STATISTICAL BRIEF

July 2013

Overview of Hospital Stays in Texas, 2011

This Statistical Brief presents data from the Texas Hospital Inpatient Discharge Public Use Data File (PUDF) on characteristics of hospital stays in 2011. The number and distribution of stays are stratified by primary payer and patient discharge status. Changes between 2006 and 2011 are also presented.

Table 1 shows characteristics of hospital stays in Texas in 2006 and 2011. The total number of hospital stays increased 20,391 (or 0.7 percent), from 2,917,188 in 2006 to 2,937,579 in 2011, but the rate of hospitalization decreased from 1,249 to 1,144 stays per 10,000 population. The average length of stay remained stable at 5.2–5.3 days. Hospital mean charge per stay increased 49 percent to $38,330 in 2011. Aggregate hospital charges were $112.6 billion in 2011; this was a 50 percent increase since 2006.

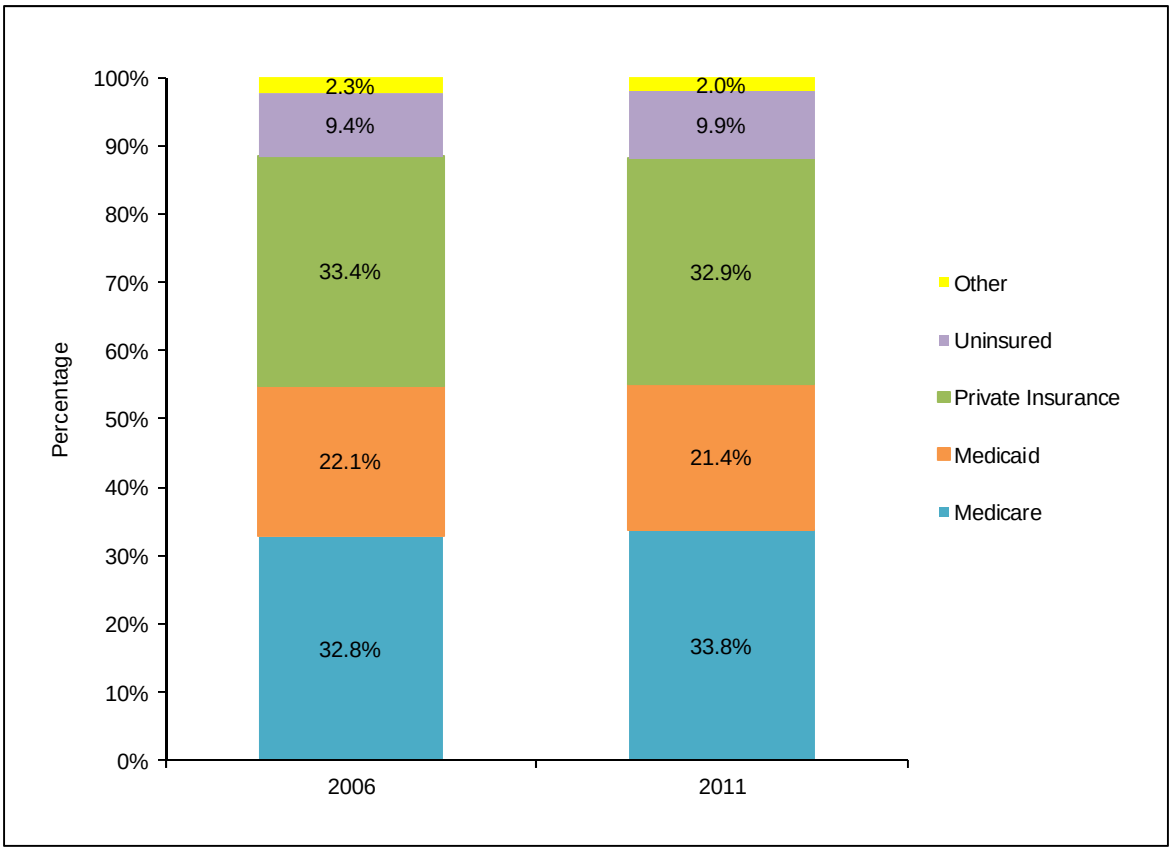
Table 1. Characteristics of Hospital Stays, 2006 and 2011

	2006	2011
Total hospital stays	2,917,188	2,937,579
Number of hospital stays per 10,000 population	1,249	1,144
Mean length of stay in days	5.2	5.3
Mean charge per stay	$25,669	$38,330
Total aggregate charges in billions	$74.9	$112.6

Source: Texas Hospital Inpatient Discharge Public Use Data File (PUDF), 2006 and 2011.

In 2011, more than half of stays (55.2 percent) were billed to Medicare and Medicaid (Figure 1). While the percentage of stays billed to Medicare increased from 32.8 percent in 2006 to 33.8 percent in 2011, the percentage billed to Medicaid decreased from 22.1 percent to 21.4 percent. Private insurance was the second most common primary payer but its share of stays fell from 33.4 percent in 2006 to 32.9 percent of stays in 2011. The share of uninsured stays and stays billed to other payers remained stable between 2006 and 2011.

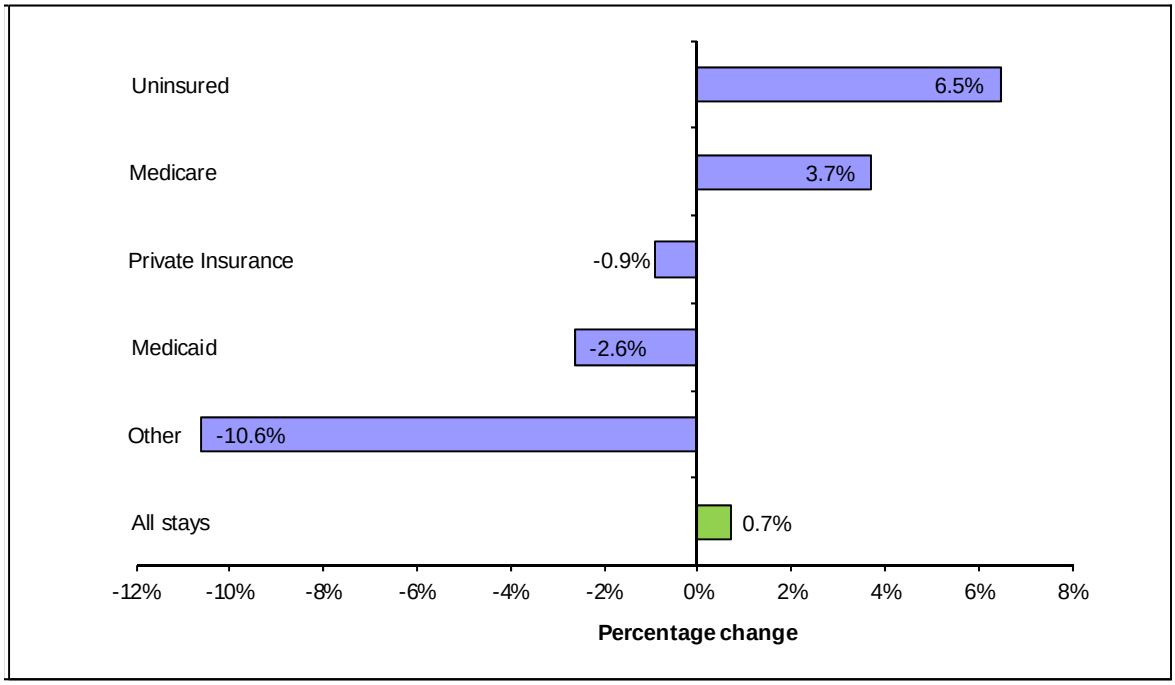
Figure 1. Distribution of Hospital Stays by "Payer", 2006 and 2011



Source: Texas Hospital Inpatient Discharge Public Use Data File (PUDF), 2006 and 2011.

The number of uninsured stays experienced the most rapid growth (6.5 percent) between 2006 and 2011—nearly 10 times the rate of all stays (Figure 2). Medicare stays increased 3.7 percent during this period. The number of stays billed to private insurance remained relatively stable, and Medicaid stays decreased 2.6 percent since 2006.

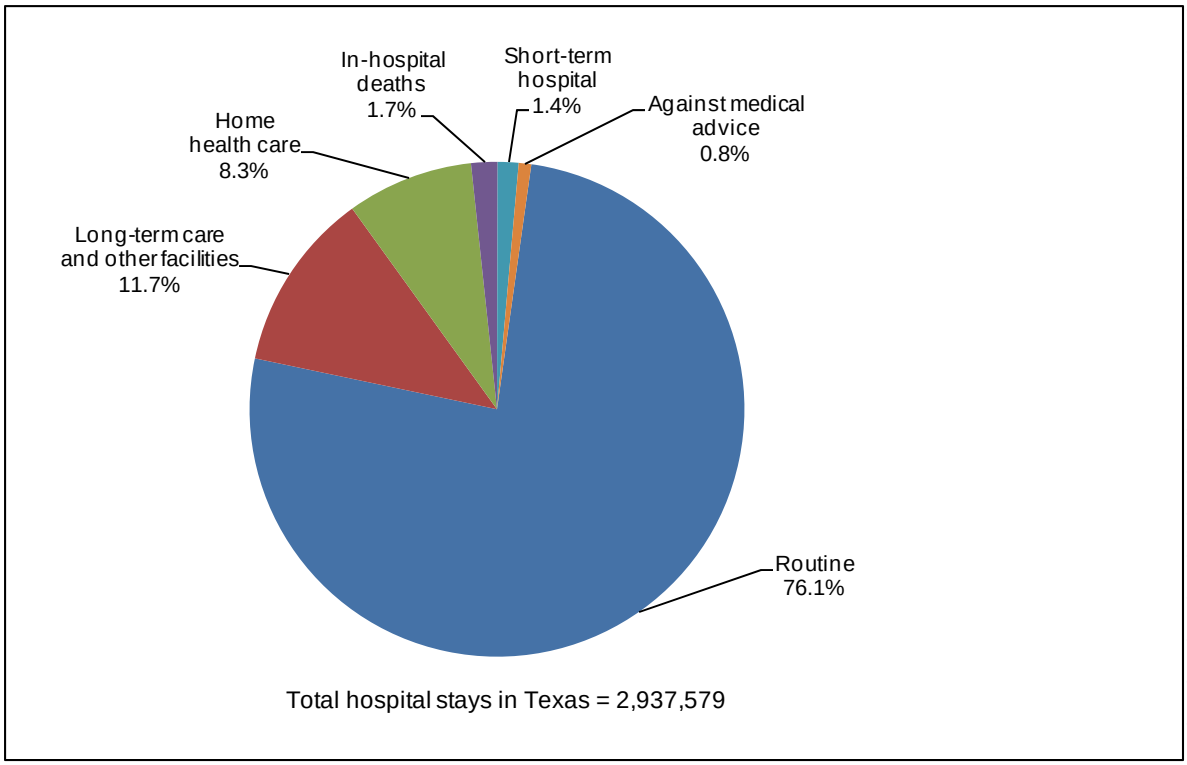
Figure 2. Change in The Number of Hospital Stays by "Payer", 2006-2011



Source: Texas Hospital Inpatient Discharge Public Use Data File (PUDF), 2006 and 2011.

More than three-quarters (76.1 percent) of all hospital stays were routinely discharged in 2011 (Figure 3). Discharge to follow-on care was also common: discharge to long-term care accounted for 11.7 percent of stays, and discharge to the home with home health care accounted for 8.3 percent of stays. The remaining circumstances—in-hospital deaths; discharge to short-term hospital; and discharge against medical advice, which occurs when patients check themselves out of the hospital against the advice of their physician—each accounted for 2 percent less of stays.

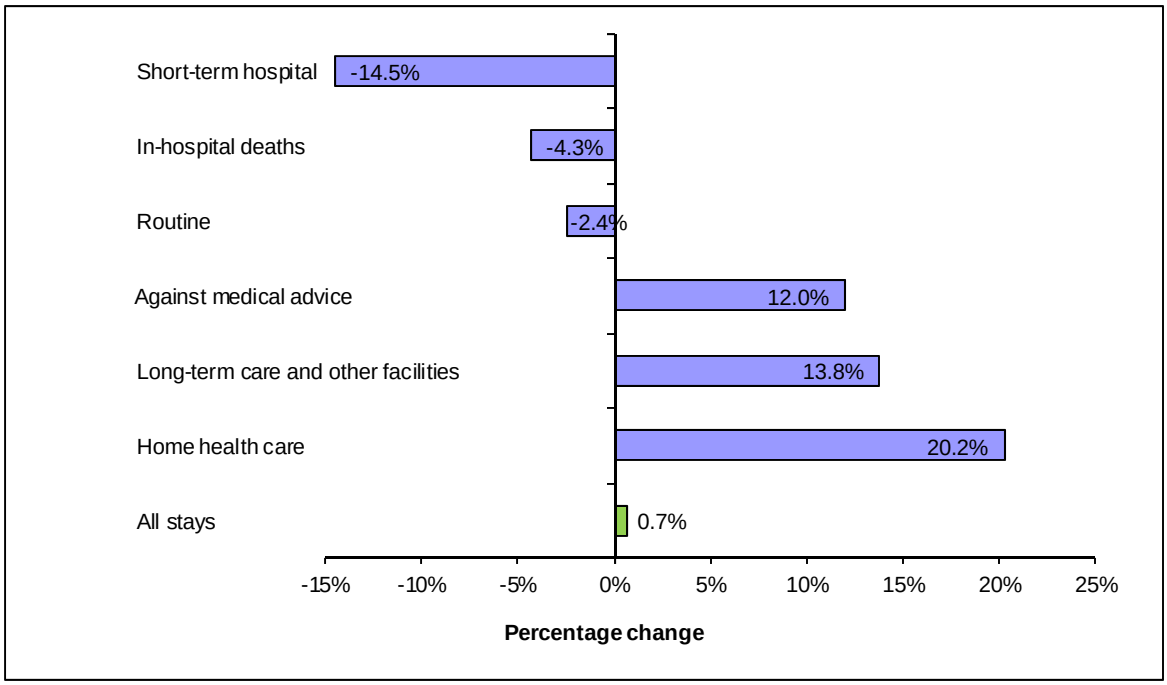
Figure 3. Distribution of Hospital Stays by "Discharge Status", 2011



Source: Texas Hospital Inpatient Discharge Public Use Data File (PUDF), 2011.

The number of stays discharged to follow-on care increased between 2006 and 2011: discharge to home health care increased 20.2 percent and discharge to long-term care increased 13.8 percent (Figure 4). Although discharges against medical advice accounted for only 0.8 percent of all stays, they increased 12.0 percent between 2006 and 2011. Discharges to short-term hospital, which were also a small share of all stays (1.4 percent), decreased 14.5 percent during this period. In-hospital deaths decreased 4.3 percent between 2006 and 2011.

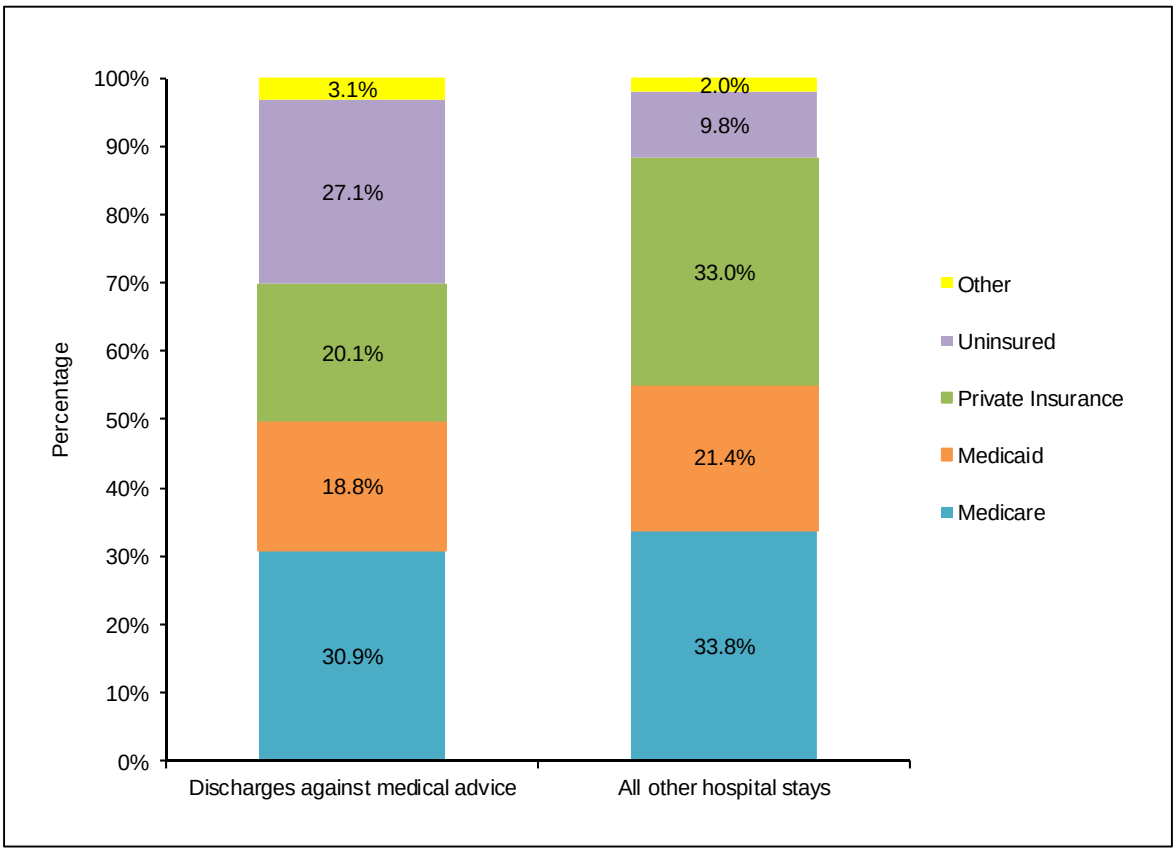
Figure 4. Change in The Number of Hospital Stays by "Discharge Status", 2006-2011



Source: Texas Hospital Inpatient Discharge Public Use Data File (PUDF), 2006 and 2011.

Figure 5 displays the distribution of discharges against medical advice versus all other hospital stays by payer. The most common payer was Medicare for patients discharged against medical advice (30.9 percent) and for all other stays (33.8 percent). Uninsured stays accounted for 27.1 percent of discharges against medical advice, which was nearly three times the uninsured share of all other stays (9.8 percent). Private insurance was the third most common payer for discharges against medical advice (20.1 percent) but the second most common primary payer for all other stays (33.0 percent). Medicaid was the fourth most common primary payer for discharges against medical advice (18.8 percent) but the third most common primary payer for all other stays (21.4 percent).

Figure 5. Distribution of Discharges Against Medical Advice and All Other Hospital Stays by "Payer", 2011



Source: Texas Hospital Inpatient Discharge Public Use Data File (PUDF), 2011.