



Feidhmeannacht na Seirbhíse Sláinte  
Health Service Executive

Oifig an Phríomhoifigigh Airgeadais  
Feidhmeannacht na  
Seirbhíse Sláinte  
Seomra 125, Ospidéal  
Dr. Steevens  
BÁC 8

Office of the Chief Financial Officer  
Health Service Executive  
Room 125, Dr Steevens  
Hospital  
Dublin 8

29<sup>th</sup> July 2020

Deputy Róisín Shortall TD,  
Dáil Éireann,  
Leinster House,  
Kildare Street,  
Dublin 2.

**RE: PQ 16237 20:** *To ask the Minister for Health the amount spent by the health service in 2019 to treat fragility fractures and fall related injuries - Róisín Shortall.*

Dear Deputy Shortall,

The Health Service Executive has been requested to reply directly to you in the context of the above Parliamentary Question, which you submitted to the Minister for Health for response. Your PQ above has been referred to me for response.

We have consulted with the Healthcare Pricing Office (HPO) in relation to this request who have advised that it is not possible to provide an accurate estimation of the amount spent by the health service in 2019 to treat fragility fractures and fall related injuries.

In Ireland, acute hospital activity data for admitted patients (day cases and inpatients) are captured on the Hospital Inpatient Enquiry (HIPE) system. Diagnoses and procedures are classified using International Statistical Classification of Diseases and related health problems, 10<sup>th</sup> Revision - Australian Modification/Australian Classification of Health Interventions/Australian Coding Standards/Irish Coding Standards (ICD-10-AM/ACHI/ACS/ICS). Costs for inpatients and day cases are allocated at the DRG level. Additionally the HPO does not have costs relating to Emergency Department & Out-patient Department phases of the care pathway.

The HPO HIPE Coding team has advised that ICD-10-AM codes for fragility fractures are not readily or clearly identifiable. Furthermore a lack of specificity in the codes does not allow for the identification of falls due to fragility.

The HPO generate costs and prices at the Diagnosis Related Group (DRG) level rather than at the individual diagnosis or procedure level. A DRG is a classification which groups cases which are clinically similar and which are expected to consume similar amounts of resources. The actual assignment of a case to a particular DRG takes into account each of the (up to) 30 diagnosis and (up to) 20 procedure

codes associated with the case in addition to the patient's demographic information. This means that depending on the treatment received, two cases with the same principal diagnosis can be assigned to two (or more) different DRGs. In light of this it is not possible for us to provide costs at the level required.

As stated above the HIPE system deals with admitted episodes of care only i.e. inpatients and day cases. It does not collect information on Emergency Dept., Out-patient Dept., Community activity or on episodes of rehabilitative care. For further information on what is collected on HIPE please refer to [www.hpo.ie](http://www.hpo.ie).

If you have any queries, please do not hesitate to contact me at [sarah.anderson1@hse.ie](mailto:sarah.anderson1@hse.ie) or tel: 045 882559.

Yours sincerely



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