



4B.

INPATIENT DISCHARGES FROM SHORT-STAY HOSPITALS BY ALL-LISTED PROCEDURES AND PATIENT CHARACTERISTICS

The data on the number of procedures in this section are for inpatients only. Procedures include surgical and non-surgical operations, diagnostic procedures, and special treatments reported on the medical record. Up to six procedures were included for each discharge. These all-listed procedures include all occurrences of the procedure regardless of the order on the medical record. For comparability with the national data*, the rates of all-listed procedures are presented per 10,000 population.

Beginning in 2008, Arizona hospitals may report up to 12 surgical and non-surgical procedures per record, doubling the previously required number. However, not all hospitals have been able to meet the revised requirements. This is one reason why, in our 2008-2015 reports, we only analyzed the top six procedures. Another reason is comparability with the previously published data for 2000-2007.

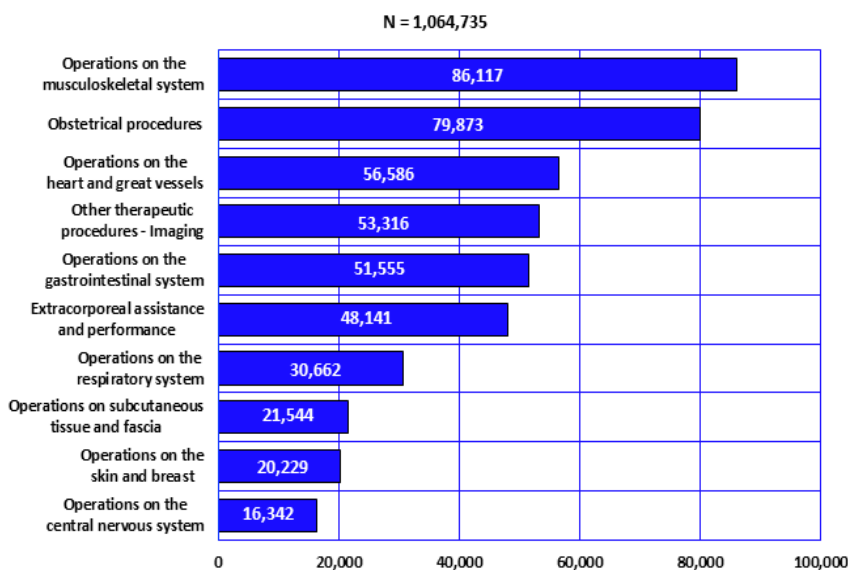
During 2015, all Arizona Hospitals transitioned to the International Classification of Diseases, 10th Revision, and Procedure Coding System (ICD-10-PCS) for coding inpatient procedures. ICD-10-PCS was implemented on October 1, 2015 in replacement of the International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM).

In the current report, procedure groupings and codes are based on ICD-10-PCS and for the first time all the 12 listed procedures are included in the analysis. ICD-10-PCS is structurally different and far more detailed with about 72,000 procedure codes than ICD-9-CM, which includes only 3,824 procedure codes. Due to the fundamental differences in coding systems, caution should be exercised in comparing 2016 hospital discharge data with data from previous years. Please refer to "The Implementation of the International Classification of Disease, Tenth Revision," Introduction page ix, for further explanation of ICD-10-CM transition.

*Findings of the National Hospital Discharge Survey, including estimates of the number of specific procedure categories, are available in bound reports of the National Center for Health Statistics and online at <http://www.cdc.gov/nchs/nhds.htm>. The survey collects the data on up to four surgical and non-surgical procedures.

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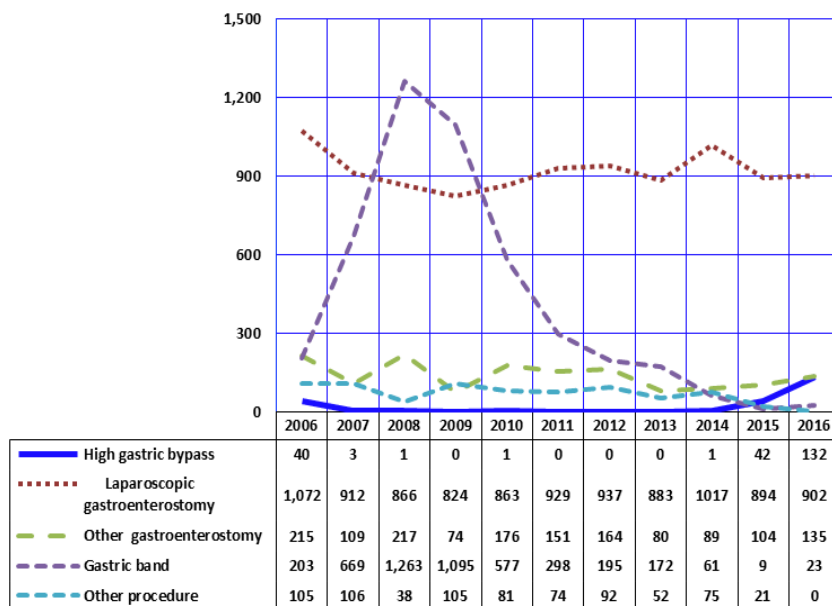
Figure 4B-1
Ten Leading Categories of All-listed Inpatient Procedures,
Arizona Residents, 2016



During 2016, 1,064,735 procedures were performed among the 626,677 total inpatient discharges to Arizona residents. The rate of procedures was 1,557.7 per 10,000 population. For Arizona males, this rate was 1397.4/10,000, and for Arizona females it was 1715.8/10,000.

No specific procedure was recorded for approximately 38.5 percent of all inpatient discharges. Only 1.81 percent of inpatients had six procedures reported while 0.75 of inpatients had 12 procedures recorded. Among the inpatient discharges which had one or more specific procedures recorded, the most frequent were operations on the musculoskeletal system, followed by obstetrical procedures, and operations on the heart and great vessels (**Figure 4B-1, Table 4B1**).

Figure 4B-2
Trends in Types of Inpatient Procedures Performed in Treatment of Morbid Obesity, Arizona Residents, 2006-2016



Bariatrics is a branch of medicine that deals with the surgical treatment of obesity. Bariatric surgery has seen a rather dramatic increase in its popularity. A typical candidate for gastrointestinal surgery has a body mass index (BMI) of 40 or more – about 100 pounds overweight for men and 80 pounds for women. Bariatric surgery may also be considered for someone whose BMI is between 35 and 39.9 and who has a serious obesity-related health problem (such as type 2-diabetes, heart disease, or severe sleep apnea).

In 2016, *morbid obesity* was the principal diagnosis for 2,848 inpatient hospitalizations (**Table 4A-1**). The number of *gastric bypass* surgeries, once the most common bariatric procedure, declined from a recent high of 2,123 in 2003 to fewer than 10 gastric bypass surgeries being completed collectively between 2007-2014. However, the number of *gastric bypass procedures* has increased in 2015 at 42 to 132 in 2016 (**Figure 4B-2**). As in any years since 2010, *laparoscopic gastroenterostomy* remained the most popular procedure, with 902 surgeries performed in 2016.

Note: The frequency counts in Figure 4B-2 are based on the principal procedure. The tabulated data use all twelve listed procedures.