SAFETY NET HOSPITALS IN CONNECTICUT

According to the Institute of Medicine, safety-net providers organize and deliver a significant level of both health care and other health-related services to the uninsured, Medicaid, and other vulnerable populations.\(^1\) These providers include safety-net hospitals (SNHs), many of which offer access to care regardless of a patient’s ability to pay. This brief examines characteristics of Connecticut (CT) SNH discharges in federal fiscal year (FY) 2018 in comparison with non-safety-net-hospital (non-SNH) discharges. For the purpose of this analysis, SNHs are defined as acute care hospitals with the highest numbers or top quartile of inpatient stays covered by Medicaid and the uninsured.\(^2\)

**CT SNHs**
Seven of CT’s 28 acute care hospitals may be classified as SNHs; Bridgeport, Yale, St. Francis, Waterbury, Saint Vincent’s, Hartford and Danbury hospitals. Medicaid and uninsured discharges accounted for nearly three in five of their FY 2018 patient stays as well as the combined patient discharges for the 21 non-SNHs.

**Patient Race and Ethnicity**
SNHs treated a larger proportion of Black non-Hispanics and Hispanics (31%) than non-SNHs (19%).

**Patient Origin and Hospital Location**
Patients residing in Hartford, Bridgeport, New Haven and Waterbury were the majority of Medicaid and uninsured discharges. Also, six of the SNHs are located in these four cities.

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Average Stay and Charge by Hospital Service and Safety Net Status

The average stay was longer and average charge per stay was higher at SNHs than at non-SNHs across all services.

### Primary Reasons for Hospital Stays at SNHs and Non-SNHs

Sepsis was the most common primary reason for a hospital stay at both SNHs and non-SNHs; including acute and chronic heart failure and hypertensive heart conditions.

### Top Principle Diagnoses at SNHs and Non-SNHs, FY 2018

- Sepsis, unspecified organism
- Pneumonia, unspecified organism
- Acute kidney failure, unspecified
- Hypertensive heart disease with heart failure
- Hypertensive heart/chronic kidney disease/heart failure
- Sepsis, unspecified organism
- Hypertensive heart/chronic kidney disease/heart failure
- Acute kidney failure, unspecified
- Hypertensive heart disease with heart failure
- Non-ST elevation (NSTE MI) myocardial infarction

### Chronic Disease Diagnosis by Service

SNHs and Non-SNHs treated similar shares of discharges diagnosed with chronic psychiatric conditions. However, SNH discharges were more likely than Non-SNHs to be diagnosed with a chronic pediatric, medical/surgical or maternity condition.

### Conclusion

With locations in urban areas, CT SNHs treat a disproportionate share of vulnerable populations compared with non-SNHs. Not only do SNHs tend to have a larger share of uninsured or Medicaid (which reimburses lower than commercial insurance) patients than non-SNHs, but average charges at SNHs hospitals are also higher. This may be linked to serving a patient population that, on average, has longer hospital stays and more severe diagnoses.

Data Source: CT Office of Health Strategy Acute Care Hospital Inpatient Discharge Database

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