



# *National Hospitals Information System*

**Gozo General Hospital  
Activity Report - 2009**

## Document Information

<b>Document reference</b>	DHIR/NHIS/GGHHAA 2009
<b>Current version</b>	1.0
<b>Release date</b>	April, 2011
<b>Document owner</b>	Department of Health Information & Research
<b>Document type</b>	Gozo General Hospital Activity Analysis
<b>Personal data</b>	No personal data

## Version Control

<b>Version</b>	<b>Date</b>	<b>Action</b>	<b>Name</b>
1.0	July, 2010	Compilation	Ms. Denise Ebejer and Dr. Frank P. Calleja

## Comments

The accuracy of information contained in this document may be limited by factors beyond the author's control.

Some data in this document may be subject to interpretation.

Data presented in this report is based on data which has been made available to the Department of Health Information and Research from Gozo General Hospital. Numbers of episodes quoted and studied vary from figures on the Patient Administration System (PAS)

Users should always acknowledge the source in all works based on information supplied in this document.

## Acknowledgements

The compilers of this document would like to acknowledge the support of colleagues and the Director, Dr. Neville Calleja, at the Department of Health Information and Research and the great collaboration from all staff at Gozo General Hospital. Very special thanks go to Mr. Anthony Theuma (Medical Records, GGH) for his hard work in ensuring the accuracy of the information gathered.

Thanks and appreciation also go to Ms. Josephine Demicoli and Mr. Joseph Cassar for their great patience in checking the clinical data sheets and entering the data in the database.

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## 1. Introduction

This report provides information on hospital activity at Gozo General Hospital (GGH) for the period from 1<sup>st</sup> January, 2009 to 31<sup>st</sup> December, 2009. It is based on data held in the Gozo General Hospital Activity Analysis database (GGH HAA) within the National Hospitals Information System (NHIS) of the Department of Health Information & Research (DHIR). The data in the database is collected from both the Hospital Administration and from the hospital wards where a *Hospital Activity Form* is filled in, for every in-patient and day case, upon discharge from hospital. Hospital Activity forms are collected only from the “acute” wards of the hospital. These include the *Male General Ward*, *Female General Ward*, the *Critical Care Unit*, the *Short Stay Ward (Psychiatry)*, the *Maternity Ward*, the *Gynaecology Ward*, the *Paediatric Ward* and the *Nursery*. No data is collected from the Geriatric Wards and the Long Stay Ward (Psychiatry). Hospital Activity forms are then processed, validated and analysed at DHIR.

Detailed tables present data for hospital characteristics where the patients were treated, selected demographic characteristics of discharged patients, conditions diagnosed and surgical and non surgical procedures performed. Text tables show information on special topics including trends, the elderly, and hospital deaths.

Types of measurements shown are frequencies, rates, and percent distributions of discharges and days of care and average lengths of stay. The estimates are presented by age group and gender.

The hospital episodes related to women giving birth, conditions diagnosed, and procedures performed, as well as to new-born infants are included in this report. Statistics on Obstetric cases are also reported in much greater detail at a National level by the DHIR National Obstetric Information System (NOIS).

Diagnoses for hospitalised patients are coded according to the *International Classification of Diseases, 10<sup>th</sup> Revision (ICD-10)*. A maximum of four diagnoses (1 main and 3 other diagnoses) and two for external causes of injury can be coded for each medical record. Operations/procedures are coded in ICD-9 CM-vol3 (procedures). Again up to four procedures can be coded. In addition to providing information on the various diagnoses encountered and procedures performed, this report also highlights some specific categories of diagnoses or procedures that significantly present themselves in large frequencies or that are of special interest.

Familiarity with the definitions used in NHIS is important in interpreting the data on hospital utilisation. A glossary of terms used in this report is found as an Appendix at the end of the report.

## 2. Summary data derived from GGHAA 2009

<b>Hospital Admissions from 01/01/2009 to 31/12/2009</b>	<b>5831</b>
Of which:	
Emergency admissions:	3103
Booked Admissions:	925
Day Cases:	1417
Unplanned Readmissions:	72
Babies born in hospital:	241
<b>Total Hospital Discharges from 01/01/2009 to 31/12/2009:</b>	<b>5838</b>
Of which:	
Discharged home:	5120
Discharged to Government Hospital:	120
Discharged to a Government/Private Residential Home:	86
Discharged to a Medical Institution abroad:	1
Deceased:	157
<b>Inpatient Discharges:</b>	<b>4365</b>
<b>Hospital days used:</b>	<b>20649</b>

### 2.1. Summary

- During 2009, 5838 patients, including newborn infants and day cases, were discharged from Gozo General Hospital. These patients used 20649 days of care.
- The overall average length of stay was of 3.54 days.
- Of all patients discharged from hospital, 22.9% were 75 years of age and over.
- 53.2 % of all hospital admissions were of an unplanned/emergency nature.
- Private referrals to hospital (from General Practitioners in the private sector) accounted for 27.95% of all hospital admissions. 31.9 % of cases were self referred.
- 4.8% of all hospital admissions were due to injuries. 38.8 % of these were due to accidents which happened at home; 11.5% were due to recorded traffic accidents, and 8.9 % were due to accidents which occurred at sea/seaside.
- 87.7% of discharges were discharged home, 1.5% of discharges were discharged to a Government geriatric hospital or to a private residential home and 2.7% died in hospital.
- Approximately 56.7% of the deaths that occurred in hospital were the result of diseases of the circulatory system or malignant neoplasm; however only 9.2% of discharged patients had a main diagnosis of either of these two disease categories.
- Besides single live-born infants born in hospital, the leading diagnoses for discharges during the period of this report were unspecified acute lower respiratory tract infection and chest pain. The latter two diagnoses accounted for 206 and 191 discharges respectively and together made up 6.8% of all the main diagnoses for all discharges.
- At least one procedure was performed on 2522 discharges (43.2 % of all discharges) from Gozo General Hospital in 2009. 2429 or 90.4 % of all procedures (2688) were of a surgical nature. The rest of the procedures were of a non surgical nature.
- Approximately 28.9% of all surgical procedures were performed on patients who were 65 years of age or older.
- Obstetric procedures (episiotomy, Caesarean section, and repair of obstetric laceration) accounted for 14.8 % of the surgical procedures performed on hospital inpatients.

**The above figures refer to data which is available on the GGHAA database and not to PAS figures.**

### 3. Hospital Data

Gozo General Hospital is the State (Public) hospital in Gozo. The main activity is that of a general hospital (ICHA\*classification: HP.1.1) with a mix of acute care wards. However within its grounds there are also dedicated geriatric and long term psychiatric wards delivering long term care and mental health care respectively. Towards the end of 2008, the geriatric wards were licensed as a Nursing and Residential Institution (ICHA classification: HP.2.1).

Hospital facilities and equipment for 2009 were as follows:

HP.1 – Hospital Facilities	Total Number
Acute care beds (capacity)	104
Psychiatric (mental health) care beds	54
Other beds (Renal Unit)	4
<b>Total hospital beds</b>	<b>162</b>
Day care beds/places	Nil
Operation Theatres	2
HP.2 – Nursing & Residential Care Facilities	Total Number
<b>Long term nursing care beds</b>	<b>121</b>

\*

*Table 1.1: Facilities at Gozo General Hospital*

Bed complements are shown in the following table:

Units	Number of Beds
<b>HP.1 Beds:</b>	
<sup>1</sup> Male General Ward	31
<sup>2</sup> Female General Ward	31
Critical Care Unit (CCU)	7
Maternity Ward	10
Gynaecology Ward	10
Paediatric Ward	15
Short Stay Ward (Psychiatric)	12
Long Stay Ward (Psychiatric)	42
Renal Unit	4
<b>HP.2 Beds:</b>	
Male Geriatric Unit	40
Female Geriatric Unit	81

\*

*Table 1.2: Facilities at Gozo General Hospital – bed compliment by ward*

The hospital has two X Rays machines and one ultrasound unit.

<sup>1</sup> Male General Ward (actual beds excluding 'corsia')

<sup>2</sup> Female General Ward (actual beds excluding 'corsia')

\* : International Classification of Health accounts

\* : Data as supplied by Gozo General Hospital, February, 2010.

### 3.1. Hospital workforce\*

Human resources at Gozo General Hospital are shown in tables 1.3 and 1.4.

<b>Number of employed physicians</b>	<b>37</b>
<b>Number of service contracts with physicians</b>	<b>5</b>
<b>Number of employed dentists</b>	<b>3</b>
<b>Number of employed qualified midwives</b>	<b>9</b>
<b>Number of all employed qualified nurses</b>	<b>163</b>
<b>Number of employed caring staff (nursing aides, care workers, health attendants)</b>	<b>226</b>
<b>Number of employed physiotherapists</b>	<b>12</b>
<b>Number of employed other health care professionals (see table 1.4)</b>	<b>40</b>
<b>Number of other staff employed at hospital</b>	<b>204</b>
<b>TOTAL</b>	<b>699</b>

*Table 1.3: Workforce at Gozo General Hospital.*

Other health care professionals:

<b>Pharmacists</b>	<b>3</b>
<b>Pharmacy technicians</b>	<b>4</b>
<b>Laboratory technicians</b>	<b>9</b>
<b>Radiographers</b>	<b>5</b>
<b>Occupational therapists</b>	<b>5</b>
<b>ECG technicians</b>	<b>2</b>
<b>Dental hygienists/technician</b>	<b>4</b>
<b>Speech therapists</b>	<b>5</b>
<b>Podologists</b>	<b>3</b>
<b>TOTAL</b>	<b>40</b>

*Table 1.4: Other health care professionals at Gozo General Hospital*

Other staff employed at hospital include officers employed at hospital administration, barbers/hairdressers, gardeners, cooks, an engineer, technical officers, a boiler attendant, mortuary attendants, security officers, drivers, telephone operators, tradespersons, ward clerks, hospital orderlies, art/graphic designer and Chaplains.

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\* : Data as supplied by Gozo General Hospital, February 2010. Numbers quoted refer to "head counts" and not whole/full time equivalents (FTE).



## 4. Hospital Episodes catered for in this report

Hospital episodes, or cases, in this report refer to *discharges* (according to the discharge date). Thus the number of episodes studied in the section on hospital discharges will refer to *completed episodes of care* where the date of discharge was from the 1<sup>st</sup> January 2009 to the 31<sup>st</sup> December, 2009. The number of discharges also includes episodes where the date of admission was in 2008 but the discharge date was in 2009. Admissions in 2009 that were discharged in 2010 are excluded from the count of discharges. These will be included in the report for hospital activity for 2010.

## 5. Hospital Admissions in 2009

A total number of 5831\* admissions were recorded in the hospital activity database in the twelve-month interval considered in this report (Table 2).

Age groups (years)	Males	Females	Total	% of all admissions
Under 1 (0)	126	143	269*	4.61
1 – 4	86	45	131	2.25
5 – 9	49	35	84	1.44
10 – 14	40	34	74	1.27
15 – 19	80	80	160	2.74
20 – 24	96	129	225	3.86
25 – 29	102	190	292	5.01
30 – 34	82	176	258	4.42
35 – 39	80	132	212	3.64
40 – 44	140	114	254	4.36
45 – 49	148	164	312	5.35
50 – 54	226	217	443	7.60
55 – 59	188	197	385	6.60
60 – 64	245	286	531	9.11
65 – 69	208	198	406	6.96
70 – 74	246	203	449	7.70
75 – 79	267	257	524	8.99
80 – 84	193	189	382	6.55
85 – 89	121	175	296	5.08
90 - 94	35	71	106	1.82
95 & over	6	22	28	0.48
Unspecified	3	7	10	0.17
<b>Total</b>	<b>2767</b>	<b>3064</b>	<b>5831</b>	<b>100.00</b>

\*: 240 of these were newborn babies born in hospital

**Table 2: Age/gender distribution of patients in admissions for 2009**

Cases of “ward attenders” (56 in all) for whom a hospital activity data sheet was filled up were included with the admissions.

241 babies were born in hospital from 01/01/2009 to 31/12/2009. One of these newborn babies was discharged in 2010.

2767 admissions were males and 3064 were females. 3102 or 53.2% were emergency admissions, 925 or 15.9% were booked inpatient admissions, 1418 or 24.3% were day care admissions, 72 or 1.2% were unplanned

\* This figure denotes the total number of admissions from 01/01/2009 to 31/12/2009 including day cases and babies born in hospital. It includes 52 admissions in 2009 that were discharged in 2010. 59 admissions in 2008 that were discharged in 2009 are not included. Also not included are admissions to “long stay wards” i.e. Male and Female Geriatric Wards and the Psychiatric Long Stay Ward.

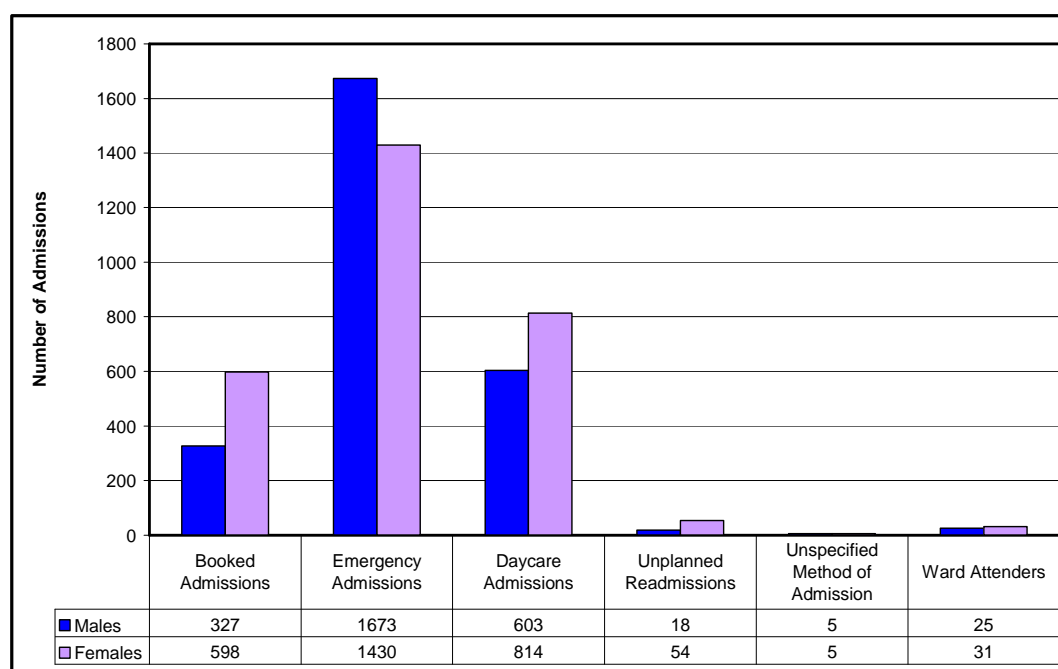
readmissions less than 28 days following discharge from hospital and 240 were babies born in hospital.

Ward admissions, and total admissions by method of admission, are shown in Table 3 (Nursery admissions are excluded) and accompanying Fig. 1.

Admitting Ward	Elective	Emergency	Day Cases	Unplanned Re-admissions	Unknown Method of Admission	Ward Attenders	TOTAL
MGW	241	1273	538	13	1	22	2088
FGW	201	1018	552	46	3	29	1849
CCU	24	332	11	9	0	0	376
Paediatric	46	241	23	0	0	3	313
Maternity	188	72	0	0	0	0	260
Gynaecology	139	59	232	4	0	0	434
SSW	86	108	61	0	6	2	263
<b>Total</b>	<b>925</b>	<b>3103</b>	<b>1417</b>	<b>72</b>	<b>10</b>	<b>56</b>	<b>5583</b>

MGW: Male ward (General), FGW: Female ward (General), CCU: Critical care unit, SSW: Short Stay ward (Psychiatric)

**Table 3: Total admissions (including day cases) to wards, excluding Nursery, from 01/01/2009 to 31/12/2009**



**Fig. 1: All admissions to all acute wards by method of admission and gender (excluding newborn babies born in hospital)**

## 5.1. Comparison with ADT module – PAS system

The ADT module – PAS system shows a total of 6078 hospital admissions (inpatient admissions & day cases) for the period considered in this report. This number excludes admissions to the long stay psychiatric ward and admissions to the geriatric units. 89 of these admissions were still inpatients as at 01/01/2010.

In the GGHHAA database patients transferred from the Geriatric unit to the “acute” wards are counted as admissions from a Government residential home. A hospital activity data sheet is forwarded to DHIR in such cases. In PAS these episodes are recorded as transfers within the hospital and not as admissions. There were 12 such episodes of care recorded as admissions in the hospital activity database.

1480 episodes were flagged as day cases on the PAS system. These however had a combined LOS of 329 days. The actual number of flagged day cases with a LOS of 0 days was 1416. This number tallies exactly with the number of day cases on the GGHHAA database (1416). The number of 1416 day cases in the database represents the number of day cases excluding those that were “admitted” from the geriatric wards.

The percentage “response rate”, i.e. comparison between admissions on the GGHHAA database taken from episode data sheets sent from the hospital wards and admissions recorded on the PAS system, is shown in Table 4.

Admitting Ward	GGHHAA	PAS	% Response Rate
Male General Ward	2082	2068	100.7
Female General Ward	1843	1948	94.6
Critical Care Unit	377	444	75.9
Paediatric Ward	313	339	92.3
Maternity Ward	260	269	96.7
Nursery Ward	247	251	98.4
Gynaecology Ward	434	445	97.5
Short stay Ward	262	313	83.7

*Table 4: Percentage response rate by hospital ward*

## 5.2. Admissions following accidents/injuries

278 or 4.8% of all admissions were due to an external cause or injury. Of these, 108 or 38.8% were due to accidents/injuries which occurred at “home”, and 53 or 19.1% were due to accidents/injuries sustained on the road. 32 or 60.4% of the latter were due to transport accidents (ICD10 codes V01 – V99) including motor vehicle accidents. Injuries sustained at sports and recreational areas accounted for 37 admissions or 13.3% of admissions to hospital due to accidents/injuries. 25 admissions of the latter category occurred at the seaside.

Admissions due to accidents/injuries had a total hospital stay of 1342 bed days. The overall average length of stay of these episodes of care was 4.8 days.

A breakdown of the number of injuries sustained, according to the site of accident/injury, which resulted in admission to hospital is shown in Table 5.

Accident/Injury Site	Code	Males	Females	Hospital Days
Home	10.0	50	58	664
Residential Institution	10.1	0	0	0
School, other institution and public administration area	10.2	10	5	32
Sports and athletic area	10.3	10	2	21
Sea & sea side	10.3a	18	7	30
Street/motorway	10.4	38	15	191
Trade or service area	10.5	9	2	58
Industrial and construction area	10.6	10	0	15
Farm	10.7	3	0	9
Other specified place	10.8	0	3	2
Unspecified place	10.9	17	21	320
<b>Total</b>		<b>165</b>	<b>113</b>	<b>1342</b>

**Table 5: Number of hospital admissions and hospital stay following accidents/injuries**

## 5.3. Other considerations regarding admissions

The source of admission for all admitted patients during the period being reviewed, were as follows (Table 6):

Source	Number of Admissions	% of all Admissions
Usual Residence	5103	87.52
Temporary/summer residence	95	1.63
Prison/Police Case	3	0.05
Government Hospital	90	1.54
Government Residential home	12	0.21
Private hospital/clinic	3	0.05
Private residential home	2	0.03
Accident site	278	4.77
Medical Institution abroad	0	0.00
Babies born in hospital	241	4.13
Unspecified	4	0.07
<b>Total</b>	<b>5831</b>	<b>100</b>

**Table 6: Sources of all hospital admissions**

The type of hospital inpatient care given is shown in Table 7.

Care Type	Number of Admissions
Acute Care	5243
Rehabilitative care	17
Palliative care	61
Geriatric evaluation and management	8
Psycho geriatric care	1
Mental health care (Psychiatric care)	233
Maintenance care (includes "social cases")	20
New-born care	244
Other care/unspecified	4
<b>Total</b>	<b>5831</b>

**Table 7: Admissions by type of care given**

Referrals for admission to GGH originating from other state hospitals/state residential homes, geriatric hospitals and from Health Centres accounted for 1846 or 31.66% of all hospital episodes, while 1630 or 27.95% were referrals from private health care facilities/private residential homes and from private community family doctors/specialists in Family Medicine. 1865 patients or 31.98% of all patients referred themselves to hospital. In 249 cases (4.27%), the type of referral to hospital was not specified.

Of all the 5831 hospital admissions during 2009, 5296 were admissions of persons resident in Gozo, 386 were admissions of persons resident in Malta while 149 were admissions of non resident foreigners. As addresses of foreign permanent residence are not recorded on PAS, an exercise was carried out throughout the year to try to record the foreign addresses, or at

least countries of residence, for non resident foreigners admitted to hospital. The hospital activity database for 2009 has a record of a full address of permanent residence for 59 (39.6%) and a country of residence for 91 (61.1%) of the foreigners admitted to hospital throughout 2009.

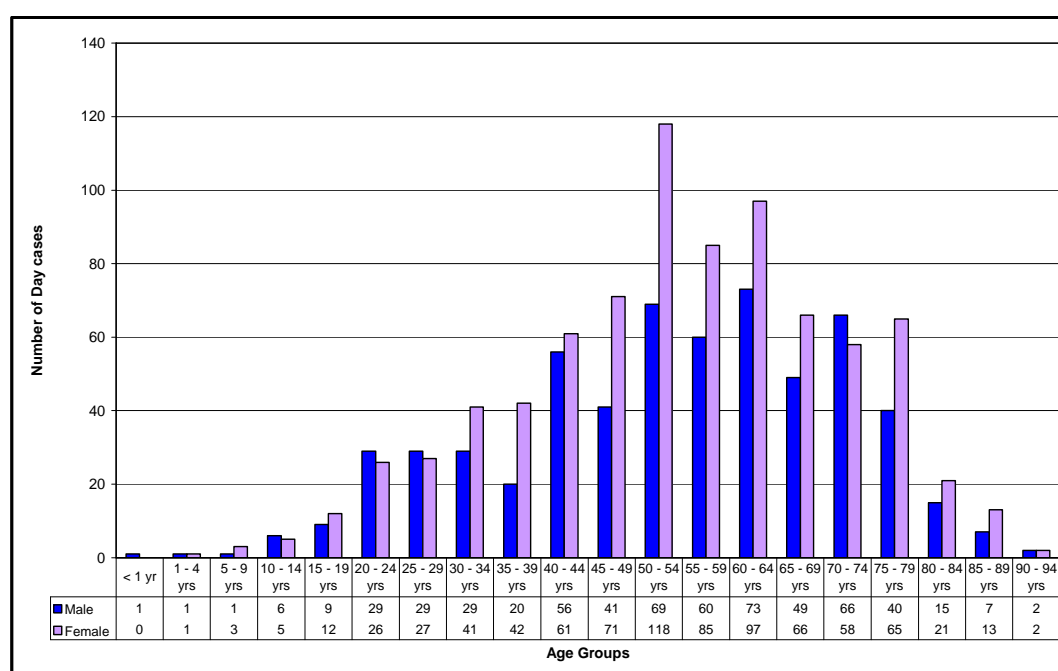
## 6. Discharges

There were 5838 discharges, or *completed episodes of care* according to data resident within the GGHAA database for the period from 01/01/2009 to 31/12/2009. This figure includes 59 admissions in 2008 that were discharged in 2009 but excludes 52 admissions in 2009 that were discharged in 2010

### 6.1. Day Cases

1417 day care episodes were recorded in the hospital activity database from 01/01/2009 to 31/12/2009. The gender distribution of these episodes was 603 males and 814 females.

The number of day case episodes by age groups, subdivided by gender, is shown in Fig. 2.

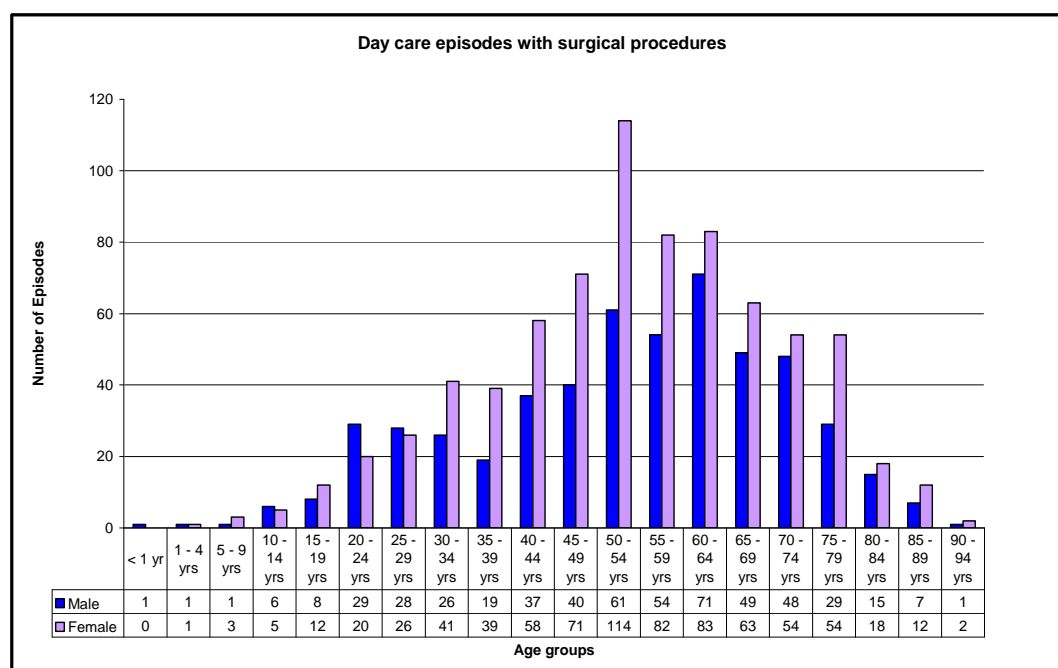


**Fig.2: Day case distribution by age group (years) and gender**

1351 day cases were admitted for procedures. 796 were females and 555 were males. 1289 patients had surgical procedures performed. Of these, 73 had two and 2 had three surgical procedures performed during their day care episode. Non surgical procedures were performed on 62 patients. The main non surgical procedure was *“other non operative procedures including infusion of chemotherapeutic substances/ transfusion of packed cells and whole blood”* (ICD9 CM codes: 99.29, 99.04, 99.03) which accounted for 71% of all main non surgical procedures. Blood transfusion (ICD9 CM code: 99.03) and transfusion of packed cells accounted for 24.2% of non surgical procedures performed on day cases.



The distribution of day care episodes with surgical procedures by age group and gender is shown in Fig. 3.



**Fig. 3: Numbers of Surgical Procedures performed on day cases by age group and gender.**

The 1289 patients admitted for day care surgical procedures had 1366 procedures performed on them.

## 6.2. Hospital stays and discharge data on hospital episodes

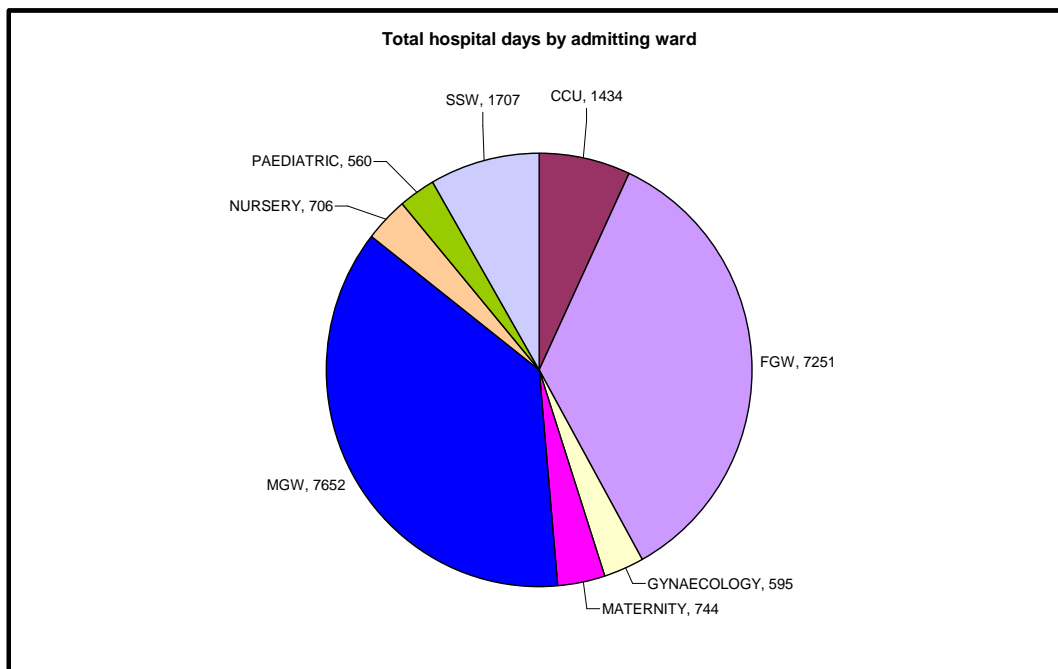
Of the 5838 recorded discharges in the GGHHAA database, 241 were healthy babies born in hospital. In-patient episodes of care (i.e.: 5838 – [1417 daycases + 56 “ward attenders”] = 4365) used up a total of 20649 days of care.

The overall average length of stay (ALOS) was 3.54 days. The actual average length of stay, excluding day cases and “ward attenders”, was 4.73 days (20649/4421).

The 241 healthy babies born in hospital, who were discharged in 2009, used 667 hospital days. Their ALOS was 2.77 days.

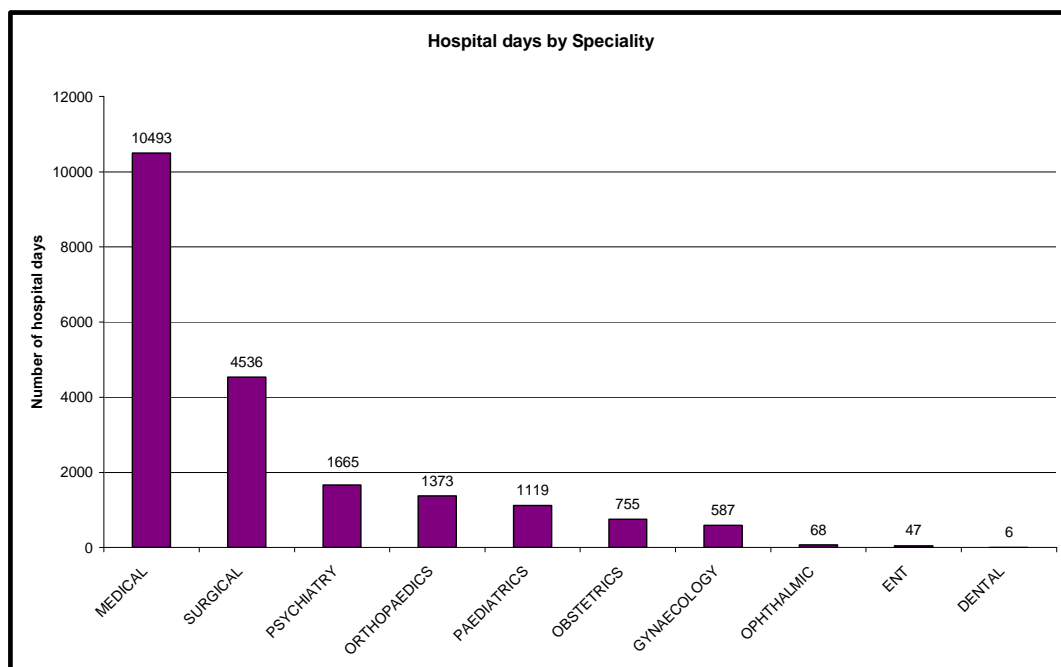
1781 of all discharged patients were 70 years of age or older. This figure represents 30.5% of all discharges from hospital for the year 2009. They used up 9737 or 47.2% of the total days of care (hospital days).

Fig. 4 and 5 show hospital days by Ward of admission and by Speciality respectively.



FGW: Female Ward (General), MGW: Male Ward (General), CCU: Critical care unit, SSW: Short stay ward

**Fig. 4: Total hospital days by ward of admission**



**Fig. 5: Hospital days by Speciality**

Table 8 shows the number of discharges, number of hospital days (LOS) and overall ALOS by age group and gender.

Age Groups (years)	Number of discharges		Bed Days used & ALOS			
	Males	Females	Males LOS	ALOS for Males	Females LOS	ALOS for Females
Less than 1 year (00)	129	142	345	2.7	411	2.9
1 – 4 (01)	86	44	175	2.0	81	1.8
5 – 9 (05)	48	35	97	2.0	52	1.5
10 – 14 (10)	40	34	76	1.9	44	1.3
15 – 19 (15)	81	79	278	3.4	165	2.1
20 – 24 (20)	95	131	136	1.4	249	1.9
25 – 29 (25)	102	192	206	2.0	433	2.3
30 – 34 (30)	81	177	145	1.8	412	2.3
35 – 39 (35)	80	133	137	1.7	232	1.7
40 – 44 (40)	139	113	173	1.2	188	1.7
45 – 49 (45)	147	164	360	2.4	403	2.5
50 – 54 (50)	227	217	786	3.5	516	2.4
55 – 59 (55)	189	200	565	3.0	786	3.9
60 – 64 (60)	247	286	1027	4.2	712	2.5
65 – 69 (65)	212	197	1018	4.8	687	3.5
70 – 74 (70)	245	200	968	4.0	965	4.8
75 – 79 (75)	269	256	1235	4.6	1219	4.8
80 – 84 (80)	194	187	992	5.1	1342	7.2
85 – 89 (85)	124	173	1033	8.3	1157	6.7
90 – 94 (90)	36	70	250	6.9	435	6.2
95 yrs & over	6	21	34	5.7	107	5.1
Unknown age	3	7	6	2.0	11	1.6
<b>Totals</b>	<b>2780</b>	<b>3058</b>	<b>10042</b>	<b>3.6</b>	<b>10607</b>	<b>3.5</b>

**Table 8: Hospital days and overall ALOS by age group and gender**

5500 in-patients (94.2%) were discharged on medical advice while 179 (3.1%) were discharged at request. 157 patients (2.7%) died.

Table 9 shows the destination of all discharged patients. The table also accounts for deceased patients.

Discharge destination	Number of discharges	Percentage of all discharges
Discharged to usual residence	5120	87.7
Newborn babies discharged home	241	4.1
Discharged to Govt. Residence/Home	79	1.4
Discharged to Govt. Hospital	120	2.1
Discharged to Temp./summer residence	100	1.7
Discharged to private hospital/clinic	6	0.1
Discharged to Medical Institution abroad	1	0.0
Discharged to police custody	4	0.1
Discharged to private Residential Home	7	0.1
Unknown Destination	3	0.1
Deceased	157	2.7
<b>Total (all discharges)</b>	<b>5838</b>	<b>100%</b>

**Table 9: Discharge destination as percentage of all discharges**

### 6.3. Patients who died in hospital

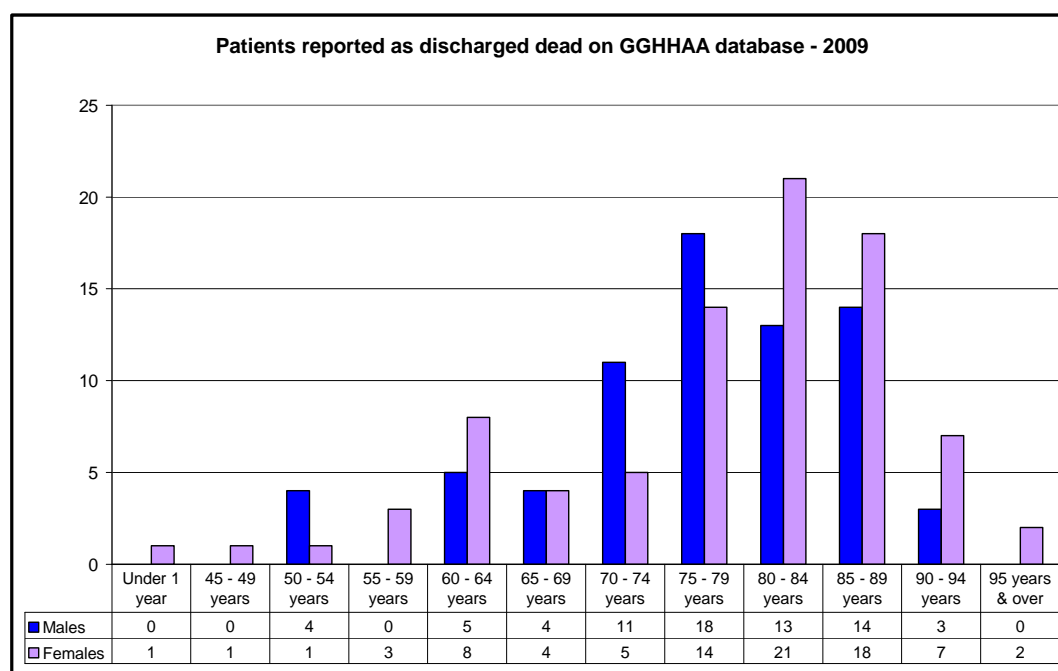
157 patients were reported as deceased. Table 10 shows the number of patients discharged who died and the relative percentage of hospital discharges by selected diagnosis (adjusted to 'causes of death').

Cause of Death	Number of Deaths		% of discharges $\Psi$	
	Up to 64 yrs	$\geq 65$ yrs	Up to 64 yrs	$\geq 65$ yrs
Malignant Neoplasms (ICD10 codes C00 - D48)	11	30	0.3	1.4
Pneumonia & other lower RTI's (ICD10 codes: J12 - J18 , J20 - J22)	5	35	0.1	1.6
Ischaemic heart diseases (ICD10 codes I20 - I25)	0	15	0	0.7
Heart Failure (ICD10 code I50)	0	9	0	0.4
Cerebrovascular diseases (ICD10 codes I60 - I69)	1	16	0	0.7
Septicaemia (ICD10 code A41)	0	2	0	0.1
Pulmonary Embolism (ICD10 code I26)	0	5	0	0.2
Renal failure (ICD10 codes N17, N18, N19)	0	2	0	0.1
Other	6	20	0.2	0.9
<b>Subtotal</b>	<b>23</b>	<b>134</b>	<b>0.63%</b>	<b>6.12%</b>
<b>Overall total</b>	<b>157</b>		<b>2.69%</b>	

$\Psi$ : based on 3648 discharges up to 64 years and 2190 discharges aged 65 or over. (Total number of discharges = 5838)

**Table 10: Number & rate of deaths for hospital discharges by age and selected diagnosis/cause of death**

Fig. 6 shows the age and gender distribution of these patients.



**Fig. 6: Discharged dead by age groups**

The PAS lists 203 deaths within Gozo General Hospital during 2009. This number includes deaths in “long stay wards” of the hospital i.e. Male and Female Geriatric Wards (44). The PAS report lists 159 deaths in the “acute” wards of the hospital. There are 157 records of “diseased” discharges in the GGHAA database. Thus 2 episodes of care where the patients died were not reported by the “acute” wards.

## 7. Hospital Utilisation

Table 11 shows some of measures used to study hospital utilisation. The figures quoted have been worked out from data available on the GGHAA database. They will vary from calculations on figures quoted in PAS.

Measure of Utilisation	GGH 2007
Total number of discharges considered in this report	5838
“Discharge” Rate	18611*
Total number of bed days	20649
Rate of bed days per 100,000 population	65826*
Overall ALOS in days	3.54
ALOS ,excluding day cases and “ward attenders”	4.73
% bed occupancy rate ( for the 104 acute care beds only) <sup>1</sup>	48.04% <sup>1</sup>
Overall bed turnover rate for acute care beds only <sup>2</sup>	51.19 <sup>2</sup>

\* based on total Gozo mid year population of 31369– NSO Demographic review, 2008.

**Table 11: Selected measures of all hospital utilisation**

The overall discharge rate for patients 75 years of age and over was 4259.0 per 100,000 population. This was significantly higher than the rate of 2722.4 per 100,000 population for patients 65–74 years of age.

PAS calculations for the 104 acute care beds (those pertaining to the Male General Ward, the Female General Ward, the Gynaecology Ward, the Maternity Ward, the Critical Care Unit and the Paediatric Ward) give an overall ALOS of 4.6 days, a percentage bed occupancy rate of 55.2% and a bed turnover rate of 44.2.

PAS calculations for all beds (HP.1 and HP.2) give an overall ALOS of 14.6 days, percentage bed occupancy of 68.6% and a bed turnover rate of 17.1.

<sup>1</sup> Calculation: 18236 bed days (20649 less 2413 bed days reported for SSW and for “Nursery” as baby cots are not included in bed counts) multiplied by 100 and divided by the product of 365 days and 104 acute care beds.

<sup>2</sup> Calculation: 5324 discharges ( 5838 less 514 reported discharges in SSW & from Nursery) divided by 104 (number of acute care beds)

## 8. Diagnosis

Hospital use measures, i.e. number of discharges, bed days (LOS), and discharge rates for the main diagnostic categories (according to ICD10) are shown in Table 12. The categories displayed account for all the discharges and days of care at Gozo General Hospital in the twelve month period being considered.

Diagnostic Group (by ICD10 chapters)	Numbers	LOS	Discharge Rate /100,000 population **
Infections and Parasitic Infections (ICD10 Codes A00 – B99)	30	109	95.6
Malignant Neoplasms (ICD10 codes C00 – C97), Carcinoma in situ & Benign Neoplasms (ICD10 Codes C00 – D48)	234	1315	746.0
Diseases of blood and blood forming organs (ICD10 codes D50 – D86)	88	230	280.5
Endocrine, nutritional and metabolic diseases (ICD10 codes E00 – E90)	138	696	439.9
Mental and behaviour disorders (ICD10 codes F00 – F99)	327	2096	1042.4
Diseases of the nervous system (ICD10 codes G00 – G99)	88	226	280.5
Diseases of the eye and adnexa (ICD10 codes H00 – H59)	189	25	602.5
Diseases of the ear and mastoid process (ICD10 codes H60 – H95)	8	12	25.5
Diseases of the circulatory system (ICD10 codes I00 – I99)	390	1876	1243.3
Diseases of the respiratory system (ICD10 codes J00 – J99)	500	3049	1593.9
Diseases of the digestive system (ICD10 codes K00 – K99)	826	2014	2633.2
Diseases of the skin and subcutaneous tissue (ICD10 codes L00 – L99)	205	1073	653.5
Diseases of the musculoskeletal system and connective tissue (ICD10 codes M00 – M99)	186	602	592.9
Diseases of the genitourinary system (ICD10 codes N00 – N99)	497	1005	1584.4
Pregnancy, childbirth and the puerperium (ICD10 codes O00 – O99)	308	816	981.9
Certain conditions originating in the perinatal period (ICD10 codes P00 – P96)	7	36	22.3
Congenital malformations (ICD10 codes Q00 – Q99)	3	8	9.6
Symptoms, signs and abnormal clinical & laboratory findings, not elsewhere classified (ICD10 codes R00 – R99)*	936	2629	2983.8
Injury, poisoning and other consequences of external causes (ICD10 codes S00 – T98)	349	1492	1112.6
Factors influencing health status and contact with health service (ICD10 codes Z00 – Z99)	529	1340	1686.4
<b>Total</b>	<b>5838</b>	<b>20649</b>	<b>18610.7</b>

\*: This section includes those episodes where a diagnosis of the patients' complaints is not specified either as it is not known or else the patients are still undergoing investigation. Thus a symptom or a sign is entered as the main diagnosis.

\*\* : based on total mid year population estimate of 31369 according to Demographic Review 2008 – NSO

**Table 12: Number of discharges, length of stay (LOS) and discharge rate from hospital by main discharge diagnosis according to ICD10 chapters**

Table 13 portrays the number of all discharges, the relevant hospital days, the average length of stay (ALOS), and the hospital days rate by main diagnosis (according to ICD10 classification) for the “top 30” discharges. A full table with all the diagnosis and relative numbers of discharges is included at the end of this report (*page 46*).

ICD10 Diagnosis Code	Main Diagnosis	Number of Discharges	Hospital days	ALOS
Z38.0	LIVEBORN INFANTS ACCORDING TO PLACE OF BIRTH/SINGLETON, BORN IN HOSPITAL	237	653	2.8
J22	UNSPECIFIED ACUTE LOWER RESPIRATORY INFECTION/	206	1695	8.2
R07.4	PAIN IN THROAT AND CHEST/CHEST PAIN, UNSPECIFIED	191	476	2.5
O80.9	SINGLE SPONTANEOUS DELIVERY/SINGLE SPONTANEOUS DELIVERY, UNSPECIFIED	185	460	2.5
K52.9	NONINFECTIVE GASTROENTERITIS AND COLITIS, UNSPECIFIED	147	413	2.8
H26.9	OTHER CATARACT/CATARACT, UNSPECIFIED	146	11	0.1
Z12.1	SPECIAL SCREENING EXAMINATION FOR NEOPLASM OF INTESTINAL TRACT	126	3	0.0
F20.9	SCHIZOPHRENIA/SCHIZOPHRENIA, UNSPECIFIED	125	495	4.0
K62.5	OTHER DISEASES OF ANUS AND RECTUM/HAEMORRHAGE OF ANUS AND RECTUM	120	31	0.3
R10.4	ABDOMINAL AND PELVIC PAIN/OTHER AND UNSPECIFIED ABDOMINAL PAIN	109	177	1.6
R10.1	ABDOMINAL AND PELVIC PAIN/PAIN LOCALIZED TO UPPER ABDOMEN	98	222	2.3
S09.9	OTHER AND UNSPECIFIED INJURIES OF HEAD/UNSPECIFIED INJURY OF HEAD	98	225	2.3
K30	DYSPEPSIA	95	10	0.1
L72.1	FOLLICULAR CYSTS OF SKIN AND SUBCUTANEOUS TISSUE /TRICHILEMMAL CYST	81	1	0.0
I48	ATRIAL FIBRILLATION AND FLUTTER	76	167	2.2
K59.0	OTHER FUNCTIONAL INTESTINAL DISORDERS/CONSTIPATION	76	124	1.6
R55	SYNCOPE AND COLLAPSE	72	182	2.5



ICD10 Diagnosis Code	Main Diagnosis	Number of Discharges	Hospital days	ALOS
K40.9	INGUINAL HERNIA/UNILATERAL OR UNSPECIFIED INGUINAL HERNIA WITHOUT OBSTRUCTION OR GANGRENE	69	156	2.3
R10.3	ABDOMINAL AND PELVIC PAIN/PAIN LOCALIZED TO OTHER PARTS OF LOWER ABDOMEN	68	104	1.5
N95.0	MENOPAUSAL AND OTHER PERIMENOPAUSAL DISORDERS/POSTMENOPAUSAL BLEEDING	65	8	0.1
N23	UNSPECIFIED RENAL COLIC	61	149	2.4
I50.0	HEART FAILURE/CONGESTIVE HEART FAILURE	57	285	5.0
F32.9	DEPRESSIVE EPISODE/DEPRESSIVE EPISODE, UNSPECIFIED	56	440	7.9
D64.9	OTHER ANAEMIAS/ANAEMIA, UNSPECIFIED	54	166	3.1
K29.7	GASTRITIS AND DUODENITIS/GASTRITIS, UNSPECIFIED	51	129	2.5
N39.0	URINARY TRACT INFECTION, SITE NOT SPECIFIED	51	283	5.5
E14.8	UNSPECIFIED DIABETES MELLITUS WITH UNSPECIFIED COMPLICATIONS	49	280	5.7
N92.0	EXCESSIVE, FREQUENT AND IRREGULAR MENSTRUATION /EXCESSIVE AND FREQUENT MENSTRUATION WITH REGULAR CYCLE	47	43	0.9
E86	VOLUME DEPLETION/ DEHYDRATION	42	223	5.3
I64	STROKE, NOT SPECIFIED AS HAEMORRHAGE OR INFARCTION	40	337	8.4
D25.9	LEIOMYOMA OF UTERUS, UNSPECIFIED	35	130	3.7
J20.9	ACUTE BRONCHITIS/ACUTE BRONCHITIS, UNSPECIFIED	31	89	2.9
Z75.1	PROBLEMS RELATED TO MEDICAL FACILITIES AND OTHER HEALTH CARE/PERSON AWAITING ADMISSION TO ADEQUATE FACILITY ELSEWHERE	30	227	7.6

**Table 13: Number of episodes, bed days, ALOS and bed day rate by selected main discharge diagnosis**

Some of the “main diagnoses” are actually symptoms and not diseases as such. In many of these cases the patients were discharged without a definitive diagnosis as they were due for further investigation. The diagnosis

“gastroenteritis – unspecified” includes all those episodes coded in ICD10 as “K52.9” which is the code for *non infective gastroenteritis and colitis-unspecified*. Thus the diagnosis of “gastroenteritis – unspecified” includes cases of unspecified diarrhoea, colitis and gastroenteritis where no causative organism was reported and the symptoms usually subsided within a few days.

The top main diagnoses for day cases are shown in Table 14.

ICD10 Diagnosis Code	Diagnosis	Number of Day cases
H26.9	OTHER CATARACT/CATARACT, UNSPECIFIED	139
Z12.1	SPECIAL SCREENING EXAMINATION FOR NEOPLASMS/SPECIAL SCREENING EXAMINATION FOR NEOPLASM OF INTESTINAL TRACT	121
K62.5	OTHER DISEASES OF ANUS AND RECTUM/HAEMORRHAGE OF ANUS AND RECTUM	103
K30	DYSPEPSIA/	89
L72.1	FOLLICULAR CYSTS OF SKIN AND SUBCUTANEOUS TISSUE/TRICHILEMMAL CYST	76
N95.0	MENOPAUSAL AND OTHER PERIMENOPAUSAL DISORDERS/POSTMENOPAUSAL BLEEDING	59
F20.9	SCHIZOPHRENIA/SCHIZOPHRENIA, UNSPECIFIED	47
R10.1	ABDOMINAL AND PELVIC PAIN/PAIN LOCALIZED TO UPPER ABDOMEN	42
R10.4	ABDOMINAL AND PELVIC PAIN/OTHER AND UNSPECIFIED ABDOMINAL PAIN	33
N92.0	EXCESSIVE, FREQUENT AND IRREGULAR MENSTRUATION/EXCESSIVE AND FREQUENT MENSTRUATION WITH REGULAR CYCLE	33
N84.0	POLYP OF FEMALE GENITAL TRACT/POLYP OF CORPUS UTERI	25
G56.0	MONONEUROPATHIES OF UPPER LIMB/CARPAL TUNNEL SYNDROME	25
R10.3	ABDOMINAL AND PELVIC PAIN/PAIN LOCALIZED TO OTHER PARTS OF LOWER ABDOMEN	22
L98.9	OTHER DISORDERS OF SKIN AND SUBCUTANEOUS TISSUE NEC/DISORDER OF SKIN AND SUBCUTANEOUS TISSUE, UNSPECIFIED	22
R31	UNSPECIFIED HAEMATURIA/	21
R19.4	OTH SYMPTOMS & SIGNS INVOLVING DIGESTIVE SYSTEM AND ABDOMEN/CHANGE IN BOWEL HABIT	21
D64.9	OTHER ANAEMIAS/ANAEMIA, UNSPECIFIED	16
N92.1	EXCESSIVE, FREQUENT AND IRREGULAR MENSTRUATION/EXCESSIVE AND FREQUENT MENSTRUATION WITH IRREGULAR CYCLE	15
F32.9	DEPRESSIVE EPISODE/DEPRESSIVE EPISODE, UNSPECIFIED	14
N84.1	POLYP OF FEMALE GENITAL TRACT/POLYP OF CERVIX UTERI	14
Z13.8	SPECIAL SCREENING EXAM FOR OTHER SPECIFIED DISEASES AND DISORDERS	13

ICD10 Diagnosis Code	Diagnosis	Number of Day cases
H00.0	HORDEOLUM AND CHALAZION/HORDEOLUM AND OTHER DEEP INFLAMMATION OF EYELID	13
I48	ATRIAL FIBRILLATION AND FLUTTER/	12
K59.0	OTHER FUNCTIONAL INTESTINAL DISORDERS /CONSTIPATION	11
K52.9	OTHER NONINFECTIVE GASTROENTERITIS AND COLITIS /NONINFECTIVE GASTROENTERITIS AND COLITIS, UNSPECIFIED	10
R12	HEARTBURN	10
D17.1	BENIGN LIPOMATOUS NEOPLASM/BENIGN LIPOMATOUS NEOPLASM SKIN AND SUBCUT TISSUE OF TRUNK	9

**Table 14: Top main diagnosis for day cases recorded in the GGH activity database for 2009.**

### 8.1. Women giving birth

A total of 240 discharged patients were females hospitalised for deliveries (ICD-10 codes: O80 – O84). Methods of delivery recorded in the GGHAA database for 2009 are shown in Table 15.

ICD10 Code	Type of delivery	Number of episodes
O80.9	Single spontaneous delivery - unspecified	185
O82.0	Single delivery by Elective lower segment Caesarean section	28
O82.1	Single delivery by emergency lower segment Caesarean section	24
O84.2	Multiple delivery by Caesarean section	2
O81.4	Single "vacuum extractor" delivery	1
TOTAL		240

**Table 15: Women giving birth in the GGHAA for 2009**

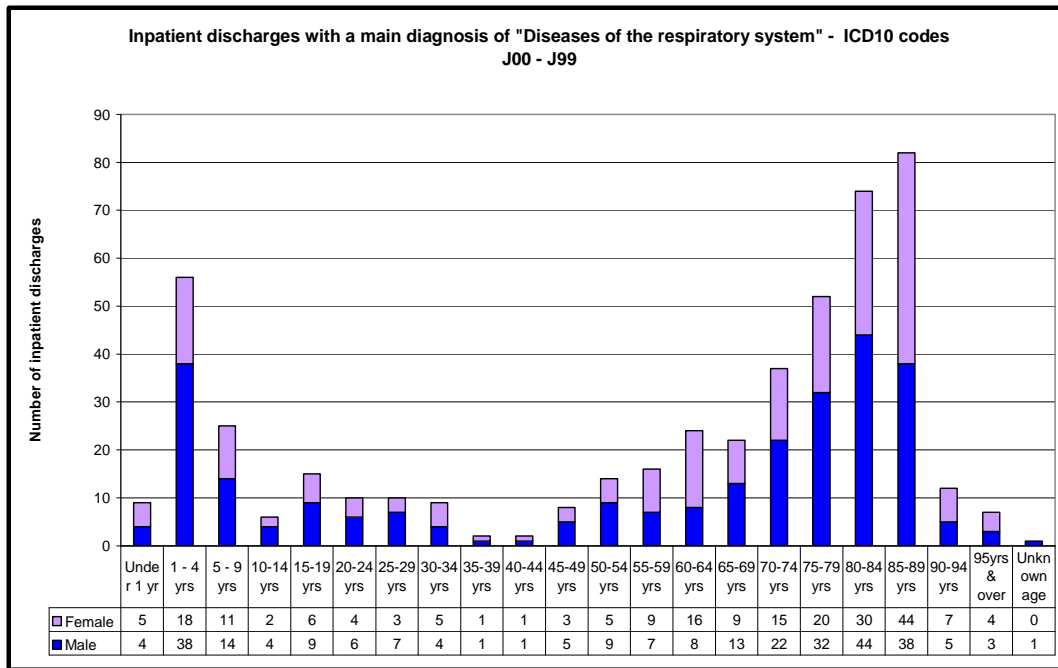
Episodes of care for females giving birth spontaneously amounted to 185 that is 4.2 % of inpatient episodes of care for this period. The average length of stay for these patients was of 2.5 days and these episodes accounted for 460 or 2.2% of inpatient bed days of care.

### 8.2. Selected Main Diagnosis for inpatient discharges

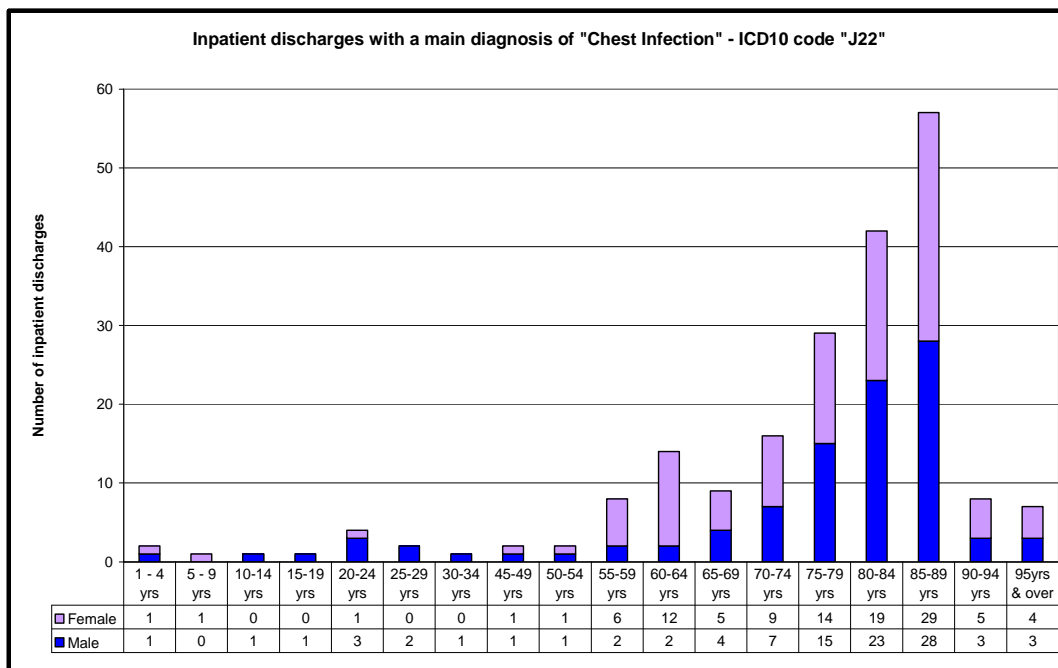
There were 493 inpatient discharges with a main diagnosis falling within the category of “diseases of the respiratory system”, ICD10 codes J00 – J99. These discharges accounted for 3049 or 14.8% of all hospital days. The age and gender distribution of these discharges is shown in Fig. 7.

206 discharges had a main diagnosis of “acute lower respiratory tract infection” or “chest infection” (ICD10 code: J22). These patients accounted for 1695 or 8.2% of all hospital days. They had an average length of stay (ALOS)

of 8.2 days. 128 of these discharges were in the 75 – 89 age brackets. Age group and gender distribution of these patients is shown in Fig. 8

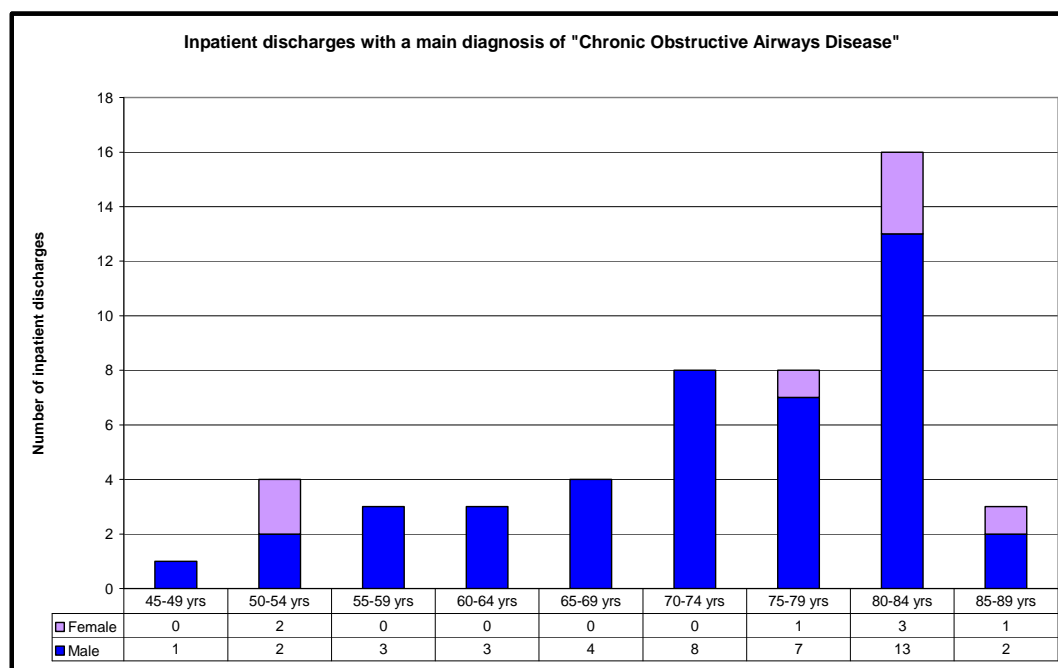


**Fig. 7: Age group/gender distribution of inpatient discharges with a main diagnosis of "Diseases of the Respiratory System"**



**Fig. 8: Age group/gender distribution of discharges with a main diagnosis of "chest infection"**

Chronic obstructive airways disease (ICD-10 codes: J40 - J44) accounted for 50 inpatient discharges. The average length of stay was 5.5 days. The age/gender distribution of these discharges is shown in Fig. 9.

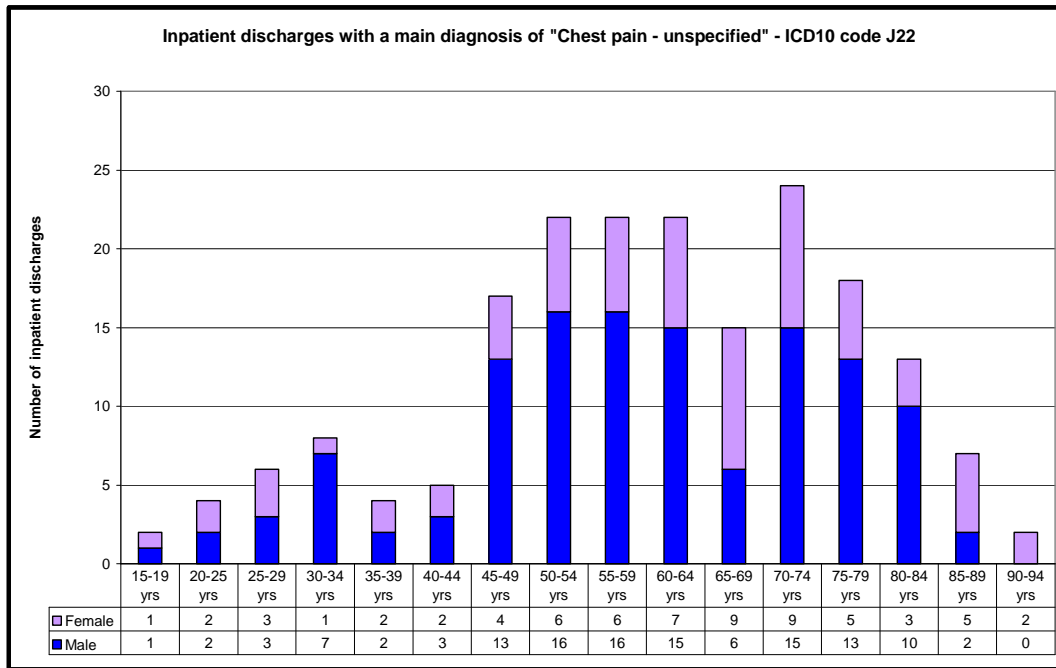


**Fig. 9: Age group/gender distribution of discharges with a main diagnosis of "Chronic obstructive airways disease"**

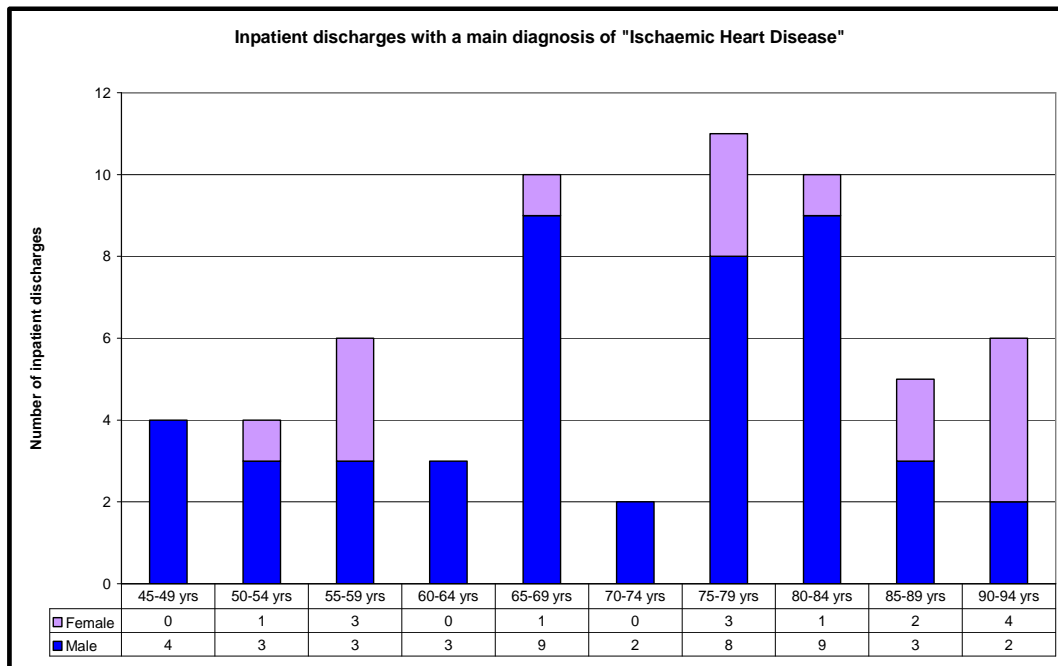
There were 17 inpatient discharges with a main diagnosis of asthma (J45 & J46) and they used up 56 bed days. 73 inpatient discharges were for a main diagnosis of acute bronchitis and pneumonia - unspecified (J20/J21 and J18). These had an average length of stay of 6.4 days and accounted for 468 or 2.3% of all bed days.

191 patients were discharged with a main diagnosis of "chest pain – unspecified" (ICD10 code R07.4). These episodes of care accounted for 476 hospital days. The average length of stay was 2.5 days. No definitive diagnosis for the chest pain was available for these episodes. The age and gender distribution for these episodes of care is shown in Fig. 10.

Patients with a main diagnosis of ischaemic heart disease accounted for 61 inpatient episodes of care. The average length of stay was of 4.2 days and these episodes of care accounted for 256 days or 1.2% of the total bed days. These patients included those with main diagnoses of angina pectoris (ICD10 code I20), myocardial infarction (ICD10 codes I21 – I22) and other ischaemic heart disease (ICD10 codes I23 – I25). The age/gender distribution of these discharges is shown in Fig 11.

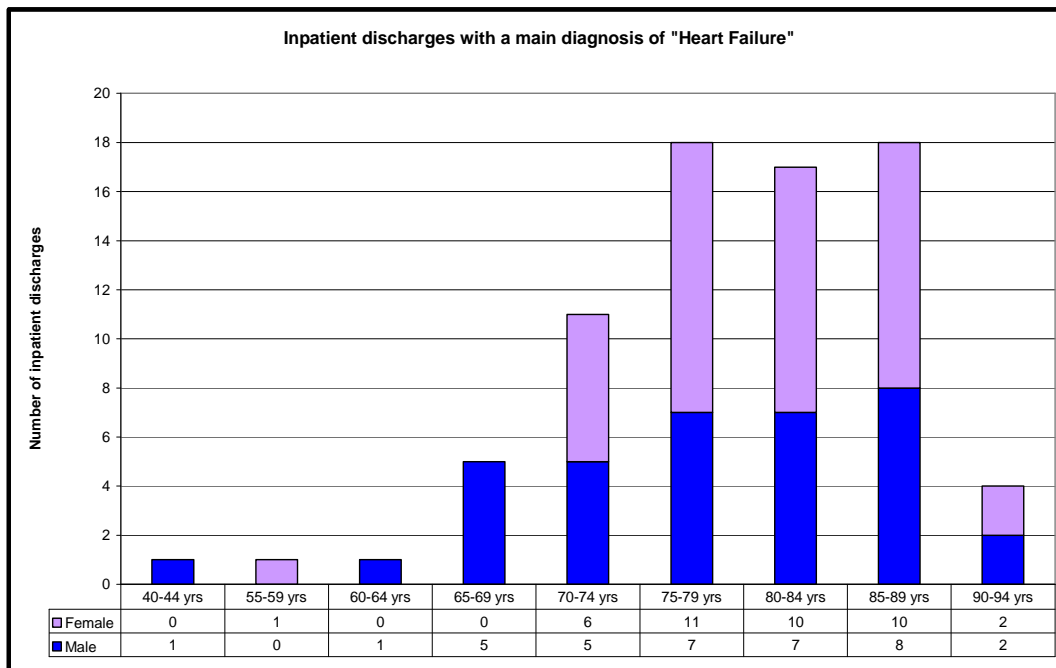


**Fig. 10: Age group/gender distribution of discharges with a main diagnosis of "chest pain – unspecified"**



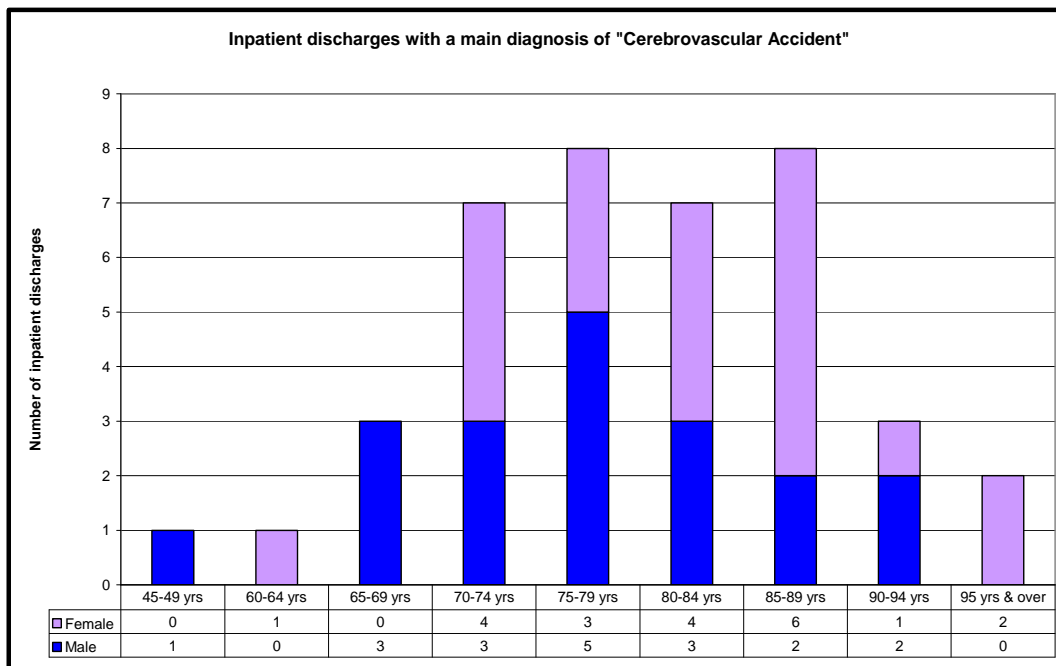
**Fig. 11: Age group/gender distribution of discharges with Ischaemic heart disease.**

There were 76 discharges with a main diagnosis of heart failure (ICD10 code I50). These episodes of care accounted for 419 or 2.0% of all hospital days. Average length of stay for these discharges was 5.5 days. Age/gender distribution of these discharges is depicted in Fig. 12.



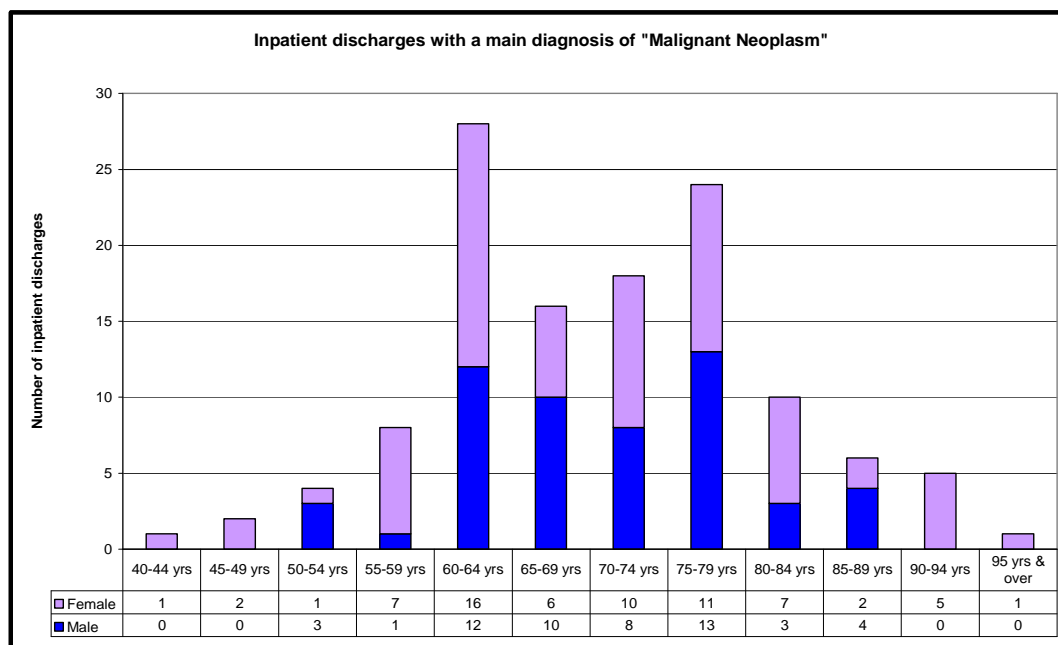
**Fig.12: Age group/gender distribution of discharges with a main diagnosis of heart failure**

The diagnosis in 51 episodes of inpatient care was cerebrovascular disease (ICD10 codes I60 – I69). These discharges accounted for 391 or 1.9% of all hospital days. 40 of these discharges had a main diagnosis of cerebrovascular accident – unspecified (ICD10 code I64). These discharges accounted for 337 hospital days and their age/gender distribution is shown in Fig.13.

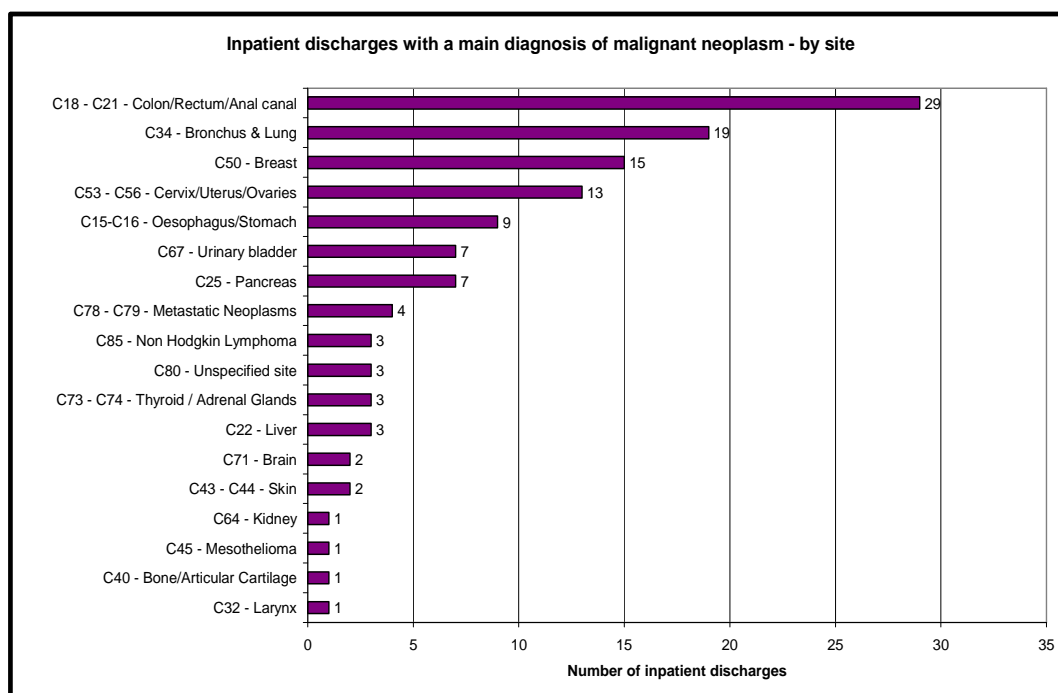


**Fig. 13: Age group/gender distribution of discharges with a main diagnosis of "cerebrovascular accident – unspecified"**

Malignant neoplasm (ICD-10 codes: C00 – C97) was the main diagnosis for 123 patients or 2.8% of all inpatient discharges. The average length of stay for discharged patients with malignant neoplasm was 9.4 days and they accounted for 5.6% of the total bed days. The largest number of episodes with a main diagnosis of malignant neoplasm was in the 60 - 64 age group for females and in the 75 - 79 age group for males. Age and gender distribution of these episodes of care and the sites of malignant neoplasm recorded are shown in Figs. 14 and 15.



**Fig 14: Age group/gender distribution of episodes of care with a main diagnosis of malignant neoplasm**

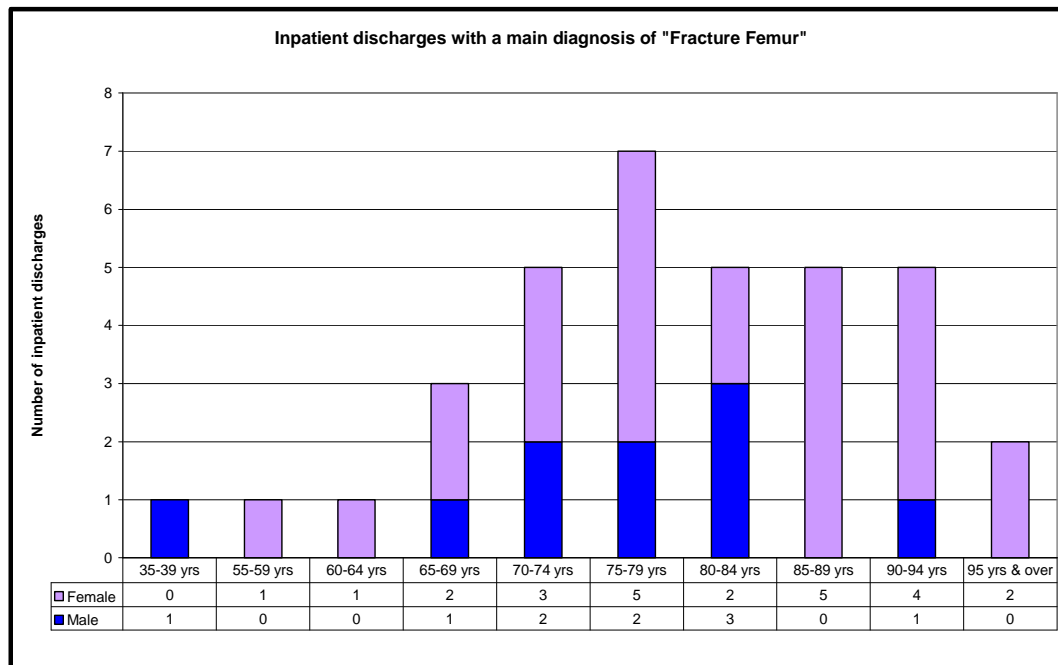


**Fig. 15: Malignant neoplasm by site in GGHHAA discharges (2009)**



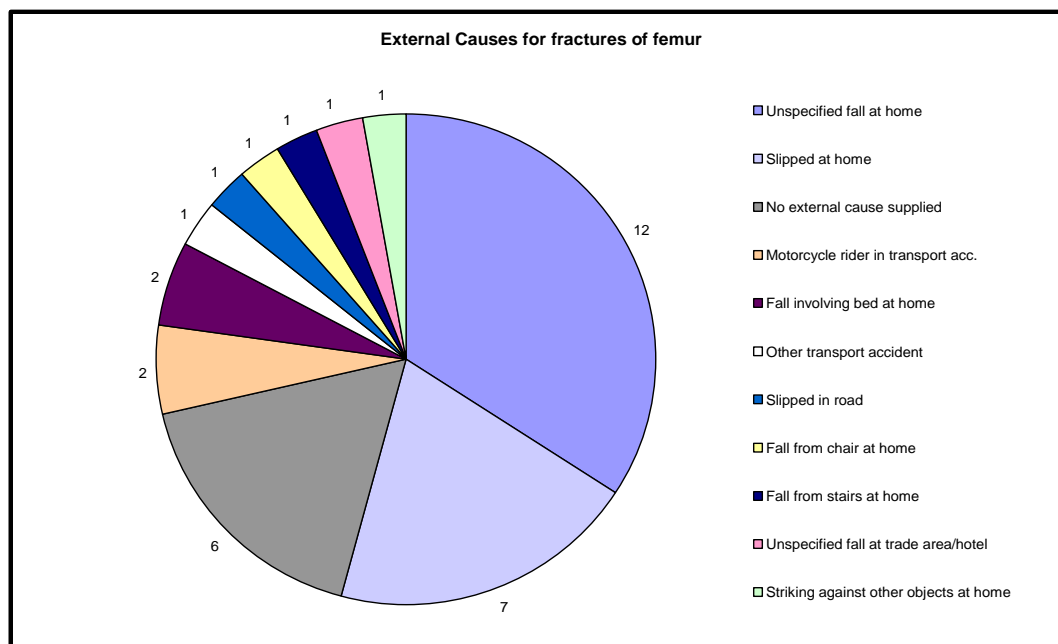
Fractures of the femur (ICD-10 code: S72) accounted for 35 or 0.8% of inpatient hospital discharges. These had an average length of stay of 13.3 days and used up 465 or 2.3% of bed days.

The age group and gender distribution of these episodes of care is shown in Fig. 16



**Fig 16: Age group/gender distribution of discharges with fracture of femur**

The external causes of episodes of care for fracture of femur are shown in the following pie chart.



**Fig 17: External causes in discharges for fractures of femur**

Inpatients who were aged 65 years or over accounted for 1754 or 40.2% of all inpatient discharges. They used up 11442 or 55.4% of the total hospital days. The twelve most common diagnosis in this age group of patients are depicted in Table 16 which shows the main diagnosis, the number of discharges, their respective hospital stay, the ALOS and relative percentage of all hospital days used.

ICD10 Code	Diagnosis	Number of discharges	Bed days used	ALOS	% of all hospital days
J22	ACUTE LOWER RESPIRATORY INFECTION	168	1515	9.0	7.3
R07.4	CHEST PAIN, UNSPECIFIED	79	248	3.1	1.2
I50.0	CONGESTIVE HEART FAILURE	55	279	5.1	1.4
I48	ATRIAL FIBRILLATION AND FLUTTER	45	130	2.9	0.6
R55	NONINFECTIVE GASTROENTERITIS AND COLITIS, UNSPECIFIED	42	113	2.7	0.5
K59.0	CONSTIPATION	40	87	2.2	0.4
I64	STROKE, NOT SPECIFIED AS HAEMORRHAGE OR INFARCTION	38	282	7.4	1.4
K52.9	GASTROENTERITIS - UNSPECIFIED	37	161	4.4	0.8
N39.0	URINARY TRACT INFECTION, SITE NOT SPECIFIED	34	240	7.1	1.2
E14.8	UNSPECIFIED DIABETES MELLITUS WITH UNSPECIFIED COMPLICATIONS	32	222	6.9	1.1
E86	DEHYDRATION	29	164	5.7	0.8
S09.9	HEAD INJURY - UNSPECIFIED	29	113	3.9	0.5

**Table 16: The twelve most common discharge diagnoses in discharged inpatients aged 65 years and over.**

## 9. Procedures

2522 patients had some form of procedure performed on them during their episodes of care at Gozo General Hospital during 2009. Thus 43.2% of all discharges were associated with one or more procedures. 72 discharges had some or all their procedures performed at Mater Dei Hospital, Malta due to lack of facilities at Gozo General Hospital. These procedures included 40 CAT scans, 1 echocardiography and 14 coronary angiograms, 2 MRI, 4 coronary angioplasty procedures and 1 aorto-coronary bypass.

## 9.1. Surgical procedures

At least one surgical operation was reported in 2287 patients. 912 were males and 1375 were females. 1289 of these patients or 56.4% were admitted as day cases. 134 of all patients with surgical procedures had two reported procedures while 4 had a reported third procedure. Thus a total of 2429 surgical procedures were performed throughout 2009. This figure includes 21 surgical procedures performed at Mater Dei Hospital and the surgical procedures performed on day cases as well.

The numbers and proportion of all surgical procedures by gender and age group are shown in Table 17. The highest number of surgical procedures was in the 50 - 54 age group (261).

Age Group (years)	Surgical Procedures on males	% of all surg. Proc.	Surgical Procedures on females	% of all surg. Proc.	Total No. of surg. Proc.	% of all surg. Proc.
Under 1 year	1	0.04	0	0.00	1	0.04
1 - 4 yrs	12	0.49	8	0.33	20	0.82
5 - 9 yrs	22	0.91	12	0.49	34	1.40
10 - 14 yrs	14	0.58	8	0.33	22	0.91
15 - 19 yrs	19	0.78	32	1.32	51	2.10
20 - 24 yrs	48	1.98	58	2.39	106	4.37
25 - 29 yrs	44	1.81	100	4.08	144	5.89
30 - 34 yrs	33	1.36	115	4.74	148	6.10
35 - 39 yrs	40	1.65	93	3.83	133	5.48
40 - 44 yrs	66	2.72	89	3.67	155	6.38
45 - 49 yrs	77	3.17	123	5.07	200	8.24
50 - 54 yrs	99	4.08	162	6.67	261	10.75
55 - 59 yrs	85	3.50	125	5.15	210	8.65
60 - 64 yrs	114	4.70	129	5.31	243	10.01
65 - 69 yrs	93	3.83	103	4.24	196	8.07
70 - 74 yrs	86	3.54	94	3.87	180	7.41
75 - 79 yrs	66	2.72	100	4.12	166	6.84
80 - 84 yrs	41	1.69	51	2.10	92	3.79
85 - 89 yrs	21	0.86	29	1.19	50	2.06
90 - 94 yrs	5	0.21	10	0.41	15	0.62
95 yrs & over	0	0.00	2	0.08	2	0.08
<b>Totals</b>	<b>986</b>	<b>40.61</b>	<b>1443</b>	<b>59.39</b>	<b>2429</b>	<b>100.00</b>

**Table 17: Numbers and percentages of all surgical procedures by age group and gender.**

Table 18 depicts the numbers of all discharged patients, patients who needed no procedures, patients who underwent procedures and patients who had surgical procedures performed on them. All data is being listed according to selected age groups and by gender.

Characteristics	All discharged patients	Patients who needed no procedures	Patients who needed a procedure	Patients who needed surgical procedures
All patients	5838	3316	2522	2287
By age:				
0 - 9 years	484	431	53	48
10 – 19 years	234	160	74	70
20 – 39 years	991	445	546	514
40 – 59 years	1396	576	820	773
60 – 79 years	1912	1062	850	734
80 – 94 years	784	608	176	146
>=95 years & unspecified age	37	34	3	2
By gender:				
Male	2780	1772	1008	912
Female	3058	1544	1514	1375

**Table 18: Numbers of patients discharged from hospital who needed or did not need to have a procedure performed and patients who had surgical procedures performed – by selected age groups and gender**

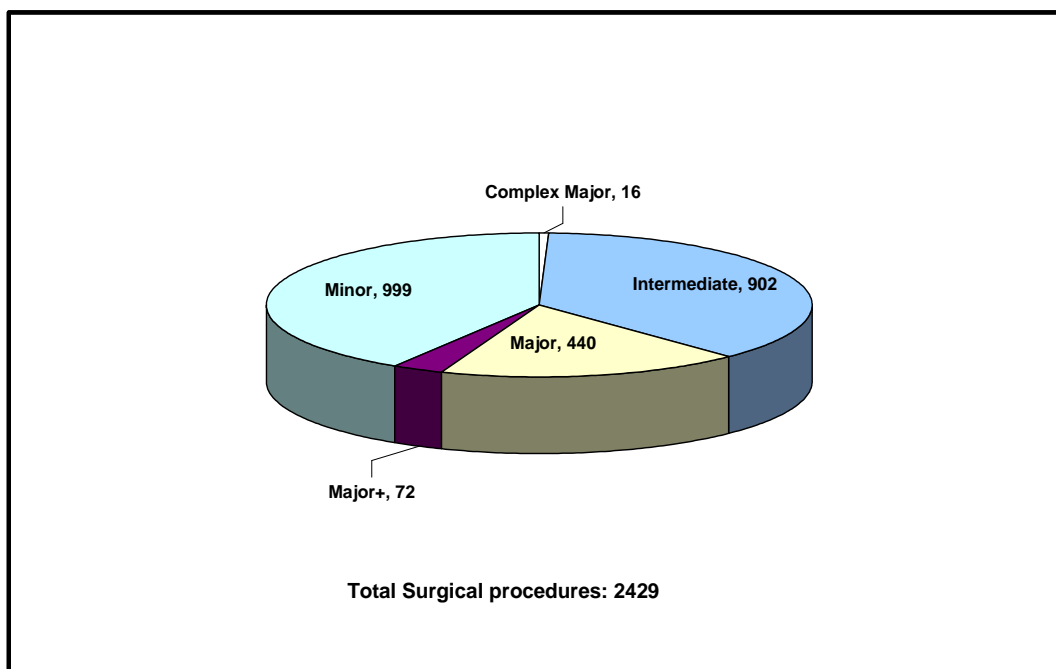
Table 19 shows numbers and percentages of the “top” 25 of all surgical procedures performed on all discharges.

ICD9 Procedure Code	Surgical Procedure	Number of procedures	Percentage of all surgical procedures
45.23	Colonoscopy	423	17.42
86.3	Other local excision or destruction of lesion or tissue of skin and subcutaneous tissue	204	8.40
69.09	Other dilation and curettage (D&C)	156	6.43
13.19	Other intracapsular extraction of lens	146	6.01
45.16	Esophagogastroduodenoscopy with closed biopsy	115	4.74
48.23	Rigid proctosigmoidoscopy (sigmoidoscopy)	90	3.71
44.13	Gastroscopy	83	3.42
75.69	Repair of current obstetric laceration	79	3.25
53.00	Unilateral repair of inguinal hernia, not otherwise specified	72	2.97
68.4	Total abdominal hysterectomy	57	2.35

ICD9 Procedure Code	Surgical Procedure	Number of procedures	Percentage of all surgical procedures
74.1	Low cervical cesarean section (LSCS)	54	2.18
81.54	Total knee replacement	32	1.32
69.02	Dilation and curettage following delivery or miscarriage (ERPC)	30	1.24
57.32	Cystoscopy	29	1.19
04.43	Release of carpal tunnel	27	1.11
73.6	Episiotomy	24	0.99
85.21	Local excision of lesion of breast - lumpectomy	24	0.99
53.4	Repair of umbilical hernia	24	0.99
80.26	Arthroscopy, knee	22	0.91
28.3	Tonsillectomy with adenoidectomy	20	0.82
47.09	Other appendectomy	20	0.82
54.21	Laparoscopy	20	0.82
79.35	Open red. of fracture with int. fix., femur	20	0.82
94.27	ECT	19	0.78
49.45	Ligation of hemorrhoids	15	0.62
23.19	Surgical dental extraction	14	0.58
54.11	Exploratory laparotomy	14	0.58
67.39	Cervical polypectomy)	14	0.58
08.20	Removal of lesion of eyelid, not otherwise specified	13	0.54
64.0	Circumcision	13	0.54
84.11	Amputation of toe	13	0.54
68.12	Hysteroscopy	12	0.49
81.52	Partial hip replacement (Hemiarthroplasty)	12	0.49
86.04	Other incision with drainage of skin and subcutaneous tissue (incision abscess) (sebaceous cyst)	12	0.49
68.39	Supracervical hysterectomy	11	0.45
84.17	Amputation above knee	11	0.45
86.21	Excision of pilonidal cyst or sinus	10	0.41
86.28	Non excisional local excision/debridement of wound	10	0.41

**Table 19: Number and percentage of all listed surgical procedures for discharged patients by the 24 most commonly performed procedures.**

All Surgical operations (2429 – in all) by BUPA category of operation are depicted in the following chart.



Categories are according to BUPA lists of procedures i.e. minor, intermediate, major, major+, and complex major procedures.

**Fig. 18: Numbers of all listed surgical operations by BUPA category of procedures**

Table 20 shows the distribution of all listed surgical procedures by age groups and the type of admission to hospital. Surgical Procedures on inpatients include all procedures performed on booked and emergency admissions, and unplanned readmissions to hospital. A further breakdown of all procedures performed on patients by type of admission is included at the end of this report (Tables C & D).

Age groups	Surgical Procedures on inpatients	Surgical Procedures on day cases
Under 1 year	0	1
1 - 4 years	18	2
5 - 9 years	30	4
10 - 14 years	9	13
15 - 19 years	30	21
20 - 24 years	56	50
25 - 29 years	88	56
30 - 34 years	78	70
35 - 39 years	71	62
40 - 44 years	53	102
45 - 49 years	77	123
50 - 54 years	76	185
55 - 59 years	71	139
60 - 64 years	79	164
65 - 69 years	74	122

Age groups	Surgical Procedures on inpatients	Surgical Procedures on day cases
70 - 74 years	71	109
75 - 79 years	80	86
80 - 84 years	58	34
85 - 89 years	31	19
90 - 94 years	11	4
95 years & over	2	0
Unknown age	0	0
<b>Total</b>	<b>1063</b>	<b>1366</b>

**Table 20: All listed surgical procedures by age groups and type of admission**

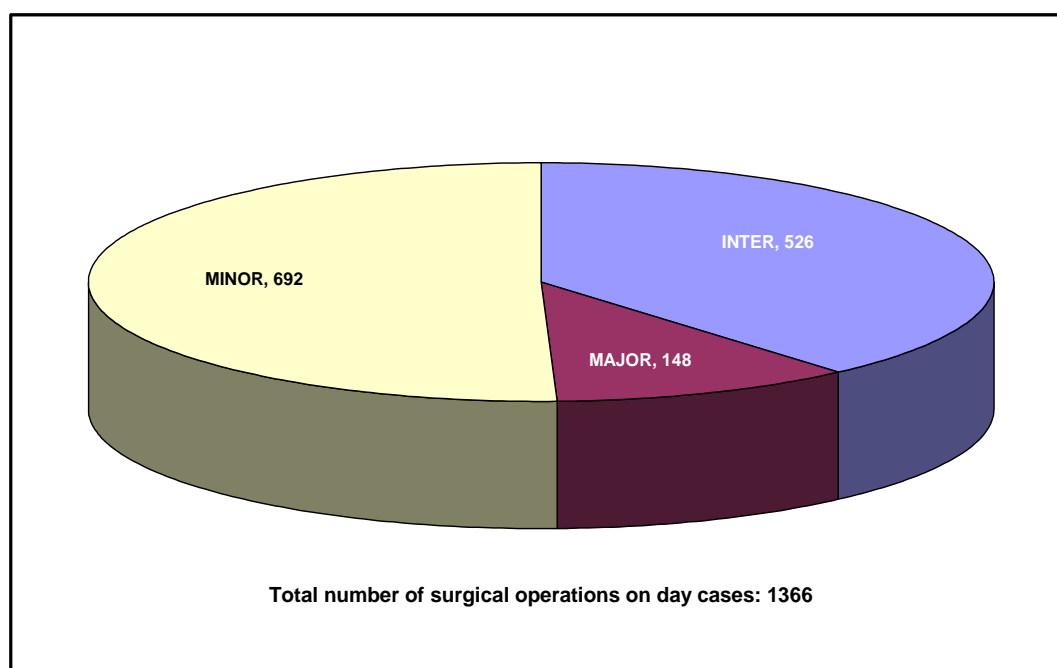
## 9.2. Day care surgical procedures

1366 surgical operations were performed on patients admitted as day care patients. These patients had one or more diagnostic or therapeutic surgical procedure recorded in the database. The 15 most common surgical procedures performed on day cases are shown in Table 21.

ICD9 – procedure code	Procedure	Numbers of procedures performed
45.23	Colonoscopy	372
86.3	Other local excision or destruction of lesion or tissue of skin and subcutaneous tissue	182
69.09	Other dilation and curettage (D&C)	143
13.19	Other intracapsular extraction of lens	139
45.16	Esophagogastroduodenoscopy with closed biopsy	92
44.13	Other gastroscopy	70
48.23	Rigid proctosigmoidoscopy (sigmoidoscopy)	62
04.43	Release of carpal tunnel	27
57.32	Other cystoscopy	25
67.39	Cervical polypectomy	14
94.27	ECT	14
08.20	Removal of lesion of eyelid, not otherwise specified	13
54.21	Laparoscopy	12
68.12	Hysteroscopy	12
69.02	Dilation and curettage following delivery or miscarriage (ERPC)	12
80.26	Arthroscopy, knee	12
49.45	Ligation of hemorrhoids	11
71.79	Other repair of vulva & perineum (includes Fenton's)	7
85.21	Local excision of lesion of breast - lumpectomy	7
08.22	Excision of other minor lesion of eyelid	6
23.19	Other surgical extraction of tooth (surgical dental extraction)	6

**Table 21: Top listed surgical procedures performed on day cases.**

The numbers of listed surgical operations performed on day cases are shown broken down by the BUPA categories of procedures in Fig. 19.



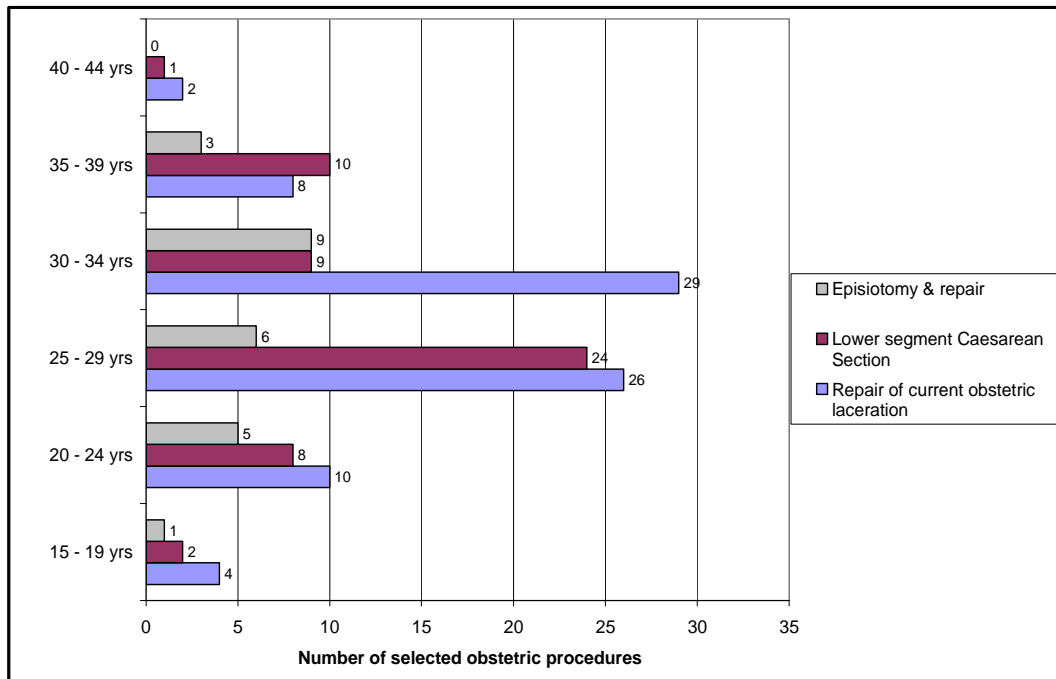
***Fig. 19: Main surgical procedures on day cases by BUPA categories of procedures***

### 9.3. Selected Procedures

Three common obstetric procedures i.e. episiotomy and repair, Caesarean section, and repair of obstetric laceration, accounted for 157 or 6.5% of all surgical procedures performed and 14.8% of surgical procedures performed on inpatients. 54 Caesarean sections were performed; of these 28 were elective procedures, 24 were emergency sections and 2 sections were for multiple pregnancies. The rate for Caesarean section per 100 deliveries was 22.5 (%). There were 10.0 episiotomies and 32.9 lacerations per 100 vaginal deliveries.

The numbers of obstetric procedures performed by procedure and age groups are depicted in Fig. 20.





**Fig. 20: Surgical Obstetric procedures performed**

Surgical procedures on the female genital tract and organs, excluding obstetric procedures, made up 368 or 15.1% of all listed surgical procedures. These procedures were performed on 360 patients. These included 24 procedures on the ovaries (ICD9 code 65), 3 procedures on the fallopian tubes, 279 procedures on the uterus and supporting structures (ICD9 codes 68 and 69), 27 procedures on the cervix (ICD9 code 67), 18 procedures on the vagina and *cul-de-sac* (ICD9 code 70), and 17 procedures on the vulva and perineum (ICD9 code 71).

35 surgical procedures on the male genital system were recorded. These comprised 3 procedures on the prostate (biopsy), 8 procedures on the scrotum and tunica vaginalis, 6 procedures on the spermatic cord, 18 operations on the penis (circumcision/division of penile adhesions). These surgical procedures were performed on 33 patients.

There were 46 recorded procedures on the urinary system. The bulk of these were procedures on the urinary bladder (37) of which 29 were cystoscopies while 7 were insertion/replacement of indwelling urinary catheters. There were 7 procedures on the urethra.

Surgical procedures on the digestive system amounted to 949 (39.1% of all surgical procedures) including diagnostic and screening endoscopies. These procedures were performed on 860 patients. There were 711 endoscopic procedures of which 423 were colonoscopies while 115 were oesophago-duodenoscopies (OGD). The most common surgical operations performed on the digestive system were inguinal hernia repair (78), umbilical hernia repair

(24 operations), appendicectomy (20 operations), laparoscopy (20), ligations of haemorrhoids (15), and exploratory laparotomy (14 operations).

The hospital activity database recorded 187 main surgical procedures on the eye. These included 24 procedures on the eyelids (ICD9 code 08), 5 procedures on the lachrymal system, 5 procedures on the cornea (mainly excision of pterygium), 1 procedure on the iris, 148 procedures on the lens (cataract extraction as main procedure and insertion of prosthetic lens as second procedure, or prosthetic lens replacement) and 3 procedures on the retina.

There were 65 recorded surgical procedures on the ear, nose, throat and mouth which were performed on 59 patients. These included 31 procedures with operations on the tonsils and adenoids, 4 procedures each on the nose and ear, and 2 procedures on the nasal sinuses. In addition, 15 dental procedures (extraction and filling) were also carried out.

184 procedures on the musculo-skeletal system were recorded. These were performed on 176 patients. These procedures made up 7.6% of all recorded surgical procedures. They included closed and open reduction of fractures in 45 patients, removal of implanted devices from bone in 5 patients, 22 knee arthroscopies, 32 knee replacements, 19 total/partial hip replacements, and 25 amputations.

#### **9.4. Non surgical procedures**

A total of 258 patients are recorded as having had a non surgical procedure during their stay at Gozo General Hospital. 100 were males and 158 were females. 23 of these patients had also an associated surgical procedure performed. 44 patients had their non surgical procedure performed at Mater Dei Hospital. Day care patients and “ward attenders” who had non surgical procedures performed on them amounted to 109.

259 non surgical procedures were recorded on the hospital activity database. 231 of these were recorded as the main procedure performed.

The most commonly non surgical procedures performed on the patients who were admitted to hospital are shown in Table 22:

ICD9 – Procedure Code	Procedure	Numbers of non surgical procedures
99.29	Injection or infusion of other therapeutic or prophylactic substance	75
87.03	Computerized axial tomography of head	37
99.04	Transfusion of packed cells	30
99.62	Other electric counter shock of heart (cardioversion, NOS)	23
99.03	Transfusion of whole blood	17
99.61	Atrial cardioversion	15
88.01	Computerized axial tomography of abdomen - CAT scan abdomen	5
87.6	Other x-ray of digestive system	2
88.6	Phlebography using contrast material, unspecified site	2
88.76	Diagnostic ultrasound of abdomen and retroperitoneum	2
87.41	Computerized axial tomography of thorax	1

**Table 22: Most common recorded non surgical procedures performed at or through Gozo General Hospital in 2009.**

A detailed list of all recorded procedures on the GGHHAA for 2009 is included in the section “Detailed Tables” at the end of the report.

## 10. Outpatient sessions ♦

There were a total of 43517 outpatient episodes at Gozo General Hospital throughout 2009. 11542 appointments involved new cases (referrals) and 31975 were follow-up appointments.

Clinic	New Cases	Follow ups	Totals
Medical	698	2136	2834
Diabetic	32	1364	1396
ACC	9	1485	1494
Schedule V	803	686	1489
Non Formulary	1460	793	2253
Dietician	10	8	18
VCC	0	149	149
Pace Maker	0	169	169
Acupuncture	145	734	879
Dental	2831	4054	6885
ENT	692	655	1347
Audiogram	0	146	146
Surgical	1006	1958	2964
Orthopaedic	710	931	1641
Dermatology	347	642	989
Antenatal	176	810	986
Gynaecology	544	813	1357
Paediatric	279	1043	1322
Podology	383	5095	5478
Radiotherapy	65	665	730
Ophthalmic	1026	1890	2916
Speech therapy	238	4337	4575
Psychiatric	88	1412	1500
<b>Totals</b>	<b>11542</b>	<b>31975</b>	<b>43517</b>

\* Visiting Consultant Clinic. Also used for "cardiac" patients.

**Table 23: Breakdown of outpatients' appointments for Gozo General Hospital throughout 2009 by clinic and category of appointment**

♦ Data on outpatients is not stored in the database on hospital activity. The figures in the outpatients' appointments table were supplied by Gozo General Hospital.

## 11. Detailed Tables

The numbers of all discharges from Gozo General Hospital for 2009, and bed days (LOS), by main discharge diagnosis according to ICD10 classification and type of admission are shown in the following table. The listed main diagnoses are in the format of the International Shortlist for Hospital Morbidity Tabulation (ISHMT) prepared by EUROSTAT, OECD and WHO. (Please note that the sections of Table A which are in bold black characters are further broken down into the respective diagnoses as they are entered in the database. The “break down” sections are in italics.)

Main Diagnosis	ICD-10 Code	Inpatients	Day Cases & “Ward Attenders”	Hospital Stay
<b>Certain infectious and parasitic diseases</b>	<b>A00-B99</b>	<b>25</b>	<b>5</b>	<b>109</b>
<i>Intestinal infectious diseases except diarrhoea</i>	<i>A00-A08</i>	2	0	5
<i>Diarrhoea and gastroenteritis of presumed infectious origin</i>	<i>A09</i>	0	0	0
<i>Tuberculosis</i>	<i>A15-A19, B90</i>	0	0	0
<i>Septicaemia</i>	<i>A40-A41</i>	4	0	50
<i>Human immunodeficiency virus [HIV] disease</i>	<i>B20-B24</i>	0	0	0
<i>Other infectious and parasitic diseases</i>	<i>remainder of A00-B99</i>	19	5	54
<b>Neoplasms</b>	<b>C00-D48</b>	<b>171</b>	<b>63</b>	<b>1315</b>
<i>Malignant neoplasm of colon, rectum and anus</i>	<i>C18-C21</i>	29	1	281
<i>Malignant neoplasm of trachea, bronchus and lung</i>	<i>C33-C34</i>	19	1	166
<i>Malignant neoplasm of skin</i>	<i>C43-C44</i>	2	2	11
<i>Malignant neoplasm of breast</i>	<i>C50</i>	15	14	75
<i>Malignant neoplasm of uterus</i>	<i>C53-C55</i>	8	0	50
<i>Malignant neoplasm of ovary</i>	<i>C56</i>	5	0	83
<i>Malignant neoplasm of prostate</i>	<i>C61</i>	0	0	0
<i>Malignant neoplasm of bladder</i>	<i>C67</i>	7	1	67
<i>Other malignant neoplasm</i>	<i>remainder of C00-C97</i>	38	5	424
<i>Carcinoma in situ</i>	<i>D00-D09</i>	0	0	0
<i>Benign neoplasm of colon, rectum and anus</i>	<i>D12</i>	0	0	0
<i>Leiomyoma of uterus</i>	<i>D25</i>	34	1	130
<i>Other benign neoplasms and neoplasms of uncertain or unknown behaviour</i>	<i>remainder of D00-D48</i>	14	38	28
<b>Diseases of the blood and blood forming organs and certain disorders involving the immune mechanism</b>	<b>D50-D89</b>	<b>49</b>	<b>39</b>	<b>230</b>
<i>Anaemia</i>	<i>D50-D64</i>	48	36	224

Main Diagnosis	ICD-10 Code	Inpatients	Day Cases & "Ward Attenders"	Hospital Stay
<i>Other diseases of the blood and blood forming organs and certain disorders involving the immune mechanism</i>	<i>D65-D89</i>	1	3	6
<b>Endocrine, nutritional and metabolic diseases</b>	<b>E00-E90</b>	<b>137</b>	<b>1</b>	<b>696</b>
<i>Diabetes mellitus</i>	<i>E10-E14</i>	62	0	340
<i>Other endocrine, nutritional and metabolic diseases</i>	<i>remainder of E00-E90</i>	75	1	356
<b>Mental and behavioural disorders</b>	<b>F00-F99</b>	<b>265</b>	<b>63</b>	<b>2096</b>
<i>Dementia</i>	<i>F00-F03</i>	6	0	53
<i>Mental and behavioural disorders due to alcohol</i>	<i>F10</i>	26	0	74
<i>Mental and behavioural disorders due to use of other psychoactive substances</i>	<i>F11-F19</i>	5	0	24
<i>Schizophrenia, schizotypal and delusional disorders</i>	<i>F20-F29</i>	89	49	538
<i>Mood [affective] disorders</i>	<i>F30-F39</i>	89	14	1036
<i>Other mental and behavioural disorders</i>	<i>remainder of F00-F99</i>	50	0	371
<b>Diseases of the nervous system</b>	<b>G00-G99</b>	<b>58</b>	<b>30</b>	<b>226</b>
<i>Alzheimer's disease</i>	<i>G30</i>	0	0	0
<i>Multiple sclerosis</i>	<i>G35</i>	2	5	20
<i>Epilepsy</i>	<i>G40-G41</i>	17	0	60
<i>Transient cerebral ischaemic attacks and related syndromes</i>	<i>G45</i>	20	0	68
<i>Other diseases of the nervous system</i>	<i>remainder of G00-G99</i>	19	25	78
<b>Diseases of the eye and adnexa</b>	<b>H00-H59</b>	<b>15</b>	<b>174</b>	<b>25</b>
<i>Cataract</i>	<i>H25-H26, H28</i>	7	139	11
<i>Other diseases of the eye and adnexa</i>	<i>remainder of H00-H59</i>	8	35	14
<b>Diseases of the ear and mastoid process</b>	<b>H60-H95</b>	<b>7</b>	<b>1</b>	<b>12</b>
<b>Diseases of the circulatory system</b>	<b>I00-I99</b>	<b>368</b>	<b>22</b>	<b>1876</b>
<i>Hypertensive diseases</i>	<i>I10-I15</i>	11	0	55
<i>Angina pectoris</i>	<i>I20</i>	11	0	44
<i>Acute myocardial infarction</i>	<i>I21-I22</i>	28	0	117

Main Diagnosis	ICD-10 Code	Inpatients	Day Cases & "Ward Attenders"	Hospital Stay
<i>Other ischaemic heart disease</i>	I23-I25	22	0	95
<i>Pulmonary heart disease &amp; diseases of pulmonary circulation</i>	I26-I28	7	0	41
<i>Conduction disorders and cardiac arrhythmias</i>	I44-I49	87	12	239
<i>Heart failure</i>	I50	76	0	419
<i>Cerebrovascular diseases</i>	I60-I69	51	0	391
<i>Atherosclerosis</i>	I70	0	0	0
<i>Varicose veins of lower extremities</i>	I83	13	0	37
<i>Other diseases of the circulatory system</i>	remainder of I00-I99	62	10	438
<b>Diseases of the respiratory system</b>	<b>J00-J99</b>	<b>493</b>	<b>7</b>	<b>3049</b>
<i>Acute upper respiratory infections and influenza</i>	J00-J11	80	0	198
<i>Pneumonia</i>	J12-J18	41	0	375
<i>Other acute lower respiratory infections</i>	J20-J22	239	0	1791
<i>Chronic diseases of tonsils and adenoids</i>	J35	16	0	26
<i>Other diseases of upper respiratory tract</i>	J30-J34, J36-J39	6	4	8
<i>Chronic obstructive pulmonary disease and bronchiectasis</i>	J40-J44, J47	50	0	274
<i>Asthma</i>	J45-J46	17	0	56
<i>Other diseases of the respiratory system</i>	J60-J99	44	3	321
<b>Diseases of the digestive system</b>	<b>K00-K93</b>	<b>564</b>	<b>262</b>	<b>2014</b>
<i>Disorders of teeth and supporting structures</i>	K00-K08	8	7	26
<i>Other diseases of oral cavity, salivary glands and jaws</i>	K09-K14	4	5	41
<i>Diseases of oesophagus</i>	K20-K23	5	3	22
<i>Peptic ulcer</i>	K25-K28	5	1	50
<i>Dyspepsia and other diseases of stomach and duodenum</i>	K29-K31	61	90	152
<i>Diseases of appendix</i>	K35-K38	20	0	113
<i>Inguinal hernia</i>	K40	76	0	173
<i>Other abdominal hernia</i>	K41-K46	28	0	108
<i>Crohn's disease and ulcerative colitis</i>	K50-K51	3	6	22
<i>Other noninfective gastroenteritis and colitis</i>	K52	137	10	413
<i>Paralytic ileus and intestinal obstruction without hernia</i>	K56	14	0	106



Main Diagnosis	ICD-10 Code	Inpatients	Day Cases & "Ward Attenders"	Hospital Stay
<i>Diverticular disease of intestine</i>	<i>K57</i>	12	5	68
<i>Diseases of anus and rectum</i>	<i>K60-K62</i>	38	116	81
<i>Other diseases of intestine</i>	<i>K55, K58-K59, K63</i>	68	13	158
<i>Alcoholic liver disease</i>	<i>K70</i>	6	0	44
<i>Other diseases of liver</i>	<i>K71-K77</i>	8	0	28
<i>Cholelithiasis</i>	<i>K80</i>	17	0	81
<i>Other diseases of gall bladder and biliary tract</i>	<i>K81-K83</i>	20	0	104
<i>Diseases of pancreas</i>	<i>K85-K87</i>	11	0	128
<i>Other diseases of the digestive system</i>	<i>remainder of K00-K93</i>	23	6	96
<b>Diseases of the skin and subcutaneous tissue</b>	<b>L00-L99</b>	<b>82</b>	<b>123</b>	<b>1073</b>
<i>Infections of the skin and subcutaneous tissue</i>	<i>L00-L08</i>	57	5	431
<i>Dermatitis, eczema and papulosquamous disorders</i>	<i>L20-L45</i>	2	0	7
<i>Other diseases of the skin and subcutaneous tissue</i>	<i>remainder of L00-L99</i>	23	118	635
<b>Diseases of the musculoskeletal system and connective tissue</b>	<b>M00-M99</b>	<b>121</b>	<b>65</b>	<b>602</b>
<i>Coxarthrosis [arthrosis of hip]</i>	<i>M16</i>	8	0	71
<i>Gonarthrosis [arthrosis of knee]</i>	<i>M17</i>	32	1	277
<i>Internal derangement of knee</i>	<i>M23</i>	0	1	0
<i>Other arthropathies</i>	<i>M00-M15, M18-M22, M24-M25</i>	23	15	59
<i>Systemic connective tissue disorders</i>	<i>M30-M36</i>	0	0	0
<i>Deforming dorsopathies and spondylopathies</i>	<i>M40-M49</i>	2	0	20
<i>Intervertebral disc disorders</i>	<i>M50-M51</i>	1	0	5
<i>Dorsalgia</i>	<i>M54</i>	31	0	118
<i>Soft tissue disorders</i>	<i>M60-M79</i>	19	14	38
<i>Other disorders of the musculoskeletal system and connective tissue</i>	<i>M53, M80-M99</i>	5	34	14
<b>Diseases of the genitourinary system</b>	<b>N00-N99</b>	<b>287</b>	<b>210</b>	<b>1005</b>
<i>Glomerular and renal tubulo-interstitial diseases</i>	<i>N00-N16</i>	8	0	29
<i>Renal failure</i>	<i>N17-N19</i>	14	0	114
<i>Urolithiasis</i>	<i>N20-N23</i>	61	1	156

Main Diagnosis	ICD-10 Code	Inpatients	Day Cases & "Ward Attenders"	Hospital Stay
<i>Other diseases of the urinary system</i>	<i>N25-N39</i>	63	3	305
<i>Hyperplasia of prostate</i>	<i>N40</i>	3	0	20
<i>Other diseases of male genital organs</i>	<i>N41-N51</i>	32	3	54
<i>Disorders of breast</i>	<i>N60-N64</i>	15	10	33
<i>Inflammatory diseases of female pelvic organs</i>	<i>N70-N77</i>	5	3	30
<i>Menstrual, menopausal and other female genital conditions</i>	<i>N91-N95</i>	27	130	69
<i>Other disorders of the genitourinary system</i>	<i>remainder of N00-N99</i>	59	60	195
<b>Pregnancy, childbirth and the puerperium</b>	<b>O00-O99</b>	<b>297</b>	<b>11</b>	<b>816</b>
<i>Medical miscarriage</i>	<i>O04</i>	0	0	0
<i>Other pregnancy with miscarriage</i>	<i>O00-O03, O05-O08</i>	21	9	32
<i>Complications of pregnancy predominantly in the antenatal period</i>	<i>O10-O48</i>	35	1	75
<i>Complications of pregnancy predominantly during labour and delivery</i>	<i>O60-O75</i>	0	1	0
<i>Single spontaneous delivery</i>	<i>O80</i>	185	0	460
<i>Other delivery</i>	<i>O81-O84</i>	55	0	247
<i>Complications predominantly related to the puerperium</i>	<i>O85-O92</i>	1	0	2
<i>Other obstetric conditions</i>	<i>O94*, O95-O99</i>	0	0	0
<b>Certain conditions originating in the perinatal period</b>	<b>P00-P96</b>	<b>7</b>	<b>0</b>	<b>36</b>
<i>Disorders related to short gestation and low birth weight</i>	<i>P07</i>	3	0	27
<i>Other conditions originating in the perinatal period</i>	<i>remainder of P00-P96</i>	4	0	9
<b>Congenital malformations, deformations and chromosomal abnormalities</b>	<b>Q00-Q99</b>	<b>2</b>	<b>1</b>	<b>8</b>
<b>Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified</b>	<b>R00-R99</b>	<b>728</b>	<b>208</b>	<b>2629</b>
<i>Pain in throat and chest</i>	<i>R07</i>	191	0	476
<i>Abdominal and pelvic pain</i>	<i>R10</i>	198	103	566
<i>Unknown and unspecified causes of morbidity (incl. those without a diagnosis)</i>	<i>R69</i>	0	0	0

Main Diagnosis	ICD-10 Code	Inpatients	Day Cases & "Ward Attenders"	Hospital Stay
<i>Other symptoms, signs and abnormal clinical and laboratory findings</i>	<i>remainder of R00-R99</i>	339	105	1587
<b>Injury, poisoning and certain other consequences of external causes</b>	<b>S00-T98</b>	<b>334</b>	<b>14</b>	<b>1492</b>
<i>Intracranial injury</i>	<i>S06</i>	0	0	0
<i>Other injuries to the head</i>	<i>S00-S05, S07-S09</i>	109	1	248
<i>Fracture of forearm</i>	<i>S52</i>	4	1	17
<i>Fracture of femur</i>	<i>S72</i>	35	0	465
<i>Fracture of lower leg, including ankle</i>	<i>S82</i>	16	0	85
<i>Other injuries</i>	<i>S10-S51, S53-S71, S73-S81, S83-T14, T79</i>	76	10	325
<i>Burns and corrosions</i>	<i>T20-T32</i>	1	1	53
<i>Poisonings by drugs, medicaments and biological substances and toxic effects of substances chiefly non medicinal as to source</i>	<i>T36-T65</i>	27	0	78
<i>Complications of surgical and medical care, not elsewhere classified</i>	<i>T80-T88</i>	31	1	174
<i>Sequelae of injuries, of poisoning and of other consequences of external causes</i>	<i>T90-T98</i>	0	0	0
<i>Other and unspecified effects of external causes</i>	<i>remainder of S00-T98</i>	35	0	47
<b>Factors influencing health status and contact with health services</b>	<b>Z00-Z99</b>	<b>355</b>	<b>174</b>	<b>1340</b>
<i>Medical observation and evaluation for suspected diseases and conditions</i>	<i>Z03</i>	2	1	9
<i>Contraceptive management</i>	<i>Z30</i>	1	4	0
<i>Live born infants according to place of birth ("healthy newborn babies")</i>	<i>Z38</i>	241	0	667
<i>Other medical care (including radiotherapy and chemotherapy sessions)</i>	<i>Z51</i>	1	0	2
<i>Other factors influencing health status and contact with health services</i>	<i>remainder of Z00-Z99</i>	110	169	662
<b>All causes</b>	<b>A00-Z99 (excluding V, W, X and Y codes)</b>	<b>4365</b>	<b>1473</b>	<b>20649</b>

**Table A: All episode diagnoses according to ISHMT listed in GGHHAA for 2009 by mode of admission and hospital days (LOS).**

The following table shows the surgical procedures performed by the method or category of admission, age groups, and gender. Numbers refer to all surgical procedures listed in the database. Procedures on inpatients include those under categories of admission listed as: booked admissions, emergency admissions, and unplanned readmissions.

Age Group	Booked/Elective Admissions		Emergency Admissions		Day care Admissions & "Ward Attenders"		Unplanned Readmissions		Unspecified Method of Admission		TOTAL
	M	F	M	F	M	F	M	F	M	F	
Under 1 yr	0	0	0	0	1	0	0	0	0	0	1
1 - 4 yrs.	9	7	2	0	1	1	0	0	0	0	20
5 - 9 yrs.	20	5	1	4	1	3	0	0	0	0	34
10 - 14 yrs.	5	1	2	1	7	6	0	0	0	0	22
15 - 19 yrs.	5	14	5	6	9	12	0	0	0	0	51
20 - 24 yrs.	8	28	11	9	29	21	0	0	0	0	106
25 - 29 yrs.	9	56	4	17	29	27	0	0	2	0	144
30 - 34 yrs.	4	50	2	21	27	43	0	1	0	0	148
35 - 39 yrs.	17	47	2	5	21	41	0	0	0	0	133
40 - 44 yrs.	14	26	11	1	41	62	0	0	0	0	155
45 - 49 yrs.	17	41	12	7	48	75	0	0	0	0	200
50 - 54 yrs.	16	36	18	6	65	120	0	0	0	0	261
55 - 59 yrs.	18	31	11	10	56	83	0	1	0	0	210
60 - 64 yrs.	24	27	16	11	74	91	0	0	0	0	243
65 - 69 yrs.	22	24	17	10	53	69	1	0	0	0	196
70 - 74 yrs.	20	23	15	12	51	58	0	0	0	1	180
75 - 79 yrs.	16	22	20	21	30	56	0	1	0	0	166
80 - 84 yrs.	12	12	13	18	16	18	0	3	0	0	92
85 - 89 yrs.	8	2	6	13	7	12	0	2	0	0	50
90 - 94 yrs.	1	1	2	6	1	3	1	0	0	0	15
95 yrs. & over	0	0	0	2	0	0	0	0	0	0	2
Unknown age	0	0	0	0	0	0	0	0	0	0	0
<b>Total</b>	<b>245</b>	<b>453</b>	<b>170</b>	<b>180</b>	<b>567</b>	<b>801</b>	<b>2</b>	<b>8</b>	<b>2</b>	<b>1</b>	<b>2429</b>

**Table B: All surgical procedures listed in GGHAA for 2009 by age groups, gender and category/method of admission to hospital.**

Table C lists all the procedures recorded in the GGHHAA database for 2009 for all completed episodes of care by ICD9 CM procedures codes, and method or category of admission.

ICD9 Code	Procedure	Booked Episodes	Emergency Episodes	Unplanned Readms	Day Care Episodes & "W.A."	Unspecified M.O.A.	TOTAL
04.43	Release of carpal tunnel	0	0	0	27	0	27
06.2	Unilateral thyroid lobectomy	7	0	0	0	0	7
06.39	Other operations on the thyroid gland (subtotal)	1	0	0	0	0	1
08.2	Removal of lesion of eyelid, not otherwise specified	0	0	0	1	0	1
08.20	Removal of lesion of eyelid, not otherwise specified	0	0	0	13	0	13
08.21	Excision of chalazion	1	0	0	0	0	1
08.22	Excision of other minor lesion of eyelid	0	0	0	6	0	6
08.25	Destruction of lesion of eyelid	0	0	0	2	0	2
08.41	Repair of entropion or ectropion by thermocauterization	0	0	0	1	0	1
09.43	Probing of nasolacrimal duct	0	0	0	1	0	1
09.49	Other manipulation of lacrimal passage (LSWO)	0	0	0	4	0	4
10.31	Excision of lesion or tissue of conjunctiva	0	0	0	1	0	1
11.39	Other excision of pterygium	0	0	0	5	0	5
12.99	Other operations on anterior chamber	0	0	0	1	0	1
13.19	Other intracapsular extraction of lens	7	0	0	139	0	146
13.72	Secondary insertion of intraocular lens prosthesis	0	0	0	1	0	1
13.9	Other operations on Intraocular Lens (Repositioning of lens)	0	0	0	1	0	1
14.5	Other repair of retinal detachment	1	0	0	0	0	1
14.54	Repair of retinal tear with laser photocoagulation	1	0	0	0	0	1
14.59	Insertion/Reinsertion of gas for retinal detachment	1	0	0	0	0	1
18.29	Excision or destruction of other lesion of external ear	1	0	0	1	0	2
20.09	Other myringotomy	1	0	0	1	0	2
21.31	Local excision or destruction of intranasal lesion (nasal polypectomy)	2	0	0	1	0	3
21.69	Other turbinectomy	1	0	0	0	0	1
22.00	Aspiration and lavage of nasal sinus, not otherwise specified (BAWO)	0	0	0	2	0	2
23.19	Other surgical extraction of tooth (surgical dental extraction)	6	4	0	6	0	16
23.2	Restoration of tooth by filling	0	0	0	1	0	1
25.1	Excision or destruction of lesion or tissue of tongue	0	0	0	1	0	1

ICD9 Code	Procedure	Booked Episodes	Emergency Episodes	Unplanned Readms	Day Care Episodes & "W.A."	Unspecified M.O.A.	TOTAL
27.0	Drainage of face and floor of mouth	1	0	0	0	0	1
27.22	Biopsy of uvula & soft palate	0	0	0	1	0	1
27.43	Other excision of lesion or tissue of lip	2	0	0	3	0	5
28.2	Tonsillectomy without adenoidectomy	6	1	0	0	0	7
28.3	Tonsillectomy with adenoidectomy	20	0	0	0	0	20
28.6	Adenoidectomy without tonsillectomy	4	0	0	0	0	4
29.11	Pharyngoscopy	0	0	0	1	0	1
33.22	Endoscopic bronchoscopy	2	1	1	4	0	8
34.01	Incision of chest wall (drainage of paravertebral abscess)	0	3	0	0	0	3
34.04	Insertion of intercostal catheter for drainage	1	1	0	0	0	2
34.09	Other incision of pleura	0	4	0	0	0	4
34.4	Excision or destruction of lesion of chest wall	0	0	0	2	0	2
36.09	Other removal of coronary artery obstruction - coronary angioplasty NOS	0	4	0	0	0	4
36.1	Aortocoronary bypass for heart revascularization, not otherwise specified	0	1	0	0	0	1
37.76	Replacement of transvenous atrial and / or ventricular lead(s) electrodes	0	2	0	0	0	2
37.78	Insertion of temporary transvenous pacemaker system	0	0	1	0	0	1
37.8	Insertion of pacemaker, type of device not specified (box change)	1	1	0	0	0	2
37.80	Insertion of pacemaker, type of device not specified (box change)	6	3	0	0	0	9
37.85	Replacement of any type pacemaker device with single-chamber device, not specified as rate responsive	1	0	0	0	0	1
37.87	Replacement of any type pacemaker device with dual chamber device	1	0	0	0	0	1
37.89	Revision or removal of pacemaker device	0	0	0	1	0	1
38.18	Endarectomy/embolectomy femoral artery	0	1	0	0	0	1
38.5	Ligation and stripping of varicose veins	7	2	0	0	0	9
38.59	Ligation and stripping of varicose veins (lower limb veins)	4	0	0	0	0	4
40.11	Biopsy of lymphatic structure	0	0	0	2	0	2
40.21	Excision of deep cervical lymph node	0	0	0	1	0	1
40.23	Excision of axillary lymph node	1	1	0	0	0	2
40.24	Excision of inguinal lymph node	1	0	0	0	0	1
40.29	Simple excision of other lymphatic structure	2	0	0	0	0	2
41.31	Biopsy of bone marrow	0	0	0	3	0	3

ICD9 Code	Procedure	Booked Episodes	Emergency Episodes	Unplanned Readms	Day Care Episodes & "W.A."	Unspecified M.O.A.	TOTAL
43.11	Percutaneous (endoscopic) gastrostomy (PEG)	2	3	1	0	0	6
43.99	Other total gastrectomy	1	1	0	0	0	2
44.13	Other gastroscopy	1	11	1	70	0	83
44.42	Suture of duodenal ulcer site	0	1	0	0	0	1
45.13	Other endoscopy of small intestine (OGD)	0	1	0	0	0	1
45.16	Esophagogastroduodenoscopy with closed biopsy	7	18	0	92	0	117
45.23	Colonoscopy	18	32	2	372	0	424
45.25	Closed (endoscopic) biopsy of large intestine	0	0	0	1	0	1
45.76	Sigmoidectomy (low anterior resection)	0	1	0	0	0	1
46.03	Exteriorization of large intestine (loop colostomy)	0	3	0	0	0	3
46.73	Suture of laceration of small intestine, except duodenum	2	0	0	0	0	2
47.09	Other appendectomy	0	20	0	0	0	20
48.23	Rigid proctosigmoidoscopy (sigmoidoscopy)	19	11	0	62	0	92
48.49	Other pull through resection of rectum (Swenson's)	1	0	0	0	0	1
48.5	Abdominoperineal resection of rectum	1	2	0	0	0	3
49.01	Incision of perianal abscess	1	6	0	2	0	9
49.03	Excision of perinal skin tags	1	0	0	0	0	1
49.12	Anal fistulectomy	0	0	0	1	0	1
49.31	Endoscopic excision or destruction of lesion of tissue of anus (polypectomy)	1	0	0	0	0	1
49.39	Other local excision or destruction of lesion or tissue of anus	1	0	0	0	0	1
49.45	Ligation of hemorrhoids	2	2	0	11	0	15
49.46	Excision of hemorrhoids	7	3	0	0	0	10
49.59	Other anal sphincterotomy	3	0	0	0	0	3
50.11	Closed (percutaneous) (needle) biopsy of liver	1	0	0	0	0	1
51.22	Cholecystectomy (excludes laparoscopic cholecystectomy)	6	0	0	0	0	6
53.00	Unilateral repair of inguinal hernia, not otherwise specified	69	3	0	0	0	72
53.1	Bilateral repair of inguinal hernia, not otherwise specified	1	0	0	0	0	1
53.10	Bilateral repair of inguinal hernia, not otherwise specified	5	0	0	0	0	5
53.29	Other unilateral femoral herniorraphy	0	2	0	0	0	2
53.4	Repair of umbilical hernia	6	4	0	0	1	11
53.49	Other umbilical herniorraphy (includes Mayo's)	11	2	0	0	0	13

ICD9 Code	Procedure	Booked Episodes	Emergency Episodes	Unplanned Readmits	Day Care Episodes & "W.A."	Unspecified M.O.A.	TOTAL
53.51	Incisional hernia repair	6	0	0	0	0	6
54.11	Exploratory laparotomy (EXCLUDES LAPAROTOMY AS AN APPROACH)	9	6	0	0	0	15
54.21	Laparoscopy	8	0	0	12	0	20
54.5	Lysis of peritoneal adhesions	0	3	0	0	0	3
54.91	Percutaneous abdominal drainage	0	0	2	3	0	5
56.33	Closed endoscopic biopsy of ureter	0	0	1	0	0	1
57.18	Other Suprapubic cystostomy	1	0	0	0	0	1
57.32	Other cystoscopy	1	3	0	25	0	29
57.94	Insertion of indwelling catheter	0	3	0	1	0	4
57.95	Replacement of indwelling catheter	1	1	0	1	0	3
58.39	Other local excision or destruction of lesion or tissue of urethra	1	0	0	1	0	2
58.6	Dilation of urethra	5	0	0	0	0	5
59.19	Other incision of perivesical tissue	0	1	0	0	0	1
60.11	Closed (percutaneous) (needle) biopsy of prostate	3	0	0	0	0	3
61.2	Excision of hydrocele (of tunica vaginalis)	6	2	0	0	0	8
63.1	Excision of other lesion or tissue of spermatic cord and epididymis	3	0	0	0	0	3
63.2	Excision of cyst of epididymis	2	0	0	0	0	2
63.52	Reduction of torsion of testes or spermatic cord	0	1	0	0	0	1
64.0	Circumcision	10	0	0	3	0	13
64.91	Dorsal or lateral slit of prepuce	3	0	0	0	0	3
64.93	Division of penile adhesions	1	0	0	1	0	2
65.11	Aspiration biopsy of ovary	1	0	0	0	0	1
65.21	Marsupialization of ovarian cyst	3	0	0	0	0	3
65.22	Wedge resection of ovary	4	0	0	0	0	4
65.25	Other laparoscopic local excision or destruction of ovary	0	1	0	0	0	1
65.39	Other unilateral oophorectomy	6	1	0	0	0	7
65.49	Other unilateral salpingo-oophorectomy	3	3	0	0	0	6
65.89	Other lysis of adhesions of ovary & fallopian tube	1	0	0	0	0	1
65.91	Aspiration of ovary	0	0	0	1	0	1
66.4	Total unilateral salpingectomy	0	2	0	0	0	2
66.62	Salpingectomy with removal of tubal pregnancy	0	1	0	0	0	1
67.11	Endocervical biopsy	0	0	0	1	0	1
67.12	Other cervical biopsy (pipelle)	0	0	0	1	0	1



ICD9 Code	Procedure	Booked Episodes	Emergency Episodes	Unplanned Readms	Day Care Episodes & "W.A."	Unspecified M.O.A.	TOTAL
67.32	Destruction of lesion of cervix by cauterization (cautery cervix) (LLETZ)	0	0	0	3	0	3
67.39	Other excision or destruction of lesion or tissue of cervix (cervical polypectomy)	0	0	0	14	0	14
67.59	Other repair of internal cervical os - Cerclage of isthmus uteri, McDonald operation, Shirodkar operation, Transvaginal cerclage	5	1	0	2	0	8
68.12	Hysteroscopy	0	0	0	12	0	12
68.29	Other excision or destruction of lesion of uterus	4	0	0	0	0	4
68.3	Subtotal abdominal hysterectomy	1	0	0	0	0	1
68.39	Other subtotal abdominal hysterectomy, NOS - supracervical hysterectomy	11	0	0	0	0	11
68.4	Total abdominal hysterectomy	56	1	0	0	0	57
68.59	Other vaginal hysterectomy	4	0	0	0	0	4
69.02	Dilation and curettage following delivery or miscarriage (ERPC)	4	13	1	12	0	30
69.09	Other dilation and curettage (D&C)	11	2	0	143	0	156
69.22	Other uterine suspension	4	0	0	0	0	4
70.21	Vaginoscopy (colposcopy)	0	0	0	4	0	4
70.22	Culdoscopy	0	0	0	1	0	1
70.33	Excision or destruction of lesion of vagina (includes vaginal warts)	0	0	0	3	0	3
70.79	Other repair of vagina (PFR, unspecified)	10	0	0	0	0	10
71.11	Biopsy of vulva	0	0	0	2	0	2
71.13	#N/A	0	0	0	1	0	1
71.24	Excision or other destruction of Bartholin's gland (cyst)	0	0	0	1	0	1
71.3	Other local excision or destruction of vulva and perineum	1	0	0	5	0	6
71.79	Other repair of vulva & perineum (includes Fenton's)	0	0	0	7	0	7
72.71	Vacuum extraction with episiotomy	1	0	0	0	0	1
73.4	Medical induction of labor	5	0	0	0	0	5
73.6	Episiotomy	21	3	0	0	0	24
74.1	Low cervical cesarean section (LSCS)	47	9	0	0	0	56
74.3	Removal of extratubal ectopic pregnancy	0	1	0	0	0	1
75.4	Manual removal of retained placenta	1	0	0	0	0	1
75.69	Repair of other current obstetric laceration	72	13	0	0	0	85
77.51	Bunionectomy with soft tissue correction and osteotomy of the first metatarsal	2	0	0	0	0	2
77.59	Other Bunionectomy	2	0	0	0	0	2

ICD9 Code	Procedure	Booked Episodes	Emergency Episodes	Unplanned Readms	Day Care Episodes & "W.A."	Unspecified M.O.A.	TOTAL
77.61	Local excision of lesion or tissue of bone: scapular, clavicle & thorax	1	0	0	0	0	1
78.13	Application of external fixation device, radius and ulna	0	1	0	0	0	1
78.6	Removal of implanted devices from bone, unspecified site	0	0	0	1	0	1
78.63	Removal of implanted devices from bone, radius and ulna	0	0	0	1	0	1
78.65	Removal of implanted devices from bone, femur	0	1	0	0	0	1
78.67	Removal of implanted devices from bone, tibia and fibula	1	0	0	1	0	2
79.01	Closed red. Of # without int. fix., humerus	0	0	0	1	0	1
79.02	Closed red. of # without int. fix., radius and ulna	0	2	0	0	0	2
79.03	Closed red. of # without int. fix., carpals & metacarpals	0	2	0	0	0	2
79.06	Closed red. of # without int. fix., tibia and fibula	0	4	0	0	0	4
79.16	Closed red. of # with int. fix., tibia and fibula	0	1	0	0	0	1
79.3	Open red. of # with int. fix., unspecified site	0	1	0	0	0	1
79.31	Open red. of # with int. fix., humerus	1	0	0	0	0	1
79.32	Open red. of # with int. fix., radius and ulnar	0	2	0	0	0	2
79.33	Open red. of # with int. fix., carpals and metacarpals	1	0	0	1	0	2
79.35	Open red. of # with int. fix., femur (incl. DHS, DCS, IM/IL nail, cannulated screws, condylar plate)	0	20	0	0	0	20
79.36	Open red. of # with int. fix., tibia and fibula	0	8	0	0	0	8
79.38	Open red. of # with int. fix., phalanges of foot	0	1	0	0	0	1
80.26	Arthroscopy, knee	8	0	0	12	2	22
80.44	Division of joint capsule, ligament, or cartilage, finger and hand	0	0	0	1	0	1
80.6	Excision of semilunar cartilage of knee	0	0	0	1	0	1
81.40	Repair of hip, not elsewhere classified (acetabuloplasty)	0	1	0	0	0	1
81.45	Other repair of joint of the cruciate ligaments	2	0	0	0	0	2
81.51	Total hip replacement	6	0	0	0	0	6
81.52	Partial hip replacement (Hemi)	1	14	0	0	0	15
81.53	Revision of hip replacement	0	1	0	0	0	1
81.54	Total knee replacement	31	1	0	0	0	32
81.93	Suture of capsule or ligament of upper extremity	0	0	0	1	0	1
82.01	Exploration of tendon sheath of hand	0	0	0	3	0	3

ICD9 Code	Procedure	Booked Episodes	Emergency Episodes	Unplanned Readms	Day Care Episodes & "W.A."	Unspecified M.O.A.	TOTAL
82.09	Other incision of soft tissue of hand (exploration/removal foreign body/I&D-hand / digits / thumb)	0	1	0	4	0	5
82.21	Excision of lesion of tendon sheath of hand including ganglion	1	0	0	4	0	5
82.35	Other fasciectomy of hand	2	0	0	0	0	2
82.45	Other suture of other tendon of hand	0	1	0	1	0	2
82.99	Other operations on muscle, tendon, and fascia of hand	0	0	0	1	0	1
83.13	Other tenotomy	1	0	0	0	0	1
83.31	Excision of lesion of tendon sheath (excision ganglion - except of hand)	0	0	0	2	0	2
83.64	Other suture of tendon	0	1	0	0	0	1
83.99	Other operations on muscle, tendon , fascia, and bursa	0	0	0	1	0	1
84.01	Amputation and disarticulation of finger	0	1	0	0	0	1
84.11	Amputation of toe	3	10	0	0	0	13
84.17	Amputation above knee	1	10	0	0	0	11
84.3	Revision of amputation stump	0	1	0	0	0	1
85.0	Mastotomy of breast Abscess	0	1	0	1	0	2
85.11	Closed (percutaneous) (needle/trucut) biopsy of breast	0	0	0	2	0	2
85.20	Excision or destruction of breast tissue NOS	0	0	0	1	0	1
85.21	Local excision of lesion of breast - lumpectomy	16	1	0	7	0	24
85.25	Excision of nipple (wedge resection)	0	0	0	1	0	1
85.43	Unilateral extended simple mastectomy	1	0	0	0	0	1
86.01	Aspiration of skin and subcutaneous tissue	0	3	0	0	0	3
86.03	Incision of pilonidal sinus or cyst	0	4	0	0	0	4
86.04	Other incision with drainage of skin and subcutaneous tissue (incision abscess) (sebaceous cyst)	1	6	0	5	0	12
86.05	Insicision with removal of foreign body from skin and subcutaneous tissue	1	0	0	0	0	1
86.11	Biopsy of skin and subcutaneous tissue	0	1	0	1	0	2
86.2	Excision or destruction of lesion or tissue of skin & subcutaneous tissue (Breast sinus)	1	0	0	2	0	3
86.21	Excision of pilonidal cyst or sinus	6	4	0	0	0	10
86.22	Excision and debridement of wound, infection or burn	4	4	0	0	0	8
86.23	Removal of nail, nailbed, or nail fold (removal IGTN)	1	1	0	5	0	7

ICD9 Code	Procedure	Booked Episodes	Emergency Episodes	Unplanned Readmits	Day Care Episodes & "W.A."	Unspecified M.O.A.	TOTAL
86.28	Other non excisional local excision/debridement or destruction of wound	1	5	1	3	0	10
86.3	Other local excision or destruction of lesion or tissue of skin and subcutaneous tissue	20	2	0	182	0	204
86.59	Closure of skin and subcutaneous tissue of other sites	0	1	0	0	0	1
87.03	Computerized axial tomography of head	1	36	0	0	0	37
87.41	Computerized axial tomography of thorax	0	0	1	0	0	1
87.6	Other x-ray of digestive system	0	2	0	0	0	2
87.61	Barium swallow	0	0	0	1	0	1
88.01	Computerized axial tomography of abdomen - CAT scan abdomen	0	4	0	1	0	5
88.50	Angiocardiography, not otherwise specified	1	13	0	0	0	14
88.6	Phlebography using contrast material, unspecified site	0	1	0	0	0	1
88.60	Phlebography using contrast material, unspecified site	0	1	0	0	0	1
88.72	Diagnostic ultrasound of heart - echocardiography	0	1	0	0	0	1
88.76	Diagnostic ultrasound of abdomen and retroperitoneum	0	2	0	0	0	2
88.77	Diagnostic ultrasound of peripheral vascular system	0	1	0	0	0	1
88.78	Diagnostic ultrasound of gravid uterus	0	1	0	0	0	1
88.91	Magnetic resonance imaging of brain and brain stem	0	1	0	0	0	1
88.97	Magnetic resonance imaging of other and unspecified sites - including abdomen	0	1	0	0	0	1
89.26	Gynaecological examination (EUA)	2	0	0	0	0	2
93.16	Mobilization of other joints - excluding TM joint	0	0	0	1	0	1
93.26	Manual rupture of joint adhesions	1	0	0	0	0	1
94.27	ECT	0	6	0	14	0	20
96.07	Insertion of other (nasal-) gastric tube	0	1	0	1	0	2
96.27	Manual reduction of hernia	0	1	0	0	0	1
96.39	Other transanal enema - Rectal irrigation	0	1	0	1	0	2
97.03	Replacement of tube or enterostomy device of small intestine	0	1	0	0	0	1
97.51	Removal of gastrostomy tube	1	0	0	0	0	1
97.63	Removal of cystostomy tube	0	0	0	1	0	1
97.64	Removal of other urinary drainage device	0	0	0	2	0	2
97.71	Removal of intrauterine contraceptive device	1	0	0	2	0	3

ICD9 Code	Procedure	Booked Episodes	Emergency Episodes	Unplanned Readms	Day Care Episodes & "W.A."	Unspecified M.O.A.	TOTAL
97.79	Removal of sutures from genital tract	1	0	0	0	0	1
99.03	Other transfusion of whole blood	2	6	0	9	0	17
99.04	Transfusion of packed cells	4	17	1	8	0	30
99.21	Injection of antibiotic	0	0	0	1	0	1
99.29	Injection or infusion of other therapeutic or prophylactic substance	2	1	0	72	0	75
99.61	Atrial cardioversion	0	11	0	4	0	15
99.62	Other electric counter shock of heart (cardioversion, NOS)	5	11	0	7	0	23
99.83	Other phototherapy - phototherapy of newborn	0	1	0	0	0	1
	<b>Total</b>	<b>730</b>	<b>465</b>	<b>13</b>	<b>1477</b>	<b>3</b>	<b>2688</b>

(W.A.: Ward Attenders, M.O.A.: Method of Admission)

**Table C: All listed procedures in GGHAA for 2009 by method/category of admission to hospital.**

Table D shows all procedures recorded on GGHHAA broken down by the different categories of procedures according to ICD9 and procedures carried out on inpatients and day cases.

ICD9 Codes	Procedures	Procedures on Inpatients	Procedures on day cases & "Ward Attenders"	Unspec. MOA	Total
01 - 05	Operations on the nervous system	0	27	0	27
06 -07	Operations on the endocrine system	8	0	0	8
08 - 16	Operations on the eye	11	176	0	187
18 - 20	Operations on the ear	2	2	0	4
21 - 29	Operations on the nose, mouth and pharynx	47	16	0	63
30 - 34	Operations on the respiratory system	13	6	0	19
35 - 39	Operations on the cardiovascular system	35	1	0	36
40 - 41	Operations on haemic and lymphatic system	5	6	0	11
42 - 54	Operations on the digestive system	331	626	1	958
55 - 59	Operations on the urinary system	18	28	0	46
60 - 64	Operations on the male genital organs	31	4	0	35
65 - 71	Operations on the female genital organs	155	213	0	368
72 - 75	Obstetrical procedures	173	0	0	173
76 - 84	Operations on the musculoskeletal system	149	36	2	187
85 - 86	Operations on the integumentary system	86	210	0	296
87 - 99	Miscellaneous diagnostic and therapeutic procedures	144	126	0	270
<b>Total</b>	All Procedures	<b>1208</b>	<b>1477</b>	<b>3</b>	<b>2688</b>

**Table D: All procedures by ICD9 codes broken down by procedures on inpatients and day cases.**

## 12. Glossary of terms used in the report

A hospital is a licensed establishment primarily engaged in providing medical, diagnostic, and treatment services that include physician, nursing, and other health services to inpatients and the specialised accommodation services required by inpatients. Hospitals may also provide outpatient services as a secondary activity.

Hospitalisation studies give a broad picture of the general health and health care treatment of the population. The number of hospital discharges is the most commonly used measure of the utilisation of hospital services. Hospital discharges, rather than admissions, are used because hospital abstracts for inpatient care are based on information gathered at the time of discharge i.e. at the end of an episode of care.

A **patient** is a person who is formally admitted for inpatient care in a hospital.

**Completed hospital episodes** refer to a count of the number of NHIS records submitted by participating hospitals that relate to episodes of hospital care that ended during the current year.

**Inpatient care beds** accommodate patients who are formally admitted (or 'hospitalised') to an institution for treatment and/or care and who stay for a minimum of one night in the hospital or other institution providing inpatient care.

A **bed-day** is a day during which a person is confined to a bed and in which the patient stays overnight in a hospital.

An **in-patient** is a patient who is formally admitted (or 'hospitalised') to an institution for treatment and/or care and stays for a minimum of one night or more than 24 hours in the hospital or institution providing in-patient care.

One-day cases (**day cases**) are defined as patients admitted to and discharged from inpatient treatment on the same calendar day. Day cases are excluded from inclusion in counts of inpatient care beds and bed days as both of these incorporate a patient who stays overnight (even if it is for one night) in hospital in their definition.

A **ward attender** is a patient 'attending' for treatment to the ward and not using a bed to receive care. However ward attenders are often freely defined by the ward staff and can also mean an 'outpatient visit'. Examples of ward attenders include patients coming for iv infusions such as Aredia, change of dressings and wound care, pre-op attendances, follow-up visits post discharge, iv antibiotics etc.

Calculation of percentage **bed occupancy** rates requires dividing the number of bed days by the product of days of the year or part thereof and the number of available beds (i.e.  $(\text{Bed days}) / [365 * (\text{beds})]$  multiplied by a hundred).

The **average turnover** is the mean number of patients that have occupied any one particular hospital bed during the period under consideration. It is usually calculated by dividing the total number of discharges by the average number of available beds.

**Discharge** refers to the formal release of a patient by a hospital. It implies the termination of a period of hospitalisation or episode of care by death, or by disposition to place of residence, residential or nursing home, or another hospital. The terms “discharges” or “discharged patients” may be used synonymously.

**Discharge rates** are expressed by the number of discharges per 100,000 population.

A **new-born baby** is a patient admitted by birth to a hospital.

**Average length of stay** is calculated by dividing the number bed days by the number of separations (discharges including deaths) during the year. The latter will include day cases. The calculated ALOS may thus be biased depending on the relative proportion of day cases.

**Care type.** This may be as follows:

**Acute care:** The clinical intent or treatment goal is to manage labour (obstetric), cure illness or provide definitive treatment of injury, perform surgery, relieve symptoms of illness or injury (excluding palliative care), reduce severity of an illness or injury, protect against exacerbation and/or complication of an illness and/or injury which could threaten life or normal function, perform diagnostic or therapeutic procedures

**Rehabilitative care:** This is care in which the clinical intent or treatment goal is to improve the functional status of a patient with an impairment, disability or handicap. It is usually evidenced by a multi-disciplinary rehabilitation plan comprising negotiated goals and indicative time frames which are evaluated by a periodic assessment using a recognised functional assessment measure.

**Palliative care:** This is care in which the clinical intent or treatment goal is primarily quality of life for a patient with an active, progressive disease with little or no prospect of cure. It is usually evidenced by an interdisciplinary assessment and/or management of the physical, psychological, emotional and spiritual needs of the patient; and a grief and bereavement support service for the patient and their carers/family.

**Geriatric evaluation and management.** This is care in which the clinical intent or treatment goal is to maximise health status and/or optimise the living arrangements for a patient with multi-dimensional medical conditions associated with disabilities and psychosocial problems, who is usually (but not always) an older patient.



**Psychogeriatric care:** This is care in which the clinical intent or treatment goal is improvement in health, modification of symptoms and enhancement in function, behaviour and/or quality of life for a patient with an age-related organic brain impairment with significant behavioural or late onset psychiatric disturbance or a physical condition accompanied by severe psychiatric or behavioural disturbance.

**Mental health care (Psychiatric care):** This is care restricted to admitted patients receiving care in psychiatric hospitals or in designated psychiatric units in acute hospitals.

**Maintenance care:** This is care in which the clinical intent or treatment goal is prevention of deterioration in the functional and current health status of a patient with a disability or severe level of functional impairment. It involves care when it has been established that the patient does not require further complex assessment or stabilisation, and requires care over an indefinite period. This care includes that provided to a patient who would normally receive care in another setting e.g. at home, or in a residential aged care service, by a relative or carer, that is unavailable in the short term. Many of the “social” cases in local state hospitals fall into this category.

**New-born care:** This is initiated when the patient is born in hospital or is nine days old or less at the time of admission. New-born care continues until the care type changes or the patient is discharged.

Persons with mental illness may receive any one of the care types indicated above (except new-born care). Classification then depends on the principal clinical intent of the care received.

A **procedure** is a surgical or non surgical process, diagnostic procedure, or special treatment reported on the medical record of a patient.

**Discharges with procedures** refer to the number of patients discharged from hospital during the period of the report who underwent at least one procedure during their hospitalisation.

All listed procedures refer to the number of procedures listed on the patient’s medical record sheet. Non surgical procedures are usually not considered to be surgical operations. They include radiography, radiotherapy, physical medicine and rehabilitation procedures. Surgical operations include all the procedures, which are not listed with “non surgical procedures”. Some centres do not consider diagnostic endoscopies as surgical operations. This is not the case in this report.

The **International Shortlist of Hospital Morbidity Tabulation (ISHMT)** formulated jointly by EUROSTAT, OECD and WHO for the collection hospital episode based data collection is reproduced on the following pages.

<b>International shortlist for hospital morbidity tabulation (ISHMT) - Eurostat/OECD/WHO</b>				
<b>ICD Chapter</b>	<b>Group</b>	<b>Code</b>	<b>Heading</b>	<b>ICD-10 Code</b>
<b>I</b>		<b>0100</b>	<b>Certain infectious and parasitic diseases</b>	<b>A00-B99</b>
I	1	0101	Intestinal infectious diseases except diarrhoea	A00-A08
I	2	0102	Diarrhoea and gastroenteritis of presumed infectious origin	A09
I	3	0103	Tuberculosis	A15-A19, B90
I	4	0104	Septicaemia	A40-A41
I	5	0105	Human immunodeficiency virus [HIV] disease	B20-B24
I	6	0106	Other infectious and parasitic diseases	remainder of A00-B99
<b>II</b>		<b>0200</b>	<b>Neoplasms</b>	<b>C00-D48</b>
II	7	0201	Malignant neoplasm of colon, rectum and anus	C18-C21
II	8	0202	Malignant neoplasms of trachea, bronchus and lung	C33-C34
II	9	0203	Malignant neoplasms of skin	C43-C44
II	10	0204	Malignant neoplasm of breast	C50
II	11	0205	Malignant neoplasm of uterus	C53-C55
II	12	0206	Malignant neoplasm of ovary	C56
II	13	0207	Malignant neoplasm of prostate	C61
II	14	0208	Malignant neoplasm of bladder	C67
II	15	0209	Other malignant neoplasms	remainder of C00-C97
II	16	0210	Carcinoma in situ	D00-D09
II	17	0211	Benign neoplasm of colon, rectum and anus	D12
II	18	0212	Leiomyoma of uterus	D25
II	19	0213	Other benign neoplasms and neoplasms of uncertain or unknown behaviour	remainder of D00-D48
<b>III</b>		<b>0300</b>	<b>Diseases of the blood and bloodforming organs and certain disorders involving the immune mechanism</b>	<b>D50-D89</b>
III	20	0301	Anaemias	D50-D64
III	21	0302	Other diseases of the blood and bloodforming organs and certain disorders involving the immune mechanism	D65-D89
<b>IV</b>		<b>0400</b>	<b>Endocrine, nutritional and metabolic diseases</b>	<b>E00-E90</b>
IV	22	0401	Diabetes mellitus	E10-E14
IV	23	0402	Other endocrine, nutritional and metabolic diseases	remainder of E00-E90
<b>V</b>		<b>0500</b>	<b>Mental and behavioural disorders</b>	<b>F00-F99</b>
V	24	0501	Dementia	F00-F03
V	25	0502	Mental and behavioural disorders due to alcohol	F10
V	26	0503	Mental and behavioural disorders due to use of other psychoactive subst.	F11-F19
V	27	0504	Schizophrenia, schizotypal and delusional disorders	F20-F29

V	28	0505	Mood [affective] disorders	F30-F39
V	29	0506	Other mental and behavioural disorders	remainder of F00-F99
VI		0600	<b>Diseases of the nervous system</b>	<b>G00-G99</b>
VI	30	0601	Alzheimer's disease	G30
VI	31	0602	Multiple sclerosis	G35
VI	32	0603	Epilepsy	G40-G41
VI	33	0604	Transient cerebral ischaemic attacks and related syndromes	G45
VI	34	0605	Other diseases of the nervous system	remainder of G00-G99
VII		0700	<b>Diseases of the eye and adnexa</b>	<b>H00-H59</b>
VII	35	0701	Cataract	H25-H26, H28
VII	36	0702	Other diseases of the eye and adnexa	remainder of H00-H59
VIII	37	0800	<b>Diseases of the ear and mastoid process</b>	<b>H60-H95</b>
IX		0900	<b>Diseases of the circulatory system</b>	<b>I00-I99</b>
IX	38	0901	Hypertensive diseases	I10-I15
IX	39	0902	Angina pectoris	I20
IX	40	0903	Acute myocardial infarction	I21-I22
IX	41	0904	Other ischaemic heart disease	I23-I25
IX	42	0905	Pulmonary heart disease & diseases of pulmonary circulation	I26-I28
IX	43	0906	Conduction disorders and cardiac arrhythmias	I44-I49
IX	44	0907	Heart failure	I50
IX	45	0908	Cerebrovascular diseases	I60-I69
IX	46	0909	Atherosclerosis	I70
IX	47	0910	Varicose veins of lower extremities	I83
IX	48	0911	Other diseases of the circulatory system	remainder of I00-I99
X		1000	<b>Diseases of the respiratory system</b>	<b>J00-J99</b>
X	49	1001	Acute upper respiratory infections and influenza	J00-J11
X	50	1002	Pneumonia	J12-J18
X	51	1003	Other acute lower respiratory infections	J20-J22
X	52	1004	Chronic diseases of tonsils and adenoids	J35
X	53	1005	Other diseases of upper respiratory tract	J30-J34, J36-J39
X	54	1006	Chronic obstructive pulmonary disease and bronchiectasis	J40-J44, J47
X	55	1007	Asthma	J45-J46
X	56	1008	Other diseases of the respiratory system	J60-J99
XI		1100	<b>Diseases of the digestive system</b>	<b>K00-K93</b>
XI	57	1101	Disorders of teeth and supporting structures	K00-K08
XI	58	1102	Other diseases of oral cavity, salivary glands and jaws	K09-K14
XI	59	1103	Diseases of oesophagus	K20-K23
XI	60	1104	Peptic ulcer	K25-K28

XI	61	1105	Dyspepsia and other diseases of stomach and duodenum	K29-K31
XI	62	1106	Diseases of appendix	K35-K38
XI	63	1107	Inguinal hernia	K40
XI	64	1108	Other abdominal hernia	K41-K46
XI	65	1109	Crohn's disease and ulcerative colitis	K50-K51
XI	66	1110	Other noninfective gastroenteritis and colitis	K52
XI	67	1111	Paralytic ileus and intestinal obstruction without hernia	K56
XI	68	1112	Diverticular disease of intestine	K57
XI	69	1113	Diseases of anus and rectum	K60-K62
XI	70	1114	Other diseases of intestine	K55, K58-K59, K63
XI	71	1115	Alcoholic liver disease	K70
XI	72	1116	Other diseases of liver	K71-K77
XI	73	1117	Cholelithiasis	K80
XI	74	1118	Other diseases of gall bladder and biliary tract	K81-K83
XI	75	1119	Diseases of pancreas	K85-K87
XI	76	1120	Other diseases of the digestive system	remainder of K00-K93
XII		1200	<b>Diseases of the skin and subcutaneous tissue</b>	<b>L00-L99</b>
XII	77	1201	Infections of the skin and subcutaneous tissue	L00-L08
XII	78	1202	Dermatitis, eczema and papulosquamous disorders	L20-L45
XII	79	1203	Other diseases of the skin and subcutaneous tissue	remainder of L00-L99
XIII		1300	<b>Diseases of the musculoskeletal system and connective tissue</b>	<b>M00-M99</b>
XIII	80	1301	Coxarthrosis [arthrosis of hip]	M16
XIII	81	1302	Gonarthrosis [arthrosis of knee]	M17
XIII	82	1303	Internal derangement of knee	M23
XIII	83	1304	Other arthropathies	M00-M15, M18-M22, M24-M25
XIII	84	1305	Systemic connective tissue disorders	M30-M36
XIII	85	1306	Deforming dorsopathies and spondylopathies	M40-M49
XIII	86	1307	Intervertebral disc disorders	M50-M51
XIII	87	1308	Dorsalgia	M54
XIII	88	1309	Soft tissue disorders	M60-M79
XIII	89	1310	Other disorders of the musculoskeletal system and connective tissue	M53, M80-M99
XIV		1400	<b>Diseases of the genitourinary system</b>	<b>N00-N99</b>
XIV	90	1401	Glomerular and renal tubulo-interstitial diseases	N00-N16

XIV	91	1402	Renal failure	N17-N19
XIV	92	1403	Urolithiasis	N20-N23
XIV	93	1404	Other diseases of the urinary system	N25-N39
XIV	94	1405	Hyperplasia of prostate	N40
XIV	95	1406	Other diseases of male genital organs	N41-N51
XIV	96	1407	Disorders of breast	N60-N64
XIV	97	1408	Inflammatory diseases of female pelvic organs	N70-N77
XIV	98	1409	Menstrual, menopausal and other female genital conditions	N91-N95
XIV	99	1410	Other disorders of the genitourinary system	remainder of N00-N99
XV		1500	<b>Pregnancy, childbirth and the puerperium</b>	<b>O00-O99</b>
XV	100	1501	Medical miscarriage	O04
XV	101	1502	Other pregnancy with miscarriage	O00-O03, O05-O08
XV	102	1503	Complications of pregnancy predominantly in the antenatal period	O10-O48
XV	103	1504	Complications of pregnancy predominantly during labour and delivery	O60-O75
XV	104	1505	Single spontaneous delivery	O80
XV	105	1506	Other delivery	O81-O84
XV	106	1507	Complications predominantly related to the puerperium	O85-O92
XV	107	1508	Other obstetric conditions	O94*, O95-O99
XVI		1600	<b>Certain conditions originating in the perinatal period</b>	<b>P00-P96</b>
XVI	108	1601	Disorders related to short gestation and low birth weight	P07
XVI	109	1602	Other conditions originating in the perinatal period	remainder of P00-P96
XVII	110	1700	<b>Congenital malformations, deformations and chromosomal abnormalities</b>	<b>Q00-Q99</b>
XVIII		1800	<b>Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified</b>	<b>R00-R99</b>
XVIII	111	1801	Pain in throat and chest	R07
XVIII	112	1802	Abdominal and pelvic pain	R10
XVIII	113	1803	Unknown and unspecified causes of morbidity (incl. those without a diagnosis)	R69
XVIII	114	1804	Other symptoms, signs and abnormal clinical and laboratory findings	remainder of R00-R99
XIX		1900	<b>Injury, poisoning and certain other consequences of external causes</b>	<b>S00-T98</b>
XIX	115	1901	Intracranial injury	S06

XIX	116	1902	Other injuries to the head	S00-S05, S07-S09
XIX	117	1903	Fracture of forearm	S52
XIX	118	1904	Fracture of femur	S72
XIX	119	1905	Fracture of lower leg, including ankle	S82
XIX	120	1906	Other injuries	S10-S51, S53-S71, S73-S81, S83-T14, T79
XIX	121	1907	Burns and corrosions	T20-T32
XIX	122	1908	Poisonings by drugs, medicaments and biological substances and toxic effects of substances chiefly nonmedicinal as to source	T36-T65
XIX	123	1909	Complications of surgical and medical care, not elsewhere classified	T80-T88
XIX	124	1910	Sequelae of injuries, of poisoning and of other consequences of external causes	T90-T98
XIX	125	1911	Other and unspecified effects of external causes	remainder of S00-T98
<b>XXI</b>		<b>2100</b>	<b>Factors influencing health status and contact with health services</b>	<b>Z00-Z99</b>
XXI	126	2101	Medical observation and evaluation for suspected diseases and conditions	Z03
XXI	127	2102	Contraceptive management	Z30
XXI	128	2103	Liveborn infants according to place of birth ("healthy newborn babies")	Z38
XXI	129	2104	Other medical care (including radiotherapy and chemotherapy sessions)	Z51
XXI	130	2105	Other factors influencing health status and contact with health services	remainder of Z00-Z99
		<b>0000</b>	<b>All causes</b>	<b>A00-Z99 (excluding V, W, X and Y codes)</b>