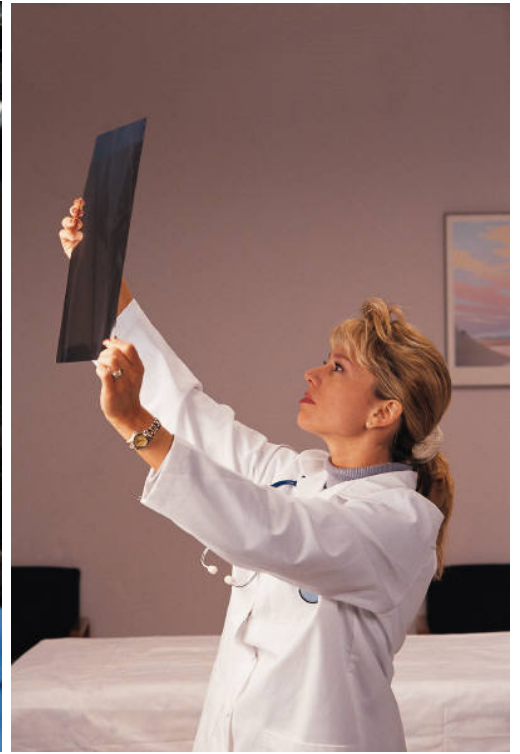


Health Care Trends in Connecticut:



Acute Care Hospital Utilization Report

(March 2009)

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Executive Summary:

Connecticut's inpatient utilization increased from 118 patients per 1,000 population in FY 2003 to 123 in FY 2007, resulting in hospitals providing treatment to more than twenty thousand additional patients. The majority of this increase can be attributed to patients in the 45 to 64-year-old age category, followed by seniors (65+) and is primarily the result of an aging State population. As inpatient service volumes continue to rise, Connecticut hospitals will need to balance ongoing fiscal challenges with patients' desire for new technology and improved facilities; all while ensuring appropriate access to patients in need of care.

Some additional inpatient utilization trends identified in this report include:

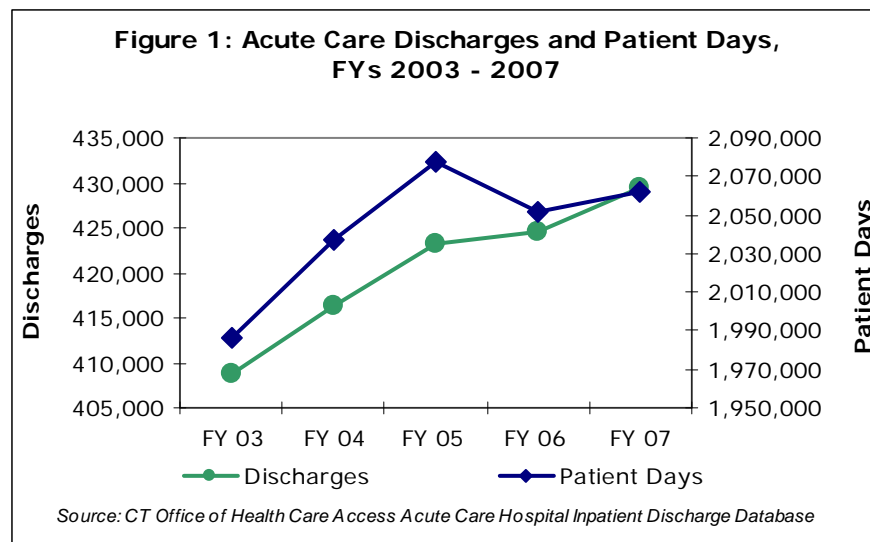
- The emergency department (ED) utilization rate per 1,000 of the population has increased by about 10% since FY 2003.
- Emergency departments are now the source of more than half of inpatient admissions and have risen steadily since FY 2003.
- Seniors (65+) were at least 3.5 times more likely to utilize hospitals than adults (18-64) or children (<18).
- Utilization rates for minorities are nearly double those for whites.
- Discharged patients with commercial insurance as their primary payment source dropped by 4% from FY 2003 to FY 2007.
- Medicare was the leading coverage source for patients discharged in FY 2007.

Overview:

Connecticut residents receive health care in many different settings: hospitals, emergency departments, ambulatory surgery centers and a wide variety of outpatient-based facilities. Each of these individual settings could serve as a source of information to analyze Connecticut's health care delivery system. However, at present only Connecticut's acute care hospitals and emergency departments supply OHCA with comprehensive data. As a result, this report will focus on utilization trends relating to inpatient, hospital-based outpatient and emergency department care. Report results are not financially-based, but instead rely on patient volumes (discharges for inpatient care and visits for hospital-based outpatient and emergency department care) to identify trends. Inpatient discharge data and outpatient data derived from OHCA's Hospital Reporting System include information through FY 2007.¹

Inpatient Utilization:

Connecticut acute care hospitals have 9,256 licensed beds, with 7,020 staffed to serve its 3.5 million residents (See Appendix I for a breakdown of hospitals and beds). The state has experienced increased inpatient utilization for nearly a decade, with the number of discharged patients rising in every year since 1998. Over the last five years, hospitals averaged 420,417 inpatient discharges per year (see Appendix II for hospital details). Total patient days averaged slightly more than 2,040,000 days per year (see Appendix III for hospital details). From FY 2003 to FY 2007, discharges increased by 5% and patient days grew by about 4% over the five year period, as shown in **Figure 1**. Average length of stay remained relatively stable with a high of 4.9 days and a low of 4.8 days per discharge during the five year period (FY03-07).



By analyzing the number of discharges per 1,000 of the population, it can be determined if more patients are using hospital inpatient services from year to year. Bed availability and access to services play significant roles in the hospitalization rate. **Table 1** shows that the overall inpatient utilization rate per 1,000 of the population increased from 118 in FY 2003 to 123 in FY 2007. Although this does not indicate a dramatic increase in utilization, it illustrates an upward trend influenced by an increase (15%) in discharges in the 45 to 64-year-old age category. As Connecticut's population continues to age, it is expected that utilization rates will rise.

Table 1: Acute Care Inpatient Utilization Rate, FYs 2003-2007

	Discharges	Patient Days	Connecticut Population ¹	Utilization per 1,000 Population
FY 03	408,775	1,986,474	3,472,964	118
FY 04	416,300	2,037,487	3,481,890	120
FY 05	423,179	2,077,620	3,486,490	121
FY 06	424,475	2,051,582	3,495,753	121
FY 07	429,355	2,062,451	3,502,309	123
5-yr Avg.	420,417	2,043,123	3,487,881	121

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

¹ U.S. Census Bureau estimate of the civilian non-institutionalized population that excludes persons residing in institutions; primarily nursing homes, prisons and jails, mental hospitals, and juvenile facilities as well as the Armed Forces population residing in the United States.

Inpatient Readmissions:

Readmissions² within 30 days of a prior hospitalization increased from 9% of total discharges in FY 2003 to nearly 14% in FY 2007. By volume, the number of patients readmitted within 30 days increased from 38,282 in FY 2003 to 59,255 in FY 2007. During the same time period, the percentage of patients with no previous admissions dropped from 51% in FY 2003 to 46% in FY 2007.

Examining the increase in readmissions by age group from FY 2003 to FY 2007 indicated that more than half (53%) of the increase can be attributed to patients between the ages of 18 and 64; nearly 43% were over age 65. Children accounted for only 4% of the increase in readmissions.

Outpatient Utilization:

Acute care hospitals provide many outpatient services to Connecticut residents. Included in the table below are: clinic visits, rehabilitation (physical therapy, occupational therapy and speech therapy), cardiac rehabilitation, chemotherapy, gastroenterology and other outpatient visits. Another vital outpatient service, emergency department treatment, has been excluded from the table below in order to provide greater detail in the following section of this report.

Connecticut hospitals experienced an increase of nearly 22% in hospital-based³ outpatient visits per person between FY 2003 and FY 2007. Utilization of outpatient services, as illustrated in **Table 2**, increased for Connecticut residents from 1.3 visits in FY 2003 to 1.6 visits in FY 2007. For FY 2007, hospitals reported 60% of their outpatient services (excluding emergency department visits) in the “Other Outpatient Visits” category and 23% as clinic visits -- the majority categorized as specialty, medical or psychiatric. (See Appendix IV for a breakdown of hospitals).

**Table 2: Hospital-Based Outpatient Utilization,
FYs 2003-2007**

	Total Outpatient Visits	Connecticut Population¹	Outpatient Utilization
FY 03	4,627,354	3,472,964	1.3
FY 04	4,643,449	3,481,890	1.3
FY 05	4,695,991	3,486,490	1.3
FY 06	4,795,926	3,495,753	1.4
FY 07 ²	5,622,309	3,502,309	1.6
5-yr Avg.	4,877,006	3,487,881	1.4

Source: CT Office of Health Care Access Hospital Budget System (HBS) Schedule 500 and Hospital Reporting System (HRS) Report 450

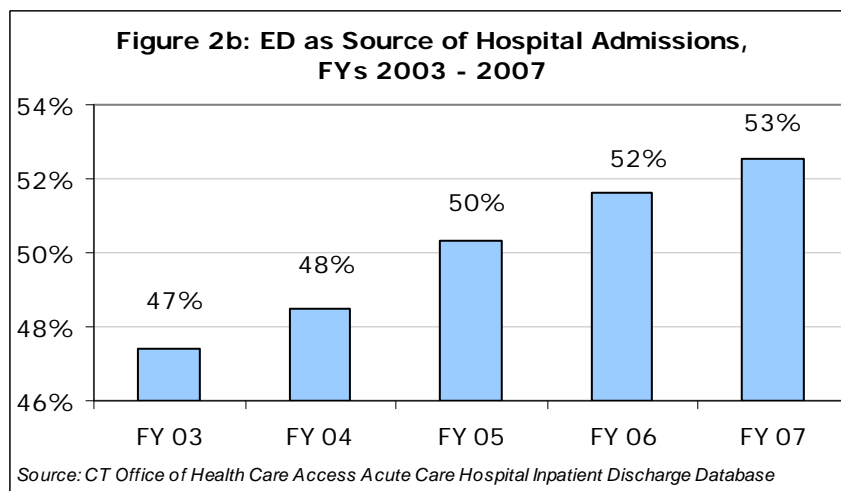
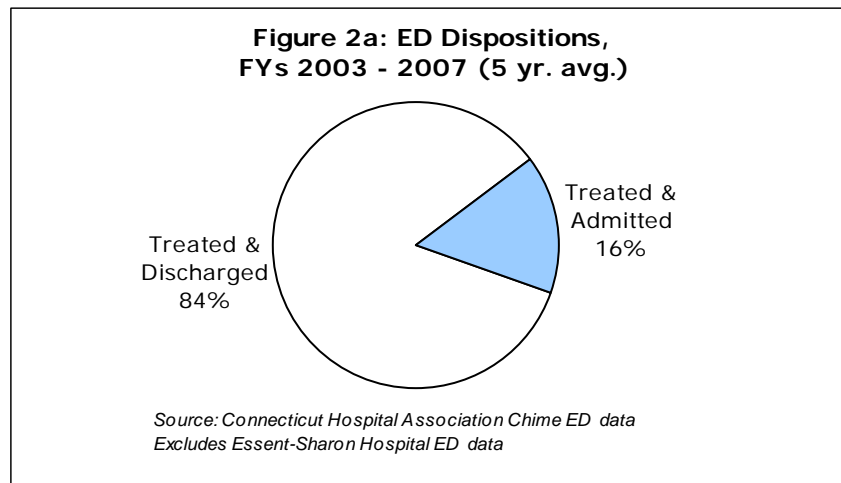
¹ U.S. Census Bureau estimate of the civilian non-institutionalized population that excludes persons residing in institutions; primarily nursing homes, prisons and jails, mental hospitals, and juvenile facilities as well as the Armed Forces population residing in the United States.

² FY07 outpatient visits source: HRS-Report 450, FY03-FY06 source: HBS-Schedule 500

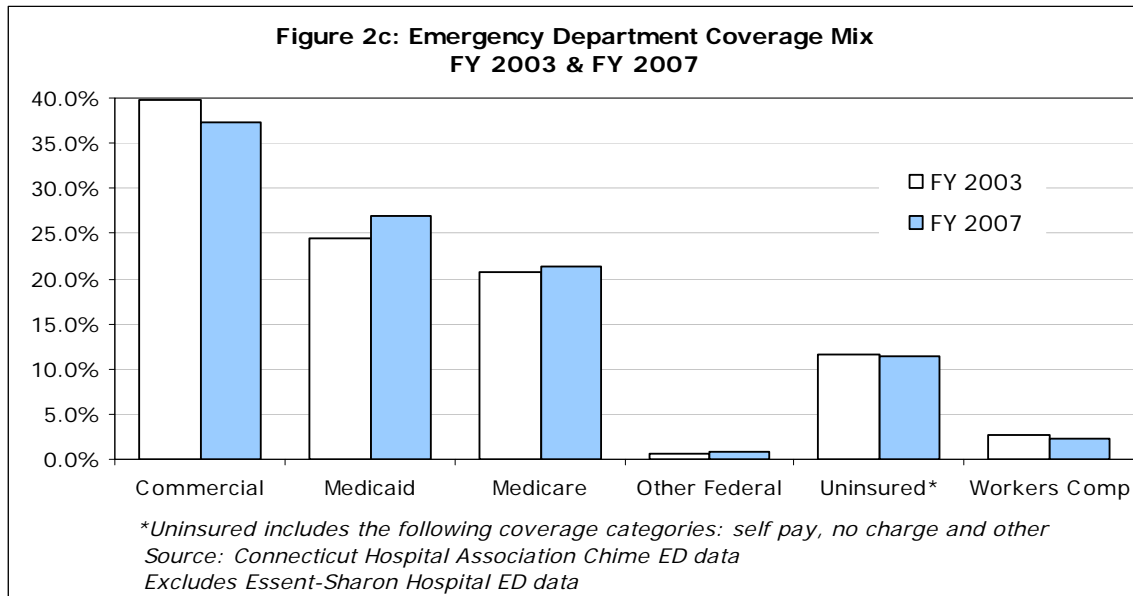
Emergency Department Utilization:

Emergency department (ED) care is a critical component of Connecticut's health care system and also serves as the safety net in Connecticut for many who may not have access to other resources. All 30 acute care hospitals plus five satellite emergency departments provide their communities with emergency care. From FY 2003 to FY 2007, emergency departments have experienced close to an 11% increase in patient volume, with nearly one hundred and fifty thousand additional patients treated (See Appendix IV for hospital details).

Emergency department visits include patients treated and discharged, treated and admitted for inpatient care, or transferred to other types of institutions.⁴ On average, about 16% of ED patients were admitted to Connecticut hospitals for inpatient care (Figure 2a). Inpatient admissions through the ED increased from 47% in FY 2003 to 53% in FY 2007. The ED is now the source of more than half of inpatient admissions and is rising steadily (**Figure 2b**).



Between FY 2003 and FY 2007, the emergency department coverage mix (**Figure 2c**) experienced both a decline in commercial coverage as a percentage of total visits, and an increase in Medicaid and Medicare relative to other coverage types.



As shown in **Table 3**, the ED utilization rate per 1,000 of the population has increased by slightly more than 10% since FY 2003. Connecticut's ED utilization is higher than the national rate. In 2006, the national ED utilization rate was 403 visits per 1,000 of the population,⁵ as compared to 426 in Connecticut.

Table 3: Emergency Department Utilization Rate, FYs 2003-2007

	ED Visits	Annual % Change in ED Visits	Connecticut Population ¹	Annual % Change in Population	Utilization per 1,000 of Population	Annual % Change in Utilization
FY 03	1,414,507	-	3,472,964	-	407	-
FY 04	1,446,736	2.3%	3,481,890	0.3%	416	2%
FY 05	1,457,601	0.8%	3,486,490	0.1%	418	1%
FY 06	1,488,331	2.1%	3,495,753	0.3%	426	2%
FY 07	1,563,836	5.1%	3,502,309	0.2%	447	5%
5-yr Avg.	1,474,202	N/A	3,487,881	N/A	423	N/A

Source: CT Office of Health Care Access Acute Care Hospital Budget System Schedule 500 and Hospital Reporting System Report 450 - Hospital Inpatient and Outpatient Other Services Utilization and FTEs

¹ U.S. Census Bureau estimate of the civilian non-institutionalized population that excludes persons residing in institutions; primarily nursing homes, prisons and jails, mental hospitals, and juvenile facilities as well as the Armed Forces population residing in the United States.

Occupancy Rates:

Hospitals are licensed for a specific number of beds but may operate or “staff” fewer beds. As shown in **Table 4**, Connecticut’s 30 acute care hospitals had 9,256 licensed beds with approximately 7,020 staffed for patient use in 2007. Hospital beds can be used as a measure of the size or capacity of the inpatient hospital system. The occupancy rate is a critical measurement that determines if there is available capacity within the system. In FY 2007, the statewide staffed bed occupancy rate, which indicates the percentage of staffed beds that are in use on any given day, was approximately 80%.⁶

Table 4: Acute Care Beds Occupancy Rates,¹ FYs 2003-2007

	Patient days	Licensed beds	Staffed beds	Occupancy Rate of Staffed Beds	% of Licensed Beds Staffed
FY 03	1,986,474	9,140	7,152	76%	78%
FY 04	2,037,488	9,241	7,182	78%	78%
FY 05	2,077,620	9,247	7,223	79%	78%
FY 06	2,051,582	9,256	7,231	78%	78%
FY 07	2,062,451	9,256	7,020	80%	76%
5-yr Avg.	2,043,123	9,228	7,162	78%	78%

Source: CT Office of Health Care Access Acute Care Hospital Inpatient Discharge Database, Hospital Budget System Schedule 500 and Hospital Reporting System Report 400 - Hospital Bed Utilization by Department

¹The rate is average number of beds in use on a given day and is derived by the formula: total patient days/(staffed beds*365)

On an individual hospital basis for FY 2007, occupancy rates of staffed beds ranged from a high of 98% at both Norwalk and Danbury Hospital to a low of 61% at Rockville General Hospital. Saint Vincent’s (81%) and Saint Francis (80%) hospitals were close to the statewide median value of 80.5% (See Appendix VI for hospital details).

From FY 2005 to FY 2007, twelve hospitals reported staffing fewer beds and the overall statewide number dropped by 203. During the same time period, hospitals reported an approximate 2% increase in the overall occupancy rate.

Staffed Beds by Service:

The vast majority of staffed beds were for medical/surgical patients. **Table 5** shows that overall, staffed beds available for inpatient acute care dropped by 2% (-132) from FY 2003 to FY 2007 (see Appendix V for a distribution of staffed beds by hospital). Newborn (-68), maternity (-62), and pediatric (-43) services had the largest drop in staffed beds, while medical/surgical (+47) had the largest gain. Fewer staffed beds may be the result of, in part, a reduced demand for maternity and birthing services.

Table 5: Average Number of Beds Staffed for Inpatient Acute Care Services, FYs 2003-2007

Service	FY 03	FY 04	FY 05	FY 06	FY 07	5-yr Avg.	Change between FY 03 & FY 07	
							Beds	%
Behavioral Health	698	706	670	670	713	691	15	2%
Maternity	558	553	548	536	496	538	-62	-11%
Medical/Surgical ¹	4,788	4,816	4,896	4,892	4,835	4,845	47	1%
Newborn ²	706	707	705	727	638	697	-68	-10%
Pediatric	271	267	285	284	228	267	-43	-16%
Rehabilitation	131	133	119	122	110	123	-21	-16%
Total	7,152	7,182	7,223	7,231	7,020	7,162	-132	-2%

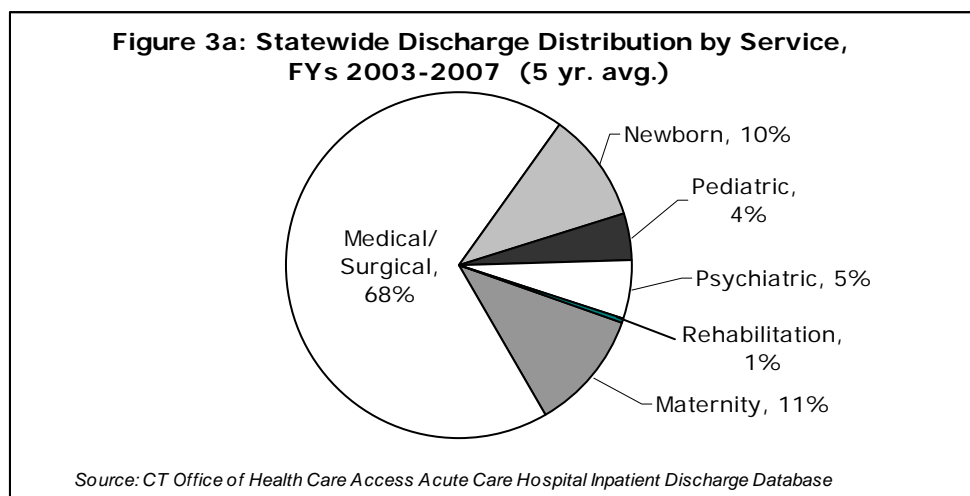
Source: CT Office of Health Care Access Acute Care Hospital Reporting System Report
400-Hospital Inpatient Bed Utilization By Department

¹86% adult medical/surgical, 13% ICC/CCU and 1% other beds

² 70% bassinets and 30% neonatal ICU beds

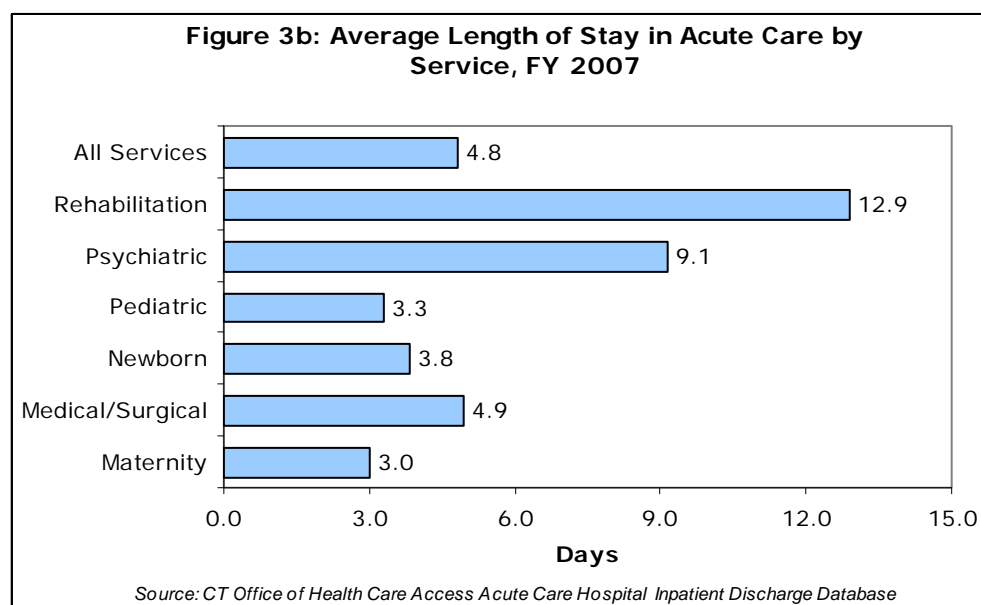
Service Discharge Distribution:

From FY 2003 to FY 2007, medical/surgical was the leading service and accounted for 68% of discharges, on average (**Figure 3a**). During the same five year period, maternity (11%) and newborn (10%) had the next highest number of discharges. However, maternity services have declined by nearly three percent (2.7%) from FY 2003 to FY 2007 and both newborn and pediatric services have dropped by slightly more than two percent (2.3%). Decreased demand for maternity and newborn services may continue as the number of Connecticut resident births continue to decline (-2% from CY 2003 to CY 2006)⁷.



Length of Stay:

Rehabilitation services required the longest hospital stays, averaging 12.9 days in FY 2007, followed by psychiatric services (9.1 days). By comparison, medical/surgical services, which account for the majority of acute care hospital discharges, averaged 4.9 days. Patients receiving maternity services had the shortest hospital stay, averaging 3 days in FY 2007 (**Figure 3b**).



Age Cohort:

Rates of hospitalization in Connecticut vary considerably by age group (**Table 6**). Examination of the five year average (FY 2003 to FY 2007) revealed that seniors had a significantly higher utilization rate than either children or adults. In fact, seniors were at least 3.5 times more likely to utilize hospitals. Seniors averaged 326 discharges per 1,000 of their respective population, compared to 91 for adults and 81 for children.

Table 6: Acute Care Discharges Age Distribution and Utilization per 1,000 Population, FYs 2003-2007

Age Cohort ¹	Discharges		Connecticut		Utilization per 1,000 Population
	5-yr Avg.	% Distribution	Population	% Distribution	
Children	66,409	16%	820,216	23%	81
Adults	200,013	48%	2,209,809	63%	91
Seniors	153,994	37%	472,284	13%	326
Total	420,417	100%	3,502,309	100%	120

Source: CT Office of Health Care Access Acute Care Hospital Inpatient Discharge Database and US Census Bureau 2007 population estimates

¹Children are age 17 years and under, adults are between ages 18 and 64 and seniors are age 65 and over

Emergency department utilization rates also vary significantly by age group (**Table 7**). Examination of the five year average (FY 2003 to FY 2007) revealed that seniors had a significantly higher emergency department utilization rate than either children or adults. Seniors averaged 539 visits per 1,000 of their respective population, compared to 399 for adults and 361 for children. Seniors account for only 13% of Connecticut's population, yet represent nearly 18% of patients treated in emergency departments.

Table 7: Emergency Department Visits Age Distribution and Utilization per 1,000 Population, FYs 2003-2007

Age Cohort ¹	Visits		Connecticut		Utilization per 1,000 Population
	5-yr Avg. ²	% Distribution	Population	% Distribution	
Children	296,044	21%	820,216	23%	361
Adults	880,671	62%	2,209,809	63%	399
Seniors	254,485	18%	472,284	13%	539
Total	1,431,199	100%	3,502,309	100%	409

Source: Connecticut Hospital Association Chime ED Data

¹Children are 17 years old and under, adults are between 18 and 64 years old and seniors are 65 years old and over

² Excludes Essent-Sharon Hospital ED data

Gender Cohort:

As shown in **Table 8**, women in Connecticut were hospitalized more frequently than men and accounted for approximately 58% of discharges on average for the five year period. As expected, women of child bearing age (18-44) were hospitalized at a rate of more than 2.5 times their male counterparts. Males in this same age group had the lowest overall utilization rate (46 per 1,000 of the population) of any gender/age group. Seniors (65+) had the highest utilization rates overall, with males (342 per 1,000 of the population) having a higher rate than females (315 per 1,000 of the population).

Table 8: Acute Care Discharges Gender Distribution and Utilization Rates, FYs 2003-2007 (5 yr. avg.)

	Discharges		Connecticut Population	% Distribution	Utilization per 1,000 Population
	5-yr Avg.	% Distribution			
Female	244,441	58%	1,795,322	51%	136
0 - 17	32,125	8%	400,270	11%	80
18 - 44	78,267	19%	625,604	18%	125
45 - 64	46,516	11%	491,368	14%	95
65+	87,533	21%	278,080	8%	315
Male	175,975	42%	1,706,987	49%	103
0 - 17	34,284	8%	419,946	12%	82
18 - 44	29,084	7%	627,883	18%	46
45 - 64	46,146	11%	464,954	13%	99
65+	66,462	16%	194,204	6%	342
Total	420,417	100%	3,502,309	100%	120

Source: CT Office of Health Care Access Acute Care Hospital Inpatient Discharge Database and US Census Bureau 2007 Population Estimates

As shown in **Table 9**, females in Connecticut utilized emergency departments at a higher rate than males. Using a five-year average, females had a utilization rate of 422 per 1,000 population compared to 395 for males. Seniors (65+) of either gender had the highest ED utilization rates among age groups.

Table 9: ED Visits Age, Gender Distribution and Utilization Rates, FYs 2003-2007

	Visits ¹		Connecticut		Utilization per 1,000 Population
	5-yr Avg.	% Distribution	Population	% Distribution	
Female	757,246	53%	1,795,322	51%	422
0 - 17	136,313	10%	400,270	11%	341
18 - 64	469,370	33%	1,116,972	32%	420
65+	151,563	11%	278,080	8%	545
Male	673,952	47%	1,706,987	49%	395
0 - 17	159,730	11%	419,946	12%	380
18 - 64	411,300	29%	1,092,837	31%	376
65+	102,921	7%	194,204	6%	530
Total	1,431,198	100%	3,502,309	100%	409

Source: Connecticut Hospital Association Chime ED Data and US Census Bureau 2007 Population Estimates

¹ Excludes Essent-Sharon Hospital ED data

Race Cohort:

Table 10 shows that minorities comprised 16% of Connecticut's population, yet accounted for slightly more than one quarter of inpatient hospital discharges. In addition, inpatient utilization rates for minorities were nearly double of those for whites.

**Table 10: Acute Care Discharges Race and Ethnicity Distributions and Utilization
Per 1,000 of Population, FYs 2003-2007 (5 yr. avg.)**

Race	Discharges		Connecticut		Utilization Rate per 1,000 Population
	5-yr Avg.	% Distribution	Population ¹	% Distribution	
White	312,762	74.4%	2,958,671	84%	106
Minorities	107,655	25.6%	543,638	16%	198
Black	44,622	11%	360,645	10%	124
American Indian/Eskimo/Aleut	490	0.1%	12,602	0.4%	39
Hawaiian/Pacific Islander	87	0.0%	2,696	0.1%	32
Asian	4,086	1%	119,611	3%	34
Other ²	18,446	4%	48,084	1%	384
Hispanics ³	39,923	9%	403,375	12%	99
Total	420,417	100%	3,502,309	100%	120

Source: CT Office of Health Care Access Acute Care Hospital Inpatient Discharge Database and US Census Bureau 2007 Population Estimates

¹ Census race categories are one race only

² The Acute Care Hospital Inpatient Discharge Database "Other" category is defined as "other non-white," whereas the Census "Other" category includes "two or more races." These definitional differences may result in highly variable utilization rates in the "Other" category.

³ Hispanics or Latinos of any race

ED utilization rates for minorities were also significantly higher than for whites. **Table 11** shows that minorities comprised 16% of Connecticut's population, yet accounted for nearly 30% of emergency department visits. Fifteen percent (15%) of patients' race/ethnicity was reported as unknown.

**Table 11: ED Visits Race and Ethnicity Distributions and Utilization
Per 1,000 of Population, FYs 2003-2007 (5 yr. avg.)**

Race	Visits ⁴		Connecticut		Utilization Rate per 1,000 Population
	5-yr Avg.	% Distribution	Population ¹	% Distribution	
White	803,357	56.1%	2,958,671	84%	272
Minorities	411,328	28.7%	543,638	16%	757
Black	185,445	13%	360,645	10%	514
American Indian/Eskimo/Aleut	1,114	< 1%	12,602	0.4%	88
Hawaiian/Pacific Islander	273	< 1%	2,696	0.1%	101
Asian	8,638	1%	119,611	3%	72
Other ²	32,008	2%	48,084	1%	666
Hispanics ³	183,849	13%	403,375	12%	456
Unknown	216,513	15.1%	-	-	-
Total	1,431,198	100%	3,502,309	100%	409

Source: Connecticut Hospital Association Chime ED Data and US Census Bureau 2007 Population Estimates

¹ Census race categories are one race only

² The Acute Care Hospital Inpatient Discharge Database "Other" category is defined as "other non-white," whereas the Census "Other" category includes "two or more races." These definitional differences may result in highly variable utilization rates in the "Other" category.

³ Hispanics or Latinos of any race

⁴ Excludes Essent-Sharon Hospital ED data

Geographic Area Cohort:

As illustrated in **Table 12**, approximately three quarters of discharged patients resided in New Haven (26%), Hartford (25%) or Fairfield (23%) counties, Connecticut's most populated areas.

New Haven county had the highest utilization rate (131 per 1,000 of the population), while Tolland county had the lowest usage of inpatient services (93 per 1,000 of the population).

From FY 2003 to FY 2007, increases in discharges were the highest for out-of-state patients (17 %), residents of New Haven (9%) and Fairfield (8%) counties. New London County experienced the most significant decline in discharged patients (4%).

Approximately two thirds of out-of-state patients resided in New York, followed by Massachusetts (9%), Florida (5%) and Rhode Island (4%).

Table 12: Acute Care Hospital Patient County Discharge Distribution and Utilization Per 1,000 Population, FY 2003-2007 (5 yr. avg.)

Patient County	Discharges			2007 Population Estimates		
	5-yr Avg	5-yr % Change	Avg Share of Total	Connecticut Population	Share of Population	Utilization per 1,000
Fairfield	97,452	1%	23%	895,015	26%	109
Hartford	105,480	8%	25%	876,824	25%	120
New Haven	111,082	9%	26%	845,494	24%	131
New London	29,779	-4%	7%	267,376	8%	111
Litchfield	20,526	3%	5%	188,273	5%	109
Middlesex	17,185	7%	4%	164,150	5%	105
Tolland	13,775	1%	3%	148,139	4%	93
Windham	12,881	-1%	3%	117,038	3%	110
Other *	12,257	17%	3%	N/A	N/A	N/A
Statewide	420,417	5%	100%	3,502,309	100%	120

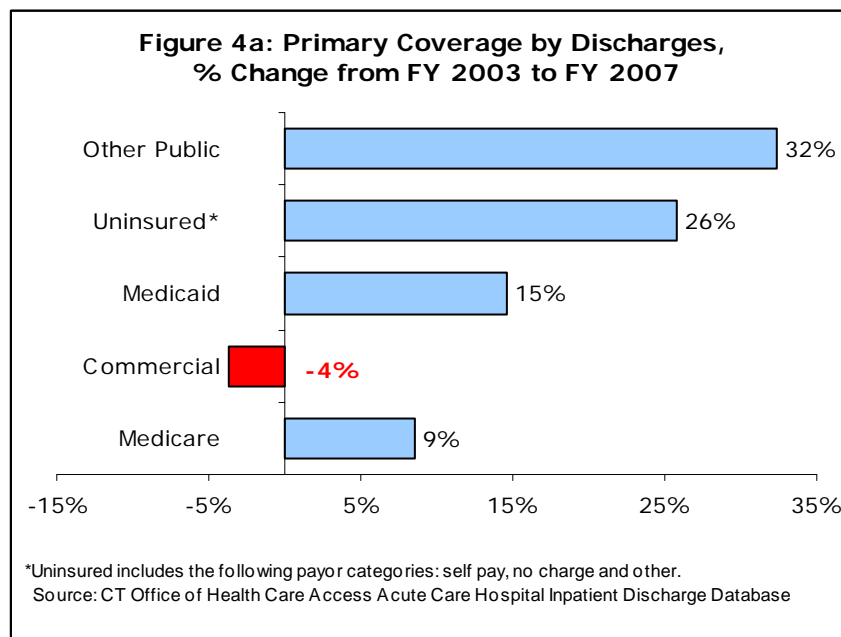
Source: CT Office of Health Care Access Acute Care Hospital Inpatient Discharge Database and US Census Bureau 2007 Population Estimates

* Includes NY, MA, RI, other states, US Territories and other countries

Primary Source of Coverage:

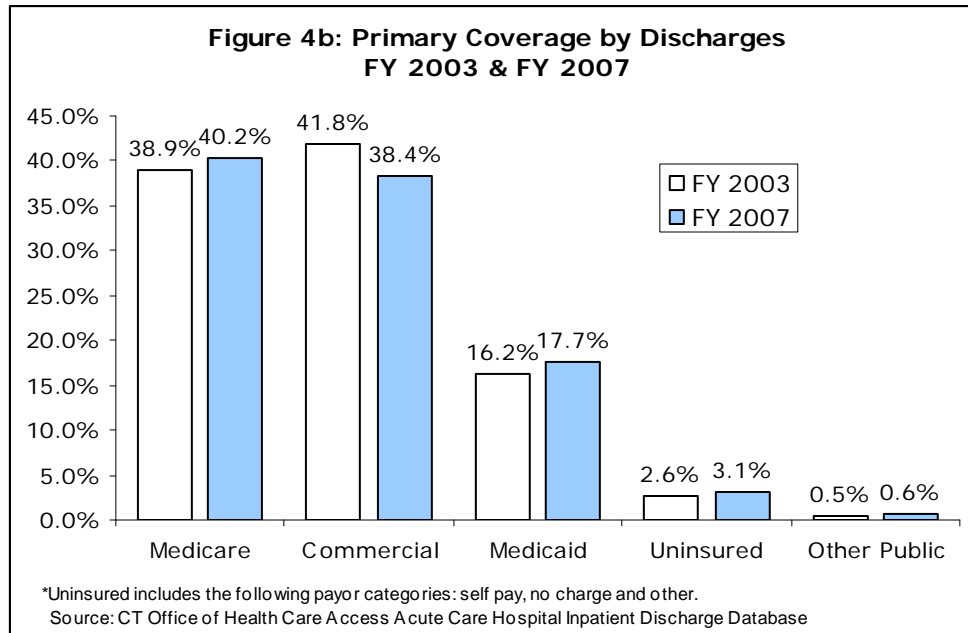
Hospital discharge data for the period of FY 2003 to FY 2007 indicated that the number of patients with commercial insurance as their primary source of coverage had declined in each year. During FY 2005, commercial insurance was surpassed by Medicare as the predominant patient-held coverage.

Figure 4a indicates that from FY 2003 to FY 2007, the number of discharged patients with commercial insurance as their primary source of coverage dropped by 4%. All the remaining coverage categories showed an increase for the same time period and included: other public programs (32%), uninsured* (26%), Medicaid (15%) and Medicare (9%).



* Includes "self pay," "no charge" and "other"

Figure 4b compares the patient primary coverage mix in FY 2003 and FY 2007. In FY 2003, the majority of patients were covered by commercial insurance (41.8%), followed by Medicare (38.9%), Medicaid (16.2%), uninsured* (2.6%) and other public programs (0.5%). However, in each of the last three fiscal years (FY05-07), hospitals reported that Medicare had surpassed commercial insurance as the primary coverage type. Patients discharged in FY 2007 with Medicare (40.2%), Medicaid (17.7%), uninsured* (3.1%) and other public programs (0.6%) as their primary coverage type all increased their share of Connecticut hospitals' coverage, compared to FY 2003.



* Includes "self pay," "no charge" and "other"

Principal Diagnosis:

To understand the most significant health issues being treated in Connecticut's hospitals, **Table 13** lists the top ten principal diagnosis codes⁸ assigned to patients at discharge during FY 2007. Diagnoses relating to childbirth accounted for nearly half of the top ten discharges. Heart related issues were the next largest group, with heart failure as the most common occurrence. Pneumonia, a common illness experienced by the elderly, ranked third for most common discharge diagnosis.

Table 13: Top Ten Primary Reasons for Hospitalizations, FY 2007

FY 2007 Rank	ICD-9 Diagnosis Description	Diagnosis Code	FY 2007	% of Total Discharges	FY 2003 Rank
1	Infant born in hospital	V30.00	26,651	6%	1
2	Infant born in hospital - cesarean delivery	V30.01	13,502	3%	3
3	Pneumonia	486	11,340	3%	2
4	Heart Failure	428.0	9,418	2%	4
5	Coronary atherosclerosis of native coronary artery	414.01	8,054	2%	5
6	Chest Pain	786.59	5,824	1%	6
7	Acute renal failure, unspecified	584.9	5,168	1%	28
8	Previous cesarean delivery	654.21	4,917	1%	12
9	Urinary tract infection, unspecified	599.0	4,601	1%	16
10	Atrial fibrillation	427.31	4,592	1%	10
Top Ten Total			94,067	22%	
Total Discharges			429,355		

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

Principal Procedure:

Table 14 lists the top ten primary procedures⁹ for discharged patients during FY 2007. As expected, many of the procedures in the table correspond to diagnoses identified in **Table 13**. Procedures most frequently performed were related to child birth (circumcision, cesarean sections, manual assisted delivery, and repair of obstetric laceration—12% of discharges) and heart disease (angioplasty/atherectomy—2%). Other common procedures included vaccines (2%), total knee replacements (1%), blood transfusions (1%), and endoscopy (1%).

Table 14: Top Ten Primary Procedures Performed, FY 2007

FY 2007 Rank	ICD-9 Procedure Description	Procedure Code	FY 2007	% of Total Discharges	FY 2003 Rank
1	Circumcision	64	15,871	4%	1
2	Low cervical cesarean section	74.1	14,103	3%	2
3	Manually assisted delivery	73.59	10,280	2%	3
4	Repair of other current obstetric laceration	75.69	9,180	2%	4
5	Prophylactic administration of vaccine against other diseases	99.55	6,796	2%	8
6	Percutaneous transluminal coronary angioplasty (PTCA) or coronary atherectomy*	00.66	6,794	2%	5
7	Total knee replacement	81.54	5,622	1%	10
8	Venous catheterization, not else where classified	38.93	5,557	1%	7
9	Transfusion of packed cells	99.04	5,036	1%	16
10	Esophagogastroduodenoscopy (EGD) with closed biopsy	45.16	4,426	1%	11
Top Ten Total			83,665	19%	
Total Discharges			429,355		

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

* Code effective from 10/1/2005 and replaced 36.01, 36.02 and 36.07

Summary and Recommendations:

In the five year period from 2003 to 2007, Connecticut hospitals experienced increases in inpatient and emergency department utilization and inpatient readmissions (within the same hospital). In addition, acute care hospitals saw a rise in outpatient visits over the same time period. Concurrently, there was an overall decline in the number of staffed beds. OHCA's further study of these and other trends is warranted.

While the analysis of the agency's existing inpatient acute care data will be useful in further exploration of acute care hospital trends, more comprehensive data are essential for health planning and research efforts and to adequately report on access to and utilization of Connecticut's health care system, as mandated by General Statutes § 19a-634.¹⁰

Outpatient care represents a significant portion of health care services utilized by Connecticut residents. Under General Statutes § 19a-613, OHCA has statutory authority to collect outpatient data from health care facilities and institutions, and the agency plans to develop regulations to allow for implementation of outpatient data collection. The collection and analysis of outpatient data beyond the acute care hospital setting will allow the agency to more effectively address the requirements of General Statutes § 19a-634.

OHCA is a valued and unbiased resource for health care data and is called upon with increasing frequency to provide data and analyses to assist and support (1) executive branch agencies and the legislature with information critical for the development of health care policy; and 2) researchers and institutions conducting studies related to, for example, improving public health and reducing health care costs. OHCA acknowledges that data collection efforts are resource intensive and the desire for data must be balanced within the confines of available dollars and the capacity of health care providers to supply and transmit necessary data. The agency suggests changes to existing statutes as the first step in the collection and provision of information critical to health care system planning.

Recommendation 1

Modify General Statutes § 19a-634. OHCA recommends the statewide health care facility utilization study be conducted annually, rather than on a "continuing" basis. The agency also suggests the statute be revised to more accurately reflect areas over which the agency has jurisdiction and to more appropriately address the following: (1) an assessment of the availability of acute, emergency, and specialty hospital care; outpatient surgical care; primary care; and clinic care; (2) an evaluation of the unmet needs of at-risk and vulnerable populations as OHCA determines; (3) a projection of future demand for health care services and the impact of technology; and (4) recommendations for expanding, reducing, or modifying health care facilities or services.

Recommendation 2

Modify General Statutes § 19a-654. OHCA recommends the statutory language granting the agency authority to collect outpatient data under General Statutes § 19a-613 be included in this subsection as well, for the sake of consistency. OHCA also recommends enabling the agency to release some patient level data to certain entities for legitimate research purposes to benefit the public good. To ensure the protection of patient privacy, the agency recommends the establishment of a Data Protection Committee, consisting of experts from within and from outside state government, which would review such data requests and recommend approval or denial by OHCA's commissioner. OHCA also recommends researchers requesting data be required to provide assurances to the agency that patient privacy would be protected and that OHCA be given the authority to assess civil penalties for the misuse of such data.

These recommendations are, in part, based upon recommendations from the Hospital System Strategic Task Force as contained in the report issued on January 8, 2008. OHCA believes it is important to implement the changes above and proceed with establishing and maintaining a state-wide health care facilities plan that would benefit both the state's health care system and the citizens it serves.

Footnotes:

¹ Fiscal Year runs October 1st through September 30th of the following year. Hospital Budget System Schedule 500 data are "as filed" by the hospitals and are reviewed by OHCA. Licensed beds were cross-checked with Department of Public Health licensure data.

² OHCA collects data on readmissions to the same hospital within a fiscal year for the following time periods: <31 days, >30 days but <61, >61 days but <91, >90 days but <181 days, >180 days, and no previous admission. Readmissions may be for either the same or a different principal diagnosis than the initial admission.

³ Only hospital-owned facilities report data to OHCA, whereas many outpatient facilities are joint partnerships with or solely owned by physician groups or are owned by hospital affiliates. Data from those facilities are not included in this report.

⁴ OHCA's Hospital Reporting System contains aggregate information on patients treated in and released from emergency departments, as well as hospital home care, psychiatric and other clinics, and private referred visits. The agency's Acute Care Hospital Inpatient Discharge Database currently collects detailed demographic, diagnostic and procedure detail information on patients treated in the state's emergency departments and then admitted as inpatients, but this information is only 4% of all outpatient encounters.

⁵ Source: 2006 AHA Annual Survey Database (includes all non-federal hospitals)

⁶ Occupancy rates may fluctuate seasonally, with higher occupancy during flu season, for example.

⁷ Source: Department of Public Health – Vital Statistics

⁸ Patient may have more than one diagnosis. OHCA collects information on up to 10 diagnoses.

⁹ Not all hospitalizations have associated procedures.

¹⁰ Sec. 19a-634. State-wide health care facility studies, plans and recommendations. (a) The Office of Health Care Access, in consultation with the Department of Public Health, shall carry out a continuing state-wide health care facility utilization study, including a study of existing health care delivery systems; recommend improvements in health care procedures to the health care facilities and institutions; recommend to the commissioner legislation in the area of health care programs; and report annually to the Governor and the General Assembly its findings, recommendations and proposals, as of January first, for improving efficiency, lowering health care costs, coordinating use of facilities and services and expanding the availability of health care throughout the state.

(b) The office shall establish and maintain a state-wide health care facilities plan, including provisions for an ongoing evaluation of the facility utilization study conducted pursuant to subsection (a) of this section to: (1) Determine the availability of acute care, long-term care and home health care services in private and public institutional and community-based facilities providing diagnostic or therapeutic services for residents of this state; (2) determine the scope of such services; and (3) anticipate future needs for such facilities and services. The health care facilities plan shall be considered part of the state health plan for purposes of office deliberations pursuant to section 19a-637.

Appendices:

Appendix I: Connecticut Acute Care Hospitals: FYs 2003 - 2007

Hospital Name	Affiliation/Parent Corporation	Town	County	Teaching	FY 2007		FY 2003 ¹
					Licensed Beds ²	Staffed Beds ²	Staffed Beds ²
William W. Backus	Backus Corporation	Norwich	New London		233	199	181
Bridgeport	Yale-New Haven Health Services Corporation	Bridgeport	Fairfield	√	425	335	335
Bristol	Bristol Hospital & Health Care Group	Bristol	Hartford		154	115	154
Charlotte Hungerford	Charlotte Hungerford Hospital	Torrington	Litchfield		122	82	116
Connecticut Children's Medical Center	CCMC Corporation, Inc.	Hartford	Hartford	√	135	123	114
Danbury	Danbury Health Systems, Inc.	Danbury	Fairfield	√	371	246	226
Day Kimball	Day Kimball Healthcare Inc., d/b/a Day Kimball Hospital	Putnam	Windham		122	72	72
Essent-Sharon	Essent Healthcare Inc.	Sharon	Litchfield		94	47	47
Greenwich	Yale-New Haven Health Services Corporation	Greenwich	Fairfield	√	206	206	178
Griffin	Griffin Health Services Corporation	Derby	New Haven	√	180	96	175
Hartford	Hartford Health Care Corporation	Hartford	Hartford	√	867	749	759
Hospital of Central Connecticut ³	Central Connecticut Health Alliance	New Britain	Hartford	√	446	331	341
Hospital of Saint Raphael	Saint Raphael Healthcare System, Inc.	New Haven	New Haven	√	533	408	474
John Dempsey	University of Connecticut Health Center	Farmington	Hartford	√	224	224	224
Johnson Memorial	Johnson Memorial Corporation	Stafford	Tolland		101	86	67
Lawrence & Memorial	Lawrence & Memorial Corporation	New London	New London	√	308	252	249
Manchester Memorial	Eastern Connecticut Health Network, Inc.	Manchester	Hartford		283	140	140
Middlesex	Middlesex Health System, Inc.	Middletown	Middlesex	√	297	163	146
MidState Medical Center	Hartford Health Care Corporation	Meriden	New Haven		142	136	114
Milford	Milford Health and Medical Incorporated	Milford	New Haven		118	65	62
New Milford	New Milford Hospital, Inc.	New Milford	Litchfield		95	35	72
Norwalk	Norwalk Health Services Corporation	Norwalk	Fairfield	√	366	221	231
Rockville General	Eastern Connecticut Health Network, Inc.	Vernon	Tolland		118	66	72
Saint Francis Hospital and Medical Center	Saint Francis Care, Inc.	Hartford	Hartford	√	682	553	542
Saint Mary's	Saint Mary's Health System, Inc.	Waterbury	New Haven	√	379	196	161
Saint Vincent's Medical Center	St. Vincent's Health Services Corporation	Bridgeport	Fairfield	√	444	336	330
Stamford	Stamford Health System	Stamford	Fairfield	√	330	319	326
Waterbury	Greater Waterbury Health Network	Waterbury	New Haven	√	393	235	300
Windham Community Memorial	Windham Community Memorial Hospital	Willimantic	Windham		144	87	92
Yale-New Haven	Yale-New Haven Health Services Corporation	New Haven	New Haven	√	944	897	852
Statewide				18	9,256	7,020	7,152

Source: CT Office of Health Care Access Hospital Budget System Schedule 500 and Hospital Reporting System Report 400

¹ Year total includes 46 beds at Bradley Memorial Hospital which is now part of Hospital of Central Connecticut.

² Includes newborn bassinets.

³ Established on October 1, 2007 from the merger of New Britain General Hospital and Bradley Memorial Hospital.

Appendix II: Connecticut Acute Care Discharges: FYs 2003 - 2007

Hospitals	Discharges					Year-to-Year Change (%)				
	FY 2003	FY 2004	FY 2005	FY 2006	FY 2007	03/04	04/05	05/06	06/07	03/07
William W. Backus	11,542	11,923	11,900	11,021	11,127	3	0	-7	1	-4
Bridgeport	20,012	20,091	20,113	19,582	19,683	0	0	-3	1	-2
Bristol	8,171	8,357	8,082	7,954	7,971	2	-3	-2	0	-2
Central Connecticut*	18,690	18,982	19,904	20,992	22,743	2	5	5	8	22
Charlotte Hungerford	6,424	6,304	6,201	6,195	6,138	-2	-2	0	-1	-4
CT Children's Medical Center	5,202	5,498	5,520	5,615	5,530	6	0	2	-2	6
Danbury	18,976	19,522	19,871	20,403	20,719	3	2	3	2	9
Day Kimball	6,429	6,475	6,471	5,668	5,578	1	0	-12	-2	-13
Essent-Sharon	2,787	3,040	2,966	2,880	2,837	9	-2	-3	-1	2
Greenwich	11,093	11,391	11,920	12,348	12,790	3	5	4	4	15
Griffin	7,214	7,341	7,148	7,430	7,696	2	-3	4	4	7
Hartford	37,113	37,734	39,312	39,490	39,817	2	4	0	1	7
John Dempsey	8,945	9,556	9,789	9,923	10,008	7	2	1	1	12
Johnson Memorial	3,707	3,624	3,844	4,212	4,444	-2	6	10	6	20
Lawrence and Memorial	15,372	14,869	15,213	14,696	14,550	-3	2	-3	-1	-5
Manchester Memorial	7,907	8,668	8,953	8,958	9,012	10	3	0	1	14
Middlesex Memorial	12,599	12,089	12,354	12,866	13,385	-4	2	4	4	6
MidState Medical Center	8,758	9,038	9,864	9,812	9,660	3	9	-1	-2	10
Milford	4,726	5,058	5,123	4,971	5,026	7	1	-3	1	6
New Milford	3,182	3,316	3,377	3,116	2,817	4	2	-8	-10	-11
Norwalk	15,578	15,945	15,721	15,341	15,352	2	-1	-2	0	-1
Rockville General	4,630	4,017	3,935	3,600	3,580	-13	-2	-9	-1	-23
Saint Francis	31,559	32,527	32,184	31,647	31,595	3	-1	-2	0	0
Saint Mary's	12,064	12,069	12,241	12,984	13,156	0	1	6	1	9
Saint Raphael	24,823	25,378	25,100	25,354	26,597	2	-1	1	5	7
Saint Vincent's Medical Center	18,345	19,182	19,365	19,672	19,421	5	1	2	-1	6
Stamford	17,763	17,231	17,407	17,003	16,428	-3	1	-2	-3	-8
Waterbury	14,633	15,027	15,486	15,003	14,524	3	3	-3	-3	-1
Windham Community Memorial	5,160	5,091	5,205	5,385	5,705	-1	2	3	6	11
Yale-New Haven	45,371	46,957	48,610	50,354	51,466	3	4	4	2	13
Statewide	408,775	416,300	423,179	424,475	429,355	2	2	0	1	5

Source: CT Office of Health Care Access Acute Care Hospitals Inpatient Discharge Database

* Established on October 1, 2007 from the merger of New Britain General Hospital and Bradley Memorial Hospital.

Appendix III: Connecticut Acute Care Patient Days: FYs 2003-2007

Hospitals	Patient Days					Year-to-Year Change (%)				
	FY 2003	FY 2004	FY 2005	FY 2006	FY 2007	03/04	04/05	05/06	06/07	03/07
William W. Backus	49,819	52,370	52,716	47,281	46,965	5	1	-10	-1	-6
Bridgeport	104,534	107,654	108,044	101,413	103,574	3	0	-6	2	-1
Bristol	35,026	36,976	36,941	34,335	33,502	6	0	-7	-2	-4
Central Connecticut*	79,935	78,755	85,538	86,720	89,396	-1	9	1	3	12
Charlotte Hungerford	29,289	28,353	27,163	27,117	27,131	-3	-4	0	0	-7
CT Children's Medical Center	32,156	31,414	30,095	30,433	32,707	-2	-4	1	7	2
Danbury	78,191	78,914	84,433	85,128	88,182	1	7	1	4	13
Day Kimball	23,033	22,873	22,075	19,969	20,357	-1	-3	-10	2	-12
Essent-Sharon	12,031	12,741	12,778	11,743	11,470	6	0	-8	-2	-5
Greenwich	45,057	48,725	45,475	48,277	48,780	8	-7	6	1	8
Griffin	28,684	32,272	31,335	33,466	33,464	13	-3	7	0	17
Hartford	214,015	217,755	228,487	215,223	212,268	2	5	-6	-1	-1
John Dempsey	55,634	58,558	60,329	59,838	60,142	5	3	-1	1	8
Johnson Memorial	17,496	19,030	21,584	23,493	24,906	9	13	9	6	42
Lawrence and Memorial	72,658	69,150	71,361	68,201	69,545	-5	3	-4	2	-4
Manchester Memorial	37,947	39,506	42,997	44,286	44,817	4	9	3	1	18
Middlesex Memorial	49,751	50,113	52,012	53,817	54,739	1	4	3	2	10
MidState Medical Center	36,948	41,085	43,115	43,671	44,438	11	5	1	2	20
Milford	21,884	22,732	23,083	22,099	22,421	4	2	-4	1	2
New Milford	13,970	14,405	14,682	12,219	11,205	3	2	-17	-8	-20
Norwalk	82,365	83,694	82,671	80,828	79,391	2	-1	-2	-2	-4
Rockville General	17,483	15,475	15,464	14,237	14,769	-11	0	-8	4	-16
Saint Francis	158,091	163,437	162,454	162,182	161,360	3	-1	0	-1	2
Saint Mary's	53,282	54,181	55,038	59,899	60,774	2	2	9	1	14
Saint Raphael	130,624	142,168	136,821	133,674	135,118	9	-4	-2	1	3
Saint Vincent's Medical Center	94,545	99,364	102,144	100,206	99,440	5	3	-2	-1	5
Stamford	83,027	78,876	79,271	77,024	72,518	-5	1	-3	-6	-13
Waterbury	69,132	69,130	70,824	72,356	71,098	0	2	2	-2	3
Windham Community Memorial	19,934	20,934	20,261	20,025	21,590	5	-3	-1	8	8
Yale-New Haven	239,933	246,848	258,429	262,422	266,384	3	5	2	2	11
Statewide	1,986,474	2,037,488	2,077,620	2,051,582	2,062,451	3	2	-1	1	4

Source: CT Office of Health Care Access Acute Care Hospitals Inpatient Discharge Database

* Established on October 1, 2007 from the merger of New Britain General Hospital and Bradley Memorial Hospital.

Appendix IV: Connecticut Emergency Room and Other Outpatient Visits: FYs 2003 - 2007

Hospital	FY 2003		FY 2004		FY 2005		FY 2006		FY 2007	
	ED Visits	Other OP visits	ED Visits	Other OP visits	ED Visits	Other OP visits	ED Visits	Other OP visits	ED Visits	Other OP visits ²
Bridgeport	59,864	90,156	61,086	88,590	62,611	129,702	64,634	134,918	67,543	110,212
Bristol	36,640	163,457	36,657	157,472	37,540	151,077	37,397	150,390	39,526	113,185
Charlotte Hungerford	37,512	223,271	41,546	145,315	38,084	159,711	37,735	161,826	39,173	158,999
CT Children's Medical Center	37,640	0	37,951	0	40,321	0	40,137	0	43,172	69,968
Danbury	63,628	146,440	65,907	146,150	68,154	144,006	66,850	88,394	67,929	129,484
Day Kimball	24,792	356,579	25,850	364,696	21,456	386,684	28,496	399,167	28,723	392,487
Essent-Sharon	17,086	0	16,812	66,386	16,963	69,315	15,910	70,027	16,004	60,319
Greenwich	29,910	323,333	31,506	336,953	35,841	332,839	38,329	296,629	39,862	380,127
Griffin	36,024	13,335	35,833	13,601	36,788	14,651	36,160	18,009	38,131	77,343
Central CT ¹	70,289	138,544	72,529	159,379	78,555	144,442	84,338	160,409	90,358	202,458
Hartford	76,858	130,202	79,544	126,258	80,473	125,478	79,994	117,038	80,269	144,413
John Dempsey	26,299	82,893	27,925	86,788	27,728	102,188	27,921	129,030	30,254	252,987
Johnson Memorial	18,147	77,096	18,770	84,881	20,319	98,854	20,799	99,253	21,384	68,710
Lawrence & Memorial	84,835	32,419	83,905	31,524	84,851	29,951	84,175	29,999	82,691	401,930
Manchester Memorial	48,315	190,465	55,126	226,866	32,009	253,567	29,106	279,575	44,832	223,198
Middlesex	79,933	578,345	83,231	452,013	84,044	418,346	84,936	492,523	87,169	538,958
MidState Medical Center	64,850	8,283	63,505	4,589	67,222	3,667	67,256	3,051	69,848	79,787
Milford	32,455	43,763	31,548	46,078	31,019	42,606	30,238	34,531	37,533	32,119
New Milford	19,155	70,864	19,049	76,223	19,533	78,465	18,118	81,650	19,309	87,248
Norwalk	44,904	68,225	44,097	67,536	45,015	37,766	46,717	41,223	47,723	130,373
Rockville General	26,034	80,526	25,884	81,384	15,160	83,703	14,960	85,481	23,647	85,867
Saint Francis	64,350	538,544	60,309	596,152	60,637	588,209	62,778	596,349	66,586	248,819
Saint Mary's	59,125	149,498	59,625	142,859	63,342	136,110	74,097	137,469	68,274	148,303
Saint Raphael	46,271	203,408	50,263	212,013	53,295	209,247	51,953	204,601	50,896	88,350
Saint Vincent's Medical Center	52,452	129,450	55,718	133,534	58,470	146,088	58,542	158,297	60,288	145,263
Stamford	40,070	138,911	41,977	130,755	43,208	132,813	43,155	144,197	44,613	206,982
William W. Backus	47,764	307,369	47,992	326,358	49,107	341,370	49,866	349,218	54,998	308,967
Waterbury	55,861	185,289	55,689	179,572	57,032	170,238	56,331	169,573	53,824	158,164
Windham	21,563	14,894	20,345	11,715	21,343	12,533	23,482	13,565	26,502	128,137
Yale-New Haven	91,881	141,795	96,557	147,809	107,481	152,365	113,921	149,534	122,775	449,152
Total	1,414,507	4,627,354	1,446,736	4,643,449	1,457,601	4,695,991	1,488,331	4,795,926	1,563,836	5,622,309

Source: CT Office of Health Care Access Hospital Budget System Schedule 500 and Hospital Reporting System Report 400.

¹ Established on October 1, 2007 from the merger of New Britain General Hospital and Bradley Memorial Hospital.

² Due to the implementation of the Hospital Reporting System (HRS) and revised data definitions, comparability between FY 2007 and previous years may show high variability.

Appendix V: Connecticut Acute Care Hospital Staffed Beds by Service: FYs 2003 and 2007

	FY 2003											FY 2007											
	Adult Medical or Surgical	ICU/CCU	Exempt Psychiatric	Maternity	Newborn	Neonatal ICU	Exempt Rehabilitation	Pediatric	Alcohol & Drug	Other	Total	Adult Medical or Surgical	ICU/CCU	Psychiatric	Maternity	Newborn	Neonatal ICU	Rehabilitation	Pediatric	Alcohol & Drug	Other	Total	
Acute Care Hospital																							
Bridgeport Hospital	188	23	36	28	19	15	15	11			335	201	25	15	31	20	18	16	9			335	
Bristol Hospital	86	14	16	15	20			3			154	71	12	14	7	8			3			115	
Charlotte Hungerford Hospital	74	10	17	5	5			5			116	48	7	17	4	4			2			82	
CT Children's Medical Center		16				26		72			114		18				32		73			123	
Danbury Hospital	130	10	16	20	16	11	13	10			226	148	12	20	18	15	10	14	9			246	
Day Kimball Hospital	44	6	14	4	4						72	44	6	14	4	4						72	
Essent-Sharon Hospital	22	5	12	4	4						47	22	5	12	4	4						47	
Greenwich Hospital	108	10		24	24			6	6		178	124	10		30	22	10		10			206	
Griffin Hospital	118	14	16	12	15						175	64	9	10	7	6						96	
Hospital of Central Connecticut*	239	30		27	24	8		7	6		341	240	24	22	22	13	6		4			331	
Hartford Hospital	453	66	139	43	48		10				759	455	64	139	43	48						749	
John Dempsey Hospital	94	15	35	20	20	30				10	224	91	15	34	20	20	30				14	224	
Johnson Memorial Hospital	40	6	11	4	4			2			67	50	7	17	6	6						86	
Lawrence & Memorial Hospital	143	20	18	22	14	10	16	6			249	144	20	18	24	14	10	16	6			252	
Manchester Memorial Hospital	76	8	30	10	10			6			140	82	8	30	10	10						140	
Middlesex Hospital	100	10	16	10	10						146	97	28	17	11	10						163	
MidState Medical Center	77	7	6	12	12						114	99	7	6	12	12						136	
Milford Hospital	47	7		4	4						62	47	8		5	5						65	
New Milford Hospital	40	8		8	10			6			72	24	4		3	3			1			35	
Norwalk Hospital	117	34	19	15	12	6	23	5			231	109	40	17	14	11	4	22	4			221	
Rockville General Hospital	40	6		6	8			12			72	46	6		6	8						66	
St. Francis Hospital	315	42	61	56	27	28		13			542	341	42	85	30	27	28					553	
St. Mary's Hospital	109	16	10	16	10						161	132	16	12	14	7			7		8	196	
St. Raphael Hospital	286	77	25	19	22	8	16	21			474	247	67	43	15	11	8	16	1			408	
St. Vincent's Hospital	234	18	16	25	23		10	4			330	240	24	16	22	24		10				336	
Stamford Hospital	185	14	25	32	25	16	16	13			326	183	14	20	32	25	16	16	13			319	
Waterbury Hospital	167	20	30	32	36			15			300	139	20	30	17	11			10		8	235	
William W. Backus Hospital	118	12	18	15	18						181	136	12	18	15	18						199	
Windham Hospital	54	12		14	12						92	53	12		14	8						87	
Yale-New Haven Hospital	471	67	100	56	46	46	12	54			852	485	101	87	56	46	46		76			897	
Total	4,175	603	686	558	502	204	131	271	12	10	7,152	4,162	643	713	496	420	218	110	228	0	30	7,020	

Source: CT Office of Health Care Access Hospital Budget System Schedule 500 and Hospital Reporting System Report 400.

*Bradley Memorial Hospital and New Britain General Hospital merged to establish the Hospital of Central Connecticut on October 1, 2007.

Appendix VI: Connecticut Acute Care Hospital Staffed Bed Occupancy Rate: FYs 2005 and 2007

Hospital Name	2007			2006			2005		
	Patient Days	Staffed Beds	Occupancy Rate of Staffed Beds	Patient Days	Staffed Beds	Occupancy Rate of Staffed Beds	Patient Days	Staffed Beds	Occupancy Rate of Staffed Beds
Backus Hospital	46,965	199	65%	47,281	188	69%	52,716	188	77%
Bridgeport Hospital	103,574	335	85%	101,413	334	83%	108,044	335	88%
Bristol Hospital	33,502	115	80%	34,335	154	61%	36,941	154	66%
Charlotte Hungerford Hospital	27,131	82	91%	27,117	101	74%	27,163	116	64%
CT Children's Medical Center	32,707	123	73%	30,433	122	68%	30,095	115	72%
Danbury Hospital	88,182	246	98%	85,128	251	93%	84,433	245	94%
Day Kimball Hospital	20,357	72	77%	19,969	72	76%	22,075	72	84%
Essent - Sharon Hospital	11,470	47	67%	11,743	47	68%	12,778	47	74%
Greenwich Hospital	48,780	206	65%	48,277	201	66%	45,475	194	64%
Griffin Hospital	33,464	96	96%	33,466	94	98%	31,335	89	96%
Hartford Hospital	212,268	749	78%	215,223	749	79%	228,487	774	81%
Hospital of Central Connecticut*	89,396	331	74%	86,720	367	65%	85,538	336	70%
John Dempsey Hospital	60,142	224	74%	59,838	224	73%	60,329	224	74%
Johnson Memorial Hospital	24,906	86	79%	23,493	85	76%	21,584	83	71%
Lawrence and Memorial Hospital	69,545	252	76%	68,201	249	75%	71,361	249	79%
Manchester Memorial Hospital	44,817	140	88%	44,286	140	87%	42,997	140	84%
Middlesex Memorial Hospital	54,739	163	92%	53,817	177	83%	52,012	175	81%
MidState Medical Center	44,438	136	90%	43,671	136	88%	43,115	136	87%
Milford Hospital	22,421	65	95%	22,099	64	95%	23,083	68	93%
New Milford Hospital	11,205	35	88%	12,219	72	46%	14,682	72	56%
Norwalk Hospital	79,391	221	98%	80,828	224	99%	82,671	230	98%
Rockville General Hospital	14,769	66	61%	14,237	66	59%	15,464	66	64%
St. Francis Hospital	161,360	553	80%	162,182	574	77%	162,454	564	79%
St. Mary's Hospital	60,774	196	85%	59,899	178	92%	55,038	169	89%
St. Raphael Hospital	135,118	408	91%	133,674	474	77%	136,821	474	79%
St. Vincent's Hospital	99,440	336	81%	100,206	336	82%	102,144	348	80%
Stamford Hospital	72,518	319	62%	77,024	319	66%	79,271	319	68%
Waterbury Hospital	71,098	235	83%	72,356	271	73%	70,824	288	67%
Windham Community Hospital	21,590	87	68%	20,025	87	63%	20,261	87	64%
Yale-New Haven Hospital	266,384	897	81%	262,422	875	82%	258,429	866	82%
Total	2,062,451	7,020	80%	2,051,582	7,231	78%	2,077,620	7,223	79%

Source: CT Office of Health Care Access Acute Care Hospitals Inpatient Discharge Database

*Data from Bradley Memorial and New Britain General hospitals were combined under this heading for 2006 and 2007

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