigned to the surgical DRGs where classification is based on the most resource intensive procedure performed. Medical discharges are assigned to a DRG based on principal diagnosis. Further classification within these groups will occur if particular variables, like 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.⁵ Some exceptions to the general approach for DRG classification do exist, for example discharges receiving liver or bone marrow transplants and temporary tracheostomies are assigned to DRGs outside of the MDC framework (known as pre-MDC).⁶

This section presents analysis by both MDC and DRG of discharges from acute public hospitals in 2003 that were reported to HIPE.

¹ Department of Health and Children, 2004. *The Modernisation of the National Casemix 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.

³ 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.

⁴ Since 2005 the Australian Refined DRGs (AR-DRGs) have been adopted as the case mix classification system in Ireland.

⁵ Complications arise during the hospital stay, while comorbidities are assumed to be prior existing conditions that present at the time of admission.

⁶ For a more detailed description of case mix and its application in Ireland see: 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; and Aisbett C, M.M. Wiley, B McCarthy, 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.

ANALYSIS BY MAJOR DIAGNOSTIC CATEGORY (MDC)

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). Just over half of discharges assigned to this MDC were treated on a day patient basis, while the remainder were more likely to be acute in-patients.

“Pregnancy, childbirth and the puerperium” (MDC 14) had the second largest number of total discharges, and the number of total in-patients in this MDC was substantially greater than the number of day patients. Furthermore, the majority of these in-patients were acute. Together, MDCs 6 and 14 accounted for over one-quarter of total discharges. The MDCs with the lowest number of total discharges did not relate to systems of the body and included “multiple significant trauma” (MDC 24), “burns” (MDC 22) and “HIV” (MDC 25).

A further disaggregation of discharges by MDC and hospital type is also presented in Table 5.1. In this section it is important to note that the distinction between voluntary and health board hospitals has changed compared to that used in earlier sections. The voluntary hospital grouping now includes both general and special hospitals, which are operated on a voluntary basis. Likewise, the health board hospital group in this section incorporates both general (at county and regional levels) and special hospitals run by health boards and regional authorities. See Appendix I for the classification of HIPE hospitals by voluntary and health board status in 2003.

Under this classification a higher number of discharges (more than half a million, or almost 61 per cent of total discharges) were treated in health board hospitals, and the remainder were discharged from voluntary hospitals. Despite differences in magnitude, the MDC with the greatest number of discharges in both voluntary and health board hospitals was “diseases and disorders of the digestive system” (MDC 6). However, within this MDC the types of patients treated by both types of hospitals differed. In voluntary hospitals, a higher number of day patients were treated for “diseases and disorders of the digestive system” (MDC 6), whereas in health board hospitals the number of total in-patients exceeded the number of day patients assigned to MDC 6. The highest numbers of day patients were recorded for “myeloproliferative diseases and disorders, and poorly differentiated neoplasms” (MDC 17) in both voluntary and health board 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, Health Board and All Hospitals

MDC— Description	Voluntary Hospitals					Health Board 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	
1 Diseases and disorders of the nervous system	2,660	10,142	1,136	11,278	13,938	3,705	21,670	1,029	22,699	26,404	6,365	31,812	2,165	33,977	40,342
2 Diseases and disorders of the eye	8,292	3,788	15	3,803	12,095	7,235	6,352	16	6,368	13,603	15,527	10,140	31	10,171	25,698
3 Diseases and disorders of the ear, nose, mouth and throat	8,695	11,217	217	11,434	20,129	12,359	20,605	38	20,643	33,002	21,054	31,822	255	32,077	53,131
4 Diseases and disorders of the respiratory system	2,248	14,102	1,061	15,163	17,411	2,571	33,895	915	34,810	37,381	4,819	47,997	1,976	49,973	54,792
5 Diseases and disorders of the circulatory system	8,073	20,399	901	21,300	29,373	11,374	40,744	874	41,618	52,992	19,447	61,143	1,775	62,918	82,365
6 Diseases and disorders of the digestive system	27,102	16,923	776	17,699	44,801	42,594	45,739	742	46,481	89,075	69,696	62,662	1,518	64,180	133,876
7 Diseases and disorders of the hepatobiliary system and pancreas	1,795	4,404	233	4,637	6,432	954	9,243	243	9,486	10,440	2,749	13,647	476	14,123	16,872
8 Diseases and disorders of the musculoskeletal system and connective tissue	10,966	15,816	784	16,600	27,566	13,902	32,858	789	33,647	47,549	24,868	48,674	1,573	50,247	75,115
9 Diseases and disorders of the skin, subcutaneous tissue and breast	26,558	7,679	508	8,187	34,745	24,321	15,082	238	15,320	39,641	50,879	22,761	746	23,507	74,386

Table 5.1: Discharges by MDC and Patient Type from Voluntary, Health Board and All Hospitals (Contd.)

MDC— Description	Voluntary Hospitals					Health Board 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	
10 Endocrine, nutritional and metabolic diseases and disorders	5,113	2,700	123	2,823	7,936	7,213	5,928	133	6,061	13,274	12,326	8,628	256	8,884	21,210
11 Diseases and disorders of the kidney and urinary tract	10,343	7,705	287	7,992	18,335	5,369	11,640	247	11,887	17,256	15,712	19,345	534	19,879	35,591
12 Diseases and disorders of the male reproductive system	5,440	2,200	195	2,395	7,835	4,211	3,937	44	3,981	8,192	9,651	6,137	239	6,376	16,027
13 Diseases and disorders of the female reproductive system	7,250	6,606	148	6,754	14,004	9,239	8,745	47	8,792	18,031	16,489	15,351	195	15,546	32,035
14 Pregnancy, childbirth and the puerperium	1,134	35,742	52	35,794	36,928	3,170	60,736	87	60,823	63,993	4,304	96,478	139	96,617	100,921
15 Newborns and other neonates with conditions originating in the perinatal period	62	2,676	251	2,927	2,989	79	3,522	255	3,777	3,856	141	6,198	506	6,704	6,845
16 Diseases and disorders of the blood and blood forming organs and immunological disorders	4,459	2,013	71	2,084	6,543	3,962	3,998	50	4,048	8,010	8,421	6,011	121	6,132	14,553

Table 5.1: Discharges by MDC and Patient Type from Voluntary, Health Board and All Hospitals (Contd.)

MDC— Description	Voluntary Hospitals					Health Board 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	
17 Myeloproliferative diseases and disorders, and poorly differentiated neoplasms	36,033	3,798	238	4,036	40,069	44,644	4,078	187	4,265	48,909	80,677	7,876	425	8,301	88,978
18 Infectious and parasitic diseases (systemic or unspecified sites)	1,529	2,228	87	2,315	3,844	514	6,876	134	7,010	7,524	2,043	9,104	221	9,325	11,368
19 Mental diseases and disorders	286	774	224	998	1,284	363	1,535	113	1,648	2,011	649	2,309	337	2,646	3,295
20 Alcohol/drug use and alcohol/drug induced organic mental disorders	147	441	40	481	628	7	1,832	12	1,844	1,851	154	2,273	52	2,325	2,479
21 Injuries, poisoning and toxic effects of drugs	202	4,613	56	4,669	4,871	89	10,629	59	10,688	10,777	291	15,242	115	15,357	15,648
22 Burns	1	344	30	374	375	1	413	15	428	429	2	757	45	802	804
23 Factors influencing health status and other contacts with health services	11,204	1,684	97	1,781	12,985	11,549	5,466	221	5,687	17,236	22,753	7,150	318	7,468	30,221
24 Multiple significant trauma	0	100	44	144	144	0	225	29	254	254	0	325	73	398	398
25 Human immunodeficiency virus infections (HIV)	610	193	23	216	826	10	117	~	120	130	620	310	26	336	956
Total	180,202	178,287	7,597	185,884	366,086	209,435	355,865	6,520	362,385	571,820	389,637	534,152	14,117	548,269	937,906

Notes: The voluntary hospital group includes both general and special hospitals operated on a voluntary basis. The health board hospital group incorporates general and special hospitals managed by health boards/regional authorities.

~ denotes five or less discharges reported to HIPE, which were suppressed for reasons of sensitivity.

The average length of stay for in-patients and total discharges by MDC and hospital type is reported in Table 5.2. It is interesting to note that although MDCs 6 and 14 recorded the highest volume of activity within both hospital types, the average length of stay for these two diagnostic categories were among the shortest. The average length of stay for total discharges in all hospitals for “diseases and disorders of the digestive system” (MDC 6) was over three days, with acute in-patients spending an average of almost five days in hospital. Acute in-patients and total discharges recorded similar average lengths of stay of approximately three days for “pregnancy, childbirth and the puerperium” (MDC 14).

Across all hospitals, “multiple significant trauma” (MDC 24) had the longest average length of stay of three weeks for total in-patients and total discharges. This MDC also had the longest average lengths of stay in voluntary and health board hospitals. In health board hospitals, total in-patient discharges assigned to this MDC were hospitalised for an average of 15.9 days, whereas in voluntary hospitals the average length of stay was almost double at just over four weeks. The longest average length of stay for acute in-patients in voluntary hospitals was “multiple significant trauma” (MDC 24) and in health board hospitals this was HIV (MDC 25).

On average, the acute in-patient average length of stay across MDCs was longer in voluntary hospitals compared to health board hospitals. In only 4 of the 25 MDCs, acute in-patients from voluntary hospitals recorded a shorter average length of stay than their counterparts from health board hospitals. These MDCs included “pregnancy, childbirth and the puerperium” (MDC 14), “newborns and other neonates with conditions originating in the perinatal period” (MDC 15), “factors influencing health status and other contacts with health services” (MDC 23) and “HIV” (MDC 25).

TABLE 5.2

Average Length of Stay (Days) by MDC and Patient Type for Voluntary, Health Board and All Hospitals

MDC— Description	Voluntary Hospitals				Health Board 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	
1 Diseases and disorders of nervous system	7.0	88.0	15.2	12.5	5.4	66.9	8.2	7.2	5.9	77.9	10.5	9.0
2 Diseases and disorders of the eye	3.4	69.1	3.6	1.8	3.0	41.7	3.1	2.0	3.1	54.9	3.3	1.9
3 Diseases and disorders of the ear, nose, mouth and throat	3.2	54.7	4.2	2.8	2.5	46.8	2.6	2.0	2.7	53.5	3.1	2.3
4 Diseases and disorders of the respiratory system	7.6	68.6	11.9	10.5	6.4	50.0	7.6	7.1	6.8	60.0	8.9	8.2
5 Diseases and disorders of the circulatory system	6.5	65.0	9.0	6.8	5.8	49.1	6.7	5.5	6.1	57.2	7.5	6.0
6 Diseases and disorders of the digestive system	5.7	59.4	8.1	3.8	4.6	48.3	5.3	3.2	4.9	54.0	6.1	3.4
7 Diseases and disorders of the hepatobiliary system and pancreas	7.1	59.2	9.8	7.3	6.2	45.7	7.3	6.7	6.5	52.3	8.1	6.9
8 Diseases and disorders of the musculoskeletal system and connective tissue	6.6	63.0	9.3	6.0	5.6	53.4	6.7	5.0	5.9	58.2	7.6	5.4
9 Diseases and disorders of the skin, subcutaneous tissue and breast	5.6	49.9	8.3	2.7	4.4	77.9	5.5	2.8	4.8	58.8	6.5	2.7
10 Endocrine, nutritional and metabolic diseases and disorders	6.2	68.1	8.9	3.8	5.7	57.9	6.9	3.7	5.9	62.8	7.5	3.7
11 Diseases and disorders of the kidney and urinary tract	5.9	66.1	8.1	4.1	5.5	52.5	6.5	4.8	5.7	59.8	7.1	4.4
12 Diseases and disorders of the male reproductive system	5.3	54.9	9.3	3.5	4.7	40.3	5.1	3.0	4.9	52.2	6.7	3.3
13 Diseases and disorders of the female reproductive system	4.7	45.7	5.6	3.2	4.2	42.4	4.4	2.7	4.4	44.9	4.9	2.9
14 Pregnancy, childbirth and the puerperium	2.9	48.2	3.0	3.0	3.0	47.2	3.1	3.0	3.0	47.6	3.1	3.0

Table 5.2: Average Length of Stay (Days) by MDC and Patient Type for Voluntary, Health Board and All Hospitals (Contd.)

MDC— Description	Voluntary Hospitals				Health Board 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	
15 Newborns and other neonates with conditions originating in the perinatal period	5.8	56.2	10.2	10.0	6.5	50.2	9.5	9.3	6.2	53.2	9.8	9.6
16 Diseases and disorders of the blood and blood forming organs and immunological disorders	5.8	45.5	7.2	3.0	5.4	45.0	5.9	3.5	5.5	45.3	6.3	3.2
17 Myeloproliferative diseases and disorders, and poorly differentiated neoplasms	7.0	49.3	9.5	1.9	5.6	51.2	7.6	1.6	6.3	50.1	8.5	1.7
18 Infectious and parasitic diseases (systemic or unspecified sites)	5.5	71.5	7.9	5.2	3.9	53.6	4.8	4.6	4.3	60.7	5.6	4.8
19 Mental diseases and disorders	8.2	91.7	26.9	21.2	6.7	79.4	11.7	9.8	7.2	87.6	17.5	14.2
20 Alcohol/drug use and alcohol/drug induced organic mental disorders	8.9	57.2	12.9	10.1	3.1	53.0	3.4	3.4	4.2	56.2	5.4	5.1
21 Injuries, poisoning and toxic effects of drugs	2.7	62.3	3.4	3.3	2.3	53.5	2.6	2.6	2.4	57.8	2.8	2.8
22 Burns	7.9	48.8	11.2	11.2	4.9	54.2	6.6	6.6	6.3	50.6	8.8	8.7
23 Factors influencing health status and other contacts with health services	3.9	74.8	7.7	1.9	4.8	134.0	9.8	3.9	4.6	116.0	9.3	3.1
24 Multiple significant trauma	10.8	73.5	29.9	29.9	10.0	62.2	15.9	15.9	10.2	69.0	21.0	21.0
25 Human immunodeficiency virus infections (HIV)	8.9	61.8	14.5	4.5	12.2	~	12.8	11.9	10.1	59.0	13.9	5.5
Total	5.3	66.0	7.8	4.4	4.7	57.2	5.6	3.9	4.9	61.9	6.4	4.1

Notes: The voluntary hospital group includes both general and special hospitals operated on a voluntary basis. The health board hospital group incorporates general and special hospitals managed by health boards/regional authorities.

^a Includes day and in-patients.

~ denotes five or less discharges reported to HIPE, which were suppressed for reasons of sensitivity.

ANALYSIS BY DIAGNOSIS RELATED GROUP (DRG)

Top 20 DRGs

Three out of every five day patient discharges were within one of the top 20 DRGs with the highest volume of day patient activity (see Table 5.3). The most common DRG for day patients was “chemotherapy without acute leukaemia as secondary diagnosis” (DRG 410), which accounted for almost one-fifth of the day patient top 20 and 12.0 per cent of total day patient discharges. This was also the most common DRG for day patients in 2002. Compared to the previous year’s ranking, “red blood cell disorders age >17” (DRG 395) entered the top 20 DRGs for day patients in 2003, replacing “aftercare, musculoskeletal system and connective tissue” (DRG 15), which accounted for 1.4 per cent of total day patients in 2002. Apart from this, the DRGs in the 2002 and 2003 listings are the same, although there were differences in the order of rank between the two years.

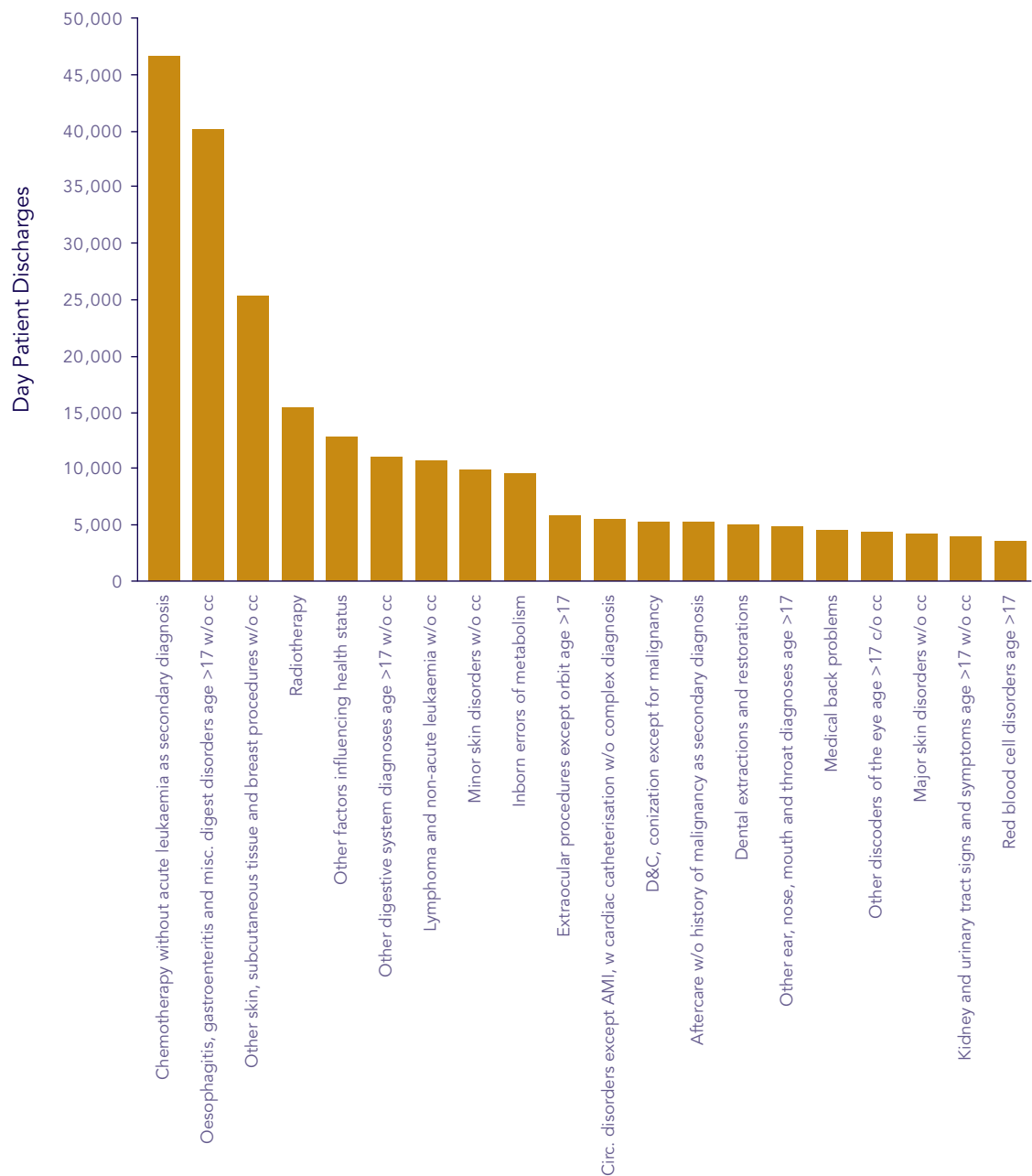
TABLE 5.3

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

Rank	Description	DRG	N	% of Top 20 DRGs for Day Patients	% of Total Day Patients
1	Chemotherapy without acute leukaemia as secondary diagnosis	410	46,615	19.9	12.0
2	Oesophagitis, gastroenteritis and miscellaneous digest disorders, age >17 w/o cc	183	40,110	17.2	10.3
3	Other skin, subcutaneous tissue and breast procedures w/o cc	270	25,281	10.8	6.5
4	Radiotherapy ^a	409	15,421	6.6	4.0
5	Other factors influencing health status	467	12,898	5.5	3.3
6	Other digestive system diagnoses, age >17 w/o cc	189	11,117	4.8	2.9
7	Lymphoma and non-acute leukaemia w/o cc	404	10,711	4.6	2.7
8	Minor skin disorders w/o cc	284	9,896	4.2	2.5
9	Inborn errors of metabolism	299	9,501	4.1	2.4
10	Extraocular procedures except orbit, age >17	40	5,838	2.5	1.5
11	Circulatory disorders except AMI, with cardiac catheterisation w/o complex diagnosis	125	5,447	2.3	1.4
12	D&C, conization except for malignancy	364	5,166	2.2	1.3
13	Aftercare w/o history of malignancy as secondary diagnosis	466	5,134	2.2	1.3
14	Dental extractions and restorations	187	5,092	2.2	1.3
15	Other ear, nose, mouth and throat diagnoses, age >17	73	4,932	2.1	1.3
16	Medical back problems	243	4,588	2.0	1.2
17	Other disorders of the eye, age >17 w/o cc	47	4,443	1.9	1.1
18	Major skin disorders w/o cc	273	4,140	1.8	1.1
19	Kidney and urinary tract signs and symptoms, age >17 w/o cc	326	3,897	1.7	1.0
20	Red blood cell disorders, age >17	395	3,566	1.5	0.9
Top 20 DRGs for Day Patients—Total		–	233,793	100	60.0
Day Patients—Total		–	389,637	–	100

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 DRGs for Day Patients



While 60.0 per cent of day patients were assigned to one of the 20 most common DRGs, just over one-third of total in-patient discharges were classified in the top 20 DRGs (see Table 5.4). The most common DRG for total in-patients, “vaginal delivery without complicating diagnoses” (DRG 373), accounted for 7.2 per cent of total in-patients. The total in-patient average length of stay for this DRG was 3.1 days, which was just under half the total in-patients average (6.4 days). In addition, this DRG was one of five in the top 20 relating to obstetrical and gynaecological activity, which together accounted for over 44 per cent of the top 20 in-patient discharges.

The most common DRG in 2003 was the same as 2002. However, there were a number of changes to the top 20 DRGs in 2003 compared with 2002. Most notably, 2 DRGs which were in the top 20 in 2002 dropped out of the listing in 2003. These two DRGs were “lens procedures with or without vitrectomy” (DRG 39) and “abortion with D&C, aspiration curettage or hysterotomy” (DRG 381). In 2003, these DRGs were replaced by “other respiratory system diagnoses with cc” (DRG 101) and “viral illness and fever of unknown origin age 0–17” (DRG 422).

TABLE 5.4

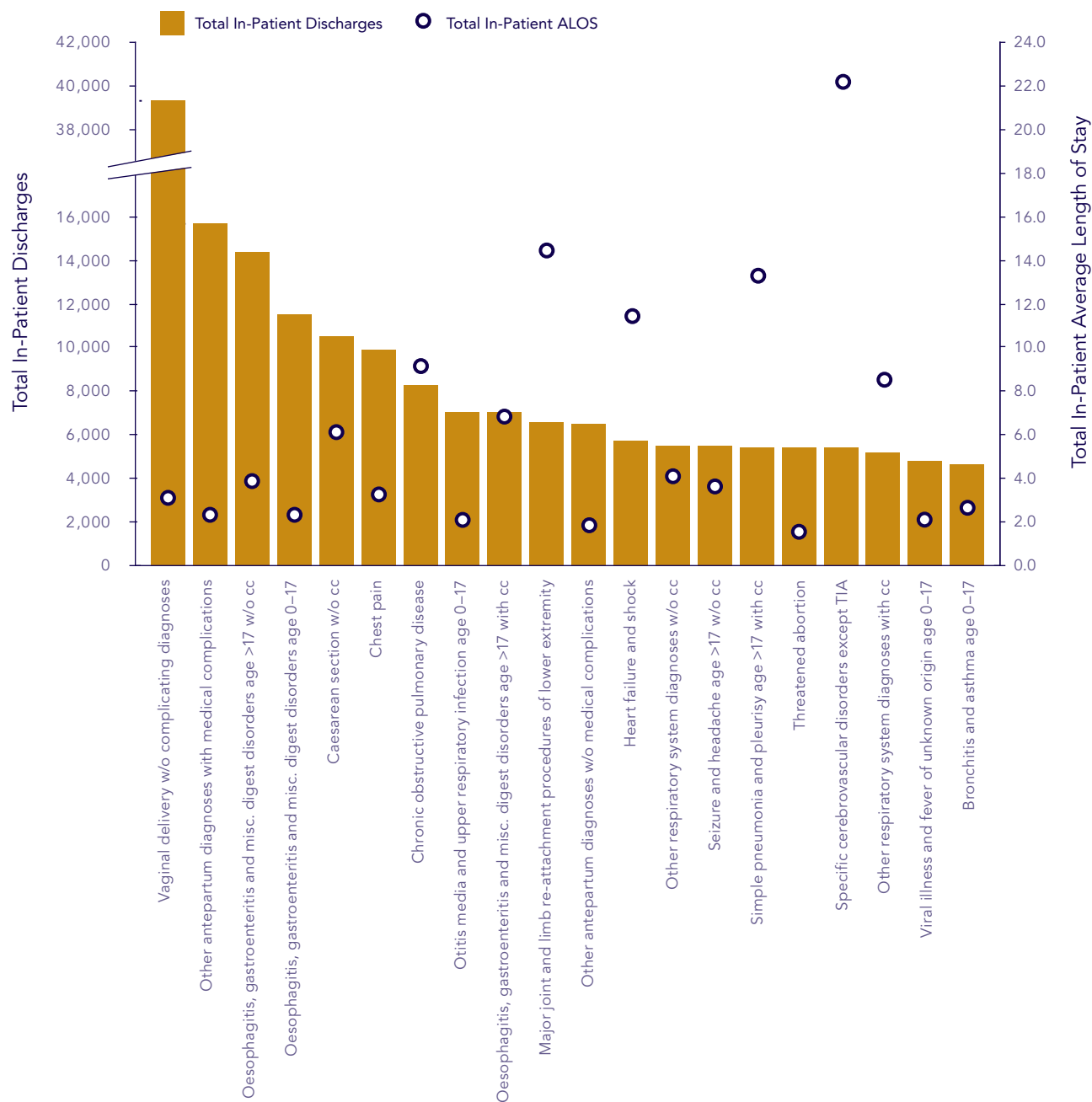
Top 20 DRGs for Total In-Patients—Number and Percentage of Total In-Patient Discharges and Total In-Patient Average Length of Stay (Days)

Rank	Description	DRG	N	% of Top 20 DRGs for Total In-Patients	% of Total In-Patients	Total In-Patient Average Length of Stay ^a
1	Vaginal delivery w/o complicating diagnoses	373	39,294	21.4	7.2	3.1
2	Other antepartum diagnoses with medical complications	383	15,677	8.5	2.9	2.3
3	Oesophagitis, gastroenteritis and miscellaneous digest disorders, age >17 w/o cc	183	14,381	7.8	2.6	3.9
4	Oesophagitis, gastroenteritis and miscellaneous digest disorders age 0–17	184	11,490	6.2	2.1	2.3
5	Caesarean section w/o cc	371	10,487	5.7	1.9	6.1
6	Chest pain	143	9,889	5.4	1.8	3.2
7	Chronic obstructive pulmonary disease	88	8,286	4.5	1.5	9.1
8	Otitis media and upper respiratory infection age 0–17	70	7,043	3.8	1.3	2.1
9	Oesophagitis, gastroenteritis and miscellaneous digest disorders, age >17 with cc	182	6,997	3.8	1.3	6.8
10	Major joint and limb re-attachment procedures of lower extremity	209	6,593	3.6	1.2	14.4
11	Other antepartum diagnoses w/o medical complications	384	6,454	3.5	1.2	1.8
12	Heart failure and shock	127	5,720	3.1	1.0	11.4
13	Other respiratory system diagnoses w/o cc	102	5,515	3.0	1.0	4.1
14	Seizure and headache, age >17 w/o cc	25	5,442	3.0	1.0	3.6
15	Simple pneumonia and pleurisy, age >17 with cc	89	5,422	2.9	1.0	13.3
16	Threatened abortion	379	5,398	2.9	1.0	1.5
17	Specific cerebrovascular disorders except TIA	14	5,375	2.9	1.0	22.1
18	Other respiratory system diagnoses with cc	101	5,168	2.8	0.9	8.5
19	Viral illness and fever of unknown origin age 0–17	422	4,797	2.6	0.9	2.1
20	Bronchitis and asthma age 0–17	98	4,602	2.5	0.8	2.7
Top 20 DRGs for Total In-Patients—Total		–	184,030	100	33.6	5.2
Total In-Patients		–	548,269	–	100	6.4

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

FIGURE 5.2

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



DRGs by Patient and Hospital Type

Table 5.5 presents a breakdown of discharges by DRG, patient and hospital types.⁷ Consistent with the analysis of the top 20 DRGs, the most common DRG for day patients in voluntary hospitals was “chemotherapy without acute leukaemia as secondary diagnosis” (DRG 410). The highest number of day patients in health board hospitals were assigned to “oesophagitis, gastroenteritis and miscellaneous digestive disorders amongst discharges older than 17 years and without cc” (DRG 183), which ranked second in top 20 DRG analysis for day patients. For both voluntary and health board hospitals, the DRG that recorded the highest number of total in-patients was “vaginal delivery without complicating diagnoses” (DRG 373).

Average length of stay by DRG, hospital and patient types is reported in Table 5.6. The most common DRG, “vaginal delivery without complicating diagnoses” (DRG 373), recorded an average length of stay for acute in-patient discharges of 2.9 days for voluntary hospitals, which was slightly shorter than that recorded for health board hospitals (3.2 days). In contrast, the average length of stay for the second most common DRG (“oesophagitis, gastroenteritis and miscellaneous digestive disorders amongst discharges older than 17 years and without cc,” (DRG 183)) for acute in-patient discharges at health board hospitals was 3.7 days compared to 4.0 days at voluntary hospitals. Although these two DRGs represented a high volume of discharges, the corresponding acute in-patient average lengths of stay were comparatively short. The longest average length of stay recorded for acute in-patients in voluntary hospitals was 22.4 days for “bone marrow transplant” (DRG 481). The DRG with the longest average length of stay for acute in-patients in health board hospitals of almost three weeks was “coronary bypass with cardiac catheterisation” (DRG 107).

⁷ In this section, the voluntary hospital grouping includes both general and special hospitals, which are operated on a voluntary basis. Likewise, the health board hospital group here incorporates both general (regional and county) and special hospitals run by health boards/authorities. See Appendix I for the classification of HIPE hospitals by voluntary and health board status in 2003.

TABLE 5.5

Discharges from Voluntary, Health Board and All Hospitals by DRG and Patient Type

DRG—Description	Voluntary Hospitals					Health Board Hospitals					All Hospitals				
	Day Patients	Acute (0–30 days)	In-Patients Extended (>30 days)	Total In-Patients	Total Discharges	Day Patients	Acute (0–30 days)	In-Patients Extended (>30 days)	Total In-Patients	Total Discharges	Day Patients	Acute (0–30 days)	In-Patients Extended (>30 days)	Total In-Patients	Total Discharges
1 Craniotomy, age >17, except for trauma	2	649	67	716	718	4	266	15	281	285	6	915	82	997	1,003
2 Craniotomy for trauma, age >17	0	97	11	108	108	0	35	2	37	37	0	132	13	145	145
3 Craniotomy, age 0–17	0	177	17	194	194	0	31	4	35	35	0	208	21	229	229
4 Spinal procedures	4	98	10	108	112	3	38	2	40	43	7	136	12	148	155
5 Extracranial vascular procedures	1	234	13	247	248	0	93	2	95	95	1	327	15	342	343
6 Carpal tunnel release	254	52	1	53	307	445	235	0	235	680	699	287	1	288	987
7 Peripheral and cranial nerve and other nervous system procedures with cc	5	42	16	58	63	5	69	10	79	84	10	111	26	137	147
8 Peripheral and cranial nerve and other nervous system procedures w/o cc	106	241	2	243	349	44	242	5	247	291	150	483	7	490	640
9 Spinal disorders and injuries	153	136	69	205	358	12	77	3	80	92	165	213	72	285	450
10 Nervous system neoplasms with cc	45	153	24	177	222	40	215	20	235	275	85	368	44	412	497
11 Nervous system neoplasms w/o cc	217	245	29	274	491	75	256	9	265	340	292	501	38	539	831
12 Degenerative nervous system disorders	164	399	99	498	662	358	1,210	174	1,384	1,742	522	1,609	273	1,882	2,404
13 Multiple sclerosis and cerebellar ataxia	257	310	21	331	588	228	626	13	639	867	485	936	34	970	1,455
14 Specific cerebrovascular disorders except TIA	66	1,292	447	1,739	1,805	21	3,073	563	3,636	3,657	87	4,365	1,010	5,375	5,462

Table 5.5: Discharges from Voluntary, Health Board and All Hospitals by DRG and Patient Type (Contd.)

DRG—Description	Voluntary Hospitals					Health Board 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											
15 Transient ischaemic attack and precerebral occlusions	32	678	14	692	724	92	2,151	32	2,183	2,275	124	2,829	46	2,875	2,999
16 Non-specific cerebrovascular disorders with cc	1	56	15	71	72	8	113	7	120	128	9	169	22	191	200
17 Non-specific cerebrovascular disorders w/o cc	19	98	1	99	118	23	163	10	173	196	42	261	11	272	314
18 Cranial and peripheral nerve disorders with cc	107	102	10	112	219	104	158	10	168	272	211	260	20	280	491
19 Cranial and peripheral nerve disorders w/o cc	456	167	8	175	631	1,037	464	3	467	1,504	1,493	631	11	642	2,135
20 Nervous system infection except viral meningitis	20	168	26	194	214	54	290	18	308	362	74	458	44	502	576
21 Viral meningitis	3	81	0	81	84	0	186	1	187	187	3	267	1	268	271
22 Hypertensive encephalopathy	0	5	0	5	5	1	8	0	8	9	1	13	0	13	14
23 Non-traumatic stupor and coma	3	62	3	65	68	11	223	4	227	238	14	285	7	292	306
24 Seizure and headache, age >17 with cc	14	565	29	594	608	19	1,461	18	1,479	1,498	33	2,026	47	2,073	2,106
25 Seizure and headache, age >17 w/o cc	128	1,136	14	1,150	1,278	339	4,287	5	4,292	4,631	467	5,423	19	5,442	5,909
26 Seizure and headache, age 0–17	212	856	9	865	1,077	200	2,283	1	2,284	2,484	412	3,139	10	3,149	3,561
27 Traumatic stupor and coma, coma >1 hr	0	36	3	39	39	0	195	6	201	201	0	231	9	240	240
28 Traumatic stupor and coma, coma <1 hr, age >17 with cc	0	107	21	128	128	0	387	11	398	398	0	494	32	526	526

Table 5.5: Discharges from Voluntary, Health Board and All Hospitals by DRG and Patient Type (Contd.)

DRG—Description	Voluntary Hospitals					Health Board Hospitals					All Hospitals				
	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	Day Patients	Acute (0–30 days)	Extended (>30 days)	Total In-Patients	Total Discharges
29 Traumatic stupor and coma, coma <1 hr, age >17 w/o cc	0	120	25	145	145	0	506	6	512	512	0	626	31	657	657
30 Traumatic stupor and coma, coma <1 hr, age 0–17	0	121	6	127	127	2	273	0	273	275	2	394	6	400	402
31 Concussion, age >17 with cc	0	96	0	96	96	0	192	3	195	195	0	288	3	291	291
32 Concussion, age >17 w/o cc	0	154	0	154	154	0	384	1	385	385	0	538	1	539	539
33 Concussion, age 0–17	0	51	0	51	51	0	140	0	140	140	0	191	0	191	191
34 Other disorders of nervous system with cc	25	313	27	340	365	35	306	14	320	355	60	619	41	660	720
35 Other disorders of nervous system w/o cc	343	923	7	930	1,273	532	930	8	938	1,470	875	1,853	15	1,868	2,743
36 Retinal procedures	32	314	1	315	347	22	294	0	294	316	54	608	1	609	663
37 Orbital procedures	6	89	2	91	97	9	66	0	66	75	15	155	2	157	172
38 Primary iris procedures	23	35	0	35	58	237	42	0	42	279	260	77	0	77	337
39 Lens procedures with or without vitrectomy	1,625	1,439	2	1,441	3,066	1,715	3,067	0	3,067	4,782	3,340	4,506	2	4,508	7,848
40 Extraocular procedures except orbit, age >17	2,670	429	3	432	3,102	3,168	954	2	956	4,124	5,838	1,383	5	1,388	7,226
41 Extraocular procedures except orbit, age 0–17	517	308	2	310	827	291	214	0	214	505	808	522	2	524	1,332
42 Intraocular procedures except retina, iris and lens	56	242	0	242	298	64	329	3	332	396	120	571	3	574	694
43 Hypphema	1	40	0	40	41	0	101	0	101	101	1	141	0	141	142
44 Acute major eye infections	2	142	1	143	145	6	165	2	167	173	8	307	3	310	318

Table 5.5: Discharges from Voluntary, Health Board and All Hospitals by DRG and Patient Type (Contd.)

DRG—Description	Voluntary Hospitals					Health Board 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											
45 Neurological eye disorders	215	129	0	129	344	102	240	0	240	342	317	369	0	369	686
46 Other disorders of the eye, age >17 with cc	71	115	2	117	188	89	161	6	167	256	160	276	8	284	444
47 Other disorders of the eye, age >17 w/o cc	2,975	352	1	353	3,328	1,468	565	2	567	2,035	4,443	917	3	920	5,363
48 Other disorders of the eye, age 0–17	96	134	0	134	230	60	148	0	148	208	156	282	0	282	438
49 Major head and neck procedures	1	88	6	94	95	0	11	1	12	12	1	99	7	106	107
50 Sialoadenectomy	6	73	0	73	79	4	71	0	71	75	10	144	0	144	154
51 Salivary gland procedures except sialoadenectomy	3	25	0	25	28	9	19	0	19	28	12	44	0	44	56
52 Cleft lip and palate repair	1	110	0	110	111	1	29	0	29	30	2	139	0	139	141
53 Sinus and mastoid procedures, age >17	13	285	1	286	299	8	304	0	304	312	21	589	1	590	611
54 Sinus and mastoid procedures, age 0–17	1	61	1	62	63	1	45	0	45	46	2	106	1	107	109
55 Miscellaneous ear, nose, mouth and throat procedures	1,035	473	2	475	1,510	381	617	0	617	998	1,416	1,090	2	1,092	2,508
56 Rhinoplasty	60	402	0	402	462	52	333	0	333	385	112	735	0	735	847
57 T&A procedures, except tonsillectomy and/or adenoidectomy only, age >17	24	172	1	173	197	18	173	0	173	191	42	345	1	346	388
58 T&A procedures, except tonsillectomy and/or adenoidectomy only, age 0–17	10	87	0	87	97	5	121	0	121	126	15	208	0	208	223

Table 5.5: Discharges from Voluntary, Health Board and All Hospitals by DRG and Patient Type (Contd.)

DRG—Description	Voluntary Hospitals					Health Board Hospitals					All Hospitals				
	Day Patients	Acute (0–30 days)	Extended (>30 days)	In-Patients	Total Discharges	Day Patients	Acute (0–30 days)	Extended (>30 days)	In-Patients	Total Discharges	Day Patients	Acute (0–30 days)	Extended (>30 days)	In-Patients	Total Discharges
59 Tonsillectomy and/or adenoidectomy only, age >17	4	457	0	457	461	5	815	0	815	820	9	1,272	0	1,272	1,281
60 Tonsillectomy and/or adenoidectomy only, age 0–17	28	1,819	0	1,819	1,847	48	1,658	0	1,658	1,706	76	3,477	0	3,477	3,553
61 Myringotomy with tube insertion, age >17	105	36	0	36	141	238	53	1	54	292	343	89	1	90	433
62 Myringotomy with tube insertion, age 0–17	1,263	617	0	617	1,880	1,388	441	0	441	1,829	2,651	1,058	0	1,058	3,709
63 Other ear, nose, mouth and throat O.R. procedures	31	477	3	480	511	39	315	2	317	356	70	792	5	797	867
64 Ear, nose, mouth and throat malignancy	61	261	125	386	447	39	223	11	234	273	100	484	136	620	720
65 Dysequilibrium	127	243	3	246	373	215	1,302	1	1,303	1,518	342	1,545	4	1,549	1,891
66 Epistaxis	145	673	0	673	818	212	1,159	0	1,159	1,371	357	1,832	0	1,832	2,189
67 Epiglottitis	2	10	0	10	12	0	17	0	17	17	2	27	0	27	29
68 Otitis media and upper respiratory infection, age >17 with cc	6	121	2	123	129	8	345	1	346	354	14	466	3	469	483
69 Otitis media and upper respiratory infection, age >17 w/o cc	248	681	1	682	930	857	2,449	0	2,449	3,306	1,105	3,130	1	3,131	4,236
70 Otitis media and upper respiratory infection, age 0–17	418	1,332	1	1,333	1,751	352	5,707	3	5,710	6,062	770	7,039	4	7,043	7,813
71 Laryngotracheitis	1	98	0	98	99	0	631	0	631	631	1	729	0	729	730
72 Nasal trauma and deformity	439	254	0	254	693	716	500	0	500	1,216	1,155	754	0	754	1,909
73 Other ear, nose, mouth and throat diagnoses, age >17	2,531	693	2	695	3,226	2,401	1,341	2	1,343	3,744	4,932	2,034	4	2,038	6,970

Table 5.5: Discharges from Voluntary, Health Board and All Hospitals by DRG and Patient Type (Contd.)

DRG—Description	Voluntary Hospitals					Health Board 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											
74 Other ear, nose, mouth and throat diagnoses, age 0–17	810	367	2	369	1,179	462	421	0	421	883	1,272	788	2	790	2,062
75 Major chest procedures	1	328	54	382	383	3	92	5	97	100	4	420	59	479	483
76 Other respiratory system O.R. procedures with cc	14	162	36	198	212	14	95	23	118	132	28	257	59	316	344
77 Other respiratory system O.R. procedures w/o cc	33	118	10	128	161	42	58	2	60	102	75	176	12	188	263
78 Pulmonary embolism	1	306	13	319	320	8	638	28	666	674	9	944	41	985	994
79 Respiratory infections and inflammations, age >17 with cc	11	457	113	570	581	5	592	110	702	707	16	1,049	223	1,272	1,288
80 Respiratory infections and inflammations, age >17 w/o cc	15	247	51	298	313	31	236	10	246	277	46	483	61	544	590
81 Respiratory infections and inflammations, age 0–17	34	142	6	148	182	6	58	3	61	67	40	200	9	209	249
82 Respiratory neoplasms	744	1,153	109	1,262	2,006	448	1,403	80	1,483	1,931	1,192	2,556	189	2,745	3,937
83 Major chest trauma with cc	0	30	2	32	32	0	109	3	112	112	0	139	5	144	144
84 Major chest trauma w/o cc	0	22	0	22	22	0	167	0	167	167	0	189	0	189	189
85 Pleural effusion with cc	7	158	21	179	186	17	384	30	414	431	24	542	51	593	617
86 Pleural effusion w/o cc	18	80	6	86	104	43	181	2	183	226	61	261	8	269	330
87 Pulmonary oedema and respiratory failure	15	266	38	304	319	1	756	39	795	796	16	1,022	77	1,099	1,115

Table 5.5: Discharges from Voluntary, Health Board and All Hospitals by DRG and Patient Type (Contd.)

DRG—Description	Voluntary Hospitals					Health Board Hospitals					All Hospitals				
	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	Day Patients	Acute (0–30 days)	Extended (>30 days)	Total In-Patients	Total Discharges
88 Chronic obstructive pulmonary disease	169	2,312	104	2,416	2,585	271	5,750	120	5,870	6,141	440	8,062	224	8,286	8,726
89 Simple pneumonia and pleurisy, age >17 with cc	9	1,453	182	1,635	1,644	13	3,575	212	3,787	3,800	22	5,028	394	5,422	5,444
90 Simple pneumonia and pleurisy, age >17 w/o cc	37	580	42	622	659	29	1,639	11	1,650	1,679	66	2,219	53	2,272	2,338
91 Simple pneumonia and pleurisy, age 0–17	21	776	6	782	803	41	1,415	2	1,417	1,458	62	2,191	8	2,199	2,261
92 Interstitial lung disease with cc	33	149	18	167	200	34	273	14	287	321	67	422	32	454	521
93 Interstitial lung disease w/o cc	60	98	6	104	164	200	197	2	199	399	260	295	8	303	563
94 Pneumothorax with cc	1	99	6	105	106	0	144	4	148	148	1	243	10	253	254
95 Pneumothorax w/o cc	2	168	3	171	173	1	282	0	282	283	3	450	3	453	456
96 Bronchitis and asthma, age >17 with cc	17	180	7	187	204	27	359	7	366	393	44	539	14	553	597
97 Bronchitis and asthma, age >17 w/o cc	111	431	3	434	545	212	1,390	6	1,396	1,608	323	1,821	9	1,830	2,153
98 Bronchitis and asthma, age 0–17	32	1,183	1	1,184	1,216	91	3,417	1	3,418	3,509	123	4,600	2	4,602	4,725
99 Respiratory signs and symptoms with cc	61	228	1	229	290	90	590	5	595	685	151	818	6	824	975
100 Respiratory signs and symptoms w/o cc	372	505	4	509	881	706	1,298	0	1,298	2,004	1,078	1,803	4	1,807	2,885
101 Other respiratory system diagnoses with cc	33	1,094	49	1,143	1,176	66	3,955	70	4,025	4,091	99	5,049	119	5,168	5,267

Table 5.5: Discharges from Voluntary, Health Board and All Hospitals by DRG and Patient Type (Contd.)

DRG—Description	Voluntary Hospitals					Health Board 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											
102 Other respiratory system diagnoses w/o cc	393	1,030	13	1,043	1,436	160	4,455	17	4,472	4,632	553	5,485	30	5,515	6,068
103 Heart transplant	0	7	6	13	13	0	0	0	0	0	0	7	6	13	13
104 Cardiac valve and other major cardiothoracic procedures with cardiac catheterisation	1	63	23	86	87	0	4	8	12	12	1	67	31	98	99
105 Cardiac valve and other major cardiothoracic procedures w/o cardiac catheterisation	17	338	22	360	377	6	87	6	93	99	23	425	28	453	476
106 Coronary bypass with PTCA	0	1	1	2	2	0	0	1	1	1	0	1	2	3	3
107 Coronary bypass with cardiac catheterisation	0	126	14	140	140	0	22	21	43	43	0	148	35	183	183
108 Other cardiothoracic procedures	31	193	14	207	238	0	13	1	14	14	31	206	15	221	252
109 Coronary bypass w/o cardiac catheterisation	3	704	20	724	727	2	283	16	299	301	5	987	36	1,023	1,028
110 Major cardiovascular procedures with cc	2	245	58	303	305	0	47	11	58	58	2	292	69	361	363
111 Major cardiovascular procedures w/o cc	2	196	3	199	201	0	41	3	44	44	2	237	6	243	245
112 Percutaneous cardiovascular procedures	86	159	0	159	245	104	122	1	123	227	190	281	1	282	472
113 Amputation for circulatory system disorders except upper limb and toe	0	64	46	110	110	0	70	74	144	144	0	134	120	254	254

Table 5.5: Discharges from Voluntary, Health Board and All Hospitals by DRG and Patient Type (Contd.)

DRG—Description	Voluntary Hospitals					Health Board 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											
114 Upper limb and toe amputation for circulatory system disorders	4	40	14	54	58	1	47	13	60	61	5	87	27	114	119
115 Permanent cardiac pacemaker implant with AML, heart failure or shock or AICD lead or generator procedure	3	31	3	34	37	2	52	2	54	56	5	83	5	88	93
116 Other permanent cardiac pacemaker implant or PTCA with coronary artery stent implant	573	2,637	29	2,666	3,239	158	961	9	970	1,128	731	3,598	38	3,636	4,367
117 Cardiac pacemaker revision except device replacement	17	32	3	35	52	0	28	0	28	28	17	60	3	63	80
118 Cardiac pacemaker device replacement	21	97	2	99	120	10	65	1	66	76	31	162	3	165	196
119 Vein ligation and stripping	713	715	3	718	1,431	744	1,172	0	1,172	1,916	1,457	1,887	3	1,890	3,347
120 Other circulatory system O.R. procedures	6	50	14	64	70	1	68	21	89	90	7	118	35	153	160
121 Circulatory disorders with AML and major complication, discharged alive	8	422	33	455	463	3	1,023	44	1,067	1,070	11	1,445	77	1,522	1,533
122 Circulatory disorders with AML w/o major complication, discharged alive	87	633	33	666	753	36	1,734	29	1,763	1,799	123	2,367	62	2,429	2,552
123 Circulatory disorders with AML, expired	0	199	29	228	228	0	356	11	367	367	0	555	40	595	595
124 Circulatory disorders except AML, with cardiac catheterisation and complex diagnosis	271	662	20	682	953	146	316	3	319	465	417	978	23	1,001	1,418

Table 5.5: Discharges from Voluntary, Health Board and All Hospitals by DRG and Patient Type (Contd.)

DRG—Description	Voluntary Hospitals					Health Board 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											
125 Circulatory disorders except AMI, with cardiac catheterisation w/o complex diagnosis	3,592	1,348	12	1,360	4,952	1,855	983	3	986	2,841	5,447	2,331	15	2,346	7,793
126 Acute and subacute endocarditis	3	22	20	42	45	2	35	12	47	49	5	57	32	89	94
127 Heart failure and shock	124	1,034	115	1,149	1,273	133	4,368	203	4,571	4,704	257	5,402	318	5,720	5,977
128 Deep vein thrombophlebitis	12	391	11	402	414	59	573	3	576	635	71	964	14	978	1,049
129 Cardiac arrest, unexplained	0	54	13	67	67	0	84	2	86	86	0	138	15	153	153
130 Peripheral vascular disorders with cc	37	397	33	430	467	75	946	47	993	1,068	112	1,343	80	1,423	1,535
131 Peripheral vascular disorders w/o cc	368	467	15	482	850	1,654	1,125	15	1,140	2,794	2,022	1,592	30	1,622	3,644
132 Atherosclerosis with cc	71	555	27	582	653	117	1,566	32	1,598	1,715	188	2,121	59	2,180	2,368
133 Atherosclerosis w/o cc	87	246	7	253	340	594	1,305	4	1,309	1,903	681	1,551	11	1,562	2,243
134 Hypertension	418	392	13	405	823	939	1,261	11	1,272	2,211	1,357	1,653	24	1,677	3,034
135 Cardiac congenital and valvular disorders, age >17 with cc	107	97	4	101	208	37	174	11	185	222	144	271	15	286	430
136 Cardiac congenital and valvular disorders, age 0–17 w/o cc	129	53	3	56	185	142	151	5	156	298	271	204	8	212	483
137 Cardiac congenital and valvular disorders, age 0–17	81	266	2	268	349	133	130	3	133	266	214	396	5	401	615
138 Cardiac arrhythmia and conduction disorders with cc	172	890	27	917	1,089	200	2,176	50	2,226	2,426	372	3,066	77	3,143	3,515

Table 5.5: Discharges from Voluntary, Health Board and All Hospitals by DRG and Patient Type (Contd.)

DRG—Description	Voluntary Hospitals					Health Board 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											
139 Cardiac arrhythmia and conduction disorders w/o cc	389	985	10	995	1,384	1,604	3,202	15	3,217	4,821	1,993	4,187	25	4,212	6,205
140 Angina pectoris	43	628	12	640	683	69	3,363	31	3,394	3,463	112	3,991	43	4,034	4,146
141 Syncope and collapse with cc	21	501	11	512	533	43	1,775	25	1,800	1,843	64	2,276	36	2,312	2,376
142 Syncope and collapse w/o cc	75	546	6	552	627	285	2,346	7	2,353	2,638	360	2,892	13	2,905	3,265
143 Chest pain	310	2,633	6	2,639	2,949	2,075	7,243	7	7,250	9,325	2,385	9,876	13	9,889	12,274
144 Other circulatory system diagnoses with cc	41	389	15	404	445	35	601	20	621	656	76	990	35	1,025	1,101
145 Other circulatory system diagnoses w/o cc	104	149	4	153	257	71	425	3	428	499	175	574	7	581	756
146 Rectal resection with cc	1	46	17	63	64	0	83	21	104	104	1	129	38	167	168
147 Rectal resection w/o cc	0	51	3	54	54	0	81	6	87	87	0	132	9	141	141
148 Major small and large bowel procedures with cc	0	498	186	684	684	0	801	232	1,033	1,033	0	1,299	418	1,717	1,717
149 Major small and large bowel procedures w/o cc	3	355	28	383	386	2	522	27	549	551	5	877	55	932	937
150 Peritoneal adhesiolysis with cc	0	66	18	84	84	0	92	19	111	111	0	158	37	195	195
151 Peritoneal adhesiolysis w/o cc	6	148	2	150	156	14	199	2	201	215	20	347	4	351	371
152 Minor small and large bowel procedures with cc	0	36	6	42	42	0	55	3	58	58	0	91	9	100	100
153 Minor small and large bowel procedures w/o cc	10	69	1	70	80	47	86	0	86	133	57	155	1	156	213

Table 5.5: Discharges from Voluntary, Health Board and All Hospitals by DRG and Patient Type (Contd.)

DRG—Description	Voluntary Hospitals					Health Board 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											
154 Stomach, oesophageal and duodenal procedures, age > 17 with cc	4	122	41	163	167	0	173	49	222	222	4	295	90	385	389
155 Stomach, oesophageal and duodenal procedures, age > 17 w/o cc	17	185	15	200	217	9	184	4	188	197	26	369	19	388	414
156 Stomach, oesophageal and duodenal procedures, age 0–17	0	134	9	143	143	0	33	0	33	33	0	167	9	176	176
157 Anal and stoma procedures with cc	43	103	1	104	147	55	151	10	161	216	98	254	11	265	363
158 Anal and stoma procedures w/o cc	430	427	1	428	858	660	897	1	898	1,558	1,090	1,324	2	1,326	2,416
159 Hernia procedures except inguinal and femoral, age >17 with cc	1	85	1	86	87	3	96	4	100	103	4	181	5	186	190
160 Hernia procedures except inguinal and femoral, age >17 w/o cc	81	223	0	223	304	135	510	0	510	645	216	733	0	733	949
161 Inguinal and femoral hernia procedures, age >17 with cc	7	141	3	144	151	8	321	4	325	333	15	462	7	469	484
162 Inguinal and femoral hernia procedures, age >17 w/o cc	220	589	1	590	810	402	1,763	1	1,764	2,166	622	2,352	2	2,354	2,976
163 Hernia procedures, age 0–17	329	192	4	196	525	157	103	0	103	260	486	295	4	299	785
164 Appendectomy with complicated principal diagnosis with cc	0	77	0	77	77	0	127	2	129	129	0	204	2	206	206

Table 5.5: Discharges from Voluntary, Health Board and All Hospitals by DRG and Patient Type (Contd.)

DRG—Description	Voluntary Hospitals					Health Board 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
165 Appendectomy with complicated principal diagnosis w/o cc	0	232	0	232	232	0	548	0	548	548	0	780	0	780	780
166 Appendectomy w/o complicated principal diagnosis with cc	0	183	0	183	183	0	285	4	289	289	0	468	4	472	472
167 Appendectomy w/o complicated principal diagnosis w/o cc	0	1,072	1	1,073	1,073	3	3,168	0	3,168	3,171	3	4,240	1	4,241	4,244
168 Mouth procedures with cc	4	29	1	30	34	1	20	1	21	22	5	49	2	51	56
169 Mouth procedures w/o cc	126	122	1	123	249	234	119	1	120	354	360	241	2	243	603
170 Other digestive system O.R. procedures with cc	6	151	11	162	168	5	154	25	179	184	11	305	36	341	352
171 Other digestive system O.R. procedures w/o cc	80	268	5	273	353	127	415	5	420	547	207	683	10	693	900
172 Digestive malignancy with cc	392	696	129	825	1,217	513	1,040	70	1,110	1,623	905	1,736	199	1,935	2,840
173 Digestive malignancy w/o cc	1,352	395	100	495	1,847	975	589	22	611	1,586	2,327	984	122	1,106	3,433
174 G.I. haemorrhage with cc	48	300	11	311	359	41	937	22	959	1,000	89	1,237	33	1,270	1,359
175 G.I. haemorrhage w/o cc	1,033	309	5	314	1,347	1,100	1,148	4	1,152	2,252	2,133	1,457	9	1,466	3,599
176 Complicated peptic ulcer	864	160	5	165	1,029	1,006	248	5	253	1,259	1,870	408	10	418	2,288
177 Uncomplicated peptic ulcer with cc	26	95	5	100	126	40	155	3	158	198	66	250	8	258	324
178 Uncomplicated peptic ulcer w/o cc	335	195	3	198	533	954	416	1	417	1,371	1,289	611	4	615	1,904
179 Inflammatory bowel disease	998	543	16	559	1,557	1,106	970	14	984	2,090	2,104	1,513	30	1,543	3,647

Table 5.5: Discharges from Voluntary, Health Board and All Hospitals by DRG and Patient Type (Contd.)

DRG—Description	Voluntary Hospitals					Health Board 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											
180 G.I. obstruction with cc	0	153	7	160	160	3	342	10	352	355	3	495	17	512	515
181 G.I. obstruction w/o cc	18	177	1	178	196	19	440	3	443	462	37	617	4	621	658
182 Oesophagitis, gastroenteritis and miscellaneous digestive disorders, age >17 with cc	1,076	1,703	42	1,745	2,821	1,280	5,178	74	5,252	6,532	2,356	6,881	116	6,997	9,353
183 Oesophagitis, gastroenteritis and miscellaneous digestive disorders, age >17 w/o cc	14,671	2,790	13	2,803	17,474	25,439	11,552	26	11,578	37,017	40,110	14,342	39	14,381	54,491
184 Oesophagitis, gastroenteritis and miscellaneous digestive disorders, age 0–17	576	2,530	8	2,538	3,114	640	8,950	2	8,952	9,592	1,216	11,480	10	11,490	12,706
185 Dental and oral disorder except extractions and restorations, age >17	110	352	0	352	462	106	558	2	560	666	216	910	2	912	1,128
186 Dental and oral disorder except extractions and restorations, age 0–17	233	335	0	335	568	278	553	1	554	832	511	888	1	889	1,400
187 Dental extractions and restorations	828	360	1	361	1,189	4,264	223	0	223	4,487	5,092	583	1	584	5,676
188 Other digestive system diagnoses, age >17 with cc	343	368	22	390	733	538	677	21	698	1,236	881	1,045	43	1,088	1,969
189 Other digestive system diagnoses, age >17 w/o cc	3,949	619	5	624	4,573	7,168	1,521	6	1,527	8,695	11,117	2,140	11	2,151	13,268
190 Other digestive system diagnoses, age 0–17	147	328	2	330	477	97	589	2	591	688	244	917	4	921	1,165

Table 5.5: Discharges from Voluntary, Health Board and All Hospitals by DRG and Patient Type (Contd.)

DRG—Description	Voluntary Hospitals					Health Board Hospitals					All Hospitals				
	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	Day Patients	Acute (0–30 days)	Extended (>30 days)	Total In-Patients	Total Discharges
191 Pancreas, liver and shunt procedures with cc	2	99	41	140	142	0	37	13	50	50	2	136	54	190	192
192 Pancreas, liver and shunt procedures w/o cc	10	56	3	59	69	5	38	5	43	48	15	94	8	102	117
193 Biliary tract procedures except only cholecystectomy with or w/o C.D.E. with cc	1	22	9	31	32	5	39	8	47	52	6	61	17	78	84
194 Biliary tract procedures except only cholecystectomy with or w/o C.D.E. w/o cc	6	11	0	11	17	1	31	5	36	37	7	42	5	47	54
195 Cholecystectomy with C.D.E. with cc	0	2	1	3	3	0	8	2	10	10	0	10	3	13	13
196 Cholecystectomy with C.D.E. w/o cc	0	2	0	2	2	0	13	1	14	14	0	15	1	16	16
197 Cholecystectomy except by laparoscope w/o C.D.E. with cc	0	52	7	59	59	0	98	11	109	109	0	150	18	168	168
198 Cholecystectomy except by laparoscope w/o C.D.E. w/o cc	0	58	0	58	58	0	265	3	268	268	0	323	3	326	326
199 Hepatobiliary diagnostic procedure for malignancy	1	39	3	42	43	0	5	2	7	7	1	44	5	49	50
200 Hepatobiliary diagnostic procedure for non-malignancy	7	217	7	224	231	0	56	4	60	60	7	273	11	284	291

Table 5.5: Discharges from Voluntary, Health Board and All Hospitals by DRG and Patient Type (Contd.)

DRG—Description	Voluntary Hospitals					Health Board 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											
201 Other hepatobiliary or pancreas O.R. procedures	1	19	1	20	21	2	14	5	19	21	3	33	6	39	42
202 Cirrhosis and alcoholic hepatitis	85	454	36	490	575	81	403	38	441	522	166	857	74	931	1,097
203 Malignancy of hepatobiliary system or pancreas	186	420	48	468	654	202	660	52	712	914	388	1,080	100	1,180	1,568
204 Disorders of pancreas except malignancy	171	413	12	425	596	27	849	19	868	895	198	1,262	31	1,293	1,491
205 Disorders of liver except malignancy, cirrhosis, alcoholic hepatitis with cc	153	294	19	313	466	36	299	20	319	355	189	593	39	632	821
206 Disorders of liver except malignancy, cirrhosis, alcoholic hepatitis w/o cc	531	404	6	410	941	152	405	2	407	559	683	809	8	817	1,500
207 Disorders of the biliary tract with cc	38	280	6	286	324	129	888	25	913	1,042	167	1,168	31	1,199	1,366
208 Disorders of the biliary tract w/o cc	546	534	3	537	1,083	277	2,502	6	2,508	2,785	823	3,036	9	3,045	3,868
209 Major joint and limb re-attachment procedures of lower extremity	0	1,932	81	2,013	2,013	0	4,413	167	4,580	4,580	0	6,345	248	6,593	6,593
210 Hip and femur procedures except major joint, age >17 with cc	1	321	67	388	389	0	665	120	785	785	1	986	187	1,173	1,174
211 Hip and femur procedures except major joint, age >17 w/o cc	10	248	17	265	275	1	908	36	944	945	11	1,156	53	1,209	1,220
212 Hip and femur procedures except major joint, age 0–17	13	162	2	164	177	7	167	3	170	177	20	329	5	334	354

Table 5.5: Discharges from Voluntary, Health Board and All Hospitals by DRG and Patient Type (Contd.)

DRG—Description	Voluntary Hospitals					Health Board 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											
213 Amputation for musculoskeletal system and connective tissue disorders	2	18	5	23	25	4	19	6	25	29	6	37	11	48	54
216 Biopsies of musculoskeletal system and connective tissue	27	61	12	73	100	93	91	9	100	193	120	152	21	173	293
217 Wound debridements and skin graft except hand, for musculoskeletal and connective tissue disorder	8	135	32	167	175	8	1,045	50	1,095	1,103	16	1,180	82	1,262	1,278
218 Lower extremity and humerus procedures except hip, foot, femur, age >17 with cc	1	215	8	223	224	1	387	27	414	415	2	602	35	637	639
219 Lower extremity and humerus procedures except hip, foot and femur, age >17 w/o cc	13	842	5	847	860	13	1,953	3	1,956	1,969	26	2,795	8	2,803	2,829
220 Lower extremity and humerus procedures except hip, foot and femur, age 0–17	15	311	1	312	327	2	407	1	408	410	17	718	2	720	737
223 Major shoulder/elbow procedures, or other upper extremity procedures with cc	5	195	3	198	203	3	271	7	278	281	8	466	10	476	484
224 Shoulder, elbow or forearm procedures, except major joint procedures, w/o cc	44	752	0	752	796	34	1,490	1	1,491	1,525	78	2,242	1	2,243	2,321
225 Foot procedures	111	313	1	314	425	157	578	1	579	736	268	891	2	893	1,161

Table 5.5: Discharges from Voluntary, Health Board and All Hospitals by DRG and Patient Type (Contd.)

DRG—Description	Voluntary Hospitals					Health Board 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											
226 Soft tissue procedures with cc	3	62	1	63	66	4	51	1	52	56	7	113	2	115	122
227 Soft tissue procedures w/o cc	185	531	2	533	718	185	579	0	579	764	370	1,110	2	1,112	1,482
228 Major thumb or joint procedures, or other hand or wrist procedures with cc	13	88	1	89	102	13	113	1	114	127	26	201	2	203	229
229 Hand or wrist procedures, except major joint procedures, w/o cc	284	691	1	692	976	461	1,377	1	1,378	1,839	745	2,068	2	2,070	2,815
230 Local excision and removal of internal fixation devices of hip and femur	54	65	2	67	121	97	145	1	146	243	151	210	3	213	364
231 Local excision and removal of internal fixation devices except hip and femur	1,041	315	8	323	1,364	1,498	632	10	642	2,140	2,539	947	18	965	3,504
232 Arthroscopy	569	213	4	217	786	724	406	4	410	1,134	1,293	619	8	627	1,920
233 Other musculoskeletal system and connective tissue O.R. procedures with cc	3	71	10	81	84	2	53	2	55	57	5	124	12	136	141
234 Other musculoskeletal system and connective tissue O.R. procedures w/o cc	168	278	6	284	452	40	222	4	226	266	208	500	10	510	718
235 Fractures of femur	2	80	6	86	88	2	175	14	189	191	4	255	20	275	279
236 Fractures of hip and pelvis	1	173	32	205	206	2	875	50	925	927	3	1,048	82	1,130	1,133

Table 5.5: Discharges from Voluntary, Health Board and All Hospitals by DRG and Patient Type (Contd.)

DRG—Description	Voluntary Hospitals					Health Board Hospitals					All Hospitals				
	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	Day Patients	Acute (0–30 days)	Extended (>30 days)	Total In-Patients	Total Discharges
237 Sprains, strains and dislocations of hip, pelvis and thigh	0	21	0	21	21	0	49	1	50	50	0	70	1	71	71
238 Osteomyelitis	4	65	15	80	84	31	126	15	141	172	35	191	30	221	256
239 Pathological fractures and musculoskeletal and connective tissue malignancy	465	362	36	398	863	933	506	39	545	1,478	1,398	868	75	943	2,341
240 Connective tissue disorders with cc	99	151	22	173	272	120	308	17	325	445	219	459	39	498	717
241 Connective tissue disorders w/o cc	1,151	383	10	393	1,544	1,628	537	9	546	2,174	2,779	920	19	939	3,718
242 Septic arthritis	2	26	6	32	34	0	86	4	90	90	2	112	10	122	124
243 Medical back problems	2,136	937	39	976	3,112	2,452	2,307	36	2,343	4,795	4,588	3,244	75	3,319	7,907
244 Bone diseases and specific arthropathies with cc	32	97	8	105	137	75	360	10	370	445	107	457	18	475	582
245 Bone diseases and specific arthropathies w/o cc	394	205	2	207	601	415	612	8	620	1,035	809	817	10	827	1,636
246 Non-specific arthropathies	46	31	1	32	78	39	122	1	123	162	85	153	2	155	240
247 Signs and symptoms of musculoskeletal system and connective tissue	1,291	568	9	577	1,868	1,543	2,168	14	2,182	3,725	2,834	2,736	23	2,759	5,593
248 Tendonitis, myositis and bursitis	459	157	5	162	621	489	536	5	541	1,030	948	693	10	703	1,651
249 Aftercare, musculoskeletal system and connective tissue	764	1,354	222	1,576	2,340	1,023	885	36	921	1,944	1,787	2,239	258	2,497	4,284

Table 5.5: Discharges from Voluntary, Health Board and All Hospitals by DRG and Patient Type (Contd.)

DRG—Description	Voluntary Hospitals						Health Board 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	Day Patients
		Acute (0–30 days)	Extended (>30 days)	Total In-Patients												
250 Fracture, sprain, strain and dislocation of forearm, hand or foot, age >17 with cc	1	70	5	75	76	3	185	3	188	191	4	255	8	263	267	
251 Fracture, sprain, strain and dislocation of forearm, hand or foot, age >17 w/o cc	34	452	1	453	487	37	1,270	1	1,271	1,308	71	1,722	2	1,724	1,795	
252 Fracture, sprain, strain and dislocation of forearm, hand or foot, age 0–17	71	667	0	667	738	76	1,379	0	1,379	1,455	147	2,046	0	2,046	2,193	
253 Fracture, sprain, strain and dislocation of upper arm, lower leg ex foot, age >17 with cc	1	129	16	145	146	2	308	15	323	325	3	437	31	468	471	
254 Fracture, sprain, strain and dislocation of upper arm, lower leg ex foot, age >17 w/o cc	27	391	7	398	425	34	1,180	10	1,190	1,224	61	1,571	17	1,588	1,649	
255 Fracture, sprain, strain and dislocation of upper arm, lower leg ex foot, age 0–17	18	198	0	198	216	9	518	1	519	528	27	716	1	717	744	
256 Other musculoskeletal system and connective tissue diagnoses	764	366	6	372	1,136	590	738	6	744	1,334	1,354	1,104	12	1,116	2,470	
257 Total mastectomy for malignancy with cc	0	181	2	183	183	0	260	6	266	266	0	441	8	449	449	
258 Total mastectomy for malignancy w/o cc	1	186	2	188	189	1	279	3	282	283	2	465	5	470	472	

Table 5.5: Discharges from Voluntary, Health Board and All Hospitals by DRG and Patient Type (Contd.)

DRG—Description	Voluntary Hospitals					Health Board Hospitals					All Hospitals				
	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	Day Patients	Acute (0–30 days)	Extended (>30 days)	Total In-Patients	Total Discharges
259 Subtotal mastectomy for malignancy with cc	24	172	1	173	197	15	131	1	132	147	39	303	2	305	344
260 Subtotal mastectomy for malignancy w/o cc	142	241	1	242	384	123	240	0	240	363	265	481	1	482	747
261 Breast procedures for non-malignancy except biopsy and local excision	54	132	0	132	186	38	134	1	135	173	92	266	1	267	359
262 Breast biopsy and local excision for non-malignancy	638	119	0	119	757	941	223	0	223	1,164	1,579	342	0	342	1,921
263 Skin graft and/or debridements for skin ulcer or cellulitis with cc	3	30	18	48	51	2	51	36	87	89	5	81	54	135	140
264 Skin graft and/or debridements for skin ulcer or cellulitis w/o cc	5	55	14	69	74	9	67	12	79	88	14	122	26	148	162
265 Skin graft and/or debridements except for skin ulcer or cellulitis with cc	21	135	15	150	171	29	156	12	168	197	50	291	27	318	368
266 Skin graft and/or debridements except for skin ulcer or cellulitis w/o cc	570	467	4	471	1,041	510	1,097	10	1,107	1,617	1,080	1,564	14	1,578	2,658
267 Perianal and pilonidal procedures	154	118	0	118	272	119	422	1	423	542	273	540	1	541	814
268 Skin, subcutaneous tissue and breast plastic procedures	96	172	1	173	269	71	75	0	75	146	167	247	1	248	415
269 Other skin, subcutaneous tissue and breast procedures with cc	305	178	23	201	506	284	181	11	192	476	589	359	34	393	982

Table 5.5: Discharges from Voluntary, Health Board and All Hospitals by DRG and Patient Type (Contd.)

DRG—Description	Voluntary Hospitals					Health Board 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											
270 Other skin, subcutaneous tissue and breast procedures w/o cc	11,635	651	13	664	12,299	13,646	1,066	5	1,071	14,717	25,281	1,717	18	1,735	27,016
271 Skin ulcers	255	225	39	264	519	624	598	67	665	1,289	879	823	106	929	1,808
272 Major skin disorders with cc	21	101	7	108	129	95	123	7	130	225	116	224	14	238	354
273 Major skin disorders w/o cc	3,657	270	52	322	3,979	483	330	4	334	817	4,140	600	56	656	4,796
274 Malignant breast disorders with cc	427	229	162	391	818	769	327	20	347	1,116	1,196	556	182	738	1,934
275 Malignant breast disorders w/o cc	2,193	115	90	205	2,398	537	113	0	113	650	2,730	228	90	318	3,048
276 Non-malignant breast disorders	800	103	0	103	903	588	248	0	248	836	1,388	351	0	351	1,739
277 Cellulitis, age >17 with cc	8	463	15	478	486	63	971	13	984	1,047	71	1,434	28	1,462	1,533
278 Cellulitis, age >17 w/o cc	127	972	4	976	1,103	254	2,675	3	2,678	2,932	381	3,647	7	3,654	4,035
279 Cellulitis, age 0–17	32	218	1	219	251	36	433	0	433	469	68	651	1	652	720
280 Trauma to the skin, subcutaneous tissue and breast, age >17 with cc	0	142	6	148	148	1	671	6	677	678	1	813	12	825	826
281 Trauma to the skin, subcutaneous tissue and breast, age >17 w/o cc	19	335	1	336	355	15	1,517	3	1,520	1,535	34	1,852	4	1,856	1,890
282 Trauma to the skin, subcutaneous tissue and breast, age 0–17	118	720	0	720	838	30	859	0	859	889	148	1,579	0	1,579	1,727
283 Minor skin disorders with cc	112	147	12	159	271	108	285	7	292	400	220	432	19	451	671
284 Minor skin disorders w/o cc	5,066	643	13	656	5,722	4,830	1,380	2	1,382	6,212	9,896	2,023	15	2,038	11,934

Table 5.5: Discharges from Voluntary, Health Board and All Hospitals by DRG and Patient Type (Contd.)

DRG—Description	Voluntary Hospitals					Health Board Hospitals					All Hospitals				
	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	Day Patients	Acute (0–30 days)	Extended (>30 days)	Total In-Patients	Total Discharges
285 Amputation of lower limb for endocrine, nutritional and metabolic disorders	0	8	7	15	15	0	0	9	12	21	0	17	19	36	36
286 Adrenal and pituitary procedures	2	70	5	75	77	6	36	1	37	43	8	106	6	112	120
287 Skin grafts and wound debridements for endocrine, nutritional and metabolic disorders	0	4	2	6	6	0	11	3	14	14	0	15	5	20	20
288 O.R. procedures for obesity	1	4	1	5	6	1	9	1	10	11	2	13	2	15	17
289 Parathyroid procedures	0	62	7	69	69	0	50	0	50	50	0	112	7	119	119
290 Thyroid procedures	1	194	3	197	198	3	267	0	267	270	4	461	3	464	468
291 Thyroglossal procedures	2	31	0	31	33	2	20	0	20	22	4	51	0	51	55
292 Other endocrine, nutritional and metabolic O.R. procedures with cc	1	5	0	5	6	9	4	2	6	15	10	9	2	11	21
293 Other endocrine, nutritional and metabolic O.R. procedures w/o cc	24	12	2	14	38	24	9	0	9	33	48	21	2	23	71
294 Diabetes age >35	364	524	33	557	921	134	1,902	45	1,947	2,081	498	2,426	78	2,504	3,002
295 Diabetes age 0–35	18	438	1	439	457	107	980	1	981	1,088	125	1,418	2	1,420	1,545
296 Nutritional and miscellaneous metabolic disorders, age >17 with cc	65	195	13	208	273	64	663	26	689	753	129	858	39	897	1,026
297 Nutritional and miscellaneous metabolic disorders, age >17 w/o cc	185	134	3	137	322	323	574	8	582	905	508	708	11	719	1,227

Table 5.5: Discharges from Voluntary, Health Board and All Hospitals by DRG and Patient Type (Contd.)

DRG—Description	Voluntary Hospitals					Health Board 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											
298 Nutritional and miscellaneous metabolic disorders, age 0–17	198	276	8	284	482	264	532	4	536	800	462	808	12	820	1,282
299 Inborn errors of metabolism	3,636	206	4	210	3,846	5,865	189	2	191	6,056	9,501	395	6	401	9,902
300 Endocrine disorders with cc	158	166	13	179	337	32	251	6	257	289	190	417	19	436	626
301 Endocrine disorders w/o cc	440	279	11	290	730	356	379	6	385	741	796	658	17	675	1,471
302 Kidney transplant	0	128	5	133	133	0	0	0	0	0	0	128	5	133	133
303 Kidney, ureter and major bladder procedures for neoplasm	0	196	20	216	216	0	97	8	105	105	0	293	28	321	321
304 Kidney, ureter and major bladder procedures for non-neoplasm with cc	1	173	17	190	191	4	48	5	53	57	5	221	22	243	248
305 Kidney, ureter and major bladder procedures for non-neoplasm w/o cc	17	273	3	276	293	9	93	2	95	104	26	366	5	371	397
306 Prostatectomy with cc	0	37	5	42	42	0	28	2	30	30	0	65	7	72	72
307 Prostatectomy w/o cc	1	44	1	45	46	3	40	0	40	43	4	84	1	85	89
308 Minor bladder procedures with cc	39	92	8	100	139	23	113	3	116	139	62	205	11	216	278
309 Minor bladder procedures w/o cc	99	133	3	136	235	92	140	0	140	232	191	273	3	276	467
310 Transurethral procedures with cc	30	296	5	301	331	31	164	4	168	199	61	460	9	469	530
311 Transurethral procedures w/o cc	240	602	0	602	842	198	457	0	457	655	438	1,059	0	1,059	1,497
312 Urethral procedures, age >17 with cc	5	40	1	41	46	1	11	1	12	13	6	51	2	53	59

Table 5.5: Discharges from Voluntary, Health Board and All Hospitals by DRG and Patient Type (Contd.)

DRG—Description	Voluntary Hospitals					Health Board Hospitals					All Hospitals				
	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	Day Patients	Acute (0–30 days)	Extended (>30 days)	Total In-Patients	Total Discharges
313 Urethral procedures, age >17 w/o cc	35	80	0	80	115	22	41	0	41	63	57	121	0	121	178
314 Urethral procedures, age 0–17	15	20	0	20	35	3	4	0	4	7	18	24	0	24	42
315 Other kidney and urinary tract O.R. procedures	26	302	34	336	362	19	147	16	163	182	45	449	50	499	544
316 Renal failure	202	765	64	829	1,031	91	1,085	76	1,161	1,252	293	1,850	140	1,990	2,283
317 Admit for renal dialysis	617	43	0	43	660	34	18	0	18	52	651	61	0	61	712
318 Kidney and urinary tract neoplasms with cc	120	154	14	168	288	123	275	16	291	414	243	429	30	459	702
319 Kidney and urinary tract neoplasms w/o cc	545	88	5	93	638	296	95	0	95	391	841	183	5	188	1,029
320 Kidney and urinary tract infections, age >17 with cc	86	502	37	539	625	35	1,445	60	1,505	1,540	121	1,947	97	2,044	2,165
321 Kidney and urinary tract infections, age >17 w/o cc	804	559	13	572	1,376	325	1,702	23	1,725	2,050	1,129	2,261	36	2,297	3,426
322 Kidney and urinary tract infections, age 0–17	402	609	0	609	1,011	113	1,042	1	1,043	1,156	515	1,651	1	1,652	2,167
323 Urinary stones with cc, and/or ESW lithotripsy	1,098	278	2	280	1,378	412	451	3	454	866	1,510	729	5	734	2,244
324 Urinary stones w/o cc	264	565	1	566	830	163	1,440	1	1,441	1,604	427	2,005	2	2,007	2,434
325 Kidney and urinary tract signs and symptoms, age >17 with cc	204	173	1	174	378	117	554	6	560	677	321	727	7	734	1,055
326 Kidney and urinary tract signs and symptoms, age >17 w/o cc	2,173	345	3	348	2,521	1,724	909	2	911	2,635	3,897	1,254	5	1,259	5,156

Table 5.5: Discharges from Voluntary, Health Board and All Hospitals by DRG and Patient Type (Contd.)

DRG—Description	Voluntary Hospitals					Health Board 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											
327 Kidney and urinary tract signs and symptoms, age 0–17	86	79	0	79	165	56	122	0	122	178	142	201	0	201	343
328 Urethral stricture, age >17 with cc	53	32	0	32	85	25	36	0	36	61	78	68	0	68	146
329 Urethral stricture, age >17 w/o cc	529	57	0	57	586	256	95	0	95	351	785	152	0	152	937
330 Urethral stricture, age 0–17	34	9	0	9	43	13	5	0	5	18	47	14	0	14	61
331 Other kidney and urinary tract diagnoses, age >17 with cc	151	347	10	357	508	145	428	8	436	581	296	775	18	793	1,089
332 Other kidney and urinary tract diagnoses, age >17 w/o cc	1,311	324	4	328	1,639	828	375	4	379	1,207	2,139	699	8	707	2,846
333 Other kidney and urinary tract diagnoses, age 0–17	1,110	258	4	262	1,372	189	115	2	117	306	1,299	373	6	379	1,678
334 Major male pelvic procedures with cc	0	68	2	70	70	0	12	0	12	12	0	80	2	82	82
335 Major male pelvic procedures w/o cc	3	122	1	123	126	0	9	0	9	9	3	131	1	132	135
336 Transurethral prostatectomy with cc	0	217	7	224	224	1	287	10	297	298	1	504	17	521	522
337 Transurethral prostatectomy w/o cc	4	325	1	326	330	7	632	0	632	639	11	957	1	958	969
338 Testes procedures, for malignancy	1	82	2	84	85	11	49	0	49	60	12	131	2	133	145
339 Testes procedures, non-malignancy, age >17	129	172	0	172	301	131	321	1	322	453	260	493	1	494	754
340 Testes procedures, non-malignancy, age 0–17	387	149	0	149	536	242	326	0	326	568	629	475	0	475	1,104

Table 5.5: Discharges from Voluntary, Health Board and All Hospitals by DRG and Patient Type (Contd.)

DRG—Description	Voluntary Hospitals					Health Board 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
341 Penis procedures	270	137	0	137	407	77	59	2	61	138	347	196	2	198	545
342 Circumcision, age >17	184	67	0	67	251	247	181	0	181	428	431	248	0	248	679
343 Circumcision, age 0–17	1,004	56	0	56	1,060	816	177	0	177	993	1,820	233	0	233	2,053
344 Other male reproductive system O.R. procedures for malignancy	5	17	0	17	22	24	28	2	30	54	29	45	2	47	76
345 Other male reproductive system O.R. procedures except for malignancy	39	29	0	29	68	29	59	1	60	89	68	88	1	89	157
346 Malignancy, male reproductive system, with cc	178	159	51	210	388	464	355	17	372	836	642	514	68	582	1,224
347 Malignancy, male reproductive system, w/o cc	564	158	126	284	848	410	169	3	172	582	974	327	129	456	1,430
348 Benign prostatic hypertrophy with cc	112	37	0	37	149	110	124	5	129	239	222	161	5	166	388
349 Benign prostatic hypertrophy w/o cc	1,738	57	1	58	1,796	1,018	175	1	176	1,194	2,756	232	2	234	2,990
350 Inflammation of the male reproductive system	470	186	1	187	657	139	606	0	606	745	609	792	1	793	1,402
351 Sterilisation, male	120	3	0	3	123	220	5	0	5	225	340	8	0	8	348
352 Other male reproductive system diagnoses	210	129	1	130	340	255	341	0	341	596	465	470	1	471	936
353 Pelvic evisceration, radical hysterectomy and radical vulvectomy	1	69	3	72	73	0	26	0	26	26	1	95	3	98	99
354 Uterine, adnexa procedures for non-ovarian/adnexal malignancy with cc	1	48	2	50	51	1	44	2	46	47	2	92	4	96	98

Table 5.5: Discharges from Voluntary, Health Board and All Hospitals by DRG and Patient Type (Contd.)

DRG—Description	Voluntary Hospitals					Health Board 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											
355 Uterine, adnexa procedures for non-ovarian/adnexal malignancy w/o cc	2	111	0	111	113	1	90	0	90	91	3	201	0	201	204
356 Female reproductive system reconstructive procedures	4	425	1	426	430	12	570	0	570	582	16	995	1	996	1,012
357 Uterine and adnexa procedures for ovarian or adnexal malignancy	1	151	11	162	163	2	130	0	130	132	3	281	11	292	295
358 Uterine and adnexa procedures for non-malignancy with cc	7	268	2	270	277	9	315	3	318	327	16	583	5	588	604
359 Uterine and adnexa procedures for non-malignancy w/o cc	552	2,098	2	2,100	2,652	438	2,064	0	2,064	2,502	990	4,162	2	4,164	5,154
360 Vagina, cervix and vulva procedures	1,894	569	3	572	2,466	1,403	805	1	806	2,209	3,297	1,374	4	1,378	4,675
361 Laparoscopy and incisional tubal interruption	1,089	700	0	700	1,789	709	666	1	667	1,376	1,798	1,366	1	1,367	3,165
362 Endoscopic tubal interruption	156	76	0	76	232	372	216	0	216	588	528	292	0	292	820
363 D&C, conization and radio-implant, for malignancy	47	94	5	99	146	94	87	1	88	182	141	181	6	187	328
364 D&C, conization except for malignancy	1,753	645	1	646	2,399	3,413	1,103	0	1,103	4,516	5,166	1,748	1	1,749	6,915
365 Other female reproductive system O.R. procedures	38	114	5	119	157	28	117	3	120	148	66	231	8	239	305
366 Malignancy, female reproductive system with cc	86	213	55	268	354	147	263	27	290	437	233	476	82	558	791

Table 5.5: Discharges from Voluntary, Health Board and All Hospitals by DRG and Patient Type (Contd.)

DRG—Description	Voluntary Hospitals					Health Board Hospitals					All Hospitals				
	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	Day Patients	Acute (0–30 days)	Extended (>30 days)	Total In-Patients	Total Discharges
367 Malignancy, female reproductive system w/o cc	740	169	48	217	957	273	107	4	111	384	1,013	276	52	328	1,341
368 Infections, female reproductive system	67	72	0	72	139	37	284	0	284	321	104	356	0	356	460
369 Menstrual and other female reproductive system disorders	803	728	1	729	1,532	2,279	1,808	4	1,812	4,091	3,082	2,536	5	2,541	5,623
370 Caesarean section with cc	0	1,107	11	1,118	1,118	0	1,436	19	1,455	1,455	0	2,543	30	2,573	2,573
371 Caesarean section w/o cc	0	3,610	18	3,628	3,628	0	6,817	42	6,859	6,859	0	10,427	60	10,487	10,487
372 Vaginal delivery with complicating diagnoses	0	1,830	5	1,835	1,835	0	1,971	0	1,971	1,971	0	3,801	5	3,806	3,806
373 Vaginal delivery w/o complicating diagnoses	0	15,885	5	15,890	15,890	0	23,396	8	23,404	23,404	0	39,281	13	39,294	39,294
374 Vaginal delivery with sterilisation and/or D&C	0	8	0	8	8	0	25	0	25	25	0	33	0	33	33
375 Vaginal delivery with O.R. procedures except sterilisation and/or D&C	0	3	0	3	3	0	7	0	7	7	0	10	0	10	10
376 Postpartum and post abortion diagnoses w/o O.R. procedure	7	584	1	585	592	33	1,202	0	1,202	1,235	40	1,786	1	1,787	1,827
377 Postpartum and post abortion diagnoses with O.R. procedure	1	106	0	106	107	7	135	0	135	142	8	241	0	241	249
378 Ectopic pregnancy	1	234	0	234	235	7	329	0	329	336	8	563	0	563	571
379 Threatened abortion	22	1,660	2	1,662	1,684	417	3,734	2	3,736	4,153	439	5,394	4	5,398	5,837
380 Abortion w/o D&C	1	598	0	598	599	204	1,555	0	1,555	1,759	205	2,153	0	2,153	2,358
381 Abortion with D&C, aspiration curettage or hysterotomy	21	1,610	1	1,611	1,632	274	2,748	0	2,748	3,022	295	4,358	1	4,359	4,654

Table 5.5: Discharges from Voluntary, Health Board and All Hospitals by DRG and Patient Type (Contd.)

DRG—Description	Voluntary Hospitals					Health Board 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	
382 False labour	250	1,658	0	1,658	1,908	256	2,092	2	2,094	2,350	506	3,750	2	3,752	4,258
383 Other antepartum diagnoses with medical complications	78	4,197	6	4,203	4,281	705	11,463	11	11,474	12,179	783	15,660	17	15,677	16,460
384 Other antepartum diagnoses w/o medical complications	753	2,644	2	2,646	3,399	1,235	3,805	3	3,808	5,043	1,988	6,449	5	6,454	8,442
385 Neonates, died or transferred to another acute care facility	2	198	44	242	244	0	289	36	325	325	2	487	80	567	569
386 Extreme immaturity or respiratory distress syndrome, neonate	0	147	136	283	283	1	252	114	366	367	1	399	250	649	650
387 Prematurity with major problems	0	194	43	237	237	0	315	62	377	377	0	509	105	614	614
388 Prematurity w/o major problems	5	271	10	281	286	5	393	28	421	426	10	664	38	702	712
389 Full term neonate with major problems	11	904	15	919	930	31	1,226	12	1,238	1,269	42	2,130	27	2,157	2,199
390 Neonate with other significant problems	43	742	1	743	786	24	814	2	816	840	67	1,556	3	1,559	1,626
391 Normal newborn	1	220	0	220	221	18	233	0	233	251	19	453	0	453	472
392 Splenectomy, age >17	0	17	2	19	19	0	22	1	23	23	0	39	3	42	42
393 Splenectomy, age 0–17	0	6	0	6	6	0	7	0	7	7	0	13	0	13	13
394 Other O.R. procedures of the blood and blood forming organs	96	82	2	84	180	104	90	2	92	196	200	172	4	176	376
395 Red blood cell disorders, age >17	1,568	700	28	728	2,296	1,998	2,276	32	2,308	4,306	3,566	2,976	60	3,036	6,602
396 Red blood cell disorders, age 0–17	367	168	3	171	538	203	188	0	188	391	570	356	3	359	929

Table 5.5: Discharges from Voluntary, Health Board and All Hospitals by DRG and Patient Type (Contd.)

DRG—Description	Voluntary Hospitals					Health Board Hospitals					All Hospitals				
	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	Day Patients	Acute (0–30 days)	Extended (>30 days)	Total In-Patients	Total Discharges
397 Coagulation disorders	990	452	3	455	1,445	585	573	6	579	1,164	1,575	1,025	9	1,034	2,609
398 Reticuloendothelial and immunity disorders with cc	166	312	11	323	489	285	408	4	412	697	451	720	15	735	1,186
399 Reticuloendothelial and immunity disorders w/o cc	1,262	232	2	234	1,496	769	392	0	392	1,161	2,031	624	2	626	2,657
400 Lymphoma and leukaemia with major O.R. procedure	17	80	17	97	114	2	88	6	94	96	19	168	23	191	210
401 Lymphoma and non-acute leukaemia with other O.R. procedure with cc	5	62	11	73	78	11	59	11	70	81	16	121	22	143	159
402 Lymphoma and non-acute leukaemia with other O.R. procedure w/o cc	46	105	4	109	155	89	146	4	150	239	135	251	8	259	394
403 Lymphoma and non-acute leukaemia with cc	713	490	54	544	1,257	1,154	837	61	898	2,052	1,867	1,327	115	1,442	3,309
404 Lymphoma and non-acute leukaemia w/o cc	6,779	696	36	732	7,511	3,932	754	12	766	4,698	10,711	1,450	48	1,498	12,209
405 Acute leukaemia w/o major O.R. procedure, age 0–17	966	227	6	233	1,199	263	117	1	118	381	1,229	344	7	351	1,580
406 Myeloproliferative disorders or poorly differentiated neoplasm with major O.R. procedures with cc	1	10	1	11	12	0	15	1	16	16	1	25	2	27	28
407 Myeloproliferative disorders or poorly differentiated neoplasm with major O.R. procedures w/o cc	4	7	0	7	11	0	8	0	8	8	4	15	0	15	19

Table 5.5: Discharges from Voluntary, Health Board and All Hospitals by DRG and Patient Type (Contd.)

DRG—Description	Voluntary Hospitals					Health Board 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											
408 Myeloproliferative disorders or poorly differentiated neoplasm with other O.R. procedures	27	136	4	140	167	19	34	3	37	56	46	170	7	177	223
409 Radiotherapy ^a	22	414	0	414	436	15,399	397	27	424	15,823	15,421	811	27	838	16,259
410 Chemotherapy w/o acute leukaemia as secondary diagnosis	23,800	1,001	2	1,003	24,803	22,815	1,210	0	1,210	24,025	46,615	2,211	2	2,213	48,828
411 History of malignancy w/o endoscopy	1	3	0	3	4	20	12	0	12	32	21	15	0	15	36
412 History of malignancy with endoscopy	41	1	0	1	42	124	10	0	10	134	165	11	0	11	176
413 Other myeloproliferative disorders or poorly differentiated neoplasm diagnoses with cc	38	47	8	55	93	6	84	11	95	101	44	131	19	150	194
414 Other myeloproliferative disorders or poorly differentiated neoplasm diagnoses w/o cc	85	67	8	75	160	97	60	2	62	159	182	127	10	137	319
415 O.R. procedure for infectious and parasitic diseases	15	132	22	154	169	17	194	27	221	238	32	326	49	375	407
416 Septicaemia, age >17	7	181	29	210	217	2	662	77	739	741	9	843	106	949	958
417 Septicaemia, age 0–17	0	145	6	151	151	0	190	0	190	190	0	335	6	341	341
418 Postoperative and post-traumatic infections	25	321	13	334	359	30	541	12	553	583	55	862	25	887	942
419 Fever of unknown origin, age >17 with cc	0	46	1	47	47	0	67	1	68	68	0	113	2	115	115

Table 5.5: Discharges from Voluntary, Health Board and All Hospitals by DRG and Patient Type (Contd.)

DRG—Description	Voluntary Hospitals					Health Board 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											
420 Fever of unknown origin, age >17 w/o cc	2	42	1	43	45	4	70	1	71	75	6	112	2	114	120
421 Viral illness, age >17	1,037	233	1	234	1,271	41	799	1	800	841	1,078	1,032	2	1,034	2,112
422 Viral illness and fever of unknown origin, age 0–17	11	947	0	947	958	53	3,848	2	3,850	3,903	64	4,795	2	4,797	4,861
423 Other infectious and parasitic diseases diagnoses	432	176	7	183	615	367	505	7	512	879	799	681	14	695	1,494
424 O.R. procedure with principal diagnoses of mental illness	7	18	7	25	32	9	11	1	12	21	16	29	8	37	53
425 Acute adjustment reaction and disturbances of psychosocial dysfunction	6	164	24	188	194	20	644	34	678	698	26	808	58	866	892
426 Depressive neuroses	35	103	29	132	167	141	131	0	131	272	176	234	29	263	439
427 Neuroses except depressive	3	18	4	22	25	4	24	0	24	28	7	42	4	46	53
428 Disorders of personality and impulse control	4	53	20	73	77	3	36	9	45	48	7	89	29	118	125
429 Organic disturbances and mental retardation	56	82	55	137	193	115	310	56	366	481	171	392	111	503	674
430 Psychoses	12	222	79	301	313	31	264	7	271	302	43	486	86	572	615
431 Childhood mental disorders	119	55	3	58	177	32	64	4	68	100	151	119	7	126	277
432 Other mental disorder diagnoses	44	59	3	62	106	8	51	2	53	61	52	110	5	115	167
433 Alcohol/drug abuse or dependence, left against medical advice	0	31	2	33	33	0	300	0	300	300	0	331	2	333	333

Table 5.5: Discharges from Voluntary, Health Board and All Hospitals by DRG and Patient Type (Contd.)

DRG—Description	Voluntary Hospitals					Health Board Hospitals					All Hospitals				
	Day Patients	In-Patients			Total Discharges	Day Patients	Acute (0–30 days)	In-Patients Extended (>30 days)	Total In-Patients	Total Discharges	Day Patients	Acute (0–30 days)	In-Patients Extended (>30 days)	Total In-Patients	Total Discharges
		Acute (0–30 days)	Extended (>30 days)	Total In-Patients											
434 Alcohol/drug abuse or dependence, detoxification or other symptomatic treatment with cc	140	138	22	160	300	2	286	2	288	290	142	424	24	448	590
435 Alcohol/drug abuse or dependence, detoxification or other symptomatic treatment w/o cc	7	270	16	286	293	5	1,216	10	1,226	1,231	12	1,486	26	1,512	1,524
436 Alcohol/drug dependence with rehabilitation therapy	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
437 Alcohol/drug dependence, combined rehabilitation and detoxification therapy	0	0	0	0	0	0	27	0	27	27	0	27	0	27	27
439 Skin grafts for injuries	2	46	2	48	50	0	21	5	26	26	2	67	7	74	76
440 Wound debridements for injuries	10	85	8	93	103	2	316	13	329	331	12	401	21	422	434
441 Hand procedures for injuries	2	90	0	90	92	2	133	0	133	135	4	223	0	223	227
442 Other O.R. procedures for injuries with cc	1	51	7	58	59	0	54	3	57	57	1	105	10	115	116
443 Other O.R. procedures for injuries w/o cc	18	358	3	361	379	21	237	2	239	260	39	595	5	600	639
444 Traumatic injury age > 17 with cc	0	193	7	200	200	0	758	9	767	767	0	951	16	967	967
445 Traumatic injury age > 17 w/o cc	22	692	5	697	719	14	1,761	3	1,764	1,778	36	2,453	8	2,461	2,497
446 Traumatic injury, age 0–17	21	1,068	0	1,068	1,089	4	1,283	1	1,284	1,288	25	2,351	1	2,352	2,377

Table 5.5: Discharges from Voluntary, Health Board and All Hospitals by DRG and Patient Type (Contd.)

DRG—Description	Voluntary Hospitals					Health Board 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
447 Allergic reactions, age >17	0	54	0	54	54	0	183	0	183	183	0	237	0	237	237
448 Allergic reactions, age 0–17	1	23	0	23	24	0	63	0	63	63	1	86	0	86	87
449 Poisoning and toxic effects of drugs, age >17 with cc	0	419	5	424	424	0	1,766	5	1,771	1,771	0	2,185	10	2,195	2,195
450 Poisoning and toxic effects of drugs, age >17 w/o cc	0	448	0	448	448	1	2,136	0	2,136	2,137	1	2,584	0	2,584	2,585
451 Poisoning and toxic effects of drugs, age 0–17	0	267	0	267	267	0	902	2	904	904	0	1,169	2	1,171	1,171
452 Complications of treatment with cc	43	169	7	176	219	5	182	5	187	192	48	351	12	363	411
453 Complications of treatment w/o cc	76	508	3	511	587	34	560	3	563	597	110	1,068	6	1,074	1,184
454 Other injury, poisoning and toxic effect diagnosis with cc	0	24	2	26	26	0	97	3	100	100	0	121	5	126	126
455 Other injury, poisoning and toxic effect diagnosis w/o cc	1	72	0	72	73	1	146	1	147	148	2	218	1	219	221
461 O.R. procedures with diagnoses of other contact with health services	622	179	2	181	803	244	217	6	223	467	866	396	8	404	1,270
462 Rehabilitation	29	84	79	163	192	10	861	108	969	979	39	945	187	1,132	1,171
463 Signs and symptoms with cc	33	139	1	140	173	72	329	7	336	408	105	468	8	476	581
464 Signs and symptoms w/o cc	363	237	2	239	602	300	479	1	480	780	663	716	3	719	1,382
465 Aftercare with history of malignancy as secondary diagnosis	1,670	114	0	114	1,784	1,378	195	2	197	1,575	3,048	309	2	311	3,359

Table 5.5: Discharges from Voluntary, Health Board and All Hospitals by DRG and Patient Type (Contd.)

DRG—Description	Voluntary Hospitals					Health Board 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
466 Aftercare w/o history of malignancy as secondary diagnosis	2,827	386	8	394	3,221	2,307	1,241	76	1,317	3,624	5,134	1,627	84	1,711	6,845
467 Other factors influencing health status	5,660	545	5	550	6,210	7,238	2,143	19	2,162	9,400	12,898	2,688	24	2,712	15,610
468 Extensive O.R. procedure unrelated to principal diagnosis	117	712	158	870	987	117	534	86	620	737	234	1,246	244	1,490	1,724
469 Principal diagnosis invalid as discharge diagnosis	0	0	0	0	0	32	3	0	3	35	32	3	0	3	35
470 Ungroupable	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
471 Bilateral or multiple major joint procedures of lower extremity	0	3	3	6	6	0	34	8	42	42	0	37	11	48	48
473 Acute leukaemia w/o major O.R. procedure, age >17	1,655	233	54	287	1,942	458	192	43	235	693	2,113	425	97	522	2,635
475 Respiratory system diagnosis with ventilator support	0	193	35	228	228	0	283	50	333	333	0	476	85	561	561
476 Prostatic O.R. procedure unrelated to principal diagnosis	2	10	13	23	25	2	19	4	23	25	4	29	17	46	50
477 Non-extensive O.R. procedure unrelated to principal diagnosis	215	423	39	462	677	227	396	33	429	656	442	819	72	891	1,333
478 Other vascular procedures with cc	12	354	65	419	431	4	167	53	220	224	16	521	118	639	655
479 Other vascular procedures w/o cc	15	288	9	297	312	11	147	6	153	164	26	435	15	450	476
480 Liver transplant	0	16	11	27	27	0	0	0	0	0	0	16	11	27	27
481 Bone marrow transplant	1	63	44	107	108	1	11	3	14	15	2	74	47	121	123

Table 5.5: Discharges from Voluntary, Health Board and All Hospitals by DRG and Patient Type (Contd.)

DRG—Description	Voluntary Hospitals					Health Board Hospitals					All Hospitals				
	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	Day Patients	Acute (0–30 days)	Extended (>30 days)	Total In-Patients	Total Discharges
482 Tracheostomy for face, mouth and neck diagnoses	0	60	69	129	129	0	0	17	14	31	0	77	83	160	160
483 Tracheostomy except for face, mouth and neck diagnoses	0	76	250	326	326	0	0	56	128	184	0	132	378	510	510
484 Craniotomy for multiple significant trauma	0	3	1	4	4	0	0	6	0	6	0	9	1	10	10
485 Limb re-attachment, hip and femur procedures for multiple significant trauma	0	17	8	25	25	0	0	55	11	66	0	72	19	91	91
486 Other O.R. procedures for multiple significant trauma	0	34	10	44	44	0	0	65	11	76	0	99	21	120	120
487 Other multiple significant trauma	0	46	25	71	71	0	0	99	7	106	0	145	32	177	177
488 HIV with extensive O.R. procedure	0	5	3	8	8	0	0	1	0	1	0	6	3	9	9
489 HIV with major related condition	18	84	16	100	118	0	0	14	0	14	18	98	16	114	132
490 HIV with or w/o other related condition	592	104	4	108	700	10	10	102	3	105	602	206	7	213	815
491 Major joint and limb re-attachment procedures of upper extremity	0	49	2	51	51	0	0	38	0	38	0	87	2	89	89
492 Chemotherapy with acute leukaemia as secondary diagnosis	1,832	166	2	168	2,000	254	254	43	2	45	2,086	209	4	213	2,299
493 Laparoscopic cholecystectomy w/o C.D.E. with cc	0	185	4	189	189	0	0	358	11	369	0	543	15	558	558

Table 5.5: Discharges from Voluntary, Health Board and All Hospitals by DRG and Patient Type (Contd.)

DRG—Description	Voluntary Hospitals					Health Board 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											
494 Laparoscopic cholecystectomy w/o C.D.E. w/o cc	56	791	1	792	848	36	2,256	2	2,258	2,294	92	3,047	3	3,050	3,142
495 Lung transplant	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
496 Combined anterior/posterior spinal fusion	0	5	0	5	5	0	1	0	1	1	0	6	0	6	6
497 Spinal fusion with cc	0	52	7	59	59	0	7	4	11	11	0	59	11	70	70
498 Spinal fusion w/o cc	0	122	2	124	124	0	47	0	47	47	0	169	2	171	171
499 Back and neck procedures except spinal fusion with cc	2	53	12	65	67	1	62	4	66	67	3	115	16	131	134
500 Back and neck procedures except spinal fusion w/o cc	118	384	10	394	512	55	626	4	630	685	173	1,010	14	1,024	1,197
501 Knee procedures with principal diagnosis of infection with cc	0	1	0	1	1	0	3	0	3	3	0	4	0	4	4
502 Knee procedures with principal diagnosis of infection w/o cc	0	2	0	2	2	0	3	0	3	3	0	5	0	5	5
503 Knee procedure w/o principal diagnosis of infection	470	342	2	344	814	965	751	3	754	1,719	1,435	1,093	5	1,098	2,533
504 Extensive 3rd degree burns with skin graft	0	2	7	9	9	0	0	2	2	2	0	2	9	11	11
505 Extensive 3rd degree burns w/o skin graft	0	1	0	1	1	0	5	0	5	5	0	6	0	6	6
506 Full thickness burns with skin graft or inhal injury with cc or significant trauma	0	27	8	35	35	0	15	6	21	21	0	42	14	56	56

Table 5.5: Discharges from Voluntary, Health Board and All Hospitals by DRG and Patient Type (Contd.)

DRG—Description	Voluntary Hospitals					Health Board Hospitals					All Hospitals				
	Day Patients	Acute (0–30 days)	Extended (>30 days)	In-Patients	Total Discharges	Day Patients	Acute (0–30 days)	Extended (>30 days)	In-Patients	Total Discharges	Day Patients	Acute (0–30 days)	Extended (>30 days)	In-Patients	Total Discharges
507 Full thickness burns with skin graft or inhal injury w/o cc or significant trauma	0	105	9	114	114	0	43	3	46	46	0	148	12	160	160
508 Full thickness burns w/o skin graft or inhal injury with cc or significant trauma	0	4	0	4	4	0	15	0	15	15	0	19	0	19	19
509 Full thickness burns w/o skin graft or inhal injury w/o cc or significant trauma	0	48	2	50	50	0	97	0	97	97	0	145	2	147	147
510 Non-extensive burns with cc or significant trauma	0	13	1	14	14	0	25	2	27	27	0	38	3	41	41
511 Non-extensive burns w/o cc or significant trauma	1	143	0	143	144	1	213	0	213	214	2	356	0	356	358
Total	180,202	178,287	7,597	185,884	366,086	209,435	355,865	6,520	362,385	571,820	389,637	534,152	14,117	548,269	937,906

Notes: The voluntary hospital group includes both general and special hospitals operated on a voluntary basis. The health board hospital group incorporates general and special hospitals managed by health boards/regional authorities.

DRGs 214, 215, 221, 222, 438, 456–460, 472, 474 were used in the HCFA-DRGs version 12, but by version 16 were no longer valid and their use had ceased.

* The volume of activity reported here should be treated with caution as one HIPE hospital significantly under-reported radiotherapy activity data to HIPE in 2003.

TABLE 5.6

Average Length of Stay (Days) by DRG and Patient Type for Voluntary, Health Board and All Hospitals

DRG—Description	Voluntary Hospitals				Health Board 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	
1 Craniotomy, age >17 except for trauma	11.8	58.4	16.2	16.2	8.3	123.9	14.4	14.2	10.8	70.4	15.7	15.6
2 Craniotomy for trauma, age >17	10.6	43.0	13.9	13.9	7.1	41.5	8.9	8.9	9.7	42.8	12.6	12.6
3 Craniotomy, age 0–17	9.3	51.1	13.0	13.0	7.5	45.8	11.9	11.9	9.0	50.1	12.8	12.8
4 Spinal procedures	12.3	58.3	16.6	16.0	8.9	34.5	10.2	9.6	11.4	54.3	14.9	14.2
5 Extracranial vascular procedures	10.5	69.6	13.6	13.6	9.1	44.0	9.8	9.8	10.1	66.2	12.5	12.5
6 Carpal tunnel release	1.9	31.0	2.5	1.3	1.8	–	1.8	1.3	1.8	31.0	1.9	1.3
7 Peripheral and cranial nerve and other nervous system procedures with cc	11.0	139.0	46.3	42.7	6.9	81.6	16.4	15.5	8.5	116.9	29.0	27.1
8 Peripheral and cranial nerve and other nervous system procedures w/o cc	3.6	69.5	4.1	3.2	3.0	43.8	3.8	3.4	3.3	51.1	4.0	3.3
9 Spinal disorders and injuries	9.4	112.8	44.2	25.7	4.9	52.7	6.7	6.0	7.8	110.3	33.7	21.7
10 Nervous system neoplasms with cc	10.3	58.6	16.8	13.6	9.5	50.3	12.9	11.2	9.8	54.8	14.6	12.3
11 Nervous system neoplasms w/o cc	6.4	46.9	10.7	6.4	7.3	48.4	8.7	7.0	6.9	47.3	9.7	6.7
12 Degenerative nervous system disorders	10.3	102.2	28.6	21.8	8.9	80.0	17.9	14.4	9.3	88.1	20.7	16.4
13 Multiple sclerosis and cerebellar ataxia	8.0	85.0	12.9	7.7	6.1	47.2	7.0	5.4	6.7	70.6	9.0	6.3
14 Specific cerebrovascular disorders except TIA	10.8	91.1	31.5	30.3	10.1	58.7	17.7	17.6	10.3	73.1	22.1	21.8
15 Transient ischaemic attack and precerebral occlusions	7.5	85.9	9.1	8.7	6.4	63.5	7.2	7.0	6.6	70.3	7.7	7.4
16 Non-specific cerebrovascular disorders with cc	12.1	71.3	24.6	24.3	10.5	47.3	12.7	11.9	11.0	63.7	17.1	16.4
17 Non-specific cerebrovascular disorders w/o cc	5.7	40.0	6.0	5.2	6.5	83.0	11.0	9.8	6.2	79.1	9.2	8.1
18 Cranial and peripheral nerve disorders with cc	9.6	43.3	12.6	6.9	6.8	52.1	9.5	6.3	7.9	47.7	10.8	6.6
19 Cranial and peripheral nerve disorders w/o cc	6.2	63.1	8.8	3.2	4.1	38.3	4.3	2.0	4.7	56.4	5.6	2.4
20 Nervous system infection except viral meningitis	10.8	72.0	19.0	17.3	9.0	52.2	11.6	10.0	9.7	63.9	14.4	12.7
21 Viral meningitis	5.4	–	5.4	5.2	4.8	33.0	4.9	4.9	5.0	33.0	5.1	5.0

Table 5.6: Average Length of Stay (Days) by DRG and Patient Type for Voluntary, Health Board and All Hospitals (Contd.)

DRG—Description		Voluntary Hospitals				Health Board 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
22	Hypertensive encephalopathy	10.8	–	10.8	10.8	6.9	–	6.9	6.2	8.4	–	8.4	7.9
23	Non-traumatic stupor and coma	5.3	39.7	6.9	6.6	4.9	193.3	8.3	7.9	5.0	127.4	8.0	7.6
24	Seizure and headache, age >17 with cc	5.7	66.7	8.6	8.5	4.5	47.5	5.0	5.0	4.8	59.3	6.1	6.0
25	Seizure and headache, age >17 w/o cc	4.1	71.5	4.9	4.5	3.2	46.4	3.3	3.1	3.4	64.9	3.6	3.4
26	Seizure and headache, age 0–17	3.1	64.7	3.7	3.2	2.1	142.0	2.1	2.0	2.4	72.4	2.6	2.4
27	Traumatic stupor and coma, coma >1 hr	4.4	224.7	21.4	21.4	3.7	123.2	7.2	7.2	3.8	157.0	9.5	9.5
28	Traumatic stupor and coma, coma <1 hr, age >17 with cc	9.0	76.0	20.0	20.0	3.9	132.2	7.4	7.4	5.0	95.3	10.5	10.5
29	Traumatic stupor and coma, coma <1 hr, age >17 w/o cc	6.4	63.9	16.3	16.3	3.6	36.0	3.9	3.9	4.1	58.5	6.7	6.7
30	Traumatic stupor and coma, coma <1 hr, age 0–17	4.7	73.2	7.9	7.9	2.0	–	2.0	2.0	2.8	73.2	3.9	3.9
31	Concussion, age >17 with cc	1.6	–	1.6	1.6	2.9	128.3	4.8	4.8	2.4	128.3	3.7	3.7
32	Concussion, age >17 w/o cc	1.3	–	1.3	1.3	2.3	105.0	2.6	2.6	2.0	105.0	2.2	2.2
33	Concussion, age 0–17	1.3	–	1.3	1.3	1.5	–	1.5	1.5	1.5	–	1.5	1.5
34	Other disorders of nervous system with cc	7.2	100.3	14.6	13.7	6.7	89.1	10.3	9.4	7.0	96.5	12.5	11.6
35	Other disorders of nervous system w/o cc	3.2	123.3	4.1	3.3	3.9	40.8	4.2	3.0	3.5	79.3	4.1	3.1
36	Retinal procedures	5.1	36.0	5.2	4.8	5.9	–	5.9	5.6	5.5	36.0	5.5	5.2
37	Orbital procedures	5.2	36.5	5.8	5.5	5.0	–	5.0	4.5	5.1	36.5	5.5	5.1
38	Primary iris procedures	4.6	–	4.6	3.2	4.8	–	4.8	1.6	4.7	–	4.7	1.9
39	Lens procedures with or w/o vitrectomy	2.5	174.5	2.8	1.8	2.1	–	2.1	1.7	2.2	174.5	2.3	1.7
40	Extraocular procedures except orbit, age >17	4.1	42.0	4.3	1.5	3.1	41.5	3.2	1.5	3.4	41.8	3.6	1.5
41	Extraocular procedures except orbit, age 0–17	1.8	45.5	2.0	1.4	1.7	–	1.7	1.3	1.7	45.5	1.9	1.4
42	Intraocular procedures except retina, iris and lens	4.9	–	4.9	4.2	5.1	33.0	5.3	4.6	5.0	33.0	5.2	4.4
43	Hyphema	2.9	–	2.9	2.8	3.1	–	3.1	3.1	3.0	–	3.0	3.0
44	Acute major eye infections	4.1	47.0	4.4	4.4	5.2	38.0	5.6	5.4	4.7	41.0	5.0	4.9
45	Neurological eye disorders	4.8	–	4.8	2.4	4.4	–	4.4	3.4	4.5	–	4.5	2.9

Table 5.6: Average Length of Stay (Days) by DRG and Patient Type for Voluntary, Health Board and All Hospitals (Contd.)

DRG—Description	Voluntary Hospitals				Health Board 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	
46 Other disorders of the eye, age >17 with cc	4.4	56.0	5.3	3.6	4.7	46.8	6.2	4.4	4.5	49.1	5.8	4.1
47 Other disorders of the eye, age >17 w/o cc	3.3	41.0	3.4	1.3	3.6	37.0	3.7	1.7	3.5	38.3	3.6	1.4
48 Other disorders of the eye, age 0–17	2.5	–	2.5	1.8	2.2	–	2.2	1.9	2.3	–	2.3	1.9
49 Major head and neck procedures	12.7	38.5	14.3	14.2	12.1	51.0	15.3	15.3	12.6	40.3	14.4	14.3
50 Sialoadenectomy	5.2	–	5.2	4.9	4.3	–	4.3	4.1	4.8	–	4.8	4.5
51 Salivary gland procedures except sialoadenectomy	4.3	–	4.3	4.0	3.0	–	3.0	2.4	3.8	–	3.8	3.2
52 Cleft lip and palate repair	4.1	–	4.1	4.0	4.3	–	4.3	4.2	4.1	–	4.1	4.1
53 Sinus and mastoid procedures, age >17	4.4	35.0	4.5	4.4	3.1	–	3.1	3.0	3.7	35.0	3.8	3.7
54 Sinus and mastoid procedures, age 0–17	4.0	49.0	4.8	4.7	3.1	–	3.1	3.0	3.6	49.0	4.1	4.0
55 Miscellaneous ear, nose, mouth and throat procedures	3.1	62.5	3.4	1.7	2.6	–	2.6	2.0	2.8	62.5	2.9	1.8
56 Rhinoplasty	3.2	–	3.2	2.9	2.4	–	2.4	2.2	2.8	–	2.8	2.6
57 T&A procedures, except tonsillectomy and/or adenoidectomy only, age >17	3.4	47.0	3.7	3.4	3.5	–	3.5	3.3	3.5	47.0	3.6	3.3
58 T&A procedures, except tonsillectomy and/or adenoidectomy only, age 0–17	3.0	–	3.0	2.8	2.3	–	2.3	2.3	2.6	–	2.6	2.5
59 Tonsillectomy and/or adenoidectomy only, age >17	3.2	–	3.2	3.2	2.8	–	2.8	2.8	2.9	–	2.9	2.9
60 Tonsillectomy and/or adenoidectomy only, age 0–17	2.2	–	2.2	2.2	2.1	–	2.1	2.1	2.1	–	2.1	2.1
61 Myringotomy with tube insertion, age >17	2.9	–	2.9	1.5	1.9	88.0	3.5	1.5	2.3	88.0	3.3	1.5
62 Myringotomy with tube insertion age 0–17	2.0	–	2.0	1.3	1.5	–	1.5	1.1	1.8	–	1.8	1.2
63 Other ear, nose, mouth and throat O.R. procedures	3.7	46.0	4.0	3.8	3.3	43.5	3.6	3.3	3.6	45.0	3.8	3.6
64 Ear, nose, mouth and throat malignancy	8.7	51.7	22.6	19.7	6.4	48.7	8.4	7.3	7.7	51.4	17.3	15.0
65 Dysequilibrium	5.9	34.7	6.2	4.4	4.1	32.0	4.2	3.7	4.4	34.0	4.5	3.9
66 Epistaxis	3.1	–	3.1	2.8	3.0	–	3.0	2.7	3.1	–	3.1	2.7
67 Epiglottitis	4.1	–	4.1	3.6	4.5	–	4.5	4.5	4.3	–	4.3	4.1
68 Otitis media and upper respiratory infection, age >17 with cc	6.7	80.5	7.9	7.6	4.3	34.0	4.3	4.3	4.9	65.0	5.3	5.2

Table 5.6: Average Length of Stay (Days) by DRG and Patient Type for Voluntary, Health Board and All Hospitals (Contd.)

DRG—Description	Voluntary Hospitals				Health Board 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
69 Otitis media and upper respiratory infection, age >17 w/o cc	3.0	48.0	3.1	2.5	2.5	–	2.5	2.1	2.6	48.0	2.6	2.2
70 Otitis media and upper respiratory infection, age 0–17	2.8	34.0	2.8	2.4	1.9	37.7	2.0	1.9	2.1	36.8	2.1	2.0
71 Laryngotracheitis	1.6	–	1.6	1.6	1.4	–	1.4	1.4	1.4	–	1.4	1.4
72 Nasal trauma and deformity	1.7	–	1.7	1.3	1.6	–	1.6	1.2	1.6	–	1.6	1.2
73 Other ear, nose, mouth and throat diagnoses, age >17	3.5	121.0	3.8	1.6	2.3	90.5	2.5	1.5	2.7	105.8	2.9	1.6
74 Other ear, nose, mouth and throat diagnoses, age 0–17	2.1	43.5	2.4	1.4	1.8	–	1.8	1.4	1.9	43.5	2.0	1.4
75 Major chest procedures	12.4	62.6	19.5	19.4	13.3	36.2	14.5	14.1	12.6	60.3	18.5	18.3
76 Other respiratory system O.R. procedures with cc	12.4	61.6	21.3	20.0	11.7	48.0	18.8	16.9	12.1	56.3	20.4	18.8
77 Other respiratory system O.R. procedures w/o cc	7.6	47.8	10.7	8.7	4.5	69.0	6.6	4.3	6.6	51.3	9.4	7.0
78 Pulmonary embolism	10.0	43.1	11.3	11.3	10.3	49.5	11.9	11.8	10.2	47.4	11.7	11.6
79 Respiratory infections and inflammations, age >17 with cc	13.7	79.4	26.7	26.2	12.1	51.9	18.4	18.2	12.8	65.8	22.1	21.8
80 Respiratory infections and inflammations, age >17 w/o cc	8.6	69.7	19.1	18.2	9.4	44.3	10.8	9.7	9.0	65.6	15.4	14.2
81 Respiratory infections and inflammations, age 0–17	9.0	75.5	11.6	9.7	7.6	62.3	10.3	9.5	8.6	71.1	11.3	9.6
82 Respiratory neoplasms	9.2	50.5	12.7	8.4	9.4	42.1	11.2	8.8	9.3	47.0	11.9	8.6
83 Major chest trauma with cc	7.9	92.0	13.2	13.2	7.2	33.0	7.9	7.9	7.4	56.6	9.1	9.1
84 Major chest trauma w/o cc	3.1	–	3.1	3.1	3.6	–	3.6	3.6	3.5	–	3.5	3.5
85 Pleural effusion with cc	10.4	60.4	16.3	15.7	10.2	44.9	12.7	12.3	10.3	51.3	13.8	13.3
86 Pleural effusion w/o cc	8.6	42.2	10.9	9.2	7.1	39.5	7.5	6.3	7.6	41.5	8.6	7.2
87 Pulmonary oedema and respiratory failure	9.5	86.7	19.2	18.3	8.9	48.2	10.8	10.8	9.0	67.2	13.1	12.9
88 Chronic obstructive pulmonary disease	8.5	60.9	10.8	10.2	7.6	46.4	8.4	8.1	7.9	53.1	9.1	8.7
89 Simple pneumonia and pleurisy, age >17 with cc	9.9	74.2	17.0	16.9	9.3	51.7	11.7	11.7	9.5	62.1	13.3	13.2

Table 5.6: Average Length of Stay (Days) by DRG and Patient Type for Voluntary, Health Board and All Hospitals (Contd.)

	DRG—Description	Voluntary Hospitals				Health Board 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 In-Patients	Acute (0–30 days)	Extended (>30 days)	Total In-Patients	Total In-Patients	Acute (0–30 days)	Extended (>30 days)	Total In-Patients	Total Discharges ^a
90	Simple pneumonia and pleurisy, age >17 w/o cc	6.5	74.7	11.1	10.6	6.2	41.4	6.4	6.3	6.3	67.8	7.7	7.5
91	Simple pneumonia and pleurisy, age 0–17	4.6	41.7	4.9	4.8	3.7	72.0	3.8	3.7	4.0	49.3	4.2	4.1
92	Interstitial lung disease with cc	9.9	54.8	14.7	12.5	7.4	54.1	9.7	8.8	8.3	54.5	11.5	10.2
93	Interstitial lung disease w/o cc	6.0	42.0	8.1	5.5	6.5	65.0	7.1	4.0	6.3	47.8	7.4	4.5
94	Pneumothorax with cc	9.0	50.7	11.4	11.3	9.3	49.3	10.4	10.4	9.2	50.1	10.8	10.7
95	Pneumothorax w/o cc	5.3	78.3	6.5	6.5	5.0	–	5.0	5.0	5.1	78.3	5.6	5.6
96	Bronchitis and asthma, age >17 with cc	7.7	92.9	10.8	10.0	6.4	53.7	7.3	6.9	6.8	73.3	8.5	7.9
97	Bronchitis and asthma, age >17 w/o cc	5.1	164.7	6.2	5.2	3.8	44.8	4.0	3.6	4.1	84.8	4.5	4.0
98	Bronchitis and asthma, age 0–17	3.0	32.0	3.1	3.0	2.5	32.0	2.5	2.5	2.6	32.0	2.7	2.6
99	Respiratory signs and symptoms with cc	6.1	48.0	6.2	5.1	5.1	59.6	5.5	4.9	5.3	57.7	5.7	5.0
100	Respiratory signs and symptoms w/o cc	3.1	135.3	4.2	2.8	2.7	–	2.7	2.1	2.8	135.3	3.1	2.3
101	Other respiratory system diagnoses with cc	7.7	73.8	10.5	10.2	7.3	45.2	7.9	7.8	7.3	57.0	8.5	8.3
102	Other respiratory system diagnoses w/o cc	3.7	53.5	4.3	3.4	3.9	45.6	4.1	4.0	3.9	49.0	4.1	3.8
103	Heart transplant	16.3	43.5	28.8	28.8	–	–	–	–	16.3	43.5	28.8	28.8
104	Cardiac valve and other major cardiothoracic procedures with cardiac catheterisation	15.7	46.1	23.8	23.6	17.8	45.1	36.0	36.0	15.8	45.8	25.3	25.1
105	Cardiac valve and other major cardiothoracic procedures w/o cardiac catheterisation	10.0	47.9	12.4	11.8	13.4	39.3	15.1	14.2	10.7	46.1	12.9	12.3
106	Coronary bypass with PTCA	13.0	48.0	30.5	30.5	–	63.0	63.0	63.0	13.0	55.5	41.3	41.3
107	Coronary bypass with cardiac catheterisation	14.3	46.6	17.5	17.5	20.5	41.3	30.7	30.7	15.2	43.4	20.6	20.6
108	Other cardiothoracic procedures	10.3	53.9	13.2	11.7	6.8	35.0	8.9	8.9	10.1	52.6	13.0	11.5
109	Coronary bypass w/o cardiac catheterisation	10.4	65.6	11.9	11.8	12.4	36.5	13.7	13.6	10.9	52.6	12.4	12.4
110	Major cardiovascular procedures with cc	13.1	47.8	19.7	19.6	14.3	50.4	21.2	21.2	13.3	48.2	19.9	19.8
111	Major cardiovascular procedures w/o cc	9.1	48.3	9.7	9.6	12.1	38.3	13.9	13.9	9.6	43.3	10.4	10.4
112	Percutaneous cardiovascular procedures	4.7	–	4.7	3.4	4.7	35.0	4.9	3.1	4.7	35.0	4.8	3.3

Table 5.6: Average Length of Stay (Days) by DRG and Patient Type for Voluntary, Health Board and All Hospitals (Contd.)

DRG—Description	Voluntary Hospitals				Health Board 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	Acute (0–30 days)	Extended (>30 days)	Total In-Patients	Total	Acute (0–30 days)	Extended (>30 days)	Total In-Patients	Total
113 Amputation for circulatory system disorders except upper limb and toe	18.1	85.0	46.1	46.1	17.1	55.6	36.9	36.9	17.6	66.9	40.9	40.9
114 Upper limb and toe amputation for circulatory system disorders	15.2	58.9	26.6	24.8	12.7	48.8	20.5	20.2	13.9	54.1	23.4	22.4
115 Permanent cardiac pacemaker implant with AMI, heart failure or shock or AICD lead or generator procedure	11.3	117.3	20.6	19.0	5.7	45.0	7.2	7.0	7.8	88.4	12.4	11.8
116 Other permanent cardiac pacemaker implant or PTCA with coronary artery stent implant	4.9	44.3	5.3	4.6	4.5	78.6	5.2	4.6	4.8	52.4	5.3	4.6
117 Cardiac pacemaker revision except device replacement	8.2	49.0	11.7	8.2	5.2	–	5.2	5.2	6.8	49.0	8.8	7.2
118 Cardiac pacemaker device replacement	7.5	60.0	8.6	7.2	5.4	34.0	5.8	5.2	6.7	51.3	7.5	6.5
119 Vein ligation and stripping	2.2	51.3	2.4	1.7	2.0	–	2.0	1.6	2.0	51.3	2.1	1.6
120 Other circulatory system O.R. procedures	10.9	70.3	23.9	22.0	12.6	57.2	23.1	22.9	11.9	62.4	23.5	22.5
121 Circulatory disorders with AMI and major complication, discharged alive	11.7	63.5	15.5	15.2	10.9	40.6	12.1	12.1	11.1	50.5	13.1	13.0
122 Circulatory disorders with AMI w/o major complication, discharged alive	8.1	103.5	12.8	11.5	8.4	40.6	8.9	8.8	8.3	74.1	10.0	9.6
123 Circulatory disorders with AMI, expired	8.2	60.6	14.9	14.9	5.4	47.0	6.7	6.7	6.4	56.9	9.8	9.8
124 Circulatory disorders except AMI, with cardiac catheterisation and complex diagnosis	8.3	42.1	9.3	6.9	7.8	40.0	8.1	5.9	8.1	41.8	8.9	6.6
125 Circulatory disorders except AMI, with cardiac catheterisation w/o complex diagnosis	5.5	40.6	5.9	2.3	4.4	35.7	4.5	2.2	5.1	39.6	5.3	2.3
126 Acute and subacute endocarditis	13.3	45.1	28.4	26.6	11.3	44.9	19.9	19.1	12.1	45.0	23.9	22.7
127 Heart failure and shock	10.1	61.1	15.2	13.8	8.8	46.9	10.5	10.2	9.1	52.1	11.4	11.0
128 Deep vein thrombophlebitis	7.5	88.7	9.7	9.5	7.0	39.3	7.2	6.6	7.2	78.1	8.2	7.7
129 Cardiac arrest, unexplained	8.1	66.3	19.4	19.4	5.0	41.0	5.9	5.9	6.3	62.9	11.8	11.8
130 Peripheral vascular disorders with cc	7.9	83.5	13.7	12.7	8.7	52.9	10.8	10.1	8.5	65.5	11.7	10.9
131 Peripheral vascular disorders w/o cc	5.4	73.9	7.6	4.7	5.6	46.1	6.1	3.1	5.5	60.0	6.5	3.5

Table 5.6: Average Length of Stay (Days) by DRG and Patient Type for Voluntary, Health Board and All Hospitals (Contd.)

DRG—Description	Voluntary Hospitals				Health Board 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	
132 Atherosclerosis with cc	7.8	60.3	10.2	9.2	7.2	39.8	7.9	7.4	7.4	49.1	8.5	7.9
133 Atherosclerosis w/o cc	4.6	47.7	5.8	4.5	5.2	37.3	5.3	4.0	5.1	43.9	5.4	4.1
134 Hypertension	5.2	94.1	8.1	4.5	4.5	39.5	4.8	3.2	4.7	69.0	5.6	3.6
135 Cardiac congenital and valvular disorders, age >17 with cc	8.5	82.5	11.5	6.1	8.5	43.7	10.6	9.0	8.5	54.1	10.9	7.6
136 Cardiac congenital and valvular disorders, age > 17 w/o cc	5.2	92.3	9.9	3.7	5.9	37.4	6.9	4.1	5.7	58.0	7.7	3.9
137 Cardiac congenital and valvular disorders, age 0–17	3.5	69.0	4.0	3.3	3.9	55.7	5.1	3.0	3.6	61.0	4.3	3.2
138 Cardiac arrhythmia and conduction disorders with cc	6.5	86.3	8.8	7.6	6.6	46.9	7.5	7.0	6.6	60.7	7.9	7.2
139 Cardiac arrhythmia and conduction disorders w/o cc	4.1	149.5	5.5	4.3	4.3	65.3	4.6	3.4	4.3	99.0	4.8	3.6
140 Angina pectoris	6.2	39.2	6.8	6.4	6.2	44.5	6.6	6.5	6.2	43.0	6.6	6.5
141 Syncope and collapse with cc	7.1	70.5	8.5	8.2	5.4	73.2	6.3	6.2	5.8	72.3	6.8	6.6
142 Syncope and collapse w/o cc	4.7	87.8	5.6	5.0	3.9	55.6	4.1	3.7	4.1	70.5	4.4	4.0
143 Chest pain	3.0	107.2	3.2	3.0	3.2	34.6	3.2	2.7	3.1	68.1	3.2	2.8
144 Other circulatory system diagnoses with cc	7.3	52.0	8.9	8.2	7.3	53.3	8.7	8.3	7.3	52.7	8.8	8.3
145 Other circulatory system diagnoses w/o cc	4.9	71.0	6.6	4.3	4.4	47.3	4.7	4.1	4.5	60.9	5.2	4.2
146 Rectal resection with cc	16.2	45.6	24.1	23.8	16.3	42.7	21.7	21.7	16.3	44.0	22.6	22.5
147 Rectal resection w/o cc	12.8	46.3	14.7	14.7	13.4	42.7	15.4	15.4	13.1	43.9	15.1	15.1
148 Major small and large bowel procedures with cc	16.3	65.6	29.7	29.7	16.3	48.3	23.5	23.5	16.3	56.0	26.0	26.0
149 Major small and large bowel procedures w/o cc	13.1	54.5	16.2	16.0	13.4	44.0	14.9	14.8	13.3	49.3	15.4	15.3
150 Peritoneal adhesiolysis with cc	11.3	73.7	24.7	24.7	13.7	47.1	19.5	19.5	12.7	60.0	21.7	21.7
151 Peritoneal adhesiolysis w/o cc	6.8	35.0	7.2	6.9	7.3	55.0	7.8	7.4	7.1	45.0	7.5	7.2
152 Minor small and large bowel procedures with cc	12.4	50.0	17.7	17.7	12.3	34.7	13.5	13.5	12.3	44.9	15.3	15.3
153 Minor small and large bowel procedures w/o cc	8.4	58.0	9.1	8.1	7.7	–	7.7	5.3	8.0	58.0	8.3	6.4

Table 5.6: Average Length of Stay (Days) by DRG and Patient Type for Voluntary, Health Board and All Hospitals (Contd.)

DRG—Description	Voluntary Hospitals				Health Board 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 In-Patients	Acute (0–30 days)	Extended (>30 days)	Total In-Patients	Total In-Patients	Acute (0–30 days)	Extended (>30 days)	Total In-Patients	Total Discharges ^a
154 Stomach, oesophageal and duodenal procedures, age > 17 with cc	14.8	52.8	24.4	23.8	15.2	49.9	22.9	22.9	15.0	51.2	23.5	23.3
155 Stomach, oesophageal and duodenal procedures, age > 17 w/o cc	7.5	51.0	10.8	10.0	7.6	42.3	8.3	8.0	7.6	49.2	9.6	9.0
156 Stomach, oesophageal and duodenal procedures, age 0–17	5.6	77.6	10.1	10.1	6.3	–	6.3	6.3	5.7	77.6	9.4	9.4
157 Anal and stomal procedures with cc	6.3	31.0	6.5	4.9	7.7	61.1	11.0	8.5	7.1	58.4	9.2	7.0
158 Anal and stomal procedures w/o cc	3.7	38.0	3.7	2.4	3.2	31.0	3.3	2.3	3.4	34.5	3.4	2.3
159 Hernia procedures except inguinal and femoral, age >17 with cc	8.6	37.0	8.9	8.8	7.7	46.0	9.3	9.0	8.1	44.2	9.1	8.9
160 Hernia procedures except inguinal and femoral, age >17 w/o cc	4.3	–	4.3	3.4	4.0	–	4.0	3.3	4.1	–	4.1	3.4
161 Inguinal and femoral hernia procedures, age >17 with cc	6.1	64.3	7.3	7.0	6.5	35.0	6.9	6.8	6.4	47.6	7.0	6.8
162 Inguinal and femoral hernia procedures, age >17 w/o cc	2.7	115.0	2.9	2.4	2.7	34.0	2.8	2.4	2.7	74.5	2.8	2.4
163 Hernia procedures, age 0–17	3.0	66.0	4.3	2.2	1.6	–	1.6	1.3	2.5	66.0	3.4	1.9
164 Appendectomy with complicated principal diagnosis with cc	7.7	–	7.7	7.7	9.2	84.0	10.4	10.4	8.6	84.0	9.4	9.4
165 Appendectomy with complicated principal diagnosis w/o cc	4.6	–	4.6	4.6	4.7	–	4.7	4.7	4.7	–	4.7	4.7
166 Appendectomy w/o complicated principal diagnosis with cc	5.3	–	5.3	5.3	5.8	33.8	6.2	6.2	5.6	33.8	5.9	5.9
167 Appendectomy w/o complicated principal diagnosis w/o cc	3.6	33.0	3.6	3.6	3.7	–	3.7	3.7	3.7	33.0	3.7	3.7
168 Mouth procedures with cc	6.9	60.0	8.6	7.7	8.2	46.0	10.0	9.5	7.4	53.0	9.2	8.4
169 Mouth procedures w/o cc	3.3	60.0	3.8	2.4	3.5	34.0	3.7	1.9	3.4	47.0	3.8	2.1
170 Other digestive system O.R. procedures with cc	11.0	76.4	15.4	14.9	11.2	48.4	16.4	16.0	11.1	56.9	15.9	15.5
171 Other digestive system O.R. procedures w/o cc	6.2	36.2	6.7	5.4	5.5	53.6	6.0	4.9	5.7	44.9	6.3	5.1
172 Digestive malignancy with cc	9.8	49.1	16.0	11.1	9.1	45.9	11.4	8.1	9.4	47.9	13.4	9.4

Table 5.6: Average Length of Stay (Days) by DRG and Patient Type for Voluntary, Health Board and All Hospitals (Contd.)

DRG—Description	Voluntary Hospitals				Health Board 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
173 Digestive malignancy w/o cc	9.3	46.8	16.9	5.3	6.8	43.7	8.2	3.8	7.8	46.2	12.1	4.6
174 G.I. haemorrhage with cc	6.7	54.5	8.4	7.4	6.9	49.9	7.9	7.6	6.9	51.4	8.0	7.6
175 G.I. haemorrhage w/o cc	4.8	52.4	5.6	2.1	4.3	60.5	4.5	2.8	4.4	56.0	4.7	2.5
176 Complicated peptic ulcer	6.1	38.8	7.1	2.0	6.3	39.4	6.9	2.2	6.2	39.1	7.0	2.1
177 Uncomplicated peptic ulcer with cc	7.6	65.8	10.5	8.6	6.9	72.0	8.1	6.7	7.2	68.1	9.1	7.4
178 Uncomplicated peptic ulcer w/o cc	5.1	45.0	5.7	2.7	4.7	34.0	4.8	2.1	4.8	42.3	5.1	2.3
179 Inflammatory bowel disease	7.3	45.3	8.4	3.7	7.1	42.0	7.6	4.1	7.2	43.7	7.9	3.9
180 G.I. obstruction with cc	8.8	54.9	10.8	10.8	7.6	45.8	8.7	8.6	8.0	49.5	9.3	9.3
181 G.I. obstruction w/o cc	5.4	52.0	5.7	5.3	4.9	39.7	5.2	5.0	5.1	42.8	5.3	5.1
182 Oesophagitis, gastroenteritis and miscellaneous digestive disorders, age >17 with cc	6.6	64.8	8.0	5.3	5.8	47.9	6.4	5.3	6.0	54.0	6.8	5.3
183 Oesophagitis, gastroenteritis and miscellaneous digestive disorders, age >17 w/o cc	4.0	53.7	4.2	1.5	3.7	50.0	3.8	1.9	3.7	51.2	3.9	1.8
184 Oesophagitis, gastroenteritis and miscellaneous digestive disorders, age 0–17	2.7	98.4	3.0	2.6	2.1	46.0	2.1	2.1	2.3	87.9	2.3	2.2
185 Dental and oral disorder except extractions and restorations, age >17	2.6	–	2.6	2.2	2.7	35.0	2.9	2.6	2.7	35.0	2.8	2.4
186 Dental and oral disorder except extractions and restorations, age 0–17	1.9	–	1.9	1.6	1.7	33.0	1.8	1.5	1.8	33.0	1.9	1.5
187 Dental extractions and restorations	1.8	34.0	1.9	1.3	2.0	–	2.0	1.1	1.9	34.0	1.9	1.1
188 Other digestive system diagnoses, age >17 with cc	7.2	50.5	9.6	5.6	5.9	51.1	7.3	4.5	6.3	50.8	8.1	4.9
189 Other digestive system diagnoses, age >17 w/o cc	3.7	49.6	4.1	1.4	3.3	38.7	3.5	1.4	3.4	43.6	3.7	1.4
190 Other digestive system diagnoses, age 0–17	4.0	44.0	4.3	3.3	2.1	37.0	2.2	2.0	2.8	40.5	2.9	2.5
191 Pancreas, liver and shunt procedures with cc	13.7	47.0	23.5	23.2	13.8	65.2	27.1	27.1	13.7	51.4	24.4	24.2

Table 5.6: Average Length of Stay (Days) by DRG and Patient Type for Voluntary, Health Board and All Hospitals (Contd.)

DRG—Description	Voluntary Hospitals				Health Board 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
192 Pancreas, liver and shunt procedures w/o cc	11.5	43.0	13.1	11.3	11.3	40.4	14.7	13.3	11.4	41.4	13.8	12.1
193 Biliary tract procedures except only cholecystectomy with or w/o C.D.E. with cc	14.7	72.4	31.5	30.5	14.7	43.0	19.5	17.8	14.7	58.6	24.3	22.6
194 Biliary tract procedures except only cholecystectomy with or w/o C.D.E. w/o cc	10.0	–	10.0	6.8	15.1	44.2	19.2	18.7	13.8	44.2	17.0	14.9
195 Cholecystectomy with C.D.E. with cc	11.5	39.0	20.7	20.7	18.0	44.5	23.3	23.3	16.7	42.7	22.7	22.7
196 Cholecystectomy with C.D.E. w/o cc	10.5	–	10.5	10.5	14.2	37.0	15.8	15.8	13.7	37.0	15.1	15.1
197 Cholecystectomy except by laparoscopy w/o C.D.E. with cc	14.2	37.6	17.0	17.0	11.9	43.6	15.1	15.1	12.7	41.3	15.7	15.7
198 Cholecystectomy except by laparoscopy w/o C.D.E. w/o cc	9.3	–	9.3	9.3	7.8	36.7	8.1	8.1	8.1	36.7	8.3	8.3
199 Hepatobiliary diagnostic procedure for malignancy	13.5	52.3	16.3	15.9	13.0	55.5	25.1	25.1	13.4	53.6	17.5	17.2
200 Hepatobiliary diagnostic procedure for non-malignancy	9.9	214.6	16.3	15.8	8.4	47.5	11.0	11.0	9.6	153.8	15.2	14.9
201 Other hepatobiliary or pancreas O.R. procedures	12.8	77.0	16.1	15.3	14.7	41.0	21.6	19.7	13.6	47.0	18.8	17.5
202 Cirrhosis and alcoholic hepatitis	8.2	43.8	10.8	9.4	9.0	45.2	12.1	10.4	8.5	44.5	11.4	9.8
203 Malignancy of hepatobiliary system or pancreas	9.2	52.0	13.6	10.0	9.6	41.4	12.0	9.5	9.5	46.5	12.6	9.7
204 Disorders of pancreas except malignancy	7.0	84.8	9.2	6.8	7.2	38.4	7.9	7.7	7.2	56.4	8.3	7.4
205 Disorders of liver except malignancy, cirrhosis, alcoholic hepatitis with cc	6.6	56.4	9.6	6.8	8.3	54.1	11.2	10.2	7.5	55.2	10.4	8.3
206 Disorders of liver except malignancy, cirrhosis, alcoholic hepatitis w/o cc	4.3	42.8	4.8	2.7	4.9	34.5	5.0	3.9	4.6	40.8	4.9	3.1
207 Disorders of the biliary tract with cc	7.9	42.3	8.6	7.7	7.6	42.6	8.5	7.6	7.6	42.5	8.5	7.6
208 Disorders of the biliary tract w/o cc	5.0	36.0	5.2	3.1	4.9	36.0	5.0	4.6	4.9	36.0	5.0	4.2
209 Major joint and limb re-attachment procedures of lower extremity	12.7	70.7	15.1	15.1	12.9	46.5	14.1	14.1	12.8	54.4	14.4	14.4
210 Hip and femur procedures except major joint, age >17 with cc	12.6	85.0	25.1	25.0	13.9	58.0	20.7	20.7	13.5	67.7	22.1	22.1

Table 5.6: Average Length of Stay (Days) by DRG and Patient Type for Voluntary, Health Board and All Hospitals (Contd.)

	DRG—Description	Voluntary Hospitals				Health Board 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	
211	Hip and femur procedures except major joint, age >17 w/o cc	8.8	81.8	13.5	13.1	10.0	48.2	11.5	11.5	9.8	59.0	11.9	11.8
212	Hip and femur procedures except major joint, age 0–17	4.6	34.5	5.0	4.7	6.0	53.3	6.8	6.6	5.3	45.8	5.9	5.6
213	Amputation for musculoskeletal system and connective tissue disorders	10.9	59.2	21.4	19.8	12.1	82.7	29.0	25.1	11.5	72.0	25.4	22.7
216	Biopsies of musculoskeletal system and connective tissue	5.7	42.8	11.8	8.9	6.1	61.7	11.1	6.2	5.9	50.9	11.4	7.1
217	Wound debridements and skin graft except hand, for musculoskeletal and connective tissue disorder	8.7	76.0	21.6	20.7	3.1	72.9	6.3	6.3	3.7	74.1	8.3	8.2
218	Lower extremity and humerus procedures except hip, foot, femur, age >17 with cc	8.0	67.5	10.1	10.1	8.3	55.5	11.3	11.3	8.2	58.3	10.9	10.9
219	Lower extremity and humerus procedures except hip, foot, femur, age >17 w/o cc	4.8	99.8	5.4	5.3	4.5	42.7	4.6	4.6	4.6	78.4	4.8	4.8
220	Lower extremity and humerus procedures except hip, foot, femur, age 0–17	2.6	33.0	2.7	2.6	2.4	39.0	2.5	2.5	2.5	36.0	2.6	2.5
223	Major shoulder/elbow procedures, or other upper extremity procedures with cc	4.1	143.3	6.2	6.0	4.3	51.3	5.5	5.5	4.2	78.9	5.8	5.7
224	Shoulder, elbow or forearm procedures, except major joint procedures, w/o cc	2.4	–	2.4	2.3	2.1	35.0	2.1	2.1	2.2	35.0	2.2	2.2
225	Foot procedures	3.9	84.0	4.2	3.4	3.0	32.0	3.1	2.6	3.4	58.0	3.5	2.9
226	Soft tissue procedures with cc	8.6	37.0	9.0	8.7	6.1	47.0	6.9	6.4	7.5	42.0	8.1	7.7
227	Soft tissue procedures w/o cc	3.7	32.5	3.8	3.1	2.7	–	2.7	2.3	3.2	32.5	3.2	2.7
228	Major thumb or joint procedures, or other hand or wrist procedures with cc	3.7	49.0	4.2	3.8	2.9	37.0	3.2	3.0	3.3	43.0	3.7	3.4
229	Hand or wrist procedures, except major joint procedures, w/o cc	2.0	131.0	2.2	1.8	1.7	49.0	1.7	1.5	1.8	90.0	1.9	1.6
230	Local excision and removal of internal fixation devices of hip and femur	4.9	80.5	7.1	4.4	3.9	39.0	4.2	2.9	4.2	66.7	5.1	3.4
231	Local excision and removal of internal fixation devices except hip and femur	4.1	40.8	5.0	1.9	2.8	52.6	3.6	1.8	3.2	47.3	4.0	1.8
232	Arthroscopy	3.5	62.0	4.6	2.0	2.2	34.0	2.5	1.5	2.7	48.0	3.2	1.7

Table 5.6: Average Length of Stay (Days) by DRG and Patient Type for Voluntary, Health Board and All Hospitals (Contd.)

DRG—Description	Voluntary Hospitals			Health Board Hospitals			All Hospitals			
	In-Patients		Total Discharges ^a	In-Patients		Total Discharges ^a	In-Patients		Total Discharges ^a	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	Total Discharges ^a
233 Other musculoskeletal system and connective tissue O.R. procedures with cc	10.4	44.0	14.6	11.7	50.0	13.1	11.0	45.0	14.0	13.5
234 Other musculoskeletal system and connective tissue O.R. procedures w/o cc	5.6	54.5	6.6	4.6	41.8	5.3	5.2	49.4	6.0	4.6
235 Fractures of femur	8.4	45.7	11.0	6.7	51.4	10.0	7.3	49.7	10.3	10.2
236 Fractures of hip and pelvis	9.4	65.2	18.1	7.4	47.4	9.6	7.8	54.3	11.2	11.1
237 Sprains, strains and dislocations of hip, pelvis and thigh	6.0	–	6.0	3.5	34.0	4.1	4.3	34.0	4.7	4.7
238 Osteomyelitis	11.1	62.7	20.8	10.4	67.1	16.4	10.6	64.9	18.0	15.7
239 Pathological fractures and musculoskeletal and connective tissue malignancy	8.0	65.6	13.3	8.1	46.5	10.8	8.1	55.7	11.9	5.4
240 Connective tissue disorders with cc	8.0	54.3	13.9	8.6	78.4	12.2	8.4	64.8	12.8	9.2
241 Connective tissue disorders w/o cc	4.5	47.0	5.6	6.1	46.6	6.8	5.5	46.8	6.3	2.3
242 Septic arthritis	8.9	59.0	18.3	6.6	40.5	8.1	7.2	51.6	10.8	10.6
243 Medical back problems	5.9	60.6	8.1	5.4	45.7	6.0	5.5	53.5	6.6	3.4
244 Bone diseases and specific arthropathies with cc	9.4	45.0	12.1	7.9	42.8	8.8	8.2	43.8	9.6	8.0
245 Bone diseases and specific arthropathies w/o cc	4.6	48.0	5.0	4.6	48.6	5.1	4.6	48.5	5.1	3.1
246 Non-specific arthropathies	7.5	71.0	9.5	4.2	39.0	4.5	4.8	55.0	5.5	3.9
247 Signs and symptoms of musculoskeletal system and connective tissue	4.5	69.8	5.5	3.3	52.6	3.6	3.6	59.3	4.0	2.5
248 Tendonitis, myositis and bursitis	4.9	61.8	6.7	4.3	53.8	4.7	4.4	57.8	5.2	2.8
249 Aftercare, musculoskeletal system and connective tissue	13.1	54.4	18.9	7.7	51.4	9.4	11.0	53.9	15.4	9.4
250 Fracture, sprain, strain and dislocation of forearm, hand or foot, age >17 with cc	5.2	60.2	8.9	4.6	91.7	6.0	4.8	72.0	6.8	6.8
251 Fracture, sprain, strain and dislocation of forearm, hand or foot, age >17 w/o cc	2.1	71.0	2.3	1.7	46.0	1.8	1.8	58.5	1.9	1.9
252 Fracture, sprain, strain and dislocation of forearm, hand or foot, age 0–17	1.2	–	1.2	1.2	–	1.2	1.2	–	1.2	1.1

Table 5.6: Average Length of Stay (Days) by DRG and Patient Type for Voluntary, Health Board and All Hospitals (Contd.)

DRG—Description	Voluntary Hospitals				Health Board 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	
253 Fracture, sprain, strain and dislocation of upper arm, lower leg ex foot, age >17 with cc	6.1	63.8	12.5	12.4	5.0	54.2	7.3	7.2	5.3	59.2	8.9	8.8
254 Fracture, sprain, strain and dislocation of upper arm, lower leg ex foot, age >17 w/o cc	2.9	117.4	4.9	4.6	2.8	63.2	3.3	3.2	2.8	85.5	3.7	3.6
255 Fracture, sprain, strain and dislocation of upper arm, lower leg ex foot, age 0–17	2.0	–	2.0	1.9	1.6	60.0	1.7	1.7	1.7	60.0	1.8	1.7
256 Other musculoskeletal system and connective tissue diagnoses	4.0	78.7	5.2	2.4	3.5	49.8	3.8	2.6	3.6	64.3	4.3	2.5
257 Total mastectomy for malignancy with cc	9.1	55.5	9.6	9.6	9.6	36.5	10.2	10.2	9.4	41.3	9.9	9.9
258 Total mastectomy for malignancy w/o cc	8.4	36.5	8.7	8.6	8.3	34.3	8.6	8.5	8.3	35.2	8.6	8.6
259 Subtotal mastectomy for malignancy with cc	7.2	63.0	7.5	6.7	7.8	35.0	8.0	7.3	7.4	49.0	7.7	6.9
260 Subtotal mastectomy for malignancy w/o cc	5.4	49.0	5.6	3.9	5.2	–	5.2	3.8	5.3	49.0	5.4	3.9
261 Breast procedures for non-malignancy except biopsy and local excision	3.6	–	3.6	2.8	3.6	69.0	4.1	3.4	3.6	69.0	3.9	3.1
262 Breast biopsy and local excision for non-malignancy	2.8	–	2.8	1.3	1.9	–	1.9	1.2	2.2	–	2.2	1.2
263 Skin graft and/or debridements for skin ulcer or cellulitis with cc	14.1	70.1	35.1	33.1	14.0	94.4	47.3	46.2	14.0	86.3	42.9	41.5
264 Skin graft and/or debridements for skin ulcer or cellulitis w/o cc	10.7	62.7	21.3	19.9	7.9	42.0	13.1	11.8	9.2	53.2	16.9	15.5
265 Skin graft and/or debridements except for skin ulcer or cellulitis with cc	9.0	65.9	14.7	13.0	6.6	47.7	9.5	8.3	7.7	57.8	11.9	10.5
266 Skin graft and/or debridements except for skin ulcer or cellulitis w/o cc	4.9	50.3	5.3	3.0	2.9	54.6	3.4	2.7	3.5	53.4	4.0	2.8
267 Perianal and pilonidal procedures	2.8	–	2.8	1.8	2.8	32.0	2.9	2.5	2.8	32.0	2.9	2.2
268 Skin, subcutaneous tissue and breast plastic procedures	3.1	31.0	3.3	2.5	2.9	–	2.9	2.0	3.1	31.0	3.2	2.3
269 Other skin, subcutaneous tissue and breast procedures with cc	7.8	64.7	14.3	6.3	7.6	62.0	10.7	4.9	7.7	63.9	12.6	5.6

Table 5.6: Average Length of Stay (Days) by DRG and Patient Type for Voluntary, Health Board and All Hospitals (Contd.)

DRG—Description	Voluntary Hospitals				Health Board 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	
270 Other skin, subcutaneous tissue and breast procedures w/o cc	3.5	42.6	4.3	1.2	2.6	39.6	2.8	1.1	3.0	41.8	3.4	1.2
271 Skin ulcers	10.1	80.8	20.6	11.0	9.6	65.0	15.2	8.3	9.8	70.8	16.7	9.1
272 Major skin disorders with cc	11.0	43.0	13.1	11.1	8.6	83.0	12.6	7.7	9.7	63.0	12.9	9.0
273 Major skin disorders w/o cc	12.1	36.8	16.1	2.2	4.2	77.3	5.0	2.7	7.7	39.6	10.5	2.3
274 Malignant breast disorders with cc	11.0	42.1	23.9	11.9	8.7	44.2	10.8	4.0	9.7	42.3	17.7	7.4
275 Malignant breast disorders w/o cc	11.9	39.4	24.0	3.0	5.2	–	5.2	1.7	8.6	39.4	17.3	2.7
276 Non-malignant breast disorders	3.2	–	3.2	1.3	3.0	–	3.0	1.6	3.1	–	3.1	1.4
277 Cellulitis, age >17 with cc	7.7	71.4	9.7	9.6	7.7	45.4	8.2	7.7	7.7	59.3	8.7	8.3
278 Cellulitis, age >17 w/o cc	4.8	40.5	5.0	4.5	4.7	42.7	4.7	4.4	4.7	41.4	4.8	4.4
279 Cellulitis, age 0–17	3.3	35.0	3.4	3.1	3.0	–	3.0	2.8	3.1	35.0	3.1	2.9
280 Trauma to the skin, subcutaneous tissue and breast, age >17 with cc	4.5	45.3	6.1	6.1	4.1	67.7	4.7	4.7	4.2	56.5	4.9	4.9
281 Trauma to the skin, subcutaneous tissue and breast, age >17 w/o cc	2.6	86.0	2.9	2.8	2.6	87.3	2.8	2.7	2.6	87.0	2.8	2.7
282 Trauma to the skin, subcutaneous tissue and breast, age 0–17	1.2	–	1.2	1.2	1.5	–	1.5	1.4	1.3	–	1.3	1.3
283 Minor skin disorders with cc	6.7	74.3	11.8	7.3	5.4	573.3	19.0	14.2	5.8	258.1	16.5	11.4
284 Minor skin disorders w/o cc	4.6	42.9	5.3	1.5	2.5	44.0	2.5	1.3	3.1	43.1	3.4	1.4
285 Amputation of lower limb for endocrine, nutritional and metabolic disorders	12.9	75.3	42.0	42.0	17.7	77.8	52.0	52.0	15.4	76.8	47.8	47.8
286 Adrenal and pituitary procedures	10.2	38.0	12.0	11.7	6.1	135.0	9.5	8.3	8.8	54.2	11.2	10.5
287 Skin grafts and wound debridements for endocrine, nutritional and metabolic disorders	16.0	69.0	33.7	33.7	12.8	62.0	23.4	23.4	13.7	64.8	26.5	26.5
288 O.R procedures for obesity	6.5	40.0	13.2	11.2	9.2	84.0	16.7	15.3	8.4	62.0	15.5	13.8
289 Parathyroid procedures	8.0	42.6	11.5	11.5	5.4	–	5.4	5.4	6.8	42.6	8.9	8.9
290 Thyroid procedures	5.9	43.7	6.5	6.5	4.7	–	4.7	4.7	5.2	43.7	5.5	5.4
291 Thyroglossal procedures	4.0	–	4.0	3.8	3.5	–	3.5	3.2	3.8	–	3.8	3.6
292 Other endocrine, nutritional and metabolic O.R. procedures with cc	12.6	–	12.6	10.7	9.0	60.0	26.0	11.0	11.0	60.0	19.9	10.9

Table 5.6: Average Length of Stay (Days) by DRG and Patient Type for Voluntary, Health Board and All Hospitals (Contd.)

DRG—Description	Voluntary Hospitals				Health Board 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	
293 Other endocrine, nutritional and metabolic O.R. procedures w/o cc	4.0	50.5	10.6	4.6	9.1	–	9.1	3.2	6.2	50.5	10.0	3.9
294 Diabetes, age >35	6.8	96.1	12.1	7.7	6.5	48.9	7.5	7.1	6.6	68.9	8.5	7.3
295 Diabetes, age 0–35	4.7	49.0	4.8	4.7	4.2	34.0	4.2	3.9	4.3	41.5	4.4	4.1
296 Nutritional and miscellaneous metabolic disorders, age >17 with cc	8.4	71.9	12.4	9.7	7.5	58.0	9.4	8.7	7.7	62.6	10.1	9.0
297 Nutritional and miscellaneous metabolic disorders, age >17 w/o cc	7.1	38.0	7.7	3.9	5.9	58.1	6.6	4.6	6.1	52.6	6.9	4.4
298 Nutritional and miscellaneous metabolic disorders, age 0–17	5.3	45.0	6.4	4.2	3.0	87.8	3.6	2.8	3.8	59.3	4.6	3.3
299 Inborn errors of metabolism	4.9	57.5	5.9	1.3	3.6	127.5	4.9	1.1	4.3	80.8	5.5	1.2
300 Endocrine disorders with cc	8.4	58.6	12.1	6.9	8.7	46.8	9.6	8.6	8.6	54.9	10.6	7.7
301 Endocrine disorders w/o cc	4.7	55.8	6.7	3.3	5.1	48.5	5.7	3.5	4.9	53.2	6.1	3.4
302 Kidney transplant	13.2	40.6	14.2	14.2	–	–	–	–	13.2	40.6	14.2	14.2
303 Kidney, ureter and major bladder procedures for neoplasm	13.4	54.2	17.2	17.2	13.4	48.0	16.0	16.0	13.4	52.4	16.8	16.8
304 Kidney, ureter and major bladder procedures for non-neoplasm with cc	11.8	55.6	15.7	15.6	11.0	63.4	16.0	14.9	11.6	57.4	15.8	15.5
305 Kidney, ureter and major bladder procedures for non-neoplasm w/o cc	7.4	33.7	7.7	7.3	7.2	42.5	8.0	7.4	7.3	37.2	7.7	7.3
306 Prostatectomy with cc	9.5	55.6	15.0	15.0	11.7	35.0	13.3	13.3	10.5	49.7	14.3	14.3
307 Prostatectomy w/o cc	8.2	75.0	9.7	9.5	6.3	–	6.3	5.9	7.3	75.0	8.1	7.8
308 Minor bladder procedures with cc	8.1	54.8	11.8	8.8	8.4	47.3	9.4	8.0	8.3	52.7	10.5	8.4
309 Minor bladder procedures w/o cc	5.3	41.7	6.1	4.0	5.1	–	5.1	3.5	5.2	41.7	5.6	3.7
310 Transurethral procedures with cc	5.4	116.2	7.3	6.7	7.0	37.3	7.7	6.7	6.0	81.1	7.4	6.7
311 Transurethral procedures w/o cc	3.1	–	3.1	2.5	3.7	–	3.7	2.9	3.4	–	3.4	2.7
312 Urethral procedures, age >17 with cc	6.0	434.0	16.4	14.8	8.1	48.0	11.4	10.6	6.5	241.0	15.3	13.8
313 Urethral procedures, age >17 w/o cc	4.2	–	4.2	3.2	3.6	–	3.6	2.7	4.0	–	4.0	3.0
314 Urethral procedures, age 0–17	2.9	–	2.9	2.1	9.5	–	9.5	5.9	4.0	–	4.0	2.7
315 Other kidney and urinary tract O.R. procedures	10.2	49.0	14.1	13.2	6.7	48.0	10.8	9.8	9.0	48.7	13.0	12.0

Table 5.6: Average Length of Stay (Days) by DRG and Patient Type for Voluntary, Health Board and All Hospitals (Contd.)

DRG—Description	Voluntary Hospitals				Health Board 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
316 Renal failure	8.2	57.3	12.0	9.8	8.9	52.4	11.7	10.9	8.6	54.6	11.8	10.4
317 Admit for renal dialysis	2.1	–	2.1	1.1	5.8	–	5.8	2.7	3.2	–	3.2	1.2
318 Kidney and urinary tract neoplasms with cc	8.6	44.1	11.5	7.1	8.8	55.2	11.3	8.2	8.7	50.0	11.4	7.8
319 Kidney and urinary tract neoplasms w/o cc	6.0	48.0	8.2	2.1	5.5	–	5.5	2.1	5.7	48.0	6.9	2.1
320 Kidney and urinary tract infections, age >17 with cc	7.4	103.7	14.0	12.2	7.8	49.3	9.5	9.3	7.7	70.0	10.7	10.1
321 Kidney and urinary tract infections, age >17 w/o cc	4.9	70.4	6.4	3.2	5.2	61.8	6.0	5.2	5.1	64.9	6.1	4.4
322 Kidney and urinary tract infections, age 0–17	3.6	–	3.6	2.5	3.2	35.0	3.2	3.0	3.3	35.0	3.4	2.8
323 Urinary stones with cc, and/or ESW lithotripsy	4.1	39.0	4.4	1.7	4.3	40.3	4.5	2.8	4.2	39.8	4.5	2.1
324 Urinary stones w/o cc	2.9	32.0	3.0	2.3	3.1	32.0	3.1	2.9	3.1	32.0	3.1	2.7
325 Kidney and urinary tract signs and symptoms, age >17 with cc	5.2	66.0	5.6	3.1	5.4	75.5	6.2	5.3	5.4	74.1	6.0	4.5
326 Kidney and urinary tract signs and symptoms, age >17 w/o cc	3.6	192.7	5.2	1.6	4.1	33.5	4.1	2.1	3.9	129.0	4.4	1.8
327 Kidney and urinary tract signs and symptoms, age 0–17	3.0	–	3.0	1.9	2.5	–	2.5	2.0	2.7	–	2.7	2.0
328 Urethral stricture, age >17 with cc	4.3	–	4.3	2.2	5.2	–	5.2	3.5	4.8	–	4.8	2.8
329 Urethral stricture, age >17 w/o cc	3.4	–	3.4	1.2	2.9	–	2.9	1.5	3.1	–	3.1	1.3
330 Urethral stricture, age 0–17	2.6	–	2.6	1.3	2.0	–	2.0	1.3	2.4	–	2.4	1.3
331 Other kidney and urinary tract diagnoses, age >17 with cc	6.2	54.2	7.5	5.6	7.0	52.0	7.9	6.2	6.7	53.2	7.7	5.9
332 Other kidney and urinary tract diagnoses, age >17 w/o cc	4.7	67.3	5.5	1.9	4.0	47.3	4.5	2.1	4.3	57.3	4.9	2.0
333 Other kidney and urinary tract diagnoses, age 0–17	3.9	46.0	4.6	1.7	3.1	47.5	3.9	2.1	3.7	46.5	4.3	1.8
334 Major male pelvic procedures with cc	11.9	33.0	12.5	12.5	15.6	–	15.6	15.6	12.5	33.0	13.0	13.0
335 Major male pelvic procedures w/o cc	8.5	39.0	8.8	8.6	10.6	–	10.6	10.6	8.7	39.0	8.9	8.7
336 Transurethral prostatectomy with cc	7.9	99.6	10.8	10.8	9.0	41.1	10.0	10.0	8.5	65.2	10.4	10.4

Table 5.6: Average Length of Stay (Days) by DRG and Patient Type for Voluntary, Health Board and All Hospitals (Contd.)

DRG—Description	Voluntary Hospitals				Health Board 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	
337 Transurethral prostatectomy w/o cc	5.5	67.0	5.7	5.7	6.3	–	6.3	6.2	6.0	67.0	6.1	6.0
338 Testes procedures, for malignancy	4.7	41.5	5.6	5.5	4.7	–	4.7	4.0	4.7	41.5	5.3	4.9
339 Testes procedures, non-malignancy, age >17	2.7	–	2.7	2.0	2.9	45.0	3.0	2.4	2.8	45.0	2.9	2.3
340 Testes procedures, non-malignancy, age 0–17	1.6	–	1.6	1.2	1.6	–	1.6	1.3	1.6	–	1.6	1.2
341 Penis procedures	4.5	–	4.5	2.2	4.7	42.0	5.9	3.2	4.5	42.0	4.9	2.4
342 Circumcision, age >17	1.9	–	1.9	1.2	2.2	–	2.2	1.5	2.1	–	2.1	1.4
343 Circumcision, age 0–17	1.3	–	1.3	1.0	1.3	–	1.3	1.0	1.3	–	1.3	1.0
344 Other male reproductive system O.R. procedures for malignancy	10.2	–	10.2	8.1	5.5	40.0	7.8	4.8	7.3	40.0	8.7	5.7
345 Other male reproductive system O.R. procedures except for malignancy	4.8	–	4.8	2.6	5.0	43.0	5.6	4.1	4.9	43.0	5.3	3.5
346 Malignancy, male reproductive system, with cc	9.4	62.2	22.2	12.5	9.3	38.3	10.7	5.3	9.4	56.3	14.8	7.6
347 Malignancy, male reproductive system, w/o cc	4.6	50.4	24.9	9.0	4.2	38.7	4.8	2.1	4.4	50.2	17.3	6.2
348 Benign prostatic hypertrophy with cc	5.9	–	5.9	2.2	5.3	47.8	7.0	4.2	5.5	47.8	6.7	3.5
349 Benign prostatic hypertrophy w/o cc	3.5	40.0	4.1	1.1	3.8	35.0	4.0	1.4	3.7	37.5	4.0	1.2
350 Inflammation of the male reproductive system	4.1	48.0	4.3	1.9	3.5	–	3.5	3.1	3.7	48.0	3.7	2.5
351 Sterilisation, male	3.0	–	3.0	1.0	1.2	–	1.2	1.0	1.9	–	1.9	1.0
352 Other male reproductive system diagnoses	2.8	43.0	3.1	1.8	2.6	–	2.6	1.9	2.7	43.0	2.7	1.9
353 Pelvic evisceration, radical hysterectomy and radical vulvectomy	11.4	98.7	15.0	14.8	10.7	–	10.7	10.7	11.2	98.7	13.9	13.7
354 Uterine, adnexa procedures for non-ovarian/adnexal malignancy with cc	11.5	37.5	12.5	12.3	11.8	34.5	12.7	12.5	11.6	36.0	12.6	12.4
355 Uterine, adnexa procedures for non-ovarian/adnexal malignancy w/o cc	9.0	–	9.0	8.8	7.4	–	7.4	7.4	8.3	–	8.3	8.2
356 Female reproductive system reconstructive procedures	5.1	35.0	5.2	5.1	5.0	–	5.0	4.9	5.0	35.0	5.1	5.0

Table 5.6: Average Length of Stay (Days) by DRG and Patient Type for Voluntary, Health Board and All Hospitals (Contd.)

DRG—Description	Voluntary Hospitals				Health Board 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 In-Patients	Acute (0–30 days)	Extended (>30 days)	Total In-Patients	Total In-Patients	Acute (0–30 days)	Extended (>30 days)	Total In-Patients	Total Discharges ^a
357 Uterine and adnexa procedures for ovarian or adnexal malignancy	12.4	38.7	14.2	14.1	11.7	–	11.7	11.5	12.1	38.7	13.1	12.9
358 Uterine and adnexa procedures for non-malignancy with cc	8.4	38.5	8.6	8.4	8.5	57.7	9.0	8.8	8.5	50.0	8.8	8.6
359 Uterine and adnexa procedures for non-malignancy w/o cc	5.1	34.0	5.2	4.3	5.8	–	5.8	5.0	5.5	34.0	5.5	4.6
360 Vagina, cervix and vulva procedures	3.0	46.0	3.2	1.5	2.8	39.0	2.8	1.7	2.9	44.3	3.0	1.6
361 Laparoscopy and incisional tubal interruption	2.1	–	2.1	1.4	2.4	34.0	2.4	1.7	2.2	34.0	2.2	1.5
362 Endoscopic tubal interruption	1.3	–	1.3	1.1	1.6	–	1.6	1.2	1.5	–	1.5	1.2
363 D&C, conization and radio-implant, for malignancy	4.9	46.6	7.0	5.1	4.6	41.0	5.0	2.9	4.8	45.7	6.1	3.9
364 D&C, conization except for malignancy	1.8	44.0	1.8	1.2	1.8	–	1.8	1.2	1.8	44.0	1.8	1.2
365 Other female reproductive system O.R. procedures	6.4	54.8	8.5	6.7	7.2	43.3	8.1	6.8	6.8	50.5	8.3	6.7
366 Malignancy, female reproductive system with cc	9.7	46.3	17.2	13.3	8.9	42.4	12.0	8.3	9.3	45.0	14.5	10.5
367 Malignancy, female reproductive system w/o cc	7.1	40.8	14.6	4.1	6.5	36.3	7.6	2.9	6.9	40.4	12.2	3.7
368 Infections, female reproductive system	5.0	–	5.0	3.1	3.1	–	3.1	2.9	3.5	–	3.5	3.0
369 Menstrual and other female reproductive system disorders	2.8	33.0	2.8	1.9	2.6	38.3	2.6	1.7	2.6	37.2	2.7	1.8
370 Caesarean section with cc	6.8	43.6	7.2	7.2	6.8	46.7	7.4	7.4	6.8	45.6	7.3	7.3
371 Caesarean section w/o cc	5.7	46.5	5.9	5.9	6.0	43.2	6.2	6.2	5.9	44.2	6.1	6.1
372 Vaginal delivery with complicating diagnoses	4.0	52.8	4.1	4.1	4.5	–	4.5	4.5	4.2	52.8	4.3	4.3
373 Vaginal delivery w/o complicating diagnoses	2.9	46.4	2.9	2.9	3.2	87.6	3.2	3.2	3.1	71.8	3.1	3.1
374 Vaginal delivery with sterilisation and/or D&C	6.1	–	6.1	6.1	4.7	–	4.7	4.7	5.0	–	5.0	5.0
375 Vaginal delivery with O.R. procedures except sterilisation and/or D&C	7.3	–	7.3	7.3	7.0	–	7.0	7.0	7.1	–	7.1	7.1

Table 5.6: Average Length of Stay (Days) by DRG and Patient Type for Voluntary, Health Board and All Hospitals (Contd.)

DRG—Description	Voluntary Hospitals				Health Board 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	Acute (0–30 days)	Extended (>30 days)	Total In-Patients	Total	Acute (0–30 days)	Extended (>30 days)	Total In-Patients	Total
376 Postpartum and post abortion diagnoses w/o O.R. procedure	2.7	38.0	2.8	2.7	2.3	–	2.3	2.3	2.5	38.0	2.5	2.4
377 Postpartum and post abortion diagnoses with O.R. procedure	2.4	–	2.4	2.4	3.0	–	3.0	2.9	2.7	–	2.7	2.7
378 Ectopic pregnancy	3.5	–	3.5	3.5	4.4	–	4.4	4.4	4.0	–	4.0	4.0
379 Threatened abortion	1.5	37.5	1.6	1.6	1.5	43.0	1.5	1.4	1.5	40.3	1.5	1.5
380 Abortion w/o D&C	1.4	–	1.4	1.4	1.3	–	1.3	1.3	1.4	–	1.4	1.3
381 Abortion with D&C, aspiration curettage or hysterotomy	1.1	61.0	1.2	1.2	1.4	–	1.4	1.4	1.3	61.0	1.3	1.3
382 False labour	1.1	–	1.1	1.1	1.3	31.5	1.3	1.3	1.2	31.5	1.2	1.2
383 Other antepartum diagnoses with medical complications	2.4	40.3	2.4	2.4	2.2	39.1	2.2	2.2	2.2	39.5	2.3	2.2
384 Other antepartum diagnoses w/o medical complications	1.7	65.5	1.8	1.6	1.8	42.3	1.8	1.6	1.8	51.6	1.8	1.6
385 Neonates, died or transferred to another acute care facility	8.6	53.1	16.7	16.5	6.3	60.2	12.3	12.3	7.2	56.3	14.2	14.1
386 Extreme immaturity or respiratory distress syndrome, neonate	14.3	60.0	36.3	36.3	14.1	52.0	25.9	25.9	14.2	56.3	30.4	30.4
387 Prematurity with major problems	11.2	42.4	16.9	16.9	13.9	42.2	18.5	18.5	12.9	42.2	17.9	17.9
388 Prematurity w/o major problems	10.3	44.6	11.5	11.3	10.9	43.7	13.1	13.0	10.7	43.9	12.5	12.3
389 Full term neonate with major problems	4.8	50.7	5.6	5.5	4.2	46.9	4.7	4.6	4.5	49.0	5.0	5.0
390 Neonate with other significant problems	2.8	46.0	2.9	2.8	3.8	46.5	3.9	3.8	3.3	46.3	3.4	3.3
391 Normal newborn	1.9	–	1.9	1.9	2.5	–	2.5	2.4	2.2	–	2.2	2.1
392 Splenectomy, age >17	11.6	37.5	14.4	14.4	8.8	32.0	9.8	9.8	10.0	35.7	11.9	11.9
393 Splenectomy, age 0–17	8.3	–	8.3	8.3	8.3	–	8.3	8.3	8.3	–	8.3	8.3
394 Other O.R. procedures of the blood and blood forming organs	5.9	49.5	6.9	3.8	3.5	33.0	4.2	2.5	4.7	41.3	5.5	3.1
395 Red blood cell disorders, age >17	6.7	45.6	8.2	3.3	6.0	47.2	6.5	4.0	6.1	46.5	6.9	3.7
396 Red blood cell disorders, age 0–17	4.0	42.3	4.7	2.2	2.8	–	2.8	1.9	3.4	42.3	3.7	2.1
397 Coagulation disorders	3.9	44.3	4.2	2.0	4.0	34.7	4.3	2.6	4.0	37.9	4.3	2.3

Table 5.6: Average Length of Stay (Days) by DRG and Patient Type for Voluntary, Health Board and All Hospitals (Contd.)

DRG—Description	Voluntary Hospitals				Health Board 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
398 Reticuloendothelial and immunity disorders with cc	7.6	47.1	9.0	6.3	6.4	56.3	6.9	4.5	6.9	49.5	7.8	5.2
399 Reticuloendothelial and immunity disorders w/o cc	4.1	39.5	4.4	1.5	3.7	–	3.7	1.9	3.9	39.5	4.0	1.7
400 Lymphoma and leukaemia with major O.R. procedure	12.6	53.7	19.8	17.0	12.2	78.2	16.4	16.1	12.4	60.1	18.1	16.6
401 Lymphoma and non-acute leukaemia with other O.R. procedure with cc	14.0	40.1	17.9	16.8	10.9	48.1	16.7	14.6	12.5	44.1	17.3	15.7
402 Lymphoma and non-acute leukaemia with other O.R. procedure w/o cc	7.1	36.3	8.2	6.1	5.9	48.5	7.0	4.8	6.4	42.4	7.5	5.3
403 Lymphoma and non-acute leukaemia with cc	8.5	55.2	13.2	6.3	7.6	59.0	11.1	5.4	7.9	57.2	11.9	5.7
404 Lymphoma and non-acute leukaemia w/o cc	7.0	45.7	8.9	1.8	5.6	46.9	6.2	1.8	6.2	46.0	7.5	1.8
405 Acute leukaemia w/o major O.R. procedure, age 0–17	4.5	56.8	5.9	1.9	3.3	34.0	3.6	1.8	4.1	53.6	5.1	1.9
406 Myeloproliferative disorders or poorly differentiated neoplasm with major O.R. procedures with cc	11.3	64.0	16.1	14.8	11.5	40.0	13.3	13.3	11.4	52.0	14.4	13.9
407 Myeloproliferative disorders or poorly differentiated neoplasm with major O.R. procedures w/o cc	8.0	–	8.0	5.5	10.4	–	10.4	10.4	9.3	–	9.3	7.5
408 Myeloproliferative disorders or poorly differentiated neoplasm with other O.R. procedures	5.2	90.5	7.6	6.5	6.9	35.3	9.2	6.4	5.5	66.9	7.9	6.5
409 Radiotherapy ^b	10.1	–	10.1	9.7	5.6	42.3	7.9	1.2	7.9	42.3	9.0	1.4
410 Chemotherapy w/o acute leukaemia as secondary diagnosis	3.5	38.5	3.6	1.1	2.6	–	2.6	1.1	3.0	38.5	3.1	1.1
411 History of malignancy w/o endoscopy	6.7	–	6.7	5.3	3.4	–	3.4	1.9	4.1	–	4.1	2.3
412 History of malignancy with endoscopy	12.0	–	12.0	1.3	2.9	–	2.9	1.1	3.7	–	3.7	1.2
413 Other myeloproliferative disorders or poorly differentiated neoplasm diagnoses with cc	10.6	44.0	15.4	9.5	10.1	58.7	15.7	14.8	10.3	52.5	15.6	12.3

Table 5.6: Average Length of Stay (Days) by DRG and Patient Type for Voluntary, Health Board and All Hospitals (Contd.)

DRG—Description	Voluntary Hospitals				Health Board 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	Acute (0–30 days)	Extended (>30 days)	Total In-Patients	Total	Acute (0–30 days)	Extended (>30 days)	Total In-Patients	Total
414 Other myeloproliferative disorders or poorly differentiated neoplasm diagnoses w/o cc	7.4	45.9	11.5	5.9	8.5	32.5	9.3	4.2	7.9	43.2	10.5	5.1
415 O.R. procedure for infectious and parasitic diseases	12.3	44.0	16.8	15.4	8.7	57.9	14.7	13.8	10.2	51.7	15.6	14.5
416 Septicaemia, age >17	11.3	93.1	22.6	21.9	9.9	54.3	14.6	14.5	10.2	64.9	16.3	16.2
417 Septicaemia, age 0–17	7.7	46.0	9.3	9.3	6.1	–	6.1	6.1	6.8	46.0	7.5	7.5
418 Postoperative and post-traumatic infections	6.5	48.4	8.2	7.7	6.1	44.9	7.0	6.7	6.3	46.7	7.4	7.1
419 Fever of unknown origin, age >17 with cc	5.3	96.0	7.2	7.2	7.3	94.0	8.6	8.6	6.5	95.0	8.0	8.0
420 Fever of unknown origin, age >17 w/o cc	6.3	50.0	7.3	7.0	5.7	36.0	6.1	5.8	5.9	43.0	6.6	6.3
421 Viral illness, age >17	4.8	36.0	5.0	1.7	3.4	42.0	3.4	3.3	3.7	39.0	3.8	2.3
422 Viral illness and fever of unknown origin, age 0–17	2.4	–	2.4	2.4	2.0	40.0	2.0	2.0	2.1	40.0	2.1	2.1
423 Other infectious and parasitic diseases diagnoses	7.0	94.6	10.4	3.8	5.5	48.9	6.1	4.0	5.9	71.7	7.2	3.9
424 O.R. procedure with principal diagnoses of mental illness	8.2	99.4	33.7	26.6	7.7	114.0	16.6	9.9	8.0	101.3	28.2	20.0
425 Acute adjustment reaction and disturbances of psychosocial dysfunction	7.6	87.7	17.8	17.3	6.4	56.1	8.9	8.7	6.6	69.1	10.8	10.5
426 Depressive neuroses	10.6	50.6	19.4	15.6	5.1	–	5.1	3.0	7.5	50.6	12.3	7.8
427 Neuroses except depressive	6.9	49.0	14.5	12.9	4.2	–	4.2	3.8	5.4	49.0	9.2	8.1
428 Disorders of personality and impulse control	5.3	106.9	33.2	31.5	7.6	86.8	23.4	22.0	6.2	100.7	29.4	27.8
429 Organic disturbances and mental retardation	10.5	135.6	60.7	43.4	9.8	99.6	23.5	18.1	9.9	117.4	33.7	25.4
430 Psychoses	10.3	78.7	28.2	27.2	6.6	49.3	7.7	7.0	8.3	76.3	18.5	17.3
431 Childhood mental disorders	3.1	45.3	5.2	2.4	2.6	40.3	4.8	3.6	2.8	42.4	5.0	2.8
432 Other mental disorder diagnoses	2.1	45.7	4.2	2.9	3.0	45.0	4.5	4.1	2.5	45.4	4.4	3.3
433 Alcohol/drug abuse or dependence, left against medical advice	5.7	59.0	8.9	8.9	1.6	–	1.6	1.6	2.0	59.0	2.3	2.3

Table 5.6: Average Length of Stay (Days) by DRG and Patient Type for Voluntary, Health Board and All Hospitals (Contd.)

DRG—Description	Voluntary Hospitals				Health Board 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	
434 Alcohol/drug abuse or dependence, detoxification or other symptomatic treatment with cc	10.7	57.0	17.1	9.6	5.2	72.0	5.7	5.6	7.0	58.3	9.7	7.6
435 Alcohol/drug abuse or dependence, detoxification or other symptomatic treatment w/o cc	8.3	57.1	11.0	10.8	2.9	49.2	3.3	3.3	3.9	54.1	4.8	4.7
436 Alcohol/drug dependence with rehabilitation therapy	–	–	–	–	–	–	–	–	–	–	–	–
437 Alcohol/drug dependence, combined rehabilitation and detoxification therapy	–	–	–	–	4.7	–	4.7	4.7	4.7	–	4.7	4.7
439 Skin grafts for injuries	5.1	35.5	6.4	6.1	6.4	51.0	15.0	15.0	5.5	46.6	9.4	9.2
440 Wound debridements for injuries	5.7	68.0	11.1	10.1	4.0	53.5	5.9	5.9	4.3	59.0	7.1	6.9
441 Hand procedures for injuries	3.2	–	3.2	3.1	1.9	–	1.9	1.9	2.4	–	2.4	2.4
442 Other O.R. procedures for injuries with cc	10.5	58.1	16.3	16.0	9.0	67.3	12.1	12.1	9.7	60.9	14.2	14.1
443 Other O.R. procedures for injuries w/o cc	3.1	66.3	3.6	3.5	3.7	42.5	4.1	3.8	3.3	56.8	3.8	3.6
444 Traumatic injury, age > 17 with cc	3.0	91.4	6.1	6.1	2.5	80.1	3.5	3.5	2.6	85.1	4.0	4.0
445 Traumatic injury, age > 17 w/o cc	1.8	42.2	2.1	2.1	2.0	47.3	2.0	2.0	1.9	44.1	2.1	2.0
446 Traumatic injury, age 0–17	1.3	–	1.3	1.3	1.3	76.0	1.4	1.4	1.3	76.0	1.3	1.3
447 Allergic reactions, age >17	2.2	–	2.2	2.2	2.4	–	2.4	2.4	2.3	–	2.3	2.3
448 Allergic reactions, age 0–17	2.1	–	2.1	2.0	1.2	–	1.2	1.2	1.5	–	1.5	1.4
449 Poisoning and toxic effects of drugs, age >17 with cc	3.9	59.8	4.5	4.5	2.5	52.6	2.6	2.6	2.8	56.2	3.0	3.0
450 Poisoning and toxic effects of drugs, age >17 w/o cc	2.4	–	2.4	2.4	1.9	–	1.9	1.9	2.0	–	2.0	2.0
451 Poisoning and toxic effects of drugs, age 0–17	1.9	–	1.9	1.9	1.6	34.5	1.6	1.6	1.7	34.5	1.7	1.7
452 Complications of treatment with cc	5.9	45.3	7.4	6.2	5.6	38.6	6.5	6.3	5.7	42.5	6.9	6.2
453 Complications of treatment w/o cc	3.1	37.0	3.3	3.0	3.2	38.0	3.3	3.2	3.1	37.5	3.3	3.1
454 Other injury, poisoning and toxic effect diagnosis with cc	4.7	46.5	7.9	7.9	5.1	32.3	5.9	5.9	5.0	38.0	6.3	6.3
455 Other injury, poisoning and toxic effect diagnosis w/o cc	3.2	–	3.2	3.2	2.4	34.0	2.6	2.6	2.7	34.0	2.8	2.8

Table 5.6: Average Length of Stay (Days) by DRG and Patient Type for Voluntary, Health Board and All Hospitals (Contd.)

DRG—Description	Voluntary Hospitals				Health Board 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	
461 O.R. procedures with diagnoses of other contact with health services	5.1	102.0	6.2	2.2	4.6	117.0	7.6	4.1	4.8	113.3	6.9	2.9
462 Rehabilitation	11.0	73.9	41.5	35.4	6.9	193.8	27.7	27.4	7.3	143.2	29.7	28.8
463 Signs and symptoms with cc	6.7	128.0	7.5	6.3	5.4	57.1	6.5	5.5	5.8	66.0	6.8	5.8
464 Signs and symptoms w/o cc	3.6	40.5	4.0	2.2	3.4	39.0	3.5	2.5	3.5	40.0	3.7	2.4
465 Aftercare with history of malignancy as secondary diagnosis	2.3	–	2.3	1.1	3.1	73.5	3.8	1.3	2.8	73.5	3.3	1.2
466 Aftercare w/o history of malignancy as secondary diagnosis	3.1	53.3	4.1	1.4	5.7	65.2	9.2	4.0	5.1	64.1	8.0	2.7
467 Other factors influencing health status	2.6	115.2	3.6	1.2	3.8	111.5	4.7	1.9	3.6	112.3	4.5	1.6
468 Extensive O.R. procedure unrelated to principal diagnosis	9.5	77.3	21.8	19.4	8.3	68.2	16.6	14.2	9.0	74.1	19.7	17.1
469 Principal diagnosis invalid as discharge diagnosis	–	–	–	–	2.3	–	2.3	1.1	2.3	–	2.3	1.1
470 Ungroupable	–	–	–	–	–	–	–	–	–	–	–	–
471 Bilateral or multiple major joint procedures of lower extremity	19.7	50.7	35.2	35.2	16.5	47.9	22.5	22.5	16.7	48.6	24.0	24.0
473 Acute leukaemia w/o major O.R. procedure, age >17	9.7	46.7	16.6	3.3	7.2	46.0	14.3	5.5	8.5	46.4	15.6	3.9
475 Respiratory system diagnosis with ventilator support	10.6	62.6	18.6	18.6	10.8	48.6	16.5	16.5	10.7	54.4	17.3	17.3
476 Prosthetic O.R. procedure unrelated to principal diagnosis	19.7	69.9	48.1	44.3	13.5	143.0	36.0	33.2	15.6	87.1	42.0	38.8
477 Non-extensive O.R. procedure unrelated to principal diagnosis	6.7	65.7	11.7	8.3	7.2	44.9	10.1	7.0	7.0	56.2	11.0	7.7
478 Other vascular procedures with cc	12.3	53.6	18.7	18.2	11.6	51.3	21.2	20.8	12.1	52.6	19.6	19.1
479 Other vascular procedures w/o cc	8.7	50.2	9.9	9.5	8.4	36.0	9.5	9.0	8.6	44.5	9.8	9.3
480 Liver transplant	19.9	45.5	30.3	30.3	–	–	–	–	19.9	45.5	30.3	30.3
481 Bone marrow transplant	22.3	44.0	31.2	31.0	19.3	48.3	25.5	23.9	21.9	44.3	30.6	30.1
482 Tracheostomy for face, mouth and neck diagnoses	18.4	63.1	42.3	42.3	17.9	46.9	31.0	31.0	18.3	60.4	40.1	40.1

Table 5.6: Average Length of Stay (Days) by DRG and Patient Type for Voluntary, Health Board and All Hospitals (Contd.)

DRG—Description	Voluntary Hospitals				Health Board 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	
483 Tracheostomy except for face, mouth and neck diagnoses	19.7	99.7	81.0	81.0	19.4	84.1	64.4	64.4	19.6	94.4	75.0	75.0
484 Craniotomy for multiple significant trauma	7.3	50.0	18.0	18.0	14.2	–	14.2	14.2	11.9	50.0	15.7	15.7
485 Limb re-attachment, hip and femur procedures for multiple significant trauma	15.9	67.4	32.4	32.4	13.0	47.7	18.8	18.8	13.7	56.0	22.5	22.5
486 Other O.R. procedures for multiple significant trauma	11.7	75.4	26.2	26.2	11.4	80.2	21.4	21.4	11.5	77.9	23.1	23.1
487 Other multiple significant trauma	8.5	75.6	32.1	32.1	7.1	56.9	10.4	10.4	7.5	71.5	19.1	19.1
488 HIV with extensive O.R. procedure	16.8	77.7	39.6	39.6	5.0	–	5.0	5.0	14.8	77.7	35.8	35.8
489 HIV with major related condition	10.3	62.3	18.6	15.9	8.9	–	8.9	8.9	10.1	62.3	17.4	15.2
490 HIV with or w/o other related condition	7.3	48.0	8.8	2.2	12.7	37.3	13.4	12.4	10.0	43.4	11.1	3.6
491 Major joint and limb re-attachment procedures of upper extremity	7.9	37.5	9.1	9.1	8.1	–	8.1	8.1	8.0	37.5	8.7	8.7
492 Chemotherapy with acute leukaemia as secondary diagnosis	4.9	34.5	5.2	1.4	7.5	32.5	8.6	2.1	5.4	33.5	5.9	1.5
493 Laparoscopic cholecystectomy w/o C.D.E. exploration with cc	8.1	51.3	9.0	9.0	7.8	43.3	8.9	8.9	7.9	45.4	8.9	8.9
494 Laparoscopic cholecystectomy w/o C.D.E. w/o cc	4.5	38.0	4.6	4.3	3.9	47.5	3.9	3.9	4.0	44.3	4.1	4.0
495 Lung transplant	–	–	–	–	–	–	–	–	–	–	–	–
496 Combined anterior/posterior spinal fusion	9.2	–	9.2	9.2	4.0	–	4.0	4.0	8.3	–	8.3	8.3
497 Spinal fusion with cc	13.0	84.6	21.5	21.5	12.7	59.0	29.5	29.5	13.0	75.3	22.8	22.8
498 Spinal fusion w/o cc	10.8	34.0	11.2	11.2	8.9	–	8.9	8.9	10.3	34.0	10.6	10.6
499 Back and neck procedures except spinal fusion with cc	12.8	43.8	18.5	18.0	8.3	67.5	11.9	11.7	10.4	49.7	15.2	14.8
500 Back and neck procedures except spinal fusion w/o cc	7.6	50.7	8.7	6.9	4.7	41.8	4.9	4.6	5.8	48.1	6.4	5.6
501 Knee procedures with principal diagnosis of infection with cc	15.0	–	15.0	15.0	20.3	–	20.3	20.3	19.0	–	19.0	19.0
502 Knee procedures with principal diagnosis of infection w/o cc	18.5	–	18.5	18.5	16.7	–	16.7	16.7	17.4	–	17.4	17.4

Table 5.6: Average Length of Stay (Days) by DRG and Patient Type for Voluntary, Health Board and All Hospitals (Contd.)

DRG—Description	Voluntary Hospitals				Health Board 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	
503 Knee procedure w/o principal diagnosis of infection	3.4	38.5	3.6	2.1	2.5	55.0	2.7	1.7	2.8	48.4	3.0	1.9
504 Extensive 3rd degree burns with skin graft	2.5	48.7	38.4	38.4	–	77.5	77.5	77.5	2.5	55.1	45.5	45.5
505 Extensive 3rd degree burns w/o skin graft	1.0	–	1.0	1.0	5.2	–	5.2	5.2	4.5	–	4.5	4.5
506 Full thickness burns with skin graft or inhal injury with cc or significant trauma	14.9	49.1	22.7	22.7	16.7	48.0	25.6	25.6	15.5	48.6	23.8	23.8
507 Full thickness burns with skin graft or inhal injury w/o cc or significant trauma	11.4	44.2	14.0	14.0	12.0	40.7	13.9	13.9	11.6	43.3	14.0	14.0
508 Full thickness burns w/o skin graft or inhal injury with cc or significant trauma	6.3	–	6.3	6.3	5.9	–	5.9	5.9	6.0	–	6.0	6.0
509 Full thickness burns w/o skin graft or inhal injury w/o cc or significant trauma	5.0	65.0	7.4	7.4	3.8	–	3.8	3.8	4.2	65.0	5.1	5.1
510 Non-extensive burns with cc or significant trauma	9.6	38.0	11.6	11.6	8.0	31.5	9.8	9.8	8.6	33.7	10.4	10.4
511 Non-extensive burns w/o cc or significant trauma	4.9	–	4.9	4.8	2.7	–	2.7	2.7	3.6	–	3.6	3.6
Total	5.3	66.0	7.8	4.4	4.7	57.2	5.6	3.9	4.9	61.9	6.4	4.1

Notes: — denotes no discharges reported to HIPE

The voluntary hospital group includes both general and special hospitals operated on a voluntary basis. The health board hospital group incorporates general and special hospitals managed by health boards/regional authorities.

DRGs 214, 215, 221, 222, 438, 456–460, 472, 474 were used in the HCFA-DRGs version 12, but by version 16 were no longer valid and their use had ceased.

^a Includes day and in-patients.

^b The volume of activity reported here should be treated with caution as one HIPE hospital significantly under-reported radiotherapy activity data to HIPE in 2003.

GLOSSARY

Acute hospital	An acute hospital provides medical and surgical treatment of relatively short duration (Department of Health and Children, 2001).
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.
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 health boards/regional authorities, **discharge rates** are calculated as the number of discharges resident in the health board/regional authority divided by the population resident in the health board/regional authority multiplied by 1,000.

Emergency admission	An emergency admission is unforeseen and requires urgent care (Department of Health and Children, 2001). This term is used to refer to in-patient discharges.
General hospital	A general hospital provides a broad range of services and include voluntary and health board (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.
Health Board hospital	A health board hospital is administered by a health board/regional authority and financed by State funds (Department of Health and Children, 2003).
Health board/regional authority of hospitalisation	Refers to the health board/regional authority in which the patient was treated.
Health board/regional authority of residence	Refers to the health board/regional authority in which the patient resides.
Hospital In-Patient Enquiry	HIPE is a computer-based health information system that collates data on discharges from, and deaths in, acute hospitals in Ireland.
Hospital type	Relates to health board/regional authority hospitals and voluntary hospitals. 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	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.
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	A principal diagnosis is defined as that condition established after study to be chiefly responsible for occasioning admission to the hospital for care (HIPE Unit, 2002).
Principal procedure	A principal procedure is defined as a procedure that is performed for definitive treatment (rather than one performed for diagnostic or exploratory purposes). If more than one procedure appears to meet this definition, then the procedure most related to the principal diagnosis is designated as the principal procedure (HIPE Unit, 2002).
Public/Private status	Refers to whether the patient is a public or private patient of the consultant.
Secondary diagnosis	Secondary diagnoses are defined as conditions that affect patient management and/or consume hospital resources (HIPE Unit, 2002).
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 (Department of Health and Children, 2003). 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.

Department of Health and Children (prepared by the Information Management Unit), 2003. *Health Statistics 2002*. Dublin: The Stationery Office.

HIPE Unit, ESRI. *H.I.P.E.—Hospital In-Patient Enquiry—Instruction Manual*. 1 January 2002.

For definition of principal diagnosis see also *American Hospital Association, Official Coding Guidelines—Coding Clinic Newsletter*, Second Quarter 1990, pp. 3–4.

For definition of principal procedure see also *American Hospital Association, Official Coding Guidelines—Coding Clinic Newsletter*, Fourth Quarter 1990, p. 5 and HIPE Unit, ESRI, *ICD-9-CM Training Manual*, 1995.

For definition of secondary diagnosis see also *American Hospital Association, Official Coding Guidelines—Coding Clinic Newsletter*, Fourth Quarter 1990, p. 5.

ABBREVIATIONS

AICD	Automatic Implantable Cardioverter-Defibrillator
AMI	Acute Myocardial Infarction
ALOS	Average Length of Stay
AR-DRG	Australian Refined Diagnosis Related Group
CC	Complication and/or Comorbidity
CDE	Common Bile Duct Exploration
D&C	Dilation and Curettage
DoH&C	Department of Health and Children
DRG	Diagnosis Related Group
ENT	Ear, Nose and Throat
ERHA	Eastern Regional Health Authority
ESRI	Economic and Social Research Institute
ESW	Extracorporeal Shock Waves
GI	Gastro-intestinal
GMS	General Medical Services
GP	General Practitioner
HCFA	Health Care Financing Administration
HIPE	Hospital In-Patient Enquiry
HIV	Human Immunodeficiency Virus
hr	Hour
ICD-9-CM	Ninth Revision of the International Classification of Diseases, Clinical Modification, Version October 1998
IHD	Ischaemic Heart Disease
IMR	Integrated Management Return
IT	Information Technology
Inhal	Inhalation
MDC	Major Diagnostic Category
MHB	Midland Health Board
MWHB	Mid-Western Health Board
NEHB	North-Eastern Health Board
NWHB	North-Western Health Board
N	Number of Observations/Discharges
NPRS	National Perinatal Reporting System
OR	Operating Room
PHIS	Population Health Intelligence System
PTCA	Percutaneous Transluminal Coronary Angioplasty
SEHB	South-Eastern Health Board
SHB	Southern Health Board
T&A	Tonsil and Adenoid
TIA	Transient Ischaemic Attack
WHB	Western Health Board
w	With
w/o	Without

APPENDIX I

Listing of Hospitals Participating in The HIPE System

Hospital Name	Hospital Type	
Eastern Health Board Area ^a		
Our Lady’s Hospital for Sick Children, Crumlin	Voluntary	Paediatric
St. Columcille’s Hospital, Loughlinstown	Health Board	County
Naas General Hospital, Naas	Health Board	County
Mater Misericordiae Hospital, Eccles Street, Dublin	Voluntary	General
St. Mary’s Hospital, Phoenix Park	Health Board	Long Stay
St. Vincent’s University Hospital, Elm Park	Voluntary	General
Peamount Hospital, Newcastle	Voluntary	Infectious Disease
Hume Street Hospital, Dublin	Voluntary	Cancer and Dermatology
St. Mary’s Orthopaedic Hospital, Cappagh	Voluntary	Orthopaedic
The Children’s University Hospital, Temple Street	Voluntary	Paediatric
St. Luke’s Hospital, Rathgar	Voluntary	Cancer
St. James’s Hospital, Dublin	Voluntary	General
James Connolly Memorial Hospital, Blanchardstown	Health Board	County
St. Michael’s Hospital, Dun Laoghaire	Voluntary	General
Royal Victoria Eye and Ear Hospital, Dublin	Voluntary	E.N.T.
National Rehabilitation Hospital, Rochestown Avenue	Voluntary	Orthopaedic
Our Lady’s Hospice, Harold’s Cross	Voluntary	Long Stay
Cherry Orchard Hospital, Ballyfermot	Health Board	Infectious Disease
Beaumont Hospital, Dublin	Voluntary	General
Coombe Women’s Hospital, Dublin	Voluntary	Maternity
Rotunda Hospital, Dublin	Voluntary	Maternity
National Maternity Hospital, Holles Street, Dublin	Voluntary	Maternity
The Adelaide & Meath Hospital Dublin incorporating the NCH Tallaght	Voluntary	General
Incorporated Orthopaedic Hospital of Ireland, Clontarf	Voluntary	Orthopaedic
Midland Health Board Area		
Midland Regional Hospital at Tullamore, Co. Offaly	Health Board	County
Midland Regional Hospital at Mullingar, Co. Westmeath	Health Board	County
Midland Regional Hospital at Portlaoise, Co. Laois	Health Board	County
Mid-Western Health Board Area		
Regional Maternity Hospital, Limerick	Health Board	Maternity
Limerick Regional Hospital	Health Board	Regional
St. Nesson’s Regional Orthopaedic Hospital, Limerick	Health Board	Orthopaedic
St. John’s Hospital, Limerick	Voluntary	General
Ennis County Hospital, Co. Clare	Health Board	County
St. Joseph’s General Hospital, Nenagh	Health Board	County

Hospital Name	Hospital Type	
North-Eastern Health Board Area		
Our Lady of Lourdes Hospital, Drogheda	Health Board	County
New General Hospital, Cavan	Health Board	County
Louth County Hospital, Dundalk	Health Board	County
Monaghan General Hospital	Health Board	County
Our Lady’s Hospital, Navan	Health Board	County
North-Western Health Board Area		
Letterkenny General Hospital, Co. Donegal	Health Board	County
Sligo General Hospital	Health Board	Regional
South-Eastern Health Board Area		
Waterford Regional Hospital	Health Board	Regional
St. Luke’s County Hospital, Kilkenny	Health Board	County
Our Lady’s County Surgical Hospital, Cashel	Health Board	County
Wexford General Hospital	Health Board	County
Lourdes Orthopaedic Hospital Kilcreene, Kilkenny	Health Board	Orthopaedic
St. Joseph’s County Medical and Maternity Hospital, Clonmel	Health Board	County
Southern Health Board Area		
St. Finbarr’s Hospital, Cork	Health Board	County
Mercy University Hospital, Cork	Voluntary	General
South Infirmary-Victoria Hospital, Cork	Voluntary	General
Mallow General Hospital, Mallow	Health Board	County
St. Mary’s Orthopaedic Hospital, Gurranebraher	Health Board	Orthopaedic
Erinville Maternity Hospital, Cork	Health Board	Maternity
Cork University Hospital	Health Board	Regional
Tralee General Hospital, Co. Kerry	Health Board	County
Western Health Board Area		
Roscommon County Hospital	Health Board	County
Portiuncula Hospital, Ballinasloe, Co. Galway ^b	Health Board	County
University College Hospital, Galway	Health Board	Regional
Mayo General Hospital	Health Board	County
Ballina District Hospital, Co. Mayo	Health Board	Long Stay
Merlin Park Hospital, Galway	Health Board	Regional

Notes: Total number of hospitals participating in 2003: 60

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

^a In March 2000, the Eastern Health Board was replaced by the Eastern Regional Health Authority, which is a statutory body with responsibility for health and personal social services for the people who live in Dublin, Kildare and Wicklow.

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

APPENDIX II
Table Reference Guide to Previous HIPE Reports

This table reference guide is designed to link the information presented in the annual report for 2003 with that contained in the previous ten-year reports. The purpose of the guide is to ensure continuity in the information enclosed in the three reports, even though the structures of the reports differ. For each table in the 2003 annual report, the tables with the corresponding information in the two previous accounts are listed. As can be seen from the table reference guide, presenting data for one year has allowed a number of tables in the previous reports to be combined. Thus, for example, Table 2.1 in the current report contains the same information as Tables 2.1 to 2.5 in the 1990–9 and 1992–2001 reports.

Section II: Analysis of Acute Hospital Activity in 2003

Table Number			Title and Brief Description
2003 Report	1990–9 Report ^a	1992–2001 Report ^b	
Patient Type			
2.1	2.1 2.2 2.3 2.4 2.5	2.1 2.2 2.3 2.4 2.5	Discharges, Bed Days, Discharge Rates (Per 1,000 Population) and Average Length of Stay (Days) by Patient Type Number, percentage and rate of discharges; number, percentage and rate of bed days; average length of stay—in total and broken down by patient type (day patient, acute, extended stay in-patients and total).
Hospital Type			
2.2	2.7 2.8 2.9 2.10	2.7 2.8 2.9 2.10	Discharges and Discharge Rates (Per 1,000 Population) by Patient Type and Hospital Type Number, percentage and rate of discharges—in total and broken down by patient type and hospital type (General and Special Hospitals).
2.3	2.11 2.12	2.11 2.12	Bed Days by Patient Type and Hospital Type Number and percentage of bed days—in total and broken down by patient type and hospital type.
2.4	2.13	2.13	Average Length of Stay (Days) by Patient Type and Hospital Type Average length of stay—in total and broken down by acute, extended stay and total in-patients and hospital type.
2.5	2.6	2.6	Beds in HIPE Hospitals by Bed Type and Hospital Type Number and percentage of hospital beds by bed type and hospital type—in total and broken down by day patient and total in-patient (from the Department of Health and Children).
Geographical Distribution of Discharges by Areas of Hospitalisation and Residence			
2.6	2.15 2.16	2.15 2.16	Discharges by Patient Type and Health Board/Regional Authority of Hospitalisation Number of discharges—in total and broken down by patient type and health board/regional authority of hospitalisation.
2.7	2.19 2.20	2.19 2.20	Bed Days by Patient Type and Health Board/Regional Authority of Hospitalisation Number and percentage of bed days—in total and broken down by patient type and health board/regional authority of hospitalisation.
2.8	2.21	2.21	Average Length of Stay (Days) by Patient Type and Health Board/Regional Authority of Hospitalisation Average length of stay—in total and broken down by acute, extended stay and total in-patients and health board/regional authority of hospitalisation.
2.9	2.17 (rates only) 2.18 (rates only)	2.17 (rates only) 2.18 (rates only)	Discharges and Discharge Rates (Per 1,000 Population) by Patient Type and Health Board/Regional Authority of Residence Number, percentage and rate of discharges—in total and broken down by patient type and health board/regional authority of residence.
2.10	2.14	2.14	Beds in HIPE Hospitals by Bed Type and Health Board/Regional Authority Number and percentage of hospital beds—broken down by day patient and total in-patient and health board/regional authority (from the Department of Health and Children).
2.11	N/R	N/R	Beds in HIPE hospitals (Per 1,000 Population) by Health Board/Regional Authority Ratio of hospital beds (from the Department of Health and Children) to residential population for each health board/regional authority.
Temporal Variation in Hospital Admission and Discharge Activity			
2.12	2.25	2.25	Discharges by Patient Type and Month of Admission Number and percentage of discharges—in total and broken down by day patients, planned, emergency and total in-patients and month of admission.
2.13	N/R	N/R	Discharges by Patient Type and Day of Admission Number and percentage of discharges—in total and broken down by day patients, planned, emergency and total in-patients and day of admission.
2.14	N/R	N/R	Discharges by Patient Type and Day of Discharge Number and percentage of discharges—in total and broken down by day patients, planned, emergency and total in-patients and day of discharge.

Notes: ^a Corresponding table number(s) in 1990–9 report

^b Corresponding table number(s) in 1992–2001 report

N/R = not previously reported

Section III: Demographic Analysis of Hospital Discharge Activity in 2003

Table Number			Title and Brief Description
2003 Report	1990–9 Report ^a	1992–2001 Report ^b	
Sex			
3.1	2.1 2.2 2.3	2.1 2.2 2.3	Discharges, Bed Days, Sex-Specific Discharge Rates (Per 1,000 Population) and Average Length of Stay (Days) by Patient Type and Sex Number, percentage and rate of discharges; number, percentage and rate of bed days; average length of stay—in total and broken down by patient type and sex.
Marital Status			
3.2	3.13	3.13	Discharges, Bed Days and Average Length of Stay (Days) by Marital Status Number and percentage of discharges; number and percentage bed days; total average length of stay—in total and broken down by marital status.
Age			
3.3	3.1	3.1	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 Number, percentage, and rate of discharges; number, percentage, and rate of bed days; total in-patient average length of stay—in total and broken down by day, total in-patient, sex and age group.
3.4	3.7	3.7	Discharges by Health Board/Regional Authority of Hospitalisation and Age Group Number and percentage of discharges broken down by health board/regional authority of hospitalisation and age group.
3.5	3.9	3.9	Discharges by Health Board/Regional Authority of Residence and Age Group Number and percentage of discharges broken down by health board/regional authority of residence and age group.
3.6	3.10	3.10	Age-Specific Discharge Rates (Per 1,000 Population) by Health Board/Regional Authority of Residence and Age Group Age-specific discharge rates broken down by health board/regional authority of residence and age group.
General Medical Service (GMS) Status			
3.7	2.22 2.23 3.15 3.17	2.22 2.23 3.15 3.17	Discharges and Average Length of Stay (Days) by GMS Status, Patient Type and Hospital Type Number, percentage and average length of stay of discharges—in total and broken down by GMS status, patient type and hospital type.
3.8	3.19	3.19	Discharges by GMS Status and Health Board/Regional Authority of Hospitalisation Number and percentage of discharges—in total and broken down by GMS status and health board/regional authority of hospitalisation.
Public/Private Status			
3.9	2.24 3.21 3.22	2.24 3.21 3.23	Discharges and Average Length of Stay (Days) by Public/Private Status, Patient Type and Hospital Type Number, percentage and average length of stay of discharges—in total and broken down by public/private status, patient type and hospital type.
3.10	3.23	3.25	Discharges by Public/Private Status and Health Board/Regional Authority of Hospitalisation Number and percentage of discharges—in total and broken down by public/private status and health board/regional authority of hospitalisation.
Inter-Regional Flow of Discharges			
3.11	3.24	3.27	Percentage of Total Discharges by Health Board/Regional Authority of Hospitalisation and Area of Residence Percentage of discharges hospitalised in each health board/regional authority according to their area of residence.
3.12	3.26	3.29	Percentage of Total Discharges by Area of Residence and Health Board/Regional Authority of Hospitalisation Percentage of discharges resident in each health board/regional authority according to their health board/regional authority of hospitalisation.

Notes: ^a Corresponding table number(s) in 1990–9 report

^b Corresponding table number(s) in 1992–2001 report

Section IV: Morbidity Analysis for Hospital Discharges in 2003

Table Number			Title and Brief Description
2003 Report	1990–9 Report ^a	1992–2001 Report ^b	
Diagnoses			
4.1	N/R	N/R	Average Number of All-Listed Diagnoses by Patient Type, Sex, and Age Group Average number of all recorded diagnoses—in total and broken down by day patient and total in-patient, sex and age group.
4.2	N/R	N/R	Top 20 Principal Diagnoses for Day Patients—Number and Percentage of Day Patient Discharges Number and percentage of 20 most frequent day patient diagnoses.
4.3	N/R	N/R	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) Number and percentage of 20 most frequent total in-patient diagnoses and total in-patient average length of stay.
4.4	4.1	4.1	Total Discharges by Principal Diagnosis and Sex Number of principal diagnoses—in total and broken down by sex.
4.5	4.3	4.3	Total Discharges by Principal Diagnosis and Age Group Number of principal diagnoses—in total and broken down by age group.
4.6	4.5	4.5	Average Length of Stay (Days) for Acute In-Patient Discharges by Principal Diagnosis and Age Group Acute in-patient average length of stay of principal diagnoses—in total and broken down by age group.
4.7	4.7	4.7	All-Listed Diagnoses by Sex Number of all-listed diagnoses—in total and broken down by sex.
4.8	4.9	4.9	All-Listed Diagnoses by Age Group Number of all-listed diagnoses—in total and broken down by age group.
Procedures			
4.9	N/R	N/R	Average Number of All-Listed Procedures by Patient Type, Sex, Age Group Average number of all recorded procedures—in total and broken down by day and total in-patient, sex and age group.
4.10	N/R	N/R	Top 20 Principal Procedures for Day Patients—Number and Percentage of Day Patient Discharges Number and percentage of 20 most frequent principal procedures for day patients.
4.11	N/R	N/R	Top 20 Principal Procedures for Total In-Patients—Number and Percentage of Total In-Patient Discharges and Total In-Patient Average Length of Stay (Days) Number and percentage of 20 most frequent principal procedures for total in-patients.
4.12	4.11	4.11	Total Discharges by Principal Procedure and Sex Number of principal procedures—in total and broken down by sex.
4.13	4.13	4.13	Total Discharges by Principal Procedure and Age Group Number of principal procedures—in total and broken down by age group.
4.14	4.15	4.15	Average Length of Stay (Days) for Acute In-Patient Discharges by Principal Procedure and Age Group Acute in-patients average length of stay for principal procedures—in total and broken down by age group.
4.15	4.17	4.17	All-Listed Procedures by Sex Number of all-listed procedures—in total and broken down by sex.
4.16	4.19	4.19	All-Listed Procedures by Age Group Number of all-listed procedures—in total and broken down by age group.

Notes: ^a Corresponding table number(s) in 1990–9 report

^b Corresponding table number(s) in 1992–2001 report

N/R = not previously reported

Section V: Analysis of Discharge Data by Case Mix

Table Number			Title and Brief Description
2003 Report	1990–9 Report ^a	1992–2001 Report ^b	
Major Diagnostic Category (MDC)			
5.1	5.1 5.3	5.1 5.3	Discharges by MDC and Patient Type from Voluntary, Health Board and All Hospitals Number of discharges—in total and broken down by voluntary and health board hospitals, patient type and MDC.
5.2	5.5	5.5	Average Length of Stay (Days) by MDC and Patient Type for Voluntary, Health Board and All Hospitals Average length of stay for discharges—in total and broken down by voluntary and health board hospitals, patient type and MDC.
Diagnosis Related Group (DRG)			
5.3	N/R	N/R	Top 20 DRGs for Day Patients—Number and Percentage of Day Patient Discharges Number and percentage of 20 most frequent DRGs for day patients.
5.4	N/R	N/R	Top 20 DRGs for Total In-Patients—Number and Percentage of Total In-Patient Discharges and Total In-Patient Average Length of Stay (Days) Number and percentage of 20 most frequent DRGs for total in-patients and total in-patient average length of stay.
5.5	5.7 5.9 5.15	5.7 5.9 5.15	Discharges from Voluntary, Health Board and All Hospitals by DRG and Patient Type Number of discharges—in total and broken down by voluntary and health board hospitals, patient type and DRG.
5.6	5.17	5.17	Average Length of Stay (Days) by DRG and Patient Type for Voluntary, Health Board and All Hospitals Average length of stay for discharges—in total and broken down by voluntary and health board hospitals, patient type and DRG.

Notes: ^a Corresponding table number(s) in 1990–9 report ^b Corresponding table number(s) in 1992–2001 report
N/R = not previously reported

Appendices

Table Number			Title and Brief Description
2003 Report	1990–9 Report ^a	1992–2001 Report ^b	
Appendix V ^c	3.3	3.3	Discharges and Bed Days in Voluntary Hospitals by Patient Type, Sex and Age Number and rate of discharges, number and rate of bed days broken down for day, in-patient, and total discharges from voluntary hospitals, by sex and age.
Appendix V ^c	3.5	3.5	Discharges and Bed Days in Health Board Hospitals by Patient Type, Sex and Age Number and rate of discharges, number and rate of bed days broken down for day, in-patient, and total discharges from health board hospitals, by sex and age.

Notes: ^a Corresponding table number(s) in 1990–9 report
^b Corresponding table number(s) in 1992–2001 report
^c Appendix V is not included in this report, but can be found online at www.esri.ie

APPENDIX III HIPE Data Entry Form, 2003



Hospital In-Patient Enquiry (HIPE) Summary Sheet For use with W-HIPE data entry software on

ALL DISCHARGES FROM 01.01.03

Hosp No.

Patient Discharge Information

Medical Record Number

Admission Date

Discharge Date

Date of Birth

Sex

Type (priority) of admission

Source of Admission

Transfer From

Discharge Code

Transfer To

Patient Details

Name

Medical Card

Area of Residence

Days in an Intensive Care Environment

Marital Status

GMS Number

Discharge Status

Day Case

Admitting Consultant

Discharge Consultant

Days in a Private / Semi Private bed

Diagnosis

PDX = That condition established after study to be chiefly responsible for occasioning admission to hospital for care.

Code	Description	Consultant	Specialty
(1) <input type="text"/>	Principal	<input type="text"/>	<input type="text"/>
(2) <input type="text"/>		<input type="text"/>	
(3) <input type="text"/>		<input type="text"/>	
(4) <input type="text"/>		<input type="text"/>	
(5) <input type="text"/>		<input type="text"/>	
(6) <input type="text"/>		<input type="text"/>	
(7) <input type="text"/>		<input type="text"/>	
(8) <input type="text"/>		<input type="text"/>	
(9) <input type="text"/>		<input type="text"/>	
(10) <input type="text"/>		<input type="text"/>	

Procedures / Operations

Code	Description	Consultant
(1) <input type="text"/>	Principal	<input type="text"/>
(2) <input type="text"/>		<input type="text"/>
(3) <input type="text"/>		<input type="text"/>
(4) <input type="text"/>		<input type="text"/>
(5) <input type="text"/>		<input type="text"/>
(6) <input type="text"/>		<input type="text"/>
(7) <input type="text"/>		<input type="text"/>
(8) <input type="text"/>		<input type="text"/>
(9) <input type="text"/>		<input type="text"/>
(10) <input type="text"/>		<input type="text"/>

Date of 1st Procedure / / Date of Principal Procedure / /

Case Entered on pc Comment:

APPENDIX IV

2003 Population Data by Age, Sex and Health Board/Regional Authority of Residence

Tables IV.1 to IV.3 contain the distribution of the total, male and female population by age group and health board/regional authority of residence.

TABLE IV.1

Total Population Estimates by Health Board/Regional Authority of Residence

	Health Board/Regional Authority of Residence								Total
	Eastern	Midland	Mid-Western	North-Eastern	North-Western	South-Eastern	Southern	Western	
All Ages	1,423,208	430,468	587,844	344,548	386,386	229,572	224,106	352,973	3,978,900
0–4 years	98,742	31,866	40,466	24,496	26,042	18,122	16,342	28,723	284,800
5–9 years	89,894	30,346	39,520	23,595	26,089	16,929	16,232	25,496	268,100
10–14 years	92,821	32,561	41,033	24,267	28,481	17,571	17,527	26,640	280,900
15–19 years	104,596	33,737	45,081	27,317	31,630	18,393	18,151	27,895	306,800
20–24 years	140,386	31,531	47,235	28,646	29,984	16,516	15,181	26,522	336,000
25–29 years	136,941	29,953	43,226	25,413	26,868	16,125	14,158	26,217	318,900
30–34 years	123,526	31,630	44,397	25,525	27,383	17,247	15,405	28,287	313,400
35–39 years	107,426	32,015	43,552	24,745	26,856	16,932	15,592	26,983	294,100
40–44 years	98,349	30,780	41,645	23,814	27,021	16,246	15,264	24,981	278,100
45–49 years	87,089	27,791	38,064	22,349	25,767	15,084	14,487	22,570	253,200
50–54 years	80,081	25,689	35,980	21,275	23,776	13,423	14,076	20,501	234,800
55–59 years	69,554	23,305	31,991	18,700	20,751	11,667	12,584	18,149	206,700
60–64 years	54,606	18,585	25,215	14,292	16,166	8,723	9,834	12,978	160,400
65–69 years	44,220	15,816	21,614	12,186	14,107	8,023	8,326	11,008	135,300
70–74 years	36,672	13,073	18,238	10,198	12,491	6,679	7,173	9,177	113,700
75–79 years	27,468	10,394	14,153	8,356	9,906	5,682	6,001	7,639	89,600
80–84 years	18,296	6,967	9,702	5,530	7,309	3,781	4,373	5,541	61,500
85 years and over	12,541	4,429	6,732	3,844	5,759	2,429	3,400	3,666	42,800

Note: The only population estimates available at health board/regional authority level for this period were sourced from the Information Management Unit, Department of Health and Children. While there are some inconsistencies in these estimates, they have been used here to ensure continuity and comparability with previous HIPE reports.

TABLE IV.2

Male Population Estimates by Health Board/Regional Authority of Residence, 2003

	Health Board/Regional Authority of Residence								Total
	Eastern	Midland	Mid-Western	North-Eastern	North-Western	South-Eastern	Southern	Western	
Male (All Ages)	695,184	216,130	292,471	172,975	194,079	116,162	112,291	178,112	1,977,200
0–4 years	50,574	16,438	20,551	12,401	13,266	9,217	8,353	14,800	145,600
5–9 years	46,484	15,487	20,093	12,111	13,424	8,639	8,356	13,106	137,700
10–14 years	47,520	16,699	21,129	12,478	14,688	9,091	8,989	13,606	144,200
15–19 years	53,118	17,326	22,935	14,105	16,226	9,582	9,435	14,274	157,000
20–24 years	68,602	16,410	23,710	14,523	15,131	8,616	7,662	13,846	168,500
25–29 years	67,658	15,160	21,811	12,951	13,462	8,291	7,042	13,224	159,600
30–34 years	61,585	15,885	22,312	12,995	13,748	8,699	7,670	14,306	157,200
35–39 years	52,595	15,891	21,820	12,439	13,487	8,625	7,691	13,753	146,300
40–44 years	48,063	15,286	20,886	12,155	13,437	8,298	7,499	12,576	138,200
45–49 years	42,008	14,188	19,165	11,347	13,104	7,764	7,291	11,633	126,500
50–54 years	38,983	13,185	18,275	10,951	12,242	6,879	7,157	10,529	118,200
55–59 years	34,258	11,860	16,298	9,438	10,963	5,968	6,674	9,440	104,900
60–64 years	26,524	9,541	12,662	7,239	8,418	4,505	5,060	6,651	80,600
65–69 years	20,656	7,763	10,636	6,068	7,253	3,989	4,225	5,511	66,100
70–74 years	16,078	6,345	8,551	4,921	6,106	3,197	3,557	4,345	53,100
75–79 years	10,739	4,519	5,932	3,547	4,281	2,527	2,651	3,204	37,400
80–84 years	6,345	2,787	3,677	2,100	2,927	1,478	1,804	2,183	23,300
85 years and over	3,394	1,360	2,028	1,206	1,916	797	1,175	1,125	13,000

Note: The only population estimates available at health board/regional authority level for this period were sourced from the Information Management Unit, Department of Health and Children. While there are some inconsistencies in these estimates, they have been used here to ensure continuity and comparability with previous HIPE reports.

TABLE IV.3

Female Population Estimates by Health Board/Regional Authority of Residence, 2003

	Health Board/Regional Authority of Residence								Total
	Eastern	Midland	Mid-Western	North-Eastern	North-Western	South-Eastern	Southern	Western	
Female (All Ages)	728,017	214,334	295,373	171,573	192,313	113,409	111,820	174,858	2,001,700
0–4 years	48,168	15,428	19,916	12,096	12,777	8,905	7,989	13,923	139,200
5–9 years	43,375	14,847	19,413	11,475	12,656	8,284	7,870	12,381	130,300
10–14 years	45,333	15,873	19,919	11,798	13,803	8,486	8,544	13,043	136,800
15–19 years	51,479	16,411	22,147	13,212	15,404	8,810	8,716	13,621	149,800
20–24 years	71,788	15,119	23,526	14,123	14,853	7,899	7,519	12,673	167,500
25–29 years	69,278	14,794	21,415	12,464	13,405	7,835	7,115	12,993	159,300
30–34 years	61,948	15,743	22,082	12,529	13,635	8,547	7,734	13,981	156,200
35–39 years	54,831	16,124	21,732	12,306	13,369	8,307	7,901	13,230	147,800
40–44 years	50,285	15,494	20,760	11,658	13,584	7,948	7,765	12,405	139,900
45–49 years	45,083	13,602	18,898	11,001	12,663	7,320	7,196	10,935	126,700
50–54 years	41,104	12,502	17,704	10,322	11,533	6,543	6,920	9,971	116,600
55–59 years	35,290	11,445	15,693	9,262	9,790	5,699	5,912	8,710	101,800
60–64 years	28,088	9,043	12,553	7,052	7,746	4,218	4,773	6,327	79,800
65–69 years	23,578	8,050	10,977	6,117	6,850	4,033	4,098	5,496	69,200
70–74 years	20,547	6,721	9,671	5,270	6,377	3,476	3,612	4,824	60,500
75–79 years	16,756	5,888	8,238	4,819	5,637	3,162	3,358	4,444	52,300
80–84 years	11,951	4,181	6,025	3,430	4,382	2,303	2,569	3,359	38,200
85 years and over	9,135	3,069	4,704	2,639	3,849	1,634	2,229	2,542	29,800

Note: The only population estimates available at health board/regional authority level for this period were sourced from the Information Management Unit, Department of Health and Children. While there are some inconsistencies in these estimates, they have been used here to ensure continuity and comparability with previous HIPE reports.

