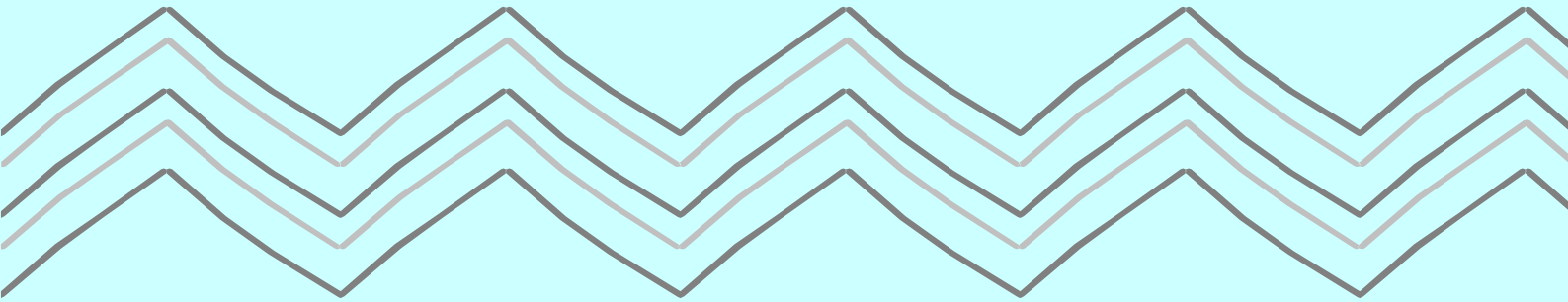
Activity in Acute Public Hospitals in Ireland

ANNUAL REPORT 2007

Health Research and Information Division

September 2009

ESRI



Metadata

Title

Activity in Acute Public Hospitals in Ireland, 2007 Annual Report

Creator

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

Subject

Key words – free text: Hospital discharge activity, acute hospital, public hospital

Summary Description

This is a report on the discharges from acute public hospitals participating in the Hospital In-Patient Enquiry (HIPE) scheme in 2007. Discharge activity is examined by type of patient and hospital, and by demographic parameters (such as age and sex). Particular issues of relevance to the Irish health care system covered in the report relate to the composition of discharges by medical card and public/private status. Discharges are also analysed by diagnoses, procedures, major diagnostic categories, and diagnosis related groups. The analysis is presented at the national level and is also disaggregated by Health Service Executive (HSE) administrative areas.

Publisher

Economic and Social Research Institute

Contributor

HRID, ESRI, HSE and the Department of Health and Children

Date

September 2009

Type

Report

Identifier

ISBN

Language

en – English

Coverage

National, HSE administrative areas

Rights

Downloadable from www.esri.ie

Acknowledgements

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

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

The HIPE team within the Economic and Social Research Institute's Health Research and Information Division oversee a wide range of tasks related to the management of this system, including software development and support, personnel training, data quality and audit, data management and analysis, and information dissemination. We acknowledge gratefully the dedication, skill and expertise that each member of this team brings to their work on this scheme. We would also like to thank, specifically, Jacqui Curley, Brian McCarthy, Deirdre Murphy, and Jacqueline O'Reilly for reviewing and commenting on earlier drafts of this report, and Edgar Morgenroth for providing population data.

Inevitably, a small number of individuals have to carry most of the burden of producing a report of this type. In this case Aoife Brick, Barbara Clyne, Aisling Mulligan, Sinead O'Hara, and Eithne Sexton were to the fore in the preparation of the report for publication. We wish to express our sincere thanks to these colleagues for all of their hard work on the report. Their commitment, enthusiasm and professionalism are gratefully acknowledged and sincerely appreciated.

Finally, we would like to record our thanks to our ESRI colleague Deirdre Whitaker who has provided assistance in the preparation of this report for publication.

Table of Contents

SECTION FOUR

SECTION FIVE

GLOSSARY AND ABBREVIATIONS

APPENDICES

List of Tables

List of Figures

Executive Summary

INTRODUCTION

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

This report relates to the 2007 calendar year. As with previous reports, the aim is to present an overview of discharge activity in acute public hospitals in Ireland. In 2007 the HIPE Scheme captured data on 98.8 per cent of discharges from the acute public hospital system.

Given the comprehensive coverage achieved by this information system, the data captured by HIPE have become increasingly used by policymakers and researchers. In 2007, for example, the HRID responded to approximately 200 requests for HIPE data. In addition, data sets for HIPE discharges were provided to a number of state agencies to address specific data requirements.

ACUTE HOSPITAL DISCHARGES FROM 2003 TO 2007

In 2007, 1,317,626 discharges were reported to HIPE by acute public hospitals in Ireland. This represented average annual growth over the five-year period of 9.2 per cent from the 937,906 discharges recorded in 2003.[2] While improved coverage of the database is one factor impacting on this growth, the most important factor was increased recorded activity, most notably in the volume of day patient activity. In 2003, day patients accounted for 41.5 per cent of total discharges, but by 2007 this proportion had increased to 54.6 per cent. There was average annual growth in the number of day patients over the period 2003 to 2007 of 17.8 per cent. The growth in the number of day patients reported between 2003 and 2007 is related, in part, to technological advances and the increased availability of day treatment facilities. However, the increase can mainly be attributed to the expansion of the HIPE scheme in 2006 to record all day patient dialysis discharges and, in the same year, the amendment of the HIPE data entry system to facilitate the collection of radiotherapy day patient discharges from one hospital which previously underreported this activity. There were

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

[2] The average annual percentage change over the five-year period is used to measure growth over the period rather than the percentage change between 2003 and 2007. This measure is used for all further comparative analysis over the 2003 to 2007 period in order to avoid the distortion of the percentage change figures caused by the increase in the number of total discharges recorded from 2006.

additional increases in the number of day patient discharges in 2007, which can be partly attributed to an increase in the number of day patient dermatology discharges reported to HIPE as a result of the reconfiguration of services across two hospitals. In-patient discharges show an average annual rate of growth of 2.2 per cent over the period since 2003.

In 2007, emergency in-patients accounted for 31.3 per cent of total discharges compared to 14.1 per cent for planned in-patients. Over the five-year period, the general trend has been a decrease in in-patient discharges, both planned and emergency, as a proportion of total discharges.

For every 1,000 members of the population in 2007 there were 303.2 discharges recorded. This discharge rate has grown at an average annual rate of 6.7 per cent since 2003, when there were 235.7 discharges per 1,000 population. The average annual percentage increase in the number of total discharges over the period 2003 to 2007 (9.2 per cent) surpassed that of discharge rates (6.7 per cent), indicating that the level of activity supported by the acute hospital system experienced stronger growth than the population.

A further indicator of utilisation, bed days, also increased over the period between 2003 and 2007. Total in-patient bed days grew by an average annual rate of 1.7 per cent over the five-year period, representing a slightly lower growth rate than total in-patient discharges (2.2 per cent). While only 1.3 per cent of total discharges were extended stay in-patients, this group used a disproportionate share of total bed days (22.5 per cent of total bed days).[3] These differential growth rates in bed days and discharges impacted on the duration of hospital stays. During the five-year period under consideration, the average length of stay for total (day and in-patient) discharges declined by an average annual rate of 4.4 per cent, from 4.1 days in 2003 to 3.4 days in 2007. Acute in-patients experienced a fall in their average length of stay over the entire period, with an average annual decrease of 1.0 per cent.[4]

In contrast to the significant growth in total discharge activity (average annual increase of 9.2 per cent), the total number of hospital beds increased by an average annual rate of 1.6 per cent over the period 2003 to 2007. In-patient bed numbers experienced average annual growth of 0.5 per cent, while the number of day patient beds increased from 909 to 1,529 beds between 2003 and 2007 – an average annual increase of 14.1 per cent. In-patient beds accounted for 88.9 per cent of total beds in HIPE hospitals in 2007.

[3] Extended stay in-patients have a length of stay of more than 30 days.
[4] Acute in-patients are defined as in-patient discharges with a length of stay between 0 and 30 days.

ANALYSIS OF ACUTE HOSPITAL ACTIVITY IN 2007

Patient Type

In 2007, over 54 per cent of total discharges were day patients, the remainder being in-patients. Total in-patients accounted for 83.9 per cent of total bed days in that year. Acute in-patients accounted for 44.2 per cent of total discharges and 61.4 per cent of total bed days. Extended stay in-patients amounted to 1.3 per cent of total discharges and 22.5 per cent of total bed days. The average length of stay was 4.7 days for acute in-patients and 6.2 days for total (acute and extended stay) in-patients.

Hospital Type

General hospitals accounted for 85.8 per cent of total discharges. Within the general hospital group, county and regional hospitals accounted for 55.7 per cent of total discharges and voluntary hospitals accounted for the remaining 30.1 per cent. Special hospitals (including long stay hospitals) accounted for 14.2 per cent of total discharges. Of these special hospitals, maternity and cancer hospitals recorded the highest number of total discharges.

The distribution of discharges by patient type differed by hospital type. A higher proportion of day patients were discharged from voluntary hospitals compared to county and regional hospitals, while the proportions of both total and acute in-patient discharges were highest in county hospitals. Voluntary hospitals discharged a higher proportion of extended stay in-patients than the other general hospitals. Within special hospitals a higher proportion of acute in-patients were discharged compared to extended stay in-patients. Of total acute in-patients, 82.1 per cent were discharged from general hospitals and, of total extended stay in-patients, 85.1 per cent were discharged from general hospitals. The remainder of acute and extended stay in-patients were discharged from special hospitals (17.9 per cent and 14.9 per cent respectively).

There were differences in the average length of stay across the three types of general hospitals for both acute and extended stay in-patient discharges. 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 6.1 days for acute in-patient discharges, which was 1.4 days longer than the 4.7 days reported for regional hospitals and 1.8 days longer than the 4.3 days reported for county hospitals.

The share of in-patient beds in general hospitals (84.9 per cent) was in line with the 82.2 per cent of total in-patient discharges treated in these types of hospitals. While 88.8 per cent of day patients were discharged from general hospitals, the proportion of day patient beds located in general hospitals was 87.8 per cent.

Areas of Hospitalisation and Residence

Over 30 per cent of total discharges were treated in the HSE Dublin Mid Leinster area. HSE Dublin North East treated the smallest proportion of discharges (21.4 per cent). The HSE South treated 22.7 per cent and the HSE West treated 25.2 per cent of total discharges. A similar pattern was maintained when total discharges were compared by day and in-patient status.

The average length of stay for acute in-patients was longest in HSE Dublin North East (4.9 days), which was above that reported for acute in-patient discharges across all HSE areas (4.7 days). The HSE Dublin North East area also recorded the longest length of stay for extended stay in-patient discharges (66.5 days).

There was considerable variability in the number of discharges and discharge rates by area of residence. For every 1,000 members of the population resident in the HSE South area there were 284.2 discharges, which was lower than the rates reported by all other HSE areas. The HSE West area recorded the highest discharge rate with 334.6 discharges per 1,000 population.

Distribution of Beds in HIPE Hospitals

Approximately 30 per cent of total hospital beds in HIPE hospitals were located in HSE Dublin Mid Leinster, with 24.3 per cent in HSE South. Almost one in three designated in-patient beds were situated in HSE Dublin Mid Leinster and 21.6 per cent in HSE Dublin North East. HSE Dublin Mid Leinster also accounted for 26.6 per cent of day patient beds.

On average, in 2007, there were 3.2 beds in HIPE hospitals per 1,000 members of the population. This figure varied across the HSE areas, and ranged from 3.0 beds per 1,000 in HSE South to 3.4 beds per 1,000 in HSE Dublin Mid Leinster.

Temporal Variation in Admission and Discharge Activity

During 2007, the highest number of hospital admissions occurred during October (118,364 admissions), with the lowest number reported for December (92,558 admissions). Admissions for both day patients (66,332) and total in-patients (52,032) also peaked in October. Admissions of planned in-patient admissions (16,835) peaked in July, while emergency in-patients (36,286) peaked in January. The lowest numbers of both planned and emergency admissions were reported for December.[5]

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

[5] Note that between April and May 2007 an industrial relations dispute involving the Irish Nurses Organisation resulted in a number of work stoppages. This action does not appear to have an effect on the temporal variation in admission and discharge activity in 2007.

DEMOGRAPHIC ANALYSIS OF HOSPITAL DISCHARGE ACTIVITY IN 2007

Sex

More than half of total discharges in 2007 were females. This differs from the national population in 2007, which was more equally divided between men and women. A higher proportion of males were discharged as day patients than females (59.8 per cent and 50.0 per cent respectively). Sex-specific discharge rates showed greater utilisation of acute in-patient hospital services by females. The discharge rate for acute female in-patient discharges was 158.3 per 1,000, which was 44.3 per cent greater than for males (109.7 per 1,000).

The use of obstetric services by females in the 15-44 year age group was an important factor in accounting for the different patterns of utilisation observed for men and women. The average length of stay for acute in-patient discharges was more than half a day longer for males (5.1 days) compared to females (4.4 days). Average length of stay for extended stay in-patients was almost the same for females as it was for males (59.5 days and 60.0 days respectively).

Marital Status

Married people accounted for 48.1 per cent of total discharges – the single largest category by marital status – but only 43.3 per cent of total bed days. Thus, the average length of stay for married total discharges (3.0 days) was slightly below that for total discharges overall (3.4 days). In contrast, widowed discharges had a longer average length of stay (6.2 days) and accounted for proportionately more bed days (16.6 per cent) than their share of total discharges (9.1 per cent).

Age

The age-specific discharge rates indicate that, after controlling for the size of the population in each age group, a higher number of discharges took place among older age groups. This finding was consistent when the analysis was undertaken for day and in-patients and by sex. Moreover, older age groups accounted for a disproportionate share of bed days. While discharges aged 65 years and over represented 26.8 per cent of total in-patients and 30.4 per cent of total discharges, they accounted for 47.6 per cent of total in-patient bed days and 45.3 per cent of total bed days. Consequently, older discharges (65 years and over) recorded a much longer average length of stay for total in-patients (11.1 days) than, for example, the 45 to 64 years group (7.0 days), which recorded the second longest average length of stay for total in-patients.

General Medical Service (GMS) Status

Information on whether a patient holds a medical card is collected through HIPE, although it should be noted that holding a medical card does not necessarily imply that the hospital discharge was publicly funded. While approximately 30 per cent of the population held medical cards in 2007, GMS patients accounted for 50.3 per cent of total discharges from HIPE hospitals. Non-GMS patients (non-medical card holders) represented 47.1 per cent of total discharges. The GMS status of the remaining 2.6 per cent of total discharges was unknown. Almost 43 per cent of day patient discharges and 53.0 per cent of acute in-patient discharges did not hold a medical card. The majority (70.5 per cent) of extended stay in-patient discharges were medical card holders. The average length of stay for acute GMS in-patients was 5.8 days, which was over two days longer than that for non-GMS in-patients (3.7 days). The HSE West area reported the highest proportion of GMS discharges; 58.5 per cent of discharges treated in this area were medical card holders. HSE Dublin Mid Leinster reported the highest proportion of non-GMS discharges in 2007; 56.5 per cent of discharges from this area did not hold a medical card.

Public/Private Status

Within the HIPE system public/private status indicates whether the patient was treated by the consultant on a private or public basis. Nationally, over 78 per cent of discharges from HIPE hospitals were public, although 81.4 per cent treated in the HSE Dublin Mid Leinster area were public patients. The HSE South area recorded the highest proportion of private patients (25.9 per cent) as a proportion of total discharges. The average acute in-patient length of stay was 4.7 days for public discharges, which was only slightly higher than that for private discharges (4.6 days).

Inter-Regional Flow of Discharges

Discharge data can be analysed by where the patient received treatment and by where they resided. For the majority of discharges (88.9 per cent), treatment was received in the HSE area in which the patient was resident. The HSE Dublin Mid Leinster area treated the highest proportion of non-resident discharges. Of the discharges hospitalised there, 20.4 per cent lived outside the area, with the majority of these non-resident discharges coming from the neighbouring Dublin North East area (12.4 per cent).

Nationally, 11.1 per cent of discharges were treated outside their HSE area of residence. Over 90 per cent of discharges who were resident in either HSE South or HSE West were treated in their home area. The HSE Dublin North East area recorded the highest proportion of residents treated by other HSE areas (17.6 per cent).

MORBIDITY ANALYSIS FOR HOSPITAL DISCHARGES IN 2007

Diagnoses

The average number of diagnoses recorded for total discharges in 2007 was 2.6.[6] On average, total in-patients recorded a higher number of diagnoses (3.3) compared with day patients (2.0). The average number of diagnoses was marginally higher for total male discharges than females (2.6 compared with 2.5, respectively). The average number of diagnoses per discharge increased with age.

Almost 60 per cent of day patient discharges had one of the top 20 most common principal diagnoses.[7] The principal diagnoses of 'other medical care' (includes chemotherapy and radiotherapy encounters) and 'care involving dialysis' accounted for the largest proportions of total day patients (each accounting for 21.1 per cent). Together they account for 70.8 per cent of the top 20 principal diagnoses.

The 20 most frequently recorded principal diagnoses for in-patients accounted for 29.0 per cent of total in-patient discharges. The most common principal diagnosis was 'perineal laceration during delivery'. This diagnosis accounted for 2.9 per cent of total in-patient discharges with an average length of stay of 2.8 days.

Apart from obstetric and gynaecological diagnoses, there were some differences in the principal diagnoses reported for males and females. For example, of the 3,135 discharges with a principal diagnosis of 'mental and behavioural disorders due to alcohol', 2,262 related to male discharges. Similarly, discharges for 'other ischaemic heart disease' and 'other injuries to the head (includes skull fracture)' comprised a higher proportion of males. Conversely, 'fracture of femur' was more common among female discharges. For many diagnoses, the number of discharges increased progressively with patient age.

Procedures

Of the 1,317,626 discharges reported to HIPE in 2007, 1,042,964 principal procedures were recorded, indicating that almost eight out of every ten discharges had a principal procedure performed. On average, 1.8 procedures were recorded for each discharge for whom a procedure was performed in 2007. Total in-patient discharges on whom a procedure was performed had, on average, 2.7 procedures compared with an average of 1.4 for day patients. The average number of procedures was similar for total male and female discharges who recorded a procedure. In general, the average number of procedures per discharge decreased with age for day patients and increased with age for total in-patients.

---

[6] Diagnoses and procedures were coded using ICD-10-AM for the first time in the 2005 Annual Report. This change means that data presented here on diagnoses and procedures are not directly comparable with data published in reports prior to *Activity in Acute Public Hospitals in Ireland*, 2005 (see Section Four).

[7] In 2006 the HIPE scheme expanded to record day patient dialysis discharges. In the same year, the HIPE data entry system was amended to facilitate the collection of radiotherapy day patient discharges from one hospital which previously underreported this activity. This has led to significantly higher numbers of day patient discharges with a principal diagnosis of 'care involving dialysis' and 'other medical care' than were reported in 2005. In 2007, there was an increase in the number of day patient dermatology discharges reported to HIPE as a result of the reconfiguration of services across two hospitals.

The top 20 principal procedure blocks accounted for 75.8 per cent of day patient discharges who had a procedure.[8] The most common principal procedure block for day patients was 'haemodialysis', which accounted for 22.8 per cent of day patients who recorded a procedure. Five of the remaining top 20 principal procedure blocks for day patients can be classified as 'procedures on the digestive system'.

The 20 most common principal procedure blocks for total in-patients were recorded for 50.1 per cent of in-patients who had a procedure. The most common principal procedure block was 'generalised allied health interventions', which accounted for 10.9 per cent of all principal procedures for total in-patients.[9] The total in-patient average length of stay for this principal procedure block was 12.1 days. Six of the top 20 principal in-patient procedure blocks were related to obstetrics.

As with diagnoses, there were some differences in principal procedures recorded by sex. More than half of all-listed principal procedures were performed on female discharges, which may reflect the volume of obstetric activity. Almost one-third of principal procedures were undertaken on discharges aged 65 years and over. For most principal procedure blocks, the acute in-patient average length of stay increased with age.

ANALYSIS OF DISCHARGE DATA BY CASE MIX

Since 1993 a case mix adjustment has been applied when estimating the budgets for the majority of acute public hospitals in Ireland. For this purpose, in 2005, the Australian Refined Diagnosis Related Group (AR-DRG) case mix classification scheme was adopted by the Department as the national standard.[10] The AR-DRG scheme enables the disaggregation of discharges into homogeneous groups, which are expected to undergo similar treatment processes and incur similar levels of resource use. The first step in AR-DRG assignment is the classification of discharges into one of the Major Diagnostic Categories (MDCs), which are primary diagnostic groupings based on the systems of the body.

Discharges by Major Diagnostic Category (MDC)

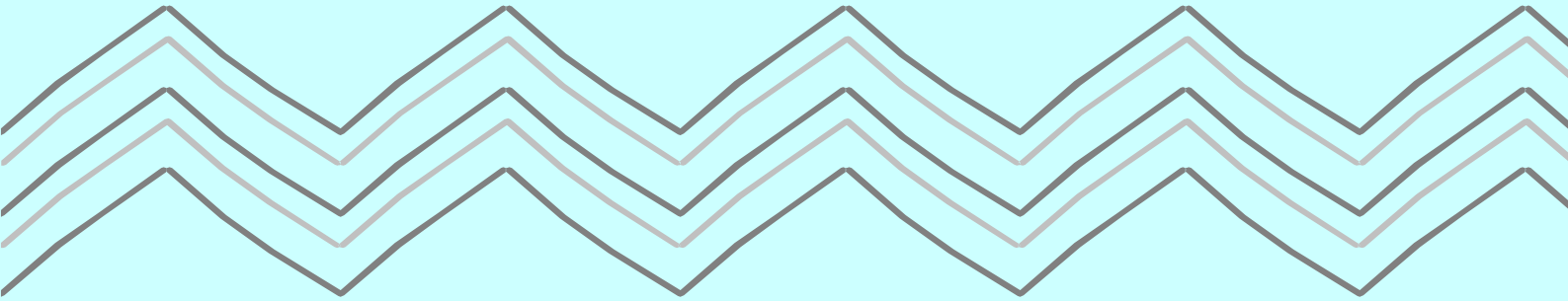
The single largest number of total discharges was recorded for 'diseases and disorders of the kidney and urinary tract' (MDC 11). More than 88 per cent of discharges assigned to this MDC were treated on a day patient basis. Services pertaining to 'neoplastic disorders (haematological and solid neoplasms)' (MDC 17) recorded the second largest number of total discharges. Discharges with 'pregnancy, childbirth and the puerperium' (MDC 14) had the shortest total in-patient average length of stay (2.8 days). Excluding discharges assigned to 'pre-MDC' and 'unassignable to MDC', the MDC with the longest average length of stay for acute in-patient discharges was 'neoplastic disorders (haematological and solid neoplasms)' (MDC 17) where discharges were hospitalised for an average of 7.6 days. The longest average length of stay for total in-patient discharges, also excluding discharges assigned to 'pre-MDC' and 'unassignable to MDC', was 14.4 days for 'mental diseases and disorders' (MDC 19).

---

[8] A procedure block represents a homogenous group of procedures in the Australian Classification of Health Interventions (ACHI).
[9] Includes physiotherapy, occupational therapy, speech therapy, etc.
[10] The use of AR-DRGs is discussed in Section Five.

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

The top 20 highest volume AR-DRGs for day patients accounted for 72.7 per cent of total day patient discharges. The AR-DRG that recorded the highest number of day patient discharges was 'admit for renal dialysis' (AR-DRG L61Z). This AR-DRG amounted to 29.0 per cent of day patients in the top 20 AR-DRGs and 21.1 per cent of total day patients. The top 20 most common AR-DRGs for total in-patients accounted for 32.2 per cent of total in-patient discharges. The AR-DRG with the largest number of total in-patient discharges was 'vaginal delivery without catastrophic or severe complications and/or comorbidities' (AR-DRG O60B), which alone accounted for almost one-fifth of in-patient discharges within the top 20 AR-DRGs and 5.9 per cent of total in-patient discharges. The total in-patient average length of stay recorded for this AR-DRG was 3.0 days.



Introduction SECTION

ONE

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 2007, 56 acute public hospitals in Ireland reported to HIPE.[1] Public hospitals that participated in HIPE in 2007 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 2007. Throughout this report, data on discharges from individual acute public hospitals are aggregated and presented by hospital type. The format of this Annual Report for 2007 corresponds with that of previous annual reports.

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

The remainder of this section provides an overview of the data collected by HIPE in 2007, discusses the coverage of HIPE, and compares selected statistics for the period 2003 to 2007. Information on the historical context of HIPE, as well as processes and procedures for collecting, validating and auditing data, is contained in previous reports in this series.[2]

[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 2007. Discharges from these hospitals have been included in this report.

[2] All 'Activity in Acute Public Hospitals in Ireland' annual reports are available for download at www.esri.ie/health_information/latest_hipe_nprs_reports

DATA COLLECTED BY HIPE IN 2007

The data elements recorded by HIPE in 2007 are listed in Table 1.1.[3] The main developments in data collection in 2007 were the increased reporting of dermatology day patient discharges reported to HIPE as a result of the reconfiguration of services across two hospitals, and the addition of a mandatory variable for the collection of the number of temporary leave days (see Table 1.1). Temporary leave days are the number of days the discharge was absent from the hospital during an episode of care.

The increased reporting day patient dermatology discharges as a result of the reconfiguration of services across two hospitals contributes to the increase in the number of discharges recorded by HIPE in 2007, specifically the number of day patients, when compared to 2006. This change should be considered when comparing discharge data from 2007 with those from 2006 and previous years. Previous 'Activity in Acute Public Hospitals in Ireland' annual reports should be consulted for an outline of data changes in previous years.[4]

Each HIPE discharge record represents one episode of care. Patients may be admitted to hospital more than once in any given time period with the same or different diagnoses. In the absence of a unique health identifier, therefore, the data reported to HIPE facilitate analysis of hospital discharge activity, but do not permit analysis of discharges at individual patient level. Consequently, it is not possible to use HIPE data to examine certain parameters such as the number of hospital encounters per patient, or to estimate proxies for incidence or prevalence of disease.

[3] A copy of the HIPE data entry form for 2007 is contained in Appendix II. Illustrations of the range of reports that can be produced from the HIPE database are outlined on www.esri.ie.

[4] All 'Activity in Acute Public Hospitals in Ireland' annual reports are available for download at 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.
	Infant admission weight	Weight in whole grams on admission is collected for neonates (0-27 days old) and infants up to 1 year of age with admission weight of less than 2,500 grams.
	Area of residence by county or country	If resident in Ireland but outside Dublin, captures county of residence. If resident in Dublin, captures postal code. If usually resident outside Ireland, captures country of residence.
Clinical data	One principal diagnosis	Uses the International Statistical Classification of Diseases and Related Health Problems, 10th Revision, Australian Modification (ICD-10-AM), Fourth Edition, July 2004.
	Nineteen additional diagnoses	Uses the International Statistical Classification of Diseases and Related Health Problems, 10th Revision, Australian Modification (ICD-10-AM), Fourth Edition, July 2004.
	One principal procedure	Uses the Australian Classification of Health Interventions (ACHI) of the International Statistical Classification of Diseases and Related Health Problems, 10th Revision, Australian Modification (ICD-10-AM), Fourth Edition, July 2004.
	Nineteen additional procedures	Uses the Australian Classification of Health Interventions (ACHI) of the International Statistical Classification of Diseases and Related Health Problems, 10th Revision, Australian Modification (ICD-10-AM), Fourth Edition, July 2004.
Administrative data	Patient name	Not exported outside the hospital.
	Hospital number	
	Chart number	Is unique to hospital of discharge.
	Admission and discharge dates	
	Dates of principal and first procedures	
	Day case indicator	
	Day ward indicator	Indicates if a day case patient was admitted to a dedicated named day ward.
	Day ward identifier	If the answer to day ward indicator is 'Yes', the day ward identifier must be entered to identify where the patient was treated.
	Type of admission	Values include: elective, elective readmission, elective maternity, emergency, emergency readmission, emergency maternity, or newborn.
	Waiting list indicator	Indicates if an elective admission case is funded by the National Treatment Purchase Fund (NTPF).
	Mode of emergency admission	Indicates where the patient with admission codes emergency, emergency readmission, emergency maternity, or newborn was treated prior to being admitted to the hospital as an in-patient or when the patient was treated only in a registered Medical Assessment Unit (MAU). Values include Accident and Emergency Department, MAU-Admitted as In-Patient, other, unknown, and MAU – Day Only.

Table 1.1: Data Collected by HIPE (contd.)

Type Of Data	Parameters	Notes
Administrative data (contd.)	Source of admission	Values include: home, transfer from nursing home/convalescent home or other long stay accommodation, transfer from hospital (in HIPE), transfer from other hospital (not in HIPE), transfer from hospice (not in HIPE), transfer from psychiatric hospital/unit, newborn, temporary place of residence, prison, or other.
	Discharge destination	Values include: self discharge, home, nursing home, convalescent home or long stay accommodation, transfer to hospital (in HIPE) as emergency, transfer to hospital (in HIPE) as non-emergency, transfer to psychiatric hospital/unit, died with post-mortem, died without post-mortem, transfer to other hospital (not in HIPE) as emergency, transfer to other hospital (not in HIPE) as non-emergency, rehabilitation facility, hospice, prison, absconded, or other.
	Discharge status	Refers to the public/private status of the patient on discharge and not to the type of bed occupied.
	General Medical Service status	Refers to whether the patient is a medical card holder.
	Days in an intensive care environment	
	Days in a private/semi-private bed	
	Days in a public bed	Optional variable in 2007.
	Specialty	Refers to specialty of consultant associated with the principal diagnosis and is assigned locally based on a list provided by the Department of Health and Children.
	Admitting consultant	Encrypted.
	Discharge consultant	Encrypted.
	Consultant responsible for each diagnosis	Encrypted.
	Consultant responsible for each procedure	Encrypted.
	Date of transfer to a pre-discharge unit	Date may be collected to identify when a patient was transferred to a pre-discharge unit prior to being discharged as planned. Optional variable in 2007.
	Ward Identification	Admitting ward: The ward to which the patient was admitted. Discharge ward: The ward from which the patient was discharged. Mandatory variable from the 1st January 2007.
	Temporary leave days	Refers to the number of days the patient was absent from the hospital during an episode of care. New variable in 2007.[5]

[5] To be consistent with previous years the calculation of average length of stay in this report does not take temporary leave days into account.

COVERAGE OF HIPE DATA

Table 1.2 and Figure 1.1 compare the returns to HIPE between 1999 and 2007 with data collected from other sources on discharges from acute hospitals nationally. These latter, which are used to estimate the coverage of the HIPE system, were collected as part of the Integrated Management Returns (IMRs) to the Department of Health and Children (DoH&C) until 2006 when this function became the responsibility of the Performance Management Unit (PMU) in the Health Service Executive (HSE).

Estimating the 'true' coverage rate for HIPE is complicated due, in part, to different reporting methodologies used by HIPE and PMU. To attempt to control for these factors, day patient dialysis discharges, which are not captured by the PMU, have been excluded from the calculation of HIPE coverage in 2006 and 2007 in Table 1.2.

The PMU estimate that there were 1,180,073 discharges from public hospitals in 2007.[6] The total number of discharges (adjusted for day patient dialysis discharges) reported to HIPE in 2007 was 1,166,167. The HIPE system therefore captured 98.8 per cent of all discharges reported to the PMU in 2007.

TABLE 1.2
Estimates of Hospital Discharges from the DoH&C/HSE and HIPE, 1999-2007

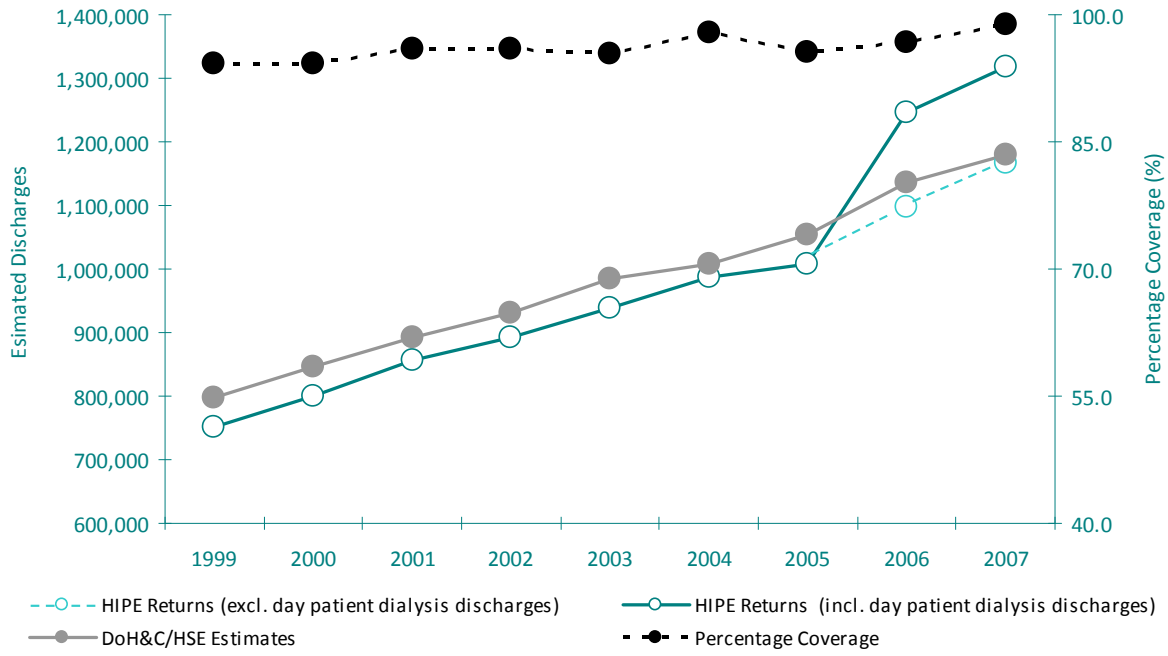
Year	DoH&C/HSE Estimates[a]	Data Returned by Hospitals to HIPE	HIPE Returns Minus Day Patient Dialysis Discharges	% Coverage of HIPE[b]
1999	798,132	751,945	–	94.2
2000	846,738	798,858	–	94.3
2001	892,591	856,261	–	95.9
2002	930,783	892,634	–	95.9
2003	983,537	937,906	–	95.4
2004	1,018,386	987,615	–	97.9
2005	1,054,884	1,008,498	–	95.6
2006	1,135,731	1,244,890	1,098,026	96.7
2007	1,180,073	1,317,626	1,166,167	98.8

Notes:
[a] DoH&C estimates (1999-2005) are based on IMR data compiled by the DoH&C.
HSE estimates (2006-2007) are based on data compiled by the PMU in the HSE.
Accident and Emergency cases, and Psychiatry Cases are removed from IMR/PMU data, as these are not collected by HIPE.
[b] To facilitate an estimate of 'true' coverage, day patient dialysis discharges were excluded from the calculation of HIPE coverage in 2006 and 2007.

Source: From 1999 to 2005 hospital discharge data were obtained from the Department of Health and Children. In 2006 and 2007, hospital discharge data were obtained from the Performance Management Unit (PMU) in the Health Service Executive. Data for Peamount Hospital, Incorporated Orthopaedic Hospital, Clontarf, and the National Rehabilitation Hospital, Dun Laoghaire, are not collected as part of the PMU series so data for 2007 were obtained directly from these hospitals.

[6] Source: PMU (personal communication, June 17 2009).

FIGURE 1.1
Estimates of Hospital Discharges Returned by Participating Hospitals to HIPE and DoH&C/HSE, 1999-2007



Source: From 1999 to 2005 hospital data were obtained from the Department of Health and Children. In 2006 and 2007 hospital data were obtained from the Performance Management Unit in the Health Service Executive.

ACUTE HOSPITAL DISCHARGES FROM 2003 TO 2007

In 2007, 1,317,626 discharges were reported to HIPE by participating acute public hospitals (see Table 1.3). This figure was, on average, 9.2 per cent higher than the level of discharges reported to HIPE five years earlier in 2003. This 9.2 per cent increase represents the average annual percentage change over the five-year period rather than the percentage change between 2003 and 2007. This measure is used for all further comparative analysis over the 2003 to 2007 period to avoid the distortion of the percentage change figures caused by the increase in the number of total discharges recorded from 2006.[7]

The volume of both day and in-patient discharges increased over the period 2003 to 2007, albeit at differing rates (see Figure 1.2). Day patient discharges experienced average annual growth of 17.8 per cent over the period and almost a 9 per cent increase between 2006 and 2007. Total in-patient discharges experienced an average annual increase of 2.2 per cent over the period 2003 to 2007. The share of total discharges accounted for by day patients increased from 41.5 per cent in 2003 to 54.6 per cent in 2007.

[7] In 2006 the HIPE scheme expanded to record day patient dialysis discharges. In the same year, the HIPE data entry system was amended to facilitate the collection of radiotherapy day patient discharges from one hospital which previously underreported this activity. In 2007, there was an increase in the number of day patient dermatology discharges reported to HIPE as a result of the reconfiguration of services across two hospitals.

The number of emergency in-patients was more than twice that of planned in-patients in 2007.[8] In addition, emergency in-patients experienced higher average annual growth over the period 2003 to 2007 than planned in-patients (see Figure 1.3). The number of planned in-patients fluctuated over the period and increased by an average of 1.9 per cent per year from 2003 to 2007. In contrast, between 2006 and 2007 the number of planned in-patients increased by more than the number of emergency in-patients (3.6 per cent and 2.4 per cent respectively). The respective shares of total discharges for these two groups declined over the five-year period. These declining proportions were consistent with the rise in day patient activity over the same period.

In 2007, general hospitals accounted for 85.8 per cent of total discharges and the remainder were discharged from hospitals specialising in particular areas (such as maternity, paediatrics and cancer). The breakdown of activity between general and special hospitals in 2007 was similar to that recorded in 2003 (see Figure 1.4). Discharges from special hospitals experienced higher average annual growth over the period 2003 to 2007 compared to general hospitals (growth of 12.2 per cent and 8.7 per cent for special and general hospitals respectively). General hospitals are divided further into voluntary, regional and county hospitals. The largest category of general hospital was county hospitals, which treated 31.0 per cent of total discharges in 2007, representing an average annual growth rate of 5.8 per cent from 2003. Of the other categories, 24.7 per cent of total discharges were from regional hospitals and 30.1 per cent were from voluntary hospitals. Discharges from all three categories of general hospital experienced growth during the period 2003 to 2007. Average annual growth in discharges from voluntary hospitals exceeded that of both regional and county hospitals.

In 2007, almost nine out of every ten discharges living in Ireland were treated in the same HSE area in which they resided and this proportion has remained relatively stable since 2005 (Table 1.3). It is not possible to compare the post-2005 figures with those from previous years as the unit of measurement has changed from eight health boards/regional authorities to four HSE administrative areas.[9] The numbers of discharges treated outside their HSE area of residence increased at a higher rate between 2006 and 2007 than those treated within their HSE area of residence (6.4 per cent and 5.8 per cent respectively).

The ratio of male to female discharges remained relatively unchanged between 2003 and 2005; females accounted for more than 55 per cent of total discharges in each of the years reported in Table 1.3. In 2007, male discharges accounted for 46.7 per cent of total discharges from HIPE hospitals. The average annual growth of discharges over the period 2003 to 2007 was higher for males than it was for females (10.9 per cent for males and 7.8 per cent for

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

[9] The establishment of the HSE on 1 January 2005 replaced the eight regional health boards/authorities. Current policy is that health care is now provided through four HSE administrative areas and 32 local health offices (LHOs). For the purposes of this report, data are reported for the four HSE administrative areas. This reconfiguration implies that the geographical breakdown of discharge activity in earlier reports, prior to 2005, is not directly comparable with those reported in *Activity in Acute Public Hospitals in Ireland*, 2005 and subsequent annual reports.

females). In contrast, the growth in the number of male discharges between 2006 and 2007 was lower than that for females at 5.0 per cent and 6.6 per cent respectively.

In 2003, 47.7 per cent of total discharges were aged under 44 years and by 2007 this had fallen to 41.4 per cent. This change reflects the differential growth in the number of discharges for each age group. In the period from 2003 to 2007, the two younger age groups experienced lower average annual growth than the two older age groups, 1.8 per cent for discharges under 15 years and 6.3 per cent for discharges aged between 15 and 44 years, see Figure 1.5. Discharges aged between 45 and 64 years experienced average annual growth of 12.5 per cent and discharges in the oldest age group (65 years and over) recorded 12.8 per cent growth. Between 2006 and 2007 the 15 to 44 years and 45 to 64 years age groups experienced the highest level of growth (7.6 per cent and 7.5 per cent respectively).

In the Irish health care system holders of a medical card are not charged for treatment in a public ward, while charges may be levied on non-medical card holders. The disaggregation of total discharges by whether or not they had a medical card (referred to here as General Medical Service (GMS) status) has generally been consistent between 2003 and 2005. In 2006, for the first time, GMS discharges accounted for a higher proportion of total discharges than non-GMS discharges and this continued to be the case in 2007. The average annual year-on-year growth rate of GMS discharges (12.5 per cent) was higher than that of non-GMS discharges (6.8 per cent).

In HIPE, the public/private status variable relates to whether the patient saw the consultant publicly or privately. Public discharges accounted for 78.7 per cent of total discharges in 2007. This proportion was greater than that reported in 2003, when 75.1 per cent were public discharges. Between 2003 and 2007, the average annual growth rate of public discharges was 10.6 per cent, while the average annual growth in private discharges was 4.7 per cent over the period. Public discharges grew by 7.7 per cent between 2006 and 2007, while private discharges decreased by 0.4 per cent. For the first time in 2007 public discharges exceeded one million.

The discharge rate per 1,000 population is reported in Table 1.3. The number of discharges per 1,000 population increased steadily from 235.7 discharges for every 1,000 population in 2003 to 303.2 discharges per 1,000 in 2007, representing an average annual growth of 6.7 per cent over the five years (see Figure 1.6). The number of discharges experienced a higher level of growth over the same period, demonstrating that while increases in hospital activity may be partially attributed to factors such as population growth, other factors such as the expansion of the HIPE scheme in its reporting of hospital activity should also be considered.

In 2007, discharges spent over 4.4 million days in acute public hospitals. Although the majority of bed days were for in-patients, the proportion accounted for by day patients increased from 10.1 per cent in 2003 to 16.1 per cent in 2007, an average annual increase of 17.8 per cent. Total in-patient bed days experienced average annual growth of 1.7 per cent

over the period 2003 to 2007 (see Figure 1.7). 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 until 2007 when it accounted for 39.9 per cent of total bed days. The in-patient bed days used by this age group grew by an average annual rate of 1.9 per cent over the period 2003 to 2007 and exhibited negative growth between 2006 and 2007.

On average, total discharges spent 3.4 days in hospital in 2007, representing a decline of over half-a-day or an average annual decrease of 4.4 per cent in average length of stay since 2003. The average length of stay for total in-patients decreased slightly from 6.4 days to 6.2 days over the five-year period. In 2007 acute in-patients (those with a length of stay of 30 days or less) spent, on average, less time in hospital when compared to 2003 (4.9 days in 2003 and 4.7 days in 2007). Similarly, the average length of stay for extended stay in-patients (those with a length of stay of more than 30 days) decreased by a little over one day (61.9 days in 2003 and 59.8 days in 2007). From the analysis of length of stay data by patient type, the increase in the number of day patient discharges from 2006 has contributed to the decline in average length of stay for total discharges. There was a slight downward trend before this.

The number of beds in HIPE hospitals increased by an average annual rate of 0.8 per cent from 13,034 to 13,885 over the period 2003 to 2007 (see Figure 1.8).[10] While the majority of beds in all years were allocated for the treatment of in-patients, this category experienced an average annual growth rate of just 0.5 per cent during the five-year period. The number of day patient beds grew by an average annual rate of 14.1 per cent over the same period. Reflecting these differential growth rates, the in-patient share of beds declined from 93.0 per cent in 2003 to 88.9 per cent in 2007.[11]

[10] For a small number of HIPE hospitals, bed numbers are not reported by the HSE and the DoH&C.

[11] It should be noted when interpreting data on the number of hospital beds that the number of participating hospitals will have changed over time (see Appendix I).

TABLE 1.3

Number and Percentage Distribution of Acute Public Hospital Discharges, 2003-2007

	2003 (%)	2004 (%)	2005 (%)	2006 (%)	2007 (%)	Average Annual % Change[a] 2003-2007	% Change 2006-2007
Total Discharges	**937,906**	**987,615**	**1,008,498**	**1,244,890**	**1,317,626**	**9.2**	**5.8**
Patient Type							
Day Patients	389,637 (41.5)	425,978 (43.1)	443,654 (44.0)	662,096 (53.2)	718,851 (54.6)	17.8	8.6
Total In-Patients	548,269 (58.5)	561,637 (56.9)	564,844 (56.0)	582,794 (46.8)	598,775 (45.4)	2.2	2.7
Planned	172,341 (18.4)	178,209 (18.0)	173,644 (17.2)	179,318 (14.4)	185,732 (14.1)	1.9	3.6
Emergency[b]	375,928 (40.1)	383,428 (38.8)	391,200 (38.8)	403,476 (32.4)	413,043 (31.3)	2.4	2.4
Hospital Type							
General Hospitals	818,548 (87.3)	858,295 (86.9)	874,119 (86.7)	1,074,202 (86.3)	1,130,965 (85.8)	8.7	5.3
Voluntary	265,951 (28.4)	285,417 (28.9)	287,319 (28.5)	365,761 (29.4)	396,926 (30.1)	11.0	8.5
Regional	224,735 (24.0)	232,806 (23.6)	244,608 (24.3)	317,643 (25.5)	325,484 (24.7)	10.2	2.5
County	327,862 (35.0)	340,072 (34.4)	342,192 (33.9)	390,798 (31.4)	408,555 (31.0)	5.8	4.5
Special Hospitals	119,358 (12.7)	129,320 (13.1)	134,379 (13.3)	170,688 (13.7)	186,661 (14.2)	12.2	9.4
Location of Treatment[c]							
Within health area[d] of residence	827,778 (88.3)	868,123 (87.9)	892,349 (88.5)	1,103,844 (88.7)	1,167,908 (88.9)	n/a	5.8
Outside health area[d] of residence	105,828 (11.3)	115,444 (11.7)	106,126 (10.5)	136,496 (11.0)	145,289 (11.1)	n/a	6.4
Patient Characteristics							
Sex							
Males	415,307 (44.3)	438,627 (44.4)	449,213 (44.5)	586,077 (47.1)	615,312 (46.7)	10.9	5.0
Females	522,599 (55.7)	548,988 (55.6)	559,285 (55.5)	658,813 (52.9)	702,314 (53.3)	7.8	6.6
Age Group							
Under 15 years	116,690 (12.4)	121,930 (12.3)	124,080 (12.3)	127,461 (10.2)	125,348 (9.5)	1.8	-1.7
15 to 44 years	331,075 (35.3)	346,546 (35.1)	344,385 (34.1)	390,774 (31.4)	420,388 (31.9)	6.3	7.6
45 to 64 years	236,213 (25.2)	251,464 (25.5)	260,981 (25.9)	345,500 (27.8)	371,405 (28.2)	12.5	7.5
65 years and over	253,928 (27.1)	267,675 (27.1)	279,052 (27.7)	381,155 (30.6)	400,485 (30.4)	12.8	5.1
GMS Status							
GMS (Medical card holders)	419,168 (44.7)	444,158 (45.0)	468,709 (46.5)	604,983 (48.6)	663,162 (50.3)	12.5	9.6
Non-GMS (Non-medical card holders)	479,275 (51.1)	508,152 (51.5)	510,389 (50.6)	579,950 (46.6)	620,708 (47.1)	6.8	7.0
Unknown[e]	39,463 (4.2)	35,305 (3.6)	29,400 (2.9)	59,957 (4.8)	33,756 (2.6)	8.2	-43.7
Public/Private Status[f]							
Public Discharges	704,312 (75.1)	735,282 (74.5)	748,966 (74.3)	963,620 (77.4)	1,037,584 (78.7)	10.6	7.7
Private Discharges	233,594 (24.9)	252,333 (25.5)	259,532 (25.7)	281,270 (22.6)	280,042 (21.3)	4.7	-0.4
Discharge Rate Per 1,000 Population[g]	**235.7**	**244.2**	**246.6**	**293.6**	**303.2**	**6.7**	**3.3**

Table 1.3: Number and Percentage Distribution of Acute Public Hospital Discharges, 2003-2007 (contd.)

	2003 (%)	2004 (%)	2005 (%)	2006 (%)	2007 (%)	Average Annual % Change[a] 2003-2007	% Change 2006-2007
Total Bed Days	**3,875,450**	**4,045,487**	**4,103,306**	**4,350,877**	**4,451,301**	**3.5**	**2.3**
Day Patients	389,637 (10.1)	425,978 (10.5)	443,654 (10.8)	662,096 (15.2)	718,851 (16.1)	17.8	8.6
Total In-Patients	3,485,813 (89.9)	3,619,509 (89.5)	3,659,652 (89.2)	3,688,781 (84.8)	3,732,450 (83.9)	1.7	1.2
Under 15 years	284,094 (7.3)	291,711 (7.2)	293,459 (7.2)	302,697 (7.0)	301,025 (6.8)	1.5	-0.6
15 to 44 years	817,077 (21.1)	827,592 (20.5)	823,802 (20.1)	834,045 (19.2)	863,476 (19.4)	1.4	3.5
45 to 64 years	731,623 (18.9)	757,389 (18.7)	759,715 (18.5)	769,340 (17.7)	790,809 (17.8)	2.0	2.8
65 years and over	1,653,019 (42.7)	1,742,817 (43.1)	1,782,676 (43.4)	1,782,699 (41.0)	1,777,140 (39.9)	1.9	-0.3
Average Length of Stay (Days)							
Total Discharges[h]	4.1	4.1	4.1	3.5	3.4	-4.4	-2.9
Total In-Patients	6.4	6.4	6.5	6.3	6.2	-0.8	-1.6
Acute[i]	4.9	4.9	4.9	4.8	4.7	-1.0	-2.1
Extended[j]	61.9	62.4	63.0	60.0	59.8	-0.8	-0.3
Total Hospital Beds in HIPE Hospitals[k]	**13,034**	**13,328**	**13,623**	**13,773**	**13,885**	**1.6**	**0.8**
Day Patient Beds	909 (7.0)	1,135 (8.5)	1,244 (9.1)	1,402 (10.2)	1,529 (11.1)	14.1	9.1
In-Patient Beds	12,125 (93.0)	12,193 (91.5)	12,379 (90.9)	12,371 (89.8)	12,356 (88.9)	0.5	-0.1

Notes: Percentages are reported in parentheses.

[a] The average annual percentage change is the average of the four annual percentage growth rates over the five years.

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

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

[d] Figures from 2003 to 2004 relate to Health Board/Regional Authority of Residence. The 2005 to 2007 data refer to HSE Area of Residence and are, therefore, not directly comparable with data from previous years.

[e] Includes discharges for whom GMS status was not known.

[f] Public/Private status refers to the patient's status on discharge, which may be public (private) if the patient saw the consultant publicly (privately). This does not relate to the type of bed occupied by the patient during the hospital stay.

[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 302.2 per 1,000 population.

[h] Includes day and in-patients.

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

[j] Restricted to lengths of stay of more than 30 days.

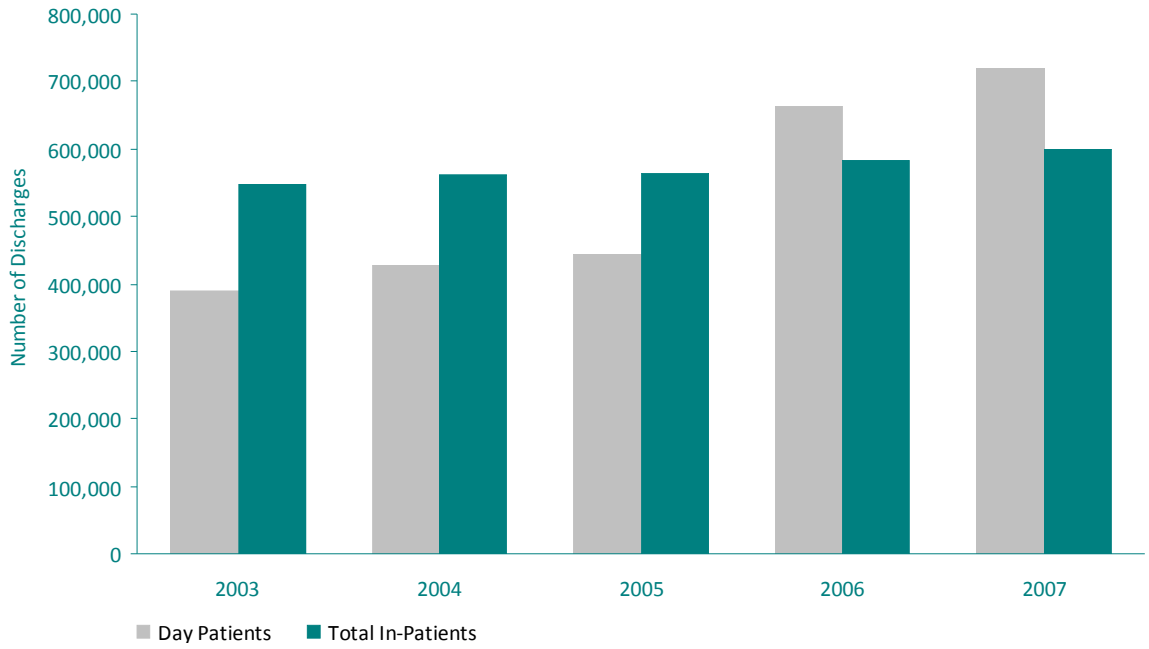
[k] For a small number of HIPE hospitals, bed numbers are not reported by the HSE and the DoH&C.

Source: Data on discharges and bed days for 2003 to 2006 were obtained from previous reports (see Health Research and Information Division, 2008, *Activity in Acute Public Hospitals in Ireland, 2006 Annual Report*, Dublin: The Economic and Social Research Institute).

For 2003 and 2004, population data used in the calculation of rates were obtained from the Public Health Information System (PHIS), which is maintained by the Information Unit at the Department of Health and Children. These data for intercensal years are updated as new data on population become available. There may, therefore, be some discrepancies between the population estimates used in earlier HIPE reports and those currently available for these years from the PHIS.
For 2006, population data were obtained from *Census 2006* (Central Statistics Office).
For 2005 and 2007, population data were obtained from the Economic and Social Research Institute.

Hospital bed data for 2003-2005 were obtained from the Department of Health and Children (2008).
Hospital bed data for 2006 and 2007 were obtained from the Performance Management Unit (PMU) in the National Hospitals Office of the Health Service Executive (2009). However, as outlined below for a number of hospitals it was necessary to obtain data directly from the hospital.
In 2006 and 2007, hospital bed data for Peamount Hospital, Incorporated Orthopaedic Hospital, Clontarf, and the National Rehabilitation Hospital, Dun Laoghaire were not collected as part of the PMU series so bed data were obtained directly from these hospitals.
In 2007, psychiatric bed data for four participating hospitals were not available from the PMU so these data were obtained directly from these hospitals.
From 2007 onwards delivery suites are no longer reported as part of in-patient capacity in the three Dublin Maternity Hospitals.
The data reported here and provided by the PMU estimates the number of beds as the average number of beds per day that were in use through the year and is exclusive of bed closures.

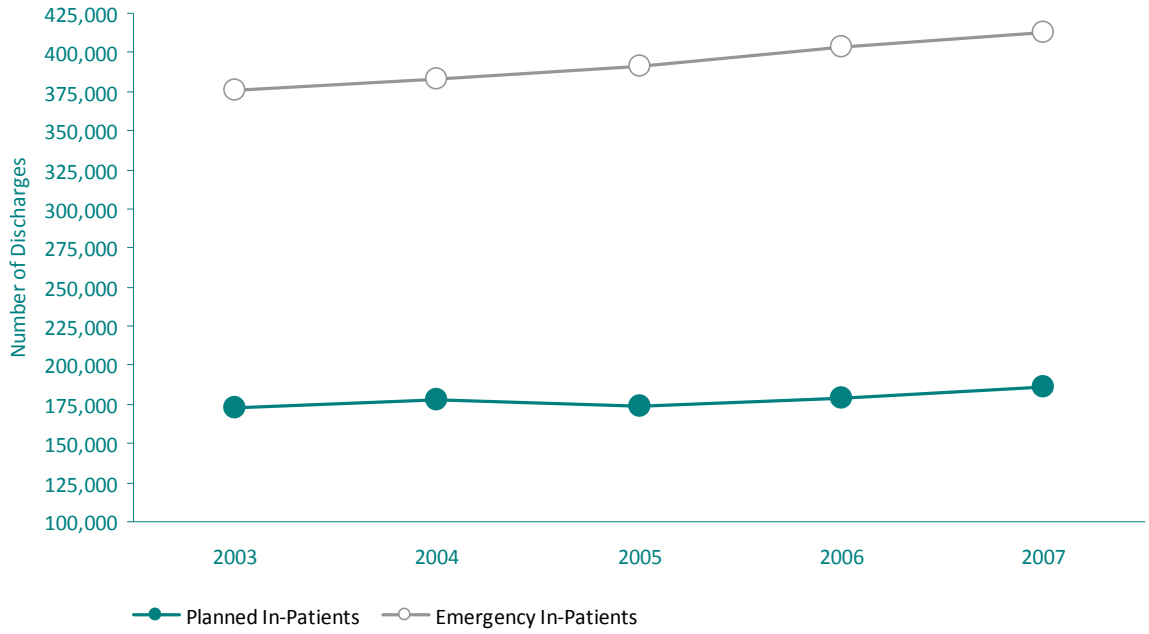
FIGURE 1.2
Total Discharges by Patient Type, 2003-2007



Note: See Appendix I for a list of hospitals that participated in HIPE in 2007.

Source: Data on discharges and bed days for 2003 to 2006 were obtained from previous reports (see HIPE and NPRS Unit, 2008. *Activity in Acute Public Hospitals in Ireland, 2006 Annual Report*, Dublin: The Economic and Social Research Institute).

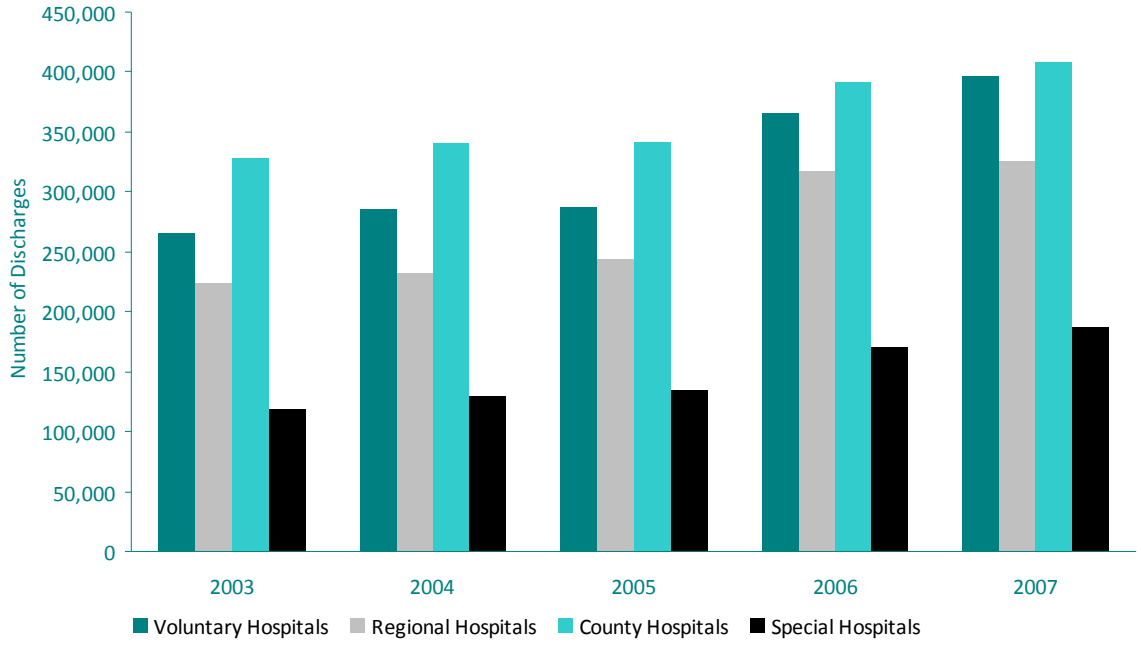
FIGURE 1.3
Total In-Patient Discharges by Type of In-Patient Admission, 2003-2007



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

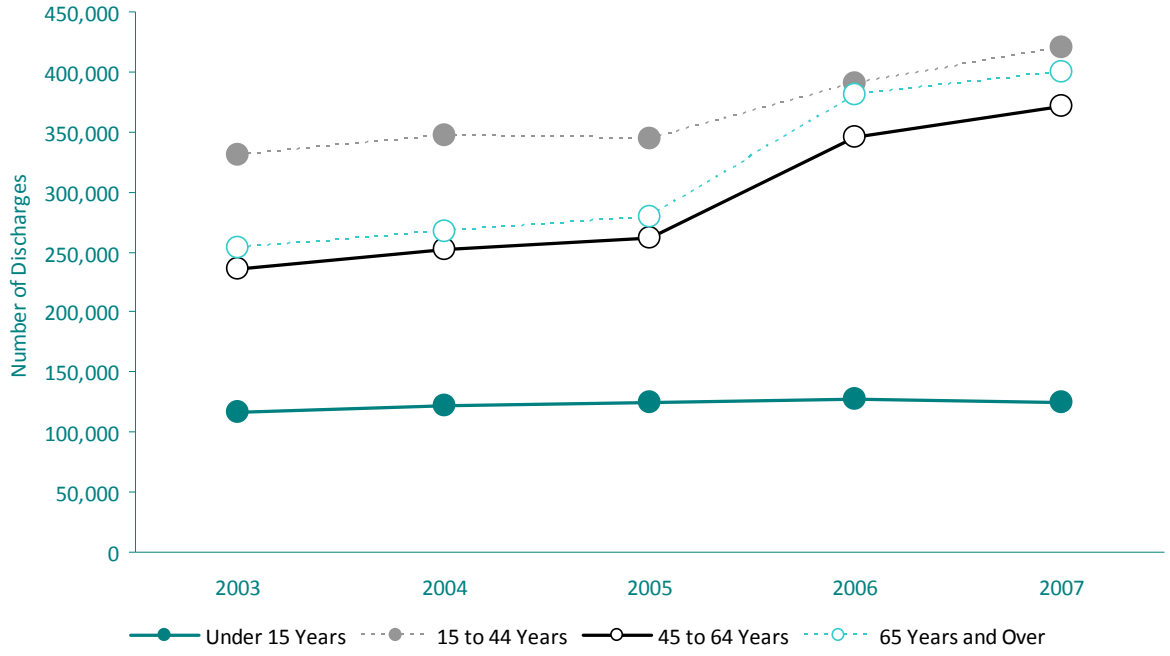
Source: As for Figure 1.2

FIGURE 1.4
Total Discharges by Hospital Type, 2003-2007



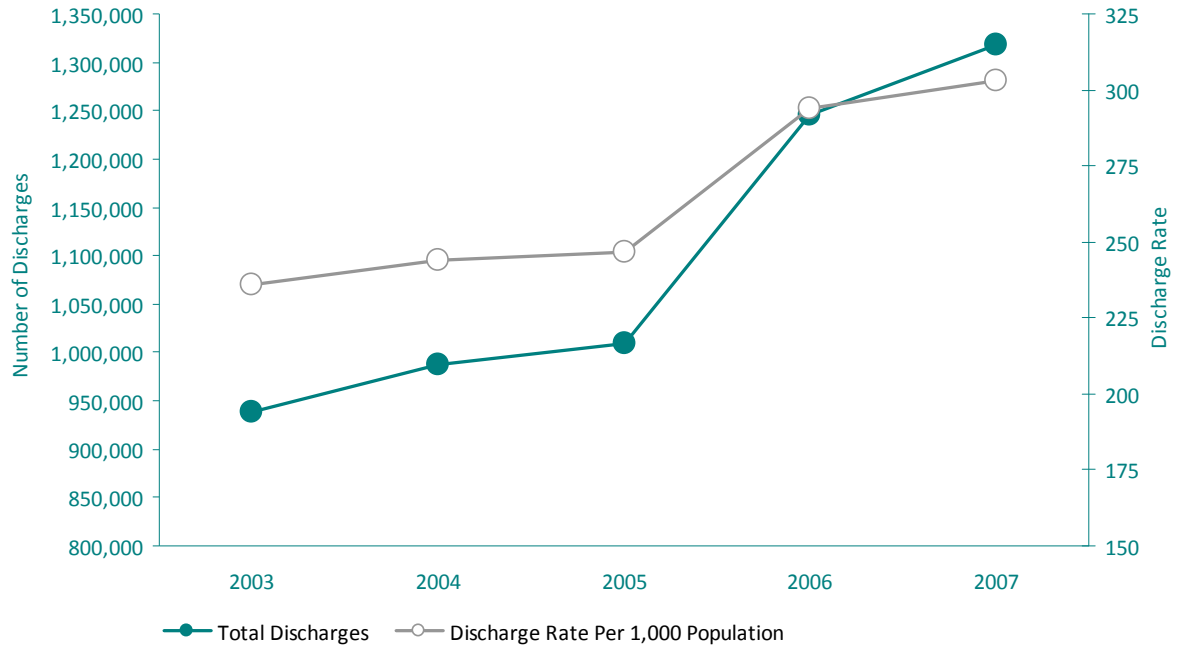
Source: As for Figure 1.2

FIGURE 1.5
Total Discharges by Age Group, 2003-2007



Source: As for Figure 1.2

FIGURE 1.6
Total Discharges and Discharge Rate (Per 1,000 Population), 2003-2007

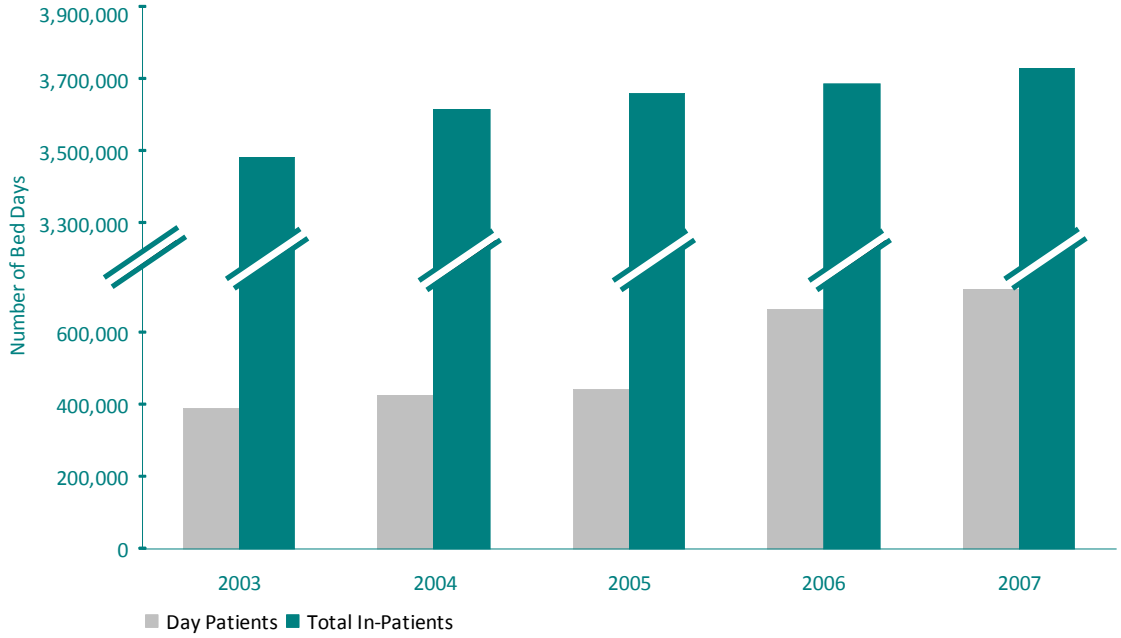


Note: Crude discharge rate is calculated as the ratio of total discharges to the population of Ireland, multiplied by 1,000. When those discharges with no fixed abode and who were living outside Ireland were excluded, the crude discharge rate was 302.2 per 1,000 population in 2007.

Source: For 2003 and 2004, population data, used in the calculation of discharge rates, were obtained from the PHIS, which is maintained by the Information Unit at the Department of Health and Children. These data for intercensal years are updated as new data on population become available. There may, therefore, be some discrepancies between the population estimates used in earlier HIPE reports and those currently available for these years from the PHIS. For 2006, population data were obtained from *Census 2006* (Central Statistics Office). For 2005 and 2007, population data were obtained from the Economic and Social Research Institute.

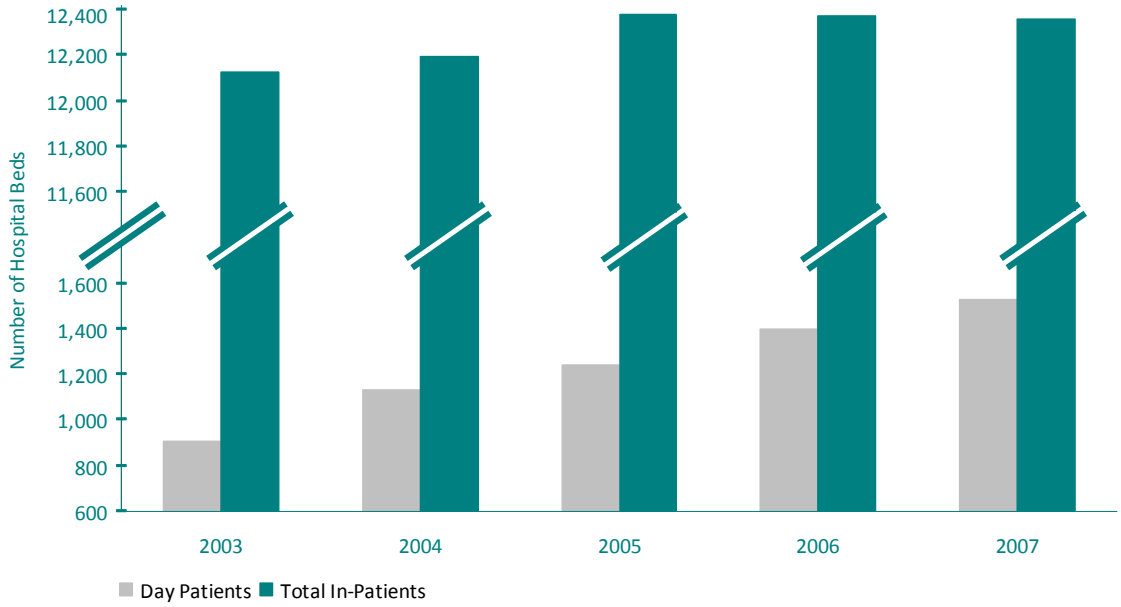
See additional sources under Figure 1.2

FIGURE 1.7
Bed Days by Patient Type, 2003-2007



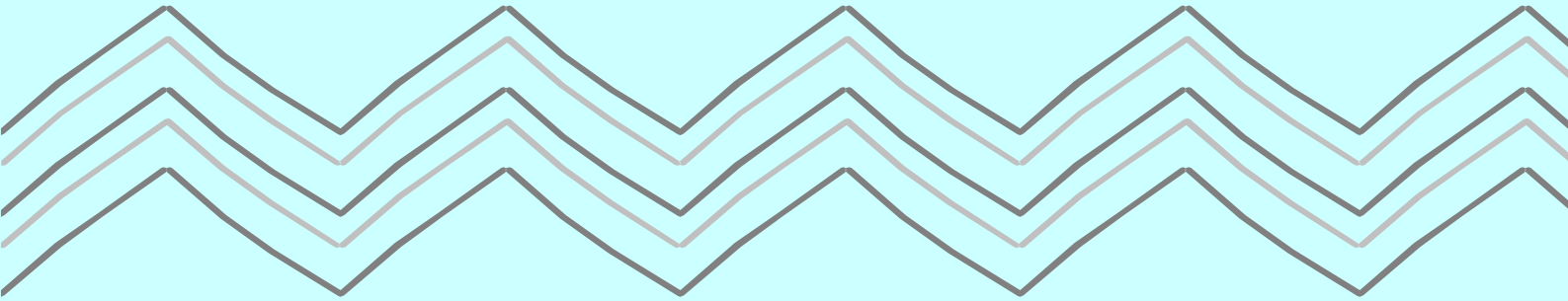
Source: As for Figure 1.2

FIGURE 1.8
Number of Beds in HIPE Hospitals by Bed Type, 2003-2007



Notes: For a small number of HIPE hospitals, bed numbers are not reported by the HSE and the DoH&C.

Source: Department of Health and Children (2009), Health Service Executive (2009).
See additional sources under Table 1.3.



Analysis of Acute Hospital Activity 2007

SECTION TWO

SUMMARY

Patient Type

- Of the 1,317,626 discharges reported to HIPE from acute public hospitals in Ireland in 2007, total in-patients comprised 45.4 per cent of total discharges and the remainder were day patients.
- Just over 61 per cent of total bed days were used by acute (0-30 days) in-patient discharges with the remainder used by extended stay (>30 days) in-patients and day patients.
- The average length of stay for total discharges in 2007 was 3.4 days, while average length of stay for acute in-patient discharges was 4.7 days.

Hospital Type

- General hospitals accounted for the majority (85.8 per cent) of total discharges, with special hospitals accounting for the remainder.
- Among the general hospitals, there were more day patients than in-patients treated in voluntary and regional hospitals, while the reverse was observed for county hospitals.
- Average length of stay for acute in-patients was longer in voluntary hospitals (6.1 days) than in regional and county hospitals (4.7 and 4.3 days, respectively).

Geographical Distribution of Discharges by HSE Areas of Hospitalisation and Residence

- Almost 31 per cent of total discharges in 2007 were treated in the HSE Dublin Mid Leinster hospitals.
- The HSE Dublin North East hospitals recorded an average length of stay of 4.9 days for acute in-patients, which was 5.3 per cent longer than the national average of 4.7 days for acute in-patients.
- HSE South hospitals had the lowest acute in-patient average length of stay (4.5 days) relative to other HSE areas.

Temporal Variation in Hospital Admission and Discharge Activity

Monthly Pattern of Hospital Admissions

- In 2007, the number of day patient admissions peaked in October. Planned in-patient admissions peaked in July and emergency in-patient admissions peaked in January.

Daily Pattern of Hospital Admissions and Discharges

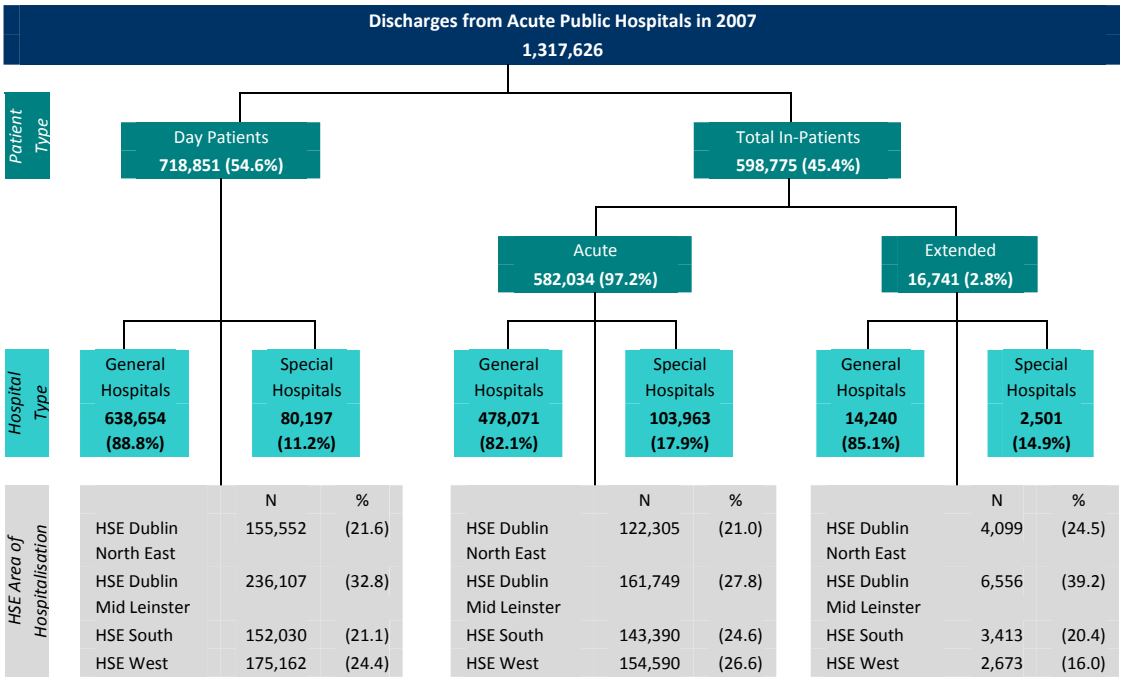
- While admissions were highest at the beginning of the week, over one-fifth of in-patient discharges were discharged on a Friday.

INTRODUCTION

In 2007, 1,317,626 discharges were reported to the Hospital In-Patient Enquiry (HIPE) Scheme by participating acute public hospitals (see Figure 2.1 and Table 2.1). This was equivalent to 303.2 discharges per 1,000 members of the population. The total number of bed days used was in excess of 4.4 million, representing a 2.3 per cent increase from 2006. On average, the length of stay for total discharges was 3.4 days.

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

FIGURE 2.1
Summary of Discharges from Acute Public Hospitals in 2007



Note: Percentage columns are subject to rounding.

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 2007, 54.6 per cent of total discharges were day patients and the remainder were in-patients. This relatively greater volume of day patient activity was apparent in the higher discharge rate for this group (165.4 per 1,000 for total day patients compared to 137.8 per 1,000 for total in-patients). Although day patients accounted for 54.6 per cent of total discharges, this group used only 16.1 per cent of total bed days. In contrast, total in-patients accounted for proportionately more bed days (83.9 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 2007, the majority were acute (97.2 per cent). Acute in-patients amounted to 44.2 per cent of total discharges and 61.4 per cent of total bed days. While only 1.3 per cent of total discharges were extended stay in-patients, this group used a disproportionate share of total bed days (22.5 per cent of total bed days). On average, acute in-patients remained in hospital for 4.7 days, while the average length of stay for total (acute and extended stay) in-patients was longer at 6.2 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	**718,851**	**54.6**	**165.4**	**718,851**	**16.1**	**165.4**	**-**
In-Patients							
Acute (0-30 days)	582,034	44.2	133.9	2,731,993	61.4	628.7	4.7
Extended (>30 days)	16,741	1.3	3.9	1,000,457	22.5	230.2	59.8
Total In-Patients	**598,775**	**45.4**	**137.8**	**3,732,450**	**83.9**	**859.0**	**6.2**
Total (Day and In-Patients)	**1,317,626**	**100**	**303.2**	**4,451,301**	**100**	**1,024.4**	**3.4**

Note: Percentage columns are subject to rounding.

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

HOSPITAL TYPE

Discharges are disaggregated by type of patient and hospital in Table 2.2. General hospitals treated the largest volume of total discharges (85.8 per cent), while the remainder were discharged from hospitals specialising in the treatment of particular conditions (hereafter referred to as special hospitals). The distribution of discharges between general and special hospitals varied slightly by patient type. General hospitals discharged 88.8 per cent of day patients and 82.2 per cent of total in-patients. Figure 2.2 shows that a higher proportion of day patients were discharged from general hospitals compared with special hospitals. There were also some differences between acute and extended stay in-patients. The proportion of acute in-patients discharged from general hospitals was slightly smaller than that for extended stay in-patients (82.1 per cent for acute in-patients and 85.1 per cent for extended stay in-patients).

General hospitals comprise voluntary, regional and county hospitals. In 2007, county hospitals and voluntary hospitals treated similar proportions of total discharges, accounting for 31.0 per cent and 30.1 per cent of total discharges respectively. The proportion of total discharges treated in regional hospitals was 24.7 per cent. Within the general hospital group, there were disparities in the types of patients discharged (see Figure 2.3). For instance, in voluntary and regional hospitals, the number of day patients exceeded the number of total in-patients, while the reverse was true for county hospitals. Furthermore, voluntary hospitals recorded the largest volume of day patients with 38.0 per cent of day patient discharges compared to 23.3 per cent for county hospitals and 27.5 per cent for regional hospitals. The number of acute in-patient discharges from county hospitals was over twice that from voluntary hospitals. Voluntary hospitals recorded the largest share of extended stay in-patients (41.2 per cent) compared to county (25.5 per cent) and regional (18.3 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). The cancer, orthopaedic and eye, ear, nose and throat hospitals were the only categories of special hospitals for which the number of day patients exceeded the number of total in-patients.

TABLE 2.2

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

	Day Patients			In-Patients									Total Discharges		
				Acute (0-30 days)			Extended (>30 days)			Total In-Patients					
	N	%	Rate	N	%	Rate	N	%	Rate	N	%	Rate	N	%	Rate
General Hospitals															
Voluntary	273,267	38.0	62.9	116,757	20.1	26.9	6,902	41.2	1.6	123,659	20.7	28.5	396,926	30.1	91.3
Regional	197,958	27.5	45.6	124,457	21.4	28.6	3,069	18.3	0.7	127,526	21.3	29.3	325,484	24.7	74.9
County	167,429	23.3	38.5	236,857	40.7	54.5	4,269	25.5	1.0	241,126	40.3	55.5	408,555	31.0	94.0
Total (General)	**638,654**	**88.8**	**147.0**	**478,071**	**82.1**	**110.0**	**14,240**	**85.1**	**3.3**	**492,311**	**82.2**	**113.3**	**1,130,965**	**85.8**	**260.3**
Special Hospitals															
Cancer	40,326	5.6	9.3	1,557	0.3	0.4	606	3.6	0.1	2,163	0.4	0.5	42,489	3.2	9.8
Eye, Ear, Nose and Throat	3,601	0.5	0.8	3,543	0.6	0.8	7	0.0	0.0	3,550	0.6	0.8	7,151	0.5	1.6
Long Stay	~	-	0.0	1,030	0.2	0.2	143	0.9	0.0	1,173	0.2	0.3	1,177	0.1	0.3
Maternity	5,960	0.8	1.4	68,954	11.8	15.9	494	3.0	0.1	69,448	11.6	16.0	75,408	5.7	17.4
Orthopaedic	11,290	1.6	2.6	9,324	1.6	2.1	786	4.7	0.2	10,110	1.7	2.3	21,400	1.6	4.9
Paediatric	19,014	2.6	4.4	18,834	3.2	4.3	332	2.0	0.1	19,166	3.2	4.4	38,180	2.9	8.8
Other Care[a]	~	-	0.0	721	0.1	0.2	133	0.8	0.0	854	0.1	0.2	856	0.1	0.2
Total (Special)	**80,197**	**11.2**	**18.5**	**103,963**	**17.9**	**23.9**	**2,501**	**14.9**	**0.6**	**106,464**	**17.8**	**24.5**	**186,661**	**14.2**	**43.0**
Total (All Hospital Types)	**718,851**	**100**	**165.4**	**582,034**	**100**	**133.9**	**16,741**	**100**	**3.9**	**598,775**	**100**	**137.8**	**1,317,626**	**100**	**303.2**

Notes: Percentage columns are subject to rounding.

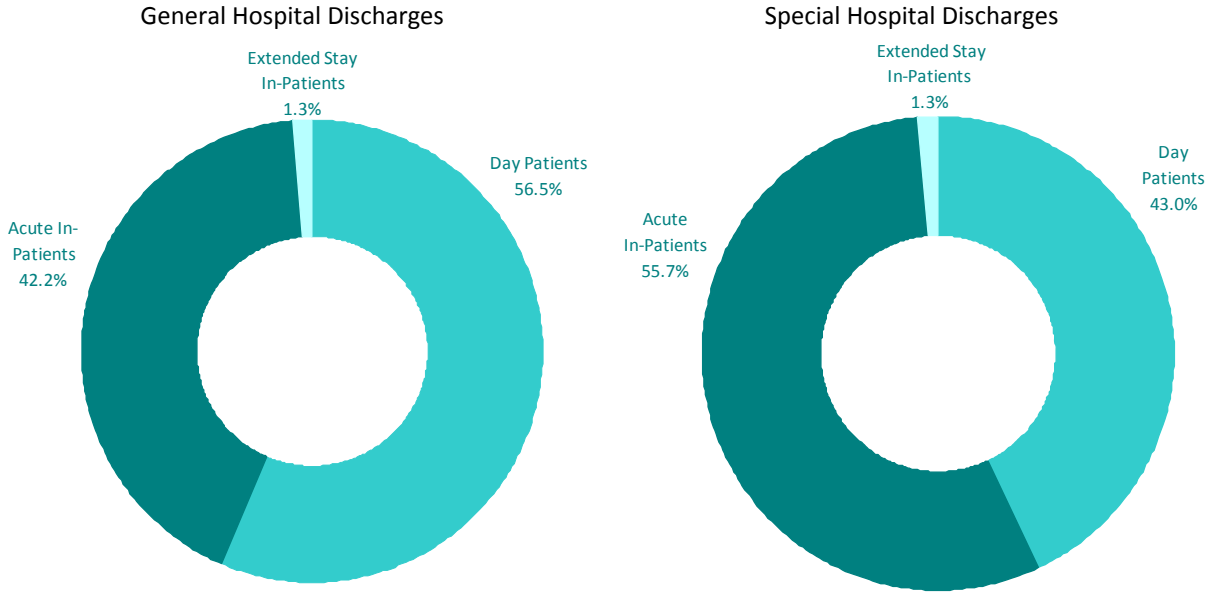
[a] 'Other care' hospitals provide a range of specialist services including infectious disease, elderly care, wound management and care of the young disabled.

~ denotes five or less discharges reported to HIPE.

See Appendix I for a list of hospitals that participated in HIPE in 2007.

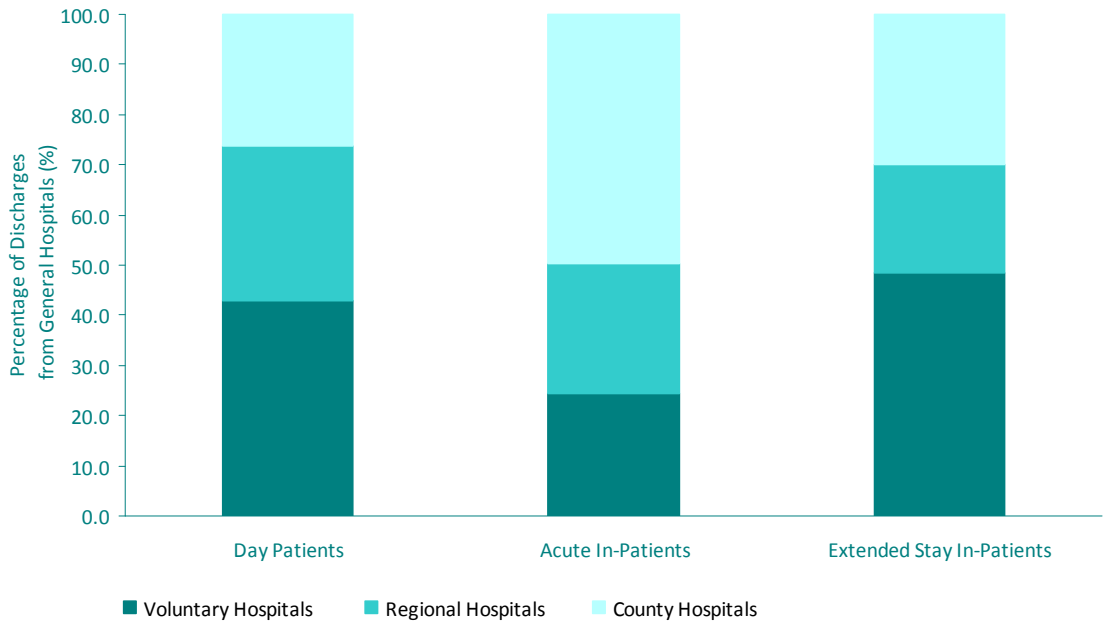
Source: Rates are based on population data from the ESRI (see Appendix III).

FIGURE 2.2
Total Discharges by Patient Type and Hospital Type



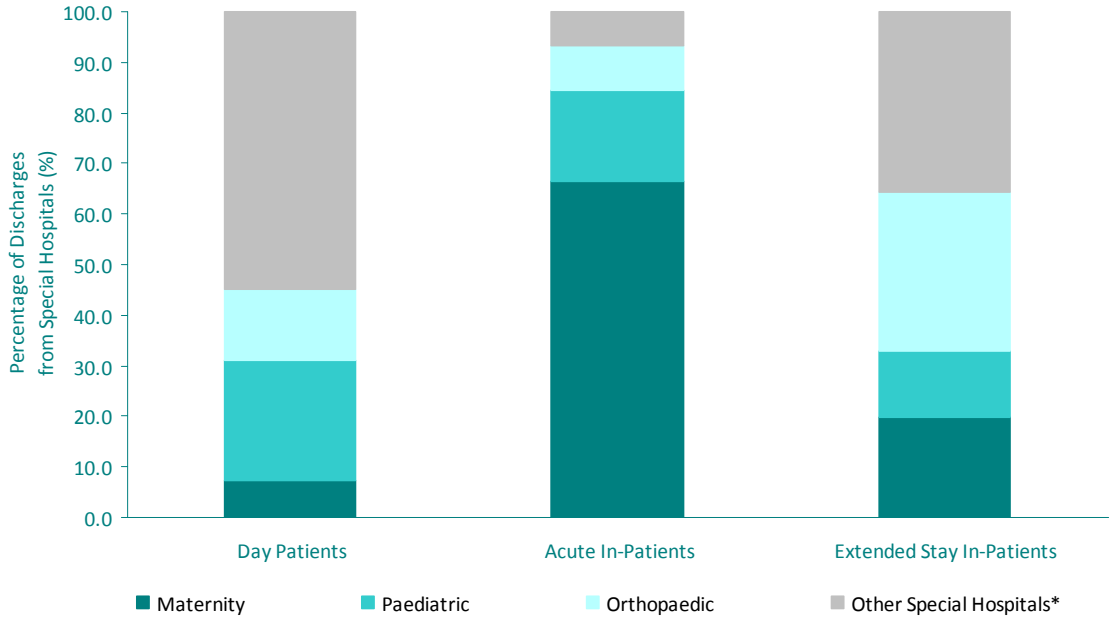
Notes: For the purposes of Figure 2.2, percentages were calculated using discharges from general and special hospitals as the denominator.
See Appendix I for a list of hospitals that participated in HIPE in 2007.

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



Notes: For the purposes of Figure 2.3, percentages were calculated using discharges from general hospitals as the denominator.
See Appendix I for a list of hospitals that participated in HIPE in 2007.

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



Notes: For the purposes of Figure 2.4, percentages were calculated using discharges from special hospitals as the denominator.
* Other special hospitals include 'cancer', 'eye, ear, nose and throat', 'long stay', and 'other care' hospitals.
See Appendix I for a list of hospitals that participated in HIPE in 2007.

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 85.9 per cent of total bed days compared to 14.1 per cent by discharges from special hospitals. The distribution of bed days within general and special hospitals by patient type was also comparable to that for discharges (see Figure 2.5). Similar proportions of bed days were used by acute and extended stay in-patients in general hospitals (85.1 per cent and 85.8 per cent respectively).

Within the group of general hospitals, discharges from regional hospitals accounted for 24.7 per cent of total discharges, but a lower proportion of total bed days (21.2 per cent). In contrast, the share of total bed days for voluntary and county hospitals was more than their respective shares of total discharges. Voluntary hospitals accounted for 30.1 per cent of total discharges and 32.5 per cent of total bed days, and county hospitals accounted for 31.0 per cent of total discharges and 32.2 per cent of total bed days. For total in-patients, the pattern remains the same for voluntary and regional hospitals, but for county hospitals the proportion of discharges is greater than the proportion of 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. Orthopaedic hospitals recorded the highest number of both extended stay in-patient discharges and extended stay in-patient bed days.

TABLE 2.3
Bed Days by Patient Type and Hospital Type

	Day Patient Bed Days		In-Patient Bed Days						Total Bed Days	
			Acute (0-30 days)		Extended (>30 days)		Total In-Patients			
	N	%	N	%	N	%	N	%	N	%
General Hospitals										
Voluntary	273,267	38.0	714,625	26.2	459,540	45.9	1,174,165	31.5	1,447,432	32.5
Regional	197,958	27.5	580,466	21.2	164,244	16.4	744,710	20.0	942,668	21.2
County	167,429	23.3	1,029,599	37.7	234,923	23.5	1,264,522	33.9	1,431,951	32.2
Total (General)	**638,654**	**88.8**	**2,324,690**	**85.1**	**858,707**	**85.8**	**3,183,397**	**85.3**	**3,822,051**	**85.9**
Special Hospitals										
Cancer	40,326	5.6	17,254	0.6	26,952	2.7	44,206	1.2	84,532	1.9
Eye, Ear, Nose and Throat	3,601	0.5	10,286	0.4	302	0.0	10,588	0.3	14,189	0.3
Long Stay	~	-	13,220	0.5	7,753	0.8	20,973	0.6	20,977	0.5
Maternity	5,960	0.8	216,218	7.9	25,395	2.5	241,613	6.5	247,573	5.6
Orthopaedic	11,290	1.6	75,196	2.8	51,320	5.1	126,516	3.4	137,806	3.1
Paediatric	19,014	2.6	68,275	2.5	21,119	2.1	89,394	2.4	108,408	2.4
Other Care[a]	~	-	6,854	0.3	8,909	0.9	15,763	0.4	15,765	0.4
Total (Special)	**80,197**	**11.2**	**407,303**	**14.9**	**141,750**	**14.2**	**549,053**	**14.7**	**629,250**	**14.1**
Total (All Hospital Types)	**718,851**	**100**	**2,731,993**	**100**	**1,000,457**	**100**	**3,732,450**	**100**	**4,451,301**	**100**

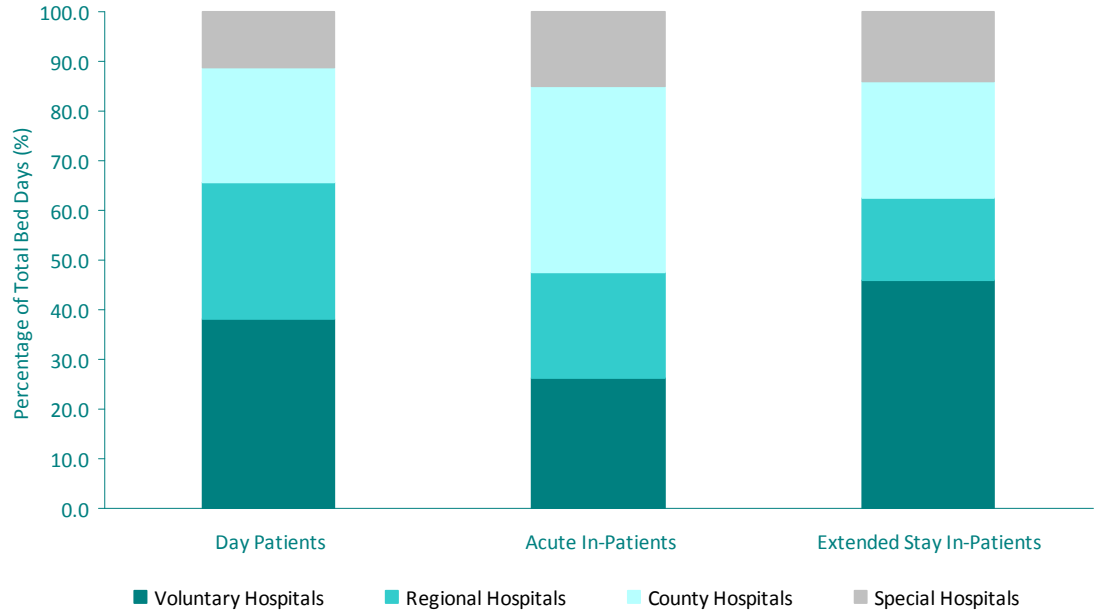
Notes: Percentage columns are subject to rounding.

[a] 'Other care' hospitals provide a range of specialist services including infectious disease, elderly care, wound management and care of the young disabled.

~ denotes five or less discharges reported to HIPE.

See Appendix I for a list of hospitals that participated in HIPE in 2007.

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



Note: See Appendix I for a list of hospitals that participated in HIPE in 2007.

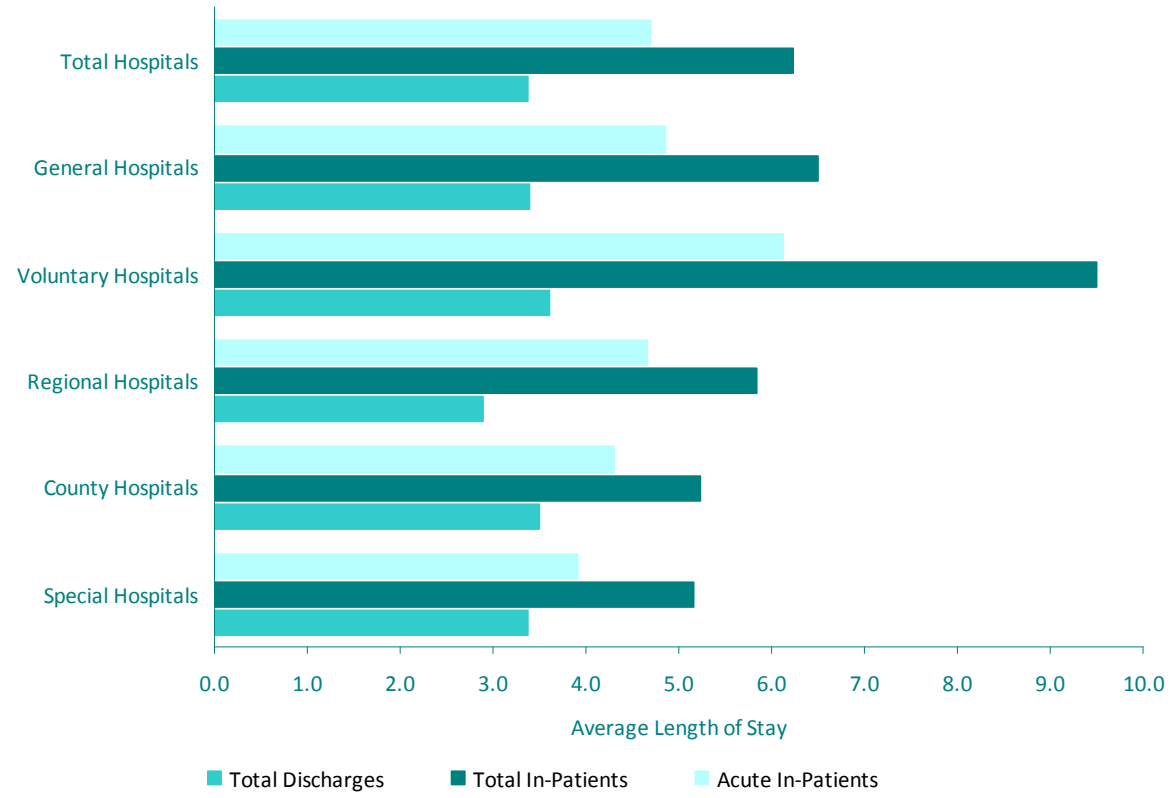
Average length of stay for in-patients and total discharges by hospital type is reported in Table 2.4. For total discharges, the average length of stay in general hospitals was the same as that in special hospitals (3.4 days). The average length of stay for both acute and total in-patients was shorter in special hospitals (3.9 days for acute in-patients and 5.2 days for total in-patients in special hospitals, and 4.9 days for acute in-patients and 6.5 days for total in-patients in general hospitals). The average length of stay for extended stay in-patients was 3.6 days longer in general hospitals compared to special hospitals (60.3 days for general hospitals and 56.7 days for special hospitals). As shown in Figure 2.6, in-patient and total discharges from voluntary hospitals had a consistently longer average length of stay compared to the other two types of general hospitals. Cancer hospitals recorded the longest in-patient average length of stay of the special hospitals.

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

	In-Patients			Total Discharges[a]
	Acute (0-30 days)	Extended (>30 days)	Total In-Patients	
General Hospitals				
Voluntary	6.1	66.6	9.5	3.6
Regional	4.7	53.5	5.8	2.9
County	4.3	55.0	5.2	3.5
Total (General)	**4.9**	**60.3**	**6.5**	**3.4**
Special Hospitals				
Cancer	11.1	44.5	20.4	2.0
Eye, Ear, Nose and Throat	2.9	43.1	3.0	2.0
Long Stay	12.8	54.2	17.9	17.8
Maternity	3.1	51.4	3.5	3.3
Orthopaedic	8.1	65.3	12.5	6.4
Paediatric	3.6	63.6	4.7	2.8
Other Care[b]	9.5	67.0	18.5	18.4
Total (Special)	**3.9**	**56.7**	**5.2**	**3.4**
Total (All Hospital Types)	**4.7**	**59.8**	**6.2**	**3.4**

Notes: [a] Includes day and in-patients.
[b] 'Other care' hospitals provide a range of specialist services including infectious disease, elderly care, wound management and care of the young disabled.
See Appendix I for a list of hospitals that participated in HIPE in 2007.

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



Notes: 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.
See Appendix I for a list of hospitals that participated in HIPE in 2007.

Beds in hospitals that participate in HIPE are presented in Table 2.5 by bed and hospital type. In 2007, there were 13,885 beds in hospitals that participated in HIPE (excluding one long stay hospital and one 'other care' hospital). Of these, 1,529 beds were allocated for the treatment of day patients and the remaining beds were assigned to 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. Just over one-third of all hospital beds were in county hospitals.

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

	Day Patient Beds		In-Patient Beds		Total Hospital Beds	
	N	%	N	%	N	%
General Hospitals						
Voluntary	481	31.5	3,688	29.8	4,169	30.0
Regional	379	24.8	2,540	20.6	2,919	21.0
County	483	31.6	4,265	34.5	4,748	34.2
Total (General)	**1,343**	**87.8**	**10,493**	**84.9**	**11,836**	**85.2**
Special Hospitals[a]						
Cancer	20	1.3	159	1.3	179	1.3
Eye, Ear, Nose and Throat	20	1.3	45	0.4	65	0.5
Maternity	49	3.2	776	6.3	825	5.9
Orthopaedic	37	2.4	514	4.2	551	4.0
Paediatric	60	3.9	315	2.5	375	2.7
Other Care[b]	0	0.0	54	0.4	54	0.4
Total (Special)	**186**	**12.2**	**1,863**	**15.1**	**2,049**	**14.8**
Total (All Hospital Types)	**1,529**	**100**	**12,356**	**100**	**13,885**	**100**

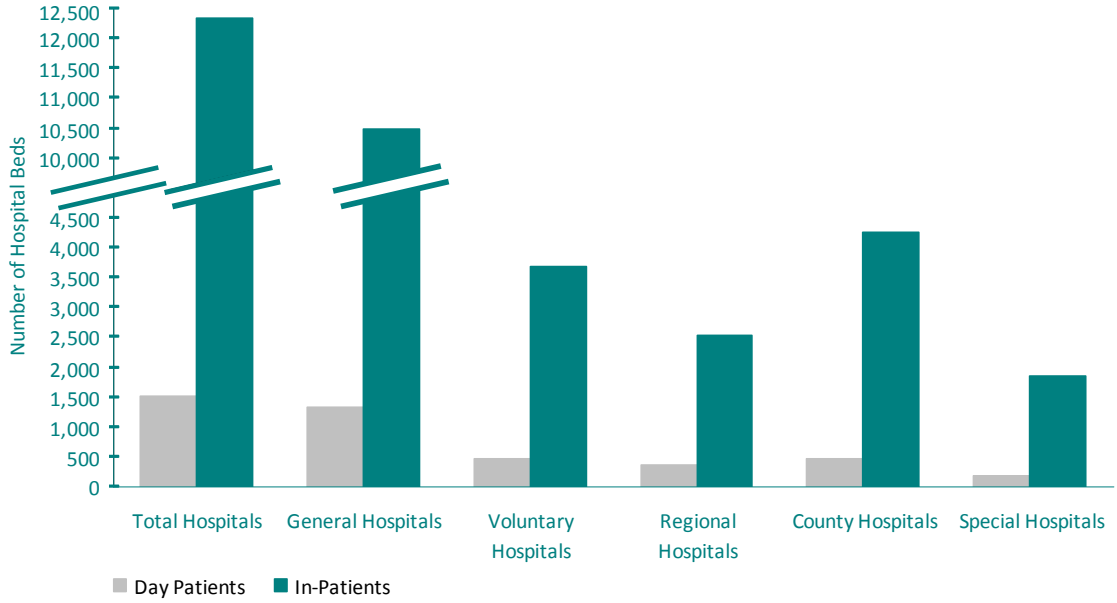
Notes: HIPE hospitals refers to hospitals that participated in HIPE in 2007, for further details see Appendix I.

[a] For a small number of HIPE hospitals, bed numbers are not reported by the HSE and the DoH&C.

[b] 'Other care' hospitals provide a range of specialist services including infectious disease, elderly care, wound management and care of the young disabled.

Source: Performance Management Unit (PMU), National Hospitals Office, Health Service Executive (June 2009). The data reported here and provided by the PMU estimates the number of beds as the average number of beds per day that were in use through the year and is exclusive of bed closures. Data for Peamount Hospital, Incorporated Orthopaedic Hospital, Clontarf, and the National Rehabilitation Hospital, Dun Laoghaire, are not collected as part of the PMU series so bed data for 2007 were obtained directly from these hospitals. Psychiatric beds are included for all hospitals. Psychiatric bed data were obtained directly for four of the participating hospitals as this data was not available from the PMU. From 2007 onwards delivery suites are no longer reported as part of inpatient capacity in the three Dublin Maternity Hospitals.

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



Notes: HIPE hospitals refers to hospitals that participated in HIPE in 2007, for further details see Appendix I.
For a small number of HIPE hospitals, bed numbers are not reported by the HSE and the DoH&C.

Source: As for Table 2.5.

GEOGRAPHICAL DISTRIBUTION OF DISCHARGES BY HSE AREAS OF HOSPITALISATION AND RESIDENCE

HSE Area of Hospitalisation

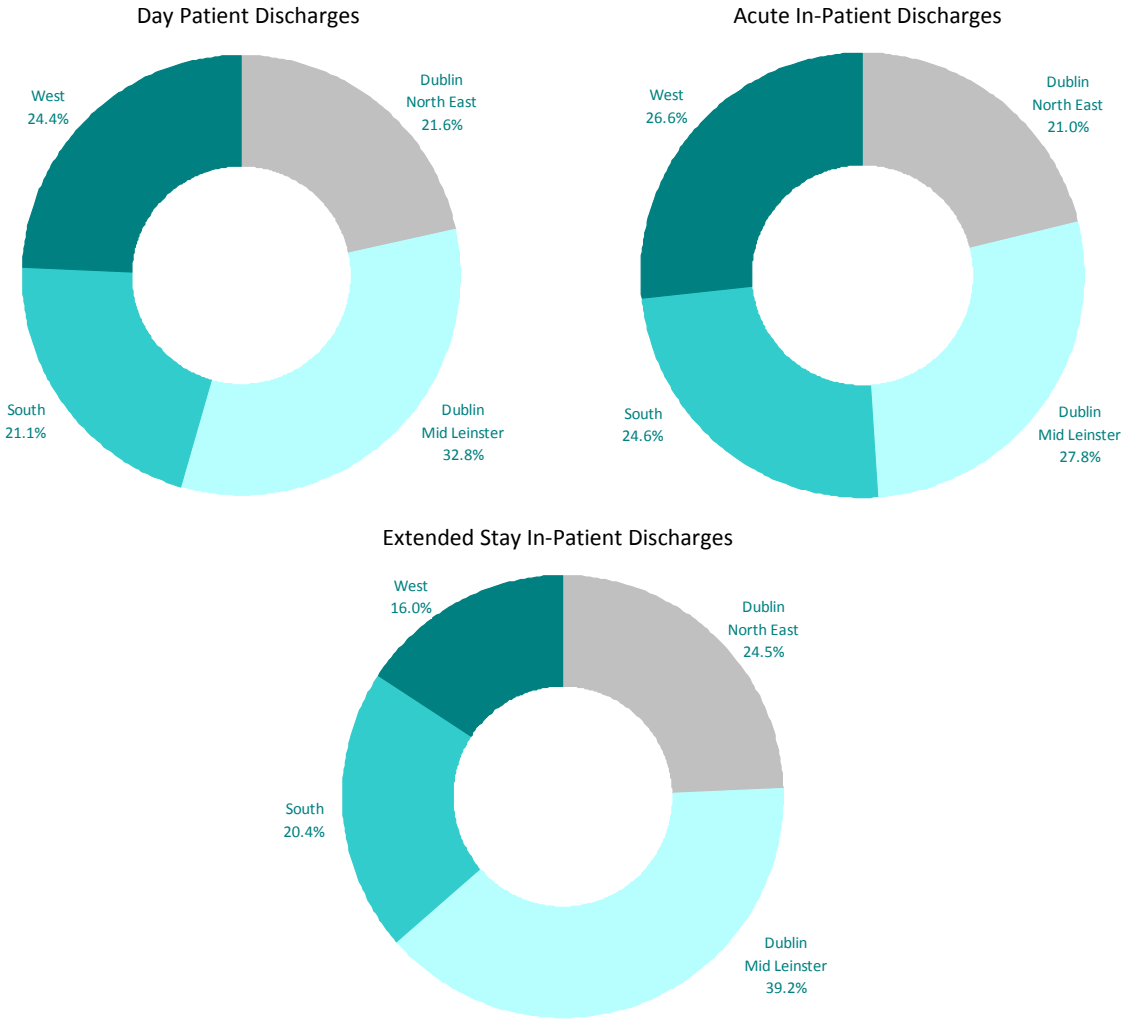
The distribution of discharges by the HSE area of hospitalisation is presented in Table 2.6. Of the total discharges reported to HIPE in 2007, 30.7 per cent were treated in HSE Dublin Mid Leinster. Irrespective of patient type, the HSE Dublin Mid Leinster area treated the highest number of discharges. In particular, almost 33 per cent of day patients were discharged from hospitals in the HSE Dublin Mid Leinster area, while 39.2 per cent of extended stay in-patients received treatment in this area (see Figure 2.8). The HSE South and HSE West areas both treated a higher proportion of acute in-patient discharges than extended stay in-patient discharges. The lowest proportion of total discharges were treated in HSE Dublin North East (21.4 per cent).

TABLE 2.6
Discharges by Patient Type and HSE Area of Hospitalisation

	Day Patients		In-Patients						Total Discharges	
			Acute (0-30 days)		Extended (>30 days)		Total In-Patients			
	N	%	N	%	N	%	N	%	N	%
HSE Dublin North East	155,552	21.6	122,305	21.0	4,099	24.5	126,404	21.1	281,956	21.4
HSE Dublin Mid Leinster	236,107	32.8	161,749	27.8	6,556	39.2	168,305	28.1	404,412	30.7
HSE South	152,030	21.1	143,390	24.6	3,413	20.4	146,803	24.5	298,833	22.7
HSE West	175,162	24.4	154,590	26.6	2,673	16.0	157,263	26.3	332,425	25.2
Total	**718,851**	**100**	**582,034**	**100**	**16,741**	**100**	**598,775**	**100**	**1,317,626**	**100**

Note: Percentage columns are subject to rounding.

FIGURE 2.8
Percentage of Total Discharges by Patient Type and HSE Area of Hospitalisation



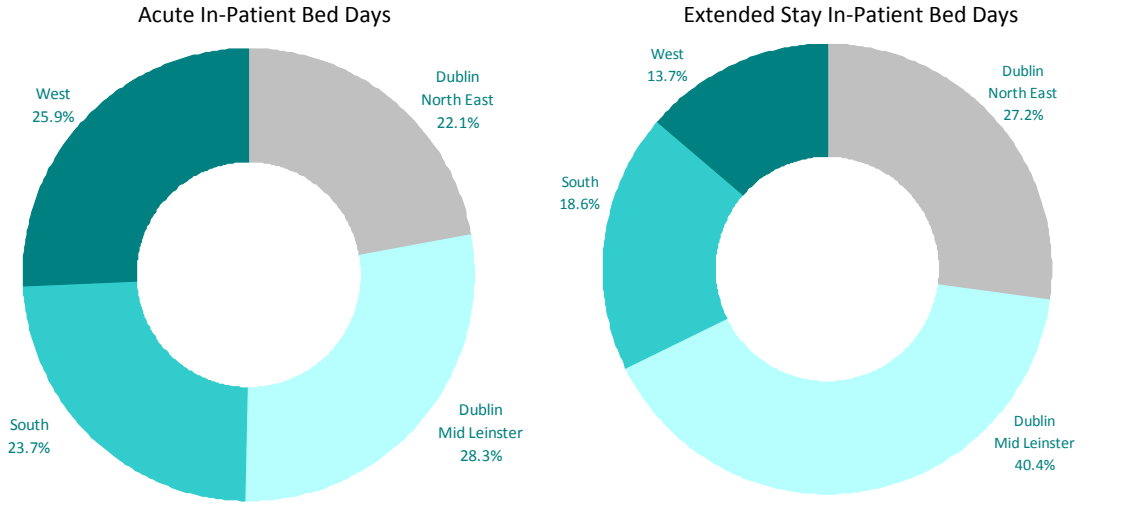
The distribution of bed days by HSE area of hospitalisation and patient type is reported in Table 2.7. In keeping with the trend reported for discharges in Table 2.6, the HSE Dublin Mid Leinster area recorded the highest number of total bed days, over 1.4 million, in 2007. The HSE South and HSE West areas accounted for 22.1 per cent and 22.9 per cent of total bed days respectively. Over 28 per cent of acute in-patient bed days and more than four in every ten extended stay in-patient bed days were reported for the HSE Dublin Mid Leinster area (see Figure 2.9). Bed days for acute in-patients reported for the HSE Dublin Mid Leinster area was 1.9 times that reported for extended stay in-patients in the area.

TABLE 2.7
Bed Days by Patient Type and HSE Area of Hospitalisation

	Day Patient Bed Days		In-Patient Bed Days						Total Bed Days	
			Acute (0-30 days)		Extended (>30 days)		Total In-Patients			
	N	%	N	%	N	%	N	%	N	%
HSE Dublin North East	155,552	21.6	604,609	22.1	272,448	27.2	877,057	23.5	1,032,609	23.2
HSE Dublin Mid Leinster	236,107	32.8	773,741	28.3	404,442	40.4	1,178,183	31.6	1,414,290	31.8
HSE South	152,030	21.1	647,210	23.7	186,159	18.6	833,369	22.3	985,399	22.1
HSE West	175,162	24.4	706,433	25.9	137,408	13.7	843,841	22.6	1,019,003	22.9
Total	**718,851**	**100**	**2,731,993**	**100**	**1,000,457**	**100**	**3,732,450**	**100**	**4,451,301**	**100**

Note: Percentage columns are subject to rounding.

FIGURE 2.9
Percentage of Total In-Patient Bed Days by Patient Type and HSE Area of Hospitalisation



As shown in Tables 2.6 and 2.7, the proportion of total bed days (23.2 per cent) used by hospitals in the HSE Dublin North East area was larger than the proportion of total discharges (21.4 per cent) treated in that area. Table 2.8 shows that the average length of stay recorded for total discharges from hospitals in the HSE Dublin North East area was longer than that for hospitals across all HSE areas, at 3.7 days and 3.4 days respectively. The lowest average length of stay for total discharges was from hospitals in HSE West (3.1 days).

As shown in Figure 2.10, the average duration of hospitalisation for acute in-patients was 4.7 days for discharges from all HIPE hospitals. The average length of stay was highest in hospitals in the HSE Dublin North East area at 4.9 days and lowest in the HSE South at 4.5 days. For extended stay in-patients, regional variation in duration of hospitalisation was more apparent. In the HSE Dublin North East the average length of stay for extended stay in-patients was 66.5 days, this was almost 5 days longer than that in HSE Dublin Mid Leinster (61.7 days). In the HSE South and HSE West areas the average length of stay for this group was 54.5 and 51.4 days respectively.

TABLE 2.8
Average Length of Stay (Days) by Patient Type and HSE Area of Hospitalisation

	In-Patients			Total Discharges[a]
	Acute (0-30 days)	Extended (>30 days)	Total In-Patients	
HSE Dublin North East	4.9	66.5	6.9	3.7
HSE Dublin Mid Leinster	4.8	61.7	7.0	3.5
HSE South	4.5	54.5	5.7	3.3
HSE West	4.6	51.4	5.4	3.1
Total	**4.7**	**59.8**	**6.2**	**3.4**

Note: [a] Includes day and in-patients.

FIGURE 2.10
Acute In-Patient Average Length of Stay (Days) by HSE Area of Hospitalisation

HSE Area of Residence

While Table 2.6 shows the distribution of discharges by HSE area of hospitalisation, Table 2.9 focuses on discharges by HSE area of residence. Over 30 per cent of total discharges were treated in hospitals in the HSE Dublin Mid Leinster area but a smaller proportion of total discharges were resident in this area (27.6 per cent). Residents in the HSE Dublin Mid Leinster area accounted for the highest proportion of extended stay in-patients (33.2 per cent). Similar proportions of day patients, acute and extended stay in-patients and total discharges were resident in the HSE Dublin North East area as were hospitalised in this area.

The numbers of discharges have been adjusted for the size of the population in each of the HSE areas reported in Table 2.9 to produce discharge rates. There was notable variation in the discharge rates across the four areas (see Figures 2.11 to 2.15). For every 1,000 members of the population resident in HSE South area there were 284.2 total discharges in 2007, which was the lowest of all the health areas. In contrast, in the HSE West area there were 334.6 total discharges for every 1,000 members of the population, which equated to over 50 more discharges per 1,000 compared to the HSE South area (see Figure 2.15).

The HSE West area recorded the highest discharge rate for day patients, with 177.4 day patient discharges per 1,000 members of the population. This discharge rate was 19.7 per cent higher than that for the HSE South area, which recorded the lowest discharge rate for day patients (148.2 per 1,000).

Residents of the HSE West area were more likely to be discharged from hospital as acute in-patients than residents in the other HSE areas. The acute in-patient discharge rate for HSE West was 154.0 per 1,000 compared to the overall acute in-patient discharge rate of 133.1 per 1,000 across all HSE areas. The highest number of total in-patient discharges per 1,000

members of the population was also recorded by HSE West (157.1 per 1,000). The discharge rate for extended stay in-patient discharges was highest in the HSE Dublin Mid Leinster area (4.4 per 1,000).

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

TABLE 2.9

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

	Day Patients			In-Patients									Total Discharges		
				Acute (0-30 days)			Extended (>30 days)			Total In-Patients					
	N	%	Rate	N	%	Rate	N	%	Rate	N	%	Rate	N	%	Rate
HSE Dublin North East	164,848	23.0	172.4	121,354	21.0	126.9	3,978	23.8	4.2	125,332	21.1	131.1	290,180	22.1	303.5
HSE Dublin Mid Leinster	205,246	28.6	164.7	151,047	26.1	121.2	5,533	33.2	4.4	156,580	26.3	125.6	361,826	27.6	290.3
HSE South	164,090	22.9	148.2	146,640	25.3	132.5	3,899	23.4	3.5	150,539	25.3	136.0	314,629	24.0	284.2
HSE West	183,790	25.6	177.4	159,497	27.6	154.0	3,275	19.6	3.2	162,772	27.3	157.1	346,562	26.4	334.6
Total	**717,974**	**100**	**165.2**	**578,538**	**100**	**133.1**	**16,685**	**100**	**3.8**	**595,223**	**100**	**137.0**	**1,313,197**	**100**	**302.2**[b]

Notes: Percentage columns are subject to rounding.

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

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

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

FIGURE 2.11
Discharge Rate (Per 1,000 Population) for Day Patients by HSE Area of Residence

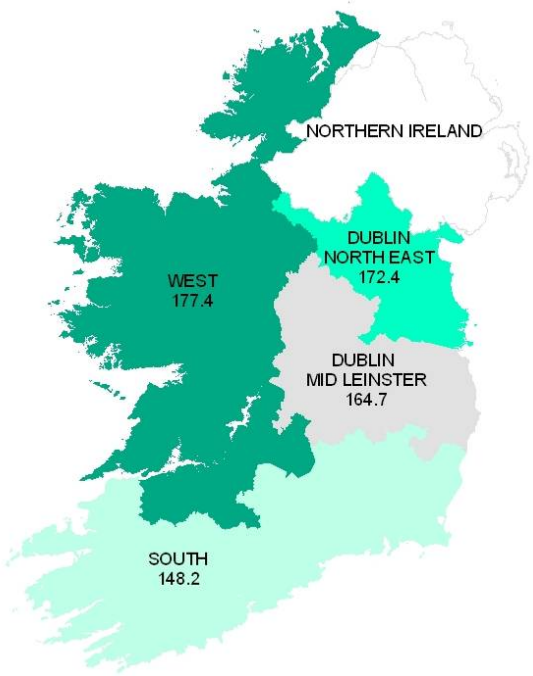


FIGURE 2.12
Discharge Rate (Per 1,000 Population) for Acute In-Patients by HSE Area of Residence

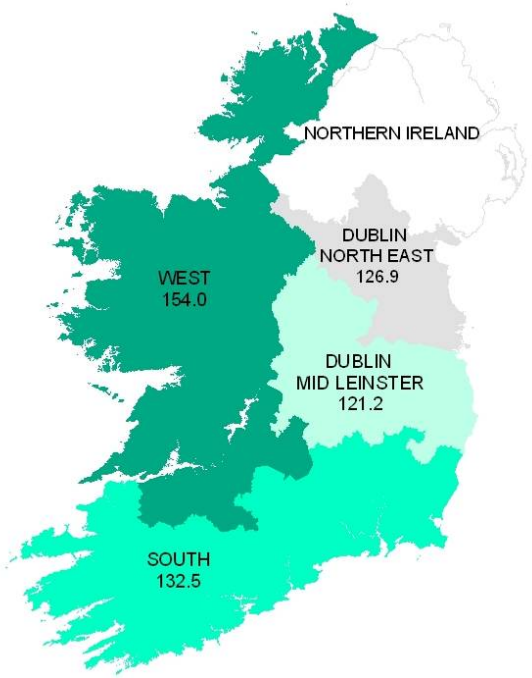


FIGURE 2.13
Discharge Rate (Per 1,000 Population) for Extended Stay In-Patients by HSE Area of Residence

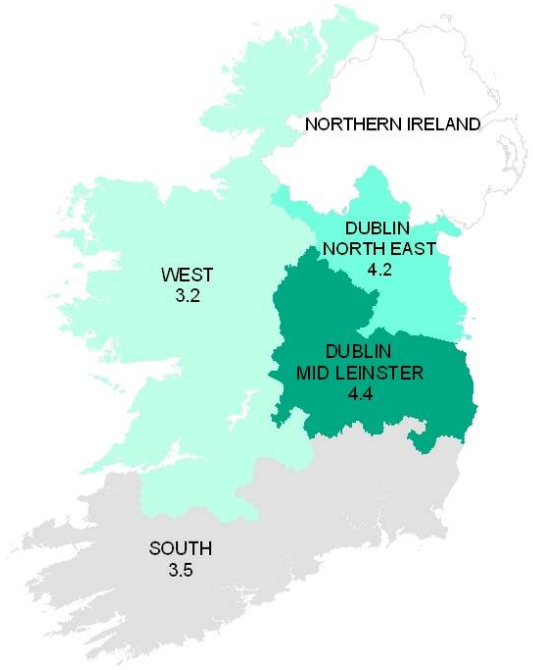


FIGURE 2.14
Discharge Rate (Per 1,000 Population) for Total In-Patients by HSE Area of Residence

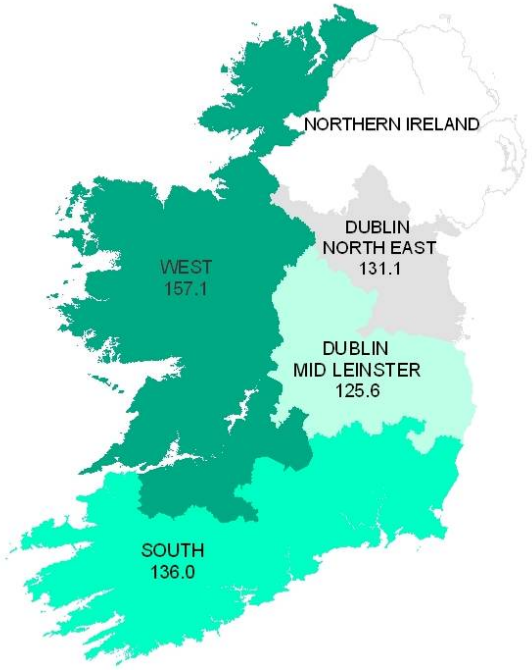
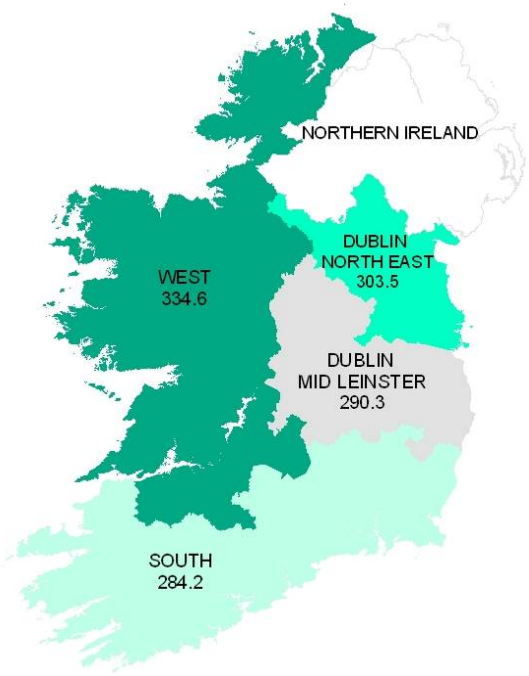


FIGURE 2.15
Discharge Rate (Per 1,000 Population) for Total Discharges by HSE Area of Residence



DISTRIBUTION OF BEDS IN HIPE HOSPITALS

The distribution of beds in HIPE hospitals by HSE area is presented in Table 2.10 and demonstrated in Figure 2.16. Approximately 30 per cent of total hospital beds were concentrated in HSE Dublin Mid Leinster. This area also had a higher proportion of day patient and in-patient beds than the other areas. Almost one out of every three in-patient beds were located in hospitals within the HSE Dublin Mid Leinster area, which was higher than the proportion of total in-patients, 28.1 per cent, hospitalised in this area, (see Table 2.6). In contrast, 26.3 per cent of total in-patient discharges were hospitalised in HSE West (see Table 2.6), and 23.0 per cent of total in-patient beds were located in this area.

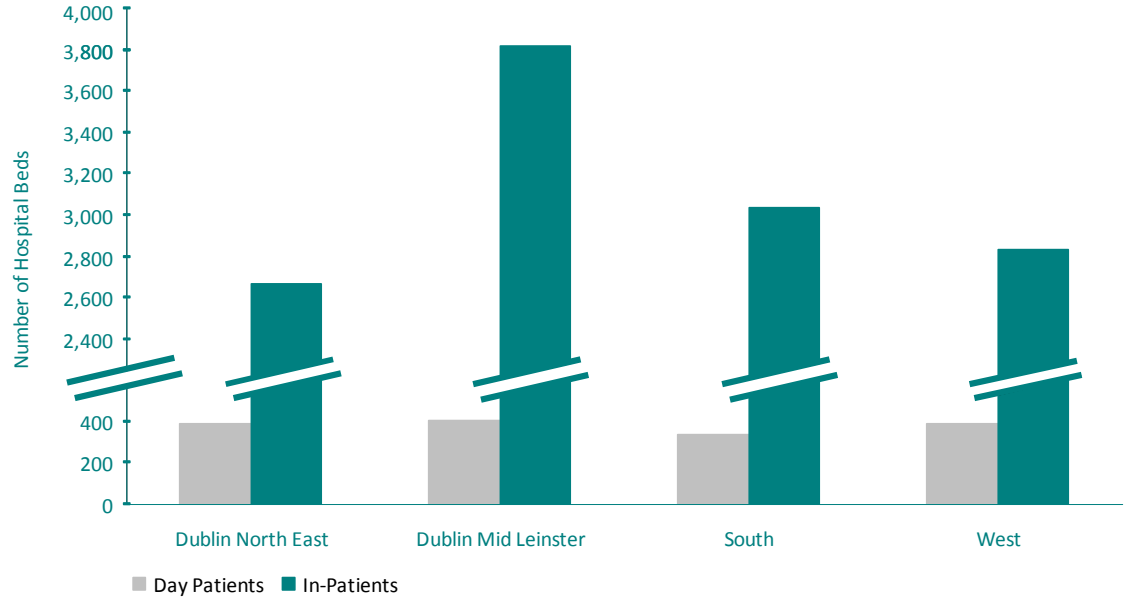
TABLE 2.10
Beds in HIPE Hospitals by Bed Type and HSE Area

	Day Patient Beds		In-Patient Beds		Total Hospital Beds	
	N	%	N	%	N	%
HSE Dublin North East	394	25.8	2,667	21.6	3,061	22.0
HSE Dublin Mid Leinster	407	26.6	3,819	30.9	4,226	30.4
HSE South	339	22.2	3,034	24.6	3,373	24.3
HSE West	389	25.4	2,836	23.0	3,225	23.2
Total	**1,529**	**100**	**12,356**	**100**	**13,885**	**100**

Notes: HIPE hospitals refers to hospitals that participated in HIPE in 2007, for further details see Appendix I.
For a small number of HIPE hospitals, bed numbers are not reported by the HSE and the DoH&C.

Source: As for Table 2.5.

FIGURE 2.16
Beds in HIPE Hospitals by Bed Type and HSE Area of Hospitalisation



Notes: HIPE hospitals refers to hospitals that participated in HIPE in 2007, for further details see Appendix I.
For a small number of HIPE hospitals, bed numbers are not reported by the HSE and the DoH&C.

Source: As for Table 2.5.

The number of hospital beds has been adjusted for population size in each HSE area in Table 2.11 and Figure 2.17. On average, there were 3.2 beds per 1,000 population across all HSE areas. This ratio varied from 3.0 beds per 1,000 in the HSE South to 3.4 beds per 1,000 in the HSE Dublin Mid Leinster area.

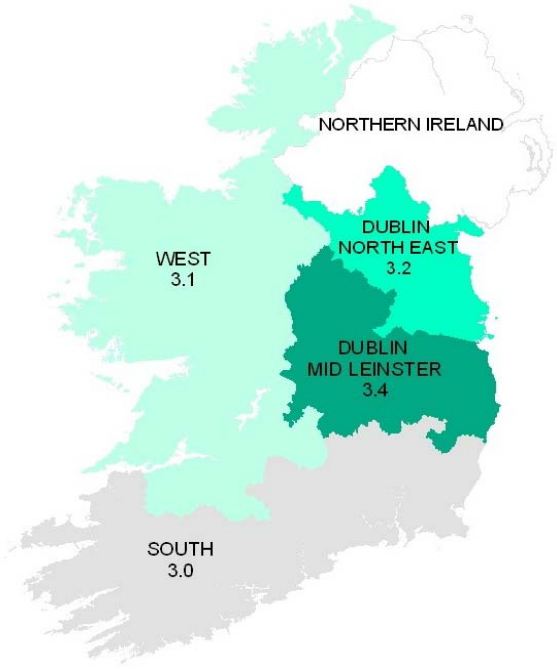
TABLE 2.11
Beds in HIPE Hospitals (Per 1,000 Population) by HSE Area[a]

	Hospital Beds (Per 1,000 Population)[b]
HSE Dublin North East	3.2
HSE Dublin Mid Leinster	3.4
HSE South	3.0
HSE West	3.1
Total	**3.2**

Notes: [a] Caution should be exercised in interpreting the rates, as they pertain to the population resident in each HSE area, and do not therefore take into account flows of discharges across areas.
[b] Hospital beds include day and in-patient beds.
HIPE hospitals refers to hospitals that participated in HIPE in 2007, for further details see Appendix I.
For a small number of HIPE hospitals, bed numbers are not reported by the HSE and the DoH&C.

Source: As for Table 2.5.
Rates are based on population data from the ESRI (see Appendix III).

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



Notes: [a] Includes day and in-patient beds in HIPE hospitals.
For a small number of HIPE hospitals, bed numbers are not reported by the HSE and the DoH&C.

Source: As for Table 2.5.
Rates are based on population data from the ESRI (see Appendix III).

TEMPORAL VARIATION IN HOSPITAL ADMISSION AND DISCHARGE ACTIVITY

Monthly Pattern of Hospital Admissions

Table 2.12 shows the month of admission for patients that were admitted and discharged during 2007. The volume of total hospital admissions exceeded 100,000 in every month with the exception of December (92,558). Admissions in October (118,364) were more than 27.9 per cent higher than those reported in December when the lowest number of admissions was recorded. Both day patient and total in-patient activity peaked in October and was lowest in December (see Figure 2.18).

In-patients have been further divided by the type of admission, either planned or emergency. A planned admission refers to one that has been arranged in advance, and an emergency admission is unforeseen and requires urgent care.[1] Of the 590,615 in-patients admitted and discharged during 2007, 406,244 (68.8 per cent) were classified as emergencies. Planned in-patient admissions peaked in July (16,835) and emergency in-patient admissions reached a maximum in January (36,286). As shown in Figure 2.19, the lowest numbers of both planned and emergency admissions were recorded 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	59,998	8.3	15,648	8.5	36,286	8.9	51,934	8.8	111,932	8.5
February	56,301	7.8	13,639	7.4	33,038	8.1	46,677	7.9	102,978	7.9
March	61,082	8.5	15,175	8.2	34,395	8.5	49,570	8.4	110,652	8.5
April	56,421	7.8	15,245	8.3	33,681	8.3	48,926	8.3	105,347	8.0
May	62,834	8.7	16,229	8.8	35,575	8.8	51,804	8.8	114,638	8.8
June	58,263	8.1	15,265	8.3	32,820	8.1	48,085	8.1	106,348	8.1
July	61,560	8.6	16,835	9.1	34,447	8.5	51,282	8.7	112,842	8.6
August	61,413	8.5	15,939	8.6	34,575	8.5	50,514	8.6	111,927	8.5
September	57,393	8.0	15,883	8.6	33,421	8.2	49,304	8.3	106,697	8.1
October	66,332	9.2	16,632	9.0	35,400	8.7	52,032	8.8	118,364	9.0
November	65,254	9.1	15,892	8.6	34,037	8.4	49,929	8.5	115,183	8.8
December	52,000	7.2	11,989	6.5	28,569	7.0	40,558	6.9	92,558	7.1
Total	**718,851**	**100**	**184,371**	**100**	**406,244**	**100**	**590,615**	**100**	**1,309,466**	**100**

Notes: Percentage columns are subject to rounding.
Includes admissions and discharges that took place in 2007. Does not include 8,160 in-patient discharges who were admitted prior to 2007, but discharged during 2007.
Note that between April and May 2007 an industrial relations dispute involving the Irish Nurses Organisation resulted in a number of work stoppages. This action does not appear to have an effect on the temporal variation in admission and discharge activity in 2007.

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

FIGURE 2.18
Discharges by Patient Type and Month of Admission

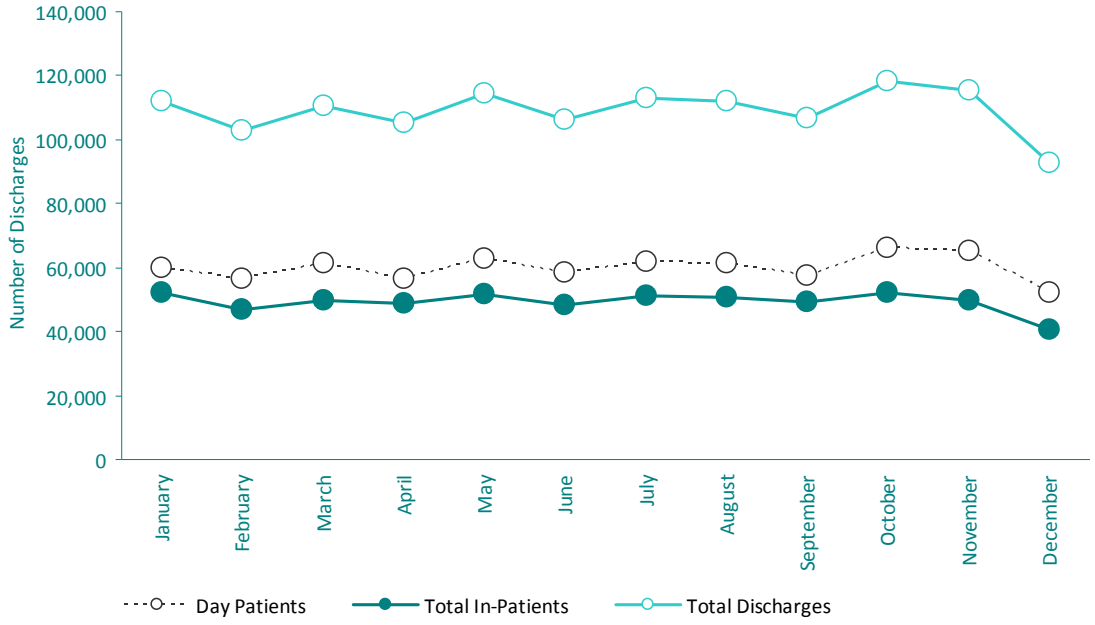
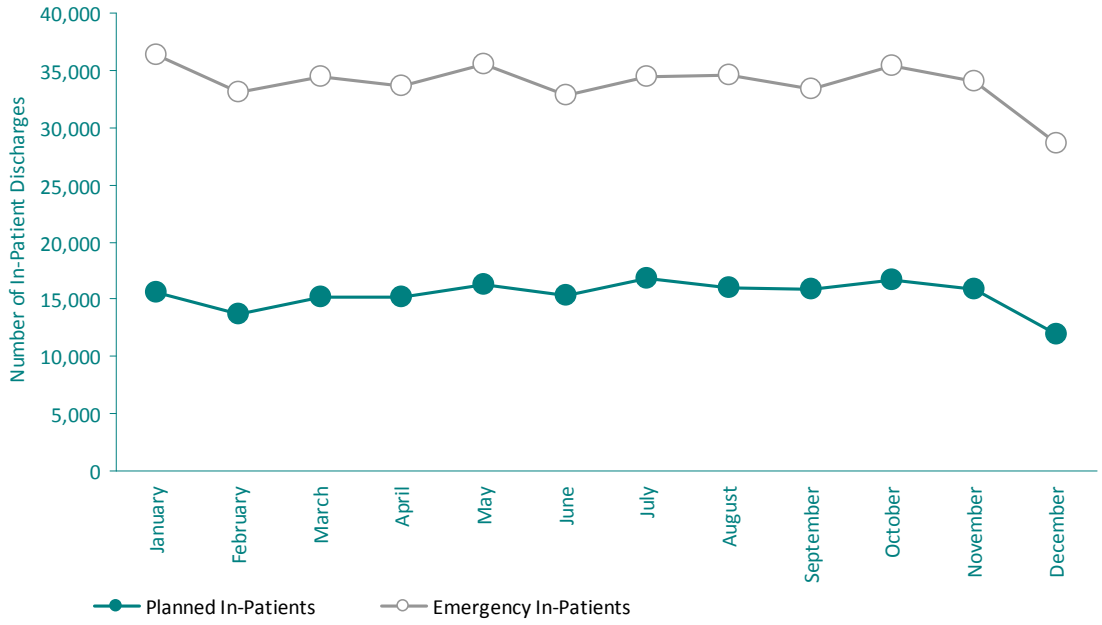


FIGURE 2.19
Total In-Patient Discharges by Admission Type and Month of Admission



Daily Pattern of Hospital Admissions and Discharges

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

The largest number of planned in-patients was admitted on Monday, while admission for planned activity declined for the remainder of the week until Saturday when just over 5 per cent of planned in-patients were admitted. In contrast, emergency in-patient admissions were more evenly distributed throughout the week and peaked on Tuesdays (16.1 per cent), although this activity also declined at the weekends, albeit to a lesser extent.

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	131,098	18.2	39,401	21.2	64,284	15.6	103,685	17.3	234,783	17.8
Tuesday	142,019	19.8	34,053	18.3	66,349	16.1	100,402	16.8	242,421	18.4
Wednesday	148,575	20.7	33,608	18.1	65,335	15.8	98,943	16.5	247,518	18.8
Thursday	136,325	19.0	30,104	16.2	62,702	15.2	92,806	15.5	229,131	17.4
Friday	128,669	17.9	17,956	9.7	62,951	15.2	80,907	13.5	209,576	15.9
Saturday	21,663	3.0	9,606	5.2	46,979	11.4	56,585	9.5	78,248	5.9
Sunday	10,502	1.5	21,004	11.3	44,443	10.8	65,447	10.9	75,949	5.8
Total	**718,851**	**100**	**185,732**	**100**	**413,043**	**100**	**598,775**	**100**	**1,317,626**	**100**

Note: Percentage columns are subject to rounding.

Table 2.14 shows that the proportion of total discharges from hospital increased throughout the week to reach a peak on Friday. Only 10.4 per cent of total discharges left the hospital on Saturday or Sunday. The peak in discharge activity on Friday was also observed for in-patients, with approximately one-fifth of both planned and emergency in-patients discharged before the weekend. Figures 2.20 to 2.22 show the patterns of admission and discharge activity for total, planned and emergency in-patients throughout the week and at 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	131,098	18.2	22,272	12.0	63,205	15.3	85,477	14.3	216,575	16.4
Tuesday	142,019	19.8	27,201	14.6	64,186	15.5	91,387	15.3	233,406	17.7
Wednesday	148,575	20.7	29,889	16.1	67,772	16.4	97,661	16.3	246,236	18.7
Thursday	136,325	19.0	30,199	16.3	65,618	15.9	95,817	16.0	232,142	17.6
Friday	128,669	17.9	38,886	20.9	85,302	20.7	124,188	20.7	252,857	19.2
Saturday	21,663	3.0	21,412	11.5	36,851	8.9	58,263	9.7	79,926	6.1
Sunday	10,502	1.5	15,873	8.5	30,109	7.3	45,982	7.7	56,484	4.3
Total	**718,851**	**100**	**185,732**	**100**	**413,043**	**100**	**598,775**	**100**	**1,317,626**	**100**

Note: Percentage columns are subject to rounding.

FIGURE 2.20
Percentage of Total In-Patient Discharges by Day of Admission and Discharge

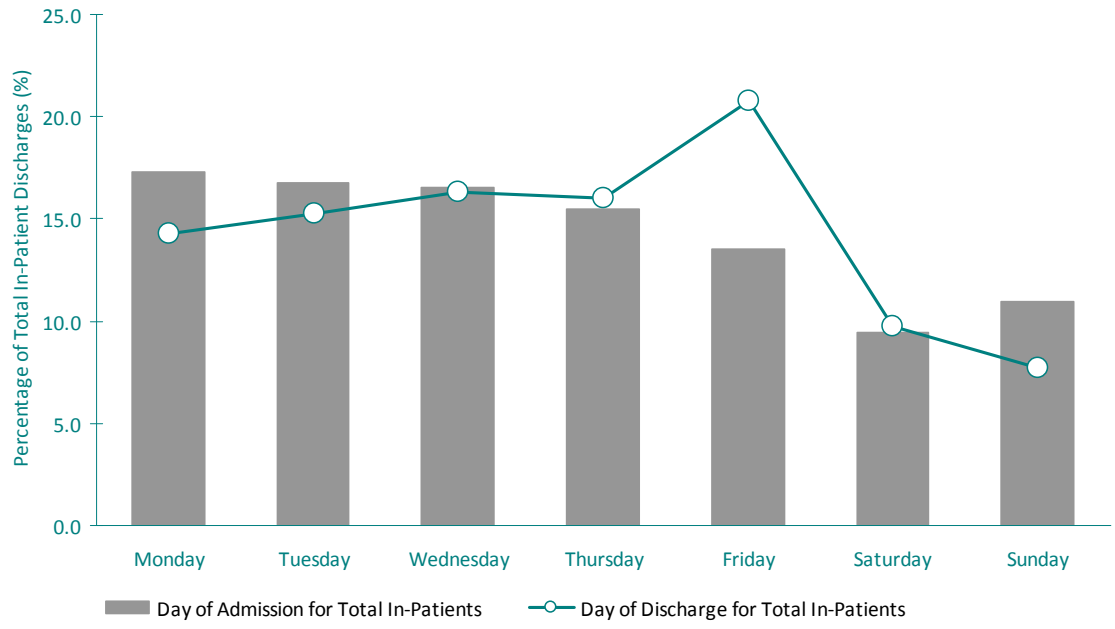


FIGURE 2.21
Percentage of Planned In-Patient Discharges by Day of Admission and Discharge

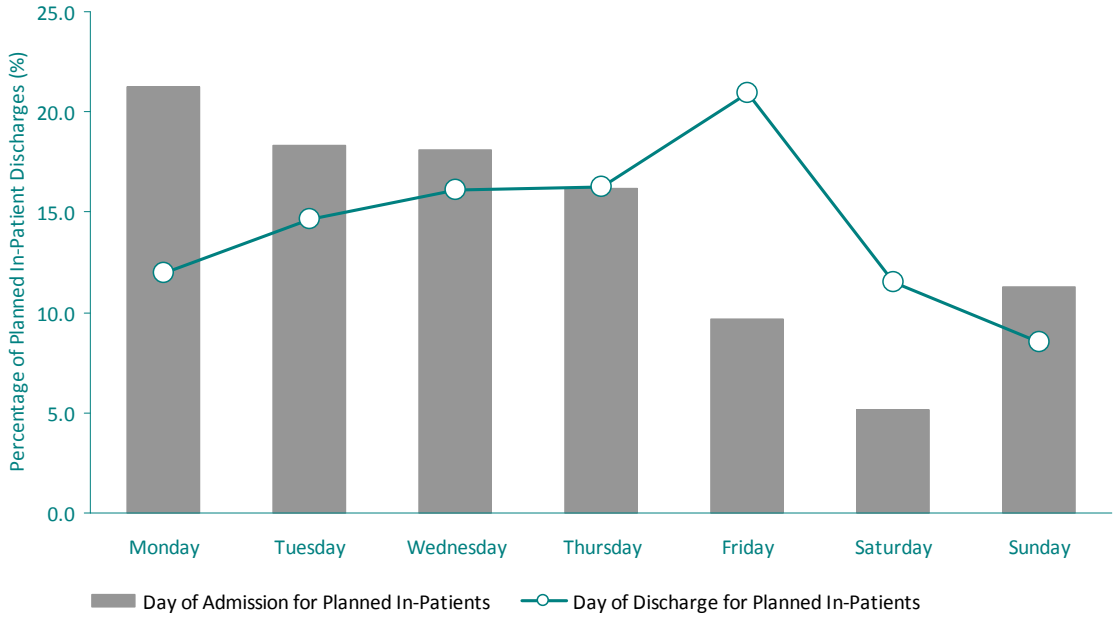
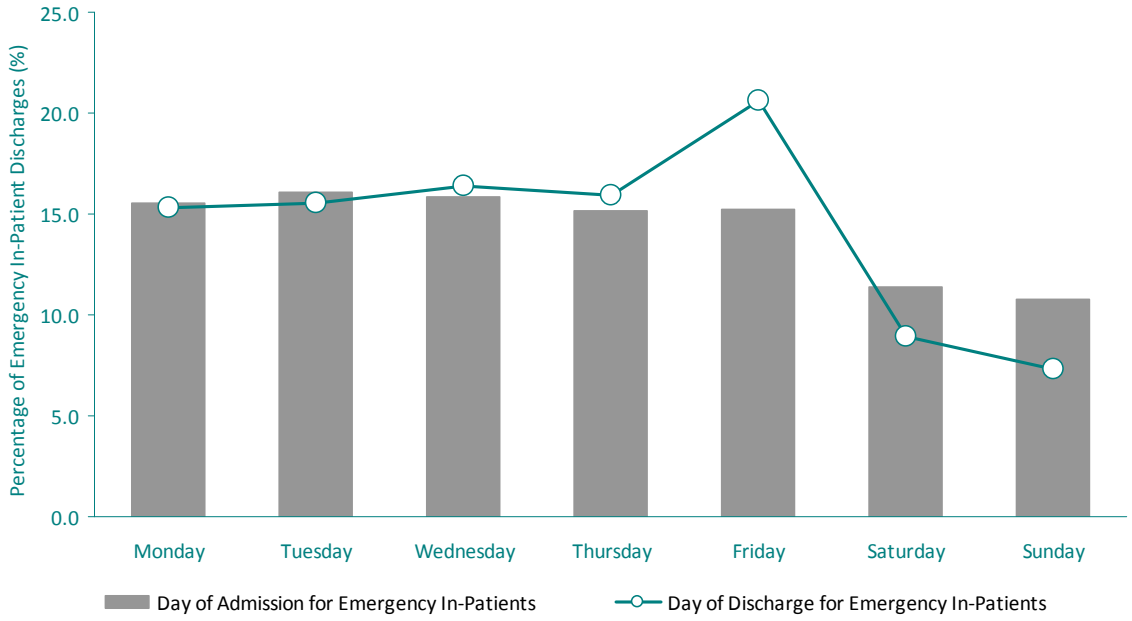
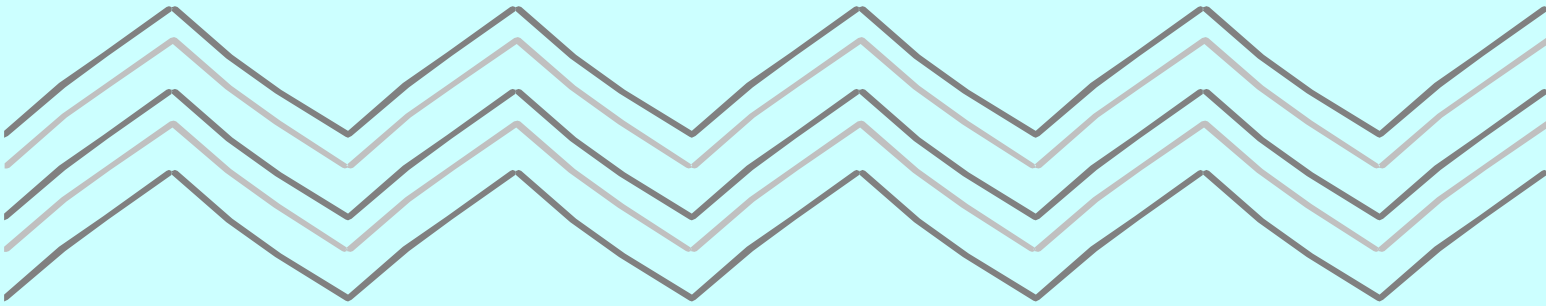


FIGURE 2.22
Percentage of Emergency In-Patient Discharges by Day of Admission and Discharge





SECTION THREE

Demographic Analysis of Hospital Discharge Activity in 2007

SUMMARY

Discharges by Sex

- More than half of total discharges (53.3 per cent) in 2007 were female.
- Day patients as a proportion of total discharges was higher for males than for females and acute in-patients as a proportion of total discharges was higher for females than males.
- The discharge rate for total female discharges was 324.0 per 1,000, which was 14.7 per cent greater than that for males (282.5 per 1,000).
- For every 1,000 members of the female population there were 1,090.0 days spent in acute public hospitals – 13.6 per cent more than that for males (959.2 days per 1,000).

Discharges by Marital Status

- Together, single and married discharges accounted for 84.1 per cent of total discharges and 76.6 per cent of total bed days.
- Widowed discharges accounted for 9.1 per cent of total discharges but a greater proportion of total bed days (16.6 per cent). Consequently, the average length of stay for widowed discharges was 6.2 days, which was almost three days longer than that for total discharges (3.4 days).

Discharges by Age

- Although the number of discharges was highest for the 55 to 64 year age group, the 75 to 84 year age group had the highest discharge rate (960.1 per 1,000).
- Over 21 per cent of in-patient bed days and almost 20 per cent of total bed days were used by discharges aged between 75 and 84 years, even though this age group accounted for only 11.2 per cent of total in-patient discharges and 11.7 per cent of total discharges.
- The total in-patient average length of stay generally increased with age, peaking at 13.7 days for discharges aged 85 years and over.

Discharges by GMS Status

- Acute in-patient discharges with a medical card stayed an average of 5.8 days in hospital, which was 2.1 days longer than non-GMS discharges.
- Discharges with a medical card accounted for 70.5 per cent of extended stay in-patient discharges.
- The HSE Dublin Mid Leinster area is the only HSE area in which non-GMS discharges accounted for over half of total discharges (56.5 per cent).

Discharges by Public/Private Status

- Public discharges accounted for 78.7 per cent of total discharges in 2007 and the remainder were private.
- Compared to general hospitals, special hospitals discharged a higher proportion of private patients, regardless of patient type.
- The total in-patient average length of stay for public discharges was 6.4 days, which was over half a day longer than that for private discharges (5.7 days).
- The HSE South area recorded the highest proportion of private discharges with 25.9 per cent of the total discharges hospitalised here. This contrasts with 19.7 per cent of discharges in the HSE Dublin North East area who were treated on a private basis.

Inter-Regional Flow of Discharges

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

INTRODUCTION

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

SEX

More than half of total discharges in 2007 were female (see Table 3.1).[1,2] The proportion of total discharges treated as day patients was higher for males than for females while the proportion of acute in-patients was higher for females than for males. The same proportion of males and females were treated as extended stay in-patients. In addition, the sex-specific discharge rates also indicate that males were more likely to be discharged from hospital as day patients than females, and females were more likely to be discharged from hospital as acute in-patients. The discharge rate for total female discharges was 324.0 per 1,000, which was over 14.7 per cent greater than males (282.5 per 1,000).

Female discharges accounted for 53.1 per cent of total bed days. The highest proportion of total bed days was used by acute female in-patients (34.1 per cent). Both male and female extended stay in-patients used similar proportions of total bed days. In addition to a higher discharge rate, female discharges also recorded a higher bed day rate. For every 1,000 members of the female population, there were 1,090.0 days spent in hospital, which was 13.6 per cent higher than that for males (959.2 days per 1,000 members of the male population).

Total female in-patient discharges spent, on average, 5.7 days in hospital, while total male in-patient discharges stayed in hospital, on average, for one week (7.0 days). Acute female in-patients also had a shorter average length of stay than their male counterparts (4.4 days for females and 5.1 days for males). Average length of stay for extended stay in-patients was a half day shorter for females than it was for males (59.5 days for females and 60.0 days for males).

1 According to the population data from the ESRI, the split between men and women was approximately 50:50 in 2007. (see Appendix III).

2 It is likely that obstetrics discharges for females account for much of the difference.

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	**718,851**	**54.6**	**165.4**	**718,851**	**16.1**	**165.4**	**–**
In-Patients							
Acute (0-30 days)	582,034	44.2	133.9	2,731,993	61.4	628.7	4.7
Extended (>30 days)	16,741	1.3	3.9	1,000,457	22.5	230.2	59.8
Total In-Patients	**598,775**	**45.4**	**137.8**	**3,732,450**	**83.9**	**859.0**	**6.2**
Total (Males and Females)	**1,317,626**	**100**	**303.2**	**4,451,301**	**100**	**1,024.4**	**3.4** [a]
Males							
Day Patients	**367,887**	**27.9**	**168.9**	**367,887**	**8.3**	**168.9**	**–**
In-Patients							
Acute (0-30 days)	238,990	18.1	109.7	1,215,048	27.3	557.9	5.1
Extended (>30 days)	8,435	0.6	3.9	506,001	11.4	232.3	60.0
Total In-Patients	**247,425**	**18.8**	**113.6**	**1,721,049**	**38.7**	**790.2**	**7.0**
Total (Males)	**615,312**	**46.7**	**282.5**	**2,088,936**	**46.9**	**959.2**	**3.4** [a]
Females							
Day Patients	**350,964**	**26.6**	**161.9**	**350,964**	**7.9**	**161.9**	**–**
In-Patients							
Acute (0-30 days)	343,044	26.0	158.3	1,516,945	34.1	699.9	4.4
Extended (>30 days)	8,306	0.6	3.8	494,456	11.1	228.1	59.5
Total In-Patients	**351,350**	**26.7**	**162.1**	**2,011,401**	**45.2**	**928.0**	**5.7**
Total (Females)	**702,314**	**53.3**	**324.0**	**2,362,365**	**53.1**	**1,090.0**	**3.4** [a]

Notes: [a] Includes day and in-patients.
Percentage columns are subject to rounding.

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

MARITAL STATUS

The marital status of discharges from acute public hospitals is reported in Table 3.2. The highest volume of discharge activity involved married patients. Together, married and single discharges accounted for 84.1 per cent of total discharges and a smaller proportion of total bed days (76.6 per cent). Married discharges had an average length of stay of 3.0 days and single discharges had an average length of stay of 3.1 days, both of which were shorter than that for total discharges (3.4 days). Widowed discharges accounted for 9.1 per cent of total discharges, but a greater proportion of total bed days (16.6 per cent). The average length of stay for widowed discharges was 6.2 days, which was almost three days longer than the average for total discharges (see Figure 3.1).[3]

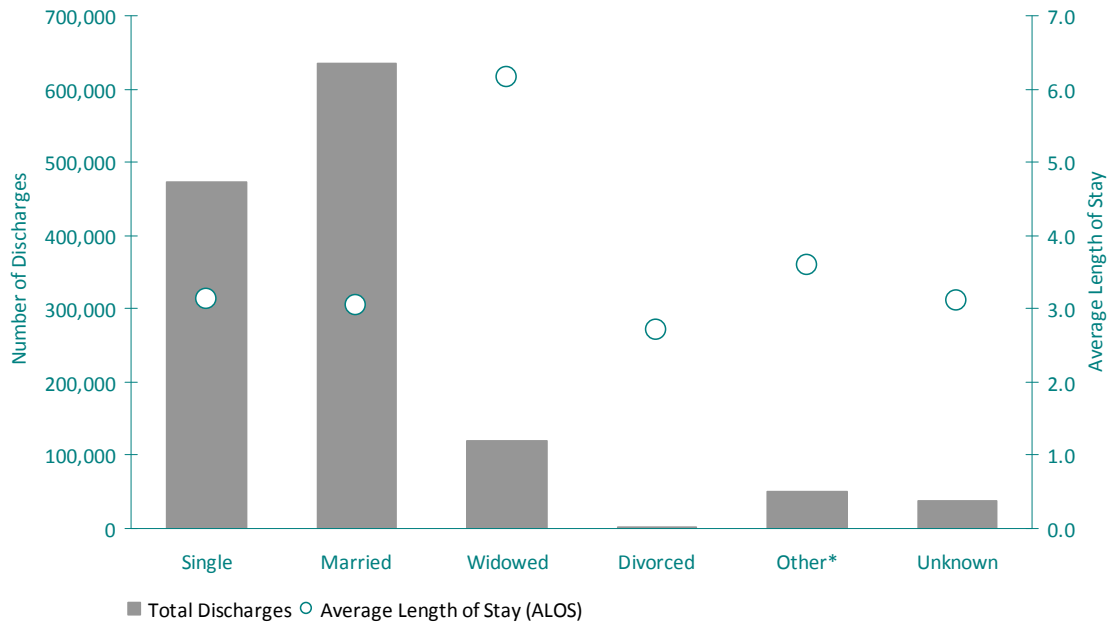
[3] It should be noted that 76.1 per cent of those discharges with a marital status of 'widowed' were 70 years and over and, as such, age may be a confounding factor.

TABLE 3.2
Discharges, Bed Days and Average Length of Stay (Days) by Marital Status

	Total Discharges		Total Bed Days[a]		Average Length of Stay[b]
	N	%	N	%	
Single	473,861	36.0	1,483,420	33.3	3.1
Married	633,981	48.1	1,927,007	43.3	3.0
Widowed	119,450	9.1	736,717	16.6	6.2
Divorced	2,610	0.2	7,096	0.2	2.7
Other (includes separated)	49,532	3.8	178,243	4.0	3.6
Unknown	38,192	2.9	118,818	2.7	3.1
Total	**1,317,626**	**100**	**4,451,301**	**100**	**3.4**

Notes: Percentage columns are subject to rounding.
[a] Includes bed days for day and in-patients.
[b] Includes day and in-patients.

FIGURE 3.1
Total Discharges and Average Length of Stay (Days) by Marital Status



Notes: Average Length of Stay includes day and in-patients.
* 'Other' includes separated.

AGE

The distribution of discharges by age group and sex is reported in Table 3.3.[4] The number of total discharges was highest in the 55 to 64 age group. Discharges in this age group also accounted for the highest proportion of day patients (20.1 per cent). The 25 to 34 year age group had the highest number of total in-patients, accounting for 17.9 per cent of the total.

There was considerable variability in the discharge rates across the age groups. While the 55 to 64 year age group recorded the largest volume of total discharges, the 75 to 84 year age group had the highest number of discharges per 1,000, controlling for the age profile of the population. Approximately 960 discharges for every 1,000 members of the population aged between 75 and 84 years were recorded. This age group had in excess of four times more discharges per 1,000 population than the 25 to 34 year age group, which had a discharge rate of 222.0 per 1,000. Discharges in the younger age groups (0 to 34 years old) were more likely to be discharged as in-patients rather than day patients. Conversely, for discharges aged between 35 and 84 years the day patient discharge rates were greater than the in-patient discharge rates, indicating that a higher proportion of these discharges were treated on a day patient basis.

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

For both sexes, the discharge rates were highest among the older age groups. The total discharge rates were higher for males compared to females in three of the four main age groups. The discharge rates for the under 15 years and 65 years and over age groups were higher for males than for females (157.8 per 1,000 for males and 126.2 per 1,000 for females for the under 15 years group and 999.2 per 1,000 for males and 703.5 per 1,000 for females for the 65 years and over age group). Discharge rates in the 45 to 64 year age group were comparatively similar but still marginally higher for males, with a rate of 390.4 per 1,000 members of the male population and 386.1 per 1,000 members of the female population. Conversely, in the 15 to 44 year age group, there were twice as many females discharged compared to males (138.3 per 1,000 for males and 278.3 per 1,000 for females).

For males, a higher proportion were discharged as day patients (59.8 per cent) rather than in-patients (40.2 per cent). For females, equal proportions were discharged as in-patients as were discharged as day patients (50.0 per cent). For certain age groups, particularly between 45 and 74 years, the day patient discharge rate was higher than the in-patient discharge rate for both males and females.

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

Approximately 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 11.2 per cent of total in-patient discharges and 11.7 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 generally increased with age for both males and females. The total bed day rate for the 65 years and over age group was almost four times that of the 45 to 64 year age group, overall.

The total in-patient average length of stay for both sexes generally increased with age (see Figure 3.3). Total in-patients aged 85 years and older stayed in hospital, on average, for 13.7 days, which was over five times that of in-patient discharges aged between 5 and 14 years, which had the lowest average length of stay (2.6 days). While those aged 65 years and over accounted for 26.8 per cent of total in-patient discharges, this group used 47.6 per cent of total in-patient bed days. On average, those in the youngest age group (0 to 4 years) stayed in hospital for 1.5 days longer than those in the next oldest age group (4.1 days for the 0 to 4 year age group and 2.6 days for the 5 to 14 year age group).

The longer average length of stay for older age groups was also observed when male and female discharges were analysed separately. The total in-patient average length of stay for males ranged from a low of 2.5 days for the 5 to 14 year age group to a high of 13.2 days for the 85 years and over age group. The equivalent range for females was 2.7 days for the 5 to 14 year age group to 13.9 days for the 85 years and over age group. While the total in-patient average length of stay for females was shorter than males (5.7 days for females and 7.0 days for males), there were differences between the two sexes across the age groups. Apart from the youngest (under 15 years) and oldest (65 years and over), females recorded a shorter total in-patient average length of stay than males.

TABLE 3.3

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

	Discharges									Bed Days						Total In-Patient Average Length of Stay
	Day Patients			In-Patients			Total Discharges			In-Patient Bed Days			Total Bed Days[a]			
	N	%	Rate	N	%	Rate	N	%	Rate	N	%	Rate	N	%	Rate	
Total Discharges (All Ages and Males and Females)	**718,851**	**100**	**165.4**	**598,775**	**100**	**137.8**	**1,317,626**	**100**	**303.2**	**3,732,450**	**100**	**859.0**	**4,451,301**	**100**	**1024.4**	**6.2**
Under 15 years	**41,051**	**5.7**	**46.6**	**84,297**	**14.1**	**95.8**	**125,348**	**9.5**	**142.4**	**301,025**	**8.1**	**342.0**	**342,076**	**7.7**	**388.6**	**3.6**
0-4 years	19,726	2.7	63.6	54,547	9.1	175.8	74,273	5.6	239.4	223,044	6.0	718.8	242,770	5.5	782.4	4.1
5-14 years	21,325	3.0	37.4	29,750	5.0	52.2	51,075	3.9	89.6	77,981	2.1	136.8	99,306	2.2	174.2	2.6
15-44 years	**179,150**	**24.9**	**88.3**	**241,238**	**40.3**	**118.9**	**420,388**	**31.9**	**207.2**	**863,476**	**23.1**	**425.6**	**1,042,626**	**23.4**	**513.9**	**3.6**
15-19 years	13,094	1.8	45.3	24,138	4.0	83.6	37,232	2.8	128.9	77,534	2.1	268.4	90,628	2.0	313.7	3.2
20-24 years	20,046	2.8	58.4	37,130	6.2	108.2	57,176	4.3	166.6	121,915	3.3	355.2	141,961	3.2	413.6	3.3
25-34 years	59,918	8.3	79.5	107,439	17.9	142.5	167,357	12.7	222.0	358,555	9.6	475.7	418,473	9.4	555.2	3.3
35-44 years	86,092	12.0	133.9	72,531	12.1	112.8	158,623	12.0	246.7	305,472	8.2	475.1	391,564	8.8	609.0	4.2
45-64 years	**258,788**	**36.0**	**270.5**	**112,617**	**18.8**	**117.7**	**371,405**	**28.2**	**388.3**	**790,809**	**21.2**	**826.7**	**1,049,597**	**23.6**	**1,097.2**	**7.0**
45-54 years	114,428	15.9	214.2	50,704	8.5	94.9	165,132	12.5	309.2	316,653	8.5	592.8	431,081	9.7	807.1	6.2
55-64 years	144,360	20.1	341.7	61,913	10.3	146.5	206,273	15.7	488.2	474,156	12.7	1,122.3	618,516	13.9	1,464.0	7.7
65 years and over	**239,862**	**33.4**	**500.2**	**160,623**	**26.8**	**335.0**	**400,485**	**30.4**	**835.2**	**1,777,140**	**47.6**	**3,706.1**	**2,017,002**	**45.3**	**4,206.3**	**11.1**
65-74 years	137,309	19.1	511.8	67,446	11.3	251.4	204,755	15.5	763.2	628,563	16.8	2,343.0	765,872	17.2	2,854.8	9.3
75-84 years	87,140	12.1	542.3	67,139	11.2	417.8	154,279	11.7	960.1	792,923	21.2	4,934.5	880,063	19.8	5,476.7	11.8
85 years and over	15,413	2.1	304.9	26,038	4.3	515.1	41,451	3.1	820.0	355,654	9.5	7,035.6	371,067	8.3	7,340.5	13.7

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			In-Patients			Total Discharges			In-Patient Bed Days			Total Bed Days[a]			
	N	%	Rate	N	%	Rate	N	%	Rate	N	%	Rate	N	%	Rate	
Male (All Ages)	**367,887**	**51.2**	**168.9**	**247,425**	**41.3**	**113.6**	**615,312**	**46.7**	**282.5**	**1,721,049**	**46.1**	**790.2**	**2,088,936**	**46.9**	**959.2**	**7.0**
Under 15 years	**24,577**	**3.4**	**54.4**	**46,706**	**7.8**	**103.4**	**71,283**	**5.4**	**157.8**	**162,522**	**4.4**	**359.7**	**187,099**	**4.2**	**414.1**	**3.5**
0-4 years	12,092	1.7	76.0	30,433	5.1	191.2	42,525	3.2	267.2	121,280	3.2	761.9	133,372	3.0	837.9	4.0
5-14 years	12,485	1.7	42.7	16,273	2.7	55.6	28,758	2.2	98.3	41,242	1.1	140.9	53,727	1.2	183.6	2.5
15-44 years	**80,126**	**11.1**	**77.7**	**62,414**	**10.4**	**60.6**	**142,540**	**10.8**	**138.3**	**274,763**	**7.4**	**266.6**	**354,889**	**8.0**	**344.3**	**4.4**
15-19 years	7,167	1.0	48.5	9,468	1.6	64.1	16,635	1.3	112.6	33,136	0.9	224.4	40,303	0.9	272.9	3.5
20-24 years	9,435	1.3	54.2	10,688	1.8	61.4	20,123	1.5	115.6	43,016	1.2	247.0	52,451	1.2	301.2	4.0
25-34 years	25,692	3.6	67.0	20,660	3.5	53.9	46,352	3.5	121.0	89,124	2.4	232.6	114,816	2.6	299.6	4.3
35-44 years	37,832	5.3	116.2	21,598	3.6	66.3	59,430	4.5	182.5	109,487	2.9	336.2	147,319	3.3	452.4	5.1
45-64 years	**128,555**	**17.9**	**266.8**	**59,506**	**9.9**	**123.5**	**188,061**	**14.3**	**390.4**	**431,196**	**11.6**	**895.1**	**559,751**	**12.6**	**1,161.9**	**7.2**
45-54 years	53,341	7.4	198.5	25,581	4.3	95.2	78,922	6.0	293.8	163,684	4.4	609.3	217,025	4.9	807.8	6.4
55-64 years	75,214	10.5	353.0	33,925	5.7	159.2	109,139	8.3	512.2	267,512	7.2	1255.4	342,726	7.7	1608.3	7.9
65 years and over	**134,629**	**18.7**	**630.3**	**78,799**	**13.2**	**368.9**	**213,428**	**16.2**	**999.2**	**852,568**	**22.8**	**3,991.4**	**987,197**	**22.2**	**4,621.6**	**10.8**
65-74 years	77,481	10.8	592.4	37,169	6.2	284.2	114,650	8.7	876.5	352,087	9.4	2,691.8	429,568	9.7	3,284.2	9.5
75-84 years	49,034	6.8	732.0	32,046	5.4	478.4	81,080	6.2	1,210.3	373,686	10.0	5,578.2	422,720	9.5	6,310.1	11.7
85 years and over	8,114	1.1	513.1	9,584	1.6	606.1	17,698	1.3	1,119.2	126,795	3.4	8,018.6	134,909	3.0	8,531.7	13.2

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

	Discharges									Bed Days						Total In-Patient Average Length of Stay
	Day Patients			In-Patients			Total Discharges			In-Patient Bed Days			Total Bed Days[a]			
	N	%	Rate	N	%	Rate	N	%	Rate	N	%	Rate	N	%	Rate	
Female (All Ages)	**350,964**	**48.8**	**161.9**	**351,350**	**58.7**	**162.1**	**702,314**	**53.3**	**324.0**	**2,011,401**	**53.9**	**928.0**	**2,362,365**	**53.1**	**1090.0**	**5.7**
Under 15 years	**16,474**	**2.3**	**38.5**	**37,591**	**6.3**	**87.8**	**54,065**	**4.1**	**126.2**	**138,503**	**3.7**	**323.3**	**154,977**	**3.5**	**361.8**	**3.7**
0-4 years	7,634	1.1	50.5	24,114	4.0	159.6	31,748	2.4	210.1	101,764	2.7	673.4	109,398	2.5	723.9	4.2
5-14 years	8,840	1.2	31.9	13,477	2.3	48.6	22,317	1.7	80.5	36,739	1.0	132.5	45,579	1.0	164.4	2.7
15-44 years	**99,024**	**13.8**	**99.2**	**178,824**	**29.9**	**179.1**	**277,848**	**21.1**	**278.3**	**588,713**	**15.8**	**589.8**	**687,737**	**15.5**	**689.0**	**3.3**
15-19 years	5,927	0.8	42.0	14,670	2.5	103.9	20,597	1.6	145.9	44,398	1.2	314.4	50,325	1.1	356.4	3.0
20-24 years	10,611	1.5	62.7	26,442	4.4	156.4	37,053	2.8	219.1	78,899	2.1	466.6	89,510	2.0	529.3	3.0
25-34 years	34,226	4.8	92.4	86,779	14.5	234.2	121,005	9.2	326.5	269,431	7.2	727.0	303,657	6.8	819.4	3.1
35-44 years	48,260	6.7	152.1	50,933	8.5	160.5	99,193	7.5	312.6	195,985	5.3	617.7	244,245	5.5	769.8	3.8
45-64 years	**130,233**	**18.1**	**274.3**	**53,111**	**8.9**	**111.8**	**183,344**	**13.9**	**386.1**	**359,613**	**9.6**	**757.3**	**489,846**	**11.0**	**1,031.6**	**6.8**
45-54 years	61,087	8.5	230.1	25,123	4.2	94.6	86,210	6.5	324.8	152,969	4.1	576.2	214,056	4.8	806.3	6.1
55-64 years	69,146	9.6	330.2	27,988	4.7	133.7	97,134	7.4	463.9	206,644	5.5	986.9	275,790	6.2	1,317.2	7.4
65 years and over	**105,233**	**14.6**	**395.7**	**81,824**	**13.7**	**307.7**	**187,057**	**14.2**	**703.5**	**924,572**	**24.8**	**3,477.0**	**1,029,805**	**23.1**	**3,872.7**	**11.3**
65-74 years	59,828	8.3	435.2	30,277	5.1	220.2	90,105	6.8	655.4	276,476	7.4	2,011.1	336,304	7.6	2,446.3	9.1
75-84 years	38,106	5.3	406.7	35,093	5.9	374.5	73,199	5.6	781.2	419,237	11.2	4,474.2	457,343	10.3	4,880.9	11.9
85 years and over	7,299	1.0	210.1	16,454	2.7	473.7	23,753	1.8	683.8	228,859	6.1	6,588.1	236,158	5.3	6,798.2	13.9

Notes: Percentage columns are subject to rounding.
[a] Includes bed days for day and in-patients.

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

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

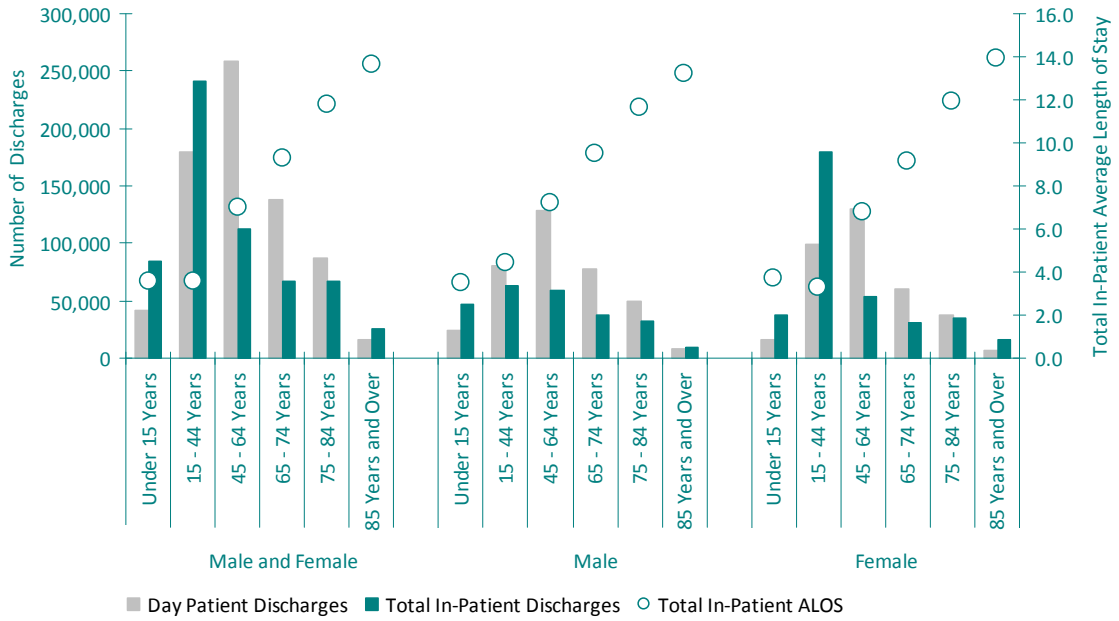
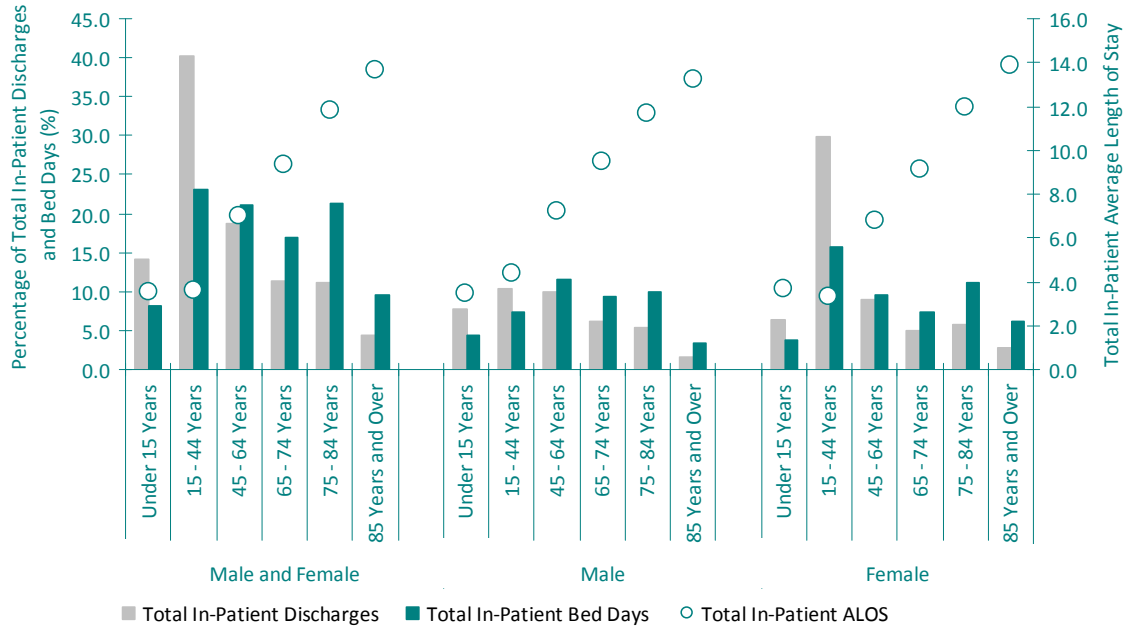


FIGURE 3.3
Percentage of Total In-Patient Discharges and Bed Days with Total In-Patient Average Length of Stay (Days) by Age Group and Sex



The age distribution of discharges according to their Health Service Executive (HSE) area of hospitalisation is presented in Table 3.4. The HSE Dublin Mid Leinster area treated the highest number of discharges in each age group, accounting for over 30 per cent of total discharges in 2007. The lowest numbers of total discharges were hospitalised in the HSE Dublin North East area accounting for only 21.4 per cent of total discharges.

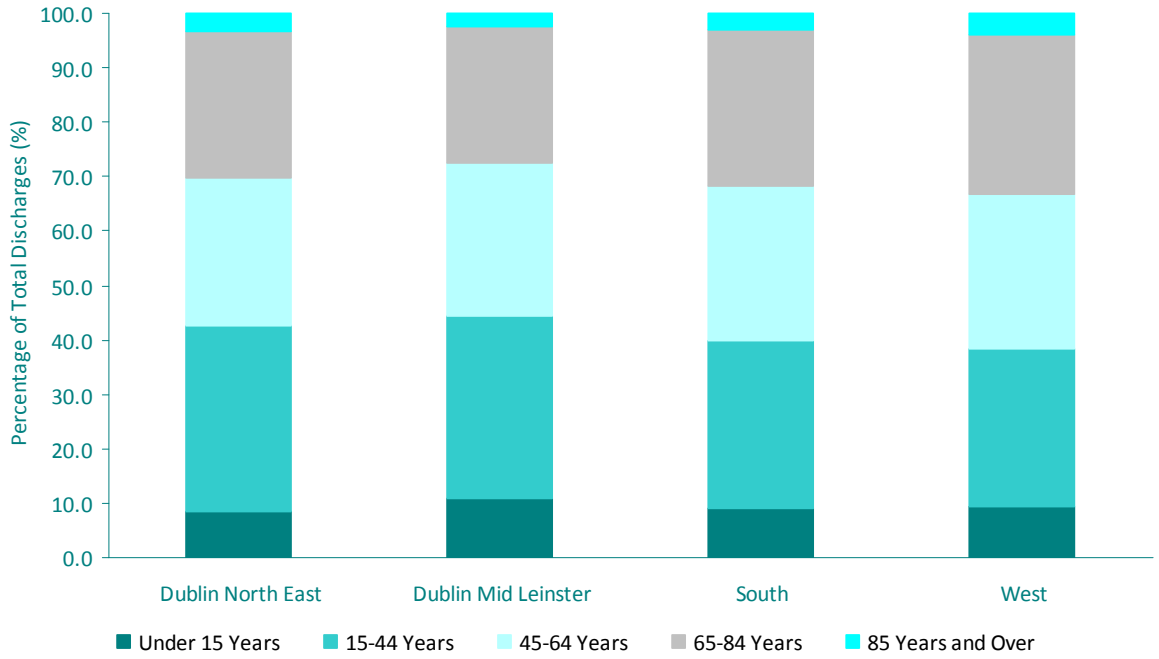
The HSE Dublin Mid Leinster area treated the highest proportion of discharges in the under 15 years age group (10.9 per cent) (see Figure 3.4). The HSE Dublin North East area treated the highest proportion of discharges aged between 15 and 44 years (34.3 per cent). The HSE South and HSE West areas treated the highest proportion of discharges aged 45 years and over. Both areas treated similar proportions of discharges aged between 45 and 64 years (28.6 per cent in HSE South and 28.5 per cent in HSE West). The highest proportion of discharges in the oldest age group were treated in the HSE West area, accounting for almost a third of total discharges.

TABLE 3.4
Discharges by HSE Area of Hospitalisation and Age Group

	HSE Area of Hospitalisation								Total	
	HSE Dublin North East		HSE Dublin Mid Leinster		HSE South		HSE West			
	N	%	N	%	N	%	N	%	N	%
Total Discharges	**281,956**	**100**	**404,412**	**100**	**298,833**	**100**	**332,425**	**100**	**1,317,626**	**100**
Under 15 years	**23,547**	**8.4**	**43,880**	**10.9**	**27,189**	**9.1**	**30,732**	**9.2**	**125,348**	**9.5**
0-4 years	14,473	5.1	25,275	6.2	16,555	5.5	17,970	5.4	74,273	5.6
5-14 years	9,074	3.2	18,605	4.6	10,634	3.6	12,762	3.8	51,075	3.9
15-44 years	**96,622**	**34.3**	**135,558**	**33.5**	**91,687**	**30.7**	**96,521**	**29.0**	**420,388**	**31.9**
15-19 years	8,227	2.9	11,915	2.9	8,371	2.8	8,719	2.6	37,232	2.8
20-24 years	13,503	4.8	17,798	4.4	12,501	4.2	13,374	4.0	57,176	4.3
25-34 years	39,582	14.0	54,166	13.4	35,564	11.9	38,045	11.4	167,357	12.7
35-44 years	35,310	12.5	51,679	12.8	35,251	11.8	36,383	10.9	158,623	12.0
45-64 years	**76,760**	**27.2**	**114,390**	**28.3**	**85,464**	**28.6**	**94,791**	**28.5**	**371,405**	**28.2**
45-54 years	35,129	12.5	51,928	12.8	36,401	12.2	41,674	12.5	165,132	12.5
55-64 years	41,631	14.8	62,462	15.4	49,063	16.4	53,117	16.0	206,273	15.7
65 years and over	**85,027**	**30.2**	**110,584**	**27.3**	**94,493**	**31.6**	**110,381**	**33.2**	**400,485**	**30.4**
65-74 years	41,478	14.7	59,248	14.7	49,083	16.4	54,946	16.5	204,755	15.5
75-84 years	34,302	12.2	41,189	10.2	36,515	12.2	42,273	12.7	154,279	11.7
85 years and over	9,247	3.3	10,147	2.5	8,895	3.0	13,162	4.0	41,451	3.1

Note: Percentage columns are subject to rounding.

FIGURE 3.4
Percentage of Total Discharges by HSE Area of Hospitalisation and Age Group



The distribution of discharges resident in each of the four health areas by age group is reported in Table 3.5. In 2007, the highest proportion of discharges in the HSE Dublin North East and the HSE Dublin Mid Leinster areas were in the 15 to 44 year age group (35.2 per cent and 33.7 per cent respectively). In the HSE South and HSE West areas, the highest proportions of discharges were among the older age groups (45 years and over), 59.7 per cent and 61.4 per cent respectively (see Figure 3.5). The HSE West area reported almost 33 per cent of resident discharges aged 65 years and over.

Age-specific discharge rates for each HSE area are presented in Table 3.6. Consistently across all HSE areas, the discharge rates increased with age. In the HSE West area, for instance, there were 890.9 discharges for every 1,000 members of the population aged 65 years and over, which was more than five times the number of discharges per 1,000 population aged under 15 years (162.0 per 1,000).

For almost all age groups, the number of discharges per 1,000 was higher in the HSE West area than the HSE Dublin Mid Leinster and HSE South areas. No single area consistently reported the lowest discharge rate for all age groups. The HSE Dublin North East area had the highest discharge rates for the 15 to 44 years age group. The HSE West area reported the highest discharge rate overall and for the under 15 years, 45 to 64 years and 65 to 74 years age groups, as illustrated in Figures 3.6 to 3.11. For the three remaining aggregate groups illustrated, the HSE Dublin North East area had the highest discharge rate per 1,000 of the population. The HSE South area reported the lowest overall discharge rate with 284.2 discharges for every 1,000 members of the population.

TABLE 3.5
Discharges by HSE Area of Residence and Age Group

	HSE Area of Residence								Total	
	HSE Dublin North East		HSE Dublin Mid Leinster		HSE South		HSE West			
	N	%	N	%	N	%	N	%	N	%
Total Discharges	**290,180**	**100**	**361,826**	**100**	**314,629**	**100**	**346,562**	**100**	**1,313,197**	**100**
Under 15 years	**25,460**	**8.8**	**33,791**	**9.3**	**31,407**	**10.0**	**34,231**	**9.9**	**124,889**	**9.5**
0-4 years	15,100	5.2	20,204	5.6	18,723	6.0	19,997	5.8	74,024	5.6
5-14 years	10,360	3.6	13,587	3.8	12,684	4.0	14,234	4.1	50,865	3.9
15-44 years	**102,148**	**35.2**	**121,864**	**33.7**	**95,289**	**30.3**	**99,525**	**28.7**	**418,826**	**31.9**
15-19 years	8,202	2.8	10,394	2.9	9,215	2.9	9,277	2.7	37,088	2.8
20-24 years	13,459	4.6	16,586	4.6	13,016	4.1	13,802	4.0	56,863	4.3
25-34 years	43,474	15.0	48,116	13.3	36,460	11.6	38,781	11.2	166,831	12.7
35-44 years	37,013	12.8	46,768	12.9	36,598	11.6	37,665	10.9	158,044	12.0
45-64 years	**77,463**	**26.7**	**102,860**	**28.4**	**90,291**	**28.7**	**99,529**	**28.7**	**370,143**	**28.2**
45-54 years	35,330	12.2	47,072	13.0	38,624	12.3	43,559	12.6	164,585	12.5
55-64 years	42,133	14.5	55,788	15.4	51,667	16.4	55,970	16.2	205,558	15.7
65 years and over	**85,109**	**29.3**	**103,311**	**28.6**	**97,642**	**31.0**	**113,277**	**32.7**	**399,339**	**30.4**
65-74 years	42,246	14.6	53,856	14.9	51,018	16.2	56,948	16.4	204,068	15.5
75-84 years	33,762	11.6	39,339	10.9	37,592	11.9	43,222	12.5	153,915	11.7
85 years and over	9,101	3.1	10,116	2.8	9,032	2.9	13,107	3.8	41,356	3.1

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

FIGURE 3.5
Percentage of Total Discharges by HSE Area of Residence and Age Group

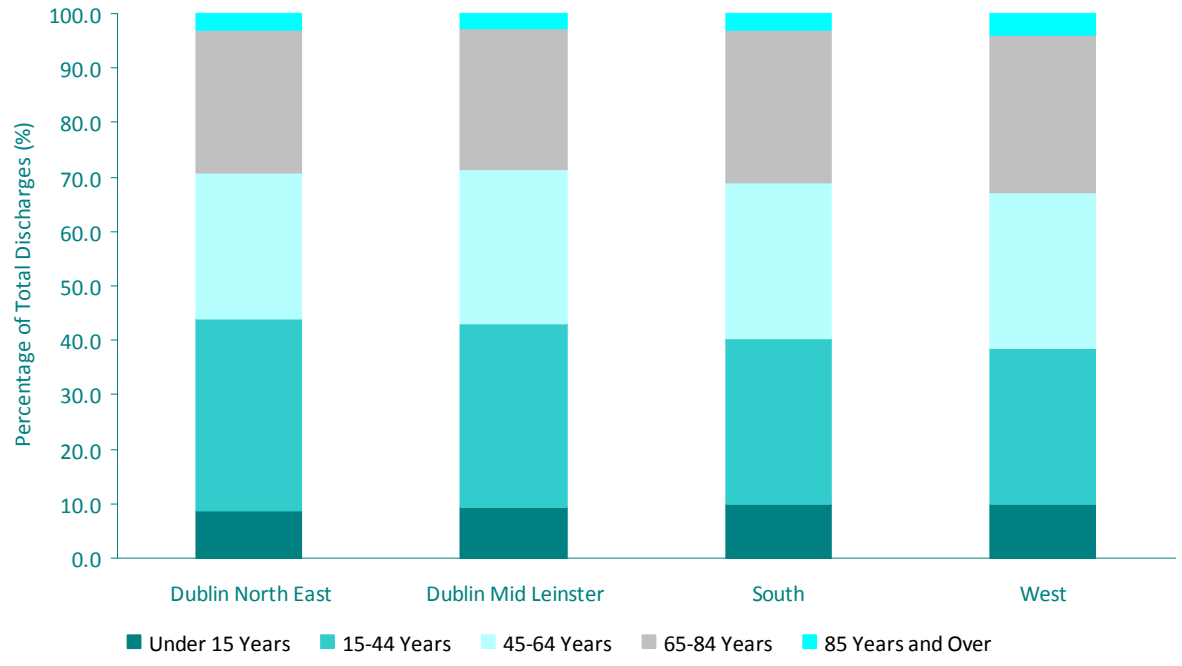


TABLE 3.6

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

	HSE Area of Residence			
	HSE Dublin North East	HSE Dublin Mid Leinster	HSE South	HSE West
Total Discharges	**303.5**	**290.3**	**284.2**	**334.6**
Under 15 years	**132.9**	**134.4**	**139.0**	**162.0**
0-4 years	218.4	221.5	240.3	277.5
5-14 years	84.6	84.8	85.7	102.2
15-44 years	**218.9**	**200.7**	**192.1**	**216.9**
15-19 years	134.2	129.7	122.3	128.3
20-24 years	171.1	160.4	159.5	173.4
25-34 years	237.5	203.8	207.6	243.8
35-44 years	257.3	249.2	223.8	254.7
45-64 years	**385.9**	**389.2**	**356.8**	**417.2**
45-54 years	312.0	314.1	276.3	331.9
55-64 years	481.6	487.6	456.2	521.5
65 years and over	**875.9**	**838.2**	**740.0**	**890.9**
65-74 years	772.7	768.2	687.2	822.4
75-84 years	1,040.2	965.7	851.6	996.9
85 years and over	907.2	814.9	666.0	901.2

Notes: A small number of discharges have no HSE area of residence (including discharges resident outside the Republic of Ireland and those with no fixed abode). These rates exclude those discharges for whom HSE area of residence was unknown or not applicable.

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

FIGURE 3.6
Age-Specific Discharge Rates (Per 1,000 Population) by HSE Area of Residence for Discharges Aged Under 15 Years

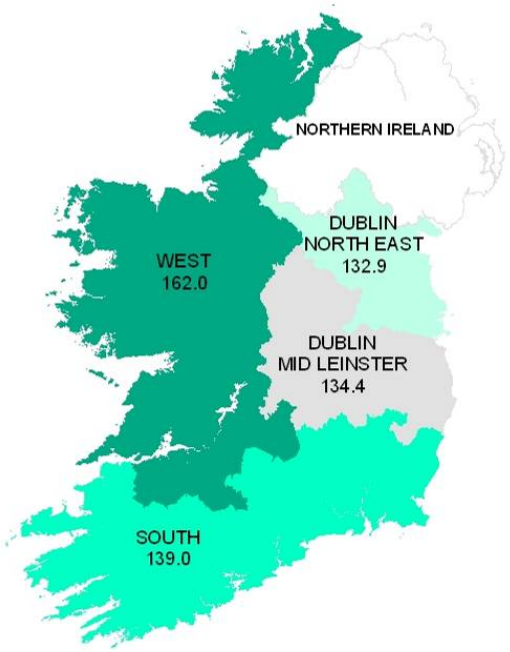


FIGURE 3.7
Age-Specific Discharge Rates (Per 1,000 Population) by HSE Area of Residence for Discharges Aged 15-44 Years

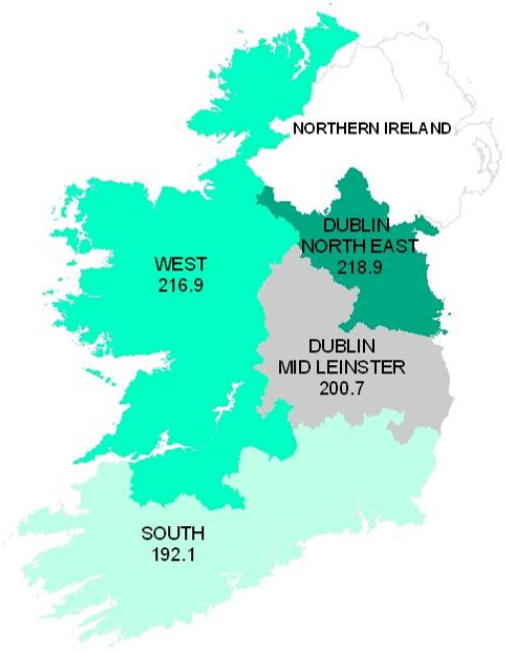


FIGURE 3.8
Age-Specific Discharge Rates (Per 1,000 Population) by HSE Area of Residence for Discharges Aged 45-64 Years

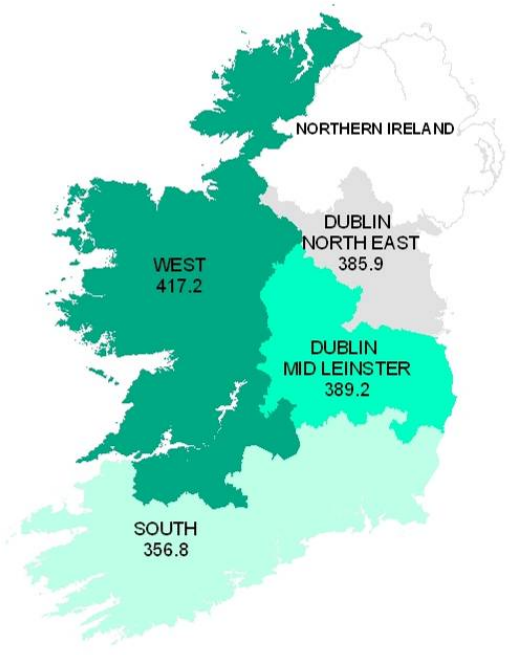


FIGURE 3.9
Age-Specific Discharge Rates (Per 1,000 Population) by HSE Area of Residence for Discharges Aged 65-74 Years

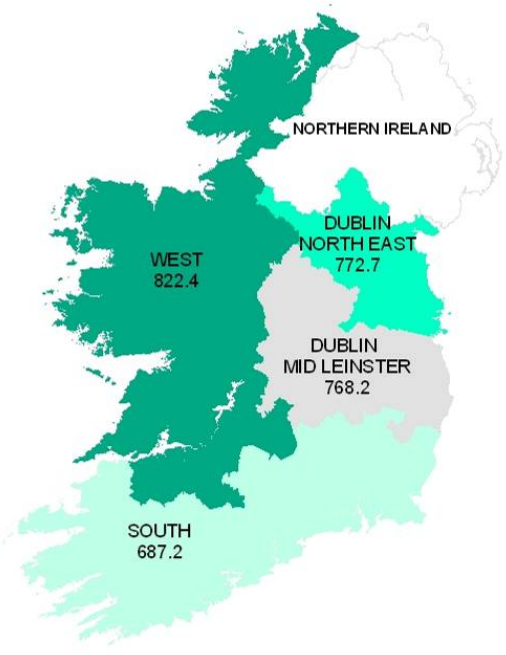


FIGURE 3.10
Age-Specific Discharge Rates (Per 1,000 Population) by HSE Area of Residence for Discharges Aged 75-84 Years

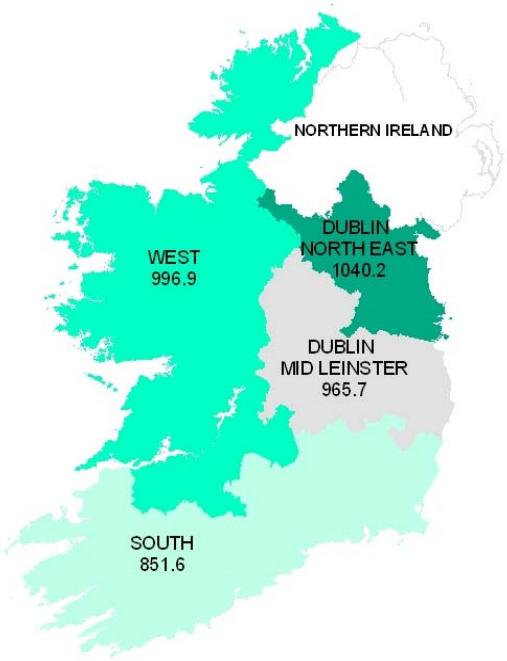
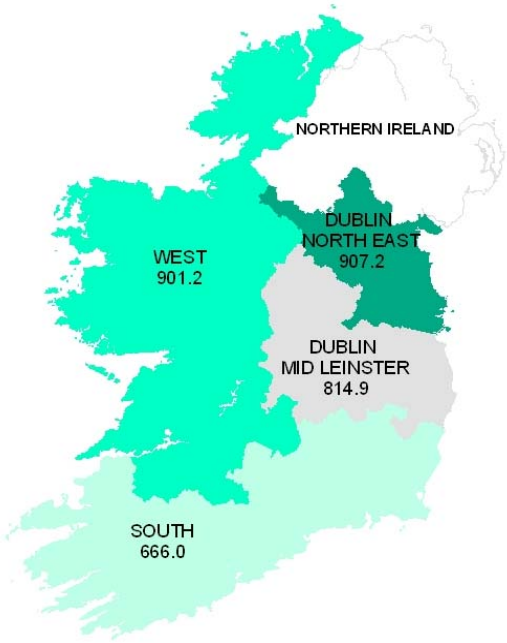


FIGURE 3.11
Age-Specific Discharge Rates (Per 1,000 Population) by HSE Area of Residence for Discharges Aged 85 Years and Over



GENERAL MEDICAL SERVICE (GMS) STATUS

In Ireland, health care may be provided free at the point of use to those who are entitled to a medical card. Eligibility for a medical card is predominately dependent on income or age.[5] It should be noted that where discharges are recorded as having a medical card this does not necessarily imply that the hospital discharge was publicly funded and vice versa. Table 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 Primary Care Reimbursement Service, over 30.1 per cent of the population were covered by a medical card in 2007.[6]

Of the total 1,317,626 discharges, 50.3 per cent were GMS, while non-GMS discharges accounted for 47.1 per cent. Extended stay in-patients had a higher proportion of GMS discharges (70.5 per cent) compared to acute in-patient GMS discharges (44.8 per cent). The corresponding proportions for non-GMS were 27.4 per cent and 53.0 per cent of extended stay and acute in-patients respectively (see Figure 3.12). Day patient discharges had a higher proportion of GMS discharges (54.3 per cent) compared to non-GMS discharges (42.8 per cent).

[5] With effect from 1 July 2001, the medical card scheme was extended to cover all persons aged 70 years and over, irrespective of means. In 2007, 38.8 per cent of GMS discharges reported to HIPE were 70 years and over.

[6] Data on the number of medical card holders in 2007 were obtained from http://www.hse.ie/eng/PCRS/PCRS_Publications/2007_Report.pdf; date consulted: 27 July 2009.

Within the general hospitals group, voluntary, regional and county hospitals reported a higher proportion of GMS discharges than non-GMS discharges (see Figure 3.13). In contrast, over six out of every ten discharges from special hospitals were non-GMS. However, there were differences in the GMS/non-GMS breakdown across the different types of special hospitals. More than 80 per cent of discharges from maternity hospitals were not medical card holders, which was the highest proportion of non-GMS discharges for any of the categories of special hospital. Maternity hospitals also reported the highest proportion of discharges for whom GMS status was unknown. In contrast, the cancer hospital recorded the highest proportion of GMS discharges.

Nationally, the in-patient average length of stay, reported in Table 3.7, 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 5.8 days in hospital, which was 2.1 days longer than their non-GMS counterparts. Extended stay in-patient discharges with a medical card had a similar length of stay to their non-GMS counterparts (59.8 days and 59.7 days respectively). Total in-patient GMS discharges from general hospitals had a longer average length of stay than non-GMS discharges (8.3 and 4.6 days respectively). Within the group of general hospitals, the average length of stay for GMS total in-patient discharges from voluntary hospitals was 5 days longer than those in regional hospitals and 5.5 days longer than those in county hospitals. Non-GMS discharges stayed around 2.7 days longer in voluntary hospitals than those in regional hospitals and 3.2 days longer than those in county hospitals (see Figure 3.14). Regional and county hospitals recorded similar average lengths of stay for GMS (7.3 and 6.8 days respectively) and non-GMS (4.2 and 3.7 days respectively) total in-patient discharges.

The total in-patient average lengths of stay for non-GMS discharges from general and special hospitals were broadly similar. GMS in-patient discharges from general hospitals stayed almost one day longer, on average, than those in special hospitals.

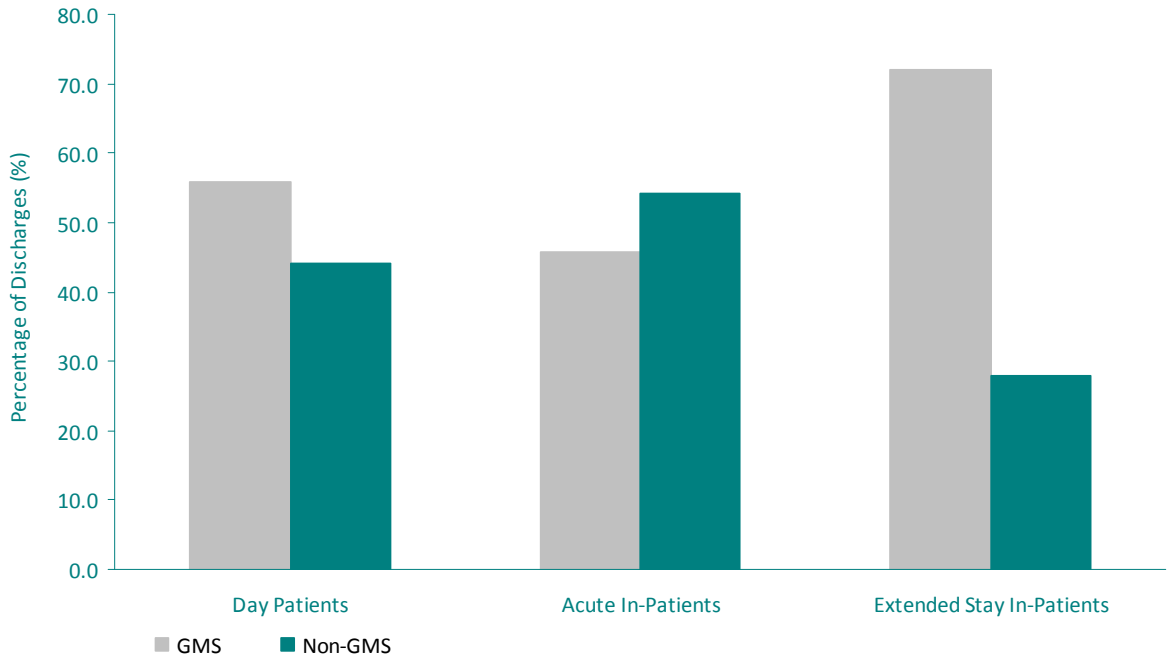
TABLE 3.7

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

	GMS			Non-GMS			Unknown[b]			Total		
	N	%	In-Patient Average Length of Stay	N	%	In-Patient Average Length of Stay	N	%	In-Patient Average Length of Stay	N	%	In-Patient Average Length of Stay
All Patient and Hospital Types												
Day Patients	**390,445**	**54.3**	–	**307,865**	**42.8**	–	**20,541**	**2.9**	–	**718,851**	**100**	–
In-Patients												
Acute (0-30 days)	260,907	44.8	5.8	308,251	53.0	3.7	12,876	2.2	5.0	582,034	100	4.7
Extended (>30 days)	11,810	70.5	59.8	4,592	27.4	59.7	339	2.0	59.1	16,741	100	59.8
Total In-Patients	**272,717**	**45.5**	**8.2**	**312,843**	**52.2**	**4.5**	**13,215**	**2.2**	**6.4**	**598,775**	**100**	**6.2**
Total Discharges (All Patient and Hospital Types)	**663,162**	**50.3**	–	**620,708**	**47.1**	–	**33,756**	**2.6**	–	**1,317,626**	**100**	–
General Hospitals												
Voluntary	194,413	49.0	12.3	176,522	44.5	6.9	25,991	6.5	7.1	396,926	100	9.5
Regional	190,551	58.5	7.3	132,213	40.6	4.2	2,720	0.8	3.8	325,484	100	5.8
County	214,283	52.4	6.8	192,622	47.1	3.7	1,650	0.4	5.0	408,555	100	5.2
Total (General)	**599,247**	**53.0**	**8.3**	**501,357**	**44.3**	**4.6**	**30,361**	**2.7**	**6.9**	**1,130,965**	**100**	**6.5**
Special Hospitals												
Cancer	26,001	61.2	21.1	16,456	38.7	17.6	32	0.1	21.0	42,489	100	20.4
Eye, Ear, Nose and Throat	3,057	42.7	2.9	4,068	56.9	3.1	26	0.4	2.0	7,151	100	3.0
Long Stay	551	46.8	19.4	614	52.2	16.5	12	1.0	14.8	1,177	100	17.9
Maternity	9,938	13.2	3.3	62,230	82.5	3.4	3,240	4.3	4.8	75,408	100	3.5
Orthopaedic	8,298	38.8	12.6	13,077	61.1	12.4	25	0.1	25.1	21,400	100	12.5
Paediatric	15,657	41.0	5.0	22,468	58.8	4.5	55	0.1	8.5	38,180	100	4.7
Other Care[c]	413	48.2	20.5	438	51.2	16.4	5	0.6	31.8	856	100	18.5
Total (Special)	**63,915**	**34.2**	**7.5**	**119,351**	**63.9**	**4.4**	**3,395**	**1.8**	**5.0**	**186,661**	**100**	**5.2**

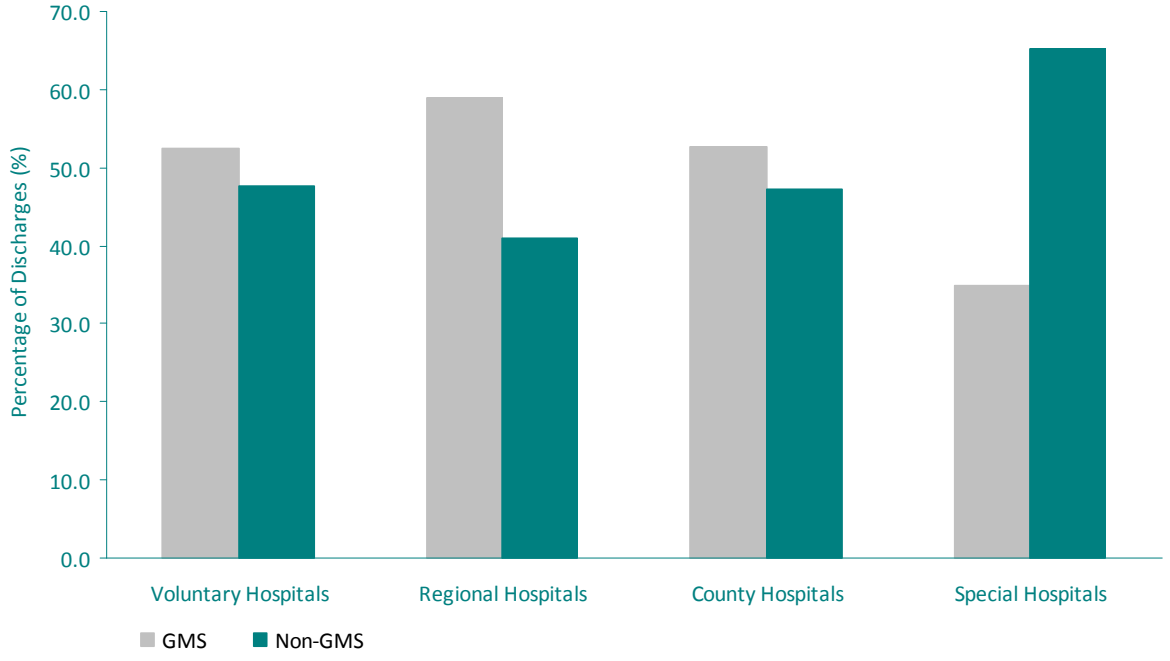
Notes:
Percentage columns subject to rounding.
[a] For general and special hospitals, average length of stay relates to total in-patients.
[b] Relates to discharges for whom GMS status was not known.
[c] 'Other care' hospitals provide a range of specialist services including infectious disease, elderly care, wound management and care of the young disabled.

FIGURE 3.12
Percentage of Discharges by GMS Status and Patient Type



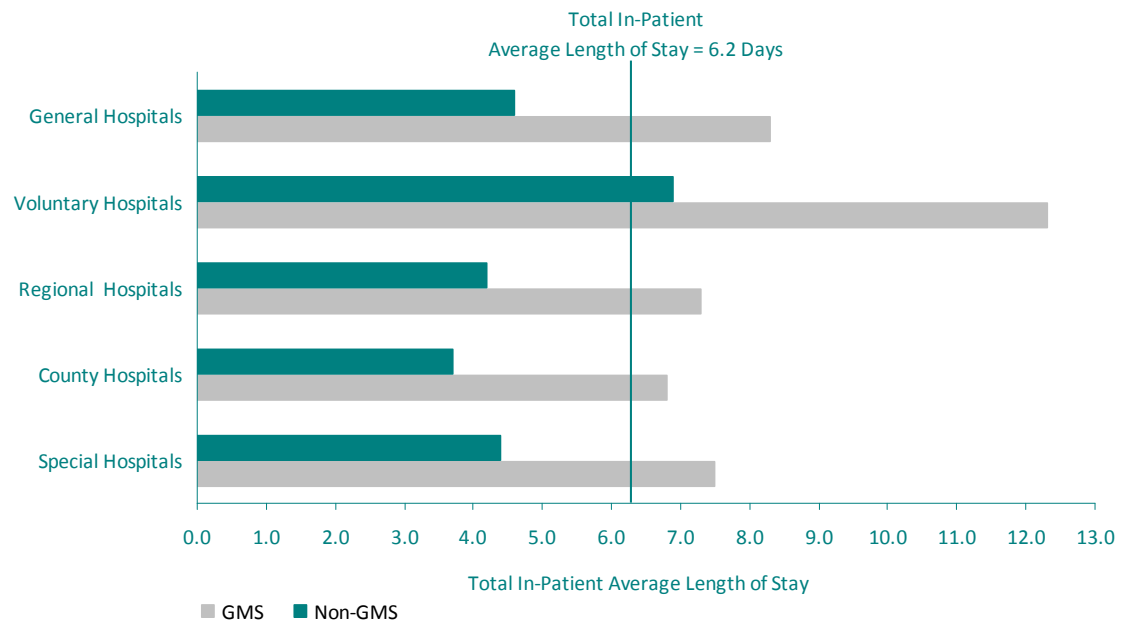
Note: Data have been recalculated to exclude those discharges for whom GMS status was unknown.

FIGURE 3.13
Percentage of Discharges by GMS Status and Hospital Type



Note: See note under Figure 3.12.

FIGURE 3.14
Total In-Patient Average Length of Stay (Days) by GMS Status and Hospital Type



Note: See note under Figure 3.12.

The GMS status of the discharges hospitalised in each HSE area are reported in Table 3.8 and shown in Figure 3.15. In the HSE South, HSE West and HSE Dublin North East areas at least half of total discharges were GMS patients. For the HSE Dublin Mid Leinster area, non-GMS discharges accounted for 56.5 per cent of total discharges.

TABLE 3.8
Total Discharges by GMS Status and HSE Area of Hospitalisation

	GMS		Non-GMS		Unknown[a]		Total	
	N	%	N	%	N	%	N	%
HSE Dublin North East	141,853	21.4	116,650	18.8	23,453	69.5	281,956	21.4
%	50.3		41.4		8.3		100	
HSE Dublin Mid Leinster	172,511	26.0	228,667	36.8	3,234	9.6	404,412	30.7
%	42.7		56.5		0.8		100	
HSE South	154,495	23.3	139,753	22.5	4,585	13.6	298,833	22.7
%	51.7		46.8		1.5		100	
HSE West	194,303	29.3	135,638	21.9	2,484	7.4	332,425	25.2
%	58.5		40.8		0.7		100	
Total	**663,162**	**100**	**620,708**	**100**	**33,756**	**100**	**1,317,626**	**100**
%	**50.3**		**47.1**		**2.6**		**100**	

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

FIGURE 3.15
Percentage of Total Discharges by GMS Status and HSE Area of Hospitalisation

Note: See note under Figure 3.12.

PUBLIC/PRIVATE STATUS

In HIPE, public/private status relates to whether the patient saw the consultant on a private or public basis. Private consultant care may be funded through private health insurance or out-of-pocket payment, although HIPE does not distinguish between these two methods of payment. As shown in Table 3.9, over three-quarters of total discharges were public. A higher proportion of day patients were public (82.4 per cent) compared to total in-patients (74.4 per cent). A higher proportion of extended stay in-patients were public patients compared to acute in-patients (80.5 per cent and 74.2 per cent respectively).

Over 80 per cent of discharges from general hospitals were public. Within the group of general hospitals, there were some differences in the public/private breakdown (see Figure 3.16). While voluntary and county hospitals discharged similar proportions of public patients (83.0 per cent and 80.1 per cent respectively), regional hospitals had the highest proportion of private discharges (23.0 per cent).

Examining the public/private classification by patient type in general hospitals, a higher proportion of day patient than in-patient discharges were public. Of all day patients discharged by voluntary hospitals, 86.6 per cent were public compared to 75.0 per cent of in-patients. In regional hospitals, 80.7 per cent were public compared to 71.2 per cent of in-patients. County hospitals had the highest proportion of public in-patient discharges (79.7 per cent).

Compared to general hospitals, special hospitals discharged a higher proportion of private patients, regardless of patient type. The low proportion of public discharges was also evident for a number of categories of special hospital. Just over a third of all discharges from maternity hospitals (36.2 per cent) were public.

The total in-patient average length of stay for public discharges was 6.4 days, which was almost one day longer than that for private discharges (5.7 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 had an average length of stay of almost four days longer than their private counterparts. As shown in Figure 3.17, the total public in-patient average length of stay was over one day longer in general compared to special hospitals (6.6 days and 5.5 days respectively). For private in-patients, the average length of stay in general hospitals was over 1.5 days longer compared to special hospitals (6.1 days and 4.5 days respectively).

Within the group of general hospitals, the total in-patient average length of stay for public discharges was longer than that for private discharges for all hospital types. It is worth noting that factors such as case complexity and the ratio of in-patients to day patients may explain the differences in average length of stay across the hospital types. For both private and public discharges, the in-patient average length of stay in voluntary hospitals was longer than that in both regional and county hospitals.

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

TABLE 3.9

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

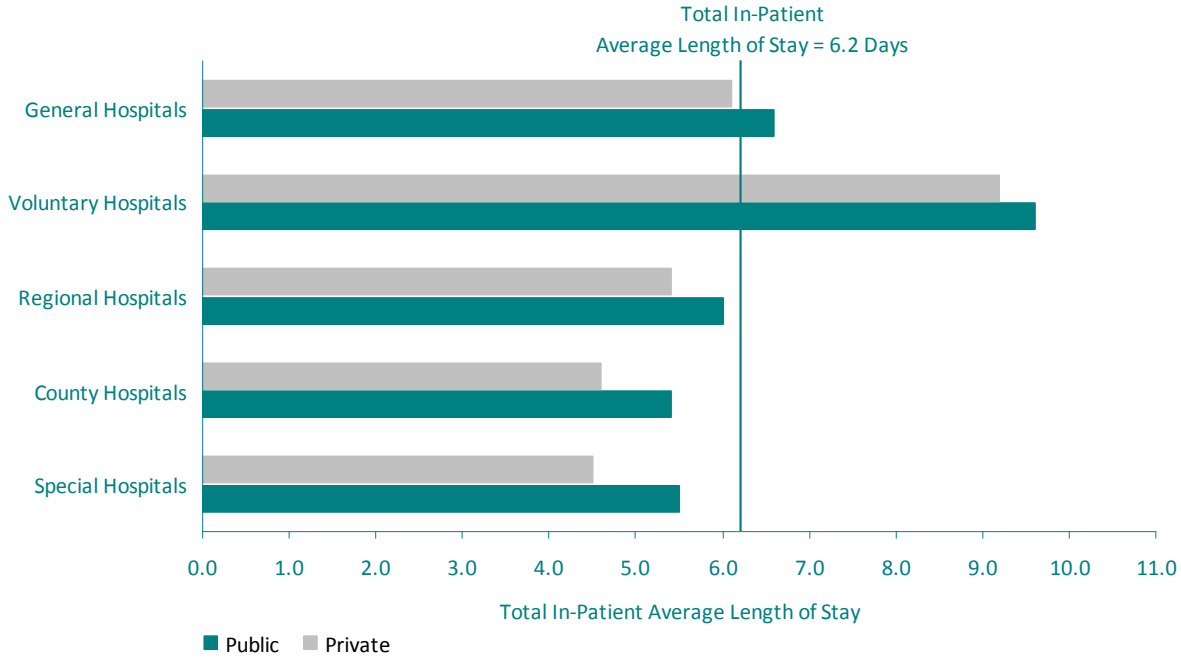
	Public			Private			Total		
	N	%	In-Patient Average Length of Stay	N	%	In-Patient Average Length of Stay	N	%	In-Patient Average Length of Stay
All Hospital and Patient Types									
Day Patients	**592,290**	**82.4**	**–**	**126,561**	**17.6**	**–**	**718,851**	**100**	**–**
In-Patients									
Acute (0-30 days)	431,812	74.2	4.7	150,222	25.8	4.6	582,034	100	4.7
Extended (>30 days)	13,482	80.5	60.5	3,259	19.5	56.9	16,741	100	59.8
Total In-Patients	**445,294**	**74.4**	**6.4**	**153,481**	**25.6**	**5.7**	**598,775**	**100**	**6.2**
Total Discharges (All Hospital and Patient Types)	**1,037,584**	**78.7**	**3.3**	**280,042**	**21.3**	**3.6**	**1,317,626**	**100**	**3.4**
General Hospitals									
Day Patients	531,554	83.2	–	107,100	16.8	–	638,654	100	–
In-Patients	375,842	76.3	6.6	116,469	23.7	6.1	492,311	100	6.5
Total Discharges (General)	**907,396**	**80.2**	**–**	**223,569**	**19.8**	**–**	**1,130,965**	**100**	**–**
Voluntary[a]	**329,380**	**83.0**	**3.4**	**67,546**	**17.0**	**4.8**	**396,926**	**100**	**3.6**
Day Patients	236,654	86.6	–	36,613	13.4	–	273,267	100	–
In-Patients	92,726	75.0	9.6	30,933	25.0	9.2	123,659	100	9.5
Regional[a]	**250,650**	**77.0**	**2.8**	**74,834**	**23.0**	**3.1**	**325,484**	**100**	**2.9**
Day Patients	159,828	80.7	–	38,130	19.3	–	197,958	100	–
In-Patients	90,822	71.2	6.0	36,704	28.8	5.4	127,526	100	5.8
County[a]	**327,366**	**80.1**	**3.6**	**81,189**	**19.9**	**3.2**	**408,555**	**100**	**3.5**
Day Patients	135,072	80.7	–	32,357	19.3	–	167,429	100	–
In-Patients	192,294	79.7	5.4	48,832	20.3	4.6	241,126	100	5.2
Special Hospitals									
Day Patients	60,736	75.7	–	19,461	24.3	–	80,197	100	–
In-Patients	69,452	65.2	5.5	37,012	34.8	4.5	106,464	100	5.2
Total Discharges (Special)	**130,188**	**69.7**	**–**	**56,473**	**30.3**	**–**	**186,661**	**100**	**–**
Cancer	35,336	83.2	20.8	7,153	16.8	19.4	42,489	100	20.4
Eye, Ear, Nose and Throat	4,271	59.7	2.9	2,880	40.3	3.1	7,151	100	3.0
Long Stay	672	57.1	18.4	505	42.9	17.1	1,177	100	17.9
Maternity	48,089	63.8	3.4	27,319	36.2	3.6	75,408	100	3.5
Orthopaedic	15,891	74.3	14.7	5,509	25.7	7.6	21,400	100	12.5
Paediatric	25,158	65.9	4.8	13,022	34.1	4.3	38,180	100	4.7
Other Care[b]	771	90.1	19.6	85	9.9	8.2	856	100	18.5

Notes: [a] Overall average lengths of stay for voluntary, regional and county hospitals include day patients.

[b] 'Other care' provide a range of specialist services including infectious disease, elderly care, wound management and care of the young disabled.

FIGURE 3.16
Total Discharges by Public/Private Status and Hospital Type

FIGURE 3.17
Total In-Patient Average Length of Stay (Days) by Public/Private Status and Hospital Type



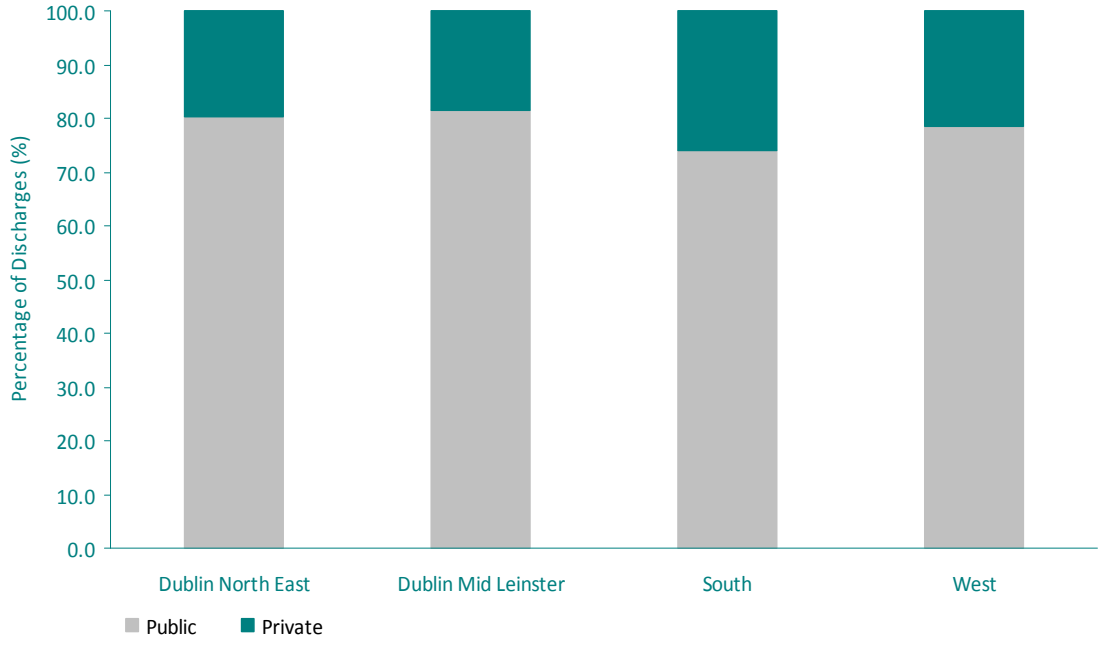
The public/private composition of discharges by HSE area of hospitalisation is represented in Table 3.10 and Figure 3.18. The HSE Dublin Mid Leinster area accounted for the largest proportion of public discharges (31.7 per cent) and HSE South accounted for the largest proportion of private discharges (27.7 per cent). Within the HSE areas there was a higher proportion of public discharges in the HSE Dublin Mid Leinster area (81.4 per cent) compared to the HSE South area which had the lowest proportion of public discharges (74.1 per cent).

TABLE 3.10
Total Discharges by Public/Private Status and HSE Area of Hospitalisation

	Public Discharges		Private Discharges		Total Discharges	
	N	%	N	%	N	%
HSE Dublin North East	226,338	21.8	55,618	19.9	281,956	21.4
%	80.3		19.7		100	
HSE Dublin Mid Leinster	329,310	31.7	75,102	26.8	404,412	30.7
%	81.4		18.6		100	
HSE South	221,399	21.3	77,434	27.7	298,833	22.7
%	74.1		25.9		100	
HSE West	260,537	25.1	71,888	25.7	332,425	25.2
%	78.4		21.6		100	
Total	**1,037,584**	**100**	**280,042**	**100**	**1,317,626**	**100**
%	**78.7**		**21.3**		**100**	

Note: Percentage columns are subject to rounding.

FIGURE 3.18
Percentage of Total Discharges by Public/Private Status and HSE Area of Hospitalisation



INTER-REGIONAL FLOW OF DISCHARGES

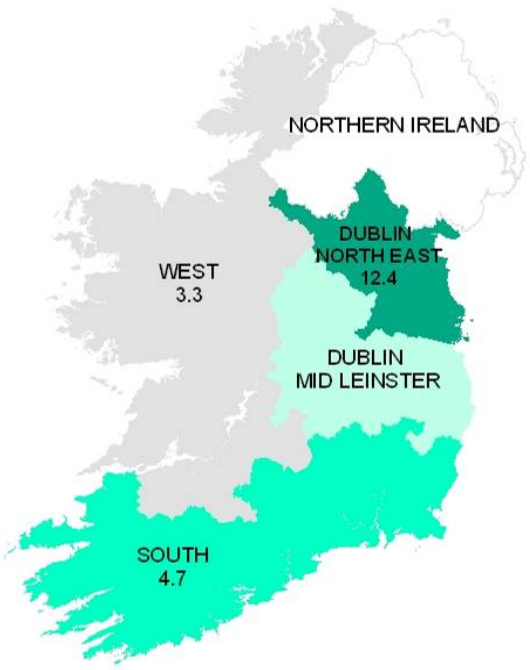
Table 3.11 reports the area of residence for patients who were hospitalised in each of the four HSE areas. Thus, of the discharges treated in the HSE Dublin North East area, 85.0 per cent were living in that area, 10.9 per cent were from the neighbouring HSE Dublin Mid Leinster area, and the remainder were from the other two health areas. For the majority of discharges, their HSE area of residence was the same as their HSE area of hospitalisation. Figure 3.19 shows the HSE area of residence for discharges hospitalised in the HSE Dublin Mid Leinster area. Of discharges hospitalised in the HSE Dublin Mid Leinster area, 20.4 per cent were resident outside this area. Discharges were more likely to travel to the HSE Dublin Mid Leinster area for treatment if they were resident in the HSE Dublin North East area. In contrast, lower proportions of discharges treated in the HSE Dublin Mid Leinster area were residents of the two remaining health areas.

TABLE 3.11
Percentage of Total Discharges by HSE Area of Hospitalisation and HSE Area of Residence

HSE Area of Residence	HSE Area of Hospitalisation			
	HSE Dublin North East	HSE Dublin Mid Leinster	HSE South	HSE West
HSE Dublin North East	**85.0**	12.4	0.1	0.3
HSE Dublin Mid Leinster	10.9	**79.6**	0.7	2.4
HSE South	1.6	4.7	**96.9**	0.8
HSE West	2.5	3.3	2.3	**96.5**
Total	**100**	**100**	**100**	**100**

Notes: For example, 85.0 per cent of discharges treated in the HSE Dublin North East area were resident in that area, and 2.5 per cent of discharges treated in the HSE Dublin North East area were resident in the HSE West area.
A small number of discharges have no HSE area of residence (including discharges resident outside the Republic of Ireland and those with no fixed abode). This table excludes those discharges for whom HSE area of residence was unknown or not applicable.
Percentage columns are subject to rounding.

FIGURE 3.19
Percentage of Total Discharges Hospitalised in the HSE Dublin Mid Leinster Area and Resident in Other HSE Areas



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

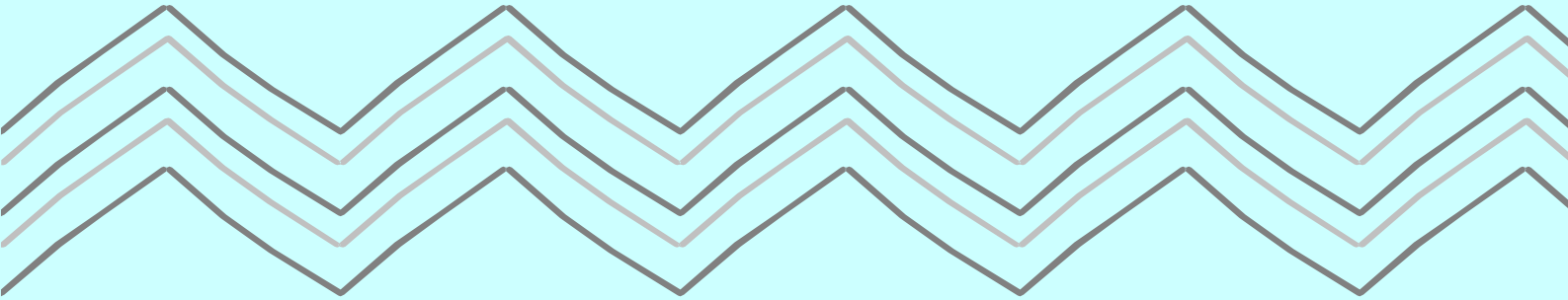
The focus of Figure 3.20 is the HSE Dublin North East area which, according to Table 3.12, had the lowest proportion of discharges treated within their residential health area (82.3 per cent). Specifically, Figure 3.20 shows the HSE area of hospitalisation in which discharges resident in the HSE Dublin North East area were treated. As observed in Figure 3.20, the flows were generally strongest from the HSE Dublin North East area to the HSE Dublin Mid Leinster area (17.2 per cent).

TABLE 3.12
Percentage of Total Discharges by HSE Area of Residence and HSE Area of Hospitalisation

HSE Area of Hospitalisation	HSE Area of Residence			
	HSE Dublin North East	HSE Dublin Mid Leinster	HSE South	HSE West
HSE Dublin North East	**82.3**	8.5	1.4	2.1
HSE Dublin Mid Leinster	17.2	**88.7**	6.0	3.8
HSE South	0.1	0.6	**91.7**	2.0
HSE West	0.3	2.2	0.9	**92.1**
Total	**100**	**100**	**100**	**100**

Notes: Percentage columns are subject to rounding.
For example, 88.7 per cent of discharges resident in the HSE Dublin Mid Leinster area were treated in that area, and 8.5 per cent of HSE Dublin Mid Leinster resident discharges were treated in the HSE Dublin North East area.
A small number of discharges have no HSE area of residence (including discharges resident outside the Republic of Ireland and those with no fixed abode). This table excludes those discharges for whom HSE area of residence was unknown or not applicable.

FIGURE 3.20
Percentage of Total Discharges Resident in the HSE Dublin North East Area and Hospitalised in Other HSE Areas



SECTION

FOUR

Morbidity Analysis for Hospital Discharges in 2007

SUMMARY

Discharges by Diagnosis

- In 2007, an average of 2.6 diagnoses were recorded for each HIPE discharge.
- Total in-patients were found, on average, to have 3.3 diagnoses compared to 2.0 for day patients.
- The average number of diagnoses recorded was slightly higher for male discharges (2.6 diagnoses) than for female discharges (2.5 diagnoses).
- The average number of diagnoses generally increased with age, regardless of patient type. The average number of diagnoses for those aged under 15 years was 2.3; this increased to 3.0 for those aged 65 years and over.
- Almost 60 per cent of all day patients had one of the top 20 principal day patient diagnoses.
- 'Other medical care' (includes chemotherapy and radiotherapy encounters) was the most common principal diagnosis among day patients in 2007, accounting for 21.1 per cent of total day patient discharges.
- The top 20 most common principal diagnoses for total in-patients accounted for 29.0 per cent of total in-patient discharges.
- The most common principal diagnosis for in-patients was 'perineal laceration during delivery', which accounted for 2.9 per cent of total in-patients.

Discharges by Procedure

- Principal procedures were recorded for 79.1 per cent of total discharges in 2007, with an average of 1.8 procedures performed on these discharges.
- The top 20 principal procedure blocks for day patients accounted for 75.8 per cent of total day patients who had a principal procedure. Similarly, 50.1 per cent of total in-patients with a procedure underwent one of the top 20 principal procedures.
- For day patients, the most common principal procedure block was 'haemodialysis'. This procedure block accounted for 22.8 per cent of day patients with a principal procedure. For in-patients the most common principal procedure block was 'generalised allied health interventions'. This accounted for 10.9 per cent of total in-patients with a principal procedure.
- The average length of stay for acute in-patients with a principal procedure was 5.8 days.

INTRODUCTION

The analysis in this Section focuses on the diagnoses and procedures recorded for discharges reported to the Hospital In-Patient Enquiry (HIPE) scheme in 2007. The most common principal diagnoses are analysed first, followed by a detailed analysis of principal and all-listed diagnoses by sex and age. The most frequently reported procedures performed are outlined together with a breakdown of principal and all-listed procedures by patient demographics. In 2005, for the first time, the diagnoses and procedures were coded using the 10th Revision of the International Classification of Diseases, Australian Modification, 4th Edition (ICD-10-AM) incorporating the Australian Classification for Health Interventions (ACHI).[1] In 2007, HIPE collected principal diagnosis and principal procedure (where necessary), together with up to nineteen additional diagnosis codes and nineteen additional procedure codes.[2]

DIAGNOSES

A **principal diagnosis** is defined as, '…the diagnosis established after study to be chiefly responsible for occasioning the patient's episode of care in hospital (or attendance at the health care facility…)'.[3] An **additional diagnosis** is defined as, '…a condition or complaint either coexisting with the principal diagnosis or arising during the episode of care or attendance at a health care facility…' and may be used as an indication of the level of comorbidity.[4] Additional diagnoses are interpreted as conditions that generally result in an extended length of hospital stay and require therapeutic treatment, diagnostic intervention or increased nursing care and/or monitoring. In ICD-10-AM, a condition is not routinely coded if a patient is continuing a course of medication for treatment of the condition. However, if the medication is altered or adjusted during the episode of care, the condition is coded.[5] This change in the coding of additional diagnoses should be taken into account in any comparison of discharge data reported for years prior to 2005.

On average, 2.6 diagnoses were recorded for each HIPE discharge in 2007, which is the same as that recorded in 2006. The average number of diagnoses varied for day and in-patients. Total in-patients reported 3.3 diagnoses, on average, compared to 2.0 diagnoses for day patients. The average number of all-listed diagnoses was slightly higher for total male discharges compared with female discharges, 2.6 for males and 2.5 for females, again representing no change from 2006. This difference between males and females was more

---

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

2 In addition to the principal diagnosis and principal procedure codes, from 1995-2001 HIPE collected five secondary diagnosis codes and three secondary procedure codes. From 2001 to 2004, HIPE collected nine secondary diagnosis codes and nine secondary procedure codes. For further information on changes in coding see our previous reports, available at www.esri.ie.

3 National Centre of Classification in Health (NCCH), 2004. *The International Statistical Classification of Diseases and Related Health Problems, Tenth Revision, Australian Modification. Volume 5: Australian Coding Standards*. Sydney: NCCH, Faculty of Health Sciences, The University of Sydney. Page 6. This differs slightly to the ICD-9-CM definition of the principal diagnosis: '…that condition established after study to be chiefly responsible for occasioning admission to the hospital for care'.

4 NCCH (2004), p 9.

5 NCCH (2004), p 9.

apparent when comparing total in-patients. Total male in-patients recorded 3.6 diagnoses on average, which was 16.1 per cent higher than the 3.1 diagnoses for their female counterparts. The average number of diagnoses for day patients was higher for males and it generally increased with age, regardless of patient type. The positive association between age and the number of diagnoses was particularly strong among in-patients, where the average number of diagnoses recorded by the oldest age group was 4.4 diagnoses, compared with the average of 2.5 diagnoses recorded for discharges aged less than 15 years.

TABLE 4.1
Average Number of All-Listed Diagnoses by Patient Type, Sex and Age Group

	Day Patients	In-Patients	Total Discharges
Total	**2.0**	**3.3**	**2.6**
Sex			
Male	2.0	3.6	2.6
Female	1.9	3.1	2.5
Age Group			
Under 15 years	1.8	2.5	2.3
15-44 years	1.7	2.8	2.3
45-64 years	2.0	3.5	2.5
65 years and over	2.1	4.4	3.0

Top 20 Principal Diagnoses

In 2007, 718,851 principal diagnoses were recorded for day patients. The 20 most commonly reported principal diagnoses, analysed at the three-digit level, for day patients are presented in Table 4.2 and shown in Figure 4.1. Almost 60 per cent of day patients were diagnosed with one of the top 20 principal diagnoses. The principal diagnoses of 'other medical care' (includes chemotherapy and radiotherapy encounters) and 'care involving dialysis', accounted for the largest proportions of total day patients (each accounting for 21.1 per cent). Together they accounted for 70.8 per cent of the top 20 principal diagnoses for day patients and 42.2 per cent of total day patient discharges.

The 2007 ranking of the top 20 principal diagnoses for day patients was broadly similar to that reported in 2006. In particular, the top ten most common principal diagnoses remained unchanged over the two years, albeit in slightly different order. However, while 'special screening examination for other diseases and disorders', was ranked among the top 20 principal diagnoses for day patients in 2006, this principal diagnosis did not appear in the 2007 listing. Instead, the diagnosis of 'follow-up examination after treatment for malignant neoplasms', which did not appear in the 2006 listing appeared in the 2007 ranking. The close to threefold increase in the number of discharges with a principal diagnosis of 'psoriasis' between 2006 and 2007 reflects an increase in the number of day patient dermatology discharges reported to HIPE as a result of the reconfiguration of services across two hospitals.

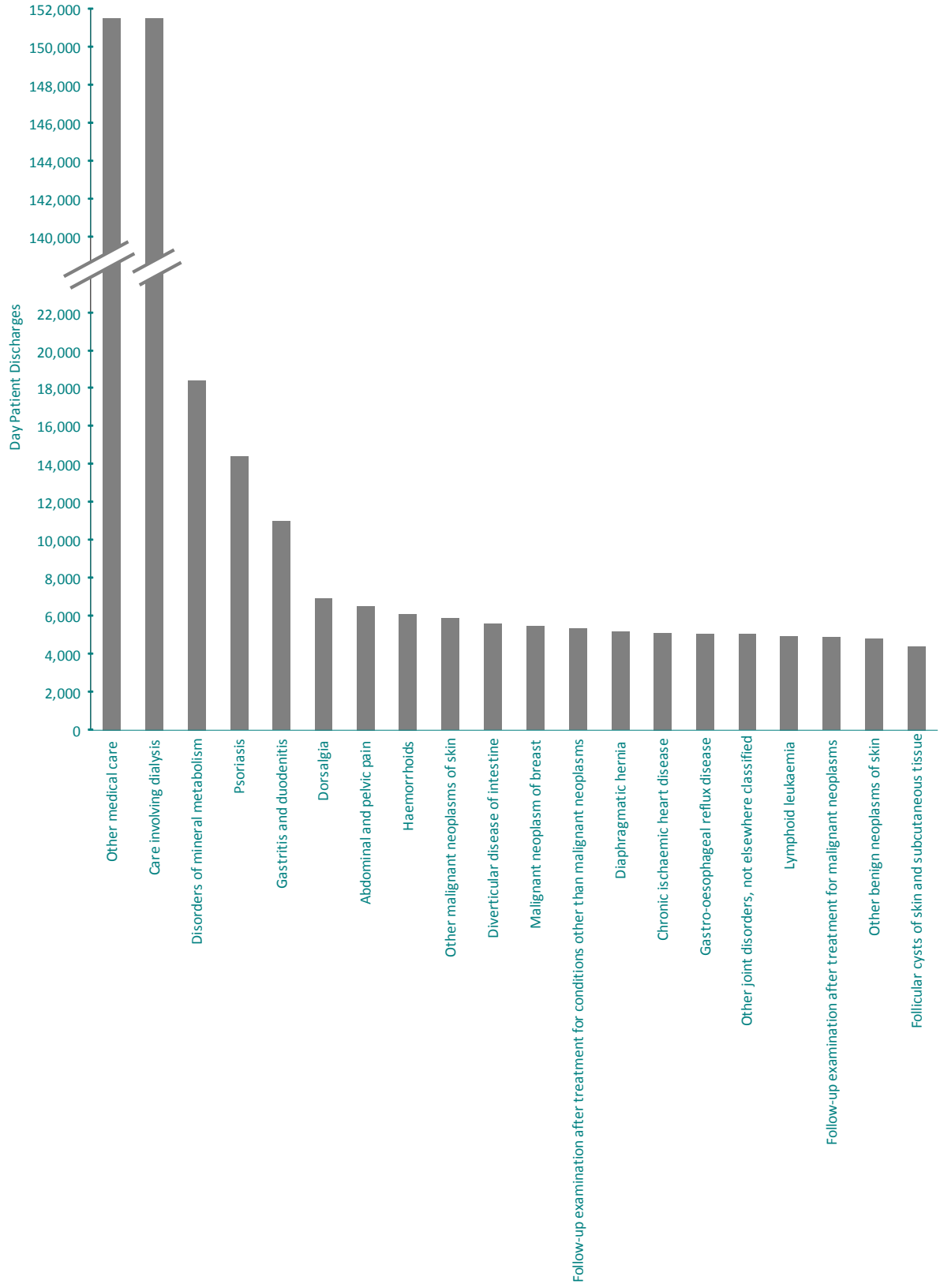
TABLE 4.2

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

Rank	Principal Diagnosis	ICD-10-AM Code[a]	N	% of Top 20 Principal Diagnoses for Day Patients	% of Total Day Patients
1	Other medical care[b]	Z51	151,552	35.4	21.1
2	Care involving dialysis	Z49	151,509	35.4	21.1
3	Disorders of mineral metabolism	E83	18,455	4.3	2.6
4	Psoriasis	L40	14,453	3.4	2.0
5	Gastritis and duodenitis	K29	11,006	2.6	1.5
6	Dorsalgia (Back pain)	M54	6,979	1.6	1.0
7	Abdominal and pelvic pain	R10	6,539	1.5	0.9
8	Haemorrhoids	I84	6,156	1.4	0.9
9	Other malignant neoplasms of skin	C44	5,884	1.4	0.8
10	Diverticular disease of intestine	K57	5,581	1.3	0.8
11	Malignant neoplasm of breast	C50	5,490	1.3	0.8
12	Follow-up examination after treatment for conditions other than malignant neoplasms	Z09	5,360	1.3	0.7
13	Diaphragmatic hernia	K44	5,181	1.2	0.7
14	Chronic ischaemic heart disease	I25	5,141	1.2	0.7
15	Gastro-oesophageal reflux disease	K21	5,077	1.2	0.7
16	Other joint disorders, not elsewhere classified	M25	5,042	1.2	0.7
17	Lymphoid leukaemia	C91	4,938	1.2	0.7
18	Follow-up examination after treatment for malignant neoplasms	Z08	4,874	1.1	0.7
19	Other benign neoplasms of skin	D23	4,802	1.1	0.7
20	Follicular cysts of skin and subcutaneous tissue	L72	4,404	1.0	0.6
Top 20 Principal Diagnoses for Day Patients – Total		**-**	**428,423**	**100**	**59.6**
Day Patients – Total		**-**	**718,851**	**-**	**-**

Notes:
Percentage columns are subject to rounding.
[a] ICD-10-AM diagnosis codes analysed at three-digit level.
[b] Includes chemotherapy and radiotherapy encounters.

FIGURE 4.1
Top 20 Principal Diagnoses for Day Patients



See notes under Table 4.2.

While the top 20 principal diagnoses for day patients accounted for almost 60 per cent of discharges for this group, the equivalent proportion for total in-patients was substantially lower with 29.0 per cent of total in-patient discharges reporting one of the 20 most common principal diagnoses. As shown in Table 4.3, the most common principal diagnosis for in-patients was 'perineal laceration during delivery', which accounted for 2.9 per cent of total in-patients. A slightly smaller proportion of total in-patients were discharged with the second most frequently reported principal diagnosis, 'pain in throat and chest'. The total in-patient average length of stay for the top 20 principal diagnoses ranged from 1.3 days for 'false labour' to 12.4 days for 'heart failure'. Figure 4.2 shows the volume of in-patient activity for each of these top 20 principal diagnoses together with their total in-patient average length of stay. In addition to the most common principal diagnosis, four other obstetrical diagnoses also ranked in the top 20 (including 'other maternal diseases classifiable elsewhere but complicating pregnancy, childbirth and the puerperium', 'single spontaneous delivery', 'labour and delivery complicated by fetal stress [distress]', and 'false labour').

The ranking of the top 20 principal in-patient diagnoses in 2007 was generally similar to that for 2006. In particular, the top three principal diagnoses, 'perineal laceration during delivery', 'pain in throat and chest' and 'other maternal diseases classifiable elsewhere but complicating pregnancy, childbirth and the puerperium', were the same in 2006 and 2007. Only one principal diagnosis that was listed in the 2006 ranking was not among the top 20 in 2007. This principal diagnosis was 'chronic ischaemic heart disease'; it has been replaced in the 2007 top 20 principal in-patient diagnoses list by 'atrial fibrillation and flutter'.

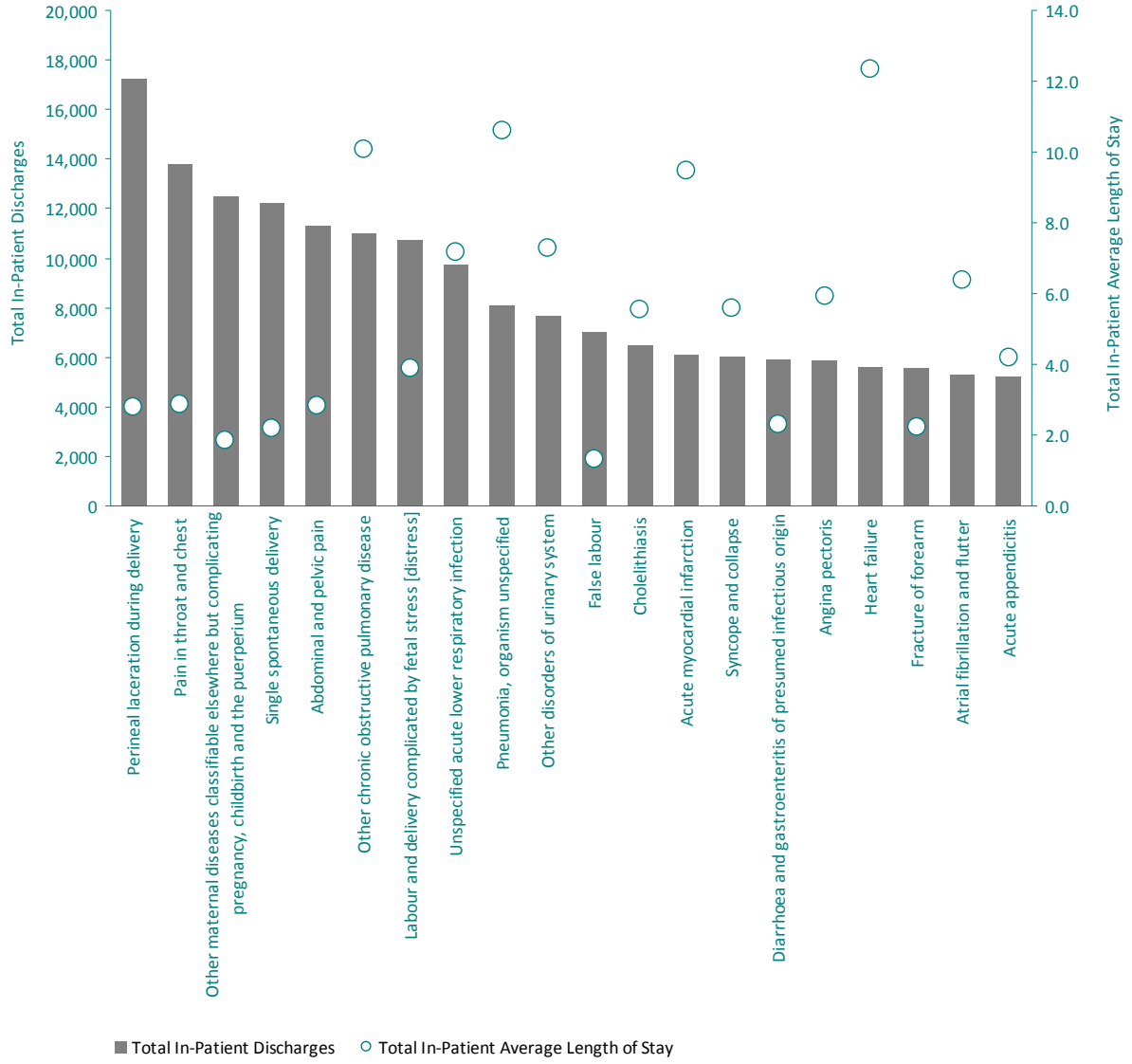
TABLE 4.3

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

Rank	Principal Diagnosis	ICD-10-AM Code[a]	N	% of Top 20 Principal Diagnoses for In-Patients	% of Total In-Patients	Total In-Patient Average Length of Stay[b]
1	Perineal laceration during delivery	O70	17,269	10.0	2.9	2.8
2	Pain in throat and chest	R07	13,816	8.0	2.3	2.9
3	Other maternal diseases classifiable elsewhere but complicating pregnancy, childbirth and the puerperium	O99	12,528	7.2	2.1	1.8
4	Single spontaneous delivery	O80	12,245	7.1	2.0	2.2
5	Abdominal and pelvic pain	R10	11,317	6.5	1.9	2.8
6	Other chronic obstructive pulmonary disease	J44	11,010	6.3	1.8	10.1
7	Labour and delivery complicated by fetal stress [distress]	O68	10,703	6.2	1.8	3.9
8	Unspecified acute lower respiratory infection	J22	9,766	5.6	1.6	7.2
9	Pneumonia, organism unspecified	J18	8,110	4.7	1.4	10.6
10	Other disorders of urinary system	N39	7,651	4.4	1.3	7.3
11	False labour	O47	7,032	4.1	1.2	1.3
12	Cholelithiasis	K80	6,448	3.7	1.1	5.5
13	Acute myocardial infarction	I21	6,074	3.5	1.0	9.5
14	Syncope and collapse	R55	6,015	3.5	1.0	5.6
15	Diarrhoea and gastroenteritis of presumed infectious origin	A09	5,920	3.4	1.0	2.3
16	Angina pectoris	I20	5,901	3.4	1.0	5.9
17	Heart failure	I50	5,631	3.2	0.9	12.4
18	Fracture of forearm	S52	5,553	3.2	0.9	2.2
19	Atrial fibrillation and flutter	I48	5,288	3.0	0.9	6.4
20	Acute appendicitis	K35	5,227	3.0	0.9	4.2
Top 20 Principal Diagnoses for In-Patients – Total		**-**	**173,504**	**100**	**29.0**	**4.9**
In-Patients – Total		**-**	**598,775**	**-**	**-**	**6.2**

Notes:
Percentage columns are subject to rounding.
[a] ICD-10-AM diagnosis codes analysed at three-digit level.
[b] Includes acute and extended stay in-patients.

FIGURE 4.2
Top 20 Principal Diagnoses for Total In-Patients with Total In-Patient Average Length of Stay (Days)



See notes under Table 4.3.

Principal and All-Listed Diagnoses

Selected principal diagnoses recorded for total male and female discharges in 2007 are listed in Table 4.4. The presentation of morbidity data here is formatted by chapter within the ICD-10-AM coding scheme, with certain specific conditions within these chapters reported separately.

Principal diagnoses within 'factors influencing health status and contact with health services' amounted to 360,133 discharges. 'Other medical care', which includes radiotherapy and chemotherapy encounters, accounted for 42.1 per cent of discharges within this category. More than 100,000 total discharges were recorded for 'diseases of the digestive system', 'pregnancy, childbirth and the puerperium', and 'neoplasms'.

Almost 53.3 per cent of discharges are female which is related to the high volume of diagnoses classified to the chapter 'pregnancy, childbirth and the puerperium' (9.1 per cent of total discharges). There were other examples in which the principal diagnosis was more common in either males or females. Of the 72,686 discharges with a principal diagnosis related to 'diseases of the circulatory system', 58.0 per cent related to male discharges. Furthermore, within this chapter 70.4 per cent of discharges with a principal diagnosis of 'other ischaemic heart disease' were male. The majority of discharges with a principal diagnosis in the 'diseases of the genitourinary system' chapter were female (62.8 per cent). Within several of the other ICD-10-AM chapters, the division of principal diagnoses between male and female discharges was approximately equal. For instance, of the 121,412 principal diagnoses under 'diseases of the digestive system', 50.9 per cent were for female discharges.

TABLE 4.4

Total Discharges by Principal Diagnosis and Sex

Principal Diagnosis	ICD-10-AM Code	Male	Female	Total Discharges
Total Discharges	–	**615,312**	**702,314**	**1,317,626**
Certain infectious and parasitic diseases	**A00-B99**	**10,955**	**10,693**	**21,648**
Intestinal infectious diseases including diarrhoea	A00-A09	4,461	4,674	9,135
Tuberculosis[a]	A15-A19	332	210	542
Septicaemia	A40-A41	795	671	1,466
Human immunodeficiency virus [HIV] disease	B20-B24	114	46	160
Neoplasms	**C00-D48**	**51,168**	**55,729**	**106,897**
Malignant neoplasms	C00-C96	40,298	39,028	79,326
Malignant neoplasm of colon, rectum and anus (primary)	C18-C21	5,103	3,287	8,390
Malignant neoplasm of trachea, bronchus and lung (primary)	C33-C34	3,551	2,538	6,089
Malignant neoplasm of skin (primary)	C43-C44	4,330	3,492	7,822
Malignant neoplasm of breast (primary)	C50	50	8,620	8,670
Malignant neoplasms of female genital organs (primary)	C51-C58	0	4,196	4,196
Malignant neoplasm of prostate (primary)	C61	2,876	0	2,876
Malignant neoplasm of bladder (primary)	C67	1,683	688	2,371
Malignant neoplasms of lymphoid, haematopoietic and related tissue	C81-C96	11,972	8,711	20,683
Benign neoplasms and neoplasms of uncertain or unknown behaviour	D10-D48	10,212	14,141	24,353
Diseases of the blood and blood-forming organs and certain disorders involving the immune mechanism	**D50-D89**	**8,209**	**9,405**	**17,614**
Endocrine, nutritional and metabolic diseases	**E00-E89**	**23,040**	**13,056**	**36,096**
Diabetes mellitus	E10-E14	5,440	4,038	9,478
Cystic fibrosis	E84	819	732	1,551
Mental and behavioural disorders	**F00-F99**	**3,702**	**2,667**	**6,369**
Mental and behavioural disorders due to alcohol	F10	2,262	873	3,135
Mental and behavioural disorders due to use of other psychoactive substance	F11-F19	166	83	249
Diseases of nervous system	**G00-G99**	**10,356**	**11,259**	**21,615**
Multiple sclerosis	G35	754	1,788	2,542
Epilepsy	G40, G41	2,132	1,811	3,943
Transient cerebral ischaemic attacks and related syndromes	G45	1,253	1,353	2,606
Diseases of the eye and adnexa	**H00-H59**	**10,340**	**13,202**	**23,542**
Diseases of the ear and mastoid process	**H60-H95**	**5,193**	**4,625**	**9,818**
Diseases of the circulatory system	**I00-I99**	**42,182**	**30,504**	**72,686**
Hypertensive diseases	I10-I15	1,261	1,462	2,723
Angina pectoris	I20	4,382	2,257	6,639
Acute myocardial infarction	I21-I22	4,240	2,010	6,250
Other ischaemic heart disease	I23-I25	7,187	3,027	10,214
Pulmonary heart disease and diseases of pulmonary circulation	I26-I28	582	762	1,344
Conduction disorders and cardiac arrhythmias	I44-I49	6,099	4,158	10,257
Heart failure	I50	3,196	2,575	5,771
Cerebrovascular disease	I60-I69	3,848	3,511	7,359
Atherosclerosis (non-coronary)	I70	875	580	1,455
Diseases of the respiratory system	**J00-J99**	**33,248**	**30,401**	**63,649**
Acute upper respiratory infections and influenza	J00-J11	4,531	4,217	8,748
Pneumonia	J12-J18	4,578	4,343	8,921
Chronic diseases of tonsils and adenoids	J35	2,338	2,882	5,220
Chronic obstructive pulmonary disease and bronchiectasis	J40-J44, J47	6,593	5,842	12,435
Asthma	J45-J46	1,992	2,279	4,271
Diseases of the digestive system	**K00-K93**	**59,615**	**61,797**	**121,412**
Diseases of oesophagus, stomach and duodenum	K20-K31	16,838	17,288	34,126
Diseases of appendix	K35-K38	3,334	2,643	5,977
Inguinal hernia	K40	3,613	278	3,891
Noninfective enteritis and colitis	K50-K52	6,155	7,482	13,637
Alcoholic liver disease	K70	908	376	1,284
Cholelithiasis	K80	2,294	5,314	7,608
Diseases of the skin and subcutaneous tissue	**L00-L99**	**25,680**	**23,658**	**49,338**
Cutaneous abscess, furuncle and carbuncle and cellulitis	L02-L03	3,582	2,619	6,201
Diseases of the musculoskeletal system and connective tissue	**M00-M99**	**24,053**	**27,712**	**51,765**
Rheumatoid arthritis	M05-M06	993	1,593	2,586
Coxarthrosis and Gonarthrosis	M16-M17	4,067	4,700	8,767
Intervertebral disc disorders	M50-M51	1,329	1,390	2,719
Dorsalgia (back pain)	M54	3,569	5,216	8,785
Diseases of the genitourinary system	**N00-N99**	**22,509**	**37,998**	**60,507**
Urolithiasis	N20-N23	3,309	1,627	4,936
Hyperplasia of prostate	N40	4,727	0	4,727
Disorders of breast[b]	N60-N64	223	2,145	2,368
Inflammatory diseases of female pelvic organs[b]	N70-N77	0	1,487	1,487
Noninflammatory disorders of female genital tract[c]	N80-N98	0	20,447	20,447
Pregnancy, childbirth and the puerperium	**O00-O99**	**0**	**119,682**	**119,682**
Pregnancy with abortive outcome	O00-O08	0	10,556	10,556
Certain conditions originating in the perinatal period	**P00-P96**	**5,221**	**4,041**	**9,262**
Congenital malformations, deformations and chromosomal abnormalities	**Q00-Q99**	**5,958**	**4,467**	**10,425**
Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified	**R00-R99**	**43,991**	**48,167**	**92,158**
Abdominal and pelvic pain	R10	5,956	11,900	17,856
Injury, poisoning and certain other consequences of external causes	**S00-T98**	**37,841**	**25,169**	**63,010**
Intracranial injury	S06	2,366	1,041	3,407
Other injuries to the head (including skull fracture)	S00-S05, S07-S09	7,389	3,106	10,495
Fracture of femur	S72	1,358	2,868	4,226
Poisonings by drugs, medicaments and biological substances and toxic effects of substances chiefly nonmedicinal as to source	T36-T65	2,040	2,548	4,588
Factors influencing health status and contact with health services	**Z00-Z99**	**192,051**	**168,082**	**360,133**
Other medical care (including radiotherapy and chemotherapy sessions)	Z51	72,855	78,965	151,820

Notes:
[a] The clinical codes used for this category have been revised from those presented in the 2005 and 2006 Annual Reports.
[b] These categories were presented together as 'disorders of the breast and female genital tract' in the 2005 and 2006 Annual Reports.
[c] This is an additional category to those presented in the 2005 and 2006 Annual Reports.

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 31.9 per cent of principal diagnoses reported. Over one quarter of discharges within this age group had a principal diagnosis relating to 'pregnancy, childbirth and the puerperium', which was the chapter with the largest number of discharges aged between 15 and 44 years. Over 99 per cent of total discharges within this chapter were aged between 15 and 44 years.

For some ICD-10-AM chapters, the number of principal diagnoses increased with age. Most notably, within 'diseases of the circulatory system' the youngest discharges (under 15 years) accounted for 935 principal diagnoses compared to the 37,184 reported within this chapter for those aged 65 years and over. More than 62 per cent of discharges with a principal diagnosis of 'diseases of the eye and adnexa' were accounted for by discharges aged 65 years and over. In contrast, the number of discharges with a principal diagnosis in 'certain infectious and parasitic diseases' was highest among the under 15 years age group (58.2 per cent). The number of discharges with a principal diagnoses relating to 'injury, poisoning and certain other consequences of external causes' was similar for the youngest and oldest discharges, but diagnoses within this ICD-10-AM chapter were more common among the 15 to 44 year age group. Similarly, compared to the youngest and oldest age groups, discharges in the middle age groups were more likely to record principal diagnoses relating to 'diseases of the digestive system', with 65.2 per cent aged between 15 and 64 years.

TABLE 4.5

Total Discharges by Principal Diagnosis and Age Group

Principal Diagnosis	ICD-10-AM Code	Under 15 Years	15-44 Years	45-64 Years	65 Years And Over	Total Discharges
Total Discharges	–	**125,348**	**420,388**	**371,405**	**400,485**	**1,317,626**
Certain infectious and parasitic diseases	**A00-B99**	**12,602**	**4,673**	**2,076**	**2,297**	**21,648**
Intestinal infectious diseases including diarrhoea	A00-A09	7,710	505	313	607	9,135
Tuberculosis[a]	A15-A19	40	279	133	90	542
Septicaemia	A40-A41	101	168	307	890	1,466
Human immunodeficiency virus [HIV] disease	B20-B24	15	118	26	~	160
Neoplasms	**C00-D48**	**4,889**	**20,598**	**38,893**	**42,517**	**106,897**
Malignant neoplasms	C00-C96	3,680	10,594	30,572	34,480	79,326
Malignant neoplasm of colon, rectum and anus (primary)	C18-C21	~	441	3,687	4,261	8,390
Malignant neoplasm of trachea, bronchus and lung (primary)	C33-C34	~	208	2,762	3,116	6,089
Malignant neoplasm of skin (primary)	C43-C44	~	558	1,956	5,304	7,822
Malignant neoplasm of breast (primary)	C50	0	1,509	4,709	2,452	8,670
Malignant neoplasms of female genital organs (primary)	C51-C58	26	727	1,949	1,494	4,196
Malignant neoplasm of prostate (primary)	C61	0	9	977	1,890	2,876
Malignant neoplasm of bladder (primary)	C67	~	65	624	1,681	2,371
Malignant neoplasms of lymphoid, haematopoietic and related tissue	C81-C96	2,193	4,262	7,388	6,840	20,683
Benign neoplasms and neoplasms of uncertain or unknown behaviour	D10-D48	1,207	8,850	7,577	6,719	24,353
Diseases of the blood and blood-forming organs and certain disorders involving the immune mechanism	**D50-D89**	**2,860**	**5,047**	**3,906**	**5,801**	**17,614**
Endocrine, nutritional and metabolic diseases	**E00-E89**	**2,814**	**9,276**	**14,229**	**9,777**	**36,096**
Diabetes mellitus	E10-E14	631	1,835	2,604	4,408	9,478
Cystic fibrosis	E84	685	853	12	~	1,551
Mental and behavioural disorders	**F00-F99**	**501**	**2,559**	**1,967**	**1,342**	**6,369**
Mental and behavioural disorders due to alcohol	F10	120	1,399	1,324	292	3,135
Mental and behavioural disorders due to use of other psychoactive substance	F11-F19	~	219	18	11	249
Diseases of nervous system	**G00-G99**	**2,181**	**7,068**	**6,704**	**5,662**	**21,615**
Multiple sclerosis	G35	~	1,579	909	53	2,542
Epilepsy	G40, G41	989	1,610	811	533	3,943
Transient cerebral ischaemic attacks and related syndromes	G45	~	112	671	1,822	2,606
Diseases of the eye and adnexa	**H00-H59**	**1,415**	**2,679**	**4,741**	**14,707**	**23,542**
Diseases of the ear and mastoid process	**H60-H95**	**4,426**	**2,529**	**1,761**	**1,102**	**9,818**
Diseases of the circulatory system	**I00-I99**	**935**	**10,086**	**24,481**	**37,184**	**72,686**
Hypertensive diseases	I10-I15	55	591	1,089	988	2,723
Angina pectoris	I20	0	333	2,713	3,593	6,639
Acute myocardial infarction	I21-I22	0	383	2,219	3,648	6,250
Other ischaemic heart disease	I23-I25	~	443	4,504	5,264	10,214
Pulmonary heart disease and diseases of pulmonary circulation	I26-I28	14	272	398	660	1,344
Conduction disorders and cardiac arrhythmias	I44-I49	177	1,173	3,258	5,649	10,257
Heart failure	I50	11	63	665	5,032	5,771
Cerebrovascular disease	I60-I69	83	542	1,815	4,919	7,359
Atherosclerosis (non-coronary)	I70	0	37	392	1,026	1,455
Diseases of the respiratory system	**J00-J99**	**18,319**	**11,616**	**10,327**	**23,387**	**63,649**
Acute upper respiratory infections and influenza	J00-J11	5,705	2,441	374	228	8,748
Pneumonia	J12-J18	1,602	1,149	1,343	4,827	8,921
Chronic diseases of tonsils and adenoids	J35	3,624	1,537	43	16	5,220
Chronic obstructive pulmonary disease and bronchiectasis	J40-J44, J47	131	378	3,171	8,755	12,435
Asthma	J45-J46	1,936	1,163	793	379	4,271
Diseases of the digestive system	**K00-K93**	**10,665**	**40,971**	**38,235**	**31,541**	**121,412**
Diseases of oesophagus, stomach and duodenum	K20-K31	1,451	11,569	12,305	8,801	34,126
Diseases of appendix	K35-K38	1,749	3,597	481	150	5,977
Inguinal hernia	K40	573	905	1,215	1,198	3,891
Noninfective enteritis and colitis	K50-K52	311	6,737	3,761	2,828	13,637
Alcoholic liver disease	K70	0	360	785	139	1,284
Cholelithiasis	K80	19	2,642	2,485	2,462	7,608
Diseases of the skin and subcutaneous tissue	**L00-L99**	**2,670**	**22,652**	**13,688**	**10,328**	**49,338**
Cutaneous abscess, furuncle and carbuncle and cellulitis	L02-L03	665	2,033	1,631	1,872	6,201
Diseases of the musculoskeletal system and connective tissue	**M00-M99**	**2,737**	**14,433**	**18,977**	**15,618**	**51,765**
Rheumatoid arthritis	M05-M06	0	564	1,215	807	2,586
Coxarthrosis and Gonarthrosis	M16-M17	10	537	3,222	4,998	8,767
Intervertebral disc disorders	M50-M51	~	1,221	1,043	450	2,719
Dorsalgia (back pain)	M54	108	2,912	3,615	2,150	8,785
Diseases of the genitourinary system	**N00-N99**	**6,710**	**22,320**	**17,370**	**14,107**	**60,507**
Urolithiasis	N20-N23	112	2,315	1,894	615	4,936
Hyperplasia of prostate	N40	~	81	1,544	3,101	4,727
Disorders of breast[b]	N60-N64	30	1271	873	194	2,368
Inflammatory diseases of female pelvic organs[b]	N70-N77	17	1136	277	57	1,487
Noninflammatory disorders of female genital tract[c]	N80-N98	146	11,567	7,270	1,464	20,447
Pregnancy, childbirth and the puerperium	**O00-O99**	**22**	**119,429**	**231**	**0**	**119,682**
Pregnancy with abortive outcome	O00-O08	~	10,491	61	0	10,556
Certain conditions originating in the perinatal period	**P00-P96**	**9,261**	**~**	**0**	**0**	**9,262**
Congenital malformations, deformations and chromosomal abnormalities	**Q00-Q99**	**8,366**	**1,379**	**492**	**188**	**10,425**
Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified	**R00-R99**	**9,753**	**29,554**	**27,288**	**25,563**	**92,158**
Abdominal and pelvic pain	R10	2,348	9,200	4,180	2,128	17,856
Injury, poisoning and certain other consequences of external causes	**S00-T98**	**12,218**	**26,583**	**11,324**	**12,885**	**63,010**
Intracranial injury	S06	507	1,764	585	551	3,407
Other injuries to the head (including skull fracture)	S00-S05, S07-S09	3,741	4,700	1,033	1,021	10,495
Fracture of femur	S72	188	260	425	3,353	4,226
Poisonings by drugs, medicaments and biological substances and toxic effects of substances chiefly nonmedicinal as to source	T36-T65	479	3,018	881	210	4,588
Factors influencing health status and contact with health services	**Z00-Z99**	**12,004**	**66,935**	**134,715**	**146,479**	**360,133**
Other medical care (including radiotherapy and chemotherapy sessions)	Z51	4,042	19,484	69,354	58,940	151,820

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

[a] The clinical codes used for this category have been revised from those presented in the 2005 and 2006 Annual Reports.

[b] These categories were presented together as 'disorders of the breast and female genital tract' in the 2005 and 2006 Annual Reports.

[c] This is an additional category to those presented in the 2005 and 2006 Annual Reports.

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

For the majority of ICD-10-AM chapters reported in Table 4.6, the acute in-patient average length of stay generally increased with age. For some conditions, there was substantial variation between the average length of stay for the youngest and oldest acute in-patients. For example, for 'certain infectious and parasitic diseases', acute in-patient discharges aged 65 years and over stayed in hospital over four times longer than those aged under 15 years. Acute in-patient average length of stay was 9.4 days for those aged 65 years and over and 2.0 days for those aged under 15 years.

The principal diagnosis, 'fracture of femur', had the longest acute in-patient length of stay for the conditions presented here (11.6 days), it also had the longest length of stay for those in the oldest age group. Within the youngest age group, those discharges with a principal diagnosis of 'Human immunodeficiency virus [HIV] disease' had the longest acute in-patient length of stay of 8.0 days. ‘Cystic fibrosis’ recorded the longest average length of stay for discharges in the 15-44 years age group (11.1 days) and those in the 45-64 years age group (12.2 days).

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

TABLE 4.6

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

Principal Diagnosis	ICD-10-AM Code	Under 15 Years	15-44 Years	45-64 Years	65 Years and Over	Total
Acute In-Patient Discharges[a]	–	**2.9**	**3.2**	**5.3**	**7.6**	**4.7**
Certain infectious and parasitic diseases	**A00-B99**	**2.0**	**4.7**	**7.2**	**9.4**	**3.5**
Intestinal infectious diseases including diarrhoea	A00-A09	1.8	3.8	6.1	9.8	2.5
Tuberculosis[b]	A15-A19	4.0	9.6	10.3	12.3	9.9
Septicaemia	A40-A41	6.1	7.8	9.4	9.7	9.1
Human immunodeficiency virus [HIV] disease	B20-B24	8.0	7.9	6.0	~	7.6
Neoplasms	**C00-D48**	**3.9**	**6.1**	**7.6**	**9.1**	**7.9**
Malignant neoplasms	C00-C96	4.0	6.8	8.0	9.3	8.4
Malignant neoplasm of colon, rectum and anus (primary)	C18-C21	~	8.9	8.8	11.2	10.2
Malignant neoplasm of trachea, bronchus and lung (primary)	C33-C34	~	8.7	8.5	10.2	9.4
Malignant neoplasm of skin (primary)	C43-C44	~	3.9	5.1	5.9	5.6
Malignant neoplasm of breast (primary)	C50	-	5.8	6.4	8.1	6.9
Malignant neoplasms of female genital organs (primary)	C51-C58	4.9	6.0	7.2	9.1	7.6
Malignant neoplasm of prostate (primary)	C61	-	5.4	7.1	8.5	7.9
Malignant neoplasm of bladder (primary)	C67	~	7.0	5.2	7.0	6.6
Malignant neoplasms of lymphoid, haematopoietic and related tissue	C81-C96	4.1	8.3	9.0	8.3	8.1
Benign neoplasms and neoplasms of uncertain or unknown behaviour	D10-D48	3.3	4.7	5.7	6.7	5.5
Diseases of the blood and blood-forming organs and certain disorders involving the immune mechanism	**D50-D89**	**3.7**	**5.5**	**5.6**	**6.7**	**5.7**
Endocrine, nutritional and metabolic diseases	**E00-E89**	**4.1**	**5.5**	**5.7**	**7.6**	**6.1**
Diabetes mellitus	E10-E14	3.8	4.2	6.4	7.6	6.1
Cystic fibrosis	E84	6.7	11.1	12.2	~	9.7
Mental and behavioural disorders	**F00-F99**	**2.6**	**4.3**	**5.2**	**9.7**	**5.4**
Mental and behavioural disorders due to alcohol	F10	1.2	2.9	4.4	6.4	3.8
Mental and behavioural disorders due to use of other psychoactive substance	F11-F19	~	9.7	9.6	11.5	9.7
Diseases of nervous system	**G00-G99**	**3.5**	**4.2**	**4.9**	**7.0**	**5.1**
Multiple sclerosis	G35	~	6.1	6.9	8.7	6.6
Epilepsy	G40, G41	3.0	3.7	4.9	6.4	4.2
Transient cerebral ischaemic attacks and related syndromes	G45	~	4.3	4.5	6.3	5.8
Diseases of the eye and adnexa	**H00-H59**	**2.3**	**3.4**	**3.5**	**2.9**	**3.1**
Diseases of the ear and mastoid process	**H60-H95**	**2.2**	**2.8**	**3.8**	**4.9**	**3.0**
Diseases of the circulatory system	**I00-I99**	**3.0**	**4.7**	**5.8**	**7.9**	**6.9**
Hypertensive diseases	I10-I15	4.6	3.9	3.8	5.5	4.5
Angina pectoris	I20	-	3.7	4.8	5.9	5.3
Acute myocardial infarction	I21-I22	-	5.1	6.0	8.3	7.3
Other ischaemic heart disease	I23-I25	~	4.0	4.9	6.0	5.4
Pulmonary heart disease and diseases of pulmonary circulation	I26-I28	6.2	7.8	9.6	10.7	9.7
Conduction disorders and cardiac arrhythmias	I44-I49	3.0	3.3	4.5	6.4	5.4
Heart failure	I50	6.3	6.3	8.6	9.5	9.3
Cerebrovascular disease	I60-I69	6.9	8.3	9.0	10.6	10.0
Atherosclerosis (non-coronary)	I70	-	5.9	7.8	9.3	8.8
Diseases of the respiratory system	**J00-J99**	**2.4**	**3.6**	**6.4**	**8.4**	**5.4**
Acute upper respiratory infections and influenza	J00-J11	1.8	2.6	3.3	5.5	2.1
Pneumonia	J12-J18	4.0	5.6	7.9	9.6	7.7
Chronic diseases of tonsils and adenoids	J35	1.9	2.4	2.8	4.5	2.0
Chronic obstructive pulmonary disease and bronchiectasis	J40-J44, J47	3.0	5.5	7.1	8.2	7.8
Asthma	J45-J46	1.9	3.5	4.8	6.7	3.3
Diseases of the digestive system	**K00-K93**	**3.0**	**4.1**	**5.4**	**7.0**	**5.2**
Diseases of oesophagus, stomach and duodenum	K20-K31	2.4	3.3	4.5	6.6	4.5
Diseases of appendix	K35-K38	3.9	3.8	5.6	8.5	4.1
Inguinal hernia	K40	2.4	2.0	2.6	3.7	2.9
Noninfective enteritis and colitis	K50-K52	3.5	5.3	5.9	6.9	5.9
Alcoholic liver disease	K70	-	8.5	9.8	11.0	9.6
Cholelithiasis	K80	3.7	3.7	4.8	7.2	5.1
Diseases of the skin and subcutaneous tissue	**L00-L99**	**3.0**	**3.6**	**5.7**	**8.1**	**5.1**
Cutaneous abscess, furuncle and carbuncle and cellulitis	L02-L03	3.1	4.0	5.8	7.8	5.5
Diseases of the musculoskeletal system and connective tissue	**M00-M99**	**3.3**	**3.5**	**5.5**	**8.2**	**5.8**
Rheumatoid arthritis	M05-M06	-	4.4	6.2	7.4	6.4
Coxarthrosis and Gonarthrosis	M16-M17	5.6	6.4	8.6	10.4	9.6
Intervertebral disc disorders	M50-M51	~	4.2	5.1	8.0	5.0
Dorsalgia (back pain)	M54	2.3	3.2	4.7	6.5	4.5
Diseases of the genitourinary system	**N00-N99**	**2.8**	**3.1**	**4.3**	**7.2**	**4.5**
Urolithiasis	N20-N23	3.3	2.9	3.3	4.6	3.3
Hyperplasia of prostate	N40	~	3.7	5.1	6.1	5.9
Disorders of breast[c]	N60-N64	3.3	3.0	3.0	4.5	3.1
Inflammatory diseases of female pelvic organs[c]	N70-N77	2.6	2.7	3.5	5.9	3.0
Noninflammatory disorders of female genital tract[d]	N80-N98	2.4	2.7	3.7	4.9	3.3
Pregnancy, childbirth and the puerperium	**O00-O99**	**3.0**	**2.8**	**3.2**	**-**	**2.8**
Pregnancy with abortive outcome	O00-O08	~	1.4	1.4	-	1.4
Certain conditions originating in the perinatal period	**P00-P96**	**6.3**	**~**	**-**	**-**	**6.3**
Congenital malformations, deformations and chromosomal abnormalities	**Q00-Q99**	**4.5**	**4.5**	**7.2**	**7.9**	**4.7**
Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified	**R00-R99**	**2.1**	**2.6**	**3.5**	**5.5**	**3.6**
Abdominal and pelvic pain	R10	1.8	2.5	3.6	4.7	2.8
Injury, poisoning and certain other consequences of external causes	**S00-T98**	**1.8**	**2.8**	**4.4**	**8.1**	**3.9**
Intracranial injury	S06	2.5	2.9	4.7	7.2	3.9
Other injuries to the head (including skull fracture)	S00-S05, S07-S09	1.3	2.2	2.9	5.1	2.2
Fracture of femur	S72	5.8	7.7	9.6	12.6	11.6
Poisonings by drugs, medicaments and biological substances and toxic effects of substances chiefly nonmedicinal as to source	T36-T65	1.5	2.2	2.9	5.7	2.4
Factors influencing health status and contact with health services	**Z00-Z99**	**2.8**	**2.3**	**5.6**	**9.3**	**5.1**
Other medical care (including radiotherapy and chemotherapy sessions)	Z51	7.3	5.3	3.6	4.4	4.6

Notes: ~ denotes five or less discharges reported to HIPE.
- denotes no discharges reported to HIPE.
[a] Includes average length of stay for acute in-patients (length of stay of 30 days or less) only. Excludes extended stay in-patients and day patients.
[b] The clinical codes used for this category have been revised from those presented in the 2005 and 2006 Annual Reports.
[c] These categories were presented together as 'disorders of the breast and female genital tract' in the 2005 and 2006 Annual Reports.
[d] This is an additional category to those presented in the 2005 and 2006 Annual Reports.

Table 4.7 provides a detailed breakdown of all-listed diagnoses for males and females. Over 3.39 million diagnoses were recorded for total discharges reported to HIPE in 2007.[7] In absolute terms, the number of all-listed diagnoses was higher for female discharges compared to male discharges. However, as shown in Table 4.1, the average number of all-listed diagnoses for total male discharges was higher than that for total female discharges. 'Factors influencing health status and contact with health services' recorded the highest volume of all-listed diagnoses in total, for both males and females. Together, 'neoplasms', 'diseases of the circulatory system' and 'external causes of morbidity and mortality' accounted for over one quarter of all-listed diagnoses.

All-listed diagnoses are reported by age group in Table 4.8. Discharges aged 65 years and over recorded the highest number of all-listed diagnoses, accounting for over one third of the 3.39 million all-listed diagnoses. This is consistent with the finding in Table 4.1 that this age group had the highest average number of diagnoses per discharge. The distribution of all-listed diagnoses across the age groups was similar to that identified for principal diagnoses in Table 4.5. For some chapters, there was a substantial difference in the number of all-listed diagnoses between age groups. For instance, of the 265,698 diagnoses reported for 'diseases of the circulatory system' those aged 65 years and over accounted for 63.6 per cent of all-listed diagnoses within this group.

[7] As up to twenty diagnoses in total may have been reported for each discharge in 2007, an analysis of the frequency of occurrence of all-listed diagnoses will not equal the number of discharges.

TABLE 4.7
All-Listed Diagnoses by Sex

Diagnosis	ICD-10-AM Code	Male	Female	Total
Total Discharges	-	**615,312**	**702,314**	**1,317,626**
All Conditions	**A00-Z99**	**1,620,984**	**1,773,022**	**3,394,006**
Certain infectious and parasitic diseases	**A00-B99**	**30,925**	**32,650**	**63,575**
Intestinal infectious diseases including diarrhoea	A00-A09	5,836	6,305	12,141
Tuberculosis[a]	A15-A19	462	336	798
Septicaemia	A40-A41	3,172	2,470	5,642
Human immunodeficiency virus [HIV] disease	B20-B24	381	283	664
Neoplasms	**C00-D48**	**185,981**	**219,866**	**405,847**
Malignant neoplasms	C00-C96	170,552	196,018	366,570
Malignant neoplasm of colon, rectum and anus (primary)	C18-C21	21,093	12,747	33,840
Malignant neoplasm of trachea, bronchus and lung (primary)	C33-C34	10,650	7,832	18,482
Malignant neoplasm of skin (primary)	C43-C44	7,518	5,094	12,612
Malignant neoplasm of breast (primary)	C50	360	54,336	54,696
Malignant neoplasms of female genital organs (primary)	C51-C58	0	13,791	13,791
Malignant neoplasm of prostate (primary)	C61	29,708	0	29,708
Malignant neoplasm of bladder (primary)	C67	3,363	1,245	4,608
Malignant neoplasms of lymphoid, haematopoietic and related tissue	C81-C96	25,004	17,059	42,063
Benign neoplasms and neoplasms of uncertain or unknown behaviour	D10-D48	14,370	19,363	33,733
Diseases of the blood and blood-forming organs and certain disorders involving the immune mechanism	**D50-D89**	**26,418**	**27,655**	**54,073**
Endocrine, nutritional and metabolic diseases	**E00-E89**	**92,793**	**73,660**	**166,453**
Diabetes mellitus	E10-E14	43,529	31,307	74,836
Cystic fibrosis	E84	1,163	1,074	2,237
Mental and behavioural disorders	**F00-F99**	**24,540**	**19,316**	**43,856**
Mental and behavioural disorders due to alcohol	F10	11,644	3,860	15,504
Mental and behavioural disorders due to use of other psychoactive substance	F11-F19	1,941	1,154	3,095
Diseases of nervous system	**G00-G99**	**24,587**	**24,352**	**48,939**
Multiple sclerosis	G35	1,139	2,461	3,600
Epilepsy	G40, G41	4,159	3,627	7,786
Transient cerebral ischaemic attacks and related syndromes	G45	1,509	1,606	3,115
Diseases of the eye and adnexa	**H00-H59**	**16,299**	**18,742**	**35,041**
Diseases of the ear and mastoid process	**H60-H95**	**7,879**	**7,374**	**15,253**
Diseases of the circulatory system	**I00-I99**	**153,143**	**112,555**	**265,698**
Hypertensive diseases	I10-I15	43,451	35,714	79,165
Angina pectoris	I20	6,051	3,408	9,459
Acute myocardial infarction	I21-I22	5,280	2,808	8,088
Other ischaemic heart disease	I23-I25	24,930	10,834	35,764
Pulmonary heart disease and diseases of pulmonary circulation	I26-I28	1,563	1,724	3,287
Conduction disorders and cardiac arrhythmias	I44-I49	25,536	18,165	43,701
Heart failure	I50	10,640	8,528	19,168
Cerebrovascular disease	I60-I69	7,360	6,498	13,858
Atherosclerosis (non-coronary)	I70	2,842	1,560	4,402
Diseases of the respiratory system	**J00-J99**	**65,842**	**58,864**	**124,706**
Acute upper respiratory infections and influenza	J00-J11	6,226	6,096	12,322
Pneumonia	J12-J18	8,387	7,449	15,836
Chronic diseases of tonsils and adenoids	J35	2,799	3,285	6,084
Chronic obstructive pulmonary disease and bronchiectasis	J40-J44, J47	13,566	11,117	24,683
Asthma	J45-J46	4,546	5,244	9,790
Diseases of the digestive system	**K00-K93**	**107,932**	**111,752**	**219,684**
Diseases of oesophagus, stomach and duodenum	K20-K31	34,500	33,022	67,522
Diseases of appendix	K35-K38	3,465	2,811	6,276
Inguinal hernia	K40	4,041	330	4,371
Noninfective enteritis and colitis	K50-K52	10,120	13,019	23,139
Alcoholic liver disease	K70	2,192	902	3,094
Cholelithiasis	K80	3,437	7,132	10,569
Diseases of the skin and subcutaneous tissue	**L00-L99**	**34,922**	**32,640**	**67,562**
Cutaneous abscess, furuncle and carbuncle and cellulitis	L02-L03	6,236	4,729	10,965
Diseases of the musculoskeletal system and connective tissue	**M00-M99**	**38,907**	**49,590**	**88,497**
Rheumatoid arthritis	M05-M06	1,629	3,025	4,654
Coxarthrosis and Gonarthrosis	M16-M17	5,268	6,440	11,708
Intervertebral disc disorders	M50-M51	1,859	2,002	3,861
Dorsalgia (back pain)	M54	4,816	8,252	13,068
Diseases of the genitourinary system	**N00-N99**	**116,260**	**111,223**	**227,483**
Urolithiasis	N20-N23	3,975	2,020	5,995
Hyperplasia of prostate	N40	7,899	0	7,899
Disorders of breast[b]	N60-N64	274	2,807	3,081
Inflammatory diseases of female pelvic organs[b]	N70-N77	0	3,439	3,439
Noninflammatory disorders of female genital tract[c]	N80-N98	0	32,336	32,336
Pregnancy, childbirth and the puerperium	**O00-O99**	**0**	**188,188**	**188,188**
Pregnancy with abortive outcome	O00-O08	0	10,718	10,718
Certain conditions originating in the perinatal period	**P00-P96**	**14,022**	**11,011**	**25,033**
Congenital malformations, deformations and chromosomal abnormalities	**Q00-Q99**	**20,321**	**15,679**	**36,000**
Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified	**R00-R99**	**96,284**	**109,428**	**205,712**
Abdominal and pelvic pain	R10	8,183	22,012	30,195
Injury, poisoning and certain other consequences of external causes	**S00-T98**	**64,535**	**41,165**	**105,700**
Intracranial injury	S06	3,967	1,713	5,680
Other injuries to the head (including skull fracture)	S00-S05, S07-S09	11,470	4,808	16,278
Fracture of femur	S72	1,818	3,771	5,589
Poisonings by drugs, medicaments and biological substances and toxic effects of substances chiefly nonmedicinal as to source	T36-T65	3,396	4,278	7,674
External causes of morbidity and mortality	**U50-Y98**	**138,261**	**97,678**	**235,939**
Transport accidents	V01-V99	4,818	2,703	7,521
Factors influencing health status and contact with health services	**Z00-Z99**	**361,133**	**409,634**	**770,767**
Other medical care (including radiotherapy and chemotherapy sessions)	Z51	77,807	83,475	161,282

Notes:
[a] The clinical codes used for this category have been revised from those presented in the 2005 and 2006 Annual Reports.
[b] These categories were presented together as 'disorders of the breast and female genital tract' in the 2005 and 2006 Annual Reports.
[c] This is an additional category to those presented in the 2005 and 2006 Annual Reports.

TABLE 4.8
All-Listed Diagnoses by Age Group

Diagnosis	ICD-10-AM Code	Under 15 Years	15-44 Years	45-64 Years	65 Years and Over	Total
Total Discharges	-	**125,348**	**420,388**	**371,405**	**400,485**	**1,317,626**
All Conditions	**A00-Z99**	**287,135**	**985,565**	**912,559**	**1,208,740**	**3,394,006**
Certain infectious and parasitic diseases	**A00-B99**	**18,691**	**14,384**	**11,030**	**19,470**	**63,575**
Intestinal infectious diseases including diarrhoea	A00-A09	8,914	757	604	1,866	12,141
Tuberculosis[a]	A15-A19	72	346	190	190	798
Septicaemia	A40-A41	222	670	1,364	3,386	5,642
Human immunodeficiency virus [HIV] disease	B20-B24	34	502	121	7	664
Neoplasms	**C00-D48**	**10,623**	**58,778**	**174,785**	**161,661**	**405,847**
Malignant neoplasms	C00-C96	8,733	46,075	162,068	149,694	366,570
Malignant neoplasm of colon, rectum and anus (primary)	C18-C21	~	2,126	15,599	16,112	33,840
Malignant neoplasm of trachea, bronchus and lung (primary)	C33-C34	~	530	8,838	9,109	18,482
Malignant neoplasm of skin (primary)	C43-C44	~	1,040	3,312	8,255	12,612
Malignant neoplasm of breast (primary)	C50	0	10,405	29,575	14,716	54,696
Malignant neoplasms of female genital organs (primary)	C51-C58	67	2,550	6,807	4,367	13,791
Malignant neoplasm of prostate (primary)	C61	0	16	9,840	19,852	29,708
Malignant neoplasm of bladder (primary)	C67	~	118	1,377	3,112	4,608
Malignant neoplasms of lymphoid, haematopoietic and related tissue	C81-C96	4,745	7,767	15,305	14,246	42,063
Benign neoplasms and neoplasms of uncertain or unknown behaviour	D10-D48	1,887	11,133	10,794	9,919	33,733
Diseases of the blood and blood-forming organs and certain disorders involving the immune mechanism	**D50-D89**	**5,840**	**11,691**	**12,454**	**24,088**	**54,073**
Endocrine, nutritional and metabolic diseases	**E00-E89**	**10,741**	**21,547**	**50,726**	**83,439**	**166,453**
Diabetes mellitus	E10-E14	1,020	5,700	22,122	45,994	74,836
Cystic fibrosis	E84	947	1,272	17	~	2,237
Mental and behavioural disorders	**F00-F99**	**1,751**	**14,664**	**12,377**	**15,064**	**43,856**
Mental and behavioural disorders due to alcohol	F10	149	6,114	6,627	2,614	15,504
Mental and behavioural disorders due to use of other psychoactive substance	F11-F19	9	2,707	271	108	3,095
Diseases of nervous system	**G00-G99**	**5,269**	**12,182**	**13,148**	**18,340**	**48,939**
Multiple sclerosis	G35	~	1,836	1,472	291	3,600
Epilepsy	G40, G41	1,922	2,766	1,768	1,330	7,786
Transient cerebral ischaemic attacks and related syndromes	G45	7	147	772	2,189	3,115
Diseases of the eye and adnexa	**H00-H59**	**2,829**	**4,760**	**7,291**	**20,161**	**35,041**
Diseases of the ear and mastoid process	**H60-H95**	**6,658**	**3,693**	**2,570**	**2,332**	**15,253**
Diseases of the circulatory system	**I00-I99**	**3,029**	**21,792**	**71,886**	**168,991**	**265,698**
Hypertensive diseases	I10-I15	420	5,694	23,157	49,894	79,165
Angina pectoris	I20	0	409	3,460	5,590	9,459
Acute myocardial infarction	I21-I22	29	427	2,577	5,055	8,088
Other ischaemic heart disease	I23-I25	14	1,118	12,064	22,568	35,764
Pulmonary heart disease & diseases of pulmonary circulation	I26-I28	271	477	795	1,744	3,287
Conduction disorders and cardiac arrhythmias	I44-I49	497	2,582	8,243	32,379	43,701
Heart failure	I50	120	242	2,398	16,408	19,168
Cerebrovascular disease	I60-I69	320	875	3,013	9,650	13,858
Atherosclerosis (non-coronary)	I70	0	78	997	3,327	4,402
Diseases of the respiratory system	**J00-J99**	**25,247**	**20,177**	**23,196**	**56,086**	**124,706**
Acute upper respiratory infections and influenza	J00-J11	7,819	3,337	669	497	12,322
Pneumonia	J12-J18	1,984	2,116	2,606	9,130	15,836
Chronic diseases of tonsils and adenoids	J35	4,379	1,629	54	22	6,084
Chronic obstructive pulmonary disease and bronchiectasis	J40-J44, J47	221	794	6,015	17,653	24,683
Asthma	J45-J46	3,244	2,913	2,056	1,577	9,790
Diseases of the digestive system	**K00-K93**	**14,111**	**65,589**	**69,719**	**70,265**	**219,684**
Diseases of oesophagus, stomach and duodenum	K20-K31	2,450	20,506	24,256	20,310	67,522
Diseases of appendix	K35-K38	1,789	3,763	534	190	6,276
Inguinal hernia	K40	700	937	1,316	1,418	4,371
Noninfective enteritis and colitis	K50-K52	495	10,114	6,139	6,391	23,139
Alcoholic liver disease	K70	0	761	1,847	486	3,094
Cholelithiasis	K80	30	3,174	3,236	4,129	10,569
Diseases of the skin and subcutaneous tissue	**L00-L99**	**4,093**	**26,692**	**17,752**	**19,025**	**67,562**
Cutaneous abscess, furuncle and carbuncle and cellulitis	L02-L03	900	2,948	2,759	4,358	10,965
Diseases of the musculoskeletal system and connective tissue	**M00-M99**	**4,080**	**22,728**	**28,782**	**32,907**	**88,497**
Rheumatoid arthritis	M05-M06	0	724	1,954	1,976	4,654
Coxarthrosis and Gonarthrosis	M16-M17	10	686	3,977	7,035	11,708
Intervertebral disc disorders	M50-M51	~	1,480	1,437	939	3,861
Dorsalgia (back pain)	M54	184	5,104	4,623	3,157	13,068
Diseases of the genitourinary system	**N00-N99**	**10,037**	**54,423**	**65,042**	**97,981**	**227,483**
Urolithiasis	N20-N23	164	2,637	2,213	981	5,995
Hyperplasia of prostate	N40	~	100	1,993	5,805	7,899
Disorders of breast[b]	N60-N64	36	1,557	1,121	367	3,081
Inflammatory diseases of female pelvic organs[b]	N70-N77	39	2,498	690	212	3,439
Noninflammatory disorders of female genital tract[c]	N80-N98	240	18,184	11,219	2,693	32,336
Pregnancy, childbirth and the puerperium	**O00-O99**	**30**	**187,744**	**414**	0	**188,188**
Pregnancy with abortive outcome	O00-O08	~	10,650	64	0	10,718
Certain conditions originating in the perinatal period	**P00-P96**	**25,026**	**~**	**~**	0	**25,033**
Congenital malformations, deformations and chromosomal abnormalities	**Q00-Q99**	**22,995**	**5,357**	**4,819**	**2,829**	**36,000**
Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified	**R00-R99**	**21,503**	**62,853**	**52,648**	**68,708**	**205,712**
Abdominal and pelvic pain	R10	2,840	18,182	5,708	3,465	30,195
Injury, poisoning and certain other consequences of external causes	**S00-T98**	**16,322**	**45,067**	**20,578**	**23,733**	**105,700**
Intracranial injury	S06	713	2,842	1,069	1,056	5,680
Other injuries to the head (including skull fracture)	S00-S05, S07-S09	4,423	7,530	2,040	2,285	16,278
Fracture of femur	S72	212	398	560	4,419	5,589
Poisonings by drugs, medicaments and biological substances and toxic effects of substances chiefly nonmedicinal as to source	T36-T65	589	5,204	1,517	364	7,674
External causes of morbidity and mortality	**U50-Y98**	**39,940**	**93,961**	**44,671**	**57,367**	**235,939**
Transport accidents	V01-V99	1,369	4,441	1,080	631	7,521
Factors influencing health status and contact with health services	**Z00-Z99**	**38,320**	**237,483**	**228,671**	**266,293**	**770,767**
Other medical care (including radiotherapy and chemotherapy sessions)	Z51	4,158	20,476	72,520	64,128	161,282

Notes: ~ denotes five or less discharges reported to HIPE.
[a] The clinical codes used for this category have been revised from those presented in the 2005 and 2006 Annual Reports.
[b] These categories were presented together as 'disorders of the breast and female genital tract' in the 2005 and 2006 Annual Reports.
[c] This is an additional category to those presented in the 2005 and 2006 Annual Reports.

PROCEDURES

The classification of procedures in ICD-10-AM uses the Australian Classification of Health Interventions (ACHI).[8] The order by which procedures are coded in HIPE use the following hierarchy:

- procedure performed for treatment of the principal diagnosis;
- procedure performed for treatment of additional diagnoses;
- diagnostic/exploratory procedure related to the principal diagnosis; and
- diagnostic/exploratory procedure related to additional diagnoses for the episode of care.[9]

In 2007, the principal procedure and up to nineteen additional procedures could be reported to HIPE where appropriate. A main feature of the ACHI procedure classification is a seven-character code in the format xxxxx-xx. The structure is based on the Australian Medicare Benefits Schedule (MBS), which is organised on an anatomical basis and thus does not always appear in numerical order. Procedure blocks were introduced to provide a sequential framework for both coding and reporting purposes. The blocks represent homogenous groups of procedures, while the seven digit codes allow for greater detail.[10] For example, procedure block 0732 represents 'direct closure of vein', containing the procedures 'direct closure of renal vein' (33833-04) and 'direct closure of vena cava' (90215-02). In this report, tables have been produced using the block framework.[11]

Of the 1,317,626 discharges reported to HIPE in 2007, principal procedures were recorded for 1,042,964 or 79.1 per cent of these discharges. Table 4.9 reports the average number of all-listed procedures for those discharges who underwent at least a principal procedure by sex, age and patient type. On average, 1.8 procedures were recorded for those discharges who underwent a principal procedure in 2007. With the introduction of codes for anaesthesia in ICD-10-AM, many procedures also have an additional code for the anaesthesia.

The average number of procedures performed varied significantly for day and in-patients. For those discharges who underwent a procedure, total in-patients had, on average, 2.7 procedures, compared to 1.4 procedures, on average, for day patients. The average number of procedures performed remained the same between 2006 and 2007. Differences also existed between the number of procedures performed on male and female in-patients and total discharges. The average number of procedures performed on total male in-patients was slightly higher than that reported for females. The average number of procedures performed

---

8 National Centre for Classification in Health (NCCH) 2004. *The International Statistical Classification of Diseases and Related Health Problems, Tenth Revision, Australian Modification (4th Ed)*. Sydney: NCCH, Faculty of Health Sciences, The University of Sydney.

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

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

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

was highest among total discharges aged under 15 years who underwent a procedure. While the average number of procedures increased with age for total in-patients, the day patient pattern differed. For those undergoing a procedure, day patient discharges aged under 15 years recorded an average of 2.1 procedures, which was higher than that reported for the older age groups.

TABLE 4.9
Average Number of All-Listed Procedures by Patient Type, Sex and Age Group

	Day Patients	In-Patients	Total Discharges
Total	**1.4**	**2.7**	**1.8**
Sex			
Male	1.3	2.8	1.8
Female	1.4	2.6	1.9
Age Group			
Under 15 years	2.1	2.5	2.3
15-44 years	1.5	2.5	1.9
45-64 years	1.3	2.9	1.7
65 years and over	1.2	2.9	1.8

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

Top 20 Principal Procedure Blocks

The 20 principal procedure blocks with the largest volume of day patient discharges are reported in Table 4.10 and presented in Figure 4.3. Of the 665,491 principal procedures performed on day patients in 2007, the top 20 principal procedure blocks accounted for 75.8 per cent of total day patients who had a principal procedure. The most common principal procedure block for day patients was 'haemodialysis'. This procedure block accounted for 30.0 per cent of discharges in the top 20 and 22.8 per cent of all day patient discharges with a principal procedure. Of the remaining top 20 principal procedure blocks, five were classified under 'procedures on the digestive system' (including 'panendoscopy with excision', 'fibreoptic colonoscopy', 'fibreoptic colonoscopy with excision', 'panendoscopy', and 'other excision procedures on oesophagus').

Eighteen of the top 20 principal procedures for day patients who underwent a procedure in 2007 were the same as those reported in 2006, albeit with slightly different ranking. Two principal procedures that appeared in the 2006 listing were not included in the 2007, these were 'myringotomy' and 'curettage of uterus'. The twofold increase in the number of discharges with a principal procedure of 'ultraviolet B [UVB] light therapy of skin' between 2006 and 2007, and the addition of 'psoralens and ultraviolet A [PUVA] light therapy of skin' to the top 20 principal procedure blocks for day patients reflects the increase in the number of day patient dermatology discharges reported to HIPE as a result of the reconfiguration of services across two hospitals.

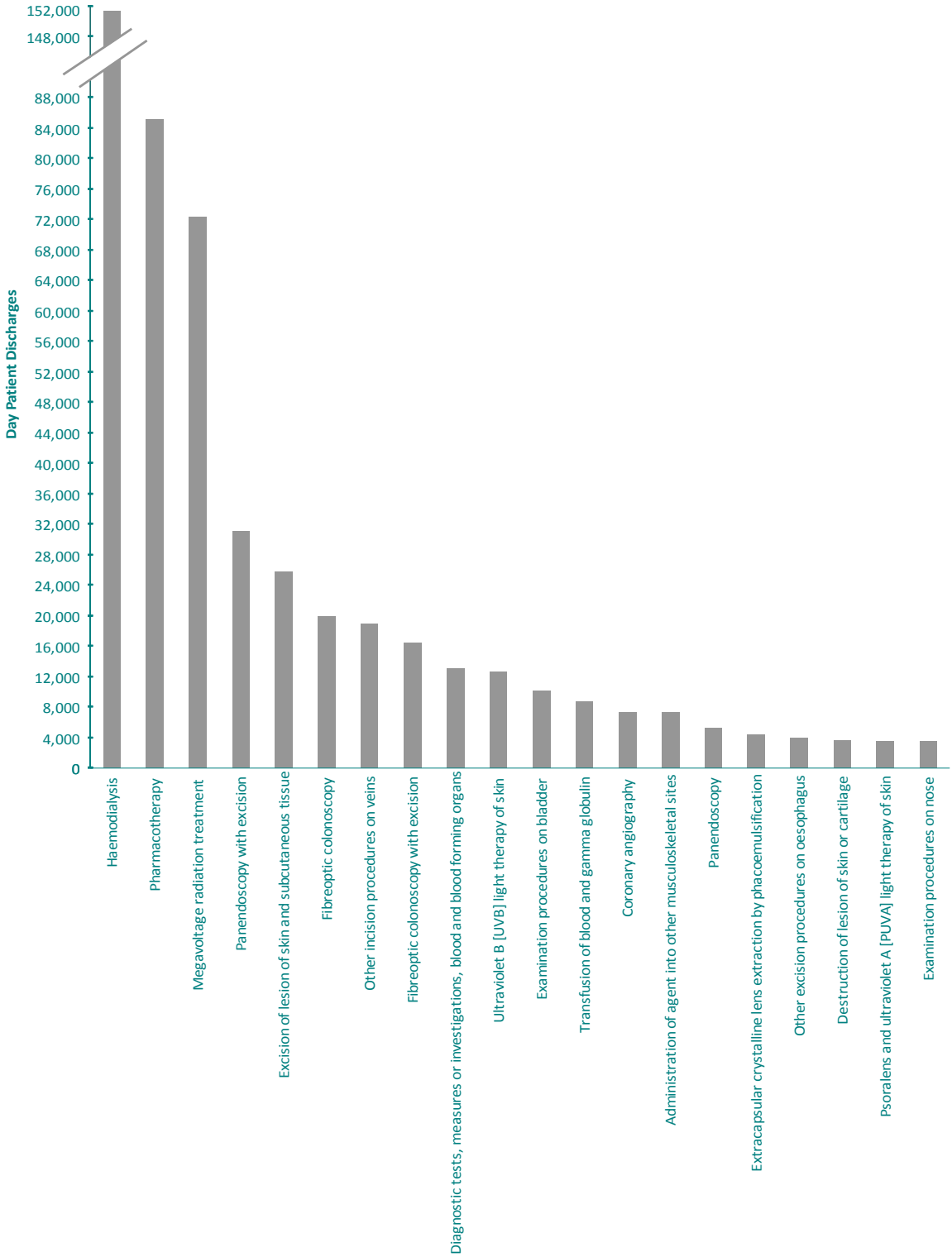
TABLE 4.10

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

Rank	Procedure	Procedure Block	N	% of Top 20 Procedures	% of Day Patients with a Principal Procedure
1	Haemodialysis	1060	151,465	30.0	22.8
2	Pharmacotherapy	1920	85,146	16.9	12.8
3	Megavoltage radiation treatment	1788	72,286	14.3	10.9
4	Panendoscopy with excision	1008	31,194	6.2	4.7
5	Excision of lesion of skin and subcutaneous tissue	1620	25,731	5.1	3.9
6	Fibreoptic colonoscopy	0905	19,941	4.0	3.0
7	Other incision procedures on veins	0725	18,856	3.7	2.8
8	Fibreoptic colonoscopy with excision	0911	16,439	3.3	2.5
9	Diagnostic tests, measures or investigations, blood and blood-forming organs	1858	13,031	2.6	2.0
10	Ultraviolet B [UVB] light therapy of skin	1610	12,665	2.5	1.9
11	Examination procedures on bladder	1089	10,181	2.0	1.5
12	Transfusion of blood and gamma globulin	1893	8,698	1.7	1.3
13	Coronary angiography	0668	7,330	1.5	1.1
14	Administration of agent into other musculoskeletal sites	1552	7,316	1.5	1.1
15	Panendoscopy	1005	5,226	1.0	0.8
16	Extracapsular crystalline lens extraction by phacoemulsification	0197	4,436	0.9	0.7
17	Other excision procedures on oesophagus	0861	3,949	0.8	0.6
18	Destruction of lesion of skin or cartilage	1612	3,620	0.7	0.5
19	Psoralens and ultraviolet A [PUVA] light therapy of skin	1609	3,490	0.7	0.5
20	Examination procedures on nose	0370	3,476	0.7	0.5
Top 20 Principal Procedure Blocks for Day Patients – Total		**-**	**504,476**	**100**	**75.8**
Day Patients with a Principal Procedure – Total		**-**	**665,491**	**-**	**100**
Day Patients – Total (including those with and without a Principal Procedure)		**-**	**718,851**	**-**	**-**

Note: Percentage columns are subject to rounding.

FIGURE 4.3
Top 20 Principal Procedure Blocks for Day Patients



Approximately 63 per cent of total in-patient discharges underwent a procedure in 2007. As reported in Table 4.11, the top 20 principal procedure blocks accounted for 50.1 per cent of total in-patient discharges with a principal procedure. The most common principal procedure block for in-patients was 'generalised allied health interventions', which accounted for almost 11 per cent of total in-patient discharges with a procedure. The principal procedure block with the second highest number of in-patient discharges was 'computerised tomography of brain', which accounted for 5.8 per cent of total in-patient discharges with a principal procedure. Of the top 20 principal procedure blocks, six were related to obstetrics (including 'Caesarean section', 'postpartum suture', 'vacuum extraction', 'medical or surgical augmentation of labour', 'medical or surgical induction of labour', and 'other procedures associated with delivery').

The total in-patient average length of stay for the top 20 principal procedure blocks was 8.1 days and, as reported in Figure 4.4, ranged from 1.2 days for 'evacuation of gravid uterus' to 22.6 days for 'continuous ventilatory support'. The total in-patient average length of stay for 'generalised allied health interventions', the most common principal procedure block, was 12.1 days.

Similar to the top 20 principal procedures for day patients, nineteen of the top 20 principal procedures for in-patients in 2006 have remained in the top 20 in 2007. In addition, the ranking of the top six procedures, 'generalised allied health interventions', 'computerised tomography of brain', 'Caesarean section', 'postpartum suture', 'pharmacotherapy' and 'panendoscopy with excision' has remained the same as their 2006 ranking. The only procedure to appear in the top 20 in 2006 and not 2007 was 'extracapsular crystalline lens extraction by phacoemulsification'. It has been replaced by 'continuous ventilatory support' in 2007.

TABLE 4.11

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

Rank	Principal Procedure	Procedure Block	N	% of Top 20 Principal Procedures for In-Patients	% of Total In-Patients with a Principal Procedure	Total In-Patient Average Length of Stay[a]
1	Generalised allied health interventions[b]	1916	41,082	21.7	10.9	12.1
2	Computerised tomography of brain	1952	21,889	11.6	5.8	11.1
3	Caesarean section	1340	17,268	9.1	4.6	5.8
4	Postpartum suture	1344	16,765	8.9	4.4	2.8
5	Pharmacotherapy	1920	11,666	6.2	3.1	6.5
6	Panendoscopy with excision	1008	9,081	4.8	2.4	9.2
7	Vacuum extraction	1338	6,656	3.5	1.8	3.4
8	Transfusion of blood and gamma globulin	1893	6,518	3.5	1.7	9.9
9	Magnetic resonance imaging	2015	6,241	3.3	1.7	10.9
10	Appendicectomy	0926	6,032	3.2	1.6	4.2
11	Medical or surgical augmentation of labour	1335	5,257	2.8	1.4	2.4
12	Arthroplasty of hip	1489	5,092	2.7	1.3	13.7
13	Evacuation of gravid uterus[c]	1267	5,058	2.7	1.3	1.2
14	Tonsillectomy or adenoidectomy	0412	4,730	2.5	1.3	2.1
15	Coronary angiography	0668	4,725	2.5	1.3	6.9
16	Other procedures associated with delivery	1343	4,713	2.5	1.2	3.2
17	Medical or surgical induction of labour	1334	4,530	2.4	1.2	3.4
18	Cholecystectomy	0965	4,339	2.3	1.1	5.4
19	Computerised tomography of abdomen	1962	3,769	2.0	1.0	7.9
20	Continuous ventilatory support	0569	3,516	1.9	0.9	22.6
Top 20 Principal Procedure Blocks for In-Patients		**-**	**188,927**	**100**	**50.1**	**8.1**
Total In-Patients with a Principal Procedure		**-**	**377,473**	**-**	**-**	**8.1**
Total In-Patients (including those with and without a Principal Procedure)		**-**	**598,775**	**-**	**-**	**-**

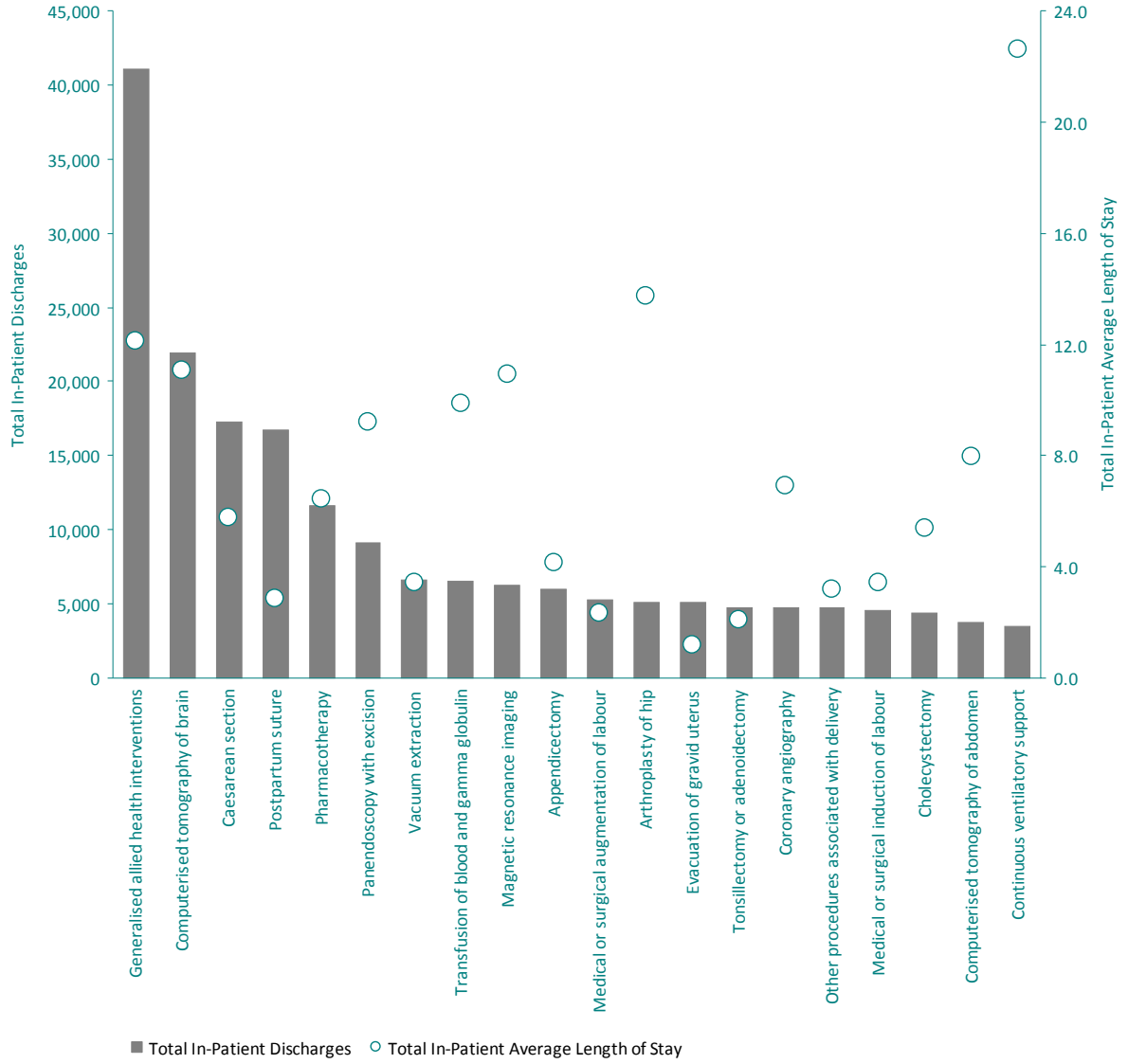
Notes: Percentage columns are subject to rounding.

[a] Includes acute and extended stay in-patients.

[b] Includes interventions such as physiotherapy, dietetics, occupational therapy and social work. Together, these account for 90.4 per cent of cases within this procedure block.

[c] Includes procedures following miscarriage.

FIGURE 4.4
Top 20 Principal Procedure Blocks for Total In-Patients with Total In-Patient Average Length of Stay (Days)



See notes under Table 4.11.

Principal and All-Listed Procedures

The type and number of principal procedures recorded for male and female discharges are reported in Table 4.12. Female discharges, who represented 53.3 per cent of total discharges, accounted for 52.0 per cent of all principal procedures reported to HIPE in 2007. The proportion of total male discharges undergoing a principal procedure was 81.4 per cent and was slightly higher than that for female discharges (77.2 per cent). The ICD-10-AM chapter 'non-invasive, cognitive and other interventions, not elsewhere classified' had the highest number of total discharges with a principal procedure. This chapter includes the procedure blocks 'pharmacotherapy' and 'generalised allied health interventions'.

Almost 17 per cent of total principal procedures were 'procedures on the urinary system', which includes 'haemodialysis'. Together, 'gynaecological procedures' and 'obstetric procedures' amounted to 92,028 (17.0 per cent) of the principal procedures performed on female discharges. Generally, with the exception of sex specific chapters, the volume of male and female discharges undergoing principal procedures was comparable for most of the ICD-10-AM chapters. However, male discharges recorded almost twice as many 'procedures on cardiovascular system' compared with female discharges.

TABLE 4.12
Total Discharges by Principal Procedure Block and Sex

Principal Procedure	Procedure Block	Male	Female	Total Discharges
Total Discharges	-	**615,312**	**702,314**	**1,317,626**
All Principal Procedures	**0001-2016**	**501,020**	**541,944**	**1,042,964**
Procedures on nervous system	**0001-0086**	**8,685**	**10,685**	**19,370**
Lumbar puncture	0030	1,418	1,625	3,043
Procedures on endocrine system	**0110-0129**	**339**	**887**	**1,226**
Procedures on eye and adnexa	**0160-0256**	**10,043**	**11,913**	**21,956**
Lens extraction	0195-0202	3,739	5,259	8,998
Procedures on ear and mastoid process	**0300-0333**	**4,534**	**3,904**	**8,438**
Myringotomy	0309	2,164	1,619	3,783
Procedures on nose, mouth and pharynx	**0370-0422**	**7,904**	**7,082**	**14,986**
Tonsillectomy or adenoidectomy	0412	2,229	2,738	4,967
Dental services	**0450-0490**	**3,427**	**3,246**	**6,673**
Procedures on respiratory system	**0520-0569**	**10,408**	**7,866**	**18,274**
Bronchoscopy with/without biopsy	0543-0544, 41892-01[0545]	3,442	2,861	6,303
Procedures on cardiovascular system	**0600-0767**	**33,580**	**18,024**	**51,604**
Coronary angiography	0668	7,670	4,385	12,055
Transluminal coronary angioplasty with/without stenting	0670-0671	2,756	950	3,706
CABG	0672-0679	735	160	895
Leg varicose vein ligation	0727-0728	815	1,643	2,458
Procedures on blood and blood-forming organs	**0800-0817**	**2,276**	**2,243**	**4,519**
Procedures on digestive system	**0850-1011**	**66,136**	**70,808**	**136,944**
Fibreoptic colonoscopy with/without excision	0905, 0911	20,298	21,959	42,257
Appendicectomy	0926	3,248	2,790	6,038
Procedures for haemorrhoids	0941	1,333	1,056	2,389
Cholecystectomy	0965	1,137	3,392	4,529
Lysis of peritoneal adhesions	0986	159	668	827
Repair of inguinal and obstructed hernia	0990, 0997	3,501	348	3,849
Panendoscopy with/without excision	1005-1008	22,571	25,960	48,531
Procedures on urinary system	**1040-1129**	**109,317**	**67,329**	**176,646**
Examination procedures on bladder (includes cystoscopy)	1089	7,565	4,241	11,806
Procedures on male genital organs	**1160-1203**	**9,448**	**0**	**9,448**
Prostatectomy	1165-1167	1,703	0	1,703
Circumcision	30653-00[1196]	2,916	0	2,916
Gynaecological procedures	**1240-1299**	**0**	**29,681**	**29,681**
Oophorectomy and salpingo-oophorectomy	1243, 1252	0	664	664
Salpingectomy	1251	0	122	122
Examination procedures on uterus	1259	0	2,864	2,864
Dilation and curettage of uterus	1265, 1267	0	10,402	10,402
Hysterectomy	1268-1269	0	2,796	2,796
Repair of prolapse of uterus, pelvic floor or enterocele	1283	0	684	684
Obstetric procedures	**1330-1347**	**0**	**62,347**	**62,347**
Induction and augmentation of labour	1334, 1335	0	9,794	9,794
Vacuum extraction	1338	0	6,656	6,656
Caesarean section	1340	0	17,268	17,268
Episiotomy associated with delivery	90472-00[1343]	0	4,678	4,678
Postpartum suture	1344	0	16,770	16,770
Procedures on musculoskeletal system	**1360-1579**	**30,596**	**25,721**	**56,317**
Arthroplasty of hip	1489	2,315	2,779	5,094
Arthroplasty of knee	1518-1519	696	1,112	1,808
Dermatological and plastic procedures[a]	**1600-1718**	**36,539**	**34,865**	**71,404**
Excision of lesion of skin and subcutaneous tissue	1620	12,838	14,595	27,433
Other debridement of skin and subcutaneous tissue	1628	1,718	803	2,521
Skin graft	1640-1650	282	169	451
Procedures on breast	**1740-1759**	**239**	**6,822**	**7,061**
Breast biopsy	1743-1744	118	4,542	4,660
Mastectomy	1747-1748	78	907	985
Radiation oncology procedures	**1786-1799**	**40,900**	**37,879**	**78,779**
Non-invasive, cognitive and other interventions, not elsewhere classified	**1820-1922**	**97,346**	**111,619**	**208,965**
Transfusion of blood and gamma globulin	1893	8,189	7,027	15,216
Conduction anaesthesia	1909	46	204	250
Cerebral anaesthesia[b]	1910	61	71	132
Imaging services	**1940-2016**	**29,303**	**29,023**	**58,326**
Computerised tomography scan	1952-1966	20,725	20,249	40,974
Magnetic resonance imaging	2015	3,888	3,930	7,818

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

[a] In 2007, there was an increase in the number of day patient dermatology discharges reported to HIPE as a result of the reconfiguration of services across two hospitals.

[b] This is an additional category to those presented in the 2005 and 2006 Annual Reports.

Principal procedures are further analysed by age group in Table 4.13. The proportion of discharges within each age group undergoing a principal procedure varied across the age groups. A principal procedure was performed on 56.6 per cent of those discharges aged under 15 years. This was lower than the equivalent proportions for the older age groups. Approximately 74.3 per cent of discharges aged between 15 and 44 years and 84.6 per cent of discharges aged 65 years and over had a principal procedure. The 45 to 64 year age group recorded the highest proportion of discharges with a principal procedure at 86.3 per cent.

The frequency of principal procedures varied by age group. Some principal procedures were more common among younger age groups. For instance, 75.4 per cent of all 'myringotomy' procedures were undertaken on discharges younger than 15 years of age, as were 69.7 per cent of all 'tonsillectomy or adenoidectomy' procedures. The 15 to 44 year age group recorded the highest number of 'obstetric procedures' and 'gynaecological procedures'. Almost 63 per cent of 'procedures on eye and adnexa' undertaken as principal procedures were performed on discharges aged 65 years and over. Within this age group, over half of these operations involved 'lens extraction'.

The average length of stay of acute in-patient discharges for each principal procedure category and age group is reported in Table 4.14. Generally, the average length of stay for almost all principal procedures increased with age. For instance, the average length of stay for acute in-patients aged 65 years and over who underwent 'procedures of musculoskeletal system' was 9.6 days, which was over four times that for discharges aged under 15 years (2.1 days). 'Procedures on respiratory system' recorded the longest average length of stay of 9.6 days for the youngest group of acute in-patients. Acute in-patients in the three older age groups who underwent 'CABG' (coronary artery bypass graft) stayed in hospital the longest. The average length of stay for acute in-patients who underwent a principal procedure was 5.8 days.

TABLE 4.13
Total Discharges by Principal Procedure Block and Age Group

Principal Procedure	Procedure Block	Under 15 Years	15-44 Years	45-64 Years	65 Years and Over	Total
Total Discharges	-	**125,348**	**420,388**	**371,405**	**400,485**	**1,317,626**
All Principal Procedures	**0001-2016**	**70,951**	**312,456**	**320,600**	**338,957**	**1,042,964**
Procedures on nervous system	**0001-0086**	**1,165**	**7,032**	**7,233**	**3,940**	**19,370**
Lumbar puncture	0030	840	1,330	600	273	3,043
Procedures on endocrine system	**0110-0129**	**46**	**436**	**528**	**216**	**1,226**
Procedures on eye and adnexa	**0160-0256**	**1,377**	**2,277**	**4,529**	**13,773**	**21,956**
Lens extraction	0195-0202	75	240	1,384	7,299	8,998
Procedures on ear and mastoid process	**0300-0333**	**3,943**	**2,240**	**1,394**	**861**	**8,438**
Myringotomy	0309	2,852	441	305	185	3,783
Procedures on nose, mouth and pharynx	**0370-0422**	**4,791**	**5,106**	**2,992**	**2,097**	**14,986**
Tonsillectomy or adenoidectomy	0412	3,464	1,453	42	8	4,967
Dental services	**0450-0490**	**4,126**	**1,909**	**447**	**191**	**6,673**
Procedures on respiratory system	**0520-0569**	**2,764**	**3,361**	**5,544**	**6,605**	**18,274**
Bronchoscopy with/without biopsy	0543-0544, 41892-01[0545]	264	1,190	2,372	2,477	6,303
Procedures on cardiovascular system	**0600-0767**	**1,331**	**9,856**	**23,801**	**16,616**	**51,604**
Coronary angiography	0668	145	1,006	5,649	5,255	12,055
Transluminal coronary angioplasty with/without stenting	0670-0671	10	223	1,707	1,766	3,706
CABG	0672-0679	0	22	414	459	895
Leg varicose vein ligation	0727-0728	0	997	1,193	268	2,458
Procedures on blood and blood-forming organs	**0800-0817**	**257**	**1,109**	**1,600**	**1,553**	**4,519**
Procedures on digestive system	**0850-1011**	**4,502**	**45,080**	**47,988**	**39,374**	**136,944**
Fibreoptic colonoscopy with/without excision	0905, 0911	95	11,642	17,009	13,511	42,257
Appendicectomy	0926	1,753	3,691	465	129	6,038
Procedures for haemorrhoids	0941	0	1,005	1,019	365	2,389
Cholecystectomy	0965	8	1,882	1,744	895	4,529
Lysis of peritoneal adhesions	0986	27	495	194	111	827
Repair of inguinal and obstructed hernia	0990, 0997	538	896	1,232	1,183	3,849
Panendoscopy with/without excision	1005-1008	506	15,786	17,651	14,588	48,531
Procedures on urinary system	**1040-1129**	**1,564**	**31,624**	**59,378**	**84,080**	**176,646**
Examination procedures on bladder (includes cystoscopy)	1089	267	2,038	3,798	5,703	11,806
Procedures on male genital organs	**1160-1203**	**3,952**	**1,381**	**1,790**	**2,325**	**9,448**
Prostatectomy	1165-1167	0	6	561	1,136	1,703
Circumcision	30653-00[1196]	2,287	405	148	76	2,916
Gynaecological procedures	**1240-1299**	**100**	**19,139**	**8,736**	**1,706**	**29,681**
Oophorectomy and salpingo-oophorectomy	1243, 1252	12	337	250	65	664
Salpingectomy	1251	~	103	17	~	122
Examination procedures on uterus	1259	~	1,195	1,467	200	2,864
Dilation and curettage of uterus	1265, 1267	~	7,403	2,637	360	10,402
Hysterectomy	1268-1269	~	759	1,587	449	2,796
Repair of prolapse of uterus, pelvic floor or enterocele	1283	0	71	414	199	684
Obstetric procedures	**1330-1347**	**9**	**62,240**	**98**	**0**	**62,347**
Induction and augmentation of labour	1334, 1335	~	9,776	17	0	9,794
Vacuum extraction	1338	0	6,648	8	0	6,656
Caesarean section	1340	~	17,221	46	0	17,268
Episiotomy associated with delivery	90472-00[1343]	~	4,676	~	0	4,678
Postpartum suture	1344	~	16,748	19	0	16,770
Procedures on musculoskeletal system	**1360-1579**	**6,658**	**19,688**	**15,101**	**14,870**	**56,317**
Arthroplasty of hip	1489	~	215	1,361	3,515	5,094
Arthroplasty of knee	1518-1519	0	31	643	1,134	1,808
Dermatological and plastic procedures[a]	**1600-1718**	**6,979**	**30,170**	**17,815**	**16,440**	**71,404**
Excision of lesion of skin and subcutaneous tissue	1620	1,009	9,867	7,761	8,796	27,433
Other debridement of skin and subcutaneous tissue	1628	506	1,037	503	475	2,521
Skin graft	1640-1650	70	161	94	126	451
Procedures on breast	**1740-1759**	**34**	**2,767**	**3,062**	**1,198**	**7,061**
Breast biopsy	1743-1744	11	1,829	2,036	784	4,660
Mastectomy	1747-1748	8	222	446	309	985
Radiation oncology procedures	**1786-1799**	**896**	**9,446**	**34,766**	**33,671**	**78,779**
Non-invasive, cognitive and other interventions, not elsewhere classified	**1820-1922**	**20,767**	**43,961**	**69,045**	**75,192**	**208,965**
Transfusion of blood and gamma globulin	1893	1,789	2,318	3,388	7,721	15,216
Conduction anaesthesia	1909	~	168	58	21	250
Cerebral anaesthesia[b]	1910	22	56	31	23	132
Imaging services	**1940-2016**	**5,690**	**13,634**	**14,753**	**24,249**	**58,326**
Computerised tomography scan	1952-1966	1,412	9,758	10,548	19,256	40,974
Magnetic resonance imaging	2015	1,859	2,190	1,936	1,833	7,818

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

[a] In 2007, there was an increase in the number of day patient dermatology discharges reported to HIPE as a result of the reconfiguration of services across two hospitals.

[b] This is an additional category to those presented in the 2005 and 2006 Annual Reports.

Table 4.14

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

Principal Procedure	Procedure Block	Under 15 Years	15-44 Years	45-64 Years	65 Years and Over	Total
Acute In-Patient Discharges[a]	**-**	**2.9**	**3.2**	**5.3**	**7.6**	**4.7**
All Principal Procedures	**0001-2016**	**4.0**	**3.9**	**6.2**	**8.8**	**5.8**
Procedures on nervous system	**0001-0086**	**5.6**	**5.0**	**6.5**	**7.7**	**5.9**
Lumbar puncture	0030	4.8	5.1	7.0	10.9	5.8
Procedures on endocrine system	**0110-0129**	**3.2**	**5.0**	**5.7**	**7.0**	**5.6**
Procedures on eye and adnexa	**0160-0256**	**2.2**	**3.4**	**3.4**	**2.8**	**3.0**
Lens extraction	0195-0202	2.9	2.3	2.2	2.2	2.2
Procedures on ear and mastoid process	**0300-0333**	**2.1**	**2.7**	**3.4**	**4.9**	**2.7**
Myringotomy	0309	1.6	2.8	2.8	3.5	1.8
Procedures on nose, mouth and pharynx	**0370-0422**	**1.9**	**2.6**	**3.7**	**5.0**	**2.7**
Tonsillectomy or adenoidectomy	0412	1.9	2.4	4.5	8.6	2.1
Dental services	**0450-0490**	**1.6**	**2.5**	**2.6**	**4.6**	**2.5**
Procedures on respiratory system	**0520-0569**	**9.6**	**7.4**	**8.8**	**10.5**	**9.3**
Bronchoscopy with/without biopsy	0543-0544, 41892-01[0545]	4.2	8.8	9.6	12.0	10.1
Procedures on cardiovascular system	**0600-0767**	**7.4**	**5.7**	**5.9**	**7.7**	**6.7**
Coronary angiography	0668	3.6	5.2	5.6	7.0	6.1
Transluminal coronary angioplasty with/without stenting	0670-0671	1.9	3.7	3.5	4.5	4.0
CABG	0672-0679	-	11.5	12.8	14.7	13.7
Leg varicose vein ligation	0727-0728	-	1.6	1.8	2.8	1.9
Procedures on blood and blood-forming organs	**0800-0817**	**5.4**	**7.6**	**8.4**	**9.9**	**8.5**
Procedures on digestive system	**0850-1011**	**4.4**	**4.5**	**6.7**	**9.0**	**6.6**
Fibreoptic colonoscopy with/without excision	0905, 0911	3.5	6.2	6.4	8.0	7.2
Appendicectomy	0926	3.9	3.8	5.5	8.7	4.1
Procedures for haemorrhoids	0941	-	2.5	3.3	5.4	3.4
Cholecystectomy	0965	4.9	3.7	4.6	7.4	4.8
Lysis of peritoneal adhesions	0986	7.2	4.8	7.8	13.7	7.0
Repair of inguinal and obstructed hernia	0990, 0997	2.4	2.1	2.9	4.1	3.2
Panendoscopy with/without excision	1005-1008	3.5	4.5	6.5	8.9	7.1
Procedures on urinary system	**1040-1129**	**4.4**	**4.8**	**5.7**	**7.4**	**6.1**
Examination procedures on bladder (includes cystoscopy)	1089	3.5	4.3	4.5	6.4	5.5
Procedures on male genital organs	**1160-1203**	**2.1**	**2.5**	**5.5**	**6.8**	**4.9**
Prostatectomy	1165-1167	-	5.8	6.6	7.3	7.0
Circumcision	30653-00[1196]	1.4	1.8	2.1	3.3	1.9
Gynaecological procedures	**1240-1299**	**3.7**	**2.3**	**4.5**	**6.0**	**3.2**
Oophorectomy and salpingo-oophorectomy	1243, 1252	5.2	5.6	5.8	7.7	5.9
Salpingectomy	1251	~	3.4	4.3	~	3.6
Examination procedures on uterus	1259	~	1.7	1.9	3.6	2.1
Dilation and curettage of uterus	1265, 1267	~	1.2	1.6	2.5	1.3
Hysterectomy	1268-1269	~	6.7	7.0	8.7	7.2
Repair of prolapse of uterus, pelvic floor or enterocele	1283	-	4.9	5.4	5.6	5.4
Obstetric procedures	**1330-1347**	**4.0**	**3.7**	**5.0**	**-**	**3.7**
Induction and augmentation of labour	1334, 1335	~	2.8	3.2	-	2.8
Vacuum extraction	1338	-	3.4	6.1	-	3.4
Caesarean section	1340	~	5.6	6.4	-	5.6
Episiotomy associated with delivery	90472-00[1343]	~	3.2	~	-	3.2
Postpartum suture	1344	~	2.8	3.3	-	2.8
Procedures on musculoskeletal system	**1360-1579**	**2.1**	**3.1**	**5.5**	**9.6**	**5.5**
Arthroplasty of hip	1489	~	8.0	9.5	12.0	11.1
Arthroplasty of knee	1518-1519	-	9.4	9.9	11.4	10.8
Dermatological and plastic procedures	**1600-1718**	**3.3**	**3.3**	**5.0**	**6.7**	**4.1**
Excision of lesion of skin and subcutaneous tissue	1620	1.5	2.6	3.3	4.9	4.0
Other debridement of skin and subcutaneous tissue	1628	1.6	3.4	5.6	9.7	4.3
Skin graft	1640-1650	8.3	7.6	9.5	10.8	8.8
Procedures on breast	**1740-1759**	**3.3**	**4.1**	**5.0**	**7.1**	**5.2**
Breast biopsy	1743-1744	2.5	3.3	3.8	6.0	4.3
Mastectomy	1747-1748	2.5	6.8	7.6	8.7	7.8
Radiation oncology procedures	**1786-1799**	**7.3**	**7.4**	**11.1**	**12.2**	**11.2**
Non-invasive, cognitive and other interventions, not elsewhere classified	**1820-1922**	**4.6**	**4.4**	**6.7**	**9.4**	**7.0**
Transfusion of blood and gamma globulin	1893	4.4	4.9	6.4	7.8	6.9
Conduction anaesthesia	1909	~	4.3	3.0	11.6	4.6
Cerebral anaesthesia[b]	1910	2.3	3.3	3.8	9.9	4.8
Imaging services	**1940-2016**	**3.7**	**4.5**	**6.6**	**9.4**	**7.0**
Computerised tomography scan	1952-1966	2.9	4.1	6.2	9.3	7.0
Magnetic resonance imaging	2015	4.3	6.0	8.2	10.7	7.7

Notes: ~ denotes five or less discharges reported to HIPE.
- denotes no discharges reported to HIPE.
[a] Includes average length of stay for acute in-patients (length of stay of 30 days or less) only. Excludes extended stay in-patients and day patients.
[b] This is an additional category to those presented in the 2005 and 2006 Annual Reports.

Table 4.15 reports all-listed (principal and additional) procedures by procedure category and sex. In total, over 1.9 million procedures were recorded during 2007. Female discharges recorded a higher number of all-listed procedures and accounted for over 53 per cent of total procedures. Over 39.8 per cent of all procedures performed in 2007 were classified as 'non-invasive, cognitive and other interventions, not elsewhere classified'. The next largest category was 'procedures on urinary system', which accounted for 9.8 per cent of all-listed procedures. Apart from 'non-invasive, cognitive and other interventions, not elsewhere classified', 'procedures on the urinary system' also recorded the highest number of all-listed procedures for male discharges. In contrast, the next highest volume for female discharges after 'non-invasive, cognitive and other interventions, not elsewhere classified' was 'obstetric procedures'.

All-listed procedures are presented by age group in Table 4.16. Discharges in the 15 to 44 years and 65 years and over age groups accounted for the highest proportions of all-listed procedures at 31.7 per cent and 31.5 per cent respectively. 'Non-invasive, cognitive and other interventions, not elsewhere classified' recorded the highest number of all-listed procedures for all age groups. The next highest number of all-listed procedures for the youngest age group was 'dermatological and plastic procedures'. For the 15 to 44 year age group, 'obstetric procedures' were the second most common principal and additional procedures. Not surprisingly, this age group accounted for the vast majority (99.9 per cent) of all listed obstetrical procedures. 'Procedures on urinary system' were the second most common type of procedure performed on discharges aged between 45 and 64 years, and for those aged 65 years and over.

TABLE 4.15
All-Listed Procedure Blocks by Sex

Procedure	Procedure Block	Male	Female	Total
Total Discharges	-	**615,312**	**702,314**	**1,317,626**
All Procedures	**0001-2016**	**891,158**	**1,025,549**	**1,916,707**
Procedures on nervous system	**0001-0086**	**11,936**	**13,583**	**25,519**
Lumbar puncture	0030	3,089	2,965	6,054
Procedures on endocrine system	**0110-0129**	**401**	**971**	**1,372**
Procedures on eye and adnexa	**0160-0256**	**11,313**	**12,965**	**24,278**
Lens extraction	0195-0202	3,845	5,337	9,182
Procedures on ear and mastoid process	**0300-0333**	**5,882**	**4,974**	**10,856**
Myringotomy	0309	2,701	2,043	4,744
Procedures on nose, mouth and pharynx	**0370-0422**	**10,031**	**8,574**	**18,605**
Tonsillectomy or adenoidectomy	0412	2,364	2,829	5,193
Dental services	**0450-0490**	**6,690**	**5,618**	**12,308**
Procedures on respiratory system	**0520-0569**	**21,757**	**15,277**	**37,034**
Bronchoscopy with/without biopsy	0543-0544, 41892-01[0545]	4,148	3,326	7,474
Procedures on cardiovascular system	**0600-0767**	**49,805**	**26,484**	**76,289**
Coronary angiography	0668	10,461	5,425	15,886
Transluminal coronary angioplasty with/without stenting	0670-0671	3,388	1,130	4,518
CABG	0672-0679	1,449	309	1,758
Leg varicose vein ligation	0727-0728	825	1,662	2,487
Procedures on blood and blood-forming organs	**0800-0817**	**3,820**	**5,215**	**9,035**
Procedures on digestive system	**0850-1011**	**85,126**	**90,563**	**175,689**
Fibreoptic colonoscopy with/without excision	0905, 0911	26,321	28,893	55,214
Appendicectomy	0926	3,371	3,083	6,454
Procedures for haemorrhoids	0941	3,369	2,638	6,007
Cholecystectomy	0965	1,245	3,494	4,739
Lysis of peritoneal adhesions	0986	565	1,722	2,287
Repair of inguinal and obstructed hernia	0990, 0997	3,665	368	4,033
Panendoscopy with/without excision	1005-1008	25,900	29,111	55,011
Procedures on urinary system	**1040-1129**	**116,209**	**70,704**	**186,913**
Examination procedures on bladder (includes cystoscopy)	1089	8,335	4,740	13,075
Procedures on male genital organs	**1160-1203**	**10,365**	**0**	**10,365**
Prostatectomy	1165-1167	1,817	0	1,817
Circumcision	30653-00[1196]	3,025	0	3,025
Gynaecological procedures	**1240-1299**	**0**	**47,881**	**47,881**
Oophorectomy and salpingo-oophorectomy	1243, 1252	0	856	856
Salpingectomy	1251	0	314	314
Examination procedures on uterus	1259	0	6,521	6,521
Dilation and curettage of uterus	1265, 1267	0	13,720	13,720
Hysterectomy	1268-1269	0	2,911	2,911
Repair of prolapse of uterus, pelvic floor or enterocele	1283	0	1,482	1,482
Obstetric procedures	**1330-1347**	**0**	**136,518**	**136,518**
Induction and augmentation of labour	1334, 1335	0	34,164	34,164
Vacuum extraction	1338	0	9,268	9,268
Caesarean section	1340	0	17,386	17,386
Episiotomy associated with delivery	90472-00[1343]	0	11,928	11,928
Postpartum suture	1344	0	20,092	20,092
Procedures on musculoskeletal system	**1360-1579**	**37,998**	**30,726**	**68,724**
Arthroplasty of hip	1489	2,349	2,826	5,175
Arthroplasty of knee	1518-1519	698	1,119	1,817
Dermatological and plastic procedures[a]	**1600-1718**	**48,664**	**43,605**	**92,269**
Excision of lesion of skin and subcutaneous tissue	1620	15,321	17,488	32,809
Other debridement of skin and subcutaneous tissue	1628	5,353	2,298	7,651
Skin graft	1640-1650	1,235	836	2,071
Procedures on breast	**1740-1759**	**251**	**8,029**	**8,280**
Breast biopsy	1743-1744	126	4,809	4,935
Mastectomy	1747-1748	78	915	993
Radiation oncology procedures	**1786-1799**	**43,196**	**41,486**	**84,682**
Non-invasive, cognitive and other interventions, not elsewhere classified	**1820-1922**	**361,030**	**401,137**	**762,167**
Transfusion of blood and gamma globulin	1893	17,149	15,599	32,748
Conduction anaesthesia	1909	8,784	20,557	29,341
Cerebral anaesthesia[b]	1910	148,632	157,106	305,738
Imaging services	**1940-2016**	**66,684**	**61,239**	**127,923**
Computerised tomography scan	1952-1966	45,081	40,778	85,859
Magnetic resonance imaging	2015	8,346	8,163	16,509

Notes:
[a] In 2007, there was an increase in the number of day patient dermatology discharges reported to HIPE as a result of the reconfiguration of services across two hospitals.
[b] This is an additional category to those presented in the 2005 and 2006 Annual Reports.

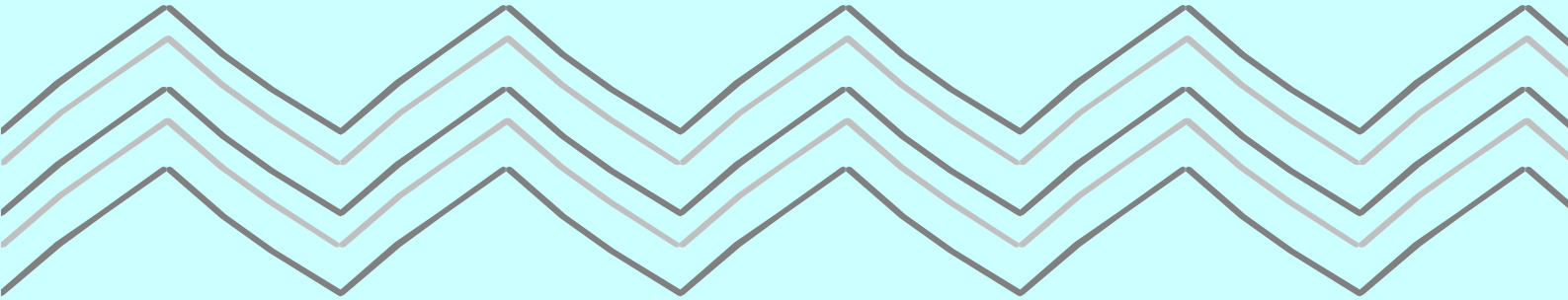
Table 4.16
All-Listed Procedure Blocks by Age Group

Procedure	Procedure Block	Under 15 Years	15-44 Years	45-64 Years	65 Years and Over	Total
Total Discharges	-	**125,348**	**420,388**	**371,405**	**400,485**	**1,317,626**
All Procedures	**0001-2016**	**163,500**	**608,540**	**540,843**	**603,824**	**1,916,707**
Procedures on nervous system	**0001-0086**	**2,580**	**9,186**	**8,819**	**4,934**	**25,519**
Lumbar puncture	0030	2,067	2,307	1,093	587	6,054
Procedures on endocrine system	**0110-0129**	**49**	**462**	**586**	**275**	**1,372**
Procedures on eye and adnexa	**0160-0256**	**1,661**	**2,718**	**5,094**	**14,805**	**24,278**
Lens extraction	0195-0202	85	261	1,424	7,412	9,182
Procedures on ear and mastoid process	**0300-0333**	**5,706**	**2,561**	**1,603**	**986**	**10,856**
Myringotomy	0309	3,742	485	324	193	4,744
Procedures on nose, mouth and pharynx	**0370-0422**	**5,719**	**6,314**	**3,945**	**2,627**	**18,605**
Tonsillectomy or adenoidectomy	0412	3,645	1,480	54	14	5,193
Dental services	**0450-0490**	**7,726**	**3,328**	**873**	**381**	**12,308**
Procedures on respiratory system	**0520-0569**	**7,963**	**6,003**	**10,196**	**12,872**	**37,034**
Bronchoscopy with/without biopsy	0543-0544, 41892-01[0545]	423	1,365	2,726	2,960	7,474
Procedures on cardiovascular system	**0600-0767**	**3,466**	**12,469**	**32,995**	**27,359**	**76,289**
Coronary angiography	0668	284	1,293	7,268	7,041	15,886
Transluminal coronary angioplasty with/without stenting	0670-0671	12	269	2,020	2,217	4,518
CABG	0672-0679	~	44	822	890	1,758
Leg varicose vein ligation	0727-0728	~	1,009	1,203	274	2,487
Procedures on blood and blood-forming organs	**0800-0817**	**737**	**1,919**	**3,412**	**2,967**	**9,035**
Procedures on digestive system	**0850-1011**	**5,311**	**55,555**	**61,605**	**53,218**	**175,689**
Fibreoptic colonoscopy with/without excision	0905, 0911	191	14,961	21,670	18,392	55,214
Appendicectomy	0926	1,803	3,833	603	215	6,454
Procedures for haemorrhoids	0941	0	2,430	2,623	954	6,007
Cholecystectomy	0965	10	1,919	1,824	986	4,739
Lysis of peritoneal adhesions	0986	61	1,199	612	415	2,287
Repair of inguinal and obstructed hernia	0990, 0997	579	964	1,254	1,236	4,033
Panendoscopy with/without excision	1005-1008	569	16,962	19,789	17,691	55,011
Procedures on urinary system	**1040-1129**	**1,886**	**33,382**	**62,574**	**89,071**	**186,913**
Examination procedures on bladder (includes cystoscopy)	1089	308	2,256	4,223	6,288	13,075
Procedures on male genital organs	**1160-1203**	**4,254**	**1,510**	**1,977**	**2,624**	**10,365**
Prostatectomy	1165-1167	0	7	586	1,224	1,817
Circumcision	30653-00[1196]	2,357	417	163	88	3,025
Gynaecological procedures	**1240-1299**	**135**	**29,746**	**15,342**	**2,658**	**47,881**
Oophorectomy and salpingo-oophorectomy	1243, 1252	13	412	323	108	856
Salpingectomy	1251	~	282	30	~	314
Examination procedures on uterus	1259	~	2,904	3,208	406	6,521
Dilation and curettage of uterus	1265, 1267	~	8,853	4,315	549	13,720
Hysterectomy	1268-1269	~	782	1,634	494	2,911
Repair of prolapse of uterus, pelvic floor or enterocele	1283	~	139	903	439	1,482
Obstetric procedures	**1330-1347**	**16**	**136,335**	**167**	**0**	**136,518**
Induction and augmentation of labour	1334, 1335	~	34,123	37	0	34,164
Vacuum extraction	1338	0	9,257	11	0	9,268
Caesarean section	1340	~	17,339	46	0	17,386
Episiotomy associated with delivery	90472-00[1343]	~	11,919	8	0	11,928
Postpartum suture	1344	~	20,064	25	0	20,092
Procedures on musculoskeletal system	**1360-1579**	**8,520**	**24,291**	**18,474**	**17,439**	**68,724**
Arthroplasty of hip	1489	~	218	1,380	3,574	5,175
Arthroplasty of knee	1518-1519	0	31	647	1,139	1,817
Dermatological and plastic procedures[a]	**1600-1718**	**10,338**	**37,715**	**22,408**	**21,808**	**92,269**
Excision of lesion of skin and subcutaneous tissue	1620	1,131	11,863	9,321	10,494	32,809
Other debridement of skin and subcutaneous tissue	1628	1,324	3,491	1,566	1,270	7,651
Skin graft	1640-1650	168	542	423	938	2,071
Procedures on breast	**1740-1759**	**34**	**3,113**	**3,739**	**1,394**	**8,280**
Breast biopsy	1743-1744	11	1,898	2,146	880	4,935
Mastectomy	1747-1748	8	223	448	314	993
Radiation oncology procedures	**1786-1799**	**1,117**	**10,607**	**37,010**	**35,948**	**84,682**
Non-invasive, cognitive and other interventions, not elsewhere classified	**1820-1922**	**86,747**	**203,783**	**213,400**	**258,237**	**762,167**
Transfusion of blood and gamma globulin	1893	3,601	5,297	7,841	16,009	32,748
Conduction anaesthesia	1909	223	14,539	5,432	9,147	29,341
Cerebral anaesthesia[b]	1910	39,807	101,849	90,307	73,775	305,738
Imaging services	**1940-2016**	**9,535**	**27,543**	**36,624**	**54,221**	**127,923**
Computerised tomography scan	1952-1966	2,182	18,670	24,418	40,589	85,859
Magnetic resonance imaging	2015	2,431	4,575	4,824	4,679	16,509

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

[a] In 2007, there was an increase in the number of day patient dermatology discharges reported to HIPE as a result of the reconfiguration of services across two hospitals.

[b] This is an additional category to those presented in the 2005 and 2006 Annual Reports.



Analysis of Discharge Data by Case Mix for 2007

SECTION

FIVE

SUMMARY

Discharges by Major Diagnostic Category (MDC)

- The MDC with the largest number of total discharges was 'diseases and disorders of the kidney and urinary tract' (MDC 11).
- The MDC 'neoplastic disorders (haematological and solid neoplasms)' (MDC 17) had the largest number of day patient discharges. The volume of acute and total in-patient activity was highest for 'pregnancy, childbirth and the puerperium' (MDC 14).
- Excluding the pre and unassignable MDCs, MDC 19, 'mental diseases and disorders' had the longest average length of stay for total in-patient discharges at 14.4 days. Acute in-patients had the longest average length of stay of 7.6 days for 'neoplastic disorders (haematological and solid neoplasms)' (MDC 17).

Discharges by Diagnosis Related Group (AR-DRG)

- The top 20 AR-DRGs for day patients accounted for 72.7 per cent of total day patient discharges.
- The most common AR-DRG for day patients was 'admit for renal dialysis' (AR-DRG L61Z), which accounted for 29.0 per cent of day patients in the top 20 AR-DRG's and 21.1 per cent of total day patients.
- The 20 most common AR-DRGs for total in-patients accounted for 32.2 per cent of total in-patient discharges.
- The most common AR-DRG for total in-patients was 'vaginal delivery without catastrophic or severe complications and/or comorbidity' (AR-DRG O60B), which accounted for 5.9 per cent of total in-patients.

INTRODUCTION

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

The Ninth Revision of the DRGs produced for the US Health Care Financing Administration (HCFA) version 9.0 was used as the national standard in Ireland until 1994. This was superseded by HCFA 12.0, which was used until 1998 when HCFA 16.0 was adopted for DRG analysis until 2004. Following an extensive evaluation of the available alternative grouping methodologies in 2004, the decision was made to move to Australian Refined Diagnosis Related Group (AR-DRG) version 5.1 from 2005 onwards.[5] One of the key features of this methodology is the classification of cases into different levels of complexity within AR-DRGs. ICD-10-AM was the coding system used for AR-DRG grouping in 2007. As all of the data required for AR-DRG classification are available on the HIPE system, and since diagnoses and procedures are coded with ICD-10-AM, discharges are directly assigned to the AR-DRG system from this database.

The first step in AR-DRG assignment is the classification of discharges by Major Diagnostic Category (MDC). There are 24 MDCs which are essentially primary diagnostic groupings based on the systems of the body, for example nervous system (MDC 1), eye (MDC 2), circulatory system (MDC 5), etc. As not all discharges can be assigned directly to MDC, there is a category entitled 'unassignable to MDC'. To deal with certain categories of high cost discharges, the second step performs a Pre-MDC analysis which can override the initial MDC assignment. Examples of discharges affected include transplants, human immunodeficiency virus (HIV) disease, and multiple significant trauma.[6]

After assignment to the appropriate MDCs, discharges are assigned to the AR-DRG level. In total, there are 665 AR-DRGs. Discharges with a surgical procedure performed are assigned to

---

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

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

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

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

5 Aisbett, C., M.M. Wiley, B. McCarthy, and A. Mulligan, 2007. "*Measuring Hospital Case Mix: Evaluation of Alternative Approaches for the Irish Hospital System*", Working Paper No. 192, Dublin: The Economic and Social Research Institute.

6 'Some discharges involving procedures that are particularly resource intensive may be assigned to the *Pre-MDC* category (AR-DRGs A01Z–A41B), irrespective of the MDC that would have been assigned on the basis of the principal diagnosis.' Australian Institute of Health and Welfare (2007) *Australian hospital statistics 2005-06*. Canberra: Australian Institute of Health and Welfare. p 258.

the surgical AR-DRGs where classification is based on the most resource intensive procedure performed. Medical discharges are assigned to an AR-DRG on the basis of principal diagnosis.

The numbering system for each AR-DRG consists of four alphanumeric characters in the form of 'ADDS'. The first character, 'A' is either a letter (indicating the broad group of the DRG) or a '9' (indicating an error DRG).[7] The second and third characters, 'DD', identify the adjacent DRG within the MDC, and the partition to which the adjacent DRG belongs.[8] Both characters are numbers indicating whether the code is surgical, medical or other. The last character, 'S' is a complexity split indicator that ranks DRGs within adjacent DRGs on the basis of their consumption of resources, it is either 'A', 'B', 'C', 'D' or 'Z' indicating level of complexity, 'A' being the most complex or 'Z' indicating that there is no complexity split.[9, 10] The complexity of the case is determined by particular variables, such as the presence of complications and/or comorbidities (cc), age, or discharge status, which influence the treatment process and/or the pattern of resource utilisation.[11, 12]

ANALYSIS BY MAJOR DIAGNOSTIC CATEGORY (MDC)

In the analyses presented of Tables 5.1 and 5.2 discharges assigned to 'Pre-MDC' or 'unassignable to MDC' are excluded from the discussion.[13] Discharges are broken down by MDC and patient type in Table 5.1. The MDC with the highest number of total discharges in all hospitals was 'diseases and disorders of the kidney and urinary tract' (MDC 11). More than 88 per cent of discharges assigned to this MDC were treated on a day patient basis, while the remainder were more likely to be acute in-patients.

'Neoplastic disorders (haematological and solid neoplasms)' (MDC 17) had the second largest number of total discharges. The proportion of discharges treated as in-patients with this MDC (3.0 per cent) was the lowest of any MDC. Together, MDCs 11 and 17 accounted for over one-quarter of total discharges. The MDCs with the lowest number of total discharges included 'burns' (MDC 22), 'mental diseases and disorders' (MDC 19), and 'alcohol/drug use and alcohol/drug induced organic mental disorders' (MDC 20).[14]

---

7 'Episodes that contain clinically atypical or invalid information are assigned Error DRGs.' Australian Institute of Health and Welfare (2007) *Australian hospital statistics 2005-06*. Canberra: Australian Institute of Health and Welfare. p 258

8 'An adjacent DRG (ADRG) consists of one or more DRGs generally defined by the same diagnosis or procedure code list. DRGs within an ADRG have differing levels of resource consumption, and are partitioned on the basis of several factors, including complicating diagnoses/procedures, age, and level of comorbid disease and/or clinical complication.' Commonwealth of Australia (Department of Health and Ageing) 2004, '*Australian Refined Diagnosis Related Groups, Version 5.1, Definitions Manual*', Volume 1. Canberra: Commonwealth Department of Health and Ageing. p 7.

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

10 C. Aisbett, M.M. Wiley, B. McCarthy, and A. Mulligan, 2007. *Measuring Hospital Case Mix: Evaluation of Alternative Approaches for the Irish Hospital System, Working Paper No. 192*, Dublin: The Economic and Social Research Institute. pp 9-10.

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

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

13 'Pre MDC' and 'unassignable to MDC' are excluded from the discussion as they are so specialised that they lead to misleading conclusions being drawn, for example, longest average length of stay for an MDC. In 2007, the 'Pre-MDC' and 'unassignable to MDC' categories accounted for 0.4 per cent of total discharges.

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

In this section, the distinction between voluntary and non-voluntary hospitals is made. The voluntary hospital grouping includes both general and special hospitals, which are operated on a voluntary basis. The non-voluntary hospital group in this section incorporates both general (at county and regional levels) and special hospitals managed by HSE areas of administration. See Appendix I for the classification of HIPE hospitals by voluntary and non-voluntary status in 2007.

Table 5.1 shows that almost three quarters of a million (762,705) or 57.9 per cent of total discharges were treated in non-voluntary hospitals and the remainder were discharged from voluntary hospitals. There were similarities in the distribution of discharges by MDC by hospital type. The top ranked MDCs, in terms of total discharges, in voluntary hospitals were MDC 17 ('neoplastic disorders (haematological and solid neoplasms)') and MDC 11 ('diseases and disorders of the kidney and urinary tract'), recording 90,566 and 73,710 discharges respectively. The MDC with the greatest number of discharges for non-voluntary hospitals was 'diseases and disorders of the kidney and urinary tract' (MDC 11). Within MDC 8 ('diseases and disorders of the musculoskeletal system and connective tissues'), the types of patients treated by voluntary and non-voluntary hospitals differed. In voluntary hospitals, 53.8 per cent of discharges were treated on a day basis while total in-patients amounted to 46.2 per cent. In contrast, in non-voluntary hospitals the number of total in-patients exceeded the number of day patients assigned to MDC 8. Diseases and disorders of the ear, nose, mouth and throat (MDC 3) was the only other MDC in which the types of patients treated by voluntary and non-voluntary hospitals differed.

The highest number of day patients was recorded for 'neoplastic disorders (haematological and solid neoplasms)' (MDC 17) in voluntary and all hospitals. However, the highest number of day patients was recorded for 'diseases and disorders of the kidney and urinary tract' (MDC 11) in non-voluntary hospitals. Volumes of acute and total in-patients in the two groups of hospitals were highest for 'pregnancy, childbirth and the puerperium' (MDC 14).

TABLE 5.1

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

MDC Description		Voluntary Hospitals					Non-Voluntary Hospitals					All Hospitals				
		Day Patients	In-Patients			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 (30 days)	Extended (>30 days)	Total In-Patients	
	Pre-MDC	25	1,074	786	1,860	1,885	1	611	387	998	999	26	1,685	1,173	2,858	2,884
00	Unassignable to MDC	393	1,057	245	1,302	1,695	206	763	136	899	1,105	599	1,820	381	2,201	2,800
01	Diseases and disorders of the nervous system	7,498	11,956	1,412	13,368	20,866	4,365	26,065	1,223	27,288	31,653	11,863	38,021	2,635	40,656	52,519
02	Diseases and disorders of the eye	10,433	3,847	20	3,867	14,300	10,024	4,680	18	4,698	14,722	20,457	8,527	38	8,565	29,022
03	Diseases and disorders of the ear, nose, mouth and throat	11,952	9,755	142	9,897	21,849	10,646	17,931	60	17,991	28,637	22,598	27,686	202	27,888	50,486
04	Diseases and disorders of the respiratory system	5,673	15,851	1,110	16,961	22,634	3,370	35,581	941	36,522	39,892	9,043	51,432	2,051	53,483	62,526
05	Diseases and disorders of the circulatory system	10,295	19,820	838	20,658	30,953	9,984	43,540	776	44,316	54,300	20,279	63,360	1,614	64,974	85,253
06	Diseases and disorders of the digestive system	35,161	20,372	768	21,140	56,301	51,070	48,743	788	49,531	100,601	86,231	69,115	1,556	70,671	156,902
07	Diseases and disorders of the hepatobiliary system and pancreas	2,672	5,060	239	5,299	7,971	1,162	9,933	188	10,121	11,283	3,834	14,993	427	15,420	19,254
08	Diseases and disorders of the musculoskeletal system and connective tissue	19,280	15,844	699	16,543	35,823	16,865	35,448	871	36,319	53,184	36,145	51,292	1,570	52,862	89,007
09	Diseases and disorders of the skin, subcutaneous tissue and breast	45,198	6,565	296	6,861	52,059	23,209	12,011	205	12,216	35,425	68,407	18,576	501	19,077	87,484
10	Endocrine, nutritional and metabolic diseases and disorders	2,051	3,281	155	3,436	5,487	1,754	6,509	187	6,696	8,450	3,805	9,790	342	10,132	13,937
11	Diseases and disorders of the kidney and urinary tract	65,230	8,123	357	8,480	73,710	102,183	13,362	344	13,706	115,889	167,413	21,485	701	22,186	189,599
12	Diseases and disorders of the male reproductive system	6,000	2,447	181	2,628	8,628	4,410	3,432	46	3,478	7,888	10,410	5,879	227	6,106	16,516

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

MDC Description		Voluntary Hospitals					Non-Voluntary Hospitals					All Hospitals				
		Day Patients	In-Patients			Total Discharges	Day Patients	In-Patients			Total Discharges	Day Patients	In-Patients			Total Discharges
			Acute (0-30 days)	Extended (>30 days)	Total In-Patients			Acute (0-30 days)	Extended (>30 days)	Total In-Patients			Acute (30 days)	Extended (>30 days)	Total In-Patients	
13	Diseases and disorders of the female reproductive system	7,648	6,354	118	6,472	14,120	9,830	9,261	39	9,300	19,130	17,478	15,615	157	15,772	33,250
14	Pregnancy, childbirth and the puerperium	776	43,586	65	43,651	44,427	4,961	75,678	66	75,744	80,705	5,737	119,264	131	119,395	125,132
15	Newborns and other neonates	98	4,522	370	4,892	4,990	165	8,012	378	8,390	8,555	263	12,534	748	13,282	13,545
16	Diseases and disorders of blood, blood forming organs, immunological disorders	12,860	2,094	58	2,152	15,012	17,599	4,429	102	4,531	22,130	30,459	6,523	160	6,683	37,142
17	Neoplastic disorders (haematological and solid neoplasms)	88,127	2,197	242	2,439	90,566	79,858	2,549	226	2,775	82,633	167,985	4,746	468	5,214	173,199
18	Infectious and parasitic diseases, systemic or unspecified sites	1,422	2,079	137	2,216	3,638	220	6,432	136	6,568	6,788	1,642	8,511	273	8,784	10,426
19	Mental diseases and disorders	254	980	212	1,192	1,446	329	852	23	875	1,204	583	1,832	235	2,067	2,650
20	Alcohol/drug use and alcohol/drug induced organic mental disorders	13	593	27	620	633	5	2,426	16	2,442	2,447	18	3,019	43	3,062	3,080
21	Injuries, poisonings and toxic effects of drugs	613	5,010	209	5,219	5,832	151	11,159	92	11,251	11,402	764	16,169	301	16,470	17,234
22	Burns	3	359	37	396	399	1	386	13	399	400	4	745	50	795	799
23	Factors influencing health status and other contacts with health services	15,482	3,810	405	4,215	19,697	17,326	5,605	352	5,957	23,283	32,808	9,415	757	10,172	42,980
Total		**349,157**	**196,636**	**9,128**	**205,764**	**554,921**	**369,694**	**385,398**	**7,613**	**393,011**	**762,705**	**718,851**	**582,034**	**16,741**	**598,775**	**1,317,626**

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

The average length of stay for in-patients and total discharges by MDC and hospital type is reported in Table 5.2. Although MDCs 6, 11 and 17 recorded the highest volume of activity within both voluntary and non-voluntary hospitals, the average lengths of stay for these diagnostic categories were among the shortest. The MDC with the highest volume of total discharges in 2007, 'diseases and disorders of the kidney and urinary tract' (MDC 11), recorded an average length of stay for acute in-patients of 5.6 days and one of the lowest average lengths of stay for total discharges (1.7 days). A similar pattern emerged for the MDC with the second highest volume of total discharges and the lowest proportion of acute in-patients, 'neoplastic disorders (haematological and solid neoplasms)' (MDC 17), which recorded the longest length of stay for acute in-patients (7.6 days) and the shortest average length of stay for total discharges (1.3 days). The average length of stay for total discharges with 'diseases and disorders of the digestive system' (MDC 6) was 3.1 days, with acute in-patients spending an average of 4.7 days in hospital.

Across all hospitals, 'mental diseases and disorders' (MDC 19) had the longest average length of stay for total in-patients and total discharges (14.4 days and 11.5 days respectively). In voluntary hospitals, 'factors influencing health status and other contacts with health services' (MDC 23) recorded the longest average length of stay for acute in-patients (8.8 days), while MDC 19 ('mental diseases and disorders') recorded the longest average length of stay for total in-patients (21.2 days). In non-voluntary hospitals, the longest average length of stay for acute in-patients and one of the longest for total in-patients is recorded for 'neoplastic disorders (haematological and solid neoplasms)' (MDC 17) at 6.7 days and 10.1 days respectively.

Across all MDCs the duration of the acute in-patient stay was longer in voluntary hospitals compared to non-voluntary hospitals, apart from ‘pregnancy, childbirth and the puerperium’ (MDC 14) and ‘diseases and disorders of the eye’ (MDC 2) where the acute in-patient average length of stay was similar.

TABLE 5.2

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

MDC Description		Voluntary Hospitals				Non-Voluntary Hospitals				All Hospitals			
		In-Patients			Total Discharges[a]	In-Patients			Total Discharges[a]	In-Patients			Total Discharges[a]
		Acute (0-30 days)	Extended (>30 days)	Total In-Patients		Acute (0-30 days)	Extended (>30 days)	Total In-Patients		Acute (30 days)	Extended (>30 days)	Total In-Patients	
	Pre-MDC	14.8	80.7	42.6	42.1	14.0	79.8	39.5	39.5	14.5	80.4	41.5	41.2
00	Unassignable to MDC	9.6	70.5	21.1	16.4	8.1	57.5	15.5	12.8	9.0	65.9	18.8	15.0
01	Diseases and disorders of the nervous system	6.7	76.0	14.0	9.4	5.1	59.7	7.5	6.6	5.6	68.4	9.7	7.7
02	Diseases and disorders of the eye	3.1	53.3	3.4	1.6	3.1	45.4	3.3	1.7	3.1	49.6	3.3	1.7
03	Diseases and disorders of the ear, nose, mouth and throat	3.1	48.5	3.7	2.2	2.5	52.7	2.6	2.0	2.7	49.7	3.0	2.1
04	Diseases and disorders of the respiratory system	7.3	61.1	10.8	8.4	6.3	46.5	7.3	6.8	6.6	54.4	8.4	7.4
05	Diseases and disorders of the circulatory system	6.0	60.0	8.2	5.8	5.1	50.3	5.9	5.0	5.4	55.4	6.6	5.3
06	Diseases and disorders of the digestive system	5.4	55.4	7.3	3.3	4.4	47.7	5.0	3.0	4.7	51.5	5.7	3.1
07	Diseases and disorders of the hepatobiliary system and pancreas	7.3	50.7	9.3	6.5	5.9	45.8	6.6	6.0	6.4	48.5	7.5	6.2
08	Diseases and disorders of the musculoskeletal system and connective tissue	5.5	63.6	8.0	4.2	5.2	51.7	6.3	4.6	5.3	57.0	6.8	4.5
09	Diseases and disorders of the skin, subcutaneous tissue and breast	5.7	55.1	7.8	1.9	4.6	52.8	5.4	2.5	5.0	54.2	6.3	2.1
10	Endocrine, nutritional and metabolic diseases and disorders	6.1	62.6	8.6	5.8	5.7	56.8	7.1	5.9	5.8	59.5	7.6	5.8
11	Diseases and disorders of the kidney and urinary tract	5.7	66.6	8.3	1.8	5.5	50.0	6.6	1.7	5.6	58.5	7.3	1.7
12	Diseases and disorders of the male reproductive system	5.1	50.8	8.3	3.2	4.4	44.8	5.0	2.7	4.7	49.6	6.4	3.0

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

MDC Description		Voluntary Hospitals				Non-Voluntary Hospitals				All Hospitals			
		In-Patients			Total Discharges	In-Patients			Total Discharges	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 (30 days)	Extended (>30 days)	Total In-Patients	
13	Diseases and disorders of the female reproductive system	4.3	46.4	5.1	2.9	3.7	42.1	3.8	2.4	3.9	45.3	4.4	2.6
14	Pregnancy, childbirth and the puerperium	2.7	44.7	2.8	2.8	2.8	53.2	2.8	2.7	2.8	49.0	2.8	2.7
15	Newborns and other neonates	5.8	59.2	9.8	9.7	5.2	49.0	7.2	7.1	5.4	54.1	8.2	8.0
16	Diseases and disorders of blood, blood forming organs, immunological disorders	5.6	50.9	6.8	1.8	5.2	55.4	6.3	2.1	5.3	53.8	6.5	2.0
17	Neoplastic disorders (haematological and solid neoplasms)	8.5	47.6	12.4	1.3	6.7	47.6	10.1	1.3	7.6	47.6	11.2	1.3
18	Infectious and parasitic diseases, systemic or unspecified sites	6.2	64.6	9.8	6.4	4.1	51.6	5.0	4.9	4.6	58.1	6.2	5.4
19	Mental diseases and disorders	6.5	88.9	21.2	17.6	4.1	50.2	5.3	4.1	5.4	85.1	14.4	11.5
20	Alcohol/drug use and alcohol/drug induced organic mental disorders	7.7	51.6	9.6	9.5	3.2	49.8	3.5	3.5	4.1	50.9	4.7	4.7
21	Injuries, poisonings and toxic effects of drugs	3.5	67.5	6.0	5.5	2.6	57.9	3.0	3.0	2.8	64.6	4.0	3.8
22	Burns	8.5	52.7	12.6	12.5	4.4	71.5	6.6	6.6	6.4	57.6	9.6	9.6
23	Factors influencing health status and other contacts with health services	8.8	60.3	13.8	3.7	5.6	80.5	10.0	3.3	6.9	69.7	11.6	3.5
Total		5.2	64.2	7.8	3.5	4.5	54.4	5.4	3.3	4.7	59.8	6.2	3.4

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

[a] Includes day and in-patients.

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

Top 20 AR-DRGs

In 2007, 72.7 per cent of day patient discharges were assigned to one of the top 20 AR-DRGs (ranked according to the highest volume of day patient activity (see Table 5.3)). The most common AR-DRG for day patients was 'admit for renal dialysis' (AR-DRG L61Z), which accounted for 29.0 per cent of day patients in the top 20 AR-DRG's and 21.1 per cent of total day patients.

TABLE 5.3

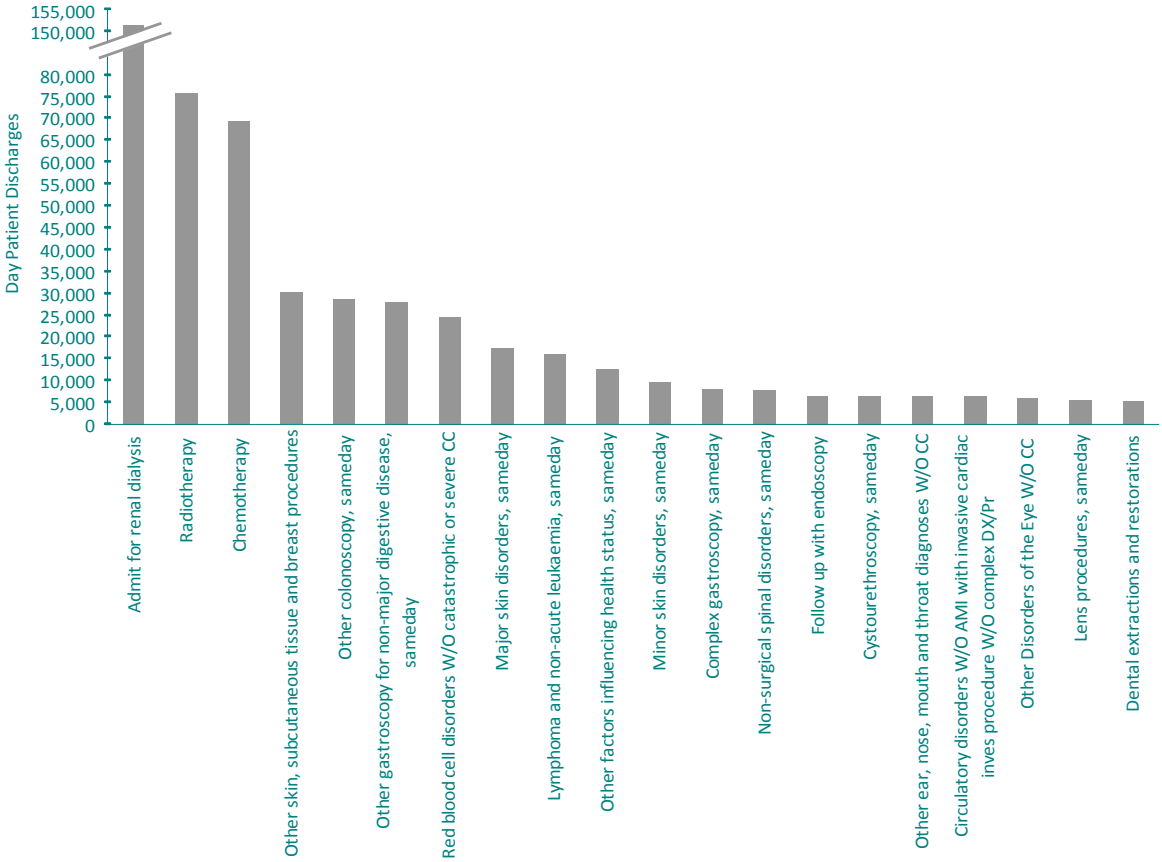
Top 20 AR-DRGs for Day Patients – Number and Percentage of Day Patient Discharges

Rank	Description	AR-DRG	N	% of Top 20 AR-DRGs for Day-Patients	% of Total Day Patients
1	Admit for renal dialysis	L61Z	151,406	29.0	21.1
2	Radiotherapy	R64Z	75,905	14.5	10.6
3	Chemotherapy	R63Z	69,588	13.3	9.7
4	Other skin, subcutaneous tissue and breast procedures	J11Z	30,134	5.8	4.2
5	Other colonoscopy, sameday	G44C	28,645	5.5	4.0
6	Other gastroscopy for non-major digestive disease, sameday	G45B	28,060	5.4	3.9
7	Red blood cell disorders W/O catastrophic or severe CC	Q61C	24,623	4.7	3.4
8	Major skin disorders, sameday	J68B	17,574	3.4	2.4
9	Lymphoma and non-acute leukaemia, sameday	R61C	15,903	3.0	2.2
10	Other factors influencing health status, sameday	Z64B	12,503	2.4	1.7
11	Minor skin disorders, sameday	J67B	9,685	1.9	1.3
12	Complex gastroscopy, sameday	G46C	8,127	1.6	1.1
13	Non-surgical spinal disorders, sameday	I68C	7,866	1.5	1.1
14	Follow up with endoscopy	Z40Z	6,561	1.3	0.9
15	Cystourethroscopy, sameday	L41Z	6,492	1.2	0.9
16	Other ear, nose, mouth and throat diagnoses W/O CC	D66B	6,486	1.2	0.9
17	Circulatory disorders W/O AMI with invasive cardiac inves procedure W/O complex DX/Pr	F42B	6,468	1.2	0.9
18	Other Disorders of the Eye W/O CC	C63B	5,937	1.1	0.8
19	Lens procedures, sameday	C16B	5,521	1.1	0.8
20	Dental extractions and restorations	D40Z	5,429	1.0	0.8
Top 20 AR-DRGs for Day Patients-Total		**–**	**522,913**	**100**	**72.7**
Day Patients-Total		**–**	**718,851**	**–**	**–**

Note: Percentage columns are subject to rounding.

FIGURE 5.1

Top 20 AR-DRGs for Day Patients



While almost three quarters of day patients were assigned to one of the 20 most common AR-DRGs, less than one-third of total in-patient discharges were classified in the top 20 AR-DRGs (see Table 5.4). The most common AR-DRG for total in-patients, 'vaginal delivery without catastrophic or severe complications and/or comorbidity' (AR-DRG O60B), accounted for 5.9 per cent of total in-patients. The total in-patient average length of stay for this AR-DRG was 3.0 days, which was less than half that of total in-patients (6.2 days). This AR-DRG was one of six in the top 20 relating to obstetrical activity, which together accounted for 52.3 per cent of the top 20 in-patient discharges.

TABLE 5.4

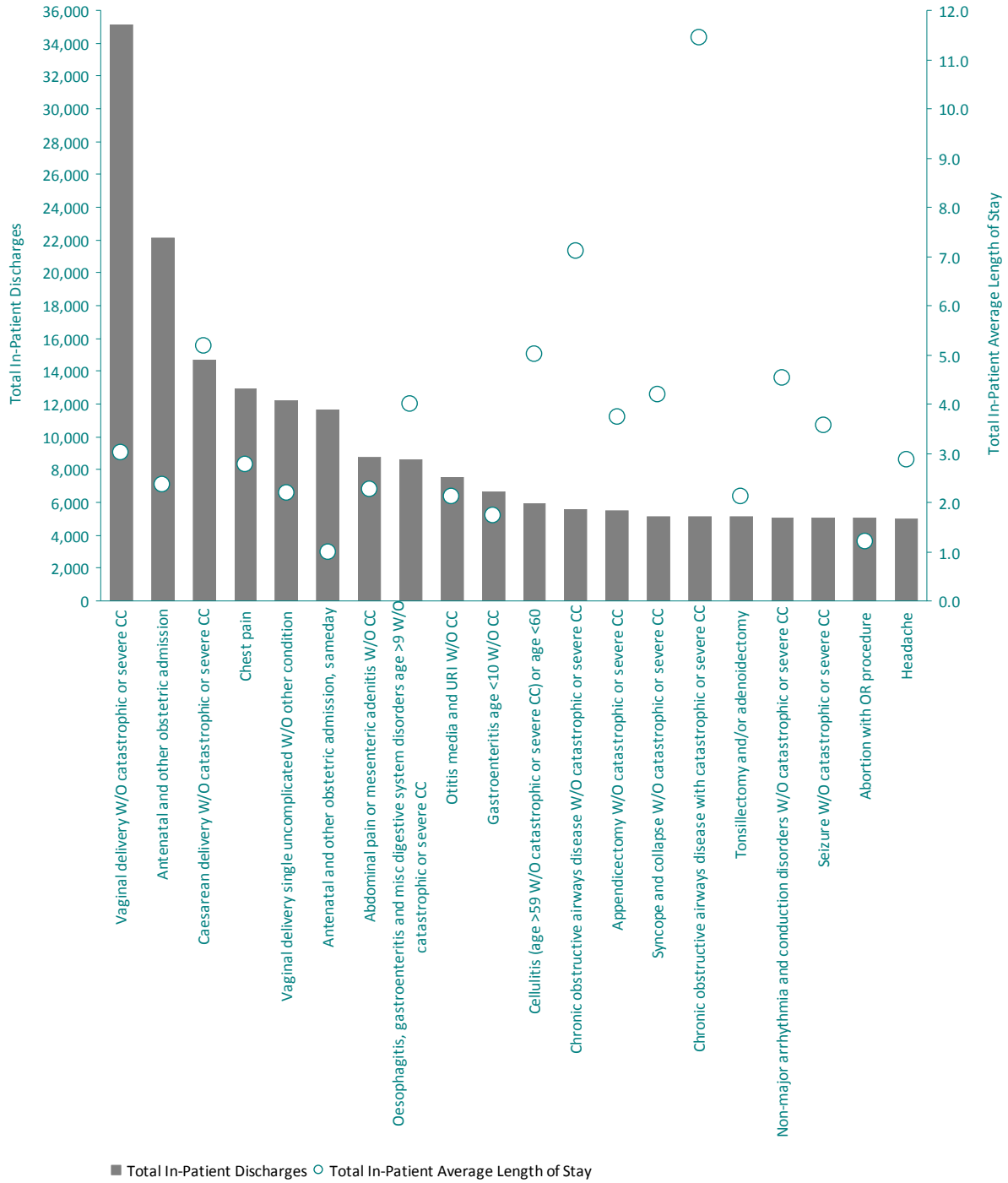
Top 20 AR-DRGs for Total In-Patients – Number and Percentage of Total In-Patient Discharges and Total In-Patient Average Length of Stay (Days)

Rank	Description	AR-DRG	N	% of Top 20 AR-DRGs for In-Patients	% of Total In- Patients	Total In-Patient Average Length of Stay [a]
1	Vaginal delivery W/O catastrophic or severe CC	O60B	35,107	18.2	5.9	3.0
2	Antenatal and other obstetric admission	O66A	22,100	11.5	3.7	2.4
3	Caesarean delivery W/O catastrophic or severe CC	O01C	14,686	7.6	2.5	5.2
4	Chest pain	F74Z	12,948	6.7	2.2	2.8
5	Vaginal delivery single uncomplicated W/O other condition	O60C	12,234	6.3	2.0	2.2
6	Antenatal and other obstetric admission, sameday	O66B	11,631	6.0	1.9	1.0
7	Abdominal pain or mesenteric adenitis W/O CC	G66B	8,744	4.5	1.5	2.3
8	Oesophagitis, gastroenteritis and misc digestive system disorders age >9 W/O catastrophic or severe CC	G67B	8,630	4.5	1.4	4.0
9	Otitis media and URI W/O CC	D63B	7,519	3.9	1.3	2.1
10	Gastroenteritis age <10 W/O CC	G68B	6,631	3.4	1.1	1.7
11	Cellulitis (age >59 W/O catastrophic or severe CC) or age <60	J64B	5,958	3.1	1.0	5.0
12	Chronic obstructive airways disease W/O catastrophic or severe CC	E65B	5,580	2.9	0.9	7.1
13	Appendicectomy W/O catastrophic or severe CC	G07B	5,510	2.9	0.9	3.7
14	Syncope and collapse W/O catastrophic or severe CC	F73B	5,160	2.7	0.9	4.2
15	Chronic obstructive airways disease with catastrophic or severe CC	E65A	5,145	2.7	0.9	11.5
16	Tonsillectomy and/or adenoidectomy	D11Z	5,115	2.7	0.9	2.1
17	Non-major arrhythmia and conduction disorders W/O catastrophic or severe CC	F71B	5,071	2.6	0.8	4.5
18	Seizure W/O catastrophic or severe CC	B76B	5,060	2.6	0.8	3.6
19	Abortion with OR procedure [b]	O05Z	5,025	2.6	0.8	1.2
20	Headache	B77Z	5,007	2.6	0.8	2.9
Top 20 AR-DRGs for In-Patients-Total		**–**	**192,861**	**100**	**32.2**	**3.3**
In-Patients-Total		**–**	**598,775**	**–**	**–**	**6.2**

Notes:
Percentage columns are subject to rounding.
[a] Includes acute and extended stay in-patients.
[b] Includes pregnancy with abortive outcome.

FIGURE 5.2

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



See notes under Table 5.4.

AR-DRGs by Patient and Hospital Type

Table 5.5 presents a breakdown of discharges by AR-DRG, patient type and hospital type.[15] Consistent with the analysis of the top 20 AR-DRGs, the most common AR-DRG for day patients in both voluntary and non-voluntary hospitals was 'admit for renal dialysis' (AR-DRG L61Z). For both voluntary and non-voluntary hospitals the AR-DRG which recorded the highest number of total in-patients was 'vaginal delivery without catastrophic or severe complications and/or comorbidity' (AR-DRG O60B).

Average length of stay by AR-DRG and hospital and patient types is reported in Table 5.6. The most common AR-DRG for in-patients ('vaginal delivery without catastrophic or severe complications and/or comorbidity', AR-DRG O60B) recorded an average length of stay for acute in-patient discharges of 2.9 days for voluntary hospitals, which was slightly shorter than that recorded for non-voluntary hospitals (3.1 days). In contrast, the acute in-patient average length of stay for the fifth most common AR-DRG ('Other skin, subcutaneous tissue and breast procedures', AR-DRG J11Z), was 4.6 days at voluntary hospitals compared to 2.8 days at non-voluntary hospitals.

The longest average length of stay recorded for acute in-patients in voluntary hospitals was 21.2 days for 'autologous bone marrow transplant with catastrophic CC' (AR-DRG A08A). The AR-DRG with the longest average length of stay for acute in-patients in non-voluntary hospitals, of 20.2 days, was 'cardiac valve procedure with CPB pump with invasive cardiac investigation' (AR-DRG F03Z).

[15] In this section, the voluntary hospital grouping includes both general and special hospitals, which are operated on a voluntary basis. The non-voluntary hospital group incorporates both general (regional and county) and special hospitals run by HSE administrative areas. See Appendix I for the classification of HIPE hospitals by voluntary and non-voluntary status in 2007.

TABLE 5.5

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

AR-DRG	Description	Voluntary Hospitals					Non-Voluntary Hospitals					All Hospitals				
		Day Patients	In-Patients			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	
A01Z	Liver transplant	0	38	17	55	55	0	0	0	0	0	0	38	17	55	55
A03Z	Lung or heart/lung transplant	0	1	3	4	4	0	0	0	0	0	0	1	3	4	4
A05Z	Heart transplant	0	4	6	10	10	0	0	0	0	0	0	4	6	10	10
A06Z	Tracheostomy or ventilation >95 hours	3	696	672	1,368	1,371	1	522	382	904	905	4	1,218	1,054	2,272	2,276
A07Z	Allogeneic bone marrow transplant	0	22	51	73	73	0	0	0	0	0	0	22	51	73	73
A08A	Autologous bone marrow transplant with catastrophic CC	0	32	14	46	46	0	4	4	8	8	0	36	18	54	54
A08B	Autologous bone marrow transplant W/O catastrophic CC	22	24	1	25	47	0	9	1	10	10	22	33	2	35	57
A09A	Renal transplant with pancreas transplant or catastrophic CC	0	16	5	21	21	0	0	0	0	0	0	16	5	21	21
A09B	Renal transplant W/O pancreas transplant W/O catastrophic CC	0	117	1	118	118	0	0	0	0	0	0	117	1	118	118
A40Z	ECMO W/O cardiac surgery	0	6	8	14	14	0	2	0	2	2	0	8	8	16	16
A41A	Intubation age<16 with CC	0	55	6	61	61	0	35	0	35	35	0	90	6	96	96
A41B	Intubation age<16 W/O CC	0	63	2	65	65	0	39	0	39	39	0	102	2	104	104
B01Z	Ventricular shunt revision	0	42	0	42	42	0	9	0	9	9	0	51	0	51	51
B02A	Craniotomy with catastrophic CC	0	164	32	196	196	0	33	12	45	45	0	197	44	241	241
B02B	Craniotomy with severe or moderate CC	0	365	21	386	386	0	86	7	93	93	0	451	28	479	479
B02C	Craniotomy W/O CC	7	465	11	476	483	2	221	5	226	228	9	686	16	702	711
B03A	Spinal procedures with catastrophic or severe CC	0	17	8	25	25	0	3	2	5	5	0	20	10	30	30
B03B	Spinal procedures W/O catastrophic or severe CC	45	135	5	140	185	6	81	2	83	89	51	216	7	223	274

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

AR-DRG	Description	Voluntary Hospitals					Non-Voluntary Hospitals					All Hospitals				
		Day Patients	In-Patients			Total Discharges	Day Patients	In-Patients			Total Discharges	Day Patients	In-Patients			Total Discharges
			Acute (0-30 days)	Extended (>30 days)	Total In-Patients			Acute (0-30 days)	Extended (>30 days)	Total In-Patients			Acute (0-30 days)	Extended (>30 days)	Total In-Patients	
B04A	Extracranial vascular procedures with catastrophic or severe CC	0	83	20	103	103	0	16	1	17	17	0	99	21	120	120
B04B	Extracranial vascular procedures W/O catastrophic or severe CC	0	190	6	196	196	0	70	3	73	73	0	260	9	269	269
B05Z	Carpal tunnel release	428	40	0	40	468	729	252	0	252	981	1,157	292	0	292	1,449
B06A	Procedures for cerebral palsy, muscular dystrophy, neuropathy with catastrophic or severe CC	1	16	12	28	29	0	7	9	16	16	1	23	21	44	45
B06B	Procedures for cerebral palsy, muscular dystrophy, neuropathy W/O catastrophic or severe CC	146	103	3	106	252	56	89	0	89	145	202	192	3	195	397
B07A	Peripheral and cranial nerve and other nervous system procedures with CC	0	25	4	29	29	2	19	1	20	22	2	44	5	49	51
B07B	Peripheral and cranial nerve and other nervous system procedures W/O CC	48	264	0	264	312	16	357	0	357	373	64	621	0	621	685
B40Z	Plasmapheresis with neurological disease	19	17	6	23	42	18	37	2	39	57	37	54	8	62	99
B41Z	Telemetric EEG monitoring	8	178	4	182	190	0	39	1	40	40	8	217	5	222	230
B60A	Established paraplegia/quadriplegia with or W/O OR procedures with catastrophic CC	11	23	29	52	63	0	30	16	46	46	11	53	45	98	109
B60B	Established paraplegia/quadriplegia with or W/O OR procedures W/O catastrophic CC	209	167	68	235	444	72	215	15	230	302	281	382	83	465	746
B61A	Spinal cord conditions with or W/O OR procedures with catastrophic or severe CC	0	48	13	61	61	1	14	3	17	18	1	62	16	78	79

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

AR-DRG	Description	Voluntary Hospitals					Non-Voluntary Hospitals					All Hospitals				
		Day Patients	In-Patients			Total Discharges	Day Patients	In-Patients			Total Discharges	Day Patients	In-Patients			Total Discharges
			Acute (0-30 days)	Extended (>30 days)	Total In-Patients			Acute (0-30 days)	Extended (>30 days)	Total In-Patients			Acute (0-30 days)	Extended (>30 days)	Total In-Patients	
B61B	Spinal cord conditions with or W/O OR procedures W/O catastrophic or severe CC	11	60	13	73	84	3	51	5	56	59	14	111	18	129	143
B62Z	Admit for apheresis	148	5	0	5	153	65	1	0	1	66	213	6	0	6	219
B63Z	Dementia and other chronic disturbances of cerebral function	28	127	134	261	289	104	376	83	459	563	132	503	217	720	852
B64A	Delirium with catastrophic CC	0	22	22	44	44	0	60	8	68	68	0	82	30	112	112
B64B	Delirium W/O catastrophic CC	10	298	53	351	361	40	920	37	957	997	50	1,218	90	1,308	1,358
B65Z	Cerebral palsy	198	26	1	27	225	18	14	1	15	33	216	40	2	42	258
B66A	Nervous system neoplasm with catastrophic or severe CC	45	172	24	196	241	41	193	32	225	266	86	365	56	421	507
B66B	Nervous system neoplasm W/O catastrophic or severe CC	466	324	49	373	839	149	406	17	423	572	615	730	66	796	1,411
B67A	Degenerative nervous system disorders with catastrophic or severe CC	18	147	63	210	228	4	217	61	278	282	22	364	124	488	510
B67B	Degenerative nervous system disorders age>59 W/O catastrophic or severe CC	90	180	34	214	304	77	401	26	427	504	167	581	60	641	808
B67C	Degenerative nervous system disorders age<60 W/O catastrophic or severe CC	215	182	12	194	409	205	238	9	247	452	420	420	21	441	861
B68A	Multiple sclerosis and cerebellar ataxia with CC	32	81	17	98	130	43	117	8	125	168	75	198	25	223	298
B68B	Multiple sclerosis and cerebellar ataxia W/O CC	946	244	10	254	1,200	758	447	5	452	1,210	1,704	691	15	706	2,410
B69A	TIA and precerebral occlusion with catastrophic or severe CC	2	142	22	164	166	0	361	14	375	375	2	503	36	539	541

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

AR-DRG	Description	Voluntary Hospitals					Non-Voluntary Hospitals					All Hospitals				
		Day Patients	In-Patients			Total Discharges	Day Patients	In-Patients			Total Discharges	Day Patients	In-Patients			Total Discharges
			Acute (0-30 days)	Extended (>30 days)	Total In-Patients			Acute (0-30 days)	Extended (>30 days)	Total In-Patients			Acute (0-30 days)	Extended (>30 days)	Total In-Patients	
B69B	TIA and precerebral occlusion W/O catastrophic or severe CC	32	401	6	407	439	37	1,590	14	1,604	1,641	69	1,991	20	2,011	2,080
B70A	Stroke with catastrophic CC	0	136	195	331	331	0	328	275	603	603	0	464	470	934	934
B70B	Stroke with severe CC	27	314	138	452	479	1	854	205	1,059	1,060	28	1,168	343	1,511	1,539
B70C	Stroke W/O catastrophic or severe CC	38	653	128	781	819	4	1,716	152	1,868	1,872	42	2,369	280	2,649	2,691
B70D	Stroke, died or transferred <5 days	0	155	0	155	155	0	462	0	462	462	0	617	0	617	617
B71A	Cranial and peripheral nerve disorders with CC	51	119	19	138	189	49	187	18	205	254	100	306	37	343	443
B71B	Cranial and peripheral nerve disorders W/O CC	1,176	206	8	214	1,390	905	519	6	525	1,430	2,081	725	14	739	2,820
B72A	Nervous system infection except viral meningitis with catastrophic or severe CC	63	45	11	56	119	0	38	9	47	47	63	83	20	103	166
B72B	Nervous system infection except viral meningitis W/O catastrophic or severe CC	29	104	7	111	140	6	200	9	209	215	35	304	16	320	355
B73Z	Viral meningitis	0	53	2	55	55	0	150	0	150	150	0	203	2	205	205
B74Z	Nontraumatic stupor and coma	3	32	1	33	36	3	145	3	148	151	6	177	4	181	187
B75Z	Febrile convulsions	15	292	0	292	307	12	659	0	659	671	27	951	0	951	978
B76A	Seizure with catastrophic or severe CC	8	314	22	336	344	1	552	22	574	575	9	866	44	910	919
B76B	Seizure W/O catastrophic or severe CC	570	1,365	9	1,374	1,944	144	3,671	15	3,686	3,830	714	5,036	24	5,060	5,774
B77Z	Headache	265	1,116	1	1,117	1,382	381	3,888	2	3,890	4,271	646	5,004	3	5,007	5,653
B78A	Intracranial injury with catastrophic or severe CC	85	67	39	106	191	0	62	20	82	82	85	129	59	188	273
B78B	Intracranial injury W/O catastrophic or severe CC	58	224	38	262	320	1	426	18	444	445	59	650	56	706	765
B79Z	Skull fractures	0	135	4	139	139	0	321	6	327	327	0	456	10	466	466
B80Z	Other head injury	13	1,090	5	1,095	1,108	4	3,173	9	3,182	3,186	17	4,263	14	4,277	4,294

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

AR-DRG	Description	Voluntary Hospitals					Non-Voluntary Hospitals					All Hospitals				
		Day Patients	In-Patients			Total Discharges	Day Patients	In-Patients			Total Discharges	Day Patients	In-Patients			Total Discharges
			Acute (0-30 days)	Extended (>30 days)	Total In-Patients			Acute (0-30 days)	Extended (>30 days)	Total In-Patients			Acute (0-30 days)	Extended (>30 days)	Total In-Patients	
B81A	Other disorders of the nervous system with catastrophic or severe CC	34	202	57	259	293	8	302	38	340	348	42	504	95	599	641
B81B	Other disorders of the nervous system W/O catastrophic or severe CC	1,900	581	26	607	2,507	400	1,442	17	1,459	1,859	2,300	2,023	43	2,066	4,366
C01Z	Procedures for penetrating eye injury	1	66	0	66	67	2	57	0	57	59	3	123	0	123	126
C02Z	Enucleations and orbital procedures	17	96	2	98	115	7	38	1	39	46	24	134	3	137	161
C03Z	Retinal procedures	1,814	553	0	553	2,367	2,601	500	0	500	3,101	4,415	1,053	0	1,053	5,468
C04Z	Major corneal, scleral and conjunctival procedures	3	58	1	59	62	5	22	1	23	28	8	80	2	82	90
C05Z	Dacryocystorhinostomy	48	99	0	99	147	24	50	0	50	74	72	149	0	149	221
C10Z	Strabismus procedures	100	308	1	309	409	69	146	0	146	215	169	454	1	455	624
C11Z	Eyelid procedures	352	161	2	163	515	277	114	1	115	392	629	275	3	278	907
C12Z	Other corneal, scleral and conjunctival procedures	60	51	1	52	112	74	57	1	58	132	134	108	2	110	244
C13Z	Lacrimal procedures	214	19	0	19	233	322	11	0	11	333	536	30	0	30	566
C14Z	Other eye procedures	898	128	1	129	1,027	1,245	139	0	139	1,384	2,143	267	1	268	2,411
C15A	Glaucoma and complex cataract procedures	0	268	0	268	268	0	318	5	323	323	0	586	5	591	591
C15B	Glaucoma and complex cataract procedures, sameday	116	0	0	0	116	158	0	0	0	158	274	0	0	0	274
C16A	Lens procedures	0	1,203	0	1,203	1,203	0	2,011	0	2,011	2,011	0	3,214	0	3,214	3,214
C16B	Lens procedures, sameday	1,582	0	0	0	1,582	3,939	3	0	3	3,942	5,521	3	0	3	5,524
C60A	Acute and major eye infections age>54 or with catastrophic or severe CC	2	30	2	32	34	4	57	3	60	64	6	87	5	92	98
C60B	Acute and major eye infections age<55 W/O catastrophic or severe CC	5	63	0	63	68	9	89	0	89	98	14	152	0	152	166

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

AR-DRG	Description	Voluntary Hospitals					Non-Voluntary Hospitals					All Hospitals				
		Day Patients	In-Patients			Total Discharges	Day Patients	In-Patients			Total Discharges	Day Patients	In-Patients			Total Discharges
			Acute (0-30 days)	Extended (>30 days)	Total In-Patients			Acute (0-30 days)	Extended (>30 days)	Total In-Patients			Acute (0-30 days)	Extended (>30 days)	Total In-Patients	
C61Z	Neurological and vascular disorders of the eye	274	142	0	142	416	138	203	0	203	341	412	345	0	345	757
C62Z	Hyphema and medically managed trauma to the eye	31	170	4	174	205	38	401	2	403	441	69	571	6	577	646
C63A	Other disorders of the eye with CC	66	109	3	112	178	25	81	2	83	108	91	190	5	195	286
C63B	Other disorders of the eye W/O CC	4,850	323	3	326	5,176	1,087	383	2	385	1,472	5,937	706	5	711	6,648
D01Z	Cochlear implant	0	41	0	41	41	0	0	0	0	0	0	41	0	41	41
D02A	Head and neck procedures with catastrophic or severe CC	0	41	17	58	58	0	14	4	18	18	0	55	21	76	76
D02B	Head and neck procedures with malignancy or moderate CC	3	50	4	54	57	1	14	2	16	17	4	64	6	70	74
D02C	Head and neck procedures W/O malignancy W/O CC	5	64	0	64	69	9	33	0	33	42	14	97	0	97	111
D03Z	Surgical repair for cleft lip or palate diagnosis	6	123	0	123	129	4	42	0	42	46	10	165	0	165	175
D04A	Maxillo surgery with CC	1	77	0	77	78	0	32	0	32	32	1	109	0	109	110
D04B	Maxillo surgery W/O CC	4	511	0	511	515	43	276	0	276	319	47	787	0	787	834
D05Z	Parotid gland procedures	2	93	0	93	95	0	61	0	61	61	2	154	0	154	156
D06Z	Sinus, mastoid and complex middle ear procedures	27	351	0	351	378	19	291	0	291	310	46	642	0	642	688
D09Z	Miscellaneous ear, nose, mouth and throat procedures	584	426	3	429	1,013	353	445	0	445	798	937	871	3	874	1,811
D10Z	Nasal procedures	151	303	0	303	454	86	395	0	395	481	237	698	0	698	935
D11Z	Tonsillectomy and/or adenoidectomy	219	2,395	1	2,396	2,615	67	2,719	0	2,719	2,786	286	5,114	1	5,115	5,401
D12Z	Other ear, nose, mouth and throat procedures	117	165	5	170	287	24	330	0	330	354	141	495	5	500	641

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

AR-DRG	Description	Voluntary Hospitals					Non-Voluntary Hospitals					All Hospitals				
		Day Patients	In-Patients			Total Discharges	Day Patients	In-Patients			Total Discharges	Day Patients	In-Patients			Total Discharges
			Acute (0-30 days)	Extended (>30 days)	Total In-Patients			Acute (0-30 days)	Extended (>30 days)	Total In-Patients			Acute (0-30 days)	Extended (>30 days)	Total In-Patients	
D13Z	Myringotomy with tube insertion	1,340	80	1	81	1,421	1,151	65	0	65	1,216	2,491	145	1	146	2,637
D14Z	Mouth and salivary gland procedures	225	264	3	267	492	371	227	2	229	600	596	491	5	496	1,092
D40Z	Dental extractions and restorations	849	145	0	145	994	4,580	289	0	289	4,869	5,429	434	0	434	5,863
D60A	Ear, nose, mouth and throat malignancy with catastrophic or severe CC	20	86	41	127	147	0	71	23	94	94	20	157	64	221	241
D60B	Ear, nose, mouth and throat malignancy W/O catastrophic or severe CC	285	252	54	306	591	98	219	11	230	328	383	471	65	536	919
D61Z	Dysequilibrium	373	306	3	309	682	164	1,531	2	1,533	1,697	537	1,837	5	1,842	2,379
D62Z	Epistaxis	224	382	0	382	606	101	770	4	774	875	325	1,152	4	1,156	1,481
D63A	Otitis media and URI with CC	44	350	5	355	399	20	1,001	5	1,006	1,026	64	1,351	10	1,361	1,425
D63B	Otitis media and URI W/O CC	1,342	1,513	1	1,514	2,856	677	6,004	1	6,005	6,682	2,019	7,517	2	7,519	9,538
D64Z	Laryngotracheitis and epiglottitis	4	128	0	128	132	6	709	0	709	715	10	837	0	837	847
D65Z	Nasal trauma and deformity	551	178	0	178	729	684	378	1	379	1,063	1,235	556	1	557	1,792
D66A	Other ear, nose, mouth and throat diagnoses with CC	114	149	2	151	265	33	143	3	146	179	147	292	5	297	444
D66B	Other ear, nose, mouth and throat diagnoses W/O CC	4,806	802	0	802	5,608	1,680	950	0	950	2,630	6,486	1,752	0	1,752	8,238
D67A	Oral and dental disorders except extractions and restorations	0	344	2	346	346	0	738	2	740	740	0	1,082	4	1,086	1,086
D67B	Oral and dental disorders except extractions and restorations, sameday	656	136	0	136	792	475	184	0	184	659	1,131	320	0	320	1,451
E01A	Major chest procedures with catastrophic CC	0	112	49	161	161	0	28	16	44	44	0	140	65	205	205

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

AR-DRG	Description	Voluntary Hospitals					Non-Voluntary Hospitals					All Hospitals				
		Day Patients	In-Patients			Total Discharges	Day Patients	In-Patients			Total Discharges	Day Patients	In-Patients			Total Discharges
			Acute (0-30 days)	Extended (>30 days)	Total In-Patients			Acute (0-30 days)	Extended (>30 days)	Total In-Patients			Acute (0-30 days)	Extended (>30 days)	Total In-Patients	
E01B	Major chest procedures W/O catastrophic CC	2	425	20	445	447	1	115	5	120	121	3	540	25	565	568
E02A	Other respiratory system OR procedures with catastrophic CC	2	61	40	101	103	1	26	16	42	43	3	87	56	143	146
E02B	Other respiratory system OR procedures with severe CC	2	70	8	78	80	2	27	3	30	32	4	97	11	108	112
E02C	Other respiratory system OR procedures W/O catastrophic or severe CC	87	138	5	143	230	60	100	1	101	161	147	238	6	244	391
E40Z	Respiratory system diagnosis with ventilator support	0	61	11	72	72	0	143	15	158	158	0	204	26	230	230
E41Z	Respiratory system diagnosis with non-invasive ventilation	1	412	86	498	499	0	604	64	668	668	1	1,016	150	1,166	1,167
E60A	Cystic fibrosis with catastrophic or severe CC	60	281	29	310	370	1	41	1	42	43	61	322	30	352	413
E60B	Cystic fibrosis W/O catastrophic or severe CC	356	277	1	278	634	240	408	3	411	651	596	685	4	689	1,285
E61A	Pulmonary embolism with catastrophic or severe CC	4	156	25	181	185	0	227	19	246	246	4	383	44	427	431
E61B	Pulmonary embolism W/O catastrophic or severe CC	5	244	2	246	251	8	435	3	438	446	13	679	5	684	697
E62A	Respiratory infections/inflammations with catastrophic CC	2	471	170	641	643	2	1,191	146	1,337	1,339	4	1,662	316	1,978	1,982
E62B	Respiratory infections/inflammations with severe or moderate CC	22	993	106	1,099	1,121	19	2,535	104	2,639	2,658	41	3,528	210	3,738	3,779
E62C	Respiratory infections/inflammations W/O CC	134	1,039	16	1,055	1,189	102	2,762	28	2,790	2,892	236	3,801	44	3,845	4,081
E63Z	Sleep apnoea	22	748	1	749	771	20	385	0	385	405	42	1,133	1	1,134	1,176

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

AR-DRG	Description	Voluntary Hospitals					Non-Voluntary Hospitals					All Hospitals				
		Day Patients	In-Patients			Total Discharges	Day Patients	In-Patients			Total Discharges	Day Patients	In-Patients			Total Discharges
			Acute (0-30 days)	Extended (>30 days)	Total In-Patients			Acute (0-30 days)	Extended (>30 days)	Total In-Patients			Acute (0-30 days)	Extended (>30 days)	Total In-Patients	
E64Z	Pulmonary oedema and respiratory failure	4	166	16	182	186	7	551	31	582	589	11	717	47	764	775
E65A	Chronic obstructive airways disease with catastrophic or severe CC	49	1,342	145	1,487	1,536	45	3,502	156	3,658	3,703	94	4,844	301	5,145	5,239
E65B	Chronic obstructive airways disease W/O catastrophic or severe CC	362	1,567	47	1,614	1,976	242	3,925	41	3,966	4,208	604	5,492	88	5,580	6,184
E66A	Major chest trauma age>69 with CC	0	7	1	8	8	0	46	2	48	48	0	53	3	56	56
E66B	Major chest trauma age>69 or with CC	0	30	2	32	32	0	145	1	146	146	0	175	3	178	178
E66C	Major chest trauma age<70 W/O CC	0	27	0	27	27	0	176	0	176	176	0	203	0	203	203
E67A	Respiratory signs and symptoms with catastrophic or severe CC	49	242	6	248	297	23	240	5	245	268	72	482	11	493	565
E67B	Respiratory signs and symptoms W/O catastrophic or severe CC	1,498	756	3	759	2,257	848	1,720	2	1,722	2,570	2,346	2,476	5	2,481	4,827
E68Z	Pneumothorax	0	226	2	228	228	3	490	3	493	496	3	716	5	721	724
E69A	Bronchitis and asthma age>49 with CC	15	99	1	100	115	14	208	4	212	226	29	307	5	312	341
E69B	Bronchitis and asthma age>49 or with CC	100	288	3	291	391	136	579	3	582	718	236	867	6	873	1,109
E69C	Bronchitis and asthma age<50 W/O CC	126	780	1	781	907	306	2,051	2	2,053	2,359	432	2,831	3	2,834	3,266
E70A	Whooping cough and acute bronchiolitis with CC	0	112	1	113	113	0	131	0	131	131	0	243	1	244	244
E70B	Whooping cough and acute bronchiolitis W/O CC	4	633	0	633	637	5	1,422	2	1,424	1,429	9	2,055	2	2,057	2,066
E71A	Respiratory neoplasms with catastrophic CC	46	241	60	301	347	32	296	39	335	367	78	537	99	636	714

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

AR-DRG	Description	Voluntary Hospitals					Non-Voluntary Hospitals					All Hospitals				
		Day Patients	In-Patients			Total Discharges	Day Patients	In-Patients			Total Discharges	Day Patients	In-Patients			Total Discharges
			Acute (0-30 days)	Extended (>30 days)	Total In-Patients			Acute (0-30 days)	Extended (>30 days)	Total In-Patients			Acute (0-30 days)	Extended (>30 days)	Total In-Patients	
E71B	Respiratory neoplasms with severe or moderate CC	746	694	70	764	1,510	487	1,108	49	1,157	1,644	1,233	1,802	119	1,921	3,154
E71C	Respiratory neoplasms W/O CC	1,349	293	30	323	1,672	378	379	12	391	769	1,727	672	42	714	2,441
E72Z	Respiratory problems arising from neonatal period	6	32	1	33	39	18	25	1	26	44	24	57	2	59	83
E73A	Pleural effusion with catastrophic CC	6	58	14	72	78	1	73	8	81	82	7	131	22	153	160
E73B	Pleural effusion with severe CC	10	97	7	104	114	9	179	9	188	197	19	276	16	292	311
E73C	Pleural effusion W/O catastrophic or severe CC	71	132	2	134	205	55	276	9	285	340	126	408	11	419	545
E74A	Interstitial lung disease with catastrophic CC	1	38	7	45	46	1	56	3	59	60	2	94	10	104	106
E74B	Interstitial lung disease with severe CC	22	73	6	79	101	13	118	3	121	134	35	191	9	200	235
E74C	Interstitial lung disease W/O catastrophic or severe CC	194	183	5	188	382	134	308	3	311	445	328	491	8	499	827
E75A	Other respiratory system diagnosis age>64 with CC	14	763	82	845	859	12	2,889	100	2,989	3,001	26	3,652	182	3,834	3,860
E75B	Other respiratory system diagnosis age>64 or with CC	117	827	28	855	972	49	2,629	28	2,657	2,706	166	3,456	56	3,512	3,678
E75C	Other respiratory system diagnosis age<65 W/O CC	185	657	1	658	843	96	3,032	1	3,033	3,129	281	3,689	2	3,691	3,972
F01A	Implantation or replacement of AICD, total system with catastrophic or severe CC	13	167	14	181	194	3	28	1	29	32	16	195	15	210	226
F01B	Implantation or replacement of AICD, total system W/O catastrophic or severe CC	48	162	1	163	211	4	49	0	49	53	52	211	1	212	264

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

AR-DRG	Description	Voluntary Hospitals					Non-Voluntary Hospitals					All Hospitals				
		Day Patients	In-Patients			Total Discharges	Day Patients	In-Patients			Total Discharges	Day Patients	In-Patients			Total Discharges
			Acute (0-30 days)	Extended (>30 days)	Total In-Patients			Acute (0-30 days)	Extended (>30 days)	Total In-Patients			Acute (0-30 days)	Extended (>30 days)	Total In-Patients	
F02Z	AICD component implantation/replacement	2	8	0	8	10	0	12	0	12	12	2	20	0	20	22
F03Z	Cardiac valve procedure with CPB pump with invasive cardiac investigation	0	16	9	25	25	0	6	7	13	13	0	22	16	38	38
F04A	Cardiac valve procedure with CPB pump W/O invasive cardiac investigation with catastrophic CC	0	99	27	126	126	0	27	7	34	34	0	126	34	160	160
F04B	Cardiac valve procedure with CPB pump W/O invasive cardiac investigation W/O catastrophic CC	0	133	6	139	139	0	87	1	88	88	0	220	7	227	227
F05A	Coronary bypass with invasive cardiac investigation with catastrophic CC	0	37	14	51	51	0	12	5	17	17	0	49	19	68	68
F05B	Coronary bypass with invasive cardiac investigation W/O catastrophic CC	0	32	7	39	39	0	31	12	43	43	0	63	19	82	82
F06A	Coronary bypass W/O invasive cardiac investigation with catastrophic or severe CC	0	236	20	256	256	1	103	6	109	110	1	339	26	365	366
F06B	Coronary bypass W/O invasive cardiac investigation W/O catastrophic or severe CC	0	123	0	123	123	1	132	3	135	136	1	255	3	258	259
F07A	Other cardiothoracic/vascular procedures with CPB pump with catastrophic CC	0	20	12	32	32	0	2	0	2	2	0	22	12	34	34

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

AR-DRG	Description	Voluntary Hospitals					Non-Voluntary Hospitals					All Hospitals				
		Day Patients	In-Patients			Total Discharges	Day Patients	In-Patients			Total Discharges	Day Patients	In-Patients			Total Discharges
			Acute (0-30 days)	Extended (>30 days)	Total In-Patients			Acute (0-30 days)	Extended (>30 days)	Total In-Patients			Acute (0-30 days)	Extended (>30 days)	Total In-Patients	
F07B	Other cardiothoracic/vascular procedures with CPB pump W/O catastrophic CC	0	81	5	86	86	0	7	0	7	7	0	88	5	93	93
F08A	Major reconstruct vascular procedures W/O CPB pump with catastrophic CC	0	125	53	178	178	0	39	21	60	60	0	164	74	238	238
F08B	Major reconstruct vascular procedures W/O CPB pump W/O catastrophic CC	1	342	22	364	365	1	166	11	177	178	2	508	33	541	543
F09A	Other cardiothoracic procedures W/O CPB pump with catastrophic CC	1	29	16	45	46	0	5	1	6	6	1	34	17	51	52
F09B	Other cardiothoracic procedures W/O CPB pump W/O catastrophic CC	28	103	0	103	131	0	14	0	14	14	28	117	0	117	145
F10Z	Percutaneous coronary intervention with AMI	16	778	8	786	802	38	352	4	356	394	54	1,130	12	1,142	1,196
F11A	Amputation for circulatory system except upper limb and toe with catastrophic CC	0	20	25	45	45	0	10	25	35	35	0	30	50	80	80
F11B	Amputation for circulatory system except upper limb and toe W/O catastrophic CC	0	33	22	55	55	0	28	20	48	48	0	61	42	103	103
F12Z	Cardiac pacemaker implantation	173	255	14	269	442	46	214	3	217	263	219	469	17	486	705
F13Z	Upper limb and toe amputation for circulatory system disorders	3	47	10	57	60	3	31	6	37	40	6	78	16	94	100
F14A	Vascular procedures except major reconstruction W/O CPB pump with catastrophic CC	0	120	14	134	134	2	46	9	55	57	2	166	23	189	191

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

AR-DRG	Description	Voluntary Hospitals					Non-Voluntary Hospitals					All Hospitals				
		Day Patients	In-Patients			Total Discharges	Day Patients	In-Patients			Total Discharges	Day Patients	In-Patients			Total Discharges
			Acute (0-30 days)	Extended (>30 days)	Total In-Patients			Acute (0-30 days)	Extended (>30 days)	Total In-Patients			Acute (0-30 days)	Extended (>30 days)	Total In-Patients	
F14B	Vascular procedures except major reconstruction W/O CPB pump with severe CC	9	140	8	148	157	3	106	8	114	117	12	246	16	262	274
F14C	Vascular procedures except major reconstruction W/O CPB pump W/O catastrophic or severe CC	30	323	2	325	355	57	276	8	284	341	87	599	10	609	696
F15Z	Percutaneous coronary intervention W/O AMI with stent implantation	525	1,587	6	1,593	2,118	128	572	2	574	702	653	2,159	8	2,167	2,820
F16Z	Percutaneous coronary intervention W/O AMI W/O stent implantation	23	34	1	35	58	2	35	2	37	39	25	69	3	72	97
F17Z	Cardiac pacemaker replacement	59	97	5	102	161	32	138	1	139	171	91	235	6	241	332
F18Z	Cardiac pacemaker revision except device replacement	33	49	3	52	85	2	14	1	15	17	35	63	4	67	102
F19Z	Other trans-vascular percutaneous cardiac intervention	12	97	2	99	111	0	10	0	10	10	12	107	2	109	121
F20Z	Vein ligation and stripping	800	363	4	367	1,167	932	788	2	790	1,722	1,732	1,151	6	1,157	2,889
F21A	Other circulatory system OR procedures with catastrophic CC	0	10	8	18	18	0	15	10	25	25	0	25	18	43	43
F21B	Other circulatory system OR procedures W/O catastrophic CC	3	47	11	58	61	5	50	11	61	66	8	97	22	119	127
F40Z	Circulatory system diagnosis with ventilator support	0	46	9	55	55	0	83	5	88	88	0	129	14	143	143
F41A	Circulatory disorders with AMI with invasive cardiac inves procedure with catastrophic or severe CC	6	160	7	167	173	5	76	6	82	87	11	236	13	249	260

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

AR-DRG	Description	Voluntary Hospitals					Non-Voluntary Hospitals					All Hospitals				
		Day Patients	In-Patients			Total Discharges	Day Patients	In-Patients			Total Discharges	Day Patients	In-Patients			Total Discharges
			Acute (0-30 days)	Extended (>30 days)	Total In-Patients			Acute (0-30 days)	Extended (>30 days)	Total In-Patients			Acute (0-30 days)	Extended (>30 days)	Total In-Patients	
F41B	Circulatory disorders with AMI with invasive cardiac inves procedure W/O catastrophic or severe CC	26	216	0	216	242	54	203	5	208	262	80	419	5	424	504
F42A	Circulatory disorders W/O AMI with invasive cardiac inves procedure with complex DX/Pr	231	883	24	907	1,138	171	312	9	321	492	402	1,195	33	1,228	1,630
F42B	Circulatory disorders W/O AMI with invasive cardiac inves procedure W/O complex DX/Pr	3,743	1,102	7	1,109	4,852	2,725	1,083	6	1,089	3,814	6,468	2,185	13	2,198	8,666
F60A	Circulatory disorders with AMI W/O invasive cardiac inves procedure with catastrophic or severe CC	1	205	39	244	245	1	677	57	734	735	2	882	96	978	980
F60B	Circulatory disorders with AMI W/O invasive cardiac inves procedure W/O catastrophic/severe CC	3	325	8	333	336	10	2,043	16	2,059	2,069	13	2,368	24	2,392	2,405
F60C	Circulatory disorders with AMI W/O invasive cardiac inves procedure, died	0	130	17	147	147	0	297	18	315	315	0	427	35	462	462
F61Z	Infective endocarditis	15	31	11	42	57	3	33	26	59	62	18	64	37	101	119
F62A	Heart failure and shock with catastrophic CC	0	260	81	341	341	0	591	96	687	687	0	851	177	1,028	1,028
F62B	Heart failure and shock W/O catastrophic CC	46	804	42	846	892	40	3,388	90	3,478	3,518	86	4,192	132	4,324	4,410
F63A	Venous thrombosis with catastrophic or severe CC	0	147	14	161	161	7	217	15	232	239	7	364	29	393	400
F63B	Venous thrombosis W/O catastrophic/severe CC	45	329	6	335	380	234	913	6	919	1,153	279	1,242	12	1,254	1,533
F64Z	Skin ulcers for circulatory disorders	8	26	4	30	38	110	126	9	135	245	118	152	13	165	283
F65A	Peripheral vascular disorders with catastrophic or severe CC	5	163	25	188	193	10	225	23	248	258	15	388	48	436	451

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

AR-DRG	Description	Voluntary Hospitals					Non-Voluntary Hospitals					All Hospitals				
		Day Patients	In-Patients			Total Discharges	Day Patients	In-Patients			Total Discharges	Day Patients	In-Patients			Total Discharges
			Acute (0-30 days)	Extended (>30 days)	Total In-Patients			Acute (0-30 days)	Extended (>30 days)	Total In-Patients			Acute (0-30 days)	Extended (>30 days)	Total In-Patients	
F65B	Peripheral vascular disorders W/O catastrophic or severe CC	336	416	7	423	759	255	673	12	685	940	591	1,089	19	1,108	1,699
F66A	Coronary atherosclerosis with CC	48	241	28	269	317	25	955	19	974	999	73	1,196	47	1,243	1,316
F66B	Coronary atherosclerosis W/O CC	199	280	5	285	484	434	1,543	5	1,548	1,982	633	1,823	10	1,833	2,466
F67A	Hypertension with CC	14	119	3	122	136	7	292	3	295	302	21	411	6	417	438
F67B	Hypertension W/O CC	249	132	0	132	381	587	942	2	944	1,531	836	1,074	2	1,076	1,912
F68Z	Congenital heart disease	456	182	0	182	638	44	72	1	73	117	500	254	1	255	755
F69A	Valvular disorders with catastrophic/severe CC	11	71	6	77	88	6	135	5	140	146	17	206	11	217	234
F69B	Valvular disorders W/O catastrophic or severe CC	292	286	3	289	581	808	1,224	6	1,230	2,038	1,100	1,510	9	1,519	2,619
F70A	Major arrhythmia and cardiac arrest with catastrophic or severe CC	0	54	5	59	59	0	154	6	160	160	0	208	11	219	219
F70B	Major arrhythmia and cardiac arrest W/O catastrophic or severe CC	19	128	2	130	149	14	432	2	434	448	33	560	4	564	597
F71A	Non-major arrhythmia and conduction disorders with catastrophic or severe CC	15	351	33	384	399	13	827	35	862	875	28	1,178	68	1,246	1,274
F71B	Non-major arrhythmia and conduction disorders W/O catastrophic or severe CC	669	1,179	4	1,183	1,852	972	3,876	12	3,888	4,860	1,641	5,055	16	5,071	6,712
F72A	Unstable angina with catastrophic or severe CC	2	115	10	125	127	2	397	9	406	408	4	512	19	531	535
F72B	Unstable angina W/O catastrophic or severe CC	34	483	6	489	523	33	2,347	14	2,361	2,394	67	2,830	20	2,850	2,917
F73A	Syncope and collapse with catastrophic or severe CC	5	414	44	458	463	1	909	24	933	934	6	1,323	68	1,391	1,397
F73B	Syncope and collapse W/O catastrophic or severe CC	657	1,079	12	1,091	1,748	299	4,053	16	4,069	4,368	956	5,132	28	5,160	6,116

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

AR-DRG	Description	Voluntary Hospitals					Non-Voluntary Hospitals					All Hospitals				
		Day Patients	In-Patients			Total Discharges	Day Patients	In-Patients			Total Discharges	Day Patients	In-Patients			Total Discharges
			Acute (0-30 days)	Extended (>30 days)	Total In-Patients			Acute (0-30 days)	Extended (>30 days)	Total In-Patients			Acute (0-30 days)	Extended (>30 days)	Total In-Patients	
F74Z	Chest pain	1,181	3,162	6	3,168	4,349	1,672	9,776	4	9,780	11,452	2,853	12,938	10	12,948	15,801
F75A	Other circulatory system diagnoses with catastrophic CC	2	67	11	78	80	1	80	11	91	92	3	147	22	169	172
F75B	Other circulatory system diagnoses with severe CC	12	171	4	175	187	15	289	11	300	315	27	460	15	475	502
F75C	Other circulatory system diagnoses W/O catastrophic or severe CC	186	350	6	356	542	166	892	5	897	1,063	352	1,242	11	1,253	1,605
G01A	Rectal resection with catastrophic CC	0	82	26	108	108	0	118	43	161	161	0	200	69	269	269
G01B	Rectal resection W/O catastrophic CC	0	245	22	267	267	1	311	27	338	339	1	556	49	605	606
G02A	Major small and large bowel procedures with catastrophic CC	1	223	104	327	328	0	302	122	424	424	1	525	226	751	752
G02B	Major small and large bowel procedures W/O catastrophic CC	9	625	52	677	686	11	825	70	895	906	20	1,450	122	1,572	1,592
G03A	Stomach, oesophageal and duodenal procedures with malignancy	1	132	48	180	181	1	69	22	91	92	2	201	70	271	273
G03B	Stomach, oesophageal and duodenal procedures W/O malignancy with catastrophic or severe CC	0	67	14	81	81	0	64	15	79	79	0	131	29	160	160
G03C	Stomach, oesophageal and duodenal procedures W/O malignancy W/O catastrophic or severe CC	35	174	3	177	212	16	180	5	185	201	51	354	8	362	413
G04A	Peritoneal adhesiolysis age>49 with CC	0	34	9	43	43	0	68	10	78	78	0	102	19	121	121
G04B	Peritoneal adhesiolysis age>49 or with CC	3	94	1	95	98	9	136	6	142	151	12	230	7	237	249
G04C	Peritoneal adhesiolysis age<50 W/O CC	18	103	2	105	123	20	188	0	188	208	38	291	2	293	331

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

AR-DRG	Description	Voluntary Hospitals					Non-Voluntary Hospitals					All Hospitals				
		Day Patients	In-Patients			Total Discharges	Day Patients	In-Patients			Total Discharges	Day Patients	In-Patients			Total Discharges
			Acute (0-30 days)	Extended (>30 days)	Total In-Patients			Acute (0-30 days)	Extended (>30 days)	Total In-Patients			Acute (0-30 days)	Extended (>30 days)	Total In-Patients	
G05A	Minor small and large bowel procedures with CC	0	59	11	70	70	1	62	5	67	68	1	121	16	137	138
G05B	Minor small and large bowel procedures W/O CC	7	111	0	111	118	13	110	0	110	123	20	221	0	221	241
G06Z	Pyloromyotomy procedure	0	87	0	87	87	0	9	0	9	9	0	96	0	96	96
G07A	Appendicectomy with catastrophic or severe CC	0	117	2	119	119	0	202	8	210	210	0	319	10	329	329
G07B	Appendicectomy W/O catastrophic or severe CC	7	1,413	1	1,414	1,421	1	4,096	0	4,096	4,097	8	5,509	1	5,510	5,518
G08A	Abdominal and other hernia procedures age>59 or with catastrophic or severe CC	9	205	5	210	219	28	409	11	420	448	37	614	16	630	667
G08B	Abdominal and other hernia procedures age 1 to 59 W/O catastrophic or severe CC	200	234	0	234	434	205	525	0	525	730	405	759	0	759	1,164
G09Z	Inguinal and femoral hernia procedures age>0	461	637	0	637	1,098	593	1,715	3	1,718	2,311	1,054	2,352	3	2,355	3,409
G10Z	Hernia procedures age<1	67	125	1	126	193	11	14	0	14	25	78	139	1	140	218
G11A	Anal and stomal procedures with catastrophic or severe CC	4	59	3	62	66	3	67	7	74	77	7	126	10	136	143
G11B	Anal and stomal procedures W/O catastrophic or severe CC	656	508	3	511	1,167	1,326	1,076	3	1,079	2,405	1,982	1,584	6	1,590	3,572
G12A	Other digestive system OR procedures with catastrophic or severe CC	9	170	42	212	221	8	116	26	142	150	17	286	68	354	371
G12B	Other digestive system OR procedures W/O catastrophic or severe CC	98	326	10	336	434	113	430	4	434	547	211	756	14	770	981
G42A	Other gastroscopy for major digestive disease	0	910	53	963	963	0	1,508	40	1,548	1,548	0	2,418	93	2,511	2,511

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

AR-DRG	Description	Voluntary Hospitals					Non-Voluntary Hospitals					All Hospitals				
		Day Patients	In-Patients			Total Discharges	Day Patients	In-Patients			Total Discharges	Day Patients	In-Patients			Total Discharges
			Acute (0-30 days)	Extended (>30 days)	Total In-Patients			Acute (0-30 days)	Extended (>30 days)	Total In-Patients			Acute (0-30 days)	Extended (>30 days)	Total In-Patients	
G42B	Other gastroscopy for major digestive disease, sameday	1,636	17	0	17	1,653	1,788	27	0	27	1,815	3,424	44	0	44	3,468
G43Z	Complex colonoscopy	23	8	0	8	31	54	5	0	5	59	77	13	0	13	90
G44A	Other colonoscopy with catastrophic or severe CC	0	191	32	223	223	0	336	30	366	366	0	527	62	589	589
G44B	Other colonoscopy W/O catastrophic or severe CC	0	944	10	954	954	0	2,456	18	2,474	2,474	0	3,400	28	3,428	3,428
G44C	Other colonoscopy, sameday	10,321	12	0	12	10,333	18,324	44	0	44	18,368	28,645	56	0	56	28,701
G45A	Other gastroscopy for non-major digestive disease	0	1,404	21	1,425	1,425	0	3,207	27	3,234	3,234	0	4,611	48	4,659	4,659
G45B	Other gastroscopy for non-major digestive disease, sameday	10,107	73	0	73	10,180	17,953	140	0	140	18,093	28,060	213	0	213	28,273
G46A	Complex gastroscopy with catastrophic or severe CC	0	311	45	356	356	0	338	48	386	386	0	649	93	742	742
G46B	Complex gastroscopy W/O catastrophic or severe CC	0	747	13	760	760	0	1,199	25	1,224	1,224	0	1,946	38	1,984	1,984
G46C	Complex gastroscopy, sameday	3,165	8	0	8	3,173	4,962	19	0	19	4,981	8,127	27	0	27	8,154
G60A	Digestive malignancy with catastrophic or severe CC	641	490	49	539	1,180	355	605	48	653	1,008	996	1,095	97	1,192	2,188
G60B	Digestive malignancy W/O catastrophic or severe CC	3,117	551	85	636	3,753	1,302	906	25	931	2,233	4,419	1,457	110	1,567	5,986
G61A	GI Haemorrhage age>64 or with catastrophic or severe CC	16	129	6	135	151	28	651	16	667	695	44	780	22	802	846
G61B	GI Haemorrhage age<65 W/O catastrophic or severe CC	57	135	0	135	192	68	409	0	409	477	125	544	0	544	669
G62Z	Complicated peptic ulcer	10	28	1	29	39	34	54	1	55	89	44	82	2	84	128
G63Z	Uncomplicated peptic ulcer	3	12	0	12	15	5	102	0	102	107	8	114	0	114	122

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

AR-DRG	Description	Voluntary Hospitals					Non-Voluntary Hospitals					All Hospitals				
		Day Patients	In-Patients			Total Discharges	Day Patients	In-Patients			Total Discharges	Day Patients	In-Patients			Total Discharges
			Acute (0-30 days)	Extended (>30 days)	Total In-Patients			Acute (0-30 days)	Extended (>30 days)	Total In-Patients			Acute (0-30 days)	Extended (>30 days)	Total In-Patients	
G64Z	Inflammatory bowel disease	1,261	345	2	347	1,608	1,182	696	8	704	1,886	2,443	1,041	10	1,051	3,494
G65A	GI Obstruction with CC	1	137	10	147	148	0	260	10	270	270	1	397	20	417	418
G65B	GI Obstruction W/O CC	6	196	2	198	204	5	509	1	510	515	11	705	3	708	719
G66A	Abdominal pain or mesenteric adenitis with CC	31	386	1	387	418	23	740	3	743	766	54	1,126	4	1,130	1,184
G66B	Abdominal pain or mesenteric adenitis W/O CC	295	2,027	0	2,027	2,322	329	6,716	1	6,717	7,046	624	8,743	1	8,744	9,368
G67A	Oesophagitis, gastroenteritis and misc digestive system disorders age>9 with catastrophic or severe CC	16	624	43	667	683	9	1,464	58	1,522	1,531	25	2,088	101	2,189	2,214
G67B	Oesophagitis, gastroenteritis and misc digestive system disorders age>9 W/O catastrophic or severe CC	2,063	1,549	16	1,565	3,628	626	7,042	23	7,065	7,691	2,689	8,591	39	8,630	11,319
G68A	Gastroenteritis age<10 with CC	5	217	0	217	222	0	387	0	387	387	5	604	0	604	609
G68B	Gastroenteritis age<10 W/O CC	11	1,831	1	1,832	1,843	25	4,799	0	4,799	4,824	36	6,630	1	6,631	6,667
G69Z	Oesophagitis and misc digestive system disorders age<10	119	521	2	523	642	58	1,451	1	1,452	1,510	177	1,972	3	1,975	2,152
G70A	Other digestive system diagnoses with CC	47	255	15	270	317	103	480	15	495	598	150	735	30	765	915
G70B	Other digestive system diagnoses W/O CC	625	484	2	486	1,111	1,477	1,101	3	1,104	2,581	2,102	1,585	5	1,590	3,692
H01A	Pancreas, liver and shunt procedures with catastrophic CC	1	73	29	102	103	0	13	8	21	21	1	86	37	123	124
H01B	Pancreas, liver and shunt procedures W/O catastrophic CC	7	185	17	202	209	3	35	3	38	41	10	220	20	240	250

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

AR-DRG	Description	Voluntary Hospitals					Non-Voluntary Hospitals					All Hospitals				
		Day Patients	In-Patients			Total Discharges	Day Patients	In-Patients			Total Discharges	Day Patients	In-Patients			Total Discharges
			Acute (0-30 days)	Extended (>30 days)	Total In-Patients			Acute (0-30 days)	Extended (>30 days)	Total In-Patients			Acute (0-30 days)	Extended (>30 days)	Total In-Patients	
H02A	Major biliary tract procedures with malignancy or catastrophic CC	2	35	9	44	46	0	13	5	18	18	2	48	14	62	64
H02B	Major biliary tract procedures W/O malignancy with severe or moderate CC	3	35	0	35	38	2	21	4	25	27	5	56	4	60	65
H02C	Major biliary tract procedures W/O malignancy W/O CC	27	69	0	69	96	7	42	3	45	52	34	111	3	114	148
H05A	Hepatobiliary diagnostic procedures with catastrophic or severe CC	1	51	10	61	62	0	25	2	27	27	1	76	12	88	89
H05B	Hepatobiliary diagnostic procedures W/O catastrophic or severe CC	20	42	2	44	64	2	29	2	31	33	22	71	4	75	97
H06Z	Other hepatobiliary and pancreas OR procedures	3	50	2	52	55	0	27	2	29	29	3	77	4	81	84
H07A	Open cholecystectomy with closed CDE or with catastrophic CC	0	34	8	42	42	0	27	5	32	32	0	61	13	74	74
H07B	Open cholecystectomy W/O closed CDE W/O catastrophic CC	2	96	3	99	101	0	246	5	251	251	2	342	8	350	352
H08A	Laparoscopic cholecystectomy with closed CDE or with catastrophic or severe CC	3	222	9	231	234	1	236	3	239	240	4	458	12	470	474
H08B	Laparoscopic cholecystectomy W/O closed CDE W/O catastrophic or severe CC	97	836	1	837	934	80	2,474	0	2,474	2,554	177	3,310	1	3,311	3,488
H40Z	Endoscopic procedures for bleeding oesophageal varices	2	32	1	33	35	1	14	0	14	15	3	46	1	47	50

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

AR-DRG	Description	Voluntary Hospitals					Non-Voluntary Hospitals					All Hospitals				
		Day Patients	In-Patients			Total Discharges	Day Patients	In-Patients			Total Discharges	Day Patients	In-Patients			Total Discharges
			Acute (0-30 days)	Extended (>30 days)	Total In-Patients			Acute (0-30 days)	Extended (>30 days)	Total In-Patients			Acute (0-30 days)	Extended (>30 days)	Total In-Patients	
H41A	ERCP complex therapeutic procedure with catastrophic or severe CC	5	55	10	65	70	8	41	5	46	54	13	96	15	111	124
H41B	ERCP complex therapeutic procedure W/O catastrophic or severe CC	141	127	2	129	270	118	104	2	106	224	259	231	4	235	494
H42A	ERCP other therapeutic procedure with catastrophic or severe CC	6	78	12	90	96	9	35	3	38	47	15	113	15	128	143
H42B	ERCP other therapeutic procedure with moderate CC	21	81	2	83	104	88	57	2	59	147	109	138	4	142	251
H42C	ERCP other therapeutic procedure W/O CC	608	266	6	272	880	147	220	1	221	368	755	486	7	493	1,248
H60A	Cirrhosis and alcoholic hepatitis with catastrophic CC	1	105	30	135	136	0	81	19	100	100	1	186	49	235	236
H60B	Cirrhosis and alcoholic hepatitis with severe CC	12	205	10	215	227	17	153	13	166	183	29	358	23	381	410
H60C	Cirrhosis and alcoholic hepatitis W/O catastrophic or severe CC	85	228	10	238	323	85	329	14	343	428	170	557	24	581	751
H61A	Malignancy of hepatobiliary system, pancreas (age>69 with catastrophic or severe CC) or with catastrophic CC	42	128	16	144	186	31	230	20	250	281	73	358	36	394	467
H61B	Malignancy of hepatobiliary system, pancreas (age>69 W/O catastrophic or severe CC) or W/O catastrophic CC	593	287	10	297	890	277	521	19	540	817	870	808	29	837	1,707
H62A	Disorders of pancreas except for malignancy with catastrophic or severe CC	5	126	8	134	139	0	169	7	176	176	5	295	15	310	315

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

AR-DRG	Description	Voluntary Hospitals					Non-Voluntary Hospitals					All Hospitals				
		Day Patients	In-Patients			Total Discharges	Day Patients	In-Patients			Total Discharges	Day Patients	In-Patients			Total Discharges
			Acute (0-30 days)	Extended (>30 days)	Total In-Patients			Acute (0-30 days)	Extended (>30 days)	Total In-Patients			Acute (0-30 days)	Extended (>30 days)	Total In-Patients	
H62B	Disorders of pancreas except for malignancy W/O catastrophic or severe CC	149	411	1	412	561	6	776	3	779	785	155	1,187	4	1,191	1,346
H63A	Disorders of liver except malignancy, cirrhosis, alcoholic hepatitis with catastrophic or severe CC	16	141	15	156	172	11	156	16	172	183	27	297	31	328	355
H63B	Disorders of liver except malignancy, cirrhosis, alcoholic hepatitis W/O catastrophic or severe CC	614	442	1	443	1,057	136	691	2	693	829	750	1,133	3	1,136	1,886
H64A	Disorders of the biliary tract with CC	25	190	14	204	229	9	725	14	739	748	34	915	28	943	977
H64B	Disorders of the biliary tract W/O CC	181	430	1	431	612	124	2,443	6	2,449	2,573	305	2,873	7	2,880	3,185
I01Z	Bilateral or multiple major joint procedures of lower extremity	0	16	10	26	26	0	57	12	69	69	0	73	22	95	95
I02A	Microvascular tissue transfer or (skin graft with catastrophic or severe CC), excluding hand	0	19	13	32	32	0	15	10	25	25	0	34	23	57	57
I02B	Skin graft W/O catastrophic or severe CC, excluding hand	2	31	4	35	37	0	42	6	48	48	2	73	10	83	85
I03A	Hip revision with catastrophic or severe CC	0	8	6	14	14	0	84	24	108	108	0	92	30	122	122
I03B	Hip replacement with catastrophic or severe CC or hip revision W/O catastrophic or severe CC	0	326	94	420	420	0	725	96	821	821	0	1,051	190	1,241	1,241
I03C	Hip replacement W/O catastrophic or severe CC	0	1,041	14	1,055	1,055	1	2,972	40	3,012	3,013	1	4,013	54	4,067	4,068
I04Z	Knee replacement and reattachment	1	645	14	659	660	0	1,199	21	1,220	1,220	1	1,844	35	1,879	1,880

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

AR-DRG	Description	Voluntary Hospitals					Non-Voluntary Hospitals					All Hospitals				
		Day Patients	In-Patients			Total Discharges	Day Patients	In-Patients			Total Discharges	Day Patients	In-Patients			Total Discharges
			Acute (0-30 days)	Extended (>30 days)	Total In-Patients			Acute (0-30 days)	Extended (>30 days)	Total In-Patients			Acute (0-30 days)	Extended (>30 days)	Total In-Patients	
I05Z	Other major joint replacement and limb reattachment procedures	0	61	1	62	62	0	80	3	83	83	0	141	4	145	145
I06Z	Spinal fusion with deformity	1	72	2	74	75	0	1	0	1	1	1	73	2	75	76
I07Z	Amputation	0	20	8	28	28	0	12	12	24	24	0	32	20	52	52
I08A	Other hip and femur procedures with catastrophic or severe CC	0	229	105	334	334	0	384	119	503	503	0	613	224	837	837
I08B	Other hip and femur procedures W/O catastrophic or severe CC	15	497	29	526	541	2	1,187	60	1,247	1,249	17	1,684	89	1,773	1,790
I09A	Spinal fusion with catastrophic or severe CC	0	52	10	62	62	0	19	3	22	22	0	71	13	84	84
I09B	Spinal fusion W/O catastrophic or severe CC	0	203	2	205	205	0	69	5	74	74	0	272	7	279	279
I10A	Other back and neck procedures with catastrophic or severe CC	7	89	8	97	104	0	30	2	32	32	7	119	10	129	136
I10B	Other back and neck procedures W/O catastrophic or severe CC	656	699	2	701	1,357	180	744	1	745	925	836	1,443	3	1,446	2,282
I11Z	Limb lengthening procedures	3	19	0	19	22	1	7	0	7	8	4	26	0	26	30
I12A	Infect/inflam of bone and joint with misc muscle system and connective tissue procedures with catastrophic CC	0	11	9	20	20	0	16	7	23	23	0	27	16	43	43
I12B	Infect/inflam of bone and joint with misc muscle system and connective tissue procedures with severe CC	2	23	9	32	34	0	19	7	26	26	2	42	16	58	60

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

AR-DRG	Description	Voluntary Hospitals					Non-Voluntary Hospitals					All Hospitals				
		Day Patients	In-Patients			Total Discharges	Day Patients	In-Patients			Total Discharges	Day Patients	In-Patients			Total Discharges
			Acute (0-30 days)	Extended (>30 days)	Total In-Patients			Acute (0-30 days)	Extended (>30 days)	Total In-Patients			Acute (0-30 days)	Extended (>30 days)	Total In-Patients	
I12C	Infect/inflam bone and joint with misc muscle system and connective tissue procedures W/O catastrophic or severe CC	24	167	10	177	201	17	231	8	239	256	41	398	18	416	457
I13A	Humerus, tibia, fibula and ankle procedures with catastrophic or severe CC	1	96	10	106	107	0	113	16	129	129	1	209	26	235	236
I13B	Humerus, tibia, fibula and ankle procedures age>59 W/O catastrophic or severe CC	2	197	2	199	201	2	543	7	550	552	4	740	9	749	753
I13C	Humerus, tibia, fibula and ankle procedures age<60 W/O catastrophic or severe CC	38	1,156	3	1,159	1,197	54	2,320	3	2,323	2,377	92	3,476	6	3,482	3,574
I14Z	Stump revision	6	4	1	5	11	2	5	1	6	8	8	9	2	11	19
I15Z	Cranio-facial surgery	0	17	0	17	17	0	3	0	3	3	0	20	0	20	20
I16Z	Other shoulder procedures	108	263	1	264	372	13	531	1	532	545	121	794	2	796	917
I17Z	Maxillo-facial surgery	3	32	0	32	35	6	40	0	40	46	9	72	0	72	81
I18Z	Other knee procedures	852	233	2	235	1,087	1,756	878	3	881	2,637	2,608	1,111	5	1,116	3,724
I19Z	Other elbow or forearm procedures	96	1,081	6	1,087	1,183	75	2,135	4	2,139	2,214	171	3,216	10	3,226	3,397
I20Z	Other foot procedures	131	417	2	419	550	152	1,056	3	1,059	1,211	283	1,473	5	1,478	1,761
I21Z	Local excision and removal of internal fixation devices of hip and femur	22	47	1	48	70	46	84	1	85	131	68	131	2	133	201
I23Z	Local excision and removal of internal fixation devices excluding hip and femur	1,025	251	2	253	1,278	1,592	493	1	494	2,086	2,617	744	3	747	3,364
I24Z	Arthroscopy	526	145	0	145	671	591	347	1	348	939	1,117	492	1	493	1,610
I25Z	Bone and joint diagnostic procedures including biopsy	40	53	7	60	100	22	62	4	66	88	62	115	11	126	188
I27A	Soft tissue procedures with catastrophic or severe CC	5	44	8	52	57	2	28	4	32	34	7	72	12	84	91

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

AR-DRG	Description	Voluntary Hospitals					Non-Voluntary Hospitals					All Hospitals				
		Day Patients	In-Patients			Total Discharges	Day Patients	In-Patients			Total Discharges	Day Patients	In-Patients			Total Discharges
			Acute (0-30 days)	Extended (>30 days)	Total In-Patients			Acute (0-30 days)	Extended (>30 days)	Total In-Patients			Acute (0-30 days)	Extended (>30 days)	Total In-Patients	
I27B	Soft tissue procedures W/O catastrophic or severe CC	298	297	2	299	597	233	475	2	477	710	531	772	4	776	1,307
I28A	Other connective tissue procedures with CC	4	39	5	44	48	2	52	10	62	64	6	91	15	106	112
I28B	Other connective tissue procedures W/O CC	137	228	1	229	366	48	454	5	459	507	185	682	6	688	873
I29Z	Knee reconstruction or revision	11	254	0	254	265	28	275	0	275	303	39	529	0	529	568
I30Z	Hand procedures	533	1,021	0	1,021	1,554	581	2,166	0	2,166	2,747	1,114	3,187	0	3,187	4,301
I60Z	Femoral shaft fractures	0	24	0	24	24	0	54	4	58	58	0	78	4	82	82
I61Z	Distal femoral fractures	0	36	3	39	39	0	64	2	66	66	0	100	5	105	105
I63Z	Sprains, strains and dislocations of hip, pelvis and thigh	0	54	2	56	56	0	149	2	151	151	0	203	4	207	207
I64A	Osteomyelitis with CC	1	41	11	52	53	3	48	12	60	63	4	89	23	112	116
I64B	Osteomyelitis W/O CC	15	69	0	69	84	11	71	1	72	83	26	140	1	141	167
I65A	Connective tissue malignancy, including pathological Fx with catastrophic or severe CC	76	130	15	145	221	61	181	21	202	263	137	311	36	347	484
I65B	Connective tissue malignancy, including pathological Fx W/O catastrophic or severe CC	600	465	18	483	1,083	177	221	8	229	406	777	686	26	712	1,489
I66A	Inflammatory musculoskeletal disorders with catastrophic or severe CC	13	80	32	112	125	16	121	13	134	150	29	201	45	246	275
I66B	Inflammatory musculoskeletal disorders W/O catastrophic or severe CC	1,531	359	7	366	1,897	1,794	578	7	585	2,379	3,325	937	14	951	4,276
I67A	Septic arthritis with catastrophic or severe CC	0	3	3	6	6	0	16	6	22	22	0	19	9	28	28
I67B	Septic arthritis W/O catastrophic or severe CC	6	32	1	33	39	5	80	4	84	89	11	112	5	117	128

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

AR-DRG	Description	Voluntary Hospitals					Non-Voluntary Hospitals					All Hospitals				
		Day Patients	In-Patients			Total Discharges	Day Patients	In-Patients			Total Discharges	Day Patients	In-Patients			Total Discharges
			Acute (0-30 days)	Extended (>30 days)	Total In-Patients			Acute (0-30 days)	Extended (>30 days)	Total In-Patients			Acute (0-30 days)	Extended (>30 days)	Total In-Patients	
I68A	Non-surgical spinal disorders with CC	0	245	44	289	289	0	549	36	585	585	0	794	80	874	874
I68B	Non-surgical spinal disorders W/O CC	0	691	24	715	715	0	1,991	22	2,013	2,013	0	2,682	46	2,728	2,728
I68C	Non-surgical spinal disorders, sameday	4,069	68	0	68	4,137	3,797	291	0	291	4,088	7,866	359	0	359	8,225
I69A	Bone diseases and specific arthropathies age>74 with catastrophic or severe CC	0	39	11	50	50	5	94	11	105	110	5	133	22	155	160
I69B	Bone diseases and specific arthropathies age>74 or with catastrophic or severe CC	432	97	11	108	540	306	395	13	408	714	738	492	24	516	1,254
I69C	Bone diseases and spec arthropathies age<75 W/O catastrophic or severe CC	1,386	147	4	151	1,537	823	368	6	374	1,197	2,209	515	10	525	2,734
I70Z	Non-specific arthropathies	65	45	1	46	111	46	119	0	119	165	111	164	1	165	276
I71A	Other musculotendinous disorders age>69 with CC	13	53	4	57	70	16	200	5	205	221	29	253	9	262	291
I71B	Other musculotendinous disorders age>69 or with CC	644	210	10	220	864	438	603	7	610	1,048	1,082	813	17	830	1,912
I71C	Other musculotendinous disorders age<70 W/O CC	2,379	385	1	386	2,765	1,803	1,336	3	1,339	3,142	4,182	1,721	4	1,725	5,907
I72A	Specific musculotendinous disorders age>79 or with catastrophic or severe CC	32	43	5	48	80	32	104	10	114	146	64	147	15	162	226
I72B	Specific musculotendinous disorders age<80 W/O catastrophic or severe CC	943	181	3	184	1,127	1,120	587	2	589	1,709	2,063	768	5	773	2,836
I73A	Aftercare of musculoskeletal implants/prostheses age>59 with catastrophic or severe CC	0	6	2	8	8	1	297	46	343	344	1	303	48	351	352

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

AR-DRG	Description	Voluntary Hospitals					Non-Voluntary Hospitals					All Hospitals				
		Day Patients	In-Patients			Total Discharges	Day Patients	In-Patients			Total Discharges	Day Patients	In-Patients			Total Discharges
			Acute (0-30 days)	Extended (>30 days)	Total In-Patients			Acute (0-30 days)	Extended (>30 days)	Total In-Patients			Acute (0-30 days)	Extended (>30 days)	Total In-Patients	
I73B	Aftercare of musculoskeletal implants/prostheses age>59 or with catastrophic or severe CC	443	114	3	117	560	41	487	35	522	563	484	601	38	639	1,123
I73C	Aftercare of musculoskeletal implants/prostheses age<60 W/O catastrophic or severe CC	810	79	1	80	890	263	279	4	283	546	1,073	358	5	363	1,436
I74A	Injury to forearm, wrist, hand or foot age>74 with CC	0	16	3	19	19	0	57	2	59	59	0	73	5	78	78
I74B	Injury to forearm, wrist, hand or foot age>74 or with CC	4	82	1	83	87	3	249	2	251	254	7	331	3	334	341
I74C	Injury to forearm, wrist, hand or foot age<75 W/O CC	70	730	0	730	800	128	2,266	0	2,266	2,394	198	2,996	0	2,996	3,194
I75A	Injury to shoulder, arm, elbow, knee, leg or ankle age>64 with CC	1	55	27	82	83	0	179	21	200	200	1	234	48	282	283
I75B	Injury to shoulder, arm, elbow, knee, leg or ankle age>64 or with CC	16	151	8	159	175	6	531	7	538	544	22	682	15	697	719
I75C	Injury to shoulder, arm, elbow, knee, leg or ankle age<65 W/O CC	55	471	1	472	527	53	1,441	1	1,442	1,495	108	1,912	2	1,914	2,022
I76A	Other musculoskeletal disorders age>69 with CC	1	23	4	27	28	2	41	4	45	47	3	64	8	72	75
I76B	Other musculoskeletal disorders age>69 or with CC	87	110	4	114	201	54	158	5	163	217	141	268	9	277	418
I76C	Other musculoskeletal disorders age<70 W/O CC	1,037	276	3	279	1,316	455	572	2	574	1,029	1,492	848	5	853	2,345

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

AR-DRG	Description	Voluntary Hospitals					Non-Voluntary Hospitals					All Hospitals				
		Day Patients	In-Patients			Total Discharges	Day Patients	In-Patients			Total Discharges	Day Patients	In-Patients			Total Discharges
			Acute (0-30 days)	Extended (>30 days)	Total In-Patients			Acute (0-30 days)	Extended (>30 days)	Total In-Patients			Acute (0-30 days)	Extended (>30 days)	Total In-Patients	
I77A	Fractures of pelvis with catastrophic or severe CC	0	24	11	35	35	0	63	20	83	83	0	87	31	118	118
I77B	Fractures of pelvis W/O catastrophic or severe CC	0	63	4	67	67	0	309	7	316	316	0	372	11	383	383
I78A	Fractures of neck of femur with catastrophic or severe CC	0	18	12	30	30	0	81	11	92	92	0	99	23	122	122
I78B	Fractures of neck of femur W/O catastrophic or severe CC	2	26	2	28	30	0	265	7	272	272	2	291	9	300	302
J01Z	Microvascular tissue transfer for skin, subcutaneous tissue and breast disorder	0	8	3	11	11	0	13	1	14	14	0	21	4	25	25
J06A	Major procedures for malignant breast conditions	60	854	3	857	917	17	816	2	818	835	77	1,670	5	1,675	1,752
J06B	Major procedures for non-malignant breast conditions	84	251	0	251	335	42	169	0	169	211	126	420	0	420	546
J07A	Minor procedures for malignant breast conditions	161	170	0	170	331	82	206	2	208	290	243	376	2	378	621
J07B	Minor procedures for non-malignant breast conditions	641	86	0	86	727	627	170	0	170	797	1,268	256	0	256	1,524
J08A	Other skin graft and/or debridement procedures with catastrophic or severe CC	2	51	6	57	59	0	26	4	30	30	2	77	10	87	89
J08B	Other skin graft and/or debridement procedures W/O catastrophic or severe CC	390	169	2	171	561	172	248	1	249	421	562	417	3	420	982
J09Z	Perianal and pilonidal procedures	149	106	0	106	255	159	409	1	410	569	308	515	1	516	824

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

AR-DRG	Description	Voluntary Hospitals					Non-Voluntary Hospitals					All Hospitals				
		Day Patients	In-Patients			Total Discharges	Day Patients	In-Patients			Total Discharges	Day Patients	In-Patients			Total Discharges
			Acute (0-30 days)	Extended (>30 days)	Total In-Patients			Acute (0-30 days)	Extended (>30 days)	Total In-Patients			Acute (0-30 days)	Extended (>30 days)	Total In-Patients	
J10Z	Skin, subcutaneous tissue and breast plastic OR procedures	496	169	3	172	668	221	148	1	149	370	717	317	4	321	1,038
J11Z	Other skin, subcutaneous tissue and breast procedures	14,359	513	16	529	14,888	15,775	863	9	872	16,647	30,134	1,376	25	1,401	31,535
J12A	Lower limb procedures with ulcer/cellulitis with catastrophic CC	0	7	9	16	16	0	6	9	15	15	0	13	18	31	31
J12B	Lower limb procedures with ulcer/cellulitis W/O catastrophic CC with skin graft/flap repair	1	19	6	25	26	1	23	11	34	35	2	42	17	59	61
J12C	Lower limb procedures with ulcer/cellulitis W/O catastrophic CC W/O skin graft/flap repair	3	47	10	57	60	6	59	11	70	76	9	106	21	127	136
J13A	Lower limb procedures W/O ulcer/cellulitis with skin graft with catastrophic or severe CC	0	18	0	18	18	0	9	4	13	13	0	27	4	31	31
J13B	Lower limb procedures W/O ulcer/cellulitis W/O (skin graft and catastrophic or severe CC)	35	79	4	83	118	32	90	2	92	124	67	169	6	175	242
J14Z	Major breast reconstructions	0	84	0	84	84	1	126	0	126	127	1	210	0	210	211
J60A	Skin ulcers	0	142	26	168	168	0	365	41	406	406	0	507	67	574	574
J60B	Skin ulcers, sameday	258	8	0	8	266	58	17	0	17	75	316	25	0	25	341
J62A	Malignant breast disorders (age>69 with CC) or with catastrophic or severe CC	608	199	43	242	850	344	292	20	312	656	952	491	63	554	1,506
J62B	Malignant breast disorders (age>69 W/O CC) or W/O catastrophic or severe CC	2,908	256	96	352	3,260	1,438	234	5	239	1,677	4,346	490	101	591	4,937

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

AR-DRG	Description	Voluntary Hospitals					Non-Voluntary Hospitals					All Hospitals				
		Day Patients	In-Patients			Total Discharges	Day Patients	In-Patients			Total Discharges	Day Patients	In-Patients			Total Discharges
			Acute (0-30 days)	Extended (>30 days)	Total In-Patients			Acute (0-30 days)	Extended (>30 days)	Total In-Patients			Acute (0-30 days)	Extended (>30 days)	Total In-Patients	
J63Z	Non-malignant breast disorders	1,108	130	0	130	1,238	485	216	0	216	701	1,593	346	0	346	1,939
J64A	Cellulitis age>59 with catastrophic or severe CC	0	113	21	134	134	1	312	28	340	341	1	425	49	474	475
J64B	Cellulitis (age>59 W/O catastrophic or severe CC) or age<60	197	1,839	15	1,854	2,051	166	4,089	15	4,104	4,270	363	5,928	30	5,958	6,321
J65A	Trauma to the skin, subcutaneous tissue and breast age>69	2	46	5	51	53	3	222	3	225	228	5	268	8	276	281
J65B	Trauma to the skin, subcutaneous tissue and breast age<70	34	269	2	271	305	22	922	5	927	949	56	1,191	7	1,198	1,254
J67A	Minor skin disorders	0	513	15	528	528	0	985	16	1,001	1,001	0	1,498	31	1,529	1,529
J67B	Minor skin disorders, sameday	6,416	55	0	55	6,471	3,269	252	0	252	3,521	9,685	307	0	307	9,992
J68A	Major skin disorders	0	347	11	358	358	0	650	14	664	664	0	997	25	1,022	1,022
J68B	Major skin disorders, sameday	17,286	17	0	17	17,303	288	74	0	74	362	17,574	91	0	91	17,665
K01Z	Diabetic foot procedures	3	69	31	100	103	1	121	60	181	182	4	190	91	281	285
K02Z	Pituitary procedures	0	55	5	60	60	0	15	0	15	15	0	70	5	75	75
K03Z	Adrenal procedures	2	24	4	28	30	0	9	3	12	12	2	33	7	40	42
K04Z	Major procedures for obesity	0	6	0	6	6	0	20	0	20	20	0	26	0	26	26
K05Z	Parathyroid procedures	0	78	1	79	79	0	84	0	84	84	0	162	1	163	163
K06Z	Thyroid procedures	0	333	3	336	336	1	293	1	294	295	1	626	4	630	631
K07Z	Obesity procedures	6	19	0	19	25	0	15	0	15	15	6	34	0	34	40
K08Z	Thyroglossal procedures	4	40	0	40	44	3	25	0	25	28	7	65	0	65	72
K09Z	Other endocrine, nutritional and metabolic OR procedures	14	87	3	90	104	4	29	7	36	40	18	116	10	126	144
K40Z	Endoscopic or investigative procedure for metabolic disorders W/O CC	251	64	0	64	315	291	119	1	120	411	542	183	1	184	726
K60A	Diabetes with catastrophic or severe CC	14	199	25	224	238	2	493	38	531	533	16	692	63	755	771

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

AR-DRG	Description	Voluntary Hospitals					Non-Voluntary Hospitals					All Hospitals				
		Day Patients	In-Patients			Total Discharges	Day Patients	In-Patients			Total Discharges	Day Patients	In-Patients			Total Discharges
			Acute (0-30 days)	Extended (>30 days)	Total In-Patients			Acute (0-30 days)	Extended (>30 days)	Total In-Patients			Acute (0-30 days)	Extended (>30 days)	Total In-Patients	
K60B	Diabetes W/O catastrophic or severe CC	148	882	11	893	1,041	80	2,816	16	2,832	2,912	228	3,698	27	3,725	3,953
K61Z	Severe nutritional disturbance	8	11	9	20	28	1	16	3	19	20	9	27	12	39	48
K62A	Miscellaneous metabolic disorders with catastrophic CC	2	63	25	88	90	0	141	16	157	157	2	204	41	245	247
K62B	Miscellaneous metabolic disorders age>74 or with severe CC	35	269	11	280	315	45	770	22	792	837	80	1,039	33	1,072	1,152
K62C	Miscellaneous metabolic disorders age<75 W/O catastrophic or severe CC	351	411	7	418	769	328	920	8	928	1,256	679	1,331	15	1,346	2,025
K63Z	Inborn errors of metabolism	390	179	1	180	570	589	81	1	82	671	979	260	2	262	1,241
K64A	Endocrine disorders with catastrophic or severe CC	32	68	6	74	106	9	91	9	100	109	41	159	15	174	215
K64B	Endocrine disorders W/O catastrophic or severe CC	791	424	13	437	1,228	400	451	2	453	853	1,191	875	15	890	2,081
L02A	Operative insertion of peritoneal catheter for dialysis with catastrophic or severe CC	0	18	1	19	19	0	3	1	4	4	0	21	2	23	23
L02B	Operative insertion of peritoneal catheter for dialysis W/O catastrophic or severe CC	1	21	1	22	23	0	12	0	12	12	1	33	1	34	35
L03A	Kidney, ureter and major bladder procedures for neoplasm with catastrophic or severe CC	0	92	17	109	109	0	28	11	39	39	0	120	28	148	148
L03B	Kidney, ureter and major bladder procedures for neoplasm W/O catastrophic or severe CC	0	190	4	194	194	3	76	6	82	85	3	266	10	276	279

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

AR-DRG	Description	Voluntary Hospitals					Non-Voluntary Hospitals					All Hospitals				
		Day Patients	In-Patients			Total Discharges	Day Patients	In-Patients			Total Discharges	Day Patients	In-Patients			Total Discharges
			Acute (0-30 days)	Extended (>30 days)	Total In-Patients			Acute (0-30 days)	Extended (>30 days)	Total In-Patients			Acute (0-30 days)	Extended (>30 days)	Total In-Patients	
L04A	Kidney, ureter and major bladder procedures for non-neoplasm with catastrophic CC	1	60	17	77	78	1	16	4	20	21	2	76	21	97	99
L04B	Kidney, ureter and major bladder procedures for non-neoplasm with severe or moderate CC	14	163	4	167	181	14	66	9	75	89	28	229	13	242	270
L04C	Kidney, ureter and major bladder procedures for non-neoplasm W/O CC	50	365	6	371	421	38	140	1	141	179	88	505	7	512	600
L05A	Transurethral prostatectomy with catastrophic or severe CC	0	25	1	26	26	0	19	3	22	22	0	44	4	48	48
L05B	Transurethral prostatectomy W/O catastrophic or severe CC	1	79	0	79	80	2	81	0	81	83	3	160	0	160	163
L06A	Minor bladder procedures with catastrophic or severe CC	16	52	8	60	76	2	26	3	29	31	18	78	11	89	107
L06B	Minor bladder procedures W/O catastrophic or severe CC	589	141	2	143	732	42	117	1	118	160	631	258	3	261	892
L07A	Transurethral procedures except prostatectomy with catastrophic or severe CC	1	69	6	75	76	4	63	4	67	71	5	132	10	142	147
L07B	Transurethral procedures except prostatectomy W/O catastrophic or severe CC	262	596	3	599	861	218	395	1	396	614	480	991	4	995	1,475
L08A	Urethral procedures with CC	3	20	1	21	24	3	14	0	14	17	6	34	1	35	41
L08B	Urethral procedures W/O CC	21	90	0	90	111	30	50	0	50	80	51	140	0	140	191

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

AR-DRG	Description	Voluntary Hospitals					Non-Voluntary Hospitals					All Hospitals				
		Day Patients	In-Patients			Total Discharges	Day Patients	In-Patients			Total Discharges	Day Patients	In-Patients			Total Discharges
			Acute (0-30 days)	Extended (>30 days)	Total In-Patients			Acute (0-30 days)	Extended (>30 days)	Total In-Patients			Acute (0-30 days)	Extended (>30 days)	Total In-Patients	
L09A	Other procedures for kidney and urinary tract disorders with catastrophic CC	0	18	10	28	28	0	15	6	21	21	0	33	16	49	49
L09B	Other procedures for kidney and urinary tract disorders with severe CC	1	30	6	36	37	1	10	5	15	16	2	40	11	51	53
L09C	Other procedures for kidney and urinary tract disorders W/O catastrophic or severe CC	19	126	4	130	149	22	39	3	42	64	41	165	7	172	213
L40Z	Ureteroscopy	24	105	0	105	129	39	95	0	95	134	63	200	0	200	263
L41Z	Cystourethroscopy, sameday	3,520	4	0	4	3,524	2,972	12	0	12	2,984	6,492	16	0	16	6,508
L42Z	ESW Lithotripsy for urinary stones	624	35	0	35	659	447	66	1	67	514	1,071	101	1	102	1,173
L60A	Renal failure with catastrophic CC	0	92	49	141	141	0	133	44	177	177	0	225	93	318	318
L60B	Renal failure with severe CC	29	225	25	250	279	14	376	31	407	421	43	601	56	657	700
L60C	Renal failure W/O catastrophic or severe CC	302	485	7	492	794	465	684	18	702	1,167	767	1,169	25	1,194	1,961
L61Z	Admit for renal dialysis	55,818	2	0	2	55,820	95,588	5	0	5	95,593	151,406	7	0	7	151,413
L62A	Kidney and urinary tract neoplasms with catastrophic or severe CC	125	109	12	121	246	56	150	11	161	217	181	259	23	282	463
L62B	Kidney and urinary tract neoplasms W/O catastrophic or severe CC	540	206	9	215	755	156	281	4	285	441	696	487	13	500	1,196
L63A	Kidney and urinary tract infections with catastrophic CC	1	93	38	131	132	0	201	26	227	227	1	294	64	358	359
L63B	Kidney and urinary tract infections age>69 or with severe CC	47	710	78	788	835	47	2,225	80	2,305	2,352	94	2,935	158	3,093	3,187

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

AR-DRG	Description	Voluntary Hospitals					Non-Voluntary Hospitals					All Hospitals				
		Day Patients	In-Patients			Total Discharges	Day Patients	In-Patients			Total Discharges	Day Patients	In-Patients			Total Discharges
			Acute (0-30 days)	Extended (>30 days)	Total In-Patients			Acute (0-30 days)	Extended (>30 days)	Total In-Patients			Acute (0-30 days)	Extended (>30 days)	Total In-Patients	
L63C	Kidney and urinary tract infections age<70 W/O catastrophic or severe CC	539	1,272	5	1,277	1,816	359	2,984	7	2,991	3,350	898	4,256	12	4,268	5,166
L64Z	Urinary stones and obstruction	206	943	1	944	1,150	109	2,082	3	2,085	2,194	315	3,025	4	3,029	3,344
L65A	Kidney and urinary tract signs and symptoms with catastrophic or severe CC	18	106	6	112	130	7	208	6	214	221	25	314	12	326	351
L65B	Kidney and urinary tract signs and symptoms W/O catastrophic or severe CC	606	519	6	525	1,131	482	1,153	6	1,159	1,641	1,088	1,672	12	1,684	2,772
L66Z	Urethral stricture	53	57	0	57	110	62	74	1	75	137	115	131	1	132	247
L67A	Other kidney and urinary tract diagnoses with catastrophic CC	3	29	13	42	45	3	80	16	96	99	6	109	29	138	144
L67B	Other kidney and urinary tract diagnoses with severe CC	66	172	10	182	248	37	226	17	243	280	103	398	27	425	528
L67C	Other kidney and urinary tract diagnoses W/O catastrophic or severe CC	1,730	804	7	811	2,541	960	1,157	15	1,172	2,132	2,690	1,961	22	1,983	4,673
M01Z	Major male pelvic procedures	1	235	0	235	236	0	43	1	44	44	1	278	1	279	280
M02A	Transurethral prostatectomy with catastrophic or severe CC	0	73	4	77	77	0	82	5	87	87	0	155	9	164	164
M02B	Transurethral prostatectomy W/O catastrophic or severe CC	3	445	0	445	448	1	635	1	636	637	4	1,080	1	1,081	1,085
M03A	Penis procedures with CC	10	13	0	13	23	2	11	1	12	14	12	24	1	25	37
M03B	Penis procedures W/O CC	391	199	0	199	590	100	46	0	46	146	491	245	0	245	736
M04A	Testes procedures with CC	11	33	1	34	45	4	21	0	21	25	15	54	1	55	70
M04B	Testes procedures W/O CC	571	305	0	305	876	440	425	0	425	865	1,011	730	0	730	1,741
M05Z	Circumcision	1,412	104	0	104	1,516	1,062	246	1	247	1,309	2,474	350	1	351	2,825

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

AR-DRG	Description	Voluntary Hospitals					Non-Voluntary Hospitals					All Hospitals				
		Day Patients	In-Patients			Total Discharges	Day Patients	In-Patients			Total Discharges	Day Patients	In-Patients			Total Discharges
			Acute (0-30 days)	Extended (>30 days)	Total In-Patients			Acute (0-30 days)	Extended (>30 days)	Total In-Patients			Acute (0-30 days)	Extended (>30 days)	Total In-Patients	
M06A	Other male reproductive system OR procedures for malignancy	24	9	1	10	34	8	16	0	16	24	32	25	1	26	58
M06B	Other male reproductive system OR procedures except for malignancy	411	27	0	27	438	21	31	0	31	52	432	58	0	58	490
M40Z	Cystourethroscopy W/O CC	506	22	1	23	529	1,034	108	0	108	1,142	1,540	130	1	131	1,671
M60A	Malignancy, male reproductive system with catastrophic or severe CC	93	132	16	148	241	75	218	18	236	311	168	350	34	384	552
M60B	Malignancy, male reproductive system W/O catastrophic or severe CC	727	366	156	522	1,249	585	286	13	299	884	1,312	652	169	821	2,133
M61A	Benign prostatic hypertrophy with catastrophic or severe CC	2	9	0	9	11	5	26	2	28	33	7	35	2	37	44
M61B	Benign prostatic hypertrophy W/O catastrophic or severe CC	1,229	44	0	44	1,273	596	162	0	162	758	1,825	206	0	206	2,031
M62A	Inflammation of the male reproductive system with CC	13	59	2	61	74	7	77	0	77	84	20	136	2	138	158
M62B	Inflammation of the male reproductive system W/O CC	357	196	0	196	553	152	588	0	588	740	509	784	0	784	1,293
M63Z	Sterilisation, male	71	3	0	3	74	183	3	0	3	186	254	6	0	6	260
M64Z	Other male reproductive system diagnoses	168	173	0	173	341	135	408	4	412	547	303	581	4	585	888
N01Z	Pelvic evisceration and radical vulvectomy	0	22	5	27	27	0	2	0	2	2	0	24	5	29	29
N02A	Uterine, adnexa procedure for ovarian or adnexal malignancy with CC	0	77	7	84	84	0	53	4	57	57	0	130	11	141	141

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

AR-DRG	Description	Voluntary Hospitals					Non-Voluntary Hospitals					All Hospitals				
		Day Patients	In-Patients			Total Discharges	Day Patients	In-Patients			Total Discharges	Day Patients	In-Patients			Total Discharges
			Acute (0-30 days)	Extended (>30 days)	Total In-Patients			Acute (0-30 days)	Extended (>30 days)	Total In-Patients			Acute (0-30 days)	Extended (>30 days)	Total In-Patients	
N02B	Uterine, adnexa procedure for ovarian or adnexal malignancy W/O CC	3	88	1	89	92	0	62	0	62	62	3	150	1	151	154
N03A	Uterine, adnexa procedure for non-ovarian or adnexal malignancy with CC	0	59	8	67	67	0	40	5	45	45	0	99	13	112	112
N03B	Uterine, adnexa procedure for non-ovarian or adnexal malignancy W/O CC	5	128	0	128	133	3	102	0	102	105	8	230	0	230	238
N04Z	Hysterectomy for non-malignancy	3	1,008	3	1,011	1,014	1	1,279	2	1,281	1,282	4	2,287	5	2,292	2,296
N05A	Oophorectomies and complex fallopian tube procedures for non-malignancy with catastrophic or severe CC	0	26	1	27	27	0	14	0	14	14	0	40	1	41	41
N05B	Oophorectomies and complex fallopian tube procedures for non-malig W/O catastrophic or severe CC	27	281	0	281	308	1	264	0	264	265	28	545	0	545	573
N06Z	Female reproductive system reconstructive procedures	20	425	0	425	445	91	830	0	830	921	111	1,255	0	1,255	1,366
N07Z	Other uterine and adnexa procedures for non-malignancy	699	882	1	883	1,582	644	1,005	2	1,007	1,651	1,343	1,887	3	1,890	3,233
N08Z	Endoscopic and laparoscopic procedures for female reproductive system	1,109	678	0	678	1,787	868	807	0	807	1,675	1,977	1,485	0	1,485	3,462
N09Z	Conisation, vagina, cervix and vulva procedures	1,550	688	10	698	2,248	2,163	667	3	670	2,833	3,713	1,355	13	1,368	5,081
N10Z	Diagnostic curettage or diagnostic hysteroscopy	1,802	670	1	671	2,473	2,969	1,122	1	1,123	4,092	4,771	1,792	2	1,794	6,565

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

AR-DRG	Description	Voluntary Hospitals					Non-Voluntary Hospitals					All Hospitals				
		Day Patients	In-Patients			Total Discharges	Day Patients	In-Patients			Total Discharges	Day Patients	In-Patients			Total Discharges
			Acute (0-30 days)	Extended (>30 days)	Total In-Patients			Acute (0-30 days)	Extended (>30 days)	Total In-Patients			Acute (0-30 days)	Extended (>30 days)	Total In-Patients	
N11A	Other female reproductive system OR procedures age>64 or with malignancy or with CC	4	30	6	36	40	2	29	1	30	32	6	59	7	66	72
N11B	Other female reproductive system OR procedures age<65 W/O malignancy W/O CC	13	26	0	26	39	104	51	0	51	155	117	77	0	77	194
N60A	Malignancy, female reproductive system with catastrophic or severe CC	100	165	23	188	288	110	242	13	255	365	210	407	36	443	653
N60B	Malignancy, female reproductive system W/O catastrophic or severe CC	1,169	263	49	312	1,481	520	267	5	272	792	1,689	530	54	584	2,273
N61Z	Infections, female reproductive system	111	85	0	85	196	37	256	1	257	294	148	341	1	342	490
N62A	Menstrual and other female reproductive system disorders with CC	30	110	2	112	142	36	201	1	202	238	66	311	3	314	380
N62B	Menstrual and other female reproductive system disorders W/O CC	1,003	643	1	644	1,647	2,281	1,968	1	1,969	4,250	3,284	2,611	2	2,613	5,897
O01A	Caesarean delivery with catastrophic CC	0	203	13	216	216	0	230	28	258	258	0	433	41	474	474
O01B	Caesarean delivery with severe CC	0	907	14	921	921	0	1,275	21	1,296	1,296	0	2,182	35	2,217	2,217
O01C	Caesarean delivery W/O catastrophic or severe CC	0	4,531	7	4,538	4,538	0	10,146	2	10,148	10,148	0	14,677	9	14,686	14,686
O02A	Vaginal delivery with OR procedure with catastrophic or severe CC	0	135	0	135	135	0	146	0	146	146	0	281	0	281	281
O02B	Vaginal delivery with OR procedure W/O catastrophic or severe CC	0	285	0	285	285	0	328	0	328	328	0	613	0	613	613
O03Z	Ectopic pregnancy	1	287	0	287	288	3	335	0	335	338	4	622	0	622	626

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

AR-DRG	Description	Voluntary Hospitals					Non-Voluntary Hospitals					All Hospitals				
		Day Patients	In-Patients			Total Discharges	Day Patients	In-Patients			Total Discharges	Day Patients	In-Patients			Total Discharges
			Acute (0-30 days)	Extended (>30 days)	Total In-Patients			Acute (0-30 days)	Extended (>30 days)	Total In-Patients			Acute (0-30 days)	Extended (>30 days)	Total In-Patients	
O04Z	Postpartum and post abortion with OR procedure[a]	2	71	0	71	73	7	163	0	163	170	9	234	0	234	243
O05Z	Abortion with OR procedure[a]	7	1,948	1	1,949	1,956	483	3,076	0	3,076	3,559	490	5,024	1	5,025	5,515
O60A	Vaginal delivery with catastrophic or severe CC	0	1,096	10	1,106	1,106	0	1,207	1	1,208	1,208	0	2,303	11	2,314	2,314
O60B	Vaginal delivery W/O catastrophic or severe CC	0	13,260	4	13,264	13,264	0	21,840	3	21,843	21,843	0	35,100	7	35,107	35,107
O60C	Vaginal delivery single uncomplicated W/O other condition	0	4,566	0	4,566	4,566	0	7,668	0	7,668	7,668	0	12,234	0	12,234	12,234
O61Z	Postpartum and post abortion W/O OR procedure[a]	7	689	0	689	696	28	1,007	0	1,007	1,035	35	1,696	0	1,696	1,731
O63Z	Abortion W/O OR procedure[a]	35	771	0	771	806	737	2,381	0	2,381	3,118	772	3,152	0	3,152	3,924
O64A	False labour before 37 weeks or with catastrophic CC	0	1,122	1	1,123	1,123	20	1,258	1	1,259	1,279	20	2,380	2	2,382	2,402
O64B	False labour after 37 weeks W/O catastrophic CC	12	2,572	0	2,572	2,584	132	2,055	0	2,055	2,187	144	4,627	0	4,627	4,771
O66A	Antenatal and other obstetric admission	0	7,421	15	7,436	7,436	0	14,654	10	14,664	14,664	0	22,075	25	22,100	22,100
O66B	Antenatal and other obstetric admission, sameday	712	3,722	0	3,722	4,434	3,551	7,909	0	7,909	11,460	4,263	11,631	0	11,631	15,894
P01Z	Neonate, died or transferred <5 days of admission with significant OR procedure	0	53	0	53	53	0	2	0	2	2	0	55	0	55	55
P02Z	Cardiothoracic/vascular procedures for neonates	0	38	15	53	53	0	0	0	0	0	0	38	15	53	53

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

AR-DRG	Description	Voluntary Hospitals					Non-Voluntary Hospitals					All Hospitals				
		Day Patients	In-Patients			Total Discharges	Day Patients	In-Patients			Total Discharges	Day Patients	In-Patients			Total Discharges
			Acute (0-30 days)	Extended (>30 days)	Total In-Patients			Acute (0-30 days)	Extended (>30 days)	Total In-Patients			Acute (0-30 days)	Extended (>30 days)	Total In-Patients	
P03Z	Neonate, admwt 1000-1499 g with significant OR procedure	0	21	49	70	70	0	13	27	40	40	0	34	76	110	110
P04Z	Neonate, admwt 1500-1999 g with significant OR procedure	0	26	20	46	46	0	4	11	15	15	0	30	31	61	61
P05Z	Neonate, admwt 2000-2499 g with significant OR procedure	0	14	16	30	30	0	8	2	10	10	0	22	18	40	40
P06A	Neonate, admwt>2499 g with significant OR procedure with multi major problems	0	89	38	127	127	0	11	1	12	12	0	100	39	139	139
P06B	Neonate, admwt>2499 g with significant OR procedure W/O multi major problems	2	76	7	83	85	1	19	4	23	24	3	95	11	106	109
P60A	Neonate, died or transf <5 days of adm, W/O significant OR procedure, Newborn	0	148	0	148	148	0	286	0	286	286	0	434	0	434	434
P60B	Neonate, died/transferred <5 days of adm, W/O significant OR procedure, not newborn	0	72	0	72	72	0	93	0	93	93	0	165	0	165	165
P61Z	Neonate, admwt<750 g	1	22	25	47	48	1	22	9	31	32	2	44	34	78	80
P62Z	Neonate, admwt 750-999 g	2	18	60	78	80	1	21	34	55	56	3	39	94	133	136
P63Z	Neonate, admwt 1000-1249 g W/O significant OR procedure	0	23	35	58	58	0	23	54	77	77	0	46	89	135	135
P64Z	Neonate, admwt 1250-1499 g W/O significant OR procedure	0	43	39	82	82	0	52	88	140	140	0	95	127	222	222

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

AR-DRG	Description	Voluntary Hospitals					Non-Voluntary Hospitals					All Hospitals				
		Day Patients	In-Patients			Total Discharges	Day Patients	In-Patients			Total Discharges	Day Patients	In-Patients			Total Discharges
			Acute (0-30 days)	Extended (>30 days)	Total In-Patients			Acute (0-30 days)	Extended (>30 days)	Total In-Patients			Acute (0-30 days)	Extended (>30 days)	Total In-Patients	
P65A	Neonate, admwt 1500-1999 g W/O significant OR procedure with multi major problems	0	14	13	27	27	0	21	18	39	39	0	35	31	66	66
P65B	Neonate, admwt 1500-1999 g W/O significant OR procedure with major problem	1	95	20	115	116	0	137	57	194	194	1	232	77	309	310
P65C	Neonate, admwt 1500-1999 g W/O significant OR procedure with other problem	0	103	6	109	109	0	128	20	148	148	0	231	26	257	257
P65D	Neonate, admwt 1500-1999 g W/O significant OR procedure W/O problem	1	48	0	48	49	0	137	11	148	148	1	185	11	196	197
P66A	Neonate, admwt 2000-2499 g W/O significant OR procedure with multi major problems	0	27	5	32	32	0	27	7	34	34	0	54	12	66	66
P66B	Neonate, admwt 2000-2499 g W/O significant OR procedure with major problem	1	111	3	114	115	1	183	11	194	195	2	294	14	308	310
P66C	Neonate, admwt 2000-2499 g W/O significant OR procedure with other problem	0	215	1	216	216	0	430	4	434	434	0	645	5	650	650
P66D	Neonate, admwt 2000-2499 g W/O significant OR procedure W/O problem	0	195	0	195	195	14	356	2	358	372	14	551	2	553	567
P67A	Neonate, admwt>2499 g W/O significant OR procedure with multi major problems	4	121	9	130	134	1	102	7	109	110	5	223	16	239	244
P67B	Neonate, admwt>2499 g W/O significant OR procedure with major problem	32	531	9	540	572	17	886	6	892	909	49	1,417	15	1,432	1,481

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

AR-DRG	Description	Voluntary Hospitals					Non-Voluntary Hospitals					All Hospitals				
		Day Patients	In-Patients			Total Discharges	Day Patients	In-Patients			Total Discharges	Day Patients	In-Patients			Total Discharges
			Acute (0-30 days)	Extended (>30 days)	Total In-Patients			Acute (0-30 days)	Extended (>30 days)	Total In-Patients			Acute (0-30 days)	Extended (>30 days)	Total In-Patients	
P67C	Neonate, admwt> 2499 g W/O significant OR procedure with other problem	2	1,169	0	1,169	1,171	13	2,035	2	2,037	2,050	15	3,204	2	3,206	3,221
P67D	Neonate, admwt>2499 g W/O significant OR procedure W/O problem	52	1,250	0	1,250	1,302	116	3,016	3	3,019	3,135	168	4,266	3	4,269	4,437
Q01Z	Splenectomy	0	25	0	25	25	0	22	1	23	23	0	47	1	48	48
Q02A	Other OR procedure of blood and blood forming organs with catastrophic or severe CC	1	29	8	37	38	2	26	4	30	32	3	55	12	67	70
Q02B	Other OR procedure of blood and blood forming organs W/O catastrophic or severe CC	204	150	1	151	355	128	160	2	162	290	332	310	3	313	645
Q60A	Reticuloendothelial and immunity disorders with catastrophic or severe CC	82	354	11	365	447	120	322	9	331	451	202	676	20	696	898
Q60B	Reticuloendothelial and immunity disorders W/O catastrophic or severe CC with malignancy	12	92	1	93	105	94	234	0	234	328	106	326	1	327	433
Q60C	Reticuloendothelial and immunity disorders W/O catastrophic or severe CC W/O malignancy	1,297	185	1	186	1,483	1,058	574	35	609	1,667	2,355	759	36	795	3,150
Q61A	Red blood cell disorders with catastrophic CC	13	70	12	82	95	14	160	15	175	189	27	230	27	257	284
Q61B	Red blood cell disorders with severe CC	139	171	3	174	313	99	395	16	411	510	238	566	19	585	823
Q61C	Red blood cell disorders W/O catastrophic or severe CC	9,139	598	13	611	9,750	15,484	1,685	7	1,692	17,176	24,623	2,283	20	2,303	26,926
Q62Z	Coagulation disorders	1,973	420	8	428	2,401	600	851	13	864	1,464	2,573	1,271	21	1,292	3,865

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

AR-DRG	Description	Voluntary Hospitals					Non-Voluntary Hospitals					All Hospitals				
		Day Patients	In-Patients			Total Discharges	Day Patients	In-Patients			Total Discharges	Day Patients	In-Patients			Total Discharges
			Acute (0-30 days)	Extended (>30 days)	Total In-Patients			Acute (0-30 days)	Extended (>30 days)	Total In-Patients			Acute (0-30 days)	Extended (>30 days)	Total In-Patients	
R01A	Lymphoma and leukaemia with major OR procedures with catastrophic or severe CC	0	26	14	40	40	0	16	11	27	27	0	42	25	67	67
R01B	Lymphoma and leukaemia with major OR procedures W/O catastrophic or severe CC	4	31	2	33	37	8	45	2	47	55	12	76	4	80	92
R02A	Other neoplastic disorders with major OR procedures with catastrophic or severe CC	0	32	4	36	36	1	16	6	22	23	1	48	10	58	59
R02B	Other neoplastic disorders with major OR procedures W/O catastrophic or severe CC	21	78	1	79	100	3	39	2	41	44	24	117	3	120	144
R03A	Lymphoma and leukaemia with other OR procedures with catastrophic or severe CC	1	52	22	74	75	1	34	15	49	50	2	86	37	123	125
R03B	Lymphoma and leukaemia with other OR procedures W/O catastrophic or severe CC	49	88	3	91	140	63	128	4	132	195	112	216	7	223	335
R04A	Other neoplastic disorders with other OR procedures with catastrophic or severe CC	8	26	7	33	41	6	27	3	30	36	14	53	10	63	77
R04B	Other neoplastic disorders with other OR procedures W/O catastrophic or severe CC	158	46	3	49	207	173	52	1	53	226	331	98	4	102	433
R60A	Acute leukaemia with catastrophic CC	9	93	49	142	151	17	54	38	92	109	26	147	87	234	260
R60B	Acute leukaemia with severe CC	93	96	16	112	205	112	94	13	107	219	205	190	29	219	424

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

AR-DRG	Description	Voluntary Hospitals					Non-Voluntary Hospitals					All Hospitals				
		Day Patients	In-Patients			Total Discharges	Day Patients	In-Patients			Total Discharges	Day Patients	In-Patients			Total Discharges
			Acute (0-30 days)	Extended (>30 days)	Total In-Patients			Acute (0-30 days)	Extended (>30 days)	Total In-Patients			Acute (0-30 days)	Extended (>30 days)	Total In-Patients	
R60C	Acute leukaemia W/O catastrophic or severe CC	3,951	203	8	211	4,162	833	161	14	175	1,008	4,784	364	22	386	5,170
R61A	Lymphoma and non-acute leukaemia with catastrophic CC	0	247	47	294	294	0	168	43	211	211	0	415	90	505	505
R61B	Lymphoma and non-acute leukaemia W/O catastrophic CC	0	953	48	1,001	1,001	0	1,401	52	1,453	1,453	0	2,354	100	2,454	2,454
R61C	Lymphoma and non-acute leukaemia, sameday	11,560	9	0	9	11,569	4,343	85	0	85	4,428	15,903	94	0	94	15,997
R62A	Other neoplastic disorders with CC	253	144	12	156	409	57	117	17	134	191	310	261	29	290	600
R62B	Other neoplastic disorders W/O CC	495	73	6	79	574	273	112	5	117	390	768	185	11	196	964
R63Z	Chemotherapy	33,538	0	0	0	33,538	36,050	0	0	0	36,050	69,588	0	0	0	69,588
R64Z	Radiotherapy	37,987	0	0	0	37,987	37,918	0	0	0	37,918	75,905	0	0	0	75,905
S60Z	HIV, sameday	91	4	0	4	95	22	0	0	0	22	113	4	0	4	117
S65A	HIV-related diseases with catastrophic CC	0	63	13	76	76	0	4	2	6	6	0	67	15	82	82
S65B	HIV-related diseases with severe CC	0	35	5	40	40	0	13	1	14	14	0	48	6	54	54
S65C	HIV-related diseases W/O catastrophic or severe CC	0	39	4	43	43	0	10	2	12	12	0	49	6	55	55
T01A	OR procedures for infectious and parasitic diseases with catastrophic CC	0	31	31	62	62	0	23	18	41	41	0	54	49	103	103
T01B	OR procedures for infectious and parasitic diseases with severe or moderate CC	1	56	10	66	67	1	39	7	46	47	2	95	17	112	114
T01C	OR procedures for infectious and parasitic diseases W/O CC	23	100	13	113	136	18	129	8	137	155	41	229	21	250	291
T60A	Septicaemia with catastrophic or severe CC	32	245	36	281	313	0	639	70	709	709	32	884	106	990	1,022

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

AR-DRG	Description	Voluntary Hospitals					Non-Voluntary Hospitals					All Hospitals				
		Day Patients	In-Patients			Total Discharges	Day Patients	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	
T60B	Septicaemia W/O catastrophic or severe CC	6	122	5	127	133	1	293	8	301	302	7	415	13	428	435
T61A	Post-operative and post-traumatic infections age>54 or with catastrophic or severe CC	23	152	6	158	181	19	311	10	321	340	42	463	16	479	521
T61B	Post-operative and post-traumatic infections age<55 W/O catastrophic or severe CC	36	219	2	221	257	18	386	1	387	405	54	605	3	608	662
T62A	Fever of unknown origin with CC	8	102	0	102	110	2	108	2	110	112	10	210	2	212	222
T62B	Fever of unknown origin W/O CC	12	117	0	117	129	13	187	0	187	200	25	304	0	304	329
T63A	Viral illness age>59 or with CC	33	140	4	144	177	2	574	1	575	577	35	714	5	719	754
T63B	Viral illness age<60 W/O CC	1,062	527	0	527	1,589	43	3,477	0	3,477	3,520	1,105	4,004	0	4,004	5,109
T64A	Other infectious and parasitic diseases with catastrophic or severe CC	3	43	7	50	53	1	53	5	58	59	4	96	12	108	112
T64B	Other infectious and parasitic diseases W/O catastrophic or severe CC	92	84	1	85	177	80	186	1	187	267	172	270	2	272	444
U40Z	Mental health treatment, sameday, with ECT	0	0	0	0	0	197	1	0	1	198	197	1	0	1	198
U60Z	Mental health treatment, sameday, W/O ECT	254	242	0	242	496	132	217	0	217	349	386	459	0	459	845
U61B	Schizophrenia disorders W/O mental health legal status	0	85	62	147	147	0	12	0	12	12	0	97	62	159	159
U62A	Paranoia and acute psychotic disorder with catastrophic or severe CC or with mental health legal status	0	7	6	13	13	0	5	0	5	5	0	12	6	18	18

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

AR-DRG	Description	Voluntary Hospitals					Non-Voluntary Hospitals					All Hospitals				
		Day Patients	In-Patients			Total Discharges	Day Patients	In-Patients			Total Discharges	Day Patients	In-Patients			Total Discharges
			Acute (0-30 days)	Extended (>30 days)	Total In-Patients			Acute (0-30 days)	Extended (>30 days)	Total In-Patients			Acute (0-30 days)	Extended (>30 days)	Total In-Patients	
U62B	Paranoia and acute psychotic disorder W/O catastrophic or severe CC W/O mental health legal status	0	22	2	24	24	0	23	2	25	25	0	45	4	49	49
U63A	Major affective disorders age>69 or with catastrophic or severe CC	0	21	31	52	52	0	20	0	20	20	0	41	31	72	72
U63B	Major affective disorders age<70 W/O catastrophic or severe CC	0	125	46	171	171	0	32	0	32	32	0	157	46	203	203
U64Z	Other affective and somatoform disorders	0	99	11	110	110	0	113	4	117	117	0	212	15	227	227
U65Z	Anxiety disorders	0	199	12	211	211	0	260	3	263	263	0	459	15	474	474
U66Z	Eating and obsessive-compulsive disorders	0	54	31	85	85	0	81	9	90	90	0	135	40	175	175
U67Z	Personality disorders and acute reactions	0	92	11	103	103	0	62	4	66	66	0	154	15	169	169
U68Z	Childhood mental disorders	0	34	0	34	34	0	26	1	27	27	0	60	1	61	61
V60A	Alcohol intoxication and withdrawal with CC	1	116	9	125	126	0	285	4	289	289	1	401	13	414	415
V60B	Alcohol intoxication and withdrawal W/O CC	4	200	5	205	209	1	1,156	6	1,162	1,163	5	1,356	11	1,367	1,372
V61Z	Drug intoxication and withdrawal	0	16	0	16	16	0	33	1	34	34	0	49	1	50	50
V62A	Alcohol use disorder and dependence	0	125	9	134	134	0	800	5	805	805	0	925	14	939	939
V62B	Alcohol use disorder and dependence, sameday	6	12	0	12	18	3	89	0	89	92	9	101	0	101	110
V63A	Opioid use disorder and dependence	0	44	0	44	44	0	12	0	12	12	0	56	0	56	56
V63B	Opioid use disorder and dependence, left against medical advice	0	6	0	6	6	0	3	0	3	3	0	9	0	9	9
V64Z	Other drug use disorder and dependence	2	74	4	78	80	1	48	0	48	49	3	122	4	126	129

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

AR-DRG	Description	Voluntary Hospitals					Non-Voluntary Hospitals					All Hospitals				
		Day Patients	In-Patients			Total Discharges	Day Patients	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	
W01Z	Ventilation or craniotomy procedures for multiple significant trauma	0	25	31	56	56	0	25	17	42	42	0	50	48	98	98
W02Z	Hip, femur and limb procedures for multiple significant trauma, incl implantation	0	12	5	17	17	0	53	10	63	63	0	65	15	80	80
W03Z	Abdominal procedures for multiple significant trauma	0	7	1	8	8	0	19	4	23	23	0	26	5	31	31
W04Z	Other OR procedures for multiple significant trauma	0	25	2	27	27	0	21	4	25	25	0	46	6	52	52
W60Z	Multiple trauma, died or transferred to another acute care facility LOS<5 days	0	17	0	17	17	0	73	0	73	73	0	90	0	90	90
W61Z	Multiple trauma W/O significant procedures	12	43	26	69	81	0	85	10	95	95	12	128	36	164	176
X02Z	Microvascular tissue transfer or skin grafts for injuries to hand	2	64	1	65	67	1	86	0	86	87	3	150	1	151	154
X04A	Other procedures for injuries to lower limb age>59 or with CC	0	8	4	12	12	1	20	1	21	22	1	28	5	33	34
X04B	Other procedures for injuries to lower limb age<60 W/O CC	6	66	0	66	72	1	97	1	98	99	7	163	1	164	171
X05Z	Other procedures for injuries to hand	87	628	1	629	716	12	775	0	775	787	99	1,403	1	1,404	1,503
X06A	Other procedures for other injuries with catastrophic or severe CC	0	67	14	81	81	1	79	11	90	91	1	146	25	171	172
X06B	Other procedures for other injuries W/O catastrophic or severe CC	68	448	4	452	520	37	1,072	3	1,075	1,112	105	1,520	7	1,527	1,632

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

AR-DRG	Description	Voluntary Hospitals					Non-Voluntary Hospitals					All Hospitals				
		Day Patients	In-Patients			Total Discharges	Day Patients	In-Patients			Total Discharges	Day Patients	In-Patients			Total Discharges
			Acute (0-30 days)	Extended (>30 days)	Total In-Patients			Acute (0-30 days)	Extended (>30 days)	Total In-Patients			Acute (0-30 days)	Extended (>30 days)	Total In-Patients	
X07A	Skin graft for injuries excluding hand with microvascular tissue transfer or with catastrophic or severe CC	0	17	9	26	26	0	10	1	11	11	0	27	10	37	37
X07B	Skin graft for injuries excluding hand W/O microvascular tissue transfer W/O catastrophic or severe CC	3	70	4	74	77	2	82	0	82	84	5	152	4	156	161
X60A	Injuries age>64 with CC	0	80	39	119	119	0	185	7	192	192	0	265	46	311	311
X60B	Injuries age>64 W/O CC	7	73	10	83	90	1	421	1	422	423	8	494	11	505	513
X60C	Injuries age<65	233	1,444	31	1,475	1,708	38	2,915	3	2,918	2,956	271	4,359	34	4,393	4,664
X61Z	Allergic reactions	5	97	1	98	103	1	208	0	208	209	6	305	1	306	312
X62A	Poisoning/toxic effects of drugs and other substances age>59 or with CC	3	424	13	437	440	0	975	4	979	979	3	1,399	17	1,416	1,419
X62B	Poisoning/toxic effects of drugs and other substances age<60 W/O CC	7	600	2	602	609	14	2,643	2	2,645	2,659	21	3,243	4	3,247	3,268
X63A	Sequelae of treatment with catastrophic or severe CC	10	115	7	122	132	2	115	5	120	122	12	230	12	242	254
X63B	Sequelae of treatment W/O catastrophic or severe CC	168	594	1	595	763	38	850	4	854	892	206	1,444	5	1,449	1,655
X64A	Other injury, poisoning and toxic effect diagnosis age>59 or with CC	2	23	3	26	28	0	62	4	66	66	2	85	7	92	94
X64B	Other injury, poisoning and toxic effect diagnosis age<60 W/O CC	0	63	0	63	63	2	288	0	288	290	2	351	0	351	353
Y01Z	Severe full thickness burns	0	4	12	16	16	0	0	3	3	3	0	4	15	19	19
Y02A	Other burns with skin graft age>64 or with catastrophic or severe CC or with complicating procedure	0	42	10	52	52	0	14	2	16	16	0	56	12	68	68

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

AR-DRG	Description	Voluntary Hospitals					Non-Voluntary Hospitals					All Hospitals				
		Day Patients	In-Patients			Total Discharges	Day Patients	In-Patients			Total Discharges	Day Patients	In-Patients			Total Discharges
			Acute (0-30 days)	Extended (>30 days)	Total In-Patients			Acute (0-30 days)	Extended (>30 days)	Total In-Patients			Acute (0-30 days)	Extended (>30 days)	Total In-Patients	
Y02B	Other burns with skin graft age<65 W/O catastrophic or severe CC W/O complicating procedure	2	55	9	64	66	0	32	3	35	35	2	87	12	99	101
Y03Z	Other OR procedures for other burns	0	5	1	6	6	0	29	0	29	29	0	34	1	35	35
Y60Z	Burns, transferred to another acute care facility <5 days	0	8	0	8	8	0	77	0	77	77	0	85	0	85	85
Y61Z	Severe burns	1	44	4	48	49	1	39	2	41	42	2	83	6	89	91
Y62A	Other burns age>64 or with catastrophic or severe CC or with complicating procedure	0	23	1	24	24	0	20	3	23	23	0	43	4	47	47
Y62B	Other burns age<65 W/O catastrophic or severe CC W/O complicating procedure	0	178	0	178	178	0	175	0	175	175	0	353	0	353	353
Z01A	OR procedures with diagnoses of other contacts with health services with catastrophic or severe CC	13	103	5	108	121	39	79	5	84	123	52	182	10	192	244
Z01B	OR procedures with diagnoses other contacts with health services W/O catastrophic or severe CC	549	259	1	260	809	398	169	1	170	568	947	428	2	430	1,377
Z40Z	Follow up with endoscopy	2,820	83	0	83	2,903	3,741	172	0	172	3,913	6,561	255	0	255	6,816
Z60A	Rehabilitation with catastrophic or severe CC	0	311	145	456	456	0	413	184	597	597	0	724	329	1,053	1,053
Z60B	Rehabilitation W/O catastrophic or severe CC	0	1,571	215	1,786	1,786	0	374	46	420	420	0	1,945	261	2,206	2,206
Z60C	Rehabilitation, sameday	30	4	0	4	34	13	4	0	4	17	43	8	0	8	51
Z61Z	Signs and symptoms	333	444	17	461	794	498	1,056	10	1,066	1,564	831	1,500	27	1,527	2,358
Z62Z	Follow up W/O endoscopy	3,934	121	6	127	4,061	1,449	190	2	192	1,641	5,383	311	8	319	5,702

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

AR-DRG	Description	Voluntary Hospitals					Non-Voluntary Hospitals					All Hospitals				
		Day Patients	In-Patients			Total Discharges	Day Patients	In-Patients			Total Discharges	Day Patients	In-Patients			Total Discharges
			Acute (0-30 days)	Extended (>30 days)	Total In-Patients			Acute (0-30 days)	Extended (>30 days)	Total In-Patients			Acute (0-30 days)	Extended (>30 days)	Total In-Patients	
Z63A	Other aftercare with catastrophic or severe CC	60	179	3	182	242	1,101	713	62	775	1,876	1,161	892	65	957	2,118
Z63B	Other aftercare W/O catastrophic or severe CC	830	286	1	287	1,117	4,453	877	11	888	5,341	5,283	1,163	12	1,175	6,458
Z64A	Other factors influencing health status	0	329	11	340	340	0	1,287	30	1,317	1,317	0	1,616	41	1,657	1,657
Z64B	Other factors influencing health status, sameday	6,878	56	0	56	6,934	5,625	259	0	259	5,884	12,503	315	0	315	12,818
Z65Z	Multiple, other and unspecified congenital anomalies	35	64	1	65	100	9	12	1	13	22	44	76	2	78	122
901Z	Extensive OR procedure unrelated to principal diagnosis	280	836	207	1,043	1,323	112	554	108	662	774	392	1,390	315	1,705	2,097
902Z	Non-extensive OR procedure unrelated to principal diagnosis	101	182	30	212	313	80	151	18	169	249	181	333	48	381	562
903Z	Prostatic OR procedure unrelated to principal diagnosis	0	9	5	14	14	0	4	4	8	8	0	13	9	22	22
961Z	Unacceptable principal diagnosis	0	0	0	0	0	0	1	0	1	1	0	1	0	1	1
963Z	Neonatal diagnosis not consistent with age/weight	12	30	3	33	45	14	53	6	59	73	26	83	9	92	118
Total		**349,157**	**196,636**	**9,128**	**205,764**	**554,921**	**369,694**	**385,398**	**7,613**	**393,011**	**762,705**	**718,851**	**582,034**	**16,741**	**598,775**	**1,317,626**

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

[a] This includes pregnancy with abortive outcome.

TABLE 5.6

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

AR-DRG	Description	Voluntary Hospitals				Non-Voluntary Hospitals				Total 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	
A01Z	Liver transplant	18.2	55.2	29.7	29.7	–	–	–	–	18.2	55.2	29.7	29.7
A03Z	Lung or heart/lung transplant	23.0	101.3	81.8	81.8	–	–	–	–	23.0	101.3	81.8	81.8
A05Z	Heart transplant	14.8	160.8	102.4	102.4	–	–	–	–	14.8	160.8	102.4	102.4
A06Z	Tracheostomy or ventilation >95 hours	15.8	84.4	49.5	49.4	15.3	80.3	42.8	42.7	15.6	82.9	46.8	46.8
A07Z	Allogeneic bone marrow transplant	21.6	46.4	38.9	38.9	–	–	–	–	21.6	46.4	38.9	38.9
A08A	Autologous bone marrow transplant with catastrophic CC	21.2	58.4	32.5	32.5	22.0	48.8	35.4	35.4	21.3	56.3	32.9	32.9
A08B	Autologous bone marrow transplant W/O catastrophic CC	11.5	36.0	12.4	7.1	20.3	37.0	22.0	22.0	13.9	36.5	15.2	9.7
A09A	Renal transplant with pancreas transplant or catastrophic CC	16.8	51.2	25.0	25.0	–	–	–	–	16.8	51.2	25.0	25.0
A09B	Renal transplant W/O pancreas transplant W/O catastrophic CC	11.0	32.0	11.2	11.2	–	–	–	–	11.0	32.0	11.2	11.2
A40Z	ECMO W/O cardiac surgery	18.3	60.3	42.3	42.3	6.5	–	6.5	6.5	15.4	60.3	37.8	37.8
A41A	Intubation age<16 with CC	10.0	71.2	16.0	16.0	4.7	–	4.7	4.7	7.9	71.2	11.9	11.9
A41B	Intubation age<16 W/O CC	6.4	38.0	7.4	7.4	2.9	–	2.9	2.9	5.1	38.0	5.7	5.7
B01Z	Ventricular shunt revision	5.8	–	5.8	5.8	4.2	–	4.2	4.2	5.5	–	5.5	5.5
B02A	Craniotomy with catastrophic CC	12.7	75.8	23.0	23.0	14.3	61.8	27.0	27.0	13.0	72.0	23.8	23.8
B02B	Craniotomy with severe or moderate CC	11.0	52.1	13.2	13.2	8.7	67.6	13.1	13.1	10.5	56.0	13.2	13.2
B02C	Craniotomy W/O CC	9.1	49.8	10.0	9.9	7.1	47.2	8.0	7.9	8.5	49.0	9.4	9.3
B03A	Spinal procedures with catastrophic or severe CC	14.2	53.1	26.7	26.7	15.0	75.5	39.2	39.2	14.4	57.6	28.8	28.8
B03B	Spinal procedures W/O catastrophic or severe CC	6.3	40.6	7.5	5.9	4.4	46.5	5.4	5.1	5.6	42.3	6.7	5.6
B04A	Extracranial vascular procedures with catastrophic or severe CC	12.1	47.1	18.9	18.9	11.5	97.0	16.5	16.5	12.0	49.4	18.6	18.6
B04B	Extracranial vascular procedures W/O catastrophic or severe CC	7.7	44.2	8.8	8.8	7.1	43.0	8.5	8.5	7.5	43.8	8.8	8.8
B05Z	Carpal tunnel release	3.1	–	3.1	1.2	1.6	–	1.6	1.2	1.8	–	1.8	1.2
B06A	Procedures for cerebral palsy, muscular dystrophy, neuropathy with catastrophic or severe CC	9.8	84.1	41.6	40.2	13.9	81.2	51.8	51.8	11.0	82.9	45.3	44.3

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

AR-DRG	Description	Voluntary Hospitals				Non-Voluntary Hospitals				Total 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	
B06B	Procedures for cerebral palsy, muscular dystrophy, neuropathy W/O catastrophic or severe CC	5.8	46.0	6.9	3.5	3.1	–	3.1	2.3	4.6	46.0	5.2	3.1
B07A	Peripheral and cranial nerve and other nervous system procedures with CC	8.0	141.0	26.3	26.3	6.7	51.0	9.0	8.2	7.4	123.0	19.2	18.5
B07B	Peripheral and cranial nerve and other nervous system procedures W/O CC	2.0	–	2.0	1.9	2.3	–	2.3	2.2	2.2	–	2.2	2.1
B40Z	Plasmapheresis with neurological disease	11.1	54.8	22.5	12.8	5.8	36.0	7.4	5.4	7.5	50.1	13.0	8.5
B41Z	Telemetric EEG monitoring	6.6	42.3	7.4	7.1	5.2	32.0	5.8	5.8	6.3	40.2	7.1	6.9
B60A	Established paraplegia/quadriplegia with or W/O OR procedures with catastrophic CC	10.5	161.0	94.4	78.1	12.6	122.1	50.7	50.7	11.7	147.2	73.9	66.5
B60B	Established paraplegia/quadriplegia with or W/O OR procedures W/O catastrophic CC	8.3	91.9	32.5	17.7	6.6	83.5	11.6	9.1	7.3	90.4	22.2	14.2
B61A	Spinal cord conditions with or W/O OR procedures with catastrophic or severe CC	13.6	103.5	32.8	32.8	8.1	65.3	18.2	17.2	12.4	96.4	29.6	29.3
B61B	Spinal cord conditions with or W/O OR procedures W/O catastrophic or severe CC	8.8	100.8	25.1	22.0	5.4	59.6	10.3	9.8	7.2	89.3	18.7	16.9
B62Z	Admit for apheresis	3.4	–	3.4	1.1	5.0	–	5.0	1.1	3.7	–	3.7	1.1
B63Z	Dementia and other chronic disturbances of cerebral function	13.1	84.1	49.5	44.8	10.5	57.3	19.0	15.7	11.2	73.8	30.1	25.6
B64A	Delirium with catastrophic CC	13.1	79.9	46.5	46.5	11.9	41.0	15.3	15.3	12.2	69.5	27.6	27.6
B64B	Delirium W/O catastrophic CC	8.1	78.0	18.7	18.2	6.7	50.4	8.4	8.1	7.0	66.7	11.1	10.8
B65Z	Cerebral palsy	5.9	44.0	7.3	1.8	7.5	134.0	15.9	7.8	6.5	89.0	10.4	2.5
B66A	Nervous system neoplasm with catastrophic or severe CC	10.8	54.8	16.2	13.3	10.8	45.0	15.6	13.4	10.8	49.2	15.9	13.4
B66B	Nervous system neoplasm W/O catastrophic or severe CC	7.8	49.9	13.3	6.5	7.0	52.6	8.9	6.8	7.4	50.6	11.0	6.6
B67A	Degenerative nervous system disorders with catastrophic or severe CC	11.0	88.7	34.3	31.7	10.7	65.4	22.7	22.4	10.8	77.3	27.7	26.6
B67B	Degenerative nervous system disorders age>59 W/O catastrophic or severe CC	10.1	71.6	19.9	14.3	8.7	45.4	10.9	9.4	9.1	60.3	13.9	11.2
B67C	Degenerative nervous system disorders age<60 W/O catastrophic or severe CC	7.4	52.2	10.1	5.3	5.6	56.0	7.5	4.5	6.4	53.8	8.6	4.9
B68A	Multiple sclerosis and cerebellar ataxia with CC	10.2	48.6	16.8	12.9	10.1	65.8	13.6	10.4	10.1	54.1	15.0	11.5

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

AR-DRG	Description	Voluntary Hospitals				Non-Voluntary Hospitals				Total 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	
B68B	Multiple sclerosis and cerebellar ataxia W/O CC	7.0	42.8	8.4	2.6	5.1	47.6	5.6	2.7	5.8	44.4	6.6	2.6
B69A	TIA and precerebral occlusion with catastrophic or severe CC	8.8	60.6	15.8	15.6	8.2	48.5	9.8	9.8	8.4	55.9	11.6	11.5
B69B	TIA and precerebral occlusion W/O catastrophic or severe CC	5.9	52.3	6.6	6.1	5.0	46.1	5.4	5.3	5.2	48.0	5.6	5.5
B70A	Stroke with catastrophic CC	15.9	87.7	58.2	58.2	15.3	67.1	38.9	38.9	15.5	75.7	45.8	45.8
B70B	Stroke with severe CC	13.2	75.3	32.2	30.4	12.7	56.8	21.2	21.2	12.9	64.2	24.5	24.1
B70C	Stroke W/O catastrophic or severe CC	10.4	67.2	19.7	18.8	9.5	55.9	13.3	13.2	9.7	61.1	15.2	14.9
B70D	Stroke, died or transferred <5 days	1.8	–	1.8	1.8	1.8	–	1.8	1.8	1.8	–	1.8	1.8
B71A	Cranial and peripheral nerve disorders with CC	9.2	60.0	16.2	12.1	7.7	53.2	11.7	9.7	8.3	56.7	13.5	10.7
B71B	Cranial and peripheral nerve disorders W/O CC	6.6	50.0	8.2	2.1	4.5	54.3	5.1	2.5	5.1	51.9	6.0	2.3
B72A	Nervous system infection except viral meningitis with catastrophic or severe CC	13.3	75.5	25.5	12.5	12.6	52.3	20.2	20.2	13.0	65.1	23.1	14.7
B72B	Nervous system infection except viral meningitis W/O catastrophic or severe CC	8.0	53.0	10.8	8.8	7.9	37.3	9.2	8.9	7.9	44.2	9.7	8.9
B73Z	Viral meningitis	6.6	56.5	8.4	8.4	5.3	–	5.3	5.3	5.6	56.5	6.1	6.1
B74Z	Nontraumatic stupor and coma	3.6	61.0	5.4	5.0	5.2	51.7	6.1	6.0	4.9	54.0	6.0	5.8
B75Z	Febrile convulsions	2.0	–	2.0	2.0	1.7	–	1.7	1.7	1.8	–	1.8	1.8
B76A	Seizure with catastrophic or severe CC	7.3	66.0	11.2	10.9	6.8	53.5	8.6	8.6	7.0	59.7	9.5	9.5
B76B	Seizure W/O catastrophic or severe CC	4.3	39.1	4.5	3.5	3.1	41.6	3.2	3.1	3.4	40.7	3.6	3.3
B77Z	Headache	3.5	41.0	3.6	3.1	2.6	40.5	2.7	2.5	2.8	40.7	2.9	2.6
B78A	Intracranial injury with catastrophic or severe CC	10.4	76.0	34.5	19.6	10.4	69.3	24.8	24.8	10.4	73.7	30.3	21.2
B78B	Intracranial injury W/O catastrophic or severe CC	6.9	62.9	15.1	12.5	4.9	66.9	7.4	7.4	5.6	64.2	10.3	9.5
B79Z	Skull fractures	4.5	104.0	7.4	7.4	4.5	60.7	5.5	5.5	4.5	78.0	6.0	6.0
B80Z	Other head injury	1.8	45.2	2.0	2.0	1.7	52.1	1.9	1.9	1.8	49.6	1.9	1.9
B81A	Other disorders of the nervous system with catastrophic or severe CC	10.6	83.1	26.5	23.6	9.7	50.9	14.3	14.0	10.0	70.2	19.6	18.4
B81B	Other disorders of the nervous system W/O catastrophic or severe CC	6.0	56.0	8.2	2.7	4.8	70.4	5.6	4.6	5.2	61.7	6.4	3.5
C01Z	Procedures for penetrating eye injury	4.4	–	4.4	4.3	4.8	–	4.8	4.6	4.6	–	4.6	4.5
C02Z	Enucleations and orbital procedures	3.3	45.0	4.1	3.7	5.2	48.0	6.3	5.5	3.8	46.0	4.8	4.2
C03Z	Retinal procedures	4.1	–	4.1	1.7	5.0	–	5.0	1.7	4.5	–	4.5	1.7
C04Z	Major corneal, scleral and conjunctival procedures	5.2	93.0	6.7	6.4	6.1	31.0	7.2	6.1	5.4	62.0	6.8	6.3
C05Z	Dacryocystorhinostomy	2.0	–	2.0	1.6	1.8	–	1.8	1.5	1.9	–	1.9	1.6

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

AR-DRG	Description	Voluntary Hospitals				Non-Voluntary Hospitals				Total 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	
C10Z	Strabismus procedures	1.8	32.0	1.9	1.7	1.3	–	1.3	1.2	1.7	32.0	1.7	1.5
C11Z	Eyelid procedures	2.6	32.0	3.0	1.6	2.0	51.0	2.5	1.4	2.4	38.3	2.8	1.5
C12Z	Other corneal, scleral and conjunctival procedures	3.6	49.0	4.5	2.6	4.3	50.0	5.1	2.8	3.9	49.5	4.8	2.7
C13Z	Lacrimal procedures	3.8	–	3.8	1.2	4.5	–	4.5	1.1	4.0	–	4.0	1.2
C14Z	Other eye procedures	5.1	40.0	5.4	1.6	3.8	–	3.8	1.3	4.5	40.0	4.6	1.4
C15A	Glaucoma and complex cataract procedures	3.0	–	3.0	3.0	4.6	50.4	5.3	5.3	3.9	50.4	4.3	4.3
C15B	Glaucoma and complex cataract procedures, sameday	–	–	–	1.0	–	–	–	1.0	–	–	–	1.0
C16A	Lens procedures	2.3	–	2.3	2.3	1.9	–	1.9	1.9	2.1	–	2.1	2.1
C16B	Lens procedures, sameday	–	–	–	1.0	1.0	–	1.0	1.0	1.0	–	1.0	1.0
C60A	Acute and major eye infections age>54 or with catastrophic or severe CC	7.7	39.5	9.7	9.1	8.6	48.0	10.5	9.9	8.3	44.6	10.2	9.7
C60B	Acute and major eye infections age<55 W/O catastrophic or severe CC	5.0	–	5.0	4.7	4.1	–	4.1	3.8	4.5	–	4.5	4.2
C61Z	Neurological and vascular disorders of the eye	4.4	–	4.4	2.2	4.4	–	4.4	3.0	4.4	–	4.4	2.5
C62Z	Hyphema and medically managed trauma to the eye	3.4	72.0	5.0	4.4	3.0	37.5	3.2	3.0	3.1	60.5	3.7	3.4
C63A	Other disorders of the eye with CC	4.5	69.0	6.3	4.3	5.9	45.0	6.9	5.5	5.1	59.4	6.5	4.8
C63B	Other disorders of the eye W/O CC	2.7	41.0	3.1	1.1	3.4	38.5	3.6	1.7	3.1	40.0	3.4	1.3
D01Z	Cochlear implant	5.7	–	5.7	5.7	–	–	–	–	5.7	–	5.7	5.7
D02A	Head and neck procedures with catastrophic or severe CC	12.0	50.3	23.2	23.2	9.4	110.0	31.8	31.8	11.3	61.7	25.3	25.3
D02B	Head and neck procedures with malignancy or moderate CC	14.8	46.8	17.1	16.3	9.1	47.0	13.8	13.1	13.5	46.8	16.4	15.5
D02C	Head and neck procedures W/O malignancy W/O CC	4.2	–	4.2	4.0	3.5	–	3.5	3.0	4.0	–	4.0	3.6
D03Z	Surgical repair for cleft lip or palate diagnosis	4.4	–	4.4	4.3	2.9	–	2.9	2.7	4.0	–	4.0	3.9
D04A	Maxillo surgery with CC	4.1	–	4.1	4.1	4.2	–	4.2	4.2	4.1	–	4.1	4.1
D04B	Maxillo surgery W/O CC	2.6	–	2.6	2.6	2.9	–	2.9	2.7	2.7	–	2.7	2.6
D05Z	Parotid gland procedures	6.2	–	6.2	6.1	4.8	–	4.8	4.8	5.6	–	5.6	5.6
D06Z	Sinus, mastoid and complex middle ear procedures	3.2	–	3.2	3.1	2.6	–	2.6	2.5	2.9	–	2.9	2.8
D09Z	Miscellaneous ear, nose, mouth and throat procedures	2.8	41.3	3.1	1.9	2.3	–	2.3	1.7	2.5	41.3	2.7	1.8
D10Z	Nasal procedures	2.6	–	2.6	2.0	2.3	–	2.3	2.1	2.4	–	2.4	2.1
D11Z	Tonsillectomy and/or adenoidectomy	2.1	63.0	2.2	2.1	2.1	–	2.1	2.0	2.1	63.0	2.1	2.1

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

AR-DRG	Description	Voluntary Hospitals				Non-Voluntary Hospitals				Total 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	
D12Z	Other ear, nose, mouth and throat procedures	4.7	59.6	6.3	4.1	1.8	–	1.8	1.7	2.7	59.6	3.3	2.8
D13Z	Myringotomy with tube insertion	2.0	52.0	2.6	1.1	1.4	–	1.4	1.0	1.7	52.0	2.1	1.1
D14Z	Mouth and salivary gland procedures	3.3	55.7	3.9	2.6	3.1	69.0	3.7	2.0	3.2	61.0	3.8	2.3
D40Z	Dental extractions and restorations	2.3	–	2.3	1.2	1.6	–	1.6	1.0	1.9	–	1.9	1.1
D60A	Ear, nose, mouth and throat malignancy with catastrophic or severe CC	12.1	46.5	23.2	20.2	8.5	50.6	18.8	18.8	10.5	48.0	21.3	19.7
D60B	Ear, nose, mouth and throat malignancy W/O catastrophic or severe CC	7.9	47.9	15.0	8.2	5.0	48.1	7.0	5.2	6.5	48.0	11.6	7.2
D61Z	Dysequilibrium	5.1	42.0	5.5	3.0	3.7	50.0	3.8	3.5	4.0	45.2	4.1	3.4
D62Z	Epistaxis	3.6	–	3.6	2.6	3.4	46.3	3.6	3.3	3.5	46.3	3.6	3.0
D63A	Otitis media and URI with CC	3.4	54.4	4.1	3.8	2.7	38.0	2.9	2.8	2.9	46.2	3.2	3.1
D63B	Otitis media and URI W/O CC	2.2	63.0	2.2	1.7	2.1	37.0	2.1	2.0	2.1	50.0	2.1	1.9
D64Z	Laryngotracheitis and epiglottitis	1.7	–	1.7	1.7	1.4	–	1.4	1.4	1.4	–	1.4	1.4
D65Z	Nasal trauma and deformity	2.0	–	2.0	1.2	1.7	44.0	1.8	1.3	1.8	44.0	1.9	1.3
D66A	Other ear, nose, mouth and throat diagnoses with CC	4.9	54.5	5.6	3.6	4.4	39.7	5.2	4.4	4.7	45.6	5.4	3.9
D66B	Other ear, nose, mouth and throat diagnoses W/O CC	2.4	–	2.4	1.2	2.5	–	2.5	1.5	2.5	–	2.5	1.3
D67A	Oral and dental disorders except extractions and restorations	3.2	35.5	3.4	3.4	3.0	61.5	3.1	3.1	3.0	48.5	3.2	3.2
D67B	Oral and dental disorders except extractions and restorations, sameday	1.0	–	1.0	1.0	1.0	–	1.0	1.0	1.0	–	1.0	1.0
E01A	Major chest procedures with catastrophic CC	15.6	55.6	27.8	27.8	13.1	40.1	22.9	22.9	15.1	51.8	26.7	26.7
E01B	Major chest procedures W/O catastrophic CC	10.5	40.3	11.9	11.8	11.2	37.2	12.3	12.2	10.7	39.6	12.0	11.9
E02A	Other respiratory system OR procedures with catastrophic CC	16.8	73.3	39.2	38.4	13.6	67.6	34.2	33.4	15.9	71.7	37.7	37.0
E02B	Other respiratory system OR procedures with severe CC	11.0	44.3	14.4	14.1	15.0	49.7	18.5	17.4	12.1	45.7	15.5	15.0
E02C	Other respiratory system OR procedures W/O catastrophic or severe CC	6.9	44.6	8.2	5.5	7.5	32.0	7.7	5.2	7.1	42.5	8.0	5.4
E40Z	Respiratory system diagnosis with ventilator support	11.8	61.7	19.4	19.4	10.8	51.4	14.7	14.7	11.1	55.8	16.2	16.2
E41Z	Respiratory system diagnosis with non-invasive ventilation	11.4	68.0	21.1	21.1	10.4	48.8	14.1	14.1	10.8	59.8	17.1	17.1
E60A	Cystic fibrosis with catastrophic or severe CC	12.7	45.9	15.8	13.4	10.2	31.0	10.7	10.4	12.4	45.4	15.2	13.1

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

AR-DRG	Description	Voluntary Hospitals				Non-Voluntary Hospitals				Total 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	
E60B	Cystic fibrosis W/O catastrophic or severe CC	8.1	43.0	8.3	4.2	7.8	47.3	8.0	5.4	7.9	46.3	8.1	4.8
E61A	Pulmonary embolism with catastrophic or severe CC	10.7	69.2	18.8	18.4	11.7	45.6	14.3	14.3	11.3	59.0	16.2	16.0
E61B	Pulmonary embolism W/O catastrophic or severe CC	8.5	36.5	8.7	8.6	8.6	46.0	8.9	8.7	8.6	42.2	8.8	8.7
E62A	Respiratory infections/inflammations with catastrophic CC	11.8	69.9	27.2	27.1	11.4	50.1	15.7	15.6	11.5	60.7	19.4	19.4
E62B	Respiratory infections/inflammations with severe or moderate CC	8.9	66.9	14.5	14.2	8.6	47.6	10.2	10.1	8.7	57.3	11.4	11.3
E62C	Respiratory infections/inflammations W/O CC	5.5	69.6	6.5	5.9	5.3	48.7	5.7	5.5	5.3	56.3	5.9	5.6
E63Z	Sleep apnoea	1.4	31.0	1.5	1.5	1.8	–	1.8	1.7	1.6	31.0	1.6	1.6
E64Z	Pulmonary oedema and respiratory failure	8.1	57.4	12.5	12.2	8.3	50.6	10.5	10.4	8.2	53.0	11.0	10.8
E65A	Chronic obstructive airways disease with catastrophic or severe CC	9.7	59.7	14.6	14.1	8.6	45.4	10.2	10.1	8.9	52.3	11.5	11.3
E65B	Chronic obstructive airways disease W/O catastrophic or severe CC	7.1	54.2	8.5	7.1	6.2	41.6	6.5	6.2	6.5	48.3	7.1	6.5
E66A	Major chest trauma age>69 with CC	14.1	33.0	16.5	16.5	9.6	43.0	11.0	11.0	10.2	39.7	11.8	11.8
E66B	Major chest trauma age>69 or with CC	5.6	86.5	10.7	10.7	5.5	43.0	5.7	5.7	5.5	72.0	6.6	6.6
E66C	Major chest trauma age<70 W/O CC	3.6	–	3.6	3.6	2.7	–	2.7	2.7	2.8	–	2.8	2.8
E67A	Respiratory signs and symptoms with catastrophic or severe CC	6.5	39.0	7.3	6.3	6.1	39.6	6.8	6.3	6.3	39.3	7.0	6.3
E67B	Respiratory signs and symptoms W/O catastrophic or severe CC	3.2	39.7	3.3	1.8	2.6	56.0	2.7	2.1	2.8	46.2	2.9	2.0
E68Z	Pneumothorax	5.9	51.0	6.3	6.3	5.6	68.3	6.0	6.0	5.7	61.4	6.1	6.1
E69A	Bronchitis and asthma age>49 with CC	7.8	78.0	8.5	7.5	6.9	34.5	7.4	7.0	7.1	43.2	7.7	7.2
E69B	Bronchitis and asthma age>49 or with CC	5.4	50.7	5.8	4.6	4.3	49.0	4.5	3.8	4.6	49.8	5.0	4.1
E69C	Bronchitis and asthma age<50 W/O CC	2.6	31.0	2.7	2.4	2.2	41.0	2.2	2.1	2.3	37.7	2.4	2.2
E70A	Whooping cough and acute bronchiolitis with CC	5.8	55.0	6.2	6.2	4.6	–	4.6	4.6	5.2	55.0	5.4	5.4
E70B	Whooping cough and acute bronchiolitis W/O CC	3.6	–	3.6	3.6	2.8	34.0	2.9	2.9	3.1	34.0	3.1	3.1
E71A	Respiratory neoplasms with catastrophic CC	12.0	54.5	20.5	17.9	11.7	39.0	14.8	13.6	11.8	48.4	17.5	15.7
E71B	Respiratory neoplasms with severe or moderate CC	9.4	49.6	13.1	7.1	8.5	43.1	9.9	7.3	8.8	46.9	11.2	7.2
E71C	Respiratory neoplasms W/O CC	8.1	46.3	11.7	3.1	6.3	44.4	7.4	4.3	7.1	45.7	9.4	3.4
E72Z	Respiratory problems arising from neonatal period	2.3	42.0	3.5	3.1	3.6	51.0	5.4	3.6	2.9	46.5	4.3	3.4
E73A	Pleural effusion with catastrophic CC	12.3	57.7	21.2	19.6	13.3	45.9	16.5	16.4	12.9	53.4	18.7	17.9

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

AR-DRG	Description	Voluntary Hospitals				Non-Voluntary Hospitals				Total 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	
E73B	Pleural effusion with severe CC	10.9	70.6	14.9	13.7	10.1	46.0	11.8	11.3	10.4	56.8	12.9	12.2
E73C	Pleural effusion W/O catastrophic or severe CC	8.0	32.0	8.4	5.8	6.9	39.6	8.0	6.8	7.3	38.2	8.1	6.4
E74A	Interstitial lung disease with catastrophic CC	11.5	72.0	20.9	20.5	10.7	59.0	13.1	12.9	11.0	68.1	16.5	16.2
E74B	Interstitial lung disease with severe CC	8.8	73.3	13.7	10.9	8.6	48.7	9.6	8.7	8.7	65.1	11.2	9.7
E74C	Interstitial lung disease W/O catastrophic or severe CC	7.6	38.2	8.4	4.6	5.4	42.0	5.8	4.3	6.2	39.6	6.7	4.5
E75A	Other respiratory system diagnosis age>64 with CC	9.3	69.1	15.1	14.8	8.2	45.9	9.5	9.4	8.4	56.4	10.7	10.6
E75B	Other respiratory system diagnosis age>64 or with CC	6.9	52.1	8.3	7.5	5.6	38.4	5.9	5.8	5.9	45.3	6.5	6.3
E75C	Other respiratory system diagnosis age<65 W/O CC	3.5	45.0	3.5	3.0	2.8	85.0	2.8	2.7	2.9	65.0	2.9	2.8
F01A	Implantation or replacement of AICD, total system with catastrophic or severe CC	8.6	47.7	11.6	10.9	6.1	31.0	7.0	6.4	8.2	46.6	10.9	10.2
F01B	Implantation or replacement of AICD, total system W/O catastrophic or severe CC	5.4	33.0	5.6	4.5	2.5	–	2.5	2.4	4.7	33.0	4.9	4.1
F02Z	AICD component implantation/replacement	8.4	–	8.4	6.9	6.2	–	6.2	6.2	7.1	–	7.1	6.5
F03Z	Cardiac valve procedure with CPB pump with invasive cardiac investigation	15.6	49.9	27.9	27.9	20.2	44.1	33.1	33.1	16.8	47.4	29.7	29.7
F04A	Cardiac valve procedure with CPB pump W/O invasive cardiac investigation with catastrophic CC	13.0	59.6	22.9	22.9	15.6	49.6	22.6	22.6	13.5	57.5	22.9	22.9
F04B	Cardiac valve procedure with CPB pump W/O invasive cardiac investigation W/O catastrophic CC	12.7	37.8	13.8	13.8	12.0	53.0	12.4	12.4	12.4	40.0	13.3	13.3
F05A	Coronary bypass with invasive cardiac investigation with catastrophic CC	17.4	48.4	25.9	25.9	21.5	62.0	33.4	33.4	18.4	52.0	27.8	27.8
F05B	Coronary bypass with invasive cardiac investigation W/O catastrophic CC	15.9	34.7	19.3	19.3	17.9	41.4	24.5	24.5	16.9	38.9	22.0	22.0
F06A	Coronary bypass W/O invasive cardiac investigation with catastrophic or severe CC	13.0	40.8	15.1	15.1	14.9	41.3	16.3	16.2	13.5	40.9	15.5	15.5
F06B	Coronary bypass W/O invasive cardiac investigation W/O catastrophic or severe CC	10.9	–	10.9	10.9	11.7	35.7	12.3	12.2	11.3	35.7	11.6	11.6
F07A	Other cardiothoracic/vascular procedures with CPB pump with catastrophic CC	12.6	48.8	26.1	26.1	8.5	–	8.5	8.5	12.2	48.8	25.1	25.1
F07B	Other cardiothoracic/vascular procedures with CPB pump W/O catastrophic CC	12.0	42.4	13.8	13.8	13.6	–	13.6	13.6	12.1	42.4	13.8	13.8
F08A	Major reconstruct vascular procedures W/O CPB pump with catastrophic CC	14.8	68.9	30.9	30.9	14.6	49.6	26.9	26.9	14.7	63.4	29.9	29.9

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

AR-DRG	Description	Voluntary Hospitals				Non-Voluntary Hospitals				Total 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	
F08B	Major reconstruct vascular procedures W/O CPB pump W/O catastrophic CC	11.6	38.2	13.2	13.2	11.6	44.4	13.6	13.6	11.6	40.2	13.3	13.3
F09A	Other cardiothoracic procedures W/O CPB pump with catastrophic CC	11.8	53.1	26.5	25.9	6.2	36.0	11.2	11.2	11.0	52.1	24.7	24.2
F09B	Other cardiothoracic procedures W/O CPB pump W/O catastrophic CC	7.3	–	7.3	6.0	10.8	–	10.8	10.8	7.7	–	7.7	6.4
F10Z	Percutaneous coronary intervention with AMI	5.5	49.0	5.9	5.8	4.4	45.5	4.9	4.5	5.1	47.8	5.6	5.4
F11A	Amputation for circulatory system except upper limb and toe with catastrophic CC	15.9	81.6	52.4	52.4	18.1	71.1	56.0	56.0	16.6	76.4	54.0	54.0
F11B	Amputation for circulatory system except upper limb and toe W/O catastrophic CC	16.8	53.8	31.6	31.6	16.3	55.5	32.6	32.6	16.6	54.6	32.1	32.1
F12Z	Cardiac pacemaker implantation	7.8	86.1	11.9	7.6	4.7	32.3	5.1	4.4	6.4	76.6	8.9	6.4
F13Z	Upper limb and toe amputation for circulatory system disorders	10.8	54.5	18.4	17.6	11.8	38.5	16.1	15.0	11.2	48.5	17.5	16.5
F14A	Vascular procedures except major reconstruction W/O CPB pump with catastrophic CC	12.0	46.8	15.6	15.6	13.3	44.6	18.4	17.8	12.3	45.9	16.4	16.3
F14B	Vascular procedures except major reconstruction W/O CPB pump with severe CC	8.7	42.9	10.5	10.0	7.8	41.4	10.2	9.9	8.3	42.1	10.4	9.9
F14C	Vascular procedures except major reconstruction W/O CPB pump W/O catastrophic or severe CC	5.8	36.0	6.0	5.6	4.5	35.0	5.4	4.6	5.2	35.2	5.7	5.1
F15Z	Percutaneous coronary intervention W/O AMI with stent implantation	3.5	49.7	3.7	3.0	2.8	53.5	3.0	2.6	3.3	50.6	3.5	2.9
F16Z	Percutaneous coronary intervention W/O AMI W/O stent implantation	3.1	33.0	4.0	2.8	3.4	36.0	5.1	4.9	3.3	35.0	4.6	3.7
F17Z	Cardiac pacemaker replacement	6.0	42.2	7.8	5.3	4.5	62.0	5.0	4.2	5.2	45.5	6.2	4.7
F18Z	Cardiac pacemaker revision except device replacement	6.7	58.3	9.7	6.3	6.7	31.0	8.3	7.5	6.7	51.5	9.4	6.5
F19Z	Other trans-vascular percutaneous cardiac intervention	2.9	40.5	3.7	3.4	7.3	–	7.3	7.3	3.4	40.5	4.0	3.7
F20Z	Vein ligation and stripping	2.1	64.5	2.8	1.6	1.9	110.0	2.1	1.5	1.9	79.7	2.4	1.5
F21A	Other circulatory system OR procedures with catastrophic CC	18.0	55.1	34.5	34.5	16.3	112.6	54.8	54.8	17.0	87.1	46.3	46.3
F21B	Other circulatory system OR procedures W/O catastrophic CC	9.4	55.5	18.2	17.3	7.8	57.5	16.8	15.6	8.6	56.5	17.4	16.4
F40Z	Circulatory system diagnosis with ventilator support	6.0	51.8	13.5	13.5	8.0	60.6	11.0	11.0	7.3	54.9	12.0	12.0

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

AR-DRG	Description	Voluntary Hospitals				Non-Voluntary Hospitals				Total 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	
F41A	Circulatory disorders with AMI with invasive cardiac inves procedure with catastrophic or severe CC	10.0	73.6	12.6	12.2	9.2	61.2	13.0	12.3	9.7	67.8	12.7	12.2
F41B	Circulatory disorders with AMI with invasive cardiac inves procedure W/O catastrophic or severe CC	5.3	–	5.3	4.9	6.0	42.4	6.9	5.7	5.7	42.4	6.1	5.3
F42A	Circulatory disorders W/O AMI with invasive cardiac inves procedure with complex DX/Pr	6.5	51.2	7.7	6.4	7.4	44.0	8.5	5.9	6.8	49.2	7.9	6.2
F42B	Circulatory disorders W/O AMI with invasive cardiac inves procedure W/O complex DX/Pr	5.7	63.7	6.0	2.2	4.4	40.5	4.6	2.0	5.0	53.0	5.3	2.1
F60A	Circulatory disorders with AMI W/O invasive cardiac inves procedure with catastrophic or severe CC	10.5	70.7	20.1	20.1	10.9	45.8	13.6	13.6	10.8	55.9	15.2	15.2
F60B	Circulatory disorders with AMI W/O invasive cardiac inves procedure W/O catastrophic/severe CC	6.9	58.4	8.2	8.1	6.4	44.0	6.7	6.6	6.4	48.8	6.9	6.8
F60C	Circulatory disorders with AMI W/O invasive cardiac inves procedure, died	5.9	80.6	14.5	14.5	6.2	46.4	8.5	8.5	6.1	63.0	10.4	10.4
F61Z	Infective endocarditis	13.0	59.0	25.1	18.7	11.8	47.7	27.6	26.4	12.4	51.1	26.6	22.7
F62A	Heart failure and shock with catastrophic CC	12.9	68.8	26.2	26.2	12.5	49.0	17.6	17.6	12.6	58.1	20.4	20.4
F62B	Heart failure and shock W/O catastrophic CC	9.5	50.4	11.5	11.0	8.2	46.6	9.2	9.1	8.5	47.8	9.7	9.5
F63A	Venous thrombosis with catastrophic or severe CC	9.1	71.3	14.6	14.6	9.9	89.0	15.0	14.6	9.6	80.4	14.8	14.6
F63B	Venous thrombosis W/O catastrophic/severe CC	6.0	34.8	6.5	5.9	6.1	47.8	6.4	5.3	6.1	41.3	6.4	5.4
F64Z	Skin ulcers for circulatory disorders	9.9	55.5	16.0	12.8	11.1	36.9	12.8	7.5	10.9	42.6	13.4	8.2
F65A	Peripheral vascular disorders with catastrophic or severe CC	9.4	67.4	17.1	16.7	9.4	47.3	12.9	12.5	9.4	57.8	14.7	14.3
F65B	Peripheral vascular disorders W/O catastrophic or severe CC	6.2	51.9	6.9	4.3	5.5	48.4	6.2	4.8	5.7	49.7	6.5	4.6
F66A	Coronary atherosclerosis with CC	7.0	53.9	11.9	10.3	6.7	49.3	7.6	7.4	6.8	52.1	8.5	8.1
F66B	Coronary atherosclerosis W/O CC	4.0	40.6	4.6	3.1	4.7	52.4	4.8	4.0	4.6	46.5	4.8	3.8
F67A	Hypertension with CC	6.4	75.0	8.1	7.4	5.8	36.0	6.1	5.9	6.0	55.5	6.7	6.4
F67B	Hypertension W/O CC	3.9	–	3.9	2.0	3.2	53.5	3.3	2.4	3.2	53.5	3.3	2.3
F68Z	Congenital heart disease	3.4	–	3.4	1.7	4.5	156.0	6.6	4.5	3.7	156.0	4.3	2.1
F69A	Valvular disorders with catastrophic/severe CC	9.5	59.3	13.3	11.8	8.7	45.2	10.0	9.6	8.9	52.9	11.2	10.4
F69B	Valvular disorders W/O catastrophic or severe CC	3.2	40.7	3.6	2.3	3.0	50.3	3.2	2.3	3.0	47.1	3.3	2.3

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

AR-DRG	Description	Voluntary Hospitals				Non-Voluntary Hospitals				Total 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	
F70A	Major arrhythmia and cardiac arrest with catastrophic or severe CC	7.6	65.0	12.5	12.5	9.3	36.2	10.3	10.3	8.9	49.3	10.9	10.9
F70B	Major arrhythmia and cardiac arrest W/O catastrophic or severe CC	3.8	32.0	4.2	3.8	5.1	42.5	5.3	5.2	4.8	37.3	5.1	4.8
F71A	Non-major arrhythmia and conduction disorders with catastrophic or severe CC	8.8	55.4	12.8	12.4	8.2	53.0	10.0	9.9	8.4	54.2	10.9	10.6
F71B	Non-major arrhythmia and conduction disorders W/O catastrophic or severe CC	4.3	35.3	4.4	3.2	4.4	44.7	4.6	3.8	4.4	42.3	4.5	3.7
F72A	Unstable angina with catastrophic or severe CC	9.2	78.5	14.7	14.5	7.9	86.2	9.6	9.5	8.2	82.2	10.8	10.7
F72B	Unstable angina W/O catastrophic or severe CC	4.5	49.3	5.0	4.8	4.8	42.1	5.0	4.9	4.7	44.3	5.0	4.9
F73A	Syncope and collapse with catastrophic or severe CC	8.8	83.0	16.0	15.8	7.4	45.2	8.4	8.4	7.8	69.7	10.9	10.8
F73B	Syncope and collapse W/O catastrophic or severe CC	4.7	61.1	5.3	3.7	3.7	43.8	3.9	3.7	3.9	51.2	4.2	3.7
F74Z	Chest pain	2.8	56.3	2.9	2.4	2.7	60.0	2.7	2.5	2.7	57.8	2.8	2.4
F75A	Other circulatory system diagnoses with catastrophic CC	10.7	64.0	18.2	17.8	10.3	58.5	16.1	15.9	10.4	61.2	17.1	16.8
F75B	Other circulatory system diagnoses with severe CC	7.7	53.3	8.7	8.2	7.3	41.3	8.5	8.1	7.4	44.5	8.6	8.2
F75C	Other circulatory system diagnoses W/O catastrophic or severe CC	5.5	58.2	6.4	4.5	4.8	40.6	5.0	4.4	5.0	50.2	5.4	4.4
G01A	Rectal resection with catastrophic CC	17.7	67.3	29.6	29.6	17.2	52.0	26.5	26.5	17.4	57.7	27.7	27.7
G01B	Rectal resection W/O catastrophic CC	12.9	56.3	16.5	16.5	14.0	48.3	16.8	16.7	13.5	51.9	16.6	16.6
G02A	Major small and large bowel procedures with catastrophic CC	16.5	61.0	30.7	30.6	17.1	53.1	27.4	27.4	16.8	56.8	28.8	28.8
G02B	Major small and large bowel procedures W/O catastrophic CC	11.6	44.8	14.1	14.0	13.0	43.0	15.3	15.1	12.4	43.8	14.8	14.6
G03A	Stomach, oesophageal and duodenal procedures with malignancy	17.7	44.2	24.7	24.6	17.6	44.1	24.0	23.8	17.7	44.2	24.5	24.3
G03B	Stomach, oesophageal and duodenal procedures W/O malignancy with catastrophic or severe CC	12.9	43.6	18.2	18.2	14.0	50.1	20.9	20.9	13.4	47.0	19.5	19.5
G03C	Stomach, oesophageal and duodenal procedures W/O malignancy W/O catastrophic or severe CC	6.0	83.0	7.3	6.2	6.5	56.0	7.8	7.3	6.2	66.1	7.6	6.8
G04A	Peritoneal adhesiolysis age>49 with CC	13.3	42.4	19.4	19.4	15.5	48.0	19.7	19.7	14.7	45.4	19.6	19.6
G04B	Peritoneal adhesiolysis age>49 or with CC	8.7	314.0	11.9	11.5	9.7	40.5	11.0	10.4	9.3	79.6	11.4	10.9
G04C	Peritoneal adhesiolysis age<50 W/O CC	7.1	40.5	7.8	6.8	4.8	–	4.8	4.5	5.6	40.5	5.9	5.3

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

AR-DRG	Description	Voluntary Hospitals				Non-Voluntary Hospitals				Total 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	
G05A	Minor small and large bowel procedures with CC	10.4	61.5	18.5	18.5	11.7	79.0	16.7	16.5	11.1	66.9	17.6	17.5
G05B	Minor small and large bowel procedures W/O CC	8.1	–	8.1	7.7	8.8	–	8.8	8.0	8.5	–	8.5	7.9
G06Z	Pyloromyotomy procedure	4.2	–	4.2	4.2	4.2	–	4.2	4.2	4.2	–	4.2	4.2
G07A	Appendicectomy with catastrophic or severe CC	8.1	36.5	8.6	8.6	8.1	35.5	9.1	9.1	8.1	35.7	8.9	8.9
G07B	Appendicectomy W/O catastrophic or severe CC	4.0	37.0	4.0	4.0	3.7	–	3.7	3.7	3.7	37.0	3.7	3.7
G08A	Abdominal and other hernia procedures age>59 or with catastrophic or severe CC	7.0	48.8	8.0	7.7	5.8	42.1	6.8	6.4	6.2	44.2	7.2	6.8
G08B	Abdominal and other hernia procedures age 1 to 59 W/O catastrophic or severe CC	3.3	–	3.3	2.3	3.1	–	3.1	2.5	3.2	–	3.2	2.4
G09Z	Inguinal and femoral hernia procedures age>0	2.8	–	2.8	2.1	2.8	41.3	2.9	2.4	2.8	41.3	2.9	2.3
G10Z	Hernia procedures age<1	3.0	32.0	3.2	2.4	1.6	–	1.6	1.4	2.8	32.0	3.1	2.3
G11A	Anal and stomal procedures with catastrophic or severe CC	7.8	44.7	9.5	9.0	8.4	51.9	12.5	12.1	8.1	49.7	11.2	10.7
G11B	Anal and stomal procedures W/O catastrophic or severe CC	3.8	45.3	4.0	2.3	3.1	38.7	3.2	2.0	3.3	42.0	3.4	2.1
G12A	Other digestive system OR procedures with catastrophic or severe CC	10.5	55.5	19.4	18.7	11.6	44.2	17.6	16.7	11.0	51.1	18.7	17.9
G12B	Other digestive system OR procedures W/O catastrophic or severe CC	6.6	40.7	7.7	6.1	5.1	37.0	5.4	4.5	5.8	39.6	6.4	5.2
G42A	Other gastroscopy for major digestive disease	7.2	53.9	9.8	9.8	6.4	45.1	7.4	7.4	6.7	50.1	8.3	8.3
G42B	Other gastroscopy for major digestive disease, sameday	1.0	–	1.0	1.0	1.0	–	1.0	1.0	1.0	–	1.0	1.0
G43Z	Complex colonoscopy	5.1	–	5.1	2.1	8.6	–	8.6	1.6	6.5	–	6.5	1.8
G44A	Other colonoscopy with catastrophic or severe CC	10.2	59.7	17.3	17.3	10.9	46.5	13.8	13.8	10.7	53.3	15.2	15.2
G44B	Other colonoscopy W/O catastrophic or severe CC	6.0	59.3	6.5	6.5	5.5	42.6	5.7	5.7	5.6	48.5	5.9	5.9
G44C	Other colonoscopy, sameday	1.0	–	1.0	1.0	1.0	–	1.0	1.0	1.0	–	1.0	1.0
G45A	Other gastroscopy for non-major digestive disease	5.3	53.0	6.0	6.0	4.5	44.6	4.8	4.8	4.7	48.3	5.2	5.2
G45B	Other gastroscopy for non-major digestive disease, sameday	1.0	–	1.0	1.0	1.0	–	1.0	1.0	1.0	–	1.0	1.0
G46A	Complex gastroscopy with catastrophic or severe CC	11.0	69.8	18.5	18.5	12.5	60.8	18.5	18.5	11.8	65.2	18.5	18.5
G46B	Complex gastroscopy W/O catastrophic or severe CC	7.8	40.9	8.3	8.3	6.8	45.4	7.5	7.5	7.1	43.9	7.8	7.8
G46C	Complex gastroscopy, sameday	1.0	–	1.0	1.0	1.0	–	1.0	1.0	1.0	–	1.0	1.0
G60A	Digestive malignancy with catastrophic or severe CC	8.1	51.7	12.0	6.0	8.1	46.4	10.9	7.4	8.1	49.1	11.4	6.7

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

AR-DRG	Description	Voluntary Hospitals				Non-Voluntary Hospitals				Total 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	
G60B	Digestive malignancy W/O catastrophic or severe CC	7.0	48.9	12.6	3.0	4.9	39.8	5.8	3.0	5.7	46.8	8.6	3.0
G61A	GI Haemorrhage age>64 or with catastrophic or severe CC	6.0	71.7	8.9	8.1	5.2	41.0	6.1	5.9	5.3	49.4	6.5	6.3
G61B	GI Haemorrhage age<65 W/O catastrophic or severe CC	2.5	–	2.5	2.0	2.6	–	2.6	2.3	2.5	–	2.5	2.2
G62Z	Complicated peptic ulcer	5.1	41.0	6.4	5.0	6.0	52.0	6.8	4.6	5.7	46.5	6.7	4.7
G63Z	Uncomplicated peptic ulcer	4.7	–	4.7	3.9	3.2	–	3.2	3.1	3.3	–	3.3	3.2
G64Z	Inflammatory bowel disease	4.9	38.0	5.1	1.9	5.3	38.4	5.7	2.7	5.1	38.3	5.5	2.3
G65A	GI Obstruction with CC	8.1	57.6	11.5	11.4	7.6	43.5	8.9	8.9	7.8	50.6	9.8	9.8
G65B	GI Obstruction W/O CC	4.4	37.0	4.8	4.7	4.4	48.0	4.5	4.5	4.4	40.7	4.6	4.5
G66A	Abdominal pain or mesenteric adenitis with CC	4.2	115.0	4.5	4.2	3.9	43.0	4.1	4.0	4.0	61.0	4.2	4.1
G66B	Abdominal pain or mesenteric adenitis W/O CC	2.3	–	2.3	2.1	2.3	31.0	2.3	2.2	2.3	31.0	2.3	2.2
G67A	Oesophagitis, gastroenteritis and misc digestive system disorders age>9 with catastrophic or severe CC	7.0	64.3	10.7	10.4	7.3	46.6	8.8	8.8	7.2	54.1	9.4	9.3
G67B	Oesophagitis, gastroenteritis and misc digestive system disorders age>9 W/O catastrophic or severe CC	4.3	61.1	4.9	2.7	3.7	45.1	3.8	3.6	3.8	51.7	4.0	3.3
G68A	Gastroenteritis age<10 with CC	3.0	–	3.0	2.9	2.3	–	2.3	2.3	2.5	–	2.5	2.5
G68B	Gastroenteritis age<10 W/O CC	1.8	49.0	1.8	1.8	1.7	–	1.7	1.7	1.7	49.0	1.7	1.7
G69Z	Oesophagitis and misc digestive system disorders age<10	3.0	35.0	3.1	2.7	2.0	76.0	2.0	2.0	2.2	48.7	2.3	2.2
G70A	Other digestive system diagnoses with CC	6.2	64.9	9.5	8.2	6.0	48.0	7.2	6.2	6.1	56.4	8.0	6.9
G70B	Other digestive system diagnoses W/O CC	4.1	32.5	4.2	2.4	3.1	48.0	3.2	1.9	3.4	41.8	3.5	2.1
H01A	Pancreas, liver and shunt procedures with catastrophic CC	16.5	54.4	27.3	27.0	16.9	47.9	28.7	28.7	16.6	53.0	27.5	27.3
H01B	Pancreas, liver and shunt procedures W/O catastrophic CC	13.0	39.9	15.3	14.8	11.4	40.0	13.6	12.7	12.8	40.0	15.0	14.5
H02A	Major biliary tract procedures with malignancy or catastrophic CC	17.0	57.8	25.3	24.3	16.5	56.2	27.6	27.6	16.9	57.2	26.0	25.2
H02B	Major biliary tract procedures W/O malignancy with severe or moderate CC	9.2	–	9.2	8.6	11.7	44.3	16.9	15.7	10.1	44.3	12.4	11.5
H02C	Major biliary tract procedures W/O malignancy W/O CC	8.2	–	8.2	6.2	9.3	36.0	11.1	9.7	8.6	36.0	9.3	7.4

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

AR-DRG	Description	Voluntary Hospitals				Non-Voluntary Hospitals				Total 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	
H05A	Hepatobiliary diagnostic procedures with catastrophic or severe CC	11.4	58.0	19.1	18.8	14.3	70.5	18.4	18.4	12.4	60.1	18.9	18.7
H05B	Hepatobiliary diagnostic procedures W/O catastrophic or severe CC	11.3	48.0	13.0	9.2	7.1	38.5	9.2	8.7	9.6	43.3	11.4	9.0
H06Z	Other hepatobiliary and pancreas OR procedures	7.3	48.0	8.8	8.4	9.7	37.0	11.6	11.6	8.1	42.5	9.8	9.5
H07A	Open cholecystectomy with closed CDE or with catastrophic CC	17.2	44.6	22.4	22.4	16.0	51.0	21.5	21.5	16.7	47.1	22.0	22.0
H07B	Open cholecystectomy W/O closed CDE W/O catastrophic CC	9.7	46.7	10.8	10.6	8.5	38.8	9.1	9.1	8.8	41.8	9.6	9.5
H08A	Laparoscopic cholecystectomy with closed CDE or with catastrophic or severe CC	8.4	52.0	10.1	10.0	6.9	36.3	7.3	7.2	7.6	48.1	8.6	8.6
H08B	Laparoscopic cholecystectomy W/O closed CDE W/O catastrophic or severe CC	3.9	42.0	4.0	3.7	3.4	–	3.4	3.3	3.5	42.0	3.5	3.4
H40Z	Endoscopic procedures for bleeding oesophageal varices	7.1	45.0	8.2	7.8	7.3	–	7.3	6.9	7.1	45.0	7.9	7.5
H41A	ERCP complex therapeutic procedure with catastrophic or severe CC	11.9	46.3	17.2	16.0	10.8	52.2	15.3	13.1	11.4	48.3	16.4	14.8
H41B	ERCP complex therapeutic procedure W/O catastrophic or severe CC	7.4	38.5	7.9	4.3	6.8	48.0	7.6	4.1	7.1	43.3	7.8	4.2
H42A	ERCP other therapeutic procedure with catastrophic or severe CC	14.2	49.9	19.0	17.9	12.2	68.0	16.6	13.6	13.6	53.5	18.3	16.5
H42B	ERCP other therapeutic procedure with moderate CC	8.5	91.5	10.5	8.6	8.2	40.5	9.3	4.3	8.4	66.0	10.0	6.1
H42C	ERCP other therapeutic procedure W/O CC	5.2	35.8	5.9	2.5	5.9	43.0	6.1	4.0	5.5	36.9	6.0	3.0
H60A	Cirrhosis and alcoholic hepatitis with catastrophic CC	13.2	60.5	23.7	23.5	14.5	50.4	21.4	21.4	13.8	56.6	22.7	22.6
H60B	Cirrhosis and alcoholic hepatitis with severe CC	8.9	47.2	10.7	10.2	9.3	42.2	11.9	10.9	9.1	44.3	11.2	10.5
H60C	Cirrhosis and alcoholic hepatitis W/O catastrophic or severe CC	7.9	45.4	9.5	7.3	7.3	52.2	9.1	7.5	7.6	49.4	9.3	7.4
H61A	Malignancy of hepatobiliary system, pancreas (age>69 with catastrophic or severe CC) or with catastrophic CC	10.6	44.4	14.3	11.3	10.8	48.3	13.8	12.4	10.7	46.5	14.0	11.9
H61B	Malignancy of hepatobiliary system, pancreas (age>69 W/O catastrophic or severe CC) or W/O catastrophic CC	7.7	43.9	8.9	3.6	7.8	39.4	8.9	6.2	7.7	40.9	8.9	4.9

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

AR-DRG	Description	Voluntary Hospitals				Non-Voluntary Hospitals				Total 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	
H62A	Disorders of pancreas except for malignancy with catastrophic or severe CC	9.2	38.9	11.0	10.6	10.4	43.6	11.8	11.8	9.9	41.1	11.4	11.3
H62B	Disorders of pancreas except for malignancy W/O catastrophic or severe CC	5.9	36.0	5.9	4.6	6.0	32.0	6.1	6.1	6.0	33.0	6.0	5.5
H63A	Disorders of liver except malignancy, cirrhosis, alcoholic hepatitis with catastrophic or severe CC	8.9	46.6	12.5	11.4	9.4	48.9	13.0	12.3	9.1	47.8	12.8	11.9
H63B	Disorders of liver except malignancy, cirrhosis, alcoholic hepatitis W/O catastrophic or severe CC	4.2	42.0	4.3	2.4	4.4	46.5	4.5	4.0	4.3	45.0	4.4	3.1
H64A	Disorders of the biliary tract with CC	7.7	69.1	12.0	10.8	8.3	39.5	8.8	8.7	8.1	54.3	9.5	9.2
H64B	Disorders of the biliary tract W/O CC	5.3	31.0	5.3	4.0	4.8	37.3	4.9	4.7	4.9	36.4	4.9	4.6
I01Z	Bilateral or multiple major joint procedures of lower extremity	18.6	47.8	29.8	29.8	14.4	89.3	27.4	27.4	15.3	70.4	28.1	28.1
I02A	Microvascular tissue transfer or (skin graft with catastrophic or severe CC), excluding hand	12.7	67.3	34.9	34.9	15.8	66.6	36.1	36.1	14.1	67.0	35.4	35.4
I02B	Skin graft W/O catastrophic or severe CC, excluding hand	10.7	36.5	13.6	12.9	9.8	48.5	14.6	14.6	10.2	43.7	14.2	13.9
I03A	Hip revision with catastrophic or severe CC	17.6	40.7	27.5	27.5	13.7	51.7	22.1	22.1	14.0	49.5	22.7	22.7
I03B	Hip replacement with catastrophic or severe CC or hip revision W/O catastrophic or severe CC	14.5	72.4	27.4	27.4	14.4	49.6	18.5	18.5	14.4	60.9	21.5	21.5
I03C	Hip replacement W/O catastrophic or severe CC	9.9	59.1	10.6	10.6	10.5	46.8	11.0	11.0	10.4	50.0	10.9	10.9
I04Z	Knee replacement and reattachment	10.8	45.8	11.6	11.5	10.9	58.8	11.7	11.7	10.8	53.6	11.6	11.6
I05Z	Other major joint replacement and limb reattachment procedures	6.2	32.0	6.6	6.6	6.7	65.3	8.8	8.8	6.4	57.0	7.8	7.8
I06Z	Spinal fusion with deformity	9.0	34.0	9.7	9.6	25.0	–	25.0	25.0	9.2	34.0	9.9	9.8
I07Z	Amputation	9.5	96.5	34.3	34.3	12.5	110.1	61.3	61.3	10.6	104.7	46.8	46.8
I08A	Other hip and femur procedures with catastrophic or severe CC	15.5	70.7	32.9	32.9	16.5	52.5	25.0	25.0	16.1	61.0	28.1	28.1
I08B	Other hip and femur procedures W/O catastrophic or severe CC	8.1	47.0	10.2	10.0	10.0	44.7	11.7	11.7	9.4	45.5	11.2	11.1
I09A	Spinal fusion with catastrophic or severe CC	13.3	44.7	18.3	18.3	12.7	58.0	18.9	18.9	13.1	47.8	18.5	18.5
I09B	Spinal fusion W/O catastrophic or severe CC	7.9	58.5	8.4	8.4	7.9	46.2	10.5	10.5	7.9	49.7	9.0	9.0
I10A	Other back and neck procedures with catastrophic or severe CC	9.4	48.3	12.6	11.8	7.4	62.5	10.8	10.8	8.9	51.1	12.2	11.6
I10B	Other back and neck procedures W/O catastrophic or severe CC	4.7	42.5	4.8	2.9	3.5	32.0	3.6	3.1	4.1	39.0	4.1	3.0

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

AR-DRG	Description	Voluntary Hospitals				Non-Voluntary Hospitals				Total 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	
I11Z	Limb lengthening procedures	5.4	–	5.4	4.8	4.7	–	4.7	4.3	5.2	–	5.2	4.7
I12A	Infect/inflam of bone and joint with misc muscle system and connective tissue procedures with catastrophic CC	16.7	60.1	36.3	36.3	13.1	45.9	23.1	23.1	14.6	53.9	29.2	29.2
I12B	Infect/inflam of bone and joint with misc muscle system and connective tissue procedures with severe CC	15.1	46.7	24.0	22.6	10.2	57.1	22.8	22.8	12.9	51.3	23.4	22.7
I12C	Infect/inflam bone and joint with misc muscle system and connective tissue procedures W/O catastrophic or severe CC	8.2	46.7	10.4	9.3	6.5	41.0	7.7	7.2	7.2	44.2	8.8	8.1
I13A	Humerus, tibia, fibula and ankle procedures with catastrophic or severe CC	9.3	65.2	14.5	14.4	11.2	45.2	15.4	15.4	10.3	52.9	15.0	15.0
I13B	Humerus, tibia, fibula and ankle procedures age>59 W/O catastrophic or severe CC	6.5	50.0	6.9	6.9	6.3	42.3	6.8	6.8	6.4	44.0	6.8	6.8
I13C	Humerus, tibia, fibula and ankle procedures age<60 W/O catastrophic or severe CC	3.6	46.0	3.7	3.6	3.3	40.0	3.3	3.3	3.4	43.0	3.5	3.4
I14Z	Stump revision	2.3	89.0	19.6	9.5	12.8	62.0	21.0	16.0	8.1	75.5	20.4	12.2
I15Z	Cranio-facial surgery	8.4	–	8.4	8.4	4.7	–	4.7	4.7	7.8	–	7.8	7.8
I16Z	Other shoulder procedures	2.8	49.0	3.0	2.4	2.2	34.0	2.2	2.2	2.4	41.5	2.5	2.3
I17Z	Maxillo-facial surgery	4.2	–	4.2	3.9	4.1	–	4.1	3.7	4.1	–	4.1	3.8
I18Z	Other knee procedures	3.2	44.5	3.6	1.6	2.1	62.0	2.3	1.4	2.3	55.0	2.5	1.5
I19Z	Other elbow or forearm procedures	2.5	67.5	2.8	2.7	2.3	39.0	2.4	2.4	2.4	56.1	2.5	2.5
I20Z	Other foot procedures	3.4	60.5	3.7	3.0	2.7	77.0	2.9	2.7	2.9	70.4	3.1	2.8
I21Z	Local excision and removal of internal fixation devices of hip and femur	3.4	44.0	4.3	3.2	3.4	32.0	3.8	2.8	3.4	38.0	3.9	3.0
I23Z	Local excision and removal of internal fixation devices excluding hip and femur	3.3	72.0	3.8	1.6	2.0	39.0	2.1	1.3	2.4	61.0	2.7	1.4
I24Z	Arthroscopy	2.3	–	2.3	1.3	1.9	58.0	2.1	1.4	2.0	58.0	2.1	1.3
I25Z	Bone and joint diagnostic procedures including biopsy	5.9	69.7	13.3	8.4	5.2	40.3	7.3	5.7	5.5	59.0	10.2	7.1
I27A	Soft tissue procedures with catastrophic or severe CC	8.3	76.3	18.8	17.2	9.8	46.8	14.4	13.6	8.9	66.4	17.1	15.9
I27B	Soft tissue procedures W/O catastrophic or severe CC	4.1	49.5	4.4	2.7	3.6	42.0	3.7	2.8	3.8	45.8	4.0	2.8
I28A	Other connective tissue procedures with CC	9.5	64.2	15.8	14.5	9.1	55.0	16.5	16.0	9.3	58.1	16.2	15.4

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

AR-DRG	Description	Voluntary Hospitals				Non-Voluntary Hospitals				Total 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	
I28B	Other connective tissue procedures W/O CC	4.8	41.0	5.0	3.5	3.2	56.6	3.8	3.5	3.7	54.0	4.2	3.5
I29Z	Knee reconstruction or revision	2.8	–	2.8	2.7	2.4	–	2.4	2.3	2.6	–	2.6	2.5
I30Z	Hand procedures	2.0	–	2.0	1.6	1.7	–	1.7	1.6	1.8	–	1.8	1.6
I60Z	Femoral shaft fractures	4.9	–	4.9	4.9	8.0	37.0	10.0	10.0	7.1	37.0	8.5	8.5
I61Z	Distal femoral fractures	3.3	54.0	7.2	7.2	6.7	32.5	7.5	7.5	5.5	45.4	7.4	7.4
I63Z	Sprains, strains and dislocations of hip, pelvis and thigh	5.3	37.5	6.4	6.4	3.9	60.5	4.7	4.7	4.3	49.0	5.2	5.2
I64A	Osteomyelitis with CC	11.3	68.7	23.5	23.0	13.8	54.3	21.9	20.9	12.7	61.2	22.6	21.9
I64B	Osteomyelitis W/O CC	8.5	–	8.5	7.2	7.3	34.0	7.7	6.8	7.9	34.0	8.1	7.0
I65A	Connective tissue malignancy, including pathological Fx with catastrophic or severe CC	10.2	46.1	13.9	9.5	9.1	43.2	12.7	10.0	9.6	44.4	13.2	9.7
I65B	Connective tissue malignancy, including pathological Fx W/O catastrophic or severe CC	5.3	43.9	6.7	3.5	7.2	37.4	8.2	5.1	5.9	41.9	7.2	4.0
I66A	Inflammatory musculoskeletal disorders with catastrophic or severe CC	9.5	54.7	22.4	20.2	9.6	71.1	15.6	14.0	9.6	59.4	18.7	16.8
I66B	Inflammatory musculoskeletal disorders W/O catastrophic or severe CC	5.2	54.0	6.1	2.0	6.0	40.3	6.4	2.3	5.7	47.1	6.3	2.2
I67A	Septic arthritis with catastrophic or severe CC	14.3	60.3	37.3	37.3	13.6	66.2	28.0	28.0	13.7	64.2	30.0	30.0
I67B	Septic arthritis W/O catastrophic or severe CC	9.3	46.0	10.5	9.0	6.5	45.3	8.3	7.9	7.3	45.4	8.9	8.3
I68A	Non-surgical spinal disorders with CC	8.5	81.3	19.6	19.6	7.9	51.5	10.6	10.6	8.1	67.9	13.6	13.6
I68B	Non-surgical spinal disorders W/O CC	4.8	71.2	7.0	7.0	4.8	42.1	5.2	5.2	4.8	57.3	5.7	5.7
I68C	Non-surgical spinal disorders, sameday	1.0	–	1.0	1.0	1.0	–	1.0	1.0	1.0	–	1.0	1.0
I69A	Bone diseases and specific arthropathies age>74 with catastrophic or severe CC	12.0	52.7	20.9	20.9	11.0	54.5	15.6	14.9	11.3	53.6	17.3	16.8
I69B	Bone diseases and specific arthropathies age>74 or with catastrophic or severe CC	7.5	76.3	14.5	3.7	7.3	51.3	8.7	5.4	7.3	62.8	9.9	4.7
I69C	Bone diseases and spec arthropathies age<75 W/O catastrophic or severe CC	4.7	46.5	5.8	1.5	4.0	49.8	4.7	2.2	4.2	48.5	5.0	1.8
I70Z	Non-specific arthropathies	7.3	32.0	7.8	3.8	4.9	–	4.9	3.8	5.5	32.0	5.7	3.8
I71A	Other musculotendinous disorders age>69 with CC	8.1	41.0	10.4	8.7	6.4	41.0	7.3	6.8	6.8	41.0	8.0	7.3
I71B	Other musculotendinous disorders age>69 or with CC	5.1	42.3	6.8	2.5	3.9	55.1	4.5	3.0	4.2	47.6	5.1	2.8
I71C	Other musculotendinous disorders age<70 W/O CC	2.8	33.0	2.9	1.3	2.6	34.0	2.7	1.7	2.7	33.8	2.7	1.5
I72A	Specific musculotendinous disorders age>79 or with catastrophic or severe CC	7.3	47.4	11.5	7.3	6.5	46.0	10.0	8.0	6.8	46.5	10.4	7.8

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

AR-DRG	Description	Voluntary Hospitals				Non-Voluntary Hospitals				Total 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	
I72B	Specific musculotendinous disorders age<80 W/O catastrophic or severe CC	3.6	60.0	4.5	1.6	3.2	45.5	3.3	1.8	3.3	54.2	3.6	1.7
I73A	Aftercare of musculoskeletal implants/prostheses age>59 with catastrophic or severe CC	9.3	63.0	22.8	22.8	12.6	58.7	18.7	18.7	12.5	58.9	18.8	18.8
I73B	Aftercare of musculoskeletal implants/prostheses age>59 or with catastrophic or severe CC	6.7	44.7	7.6	2.4	7.8	51.4	10.8	10.1	7.6	50.9	10.2	6.2
I73C	Aftercare of musculoskeletal implants/prostheses age<60 W/O catastrophic or severe CC	4.2	32.0	4.5	1.3	6.2	34.8	6.6	3.9	5.8	34.2	6.2	2.3
I74A	Injury to forearm, wrist, hand or foot age>74 with CC	7.2	42.7	12.8	12.8	8.9	79.0	11.3	11.3	8.5	57.2	11.6	11.6
I74B	Injury to forearm, wrist, hand or foot age>74 or with CC	3.9	32.0	4.2	4.1	3.3	40.5	3.6	3.5	3.4	37.7	3.7	3.7
I74C	Injury to forearm, wrist, hand or foot age<75 W/O CC	1.4	–	1.4	1.3	1.3	–	1.3	1.3	1.3	–	1.3	1.3
I75A	Injury to shoulder, arm, elbow, knee, leg or ankle age>64 with CC	13.1	93.7	39.7	39.2	10.4	52.5	14.9	14.9	11.1	75.6	22.1	22.0
I75B	Injury to shoulder, arm, elbow, knee, leg or ankle age>64 or with CC	6.0	61.8	8.8	8.1	4.7	58.7	5.4	5.4	5.0	60.3	6.2	6.0
I75C	Injury to shoulder, arm, elbow, knee, leg or ankle age<65 W/O CC	2.1	133.0	2.4	2.2	2.0	31.0	2.0	2.0	2.0	82.0	2.1	2.0
I76A	Other musculoskeletal disorders age>69 with CC	10.0	57.8	17.1	16.5	8.2	43.8	11.4	10.9	8.9	50.8	13.5	13.0
I76B	Other musculoskeletal disorders age>69 or with CC	4.3	66.5	6.5	4.1	4.3	46.2	5.5	4.4	4.3	55.2	5.9	4.3
I76C	Other musculoskeletal disorders age<70 W/O CC	3.3	89.0	4.2	1.7	2.3	49.5	2.5	1.8	2.6	73.2	3.0	1.7
I77A	Fractures of pelvis with catastrophic or severe CC	12.4	65.5	29.1	29.1	11.1	51.6	20.9	20.9	11.4	56.5	23.3	23.3
I77B	Fractures of pelvis W/O catastrophic or severe CC	9.3	45.3	11.4	11.4	6.6	44.1	7.4	7.4	7.0	44.5	8.1	8.1
I78A	Fractures of neck of femur with catastrophic or severe CC	10.0	61.6	30.6	30.6	9.6	45.6	13.9	13.9	9.7	54.0	18.0	18.0
I78B	Fractures of neck of femur W/O catastrophic or severe CC	6.9	48.0	9.8	9.2	6.0	41.0	6.9	6.9	6.1	42.6	7.2	7.1
J01Z	Microvascular tissue transfer for skin, subcutaneous tissue and breast disorder	11.3	46.3	20.8	20.8	8.8	43.0	11.3	11.3	9.8	45.5	15.5	15.5
J06A	Major procedures for malignant breast conditions	6.0	63.0	6.2	5.9	6.5	42.0	6.5	6.4	6.2	54.6	6.4	6.2
J06B	Major procedures for non-malignant breast conditions	3.4	–	3.4	2.8	3.2	–	3.2	2.8	3.4	–	3.4	2.8
J07A	Minor procedures for malignant breast conditions	3.8	–	3.8	2.4	3.6	32.5	3.9	3.1	3.7	32.5	3.9	2.7

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

AR-DRG	Description	Voluntary Hospitals				Non-Voluntary Hospitals				Total 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	
J07B	Minor procedures for non-malignant breast conditions	2.5	–	2.5	1.2	1.8	–	1.8	1.2	2.1	–	2.1	1.2
J08A	Other skin graft and/or debridement procedures with catastrophic or severe CC	10.7	56.8	15.5	15.0	13.0	68.0	20.4	20.4	11.5	61.3	17.2	16.8
J08B	Other skin graft and/or debridement procedures W/O catastrophic or severe CC	4.8	35.5	5.1	2.3	3.9	63.0	4.1	2.8	4.2	44.7	4.5	2.5
J09Z	Perianal and pilonidal procedures	2.6	–	2.6	1.7	2.4	86.0	2.6	2.1	2.4	86.0	2.6	2.0
J10Z	Skin, subcutaneous tissue and breast plastic OR procedures	3.4	64.3	4.5	1.9	3.3	33.0	3.4	2.0	3.3	56.5	4.0	1.9
J11Z	Other skin, subcutaneous tissue and breast procedures	4.6	71.9	6.7	1.2	2.8	43.9	3.2	1.1	3.5	61.8	4.5	1.2
J12A	Lower limb procedures with ulcer/cellulitis with catastrophic CC	18.3	94.3	61.1	61.1	14.8	64.2	44.5	44.5	16.7	79.3	53.0	53.0
J12B	Lower limb procedures with ulcer/cellulitis W/O catastrophic CC with skin graft/flap repair	12.6	60.7	24.1	23.2	14.9	49.5	26.1	25.4	13.9	53.5	25.3	24.5
J12C	Lower limb procedures with ulcer/cellulitis W/O catastrophic CC W/O skin graft/flap repair	11.2	45.8	17.2	16.4	9.7	89.1	22.2	20.5	10.3	68.5	20.0	18.7
J13A	Lower limb procedures W/O ulcer/cellulitis with skin graft with catastrophic or severe CC	11.3	–	11.3	11.3	14.4	56.8	27.5	27.5	12.4	56.8	18.1	18.1
J13B	Lower limb procedures W/O ulcer/cellulitis W/O (skin graft and catastrophic or severe CC)	6.1	41.5	7.8	5.8	5.5	45.0	6.4	5.0	5.8	42.7	7.0	5.4
J14Z	Major breast reconstructions	8.6	–	8.6	8.6	7.5	–	7.5	7.4	7.9	–	7.9	7.9
J60A	Skin ulcers	9.7	84.3	21.3	21.3	10.2	50.7	14.3	14.3	10.1	63.7	16.4	16.4
J60B	Skin ulcers, sameday	1.0	–	1.0	1.0	1.0	–	1.0	1.0	1.0	–	1.0	1.0
J62A	Malignant breast disorders (age>69 with CC) or with catastrophic or severe CC	9.7	49.2	16.7	5.5	8.0	49.6	10.7	5.6	8.7	49.3	13.3	5.5
J62B	Malignant breast disorders (age>69 W/O CC) or W/O catastrophic or severe CC	12.2	39.3	19.5	3.0	3.8	46.2	4.7	1.5	8.2	39.6	13.5	2.5
J63Z	Non-malignant breast disorders	3.8	–	3.8	1.3	3.0	–	3.0	1.6	3.3	–	3.3	1.4
J64A	Cellulitis age>59 with catastrophic or severe CC	10.6	74.6	20.6	20.6	10.6	54.1	14.2	14.2	10.6	62.9	16.0	16.0
J64B	Cellulitis (age>59 W/O catastrophic or severe CC) or age<60	4.9	65.7	5.4	5.0	4.6	59.9	4.8	4.7	4.7	62.8	5.0	4.8
J65A	Trauma to the skin, subcutaneous tissue and breast age>69	6.6	80.4	13.8	13.4	6.6	46.3	7.2	7.1	6.6	67.6	8.4	8.3
J65B	Trauma to the skin, subcutaneous tissue and breast age<70	2.4	54.5	2.8	2.6	2.0	48.8	2.2	2.2	2.1	50.4	2.3	2.3

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

AR-DRG	Description	Voluntary Hospitals				Non-Voluntary Hospitals				Total 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	
J67A	Minor skin disorders	5.5	47.1	6.6	6.6	3.8	42.8	4.4	4.4	4.4	44.8	5.2	5.2
J67B	Minor skin disorders, sameday	1.0	–	1.0	1.0	1.0	–	1.0	1.0	1.0	–	1.0	1.0
J68A	Major skin disorders	7.1	50.3	8.4	8.4	5.1	41.1	5.8	5.8	5.8	45.2	6.7	6.7
J68B	Major skin disorders, sameday	1.0	–	1.0	1.0	1.0	–	1.0	1.0	1.0	–	1.0	1.0
K01Z	Diabetic foot procedures	13.3	69.8	30.9	30.0	14.3	67.6	32.0	31.8	14.0	68.4	31.6	31.2
K02Z	Pituitary procedures	11.1	48.6	14.3	14.3	4.0	–	4.0	4.0	9.6	48.6	12.2	12.2
K03Z	Adrenal procedures	13.7	38.8	17.3	16.2	15.3	37.7	20.9	20.9	14.1	38.3	18.4	17.5
K04Z	Major procedures for obesity	7.3	–	7.3	7.3	6.7	–	6.7	6.7	6.8	–	6.8	6.8
K05Z	Parathyroid procedures	6.4	38.0	6.8	6.8	3.8	–	3.8	3.8	5.1	38.0	5.3	5.3
K06Z	Thyroid procedures	5.4	61.0	5.9	5.9	4.3	69.0	4.5	4.5	4.9	63.0	5.3	5.3
K07Z	Obesity procedures	5.3	–	5.3	4.2	4.3	–	4.3	4.3	4.8	–	4.8	4.3
K08Z	Thyroglossal procedures	2.5	–	2.5	2.4	2.7	–	2.7	2.5	2.6	–	2.6	2.4
K09Z	Other endocrine, nutritional and metabolic OR procedures	6.6	47.0	7.9	7.0	11.4	42.4	17.4	15.8	7.8	43.8	10.6	9.4
K40Z	Endoscopic or investigative procedure for metabolic disorders W/O CC	8.2	–	8.2	2.5	7.9	60.0	8.4	3.1	8.0	60.0	8.3	2.8
K60A	Diabetes with catastrophic or severe CC	10.4	56.0	15.5	14.6	9.0	58.5	12.6	12.5	9.4	57.5	13.4	13.2
K60B	Diabetes W/O catastrophic or severe CC	5.2	41.4	5.6	5.0	4.8	52.8	5.1	5.0	4.9	48.1	5.2	5.0
K61Z	Severe nutritional disturbance	10.0	98.4	49.8	35.9	13.3	54.3	19.7	18.8	11.9	87.4	35.2	28.8
K62A	Miscellaneous metabolic disorders with catastrophic CC	11.4	68.2	27.6	27.0	10.5	60.8	15.6	15.6	10.8	65.3	19.9	19.8
K62B	Miscellaneous metabolic disorders age>74 or with severe CC	7.8	92.6	11.1	10.0	7.2	45.4	8.2	7.8	7.3	61.1	9.0	8.4
K62C	Miscellaneous metabolic disorders age<75 W/O catastrophic or severe CC	4.2	49.3	4.9	3.1	3.5	35.5	3.8	3.0	3.7	41.9	4.1	3.1
K63Z	Inborn errors of metabolism	4.0	32.0	4.2	2.0	5.0	47.0	5.5	1.5	4.3	39.5	4.6	1.8
K64A	Endocrine disorders with catastrophic or severe CC	8.3	53.3	11.9	8.6	10.3	43.9	13.3	12.3	9.4	47.7	12.7	10.5
K64B	Endocrine disorders W/O catastrophic or severe CC	4.2	47.5	5.5	2.6	5.1	51.5	5.3	3.3	4.7	48.1	5.4	2.9
L02A	Operative insertion of peritoneal catheter for dialysis with catastrophic or severe CC	14.7	57.0	16.9	16.9	25.7	100.0	44.3	44.3	16.2	78.5	21.7	21.7
L02B	Operative insertion of peritoneal catheter for dialysis W/O catastrophic or severe CC	8.7	33.0	9.8	9.4	4.5	–	4.5	4.5	7.2	33.0	7.9	7.7
L03A	Kidney, ureter and major bladder procedures for neoplasm with catastrophic or severe CC	14.5	52.9	20.5	20.5	16.7	47.6	25.4	25.4	15.0	50.9	21.8	21.8

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

AR-DRG	Description	Voluntary Hospitals				Non-Voluntary Hospitals				Total 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	
L03B	Kidney, ureter and major bladder procedures for neoplasm W/O catastrophic or severe CC	9.1	44.5	9.8	9.8	11.9	37.3	13.8	13.4	9.9	40.2	11.0	10.9
L04A	Kidney, ureter and major bladder procedures for non-neoplasm with catastrophic CC	13.7	51.1	22.0	21.7	11.8	45.5	18.5	17.7	13.3	50.0	21.2	20.8
L04B	Kidney, ureter and major bladder procedures for non-neoplasm with severe or moderate CC	8.5	42.0	9.3	8.7	7.6	39.7	11.5	9.8	8.3	40.4	10.0	9.1
L04C	Kidney, ureter and major bladder procedures for non-neoplasm W/O CC	6.2	35.8	6.7	6.0	7.5	33.0	7.7	6.2	6.6	35.4	7.0	6.1
L05A	Transurethral prostatectomy with catastrophic or severe CC	12.1	61.0	14.0	14.0	11.8	36.7	15.2	15.2	12.0	42.8	14.5	14.5
L05B	Transurethral prostatectomy W/O catastrophic or severe CC	7.5	–	7.5	7.4	7.1	–	7.1	7.0	7.3	–	7.3	7.2
L06A	Minor bladder procedures with catastrophic or severe CC	9.6	41.5	13.8	11.1	10.0	37.3	12.8	12.1	9.7	40.4	13.5	11.4
L06B	Minor bladder procedures W/O catastrophic or severe CC	5.4	45.0	5.9	2.0	5.6	31.0	5.9	4.6	5.5	40.3	5.9	2.4
L07A	Transurethral procedures except prostatectomy with catastrophic or severe CC	7.8	47.0	11.0	10.8	9.3	47.0	11.6	11.0	8.6	47.0	11.3	10.9
L07B	Transurethral procedures except prostatectomy W/O catastrophic or severe CC	3.9	107.7	4.4	3.4	4.8	31.0	4.9	3.5	4.2	88.5	4.6	3.4
L08A	Urethral procedures with CC	6.0	33.0	7.3	6.5	4.8	–	4.8	4.1	5.5	33.0	6.3	5.5
L08B	Urethral procedures W/O CC	3.8	–	3.8	3.2	4.0	–	4.0	2.9	3.9	–	3.9	3.1
L09A	Other procedures for kidney and urinary tract disorders with catastrophic CC	13.8	57.5	29.4	29.4	14.4	61.3	27.8	27.8	14.1	58.9	28.7	28.7
L09B	Other procedures for kidney and urinary tract disorders with severe CC	10.9	53.0	17.9	17.5	9.1	60.8	26.3	24.8	10.5	56.5	20.4	19.7
L09C	Other procedures for kidney and urinary tract disorders W/O catastrophic or severe CC	5.8	48.3	7.1	6.4	4.7	61.7	8.7	6.1	5.6	54.0	7.5	6.3
L40Z	Ureteroscopy	4.1	–	4.1	3.5	4.7	–	4.7	3.6	4.3	–	4.3	3.5
L41Z	Cystourethroscopy, sameday	1.0	–	1.0	1.0	1.0	–	1.0	1.0	1.0	–	1.0	1.0
L42Z	ESW Lithotripsy for urinary stones	3.5	–	3.5	1.1	3.4	52.0	4.1	1.4	3.4	52.0	3.9	1.3
L60A	Renal failure with catastrophic CC	12.9	75.7	34.7	34.7	12.2	57.5	23.4	23.4	12.5	67.1	28.4	28.4
L60B	Renal failure with severe CC	9.8	60.5	14.9	13.4	9.2	42.7	11.8	11.4	9.4	50.6	12.9	12.2
L60C	Renal failure W/O catastrophic or severe CC	6.5	57.1	7.2	4.9	6.9	57.8	8.2	5.3	6.7	57.6	7.8	5.1
L61Z	Admit for renal dialysis	1.0	–	1.0	1.0	7.6	–	7.6	1.0	5.7	–	5.7	1.0

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

AR-DRG	Description	Voluntary Hospitals				Non-Voluntary Hospitals				Total 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	
L62A	Kidney and urinary tract neoplasms with catastrophic or severe CC	11.5	50.0	15.3	8.0	10.6	41.3	12.7	9.7	11.0	45.8	13.8	8.8
L62B	Kidney and urinary tract neoplasms W/O catastrophic or severe CC	6.9	43.4	8.5	3.1	6.0	40.0	6.5	4.5	6.4	42.4	7.3	3.6
L63A	Kidney and urinary tract infections with catastrophic CC	12.5	106.0	39.6	39.3	11.8	48.7	16.1	16.1	12.0	82.7	24.7	24.6
L63B	Kidney and urinary tract infections age>69 or with severe CC	7.9	62.6	13.3	12.6	7.5	49.7	8.9	8.8	7.6	56.1	10.1	9.8
L63C	Kidney and urinary tract infections age<70 W/O catastrophic or severe CC	3.8	83.0	4.1	3.2	3.4	47.7	3.5	3.3	3.5	62.4	3.7	3.2
L64Z	Urinary stones and obstruction	3.0	55.0	3.0	2.7	3.2	34.7	3.3	3.2	3.1	39.8	3.2	3.0
L65A	Kidney and urinary tract signs and symptoms with catastrophic or severe CC	6.8	111.3	12.4	10.9	8.3	57.8	9.7	9.4	7.8	84.6	10.7	10.0
L65B	Kidney and urinary tract signs and symptoms W/O catastrophic or severe CC	3.8	52.5	4.4	2.6	4.0	75.7	4.3	3.4	3.9	64.1	4.3	3.0
L66Z	Urethral stricture	4.1	–	4.1	2.6	4.4	37.0	4.8	3.1	4.3	37.0	4.5	2.9
L67A	Other kidney and urinary tract diagnoses with catastrophic CC	11.6	102.7	39.8	37.2	13.0	58.8	20.7	20.1	12.7	78.5	26.5	25.4
L67B	Other kidney and urinary tract diagnoses with severe CC	7.6	46.4	9.7	7.4	9.2	44.7	11.7	10.3	8.5	45.3	10.8	8.9
L67C	Other kidney and urinary tract diagnoses W/O catastrophic or severe CC	4.0	54.6	4.4	2.1	4.9	44.2	5.4	3.4	4.5	47.5	5.0	2.7
M01Z	Major male pelvic procedures	7.7	–	7.7	7.7	12.2	35.0	12.7	12.7	8.4	35.0	8.5	8.5
M02A	Transurethral prostatectomy with catastrophic or severe CC	9.6	36.5	11.0	11.0	11.6	49.6	13.8	13.8	10.7	43.8	12.5	12.5
M02B	Transurethral prostatectomy W/O catastrophic or severe CC	5.7	–	5.7	5.6	6.2	49.0	6.3	6.3	6.0	49.0	6.0	6.0
M03A	Penis procedures with CC	7.9	–	7.9	4.9	7.8	31.0	9.8	8.5	7.9	31.0	8.8	6.3
M03B	Penis procedures W/O CC	3.9	–	3.9	2.0	2.0	–	2.0	1.3	3.5	–	3.5	1.8
M04A	Testes procedures with CC	5.8	48.0	7.0	5.5	4.3	–	4.3	3.8	5.2	48.0	6.0	4.9
M04B	Testes procedures W/O CC	2.2	–	2.2	1.4	2.2	–	2.2	1.6	2.2	–	2.2	1.5
M05Z	Circumcision	1.8	–	1.8	1.1	1.7	79.0	2.1	1.2	1.8	79.0	2.0	1.1
M06A	Other male reproductive system OR procedures for malignancy	5.3	33.0	8.1	3.1	6.6	–	6.6	4.8	6.2	33.0	7.2	3.8

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

AR-DRG	Description	Voluntary Hospitals				Non-Voluntary Hospitals				Total 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	
M06B	Other male reproductive system OR procedures except for malignancy	4.6	–	4.6	1.2	5.2	–	5.2	3.5	4.9	–	4.9	1.5
M40Z	Cystourethroscopy W/O CC	4.4	37.0	5.8	1.2	4.6	–	4.6	1.3	4.6	37.0	4.8	1.3
M60A	Malignancy, male reproductive system with catastrophic or severe CC	9.1	63.9	15.0	9.6	9.0	40.6	11.4	8.9	9.1	51.5	12.8	9.2
M60B	Malignancy, male reproductive system W/O catastrophic or severe CC	7.0	50.1	19.8	8.9	5.9	47.1	7.7	3.3	6.5	49.8	15.4	6.6
M61A	Benign prostatic hypertrophy with catastrophic or severe CC	9.0	–	9.0	7.5	8.8	39.5	11.0	9.5	8.9	39.5	10.5	9.0
M61B	Benign prostatic hypertrophy W/O catastrophic or severe CC	3.5	–	3.5	1.1	4.0	–	4.0	1.6	3.9	–	3.9	1.3
M62A	Inflammation of the male reproductive system with CC	5.9	47.5	7.3	6.2	4.3	–	4.3	4.1	5.0	47.5	5.6	5.1
M62B	Inflammation of the male reproductive system W/O CC	3.3	–	3.3	1.8	2.6	–	2.6	2.3	2.8	–	2.8	2.1
M63Z	Sterilisation, male	2.0	–	2.0	1.0	1.0	–	1.0	1.0	1.5	–	1.5	1.0
M64Z	Other male reproductive system diagnoses	2.0	–	2.0	1.5	2.3	49.3	2.8	2.3	2.2	49.3	2.5	2.0
N01Z	Pelvic evisceration and radical vulvectomy	13.5	46.6	19.6	19.6	13.0	–	13.0	13.0	13.4	46.6	19.1	19.1
N02A	Uterine, adnexa procedure for ovarian or adnexal malignancy with CC	12.4	48.0	15.3	15.3	11.8	45.0	14.1	14.1	12.1	46.9	14.8	14.8
N02B	Uterine, adnexa procedure for ovarian or adnexal malignancy W/O CC	9.4	56.0	9.9	9.6	9.0	–	9.0	9.0	9.2	56.0	9.5	9.4
N03A	Uterine, adnexa procedure for non-ovarian or adnexal malignancy with CC	11.6	53.8	16.7	16.7	10.9	35.8	13.7	13.7	11.3	46.8	15.5	15.5
N03B	Uterine, adnexa procedure for non-ovarian or adnexal malignancy W/O CC	8.4	–	8.4	8.1	7.5	–	7.5	7.3	8.0	–	8.0	7.8
N04Z	Hysterectomy for non-malignancy	6.8	44.7	6.9	6.9	6.6	41.0	6.7	6.7	6.7	43.2	6.8	6.8
N05A	Oophorectomies and complex fallopian tube procedures for non-malignancy with catastrophic or severe CC	9.3	36.0	10.3	10.3	11.3	–	11.3	11.3	10.0	36.0	10.6	10.6
N05B	Oophorectomies and complex fallopian tube procedures for non-malig W/O catastrophic or severe CC	5.5	–	5.5	5.1	5.5	–	5.5	5.5	5.5	–	5.5	5.3
N06Z	Female reproductive system reconstructive procedures	4.7	–	4.7	4.5	4.3	–	4.3	4.0	4.5	–	4.5	4.2

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

AR-DRG	Description	Voluntary Hospitals				Non-Voluntary Hospitals				Total 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	
N07Z	Other uterine and adnexa procedures for non-malignancy	2.9	38.0	2.9	2.1	3.1	36.0	3.2	2.3	3.0	36.7	3.1	2.2
N08Z	Endoscopic and laparoscopic procedures for female reproductive system	2.3	–	2.3	1.5	2.3	–	2.3	1.6	2.3	–	2.3	1.6
N09Z	Conisation, vagina, cervix and vulva procedures	2.3	46.6	2.9	1.6	2.2	39.7	2.3	1.3	2.2	45.0	2.7	1.4
N10Z	Diagnostic curettage or diagnostic hysteroscopy	1.7	35.0	1.8	1.2	1.8	49.0	1.8	1.2	1.8	42.0	1.8	1.2
N11A	Other female reproductive system OR procedures age>64 or with malignancy or with CC	10.6	46.2	16.6	15.0	10.2	86.0	12.7	12.0	10.4	51.9	14.8	13.7
N11B	Other female reproductive system OR procedures age<65 W/O malignancy W/O CC	6.4	–	6.4	4.6	4.1	–	4.1	2.0	4.9	–	4.9	2.5
N60A	Malignancy, female reproductive system with catastrophic or severe CC	10.7	51.0	15.6	10.5	9.2	41.5	10.9	7.9	9.8	47.6	12.9	9.1
N60B	Malignancy, female reproductive system W/O catastrophic or severe CC	6.8	41.9	12.3	3.4	5.2	42.6	5.9	2.7	6.0	42.0	9.3	3.1
N61Z	Infections, female reproductive system	3.6	–	3.6	2.1	2.5	37.0	2.6	2.4	2.8	37.0	2.9	2.3
N62A	Menstrual and other female reproductive system disorders with CC	4.4	85.5	5.8	4.8	3.8	51.0	4.0	3.6	4.0	74.0	4.7	4.0
N62B	Menstrual and other female reproductive system disorders W/O CC	2.2	35.0	2.3	1.5	2.0	35.0	2.0	1.5	2.0	35.0	2.1	1.5
O01A	Caesarean delivery with catastrophic CC	10.3	42.4	12.3	12.3	10.6	45.1	14.4	14.4	10.5	44.2	13.4	13.4
O01B	Caesarean delivery with severe CC	7.5	50.9	8.1	8.1	7.2	52.8	7.9	7.9	7.3	52.0	8.0	8.0
O01C	Caesarean delivery W/O catastrophic or severe CC	5.1	42.9	5.2	5.2	5.2	43.0	5.2	5.2	5.2	42.9	5.2	5.2
O02A	Vaginal delivery with OR procedure with catastrophic or severe CC	4.2	–	4.2	4.2	4.9	–	4.9	4.9	4.6	–	4.6	4.6
O02B	Vaginal delivery with OR procedure W/O catastrophic or severe CC	3.2	–	3.2	3.2	3.6	–	3.6	3.6	3.4	–	3.4	3.4
O03Z	Ectopic pregnancy	2.4	–	2.4	2.4	3.6	–	3.6	3.6	3.1	–	3.1	3.0
O04Z	Postpartum and post abortion with OR procedure[b]	3.4	–	3.4	3.4	2.6	–	2.6	2.5	2.8	–	2.8	2.8
O05Z	Abortion with OR procedure[b]	1.1	33.0	1.1	1.1	1.3	–	1.3	1.2	1.2	33.0	1.2	1.2
O60A	Vaginal delivery with catastrophic or severe CC	4.8	44.3	5.2	5.2	4.9	62.0	4.9	4.9	4.9	45.9	5.1	5.1
O60B	Vaginal delivery W/O catastrophic or severe CC	2.9	35.5	2.9	2.9	3.1	57.0	3.1	3.1	3.0	44.7	3.0	3.0
O60C	Vaginal delivery single uncomplicated W/O other condition	2.1	–	2.1	2.1	2.3	–	2.3	2.3	2.2	–	2.2	2.2
O61Z	Postpartum and post abortion W/O OR procedure[b]	2.7	–	2.7	2.7	2.4	–	2.4	2.3	2.5	–	2.5	2.5
O63Z	Abortion W/O OR procedure[b]	1.2	–	1.2	1.2	1.2	–	1.2	1.2	1.2	–	1.2	1.2

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

AR-DRG	Description	Voluntary Hospitals				Non-Voluntary Hospitals				Total 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	
O64A	False labour before 37 weeks or with catastrophic CC	1.7	38.0	1.7	1.7	1.6	31.0	1.6	1.6	1.6	34.5	1.7	1.7
O64B	False labour after 37 weeks W/O catastrophic CC	1.1	–	1.1	1.1	1.2	–	1.2	1.2	1.1	–	1.1	1.1
O66A	Antenatal and other obstetric admission	2.4	45.6	2.5	2.5	2.2	79.1	2.3	2.3	2.3	59.0	2.4	2.4
O66B	Antenatal and other obstetric admission, sameday	1.0	–	1.0	1.0	1.0	–	1.0	1.0	1.0	–	1.0	1.0
P01Z	Neonate, died or transferred <5 days of admission with significant OR procedure	2.2	–	2.2	2.2	3.0	–	3.0	3.0	2.2	–	2.2	2.2
P02Z	Cardiothoracic/vascular procedures for neonates	17.1	74.7	33.4	33.4	–	–	–	–	17.1	74.7	33.4	33.4
P03Z	Neonate, admwt 1000-1499 g with significant OR procedure	15.0	58.4	45.4	45.4	12.8	61.9	45.9	45.9	14.1	59.6	45.6	45.6
P04Z	Neonate, admwt 1500-1999 g with significant OR procedure	18.0	49.8	31.8	31.8	16.8	47.4	39.2	39.2	17.9	48.9	33.7	33.7
P05Z	Neonate, admwt 2000-2499 g with significant OR procedure	18.9	82.3	52.7	52.7	18.9	52.0	25.5	25.5	18.9	78.9	45.9	45.9
P06A	Neonate, admwt>2499 g with significant OR procedure with multi major problems	15.4	86.0	36.5	36.5	15.2	45.0	17.7	17.7	15.4	84.9	34.9	34.9
P06B	Neonate, admwt>2499 g with significant OR procedure W/O multi major problems	10.1	56.9	14.1	13.8	8.5	37.8	13.6	13.1	9.8	49.9	14.0	13.6
P60A	Neonate, died or transf <5 days of adm, W/O significant OR procedure, Newborn	1.5	–	1.5	1.5	1.4	–	1.4	1.4	1.4	–	1.4	1.4
P60B	Neonate, died/transferred <5 days of adm, W/O significant OR procedure, not newborn	1.7	–	1.7	1.7	1.5	–	1.5	1.5	1.6	–	1.6	1.6
P61Z	Neonate, admwt<750 g	12.0	74.4	45.2	44.3	5.7	77.6	26.5	25.8	8.8	75.3	37.8	36.9
P62Z	Neonate, admwt 750-999 g	17.5	68.4	56.7	55.3	13.8	67.8	47.1	46.3	15.5	68.2	52.7	51.6
P63Z	Neonate, admwt 1000-1249 g W/O significant OR procedure	18.0	47.9	36.0	36.0	8.4	50.8	38.1	38.1	13.2	49.6	37.2	37.2
P64Z	Neonate, admwt 1250-1499 g W/O significant OR procedure	19.3	40.8	29.5	29.5	19.1	44.7	35.2	35.2	19.2	43.5	33.1	33.1
P65A	Neonate, admwt 1500-1999 g W/O significant OR procedure with multi major problems	18.3	39.4	28.4	28.4	21.2	44.7	32.1	32.1	20.0	42.5	30.6	30.6
P65B	Neonate, admwt 1500-1999 g W/O significant OR procedure with major problem	17.4	39.4	21.2	21.0	19.4	40.6	25.6	25.6	18.5	40.2	24.0	23.9
P65C	Neonate, admwt 1500-1999 g W/O significant OR procedure with other problem	15.5	38.2	16.7	16.7	17.7	37.2	20.3	20.3	16.7	37.4	18.8	18.8

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

AR-DRG	Description	Voluntary Hospitals				Non-Voluntary Hospitals				Total 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	
P65D	Neonate, admwt 1500-1999 g W/O significant OR procedure W/O problem	11.9	–	11.9	11.6	15.7	37.8	17.3	17.3	14.7	37.8	16.0	15.9
P66A	Neonate, admwt 2000-2499 g W/O significant OR procedure with multi major problems	13.1	53.2	19.3	19.3	15.7	38.4	20.4	20.4	14.4	44.6	19.9	19.9
P66B	Neonate, admwt 2000-2499 g W/O significant OR procedure with major problem	12.5	34.7	13.1	13.0	15.4	40.6	16.9	16.8	14.3	39.4	15.5	15.4
P66C	Neonate, admwt 2000-2499 g W/O significant OR procedure with other problem	7.6	32.0	7.7	7.7	9.8	33.5	10.1	10.1	9.1	33.2	9.3	9.3
P66D	Neonate, admwt 2000-2499 g W/O significant OR procedure W/O problem	3.6	–	3.6	3.6	6.9	33.0	7.1	6.8	5.7	33.0	5.8	5.7
P67A	Neonate, admwt>2499 g W/O significant OR procedure with multi major problems	10.4	47.3	12.9	12.6	9.3	81.4	14.0	13.8	9.9	62.3	13.4	13.1
P67B	Neonate, admwt>2499 g W/O significant OR procedure with major problem	6.5	41.0	7.0	6.7	5.9	47.8	6.2	6.1	6.1	43.7	6.5	6.3
P67C	Neonate, admwt> 2499 g W/O significant OR procedure with other problem	3.3	–	3.3	3.3	3.9	37.5	4.0	3.9	3.7	37.5	3.7	3.7
P67D	Neonate, admwt>2499 g W/O significant OR procedure W/O problem	2.7	–	2.7	2.7	2.5	73.7	2.5	2.5	2.5	73.7	2.6	2.5
Q01Z	Splenectomy	8.9	–	8.9	8.9	8.1	42.0	9.6	9.6	8.5	42.0	9.2	9.2
Q02A	Other OR procedure of blood and blood forming organs with catastrophic or severe CC	9.4	47.1	17.5	17.1	9.0	55.5	15.2	14.3	9.2	49.9	16.5	15.8
Q02B	Other OR procedure of blood and blood forming organs W/O catastrophic or severe CC	4.5	31.0	4.7	2.6	4.2	51.5	4.8	3.1	4.3	44.7	4.7	2.8
Q60A	Reticuloendothelial and immunity disorders with catastrophic or severe CC	7.1	46.8	8.3	7.0	6.9	45.3	8.0	6.1	7.0	46.2	8.2	6.5
Q60B	Reticuloendothelial and immunity disorders W/O catastrophic or severe CC with malignancy	4.7	43.0	5.1	4.6	5.0	–	5.0	3.9	4.9	43.0	5.0	4.1
Q60C	Reticuloendothelial and immunity disorders W/O catastrophic or severe CC W/O malignancy	4.0	47.0	4.2	1.4	5.5	66.6	9.0	3.9	5.1	66.0	7.9	2.7
Q61A	Red blood cell disorders with catastrophic CC	9.6	67.3	18.1	15.7	9.6	64.1	14.2	13.3	9.6	65.5	15.5	14.1
Q61B	Red blood cell disorders with severe CC	7.9	48.3	8.6	5.2	7.5	40.6	8.8	7.3	7.7	41.8	8.8	6.5
Q61C	Red blood cell disorders W/O catastrophic or severe CC	4.8	49.0	5.7	1.3	4.4	43.3	4.6	1.4	4.5	47.0	4.9	1.3
Q62Z	Coagulation disorders	4.6	43.8	5.3	1.8	4.1	48.7	4.8	3.2	4.3	46.8	5.0	2.3

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

AR-DRG	Description	Voluntary Hospitals				Non-Voluntary Hospitals				Total 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	
R01A	Lymphoma and leukaemia with major OR procedures with catastrophic or severe CC	14.9	53.6	28.5	28.5	16.2	50.9	30.3	30.3	15.4	52.4	29.2	29.2
R01B	Lymphoma and leukaemia with major OR procedures W/O catastrophic or severe CC	10.9	51.0	13.3	12.0	7.5	44.5	9.1	7.9	8.9	47.8	10.8	9.6
R02A	Other neoplastic disorders with major OR procedures with catastrophic or severe CC	14.2	81.0	21.6	21.6	14.3	36.3	20.3	19.5	14.3	54.2	21.1	20.8
R02B	Other neoplastic disorders with major OR procedures W/O catastrophic or severe CC	9.9	33.0	10.2	8.3	7.8	39.5	9.4	8.8	9.2	37.3	9.9	8.5
R03A	Lymphoma and leukaemia with other OR procedures with catastrophic or severe CC	14.8	52.5	26.0	25.7	13.7	43.7	22.9	22.5	14.4	48.9	24.8	24.4
R03B	Lymphoma and leukaemia with other OR procedures W/O catastrophic or severe CC	7.9	36.3	8.9	6.1	6.0	47.0	7.3	5.2	6.8	42.4	7.9	5.6
R04A	Other neoplastic disorders with other OR procedures with catastrophic or severe CC	9.5	44.6	17.0	13.9	9.7	40.0	12.7	10.8	9.6	43.2	15.0	12.4
R04B	Other neoplastic disorders with other OR procedures W/O catastrophic or severe CC	7.8	48.0	10.3	3.2	4.4	33.0	5.0	1.9	6.0	44.3	7.5	2.5
R60A	Acute leukaemia with catastrophic CC	15.5	43.9	25.3	23.8	10.7	43.8	24.4	20.7	13.7	43.8	24.9	22.5
R60B	Acute leukaemia with severe CC	10.8	49.1	16.3	9.3	7.4	46.0	12.1	6.4	9.1	47.7	14.3	7.8
R60C	Acute leukaemia W/O catastrophic or severe CC	4.4	35.8	5.6	1.2	5.5	44.9	8.7	2.3	4.9	41.5	7.0	1.4
R61A	Lymphoma and non-acute leukaemia with catastrophic CC	12.8	50.4	18.8	18.8	11.5	54.0	20.2	20.2	12.3	52.2	19.4	19.4
R61B	Lymphoma and non-acute leukaemia W/O catastrophic CC	6.8	46.8	8.7	8.7	6.1	51.9	7.7	7.7	6.4	49.5	8.1	8.1
R61C	Lymphoma and non-acute leukaemia, sameday	1.0	–	1.0	1.0	1.0	–	1.0	1.0	1.0	–	1.0	1.0
R62A	Other neoplastic disorders with CC	8.3	42.7	11.0	4.8	7.9	42.5	12.3	9.0	8.2	42.6	11.6	6.1
R62B	Other neoplastic disorders W/O CC	6.4	38.5	8.8	2.1	6.2	37.2	7.5	2.9	6.2	37.9	8.0	2.4
R63Z	Chemotherapy	–	–	–	1.0	–	–	–	1.0	–	–	–	1.0
R64Z	Radiotherapy	–	–	–	1.0	–	–	–	1.0	–	–	–	1.0
S60Z	HIV, sameday	1.0	–	1.0	1.0	–	–	–	1.0	1.0	–	1.0	1.0
S65A	HIV-related diseases with catastrophic CC	9.4	80.3	21.5	21.5	9.0	41.5	19.8	19.8	9.4	75.1	21.4	21.4
S65B	HIV-related diseases with severe CC	8.8	49.6	13.9	13.9	7.9	35.0	9.9	9.9	8.5	47.2	12.8	12.8
S65C	HIV-related diseases W/O catastrophic or severe CC	7.9	44.8	11.3	11.3	6.9	37.5	12.0	12.0	7.7	42.3	11.5	11.5

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

AR-DRG	Description	Voluntary Hospitals				Non-Voluntary Hospitals				Total 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	
T01A	OR procedures for infectious and parasitic diseases with catastrophic CC	13.8	74.1	44.0	44.0	13.8	67.3	37.3	37.3	13.8	71.6	41.3	41.3
T01B	OR procedures for infectious and parasitic diseases with severe or moderate CC	13.6	55.2	19.9	19.6	11.9	44.6	16.9	16.6	12.9	50.8	18.7	18.4
T01C	OR procedures for infectious and parasitic diseases W/O CC	9.6	54.9	14.8	12.5	8.5	46.9	10.8	9.6	9.0	51.9	12.6	11.0
T60A	Septicaemia with catastrophic or severe CC	8.9	67.4	16.4	14.8	9.5	49.4	13.4	13.4	9.3	55.5	14.3	13.9
T60B	Septicaemia W/O catastrophic or severe CC	6.5	61.8	8.6	8.3	7.5	45.1	8.5	8.5	7.2	51.5	8.5	8.4
T61A	Post-operative and post-traumatic infections age>54 or with catastrophic or severe CC	9.2	49.7	10.7	9.5	7.8	41.8	8.8	8.4	8.3	44.8	9.5	8.8
T61B	Post-operative and post-traumatic infections age<55 W/O catastrophic or severe CC	5.2	52.5	5.7	5.0	5.1	39.0	5.2	5.0	5.1	48.0	5.3	5.0
T62A	Fever of unknown origin with CC	5.7	–	5.7	5.3	5.0	54.0	5.9	5.8	5.3	54.0	5.8	5.6
T62B	Fever of unknown origin W/O CC	3.6	–	3.6	3.3	3.2	–	3.2	3.1	3.4	–	3.4	3.2
T63A	Viral illness age>59 or with CC	5.1	51.3	6.4	5.4	3.4	48.0	3.4	3.4	3.7	50.6	4.0	3.9
T63B	Viral illness age<60 W/O CC	2.6	–	2.6	1.5	2.0	–	2.0	2.0	2.1	–	2.1	1.8
T64A	Other infectious and parasitic diseases with catastrophic or severe CC	10.0	60.7	17.1	16.2	8.6	88.6	15.5	15.3	9.3	72.3	16.3	15.7
T64B	Other infectious and parasitic diseases W/O catastrophic or severe CC	5.1	47.0	5.6	3.2	5.2	50.0	5.5	4.1	5.2	48.5	5.5	3.8
U40Z	Mental health treatment, sameday, with ECT	–	–	–	–	1.0	–	1.0	1.0	1.0	–	1.0	1.0
U60Z	Mental health treatment, sameday, W/O ECT	1.0	–	1.0	1.0	1.0	–	1.0	1.0	1.0	–	1.0	1.0
U61B	Schizophrenia disorders W/O mental health legal status	13.9	122.9	59.8	59.8	4.9	–	4.9	4.9	12.8	122.9	55.7	55.7
U62A	Paranoia and acute psychotic disorder with catastrophic or severe CC or with mental health legal status	10.7	70.7	38.4	38.4	11.2	–	11.2	11.2	10.9	70.7	30.8	30.8
U62B	Paranoia and acute psychotic disorder W/O catastrophic or severe CC W/O mental health legal status	8.7	38.5	11.2	11.2	5.1	63.5	9.8	9.8	6.9	51.0	10.5	10.5
U63A	Major affective disorders age>69 or with catastrophic or severe CC	13.6	81.5	54.0	54.0	10.7	–	10.7	10.7	12.1	81.5	42.0	42.0
U63B	Major affective disorders age<70 W/O catastrophic or severe CC	13.0	71.3	28.6	28.6	4.0	–	4.0	4.0	11.1	71.3	24.8	24.8

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

AR-DRG	Description	Voluntary Hospitals				Non-Voluntary Hospitals				Total 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	
U64Z	Other affective and somatoform disorders	8.3	100.0	17.5	17.5	5.6	44.8	6.9	6.9	6.9	85.3	12.0	12.0
U65Z	Anxiety disorders	4.4	65.9	7.9	7.9	3.8	38.3	4.2	4.2	4.0	60.4	5.8	5.8
U66Z	Eating and obsessive-compulsive disorders	7.1	73.1	31.2	31.2	6.9	56.4	11.9	11.9	7.0	69.3	21.2	21.2
U67Z	Personality disorders and acute reactions	6.4	69.5	13.1	13.1	5.8	46.5	8.2	8.2	6.1	63.3	11.2	11.2
U68Z	Childhood mental disorders	4.2	–	4.2	4.2	5.3	40.0	6.6	6.6	4.7	40.0	5.3	5.3
V60A	Alcohol intoxication and withdrawal with CC	5.5	57.9	9.3	9.2	4.0	60.3	4.8	4.8	4.4	58.6	6.1	6.1
V60B	Alcohol intoxication and withdrawal W/O CC	3.6	43.0	4.6	4.5	2.5	47.3	2.7	2.7	2.6	45.4	3.0	3.0
V61Z	Drug intoxication and withdrawal	6.3	–	6.3	6.3	3.4	31.0	4.2	4.2	4.3	31.0	4.9	4.9
V62A	Alcohol use disorder and dependence	9.3	55.1	12.4	12.4	4.2	48.2	4.5	4.5	4.9	52.6	5.6	5.6
V62B	Alcohol use disorder and dependence, sameday	1.0	–	1.0	1.0	1.0	–	1.0	1.0	1.0	–	1.0	1.0
V63A	Opioid use disorder and dependence	15.5	–	15.5	15.5	2.5	–	2.5	2.5	12.7	–	12.7	12.7
V63B	Opioid use disorder and dependence, left against medical advice	5.2	–	5.2	5.2	2.0	–	2.0	2.0	4.1	–	4.1	4.1
V64Z	Other drug use disorder and dependence	16.8	40.3	18.0	17.6	1.7	–	1.7	1.7	10.8	40.3	11.8	11.5
W01Z	Ventilation or craniotomy procedures for multiple significant trauma	16.3	92.6	58.5	58.5	16.9	76.9	41.2	41.2	16.6	87.0	51.1	51.1
W02Z	Hip, femur and limb procedures for multiple significant trauma, incl implantation	13.7	48.0	23.8	23.8	13.9	91.1	26.2	26.2	13.9	76.7	25.7	25.7
W03Z	Abdominal procedures for multiple significant trauma	13.9	101.0	24.8	24.8	10.9	42.0	16.3	16.3	11.7	53.8	18.5	18.5
W04Z	Other OR procedures for multiple significant trauma	14.5	58.0	17.7	17.7	14.0	80.0	24.5	24.5	14.2	72.7	21.0	21.0
W60Z	Multiple trauma, died or transferred to another acute care facility LOS<5 days	2.0	–	2.0	2.0	1.6	–	1.6	1.6	1.7	–	1.7	1.7
W61Z	Multiple trauma W/O significant procedures	10.7	93.9	42.0	36.0	9.6	44.0	13.2	13.2	10.0	80.1	25.3	23.7
X02Z	Microvascular tissue transfer or skin grafts for injuries to hand	4.3	36.0	4.8	4.7	2.5	–	2.5	2.5	3.3	36.0	3.5	3.4
X04A	Other procedures for injuries to lower limb age>59 or with CC	9.8	57.8	25.8	25.8	6.7	41.0	8.3	8.0	7.5	54.4	14.6	14.2
X04B	Other procedures for injuries to lower limb age<60 W/O CC	2.5	–	2.5	2.4	3.4	35.0	3.7	3.6	3.0	35.0	3.2	3.1
X05Z	Other procedures for injuries to hand	1.6	49.0	1.7	1.6	1.6	–	1.6	1.6	1.6	49.0	1.7	1.6
X06A	Other procedures for other injuries with catastrophic or severe CC	12.0	59.7	20.3	20.3	8.4	52.4	13.8	13.7	10.1	56.5	16.9	16.8

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

AR-DRG	Description	Voluntary Hospitals				Non-Voluntary Hospitals				Total 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	
X06B	Other procedures for other injuries W/O catastrophic or severe CC	3.4	50.5	3.9	3.5	2.3	38.7	2.4	2.3	2.6	45.4	2.8	2.7
X07A	Skin graft for injuries excluding hand with microvascular tissue transfer or with catastrophic or severe CC	12.1	46.7	24.1	24.1	11.2	42.0	14.0	14.0	11.8	46.2	21.1	21.1
X07B	Skin graft for injuries excluding hand W/O microvascular tissue transfer W/O catastrophic or severe CC	8.2	58.5	10.9	10.5	8.5	–	8.5	8.4	8.4	58.5	9.7	9.4
X60A	Injuries age>64 with CC	12.1	63.5	29.0	29.0	7.8	50.4	9.3	9.3	9.1	61.5	16.9	16.9
X60B	Injuries age>64 W/O CC	5.5	54.6	11.4	10.6	3.9	36.0	4.0	4.0	4.2	52.9	5.2	5.2
X60C	Injuries age<65	2.1	57.7	3.2	2.9	1.7	32.3	1.7	1.7	1.8	55.5	2.2	2.2
X61Z	Allergic reactions	2.3	39.0	2.7	2.6	2.1	–	2.1	2.1	2.2	39.0	2.3	2.3
X62A	Poisoning/toxic effects of drugs and other substances age>59 or with CC	5.0	56.4	6.5	6.5	3.1	36.8	3.2	3.2	3.6	51.8	4.2	4.2
X62B	Poisoning/toxic effects of drugs and other substances age<60 W/O CC	2.4	43.5	2.6	2.5	1.6	46.5	1.6	1.6	1.8	45.0	1.8	1.8
X63A	Sequelae of treatment with catastrophic or severe CC	6.1	52.7	8.8	8.2	7.7	65.6	10.1	9.9	6.9	58.1	9.4	9.0
X63B	Sequelae of treatment W/O catastrophic or severe CC	3.5	53.0	3.6	3.1	3.2	40.8	3.4	3.3	3.4	43.2	3.5	3.2
X64A	Other injury, poisoning and toxic effect diagnosis age>59 or with CC	5.6	78.3	14.0	13.1	5.6	38.3	7.5	7.5	5.6	55.4	9.4	9.2
X64B	Other injury, poisoning and toxic effect diagnosis age<60 W/O CC	1.6	–	1.6	1.6	1.2	–	1.2	1.2	1.2	–	1.2	1.2
Y01Z	Severe full thickness burns	12.3	79.9	63.0	63.0	–	95.7	95.7	95.7	12.3	83.1	68.2	68.2
Y02A	Other burns with skin graft age>64 or with catastrophic or severe CC or with complicating procedure	16.6	36.1	20.3	20.3	15.2	54.0	20.1	20.1	16.2	39.1	20.3	20.3
Y02B	Other burns with skin graft age<65 W/O catastrophic or severe CC W/O complicating procedure	11.1	47.0	16.2	15.7	8.5	74.3	14.1	14.1	10.1	53.8	15.4	15.2
Y03Z	Other OR procedures for other burns	14.6	33.0	17.7	17.7	7.9	–	7.9	7.9	8.9	33.0	9.6	9.6
Y60Z	Burns, transferred to another acute care facility <5 days	1.1	–	1.1	1.1	1.3	–	1.3	1.3	1.3	–	1.3	1.3
Y61Z	Severe burns	9.3	35.5	11.5	11.3	6.1	80.0	9.7	9.5	7.8	50.3	10.7	10.5

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

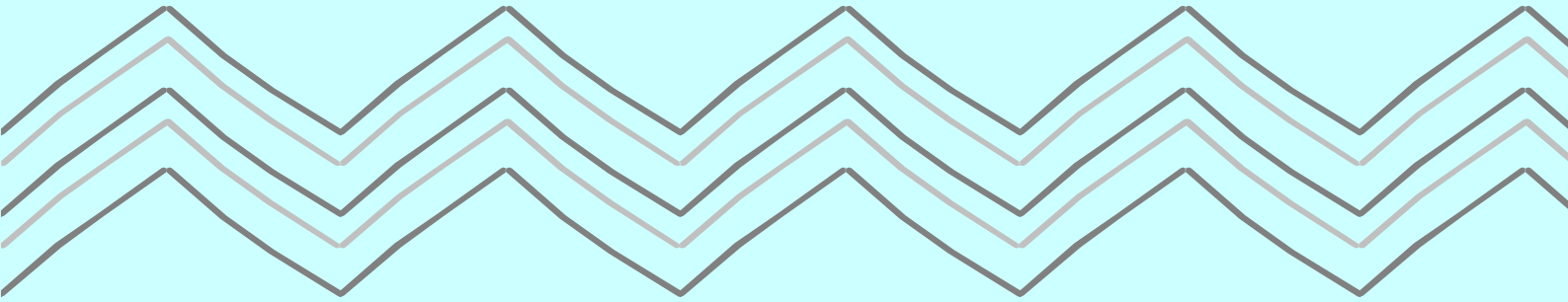
AR-DRG	Description	Voluntary Hospitals				Non-Voluntary Hospitals				Total Hospitals			
		In-Patients			Total Discharges[a]	In-Patients			Total Discharges[a]	In-Patients			Total Discharges[a]
		Acute (0-30 days)	Extended (>30 days)	Total In-Patients		Acute (0-30 days)	Extended (>30 days)	Total In-Patients		Acute (0-30 days)	Extended (>30 days)	Total In-Patients	
Y62A	Other burns age>64 or with catastrophic or severe CC or with complicating procedure	8.3	32.0	9.3	9.3	9.5	50.7	14.9	14.9	8.8	46.0	12.0	12.0
Y62B	Other burns age<65 W/O catastrophic or severe CC W/O complicating procedure	5.6	–	5.6	5.6	2.7	–	2.7	2.7	4.2	–	4.2	4.2
Z01A	OR procedures with diagnoses of other contacts with health services with catastrophic or severe CC	6.3	90.4	10.2	9.2	5.8	269.2	21.5	15.0	6.1	179.8	15.2	12.2
Z01B	OR procedures with diagnoses other contacts with health services W/O catastrophic or severe CC	3.3	83.0	3.6	1.9	3.4	42.0	3.6	1.8	3.4	62.5	3.6	1.8
Z40Z	Follow up with endoscopy	2.4	–	2.4	1.0	2.2	–	2.2	1.1	2.3	–	2.3	1.0
Z60A	Rehabilitation with catastrophic or severe CC	16.8	68.9	33.4	33.4	11.7	81.5	33.2	33.2	13.9	75.9	33.3	33.3
Z60B	Rehabilitation W/O catastrophic or severe CC	13.3	52.5	18.0	18.0	8.8	88.6	17.6	17.6	12.5	58.8	17.9	17.9
Z60C	Rehabilitation, sameday	1.0	–	1.0	1.0	1.0	–	1.0	1.0	1.0	–	1.0	1.0
Z61Z	Signs and symptoms	5.5	55.1	7.3	4.7	4.3	36.8	4.6	3.4	4.6	48.3	5.4	3.9
Z62Z	Follow up W/O endoscopy	2.7	54.2	5.2	1.1	2.7	47.5	3.1	1.3	2.7	52.5	3.9	1.2
Z63A	Other aftercare with catastrophic or severe CC	2.9	57.3	3.8	3.1	6.9	68.7	11.8	5.5	6.1	68.1	10.3	5.2
Z63B	Other aftercare W/O catastrophic or severe CC	2.1	46.0	2.3	1.3	4.0	61.8	4.7	1.6	3.5	60.5	4.1	1.6
Z64A	Other factors influencing health status	4.8	101.5	7.9	7.9	6.4	80.5	8.1	8.1	6.0	86.1	8.0	8.0
Z64B	Other factors influencing health status, sameday	1.0	–	1.0	1.0	1.0	–	1.0	1.0	1.0	–	1.0	1.0
Z65Z	Multiple, other and unspecified congenital anomalies	2.4	31.0	2.8	2.2	4.1	51.0	7.7	5.0	2.7	41.0	3.6	2.7
901Z	Extensive OR procedure unrelated to principal diagnosis	9.7	69.1	21.5	17.1	8.5	59.6	16.8	14.5	9.2	65.8	19.7	16.2
902Z	Non-extensive OR procedure unrelated to principal diagnosis	9.8	60.8	17.0	11.8	7.5	43.2	11.3	8.0	8.7	54.2	14.5	10.1
903Z	Prostatic OR procedure unrelated to principal diagnosis	17.2	101.2	47.2	47.2	8.0	84.5	46.3	46.3	14.4	93.8	46.9	46.9
961Z	Unacceptable principal diagnosis	–	–	–	–	5.0	–	5.0	5.0	5.0	–	5.0	5.0
963Z	Neonatal diagnosis not consistent with age/weight	5.1	216.7	24.3	18.1	5.1	44.8	9.2	7.6	5.1	102.1	14.6	11.6
Total		**5.2**	**64.2**	**7.8**	**3.5**	**4.5**	**54.4**	**5.4**	**3.3**	**4.7**	**59.8**	**6.2**	**3.4**

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

\- denotes no discharges reported to HIPE.

[a] Includes day and in-patients.

[b] This includes pregnancy with abortive outcome.



Glossary and Abbreviations

GLOSSARY

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

Additional diagnosis A condition or complaint either coexisting with the principal diagnosis or arising during the episode of care or attendance at a health care facility (NCCH, 2004).

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

Bed designation The designation of beds in public hospitals may be public, semi-private or private.

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

Complications Complications may arise during the hospital stay.

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

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

Diagnosis Related Group (DRG) DRGs are clusters of cases with similar clinical attributes and resource requirements. In Ireland, the decision was made to move to Australian Refined Diagnosis Related Group (AR-DRG) version 5.1 from 2005 onwards.

Discharge rate Discharge rate is the ratio of discharges to the corresponding population. The formula for calculating the discharge rate is:

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

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

Emergency admission An emergency admission is unforeseen and requires urgent care (Department of Health and Children, 2001). This term is used to refer to in-patient discharges.

General hospital A general hospital provides a broad range of services, and includes voluntary and non-voluntary (county and regional) hospitals.

Glossary (contd.)

GMS status — Refers to whether a patient holds a medical card. Up to 2004, the General Medical Services (Payments) Board was responsible for making payments on behalf of the health boards/regional authorities for national schemes (including GP services and prescriptions used by medical card holders). At the end of 2004, the GMS (Payments) Board was replaced by the Primary Care Reimbursement Service.

HSE area of hospitalisation — Refers to the HSE area in which the patient was treated.

HSE area of residence — Refers to the HSE area in which the patient resides.

Hospital In-Patient Enquiry (HIPE) — HIPE is a computer-based health information system that collates data on discharges from, and deaths in, acute hospitals in Ireland.

Hospital type — Relates to health board/regional authority hospitals and voluntary hospitals. It is also used to distinguish between general and special hospitals.

In-patient — An in-patient is admitted to hospital for treatment or investigation on a planned or emergency basis (Department of Health and Children, 2001). While a planned in-patient would stay for at least one night, in the case of emergency admissions the date of admission and discharge may be the same.

Integrated Management Return (IMR) — A set of management reports is submitted to the Department of Health and Children on a monthly basis by health boards/regional authorities and hospitals. Each report contains financial data, hospital activity data and employment control data, and is accompanied by a covering summary note which is signed off by the Chief Executive Officer or Secretary Manager of the relevant health board and/or hospital. The format of the IMRs changed when the health boards/regional authorities were replaced by the Health Service Executive on 1 January 2005.

Length of stay — Length of stay refers to the time, expressed in days, between admission to, and discharge from, hospital. For a day patient, length of stay is set equal to 1 day.

Major Diagnostic Category (MDC) — The MDC is a category generally based on a single body system or aetiology that is associated with a particular medical specialty. However, records assigned to MDCs 01, 15, 18 and 21 may have principal diagnoses associated with other categories. In AR-DRG Version 5.1, there are 23 MDCs.

Non-Voluntary — A non-voluntary hospital is owned and funded by the Health Service Executive (also known as a HSE hospital) (Citizen's Information, 2008).

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

Planned admission — An admission or procedure that has been arranged in advance (Department of Health and Children, 2001). This term is generally used to refer to in-patient discharges. The terms elective admission or procedure may also be used.

Principal diagnosis — The diagnosis established after study to be chiefly responsible for occasioning the patients episode of care. The phrase *after study* in the definition means evaluation of findings to establish the condition that was chiefly responsible for occasioning the episode of care (NCCH, 2004).

Glossary (contd.)

Principal and additional procedure

A procedure is defined as a clinical intervention that:

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

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

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

(NCCH, 2004)

Public/Private status

Refers to whether the patient is a public or private patient of the consultant.

Special hospital

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

Voluntary hospital

Management authorities for this group of hospitals vary widely. Some are owned and operated by religious orders, others are incorporated by charter or statute and work under lay boards of governors. These are financed to a large extent by State funds (Citizen's Information, 2008). For the purposes of this report, joint board hospitals are categorised as voluntary hospitals.

W-HIPE

The data entry and reporting system used in HIPE.

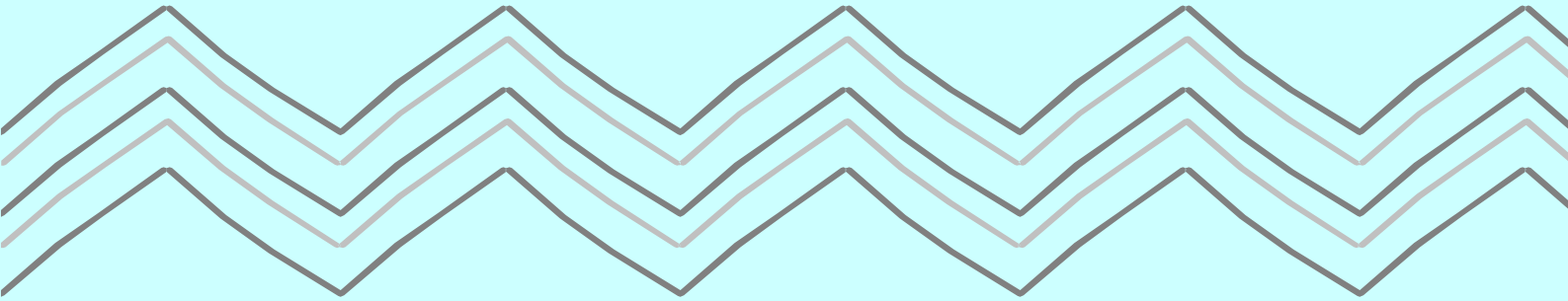
Sources: The above definitions are taken directly from, or based on, those provided in the following:
Department of Health and Children, 2001. *Quality and Fairness a Health System for You: Health Strategy*. Dublin: The Stationery Office.
'Hospital Services – Introduction': Citizen's Information; date consulted: 15 August 2009.
www.citizensinformation.ie/categories/health/hospital-services/hospital_services_introduction
For further information on the definitions of diagnoses see NCCH ICD-10-AM, July 2004, General Standards for Diseases.
For further information on the definitions of procedures see NCCH ICD-10-AM, July 2004, General Standards for Procedures.

ABBREVIATIONS

Adm	Admission
Admwt	Admission Weight
ACHI	Australian Classification of Health Interventions
ACS	Australian Coding Standards
AICD	Automatic Implantable Cardioverter-Defibrillator
AMI	Acute Myocardial Infarction
ALOS	Average Length of Stay
AR-DRG	Australian Refined Diagnosis Related Group
CABG	Coronary Artery Bypass Graft
CC	Complication and/or Comorbidity
CDE	Common Bile Duct Exploration
CSO	Central Statistics Office
D&C	Dilation and Curettage
CPB pump	Cardiopulmonary bypass pump
DoH&C	Department of Health and Children
DRG	Diagnosis Related Group
DX/Pr	Diagnosis and Procedure
EEG	Electroencephalography
ECMO	Extra corporeal membrane oxygenation
ECT	Electroconvulsive therapy
ENT	Ear, Nose and Throat
ERCP	Endoscopic Retrograde Cholangio Pancreatography
ESRI	Economic and Social Research Institute
ESW	Extracorporeal Shock Waves
GI	Gastro-intestinal
Fx	Fracture
g	Grams
GMS	General Medical Services
GP	General Practitioner
HCFA	Health Care Financing Administration
HIPE	Hospital In-Patient Enquiry
HIV	Human Immunodeficiency Virus
hr	Hour
HSE	Health Service Executive
ICD-9-CM	Ninth Revision of the International Classification of Diseases, Clinical Modification, Version October 1998
ICD-10-AM	Tenth Revision of the International Classification of Diseases, Australian Modification, 4th Edition
Incl	Including
IHD	Ischaemic Heart Disease

Abbreviations (contd.)

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



Appendices

APPENDIX I

Listing of Hospitals Participating in the HIPE Scheme

Hospital Name	County	Hospital Type	
HSE Dublin North East			
Beaumont Hospital	Dublin	Voluntary	General
The Children's University Hospital, Temple Street	Dublin	Voluntary	Paediatric
Connolly Hospital, Blanchardstown	Dublin	Non-Voluntary	County
Incorporated Orthopaedic Hospital, Clontarf	Dublin	Voluntary	Orthopaedic
Mater Misericordiae University Hospital	Dublin	Voluntary	General
Rotunda Hospital	Dublin	Voluntary	Maternity
National Orthopaedic Hospital, Cappagh	Dublin	Voluntary	Orthopaedic
Cavan General Hospital	Cavan	Non-Voluntary	County
Louth County Hospital, Dundalk	Louth	Non-Voluntary	County
Monaghan General Hospital	Monaghan	Non-Voluntary	County
Our Lady of Lourdes Hospital, Drogheda	Louth	Non-Voluntary	County
Our Lady's Hospital, Navan	Meath	Non-Voluntary	County
Cherry Orchard Hospital, Ballyfermot	Dublin	Non-Voluntary	Other Care
HSE Dublin Mid Leinster			
Coombe Women's Hospital	Dublin	Voluntary	Maternity
Naas General Hospital	Kildare	Non-Voluntary	County
National Maternity Hospital, Holles Street	Dublin	Voluntary	Maternity
National Rehabilitation Hospital (NRH), Dun Laoghaire	Dublin	Voluntary	Orthopaedic
Our Lady's Children's Hospital, Crumlin	Dublin	Voluntary	Paediatric
Peamount Hospital, Newcastle	Dublin	Voluntary	Other Care
Royal Victoria Eye and Ear Hospital	Dublin	Voluntary	ENT
St. Columcille's Hospital, Loughlinstown	Dublin	Non-Voluntary	County
St. James's Hospital	Dublin	Voluntary	General
St. Luke's & St. Anne's Hospital	Dublin	Voluntary	Cancer
St. Michael's Hospital, Dun Laoghaire	Dublin	Voluntary	General
St. Vincent's University Hospital, Elm Park	Dublin	Voluntary	General
Adelaide, Meath Incorporating National Children's Hospital (AMNCH), Tallaght	Dublin	Voluntary	General
Our Lady's Hospice, Harold's Cross	Dublin	Voluntary	Long Stay
Midland Regional Hospital, Mullingar	Westmeath	Non-Voluntary	County
Midland Regional Hospital, Portlaoise	Laois	Non-Voluntary	County
Midland Regional Hospital, Tullamore	Offaly	Non-Voluntary	County

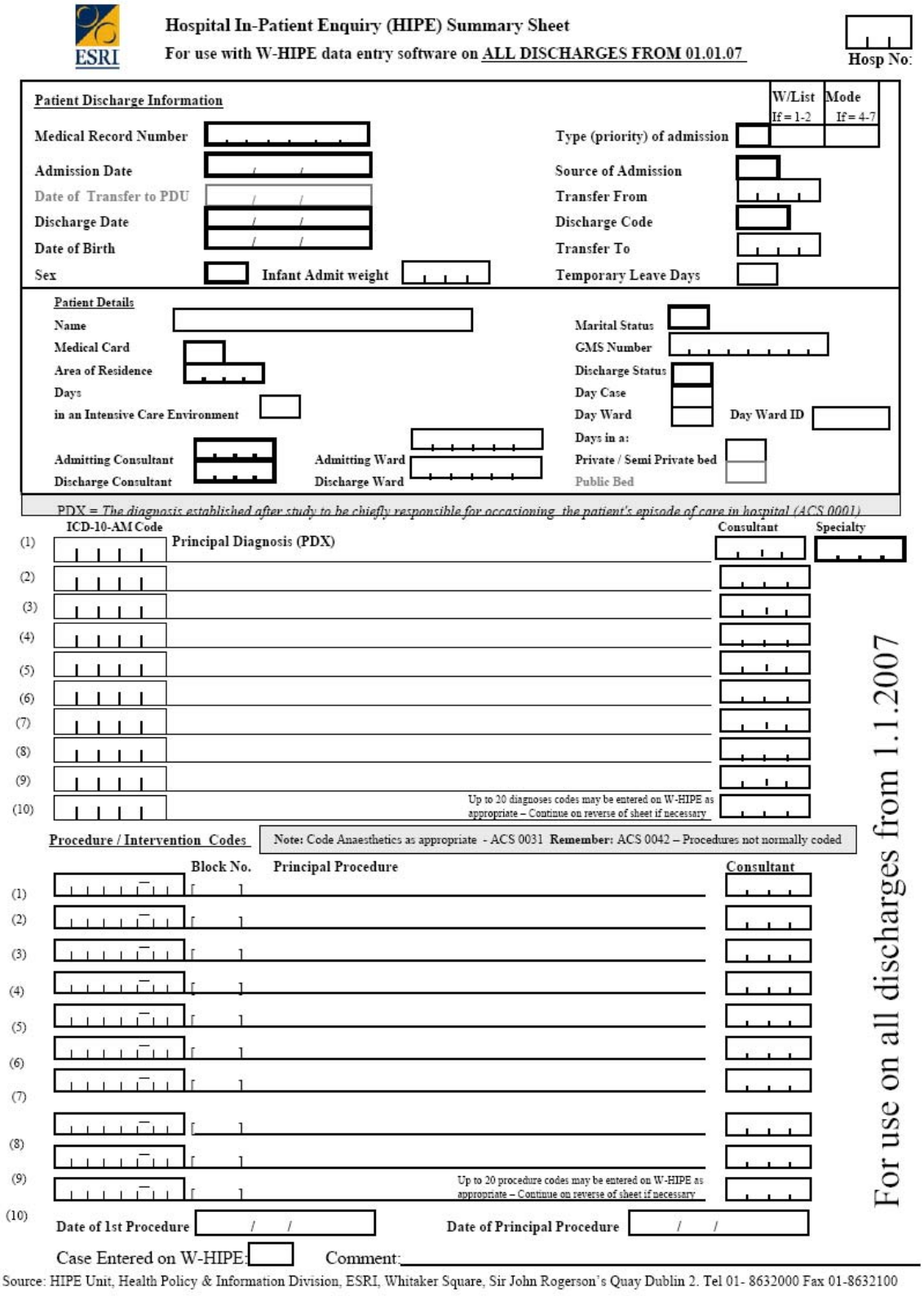
Appendix I: Listing of Hospitals Participating in the HIPE Scheme (contd.)

Hospital Name	County	Hospital Type	
HSE West			
Midwestern Regional Hospital, Ennis	Clare	Non-Voluntary	County
Midwestern Regional Hospital, Nenagh	Tipperary	Non-Voluntary	County
Midwestern Regional Hospital, Dooradoyle	Limerick	Non-Voluntary	Regional
Midwestern Regional Maternity Hospital	Limerick	Non-Voluntary	Maternity
Midwestern Regional Orthopaedic Hospital, Croom	Limerick	Non-Voluntary	Orthopaedic
St. John's Hospital	Limerick	Voluntary	General
Letterkenny General Hospital	Donegal	Non-Voluntary	County
Sligo General Hospital	Sligo	Non-Voluntary	Regional
Mayo General Hospital, Castlebar	Mayo	Non-Voluntary	County
Merlin Park Regional Hospital	Galway	Non-Voluntary	Regional
Portiuncula Hospital, Ballinasloe	Galway	Non-Voluntary	County
Roscommon County Hospital	Roscommon	Non-Voluntary	County
University College Hospital Galway	Galway	Non-Voluntary	Regional
HSE South			
Lourdes Orthopaedic Hospital, Kilcreene	Kilkenny	Non-Voluntary	Orthopaedic
St. Luke's General Hospital	Kilkenny	Non-Voluntary	County
South Tipperary General Hospital, Clonmel [a]	Tipperary	Non-Voluntary	County
Waterford Regional Hospital, Ardkeen	Waterford	Non-Voluntary	Regional
Wexford General Hospital	Wexford	Non-Voluntary	County
Cork University Hospital	Cork	Non-Voluntary	Regional
Erinville Hospital, Cork [b]	Cork	Non-Voluntary	Maternity
Kerry General Hospital, Tralee	Kerry	Non-Voluntary	County
Mallow General Hospital	Cork	Non-Voluntary	County
Mercy University Hospital	Cork	Voluntary	General
South Infirmary Victoria Hospital	Cork	Voluntary	General
St. Finbarr's Hospital [b]	Cork	Non-Voluntary	County
St. Mary's Orthopaedic Hospital, Gurranebraher	Cork	Non-Voluntary	Orthopaedic

Notes: Total number of hospitals participating in 2007: 56.
Two private hospitals began to participate in HIPE in 2000. Data relating to these two hospitals are not contained in this report.
[a] Acute hospital services from Our Lady's Hospital, Cashel were transferred to South Tipperary General Hospital on 12/01/2007.
[b] Maternity services from these hospitals transferred to Cork University Maternity Hospital in March 2007.

APPENDIX II

HIPE Data Entry Form, 2007



ESRI

Hospital In-Patient Enquiry (HIPE) Summary Sheet

For use with W-HIPE data entry software on ALL DISCHARGES FROM 01.01.07

Hosp No:

Patient Discharge Information

W/List If = 1-2 | Mode If = 4-7

Medical Record Number
Admission Date
Date of Transfer to PDU
Discharge Date
Date of Birth
Sex
Infant Admit weight
Type (priority) of admission
Source of Admission
Transfer From
Discharge Code
Transfer To
Temporary Leave Days

Patient Details

Name
Medical Card
Area of Residence
Days in an Intensive Care Environment
Admitting Consultant
Discharge Consultant
Admitting Ward
Discharge Ward
Marital Status
GMS Number
Discharge Status
Day Case
Day Ward
Day Ward ID
Days in a: Private / Semi Private bed
Public Bed

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

	ICD-10-AM Code	Principal Diagnosis (PDX)	Consultant	Specialty
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)		Up to 20 diagnoses codes may be entered on W-HIPE as appropriate – Continue on reverse of sheet if necessary		

Procedure / Intervention Codes

Note: Code Anaesthetics as appropriate - ACS 0031 **Remember:** ACS 0042 – Procedures not normally coded

		Block No.	Principal Procedure	Consultant
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)			Up to 20 procedure codes may be entered on W-HIPE as appropriate – Continue on reverse of sheet if necessary	

Date of 1st Procedure
Date of Principal Procedure

Case Entered on W-HIPE:
Comment:

For use on all discharges from 1.1.2007

Source: HIPE Unit, Health Policy & Information Division, ESRI, Whitaker Square, Sir John Rogerson's Quay Dublin 2. Tel 01- 8632000 Fax 01-8632100

APPENDIX III

2007 Population Data by Age, Sex and HSE Area of Residence

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

TABLE III.1

Total Population Estimates by HSE Area of Residence, 2007

	HSE Dublin North East	HSE Dublin Mid Leinster	HSE South	HSE West	Total
0-4 years	69,130	91,211	77,901	72,050	310,293
5-9 years	64,143	83,684	75,689	70,676	294,193
10-14 years	58,251	76,543	72,361	68,597	275,753
15-19 years	61,133	80,127	75,322	72,321	288,904
20-24 years	78,639	103,393	81,621	79,597	343,251
25-29 years	96,016	124,057	89,174	81,004	390,251
30-34 years	87,029	112,054	86,422	78,042	363,547
35-39 years	76,151	98,903	82,853	75,334	333,241
40-44 years	67,680	88,769	80,668	72,558	309,675
45-49 years	60,005	79,501	73,415	67,994	280,915
50-54 years	53,238	70,347	66,392	63,232	253,209
55-59 years	47,771	62,684	60,744	58,278	229,478
60-64 years	39,720	51,729	52,504	49,044	192,997
65-69 years	29,872	38,427	40,502	37,541	146,342
70-74 years	24,801	31,683	33,740	31,706	121,930
75-79 years	19,106	24,005	25,993	25,011	94,116
80-84 years	13,350	16,732	18,150	18,343	66,575
85 years and over	10,032	12,413	13,561	14,544	50,551
All Ages	**956,071**	**1,246,264**	**1,107,012**	**1,035,872**	**4,345,219**

Note: These population estimates were constructed by age, sex and county with counties Dublin and Tipperary split into north and south components as per the HSE area definitions. The estimates were derived using a cohort component model, and then applying the same mortality rates used by the CSO for their population projections, the CSO F2 fertility assumption along with published international migration data.

TABLE III.2

Male Population Estimates by HSE Area of Residence, 2007

	HSE Dublin North East	HSE Dublin Mid Leinster	HSE South	HSE West	Total
0-4 years	35,599	46,713	39,907	36,959	159,178
5-9 years	32,931	43,024	38,811	36,074	150,841
10-14 years	30,066	39,456	36,949	35,362	141,833
15-19 years	31,153	40,941	38,556	37,037	147,687
20-24 years	39,566	51,836	41,693	41,049	174,144
25-29 years	48,211	62,460	45,649	41,701	198,021
30-34 years	44,106	56,835	44,410	39,828	185,179
35-39 years	38,697	50,237	42,145	38,466	169,545
40-44 years	34,048	44,332	40,971	36,729	156,081
45-49 years	29,939	39,716	36,983	34,418	141,056
50-54 years	26,533	34,850	33,972	32,248	127,603
55-59 years	23,744	31,265	30,994	29,829	115,832
60-64 years	19,793	25,687	26,484	25,300	97,264
65-69 years	14,520	18,705	20,354	19,148	72,727
70-74 years	11,496	14,716	16,182	15,679	58,072
75-79 years	8,127	10,251	11,624	11,469	41,470
80-84 years	4,941	6,235	7,061	7,283	25,520
85 years and over	2,958	3,695	4,350	4,810	15,813
Male (All Ages)	**476,427**	**620,954**	**557,096**	**523,391**	**2,177,869**

See note under Table III.1.

TABLE III.3

Female Population Estimates by HSE Area of Residence, 2007

	HSE Dublin North East	HSE Dublin Mid Leinster	HSE South	HSE West	Total
0-4 years	33,531	44,499	37,994	35,091	151,115
5-9 years	31,212	40,660	36,878	34,602	143,352
10-14 years	28,185	37,087	35,412	33,235	133,920
15-19 years	29,980	39,186	36,766	35,284	141,217
20-24 years	39,073	51,558	39,929	38,547	169,107
25-29 years	47,805	61,597	43,525	39,302	192,230
30-34 years	42,923	55,219	42,011	38,214	178,367
35-39 years	37,454	48,666	40,708	36,868	163,695
40-44 years	33,631	44,437	39,697	35,829	153,594
45-49 years	30,066	39,785	36,432	33,576	139,859
50-54 years	26,705	35,497	32,420	30,984	125,605
55-59 years	24,027	31,420	29,750	28,448	113,645
60-64 years	19,927	26,042	26,019	23,743	95,733
65-69 years	15,353	19,722	20,147	18,393	73,615
70-74 years	13,306	16,966	17,558	16,028	63,858
75-79 years	10,980	13,755	14,369	13,542	52,646
80-84 years	8,410	10,497	11,088	11,060	41,055
85 years and over	7,074	8,719	9,212	9,734	34,738
Female (All Ages)	**479,644**	**625,310**	**549,915**	**512,481**	**2,167,350**

See note under Table III.1.

APPENDIX IV

Irish Coding Standard 0042 Procedures not Normally Coded[1]

Australian Coding Standard (ACS) 0042 *Procedures normally not coded* states:

These procedures are normally not coded because they are usually routine in nature, performed for most patients and/or can occur multiple times during an episode. Most importantly, the resources used to perform these procedures are often reflected in the diagnosis or in an associated procedure. For example:

- X-ray and application of plaster is expected with a diagnosis of Colles' fracture
- Intravenous antibiotics are expected with a diagnosis of septicaemia
- Cardioplegia in cardiac surgery

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

1. ***Application of plaster***

2. ***Cardioplegia***
   Code only when not associated with cardiac surgery, e.g. neurosurgery

3. ***Cardiotocography (CTG)***
   Code if fetal scalp electrodes are applied

4. ***Dressings***

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

6. ***Echocardiogram***
   Code transoesophageal echocardiogram

7. ***Electrocardiography (ECG)***
   Code patient activated implantable cardiac event monitoring (loop recorder)

8. ***Electromyography (EMG)***

9. ***Hypothermia***
   Code only when not associated with cardiac surgery

10. ***Insertion of pacing wires***
    Code only when not associated with cardiac surgery

11. ***Monitoring: cardiac, electroencephalography (EEG), vascular pressure***

12. ***Nasogastric intubation***

[1] Extracted from Irish Coding Standards V1.2 (ICS), November 2006, Economic and Social Research Institute.

13. ***Perfusion***
Code only when not associated with cardiac surgery

14. ***Postprocedural urinary catheterisation***
- Code if patient discharged with catheter in situ
- Code suprapubic catheterisation (see ACS 0016 *General procedure guidelines*)

15. ***Primary suture of surgical and traumatic wounds***
Code only for traumatic wounds which are not associated with an underlying injury (e.g. suture of lacerated forearm would be coded if there is no other associated injury)

16. ***Procedure components***

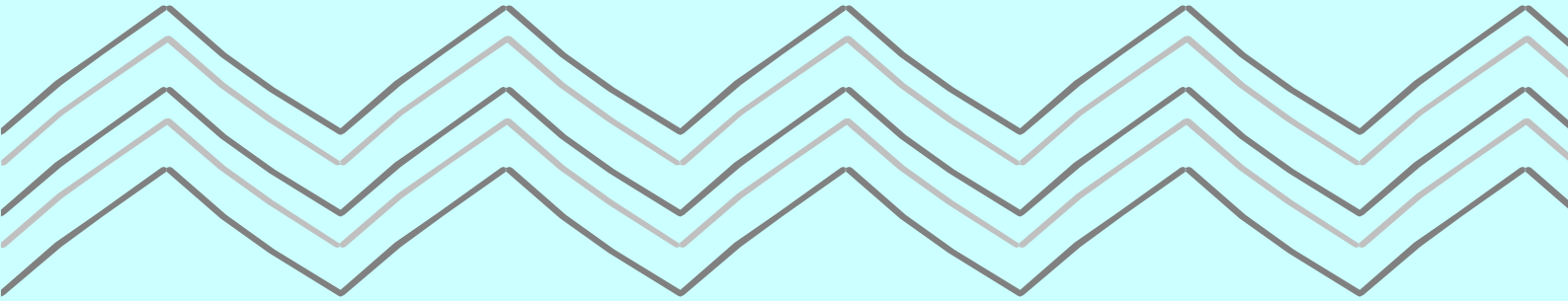
17. ***Stress test***

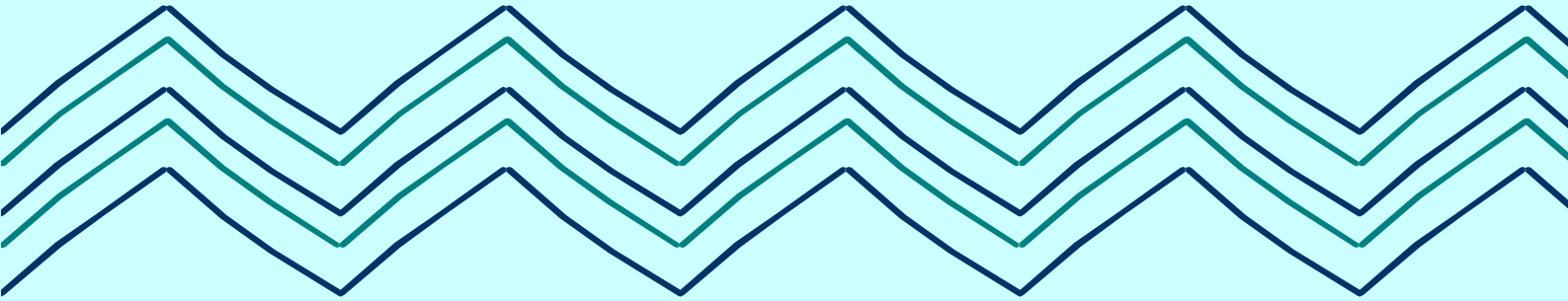
18. ***Traction***
Code if traction is the only procedure performed

19. ***Ultrasound***

20. ***X-rays without contrast (plain)***

21. ***Collection of blood for diagnostic purposes***
Collection of blood for diagnostic purposes, is added by ICS 0042 to the list of procedures not normally coded and provided in this standard.





Health Research and Information Division
The Economic and Social Research Institute

Whitaker Square
Sir John Rogerson's Quay
Dublin 2
Ireland

Telephone + 353 1 8632000
Fax + 353 1 8632100

www.esri.ie

ISBN 978 0 7070 0286 6