



**An  
Phríomh-Oifig  
Staidrimh**

Central  
Statistics  
Office

**Summary Quality Report:  
Acute Hospital Discharges  
Department of Health**



# Summary Quality Report

## For

# Acute Hospital Discharges

This documentation applies to the reporting period:  
**2017-2025**

Last edited: 13<sup>th</sup> May 2026



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## 2. Introduction

This Summary Quality Report provides detailed background information on a series of 'Acute Hospital Discharges' data tables published by the Department of Health on the Central Statistics Office's (CSO) [PxStat Open Data platform](#). These Acute Hospital Discharges tables are based on data from the Hospital Inpatient Enquiry (HIPE) dataset. They provide data on hospital inpatient and daycase discharges from public acute hospitals in Ireland.

The data is sourced by the Department of Health from the HIPE dataset which is managed by the HSE's Healthcare Pricing Office (HPO). HIPE is a health information system designed to collect demographic, clinical and administrative information on inpatient and daycase discharges from acute public hospitals nationally. Discharges include where a patient dies in hospital. HIPE does not cover specialised psychiatric hospitals or psychiatric units within hospitals.

Each HIPE discharge record represents one episode of care. Further information on HIPE, including the HIPE Instruction Manual, HIPE Data Dictionary, Irish Coding Standards and other resources can be found [here](#).

A detailed Metadata manual on data contained in the Acute Hospital Discharges tables is available on the Department of Health's website [here](#).

## 3. Contact

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## 4. Metadata Update

### 4.1. Metadata last update

13/052026

## 5. Statistical Presentation

### 5.1. Data Description

The data contained in the 'Acute Hospital Discharges' tables is sourced by the Department of Health from the [Hospital Inpatient Enquiry](#) (HIPE) dataset managed by the HSE's [Healthcare Pricing Office](#) (HPO). HIPE is a health information system designed to collect demographic, clinical and administrative information on inpatient and daycase discharges from acute public hospitals nationally. It does not cover specialised psychiatric hospitals or psychiatric units within hospitals.

While the data contained in these Tables is sourced from HIPE, the Department of Health takes full responsibility for their content.

Each HIPE discharge record represents one **episode of care** and patients may have been admitted to the same or another hospital with the same or different diagnoses in the time period. In the absence of a Unique Patient Identifier the records therefore facilitate analyses of **hospital activity** rather than incidence of disease.

HIPE data is recorded on discharge from hospital, all data refers to the year of discharge (which may differ from year of admission).

In relation to psychiatric hospitals discharges, data on inpatient admissions to all approved centres on the Register of Approved Centres under the Mental Health Act 2001 is collected through the Health Research Board's (HRB) [National Psychiatric Inpatient Reporting System](#) (NPIRS). This includes psychiatric units



within public acute hospitals as well as specialised psychiatric hospitals and other mental health services. Open data from the NPIRS is also made available by the HRB through the CSO's PxStat Database [here](#).

## 5.2. Classification System

The three main demographic classification systems (sex, age and area) are listed below in Section 5.4. For age group, statistics on age-standardised rates are presented for two broad age groups (0-64 years and 65 years and over). All other statistics are presented by ten-year age groups (except for 0-14 years for children and 85 years and over).

Area refers to the county of residence of the person and may be different to the county in which they are admitted to hospital. Data is also provided for non-residents, who are persons admitted to an acute hospital in Ireland with a home address outside of the state. Non-resident discharges are excluded from population-based rates.

In relation to clinical data, clinical coding of HIPE is based the International Statistical Classification of Diseases and Related Health Problems, Tenth Revision, Australian Modification (ICD-10-AM).

The ICD-10-AM disease component is based on the World Health Organisation (WHO) ICD-10. ICD-10-AM is used in conjunction with the Australian Classification of Health Interventions (ACHI) for procedures and the Australian Coding Standard (ACS) to reflect an accurate health episode of care.

- The 4<sup>th</sup> Edition of ICD-10-AM/ACHI/ACS was introduced for all discharges from 1<sup>st</sup> January 2005.
- The 6<sup>th</sup> Edition of ICD10-AM/ACHI/ACS was used to code all discharges from 1<sup>st</sup> January 2009 to 31<sup>st</sup> December 2014.
- The 8<sup>th</sup> Edition of ICD10-AM/ACHI/ACS was used to code all discharges from 1<sup>st</sup> January 2015 to 31<sup>st</sup> December 2019.
- The 10<sup>th</sup> Edition of ICD10-AM/ACHI/ACS was used to code all discharges from 1<sup>st</sup> January 2020 to 31<sup>st</sup> December 2023.
- The 12<sup>th</sup> Edition of ICD10-AM/ACHI/ACS is in use for all discharges from 1<sup>st</sup> January 2024.

In the tables, data on Principal Diagnosis is grouped based on the International Shortlist for Hospital Morbidity Tabulation (ISHMT). This is a shortlist (based on grouped ICD-10 codes) which has been adopted by Eurostat, OECD and the WHO Regional Office for Europe. In addition to the international list, the data includes two additional categories for Ireland (related to dialysis and external causes). Details of all categories are given in Appendix 4 of the detailed Metadata document [here](#).<sup>1</sup>

Diagnosis data is presented for 23 high-level categories (21 based on ISHMT plus 2 additional for Ireland). In addition, for most of these high-level categories, data for one further level of disaggregation is provided in more detailed tables. In total, 169 categories are included.<sup>2</sup>

Procedures are coded based on the Australian Classification of Health Interventions (ACHI). Data on procedures are presented for a shortlist of categories, outlined in Appendix 5 of the detailed Metadata document [here](#). This includes 21 high-level categories. In most cases, data is also provided for a selected number of sub-categories within these, these sub-categories would not account for all procedures within the higher-level or 'parent' category. A total of 82 categories are included for Type of Procedure.

## 5.3. Sector Coverage

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<sup>1</sup> Note that data on discharges under the ISHMT category of 'Mental and behavioural disorders' in these Tables does not include discharges from psychiatric units within HIPE hospitals or specialised psychiatric hospitals. That data is available from the HRB's NPIRS [here](#).

<sup>2</sup> No data is available for a small number of categories, see Notes in Appendix 4.



The data covers all discharges from 54 public hospitals in Ireland which report to HIPE (see Appendix 3 of the detailed Metadata document [here](#)). This includes all acute hospitals plus a few non-acute hospitals which report for historic reasons. Coverage includes statutory and voluntary public hospitals.

The data does not include private hospitals.

The data does not include specialised psychiatric hospitals or psychiatric units within public acute hospitals.

## 5.4. Statistical Concepts and definitions

There are several different classifications used in Acute Hospital Discharges:

**Sex:**

Male  
Female  
Both Sexes

**Age Group:**

0-14 years  
15-24 years  
25-34 years  
35-44 years  
45-54 years  
55-64 years  
65-74 years  
75-84 years  
85 years and over

**Age Group:**

0-64 years  
65 years and over

**Area:**

Co. Clare  
Co. Cork  
Co. Cavan  
Co. Carlow  
Co. Donegal  
Co. Dublin  
Co. Galway  
Co. Kildare  
Co. Kilkenny  
Co. Kerry  
Co. Longford  
Co. Louth  
Co. Limerick  
Co. Leitrim  
Co. Laois  
Co. Meath  
Co. Monaghan  
Co. Mayo  
Co. Offaly  
Co. Roscommon  
Co. Sligo  
Co. Tipperary  
Co. Waterford



Co. Wicklow  
Co. Westmeath  
Co. Wexford  
Ireland  
Non-residents  
Ireland plus non-residents

**ISHMT:**

See Appendix 4 of the Metadata document [here](#).

**High- Level ISHMT:**

See Appendix 4 of the Metadata document [here](#).

**Type of Procedure:**

See Appendix 5 of the Metadata document [here](#).

**Selected Procedures:**

See Appendix 6 of the Metadata document [here](#).

## 5.5. Statistical Unit

Hospital discharge. Each discharge record represents one episode of care and individuals may have been admitted to the same or another hospital with the same or different diagnoses in the time period. Each episode of care is counted as one discharge.

## 5.6. Statistical Population

All individuals admitted to one of the 53 public hospitals reporting to HIPE. This can include non-residents, as well as Irish residents.

## 5.7. Reference Area

State.

## 5.8. Time Coverage

2017 – 2025.

## 6. Unit of Measure

The following units are used:

- Discharges (Number)
- In-patients (Number)
- Daycases (Number)
- In-patients and Daycases (Number)
- Per 1,000 Population (Rate)
- Average Length of Stay (Rate)
- Median Length of Stay (Number)
- Inpatient Bed Days (Number)
- Standardised Discharge Rate (and Upper/Lower Confidence Intervals) (Rate)
- Standardised Morbidity Ratio (and Upper/Lower Confidence Intervals) (Rate)

## 7. Reference Period

Calendar year. Based on date of discharge from hospital.



## 8. Institutional Mandate

### 8.1. Legal Acts and other agreements

Not applicable.

### 8.2. Data Sharing

Anonymised HIPE data is shared by the HSE's Healthcare Pricing Office with the Department of Health via a secure file transfer system. The data files are saved on a dedicated data server with restricted access.

## 9. Confidentiality

### 9.1. Confidentiality – policy

The Department of Health's Statistics and Analytics Unit has a confidentiality policy which is available at this link: [department-of-health-confidentiality-policy.pdf](#)

### 9.2. Confidentiality – data treatment

For reasons of confidentiality, where there are between 1 and 4 discharges in a cell this data is suppressed. It is reported as '..' Where the number of discharges is between 1 and 4, the rates and length of stay are also suppressed. They are reported as '..'

## 10. Release Policy

### 10.1. Release Calendar

The date of dissemination of all statistics released by CSO can be found in the Statistical Work Plan published on CSO.ie. This calendar is regularly updated.

A release calendar for Department of Health statistics published on CSO.ie is available on the Statistics and Analytics Unit webpage on Gov.ie [here](#).

### 10.2. Release calendar access

The Statistical Work Plan of the National Statistical System can be accessed directly from this link: [National Statistical System - CSO - Central Statistics Office](#)

The release calendar on the Statistics and Analytics webpage on Gov.ie can be accessed [here](#)

## 11. Frequency of Dissemination

Annual.

## 12. Quality Management

### 12.1. Quality Assurance

The Statistics and Analytics Unit in the Department of Health has the following Quality Statement that outlines the processes that are carried out to ensure quality: [department-of-health-quality-statement.pdf](#)

### 12.2. User Needs



There is considerable interest in data on hospital activity in Ireland. The Healthcare Pricing Office publishes an Annual Report of HIPE data 'Activity in Acute Public Hospitals in Ireland' however this is not accessible as open data. The Tables published by the Department of Health on PxStat make key data elements of HIPE available as open data with age, sex, county, principal diagnosis and procedure classifications. The mapping function also allows users to map data by county, which is particularly useful for age-standardised rates.

## 13. Relevance

### 13.1. Data Completeness

Not applicable.

## 14. Accuracy and reliability

### 14.1. Overall accuracy

The HIPE [Data Quality Statement](#) from the HPO, informs data users and readers on HIPE data collection, key dimensions of data quality and strengths and limitations of HIPE Data Quality so data users can make informed judgements on the use of HIPE data.

The HIPE [Data Dictionary](#) also includes the 'Overall Quality Indicator' and 'Quality Commentary' for each variable on the HIPE dataset. The 'Overall Quality Indicator' informs the user of the HPO opinion on the quality of the HIPE field using a RAG (Red Amber Green) status with an additional BLUE code for developmental fields.

Each HIPE field/variable is assigned a colour code based on analysis done on that field by the HPO. This is useful for all users of HIPE data as there can be confidence and assurance with regards to the HIPE data and its usage.

All HIPE variables used in the creation of the Acute Hospital Discharges PxStat Tables have been assessed as 'Green' in HPO Quality Commentary.

### 14.2. Non-sampling Error

Not applicable.

#### 14.2.1. Measurement error

Not applicable.

#### 14.2.2. Item Non-Response Rate

Not applicable.

## 15. Timeliness and punctuality

### 15.1. Timeliness

The final HIPE file for a year is generally closed by the Healthcare Pricing Office in April of the following year, except in exceptional circumstances. This file is transferred to the Department of Health in the same month. The Department aims to update the additional year's data on PxStat by end of Q2.

For years when the coding classification system has changed e.g. the 12<sup>th</sup> edition of ICD-10-AM classification was introduced in 2024, there may be a longer time-period required to undertake the necessary updates and revisions to codes.



## 15.2. Punctuality

For years when the coding classification system has changed e.g. the 12<sup>th</sup> edition of ICD-10-AM classification was introduced in 2024, there was a longer time-period required to undertake the necessary updates and revisions to codes. The update of 2024 occurred in Q3.

## 16. Coherence & Comparability

### 16.1. Comparability – Geographical

Not applicable.

### 16.2. Comparability over time

Data is largely comparable over time. The classification system for clinical coding (diagnosis and procedures) is updated in Ireland every four years (see 5.2 above). Every effort is made to ensure, as far as possible, time-series comparability with these updates.

In relation to medical abortion, for years prior to 2019, codes from ISHMT category 1501 (Medical Abortions) are only assigned for patients admitted to hospital with a complication following a legal abortion in another state. Following the Health (Regulation of Termination of Pregnancy) Act 2018, data from 2019 onwards for ISHMT category 1501 includes medical abortions carried out in Irish hospitals, as well as complications.

In relation to COVID-19, from 2009 to 2020, codes U00 – U49 (Codes for Special Purposes: Provisional assignment of new diseases of uncertain aetiology) are included in the category 2100 (Factors influencing health status and contact with health services). A separate category for codes U00-U49 was added to ISHMT in 2021 to account for codes assigned to COVID-19 and related conditions. Data is presented for this category from 2021 onwards.

#### 16.2.1. Length of Comparable Time series

Comparable data is available for 2017-2025.

Data for earlier years is available in Archived Tables, however this may not be fully comparable e.g. it presents data separately for North Tipperary and South Tipperary.

## 17. Revisions

### 17.1. Data Revision Policy

Details on our Revisions policy are found in the following document:

[www.gov.ie/pdf/?file=https://assets.gov.ie/203502/aa620091-7be2-40f5-ba95-57d891766ff7.pdf#page=null](https://www.gov.ie/pdf/?file=https://assets.gov.ie/203502/aa620091-7be2-40f5-ba95-57d891766ff7.pdf#page=null)

### 17.2. Data Revision Practice

If an error is identified in the Acute Hospital Discharges PxStat tables after they have been published, it will be revised as quickly as possible. The corrected figure will be double-checked and Table updated. A note will be added to the Table on PxStat indicating the correction and the date when the revised data was published.

## 18. Statistical processing



## 18.1. Source Type

Administrative data.

## 18.2. Data Collection

HIPE collects information on in-patient and day patient activity from 53 participating Hospitals in Ireland. 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 (in-patient or daycase) in hospital and ends at discharge from (or death in) that hospital.

Each participating acute hospital in Ireland has a local installation of the HIPE system. Patients' demographic and administrative data are transferred from the hospital Patient Administration System (PAS) into the local HIPE installation. Full details on the collection of administrative and demographic variables are included in the latest HIPE Instruction Manual available [here](#).

The clinical information is then entered onto the local HIPE Portal system by teams of clinical coders in each hospital using the patient charts. HIPE Clinical Coders rely on the documentation in the patient's hospital chart as their primary source for assigning clinical codes according to guidelines and standards in the classification in use. Coders review each discharge chart and extract the clinical data which is entered into the local HIPE installation.

HIPE data is exported from hospitals to the HPO every month.

Full details of all indicators are included in the latest HIPE Data Dictionary [here](#).

## 18.3. Data Capture

Once HIPE data is entered into the HIPE Portal at hospital level, the system runs an extensive number of validation edit checks to ensure the quality of the data. Each hospital exports HIPE data to the HPO on a monthly basis. Each monthly export contains the full year-to-date data with discharges contained in previous monthly files updated. The process of clinical coding can take some time to complete. The HPO undertake data quality checks and compile a combined national file.

The finalised / closed national file is available in April following year-end and is the file used by the Department of Health to generate the Acute Hospital Discharges tables on PxStat. Only 'coded' discharges are included.

Coding coverage of the HIPE system is calculated using the discharges returned as 'coded' as a proportion of total discharges reported within each hospital. To be counted as 'coded' a discharge must have a Principal Diagnosis recorded. Only 'coded' discharges are included in the PxStat Tables. In most years approximately 99.5% or more of all discharges are 'coded'.

## 18.4. Data Validation

The HPO's [Data Quality Framework](#) sets out the approach to data quality and audit/review in order to ensure HIPE data is of a high quality and is reflective of true activity within each hospital and is collected in accordance with national guidelines. The HPO perform data quality activities at a national level including surveillance and audits/reviews of data. Hospitals are required to perform data quality activities and reviews locally supported by the HPO.

The HIPE [Data Quality Statement](#) informs data users and readers on HIPE data collection, key dimensions of data quality and strengths and limitations of HIPE Data Quality so data users can make informed judgements on the use of HIPE data.



## 18.5. Data Compilation

Based on the final closed annual HIPE national file, the Statistics and Analytics Unit in the Department of Health produce Open Data tables that are published on the CSO's PxStat database. Details of the definitions and methodologies used are included in the Metadata document [here](#).

## 19. Adjustment

Not applicable.

## 20. Additional Notes

A more detailed Metadata document including details of the age-standardisation methodology applied and clinical classifications is available [here](#).