

Form B-1: Health Personnel Statistics

Please provide information regarding the scheme for the survey or reporting of numbers of medical doctors, dentists, pharmacists and nurses (those professionally active and/or licensees).

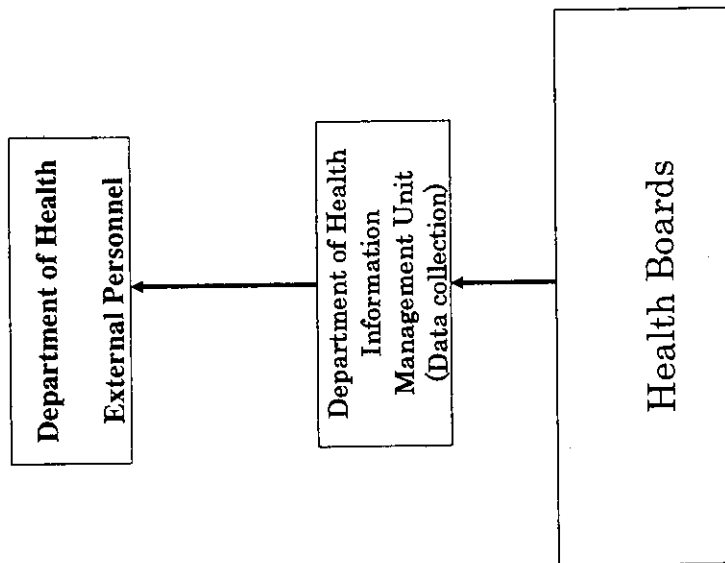
Name of the law and regulations providing basis for collecting statistics *	Number of medical doctors (information below applies to dentists, pharmacists and nurses as well)		Number of dentists provided under medical doctors	Number of pharmacists provided under medical doctors	Number of nurses provided under medical doctors
	Annual Personnel Census	Integrated Returns (collects less detail than the annual survey)			
Time interval between consecutive surveys	Yearly	Monthly			
Year of the latest survey	2001	December 2001			
Modality of survey (self reporting, board registration, etc.)	Returns received from each Health Board	Returns received from each Health Board (from pay roll)			
Criteria for survey (all licensees or only those professionally active)	Public Health Service Employee	Public Health Service Employee			
Government branches/ offices responsible for the survey	Department of Health and Children	Department of Health and Children			
Other agencies or bodies involved in the implementation of the survey **	Health Boards	Health Boards			
Is the licensing/registration valid permanently or to be renewed periodically (if so what is the interval)?					
Problems, if any, technical or other, of the survey; plans for future change	Plans to move to total electronic returns/ collection system. Currently there is a mixture of paper returns and emailed spreadsheets	Plans to move to total electronic returns/ collection system. Currently there is a mixture of paper returns and emailed spreadsheets			

*: In original language with its English or French translation

**: Please provide on the next sheet B-2 a flow chart of the administrative structures through which information is collected and transmitted upwards.

Form B-2: Health Personnel Statistics (continued)

Please provide a flow chart of the administrative structures through which health personnel information is collected and transmitted upwards.



Form C-1: Mortality Statistics

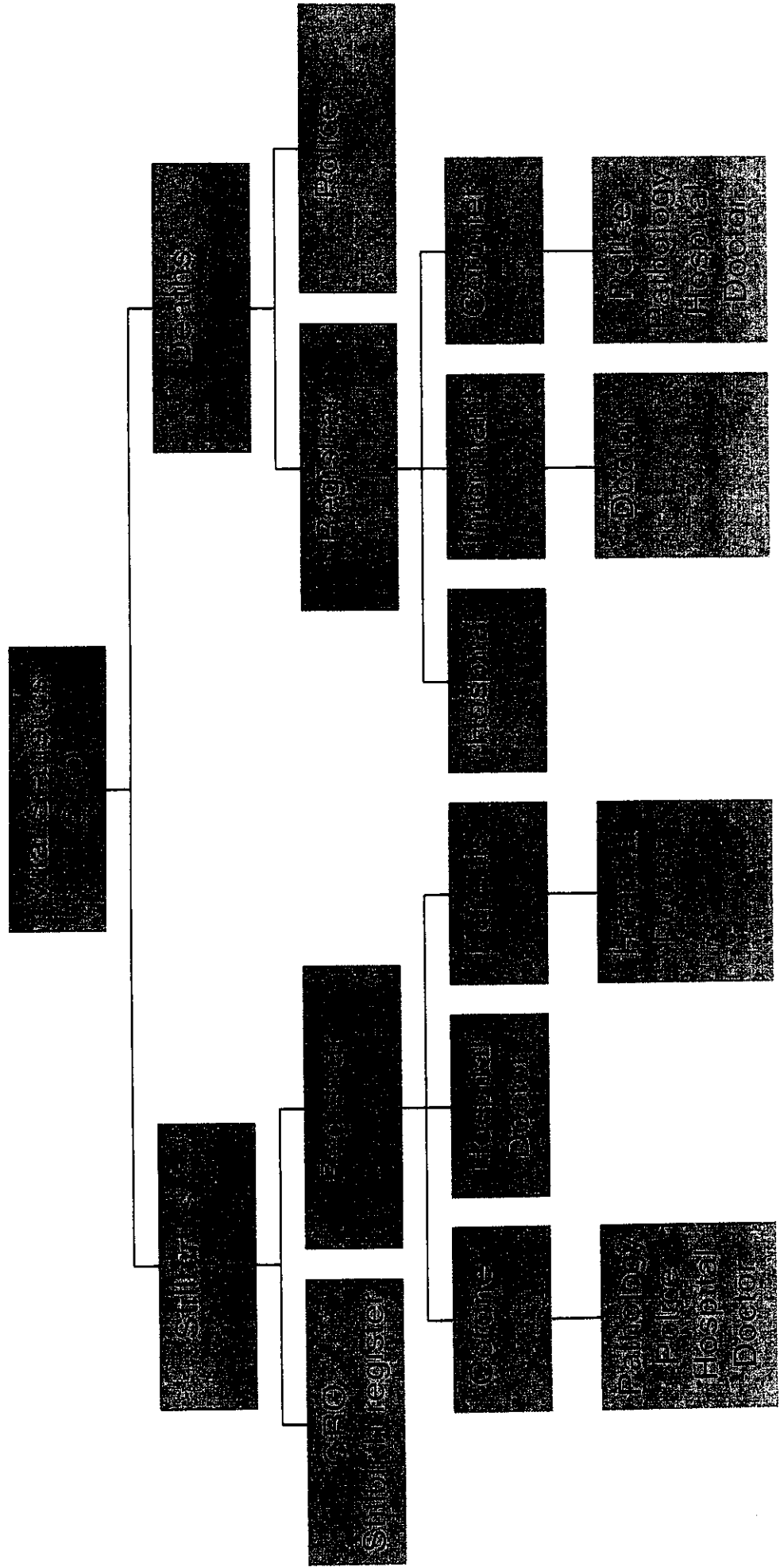
Please provide information regarding the scheme for the survey or reporting of mortality (eg. cause of deaths).

		Mortality
Name of the law and regulations providing basis for collecting statistics*		Vital Statistics and Births, Deaths and Marriages Registration Act, 1952 Statistics Act, 1993
Year of the latest survey		The last data published in for quarter 2 2001. We will publish quarter 3 2001 in January 2002 and the entire year 2001 in May 2002. This is not a survey. We produce statistics on all deaths.
Criteria for reporting (1) (all deaths of the residents or exclusion of certain population groups)		All deaths that occur in Ireland
Criteria for reporting (2) (all causes of deaths or exclusion of certain causes of deaths)		All causes of death
Government branches/ offices responsible for the survey		Central Statistics Office
Other agencies or bodies involved in the implementation of the survey **		Department of Health and Children (Doctors, Registrars) Department of Justice (Coroners and Police and Pathologists) Note: The Birth Register produces statistics on perinatal deaths. This is run by the Economic and Social Research Institute on behalf of the Department of Health and Children. Death registration takes two parts, one medical and the other demographic, both are returned via a registrar. The medical cause of death certificate can be filled out by a medical practitioner, a pathologist or a coroner. The demographic part is filled out by the person responsible for the body e.g. family, hospital occupier etc.
Qualification of persons filling in the death registration form (hospital physician in charge, nurse, insurance employee etc.)		Paper
Nature and format of the individual survey card (electronic, paper etc.) ***		Aggregated registration data is published quarterly, 4 months after the event was registered. Aggregated occurrence data is produced annually, 30 months after the reference period. Life expectancy is produced after a census of population every 5 years. Access may be granted by the Minister of Health and Children to data collected for the purposes of Vital Statistics for the purposes of medical or social research or for health officials. Further access may be granted by the Director of the Central Statistics Office to data collected under the Statistics Act, 1993.
Use and/or publication of the statistics (collected data accessible to third parties or not; if published, in parts or in total, under which forms, books or other)		The computerisation of the General Register Office will effect the production of mortality statistics. The implementation of ICD10 planned in 2003 and the possibility of automated cause of death coding will also effect the statistics produced. It is proposed that there will be no limit on the time that stillbirths may be registered. Therefore statistics on stillbirths will be produced from notifications rather than registrations. The data published in future therefore will not be as complete as present.
Problems, if any, technical or other, of the survey; plans for future change		

*: In original language with its English or French translation.
 **: Please provide on the next C- 2 a flow chart of the administrative structures through which information is collected and transmitted upwards.
 ***: Please provide a hardcopy of the registration forms if available

C-2: Mortality Statistics (continued)
 Please provide a flow chart of the administrative structures through which mortality information is collected and transmitted upwards.

Path of Vital Statistics to CSO



Form D-1: Morbidity Statistics

Please provide information regarding the scheme for the survey or reporting of morbidity (out-patients and/or in-patients).

	Morbidity (out-patient)	Morbidity (in-patient)
Name of the law and regulations providing basis for collecting statistics*	None	None
Time interval between consecutive surveys	Annual Survey	Data is collected on a continuous basis
Year of the latest survey	All persons who attend consultant-controlled out-patient clinics in public hospitals.	This year
Description of the parent population (patients)	Not a sample – see above	All in-patients discharged from publicly funded acute hospitals
Method of sampling (description of the mother population, sampling rates etc.)	Not a sample – see above	Not a sample-See above
Criteria for sampling (all patients or only those who have certain diseases)	Not Applicable	Not a sample-See above
Number of samples (if applicable)	Not used for prevalence calculations – number of attendances only collected by specialty not diagnosis.	Not applicable
Calculation method of prevalence of a disease	See above	Not used for prevalence calculations
Calculation method of incidence of a disease	Department of Health and Children	Age standardised hospital discharge rates calculated
Government branches/ offices responsible for the survey	None	Department of Health And Children
Other agencies or bodies involved in the implementation of the survey **	Paper	Economic and Social Research Institute (ESRI)
Qualification of persons filling in the individual survey cards (hospital physician in charge, nurse, insurance employee etc.)	Statistics are published in the "Health Statistics" reports of the Department of Health and Children.	No specific requirements; but typically would have completed second level education, and attended coding course/s run by the ESRI
Nature and format of the morbidity survey form (electronic, paper etc.) ***	None at present.	Data obtained from patients medical chart (paper format) and hospital administration system (electronic format), then coded and stored in electronic format
Use and/or publication of the statistics (collected data accessible to third parties or not; if published, in parts or in total, under which forms, books or other)		Report for previous 10 years data in preparation (book form), and some of the data is used for the Published Health Information System which is distributed on compact disc
Problems, if any, technical or other, of the survey; plans for future change		Evaluation in process

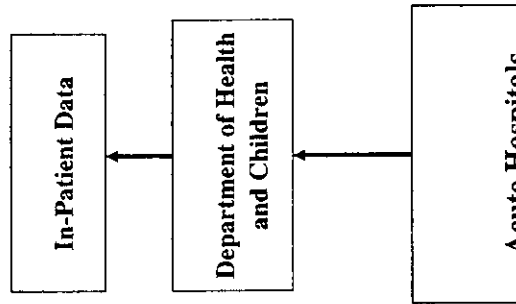
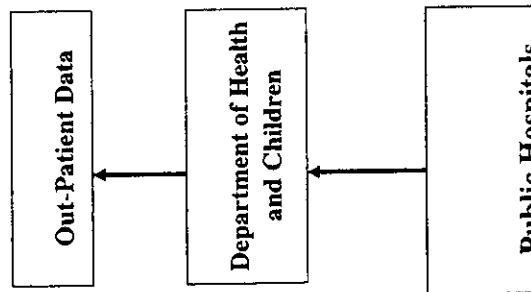
*: In original language with its English or French translation.

**: Please provide on the next sheet D-2 a flow chart of the administrative structures through which information is collected and transmitted upwards.

***: Please provide a hardcopy of the survey forms if available.

Form D-2: : Morbidity Statistics(continued)

Please provide a flow chart of the administrative structures through which morbidity information is collected and transmitted upwards.



Form D-3: Morbidity Statistics (continued)

Please indicate the names of the diseases of which all cases are reported/registered to the public health or other authorities. Please use extra sheets if necessary.

Name of disease	Name of the law and regulations providing basis for collecting statistics *	Name of the authority notified primarily
Acute Anterior Poliomyelitis		<i>National Disease Surveillance Centre</i>
Acute Encephalitis		
Acute Viral meningitis		
Anthrax	The legislation regarding infectious diseases included the 1947 Health Act, and the current list of notifiable diseases and the basis for their collection is contained in the 1981 Infectious Disease Regulations (SI 390), the Infectious diseases Amendment regulations 1985 (SI 268 of 1985), the Infectious diseases Amendment regulations of 1988 (SI 288 of 1988), the Infectious diseases Amendment regulations of 1996 (SI 384 of 1996).	
Bacillary Dysentery (Shigellosis)	In addition the Health Board (miscellaneous assignment of duties) Regulations 1998 (SI 251 of 1998) assigned the medical functions of the Director of Community Care and Medical Officer of Health to medical officers, as the CEO of each health board may determine. The Infectious diseases Amendment regulations of 2000 (SI 151 of 2000) require the medical officer of health to notify the Director of the National Disease Surveillance Centre (NDSC), rather than the minister of the infectious diseases notified to him/her in the previous week. However the regulation also requires the medical officer of health to furnish to the minister or to the Director of NDSC a detailed report on each case of such identity as the Minister or Director of NDSC may specify from time to time.	
Bacterial meningitis (including meningococcal septicaemia) (since 1997 figures are taken from enhanced Surveillance System for Bacterial meningitis)		
Brucellosis		
Cholera		
Creutzfeldt Jakob Disease (CJD)	The diseases listed here are statutorily notifiable diseases. There is also voluntary national collation of information on other infectious diseases such as VTEC 0157, MRSA and methicillin resistant strep pneumoniae.	
nv Creutzfeldt Jakob Disease (nvCJD)		
Diphtheria	Information on these diseases are collected on a weekly basis.	
Food Poisoning (bacterial other than salmonella)		
Gastroenteritis (when contracted by children under 2 years)		
Infectious Mononucleosis		
Infectious Parotitis (Mumps)		
Influenzal Pneumonia		
Legionnaires Disease		
Leptospirosis		
Malaria		
Measles		
Ornithosis		

Plague	
Rabies	
Rubella	
Salmonellosis (other than typhoid or paratyphoid)	
Smallpox	
Tetanus	
Tuberculosis (from enhanced TB Surveillance System for TB)	
Typhoid and Paratyphoid	
Typhus	
Viral Haemorrhagic Disease	
Viral Hepatitis Type A	
Viral Hepatitis Type B	
Viral Hepatitis Unspecified	
Whooping Cough	
Yellow Fever	
gonorrhoea	
Syphilis	
Non specific urethritis	
Chancroid	
Granuloma inguinale	
Lymphogranuloma venereum	
Trichomoniasis	
Chlamydia trachomatis	
Candidiasis	
Pediculosis pubis	
Ano genital warts	
Molluscum contagiosum	
Genital herpes simplex	
Information on Sexually Transmitted Infections are collected on a quarterly basis.	

*: In original language with its English or French translation



Hospital In-Patient Enquiry (HIPE) Summary Sheet
For use with W-HIPE data entry software on

ALL DISCHARGES FROM 01.01.02

11/01/02

Hosp No:

Patient Discharge Information	
Medical Record Number	<input type="text"/>
Admission Date	<input type="text"/>
Discharge Date	<input type="text"/>
Date of Birth	<input type="text"/>
Sex	<input type="text"/>
Type (priority) of admission	<input type="text"/>
Source of Admission	<input type="text"/>
Transfer From	<input type="text"/>
Discharge Code	<input type="text"/>
Transfer To	<input type="text"/>

Patient Details	
Name	<input type="text"/>
Medical Card	<input type="text"/>
Area of Residence	<input type="text"/>
Days (or part thereof) in an Intensive Care Environment	<input type="text"/>
Admitting Consultant	<input type="text"/>
Discharge Consultant	<input type="text"/>
Marital Status	<input type="text"/>
GMS Number	<input type="text"/>
Discharge Status	<input type="text"/>
Day Case	<input type="text"/>
Days (or part thereof) in a Private / Semi-Private bed	<input type="text"/>

PDX = That condition established after study to be chiefly responsible for occasioning admission to hospital for care.

Diagnosis Code	Description	Consultant	Specialty
(1) <input type="text"/>	Principal	<input type="text"/>	<input type="text"/>
(2) <input type="text"/>		<input type="text"/>	
(3) <input type="text"/>		<input type="text"/>	
(4) <input type="text"/>		<input type="text"/>	
(5) <input type="text"/>		<input type="text"/>	
(6) <input type="text"/>		<input type="text"/>	
(7) <input type="text"/>		<input type="text"/>	
(8) <input type="text"/>		<input type="text"/>	
(9) <input type="text"/>		<input type="text"/>	
(10) <input type="text"/>		<input type="text"/>	

Procedures / Operations		
Code	Description	Consultant
(1) <input type="text"/>	Principal	<input type="text"/>
(2) <input type="text"/>		<input type="text"/>
(3) <input type="text"/>		<input type="text"/>
(4) <input type="text"/>		<input type="text"/>
(5) <input type="text"/>		<input type="text"/>
(6) <input type="text"/>		<input type="text"/>
(7) <input type="text"/>		<input type="text"/>
(8) <input type="text"/>		<input type="text"/>
(9) <input type="text"/>		<input type="text"/>
(10) <input type="text"/>		<input type="text"/>

Date of 1st Procedure / / Date of Principal Procedure / /

Case Entered on pc Comment: _____

INSTRUCTIONS FOR THE CODER

Before you begin, make sure you have...

- ☞ ICD-9-CM coding book (1999)
- ☞ Red training binder (as issued at Basic coding course)
- ☞ Instruction manual
- ☞ Record summary sheets (if required)

(all above supplied by HIPE Unit, ESRI)

Also..

- ☞ Medical Dictionary e.g. Dorland's.
- ☞ M.I.M.S. - Index of Drugs

For Help....

Coding:

- 📖 Jacqui Curley (ext. 468)
- 📖 Marie Glynn (ext. 467)
- 📖 Deirdre Murphy (ext. 479)
- 📖 Susan O'Connell (ext. 470)

Coding queries submitted by e-mail
may be sent with as much detail as possible (see Help! sheet for guidelines of information required)

to: HIPECodingqueries@esri.ie

PC/Statistics/Exports

- 📖 Anne Clifton (ext. 471: e-mail anne.clifton@esri.ie)
- 📖 Aisling Mulligan (ext. 469: e-mail aisling.mulligan@esri.ie)
- 📖 Natalie Wall (ext. 464: e-mail natalie.wall@esri.ie)

Software Support

- 📖 Brian McCarthy (ext. 466: e-mail brian.mccarthy@esri.ie)
- 📖 Shane McDermott (ext. 419: e-mail shane.mcdermott@esri.ie)
- 📖 Mark McKenna (ext. 465: e-mail mark.mckenna@esri.ie)

All above available at:

HIPE Unit, ESRI, 4, Burlington Road, Dublin 4.

Phone: (01)6671525

Fax: (01)6686231



Hospital In-Patient Enquiry (HIPE) Summary Sheet
For use with W-HIPE data entry software on

Hosp No

ALL DISCHARGES FROM 01.01.02

Patient Discharge Information			
Medical Record Number	<input type="text"/>	Type (priority) of admission	<input type="text"/>
Admission Date	<input type="text"/>	Source of Admission	<input type="text"/>
Discharge Date	<input type="text"/>	Transfer From	<input type="text"/>
Date of Birth	<input type="text"/>	Discharge Code	<input type="text"/>
Sex	<input type="text"/>	Transfer To	<input type="text"/>

Patient Details			
Name	<input type="text"/>	Marital Status	<input type="text"/>
Medical Card	<input type="text"/>	GMS Number	<input type="text"/>
Area of Residence	<input type="text"/>	Discharge Status	<input type="text"/>
Days (or part thereof) in an Intensive Care Environment	<input type="text"/>	Day Case	<input type="text"/>
Admitting Consultant	<input type="text"/>	Days (or part thereof) in a Private / Semi Private bed	<input type="text"/>
Discharge Consultant	<input type="text"/>		

Diagnosis PDX = That condition established after study to be chiefly responsible for occasioning admission to hospital for care.

Code	Description	Consultant	Specialty
(1) <input type="text"/>	Principal	<input type="text"/>	<input type="text"/>
(2) <input type="text"/>		<input type="text"/>	
(3) <input type="text"/>		<input type="text"/>	
(4) <input type="text"/>		<input type="text"/>	
(5) <input type="text"/>		<input type="text"/>	
(6) <input type="text"/>		<input type="text"/>	
(7) <input type="text"/>		<input type="text"/>	
(8) <input type="text"/>		<input type="text"/>	
(9) <input type="text"/>		<input type="text"/>	
(10) <input type="text"/>		<input type="text"/>	

Procedures / Operations

Code	Description	Consultant
(1) <input type="text"/>	Principal	<input type="text"/>
(2) <input type="text"/>		<input type="text"/>
(3) <input type="text"/>		<input type="text"/>
(4) <input type="text"/>		<input type="text"/>
(5) <input type="text"/>		<input type="text"/>
(6) <input type="text"/>		<input type="text"/>
(7) <input type="text"/>		<input type="text"/>
(8) <input type="text"/>		<input type="text"/>
(9) <input type="text"/>		<input type="text"/>
(10) <input type="text"/>		<input type="text"/>

Date of 1st Procedure / / Date of Principal Procedure / /
Case Entered on pc Comment: _____

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

↓

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.

↓ 1. **Hospital No:** Enter the 3 digit code number allocated to your hospital by the ESRI for HIPE purposes. This code number differs from the 4-digit Department of Health Hospital codes which are used for transfers to and from the hospital.

↓ 2. **Chart Number:** Up to 7 digits allowed. If less than 7, place zeros before the chart number (or case reference number). Up to 2 alpha digits 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 August 2002

01	08	02
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4.

Admission codes

Type of Admission	This indicates the <i>priority</i> of the admission.
Source of Admission	<i>Where</i> the patient was prior to admission.

Type of Admission - The *priority* of the admission

- 1 **Elective** - The patient's condition permits adequate time to schedule the availability of suitable accommodation. An elective admission can be delayed without substantial risk to the health of the individual.
- 2 **Elective Readmission** - Patient admitted electively to continue ongoing treatment or care.
- 3 **Elective Maternity** - The patient is admitted electively related to their obstetrical experience (From conception to 6 weeks post delivery).
- 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 Accident & Emergency Department.
- 5 **Emergency Readmission** - This is an unscheduled readmission following previous spell of treatment in same hospital and relating to the treatment or care previously given.
- 6 **Emergency Maternity** - The patient is admitted as an emergency related to their obstetrical experience (From conception to 6 weeks post delivery).
- 7 **New born** - Baby born in hospital and admitted to the neonatal unit for care or observation.

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 from hospital (in HIPE listing)

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 table of Department of Health and Children hospital codes
--

- 4 Transfer from other hospital (not in HIPE listing)
- 5 Transfer from hospice (not in HIPE listing)
- 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. 10 November 2002

10	11	02
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7.

Discharge codes identify the discharge destination

00 - Self discharge

01 - Home

02 - Nursing home, convalescent home or long stay accommodation

03 - Transfer to hospital (in HIPE Hospital Listings) - Emergency

04 - Transfer to hospital (in HIPE Hospital Listings) - Non Emergency

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 table of Department of Health and Children hospital codes (See pull down menu on PC or listing at the end of this instruction manual!).

05 - Transfer to psychiatric hospital/unit

06 - Died with post mortem

07 - Died no post mortem

08 - Transfer to other hospital (not in HIPE Hospital Listings) - Emergency

09 - Transfer to other hospital (not in HIPE Hospital Listings) - Non Emergency

10 - To rehabilitation facility (not in HIPE Hospital Listings)

11 - Hospice (not in HIPE Hospital Listings)

12 - Prison

13 - Absconded

14 - Other (e.g. Foster care)



8.

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. 1970 = 00/00/1970.

↓ 9. **Sex**
Enter appropriate code:
1 - Male
2 - Female
(3 - Unknown) *Rare and Unlikely*

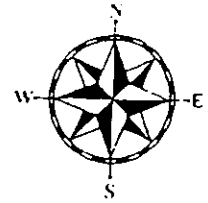
↓ 10. **Marital Status**
Enter appropriate code:
1 - Single
2 - Married
3 - Widowed
4 - Other (includes separated)
5 - Unknown
6 - Divorced

↓ 11. **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. If the patient has full eligibility for health services i.e. has a medical card, the coder will enter the appropriate code
0 - No 1 - Yes 2 - Unknown

12. **GMS Patient Number**
If a coder enters **1 (Yes)** in the medical card indicator field they will then enter the **GMS (General Medical Services/Medical Card)** number for the patient.

13. **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
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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
Dun Laoire Borough	0217
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 (Nth Riding)	1700
Tipperary (Sth Riding)	0800
Waterford (City)	0901
Waterford (County)	1000
Westmeath	2300
Wexford	0600
Wicklow	0400
Northern Ireland	3310

Europe	
Country	Code
Austria	3318
Belgium	3301
Denmark	3302
England	3303
Finland	3316
France	3304
Germany	3305
Greece	3306
Holland	3307
Italy	3308
Luxembourg	3309
Norway	3317
Portugal	3314
Scotland	3311
Spain	3313
Sweden	3315
Switzerland	3319
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

TIPPERARY - North & South Ridings

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 Junctin
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	

DUBLIN HIPE POSTAL CODES

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



↓ 14. **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

↓ 15. **Was this a 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. Dialysis patients treated in dedicated dialysis units are excluded from this definition. (Source: Department of Health and Children, September 1993)

Enter appropriate code: 0 - No 1 - Yes

16. **ITU/ICU days**

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

↓ 17. **Admitting Consultant**

Each consultant has a unique number assigned by the ESRI which may not be used for any other consultant. When a new consultant takes up duty a written request for a new number is sent to the ESRI.

Note: Where the entire case is handled by one consultant his/her code number need be entered only opposite the principal diagnosis. If more than one consultant is involved in a case the relevant consultant number will be placed opposite the relevant diagnoses/procedures.
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A speciality code is assigned to the record on the basis of the speciality assignment of the consultant associated with the principal diagnosis. The speciality assignment of the consultant is determined locally on the basis of the listing of speciality codes compiled by the Department of Health and Children. See listing at the end of this instruction manual.

18. **Discharge Consultant**

This identifies the consultant who discharges the patient at the end of the episode and is identified using the same four-digit code scheme as the admitting consultant.

19. **No. of days or part thereof in a private or semiprivate bed**
(where applicable)

20. **Procedure Dates**

Enter the relevant dates. Where the principal procedure was performed on the first visit to theatre the date of the principal procedure is the only date entered.

Note: If a minor procedure is performed prior to the principal procedure the date of the minor procedure will be entered as the date of the first visit to theatre and the later date of the principal procedure will be entered as the date of the principal procedure.