

Oifig an Stiúrthóra Náisiúnta um Rochtain agus Imeascadh

Ospideal an Dr.Steevens Baile Atha Cliath, D08 W2A8 Office of the National Director Access and Integration

Dr Steevens Hospital, Dublin, D08 W2A8 e accessandintegration@hse.ie

Deputy Jim O'Callaghan Dáil Éireann Leinster House Dublin 2 19th November 2024

www.hse.ie

@hselive

PQ 44048/24 - To ask the Minister for Health the total number of daycases seen/carried by the HSE between 2011 and 2024 inclusive, in tabular form. -Jim O'Callaghan

PQ 44049/24 - To ask the Minister for Health the total number of inpatients seen/carried out by the HSE between 2011 and 2024 inclusive, in tabular form. -Jim O'Callaghan

Dear Deputy O'Callaghan,

The Health Service Executive has been requested to reply directly to you in the context of the above Parliamentary Question, which you submitted to the Minister for Health for response.

Hospital In-Patient Enquiry (HIPE) is a health information system, managed by the Healthcare Pricing Office (HPO) of HSE Finance and is designed to collect clinical and administrative data on discharges from, and deaths in, acute public hospitals in Ireland. HIPE discharges are clinically coded from charts in the hospitals, this includes translating medical terminology into alpha-numeric code and using the entire chart to extract the conditions and procedures to create an adequate picture of the patient's health care encounter.

The included Excel file has been supplied by HIPE.

Please pay attention to the notes accompanying the data and outlined below:

Notes:

- Each HIPE discharge record represents one episode of care. Patients may be admitted
 to hospital more than once in any given time period with the same or different diagnoses.
 In the absence of a unique health identifier, therefore, the data reported to HIPE facilitate
 analysis of hospital discharge activity, but do not permit analysis of discharges at
 individual patient level. Consequently, it is not possible to use HIPE data to examine
 certain parameters such as the number of hospital encounters per patient, or to estimate
 proxies for incidence or prevalence of disease.
- HIPE collects day patient and in-patient activity, HIPE does not collect emergency department or outpatient data.
- Please note that the data provided does not include any public activity performed in private hospitals under the 2020 2022 private hospital agreements.
- Both coded and uncoded data is included.
- Note that the National Rehabilitation Hospital (NRH) only came under the governance of HSE Acute Operations in 2021. However, for consistency in reporting, NRH data is included in the tables for all years.
- Non Activity Based Funding activity is excluded.
- Any longitudinal analysis of HIPE data should take into account that coverage of HIPE data will have changed over the period.



Yours Sincerely,

Nessa Lynch General Manager

Access and Integration

File: H240268 PQ 44048 24 PQ 44049 24 HIPE Information.xlsx

HIPE Data Used: HIPE 2011 ASOF 0814 V25 CLOSE, HIPE 2012 ASOF 0614 V23 CLOSE, HIPE 2013 ASOF 0814 V20 CLOSE, HIPE 2014 ASOF 0615 V19 CLOSE, HIPE 2015 ASOF 0716 V19 CLOSE, HIPE 2016 ASOF 0317 V16 CLOSE, HIPE 2017 ASOF 0318 V17

Date: November 2024

Source: Healthcare Pricing Office

The storage and distribution of this information is the sole responsibility of the recipient and should be carried out in accordance with HSE data protection guidelines. If information contained within this file is used in other reports then as a minimum requirement is that the source information must also be quoted. This file information should not be removed when storing, distributing, or displaying without the additional information contained within this file.

Please note the following in relation to the tables below:

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

HIPE collects day patient and in-patient activity, HIPE does not collect emergency department or outpatient data.

Please note that the data provided does not include any public activity performed in private hospitals under the 2020 - 2022 private hospital agreements. Both coded and uncoded data is included.

Table 1. Daycase discharges from acute hospitals reported to HIPE, 2013-2023 .

		2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
D	aycases	872,482	897,162	916,288	941,157	1,008,507	1,040,120	1,058,916	1,075,336	1,108,218	925,974	1,016,005	1,112,099	1,195,149

Table 2 Innatient discharges from acute hospitals reported to HIPF 2013-2023 b

I GOIC E. II	ble 21 imparient discharges from deate hospitals reported to fill 2, 2015 2015 1												
	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
Inpatients	579,002	611,890	614,598	621,221	624,891	635,793	634,871	642,017	634,943	564,906	594,929	610,015	648,560

a: Note that the National Rehabilitation Hospital (NRH) only came under the governance of HSE Acute Operations in 2021. However, for consistency in reporting, NRH data is included in the tables for all years.

b: Non ABF activity is excluded.

Any longitudinal analysis of HIPE data should take into account that coverage of HIPE data will have changed over the period.