



# HPO DATA PLAN 2022-24

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## ABBREVIATIONS AND ACRONYMS

ABF	Activity Based Funding
ACHI	Australian Classification of Health Interventions
ACS	Australian Coding Standards
AR-DRGs	Australian Refined Diagnosis Related Groups (also referred to generally as DRGs)
HIPE	Hospital In-Patient Enquiry Scheme
HPO	Healthcare Pricing Office
HSE	Health Service Executive
ICD-10-AM	International Statistical Classification of Diseases and Related Health Problems, Tenth Revision, Australian Modification
ICS	Irish Coding Standards
IHI	Individual Health Identifier
NPRS	National Perinatal Reporting System
OOCIO	Office of the Chief Information Officer
PLC	Patient-Level Costing

# 1. INTRODUCTION

This document contains the HPO Data Plan for 2022-24 and has been produced by the Healthcare Pricing Office (HPO). It sets out a schedule for current and future HPO data collection requirements and is intended to provide a more transparent way of setting out future data collection requirements for hospitals and a means for services to provide feedback and contribute to data development.

## 1.1 BACKGROUND

Activity based funding (ABF) is underpinned by patient-level activity and cost data. This data is provided by hospitals and describes patient characteristics, care provided and the cost of that care. The quality of the information in ABF is reliant on the availability and timeliness of all of the data elements covered within this plan.

The HPO is responsible for setting the prices on which ABF is based and managing the datasets to support this. This includes the Hospital In-Patient Enquiry Scheme (HIPE) which contains patient-level data on admitted activity including the diagnoses, procedures and demographic information necessary to group patients into AR-DRGs. The HPO also collects two types of costing information for all hospital activity across hospitals in the ABF system. Specialty cost collection enables costs to be split between hospital areas included and excluded from ABF. Patient level costs from 21 hospitals track costs down to individual patient level. The HPO is also responsible for developing both patient classification systems and the underlying datasets to support the expansion of ABF including into emergency and outpatient care.

Separate to its ABF functions, the HPO manages the National Perinatal Reporting System (NPRS), with NPRS data requirements included in this document.

The ABF Programme Implementation Plan and the upcoming annual ABF Pricing Framework describe in more detail current and future policy development work which will support improvements in the breadth and quality of ABF data collections. Over 2022-24 this includes actions to:

- Develop the components for ABF in emergency departments and outpatient care, by designing new classification systems for each setting.
- Continue improvement of existing ABF data collections, through the implementation of recommendations from the Pavilion Audit and HIQA Review for HIPE, and the development of an Acute Hospital Costing and Activity Data Quality Development Plan and a long-term data development strategy to identify areas where data development or improved reporting is required to support the work of the ABF. These initiatives have received support from the OOCIO and Acute Hospital operations and further support will be required.
- Build stakeholder understanding and support for the value of ABF data across the health system and the importance of reporting good quality data in a timely manner to consistent data standards.
- Review the procurement and implementation of ICT systems in relation to ABF to identify priority areas and mechanisms for improving coordination and collaboration when making ICT improvements or commissioning new systems.

## 1.2 GOVERNANCE

As of 2020, there are separate governing bodies for each of the activity datasets. The HIPE Governance Group oversees the governance of the HIPE dataset, while the NPRS Governance Group oversees the governance of the NPRS dataset. The governance of both HIPE and NPRS lie within the HPO in the HSE. Work is underway to develop separate governance groups to oversee the development of new emergency and outpatient care classification systems.

The Specialty Costing and PLC datasets are managed by the HPO in partnership with hospitals and groups.

The ABF Programme Implementation Plan includes an action to review and revive the national governance framework and terms of reference for committees supporting the ABF Programme. As this

work is progressed, key stakeholders will be advised of updated governance structures for the ABF Programme and its workstreams.

### 1.3 CONSULTATION AND REVIEW

The Data Plan will be a rolling three-year plan, published annually. It will set out requirements for the following three years. Whilst specification and reporting requirements will be signalled three years in advance wherever possible, there may be instances in which changes are required outside of those stated in the Data Plan. In such instances, the HPO will work directly with hospitals and hospital groups.

#### **Consultation on activity and cost dataset development**

Separate to this Plan, there are mechanisms for the HPO to consult, and stakeholders to provide feedback on the datasets which the HPO manages:

- The HIPE Change Procedure and Submission Form may be used to formally raise queries relating to the HIPE system. Submissions are considered by the HIPE Governance Group. The HPO should be contacted directly for further information in relation to this process.
- Hospitals provide feedback directly to the HPO on specialty and patient-level costing (PLC) data submissions. This feedback is provided during an annual specialty costing workshop and quarterly Patient Costing User Group meetings, as well as on an ad hoc basis. This feedback is used to inform the next year's cost data requirements and to refine processes on an ongoing basis.

Any enquiries about this Data Plan should be directed to: [info@hpo.ie](mailto:info@hpo.ie)

## 2. SECURITY AND PRIVACY

As the office responsible for the management of a number of national data collections, the HPO takes its data protection responsibilities very seriously. The HPO recognises that the information contained in its data collections requires that all appropriate measures be taken to ensure that this data is collected, stored and utilised in line with regulations and best practice guidelines securely and transparently.

In particular, the HPO adheres to the [Data Protection Acts 1998 to 2018](#) and [Regulation \(EU\) 2016/679 of the European Parliament and of the Council of 27 April 2016](#), also known as the General Data Protection Regulation (GDPR). These acts and regulations set out the rights of individuals in relation to their personal data and the responsibilities of organisations that collect, store and process this data.

In addition to adhering to national and international law, the Health Service Executive (HSE) has also developed national IT and data protection policies which apply to the HPO. These policies cover areas such as information security, access control, data encryption, password standards, data sharing, information classification and handling and data protection breach management. These policies have been put in place to help ensure that data is collected, stored and processed according to the appropriate legislation and best practice guidance.

### 2.1 PUBLICLY AVAILABLE DATA

All information in the public domain is anonymised aggregate data. HIPE data are available in aggregate form in [published reports](#), supported by the [HIPE Statistics Reporter](#) which allows users to analyse the diagnosis and procedures categories outlined in annual activity reports. In addition, members of the public, including researchers may apply to the HPO to access anonymised and/or aggregate level activity and cost data.

#### **Specific arrangements for PLC data**

Hospitals upload and process their own patient level data on software funded and provided by the HPO. Access to the PLC software is governed by the HPO and is restricted to users involved in processing the data. Access to data aggregated at DRG level is available to hospitals and Groups via the PLC Peer Review Tool to enable benchmarking of activity across hospitals, with hospitals able to drill down to patient-level data within their own hospital.

## 3. DATA REQUIREMENTS

In order for ABF to be effective, the HPO requires activity, cost and expenditure data from all public hospitals. This data enables patient episodes to be classified, counted and costed, and the ABF Price List to be determined. This data also enables benchmarking across services and detailed analytics to improve the effectiveness of service delivery.

HPO data requirements currently include inpatient care (excluding long-term psychiatric and long-term geriatric care) and day cases, and in the future will extend to emergency department presentations and outpatient encounters.

PLC was installed in 2015 and has been expanded to include 21 hospitals. The HPO will work with hospital groups and hospitals to further expand PLC so that it can be fully utilised as a tool for ABF. It is recognised that this expansion will require additional local resourcing as discussed in the ABF Implementation Plan. The ABF implementation plan includes actions to develop an Acute Hospital Costing and Activity Data Quality Development Plan.

### 3.1 ABF CLASSIFICATION SYSTEMS

#### Admitted acute care – inpatient and day cases

Admitted acute care, including both inpatient and day case activity, is classified using Diagnosis Related Groups (DRGs) and reported through the HIPE system. Ireland uses the Australian version of the DRG system, the [Australian Refined DRG system](#) (AR-DRGs). The AR-DRG system is developed by the Australian Independent Hospital Pricing Authority and underpinned by the International Statistical Classification of Diseases and Related Health Problems, Tenth Revision, Australian Modification (ICD-10-AM), the Australian Classification of Health Interventions (ACHI) and the Australian Coding Standards (ACS). These are complemented by the Irish Coding Standards (ICS). The tenth edition of the classification is currently in use in HIPE and was introduced in January 2020.

- For ABF2022 (benchmarking year 2020) the ABF model will continue to be based on AR-DRG version 8.0, using ICD-10-AM/ACHI/ACS tenth edition. Mapping software is used to assign ARDRG version 8.0 groups to this data.
- For ABF2023 and ABF2024 (benchmarking years 2021 and 2022), the AR-DRG system will be updated to AR-DRG version 10.0, using ICD-10-AM/ACHI/ACS tenth edition.

#### Emergency and outpatient care

Activity in outpatient and emergency departments is not within the current scope of ABF. While the HPO currently collects activity and costs for these areas, inclusion within ABF is dependent on the development of classification systems and appropriate datasets for both settings. Once these are in place a timeline for expanding the scope of services and funding activity in these settings using ABF will be developed and detailed in the ABF Pricing Framework.

As part of this, the HPO is undertaking a project to collect activity and cost data on outpatient care and pilot ABF in the outpatient setting. For the pilot, activity data from a sample of hospitals is being collected based on the Outpatient Services Performance Improvement Programme minimum dataset definitions, with a mapping process undertaken to apply the Irish Outpatient Classification to the clinics. Cost data is being drawn from outpatient specialty and patient-level costing returns currently submitted by hospitals to the HPO. When the data specifications and collection requirements for outpatient care under ABF have been finalised, they will be included in a future version of this Plan. More information about the pilot is available on the HPO's website.

### 3.2 ABF DATA SPECIFICATIONS

The HPO works with hospitals, Hospital Groups, the HSE Office of the Chief Information Officer and the broader HSE to develop appropriate data specifications and to acquire, validate and maintain data in the HPO IT environment.

The specifications and reporting requirements detailed below may change after initial publication, in which case all relevant parties will be notified by the HPO. Data specifications relating to limited pilot studies or

developmental work being undertaken by the HPO will be communicated directly with the hospitals involved.

#### Activity data

- HIPE instruction manual:  
[http://www.hpo.ie/hipe/hipe\\_instruction\\_manual/HIPE\\_Instruction\\_Manual\\_2021\\_V1.0.pdf](http://www.hpo.ie/hipe/hipe_instruction_manual/HIPE_Instruction_Manual_2021_V1.0.pdf)
- HIPE data dictionary:  
[http://www.hpo.ie/hipe/hipe\\_data\\_dictionary/HIPE\\_Data\\_Dictionary\\_2020\\_V12.0.pdf](http://www.hpo.ie/hipe/hipe_data_dictionary/HIPE_Data_Dictionary_2020_V12.0.pdf)
- Irish coding standards:  
[https://www.hpo.ie/hipe/clinical\\_coding/irish\\_coding\\_standards/ICS\\_2021\\_V2.0.pdf](https://www.hpo.ie/hipe/clinical_coding/irish_coding_standards/ICS_2021_V2.0.pdf)
- HIPE download and upload specifications:  
[http://www.hpo.ie/software/HIPE\\_Download\\_Spec\\_Ver\\_17.pdf](http://www.hpo.ie/software/HIPE_Download_Spec_Ver_17.pdf) and  
[http://www.hpo.ie/software/HIPE\\_Upload\\_Spec\\_Ver\\_7.pdf](http://www.hpo.ie/software/HIPE_Upload_Spec_Ver_7.pdf)

#### Cost data

- Irish hospital costing standards
- Specialty costing: instruction and process manual for costing file, medical pay file and OPD file
- PLC load templates: General Ledger, HIPE and other service level activity data for PLC

PLC benefits from the availability of patient level recording of resource use within hospitals. There are varying levels of ability within acute hospitals to provide this data. The HPO has engaged with hospital groups and hospitals to establish the extent of patient level data available within hospitals.

The HPO Costing Team has developed an internal website which serves as a single source to access information on cost data specifications and how data from the different hospitals should be mapped to it, costing standards and manuals and the review and data quality processes. This site is open to users of the national hospital network at <http://pndcppmdbs14.healthirl.net/plc/index.html>. Specifications are updated annually.

### 3.3 OTHER ABF DATA SOURCES

The HPO may require other data sources for the purpose of calculating the ABF Price List. Over the life of this Data Plan, this includes the following:

- **National Treatment Purchase Fund activity:** Patients who have been on a waiting list for a certain period of time can be treated through the National Treatment Purchase Fund. The HSE does not pay the hospital for such patients as the National Treatment Purchase Fund has already done so, and this activity is excluded from the National Service Plan and the ABF budget setting process. National Treatment Purchase Fund activity and associated costs are however included in the ABF benchmarking exercise in line with the principle of matching activity to cost.

The HPO is working with the National Treatment Purchase Fund to access this data.

- **'Work In progress' activity:** The discharging of a patient from hospital closes an episode, which enables it to be coded and counted, and therefore funded. However, the annual ABF budget setting process also needs to account for the significant amount of activity associated with patients who are in hospital at the end of the year as they have consumed hospitals resources for the year in scope. As these patients have not been discharged, the activity has not been coded and counted. These episodes are called 'work in progress' cases.

'Work in progress' data is collected in the local hospital via the HIPE portal interface to the Patient Administration and Integrated Patient Management Systems. It is transferred to the HPO every month and used to account for undischarged activity in the ABF budget setting process.

Where further data sources are required for the purposes of ABF, these will be detailed in the annual ABF Price List and/or Pricing Framework.

## Individual Health Identifier

As noted in the ABF Programme Implementation Plan, incorporating an Individual Health Identifier (IHI) into record-keeping is critical for the expansion of ABF across service streams and settings. It allows better analysis of the efficiency of care, and for the bundling of funding across inpatient, outpatient and community care to incentivise treatment outside of the hospital. The collection of an IHI is currently being piloted for some datasets. The HPO will monitor this work and include further advice on the reporting of the IHI as part of ABF requirements in future Data Plans.

## 3.4 NATIONAL PERINATAL REPORTING SYSTEM

In addition to ABF collections, the HPO is responsible for the NPRS, which collects information on birth records from maternity units and community midwives and provides national statistics on perinatal events. Details and specifications of the data collected by the NPRS is provided in the following resources;

- NPRS data dictionary:  
[http://www.hpo.ie/nprs/nprs\\_documentation/NPRS\\_Data\\_Dictionary\\_2015\\_V1.2.pdf](http://www.hpo.ie/nprs/nprs_documentation/NPRS_Data_Dictionary_2015_V1.2.pdf)
- Part 3 of the Birth Notification Form submitted to the NPRS:  
[http://www.hpo.ie/nprs/nprs\\_documentation/Notification\\_of\\_Birth\\_FINAL\\_2014\\_part3.pdf](http://www.hpo.ie/nprs/nprs_documentation/Notification_of_Birth_FINAL_2014_part3.pdf)
- NPRS instruction manual for the Birth Notification Form:  
[https://www.hpo.ie/nprs/nprs\\_documentation/NPRS\\_Instruction\\_Manual\\_2020.pdf](https://www.hpo.ie/nprs/nprs_documentation/NPRS_Instruction_Manual_2020.pdf)

## 4. DATA SUBMISSION AND COLLECTION SCHEDULE

Activity data is prepared by hospitals on the discharge of a patient and is submitted to the HPO via the HIPE Portal. Cost data returns are submitted based on full calendar years that reconcile to the audited Annual Financial Statements.

### 4.1 DATA SUBMISSION TIMETABLE

The following tables set out the dates by which hospitals must submit HIPE and cost data to the HPO for ABF purposes, as well as NPRS data.

**HIPE coding deadlines:** the deadline for HIPE data to be coded is within 30 days of discharge.

Table 1: ABF and NPRS data reporting timetable

Dataset	Purpose	Data period	Specifications published	Submission date
<b>Reporting year: 2021</b>				
HIPE	Monthly reporting	Monthly – within 30 days of discharge	30 September 2020	Three working days after the following month – see Table 2
HIPE	Monthly reporting	Monthly – uncoded within three working days of discharge	30 September 2020	Three working days after month end – see Table 2
HIPE	Annual finalisation of year's activity	1 January 2021 – 31 December 2021	30 September 2020	Three working days after 31 March 2022
HIPE	Annual National Service Plan target for the following year	1 September 2020 – 31 August 2021	30 September 2020	Three working days after 30 September 2021
Specialty costing	Annual data submission	1 January 2021 – 31 December 2021	31 March 2022	31 May 2022
PLC	Annual data submission	1 January 2021 – 31 December 2021	31 March 2022	31 July 2022
NPRS	Annual data submission	1 January 2020 – 31 December 2020	Static – based on Birth Notification Form	June 2021
<b>Reporting year: 2022</b>				
HIPE	Monthly reporting	Monthly – within 30 days of discharge	30 September 2021	Three working days after the following month – see Table 2
HIPE	Monthly reporting	Monthly – uncoded within three working days of discharge	30 September 2021	Three working days after month-end – see Table 2
HIPE	Annual finalisation of year's activity	1 January 2022 – 31 December 2022	30 September 2021	Three working days after 31 March 2023
HIPE	Annual National Service Plan target	1 September 2021 – 31 August 2022	30 September 2021	Three working days after 30 September 2022

Dataset	Purpose	Data period	Specifications published	Submission date
	for the following year			
<b>Specialty costing</b>	Annual data submission	1 January 2022 – 31 December 2022	31 March 2023	31 May 2023
<b>PLC</b>	Annual data submission	1 January 2022 – 31 December 2022	31 March 2023	31 July 2023
<b>NPRS</b>	Annual data submission	1 January 2021 – 31 December 2021	Static – based on Birth Notification Form	June 2022
<b>Reporting year: 2023</b>				
<b>HIPE</b>	Monthly reporting	Monthly – within 30 days of discharge	30 September 2021	Three working days after the following month – see Table 2
<b>HIPE</b>	Monthly reporting	Monthly – uncoded within three working days of discharge	30 September 2021	Three working days after month-end – see Table 2
<b>HIPE</b>	Annual finalisation of year's activity	1 January 2023 – 31 December 2023	30 September 2021	Three working days after 31 March 2024
<b>HIPE</b>	Annual National Service Plan target for the following year	1 September 2022 – 31 August 2023	30 September 2021	Three working days after 30 September 2023
<b>Specialty costing</b>	Annual data submission	1 January 2023 – 31 December 2023	31 March 2024	31 May 2024
<b>PLC</b>	Annual data submission	1 January 2023 – 31 December 2023	31 March 2024	31 July 2024
<b>NPRS</b>	Annual data submission	1 January 2022 – 31 December 2022	Static – based on Birth Notification Form	June 2023

**Table 2: HIPE export calendar**

HIPE export month	Download all cases	Final receipt
End of January 2022	Monday 31 January 2022	Thursday 3 February 2022
End of February 2022	Monday 28 February 2022	Thursday 3 March 2022
End of March 2022	Thursday 31 March 2022	Tuesday 5 April 2022
End of April 2022	Saturday 30 April 2022	Thursday 5 May 2022
End of May 2022	Tuesday 31 May 2022	Friday 3 June 2022
End of June 2022	Thursday 30 June 2022	Tuesday 5 July 2022
End of July 2022	Sunday 31 July 2022	Thursday 4 August 2022
End of August 2022	Wednesday 31 August 2022	Monday 5 September 2022
End of September 2022	Friday 30 September 2022	Wednesday 5 October 2022

HIPE export month	Download all cases	Final receipt
End of October 2022	Monday 31 October 2022	Thursday 3 November 2022
End of November 2022	Wednesday 30 November 2022	Monday 5 December 2022
End of December 2022	Saturday 31 December 2022	Thursday 5 January 2023
End of January 2023	Tuesday 31 January 2023	Friday 3 February 2023
End of February 2023	Tuesday 28 February 2023	Friday 3 March 2023
End of March 2023	Friday 31 March 2023	Wednesday 5 April 2023
End of April 2023	Sunday 30 April 2023	Thursday 4 May 2023
End of May 2023	Wednesday 31 May 2023	Tuesday 6 June 2023
End of June 2023	Friday 30 June 2023	Wednesday 5 July 2023
End of July 2023	Monday 31 July 2023	Thursday 3 August 2023
End of August 2023	Thursday 31 August 2023	Tuesday 5 September 2023
End of September 2023	Saturday 30 September 2023	Wednesday 4 October 2023
End of October 2023	Tuesday 31 October 2023	Friday 3 November 2023
End of November 2023	Thursday 30 November 2023	Tuesday 5 December 2023
End of December 2023	Sunday 31 December 2023	Thursday 4 January 2024
End of January 2024	Wednesday 31 January 2024	Monday 5 February 2024
End of February 2024	Thursday 29 February 2024	Tuesday 5 March 2024
End of March 2024	Sunday 31 March 2024	Thursday 4 April 2024
End of April 2024	Tuesday 30 April 2024	Friday 3 May 2024
End of May 2024	Friday 31 May 2024	Thursday 6 June 2024
End of June 2024	Sunday 30 June 2024	Wednesday 3 July 2024
End of July 2024	Wednesday 31 July 2024	Tuesday 6 August 2024
End of August 2024	Saturday 31 August 2024	Wednesday 4 September 2024
End of September 2024	Monday 30 September 2024	Thursday 3 October 2024
End of October 2024	Thursday 31 October 2024	Tuesday 5 November 2024
End of November 2024	Saturday 30 November 2024	Wednesday 4 December 2024
End of December 2024	Tuesday 31 December 2024	Monday 6 January 2025

## 4.2 COMPLIANCE WITH DATA SUBMISSION REQUIREMENTS

The timely and complete submission of activity and cost data is crucial to the functioning of the ABF system: to enable prices to be set accurately and to ensure that hospitals are properly funded for the care that they provided. If HIPE data is not submitted, for example as a result of poor data collection, submission or a coding backlog, then funding will not be provided for that episode of care. If cost data is not accurately reported, then the Price List will not reflect the cost of care.

There are challenges within the system in regard to the timely provision of activity and cost data. The HPO has instituted financial penalties for late submission of data and will continue to work with Hospital Groups and the broader HSE to address data submission deadlines, including through Service Level Agreements.

## 5. DEVELOPMENT DATA REQUIREMENTS

This Plan aims to set out the data requirements of the HPO over a rolling three-year period. However, as the HPO engages further with stakeholders to develop its models, there will be times when pilot data is required which will not have been specified in this Plan.

In such instances, where pilot or development data is required, the HPO will contact the relevant hospital directly and work with them to develop the specification and transfer protocol. Should pilot work develop to the point where a national level data collection is required, then this will then be communicated to all relevant stakeholders through the development and publication of this Plan.

The HPO is in the initial stages of piloting cost and data collections for community services. This will expand data collections into the community services and will be done in consultation with community service and finance managers. The outcome of these pilots will form part of future HPO Data Plans.

