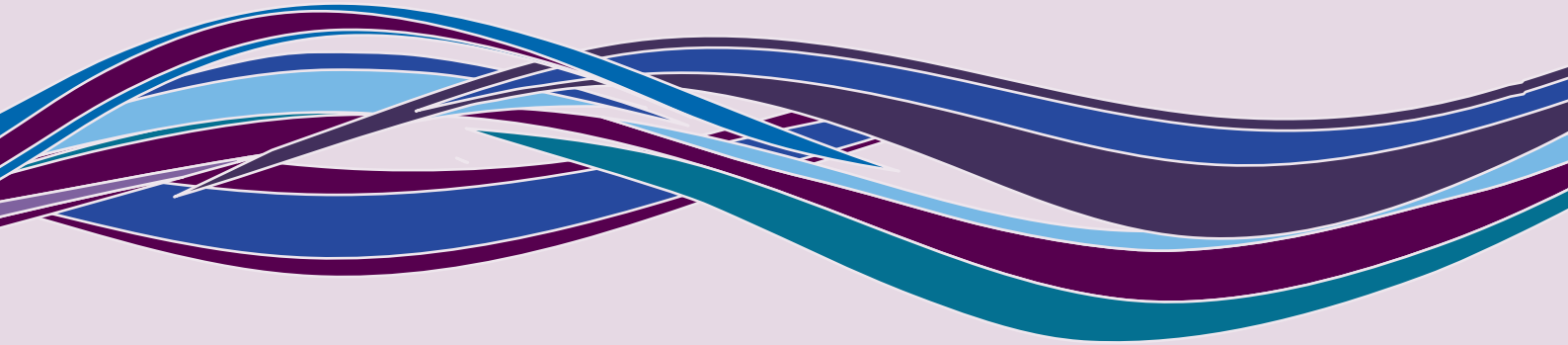

Activity in Acute Public Hospitals in Ireland

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This is a report on the discharges from acute public hospitals participating in the Hospital In-Patient Enquiry (HIPE) scheme in 2006. Discharge activity is examined by type of patient and hospital, and by demographic parameters (such as age and sex). Particular issues of relevance to the Irish health care system covered in the report relate to the composition of discharges by medical card and public/private status. Discharges are also analysed by diagnoses, procedures, major diagnostic categories, and diagnosis related groups. The analysis is presented at the national level and is also disaggregated by Health Service Executive (HSE) administrative areas.

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

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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 2006 calendar year. As with previous reports, the aim is to present an overview of discharge activity in acute public hospitals in Ireland. In 2006 the HIPE scheme captured data on 96.7 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 2006, for example, the HRID responded to 228 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 2002 TO 2006

In 2006, 1,244,890 discharges were reported to HIPE by acute public hospitals in Ireland. This represented average annual growth over the five year period of 9.0 per cent from the 892,634 discharges recorded in 2002.[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 2002, day patients accounted for 39.6 per cent of total discharges, but by 2006 this proportion had increased to 53.2 per cent. There was average annual growth in the number of day patients over the period 2002 to 2006 of 18.2 per cent. The growth in the number of day patients between 2002 and 2006, and in particular between 2005 and 2006 when growth reached almost 50 per cent, is related, at least in part, to the increased availability of day treatment facilities and technological advances in treatment. However, the increase can mainly be attributed to the collection, for the first time in 2006, of day patient

[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 2002 and 2006. This measure is used for all further comparative analysis over the 2002 to 2006 period in order to avoid the distortion of the percentage change figures caused by the increase in the number of total discharges recorded in 2006.

radiotherapy encounters and dialysis encounters from all HIPE hospitals providing the service. In-patient discharges show an average annual rate of growth of 2.0 per cent over the period since 2002, and for the first time in-patient activity no longer accounted for the majority of total discharges (46.8 per cent in 2006) compared to day patients.

In 2006, emergency in-patients accounted for 32.4 per cent of total discharges compared to 14.4 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 2006 there were 293.6 discharges recorded. This discharge rate has grown at an average annual rate of 6.8 per cent since 2002, when there were 227.9 discharges per 1,000 population. The average annual percentage increase in the number of total discharges over the period 2002 to 2006 (9.0 per cent) surpassed that of discharge rates (6.8 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 2002 and 2006. Total in-patient bed days grew by an average annual rate of 1.6 per cent over the five-year period, representing a slightly lower growth rate than total in-patient discharges (2.0 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 (22.6 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 discharges declined by an average annual rate of 4.8 per cent, from 4.3 days in 2002 to 3.5 days in 2006. 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 9.0 per cent), the total number of hospital beds increased by an average annual rate of 1.6 per cent over the period 2002 to 2006. In-patient bed numbers experienced average annual growth of 0.6 per cent, while the number of day patient beds increased from 812 to 1,402 beds between 2002 and 2006 – an average annual increase of 14.8 per cent. In-patient beds accounted for 89.8 per cent of total beds in HIPE hospitals in 2006.

[3] Extended stay in-patients have a length of stay of more than 30 days.

[4] Acute in-patients are defined as discharges with a length of stay between 0 and 30 days.

ANALYSIS OF ACUTE HOSPITAL ACTIVITY IN 2006

Patient Type

In 2006, over 53 per cent of total discharges were day patients, the remainder being in-patients. Total in-patients accounted for 84.8 per cent of total bed days in that year. Acute in-patients accounted for 45.5 per cent of total discharges and 62.2 per cent of total bed days. Extended stay in-patients amounted to 1.3 per cent of total discharges and 22.6 per cent of total bed days. The average length of stay was 4.8 days for acute in-patients and 6.3 days for total (acute and extended stay) in-patients.

Hospital Type

General hospitals accounted for 86.3 per cent of total discharges. Within the general hospital group, county and regional hospitals accounted for 56.9 per cent of total discharges and voluntary hospitals accounted for the remaining 29.4 per cent. Special hospitals (including long stay hospitals) accounted for 13.7 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, 83.3 per cent were discharged from general hospitals and, of total extended stay in-patients, 85.5 per cent were discharged from general hospitals. The remainder of total acute and extended stay in-patients were discharged from special hospitals (16.7 per cent and 14.5 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 1.7 days longer than the 4.4 days reported for county hospitals.

The share of in-patient beds in general hospitals (84.6 per cent) was in line with the 83.3 per cent of total in-patient discharges treated in these types of hospitals. While 88.9 per cent of day patients were discharged from general hospitals, the proportion of day patient beds located in general hospitals was 87.2 per cent.

Areas of Hospitalisation and Residence

Over 29 per cent of total discharges were treated in the HSE Dublin Mid Leinster area. The HSE South and West each treated approximately one-quarter of total discharges, with the HSE Dublin North East treating the smallest proportion of discharges (22.3 per cent). A similar pattern was maintained when total discharges were compared by day and in-patient status.

The average length of stay for acute in-patients was longest in HSE Dublin North East (5.1 days), which was above that reported for acute in-patient discharges across all HSE areas (4.8 days). The HSE Dublin North East area also recorded the longest length of stay for extended stay in-patient discharges (64.9 days).

There was considerable variability in the number of discharges and discharge rates by area of residence. For every 1,000 members of the population resident in the HSE Dublin Mid Leinster area there were 270.1 discharges, which was lower than the rates reported by all other HSE areas. The HSE West area recorded the highest discharge rate with 325.0 discharges per 1,000 population.

Distribution of Beds in HIPE Hospitals

Approximately 31 per cent of total hospital beds in HIPE hospitals were located in HSE Dublin Mid Leinster, with 23.8 per cent in HSE South. Almost one in three designated in-patient beds were situated in HSE Dublin Mid Leinster and 22.1 per cent in HSE Dublin North East. HSE Dublin Mid Leinster also accounted for 28.0 per cent of day patient beds.

On average, in 2006, 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 3.5 beds per 1,000 in HSE Dublin Mid Leinster.

Temporal Variation in Admission and Discharge Activity

During 2006, the highest monthly estimate of hospital admissions occurred during May (109,469 admissions), with the lowest number reported for December (87,151 admissions). Admissions for day patients peaked in November (59,432). Admissions of planned in-patient admissions (16,291) peaked in May, while emergency in-patients (35,325) peaked in March. Total in-patient admissions (50,559) peaked in May. The lowest numbers of both planned and emergency admissions were reported for December.

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

DEMOGRAPHIC ANALYSIS OF HOSPITAL DISCHARGE ACTIVITY IN 2006

Sex

More than one half of total discharges in 2006 were females. This was not representative of the national population in 2006, which was equally divided between men and women. A higher proportion of males were discharged as day patients than females (58.2 per cent and 48.7 per cent respectively). Sex-specific discharge rates showed greater utilisation of acute hospital services by females. The discharge rate for total female discharges was 311.0 per 1,000, which was 12.5 per cent greater than that for males (276.3 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 (4.5 days). Average length of stay for extended stay in-patients was almost the same for females as it was for males (59.9 days and 60.0 days respectively).

Marital Status

Married people accounted for 47.3 per cent of total discharges – the single largest category by marital status – but only 42.7 per cent of total bed days. Thus, the average length of stay for married total discharges (3.2 days) was slightly below that for total discharges overall (3.5 days). In contrast, widowed discharges had a longer average length of stay (6.4 days) and accounted for proportionately more bed days than their share of total discharges.

Age

The age-specific discharge rates for older age groups were higher than those across all age groups. These rates indicate that, after controlling for the size of the population in each age group, a higher number of discharges took place among older age groups. This finding was consistent when the analysis was undertaken for day and in-patients and by sex. Moreover, older age groups accounted for a disproportionate share of bed days. While discharges aged 65 years and over represented 27.2 per cent of total in-patients and 30.6 per cent of total discharges, they accounted for 48.3 per cent of total in-patient bed days and 46.1 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 (11.3 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 2006, GMS patients accounted for about 48.6 per cent of total discharges from HIPE hospitals. Non-GMS patients (non-medical card holders) represented 46.6 per cent of total discharges. The GMS status of the remaining 4.8 per cent of total discharges was unknown. More than 41 per cent of day patient discharges and 52.8 per cent of acute in-patient discharges did not hold a medical card. The majority (71.1 per cent) of extended stay in-patient discharges were medical card holders. The average length of stay for acute GMS in-patients was 6.0 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; over 58 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 2006, since almost 58 per cent of discharges from this area did not hold a medical card.

Public/Private Status

Within the HIPE scheme public/private status indicates whether the patient was treated by the consultant on a private or public basis. Over three-quarters of total discharges were public patients. Nationally, over 77 per cent of discharges from HIPE hospitals were public, although 80.4 per cent treated in the HSE Dublin North East area were public patients. The HSE South area recorded the highest proportion of private patients (26.1 per cent) as a proportion of total discharges. The average acute in-patient length of stay was 4.8 days for public discharges, which was 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 (88.7 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, 20.6 per cent lived outside the area. Discharges were more likely to be treated in the HSE Dublin North East area if they were resident in the neighbouring HSE Dublin Mid Leinster area.

Nationally, 11.0 per cent of discharges were treated outside their HSE area of residence. Approximately 90 per cent of discharges who were resident in either HSE South or HSE West were treated in their home area. The HSE Dublin North East area recorded the highest proportion of residents treated by other HSE areas (16.0 per cent).

MORBIDITY ANALYSIS FOR HOSPITAL DISCHARGES IN 2006

Diagnoses

The average number of diagnoses recorded for total discharges in 2006 was 2.6.[5] 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 and the numbers for day patients showed a generally increasing trend over the age groups, with the exception of a slight decrease for those in the 15-44 years age group.

Almost 60 per cent of day patient discharges had one of the top 20 most common principal diagnoses.[6] The most common principal diagnosis for day patients was 'care involving dialysis'; 37.1 per cent of day patients had this principal diagnosis. The second most common cause of hospitalisation among day patients was 'other medical care', which includes chemotherapy and radiotherapy.

The 20 most frequently recorded principal diagnoses for in-patients incorporated 28.3 per cent of total in-patient discharges. The most common principal diagnosis was 'perineal laceration during delivery'. This diagnosis accounted for 2.8 per cent of total in-patient discharges with an average length of stay of 2.8 days.

Apart from obstetric and gynaecological diagnoses, there were some differences in the principal diagnoses reported for males and females. For example, of the 2,648 discharges with a principal diagnosis of 'mental and behavioural disorders due to alcohol', 1,886 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 1,244,890 discharges reported to HIPE in 2006, 984,644 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 2006. Total in-patient discharges on whom a procedure was performed had, on average, 2.6 procedures compared with an average of 1.3 for day patients. The average number of procedures was similar for total male and female discharges who recorded a procedure. In general, the average number of procedures per discharge decreased with age for day patients and increased with age for total in-patients.

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

[6] For the first time in 2006, all day patient radiotherapy and dialysis encounters were reported to HIPE. 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.

The top 20 principal procedure blocks accounted for 76.6 per cent of day patient discharges with a procedure.[7] The most common principal procedure block for day patients was 'haemodialysis', which accounted for 23.7 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 48.5 per cent of in-patients who had a procedure. The most common principal procedure block was 'generalised allied health interventions'[8], which accounted for 10.8 per cent of all principal procedures for total in-patients. The total in-patient average length of stay for this principal procedure was 12.4 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 the Department of Health and Children has applied a case mix adjustment when estimating the budgets for the majority of acute public hospitals in Ireland. For this purpose, in 2005, the Australian Refined Diagnosis Related Group[9] (AR-DRG) case mix classification scheme was adopted by the Department as the national standard. The AR-DRG scheme enables the disaggregation of discharges into homogeneous groups, which are expected to undergo similar treatment processes and incur similar levels of resource use. The first step in AR-DRG assignment is the classification of discharges into one of the Major Diagnostic Categories (MDCs), which are primary diagnostic groupings based on the systems of the body.

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 (2.9 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 7.8 days. The longest average length of stay for total in-patient discharges, also excluding discharges assigned to 'pre-MDC' and 'unassignable to MDC', was 11.9 days for 'mental diseases and disorders' (MDC 19).

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[7] A procedure block represents a homogenous group of procedures in the Australian Classification of Health Interventions (ACHI).

[8] Includes physiotherapy, occupational therapy, speech therapy, etc.

[9] 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 73.3 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 30.3 per cent of day patients in the top 20 AR-DRGs and 22.2 per cent of total day patients. The top 20 most common AR-DRGs for total in-patients accounted for 31.2 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 5.7 per cent of total in-patient discharges. The total in-patient average length of stay recorded for this AR-DRG was 3.1 days.

Introduction SECTION

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 2006, 57 acute public hospitals in Ireland reported to HIPE.[1] Public hospitals that participated in HIPE in 2006 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 2006. 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 2006 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 through HIPE in 2006, discusses the coverage of HIPE, and compares selected statistics for the period 2002 to 2006. 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 2006. Discharges from these hospitals have been included in this report.

[2] All previous HIPE reports are available from www.esri.ie.

DATA COLLECTED BY HIPE IN 2006

The data elements recorded by HIPE in 2006 are listed in Table 1.1.[3] The main developments in data collection in 2006 were:

- the collection of all day patient radiotherapy encounters from all participating hospitals providing this service
- the collection of day patient dialysis encounters
- the addition of a field under 'mode of emergency admission' (see Table 1.1). Prior to 2006 HIPE collected encounters in Medical Assessment Units (MAUs) where patients were assessed and subsequently admitted to hospital (as in-patients). From 2006, MAU admissions were split into MAU 'in-patient' (where the patient was admitted to the hospital through the MAU after assessment) and MAU 'day only' (where cases were admitted and discharged from the MAU on the same day).

The inclusion of the above activity significantly increases the number of discharges recorded by HIPE, specifically the number of day patients, when compared to previous years. It is important to consider these changes when interpreting the data for 2006, and in particular when comparing discharge data for 2006 with those from previous years.

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

[3] A copy of the HIPE data entry form for 2006 is contained in Appendix II. Reports that can be produced from the HIPE database are outlined on www.esri.ie.

TABLE 1.1

Data Collected by HIPE

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 secondary 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 secondary 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 indicator 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.
	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.

Table 1.1: Data Collected by HIPE (contd.)

Type of Data	Parameters	Notes
Administrative data (contd.)	Discharge destination	Values include: self discharge, home, nursing home, convalescent home or long stay accommodation, transfer to hospital (in HIPE) as emergency, transfer to hospital (in HIPE) as non-emergency, transfer to psychiatric hospital/unit, died with post-mortem, died without post-mortem, transfer to other hospital (not in HIPE) as emergency, transfer to other hospital (not in HIPE) as non-emergency, rehabilitation facility, hospice, prison, absconded, or other.
	Discharge status	Refers to the public/private status of the patient on discharge and not to the type of bed occupied.
	General Medical Service status	Refers to whether the patient is a medical card holder.
	Days in an intensive care environment	
	Days in a private/ semi-private bed	
	Days in a public bed	
	Specialty	Refers to specialty of consultant associated with the principal diagnosis and is assigned locally based on a list provided by the Department of Health and Children.
	Admitting consultant	Encrypted.
	Discharge consultant	Encrypted.
	Consultant responsible for each diagnosis	Encrypted.
	Consultant responsible for each procedure	Encrypted.
	Date of transfer to a pre-discharge unit	Date may be collected to identify when a patient was transferred to a pre-discharge unit prior to being discharged as planned. Optional variable in 2006.
	Discharge ward	Optional variable in 2006.
	Admitting ward	Optional variable in 2006.

COVERAGE OF HIPE DATA

Table 1.2 and Figure 1.1 compare the returns to HIPE from 1999 to 2006 with national data on discharges from acute hospitals collected by the Performance Management Unit (PMU) in the Health Service Executive (HSE). Prior to 2006, these were collected as part of the Integrated Management Returns (IMRs) to the Department of Health and Children (DoH&C). Estimating coverage for HIPE is complicated by the fact that the requirement to collect all day patient dialysis discharges only became obligatory in January 2006. As these cases were not recorded at the national level by the PMU in the HSE, day patient dialysis discharges were removed from the calculation of the coverage of HIPE data in 2006.

According to figures received from the PMU in the HSE, discharges from public hospitals in 2006 were estimated at 1,135,731 compared to 1,244,890 discharges reported to HIPE. Adjusting for day patient dialysis discharges, in 2006, the total number discharges reported to HIPE was 1,098,026. This indicates that 96.7 per cent of all discharges reported to the PMU in the HSE were captured by HIPE in 2006.

TABLE 1.2

Estimates of Hospital Discharges from the DoH&C/HSE and HIPE, 1999–2006

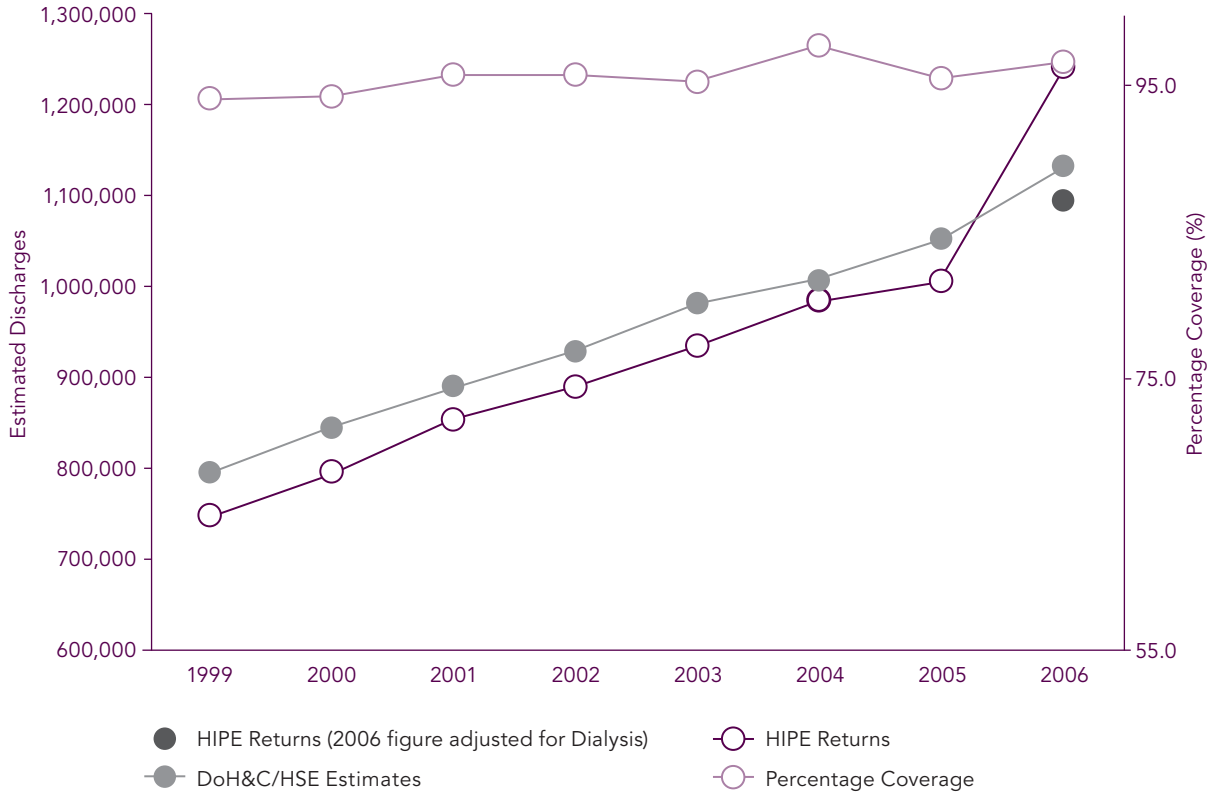
Year	DoH&C/HSE Estimates [a]	Data Returned by Hospitals to HIPE	HIPE Returns Minus Day Patient Dialysis Discharges	% Coverage of HIPE [b]
1999	798,132	751,945	–	94.2
2000	846,738	798,858	–	94.3
2001	892,591	856,261	–	95.9
2002	930,783	892,634	–	95.9
2003	983,537	937,906	–	95.4
2004	1,018,386	987,615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

Notes: [a] DoH&C estimates (1999–2005) are based on IMR data compiled by the DoH&C.
HSE estimates (2006) are based on data compiled by the PMU unit in the HSE.
[b] Day patient dialysis discharges were excluded in 2006.

Source: From 1999 to 2005 hospital data were obtained from the Department of Health and Children. In 2006, hospital 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 2006 were obtained directly from these hospitals.

FIGURE 1.1

Data on Hospital Discharges Returned by Participating Hospitals to HIPE and DoH&C/HSE, 1992–2006



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

ACUTE HOSPITAL DISCHARGES FROM 2002 TO 2006

In 2006, 1,244,890 discharges were reported to HIPE by participating acute public hospitals (see Table 1.3). This figure was, on average, 9.0 per cent higher than the level of discharges reported to HIPE five years earlier in 2002 (see Figure 1.2). This 9.0 per cent increase represents the average annual percentage change over the five year period rather than the percentage change between 2002 and 2006. This measure is used for all further comparative analysis over the 2002 and 2006 period to avoid the distortion of the percentage change figures caused by the increase in the number of total discharges recorded in 2006 due to the expansion of the scheme to record day patient radiotherapy[4] and dialysis encounters.

[4] In previous years there was significant under-reporting of radiotherapy activity by one HIPE hospital.

According to Table 1.3 the volume of both day and in-patient discharges increased over the period 2002 to 2006, albeit at differing rates. Day patient discharges experienced average annual growth of 18.2 per cent over the period and almost a 50 per cent increase between 2005 and 2006. Much of the change between 2005 and 2006 can be accounted for by the changes in the collection of data relating to radiotherapy and dialysis. Total in-patient discharges experienced an average annual increase of 2.0 per cent over the period 2002 to 2006. The share of total discharges accounted for by day patients increased from 39.6 per cent in 2002 to 53.2 per cent in 2006.

The number of emergency in-patients was more than twice that of planned in-patients in 2006.[5] In addition, emergency in-patients experienced higher average annual growth over the period 2002 to 2006 than planned in-patients (see Figure 1.3). The number of planned in-patients fluctuated over the period and increased by an average of 1.1 per cent from 2002 to 2006. In contrast, between 2005 and 2006 the number of planned in-patients increased by slightly more than the number of emergency in-patients (3.3 per cent and 3.1 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 2006, general hospitals accounted for 86.3 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 2006 was similar to that recorded in 2002 (see Figure 1.4). Discharges from special hospitals experienced higher average annual growth over the period 2002 to 2006 compared to general hospitals (growth of 10.9 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 31.4 per cent of total discharges in 2006, representing an average annual growth rate of 6.2 per cent from 2002. Of the other categories, 25.5 per cent of total discharges were from regional hospitals and 29.4 per cent were from voluntary hospitals. Discharges from all three categories of general hospital experienced growth during the period 2002 to 2006. Average annual growth in discharges from regional hospitals exceeded that of both voluntary and county hospitals.

In 2006, 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 2005 and 2006 figures with those from previous years as the unit of measurement has changed from eight health boards/regional authorities to four HSE administrative areas.[6] The numbers of discharges treated within their HSE area of residence increased at a higher rate between 2005 and 2006 than those treated outside their HSE area of residence (23.7 per cent and 22.2 per cent respectively).

[5] 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.

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

With the exception of 2006 the ratio of male to female discharges remained relatively unchanged between 2002 and 2006; females accounted for more than 55 per cent of total discharges in each of the years reported in Table 1.3. For the first time since 1998, male discharges accounted for more than 47 per cent of total discharges in 2006. The average annual growth of discharges over the period 2002 to 2006 was higher for males than it was for females (10.8 per cent for males and 7.6 per cent for females). The growth in the number of male discharges between 2005 and 2006 was also higher than that for females at 30.5 per cent and 17.8 per cent respectively.

In 2002, 48.5 per cent of total discharges were aged under 44 years and by 2006 this had fallen to 41.6 per cent. This change reflects the differential growth in the number of discharges for each age group. In the period from 2002 to 2006, the two younger age groups experienced lower average annual growth than the two older age groups, 3.3 per cent for discharges under 15 years and 5.2 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 12.2 per cent and discharges in the oldest age group (65 years and over) recorded 13.4 per cent growth. The two older groups of discharges continued to grow at faster rates than the younger age groups between 2005 and 2006.

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 2002 and 2005. In 2006, for the first time, GMS discharges accounted for a higher proportion of total discharges than non-GMS discharges. The average annual year-on-year growth rate of GMS discharges (12.3 per cent) was higher than that of non-GMS discharges (5.7 per cent). A possible explanation for this increase may be the extension of the medical card scheme to all those aged 70 years or older, irrespective of their income, which was introduced in July 2001.

In HIPE, the public/private status variable relates to whether the patient saw the consultant publicly or privately. Public discharges accounted for 77.4 per cent of total discharges in 2006. This proportion was greater than that reported in 2002, when 75.5 per cent were public. Between 2002 and 2006, the average annual growth rate of public discharges was 9.9 per cent, while the average annual growth in private discharges was 6.5 per cent over the period. Public discharges grew by 28.7 per cent between 2005 and 2006, which was over three times greater than that for private discharges (8.4 per cent).

The discharge rate per 1,000 population is reported in Table 1.3. The number of discharges per 1,000 population increased steadily from 227.9 discharges for every 1,000 population in 2002 to 293.6 discharges per 1,000 in 2006, representing an average annual growth of 6.8 per cent over the five years (see Figure 1.6). While this growth was not as great as that experienced by the number of discharges over the same period, it does reaffirm that not all of the increase in discharges over the period can be attributed to population growth but factors like the expansion of coverage for data collection are also important.

In 2006, discharges spent over 4.3 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 9.3 per cent in 2002 to 15.2 per cent in 2006, an average annual increase of 18.2 per cent. Total in-patient bed days experienced average annual growth of 1.6 per cent over the period 2002 to 2006 (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 throughout the period and accounted for 41.0 per cent of total bed days in 2006. The in-patient bed days used by this age group grew by an average annual rate of 2.1 per cent over the period 2002 to 2006 but exhibited practically no growth between 2005 and 2006.

On average, total discharges spent 3.5 days in hospital in 2006, a decline of over half-a-day or an average annual decrease of 4.8 per cent in average length of stay since 2002. The average length of stay for total in-patients decreased slightly from 6.4 days to 6.3 days over the five-year period. In 2006 acute in-patients (those with a length of stay of 30 days or less) spent, on average, less time in hospital when compared to 2002 (5.0 days in 2002 and 4.8 days in 2006). 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 (61.1 days in 2002 and 60.0 days in 2006). From the analysis of length of stay data by patient type, the increase in the number of day patient discharges in 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 1.6 per cent from 12,904 to 13,773 over the period 2002 to 2006 (see Figure 1.8).[7] 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 0.6 per cent during the five-year period. The number of day patient beds grew by an average annual rate of 14.8 per cent over the same period. Reflecting these differential growth rates, the in-patient share of beds declined from 93.7 per cent in 2002 to 89.8 per cent in 2006.[8]

[7] Excludes beds in long stay HIPE hospitals, which are not reported to the DoH&C and the HSE.

[8] It should be noted when interpreting data on the number of hospital beds that one hospital which had previously participated in HIPE closed in 2006.

TABLE 1.3

Number and Percentage Distribution of Acute Public Hospital Discharges, 2002–2006

	2002 (%)	2003 (%)	2004 (%)	2005 (%)	2006 (%)	Average Annual % Change [a] 2002–2006	% Change 2005–2006
Total Discharges	**892,634**	**937,906**	**987,615**	**1,008,498**	**1,244,890**	**9.0**	**23.4**
Patient Type							
Day Patients	353,400 (39.6)	389,637 (41.5)	425,978 (43.1)	443,654 (44.0)	662,096 (53.2)	18.2	49.2
Total In-Patients	539,234 (60.4)	548,269 (58.5)	561,637 (56.9)	564,844 (56.0)	582,794 (46.8)	2.0	3.2
Planned	172,166 (19.3)	172,341 (18.4)	178,209 (18.0)	173,644 (17.2)	179,318 (14.4)	1.1	3.3
Emergency [b]	367,068 (41.1)	375,928 (40.1)	383,428 (38.8)	391,200 (38.8)	403,476 (32.4)	2.4	3.1
Hospital Type							
General Hospitals	778,104 (87.2)	818,548 (87.3)	858,295 (86.9)	874,119 (86.7)	1,074,202 (86.3)	8.7	22.9
Voluntary	254,834 (28.5)	265,951 (28.4)	285,417 (28.9)	287,319 (28.5)	365,761 (29.4)	9.9	27.3
Regional	214,511 (24.0)	224,735 (24.0)	232,806 (23.6)	244,608 (24.3)	317,643 (25.5)	10.8	29.9
County	308,759 (34.6)	327,862 (35.0)	340,072 (34.4)	342,192 (33.9)	390,798 (31.4)	6.2	14.2
Special Hospitals	114,530 (12.8)	119,358 (12.7)	129,320 (13.1)	134,379 (13.3)	170,688 (13.7)	10.9	27.0
Location of Treatment [c, d]							
Within health area of residence	785,966 (88.1)	827,778 (88.3)	868,123 (87.9)	892,349 (88.5)	1,103,844 (88.7)	n/a	23.7
Outside health area of residence	102,005 (11.4)	105,828 (11.3)	115,444 (11.7)	106,126 (10.5)	136,496 (11.0)	n/a	22.2
Patient Characteristics							
Sex							
Males	397,229 (44.5)	415,307 (44.3)	438,627 (44.4)	449,213 (44.5)	586,077 (47.1)	10.8	30.5
Females	495,405 (55.5)	522,599 (55.7)	548,988 (55.6)	559,285 (55.5)	658,813 (52.9)	7.6	17.8
Age Group							
Under 15 years	111,952 (12.5)	116,690 (12.4)	121,930 (12.3)	124,080 (12.3)	127,461 (10.2)	3.3	2.7
15 to 44 years	321,153 (36.0)	331,075 (35.3)	346,546 (35.1)	344,385 (34.1)	390,774 (31.4)	5.2	13.5
45 to 64 years	222,878 (25.0)	236,213 (25.2)	251,464 (25.5)	260,981 (25.9)	345,500 (27.8)	12.2	32.4
65 years and over	236,651 (26.5)	253,928 (27.1)	267,675 (27.1)	279,052 (27.7)	381,155 (30.6)	13.4	36.6
GMS Status [e]							
GMS (Medical card holders)	385,974 (43.2)	419,168 (44.7)	444,158 (45.0)	468,709 (46.5)	604,983 (48.6)	12.3	29.1
Non-GMS (Non-medical card holders)	466,864 (52.3)	479,275 (51.1)	508,152 (51.5)	510,389 (50.6)	579,950 (46.6)	5.7	13.6
Unknown [f]	39,796 (4.5)	39,463 (4.2)	35,305 (3.6)	29,400 (2.9)	59,957 (4.8)	19.0	103.9

Table 1.3: Number and Percentage Distribution of Acute Public Hospital Discharges, 2002–2006 (contd.)

	2002 (%)	2003 (%)	2004 (%)	2005 (%)	2006 (%)	Average Annual % Change [a] 2002–2006	% Change 2005–2006
Public/Private Status [g]							
Public Discharges	673,719 (75.5)	704,312 (75.1)	735,282 (74.5)	748,966 (74.3)	963,620 (77.4)	9.9	28.7
Private Discharges	218,915 (24.5)	233,594 (24.9)	252,333 (25.5)	259,532 (25.7)	281,270 (22.6)	6.5	8.4
Discharge Rate Per 1,000 Population [h]	**227.9**	**235.7**	**244.2**	**246.6**	**293.6**	**6.8**	**19.1**
Total Bed Days	**3,819,671**	**3,875,450**	**4,045,487**	**4,103,306**	**4,350,877**	**3.3**	**6.0**
Day Patients	353,400 (9.3)	389,637 (10.1)	425,978 (10.5)	443,654 (10.8)	662,096 (15.2)	18.2	49.2
Total In-Patients	3,466,271 (90.7)	3,485,813 (89.9)	3,619,509 (89.5)	3,659,652 (89.2)	3,688,781 (84.8)	1.6	0.8
Under 15 years	281,908 (7.4)	284,094 (7.3)	291,711 (7.2)	293,459 (7.2)	302,697 (7.0)	1.8	3.1
15 to 44 years	820,122 (21.5)	817,077 (21.1)	827,592 (20.5)	823,802 (20.1)	834,045 (19.2)	0.4	1.2
45 to 64 years	722,921 (18.9)	731,623 (18.9)	757,389 (18.7)	759,715 (18.5)	769,340 (17.7)	1.6	1.3
65 years and over	1,641,320 (43.0)	1,653,019 (42.7)	1,742,817 (43.1)	1,782,676 (43.4)	1,782,699 (41.0)	2.1	0.0
Average Length of Stay (Days)							
Total Discharges [i]	4.3	4.1	4.1	4.1	3.5	-4.8	-14.6
Total In-Patients	6.4	6.4	6.4	6.5	6.3	-0.4	-3.1
Acute [j]	5.0	4.9	4.9	4.9	4.8	-1.0	-2.0
Extended [k]	61.1	61.9	62.4	63.0	60.0	-0.4	-4.8
Total Hospital Beds in HIPE Hospitals [l]	**12,904**	**13,034**	**13,328**	**13,623**	**13,773**	**1.6**	**1.1**
Day Patient Beds	812 (6.3)	909 (7.0)	1,135 (8.5)	1,244 (9.1)	1,402 (10.2)	14.8	12.7
In-Patient Beds	12,092 (93.7)	12,125 (93.0)	12,193 (91.5)	12,379 (90.9)	12,371 (89.8)	0.6	-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 period.

[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] Figures from 2002 to 2004 relate to Health Board/Regional Authority of Residence. The 2005 and 2006 data refer to HSE Area of Residence and are therefore not directly comparable with data from previous years.

[d] 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.

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

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

[g] 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.

[h] Crude discharge rate is calculated as the ratio of total discharges to the population of Ireland, multiplied by 1,000. When those discharges with no fixed abode and who were living outside Ireland were excluded, the crude discharge rate was 292.5 per 1,000 population.

[i] Includes day and in-patients.

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

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

[l] Excludes beds in long stay HIPE hospitals, which are not reported to the DoH&C and HSE.

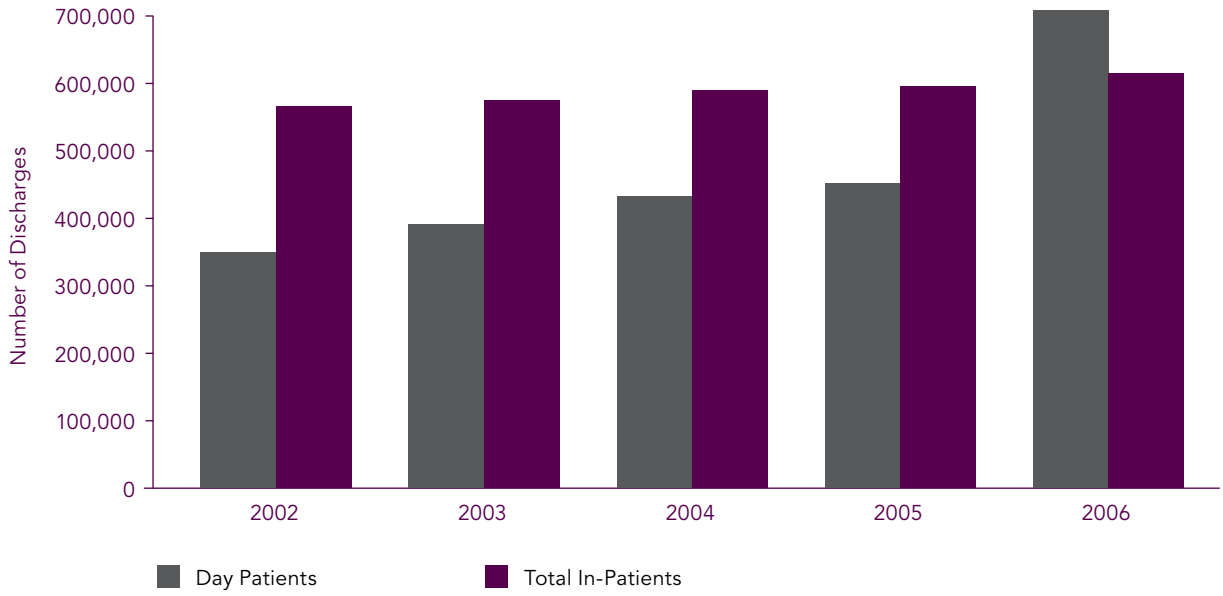
Source: Data on discharges and bed days for 2002 to 2005 were obtained from previous reports (see Health Research and Information Division, 2008, *Activity in Acute Public Hospitals in Ireland, 2005 Annual Report*, Dublin: The Economic and Social Research Institute).

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 Management Unit at the Department of Health and Children. These data for intercensal years are updated as new data on population become available. There may, therefore, be some discrepancies between the population estimates used in earlier HIPE reports and those currently available for these years from the PHIS. For 2005, population data were obtained from the Economic and Social Research Institute. For 2002 and 2006, population data were obtained from *Census 2002* and *Census 2006* respectively (Central Statistics Office).

Hospital bed data for 2002–2005 were obtained from the Department of Health and Children (2008). Hospital bed data for 2006 were obtained from the Performance Management Unit (PMU), National Hospitals Office, Health Service Executive (2008). 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 2006 were obtained directly from these 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, 2002–2006

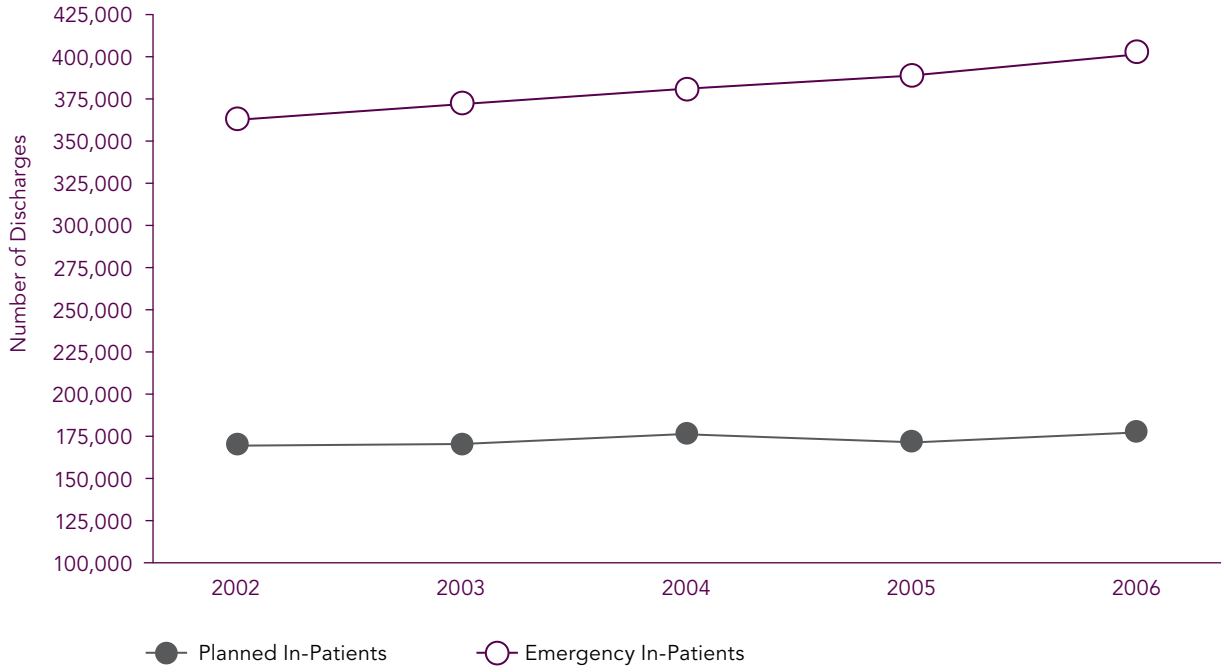


Note: See Appendix I for a list of hospitals that participated in HIPE in 2006.

Source: Data on discharges and bed days for 2002 to 2005 were obtained from previous reports (see Health Research and Information Division, 2008. *Activity in Acute Public Hospitals in Ireland, 2005 Annual Report*, Dublin: The Economic and Social Research Institute).

FIGURE 1.3

Total In-Patient Discharges by Type of In-Patient Admission, 2002–2006

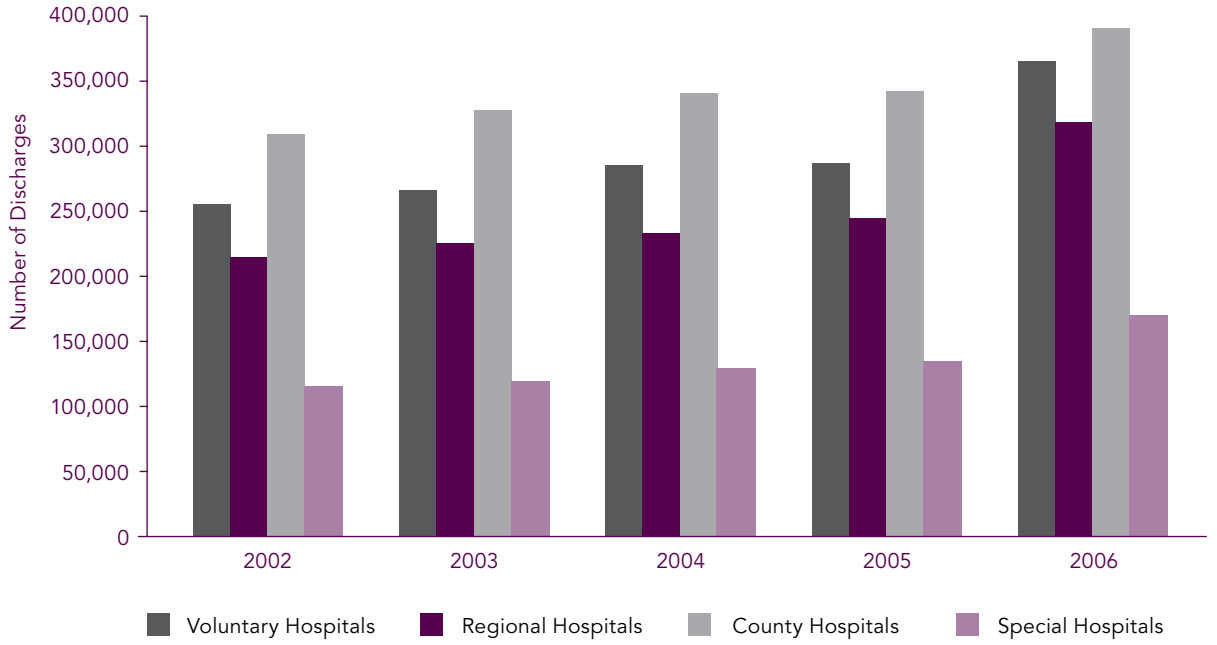


Note: Emergency in-patient admissions include patients who visited the Accident and Emergency Department and were subsequently admitted to hospital. Therefore, emergency admissions do not capture all of those patients who attended the Accident and Emergency Department. For this reason, it is not possible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

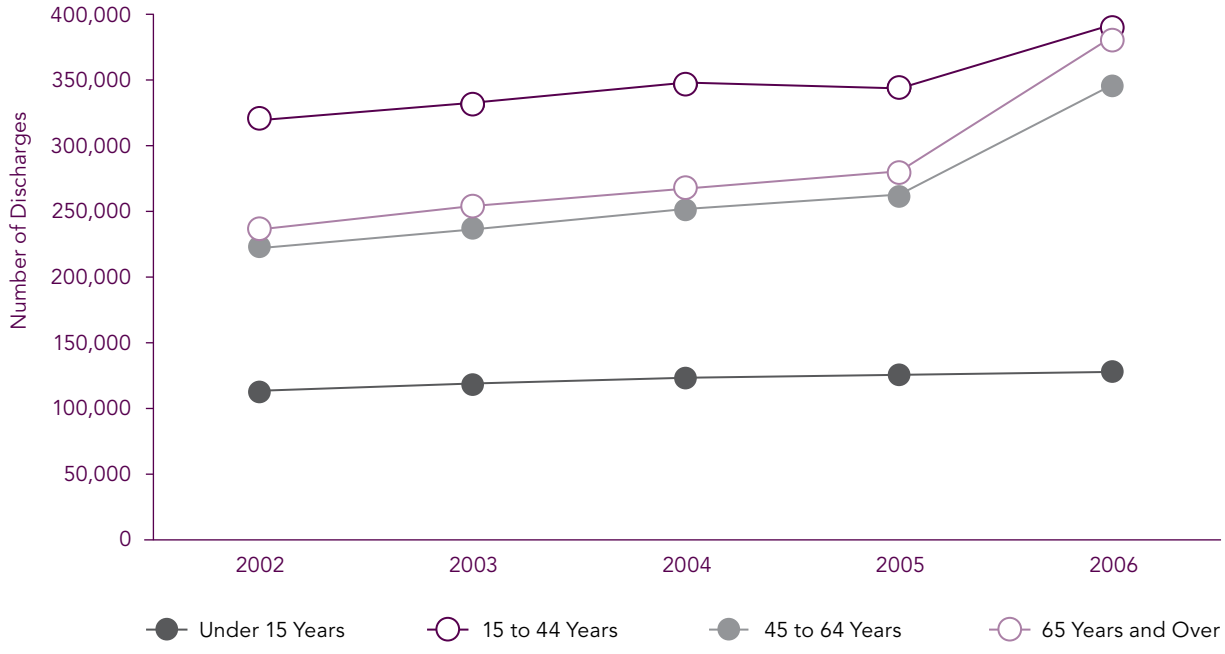
Total Discharges by Hospital Type, 2002–2006



Source: As for Figure 1.2

FIGURE 1.5

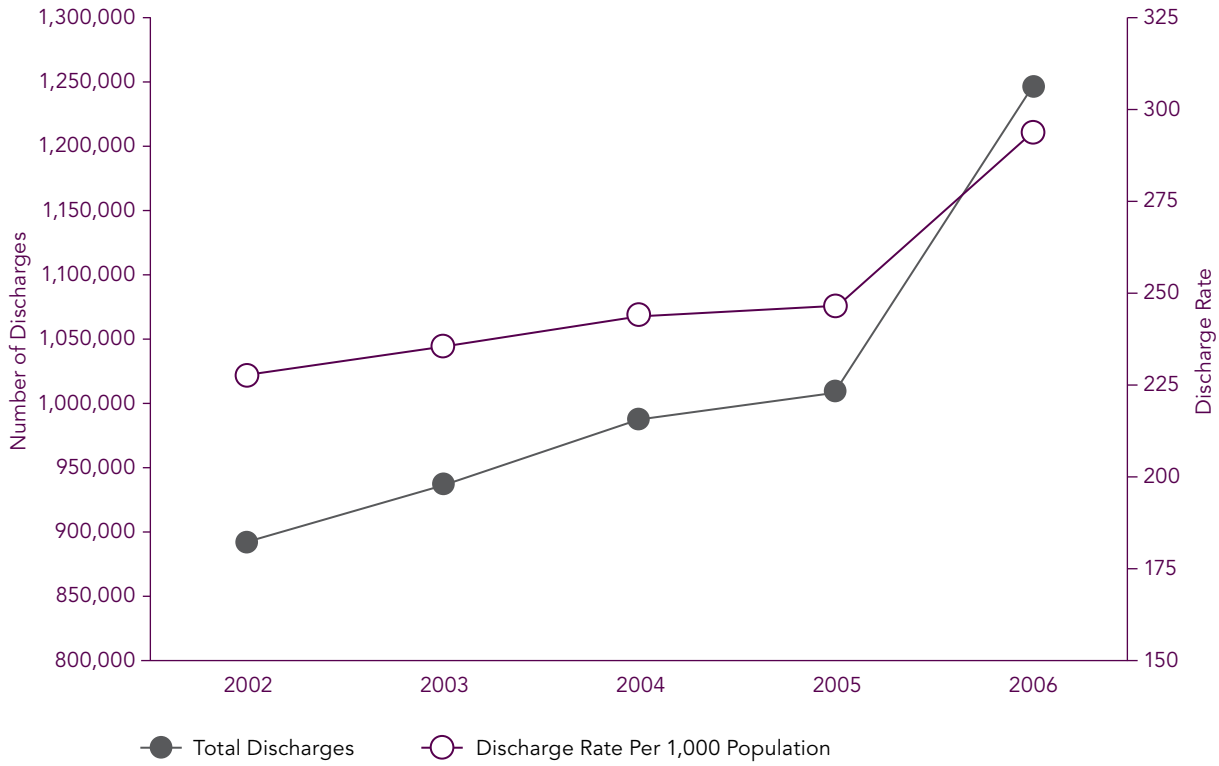
Total Discharges by Age Group, 2002–2006



Source: As for Figure 1.2

FIGURE 1.6

Total Discharges and Discharge Rate (Per 1,000 Population), 2002–2006



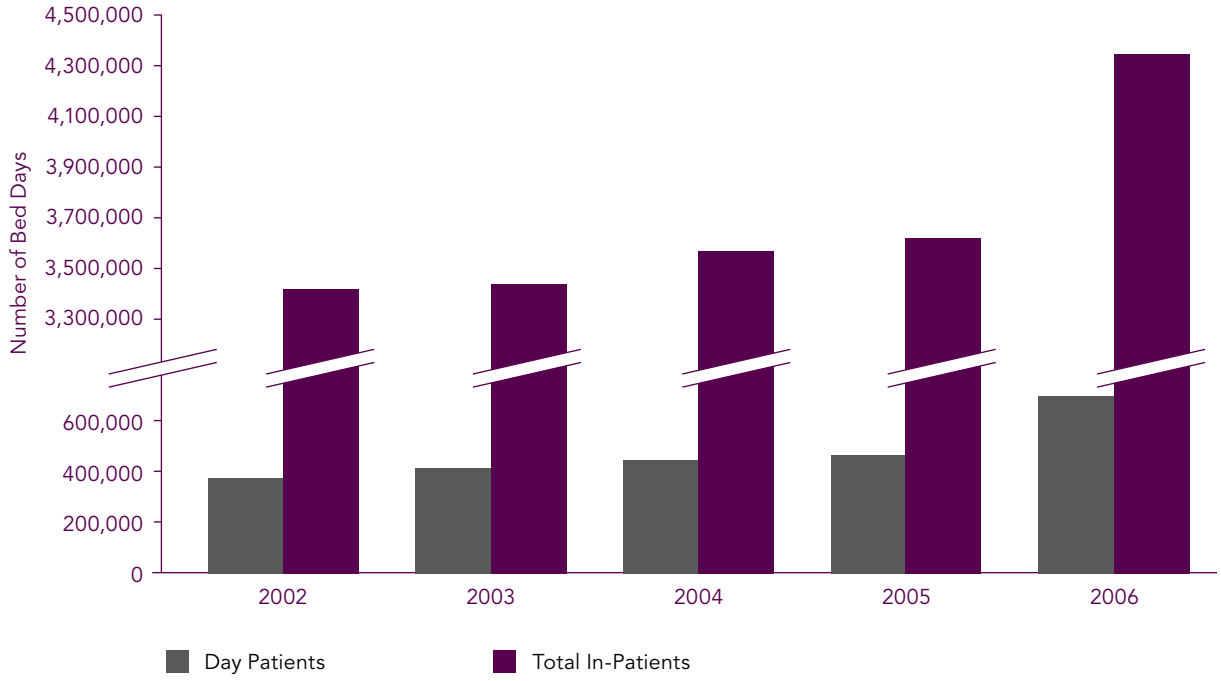
Note: Crude discharge rate is calculated as the ratio of total discharges to the population of Ireland, multiplied by 1,000. When those discharges with no fixed abode and who were living outside Ireland were excluded, the crude discharge rate was 292.5 per 1,000 population in 2006.

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 Management Unit at the Department of Health and Children. These data for intercensal years are updated as new data on population become available. There may, therefore, be some discrepancies between the population estimates used in earlier HIPE reports and those currently available for these years from the PHIS. For 2005, population data were obtained from the Economic and Social Research Institute. For 2002 and 2006, population data were obtained from *Census 2002* and *Census 2006* respectively (Central Statistics Office).

See additional sources under Figure 1.2

FIGURE 1.7

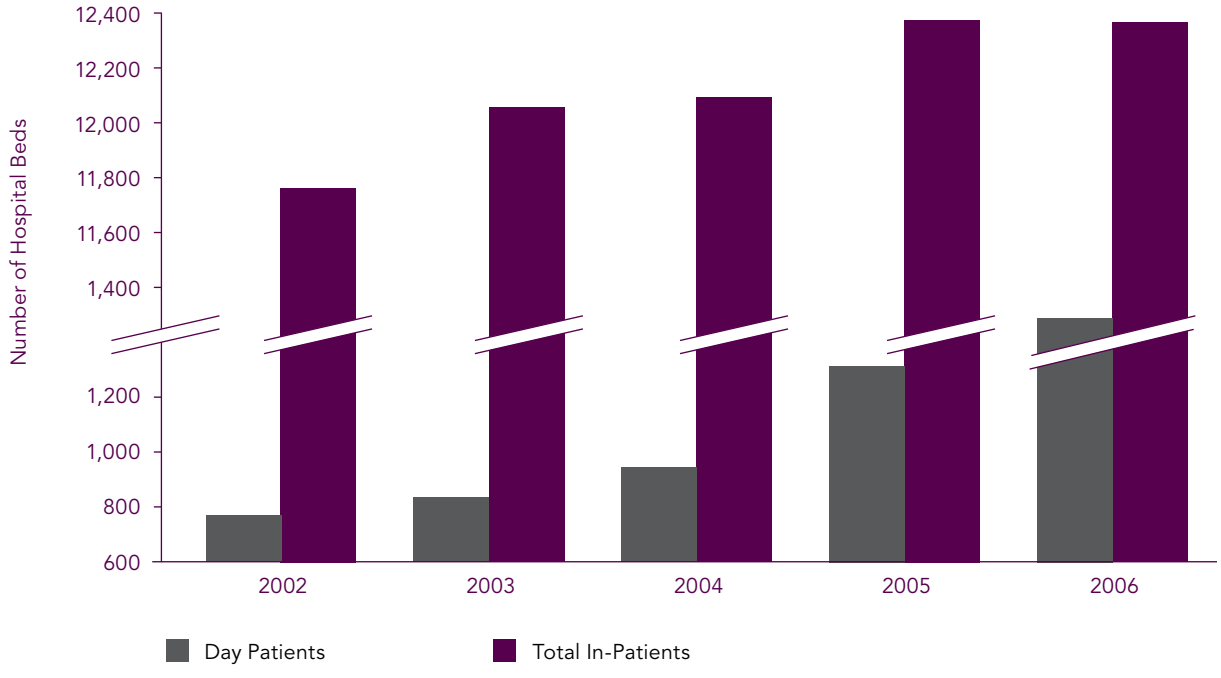
Bed Days by Patient Type, 2002–2006



Source: As for Figure 1.2

FIGURE 1.8

Number of Beds in HIPE Hospitals by Bed Type, 2002–2006



Notes: Excludes beds in long stay hospitals.

Source: Department of Health and Children (2008), Health Service Executive (2008). See additional sources under Table 1.3.

SECTION TWO

Analysis of Acute Hospital Activity in 2006

SUMMARY

Patient Type

- Of the 1,244,890 discharges reported to HIPE from acute public hospitals in Ireland in 2006, total in-patients comprised 46.8 per cent of total discharges and the remainder were day patients.
- Just over 62 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 2006 was 3.5 days, while average length of stay for acute in-patient discharges was 4.8 days.

Hospital Type

- General hospitals accounted for the majority (86.3 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 4.4 days, respectively).

Geographical Distribution of Discharges by Areas of Hospitalisation and Residence

- Over 29 per cent of discharges in 2006 were treated in the HSE Dublin Mid Leinster hospitals.
- The HSE Dublin North East hospitals recorded an average length of stay of 5.1 days for acute in-patients, which was 6.3 per cent longer than the national average of 4.8 days for acute in-patients.
- HSE South hospitals had the lowest acute in-patient average length of stay (4.6 days) relative to other HSE areas.

Temporal Variation in Hospital Admission and Discharge Activity

Monthly Pattern of Hospital Admissions

- In 2006, the number of day patient admissions peaked in November. Planned in-patient admissions peaked in May and emergency in-patient admissions peaked in March.

Daily Pattern of Hospital Admissions and Discharges

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

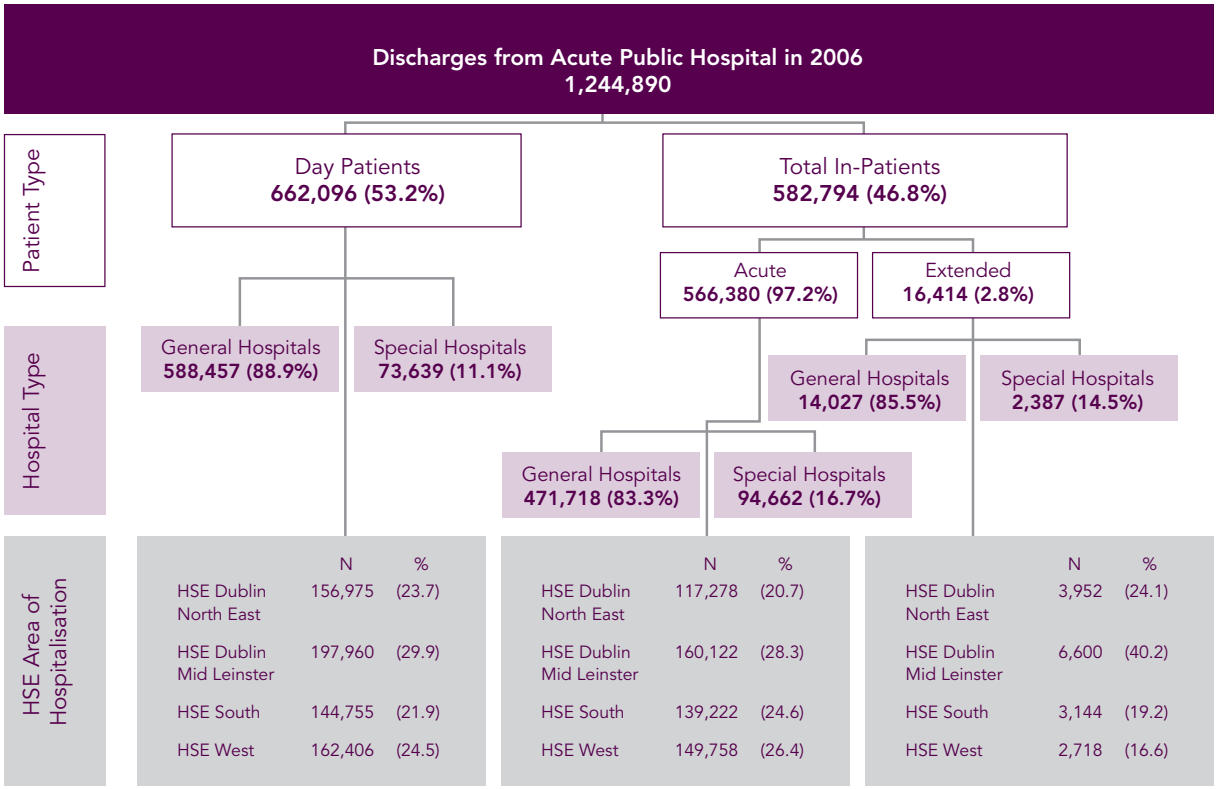
INTRODUCTION

In 2006, 1,244,890 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 293.6 discharges per 1,000 members of the population. The total number of bed days used was in excess of 4.3 million, representing a 6.0 per cent increase from 2005. On average, the length of stay for total discharges was 3.5 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 2006



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 2006, 53.2 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 (156.2 per 1,000 for total day patients compared to 137.5 per 1,000 for total in-patients). Although day patients accounted for 53.2 per cent of total discharges, this group used only 15.2 per cent of total bed days. In contrast, total in-patients accounted for proportionately more bed days (84.8 per cent of total bed days).

The number of day patients grew from 443,654 in 2005 to 662,096 in 2006 (49.2 per cent). This large increase can be explained in part by an increase in activity, but mainly by the inclusion of particular/specific hospital activity within the HIPE scheme from 2006 onwards. For the first time in 2006, day patient radiotherapy encounters were collected from all HIPE hospitals providing this service; while this activity was previously collected it was not universally reported by all hospitals providing day radiotherapy services.[1] Also, for the first time in 2006 the HIPE scheme allowed for the collection of day patient dialysis encounters. In addition to these two major changes in data collection, the number of day patients was also affected, to a lesser extent, by the inclusion from 2006 of patients who attended a Medical Assessment Unit (MAU) and who were discharged from there on the same day.

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 2006, the majority were acute (97.2 per cent). Acute in-patients amounted to 45.5 per cent of total discharges and 62.2 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 (22.6 per cent of total bed days). On average, acute in-patients remained in hospital for 4.8 days, while the average length of stay for total (acute and extended stay) in-patients was longer at 6.3 days.

[1] See previous reports for under-reporting of day case radiotherapy.

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	**662,096**	**53.2**	**156.2**	**662,096**	**15.2**	**156.2**	**–**
In-Patients							
Acute (0–30 days)	566,380	45.5	133.6	2,704,687	62.2	637.9	4.8
Extended (>30 days)	16,414	1.3	3.9	984,094	22.6	232.1	60.0
Total In-Patients	**582,794**	**46.8**	**137.5**	**3,688,781**	**84.8**	**870.0**	**6.3**
Total (Day and In-Patients)	**1,244,890**	**100**	**293.6**	**4,350,877**	**100**	**1,026.2**	**3.5[a]**

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

Source: Rates are based on population data from *Census 2006* (Central Statistics Office) (see Appendix III).

HOSPITAL TYPE

Discharges are disaggregated by type of patient and hospital in Table 2.2. General hospitals treated the largest volume of total discharges (86.3 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 88.9 per cent of day patients and 83.3 per cent of total in-patients. Figure 2.2 shows that a higher proportion of day patients were discharged from general hospitals compared with special hospitals. There were also some differences between acute and extended stay in-patients. The proportion of acute in-patients discharged from general hospitals was slightly smaller than that for extended stay in-patients (83.3 per cent for acute in-patients and 85.5 per cent for extended stay in-patients).

General hospitals comprise voluntary, regional and county hospitals. In 2006, county hospitals were the single largest category of general hospital, accounting for 31.4 per cent of total discharges. The proportion of total discharges treated in voluntary hospitals was 29.4 per cent and 25.5 per cent in regional hospitals. Within the general hospital group, there were disparities in the types of patients discharged (see Figure 2.3). For instance, in voluntary 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 36.8 per cent of day patient discharges compared to 23.4 per cent for county hospitals and 28.7 per cent for regional hospitals. The number of acute in-patient discharges from county hospitals was almost twice that from voluntary hospitals. Voluntary hospitals recorded the largest share of extended stay in-patients (40.8 per cent) compared to county (26.1 per cent) and regional (18.5 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 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

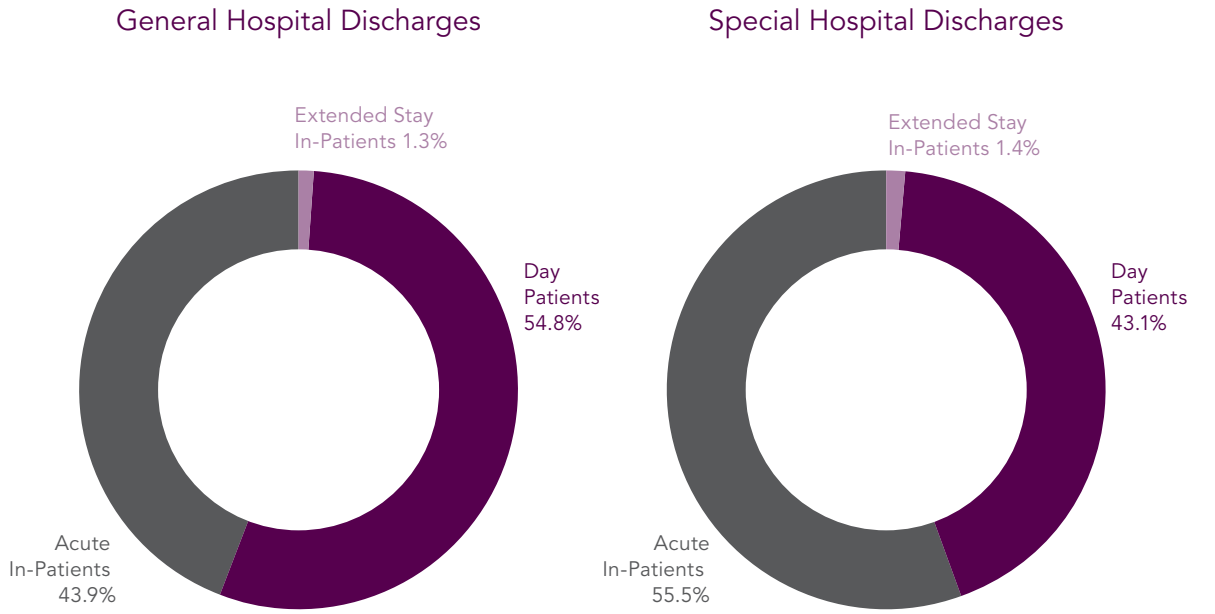
	Day Patients			In-Patients									Total Discharges		
				Acute (0–30 days)			Extended (>30 days)			Total In-Patients					
	N	%	Rate	N	%	Rate	N	%	Rate	N	%	Rate	N	%	Rate
General Hospitals															
Voluntary	243,335	36.8	57.4	115,724	20.4	27.3	6,702	40.8	1.6	122,426	21.0	28.9	365,761	29.4	86.3
Regional	189,868	28.7	44.8	124,739	22.0	29.4	3,036	18.5	0.7	127,775	21.9	30.1	317,643	25.5	74.9
County	155,254	23.4	36.6	231,255	40.8	54.5	4,289	26.1	1.0	235,544	40.4	55.6	390,798	31.4	92.2
Total (General)	**588,457**	**88.9**	**138.8**	**471,718**	**83.3**	**111.3**	**14,027**	**85.5**	**3.3**	**485,745**	**83.3**	**114.6**	**1,074,202**	**86.3**	**253.4**
Special Hospitals															
Cancer	36,079	5.4	8.5	1,107	0.2	0.3	695	4.2	0.2	1,802	0.3	0.4	37,881	3.0	8.9
Eye, Ear, Nose and Throat	3,709	0.6	0.9	3,600	0.6	0.8	6	0.0	0.0	3,606	0.6	0.9	7,315	0.6	1.7
Infectious Disease	0	–	–	448	0.1	0.1	59	0.4	0.0	507	0.1	0.1	507	0.0	0.1
Long Stay	~	0.0	0.0	1,104	0.2	0.3	121	0.7	0.0	1,225	0.2	0.3	1,227	0.1	0.3
Maternity	5,488	0.8	1.3	60,397	10.7	14.2	449	2.7	0.1	60,846	10.4	14.4	66,334	5.3	15.6
Orthopaedic	10,319	1.6	2.4	9,738	1.7	2.3	790	4.8	0.2	10,528	1.8	2.5	20,847	1.7	4.9
Paediatric	18,042	2.7	4.3	18,268	3.2	4.3	267	1.6	0.1	18,535	3.2	4.4	36,577	2.9	8.6
Total (Special)	**73,639**	**11.1**	**17.4**	**94,662**	**16.7**	**22.3**	**2,387**	**14.5**	**0.6**	**97,049**	**16.7**	**22.9**	**170,688**	**13.7**	**40.3**
Total (All Hospital Types)	**662,096**	**100**	**156.2**	**566,380**	**100**	**133.6**	**16,414**	**100**	**3.9**	**582,794**	**100**	**137.5**	**1,244,890**	**100**	**293.6**

Notes: ~ denotes five or less discharges reported to HIPE.
See Appendix I for a list of hospitals that participated in HIPE in 2006.

Source: Rates are based on population data from *Census 2006* (Central Statistics Office) (see Appendix III).

FIGURE 2.2

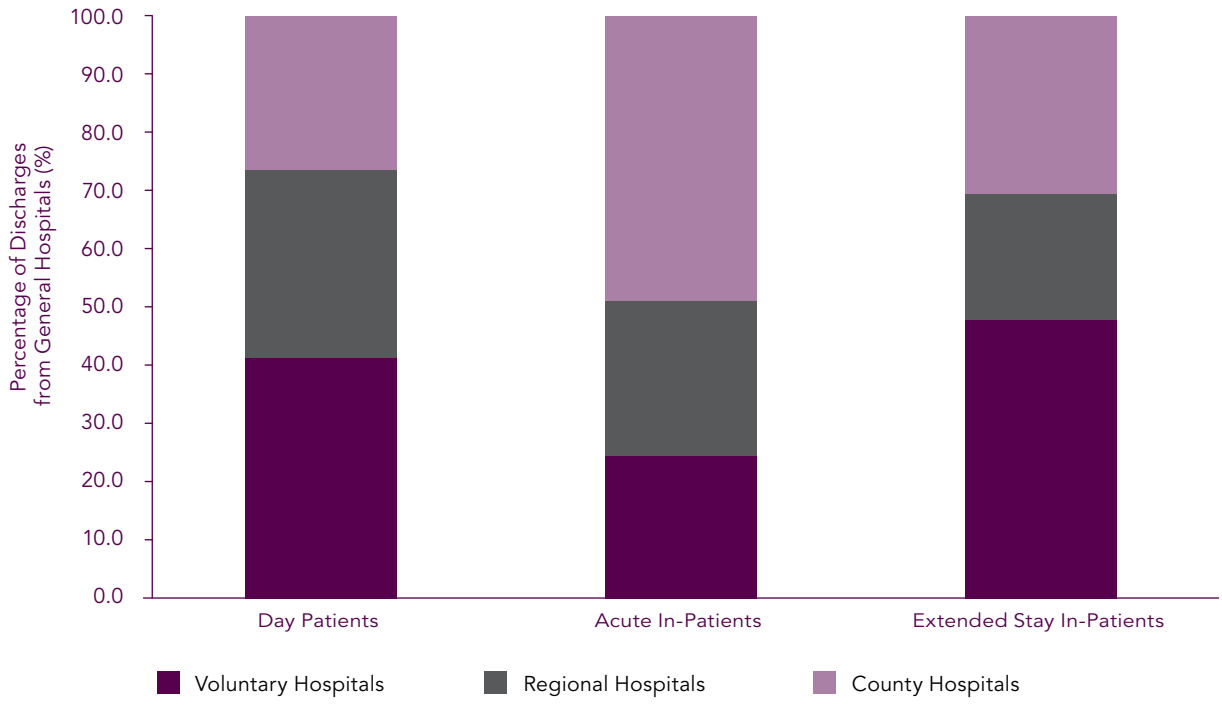
Total Discharges by Patient Type and Hospital Type



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 2006.

FIGURE 2.3

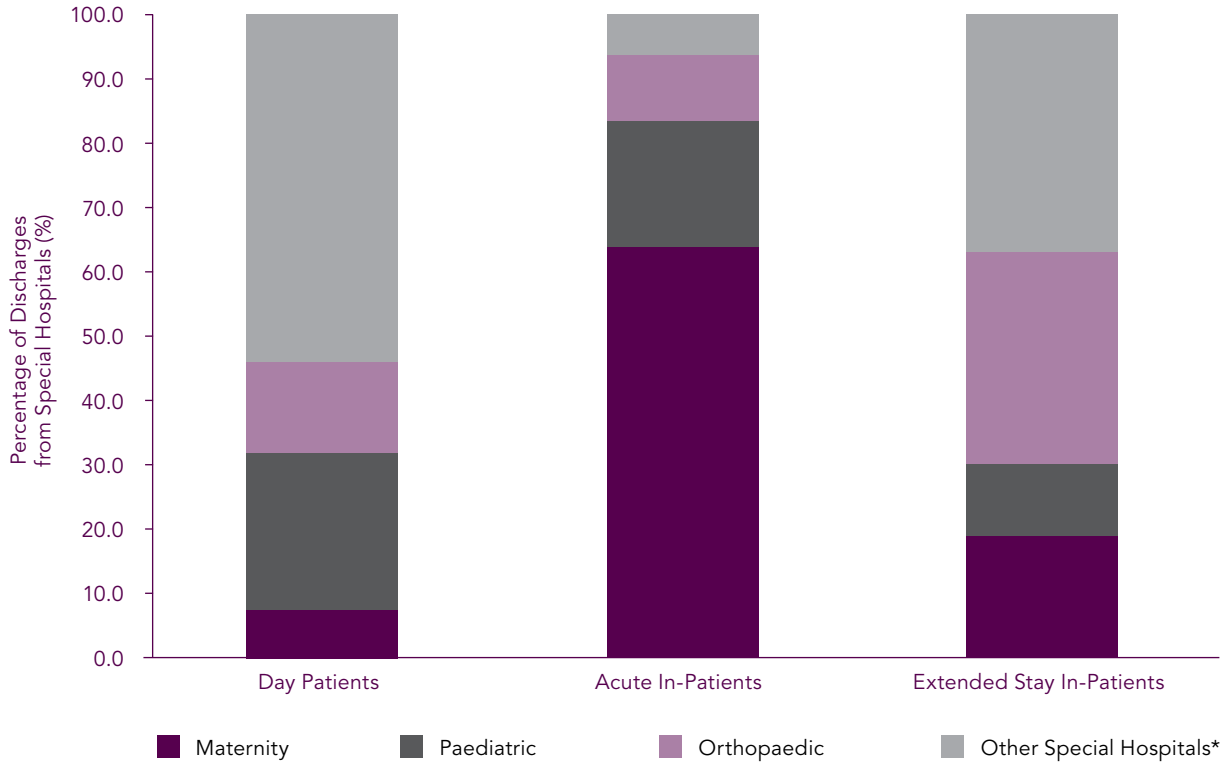
Percentage of Total Discharges from General Hospitals by Patient Type



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 2006.

FIGURE 2.4

Percentage of Total Discharges from Special Hospitals by Patient Type



Notes: For the purposes of Figure 2.4, percentages were calculated using discharges from special hospitals as the denominator.
* Other special hospitals include 'cancer', 'eye, ear, nose and throat', 'infectious disease', and 'long stay' hospitals.
See Appendix I for a list of hospitals that participated in HIPE in 2006.

Bed days are disaggregated by patient and hospital type in Table 2.3. The distribution of total bed days between general and special hospitals was similar to the pattern identified for total discharges in Table 2.2. Discharges from general hospitals used 86.5 per cent of total bed days compared to 13.5 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). A similar proportion of bed days were used by acute and extended stay in-patients in general hospitals (86.1 per cent and 86.0 per cent respectively).

Within the group of general hospitals, discharges from regional hospitals accounted for 25.5 per cent of total discharges, but a lower proportion of total bed days (21.6 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 29.4 per cent of total discharges and 32.2 per cent of total bed days, and county hospitals accounted for 31.4 per cent of total discharges and 32.8 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

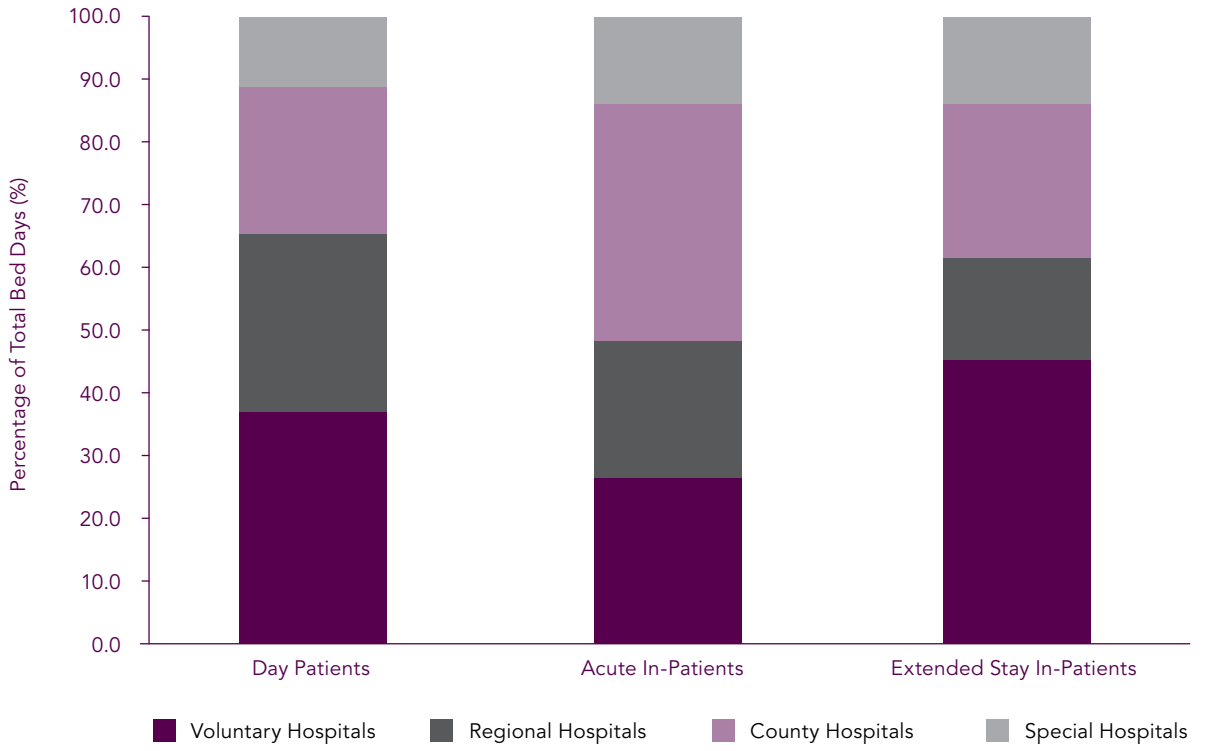
Bed Days by Patient Type and Hospital Type

	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	243,335	36.8	711,467	26.3	444,051	45.1	1,155,518	31.3	1,398,853	32.2
Regional	189,868	28.7	589,559	21.8	160,624	16.3	750,183	20.3	940,051	21.6
County	155,254	23.4	1,028,409	38.0	241,469	24.5	1,269,878	34.4	1,425,132	32.8
Total (General)	**588,457**	**88.9**	**2,329,435**	**86.1**	**846,144**	**86.0**	**3,175,579**	**86.1**	**3,764,036**	**86.5**
Special Hospitals										
Cancer	36,079	5.4	11,577	0.4	31,851	3.2	43,428	1.2	79,507	1.8
Eye, Ear, Nose and Throat	3,709	0.6	11,060	0.4	221	0.0	11,281	0.3	14,990	0.3
Infectious Disease	0	0.0	4,633	0.2	3,828	0.4	8,461	0.2	8,461	0.2
Long Stay	~	–	13,978	0.5	7,277	0.7	21,255	0.6	21,257	0.5
Maternity	5,488	0.8	187,552	6.9	23,413	2.4	210,965	5.7	216,453	5.0
Orthopaedic	10,319	1.6	78,648	2.9	52,870	5.4	131,518	3.6	141,837	3.3
Paediatric	18,042	2.7	67,804	2.5	18,490	1.9	86,294	2.3	104,336	2.4
Total (Special)	**73,639**	**11.1**	**375,252**	**13.9**	**137,950**	**14.0**	**513,202**	**13.9**	**586,841**	**13.5**
Total (All Hospital Types)	**662,096**	**100**	**2,704,687**	**100**	**984,094**	**100**	**3,688,781**	**100**	**4,350,877**	**100**

Notes: ~ denotes five or less discharges reported to HIPE.
See Appendix I for a list of hospitals that participated in HIPE in 2006.

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 2006.

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 marginally longer than that for special hospitals (3.5 days for general hospitals and 3.4 days for special hospitals). The average length of stay for both acute and total in-patients was shorter in special hospitals (4.0 days for acute in-patients and 5.3 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 2.5 days longer in general hospitals compared to special hospitals (60.3 days for general hospitals and 57.8 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. Long stay hospitals recorded the longest average duration of hospitalisation of the special hospitals.

TABLE 2.4

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

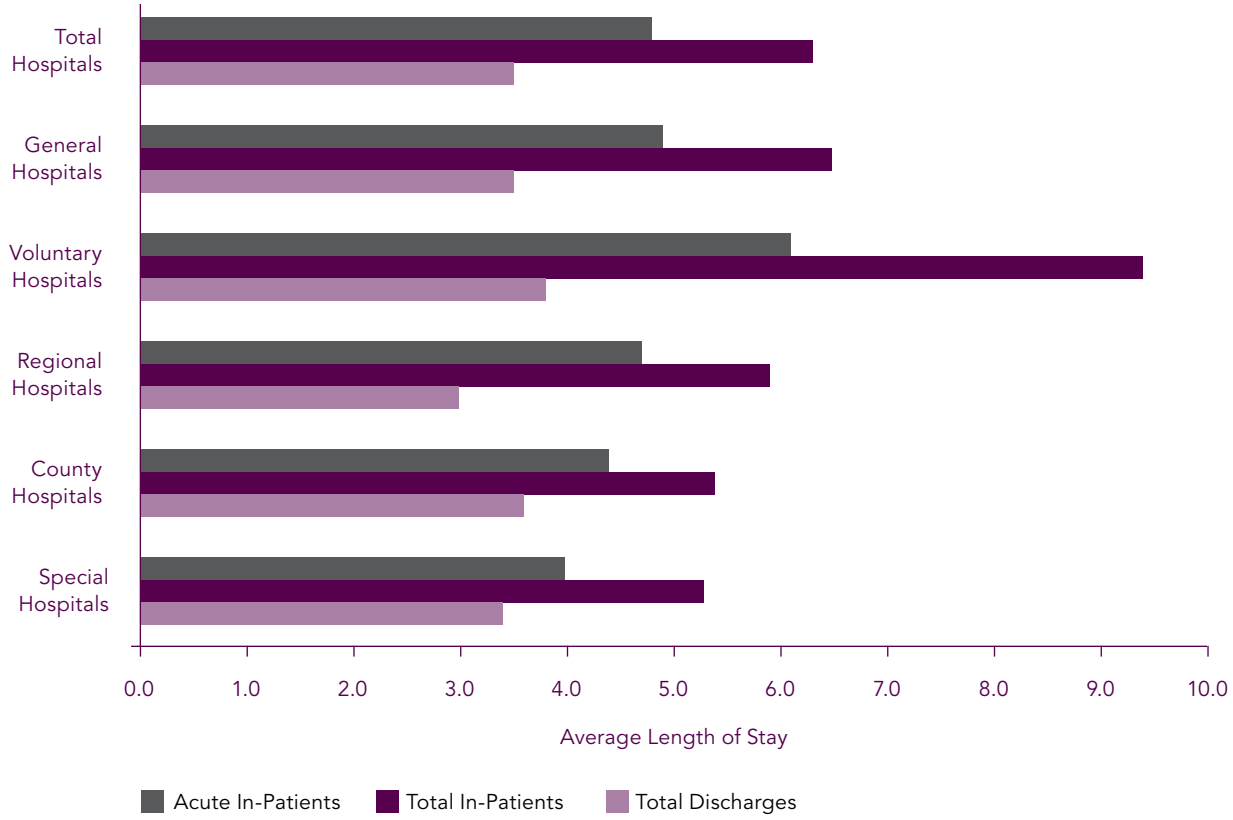
	In-Patients			Total Discharges [a]
	Acute (0–30 days)	Extended (>30 days)	Total In-Patients	
General Hospitals				
Voluntary	6.1	66.3	9.4	3.8
Regional	4.7	52.9	5.9	3.0
County	4.4	56.3	5.4	3.6
Total (General)	**4.9**	**60.3**	**6.5**	**3.5**
Special Hospitals				
Cancer	10.5	45.8	24.1	2.1
Eye, Ear, Nose and Throat	3.1	36.8	3.1	2.0
Infectious Disease	10.3	64.9	16.7	16.7
Long Stay	12.7	60.1	17.4	17.3
Maternity	3.1	52.1	3.5	3.3
Orthopaedic	8.1	66.9	12.5	6.8
Paediatric	3.7	69.3	4.7	2.9
Total (Special)	**4.0**	**57.8**	**5.3**	**3.4**
Total (All Hospital Types)	**4.8**	**60.0**	**6.3**	**3.5**

Notes: See Appendix I for a list of hospitals that participated in HIPE in 2006.

[a] Includes day and in-patients.

FIGURE 2.6

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



Notes: See Appendix I for a list of hospitals that participated in HIPE in 2006.
Extended stay in-patients were not graphed due to their long average length of stay (see Table 2.4).
Total discharges include day and in-patients.

Beds in hospitals that participate in HIPE are presented in Table 2.5 by bed and hospital type. In 2006, there were 13,773 beds in hospitals that participated in HIPE (excluding long stay hospitals). Of these, 1,402 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	445	31.7	3,696	29.9	4,141	30.1
Regional	349	24.9	2,516	20.3	2,865	20.8
County	429	30.6	4,255	34.4	4,684	34.0
Total (General)	**1,223**	**87.2**	**10,467**	**84.6**	**11,690**	**84.9**
Special Hospitals [a]						
Cancer	20	1.4	159	1.3	179	1.3
Eye, Ear, Nose and Throat	20	1.4	45	0.4	65	0.5
Infectious Disease	0	0.0	54	0.4	54	0.4
Maternity	49	3.5	777	6.3	826	6.0
Orthopaedic	37	2.6	527	4.3	564	4.1
Paediatric	53	3.8	342	2.8	395	2.9
Total (Special)	**179**	**12.8**	**1,904**	**15.4**	**2,083**	**15.1**
Total (All Hospital Types)	**1,402**	**100**	**12,371**	**100**	**13,773**	**100**

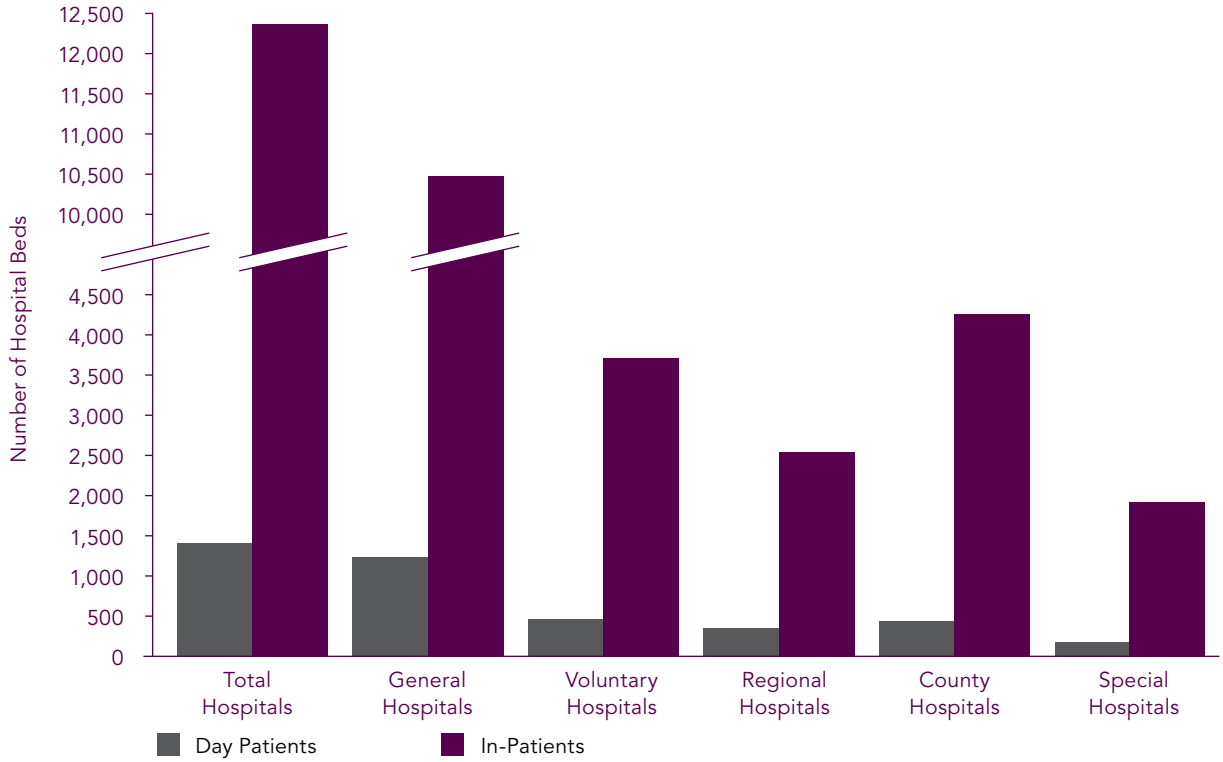
Notes: HIPE hospitals refers to hospitals that participated in HIPE in 2006, for further details see Appendix I.

[a] Excludes beds in long stay hospitals, which are not reported by the Performance Management Unit (PMU), HSE.

Source: Performance Management Unit (PMU), National Hospitals Office, Health Service Executive (November 2008). 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 2006 were obtained directly from these 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 2006, for further details see Appendix I.
Excludes beds in long stay hospitals, which are not reported by the Performance Management Unit (PMU), HSE.

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 2006, 29.3 per cent were treated in HSE Dublin Mid Leinster. Irrespective of patient type, the HSE Dublin Mid Leinster area treated the highest number of discharges. In particular, almost 30 per cent of day patients were discharged from hospitals in the HSE Dublin Mid Leinster area, while 40.2 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 (22.3 per cent).

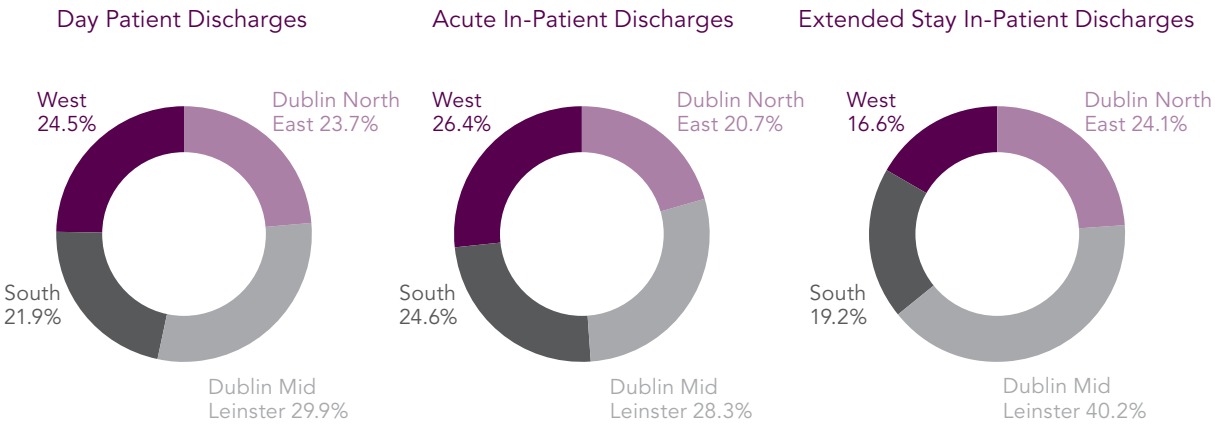
TABLE 2.6

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	156,975	23.7	117,278	20.7	3,952	24.1	121,230	20.8	278,205	22.3
HSE Dublin Mid Leinster	197,960	29.9	160,122	28.3	6,600	40.2	166,722	28.6	364,682	29.3
HSE South	144,755	21.9	139,222	24.6	3,144	19.2	142,366	24.4	287,121	23.1
HSE West	162,406	24.5	149,758	26.4	2,718	16.6	152,476	26.2	314,882	25.3
Total	**662,096**	**100**	**566,380**	**100**	**16,414**	**100**	**582,794**	**100**	**1,244,890**	**100**

FIGURE 2.8

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



The distribution of bed days by HSE area of hospitalisation and patient type is reported in Table 2.7. 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 1.38 million, in 2006. The HSE South and HSE West areas accounted for 22.0 per cent and 23.0 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. Bed days for acute in-patients reported for the HSE Dublin Mid Leinster area was 1.8 times that reported for extended stay in-patients in the area (see Figure 2.9).

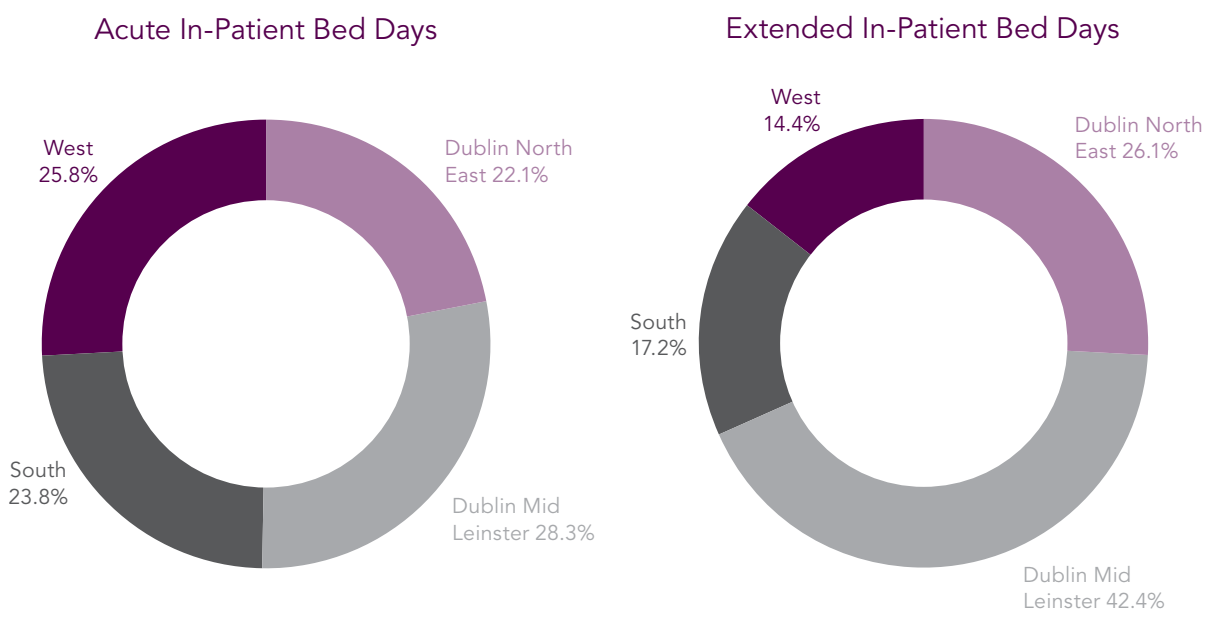
TABLE 2.7

Bed Days by Patient Type and HSE Area of Hospitalisation

	Day Patient Bed Days		In-Patient Bed Days						Total Bed Days	
			Acute (0–30 days)		Extended (>30 days)		Total In-Patients			
	N	%	N	%	N	%	N	%	N	%
HSE Dublin North East	156,975	23.7	597,556	22.1	256,452	26.1	854,008	23.2	1,010,983	23.2
HSE Dublin Mid Leinster	197,960	29.9	765,242	28.3	417,449	42.4	1,182,691	32.1	1,380,651	31.7
HSE South	144,755	21.9	643,479	23.8	168,812	17.2	812,291	22.0	957,046	22.0
HSE West	162,406	24.5	698,410	25.8	141,381	14.4	839,791	22.8	1,002,197	23.0
Total	**662,096**	**100**	**2,704,687**	**100**	**984,094**	**100**	**3,688,781**	**100**	**4,350,877**	**100**

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 (31.7 per cent) used by hospitals in the HSE Dublin Mid Leinster area was larger than the proportion of total discharges (29.3 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 Mid Leinster area was longer than that for hospitals across all HSE areas, at 3.8 days and 3.5 days respectively. The lowest average length of stay for total discharges was from hospitals in HSE West (3.2 days).

As shown in Figure 2.10, the average duration of hospitalisation for acute in-patients was 4.8 days for discharges from all HIPE hospitals. This was highest in hospitals in the HSE Dublin North East area at 5.1 days and lowest in the HSE South at 4.6 days. For extended stay in-patients, regional variation in duration of hospitalisation was more apparent. In the HSE Dublin North East and HSE Dublin Mid Leinster areas, the average length of stay for extended stay in-patients was over 63 days, at 64.9 and 63.2 days respectively. In the HSE South and HSE West areas the average length of stay for this group was 53.7 and 52.0 days respectively.

TABLE 2.8

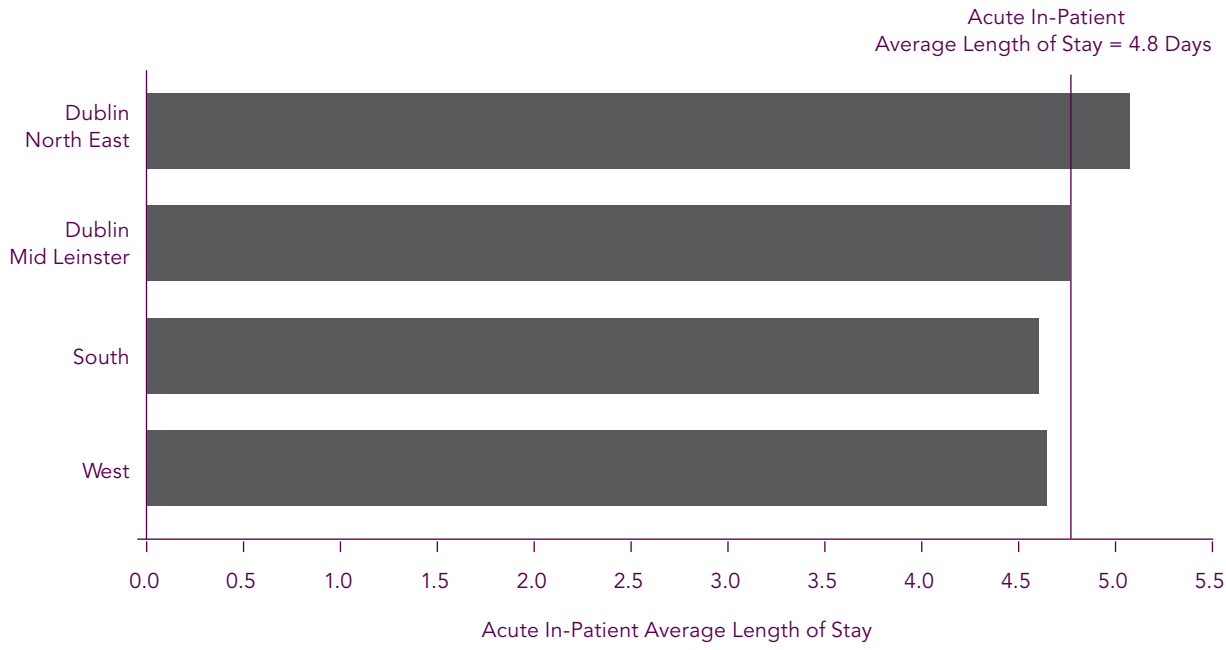
Average Length of Stay (Days) by Patient Type and HSE Area of Hospitalisation

	In-Patients			Total Discharges [a]
	Acute (0–30 days)	Extended (>30 days)	Total In-Patients	
HSE Dublin North East	5.1	64.9	7.0	3.6
HSE Dublin Mid Leinster	4.8	63.2	7.1	3.8
HSE South	4.6	53.7	5.7	3.3
HSE West	4.7	52.0	5.5	3.2
Total	**4.8**	**60.0**	**6.3**	**3.5**

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 29.3 per cent of total discharges were treated in hospitals in the HSE Dublin Mid Leinster area but a smaller proportion of total discharges (26.5 per cent) were resident in this area. A smaller proportion of day patients and acute and extended stay in-patients were resident in the HSE Dublin Mid Leinster area than were hospitalised in the area. Residents in the HSE Dublin Mid Leinster area accounted for over one-third of extended stay in-patients. Similar proportions of day patients, acute and extended stay in-patients and total discharges were resident in the HSE Dublin North East area as were hospitalised in this area.

The numbers of discharges have been adjusted for the size of the population in each of the HSE areas reported in Table 2.9 to produce discharge rates. There was notable variation in the discharge rates across the four areas (see Figures 2.11 to 2.15). For every 1,000 members of the population resident in HSE Dublin Mid Leinster area there were 270.1 total discharges in 2006, which was the lowest of all the health areas. In contrast, in the HSE West area there were 325.0 total discharges for every 1,000 members of the population, which equated to almost 55 more discharges per 1,000 compared to the HSE Dublin Mid Leinster area (see Figure 2.15).

The HSE Dublin North East area recorded the highest discharge rate for day patients, with 171.9 day patient discharges per 1,000 members of the population. This discharge rate was more than 20.1 per cent higher than that for the HSE Dublin Mid Leinster area, which recorded the lowest discharge rate for day patients (143.1 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 152.6 per 1,000 compared to the overall acute in-patient discharge rate of 132.7 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 (156.0 per 1,000). The discharge rate for extended stay in-patient discharges was highest in the HSE Dublin Mid Leinster area (4.5 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	159,589	24.1	171.9	116,922	20.8	125.9	3,797	23.2	4.1	120,719	20.8	130.0	280,308	22.6	301.9
HSE Dublin Mid Leinster	174,082	26.3	143.1	149,115	26.5	122.5	5,527	33.8	4.5	154,642	26.7	127.1	328,724	26.5	270.1
HSE South	156,438	23.7	144.6	142,122	25.3	131.4	3,669	22.4	3.4	145,791	25.2	134.7	302,229	24.4	279.3
HSE West	171,177	25.9	169.1	154,526	27.5	152.6	3,376	20.6	3.3	157,902	27.3	156.0	329,079	26.5	325.0
Total	**661,286**	**100**	**156.0**	**562,685**	**100**	**132.7**	**16,369**	**100**	**3.9**	**579,054**	**100**	**136.6**	**1,240,340**	**100**	**292.5[b]**

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

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

Source: Rates are based on population data from *Census 2006* (Central Statistics Office) (see Appendix III).

FIGURE 2.11

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

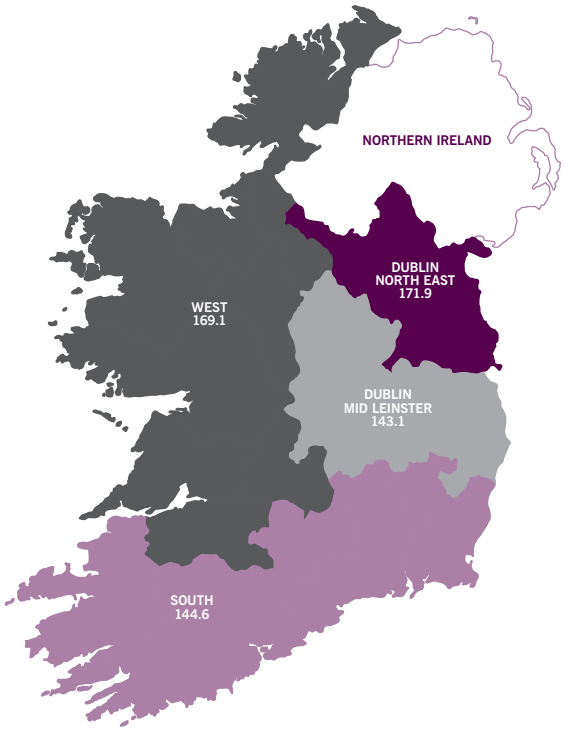


FIGURE 2.12

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

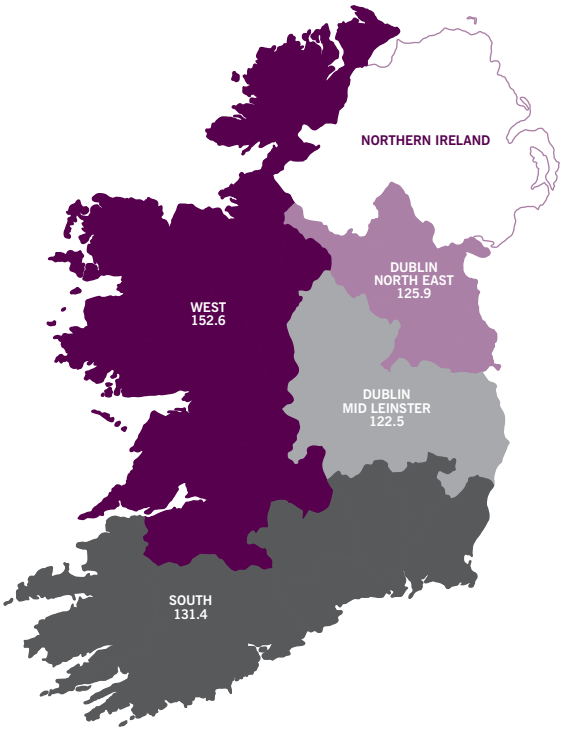


FIGURE 2.13

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

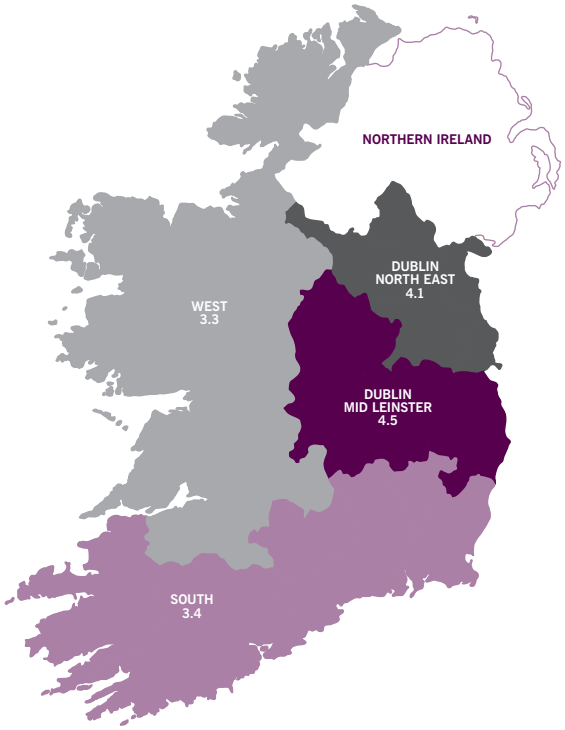


FIGURE 2.14

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

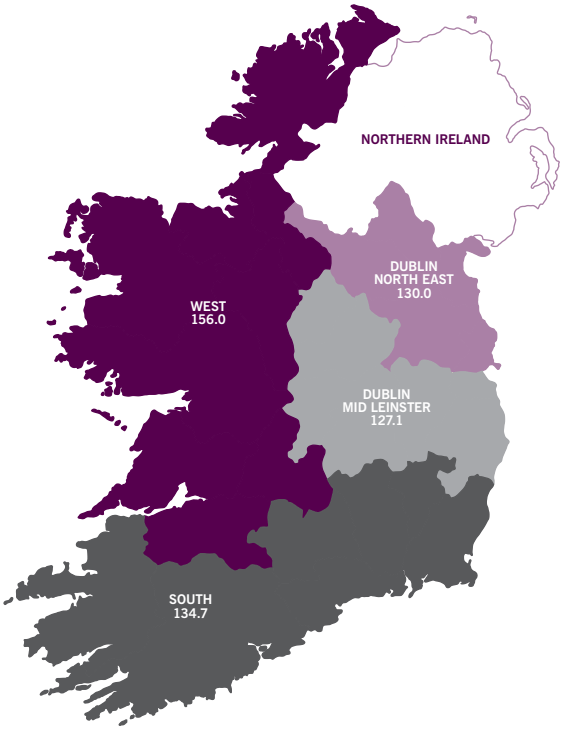
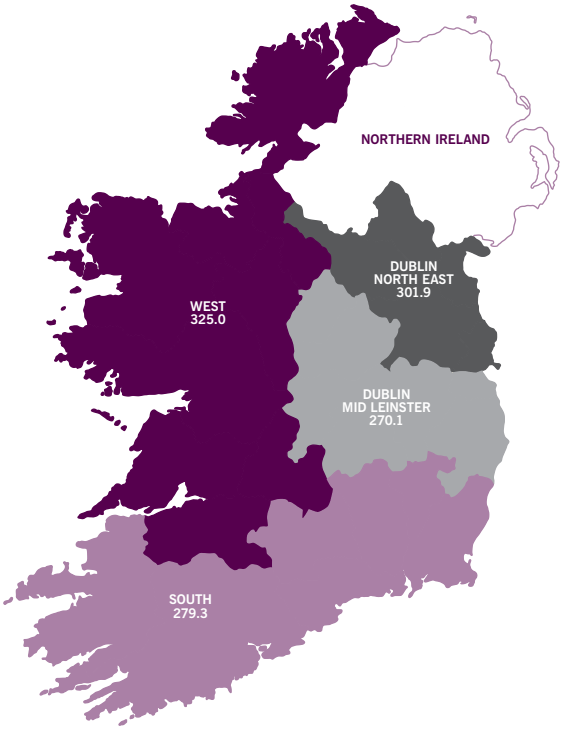


FIGURE 2.15

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 31 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, 28.6 per cent, hospitalised in this area, see Table 2.6. In contrast, 26.2 per cent of total in-patient discharges were hospitalised in HSE West (see Table 2.6), and 22.6 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

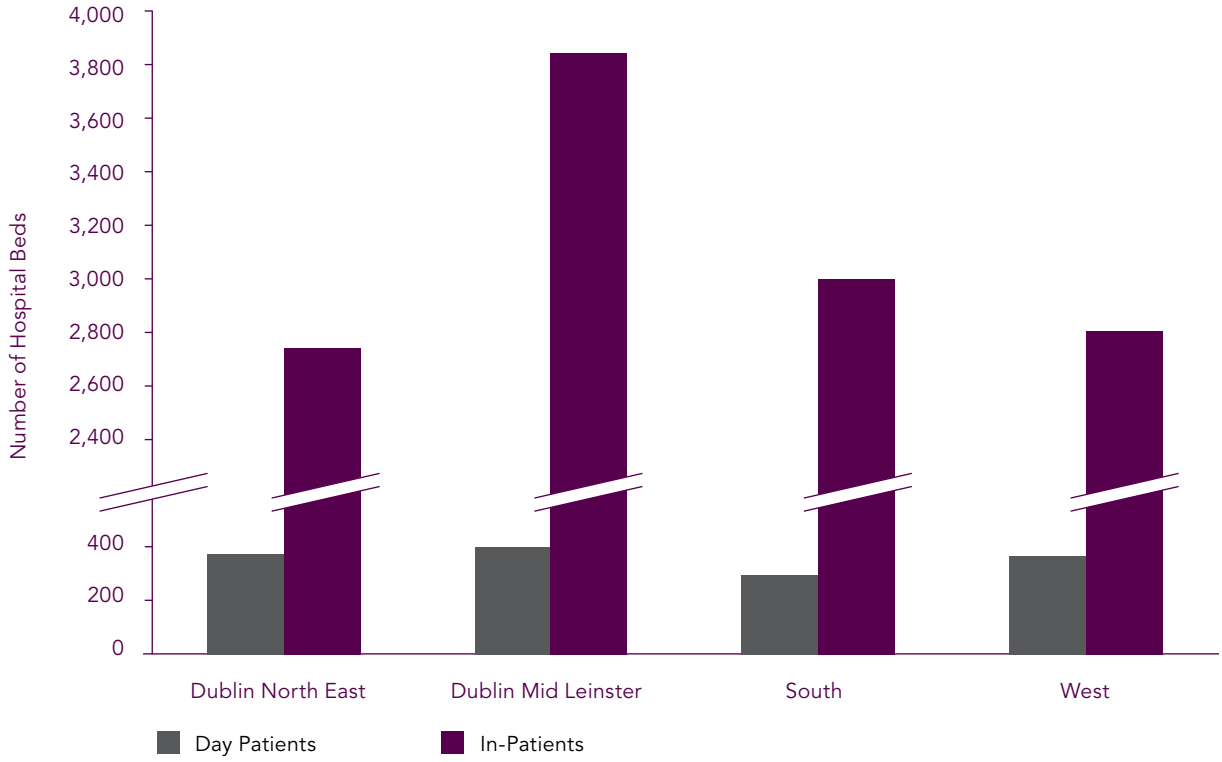
	Day Patient Beds		In-Patient Beds		Total Hospital Beds	
	N	%	N	%	N	%
HSE Dublin North East	365	26.0	2,733	22.1	3,098	22.5
HSE Dublin Mid Leinster	392	28.0	3,839	31.0	4,231	30.7
HSE South	284	20.3	2,997	24.2	3,281	23.8
HSE West	361	25.7	2,802	22.6	3,163	23.0
Total	**1,402**	**100**	**12,371**	**100**	**13,773**	**100**

Notes: HIPE hospitals refers to hospitals that participated in HIPE in 2006, for further details see Appendix I.
Excludes beds in long stay hospitals, which are not reported by the Performance Management Unit (PMU), HSE.

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 2006, for further details see Appendix I.
Excludes beds in long stay hospitals, which are not reported by the Performance Management Unit (PMU), HSE.

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 3.5 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	3.3
HSE Dublin Mid Leinster	3.5
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 does 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 2006, for further details see Appendix I.

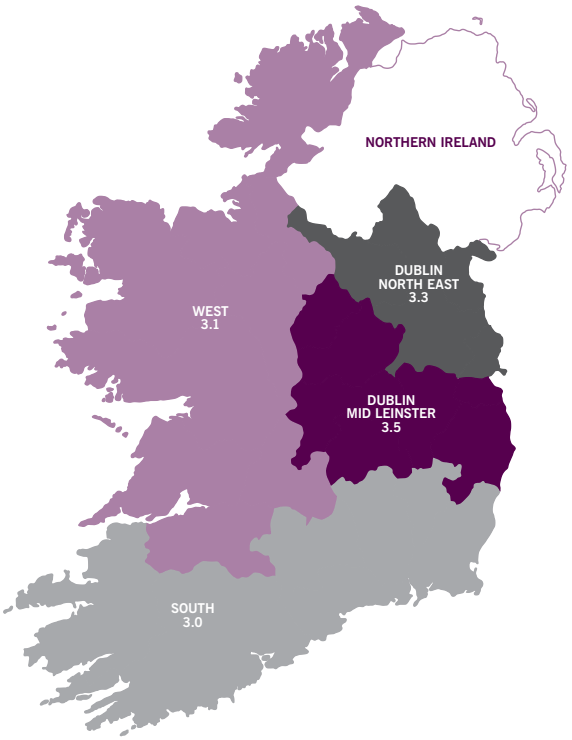
Excludes beds in long stay hospitals, which are not reported by the Performance Management Unit (PMU), HSE.

Source: As for Table 2.5.

Rates are based on population data from *Census 2006* (Central Statistics Office) (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.

Excludes beds in long stay hospitals, which are not reported by the Performance Management Unit (PMU), HSE.

Source: As for Table 2.5.

Rates are based on population data from *Census 2006* (Central Statistics Office) (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 2006. The volume of total hospital admissions exceeded 95,000 in every month with the exception of December (87,151). Admissions in May (109,469) were more than 25.6 per cent higher than those reported in December when the lowest number of admissions was recorded. Day patient activity peaked in November and was lowest in December (see Figure 2.18), while total in-patient activity peaked in May and was lowest in December.

In-patients have been further divided by the type of admission, either planned or emergency. A planned admission refers to one that has been arranged in advance, and an emergency admission is unforeseen and requires urgent care.[2] Of the 574,725 in-patients admitted and discharged during 2006, 396,926 (69.1 per cent) were classified as emergencies. Planned in-patient admissions peaked in May (16,291) and emergency in-patient admissions reached a maximum in March (35,325). 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	53,588	8.1	15,156	8.5	34,466	8.7	49,622	8.6	103,210	8.3
February	52,435	7.9	13,375	7.5	31,969	8.1	45,344	7.9	97,779	7.9
March	57,846	8.7	14,466	8.1	35,325	8.9	49,791	8.7	107,637	8.7
April	50,322	7.6	13,596	7.6	31,756	8.0	45,352	7.9	95,674	7.7
May	58,910	8.9	16,291	9.2	34,268	8.6	50,559	8.8	109,469	8.9
June	56,707	8.6	15,404	8.7	32,877	8.3	48,281	8.4	104,988	8.5
July	55,708	8.4	15,881	8.9	33,856	8.5	49,737	8.7	105,445	8.5
August	56,053	8.5	15,713	8.8	33,881	8.5	49,594	8.6	105,647	8.5
September	55,128	8.3	15,163	8.5	33,491	8.4	48,654	8.5	103,782	8.4
October	57,367	8.7	15,772	8.9	34,519	8.7	50,291	8.8	107,658	8.7
November	59,432	9.0	15,686	8.8	33,263	8.4	48,949	8.5	108,381	8.8
December	48,600	7.3	11,296	6.4	27,255	6.9	38,551	6.7	87,151	7.0
Total	**662,096**	**100**	**177,799**	**100**	**396,926**	**100**	**574,725**	**100**	**1,236,821**	**100**

Note: Includes admissions and discharges that took place in 2006. Does not include 8,069 in-patient discharges who were admitted prior to 2006, but discharged during 2006.

[2] 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

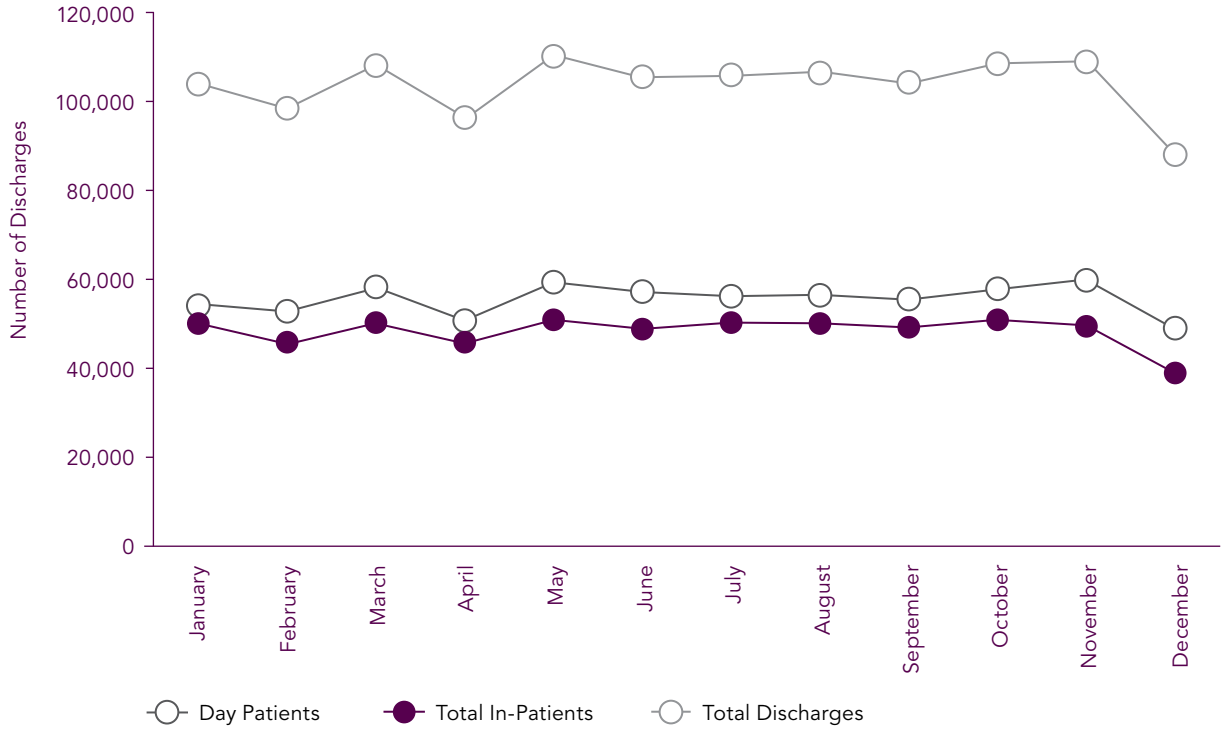
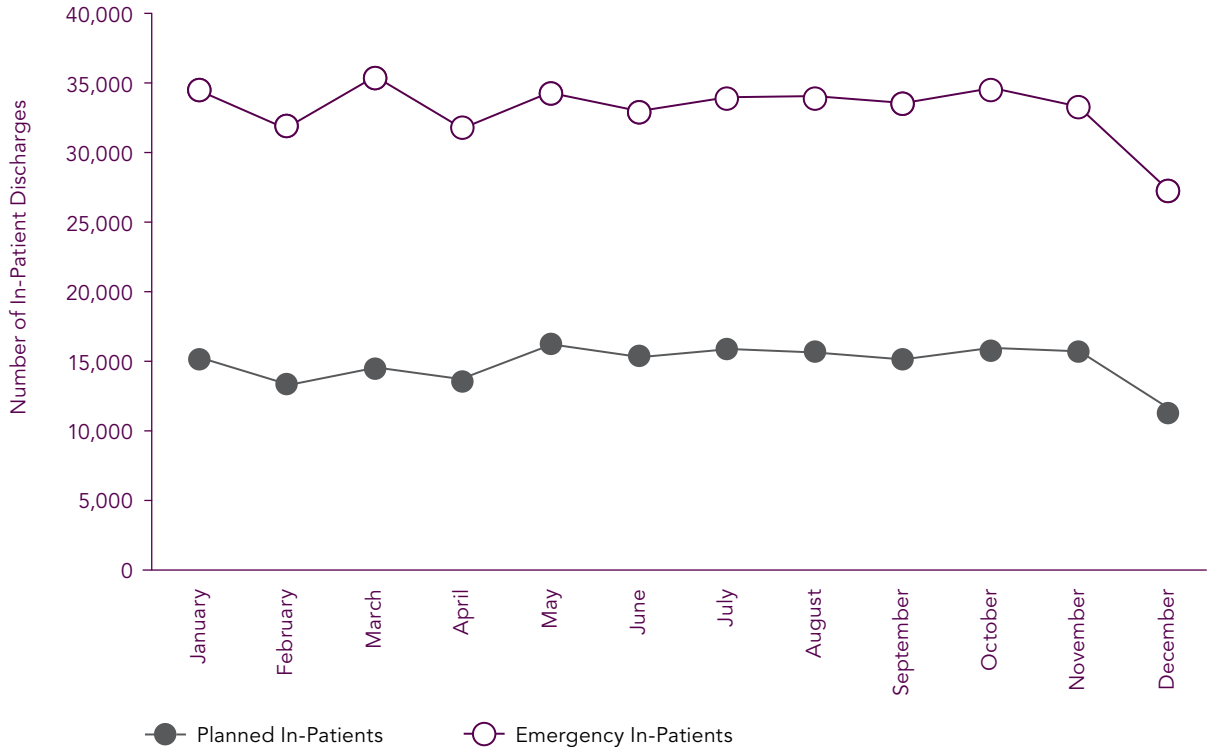


FIGURE 2.19

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

The largest number of planned in-patients was admitted on Monday, while admission for planned activity declined for the remainder of the week until Saturday when less than 5 per cent of planned in-patients were admitted. In contrast, emergency in-patient admissions were more evenly distributed throughout the week and peak 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	120,083	18.1	39,667	22.1	63,486	15.7	103,153	17.7	223,236	17.9
Tuesday	132,087	19.9	33,112	18.5	64,781	16.1	97,893	16.8	229,980	18.5
Wednesday	137,435	20.8	32,502	18.1	63,339	15.7	95,841	16.4	233,276	18.7
Thursday	127,526	19.3	28,418	15.8	61,423	15.2	89,841	15.4	217,367	17.5
Friday	113,283	17.1	16,951	9.5	61,124	15.1	78,075	13.4	191,358	15.4
Saturday	21,271	3.2	8,782	4.9	45,995	11.4	54,777	9.4	76,048	6.1
Sunday	10,411	1.6	19,886	11.1	43,328	10.7	63,214	10.8	73,625	5.9
Total	**662,096**	**100**	**179,318**	**100**	**403,476**	**100**	**582,794**	**100**	**1,244,890**	**100**

Table 2.14 shows that the proportion of total discharges from hospital increased throughout the week to reach a peak on Friday. Only 10.8 per cent of total discharges left the hospital on Saturday or Sunday. The peak in discharge activity on Friday was also observed for in-patients, with approximately one-fifth of both planned and emergency in-patients discharged before the weekend. Figures 2.20 to 2.22, respectively, show the patterns of admission and discharge activity for total, planned and emergency in-patients throughout the week and 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	120,083	18.1	20,856	11.6	59,949	14.9	80,805	13.9	200,888	16.1
Tuesday	132,087	19.9	26,098	14.6	63,026	15.6	89,124	15.3	221,211	17.8
Wednesday	137,435	20.8	29,187	16.3	65,903	16.3	95,090	16.3	232,525	18.7
Thursday	127,526	19.3	29,674	16.5	65,177	16.2	94,851	16.3	222,377	17.9
Friday	113,283	17.1	38,021	21.2	82,103	20.3	120,124	20.6	233,407	18.7
Saturday	21,271	3.2	20,227	11.3	36,371	9.0	56,598	9.7	77,869	6.3
Sunday	10,411	1.6	15,255	8.5	30,947	7.7	46,202	7.9	56,613	4.5
Total	**662,096**	**100**	**179,318**	**100**	**403,476**	**100**	**582,794**	**100**	**1,244,890**	**100**

FIGURE 2.20

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

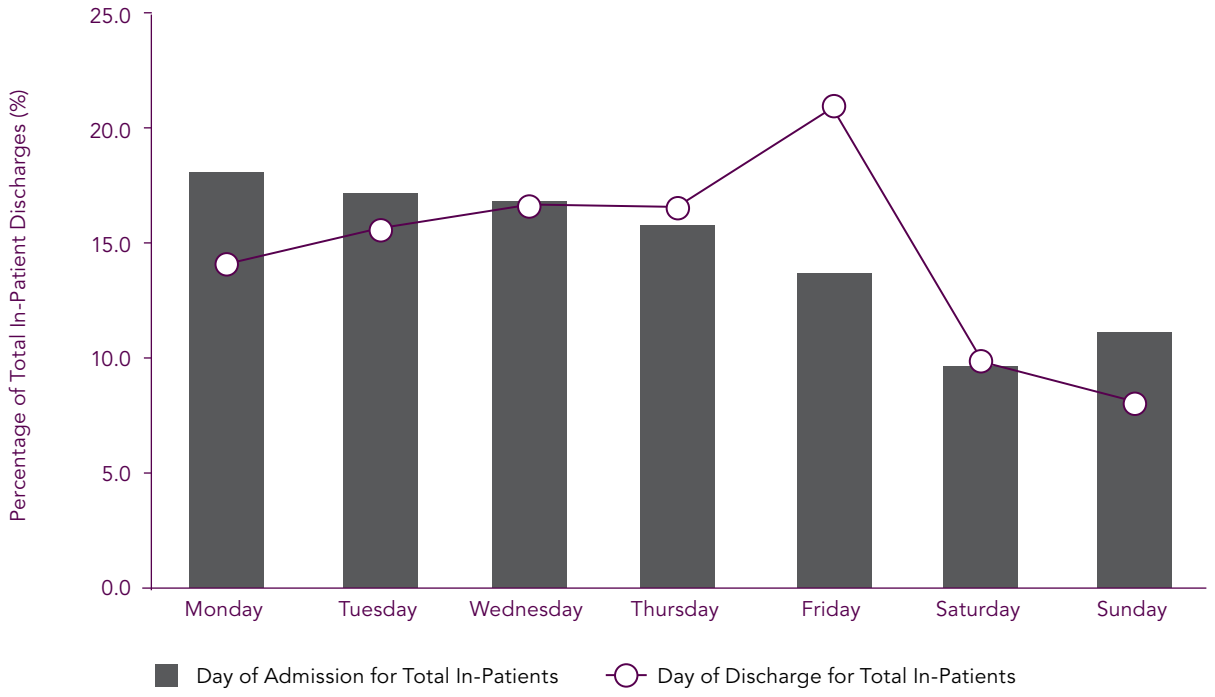


FIGURE 2.21

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

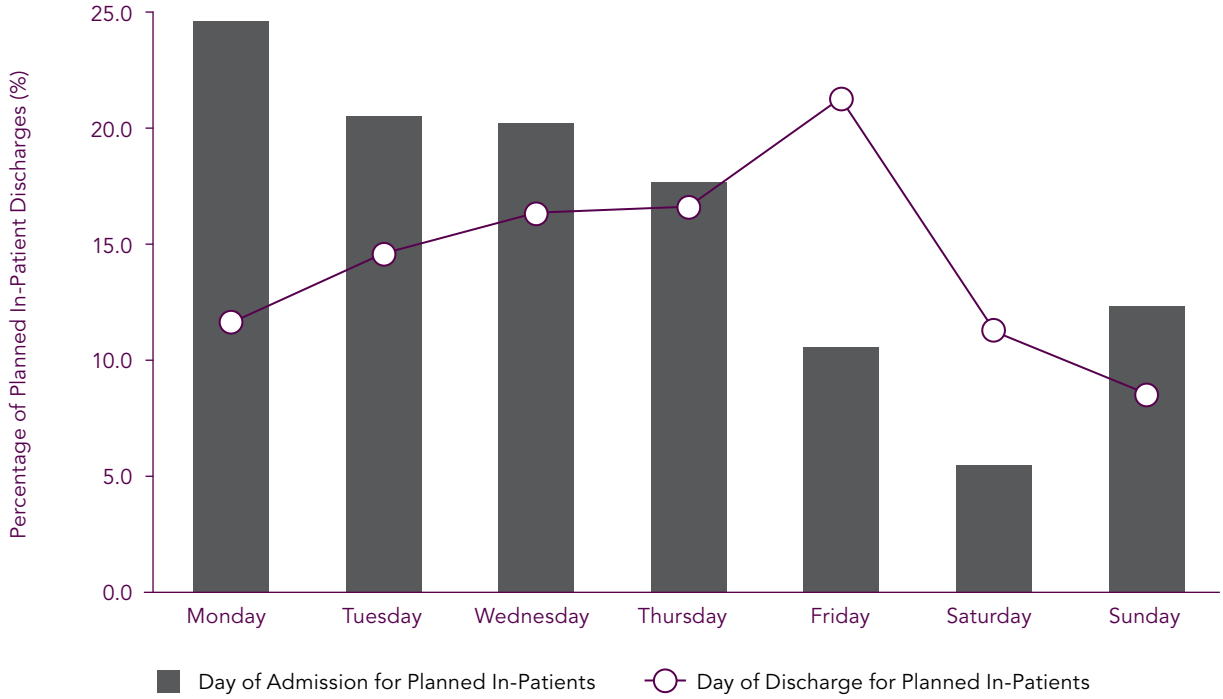
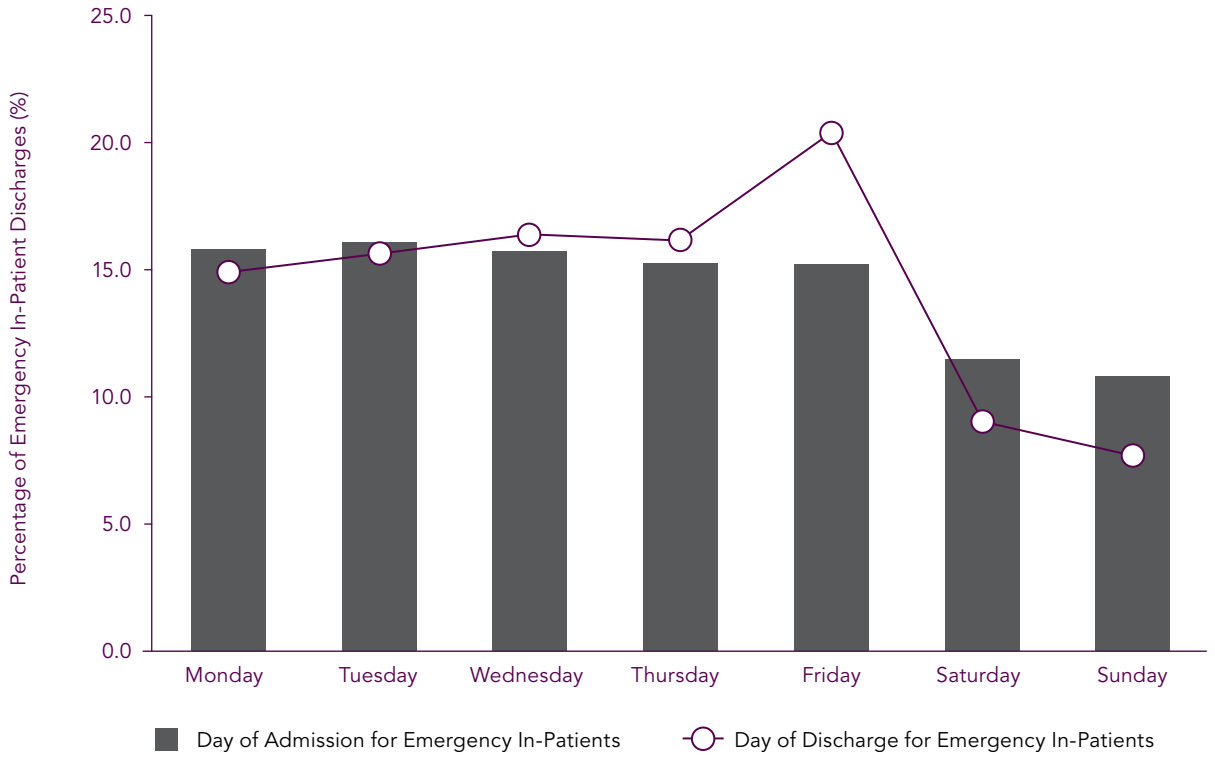


FIGURE 2.22

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



SECTION

THREE

Demographic Analysis of Hospital Discharge Activity in 2006

SUMMARY

Discharges by Sex

- More than half of total discharges (52.9 per cent) in 2006 were female.
- The proportion of total discharges for day patients was higher for males than for females and the proportion of total discharges for acute in-patients was higher for females than males.
- The discharge rate for total female discharges was 311.0 per 1,000, which was 12.6 per cent greater than that for males (276.3 per 1,000).
- For every 1,000 members of the female population there were 1,093.5 days spent in acute public hospitals – 14.0 per cent more than that for males (958.9 days per 1,000).

Discharges by Marital Status

- Together, single and married discharges accounted for 84.1 per cent of total discharges and 76.5 per cent of total bed days.
- Widowed discharges accounted for 9.3 per cent of total discharges but a greater proportion of total bed days (16.9 per cent). Consequently the average length of stay for widowed discharges was 6.4 days, which was almost three days longer than that for total discharges (3.5 days).

Discharges by Age

- Although the number of discharges was highest for the 65–74 year age group, the 75 to 84 year age group had the highest discharge rate (935.5 per 1,000).
- Over one-fifth of in-patient (21.5 per cent) and total (20.1 per cent) bed days were used by discharges aged between 75 and 84 years, even though this age group accounted for only 11.4 per cent of total in-patient discharges and 11.8 per cent of total discharges.
- The total in-patient average length of stay generally increased with age, peaking at 13.9 days for discharges aged 85 years and over.

Discharges by GMS Status

- Acute in-patient discharges with a medical card stayed an average of 6.0 days in hospital, which was 2.3 days longer than non-GMS discharges.
- Discharges with a medical card accounted for 71.1 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 (57.7 per cent).

Discharges by Public/Private Status

- Public discharges accounted for 77.4 per cent of total discharges in 2006 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 6.5 days, which was over half a day longer than that for private discharges (5.8 days).
- The HSE South area recorded the highest proportion of private discharges with 26.1 per cent of the total discharges hospitalised here. This contrasts with an estimated 19.6 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 2006 were female (see Table 3.1).[1] 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. Similar proportions 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 311.0 per 1,000, which was over 12.6 per cent greater than males (276.3 per 1,000).

Female discharges accounted for 53.3 per cent of total bed days. The highest proportion of total bed days was used by acute female in-patients (34.5 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 1,093.5 days spent in hospital, which was 14.0 per cent higher than that for males (958.9 days per 1,000 members of the male population).

Total female in-patient discharges spent, on average, 5.9 days in hospital, while total male in-patient discharges stayed in hospital, on average, for almost one week (6.9 days). Acute female in-patients also had a shorter average length of stay than their male counterparts (4.5 days for females and 5.1 days for males). Average length of stay for extended stay in-patients was almost the same for females as it was for males (59.9 days for females and 60.0 days for males).

[1] According to the Central Statistics Office, the split between men and women in the general population was approximately 50:50 in the Census of Population 2006.
(See www.cso.ie/statistics/Population1901–2006.htm; date consulted: 29 September 2008).

TABLE 3.1

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

	Total Discharges			Total Bed Days			Average Length of Stay
	N	%	Rate	N	%	Rate	
Males and Females							
Day Patients	**662,096**	**53.2**	**156.2**	**662,096**	**15.2**	**156.2**	**–**
In-Patients							
Acute (0–30 days)	566,380	45.5	133.6	2,704,687	62.2	637.9	4.8
Extended (>30 days)	16,414	1.3	3.9	984,094	22.6	232.1	60.0
Total In-Patients	**582,794**	**46.8**	**137.5**	**3,688,781**	**84.8**	**870.0**	**6.3**
Total (Males and Females)	**1,244,890**	**100**	**293.6**	**4,350,877**	**100**	**1,026.2**	**3.5**
Males							
Day Patients	**341,357**	**27.4**	**160.9**	**341,357**	**7.8**	**160.9**	**–**
In-Patients							
Acute (0–30 days)	236,587	19.0	111.5	1,204,329	27.7	567.8	5.1
Extended (>30 days)	8,133	0.7	3.8	488,323	11.2	230.2	60.0
Total In-Patients	**244,720**	**19.7**	**115.4**	**1,692,652**	**38.9**	**798.0**	**6.9**
Total (Males)	**586,077**	**47.1**	**276.3**	**2,034,009**	**46.7**	**958.9**	**3.5**
Females							
Day Patients	**320,739**	**25.8**	**151.4**	**320,739**	**7.4**	**151.4**	**–**
In-Patients							
Acute (0–30 days)	329,793	26.5	155.7	1,500,358	34.5	708.2	4.5
Extended (>30 days)	8,281	0.7	3.9	495,771	11.4	234.0	59.9
Total In-Patients	**338,074**	**27.2**	**159.6**	**1,996,129**	**45.9**	**942.2**	**5.9**
Total (Females)	**658,813**	**52.9**	**311.0**	**2,316,868**	**53.3**	**1,093.5**	**3.5**[a]

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

Source: Rates are based on population data from *Census 2006* (Central Statistics Office) (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 slightly smaller proportion of total bed days (76.5 per cent). Both married and single discharges had an average length of stay of 3.2 days which was shorter than that for total discharges (3.5 days). Widowed discharges accounted for 9.3 per cent of total discharges, but a greater proportion of total bed days (16.9 per cent). The average length of stay for widowed discharges was 6.4 days, which was almost three days longer than the average for total discharges (see Figure 3.1).[2]

[2] It should be noted that 75.8 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

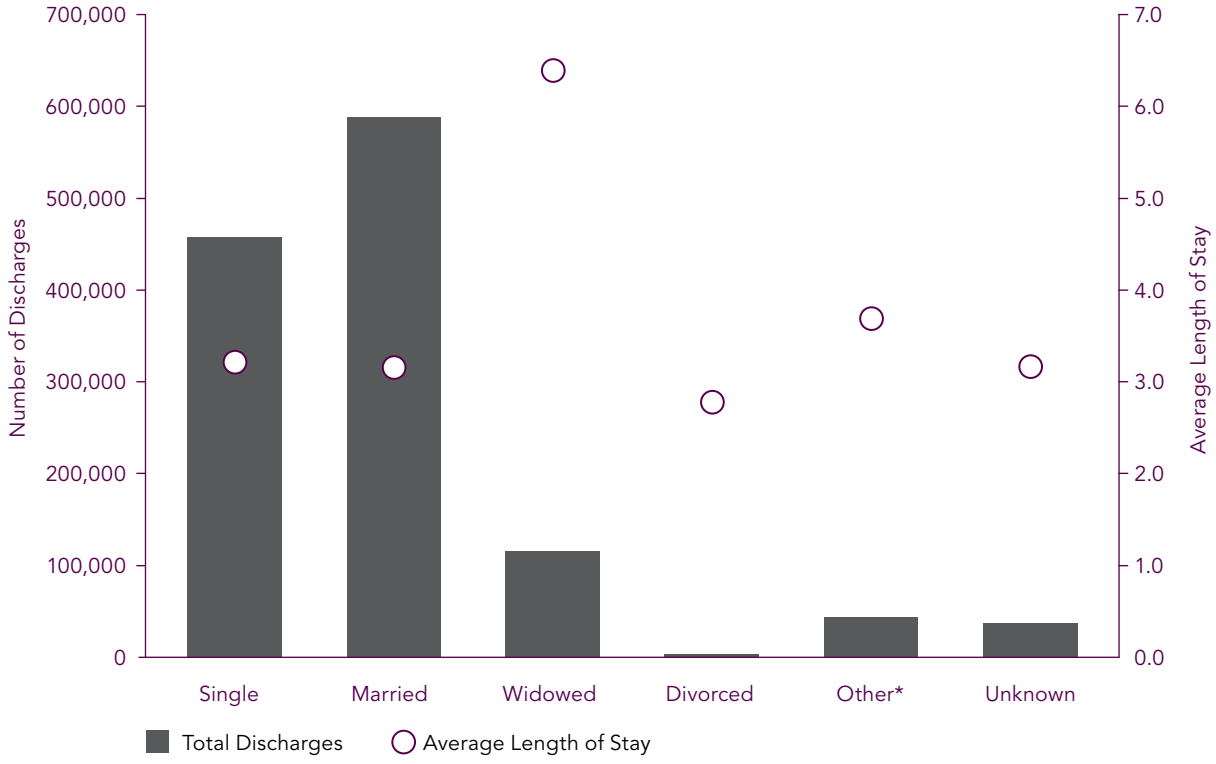
Discharges, Bed Days and Average Length of Stay (Days) by Marital Status

	Total Discharges		Total Bed Days [a]		Average Length of Stay [b]
	N	%	N	%	
Single	457,903	36.8	1,470,284	33.8	3.2
Married	588,225	47.3	1,858,132	42.7	3.2
Widowed	115,406	9.3	737,143	16.9	6.4
Divorced	2,897	0.2	8,064	0.2	2.8
Other (includes separated)	43,180	3.5	159,173	3.7	3.7
Unknown	37,279	3.0	118,081	2.7	3.2
Total	**1,244,890**	**100**	**4,350,877**	**100**	**3.5**

Notes: [a] Includes bed days for day and in-patients.
[b] Includes day and in-patients.

FIGURE 3.1

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



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

AGE

The distribution of discharges by age group and sex is reported in Table 3.3.[3] The number of total discharges was highest in the 65 to 74 age group. Discharges aged between 55 and 64 years accounted for the highest proportion of day patients (19.8 per cent). The 25 to 34 year age group had the highest number of total in-patients, accounting for 17.1 per cent of the total.

There was considerable variability in the discharge rates across the age ranges. While the 65 to 74 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 936 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 213.0 per 1,000. The majority of 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 45 to 84 years the day patient discharge rates were greater than the in-patient discharge rates, indicating that a higher proportion of these discharges in the 45 to 84 year age groups were treated on a day patient basis.

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

For both sexes, the discharge rates were highest among the older age groups. The total discharge rates were higher for males 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 (164.6 per 1,000 for males and 129.4 per 1,000 for females for the under 15 years group and 980.5 per 1,000 for males and 682.8 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 higher for males, with a rate of 374.1 per 1,000 members of the male population and 369.8 per 1,000 members of the female population. Conversely, in the 15 to 44 year age group, there were almost twice as many females discharged compared to males (134.6 per 1,000 for males and 262.2 per 1,000 for females).

For males, a higher proportion were discharged as day patients (58.2 per cent) rather than in-patients (41.8 per cent). Conversely, for females a higher proportion were discharged as in-patients (51.3 per cent) rather than as day patients (48.7 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.

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

Over one-fifth of in-patient and total bed days were used by discharges aged between 75 and 84 years, even though this age group accounted for only 11.4 per cent of total in-patient discharges and 11.8 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 13.9 days, which was over five times that of in-patient discharges aged between 5 and 14 years, which had the lowest average length of stay. While those aged 65 years and over accounted for 27.2 per cent of total in-patient discharges, this group used 48.3 per cent of total in-patient bed days. On average, those in the youngest age group (0 to 4 years) stayed in hospital for almost 1.5 days longer than those in the next oldest age group (4.0 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 2.6 days for the 5 to 14 year age group to a high of 13.0 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 14.4 days for the 85 years and over age group. While the total in-patient average length of stay for females was shorter than males (5.9 days for females and 6.9 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)	**662,096**	**100**	**156.2**	**582,794**	**100**	**137.5**	**1,244,890**	**100**	**293.6**	**3,688,781**	**100**	**870.0**	**4,350,877**	**100**	**1026.2**	**6.3**
Under 15 years	**40,921**	**6.2**	**47.3**	**86,540**	**14.8**	**100.1**	**127,461**	**10.2**	**147.4**	**302,697**	**8.2**	**350.2**	**343,618**	**7.9**	**397.5**	**3.5**
0–4 years	19,810	3.0	65.5	55,538	9.5	183.7	75,348	6.1	249.3	221,493	6.0	732.8	241,303	5.5	798.4	4.0
5–14 years	21,111	3.2	37.6	31,002	5.3	55.1	52,113	4.2	92.7	81,204	2.2	144.4	102,315	2.4	182.0	2.6
15–44 years	**162,560**	**24.6**	**82.2**	**228,214**	**39.2**	**115.3**	**390,774**	**31.4**	**197.5**	**834,045**	**22.6**	**421.5**	**996,605**	**22.9**	**503.7**	**3.7**
15–19 years	12,117	1.8	41.7	23,664	4.1	81.5	35,781	2.9	123.3	78,241	2.1	269.6	90,358	2.1	311.3	3.3
20–24 years	18,248	2.8	53.3	36,627	6.3	106.9	54,875	4.4	160.2	120,890	3.3	353.0	139,138	3.2	406.3	3.3
25–34 years	54,467	8.2	75.4	99,446	17.1	137.7	153,913	12.4	213.0	340,285	9.2	471.0	394,752	9.1	546.4	3.4
35–44 years	77,728	11.7	124.7	68,477	11.7	109.8	146,205	11.7	234.5	294,629	8.0	472.6	372,357	8.6	597.3	4.3
45–64 years	**235,727**	**35.6**	**253.8**	**109,773**	**18.8**	**118.2**	**345,500**	**27.8**	**372.0**	**769,340**	**20.9**	**828.3**	**1,005,067**	**23.1**	**1082.0**	**7.0**
45–54 years	104,664	15.8	200.6	49,915	8.6	95.7	154,579	12.4	296.2	312,630	8.5	599.1	417,294	9.6	799.7	6.3
55–64 years	131,063	19.8	322.0	59,858	10.3	147.1	190,921	15.3	469.0	456,710	12.4	1,122.0	587,773	13.5	1,444.0	7.6
65 years and over	**222,888**	**33.7**	**476.3**	**158,267**	**27.2**	**338.2**	**381,155**	**30.6**	**814.6**	**1,782,699**	**48.3**	**3809.8**	**2,005,587**	**46.1**	**4,286.1**	**11.3**
65–74 years	129,287	19.5	492.4	66,984	11.5	255.1	196,271	15.8	747.6	639,972	17.3	2,437.5	769,259	17.7	2,930.0	9.6
75–84 years	81,008	12.2	514.8	66,193	11.4	420.7	147,201	11.8	935.5	793,762	21.5	5,044.6	874,770	20.1	5,559.4	12.0
85 years and over	12,593	1.9	262.2	25,090	4.3	522.4	37,683	3.0	784.6	348,965	9.5	7,265.9	361,558	8.3	7,528.1	13.9

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)	**341,357**	**51.6**	**160.9**	**244,720**	**42.0**	**115.4**	**586,077**	**47.1**	**276.3**	**1,692,652**	**45.9**	**798.0**	**2,034,009**	**46.7**	**958.9**	**6.9**
Under 15 years	**24,432**	**3.7**	**55.1**	**48,507**	**8.3**	**109.5**	**72,939**	**5.9**	**164.6**	**166,595**	**4.5**	**376.0**	**191,027**	**4.4**	431.2	**3.4**
0–4 years	12,158	1.8	78.7	31,304	5.4	202.5	43,462	3.5	281.2	122,482	3.3	792.5	134,640	3.1	871.1	3.9
5–14 years	12,274	1.9	42.5	17,203	3.0	59.6	29,477	2.4	102.2	44,113	1.2	152.9	56,387	1.3	195.5	2.6
15–44 years	**73,652**	**11.1**	**73.4**	**61,325**	**10.5**	**61.1**	**134,977**	**10.8**	**134.6**	**271,176**	**7.4**	**270.4**	**344,828**	**7.9**	**343.8**	**4.4**
15–19 years	6,556	1.0	44.2	9,626	1.7	64.9	16,182	1.3	109.2	33,417	0.9	225.4	39,973	0.9	269.6	3.5
20–24 years	8,655	1.3	50.1	10,891	1.9	63.0	19,546	1.6	113.1	42,140	1.1	243.9	50,795	1.2	294.0	3.9
25–34 years	24,931	3.8	68.0	19,826	3.4	54.1	44,757	3.6	122.0	86,254	2.3	235.2	111,185	2.6	303.2	4.4
35–44 years	33,510	5.1	106.3	20,982	3.6	66.6	54,492	4.4	172.9	109,365	3.0	346.9	142,875	3.3	453.2	5.2
45–64 years	**117,292**	**17.7**	**250.6**	**57,811**	**9.9**	**123.5**	**175,103**	**14.1**	**374.1**	**418,163**	**11.3**	**893.4**	**535,455**	**12.3**	**1,144.0**	**7.2**
45–54 years	48,140	7.3	183.4	25,355	4.4	96.6	73,495	5.9	279.9	165,410	4.5	630.1	213,550	4.9	813.4	6.5
55–64 years	69,152	10.4	336.5	32,456	5.6	157.9	101,608	8.2	494.4	252,753	6.9	1,229.9	321,905	7.4	1,566.4	7.8
65 years and over	**125,981**	**19.0**	**608.3**	**77,077**	**13.2**	**372.2**	**203,058**	**16.3**	**980.5**	**836,718**	**22.7**	**4,040.3**	**962,699**	**22.1**	**4,648.6**	**10.9**
65–74 years	74,086	11.2	581.4	36,574	6.3	287.0	110,660	8.9	868.4	352,627	9.6	2,767.1	426,713	9.8	3,348.5	9.6
75–84 years	45,483	6.9	701.7	31,199	5.4	481.4	76,682	6.2	1,183.1	363,054	9.8	5,601.4	408,537	9.4	6,303.1	11.6
85 years and over	6,412	1.0	431.9	9,304	1.6	626.7	15,716	1.3	1,058.7	121,037	3.3	8,153.4	127,449	2.9	8,585.3	13.0

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)	**320,739**	**48.4**	**151.4**	**338,074**	**58.0**	**159.6**	**658,813**	**52.9**	**311.0**	**1,996,129**	**54.1**	**942.2**	**2,316,868**	**53.3**	**1093.5**	**5.9**
Under 15 years	**16,489**	**2.5**	**39.1**	**38,033**	**6.5**	**90.3**	**54,522**	**4.4**	**129.4**	**136,102**	**3.7**	**323.0**	**152,591**	**3.5**	**362.1**	**3.6**
0–4 years	7,652	1.2	51.8	24,234	4.2	164.1	31,886	2.6	215.9	99,011	2.7	670.4	106,663	2.5	722.2	4.1
5–14 years	8,837	1.3	32.3	13,799	2.4	50.4	22,636	1.8	82.7	37,091	1.0	135.5	45,928	1.1	167.8	2.7
15–44 years	**88,908**	**13.4**	**91.1**	**166,889**	**28.6**	**171.1**	**255,797**	**20.5**	**262.2**	**562,869**	**15.3**	**576.9**	**651,777**	**15.0**	**668.1**	**3.4**
15–19 years	5,561	0.8	39.2	14,038	2.4	98.8	19,599	1.6	138.0	44,824	1.2	315.6	50,385	1.2	354.8	3.2
20–24 years	9,593	1.4	56.5	25,736	4.4	151.6	35,329	2.8	208.2	78,750	2.1	464.0	88,343	2.0	520.6	3.1
25–34 years	29,536	4.5	83.0	79,620	13.7	223.8	109,156	8.8	306.9	254,031	6.9	714.2	283,567	6.5	797.2	3.2
35–44 years	44,218	6.7	143.5	47,495	8.1	154.1	91,713	7.4	297.6	185,264	5.0	601.1	229,482	5.3	744.6	3.9
45–64 years	**118,435**	**17.9**	**257.0**	**51,962**	**8.9**	**112.8**	**170,397**	**13.7**	**369.8**	**351,177**	**9.5**	**762.1**	**469,612**	**10.8**	**1,019.1**	**6.8**
45–54 years	56,524	8.5	218.0	24,560	4.2	94.7	81,084	6.5	312.7	147,220	4.0	567.8	203,744	4.7	785.8	6.0
55–64 years	61,911	9.4	307.2	27,402	4.7	136.0	89,313	7.2	443.1	203,957	5.5	1,011.9	265,868	6.1	1,319.1	7.4
65 years and over	**96,907**	**14.6**	**371.5**	**81,190**	**13.9**	**311.3**	**178,097**	**14.3**	**682.8**	**945,981**	**25.6**	**3,626.8**	**1,042,888**	**24.0**	**3,998.3**	**11.7**
65–74 years	55,201	8.3	408.6	30,410	5.2	225.1	85,611	6.9	633.6	287,345	7.8	2,126.7	342,546	7.9	2,535.3	9.4
75–84 years	35,525	5.4	383.9	34,994	6.0	378.2	70,519	5.7	762.1	430,708	11.7	4,654.5	466,233	10.7	5,038.5	12.3
85 years and over	6,181	0.9	186.3	15,786	2.7	475.7	21,967	1.8	662.0	227,928	6.2	6,868.8	234,109	5.4	7,055.1	14.4

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

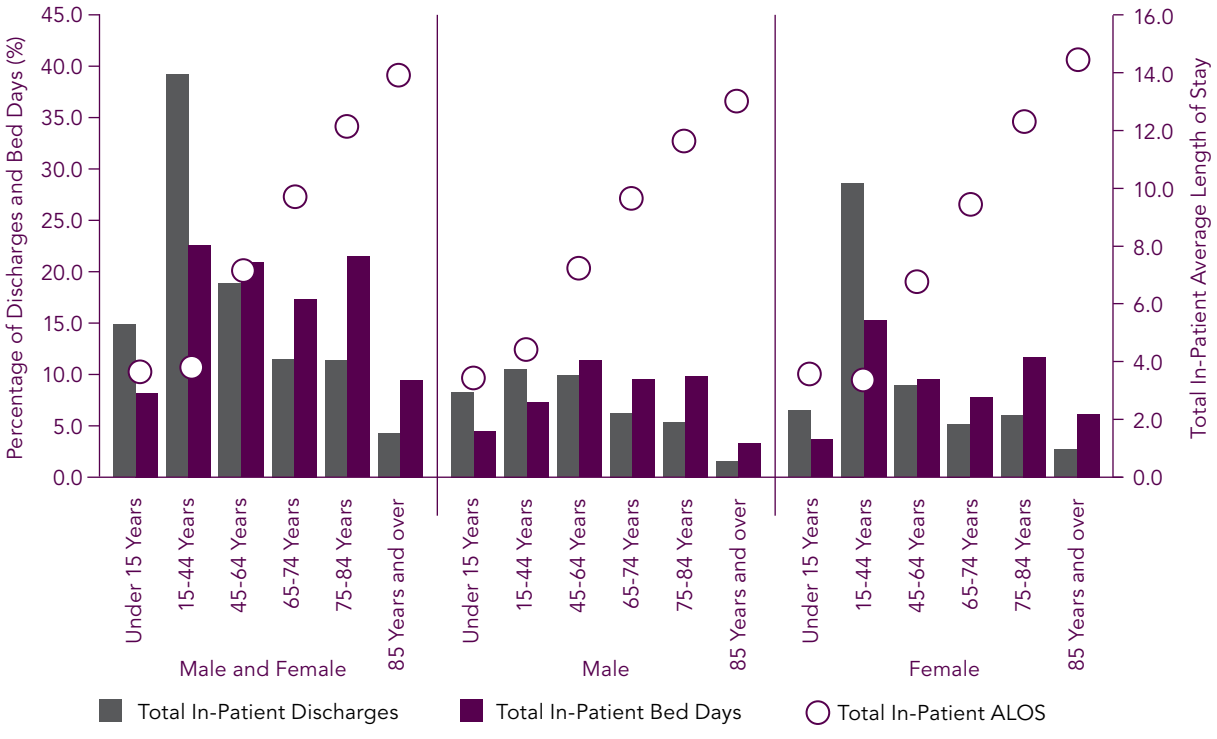
Source: Rates are based on population data from *Census 2006* (Central Statistics Office) (see Appendix III).

FIGURE 3.2

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

FIGURE 3.3

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



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

The age distribution of discharges according to their Health Service Executive (HSE) area of hospitalisation is presented in Table 3.4. Over 29 per cent of total discharges were hospitalised in the HSE Dublin Mid Leinster area in 2006. The HSE Dublin Mid Leinster area treated the highest proportion of discharges in the under 44 years age groups (45.5 per cent) and the lowest in the 45 and over age group (54.5 per cent). Discharges in this older age group were highest in the HSE South and the HSE West and amounted to 60.9 per cent and 61.6 per cent respectively.

The lowest numbers of total discharges were hospitalised in the HSE Dublin North East area in 2006 and, of these, 9.5 per cent were younger than 15 years of age, 33.2 per cent aged between 15 and 44 years, 26.4 per cent were aged between 45 and 64 years, and 30.9 per cent were aged 65 years and over (see Figure 3.4).

TABLE 3.4

Discharges by HSE Area of Hospitalisation and Age Group

	HSE Area of Hospitalisation								Total	
	HSE Dublin North East		HSE Dublin Mid Leinster		HSE South		HSE West			
	N	%	N	%	N	%	N	%	N	%
Total Discharges	**278,205**	**100**	**364,682**	**100**	**287,121**	**100**	**314,882**	**100**	**1,244,890**	**100**
Under 15 years	**26,341**	**9.5**	**43,388**	**11.9**	**26,858**	**9.4**	**30,874**	**9.8**	**127,461**	**10.2**
0–4 years	15,821	5.7	25,204	6.9	16,128	5.6	18,195	5.8	75,348	6.1
5–14 years	10,520	3.8	18,184	5.0	10,730	3.7	12,679	4.0	52,113	4.2
15–44 years	**92,464**	**33.2**	**122,673**	**33.6**	**85,513**	**29.8**	**90,124**	**28.6**	**390,774**	**31.4**
15–19 years	7,560	2.7	11,275	3.1	8,492	3.0	8,454	2.7	35,781	2.9
20–24 years	12,812	4.6	16,875	4.6	12,430	4.3	12,758	4.1	54,875	4.4
25–34 years	37,319	13.4	48,933	13.4	32,531	11.3	35,130	11.2	153,913	12.4
35–44 years	34,773	12.5	45,590	12.5	32,060	11.2	33,782	10.7	146,205	11.7
45–64 years	**73,530**	**26.4**	**101,721**	**27.9**	**82,864**	**28.9**	**87,385**	**27.8**	**345,500**	**27.8**
45–54 years	32,901	11.8	48,105	13.2	34,685	12.1	38,888	12.4	154,579	12.4
55–64 years	40,629	14.6	53,616	14.7	48,179	16.8	48,497	15.4	190,921	15.3
65 years and over	**85,870**	**30.9**	**96,900**	**26.6**	**91,886**	**32.0**	**106,499**	**33.8**	**381,155**	**30.6**
65–74 years	41,754	15.0	52,992	14.5	47,696	16.6	53,829	17.1	196,271	15.8
75–84 years	35,512	12.8	35,239	9.7	35,766	12.5	40,684	12.9	147,201	11.8
85 years and over	8,604	3.1	8,669	2.4	8,424	2.9	11,986	3.8	37,683	3.0

FIGURE 3.4

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

The distribution of discharges resident in each of the four health areas by age group is reported in Table 3.5. In 2006, 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 (34.3 per cent and 33.8 per cent respectively). In the HSE South and HSE West areas, the highest proportions of discharges were classified among the older age groups (45 years and over), 60.6 per cent and 61.2 per cent respectively (see Figure 3.5). The HSE West area reported over 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 rate increased with age. In the HSE West area, for instance, there were 878.2 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 (163.8 per 1,000).

For 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 year and 65 years and over age groups. 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 the HSE Dublin North East area had the highest discharge rate per 1,000 of the population. The HSE Dublin Mid Leinster area reported the lowest overall discharge rate with 270.1 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	**280,308**	**100**	**328,724**	**100**	**302,229**	**100**	**329,079**	**100**	**1,240,340**	**100**
Under 15 years	**27,681**	**9.9**	**34,428**	**10.5**	**30,637**	**10.1**	**34,191**	**10.4**	**126,937**	**10.2**
0–4 years	16,442	5.9	20,625	6.3	18,052	6.0	19,931	6.1	75,050	6.1
5–14 years	11,239	4.0	13,803	4.2	12,585	4.2	14,260	4.3	51,887	4.2
15–44 years	**96,090**	**34.3**	**111,206**	**33.8**	**88,369**	**29.2**	**93,444**	**28.4**	**389,109**	**31.4**
15–19 years	7,749	2.8	9,844	3.0	9,008	3.0	8,977	2.7	35,578	2.9
20–24 years	12,947	4.6	15,649	4.8	12,645	4.2	13,402	4.1	54,643	4.4
25–34 years	40,038	14.3	44,069	13.4	33,340	11.0	35,948	10.9	153,395	12.4
35–44 years	35,356	12.6	41,644	12.7	33,376	11.0	35,117	10.7	145,493	11.7
45–64 years	**72,714**	**25.9**	**91,754**	**27.9**	**87,778**	**29.0**	**92,088**	**28.0**	**344,334**	**27.8**
45–54 years	32,790	11.7	43,487	13.2	37,025	12.3	40,741	12.4	154,043	12.4
55–64 years	39,924	14.2	48,267	14.7	50,753	16.8	51,347	15.6	190,291	15.3
65 years and over	**83,823**	**29.9**	**91,336**	**27.8**	**95,445**	**31.6**	**109,356**	**33.2**	**379,960**	**30.6**
65–74 years	41,264	14.7	48,231	14.7	50,321	16.6	55,734	16.9	195,550	15.8
75–84 years	34,027	12.1	34,498	10.5	36,650	12.1	41,616	12.6	146,791	11.8
85 years and over	8,532	3.0	8,607	2.6	8,474	2.8	12,006	3.6	37,619	3.0

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

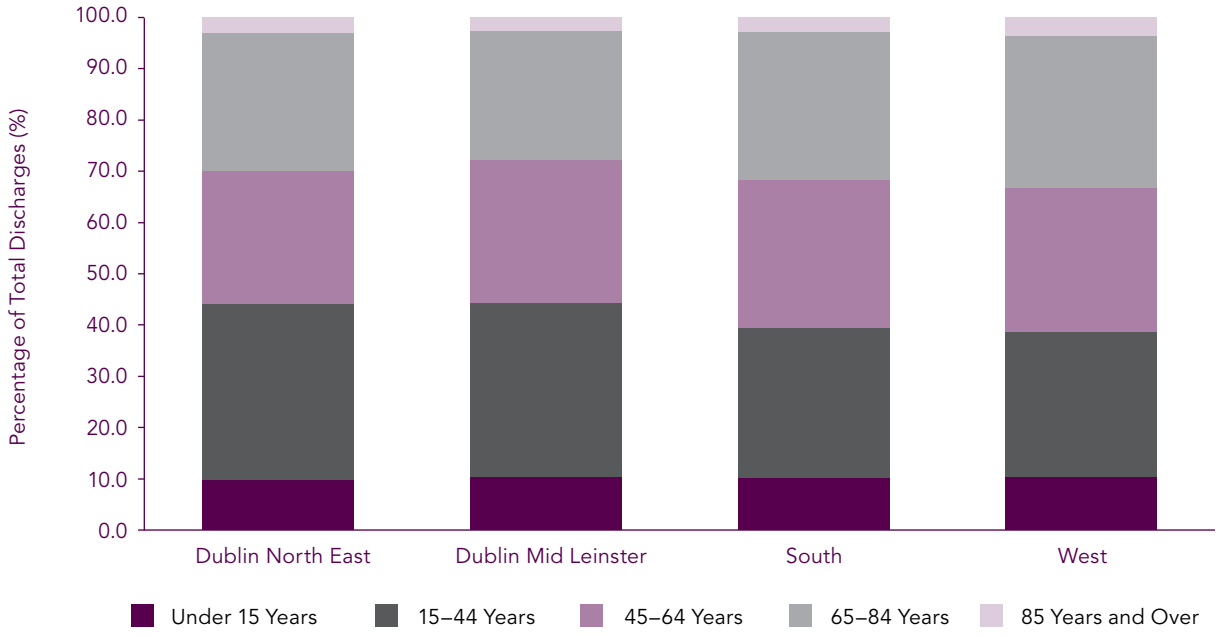


TABLE 3.6

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	**301.9**	**270.1**	**279.3**	**325.0**
Under 15 years	**145.6**	**141.8**	**137.5**	**163.8**
0–4 years	237.6	239.6	236.8	281.9
5–14 years	92.9	88.1	85.8	103.3
15–44 years	**210.1**	**188.3**	**182.5**	**209.2**
15–19 years	126.6	119.6	121.1	124.1
20–24 years	163.9	147.4	157.6	173.9
25–34 years	225.8	198.1	196.5	234.9
35–44 years	252.8	232.0	208.8	243.4
45–64 years	**385.5**	**351.1**	**356.2**	**396.1**
45–54 years	307.4	290.9	270.6	316.2
55–64 years	487.2	431.6	462.9	495.4
65 years and over	**906.3**	**746.4**	**742.5**	**878.2**
65–74 years	780.6	698.3	692.7	819.9
75–84 years	1,106.9	842.6	850.7	977.3
85 years and over	960.1	696.6	660.8	859.8

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

Source: Rates are based on population data from *Census 2006* (Central Statistics Office) (see Appendix III).

FIGURE 3.6

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

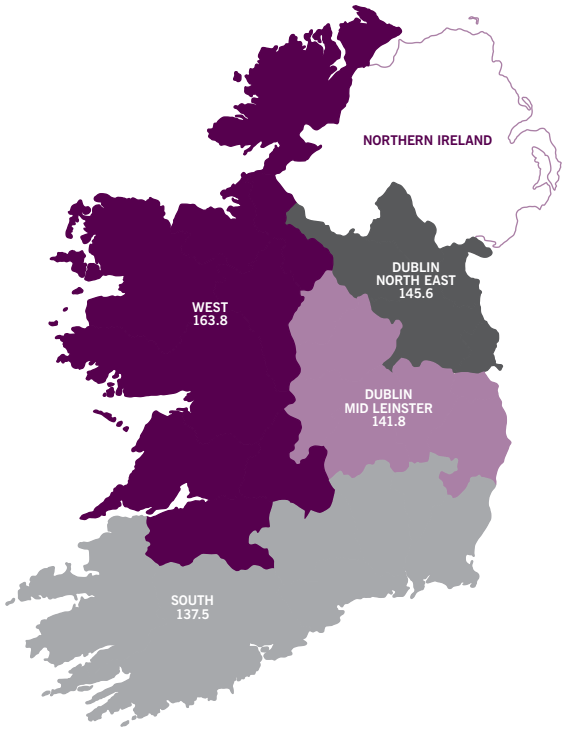


FIGURE 3.7

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

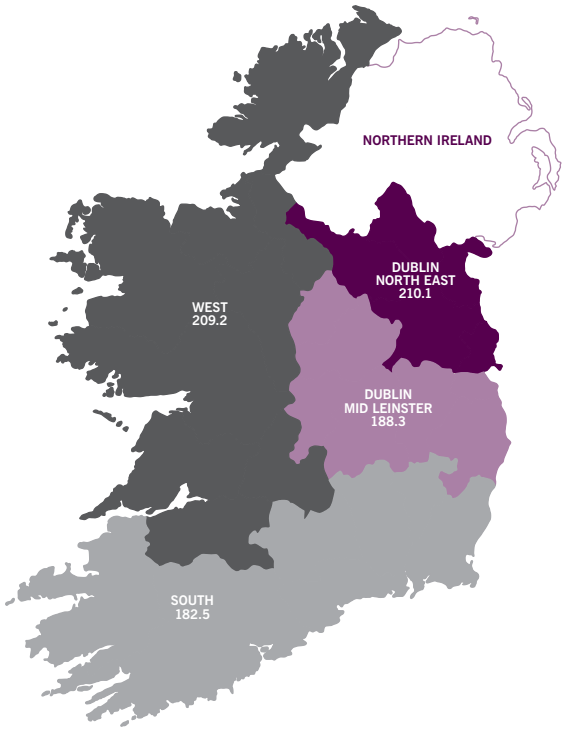


FIGURE 3.8

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

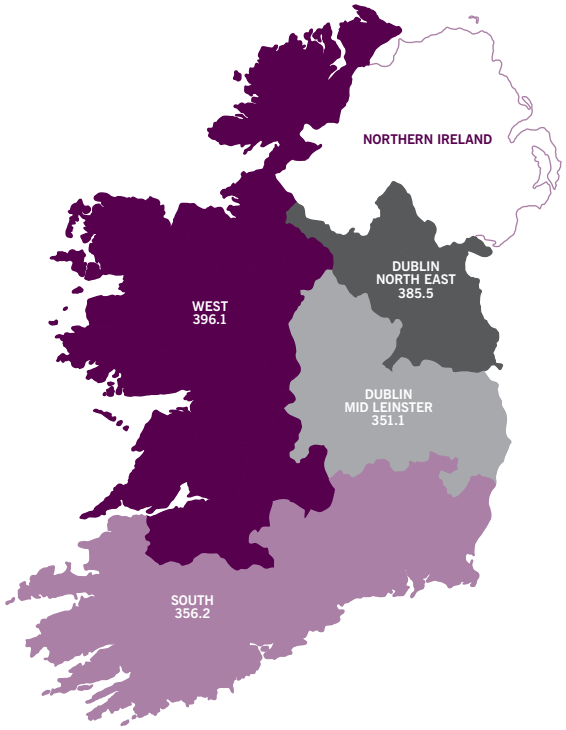


FIGURE 3.9

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

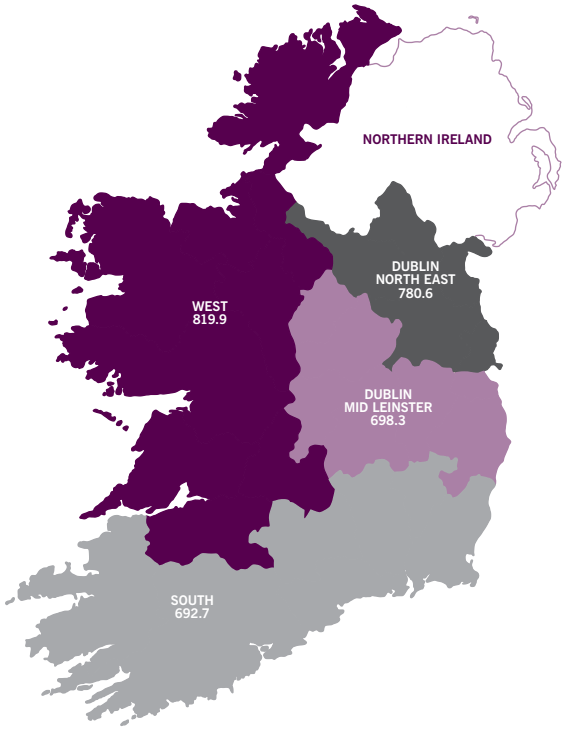


FIGURE 3.10

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

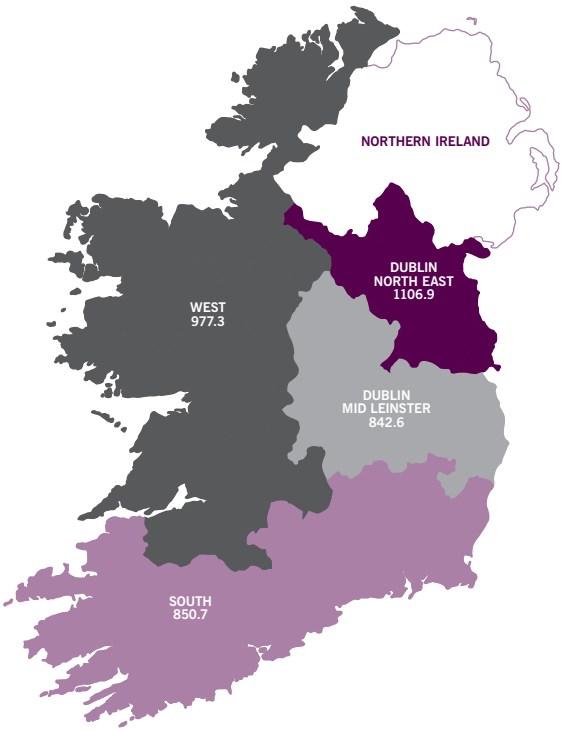
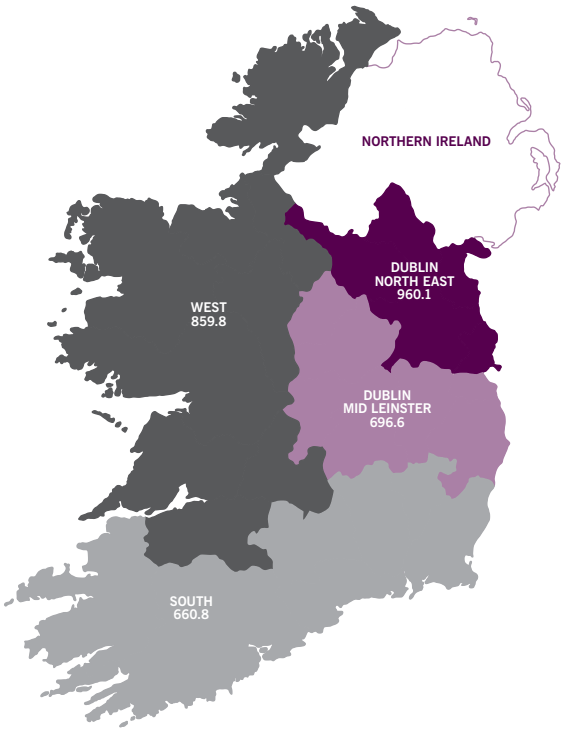


FIGURE 3.11

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



GENERAL MEDICAL SERVICE (GMS) STATUS

In Ireland, health care may be provided free at the point of use to those who are entitled to a medical card. Eligibility for a medical card is predominately dependent on income or age.[4] It should be noted that where discharges 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 28.8 per cent of the population were covered by a medical card in 2006.[5]

[4] With effect from 1 July 2001, the medical card scheme was extended to cover all persons aged 70 years and over, irrespective of means. In 2006, 39.0 per cent of GMS discharges reported to HIPE were 70 years and over.

[5] Data on the number of medical card holders in 2006 were obtained from www.hse.ie/eng/PCRS/Primary_Care_Reimbursement_Service_Financial_and_Statistical_Analysis_2006.pdf; date consulted: 10 October 2008.

Of the total 1,244,890 discharges, 48.6 per cent were GMS, while non-GMS discharges accounted for 46.6 per cent. Exactly 51.0 per cent of all day patients and 45.2 per cent of all acute in-patients were GMS. The corresponding proportions for non-GMS were 41.8 per cent and 52.8 per cent of day and acute in-patients respectively (see Figure 3.12). The medical card status of extended stay in-patient discharges differed substantially, as a higher proportion of extended stay in-patients (71.1 per cent) were GMS patients.

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). Almost seven out of every ten discharges from special hospitals were non-GMS. However, there were differences in the GMS/non-GMS breakdown across the different types of special hospitals. More than 80 per cent of discharges from maternity hospitals were not medical card holders, which was the highest proportion of non-GMS discharges for any of the categories of special hospital. Maternity hospitals also reported the highest proportion of discharges for whom GMS status was unknown. In contrast, infectious disease hospitals recorded the lowest proportion of non-GMS discharges. Over 58 per cent of discharges from paediatric hospitals were non-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 6.0 days in hospital, which was 2.3 days longer than their non-GMS counterparts. Extended stay in-patient discharges with a medical card stayed the same length in hospital as their non-GMS counterparts (59.9 days). Total in-patient GMS discharges from general hospitals had a longer average length of stay than non-GMS discharges (8.4 and 4.5 days respectively). Within the group of general hospitals, the average length of stay for GMS total in-patient discharges from voluntary hospitals was approximately five days longer than those in regional and county hospitals. Non-GMS discharges stayed around 2.9 days longer in voluntary hospitals than those in regional and county hospitals (see Figure 3.14). Regional and county hospitals recorded similar average lengths of stay for GMS (7.4 and 7.1 days respectively) and non-GMS (4.1 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]

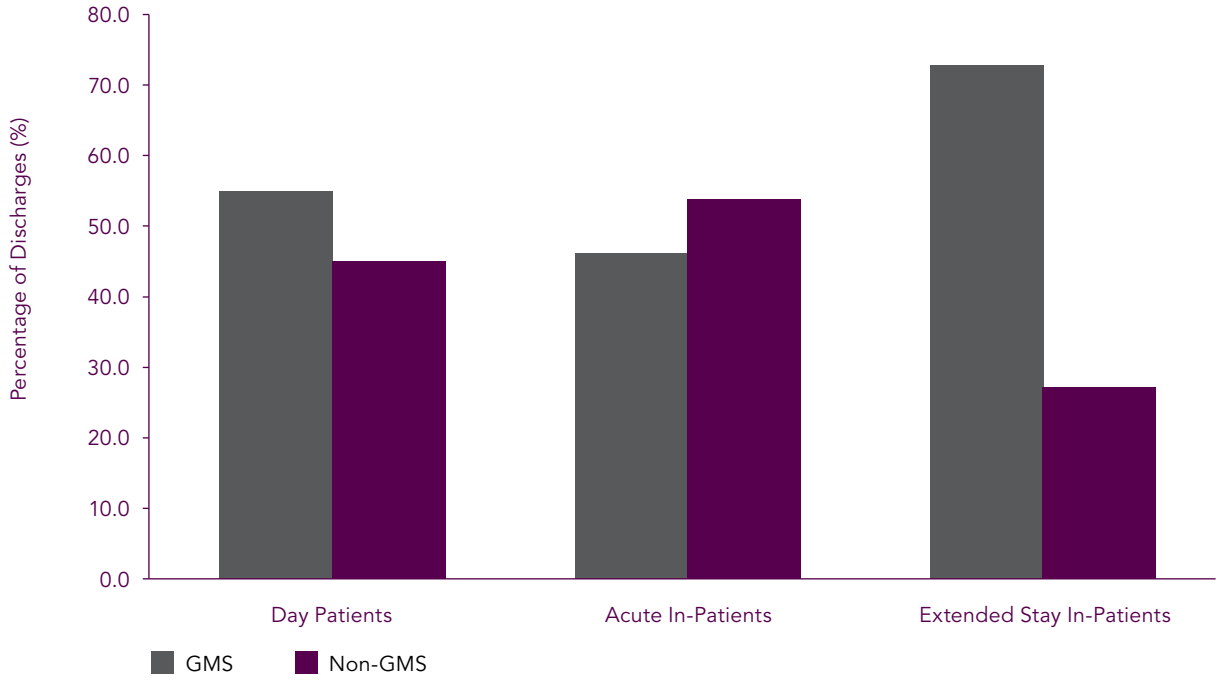
	GMS			Non-GMS			Unknown [b]			Total		
	N	%	In-Patient Average Length of Stay	N	%	In-Patient Average Length of Stay	N	%	In-Patient Average Length of Stay	N	%	In-Patient Average Length of Stay
All Patient and Hospital Types												
Day Patients	**337,461**	**51.0**	**–**	**276,754**	**41.8**	**–**	**47,881**	**7.2**	**–**	**662,096**	**100**	**–**
In-Patients												
Acute (0–30 days)	255,845	45.2	6.0	298,833	52.8	3.7	11,702	2.1	5.3	566,380	100	4.8
Extended (>30 days)	11,677	71.1	59.9	4,363	26.6	59.9	374	2.3	62.6	16,414	100	60.0
Total In-Patients	**267,522**	**45.9**	**8.3**	**303,196**	**52.0**	**4.5**	**12,076**	**2.1**	**7.1**	**582,794**	**100**	**6.3**
Total Discharges (All Patient and Hospital Types)	**604,983**	**48.6**	**–**	**579,950**	**46.6**	**–**	**59,957**	**4.8**	**–**	**1,244,890**	**100**	**–**
General Hospitals												
Voluntary	159,592	43.6	12.2	153,996	42.1	6.8	52,173	14.3	7.5	365,761	100	9.4
Regional	184,975	58.2	7.4	128,775	40.5	4.1	3,893	1.2	5.6	317,643	100	5.9
County	204,009	52.2	7.1	185,321	47.4	3.7	1,468	0.4	7.6	390,798	100	5.4
Total (General)	**548,576**	**51.1**	**8.4**	**468,092**	**43.6**	**4.5**	**57,534**	**5.4**	**7.5**	**1,074,202**	**100**	**6.5**
Special Hospitals												
Cancer	20,105	53.1	24.7	17,753	46.9	21.9	23	0.1	26.6	37,881	100	24.1
Eye, Ear, Nose and Throat	3,058	41.8	3.3	4,219	57.7	3.0	38	0.5	3.6	7,315	100	3.1
Infectious Disease	285	56.2	15.9	221	43.6	17.8	1	0.2	6.0	507	100	16.7
Long Stay	609	49.6	18.6	599	48.8	16.1	19	1.5	16.5	1,227	100	17.4
Maternity	9,396	14.2	3.3	54,751	82.5	3.4	2,187	3.3	5.5	66,334	100	3.5
Orthopaedic	7,868	37.7	12.6	12,966	62.2	12.4	13	0.1	8.4	20,847	100	12.5
Paediatric	15,086	41.2	4.6	21,349	58.4	4.7	142	0.4	2.5	36,577	100	4.7
Total (Special)	**56,407**	**33.0**	**7.4**	**111,858**	**65.5**	**4.6**	**2,423**	**1.4**	**5.5**	**170,688**	**100**	**5.3**

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

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

FIGURE 3.12

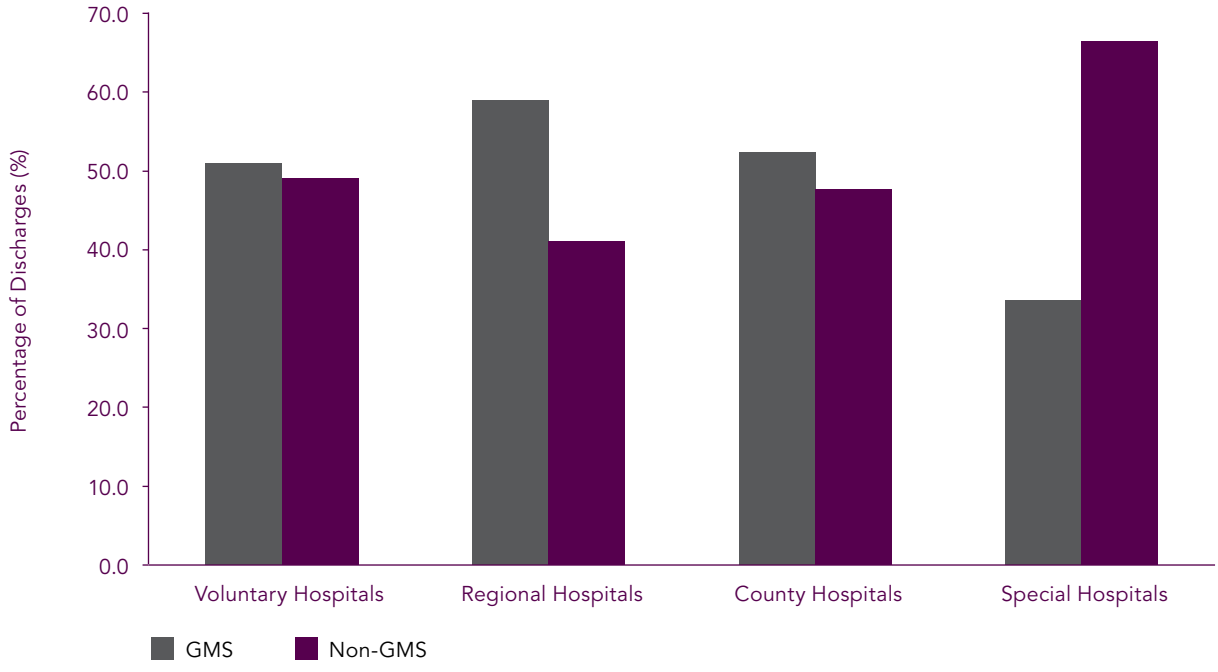
Percentage of Discharges by GMS Status and Patient Type



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

FIGURE 3.13

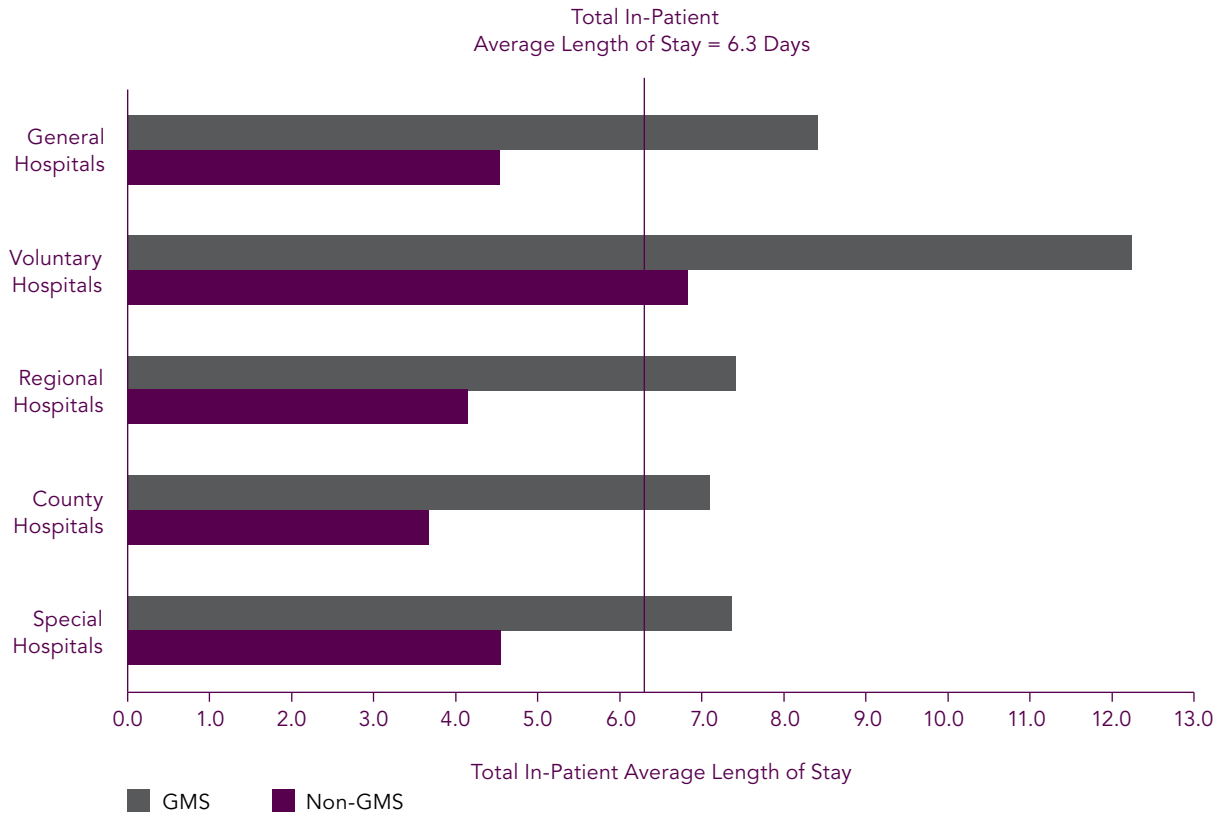
Percentage of Discharges by GMS Status and Hospital Type



See note under Figure 3.12.

FIGURE 3.14

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



See note under Figure 3.12.

The GMS status of the discharges hospitalised in each HSE area are reported in Table 3.8 and shown in Figure 3.15. In the HSE South and HSE West areas at least half of total discharges were GMS patients (51.3 per cent and 58.5 per cent respectively). For the HSE Dublin Mid Leinster area, non-GMS discharges accounted for 57.7 per cent of total discharges.

TABLE 3.8

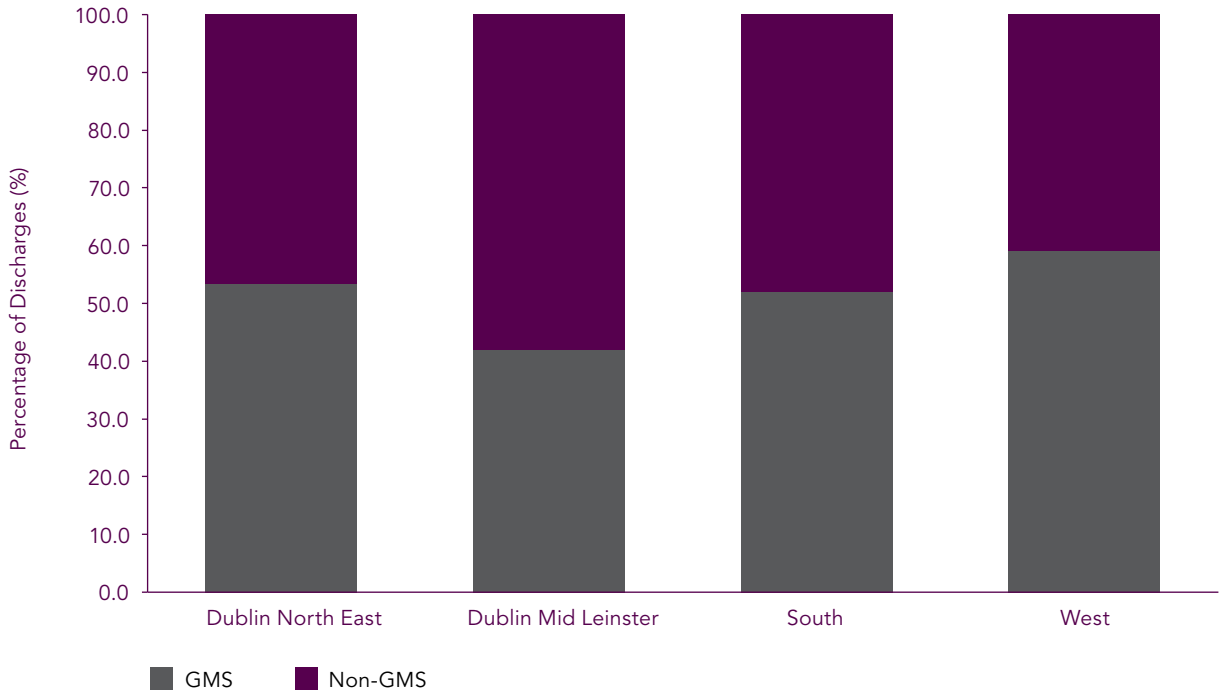
Total Discharges by GMS Status and HSE Area of Hospitalisation

	GMS		Non-GMS		Unknown [a]		Total	
	N	%	N	%	N	%	N	%
HSE Dublin North East	121,535	20.1	105,945	18.3	50,725	84.6	278,205	22.3
%	43.7		38.1		18.2		100	
HSE Dublin Mid Leinster	151,748	25.1	210,281	36.3	2,653	4.4	364,682	29.3
%	41.6		57.7		0.7		100	
HSE South	147,392	24.4	136,126	23.5	3,603	6.0	287,121	23.1
%	51.3		47.4		1.3		100	
HSE West	184,308	30.5	127,598	22.0	2,976	5.0	314,882	25.3
%	58.5		40.5		0.9		100	
Total	**604,983**	**100**	**579,950**	**100**	**59,957**	**100**	**1,244,890**	**100**
%	**48.6**		**46.6**		**4.8**		**100**	

Note: [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



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 (80.9 per cent) compared to total in-patients (73.5 per cent). A higher proportion of extended stay in-patients were public patients compared to acute in-patients (80.3 per cent and 73.3 per cent respectively).

Almost 79 per cent of discharges from general hospitals were public. A higher proportion of day patients than total in-patients from general hospitals were public patients. Within the group of general hospitals, there were some differences in the public/private breakdown (see Figure 3.16). While voluntary and county hospitals discharged similar proportions of public patients (80.3 per cent and 79.9 per cent respectively), regional hospitals had the highest proportion of private discharges (24.3 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, 84.5 per cent were public compared to 72.1 per cent of in-patients. In regional hospitals, 79.6 per cent were public compared to 70.0 per cent of in-patients. County hospitals had the highest proportion of public in-patient discharges (79.5 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. Almost all discharges from infectious disease hospitals (97.0 per cent) were public.

The total in-patient average length of stay for public discharges was 6.5 days, which was almost one day longer than that for private discharges (5.8 days). While there was little difference between public and private discharges in their acute in-patient average lengths of stay, public extended stay in-patients were, almost three days longer in hospital compared to their private counterparts. As shown in Figure 3.17, the total public in-patient average length of stay was over one day longer in general compared to special hospitals (6.7 days and 5.6 days respectively). For private in-patients, the average length of stay in general hospitals was 1.5 days longer compared to special hospitals (6.1 days and 4.6 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, infectious disease, long stay, orthopaedic 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	**535,398**	**80.9**	**–**	**126,698**	**19.1**	**–**	**662,096**	**100**	**–**
In-Patients									
Acute (0–30 days)	415,045	73.3	4.8	151,335	26.7	4.6	566,380	100	4.8
Extended (>30 days)	13,177	80.3	60.5	3,237	19.7	57.6	16,414	100	60.0
Total In-Patients	**428,222**	**73.5**	**6.5**	**154,572**	**26.5**	**5.8**	**582,794**	**100**	**6.3**
Total Discharges (All Hospital and Patient Types)	**963,620**	**77.4**	**3.5**	**281,270**	**22.6**	**3.6**	**1,244,890**	**100**	**3.5**
General Hospitals									
Day Patients	481,792	81.9	–	106,665	18.1	–	588,457	100	–
In-Patients	364,965	75.1	6.7	120,780	24.9	6.1	485,745	100	6.5
Total Discharges (General)	**846,757**	**78.8**	**–**	**227,445**	**21.2**	**–**	**1,074,202**	**100**	**–**
Voluntary [a]	**293,734**	**80.3**	**3.6**	**72,027**	**19.7**	**4.6**	**365,761**	**100**	**3.8**
Day Patients	205,521	84.5	–	37,814	15.5	–	243,335	100	–
In-Patients	88,213	72.1	9.8	34,213	27.9	8.6	122,426	100	9.4
Regional [a]	**240,608**	**75.7**	**2.9**	**77,035**	**24.3**	**3.2**	**317,643**	**100**	**3.0**
Day Patients	151,139	79.6	–	38,729	20.4	–	189,868	100	–
In-Patients	89,469	70.0	6.1	38,306	30.0	5.4	127,775	100	5.9
County [a]	**312,415**	**79.9**	**3.7**	**78,383**	**20.1**	**3.3**	**390,798**	**100**	**3.6**
Day Patients	125,132	80.6	–	30,122	19.4	–	155,254	100	–
In-Patients	187,283	79.5	5.6	48,261	20.5	4.8	235,544	100	5.4
Special Hospitals									
Day Patients	53,606	72.8	–	20,033	27.2	–	73,639	100	–
In-Patients	63,257	65.2	5.6	33,792	34.8	4.6	97,049	100	5.3
Total Discharges (Special)	**116,863**	**68.5**	**–**	**53,825**	**31.5**	**–**	**170,688**	**100**	**–**
Cancer	29,821	78.7	24.4	8,060	21.3	23.3	37,881	100	24.1
Eye, Ear, Nose and Throat	4,400	60.2	3.1	2,915	39.8	3.1	7,315	100	3.1
Infectious Disease	492	97.0	16.8	15	3.0	13.0	507	100	16.7
Long Stay	718	58.5	17.8	509	41.5	16.7	1,227	100	17.4
Maternity	41,668	62.8	3.4	24,666	37.2	3.6	66,334	100	3.5
Orthopaedic	15,757	75.6	14.3	5,090	24.4	8.0	20,847	100	12.5
Paediatric	24,007	65.6	4.8	12,570	34.4	4.4	36,577	100	4.7

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

FIGURE 3.16

Total Discharges by Public/Private Status and Hospital Type

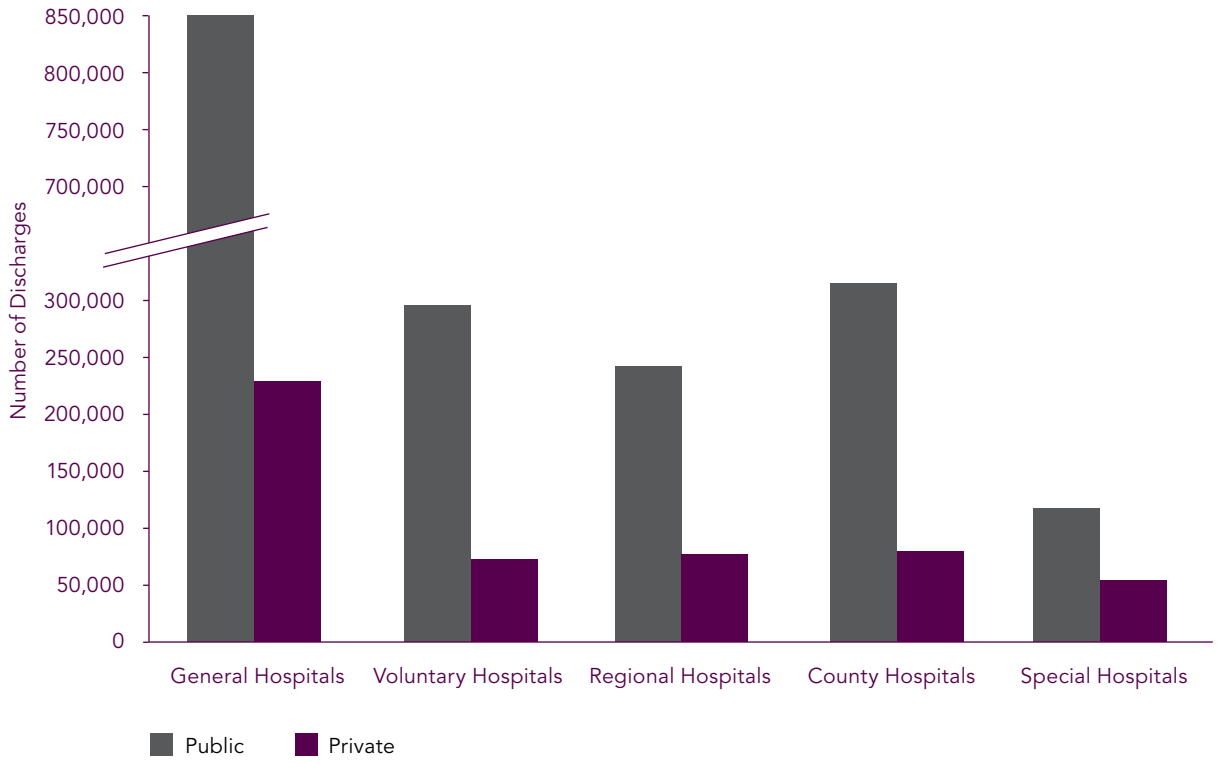
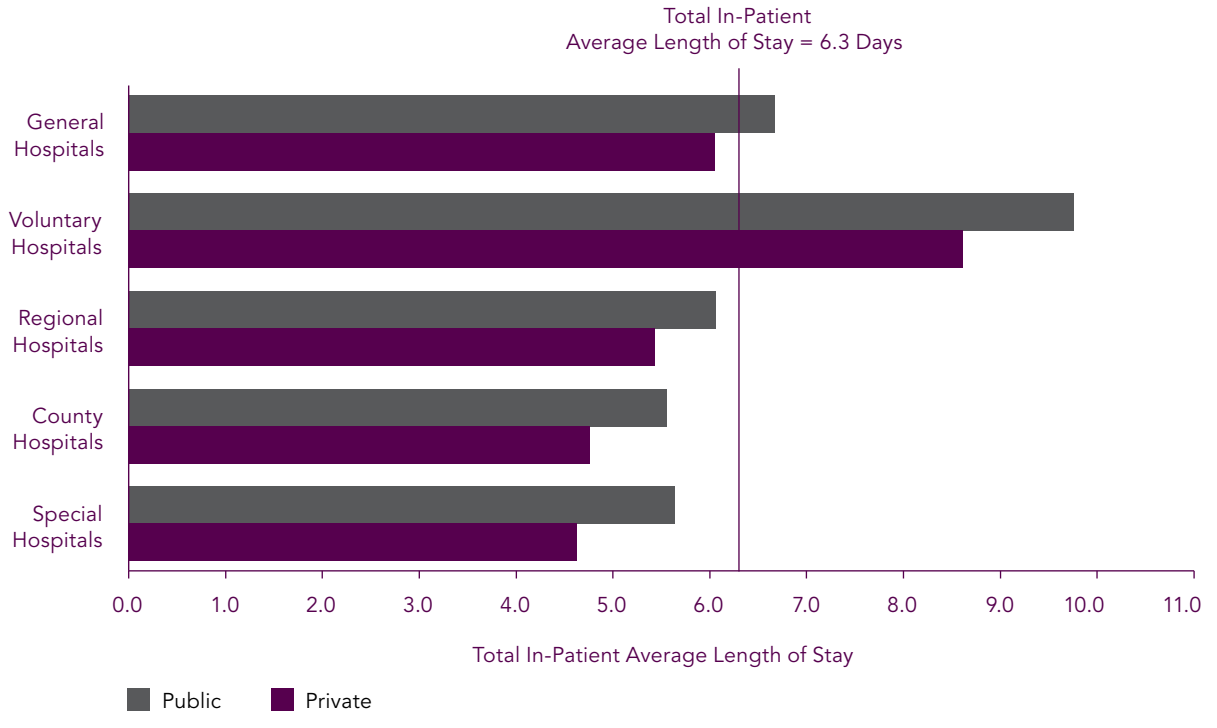


FIGURE 3.17

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



The public/private composition of discharges by HSE area of hospitalisation is represented in Table 3.10 and Figure 3.18. The HSE Dublin Mid Leinster area accounted for the largest proportion of public and private discharges. Within the HSE areas there was a higher proportion of public discharges in the HSE Dublin North East area (80.4 per cent) compared to 73.9 per cent in the HSE South area.

TABLE 3.10

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

	Public Discharges		Private Discharges		Total Discharges	
	N	%	N	%	N	%
HSE Dublin North East %	223,808 80.4	23.2	54,397 19.6	19.3	278,205 100	22.3
HSE Dublin Mid Leinster %	281,440 77.2	29.2	83,242 22.8	29.6	364,682 100	29.3
HSE South %	212,214 73.9	22.0	74,907 26.1	26.6	287,121 100	23.1
HSE West %	246,158 78.2	25.5	68,724 21.8	24.4	314,882 100	25.3
Total %	**963,620 77.4**	**100**	**281,270 22.6**	**100**	**1,244,890 100**	**100**

FIGURE 3.18

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

INTER-REGIONAL FLOW OF DISCHARGES

Table 3.11 reports the area of residence for patients who were hospitalised in each of the four HSE areas. Thus, of the discharges treated in the HSE Dublin Mid Leinster area, 79.5 per cent were living in that area, 12.0 per cent were from the neighbouring HSE Dublin North East 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, 20.6 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

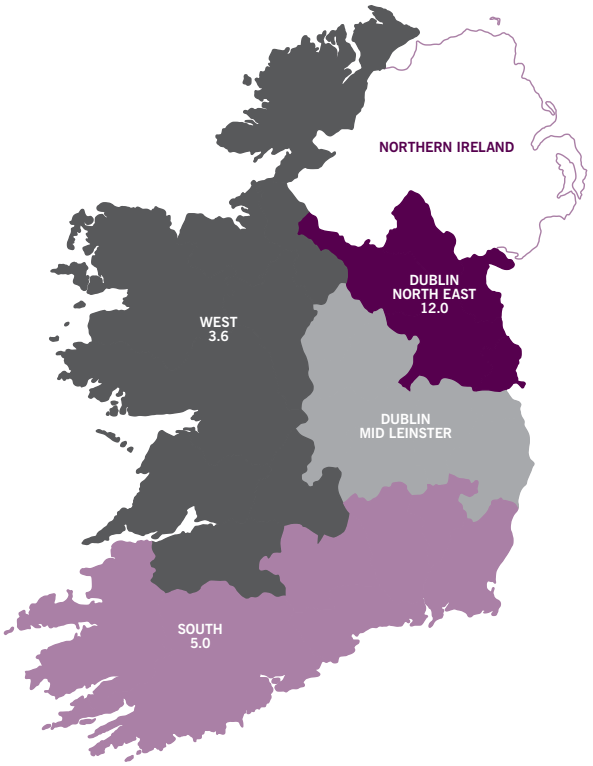
HSE Area of Residence	HSE Area of Hospitalisation			
	HSE Dublin North East	HSE Dublin Mid Leinster	HSE South	HSE West
HSE Dublin North East	**84.9**	12.0	0.2	0.3
HSE Dublin Mid Leinster	10.9	**79.5**	0.7	2.4
HSE South	1.6	5.0	**96.9**	0.8
HSE West	2.6	3.6	2.2	**96.5**
Total	**100**	**100**	**100**	**100**

Notes: For example, 84.9 per cent of discharges treated in the HSE Dublin North East area were resident in that area, and 2.6 per cent of discharges treated in the HSE Dublin North East area were resident in the HSE West area.

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

FIGURE 3.19

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



The area of hospitalisation for those resident in each HSE area is shown in Table 3.12. The majority of discharges resident in each HSE area were also treated in that area. The HSE Dublin North East area was 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 (84.0 per cent). Specifically, Figure 3.20 shows the HSE area of hospitalisation in which discharges resident in the HSE Dublin North East area were treated. As observed in Figure 3.19, the flows were generally strongest from the HSE Dublin North East area to the HSE Dublin Mid Leinster area (15.5 per cent).

TABLE 3.12

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

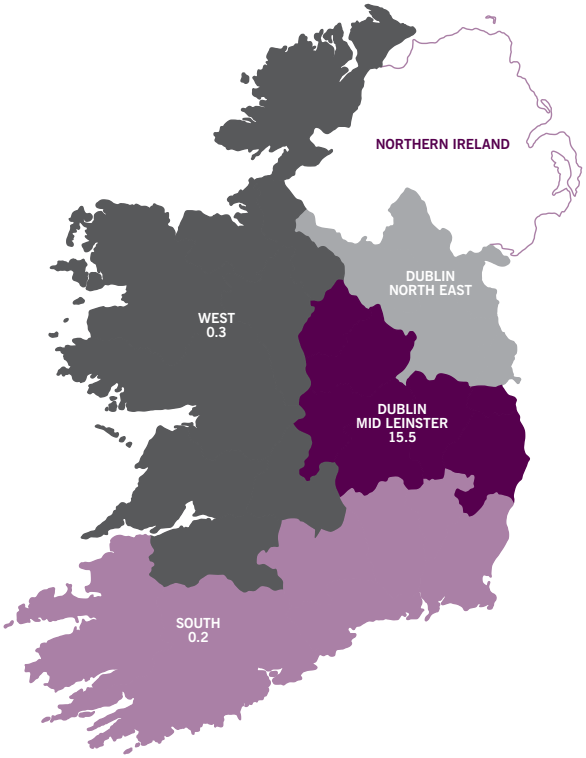
HSE Area of Hospitalisation	HSE Area of Residence			
	HSE Dublin North East	HSE Dublin Mid Leinster	HSE South	HSE West
HSE Dublin North East	**84.0**	9.2	1.5	2.2
HSE Dublin Mid Leinster	15.5	**87.9**	6.0	4.0
HSE South	0.2	0.6	**91.7**	1.9
HSE West	0.3	2.3	0.8	**91.8**
Total	**100**	**100**	**100**	**100**

Notes: For example, 87.9 per cent of discharges resident in the HSE Dublin Mid Leinster area were treated in that area, and 9.2 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.

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 2006

SUMMARY

Discharges by Diagnosis

- In 2006, 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 all-listed diagnoses 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.
- 'Care involving dialysis' was the most common principal diagnosis among day patients in 2006, accounting for 22.2 per cent of total day patient discharges.
- The top 20 most common principal diagnoses for total in-patients accounted for 28.3 per cent of total in-patient discharges.
- The most common principal diagnosis for in-patients was 'perineal laceration during delivery', which accounted for 2.8 per cent of total in-patients.

Discharges by Procedure

- Principal procedures were recorded for 79.1 per cent of total discharges in 2006, with an average of 1.8 procedures performed on these discharges.
- The top 20 principal procedure blocks for day patients accounted for 76.6 per cent of total day patients who had a principal procedure. Similarly, 48.5 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 23.7 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 10.8 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 scheme (HIPE) in 2006. 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 2006 HIPE collected principal diagnosis and principal procedure (where necessary), together with up to nineteen additional diagnosis codes and nineteen additional procedures 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'[4] and may be used as an indication of the level of comorbidity. 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 2006, which is the same as that recorded in 2005. 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 2005. This difference between males and females was more apparent when comparing total in-patients. Total male in-patients recorded 3.5 diagnoses on average, which was 12.9 per cent higher than the 3.1 diagnoses for their female counterparts. The average number of diagnoses for day

[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 9 secondary diagnosis codes and nine secondary procedure codes. For further information on changes in coding see our previous reports, available 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

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 4.2 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	3.5	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	2.4
45–64 years	2.0	3.4	2.5
65 years and over	2.1	4.2	3.0

Top 20 Principal Diagnoses

In 2006, 662,096 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 diagnosis of 'care involving dialysis', accounted for the largest proportion of total day patients (22.2 per cent). Together with 'other medical care' (includes chemotherapy and radiotherapy encounters), which accounts for the second highest proportion of day patient discharges, they accounted for 73.0 per cent of the top 20 principal diagnoses for day patients and 43.7 per cent of total day patient discharges. The large number of day patient discharges for 'care involving dialysis' and 'other medical care' reflect changes in the collection of these data in 2006 (see Section One).

The 2006 ranking of the top 20 principal diagnoses for day patients was broadly similar to that reported in 2005. In particular, the top six most common principal diagnoses remained unchanged over the two years, when 'care involving dialysis' is excluded. Other diagnoses, traditionally treated on a day patient basis, such as 'psoriasis', also ranked in the top 20 principal diagnoses for patients in 2005 and 2006. However, while 'other surgical follow-up care', 'pain in throat and chest' and 'dental caries' were ranked among the top 20 principal diagnoses for day patients in 2005, these principal diagnoses did not appear in the 2006 listing. Instead, the diagnosis of 'care involving dialysis', which did not appear in the 2005 rankings was ranked number one and the diagnoses 'follow-up examination after treatment for conditions other than malignant neoplasms' and 'other joint disorders, not elsewhere classified' also appeared in the 2006 ranking.

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	Care involving dialysis	Z49	146,897	37.1	22.2
2	Other medical care [b]	Z51	142,187	35.9	21.5
3	Disorders of mineral metabolism	E83	16,513	4.2	2.5
4	Gastritis and duodenitis	K29	10,470	2.6	1.6
5	Abdominal and pelvic pain	R10	6,668	1.7	1.0
6	Dorsalgia	M54	6,265	1.6	0.9
7	Haemorrhoids	I84	5,733	1.4	0.9
8	Diverticular disease of intestine	K57	5,191	1.3	0.8
9	Psoriasis	L40	5,176	1.3	0.8
10	Other malignant neoplasms of skin	C44	5,142	1.3	0.8
11	Diaphragmatic hernia	K44	4,977	1.3	0.8
12	Malignant neoplasm of breast	C50	4,792	1.2	0.7
13	Gastro-oesophageal reflux disease	K21	4,782	1.2	0.7
14	Other benign neoplasms of skin	D23	4,765	1.2	0.7
15	Chronic ischaemic heart disease	I25	4,688	1.2	0.7
16	Special screening examination for other diseases and disorders	Z13	4,645	1.2	0.7
17	Follow-up examination after treatment for conditions other than malignant neoplasms	Z09	4,557	1.2	0.7
18	Lymphoid leukaemia	C91	4,434	1.1	0.7
19	Follicular cysts of skin and subcutaneous tissue	L72	4,127	1.0	0.6
20	Other joint disorders, not elsewhere classified	M25	4,119	1.0	0.6
Top 20 Principal Diagnoses for Day Patients – Total		**–**	**396,128**	**100**	**59.8**
Day Patients – Total		**–**	**662,096**	**–**	**–**

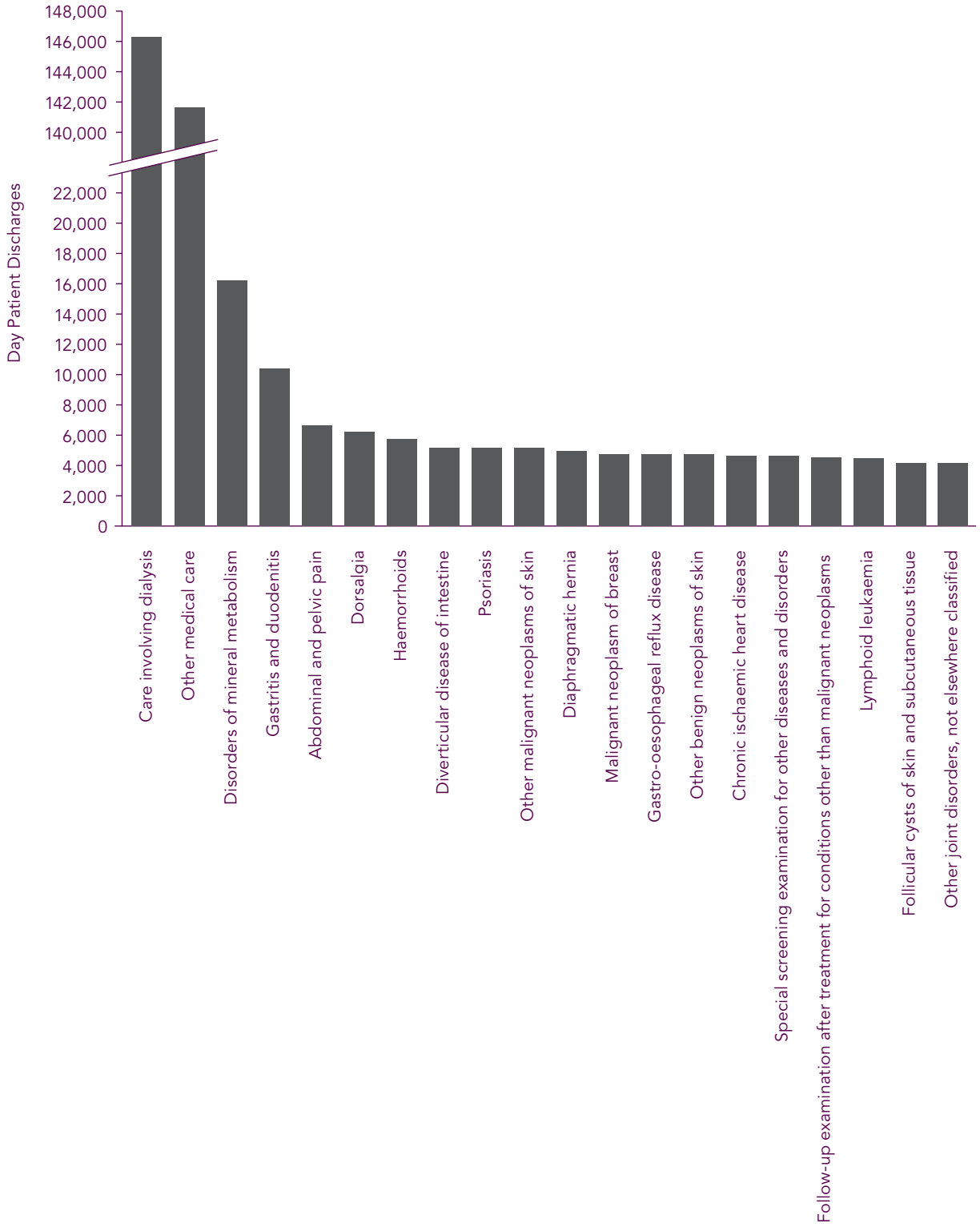
Notes: [a] ICD-10-AM diagnosis codes analysed at three-digit level.

[b] Includes chemotherapy and radiotherapy encounters.

Percentage columns are subject to rounding.

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 28.3 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 2.8 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 12.5 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 2006 was generally similar to that for 2005. In particular, the top two principal diagnoses, 'perineal laceration during delivery' and 'pain in throat and chest', were the same in 2005 and 2006. Only one principal diagnosis that was listed in the 2005 ranking was not among the top 20 in 2006. This principal diagnosis was 'chronic diseases of tonsils and adenoids'; it has been replaced in the 2006 top 20 principal in-patient diagnoses list by 'diarrhoea and gastroenteritis of presumed infectious origin'.

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	16,581	10.1	2.8	2.8
2	Pain in throat and chest	R07	13,159	8.0	2.3	3.0
3	Other maternal diseases classifiable elsewhere but complicating pregnancy, childbirth and the puerperium	O99	11,352	6.9	1.9	1.8
4	Abdominal and pelvic pain	R10	10,926	6.6	1.9	2.9
5	Other chronic obstructive pulmonary disease	J44	10,373	6.3	1.8	10.4
6	Single spontaneous delivery	O80	9,896	6.0	1.7	2.4
7	Unspecified acute lower respiratory infection	J22	9,815	6.0	1.7	7.2
8	Labour and delivery complicated by fetal stress [distress]	O68	8,951	5.4	1.5	4.0
9	Pneumonia, organism unspecified	J18	8,486	5.1	1.5	10.2
10	Other disorders of urinary system	N39	7,283	4.4	1.2	6.9
11	False labour	O47	6,826	4.1	1.2	1.3
12	Cholelithiasis	K80	6,392	3.9	1.1	5.6
13	Angina pectoris	I20	6,020	3.7	1.0	6.3
14	Acute myocardial infarction	I21	5,859	3.6	1.0	9.9
15	Syncope and collapse	R55	5,813	3.5	1.0	5.8
16	Heart failure	I50	5,651	3.4	1.0	12.5
17	Chronic ischaemic heart disease	I25	5,559	3.4	1.0	6.3
18	Acute appendicitis	K35	5,418	3.3	0.9	4.3
19	Fracture of forearm	S52	5,392	3.3	0.9	2.4
20	Diarrhoea and gastroenteritis of presumed infectious origin	A09	5,142	3.1	0.9	2.2
Top 20 Principal Diagnoses for In-Patients – Total		**–**	**164,894**	**100**	**28.3**	**5.1**
In-Patients – Total		**–**	**582,794**	**–**	**–**	**6.3**

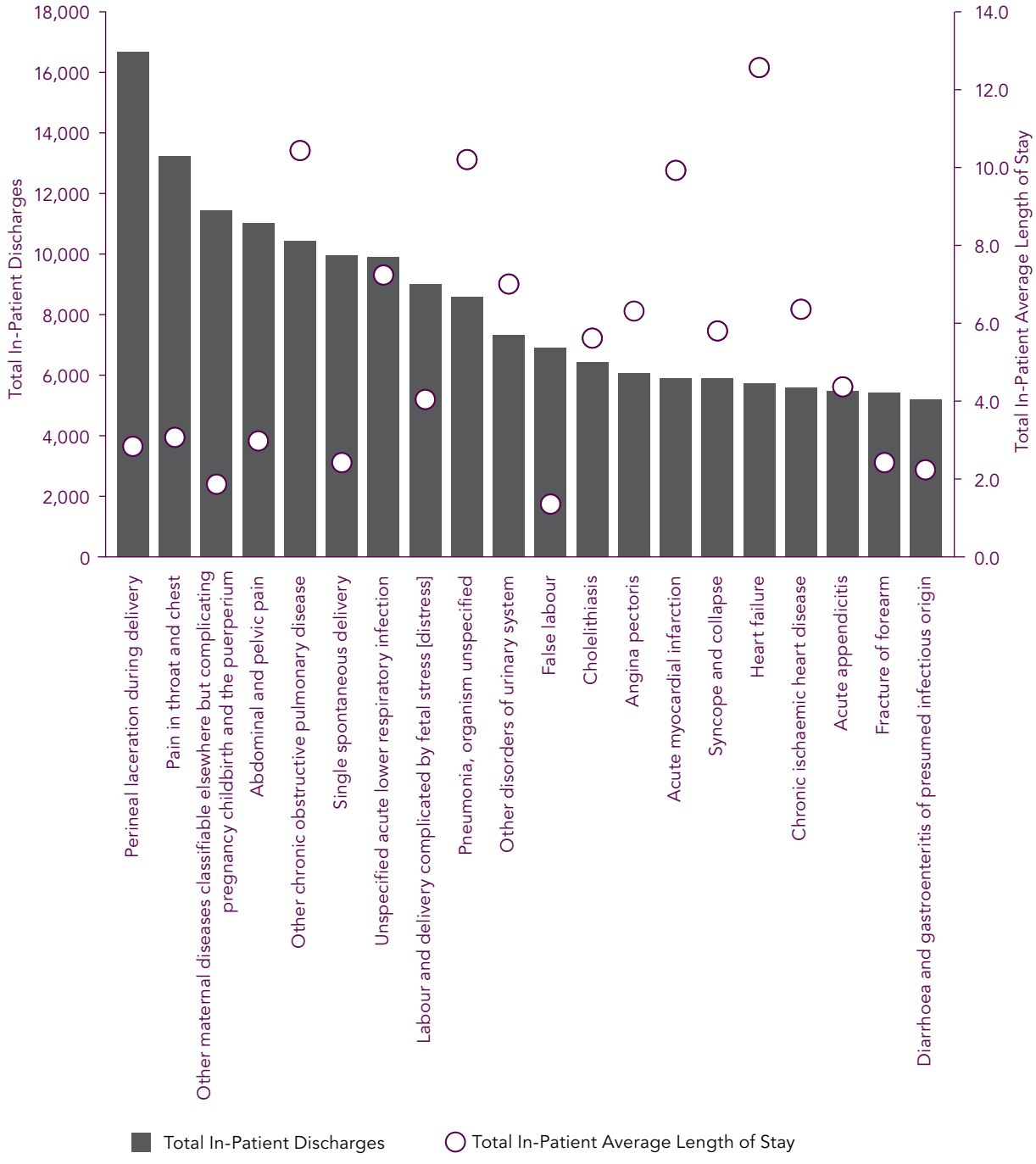
Notes: [a] ICD-10-AM diagnosis codes analysed at three-digit level.

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

Percentage columns are subject to rounding.

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 2006 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 341,573 discharges or 27.4 per cent of total discharges. The majority of discharges within this category are related to dialysis, radiotherapy and chemotherapy encounters. More than 100,000 total discharges were also recorded for 'diseases of the digestive system', 'pregnancy, childbirth and the puerperium' as well as 'neoplasms'.

Almost 53 per cent of discharges are female which is related to the high volume of diagnoses classified as 'pregnancy, childbirth and the puerperium' (8.7 per cent of total discharges). There were other examples in which the principal diagnosis was more common in either males or females. Of the 72,161 discharges with a principal diagnosis related to 'diseases of the circulatory system', 58.1 per cent related to male discharges. Furthermore, within this chapter, 71.1 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 (63.6 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 117,244 principal diagnoses under 'diseases of the digestive system', 51.1 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	–	**586,077**	**658,813**	**1,244,890**
Certain infectious and parasitic diseases	**A00-B99**	**10,959**	**10,192**	**21,151**
Intestinal infectious diseases (including diarrhoea)	A00-A09	4,373	4,246	8,619
Tuberculosis	A15-A19, B90	320	216	536
Septicaemia	A40-A41	713	707	1,420
Human immunodeficiency virus [HIV] disease	B20-B24	194	93	287
Neoplasms	**C00-D48**	**49,181**	**52,354**	**101,535**
Malignant neoplasms	C00-C96	38,632	36,935	75,567
Malignant neoplasm of colon, rectum and anus	C18-C21	4,957	3,103	8,060
Malignant neoplasm of trachea, bronchus and lung	C33-C34	3,555	2,449	6,004
Malignant neoplasm of skin	C43-C44	3,864	3,124	6,988
Malignant neoplasm of breast	C50	42	7,847	7,889
Malignant neoplasms of female genital organs	C51-C58	0	3,863	3,863
Malignant neoplasm of prostate	C61	2,802	0	2,802
Malignant neoplasm of bladder	C67	1,663	621	2,284
Malignant neoplasms of lymphoid, haematopoietic and related tissue	C81-C96	11,556	8,877	20,433
Benign neoplasms and neoplasms of uncertain or unknown behaviour	D10-D48	9,953	13,363	23,316
Diseases of the blood and blood-forming organs and certain disorders involving the immune mechanism	**D50-D89**	**7,783**	**9,173**	**16,956**
Endocrine, nutritional and metabolic diseases	**E00-E89**	**20,796**	**12,105**	**32,901**
Diabetes mellitus	E10-E14	4,846	3,692	8,538
Cystic fibrosis	E84	796	691	1,487
Mental and behavioural disorders	**F00-F99**	**3,325**	**2,400**	**5,725**
Mental and behavioural disorders due to alcohol	F10	1,886	762	2,648
Mental and behavioural disorders due to use of other psychoactive substance	F11-F19	168	74	242
Diseases of nervous system	**G00-G99**	**9,363**	**9,986**	**19,349**
Multiple sclerosis	G35	531	1,083	1,614
Epilepsy	G40, G41	2,129	1,705	3,834
Transient cerebral ischaemic attacks and related syndromes	G45	1,266	1,290	2,556
Diseases of the eye and adnexa	**H00-H59**	**9,487**	**11,476**	**20,963**
Diseases of the ear and mastoid process	**H60-H95**	**6,134**	**5,271**	**11,405**
Diseases of the circulatory system	**I00-I99**	**41,890**	**30,271**	**72,161**
Hypertensive diseases	I10-I15	1,444	1,636	3,080
Angina pectoris	I20	4,416	2,382	6,798
Acute myocardial infarction	I21-I22	4,041	2,054	6,095
Other ischaemic heart disease	I23-I25	7,493	3,046	10,539
Pulmonary heart disease & diseases of pulmonary circulation	I26-I28	574	685	1,259
Conduction disorders and cardiac arrhythmias	I44-I49	5,866	3,900	9,766
Heart failure	I50	3,115	2,638	5,753
Cerebrovascular disease	I60-I69	3,874	3,513	7,387
Atherosclerosis	I70	885	595	1,480
Diseases of the respiratory system	**J00-J99**	**33,918**	**30,590**	**64,508**
Acute upper respiratory infections and influenza	J00-J11	4,689	4,253	8,942
Pneumonia	J12-J18	4,937	4,453	9,390
Chronic diseases of tonsils and adenoids	J35	2,413	2,860	5,273
Chronic obstructive pulmonary disease and bronchiectasis	J40-J44, J47	6,128	5,512	11,640
Asthma	J45-J46	2,356	2,436	4,792
Diseases of the digestive system	**K00-K93**	**57,354**	**59,890**	**117,244**
Diseases of oesophagus, stomach and duodenum	K20-K31	16,530	16,638	33,168
Diseases of appendix	K35-K38	3,390	2,730	6,120
Inguinal hernia	K40	3,935	333	4,268
Noninfective enteritis and colitis	K50-K52	5,562	6,867	12,429
Alcoholic liver disease	K70	807	419	1,226
Cholelithiasis	K80	2,281	5,231	7,512
Diseases of the skin and subcutaneous tissue	**L00-L99**	**17,957**	**17,604**	**35,561**
Cutaneous abscess, furuncle and carbuncle and cellulitis	L02, L03	3,590	2,634	6,224
Diseases of the musculoskeletal system and connective tissue	**M00-M99**	**22,343**	**25,045**	**47,388**
Rheumatoid arthritis	M05-M06	964	1,739	2,703
Coxarthrosis and Gonarthrosis	M16-M17	3,452	4,080	7,532
Intervertebral disc disorders	M50, M51	1,322	1,293	2,615
Dorsalgia (back pain)	M54	3,248	4,770	8,018
Diseases of the genitourinary system	**N00-N99**	**21,505**	**37,590**	**59,095**
Urolithiasis	N20-N23	3,184	1,473	4,657
Hyperplasia of prostate	N40	4,226	0	4,226
Disorders of the breast and female genital tract	N60-N64, N70-N77	203	3,834	4,037
Pregnancy, childbirth and the puerperium	**O00-O99**	**0**	**108,896**	**108,896**
Pregnancy with abortive outcome	O00-O08	0	9,629	9,629
Certain conditions originating in the perinatal period	**P00-P96**	**5,173**	**4,125**	**9,298**
Congenital malformations, deformations and chromosomal abnormalities	**Q00-Q99**	**5,635**	**4,536**	**10,171**
Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified	**R00-R99**	**42,122**	**46,130**	**88,252**
Abdominal and pelvic pain	R10	5,955	11,639	17,594
Injury, poisoning and certain other consequences of external causes	**S00-T98**	**36,417**	**24,341**	**60,758**
Intracranial injury	S06	2,417	1,034	3,451
Other injuries to the head (including skull fracture)	S00-S05, S07-S09	7,115	3,055	10,170
Fracture of femur	S72	1,354	2,850	4,204
Poisonings by drugs, medicaments and biological substances and toxic effects of substances chiefly nonmedicinal as to source	T36-T65	1,983	2,454	4,437
Factors influencing health status and contact with health services	**Z00-Z99**	**184,735**	**156,838**	**341,573**
Other medical care (including radiotherapy and chemotherapy sessions)	Z51	68,153	74,365	142,518

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 31.4 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 1,022 principal diagnoses compared to the 37,410 discharges reported within this chapter for those aged 65 years and over. More than half of discharges with a principal diagnosis of 'diseases of the circulatory system' 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 (60.9 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 65.1 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	–	**127,461**	**390,774**	**345,500**	**381,155**	**1,244,890**
Certain infectious and parasitic diseases	**A00-B99**	**12,884**	**4,452**	**1,750**	**2,065**	**21,151**
Intestinal infectious diseases (including diarrhoea)	A00-A09	7,548	410	232	429	8,619
Tuberculosis	A15-A19, B90	36	278	117	105	536
Septicaemia	A40-A41	112	124	304	880	1,420
Human immunodeficiency virus [HIV] disease	B20-B24	~	210	73	~	287
Neoplasms	**C00-D48**	**4,984**	**19,952**	**36,563**	**40,036**	**101,535**
Malignant neoplasms	C00-C96	3,826	10,482	28,759	32,500	75,567
Malignant neoplasm of colon, rectum and anus	C18-C21	0	463	3,379	4,218	8,060
Malignant neoplasm of trachea, bronchus and lung	C33-C34	16	248	2,520	3,220	6,004
Malignant neoplasm of skin	C43-C44	12	485	1,770	4,721	6,988
Malignant neoplasm of breast	C50	0	1,464	4,129	2,296	7,889
Malignant neoplasms of female genital organs	C51-C58	0	696	1,891	1,276	3,863
Malignant neoplasm of prostate	C61	0	~	882	1,915	2,802
Malignant neoplasm of bladder	C67	0	91	594	1,599	2,284
Malignant neoplasms of lymphoid, haematopoietic and related tissue	C81-C96	2,143	4,353	7,580	6,357	20,433
Benign neoplasms and neoplasms of uncertain or unknown behaviour	D10-D48	1,157	8,603	7,144	6,412	23,316
Diseases of the blood and blood-forming organs and certain disorders involving the immune mechanism	**D50-D89**	**2,491**	**5,013**	**3,880**	**5,572**	**16,956**
Endocrine, nutritional and metabolic diseases	**E00-E89**	**2,581**	**8,481**	**12,935**	**8,904**	**32,901**
Diabetes mellitus	E10-E14	586	1,639	2,371	3,942	8,538
Cystic fibrosis	E84	742	732	11	~	1,487
Mental and behavioural disorders	**F00-F99**	**501**	**2,273**	**1,731**	**1,220**	**5,725**
Mental and behavioural disorders due to alcohol	F10	113	1,183	1,135	217	2,648
Mental and behavioural disorders due to use of other psychoactive substance	F11-F19	~	210	20	8	242
Diseases of nervous system	**G00-G99**	**2,101**	**6,008**	**5,755**	**5,485**	**19,349**
Multiple sclerosis	G35	0	862	698	54	1,614
Epilepsy	G40, G41	959	1,651	766	458	3,834
Transient cerebral ischaemic attacks and related syndromes	G45	9	101	639	1,807	2,556
Diseases of the eye and adnexa	**H00-H59**	**1,316**	**2,345**	**4,364**	**12,938**	**20,963**
Diseases of the ear and mastoid process	**H60-H95**	**5,129**	**3,043**	**2,032**	**1,201**	**11,405**
Diseases of the circulatory system	**I00-I99**	**1,022**	**9,645**	**24,084**	**37,410**	**72,161**
Hypertensive diseases	I10-I15	95	657	1,142	1,186	3,080
Angina pectoris	I20	0	345	2,724	3,729	6,798
Acute myocardial infarction	I21-I22	0	321	2,111	3,663	6,095
Other ischaemic heart disease	I23-I25	~	447	4,583	5,504	10,539
Pulmonary heart disease and diseases of pulmonary circulation	I26-I28	14	284	401	560	1,259
Conduction disorders and cardiac arrhythmias	I44-I49	148	1,112	3,020	5,486	9,766
Heart failure	I50	11	62	654	5,026	5,753
Cerebrovascular disease	I60-I69	83	482	1,898	4,924	7,387
Atherosclerosis	I70	~	41	418	1,020	1,480
Diseases of the respiratory system	**J00-J99**	**20,448**	**11,791**	**9,966**	**22,303**	**64,508**
Acute upper respiratory infections and influenza	J00-J11	5,759	2,555	374	254	8,942
Pneumonia	J12-J18	2,335	1,142	1,332	4,581	9,390
Chronic diseases of tonsils and adenoids	J35	3,554	1,636	66	17	5,273
Chronic obstructive pulmonary disease and bronchiectasis	J40-J44, J47	86	330	2,943	8,281	11,640
Asthma	J45-J46	2,656	1,047	729	360	4,792
Diseases of the digestive system	**K00-K93**	**10,756**	**39,907**	**36,468**	**30,113**	**117,244**
Diseases of oesophagus, stomach and duodenum	K20-K31	1,507	11,454	11,835	8,372	33,168
Diseases of appendix	K35-K38	1,843	3,613	507	157	6,120
Inguinal hernia	K40	627	976	1,392	1,273	4,268
Noninfective enteritis and colitis	K50-K52	221	6,174	3,321	2,713	12,429
Alcoholic liver disease	K70	0	381	729	116	1,226
Cholelithiasis	K80	20	2,637	2,462	2,393	7,512
Diseases of the skin and subcutaneous tissue	**L00-L99**	**2,678**	**15,507**	**9,018**	**8,358**	**35,561**
Cutaneous abscess, furuncle and carbuncle and cellulitis	L02, L03	708	2,047	1,574	1,895	6,224
Diseases of the musculoskeletal system and connective tissue	**M00-M99**	**2,690**	**13,741**	**17,008**	**13,949**	**47,388**
Rheumatoid arthritis	M05-M06	~	590	1,275	837	2,703
Coxarthrosis and Gonarthrosis	M16-M17	~	388	2,680	4,461	7,532
Intervertebral disc disorders	M50, M51	0	1,189	1,031	395	2,615
Dorsalgia (back pain)	M54	72	2,869	3,340	1,737	8,018
Diseases of the genitourinary system	**N00-N99**	**6,427**	**22,098**	**17,320**	**13,250**	**59,095**
Urolithiasis	N20-N23	112	2,099	1,832	614	4,657
Hyperplasia of prostate	N40	0	83	1,388	2,755	4,226
Disorders of the breast and female genital tract	N60-N64, N70-N77	36	2,466	1,257	278	4,037
Pregnancy, childbirth and the puerperium	**O00-O99**	**19**	**108,644**	**233**	**0**	**108,896**
Pregnancy with abortive outcome	O00-O08	~	9,537	89	0	9,629
Certain conditions originating in the perinatal period	**P00-P96**	**9,295**	**~**	**0**	**~**	**9,298**
Congenital malformations, deformations and chromosomal abnormalities	**Q00-Q99**	**7,980**	**1,445**	**583**	**163**	**10,171**
Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified	**R00-R99**	**9,874**	**28,104**	**25,704**	**24,570**	**88,252**
Abdominal and pelvic pain	R10	2,277	9,071	4,154	2,092	17,594
Injury, poisoning and certain other consequences of external causes	**S00-T98**	**12,058**	**25,864**	**10,543**	**12,293**	**60,758**
Intracranial injury	S06	447	1,813	635	556	3,451
Other injuries to the head (including skull fracture)	S00-S05, S07-S09	3,611	4,621	1,016	922	10,170
Fracture of femur	S72	219	264	430	3,291	4,204
Poisonings by drugs, medicaments and biological substances and toxic effects of substances chiefly nonmedicinal as to source	T36-T65	522	2,883	810	222	4,437
Factors influencing health status and contact with health services	**Z00-Z99**	**12,227**	**62,459**	**125,563**	**141,324**	**341,573**
Other medical care (including radiotherapy and chemotherapy sessions)	Z51	4,012	18,115	63,782	56,609	142,518

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

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

For the majority of ICD-10-AM chapters reported in Table 4.6, the acute in-patient average length of stay generally increased with age. For some conditions, there was 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 four times longer than those aged under 15 years. Acute in-patient average length of stay was 9.0 days for those aged 65 years and over and 2.1 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 (11.9 days). Within the youngest age groups, those discharges with a principal diagnosis of 'cerebrovascular disease' had the longest acute in-patient length of stay of 7.7 days. For discharges in the 15 to 44 years and 45 to 64 years age groups, those with a principal diagnosis of 'cystic fibrosis' recorded the longest average lengths of stay of 11.5 and 11.9 days respectively.

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

TABLE 4.6

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

Principal Diagnosis	ICD-10-AM Code	Under 15 Years	15–44 Years	45–64 Years	65 Years and Over	Total
Acute In-Patients [a]	**–**	**2.9**	**3.2**	**5.4**	**7.8**	**4.8**
Certain infectious and parasitic diseases	**A00-B99**	**2.1**	**4.6**	**7.2**	**9.0**	**3.4**
Intestinal infectious diseases (including diarrhoea)	A00-A09	1.9	3.8	6.0	8.6	2.4
Tuberculosis	A15-A19, B90	6.3	10.3	10.7	12.6	10.6
Septicaemia	A40-A41	5.3	7.5	9.8	9.6	9.1
Human immunodeficiency virus [HIV] disease	B20-B24	~	7.4	7.6	–	7.4
Neoplasms	**C00-D48**	**3.8**	**6.3**	**7.6**	**9.2**	**8.0**
Malignant neoplasms	C00-C96	4.0	7.0	8.0	9.5	8.4
Malignant neoplasm of colon, rectum and anus	C18-C21	–	8.8	8.7	11.3	10.3
Malignant neoplasm of trachea, bronchus and lung	C33-C34	2.7	8.6	8.8	10.5	9.7
Malignant neoplasm of skin	C43-C44	1.0	4.4	5.3	6.2	5.9
Malignant neoplasm of breast	C50	–	5.6	6.0	8.0	6.6
Malignant neoplasms of female genital organs	C51-C58	–	5.9	7.6	9.2	7.9
Malignant neoplasm of prostate	C61	–	~	7.0	8.4	7.9
Malignant neoplasm of bladder	C67	–	7.0	5.8	6.6	6.4
Malignant neoplasms of lymphoid, haematopoietic and related tissue	C81-C96	4.0	8.6	8.7	9.2	8.3
Benign neoplasms and neoplasms of uncertain or unknown behaviour	D10-D48	2.9	4.8	5.6	6.9	5.6
Diseases of the blood and blood-forming organs and certain disorders involving the immune mechanism	**D50-D89**	**3.7**	**5.9**	**6.1**	**7.1**	**6.1**
Endocrine, nutritional and metabolic diseases	**E00-E89**	**4.1**	**5.6**	**6.3**	**7.6**	**6.4**
Diabetes mellitus	E10-E14	4.0	4.6	6.8	7.7	6.4
Cystic fibrosis	E84	5.7	11.5	11.9	~	9.7
Mental and behavioural disorders	**F00-F99**	**2.6**	**4.2**	**5.2**	**9.3**	**5.3**
Mental and behavioural disorders due to alcohol	F10	1.2	2.7	4.6	7.0	3.8
Mental and behavioural disorders due to use of other psychoactive substance	F11-F19	~	9.9	10.4	14.0	9.9
Diseases of nervous system	**G00-G99**	**3.9**	**4.1**	**5.2**	**7.4**	**5.3**
Multiple sclerosis	G35	–	6.3	7.2	10.0	6.9
Epilepsy	G40, G41	3.3	3.6	4.7	6.4	4.1
Transient cerebral ischaemic attacks and related syndromes	G45	5.3	4.2	4.8	6.7	6.1
Diseases of the eye and adnexa	**H00-H59**	**2.3**	**3.6**	**3.6**	**3.0**	**3.1**
Diseases of the ear and mastoid process	**H60-H95**	**1.9**	**2.5**	**2.8**	**3.4**	**2.5**
Diseases of the circulatory system	**I00-I99**	**3.2**	**4.6**	**5.8**	**8.1**	**7.0**
Hypertensive diseases	I10-I15	4.1	3.5	3.9	5.4	4.4
Angina pectoris	I20	–	3.7	5.0	6.3	5.7
Acute myocardial infarction	I21-I22	–	5.1	6.3	8.7	7.7
Other ischaemic heart disease	I23-I25	~	3.5	4.8	5.9	5.4
Pulmonary heart disease and diseases of pulmonary circulation	I26-I28	4.7	8.0	9.1	11.1	9.7
Conduction disorders and cardiac arrhythmias	I44-I49	2.9	3.1	4.7	6.6	5.6
Heart failure	I50	3.4	6.5	8.2	9.6	9.4
Cerebrovascular disease	I60-I69	7.7	8.4	8.9	10.6	10.0
Atherosclerosis	I70	~	7.7	7.7	9.7	9.1
Diseases of the respiratory system	**J00-J99**	**2.5**	**3.6**	**6.3**	**8.7**	**5.4**
Acute upper respiratory infections and influenza	J00-J11	1.8	2.7	3.4	5.6	2.2
Pneumonia	J12-J18	3.9	5.6	7.9	9.7	7.4
Chronic diseases of tonsils and adenoids	J35	1.9	2.5	2.4	4.8	2.1
Chronic obstructive pulmonary disease and bronchiectasis	J40-J44, J47	3.7	5.0	7.0	8.6	8.1
Asthma	J45-J46	1.9	3.5	5.0	6.4	3.0
Diseases of the digestive system	**K00-K93**	**3.0**	**4.3**	**5.5**	**7.0**	**5.3**
Diseases of oesophagus, stomach and duodenum	K20-K31	2.3	3.5	4.7	6.5	4.6
Diseases of appendix	K35-K38	3.9	3.9	6.0	8.8	4.2
Inguinal hernia	K40	2.1	2.0	2.4	3.9	2.9
Noninfective enteritis and colitis	K50-K52	3.4	5.6	6.0	7.2	6.1
Alcoholic liver disease	K70	–	9.2	9.7	9.7	9.5
Cholelithiasis	K80	4.4	3.7	4.8	7.3	5.2
Diseases of the skin and subcutaneous tissue	**L00-L99**	**3.0**	**3.6**	**5.6**	**8.4**	**5.2**
Cutaneous abscess, furuncle and carbuncle and cellulitis	L02, L03	3.0	4.0	5.7	8.2	5.6
Diseases of the musculoskeletal system and connective tissue	**M00-M99**	**3.4**	**3.7**	**5.7**	**8.4**	**6.0**
Rheumatoid arthritis	M05-M06	~	4.7	6.1	7.1	6.3
Coxarthrosis and Gonarthrosis	M16-M17	~	7.6	8.6	10.7	9.9
Intervertebral disc disorders	M50, M51	–	4.4	5.6	7.6	5.3
Dorsalgia (back pain)	M54	3.0	3.6	4.6	6.6	4.7
Diseases of the genitourinary system	**N00-N99**	**2.8**	**3.2**	**4.4**	**7.3**	**4.6**
Urolithiasis	N20-N23	3.1	3.1	3.5	5.1	3.5
Hyperplasia of prostate	N40	–	4.6	5.3	6.7	6.4
Disorders of the breast and female genital tract	N60-N64, N70-N77	3.2	2.8	3.0	6.0	3.0
Pregnancy, childbirth and the puerperium	**O00-O99**	**2.4**	**2.9**	**4.0**	**–**	**2.9**
Pregnancy with abortive outcome	O00-O08	~	1.4	1.8	–	1.4
Certain conditions originating in the perinatal period	**P00-P96**	**5.7**	**–**	**–**	**~**	**5.7**
Congenital malformations, deformations and chromosomal abnormalities	**Q00-Q99**	**4.5**	**4.9**	**6.6**	**7.2**	**4.7**
Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified	**R00-R99**	**2.2**	**2.6**	**3.7**	**5.7**	**3.7**
Abdominal and pelvic pain	R10	1.8	2.6	3.8	5.1	2.9
Injury, poisoning and certain other consequences of external causes	**S00-T98**	**1.8**	**2.8**	**4.5**	**8.3**	**4.0**
Intracranial injury	S06	2.3	3.0	4.9	7.0	3.9
Other injuries to the head (including skull fracture)	S00-S05, S07-S09	1.3	2.0	2.9	4.9	2.1
Fracture of femur	S72	7.4	7.8	9.8	12.9	11.9
Poisonings by drugs, medicaments and biological substances and toxic effects of substances chiefly nonmedicinal as to source	T36-T65	1.6	2.1	3.0	5.9	2.4
Factors influencing health status and contact with health services	**Z00-Z99**	**3.2**	**2.5**	**6.0**	**9.2**	**5.4**
Other medical care (including radiotherapy and chemotherapy sessions)	Z51	6.6	4.1	3.2	4.9	4.5

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

– denotes no discharges reported to HIPE.

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

Table 4.7 provides a detailed breakdown of all-listed diagnoses for males and females. Over 3.2 million diagnoses were recorded for total discharges reported to HIPE in 2006.[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 3.2 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 262,107 diagnoses reported for 'diseases of the circulatory system' those aged 65 years and over accounted for 64.0 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 2006, 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	–	**586,077**	**658,813**	**1,244,890**
All Conditions	**A00-Z99**	**1,539,378**	**1,665,242**	**3,204,620**
Certain infectious and parasitic diseases	**A00-B99**	**29,979**	**31,634**	**61,613**
Intestinal infectious diseases (including diarrhoea)	A00-A09	5,574	5,518	11,092
Tuberculosis	A15-A19, B90	437	285	722
Septicaemia	A40-A41	2,675	2,358	5,033
Human immunodeficiency virus [HIV] disease	B20-B24	707	424	1,131
Neoplasms	**C00-D48**	**171,541**	**204,563**	**376,104**
Malignant neoplasms	C00-C96	157,362	182,961	340,323
Malignant neoplasm of colon, rectum and anus	C18-C21	20,305	11,945	32,250
Malignant neoplasm of trachea, bronchus and lung	C33-C34	10,196	7,192	17,388
Malignant neoplasm of skin	C43-C44	6,795	4,879	11,674
Malignant neoplasm of breast	C50	289	50,078	50,367
Malignant neoplasms of female genital organs	C51-C58	0	12,816	12,816
Malignant neoplasm of prostate	C61	26,654	0	26,654
Malignant neoplasm of bladder	C67	3,229	1,128	4,357
Malignant neoplasms of lymphoid, haematopoietic and related tissue	C81-C96	23,568	16,943	40,511
Benign neoplasms and neoplasms of uncertain or unknown behaviour	D10-D48	13,224	17,743	30,967
Diseases of the blood and blood-forming organs and certain disorders involving the immune mechanism	**D50-D89**	**25,839**	**27,044**	**52,883**
Endocrine, nutritional and metabolic diseases	**E00-E89**	**89,220**	**69,342**	**158,562**
Diabetes mellitus	E10-E14	40,726	27,916	68,642
Cystic fibrosis	E84	1,138	1,051	2,189
Mental and behavioural disorders	**F00-F99**	**22,815**	**17,615**	**40,430**
Mental and behavioural disorders due to alcohol	F10	11,036	3,542	14,578
Mental and behavioural disorders due to use of other psychoactive substance	F11-F19	1,785	1,088	2,873
Diseases of nervous system	**G00-G99**	**22,568**	**22,587**	**45,155**
Multiple sclerosis	G35	949	1,778	2,727
Epilepsy	G40, G41	3,965	3,456	7,421
Transient cerebral ischaemic attacks and related syndromes	G45	1,535	1,628	3,163
Diseases of the eye and adnexa	**H00-H59**	**14,963**	**16,459**	**31,422**
Diseases of the ear and mastoid process	**H60-H95**	**9,181**	**8,037**	**17,218**
Diseases of the circulatory system	**I00-I99**	**150,907**	**111,200**	**262,107**
Hypertensive diseases	I10-I15	43,442	34,435	77,877
Angina pectoris	I20	6,290	3,672	9,962
Acute myocardial infarction	I21-I22	5,138	2,816	7,954
Other ischaemic heart disease	I23-I25	25,501	11,424	36,925
Pulmonary heart disease and diseases of pulmonary circulation	I26-I28	1,399	1,623	3,022
Conduction disorders and cardiac arrhythmias	I44-I49	23,988	17,621	41,609
Heart failure	I50	10,457	8,904	19,361
Cerebrovascular disease	I60-I69	7,060	6,519	13,579
Atherosclerosis	I70	3,040	1,678	4,718
Diseases of the respiratory system	**J00-J99**	**64,960**	**57,992**	**122,952**
Acute upper respiratory infections and influenza	J00-J11	6,564	6,082	12,646
Pneumonia	J12-J18	8,429	7,407	15,836
Chronic diseases of tonsils and adenoids	J35	2,945	3,250	6,195
Chronic obstructive pulmonary disease and bronchiectasis	J40-J44, J47	12,682	10,490	23,172
Asthma	J45-J46	4,983	5,713	10,696
Diseases of the digestive system	**K00-K93**	**103,238**	**108,015**	**211,253**
Diseases of oesophagus, stomach and duodenum	K20-K31	33,507	32,095	65,602
Diseases of appendix	K35-K38	3,506	2,914	6,420
Inguinal hernia	K40	4,346	384	4,730
Noninfective enteritis and colitis	K50-K52	9,174	12,084	21,258
Alcoholic liver disease	K70	1,857	886	2,743
Cholelithiasis	K80	3,369	7,168	10,537
Diseases of the skin and subcutaneous tissue	**L00-L99**	**25,966**	**25,865**	**51,831**
Cutaneous abscess, furuncle and carbuncle and cellulitis	L02, L03	6,062	4,687	10,749
Diseases of the musculoskeletal system and connective tissue	**M00-M99**	**37,394**	**46,342**	**83,736**
Rheumatoid arthritis	M05-M06	1,811	3,180	4,991
Coxarthrosis and Gonarthrosis	M16-M17	5,026	5,929	10,955
Intervertebral disc disorders	M50, M51	1,713	1,785	3,498
Dorsalgia (back pain)	M54	4,353	7,664	12,017
Diseases of the genitourinary system	**N00-N99**	**111,022**	**106,477**	**217,499**
Urolithiasis	N20-N23	3,847	1,864	5,711
Hyperplasia of prostate	N40	7,537	0	7,537
Disorders of the breast and female genital tract	N60-N64, N70-N77	249	6,222	6,471
Pregnancy, childbirth and the puerperium	**O00-O99**	**0**	**172,500**	**172,500**
Pregnancy with abortive outcome	O00-O08	0	9,833	9,833
Certain conditions originating in the perinatal period	**P00-P96**	**13,803**	**10,925**	**24,728**
Congenital malformations, deformations and chromosomal abnormalities	**Q00-Q99**	**20,132**	**14,740**	**34,872**
Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified	**R00-R99**	**95,478**	**107,268**	**202,746**
Abdominal and pelvic pain	R10	8,187	21,704	29,891
Injury, poisoning and certain other consequences of external causes	**S00-T98**	**62,518**	**40,378**	**102,896**
Intracranial injury	S06	3,969	1,734	5,703
Other injuries to the head (includes skull fracture)	S00-S05, S07-S09	11,354	4,937	16,291
Fracture of femur	S72	1,759	3,630	5,389
Poisonings by drugs, medicaments and biological substances and toxic effects of substances chiefly nonmedicinal as to source	T36-T65	3,219	4,060	7,279
External causes of morbidity and mortality	**U50-Y98**	**130,725**	**93,195**	**223,920**
Transport accidents	V01-V99	4,736	2,564	7,300
Factors influencing health status and contact with health services	**Z00-Z99**	**337,129**	**373,064**	**710,193**
Other medical care (including radiotherapy and chemotherapy sessions)	Z51	72,939	78,653	151,592

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	–	**127,461**	**390,774**	**345,500**	**381,155**	**1,244,890**
All Conditions	**A00-Z99**	**290,182**	**923,088**	**851,595**	**1,139,755**	**3,204,620**
Certain infectious and parasitic diseases	**A00-B99**	**18,788**	**14,600**	**10,196**	**18,029**	**61,613**
Intestinal infectious diseases (including diarrhoea)	A00-A09	8,682	621	444	1,345	11,092
Tuberculosis	A15-A19, B90	51	343	159	169	722
Septicaemia	A40-A41	293	574	1,190	2,976	5,033
Human immunodeficiency virus [HIV] disease	B20-B24	7	904	215	~	1,131
Neoplasms	**C00-D48**	**10,478**	**54,884**	**158,862**	**151,880**	**376,104**
Malignant neoplasms	C00-C96	9,049	42,974	147,396	140,904	340,323
Malignant neoplasm of colon, rectum and anus	C18-C21	~	1,807	14,316	16,126	32,250
Malignant neoplasm of trachea, bronchus and lung	C33-C34	16	717	7,679	8,976	17,388
Malignant neoplasm of skin	C43-C44	15	953	3,048	7,658	11,674
Malignant neoplasm of breast	C50	~	9,248	27,867	13,251	50,367
Malignant neoplasms of female genital organs	C51-C58	0	2,206	6,190	4,420	12,816
Malignant neoplasm of prostate	C61	0	73	8,587	17,994	26,654
Malignant neoplasm of bladder	C67	0	192	1,146	3,019	4,357
Malignant neoplasms of lymphoid, haematopoietic and related tissue	C81-C96	4,710	7,573	14,500	13,728	40,511
Benign neoplasms and neoplasms of uncertain or unknown behaviour	D10-D48	1,426	10,670	9,717	9,154	30,967
Diseases of the blood and blood-forming organs and certain disorders involving the immune mechanism	**D50-D89**	**6,026**	**11,268**	**12,105**	**23,484**	**52,883**
Endocrine, nutritional and metabolic diseases	**E00-E89**	**10,955**	**21,930**	**49,101**	**76,576**	**158,562**
Diabetes mellitus	E10-E14	958	6,242	21,065	40,377	68,642
Cystic fibrosis	E84	1,048	1,122	17	~	2,189
Mental and behavioural disorders	**F00-F99**	**1,723**	**13,736**	**11,862**	**13,109**	**40,430**
Mental and behavioural disorders due to alcohol	F10	152	5,773	6,179	2,474	14,578
Mental and behavioural disorders due to use of other psychoactive substance	F11-F19	9	2,523	225	116	2,873
Diseases of nervous system	**G00-G99**	**5,063**	**10,729**	**11,615**	**17,748**	**45,155**
Multiple sclerosis	G35	0	1,139	1,301	287	2,727
Epilepsy	G40, G41	1,757	2,807	1,608	1,249	7,421
Transient cerebral ischaemic attacks and related syndromes	G45	12	128	743	2,280	3,163
Diseases of the eye and adnexa	**H00-H59**	**2,569**	**4,384**	**6,751**	**17,718**	**31,422**
Diseases of the ear and mastoid process	**H60-H95**	**7,709**	**4,210**	**2,935**	**2,364**	**17,218**
Diseases of the circulatory system	**I00-I99**	**3,168**	**21,330**	**69,957**	**167,652**	**262,107**
Hypertensive diseases	I10-I15	606	6,098	22,802	48,371	77,877
Angina pectoris	I20	7	420	3,579	5,956	9,962
Acute myocardial infarction	I21-I22	~	359	2,483	5,108	7,954
Other ischaemic heart disease	I23-I25	14	1,078	11,952	23,881	36,925
Pulmonary heart disease and diseases of pulmonary circulation	I26-I28	221	487	815	1,499	3,022
Conduction disorders and cardiac arrhythmias	I44-I49	366	2,404	7,630	31,209	41,609
Heart failure	I50	150	212	2,176	16,823	19,361
Cerebrovascular disease	I60-I69	227	790	3,083	9,479	13,579
Atherosclerosis	I70	~	101	1,086	3,529	4,718
Diseases of the respiratory system	**J00-J99**	**28,115**	**20,098**	**21,687**	**53,052**	**122,952**
Acute upper respiratory infections and influenza	J00-J11	8,129	3,395	603	519	12,646
Pneumonia	J12-J18	2,756	2,103	2,419	8,558	15,836
Chronic diseases of tonsils and adenoids	J35	4368	1718	87	22	6195
Chronic obstructive pulmonary disease and bronchiectasis	J40-J44, J47	139	766	5,431	16,836	23,172
Asthma	J45-J46	4,218	2,818	2,010	1,650	10,696
Diseases of the digestive system	**K00-K93**	**14,170**	**63,612**	**66,269**	**67,202**	**211,253**
Diseases of oesophagus, stomach and duodenum	K20-K31	2,502	20,190	23,219	19,691	65,602
Diseases of appendix	K35-K38	1,876	3,788	567	189	6,420
Inguinal hernia	K40	733	1,012	1,458	1,527	4,730
Noninfective enteritis and colitis	K50-K52	310	9,311	5,683	5,954	21,258
Alcoholic liver disease	K70	0	748	1,628	367	2,743
Cholelithiasis	K80	33	3,206	3,250	4,048	10,537
Diseases of the skin and subcutaneous tissue	**L00-L99**	**4,207**	**18,773**	**12,617**	**16,234**	**51,831**
Cutaneous abscess, furuncle and carbuncle and cellulitis	L02, L03	917	2,883	2,674	4,275	10,749
Diseases of the musculoskeletal system and connective tissue	**M00-M99**	**3,799**	**21,347**	**26,883**	**31,707**	**83,736**
Rheumatoid arthritis	M05-M06	~	769	2,029	2,192	4,991
Coxarthrosis and Gonarthrosis	M16-M17	~	575	3,597	6,779	10,955
Intervertebral disc disorders	M50, M51	0	1,381	1,323	794	3,498
Dorsalgia (back pain)	M54	126	4,868	4,274	2,749	12,017
Diseases of the genitourinary system	**N00-N99**	**10,810**	**54,239**	**62,637**	**89,813**	**217,499**
Urolithiasis	N20-N23	156	2,394	2,242	919	5,711
Hyperplasia of prostate	N40	0	104	2,108	5,325	7,537
Disorders of the breast and female genital tract	N60-N64, N70-N77	64	3,970	1,842	595	6,471
Pregnancy, childbirth and the puerperium	**O00-O99**	**34**	**172,040**	**426**	**0**	**172,500**
Pregnancy with abortive outcome	O00-O08	~	9,739	91	0	9,833
Certain conditions originating in the perinatal period	**P00-P96**	**24,717**	**9**	**~**	**~**	**24,728**
Congenital malformations, deformations and chromosomal abnormalities	**Q00-Q99**	**22,174**	**5,109**	**4,984**	**2,605**	**34,872**
Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified	**R00-R99**	**21,204**	**61,481**	**51,828**	**68,233**	**202,746**
Abdominal and pelvic pain	R10	2,696	18,028	5,781	3,386	29,891
Injury, poisoning and certain other consequences of external causes	**S00-T98**	**16,004**	**44,866**	**19,166**	**22,860**	**102,896**
Intracranial injury	S06	627	2,889	1,108	1,079	5,703
Other injuries to the head (includes skull fracture)	S00-S05, S07-S09	4,252	7,720	2,029	2,290	16,291
Fracture of femur	S72	245	413	580	4,151	5,389
Poisonings by drugs, medicaments and biological substances and toxic effects of substances chiefly nonmedicinal as to source	T36-T65	652	4,847	1,412	368	7,279
External causes of morbidity and mortality	**U50-Y98**	**39,883**	**89,983**	**40,464**	**53,590**	**223,920**
Transport accidents	V01-V99	1,360	4,368	987	585	7,300
Factors influencing health status and contact with health services	**Z00-Z99**	**38,586**	**214,460**	**211,249**	**245,898**	**710,193**
Other medical care (including radiotherapy and chemotherapy sessions)	Z51	4,250	18,942	66,918	61,482	151,592

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

PROCEDURES

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

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

In 2006, 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 1,244,890 discharges reported to HIPE in 2006, principal procedures were recorded for 984,644 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 2006. 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, 2.6 procedures, compared to 1.3 procedures, on average, for day patients. The average number of procedures performed on total discharges who underwent a procedure fell from 2.0 in 2005 to 1.8 in 2006. Differences also existed between the number of procedures performed on male and female in-patients and total discharges. The average number of procedures performed on total male in-patients was slightly higher than that reported for females. The average number of procedures performed was highest among total discharges aged under 15 years who underwent a procedure.

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[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 VI).

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	**1.3**	**2.6**	**1.8**
Sex			
Male	1.3	2.7	1.8
Female	1.4	2.6	1.9
Age Group			
Under 15 years	2.1	2.4	2.3
15–44 years	1.5	2.5	1.9
45–64 years	1.3	2.8	1.7
65 years and over	1.2	2.8	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 618,396 principal procedures performed on day patients in 2006, the top 20 principal procedure blocks accounted for 76.6 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 31.0 per cent of discharges in the top 20 and 23.7 per cent of all day patient discharges with a principal procedure. Of the remaining top 20 principal procedure blocks, five are classified under 'procedures on the digestive system' (including 'panendoscopy with excision', 'fibreoptic colonoscopy', 'fibreoptic colonoscopy with excision', 'panendoscopy', and 'other excision procedures on oesophagus').

Nineteen of the top 20 principal procedures for day patients who underwent a procedure in 2006 were the same as those reported in 2005, albeit with slightly different ranking. In 2005, the most common principal procedure was 'pharmacotherapy'; this procedure moved to the ranking of second as a result of the change in the collection of day patient dialysis encounters in 2006, which introduced 'haemodialysis' to the top 20 procedures in 2006. Only one principal procedure that appeared in the 2005 listing was not included in the 2006, this procedure was 'excision of toenail'.

TABLE 4.10

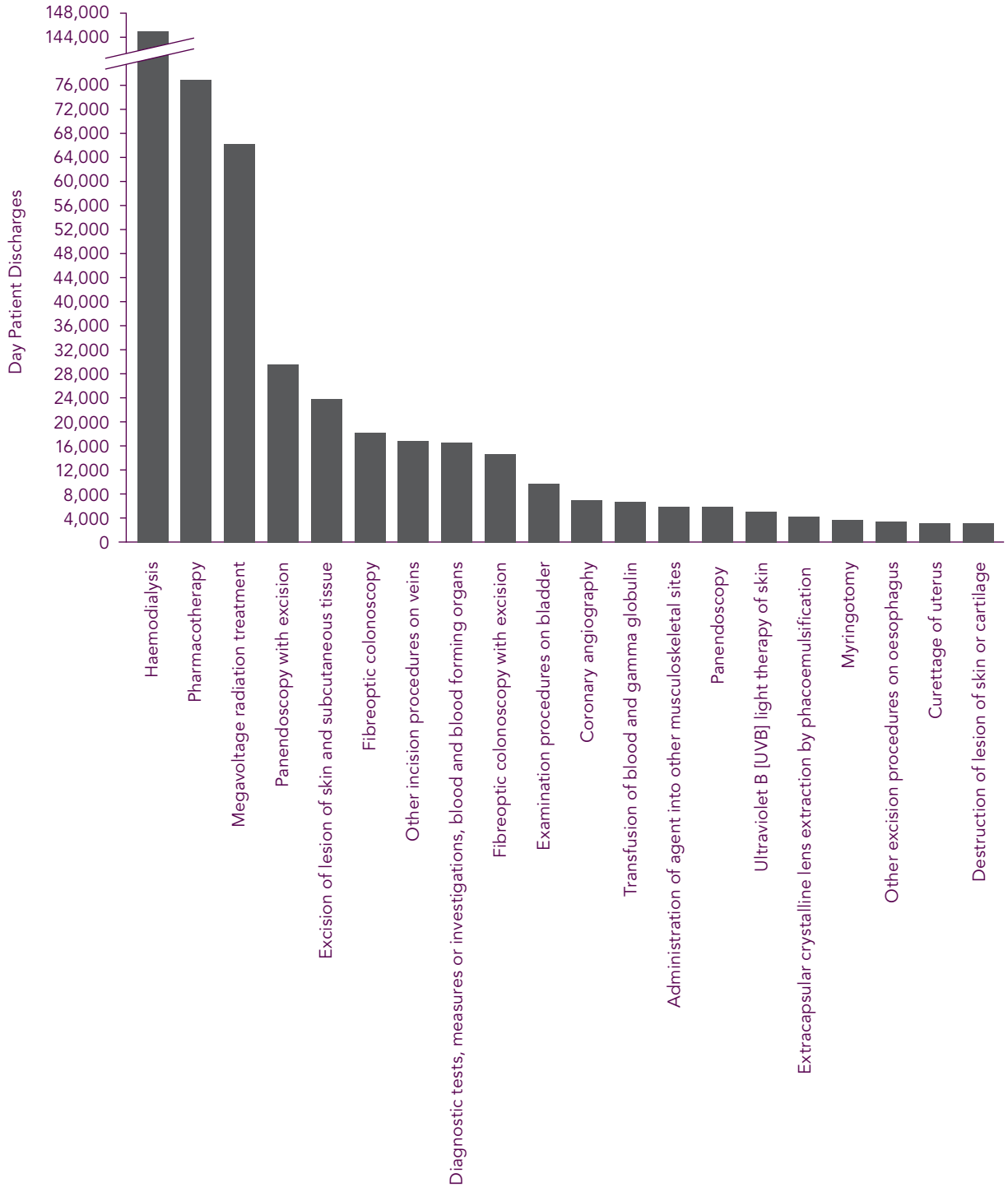
Top 20 Principal Procedure Blocks for Day Patients – Number and Percentage of Day Patient Discharges

Rank	Procedure	Procedure Block	N	% of Top 20 Procedures	% Day Patients with a Principal Procedure
1	Haemodialysis	1060	146,836	31.0	23.7
2	Pharmacotherapy	1920	78,410	16.6	12.7
3	Megavoltage radiation treatment	1788	67,507	14.3	10.9
4	Panendoscopy with excision	1008	30,212	6.4	4.9
5	Excision of lesion of skin and subcutaneous tissue	1620	24,426	5.2	3.9
6	Fibreoptic colonoscopy	0905	18,468	3.9	3.0
7	Other incision procedures on veins	0725	16,990	3.6	2.7
8	Diagnostic tests, measures or investigations, blood and blood forming organs	1858	16,727	3.5	2.7
9	Fibreoptic colonoscopy with excision	0911	14,991	3.2	2.4
10	Examination procedures on bladder	1089	9,813	2.1	1.6
11	Coronary angiography	0668	6,950	1.5	1.1
12	Transfusion of blood and gamma globulin	1893	6,859	1.4	1.1
13	Administration of agent into other musculoskeletal sites	1552	6,058	1.3	1.0
14	Panendoscopy	1005	5,983	1.3	1.0
15	Ultraviolet B [UVB] light therapy of skin	1610	5,177	1.1	0.8
16	Extracapsular crystalline lens extraction by phacoemulsification	0197	4,296	0.9	0.7
17	Myringotomy	0309	3,869	0.8	0.6
18	Other excision procedures on oesophagus	0861	3,557	0.8	0.6
19	Curettage of uterus	1265	3,238	0.7	0.5
20	Destruction of lesion of skin or cartilage	1612	3,143	0.7	0.5
Top 20 Principal Procedure Blocks for Day Patients – Total		**–**	**473,510**	**100**	**76.6**
Day Patients with a Principal Procedure – Total		**–**	**618,396**	**–**	**100**
Day Patients – Total (including those with and without a Principal Procedure)		**–**	**662,096**	**–**	**–**

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 2006. As reported in Table 4.11, the top 20 principal procedure blocks accounted for 48.5 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 5.6 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 induction of labour', 'medical or surgical augmentation of labour', and 'other procedures associated with delivery').

The total in-patient average length of stay for the top 20 principal procedure blocks was 8.0 days and, as reported in Figure 4.4, ranged from 1.2 days for 'evacuation of gravid uterus' to 14.1 days for 'arthroplasty of hip'. The total in-patient average length of stay for 'generalised allied health interventions', the most common principal procedure block, was 12.4 days.

Similar to the top 20 principal procedures for day patients, nineteen of the top 20 principal procedures for in-patients in 2005 have remained in the top 20 in 2006. In addition, the ranking of the top three procedures, 'generalised allied health interventions', 'computerised tomography of brain', and 'Caesarean section' have remained the same as their 2005 ranking. The only procedure to appear in the top 20 in 2005 and not 2006 was 'spontaneous vertex delivery'. It has been replaced by 'medical or surgical augmentation of labour' in 2006.

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	39,512	22.3	10.8	12.4
2	Computerised tomography of brain	1952	20,359	11.5	5.6	11.8
3	Caesarean section	1340	14,736	8.3	4.0	6.0
4	Postpartum suture	1344	13,724	7.7	3.7	2.9
5	Pharmacotherapy	1920	11,692	6.6	3.2	6.8
6	Panendoscopy with excision	1008	9,008	5.1	2.5	9.1
7	Appendicectomy	0926	6,231	3.5	1.7	4.2
8	Transfusion of blood and gamma globulin	1893	6,178	3.5	1.7	9.8
9	Vacuum extraction	1338	6,017	3.4	1.6	3.6
10	Magnetic resonance imaging	2015	5,367	3.0	1.5	12.3
11	Medical or surgical induction of labour	1334	5,288	3.0	1.4	3.6
12	Arthroplasty of hip	1489	5,255	3.0	1.4	14.1
13	Tonsillectomy or adenoidectomy	0412	4,810	2.7	1.3	2.1
14	Medical or surgical augmentation of labour	1335	4,793	2.7	1.3	2.6
15	Evacuation of gravid uterus	1267	4,740	2.7	1.3	1.2
16	Coronary angiography	0668	4,582	2.6	1.3	7.1
17	Cholecystectomy	0965	4,516	2.5	1.2	5.3
18	Computerised tomography of abdomen	1962	3,813	2.1	1.0	8.1
19	Extracapsular crystalline lens extraction by phacoemulsification	0197	3,431	1.9	0.9	2.4
20	Other procedures associated with delivery	1343	3,398	1.9	0.9	3.3
Top 20 Principal Procedure Blocks for In-Patients		**–**	**177,450**	**100**	**48.5**	**8.0**
Total In-Patients with a Principal Procedure		**–**	**366,248**	**–**	**–**	**8.1**
Total In-Patients (including those with and without a Principal Procedure)		**–**	**582,794**	**–**	**–**	**–**

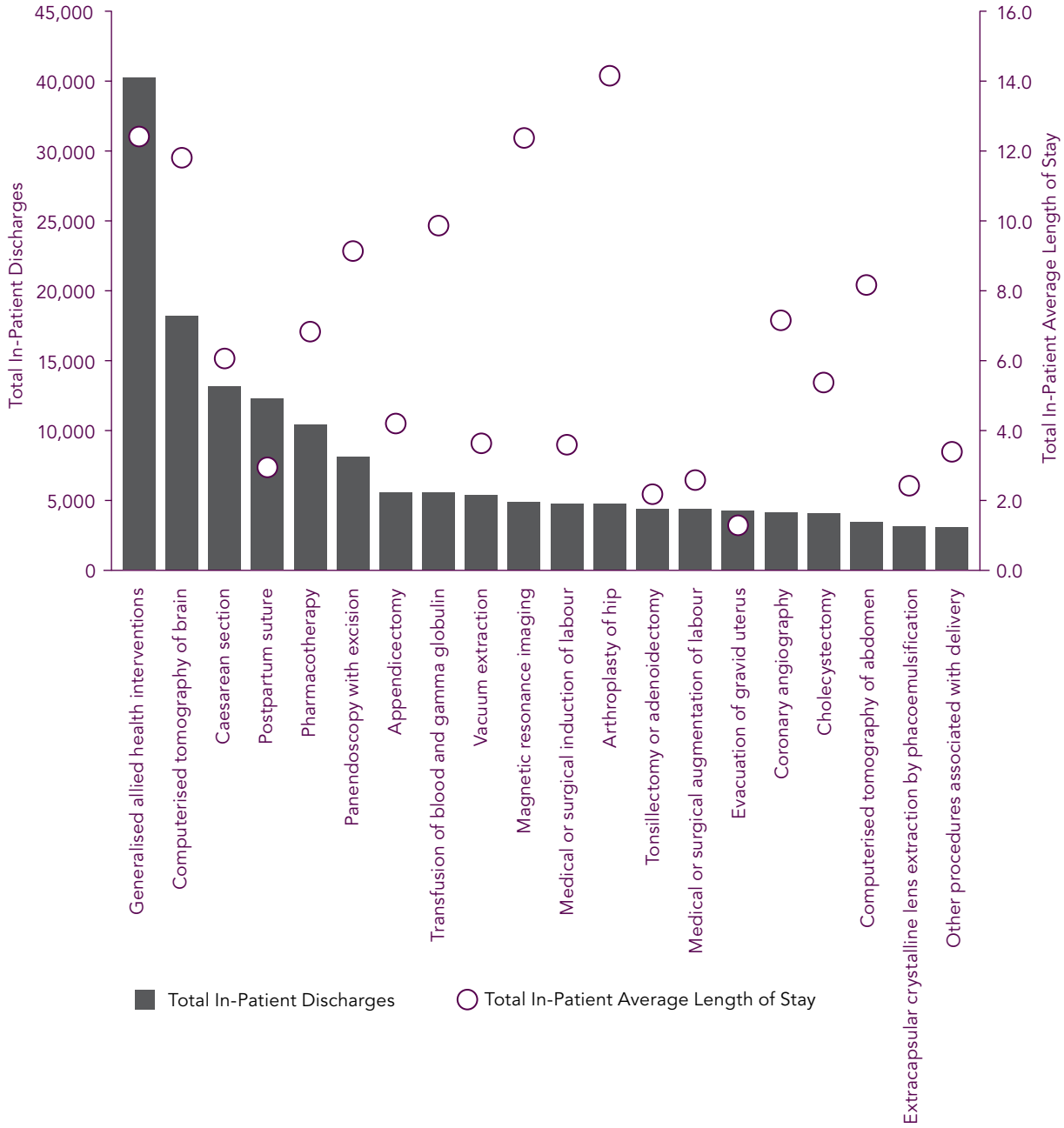
Notes: [a] Includes acute and extended stay in-patients.

[b] Includes interventions such as physiotherapy, dietetics, occupational therapy and social work amongst others.

Percentage columns are subject to rounding.

FIGURE 4.4

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



Note: [a] See note under Table 4.11.

Principal and All-Listed Procedures

The type and number of principal procedures recorded for male and female discharges are reported in Table 4.12. Female discharges, who represented 52.9 per cent of total discharges, accounted for 51.7 per cent of all principal procedures reported to HIPE in 2006. The proportion of total male discharges undergoing a principal procedure was 81.2 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'.

Over 17 per cent of total principal procedures were 'procedures on the urinary system', which includes 'haemodialysis'. Together, 'gynaecological procedures' and 'obstetric procedures' amounted to 84,704 (16.6 per cent) of the principal procedures performed on female discharges. Generally, the volume of male and female discharges undergoing principal procedures was comparable for most of the ICD-10-AM chapters. However, male discharges recorded almost twice as many 'procedures on urinary system' compared with female discharges.

TABLE 4.12

Total Discharges by Principal Procedure Block and Sex

Principal Procedure	Procedure Block	Male	Female	Total Discharges
Total Discharges	–	**586,077**	**658,813**	**1,244,890**
All Principal Procedures	**0001–2016**	**475,717**	**508,927**	**984,644**
Procedures on nervous system	**0001–0086**	**8,133**	**9,433**	**17,566**
Lumbar puncture	0030	1,471	1,603	3,074
Procedures on endocrine system	**0110–0129**	**331**	**851**	**1,182**
Procedures on eye and adnexa	**0160–0256**	**8,940**	**10,049**	**18,989**
Lens Extraction	0195–0202	3,979	5,488	9,467
Procedures on ear and mastoid process	**0300–0333**	**5,449**	**4,469**	**9,918**
Myringotomy	0309	2,455	1,764	4,219
Procedures on nose, mouth and pharynx	**0370–0422**	**7,822**	**7,008**	**14,830**
Tonsillectomy or adenoidectomy	0412	2,285	2,717	5,002
Dental services	**0450–0490**	**3,269**	**2,955**	**6,224**
Procedures on respiratory system	**0520–0569**	**9,931**	**7,463**	**17,394**
Bronchoscopy with/without biopsy	0543–0544, 41892–01[0545]	3,345	2,721	6,066
Procedures on cardiovascular system	**0600–0767**	**31,640**	**16,952**	**48,592**
Coronary angiography	0668	7,211	4,321	11,532
Transluminal coronary angioplasty with/without stenting	0670–0671	3,009	1,047	4,056
CABG	0672–0679	761	202	963
Leg varicose vein ligation	0727–0728	855	1,681	2,536
Procedures on blood and blood-forming organs	**0800–0817**	**2,351**	**2,051**	**4,402**
Procedures on digestive system	**0850–1011**	**63,966**	**69,523**	**133,489**
Fibreoptic colonoscopy with/without excision	0905, 0911	18,621	20,711	39,332
Appendicectomy	0926	3,353	2,879	6,232
Procedures for haemorrhoids	0941	1,249	1,023	2,272
Cholecystectomy	0965	1,187	3,504	4,691
Lysis of peritoneal adhesions	0986	148	644	792
Repair of inguinal and obstructed hernia	0990, 0997	3,769	391	4,160
Panendoscopy with/without excision	1005–1008	22,662	25,728	48,390
Procedures on urinary system [a]	**1040–1129**	**107,764**	**63,442**	**171,206**
Examination procedures on bladder (includes cystoscopy)	1089	7,317	4,133	11,450
Procedures on male genital organs	**1160–1203**	**9,522**	**~**	**9,523**
Prostatectomy	1165–1167	1,801	0	1,801
Circumcision	30653–00[1196]	2,966	0	2,966
Gynaecological procedures	**1240–1299**	**~**	**29,177**	**29,178**
Oophorectomy and salpingo-oophorectomy	1243,1252	0	634	634
Salpingectomy	1251	0	137	137
Examination procedures on uterus	1259	0	3,532	3,532
Dilation and curettage of uterus	1265,1267	0	9,993	9,993
Hysterectomy	1268–1269	0	2,675	2,675
Repair of prolapse of uterus, pelvic floor or enterocele	1283	0	695	695
Obstetric procedures	**1330–1347**	**0**	**55,527**	**55,527**
Induction and augmentation of labour	1334,1335	0	10,084	10,084
Vacuum extraction	1338	0	6,017	6,017
Caesarean section	1340	0	14,736	14,736
Episiotomy associated with delivery	90472–00 [1343]	0	3,200	3,200
Postpartum suture	1344	0	13,732	13,732
Procedures on musculoskeletal system	**1360–1579**	**29,386**	**24,524**	**53,910**
Arthroplasty of hip	1489	2,354	2,902	5,256
Arthroplasty of knee	1518–1519	643	1,068	1,711
Dermatological and plastic procedures	**1600–1718**	**28,558**	**28,330**	**56,888**
Excision of lesion of skin and subcutaneous tissue	1620	12,331	13,766	26,097
Other debridement of skin and subcutaneous tissue	1628	1,563	737	2,300
Skin graft	1640–1650	288	192	480
Procedures on breast	**1740–1759**	**193**	**6,681**	**6,874**
Breast Biopsy	1743–1744	92	4,597	4,689
Mastectomy	1747–1748	69	834	903
Radiation oncology procedures	**1786–1799**	**38,249**	**35,634**	**73,883**
Non-invasive, cognitive and other interventions, not elsewhere classified	**1820–1922**	**93,889**	**108,255**	**202,144**
Transfusion of blood and gamma globulin	1893	6,990	6,047	13,037
Conduction anaesthesia	1909	87	326	413
Imaging services	**1940–2016**	**26,323**	**26,602**	**52,925**
Computerised tomography scan	1952–1966	18,555	18,295	36,850
Magnetic resonance imaging	2015	3,256	3,506	6,762

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

[a] Day patient dialysis discharges were collected for the first time in 2006. For further information on the changes to the collection of dialysis please see Section One.

Principal procedures are further analysed by age group in Table 4.13. The proportion of discharges within each age group undergoing a principal procedure varied across the age groups. A principal procedure was performed on 55.9 per cent of those discharges aged under 15 years. This was lower than the equivalent proportions for the older age groups. Approximately 74.6 per cent of discharges aged between 15 and 44 years and 84.5 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 86.7 per cent.

The frequency of principal procedures varied by age group. Some principal procedures were more common among younger age groups. For instance, 77.0 per cent of all 'myringotomy' procedures were undertaken on discharges younger than 15 years of age, as were more than 68.7 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'. Over 61 per cent of 'procedures on eye and adnexa' undertaken as principal procedures were performed on discharges aged 65 years and over. Within this age group, 65.7 per cent of these operations involved 'lens extraction'.

The average length of stay of acute in-patient discharges for each principal procedure category and age group is reported in Table 4.14. Generally, the average length of stay for almost all principal procedures increased with age. For instance, the average length of stay for acute in-patients aged 65 years and over who underwent 'procedures of musculoskeletal system' was 9.9 days, which was over four times that for discharges aged under 15 years (2.2 days). 'Skin graft' recorded the longest average length of stay of 11.2 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 Discharges
Total Discharges	–	**127,461**	**390,774**	**345,500**	**381,155**	**1,244,890**
All Principal Procedures	**0001–2016**	**71,310**	**291,697**	**299,462**	**322,175**	**984,644**
Procedures on nervous system	**0001–0086**	**1,227**	**6,687**	**6,321**	**3,331**	**17,566**
Lumbar puncture	0030	914	1,368	517	275	3,074
Procedures on endocrine system	**0110–0129**	**37**	**453**	**472**	**220**	**1,182**
Procedures on eye and adnexa	**0160–0256**	**1,347**	**2,075**	**3,971**	**11,596**	**18,989**
Lens Extraction	0195–0202	74	268	1,506	7,619	9,467
Procedures on ear and mastoid process	**0300–0333**	**4,521**	**2,730**	**1,706**	**961**	**9,918**
Myringotomy	0309	3,247	461	336	175	4,219
Procedures on nose, mouth and pharynx	**0370–0422**	**4,759**	**5,105**	**2,945**	**2,021**	**14,830**
Tonsillectomy or adenoidectomy	0412	3,438	1,494	58	12	5,002
Dental services	**0450–0490**	**4,079**	**1,543**	**418**	**184**	**6,224**
Procedures on respiratory system	**0520–0569**	**2,517**	**3,321**	**5,305**	**6,251**	**17,394**
Bronchoscopy with/without biopsy	0543–0544, 41892–01[0545]	228	1,156	2,265	2,417	6,066
Procedures on cardiovascular system	**0600–0767**	**1,280**	**9,008**	**22,258**	**16,046**	**48,592**
Coronary angiography	0668	191	897	5,360	5,084	11,532
Transluminal coronary angioplasty with/ without stenting	0670–0671	~	229	1,889	1,933	4,056
CABG	0672–0679	0	17	411	535	963
Leg varicose vein ligation	0727–0728	0	1,011	1,243	282	2,536
Procedures on blood and blood-forming organs	**0800–0817**	**226**	**1,059**	**1,585**	**1,532**	**4,402**
Procedures on digestive system	**0850–1011**	**4,569**	**45,434**	**45,757**	**37,729**	**133,489**
Fibreoptic colonoscopy with/without excision	0905, 0911	86	11,347	15,398	12,501	39,332
Appendicectomy	0926	1,844	3,764	487	137	6,232
Procedures for haemorrhoids	0941	0	955	953	364	2,272
Cholecystectomy	0965	12	2,054	1,773	852	4,691
Lysis of peritoneal adhesions	0986	25	473	177	117	792
Repair of inguinal and obstructed hernia	0990, 0997	592	963	1,368	1,237	4,160
Panendoscopy with/without excision	1005–1008	556	16,136	17,350	14,348	48,390
Procedures on urinary system [a]	**1040–1129**	**1,861**	**31,063**	**56,556**	**81,726**	**171,206**
Examination procedures on bladder (includes cystoscopy)	1089	213	2,052	3,711	5,474	11,450
Procedures on male genital organs	**1160–1203**	**3,884**	**1,494**	**1,800**	**2,345**	**9,523**
Prostatectomy	1165–1167	0	~	563	1,233	1,801
Circumcision	30653–00[1196]	2,322	408	160	76	2,966
Gynaecological procedures	**1240–1299**	**106**	**18,412**	**8,861**	**1,799**	**29,178**
Oophorectomy and salpingo-oophorectomy	1243,1252	7	350	218	59	634
Salpingectomy	1251	0	123	13	~	137
Examination procedures on uterus	1259	~	1,466	1,781	284	3,532
Dilation and curettage of uterus	1265,1267	~	7,101	2,524	365	9,993
Hysterectomy	1268–1269	0	731	1,468	476	2,675
Repair of prolapse of uterus, pelvic floor or enterocele	1283	0	64	414	217	695
Obstetric procedures	**1330–1347**	**11**	**55,429**	**87**	**0**	**55,527**
Induction and augmentation of labour	1334,1335	~	10,069	14	0	10,084
Vacuum extraction	1338	~	6,011	~	0	6,017
Caesarean section	1340	~	14,690	45	0	14,736
Episiotomy associated with delivery	90472–00 [1343]	~	3,195	~	0	3,200
Postpartum suture	1344	~	13,720	10	0	13,732
Procedures on musculoskeletal system	**1360–1579**	**6,550**	**19,134**	**13,884**	**14,342**	**53,910**
Arthroplasty of hip	1489	~	189	1,456	3,609	5,256
Arthroplasty of knee	1518–1519	0	31	555	1,125	1,711
Dermatological and plastic procedures	**1600–1718**	**6,830**	**22,912**	**13,305**	**13,841**	**56,888**
Excision of lesion of skin and subcutaneous tissue	1620	1,102	9,562	7,170	8,263	26,097
Other debridement of skin and subcutaneous tissue	1628	465	875	488	472	2,300
Skin graft	1640–1650	84	156	82	158	480
Procedures on breast	**1740–1759**	**13**	**2,862**	**2,835**	**1,164**	**6,874**
Breast Biopsy	1743–1744	~	2,006	1,917	761	4,689
Mastectomy	1747–1748	~	201	397	302	903
Radiation oncology procedures	**1786–1799**	**848**	**8,202**	**32,193**	**32,640**	**73,883**
Non-invasive, cognitive and other interventions, not elsewhere classified	**1820–1922**	**21,490**	**42,365**	**66,050**	**72,239**	**202,144**
Transfusion of blood and gamma globulin	1893	1,491	1,912	2,726	6,908	13,037
Conduction anaesthesia	1909	~	286	70	55	413
Imaging services	**1940–2016**	**5,155**	**12,409**	**13,153**	**22,208**	**52,925**
Computerised tomography scan	1952–1966	1,458	8,942	9,163	17,287	36,850
Magnetic resonance imaging	2015	1,556	1,840	1,766	1,600	6,762

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

[a] Day patient dialysis discharges were collected for the first time in 2006. For further information on the changes to the collection of dialysis please see Section One.

TABLE 4.14

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

Principal Procedure	Procedure Block	Under 15 Years	15–44 Years	45–64 Years	65 Years and Over	Total
Acute In-Patient Discharges[a]	**–**	**2.9**	**3.2**	**5.4**	**7.8**	**4.8**
All Principal Procedures	**0001–2016**	**3.9**	**3.9**	**6.2**	**8.9**	**5.8**
Procedures on nervous system	**0001–0086**	**5.7**	**5.0**	**7.0**	**8.0**	**6.1**
Lumbar puncture	0030	4.9	4.8	7.1	11.2	5.7
Procedures on endocrine system	**0110–0129**	**3.6**	**5.0**	**5.4**	**7.9**	**5.6**
Procedures on eye and adnexa	**0160–0256**	**2.2**	**3.6**	**3.5**	**2.9**	**3.0**
Lens Extraction	0195–0202	3.0	2.6	2.2	2.2	2.2
Procedures on ear and mastoid process	**0300–0333**	**1.8**	**2.1**	**2.2**	**2.4**	**2.1**
Myringotomy	0309	1.6	2.5	2.5	5.1	1.9
Procedures on nose, mouth and pharynx	**0370–0422**	**1.9**	**2.7**	**3.7**	**4.7**	**2.7**
Tonsillectomy or adenoidectomy	0412	1.9	2.5	4.1	4.0	2.1
Dental services	**0450–0490**	**1.8**	**2.9**	**4.4**	**7.4**	**3.3**
Procedures on respiratory system	**0520–0569**	**9.0**	**6.8**	**8.3**	**10.7**	**9.0**
Bronchoscopy with/without biopsy	0543–0544, 41892–01[0545]	4.9	8.1	9.5	12.0	10.0
Procedures on cardiovascular system	**0600–0767**	**6.8**	**5.4**	**5.9**	**7.8**	**6.7**
Coronary angiography	0668	2.9	4.8	5.5	7.1	6.0
Transluminal coronary angioplasty with/without stenting	0670–0671	~	3.5	3.8	4.8	4.3
CABG	0672–0679	–	11.7	12.1	13.9	13.1
Leg varicose vein ligation	0727–0728	–	1.7	1.9	3.1	2.0
Procedures on blood and blood-forming organs	**0800–0817**	**6.5**	**7.6**	**8.8**	**10.7**	**9.0**
Procedures on digestive system	**0850–1011**	**4.2**	**4.6**	**6.6**	**9.1**	**6.6**
Fibreoptic colonoscopy with/without excision	0905, 0911	2.8	6.5	6.5	8.3	7.5
Appendicectomy	0926	3.8	3.8	5.6	9.0	4.1
Procedures for haemorrhoids	0941	–	2.6	3.4	5.1	3.3
Cholecystectomy	0965	4.3	3.9	4.7	7.2	4.8
Lysis of peritoneal adhesions	0986	7.4	4.7	8.8	12.6	7.1
Repair of inguinal and obstructed hernia	0990, 0997	2.0	2.1	2.6	4.3	3.1
Panendoscopy with/without excision	1005–1008	3.9	4.6	6.5	8.9	7.1
Procedures on urinary system[b]	**1040–1129**	**4.5**	**5.1**	**5.9**	**7.4**	**6.3**
Examination procedures on bladder (includes cystoscopy)	1089	3.0	4.8	4.8	6.4	5.6
Procedures on male genital organs	**1160–1203**	**2.0**	**2.5**	**5.7**	**7.2**	**5.0**
Prostatectomy	1165–1167	–	~	7.0	7.7	7.5
Circumcision	30653–00[1196]	1.4	1.5	2.0	2.8	1.7
Gynaecological procedures	**1240–1299**	**3.5**	**2.4**	**4.6**	**6.1**	**3.3**
Oophorectomy and salpingo-oophorectomy	1243,1252	4.7	5.9	6.7	9.3	6.4
Salpingectomy	1251	–	3.7	5.9	~	3.9
Examination procedures on uterus	1259	~	1.8	1.9	3.1	2.1
Dilation and curettage of uterus	1265,1267	~	1.3	1.6	3.3	1.4
Hysterectomy	1268–1269	–	7.0	7.2	8.7	7.4
Repair of prolapse of uterus, pelvic floor or enterocele	1283	–	5.0	5.8	6.1	5.8
Obstetric procedures	**1330–1347**	**3.5**	**3.8**	**6.4**	**–**	**3.8**
Induction and augmentation of labour	1334,1335	~	3.1	4.7	–	3.1
Vacuum extraction	1338	~	3.6	~	–	3.6
Caesarean section	1340	~	5.8	7.9	–	5.8
Episiotomy associated with delivery	90472–00 [1343]	~	3.4	~	–	3.4
Postpartum suture	1344	~	2.9	6.3	–	2.9
Procedures on musculoskeletal system	**1360–1579**	**2.2**	**3.1**	**5.6**	**9.9**	**5.6**
Arthroplasty of hip	1489	~	8.6	9.4	12.4	11.4
Arthroplasty of knee	1518–1519	–	10.6	10.2	11.7	11.2
Dermatological and plastic procedures	**1600–1718**	**3.3**	**3.2**	**5.0**	**7.1**	**4.1**
Excision of lesion of skin and subcutaneous tissue	1620	1.6	2.5	3.3	5.0	4.0
Other debridement of skin and subcutaneous tissue	1628	1.7	3.5	6.0	10.2	4.6
Skin graft	1640–1650	11.2	7.7	11.3	11.6	10.1
Procedures on breast	**1740–1759**	**3.0**	**4.2**	**4.9**	**7.2**	**5.2**
Breast Biopsy	1743–1744	–	3.8	3.7	6.1	4.3
Mastectomy	1747–1748	~	6.6	7.5	8.7	7.7
Radiation oncology procedures	**1786–1799**	**8.0**	**6.8**	**9.3**	**11.1**	**9.9**
Non-invasive, cognitive and other interventions, not elsewhere classified	**1820–1922**	**4.5**	**4.4**	**6.8**	**9.6**	**7.1**
Transfusion of blood and gamma globulin	1893	4.4	5.2	6.7	8.1	7.2
Conduction anaesthesia	1909	–	3.9	7.5	6.9	4.3
Imaging services	**1940–2016**	**4.0**	**4.5**	**6.8**	**9.5**	**7.2**
Computerised tomography scan	1952–1966	2.9	4.1	6.5	9.4	7.1
Magnetic resonance imaging	2015	4.9	6.4	8.5	11.2	8.2

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

– denotes no discharges reported to HIPE.

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

[b] Day patient dialysis discharges were collected for the first time in 2006. For further information on the changes to the collection of day patient dialysis see Section One.

Table 4.15 reports all-listed (principal and additional) procedures by procedure category and sex. In total, over 1.8 million procedures were recorded during 2006. Female discharges recorded a higher number of all-listed procedures and accounted for over 53 per cent of total procedures. Over 40.3 per cent of all procedures performed in 2006 were classified as 'non-invasive, cognitive and other interventions, not elsewhere classified'. The next largest category was 'procedures on urinary system', which accounted for 10.1 per cent of all-listed procedures. Apart from 'non-invasive, cognitive and other interventions, not elsewhere classified', this grouping also recorded the highest number of all-listed procedures for male discharges. In contrast, the next highest volume for female discharges after 'non-invasive, cognitive and other interventions, not elsewhere classified' was 'obstetric procedures'.

All-listed procedures are presented by age group in Table 4.16. Discharges in the 15 to 44 years and 65 years and over age groups accounted for the highest proportions of all-listed procedures at 31.5 per cent and 31.6 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	–	**586,077**	**658,813**	**1,244,890**
All Procedures	**0001–2016**	**841,868**	**959,515**	**1,801,383**
Procedures on nervous system	**0001–0086**	**11,014**	**12,017**	**23,031**
Lumbar puncture	0030	2,864	2,830	5,694
Procedures on endocrine system	**0110–0129**	**382**	**929**	**1,311**
Procedures on eye and adnexa	**0160–0256**	**10,163**	**10,976**	**21,139**
Lens Extraction	0195–0202	4,074	5,587	9,661
Procedures on ear and mastoid process	**0300–0333**	**7,310**	**5,865**	**13,175**
Myringotomy	0309	3,132	2,210	5,342
Procedures on nose, mouth and pharynx	**0370–0422**	**10,159**	**8,502**	**18,661**
Tonsillectomy or adenoidectomy	0412	2,451	2,820	5,271
Dental services	**0450–0490**	**5,687**	**4,934**	**10,621**
Procedures on respiratory system	**0520–0569**	**20,118**	**14,291**	**34,409**
Bronchoscopy with/without biopsy	0543–0544, 41892–01[0545]	4,032	3,136	7,168
Procedures on cardiovascular system	**0600–0767**	**47,217**	**25,237**	**72,454**
Coronary angiography	0668	10,461	5,652	16,113
Transluminal coronary angioplasty with/without stenting	0670–0671	3,552	1,223	4,775
CABG	0672–0679	1,375	367	1,742
Leg varicose vein ligation	0727–0728	875	1,711	2,586
Procedures on blood and blood-forming organs	**0800–0817**	**3,715**	**4,581**	**8,296**
Procedures on digestive system	**0850–1011**	**81,121**	**88,584**	**169,705**
Fibreoptic colonoscopy with/without excision	0905, 0911	24,189	27,101	51,290
Appendicectomy	0926	3,487	3,144	6,631
Procedures for haemorrhoids	0941	2,973	2,453	5,426
Cholecystectomy	0965	1,282	3,589	4,871
Lysis of peritoneal adhesions	0986	530	1,720	2,250
Repair of inguinal and obstructed hernia	0990, 0997	3,893	407	4,300
Panendoscopy with/without excision	1005–1008	25,920	28,844	54,764
Procedures on urinary system [a]	**1040–1129**	**114,366**	**66,680**	**181,046**
Examination procedures on bladder (includes cystoscopy)	1089	8,044	4,632	12,676
Procedures on male genital organs	**1160–1203**	**10,452**	**~**	**10,453**
Prostatectomy	1165–1167	1,918	0	1,918
Circumcision	30653–00[1196]	3,084	0	3,084
Gynaecological procedures	**1240–1299**	**~**	**46,822**	**46,823**
Oophorectomy and salpingo-oophorectomy	1243,1252	0	831	831
Salpingectomy	1251	0	264	264
Examination procedures on uterus	1259	0	6,994	6,994
Dilation and curettage of uterus	1265,1267	0	13,532	13,532
Hysterectomy	1268–1269	0	2,815	2,815
Repair of prolapse of uterus, pelvic floor or enterocele	1283	0	1,471	1,471
Obstetric procedures	**1330–1347**	**0**	**122,198**	**122,198**
Induction and augmentation of labour	1334,1335	0	29,689	29,689
Vacuum extraction	1338	0	8,033	8,033
Caesarean section	1340	0	15,003	15,003
Episiotomy associated with delivery	90472–00 [1343]	0	10,319	10,319
Postpartum suture	1344	0	17,949	17,949
Procedures on musculoskeletal system	**1360–1579**	**35,854**	**28,820**	**64,674**
Arthroplasty of hip	1489	2,404	2,978	5,382
Arthroplasty of knee	1518–1519	646	1,075	1,721
Dermatological and plastic procedures	**1600–1718**	**38,185**	**35,572**	**73,757**
Excision of lesion of skin and subcutaneous tissue	1620	14,649	16,612	31,261
Other debridement of skin and subcutaneous tissue	1628	3,777	1,667	5,444
Skin graft	1640–1650	1,268	975	2,243
Procedures on breast	**1740–1759**	**203**	**7,591**	**7,794**
Breast Biopsy	1743–1744	99	4,806	4,905
Mastectomy	1747–1748	69	849	918
Radiation oncology procedures	**1786–1799**	**40,398**	**38,254**	**78,652**
Non-invasive, cognitive and other interventions, not elsewhere classified	**1820–1922**	**345,763**	**381,249**	**727,012**
Transfusion of blood and gamma globulin	1893	15,584	14,536	30,120
Conduction anaesthesia	1909	8,869	18,952	27,821
Imaging services	**1940–2016**	**59,760**	**56,412**	**116,172**
Computerised tomography scan	1952–1966	41,028	38,436	79,464
Magnetic resonance imaging	2015	6,884	7,180	14,064

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

[a] Day patient dialysis discharges were collected for the first time in 2006. For further information on the changes to the collection of day patient dialysis see Section One.

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	–	**127,461**	**390,774**	**345,500**	**381,155**	**1,244,890**
All Procedures	**0001–2016**	**161,537**	**566,665**	**504,118**	**569,063**	**1,801,383**
Procedures on nervous system	**0001–0086**	**2,364**	**8,598**	**7,840**	**4,229**	**23,031**
Lumbar puncture	0030	1,907	2,194	1,011	582	5,694
Procedures on endocrine system	**0110–0129**	**42**	**483**	**521**	**265**	**1,311**
Procedures on eye and adnexa	**0160–0256**	**1,594**	**2,489**	**4,519**	**12,537**	**21,139**
Lens Extraction	0195–0202	84	291	1,553	7,733	9,661
Procedures on ear and mastoid process	**0300–0333**	**6,272**	**3,436**	**2,225**	**1,242**	**13,175**
Myringotomy	0309	4,277	511	371	183	5,342
Procedures on nose, mouth and pharynx	**0370–0422**	**5,723**	**6,281**	**4,089**	**2,568**	**18,661**
Tonsillectomy or adenoidectomy	0412	3,672	1,513	71	15	5,271
Dental services	**0450–0490**	**6,759**	**2,514**	**931**	**417**	**10,621**
Procedures on respiratory system	**0520–0569**	**6,880**	**5,767**	**9,518**	**12,244**	**34,409**
Bronchoscopy with/without biopsy	0543–0544, 41892–01[0545]	406	1,283	2,627	2,852	7,168
Procedures on cardiovascular system	**0600–0767**	**3,247**	**11,252**	**31,222**	**26,733**	**72,454**
Coronary angiography	0668	290	1,191	7,352	7,280	16,113
Transluminal coronary angioplasty with/without stenting	0670–0671	11	270	2,196	2,298	4,775
CABG	0672–0679	~	31	742	965	1,742
Leg varicose vein ligation	0727–0728	0	1,020	1,264	302	2,586
Procedures on blood and blood-forming organs	**0800–0817**	**555**	**1,773**	**3,101**	**2,867**	**8,296**
Procedures on digestive system	**0850–1011**	**5,290**	**55,583**	**57,970**	**50,862**	**169,705**
Fibreoptic colonoscopy with/without excision	0905, 0911	184	14,457	19,516	17,133	51,290
Appendicectomy	0926	1,892	3,928	603	208	6,631
Procedures for haemorrhoids	0941	0	2,245	2,271	910	5,426
Cholecystectomy	0965	13	2,090	1,860	908	4,871
Lysis of peritoneal adhesions	0986	60	1,156	619	415	2,250
Repair of inguinal and obstructed hernia	0990, 0997	632	982	1,396	1,290	4,300
Panendoscopy with/without excision	1005–1008	601	17,355	19,408	17,400	54,764
Procedures on urinary system [a]	**1040–1129**	**2,267**	**32,823**	**59,637**	**86,319**	**181,046**
Examination procedures on bladder (includes cystoscopy)	1089	246	2,273	4,106	6,051	12,676
Procedures on male genital organs	**1160–1203**	**4,133**	**1,644**	**1,983**	**2,693**	**10,453**
Prostatectomy	1165–1167	0	8	587	1,323	1,918
Circumcision	30653–00[1196]	2,405	418	175	86	3,084
Gynaecological procedures	**1240–1299**	**132**	**28,537**	**15,292**	**2,862**	**46,823**
Oophorectomy and salpingo-oophorectomy	1243,1252	7	437	299	88	831
Salpingectomy	1251	~	227	29	6	264
Examination procedures on uterus	1259	~	3,114	3,382	497	6,994
Dilation and curettage of uterus	1265,1267	7	8,689	4,198	638	13,532
Hysterectomy	1268–1269	0	773	1,528	514	2,815
Repair of prolapse of uterus, pelvic floor or enterocele	1283	0	136	865	470	1,471
Obstetric procedures	**1330–1347**	**30**	**122,028**	**140**	**0**	**122,198**
Induction and augmentation of labour	1334,1335	6	29,652	31	0	29,689
Vacuum extraction	1338	~	8,025	6	0	8,033
Caesarean section	1340	~	14,957	45	0	15,003
Episiotomy associated with delivery	90472–00 [1343]	~	10,309	~	0	10,319
Postpartum suture	1344	~	17,931	16	0	17,949
Procedures on musculoskeletal system	**1360–1579**	**8,031**	**23,230**	**16,628**	**16,785**	**64,674**
Arthroplasty of hip	1489	~	193	1,486	3,700	5,382
Arthroplasty of knee	1518–1519	0	31	558	1,132	1,721
Dermatological and plastic procedures	**1600–1718**	**9,346**	**28,609**	**17,238**	**18,564**	**73,757**
Excision of lesion of skin and subcutaneous tissue	1620	1,242	11,413	8,695	9,911	31,261
Other debridement of skin and subcutaneous tissue	1628	786	2,391	1,218	1,049	5,444
Skin graft	1640–1650	171	575	443	1,054	2,243
Procedures on breast	**1740–1759**	**15**	**3,144**	**3,342**	**1,293**	**7,794**
Breast Biopsy	1743–1744	~	2,065	2,011	824	4,905
Mastectomy	1747–1748	~	206	401	308	918
Radiation oncology procedures	**1786–1799**	**1,009**	**8,812**	**34,081**	**34,750**	**78,652**
Non-invasive, cognitive and other interventions, not elsewhere classified	**1820–1922**	**89,013**	**194,528**	**201,481**	**241,990**	**727,012**
Transfusion of blood and gamma globulin	1893	3,147	4,892	6,910	15,171	30,120
Conduction anaesthesia	1909	325	12,671	5,414	9,411	27,821
Imaging services	**1940–2016**	**8,835**	**25,134**	**32,360**	**49,843**	**116,172**
Computerised tomography scan	1952–1966	2,234	17,593	21,875	37,762	79,464
Magnetic resonance imaging	2015	1,966	3,790	4,262	4,046	14,064

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

[a] Day patient dialysis discharges were collected for the first time in 2006. For further information on the changes to the collection of day patient dialysis see Section One.

SECTION

FIVE

Analysis of Discharge Data by Case Mix for 2006

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). This MDC also 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, the MDC with the longest average length of stay for total in-patient discharges was 'mental diseases and disorders' (MDC 19) at 11.9 days. Acute in-patients had the longest average length of stay of 7.8 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 73.3 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 30.3 per cent of the day patient top 20 and 22.2 per cent of total day patient discharges.
- The 20 most common AR-DRGs for total in-patients accounted for 31.2 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 5.7 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 2006. As all of the data required for AR-DRG classification are available on the HIPE scheme, 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[6] analysis which can override the initial MDC assignment. Examples of discharges affected include transplants, human immunodeficiency virus (HIV) disease, and multiple significant trauma.

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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.

After assignment to the appropriate MDCs, discharges are assigned to the AR-DRG level. In total, there are 665 AR-DRGs.[7] Discharges with a surgical procedure performed are assigned to the surgical AR-DRGs where classification is based on the most resource intensive procedure performed. Medical discharges are assigned to an AR-DRG on the basis of principal diagnosis.

The numbering system for each AR-DRG consists of four alphanumeric characters in the form of 'ADDS'. The first character, 'A' is either a letter (indicating the broad group of the DRG) or a '9' (indicating an error DRG[8]). The second and third characters, 'DD', identify the adjacent DRG[9] within the MDC, and the partition to which the adjacent DRG belongs. Both characters are numbers indicating whether the code is surgical, medical or other. The last character, 'S' is a split indicator that ranks DRGs within adjacent DRGs on the basis of their consumption of resources, it is either 'A', 'B', 'C', 'D' or 'Z' indicating level of complexity, 'A' being the most complex or 'Z' indicating that there is no complexity split.[10] [11]

Further classification within these groups for the purpose of distinguishing the complexity of cases will occur if particular variables, such as the presence of complications and/or comorbidities (cc), age, or discharge status, are found to have an influence on the treatment process and/or the pattern of resource utilisation.[12] [13]

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.[14] Discharges are broken down by MDC and patient type in Table 5.1. The MDC with the highest number of total discharges in all HIPE hospitals was 'diseases and disorders of the 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.

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[7] A listing of all AR-DRGs, by MDC, for ARDRG 5.1 is available at www.esri.ie.

[8] '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

[9] '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.

[10] 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.

[11] 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.

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

[13] 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.

[14] '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 2006, the 'Pre-MDC' and 'unassignable to MDC' categories accounted for 0.4 per cent of total discharges.

'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 (3.3 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)[15], and 'alcohol/drug use and alcohol/drug induced organic mental disorders' (MDC 20).

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 2006.

Table 5.1 shows that almost three quarters of a million (729,924) or 58.6 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 85,239 and 73,153 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 6, the types of patients treated by voluntary and non-voluntary hospitals differed. In voluntary hospitals, 63.1 per cent of discharges were treated on a day basis for 'diseases and disorders of the digestive system' (MDC 6) while total in-patients amounted to 36.9 per cent. In contrast, in non-voluntary hospitals the number of total in-patients exceeded the number of day patients assigned to MDC 6. 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 'diseases and disorders of the kidney and urinary tract' (MDC 11) in non-voluntary and all hospitals. However, the highest number of day patients was recorded for 'neoplastic disorders (haematological and solid neoplasms)' (MDC 17) in 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).

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

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 (0–30 days)	Extended (>30 days)	Total In-Patients	
	Pre MDC	5	1,053	765	1,818	1,823	1	540	369	909	910	6	1,593	1,134	2,727	2,733
00	Unassignable to MDC	500	951	187	1,138	1,638	188	648	120	768	956	688	1,599	307	1,906	2,594
01	Diseases and disorders of the nervous system	4,804	11,529	1,421	12,950	17,754	3,989	25,762	1,182	26,944	30,933	8,793	37,291	2,603	39,894	48,687
02	Diseases and disorders of the eye	8,192	3,861	25	3,886	12,078	8,671	5,309	16	5,325	13,996	16,863	9,170	41	9,211	26,074
03	Diseases and disorders of the ear, nose, mouth and throat	11,298	9,876	176	10,052	21,350	10,611	19,378	69	19,447	30,058	21,909	29,254	245	29,499	51,408
04	Diseases and disorders of the respiratory system	5,110	16,093	1,016	17,109	22,219	3,168	35,815	965	36,780	39,948	8,278	51,908	1,981	53,889	62,167
05	Diseases and disorders of the circulatory system	10,186	19,981	832	20,813	30,999	9,154	42,762	803	43,565	52,719	19,340	62,743	1,635	64,378	83,718
06	Diseases and disorders of the digestive system	33,785	19,089	707	19,796	53,581	47,885	48,518	776	49,294	97,179	81,670	67,607	1,483	69,090	150,760
07	Diseases and disorders of the hepatobiliary system and pancreas	2,055	5,073	218	5,291	7,346	1,320	9,707	203	9,910	11,230	3,375	14,780	421	15,201	18,576
08	Diseases and disorders of the musculoskeletal system and connective tissue	15,507	15,227	684	15,911	31,418	15,863	34,653	912	35,565	51,428	31,370	49,880	1,596	51,476	82,846
09	Diseases and disorders of the skin, subcutaneous tissue and breast	29,480	6,435	350	6,785	36,265	22,820	11,701	193	11,894	34,714	52,300	18,136	543	18,679	70,979
10	Endocrine, nutritional and metabolic diseases and disorders	1,774	3,296	160	3,456	5,230	1,936	6,365	187	6,552	8,488	3,710	9,661	347	10,008	13,718
11	Diseases and disorders of the kidney and urinary tract	65,210	7,603	340	7,943	73,153	96,409	12,976	268	13,244	109,653	161,619	20,579	608	21,187	182,806

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

MDC Description		Voluntary Hospitals					Non-Voluntary Hospitals					All Hospitals				
		Day Patients	In-Patients			Total Discharges	Day Patients	In-Patients			Total Discharges	Day Patients	In-Patients			Total Discharges
			Acute (0–30 days)	Extended (>30 days)	Total In-Patients			Acute (0–30 days)	Extended (>30 days)	Total In-Patients			Acute (0–30 days)	Extended (>30 days)	Total In-Patients	
12	Diseases and disorders of the male reproductive system	5,412	2,377	210	2,587	7,999	4,575	3,505	33	3,538	8,113	9,987	5,882	243	6,125	16,112
13	Diseases and disorders of the female reproductive system	7,445	6,381	117	6,498	13,943	9,885	8,873	54	8,927	18,812	17,330	15,254	171	15,425	32,755
14	Pregnancy, childbirth and the puerperium	840	40,762	62	40,824	41,664	3,073	67,578	72	67,650	70,723	3,913	108,340	134	108,474	112,387
15	Newborns and other neonates	144	5,167	366	5,533	5,677	213	7,229	328	7,557	7,770	357	12,396	694	13,090	13,447
16	Diseases and disorders of blood, blood forming organs, immunological disorders	11,387	2,005	42	2,047	13,434	16,837	4,063	103	4,166	21,003	28,224	6,068	145	6,213	34,437
17	Neoplastic disorders (haematological and solid neoplasms)	82,628	2,334	277	2,611	85,239	76,005	2,528	205	2,733	78,738	158,633	4,862	482	5,344	163,977
18	Infectious and parasitic diseases, systemic or unspecified sites	1,022	2,133	114	2,247	3,269	250	6,668	133	6,801	7,051	1,272	8,801	247	9,048	10,320
19	Mental diseases and disorders	332	960	197	1,157	1,489	221	785	30	815	1,036	553	1,745	227	1,972	2,525
20	Alcohol/drug use and alcohol/drug induced organic mental disorders	16	507	42	549	565	4	2,094	9	2,103	2,107	20	2,601	51	2,652	2,672
21	Injuries, poisonings and toxic effects of drugs	696	5,481	188	5,669	6,365	219	10,495	107	10,602	10,821	915	15,976	295	16,271	17,186
22	Burns	4	419	35	454	458	3	392	8	400	403	7	811	43	854	861
23	Factors influencing health status and other contacts with health services	15,676	3,998	336	4,334	20,010	15,288	5,445	402	5,847	21,135	30,964	9,443	738	10,181	41,145
Total		**313,508**	**192,591**	**8,867**	**201,458**	**514,966**	**348,588**	**373,789**	**7,547**	**381,336**	**729,924**	**662,096**	**566,380**	**16,414**	**582,794**	**1,244,890**

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 2006, '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 (7.8 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 3.2 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 (11.9 days and 9.5 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 (8.7 days), while MDC 19 ('mental diseases and disorders') recorded the longest average length of stay for total in-patients (16.1 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 7.3 days and 10.3 days respectively.

Across all MDCs the duration of the acute in-patient stay was longer in voluntary hospitals compared to non-voluntary hospitals.

TABLE 5.2

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

MDC Description		Voluntary Hospitals				Non-Voluntary Hospitals				All Hospitals			
		In-Patients			Total Discharges[a]	In-Patients			Total Discharges[a]	In-Patients			Total Discharges[a]
		Acute (0–30 days)	Extended (>30 days)	Total In-Patients		Acute (0–30 days)	Extended (>30 days)	Total In-Patients		Acute (0–30 days)	Extended (>30 days)	Total In-Patients	
	Pre MDC	14.7	77.9	41.3	41.2	14.8	70.0	37.2	37.2	14.8	75.4	40.0	39.9
00	Unassignable to MDC	9.5	73.0	20.0	14.2	9.2	55.1	16.4	13.4	9.4	66.0	18.5	13.9
01	Diseases and disorders of the nervous system	6.9	81.4	15.1	11.3	5.1	61.0	7.5	6.7	5.6	72.1	10.0	8.4
02	Diseases and disorders of the eye	3.3	60.0	3.7	1.9	3.1	62.6	3.3	1.9	3.2	61.0	3.5	1.9
03	Diseases and disorders of the ear, nose, mouth and throat	3.1	54.9	4.0	2.4	2.4	51.7	2.6	2.0	2.6	54.0	3.0	2.2
04	Diseases and disorders of the respiratory system	7.2	59.5	10.3	8.2	6.2	50.5	7.4	6.9	6.5	55.1	8.3	7.4
05	Diseases and disorders of the circulatory system	6.1	61.0	8.3	5.9	5.3	50.3	6.1	5.3	5.6	55.8	6.8	5.5
06	Diseases and disorders of the digestive system	5.5	56.1	7.3	3.3	4.4	49.4	5.1	3.1	4.7	52.6	5.8	3.2
07	Diseases and disorders of the hepatobiliary system and pancreas	7.0	47.6	8.7	6.6	6.0	44.6	6.8	6.1	6.4	46.2	7.5	6.3
08	Diseases and disorders of the musculoskeletal system and connective tissue	5.7	66.1	8.3	4.7	5.4	52.5	6.6	4.9	5.5	58.4	7.1	4.8
09	Diseases and disorders of the skin, subcutaneous tissue and breast	5.6	53.7	8.1	2.3	4.7	57.8	5.5	2.6	5.0	55.2	6.5	2.4
10	Endocrine, nutritional and metabolic diseases and disorders	6.2	66.5	9.0	6.3	6.0	56.9	7.4	5.9	6.0	61.3	8.0	6.1
11	Diseases and disorders of the kidney and urinary tract	5.8	62.2	8.2	1.8	5.5	52.3	6.5	1.7	5.6	57.8	7.1	1.7

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

MDC Description		Voluntary Hospitals				Non-Voluntary Hospitals				All Hospitals			
		In-Patients			Total Discharges[a]	In-Patients			Total Discharges[a]	In-Patients			Total Discharges[a]
		Acute (0–30 days)	Extended (>30 days)	Total In-Patients		Acute (0–30 days)	Extended (>30 days)	Total In-Patients		Acute (0–30 days)	Extended (>30 days)	Total In-Patients	
12	Diseases and disorders of the male reproductive system	5.0	54.5	9.0	3.6	4.6	47.5	5.0	2.7	4.7	53.5	6.7	3.2
13	Diseases and disorders of the female reproductive system	4.4	43.8	5.1	2.9	3.8	50.7	4.1	2.5	4.1	46.0	4.5	2.7
14	Pregnancy, childbirth and the puerperium	2.8	43.3	2.8	2.8	2.8	43.9	2.9	2.8	2.8	43.6	2.9	2.8
15	Newborns and other neonates	5.4	60.3	9.0	8.8	5.1	48.2	6.9	6.8	5.2	54.6	7.8	7.6
16	Diseases and disorders of blood, blood forming organs, immunological disorders	5.8	65.5	7.0	1.9	5.8	58.2	7.1	2.2	5.8	60.3	7.1	2.1
17	Neoplastic disorders (haematological and solid neoplasms)	8.4	50.0	12.8	1.4	7.3	47.6	10.3	1.3	7.8	49.0	11.5	1.3
18	Infectious and parasitic diseases, systemic or unspecified sites	5.9	64.0	8.8	6.4	3.9	55.0	4.9	4.7	4.4	59.1	5.9	5.3
19	Mental diseases and disorders	5.9	65.5	16.1	12.7	4.2	56.0	6.1	5.0	5.1	64.3	11.9	9.5
20	Alcohol/drug use and alcohol/drug induced organic mental disorders	7.9	55.1	11.5	11.2	3.2	74.9	3.5	3.5	4.1	58.6	5.1	5.1
21	Injuries, poisonings and toxic effects of drugs	3.3	61.1	5.2	4.7	2.7	63.8	3.3	3.3	2.9	62.1	4.0	3.8
22	Burns	7.4	69.5	12.2	12.1	4.6	42.5	5.3	5.3	6.1	64.5	9.0	8.9
23	Factors influencing health status and other contacts with health services	8.7	56.7	12.5	3.5	5.9	70.2	10.3	3.6	7.1	64.0	11.2	3.5
Total		**5.2**	**64.4**	**7.8**	**3.7**	**4.5**	**54.8**	**5.5**	**3.4**	**4.8**	**60.0**	**6.3**	**3.5**

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 2006, 73.3 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 30.3 per cent of the day patient top 20 and 22.2 per cent of total day patient discharges.

TABLE 5.3

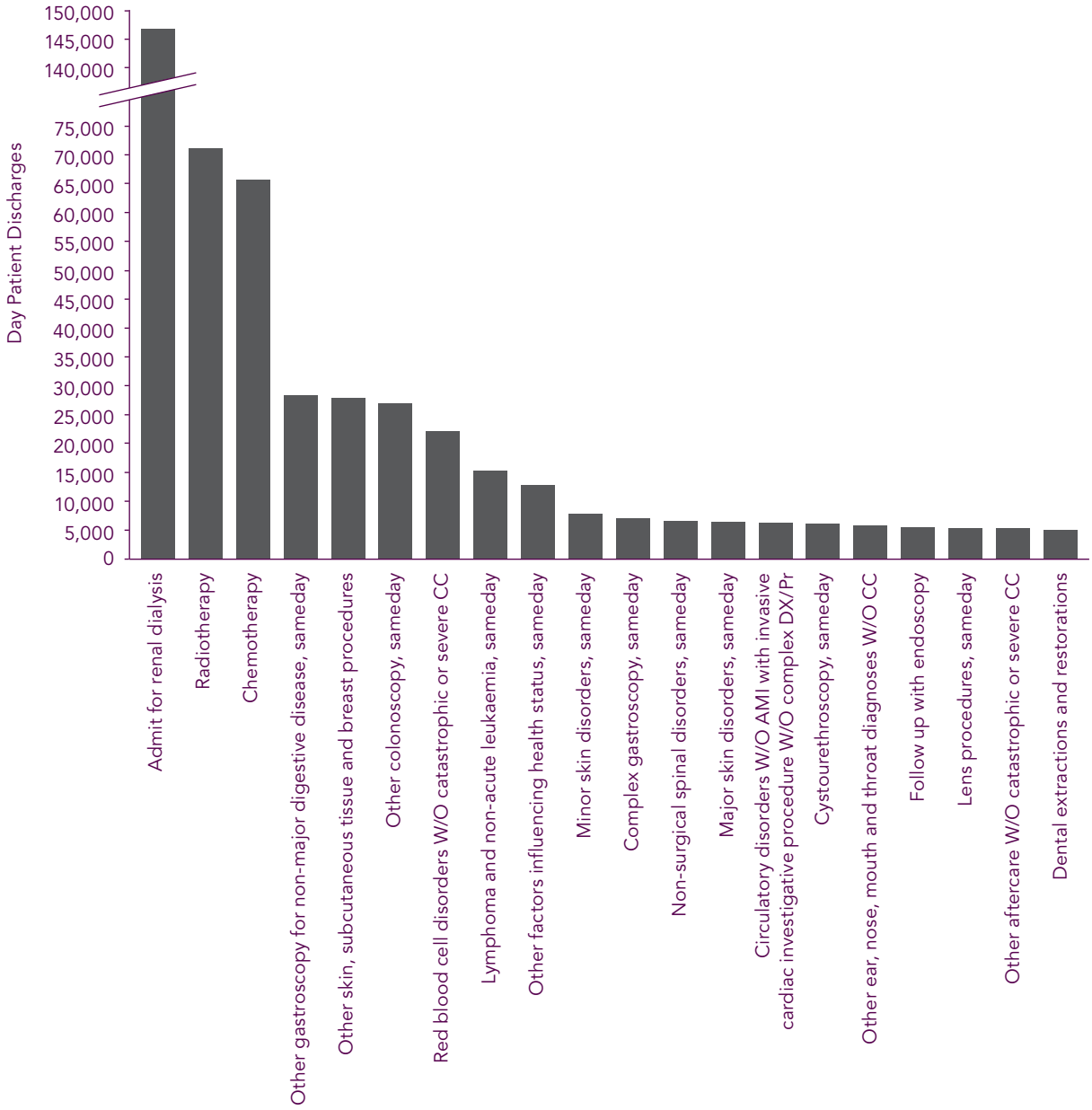
Top 20 AR-DRGs for Day Patients – Number and Percentage of Day Patient Discharges

Rank	Description	AR-DRG	N	% of Top 20 AR-DRGs for Day Patients	% of Total Day Patients
1	Admit for renal dialysis	L61Z	146,808	30.3	22.2
2	Radiotherapy	R64Z	71,095	14.7	10.7
3	Chemotherapy	R63Z	65,826	13.6	9.9
4	Other gastroscopy for non-major digestive disease, sameday	G45B	28,400	5.9	4.3
5	Other skin, subcutaneous tissue and breast procedures	J11Z	28,028	5.8	4.2
6	Other colonoscopy, sameday	G44C	26,956	5.6	4.1
7	Red blood cell disorders W/O catastrophic or severe CC	Q61C	22,146	4.6	3.3
8	Lymphoma and non-acute leukaemia, sameday	R61C	15,294	3.2	2.3
9	Other factors influencing health status, sameday	Z64B	12,795	2.6	1.9
10	Minor skin disorders, sameday	J11Z	7,971	1.6	1.2
11	Complex gastroscopy, sameday	G46C	7,058	1.5	1.1
12	Non-surgical spinal disorders, sameday	I68C	6,699	1.4	1.0
13	Major skin disorders, sameday	J68B	6,403	1.3	1.0
14	Circulatory disorders W/O AMI with invasive cardiac inves procedure W/O complex DX/Pr	F42B	6,322	1.3	1.0
15	Cystourethroscopy, sameday	L41Z	6,104	1.3	0.9
16	Other ear, nose, mouth and throat diagnoses W/O CC	D66B	5,932	1.2	0.9
17	Follow up with endoscopy	Z40Z	5,499	1.1	0.8
18	Lens procedures, sameday	C16B	5,391	1.1	0.8
19	Other aftercare W/O catastrophic or severe CC	Z63B	5,333	1.1	0.8
20	Dental extractions and restorations	D40Z	5,134	1.1	0.8
Top 20 AR-DRGs for Day Patients-Total		–	**485,194**	**100**	**73.3**
Day Patients-Total		–	**662,096**	–	–

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 5.7 per cent of total in-patients. The total in-patient average length of stay for this AR-DRG was 3.1 days, which was less than half that of total in-patients (6.3 days). This AR-DRG was one of six in the top 20 relating to obstetrical and gynaecological activity, which together accounted for 50.2 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	33,152	18.2	5.7	3.1
2	Antenatal and other obstetric admission	O66A	20,652	11.3	3.5	2.3
3	Caesarean delivery W/O catastrophic or severe CC	O01C	12,723	7.0	2.2	5.4
4	Chest pain	F74Z	12,380	6.8	2.1	2.9
5	Antenatal and other obstetric admission, sameday	O66B	10,396	5.7	1.8	1.0
6	Vaginal delivery single uncomplicated W/O other condition	O60C	9,881	5.4	1.7	2.4
7	Abdominal pain or mesenteric adenitis W/O CC	G66B	8,349	4.6	1.4	2.3
8	Otitis media and URI W/O CC	D63B	8,305	4.6	1.4	2.1
9	Oesophagitis, gastroenteritis and misc digestive system disorders age >9 W/O catastrophic or severe CC	G67B	8,278	4.5	1.4	4.0
10	Gastroenteritis age <10 W/O CC	G68B	6,476	3.6	1.1	1.8
11	Cellulitis (age >59 W/O catastrophic or severe CC) or age <60	J64B	5,847	3.2	1.0	5.1
12	Appendicectomy W/O catastrophic or severe CC	G07B	5,634	3.1	1.0	3.8
13	Chronic obstructive airways disease W/O catastrophic or severe CC	E65B	5,551	3.0	1.0	7.3
14	Tonsillectomy and/or adenoidectomy	D11Z	5,202	2.9	0.9	2.2
15	Seizure W/O catastrophic or severe CC	B76B	4,963	2.7	0.9	3.7
16	Non-major arrhythmia and conduction disorders W/O catastrophic or severe CC	F71B	4,949	2.7	0.8	4.9
17	Headache	B77Z	4,891	2.7	0.8	3.0
18	Syncope and collapse W/O catastrophic or severe CC	F73B	4,886	2.7	0.8	4.2
19	Other gastroscopy for non-major digestive disease	G45A	4,860	2.7	0.8	5.2
20	Abortion with OR procedure [b]	O05Z	4,734	2.6	0.8	1.2
Top 20 AR-DRGs for In-Patients – Total		**–**	**182,109**	**100**	**31.2**	**3.2**
Total		**–**	**582,794**	**–**	**–**	**6.3**

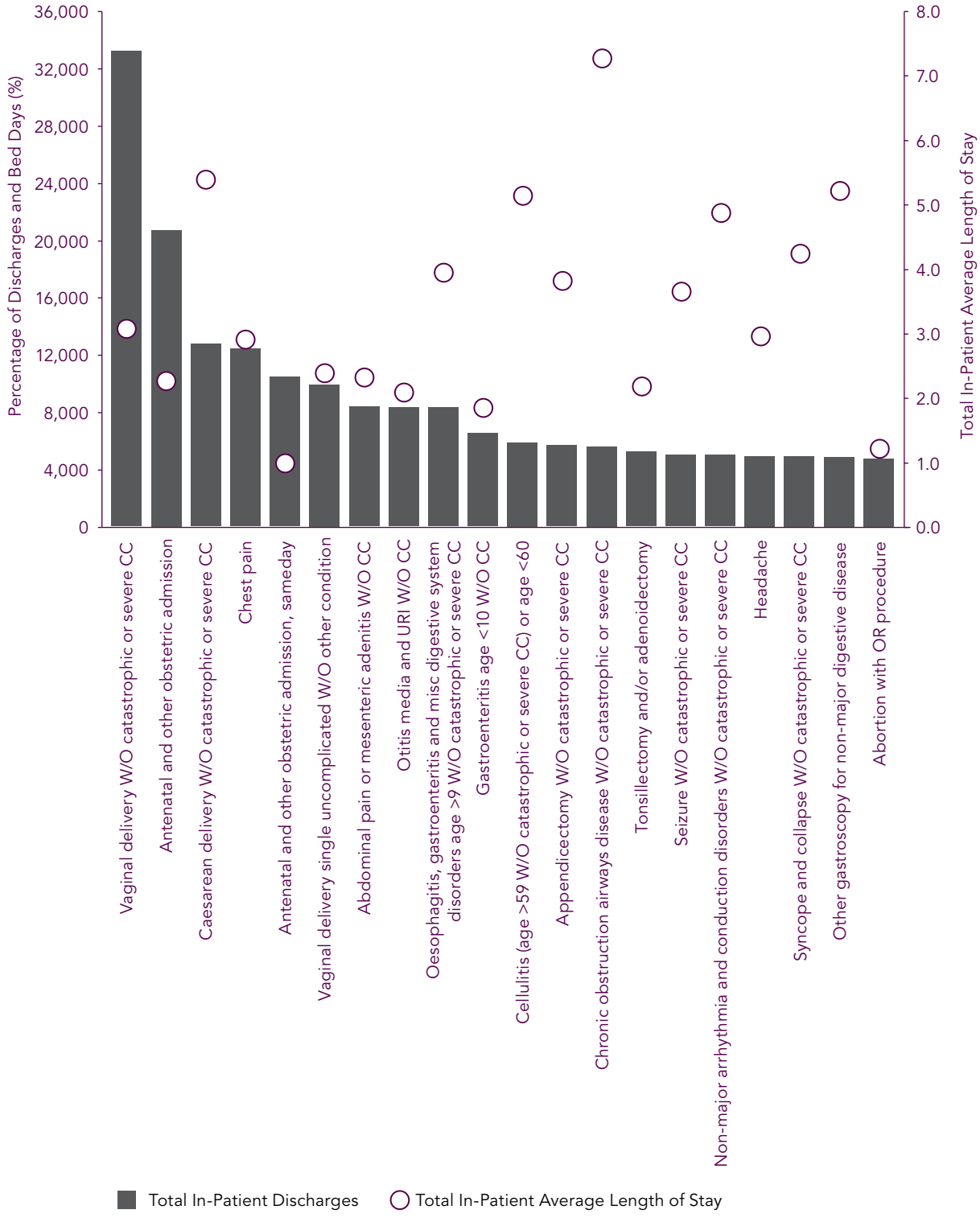
Notes: [a] Includes acute and extended stay in-patients.

[b] This includes pregnancy with abortive outcome.

Percentage columns are subject to rounding.

FIGURE 5.2

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



AR-DRGs by Patient and Hospital Type

Table 5.5 presents a breakdown of discharges by AR-DRG, patient type and hospital type.[16] 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 3.0 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 ninth most common AR-DRG ('oesophagitis, gastroenteritis and misc digestive system disorders age >9 W/O catastrophic or severe CC', AR-DRG G67B), was 4.3 days at voluntary hospitals compared to 3.7 days at non-voluntary hospitals.

The longest average length of stay recorded for acute in-patients in voluntary hospitals was 21.7 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 22.0 days, was 'cardiac valve procedure with CPB pump with invasive cardiac investigation' (AR-DRG F03Z).

[16] 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 2006.

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	37	28	65	65	0	0	0	0	0	0	37	28	65	65
A03Z	Lung or heart/lung transplant	0	7	2	9	9	0	0	0	0	0	0	7	2	9	9
A05Z	Heart transplant	0	9	2	11	11	0	0	0	0	0	0	9	2	11	11
A06Z	Tracheostomy or ventilation >95 hours	2	664	643	1,307	1,309	0	495	364	859	859	2	1,159	1,007	2,166	2,168
A07Z	Allogeneic bone marrow transplant	2	17	52	69	71	0	0	1	1	1	2	17	53	70	72
A08A	Autologous bone marrow transplant with catastrophic CC	0	49	9	58	58	0	6	4	10	10	0	55	13	68	68
A08B	Autologous bone marrow transplant W/O catastrophic CC	0	29	2	31	31	1	2	0	2	3	1	31	2	33	34
A09A	Renal transplant with pancreas transplant or catastrophic CC	0	19	7	26	26	0	0	0	0	0	0	19	7	26	26
A09B	Renal transplant W/O pancreas transplant W/O catastrophic CC	0	113	3	116	116	0	0	0	0	0	0	113	3	116	116
A40Z	ECMO W/O cardiac surgery	0	6	4	10	10	0	0	0	0	0	0	6	4	10	10
A41A	Intubation age <16 with CC	1	49	10	59	60	0	16	0	16	16	1	65	10	75	76
A41B	Intubation age <16 W/O CC	0	54	3	57	57	0	21	0	21	21	0	75	3	78	78

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	
B01Z	Ventricular shunt revision	0	61	1	62	62	0	10	0	10	10	0	71	1	72	72
B02A	Craniotomy with catastrophic CC	0	105	22	127	127	0	24	14	38	38	0	129	36	165	165
B02B	Craniotomy with severe or moderate CC	0	280	22	302	302	0	70	1	71	71	0	350	23	373	373
B02C	Craniotomy W/O CC	5	444	13	457	462	0	214	3	217	217	5	658	16	674	679
B03A	Spinal procedures with catastrophic or severe CC	0	21	6	27	27	0	5	3	8	8	0	26	9	35	35
B03B	Spinal procedures W/O catastrophic or severe CC	6	137	8	145	151	5	68	2	70	75	11	205	10	215	226
B04A	Extracranial vascular procedures with catastrophic or severe CC	0	74	4	78	78	0	24	3	27	27	0	98	7	105	105
B04B	Extracranial vascular procedures W/O catastrophic or severe CC	1	182	1	183	184	0	63	0	63	63	1	245	1	246	247
B05Z	Carpal tunnel release	326	49	0	49	375	622	234	0	234	856	948	283	0	283	1,231
B06A	Procedures for cerebral palsy, muscular dystrophy, neuropathy with catastrophic or severe CC	2	13	10	23	25	0	4	6	10	10	2	17	16	33	35
B06B	Procedures for cerebral palsy, muscular dystrophy, neuropathy W/O catastrophic or severe CC	219	76	6	82	301	57	79	1	80	137	276	155	7	162	438

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	
B07A	Peripheral and cranial nerve and other nervous system procedures with CC	0	21	5	26	26	0	27	5	32	32	0	48	10	58	58
B07B	Peripheral and cranial nerve and other nervous system procedures W/O CC	47	203	2	205	252	31	253	3	256	287	78	456	5	461	539
B40Z	Plasmapheresis with neurological disease	38	73	5	78	116	14	20	1	21	35	52	93	6	99	151
B41Z	Telemetric EEG monitoring	3	76	0	76	79	0	43	2	45	45	3	119	2	121	124
B60A	Established paraplegia/ quadriplegia with or W/O OR procedures with catastrophic CC	0	13	19	32	32	0	21	13	34	34	0	34	32	66	66
B60B	Established paraplegia/ quadriplegia with or W/O OR procedures W/O catastrophic CC	129	180	47	227	356	45	234	14	248	293	174	414	61	475	649
B61A	Spinal cord conditions with or W/O OR procedures with catastrophic or severe CC	2	40	24	64	66	0	16	2	18	18	2	56	26	82	84
B61B	Spinal cord conditions with or W/O OR procedures W/O catastrophic or severe CC	4	59	14	73	77	7	54	2	56	63	11	113	16	129	140
B62Z	Admit for apheresis	197	8	0	8	205	40	0	0	0	40	237	8	0	8	245
B63Z	Dementia and other chronic disturbances of cerebral function	29	113	139	252	281	117	421	77	498	615	146	534	216	750	896

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	
B64A	Delirium with catastrophic CC	0	32	17	49	49	0	52	10	62	62	0	84	27	111	111
B64B	Delirium W/O catastrophic CC	15	251	55	306	321	38	792	46	838	876	53	1,043	101	1,144	1,197
B65Z	Cerebral palsy	190	47	2	49	239	17	18	0	18	35	207	65	2	67	274
B66A	Nervous system neoplasm with catastrophic or severe CC	34	118	28	146	180	17	190	26	216	233	51	308	54	362	413
B66B	Nervous system neoplasm W/O catastrophic or severe CC	399	346	46	392	791	200	416	15	431	631	599	762	61	823	1,422
B67A	Degenerative nervous system disorders with catastrophic or severe CC	36	113	69	182	218	7	177	57	234	241	43	290	126	416	459
B67B	Degenerative nervous system disorders age >59 W/O catastrophic or severe CC	54	184	22	206	260	64	386	39	425	489	118	570	61	631	749
B67C	Degenerative nervous system disorders age <60 W/O catastrophic or severe CC	219	178	10	188	407	216	233	7	240	456	435	411	17	428	863
B68A	Multiple sclerosis and cerebellar ataxia with CC	3	95	14	109	112	9	93	9	102	111	12	188	23	211	223
B68B	Multiple sclerosis and cerebellar ataxia W/O CC	434	184	6	190	624	422	487	8	495	917	856	671	14	685	1,541
B69A	TIA and precerebral occlusion with catastrophic or severe CC	2	176	19	195	197	4	352	15	367	371	6	528	34	562	568

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	28	411	8	419	447	68	1,543	7	1,550	1,618	96	1,954	15	1,969	2,065
B70A	Stroke with catastrophic CC	0	146	198	344	344	0	287	232	519	519	0	433	430	863	863
B70B	Stroke with severe CC	66	318	150	468	534	0	779	205	984	984	66	1,097	355	1,452	1,518
B70C	Stroke W/O catastrophic or severe CC	50	661	143	804	854	18	1,728	186	1,914	1,932	68	2,389	329	2,718	2,786
B70D	Stroke, died or transferred <5 days	1	166	0	166	167	0	529	0	529	529	1	695	0	695	696
B71A	Cranial and peripheral nerve disorders with CC	54	123	23	146	200	47	162	14	176	223	101	285	37	322	423
B71B	Cranial and peripheral nerve disorders W/O CC	761	213	11	224	985	864	500	9	509	1,373	1,625	713	20	733	2,358
B72A	Nervous system infection except viral meningitis with catastrophic or severe CC	2	43	4	47	49	0	48	5	53	53	2	91	9	100	102
B72B	Nervous system infection except viral meningitis W/O catastrophic or severe CC	13	106	4	110	123	6	231	7	238	244	19	337	11	348	367
B73Z	Viral meningitis	2	122	1	123	125	5	279	1	280	285	7	401	2	403	410
B74Z	Nontraumatic stupor and coma	1	42	2	44	45	3	150	3	153	156	4	192	5	197	201
B75Z	Febrile convulsions	20	327	0	327	347	14	677	0	677	691	34	1,004	0	1,004	1,038

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	
B76A	Seizure with catastrophic or severe CC	12	337	29	366	378	4	445	17	462	466	16	782	46	828	844
B76B	Seizure W/O catastrophic or severe CC	476	1,314	17	1,331	1,807	248	3,625	7	3,632	3,880	724	4,939	24	4,963	5,687
B77Z	Headache	221	1,031	1	1,032	1,253	390	3,854	5	3,859	4,249	611	4,885	6	4,891	5,502
B78A	Intracranial injury with catastrophic or severe CC	4	68	40	108	112	0	65	12	77	77	4	133	52	185	189
B78B	Intracranial injury W/O catastrophic or severe CC	9	200	34	234	243	0	371	12	383	383	9	571	46	617	626
B79Z	Skull fractures	1	116	2	118	119	0	314	5	319	319	1	430	7	437	438
B80Z	Other head injury	3	1,004	8	1,012	1,015	10	3,533	13	3,546	3,556	13	4,537	21	4,558	4,571
B81A	Other disorders of the nervous system with catastrophic or severe CC	25	209	83	292	317	13	239	28	267	280	38	448	111	559	597
B81B	Other disorders of the nervous system W/O catastrophic or severe CC	661	620	27	647	1,308	367	1,323	30	1,353	1,720	1,028	1,943	57	2,000	3,028
C01Z	Procedures for penetrating eye injury	7	69	0	69	76	0	96	0	96	96	7	165	0	165	172
C02Z	Enucleations and orbital procedures	22	85	0	85	107	2	39	1	40	42	24	124	1	125	149
C03Z	Retinal procedures	1,303	465	1	466	1,769	1,621	539	1	540	2,161	2,924	1,004	2	1,006	3,930
C04Z	Major corneal, scleral and conjunctival procedures	3	57	2	59	62	11	38	1	39	50	14	95	3	98	112
C05Z	Dacryocystorhinostomy	55	95	0	95	150	25	59	0	59	84	80	154	0	154	234

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	
C10Z	Strabismus procedures	69	315	0	315	384	63	134	0	134	197	132	449	0	449	581
C11Z	Eyelid procedures	343	170	0	170	513	263	131	0	131	394	606	301	0	301	907
C12Z	Other corneal, scleral and conjunctival procedures	69	43	1	44	113	77	59	1	60	137	146	102	2	104	250
C13Z	Lacrimal procedures	255	17	0	17	272	327	21	0	21	348	582	38	0	38	620
C14Z	Other eye procedures	830	182	0	182	1,012	1,258	111	0	111	1,369	2,088	293	0	293	2,381
C15A	Glaucoma and complex cataract procedures	0	214	3	217	217	0	360	0	360	360	0	574	3	577	577
C15B	Glaucoma and complex cataract procedures, sameday	143	2	0	2	145	153	1	0	1	154	296	3	0	3	299
C16A	Lens procedures	0	1,302	0	1,302	1,302	0	2,463	3	2,466	2,466	0	3,765	3	3,768	3,768
C16B	Lens procedures, sameday	1,702	0	0	0	1,702	3,689	5	0	5	3,694	5,391	5	0	5	5,396
C60A	Acute and major eye infections age >54 or with catastrophic or severe CC	2	54	2	56	58	1	80	0	80	81	3	134	2	136	139
C60B	Acute and major eye infections age <55 W/O catastrophic or severe CC	9	39	0	39	48	3	83	0	83	86	12	122	0	122	134
C61Z	Neurological and vascular disorders of the eye	279	126	5	131	410	137	211	0	211	348	416	337	5	342	758
C62Z	Hyphema and medically managed trauma to the eye	51	201	5	206	257	32	331	4	335	367	83	532	9	541	624

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	
C63A	Other disorders of the eye with CC	62	111	4	115	177	33	105	3	108	141	95	216	7	223	318
C63B	Other disorders of the eye W/O CC	2,988	314	2	316	3,304	976	443	2	445	1,421	3,964	757	4	761	4,725
D01Z	Cochlear implant	0	42	0	42	42	0	0	0	0	0	0	42	0	42	42
D02A	Head and neck procedures with catastrophic or severe CC	0	52	13	65	65	0	9	4	13	13	0	61	17	78	78
D02B	Head and neck procedures with malignancy or moderate CC	3	25	5	30	33	0	11	1	12	12	3	36	6	42	45
D02C	Head and neck procedures W/O malignancy W/O CC	7	75	0	75	82	6	38	0	38	44	13	113	0	113	126
D03Z	Surgical repair for cleft lip or palate diagnosis	3	107	1	108	111	2	36	0	36	38	5	143	1	144	149
D04A	Maxillo surgery with CC	0	76	0	76	76	0	23	0	23	23	0	99	0	99	99
D04B	Maxillo surgery W/O CC	5	588	0	588	593	23	239	1	240	263	28	827	1	828	856
D05Z	Parotid gland procedures	1	61	0	61	62	7	51	1	52	59	8	112	1	113	121
D06Z	Sinus, mastoid and complex middle ear procedures	24	389	1	390	414	16	372	0	372	388	40	761	1	762	802
D09Z	Miscellaneous ear, nose, mouth and throat procedures	613	474	2	476	1,089	356	507	3	510	866	969	981	5	986	1,955
D10Z	Nasal procedures	142	337	1	338	480	52	415	0	415	467	194	752	1	753	947

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	
D11Z	Tonsillectomy and/or adenoidectomy	193	2,466	0	2,466	2,659	82	2,736	0	2,736	2,818	275	5,202	0	5,202	5,477
D12Z	Other ear, nose, mouth and throat procedures	86	147	5	152	238	22	249	2	251	273	108	396	7	403	511
D13Z	Myringotomy with tube insertion	1,578	64	0	64	1,642	1,380	93	0	93	1,473	2,958	157	0	157	3,115
D14Z	Mouth and salivary gland procedures	248	220	3	223	471	335	197	2	199	534	583	417	5	422	1,005
D40Z	Dental extractions and restorations	807	181	0	181	988	4,327	204	1	205	4,532	5,134	385	1	386	5,520
D60A	Ear, nose, mouth and throat malignancy with catastrophic or severe CC	16	91	49	140	156	9	45	9	54	63	25	136	58	194	219
D60B	Ear, nose, mouth and throat malignancy W/O catastrophic or severe CC	283	243	82	325	608	104	235	22	257	361	387	478	104	582	969
D61Z	Dysequilibrium	409	292	1	293	702	219	1,399	5	1,404	1,623	628	1,691	6	1,697	2,325
D62Z	Epistaxis	175	396	3	399	574	97	812	6	818	915	272	1,208	9	1,217	1,489
D63A	Otitis media and URI with CC	44	342	2	344	388	22	1,081	2	1,083	1,105	66	1,423	4	1,427	1,493
D63B	Otitis media and URI W/O CC	1,367	1,523	0	1,523	2,890	568	6,778	4	6,782	7,350	1,935	8,301	4	8,305	10,240
D64Z	Laryngotracheitis and epiglottitis	6	101	0	101	107	4	464	1	465	469	10	565	1	566	576
D65Z	Nasal trauma and deformity	515	171	2	173	688	706	429	2	431	1,137	1,221	600	4	604	1,825
D66A	Other ear, nose, mouth and throat diagnoses with CC	99	132	4	136	235	43	113	0	113	156	142	245	4	249	391

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	
D66B	Other ear, nose, mouth and throat diagnoses W/O CC	4,180	763	1	764	4,944	1,752	1,834	0	1,834	3,586	5,932	2,597	1	2,598	8,530
D67A	Oral and dental disorders except extractions and restorations	0	336	1	337	337	0	795	3	798	798	0	1,131	4	1,135	1,135
D67B	Oral and dental disorders except extractions and restorations, sameday	494	182	0	182	676	479	213	0	213	692	973	395	0	395	1,368
E01A	Major chest procedures with catastrophic CC	0	133	30	163	163	0	30	7	37	37	0	163	37	200	200
E01B	Major chest procedures W/O catastrophic CC	2	380	14	394	396	3	91	5	96	99	5	471	19	490	495
E02A	Other respiratory system OR procedures with catastrophic CC	2	51	25	76	78	0	25	11	36	36	2	76	36	112	114
E02B	Other respiratory system OR procedures with severe CC	3	62	5	67	70	4	28	2	30	34	7	90	7	97	104
E02C	Other respiratory system OR procedures W/O catastrophic or severe CC	8	142	6	148	156	32	70	3	73	105	40	212	9	221	261
E40Z	Respiratory system diagnosis with ventilator support	0	61	9	70	70	0	114	24	138	138	0	175	33	208	208
E41Z	Respiratory system diagnosis with non-invasive ventilation	2	382	79	461	463	0	501	59	560	560	2	883	138	1,021	1,023

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	
E60A	Cystic fibrosis with catastrophic or severe CC	37	275	24	299	336	8	27	2	29	37	45	302	26	328	373
E60B	Cystic fibrosis W/O catastrophic or severe CC	459	273	6	279	738	228	384	3	387	615	687	657	9	666	1,353
E61A	Pulmonary embolism with catastrophic or severe CC	0	150	14	164	164	1	192	16	208	209	1	342	30	372	373
E61B	Pulmonary embolism W/O catastrophic or severe CC	1	257	6	263	264	14	421	4	425	439	15	678	10	688	703
E62A	Respiratory infections/ inflammations with catastrophic CC	2	455	174	629	631	0	1,090	175	1,265	1,265	2	1,545	349	1,894	1,896
E62B	Respiratory infections/ inflammations with severe or moderate CC	22	1,087	87	1,174	1,196	22	2,426	115	2,541	2,563	44	3,513	202	3,715	3,759
E62C	Respiratory infections/ inflammations W/O CC	123	1,273	16	1,289	1,412	112	3,169	39	3,208	3,320	235	4,442	55	4,497	4,732
E63Z	Sleep apnoea	9	721	2	723	732	23	315	1	316	339	32	1,036	3	1,039	1,071
E64Z	Pulmonary oedema and respiratory failure	101	167	18	185	286	5	548	30	578	583	106	715	48	763	869
E65A	Chronic obstructive airways disease with catastrophic or severe CC	24	1,147	123	1,270	1,294	23	3,151	141	3,292	3,315	47	4,298	264	4,562	4,609

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	
E65B	Chronic obstructive airways disease W/O catastrophic or severe CC	297	1,542	29	1,571	1,868	224	3,947	33	3,980	4,204	521	5,489	62	5,551	6,072
E66A	Major chest trauma age>69 with CC	0	11	1	12	12	0	40	2	42	42	0	51	3	54	54
E66B	Major chest trauma age >69 or with CC	0	30	0	30	30	0	116	0	116	116	0	146	0	146	146
E66C	Major chest trauma age <70 W/O CC	0	34	0	34	34	0	178	0	178	178	0	212	0	212	212
E67A	Respiratory signs and symptoms with catastrophic or severe CC	33	282	8	290	323	25	237	2	239	264	58	519	10	529	587
E67B	Respiratory signs and symptoms W/O catastrophic or severe CC	1,199	693	4	697	1,896	781	1,710	5	1,715	2,496	1,980	2,403	9	2,412	4,392
E68Z	Pneumothorax	0	261	6	267	267	2	459	3	462	464	2	720	9	729	731
E69A	Bronchitis and asthma age>49 with CC	18	113	4	117	135	11	178	3	181	192	29	291	7	298	327
E69B	Bronchitis and asthma age >49 or with CC	99	300	1	301	400	102	595	0	595	697	201	895	1	896	1,097
E69C	Bronchitis and asthma age <50 W/O CC	115	966	1	967	1,082	168	2,657	0	2,657	2,825	283	3,623	1	3,624	3,907
E70A	Whooping cough and acute bronchiolitis with CC	2	101	0	101	103	1	150	0	150	151	3	251	0	251	254
E70B	Whooping cough and acute bronchiolitis W/O CC	5	529	1	530	535	5	1,718	0	1,718	1,723	10	2,247	1	2,248	2,258

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	
E71A	Respiratory neoplasms with catastrophic CC	45	256	42	298	343	44	280	48	328	372	89	536	90	626	715
E71B	Respiratory neoplasms with severe or moderate CC	580	710	90	800	1,380	403	1,039	58	1,097	1,500	983	1,749	148	1,897	2,880
E71C	Respiratory neoplasms W/O CC	1,466	292	20	312	1,778	502	449	16	465	967	1,968	741	36	777	2,745
E72Z	Respiratory problems arising from neonatal period	7	33	2	35	42	30	32	2	34	64	37	65	4	69	106
E73A	Pleural effusion with catastrophic CC	4	54	21	75	79	2	55	7	62	64	6	109	28	137	143
E73B	Pleural effusion with severe CC	13	75	3	78	91	4	153	8	161	165	17	228	11	239	256
E73C	Pleural effusion W/O catastrophic or severe CC	28	110	3	113	141	39	257	4	261	300	67	367	7	374	441
E74A	Interstitial lung disease with catastrophic CC	0	36	10	46	46	3	44	10	54	57	3	80	20	100	103
E74B	Interstitial lung disease with severe CC	10	71	4	75	85	10	110	2	112	122	20	181	6	187	207
E74C	Interstitial lung disease W/O catastrophic or severe CC	124	172	1	173	297	138	266	5	271	409	262	438	6	444	706
E75A	Other respiratory system diagnosis age>64 with CC	13	717	113	830	843	13	2,869	96	2,965	2,978	26	3,586	209	3,795	3,821

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

AR-DRG Description		Voluntary Hospitals					Non-Voluntary Hospitals					All Hospitals				
		Day Patients	In-Patients			Total Discharges	Day Patients	In-Patients			Total Discharges	Day Patients	In-Patients			Total Discharges
			Acute (0–30 days)	Extended (>30 days)	Total In-Patients			Acute (0–30 days)	Extended (>30 days)	Total In-Patients			Acute (0–30 days)	Extended (>30 days)	Total In-Patients	
E75B	Other respiratory system diagnosis age >64 or with CC	95	887	14	901	996	72	2,516	21	2,537	2,609	167	3,403	35	3,438	3,605
E75C	Other respiratory system diagnosis age <65 W/O CC	162	802	0	802	964	114	3,178	3	3,181	3,295	276	3,980	3	3,983	4,259
F01A	Implantation or replacement of AICD, total system with catastrophic or severe CC	15	170	19	189	204	7	17	2	19	26	22	187	21	208	230
F01B	Implantation or replacement of AICD, total system W/O catastrophic or severe CC	44	135	2	137	181	9	42	0	42	51	53	177	2	179	232
F02Z	AICD component implantation/ replacement	0	6	0	6	6	0	3	0	3	3	0	9	0	9	9
F03Z	Cardiac valve procedure with CPB pump with invasive cardiac investigation	0	14	10	24	24	0	11	1	12	12	0	25	11	36	36
F04A	Cardiac valve procedure with CPB pump W/O invasive cardiac investigation with catastrophic CC	0	131	28	159	159	0	35	5	40	40	0	166	33	199	199
F04B	Cardiac valve procedure with CPB pump W/O invasive cardiac investigation W/O catastrophic CC	1	126	1	127	128	0	62	5	67	67	1	188	6	194	195

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	
F05A	Coronary bypass with invasive cardiac investigation with catastrophic CC	0	15	14	29	29	0	13	5	18	18	0	28	19	47	47
F05B	Coronary bypass with invasive cardiac investigation W/O catastrophic CC	1	27	2	29	30	0	28	4	32	32	1	55	6	61	62
F06A	Coronary bypass W/O invasive cardiac investigation with catastrophic or severe CC	0	328	17	345	345	0	112	18	130	130	0	440	35	475	475
F06B	Coronary bypass W/O invasive cardiac investigation W/O catastrophic or severe CC	0	114	1	115	115	0	126	2	128	128	0	240	3	243	243
F07A	Other cardiothoracic/ vascular procedures with CPB pump with catastrophic CC	0	31	8	39	39	0	2	0	2	2	0	33	8	41	41
F07B	Other cardiothoracic/ vascular procedures with CPB pump W/O catastrophic CC	0	116	4	120	120	0	5	0	5	5	0	121	4	125	125
F08A	Major reconstruct vascular procedures W/O CPB pump with catastrophic CC	0	119	47	166	166	0	48	18	66	66	0	167	65	232	232
F08B	Major reconstruct vascular procedures W/O CPB pump W/O catastrophic CC	1	330	12	342	343	0	194	13	207	207	1	524	25	549	550

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	
F09A	Other cardiothoracic procedures W/O CPB pump with catastrophic CC	0	34	6	40	40	0	5	1	6	6	0	39	7	46	46
F09B	Other cardiothoracic procedures W/O CPB pump W/O catastrophic CC	20	85	2	87	107	1	12	0	12	13	21	97	2	99	120
F10Z	Percutaneous coronary intervention with AMI	59	742	12	754	813	31	288	3	291	322	90	1,030	15	1,045	1,135
F11A	Amputation for circulatory system except upper limb and toe with catastrophic CC	0	23	21	44	44	0	15	23	38	38	0	38	44	82	82
F11B	Amputation for circulatory system except upper limb and toe W/O catastrophic CC	0	34	13	47	47	0	34	22	56	56	0	68	35	103	103
F12Z	Cardiac pacemaker implantation	270	344	13	357	627	27	125	5	130	157	297	469	18	487	784
F13Z	Upper limb and toe amputation for circulatory system disorders	2	41	8	49	51	1	28	6	34	35	3	69	14	83	86
F14A	Vascular procedures except major reconstruction W/O CPB pump with catastrophic CC	0	87	20	107	107	1	53	8	61	62	1	140	28	168	169

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	2	151	3	154	156	3	79	7	86	89	5	230	10	240	245
F14C	Vascular procedures except major reconstruction W/O CPB pump W/O catastrophic or severe CC	33	332	4	336	369	26	296	4	300	326	59	628	8	636	695
F15Z	Percutaneous coronary intervention W/O AMI with stent implantation	492	1,604	15	1,619	2,111	164	564	1	565	729	656	2,168	16	2,184	2,840
F16Z	Percutaneous coronary intervention W/O AMI W/O stent implantation	54	209	1	210	264	4	31	0	31	35	58	240	1	241	299
F17Z	Cardiac pacemaker replacement	49	123	3	126	175	30	155	3	158	188	79	278	6	284	363
F18Z	Cardiac pacemaker revision except device replacement	22	33	0	33	55	10	30	1	31	41	32	63	1	64	96
F19Z	Other trans-vascular percutaneous cardiac intervention	13	100	1	101	114	0	0	1	1	1	13	100	2	102	115
F20Z	Vein ligation and stripping	732	443	1	444	1,176	706	915	0	915	1,621	1,438	1,358	1	1,359	2,797
F21A	Other circulatory system OR procedures with catastrophic CC	0	20	12	32	32	0	12	5	17	17	0	32	17	49	49

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	
F21B	Other circulatory system OR procedures W/O catastrophic CC	3	40	4	44	47	6	43	6	49	55	9	83	10	93	102
F40Z	Circulatory system diagnosis with ventilator support	0	69	4	73	73	0	75	4	79	79	0	144	8	152	152
F41A	Circulatory disorders with AMI with invasive cardiac inves procedure with catastrophic or severe CC	7	160	16	176	183	8	67	4	71	79	15	227	20	247	262
F41B	Circulatory disorders with AMI with invasive cardiac inves procedure W/O catastrophic or severe CC	36	206	0	206	242	39	182	1	183	222	75	388	1	389	464
F42A	Circulatory disorders W/O AMI with invasive cardiac inves procedure with complex DX/Pr	291	920	27	947	1,238	187	332	5	337	524	478	1,252	32	1,284	1,762
F42B	Circulatory disorders W/O AMI with invasive cardiac inves procedure W/O complex DX/Pr	3,623	1,140	6	1,146	4,769	2,699	1,123	4	1,127	3,826	6,322	2,263	10	2,273	8,595
F60A	Circulatory disorders with AMI W/O invasive cardiac inves procedure with catastrophic or severe CC	0	208	54	262	262	0	704	66	770	770	0	912	120	1,032	1,032

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	
F60B	Circulatory disorders with AMI W/O invasive cardiac inves procedure W/O catastrophic/severe CC	2	284	8	292	294	26	2,058	18	2,076	2,102	28	2,342	26	2,368	2,396
F60C	Circulatory disorders with AMI W/O invasive cardiac inves procedure, died	0	116	21	137	137	0	292	20	312	312	0	408	41	449	449
F61Z	Infective endocarditis	21	17	7	24	45	4	45	23	68	72	25	62	30	92	117
F62A	Heart failure and shock with catastrophic CC	0	281	88	369	369	0	569	96	665	665	0	850	184	1,034	1,034
F62B	Heart failure and shock W/O catastrophic CC	28	794	49	843	871	55	3,423	101	3,524	3,579	83	4,217	150	4,367	4,450
F63A	Venous thrombosis with catastrophic or severe CC	3	141	10	151	154	3	179	15	194	197	6	320	25	345	351
F63B	Venous thrombosis W/O catastrophic/ severe CC	21	311	2	313	334	167	961	8	969	1,136	188	1,272	10	1,282	1,470
F64Z	Skin ulcers for circulatory disorders	6	32	6	38	44	151	147	18	165	316	157	179	24	203	360
F65A	Peripheral vascular disorders with catastrophic or severe CC	16	164	19	183	199	5	223	29	252	257	21	387	48	435	456
F65B	Peripheral vascular disorders W/O catastrophic or severe CC	344	490	15	505	849	362	699	13	712	1,074	706	1,189	28	1,217	1,923

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	
F66A	Coronary atherosclerosis with CC	36	262	16	278	314	41	951	25	976	1,017	77	1,213	41	1,254	1,331
F66B	Coronary atherosclerosis W/O CC	211	296	2	298	509	299	1,594	7	1,601	1,900	510	1,890	9	1,899	2,409
F67A	Hypertension with CC	15	88	4	92	107	3	297	6	303	306	18	385	10	395	413
F67B	Hypertension W/O CC	273	171	2	173	446	770	1,076	6	1,082	1,852	1,043	1,247	8	1,255	2,298
F68Z	Congenital heart disease	324	105	1	106	430	69	44	1	45	114	393	149	2	151	544
F69A	Valvular disorders with catastrophic/ severe CC	23	66	6	72	95	5	144	12	156	161	28	210	18	228	256
F69B	Valvular disorders W/O catastrophic or severe CC	314	228	1	229	543	893	1,145	3	1,148	2,041	1,207	1,373	4	1,377	2,584
F70A	Major arrhythmia and cardiac arrest with catastrophic or severe CC	0	55	10	65	65	0	122	9	131	131	0	177	19	196	196
F70B	Major arrhythmia and cardiac arrest W/O catastrophic or severe CC	20	93	1	94	114	14	389	1	390	404	34	482	2	484	518
F71A	Non-major arrhythmia and conduction disorders with catastrophic or severe CC	6	332	25	357	363	14	727	33	760	774	20	1,059	58	1,117	1,137
F71B	Non-major arrhythmia and conduction disorders W/O catastrophic or severe CC	706	1,161	11	1,172	1,878	762	3,757	20	3,777	4,539	1,468	4,918	31	4,949	6,417

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	
F72A	Unstable angina with catastrophic or severe CC	4	106	9	115	119	2	371	16	387	389	6	477	25	502	508
F72B	Unstable angina W/O catastrophic or severe CC	18	496	6	502	520	30	2,491	5	2,496	2,526	48	2,987	11	2,998	3,046
F73A	Syncope and collapse with catastrophic or severe CC	1	456	52	508	509	2	868	25	893	895	3	1,324	77	1,401	1,404
F73B	Syncope and collapse W/O catastrophic or severe CC	821	982	15	997	1,818	217	3,879	10	3,889	4,106	1,038	4,861	25	4,886	5,924
F74Z	Chest pain	1,040	3,133	8	3,141	4,181	1,060	9,237	2	9,239	10,299	2,100	12,370	10	12,380	14,480
F75A	Other circulatory system diagnoses with catastrophic CC	4	64	11	75	79	0	83	12	95	95	4	147	23	170	174
F75B	Other circulatory system diagnoses with severe CC	14	162	7	169	183	12	290	11	301	313	26	452	18	470	496
F75C	Other circulatory system diagnoses W/O catastrophic or severe CC	145	285	9	294	439	229	835	5	840	1,069	374	1,120	14	1,134	1,508
G01A	Rectal resection with catastrophic CC	0	97	42	139	139	0	98	36	134	134	0	195	78	273	273
G01B	Rectal resection W/O catastrophic CC	0	189	13	202	202	0	305	26	331	331	0	494	39	533	533
G02A	Major small and large bowel procedures with catastrophic CC	0	207	109	316	316	0	297	163	460	460	0	504	272	776	776
G02B	Major small and large bowel procedures W/O catastrophic CC	8	623	33	656	664	14	795	86	881	895	22	1,418	119	1,537	1,559

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

AR-DRG Description		Voluntary Hospitals					Non-Voluntary Hospitals					All Hospitals				
		Day Patients	In-Patients			Total Discharges	Day Patients	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	
G03A	Stomach, oesophageal and duodenal procedures with malignancy	2	116	44	160	162	0	65	24	89	89	2	181	68	249	251
G03B	Stomach, oesophageal and duodenal procedures W/O malignancy with catastrophic or severe CC	2	83	16	99	101	0	79	15	94	94	2	162	31	193	195
G03C	Stomach, oesophageal and duodenal procedures W/O malignancy W/O catastrophic or severe CC	13	146	2	148	161	21	177	0	177	198	34	323	2	325	359
G04A	Peritoneal adhesiolysis age >49 with CC	0	34	9	43	43	0	76	15	91	91	0	110	24	134	134
G04B	Peritoneal adhesiolysis age >49 or with CC	6	87	4	91	97	8	136	4	140	148	14	223	8	231	245
G04C	Peritoneal adhesiolysis age <50 W/O CC	20	85	0	85	105	25	199	1	200	225	45	284	1	285	330
G05A	Minor small and large bowel procedures with CC	0	46	8	54	54	0	51	4	55	55	0	97	12	109	109
G05B	Minor small and large bowel procedures W/O CC	10	71	0	71	81	5	95	0	95	100	15	166	0	166	181
G06Z	Pyloromyotomy procedure	0	71	0	71	71	0	15	0	15	15	0	86	0	86	86
G07A	Appendicectomy with catastrophic or severe CC	0	190	5	195	195	0	214	4	218	218	0	404	9	413	413

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

AR-DRG Description		Voluntary Hospitals					Non-Voluntary Hospitals					All Hospitals				
		Day Patients	In-Patients			Total Discharges	Day Patients	In-Patients			Total Discharges	Day Patients	In-Patients			Total Discharges
			Acute (0–30 days)	Extended (>30 days)	Total In-Patients			Acute (0–30 days)	Extended (>30 days)	Total In-Patients			Acute (0–30 days)	Extended (>30 days)	Total In-Patients	
G07B	Appendicectomy W/O catastrophic or severe CC	1	1,422	0	1,422	1,423	1	4,212	0	4,212	4,213	2	5,634	0	5,634	5,636
G08A	Abdominal and other hernia procedures age >59 or with catastrophic or severe CC	12	217	7	224	236	23	384	10	394	417	35	601	17	618	653
G08B	Abdominal and other hernia procedures age 1 to 59 W/O catastrophic or severe CC	209	236	0	236	445	188	527	0	527	715	397	763	0	763	1,160
G09Z	Inguinal and femoral hernia procedures age >0	461	747	2	749	1,210	671	1,892	4	1,896	2,567	1,132	2,639	6	2,645	3,777
G10Z	Hernia procedures age <1	44	129	0	129	173	8	22	0	22	30	52	151	0	151	203
G11A	Anal and stomal procedures with catastrophic or severe CC	3	59	7	66	69	5	56	8	64	69	8	115	15	130	138
G11B	Anal and stomal procedures W/O catastrophic or severe CC	539	560	0	560	1,099	1,045	1,005	3	1,008	2,053	1,584	1,565	3	1,568	3,152
G12A	Other digestive system OR procedures with catastrophic or severe CC	5	192	35	227	232	3	132	14	146	149	8	324	49	373	381
G12B	Other digestive system OR procedures W/O catastrophic or severe CC	80	313	10	323	403	106	428	6	434	540	186	741	16	757	943

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	
G42A	Other gastroscopy for major digestive disease	0	835	36	871	871	0	1,509	27	1,536	1,536	0	2,344	63	2,407	2,407
G42B	Other gastroscopy for major digestive disease, sameday	1,543	22	0	22	1,565	1,793	29	0	29	1,822	3,336	51	0	51	3,387
G43Z	Complex colonoscopy	23	7	0	7	30	36	3	0	3	39	59	10	0	10	69
G44A	Other colonoscopy with catastrophic or severe CC	0	246	23	269	269	0	312	41	353	353	0	558	64	622	622
G44B	Other colonoscopy W/O catastrophic or severe CC	0	918	16	934	934	0	2,399	15	2,414	2,414	0	3,317	31	3,348	3,348
G44C	Other colonoscopy, sameday	10,016	14	0	14	10,030	16,940	32	0	32	16,972	26,956	46	0	46	27,002
G45A	Other gastroscopy for non-major digestive disease	0	1,350	22	1,372	1,372	0	3,461	27	3,488	3,488	0	4,811	49	4,860	4,860
G45B	Other gastroscopy for non-major digestive disease, sameday	10,437	63	0	63	10,500	17,963	145	0	145	18,108	28,400	208	0	208	28,608
G46A	Complex gastroscopy with catastrophic or severe CC	0	341	58	399	399	0	318	49	367	367	0	659	107	766	766
G46B	Complex gastroscopy W/O catastrophic or severe CC	0	713	18	731	731	0	1,211	23	1,234	1,234	0	1,924	41	1,965	1,965
G46C	Complex gastroscopy, sameday	3,036	5	0	5	3,041	4,022	15	0	15	4,037	7,058	20	0	20	7,078
G60A	Digestive malignancy with catastrophic or severe CC	467	412	40	452	919	270	642	27	669	939	737	1,054	67	1,121	1,858

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	
G60B	Digestive malignancy W/O catastrophic or severe CC	3,186	452	81	533	3,719	1,109	979	21	1,000	2,109	4,295	1,431	102	1,533	5,828
G61A	GI Haemorrhage age >64 or with catastrophic or severe CC	9	127	5	132	141	31	633	7	640	671	40	760	12	772	812
G61B	GI Haemorrhage age <65 W/O catastrophic or severe CC	54	93	0	93	147	62	398	1	399	461	116	491	1	492	608
G62Z	Complicated peptic ulcer	18	14	0	14	32	9	40	1	41	50	27	54	1	55	82
G63Z	Uncomplicated peptic ulcer	2	15	1	16	18	5	71	1	72	77	7	86	2	88	95
G64Z	Inflammatory bowel disease	1,016	321	5	326	1,342	806	552	6	558	1,364	1,822	873	11	884	2,706
G65A	GI Obstruction with CC	2	112	9	121	123	1	287	18	305	306	3	399	27	426	429
G65B	GI Obstruction W/O CC	1	168	0	168	169	10	473	1	474	484	11	641	1	642	653
G66A	Abdominal pain or mesenteric adenitis with CC	27	311	2	313	340	32	754	0	754	786	59	1,065	2	1,067	1,126
G66B	Abdominal pain or mesenteric adenitis W/O CC	244	1,582	0	1,582	1,826	403	6,766	1	6,767	7,170	647	8,348	1	8,349	8,996
G67A	Oesophagitis, gastroenteritis and misc digestive system disorders age >9 with catastrophic or severe CC	35	614	29	643	678	20	1,333	48	1,381	1,401	55	1,947	77	2,024	2,079

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	
G67B	Oesophagitis, gastroenteritis and misc digestive system disorders age >9 W/O catastrophic or severe CC	1,469	1,348	6	1,354	2,823	594	6,902	22	6,924	7,518	2,063	8,250	28	8,278	10,341
G68A	Gastroenteritis age<10 with CC	2	194	1	195	197	8	389	0	389	397	10	583	1	584	594
G68B	Gastroenteritis age <10 W/O CC	10	1,732	1	1,733	1,743	15	4,741	2	4,743	4,758	25	6,473	3	6,476	6,501
G69Z	Oesophagitis and misc digestive system disorders age <10	117	555	1	556	673	67	1,510	1	1,511	1,578	184	2,065	2	2,067	2,251
G70A	Other digestive system diagnoses with CC	57	238	6	244	301	109	376	12	388	497	166	614	18	632	798
G70B	Other digestive system diagnoses W/O CC	599	367	1	368	967	1,457	978	2	980	2,437	2,056	1,345	3	1,348	3,404
H01A	Pancreas, liver and shunt procedures with catastrophic CC	0	63	29	92	92	0	10	8	18	18	0	73	37	110	110
H01B	Pancreas, liver and shunt procedures W/O catastrophic CC	5	123	13	136	141	2	41	6	47	49	7	164	19	183	190
H02A	Major biliary tract procedures with malignancy or catastrophic CC	1	36	8	44	45	0	6	9	15	15	1	42	17	59	60
H02B	Major biliary tract procedures W/O malignancy with severe or moderate CC	0	39	2	41	41	0	15	3	18	18	0	54	5	59	59

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	
H02C	Major biliary tract procedures W/O malignancy W/O CC	18	58	2	60	78	14	44	0	44	58	32	102	2	104	136
H05A	Hepatobiliary diagnostic procedures with catastrophic or severe CC	0	40	6	46	46	0	17	7	24	24	0	57	13	70	70
H05B	Hepatobiliary diagnostic procedures W/O catastrophic or severe CC	8	34	3	37	45	2	32	0	32	34	10	66	3	69	79
H06Z	Other hepatobiliary and pancreas OR procedures	3	37	2	39	42	0	29	6	35	35	3	66	8	74	77
H07A	Open cholecystectomy with closed CDE or with catastrophic CC	0	22	8	30	30	0	22	5	27	27	0	44	13	57	57
H07B	Open cholecystectomy W/O closed CDE W/O catastrophic CC	1	85	2	87	88	0	290	2	292	292	1	375	4	379	380
H08A	Laparoscopic cholecystectomy with closed CDE or with catastrophic or severe CC	2	220	5	225	227	1	239	6	245	246	3	459	11	470	473
H08B	Laparoscopic cholecystectomy W/O closed CDE W/O catastrophic or severe CC	100	913	0	913	1,013	67	2,548	1	2,549	2,616	167	3,461	1	3,462	3,629

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	
H40Z	Endoscopic procedures for bleeding oesophageal varices	1	23	3	26	27	3	8	0	8	11	4	31	3	34	38
H41A	ERCP complex therapeutic procedure with catastrophic or severe CC	3	48	7	55	58	7	46	8	54	61	10	94	15	109	119
H41B	ERCP complex therapeutic procedure W/O catastrophic or severe CC	92	148	4	152	244	130	113	0	113	243	222	261	4	265	487
H42A	ERCP other therapeutic procedure with catastrophic or severe CC	2	110	10	120	122	8	39	1	40	48	10	149	11	160	170
H42B	ERCP other therapeutic procedure with moderate CC	25	104	4	108	133	81	65	0	65	146	106	169	4	173	279
H42C	ERCP other therapeutic procedure W/O CC	490	336	4	340	830	133	181	5	186	319	623	517	9	526	1,149
H60A	Cirrhosis and alcoholic hepatitis with catastrophic CC	1	117	18	135	136	0	73	18	91	91	1	190	36	226	227
H60B	Cirrhosis and alcoholic hepatitis with severe CC	16	199	16	215	231	21	145	14	159	180	37	344	30	374	411
H60C	Cirrhosis and alcoholic hepatitis W/O catastrophic or severe CC	100	273	10	283	383	84	262	12	274	358	184	535	22	557	741

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	
H61A	Malignancy of hepatobiliary system, pancreas (age>69 with catastrophic or severe CC) or with catastrophic CC	18	126	12	138	156	17	248	18	266	283	35	374	30	404	439
H61B	Malignancy of hepatobiliary system, pancreas (age>69 W/O catastrophic or severe CC) or W/O catastrophic CC	355	278	11	289	644	266	528	16	544	810	621	806	27	833	1,454
H62A	Disorders of pancreas except for malignancy with catastrophic or severe CC	0	149	9	158	158	1	146	12	158	159	1	295	21	316	317
H62B	Disorders of pancreas except for malignancy W/O catastrophic or severe CC	112	341	4	345	457	13	766	8	774	787	125	1,107	12	1,119	1,244
H63A	Disorders of liver except malignancy, cirrhosis, alcoholic hepatitis with catastrophic or severe CC	10	160	14	174	184	12	151	15	166	178	22	311	29	340	362
H63B	Disorders of liver except malignancy, cirrhosis, alcoholic hepatitis W/O catastrophic or severe CC	484	428	3	431	915	211	593	10	603	814	695	1,021	13	1,034	1,729
H64A	Disorders of the biliary tract with CC	27	201	6	207	234	8	686	12	698	706	35	887	18	905	940
H64B	Disorders of the biliary tract W/O CC	181	362	3	365	546	239	2,364	1	2,365	2,604	420	2,726	4	2,730	3,150

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	
I01Z	Bilateral or multiple major joint procedures of lower extremity	0	26	7	33	33	0	70	19	89	89	0	96	26	122	122
I02A	Microvascular tissue transfer or (skin graft with catastrophic or severe CC), excluding hand	0	16	9	25	25	0	11	5	16	16	0	27	14	41	41
I02B	Skin graft W/O catastrophic or severe CC, excluding hand	3	49	3	52	55	3	41	5	46	49	6	90	8	98	104
I03A	Hip revision with catastrophic or severe CC	0	8	7	15	15	0	79	21	100	100	0	87	28	115	115
I03B	Hip replacement with catastrophic or severe CC or hip revision W/O catastrophic or severe CC	1	327	70	397	398	0	755	121	876	876	1	1,082	191	1,273	1,274
I03C	Hip replacement W/O catastrophic or severe CC	0	1,024	18	1,042	1,042	0	3,100	48	3,148	3,148	0	4,124	66	4,190	4,190
I04Z	Knee replacement and reattachment	1	579	15	594	595	0	1,180	11	1,191	1,191	1	1,759	26	1,785	1,786
I05Z	Other major joint replacement and limb reattachment procedures	2	67	1	68	70	0	114	1	115	115	2	181	2	183	185
I06Z	Spinal fusion with deformity	1	79	2	81	82	0	0	0	0	0	1	79	2	81	82
I07Z	Amputation	0	12	7	19	19	0	11	5	16	16	0	23	12	35	35

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	
I08A	Other hip and femur procedures with catastrophic or severe CC	2	251	108	359	361	0	347	133	480	480	2	598	241	839	841
I08B	Other hip and femur procedures W/O catastrophic or severe CC	12	428	27	455	467	2	1,222	68	1,290	1,292	14	1,650	95	1,745	1,759
I09A	Spinal fusion with catastrophic or severe CC	0	54	15	69	69	0	8	3	11	11	0	62	18	80	80
I09B	Spinal fusion W/O catastrophic or severe CC	1	177	2	179	180	0	73	4	77	77	1	250	6	256	257
I10A	Other back and neck procedures with catastrophic or severe CC	6	54	6	60	66	0	20	4	24	24	6	74	10	84	90
I10B	Other back and neck procedures W/O catastrophic or severe CC	440	560	3	563	1,003	309	846	2	848	1,157	749	1,406	5	1,411	2,160
I11Z	Limb lengthening procedures	8	22	1	23	31	1	7	2	9	10	9	29	3	32	41
I12A	Infect/inflam of bone and joint with misc muscle system and connective tissue procedures with catastrophic CC	0	22	9	31	31	0	9	9	18	18	0	31	18	49	49
I12B	Infect/inflam of bone and joint with misc muscle system and connective tissue procedures with severe CC	2	26	3	29	31	0	23	4	27	27	2	49	7	56	58

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	39	147	5	152	191	20	211	3	214	234	59	358	8	366	425
I13A	Humerus, tibia, fibula and ankle procedures with catastrophic or severe CC	1	108	18	126	127	0	114	13	127	127	1	222	31	253	254
I13B	Humerus, tibia, fibula and ankle procedures age >59 W/O catastrophic or severe CC	0	187	1	188	188	1	485	5	490	491	1	672	6	678	679
I13C	Humerus, tibia, fibula and ankle procedures age <60 W/O catastrophic or severe CC	42	1,064	4	1,068	1,110	24	2,116	4	2,120	2,144	66	3,180	8	3,188	3,254
I14Z	Stump revision	0	7	1	8	8	1	10	0	10	11	1	17	1	18	19
I15Z	Cranio-facial surgery	0	17	1	18	18	0	4	1	5	5	0	21	2	23	23
I16Z	Other shoulder procedures	96	286	1	287	383	18	373	0	373	391	114	659	1	660	774
I17Z	Maxillo-facial surgery	0	46	0	46	46	0	28	0	28	28	0	74	0	74	74
I18Z	Other knee procedures	787	229	1	230	1,017	1,713	777	0	777	2,490	2,500	1,006	1	1,007	3,507
I19Z	Other elbow or forearm procedures	95	916	4	920	1,015	66	1,872	7	1,879	1,945	161	2,788	11	2,799	2,960
I20Z	Other foot procedures	116	426	2	428	544	132	953	1	954	1,086	248	1,379	3	1,382	1,630

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	
I21Z	Local excision and removal of internal fixation devices of hip and femur	51	26	0	26	77	43	99	4	103	146	94	125	4	129	223
I23Z	Local excision and removal of internal fixation devices excluding hip and femur	915	230	5	235	1,150	1,693	511	8	519	2,212	2,608	741	13	754	3,362
I24Z	Arthroscopy	617	162	0	162	779	602	319	0	319	921	1,219	481	0	481	1,700
I25Z	Bone and joint diagnostic procedures including biopsy	23	57	4	61	84	22	66	2	68	90	45	123	6	129	174
I27A	Soft tissue procedures with catastrophic or severe CC	13	51	8	59	72	0	32	13	45	45	13	83	21	104	117
I27B	Soft tissue procedures W/O catastrophic or severe CC	287	283	3	286	573	236	491	3	494	730	523	774	6	780	1,303
I28A	Other connective tissue procedures with CC	1	43	10	53	54	2	48	6	54	56	3	91	16	107	110
I28B	Other connective tissue procedures W/O CC	115	226	4	230	345	69	444	3	447	516	184	670	7	677	861
I29Z	Knee reconstruction or revision	9	258	0	258	267	56	264	1	265	321	65	522	1	523	588
I30Z	Hand procedures	477	844	0	844	1,321	500	1,972	0	1,972	2,472	977	2,816	0	2,816	3,793
I60Z	Femoral shaft fractures	1	19	0	19	20	1	78	6	84	85	2	97	6	103	105

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	
I61Z	Distal femoral fractures	0	29	4	33	33	0	97	5	102	102	0	126	9	135	135
I63Z	Sprains, strains and dislocations of hip, pelvis and thigh	1	31	0	31	32	0	146	0	146	146	1	177	0	177	178
I64A	Osteomyelitis with CC	2	23	3	26	28	1	51	11	62	63	3	74	14	88	91
I64B	Osteomyelitis W/O CC	23	49	4	53	76	19	95	4	99	118	42	144	8	152	194
I65A	Connective tissue malignancy, including pathological Fx with catastrophic or severe CC	52	140	16	156	208	51	222	20	242	293	103	362	36	398	501
I65B	Connective tissue malignancy, including pathological Fx W/O catastrophic or severe CC	489	408	14	422	911	241	283	9	292	533	730	691	23	714	1,444
I66A	Inflammatory musculoskeletal disorders with catastrophic or severe CC	23	108	23	131	154	6	106	16	122	128	29	214	39	253	282
I66B	Inflammatory musculoskeletal disorders W/O catastrophic or severe CC	878	355	6	361	1,239	1,849	581	12	593	2,442	2,727	936	18	954	3,681
I67A	Septic arthritis with catastrophic or severe CC	0	5	2	7	7	0	14	8	22	22	0	19	10	29	29
I67B	Septic arthritis W/O catastrophic or severe CC	14	30	0	30	44	11	100	3	103	114	25	130	3	133	158

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	286	68	354	354	0	462	41	503	503	0	748	109	857	857
I68B	Non-surgical spinal disorders W/O CC	0	730	29	759	759	0	1,880	22	1,902	1,902	0	2,610	51	2,661	2,661
I68C	Non-surgical spinal disorders, sameday	3,456	44	0	44	3,500	3,243	282	0	282	3,525	6,699	326	0	326	7,025
I69A	Bone diseases and specific arthropathies age >74 with catastrophic or severe CC	2	35	14	49	51	10	86	15	101	111	12	121	29	150	162
I69B	Bone diseases and specific arthropathies age >74 or with catastrophic or severe CC	199	104	11	115	314	266	363	9	372	638	465	467	20	487	952
I69C	Bone diseases and spec arthropathies age <75 W/O catastrophic or severe CC	695	146	2	148	843	556	418	1	419	975	1,251	564	3	567	1,818
I70Z	Non-specific arthropathies	30	48	1	49	79	50	113	2	115	165	80	161	3	164	244
I71A	Other musculotendinous disorders age >69 with CC	4	57	8	65	69	11	189	5	194	205	15	246	13	259	274
I71B	Other musculotendinous disorders age >69 or with CC	501	207	5	212	713	377	594	4	598	975	878	801	9	810	1,688
I71C	Other musculotendinous disorders age <70 W/O CC	1,732	349	2	351	2,083	1,654	1,419	2	1,421	3,075	3,386	1,768	4	1,772	5,158

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	
I72A	Specific musculotendinous disorders age >79 or with catastrophic or severe CC	25	38	2	40	65	35	74	6	80	115	60	112	8	120	180
I72B	Specific musculotendinous disorders age <80 W/O catastrophic or severe CC	792	174	1	175	967	990	626	3	629	1,619	1,782	800	4	804	2,586
I73A	Aftercare of musculoskeletal implants/prostheses age >59 with catastrophic or severe CC	0	4	3	7	7	1	299	44	343	344	1	303	47	350	351
I73B	Aftercare of musculoskeletal implants/prostheses age >59 or with catastrophic or severe CC	379	113	2	115	494	20	456	31	487	507	399	569	33	602	1,001
I73C	Aftercare of musculoskeletal implants/prostheses age <60 W/O catastrophic or severe CC	828	68	1	69	897	232	296	7	303	535	1,060	364	8	372	1,432
I74A	Injury to forearm, wrist, hand or foot age >74 with CC	0	19	8	27	27	0	59	3	62	62	0	78	11	89	89
I74B	Injury to forearm, wrist, hand or foot age >74 or with CC	4	100	2	102	106	0	306	2	308	308	4	406	4	410	414
I74C	Injury to forearm, wrist, hand or foot age <75 W/O CC	106	829	0	829	935	105	2,262	0	2,262	2,367	211	3,091	0	3,091	3,302

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	
I75A	Injury to shoulder, arm, elbow, knee, leg or ankle age >64 with CC	0	55	16	71	71	0	136	15	151	151	0	191	31	222	222
I75B	Injury to shoulder, arm, elbow, knee, leg or ankle age >64 or with CC	10	165	8	173	183	9	483	9	492	501	19	648	17	665	684
I75C	Injury to shoulder, arm, elbow, knee, leg or ankle age <65 W/O CC	39	555	2	557	596	43	1,473	1	1,474	1,517	82	2,028	3	2,031	2,113
I76A	Other musculoskeletal disorders age >69 with CC	2	20	5	25	27	2	53	1	54	56	4	73	6	79	83
I76B	Other musculoskeletal disorders age >69 or with CC	86	100	6	106	192	44	176	4	180	224	130	276	10	286	416
I76C	Other musculoskeletal disorders age <70 W/O CC	971	238	1	239	1,210	523	644	2	646	1,169	1,494	882	3	885	2,379
I77A	Fractures of pelvis with catastrophic or severe CC	0	27	15	42	42	0	81	15	96	96	0	108	30	138	138
I77B	Fractures of pelvis W/O catastrophic or severe CC	0	79	9	88	88	0	276	12	288	288	0	355	21	376	376
I78A	Fractures of neck of femur with catastrophic or severe CC	0	11	4	15	15	0	74	15	89	89	0	85	19	104	104

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	
I78B	Fractures of neck of femur W/O catastrophic or severe CC	0	35	2	37	37	0	195	8	203	203	0	230	10	240	240
J01Z	Microvascular tissue transfer for skin, subcutaneous tissue and breast disorder	0	6	4	10	10	0	1	0	1	1	0	7	4	11	11
J06A	Major procedures for malignant breast conditions	29	768	5	773	802	5	710	2	712	717	34	1,478	7	1,485	1,519
J06B	Major procedures for non-malignant breast conditions	73	232	0	232	305	25	176	0	176	201	98	408	0	408	506
J07A	Minor procedures for malignant breast conditions	122	170	1	171	293	84	190	1	191	275	206	360	2	362	568
J07B	Minor procedures for non-malignant breast conditions	572	95	0	95	667	703	149	0	149	852	1,275	244	0	244	1,519
J08A	Other skin graft and/or debridement procedures with catastrophic or severe CC	3	65	16	81	84	0	29	5	34	34	3	94	21	115	118
J08B	Other skin graft and/or debridement procedures W/O catastrophic or severe CC	180	173	3	176	356	136	211	3	214	350	316	384	6	390	706
J09Z	Perianal and pilonidal procedures	144	144	0	144	288	171	432	1	433	604	315	576	1	577	892
J10Z	Skin, subcutaneous tissue and breast plastic OR procedures	417	140	1	141	558	215	160	0	160	375	632	300	1	301	933

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	
J11Z	Other skin, subcutaneous tissue and breast procedures	12,713	511	10	521	13,234	15,315	856	9	865	16,180	28,028	1,367	19	1,386	29,414
J12A	Lower limb procedures with ulcer/cellulitis with catastrophic CC	0	8	10	18	18	0	13	11	24	24	0	21	21	42	42
J12B	Lower limb procedures with ulcer/cellulitis W/O catastrophic CC with skin graft/flap repair	3	19	4	23	26	1	31	10	41	42	4	50	14	64	68
J12C	Lower limb procedures with ulcer/cellulitis W/O catastrophic CC W/O skin graft/flap repair	6	47	11	58	64	8	53	12	65	73	14	100	23	123	137
J13A	Lower limb procedures W/O ulcer/cellulitis with skin graft with catastrophic or severe CC	0	29	5	34	34	0	15	1	16	16	0	44	6	50	50
J13B	Lower limb procedures W/O ulcer/cellulitis W/O (skin graft and catastrophic or severe CC)	25	79	0	79	104	18	91	2	93	111	43	170	2	172	215
J14Z	Major breast reconstructions	2	90	4	94	96	1	96	1	97	98	3	186	5	191	194
J60A	Skin ulcers	0	145	31	176	176	0	375	41	416	416	0	520	72	592	592
J60B	Skin ulcers, sameday	68	5	0	5	73	42	12	0	12	54	110	17	0	17	127

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	
J62A	Malignant breast disorders (age >69 with CC) or with catastrophic or severe CC	519	281	44	325	844	352	341	24	365	717	871	622	68	690	1,561
J62B	Malignant breast disorders (age >69 W/O CC) or W/O catastrophic or severe CC	2,570	160	115	275	2,845	1,206	303	6	309	1,515	3,776	463	121	584	4,360
J63Z	Non-malignant breast disorders	1,264	124	0	124	1,388	457	202	0	202	659	1,721	326	0	326	2,047
J64A	Cellulitis age >59 with catastrophic or severe CC	1	110	25	135	136	3	300	17	317	320	4	410	42	452	456
J64B	Cellulitis (age >59 W/O catastrophic or severe CC) or age <60	146	1,806	19	1,825	1,971	256	4,000	22	4,022	4,278	402	5,806	41	5,847	6,249
J65A	Trauma to the skin, subcutaneous tissue and breast age >69	3	57	4	61	64	0	192	5	197	197	3	249	9	258	261
J65B	Trauma to the skin, subcutaneous tissue and breast age <70	35	250	3	253	288	33	780	3	783	816	68	1,030	6	1,036	1,104
J67A	Minor skin disorders	0	487	14	501	501	0	993	9	1,002	1,002	0	1,480	23	1,503	1,503
J67B	Minor skin disorders, sameday	4,465	49	0	49	4,514	3,506	237	0	237	3,743	7,971	286	0	286	8,257
J68A	Major skin disorders	0	371	21	392	392	0	695	8	703	703	0	1,066	29	1,095	1,095
J68B	Major skin disorders, sameday	6,120	14	0	14	6,134	283	58	0	58	341	6,403	72	0	72	6,475
K01Z	Diabetic foot procedures	3	70	24	94	97	3	108	45	153	156	6	178	69	247	253
K02Z	Pituitary procedures	0	51	4	55	55	0	16	1	17	17	0	67	5	72	72

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	
K03Z	Adrenal procedures	1	22	4	26	27	0	6	1	7	7	1	28	5	33	34
K04Z	Major procedures for obesity	0	5	0	5	5	0	3	0	3	3	0	8	0	8	8
K05Z	Parathyroid procedures	0	60	2	62	62	0	69	2	71	71	0	129	4	133	133
K06Z	Thyroid procedures	3	321	1	322	325	3	312	1	313	316	6	633	2	635	641
K07Z	Obesity procedures	2	19	0	19	21	1	12	0	12	13	3	31	0	31	34
K08Z	Thyroglossal procedures	6	30	0	30	36	2	21	0	21	23	8	51	0	51	59
K09Z	Other endocrine, nutritional and metabolic OR procedures	17	67	11	78	95	6	22	5	27	33	23	89	16	105	128
K40Z	Endoscopic or investigative procedure for metabolic disorders W/O CC	195	98	6	104	299	352	135	2	137	489	547	233	8	241	788
K60A	Diabetes with catastrophic or severe CC	7	202	32	234	241	1	463	36	499	500	8	665	68	733	741
K60B	Diabetes W/O catastrophic or severe CC	94	788	11	799	893	112	2,635	22	2,657	2,769	206	3,423	33	3,456	3,662
K61Z	Severe nutritional disturbance	27	10	11	21	48	0	21	1	22	22	27	31	12	43	70
K62A	Miscellaneous metabolic disorders with catastrophic CC	0	91	17	108	108	2	156	16	172	174	2	247	33	280	282
K62B	Miscellaneous metabolic disorders age >74 or with severe CC	49	308	16	324	373	66	752	28	780	846	115	1,060	44	1,104	1,219

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	
K62C	Miscellaneous metabolic disorders age <75 W/O catastrophic or severe CC	339	446	2	448	787	468	947	9	956	1,424	807	1,393	11	1,404	2,211
K63Z	Inborn errors of metabolism	315	170	3	173	488	402	98	2	100	502	717	268	5	273	990
K64A	Endocrine disorders with catastrophic or severe CC	39	79	13	92	131	16	121	9	130	146	55	200	22	222	277
K64B	Endocrine disorders W/O catastrophic or severe CC	677	459	3	462	1,139	502	468	7	475	977	1,179	927	10	937	2,116
L02A	Operative insertion of peritoneal catheter for dialysis with catastrophic or severe CC	0	11	6	17	17	0	4	0	4	4	0	15	6	21	21
L02B	Operative insertion of peritoneal catheter for dialysis W/O catastrophic or severe CC	0	39	1	40	40	0	17	0	17	17	0	56	1	57	57
L03A	Kidney, ureter and major bladder procedures for neoplasm with catastrophic or severe CC	0	104	15	119	119	0	26	7	33	33	0	130	22	152	152
L03B	Kidney, ureter and major bladder procedures for neoplasm W/O catastrophic or severe CC	3	169	1	170	173	1	51	3	54	55	4	220	4	224	228

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	0	69	13	82	82	0	10	5	15	15	0	79	18	97	97
L04B	Kidney, ureter and major bladder procedures for non-neoplasm with severe or moderate CC	13	171	9	180	193	5	40	3	43	48	18	211	12	223	241
L04C	Kidney, ureter and major bladder procedures for non-neoplasm W/O CC	47	369	3	372	419	30	167	4	171	201	77	536	7	543	620
L05A	Transurethral prostatectomy with catastrophic or severe CC	0	23	2	25	25	0	12	6	18	18	0	35	8	43	43
L05B	Transurethral prostatectomy W/O catastrophic or severe CC	0	50	0	50	50	1	106	2	108	109	1	156	2	158	159
L06A	Minor bladder procedures with catastrophic or severe CC	8	32	6	38	46	0	21	2	23	23	8	53	8	61	69
L06B	Minor bladder procedures W/O catastrophic or severe CC	677	133	0	133	810	38	122	2	124	162	715	255	2	257	972
L07A	Transurethral procedures except prostatectomy with catastrophic or severe CC	3	84	8	92	95	2	53	5	58	60	5	137	13	150	155

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	
L07B	Transurethral procedures except prostatectomy W/O catastrophic or severe CC	309	583	2	585	894	300	433	2	435	735	609	1,016	4	1,020	1,629
L08A	Urethral procedures with CC	2	30	1	31	33	3	14	0	14	17	5	44	1	45	50
L08B	Urethral procedures W/O CC	18	112	0	112	130	34	62	0	62	96	52	174	0	174	226
L09A	Other procedures for kidney and urinary tract disorders with catastrophic CC	0	24	19	43	43	0	12	7	19	19	0	36	26	62	62
L09B	Other procedures for kidney and urinary tract disorders with severe CC	1	42	4	46	47	2	11	1	12	14	3	53	5	58	61
L09C	Other procedures for kidney and urinary tract disorders W/O catastrophic or severe CC	21	123	3	126	147	25	46	2	48	73	46	169	5	174	220
L40Z	Ureteroscopy	29	112	0	112	141	23	118	1	119	142	52	230	1	231	283
L41Z	Cystourethroscopy, sameday	3,403	6	0	6	3,409	2,701	3	0	3	2,704	6,104	9	0	9	6,113
L42Z	ESW Lithotripsy for urinary stones	713	41	0	41	754	396	47	0	47	443	1,109	88	0	88	1,197
L60A	Renal failure with catastrophic CC	1	98	45	143	144	0	173	33	206	206	1	271	78	349	350
L60B	Renal failure with severe CC	34	187	34	221	255	31	356	21	377	408	65	543	55	598	663
L60C	Renal failure W/O catastrophic or severe CC	237	387	13	400	637	337	677	15	692	1,029	574	1,064	28	1,092	1,666

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	
L61Z	Admit for renal dialysis	56,323	6	0	6	56,329	90,485	6	0	6	90,491	146,808	12	0	12	146,820
L62A	Kidney and urinary tract neoplasms with catastrophic or severe CC	100	120	20	140	240	44	148	17	165	209	144	268	37	305	449
L62B	Kidney and urinary tract neoplasms W/O catastrophic or severe CC	486	174	15	189	675	180	247	6	253	433	666	421	21	442	1,108
L63A	Kidney and urinary tract infections with catastrophic CC	0	74	33	107	107	0	153	23	176	176	0	227	56	283	283
L63B	Kidney and urinary tract infections age >69 or with severe CC	36	619	59	678	714	55	2,135	65	2,200	2,255	91	2,754	124	2,878	2,969
L63C	Kidney and urinary tract infections age <70 W/O catastrophic or severe CC	482	1,229	3	1,232	1,714	232	2,894	2	2,896	3,128	714	4,123	5	4,128	4,842
L64Z	Urinary stones and obstruction	151	776	0	776	927	84	1,930	2	1,932	2,016	235	2,706	2	2,708	2,943
L65A	Kidney and urinary tract signs and symptoms with catastrophic or severe CC	5	100	8	108	113	8	197	3	200	208	13	297	11	308	321
L65B	Kidney and urinary tract signs and symptoms W/O catastrophic or severe CC	571	503	0	503	1,074	575	1,326	1	1,327	1,902	1,146	1,829	1	1,830	2,976
L66Z	Urethral stricture	40	53	0	53	93	58	78	0	78	136	98	131	0	131	229

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	
L67A	Other kidney and urinary tract diagnoses with catastrophic CC	0	54	7	61	61	1	71	8	79	80	1	125	15	140	141
L67B	Other kidney and urinary tract diagnoses with severe CC	75	133	6	139	214	6	192	13	205	211	81	325	19	344	425
L67C	Other kidney and urinary tract diagnoses W/O catastrophic or severe CC	1,422	763	4	767	2,189	752	1,018	7	1,025	1,777	2,174	1,781	11	1,792	3,966
M01Z	Major male pelvic procedures	0	252	1	253	253	0	24	2	26	26	0	276	3	279	279
M02A	Transurethral prostatectomy with catastrophic or severe CC	0	86	3	89	89	0	79	3	82	82	0	165	6	171	171
M02B	Transurethral prostatectomy W/O catastrophic or severe CC	2	499	0	499	501	9	658	3	661	670	11	1,157	3	1,160	1,171
M03A	Penis procedures with CC	6	9	2	11	17	2	10	0	10	12	8	19	2	21	29
M03B	Penis procedures W/O CC	297	186	1	187	484	127	52	0	52	179	424	238	1	239	663
M04A	Testes procedures with CC	9	37	1	38	47	5	27	1	28	33	14	64	2	66	80
M04B	Testes procedures W/O CC	554	308	0	308	862	401	506	0	506	907	955	814	0	814	1,769
M05Z	Circumcision	1,403	100	0	100	1,503	1,071	313	0	313	1,384	2,474	413	0	413	2,887

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	30	16	3	19	49	6	12	2	14	20	36	28	5	33	69
M06B	Other male reproductive system OR procedures except for malignancy	292	32	0	32	324	81	16	9	16	97	373	48	0	48	421
M40Z	Cystourethroscopy W/O CC	407	18	0	18	425	992	89	0	89	1,081	1,399	107	0	107	1,506
M60A	Malignancy, male reproductive system with catastrophic or severe CC	93	117	18	135	228	56	195	0	204	260	149	312	27	339	488
M60B	Malignancy, male reproductive system W/O catastrophic or severe CC	807	328	178	506	1,313	722	290	11	301	1,023	1,529	618	189	807	2,336
M61A	Benign prostatic hypertrophy with catastrophic or severe CC	3	9	2	11	14	7	16	0	16	23	10	25	2	27	37
M61B	Benign prostatic hypertrophy W/O catastrophic or severe CC	936	49	0	49	985	534	136	0	136	670	1,470	185	0	185	1,655
M62A	Inflammation of the male reproductive system with CC	16	46	1	47	63	7	67	2	69	76	23	113	3	116	139
M62B	Inflammation of the male reproductive system W/O CC	251	157	0	157	408	217	609	0	609	826	468	766	0	766	1,234
M63Z	Sterilisation, male	70	2	0	2	72	184	8	0	8	192	254	10	0	10	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	
M64Z	Other male reproductive system diagnoses	236	126	0	126	362	154	398	0	398	552	390	524	0	524	914
N01Z	Pelvic evisceration and radical vulvectomy	0	25	3	28	28	0	6	1	7	7	0	31	4	35	35
N02A	Uterine, adnexa procedure for ovarian or adnexal malignancy with CC	0	79	6	85	85	0	41	2	43	43	0	120	8	128	128
N02B	Uterine, adnexa procedure for ovarian or adnexal malignancy W/O CC	1	64	1	65	66	0	73	0	73	73	1	137	1	138	139
N03A	Uterine, adnexa procedure for non-ovarian or adnexal malignancy with CC	0	68	6	74	74	0	31	2	33	33	0	99	8	107	107
N03B	Uterine, adnexa procedure for non-ovarian or adnexal malignancy W/O CC	1	105	0	105	106	1	83	0	83	84	2	188	0	188	190
N04Z	Hysterectomy for non-malignancy	3	980	3	983	986	1	1,263	2	1,265	1,266	4	2,243	5	2,248	2,252
N05A	Oophorectomies and complex fallopian tube procedures for non-malignancy with catastrophic or severe CC	0	35	1	36	36	0	22	1	23	23	0	57	2	59	59
N05B	Oophorectomies and complex fallopian tube procedures for non-malignancy W/O catastrophic or severe CC	23	250	0	250	273	2	251	0	251	253	25	501	0	501	526

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	
N06Z	Female reproductive system reconstructive procedures	15	453	0	453	468	70	784	2	786	856	85	1,237	2	1,239	1,324
N07Z	Other uterine and adnexa procedures for non- malignancy	693	944	1	945	1,638	562	902	1	903	1,465	1,255	1,846	2	1,848	3,103
N08Z	Endoscopic and laparoscopic procedures for female reproductive system	1,190	705	2	707	1,897	1,079	790	1	791	1,870	2,269	1,495	3	1,498	3,767
N09Z	Conisation, vagina, cervix and vulva procedures	1,400	722	5	727	2,127	1,901	634	6	640	2,541	3,301	1,356	11	1,367	4,668
N10Z	Diagnostic curettage or diagnostic hysteroscopy	1,992	685	3	688	2,680	2,979	1,214	1	1,215	4,194	4,971	1,899	4	1,903	6,874
N11A	Other female reproductive system OR procedures age >64 or with malignancy or with CC	1	44	7	51	52	0	16	5	21	21	1	60	12	72	73
N11B	Other female reproductive system OR procedures age <65 W/O malignancy W/O CC	12	27	0	27	39	133	55	0	55	188	145	82	0	82	227
N60A	Malignancy, female reproductive system with catastrophic or severe CC	68	175	26	201	269	149	186	20	206	355	217	361	46	407	624
N60B	Malignancy, female reproductive system W/O catastrophic or severe CC	1,140	202	49	251	1,391	443	256	10	266	709	1,583	458	59	517	2,100

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	
N61Z	Infections, female reproductive system	27	76	0	76	103	27	213	0	213	240	54	289	0	289	343
N62A	Menstrual and other female reproductive system disorders with CC	48	125	3	128	176	47	193	0	193	240	95	318	3	321	416
N62B	Menstrual and other female reproductive system disorders W/O CC	831	617	1	618	1,449	2,491	1,860	0	1,860	4,351	3,322	2,477	1	2,478	5,800
O01A	Caesarean delivery with catastrophic CC	0	178	22	200	200	0	163	19	182	182	0	341	41	382	382
O01B	Caesarean delivery with severe CC	0	807	15	822	822	0	1,030	28	1,058	1,058	0	1,837	43	1,880	1,880
O01C	Caesarean delivery W/O catastrophic or severe CC	0	4,196	8	4,204	4,204	0	8,514	5	8,519	8,519	0	12,710	13	12,723	12,723
O02A	Vaginal delivery with OR procedure with catastrophic or severe CC	0	141	1	142	142	0	96	0	96	96	0	237	1	238	238
O02B	Vaginal delivery with OR procedure W/O catastrophic or severe CC	0	256	0	256	256	0	278	0	278	278	0	534	0	534	534
O03Z	Ectopic pregnancy	0	241	0	241	241	0	297	0	297	297	0	538	0	538	538
O04Z	Postpartum and post abortion with OR procedure	1	99	0	99	100	9	142	1	143	152	10	241	1	242	252
O05Z	Abortion with OR procedure [a]	7	1,877	0	1,877	1,884	489	2,857	0	2,857	3,346	496	4,734	0	4,734	5,230
O60A	Vaginal delivery with catastrophic or severe CC	0	1,009	5	1,014	1,014	0	953	6	959	959	0	1,962	11	1,973	1,973

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	
O60B	Vaginal delivery W/O catastrophic or severe CC	0	13,081	5	13,086	13,086	0	20,064	2	20,066	20,066	0	33,145	7	33,152	33,152
O60C	Vaginal delivery single uncomplicated W/O other condition	0	3,274	1	3,275	3,275	0	6,605	1	6,606	6,606	0	9,879	2	9,881	9,881
O61Z	Postpartum and post abortion W/O OR procedure	4	709	0	709	713	35	840	0	840	875	39	1,549	0	1,549	1,588
O63Z	Abortion W/O OR procedure	33	713	0	713	746	614	2,083	0	2,083	2,697	647	2,796	0	2,796	3,443
O64A	False labour before 37 weeks or with catastrophic CC	0	989	1	990	990	8	1,172	1	1,173	1,181	8	2,161	2	2,163	2,171
O64B	False labour after 37 weeks W/O catastrophic CC	7	2,554	0	2,554	2,561	112	2,087	0	2,087	2,199	119	4,641	0	4,641	4,760
O66A	Antenatal and other obstetric admission	0	7,259	4	7,263	7,263	0	13,380	9	13,389	13,389	0	20,639	13	20,652	20,652
O66B	Antenatal and other obstetric admission, sameday	788	3,379	0	3,379	4,167	1,806	7,017	0	7,017	8,823	2,594	10,396	0	10,396	12,990
P01Z	Neonate, died or transferred <5 days of admission with significant OR procedure	0	31	0	31	31	0	4	0	4	4	0	35	0	35	35
P02Z	Cardiothoracic/ vascular procedures for neonates	0	24	21	45	45	0	0	0	0	0	0	24	21	45	45
P03Z	Neonate, admwt 1000–1499 g with significant OR procedure	0	21	39	60	60	0	12	25	37	37	0	33	64	97	97

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	
P04Z	Neonate, admwt 1500–1999 g with significant OR procedure	0	17	17	34	34	0	8	9	17	17	0	25	26	51	51
P05Z	Neonate, admwt 2000–2499 g with significant OR procedure	0	27	9	36	36	0	4	1	5	5	0	31	10	41	41
P06A	Neonate, admwt >2499 g with significant OR procedure with multi major problems	0	60	28	88	88	0	1	0	1	1	0	61	28	89	89
P06B	Neonate, admwt >2499 g with significant OR procedure W/O multi major problems	1	103	8	111	112	0	9	1	10	10	1	112	9	121	122
P60A	Neonate, died or transf <5 days of adm, W/O significant OR procedure, Newborn	0	144	0	144	144	0	269	0	269	269	0	413	0	413	413
P60B	Neonate, died/ transferred <5 days of adm, W/O significant OR procedure, not newborn	2	93	0	93	95	0	89	0	89	89	2	182	0	182	184
P61Z	Neonate, admwt <750 g	0	25	22	47	47	0	16	16	32	32	0	41	38	79	79
P62Z	Neonate, admwt 750–999 g	2	13	62	75	77	0	11	39	50	50	2	24	101	125	127
P63Z	Neonate, admwt 1000–1249 g W/O significant OR procedure	0	10	27	37	37	8	29	48	77	85	8	39	75	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	
P64Z	Neonate, admwt 1250–1499 g W/O significant OR procedure	0	44	45	89	89	4	32	51	83	87	4	76	96	172	176
P65A	Neonate, admwt 1500–1999 g W/O significant OR procedure with multi major problems	1	19	17	36	37	0	11	17	28	28	1	30	34	64	65
P65B	Neonate, admwt 1500–1999 g W/O significant OR procedure with major problem	0	79	22	101	101	0	85	48	133	133	0	164	70	234	234
P65C	Neonate, admwt 1500–1999 g W/O significant OR procedure with other problem	0	104	7	111	111	0	94	17	111	111	0	198	24	222	222
P65D	Neonate, admwt 1500–1999 g W/O significant OR procedure W/O problem	0	36	0	36	36	7	114	13	127	134	7	150	13	163	170
P66A	Neonate, admwt 2000–2499 g W/O significant OR procedure with multi major problems	0	28	5	33	33	0	13	6	19	19	0	41	11	52	52
P66B	Neonate, admwt 2000–2499 g W/O significant OR procedure with major problem	4	126	4	130	134	1	176	9	185	186	5	302	13	315	320

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	
P66C	Neonate, admwt 2000–2499 g W/O significant OR procedure with other problem	0	247	3	250	250	0	347	2	349	349	0	594	5	599	599
P66D	Neonate, admwt 2000–2499 g W/O significant OR procedure W/O problem	2	192	0	192	194	16	339	3	342	358	18	531	3	534	552
P67A	Neonate, admwt >2499 g W/O significant OR procedure with multi major problems	2	126	8	134	136	4	97	5	102	106	6	223	13	236	242
P67B	Neonate, admwt >2499 g W/O significant OR procedure with major problem	24	507	20	527	551	10	836	14	850	860	34	1,343	34	1,377	1,411
P67C	Neonate, admwt > 2499 g W/O significant OR procedure with other problem	1	1,497	1	1,498	1,499	8	1,675	2	1,677	1,685	9	3,172	3	3,175	3,184
P67D	Neonate, admwt >2499 g W/O significant OR procedure W/O problem	105	1,594	1	1,595	1,700	155	2,958	2	2,960	3,115	260	4,552	3	4,555	4,815
Q01Z	Splenectomy	0	29	1	30	30	0	19	2	21	21	0	48	3	51	51
Q02A	Other OR procedure of blood and blood forming organs with catastrophic or severe CC	2	46	8	54	56	1	20	6	26	27	3	66	14	80	83

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	
Q02B	Other OR procedure of blood and blood forming organs W/O catastrophic or severe CC	115	146	1	147	262	141	146	0	146	287	256	292	1	293	549
Q60A	Reticuloendothelial and immunity disorders with catastrophic or severe CC	79	215	5	220	299	86	302	11	313	399	165	517	16	533	698
Q60B	Reticuloendothelial and immunity disorders W/O catastrophic or severe CC with malignancy	12	51	0	51	63	121	193	4	197	318	133	244	4	248	381
Q60C	Reticuloendothelial and immunity disorders W/O catastrophic or severe CC W/O malignancy	1,386	178	1	179	1,565	1,153	545	36	581	1,734	2,539	723	37	760	3,299
Q61A	Red blood cell disorders with catastrophic CC	3	81	4	85	88	9	173	10	183	192	12	254	14	268	280
Q61B	Red blood cell disorders with severe CC	168	182	5	187	355	109	389	9	398	507	277	571	14	585	862
Q61C	Red blood cell disorders W/O catastrophic or severe CC	7,812	667	3	670	8,482	14,334	1,451	13	1,464	15,798	22,146	2,118	16	2,134	24,280
Q62Z	Coagulation disorders	1,810	410	14	424	2,234	883	825	12	837	1,720	2,693	1,235	26	1,261	3,954
R01A	Lymphoma and leukaemia with major OR procedures with catastrophic or severe CC	0	35	16	51	51	0	17	12	29	29	0	52	28	80	80

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	
R01B	Lymphoma and leukaemia with major OR procedures W/O catastrophic or severe CC	3	22	3	25	28	7	39	3	42	49	10	61	6	67	77
R02A	Other neoplastic disorders with major OR procedures with catastrophic or severe CC	0	31	9	40	40	0	18	4	22	22	0	49	13	62	62
R02B	Other neoplastic disorders with major OR procedures W/O catastrophic or severe CC	32	61	2	63	95	4	41	0	41	45	36	102	2	104	140
R03A	Lymphoma and leukaemia with other OR procedures with catastrophic or severe CC	0	64	21	85	85	3	42	14	56	59	3	106	35	141	144
R03B	Lymphoma and leukaemia with other OR procedures W/O catastrophic or severe CC	47	85	4	89	136	59	119	3	122	181	106	204	7	211	317
R04A	Other neoplastic disorders with other OR procedures with catastrophic or severe CC	8	22	1	23	31	7	22	2	24	31	15	44	3	47	62
R04B	Other neoplastic disorders with other OR procedures W/O catastrophic or severe CC	156	36	1	37	193	165	42	1	43	208	321	78	2	80	401
R60A	Acute leukaemia with catastrophic CC	31	148	64	212	243	18	55	29	84	102	49	203	93	296	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	
R60B	Acute leukaemia with severe CC	131	162	21	183	314	106	128	12	140	246	237	290	33	323	560
R60C	Acute leukaemia W/O catastrophic or severe CC	3,729	303	7	310	4,039	1,041	198	11	209	1,250	4,770	501	18	519	5,289
R61A	Lymphoma and non-acute leukaemia with catastrophic CC	0	193	46	239	239	0	166	46	212	212	0	359	92	451	451
R61B	Lymphoma and non-acute leukaemia W/O catastrophic CC	0	982	58	1,040	1,040	0	1,374	47	1,421	1,421	0	2,356	105	2,461	2,461
R61C	Lymphoma and non-acute leukaemia, sameday	10,948	33	0	33	10,981	4,346	46	0	46	4,392	15,294	79	0	79	15,373
R62A	Other neoplastic disorders with CC	85	92	14	106	191	46	101	15	116	162	131	193	29	222	353
R62B	Other neoplastic disorders W/O CC	447	65	10	75	522	293	120	6	126	419	740	185	16	201	941
R63Z	Chemotherapy	33,358	0	0	0	33,358	32,468	0	0	0	32,468	65,826	0	0	0	65,826
R64Z	Radiotherapy	33,653	0	0	0	33,653	37,442	0	0	0	37,442	71,095	0	0	0	71,095
S60Z	HIV, sameday	239	8	0	8	247	13	1	0	1	14	252	9	0	9	261
S65A	HIV-related diseases with catastrophic CC	0	62	14	76	76	0	9	2	11	11	0	71	16	87	87
S65B	HIV-related diseases with severe CC	0	78	1	79	79	0	13	0	13	13	0	91	1	92	92
S65C	HIV-related diseases W/O catastrophic or severe CC	0	55	2	57	57	0	23	1	24	24	0	78	3	81	81
T01A	OR procedures for infectious and parasitic diseases with catastrophic CC	0	29	21	50	50	0	19	9	28	28	0	48	30	78	78

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	
T01B	OR procedures for infectious and parasitic diseases with severe or moderate CC	0	37	9	46	46	1	44	12	56	57	1	81	21	102	103
T01C	OR procedures for infectious and parasitic diseases W/O CC	15	94	6	100	115	10	148	9	157	167	25	242	15	257	282
T60A	Septicaemia with catastrophic or severe CC	1	211	40	251	252	0	619	80	699	699	1	830	120	950	951
T60B	Septicaemia W/O catastrophic or severe CC	3	118	3	121	124	15	320	7	327	342	18	438	10	448	466
T61A	Post-operative and post-traumatic infections age >54 or with catastrophic or severe CC	14	148	5	153	167	10	251	6	257	267	24	399	11	410	434
T61B	Post-operative and post-traumatic infections age <55 W/O catastrophic or severe CC	24	200	3	203	227	26	340	0	340	366	50	540	3	543	593
T62A	Fever of unknown origin with CC	5	112	0	112	117	7	111	1	112	119	12	223	1	224	236
T62B	Fever of unknown origin W/O CC	4	131	1	132	136	12	174	1	175	187	16	305	2	307	323
T63A	Viral illness age >59 or with CC	5	151	4	155	160	26	576	1	577	603	31	727	5	732	763
T63B	Viral illness age <60 W/O CC	546	554	0	554	1,100	67	3,763	0	3,763	3,830	613	4,317	0	4,317	4,930

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	
T64A	Other infectious and parasitic diseases with catastrophic or severe CC	2	46	3	49	51	2	49	2	51	53	4	95	5	100	104
T64B	Other infectious and parasitic diseases W/O catastrophic or severe CC	164	99	2	101	265	61	208	2	210	271	225	307	4	311	536
U40Z	Mental health treatment, sameday, with ECT	7	1	0	1	8	111	0	0	0	111	118	1	0	1	119
U60Z	Mental health treatment, sameday, W/O ECT	325	244	0	244	569	110	165	0	165	275	435	409	0	409	844
U61B	Schizophrenia disorders W/O mental health legal status	0	92	59	151	151	0	10	0	10	10	0	102	59	161	161
U62A	Paranoia and acute psychotic disorder with catastrophic or severe CC or with mental health legal status	0	6	2	8	8	0	3	0	3	3	0	9	2	11	11
U62B	Paranoia and acute psychotic disorder W/O catastrophic or severe CC W/O mental health legal status	0	38	8	46	46	0	33	3	36	36	0	71	11	82	82
U63A	Major affective disorders age >69 or with catastrophic or severe CC	0	20	23	43	43	0	19	3	22	22	0	39	26	65	65

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

AR-DRG Description		Voluntary Hospitals					Non-Voluntary Hospitals					All Hospitals				
		Day Patients	In-Patients			Total Discharges	Day Patients	In-Patients			Total Discharges	Day Patients	In-Patients			Total Discharges
			Acute (0–30 days)	Extended (>30 days)	Total In-Patients			Acute (0–30 days)	Extended (>30 days)	Total In-Patients			Acute (0–30 days)	Extended (>30 days)	Total In-Patients	
U63B	Major affective disorders age <70 W/O catastrophic or severe CC	0	87	50	137	137	0	21	1	22	22	0	108	51	159	159
U64Z	Other affective and somatoform disorders	0	95	17	112	112	0	113	4	117	117	0	208	21	229	229
U65Z	Anxiety disorders	0	181	6	187	187	0	276	3	279	279	0	457	9	466	466
U66Z	Eating and obsessive-compulsive disorders	0	36	21	57	57	0	56	15	71	71	0	92	36	128	128
U67Z	Personality disorders and acute reactions	0	122	10	132	132	0	58	1	59	59	0	180	11	191	191
U68Z	Childhood mental disorders	0	38	1	39	39	0	31	0	31	31	0	69	1	70	70
V60A	Alcohol intoxication and withdrawal with CC	3	88	10	98	101	0	207	6	213	213	3	295	16	311	314
V60B	Alcohol intoxication and withdrawal W/O CC	0	159	4	163	163	3	1,091	1	1,092	1,095	3	1,250	5	1,255	1,258
V61Z	Drug intoxication and withdrawal	1	10	4	14	15	0	32	0	32	32	1	42	4	46	47
V62A	Alcohol use disorder and dependence	0	124	11	135	135	0	616	2	618	618	0	740	13	753	753
V62B	Alcohol use disorder and dependence, sameday	4	6	0	6	10	1	99	0	99	100	5	105	0	105	110
V63A	Opioid use disorder and dependence	0	31	2	33	33	0	6	0	6	6	0	37	2	39	39
V63B	Opioid use disorder and dependence, left against medical advice	0	2	0	2	2	0	3	0	3	3	0	5	0	5	5

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	
V64Z	Other drug use disorder and dependence	8	87	11	98	106	0	40	0	40	40	8	127	11	138	146
W01Z	Ventilation or craniotomy procedures for multiple significant trauma	0	27	21	48	48	0	36	23	59	59	0	63	44	107	107
W02Z	Hip, femur and limb procedures for multiple significant trauma, incl implantation	0	16	5	21	21	0	49	12	61	61	0	65	17	82	82
W03Z	Abdominal procedures for multiple significant trauma	0	14	2	16	16	0	12	2	14	14	0	26	4	30	30
W04Z	Other OR procedures for multiple significant trauma	0	14	5	19	19	0	25	2	27	27	0	39	7	46	46
W60Z	Multiple trauma, died or transferred to another acute care facility LOS <5 days	0	17	0	17	17	0	60	0	60	60	0	77	0	77	77
W61Z	Multiple trauma W/O significant procedures	0	49	30	79	79	0	95	9	104	104	0	144	39	183	183
X02Z	Microvascular tissue transfer or skin grafts for injuries to hand	4	76	1	77	81	0	61	1	62	62	4	137	2	139	143
X04A	Other procedures for injuries to lower limb age >59 or with CC	0	24	1	25	25	0	29	3	32	32	0	53	4	57	57
X04B	Other procedures for injuries to lower limb age <60 W/O CC	7	61	0	61	68	5	100	1	101	106	12	161	1	162	174

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	
X05Z	Other procedures for injuries to hand	146	969	0	969	1,115	13	805	0	805	818	159	1,774	0	1,774	1,933
X06A	Other procedures for other injuries with catastrophic or severe CC	4	83	14	97	101	1	78	7	85	86	5	161	21	182	187
X06B	Other procedures for other injuries W/O catastrophic or severe CC	84	404	1	405	489	59	951	6	957	1,016	143	1,355	7	1,362	1,505
X07A	Skin graft for injuries excluding hand with microvascular tissue transfer or with catastrophic or severe CC	0	30	7	37	37	0	16	8	24	24	0	46	15	61	61
X07B	Skin graft for injuries excluding hand W/O microvascular tissue transfer W/O catastrophic or severe CC	3	45	5	50	53	3	57	5	62	65	6	102	10	112	118
X60A	Injuries age >64 with CC	0	88	47	135	135	0	229	7	236	236	0	317	54	371	371
X60B	Injuries age >64 W/O CC	7	99	6	105	112	1	364	0	364	365	8	463	6	469	477
X60C	Injuries age <65	169	1,750	23	1,773	1,942	75	2,616	4	2,620	2,695	244	4,366	27	4,393	4,637
X61Z	Allergic reactions	85	97	0	97	182	0	222	0	222	222	85	319	0	319	404
X62A	Poisoning/toxic effects of drugs and other substances age >59 or with CC	1	383	10	393	394	0	915	4	919	919	1	1,298	14	1,312	1,313

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	
X62B	Poisoning/toxic effects of drugs and other substances age <60 W/O CC	14	569	3	572	586	3	2,610	1	2,611	2,614	17	3,179	4	3,183	3,200
X63A	Sequelae of treatment with catastrophic or severe CC	0	73	4	77	77	1	100	5	105	106	1	173	9	182	183
X63B	Sequelae of treatment W/O catastrophic or severe CC	172	502	1	503	675	54	800	2	802	856	226	1,302	3	1,305	1,531
X64A	Other injury, poisoning and toxic effect diagnosis age >59 or with CC	0	29	1	30	30	0	58	5	63	63	0	87	6	93	93
X64B	Other injury, poisoning and toxic effect diagnosis age <60 W/O CC	0	62	1	63	63	4	207	0	207	211	4	269	1	270	274
Y01Z	Severe full thickness burns	0	6	13	19	19	0	4	2	6	6	0	10	15	25	25
Y02A	Other burns with skin graft age >64 or with catastrophic or severe CC or with complicating procedure	0	34	15	49	49	0	21	6	27	27	0	55	21	76	76
Y02B	Other burns with skin graft age <65 W/O catastrophic or severe CC W/O complicating procedure	0	84	6	90	90	1	51	0	51	52	1	135	6	141	142
Y03Z	Other OR procedures for other burns	1	14	0	14	15	0	16	0	16	16	1	30	0	30	31
Y60Z	Burns, transferred to another acute care facility <5 days	0	19	0	19	19	0	61	0	61	61	0	80	0	80	80

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	
Y61Z	Severe burns	0	43	1	44	44	1	33	0	33	34	1	76	1	77	78
Y62A	Other burns age >64 or with catastrophic or severe CC or with complicating procedure	0	9	0	9	9	0	22	0	22	22	0	31	0	31	31
Y62B	Other burns age <65 W/O catastrophic or severe CC W/O complicating procedure	3	210	0	210	213	1	184	0	184	185	4	394	0	394	398
Z01A	OR procedures with diagnoses of other contacts with health services with catastrophic or severe CC	15	112	5	117	132	10	73	7	80	90	25	185	12	197	222
Z01B	OR procedures with diagnoses other contacts with health services W/O catastrophic or severe CC	493	237	0	237	730	275	207	3	210	485	768	444	3	447	1,215
Z40Z	Follow up with endoscopy	2,426	75	0	75	2,501	3,073	177	1	178	3,251	5,499	252	1	253	5,752
Z60A	Rehabilitation with catastrophic or severe CC	0	320	106	426	426	0	340	174	514	514	0	660	280	940	940
Z60B	Rehabilitation W/O catastrophic or severe CC	0	1,647	179	1,826	1,826	0	647	67	714	714	0	2,294	246	2,540	2,540
Z60C	Rehabilitation, sameday	28	3	0	3	31	9	7	0	7	16	37	10	0	10	47
Z61Z	Signs and symptoms	337	463	20	483	820	481	1,011	10	1,021	1,502	818	1,474	30	1,504	2,322
Z62Z	Follow up W/O endoscopy	3,063	117	3	120	3,183	1,643	186	5	191	1,834	4,706	303	8	311	5,017

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	80	171	4	175	255	845	662	69	731	1,576	925	833	73	906	1,831
Z63B	Other aftercare W/O catastrophic or severe CC	1,094	331	3	334	1,428	4,239	816	13	829	5,068	5,333	1,147	16	1,163	6,496
Z64A	Other factors influencing health status	0	372	15	387	387	0	1,107	52	1,159	1,159	0	1,479	67	1,546	1,546
Z64B	Other factors influencing health status, sameday	8,098	50	0	50	8,148	4,697	189	0	189	4,886	12,795	239	0	239	13,034
Z65Z	Multiple, other and unspecified congenital anomalies	42	100	1	101	143	16	23	1	24	40	58	123	2	125	183
901Z	Extensive OR procedure unrelated to principal diagnosis	389	751	159	910	1,299	97	505	99	604	701	486	1,256	258	1,514	2,000
902Z	Non-extensive OR procedure unrelated to principal diagnosis	100	154	21	175	275	62	99	14	113	175	162	253	35	288	450
903Z	Prostatic OR procedure unrelated to principal diagnosis	0	6	4	10	10	1	10	4	14	15	1	16	8	24	25
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	11	40	3	43	54	28	33	3	36	64	39	73	6	79	118
Total		**313,508**	**192,591**	**8,867**	**201,458**	**514,966**	**348,588**	**373,789**	**7,547**	**381,336**	**729,924**	**662,096**	**566,380**	**16,414**	**582,794**	**1,244,890**

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

[a] This includes pregnancy with abortive outcome.

TABLE 5.6

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

AR-DRG Description		Voluntary Hospitals				Non-Voluntary Hospitals				All Hospitals			
		In-Patients			Total Discharges[a]	In-Patients			Total Discharges[a]	In-Patients			Total Discharges[a]
		Acute (0–30 days)	Extended (>30 days)	Total In-Patients		Acute (0–30 days)	Extended (>30 days)	Total In-Patients		Acute (0–30 days)	Extended (>30 days)	Total In-Patients	
A01Z	Liver transplant	19.8	62.0	38.0	38.0	–	–	–	–	19.8	62.0	38.0	38.0
A03Z	Lung or heart/lung transplant	15.0	170.5	49.6	49.6	–	–	–	–	15.0	170.5	49.6	49.6
A05Z	Heart transplant	20.2	69.0	29.1	29.1	–	–	–	–	20.2	69.0	29.1	29.1
A06Z	Tracheostomy or ventilation >95 hours	15.3	82.5	48.4	48.3	15.4	70.4	38.7	38.7	15.4	78.1	44.5	44.5
A07Z	Allogeneic bone marrow transplant	18.1	43.1	36.9	35.9	–	36.0	36.0	36.0	18.1	42.9	36.9	35.9
A08A	Autologous bone marrow transplant with catastrophic CC	21.7	52.3	26.4	26.4	19.7	49.3	31.5	31.5	21.4	51.4	27.2	27.2
A08B	Autologous bone marrow transplant W/O catastrophic CC	10.0	34.5	11.6	11.6	20.0	–	20.0	13.7	10.7	34.5	12.1	11.8
A09A	Renal transplant with pancreas transplant or catastrophic CC	18.1	44.6	25.2	25.2	–	–	–	–	18.1	44.6	25.2	25.2
A09B	Renal transplant W/O pancreas transplant W/O catastrophic CC	13.7	34.3	14.2	14.2	–	–	–	–	13.7	34.3	14.2	14.2
A40Z	ECMO W/O cardiac surgery	8.2	71.3	33.4	33.4	–	–	–	–	8.2	71.3	33.4	33.4
A41A	Intubation age <16 with CC	8.7	75.2	19.9	19.6	6.9	–	6.9	6.9	8.2	75.2	17.1	16.9
A41B	Intubation age <16 W/O CC	6.1	36.7	7.7	7.7	3.3	–	3.3	3.3	5.3	36.7	6.5	6.5
B01Z	Ventricular shunt revision	6.7	115.0	8.5	8.5	2.9	–	2.9	2.9	6.2	115.0	7.7	7.7
B02A	Craniotomy with catastrophic CC	13.3	56.6	20.8	20.8	12.8	67.6	33.0	33.0	13.2	60.9	23.6	23.6
B02B	Craniotomy with severe or moderate CC	12.7	51.1	15.5	15.5	8.4	37.0	8.8	8.8	11.8	50.5	14.2	14.2
B02C	Craniotomy W/O CC	10.1	50.8	11.2	11.1	7.0	47.0	7.6	7.6	9.1	50.1	10.1	10.0
B03A	Spinal procedures with catastrophic or severe CC	16.0	50.3	23.6	23.6	17.6	59.0	33.1	33.1	16.3	53.2	25.8	25.8

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

AR-DRG Description		Voluntary Hospitals				Non-Voluntary Hospitals				All Hospitals			
		In-Patients			Total Discharges[a]	In-Patients			Total Discharges[a]	In-Patients			Total Discharges[a]
		Acute (0–30 days)	Extended (>30 days)	Total In-Patients		Acute (0–30 days)	Extended (>30 days)	Total In-Patients		Acute (0–30 days)	Extended (>30 days)	Total In-Patients	
B03B	Spinal procedures W/O catastrophic or severe CC	8.1	58.6	10.9	10.5	4.9	56.5	6.4	6.0	7.0	58.2	9.4	9.0
B04A	Extracranial vascular procedures with catastrophic or severe CC	12.1	49.8	14.0	14.0	10.3	57.3	15.5	15.5	11.6	53.0	14.4	14.4
B04B	Extracranial vascular procedures W/O catastrophic or severe CC	7.8	35.0	8.0	8.0	7.4	–	7.4	7.4	7.7	35.0	7.8	7.8
B05Z	Carpal tunnel release	2.2	–	2.2	1.2	1.6	–	1.6	1.2	1.7	–	1.7	1.2
B06A	Procedures for cerebral palsy, muscular dystrophy, neuropathy with catastrophic or severe CC	9.6	94.5	46.5	42.9	13.0	87.7	57.8	57.8	10.4	91.9	49.9	47.1
B06B	Procedures for cerebral palsy, muscular dystrophy, neuropathy W/O catastrophic or severe CC	5.3	35.2	7.5	2.8	2.5	37.0	2.9	2.1	3.9	35.4	5.2	2.6
B07A	Peripheral and cranial nerve and other nervous system procedures with CC	10.3	130.4	33.4	33.4	5.7	58.8	14.0	14.0	7.7	94.6	22.7	22.7
B07B	Peripheral and cranial nerve and other nervous system procedures W/O CC	2.9	37.0	3.2	2.8	2.4	39.0	2.9	2.7	2.6	38.2	3.0	2.7
B40Z	Plasmapheresis with neurological disease	5.8	74.2	10.2	7.2	4.8	60.0	7.4	4.8	5.6	71.8	9.6	6.6
B41Z	Telemetric EEG monitoring	6.9	–	6.9	6.7	3.8	54.0	6.0	6.0	5.8	54.0	6.6	6.5
B60A	Established paraplegia/ quadriplegia with or W/O OR procedures with catastrophic CC	13.8	123.2	78.8	78.8	9.9	109.7	48.1	48.1	11.4	117.7	62.9	62.9
B60B	Established paraplegia/ quadriplegia with or W/O OR procedures W/O catastrophic CC	7.1	87.6	23.8	15.5	7.2	90.1	11.9	10.2	7.2	88.1	17.6	13.1
B61A	Spinal cord conditions with or W/O OR procedures with catastrophic or severe CC	13.5	111.6	50.3	48.8	9.3	70.5	16.1	16.1	12.3	108.4	42.8	41.8

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

AR-DRG Description		Voluntary Hospitals				Non-Voluntary Hospitals				All Hospitals			
		In-Patients			Total Discharges[a]	In-Patients			Total Discharges[a]	In-Patients			Total Discharges[a]
		Acute (0–30 days)	Extended (>30 days)	Total In-Patients		Acute (0–30 days)	Extended (>30 days)	Total In-Patients		Acute (0–30 days)	Extended (>30 days)	Total In-Patients	
B61B	Spinal cord conditions with or W/O OR procedures W/O catastrophic or severe CC	9.4	59.8	19.0	18.1	6.4	68.0	8.6	7.8	7.9	60.8	14.5	13.4
B62Z	Admit for apheresis	2.3	–	2.3	1.0	–	–	–	1.0	2.3	–	2.3	1.0
B63Z	Dementia and other chronic disturbances of cerebral function	12.5	121.9	72.9	65.4	11.1	79.1	21.6	17.7	11.4	106.6	38.8	32.6
B64A	Delirium with catastrophic CC	11.0	99.7	41.8	41.8	12.7	52.5	19.1	19.1	12.0	82.2	29.1	29.1
B64B	Delirium W/O catastrophic CC	8.3	72.3	19.8	18.9	7.3	51.4	9.7	9.3	7.5	62.8	12.4	11.9
B65Z	Cerebral palsy	6.2	69.5	8.8	2.6	4.0	–	4.0	2.5	5.6	69.5	7.5	2.6
B66A	Nervous system neoplasm with catastrophic or severe CC	10.7	57.4	19.7	16.2	11.2	54.6	16.4	15.3	11.0	56.1	17.8	15.7
B66B	Nervous system neoplasm W/O catastrophic or severe CC	6.4	46.2	11.1	6.0	7.0	39.6	8.1	5.9	6.7	44.6	9.5	5.9
B67A	Degenerative nervous system disorders with catastrophic or severe CC	12.4	72.5	35.1	29.5	11.7	76.6	27.5	26.7	12.0	74.3	30.8	28.1
B67B	Degenerative nervous system disorders age >59 W/O catastrophic or severe CC	11.2	57.9	16.2	13.1	9.5	50.8	13.3	11.7	10.1	53.3	14.2	12.2
B67C	Degenerative nervous system disorders age <60 W/O catastrophic or severe CC	7.9	51.8	10.2	5.3	5.6	53.0	7.0	4.2	6.6	52.3	8.4	4.7
B68A	Multiple sclerosis and cerebellar ataxia with CC	11.1	53.7	16.6	16.1	8.8	48.0	12.3	11.4	10.0	51.5	14.5	13.8
B68B	Multiple sclerosis and cerebellar ataxia W/O CC	6.6	48.2	7.9	3.1	5.4	44.0	6.0	3.7	5.7	45.8	6.6	3.5
B69A	TIA and precerebral occlusion with catastrophic or severe CC	8.7	61.6	13.9	13.7	8.3	51.1	10.0	9.9	8.4	57.0	11.4	11.3
B69B	TIA and precerebral occlusion W/O catastrophic or severe CC	6.4	41.9	7.1	6.7	5.3	45.1	5.5	5.3	5.5	43.4	5.8	5.6

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

AR-DRG	Description	Voluntary Hospitals				Non-Voluntary Hospitals				All Hospitals			
		In-Patients			Total Discharges[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	
B70A	Stroke with catastrophic CC	15.8	113.6	72.1	72.1	15.8	67.8	39.1	39.1	15.8	88.9	52.2	52.2
B70B	Stroke with severe CC	13.6	73.1	32.7	28.8	12.9	55.6	21.8	21.8	13.1	63.0	25.3	24.2
B70C	Stroke W/O catastrophic or severe CC	10.6	64.3	20.1	19.0	9.8	53.4	14.0	13.9	10.0	58.1	15.8	15.5
B70D	Stroke, died or transferred <5 days	2.1	–	2.1	2.1	1.9	–	1.9	1.9	1.9	–	1.9	1.9
B71A	Cranial and peripheral nerve disorders with CC	9.8	56.6	17.1	12.8	8.2	56.9	12.1	9.7	8.9	56.7	14.4	11.2
B71B	Cranial and peripheral nerve disorders W/O CC	6.1	77.1	9.6	2.9	4.7	45.9	5.4	2.6	5.1	63.1	6.7	2.8
B72A	Nervous system infection except viral meningitis with catastrophic or severe CC	12.9	52.8	16.3	15.7	12.0	41.4	14.8	14.8	12.4	46.4	15.5	15.2
B72B	Nervous system infection except viral meningitis W/O catastrophic or severe CC	9.4	56.3	11.1	10.0	7.2	48.9	8.5	8.3	7.9	51.5	9.3	8.9
B73Z	Viral meningitis	5.6	95.0	6.3	6.2	5.1	43.0	5.3	5.2	5.3	69.0	5.6	5.5
B74Z	Nontraumatic stupor and coma	4.9	61.0	7.4	7.3	5.0	39.7	5.7	5.6	5.0	48.2	6.1	6.0
B75Z	Febrile convulsions	2.1	–	2.1	2.0	1.7	–	1.7	1.7	1.9	–	1.9	1.8
B76A	Seizure with catastrophic or severe CC	7.0	68.2	11.9	11.5	6.9	52.2	8.6	8.5	7.0	62.3	10.0	9.9
B76B	Seizure W/O catastrophic or severe CC	4.3	57.7	4.9	3.9	3.1	72.1	3.2	3.0	3.4	61.9	3.7	3.3
B77Z	Headache	3.7	32.0	3.7	3.2	2.7	34.4	2.8	2.6	2.9	34.0	3.0	2.7
B78A	Intracranial injury with catastrophic or severe CC	11.6	70.4	33.4	32.2	11.4	116.0	27.7	27.7	11.5	80.9	31.0	30.4
B78B	Intracranial injury W/O catastrophic or severe CC	7.0	57.9	14.4	13.9	5.2	51.3	6.6	6.6	5.8	56.2	9.6	9.4
B79Z	Skull fractures	3.4	65.5	4.5	4.4	3.8	47.0	4.5	4.5	3.7	52.3	4.5	4.5

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

AR-DRG Description		Voluntary Hospitals				Non-Voluntary Hospitals				All Hospitals			
		In-Patients			Total Discharges[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	
B80Z	Other head injury	1.7	61.1	2.2	2.1	1.8	70.2	2.0	2.0	1.8	66.7	2.1	2.0
B81A	Other disorders of the nervous system with catastrophic or severe CC	11.2	88.1	33.1	30.5	9.9	63.9	15.5	14.9	10.5	82.0	24.7	23.2
B81B	Other disorders of the nervous system W/O catastrophic or severe CC	6.3	84.7	9.6	5.3	5.3	45.4	6.2	5.1	5.6	64.0	7.3	5.2
C01Z	Procedures for penetrating eye injury	5.2	–	5.2	4.8	4.8	–	4.8	4.8	5.0	–	5.0	4.8
C02Z	Enucleations and orbital procedures	4.6	–	4.6	3.9	5.1	31.0	5.7	5.5	4.8	31.0	5.0	4.3
C03Z	Retinal procedures	4.8	50.0	4.9	2.0	5.1	63.0	5.2	2.1	5.0	56.5	5.1	2.0
C04Z	Major corneal, scleral and conjunctival procedures	5.9	56.0	7.6	7.3	5.2	42.0	6.1	5.0	5.6	51.3	7.0	6.3
C05Z	Dacryocystorhinostomy	1.9	–	1.9	1.6	2.1	–	2.1	1.8	2.0	–	2.0	1.7
C10Z	Strabismus procedures	1.8	–	1.8	1.7	1.4	–	1.4	1.3	1.7	–	1.7	1.5
C11Z	Eyelid procedures	2.6	–	2.6	1.5	2.5	–	2.5	1.5	2.5	–	2.5	1.5
C12Z	Other corneal, scleral and conjunctival procedures	3.7	36.0	4.5	2.4	6.0	32.0	6.4	3.4	5.0	34.0	5.6	2.9
C13Z	Lacrimal procedures	4.3	–	4.3	1.2	3.5	–	3.5	1.2	3.9	–	3.9	1.2
C14Z	Other eye procedures	5.2	–	5.2	1.8	3.4	–	3.4	1.2	4.5	–	4.5	1.4
C15A	Glaucoma and complex cataract procedures	3.6	45.0	4.2	4.2	4.5	–	4.5	4.5	4.2	45.0	4.4	4.4
C15B	Glaucoma and complex cataract procedures, sameday	1.0	–	1.0	1.0	1.0	–	1.0	1.0	1.0	–	1.0	1.0
C16A	Lens procedures	2.4	–	2.4	2.4	2.0	159.7	2.2	2.2	2.1	159.7	2.2	2.2
C16B	Lens procedures, sameday	–	–	–	1.0	1.0	–	1.0	1.0	1.0	–	1.0	1.0

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

AR-DRG	Description	Voluntary Hospitals				Non-Voluntary Hospitals				All Hospitals			
		In-Patients			Total Discharges[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	
C60A	Acute and major eye infections age >54 or with catastrophic or severe CC	6.3	131.0	10.7	10.4	7.8	–	7.8	7.7	7.2	131.0	9.0	8.8
C60B	Acute and major eye infections age <55 W/O catastrophic or severe CC	5.6	–	5.6	4.7	4.4	–	4.4	4.3	4.8	–	4.8	4.4
C61Z	Neurological and vascular disorders of the eye	4.7	51.8	6.5	2.8	4.6	–	4.6	3.2	4.6	51.8	5.3	3.0
C62Z	Hyphema and medically managed trauma to the eye	2.5	64.6	4.0	3.4	2.8	43.3	3.3	3.1	2.7	55.1	3.6	3.2
C63A	Other disorders of the eye with CC	3.6	62.5	5.7	4.0	5.1	33.7	5.9	4.7	4.3	50.1	5.8	4.3
C63B	Other disorders of the eye W/O CC	3.7	36.5	4.0	1.3	3.6	40.0	3.7	1.9	3.7	38.3	3.8	1.5
D01Z	Cochlear implant	6.1	–	6.1	6.1	–	–	–	–	6.1	–	6.1	6.1
D02A	Head and neck procedures with catastrophic or severe CC	13.0	51.9	20.8	20.8	10.4	45.3	21.2	21.2	12.7	50.4	20.9	20.9
D02B	Head and neck procedures with malignancy or moderate CC	10.3	43.2	15.8	14.4	8.2	40.0	10.8	10.8	9.6	42.7	14.4	13.5
D02C	Head and neck procedures W/O malignancy W/O CC	4.2	–	4.2	3.9	3.4	–	3.4	3.0	3.9	–	3.9	3.6
D03Z	Surgical repair for cleft lip or palate diagnosis	4.3	34.0	4.6	4.5	3.3	–	3.3	3.1	4.1	34.0	4.3	4.2
D04A	Maxillo surgery with CC	3.3	–	3.3	3.3	5.9	–	5.9	5.9	3.9	–	3.9	3.9
D04B	Maxillo surgery W/O CC	2.5	–	2.5	2.5	3.1	83.0	3.4	3.2	2.7	83.0	2.8	2.7
D05Z	Parotid gland procedures	5.5	–	5.5	5.5	4.9	36.0	5.5	5.0	5.3	36.0	5.5	5.2
D06Z	Sinus, mastoid and complex middle ear procedures	3.3	39.0	3.4	3.3	2.6	–	2.6	2.6	3.0	39.0	3.0	2.9
D09Z	Miscellaneous ear, nose, mouth and throat procedures	3.0	60.0	3.2	2.0	2.3	47.3	2.5	1.9	2.6	52.4	2.8	1.9
D10Z	Nasal procedures	2.5	51.0	2.7	2.2	2.3	–	2.3	2.2	2.4	51.0	2.5	2.2

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

AR-DRG Description		Voluntary Hospitals				Non-Voluntary Hospitals				All Hospitals			
		In-Patients			Total Discharges[a]	In-Patients			Total Discharges[a]	In-Patients			Total Discharges[a]
		Acute (0–30 days)	Extended (>30 days)	Total In-Patients		Acute (0–30 days)	Extended (>30 days)	Total In-Patients		Acute (0–30 days)	Extended (>30 days)	Total In-Patients	
D11Z	Tonsillectomy and/or adenoidectomy	2.2	–	2.2	2.1	2.2	–	2.2	2.1	2.2	–	2.2	2.1
D12Z	Other ear, nose, mouth and throat procedures	5.6	79.0	8.0	5.5	1.9	96.5	2.6	2.5	3.3	84.0	4.7	3.9
D13Z	Myringotomy with tube insertion	2.1	–	2.1	1.0	1.6	–	1.6	1.0	1.8	–	1.8	1.0
D14Z	Mouth and salivary gland procedures	4.1	37.3	4.6	2.7	3.2	55.0	3.7	2.0	3.7	44.4	4.2	2.3
D40Z	Dental extractions and restorations	1.7	–	1.7	1.1	2.1	31.0	2.3	1.1	1.9	31.0	2.0	1.1
D60A	Ear, nose, mouth and throat malignancy with catastrophic or severe CC	10.6	50.3	24.5	22.1	12.0	65.8	20.9	18.1	11.1	52.7	23.5	20.9
D60B	Ear, nose, mouth and throat malignancy W/O catastrophic or severe CC	7.4	54.2	19.2	10.8	5.0	49.8	8.8	6.6	6.2	53.3	14.6	9.2
D61Z	Dysequilibrium	5.8	72.0	6.1	3.1	3.9	42.6	4.1	3.7	4.3	47.5	4.4	3.5
D62Z	Epistaxis	3.9	73.3	4.5	3.4	3.2	40.7	3.5	3.2	3.5	51.6	3.8	3.3
D63A	Otitis media and URI with CC	3.5	33.0	3.7	3.4	2.7	36.0	2.8	2.7	2.9	34.5	3.0	2.9
D63B	Otitis media and URI W/O CC	2.4	–	2.4	1.7	2.0	53.8	2.0	1.9	2.1	53.8	2.1	1.9
D64Z	Laryngotracheitis and epiglottitis	2.4	–	2.4	2.3	1.4	44.0	1.4	1.4	1.5	44.0	1.6	1.6
D65Z	Nasal trauma and deformity	1.7	194.0	3.9	1.7	1.5	47.5	1.7	1.3	1.6	120.8	2.4	1.4
D66A	Other ear, nose, mouth and throat diagnoses with CC	5.4	76.5	7.4	4.7	4.5	–	4.5	3.6	5.0	76.5	6.1	4.3
D66B	Other ear, nose, mouth and throat diagnoses W/O CC	2.5	31.0	2.5	1.2	1.8	–	1.8	1.4	2.0	31.0	2.0	1.3
D67A	Oral and dental disorders except extractions and restorations	2.7	31.0	2.8	2.8	2.9	59.3	3.1	3.1	2.8	52.3	3.0	3.0
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

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

AR-DRG Description		Voluntary Hospitals				Non-Voluntary Hospitals				All Hospitals			
		In-Patients			Total Discharges[a]	In-Patients			Total Discharges[a]	In-Patients			Total Discharges[a]
		Acute (0–30 days)	Extended (>30 days)	Total In-Patients		Acute (0–30 days)	Extended (>30 days)	Total In-Patients		Acute (0–30 days)	Extended (>30 days)	Total In-Patients	
E01A	Major chest procedures with catastrophic CC	14.7	51.6	21.5	21.5	15.3	58.0	23.4	23.4	14.8	52.8	21.9	21.9
E01B	Major chest procedures W/O catastrophic CC	10.4	50.0	11.8	11.8	11.6	40.0	13.1	12.8	10.6	47.4	12.1	12.0
E02A	Other respiratory system OR procedures with catastrophic CC	16.6	58.8	30.5	29.7	14.1	54.5	26.4	26.4	15.8	57.5	29.2	28.7
E02B	Other respiratory system OR procedures with severe CC	10.6	37.2	12.6	12.1	10.6	34.5	12.2	10.9	10.6	36.4	12.4	11.7
E02C	Other respiratory system OR procedures W/O catastrophic or severe CC	5.8	41.7	7.2	6.9	7.5	43.7	9.0	6.5	6.3	42.3	7.8	6.8
E40Z	Respiratory system diagnosis with ventilator support	10.4	52.4	15.8	15.8	9.8	46.1	16.1	16.1	10.0	47.8	16.0	16.0
E41Z	Respiratory system diagnosis with non-invasive ventilation	12.2	64.2	21.1	21.0	11.7	69.4	17.7	17.7	11.9	66.4	19.2	19.2
E60A	Cystic fibrosis with catastrophic or severe CC	12.6	41.7	14.9	13.4	10.4	36.0	12.1	9.7	12.4	41.2	14.7	13.0
E60B	Cystic fibrosis W/O catastrophic or severe CC	8.0	42.5	8.7	3.9	7.4	35.7	7.6	5.1	7.6	40.2	8.1	4.5
E61A	Pulmonary embolism with catastrophic or severe CC	11.9	52.1	15.4	15.4	11.0	45.3	13.7	13.6	11.4	48.5	14.4	14.4
E61B	Pulmonary embolism W/O catastrophic or severe CC	8.8	55.3	9.9	9.8	8.6	44.8	8.9	8.7	8.7	51.1	9.3	9.1
E62A	Respiratory infections/ inflammations with catastrophic CC	12.1	69.9	28.1	28.0	11.4	48.3	16.5	16.5	11.6	59.1	20.4	20.4
E62B	Respiratory infections/ inflammations with severe or moderate CC	8.6	62.4	12.6	12.4	8.6	52.6	10.6	10.5	8.6	56.8	11.3	11.1
E62C	Respiratory infections/ inflammations W/O CC	5.1	80.1	6.1	5.6	5.2	48.9	5.7	5.5	5.2	58.0	5.8	5.6
E63Z	Sleep apnoea	1.7	37.5	1.8	1.8	2.1	34.0	2.2	2.2	1.8	36.3	1.9	1.9

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

AR-DRG Description		Voluntary Hospitals				Non-Voluntary Hospitals				All Hospitals			
		In-Patients			Total Discharges[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	
E64Z	Pulmonary oedema and respiratory failure	9.3	73.8	15.6	10.4	8.1	72.0	11.5	11.4	8.4	72.6	12.5	11.1
E65A	Chronic obstructive airways disease with catastrophic or severe CC	10.1	66.1	15.5	15.2	9.1	48.6	10.8	10.7	9.4	56.7	12.1	12.0
E65B	Chronic obstructive airways disease W/O catastrophic or severe CC	7.3	52.4	8.2	7.0	6.5	61.2	6.9	6.6	6.7	57.1	7.3	6.7
E66A	Major chest trauma age>69 with CC	7.3	43.0	10.3	10.3	10.1	42.0	11.6	11.6	9.5	42.3	11.3	11.3
E66B	Major chest trauma age >69 or with CC	5.8	–	5.8	5.8	5.3	–	5.3	5.3	5.4	–	5.4	5.4
E66C	Major chest trauma age <70 W/O CC	2.6	–	2.6	2.6	3.2	–	3.2	3.2	3.1	–	3.1	3.1
E67A	Respiratory signs and symptoms with catastrophic or severe CC	7.2	47.9	8.3	7.5	5.6	43.0	5.9	5.4	6.4	46.9	7.2	6.6
E67B	Respiratory signs and symptoms W/O catastrophic or severe CC	3.6	51.8	3.9	2.1	2.7	36.4	2.8	2.2	2.9	43.2	3.1	2.2
E68Z	Pneumothorax	5.7	41.2	6.5	6.5	5.3	34.7	5.5	5.5	5.5	39.0	5.9	5.9
E69A	Bronchitis and asthma age>49 with CC	8.1	108.5	11.5	10.1	6.7	44.3	7.3	6.9	7.2	81.0	8.9	8.2
E69B	Bronchitis and asthma age >49 or with CC	5.1	32.0	5.2	4.1	4.4	–	4.4	3.9	4.6	32.0	4.6	4.0
E69C	Bronchitis and asthma age <50 W/O CC	2.4	31.0	2.5	2.3	2.2	–	2.2	2.1	2.3	31.0	2.3	2.2
E70A	Whooping cough and acute bronchiolitis with CC	6.1	–	6.1	6.0	4.3	–	4.3	4.3	5.0	–	5.0	5.0
E70B	Whooping cough and acute bronchiolitis W/O CC	3.7	64.0	3.9	3.8	2.7	–	2.7	2.7	3.0	64.0	3.0	3.0
E71A	Respiratory neoplasms with catastrophic CC	12.3	59.0	18.8	16.5	11.5	45.4	16.5	14.7	11.9	51.7	17.6	15.5
E71B	Respiratory neoplasms with severe or moderate CC	10.2	46.5	14.2	8.7	8.8	40.1	10.5	7.9	9.3	44.0	12.1	8.3

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

AR-DRG Description		Voluntary Hospitals				Non-Voluntary Hospitals				All Hospitals			
		In-Patients			Total Discharges[a]	In-Patients			Total Discharges[a]	In-Patients			Total Discharges[a]
		Acute (0–30 days)	Extended (>30 days)	Total In-Patients		Acute (0–30 days)	Extended (>30 days)	Total In-Patients		Acute (0–30 days)	Extended (>30 days)	Total In-Patients	
E71C	Respiratory neoplasms W/O CC	7.4	46.6	9.9	2.6	6.9	39.4	8.0	4.4	7.1	43.4	8.8	3.2
E72Z	Respiratory problems arising from neonatal period	3.5	52.5	6.3	5.4	2.8	51.5	5.7	3.5	3.2	52.0	6.0	4.2
E73A	Pleural effusion with catastrophic CC	13.7	49.6	23.7	22.6	12.5	47.0	16.4	15.9	13.1	49.0	20.4	19.6
E73B	Pleural effusion with severe CC	10.1	36.7	11.1	9.7	9.1	39.6	10.6	10.4	9.4	38.8	10.8	10.1
E73C	Pleural effusion W/O catastrophic or severe CC	6.7	46.7	7.7	6.4	7.0	41.3	7.6	6.7	6.9	43.6	7.6	6.6
E74A	Interstitial lung disease with catastrophic CC	14.4	59.7	24.2	24.2	9.7	59.1	18.8	17.9	11.8	59.4	21.3	20.7
E74B	Interstitial lung disease with severe CC	9.5	41.8	11.3	10.0	8.0	55.5	8.8	8.2	8.6	46.3	9.8	8.9
E74C	Interstitial lung disease W/O catastrophic or severe CC	7.3	42.0	7.5	4.8	5.4	50.2	6.3	4.5	6.2	48.8	6.8	4.6
E75A	Other respiratory system diagnosis age>64 with CC	9.7	58.6	16.4	16.1	8.7	48.3	10.0	9.9	8.9	53.8	11.4	11.3
E75B	Other respiratory system diagnosis age >64 or with CC	6.4	47.3	7.1	6.5	5.7	46.8	6.0	5.9	5.9	47.0	6.3	6.1
E75C	Other respiratory system diagnosis age <65 W/O CC	3.1	–	3.1	2.8	2.9	106.0	3.0	2.9	3.0	106.0	3.0	2.9
F01A	Implantation or replacement of AICD, total system with catastrophic or severe CC	9.1	38.6	12.1	11.3	5.3	40.5	9.0	6.8	8.8	38.8	11.8	10.8
F01B	Implantation or replacement of AICD, total system W/O catastrophic or severe CC	4.3	34.5	4.7	3.8	3.8	–	3.8	3.3	4.2	34.5	4.5	3.7
F02Z	AICD component implantation/ replacement	4.7	–	4.7	4.7	5.0	–	5.0	5.0	4.8	–	4.8	4.8
F03Z	Cardiac valve procedure with CPB pump with invasive cardiac investigation	16.9	47.4	29.6	29.6	22.0	120.0	30.2	30.2	19.2	54.0	29.8	29.8

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

AR-DRG Description		Voluntary Hospitals				Non-Voluntary Hospitals				All Hospitals			
		In-Patients			Total Discharges[a]	In-Patients			Total Discharges[a]	In-Patients			Total Discharges[a]
		Acute (0–30 days)	Extended (>30 days)	Total In-Patients		Acute (0–30 days)	Extended (>30 days)	Total In-Patients		Acute (0–30 days)	Extended (>30 days)	Total In-Patients	
F04A	Cardiac valve procedure with CPB pump W/O invasive cardiac investigation with catastrophic CC	15.0	48.3	20.9	20.9	16.7	47.0	20.5	20.5	15.4	48.1	20.8	20.8
F04B	Cardiac valve procedure with CPB pump W/O invasive cardiac investigation W/O catastrophic CC	11.5	32.0	11.7	11.6	13.9	36.8	15.6	15.6	12.3	36.0	13.0	13.0
F05A	Coronary bypass with invasive cardiac investigation with catastrophic CC	17.7	46.0	31.3	31.3	20.5	44.0	27.0	27.0	19.0	45.5	29.7	29.7
F05B	Coronary bypass with invasive cardiac investigation W/O catastrophic CC	19.3	42.0	20.9	20.2	19.7	33.0	21.4	21.4	19.5	36.0	21.1	20.8
F06A	Coronary bypass W/O invasive cardiac investigation with catastrophic or severe CC	12.6	64.4	15.1	15.1	13.4	48.1	18.2	18.2	12.8	56.0	16.0	16.0
F06B	Coronary bypass W/O invasive cardiac investigation W/O catastrophic or severe CC	10.3	31.0	10.5	10.5	10.9	40.0	11.4	11.4	10.6	37.0	11.0	11.0
F07A	Other cardiothoracic/vascular procedures with CPB pump with catastrophic CC	15.1	66.3	25.6	25.6	16.0	–	16.0	16.0	15.2	66.3	25.1	25.1
F07B	Other cardiothoracic/vascular procedures with CPB pump W/O catastrophic CC	10.6	46.5	11.8	11.8	11.0	–	11.0	11.0	10.6	46.5	11.7	11.7
F08A	Major reconstruct vascular procedures W/O CPB pump with catastrophic CC	15.8	60.6	28.5	28.5	15.2	61.9	28.0	28.0	15.7	61.0	28.4	28.4
F08B	Major reconstruct vascular procedures W/O CPB pump W/O catastrophic CC	12.1	42.2	13.2	13.2	12.7	48.8	14.9	14.9	12.3	45.6	13.9	13.8
F09A	Other cardiothoracic procedures W/O CPB pump with catastrophic CC	10.6	66.3	19.0	19.0	14.6	55.0	21.3	21.3	11.1	64.7	19.3	19.3

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

AR-DRG	Description	Voluntary Hospitals				Non-Voluntary Hospitals				All Hospitals			
		In-Patients			Total Discharges[a]	In-Patients			Total Discharges[a]	In-Patients			Total Discharges[a]
		Acute (0–30 days)	Extended (>30 days)	Total In-Patients		Acute (0–30 days)	Extended (>30 days)	Total In-Patients		Acute (0–30 days)	Extended (>30 days)	Total In-Patients	
F09B	Other cardiothoracic procedures W/O CPB pump W/O catastrophic CC	7.4	46.0	8.3	6.9	6.3	–	6.3	5.8	7.3	46.0	8.1	6.8
F10Z	Percutaneous coronary intervention with AMI	6.1	42.2	6.7	6.3	4.5	52.0	5.0	4.6	5.7	44.1	6.2	5.8
F11A	Amputation for circulatory system except upper limb and toe with catastrophic CC	17.6	106.0	59.8	59.8	15.9	70.3	48.8	48.8	16.9	87.4	54.7	54.7
F11B	Amputation for circulatory system except upper limb and toe W/O catastrophic CC	16.4	121.6	45.5	45.5	14.3	57.8	31.4	31.4	15.4	81.5	37.8	37.8
F12Z	Cardiac pacemaker implantation	7.0	59.5	8.9	5.5	6.2	44.6	7.7	6.5	6.8	55.3	8.6	5.7
F13Z	Upper limb and toe amputation for circulatory system disorders	12.2	45.3	17.6	16.9	12.4	46.2	18.3	17.8	12.3	45.6	17.9	17.3
F14A	Vascular procedures except major reconstruction W/O CPB pump with catastrophic CC	12.3	43.2	18.0	18.0	9.1	50.5	14.5	14.3	11.1	45.3	16.8	16.7
F14B	Vascular procedures except major reconstruction W/O CPB pump with severe CC	8.1	38.0	8.7	8.6	7.4	39.6	10.0	9.7	7.9	39.1	9.2	9.0
F14C	Vascular procedures except major reconstruction W/O CPB pump W/O catastrophic or severe CC	6.2	43.8	6.6	6.1	4.9	49.3	5.5	5.1	5.6	46.5	6.1	5.6
F15Z	Percutaneous coronary intervention W/O AMI with stent implantation	3.8	43.1	4.2	3.4	3.1	51.0	3.2	2.7	3.6	43.6	3.9	3.2
F16Z	Percutaneous coronary intervention W/O AMI W/O stent implantation	2.4	60.0	2.7	2.4	4.9	–	4.9	4.5	2.8	60.0	3.0	2.6
F17Z	Cardiac pacemaker replacement	6.2	43.7	7.1	5.4	4.9	36.3	5.5	4.8	5.5	40.0	6.2	5.1
F18Z	Cardiac pacemaker revision except device replacement	7.2	–	7.2	4.7	4.3	36.0	5.3	4.3	5.8	36.0	6.3	4.5
F19Z	Other trans-vascular percutaneous cardiac intervention	2.4	77.0	3.1	2.9	–	59.0	59.0	59.0	2.4	68.0	3.6	3.3

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

AR-DRG Description		Voluntary Hospitals				Non-Voluntary Hospitals				All Hospitals			
		In-Patients			Total Discharges[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	
F20Z	Vein ligation and stripping	2.3	33.0	2.4	1.5	1.9	–	1.9	1.5	2.1	33.0	2.1	1.5
F21A	Other circulatory system OR procedures with catastrophic CC	12.6	83.8	39.3	39.3	14.1	54.2	25.9	25.9	13.2	75.1	34.7	34.7
F21B	Other circulatory system OR procedures W/O catastrophic CC	8.7	68.5	14.1	13.3	8.2	51.7	13.5	12.2	8.4	58.4	13.8	12.7
F40Z	Circulatory system diagnosis with ventilator support	7.6	135.8	14.6	14.6	6.6	43.5	8.5	8.5	7.1	89.6	11.4	11.4
F41A	Circulatory disorders with AMI with invasive cardiac inves procedure with catastrophic or severe CC	9.7	64.2	14.7	14.2	9.5	53.5	12.0	10.9	9.7	62.1	13.9	13.2
F41B	Circulatory disorders with AMI with invasive cardiac inves procedure W/O catastrophic or severe CC	5.6	–	5.6	4.9	6.4	34.0	6.5	5.6	5.9	34.0	6.0	5.2
F42A	Circulatory disorders W/O AMI with invasive cardiac inves procedure with complex DX/Pr	6.6	52.6	7.9	6.3	7.1	33.8	7.5	5.2	6.8	49.6	7.8	6.0
F42B	Circulatory disorders W/O AMI with invasive cardiac inves procedure W/O complex DX/Pr	5.7	35.7	5.9	2.2	4.1	35.0	4.2	1.9	4.9	35.4	5.0	2.1
F60A	Circulatory disorders with AMI W/O invasive cardiac inves procedure with catastrophic or severe CC	11.2	57.7	20.7	20.7	11.0	47.8	14.1	14.1	11.0	52.2	15.8	15.8
F60B	Circulatory disorders with AMI W/O invasive cardiac inves procedure W/O catastrophic/severe CC	7.1	43.8	8.1	8.1	7.0	48.3	7.4	7.3	7.0	46.9	7.5	7.4
F60C	Circulatory disorders with AMI W/O invasive cardiac inves procedure, died	6.8	64.3	15.6	15.6	6.2	51.6	9.1	9.1	6.4	58.1	11.1	11.1
F61Z	Infective endocarditis	11.9	61.6	26.4	14.5	14.7	45.0	24.9	23.6	13.9	48.9	25.3	20.1
F62A	Heart failure and shock with catastrophic CC	13.7	67.7	26.6	26.6	12.6	52.4	18.3	18.3	12.9	59.7	21.3	21.3

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

AR-DRG Description		Voluntary Hospitals				Non-Voluntary Hospitals				All Hospitals			
		In-Patients			Total Discharges[a]	In-Patients			Total Discharges[a]	In-Patients			Total Discharges[a]
		Acute (0–30 days)	Extended (>30 days)	Total In-Patients		Acute (0–30 days)	Extended (>30 days)	Total In-Patients		Acute (0–30 days)	Extended (>30 days)	Total In-Patients	
F62B	Heart failure and shock W/O catastrophic CC	8.8	47.3	11.1	10.7	8.4	47.1	9.5	9.4	8.5	47.2	9.8	9.7
F63A	Venous thrombosis with catastrophic or severe CC	7.9	59.9	11.4	11.2	9.0	55.5	12.6	12.4	8.5	57.2	12.0	11.8
F63B	Venous thrombosis W/O catastrophic/severe CC	6.4	57.0	6.7	6.4	5.6	43.9	6.0	5.2	5.8	46.5	6.2	5.5
F64Z	Skin ulcers for circulatory disorders	13.6	86.2	25.1	21.8	11.2	46.0	15.0	8.3	11.7	56.0	16.9	10.0
F65A	Peripheral vascular disorders with catastrophic or severe CC	9.1	89.1	17.4	16.1	10.6	57.9	16.1	15.8	10.0	70.3	16.6	15.9
F65B	Peripheral vascular disorders W/O catastrophic or severe CC	5.3	72.4	7.3	4.7	5.5	52.8	6.4	4.6	5.4	63.3	6.8	4.7
F66A	Coronary atherosclerosis with CC	6.7	44.3	8.8	7.9	7.1	47.3	8.1	7.8	7.0	46.1	8.3	7.8
F66B	Coronary atherosclerosis W/O CC	3.5	33.0	3.7	2.6	4.8	37.1	5.0	4.4	4.6	36.2	4.8	4.0
F67A	Hypertension with CC	6.8	45.8	8.5	7.5	5.5	69.7	6.7	6.7	5.8	60.1	7.1	6.9
F67B	Hypertension W/O CC	4.9	65.0	5.6	2.8	3.2	47.8	3.4	2.4	3.4	52.1	3.7	2.5
F68Z	Congenital heart disease	3.3	47.0	3.7	1.7	4.3	61.0	5.5	2.8	3.6	54.0	4.2	1.9
F69A	Valvular disorders with catastrophic/severe CC	10.2	43.8	13.0	10.1	8.0	39.7	10.4	10.2	8.7	41.1	11.3	10.1
F69B	Valvular disorders W/O catastrophic or severe CC	3.8	31.0	3.9	2.2	3.2	49.7	3.3	2.3	3.3	45.0	3.4	2.3
F70A	Major arrhythmia and cardiac arrest with catastrophic or severe CC	8.7	74.0	18.8	18.8	8.6	64.2	12.4	12.4	8.7	69.4	14.5	14.5
F70B	Major arrhythmia and cardiac arrest W/O catastrophic or severe CC	4.9	80.0	5.7	4.9	5.8	31.0	5.9	5.7	5.7	55.5	5.9	5.5
F71A	Non-major arrhythmia and conduction disorders with catastrophic or severe CC	8.9	83.4	14.2	13.9	8.6	52.8	10.5	10.3	8.7	66.0	11.7	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				All Hospitals			
		In-Patients			Total Discharges[a]	In-Patients			Total Discharges[a]	In-Patients			Total Discharges[a]
		Acute (0–30 days)	Extended (>30 days)	Total In-Patients		Acute (0–30 days)	Extended (>30 days)	Total In-Patients		Acute (0–30 days)	Extended (>30 days)	Total In-Patients	
F71B	Non-major arrhythmia and conduction disorders W/O catastrophic or severe CC	4.6	50.9	5.1	3.5	4.6	45.0	4.8	4.2	4.6	47.1	4.9	4.0
F72A	Unstable angina with catastrophic or severe CC	8.0	52.0	11.4	11.1	8.3	56.1	10.3	10.2	8.2	54.6	10.5	10.4
F72B	Unstable angina W/O catastrophic or severe CC	5.0	36.7	5.4	5.2	5.2	58.6	5.3	5.3	5.2	46.6	5.3	5.2
F73A	Syncope and collapse with catastrophic or severe CC	7.6	74.8	14.5	14.5	7.5	54.6	8.8	8.8	7.5	68.2	10.9	10.8
F73B	Syncope and collapse W/O catastrophic or severe CC	4.8	45.5	5.4	3.4	3.8	44.0	3.9	3.8	4.0	44.9	4.2	3.7
F74Z	Chest pain	2.7	66.4	2.8	2.4	2.9	39.0	2.9	2.7	2.9	60.9	2.9	2.6
F75A	Other circulatory system diagnoses with catastrophic CC	11.7	44.9	16.6	15.8	9.4	49.4	14.5	14.5	10.4	47.3	15.4	15.1
F75B	Other circulatory system diagnoses with severe CC	7.7	78.0	10.6	9.9	7.2	45.2	8.6	8.3	7.4	57.9	9.3	8.9
F75C	Other circulatory system diagnoses W/O catastrophic or severe CC	5.6	47.2	6.9	5.0	4.9	40.8	5.2	4.3	5.1	44.9	5.6	4.5
G01A	Rectal resection with catastrophic CC	16.5	55.1	28.2	28.2	18.3	54.0	27.9	27.9	17.4	54.6	28.1	28.1
G01B	Rectal resection W/O catastrophic CC	13.2	38.9	14.8	14.8	14.7	46.2	17.2	17.2	14.1	43.7	16.3	16.3
G02A	Major small and large bowel procedures with catastrophic CC	16.5	61.5	32.0	32.0	16.4	56.2	30.5	30.5	16.5	58.3	31.1	31.1
G02B	Major small and large bowel procedures W/O catastrophic CC	12.0	47.6	13.8	13.6	13.2	42.3	16.1	15.8	12.7	43.8	15.1	14.9
G03A	Stomach, oesophageal and duodenal procedures with malignancy	18.0	46.5	25.9	25.5	17.8	45.1	25.2	25.2	18.0	46.0	25.6	25.4

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

AR-DRG Description		Voluntary Hospitals				Non-Voluntary Hospitals				All Hospitals			
		In-Patients			Total Discharges[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	
G03B	Stomach, oesophageal and duodenal procedures W/O malignancy with catastrophic or severe CC	11.6	44.9	17.0	16.7	14.3	52.9	20.5	20.5	12.9	48.8	18.7	18.5
G03C	Stomach, oesophageal and duodenal procedures W/O malignancy W/O catastrophic or severe CC	5.7	37.5	6.2	5.8	7.0	–	7.0	6.4	6.4	37.5	6.6	6.1
G04A	Peritoneal adhesiolysis age >49 with CC	15.5	41.0	20.8	20.8	14.0	56.1	20.9	20.9	14.5	50.4	20.9	20.9
G04B	Peritoneal adhesiolysis age >49 or with CC	9.8	71.0	12.5	11.8	9.7	38.8	10.5	10.0	9.7	54.9	11.3	10.7
G04C	Peritoneal adhesiolysis age <50 W/O CC	6.6	–	6.6	5.5	4.8	32.0	4.9	4.5	5.3	32.0	5.4	4.8
G05A	Minor small and large bowel procedures with CC	9.8	63.8	17.8	17.8	12.7	59.3	16.1	16.1	11.4	62.3	17.0	17.0
G05B	Minor small and large bowel procedures W/O CC	7.9	–	7.9	7.0	8.9	–	8.9	8.6	8.5	–	8.5	7.9
G06Z	Pyloromyotomy procedure	4.5	–	4.5	4.5	5.7	–	5.7	5.7	4.7	–	4.7	4.7
G07A	Appendicectomy with catastrophic or severe CC	6.5	37.8	7.3	7.3	8.5	43.3	9.1	9.1	7.5	40.2	8.3	8.3
G07B	Appendicectomy W/O catastrophic or severe CC	3.9	–	3.9	3.9	3.8	–	3.8	3.8	3.8	–	3.8	3.8
G08A	Abdominal and other hernia procedures age >59 or with catastrophic or severe CC	6.8	64.3	8.6	8.2	6.0	46.6	7.0	6.7	6.3	53.9	7.6	7.2
G08B	Abdominal and other hernia procedures age 1 to 59 W/O catastrophic or severe CC	3.6	–	3.6	2.4	3.2	–	3.2	2.6	3.3	–	3.3	2.5
G09Z	Inguinal and femoral hernia procedures age >0	2.8	33.5	2.9	2.2	2.9	45.3	3.0	2.5	2.9	41.3	3.0	2.4
G10Z	Hernia procedures age <1	2.3	–	2.3	1.9	2.0	–	2.0	1.7	2.2	–	2.2	1.9

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

AR-DRG Description		Voluntary Hospitals				Non-Voluntary Hospitals				All Hospitals			
		In-Patients			Total Discharges[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	
G11A	Anal and stomal procedures with catastrophic or severe CC	7.4	49.4	11.8	11.4	8.6	39.0	12.4	11.5	8.0	43.9	12.1	11.5
G11B	Anal and stomal procedures W/O catastrophic or severe CC	3.8	–	3.8	2.4	3.2	34.3	3.3	2.1	3.4	34.3	3.5	2.2
G12A	Other digestive system OR procedures with catastrophic or severe CC	10.9	62.9	18.9	18.5	11.2	56.3	15.5	15.2	11.0	61.0	17.6	17.2
G12B	Other digestive system OR procedures W/O catastrophic or severe CC	6.1	40.4	7.1	5.9	5.5	37.3	5.9	4.9	5.7	39.3	6.4	5.4
G42A	Other gastroscopy for major digestive disease	7.1	60.5	9.3	9.3	6.7	42.7	7.3	7.3	6.8	52.8	8.0	8.0
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	7.4	–	7.4	2.5	1.3	–	1.3	1.0	5.6	–	5.6	1.7
G44A	Other colonoscopy with catastrophic or severe CC	10.9	59.5	15.1	15.1	11.1	50.8	15.7	15.7	11.0	53.9	15.4	15.4
G44B	Other colonoscopy W/O catastrophic or severe CC	6.1	41.1	6.7	6.7	5.6	49.6	5.9	5.9	5.7	45.2	6.1	6.1
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	5.0	70.5	6.1	6.1	4.5	46.3	4.9	4.9	4.7	57.2	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	11.9	66.0	19.8	19.8	12.0	50.8	17.2	17.2	11.9	59.0	18.5	18.5
G46B	Complex gastroscopy W/O catastrophic or severe CC	7.4	54.8	8.6	8.6	7.1	41.6	7.8	7.8	7.2	47.4	8.1	8.1
G46C	Complex gastroscopy, sameday	1.0	–	1.0	1.0	1.0	–	1.0	1.0	1.0	–	1.0	1.0

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

AR-DRG Description		Voluntary Hospitals				Non-Voluntary Hospitals				All Hospitals			
		In-Patients			Total Discharges[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	
G60A	Digestive malignancy with catastrophic or severe CC	9.1	50.8	12.8	6.8	8.1	46.2	9.6	7.2	8.5	48.9	10.9	7.0
G60B	Digestive malignancy W/O catastrophic or severe CC	6.5	49.2	13.0	2.7	4.8	42.3	5.6	3.2	5.4	47.8	8.2	2.9
G61A	GI Haemorrhage age >64 or with catastrophic or severe CC	5.3	61.8	7.4	7.0	5.5	42.6	5.9	5.7	5.5	50.6	6.2	5.9
G61B	GI Haemorrhage age <65 W/O catastrophic or severe CC	3.4	–	3.4	2.5	2.7	33.0	2.7	2.5	2.8	33.0	2.9	2.5
G62Z	Complicated peptic ulcer	4.9	–	4.9	2.7	5.7	31.0	6.3	5.3	5.5	31.0	5.9	4.3
G63Z	Uncomplicated peptic ulcer	6.0	42.0	8.3	7.4	3.3	31.0	3.7	3.5	3.8	36.5	4.5	4.3
G64Z	Inflammatory bowel disease	5.6	39.8	6.2	2.3	5.6	46.7	6.0	3.1	5.6	43.5	6.1	2.7
G65A	GI Obstruction with CC	6.8	55.8	10.4	10.3	8.1	43.6	10.2	10.2	7.7	47.7	10.3	10.2
G65B	GI Obstruction W/O CC	4.2	0.0	4.2	4.1	4.7	45.0	4.8	4.7	4.6	45.0	4.6	4.6
G66A	Abdominal pain or mesenteric adenitis with CC	4.7	101.5	5.3	5.0	4.3	–	4.3	4.1	4.4	101.5	4.6	4.4
G66B	Abdominal pain or mesenteric adenitis W/O CC	2.3	–	2.3	2.2	2.3	47.0	2.3	2.2	2.3	47.0	2.3	2.2
G67A	Oesophagitis, gastroenteritis and misc digestive system disorders age >9 with catastrophic or severe CC	6.5	79.9	9.8	9.3	7.1	52.2	8.6	8.5	6.9	62.6	9.0	8.8
G67B	Oesophagitis, gastroenteritis and misc digestive system disorders age >9 W/O catastrophic or severe CC	4.3	51.0	4.6	2.7	3.7	56.5	3.8	3.6	3.8	55.3	4.0	3.4
G68A	Gastroenteritis age<10 with CC	3.4	39.0	3.6	3.5	2.4	–	2.4	2.4	2.7	39.0	2.8	2.7
G68B	Gastroenteritis age <10 W/O CC	1.8	94.0	1.9	1.9	1.8	41.0	1.8	1.8	1.8	58.7	1.8	1.8
G69Z	Oesophagitis and misc digestive system disorders age <10	2.8	44.0	2.9	2.6	1.9	67.0	2.0	1.9	2.2	55.5	2.2	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				All Hospitals			
		In-Patients			Total Discharges[a]	In-Patients			Total Discharges[a]	In-Patients			Total Discharges[a]
		Acute (0–30 days)	Extended (>30 days)	Total In-Patients		Acute (0–30 days)	Extended (>30 days)	Total In-Patients		Acute (0–30 days)	Extended (>30 days)	Total In-Patients	
G70A	Other digestive system diagnoses with CC	6.1	42.7	7.0	5.9	6.4	57.0	8.0	6.4	6.3	52.2	7.6	6.2
G70B	Other digestive system diagnoses W/O CC	3.4	35.0	3.5	2.0	3.0	39.0	3.1	1.9	3.2	37.7	3.2	1.9
H01A	Pancreas, liver and shunt procedures with catastrophic CC	16.6	48.1	26.5	26.5	21.6	46.4	32.6	32.6	17.3	47.7	27.5	27.5
H01B	Pancreas, liver and shunt procedures W/O catastrophic CC	12.5	43.0	15.4	14.9	12.0	42.3	15.9	15.3	12.4	42.8	15.6	15.0
H02A	Major biliary tract procedures with malignancy or catastrophic CC	15.0	49.1	21.2	20.8	16.3	41.9	31.7	31.7	15.2	45.3	23.9	23.5
H02B	Major biliary tract procedures W/O malignancy with severe or moderate CC	11.9	32.0	12.9	12.9	13.0	41.7	17.8	17.8	12.2	37.8	14.4	14.4
H02C	Major biliary tract procedures W/O malignancy W/O CC	8.2	35.5	9.1	7.2	8.7	–	8.7	6.8	8.4	35.5	8.9	7.1
H05A	Hepatobiliary diagnostic procedures with catastrophic or severe CC	12.4	46.2	16.8	16.8	12.9	39.1	20.6	20.6	12.5	42.4	18.1	18.1
H05B	Hepatobiliary diagnostic procedures W/O catastrophic or severe CC	10.9	38.3	13.1	10.9	6.8	–	6.8	6.4	8.9	38.3	10.1	9.0
H06Z	Other hepatobiliary and pancreas OR procedures	11.7	54.0	13.9	13.0	7.9	37.5	13.0	13.0	10.0	41.6	13.5	13.0
H07A	Open cholecystectomy with closed CDE or with catastrophic CC	15.5	64.6	28.6	28.6	17.8	52.8	24.3	24.3	16.6	60.1	26.5	26.5
H07B	Open cholecystectomy W/O closed CDE W/O catastrophic CC	9.8	47.5	10.6	10.5	7.9	36.5	8.1	8.1	8.3	42.0	8.7	8.7
H08A	Laparoscopic cholecystectomy with closed CDE or with catastrophic or severe CC	8.8	43.8	9.5	9.5	7.1	40.2	7.9	7.8	7.9	41.8	8.7	8.6

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

AR-DRG	Description	Voluntary Hospitals				Non-Voluntary Hospitals				All Hospitals			
		In-Patients			Total Discharges[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	
H08B	Laparoscopic cholecystectomy W/O closed CDE W/O catastrophic or severe CC	3.9	–	3.9	3.6	3.5	38.0	3.5	3.5	3.6	38.0	3.6	3.5
H40Z	Endoscopic procedures for bleeding oesophageal varices	7.1	67.3	14.1	13.6	13.9	–	13.9	10.4	8.9	67.3	14.0	12.7
H41A	ERCP complex therapeutic procedure with catastrophic or severe CC	13.0	51.1	17.8	17.0	9.9	49.1	15.7	14.0	11.5	50.1	16.8	15.5
H41B	ERCP complex therapeutic procedure W/O catastrophic or severe CC	7.4	48.0	8.5	5.7	6.2	–	6.2	3.4	6.9	48.0	7.5	4.5
H42A	ERCP other therapeutic procedure with catastrophic or severe CC	11.1	38.9	13.4	13.2	11.6	36.0	12.2	10.3	11.2	38.6	13.1	12.4
H42B	ERCP other therapeutic procedure with moderate CC	8.0	37.3	9.1	7.6	7.7	–	7.7	4.0	7.9	37.3	8.6	5.7
H42C	ERCP other therapeutic procedure W/O CC	4.4	41.0	4.8	2.6	6.2	35.6	7.0	4.5	5.0	38.0	5.6	3.1
H60A	Cirrhosis and alcoholic hepatitis with catastrophic CC	13.4	56.4	19.1	19.0	13.1	55.1	21.4	21.4	13.3	55.8	20.0	20.0
H60B	Cirrhosis and alcoholic hepatitis with severe CC	9.4	45.3	12.0	11.3	9.4	41.1	12.2	10.9	9.4	43.3	12.1	11.1
H60C	Cirrhosis and alcoholic hepatitis W/O catastrophic or severe CC	6.0	43.3	7.3	5.7	7.9	41.8	9.4	7.4	6.9	42.5	8.3	6.5
H61A	Malignancy of hepatobiliary system, pancreas (age>69 with catastrophic or severe CC) or with catastrophic CC	11.1	44.5	14.0	12.5	10.8	39.7	12.7	12.0	10.9	41.6	13.2	12.2
H61B	Malignancy of hepatobiliary system, pancreas (age>69 W/O catastrophic or severe CC) or W/O catastrophic CC	7.1	66.7	9.4	4.8	7.7	40.2	8.6	6.1	7.5	51.0	8.9	5.5

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

AR-DRG Description		Voluntary Hospitals				Non-Voluntary Hospitals				All Hospitals			
		In-Patients			Total Discharges[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	8.2	40.3	10.1	10.1	10.5	49.6	13.4	13.4	9.4	45.6	11.8	11.7
H62B	Disorders of pancreas except for malignancy W/O catastrophic or severe CC	6.2	41.8	6.7	5.3	6.3	43.9	6.7	6.6	6.3	43.2	6.7	6.1
H63A	Disorders of liver except malignancy, cirrhosis, alcoholic hepatitis with catastrophic or severe CC	8.8	47.4	11.9	11.3	10.5	51.5	14.2	13.3	9.6	49.6	13.0	12.3
H63B	Disorders of liver except malignancy, cirrhosis, alcoholic hepatitis W/O catastrophic or severe CC	4.2	33.7	4.4	2.6	5.4	46.3	6.0	4.7	4.9	43.4	5.3	3.6
H64A	Disorders of the biliary tract with CC	7.6	39.7	8.5	7.6	8.6	47.7	9.3	9.2	8.4	45.0	9.1	8.8
H64B	Disorders of the biliary tract W/O CC	5.1	47.7	5.4	4.0	4.9	32.0	4.9	4.5	4.9	43.8	4.9	4.4
I01Z	Bilateral or multiple major joint procedures of lower extremity	15.4	101.6	33.7	33.7	14.2	58.2	23.6	23.6	14.5	69.8	26.3	26.3
I02A	Microvascular tissue transfer or (skin graft with catastrophic or severe CC), excluding hand	18.5	99.2	47.6	47.6	16.0	81.4	36.4	36.4	17.5	92.9	43.2	43.2
I02B	Skin graft W/O catastrophic or severe CC, excluding hand	9.7	73.7	13.4	12.7	13.2	38.4	16.0	15.1	11.3	51.6	14.6	13.8
I03A	Hip revision with catastrophic or severe CC	18.1	99.4	56.1	56.1	14.0	57.2	23.1	23.1	14.4	67.8	27.4	27.4
I03B	Hip replacement with catastrophic or severe CC or hip revision W/O catastrophic or severe CC	14.3	66.9	23.6	23.5	14.7	55.2	20.3	20.3	14.6	59.5	21.3	21.3
I03C	Hip replacement W/O catastrophic or severe CC	10.5	55.3	11.3	11.3	10.7	49.7	11.3	11.3	10.6	51.2	11.3	11.3

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

AR-DRG Description		Voluntary Hospitals				Non-Voluntary Hospitals				All Hospitals			
		In-Patients			Total Discharges[a]	In-Patients			Total Discharges[a]	In-Patients			Total Discharges[a]
		Acute (0–30 days)	Extended (>30 days)	Total In-Patients		Acute (0–30 days)	Extended (>30 days)	Total In-Patients		Acute (0–30 days)	Extended (>30 days)	Total In-Patients	
I04Z	Knee replacement and reattachment	11.4	54.2	12.5	12.4	11.2	48.1	11.6	11.6	11.3	51.6	11.9	11.9
I05Z	Other major joint replacement and limb reattachment procedures	7.1	44.0	7.6	7.5	6.2	50.0	6.6	6.6	6.5	47.0	7.0	6.9
I06Z	Spinal fusion with deformity	9.9	48.0	10.9	10.7	–	–	–	–	9.9	48.0	10.9	10.7
I07Z	Amputation	10.3	99.1	43.1	43.1	12.5	50.0	24.3	24.3	11.4	78.7	34.5	34.5
I08A	Other hip and femur procedures with catastrophic or severe CC	13.5	62.5	28.3	28.1	16.6	55.5	27.4	27.4	15.3	58.7	27.8	27.7
I08B	Other hip and femur procedures W/O catastrophic or severe CC	8.9	55.7	11.7	11.4	10.3	46.7	12.2	12.2	9.9	49.3	12.1	12.0
I09A	Spinal fusion with catastrophic or severe CC	13.0	46.7	20.3	20.3	15.0	37.0	21.0	21.0	13.3	45.1	20.4	20.4
I09B	Spinal fusion W/O catastrophic or severe CC	8.8	45.5	9.3	9.2	8.9	46.8	10.9	10.9	8.9	46.3	9.7	9.7
I10A	Other back and neck procedures with catastrophic or severe CC	12.0	175.8	28.4	25.9	7.3	43.0	13.2	13.2	10.7	122.7	24.1	22.5
I10B	Other back and neck procedures W/O catastrophic or severe CC	5.8	44.3	6.0	3.8	3.8	45.0	3.9	3.1	4.6	44.6	4.7	3.4
I11Z	Limb lengthening procedures	6.0	48.0	7.8	6.1	8.0	68.5	21.4	19.4	6.5	61.7	11.7	9.3
I12A	Infect/inflam of bone and joint with misc muscle system and connective tissue procedures with catastrophic CC	14.9	53.2	26.0	26.0	12.9	89.2	51.1	51.1	14.3	71.2	35.2	35.2
I12B	Infect/inflam of bone and joint with misc muscle system and connective tissue procedures with severe CC	13.4	34.0	15.5	14.6	14.9	37.8	18.3	18.3	14.1	36.1	16.8	16.3
I12C	Infect/inflam bone and joint with misc muscle system and connective tissue procedures W/O catastrophic or severe CC	7.6	48.4	8.9	7.3	7.6	41.7	8.0	7.4	7.6	45.9	8.4	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				All Hospitals			
		In-Patients			Total Discharges[a]	In-Patients			Total Discharges[a]	In-Patients			Total Discharges[a]
		Acute (0–30 days)	Extended (>30 days)	Total In-Patients		Acute (0–30 days)	Extended (>30 days)	Total In-Patients		Acute (0–30 days)	Extended (>30 days)	Total In-Patients	
I13A	Humerus, tibia, fibula and ankle procedures with catastrophic or severe CC	10.2	62.4	17.7	17.5	10.8	59.3	15.7	15.7	10.5	61.1	16.7	16.6
I13B	Humerus, tibia, fibula and ankle procedures age >59 W/O catastrophic or severe CC	6.3	63.0	6.6	6.6	6.4	46.4	6.9	6.8	6.4	49.2	6.8	6.8
I13C	Humerus, tibia, fibula and ankle procedures age <60 W/O catastrophic or severe CC	3.8	38.0	4.0	3.9	3.5	52.8	3.6	3.6	3.6	45.4	3.7	3.7
I14Z	Stump revision	8.1	55.0	14.0	14.0	4.7	–	4.7	4.4	6.1	55.0	8.8	8.4
I15Z	Cranio-facial surgery	9.2	135.0	16.2	16.2	7.3	38.0	13.4	13.4	8.8	86.5	15.6	15.6
I16Z	Other shoulder procedures	2.7	40.0	2.8	2.3	2.4	–	2.4	2.3	2.5	40.0	2.6	2.3
I17Z	Maxillo-facial surgery	3.7	–	3.7	3.7	4.2	–	4.2	4.2	3.9	–	3.9	3.9
I18Z	Other knee procedures	3.5	58.0	3.7	1.6	2.1	–	2.1	1.3	2.4	58.0	2.5	1.4
I19Z	Other elbow or forearm procedures	2.5	55.5	2.8	2.6	2.2	42.6	2.4	2.3	2.3	47.3	2.5	2.4
I20Z	Other foot procedures	3.4	70.5	3.7	3.1	2.6	44.0	2.7	2.5	2.8	61.7	3.0	2.7
I21Z	Local excision and removal of internal fixation devices of hip and femur	3.2	–	3.2	1.8	4.1	51.0	6.0	4.5	4.0	51.0	5.4	3.6
I23Z	Local excision and removal of internal fixation devices excluding hip and femur	3.3	49.4	4.3	1.7	2.2	67.4	3.2	1.5	2.6	60.5	3.6	1.6
I24Z	Arthroscopy	2.4	–	2.4	1.3	1.8	–	1.8	1.3	2.0	–	2.0	1.3
I25Z	Bone and joint diagnostic procedures including biopsy	6.6	66.0	10.5	7.9	5.3	52.0	6.7	5.3	5.9	61.3	8.5	6.6
I27A	Soft tissue procedures with catastrophic or severe CC	7.3	41.6	12.0	10.0	10.0	52.2	22.2	22.2	8.3	48.1	16.4	14.7
I27B	Soft tissue procedures W/O catastrophic or severe CC	3.9	84.3	4.8	2.9	3.5	66.0	3.9	3.0	3.7	75.2	4.2	2.9

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

AR-DRG Description		Voluntary Hospitals				Non-Voluntary Hospitals				All Hospitals			
		In-Patients			Total Discharges[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	
I28A	Other connective tissue procedures with CC	9.7	64.0	19.9	19.6	10.6	45.0	14.4	13.9	10.2	56.9	17.1	16.7
I28B	Other connective tissue procedures W/O CC	4.4	53.8	5.2	3.8	3.6	40.7	3.9	3.5	3.9	48.1	4.4	3.6
I29Z	Knee reconstruction or revision	2.9	–	2.9	2.9	2.4	33.0	2.5	2.2	2.7	33.0	2.7	2.5
I30Z	Hand procedures	2.0	–	2.0	1.6	1.7	–	1.7	1.5	1.7	–	1.7	1.6
I60Z	Femoral shaft fractures	8.4	–	8.4	8.1	9.3	46.5	12.0	11.8	9.1	46.5	11.3	11.1
I61Z	Distal femoral fractures	6.4	74.0	14.6	14.6	5.4	50.6	7.6	7.6	5.6	61.0	9.3	9.3
I63Z	Sprains, strains and dislocations of hip, pelvis and thigh	4.4	–	4.4	4.3	4.4	–	4.4	4.4	4.4	–	4.4	4.4
I64A	Osteomyelitis with CC	15.1	54.3	19.6	18.3	12.8	41.8	18.0	17.7	13.5	44.5	18.5	17.9
I64B	Osteomyelitis W/O CC	9.4	35.8	11.4	8.3	7.9	40.5	9.2	7.9	8.4	38.1	10.0	8.0
I65A	Connective tissue malignancy, including pathological Fx with catastrophic or severe CC	9.6	43.0	13.0	10.0	9.0	52.0	12.6	10.6	9.2	48.0	12.7	10.3
I65B	Connective tissue malignancy, including pathological Fx W/O catastrophic or severe CC	5.9	42.6	7.1	3.8	7.0	39.9	8.1	4.9	6.4	41.5	7.5	4.2
I66A	Inflammatory musculoskeletal disorders with catastrophic or severe CC	8.4	56.8	16.9	14.5	9.8	60.1	16.4	15.6	9.1	58.2	16.6	15.0
I66B	Inflammatory musculoskeletal disorders W/O catastrophic or severe CC	5.5	64.5	6.5	2.6	5.6	51.6	6.5	2.3	5.6	55.9	6.5	2.4
I67A	Septic arthritis with catastrophic or severe CC	18.8	138.0	52.9	52.9	9.3	60.8	28.0	28.0	11.8	76.2	34.0	34.0
I67B	Septic arthritis W/O catastrophic or severe CC	8.6	–	8.6	6.2	6.5	41.7	7.6	6.9	7.0	41.7	7.8	6.7
I68A	Non-surgical spinal disorders with CC	8.8	90.2	24.4	24.4	8.9	44.6	11.8	11.8	8.9	73.0	17.0	17.0

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

AR-DRG Description		Voluntary Hospitals				Non-Voluntary Hospitals				All Hospitals			
		In-Patients			Total Discharges[a]	In-Patients			Total Discharges[a]	In-Patients			Total Discharges[a]
		Acute (0–30 days)	Extended (>30 days)	Total In-Patients		Acute (0–30 days)	Extended (>30 days)	Total In-Patients		Acute (0–30 days)	Extended (>30 days)	Total In-Patients	
I68B	Non-surgical spinal disorders W/O CC	5.0	84.2	8.0	8.0	4.8	45.2	5.3	5.3	4.9	67.4	6.1	6.1
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	14.1	55.9	26.0	25.1	10.7	65.1	18.8	17.2	11.7	60.7	21.1	19.6
I69B	Bone diseases and specific arthropathies age >74 or with catastrophic or severe CC	7.9	48.3	11.8	4.9	7.1	59.6	8.4	5.3	7.3	53.4	9.2	5.2
I69C	Bone diseases and spec arthropathies age <75 W/O catastrophic or severe CC	4.2	34.0	4.6	1.6	4.3	34.0	4.4	2.4	4.3	34.0	4.4	2.1
I70Z	Non-specific arthropathies	7.2	41.0	7.9	5.3	4.1	75.0	5.4	4.0	5.1	63.7	6.1	4.5
I71A	Other musculotendinous disorders age >69 with CC	8.4	76.8	16.8	15.9	6.5	51.2	7.6	7.3	6.9	66.9	9.9	9.4
I71B	Other musculotendinous disorders age >69 or with CC	4.9	61.0	6.2	2.5	4.4	38.3	4.6	3.2	4.5	50.9	5.0	2.9
I71C	Other musculotendinous disorders age <70 W/O CC	3.1	34.5	3.3	1.4	2.5	35.0	2.5	1.7	2.6	34.8	2.7	1.6
I72A	Specific musculotendinous disorders age >79 or with catastrophic or severe CC	8.1	39.5	9.7	6.3	7.7	45.2	10.5	7.6	7.8	43.8	10.2	7.1
I72B	Specific musculotendinous disorders age <80 W/O catastrophic or severe CC	3.8	34.0	4.0	1.5	3.4	59.3	3.7	2.0	3.5	53.0	3.7	1.8
I73A	Aftercare of musculoskeletal implants/prostheses age >59 with catastrophic or severe CC	10.0	65.7	33.9	33.9	12.0	57.4	17.8	17.8	12.0	58.0	18.2	18.1
I73B	Aftercare of musculoskeletal implants/prostheses age >59 or with catastrophic or severe CC	5.8	54.0	6.7	2.3	8.5	55.7	11.5	11.1	8.0	55.6	10.6	6.8

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

AR-DRG Description		Voluntary Hospitals				Non-Voluntary Hospitals				All Hospitals			
		In-Patients			Total Discharges[a]	In-Patients			Total Discharges[a]	In-Patients			Total Discharges[a]
		Acute (0–30 days)	Extended (>30 days)	Total In-Patients		Acute (0–30 days)	Extended (>30 days)	Total In-Patients		Acute (0–30 days)	Extended (>30 days)	Total In-Patients	
I73C	Aftercare of musculoskeletal implants/prostheses age <60 W/O catastrophic or severe CC	4.7	36.0	5.1	1.3	5.9	49.9	6.9	4.4	5.7	48.1	6.6	2.5
I74A	Injury to forearm, wrist, hand or foot age >74 with CC	10.5	52.3	22.9	22.9	7.1	43.7	8.9	8.9	7.9	49.9	13.1	13.1
I74B	Injury to forearm, wrist, hand or foot age >74 or with CC	3.8	60.5	4.9	4.8	3.5	48.5	3.8	3.8	3.6	54.5	4.1	4.1
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	11.3	81.1	27.0	27.0	8.8	65.4	14.4	14.4	9.5	73.5	18.4	18.4
I75B	Injury to shoulder, arm, elbow, knee, leg or ankle age >64 or with CC	5.1	81.3	8.6	8.2	4.7	39.4	5.3	5.3	4.8	59.1	6.2	6.0
I75C	Injury to shoulder, arm, elbow, knee, leg or ankle age <65 W/O CC	2.1	60.5	2.3	2.2	1.8	50.0	1.9	1.9	1.9	57.0	2.0	1.9
I76A	Other musculoskeletal disorders age >69 with CC	9.1	59.8	19.2	17.9	7.1	99.0	8.8	8.6	7.7	66.3	12.1	11.6
I76B	Other musculoskeletal disorders age >69 or with CC	4.9	61.7	8.1	4.9	4.9	46.8	5.8	4.9	4.9	55.7	6.7	4.9
I76C	Other musculoskeletal disorders age <70 W/O CC	3.2	42.0	3.3	1.5	2.4	35.0	2.5	1.8	2.6	37.3	2.7	1.6
I77A	Fractures of pelvis with catastrophic or severe CC	15.2	71.5	35.3	35.3	11.4	45.2	16.7	16.7	12.3	58.4	22.3	22.3
I77B	Fractures of pelvis W/O catastrophic or severe CC	8.0	39.9	11.3	11.3	7.8	42.5	9.2	9.2	7.8	41.4	9.7	9.7
I78A	Fractures of neck of femur with catastrophic or severe CC	7.7	55.5	20.5	20.5	10.1	48.8	16.7	16.7	9.8	50.2	17.2	17.2
I78B	Fractures of neck of femur W/O catastrophic or severe CC	5.7	41.0	7.6	7.6	5.2	45.3	6.7	6.7	5.2	44.4	6.9	6.9

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

AR-DRG Description		Voluntary Hospitals				Non-Voluntary Hospitals				All Hospitals			
		In-Patients			Total Discharges[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	
J01Z	Microvascular tissue transfer for skin, subcutaneous tissue and breast disorder	16.3	50.0	29.8	29.8	1.0	–	1.0	1.0	14.1	50.0	27.2	27.2
J06A	Major procedures for malignant breast conditions	6.2	47.0	6.5	6.3	6.5	40.5	6.6	6.5	6.3	45.1	6.5	6.4
J06B	Major procedures for non-malignant breast conditions	3.5	–	3.5	2.9	3.4	–	3.4	3.1	3.5	–	3.5	3.0
J07A	Minor procedures for malignant breast conditions	3.8	47.0	4.1	2.8	3.9	40.0	4.1	3.1	3.9	43.5	4.1	3.0
J07B	Minor procedures for non-malignant breast conditions	2.2	–	2.2	1.2	1.8	–	1.8	1.1	2.0	–	2.0	1.2
J08A	Other skin graft and/or debridement procedures with catastrophic or severe CC	12.7	76.2	25.2	24.4	11.0	67.2	19.2	19.2	12.1	74.0	23.5	22.9
J08B	Other skin graft and/or debridement procedures W/O catastrophic or severe CC	5.4	42.0	6.1	3.5	4.5	35.0	4.9	3.4	4.9	38.5	5.4	3.4
J09Z	Perianal and pilonidal procedures	2.8	–	2.8	1.9	2.5	48.0	2.6	2.1	2.5	48.0	2.6	2.0
J10Z	Skin, subcutaneous tissue and breast plastic OR procedures	4.0	35.0	4.2	1.8	2.8	–	2.8	1.8	3.3	35.0	3.5	1.8
J11Z	Other skin, subcutaneous tissue and breast procedures	4.2	69.5	5.5	1.2	2.7	58.9	3.2	1.1	3.2	64.5	4.1	1.1
J12A	Lower limb procedures with ulcer/cellulitis with catastrophic CC	10.1	87.4	53.1	53.1	11.8	103.1	53.7	53.7	11.2	95.6	53.4	53.4
J12B	Lower limb procedures with ulcer/cellulitis W/O catastrophic CC with skin graft/flap repair	11.4	63.5	20.4	18.2	12.5	48.6	21.3	20.8	12.1	52.9	21.0	19.8
J12C	Lower limb procedures with ulcer/cellulitis W/O catastrophic CC W/O skin graft/flap repair	8.7	88.3	23.8	21.7	12.2	56.4	20.4	18.2	10.6	71.7	22.0	19.8

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

AR-DRG Description		Voluntary Hospitals				Non-Voluntary Hospitals				All Hospitals			
		In-Patients			Total Discharges[a]	In-Patients			Total Discharges[a]	In-Patients			Total Discharges[a]
		Acute (0–30 days)	Extended (>30 days)	Total In-Patients		Acute (0–30 days)	Extended (>30 days)	Total In-Patients		Acute (0–30 days)	Extended (>30 days)	Total In-Patients	
J13A	Lower limb procedures W/O ulcer/cellulitis with skin graft with catastrophic or severe CC	11.4	67.4	19.6	19.6	11.9	62.0	15.1	15.1	11.6	66.5	18.2	18.2
J13B	Lower limb procedures W/O ulcer/ cellulitis W/O (skin graft and catastrophic or severe CC)	6.2	–	6.2	4.9	7.0	52.5	8.0	6.8	6.6	52.5	7.2	5.9
J14Z	Major breast reconstructions	7.6	36.5	8.8	8.7	8.5	32.0	8.7	8.6	8.1	35.6	8.8	8.7
J60A	Skin ulcers	11.0	60.8	19.8	19.8	9.7	67.3	15.4	15.4	10.1	64.5	16.7	16.7
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	9.8	46.8	14.8	6.3	7.8	46.4	10.3	5.7	8.7	46.7	12.4	6.0
J62B	Malignant breast disorders (age >69 W/O CC) or W/O catastrophic or severe CC	8.5	39.2	21.4	3.0	3.7	36.0	4.3	1.7	5.4	39.0	12.3	2.5
J63Z	Non-malignant breast disorders	3.1	–	3.1	1.2	2.7	–	2.7	1.5	2.8	–	2.8	1.3
J64A	Cellulitis age >59 with catastrophic or severe CC	11.9	71.4	22.9	22.8	10.9	51.5	13.1	13.0	11.2	63.3	16.0	15.9
J64B	Cellulitis (age >59 W/O catastrophic or severe CC) or age <60	4.8	58.9	5.4	5.0	4.8	51.9	5.0	4.8	4.8	55.1	5.1	4.9
J65A	Trauma to the skin, subcutaneous tissue and breast age >69	7.3	58.3	10.6	10.2	6.8	57.2	8.1	8.1	6.9	57.7	8.7	8.6
J65B	Trauma to the skin, subcutaneous tissue and breast age <70	2.2	83.3	3.2	2.9	2.2	120.0	2.7	2.6	2.2	101.7	2.8	2.7
J67A	Minor skin disorders	5.7	52.2	7.0	7.0	3.5	38.9	3.8	3.8	4.2	47.0	4.9	4.9
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	6.8	52.2	9.2	9.2	4.8	52.3	5.3	5.3	5.5	52.2	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	15.4	82.2	32.4	31.5	15.5	60.9	28.9	28.3	15.4	68.3	30.2	29.5

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

AR-DRG Description		Voluntary Hospitals				Non-Voluntary Hospitals				All Hospitals			
		In-Patients			Total Discharges[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	
K02Z	Pituitary procedures	12.3	62.5	16.0	16.0	5.2	155.0	14.0	14.0	10.6	81.0	15.5	15.5
K03Z	Adrenal procedures	13.0	50.0	18.7	18.1	10.8	33.0	14.0	14.0	12.6	46.6	17.7	17.2
K04Z	Major procedures for obesity	8.6	–	8.6	8.6	12.7	–	12.7	12.7	10.1	–	10.1	10.1
K05Z	Parathyroid procedures	5.9	129.0	9.9	9.9	4.0	38.0	5.0	5.0	4.9	83.5	7.3	7.3
K06Z	Thyroid procedures	5.1	36.0	5.2	5.2	4.3	35.0	4.4	4.4	4.7	35.5	4.8	4.8
K07Z	Obesity procedures	5.3	–	5.3	4.9	5.0	–	5.0	4.7	5.2	–	5.2	4.8
K08Z	Thyroglossal procedures	2.8	–	2.8	2.5	2.5	–	2.5	2.3	2.7	–	2.7	2.4
K09Z	Other endocrine, nutritional and metabolic OR procedures	8.0	53.6	14.4	12.0	10.9	81.6	24.0	19.8	8.7	62.4	16.9	14.0
K40Z	Endoscopic or investigative procedure for metabolic disorders W/O CC	6.6	51.0	9.2	3.8	7.7	44.5	8.2	3.0	7.2	49.4	8.6	3.3
K60A	Diabetes with catastrophic or severe CC	9.2	69.2	17.4	16.9	9.5	61.9	13.2	13.2	9.4	65.3	14.6	14.4
K60B	Diabetes W/O catastrophic or severe CC	5.0	56.5	5.7	5.2	5.3	62.6	5.8	5.6	5.2	60.6	5.8	5.5
K61Z	Severe nutritional disturbance	8.0	107.3	60.0	26.8	11.8	44.0	13.2	13.2	10.5	102.0	36.1	22.5
K62A	Miscellaneous metabolic disorders with catastrophic CC	10.8	74.2	20.8	20.8	9.6	59.5	14.2	14.1	10.0	67.1	16.8	16.6
K62B	Miscellaneous metabolic disorders age >74 or with severe CC	7.6	44.9	9.4	8.3	7.5	45.7	8.9	8.3	7.5	45.4	9.0	8.3
K62C	Miscellaneous metabolic disorders age <75 W/O catastrophic or severe CC	5.1	58.0	5.3	3.4	3.6	44.8	4.0	3.0	4.0	47.2	4.4	3.1
K63Z	Inborn errors of metabolism	5.3	41.7	6.0	2.8	4.9	42.0	5.7	1.9	5.2	41.8	5.9	2.3
K64A	Endocrine disorders with catastrophic or severe CC	10.0	50.3	15.7	11.3	8.8	43.6	11.2	10.1	9.3	47.5	13.1	10.7

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

AR-DRG Description		Voluntary Hospitals				Non-Voluntary Hospitals				All Hospitals			
		In-Patients			Total Discharges[a]	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	
K64B	Endocrine disorders W/O catastrophic or severe CC	4.3	42.7	4.5	2.4	4.9	48.6	5.6	3.2	4.6	46.8	5.0	2.8
L02A	Operative insertion of peritoneal catheter for dialysis with catastrophic or severe CC	12.7	48.2	25.2	25.2	7.5	–	7.5	7.5	11.3	48.2	21.9	21.9
L02B	Operative insertion of peritoneal catheter for dialysis W/O catastrophic or severe CC	12.1	46.0	13.0	13.0	5.5	–	5.5	5.5	10.1	46.0	10.7	10.7
L03A	Kidney, ureter and major bladder procedures for neoplasm with catastrophic or severe CC	14.5	72.1	21.8	21.8	15.9	44.1	21.9	21.9	14.8	63.2	21.8	21.8
L03B	Kidney, ureter and major bladder procedures for neoplasm W/O catastrophic or severe CC	9.9	53.0	10.2	10.0	12.5	37.0	13.9	13.7	10.5	41.0	11.1	10.9
L04A	Kidney, ureter and major bladder procedures for non-neoplasm with catastrophic CC	13.3	40.8	17.6	17.6	12.7	55.2	26.9	26.9	13.2	44.8	19.1	19.1
L04B	Kidney, ureter and major bladder procedures for non-neoplasm with severe or moderate CC	7.8	36.7	9.3	8.7	9.0	38.0	11.0	10.0	8.1	37.0	9.6	9.0
L04C	Kidney, ureter and major bladder procedures for non-neoplasm W/O CC	6.4	31.3	6.6	5.9	7.3	37.8	8.0	6.9	6.6	35.0	7.0	6.3
L05A	Transurethral prostatectomy with catastrophic or severe CC	12.6	37.5	14.6	14.6	10.1	64.5	28.2	28.2	11.7	57.8	20.3	20.3
L05B	Transurethral prostatectomy W/O catastrophic or severe CC	7.5	–	7.5	7.5	7.9	56.0	8.8	8.8	7.8	56.0	8.4	8.4
L06A	Minor bladder procedures with catastrophic or severe CC	7.8	61.7	16.3	13.7	10.0	36.0	12.2	12.2	8.7	55.3	14.8	13.2
L06B	Minor bladder procedures W/O catastrophic or severe CC	4.8	–	4.8	1.6	6.0	64.5	7.0	5.6	5.4	64.5	5.9	2.3

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

AR-DRG Description		Voluntary Hospitals				Non-Voluntary Hospitals				All Hospitals			
		In-Patients			Total Discharges[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	
L07A	Transurethral procedures except prostatectomy with catastrophic or severe CC	8.4	59.4	12.8	12.4	11.9	48.4	15.1	14.6	9.7	55.2	13.7	13.3
L07B	Transurethral procedures except prostatectomy W/O catastrophic or severe CC	3.6	35.0	3.7	2.7	4.6	91.5	5.0	3.4	4.0	63.3	4.2	3.0
L08A	Urethral procedures with CC	4.4	51.0	5.9	5.6	5.4	–	5.4	4.6	4.7	51.0	5.8	5.3
L08B	Urethral procedures W/O CC	3.8	–	3.8	3.4	4.6	–	4.6	3.3	4.1	–	4.1	3.4
L09A	Other procedures for kidney and urinary tract disorders with catastrophic CC	18.2	69.1	40.7	40.7	11.5	48.3	25.1	25.1	15.9	63.5	35.9	35.9
L09B	Other procedures for kidney and urinary tract disorders with severe CC	9.7	79.3	15.7	15.4	11.6	42.0	14.2	12.3	10.1	71.8	15.4	14.7
L09C	Other procedures for kidney and urinary tract disorders W/O catastrophic or severe CC	6.9	35.3	7.6	6.7	6.5	35.0	7.6	5.4	6.8	35.2	7.6	6.2
L40Z	Ureteroscopy	4.0	–	4.0	3.4	4.2	52.0	4.6	4.0	4.1	52.0	4.3	3.7
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	4.9	–	4.9	1.2	4.4	–	4.4	1.4	4.6	–	4.6	1.3
L60A	Renal failure with catastrophic CC	12.4	68.3	30.0	29.8	12.3	50.2	18.4	18.4	12.4	60.7	23.2	23.1
L60B	Renal failure with severe CC	9.8	83.6	21.2	18.5	9.6	50.8	11.8	11.0	9.6	71.1	15.3	13.9
L60C	Renal failure W/O catastrophic or severe CC	6.2	86.8	8.8	5.9	7.4	46.1	8.2	5.9	7.0	65.0	8.5	5.9
L61Z	Admit for renal dialysis	1.5	–	1.5	1.0	3.2	–	3.2	1.0	2.3	–	2.3	1.0
L62A	Kidney and urinary tract neoplasms with catastrophic or severe CC	9.4	44.6	14.4	8.8	9.8	45.8	13.5	10.9	9.6	45.1	13.9	9.8
L62B	Kidney and urinary tract neoplasms W/O catastrophic or severe CC	5.7	43.7	8.7	3.2	6.0	49.5	7.0	4.5	5.9	45.4	7.7	3.7

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

AR-DRG	Description	Voluntary Hospitals				Non-Voluntary Hospitals				All Hospitals			
		In-Patients			Total Discharges[a]	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	
L63A	Kidney and urinary tract infections with catastrophic CC	11.2	63.8	27.4	27.4	11.5	76.9	20.0	20.0	11.4	69.2	22.8	22.8
L63B	Kidney and urinary tract infections age >69 or with severe CC	8.6	60.4	13.1	12.5	7.5	49.2	8.7	8.5	7.8	54.5	9.8	9.5
L63C	Kidney and urinary tract infections age <70 W/O catastrophic or severe CC	4.0	41.0	4.1	3.2	3.6	42.5	3.6	3.4	3.7	41.6	3.8	3.4
L64Z	Urinary stones and obstruction	3.1	–	3.1	2.8	3.3	114.0	3.4	3.3	3.3	114.0	3.3	3.2
L65A	Kidney and urinary tract signs and symptoms with catastrophic or severe CC	7.8	62.9	11.9	11.4	8.1	63.3	9.0	8.7	8.0	63.0	10.0	9.6
L65B	Kidney and urinary tract signs and symptoms W/O catastrophic or severe CC	3.8	–	3.8	2.3	4.2	38.0	4.2	3.2	4.1	38.0	4.1	2.9
L66Z	Urethral stricture	3.2	–	3.2	2.3	4.0	–	4.0	2.7	3.7	–	3.7	2.6
L67A	Other kidney and urinary tract diagnoses with catastrophic CC	11.9	82.9	20.1	20.1	9.4	42.6	12.7	12.6	10.5	61.4	15.9	15.8
L67B	Other kidney and urinary tract diagnoses with severe CC	7.0	50.5	8.9	6.1	8.0	57.0	11.1	10.8	7.6	54.9	10.2	8.4
L67C	Other kidney and urinary tract diagnoses W/O catastrophic or severe CC	4.0	46.8	4.2	2.1	5.1	49.6	5.4	3.5	4.6	48.5	4.9	2.8
M01Z	Major male pelvic procedures	7.9	34.0	8.0	8.0	12.8	60.5	16.5	16.5	8.3	51.7	8.8	8.8
M02A	Transurethral prostatectomy with catastrophic or severe CC	9.6	46.3	10.9	10.9	9.9	51.0	11.4	11.4	9.8	48.7	11.1	11.1
M02B	Transurethral prostatectomy W/O catastrophic or severe CC	5.9	–	5.9	5.9	7.4	36.0	7.5	7.4	6.7	36.0	6.8	6.8
M03A	Penis procedures with CC	8.6	40.0	14.3	9.6	9.9	–	9.9	8.4	9.3	40.0	12.2	9.1
M03B	Penis procedures W/O CC	3.7	41.0	3.9	2.1	3.3	–	3.3	1.7	3.6	41.0	3.8	2.0
M04A	Testes procedures with CC	4.1	41.0	5.0	4.3	7.4	34.0	8.4	7.2	5.5	37.5	6.4	5.5

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

AR-DRG Description		Voluntary Hospitals				Non-Voluntary Hospitals				All Hospitals			
		In-Patients			Total Discharges[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	
M04B	Testes procedures W/O CC	2.3	–	2.3	1.5	2.2	–	2.2	1.7	2.2	–	2.2	1.6
M05Z	Circumcision	1.6	–	1.6	1.0	1.5	–	1.5	1.1	1.6	–	1.6	1.1
M06A	Other male reproductive system OR procedures for malignancy	10.1	106.0	25.3	10.4	10.5	44.0	15.3	11.0	10.3	81.2	21.0	10.6
M06B	Other male reproductive system OR procedures except for malignancy	5.4	–	5.4	1.4	7.2	44.9	7.2	2.0	6.0	–	6.0	1.6
M40Z	Cystourethroscopy W/O CC	4.2	–	4.2	1.1	3.9	–	3.9	1.2	3.9	–	3.9	1.2
M60A	Malignancy, male reproductive system with catastrophic or severe CC	9.6	63.4	16.7	10.3	10.1	–	11.6	9.3	9.9	57.3	13.6	9.8
M60B	Malignancy, male reproductive system W/O catastrophic or severe CC	5.0	53.4	22.0	9.1	5.8	50.2	7.5	2.9	5.4	53.2	16.6	6.4
M61A	Benign prostatic hypertrophy with catastrophic or severe CC	6.8	43.0	13.4	10.7	8.3	–	8.3	6.0	7.7	43.0	10.3	7.8
M61B	Benign prostatic hypertrophy W/O catastrophic or severe CC	2.3	–	2.3	1.1	4.8	–	4.8	1.8	4.2	–	4.2	1.4
M62A	Inflammation of the male reproductive system with CC	4.4	60.0	5.6	4.4	5.6	53.0	7.0	6.4	5.1	55.3	6.4	5.5
M62B	Inflammation of the male reproductive system W/O CC	3.0	–	3.0	1.8	2.8	–	2.8	2.3	2.9	–	2.9	2.1
M63Z	Sterilisation, male	1.5	–	1.5	1.0	1.3	–	1.3	1.0	1.3	–	1.3	1.0
M64Z	Other male reproductive system diagnoses	2.6	–	2.6	1.5	2.2	–	2.2	1.9	2.3	–	2.3	1.8
N01Z	Pelvic evisceration and radical vulvectomy	14.8	47.3	18.3	18.3	12.0	50.0	17.4	17.4	14.3	48.0	18.1	18.1
N02A	Uterine, adnexa procedure for ovarian or adnexal malignancy with CC	14.7	41.3	16.6	16.6	13.8	76.0	16.7	16.7	14.4	50.0	16.6	16.6

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

AR-DRG	Description	Voluntary Hospitals				Non-Voluntary Hospitals				All Hospitals			
		In-Patients			Total Discharges[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	
N02B	Uterine, adnexa procedure for ovarian or adnexal malignancy W/O CC	7.6	33.0	8.0	7.9	8.5	–	8.5	8.5	8.1	33.0	8.2	8.2
N03A	Uterine, adnexa procedure for non-ovarian or adnexal malignancy with CC	12.7	43.3	15.2	15.2	13.4	39.5	15.0	15.0	12.9	42.4	15.1	15.1
N03B	Uterine, adnexa procedure for non-ovarian or adnexal malignancy W/O CC	8.1	–	8.1	8.0	7.7	–	7.7	7.6	7.9	–	7.9	7.8
N04Z	Hysterectomy for non-malignancy	6.9	37.3	7.0	7.0	6.7	37.5	6.8	6.8	6.8	37.4	6.9	6.9
N05A	Oophorectomies and complex fallopian tube procedures for non-malignancy with catastrophic or severe CC	10.1	31.0	10.7	10.7	8.8	91.0	12.3	12.3	9.6	61.0	11.4	11.4
N05B	Oophorectomies and complex fallopian tube procedures for non-malignancy W/O catastrophic or severe CC	5.4	–	5.4	5.1	5.9	–	5.9	5.8	5.7	–	5.7	5.4
N06Z	Female reproductive system reconstructive procedures	5.1	–	5.1	4.9	4.6	38.5	4.6	4.3	4.7	38.5	4.8	4.6
N07Z	Other uterine and adnexa procedures for non- malignancy	3.0	36.0	3.1	2.2	3.4	38.0	3.4	2.5	3.2	37.0	3.2	2.3
N08Z	Endoscopic and laparoscopic procedures for female reproductive system	2.3	53.5	2.4	1.5	2.3	37.0	2.3	1.6	2.3	48.0	2.4	1.6
N09Z	Conisation, vagina, cervix and vulva procedures	2.5	48.4	2.8	1.6	2.1	39.2	2.5	1.4	2.3	43.4	2.7	1.5
N10Z	Diagnostic curettage or diagnostic hysteroscopy	1.9	61.0	2.1	1.3	1.9	40.0	1.9	1.3	1.9	55.8	2.0	1.3
N11A	Other female reproductive system OR procedures age >64 or with malignancy or with CC	10.5	60.6	17.4	17.1	10.3	56.4	21.2	21.2	10.5	58.8	18.5	18.3

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

AR-DRG Description		Voluntary Hospitals				Non-Voluntary Hospitals				All Hospitals			
		In-Patients			Total Discharges[a]	In-Patients			Total Discharges[a]	In-Patients			Total Discharges[a]
		Acute (0–30 days)	Extended (>30 days)	Total In-Patients		Acute (0–30 days)	Extended (>30 days)	Total In-Patients		Acute (0–30 days)	Extended (>30 days)	Total In-Patients	
N11B	Other female reproductive system OR procedures age <65 W/O malignancy W/O CC	7.6	–	7.6	5.6	4.1	–	4.1	1.9	5.3	–	5.3	2.5
N60A	Malignancy, female reproductive system with catastrophic or severe CC	10.6	42.3	14.7	11.2	10.2	59.1	14.9	9.1	10.4	49.6	14.8	10.0
N60B	Malignancy, female reproductive system W/O catastrophic or severe CC	6.6	40.1	13.1	3.2	4.9	40.1	6.2	3.0	5.6	40.1	9.6	3.1
N61Z	Infections, female reproductive system	3.6	–	3.6	2.9	3.2	–	3.2	3.0	3.3	–	3.3	2.9
N62A	Menstrual and other female reproductive system disorders with CC	3.8	68.7	5.3	4.2	4.2	–	4.2	3.6	4.1	68.7	4.7	3.8
N62B	Menstrual and other female reproductive system disorders W/O CC	2.4	37.0	2.5	1.6	2.2	–	2.2	1.5	2.2	37.0	2.3	1.5
O01A	Caesarean delivery with catastrophic CC	10.3	49.6	14.6	14.6	10.9	44.1	14.3	14.3	10.6	47.0	14.5	14.5
O01B	Caesarean delivery with severe CC	7.7	40.1	8.3	8.3	7.7	46.0	8.7	8.7	7.7	43.9	8.5	8.5
O01C	Caesarean delivery W/O catastrophic or severe CC	5.4	41.0	5.4	5.4	5.4	38.4	5.4	5.4	5.4	40.0	5.4	5.4
O02A	Vaginal delivery with OR procedure with catastrophic or severe CC	4.3	31.0	4.4	4.4	4.5	–	4.5	4.5	4.3	31.0	4.4	4.4
O02B	Vaginal delivery with OR procedure W/O catastrophic or severe CC	3.4	–	3.4	3.4	3.8	–	3.8	3.8	3.6	–	3.6	3.6
O03Z	Ectopic pregnancy	2.3	–	2.3	2.3	3.9	–	3.9	3.9	3.2	–	3.2	3.2
O04Z	Postpartum and post abortion with OR procedure	3.7	–	3.7	3.6	2.7	42.0	2.9	2.8	3.1	42.0	3.2	3.1
O05Z	Abortion with OR procedure [b]	1.1	–	1.1	1.1	1.3	–	1.3	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				All Hospitals			
		In-Patients			Total Discharges[a]	In-Patients			Total Discharges[a]	In-Patients			Total Discharges[a]
		Acute (0–30 days)	Extended (>30 days)	Total In-Patients		Acute (0–30 days)	Extended (>30 days)	Total In-Patients		Acute (0–30 days)	Extended (>30 days)	Total In-Patients	
O60A	Vaginal delivery with catastrophic or severe CC	4.8	37.8	5.0	5.0	4.9	41.3	5.1	5.1	4.9	39.7	5.1	5.1
O60B	Vaginal delivery W/O catastrophic or severe CC	3.0	40.8	3.0	3.0	3.1	36.0	3.1	3.1	3.1	39.4	3.1	3.1
O60C	Vaginal delivery single uncomplicated W/O other condition	2.2	32.0	2.2	2.2	2.5	61.0	2.5	2.5	2.4	46.5	2.4	2.4
O61Z	Postpartum and post abortion W/O OR procedure	2.7	–	2.7	2.7	2.3	–	2.3	2.3	2.5	–	2.5	2.5
O63Z	Abortion W/O OR procedure	1.4	–	1.4	1.4	1.3	–	1.3	1.2	1.3	–	1.3	1.2
O64A	False labour before 37 weeks or with catastrophic CC	1.6	34.0	1.6	1.6	1.7	36.0	1.7	1.7	1.6	35.0	1.6	1.6
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	2.2	43.3	2.3	2.3	2.3	42.7	2.3	2.3	2.3	42.8	2.3	2.3
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	2.3	–	2.3	2.3	2.5	–	2.5	2.5	2.3	–	2.3	2.3
P02Z	Cardiothoracic/vascular procedures for neonates	16.0	74.2	43.2	43.2	–	–	–	–	16.0	74.2	43.2	43.2
P03Z	Neonate, admwt 1000–1499 g with significant OR procedure	15.2	64.6	47.3	47.3	17.4	59.7	46.0	46.0	16.0	62.7	46.8	46.8
P04Z	Neonate, admwt 1500–1999 g with significant OR procedure	16.9	61.2	39.1	39.1	15.4	54.1	35.9	35.9	16.4	58.7	38.0	38.0
P05Z	Neonate, admwt 2000–2499 g with significant OR procedure	15.5	41.0	21.9	21.9	15.3	33.0	18.8	18.8	15.5	40.2	21.5	21.5

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

AR-DRG	Description	Voluntary Hospitals				Non-Voluntary Hospitals				All Hospitals			
		In-Patients			Total Discharges[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	
P06A	Neonate, admwt >2499 g with significant OR procedure with multi major problems	17.0	101.6	43.9	43.9	10.0	–	10.0	10.0	16.9	101.6	43.5	43.5
P06B	Neonate, admwt >2499 g with significant OR procedure W/O multi major problems	11.3	49.4	14.0	13.9	12.9	44.0	16.0	16.0	11.4	48.8	14.2	14.1
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	1.8	–	1.8	1.8	1.5	–	1.5	1.5	1.7	–	1.7	1.7
P61Z	Neonate, admwt <750 g	11.9	96.9	51.7	51.7	8.0	60.2	34.1	34.1	10.4	81.4	44.5	44.5
P62Z	Neonate, admwt 750–999 g	13.9	71.7	61.7	60.1	17.1	65.4	54.8	54.8	15.4	69.3	58.9	58.0
P63Z	Neonate, admwt 1000–1249 g W/O significant OR procedure	20.2	49.0	41.2	41.2	11.3	49.3	35.0	31.8	13.6	49.2	37.0	34.7
P64Z	Neonate, admwt 1250–1499 g W/O significant OR procedure	19.9	41.2	30.7	30.7	18.6	45.8	35.3	33.7	19.4	43.7	32.9	32.2
P65A	Neonate, admwt 1500–1999 g W/O significant OR procedure with multi major problems	19.1	41.1	29.5	28.7	21.7	43.7	35.1	35.1	20.1	42.4	31.9	31.4
P65B	Neonate, admwt 1500–1999 g W/O significant OR procedure with major problem	16.3	40.2	21.5	21.5	20.0	37.8	26.4	26.4	18.3	38.6	24.3	24.3
P65C	Neonate, admwt 1500–1999 g W/O significant OR procedure with other problem	14.9	35.6	16.2	16.2	18.5	39.6	21.7	21.7	16.6	38.5	19.0	19.0
P65D	Neonate, admwt 1500–1999 g W/O significant OR procedure W/O problem	8.8	–	8.8	8.8	15.0	35.2	17.1	16.3	13.5	35.2	15.3	14.7

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

AR-DRG Description		Voluntary Hospitals				Non-Voluntary Hospitals				All Hospitals			
		In-Patients			Total Discharges[a]	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	
P66A	Neonate, admwt 2000–2499 g W/O significant OR procedure with multi major problems	12.4	42.4	16.9	16.9	19.1	38.0	25.1	25.1	14.5	40.0	19.9	19.9
P66B	Neonate, admwt 2000–2499 g W/O significant OR procedure with major problem	12.9	40.5	13.8	13.4	13.0	44.2	14.5	14.4	13.0	43.1	14.2	14.0
P66C	Neonate, admwt 2000–2499 g W/O significant OR procedure with other problem	7.0	36.3	7.4	7.4	10.0	57.5	10.2	10.2	8.7	44.8	9.0	9.0
P66D	Neonate, admwt 2000–2499 g W/O significant OR procedure W/O problem	3.1	–	3.1	3.1	6.5	33.3	6.7	6.5	5.3	33.3	5.4	5.3
P67A	Neonate, admwt >2499 g W/O significant OR procedure with multi major problems	10.7	40.0	12.5	12.3	8.8	43.4	10.5	10.2	9.9	41.3	11.6	11.4
P67B	Neonate, admwt >2499 g W/O significant OR procedure with major problem	6.9	43.1	8.3	8.0	5.9	43.2	6.5	6.4	6.3	43.1	7.2	7.0
P67C	Neonate, admwt > 2499 g W/O significant OR procedure with other problem	3.5	61.0	3.5	3.5	4.0	56.5	4.0	4.0	3.7	58.0	3.8	3.8
P67D	Neonate, admwt >2499 g W/O significant OR procedure W/O problem	2.8	36.0	2.8	2.7	2.8	36.5	2.8	2.7	2.8	36.3	2.8	2.7
Q01Z	Splenectomy	8.8	49.0	10.1	10.1	9.7	49.0	13.5	13.5	9.2	49.0	11.5	11.5
Q02A	Other OR procedure of blood and blood forming organs with catastrophic or severe CC	11.5	78.0	21.3	20.6	14.4	45.0	21.5	20.7	12.4	63.9	21.4	20.6
Q02B	Other OR procedure of blood and blood forming organs W/O catastrophic or severe CC	4.2	37.0	4.4	2.9	4.1	–	4.1	2.6	4.2	37.0	4.3	2.8

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

AR-DRG Description		Voluntary Hospitals				Non-Voluntary Hospitals				All Hospitals			
		In-Patients			Total Discharges[a]	In-Patients			Total Discharges[a]	In-Patients			Total Discharges[a]
		Acute (0–30 days)	Extended (>30 days)	Total In-Patients		Acute (0–30 days)	Extended (>30 days)	Total In-Patients		Acute (0–30 days)	Extended (>30 days)	Total In-Patients	
Q60A	Reticuloendothelial and immunity disorders with catastrophic or severe CC	7.9	55.6	9.0	6.9	7.4	91.0	10.3	8.3	7.6	79.9	9.8	7.7
Q60B	Reticuloendothelial and immunity disorders W/O catastrophic or severe CC with malignancy	5.1	–	5.1	4.3	5.7	36.5	6.3	4.3	5.6	36.5	6.1	4.3
Q60C	Reticuloendothelial and immunity disorders W/O catastrophic or severe CC W/O malignancy	4.6	37.0	4.8	1.4	6.5	52.7	9.3	3.8	6.0	52.3	8.3	2.7
Q61A	Red blood cell disorders with catastrophic CC	11.1	62.3	13.5	13.1	10.6	49.7	12.8	12.2	10.8	53.3	13.0	12.5
Q61B	Red blood cell disorders with severe CC	7.5	113.6	10.4	5.9	8.3	49.3	9.3	7.5	8.1	72.3	9.6	6.9
Q61C	Red blood cell disorders W/O catastrophic or severe CC	4.8	56.3	5.0	1.3	4.7	65.4	5.3	1.4	4.8	63.7	5.2	1.4
Q62Z	Coagulation disorders	4.7	52.9	6.3	2.0	4.5	65.8	5.4	3.1	4.6	58.8	5.7	2.5
R01A	Lymphoma and leukaemia with major OR procedures with catastrophic or severe CC	14.9	80.7	35.5	35.5	16.9	64.2	36.4	36.4	15.5	73.6	35.9	35.9
R01B	Lymphoma and leukaemia with major OR procedures W/O catastrophic or severe CC	9.4	72.3	16.9	15.2	9.1	60.3	12.7	11.0	9.2	66.3	14.3	12.6
R02A	Other neoplastic disorders with major OR procedures with catastrophic or severe CC	13.6	44.4	20.6	20.6	12.8	49.3	19.5	19.5	13.3	45.9	20.2	20.2
R02B	Other neoplastic disorders with major OR procedures W/O catastrophic or severe CC	9.0	44.5	10.1	7.1	8.6	–	8.6	8.0	8.9	44.5	9.5	7.4
R03A	Lymphoma and leukaemia with other OR procedures with catastrophic or severe CC	13.9	52.4	23.4	23.4	13.8	62.4	26.0	24.7	13.9	56.4	24.4	23.9

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

AR-DRG	Description	Voluntary Hospitals				Non-Voluntary Hospitals				All Hospitals			
		In-Patients			Total Discharges[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	
R03B	Lymphoma and leukaemia with other OR procedures W/O catastrophic or severe CC	7.0	41.0	8.5	5.9	5.9	38.3	6.7	4.9	6.4	39.9	7.5	5.3
R04A	Other neoplastic disorders with other OR procedures with catastrophic or severe CC	10.5	33.0	11.4	8.7	9.0	36.5	11.3	9.0	9.7	35.3	11.4	8.9
R04B	Other neoplastic disorders with other OR procedures W/O catastrophic or severe CC	10.6	34.0	11.2	3.0	7.2	37.0	7.9	2.4	8.8	35.5	9.5	2.7
R60A	Acute leukaemia with catastrophic CC	14.1	47.0	24.1	21.1	15.4	44.9	25.6	21.3	14.5	46.3	24.5	21.2
R60B	Acute leukaemia with severe CC	8.8	36.0	11.9	7.4	8.0	45.8	11.2	6.8	8.4	39.6	11.6	7.1
R60C	Acute leukaemia W/O catastrophic or severe CC	4.4	37.7	5.1	1.3	5.6	40.2	7.4	2.1	4.8	39.2	6.0	1.5
R61A	Lymphoma and non-acute leukaemia with catastrophic CC	12.7	58.9	21.6	21.6	11.7	46.5	19.2	19.2	12.3	52.7	20.5	20.5
R61B	Lymphoma and non-acute leukaemia W/O catastrophic CC	7.3	44.5	9.4	9.4	6.4	44.2	7.7	7.7	6.8	44.4	8.4	8.4
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	9.0	53.4	14.9	8.7	9.9	51.2	15.2	11.2	9.5	52.2	15.0	9.8
R62B	Other neoplastic disorders W/O CC	6.0	44.5	11.1	2.5	5.8	38.3	7.3	2.9	5.8	42.2	8.7	2.7
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	–	1.0	1.0
S65A	HIV-related diseases with catastrophic CC	11.2	79.3	23.7	23.7	11.3	79.0	23.6	23.6	11.2	79.3	23.7	23.7
S65B	HIV-related diseases with severe CC	8.3	45.0	8.7	8.7	8.2	–	8.2	8.2	8.2	45.0	8.6	8.6

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

AR-DRG Description		Voluntary Hospitals				Non-Voluntary Hospitals				All Hospitals			
		In-Patients			Total Discharges[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	
S65C	HIV-related diseases W/O catastrophic or severe CC	5.5	41.0	6.8	6.8	7.7	43.0	9.1	9.1	6.2	41.7	7.5	7.5
T01A	OR procedures for infectious and parasitic diseases with catastrophic CC	14.8	86.0	44.7	44.7	16.5	123.8	51.0	51.0	15.5	97.3	46.9	46.9
T01B	OR procedures for infectious and parasitic diseases with severe or moderate CC	13.9	49.8	20.9	20.9	11.1	59.8	21.6	21.2	12.4	55.5	21.3	21.1
T01C	OR procedures for infectious and parasitic diseases W/O CC	9.4	51.5	12.0	10.5	7.7	43.9	9.8	9.3	8.4	46.9	10.6	9.8
T60A	Septicaemia with catastrophic or severe CC	10.0	61.1	18.2	18.1	9.3	45.7	13.4	13.4	9.5	50.8	14.7	14.7
T60B	Septicaemia W/O catastrophic or severe CC	6.7	48.0	7.7	7.5	7.1	58.4	8.2	7.9	7.0	55.3	8.1	7.8
T61A	Post-operative and post-traumatic infections age >54 or with catastrophic or severe CC	8.4	45.0	9.5	8.8	8.1	42.3	8.9	8.6	8.2	43.5	9.1	8.7
T61B	Post-operative and post-traumatic infections age <55 W/O catastrophic or severe CC	5.2	38.7	5.7	5.2	4.6	–	4.6	4.4	4.8	38.7	5.0	4.7
T62A	Fever of unknown origin with CC	5.0	–	5.0	4.9	6.3	35.0	6.6	6.3	5.7	35.0	5.8	5.6
T62B	Fever of unknown origin W/O CC	2.9	50.0	3.2	3.2	3.3	50.0	3.6	3.4	3.1	50.0	3.4	3.3
T63A	Viral illness age >59 or with CC	4.8	74.3	6.6	6.4	3.3	36.0	3.3	3.2	3.6	66.6	4.0	3.9
T63B	Viral illness age <60 W/O CC	2.5	–	2.5	1.7	2.0	–	2.0	2.0	2.1	–	2.1	1.9
T64A	Other infectious and parasitic diseases with catastrophic or severe CC	9.2	39.0	11.0	10.6	7.5	178.0	14.2	13.7	8.3	94.6	12.6	12.2
T64B	Other infectious and parasitic diseases W/O catastrophic or severe CC	4.8	49.5	5.7	2.8	4.4	47.0	4.8	3.9	4.5	48.3	5.1	3.4

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

AR-DRG Description		Voluntary Hospitals				Non-Voluntary Hospitals				All Hospitals			
		In-Patients			Total Discharges[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	
U40Z	Mental health treatment, sameday, with ECT	1.0	–	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	12.3	66.3	33.4	33.4	6.8	–	6.8	6.8	11.8	66.3	31.7	31.7
U62A	Paranoia and acute psychotic disorder with catastrophic or severe CC or with mental health legal status	7.0	60.0	20.3	20.3	12.0	–	12.0	12.0	8.7	60.0	18.0	18.0
U62B	Paranoia and acute psychotic disorder W/O catastrophic or severe CC W/O mental health legal status	9.0	89.0	22.9	22.9	6.8	50.3	10.4	10.4	8.0	78.5	17.4	17.4
U63A	Major affective disorders age >69 or with catastrophic or severe CC	13.1	80.4	49.1	49.1	7.5	65.3	15.4	15.4	10.3	78.7	37.7	37.7
U63B	Major affective disorders age <70 W/O catastrophic or severe CC	12.3	55.6	28.1	28.1	6.5	71.0	9.5	9.5	11.2	55.9	25.5	25.5
U64Z	Other affective and somatoform disorders	8.7	53.6	15.5	15.5	5.8	41.8	7.0	7.0	7.1	51.3	11.2	11.2
U65Z	Anxiety disorders	4.3	67.8	6.4	6.4	3.7	39.3	4.1	4.1	3.9	58.3	5.0	5.0
U66Z	Eating and obsessive-compulsive disorders	8.5	69.7	31.0	31.0	7.3	62.5	19.0	19.0	7.8	66.7	24.3	24.3
U67Z	Personality disorders and acute reactions	4.4	71.1	9.5	9.5	5.4	39.0	6.0	6.0	4.8	68.2	8.4	8.4
U68Z	Childhood mental disorders	3.3	48.0	4.5	4.5	4.2	–	4.2	4.2	3.7	48.0	4.3	4.3
V60A	Alcohol intoxication and withdrawal with CC	6.2	70.2	12.8	12.4	4.9	67.5	6.7	6.7	5.3	69.2	8.6	8.5
V60B	Alcohol intoxication and withdrawal W/O CC	3.6	62.5	5.1	5.1	2.6	42.0	2.7	2.7	2.7	58.4	3.0	3.0
V61Z	Drug intoxication and withdrawal	6.6	58.0	21.3	19.9	2.5	–	2.5	2.5	3.5	58.0	8.2	8.1

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

AR-DRG Description		Voluntary Hospitals				Non-Voluntary Hospitals				All Hospitals			
		In-Patients			Total Discharges[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	
V62A	Alcohol use disorder and dependence	8.1	55.6	12.0	12.0	3.9	113.5	4.3	4.3	4.6	64.5	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	16.5	33.5	17.5	17.5	8.5	–	8.5	8.5	15.2	33.5	16.2	16.2
V63B	Opioid use disorder and dependence, left against medical advice	1.5	–	1.5	1.5	2.3	–	2.3	2.3	2.0	–	2.0	2.0
V64Z	Other drug use disorder and dependence	14.9	41.0	17.8	16.6	2.4	–	2.4	2.4	11.0	41.0	13.4	12.7
W01Z	Ventilation or craniotomy procedures for multiple significant trauma	18.0	66.0	39.0	39.0	14.1	93.1	44.9	44.9	15.8	80.2	42.3	42.3
W02Z	Hip, femur and limb procedures for multiple significant trauma, incl implantation	15.0	74.8	29.2	29.2	14.3	49.2	21.1	21.1	14.5	56.7	23.2	23.2
W03Z	Abdominal procedures for multiple significant trauma	10.0	38.0	13.5	13.5	14.9	31.5	17.3	17.3	12.3	34.8	15.3	15.3
W04Z	Other OR procedures for multiple significant trauma	14.9	46.0	23.1	23.1	12.0	53.5	15.0	15.0	13.0	48.1	18.4	18.4
W60Z	Multiple trauma, died or transferred to another acute care facility LOS <5 days	2.3	–	2.3	2.3	1.6	–	1.6	1.6	1.8	–	1.8	1.8
W61Z	Multiple trauma W/O significant procedures	10.5	80.8	37.2	37.2	8.7	76.3	14.5	14.5	9.3	79.8	24.3	24.3
X02Z	Microvascular tissue transfer or skin grafts for injuries to hand	5.0	32.0	5.3	5.1	2.6	49.0	3.3	3.3	3.9	40.5	4.4	4.3
X04A	Other procedures for injuries to lower limb age >59 or with CC	9.6	143.0	14.9	14.9	9.2	60.0	14.0	14.0	9.4	80.8	14.4	14.4
X04B	Other procedures for injuries to lower limb age <60 W/O CC	3.6	–	3.6	3.3	2.8	31.0	3.0	2.9	3.1	31.0	3.2	3.1

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

AR-DRG Description		Voluntary Hospitals				Non-Voluntary Hospitals				All Hospitals			
		In-Patients			Total Discharges[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	
X05Z	Other procedures for injuries to hand	1.7	–	1.7	1.6	1.6	–	1.6	1.6	1.6	–	1.6	1.6
X06A	Other procedures for other injuries with catastrophic or severe CC	8.1	54.3	14.8	14.2	9.4	56.6	13.3	13.2	8.7	55.0	14.1	13.7
X06B	Other procedures for other injuries W/O catastrophic or severe CC	3.6	31.0	3.7	3.2	2.5	54.0	2.8	2.7	2.8	50.7	3.1	2.9
X07A	Skin graft for injuries excluding hand with microvascular tissue transfer or with catastrophic or severe CC	16.1	47.9	22.1	22.1	16.4	69.6	34.1	34.1	16.2	59.5	26.8	26.8
X07B	Skin graft for injuries excluding hand W/O microvascular tissue transfer W/O catastrophic or severe CC	9.2	38.6	12.2	11.5	8.6	51.8	12.1	11.6	8.9	45.2	12.1	11.5
X60A	Injuries age >64 with CC	9.5	61.4	27.5	27.5	8.7	59.4	10.2	10.2	8.9	61.1	16.5	16.5
X60B	Injuries age >64 W/O CC	3.6	42.7	5.8	5.5	4.6	–	4.6	4.6	4.4	42.7	4.8	4.8
X60C	Injuries age <65	2.1	50.6	2.7	2.6	1.8	35.0	1.8	1.8	1.9	48.3	2.2	2.1
X61Z	Allergic reactions	1.7	–	1.7	1.4	2.0	–	2.0	2.0	1.9	–	1.9	1.7
X62A	Poisoning/toxic effects of drugs and other substances age >59 or with CC	5.0	71.6	6.7	6.7	3.0	44.3	3.2	3.2	3.6	63.8	4.2	4.2
X62B	Poisoning/toxic effects of drugs and other substances age <60 W/O CC	2.5	35.7	2.6	2.6	1.6	95.0	1.7	1.7	1.8	50.5	1.8	1.8
X63A	Sequelae of treatment with catastrophic or severe CC	5.9	54.0	8.4	8.4	7.9	38.0	9.3	9.3	7.1	45.1	8.9	8.9
X63B	Sequelae of treatment W/O catastrophic or severe CC	3.5	37.0	3.6	2.9	3.4	35.5	3.4	3.3	3.4	36.0	3.5	3.1
X64A	Other injury, poisoning and toxic effect diagnosis age >59 or with CC	4.8	31.0	5.7	5.7	5.0	71.4	10.3	10.3	4.9	64.7	8.8	8.8

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

AR-DRG Description		Voluntary Hospitals				Non-Voluntary Hospitals				All Hospitals			
		In-Patients			Total Discharges[a]	In-Patients			Total Discharges[a]	In-Patients			Total Discharges[a]
		Acute (0–30 days)	Extended (>30 days)	Total In-Patients		Acute (0–30 days)	Extended (>30 days)	Total In-Patients		Acute (0–30 days)	Extended (>30 days)	Total In-Patients	
X64B	Other injury, poisoning and toxic effect diagnosis age <60 W/O CC	1.8	94.0	3.2	3.2	1.3	–	1.3	1.3	1.4	94.0	1.8	1.7
Y01Z	Severe full thickness burns	11.0	83.0	60.3	60.3	16.8	40.5	24.7	24.7	13.3	77.3	51.7	51.7
Y02A	Other burns with skin graft age >64 or with catastrophic or severe CC or with complicating procedure	16.1	66.4	31.5	31.5	14.5	43.2	20.9	20.9	15.5	59.8	27.7	27.7
Y02B	Other burns with skin graft age <65 W/O catastrophic or severe CC W/O complicating procedure	12.2	53.3	14.9	14.9	8.3	–	8.3	8.2	10.7	53.3	12.5	12.5
Y03Z	Other OR procedures for other burns	8.9	–	8.9	8.4	7.3	–	7.3	7.3	8.1	–	8.1	7.8
Y60Z	Burns, transferred to another acute care facility <5 days	1.3	–	1.3	1.3	1.2	–	1.2	1.2	1.2	–	1.2	1.2
Y61Z	Severe burns	6.5	38.0	7.2	7.2	4.8	–	4.8	4.7	5.8	38.0	6.2	6.1
Y62A	Other burns age >64 or with catastrophic or severe CC or with complicating procedure	9.0	–	9.0	9.0	7.6	–	7.6	7.6	8.0	–	8.0	8.0
Y62B	Other burns age <65 W/O catastrophic or severe CC W/O complicating procedure	4.6	–	4.6	4.5	2.6	–	2.6	2.6	3.7	–	3.7	3.6
Z01A	OR procedures with diagnoses of other contacts with health services with catastrophic or severe CC	6.5	47.2	8.3	7.4	6.2	60.3	10.9	9.8	6.4	54.8	9.3	8.4
Z01B	OR procedures with diagnoses other contacts with health services W/O catastrophic or severe CC	3.7	–	3.7	1.9	3.7	55.3	4.5	2.5	3.7	55.3	4.1	2.1
Z40Z	Follow up with endoscopy	2.5	–	2.5	1.0	2.1	35.0	2.3	1.1	2.2	35.0	2.4	1.1
Z60A	Rehabilitation with catastrophic or severe CC	16.4	55.1	26.1	26.1	11.2	73.3	32.2	32.2	13.7	66.4	29.4	29.4
Z60B	Rehabilitation W/O catastrophic or severe CC	13.0	58.1	17.4	17.4	7.3	73.5	13.5	13.5	11.4	62.3	16.3	16.3

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

AR-DRG Description		Voluntary Hospitals				Non-Voluntary Hospitals				All Hospitals			
		In-Patients			Total Discharges[a]	In-Patients			Total Discharges[a]	In-Patients			Total Discharges[a]
		Acute (0–30 days)	Extended (>30 days)	Total In-Patients		Acute (0–30 days)	Extended (>30 days)	Total In-Patients		Acute (0–30 days)	Extended (>30 days)	Total In-Patients	
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	6.4	53.3	8.3	5.3	4.4	53.7	4.9	3.7	5.0	53.4	6.0	4.2
Z62Z	Follow up W/O endoscopy	3.4	55.0	4.7	1.1	3.7	58.4	5.1	1.4	3.6	57.1	5.0	1.2
Z63A	Other aftercare with catastrophic or severe CC	2.5	70.0	4.1	3.1	7.0	67.5	12.7	6.4	6.1	67.6	11.1	6.0
Z63B	Other aftercare W/O catastrophic or severe CC	2.3	53.0	2.8	1.4	4.5	57.8	5.3	1.7	3.8	56.9	4.6	1.6
Z64A	Other factors influencing health status	4.2	55.5	6.2	6.2	7.3	69.8	10.1	10.1	6.5	66.6	9.1	9.1
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	70.0	3.1	2.5	6.1	38.0	7.4	4.9	3.1	54.0	3.9	3.0
901Z	Extensive OR procedure unrelated to principal diagnosis	9.9	72.6	20.8	14.9	9.1	54.9	16.6	14.5	9.6	65.8	19.1	14.7
902Z	Non-extensive OR procedure unrelated to principal diagnosis	8.7	77.0	16.9	11.1	10.2	63.9	16.8	11.2	9.3	71.8	16.9	11.2
903Z	Prostatic OR procedure unrelated to principal diagnosis	19.7	54.0	33.4	33.4	14.7	41.5	22.4	20.9	16.6	47.8	27.0	25.9
961Z	Unacceptable principal diagnosis	–	–	–	–	1.0	–	1.0	1.0	1.0	–	1.0	1.0
963Z	Neonatal diagnosis not consistent with age/weight	5.1	87.7	10.8	8.8	6.2	38.7	8.9	5.4	5.5	63.2	9.9	7.0
Total		**5.2**	**64.4**	**7.8**	**3.7**	**4.5**	**54.8**	**5.5**	**3.4**	**4.8**	**60.0**	**6.3**	**3.5**

Notes: – denotes no discharges reported to HIPE.

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

[a] Includes day and in-patients.

[b] This includes pregnancy with abortive outcome.

Glossary and Abbreviations

GLOSSARY

Acute hospital

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

Additional diagnosis

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

Admission type

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

Bed designation

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

Case mix

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

Complications

Complications may arise during the hospital stay.

Comorbidities

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

Day patient

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

Diagnosis Related Group (DRG)

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

Discharge rate

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

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

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

Emergency admission

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

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

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

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

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

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

Hospital type Relates to 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.

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.

Glossary (contd.)

Principal diagnosis

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

Principal and additional procedure

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.

Source: The above definitions are taken directly from, or based on, those provided in the following:
Department of Health and Children, 2001. *Quality and Fairness a Health System for You: Health Strategy*. Dublin: The Stationery Office.
'Hospital Services – Introduction': Citizen's Information (4 June 2008)
www.citizensinformation.ie/categories/health/hospital-services/hospital_services_introduction; date consulted: 8 October 2008.
For further information on the definitions of diagnoses see NCCH ICD-10-AM, July 2004, General Standards for Diseases.
For further information on the definitions of procedures see NCCH ICD-10-AM, July 2004, General Standards for Procedures.

ABBREVIATIONS

Adm	Admission
Admwt	Admission Weight
ACHI	Australian Classification of Health Interventions
ACS	Australian Coding Standards
AICD	Automatic Implantable Cardioverter-Defibrillator
AMI	Acute Myocardial Infarction
ALOS	Average Length of Stay
AR-DRG	Australian Refined Diagnosis Related Group
CABG	Coronary Artery Bypass Graft
CC	Complication and/or Comorbidity
CDE	Common Bile Duct Exploration
CSO	Central Statistics Office
D&C	Dilation and Curettage
CPB pump	Cardiopulmonary bypass pump
DoH&C	Department of Health and Children
DRG	Diagnosis Related Group
DX/Pr	Diagnosis 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

Abbreviations (contd.)

ICD-9-CM	Ninth Revision of the International Classification of Diseases, Clinical Modification, Version October 1998
ICD-10-AM	Tenth Revision of the International Classification of Diseases, Australian Modification, 4th Edition
Incl	Including
IHD	Ischaemic Heart Disease
IMR	Integrated Management Return
Infect/inflam	Infection/inflammation
Inhal	Inhalation
Inves	Investigative
IT	Information Technology
LHO	Local Health Office
LOS	Length of Stay
MBS	Medical Benefit Schedule
MDC	Major Diagnostic Category
misc	Miscellaneous
n/a	Not applicable
NCCH	National Centre for Classification in Health
N	Number of Observations/Discharges
NPRS	National Perinatal Reporting System
NTPF	National Treatment Purchase Fund
OR	Operating Room
PHIS	Public Health Information System
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

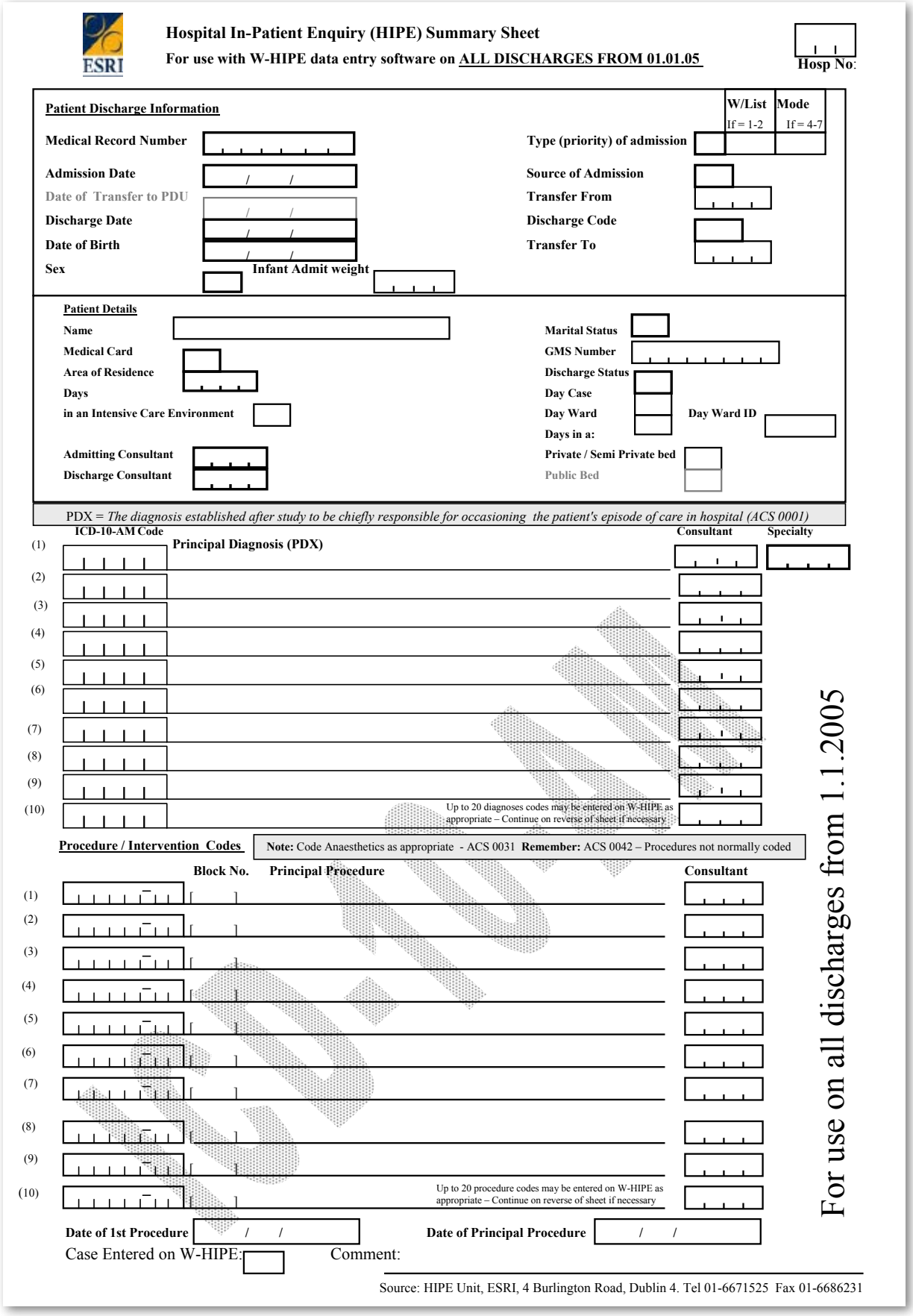
Hospital Name	County	Hospital Type	
HSE Dublin North East			
Beaumont Hospital	Dublin	Voluntary	General
The Children's University Hospital, Temple Street	Dublin	Voluntary	Paediatric
Connolly Hospital, Blanchardstown	Dublin	Non-Voluntary	County
Incorporated Orthopaedic Hospital, Clontarf	Dublin	Voluntary	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	Infectious Disease
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	Infectious Disease
Royal Victoria Eye and Ear Hospital	Dublin	Voluntary	ENT
St. Columcille's Hospital, Loughlinstown	Dublin	Non-Voluntary	County
St. James's Hospital	Dublin	Voluntary	General
St. Luke's & St. Anne's Hospital	Dublin	Voluntary	Cancer
St. Michael's Hospital, Dun Laoghaire	Dublin	Voluntary	General
St. Vincent's University Hospital, Elm Park	Dublin	Voluntary	General
Adelaide, Meath Incorporating National Children's Hospital (AMNCH), Tallaght	Dublin	Voluntary	General
Our Lady's Hospice, Harold's Cross	Dublin	Voluntary	Long Stay
Midland Regional Hospital, Mullingar	Westmeath	Non-Voluntary	County
Midland Regional Hospital, Portlaoise	Laois	Non-Voluntary	County
Midland Regional Hospital, Tullamore	Offaly	Non-Voluntary	County

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

Notes: Total number of hospitals participating in 2006: 57
Two private hospitals began to participate in HIPE in 2000. Data relating to these two hospitals are not contained in this report.

APPENDIX II

HIPE Data Entry Form, 2006



ESRI

Hospital In-Patient Enquiry (HIPE) Summary Sheet

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

Hosp No:

Patient Discharge Information

	W/List If = 1-2	Mode If = 4-7
Type (priority) of admission		

Medical Record Number

Admission Date / /

Date of Transfer to PDU / /

Discharge Date / /

Date of Birth / /

Sex

Infant Admit weight

Source of Admission

Transfer From

Discharge Code

Transfer To

Patient Details

Name

Medical Card

Area of Residence

Days in an Intensive Care Environment

Admitting Consultant

Discharge Consultant

Marital Status

GMS Number

Discharge Status

Day Case

Day Ward

Days in a:

Day Ward ID

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 1.1.2005

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

APPENDIX III

2006 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, 2006

	HSE Dublin North East	HSE Dublin Mid-Leinster	HSE South	HSE West	Total
0–4 years	69,208	86,098	76,237	70,709	302,252
5–9 years	63,054	80,777	74,617	69,877	288,325
10–14 years	57,881	75,854	72,027	68,110	273,872
15–19 years	61,201	82,337	74,361	72,358	290,257
20–24 years	78,981	106,185	80,251	77,058	342,475
25–29 years	92,289	117,532	85,817	77,440	373,078
30–34 years	85,064	104,908	83,825	75,564	349,361
35–39 years	74,096	93,273	81,054	73,682	322,105
40–44 years	65,743	86,205	78,785	70,596	301,329
45–49 years	57,132	78,766	71,846	67,001	274,745
50–54 years	49,535	70,719	64,969	61,845	247,068
55–59 years	44,932	63,049	59,950	57,397	225,328
60–64 years	37,016	48,776	49,684	46,251	181,727
65–69 years	29,039	37,944	39,535	36,878	143,396
70–74 years	23,820	31,127	33,105	31,100	119,152
75–79 years	18,275	24,200	25,320	24,671	92,466
80–84 years	12,466	16,743	17,762	17,913	64,884
85 years and over	8,887	12,355	12,823	13,963	48,028
All Ages	**928,619**	**1,216,848**	**1,081,968**	**1,012,413**	**4,239,848**

Source: *Census 2006* (Central Statistics Office).

TABLE III.2

Male Population Estimates by HSE Area of Residence, 2006

	HSE Dublin North East	HSE Dublin Mid-Leinster	HSE South	HSE West	Total
0–4 years	35,479	44,048	38,922	36,107	154,556
5–9 years	32,444	41,510	38,266	35,764	147,984
10–14 years	29,844	38,993	36,711	34,956	140,504
15–19 years	31,216	41,733	38,172	37,120	148,241
20–24 years	39,700	52,672	40,759	39,635	172,766
25–29 years	46,290	59,243	43,890	39,829	189,252
30–34 years	43,164	53,143	42,872	38,308	177,487
35–39 years	37,763	47,070	41,337	37,641	163,811
40–44 years	33,153	42,805	39,853	35,627	151,438
45–49 years	28,631	39,110	36,283	33,959	137,983
50–54 years	24,814	34,978	33,214	31,544	124,550
55–59 years	22,395	31,472	30,576	29,500	113,943
60–64 years	18,420	24,233	25,087	23,821	91,561
65–69 years	14,122	18,216	19,787	18,770	70,895
70–74 years	11,043	14,380	15,752	15,365	56,540
75–79 years	7,758	10,092	11,176	11,095	40,121
80–84 years	4,611	6,160	6,825	7,098	24,694
85 years and over	2,605	3,564	4,099	4,577	14,845
Male (All Ages)	**463,452**	**603,422**	**543,581**	**510,716**	**2,121,171**

Source: *Census 2006* (Central Statistics Office).

TABLE III.3

Female Population Estimates by HSE Area of Residence, 2006

	HSE Dublin North East	HSE Dublin Mid-Leinster	HSE South	HSE West	Total
0–4 years	33,729	42,050	37,315	34,602	147,696
5–9 years	30,610	39,267	36,351	34,113	140,341
10–14 years	28,037	36,861	35,316	33,154	133,368
15–19 years	29,985	40,604	36,189	35,238	142,016
20–24 years	39,281	53,513	39,492	37,423	169,709
25–29 years	45,999	58,289	41,927	37,611	183,826
30–34 years	41,900	51,765	40,953	37,256	171,874
35–39 years	36,333	46,203	39,717	36,041	158,294
40–44 years	32,590	43,400	38,932	34,969	149,891
45–49 years	28,501	39,656	35,563	33,042	136,762
50–54 years	24,721	35,741	31,755	30,301	122,518
55–59 years	22,537	31,577	29,374	27,897	111,385
60–64 years	18,596	24,543	24,597	22,430	90,166
65–69 years	14,917	19,728	19,748	18,108	72,501
70–74 years	12,777	16,747	17,353	15,735	62,612
75–79 years	10,517	14,108	14,144	13,576	52,345
80–84 years	7,855	10,583	10,937	10,815	40,190
85 years and over	6,282	8,791	8,724	9,386	33,183
Female (All Ages)	**465,167**	**613,426**	**538,387**	**501,697**	**2,118,677**

Source: *Census 2006* (Central Statistics Office).

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

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

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

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

12. *Nasogastric intubation*

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

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

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

16. *Procedure components*

17. *Stress test*

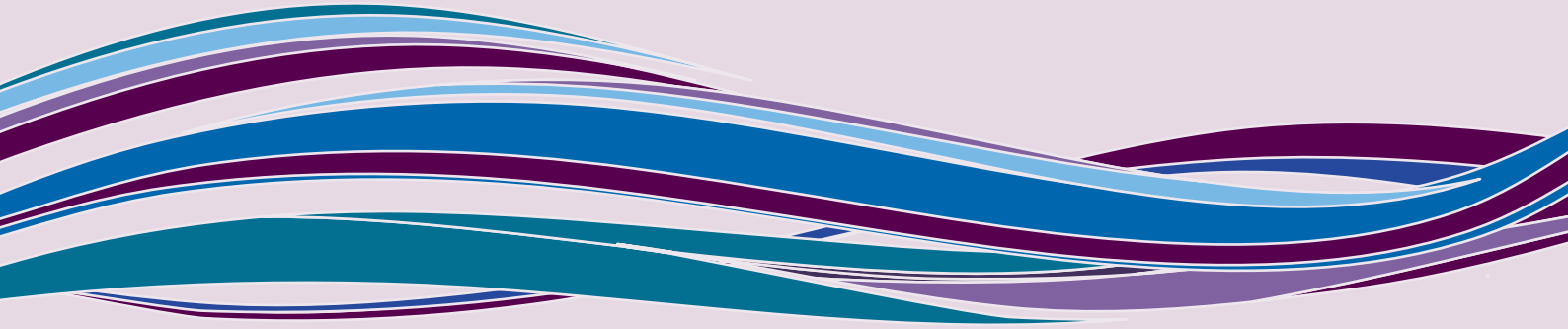
18. *Traction*
    Code if traction is the only procedure performed

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 provided in this standard.



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