The 2015 hospitalization tables cover the 9 months between January and September 2015 during which the ICD-9-CM diagnostic codes were used. Beginning in October 2015, hospitals are required to use ICD-10 diagnostic codes. The substantial differences between ICD-9 and ICD-10 coding systems preclude finding one-to-one correspondence for most conditions, and it creates a large discontinuity in reporting. Therefore these tables do not include data for October to December 2015. Rates were adjusted by multiplying the 2015 overall and age, sex, and race-ethnicity specific populations in Connecticut by 9/12.

During January-September 2015 there were 230,511 hospitalizations of Connecticut residents in Connecticut hospitals (Table H-1), not including those related to pregnancy and birth, with total charges of over 10.2 billion dollars. The age-adjusted hospitalization rate for all conditions other than pregnancy and birth decreased 2.6% from the previous year to 7,356 per 100,000 residents of all ages (after adjusting for the comparison of 9 months in 2015 to 12 months in 2014). The lowest rate was for ages 5-14 (1,253 per 100,000) and the highest for ages 65 and older (26,692 per 100,000). Overall, the median charge per hospital stay increased 3.0% to $28,404 (unadjusted for inflation) from the prior year, and the median length of stay was four days. Among listed conditions and procedures, the longest median stay was for leukemia (eleven days), and the highest median charge was for leukemia ($109,505).

The leading diagnosis for all ages combined, and for ages 65 and older, was heart diseases (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 disease was the leading cause of hospitalization for ages 45-64 and older, and for females of all ages. Heart diseases was the leading cause of hospitalization in males. Among non-Hispanic white residents, the leading cause of hospitalization was heart disease, while among non-Hispanic black residents and Hispanic residents, mental disorders was the leading cause (Table H-2). As leading causes are based on counts rather than rates, leading causes for all ages combined are somewhat influenced by age distributions.

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

Hospitalizations related to pregnancy and birth (Tables H-1 and H-2) were not used in rankings or rate ratios reported in Tables H-2, H-5, H-6, and H-7. During January to September 2015 there were 50,347 pregnancy and birth-related discharges, with charges of more than 900 million dollars. For the most accurate record of Connecticut resident births and related risk factors and outcomes, see the “Vital Statistics” section of the DPH website. For the most accurate record of Connecticut resident cancer risk factors and outcomes, see the “Tumor Registry” (CTR) section of the DPH website.