

H.I.P.E.

Hospital In-Patient Enquiry

2022

INSTRUCTION MANUAL



For use with the HIPE Portal

May 2022

V3.0

Healthcare Pricing Office

INSTRUCTIONS FOR THE CODER

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

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

Also have for reference

- Medical Dictionary e.g. Dorland's
- M.I.M.S. - Index of Drugs
- For definitions of all HIPE variables please refer to the HIPE Data Dictionary at www.hpo.ie

HIPE IT systems

- Please ensure you are set up with passwords and access for the HIPE portal system .
- Also ensure that you have access to the HIPE Meta Data Services (MDS) application to apply for ward registration and consultant number requests

HIPE Support

Clinical Coding Queries:	Please submit by email with as much detail as possible to hipe.coding@hpo.ie . <u>Remove any identifying information.</u>
HIPE Data Requests & Statistics:	To access HIPE information please email: HIPEData.Requests@hpo.ie with details of your information requirements.
Consultant Number Requests:	To add a HIPE number for a consultant applications can be made through the HPO Meta Data Services (MDS) Web app. For registering on MDS please contact HIPEIT@hpo.ie
HIPE Software Support:	Queries relating to HIPE software can be submitted to HIPEIT@hpo.ie
HIPE Training Requests & Queries:	Any queries relating to HIPE training can be submitted to hipe.training@hpo.ie
HIPE Ward Registration:	Applications for registration of wards can be submitted through the HPO Meta Data Services (MDS) Web app. For registering on MDS please contact HIPEIT@hpo.ie
HIPE Exports:	To be submitted monthly via email to export@hpo.ie See page 27 for list of export dates in 2022 and information on HIPE coding deadlines.
Contact Details:	Healthcare Pricing Office 1 st Floor The Brunel Building Heuston South Quarter St. John's Road West Dublin 8 D08 X01F Website: www.hpo.ie E-mail: info@hpo.ie

For use with HIPE on ALL DISCHARGES FROM 01.01.2022

Affix Label

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

For use on all discharges from

01.01.2022

Case entered on HIPE:	Hospital Ref No. For HPO Use:		
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* Patient Name, Full Address, full DOB, and Full Eircode are currently not exported to the HPO. These are collected only at hospital level.

More than one consultant can be recorded.

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

HIPE Instruction Manual

HIPE collects information on in-patient and day patient activity from participating hospitals. A HIPE discharge record is created when a patient is discharged from (or dies in) hospital. This record contains administrative, demographic and clinical information for a discrete episode of care. An episode of care begins at admission to a ward (inpatient or daycase) in hospital and ends at discharge from (or death in) that hospital.

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

All variables listed are for collection for discharges from 01.01.2022. When reviewing HIPE data for previous years, please refer to the Instruction Manual for the relevant period.

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

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

- ↓
1. **Patient's Hospital of Discharge:** The code of the hospital that the patient is under the care of using the four digit Hospital Code List (see full listing on pages 20-22).
- ↓
2. **Chart Number:** Up to 7 characters allowed. If less than 7, place zeros before the chart number (or case reference number). Up to 2 alpha characters allowed, again place these before the chart number and in the first position(s).
- ↓
3. **Date of Admission:** Enter day, month and year in appropriate boxes, inserting zeros where necessary.
- e.g. 1st March 2022=

01	03	2022
----	----	------
- The date of admission is the date the patient is admitted to an inpatient ward or a registered dayward.
- ↓
- 3a. **Time of Admission:** The time of admission in the 24 hour format for the patient will be collected for all patients discharged from hospital. The time of admission will be the time, as recorded on the PAS, the patient was admitted to a ward as either a daycase or an inpatient.

Admission codes

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

4. Type of Admission



1 Elective

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

2 Elective Readmission

Patient admitted electively to continue ongoing treatment or care.

4 Emergency

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

5 Emergency Readmission

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

6 Maternity

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

Collection of the patient's parity is mandatory for this Admission Type – see pg. 17 for further details.

7 New born (0-27 days)

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

Elective MAU /ASAU Admissions:

Elective re/admissions to registered MAUs/ASAUs are **not** reported to HIPE, this activity is to be reported as Outpatient activity.

"Type" of Elective Admission

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

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

"Type" of Waiting List category

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

- 0 – Not NTPF
- 1 – Yes NTPF
- 2 – "Access to Care" funding

Note: This field is subject to review and validation by the HSE and NTPF.

Mode of Emergency Admission

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

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

- 1 ED (Emergency Department) of the admitting hospital
- 2 AMAU **Admitted as Inpatient:** This code is assigned if the patient is admitted as an emergency to the hospital through the AMAU.
- 3 Other
- 4 Unknown
- 5 AMAU **Only :** This code is assigned if the patient is admitted as an emergency to the AMAU and is discharged from there.
- 6 Local Injury Unit: Admission directly from a HSE listed Local Injury Unit
- 7 ASAU **Admitted as Inpatient.** This code is assigned if the patient is admitted as an emergency to the hospital through the ASAU.
- 8 ASAU **Only:** This code is assigned if the patient is admitted as an emergency to the ASAU and is discharged from there

Note: AMAUs /ASAUs must be registered in order for the Healthcare Pricing Office to activate this field for collection (contact HIPEIT@HPO.ie)

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

§Mode of emergency admission for ASAU cases can only be **7– ASAU Admitted as inpatient** or **8 – ASAU Only**

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

- 1 Home
- 2 Transfer from nursing home/convalescent home or other long stay accommodation
- 3 Transfer of admitted or non-admitted patient from Hospital or COVID -19 facility in Hospital code list or transfer from *any* Acute Hospital not specified in Hospital Code Listing (see pages 20-22 in this manual).

When the coder enters a transfer (3) as a source of admission the system will respond with:

- a request to identify the hospital in question. This hospital may be entered as a 4-digit code from the Hospital Code List (See pull down menu on PC or listing on pages 20-22 of this instruction manual).
- An indicator to identify if this is the transfer of a non-admitted patient. E.g. patient transferred from an ED in another hospital.
- Transfer specific codes are provided for transfer from Covid-19 facilities. See hospital listings Pg. 22
- Transfer specific codes are provided for transfer from private hospitals. See hospital listings Pg. 22

- 4 Transfer from Non-Acute Hospital
- 5 Transfer from hospice
- 6 Transfer from psychiatric hospital/unit
- 7 New born
- 8 Temporary place of residence (e.g. hotel)
- 9 Prison
- 0 Other

6. Date of Discharge

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

e.g. 10th March 2022 =

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

6a. Time of Discharge

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

7. Discharge codes identify the discharge destination

- 00 - Self discharge
- 01 - Home
- 02 - Nursing home, convalescent home or long stay accommodation
- 03 - **Emergency** Transfer to Hospital in Hospital Code Listing or transfer to *any* Acute Hospital not specified in Hospital Code Listing (see pages 20-22 in this manual).
- 04 - **Non Emergency** Transfer to Hospital in Hospital Code Listing , or Covid-19 facility, or transfer to *any* Acute Hospital not specified in Hospital Code Listing (see pages 20-22 in this manual).

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

- Transfer specific codes are provided for transfer to Covid-19 facilities. See hospital listings Pg. 22
- Transfer specific codes are provided for transfer to private hospitals. See hospital listings Pg. 22

- | | |
|---|--|
| 05 - Transfer to psychiatric hospital/unit | 13 - Absconded |
| 06 - Died with post mortem | 14 - Other (e.g. Foster care) |
| 07 - Died no post mortem | 15 - Temporary place of residence (e.g. hotel) |
| 08 - Emergency Transfer to Non-Acute hospital | |
| 09 - Non Emergency Transfer to Non-Acute hospital | |
| 10 - Transfer to rehabilitation facility | |
| 11 - Hospice | |
| 12 - Prison | |

8. Discharge Mode

For cases discharged from 01/01/2022, the HIPE Portal will be amended to allow the collection of the Discharge Mode to identify why a patient was transferred. This information will provide further information on a patient's discharge than currently covered in the Discharge Code.

- The existing Discharge Code identifies **WHERE** the patient was discharged to.
- The new Discharge Mode will indicate **WHY** the patient was transferred to a healthcare facility.

The Discharge Mode indicates the type of post-acute care to be received by the patient following their discharge from their acute episode of care (i.e. the end of their inpatient or daycase stay) if applicable to a case. The Discharge Mode will only be collected for patients when the patient is being transferred to another healthcare facility (hospital etc.) for additional care and, as a result, is not collected for every Discharge Code.

The HIPE Portal will be changed to implement the collection of this new field. When one of the applicable discharge codes is chosen, the new Discharge Mode field will appear and a value must be chosen.

The values of the Discharge Mode are as follows. The valid Discharge Destination Codes for each of the values that can be collected are also listed.

Discharge Mode	Discharge Mode Description	Valid Discharge Destination codes
1	Acute Care	3, 4, 5, 10, 11
2	Rehabilitation Care	2, 3, 4, 5, 8, 9, 10, 11, 14
3	Palliative Care	2, 3, 4, 5, 8, 9, 10, 11, 14
4	Convalescence/Step Down Care	2, 3, 4, 5, 8, 9, 10, 11, 14
5	Long Term/Nursing Care	2, 3, 4, 5, 8, 9, 10, 11, 14
6	General Psychiatric Care	3, 4, 5, 8, 9
7	Other Care	2, 3, 4, 5, 8, 9, 10, 11, 14
9	Unspecified/Unknown Care	2, 3, 4, 5, 8, 9, 10, 11, 14

The following table gives details on the definitions of the different Discharge Modes

Discharge Mode	Definitions
1) Acute Care	Follow-on care where there is an acute length of stay following an acute length of stay. For example, a patient is transferred from your hospital to another hospital for continuing acute care.
2) Rehabilitation Care	Care in which the primary clinical purpose is improvement in the functioning of a patient with an impairment, activity limitation or participation restriction due to a health condition. For example, a patient is transferred to a specific facility for rehabilitation following a surgical intervention.
3) Palliative Care	Care in which the primary clinical purpose or treatment goal is the optimisation of the quality of life of a patient with an active and advanced life-limiting illness. For example, a patient is transferred to a facility for the provision of Palliative Care following a terminal diagnosis.
4) Convalescence/Step Down Care	Care in which the primary clinical purpose or treatment goal is support for a patient with impairment, activity limitation or participation restriction due to a health condition where there is an expectation that the patient will be subsequently discharged home.
5) Long Term /Nursing Care	Care in which the primary clinical purpose is to support the functioning of a patient who can no longer live independently.
6) General Psychiatric Care	Care in which the primary clinical purpose is improvement in the functional status, behaviour and/or quality of life of a patient with significant psychiatric or behavioural disturbance.
7) Other Care	Further care that is not covered by the other options.
9) Unspecified/Unknown Care	Care where the intention of the care is not known or not recorded.

8. Discharge Mode /Contd. :

Additional notes on assignment of Discharge Mode:

- The Discharge Mode must record the reason the patient is transferred to another medical facility where a patient is transferred directly to another facility for a stated purpose (such as rehabilitation or palliative care) and where this is recorded in the chart.
- A patient may receive non-acute care in an acute facility so it cannot be assumed that the Discharge Mode is “1 Acute” for patients transferred to acute facilities.
- The definitions above are for reference only and the chart must be clear as to what type of ongoing care is being delivered before applying the Discharge Mode.
- If it is not clear in the patient's chart what type of care the patient will receive in the subsequent facility, then the “9 Unspecified/Unknown Care” should be chosen.
- Convalescence/Step Down care typically covers the transfer of patients to non-acute facilities where it is anticipated that they will reside for a period of time and there is an expectation that they will be discharged home.
- There is no change to the coding of any case in an acute setting as a result of the introduction of this field. For example, if a patient is receiving palliative care in the current acute episode, the relevant codes will be recorded as per the normal coding standards.
- The Discharge Mode is to be collected when the patient is discharged from the hospital as normal. The discharge date of the patient does not change. In particular, the Discharge Mode is not to be collected based on the medical discharge date but rather the actual discharge date.
- Where the user chooses “7) Other Care”, they will be asked to identify the type of care in a free text box.
- If it is documented that a patient is transferred for more than one type of care, the main type of care should be chosen.
- The HPO will monitor the Discharge Modes used and review the options if required.

Additional checks will be added to the HIPE Portal to ensure that valid discharge modes used for each discharge code.

9. Date of Birth

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

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

10. Infant Admission Weight

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

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

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

11. Sex

Enter appropriate code:

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

12. Marital /Civil Status

Enter appropriate code:

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

13. Medical Card Indicator

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

0 - No 1 - Yes 2 – Unknown

14. EIRCODE

Eircode is a smart location postcode system for all Irish addresses. An Eircode* is a 7 alphanumeric character code consisting of a "Routing key" (consisting of the first 3 characters) and a "Unique Identifier" (consisting of the remaining characters). While the complete Eircode is recorded on the HIPE Portal locally in hospitals, **only the routing key is exported to the HIPE national file** for data protection reasons. It is expected that the Eircode will be downloaded from the PAS/IPMS/HIS. The Eircode refers to the normal address of the patient. The Eircode is collected for all cases except where the patient has a non-Irish address or has no fixed abode. Eircode is collected in addition to area of residence.

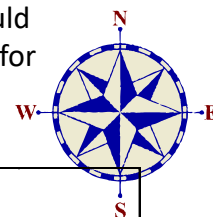
Eircode	Routing Key			Unique Identifier			
	Exported			Not Exported			

Example Eircode	Routing Key			Unique Identifier			
	A	6	5	F	4	E	2
	Exported			Not Exported			

* Please see <https://www.eircode.ie/home>

15. Area of Residence

The area of residence code identifies the place where the person would normally reside, i.e. 'home address'. Foreign nationals now resident in this country would have a code assigned for where they now live in Ireland. Foreign visitors here for short stays would be coded to the country where they normally reside.



No fixed abode	0000
Ireland*	
County	Code
Carlow	0500
Cavan	2900
Clare	1600
Cork (City)	1101
Cork (County)	1200
Donegal	2800
North Dublin City & County†	0100
South Dublin City & County†	0200
Galway (City)	1801
Galway (County)	1900
Kerry	1300
Kildare	0300
Kilkenny	0700
Laois	2500
Leitrim	2600
Limerick (City)	1401
Limerick (County)	1500
Longford	2200
Louth	3100
Mayo	2100
Meath	3200
Monaghan	3000
Offaly	2400
Roscommon	2000
Sligo	2700
Tipperary North Riding††	1700
Tipperary South Riding††	0800
Waterford (City)	0901
Waterford (County)	1000
Westmeath	2300
Wexford	0600
Wicklow	0400
Northern Ireland	3310

Europe	
Country	Code
Austria	3318
Belgium	3301
Bulgaria	3331
Croatia	3333
Cyprus	3321
Czech Republic	3322
Denmark	3302
England	3303
Estonia	3323
Finland	3316
France	3304
Germany	3305
Greece	3306
Hungary	3324
Italy	3308
Latvia	3325
Lithuania	3326
Luxembourg	3309
Malta	3327
Norway	3317
Poland	3328
Portugal	3314
Romania	3332
Scotland	3311
Slovak Republic	3329
Slovenia	3330
Spain	3313
Sweden	3315
Switzerland	3319
The Netherlands (Holland)	3307
Wales	3320
All other European	3350
Rest of the World	
Africa	3400
America North and Canada	3501
America South, Central and The Caribbean	3502
Asia, Middle East, Far East & South East Asia	3600
Australia, New Zealand & Oceania	3700

* Please note that in addition to the area of residence variable, HIPE collects the Eircode for Irish addresses when present of which the first 3 characters (routing key) are exported to the HPO – see also page 8.

† See also detailed listing of Dublin HIPE postal codes on page 10

†† See also listing for Tipperary North and South Riding on page 11

Dublin HIPE Postal Districts

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

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

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

Please see the list of examples below.

Address	Code	Address	Code	Address	Code
Arbour Hill (7)	0107	Darndale (17)	0117	Monkstown	0200
Artane (5)	0105	Dartry (6)	0206	Mt. Merrion	0200
Baily (13)	0113	Deans Grange	0200	Mulhuddart (15)	0115
Balbriggan	0100	Dollymount (3)	0103	Neilstown (22)	0222
Baldoyle (13)	0113	Dolphin's Barn (8)	0208	Newtown Park	0200
Balgriffin (17)	0117	Donaghmede (13)	0113	Oldbawn (24)	0224
Ballinteer (16)	0216	Donnybrook (4)	0204	Palmerstown (20)	0220
Ballsbridge (4)	0204	Drimnagh (12)	0212	Pembroke (4)	0204
Ballybough (3)	0103	Drumcondra (9)	0109	Phibsboro (7)	0107
Ballybrack	0200	Dubber (11)	0111	Porterstown (15)	0115
Ballyedmonduff (18)	0218	Dundrum (14)	0214	Portmarnock	0100
Ballyfermot (10)	0210	Dun Laoghaire	0217	Portobello (8)	0208
Ballygall (11)	0111	East Wall (3)	0103	Priorswood (17)	0117
Ballyogan (18)	0218	Edmonstown (16)	0216	Raheny (5)	0105
Bawnogue (22)	0222	Elm Mount (9)	0109	Ranelagh (6)	0206
Bayside (13)	0113	Fairview (3)	0103	Rathgar (6)	0206
Beaumont (9)	0109	Finglas (11)	0111	Rathmines (6)	0206
Belcamp (17)	0117	Firhouse (24)	0224	Ringsend (4)	0204
Blackrock	0200	Four Courts (7)	0107	Riverside (17)	0117
Blanchardstown (15)	0115	Foxrock (18)	0218	Rockbrook (16)	0216
Bluebell (12)	0212	Goatstown (14)	0214	Roebuck (14)	0214
Bohernabreena (24)	0224	Griffith Ave. (9)	0109	S.C.R (8)	0208
Cabinteely (18)	0218	Harmonstown (5)	0105	Sandford (6)	0206
Cabra (7)	0107	Howth (13)	0113	Sandyford (18)	0218
Cappagh (11)	0111	Inchicore (8)	0208	Sandymount (4)	0204
Carrickmines (18)	0218	Irishtown (4)	0204	Santry (9)	0109
Castleknock (15)	0115	Island Bridge (8)	0208	Shankill (18)	0218
Chapelizod (20)	0220	Jamestown (11)	0111	Skerries	0100
Churchtown (14)	0214	Jobstown (24)	0224	Stepaside (18)	0218
Clondalkin (22)	0222	Kilmacud	0200	Stillorgan	0200
Clonee (15)	0115	Kilmainham (8)	0208	Sutton (13)	0113
Clonliffe (3)	0103	Kilmashogue (16)	0216	Tallaght (24)	0224
Clonshaugh (17)	0117	Kilnamanagh (24)	0224	Terenure (6)	0206
Clonsilla (15)	0115	Kilshane (11)	0111	The Coombe (8)	0208
Clontarf (3)	0103	Kilternan (18)	0218	Ticknock (18)	0218
Coolock (5)	0105	Kimmage Rd. (6w)	0206	Wadelai (11)	0111
Corduff (15)	0115	Knocklyon (16)	0216	Walkinstown (12)	0212
Cornelscourt (18)	0218	Malahide	0100	Whitechurch (16)	0216
Cremore (11)	0111	Marino (3)	0103	Whitehall (16)	0216
Cruagh (16)	0216	Merchants' Qy. (8)	0208	Whitehall (9)	0109
Crumlin (12)	0212	Merrion (4)	0204	Windy Arbour (14)	0214



**Tipperary North Riding:
1700**

Ballinastick	Silvermines
Ballina	Sherry
Ballingarry	Templemore
Ballynonty	Templetouhy
Ballycahill	Thurles
Birr	Toomevara
Borrisokane	Tyane
Borrisoleigh	Upperchurch
Bouladuff	
Birdhill	
Ballinahow	
Coalbrook	
Cloughjordan	
Clonea	
Clonlea	
Dolla	
Dronard	
Drangan	
Drumbane	
Glencarragh	
Gaile	
Gortnahoe	
Glengoole	
Holycross	
Inch	
Kyle	
Littleton	
Lorrha	
Loughnafulla	
Lisnaginly	
Milestone	
Nenagh	
Newhill	
Newport	
Puckane	
Portroe	
Roscrea	

**Tipperary South Riding:
0800**

Abbey	Grantstown
Abbeyside	Glohihan
Annacarthy	Golden
Ardfinnan	Goolds Cross
Athenny	Hollyford
Ballinilard	Loughtally
Ballinure	Kilfeackle
Ballydrehid	Kellenaule
Ballykisteen	Kilcross
Ballyloogy	Kishane
Ballymacarberry	Kilshelan
Ballypatrick	Knockroe
Ballyporeen	Knockgraffan
Bansha	Lattin
Bonorlahan	Limerick Junction
Burncourt	Lisronagh
Bohererowe	Loughtally
Cullen	Monard
Cahir	Mullinahone
Cappawhite	Noan
Carrick-On-Suir	Newcastle
Cashel	New Inn
Clerihan	Rossmore
Clogheen	Tipperary Town
Cloneen	Nine-Mile-House
Clonmel	
Crohan	
Commins	
Drumiomogue	
Donaskeigh	
Dondhill	
Dualla	
Dundrum	
Emly	
Fethard	



16. Patient status on discharge

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

Enter appropriate code:

1 - Public

2 - Private

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

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

17. Day Case

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

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

18. Day Ward Indicator

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

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

Hospitals must apply to register their dedicated day wards with the Healthcare Pricing Office prior to using this facility via the MDS ward registration application.



19. Day Ward Identifier

If the answer to Day Ward Indicator is **1 – Yes**, the pre-registered Day Ward name must be entered to identify the day place where the patient was treated.



20. Number of ITU/ICU days (where applicable)*:

This identifies the number of days, or part thereof, the patient spent in an intensive care environment e.g. ICU/ITU/CCU/HDU/NITU etc.

Where part of day is spent in ICU the allocation of public/private/semi- private days (see below) can be adjusted accordingly.

This variable collects the total number of days in an ITU/ICU bed.

In addition, where the patient status on discharge is private the following will also be collected:

- * Number of days in an ITU/ICU bed – single occupancy ITU/ICU room/ward
- * Number of days in an ITU/ICU bed – multiple occupancy ITU/ICU room/ward

See also : item 27 Critical Care Bed Days.



21. Number of days (where applicable) by Bed Type*:

Bed Type: A patient may be in any or all of the bed types during the episode of care- the total number of days for bed type must equal the length of stay.

- a) Private Bed - Total number of days[†] in a Private Bed
- b) Semi-private Bed - Total number of days[†] in a Semi-private bed
- c) Public Bed - Total number of days[†] in a Public bed

Please note that the length of stay may also include temporary leave days and ITU days where appropriate.

[†] The total number of days in a private/semi-private/public bed are based on the designation of the bed and not the public/private status of the patient.



22. Number of days by Room Type*:

Room Type: A patient may be in either or both room types during the episode of care – the total number of days for room type must equal the length of stay.

- a) Single Room Bed - Total number of days in a bed in a single occupancy room/ward [§]
- b) Multiple Room Bed - Total number of days in a bed in a Multiple occupancy room/ward [§]

Please note that the length of stay may also include temporary leave days.

[§]The total number of days in a bed in a single or multiple occupancy room is not dependant on the public/private designation of the bed or whether the bed is an ITU bed.

* The following guidelines apply to 20, 21 and 22 above;

The midnight census can be used to determine the number of days spent in these environments. If the patient spends less than 1 day in these environments and is not present at the time of the midnight census, a stay of less than one day can optionally be recorded as '1' day.

23. Consultant Identifiers

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

Notes:

- **For data entry purposes, where the entire case is handled by one consultant his/her code number need only be entered opposite the principal diagnosis.**
- **If more than one consultant is involved in a case** the relevant consultant code number will be placed opposite the relevant diagnoses/procedures.
See ICS 0027 Multiple Coding.
- **Specialty of A Case: A specialty code is assigned to the case on the basis of the specialty assignment of the consultant associated with the principal diagnosis.**
The specialty assignment of the consultant is determined locally. All specialty codes are listed at the end of this instruction manual. The specialty code of the discharge consultant is also collected.
- Consultant specialties are listed on page 23 of this document and specialties are based on the list of Medical Council Specialties
- A Consultant may have more than one specialty and the information must be readily available in the healthcare record for HIPE coders to assign the correct specialty.

Consultant Types:



23(a) Primary Consultant

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



23(b) Admitting Consultant

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



23(c) Discharge Consultant and Specialty

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



23(d) Specialty of Discharge Consultant

The specialty of the discharge consultant.

23. Consultant identifiers Contd./

23(e) Consultant Anaesthetists

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

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

Anaesthetics administered by a non-anaesthetist will record the particular consultant's code.

23(f) Intensive Care Consultant

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

24. Procedure Dates

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

25. Ward Identification

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

- Admitting ward:

The ward to which the patient is formally admitted. If the admission ward is unclear the coder should determine the ward based on the midnight census. The admitting ward can be an inpatient ward or a registered dayward.

- Discharge ward:

The ward occupied prior to discharge.

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

Please note that the discharge ward cannot be a discharge lounge.

26. Temporary leave days (where applicable)

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

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

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

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

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

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

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

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

28. Parity (see also Irish Coding Standards: HIPE Guidelines for Administrative Data; Parity)

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

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

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

Please note the following:

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

↓
29. Hospital Reference Number for HPO Use:

A 3 digit code allocated to your hospital by the HPO for HIPE operational purposes and is automatically assigned by the data entry software. This code is for HPO operational use only. It differs from the 4-digit Hospital Code List (see pages 20-22) which are used for transfers and to identify the hospital that the patient attends (see item 1 on page 3).

↓
30. Medical Discharge Date/ Medically Fit for Discharge Date

Where a clinician documents and dates that a patient is medically fit for discharge a date can be collected. Where a "medical discharge date" is not documented the field will default to the discharge date of the patient.

This date is collected since 1.1.2017.

Queries on this variable can be directed to the appropriate clinician.

31. Duration of Continuous Ventilatory Support (CVS) - Cumulative

For patients receiving continuous ventilatory support/mechanical ventilation HIPE collects the total number of hours of CVS. Cases with a procedure code from block [569] *Ventilatory support* require the total cumulative number of hours of CVS to be collected as an administrative variable on HIPE.

The maximum number of hours that can be recorded as an administrative variable for duration of CVS - cumulative is 9999.

See also Irish Coding Standards, Section 2, Guidelines for administrative data, Item X.
DURATION OF CONTINUOUS VENTILATORY SUPPORT (CVS) - Cumulative

32. COVID-19 Flag – Urgent response for collection during the current pandemic

Question: Lab-confirmed COVID-19 Past or Present

Case Types: This variable is collected for all inpatient and day cases. This is collected separately to ICD-10-AM codes for COVID-19.

Coders will choose “YES” if:

There is a diagnosis of Lab-confirmed COVID-19 during the current episode of care (Laboratory confirmed cases **U07.1 Emergency use of U07.1 [COVID-19, virus identified]**)

OR

There is documentation in the chart that the patient had a Lab-confirmed COVID-19 or Tested Positive with COVID-19 during a previous episode of care.

OR

There is documentation in the chart that the patient was previously diagnosed with Lab-confirmed COVID-19 or Tested positive with COVID-19 anytime, anywhere (e.g. community, any hospital/nursing home), including outside of Ireland.

Please Note:

- Documentation for this variable includes clinical notes, nursing notes, laboratory report, scans etc.
- Coders are only expected to review the current episode of care for this variable. However coders can review previous episodes if they so wish to.
- It is assumed that once a patient has a value of “YES” for the COVID-19 flag, every subsequent admission will have a value of “YES”. This flag will be auto populated for subsequent episodes once ticked. No further action is required by coders if box is auto populated.
- If required coders may take COVID-19 information from the patient’s healthcare record back to the start of the pandemic to determine if the patient was previously diagnosed with Lab-confirmed COVID-19 or Tested Positive for COVID-19. For operational reasons, the start of the pandemic will be from 01/01/20.
- The entire record may be utilised including previous episodes.
- If in rare cases there is uncertainty as to whether the ‘Yes’ was correctly assigned to this variable originally, coders may review and revise other episodes if necessary.
- This flag is collected for discharges from 1st October 2020 regardless of discharge dates.
- **This flag will be subject to HPO review and audit, and any information recorded must be available in the patient’s healthcare record**

Example 1:

Patient admitted with fever and cough. Final diagnosis COVID-19 (Lab confirmed)

Lab-confirmed COVID-19 Past or Present ☒

Example 2:

Patient admitted for repair of inguinal hernia. Documented in chart that patient was diagnosed with Lab-confirmed or tested positive with COVID-19 10 weeks ago in this hospital.

Lab-confirmed COVID-19 Past or Present ☒

Example 3:

Patient admitted from A/E with fractured radius. Documented in chart that patient tested positive for COVID-19 in the community 2 months ago.

Lab-confirmed COVID-19 Past or Present ☒

Example 4:

Patient transferred from nursing home with myocardial infarction. Documented that patient had COVID-19 5 weeks previously in the nursing home.

Lab confirmed COVID-19 Past or Present ☐

In this case the variable box will **be left blank** as there is no documentation of Lab-confirmed or Tested positive for COVID-19

33. Specialist Palliative Care Involvement

For cases discharged from 01/01/2022, a new administrative field capturing if the specialist palliative care team attended a patient during the episode will be collected. The purpose of collecting this information is to identify where palliative care is being administered by the specialist palliative care team rather than other medical practitioners.

The values for this field are listed below

PalliativeCareInd	Description
0	No
1	Yes

The default value for this field is “0 No” (i.e. that the specialist palliative care team did not attend the patient).

This field is not downloaded and must be manually collected by the HIPE clinical coder.

34. Ukraine Temporary Protection Directive

The Temporary Protection Directive (2001/55 EC) has been activated by EU Council Decision EU 2022/382 of 4 March 2022, to provide immediate protection in EU countries for people displaced by the Russian invasion of Ukraine. HIPE data will now collect an administrative variable to identify when patients are covered by the Ukraine Temporary Protection Directive. This field will default to “No” and coders must change this to “Yes” when a patient is covered by the Ukraine Temporary Protection Directive.

Ukraine Temporary Protection Directive	
0	No
1	Yes

Additional Items:

- Batch Coding Facility for Radiotherapy and Dialysis Episodes**
A program is available to facilitate the collection of same day radiotherapy and dialysis episodes. Please contact the Healthcare Pricing Office for information on this software.
- Optional Field: Date of transfer to a Pre-Discharge Unit/Rehab (where applicable)**
A date may be collected to identify when a patient was *transferred* to a Pre-Discharge Unit/Rehab within the hospital prior to being discharged as planned.
Prior to collecting this additional field hospitals must register the Pre-Discharge Unit/Rehab with the Healthcare Pricing Office and contact the HIPEIT@hpo.ie to activate the optional field:
By definition this will not be the same as discharge date.
e.g. A patient is transferred to the Pre Discharge Unit/Rehab of their hospital on 16th March 2021 and is discharged home from the Pre-Discharge Unit/Rehab 3 days later on the 19th March 2022.

Date of transfer to Pre Discharge Unit/Rehab	16	03	2022
Date of Discharge from Hospital	19	03	2022

HOSPITAL CODE LIST

(For use with transfers and on download)

Dublin and Mid Leinster Region

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

Dublin and North East Region

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

Western Region

- 0300 University Hospital Limerick (Dooradoyle)
- 0301 University Maternity Hospital, Limerick
- 0302 Croom Orthopaedic Hospital, Limerick
- 0304 UL Hospitals, Nenagh Hospital
- 0305 UL Hospitals, Ennis Hospital
- 0500 Letterkenny University Hospital
- 0501 Sligo University Hospital
- 0502 Our Lady's Hospital, Manorhamilton
- 0800 Galway University Hospitals
- ~~0801 Merlin Park University Hospital, Galway~~
[From June 2011 the use of code 0801 is invalid. All transfers to/from Galway University Hospital and the hospital previously known as Merlin Park are identified using the code for the single entity 'Galway University Hospitals' 0800]
- 0802 Mayo University Hospital
- 0803 Roscommon University Hospital
- 0805 Ballina District Hospital
- 0919 Portiuncula University Hospital, Ballinasloe

Southern Region

- 0600 University Hospital Waterford (Ardkeen)
- 0601 St. Luke's General Hospital, Kilkenny
- 0602 Kilcreene Orthopaedic Hospital
- 0605 Wexford General Hospital
- 0607 Tipperary University Hospital (TippUH), Clonmel
- 0608 Our Lady's Hospital, Cashel

Southern Region Contd/

- 0701 St. Mary's Orthopaedic Hospital, Gurranaברה
- 0703 Mallow General Hospital
- 0704 Bantry General Hospital
- 0705 St. Finbarr's Hospital, Cork
- 0724 Cork University Hospital (Includes Cork University Maternity Hospital)
- 0725 Erinville Hospital, Cork (Closed March 2007)
- 0726 University Hospital Kerry

Voluntary and Other Hospitals

- ~~0901 Adelaide Hospital, Dublin~~
- ~~0903 Meath Hospital, Dublin~~
- 0904 St. James's Hospital, Dublin
- 0908 Mater Misericordiae University Hospital, Dublin
- 0910 St. Vincent's University Hospital, Elm park
- 0912 St. Michael's Hospital, Dun Laoghaire
- 0913 Mercy University Hospital, Cork.
- 0915 South Infirmary/Victoria University Hospital, Cork
- 0918 St. John's Hospital, Limerick
- 0923 Beaumont Hospital, Dublin
- 0925 Peamount Hospital, Newcastle
- 0930 Coombe Women and Infants University Hospital, Dublin
- 0931 National Maternity Hospital, Holles St, Dublin
- 0932 Rotunda Hospital, Dublin
- 0934 Waterford Maternity Hospital
- 0992 Children's Health Ireland (CHI) at Tallaght
- 0938 Children's Health Ireland (CHI) at Connolly
- 0940 Children's Health Ireland (CHI) at Temple St.
- 0941 Children's Health Ireland (CHI) at Crumlin
- ~~0943 National Children's Hospital, Harcourt St~~
- ~~0945 St. Anne's Hospital, Dublin~~
- ~~0946 Hume St. Hospital, Dublin~~
- 0947 St. Luke's Hospital, Rathgar
- 0948 St Luke's Radiation Oncology Network - St James's Centre
- 0949 St Luke's Radiation Oncology Network - Beaumont Centre
- 0950 Royal Victoria Eye & Ear Hospital, Dublin
- 0954 Incorporated Orthopaedic Hospital, Clontarf
- 0955 Cappagh National Orthopaedic Hospital,
- 0956 St. Mary's Auxiliary Hospital, Baldoyle
- 0960 Nat. Rehabilitation Hospital (NRH), Dun Laoghaire
- 0978 Our Lady's Hospice, Harold's Cross, Dublin
- 1225 St. Joseph's Unit, Harold's Cross
- 1270 Tallaght University Hospital
(See 0992 for Children's Health Ireland at Tallaght)
- 1762 St. Joseph's Hospital, Raheny
- 1001 Blackrock Hospice

Private Hospitals

1901 Aut Even, Kilkenny
1902 Bons Secours Limerick
1903 Beacon Hospital, Dublin
1904 Blackrock Clinic, Dublin
1905 Bons Secours Cork
1906 Bons Secours Dublin
1907 Bons Secours Galway
1908 Bons Secours Tralee
1909 UPMC Kildare, Clane, Kildare
1910 The Galway Clinic, Galway
1911 Hermitage Medical Clinic, Dublin
1912 Highfield Healthcare, Dublin
1913 KingsBridge Private Hospital, Sligo
1914 Mater Private Hospital, Dublin
1915 Santry Sports Surgery Clinic, Dublin
1916 St Francis Private Hospital, Mullingar, Westmeath
1919 St Vincent's Private Hospital, Dublin
1920 UPMC Whitfield, Waterford
1921 Mater Private Hospital, Cork

Other Acute Hospitals and Covid 19 facilities (not in Hospital Code List above)

9070 Covid 19 Intermediate care facility
9071 Covid 19 Step down care facility
9072 Covid 19 Community isolation facility
9030 Acute Hospital in Northern Ireland
9031 Acute Hospital in England
9032 Acute Hospital in Scotland
9033 Acute Hospital in Wales
9040 Acute Hospital in France
9041 Acute Hospital in Germany
9050 Acute Hospital in the United States of America
9060 Private Hospital (only where not elsewhere specified)
9099 Other Acute Hospital (only where not elsewhere specified)

Department of Health

Database list of consultant specialties

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

Department of Health

Database list of consultant specialties Contd.

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

Department of Health

Database list of consultant specialties Contd.

7000	Dental Surgery
7001	Oral Surgery (see 2003 Oral & Maxillo facial Surgery from Jan 2022)
7002	Orthodontics
7100	Occupational Medicine
7200	Paediatric Surgery
7300	Palliative Medicine
7400	Pathology
7500	Radiotherapy
7600	Cardio-Thoracic Surgery
7700	Metabolic Medicine
7800	Urology
	7802 Renal Transplantation
	7803 Paediatric Urology
7900	Clinical Immunology
8000	Anaesthetics
	8002 Intensive Care
	8003 Pain Relief
	8004 Paediatric Anaesthetics
8300	General Pathology
8400	Chemical Pathology
	8402 Paediatric Chemical Pathology
8500	Histopathology
	8502 Neuropathology
8600	Biochemistry
8700	Cytology
8800	Immunology
8900	Microbiology
	8902 Virology
9000	Other*
9001	Sports and Exercise Medicine

* Specialty code not for use in HIPE portal from 01.01.2019

Coding Schemes Used in HIPE in Ireland

- 2020 - 10th Edition ICD-10-AM/ACHI/ACS for both Diagnoses and Procedures
- 2015 - 2019 8th Edition ICD-10-AM/ACHI/ACS for both Diagnoses and Procedures
- 2009 – 2014 6th Edition ICD-10-AM/ACHI/ACS for both Diagnoses and Procedures
- 2005 – 2008 4th Edition ICD-10-AM for both Diagnoses and Procedures
- 1999 – 2004 ICD-9-CM (Oct 98 version) for both Diagnoses and Procedures
- 1995 – 1998 ICD-9-CM (Oct 94 version) for both Diagnoses and Procedures
- 1990 – 1994 ICD-9-CM (Oct 88 version) for both Diagnoses and Procedures
- 1981 – 1989 ICD-9 for Diagnoses and OPCS Procedures classification
- 1969 – 1980 ICD-8 for Diagnoses and OPCS¹ Procedures classification

¹ Office of Population Censuses and Surveys (OPCS) 1975, *Classification of Surgical Operations*, Second Edition, London

Final Dates for Download and Export in 2022*

HIPE export month	Download all cases	Final receipt
End of January 2022	Monday 31 January 2022	Thursday 3 February 2022
End of February 2022	Monday 28 February 2022	Thursday 3 March 2022
End of March 2022	Thursday 31 March 2022	Tuesday 5 April 2022
End of April 2022	Saturday 30 April 2022	Thursday 5 May 2022
End of May 2022	Tuesday 31 May 2022	Friday 3 June 2022
End of June 2022	Thursday 30 June 2022	Tuesday 5 July 2022
End of July 2022	Sunday 31 July 2022	Thursday 4 August 2022
End of August 2022	Wednesday 31 August 2022	Monday 5 September 2022
End of September 2022	Friday 30 September 2022	Wednesday 5 October 2022
End of October 2022	Monday 31 October 2022	Thursday 3 November 2022
End of November 2022	Wednesday 30 November 2022	Monday 5 December 2022
End of December 2022	Saturday 31 December 2022	Thursday 5 January 2023

* Export dates are on the third working day of the next month to ensure a full download of all cases for the previous month.

HIPE Coding Deadlines:

The deadline for HIPE data to be coded is within 30 days of discharge.

For example, discharges from January 2022 are to be coded by end of February 2022.

Prioritised coding of COVID 19 discharges:

For the period of the COVID 19 pandemic the deadline for the coding of these discharges is 48 hours after discharge or as near as is practicably possible.

