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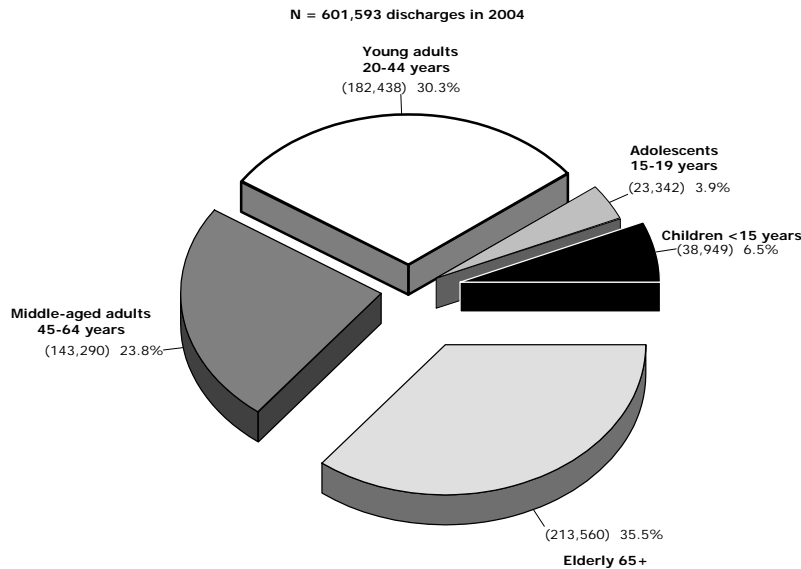
INPATIENT DISCHARGES FROM SHORT-STAY HOSPITALS BY FIRST-LISTED DIAGNOSIS AND PATIENT CHARACTERISTICS

An inpatient discharge occurs when a person who was admitted to a hospital leaves that hospital. A person who has been hospitalized more than once in a given calendar year will be counted multiple times as a discharge and included more than once in the hospital inpatient discharge data set; thus, the numbers in this report are for discharges, not persons. Federal, military and Department of Veteran Affairs hospitals are excluded. All discharges are for the residents of Arizona. Discharges of out-of-state residents are not included in this report. Discharges of inpatients exclude newborn infants. Diagnostic groupings and code numbers are based on the International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM).

Up to nine diagnoses are coded for each discharge. In this section, discharges are presented by first-listed diagnosis, which is the first one listed on the discharge summary of the medical record. The number of first-listed diagnoses is the same as the number of discharges. For comparability with the national data*, the discharge rates are presented per 10,000 population. The groupings of ICD-9-CM codes used to identify specific procedure categories can be accessed at <http://www.azdhs.gov/plan/hip/cat/icd9primary.xls>

*Findings of the National Hospital Discharge Survey are available in bound reports of the National Center for Health Statistics and online at <http://www.cdc.gov/nchs/about/major/hdasd/listpubs.htm>

Figure 4A-1
Hospital Inpatient Discharges by Age Group,
Arizona Residents, 2004

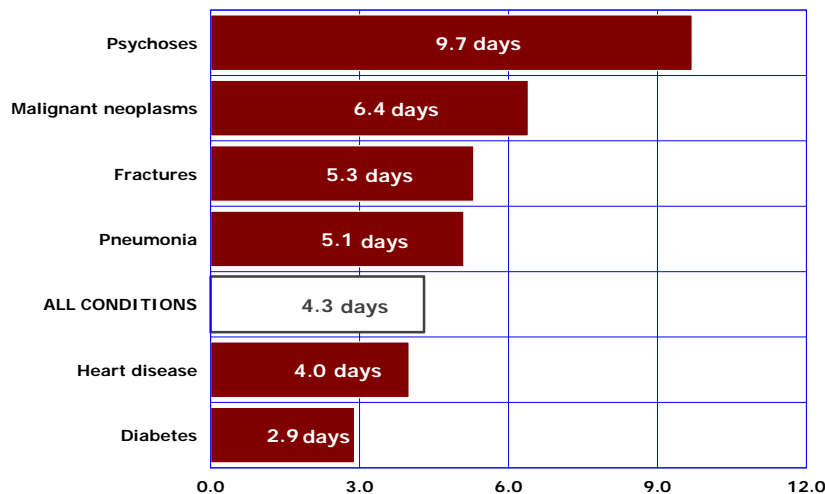


In 2004, there were 601,593 inpatients discharged, excluding newborn infants, from non-Federal short stay hospitals in Arizona (Table 4A-1). Patients who were elderly (65 years or older) accounted for 35.5 percent of hospital discharges (Figure 4A-1), followed by young adults (20-44 years old) who comprised 30.3 of discharges, and middle-aged adults 45-64 year olds (23.8 percent of all inpatient discharges)

The discharge rate for all ages was 1,031.5 per 10,000 population – 1,248.4 for females and 814.8 for males.

Diseases of the circulatory system were the most common diagnoses (16.4 percent of all discharges), followed by *digestive system* diagnoses (10.5 percent), and *injury* diagnoses (9.8 percent; percentages based on data in Table 4A-1).

Figure 4A-2
Average Length of Hospital Stay for Discharges
with Selected First-Listed Diagnosis,
Arizona Residents, 2004



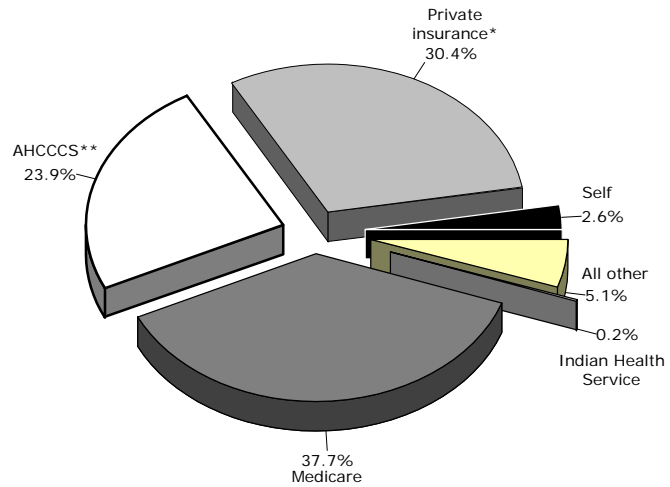
The most frequently reported first-listed diagnoses for inpatient discharges were *heart disease* (66,927), *fractures* (20,942), *malignant neoplasms* (20,280), *pneumonia* (18,637) *cerebrovascular disease* (16,734), and *psychoses* (15,057). Together, these six diagnostic categories accounted for 26.4 percent of all inpatient discharges in Arizona in 2004.

The average length of stay was 4.0 days for heart disease, 5.1 days for pneumonia, 5.3 days for fractures, 6.4 days for malignant neoplasms and 9.7 days for psychoses (Table 4A-5).

The average length of stay ranged from 3.3 days for adolescents 15-19 years old, to 5.0 days for those aged 65 years and older (Table 4A-5).

Figure 4A-3
Hospital Inpatient Discharges by Payer,
Arizona Residents, 2004

Medicare was recorded for 90 percent of inpatient discharges of persons aged 65 years or older and 37.7 percent of all discharges (**Figure 4A-3**). Private insurance was the second most frequently recorded expected source of payment, accounting for 30.4 of inpatient discharges. The Arizona Health Care Cost Containment System (the State's Medicaid Program) accounted for 23.9 percent.

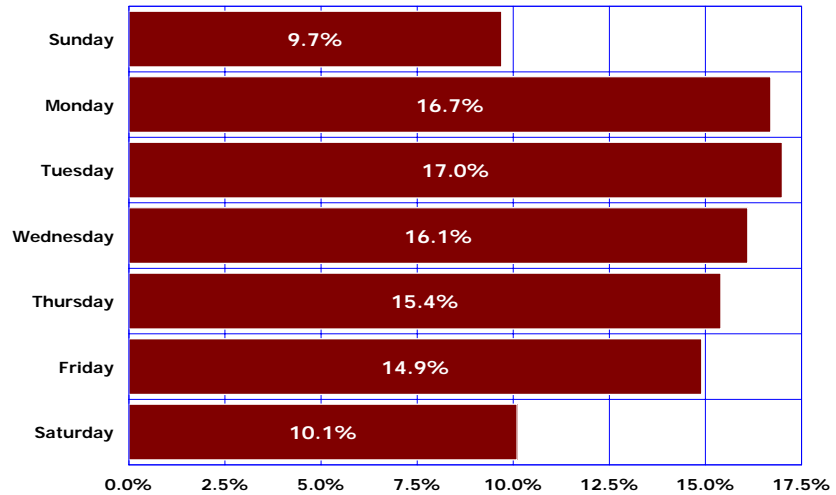


*Indemnity, HMO, PPO.

**The Arizona Health Care Cost Containment System is the State's Medicaid Program.

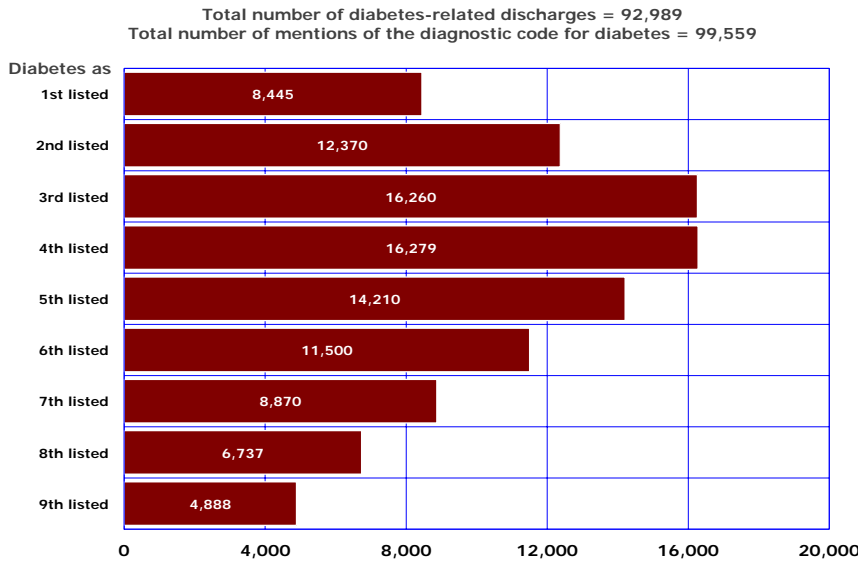
Figure 4A-4
Percent Hospital Inpatient Admissions by Day of
the Week, Arizona Residents, 2004

The rhythm of hospital births by day of the week (see **Figure 1B-14**) reveals that the daily average of resident live births in 2004 was substantially lower at weekends than on weekdays. The same pattern applies to hospital inpatient admissions excluding newborn infants (**Figure 4A-4**).



4A. INPATIENT DISCHARGES FROM SHORT-STAY HOSPITALS BY FIRST-LISTED DIAGNOSIS AND PATIENT CHARACTERISTICS

Figure 4A-5
Number of Diabetes-Related Inpatient Discharges of Arizona Residents, 2004

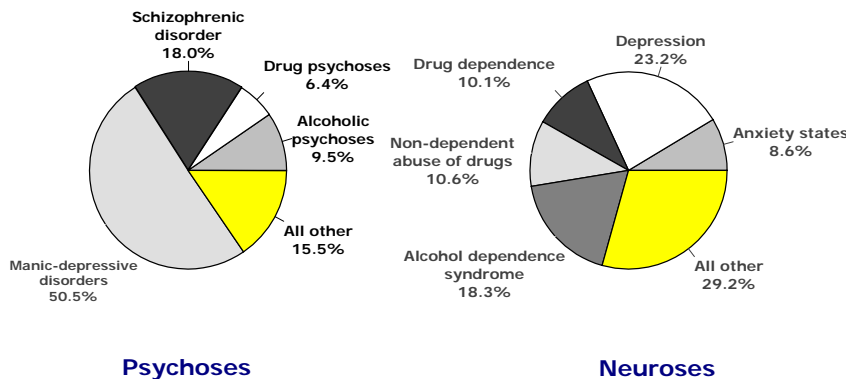


The extent, to which the first-listed diagnosis is the principal reason for hospitalization, ought not to be overestimated. More often than not, the first-listed diagnosis is the immediate, but not necessarily the underlying cause of hospitalization.

In 2004, the ICD-9-CM code 250 for diabetes was used 8,445 times as the first-listed diagnosis (Table 4A-1, Figure 4A-5). However, when we count all entries of this code within the nine diagnostic fields, diabetes was mentioned 99,559 times on 92,989 unduplicated inpatient discharge records. In fact, the diabetes diagnosis was substantially more frequently present as 3rd – 7th listed on the medical record than it was first-listed (Figure 4A-5).

When hospital inpatient data are used to estimate the prevalence of diabetes, it makes sense to include all mentions of this disease in all diagnostic fields, not just the first one.

Figure 4A-6
Number of Inpatient Discharges for Mental Disorders by Category, Arizona Residents, 2004



Note: based on first-listed diagnosis.

The category of mental disorders (ICD-9-CM codes 290-319) accounted for 20,754 inpatient discharges by first-listed diagnosis (Table 4A-1) and 144,427 inpatient discharges by all-listed diagnoses (all occurrences of the diagnosis for mental disorders regardless of the location on the medical record).

Manic-depressive disorders accounted for 50.5 percent of all first-listed *psychoses* (Figure 4A-6), followed by *schizophrenic disorders* (18.0 percent).

Depression accounted for 23.2 percent of all first-listed *neuroses* (Figure 4A-6), followed by *alcohol dependence syndrome* (18.3 percent). Drug use, abuse and misuse (combined categories of drug dependence and non-dependent abuse of drugs) accounted for 20.7 percent of inpatient discharges for neurosis.