The HIPE Review
A happy 50th Birthday for HIPE

Sinead O'Hara, Deirdre Murphy & Brian McCarthy
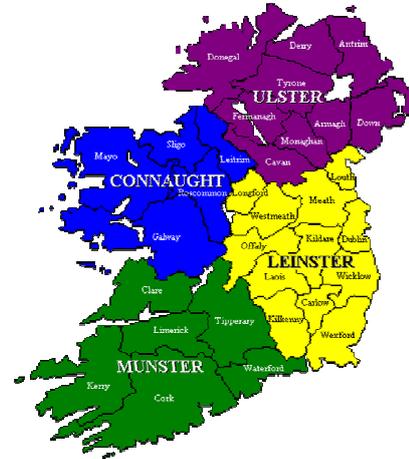Healthcare Pricing Office, Ireland

---

Introducing the HIPE Review

► The HIPE data set was 50 Years old in 2021

  ► First collected in 1971
  ► Based on the concept from Scotland
  ► Big changes in Ireland and the world since

► A HIPE review was initiated to look at HIPE for the next 50 years

  ► Is HIPE still relevant?
  ► Is HIPE fulfilling the requirements for the dataset?
  ► Can we "future proof" HIPE?

Ireland: some facts and figures

- ► Population 5.0 million
- ► Hospitals
    - ► 48 acute hospitals
    - ► 39 Activity based Funding hospitals

- ► Patients in Hospitals
    - ► 1.7 million admitted patients
    - ► 1.2 million ED attendances
    - ► 3.5 million OPD attendances

- ► Budget
    - ► Public health budget €22bn

Iceland/Ireland – Comparisons

Iceland	Ireland
Pop: 376,248	Pop: 5,059,941
Size: 100830 sq. Km (1.5 larger)	Size: 68890 sq. Km
Highest Point: 2110m	Highest Point: 1041m
Days of Snow: 62 pa	Days of Snow: 10-15 pa
Average temp: 15.5ºC/3.1ºC	Average temp: 15ºC/5ºC
Hours of Daylight 21:16/04:23	Hours of Daylight 17:03/07:37
Pop Density: 3 per Km^2	Pop Density: 70 per Km^2
Male/Female: 50.24%/49.76%	Male/Female: 49.66%/50.34%
# Hospitals: 22	# Hospitals: 48
% Health spend: 8.8% of GDP	% Health spend: 6.9% of GDP

What is HIPE – Hospital In-patient Enquiry

► HIPE Data is collected in 55 Public Hospitals in Ireland
► 1.7M records are collected annually
  ► Inpatients and Daycases are included
  ► Outpatient, Emergency Department and Clinics are not included
► Over 200 pieces of information
  ► General Admin and Demographic patient data
  ► Up to 30 Diagnosis codes using ICD10AM 10Ed
  ► Up to 20 Procedures codes using ACHI 10Ed
► Collected by > 250 dedicated professional coders in Ireland
► Used for
  ► ABF
  ► Managing the healthcare environment
  ► Performance measurement

Ireland: Admitted Care Statistics

1.7 million episodes

807 Diagnosis Related Groups in AR-DRG version 8

| Dialysis L61 170,000 patients | Normal delivery O06C 20,000 patients | Knee replacement I04B 2,000 patients | Heart transplant A05Z 10 patients |

Ireland: Hospital Funding and ABF

Activity based funding

Block funding

Acute admitted care

All other activity

Daycase

Inpatient

Outpatients

Emergency department

Other

SlainteCare

The new 'health policy'

Cross party support

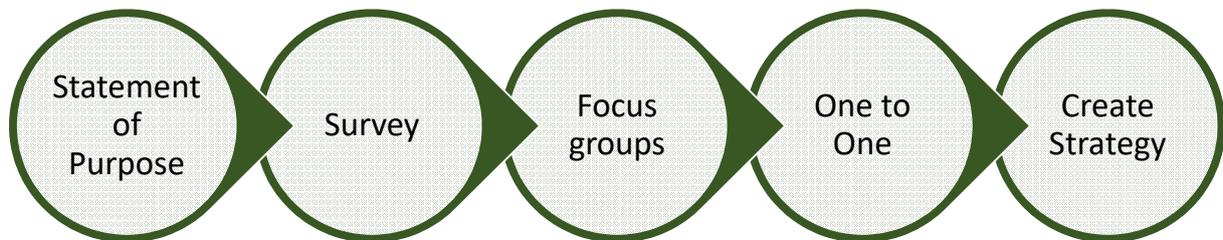**Sláintecare.**

Implementation Team within Department of Health

ABF is a key component

HIPE Review – The Process

Statement of Purpose → Survey → Focus groups → One to One → Create Strategy

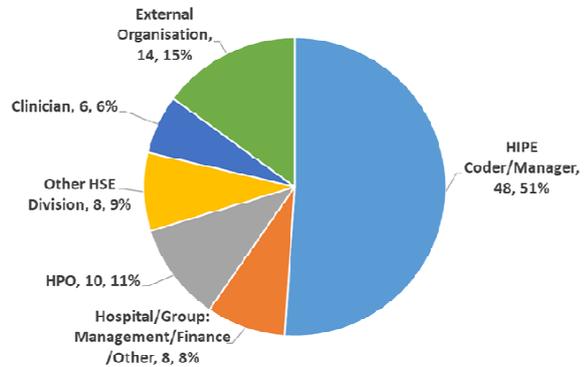# HIPE Review – Statement of Purpose

- ► Document completed in Autumn 2021
- ► Key Messages
  - ► Explanation of HIPE nationally and locally
  - ► Data Quality assurance process
  - ► Data requests
  - ► Challenges
    - ► Coder workforce
    - ► Clinician Engagement
    - ► Data protection
    - ► Evolving Care types
    - ► Data Quality
    - ► Unique Identification of patients
- ► International review of Australia, Canada, England, Estonia, Finland, New Zealand and Germany

► Conducted during Autumn/Winter 2021

► The Statement of Purpose document was the starting point

► Audience was HIPE data users
  ► HIPE coders
  ► HIPE managers
  ► HIPE users

► Response rate was 24.2%

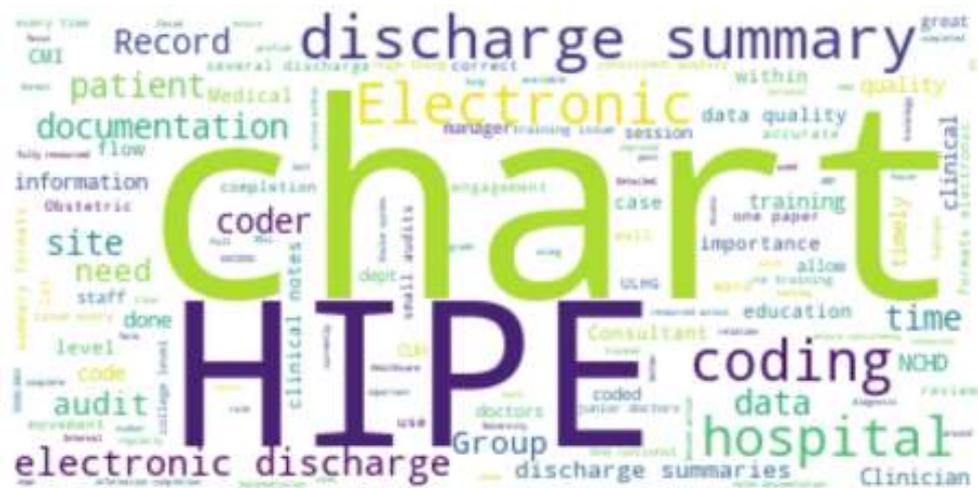► Brilliant feedback - Valuable information from those working within and outside the HIPE system

Pie chart legend:
- External Organisation, 14, 15%
- Clinician, 6, 6%
- Other HSE Division, 8, 9%
- HPO, 10, 11%
- Hospital/Group: Management/Finance/Other, 8, 8%
- HIPE Coder/Manager, 48, 51%

Statement of Purpose → Survey → Focus groups → One to One → Create Strategy

---

► Questions flowed from the Statement of Purpose and were designed to be open

► Main Sections of the Survey
  ► Data Quality, HIPE fields, and Completeness
  ► Clinical Coder Function and Resources
  ► Scope of HIPE Database

► Example Questions
  ► How is HIPE data part of your work?
  ► Additional Variables for HIPE to add value?
  ► How to ensure consistency across hospitals in distinguishing different types of activity?
  ► Added value to including non-acute/sub-acute care as part of HIPE?

Statement of Purpose → Survey → Focus groups → One to One → Create Strategy

HIPE Review - Survey

HIPE Review – Focus Groups

► Two focus groups were formed

  ► Internal HIPE users
  ► External HIPE users

► Questions posed to the focus group participants were targetted

► Focus groups were conducted on Zoom

HIPE Review – Internal Focus Groups

► Discussion
- ► Data Quality initiatives
- ► Timeliness of the Data
- ► Changes to the HIPE record
- ► Communication

► Clear Messages
- ► There needs to be better communication within hospitals
- ► Education for clinicians regarding recording in the chart
- ► The timeliness of data is okay but more resources are needed
- ► Staff who provide data fields to HIPE need education as to its relevance and importance

Statement of Purpose → Survey → Focus groups → One to One → Create Strategy

---

HIPE Review – External Focus Groups

► Discussion
- ► Accessibility and Timeliness of HIPE data
- ► Variables collected in HIPE at present and possible additional fields
- ► Boundaries of HIPE

► Clear Messages
- ► Need to enable HIPE to interact with other databases
- ► Need geocoding (i.e. Eircode) to enable analysis at smaller area levels
- ► Collecting data on non-consultant led care (e.g. Midwife, Advanced Nurse practitioners)
- ► Fuller coverage of HIPE data to include private hospitals

Statement of Purpose → Survey → Focus groups → One to One → Create Strategy

HIPE Review – One to One meetings

- ► A series of One to One meetings with Key Stakeholders
  - ► Meetings held in August and September
  - ► Users of the data who can look into the future
  - ► Attempting to get a better idea of where Irish Healthcare is going

- ► Four targeted questions
  - ► View on HIPE and the collection process
  - ► What gaps exist in Irish Health data
  - ► What should the medium term goals be (for HIPE)
  - ► What is the long term direction of the Irish health service and how will this impact on HIPE

HIPE Review – One to One meetings
Key themes

- ► HIPE is very valuable and a very rich data source
- ► Improved interoperability
- ► Better reporting
- ► Prefer a faster collation process
- ► Demographic changes will impact on HIPE
- ► GDPR issues need to be solved
- ► Data Quality is everyone's problem
- ► Need to bring the data to the patient
- ► Linkage with other datasets

► Challenge
  - ► No National Unique Identifier in the Irish healthcare system
  - ► Reduces the value of HIPE and other datasets as patient data in different datasets cannot be linked

► National Solution
  - ► Work in on-going to implement a Unique Identifier
  - ► New Healthcare Information legislation is under development

► For HIPE
  - ► HIPE data needs to be ready to align with the proposed national solution
  - ► Perhaps have individual identifiers for different datasets

---

► Challenge
  - ► The "shift left" agenda means that treatment of patients are moving from Inpatient to Daycase to Outpatient to out of the hospitals (community)
  - ► ABF and other research requires that comparison is "like with like"
  - ► Specific problems with the boundaries of admitted care

► National Solution
  - ► Government and Health Service is standardising health data (DSMP project)

► Solution For HIPE
  - ► HIPE needs to be flexible to address this challenge
  - ► New methods of identification may be needed (procedure lists, case types)
  - ► HIPE may need to change to align with national/international definitions

HIPE Review – Emerging Themes
Be Flexible while Delivering

- ► Challenge
  - ► HIPE needs to change as the health service changes
  - ► Data users require stability for analysis
  - ► HIPE needs to be flexible (Covid-19, Ukrainian TPD)

- ► Solution For HIPE
  - ► Be flexible and responsive
  - ► Engage with the stakeholders and ensure everyone is "on the same page"

HIPE Review – Emerging Themes
Communication

- ► Challenge
  - ► HIPE coders need access to comprehensive medical information (charts) to complete their work
  - ► Clinicians are very busy and concentrate on patient treatments
  - ► Other hospitals users need to understand the implications of data

- ► National Solution
  - ► More education on the value and importance of discharge summaries, chart documentation and other data

- ► Solution For HIPE
  - ► Engagement nationally and locally
  - ► Better reporting so users will see the value of the data and the impact of their input

► Challenge
  ► HIPE coders are a valuable but limited resource
  ► It takes time to train a coder
  ► Clinicians, Planners and Performance Managers need all the data NOW

► National Solution
  ► Build out the coding function – workforce planning
  ► Additional resources for the coding function

► Solution For HIPE
  ► Ongoing support for the coding community

In Conclusion

► The aim of the HIPE review is to ensure that HIPE remains relevant for the next 50 years

► The process has been to establish where "we" are and then use this to look forward

► Some key themes have emerged - some are global themes and some are local Irish themes

► The flexibility of HIPE which is dependent on the staff must remain. We must not damage the HIPE data while we adopt the necessary changes

► Thank you

Email: Sinead.OHara@HPO.ie, Brian.McCarthy@HPO.ie   Website: www.HPO.ie