



Annual Inpatient Report – 2013

The Texas Health Care Information Council (THCIC) was created by Chapter 108 of the Texas Health and Safety Code (THSC) and was responsible, under Sections 108.011 through 108.0135, for collecting hospital discharge data from all state licensed hospitals except those that are statutorily exempt from the reporting requirement. Exempt hospitals include those located in a county with a population less than 35,000, or those located in a county with a population more than 35,000 and with fewer than 100 licensed hospital beds and not located in an area that is delineated as an urbanized area by the United States Bureau of the Census (Section 108.0025). Exempt hospitals also include hospitals that do not seek insurance payment or government reimbursement (Section 108.009). THCIC, changed name as Texas Health Care Information Collection, became part of the Texas Department of State Health Services (DSHS) effective September 1, 2004 and the DSHS Center for Health Statistics (CHS) is now responsible for the collection and release of hospital discharge data. The program publishes reports to help the public better understand health care in the state.

This report provides an overview of hospitalizations in Texas during 2013 based on Public Used Data File (PUDF) inpatient data. The information contained in this report is intended for anyone interested in a better understanding of services provided by hospitals and the characteristics of patients who received them.

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SECTION 1 - OVERVIEW STATISTICS FOR INPATIENT HOSPITAL STAYS

Hospital inpatient care constitutes almost one-third of all health care expenditures in the United States. Overall, hospitalizations affect a large proportion of Texans directly and represent a significant impact to the Texas economy as well. Although general population growth and a higher prevalence of chronic health conditions suggest that hospital utilization may increase over time, particularly among some groups, greater use of chronic disease management programs and emphasis on outpatient treatment may result in a declining trend in hospital stays.

The THCIC hospital inpatient discharge data for 2013 include information on over 2.9 million discharges from Texas hospitals. The data were collected from over 500 state-owned and -licensed hospitals and cover about 95 percent of all hospitalizations in Texas. The hospitals include general hospitals and specialty facilities such as children's hospitals, women's hospitals, rehabilitation facilities and psychiatric hospitals. Most of the hospitals located in rural counties are exempted from reporting their data and are not included in this report.

This section presents results from the THCIC inpatient PUDF data on characteristics of inpatient stays in Texas hospitals in 2013. The characteristics include patient gender, age-group, primary payer, patient residential public health region, and type of hospital stay (surgical, medical, and maternal or neonatal).

Table 1.1 Number and rate of hospital stays, length of stay by patient age, gender, public health region, and payer, 2013				
Characteristic	Hospital stays			Mean length of stay, days
	Number, thousands	Percent	Rate per 1,000 population	
All hospital stays	2,911	100.0	112.8	5.3
Patient age, years				
<1	412	14.2	1066.1	3.9
1-17	152	5.2	23.4	5.4
18-44	804	27.6	82.5	4.3
45-64	676	23.2	108.2	6
65-84	693	23.8	269.3	6.3
85+	173	6.0	509.6	6.3
Other/Missing	0	0.0	NA	2.5
Patient gender				
Male	1,070	36.8	83.6	5.9
Female	1,635	56.2	125.8	4.8
Other/Missing	206	7.1	NA	6.1
Primary payer^a				
Medicare	984	33.8	NA	6.4
Medicaid	571	19.6	NA	4.1
Private insurance	738	25.3	NA	4.3
Uninsured	328	11.3	NA	6.8
Other/Missing	291	10.0	NA	4.7
Patient (PHR) region				
1	96	3.3	112.2	5
2	65	2.2	116.3	5.9
3	730	25.1	105.6	5.3
4	136	4.7	121.4	5.3
5	97	3.3	125.4	5.5
6	674	23.2	107.7	5.5
7	309	10.6	102.0	5
8	291	10.0	109.3	5.2
9	67	2.3	114.7	5.1
10	92	3.2	108.2	5
11	255	8.8	116.6	5
Other/Missing	98	3.4	NA	6.2

^a Population rates are not available by primary payer.

- In 2013, there were about 2.9 million hospital stays in Texas, representing a hospitalization rate of 112.8 per 1,000 Texas population. Across all types of stays, the average length of a hospital stay was 5.3 days.
- Hospital utilization varied substantially in relationship to patient and hospital characteristics:

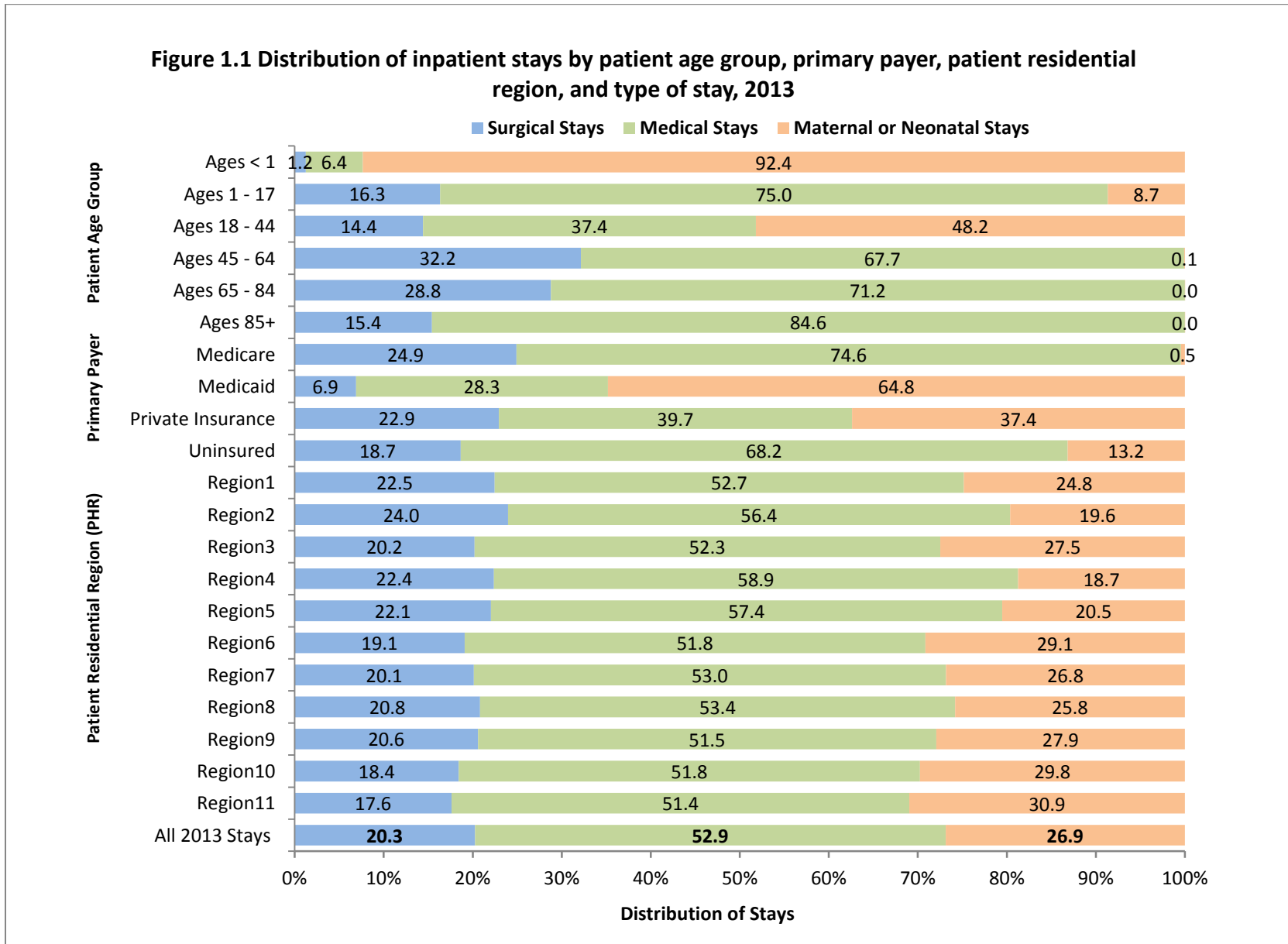
The rate of hospitalization was highest among infants, which included hospital births (newborns), at 1,066.1 stays per 1,000 population. With the exception of infants, the hospitalization rate increased with age from 23.4 stays per 1,000 population among 1-17 year olds to 509.6 stays per 1,000 population among those aged 85 years and older.

Infants had the shortest average length of stay (3.9 days), followed by Adults aged 18-44 years and children up to 17 years of age (4.3 to 5.4 days). Among adults, lengths of stay were longer as patients' age increased, with adults aged 65 years and older having the longest average length of stay (6.3 days).

Females had a higher rate of hospitalization (125.8 stays per 1,000 population) than males (83.6 stays per 1,000 population). The average length of a hospital stay was shorter for females than for males (4.8 vs. 5.9 days). It is important to note that maternal stays for females admitted for pregnancy and delivery were included in this analysis.

Medicare paid for the largest number of hospitalizations (983,640 stays), followed by private insurance (737,846 stays) and Medicaid (570,840 stays). About 327,545 hospital stays were for patients without insurance. Patients uninsured experienced the longest average length of stay (6.8 days), and patients covered by Medicaid had the shortest average length of stay (4.1 days).

Hospitalization rate difference is minimal among Texas public health regions with the highest rate of region 5 (125.4 stays per 1,000 population) vs. the lowest rate of region 7 (102.0 stays per 1,000 population). Region 2 had the longest average length of stay at 5.9 days compared with the other regions (range: 5.0 to 5.3 days).



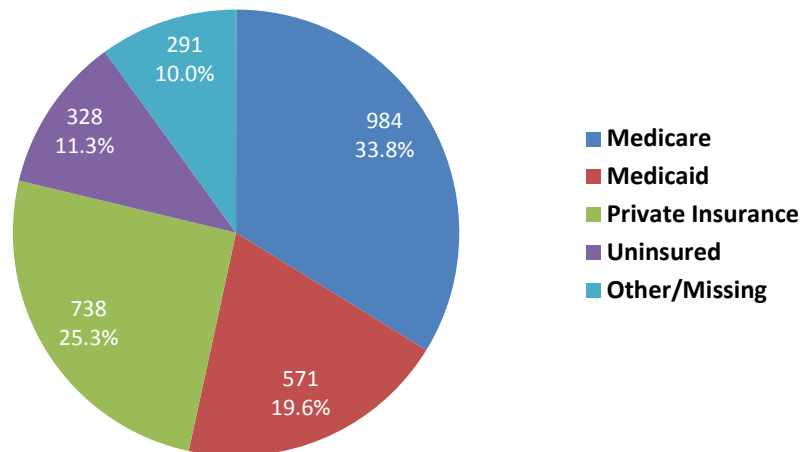
- Overall, medical stays constituted the largest proportion of hospital stays, representing 52.9 percent of all hospitalizations. Maternal/neonatal stays and surgical stays each constituted approximately 26.9 and 20.3 percent of hospitalizations respectively. More than two-thirds of hospitalizations were medical stays for the second youngest and three oldest age groups: 1-17 years (75.0 percent), 45-64 years (67.7 percent), 65-84 years (71.2 percent), and 85+ years (84.6 percent). Medical stays also constituted a high proportion of stays among patients covered by Medicare (74.6 percent) and among the uninsured (68.2 percent). Medical stays show less difference on regional prospective, ranging from lowest region 11 (51.4 percent) to highest region 4 (58.9 percent).
- Maternal or neonatal stays constituted the largest proportion of hospitalizations among infants, younger adults (ages 18-44), and patients covered by Medicaid.

Neonatal stays constituted 92.4 percent of hospital stays among infants aged < 1 year. Nearly half of stays among patients aged 18-44 years (48.2 percent) and more than half of stays among those covered by Medicaid (64.8 percent) were for maternal conditions.

- In the South and West Texas, the proportion of maternal or neonatal stays was higher and the proportion of surgical stays was lower relative to the distribution within other TX regions.

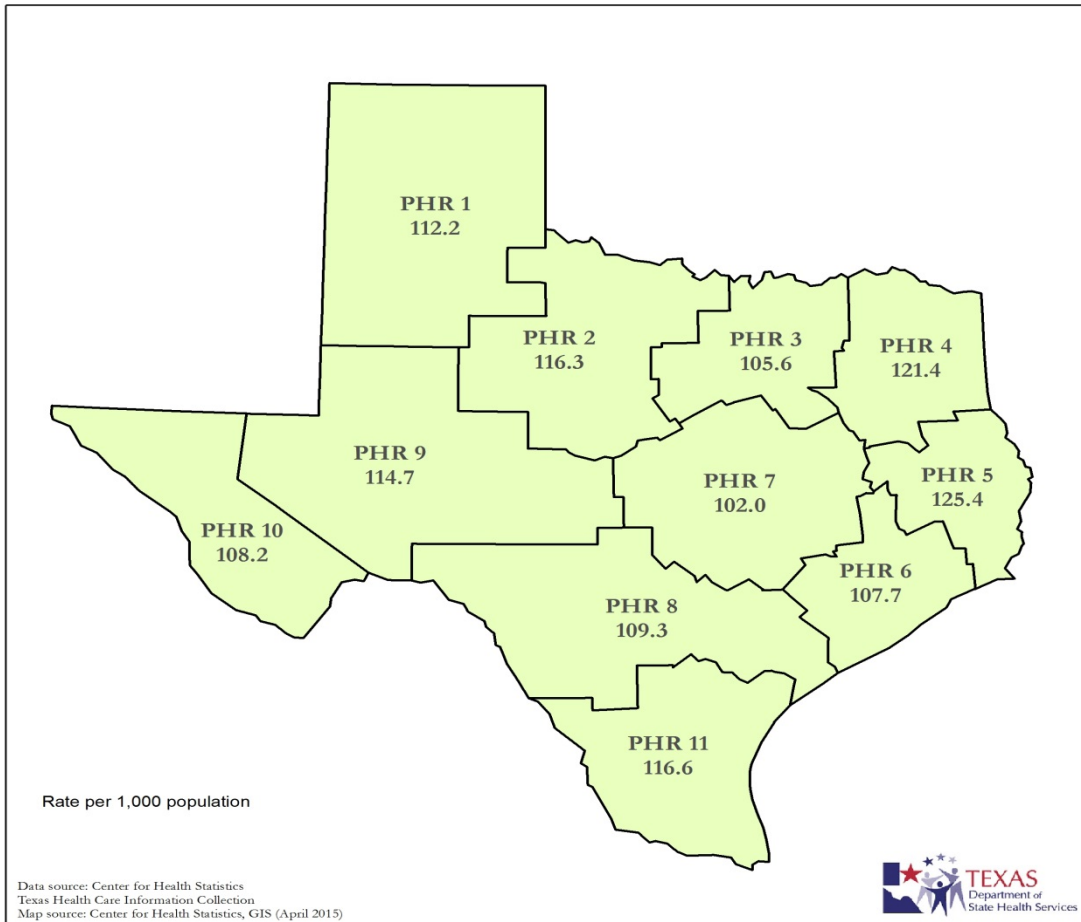
In the South (region 11) and West (region 10), maternal or neonatal stays accounted for more than one-quarter of all hospitalizations: 30.9 and 29.8 percent respectively. In the meanwhile, the South (region 11) and West (region 10) had lower proportion of surgical stays (17.6 and 18.4 percent respectively) compared with the other regions.

**Figure 1.2 Number and distribution of hospital stays by primary payer, 2013
(number in thousands)**



- Medicare, which covers patients who are 65 and older or disabled, was the expected primary payer for one-third (33.8 percent) of all hospital stays (984 thousand stays).
- Medicaid, the primary source of insurance for low-income families and individuals, was the expected primary payer for 19.6 percent of all hospital stays (571 thousand stays).
- Private insurance was the expected primary payer for one-quarter (25.3 percent) of all hospital stays (738 thousand stays). These stays were primarily for employed persons and their families who received health insurance coverage through their employers.
- There was a little more than one-tenth (11.3 percent) of all hospital stays (328 thousand stays) fell in the uninsured payer category that defined as self-pay or no charge.
- The rest one-tenth (10.0 percent) of all hospital stays (291 thousand) were listed as other/missing, which either primary payer other than previous four major categories or no information on primary payer.

Figure 1.3 Rate of hospital stays by patient residential public health region, 2013



- Hospitalization rate difference is minimal among Texas public health regions with the highest rate of region 5 (125.4 stays per 1,000 population) vs. the lowest rate of region 7 (102.0 stays per 1,000 population).

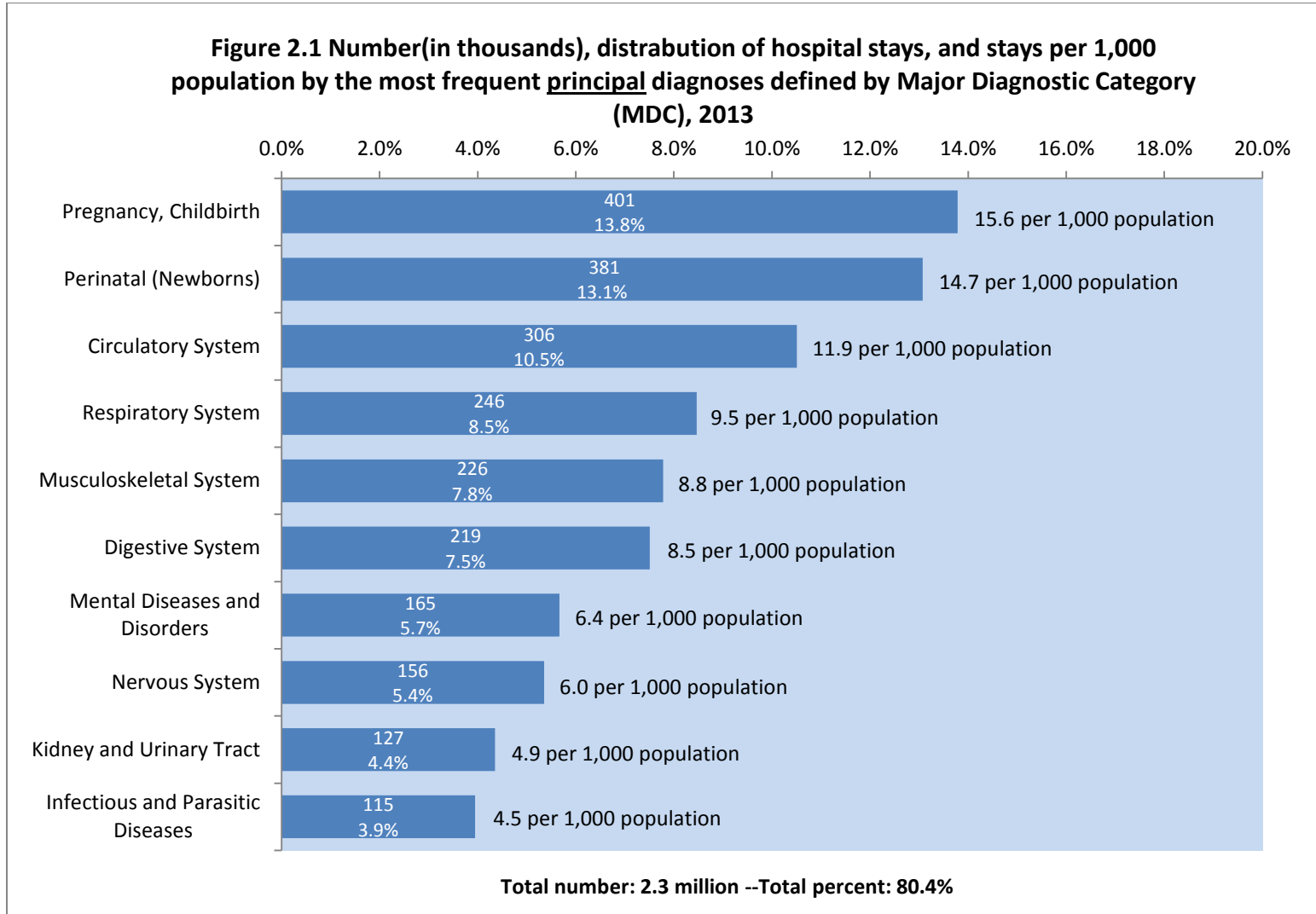
SECTION 2 – MOST FREQUENT CONDITIONS IN HOSPITAL STAYS

A patient can be admitted to the hospital with more than one medical condition. The principal diagnosis is the condition primarily responsible for the patient's admission. Hospitals need to know the most common principal diagnoses so that they can appropriately plan for and provide the resources required to treat patients with these more frequent conditions.

Secondary diagnoses are conditions in addition to the principal diagnosis during the same hospital stay. Secondary diagnoses may or may not have contributed to the primary condition, but they can affect the treatment plan by dealing comorbidities, severity levels, prognoses, etc.

The THCIC hospital inpatient discharge data collects total of 25 diagnoses including principal diagnosis and 24 secondary diagnoses for each claim. In this section, some analyses involved only principal diagnosis while some involved All-listed 25 diagnoses.

This most frequent conditions analysis covers all hospital stays occurring in Texas, 2013 by gender, age group, and primary payer. There are some other clinical groupers introduced in this section, such as Major Diagnostic Category (MDC), Clinical Classifications Software (CCS). These clinical groupers helped to understand and simplify the clinical conditions of the patients. See Definition section for the details.



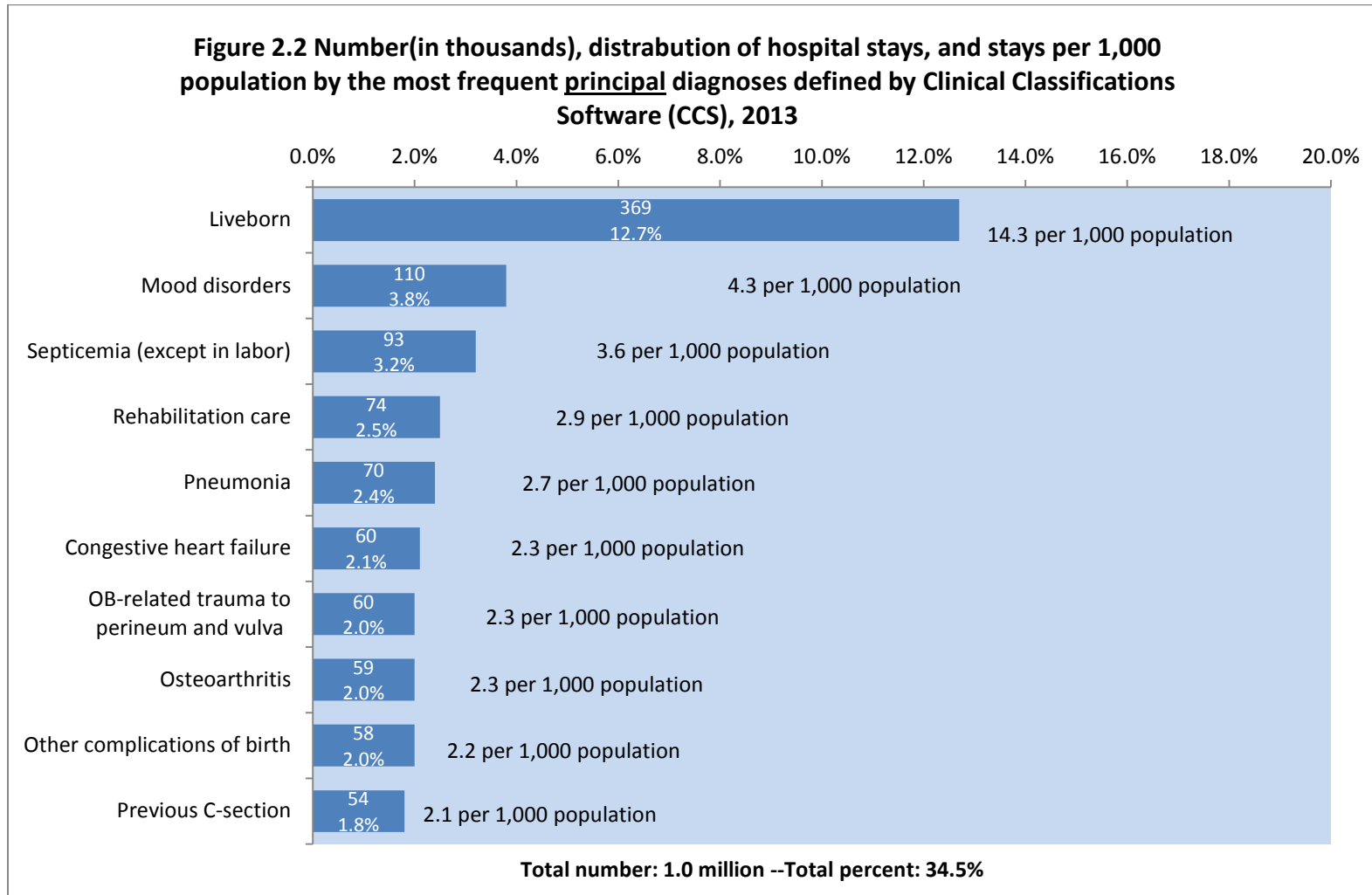
- There were 2.9 million hospital stays in the Texas (112.8 stays per 1,000 population). The 10 most frequent principal diagnoses listed (MDC) in Figure 2.1 accounted for 80.4 percent of all hospital stays.
- Hospitalizations related to pregnancy, childbirth, and newborns comprised over one quarter of all hospital stays in 2013.

Pregnancy and childbirth (401 thousand stays) and newborns (381 thousand stays) were the first two most common reasons for hospitalizations, accounting for 13.8 and 13.1 percent of all hospital stays respectively, which yielded rates of 15.6 and 14.7 per 1,000 Texas population, respectively.

- Circulatory system (10.5 percent) ranked third, contributing 306 thousand hospitalizations. Among every one thousand Texans in 2013, 12 people were admitted to the hospital due to circulatory system condition.

Number 4 to 10 on the frequent ranking list are respiratory system (8.5 percent), musculoskeletal system (7.8 percent), digestive system (7.5 percent), mental diseases/disorders (5.7 percent), nervous system (5.4 percent), kidney and urinary system (4.4 percent), and infectious/parasitic diseases (3.9 percent).

- The top 10 systems/conditions accounted for 80.4 percent, which reaches 2.3 million of hospital stays.



- There were 2.9 million hospital stays in the Texas (112.8 stays per 1,000 population). The 10 most frequent principal diagnoses listed (CCS) in Figure 2.2 accounted for 34.5 percent of all hospital stays.
- The most common reason for hospitalization was live born (newborn infant), which accounted for 369 thousand stays (12.7 percent) resulting a rate of 14.3 per 1,000 population. Together with OB-related trauma to perineum and vulva (60 thousand stays, 2.0 percent), other complications of birth (58 thousand stays, 2.0 percent), and previous C-section (54 thousand, 1.8 percent), maternal and childbirth related condition accounted for 18.5 percent (541 thousand stays) of all hospital stays in Texas for 2013.
- A diagnosis of mood disorders, the only mental health diagnosis on the list, was the second most common condition and accounted for 110 thousand stays in 2013. For every one thousand Texans, there were at least four people admitted to the hospital for mood disorder related mental health diagnosis.
- Septicemia (non-birth related) ranked the 3rd on the list accounting for 3.2 percent (93 thousand stays), yielding a rate of 3.6 per 1,000 population.
- Respiratory and circulatory conditions were among the 10 most common principal diagnoses in 2013. Pneumonia accounted for 2.4 percent (70 thousand stays) and congestive heart failure (CHF) accounted for 2.1 percent (60 thousand stays) of all hospital stays.

Table 2.1 Number of hospital stays, distributions, and stays per 10,000 population, by most frequent <u>principal</u> diagnoses defined by Clinical Classifications Software (CCS) and patient gender, 2013			
Principal CCS diagnosis	Number of stays in thousands	Percent within Gender	Stays per 10,000 population
Male	1,070	100.0	835.5
Liveborn	189	17.6	147.2
Septicemia	40	3.7	31.2
Mood disorders	33	3.1	26.0
Pneumonia	31	2.9	24.0
Rehabilitation care	30	2.8	23.3
Congestive heart failure	29	2.7	22.4
Acute myocardial infarction	24	2.2	18.6
Osteoarthritis	24	2.2	18.5
Diabetes mellitus with complications	23	2.2	18.1
Complication of device; implant or graft	22	2.1	17.5
Female	1,635	100.0	1257.9
Liveborn	180	11.0	138.8
OB-related trauma to perineum and vulva	59	3.6	45.7
Other complications of birth	57	3.5	44.0
Previous C-section	53	3.2	40.8
Other complications of pregnancy	49	3.0	37.3
Septicemia	46	2.8	35.6
Mood disorders	46	2.8	35.2
Rehabilitation care	42	2.6	32.1
Pneumonia	36	2.2	27.4
Osteoarthritis	35	2.1	26.9

- The most common reason for hospitalization was live born (newborn infant) across gender. There were 189 thousand stays (17.6 percent) resulting a rate of 14.7 per 1,000 male population while there were 180 thousand stays (11.0 percent) resulting a rate of 13.9 per 1,000 female population.

- Among males:

Septicemia and diagnosis of mood disorders were the second and third most common condition for male, which accounted for 40 thousand stays (3.7 percent) and 33 thousand stays (3.1 percent) in 2013. For every ten thousand male Texans, there were at least 31 and 26 people accepted in hospitals for septicemia and mood disorder related mental health diagnosis respectively in 2013.

Respiratory and circulatory conditions were among the 10 most common principal diagnoses for male. Pneumonia accounted for 2.9 percent (31 thousand stays) and two circulatory conditions - congestive heart failure (CHF) and acute myocardial infarction – together accounted for 4.9 percent (53 thousand stays) of all male hospital stays.

- Among females:

The number one ranked live born, together with OB-related trauma to perineum and vulva (59 thousand stays, 3.6 percent), other complications of birth (57 thousand stays, 3.5 percent), previous C-section (53 thousand, 3.2 percent), and Other complications of pregnancy (49 thousand stays, 3.0 percent), pregnancy and childbirth related condition accounted for almost one-quarter (24.3 percent) with a total of 398 thousand stays of all female hospital stays in TX for 2013. For every one thousand female Texans, there were about 31 people were admitted to hospital due to maternal/birth related conditions in 2013.

Like their male counterparts, females also had septicemia (non-birth related) (46 thousand stays, 2.8 percent), mood disorders (46 thousand stays, 2.8 percent), and pneumonia (36 thousand stays, 2.2 percent), on their top 10 frequent list.

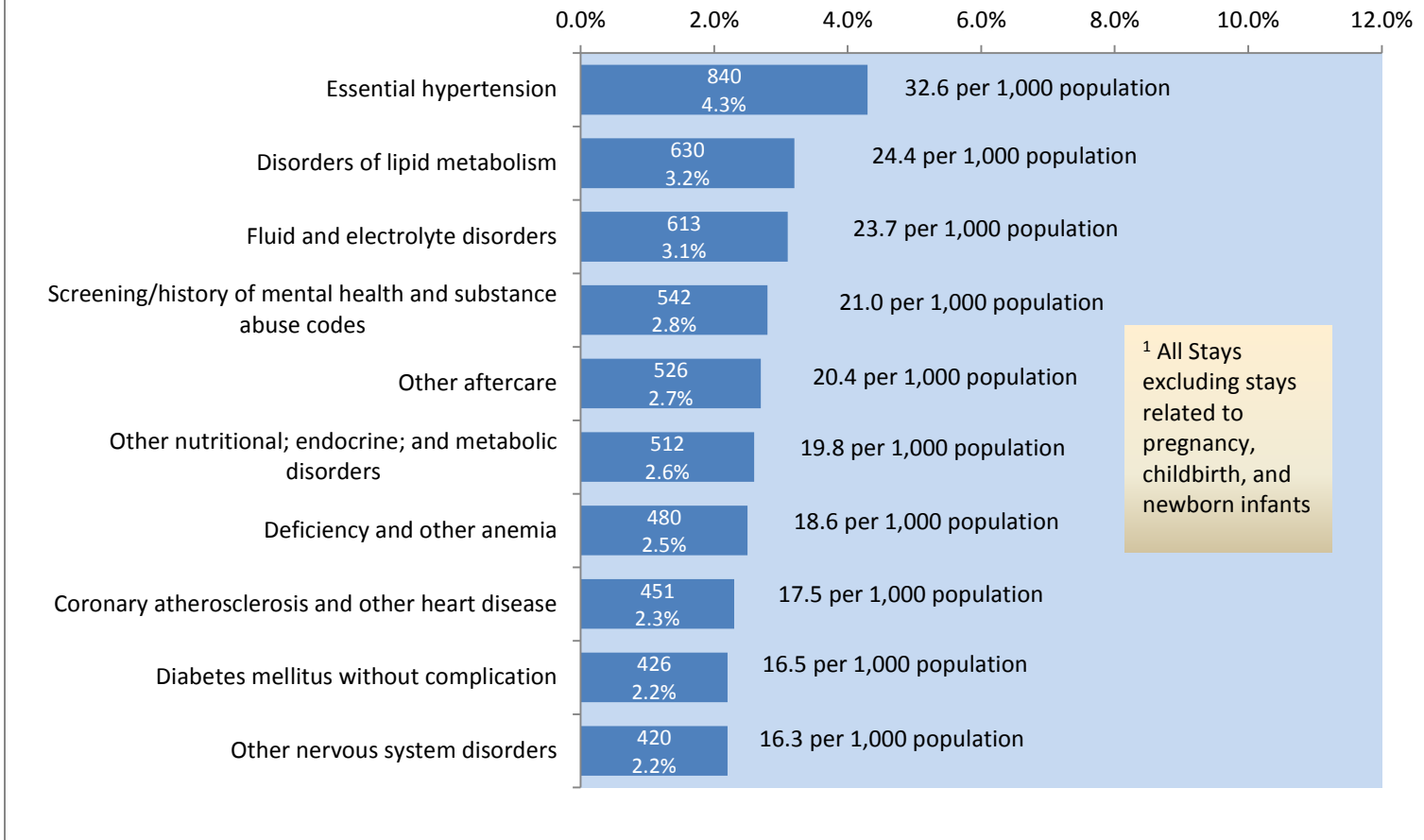
Table 2.2 Number of hospital stays, distributions, and stays per 10,000 population, by most frequent principal diagnoses defined by Clinical Classifications Software (CCS) and patient age group, 2013			
Principal CCS diagnosis	Number of stays in thousands	Percent within Age Group	Stays per 10,000
< 1 year	412	100.0	10,660.8
Liveborn	369	89.5	9,543.5
Acute bronchitis	8	1.9	199.8
Other perinatal conditions	6	1.4	150.4
Hemolytic jaundice and perinatal jaundice	3	0.7	77.2
Pneumonia	2	0.5	51.7
1-17 years	152	100.0	234.2
Mood disorders	33	21.5	50.4
Asthma	8	5.0	11.6
Pneumonia	6	4.3	10.0
Appendicitis and other appendiceal conditions	6	4.1	9.6
Skin and subcutaneous tissue infections	5	3.0	7.0
18-44 years	804	100.0	824.5
OB-related trauma to perineum and vulva	57	7.1	58.4
Other complications of birth	55	6.8	56.5
Previous C-section	53	6.6	54.6
Other complications of pregnancy	48	5.9	48.9
Mood disorders	47	5.8	48.0
45-64 years	676	100.0	1,082.3
Septicemia (except in labor)	28	4.2	45.2
Mood disorders	24	3.6	38.9
Osteoarthritis	24	3.6	38.4
Spondylosis; intervertebral disc disorders;	20	2.9	31.6
Diabetes mellitus with complications	19	2.8	30.5
65-84 years	693	100.0	2,693.3
Rehabilitation care	42	6.0	161.7
Septicemia (except in labor)	38	5.5	148.7
Osteoarthritis	33	4.8	128.1
Congestive heart failure	28	4.1	109.7
Pneumonia	27	3.8	103.3
85+ years	173	100.0	5,095.6
Septicemia (except in labor)	13	7.2	368.0
Rehabilitation care	12	7.2	365.8
Congestive heart failure	11	6.4	327.5
Pneumonia	10	5.9	301.2
Urinary tract infections	8	4.9	248.7

- Among infants, the high hospitalization rate (10,660.8 stays per 10,000 population) was driven largely by newborn births; these births accounted for 89.5 percent of stays for children younger than 1 year.
- Among children aged 1–17 years, the diagnosis of mood disorders was the most common reason for hospitalization in 2013 (50.4 stays per 10,000 population). Asthma and Pneumonia were the second and third most common condition among children aged 1–17, which yield 11.6 and 10.0 stays per 10,000 population respectively.
- For adults aged 18–44 years, conditions related to pregnancy and childbirth accounted for four of the top five diagnoses: trauma to the perineum and vulva due to childbirth, delivery following a Cesarean section, prolonged pregnancy, and hypertension complicating pregnancy and childbirth. Together, these diagnoses accounted for 26.4 percent of stays among adults aged 18–44 years.
- Among adults aged 45–64 years, musculoskeletal conditions—osteoarthritis and back problems (including spondylosis and disc disorders)—accounted for two of the five most frequent diagnoses.
- Adults aged 65–84 years and aged 85 years and older shared four of the top five principal diagnoses: congestive heart failure (CHF), septicemia, pneumonia, and rehabilitation care services.
- Several principal diagnoses were common among multiple age groups in 2013. Pneumonia was a frequent condition among the youngest and oldest patients—children aged 17 years and younger and adults aged 65 years and older. Mood disorders affected all age group except for infant and 65 years and older. Septicemia was a common reason for hospitalization among adults aged 45 years and older.

Table 2.3 Number of hospital stays and distributions by most frequent principal diagnoses defined by Clinical Classifications Software (CCS) and payer group, 2013		
Principal CCS diagnosis	Number of stays in thousands	Percent within Payer
Medicare	984	100.0
Septicemia (except in labor)	57	5.8
Rehabilitation care; fitting of prostheses; and adjustment of devices	55	5.6
Congestive heart failure; nonhypertensive	42	4.2
Pneumonia (except that caused by tuberculosis or sexually transmitted disease)	40	4.0
Osteoarthritis	32	3.3
Medicaid	571	100.0
Liveborn	178	31.2
Other complications of birth; puerperium affecting management of mother	25	4.4
Previous C-section	25	4.4
Other complications of pregnancy	25	4.3
OB-related trauma to perineum and vulva	24	4.3
Private Insurance	738	100.0
Liveborn	128	17.3
Mood disorders	24	3.2
OB-related trauma to perineum and vulva	24	3.2
Other complications of birth; puerperium affecting management of mother	22	3.0
Previous C-section	20	2.7
Uninsured	328	100.0
Mood disorders	41	12.5
Liveborn	21	6.4
Schizophrenia and other psychotic disorders	15	4.5
Diabetes mellitus with complications	10	3.1
Septicemia (except in labor)	9	2.8

- Some of the most frequent principal diagnoses were specific to individual payers; however, other diagnoses were common among several primary payers.
- Medicare was the primary payer for 984 thousand stays in 2013. Septicemia, rehabilitation care, and congestive heart failure were the top 3 most common principal diagnoses, each accounting for 5.8, 5.6, and 4.2 percent of Medicare stays.
- There were 571 thousand stays with Medicaid as the primary payer in 2013. Conditions related to pregnancy and childbirth occupied all the top five reasons for Medicaid stays. Together, these diagnoses accounted for 29.4 percent of Medicaid stays.
- Private insurance was the primary payer for 738 thousand stays in 2013. Four out of five most common reasons for stays billed to private insurance were related to pregnancy and childbirth: liveborn (newborn infant; 17.3 percent of stays), trauma to the perineum and vulva caused by childbirth (3.2 percent of stays), Other complications of birth (3.0 percent of stays), and Previous C-section (2.7 percent of stays).
- The uninsured accounted for 328 thousand stays in 2013. Mood disorders ranked number one (12.5 percent) among uninsured hospital stays. Together with schizophrenia and other psychotic disorders (4.5 percent), mental health conditions accounted for 56 thousand hospital stays for Texans without health insurance.
- Several principal diagnoses were common in stays across multiple primary payers. Liveborn (newborn infant) was the most common diagnosis for stays billed to Medicaid, private insurance, and the uninsured. The diagnosis of mood disorders was also common for stays with a primary payer of private insurance and the uninsured.

Figure 2.3 Number (in thousands), distribution of hospital stays¹, and stays¹ per 1,000 population by the most frequent All-listed diagnoses defined by Clinical Classifications Software² (CCS), 2013



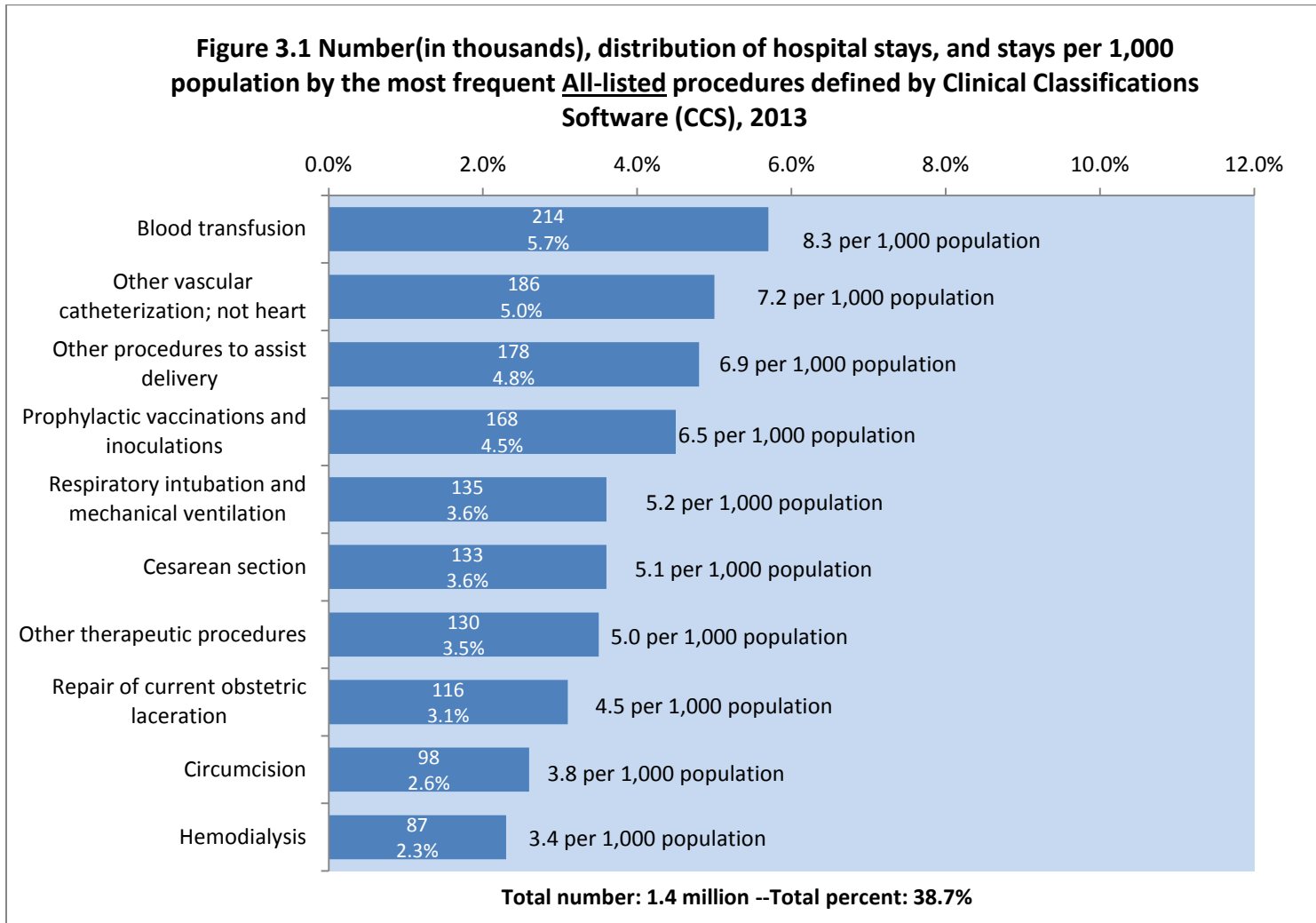
- The most frequent all-listed diagnosis was essential hypertension, with 840 thousand stays (4.3 percent) yielding a rate of 32.6 per 1,000 population.
- Disorders of lipid metabolism (630 thousand stays, 3.2 percent) and fluid and electrolyte disorders (613 thousand stays, 3.1 percent) were the next two most common diagnoses, each yielded a rate of 24.4 per 1,000 population and 23.7 per 1,000 population respectively.
- Diabetes (426 thousand stays) and other metabolic disorder (512 thousand stays) were listed in the top 10 list of most frequent diagnoses. Together the endocrine system condition accounted for 4.4 percent of the hospital stays in Texas for 2013.

SECTION 3 – MOST FREQUENT PROCEDURES PERFORMED IN HOSPITALS

When hospitalized, patients may undergo procedures for surgery, treatments (e.g., blood transfusions), or for diagnostic purposes (e.g., biopsy). The principal procedure is the procedure performed for definitive treatment. Hospitalizations usually involve multiple procedures, which together constitute the All-listed procedures performed during a hospital stay. Data on inpatient hospital procedures can help hospital administrators, health practitioners, researchers, and others understand how hospital care, including care related to diagnosis and treatment, is currently provided and what changes or consistencies in care delivery have occurred over time.

The THCIC hospital inpatient discharge data collects total of 25 procedures including principal procedure and 24 other procedures for each claim. In this section, all analyses were based on All-listed 25 procedures.

This most frequent procedures analysis covers all hospital stays in Texas of 2013 by gender, age group, primary payer and procedure type. There are some other clinical groupers introduced in the report for this section, such as Clinical Classifications Software (CCS). The clinical groupers helped to understand and simplify the clinical conditions of the patients. See Definition section for the details.



- In 2013, there were about 1.8 million hospital stays that involved at least one procedure in Texas, representing 61.5 percent of all hospitalizations.
- Blood transfusion was the most common procedure performed during hospitalizations in 2013 (5.7 percent of stays with a procedure) resulting a rate of 8.3 per 1,000 population.
- Two cardiovascular procedures also were among the most frequently performed in 2013, constituting almost 7.3 percent of all stays with a procedure: other vascular catheterization (186 thousand stays), hemodialysis (98 thousand stays).
- Five of the most frequent procedures performed were associated with pregnancy, childbirth, and newborns. When combined, they accounted for 18.6 percent of stays with a procedure in 2013: procedures to assist delivery (178 thousand stays), prophylactic vaccinations and inoculations (168 thousand stays), Cesarean section (133 thousand stays), repair of current obstetric laceration (116 thousand stays), and circumcision (98 thousand stays).
- Respiratory intubation and mechanical ventilation was the 5th most common procedure performed, occurring in 3.6 percent of stays with a procedure in 2013. The hospitalization rate (5.2 per 1,000 population) for stays involving respiratory intubation and mechanical ventilation was based on 135 thousand hospital stays in 2013.

Table 3.1 Number of hospital stays, distributions, and stays per 10,000 population, by most frequent <u>All-listed</u> procedures defined by Clinical Classifications Software (CCS) and patient gender, 2013			
All-listed CCS procedures	Number of stays in thousands	Percent within Gender	Stays per 10,000 population
Male	610	100.0	476.7
Circumcision	98	6.9	76.3
Blood transfusion	82	5.8	64.3
Other vascular catheterization; not heart	77	5.4	60.2
Prophylactic vaccinations and inoculations	72	5.1	56.6
Respiratory intubation and mechanical ventilation	62	4.3	48.3
Other therapeutic procedures	57	4.0	44.8
Diagnostic cardiac catheterization; coronary arteriography	46	3.2	36.0
Other OR procedures on vessels other than head and neck	43	3.0	33.3
Hemodialysis	41	2.9	32.3
Other non-OR therapeutic cardiovascular procedures	31	2.2	24.6
Female	961	100.0	739.0
Liveborn	176	8.4	135.6
OB-related trauma to perineum and vulva	131	6.2	101.1
Other complications of birth	115	5.5	88.7
Previous C-section	114	5.4	87.4
Other complications of pregnancy	92	4.4	71.1
Septicemia	91	4.3	69.9
Mood disorders	73	3.5	56.3
Rehabilitation care	67	3.2	51.4
Pneumonia	58	2.8	44.9
Osteoarthritis	42	2.0	32.4

- For male Texans in 2013:

Circumcision (98 thousand stays, 6.9 percent) and blood transfusion (82 thousand stays, 5.8 percent) ranked top two on the list of most common procedures performed during hospitalizations. (5.7 percent of stays with a procedure) resulting a rate of 8.3 per 1,000 population.

Five cardiovascular procedures also were among the most frequently performed in 2013 for male population, constituting almost 16.7 percent of all stays with a procedure: other vascular catheterization (77 thousand stays), Diagnostic cardiac catheterization; coronary arteriography (46 thousand stays), other OR procedures on vessels other than head and neck (43 thousand stays), hemodialysis (41 thousand stays), and other non-OR therapeutic cardiovascular procedures (31 thousand stays).

- For female Texans in 2013:

The top six of the most frequent procedures performed were associated with pregnancy, childbirth, and newborns. When combined, they accounted for more than one quarter (34.2 percent) of stays with a procedure in 2013: live-born (176 thousand stays), OB-related trauma to perineum and vulva (131 thousand stays), other complications of birth (115 thousand stays), previous cesarean section (114 thousand stays), other complications of pregnancy (92 thousand stays), and septicemia (91 thousand stays).

- Mood disorder (73 thousand stays), pneumonia (58 thousand stays), and Osteoarthritis (42 thousand) were also on the top 10 list for the female population in Texas for 2013.

Table 3.2 Number of hospital stays, distributions, and stays per 10,000 population, by most frequent All-listed procedures defined by Clinical Classifications Software (CCS) and patient age group, 2013			
All-listed CCS procedures	Number of stays in thousands	Percent within Age Group	Stays per 10,000 population
< 1 year	304	100.0	7,850.6
Prophylactic vaccinations and inoculations	118	32.0	3,054.8
Circumcision	98	26.4	2,524.9
Ophthalmologic and otologic diagnosis and treatment	40	10.8	1,028.3
Other therapeutic procedures	30	8.0	764.2
Respiratory intubation and mechanical ventilation	18	5.0	478.4
1-17 years	28	100.0	43.0
Appendectomy	6	5.4	9.9
Other procedures to assist delivery	6	5.1	9.4
Other vascular catheterization; not heart	6	4.6	8.5
Repair of current obstetric laceration	5	4.2	7.7
Blood transfusion	5	4.1	7.6
18-44 years	517	100.0	529.9
Other procedures to assist delivery	172	15.2	175.9
Cesarean section	130	11.5	133.0
Repair of current obstetric laceration	111	9.8	113.7
Artificial rupture of membranes to assist delivery	71	6.3	72.9
Ligation or occlusion of fallopian tubes	34	3.0	34.4
45-64 years	239	100.0	383.2
Blood transfusion	64	6.5	102.5
Other vascular catheterization; not heart	61	6.2	98.2
Respiratory intubation and mechanical ventilation	40	4.0	63.8
Hemodialysis	38	3.8	60.4
Diagnostic cardiac catheterization; coronary arteriography	36	3.7	58.3
65-84 years	267	100.0	1,037.2
Blood transfusion	87	8.9	336.6
Other vascular catheterization; not heart	64	6.6	248.8
Respiratory intubation and mechanical ventilation	47	4.9	183.6
Diagnostic cardiac catheterization; coronary arteriography	35	3.6	137.3
Other OR procedures on vessels other than head and neck	34	3.5	131.0
85+ years	56	100.0	1,660.7
Blood transfusion	22	13.5	636.1
Other vascular catheterization; not heart	14	8.7	409.1
Respiratory intubation and mechanical ventilation	9	5.7	269.3
Upper gastrointestinal endoscopy; biopsy	7	4.1	195.9
Treatment; fracture or dislocation of hip and femur	5	3.2	150.3

- Among infants (under age 1 year), prophylactic vaccinations and inoculations were the most frequent (32.0 percent) procedures performed during hospital stays for this age group. The hospitalization rate for stays with this procedure was 3,054.8 stays per 10,000 population in 2013. There were 98 thousand infant stays (24.6 percent) involving circumcision procedure.
- Blood transfusion was among the top five procedures performed for children aged 1-17 years (4.1 percent), and it was the most common procedure in stays for adults aged 45 years and older (6.5 percent for 45-64 years, 8.9 percent for 65-84 years, and 13.5 percent for 85 years and older).
- Appendectomy was the most frequent procedure performed during hospital stays for children aged 1-17 years (9.9 stays per 10,000 population), procedures to assist delivery (9.4 stays per 10,000 population), other vascular catheterization (8.5 stays per 10,000 population), and repair of current obstetric laceration (4.2 stays per 10,000 population) were the other three on the top five list for this age group.
- Five of the most frequent procedures performed were all associated with pregnancy, childbirth, and newborns for adults aged 18-44 years. When combined, they accounted for 45.8 percent of stays with a procedure for this specific age group: procedures to assist delivery (172 thousand stays), cesarean section (130 thousand stays), repair of current obstetric laceration (111 thousand stays), artificial rupture of membranes to assist delivery (71 thousand stays), and ligation or occlusion of fallopian tubes (34 thousand stays).
- Several procedures were common in hospitalizations among adults aged 45 years and older.

Respiratory intubation and mechanical ventilation accounted for 4.0 percent (40 thousand stays) of adults aged 45-64 years, 4.9 percent (47 thousand stays) of adults aged 65-84 years, and 5.7 percent (9 thousand stays) of adults aged 85 years and older.

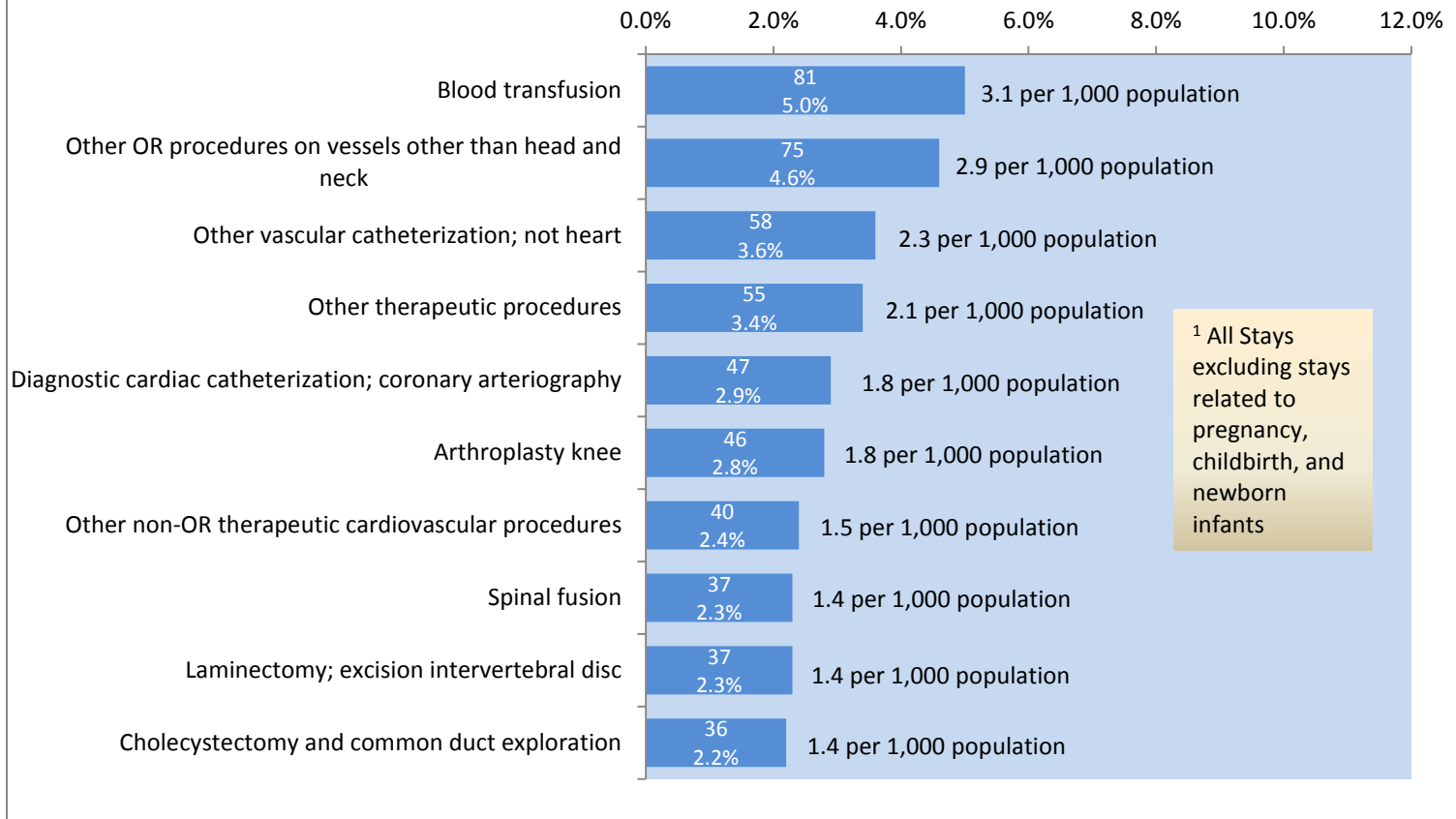
Diagnostic cardiac catheterization with coronary arteriography was the 5th most common procedure (36 thousand stays, 3.7 percent) for adults aged 45-64 years and the 4th most common procedure (35 thousand stays, 3.6 percent) for adults aged 65-84 years.

Respiratory intubation and mechanical ventilation and upper gastrointestinal endoscopy with biopsy also were common procedures among adults aged 45 years and older. The hospitalization rate for respiratory intubation and mechanical ventilation increased for each age group between 1997 and 2011: 80 percent for adults aged 45-64 years, 41 percent for adults aged 65-84 years, and 53 percent for adults aged 85 years and older.

Table 3.3 Number of hospital stays, distributions, and stays per 10,000 population, by most frequent All-listed procedures defined by Clinical Classifications Software (CCS) and payer group, 2013		
All-listed CCS procedures	Number of stays in thousands	Percent within payer
Medicare	383	100.0
Blood transfusion	119	9.3
Other Blood transfusion; not heart	94	7.3
Respiratory intubation and mechanical ventilation	66	5.1
Hemodialysis	62	4.8
Diagnostic cardiac catheterization; coronary arteriography	42	3.3
Medicaid	304	100.0
Other procedures to assist delivery	88	12.6
Prophylactic vaccinations and inoculations	74	10.6
Cesarean section	58	8.3
Repair of current obstetric laceration	49	7
Circumcision	36	5.2
Private Insurance	247	100.0
Other procedures to assist delivery	61	6.1
Cesarean section	52	5.2
Prophylactic vaccinations and inoculations	47	4.6
Repair of current obstetric laceration	45	4.5
Circumcision	42	4.1
Uninsured	73	100.0
Blood transfusion	20	5.9
Other vascular catheterization; not heart	17	5.2
Respiratory intubation and mechanical ventilation	14	4.2
Prophylactic vaccinations and inoculations	12	3.6
Diagnostic cardiac catheterization; coronary arteriography	10	3.1

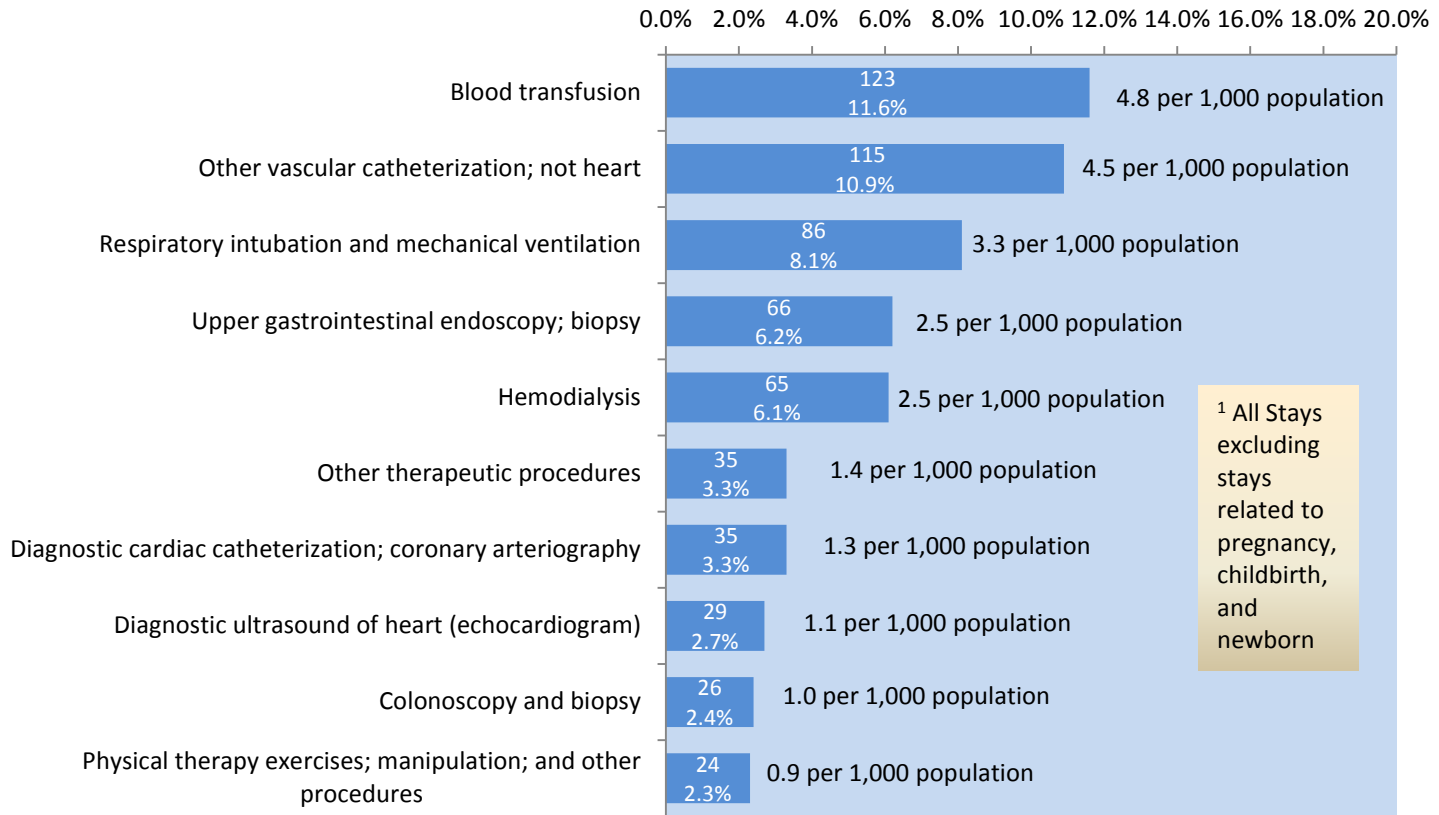
- Most frequent procedures were specific to individual payers; however some procedures were common across different primary payers.
- Medicare was the primary payer for 383 thousand stays that had at least one procedure performed in 2013. Blood transfusion, both heart and non-heart related, accounted for 16.6 percent of procedures paid by Medicare. Respiratory intubation and mechanical ventilation (5.1 percent); Hemodialysis (4.8 percent), and Diagnostic cardiac catheterization; coronary arteriography (3.3 percent) were the other three common procedures on the top five list for Medicare payer.
- There were 304 thousand stays that had at least one procedure performed with Medicaid as the primary payer in 2013. Procedures related to pregnancy and childbirth occupied all the top five reasons for Medicaid stays. Together, these procedures accounted for 43.7 percent of Medicaid paid procedures. Procedures to assist delivery (88 thousand stays) was the number one for Medicaid paid procedures.
- Private insurance was the primary payer for 247 thousand stays that had at least one procedure performed in 2013. Procedures related to pregnancy and childbirth occupied all the top five reasons for private paid stays as well. Together, these procedures accounted for one-quarter (24.5 percent) of private paid procedures. Procedures to assist delivery (61 thousand stays) was the number one for private paid procedures.
- The uninsured accounted for 73 thousand stays that had at least one procedure performed in 2013. Blood transfusion ranked number one (5.9 percent) among uninsured paid procedures stays.

Figure 3.2 Number(in thousands), distribution of hospital stays¹, and stays¹ per 1,000 population by the most frequent All-listed SURGICAL procedures defined by Clinical Classifications Software (CCS), 2013



- Overall, there were 1.6 million procedures performed for the surgical stays in 2013 after excluding maternal/neonatal stays.
- The number one surgical procedure was blood transfusion resulting the rate of 3.1 per 1,000 population.
- Cardiovascular procedures were the most common surgical procedures performed for the surgical hospital stays. Together they constituted 13.5 percent of the total surgical procedure. They were procedures on vessels other than head and neck (75 thousand stays), other vascular catheterization (58 thousand stays), diagnostic cardiac catheterization/coronary arteriography (47 thousand stays), and other non-OR therapeutic cardiovascular procedures (40 thousand stays).
- Arthroplasty knee ranked 6th most frequent surgical procedures (46 thousand stays), resulting a rate of 1.8 per 1,000 population. Spinal fusion (37 thousand stays), and cholecystectomy and common duct exploration (36 thousand stays) were also on the top ten list resulting the same rate of 1.4 per 1,000 population.

Figure 3.3 Number (in thousands), distribution of hospital stays¹, and stays¹ per 1,000 population by the most frequent All-listed MEDICAL procedures defined by Clinical Classifications Software (CCS), 2013



- Overall, there were 1.1 million procedures performed for the medical stays in 2013 after excluding maternal/neonatal stays.
- Same as surgical stays, the number one medical procedure was related to blood transfusion resulting the rate of 4.8 per 1,000 population.
- Cardiovascular procedures were the most common surgical procedures performed for the medical hospital stays also. Together they constituted 23.0 percent of the total medical procedure. They were other vascular catheterization (115 thousand stays), hemodialysis (65 thousand stays), diagnostic cardiac catheterization/coronary arteriography (35 thousand stays), and echocardiogram (29 thousand stays).
- Gastroenterological procedures were common in medical stays also. Upper gastrointestinal endoscopy/biopsy performed in 66 thousand stays and colonoscopy and biopsy performed in 26 thousand stays. Together they constituted for 8.6 percent of all medical hospital stays.
- Respiratory intubation and mechanical ventilation (86 thousand stays) ranked the 3rd most common medical procedure resulting a rate of 3.3 per 1,000 population. Other therapeutic procedures (35 thousand stays), and physical therapy exercises/manipulation (24 thousand stays) were also on the top ten list resulting the same rates of 1.4 per 1,000 population and 0.9 per 1,000 population respectively.

SECTION 4 - CHARGE FOR INPATIENT HOSPITAL STAYS

The THCIC hospital inpatient discharge data for 2013 includes information on over 2.9 million discharges with a total of 127.2 billion dollars charges from Texas hospitals. The data were collected from over 500 state-owned and -licensed hospitals and covers about 95 percent of all hospitalizations in Texas. The hospitals include general hospitals and specialty facilities such as children's hospitals, women's hospitals, rehabilitation facilities and psychiatric hospitals. Most of the hospitals located in rural counties are exempted from reporting their data and are not included in this report.

THCIC inpatient PUDF data collected facility-submitted amount of charge for each service provided by facilities during each hospital stay. Charges are not equal to actual final costs but would provide some insight of the health care expenditures of Texas in 2013.

This section presents results from the THCIC inpatient PUDF data on charges of inpatient stays in Texas hospitals in 2013. The charge information includes mean charges per hospital stay, aggregated total charges, and percent of total charges within subgroups. The characteristics include patient gender, age-group, primary payer, patient residential public health region, and type of hospital stay (surgical, medical, and maternal or neonatal).

Table 4.1 Number and percent of charges by patient age, gender, public health region, and payer, 2013			
Characteristic	Mean charges per stay, \$	Aggregate, millions \$	% of Aggregated charges
All hospital stays	43,720	127,228	100.0
Patient age, years			100.0
<1	19,505	8,039	6.3
1-17	38,387	5,847	4.6
18-44	30,102	24,195	19.0
45-64	57,520	38,881	30.6
65-84	60,645	42,006	33.0
85+	47,692	8,260	6.5
Other/Missing	9,881	0	0.0
Patient gender			100.0
Male	50,607	54,150	42.6
Female	38,985	63,705	50.1
Other/Missing	45,511	9,373	7.4
Primary payer			100.0
Medicare	57,970	57,004	44.8
Medicaid	29,848	17,037	13.4
Private insurance	40,323	29,742	23.4
Uninsured	35,829	11,735	9.2
Other/Missing	40,271	11,710	9.2
Patient (PHR) region			100.0
1	41,178	3,969	3.1
2	41,138	2,663	2.1
3	41,360	30,175	23.7
4	47,523	6,486	5.1
5	47,295	4,573	3.6
6	45,161	30,438	23.9
7	41,531	12,823	10.1
8	41,992	12,237	9.6
9	34,689	2,334	1.8
10	50,712	4,680	3.7
11	45,084	11,490	9.0
Other/Missing	54,920	5,360	4.2

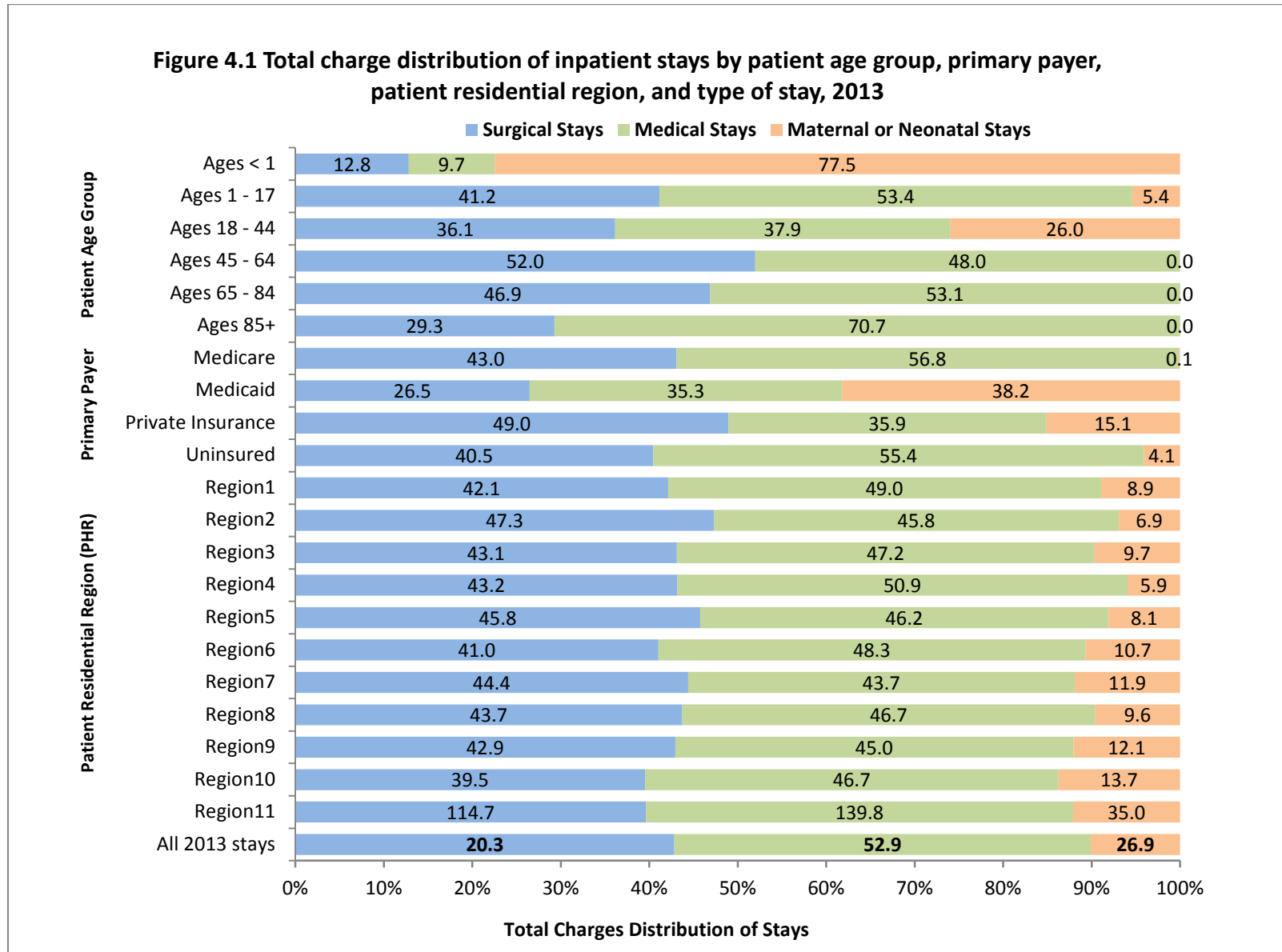
- In 2013, there were about 2.9 million hospital stays with a total of 127.2 billion dollars of total charges, resulting \$43,720 mean charges for each hospital stay in the Texas.
- Hospital charges varied substantially in relation to patient and hospital characteristics:

The mean charges increased as patients' grew old except for 85 years and older group. Non-elderly adult (18-64 years old) stays accounted for almost half (49.6 percent) of aggregate charges of all hospital stays, and stays for patients 65 years and older accounted for 39.5 percent of all inpatient charges.

Even though male had less hospital stays than female in 2013, the average charges per stays for males (\$50,607) was higher than their female (\$38,985) counterparts.

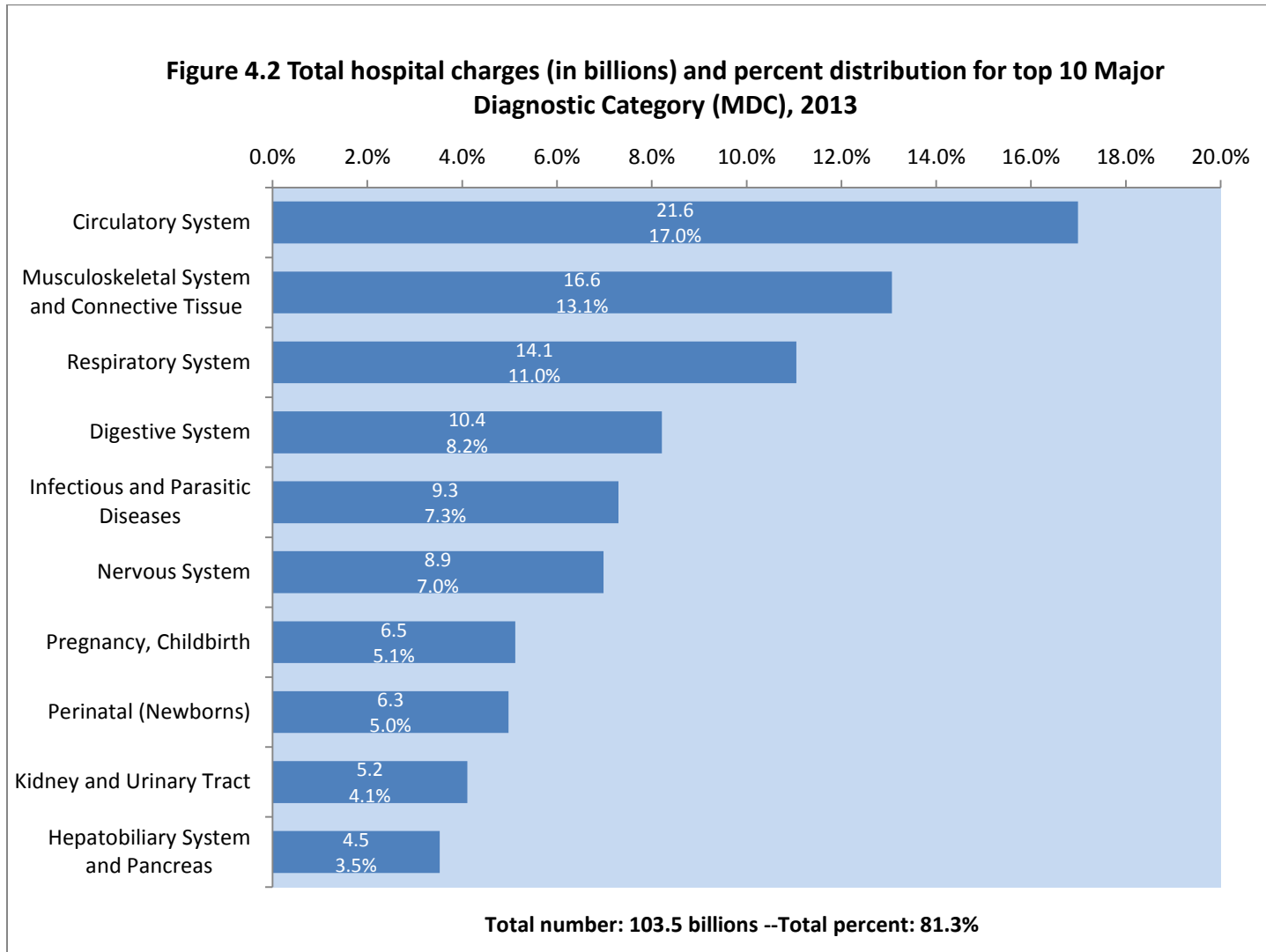
Mean hospital charges in 2013 were highest for hospital stays billed to Medicare: \$57,970 compared with \$29,848 for Medicaid-covered stays, \$35,829 for stays of uninsured patients, and \$40,323 for privately insured stays.

Hospital mean charges had minimal difference among Texas public health regions with the highest mean charges in region 10 (\$50,712) vs. the lowest mean charges in region 9 (\$34,689).



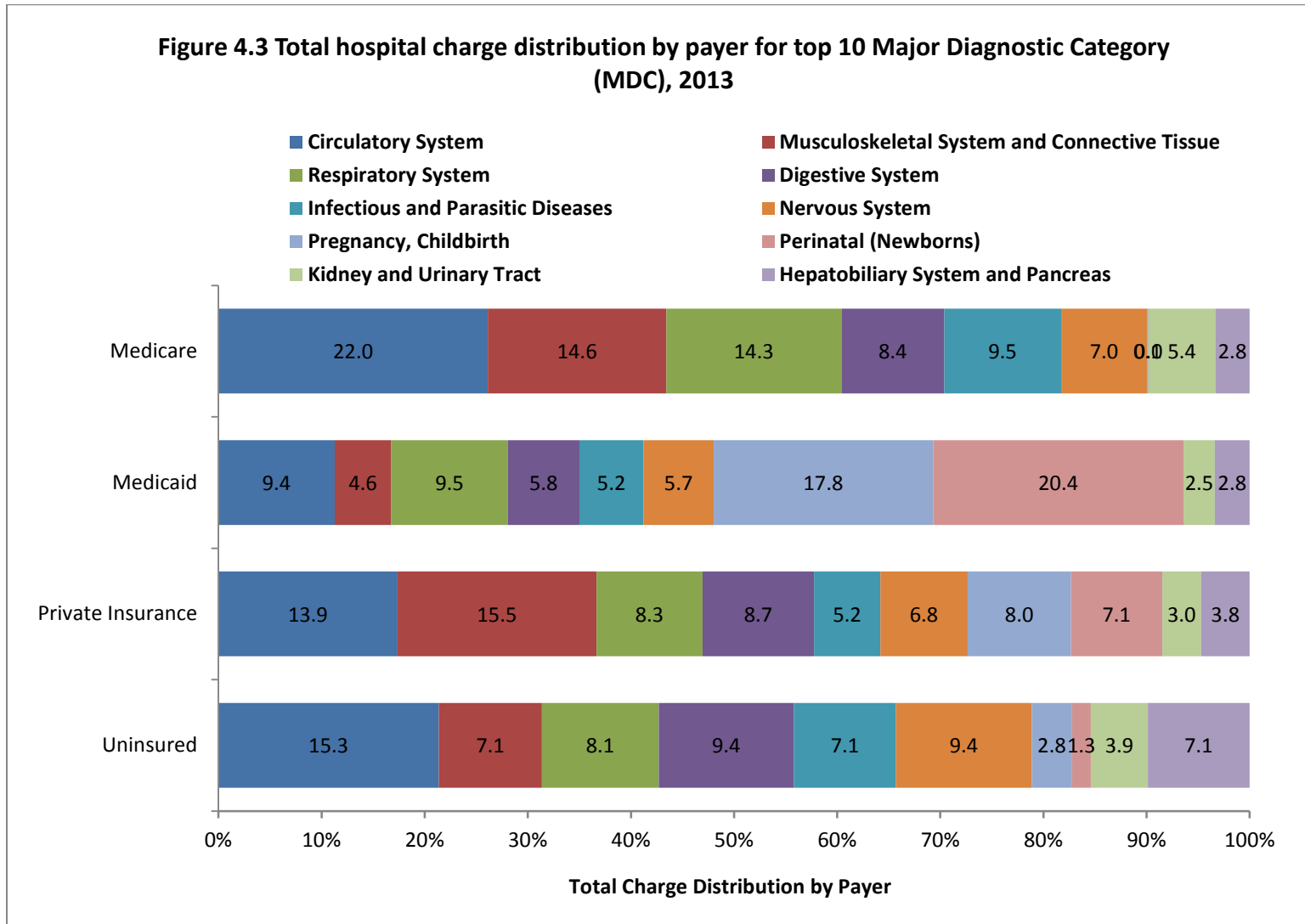
Hospital total charges varied substantially in relation to patient and hospital characteristics:

- In 2013, medical stays constituted the largest proportion of hospital charges (60 billion, 52.9 percent) compared to surgical stays (55 billion, 20.3 percent), and maternal and neonatal stays (13 billion, 26.9 percent).
- Medical stays accounted the largest proportion of hospital charges across all age groups except for infant and age 45-64 age group (48.0 percent). For infants, charges for maternal and neonatal stays accounted for 6 billion (77.5 percent) leaving 12.8 percent and 9.7 percent for non-maternal/neonatal related surgical and medical charges.
- Of the 57 billion charged by Medicare, 43.0 percent were for surgical stays, 56.8 percent were for medical stays, maternal and neonatal stays were less than 0.1 percent. Of the 17 billion charged by Medicaid, 26.5 percent were for surgical stays, 35.3 percent were for medical stays, and 38.2 percent for maternal and neonatal stays. Of the 30 billion charged by private insurance, 49.0 percent were for surgical stays, 35.9 percent were for medical stays, and 15.1 percent were for maternal and neonatal stays. Of the 12 billion in charged for uninsured stays, 40.5 percent were for surgical stays, 55.4 percent were for medical stays, and only 4.1 percent were for maternal and neonatal stays.
- Region difference was minimal and the charges for medical stays remained the largest proportion across the majority of the regions.



- There were 127.2 billion dollars total hospital charges in 2013 for Texas. The top 10 highest charged principal diagnoses were listed (MDC) in Figure 2.1 accounted for 81.3 percent (103.5 billion) of total charges for all hospital stays.
- Circulatory system conditions accounted for the largest share of hospital charges: 21.6 billion, 17.0 percent.
- Charges related to pregnancy, childbirth, and newborns comprised over ten (10.1) percent resulting 12.8 billion in total.
- Other system conditions that have charges over ten billion dollars were: Musculoskeletal System and Connective Tissue (16.6 billion), Respiratory System (14.1 billion), and Digestive System (10.4 billion).

Figure 4.3 Total hospital charge distribution by payer for top 10 Major Diagnostic Category (MDC), 2013



As the total charges distribution varied by primary payers, hospital total charges by MDC varied by primary payer as well.

- Circulatory system conditions accounted for the largest share of hospital charges for Medicare (22.0 percent) and uninsured (15.3 percent).
- Musculoskeletal System and Connective Tissue conditions accounted for the second largest share of hospital charges for Medicare (14.6 percent) and the largest share for private insurance (15.5 percent).
- Respiratory System conditions were relatively large across all for different primary payers: Medicare (14.3 percent), Medicaid (9.5 percent), private insurance (8.3 percent), and uninsured (8.1 percent).
- Charges related to pregnancy, childbirth, and newborns were dominated for Medicaid payers which comprised 38.2 percent resulting 6.5 billion dollars in total. Private insurance also paid a large percent (15.1 percent) for pregnancy, childbirth, and newborns.
- Digestive System and Nervous System both accounted for large share of charges for uninsured payer (9.4 percent for each system).

SECTION 5 APPENDIX

DATA SOURCE

The analysis in this report is based on Texas Hospital Inpatient Discharge Public Use Data File (PUDF), 2013, Texas Health Care Information Collection (THCIC), Center for Health Statistics (CHS), Texas Department of State Health Services (DSHS).

DEFINITIONS

- Diagnoses, ICD-9-CM, major diagnostic categories (MDCs), Clinical Classifications Software (CCS), and Diagnosis-Related Groups (DRGs):
 - The principal diagnosis is that condition established after study to be chiefly responsible for the patient's admission to the hospital. Secondary diagnoses are concomitant conditions that coexist at the time of admission or develop during the stay. All-listed diagnoses are all, up to 25, diagnoses during the hospital stay including principal diagnosis.
 - ICD-9-CM is the International Classification of Diseases, Ninth Revision, Clinical Modification, which assigns numeric codes to diagnoses and procedures. There are approximately 14,000 ICD-9-CM diagnosis codes and approximately 4,000 ICD-9-CM procedure codes.
 - MDCs assign ICD-9-CM principal diagnosis codes to one of 25 general diagnosis categories. For this report, maternal hospital stays were identified using MDC 14 (pregnancy, childbirth, and the puerperium) and neonatal hospital stays were identified using MDC 15 (newborns and other neonates with conditions originating during the perinatal period).
 - CCS categorizes ICD-9-CM diagnoses into a manageable number of clinically meaningful categories. This "clinical grouper" makes it easier to quickly understand patterns of diagnoses. CCS categories identified as "Other" typically are not reported; these categories include miscellaneous, otherwise unclassifiable diagnoses that may be difficult to interpret as a group.
 - DRGs comprise a patient classification system that categorizes patients into groups that are clinically coherent and homogeneous with respect to resource use. DRGs group patients according to diagnosis, type of treatment (procedure), age, and other relevant criteria. Each hospital stay has one assigned DRG. For this report, surgical stays were defined as valid O.R. procedures on the basis of DRG

coding principles. Stays other than maternal/neonatal stays or surgical stays were considered medical stays.

- Procedures, ICD-9-CM, major diagnostic categories (MDCs), Clinical Classifications Software (CCS):

- All-listed procedures include all, up to 25, procedures performed during the hospital stay whether for definitive treatment or for diagnostic or exploratory purposes.

ICD-9-CM is the International Classification of Diseases, Ninth Revision, Clinical Modification, which assigns numeric codes to procedures. There are approximately 4,000 ICD-9-CM procedure codes.

- MDCs assign ICD-9-CM principal diagnosis codes to one of 25 general diagnosis categories. For this report, maternal hospital stays were identified using MDC 14 (pregnancy, childbirth, and the puerperium) and neonatal hospital stays were identified using MDC 15 (newborns and other neonates with conditions originating during the perinatal period).

- CCS categorizes procedure codes into clinically meaningful categories. This "clinical grouper" makes it easier to quickly understand patterns of procedure use. CCS categories identified as "Other" typically are not reported; these categories include miscellaneous, otherwise unclassifiable procedures that may be difficult to interpret as a group.

- Type of Stay:

- First, maternal hospital stays were identified using MDC 14 (pregnancy, childbirth, and the puerperium) and neonatal hospital stays were identified using MDC 15 (newborns and other neonates with conditions originating during the perinatal period).
- Procedure classification method was used to identify surgical stays - stays involving an operating room usage.

Procedure classification method was adopted from Agency for Healthcare Research and Quality (AHRQ). The method used Procedure Classes to categorize procedure codes into one of four broad categories: Minor Diagnostic, Minor Therapeutic, Major Diagnostic, and Major Therapeutic. The two major categories were considered using operating room which eventually assigned to surgical stay. The Procedure Classes were created to facilitate health services research on hospital procedures using administrative data. This classification system allows the researcher to readily determine if (a) a procedure is diagnostic or therapeutic, and (b) a procedure is minor or major in terms of invasiveness and/or resource use.

See AHRQ website for details. <http://www.hcup-us.ahrq.gov/toolssoftware/procedure/procedure.jsp>

- After excluding maternal/neonate stays and surgical stays, the rest were defined as medical stays.
- Types of hospitals included in the THCIC Inpatient PUDF:

Hospital discharge data from all state licensed hospitals except those that are statutorily exempt from the reporting requirement. Exempt hospitals include those located in a county with a population less than 35,000, or those located in a county with a population more than 35,000 and with fewer than 100 licensed hospital beds and not located in an area that is delineated as an urbanized area by the United States Bureau of the Census (Section 108.0025). Exempt hospitals also include hospitals that do not seek insurance payment or government reimbursement (Section 108.009). Type of hospitals included in the data are community hospitals, acute care facility, rehabilitation hospitals, psychiatric hospitals, cancer hospitals, children's or pediatric hospitals, and long term care hospitals

- Unit of analysis:

The unit of analysis is the hospital discharge (i.e., the hospital stay), not a person or patient. This means that a person who is admitted to the hospital multiple times in 1 year will be counted each time as a separate discharge from the hospital.

- Charges:

Charges represent the amount a hospital billed for the case. Hospital charges reflect the amount the hospital billed for the entire hospital stay and do not include professional (physician) fees. The charge is generally more than the amount paid to the hospital by payers for the hospitalization and is also generally far more than what it costs hospitals to provide care. There are two formats of charges involved in this report: aggregated total charges and mean charges for each claim.

- Patient Age:

Patient age in years, calculated based on the patient's date of birth and admission date to the hospital.

- Payer:

Payer is the expected primary payer for the hospital stay. To make coding uniform across all HCUP data sources, payer combines detailed categories into general groups:

- Medicare: includes patients covered by fee-for-service and managed care Medicare.
 - Medicaid: includes patients covered by fee-for-service and managed care Medicaid.
 - Private Insurance: includes Blue Cross, commercial carriers, and private health maintenance organizations (HMOs) and preferred provider organizations (PPOs).
 - Uninsured: includes an insurance status of self-pay and no charge.
- Region:

Region is one of the 11 Texas Public Health Regions (PHR).