

Year 2008 Connecticut Hospitalizations

In 2008 there were 330,100 hospitalizations of Connecticut residents in Connecticut hospitals (Table H-1), not including those related to pregnancy and birth, with total charges of over 9.6 billion dollars. The hospitalization rate for all conditions besides pregnancy and birth decreased 0.3% from the previous year to 8,623 per 100,000 residents of all ages. The lowest rate was for ages 5-14 and the highest for ages 65 and older. Overall, the median charge per hospital stay increased 9.5% to \$18,320 (unadjusted for inflation) and the median length of stay was three days. Among listed conditions and procedures, the longest median stays were for non-fatal spinal injury, leukemia, and Alzheimer's disease, and the highest median charges were for non-fatal spinal injury and leukemia.

The leading diagnosis for all ages combined, as well as for ages 65 and older, was diseases of the heart (Table H-5). Respiratory diseases was the leading cause of hospitalization for ages 0-4; while mental disorders was the leading cause for ages 5-14, 15-24, and 25-44. Digestive diseases was the leading cause of hospitalization for ages 45-64. Among black residents, respiratory diseases was the leading cause of hospitalization for all ages. Among Hispanic residents, digestive diseases was the leading cause for all ages (Table H-2).

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

Hospitalizations related to pregnancy and birth (Tables H-1 and H-2) were not used in rankings or rate ratios. In 2008 there were 81,657 pregnancy and birth-related discharges, with charges of more than 900 million dollars. For the most accurate record of Connecticut resident births and related risk factors and outcomes, see tables in the "Vital Statistics" section.

In October 2002, the ICD-9-CM coding for congestive heart failure was expanded from 428.0 only, to 428.0 and 428.2-428.4. The 2008 tables reflect the additional codes. Between 2002 and 2008 the number of CHF discharges with 428.0 has been falling, the number of discharges with 428.2-428.4 has been growing, while the number of discharges with 428.0 or 428.2-428.4 has been relatively unchanged.