

Tennessee Department of Health

Office of Policy, Planning and Assessment Surveillance, Epidemiology and Evaluation

Hospitalizations in Tennessee 2008

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Key Findings

In 2008, there were approximately 832,000 in-patient hospitalizations in Tennessee and the hospitalization rate was 13,189 hospitalizations per 100,000 population. Although the annual number of hospitalizations increased slightly between 1999 and 2008, the annual hospitalization rate remained steady.

Who is admitted to the hospital?

- Hospitalizations varied by age group, with persons 65 years and older having the highest hospitalization rate. Although people in this age group made up just 13% of the population, they accounted for 36% of all hospital stays.
- Women were hospitalized more frequently than men. The primary reason for this difference was hospitalizations for pregnancy and childbirth.
- Blacks were hospitalized more frequently than whites, with black females having the highest hospitalization rate when compared to other race/gender groups.

Why are patients admitted to the hospital?

- Infant birth was the most common reason for hospitalization, accounting for 10% of all discharges.
- Four of the ten most common reasons for hospitalization were cardiovascular diseases.
- The most common reason for hospitalization varied by age group:
 - o Infants less than 1 year birth
 - o 1-17 year olds mood disorders
 - o 18-44 year olds mood disorders*
 - o 45-64 year olds coronary atherosclerosis
 - o 65-79 year olds chronic obstructive pulmonary disease
 - o 80+ year olds congestive heart failure
- Pneumonia was the only diagnosis among the ten most common reasons for hospitalization for all age groups.

How are patients admitted to the hospital?

- Approximately 47% of hospitalizations were routine, while another 47% originated in the emergency department (ED). The remaining 6% of hospital admissions were from other hospitals, long-term care facilities or other sources.
- Admissions through the ED increased 18% between 1999 and 2008.

^{*} After exclusion of pregnancy- and childbirth-related conditions.

Key Findings

- Mean charges for admissions through the ED were 16% higher than charges for routine admissions.
- The percentage of hospitalizations originating in the ED was higher for blacks than for whites.
- Almost three-quarters of all uninsured hospital stays originated in the ED.
- The most common diagnosis among patients admitted through the ED was pneumonia.
- The five diagnoses with the highest percentage of admissions through the ED were all injuries or poisonings.

How much do hospitals charge?

- In 2008, charges for inpatient hospitalizations totaled \$20.1 billion, and each hospital stay resulted in mean charges of approximately \$24,000.
- Total charges more than doubled between 1999 and 2008, while mean charges increased 76% during this time period.
- The most expensive condition was spinal cord injury with mean charges of approximately \$120,000.
- Four of the ten most expensive conditions were related to care of infants with complications and three out of ten were related to the cardiovascular system.
- The most expensive conditions were relatively uncommon the ten most expensive conditions accounted for less than 1% of all hospital discharges.

Who is billed for hospital care?

- TennCare was billed for the largest percentage of hospital stays (36%), followed by Medicare (32%), private insurance (26%) and uninsured stays (6%).
- The most common diagnosis among hospitalizations billed to Medicare was pneumonia.
- The most common diagnosis among hospitalizations billed to TennCare, private insurers and uninsured stays was infant birth.

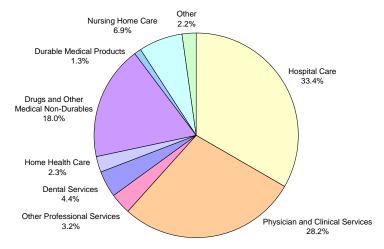
How are patients discharged from the hospital?

- The majority of hospital discharges (73%) were routine.
- 2% of patients were discharged to short-term care facilities and the most common diagnosis was rehabilitation care.
- 12% of patients were discharged to long-term care facilities and the most common diagnosis was hip fracture.
- 2% of patients died while hospitalized. The most common diagnosis among patients who died in-hospital was septicemia, and the diagnosis with the highest in-hospital mortality rate was cardiac arrest/ventricular fibrillation.
- Less than 1% of patients left against medical advice and the most common diagnosis among these patients was mood disorders.

Introduction

In 2004, healthcare expenditures in Tennessee totaled \$32.2 billion dollars.¹ This represented 15.6% of the gross state product and was almost double the amount spent in 1995.¹ The largest proportion of these expenditures (33.4%) went towards hospital care.¹ Information on hospitalizations is therefore critical to understanding and addressing healthcare costs. In addition, hospitalization data are important for documenting the burden of disease in the state, as well as the demands placed on its healthcare system.

Tennessee Health Expenditures, 2004



The following report contains a detailed description of inpatient hospitalizations in Tennessee for the year 2008, and includes discharges from all hospitals licensed by the Tennessee Department of Health. The overall organization of the report is based on The Agency for Healthcare Research and Quality's fact book entitled *Hospitalizations in the United States*, 2002.²

In addition to a brief description of Tennessee hospitals, the report answers the following questions:

- Who is admitted to the hospital?
- Why are patients admitted to the hospital?
- How are patients admitted to the hospital?
- How much do hospitals charge?
- Who is billed for hospital care?
- How are patients discharged from the hospital?

Appendices provide detailed information about hospitalizations for specific diagnoses (including number of discharges, hospitalization rate, mean charges, mean length of stay, admissions from the emergency department and inhospital deaths), as well as hospitalization rates and most common reasons for hospitalization by county.

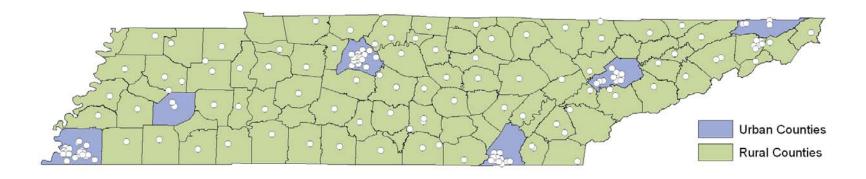
This report offers a detailed and up-to-date overview of inpatient hospitalizations in the state and is intended to inform health professionals, policy makers, and other organizations and individuals interested in improving health and healthcare in Tennessee.

Overview of Hospitals and Hospitalizations in Tennessee

Location of Hospitals

- In 2008, there were 157 hospitals licensed by the Tennessee Department of Health (TDH).*
 - o 61% of these hospitals were located within rural counties and 39% were in urban counties.

Hospitals Licensed by the Tennessee Department of Health



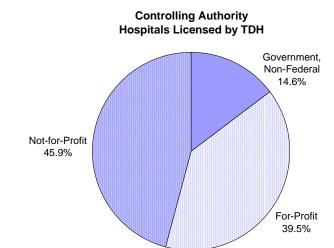
^{*} The TDH does not license federal facilities (e.g. VA hospitals) or those licensed by the Tennessee Department of Mental Health and Developmental Disabilities.

Controlling Authority

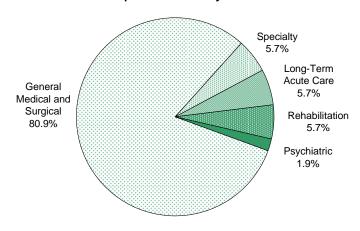
- Approximately 46% of hospitals were nongovernmental nonprofits operated by churches or other not-for-profit organizations.
- Approximately 40% were investor-owned, for-profit hospitals operated through partnerships or corporations.
- The remaining hospitals (15%) were non-federal government facilities operated by counties, city-counties or hospital districts/authorities.

Service Category

- The majority of hospitals (81%) were categorized as general medical and surgical facilities.
- Specialty, long-term acute care and rehabilitation facilities each made up approximately 6% of hospitals.
 - o Specialty hospitals included obstetrics and gynecology, pediatrics and spinal surgery.
- Approximately 2% of hospitals were categorized as psychiatric facilities.



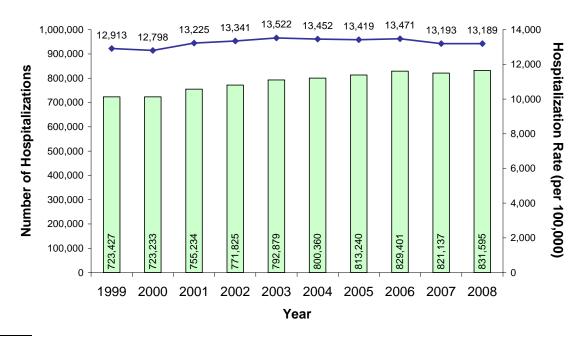
Service Category Hospitals Licensed by TDH



Number and Rate of Hospitalizations*

- In 2008 there were approximately 832,000 inpatient hospitalizations in Tennessee and the age-adjusted hospitalization rate was 13,189 hospitalizations per 100,000 population.
- The annual hospitalization rate increased 2% between 1999 and 2008; however, this change was not statistically significant.
- The annual number of hospitalizations increased 15% between 1999 and 2008. This was primarily a reflection of an increase in population size over this time period.

Number and Rate of Hospitalizations Tennessee, 1999-2008



^{*} See Appendix A for hospitalization rates by county.

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Who is admitted to the hospital?

Hospitalizations by Age

- The median age of hospitalized patients was 54 years.
- The hospitalization rate was highest among people aged 65 years and older.
 - o Although people in this age group made up just 13% of the Tennessee population, they accounted for 36% of all hospital stays.

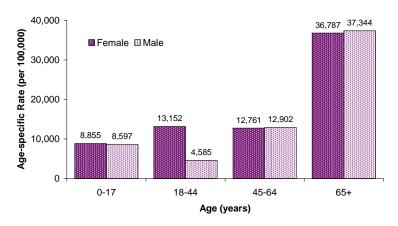
Hospitalizations by Gender

- The age-adjusted hospitalization rate among women was approximately 14,700 per 100,000 population, compared to 11,800 per 100,000 among men.
- Among people aged 0-17, 45-64 and 65 years and older, the hospitalization rates among women and men were nearly equal. However, among those 18-44 years of age, the hospitalization rate was almost three times as high among women compared to men.
 - o Approximately 3 out of every four hospitalized patients between the ages of 18 and 44 were women.
 - o Over one-half of hospitalizations for women aged 18-44 years were for conditions related to pregnancy and childbirth.
 - o When conditions related to pregnancy and childbirth were excluded, hospitalizations for women and men aged 18-44 years were more evenly distributed (54.6% versus 45.4%, respectively).

Tennessee, 2008 37,017 30,000 - 30,000 - 10,00

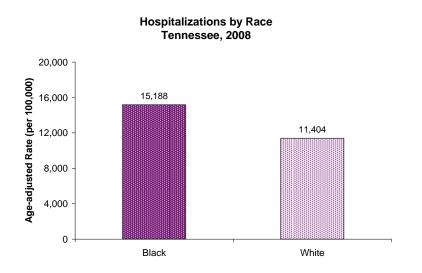
Hospitalizations by Age

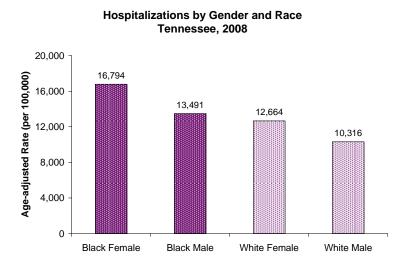
Hospitalizations by Age and Gender Tennessee, 2008



Hospitalizations by Race

- The age-adjusted hospitalization rate among blacks was approximately 30% higher than among whites.
- The age-adjusted hospitalization rate was highest among black females and lowest among white males.





Why are patients admitted to the hospital?

Most Common Reasons for Hospitalization*

- The most common reason for hospitalization was infant birth, which accounted for 10% of all hospital discharges.
- Four out of the ten most common diagnoses were cardiovascular diseases: congestive heart failure, hardening of the arteries, irregular heart beat and heart attack. Together, these four conditions accounted for 9% of all hospital discharges.

Top 10 Principal Diagnoses in Tennessee Hospitals – 2008				
Rank	Total Number of Discharges	Percent of All Discharges	Hospitalization Rate (per 100,000)	
1. Newborn infant	81,763	9.8	1,404	
2. Pneumonia	29,519	3.6	462	
3. Congestive heart failure	23,164	2.8	357	
4. Chronic obstructive pulmonary disease (COPD)	21,963	2.6	330	
5. Mood disorders	21,288	2.6	345	
6. Coronary atherosclerosis (hardening of the heart arteries)	21,036	2.5	312	
7. Septicemia (blood infection)	17,549	2.1	272	
8. Osteoarthritis (degenerative joint disease)	17,151	2.1	252	
9. Cardiac dysrhythmias (irregular heart beat)	15,894	1.9	245	
10. Acute myocardial infarction (heart attack)	14,919	1.8	225	

^{*}See Appendix B for most common reasons for hospitalization by county and Appendix C for a complete listing of all principal diagnoses.

Most Common Reasons for Hospitalization cont.

- Eight diagnoses were among the ten most common reasons for hospitalization (based on number of discharges) in both 1999 and 2008.
- Stroke and other maternal complications of birth were among the top ten in 1999 but not 2008.
 - o Hospitalizations for stroke decreased 7% during this time period to become the 17th most common cause of hospitalization in 2008.
 - o Hospitalizations for other maternal complications of birth decreased 12% to become the 12th most common cause of hospitalization.
- Blood infection and osteoarthritis were among the top ten in 2008 but not 1999.
 - o Hospitalizations for blood infection increased 130% during this time period to become the 7th most common cause of hospitalization in 2008.
 - o Hospitalizations for osteoarthritis increased 141% to become the 8th most common cause of hospitalization.

Top 10 Principal Diagnoses in Tennessee Hospitals -- 1999 vs. 2008

	1999 Rank	2008 Rank
Newborn infant	1	1
Pneumonia	2	2
Congestive heart failure	4	3
Chronic obstructive pulmonary disease (COPD)	5	4
Mood disorders	6	5
Coronary atherosclerosis (hardening of the heart arteries)	3	6
Septicemia (blood infection)	21	7
Osteoarthritis (degenerative joint disease)	24	8
Cardiac dysrhythmias (irregular heart beat)	10	9
Acute myocardial infarction (heart attack)	7	10
Acute cerebrovascular disease (stroke)	8	17
Other maternal complications of birth	9	12

Most Common Reasons for Hospitalization by Age*

- Infant birth was the most common diagnosis among patients less than 1 year of age.
- Mood disorders were the most common diagnosis among 1 to 17 year olds.
- For patients 18-44 years of age, eight out of the top ten reasons for hospitalization were related to pregnancy and childbirth. When pregnancy- and childbirth-related conditions were excluded, the most common diagnosis for this age group was mood disorders.
- The most common diagnoses among patients aged 45-64, 65-79 and 80+ years were hardening of the heart arteries, chronic obstructive pulmonary disease and congestive heart failure, respectively.
- Pneumonia was the only diagnosis among the top ten for all age groups.
- Three out of the ten most common diagnoses among 45-64 year olds and four out of the top ten among those aged 65-79 and 80+ years were cardiovascular diseases.
- Some conditions were among the top ten only within certain age groups. For example:
 - o Asthma patients 1-17 years
 - o Diabetes mellitus with complications patients 18-44 years
 - o Hip fracture patients 80 years and older
 - o Stroke patients 80 years and older

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^{*} Excludes diagnoses related to pregnancy and childbirth.

	Age Group					
	<1 Year	1-17 Years	18-44 Years	45-64 Years	65-79 Years	80+ Years
Total Number of Discharges	94,133	28,936	114,963	208,167	182,903	112,557
		Number	of Discharges f	or this Condition	on (Rank)	
Newborn infant	81,760 (1)					
Other conditions occurring around the time of birth	1,796 (2)					
Acute bronchitis	1,731 (3)	578 (9)				
Premature birth and low birthweight	596 (4)					
Pneumonia	587 (5)	2,234 (2)	3,103 (4)	7,361 (4)	8,771 (2)	7,463 (2)
Fever of unknown origin	541 (6)					
Hemolytic and perinatal jaundice (infant jaundice following birth)	536 (7)					
Digestive birth defects	427 (8)					
Skin and subcutaneous tissue infections	370 (9)	1,647 (4)	4,018 (2)			
Urinary infection	363 (10)	563 (10)	2,132 (10)			4,884 (4)
Mood disorders	,	2,339 (1)	9,878 (1)	6,504 (5)		, , ,
Asthma		1,858 (3)	, , ,	, ()		
Fluid and electrolyte disorders (primarily dehydration and fluid overload)		934 (5)				
Appendicitis		918 (6)				
Epilepsy, convulsions		916 (7)				
Chemotherapy and radiation therapy		656 (8)				
Diabetes mellitus with complications		` /	3,650 (3)			
Gallbladder disease			2,664 (5)			
Chest pain			2,581 (6)	6,133 (6)		
Schizophrenia and other psychotic disorders			2,380 (7)	, ()		
Spondylosis, intervertebral disc disorders (back problems)			2,362 (8)	4,941 (9)		
Pancreatic disorders other than diabetes			2,167 (9)	, ()		
Coronary atherosclerosis (hardening of the heart arteries)			, - (-,	9,562 (1)	8,162 (4)	
Chronic obstructive pulmonary disease (COPD)				8,150 (2)	9,397 (1)	3,361 (9)
Osteoarthritis (degenerative joint disease)				7,614 (3)	7,563 (5)	-, (-,
Acute myocardial infarction (heart attack)				5,986 (7)	4,784 (10)	3,072 (10)
Congestive heart failure				5,839 (8)	8,343 (3)	7,925 (1)
Complications of device, implant or graft				4,868 (10)	2,2 12 (2)	.,=== (.)
Cardiac dysrhythmias (irregular heart beat)				.,555 (10)	6,559 (6)	4,396 (5)
Septicemia (blood infection)					5,824 (7)	4,898 (3)
Rehabilitation care, fitting of prostheses, adjustment of devices					5,580 (8)	3,694 (7)
Respiratory failure, insufficiency, arrest (adult)					4,812 (9)	0,001(1)
Hip fracture					1,012(0)	3,950 (6)
Acute cerebrovascular disease (stroke)						3,688 (8)

^{*} Excludes diagnoses related to pregnancy and childbirth.

Most Common Reasons for Hospitalization by Race

- Infant birth was the most common diagnosis among both blacks and whites.
 - o Among hospitalizations for a principle diagnosis of infant birth, 14.5% of black newborns had a secondary diagnosis of preterm birth and/or low birthweight, compared to 10.8% of white newborns.
- Congestive heart failure, pneumonia, and blood infection were among the top ten diagnoses for both blacks and whites.
- Three of the ten most common diagnoses among blacks, and four of the ten most common among whites were cardiovascular diseases.
- Two of the top ten diagnoses among blacks were related to complications of pregnancy and childbirth, while these conditions were not among the top ten for whites.
- Diabetes was the fifth most common reason for hospitalization among blacks, but the 24th most common among whites. The diabetes hospitalization rate was three times as high among blacks compared to whites (398/100,000 vs. 131/100,000, respectively).
- Stroke was the tenth most common reason for hospitalization among blacks, but the 17th most common among whites. The stroke hospitalization rate was twice as high among blacks compared to whites (315/100,000 vs. 157/100,000, respectively).

Most Common Reasons for Hospitalization by Race cont.

Rank	Total Number of Discharges	Percent of all Discharges	Hospitalization Rate (per 100,000)	
1. Newborn infant	17,106	12.1	1,324	
2. Congestive heart failure	5,026	3.5	623	
3. Pneumonia	3,674	2.6	426	
4. Diabetes mellitus w/ complications	3,566	2.5	398	
5. Other maternal complications of birth	3,204	2.3	293	
6. Other complications of pregnancy	3,061	2.2	272	
7. High blood pressure with complications	2,860	2.0	337	
8. Septicemia (blood infection)	2,763	1.9	356	
Complications of device, implant or graft	2,591	1.8	297	
10. Acute cerebrovascular disease (stroke)	2,529	1.8	315	

Top 10 Principal Diagnoses in Tennessee Hospitals by Race – Whites				
Rank	Total Number of Discharges	Percent of all Discharges	Hospitalization Rate (per 100,000)	
Newborn infant	51,683	8.6	1,176	
2. Pneumonia	23,600	3.9	430	
3. Chronic obstructive pulmonary disease (COPD)	18,820	3.1	325	
4. Mood disorders	17,228	2.9	341	
5. Coronary atherosclerosis (hardening of the heart arteries) 17,028	2.8	292	
6. Congestive heart failure	16,417	2.7	288	
7. Osteoarthritis (degenerative joint disease)	13,578	2.2	230	
8. Cardiac dysrhythmias (irregular heart beat)	12,740	2.1	225	
9. Septicemia (blood infection)	12,615	2.1	225	
10. Acute myocardial infarction (heart attack)	11,540	1.9	201	

Most Common Reasons for Hospitalization by Diagnosis Category*

- Diseases of the circulatory system were the most common reason for hospitalization, accounting for approximately 17% of all hospital stays.
 - o The four most common circulatory system diseases were also among the ten most common diagnoses overall.
- The second most common reason for hospitalization was diseases of the respiratory system.
 - o Pneumonia was the most common diagnosis among respiratory system discharges (32.2%).
- The third and fourth most common reasons for hospitalization were pregnancy/childbirth and newborns/perinatal conditions, respectively. Together, these two categories accounted for approximately one-fifth of all hospital stays.
 - o Infant birth was the most common diagnosis among newborns/perinatal conditions (96.1%) and the most common diagnosis among all discharges (9.8%).
- Diseases of the genitourinary tract were the eighth most common reason for hospitalization.
 - o Acute kidney failure was the second most common diagnosis among genitourinary tract discharges (25.4%).
 - o The hospitalization rate for acute kidney failure almost quadrupled between 1999 and 2008, from 40 to 156 hospitalizations per 100,000 population. This was the largest increase among all diagnoses during this time period.
- Septicemia made up over three-quarters of discharges for infectious and parasitic diseases.
- Infections made up almost 90% of skin and subcutaneous tissue diseases.
- The least common reason for hospitalization was birth defects which accounted for less than 1% of all hospital stays.

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^{*} See Appendix C for a complete listing of principal diagnoses grouped by diagnosis category.

Most Common Reasons for Hospitalization by Diagnosis Category cont.

Principal Diagnoses in Tennessee Hospitals by Diagnosis Category – 2008				
Rank	Total Number of Discharges	Percent of All Discharges	Hospitalization Rate (per 100,000)	
Diseases of the circulatory system	141,712	17.1	2,163	
2. Diseases of the respiratory system	91,776	11.1	1,425	
3. Pregnancy and childbirth	89,840	10.8	1,506	
4. Newborns and perinatal conditions	85,037	10.3	1,460	
5. Diseases of the digestive system	72,386	8.7	1,132	
6. Injury and poisoning	62,743	7.6	987	
7. Mental disorders	43,118	5.2	694	
8. Disease of the genitourinary tract	39,799	4.8	630	
9. Diseases of the musculoskeletal system	39,532	4.8	598	
10. Cancer	35,166	4.2	537	
11. Endocrine, nutritional and metabolic diseases	30,121	3.6	474	
12. Symptoms, signs and ill-defined conditions	28,481	3.4	447	
13. Infectious and parasitic diseases	22,689	2.7	354	
14. Diseases of the nervous system	18,149	2.2	288	
15. Disease of the skin and subcutaneous tissue	15,976	1.9	254	
16. Diseases of the blood and blood-forming organs	9,281	1.1	147	
17. Birth defects	2,946	0.4	49	

Top 5 Principal Diagnoses in Tennessee Hospitals by Diagnosis Category - 2008

Diseases of the circulatory system

- 1. Congestive heart failure*
- 2. Coronary atherosclerosis*
- 3. Cardiac dysrhythmias*
- 4. Acute myocardial infarction*
- 5. Chest pain

Diseases of the respiratory system

- 1. Pneumonia*
- 2. Chronic obstructive pulmonary disease*
- 3. Respiratory failure, insufficiency, arrest
- 4. Asthma
- 5. Aspiration pneumonitis

Pregnancy and childbirth

- 1. Other maternal complications of birth
- 2. Other complications of pregnancy
- 3. Trauma to vulva and perineum due to childbirth
- 4. Previous C-section
- 5. Normal pregnancy and/or delivery

Newborns and perinatal conditions

- 1. Newborn infant*
- 2. Other conditions occurring around the time of birth
- 3. Premature birth and low birthweight
- 4. Hemolytic and perinatal jaundice
- 5. Infant respiratory distress syndrome

Diseases of the digestive system

- 1. Gallbladder disease
- 2. Gastrointestinal bleeding
- 3. Intestinal obstruction without hernia
- 4. Pancreatic disorders other than diabetes
- 5. Diverticulosis and diverticulitis

Injury and poisoning

- 1. Complications of device, implant or graft
- 2. Complications of surgery or medical care
- 3. Hip fracture
- 4. Fracture of leg
- 5. Other fractures

Mental disorders

- Mood disorders*
- 2. Schizophrenia and other psychotic disorders
- 3. Delirium, dementia, and other cognitive disorders
- 4. Substance-related disorders
- 5. Alcohol-related disorders

Diseases of the genitourinary tract

- 1. Urinary infection
- 2. Acute kidney failure
- 3. Urinary tract stones
- 4. Menstrual disorders
- 5. Prolapse of female genital organs

Diseases of the musculoskeletal system

- 1. Osteoarthritis*
- 2. Spondylosis, intervertebral disc disorders
- 3. Other connective tissue disease
- 4. Other bone disease & musculoskeletal deformities
- 5. Infective arthritis and osteomyelitis

Cancer

- 1. Metastasis
- 2. Cancer of the bronchial tubes and lungs
- 3. Benign tumor of the uterus
- 4. Other and unspecified benign tumor
- 5. Chemotherapy and radiation therapy

Endocrine, nutritional and metabolic diseases

- 1. Fluid and electrolyte disorders
- 2. Diabetes mellitus with complications
- 3. Other endocrine, nutritional & metabolic disorders
- 4. Other endocrine disorders
- 5. Thyroid disorders

Symptoms, signs and ill-defined conditions

- Rehabilitation
- 2. Syncope
- 3. Abdominal pain
- 4. Fever of unknown origin
- 5. Nausea and vomiting

Infectious and parasitic diseases

- 1. Septicemia*
- 2. Viral infection
- 3. AIDS/HIV infection
- 4. Hepatitis
- 5. Mycoses

Diseases of the nervous system

- 1. Epilepsy, convulsions
- 2. Other nervous system disorders
- 3. Headache, including migraine
- 4. Dizziness or vertigo
- 5. Other hereditary/degenerative conditions

Diseases of the skin and subcutaneous tissue

- 1. Skin and subcutaneous tissue infections
- 2. Chronic ulcer of skin
- 3. Other skin disorders
- 4. Other inflammations of the skin
- 5. n/a

Diseases of blood & blood-forming organs

- 1. Iron deficiency and other anemia
- 2. Sickle cell anemia
- 3. Diseases of white blood cells
- 4. Coagulation and bleeding disorders
- 5. Posthemorrhagic anemia

Birth defects

- 1. Other birth defects
- 2. Cardiac and circulatory birth defects
- 3. Digestive birth defects
- 4. Genitourinary birth defects
- 5. Nervous system birth defects

^{*}Among the top ten most common diagnoses overall (see page 9).

How are patients admitted to the hospital?

Admission Status

- Approximately 47% of patients were admitted from the emergency department.
- A similar percentage of admissions were routine in nature.
- The remaining 6% of hospital admissions were from other hospitals, long-term care facilities, or other sources.

Admissions through the Emergency Department

Admissions through the emergency department (ED) tend to be more expensive and serious than routine admissions.²

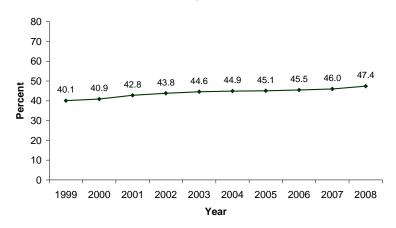
- Between 1999 and 2008, there was an 18% increase in the percentage of hospitalizations that originated in the ED.
- The percentage of hospitalizations originating in the ED was higher for blacks than for whites in 2008 (56.3% vs. 45.7%, respectively).

Routine 46.6% Cother Hospital 4.5% Long-Term Care Facility 0.5% Other 1.0%

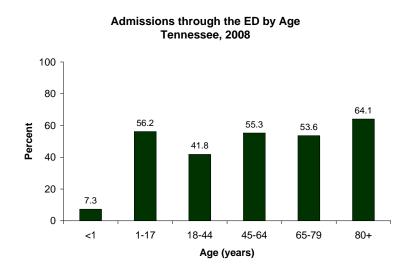
Department 47.4%

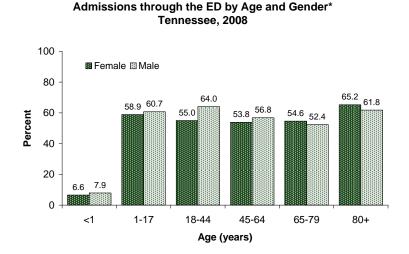
Admission Status

Admissions through the Emergency Department Tennessee, 1999-2008



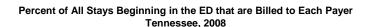
- The percentage of hospitalizations originating in the ED was lowest among infants less than 1 year of age (7%).
 - o The low percentage of admissions through the ED among infants is a reflection of the relatively high percentage of routine admissions among this age group (91%), which were primarily for birth.
 - o When hospitalizations for a principle diagnosis of birth were excluded, approximately 55% of admissions among infants originated in the ER.
- Among adults, the percentage of admissions originating in the ED was lowest among 18-44 year olds (42%). However, this was due in part to the high percentage of routine, pregnancy- and childbirth-related diagnoses within this age group. When pregnancy and birth-related admission were excluded, the percentage of admission through the ED was 59.1%.
- Among younger age groups (less than 65 years of age), the percentage of hospitalizations that originated in the ED was higher among males than among females. Among older age groups (65 years and above) females had the higher percentage of admissions through the ED.

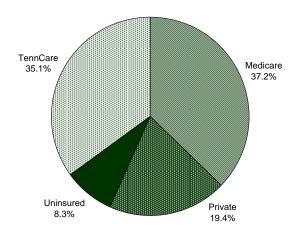




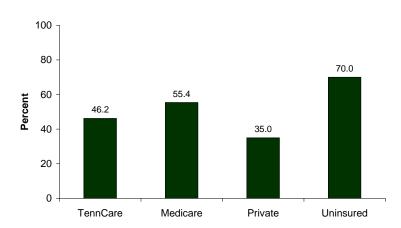
^{*} Excludes diagnoses related to pregnancy and childbirth.

- Mean charges for admissions through the ED were 16% higher than charges for routine admissions (\$24,837 vs. \$21,491, respectively).
- Among all hospitalizations originating in the ED, the largest percentage were charged to Medicare (37%), followed closely by TennCare (35%). Uninsured stays made up the smallest percentage of hospitalizations beginning in the ED.
- Approximately one-half of all hospitalizations charged to TennCare and to Medicare originated in the ED, compared to about one-third for private insurance.
- Almost three-quarters of all uninsured hospital stays originated in the ED.





Percent of Each Payer's Hospital Stays that Began in the ED Tennessee, 2008



- The most common diagnosis among patients admitted through the ED was pneumonia, which accounted for approximately 6% of all hospitalizations originating in the ED.
- Five out of the ten most common diagnoses among hospitalized patients admitted through the ED were cardiovascular diseases: congestive heart failure, chest pain, heart attack, stroke and irregular heart beat. Together, these five conditions accounted for approximately 15% of all hospitalizations originating in the ED.

Top 10 Principal Diagnoses among Hospitalized Patients Admitted through the ED – Tennessee, 2008					
Rank	Total Number of Discharges				
1. Pneumonia	22,174	5.6			
2. Congestive heart failure	17,130	4.3			
3. Chronic obstructive pulmonary disease (COPD)	16,251	4.1			
4. Septicemia (blood infection)	14,536	3.7			
5. Urinary infection	11,367	2.9			
6. Chest pain	10,873	2.8			
7. Acute myocardial infarction (heart attack)	10,484	2.7			
8. Acute cerebrovascular disease (stroke)	10,108	2.6			
9. Cardiac dysrhythmias (irregular heart beat)	9,892	2.5			
10. Skin and subcutaneous tissue infections	9,011	2.3			

- Among individual diagnoses, the percentage of hospitalizations originating in the ED ranged from approximately 1% for rehabilitation care to 90% for crush injuries.*
- The five diagnoses with the highest percentage of hospitalizations beginning in the ED were injuries or poisonings: crush injuries; poisoning by psychiatric drugs; open wounds of the head, neck or trunk; skull and face fractures; and poisoning by other medications and drugs.
- Three out of the ten diagnoses with the highest percentage of hospitalizations beginning in the ED were symptoms, signs or ill-defined conditions influencing health status: shock, fainting, and malaise/fatigue.

Diagnoses with Highest Percent of Admissions through the ED – Tennessee, 2008			
Rank	Percent of Discharges for this Diagnosis that were Admitted through the ED		
1. Crushing or internal injury	89.5		
2. Poisoning by psychiatric drugs	87.7		
3. Open wounds of head, neck and trunk	87.3		
4. Skull and face fractures	84.5		
5. Poisoning by other medications and drugs	84.0		
6. Shock	84.0		
7. Syncope (fainting)	82.3		
8. Blindness and vision problems	81.6		
9. Transient cerebral ischemia	81.5		
10. Malaise (physical discomfort) and fatigue	81.3		

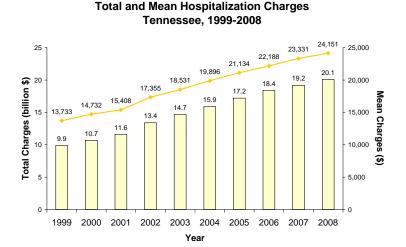
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^{*} Two diagnoses (infant birth and cataracts) had no admissions originating in the ED.

How much do hospitals charge?

Total and Mean Hospital Charges

- In 2008, charges for inpatient hospitalizations in Tennessee totaled \$20.1 billion, and each hospital stay resulted in a mean (average) charge of approximately \$24,000.
- After adjusting for inflation, total charges more than doubled between 1999 and 2008, from \$9.9 to \$20.1 billion.
- During this same time period, the mean hospital charge increased 76%, from approximately \$14,000 to \$24,000.



Conditions with the Highest Charges

- Combined, the ten most expensive diagnoses had mean charges almost 4 times as high as the overall mean hospital charge (\$91,000 vs. \$24,000, respectively).
- The most expensive condition was spinal cord injury, which had a mean charge of approximately \$120,000.
- Four of the ten most expensive diagnoses were related to care of infants with complications: cardiac and circulatory birth defects; respiratory distress; prematurity and low birth weight; and other birth defects.
- Three of the ten most expensive diagnoses were related to the cardiovascular system: heart valve disorders; cardiac and circulatory birth defects; and aneurysms.

Conditions with the Highest Charges cont.

- Conditions with the highest mean charges were relatively uncommon. The ten most expensive diagnoses combined accounted for less than 1% of all hospital discharges.
- Infant birth, which was the most common reason for hospitalization in 2008, had the second lowest mean charge among all diagnoses at approximately \$6,000. Medical examination/evaluation had the lowest mean charge (about \$3,000).
- Even though long lengths of stay can be costly, four of the ten most expensive diagnoses were not among those with the longest stays: heart valve disorders; cardiac and circulatory birth defects; aneurysms; and other birth defects.

Top 10 Principal Diagnoses with the Highest Mean Charges – Tennessee, 2008				
Rank	Mean Charges (\$)	Mean Length of Stay (days)		
1. Spinal cord injury	119,779	13		
2. Heart valve disorders	109,451	9		
3. Immunity disorders	105,544	16		
4. Cardiac and circulatory birth defects	105,536	9		
5. Infant respiratory distress syndrome	97,442	22		
6. Premature birth and low birthweight	94,260	25		
7. Leukemia (cancer of the blood)	90,751	14		
8. Aneurysm (ballooning or rupture of an artery)	75,366	5		
9. Other birth defects	74,785	4		
10. Polio and other brain or spinal infections	71,333	13		

Conditions with the Highest Charges cont.

- Mean charges for the majority of diagnoses examined in this report (227) increased between 1999 and 2008. The degree of increase ranged from 23% for acute renal failure to 238% for other aftercare.*
- Fourteen diagnoses had no statistically significant trend in mean charges during this time period.
- No diagnoses exhibited a decrease in mean charges during this time period.
- Mean charges for cardiac and circulatory birth defects, one of the ten most expensive diagnoses in 2008, increased 156% between 1999 and 2008.
- Four of the ten diagnoses with the largest increases in mean charges were related to the musculoskeletal system: back problems, other acquired musculoskeletal deformities, pathological fractures and acquired foot deformities.

Diagnoses with the Largest Increases in Mean Charges - TN, 1999-2008

Rank	Percent Increase
1. Other aftercare	238
2. Spondylosis, intervertebral disc disorders (back problems)	222
3. Other injuries	219
4. Malaise (physical discomfort) and fatigue	170
5. Cardiac and circulatory birth defects	156
6. Other acquired musculoskeletal deformities	152
7. Other urinary cancer	151
8. Pathological fracture (fracture of bone weakened by disease)	151
9. Acquired foot deformities	147
10. Poisoning by substances other than medicine	145

^{*} Nineteen diagnoses were excluded from trend analyses due to the small number of hospitalizations for these conditions (<50 stays per year on average).

Conditions with the Longest Lengths of Stay

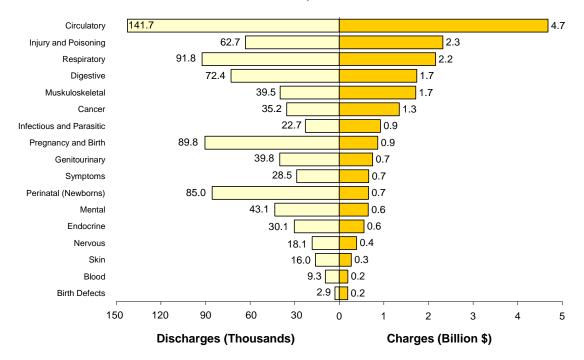
- In 2008, there were a total of 3.9 million hospital-days spent in Tennessee hospitals, and the mean (average) length of stay was 4.7 days.
- Between 1999 and 2008, the mean length of stay decreased slightly, from 4.8 to 4.7 days
- The two diagnoses with the longest lengths of stay were related to care of infants with complications: prematurity and low birth weight, and respiratory distress.
- Conditions with the longest mean lengths of stay were relatively uncommon. Combined, the ten diagnoses with the longest stays accounted for approximately 2% of all hospital discharges.
- Even though long lengths of stay can be costly, four of the ten diagnoses with the longest stays were not among those with the highest mean charges: tuberculosis, rehabilitation care, other aftercare, and skin ulcers.

Top 10 Principal Diagnoses with the Longest Length of Stay – Tennessee, 2008					
Rank	Mean Length of Stay (days)	Mean Charges (\$)			
Premature birth and low birthweight	25	94,260			
2. Infant respiratory distress syndrome	22	97,442			
3. Tuberculosis	16	41,415			
4. Immunity disorders	16	105,544			
5. Leukemia (cancer of the blood)	14	90,751			
6. Rehabilitation care, fitting of prostheses, adjustment of devices	14	29,246			
7. Polio and other brain or spinal infections	13	71,333			
8. Spinal cord injury	13	119,779			
9. Other aftercare	12	39,329			
10. Chronic ulcer of skin	11	34,477			

Hospital Charges by Diagnosis Category

- Diseases of the circulatory system accounted for both the highest total charges across all diagnosis categories (\$4.7 billion), as well as the greatest number of discharges.
- Birth defects accounted for both the lowest total charges (\$0.2 billion) and the fewest number of hospitalizations.
- Although pregnancy/childbirth and perinatal conditions were the third and fourth most common reasons for hospitalization (together accounting for over one-fifth of all stays), they accounted for just 8% of total hospital charges.

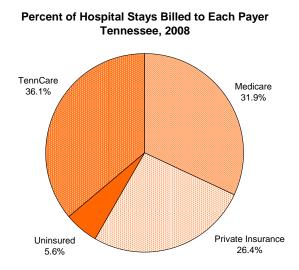


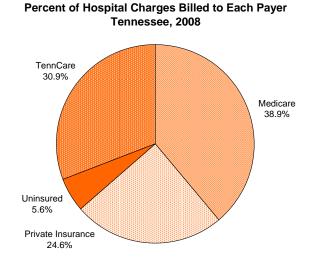


Who is billed for hospital care?

Payers of Hospital Care

- Together, Medicare and TennCare were billed for over two-thirds of all hospital stays and all hospital charges in 2008.
 - o Medicare was billed for 32% of all stays and 39% of all charges
 - o TennCare was billed for 36% of all stays and 31% of all charges.
- Private insurance was billed for 26% of all hospitalizations and 25% of all hospital charges.
- Uninsured hospitalizations accounted for 6% of all stays and of all charges.

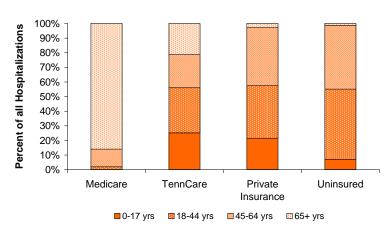




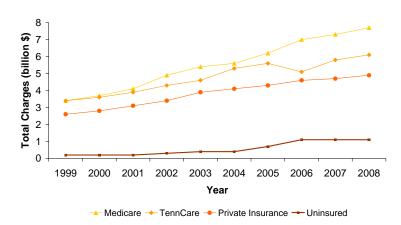
Payers of Hospital Care cont.

- The distribution of hospitalizations by age group varied greatly by payer.
 - o The percentage of hospitalizations for 0-17 year olds was lowest among hospital stays billed to Medicare (0.04%) and greatest among stays billed to TennCare (25%).
 - o The percentage of hospitalizations for those 65 years and older was highest among hospital stays billed to Medicare (86%) and lowest among stays billed to private insurance and among uninsured stays (2.8% and 1.2%, respectively).
 - o The majority of hospital stays billed to private insurance and the majority of uninsured stays were for young and middle aged adults (18-64 years).
- After adjusting for inflation, total hospital charges increased for all payers between 1999 and 2008:
 - o Medicare 129% increase to \$7.7 billion
 - o TennCare 79% increase to \$6.1 billion
 - o Private insurance 87% increase to \$4.8 billion
 - o Uninsured hospitalizations 496% increase to \$1.1 billion

Distribution of Hospitalizations by Payer and Age Tennessee, 2008



Total Hospital Charges by Payer Tennessee, 1999-2008



Most Common Reasons for Hospitalization by Payer - Medicare

- The most common reason for hospitalization for Medicare beneficiaries was pneumonia, followed closely by congestive heart failure. Each diagnosis accounted for approximately 5% of all discharges billed to Medicare.
- Pneumonia was the only condition among the ten most common diagnoses for all payers.
- Seven of the ten most common diagnoses among Medicare patients were related to the cardiovascular and respiratory systems.
- Medicare patients made up over one-half of all discharges for congestive heart failure, irregular heart beat, osteoarthritis, rehabilitation care, and stroke.

Top 10 Principal Diagnoses Billed to Medicare – Tennessee, 2008				
Rank	Total Number of Discharges	Percent of All Discharges Billed to Medicare	Medicare's Share of All Discharges for this Condition	
1. Pneumonia	13,188	5.0	45.1	
2. Congestive heart failure	13,111	5.0	57.1	
3. Chronic obstructive pulmonary disease (COPD)	9,976	3.8	45.9	
4. Coronary atherosclerosis (hardening of the heart arteries)	9,793	3.7	46.9	
5. Cardiac dysrhythmias (irregular heart beat)	9,609	3.7	60.8	
6. Osteoarthritis (degenerative joint disease)	8,952	3.4	52.5	
7. Rehabilitation care, fitting of prostheses, adjustment of devices	8,521	3.3	64.4	
8. Septicemia (blood infection)	8,304	3.2	47.7	
9. Acute cerebrovascular disease (stroke)	6,941	2.7	55.2	
10. Acute myocardial infarction (heart attack)	6,864	2.6	46.3	

Most Common Reasons for Hospitalization by Payer - TennCare

- The most common reason for hospitalization for TennCare beneficiaries was infant birth, which accounted for approximately 15% of all discharges billed to TennCare.
- Five of the ten most common diagnoses among TennCare patients were related to birth and pregnancy.
- TennCare patients made up over one-half of all discharges for infant birth, mood disorders, other complications of pregnancy, other maternal complications of birth, and previous C-section.
- Mood disorders were the second most common diagnosis among TennCare patients.

Top 10 Principal Diagnoses Billed to TennCare – Tennessee, 2008				
Rank	Total Number of Discharges	Percent of All Discharges Billed to TennCare	TennCare's Share of All Discharges for this Condition	
1. Newborn infant	45,671	15.4	57.0	
2. Mood disorders	10,762	3.6	51.2	
3. Pneumonia	10,064	3.4	34.4	
4. Chronic obstructive pulmonary disease (COPD)	8,985	3.0	41.4	
5. Other complications of pregnancy	7,782	2.6	64.2	
6. Other maternal complications of birth	7,510	2.5	54.7	
7. Congestive heart failure	7,138	2.4	31.1	
8. Septicemia (blood infection)	6,348	2.1	36.4	
9. Trauma to vulva and perineum due to childbirth	6,009	2.0	50.2	
10. Previous C-section	5,498	1.9	53.7	

Most Common Reasons for Hospitalization by Payer - Private Insurance

- The most common reason for hospitalizations billed to private insurers was infant birth, which accounted for approximately 15% of all discharges billed to private insurers and 40% of all discharges for this condition.
- Five of the ten most common diagnoses billed to private insurers were related to birth and pregnancy.
- As with TennCare beneficiaries, mood disorders were the second most common diagnosis among patients with private insurance.
- Patients with private insurance made up over one-third of all discharges for infant birth, osteoarthritis, other maternal complications of birth, trauma to the vulva and perineum, previous C-section and back problems.

Top 10 Principal Diagnoses Billed to Private Insurers – Tennessee, 2008									
Rank	Total Number of Discharges	Percent of All Discharges Billed to Private Insurers	Private Insurer's Share of All Discharges for this Condition						
1. Newborn infant	32,146	14.8	40.1						
2. Mood disorders	6,249	2.9	29.7						
3. Osteoarthritis	6,193	2.9	36.3						
4. Other maternal complications of birth	5,832	2.7	42.5						
5. Trauma to vulva and perineum due to childbirth	5,569	2.6	46.5						
6. Coronary atherosclerosis (hardening of the heart arteries)	5,343	2.5	25.6						
7. Pneumonia	4,525	2.1	15.5						
8. Previous C-section	4,431	2.0	43.3						
9. Spondylosis, intervertebral disc disorders (back problems)	4,413	2.0	38.5						
10. Other complications of pregnancy	3,893	1.8	32.1						

Most Common Reasons for Hospitalization by Payer - Uninsured

- Among uninsured patients, the most common reason for hospitalization was infant birth. However, this accounted for just 5% of all discharges among the uninsured and 3% of all discharges for infant birth.
- Six of the ten most common diagnoses among the uninsured were related to the cardiovascular and respiratory systems.
- Skin infections were the second most common diagnosis among the uninsured, who accounted for approximately 13% of all discharges for this condition.
- Diabetes hospitalizations should be preventable with proper disease management and ambulatory care. Although the uninsured made up 6% of all hospitalizations, they accounted for approximately 13% of all discharges for diabetes.

Top 10 Principal Diagnoses for the Uninsure	Top 10 Principal Diagnoses for the Uninsured – Tennessee, 2008									
Rank	Total Number of Discharges	Percent of All Discharges among the Uninsured	Percent of All Discharges for this Condition that are Uninsured							
1. Newborn infant	2,207	4.8	2.8							
2. Skin and subcutaneous tissue infections	1,809	3.9	13.3							
3. Chest pain	1,652	3.6	12.9							
4. Diabetes mellitus with complications	1,500	3.2	13.3							
5. Pneumonia	1,469	3.2	5.0							
6. Acute myocardial infarction (heart attack)	1,317	2.8	8.9							
7. Coronary atherosclerosis (hardening of the heart arteries)	1,207	2.6	5.8							
8. Pancreatic disorders other than diabetes	1,147	2.5	17.3							
9. Congestive heart failure	1,000	2.2	4.4							
10. Chronic obstructive pulmonary disease (COPD)	913	2.0	4.2							

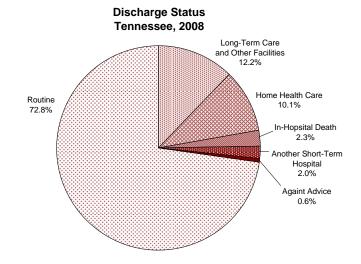
How are patients discharged from the hospital?

Discharge Status

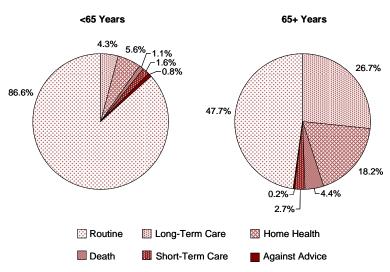
- The majority of hospital discharges in 2008 (73%) were routine in nature (i.e. patients returned home following completion of care).
- Another 10% of patients returned home but with additional home healthcare needs.
- Approximately 12% of patients were discharged to a longterm care/other facility, while an additional 2% went to a different short-term care hospital.
- Approximately 2% of patients died while in the hospital.
- Less than 1% of hospitalized patients left against medical advice.

Discharge Status by Age

- Discharge status varied greatly by age.
 - o Routine discharges were more common among patients less than 65 years of age compared to those 65 and older.
 - o Patients 65 years and older were more likely than younger patients to be discharged to a long-term care facility or to home healthcare. They were also more likely to die while hospitalized.



Discharge Status by Age Tennessee, 2008



Discharges to Short-Term Care Hospitals

Hospitalizations that result in transfer to another short-term care hospital often signify that the patient required more specialized services than the original facility could provide.²

- The most common diagnosis among patients discharged to short-term care hospitals was rehabilitation care, which accounted for 8.4% of all discharges to these types of facilities.
- The second most common diagnosis among discharges to short-term care hospitals was infant birth.*
- Six of the ten most common diagnoses among patients discharged to short-term care hospitals were related to the cardiovascular and respiratory systems.

Top 10 Principal Diagnoses for Discharges to Short-Term Care Hospitals – Tennessee, 2008								
Rank	Total Number of Discharges	Percent of All Discharges to Short-Term Care Hospitals						
Rehabilitation care, fitting of prostheses, adjustment of devices	1,412	8.4						
2. Newborn infant*	1,101	6.5						
Acute myocardial infarction (heart attack)	992	5.9						
4. Coronary atherosclerosis (hardening of the heart arteries)	926	5.5						
5. Pneumonia	752	4.5						
6. Congestive heart failure	711	4.2						
7. Septicemia (blood infection)	588	3.5						
8. Respiratory failure, insufficiency, arrest (adult)	475	2.8						
Cardiac dysrhythmias (irregular heart beat)	452	2.7						
10. Mood disorders	410	2.4						

^{*} All newborn infants transferred to short-term care facilities had at least one secondary diagnosis and the majority had more than one. For example, 49% were premature and/or low birthweight, 22% had one or more birth defects and 19% had respiratory distress.

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Discharges to Long-Term Care Hospitals

Hospitalizations that result in transfer to long-term care and other facilities (such as nursing homes, hospice facilities, and long-term care hospitals) tend to be those in which a patient's functional status has been compromised.²

- The most common diagnosis among patients discharged to long-term care facilities was hip fracture, which accounted for approximately 6% of all discharges to long-term care facilities.
- Blood infection, pneumonia, stroke and osteoarthritis each accounted for approximately 5% of discharges to this type of facility.
- Delirium and dementia accounted for approximately 3% of discharges to long-term care facilities and were the 8th most common diagnosis among this type of discharge.

Top 10 Principal Diagnoses for Discharges to Long	g-Term Care Hospitals – Tennesse	e, 2008
Rank	Total Number of Discharges	Percent of All Discharges to Long-Term Care Hospitals
1. Hip fracture	5,550	5.5
2. Septicemia (blood infection)	5,440	5.3
3. Pneumonia	5,326	5.2
4. Acute cerebrovascular disease (stroke)	5,153	5.1
5. Osteoarthritis (degenerative joint disease)	4,922	4.8
6. Urinary Infection	4,191	4.1
7. Congestive heart failure	3,893	3.8
8. Delirium, dementia, and other cognitive disorders	3,125	3.1
9. Respiratory failure, insufficiency, arrest (adult)	2,792	2.7
10. Acute kidney failure	2,566	2.5

In-Hospital Deaths

In-hospital deaths refer to hospitalizations in which the patient died during his or her stay. Patients may be admitted to the hospital for end-of-life care; therefore, mortality for some conditions is expected to be high. Note that the listed conditions are the primary reason for hospitalization and not necessarily the underlying cause of death.

- In 2008, there were approximately 18,700 in-hospital deaths in Tennessee.
- The condition with the highest number of in-hospital deaths was blood infection, which accounted for approximately 2,900 in-hospital deaths.
- Three conditions were among those with both the highest number of deaths and the highest in-hospital mortality rates: blood infection, adult respiratory failure and aspiration pneumonitis.*

Top 10 Principal Diagnoses with the Highest Number of In-Hospital Deaths – Tennessee, 2008											
Rank	Total Number Deaths	In-Hospital Mortality Rate* (percent)									
1. Septicemia (blood infection)	2,856	16.3									
2. Respiratory failure, insufficiency, arrest (adult)	1,845	15.0									
3. Acute cerebrovascular disease (stroke)	1,237	9.8									
4. Pneumonia	1,155	3.9									
5. Acute myocardial infarction (heart attack)	913	6.1									
6. Congestive heart failure	853	3.7									
7. Aspiration pneumonitis (aspiration of stomach contents into lung)	627	13.1									
8. Acute kidney failure	538	5.3									
9. Cancer of the bronchial tubes and lungs	491	12.1									
10. Metastasis (spread of cancer or secondary cancer)	397	9.7									

^{*} The in-hospital mortality rate is the percentage of patients with this principal diagnosis who died while in the hospital.

In-Hospital Deaths cont.

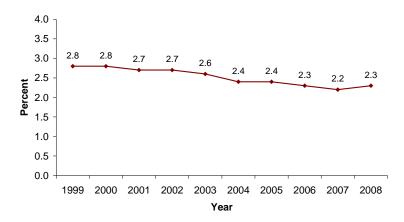
- The condition with the highest in-hospital mortality rate was cardiac arrest/ventricular fibrillation. Over one-half of patients admitted for this condition died while hospitalized.
- Intrauterine hypoxia and birth asphyxia had the second highest in-hospital mortality rate (32%). However, this condition was relatively uncommon, with 25 admissions and 8 deaths in 2008.
- Although the in-hospital mortality rate for pneumonia was relatively low (3.9%), hospitalizations for this condition were common, and as a result the number of in-hospital deaths for pneumonia patients was relatively high.
- Three of the ten diagnoses with the highest in-hospital mortality rates, and two of the ten diagnoses with the highest number of inpatient deaths were related to cancer.

Top 10 Principal Diagnoses with the Highest Inpatient Mortality Rates – Tennessee, 2008									
Rank	Total Number Deaths	In-Hospital Mortality Rate (percent)							
Cardiac arrest and ventricular fibrillation	204	58.8							
2. Intrauterine hypoxia and birth asphyxia (lack of oxygen to baby in uterus or during birth)	8	32.0							
3. Shock	21	25.9							
4. Coma, stupor and brain damage	101	21.2							
5. Septicemia (blood infection)	2,856	16.3							
6. Other and unspecified cancer	24	15.8							
7. Cancer of liver and bile duct in liver	54	15.2							
8. Respiratory failure, insufficiency, arrest (adult)	1,845	15.0							
9. Leukemia (cancer of blood)	109	13.5							
10. Aspiration pneumonitis (aspiration of stomach contents into lung)	627	13.1							

In-Hospital Deaths cont.

- Between 1999 and 2008, the in-hospital mortality rate decreased approximately 18%, from 2.8% to 2.3%.
- For the majority of diagnoses examined in this report (186) there was no statistically significant trend in the in-hospital mortality rate between 1999 and 2008.*
- Fifty-one diagnoses exhibited a decrease in mortality during this time period. The degree of decrease ranged from 2% to 76%. The five diagnoses with the largest decreases in mortality were:
 - o Rehabilitation Care 76% decrease
 - o Other acquired deformities 73% decrease
 - o Schizophrenia and other psychotic disorders 63% decrease
 - o Pathological fracture 63% decrease
 - o Other disorders of stomach and duodenum- 63% decrease
- Four diagnoses exhibited an increase in mortality during this time period:
 - o Intestinal infection 134% increase
 - o Other conditions occurring around the time of birth − 50% increase
 - o Cancer of head and neck 34% increase
 - o Brain injury 9% increase

In-Hospital Mortality Rate Tennessee, 1999-2008



^{*} Nineteen diagnoses were excluded from trend analyses due to the small number of hospitalizations for these conditions (<50 stays per year on average).

How are patients discharged from the hospital?

In-Hospital Deaths cont.

- Infant birth was the most common admitting diagnosis among patients less than 1 year of age who died while hospitalized. However, the majority of these infants had secondary diagnoses which could have contributed to their deaths. For example, 85% were premature and/or low birthweight, 47% had one or more birth defects and 33% had respiratory distress.
- Brain injury was the most common diagnosis among 1-17 year olds who died in-hospital.
- For all adult age groups (18-44, 45-64, 65-79 and 80+ years), blood infection was the most common diagnosis among patients who died while hospitalized.
- Blood infection and respiratory failure were the only diagnoses among the top ten for all age groups.
- Among each age group, the condition with the highest in-hospital mortality rate was cardiac arrest.

Top 10 Principal Diagnoses with the Highest Number of In-Hospital Deaths by Age Group – Tennessee, 2008* Age Group <1 Year 1-17 Years 45-64 Years 65-79 Years 80+ Years 18-44 Years **Total Number of Deaths** 412 98 998 4.136 6,353 6,717 Number of Deaths for this Condition (Rank) Newborn infant[†] 276 (1) Other conditions occurring around the time of birth 35 (2) Premature birth and low birthweight 25 (3) Cardiac and circulatory birth defects 16 (4) Infant respiratory distress syndrome 10 (5) Intrauterine hypoxia and birth asphyxia 8 (6) Other birth defects 5 (7) Coma, stupor and brain damage 4(8) 7 (3) 997 (1) Septicemia (blood infection) 3 (9) 6 (4) 110 (1) 615 (1) 1,125 (1) Respiratory failure, insufficiency, arrest (adult) 3 (9) 8 (2) 76 (3) 446 (2) 777 (2) 535 (3) Nervous system birth defects 3 (9) Medical examination/evaluation 3 (9) 25 (1) 85 (2) Brain injury Congestive heart failure 101 (8) 274 (6) 453 (5) 4 (5) 21 (10) Other lower respiratory disease 4 (5) Epilepsy, convulsions 3 (7) Complications of device, implant or graft 3 (7) 22 (8) 79 (10) Other injuries 3 (7) Crushing or internal injury 3 (7) 44 (6) AIDS/HIV infection 62 (4) Acute cerebrovascular disease (stroke) 316 (3) 383 (4) 484 (4) 53 (5) Metastasis (spread of cancer or secondary cancer) 159 (7) 164 (10) 24 (7) Pneumonia 22 (8) 190 (4) 390 (3) 553 (2) Other liver disease 21 (10) 98 (9) Acute myocardial infarction (heart attack) 176 (5) 335 (5) 388 (7) Cancer of the bronchial tubes and lungs 164 (6) 243 (7) Acute kidney failure 191 (8) 260 (8) Aspiration pneumonitis (aspiration of stomach contents into lung) 395 (6) 165 (9) Hip fracture 163 (9)

118 (10)

Urinary infection

^{*}In cases of ties (multiple diagnoses with the same number of deaths), diagnoses were assigned the same ranking.

[†]The majority of newborn infants who died while hospitalized had at least one secondary diagnosis. For example, 85% were premature and/or low birthweight, 47% had one or more birth defects and 33% had respiratory distress.

Patients Leaving Against Medical Advice

- The most common diagnosis among patients who left against medical advice was mood disorders, which accounted for 10% of all patients leaving against advice.
- Three of the ten most common diagnoses among patients who left against medical advice were mental health-related illnesses: mood disorders, substance abuse disorders and alcohol abuse disorders.
- Uninsured patients were more likely to leave against medical advice than those with either government or private insurance. Approximately 2% of uninsured patients left against advice, compared to 0.8% among TennCare patients and 0.3% among Medicare and privately insured patients.

Top 10 Principal Diagnoses for which Patients L	eft Against Medical Advice – Tennes	see, 2008			
Rank	Total Number of Discharges	Percent of All Discharges in which Patients Left Against Advice			
1. Mood disorders	487	9.9			
2. Chest pain	251	5.1			
3. Diabetes mellitus with complications	210	4.3			
4. Substance abuse disorders	208	4.2			
5. Chronic obstructive pulmonary disease (COPD)	187	3.8			
6. Alcohol abuse disorders	181	3.7			
7. Pneumonia	159	3.2			
8. Congestive heart failure	150	3.0			
9. Skin and subcutaneous tissue infections	144	2.9			
10. Pancreatic disorders other than diabetes	105	2.1			

Summary

Inpatient hospitalization rates in Tennessee have remained unchanged in recent years while total hospitalization charges have more than doubled and mean charges have increased 76%. Many common causes of hospitalization are among the leading causes of death in Tennessee (e.g. diseases of the heart, stroke, COPD and pneumonia). In addition, many conditions for which individuals are commonly hospitalized (e.g. COPD, asthma, diabetes, and low birthweight) are responsive to proper disease management, and hospitalizations for these conditions could be avoided with appropriate ambulatory care and prevention measures.⁴ High rates of hospitalization for these conditions may indicate poor access to or utilization of outpatient health care, a need for evidence-based practice guidelines for primary care providers, lack of patient compliance to treatment, or other factors. Hospitalizations account for a substantial portion of health care expenditures and place an important burden on individuals, families and the healthcare system. Information on hospitalizations is therefore essential for addressing rising healthcare costs and improving health and healthcare.

Tennessee's Hospital Discharge Data System offers a wealth of information about hospitalizations in the state – demographic characteristics of patients, reasons for hospitalization, discharge outcomes, charges for and payers of hospital care, etc. This data may be useful in a variety of ways, including injury and disease surveillance, public health planning and community assessments, quality assessment and performance improvement, health services and health policy research, and to inform public policy and legislation.³ The current report offers a detailed overview of hospitalizations in the state and is intended to inform health professionals, policy makers, and other organizations and individuals interested in health and healthcare. It is hoped that the information contained in the report will stimulate additional interest and research and lead to improved health for all Tennesseans.

Appendix A: 2008 Hospitalization Rates by County*

County	Number of Hospitalizations	Hospitalization Rate (per 100,000)
Metropolitan Regions/	Counties	
Davidson	78,986	13,310
Hamilton	41,465	12,326
Knox	49,229	11,546
Madison	12,298	12,475
Shelby	116,362	13,000
Sullivan	23,981	14,190
East Region		
Anderson	9,431	11,414
Blount	16,318	12,689
Campbell	7,183	15,556
Claiborne	4,877	14,211
Cocke	5,373	13,946
Grainger	3,286	13,947
Hamblen	10,057	15,188
Jefferson	7,002	13,459
Loudon	7,539	14,484
Monroe	6,555	13,561
Morgan	3,626	17,345
Roane	6,971	11,743
Scott	3,495	15,243
Sevier	10,346	11,835
Union	2,170	11,047

County	Number of Hospitalizations	Hospitalization Rate (per 100,000)					
Mid-Cumberland Region							
Cheatham	4,707	12,505					
Dickson	6,860	14,314					
Houston	1,429	15,438					
Humphreys	2,593	12,521					
Montgomery	16,830	12,668					
Robertson	9,272	14,699					
Rutherford	26,434	12,338					
Stewart	2,019	13,986					
Sumner	17,279	11,472					
Trousdale	1,258	14,827					
Williamson	14,245	9,958					
Wilson	12,453	12,205					
Northeast Region							
Carter	7,278	11,258					
Greene	10,976	15,086					
Hancock	1,166	15,391					
Hawkins	8,518	13,847					
Johnson	2,158	10,892					
Unicoi	3,535	16,864					
Washington	19,192	15,536					
Northwest Region							
Benton	2,622	13,638					

^{*} County refers to patient's county of residence; rates are age-adjusted.

Appendix A

County	Number of Hospitalizations	Hospitalization Rate (per 100,000)
Carroll	5,352	15,974
Crockett	2,102	13,481
Dyer	7,335	18,237
Gibson	8,010	14,678
Henry	5,046	13,715
Lake	1,507	19,892
Obion	4,859	13,855
Weakley	4,652	13,295
South Central Region		
Bedford	7,485	16,837
Coffee	9,665	16,943
Giles	4,243	13,399
Hickman	3,653	14,733
Lawrence	7,148	15,801
Lewis	1,743	14,218
Lincoln	3,277	9,046
Marshall	4,094	13,689
Maury	12,620	15,734
Moore	378	5,465
Perry	1,705	18,852
Wayne	2,222	12,212
Southeast Region		
Bledsoe	1,302	9,856
Bradley	12,088	12,277
Franklin	6,636	14,482
Grundy	2,733	17,241
Marion	4,209	13,965
McMinn	6,751	12,059
Meigs	1,964	16,322

County	Number of Hospitalizations	Hospitalization Rate (per 100,000)
Polk	2,621	14,760
Rhea	4,808	14,449
Sequatchie	1,541	11,205
Southwest Region		
Chester	1,784	10,723
Decatur	2,183	15,950
Fayette	3,829	10,254
Hardeman	4,063	13,783
Hardin	3,369	11,778
Haywood	3,024	14,931
Henderson	4,195	14,573
Lauderdale	4,240	15,275
McNairy	4,339	14,887
Tipton	7,386	13,258
Upper-Cumberland Region		
Cannon	2,199	15,296
Clay	1,234	13,092
Cumberland	8,221	12,514
Dekalb	3,235	16,252
Fentress	3,867	19,824
Jackson	1,343	10,816
Macon	2,923	13,107
Overton	3,305	13,989
Pickett	769	12,813
Putnam	9,687	13,187
Smith	3,223	16,584
Van Buren	608	10,408
Warren	6,830	15,558
White	4,036	14,933

Appendix B: Most Common Reasons for Hospitalization by County

The following table summarizes the five most common reasons for hospitalization by county of residence for 2008. Rankings are based on the number of hospitalizations, with '1' indicating the diagnosis with the greatest number of hospitalizations in a given county. In cases of ties (i.e. multiple diagnoses with the same number of hospitalizations), diagnoses were assigned the same ranking.

- Infant birth was among the five most common reasons for hospitalization among all 95 Tennessee counties, and was the most common reason for hospitalization in 83 counties.
- Pneumonia was among the five leading causes of hospitalization in the majority of counties (96%), and was the most common diagnosis in nine counties.
- Chronic obstructive pulmonary disease (COPD) was among the five leading causes of hospitalization in approximately 77% of counties, and was the most common diagnosis in three counties.

County	Newborn infant	Pneumonia	Congestive heart failure	СОРБ	Mood disorders	Coronary atherosclerosis	Septicemia	Osteoarthritis	Cardiac dysrhythmias	Acute myocardial Infarction	Urinary infections	Other complications of birth	Skin infections	Rehabilitation care	Chest pain	Other complications of pregnancy	Respiratory failure (adult)	Trauma due to childbirth	Fluid and electrolyte disorders	Diabetes mellitus with complications
Metropolitan Regions/Counties																				
Davidson	1	3	4		2							5								
Hamilton	1		5		2		4	3												
Knox	1	4			2			5									3			
Madison	1	3	2	5										4						
Shelby	1	4	2									5		3						
Sullivan	1	5			2		4								3					
East Region																				
Anderson	1		5	4			2	3												
Blount	1	2		4	3			5												
Campbell	1	2	5	4													3			
Claiborne	1	4	2		5		3													
Cocke	1	4	5	3			2													
Grainger	1	3	4	2			5			5										
Hamblen	1	3	5	2	4	5														
Jefferson	1	3	5	4			2													
Loudon	1	2		4		5		3												
Monroe	1	2	4	3	5	5														
Morgan	1	4	5	2			3													
Roane	1	2		3	4	5														
Scott	1	3	5	2			4													

County	Newborn infant	Pneumonia	Congestive heart failure	СОРБ	Mood disorders	Coronary atherosclerosis	Septicemia	Osteoarthritis	Cardiac dysrhythmias	Acute myocardial Infarction	Urinary infections	Other complications of birth	Skin infections	Rehabilitation care	Chest pain	Other complications of pregnancy	Respiratory failure (adult)	Trauma due to childbirth	Fluid and electrolyte disorders	Diabetes mellitus with complications
Sevier	1	2			5	3		4												
Union	1	5			3	4	5										2			
Mid-Cumberland Re	gion																			
Cheatham	1	2		5	3	4														
Dickson	1	4	5		3	2														
Houston	1	3	4	2							5									
Humphreys	1	2		3	4	5														
Montgomery	1	2	5			3									4					
Robertson	1	2		5	4	3														
Rutherford	1	2			3							4				5				
Stewart	1	2	4	5		3														
Sumner	1	2		5	3	4														
Trousdale	2	1	4	3															5	
Williamson	1	3			4			2				5								
Wilson	1	3		4	2	5														
Northeast Region																				
Carter	1	4	5		3	2														
Greene	1	2	5		4		3													
Hancock	3	4	2	1			5													
Hawkins	1	5			2		3			4										
Johnson	1	4	3		2	5														

County	Newborn infant	Pneumonia	Congestive heart failure	СОРБ	Mood disorders	Coronary atherosclerosis	Septicemia	Osteoarthritis	Cardiac dysrhythmias	Acute myocardial Infarction	Urinary infections	Other complications of birth	Skin infections	Rehabilitation care	Chest pain	Other complications of pregnancy	Respiratory failure (adult)	Trauma due to childbirth	Fluid and electrolyte disorders	Diabetes mellitus with complications
Unicoi	1	4		5	5	3	2													
Washington	1	4	5		2	3														
Northwest Region																				
Benton	1	2		4		3				5										
Carroll	1	2	3			4				5										
Crockett	1	5	3	2		4														
Dyer	1		3	4							5				2					
Gibson	1	3	4	2		5														
Henry	1	2	5	3						4										
Lake	4	5	2	1											3					
Obion	1	3		5		4								2						
Weakley	1	2	5			4								3						
South Central Reg	ion																			
Bedford	1	3		2		5													4	
Coffee	1	3	5	2	5	4														
Giles	1	2		3	5	4														
Hickman	1	4		3		2									5					
Lawrence	1	2	5	3		4														
Lewis	1	2	3	5					4											
Lincoln	1	2	4	3		5														
Marshall	1	2	5	3		4														

County	Newborn infant	Pneumonia	Congestive heart failure	СОРБ	Mood disorders	Coronary atherosclerosis	Septicemia	Osteoarthritis	Cardiac dysrhythmias	Acute myocardial Infarction	Urinary infections	Other complications of birth	Skin infections	Rehabilitation care	Chest pain	Other complications of pregnancy	Respiratory failure (adult)	Trauma due to childbirth	Fluid and electrolyte disorders	Diabetes mellitus with complications
Maury	1	2		4	5							3								
Moore	1	3		4		2		5												
Perry	3	1	2	4	5															
Wayne	3	1	4	2															5	
Southeast Region																				
Bledsoe	1	2	5	3		4													5	
Bradley	1	4		3	2										5					
Franklin	1	2	5	3		4														
Grundy	1	2	4	3			5													
Marion	1	2	5	4		3														
McMinn	1	2	4	5	3															
Meigs	1	2		5	3			4												
Polk	1	3	4	2	5															
Rhea	1	2	4	5		3														
Sequatchie	1	2	4	5	3	5		5												
Southwest Region	1																			
Chester	1	4	2			3				5										
Decatur	3	1	4	2		5														
Fayette	1	2	5	4		3														
Hardeman	1	2	4	3			5													
Hardin	1	2	3	5		4														

Appendix B

County	Newborn infant	Pneumonia	Congestive heart failure	СОРБ	Mood disorders	Coronary atherosclerosis	Septicemia	Osteoarthritis	Cardiac dysrhythmias	Acute myocardial Infarction	Urinary infections	Other complications of birth	Skin infections	Rehabilitation care	Chest pain	Other complications of pregnancy	Respiratory failure (adult)	Trauma due to childbirth	Fluid and electrolyte disorders	Diabetes mellitus with complications
Haywood	1		4	5											3					2
Henderson	1	5	2	3		4														
Lauderdale	1	3	5	2		4														
McNairy	1	3	5	2		4														
Tipton	1	2	4			3	5													
Upper-Cumberland	d Region																			
Cannon	2	1	4	3	5	5														
Clay	3	1	2	4									5							
Cumberland	1	2	4	3				5												
Dekalb	1	2	4	3	5															
Fentress	3	2	4	1													5			
Jackson	2	1		4			5										3			
Macon	1	2		3		4													5	
Overton	1	2	4	3															5	
Pickett	3	1		2							4								5	
Putnam	1	2	4	3														5		
Smith	2	1		4		3									5					
Van Buren	1	2	4	5						3										
Warren	1	2	4		5	3														
White	1	2		3					4	5										

Appendix C: 2008 Statistics on Stays in Tennessee Hospitals by Diagnosis

Principal Diagnosis	Number of Discharges	Hospitalization Rate (per 100,000)	Mean Charges (\$)	Mean Length of Stay (days)	Admitted from ED (%)	Died in Hospital [*] (%)
Infectious and parasitic diseases	22,689	354	40,604	7.8	75.7	13.4
Tuberculosis (TB)	156	2.5	41,415	16.0	66.0	1.9
Septicemia (blood infection)	17,549	271.8	43,556	8.2	77.3	16.3
Bacterial infection	157	2.6	28,471	6.3	57.1	1.3
Mycoses (fungal and yeast infections)	638	9.9	43,493	9.2	65.0	6.3
AIDS/HIV infection	1,339	22.0	47,451	9.3	80.7	7.8
Hepatitis	879	13.6	25,067	4.8	75.1	3.0
Viral infection	1,428	23.3	13,959	3.7	65.8	0.4
Other infections	438	6.9	22,879	4.9	61.2	1.6
Sexually transmitted disease (venereal disease)	85	1.3	28,474	6.8	50.6	
Immunizations and screening for infections	20	0.3	13,772	5.8	60.0	
Neoplasms (cancer, carcinoma in-situ, benign tumors)	35,166	537	38,257	6.1	28.4	5.3
Cancer of head and neck	641	9.4	49,376	7.3	26.9	5.8
Cancer of esophagus	264	3.8	51,495	9.2	33.3	9.8
Cancer of stomach	428	6.5	60,702	10.4	41.6	9.3
Cancer of colon	2,215	33.5	44,655	8.4	29.3	4.9
Cancer of rectum and anus	960	14.4	50,161	9.1	24.2	3.5
Cancer of liver and bile duct in liver	356	5.3	35,554	6.4	49.7	15.2
Cancer of pancreas	681	10.4	41,999	8.1	45.1	12.2
Cancer of other gastrointestinal organs and peritoneum (lining of abdominal cavity)	390	5.9	54,044	9.6	33.7	5.6
Cancer of bronchial tubes and lung	4,045	60.1	42,552	7.4	42.1	12.1
Other respiratory and intrathoracic (chest) tumors	31	0.5	50,877	7.9	38.7	3.2
Cancer of bone and connective tissue (ligaments and tendons)	377	6.0	49,153	6.6	21.5	3.7
Melanoma of skin (highly malignant skin cancer)	64	1.0	21,357	3.8	20.3	10.9
Skin cancer other than melanoma	104	1.6	31,281	4.0	15.4	1.0
Breast cancer	1,572	23.8	25,543	2.6	9.5	2.5

^{*}Diagnoses with no in-hospital deaths are marked with a '--'

Principal Diagnosis	Number of Discharges	Hospitalization Rate (per 100,000)	Mean Charges (\$)	Mean Length of Stay (days)	Admitted from ED (%)	Died in Hospital (%)
Cancer of uterus	570	8.4	31,388	4.5	14.4	2.8
Cancer of cervix	401	6.4	24,102	3.7	27.2	2.5
Cancer of ovary	499	7.5	35,081	6.4	24.0	4.6
Other female genital cancer	181	2.8	28,110	4.7	23.2	2.2
Prostate cancer	2,088	29.5	28,433	2.1	13.4	1.3
Cancer of testicles	36	0.6	34,334	5.1	14.3	
Other male genital cancer	18	0.3	19,206	3.1	5.6	
Bladder cancer	638	9.8	38,903	6.0	24.3	4.4
Kidney cancer	1,033	15.4	34,812	4.7	16.9	2.2
Other urinary cancer	67	1.0	47,869	7.4	13.4	4.5
Brain cancer and other nervous system cancer	700	10.9	49,431	6.8	43.7	3.6
Thyroid cancer	238	3.7	23,179	2.8	5.5	2.5
Hodgkin`s disease	69	1.1	54,191	8.4	33.3	4.3
Non-Hodgkin`s lymphoma	793	12.1	49,545	8.6	43.0	7.4
Leukemia (cancer of blood)	807	12.8	90,751	14.0	39.4	13.5
Multiple myeloma (cancer of bone marrow)	331	4.9	53,376	9.7	48.6	9.1
Other and unspecified cancer	151	2.4	47,847	8.0	37.7	6.0
Metastasis (spread of cancer or secondary cancer)	4,097	61.1	39,048	7.0	48.9	9.7
Cancer without specification of site	153	2.3	26,901	6.3	56.2	15.8
Tumors of unspecified nature or uncertain behavior	1,015	15.8	32,816	5.4	36.3	3.5
Chemotherapy and radiation therapy	3,005	47.0	36,246	5.8	5.9	1.1
Benign tumor of the uterus	3,102	52.0	18,783	2.6	20.5	0.03
Other and unspecified benign tumor	3,046	46.7	35,046	4.7	20.2	0.9
Endocrine, nutritional, and metabolic diseases and immunity disorders	30,121	474	18,381	4.1	62.9	1.2
Thyroid disorders	781	12.2	21,275	3.2	33.9	0.4
Diabetes mellitus without complication	579	9.4	10,353	2.5	71.0	0.3
Diabetes mellitus with complications	11,470	180.1	20,118	4.7	72.5	0.6
Other endocrine (hormone) disorders	1,059	16.4	21,838	5.2	61.1	1.3
Nutritional deficiencies	335	5.3	26,059	7.5	47.5	6.0
Disorders of lipid metabolism (primarily high cholesterol)	13	0.2	14,863	3.0	69.2	
Gout	297	4.5	14,543	4.1	73.7	

Principal Diagnosis	Number of Discharges	Hospitalization Rate (per 100,000)	Mean Charges (\$)	Mean Length of Stay (days)	Admitted from ED (%)	Died in Hospital (%)
Fluid and electrolyte disorders (primarily dehydration and fluid overload)	11,932	187.1	12,144	3.5	67.6	1.6
Cystic fibrosis	266	4.6	36,833	8.3	28.3	
Immunity disorders	23	0.4	105,544	15.8	34.8	4.3
Other nutritional, endocrine and metabolic disorders	3,366	53.3	31,733	3.7	23.5	1.7
Diseases of blood and blood-forming organs	9,281	147	20,596	4.3	59.7	1.4
Iron deficiency and other anemia	4,558	71.0	17,413	3.6	58.8	1.0
Posthemorrhagic anemia (acute anemia from bleeding)	476	7.4	17,314	3.8	68.1	1.1
Sickle cell anemia	1,838	31.0	19,921	4.9	69.0	0.4
Coagulation and bleeding disorders	882	13.9	30,097	4.7	56.7	3.4
Diseases of white blood cells	1,391	21.8	25,523	5.5	48.9	2.1
Other hematologic (blood) conditions	136	2.0	35,895	7.8	65.2	5.9
Mental disorders	43,118	694	15,038	7.1	41.1	0.5
Adjustment disorders	544	8.9	8,150	4.5	26.4	
Anxiety disorders	869	14.2	10,565	4.9	45.5	0.1
Attention-deficit, conduct and disruptive behavior disorders	280	4.8	16,505	9.4	34.4	
Delirium, dementia, amnestic and other cognitive disorders	5,503	88.3	20,211	10.3	37.1	1.5
Developmental disorders	49	0.8	12,899	4.7	60.4	2.0
Pre-adult mental disorders	69	1.2	15,715	9.0	39.1	
Impulse control disorders, not elsewhere classified	81	1.4	13,415	8.5	40.5	
Mood disorders	21,288	345.1	13,152	6.9	35.8	0.03
Personality disorders	34	0.6	16,361	7.9	42.4	
Schizophrenia and other psychotic disorders	5,829	92.6	17,271	9.5	40.8	0.1
Alcohol abuse disorders	3,062	48.2	13,048	4.2	60.0	0.1
Substance abuse disorders	3,333	53.6	12,699	4.1	52.2	0.4
Suicide and intentional self-inflicted injury	7	0.1	8,666	1.9	57.1	
Screening and history of mental health and substance abuse	1,358	20.6	32,198	5.8	75.5	6.4
Other mental conditions	812	13.3	10,929	3.2	39.7	0.1
Diseases of the nervous system and sense organs	18,149	288	21,483	4.3	66.7	2.0
Meningitis	888	14.8	24,740	4.9	79.5	1.7
Encephalitis	234	3.7	51,780	9.3	61.1	6.4
Polio and other brain or spinal infections	202	3.2	71,333	13.3	53.5	2.5

Principal Diagnosis	Number of Discharges	Hospitalization Rate (per 100,000)	Mean Charges (\$)	Mean Length of Stay (days)	Admitted from ED (%)	Died in Hospital (%)
Parkinson's disease	314	4.8	19,141	5.0	48.4	2.2
Multiple sclerosis	386	6.2	19,464	4.8	60.6	1.6
Other hereditary and degenerative nervous system conditions	941	14.8	25,082	4.7	49.9	1.7
Paralysis	193	3.1	30,502	6.2	53.1	
Epilepsy, convulsions	5,530	89.0	18,397	3.5	72.9	0.8
Headache, including migraine	1,574	25.6	13,980	2.8	66.8	0.1
Coma, stupor and brain damage	477	7.4	28,114	5.1	73.4	21.2
Cataract	3	0.1	15,384	4.0	0.0	
Retinal detachments, defects, vascular occlusion, and retinopathy (diseases of back of eye)	61	0.9	19,616	2.8	61.7	
Glaucoma	13	0.2	19,813	5.5	61.5	
Blindness and vision problems	114	1.8	14,606	2.7	81.6	
Infections or inflammation of the eye	352	5.7	15,086	3.9	55.7	
Other eye disorders	125	1.9	18,663	3.7	65.6	
Otitis media (middle ear infections) and related conditions	244	4.1	11,258	2.9	60.2	0.4
Dizziness or vertigo (spinning sensation)	1,066	16.3	12,794	2.6	78.5	0.1
Other ear and sense organ disorders	148	2.4	14,441	3.7	54.7	1.4
Other nervous system disorders	5,284	82.3	24,963	5.0	62.1	2.9
Diseases of the circulatory system	141,712	2,163	33,012	4.4	61.5	3.1
Heart valve disorders	1,649	25.3	109,451	9.2	20.3	3.3
Peri-/endo-/myocarditis, cardiomyopathy (disorders of heart muscle and surrounding tissue)	1,442	22.4	44,569	6.7	55.0	3.3
Hypertension (high blood pressure)	1,500	23.1	12,852	2.5	73.6	0.2
High blood pressure with complications	6,381	98.7	25,957	5.0	70.6	2.2
Acute myocardial infarction (heart attack)	14,919	225.1	47,885	5.1	66.7	6.1
Coronary atherosclerosis (hardening of the heart arteries)	21,036	312.4	46,981	3.8	43.3	0.5
Chest pain	12,975	198.8	14,944	2.1	79.5	0.1
Pulmonary heart disease (heart disease due to lung disorders)	3,986	61.7	27,147	5.8	73.2	4.2
Other and ill-defined heart disease	144	2.1	32,907	4.5	51.0	4.2
Disturbance of electrical activity of heart (conduction disorders)	1,229	19.3	46,844	3.3	46.1	1.9
Cardiac dysrhythmias (irregular heart beat)	15,894	245.3	26,075	3.7	60.1	1.0
Cardiac arrest and ventricular fibrillation (uncoordinated contraction of heart)	347	5.3	40,742	4.1	66.5	58.8
Congestive heart failure	23,164	356.8	26,205	5.0	70.4	3.7

Principal Diagnosis	Number of Discharges	Hospitalization Rate (per 100,000)	Mean Charges (\$)	Mean Length of Stay (days)	Admitted from ED (%)	Died in Hospital (%)
Acute cerebrovascular disease (stroke)	12,686	194.4	32,894	6.1	75.9	9.8
Stenosis of precerebral arteries (blockage of arteries leading to brain)	3,199	48.6	26,048	2.4	17.5	0.2
Other cerebrovascular disease (other blockage of blood supply to brain)	759	11.5	42,968	4.4	32.0	0.8
Transient cerebral ischemia (temporary interruption of blood supply to brain, mini-stroke)	3,830	58.8	15,538	2.7	81.5	0.2
Late effects of stroke	343	5.2	21,333	7.4	58.1	6.1
Peripheral and visceral atherosclerosis (hardening of arteries outside heart)	4,972	75.0	38,516	4.9	34.0	2.6
Aneurysm (ballooning or rupture of an artery)	2,052	31.4	75,366	5.4	22.7	6.2
Arterial embolism or thrombosis (blood clot)	787	11.8	44,142	5.7	43.1	5.3
Other circulatory (blood vessel) disease	3,451	53.5	20,142	4.0	67.7	2.1
Phlebitis, thrombophlebitis, thromboembolism (inflammation and blood clots in the veins)	3,792	58.8	18,812	4.9	57.4	1.2
Varicose veins of lower extremity (leg)	48	0.8	15,688	5.0	33.3	
Hemorrhoids	564	8.7	15,437	3.4	66.3	0.7
Other diseases of veins and lymph system	563	8.7	25,823	6.1	47.4	2.3
Diseases of the respiratory system	91,776	1,425	23,514	5.5	69.6	4.6
Pneumonia	29,519	462.2	20,664	5.2	70.9	3.9
Influenza	1,135	18.4	11,756	3.6	64.0	1.4
Tonsillitis	551	9.4	11,209	2.3	52.5	
Acute bronchitis	3,966	65.5	10,290	3.2	62.3	0.1
Other infections of upper respiratory tract (nose, throat, trachea)	1,412	23.2	11,093	2.7	66.4	0.1
Chronic obstructive pulmonary disease (COPD)	21,963	330.1	16,796	4.3	69.6	1.3
Asthma	8,167	130.5	13,256	3.5	72.4	0.3
Aspiration pneumonitis (aspiration of stomach contents into lung)	4,771	74.9	29,671	7.3	78.7	13.1
Pleurisy, pneumothorax, collapsed lung	2,990	46.1	31,859	6.9	62.1	3.4
Respiratory failure; insufficiency; arrest (adult)	12,319	186.3	51,764	10.1	68.1	15.0
Lung disease due to external agents	180	2.8	36,614	6.7	68.9	5.6
Other lung disease	3,865	60.4	24,013	4.3	65.6	3.2
Other upper respiratory disease (nose, throat, trachea)	938	14.9	22,326	4.4	66.3	0.3
Diseases of the digestive system	72,386	1,132	23,994	4.8	67.6	1.6
Intestinal infection	4,729	75.3	16,539	4.7	73.0	1.6
Disorders of teeth and jaw	443	7.2	21,447	2.7	45.0	
Diseases of mouth, excluding dental	456	7.3	20,030	4.4	60.8	1.5

Principal Diagnosis	Number of Discharges	Hospitalization Rate (per 100,000)	Mean Charges (\$)	Mean Length of Stay (days)	Admitted from ED (%)	Died in Hospital (%)
Disorders of esophagus (passage leading to stomach)	3,055	47.8	20,340	3.9	64.7	0.5
Gastroduodenal (stomach or peptic) ulcer, without bleeding	1,087	17.0	32,695	5.9	71.3	2.7
Inflammation of stomach or duodenum (first past of small intestine)	2,340	36.6	16,081	3.5	72.8	0.4
Other disorders of stomach and duodenum (first past of small intestine)	1,588	25.0	23,511	5.0	64.2	1.0
Appendicitis	3,915	64.1	24,194	3.4	78.3	0.1
Abdominal hernia	3,671	56.2	32,513	4.6	34.2	1.0
Regional enteritis and ulcerative colitis	1,905	30.8	24,033	5.5	60.8	0.5
Intestinal obstruction without hernia	7,167	110.8	26,842	6.1	76.2	2.5
Diverticulosis and diverticulitis	6,096	93.7	24,644	5.1	64.1	1.0
Anal and rectal conditions	1,024	16.2	20,726	4.4	54.3	0.4
Intestinal abscess and peritonitis (inflammation of abdominal cavity lining)	647	10.0	40,311	8.6	65.6	6.6
Gallbladder disease	8,584	134.8	27,125	4.2	62.5	0.6
Other liver disease	2,615	39.0	29,042	5.5	70.4	6.9
Pancreatic disorders (not diabetes)	6,719	105.0	23,899	5.3	79.7	1.1
Gastrointestinal bleeding	8,288	128.1	21,648	4.3	75.7	3.1
Inflammation of stomach and intestines (noninfectious gastroenteritis)	3,610	57.4	11,783	3.0	72.3	0.4
Other disorders of stomach and intestines	4,447	69.6	28,383	5.9	51.3	2.4
Diseases of genitourinary system	39,799	630	18,746	4.1	58.7	2.0
Kidney disease other than kidney failure	148	2.4	22,169	4.9	52.1	0.7
Acute kidney failure	10,109	156.0	24,617	5.8	74.3	5.3
Chronic kidney failure	481	7.5	28,198	5.2	45.0	5.0
Urinary infections	14,087	223.7	14,072	4.1	75.3	1.3
Urinary tract stones	2,743	43.3	17,250	2.5	57.9	0.2
Other diseases of kidney and ureters (passage to bladder from kidney)	995	15.6	23,700	3.7	47.1	0.8
Other diseases of bladder and urethra (passage from bladder)	521	8.1	26,878	5.0	38.2	1.2
III-defined symptom of urinary disease	598	9.3	15,566	3.6	62.9	1.2
Hyperplasia (enlargement) of prostate	1,319	20.4	14,485	2.5	11.1	0.3
Inflammation of male genitals	574	8.9	14,837	4.2	66.1	0.2
Other male genital disorders	226	3.5	28,862	4.3	52.9	
Non-cancerous breast conditions	377	6.0	17,835	3.8	46.2	
Inflammatory diseases of female pelvic organs	1,076	17.9	18,708	3.7	49.2	0.1

Principal Diagnosis	Number of Discharges	Hospitalization Rate (per 100,000)	Mean Charges (\$)	Mean Length of Stay (days)	Admitted from ED (%)	Died in Hospital (%)
Endometriosis	738	12.7	19,141	2.6	10.5	
Prolapse of female genital organs	1,780	27.1	21,055	1.9	4.9	0.1
Menstrual disorders	1,816	31.3	17,555	2.2	15.2	0.1
Ovarian cyst	832	13.9	17,616	2.7	31.7	
Menopausal disorders	200	2.9	18,011	2.7	27.5	
Other female genital disorders	1,179	19.2	21,353	3.0	18.1	0.3
Complications of pregnancy, childbirth and the puerperium	89,840	1,506	9,607	2.6	19.2	0.01
Contraceptive and procreative management (birth control or help with conception)	11	0.2	11,132	1.5	9.1	
Spontaneous abortion	278	4.7	10,964	1.9	72.2	
Complications following abortion	39	0.7	17,533	3.6	71.8	
Ectopic (abdominal or tubal) pregnancy	367	6.2	18,389	2.2	69.5	
Other complications of pregnancy	12,381	206.4	8,839	2.4	27.7	0.03
Bleeding and placenta disorders during pregnancy	920	15.5	13,939	4.2	25.3	0.2
Hypertension (high blood pressure) during pregnancy	5,381	90.4	13,235	3.6	19.5	0.02
Early or threatened labor	4,662	77.9	9,944	3.3	29.9	
Prolonged pregnancy	3,450	57.6	8,724	2.3	22.0	
Diabetes or high blood glucose during pregnancy	1,794	30.2	9,228	2.7	14.2	
Malposition, malpresentation (breech and other disorders of baby's position during birth)	2,990	50.3	11,407	3.0	11.2	
Obstructed labor or fetopelvic disproportion	2,451	41.0	11,987	2.9	12.4	
Previous cesarean section (C-section)	10,453	176.5	10,465	2.6	10.8	
Fetal distress and abnormal forces of labor	4,040	67.4	10,577	2.8	17.8	
Polyhydramnios (excess amniotic fluid) and other problems of amniotic cavity	3,330	55.9	11,710	3.6	30.7	
Umbilical cord complication	4,013	67.0	7,526	2.1	15.7	
Trauma to vulva and perineum (area between anus and vulva) due to childbirth	12,210	203.8	7,015	2.0	14.3	
Forceps delivery	1,011	16.8	7,192	2.2	12.1	
Other complications of birth and puerperium (period after childbirth)	14,064	238.5	10,348	2.7	18.7	0.02
Normal pregnancy and/or delivery	5,995	99.3	7,132	2.0	16.7	
Diseases of skin and subcutaneous tissue	15,976	254	16,761	4.9	59.3	0.6
Skin and subcutaneous tissue infections	13,772	219.6	14,360	4.3	61.8	0.3
Other inflammations of skin	256	4.1	25,869	5.5	59.0	1.6
Chronic ulcer of skin	1,669	25.9	34,477	10.6	42.6	2.8

Principal Diagnosis	Number of Discharges	Hospitalization Rate (per 100,000)	Mean Charges (\$)	Mean Length of Stay (days)	Admitted from ED (%)	Died in Hospital (%)
Other skin disorders	279	4.4	20,976	3.6	35.1	0.4
Diseases of musculoskeletal system and connective tissue	39,532	598	43,381	3.8	18.4	0.3
Infective arthritis and osteomyelitis (bone infection)	1,764	27.4	38,363	8.9	42.1	0.9
Rheumatoid arthritis	365	5.6	31,752	4.2	38.6	0.3
Osteoarthritis (degenerative joint disease)	17,151	251.8	43,327	3.4	5.4	0.1
Other non-traumatic joint disorders	944	14.8	24,505	3.4	48.2	1.0
Spondylosis, intervertebral disc disorders (back problems)	11,580	177.3	49,196	3.0	16.3	0.2
Osteoporosis (loss of bone due to insufficient calcium)	4	0.1	23,187	6.3	50.0	
Pathological fracture (fracture of bone weakened by disease)	1,462	23.0	35,918	5.1	48.6	1.1
Acquired foot deformities	83	1.3	26,714	2.7	4.8	0.0
Other acquired deformities	946	14.4	74,785	3.8	10.7	0.2
Systemic lupus erythematosus (chronic rheumatic disease) and connective tissue disorders	356	5.7	33,087	6.7	59.2	2.0
Other connective tissue disease	2,653	41.6	21,613	4.6	59.4	0.8
Other bone disease and musculoskeletal deformities	2,224	34.9	47,237	3.6	22.4	0.1
Congenital anomalies	2,946	49	63,846	6.0	27.1	1.0
Cardiac and circulatory birth defects	784	13.0	105,536	8.7	25.5	2.2
Digestive birth defects	565	9.6	31,982	5.5	60.9	0.2
Genitourinary birth defects	172	2.9	33,018	4.6	42.4	0.6
Nervous system birth defects	162	2.7	44,977	6.7	30.5	1.9
Other birth defects	1,263	20.4	58,841	4.6	10.5	0.6
Newborns and perinatal (around the time of birth) conditions	85,037	1,460	7,671	3.5	1.3	0.4
Newborn infant	81,763	1,404.0	6,005	3.2		0.3
Premature birth and low birthweight	596	10.2	94,260	25.3	2.2	4.2
Intrauterine hypoxia and birth asphyxia (lack of oxygen to baby in uterus during birth)	25	0.4	56,845	9.0	12.0	32.0
Infant respiratory distress syndrome	298	5.1	97,442	21.9	2.4	3.4
Hemolytic jaundice and perinatal jaundice (infant jaundice following birth)	536	9.2	6,945	2.5	31.0	0.2
Birth trauma	14	0.2	40,649	7.3	14.3	
Other conditions occurring around the time of birth	1,805	31.0	39,030	8.0	49.2	1.9
Injury and poisoning	62,743	987	37,010	5.3	65.8	2.2
Joint disorders and dislocations due to trauma	650	10.2	34,020	3.3	32.9	0.9
Hip fracture	7,225	113.9	36,927	6.0	77.6	3.0

Principal Diagnosis	Number of Discharges	Hospitalization Rate (per 100,000)	Mean Charges (\$)	Mean Length of Stay (days)	Admitted from ED (%)	Died in Hospital (%)
Spinal cord injury	275	4.4	119,779	13.0	77.1	8.0
Skull and face fractures	975	16.0	39,146	3.6	84.5	1.0
Fracture of arm	2,898	46.0	31,050	3.6	72.9	0.4
Fracture of leg	5,752	90.6	37,662	4.5	75.5	0.6
Other fractures	4,781	75.5	35,896	5.1	75.2	1.4
Sprains and strains	616	9.6	20,367	3.0	47.8	0.2
Brain injury	3,367	53.9	56,381	6.7	81.0	10.0
Crushing or internal injury	2,572	41.7	62,544	6.7	89.5	4.7
Open wounds of head, neck and trunk	652	10.6	28,061	3.1	87.3	0.9
Open wounds of arms and legs	867	14.1	27,533	3.8	75.8	0.3
Complication of medical device, implant or graft	12,774	196.0	43,128	5.9	43.5	1.8
Complications of surgical procedures or medical care	9,554	147.8	29,556	6.3	47.7	1.4
Superficial injury, bruise	801	12.7	14,016	3.4	75.9	0.1
Burns	914	14.9	58,519	6.6	42.3	3.6
Poisoning by psychiatric agents	2,071	33.5	13,255	2.3	87.7	0.6
Poisoning by other medications and drugs	3,166	50.8	16,354	3.0	84.0	1.5
Poisoning by substances other than medicine	435	7.0	21,731	3.4	78.9	2.3
Other injuries	2,398	38.2	38,276	4.8	78.6	3.8
Symptoms, signs and ill-defined conditions and factors influencing health status	28,481	447	23,210	8.4	38.2	0.6
Syncope (fainting)	4,324	67.3	15,758	2.7	82.3	0.2
Fever of unknown origin	2,022	33.1	15,251	3.3	71.8	0.6
Lymphadenitis (inflamed lymph nodes)	372	6.2	15,334	3.3	60.8	0.3
Gangrene	784	11.7	52,794	10.3	38.5	5.4
Shock	81	1.2	49,787	6.2	84.0	25.9
Nausea and vomiting	1,640	25.9	15,345	3.5	73.2	0.7
Abdominal pain	3,935	63.0	15,697	3.1	72.6	0.7
Malaise (physical discomfort) and fatigue	857	13.4	20,771	4.1	81.3	1.2
Allergic reactions	479	7.6	10,664	2.9	71.6	0.2
Rehabilitation care; fitting of prostheses; and adjustment of devices	13,326	206.7	29,246	13.9	0.9	0.2
Administrative/social admission	21	0.3	12,458	6.7	28.6	4.8
Medical examination/evaluation	358	5.8	2,976	2.6	4.5	0.8

Principal Diagnosis	Number of Discharges	Hospitalization Rate (per 100,000)	Mean Charges (\$)	Mean Length of Stay (days)	Admitted from ED (%)	Died in Hospital (%)
Other aftercare	246	3.8	39,329	12.4	4.9	4.1
Other screening	36	0.6	9,970	2.3	47.1	
Residual codes, unclassified	2,750	42.8	16,492	3.4	60.1	1.1
All Diagnoses	831,595	13,189	24,151	4.7	47.4	2.3

 $^{^* \} Includes \ all \ hospitalizations, including \ those \ with \ missing \ primary \ diagnosis$

Technical Notes

Data Sources

Joint Annual Report of Hospitals (JAR-H): Data on the number, location, controlling authority and service category of hospitals included in this report were obtained from the 2008 JAR-H and were provided by the Tennessee Department of Health's Division of Health Statistics. Detailed JAR-H data on individual hospitals may be found at the following website: http://health.state.tn.us/PublicJARS/Default.aspx.

Hospital Discharge Data System (HDDS): The HDDS is an annual state-based compilation of data on patients discharged from all hospitals licensed by the Tennessee Department of Health. The HDDS does not include federal facilities (i.e. VA hospitals, etc.) or facilities licensed by the Tennessee Department of Mental Health and Developmental Disabilities. The analysis was limited to the records of Tennessee residents. The unit of analysis was inpatient stay rather than patient – if an individual was admitted to the hospital multiple times, he/she can account for more than one hospital stay. Hospitalizations with lengths of stay longer than 365 days or total charges greater than \$1 million were excluded from analyses. The terms 'black' and 'white' refer to persons of any ethnicity. Data on race were missing for 7.7% of hospitalizations, while for each of the other variables examined in this report less than 1% of data were missing. Hospital discharge data were provided by the Tennessee Department of Health's Division of Health Statistics.

Diagnoses and Clinical Classification Software

Diagnoses are recorded within the HDDS using the International Classification of Diseases, 9th Revision, Clinical Modification (ICD-9-CM). There are over 14,000 individual ICD-9-CM codes. These codes were grouped into 263 clinically meaningful diagnostic categories using the Clinical Classification Software (CCS) developed by the U.S. Department of Health and Human Services' Agency for Healthcare Research and Quality (AHRQ).⁵ In 2008 there were no admissions for three of these 263 categories (alcohol-related liver disease, female infertility and induced abortion). Therefore, this report examines a total of 260 diagnostic categories (referred to as 'diagnoses' or 'conditions'). ICD-9-CM codes were also grouped into major diagnostic categories (e.g. circulatory system, pregnancy/childbirth, and mental disorders) using the same software. Frequencies and rankings of diagnoses are based on principal (i.e. first-listed) diagnosis, which is defined as the main reason for the hospital stay.

Explanation of Terms²

Admission Status: Admission status refers to how a patient presents to the hospital.

Routine admission – Patient was not admitted from the emergency department or any other healthcare facility. This admission source includes admissions from home, via physician or clinic referral, or birth.

Emergency department (ED) admission – Patient was admitted through the ED.

Admission from another hospital – Patient was transferred from another short-term, acute-care hospital. This type of admission usually signifies that the patent required more specialized services than the original hospital could provide.

Admission from long-term care facility – Patient was transferred from a long-term care facility, such as a nursing home.

Hospital Charges: Hospital charges are the amount the hospital billed for the entire inpatient stay. These billed charges are not necessarily the same as reimbursements or costs, and do not include most professional (physician) fees.

Technical Notes

Length of Stay: Length of stay is the number of nights the patient spent in the hospital. A patient admitted and discharged on the same day has a length of stay equal to zero.

Payers: The HDDS allows up to three payers to be listed. Data on all payers were combined hierarchically in order to assign each hospitalization to a single payer category.

TennCare – If TennCare, CoverTN, CoverKids, or AccessTN, was listed as any payer, payer for that hospitalization was assigned as TennCare. Medicare – For non-TennCare stays, if any payer was listed as Medicare, payer was assigned as Medicare.

Private insurance— For non-TennCare/Medicare stays, if any payer was listed as another insurance source (e.g. Blue Cross, private HMO/PPO), payer was assigned as private insurance.

Uninsured – For non-TennCare/Medicare/private insurance stays, if any payer was listed as self-pay or free care, payer was assigned as uninsured.

Discharge Status: Discharge status refers to the disposition of the patient at discharge from the hospital.

Routine discharge - Patient returned home after completion of hospital treatment.

Discharge with home healthcare - Patient returned home but with additional in-home healthcare needs.

Discharge to another short-term care hospital – Patient was transferred to another short-term, acute-care hospital. This type of discharge usually signifies that the patient required more specialized services than the original hospital could provide.

Discharge to long-term care or other facility – Patient was transferred to a long-term care or other facility, such as a nursing home, hospice or long-term care hospital. This type of discharge usually signifies that a patient's functional status was compromised.

In-hospital death – Patient died while hospitalized.

Against medical advice - Patient checked him/herself out of the hospital against the advice of his/her doctor.

Data Analysis

Data were analyzed using SAS 9.2. Hospitalization rates were age-adjusted to the 2000 standard United States population with a 10-year age interval (i.e. 11 age groups) using the direct method of standardization. Both age-specific and age-adjusted hospitalization rates were calculated using the 2008 Revision of the 2003 Population Estimates and Projections from the Tennessee Department of Health's Division of Health Statistics. Hospital charges prior to 2008 were adjusted to 2008 dollars to account for inflation. Time trends were analyzed using linear regression and were statistically significant (p-value < 0.05) unless otherwise indicated in the text.

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