



Health Care Utilization in Connecticut

Connecticut Department of Public Health
Office of Health Care Access
December 2013



Table of Contents

- EXECUTIVE SUMMARYi
- INTRODUCTION..... 1
 - Overview..... 1
 - Data sources, methods and data limitations..... 2
- AVAILABILITY AND UTILIZATION OF ACUTE CARE HOSPITAL SERVICES 3
 - Acute care inpatient services 3
 - Utilization and Access..... 6
 - Readmissions 7
 - Services accessed and average stay 9
 - Frequent users of inpatient services..... 10
 - Utilization by race/ethnicity..... 11
 - Utilization by geographic areas 12
 - Utilization by socioeconomic factors..... 13
 - Utilization by insurance type 14
 - Primary reasons for utilizing inpatient care..... 15
 - Emergency department care..... 17
 - Hospital-based outpatient services..... 20
- COMMUNITY-BASED OUTPATIENT SERVICES..... 21
 - Federally Qualified Health Centers (FQHCs) 21
 - School Based Health Centers 22
- SUMMARY 23
- Appendix I: Connecticut Acute Care Hospitals, FY 2012 24
- Appendix II: Acute Care Hospital Bed Occupancy Rates-FYs 2010-2012..... 25
- Appendix III: Connecticut Acute Care Hospital Staffed Beds by Service, FY 2012 26
- Appendix IV: Connecticut Acute Care Discharges: FYs 2008-2012 27
- Appendix V: Connecticut Acute Care Patient Days: FYs 2008-2012..... 28
- Appendix VI: The Five Connecticut-2009 Town Classifications..... 29
- Appendix VII: Emergency Room (ED) and Other Outpatient (OP) Visits: FYs 2008-2012..... 30

EXECUTIVE SUMMARY

The Connecticut Department of Public Health (DPH), Office of Health Care Access (OHCA) is responsible for assessing the current availability and utilization of health care services throughout Connecticut. Every two years, DPH examines available health care data to report on current trends and help identify residents who may be underserved or have limited access to specific health care services.

The report presents a number of key findings and trends as of fiscal year (FY) 2012:¹

- Connecticut's acute care hospitals had an average occupancy rate of 64% for available beds.
- Average inpatient utilization rates have declined steadily since FY 2009, from 122 per 1,000 population to 116 per 1,000.
- The percentage of patients readmitted into hospitals within 30 days remained at 13%.
- Most inpatient services were medical/surgical-related; average hospital stay was 4.9 days.
- Black non-Hispanic residents had the highest inpatient utilization rate, at 136 per 1,000 population, compared to the statewide rate of 116 per 1,000 population.
- Connecticut residents living in urban towns utilized inpatient services at the highest rate in the state (137 per 1,000); those living in wealthy towns utilized inpatient services at the lowest rate (81 per 1,000).
- The number of Medicaid patients increased by 12% since FY 2009, while commercially insured patients fell 13%.
- Two thirds of discharged patients had primary health care coverage that was government-based.
- Emergency department (ED) patient volumes increased by 3.5% since FY 2010.
- Almost half (46%) of ED volume occurred from 9 a.m. to 4:59 p.m.
- Medicaid patients accounted for more than one third (36%) of the 9 a.m. to 4:59 p.m. ED use.
- Hospital-based outpatient utilization continued to increase (5%) and accounted for 6.4 million patient visits.

¹FY refers to fiscal year; FY 2012 spans from October 1, 2011 through September 30, 2012.

INTRODUCTION

Connecticut General Statutes (C.G.S.) section 19a-634 requires that the Department of Public Health conduct on a biennial basis a state-wide health care facility utilization study, which may include an assessment of:

- (1) current availability and utilization of acute care hospital, emergency care, specialty hospital care, outpatient surgical care, primary and clinic care;
- (2) geographic areas and subpopulations that may be underserved or have reduced access to specific types of health care services; and
- (3) other factors that are deemed pertinent to health care facility utilization.

Overview

There are many social determinants that affect an individual's health beyond clinical care. Access to health care coverage and providers, socioeconomic status, level of education, place of residence and personal behaviors all play key roles in a person's individual health.² It is critically important that social determinants are considered in coordination with enhanced clinical care to strive to increase access to care, eliminate disparities and gaps in service and to improve overall public health.

This report examines two main areas of health care services - acute care hospitals (inpatient, outpatient and emergency department) and community based outpatient services (federally qualified health centers and school based health centers) that provide primary care to many of the underserved.

In this report DPH:

- uses available inpatient, outpatient and emergency department data to gauge health care services utilization;
- examines readmissions within 30 days of discharge to provide insight into the quality of the health care continuum of care;
- assesses demographic characteristics of the state's population that may influence access;
- examines the demographic characteristics of residents utilizing the state's health care services and how that care is paid for; and
- identifies where possible gaps or fragmented care within our health care system may exist.

²Changes in Health Care Financing and Organization. Social Determinants of Health. A national program of the Robert Johnson Wood Foundation; administered by AcademyHealth. May 15, 2009. Accessed on the web on July 11, 2011 at <http://news.statecoverage.net/ahhcf/issuues/2009-05-15/index.html>.

Data sources, methods and data limitations

This utilization report uses data and information currently available to DPH. If other critical utilization data (e.g., outpatient or claims data) is made available to DPH in the future, that information will enhance our ability to report utilization trends and identify gaps in health care.

Report results rely on patient volumes (discharges for inpatient care and visits for hospital-based outpatient and emergency department care) to identify trends. Unless otherwise noted, hospital fiscal year (FY)³ is used. DPH currently has access to aggregate hospital outpatient utilization data, which is only a portion of outpatient care provided in the state.

The main sources of data for this report are the office's Acute Care Hospital Inpatient Discharge Database and Hospital Reporting System, Connecticut Hospital Association, Chime Inc., Emergency Department data, the University of Connecticut's, Connecticut State Data Center (CtSDC), the DPH and U.S. Census Bureau Population Estimates, and DPH hospitalization statistics.

³Fiscal year runs from October 1st through September 30th of the following year.

AVAILABILITY AND UTILIZATION OF ACUTE CARE HOSPITAL SERVICES

Currently the state of Connecticut has twenty-nine acute care hospitals that provide: (1) inpatient care (the most resource-intensive level of hospital care), (2) emergency department (ED) care and (3) outpatient services. Each of these types of services is discussed in this section. The majority of the state's hospitals are along Interstates 95, 91 and 84 and are accessible to most Connecticut residents (see **Appendix I** for a list and location of all acute care hospitals in the state).

Connecticut Public Health Code defines an acute care hospital as a short-term hospital that has facilities, medical staff and personnel to provide diagnosis and treatment for acute conditions, including injuries. According to the most recent data available from the U.S. Centers for Medicare and Medicaid Services (CMS) on health care expenditures, the largest portion of health care spending in Connecticut in 2009 was for hospital care (31.7%), and physician and other professional services (26.1%).⁴

Acute care inpatient services

Hospitals are licensed for a specific number of beds, but have fewer beds physically set up and "available" for use. They may operate or "staff" fewer beds than available. Hospitals normally set up and staff beds based on an expected patient population and evaluate such management decisions routinely.

In FY 2012, Connecticut acute care hospitals were licensed for 9,430 beds, had 8,610 available, but staffed 6,875 beds to serve its 3.5 million residents (**Table 1**, also see **Appendix I** for a breakdown of beds by hospital). The available bed occupancy rate (average number of available beds in use on a given day) is a measure of the inpatient capacity available in the system. In FY 2012, the average occupancy rate of available beds was 64%, down from 67% in the previous year (see **Appendix II** for average occupancy breakdown by hospital).

Table 1: Occupancy Rates of Acute Care Beds, FYs 2009-2012

Federal Fiscal Year (FY)	Discharges	Patient Days	Licensed Beds	Available Beds	Staffed Beds	Occupancy Rate of Staffed Beds ¹	% of Available Beds Staffed	Occupancy Rate of Available Beds ²
FY 2009	430,159	2,076,937	9,358	8,327	6,935	82%	83%	68%
FY 2010	428,428	2,053,724	9,358	8,370	6,769	83%	81%	67%
FY 2011	426,235	2,074,265	9,408	8,515	6,841	83%	80%	67%
FY 2012	417,009	2,025,886	9,430	8,610	6,875	81%	80%	64%

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

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

²The rate is the average number of beds in use on a given day and is derived by the formula: total patient days/(available beds*365)

⁴The Henry J. Kaiser Family Foundation. 2009, Health Spending by Service by State of Provider, www.statehealthfacts.org

The number of available beds staffed by hospitals, as well as occupancy rates, varied by size and location. For example, in FY 2012, occupancy rates of staffed beds ranged from a high of 99% at Bridgeport Hospital to a low of 59% at both The Hospital of Central Connecticut and Windham Community Memorial Hospital (See **Appendix II** for hospital details).

Small hospitals (< 100 staffed beds) were more likely to have most of their licensed beds available, but fewer of them staffed. In contrast, large hospitals (> 350 staffed beds) had a lower percentage of licensed beds available, but most were staffed (**Table 2**).

In FY 2012, small hospitals utilized only 39% of their available beds on a given day. In contrast, large hospitals utilized 74% of their available beds on a given day.

Table 2: Beds by Hospital Size and Occupancy, FY 2012

	Hospital Size Groupings				CT n = 29
	Staffed Beds < 100 ¹ n = 9	Staffed Beds 100 - 200 ² n = 9	Staffed Beds 201 - 350 ³ n = 6	Staffed Beds > 350 ⁴ n = 5	
Licensed	1,094	2,449	1,831	4,056	9,430
Available	1,088	2,056	1,762	3,704	8,610
% of Licensed	99%	84%	96%	91%	91%
Staffed	551	1,561	1,476	3,287	6,875
% of Available	51%	76%	84%	89%	80%
Available bed occupancy rate	39%	58%	68%	74%	65%
Staffed bed occupancy rate	78%	77%	81%	84%	81%

Source: CT Department of Public Health Office of Health Care Access Hospital Reporting System Report 400 hospital fiscal year (FY) 2012; Connecticut Hospital Association (CHA) Quarterly Reporting FY 2013 - Oct 2012 - Dec 2012.

¹Includes Charlotte Hungerford, Day Kimball, Griffin, Johnson Memorial, Milford, New Milford, Rockville, and Windham Hospitals.

²Includes Bristol, CT Children's, John Dempsey, Manchester, Middlesex, MidState, Norwalk, Saint Mary's and Waterbury Hospitals.

³Includes William Backus, Bridgeport, Danbury, Greenwich, Lawrence & Memorial and Stamford Hospitals.

⁴Includes Hartford, Hospital of Central CT, St. Francis, St. Vincent and Yale New-Haven Hospitals.

Hospital bed staffing and system capacity also varied by service. **Table 3** shows that, on average, Connecticut hospitals dedicated approximately 61% of staffed beds to medical/surgical services, 9% to adult intensive care and 9% to adult psychiatry (see **Appendix III** for hospital details). Rehabilitation, adult psychiatry and medical/surgical beds had the highest staffed occupancy rates, at 90% and 85% and 84%, respectively. In contrast, pediatric beds averaged only 66%. Occupancy rates based on overall system capacity (available beds) were relatively low (65%).⁵

Bed availability per 1,000 population was 2.4 overall, and ranged between 0.04 for rehabilitation services to 16.3 for newborns. In 2010, the most recent year of data available, the number of hospital beds per 1,000 population in the U.S. was 2.6.⁶

Table 3: Beds by Occupancy and Availability, FY 2012

Service	Available Beds		Staffed Beds		Avg. Patient Days		Occupancy Rate		Availability Per 1,000 Population	
	Beds	% of Total	Beds	% of Total	Days	% of Total	Available Beds ⁹	Staffed Beds ¹⁰	Available Beds	Staffed Beds
Adult ICU_CCU ¹	781	9%	636	9%	183,918	9%	65%	79%	0.3	0.2
Adult Medical/Surgical ²	5,141	60%	4,170	61%	1,274,116	63%	68%	84%	1.9	1.5
Maternity ³	618	7%	446	6%	116,879	6%	52%	72%	0.4	0.3
Neonatal ICU ⁴	248	3%	217	3%	61,749	3%	68%	78%	6.6	5.8
New born ⁵	608	7%	357	5%	88,621	4%	40%	68%	16.3	9.6
Other ⁶	30	0.3%	30	0.4%	6,195	0.3%	57%	57%	0.01	0.01
Pediatric ⁷	266	3%	202	3%	48,916	2%	50%	66%	0.3	0.3
Psychiatry (Ages 0-17)	121	1%	101	1%	30,037	1%	68%	81%	0.2	0.1
Psychiatry (Ages 18+)	678	8%	618	9%	191,818	9%	78%	85%	0.2	0.2
Rehabilitation ⁸	119	1%	98	1%	32,102	2%	74%	90%	0.04	0.04
Total	8,610	100%	6,875	100%	2,034,351	100%	65%	81%	2.4	1.9

Sources: Office of Health Care Access Hospital Reporting System Report 400 and DPH Connecticut population estimates July 1, 2011

¹Adults over 17 years old

²Adults over 17 years old

³The Centers for Disease Control and Prevention (CDC) assumes the female childbearing age is 15- 44 years

⁴Under age one population

⁵Under age one population

⁶Includes inpatient cardiac service activity at John Dempsey, Saint Mary's and Waterbury Hospitals.

⁷Between one and 17 years old

⁸Adults over 17 years old

⁹The rate is average number of beds in use on a given day and is derived by the formula: total patient days/(available beds*365)

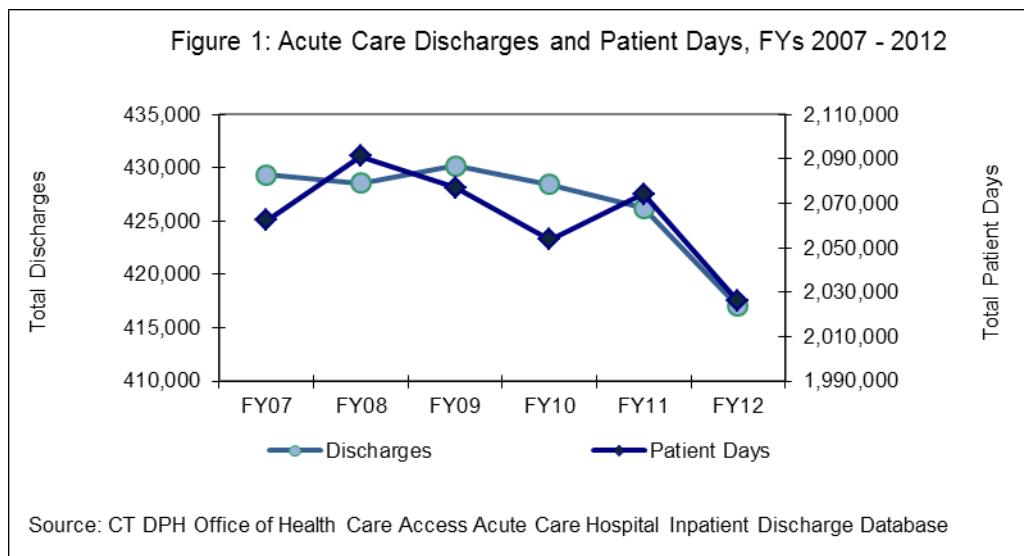
¹⁰The rate is average number of beds in use on a given day and is derived by the formula: total patient days/(staffed beds*365)

⁵This number calculates to a slightly different percentage (65%) than the one cited earlier (64%); the variation results from the use of two different sources for patient days (HRS and Hospital Inpatient Discharge database).

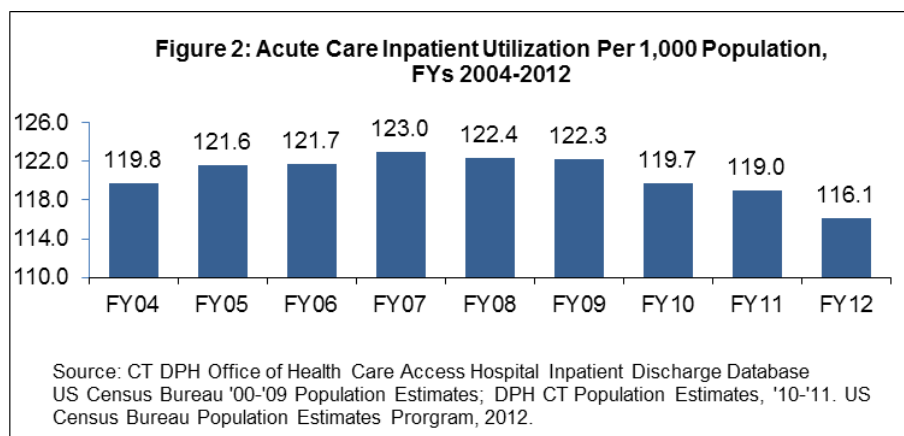
⁶The Henry J. Kaiser Family Foundation. www.statehealthfacts.org.

Utilization and Access

The number of discharges and patient days in the hospital are two separate measures of inpatient utilization. Since the high point in FY 2009, patient discharges experienced yearly decreases, dropping 3% overall (see **Appendix IV** for hospital details). Patient days (see **Appendix V** for details) experienced a similar decrease, though year-to-year values have fluctuated, with increases in FY 2008 and FY 2011 and decreases in FY 2009, FY 2010 and FY 2012. Patient days have dropped by approximately 3% in FY 2012, compared to its FY 2008 peak (**Figure 1**).



The statewide acute care inpatient utilization per 1,000 population is another measure of health care service use relative to population levels. On average, between FY 2005 and FY 2009, there were 122 discharges per 1,000 population, with a slight rise to peak at 123.0, followed by a decrease to 116.5 discharges in FY 2012 (**Figure 2**). From FY 2009 to FY 2012, however, utilization rates fell in each consecutive year. Reduced inpatient volumes may be the result of a combination of advanced technology, cost efficiencies and increased demand for treatment in outpatient settings.

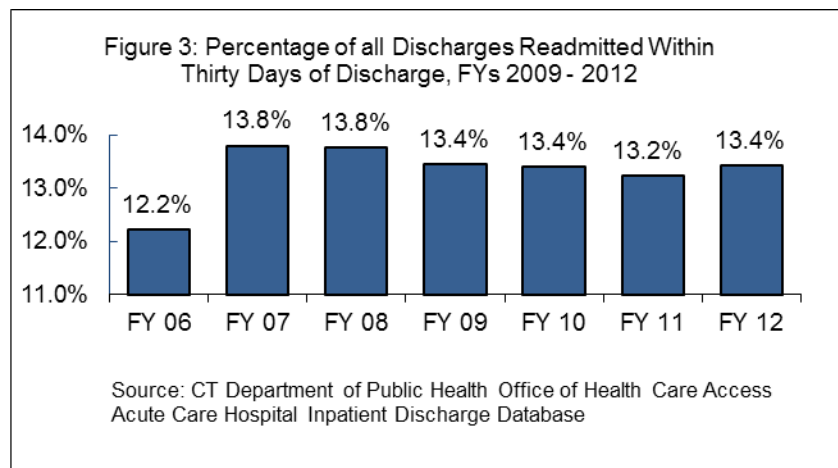


Readmissions

The Centers for Medicare & Medicaid Services (CMS) has targeted readmissions within 30 days of discharge as a probable marker for poor care and excess cost. According to CMS, readmission rates are affected by the characteristics of patients, communication between providers and/or patients, the prevention and/or response to complications and patient safety. Readmissions have also been identified as being sensitive to improvements in coordination of care and discharge planning for patients.⁷

A June 2013-Medicare Payment Advisory Commission (MEDPAC) report indicates that readmission rates for Medicare patients in the U.S. improved slightly over the past five years.⁸ The all-cause readmission rate for acute care hospitals declined from 16.0% in 2006 to 15.3% in 2011.⁹ During this same time period, the rate of potentially preventable readmissions (PPR) also declined from 13.4% to 12.3%.^{10, 11}

In Connecticut, the overall number of patients readmitted within 30 days of a prior hospitalization declined from 57,827 in FY 2009 to 55,971 in FY 2012, a 3% drop. However, since the number of hospital discharges had also dropped (see **Figure 1**), the proportion of patients readmitted within 30 days remained steady at about 13%¹² (**Figure 3**). Connecticut Medicare patients were readmitted most frequently (16.8%¹³ in FY 2012), accounting for more than half of the occurrences (52%). Age was a significant factor for readmissions; 45% were patients over 65 years of age.¹⁴



⁷CMS "Specifications for the All-Cause Unplanned Readmission Measure for 30 Days Post Discharge from Inpatient Rehabilitation Facilities," May 2, 2013, p4. Accessed at: <http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/IRF-Quality-Reporting/Downloads/DRAFT-Specifications-for-the-Proposed-All-Cause-Unplanned-30-day-Post-IRF-Discharge-Readmission-Measure.pdf>

⁸These rates were adjusted for planned readmissions, changes in patient demographics (age and sex) and diagnosis related group (DRG) over the years. Raw readmission rates had an average rate of approximately 19%.

⁹The All-cause readmission rate cited is for all patients discharged regardless of the diagnosis under which they were admitted or discharged.

¹⁰These readmission have the potential to be avoided

¹¹MEDPAC (Medicare Payment Advisory Commission) Report to Congress – Medicare and the Health Care Delivery System, June 2013, p. 96.

¹²Raw rate – not adjusted for planned readmissions, etc.

¹³Ibid

¹⁴Source: CT Department of Public Health Office of Health Care Access Acute Care Hospital Inpatient Discharge Database

Effective with discharges beginning October 1, 2012 and ending September 30, 2013 (FY 13), Medicare began reducing a portion of hospitals' payments by up to one percent for those hospitals reporting an excess number of 30-day readmissions for heart attack (AMI), heart failure (HF), and pneumonia (PN) patients.¹⁵

As required by law, the CMS FY 2014 inpatient prospective payment systems (IPPS) rule increased the maximum reduction of payments up to two percent. The law also added hip and knee surgery and chronic obstructive pulmonary disease to the list of conditions used to determine the reduction.¹⁶

Medicare evaluated the readmission rates of 3,379 hospitals throughout the U.S. to determine the FY 2014 penalties. Of the hospitals evaluated, 66% were penalized at an average rate of 0.38% (2% is the maximum).

Connecticut had 32 hospitals evaluated for excess readmissions during this time period: 29 acute care hospitals (CT Children's Hospital was excluded) and 3 specialty hospitals (The Connecticut Hospice, Inc., Hebrew Home and Hospital, Inc., and the Masonic Home and Hospital). Overall, 75% were penalized at an average rate of 0.43%.

Six of the acute care hospitals, Day Kimball, Manchester Memorial, Middlesex, New Milford, Rockville and Stamford Hospital, received no penalties. The remaining hospitals received penalties that ranged from 0.04% to 1.77%. The Hospital of Saint Raphael and Saint Vincent's Medical Center received the largest penalties (1.06% and 1.77%, respectively). More than half (52%) of the acute care hospitals that will receive a penalty in FY 2014, received an increased penalty from FY 2013.

Of the specialty hospitals, only one, Masonic Home and Hospital, received a penalty (1.14%).¹⁷

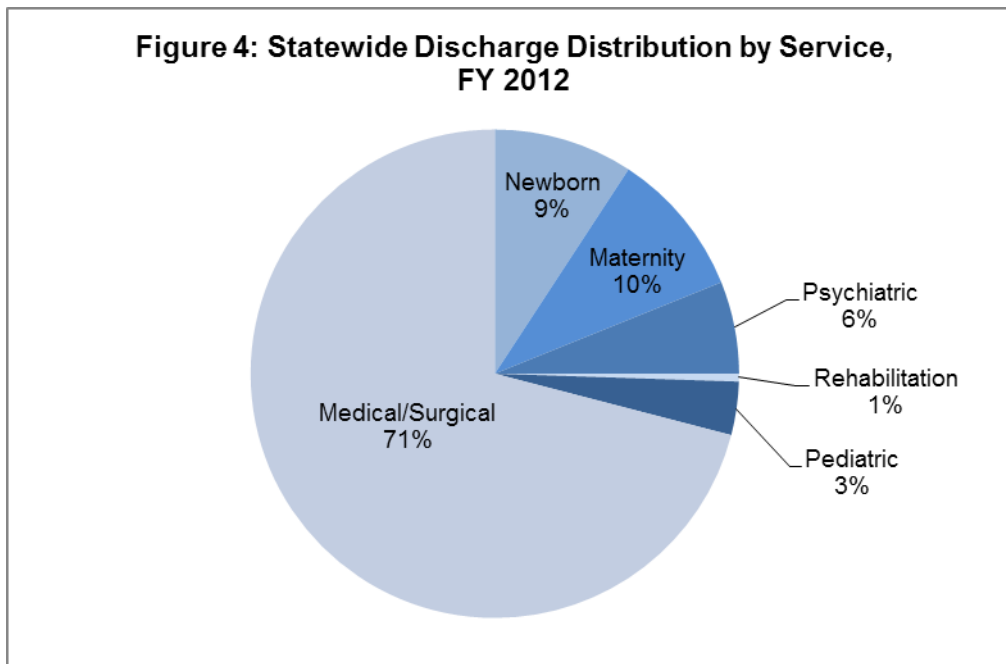
¹⁵A hospital's excess readmission ratio for AMI, HF and PN is a measure of a hospital's readmission performance compared to the national average for the hospital's set of patients with that applicable condition.

¹⁶CMS issues FY 2014 inpatient payment rule, Friday August 02, 2013; accessed at: <http://www.cms.gov/Newsroom/MediaReleaseDatabase/Press-Releases/2013-Press-Releases-Items/2013-08-02.html>

¹⁷Source: Kaiser Health News analysis of data from the Centers for Medicare & Medicaid Services

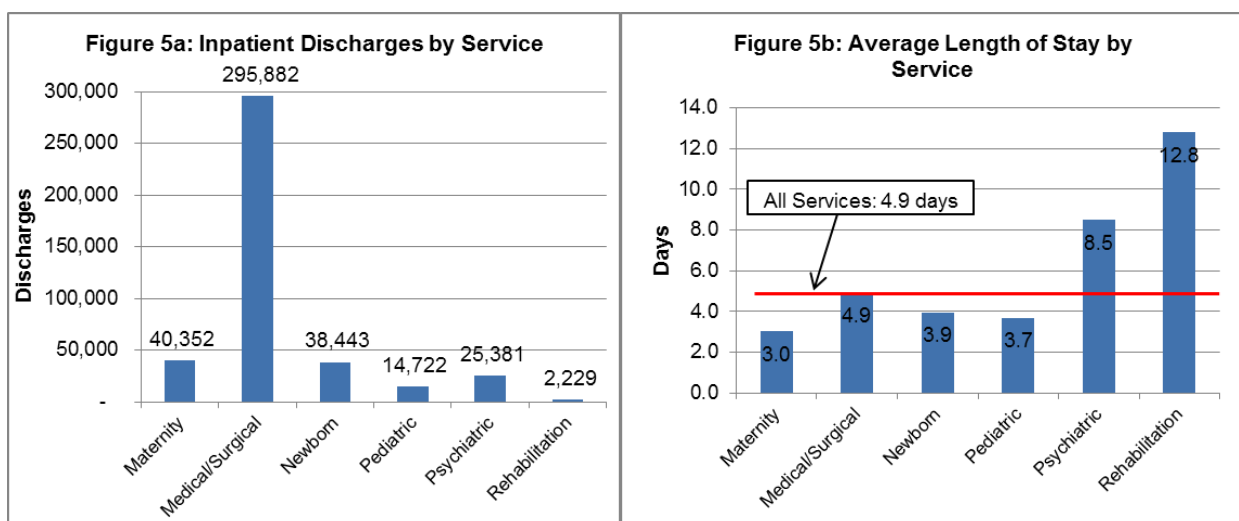
Services accessed and average stay

In FY 2012, medical (50%) and surgical (21%) services accounted for 71% of all discharges, followed by maternity (10%) and newborn services (9%) (see **Figure 4**).



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

Two of the lowest volume services, rehabilitation and psychiatric (**Figure 5a**), continue to require the longest hospital stays. In comparison, patients receiving medical/surgical, pediatric, newborn or maternity services had shorter lengths of stay (**Figure 5b**), ranging from 3.0 days for maternity to 12.8 days for rehabilitation services. The average stay for all services in FY 2012 was 4.9 days.



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

Frequent users of inpatient services

Rates of hospitalization in Connecticut vary considerably by gender and age (**Table 4**). Overall, women in Connecticut were hospitalized more frequently in FY 2012 than men and accounted for 57% of discharges. Women of child bearing age (18-44) were hospitalized 2.5 times more often than their male counterparts. Males in the same age group utilized inpatient services at the lowest rate of any age/gender group (45 per 1,000 population). In contrast, seniors utilized inpatient services the most frequently. Despite representing only 14% of the population, seniors accounted for nearly two in five hospital discharges. Male seniors utilized hospitals at the highest rate (315 per 1,000 population) of any age group. Nearly 40% of seniors were hospitalized for diseases related to the heart, respiratory or digestive systems.¹⁸ Seniors also had the longest average length of stay (5.4 days), compared to a 4.9 day statewide average (data not shown).

Table 4: Age and Gender Distribution and Utilization Rates, FY 2012

	Acute Care Discharges		Connecticut Population ¹	% Distribution	Utilization per 1,000 Population
	FY 2012	% Distribution			
Male	179,773	43%	1,744,816	49%	103
0 - 17	29,564	7%	410,998	11%	72
18 - 44	27,534	7%	613,948	17%	45
45 - 64	53,904	13%	501,741	14%	107
65+	68,771	16%	218,129	6%	315
Female	237,236	57%	1,835,893	51%	129
0 - 17	28,662	7%	392,316	11%	73
18 - 44	68,865	17%	613,826	17%	112
45 - 64	50,569	12%	532,421	15%	95
65+	89,140	21%	297,330	8%	300
Total	417,009	100%	3,580,709	100%	116

Source: CT Office of Health Care Access Acute Care Hospital Inpatient Discharge Database and CT DPH Population
¹Population estimates are as of July 1, 2011-July 1, 2012 estimates were not available at the time of this publication.

¹⁸Source: DPH Hospitalization Statistics Table H-1 Connecticut Resident Hospitalizations, 2011; Number and Rate of Hospital Discharges, Median Length of Stay, and Median Charges by Age and Sex for Selected Discharge Diagnoses.

Utilization by race/ethnicity

Minority race/ethnic groups are more likely than the general population to be uninsured, and may lack access to or delay accessing timely and appropriate care, resulting in more frequent hospitalization. **Table 5** illustrates a breakdown of Connecticut's population and inpatient discharges by race/ethnicity.

Minorities comprised approximately 28% of Connecticut's population and accounted for 29% of inpatient hospital discharges. Of concern, black non-Hispanic residents had the highest inpatient utilization rate (136 per 1,000 population). In contrast, other non-Hispanic residents (primarily Asians) had the lowest utilization rate (36 per 1,000 population). Overall, Connecticut residents used inpatient care at a rate of 116 per 1,000.

Table 5: Race and Ethnicity Distribution and Utilization Rates, FY 2012

Race	Acute Care Discharges		Connecticut		Utilization per 1,000 Population
	FY 2012 ⁴	% Distribution	Population ¹	% Distribution	
White non-Hispanic	297,035	71%	2,568,097	72%	116
Black non-Hispanic	49,045	12%	361,237	10%	136
Hispanic ²	44,899	11%	494,290	14%	91
Other non-Hispanic ³	5,626	1%	157,085	4%	36
Total	417,009	100%	3,580,709	100%	116

Source: CT Office of Health Care Access Acute Care Hospital Inpatient Discharge Database and Backus, K, Mueller, LM (2012) State-level Bridged Race Estimates for Connecticut, 2011, Connecticut Department of Public Health, Office of Health Care Quality, Statistics, Analysis & Reporting, Hartford, CT.

¹Population estimates are as of July 1, 2011 - July 1, 2012 estimates were not available at the time of this publication.

²Hispanics or Latinos of any race

³Includes Asian, Hawaiian or Pacific Islander and American Indian/Eskimo/Aleutians race/ethnic groups; records labeled "other non-white" in the Inpatient Discharge database have been excluded due to the lack of a corresponding population estimate category.

⁴Discharge columns do not add to total - 20,394 records categorized as "other non-white" have been excluded and race not identified in ten records.

Utilization by geographic areas

As illustrated in **Table 6**, approximately three-quarters of discharged patients resided in New Haven (26%), Hartford (25%) and Fairfield (23%) counties, which have the highest populations and the most hospitals. New Haven County had the highest utilization rate (126 per 1,000 population) in the state, while Tolland County had the lowest utilization rate (83 per 1,000 population).

On average, 4% of discharges were from out-of-state. The majority of out-of-state discharges emanated from New York (67%), Massachusetts (9%), Florida (5%) and Rhode Island (4%).

Table 6: Patient County Discharge Distribution and Utilization per 1,000 Population, FY 2012

Patient County	# of Hosp.	Inpatient Discharges FY 2012	% Change FY 2011-12	Share of Total	Connecticut Population July 1, 2011	Share of Population	Utilization per 1,000 Population
Fairfield	6	95,922	-2%	23%	925,899	26%	104
Hartford	7	104,350	-1%	25%	894,705	25%	117
New Haven	6	108,344	-4%	26%	861,113	24%	126
New London	2	30,834	-2%	7%	273,502	8%	113
Litchfield	3	19,935	-1%	5%	188,789	5%	106
Middlesex	1	17,886	1%	4%	166,043	5%	108
Tolland	2	12,621	1%	3%	152,507	4%	83
Windham	2	11,890	1%	3%	118,151	3%	101
Other *	-	15,227	-7%	4%	N/A	N/A	N/A
Statewide	29	417,009	-2%	100%	3,580,709	100%	116

Source: CT Office of Health Care Access Acute Care Hospital Inpatient Discharge Database and Backus, K, Mueller, LM (2012) Town-level Population Estimates for Connecticut, 2011, Connecticut Department of Public Health, Office of Health Care Quality, Statistics, Analysis & Reporting, Hartford, CT.

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

Utilization by socioeconomic factors

Connecticut's 169 towns display significant variation in population density, average income and other demographic characteristics. Health care issues that affect residents in a small wealthy town may be quite different from those of residents living in urban areas with high levels of poverty. As a result of this variation and to better understand health care needs throughout the state, Connecticut's towns must be examined by their common socioeconomic characteristics.

In this report, DPH uses The Five Connecticut, a grouping of towns that was developed by the University of Connecticut's Connecticut State Data Center (CtSDC) (see **Appendix VI** for individual town classification). CtSDC distributes Connecticut towns into five distinct groups: Rural, Suburban, Urban Core, Urban Periphery, and Wealthy. As can be seen in **Table 7** below, almost two thirds of Connecticut's population resided in or around urban areas.¹⁹

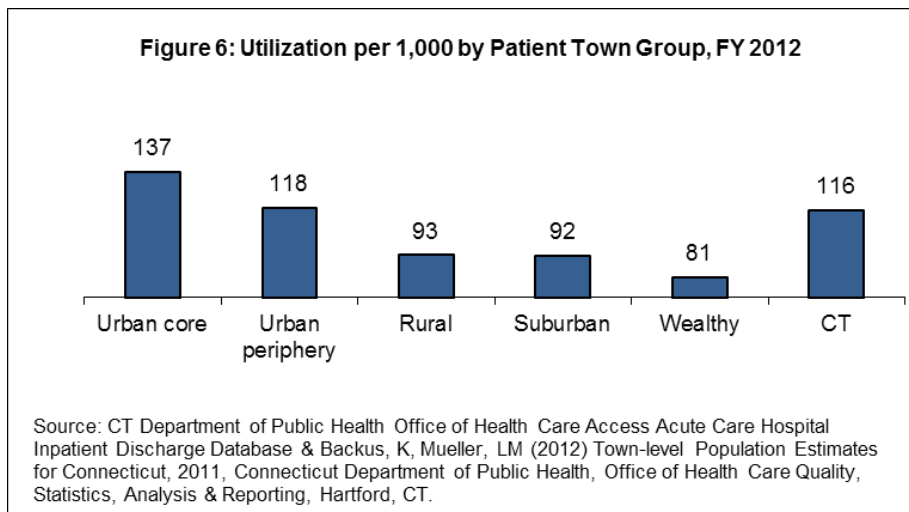
Table 7: Connecticut Population by "The Five Connecticut" (2009 Classification)

The Five Connecticut	Characteristics	Population ¹	% of State
Rural	lowest population density, average income and below average poverty	383,437	10.7%
Suburban	suburb of urban area, above average income, low poverty and moderate population density	449,916	12.6%
Urban Core	highest population density, lowest income and highest poverty levels	975,026	27.2%
Urban Periphery	transition between Urban Core and Suburbs, below average income, average poverty and high population density	1,302,410	36.4%
Wealthy	high income, wealth, low poverty and moderate population density	469,920	13.1%
Total		3,580,709	100.0%

Source: University of Connecticut State Data Center: The Five Connecticut – 2009

¹Backus, K, Mueller, LM (2012) Town-level Population Estimates for Connecticut, 2011, Connecticut Department of Public Health, Office of Health Care Quality, Statistics, Analysis & Reporting, Hartford, CT.

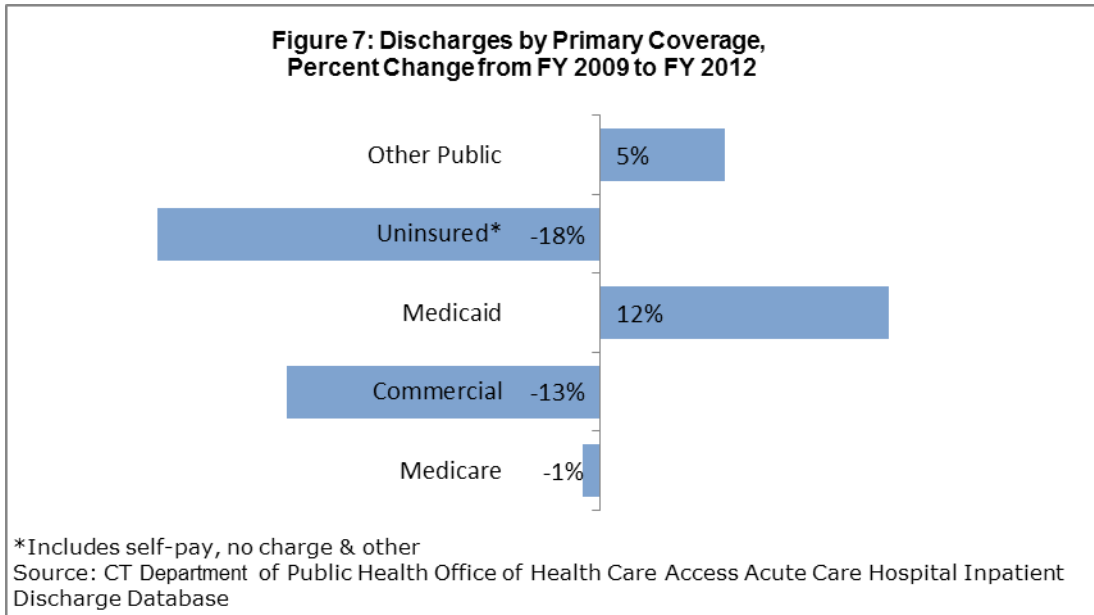
As can be seen in **Figure 6**, residents of urban towns like Hartford and Bridgeport utilized inpatient services more frequently than residents of wealthy towns. Urban core residents used inpatient services at a rate of 137 per 1,000 population, compared to only 81 per 1,000 for residents of wealthy towns. Urban core and periphery towns accounted for approximately 63% of the state's seniors, which also contributed to increased utilization in those areas. In FY 2012, Urban core patients were mostly female (58%), age 45 or older (54%), insured by Medicaid (39%) or Medicare (35%), and excluding child birth-related events, had a primary diagnoses of pneumonia, septicemia, kidney failure, urinary tract infection, chronic bronchitis or asthma.



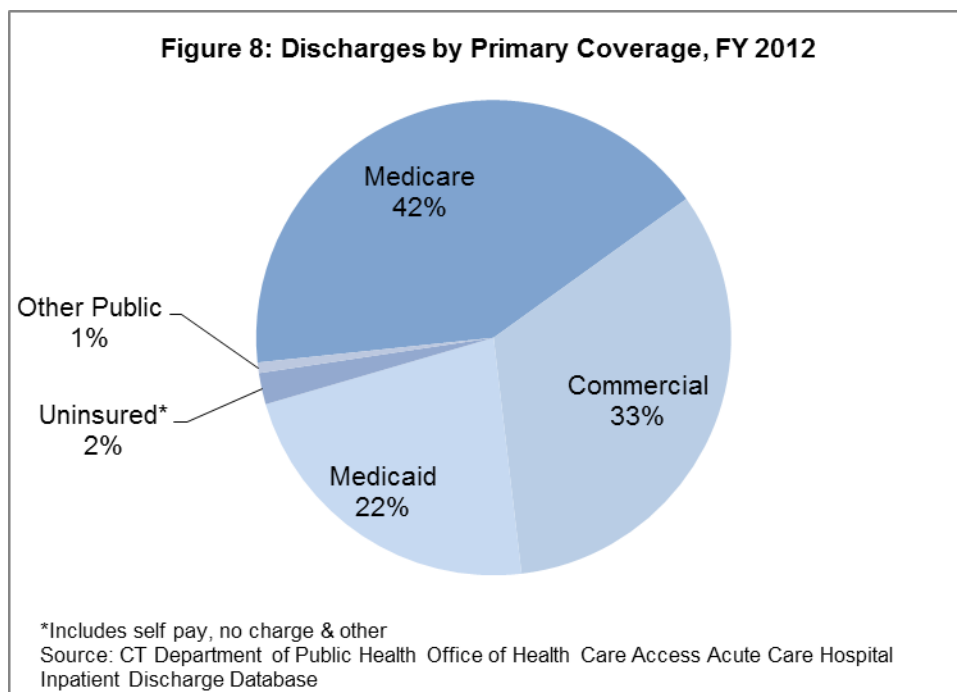
¹⁹University of Connecticut State Data Center. The Changing Demographics of Connecticut – 1990 – 2000. Part 2: The Five Connecticut. Occasional Paper Number: OP 2004-01, May 2004 - updated in 2009.

Utilization by insurance type

Figure 7 shows that from FY 2009 to FY 2012, the number of patients with commercial insurance declined by 13%. In contrast, the number of discharged Medicaid patients increased by 12%. The number of Medicare patients increased in FY 2009, FY 2010 and FY 2011, but decreased by 1% in FY 2012, falling slightly below the FY 2009 level. Combined government payers (Medicare, Medicaid and Other Public) increased by 3%. The uninsured category dropped significantly (-18%) from FY 2009 to FY 2012.



In FY 2012, nearly two thirds of discharged patients from acute care hospitals had primary health care coverage that was government-based: Medicare (42%) or Medicaid (22%), or Other Public (1%). Only one third of patients had commercial coverage (see **Figure 8**).



Primary reasons for utilizing inpatient care

The leading cause of hospitalizations varies significantly by age (**Table 8a**) and race/ethnicity (**Table 8b**). For children under 5 years of age, respiratory issues (asthma, COPD, and pneumonia and influenza) are the leading cause of hospitalization. Mental disorders are the leading cause in the 5-14, 15-24 and 25-44 age groups, for both genders. Psychotic conditions account for significant volumes in all three groups; the 15-24 and 25-44 age groups also include significant numbers of alcohol and drug abuse diagnoses. Males in the 45-64 age group are admitted primarily for heart related conditions; females in the same age group are more likely to have digestive system (hernia/intestinal obstruction, colitis/enteritis, diverticula of intestine) diagnoses.

Table 8a Leading Causes of Hospitalization by Age and Sex, CY 2011²⁰

Hospitalizations	Age group (Years)						
	0-4	5-14	15-24	25-44	45-64	65+	All ages
Males	Respiratory ^{1,2} (1,611)	Mental ^{1,2} (963)	Mental ^{1,2} (2,521)	Mental ^{1,2} (5,463)	Heart ^{1,2} (7,039)	Heart ^{1,2} (12,223)	Heart ^{1,2} (20,544)
Females	Respiratory ^{1,2} (1,131)	Mental ^{1,2} (934)	Mental ^{1,2} (2,417)	Mental ^{1,2} (4,548)	Digestive ^{1,2} (6,690)	Heart ^{1,2} (13,161)	Digestive ^{1,2} (20,973)

¹Diagnostic categories are based on International Classification of Diseases, 9th Revision, Clinical Modification, except for conditions related to pregnancy and childbirth, which are based on diagnosis related groups (MS-DRGs 765-782).

²First listed diagnosis, except for "amputation with diabetes" - first-listed procedure code 84.1 (amputation of lower limb) together with first-listed diagnosis code 249-250 (diabetes mellitus)

Examining race and ethnicity for all ages, white non-Hispanic patients are most often admitted for diseases of the heart, while black non-Hispanics are admitted for mental disorders and Hispanics are admitted for diseases of the digestive system.

Table 8b Hospitalizations by Age and Race/Ethnicity CY 2011²¹

All Ages	White Non-Hispanic ⁵			Black Non-Hispanic ⁵			Hispanic ⁵		
	Rank	No. ¹	Rate ³	Rank	No. ¹	Rate ³	Rank	No. ¹	Rate ³
Diagnosic Group (ICD-9 CM Code) ^{2,4}									
Diseases of the heart (391-392.0, 393-398, 402, 404, 410-416, 420-429)	1	31,138	836.4	4	3,317	1,106.0	5	2,146	806.4
Diseases of the respiratory system (460-519)	3	26,392	775.5	2	4,079	1,282.3	3	3,760	1,090.7
Diseases of the digestive system (520-579)	2	29,287	924.8	3	3,908	1,197.6	1	4,168	1,129.9
Mental disorders (290-319)	5	21,064	812.8	1	4,164	1,128.0	2	4,046	844.3

¹Numbers of discharges represent events, not unique persons hospitalized. A dash (-) represents the quantity zero. In keeping with confidentiality regulations, numbers and rates are not disclosed for fewer than six events.

²Diagnostic categories are based on International Classification of Diseases, 9th Revision, Clinical Modification, except for conditions related to pregnancy and childbirth, which are based on diagnosis related groups (MS-DRGs 765-782).

³Connecticut population groupings were based on Estimates for the July 1, 2011 United States resident population from the Vintage 2011 postcensal series by year, county, age, sex, race, and Hispanic origin, prepared under a collaborative arrangement with the U.S. Census Bureau. http://www.cdc.gov/nchs/nvss/bridged_race.htm Backus, K, Mueller, LM (2012) State-level Bridged Race Estimates for Connecticut, 2011, Connecticut Department of Public Health, Office of Health Care Quality, Statistics, Analysis & Reporting, Hartford, CT. Rates are per 100,000 population.

Denominators were for total population (males plus females), except for female breast cancer (female population only) and prostate cancer and hyperplasia of prostate (male only). Bridged estimates were used to assign individuals to a single race even if they reported more than one.

⁴First listed diagnosis, except for "amputation with diabetes" - first-listed procedure code 84.1 (amputation of lower limb) together with first-listed diagnosis code 249-250 (diabetes mellitus)

⁵The three racial and ethnic categories used here are mutually exclusive. Discharge records of persons of Asian, American Indian, Alaska Native, Hawaiian, or other Pacific Islander race when reported along with non-Hispanic ethnicity are not included due to small numbers.

²⁰ These tables are sourced from the DPH Hospitalizations by Age and Race/Ethnicity, with Top Ten Leading Causes (Table H2) and Leading Causes of Hospitalization (Numbers of Hospitalizations) by Age and Sex (Table H5).

²¹ Ibid.

Table 9 lists the top ten inpatient procedures in Connecticut in FY 2012 (coded as primary and excluding procedures relating to pregnancy and childbirth). In FY 2012, transfusion of packed cells (1.6%) was the most frequent procedure. Many of the top ten procedures, total knee replacement (1.6%), angioplasty (1.3%) and total hip replacement (1.1%), were utilized by older patients. Of note, angioplasty procedures were the most frequent non birth related primary procedure in FY 2009, but the third most frequent in FY 2012.

Many of the top-ten procedures (heart-related and gastro-related) corresponded to the primary hospitalization diagnoses found in **Tables 8a and 8b**.

Table 9: Top Ten (Non Birth Related) Inpatient Primary Procedures, FY 2012

FY 2012 Rank ¹	FY 2009 Rank ¹	ICD-9 Procedure Description	Procedure codes	FY 2012 Discharges	% of Total Discharges
1	3	Transfusion of packed cells ²	99.04	6,873	1.6%
2	2	Total knee replacement	81.54	6,856	1.6%
3	1	Percutaneous transluminal coronary angioplasty (PTCA) or coronary atherectomy	00.66	5,346	1.3%
4	6	Total hip replacement	81.51	4,466	1.1%
5	5	Esophagogastroduodenoscopy (EGD) with closed biopsy	45.16	4,274	1.0%
6	8	Alcohol detoxification	94.62	4,251	1.0%
7	4	Venous catheterization, not elsewhere classified	38.93	3,884	0.9%
8	10	Hemodialysis	39.95	3,387	0.8%
9	12	Non-invasive mechanical ventilation	93.90	3,379	0.8%
10	9	Laparoscopic cholecystectomy (gallbladder removal)	51.23	3,325	0.8%
Top Ten Total				46,041	11.0%
Total Discharges				417,009	100.0%

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

¹Procedures relating to pregnancy and childbirth have been omitted.

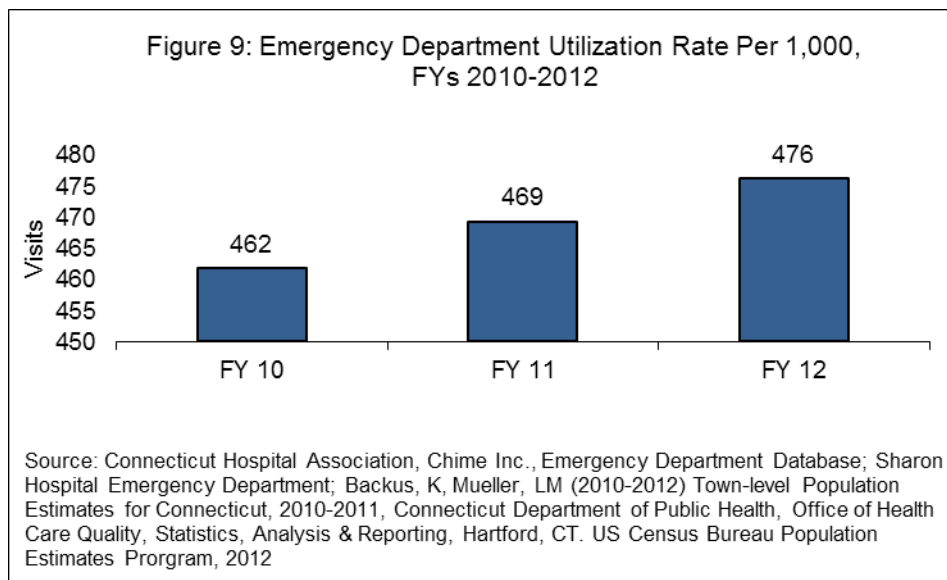
²Whole blood consists of plasma (liquid portion) and red blood cell components. Except in cases of tremendous blood loss, whole blood is not typically transfused. Instead, packed red blood cells (whole blood without the plasma portion) is typically given.

Emergency department care

Emergency department (ED) care, a second type of care provided by the state's hospitals, is a critical component of Connecticut's health care system and also serves as a safety net for many without access to other resources. Connecticut has twenty-nine acute care hospitals and six satellite locations that provide communities with emergency care. During FY 2012, emergency department volumes accounted for a total of 1.7 million patient visits. Patient volumes increased 3.5% since FY 2010, with 57,000 additional patient visits (See **Appendix VII** for hospital details).

ED visits include patients treated and discharged, treated and admitted for inpatient care, or transferred to other types of institutions. On average, about 14% of ED patients were admitted to Connecticut hospitals for inpatient care in FY 2012.²²

From FY 2010 to FY 2012, ED utilization grew approximately 3%, from 462 visits to 476 visits per 1,000 population (**Figure 9**). Connecticut's ED utilization rates continued to exceed the national average of 415 visits per 1,000.²³



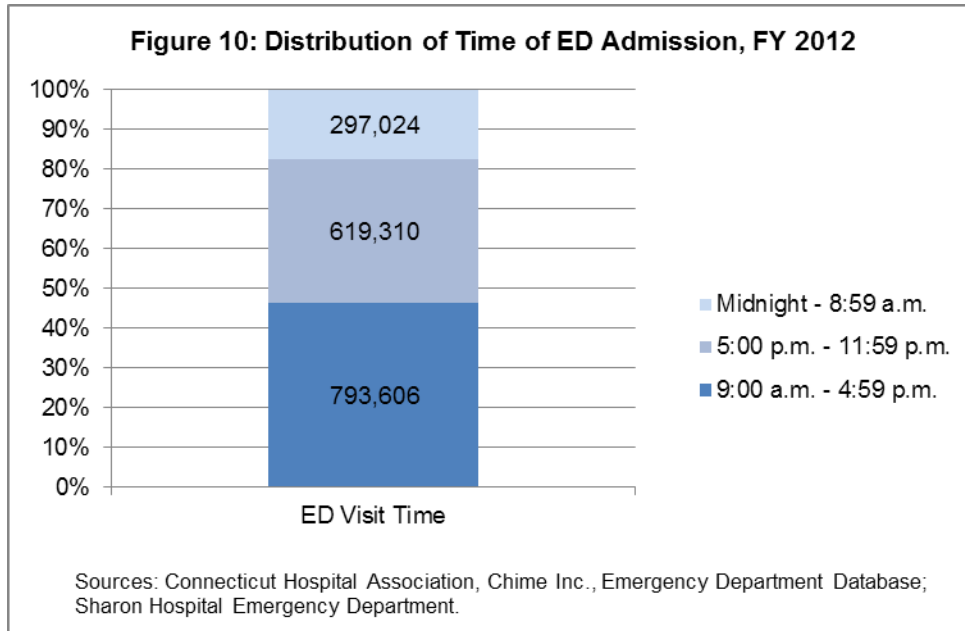
As **Figure 10** shows, almost half (46%) of ED visits occurred from 9:00 a.m. to 4:59 p.m. This time period also showed the largest gain (4.4%) in patient volume since FY 2010. However, the data format precludes determining if greater ED use occurred from Monday through Friday or on weekends.

Nearly two thirds of the patients utilizing the ED during the day are adults aged 18-64. Women are more frequent users (55%) than men (45%). White non-Hispanics accounted for slightly more than half (55%) of ED visits, while minorities accounted for one third (33%) of visits (11% were unknown). Medicaid was the leading payer type for ED visits and accounted for 36% of daytime visits; commercially insured (30%) and Medicare (23%) patients also accounted for a significant share.

²²Hospital Reporting System (HRS) Report 450, Hospital Inpatient and Outpatient Other Services Utilization and FTEs, Statewide, FY 2012.

²³Kaiser State Health Facts: Hospital Emergency Room Visits per 1,000 Population; Timeframe: 2011; accessed at <http://kff.org/other/state-indicator/emergency-room-visits/>

Patients utilizing the ED from 9:00 a.m. to 4:59 p.m. primarily sought treatment for abdominal pain, upper respiratory infections, urinary tract infections, lower back pain, headaches, sore throats, chest pain and neck sprains/strains.



ED utilization rates varied significantly by gender and age group (**Table 10**). As in prior years, females in Connecticut utilized emergency departments at a higher rate than males. In FY 2012, females had a utilization rate of 503 per 1,000 population compared to 451 per 1,000 for males. Seniors (65+) of either gender had the highest ED utilization rates among all age groups. Senior males averaged 569 visits per 1,000, compared to 451 for all male age groups combined. Seniors accounted for only 14% of Connecticut's population, yet represented 18% of patients treated in EDs.

Table 10: ED Visits Age, Gender Distribution and Utilization Rates, FY 2012

Gender/Age	Visits ¹		Connecticut		Utilization per 1,000 Population
	FY 2012	% Distribution	Population	% Distribution	
Male	786,448	46%	1,744,816	49%	451
0 - 17	171,784	10%	410,998	11%	418
18 - 64	490,648	29%	1,115,689	31%	440
65+	124,016	7%	218,129	6%	569
Female	923,488	54%	1,835,893	51%	503
0 - 17	154,650	9%	392,316	11%	394
18 - 64	593,048	35%	1,146,247	32%	517
65+	175,790	10%	297,330	8%	591
Total	1,709,940	100%	3,580,709	100%	478

Source: Connecticut Hospital Association Chime ED Data; CT DPH Office of Health Care Access, Sharon Hospital ED Database; Backus, K, Mueller, LM (2012) State-level Bridged Race Estimates for Connecticut, 2011, Connecticut Department of Public Health, Office of Health Care Quality, Statistics, Analysis & Reporting, Hartford, CT.

¹Total does not add due to the inclusion of four visits where gender was reported as "unknown."

ED utilization rates for black non-Hispanic and Hispanic residents were significantly higher than for white non-Hispanics (1.9 and 1.8 times higher, respectively). **Table 11** shows that Hispanics comprised 14% of Connecticut’s population, yet accounted for 19% of ED use. Black non-Hispanic residents comprised 10% of Connecticut’s population, yet accounted for 14% of ED use. Other non-Hispanic, which is comprised primarily of Asian residents (see **Table 11**), had the lowest utilization rate (181 per 1,000 population) of all the race/ethnic groups. About 8% of ED visits had patient records that did not clearly indicate race/ethnicity.

Table 11: ED Visits Race/Ethnicity Distribution, Utilization per 1,000 of Population, FY 2012

Race	ED Visits		Connecticut		Utilization per 1,000 Population
	FY 2012 ⁴	% Distribution	Population ¹	% Distribution	
White non-Hispanic	928,306	54%	2,568,097	72%	361
Black non-Hispanic	244,538	14%	361,237	10%	677
Hispanic ²	324,116	19%	494,290	14%	656
Other non-Hispanic ³	28,399	2%	157,085	4%	181
Total	1,709,940	100%	3,580,709	100%	478

Source: Backus, K, Mueller, LM (2012) State-level Bridged Race Estimates for Connecticut, 2011, Connecticut Department of Public Health, Office of Health Care Quality, Statistics, Analysis & Reporting, Hartford, CT.

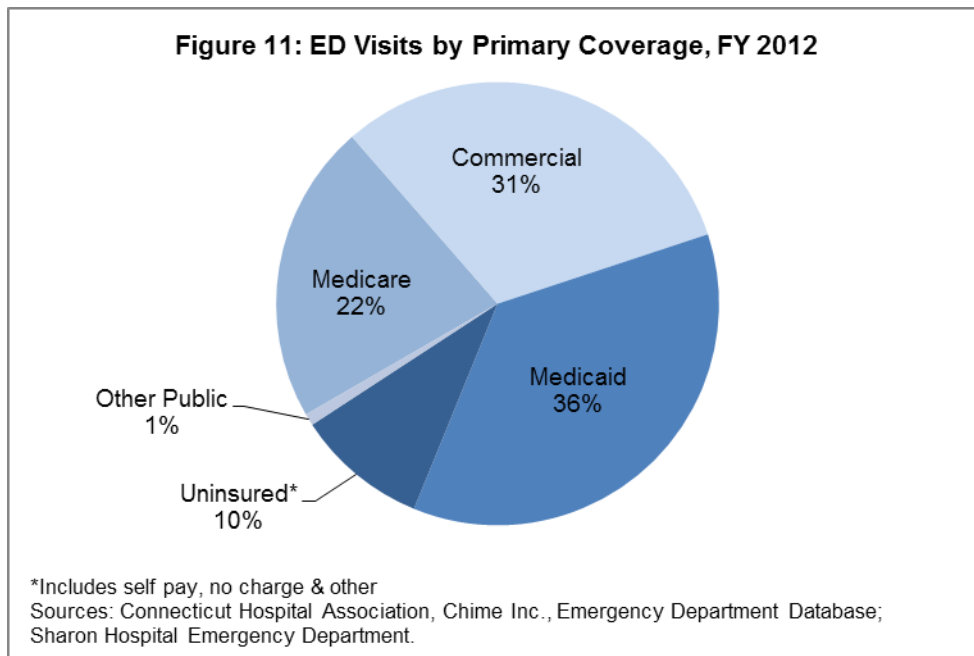
¹Population estimates are as of July 1, 2011 - July 1, 2012 DPH estimates were not available at the time of this publication.

²Hispanics or Latinos of any race

³Includes Asian, Hawaiian or Pacific Islander and American Indian/Eskimo/Aleutians race/ethnic groups; records labeled “other non-white” in the CHIME ED database have been excluded due to the lack of a corresponding population estimate category.

⁴Discharge column does not add to total-184,581 records have been omitted due to race/ethnicity not being indicated or for those records categorized as “other non-white” (see footnote 3).

Figure 11 shows that in FY 2012, nearly three in five emergency department patient visits were covered by some type of public coverage: Medicaid (36%), or Medicare (22%) or other public (1%). Patients with commercial insurance as their primary coverage type accounted for 31%. Patients with no primary coverage accounted for 10% of the total and nearly 165,000 patient visits.



Hospital-based outpatient services

Outpatient services, the third type of service provided by hospitals in the state, are medical procedures or tests that do not require an overnight stay.²⁴ Generally within a hospital, outpatient services include clinic care, rehabilitation (physical therapy, occupational therapy and speech therapy), cardiac rehabilitation, chemotherapy, gastroenterology and other outpatient visits.

Hospital-based outpatient visits in Connecticut rose by 5% over the past three years and accounted for 6.4 million visits in FY 2012. While 79% of hospital outpatient visits were for services ranging from rehabilitation to gastroenterology, approximately 21% were for primary care-related visits such as medical, specialty and psychiatric care.²⁵ Similarly, utilization rates ranged from 1.7 visits per person in FY 2010 to 1.8 visits in FY 2012, a 4% increase (see **Table 12** below). See **Appendix VII** for a complete listing of outpatient visits by hospital.

Table 12: Hospital-based Outpatient Utilization, FYs 2010-2012

Fiscal Year	Total Outpatient Visits	Connecticut Population	Utilization Rate
FY 10	6,136,562	3,577,845	1.7
FY 11	6,244,503	3,580,709	1.7
FY 12	6,433,490	3,590,347	1.8
3-yr Avg.	6,271,518	3,582,967	1.8

Source: CT Department of Public Health Office of Health Care Access, Hospital Reporting System (HRS) Report 450; Backus, K, Mueller, LM (2010-2012) Town-level Population Estimates for Connecticut, 2010-2011, Connecticut Department of Public Health, Office of Health Care Quality, Statistics, Analysis & Reporting, Hartford, CT; US Census Bureau Population Estimates Program, 2012.

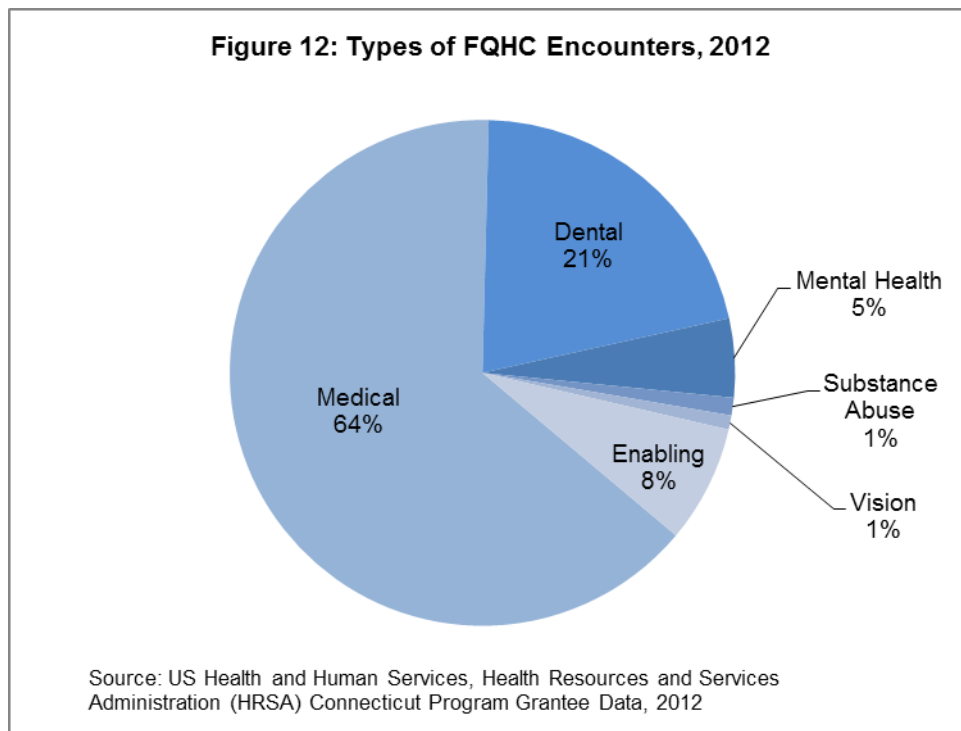
²⁴WebMD. <http://www.webmd.com/a-to-z-guides/outpatient-services-learning-about-outpatient-services>.

²⁵Hospital Reporting System (HRS) Report 450, Hospital Inpatient and Outpatient Other Services Utilization and FTEs, FY 2012.

COMMUNITY-BASED OUTPATIENT SERVICES

Federally Qualified Health Centers (FQHCs)

In the previous section, hospital-based care was discussed. Federally qualified health centers (FQHCs), which provide medical and dental care supplemented by behavioral health and enabling services (e.g., transportation or translation) to underserved urban and rural areas, are another source of medical care in the community.²⁶ At present, Connecticut has thirteen FQHC corporations and approximately 38 community health centers (excludes school-based health centers and specialty clinics) throughout Connecticut.²⁷ In 2012, approximately 329,000 patients received treatment at one of these health centers. The majority of visits were for medical care (64%); dental (21%), enabling (8%) and mental health (5%) services (**Figure 12**).²⁸



Patient demographics for 2012 demonstrate the critical and ongoing need for community-based services:²⁹

- 94% of patients were at or below 200% of poverty
- 73% of patients were members of a minority race or ethnic group
- 60% of patients were Medicaid/Children's Health Insurance Program (CHIP) recipients; and
- 23% were uninsured.

²⁶Centers for Medicare and Medicaid Services. Federally Qualified Health Center Fact Sheet. January 2013. <http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/downloads/fqhcfactsheet.pdf>

²⁷Connecticut Department of Public Health, Family Health; accessed at <http://www.ct.gov/dph/cwp/view.asp?a=3138&q=406054>

²⁸U.S. Department of Health and Human Services (HRSA) 2012 Health Center Data, Connecticut Program Grantee Data

²⁹Ibid

School Based Health Centers

Children may also receive health care in school based health centers (SBHCs). SBHCs are freestanding medical clinics licensed as outpatient or hospital satellite clinics and are located within or on school grounds. SBHCs operate under the sponsorship of community health centers, hospitals, municipalities, boards of education and local health departments. The Connecticut Department of Public Health licenses more than 140 SBHCs and provides partial funding to 94 centers in 24 communities statewide.³⁰

The goal of SBHCs is to assure access to primary and preventive health care for school aged students, particularly those from uninsured or underinsured populations. SBHCs provide primary care, mental health services and health care education. Dental care is also provided at some sites. Specifically, children receive a variety of health care services at SBHCs:

- Diagnostic and treatment of acute injuries and illnesses
- Physical exams
- Immunizations
- Prescribing and dispensing medications
- Laboratory testing
- Health education/promotion/risk reduction activities
- Crisis intervention
- Individual, group and family counseling
- Outreach
- Oral health
- Referral and follow-up for specialty care
- Linkages to community based providers

The state also provides limited funds to communities to enhance existing school health services through the Expanded School Health Services (ESHS) program. The ESHS program does not provide the full range of outpatient physical and mental health services offered in traditional SBHCs, but may provide counseling, health education, health screening, psycho-social care and prevention services.

Data for 2009, the most recent year available, indicated that over 41,000 students had at least one visit to a state-funded SBHC. The most common reasons that children visited a SBHC were as follows:³¹

- Mental health (32%)
- Acute conditions (28%)
- Medical exam/Follow-up/Screening/Immunizations (13%)
- Reproductive health (7%)
- Injury (7%)
- Oral health (6%)
- Chronic conditions (3%)

³⁰ Department of Public, Family Health Section

³¹ Ibid

SUMMARY

In assessing the current availability and utilization of health care services in Connecticut, it appears that acute care inpatient services in FY 2012 were accessible to most residents of the state. Connecticut residents have continued to increasingly seek health care on an outpatient basis over the past three years, as acute care hospital inpatient rates decreased 3%, while hospital-based outpatient visits increased by 5%. Public insurance coverage of patients discharged from hospitals continued to increase, while those patients covered by commercial insurance decreased.

Certain groups, most notably seniors, minorities and those residing in poorer, more densely populated towns, had higher inpatient utilization rates. DPH will continue to further study these patient populations and include any relevant findings that identify significant barriers to primary/preventative care that increase inpatient utilization in the 2014 Facilities and Services Plan. DPH is currently updating its "Preventable Hospitalizations in Connecticut" publication, which will identify the number of patients admitted for inpatient care with conditions that are considered potentially preventable, but when untreated, may require inpatient care.

Emergency department utilization in Connecticut, which exceeds the national rate, grew 3% since FY 2010. Nearly half (46.4%) of all ED visits examined in this report occurred during daytime hours. Many ED visits continue to be non-urgent or primary care-related visits.

For the past four years, the percentage of patients readmitted within thirty days of discharge has remained relatively static at Connecticut's acute care hospitals. DPH will continue to review the hospitals' progress in reducing these readmissions.

It is important to note that this report is released within the context of federal health care reform implementation, which has the potential to dramatically change the health care system landscape in the coming years. The many complex provisions of health care reform that will continue to be rolled out over the next year may change how people receive care. Ideally, new types of health care service delivery will affect residents' health status by targeting some of the determinants of health identified in this report. With such large-scale change however, comes uncertainty. It will be critical to continue to monitor future utilization patterns in order to understand the reform's effects on Connecticut's residents and health care providers, help ensure the continuity of health care services and to prevent gaps in needed services, especially where health disparities and health care inequities already exist. DPH's utilization reports over the coming years will no doubt reflect a health care system that has dramatically evolved from the one described today.

Appendix I: Connecticut Acute Care Hospitals, FY 2012

Hospital Name	Affiliation/Parent Corporation	Town	County	Teaching ¹	Licensed Beds ²	Available Beds ³	Staffed Beds ⁴
Backus (William W.)	Backus Corporation	Norwich	New London		233	233	201
Bridgeport	Yale-New Haven Health Services Corporation	Bridgeport	Fairfield	√	383	371	281
Bristol	Bristol Hospital & Health Care Group	Bristol	Hartford		154	154	132
Charlotte Hungerford	Charlotte Hungerford Hospital	Torrington	Litchfield		122	122	75
CT Children's Medical	CCMC Corporation, Inc.	Hartford	Hartford	√	187	187	182
Danbury	Danbury Health Systems, Inc.	Danbury	Fairfield	√	371	371	265
Day Kimball	Day Kimball Healthcare Inc., d/b/a Day Kimball Hospital	Putnam	Windham		122	122	65
Essent - Sharon	Essent Healthcare Inc.	Sharon	Litchfield		94	94	49
Greenwich	Yale-New Haven Health Services Corporation	Greenwich	Fairfield	√	206	206	206
Griffin	Griffin Health Services Corporation	Derby	New Haven	√	180	180	82
Hartford	Hartford Health Care Corporation	Hartford	Hartford	√	867	802	667
Hospital of Central CT	Central Connecticut Health Alliance	New Britain	Hartford	√	446	383	356
John Dempsey	University of Connecticut Health Center	Farmington	Hartford	√	234	234	184
Johnson Memorial	Johnson Memorial Corporation	Stafford	Tolland		101	95	72
Lawrence & Memorial	Lawrence & Memorial Corporation	New London	New London	√	308	256	256
Manchester Memorial	Eastern Connecticut Health Network, Inc.	Manchester	Hartford		283	283	171
Middlesex Memorial	Middlesex Health System, Inc.	Middletown	Middlesex	√	297	260	183
MidState Medical	Hartford Health Care Corporation	Meriden	New Haven		156	156	144
Milford	Milford Health and Medical Incorporated	Milford	New Haven		118	118	47
New Milford	New Milford Hospital, Inc.	New Milford	Litchfield		95	95	27
Norwalk	Norwalk Health Services Corporation	Norwalk	Fairfield	√	366	320	193
Rockville General	Eastern Connecticut Health Network, Inc.	Vernon	Tolland		118	118	47
St. Francis	Saint Francis Care, Inc.	Hartford	Hartford	√	682	595	595
St. Mary's	Saint Mary's Health System, Inc.	Waterbury	New Haven	√	379	182	182
St. Vincent's	St. Vincent's Health Services Corporation	Bridgeport	Fairfield	√	520	456	456
Stamford	Stamford Health System	Stamford	Fairfield	√	330	325	267
Waterbury	Greater Waterbury Health Network	Waterbury	New Haven	√	393	280	190
Windham Community	Windham Community Memorial Hospital	Willimantic	Windham		144	144	87
Yale-New Haven ⁵	Yale-New Haven Health Services Corporation	New Haven	New Haven	√	1,541	1,468	1,213
Statewide				17	9,430	8,610	6,875

Source: CT Department of Public Health Division of Office of Health Care Access Hospital Reporting System Report 400

¹Teaching hospitals are hospitals that received payment for Medicare direct graduate medical education (GME), inpatient prospective payment system (IPPS) indirect medical education (IME), or psychiatric hospital IME programs during the last calendar year that information is available.

²The number of licensed beds and newborn bassinets listed on the hospital's Connecticut Department of Public Health (DPH) license on the last day of the fiscal year.

³The number of beds in service in nursing units that could be occupied by patients during the fiscal year.

⁴The average number of beds with sufficient staff occupied by patients during the fiscal year.

⁵Yale-New Haven Hospital acquired the Hospital of Saint Raphael on September 12, 2012 - totals include Saint Raphael's 533 licensed, 467 available and 354 staffed beds

Appendix II: Acute Care Hospital Bed Occupancy Rates-FYs 2010-2012

Hospital	2010					2011					2012				
	Patient Days	Beds		Occupancy Rate		Patient Days	Beds		Occupancy Rate		Patient Days	Beds		Occupancy Rate	
		Available	Staffed	Available	Staffed		Available	Staffed	Available	Staffed		Available	Staffed	Available	Staffed
Backus (William W.)	49,262	233	202	58%	67%	49,655	233	202	58%	67%	49,102	233	201	58%	67%
Bridgeport	104,936	397	290	72%	99%	105,010	406	289	71%	100%	101,436	371	281	75%	99%
Bristol	30,753	154	132	55%	64%	28,388	154	132	51%	59%	29,230	154	132	52%	61%
Charlotte Hungerford	28,103	122	81	63%	95%	27,465	122	81	62%	93%	25,210	122	75	57%	92%
CT Children's Medical Center	36,312	147	142	68%	70%	36,823	187	182	54%	55%	45,043	187	182	66%	68%
Danbury	95,142	365	278	71%	94%	96,560	371	286	71%	92%	91,875	371	265	68%	95%
Day Kimball	18,901	122	72	42%	72%	18,536	122	72	42%	71%	18,509	122	65	42%	78%
Essent - Sharon	11,624	94	47	34%	68%	12,353	94	49	36%	69%	11,818	94	49	34%	66%
Greenwich	52,678	206	206	70%	70%	52,774	206	206	70%	70%	46,444	206	206	62%	62%
Griffin	32,791	180	94	50%	96%	30,867	180	89	47%	95%	28,713	180	82	44%	96%
Hartford	219,730	760	630	79%	96%	222,710	796	640	77%	95%	232,399	802	667	79%	95%
Hospital of Central CT	81,939	356	341	63%	66%	83,163	383	356	59%	64%	76,333	383	356	55%	59%
John Dempsey	51,251	224	145	63%	97%	51,623	224	150	63%	94%	40,291	234	184	47%	60%
Johnson Memorial	17,698	95	72	51%	67%	15,609	95	72	45%	59%	16,228	95	72	47%	62%
Lawrence & Memorial	71,297	256	256	76%	76%	73,942	256	256	79%	79%	71,050	256	256	76%	76%
Manchester Memorial	44,029	283	140	43%	86%	43,501	283	171	42%	70%	45,098	283	171	44%	72%
Middlesex Memorial	55,808	214	178	71%	86%	57,496	248	183	64%	86%	57,063	260	183	60%	85%
MidState Medical	42,216	156	142	74%	81%	44,688	156	144	78%	85%	42,711	156	144	75%	81%
Milford	17,708	118	51	41%	95%	17,086	118	49	40%	96%	14,426	118	47	33%	84%
New Milford	9,346	95	30	27%	85%	9,378	95	29	27%	89%	8,566	95	27	25%	87%
Norwalk	70,058	312	194	62%	99%	70,411	312	196	62%	98%	67,464	320	193	58%	96%
Rockville General	14,136	118	66	33%	59%	12,278	118	66	29%	51%	13,128	118	47	30%	77%
St. Francis	154,831	593	593	72%	72%	158,020	595	595	73%	73%	157,137	595	595	72%	72%
St. Mary's	52,653	181	181	80%	80%	56,034	181	179	85%	86%	51,511	182	182	78%	78%
St. Raphael ¹	125,113	489	364	70%	94%	122,630	489	369	69%	91%	NA	NA	NA	NA	NA
St Vincent's	123,691	423	423	80%	80%	123,317	423	423	80%	80%	122,834	456	456	74%	74%
Stamford	76,488	322	269	65%	78%	75,041	322	271	64%	76%	70,198	325	267	59%	72%
Waterbury	59,698	292	192	56%	85%	58,933	284	190	57%	85%	57,490	280	190	56%	83%
Windham Community	20,865	144	87	40%	66%	20,001	144	87	38%	63%	18,674	144	87	36%	59%
Yale-New Haven ²	284,667	919	871	85%	90%	299,973	918	827	90%	99%	415,905	1,468	1,213	78%	94%
Total	2,053,724	8,370	6,769	67%	83%	2,074,265	8,515	6,841	67%	83%	2,025,886	8,610	6,875	64%	81%

Source: CT Department of Public Health Office of Health Care Access Acute Care Discharge Database and Hospital Reporting System Report 400

¹Saint Raphael acquired by Yale-New Haven Hospital on September 12, 2012

²Totals include 104,600 patient days, 467 available and 354 staffed beds reported by the Hospital of Saint Raphael

Appendix III: Connecticut Acute Care Hospital Staffed Beds by Service, FY 2012

Hospital Name	Adult Medical or Surgical	ICU/CCU	Psychiatric	Maternity	Newborn	Neonatal ICU	Rehabilitation	Pediatric	Other	Total
Backus (William W.)	138	12	18	15	18					201
Bridgeport	186	19	17	23	14	4	15	3		281
Bristol	78	14	14	15	8			3		132
Charlotte Hungerford	50	6	12	3	3			1		75
CT Children's Medical		18				72		92		182
Danbury	175	12	20	18	13	12	12	3		265
Day Kimball	36	6	13	5	5					65
Essent - Sharon	22	7	12	4	4					49
Greenwich	129	10		25	22	10		10		206
Griffin	55	7	10	5	5					82
Hartford	436	69	106	31	25					667
Hospital of Central CT	231	32	22	25	20	12		14		356
John Dempsey	100	15	25	20	10				14	184
Johnson Memorial	42	5	17	4	4					72
Lawrence & Memorial	148	20	18	24	14	10	16	6		256
Manchester Memorial	82	22	31	15	21					171
Middlesex Memorial	119	26	18	10	10					183
MidState Medical	111	7	6	10	10					144
Milford	33	6		4	4					47
New Milford	18	4		3	2					27
Norwalk	92	37	10	14	10	5	21	4		193
Rockville General	38	9								47
St. Francis	394	42	75	30	26	28				595
St. Mary's	123	16	12	16	7				8	182
St. Vincent's	275	30	92	22	27		10			456
Stamford	182	5	14	25	18	8	12	3		267
Waterbury	118	16	30	9	9				8	190
Windham Community	53	12		14	8					87
Yale-New Haven ¹	706	152	127	57	40	56	12	63		1,213
Total	4,170	636	719	446	357	217	98	202	30	6,875

Source: CT Department of Public Health Office of Health Care Access Hospital Reporting System Report 400

¹Yale-New Haven Hospital acquired the Hospital of Saint Raphael on September 12, 2012 - totals include Saint Raphael's 214 Adult Medical/Surgical, 62 ICU/CCU, 37 Psychiatric, 12 Maternity, 11 Newborn, 6 Neonatal ICU, 11 Rehabilitation, and 1 Pediatric staffed bed

Appendix IV: Connecticut Acute Care Discharges: FYs 2008-2012

Hospital Name	FY 2008	FY 2009	FY 2010	FY 2011	FY 2012	Year-to-Year Change (%)				
						08/09	09/10	10/11	11/12	09/12
Backus (William W.)	11,918	11,849	12,132	11,958	11,836	-1%	2%	-1%	-1%	0%
Bridgeport	20,034	19,828	19,084	19,239	19,139	-1%	-4%	1%	-1%	-3%
Bristol	7,931	7,723	7,484	7,077	7,541	-3%	-3%	-5%	7%	-2%
Charlotte Hungerford	6,077	6,318	6,426	6,497	6,331	4%	2%	1%	-3%	0%
CT Children's Medical	5,793	6,349	6,797	6,132	6,602	10%	7%	-10%	8%	4%
Danbury	20,432	20,445	20,668	20,725	19,607	0%	1%	0%	-5%	-4%
Day Kimball	5,396	5,546	5,193	5,177	5,100	3%	-6%	0%	-1%	-8%
Essent - Sharon	2,834	2,658	2,682	2,701	2,666	-6%	1%	1%	-1%	0%
Greenwich	12,701	12,904	13,637	13,525	11,846	2%	6%	-1%	-12%	-8%
Griffin	7,467	7,395	7,563	7,330	6,892	-1%	2%	-3%	-6%	-7%
Hartford	40,105	41,434	41,532	40,775	41,405	3%	0%	-2%	2%	0%
Hospital of Central CT	20,989	20,056	19,509	20,547	18,239	-4%	-3%	5%	-11%	-9%
John Dempsey	9,858	9,586	9,566	9,086	8,373	-3%	0%	-5%	-8%	-13%
Johnson Memorial	4,080	3,609	3,424	3,251	3,250	-12%	-5%	-5%	0%	-10%
Lawrence & Memorial	14,568	14,819	15,426	15,338	14,956	2%	4%	-1%	-2%	1%
Manchester Memorial	8,994	8,817	8,933	9,203	8,759	-2%	1%	3%	-5%	-1%
Middlesex Memorial	13,719	13,474	13,450	13,295	13,667	-2%	0%	-1%	3%	1%
MidState Medical	9,723	9,957	9,800	10,166	10,293	2%	-2%	4%	1%	3%
Milford	4,935	4,740	4,458	4,278	3,506	-4%	-6%	-4%	-18%	-26%
New Milford	3,010	2,768	2,494	2,512	2,291	-8%	-10%	1%	-9%	-17%
Norwalk	15,560	15,638	14,810	15,188	15,048	1%	-5%	3%	-1%	-4%
Rockville General	3,538	3,499	3,361	2,498	2,518	-1%	-4%	-26%	1%	-28%
St. Francis	32,766	33,062	31,418	31,893	32,193	1%	-5%	2%	1%	-3%
St. Mary's	13,135	12,459	12,210	12,495	12,052	-5%	-2%	2%	-4%	-3%
St. Raphael Hospital ¹	24,969	24,968	24,510	23,140	NA	0%	-2%	-6%	NA	NA
St. Vincent's	20,199	21,718	21,884	22,099	22,028	8%	1%	1%	0%	1%
Stamford	15,300	14,855	15,061	14,899	14,255	-3%	1%	-1%	-4%	-4%
Waterbury	14,722	13,914	13,045	12,758	12,367	-5%	-6%	-2%	-3%	-11%
Windham Community	5,676	5,349	5,109	4,702	4,506	-6%	-4%	-8%	-4%	-16%
Yale-New Haven ²	52,135	54,422	56,762	57,751	59,796	4%	4%	2%	4%	10%
Statewide	428,564	430,159	428,428	426,235	397,062	0%	0%	-1%	-7%	-8%

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

¹Saint Raphael acquired by Yale-New Haven Hospital on September 12, 2012

²Total for 2012 includes 19,947 discharges reported by the Hospital of Saint Raphael

Appendix V: Connecticut Acute Care Patient Days: FYs 2008-2012

Hospital Name	FY 2008	FY 2009	FY 2010	FY 2011	FY 2012	Year-to-Year Change (%)				
						08/09	09/10	10/11	11/12	08/12
Backus (William W.)	50,572	49,521	49,262	49,655	49,102	-2%	-1%	1%	-1%	-3%
Bridgeport	108,274	104,355	104,936	105,010	101,436	-4%	1%	0%	-3%	-6%
Bristol	33,293	33,319	30,753	28,388	29,230	0%	-8%	-8%	3%	-12%
Charlotte Hungerford	27,254	28,325	28,103	27,465	25,210	4%	-1%	-2%	-8%	-7%
CT Children's Medical	37,110	36,200	36,312	36,823	45,043	-2%	0%	1%	22%	21%
Danbury	87,317	92,474	95,142	96,560	91,875	6%	3%	1%	-5%	5%
Day Kimball	20,491	20,251	18,901	18,536	18,509	-1%	-7%	-2%	0%	-10%
Essent - Sharon	11,809	11,466	11,624	12,353	11,818	-3%	1%	6%	-4%	0%
Greenwich	51,606	50,243	52,678	52,774	46,444	-3%	5%	0%	-12%	-10%
Griffin	34,295	33,040	32,791	30,867	28,713	-4%	-1%	-6%	-7%	-16%
Hartford	212,318	216,274	219,730	222,710	232,399	2%	2%	1%	4%	9%
Hospital of Central CT	88,517	86,383	81,939	83,163	76,333	-2%	-5%	1%	-8%	-14%
John Dempsey	60,351	56,200	51,251	51,623	40,291	-7%	-9%	1%	-22%	-33%
Johnson Memorial	21,730	18,031	17,698	15,609	16,228	-17%	-2%	-12%	4%	-25%
Lawrence & Memorial	69,988	68,917	71,297	73,942	71,050	-2%	3%	4%	-4%	2%
Manchester Memorial	43,893	43,426	44,029	43,501	45,098	-1%	1%	-1%	4%	3%
Middlesex Memorial	56,882	55,485	55,808	57,496	57,063	-2%	1%	3%	-1%	0%
MidState Medical	45,254	43,145	42,216	44,688	42,711	-5%	-2%	6%	-4%	-6%
Milford	21,719	19,657	17,708	17,086	14,426	-9%	-10%	-4%	-16%	-34%
New Milford	11,757	9,858	9,346	9,378	8,566	-16%	-5%	0%	-9%	-27%
Norwalk	77,978	71,088	70,058	70,411	67,464	-9%	-1%	1%	-4%	-13%
Rockville General	15,087	15,335	14,136	12,278	13,128	2%	-8%	-13%	7%	-13%
St. Francis	165,453	162,468	154,831	158,020	157,137	-2%	-5%	2%	-1%	-5%
St. Mary's	58,529	53,532	52,653	56,034	51,511	-9%	-2%	6%	-8%	-12%
St. Raphael ¹	134,996	131,885	125,113	122,630	NA	-2%	-5%	-2%	NA	NA
St. Vincent's	105,110	124,028	123,691	123,317	122,834	18%	0%	0%	0%	17%
Stamford	75,315	73,767	76,488	75,041	70,198	-2%	4%	-2%	-6%	-7%
Waterbury	70,697	68,137	59,698	58,933	57,490	-4%	-12%	-1%	-2%	-19%
Windham Community	20,882	20,761	20,865	20,001	18,674	-1%	1%	-4%	-7%	-11%
Yale-New Haven ²	272,728	279,366	284,667	299,973	415,905	2%	2%	5%	39%	52%
Statewide	2,091,205	2,076,937	2,053,724	2,074,265	2,025,886	-1%	-1%	1%	-2%	-3%

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

¹Saint Raphael acquired by Yale-New Haven Hospital on September 12, 2012

²Total for 2012 includes 104,600 patient days reported by the Hospital of Saint Raphael

Appendix VI: The Five Connecticuts-2009 Town Classifications

The Five Connecticuts - 2009 Classification					
Rural 2009 Classification		Suburban 2009 Classification	Urban Core 2009 Classification	Urban Periphery 2009 Classification	Wealthy 2009 Classification
Ashford	Plymouth	Andover	Ansonia	Berlin	Avon
Barkhamsted	Pomfret	Beacon Falls	Bridgeport	Bethel	Bethany
Bethlehem	Preston	Bolton	Derby	Bloomfield	Brookfield
Bozrah	Putnam	Canton	East Hartford	Branford	Burlington
Bridgewater	Roxbury	Colchester	Hartford	Bristol	Cheshire
Brooklyn	Salisbury	East Granby	Meriden	Clinton	Darien
Canaan	Scotland	East Hampton	New Britain	Cromwell	Durham
Canterbury	Sharon	East Lyme	New Haven	Danbury	Easton
Chaplin	Sprague	Ellington	New London	East Haven	Fairfield
Chester	Stafford	Essex	Norwich	Enfield	Glastonbury
Colebrook	Sterling	Farmington	Stamford	Groton	Greenwich
Columbia	Stonington	Granby	Waterbury	Hamden	Madison
Cornwall	Thompson	Guilford	West Haven	Manchester	Middlebury
Coventry	Union	Haddam		Middletown	New Canaan
Deep River	Voluntown	Harwinton		Milford	Newtown
East Haddam	Warren	Hebron		Naugatuck	Redding
East Windsor	Washington	Killingworth		Newington	Ridgefield
Eastford	Waterford	Litchfield		North Haven	Sherman
Franklin	Westbrook	Marlborough		Norwalk	Simsbury
Goshen	Willington	Middlefield		Plainville	Weston
Griswold	Winchester	Monroe		Rocky Hill	Westport
Hampton	Woodstock	New Fairfield		Seymour	Wilton
Hartland		New Milford		Shelton	Woodbridge
Kent		North Branford		Southington	
Killingly		Old Lyme		Stratford	
Lebanon		Old Saybrook		Thomaston	
Ledyard		Orange		Torrington	
Lisbon		Oxford		Trumbull	
Lyme		Portland		Vernon	
Mansfield		Prospect		Wallingford	
Montville		Salem		Watertown	
Morris		Somers		West Hartford	
New Hartford		South Windsor		Wethersfield	
Norfolk		Southbury		Windham	
North Canaan		Suffield		Windsor	
North Stonington		Tolland		Windsor Locks	
Plainfield		Woodbury		Wolcott	

Source: University of Connecticut State Data Center: The Five Connecticuts – 2009

Appendix VII: Emergency Room (ED) and Other Outpatient (OP) Visits: FYs 2008-2012

Hospital Name	FY 2008		FY 2009		FY 2010		FY 2011		FY 2012	
	ED visits	Other OP visits ¹	ED visits	Other OP visits ¹	ED visits	Other OP visits ¹	ED visits	Other OP visits ¹	ED visits	Other OP visits ¹
Backus (William W.)	58,993	333,074	63,648	290,828	65,561	285,146	63,198	272,622	68,102	273,294
Bridgeport	66,638	153,686	77,422	164,425	75,672	171,644	76,836	183,486	79,058	205,742
Bristol	40,133	108,316	39,052	126,502	38,760	125,539	39,860	123,803	38,029	135,288
Charlotte Hungerford	38,829	168,130	38,940	170,965	38,593	174,793	39,535	196,823	40,878	213,877
CT Children's Medical	46,554	72,052	50,100	78,265	53,591	85,743	53,488	97,696	55,978	99,728
Danbury	67,553	132,779	69,582	132,541	70,260	127,942	69,595	133,322	70,622	156,976
Day Kimball	28,155	261,168	33,774	267,567	32,254	272,854	28,805	287,732	28,011	284,755
Essent - Sharon	16,363	60,096	16,013	65,728	15,265	65,006	17,658	65,019	17,622	69,975
Greenwich	40,670	409,821	43,285	420,011	42,651	343,187	42,885	314,538	43,587	299,543
Griffin	38,896	74,668	39,215	76,232	38,935	77,760	40,143	86,225	40,950	91,106
Hartford	82,327	143,244	90,108	155,517	95,405	260,464	95,567	270,226	99,811	266,969
Hospital of Central CT	94,736	171,714	103,056	175,251	105,662	182,810	109,054	173,767	110,498	173,380
John Dempsey	30,085	260,490	28,592	275,336	29,511	253,692	30,264	281,815	29,307	334,803
Johnson Memorial	20,744	92,302	20,363	84,181	19,421	83,736	20,121	80,763	20,682	82,551
Lawrence & Memorial	80,486	443,891	78,949	431,976	80,890	378,011	80,114	373,839	82,665	304,015
Manchester Memorial	44,134	218,532	45,655	201,422	46,286	193,201	47,834	197,028	46,503	205,139
Middlesex Memorial	94,699	578,547	92,292	574,644	94,468	564,494	95,293	551,960	93,891	548,192
MidState Medical	68,000	84,834	66,895	91,258	75,322	92,480	84,965	81,936	92,139	84,476
Milford	38,982	35,533	39,946	32,857	38,192	31,089	37,444	27,532	36,452	23,926
New Milford	19,553	86,557	19,146	92,641	18,873	92,878	18,780	87,731	18,416	54,471
Norwalk	48,813	139,464	49,730	155,389	48,499	167,316	49,645	180,834	49,249	207,894
Rockville General	24,928	71,391	25,945	60,851	26,009	54,708	26,463	50,366	26,422	79,730
St. Francis	64,655	260,651	69,240	261,723	69,490	257,075	72,869	240,374	79,201	223,759
St. Mary's	68,352	235,147	69,559	259,590	67,968	224,211	69,212	229,331	70,819	233,348
St. Raphael ²	48,763	90,458	53,373	86,306	55,607	78,659	58,230	81,074	NA	NA
St. Vincent's	60,640	148,684	61,313	152,092	69,013	177,359	75,523	192,472	79,772	207,509
Stamford	45,440	256,234	46,300	296,705	47,710	325,749	48,491	336,782	50,831	340,970
Waterbury	54,460	159,562	58,132	155,086	57,733	142,867	57,022	151,439	55,944	156,774
Windham Community	28,668	31,269	30,014	32,530	32,362	124,134	34,122	127,163	36,862	123,302
Yale-New Haven ³	122,922	430,293	128,402	666,583	122,150	722,015	120,479	766,805	196,214	951,998
Total	1,584,171	5,712,587	1,648,041	6,035,002	1,672,113	6,136,562	1,703,495	6,244,503	1,758,515	6,433,490

Source: CT Department of Public Health Office of Health Care Access Hospital Reporting System Report 450

¹Due to the implementation of the Hospital Reporting System (HRS) and revised data definitions, comparability between FYs 2007-2009 and previous years may show high variability.

²Saint Raphael acquired by Yale-New Haven Hospital on September 12, 2012

³Total for 2012 includes 55,086 ED visits and 73,417 Other OP visits reported by the Hospital of Saint Raphael

DEPARTMENT OF PUBLIC HEALTH

**Jewel Mullen, MD, MPH, MPA
Commissioner**

**Lisa A. Davis, MBA, BSN, RN
Deputy Commissioner**

410 CAPITOL AVENUE
MS#13HCA
PO BOX 340308
HARTFORD, CT 06134

PHONE: 860-418-7001 OR 800-797-9688
FAX: 860-418-7053

<http://www.ct.gov/dph/ohca>

