

Year 2007 Connecticut Hospitalizations

Hospital discharges are recorded in the state's hospital discharge abstract and billing database, which is maintained by the Connecticut Office of Health Care Access (OHCA). The Health Care Quality, Statistics, Analysis, and Reporting unit within the Department of Public Health produces an annual hospitalization report, located at <http://www.ct.gov/dph/cwp/view.asp?a=3132&q=397512&dphPNavCtr=#47732>. This annual report shows numbers and rates of hospitalization, length of stay, and charges for 72 conditions and separately for 28 mechanisms of injury. The data are presented for persons of all ages, both sexes, and any race-ethnicity, and also separately for males and females, for white, black, and Hispanic patients, and for patients of specific ages. Finally, ratios between the hospitalization rates of men and women or between white, black, and Hispanic residents are presented.

In 2007 there were 329,091 hospitalizations of Connecticut residents in Connecticut hospitals (Table H-1), not including those related to pregnancy and birth, with total charges of over 8.8 billion dollars. The hospitalization rate for all conditions besides pregnancy and birth increased 0.4% from the previous year to 8,649 per 100,000 residents of all ages. The lowest rate was for ages 5-14 and the highest for ages 65 and older. Overall, the median charge per hospital stay increased 10.5% to \$16,727 (unadjusted for inflation) and the median length of stay was three days. Among listed conditions and procedures, the longest median stays were for leukemia, amputation with diabetes, and Alzheimer's disease, and the highest median charges were for non-fatal spinal injury and leukemia.

The leading diagnosis for all ages combined, as well as for ages 65 and older, was diseases of the heart (Table H-5). Respiratory diseases was the leading cause of hospitalization for ages 0-4; while mental disorders was the leading cause for ages 5-14, 15-24, and 25-44. Digestive diseases was the leading cause of hospitalization for ages 45-64. These age-specific disease patterns were consistent among each of white non-Hispanic, black non-Hispanic, and Hispanic sectors of the population, except that among black non-Hispanic residents, respiratory diseases was the leading cause of hospitalization for ages 5-14, while among Hispanic residents, respiratory diseases was the leading cause for ages 5-14 and ages 65 and older (Table H-2).

The most common type of injury among males and females, whites, blacks, and Hispanics, was an unintentional fall (Tables H-3, H-4). Risk increased with age. Hospitalization rate ratios between the sexes and race/ethnicity groups appear in Tables H-6 and H-7. High male to female, black to white, and Hispanic to white ratios occurred within many conditions, such as HIV/AIDS, amputation with diabetes, and firearms injury. High female to male ratios marked a few conditions, such as cholelithiasis (gallstones), and high white to black ratios were present for some conditions, such as appendicitis.

Ratios and trends in hospitalization are influenced by a variety of factors, including hospital coding practices, medical practice, patient social and behavioral factors, and biological factors.

Hospitalizations related to pregnancy and birth (Tables H-1 and H-2) were not used in rankings or rate ratios. In 2007 there were 84,485 such discharges, with charges of more than 850 million dollars. For the most accurate record of births, many of which occur outside the hospital, see tables in Vital Statistics.

When the Connecticut 2007 hospitalization report was written in August 2009, the National Hospital Discharge Survey report using 2007 data had not been released. Comparison with 2006 national data reveals the following similarities: Since 2002 there has been a decline in the rate of coronary atherosclerosis nationally, especially among persons age 65 and older (DeFrances CJ, Lucas CA, Buie VC, Golosinskiy A. 2006 National Hospital Discharge Survey. National health statistics reports; no 5. Hyattsville, MD: National Center for Health Statistics. 2008. <http://www.cdc.gov/nchs/data/nhsr/nhsr005.pdf>). In Connecticut, the rate of coronary atherosclerosis has been declining since 2000 (see Table H-1 of each hospitalization report from 1998-2007). Nationally, the majority of hospitalizations with a primary diagnosis of fracture in 2006 were among persons aged 65 and older. This was true in Connecticut both in 2006 and 2007 (see Table H-1 of each hospitalization report).