

**HEALTHCARE IN KENTUCKY  
A REVIEW OF HOSPITAL INPATIENT UTILIZATION  
BY PATIENT DIAGNOSES**

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## **1. Introduction**

### **1.1. Statutory Requirement and Intent**

KRS 216.2929 sets forth several requirements for the collection and reporting of data on health care in Kentucky. One specific requirement of the law is:

"The Cabinet for Health Services shall at least annually, on or before July 1, prepare and publish, in understandable language with sufficient explanation to allow consumers to draw meaningful comparisons, a report or reports on health care charges, quality, and outcomes which includes diagnosis-specific or procedures-specific comparisons for each hospital and ambulatory facility, differentiated by payer if relevant, and for other provider groups as relevant data becomes available."

This report is submitted in compliance with this requirement.

### **1.2. Consumer Oriented Health Information**

More than ever, Kentucky health care consumers are being asked to make

tough health care decisions about health plans, providers, and treatments. The legislative intent of collecting these data was to make available comparative information to assist the Kentucky health care consumer with those decisions. To provide consumers with appropriate information however, it is important to know what information is wanted, how the information will be used, and how it is best represented.

In order to make the best possible health care decision consumers should be able to compare understandable data of the various health providers and health conditions affecting Kentuckians. Kentucky has traditionally lagged behind other states in making this information about the health delivery system available. So while the opportunity to draw comparisons on use, cost and outcome, was provided for in legislation, much work continues to be required to accurately describe Kentucky's inpatient delivery system and its use by Kentuckians.

This report takes another step in that process of presenting reliable, comparative information. It includes many examples of diagnosis specific reports that illustrate the richness of the data regarding citizens' use of inpatient health care in Kentucky as well as the near endless possibilities for analysis. This report is presented as means of detailing how through this data source consumers and planners may be educated on Kentucky's inpatient utilization and more importantly, the health status of its citizens.

## **2. The Health Policy Development Subprogram**

The Health Policy Development subprogram performs duties statutorily required in KRS 216.2901 through 216.2929, specifically “shall pursuant to Section 27, analyze and disseminate information on the cost, quality and outcomes of health services provided by health facilities and health care providers in the Commonwealth.”

### **2.1. Mission**

The mission of the Health Policy Development subprogram is to provide both public and private sectors with timely and accurate information on the cost, quality and outcomes of health services in Kentucky, research and analysis in support of health policy development and the facilitation of a statewide health information system.

### **2.2. Data Activities and Data Use**

The Health Policy Development subprogram provides for the collection of healthcare cost and quality data from providers, hospitals and health facilities and data submission collected on the uniform health insurance claim form; the creation of a permanent advisory committee to define quality outcome measures and advise the Cabinet for Health Services on data interpretation and publications. The subprogram is able to provide more detailed reports including comparative consumer information, analysis of Diagnostic Related Grouping, severity adjusted data to compare hospitals treating sicker patients and comparison of outpatient facilities on costs and procedures. Data collected supplies information to the Birth Surveillance Registry, Brain Injury Surveillance Registry, Kentucky Injury Prevention Registry and the Office of Women’s Mental and Physical Health and to the Kentucky Healthcare stakeholders. This subprogram collected 622,498 inpatient and 678,152 outpatient records in 2002-2003.

### **2.3. Public Use Data Sets**

In the past two (2) years the number of UB 92 data inpatient and outpatient public use data sets that have been purchased by stakeholders has risen from two in 2001 to 12 to date in 2003. Also, UB92 data has been included in the Annual Hospital Report for public distribution. Inpatient hospitalization data from Kentucky hospitals are also included in the Healthcare Cost and Utilization Project’s (HCUP) Nationwide Inpatient Sample (NIS), along with similar data from twenty-eight other states. Data from these state inpatient databases are also extracted and included in the KIDS database, Kentucky is one of 15 state contributors of ambulatory surgery data to HCUP’s State Ambulatory Surgery Data Base. All three of these databases included in HCUPnet, an interactive, web-accessible service, sponsored by the Agency for Healthcare Research and Quality (AHRQ).

## Section 2 –Report Samples

The following reports are a representative sampling of reports that have been developed and disseminated during 2002-2003. These reports have been created for use by the public, researchers, and policy makers for their use in understanding Kentucky's inpatient resources. This list of reports is indicative of the type of analysis that has been done with the data available.

1. Inpatient Hospitalization Summary by Quarter, 2001 (M. Smith-Mello, LTPRC)
2. Leading Twenty-five DRGs, 2002 Hospital Utilization Report, Tables 19.1, 19.2
3. Inpatient Hospitalizations by PDG and Age, 2001 (M. Singleton, KIPRC)
4. Inpatient Hospitalizations by PDG and Age, 2002 (M. Singleton, KIPRC)
5. Kentucky Access Top 50 Diagnoses, 2002
6. Kentucky Access Top 50 Diagnoses by Payer, 2002
7. Kentucky Inpatient Asthma Hospitalizations by County and Age, 2000-2001 (L. Lyle, Chronic Disease)
8. CABGs and PTCAs, Kentucky Hospitals, 2000-2001
9. Diabetes Diagnoses, Kentucky Hospital Inpatients, 2000-2001(R. Alsup, Chronic Disease)
10. Diabetes Diagnoses and Lower Extremity Amputations, Kentucky Hospital Inpatients, 2000-2001(R. Alsup, Chronic Disease)
11. DKA Diagnoses, Kentucky Hospital Inpatients, 2000-2001(R. Alsup, Chronic Disease)
12. Leading Thirty DRGs by Age, Fayette County Residents, 2002 (Fayette Co. HD)
13. Psychoses Hospitalizations by Patient ADD, Payer, and Gender, 2001
14. Wildland Fires/Respiratory Hospitalizations, 1999-2002 (Governor's Summit Presentation, October, 2002)

**Inpatient Hospitalization Summary by Quarter, Kentucky Facilities, 2001**  
**(Source: Kentucky Inpatient Hospitalization Claims, 2001)**

Inpatient Hospitalizations Category		Description	Quarter				Grand Total
			1Q01	2Q01	3Q01	4Q01	
<b>Facility Totals</b>			155,445	147,991	146,885	150,148	600,469
<b>Gender</b>	F		91,822	88,293	87,660	89,249	357,024
	M		63,614	59,697	59,222	60,887	243,420
	U		9	1	3	12	25
<b>Age Group</b>	Newborn		10,564	10,765	12,182	11,482	44,993
	00		4,982	2,891	2,739	3,121	13,733
	01-19		11,693	8,699	8,490	10,025	38,907
	20-64		72,287	71,248	71,791	72,006	287,332
	65-84		45,301	44,376	42,106	43,505	175,288
	85-99		10,502	9,915	9,486	9,915	39,818
	100+		116	97	91	94	398
<b>Admit Type/Source</b>	101-Emergency/Physician referral		6,773	6,434	6,119	6,386	25,712
	102-Emergency/Clinic referral		120	86	94	93	393
	103-Emergency/HMO referral		182	173	298	202	855
	104-Emergency/Transfer from hospital		1,743	1,883	1,866	2,011	7,503
	105-Emergency/Transfer from SNF		137	164	152	151	604
	106-Emergency/Transfer from another HC facility		259	278	285	295	1,117
	107-Emergency/Emergency room		52,735	50,620	49,156	51,521	204,032
	108-Emergency/Court/Law enforcement		19	20	6	10	55
	109-Emergency/Info. N/A		332	271	241	295	1,139
	201-Urgent/Physician referral		22,683	17,528	17,508	17,405	75,124
	202-Urgent/Clinic referral		539	529	668	578	2,314
	203-Urgent/HMO referral		377	592	689	644	2,302
	204-Urgent/Transfer from hospital		767	706	860	760	3,093
	205-Urgent/Transfer from SNF		61	40	42	37	180
	206-Urgent/Transfer from another HC facility		100	50	36	42	228
	207-Urgent/Emergency room		5,734	5,076	4,695	4,789	20,294
	208-Urgent/Court/Law enforcement		242	253	222	240	957
	209-Urgent/Info. N/A		28	57	54	71	210
	301-Elective/Physician referral		42,586	40,868	40,285	41,691	165,430
	302-Elective/Clinic referral		2,178	2,523	2,469	2,437	9,607
	303-Elective/HMO referral		82	119	137	66	404
	304-Elective/Transfer from hospital		1,902	2,058	1,998	2,083	8,041
	305-Elective/Transfer from SNF		76	78	71	105	330
	306-Elective/Transfer from another HC facility		441	450	373	423	1,687
	307-Elective/Emergency room		1,159	891	886	1,249	4,185
	308-Elective/Court/Law enforcement		5	5	4	11	25
	309-Elective/Info. N/A		161	147	150	176	634
	411-Newborn/Normal delivery		9,530	9,797	11,112	10,499	40,938
	412-Newborn/Premature delivery		167	135	200	192	694

**Inpatient Hospitalization Summary by Quarter, Kentucky Facilities, 2001**  
**(Source: Kentucky Inpatient Hospitalization Claims, 2001)**

<b>Admit Type/Source</b>	413-Newborn/Sick baby	66	76	88	73	303
	414-Newborn/Extramural birth	179	172	193	204	748
	419-Newborn/Info. N/A	622	585	589	514	2,310
	901-Info. N/A/Physician referral	1,749	3,408	3,430	3,120	11,707
	902-Info. N/A/Clinic referral	1	2	6		9
	903-Info. N/A/HMO referral				1	1
	904-Info. N/A/Transfer from hospital		4	3	1	8
	905-Info. N/A/Transfer from SNF	1	1	6		8
	906-Info. N/A/Transfer from another HC facility	41	98	55	62	256
	907-Info. N/A/Emergency room	1,653	1,800	1,757	1,704	6,914
	908-Info. N/A/Court/Law enforcement	3		1		4
	909-Info. N/A/Info. N/A	12	14	81	7	114

<b>Discharge Status</b>	Admitted as inpatient to this hospital (Medicare only)	60	20	31	21	132
	Disch./transfer to long-term care				1	1
	Disch./transfer to rehab facility OR				17	17
	Expired at home (Medicare, CHAMPUS claims only)	8	7	2		17
	Expired in a medical facility (Medicare, CHAMPUS claims only)	8	10	5		23
	Expired/Did not recover	3,790	3,387	3,201	3,560	13,938
	Home health	9,249	9,240	9,306	9,807	37,602
	Home IV provider	193	197	189	156	735
	Hospice-home	254	261	240	314	1,069
	Hospice-medical facility	94	101	87	144	426
	Inpatient-other short-term hospital	3,768	3,531	3,364	3,469	14,132
	Inpatient-other type facility/outpatient svcs.-another inst.	4,504	4,434	4,426	4,611	17,975
	Intermediate care facility (ICF)	2,457	2,162	2,086	1,798	8,503
	Left/discontinued care AMA	1,125	1,157	1,096	1,077	4,455
	No longer covered by Medicaid	82	86	66	77	311
	Referred to another institution for outptnt. services by disch. plan	2	1	3	44	50
	Referred to this institution for outptnt. services by disch. plan				59	59
	Routine discharge (home/self care)	120,274	114,054	113,883	115,313	463,524
	Skilled nursing facility (SNF)	9,408	9,173	8,748	9,229	36,558
	Still patient/expected to return as outpatient	43	33	38	105	219
	Transferred to another category of service	2				2
	Transfer w/in institution to Medicare swing bed	124	137	114	346	721

<b>Length of Stay (days)</b>	0-5	117,985	113,386	113,357	114,601	459,329
	6-10	25,001	22,941	22,313	23,271	93,526
	11-30	11,266	10,498	10,088	11,018	42,870
	31-90	1,114	1,086	1,036	1,143	4,379
	91-180	65	67	72	88	292
	181-360	6	13	12	22	53
	360+	8		7	5	20

<b>Primary Payer</b>	CHAMPUS	487	471	472	422	1,852
	Commercial-HMO	9,069	8,660	7,646	7,160	32,535
	Commercial-Indemnity	11,957	11,163	11,981	10,984	46,085

**Inpatient Hospitalization Summary by Quarter, Kentucky Facilities, 2001**  
**(Source: Kentucky Inpatient Hospitalization Claims, 2001)**

<b>Primary Payer</b>						
	Commercial-Managed Care	4,372	4,190	4,245	4,631	17,438
	Commercial-Preferred Prov.	6,123	5,935	5,501	4,920	22,479
	Commercial-unknown	19,391	18,494	18,636	18,858	75,379
	Medicaid	27,201	24,099	24,604	24,765	100,669
	Medicare	62,822	61,195	57,362	60,456	241,835
	Other	7,818	7,609	10,080	11,608	37,115
	Other Federal programs	670	548	468	508	2,194
	Self Pay	4,403	4,466	4,811	4,738	18,418
	Workers Comp.	1,132	1,161	1,079	1,098	4,470

<b>Major Diagnostic Categories</b>						
	01-Diseases & disorders of the nervous system	7,965	8,527	8,558	8,361	33,411
	02-Diseases & disorders of the eye	171	173	162	164	670
	03-Diseases & disorders of the ear, nose, mouth & throat	1,967	1,568	1,579	1,676	6,790
	04-Diseases & disorders of the respiratory system	26,331	19,382	15,637	20,821	82,171
	05-Diseases & disorders of the circulatory system	28,898	28,790	27,650	27,646	112,984
	06-Diseases & disorders of the digestive system	14,005	13,053	13,348	13,158	53,564
	07-Diseases & disorders of the hepatobiliary system & pancreas	4,268	4,206	4,326	4,209	17,009
	08-Diseases & disorders of the musculoskeletal system & conn tissue	10,443	10,708	10,920	10,976	43,047
	09-Diseases & disorders of the skin, subcutaneous tissue & breast	2,546	3,078	3,250	2,833	11,707
	10-Endocrine, nutritional & metabolic diseases & disorders	6,156	4,815	4,786	5,152	20,909
	11-Diseases & disorders of the kidney & urinary tract	5,491	5,738	5,728	5,452	22,409
	12-Diseases & disorders of the male reproductive system	760	756	724	758	2,998
	13-Diseases & disorders of the female reproductive system	4,182	4,291	4,117	4,123	16,713
	14-Pregnancy, childbirth & the puerperium	13,801	13,794	14,998	14,271	56,864
	15-Newborns & other neonates with condtn orig in perinatal period	11,664	11,841	13,392	12,563	49,460
	16-Diseases & disorders of blood, blood forming organs, immunolog disord	1,309	1,455	1,401	1,430	5,595
	17-Myeloproliferative diseases & disorders, poorly differentiated neoplasm	1,046	957	1,001	971	3,975
	18-Infectious & parasitic diseases, systemic or unspecified sites	2,803	2,828	3,046	3,046	11,723
	19-Mental diseases & disorders	6,216	6,110	6,203	6,786	25,315
	20-Alcohol/drug use & alcohol/drug induced organic mental disorders	2,072	2,148	2,061	1,959	8,240
	21-Injuries, poisonings & toxic effects of drugs	1,639	1,867	2,044	1,761	7,311
	22-Burns	119	161	158	123	561
	23-Factors influencing hlth stat & othr contacts with hlth servcs	1,225	1,325	1,422	1,485	5,457
	24-Multiple significant trauma	211	275	249	283	1,018
	25-Human immunodeficiency virus infections	157	145	125	141	568

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### Table 19.1 - Leading Twenty-five DRGs, All Kentucky Hospitals

(Source: Kentucky Hospital Inpatient Discharge Claims)

DIAGNOSIS RELATED GROUP (DRG)	Hospitalizations	Percent of Total	Average LOS	Average Charge	Average Age
999 ALL OTHER	331,793	53.3%	5.2	\$16,437	51.6
391 NORMAL NEWBORN	37,708	6.1%	2.2	\$1,383	0.0
373 VAGINAL DELIVERY W/O COMPLIC DIAGNOSES	29,498	4.7%	2.3	\$4,429	25.9
430 PSYCHOSES	19,843	3.2%	8.5	\$9,846	39.5
088 CHRONIC OBSTRUCTIVE PULMONARY DISEASE	19,703	3.2%	4.5	\$8,514	65.9
089 SIMPLE PNEUMONIA & PLEURISY AGE >17 W CC	19,296	3.1%	5.4	\$10,240	70.3
127 HEART FAILURE & SHOCK	18,264	2.9%	5.0	\$10,337	73.1
182 ESPHGITIS,GE,MISC DIG DIS AGE >17 W CC	11,959	1.9%	3.7	\$7,709	60.2
143 CHEST PAIN	11,573	1.9%	1.9	\$6,126	56.8
371 CESAREAN SECTION W/O CC	11,419	1.8%	3.3	\$6,980	27.7
359 UTER&ADNEX PROC FOR NON-MALIG W/O CC	9,785	1.6%	2.2	\$8,880	42.4
209 MAJ JOINT/LIMB REATTACH PROC, LOW EXTREM	8,946	1.4%	4.8	\$24,558	68.8
296 NUTRIT & MISC METAB DISOR AGE >17 W CC	8,820	1.4%	4.6	\$8,485	69.9
517 PERC CV PRC W NON-DRG ELUT STENT W/O AMI (EFF 10/02)	7,705	1.2%	2.1	\$25,323	63.3
014 INTRACRANIAL HEMORR & STROKE W INFARCT (EFF 10/02)	7,558	1.2%	5.9	\$14,061	71.7
462 REHABILITATION	7,232	1.2%	13.5	\$20,065	70.6
174 G.I. HEMORRHAGE W CC	7,173	1.2%	4.4	\$10,296	71.3
183 ESPHGITIS,GE,MISC DIG DIS AGE >17 W/O CC	6,668	1.1%	2.6	\$5,973	50.0
098 BRONCHITIS & ASTHMA AGE 0-17	6,649	1.1%	2.5	\$4,189	2.8
390 NEONATE W OTHER SIGNIFICANT PROBLEMS	6,396	1.0%	2.5	\$2,157	0.0
416 SEPTICEMIA AGE >17	6,053	1.0%	7.0	\$15,620	71.1
079 RESP INFECT & INFLAM AGE >17 W CC	5,884	0.9%	8.3	\$16,273	75.1
124 CIRC DIS EX AMI W CARD CATH & COMPLX DX	5,771	0.9%	3.8	\$15,746	63.0
138 CARD ARRHYTHMIA & CONDUCTN DISOR W CC	5,740	0.9%	3.7	\$8,767	71.5
320 KIDNEY,URIN TRACT INFECT AGE >17 W CC	5,594	0.9%	4.5	\$8,222	68.4
125 CIRC DIS EX AMI W CARD CATH WO COMPLX DX	5,468	0.9%	2.6	\$13,206	57.5
<b>Grand Total</b>	<b>622,498</b>	<b>100.0%</b>	<b>4.8</b>	<b>\$12,950</b>	<b>49.4</b>

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### Table 19.2 - Leading Twenty-five DRGs by ADD of Hospital

(Source: Kentucky Hospital Inpatient Discharge Claims)

ADD of HOSPITAL: 01-PURCHASE

DIAGNOSIS RELATED GROUP (DRG)	Hospitalizations	Percent of Total	Average LOS	Average Charge	Average Age
999 ALL OTHER	19,901	53.5%	4.8	\$13,844	55.3
391 NORMAL NEWBORN	2,041	5.5%	2.3	\$1,148	0.0
373 VAGINAL DELIVERY W/O COMPLIC DIAGNOSES	1,626	4.4%	2.3	\$3,779	25.7
088 CHRONIC OBSTRUCTIVE PULMONARY DISEASE	1,154	3.1%	4.7	\$7,216	68.9
089 SIMPLE PNEUMONIA & PLEURISY AGE >17 W CC	1,125	3.0%	5.9	\$9,332	72.6
127 HEART FAILURE & SHOCK	1,117	3.0%	5.3	\$8,115	75.8
182 ESPHGITIS,GE,MISC DIG DIS AGE >17 W CC	814	2.2%	4.0	\$7,266	62.0
209 MAJ JOINT/LIMB REATTACH PROC, LOW EXTREM	714	1.9%	5.2	\$25,726	71.0
371 CESAREAN SECTION W/O CC	670	1.8%	3.3	\$6,990	27.3
098 BRONCHITIS & ASTHMA AGE 0-17	655	1.8%	2.6	\$3,112	2.6
517 PERC CV PRC W NON-DRG ELUT STENT W/O AMI (EFF 10/02)	643	1.7%	2.4	\$25,894	65.8
143 CHEST PAIN	619	1.7%	1.9	\$5,062	58.4
430 PSYCHOSES	566	1.5%	6.2	\$6,286	43.4
359 UTER&ADNEX PROC FOR NON-MALIG W/O CC	565	1.5%	2.3	\$8,392	41.8
014 INTRACRANIAL HEMORR & STROKE W INFARCT (EFF 10/02)	545	1.5%	5.8	\$10,983	72.9
296 NUTRIT & MISC METAB DISOR AGE >17 W CC	544	1.5%	4.8	\$7,435	71.3
183 ESPHGITIS,GE,MISC DIG DIS AGE >17 W/O CC	452	1.2%	2.8	\$5,578	52.5
125 CIRC DIS EX AMI W CARD CATH WO COMPLX DX	451	1.2%	2.4	\$10,694	60.9
174 G.I. HEMORRHAGE W CC	433	1.2%	5.0	\$9,495	74.0
462 REHABILITATION	413	1.1%	15.8	\$16,760	68.4
416 SEPTICEMIA AGE >17	411	1.1%	7.1	\$12,327	71.3
390 NEONATE W OTHER SIGNIFICANT PROBLEMS	410	1.1%	2.6	\$1,465	0.0
124 CIRC DIS EX AMI W CARD CATH & COMPLX DX	353	0.9%	3.8	\$13,063	66.0
138 CARD ARRHYTHMIA & CONDUCTN DISOR W CC	350	0.9%	3.5	\$6,843	72.9
079 RESP INFECT & INFLAM AGE >17 W CC	316	0.8%	8.5	\$13,597	75.5
320 KIDNEY,URIN TRACT INFECT AGE >17 W CC	293	0.8%	4.7	\$7,147	69.9
<b>Grand Total</b>	<b>37,181</b>	<b>100.0%</b>	<b>4.5</b>	<b>\$11,254</b>	<b>52.4</b>

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### Table 19.2 - Leading Twenty-five DRGs by ADD of Hospital

(Source: Kentucky Hospital Inpatient Discharge Claims)

**ADD of HOSPITAL: 02-PENNYRILE**

DIAGNOSIS RELATED GROUP (DRG)	Hospitalizations	Percent of Total	Average LOS	Average Charge	Average Age
999 ALL OTHER	13,777	52.4%	4.4	\$9,823	51.3
391 NORMAL NEWBORN	1,418	5.4%	2.1	\$1,041	0.0
088 CHRONIC OBSTRUCTIVE PULMONARY DISEASE	1,111	4.2%	4.4	\$6,812	65.9
089 SIMPLE PNEUMONIA & PLEURISY AGE >17 W CC	1,073	4.1%	4.8	\$7,311	70.3
127 HEART FAILURE & SHOCK	1,035	3.9%	4.5	\$7,398	74.8
373 VAGINAL DELIVERY W/O COMPLIC DIAGNOSES	877	3.3%	2.1	\$3,046	24.0
430 PSYCHOSES	740	2.8%	6.3	\$4,841	35.3
359 UTER&ADNEX PROC FOR NON-MALIG W/O CC	655	2.5%	2.0	\$6,884	40.4
182 ESPHGITIS,GE,MISC DIG DIS AGE >17 W CC	626	2.4%	3.2	\$5,502	62.6
296 NUTRIT & MISC METAB DISOR AGE >17 W CC	551	2.1%	4.0	\$5,962	71.7
143 CHEST PAIN	518	2.0%	1.6	\$4,206	58.2
371 CESAREAN SECTION W/O CC	484	1.8%	3.2	\$5,912	25.4
014 INTRACRANIAL HEMORR & STROKE W INFARCT (EFF 10/02)	372	1.4%	4.6	\$8,470	74.0
079 RESP INFECT & INFLAM AGE >17 W CC	324	1.2%	5.7	\$9,485	76.0
320 KIDNEY,URIN TRACT INFECT AGE >17 W CC	301	1.1%	4.4	\$6,543	70.9
098 BRONCHITIS & ASTHMA AGE 0-17	299	1.1%	2.6	\$3,145	2.6
209 MAJ JOINT/LIMB REATTACH PROC, LOW EXTREM	286	1.1%	4.3	\$19,411	69.3
138 CARD ARRHYTHMIA & CONDUCTN DISOR W CC	282	1.1%	3.1	\$6,298	73.7
174 G.I. HEMORRHAGE W CC	276	1.0%	4.1	\$8,314	72.1
462 REHABILITATION	274	1.0%	11.9	\$15,652	69.2
416 SEPTICEMIA AGE >17	252	1.0%	5.7	\$10,555	70.6
183 ESPHGITIS,GE,MISC DIG DIS AGE >17 W/O CC	251	1.0%	2.4	\$4,492	54.9
390 NEONATE W OTHER SIGNIFICANT PROBLEMS	154	0.6%	2.6	\$1,925	0.0
125 CIRC DIS EX AMI W CARD CATH WO COMPLX DX	151	0.6%	2.0	\$7,037	58.5
517 PERC CV PRC W NON-DRG ELUT STENT W/O AMI (EFF 10/02)	125	0.5%	2.5	\$21,196	62.4
124 CIRC DIS EX AMI W CARD CATH & COMPLX DX	87	0.3%	3.7	\$10,357	64.1
<b>Grand Total</b>	<b>26,299</b>	<b>100.0%</b>	<b>4.1</b>	<b>\$8,143</b>	<b>50.8</b>

## 2002 ANNUAL HOSPITAL UTILIZATION AND SERVICES REPORT

### Table 19.2 - Leading Twenty-five DRGs by ADD of Hospital

(Source: Kentucky Hospital Inpatient Discharge Claims)

**ADD of HOSPITAL: 03-GREEN RIVER**

DIAGNOSIS RELATED GROUP (DRG)	Hospitalizations	Percent of Total	Average LOS	Average Charge	Average Age
999 ALL OTHER	16,639	54.3%	4.5	\$11,386	53.7
373 VAGINAL DELIVERY W/O COMPLIC DIAGNOSES	1,589	5.2%	2.1	\$3,367	25.2
391 NORMAL NEWBORN	1,347	4.4%	2.2	\$1,218	0.0
182 ESPHGITIS,GE,MISC DIG DIS AGE >17 W CC	1,021	3.3%	4.1	\$7,058	61.5
088 CHRONIC OBSTRUCTIVE PULMONARY DISEASE	894	2.9%	4.9	\$7,851	66.8
089 SIMPLE PNEUMONIA & PLEURISY AGE >17 W CC	889	2.9%	5.9	\$10,020	71.4
127 HEART FAILURE & SHOCK	818	2.7%	5.4	\$10,080	74.3
143 CHEST PAIN	752	2.5%	2.1	\$6,028	58.2
462 REHABILITATION	615	2.0%	14.2	\$14,489	73.3
430 PSYCHOSES	563	1.8%	3.1	\$2,978	39.9
371 CESAREAN SECTION W/O CC	553	1.8%	3.3	\$4,975	26.9
183 ESPHGITIS,GE,MISC DIG DIS AGE >17 W/O CC	519	1.7%	2.7	\$5,087	49.7
014 INTRACRANIAL HEMORR & STROKE W INFARCT (EFF 10/02)	444	1.5%	6.0	\$11,499	71.8
359 UTER&ADNEX PROC FOR NON-MALIG W/O CC	443	1.4%	2.1	\$7,538	43.1
209 MAJ JOINT/LIMB REATTACH PROC, LOW EXTREM	412	1.3%	4.6	\$21,624	70.4
098 BRONCHITIS & ASTHMA AGE 0-17	364	1.2%	2.2	\$2,665	3.6
138 CARD ARRHYTHMIA & CONDUCTN DISOR W CC	363	1.2%	3.7	\$8,056	71.6
517 PERC CV PRC W NON-DRG ELUT STENT W/O AMI (EFF 10/02)	358	1.2%	1.9	\$20,491	64.4
296 NUTRIT & MISC METAB DISOR AGE >17 W CC	355	1.2%	4.9	\$8,064	70.9
174 G.I. HEMORRHAGE W CC	343	1.1%	4.5	\$9,702	72.1
320 KIDNEY,URIN TRACT INFECT AGE >17 W CC	278	0.9%	5.3	\$8,027	70.8
390 NEONATE W OTHER SIGNIFICANT PROBLEMS	266	0.9%	2.7	\$1,818	0.0
125 CIRC DIS EX AMI W CARD CATH WO COMPLX DX	265	0.9%	2.7	\$10,768	58.1
124 CIRC DIS EX AMI W CARD CATH & COMPLX DX	228	0.7%	3.6	\$11,606	64.9
416 SEPTICEMIA AGE >17	151	0.5%	6.8	\$13,980	71.4
079 RESP INFECT & INFLAM AGE >17 W CC	147	0.5%	8.1	\$14,807	76.0
<b>Grand Total</b>	<b>30,616</b>	<b>100.0%</b>	<b>4.3</b>	<b>\$9,655</b>	<b>51.7</b>

## 2002 ANNUAL HOSPITAL UTILIZATION AND SERVICES REPORT

### Table 19.2 - Leading Twenty-five DRGs by ADD of Hospital

(Source: Kentucky Hospital Inpatient Discharge Claims)

**ADD of HOSPITAL: 04-BARREN RIVER**

DIAGNOSIS RELATED GROUP (DRG)	Hospitalizations	Percent of Total	Average LOS	Average Charge	Average Age
999 ALL OTHER	18,632	49.3%	4.4	\$11,559	53.6
391 NORMAL NEWBORN	2,360	6.2%	2.2	\$1,354	0.0
373 VAGINAL DELIVERY W/O COMPLIC DIAGNOSES	1,911	5.1%	2.3	\$4,567	25.5
089 SIMPLE PNEUMONIA & PLEURISY AGE >17 W CC	1,353	3.6%	5.2	\$8,940	71.7
127 HEART FAILURE & SHOCK	1,313	3.5%	5.0	\$8,808	74.1
088 CHRONIC OBSTRUCTIVE PULMONARY DISEASE	1,280	3.4%	4.6	\$7,557	65.9
462 REHABILITATION	1,259	3.3%	15.0	\$24,729	72.9
430 PSYCHOSES	893	2.4%	5.3	\$5,725	43.7
143 CHEST PAIN	890	2.4%	1.9	\$5,087	55.5
182 ESPHGITIS,GE,MISC DIG DIS AGE >17 W CC	759	2.0%	3.7	\$6,905	61.6
371 CESAREAN SECTION W/O CC	693	1.8%	2.8	\$7,144	26.8
359 UTER&ADNEX PROC FOR NON-MALIG W/O CC	640	1.7%	1.9	\$8,379	43.2
296 NUTRIT & MISC METAB DISOR AGE >17 W CC	599	1.6%	4.9	\$7,777	72.8
183 ESPHGITIS,GE,MISC DIG DIS AGE >17 W/O CC	586	1.6%	2.6	\$5,747	50.9
209 MAJ JOINT/LIMB REATTACH PROC, LOW EXTREM	581	1.5%	4.9	\$23,665	70.5
014 INTRACRANIAL HEMORR & STROKE W INFARCT (EFF 10/02)	504	1.3%	5.7	\$12,542	73.1
098 BRONCHITIS & ASTHMA AGE 0-17	497	1.3%	2.3	\$2,970	2.2
174 G.I. HEMORRHAGE W CC	466	1.2%	4.3	\$9,125	72.9
320 KIDNEY,URIN TRACT INFECT AGE >17 W CC	389	1.0%	4.6	\$7,404	71.4
390 NEONATE W OTHER SIGNIFICANT PROBLEMS	373	1.0%	2.5	\$1,641	0.0
125 CIRC DIS EX AMI W CARD CATH WO COMPLX DX	354	0.9%	2.7	\$10,938	56.8
079 RESP INFECT & INFLAM AGE >17 W CC	331	0.9%	8.4	\$14,808	76.2
138 CARD ARRHYTHMIA & CONDUCTN DISOR W CC	329	0.9%	4.0	\$8,165	73.0
124 CIRC DIS EX AMI W CARD CATH & COMPLX DX	315	0.8%	3.4	\$12,069	61.8
416 SEPTICEMIA AGE >17	273	0.7%	7.5	\$16,487	73.7
517 PERC CV PRC W NON-DRG ELUT STENT W/O AMI (EFF 10/02)	189	0.5%	3.0	\$23,397	61.8
<b>Grand Total</b>	<b>37,769</b>	<b>100.0%</b>	<b>4.4</b>	<b>\$10,020</b>	<b>51.2</b>

## 2002 ANNUAL HOSPITAL UTILIZATION AND SERVICES REPORT

### Table 19.2 - Leading Twenty-five DRGs by ADD of Hospital

(Source: Kentucky Hospital Inpatient Discharge Claims)

**ADD of HOSPITAL: 05-LINCOLN TRAIL**

DIAGNOSIS RELATED GROUP (DRG)	Hospitalizations	Percent of Total	Average LOS	Average Charge	Average Age
999 ALL OTHER	10,312	47.0%	4.9	\$10,507	54.3
391 NORMAL NEWBORN	2,039	9.3%	2.1	\$1,104	0.0
373 VAGINAL DELIVERY W/O COMPLIC DIAGNOSES	1,537	7.0%	2.1	\$2,878	25.1
089 SIMPLE PNEUMONIA & PLEURISY AGE >17 W CC	993	4.5%	5.4	\$8,412	70.7
127 HEART FAILURE & SHOCK	858	3.9%	5.1	\$8,243	73.0
088 CHRONIC OBSTRUCTIVE PULMONARY DISEASE	789	3.6%	4.7	\$7,536	66.8
371 CESAREAN SECTION W/O CC	530	2.4%	2.8	\$5,853	26.8
014 INTRACRANIAL HEMORR & STROKE W INFARCT (EFF 10/02)	444	2.0%	7.3	\$13,225	70.9
182 ESPHGITIS,GE,MISC DIG DIS AGE >17 W CC	435	2.0%	4.1	\$7,622	62.9
079 RESP INFECT & INFLAM AGE >17 W CC	427	1.9%	8.5	\$12,996	74.2
359 UTER&ADNEX PROC FOR NON-MALIG W/O CC	415	1.9%	2.2	\$6,511	42.3
430 PSYCHOSES	360	1.6%	4.5	\$2,745	42.0
416 SEPTICEMIA AGE >17	347	1.6%	7.3	\$13,714	72.0
296 NUTRIT & MISC METAB DISOR AGE >17 W CC	346	1.6%	4.7	\$6,999	72.0
174 G.I. HEMORRHAGE W CC	322	1.5%	4.4	\$9,261	72.6
209 MAJ JOINT/LIMB REATTACH PROC, LOW EXTREM	281	1.3%	5.0	\$20,928	72.4
143 CHEST PAIN	266	1.2%	2.0	\$5,672	57.3
138 CARD ARRHYTHMIA & CONDUCTN DISOR W CC	256	1.2%	3.5	\$7,025	71.8
183 ESPHGITIS,GE,MISC DIG DIS AGE >17 W/O CC	228	1.0%	2.6	\$5,664	53.0
390 NEONATE W OTHER SIGNIFICANT PROBLEMS	212	1.0%	2.5	\$1,833	0.0
320 KIDNEY,URIN TRACT INFECT AGE >17 W CC	200	0.9%	4.6	\$7,094	72.0
098 BRONCHITIS & ASTHMA AGE 0-17	189	0.9%	2.3	\$2,812	2.5
124 CIRC DIS EX AMI W CARD CATH & COMPLX DX	100	0.5%	4.3	\$11,129	64.2
125 CIRC DIS EX AMI W CARD CATH WO COMPLX DX	28	0.1%	2.5	\$9,317	56.8
517 PERC CV PRC W NON-DRG ELUT STENT W/O AMI (EFF 10/02)	27	0.1%	4.3	\$26,395	61.7
462 REHABILITATION	8	0.0%	8.6	\$7,141	75.2
<b>Grand Total</b>	<b>21,949</b>	<b>100.0%</b>	<b>4.4</b>	<b>\$8,340</b>	<b>49.4</b>

## 2002 ANNUAL HOSPITAL UTILIZATION AND SERVICES REPORT

### Table 19.2 - Leading Twenty-five DRGs by ADD of Hospital

(Source: Kentucky Hospital Inpatient Discharge Claims)

ADD of HOSPITAL: 06-KENTUCKIANA

DIAGNOSIS RELATED GROUP (DRG)	Hospitalizations	Percent of Total	Average LOS	Average Charge	Average Age
999 ALL OTHER	85,589	56.0%	6.7	\$25,734	50.4
391 NORMAL NEWBORN	9,980	6.5%	2.3	\$1,685	0.0
373 VAGINAL DELIVERY W/O COMPLIC DIAGNOSES	7,755	5.1%	2.4	\$4,996	26.8
430 PSYCHOSES	6,243	4.1%	12.7	\$14,698	37.0
127 HEART FAILURE & SHOCK	3,502	2.3%	5.3	\$12,804	72.3
089 SIMPLE PNEUMONIA & PLEURISY AGE >17 W CC	3,061	2.0%	5.7	\$12,631	69.1
209 MAJ JOINT/LIMB REATTACH PROC, LOW EXTREM	2,985	2.0%	4.5	\$27,427	67.1
371 CESAREAN SECTION W/O CC	2,725	1.8%	3.6	\$7,187	29.1
088 CHRONIC OBSTRUCTIVE PULMONARY DISEASE	2,720	1.8%	5.0	\$10,833	66.2
462 REHABILITATION	2,499	1.6%	13.9	\$22,494	66.3
517 PERC CV PRC W NON-DRG ELUT STENT W/O AMI (EFF 10/02)	2,418	1.6%	2.4	\$32,360	62.4
143 CHEST PAIN	2,367	1.5%	2.0	\$8,256	57.7
182 ESPHGITIS,GE,MISC DIG DIS AGE >17 W CC	2,214	1.4%	3.9	\$9,702	59.2
359 UTER&ADNEX PROC FOR NON-MALIG W/O CC	2,002	1.3%	2.3	\$9,825	43.4
014 INTRACRANIAL HEMORR & STROKE W INFARCT (EFF 10/02)	1,770	1.2%	6.6	\$19,333	70.5
296 NUTRIT & MISC METAB DISOR AGE >17 W CC	1,729	1.1%	4.9	\$10,866	69.5
124 CIRC DIS EX AMI W CARD CATH & COMPLX DX	1,559	1.0%	4.4	\$19,568	62.9
390 NEONATE W OTHER SIGNIFICANT PROBLEMS	1,548	1.0%	2.6	\$3,042	0.0
416 SEPTICEMIA AGE >17	1,533	1.0%	7.4	\$17,484	71.3
125 CIRC DIS EX AMI W CARD CATH WO COMPLX DX	1,520	1.0%	2.9	\$17,533	57.2
174 G.I. HEMORRHAGE W CC	1,498	1.0%	4.7	\$12,318	71.4
079 RESP INFECT & INFLAM AGE >17 W CC	1,398	0.9%	9.6	\$20,065	75.3
138 CARD ARRHYTHMIA & CONDUCTN DISOR W CC	1,240	0.8%	4.0	\$10,554	69.9
183 ESPHGITIS,GE,MISC DIG DIS AGE >17 W/O CC	1,221	0.8%	2.8	\$7,289	48.8
320 KIDNEY,URIN TRACT INFECT AGE >17 W CC	1,172	0.8%	4.7	\$10,130	68.0
098 BRONCHITIS & ASTHMA AGE 0-17	674	0.4%	3.4	\$9,000	4.5
<b>Grand Total</b>	<b>152,922</b>	<b>100.0%</b>	<b>6.0</b>	<b>\$19,536</b>	<b>47.9</b>

## 2002 ANNUAL HOSPITAL UTILIZATION AND SERVICES REPORT

### Table 19.2 - Leading Twenty-five DRGs by ADD of Hospital

(Source: Kentucky Hospital Inpatient Discharge Claims)

**ADD of HOSPITAL: 07-NORTHERN KY**

DIAGNOSIS RELATED GROUP (DRG)	Hospitalizations	Percent of Total	Average LOS	Average Charge	Average Age
999 ALL OTHER	24,036	51.7%	4.8	\$15,478	54.0
391 NORMAL NEWBORN	3,434	7.4%	1.8	\$1,337	0.0
373 VAGINAL DELIVERY W/O COMPLIC DIAGNOSES	2,923	6.3%	1.9	\$4,554	26.7
089 SIMPLE PNEUMONIA & PLEURISY AGE >17 W CC	1,398	3.0%	5.0	\$10,350	70.8
430 PSYCHOSES	1,345	2.9%	5.9	\$6,291	42.2
127 HEART FAILURE & SHOCK	1,285	2.8%	5.1	\$11,806	74.1
143 CHEST PAIN	1,095	2.4%	1.8	\$7,076	57.0
088 CHRONIC OBSTRUCTIVE PULMONARY DISEASE	1,012	2.2%	4.1	\$8,508	66.0
371 CESAREAN SECTION W/O CC	984	2.1%	2.9	\$7,603	28.2
182 ESPHGITIS,GE,MISC DIG DIS AGE >17 W CC	950	2.0%	3.9	\$9,204	61.6
359 UTER&ADNEX PROC FOR NON-MALIG W/O CC	821	1.8%	2.1	\$10,951	41.7
390 NEONATE W OTHER SIGNIFICANT PROBLEMS	805	1.7%	2.2	\$1,867	0.0
125 CIRC DIS EX AMI W CARD CATH WO COMPLX DX	650	1.4%	2.5	\$14,598	57.4
517 PERC CV PRC W NON-DRG ELUT STENT W/O AMI (EFF 10/02)	602	1.3%	1.8	\$23,046	63.1
124 CIRC DIS EX AMI W CARD CATH & COMPLX DX	590	1.3%	3.9	\$17,305	63.4
183 ESPHGITIS,GE,MISC DIG DIS AGE >17 W/O CC	577	1.2%	2.6	\$7,245	51.8
014 INTRACRANIAL HEMORR & STROKE W INFARCT (EFF 10/02)	576	1.2%	5.5	\$13,568	73.6
209 MAJ JOINT/LIMB REATTACH PROC, LOW EXTREM	560	1.2%	3.9	\$22,042	69.9
416 SEPTICEMIA AGE >17	507	1.1%	7.0	\$18,331	71.7
174 G.I. HEMORRHAGE W CC	492	1.1%	4.3	\$10,805	73.3
296 NUTRIT & MISC METAB DISOR AGE >17 W CC	474	1.0%	4.4	\$9,238	70.3
138 CARD ARRHYTHMIA & CONDUCTN DISOR W CC	434	0.9%	3.9	\$10,732	72.1
079 RESP INFECT & INFLAM AGE >17 W CC	345	0.7%	8.6	\$18,836	74.9
320 KIDNEY,URIN TRACT INFECT AGE >17 W CC	323	0.7%	4.5	\$8,964	69.0
098 BRONCHITIS & ASTHMA AGE 0-17	191	0.4%	1.9	\$3,207	2.9
462 REHABILITATION	117	0.3%	8.3	\$9,639	78.9
<b>Grand Total</b>	<b>46,526</b>	<b>100.0%</b>	<b>4.1</b>	<b>\$12,118</b>	<b>49.3</b>

## 2002 ANNUAL HOSPITAL UTILIZATION AND SERVICES REPORT

### Table 19.2 - Leading Twenty-five DRGs by ADD of Hospital

(Source: Kentucky Hospital Inpatient Discharge Claims)

**ADD of HOSPITAL: 08-BUFFALO TRACE**

DIAGNOSIS RELATED GROUP (DRG)	Hospitalizations	Percent of Total	Average LOS	Average Charge	Average Age
999 ALL OTHER	2,774	48.6%	3.0	\$7,499	54.5
391 NORMAL NEWBORN	384	6.7%	2.1	\$958	0.0
089 SIMPLE PNEUMONIA & PLEURISY AGE >17 W CC	371	6.5%	4.9	\$8,692	73.5
373 VAGINAL DELIVERY W/O COMPLIC DIAGNOSES	258	4.5%	1.9	\$3,257	25.2
088 CHRONIC OBSTRUCTIVE PULMONARY DISEASE	229	4.0%	3.6	\$6,943	68.1
124 CIRC DIS EX AMI W CARD CATH & COMPLX DX	212	3.7%	1.9	\$13,508	61.9
127 HEART FAILURE & SHOCK	187	3.3%	3.4	\$6,956	73.5
296 NUTRIT & MISC METAB DISOR AGE >17 W CC	144	2.5%	3.6	\$6,149	71.5
182 ESPHGITIS,GE,MISC DIG DIS AGE >17 W CC	140	2.5%	3.0	\$5,979	59.0
143 CHEST PAIN	119	2.1%	1.5	\$4,402	59.0
359 UTER&ADNEX PROC FOR NON-MALIG W/O CC	103	1.8%	2.4	\$10,708	42.1
371 CESAREAN SECTION W/O CC	101	1.8%	2.6	\$7,476	27.2
183 ESPHGITIS,GE,MISC DIG DIS AGE >17 W/O CC	95	1.7%	2.1	\$5,082	50.9
014 INTRACRANIAL HEMORR & STROKE W INFARCT (EFF 10/02)	93	1.6%	4.3	\$8,298	75.3
209 MAJ JOINT/LIMB REATTACH PROC, LOW EXTREM	73	1.3%	4.4	\$20,868	71.8
174 G.I. HEMORRHAGE W CC	73	1.3%	3.9	\$8,217	72.7
320 KIDNEY,URIN TRACT INFECT AGE >17 W CC	68	1.2%	3.5	\$5,992	69.6
098 BRONCHITIS & ASTHMA AGE 0-17	55	1.0%	2.1	\$3,190	2.4
079 RESP INFECT & INFLAM AGE >17 W CC	52	0.9%	5.2	\$10,145	75.7
138 CARD ARRHYTHMIA & CONDUCTN DISOR W CC	52	0.9%	2.7	\$6,729	75.0
416 SEPTICEMIA AGE >17	46	0.8%	5.3	\$9,747	74.4
125 CIRC DIS EX AMI W CARD CATH WO COMPLX DX	36	0.6%	2.1	\$13,098	61.0
390 NEONATE W OTHER SIGNIFICANT PROBLEMS	34	0.6%	2.4	\$1,358	0.0
462 REHABILITATION	6	0.1%	8.5	\$8,378	80.7
430 PSYCHOSES	2	0.0%	1.5	\$3,553	65.4
<b>Grand Total</b>	<b>5,707</b>	<b>100.0%</b>	<b>3.0</b>	<b>\$7,176</b>	<b>52.8</b>

## 2002 ANNUAL HOSPITAL UTILIZATION AND SERVICES REPORT

### Table 19.2 - Leading Twenty-five DRGs by ADD of Hospital

(Source: Kentucky Hospital Inpatient Discharge Claims)

**ADD of HOSPITAL: 09-GATEWAY**

DIAGNOSIS RELATED GROUP (DRG)	Hospitalizations	Percent of Total	Average LOS	Average Charge	Average Age
999 ALL OTHER	3,943	46.1%	3.9	\$6,918	53.8
373 VAGINAL DELIVERY W/O COMPLIC DIAGNOSES	601	7.0%	2.0	\$2,471	24.7
391 NORMAL NEWBORN	494	5.8%	2.0	\$665	0.0
089 SIMPLE PNEUMONIA & PLEURISY AGE >17 W CC	416	4.9%	4.0	\$7,879	71.8
390 NEONATE W OTHER SIGNIFICANT PROBLEMS	404	4.7%	2.1	\$758	0.0
430 PSYCHOSES	352	4.1%	4.4	\$2,559	41.2
088 CHRONIC OBSTRUCTIVE PULMONARY DISEASE	333	3.9%	3.4	\$5,461	67.6
127 HEART FAILURE & SHOCK	266	3.1%	3.5	\$5,969	75.6
371 CESAREAN SECTION W/O CC	164	1.9%	2.5	\$4,213	26.5
143 CHEST PAIN	164	1.9%	1.6	\$4,031	58.3
182 ESPHGITIS,GE,MISC DIG DIS AGE >17 W CC	145	1.7%	3.1	\$4,854	62.5
174 G.I. HEMORRHAGE W CC	145	1.7%	3.7	\$6,576	69.9
296 NUTRIT & MISC METAB DISOR AGE >17 W CC	142	1.7%	3.8	\$5,538	70.9
079 RESP INFECT & INFLAM AGE >17 W CC	140	1.6%	6.8	\$10,666	75.7
416 SEPTICEMIA AGE >17	115	1.3%	5.1	\$8,269	70.5
462 REHABILITATION	98	1.1%	11.8	\$12,387	73.4
209 MAJ JOINT/LIMB REATTACH PROC, LOW EXTREM	98	1.1%	4.8	\$16,447	73.1
359 UTER&ADNEX PROC FOR NON-MALIG W/O CC	92	1.1%	2.2	\$5,481	41.7
320 KIDNEY,URIN TRACT INFECT AGE >17 W CC	83	1.0%	3.5	\$4,964	66.2
014 INTRACRANIAL HEMORR & STROKE W INFARCT (EFF 10/02)	81	0.9%	4.6	\$8,626	73.9
183 ESPHGITIS,GE,MISC DIG DIS AGE >17 W/O CC	77	0.9%	2.4	\$3,851	49.0
098 BRONCHITIS & ASTHMA AGE 0-17	71	0.8%	2.1	\$1,979	2.2
138 CARD ARRHYTHMIA & CONDUCTN DISOR W CC	69	0.8%	2.9	\$5,562	71.9
124 CIRC DIS EX AMI W CARD CATH & COMPLX DX	31	0.4%	3.6	\$12,982	61.9
125 CIRC DIS EX AMI W CARD CATH WO COMPLX DX	23	0.3%	2.1	\$10,218	54.9
<b>Grand Total</b>	<b>8,547</b>	<b>100.0%</b>	<b>3.6</b>	<b>\$5,747</b>	<b>48.9</b>

## 2002 ANNUAL HOSPITAL UTILIZATION AND SERVICES REPORT

### Table 19.2 - Leading Twenty-five DRGs by ADD of Hospital

(Source: Kentucky Hospital Inpatient Discharge Claims)

**ADD of HOSPITAL: 10-FIVCO**

DIAGNOSIS RELATED GROUP (DRG)	Hospitalizations	Percent of Total	Average LOS	Average Charge	Average Age
999 ALL OTHER	18,042	52.7%	4.3	\$12,494	50.1
430 PSYCHOSES	1,898	5.5%	5.3	\$4,905	40.2
391 NORMAL NEWBORN	1,330	3.9%	2.1	\$1,052	0.0
089 SIMPLE PNEUMONIA & PLEURISY AGE >17 W CC	1,321	3.9%	5.4	\$10,395	69.8
127 HEART FAILURE & SHOCK	1,180	3.4%	4.9	\$10,249	71.0
088 CHRONIC OBSTRUCTIVE PULMONARY DISEASE	1,122	3.3%	4.3	\$8,775	64.9
373 VAGINAL DELIVERY W/O COMPLIC DIAGNOSES	966	2.8%	2.4	\$4,925	24.9
098 BRONCHITIS & ASTHMA AGE 0-17	725	2.1%	2.5	\$5,294	2.9
182 ESPHGITIS,GE,MISC DIG DIS AGE >17 W CC	723	2.1%	3.7	\$7,349	60.0
462 REHABILITATION	642	1.9%	11.8	\$12,890	72.2
143 CHEST PAIN	587	1.7%	1.8	\$5,611	54.7
125 CIRC DIS EX AMI W CARD CATH WO COMPLX DX	488	1.4%	2.4	\$9,020	56.1
174 G.I. HEMORRHAGE W CC	486	1.4%	3.9	\$8,975	70.5
209 MAJ JOINT/LIMB REATTACH PROC, LOW EXTREM	471	1.4%	4.1	\$22,221	68.1
517 PERC CV PRC W NON-DRG ELUT STENT W/O AMI (EFF 10/02)	461	1.3%	2.0	\$15,763	62.7
416 SEPTICEMIA AGE >17	450	1.3%	7.3	\$16,782	68.7
183 ESPHGITIS,GE,MISC DIG DIS AGE >17 W/O CC	449	1.3%	2.5	\$5,441	48.2
359 UTER&ADNEX PROC FOR NON-MALIG W/O CC	433	1.3%	2.3	\$10,405	42.0
014 INTRACRANIAL HEMORR & STROKE W INFARCT (EFF 10/02)	402	1.2%	5.2	\$12,270	71.2
296 NUTRIT & MISC METAB DISOR AGE >17 W CC	397	1.2%	4.0	\$7,540	66.7
371 CESAREAN SECTION W/O CC	373	1.1%	3.2	\$7,441	26.8
138 CARD ARRHYTHMIA & CONDUCTN DISOR W CC	306	0.9%	3.6	\$8,659	70.5
320 KIDNEY,URIN TRACT INFECT AGE >17 W CC	300	0.9%	4.0	\$7,862	64.3
124 CIRC DIS EX AMI W CARD CATH & COMPLX DX	278	0.8%	3.9	\$11,748	63.2
079 RESP INFECT & INFLAM AGE >17 W CC	205	0.6%	7.6	\$15,488	74.4
390 NEONATE W OTHER SIGNIFICANT PROBLEMS	191	0.6%	2.6	\$2,254	0.0
<b>Grand Total</b>	<b>34,226</b>	<b>100.0%</b>	<b>4.3</b>	<b>\$10,543</b>	<b>50.0</b>

## 2002 ANNUAL HOSPITAL UTILIZATION AND SERVICES REPORT

### Table 19.2 - Leading Twenty-five DRGs by ADD of Hospital

(Source: Kentucky Hospital Inpatient Discharge Claims)

**ADD of HOSPITAL: 11-BIG SANDY**

DIAGNOSIS RELATED GROUP (DRG)	Hospitalizations	Percent of Total	Average LOS	Average Charge	Average Age
999 ALL OTHER	12,698	50.4%	4.3	\$13,046	48.5
088 CHRONIC OBSTRUCTIVE PULMONARY DISEASE	2,030	8.1%	5.0	\$10,316	65.4
391 NORMAL NEWBORN	1,149	4.6%	2.2	\$2,092	0.0
089 SIMPLE PNEUMONIA & PLEURISY AGE >17 W CC	1,124	4.5%	5.9	\$14,754	67.2
127 HEART FAILURE & SHOCK	1,073	4.3%	5.1	\$11,845	70.9
373 VAGINAL DELIVERY W/O COMPLIC DIAGNOSES	846	3.4%	2.2	\$5,274	24.5
182 ESPHGITIS,GE,MISC DIG DIS AGE >17 W CC	657	2.6%	3.1	\$7,878	56.3
098 BRONCHITIS & ASTHMA AGE 0-17	636	2.5%	2.3	\$4,656	2.3
143 CHEST PAIN	562	2.2%	2.0	\$6,581	54.1
371 CESAREAN SECTION W/O CC	485	1.9%	2.8	\$8,154	26.3
296 NUTRIT & MISC METAB DISOR AGE >17 W CC	466	1.8%	4.4	\$9,899	66.2
430 PSYCHOSES	428	1.7%	6.4	\$9,848	45.2
174 G.I. HEMORRHAGE W CC	393	1.6%	4.5	\$12,777	67.7
079 RESP INFECT & INFLAM AGE >17 W CC	334	1.3%	9.3	\$26,578	70.9
320 KIDNEY,URIN TRACT INFECT AGE >17 W CC	308	1.2%	4.4	\$9,077	61.1
390 NEONATE W OTHER SIGNIFICANT PROBLEMS	302	1.2%	2.6	\$2,957	0.0
014 INTRACRANIAL HEMORR & STROKE W INFARCT (EFF 10/02)	282	1.1%	6.1	\$15,592	70.3
183 ESPHGITIS,GE,MISC DIG DIS AGE >17 W/O CC	269	1.1%	2.3	\$6,559	46.0
416 SEPTICEMIA AGE >17	241	1.0%	7.8	\$19,722	68.5
138 CARD ARRHYTHMIA & CONDUCTN DISOR W CC	239	0.9%	3.4	\$9,528	68.6
359 UTER&ADNEX PROC FOR NON-MALIG W/O CC	202	0.8%	2.2	\$12,404	41.6
124 CIRC DIS EX AMI W CARD CATH & COMPLX DX	155	0.6%	4.4	\$16,612	60.3
209 MAJ JOINT/LIMB REATTACH PROC, LOW EXTREM	122	0.5%	6.9	\$27,961	71.7
125 CIRC DIS EX AMI W CARD CATH WO COMPLX DX	94	0.4%	3.3	\$12,849	54.4
517 PERC CV PRC W NON-DRG ELUT STENT W/O AMI (EFF 10/02)	93	0.4%	3.8	\$22,711	62.1
462 REHABILITATION	3	0.0%	8.7	\$8,559	60.7
<b>Grand Total</b>	<b>25,191</b>	<b>100.0%</b>	<b>4.2</b>	<b>\$11,512</b>	<b>48.6</b>

## 2002 ANNUAL HOSPITAL UTILIZATION AND SERVICES REPORT

### Table 19.2 - Leading Twenty-five DRGs by ADD of Hospital

(Source: Kentucky Hospital Inpatient Discharge Claims)

**ADD of HOSPITAL: 12-KY RIVER**

DIAGNOSIS RELATED GROUP (DRG)	Hospitalizations	Percent of Total	Average LOS	Average Charge	Average Age
999 ALL OTHER	12,823	50.1%	4.1	\$11,630	48.1
088 CHRONIC OBSTRUCTIVE PULMONARY DISEASE	1,996	7.8%	3.6	\$9,587	62.9
430 PSYCHOSES	1,427	5.6%	12.8	\$22,002	40.9
089 SIMPLE PNEUMONIA & PLEURISY AGE >17 W CC	1,061	4.1%	4.9	\$12,840	69.8
143 CHEST PAIN	1,023	4.0%	1.7	\$5,144	54.3
127 HEART FAILURE & SHOCK	1,004	3.9%	4.7	\$12,287	71.7
391 NORMAL NEWBORN	736	2.9%	2.2	\$1,577	0.0
182 ESPHGITIS,GE,MISC DIG DIS AGE >17 W CC	659	2.6%	3.2	\$8,343	58.6
373 VAGINAL DELIVERY W/O COMPLIC DIAGNOSES	571	2.2%	2.6	\$4,415	23.7
296 NUTRIT & MISC METAB DISOR AGE >17 W CC	542	2.1%	3.9	\$9,690	68.5
098 BRONCHITIS & ASTHMA AGE 0-17	440	1.7%	2.3	\$4,083	2.8
183 ESPHGITIS,GE,MISC DIG DIS AGE >17 W/O CC	395	1.5%	2.1	\$6,295	45.5
174 G.I. HEMORRHAGE W CC	318	1.2%	3.9	\$12,773	68.8
462 REHABILITATION	309	1.2%	10.7	\$27,098	72.9
138 CARD ARRHYTHMIA & CONDUCTN DISOR W CC	282	1.1%	3.6	\$9,663	71.5
320 KIDNEY,URIN TRACT INFECT AGE >17 W CC	268	1.0%	4.3	\$9,273	67.0
124 CIRC DIS EX AMI W CARD CATH & COMPLX DX	250	1.0%	3.9	\$18,638	62.1
079 RESP INFECT & INFLAM AGE >17 W CC	234	0.9%	7.1	\$20,621	75.5
359 UTER&ADNEX PROC FOR NON-MALIG W/O CC	228	0.9%	2.3	\$8,821	39.6
371 CESAREAN SECTION W/O CC	227	0.9%	2.9	\$6,484	26.3
416 SEPTICEMIA AGE >17	216	0.8%	6.0	\$18,808	69.4
125 CIRC DIS EX AMI W CARD CATH WO COMPLX DX	186	0.7%	2.7	\$15,421	52.0
014 INTRACRANIAL HEMORR & STROKE W INFARCT (EFF 10/02)	180	0.7%	5.9	\$16,625	72.0
390 NEONATE W OTHER SIGNIFICANT PROBLEMS	144	0.6%	2.5	\$2,306	0.0
209 MAJ JOINT/LIMB REATTACH PROC, LOW EXTREM	61	0.2%	6.2	\$26,579	72.8
<b>Grand Total</b>	<b>25,580</b>	<b>100.0%</b>	<b>4.4</b>	<b>\$11,419</b>	<b>50.2</b>

## 2002 ANNUAL HOSPITAL UTILIZATION AND SERVICES REPORT

### Table 19.2 - Leading Twenty-five DRGs by ADD of Hospital

(Source: Kentucky Hospital Inpatient Discharge Claims)

**ADD of HOSPITAL: 13-CUMBERLAND VALLEY**

DIAGNOSIS RELATED GROUP (DRG)	Hospitalizations	Percent of Total	Average LOS	Average Charge	Average Age
999 ALL OTHER	19,540	51.2%	4.0	\$8,471	49.2
088 CHRONIC OBSTRUCTIVE PULMONARY DISEASE	2,050	5.4%	4.0	\$6,934	65.1
391 NORMAL NEWBORN	1,790	4.7%	2.2	\$1,073	0.0
373 VAGINAL DELIVERY W/O COMPLIC DIAGNOSES	1,425	3.7%	2.3	\$4,555	24.3
089 SIMPLE PNEUMONIA & PLEURISY AGE >17 W CC	1,416	3.7%	4.9	\$8,942	69.0
127 HEART FAILURE & SHOCK	1,373	3.6%	4.6	\$9,063	72.3
430 PSYCHOSES	1,287	3.4%	6.3	\$7,790	37.5
143 CHEST PAIN	857	2.2%	1.8	\$4,550	53.8
182 ESPHGITIS,GE,MISC DIG DIS AGE >17 W CC	832	2.2%	3.4	\$6,269	57.6
296 NUTRIT & MISC METAB DISOR AGE >17 W CC	779	2.0%	4.1	\$6,919	68.4
098 BRONCHITIS & ASTHMA AGE 0-17	760	2.0%	2.4	\$3,226	2.8
416 SEPTICEMIA AGE >17	597	1.6%	6.2	\$12,368	72.8
174 G.I. HEMORRHAGE W CC	589	1.5%	4.3	\$8,768	70.1
371 CESAREAN SECTION W/O CC	557	1.5%	2.9	\$6,592	25.7
079 RESP INFECT & INFLAM AGE >17 W CC	533	1.4%	8.2	\$14,436	77.0
320 KIDNEY,URIN TRACT INFECT AGE >17 W CC	502	1.3%	4.1	\$6,680	66.2
183 ESPHGITIS,GE,MISC DIG DIS AGE >17 W/O CC	481	1.3%	2.6	\$5,013	46.8
138 CARD ARRHYTHMIA & CONDUCTN DISOR W CC	454	1.2%	3.4	\$7,384	70.4
124 CIRC DIS EX AMI W CARD CATH & COMPLX DX	448	1.2%	2.8	\$13,262	61.2
462 REHABILITATION	420	1.1%	12.5	\$19,252	73.5
359 UTER&ADNEX PROC FOR NON-MALIG W/O CC	415	1.1%	2.5	\$8,056	39.4
014 INTRACRANIAL HEMORR & STROKE W INFARCT (EFF 10/02)	392	1.0%	5.3	\$10,426	72.3
390 NEONATE W OTHER SIGNIFICANT PROBLEMS	306	0.8%	2.3	\$1,265	0.0
209 MAJ JOINT/LIMB REATTACH PROC, LOW EXTREM	194	0.5%	6.6	\$27,505	71.8
125 CIRC DIS EX AMI W CARD CATH WO COMPLX DX	130	0.3%	2.5	\$12,233	52.4
517 PERC CV PRC W NON-DRG ELUT STENT W/O AMI (EFF 10/02)	72	0.2%	1.8	\$20,919	66.1
<b>Grand Total</b>	<b>38,199</b>	<b>100.0%</b>	<b>4.0</b>	<b>\$7,946</b>	<b>49.2</b>

## 2002 ANNUAL HOSPITAL UTILIZATION AND SERVICES REPORT

### Table 19.2 - Leading Twenty-five DRGs by ADD of Hospital

(Source: Kentucky Hospital Inpatient Discharge Claims)

**ADD of HOSPITAL: 14-LAKE CUMBERLAND**

DIAGNOSIS RELATED GROUP (DRG)	Hospitalizations	Percent of Total	Average LOS	Average Charge	Average Age
999 ALL OTHER	13,147	49.0%	4.1	\$10,121	50.8
430 PSYCHOSES	1,805	6.7%	6.5	\$6,644	41.0
391 NORMAL NEWBORN	1,507	5.6%	2.2	\$1,623	0.0
089 SIMPLE PNEUMONIA & PLEURISY AGE >17 W CC	1,161	4.3%	5.6	\$8,991	71.8
088 CHRONIC OBSTRUCTIVE PULMONARY DISEASE	1,092	4.1%	4.7	\$7,863	66.9
127 HEART FAILURE & SHOCK	1,008	3.8%	4.8	\$8,391	74.8
373 VAGINAL DELIVERY W/O COMPLIC DIAGNOSES	948	3.5%	2.2	\$4,646	24.1
182 ESPHGITIS,GE,MISC DIG DIS AGE >17 W CC	620	2.3%	3.3	\$5,930	59.0
098 BRONCHITIS & ASTHMA AGE 0-17	531	2.0%	2.9	\$3,836	2.3
462 REHABILITATION	487	1.8%	13.3	\$20,089	75.9
296 NUTRIT & MISC METAB DISOR AGE >17 W CC	481	1.8%	4.9	\$7,260	72.7
371 CESAREAN SECTION W/O CC	440	1.6%	2.7	\$7,042	26.6
143 CHEST PAIN	429	1.6%	1.9	\$5,427	58.9
359 UTER&ADNEX PROC FOR NON-MALIG W/O CC	416	1.5%	2.1	\$10,691	42.1
183 ESPHGITIS,GE,MISC DIG DIS AGE >17 W/O CC	339	1.3%	2.6	\$4,731	51.8
320 KIDNEY,URIN TRACT INFECT AGE >17 W CC	334	1.2%	4.9	\$7,377	70.7
079 RESP INFECT & INFLAM AGE >17 W CC	332	1.2%	7.5	\$13,483	73.1
416 SEPTICEMIA AGE >17	310	1.2%	7.0	\$14,474	72.3
174 G.I. HEMORRHAGE W CC	304	1.1%	4.2	\$9,282	72.2
138 CARD ARRHYTHMIA & CONDUCTN DISOR W CC	270	1.0%	4.0	\$8,287	73.4
014 INTRACRANIAL HEMORR & STROKE W INFARCT (EFF 10/02)	267	1.0%	5.7	\$11,371	74.2
209 MAJ JOINT/LIMB REATTACH PROC, LOW EXTREM	172	0.6%	5.7	\$26,427	67.4
125 CIRC DIS EX AMI W CARD CATH WO COMPLX DX	162	0.6%	2.7	\$14,260	59.2
390 NEONATE W OTHER SIGNIFICANT PROBLEMS	146	0.5%	2.7	\$2,379	0.0
124 CIRC DIS EX AMI W CARD CATH & COMPLX DX	145	0.5%	3.3	\$15,339	63.4
<b>Grand Total</b>	<b>26,853</b>	<b>100.0%</b>	<b>4.3</b>	<b>\$8,893</b>	<b>49.9</b>

## 2002 ANNUAL HOSPITAL UTILIZATION AND SERVICES REPORT

### Table 19.2 - Leading Twenty-five DRGs by ADD of Hospital

(Source: Kentucky Hospital Inpatient Discharge Claims)

**ADD of HOSPITAL: 15-BLUEGRASS**

DIAGNOSIS RELATED GROUP (DRG)	Hospitalizations	Percent of Total	Average LOS	Average Charge	Average Age
999 ALL OTHER	59,940	57.1%	5.7	\$17,821	51.8
391 NORMAL NEWBORN	7,699	7.3%	2.3	\$1,272	0.0
373 VAGINAL DELIVERY W/O COMPLIC DIAGNOSES	5,665	5.4%	2.4	\$4,644	26.5
517 PERC CV PRC W NON-DRG ELUT STENT W/O AMI (EFF 10/02)	2,717	2.6%	1.8	\$22,208	63.5
089 SIMPLE PNEUMONIA & PLEURISY AGE >17 W CC	2,534	2.4%	5.4	\$9,165	70.0
371 CESAREAN SECTION W/O CC	2,433	2.3%	3.7	\$7,344	28.4
359 UTER&ADNEX PROC FOR NON-MALIG W/O CC	2,355	2.2%	2.1	\$8,134	43.2
127 HEART FAILURE & SHOCK	2,245	2.1%	5.1	\$10,800	72.9
209 MAJ JOINT/LIMB REATTACH PROC, LOW EXTREM	1,936	1.8%	5.0	\$22,991	68.1
430 PSYCHOSES	1,934	1.8%	6.5	\$6,404	39.7
088 CHRONIC OBSTRUCTIVE PULMONARY DISEASE	1,891	1.8%	4.5	\$7,944	66.8
182 ESPHGITIS,GE,MISC DIG DIS AGE >17 W CC	1,364	1.3%	3.8	\$7,644	61.1
143 CHEST PAIN	1,325	1.3%	1.9	\$6,081	58.2
296 NUTRIT & MISC METAB DISOR AGE >17 W CC	1,271	1.2%	5.0	\$8,643	69.1
014 INTRACRANIAL HEMORR & STROKE W INFARCT (EFF 10/02)	1,206	1.1%	5.8	\$14,005	70.4
390 NEONATE W OTHER SIGNIFICANT PROBLEMS	1,101	1.0%	2.8	\$2,236	0.0
174 G.I. HEMORRHAGE W CC	1,035	1.0%	4.3	\$9,792	70.8
124 CIRC DIS EX AMI W CARD CATH & COMPLX DX	1,020	1.0%	3.6	\$14,849	63.1
125 CIRC DIS EX AMI W CARD CATH WO COMPLX DX	930	0.9%	2.2	\$10,876	58.9
138 CARD ARRHYTHMIA & CONDUCTN DISOR W CC	814	0.8%	3.8	\$8,630	72.5
320 KIDNEY,URIN TRACT INFECT AGE >17 W CC	775	0.7%	4.7	\$8,201	69.4
079 RESP INFECT & INFLAM AGE >17 W CC	766	0.7%	7.6	\$13,232	75.5
183 ESPHGITIS,GE,MISC DIG DIS AGE >17 W/O CC	729	0.7%	2.6	\$5,914	52.5
416 SEPTICEMIA AGE >17	604	0.6%	7.1	\$16,084	69.9
098 BRONCHITIS & ASTHMA AGE 0-17	562	0.5%	2.5	\$3,230	2.4
462 REHABILITATION	82	0.1%	9.5	\$7,913	78.2
<b>Grand Total</b>	<b>104,933</b>	<b>100.0%</b>	<b>4.8</b>	<b>\$13,773</b>	<b>48.2</b>

## Inpatient Hospitalizations by Primary Diagnostic Group and Age, Kentucky Residents/Kentucky Hospitals, 2001

(Data compiled for acute care hospitals only; Total Charges represent claimed charges.)

PRIMARY DIAGNOSTIC GROUP	Data	Age Group											Grand Total
		<1	1-4	15-24	25-34	35-44	45-54	5-14	55-64	65-74	75-84	85+	
01-INFECT./PARASITIC DISEASES (001-139)	Hospitalizations	921	715	584	770	1,080	1,166	766	1,180	1,761	2,234	1,503	12,680
	Total LOS	2,677	1,713	2,132	3,926	6,584	8,091	1,879	9,095	13,518	16,461	11,021	77,097
	Total Charges	\$4,274,110	\$2,509,719	\$5,158,984	\$10,599,484	\$17,440,706	\$21,365,705	\$3,468,490	\$22,079,521	\$31,538,329	\$31,944,432	\$18,211,897	\$168,591,375
02-NEOPLASMS (140-239)	Hospitalizations	10	60	232	823	2,878	4,217	116	4,448	5,393	3,703	1,240	23,120
	Total LOS	33	450	1,689	3,269	10,708	20,912	1,058	27,805	37,324	27,425	8,845	139,518
	Total Charges	\$167,183	\$1,974,120	\$7,604,582	\$13,406,374	\$37,498,548	\$69,828,574	\$4,272,872	\$85,081,047	\$103,213,508	\$68,249,974	\$18,870,953	\$410,167,737
03-ENDOCRINE...IMMUNE DISORDERS (240-279)	Hospitalizations	556	1,434	1,122	1,252	2,007	2,464	906	2,610	3,188	3,496	2,097	21,132
	Total LOS	1,507	3,027	3,536	4,514	7,991	11,443	2,119	13,016	17,237	17,761	10,619	92,770
	Total Charges	\$2,115,456	\$3,568,168	\$7,465,663	\$10,978,427	\$20,255,046	\$26,646,320	\$3,122,445	\$27,875,276	\$31,229,929	\$30,117,259	\$15,454,782	\$178,828,771
04-BLOOD & BLOOD-FORMING ORGS. (280-289)	Hospitalizations	44	168	240	303	417	474	313	576	901	947	533	4,916
	Total LOS	125	553	1,078	1,557	1,714	1,994	1,093	2,348	3,866	4,068	2,157	20,553
	Total Charges	\$209,843	\$1,272,285	\$2,353,456	\$3,679,283	\$4,302,934	\$5,480,392	\$2,468,576	\$5,945,611	\$9,872,740	\$8,696,450	\$3,839,949	\$48,121,520
05-MENTAL DISORDERS (290-319)	Hospitalizations	1	16	4,440	5,771	7,335	4,610	732	1,991	1,423	1,160	552	28,031
	Total LOS	2	92	23,332	30,533	41,689	29,874	6,317	14,543	11,553	9,738	4,020	171,693
	Total Charges	\$2,788	\$126,430	\$24,531,834	\$34,290,315	\$47,632,409	\$34,628,835	\$5,767,537	\$18,172,577	\$13,488,182	\$10,929,713	\$4,495,616	\$194,066,234
06-NERVOUS SYST. & SENSE ORGS. (320-389)	Hospitalizations	206	269	303	584	784	833	280	630	851	1,146	472	6,358
	Total LOS	878	766	1,075	2,034	3,105	3,941	778	3,282	5,076	7,250	3,151	31,336
	Total Charges	\$1,840,653	\$1,744,832	\$2,727,783	\$5,429,943	\$8,287,384	\$10,664,848	\$1,861,309	\$8,476,836	\$10,782,355	\$11,694,994	\$4,134,248	\$67,645,185
07-CIRCULATORY SYST. (390-459)	Hospitalizations	60	39	384	1,262	5,172	13,103	70	18,690	25,582	24,950	10,653	99,965
	Total LOS	319	125	1,545	4,685	20,274	53,112	355	82,578	126,278	129,219	55,223	473,713
	Total Charges	\$780,590	\$608,231	\$6,230,805	\$17,311,661	\$86,523,555	\$240,845,478	\$1,878,125	\$347,566,363	\$470,784,665	\$388,642,295	\$116,896,007	\$1,678,067,773
08-RESPIRATORY SYST. (460-519)	Hospitalizations	4,388	4,275	1,508	2,236	4,211	6,995	2,268	10,635	14,065	13,698	7,142	71,421
	Total LOS	13,443	10,626	5,211	8,565	18,936	34,937	6,307	61,534	90,385	91,004	46,966	387,914
	Total Charges	\$22,058,657	\$17,894,295	\$10,853,626	\$18,463,807	\$42,721,011	\$79,492,928	\$11,830,422	\$133,298,048	\$192,526,677	\$175,644,882	\$79,436,277	\$784,220,631
09-DIGESTIVE SYST. (520-579)	Hospitalizations	530	631	2,491	3,881	6,488	7,630	1,327	7,197	8,306	8,143	3,962	50,586
	Total LOS	1,627	1,509	7,972	13,855	26,272	36,067	3,809	35,902	43,640	44,560	23,153	238,366
	Total Charges	\$3,038,810	\$2,082,804	\$23,291,785	\$37,681,215	\$69,414,808	\$94,967,853	\$8,778,819	\$93,711,048	\$109,766,908	\$101,523,836	\$46,659,811	\$590,917,697
10-GENITOURINARY SYST. (580-629)	Hospitalizations	236	295	1,730	3,844	5,523	4,334	489	3,055	3,863	3,956	2,152	29,477
	Total LOS	725	834	4,252	9,460	14,497	13,064	1,316	11,167	16,094	20,355	11,373	103,137
	Total Charges	\$981,598	\$1,338,601	\$10,750,414	\$28,322,463	\$45,130,894	\$38,293,291	\$2,584,852	\$28,492,130	\$37,529,331	\$38,711,681	\$17,831,195	\$249,966,450
11-COMPL. PREG/CHILDBRTH/PUERP (630-677)	Hospitalizations			24,930	24,363	4,824	28	109					54,254
	Total LOS			65,650	64,686	13,803	145	294					144,578
	Total Charges			\$127,165,340	\$126,374,654	\$26,714,866	\$252,458	\$565,288					\$281,072,606
12-SKIN & SUBCUT. TISSUE (680-709)	Hospitalizations	55	179	361	667	998	1,240	273	1,065	961	1,076	611	7,486
	Total LOS	210	459	1,157	3,127	4,708	6,039	743	5,766	5,526	6,163	3,970	37,868
	Total Charges	\$314,082	\$653,629	\$2,143,840	\$4,944,062	\$8,271,688	\$11,023,608	\$1,241,944	\$10,289,651	\$9,142,740	\$9,150,044	\$5,602,667	\$62,777,955
13-MUSCULOSKEL. SYST. & CONN. TISS. (710-739)	Hospitalizations	13	48	387	1,300	3,219	3,913	171	3,737	4,370	3,290	994	21,442
	Total LOS	60	156	1,217	3,725	9,290	12,694	656	14,894	18,900	15,798	5,420	82,810
	Total Charges	\$122,872	\$430,352	\$5,497,680	\$17,464,226	\$47,871,927	\$63,528,056	\$3,818,847	\$66,356,993	\$76,517,406	\$52,390,650	\$11,412,516	\$345,411,525
14-CONGENITAL ANOMALIES (740-759)	Hospitalizations	552	145	94	92	104	106	154	79	58	30	11	1,425
	Total LOS	4,831	697	366	398	413	489	539	380	308	300	45	8,766
	Total Charges	\$21,205,122	\$4,979,281	\$2,021,458	\$1,924,731	\$2,362,730	\$2,692,533	\$2,891,724	\$1,561,290	\$1,432,646	\$916,954	\$90,723	\$42,079,191

### Inpatient Hospitalizations by Primary Diagnostic Group and Age, Kentucky Residents/Kentucky Hospitals, 2001

(Data compiled for acute care hospitals only; Total Charges represent claimed charges.)

PRIMARY DIAGNOSTIC GROUP	Data	Age Group											Grand Total		
		<1	1-4	15-24	25-34	35-44	45-54	5-14	55-64	65-74	75-84	85+			
15-COND. ORIG. IN PERINATAL PER. (760-779)	Hospitalizations	2,413													2,414
	Total LOS	26,910													26,913
	Total Charges	\$64,040,763					\$13,063								\$64,053,827
16-SYMPT., SIGNS, & ILL-DEF. COND. (780-799)	Hospitalizations	738	626	1,053	2,287	4,849	6,408	566	5,151	5,191	4,679	1,948		33,496	
	Total LOS	1,918	1,388	2,340	5,310	10,889	14,945	1,181	13,215	14,725	15,546	7,255		88,712	
	Total Charges	\$2,796,905	\$2,771,361	\$5,953,231	\$13,948,436	\$31,618,391	\$44,401,078	\$2,235,051	\$36,613,451	\$38,553,826	\$34,658,758	\$13,332,148		\$226,882,636	
17-INJURY & POISONING (800-995)	Hospitalizations	133	357	2,719	2,504	3,148	2,529	939	1,983	2,527	3,930	3,198		23,967	
	Total LOS	475	1,140	11,209	9,542	13,145	11,616	3,087	10,355	13,502	22,365	18,992		115,428	
	Total Charges	\$1,533,180	\$3,407,637	\$45,094,962	\$37,077,566	\$48,025,192	\$40,519,352	\$9,886,397	\$32,959,481	\$38,716,627	\$54,648,102	\$43,017,794		\$354,886,291	
18-COMPL. OF SURG. & MED. CARE NEC (996-999)	Hospitalizations	38	113	356	707	1,389	1,933	192	2,016	2,049	1,508	444		10,745	
	Total LOS	277	464	1,801	3,272	7,224	11,397	676	12,337	12,725	9,071	2,663		61,907	
	Total Charges	\$711,434	\$1,160,484	\$5,792,182	\$10,055,111	\$22,452,183	\$36,894,992	\$1,894,104	\$39,165,133	\$39,506,923	\$26,435,812	\$6,534,581		\$190,602,941	
19-V CODES (PRIMARILY BIRTH-RELATED)*	Hospitalizations	44,801	85	335	310	487	647	195	932	1,469	1,384	468		51,113	
	Total LOS	126,624	249	1,339	1,565	3,072	5,336	781	7,721	15,534	16,083	5,728		184,032	
	Total Charges	\$120,325,745	\$692,923	\$2,898,775	\$3,433,310	\$7,114,860	\$12,218,762	\$2,657,513	\$15,089,387	\$23,341,917	\$21,261,520	\$6,884,866		\$215,919,576	
<b>Grand Total Hospitalizations</b>		55,695	9,455	43,269	52,956	54,914	62,630	9,866	65,975	81,958	79,330	37,980		554,028	
<b>Grand Total LOS</b>		182,641	24,248	136,901	174,023	214,317	276,096	32,988	325,938	446,191	453,167	220,601		2,487,111	
<b>Grand Total Charges</b>		\$246,519,789	\$47,215,151	\$297,536,400	\$395,385,067	\$573,652,197	\$833,745,064	\$71,224,315	\$972,733,843	\$1,237,944,710	\$1,065,617,357	\$412,706,030		\$6,154,279,923	

### Inpatient Hospitalizations by Primary Diagnostic Group and Age, Kentucky Residents/Kentucky Hospitals, 2002

(Data compiled for acute care hospitals only; Total Charges represent claimed charges.)

PRIMARY DIAGNOSTIC GROUP	Data	AGE GROUP											Grand Total
		<1	1-4	15-24	25-34	35-44	45-54	5-14	55-64	65-74	75-84	85+	
01-INFECT./PARASITIC DISEASES (001-139)	Hospitalizations	756	574	654	769	1,095	1,200	554	1,373	1,975	2,335	1,545	12,830
	Total LOS	2,318	1,334	2,293	3,651	6,528	7,746	1,379	10,448	14,618	18,340	10,792	79,447
	Total Charges	\$4,779,166	\$2,219,104	\$5,746,205	\$10,152,290	\$17,570,328	\$21,943,365	\$2,987,488	\$29,343,994	\$36,592,351	\$41,049,448	\$19,943,222	\$192,326,961
02-NEOPLASMS (140-239)	Hospitalizations	22	62	238	768	2,839	4,301	128	4,738	5,117	3,868	1,150	23,231
	Total LOS	225	555	1,420	3,335	11,078	21,243	910	29,871	34,272	27,815	8,193	138,917
	Total Charges	\$846,314	\$2,306,483	\$7,092,918	\$14,760,502	\$44,736,465	\$78,948,115	\$5,737,807	\$102,466,689	\$104,885,305	\$76,345,540	\$20,353,273	\$458,479,411
03-ENDOCRINE...IMMUNE DISORDERS (240-279)	Hospitalizations	535	1,165	1,124	1,550	2,253	2,856	904	3,017	3,343	3,831	2,225	22,803
	Total LOS	1,305	2,355	3,558	5,728	8,875	12,171	2,110	14,677	16,717	19,529	11,559	98,584
	Total Charges	\$1,982,197	\$3,096,735	\$8,581,865	\$17,570,874	\$26,966,962	\$34,984,617	\$3,695,938	\$34,140,782	\$35,768,872	\$35,909,016	\$18,966,359	\$221,664,216
04-BLOOD & BLOOD-FORMING ORGS. (280-289)	Hospitalizations	46	161	261	330	361	585	271	602	1,019	1,081	569	5,286
	Total LOS	143	518	1,192	1,641	1,633	2,371	872	2,788	4,453	4,517	2,259	22,387
	Total Charges	\$269,766	\$3,342,853	\$3,268,566	\$5,169,276	\$4,899,761	\$7,067,130	\$4,049,792	\$8,013,411	\$11,849,596	\$10,697,617	\$4,539,687	\$63,167,455
05-MENTAL DISORDERS (290-319)	Hospitalizations	2	27	4,495	5,877	6,982	4,866	1,057	2,267	1,425	1,237	571	28,806
	Total LOS	23	177	29,471	29,785	39,684	30,446	15,858	16,924	11,578	10,413	4,528	188,887
	Total Charges	\$36,139	\$239,276	\$32,433,996	\$36,146,066	\$49,579,443	\$38,596,278	\$15,767,664	\$22,242,132	\$14,485,142	\$12,412,185	\$5,490,199	\$227,428,519
06-NERVOUS SYST. & SENSE ORGS. (320-389)	Hospitalizations	175	271	316	572	815	830	265	699	877	1,122	503	6,445
	Total LOS	804	803	1,186	1,972	3,129	3,685	784	3,899	5,288	7,054	3,535	32,139
	Total Charges	\$1,722,217	\$1,989,814	\$4,170,910	\$5,864,798	\$9,531,458	\$10,881,008	\$2,183,050	\$10,790,781	\$13,000,622	\$12,360,383	\$4,922,773	\$77,417,815
07-CIRCULATORY SYST. (390-459)	Hospitalizations	43	75	389	1,353	5,424	13,211	100	19,114	25,349	24,520	10,788	100,366
	Total LOS	271	449	1,678	5,334	21,991	51,630	384	85,063	123,510	128,702	56,333	475,345
	Total Charges	\$1,120,890	\$3,274,003	\$7,524,466	\$21,264,684	\$104,407,488	\$263,520,039	\$1,821,134	\$398,495,191	\$525,756,188	\$440,363,857	\$131,654,918	\$1,899,202,858
08-RESPIRATORY SYST. (460-519)	Hospitalizations	4,177	4,558	1,496	2,190	4,142	7,317	2,491	11,391	14,919	14,340	7,454	74,475
	Total LOS	12,115	11,233	5,670	9,000	19,575	37,948	6,899	66,622	97,181	97,424	48,572	412,239
	Total Charges	\$20,804,893	\$19,904,879	\$14,179,409	\$20,778,410	\$48,589,613	\$96,105,681	\$14,626,164	\$161,249,620	\$225,552,553	\$208,946,592	\$90,371,864	\$921,109,678
09-DIGESTIVE SYST. (520-579)	Hospitalizations	546	591	2,802	4,084	6,965	8,120	1,338	7,509	8,356	8,312	3,997	52,620
	Total LOS	1,666	1,430	8,633	14,844	28,201	36,956	3,605	37,850	44,095	46,279	22,334	245,893
	Total Charges	\$3,250,168	\$2,609,721	\$27,879,352	\$44,157,664	\$80,968,690	\$109,348,907	\$9,837,637	\$109,156,628	\$121,541,989	\$115,774,006	\$49,207,747	\$673,732,509
10-GENITOURINARY SYST. (580-629)	Hospitalizations	238	264	1,827	4,032	5,808	4,421	473	3,181	3,738	3,939	2,072	29,993
	Total LOS	734	787	4,473	10,086	14,984	13,136	1,263	11,774	15,280	19,897	11,045	103,459
	Total Charges	\$1,141,437	\$1,343,069	\$12,474,766	\$32,647,198	\$51,844,927	\$42,940,255	\$2,868,248	\$33,590,394	\$38,988,982	\$42,753,176	\$19,509,014	\$280,101,468
11-COMPL. PREG/CHILDBRTH/PUERP (630-677)	Hospitalizations			25,270	24,926	4,762	27	117					55,102
	Total LOS			66,441	67,302	13,321	73	335					147,472
	Total Charges			\$134,971,032	\$137,267,298	\$28,142,861	\$148,900	\$620,341					\$301,150,432
12-SKIN & SUBCUT. TISSUE (680-709)	Hospitalizations	55	166	390	670	1,072	1,300	244	1,179	1,007	969	588	7,640
	Total LOS	187	450	1,375	2,659	4,653	6,558	676	6,205	5,436	6,007	3,676	37,882
	Total Charges	\$313,938	\$718,622	\$2,968,842	\$5,583,608	\$8,721,146	\$13,051,959	\$1,077,260	\$12,711,160	\$9,566,544	\$10,009,997	\$5,650,588	\$70,373,662
13-MUSCULOSKEL. SYST. & CONN. TISS. (710-739)	Hospitalizations	9	51	415	1,253	3,052	4,029	168	4,072	4,603	3,348	926	21,926
	Total LOS	25	188	1,379	3,627	8,689	13,389	696	15,604	19,249	15,507	4,573	82,926
	Total Charges	\$69,222	\$636,909	\$7,597,652	\$18,757,200	\$50,662,517	\$76,904,085	\$4,719,038	\$82,389,275	\$91,724,083	\$61,850,431	\$12,087,425	\$407,397,837
14-CONGENITAL ANOMALIES (740-759)	Hospitalizations	558	141	96	92	141	107	175	92	71	25	17	1,515
	Total LOS	4,705	791	396	319	573	479	558	439	358	120	69	8,807
	Total Charges	\$27,054,850	\$6,854,782	\$2,695,666	\$2,024,561	\$4,565,631	\$3,335,791	\$4,571,296	\$2,825,285	\$2,010,848	\$342,684	\$184,902	\$56,466,296

### Inpatient Hospitalizations by Primary Diagnostic Group and Age, Kentucky Residents/Kentucky Hospitals, 2002

(Data compiled for acute care hospitals only; Total Charges represent claimed charges.)

PRIMARY DIAGNOSTIC GROUP	Data	AGE GROUP											Grand Total		
		<1	1-4	15-24	25-34	35-44	45-54	5-14	55-64	65-74	75-84	85+			
15-COND. ORIG. IN PERINATAL PER. (760-779)	Hospitalizations	2,176	1												2,177
	Total LOS	26,820	2												26,822
	Total Charges	\$75,627,192	\$2,411												\$75,629,603
16-SYMP., SIGNS, & ILL-DEF. COND. (780-799)	Hospitalizations	801	621	1,194	2,335	5,223	6,500	633	5,491	5,085	4,714	2,000		34,597	
	Total LOS	2,168	1,359	2,745	5,417	11,883	15,887	1,357	14,481	15,345	15,437	7,087		93,166	
	Total Charges	\$3,522,665	\$2,439,645	\$7,415,800	\$16,274,523	\$38,108,063	\$50,927,462	\$3,325,529	\$44,708,485	\$43,017,684	\$39,136,553	\$14,628,305		\$263,504,715	
17-INJURY & POISONING (800-995)	Hospitalizations	112	336	2,750	2,619	3,120	2,697	993	2,143	2,583	4,143	3,059		24,555	
	Total LOS	393	964	10,889	10,369	13,329	12,878	3,327	10,908	13,744	23,928	17,503		118,232	
	Total Charges	\$1,469,708	\$3,183,474	\$50,581,671	\$44,341,341	\$54,076,374	\$51,994,604	\$13,598,868	\$39,656,585	\$45,979,918	\$69,002,516	\$44,019,310		\$417,904,371	
18-COMPL. OF SURG. & MED. CARE NEC (996-999)	Hospitalizations	42	122	384	805	1,465	2,169	220	2,160	2,266	1,625	475		11,733	
	Total LOS	266	463	2,089	4,024	8,070	13,061	952	14,115	14,217	10,391	2,843		70,491	
	Total Charges	\$791,300	\$1,875,741	\$6,924,654	\$12,827,704	\$26,788,085	\$44,790,742	\$5,613,316	\$51,217,802	\$49,800,432	\$32,909,674	\$7,534,444		\$241,073,894	
19-V CODES (PRIMARILY BIRTH-RELATED)*	Hospitalizations	47,914	86	236	269	466	680	168	1,033	1,561	1,596	643		54,652	
	Total LOS	136,334	335	1,242	1,573	3,281	5,431	631	9,218	16,651	19,046	8,134		201,876	
	Total Charges	\$140,639,892	\$1,006,264	\$3,976,984	\$4,858,785	\$8,672,105	\$12,158,581	\$2,545,518	\$19,427,422	\$26,706,030	\$26,613,853	\$10,732,488		\$257,337,924	
<b>Grand Total Hospitalizations</b>		58,207	9,272	44,337	54,494	55,985	65,216	10,299	70,061	83,294	81,005	38,582		570,752	
<b>Grand Total LOS</b>		190,502	24,193	146,130	180,666	219,477	285,088	42,596	350,886	451,992	470,406	223,035		2,584,971	
<b>Grand Total Charges</b>		\$285,441,954	\$57,043,785	\$340,484,754	\$450,446,782	\$658,831,918	\$957,647,517	\$99,646,089	\$1,162,425,637	\$1,397,227,139	\$1,236,477,529	\$459,796,518		\$7,105,469,622	

**Kentucky Access Top 50 Diagnoses, 2002**  
 (Source: Kentucky Hospital Inpatient Claims, 2002)

<b>PRINCIPAL ICD DIAGNOSIS</b>	<b>Hospitalizations</b>	<b>Average LOS</b>	<b>Average Charge</b>	<b>Average Age</b>
486 PNEUMONIA, ORGANISM NOS	22,986	5.1	\$10,344	60.1
41401 COR AS- NATIVE VESSEL	17,759	4.1	\$27,097	63.8
4280 CONGESTIVE HEART FAILURE	17,525	5.4	\$13,431	72.7
49121 OCB W ACUTE EXACERBATION	16,634	4.7	\$9,554	66.4
78650 CHEST PAIN NOS	6,290	1.9	\$7,045	56.6
650 NORMAL DELIVERY	5,321	2.2	\$4,059	25.0
5990 URINARY TRACT INF NOS	5,087	4.5	\$8,107	66.3
4359 TRANS CEREB ISCHEMIA NOS	3,277	3.0	\$8,072	71.0
41400 COR AS- GRAFT TYPE NOS	3,204	2.9	\$11,134	65.9
72210 LUMBAR DISC DISPLACEMENT	2,957	2.4	\$14,383	48.8
56211 DIVERTICULITIS OF COLON	2,915	5.2	\$13,382	62.0
5849 ACUTE RENAL FAILURE NOS	2,422	6.9	\$15,808	70.5
71596 OA NOS-LOW LE	2,260	4.8	\$22,620	67.3
57410 GB CALCULUS W CHOL NEC	2,060	3.8	\$13,571	56.3
43310 CAROTID OCCL S INFARCT	1,969	2.7	\$13,400	69.8
57400 GB CAL W ACUTE CHOL	1,686	4.3	\$15,155	55.4
V581 CHEMOTHERAPY ENCOUNTER	1,415	5.0	\$20,289	45.8
9964 MECH COMP INT ORTH DEV	1,100	4.6	\$23,093	63.9
72252 LUMB/LUMBOSAC DISC DEGEN	926	4.1	\$24,253	56.3
4139 ANGINA PECTORIS NEC/NOS	855	2.3	\$6,849	61.2
41402 COR AS- AUTOLOG GRAFT	819	3.8	\$27,696	64.8
7242 LUMBAGO	587	3.5	\$6,480	52.8
496 CHR AIRWAY OBSTR NEC	530	5.3	\$12,791	68.4
2113 BENIGN NEOPLASM LG BOWEL	487	5.8	\$16,510	65.6
1749 MAL NEOPL BREAST NOS	476	2.8	\$10,969	63.5
25070 DM2 W CIRC DISORD, NSU	464	9.3	\$22,669	68.5
1972 2ND MAL NEOPLASM PLEURA	441	7.9	\$18,563	66.1
4254 PRIM CARDIOMYOPATHY NEC	373	5.3	\$22,767	58.2
1830 MAL NEOPL OVARY	314	6.4	\$20,631	62.0
1536 MAL NEOPL ASCEND COLON	294	9.5	\$26,687	71.7
7140 RHEUMATOID ARTHRITIS	260	4.5	\$17,862	63.5
4321 SUBDURAL HEMORRHAGE	258	6.8	\$21,517	70.6
1744 MAL NEOPL BREAST UOQ	217	2.4	\$10,906	63.3
1539 MAL NEOPL COLON NOS	210	7.0	\$17,749	67.6
25000 DM2 UNCOMP NSU	210	3.0	\$5,176	54.3
20500 AML, NO REMISSION	208	14.3	\$76,144	61.5
3483 ENCEPHALOPATHY NOS	184	7.2	\$17,258	68.0
20280 LYMPHOMA NEC-XNODAL/NOS	169	8.4	\$28,776	67.7
V580 RADIOTHERAPY ENCOUNTER	91	5.0	\$16,824	55.8
20400 ALL, NO REMISSION	87	15.3	\$77,627	31.6
1610 MAL NEOPL GLOTTIS	31	9.0	\$24,906	63.4
1619 MAL NEOPL LARYNX NOS	31	8.0	\$22,040	63.6
V5332 ADJUSTMENT AICD	28	2.0	\$54,505	67.5
2860 CONG FACTOR VIII DISORD	15	5.7	\$171,611	23.4
3439 CEREBRAL PALSY NOS	7	6.6	\$17,255	37.4
V6709 F/U AFTER SURGERY NEC	6	1.7	\$10,053	51.2
2776 DEF CIRCULATE ENZYME NEC	6	7.0	\$15,222	32.9
3592 MYOTONIC DISORDERS	5	13.4	\$29,369	48.3
V711 OBS-SUSPECT MAL NEOPLASM	2	3.0	\$9,039	60.4
<b>Grand Total</b>	<b>125,458</b>	<b>4.4</b>	<b>\$14,024</b>	<b>62.4</b>

**Kentucky Access Top 50 Diagnoses, 2002**  
 (Source: Kentucky Hospital Inpatient Claims, 2002)

PRIMARY PAYER	PRINCIPAL ICD DIAGNOSIS	Hospitalizations	Average Charge	Average Age	Average LOS	
CHAMPUS	41401 COR AS- NATIVE VESSEL	71	\$27,019	57.8	3.9	
	486 PNEUMONIA, ORGANISM NOS	50	\$9,105	42.5	4.7	
	49121 OCB W ACUTE EXACERBATION	36	\$10,268	60.0	5.0	
	78650 CHEST PAIN NOS	25	\$7,220	51.5	1.8	
	4280 CONGESTIVE HEART FAILURE	22	\$18,507	60.6	5.3	
	650 NORMAL DELIVERY	21	\$3,621	23.4	2.2	
	V581 CHEMOTHERAPY ENCOUNTER	18	\$17,178	30.9	3.1	
	72210 LUMBAR DISC DISPLACEMENT	15	\$12,118	44.4	1.8	
	4359 TRANS CEREB ISCHEMIA NOS	13	\$7,673	56.1	3.2	
	56211 DIVERTICULITIS OF COLON	12	\$13,130	57.4	5.8	
	5990 URINARY TRACT INF NOS	11	\$10,079	42.0	4.8	
	43310 CAROTID OCCL S INFARCT	10	\$9,383	63.8	1.7	
	57400 GB CAL W ACUTE CHOL	7	\$17,110	55.8	5.0	
	71596 OA NOS-LOW LE	6	\$25,333	62.2	5.5	
	1972 2ND MAL NEOPLASM PLEURA	4	\$31,009	59.1	11.3	
	5849 ACUTE RENAL FAILURE NOS	4	\$11,327	57.3	5.0	
	72252 LUMB/LUMBOSAC DISC DEGEN	3	\$32,393	52.8	3.3	
	1539 MAL NEOPL COLON NOS	3	\$3,433	67.8	2.7	
	57410 GB CALCULUS W CHOL NEC	3	\$12,944	34.3	3.7	
	2113 BENIGN NEOPLASM LG BOWEL	2	\$26,273	28.9	3.5	
	9964 MECH COMP INT ORTH DEV	2	\$7,740	42.8	1.5	
	7140 RHEUMATOID ARTHRITIS	2	\$3,007	57.7	1.0	
	4139 ANGINA PECTORIS NEC/NOS	2	\$4,220	46.5	1.5	
	4254 PRIM CARDIOMYOPATHY NEC	1	\$3,047	43.8	2.0	
	20500 AML, NO REMISSION	1	\$6,132	89.9	3.0	
	1749 MAL NEOPL BREAST NOS	1	\$4,605	56.5	1.0	
	20280 LYMPHOMA NEC-XNODAL/NOS	1	\$40,545	58.3	5.0	
	25000 DM2 UNCOMP NSU	1	\$4,111	63.6	2.0	
	1619 MAL NEOPL LARYNX NOS	1	\$6,788	45.1	3.0	
	41402 COR AS- AUTOLOG GRAFT	1	\$24,371	55.7	4.0	
	41400 COR AS- GRAFT TYPE NOS	1	\$5,504	57.8	2.0	
	<b>CHAMPUS Total</b>		<b>350</b>	<b>\$14,643</b>	<b>50.7</b>	<b>3.9</b>

**Kentucky Access Top 50 Diagnoses, 2002**  
 (Source: Kentucky Hospital Inpatient Claims, 2002)

PRIMARY PAYER	PRINCIPAL ICD DIAGNOSIS	Hospitalizations	Average Charge	Average Age	Average LOS
COMMERCIAL - HMO	41401 COR AS- NATIVE VESSEL	989	\$24,207	56.1	4.0
	486 PNEUMONIA, ORGANISM NOS	468	\$8,848	40.5	4.4
	650 NORMAL DELIVERY	434	\$4,070	28.2	2.2
	78650 CHEST PAIN NOS	222	\$7,482	50.0	1.8
	72210 LUMBAR DISC DISPLACEMENT	194	\$12,251	46.3	2.2
	56211 DIVERTICULITIS OF COLON	181	\$10,203	49.3	4.6
	49121 OCB W ACUTE EXACERBATION	172	\$8,528	57.2	4.4
	4280 CONGESTIVE HEART FAILURE	171	\$19,146	61.8	5.7
	57410 GB CALCULUS W CHOL NEC	113	\$10,722	45.2	3.0
	57400 GB CAL W ACUTE CHOL	101	\$11,701	47.4	3.3
	71596 OA NOS-LOW LE	96	\$22,796	58.6	4.3
	43310 CAROTID OCCL S INFARCT	78	\$11,722	58.4	2.2
	4359 TRANS CEREB ISCHEMIA NOS	63	\$8,723	55.4	2.5
	72252 LUMB/LUMBOSAC DISC DEGEN	61	\$28,757	50.4	3.5
	5990 URINARY TRACT INF NOS	61	\$6,014	37.0	3.4
	V581 CHEMOTHERAPY ENCOUNTER	60	\$20,603	42.9	5.6
	9964 MECH COMP INT ORTH DEV	50	\$18,730	52.8	3.1
	1749 MAL NEOPL BREAST NOS	39	\$12,092	51.2	2.9
	41400 COR AS- GRAFT TYPE NOS	35	\$9,595	57.1	2.2
	41402 COR AS- AUTOLOG GRAFT	33	\$26,551	57.5	3.4
	5849 ACUTE RENAL FAILURE NOS	32	\$14,524	56.5	6.0
	2113 BENIGN NEOPLASM LG BOWEL	22	\$12,244	60.6	4.7
	4139 ANGINA PECTORIS NEC/NOS	20	\$6,885	50.7	2.1
	1830 MAL NEOPL OVARY	17	\$15,870	53.1	5.5
	1972 2ND MAL NEOPLASM PLEURA	17	\$18,202	57.1	6.8
	25070 DM2 W CIRC DISORD, NSU	14	\$22,955	58.0	8.9
	7242 LUMBAGO	14	\$5,371	48.4	2.8
	1744 MAL NEOPL BREAST UOQ	14	\$10,728	51.7	2.3
	4254 PRIM CARDIOMYOPATHY NEC	10	\$12,571	48.5	3.2
	1536 MAL NEOPL ASCEND COLON	10	\$23,466	57.5	9.3
	7140 RHEUMATOID ARTHRITIS	10	\$10,942	52.9	3.0
	20280 LYMPHOMA NEC-XNODAL/NOS	8	\$18,103	58.0	6.6
	1539 MAL NEOPL COLON NOS	8	\$14,757	60.0	7.4
	20500 AML, NO REMISSION	7	\$42,892	59.1	14.7
	20400 ALL, NO REMISSION	7	\$34,983	39.3	9.7
	25000 DM2 UNCOMP NSU	7	\$4,836	49.6	2.6
	4321 SUBDURAL HEMORRHAGE	4	\$20,952	56.0	5.3
	496 CHR AIRWAY OBSTR NEC	4	\$4,497	59.3	2.8
	V6709 F/U AFTER SURGERY NEC	1	\$8,709	33.6	2.0
	2860 CONG FACTOR VIII DISORD	1	\$805,032	1.4	14.0
	3439 CEREBRAL PALSY NOS	1	\$40,756	13.6	2.0

**Kentucky Access Top 50 Diagnoses, 2002**  
 (Source: Kentucky Hospital Inpatient Claims, 2002)

<b>PRIMARY PAYER</b>	<b>PRINCIPAL ICD DIAGNOSIS</b>	<b>Hospitalizations</b>	<b>Average Charge</b>	<b>Average Age</b>	<b>Average LOS</b>
<b>COMMERCIAL - HMO</b>	V580 RADIOTHERAPY ENCOUNTER	1	\$9,877	46.7	9.0
	3483 ENCEPHALOPATHY NOS	1	\$5,587	58.4	3.0
<b>COMMERCIAL - HMO Total</b>		<b>3,851</b>	<b>\$14,744</b>	<b>49.0</b>	<b>3.7</b>

**Kentucky Access Top 50 Diagnoses, 2002**  
 (Source: Kentucky Hospital Inpatient Claims, 2002)

PRIMARY PAYER	PRINCIPAL ICD DIAGNOSIS	Hospitalizations	Average Charge	Average Age	Average LOS	
<b>COMMERCIAL - INDEMNITY</b>	41401 COR AS- NATIVE VESSEL	1,227	\$23,985	57.2	3.5	
	486 PNEUMONIA, ORGANISM NOS	1,036	\$8,402	41.7	4.1	
	650 NORMAL DELIVERY	580	\$3,881	26.6	2.1	
	78650 CHEST PAIN NOS	573	\$6,984	49.4	1.8	
	4280 CONGESTIVE HEART FAILURE	471	\$13,461	62.2	5.2	
	49121 OCB W ACUTE EXACERBATION	452	\$9,229	58.6	4.4	
	72210 LUMBAR DISC DISPLACEMENT	306	\$10,502	45.2	1.9	
	56211 DIVERTICULITIS OF COLON	265	\$13,573	51.6	5.1	
	5990 URINARY TRACT INF NOS	151	\$5,996	42.3	3.4	
	71596 OA NOS-LOW LE	150	\$21,080	60.1	3.8	
	57400 GB CAL W ACUTE CHOL	148	\$12,751	48.6	3.4	
	41400 COR AS- GRAFT TYPE NOS	145	\$9,219	56.6	2.2	
	57410 GB CALCULUS W CHOL NEC	137	\$12,760	46.2	3.0	
	4359 TRANS CEREB ISCHEMIA NOS	133	\$7,548	57.6	2.5	
	43310 CAROTID OCCL S INFARCT	84	\$13,530	63.4	2.7	
	V581 CHEMOTHERAPY ENCOUNTER	78	\$13,153	33.9	4.8	
	5849 ACUTE RENAL FAILURE NOS	78	\$16,386	58.9	6.1	
	4139 ANGINA PECTORIS NEC/NOS	74	\$8,107	50.8	2.0	
	41402 COR AS- AUTOLOG GRAFT	54	\$27,521	59.3	3.4	
	7242 LUMBAGO	44	\$5,338	47.8	2.8	
	1749 MAL NEOPL BREAST NOS	38	\$10,945	50.2	2.5	
	2113 BENIGN NEOPLASM LG BOWEL	36	\$13,294	59.6	5.4	
	72252 LUMB/LUMBOSAC DISC DEGEN	33	\$17,538	51.1	3.2	
	1972 2ND MAL NEOPLASM PLEURA	30	\$16,965	56.0	7.6	
	1830 MAL NEOPL OVARY	26	\$13,078	52.6	4.5	
	9964 MECH COMP INT ORTH DEV	25	\$21,974	52.5	3.7	
	4254 PRIM CARDIOMYOPATHY NEC	22	\$22,441	51.3	5.3	
	1539 MAL NEOPL COLON NOS	17	\$14,167	60.0	5.4	
	1744 MAL NEOPL BREAST UOQ	16	\$9,385	59.8	1.8	
	1536 MAL NEOPL ASCEND COLON	14	\$23,817	61.6	8.8	
	25070 DM2 W CIRC DISORD, NSU	14	\$12,108	62.7	5.4	
	20500 AML, NO REMISSION	12	\$54,900	53.3	14.6	
	496 CHR AIRWAY OBSTR NEC	12	\$6,740	58.1	3.4	
	25000 DM2 UNCOMP NSU	11	\$5,036	44.8	3.5	
	7140 RHEUMATOID ARTHRITIS	9	\$18,971	58.0	3.3	
	V580 RADIOTHERAPY ENCOUNTER	7	\$4,394	44.9	3.3	
	4321 SUBDURAL HEMORRHAGE	6	\$19,219	61.3	7.5	
	3483 ENCEPHALOPATHY NOS	6	\$33,717	62.3	11.5	
	20280 LYMPHOMA NEC-XNODAL/NOS	3	\$22,724	63.5	5.7	
	20400 ALL, NO REMISSION	2	\$6,048	31.0	1.5	
	1619 MAL NEOPL LARYNX NOS	2	\$17,123	62.6	8.0	
	V5332 ADJUSTMENT AICD	2	\$43,763	59.9	1.5	
	1610 MAL NEOPL GLOTTIS	1	\$31,435	55.5	12.0	
	<b>COMMERCIAL - INDEMNITY Total</b>		<b>6,530</b>	<b>\$12,760</b>	<b>49.9</b>	<b>3.5</b>

## Kentucky Access Top 50 Diagnoses, 2002

(Source: Kentucky Hospital Inpatient Claims, 2002)

PRIMARY PAYER	PRINCIPAL ICD DIAGNOSIS	Hospitalizations	Average Charge	Average Age	Average LOS	
<b>COMMERCIAL - MANAGED CARE</b>	486 PNEUMONIA, ORGANISM NOS	345	\$8,145	44.6	4.2	
	78650 CHEST PAIN NOS	246	\$7,084	49.1	1.7	
	41401 COR AS- NATIVE VESSEL	246	\$24,749	54.6	3.6	
	49121 OCB W ACUTE EXACERBATION	190	\$7,157	63.2	4.1	
	4280 CONGESTIVE HEART FAILURE	138	\$14,852	62.2	4.9	
	650 NORMAL DELIVERY	118	\$4,326	26.9	2.0	
	5990 URINARY TRACT INF NOS	98	\$6,178	51.9	3.9	
	56211 DIVERTICULITIS OF COLON	93	\$11,752	50.5	4.6	
	V581 CHEMOTHERAPY ENCOUNTER	92	\$12,262	35.2	5.3	
	41400 COR AS- GRAFT TYPE NOS	73	\$9,994	57.3	2.1	
	72210 LUMBAR DISC DISPLACEMENT	67	\$11,206	46.8	2.8	
	4359 TRANS CEREB ISCHEMIA NOS	59	\$7,701	59.2	2.2	
	57400 GB CAL W ACUTE CHOL	57	\$12,953	45.2	3.4	
	57410 GB CALCULUS W CHOL NEC	55	\$11,643	45.6	3.2	
	5849 ACUTE RENAL FAILURE NOS	35	\$15,187	51.3	6.1	
	43310 CAROTID OCCL S INFARCT	25	\$14,213	59.4	2.6	
	71596 OA NOS-LOW LE	22	\$22,618	61.1	4.0	
	9964 MECH COMP INT ORTH DEV	20	\$18,658	53.6	4.0	
	4139 ANGINA PECTORIS NEC/NOS	20	\$5,444	60.7	1.7	
	1830 MAL NEOPL OVARY	19	\$13,068	58.8	4.5	
	4254 PRIM CARDIOMYOPATHY NEC	16	\$14,106	49.9	3.8	
	7242 LUMBAGO	13	\$6,281	45.2	3.0	
	72252 LUMB/LUMBOSAC DISC DEGEN	13	\$19,624	53.6	4.8	
	V580 RADIOTHERAPY ENCOUNTER	9	\$4,114	46.4	1.7	
	1749 MAL NEOPL BREAST NOS	9	\$11,398	49.8	3.1	
	25000 DM2 UNCOMP NSU	8	\$6,205	49.3	3.8	
	20280 LYMPHOMA NEC-XNODAL/NOS	7	\$31,123	47.0	9.1	
	1744 MAL NEOPL BREAST UOQ	7	\$18,322	51.7	3.4	
	41402 COR AS- AUTOLOG GRAFT	7	\$24,901	57.2	1.9	
	1972 2ND MAL NEOPLASM PLEURA	7	\$16,103	55.9	6.4	
	1536 MAL NEOPL ASCEND COLON	7	\$15,642	56.8	6.1	
	20400 ALL, NO REMISSION	6	\$68,082	33.1	20.2	
	2113 BENIGN NEOPLASM LG BOWEL	6	\$9,992	57.7	3.5	
	1539 MAL NEOPL COLON NOS	4	\$3,745	57.0	4.0	
	25070 DM2 W CIRC DISORD, NSU	4	\$21,930	54.9	5.5	
	496 CHR AIRWAY OBSTR NEC	4	\$12,022	59.1	6.0	
	3483 ENCEPHALOPATHY NOS	3	\$10,460	59.1	4.3	
	20500 AML, NO REMISSION	3	\$24,376	42.4	12.7	
	7140 RHEUMATOID ARTHRITIS	3	\$15,162	40.6	2.0	
	4321 SUBDURAL HEMORRHAGE	2	\$65,805	53.4	21.0	
	2776 DEF CIRCULATE ENZYME NEC	2	\$21,035	27.9	8.5	
	1619 MAL NEOPL LARYNX NOS	1	\$5,340	56.4	2.0	
	1610 MAL NEOPL GLOTTIS	1	\$16,876	57.0	7.0	
	<b>COMMERCIAL - MANAGED CARE Total</b>		<b>2,160</b>	<b>\$11,701</b>	<b>50.4</b>	<b>3.7</b>

## Kentucky Access Top 50 Diagnoses, 2002

(Source: Kentucky Hospital Inpatient Claims, 2002)

PRIMARY PAYER	PRINCIPAL ICD DIAGNOSIS	Hospitalizations	Average Charge	Average Age	Average LOS
<b>COMMERCIAL - PREFERRED PROVIDER</b>	486 PNEUMONIA, ORGANISM NOS	754	\$8,685	40.8	4.2
	41401 COR AS- NATIVE VESSEL	522	\$21,853	57.2	3.2
	650 NORMAL DELIVERY	291	\$4,299	27.7	2.2
	78650 CHEST PAIN NOS	241	\$7,584	50.1	1.9
	4280 CONGESTIVE HEART FAILURE	232	\$12,860	63.4	4.5
	49121 OCB W ACUTE EXACERBATION	228	\$9,965	60.4	4.7
	72210 LUMBAR DISC DISPLACEMENT	163	\$15,430	46.0	2.8
	56211 DIVERTICULITIS OF COLON	129	\$13,082	52.3	5.1
	71596 OA NOS-LOW LE	117	\$22,399	60.3	3.7
	4359 TRANS CEREB ISCHEMIA NOS	91	\$8,000	60.8	3.1
	57400 GB CAL W ACUTE CHOL	83	\$14,662	47.9	3.8
	57410 GB CALCULUS W CHOL NEC	81	\$12,843	47.2	2.9
	V581 CHEMOTHERAPY ENCOUNTER	80	\$19,997	31.5	4.7
	5990 URINARY TRACT INF NOS	77	\$5,806	43.6	3.4
	41400 COR AS- GRAFT TYPE NOS	73	\$8,680	56.1	1.9
	72252 LUMB/LUMBOSAC DISC DEGEN	50	\$31,357	47.6	4.0
	43310 CAROTID OCCL S INFARCT	42	\$12,639	61.9	2.0
	5849 ACUTE RENAL FAILURE NOS	33	\$15,472	59.5	6.7
	9964 MECH COMP INT ORTH DEV	32	\$23,952	48.8	3.3
	41402 COR AS- AUTOLOG GRAFT	30	\$26,796	60.4	3.2
	2113 BENIGN NEOPLASM LG BOWEL	27	\$15,531	53.8	5.6
	7242 LUMBAGO	26	\$5,919	45.0	2.0
	4139 ANGINA PECTORIS NEC/NOS	26	\$6,652	48.7	1.7
	1972 2ND MAL NEOPLASM PLEURA	17	\$21,434	62.8	7.6
	1749 MAL NEOPL BREAST NOS	16	\$9,566	57.0	1.8
	496 CHR AIRWAY OBSTR NEC	16	\$6,943	57.7	3.7
	25070 DM2 W CIRC DISORD, NSU	15	\$25,139	63.5	10.1
	1539 MAL NEOPL COLON NOS	13	\$10,209	62.4	4.7
	1830 MAL NEOPL OVARY	12	\$16,919	60.2	3.8
	4254 PRIM CARDIOMYOPATHY NEC	12	\$22,256	52.9	3.3
	1744 MAL NEOPL BREAST UOQ	12	\$15,226	48.1	2.3
	20280 LYMPHOMA NEC-XNODAL/NOS	9	\$21,514	63.8	6.7
	25000 DM2 UNCOMP NSU	8	\$4,614	49.1	3.4
	4321 SUBDURAL HEMORRHAGE	8	\$21,430	49.8	5.3
	7140 RHEUMATOID ARTHRITIS	8	\$17,082	53.8	3.6
	3483 ENCEPHALOPATHY NOS	5	\$7,521	49.2	3.4
	2860 CONG FACTOR VIII DISORD	4	\$369,405	6.6	3.3
	20500 AML, NO REMISSION	4	\$86,297	39.7	12.8
	20400 ALL, NO REMISSION	4	\$15,695	24.4	5.3
	V580 RADIOTHERAPY ENCOUNTER	3	\$11,329	46.7	2.0
	1536 MAL NEOPL ASCEND COLON	2	\$28,700	69.1	12.0
	1610 MAL NEOPL GLOTTIS	1	\$10,474	57.3	5.0
<b>COMMERCIAL - PREFERRED PROVIDER Total</b>		<b>3,597</b>	<b>\$13,361</b>	<b>49.3</b>	<b>3.6</b>
<b>COMMERCIAL - UNKNOWN</b>	41401 COR AS- NATIVE VESSEL	2,169	\$30,752	56.3	3.8

## Kentucky Access Top 50 Diagnoses, 2002

(Source: Kentucky Hospital Inpatient Claims, 2002)

PRIMARY PAYER	PRINCIPAL ICD DIAGNOSIS	Hospitalizations	Average Charge	Average Age	Average LOS
COMMERCIAL - UNKNOWN	486 PNEUMONIA, ORGANISM NOS	1,968	\$10,596	47.2	4.7
	4280 CONGESTIVE HEART FAILURE	1,062	\$16,763	66.0	5.5
	49121 OCB W ACUTE EXACERBATION	953	\$10,168	62.3	5.0
	650 NORMAL DELIVERY	881	\$4,328	25.5	2.2
	72210 LUMBAR DISC DISPLACEMENT	602	\$16,148	44.5	2.0
	78650 CHEST PAIN NOS	598	\$7,528	53.1	1.8
	5990 URINARY TRACT INF NOS	414	\$8,602	54.3	4.4
	56211 DIVERTICULITIS OF COLON	358	\$13,431	55.0	5.0
	V581 CHEMOTHERAPY ENCOUNTER	315	\$34,539	38.7	5.9
	4359 TRANS CEREB ISCHEMIA NOS	224	\$9,784	62.9	2.8
	57410 GB CALCULUS W CHOL NEC	223	\$13,760	48.6	3.6
	71596 OA NOS-LOW LE	219	\$23,644	57.9	4.6
	41400 COR AS- GRAFT TYPE NOS	210	\$16,828	60.5	3.1
	57400 GB CAL W ACUTE CHOL	201	\$16,703	47.9	4.1
	5849 ACUTE RENAL FAILURE NOS	190	\$21,237	59.9	6.9
	72252 LUMB/LUMBOSAC DISC DEGEN	157	\$30,918	49.2	3.9
	43310 CAROTID OCCL S INFARCT	145	\$14,914	66.2	2.6
	9964 MECH COMP INT ORTH DEV	143	\$26,072	54.2	3.9
	41402 COR AS- AUTOLOG GRAFT	94	\$30,160	57.4	3.6
	2113 BENIGN NEOPLASM LG BOWEL	77	\$20,381	54.9	6.3
	4139 ANGINA PECTORIS NEC/NOS	68	\$5,994	57.0	2.1
	4254 PRIM CARDIOMYOPATHY NEC	59	\$48,245	46.7	7.5
	1749 MAL NEOPL BREAST NOS	57	\$13,505	56.3	3.4
	1972 2ND MAL NEOPLASM PLEURA	56	\$18,691	60.8	7.2
	7242 LUMBAGO	53	\$8,600	47.0	3.7
	20400 ALL, NO REMISSION	42	\$103,681	20.5	15.9
	20500 AML, NO REMISSION	41	\$193,459	48.8	20.7
	1830 MAL NEOPL OVARY	36	\$27,454	53.5	6.4
	7140 RHEUMATOID ARTHRITIS	32	\$25,291	57.7	3.6
	496 CHR AIRWAY OBSTR NEC	27	\$9,858	64.5	3.9
	1744 MAL NEOPL BREAST UOQ	27	\$11,517	55.6	2.3
	25070 DM2 W CIRC DISORD, NSU	25	\$26,652	58.7	9.2
	25000 DM2 UNCOMP NSU	25	\$5,527	46.4	2.6
	1536 MAL NEOPL ASCEND COLON	25	\$16,282	56.6	5.7
	V580 RADIOTHERAPY ENCOUNTER	20	\$21,432	49.9	4.4
	1539 MAL NEOPL COLON NOS	19	\$18,940	59.5	7.5
	20280 LYMPHOMA NEC-XNODAL/NOS	16	\$79,395	54.4	12.8
	4321 SUBDURAL HEMORRHAGE	16	\$30,437	58.9	8.1
	3483 ENCEPHALOPATHY NOS	15	\$12,444	57.7	5.3
	1610 MAL NEOPL GLOTTIS	4	\$23,105	60.6	6.0
	1619 MAL NEOPL LARYNX NOS	4	\$39,053	68.2	12.3
	2860 CONG FACTOR VIII DISORD	2	\$33,965	0.9	2.5
	V5332 ADJUSTMENT AICD	2	\$61,553	42.0	5.0
	V6709 F/U AFTER SURGERY NEC	1	\$9,973	40.4	1.0

**Kentucky Access Top 50 Diagnoses, 2002**  
 (Source: Kentucky Hospital Inpatient Claims, 2002)

PRIMARY PAYER	PRINCIPAL ICD DIAGNOSIS	Hospitalizations	Average Charge	Average Age	Average LOS
COMMERCIAL - UNKNOWN	3592 MYOTONIC DISORDERS	1	\$112,714	52.5	39.0
COMMERCIAL - UNKNOWN Total		11,876	\$17,981	52.3	4.2

## Kentucky Access Top 50 Diagnoses, 2002

(Source: Kentucky Hospital Inpatient Claims, 2002)

PRIMARY PAYER	PRINCIPAL ICD DIAGNOSIS	Hospitalizations	Average Charge	Average Age	Average LOS
<b>MEDICAID</b>	486 PNEUMONIA, ORGANISM NOS	3,438	\$7,165	29.0	3.8
	49121 OCB W ACUTE EXACERBATION	2,640	\$8,195	55.1	4.2
	650 NORMAL DELIVERY	2,319	\$3,941	23.1	2.2
	4280 CONGESTIVE HEART FAILURE	1,225	\$13,270	55.9	5.2
	41401 COR AS- NATIVE VESSEL	1,185	\$21,337	53.8	4.0
	78650 CHEST PAIN NOS	931	\$5,513	48.8	2.0
	5990 URINARY TRACT INF NOS	621	\$5,262	33.4	3.4
	41400 COR AS- GRAFT TYPE NOS	370	\$7,280	54.9	2.5
	V581 CHEMOTHERAPY ENCOUNTER	260	\$14,690	35.8	4.3
	57410 GB CALCULUS W CHOL NEC	225	\$12,315	40.0	3.5
	72210 LUMBAR DISC DISPLACEMENT	180	\$15,250	39.8	2.3
	4359 TRANS CEREB ISCHEMIA NOS	176	\$7,054	55.5	3.0
	56211 DIVERTICULITIS OF COLON	175	\$9,252	50.6	3.8
	57400 GB CAL W ACUTE CHOL	166	\$12,371	37.2	3.6
	5849 ACUTE RENAL FAILURE NOS	159	\$15,044	52.1	6.3
	4139 ANGINA PECTORIS NEC/NOS	120	\$5,868	49.8	2.1
	71596 OA NOS-LOW LE	94	\$21,732	55.0	4.3
	7242 LUMBAGO	84	\$4,047	42.1	3.1
	496 CHR AIRWAY OBSTR NEC	79	\$14,397	55.2	5.4
	43310 CAROTID OCCL S INFARCT	76	\$13,419	56.3	3.0
	72252 LUMB/LUMBOSAC DISC DEGEN	65	\$23,974	44.3	4.4
	9964 MECH COMP INT ORTH DEV	59	\$24,479	47.4	4.9
	1749 MAL NEOPL BREAST NOS	39	\$10,527	52.1	3.7
	4254 PRIM CARDIOMYOPATHY NEC	38	\$24,218	42.2	5.6
	41402 COR AS- AUTOLOG GRAFT	37	\$20,459	55.1	3.1
	1972 2ND MAL NEOPLASM PLEURA	37	\$24,945	52.0	11.2
	25000 DM2 UNCOMP NSU	34	\$3,613	45.3	3.0
	25070 DM2 W CIRC DISORD, NSU	33	\$21,874	55.8	10.4
	1830 MAL NEOPL OVARY	29	\$18,520	47.7	5.1
	7140 RHEUMATOID ARTHRITIS	26	\$17,408	52.3	5.3
	2113 BENIGN NEOPLASM LG BOWEL	19	\$15,324	54.6	5.3
	20500 AML, NO REMISSION	18	\$119,011	37.2	24.4
	1744 MAL NEOPL BREAST UOQ	17	\$9,797	48.6	2.8
	1539 MAL NEOPL COLON NOS	17	\$16,465	57.2	5.5
	1536 MAL NEOPL ASCEND COLON	16	\$27,356	54.3	9.4
	3483 ENCEPHALOPATHY NOS	14	\$10,765	41.3	5.1
	4321 SUBDURAL HEMORRHAGE	14	\$18,964	51.1	6.4
	20400 ALL, NO REMISSION	11	\$118,050	21.5	28.3
	20280 LYMPHOMA NEC-XNODAL/NOS	10	\$28,520	52.8	8.9
	V580 RADIOTHERAPY ENCOUNTER	10	\$10,827	53.7	4.0
	1619 MAL NEOPL LARYNX NOS	6	\$11,288	54.7	4.2
	3439 CEREBRAL PALSY NOS	4	\$6,757	36.8	2.8
	1610 MAL NEOPL GLOTTIS	4	\$29,890	49.6	10.8
	2860 CONG FACTOR VIII DISORD	3	\$10,288	20.3	1.3

**Kentucky Access Top 50 Diagnoses, 2002**  
 (Source: Kentucky Hospital Inpatient Claims, 2002)

<b>PRIMARY PAYER</b>	<b>PRINCIPAL ICD DIAGNOSIS</b>	<b>Hospitalizations</b>	<b>Average Charge</b>	<b>Average Age</b>	<b>Average LOS</b>
<b>MEDICAID</b>	V6709 F/U AFTER SURGERY NEC	1	\$2,361	40.0	1.0
	V5332 ADJUSTMENT AICD	1	\$44,456	65.0	1.0
	3592 MYOTONIC DISORDERS	1	\$7,593	12.1	8.0
	2776 DEF CIRCULATE ENZYME NEC	1	\$9,610	24.2	2.0
<b>MEDICAID Total</b>		<b>15,087</b>	<b>\$9,512</b>	<b>41.5</b>	<b>3.7</b>

## Kentucky Access Top 50 Diagnoses, 2002

(Source: Kentucky Hospital Inpatient Claims, 2002)

PRIMARY PAYER	PRINCIPAL ICD DIAGNOSIS	Hospitalizations	Average Charge	Average Age	Average LOS
MEDICARE	4280 CONGESTIVE HEART FAILURE	13,330	\$13,090	76.3	5.4
	486 PNEUMONIA, ORGANISM NOS	13,092	\$11,571	75.9	5.7
	49121 OCB W ACUTE EXACERBATION	10,555	\$9,704	71.0	4.9
	41401 COR AS- NATIVE VESSEL	9,640	\$27,750	70.3	4.4
	5990 URINARY TRACT INF NOS	3,390	\$8,914	78.1	5.0
	78650 CHEST PAIN NOS	2,405	\$7,326	68.4	2.1
	4359 TRANS CEREB ISCHEMIA NOS	2,298	\$7,972	76.5	3.2
	41400 COR AS- GRAFT TYPE NOS	2,058	\$11,262	70.6	3.0
	5849 ACUTE RENAL FAILURE NOS	1,763	\$14,894	75.8	6.9
	43310 CAROTID OCCL S INFARCT	1,402	\$13,354	73.2	2.8
	56211 DIVERTICULITIS OF COLON	1,340	\$14,509	74.3	5.8
	71596 OA NOS-LOW LE	1,260	\$22,956	72.5	4.8
	57410 GB CALCULUS W CHOL NEC	915	\$14,925	71.4	4.5
	72210 LUMBAR DISC DISPLACEMENT	674	\$14,980	64.5	3.2
	57400 GB CAL W ACUTE CHOL	656	\$17,840	72.2	5.5
	9964 MECH COMP INT ORTH DEV	646	\$22,173	71.6	4.9
	41402 COR AS- AUTOLOG GRAFT	498	\$28,408	69.2	4.1
	4139 ANGINA PECTORIS NEC/NOS	438	\$7,136	70.4	2.5
	V581 CHEMOTHERAPY ENCOUNTER	389	\$17,802	66.8	4.8
	72252 LUMB/LUMBOSAC DISC DEGEN	363	\$17,744	69.2	4.6
	496 CHR AIRWAY OBSTR NEC	341	\$9,713	73.0	4.4
	25070 DM2 W CIRC DISORD, NSU	332	\$22,470	72.8	9.2
	2113 BENIGN NEOPLASM LG BOWEL	261	\$16,764	73.8	6.1
	1972 2ND MAL NEOPLASM PLEURA	243	\$16,628	73.2	7.6
	1749 MAL NEOPL BREAST NOS	237	\$10,106	73.7	2.6
	7242 LUMBAGO	223	\$7,727	66.3	4.1
	1536 MAL NEOPL ASCEND COLON	209	\$28,807	77.5	10.3
	4321 SUBDURAL HEMORRHAGE	191	\$20,797	76.3	6.8
	4254 PRIM CARDIOMYOPATHY NEC	173	\$18,136	68.4	5.4
	7140 RHEUMATOID ARTHRITIS	152	\$17,472	69.3	4.8
	1830 MAL NEOPL OVARY	138	\$23,041	72.6	7.8
	3483 ENCEPHALOPATHY NOS	126	\$16,239	74.8	7.2
	1539 MAL NEOPL COLON NOS	108	\$21,629	74.6	8.3
	20280 LYMPHOMA NEC-XNODAL/NOS	108	\$23,971	73.7	8.3
	20500 AML, NO REMISSION	107	\$31,724	75.0	10.1
	1744 MAL NEOPL BREAST UOQ	107	\$9,826	73.8	2.3
	25000 DM2 UNCOMP NSU	78	\$5,991	68.7	3.3
	V580 RADIOTHERAPY ENCOUNTER	31	\$24,814	67.6	6.8
	V5332 ADJUSTMENT AICD	21	\$53,766	70.9	1.8
	1610 MAL NEOPL GLOTTIS	17	\$26,627	70.4	9.9
	1619 MAL NEOPL LARYNX NOS	13	\$28,840	71.4	10.7
	20400 ALL, NO REMISSION	13	\$25,359	75.4	9.6
	650 NORMAL DELIVERY	10	\$4,746	26.0	1.8
	2860 CONG FACTOR VIII DISORD	4	\$40,766	64.5	11.8

**Kentucky Access Top 50 Diagnoses, 2002**  
 (Source: Kentucky Hospital Inpatient Claims, 2002)

<b>PRIMARY PAYER</b>	<b>PRINCIPAL ICD DIAGNOSIS</b>	<b>Hospitalizations</b>	<b>Average Charge</b>	<b>Average Age</b>	<b>Average LOS</b>
<b>MEDICARE</b>	V6709 F/U AFTER SURGERY NEC	3	\$13,092	64.3	2.0
	3592 MYOTONIC DISORDERS	3	\$8,846	58.9	6.7
	3439 CEREBRAL PALSY NOS	2	\$26,501	50.6	16.5
	V711 OBS-SUSPECT MAL NEOPLASM	1	\$3,661	72.5	2.0
	2776 DEF CIRCULATE ENZYME NEC	1	\$25,723	68.6	16.0
<b>MEDICARE Total</b>		<b>70,365</b>	<b>\$14,447</b>	<b>73.5</b>	<b>4.9</b>

## Kentucky Access Top 50 Diagnoses, 2002

(Source: Kentucky Hospital Inpatient Claims, 2002)

PRIMARY PAYER	PRINCIPAL ICD DIAGNOSIS	Hospitalizations	Average Charge	Average Age	Average LOS
<b>OTHER</b>	41401 COR AS- NATIVE VESSEL	1,209	\$30,144	55.4	3.7
	486 PNEUMONIA, ORGANISM NOS	1,177	\$10,433	46.9	4.6
	49121 OCB W ACUTE EXACERBATION	893	\$11,969	63.2	5.4
	78650 CHEST PAIN NOS	596	\$8,323	48.7	1.7
	650 NORMAL DELIVERY	594	\$4,155	26.2	2.1
	4280 CONGESTIVE HEART FAILURE	577	\$14,063	63.6	5.0
	71596 OA NOS-LOW LE	277	\$21,445	67.0	6.5
	56211 DIVERTICULITIS OF COLON	275	\$14,092	50.3	5.0
	72210 LUMBAR DISC DISPLACEMENT	262	\$12,941	45.0	2.0
	57410 GB CALCULUS W CHOL NEC	178	\$13,144	44.2	2.9
	5990 URINARY TRACT INF NOS	166	\$7,161	47.3	3.3
	41400 COR AS- GRAFT TYPE NOS	151	\$16,047	62.2	5.1
	4359 TRANS CEREB ISCHEMIA NOS	145	\$8,670	55.3	2.4
	57400 GB CAL W ACUTE CHOL	143	\$13,054	45.4	3.3
	V581 CHEMOTHERAPY ENCOUNTER	85	\$12,779	46.0	3.8
	43310 CAROTID OCCL S INFARCT	81	\$12,777	58.9	1.9
	5849 ACUTE RENAL FAILURE NOS	76	\$23,470	56.6	8.2
	72252 LUMB/LUMBOSAC DISC DEGEN	75	\$28,899	48.5	3.5
	9964 MECH COMP INT ORTH DEV	57	\$24,376	60.9	6.0
	41402 COR AS- AUTOLOG GRAFT	49	\$25,687	59.0	2.9
	7242 LUMBAGO	45	\$5,877	44.3	2.8
	4139 ANGINA PECTORIS NEC/NOS	42	\$6,996	50.6	1.7
	496 CHR AIRWAY OBSTR NEC	35	\$48,695	69.7	16.5
	1830 MAL NEOPL OVARY	29	\$15,840	55.4	4.6
	2113 BENIGN NEOPLASM LG BOWEL	27	\$13,053	55.9	4.5
	4254 PRIM CARDIOMYOPATHY NEC	26	\$10,023	60.9	2.6
	1972 2ND MAL NEOPLASM PLEURA	26	\$26,377	54.6	9.0
	1749 MAL NEOPL BREAST NOS	26	\$14,324	55.4	4.2
	25000 DM2 UNCOMP NSU	19	\$5,074	42.4	2.4
	25070 DM2 W CIRC DISORD, NSU	18	\$24,460	55.2	9.3
	7140 RHEUMATOID ARTHRITIS	16	\$15,709	59.7	5.6
	1744 MAL NEOPL BREAST UOQ	15	\$13,362	52.5	2.5
	1539 MAL NEOPL COLON NOS	15	\$9,604	64.2	4.8
	4321 SUBDURAL HEMORRHAGE	15	\$20,440	50.7	5.3
	3483 ENCEPHALOPATHY NOS	12	\$37,597	56.3	12.2
	20500 AML, NO REMISSION	10	\$40,963	39.7	10.1
	1536 MAL NEOPL ASCEND COLON	8	\$22,468	57.6	7.3
	1619 MAL NEOPL LARYNX NOS	3	\$11,303	53.7	4.3
	20280 LYMPHOMA NEC-XNODAL/NOS	3	\$7,647	68.6	3.3
	V580 RADIOTHERAPY ENCOUNTER	2	\$15,522	47.3	4.0
	20400 ALL, NO REMISSION	2	\$21,251	20.3	9.0
	V5332 ADJUSTMENT AICD	2	\$70,982	65.7	2.0
	2860 CONG FACTOR VIII DISORD	1	\$29,655	2.3	2.0
<b>OTHER Total</b>		<b>7,463</b>	<b>\$15,159</b>	<b>52.0</b>	<b>4.1</b>

**Kentucky Access Top 50 Diagnoses, 2002**  
 (Source: Kentucky Hospital Inpatient Claims, 2002)

<b>PRIMARY PAYER</b>	<b>PRINCIPAL ICD DIAGNOSIS</b>	<b>Hospitalizations</b>	<b>Average Charge</b>	<b>Average Age</b>	<b>Average LOS</b>
<b>OTHER FEDERAL PROGRAMS</b>	41401 COR AS- NATIVE VESSEL	89	\$41,763	66.0	6.4
	49121 OCB W ACUTE EXACERBATION	78	\$10,469	73.3	3.9
	486 PNEUMONIA, ORGANISM NOS	77	\$13,937	66.4	5.1
	4280 CONGESTIVE HEART FAILURE	32	\$14,691	72.4	4.7
	41400 COR AS- GRAFT TYPE NOS	20	\$9,988	58.5	2.3
	78650 CHEST PAIN NOS	9	\$6,200	56.0	2.0
	5849 ACUTE RENAL FAILURE NOS	9	\$20,539	65.1	5.8
	V581 CHEMOTHERAPY ENCOUNTER	6	\$42,261	57.8	18.3
	4139 ANGINA PECTORIS NEC/NOS	6	\$9,670	48.1	1.5
	72210 LUMBAR DISC DISPLACEMENT	5	\$12,094	58.9	3.0
	5990 URINARY TRACT INF NOS	5	\$8,994	47.9	3.8
	4359 TRANS CEREB ISCHEMIA NOS	5	\$11,377	72.9	2.4
	57410 GB CALCULUS W CHOL NEC	3	\$16,902	58.0	2.3
	57400 GB CAL W ACUTE CHOL	3	\$13,969	37.4	3.0
	20500 AML, NO REMISSION	2	\$69,238	55.8	32.0
	72252 LUMB/LUMBOSAC DISC DEGEN	2	\$27,399	70.0	5.5
	3483 ENCEPHALOPATHY NOS	2	\$31,945	53.9	11.5
	20280 LYMPHOMA NEC-XNODAL/NOS	1	\$7,111	77.8	6.0
	496 CHR AIRWAY OBSTR NEC	1	\$12,287	85.5	6.0
	56211 DIVERTICULITIS OF COLON	1	\$6,153	80.5	4.0
	43310 CAROTID OCCL S INFARCT	1	\$19,981	70.1	8.0
	1972 2ND MAL NEOPLASM PLEURA	1	\$2,801	72.3	1.0
	1539 MAL NEOPL COLON NOS	1	\$17,620	49.8	7.0
	41402 COR AS- AUTOLOG GRAFT	1	\$23,547	59.0	2.0
	650 NORMAL DELIVERY	1	\$4,633	19.3	2.0
	71596 OA NOS-LOW LE	1	\$32,454	40.2	4.0
	1536 MAL NEOPL ASCEND COLON	1	\$27,135	59.5	11.0
	1749 MAL NEOPL BREAST NOS	1	\$11,970	55.4	2.0
	4254 PRIM CARDIOMYOPATHY NEC	1	\$1,827	49.2	2.0
<b>OTHER FEDERAL PROGRAMS Total</b>		<b>365</b>	<b>\$20,571</b>	<b>66.2</b>	<b>5.1</b>

**Kentucky Access Top 50 Diagnoses, 2002**  
 (Source: Kentucky Hospital Inpatient Claims, 2002)

PRIMARY PAYER	PRINCIPAL ICD DIAGNOSIS	Hospitalizations	Average Charge	Average Age	Average LOS
<b>SELF PAY</b>	486 PNEUMONIA, ORGANISM NOS	526	\$7,338	39.3	3.7
	78650 CHEST PAIN NOS	429	\$5,897	45.1	1.6
	49121 OCB W ACUTE EXACERBATION	321	\$7,564	52.0	3.6
	41401 COR AS- NATIVE VESSEL	316	\$20,384	51.4	3.4
	4280 CONGESTIVE HEART FAILURE	208	\$11,831	52.8	4.7
	57410 GB CALCULUS W CHOL NEC	125	\$10,806	37.9	2.8
	57400 GB CAL W ACUTE CHOL	117	\$11,289	38.7	2.9
	56211 DIVERTICULITIS OF COLON	83	\$10,252	45.6	4.5
	5990 URINARY TRACT INF NOS	80	\$4,857	32.6	2.3
	650 NORMAL DELIVERY	72	\$3,801	24.4	2.0
	4359 TRANS CEREB ISCHEMIA NOS	64	\$7,809	50.0	2.3
	41400 COR AS- GRAFT TYPE NOS	57	\$8,213	50.7	2.0
	4139 ANGINA PECTORIS NEC/NOS	36	\$4,949	46.9	1.6
	5849 ACUTE RENAL FAILURE NOS	35	\$14,679	46.9	5.2
	V581 CHEMOTHERAPY ENCOUNTER	29	\$14,946	48.4	3.8
	72210 LUMBAR DISC DISPLACEMENT	27	\$8,668	38.8	2.6
	7242 LUMBAGO	21	\$6,121	40.2	3.5
	25000 DM2 UNCOMP NSU	17	\$3,395	44.5	2.1
	43310 CAROTID OCCL S INFARCT	16	\$13,053	56.4	3.0
	1749 MAL NEOPL BREAST NOS	13	\$8,727	52.3	2.1
	4254 PRIM CARDIOMYOPATHY NEC	13	\$14,682	48.7	3.9
	41402 COR AS- AUTOLOG GRAFT	12	\$20,010	51.1	3.1
	25070 DM2 W CIRC DISORD, NSU	8	\$32,433	51.4	17.3
	72252 LUMB/LUMBOSAC DISC DEGEN	8	\$11,619	42.2	3.3
	496 CHR AIRWAY OBSTR NEC	8	\$5,840	48.3	2.3
	V580 RADIOTHERAPY ENCOUNTER	7	\$8,538	51.1	5.0
	1830 MAL NEOPL OVARY	7	\$33,998	56.1	11.3
	2113 BENIGN NEOPLASM LG BOWEL	6	\$12,929	48.8	4.5
	9964 MECH COMP INT ORTH DEV	6	\$12,337	43.0	2.7
	1539 MAL NEOPL COLON NOS	5	\$14,614	57.3	5.6
	1610 MAL NEOPL GLOTTIS	3	\$16,217	52.3	6.0
	20280 LYMPHOMA NEC-XNODAL/NOS	3	\$7,866	59.5	4.3
	1972 2ND MAL NEOPLASM PLEURA	2	\$25,726	62.3	10.0
	7140 RHEUMATOID ARTHRITIS	2	\$3,408	53.9	3.5
	20500 AML, NO REMISSION	2	\$58,840	52.6	17.5
	1536 MAL NEOPL ASCEND COLON	2	\$19,305	48.2	7.5
	1744 MAL NEOPL BREAST UOQ	2	\$12,994	55.5	6.0
	2776 DEF CIRCULATE ENZYME NEC	2	\$6,963	24.3	3.5
	V711 OBS-SUSPECT MAL NEOPLASM	1	\$14,416	48.3	4.0
	1619 MAL NEOPL LARYNX NOS	1	\$4,087	54.2	2.0
	4321 SUBDURAL HEMORRHAGE	1	\$14,300	88.5	9.0
<b>SELF PAY Total</b>		<b>2,693</b>	<b>\$9,823</b>	<b>45.1</b>	<b>3.2</b>

**Kentucky Access Top 50 Diagnoses, 2002**  
 (Source: Kentucky Hospital Inpatient Claims, 2002)

<b>PRIMARY PAYER</b>	<b>PRINCIPAL ICD DIAGNOSIS</b>	<b>Hospitalizations</b>	<b>Average Charge</b>	<b>Average Age</b>	<b>Average LOS</b>
<b>WORKERS COMPENSATION</b>	72210 LUMBAR DISC DISPLACEMENT	462	\$15,680	42.5	2.1
	49121 OCB W ACUTE EXACERBATION	116	\$13,793	68.2	5.9
	72252 LUMB/LUMBOSAC DISC DEGEN	96	\$31,634	45.1	3.8
	41401 COR AS- NATIVE VESSEL	96	\$24,328	70.9	4.9
	7242 LUMBAGO	64	\$5,412	43.9	3.4
	9964 MECH COMP INT ORTH DEV	60	\$30,024	52.2	4.1
	4280 CONGESTIVE HEART FAILURE	57	\$12,752	76.7	5.3
	486 PNEUMONIA, ORGANISM NOS	55	\$16,755	68.6	6.5
	71596 OA NOS-LOW LE	18	\$21,265	55.7	4.4
	78650 CHEST PAIN NOS	15	\$6,678	50.6	2.0
	5990 URINARY TRACT INF NOS	13	\$10,318	60.3	4.5
	41400 COR AS- GRAFT TYPE NOS	11	\$12,310	65.7	2.9
	43310 CAROTID OCCL S INFARCT	9	\$20,491	70.0	4.6
	5849 ACUTE RENAL FAILURE NOS	8	\$36,037	71.6	14.6
	4359 TRANS CEREB ISCHEMIA NOS	6	\$8,044	76.0	3.3
	2113 BENIGN NEOPLASM LG BOWEL	4	\$23,652	72.3	8.8
	57400 GB CAL W ACUTE CHOL	4	\$16,122	63.4	6.8
	V581 CHEMOTHERAPY ENCOUNTER	3	\$4,126	25.6	1.3
	496 CHR AIRWAY OBSTR NEC	3	\$14,089	81.8	9.0
	56211 DIVERTICULITIS OF COLON	3	\$8,231	58.0	4.7
	41402 COR AS- AUTOLOG GRAFT	3	\$18,920	78.1	5.7
	4139 ANGINA PECTORIS NEC/NOS	3	\$20,357	72.9	8.3
	57410 GB CALCULUS W CHOL NEC	2	\$20,105	59.0	6.0
	4254 PRIM CARDIOMYOPATHY NEC	2	\$9,725	83.4	8.5
	25000 DM2 UNCOMP NSU	2	\$12,351	43.6	4.5
	1972 2ND MAL NEOPLASM PLEURA	1	\$16,581	76.1	6.0
	20500 AML, NO REMISSION	1	\$320,277	59.8	39.0
	1830 MAL NEOPL OVARY	1	\$14,536	40.8	2.0
	4321 SUBDURAL HEMORRHAGE	1	\$3,557	43.2	2.0
	25070 DM2 W CIRC DISORD, NSU	1	\$14,591	56.6	9.0
	V580 RADIOTHERAPY ENCOUNTER	1	\$22,366	74.4	19.0
<b>WORKERS COMPENSATION Total</b>		<b>1,121</b>	<b>\$17,947</b>	<b>53.4</b>	<b>3.8</b>
<b>Grand Total</b>		<b>125,458</b>	<b>\$14,024</b>	<b>62.4</b>	<b>4.4</b>

**Kentucky Resident Inpatient Hospitalizations by County and Age, Primary Diagnosis Asthma (ICD9 493-493.92), 2000-2001**

(Source: Kentucky Hospital Inpatient Discharge Claims, Kentucky Department for Public Health, Health Policy Branch)

Inpatient Cases		YEAR		
PATIENT COUNTY	AGE GROUP	2000	2001	Grand Total
<b>ADAIR</b>		<b>38</b>	<b>31</b>	<b>69</b>
	AGE 00-04	4	10	14
	AGE 05-14	5	2	7
	AGE 15-19	1	2	3
	AGE 20-24		1	1
	AGE 25-44	9	2	11
	AGE 45-64	8	8	16
	AGE 65+	11	6	17
<b>ALLEN</b>		<b>18</b>	<b>30</b>	<b>48</b>
	AGE 00-04	2		2
	AGE 05-14		1	1
	AGE 20-24		2	2
	AGE 25-44	5	8	13
	AGE 45-64	8	8	16
	AGE 65+	3	11	14
<b>ANDERSON</b>		<b>18</b>	<b>14</b>	<b>32</b>
	AGE 00-04	4	1	5
	AGE 05-14	1	1	2
	AGE 15-19		2	2
	AGE 20-24	1	2	3
	AGE 25-44	5	6	11
	AGE 45-64	4		4
	AGE 65+	3	2	5
<b>BALLARD</b>		<b>11</b>	<b>7</b>	<b>18</b>
	AGE 00-04	2	3	5
	AGE 05-14	1		1
	AGE 15-19	1		1
	AGE 20-24	3		3
	AGE 25-44		1	1
	AGE 45-64	2	2	4
	AGE 65+	2	1	3
<b>BARREN</b>		<b>69</b>	<b>63</b>	<b>132</b>
	AGE 00-04	16	11	27
	AGE 05-14	8	3	11
	AGE 15-19		1	1
	AGE 20-24	1	1	2
	AGE 25-44	12	7	19
	AGE 45-64	21	25	46
	AGE 65+	11	15	26
<b>BATH</b>		<b>10</b>	<b>8</b>	<b>18</b>
	AGE 00-04		1	1
	AGE 05-14	1	2	3
	AGE 15-19	1		1

**Kentucky Resident Inpatient Hospitalizations by County and Age, Primary Diagnosis Asthma (ICD9 493-493.92), 2000-2001**

(Source: Kentucky Hospital Inpatient Discharge Claims, Kentucky Department for Public Health, Health Policy Branch)

	AGE 25-44	4	1	5
	AGE 45-64	4	2	6
	AGE 65+		2	2
<b>BELL</b>		<b>206</b>	<b>189</b>	<b>395</b>
	AGE 00-04	31	52	83
	AGE 05-14	29	20	49
	AGE 15-19	7	14	21
	AGE 20-24	3	2	5
	AGE 25-44	22	22	44
	AGE 45-64	57	55	112
	AGE 65+	57	24	81
<b>BOONE</b>		<b>72</b>	<b>71</b>	<b>143</b>
	AGE 00-04	14	11	25
	AGE 05-14	7	11	18
	AGE 15-19	2	2	4
	AGE 20-24	8	2	10
	AGE 25-44	14	17	31
	AGE 45-64	14	18	32
	AGE 65+	13	10	23
<b>BOURBON</b>		<b>15</b>	<b>15</b>	<b>30</b>
	AGE 00-04	2	3	5
	AGE 05-14	6	3	9
	AGE 15-19	2	1	3
	AGE 20-24	1	1	2
	AGE 25-44		3	3
	AGE 45-64	2	3	5
	AGE 65+	2	1	3
<b>BOYD</b>		<b>81</b>	<b>97</b>	<b>178</b>
	AGE 00-04	10	23	33
	AGE 05-14	19	10	29
	AGE 15-19	2	5	7
	AGE 20-24	4	2	6
	AGE 25-44	23	21	44
	AGE 45-64	11	21	32
	AGE 65+	12	15	27
<b>BOYLE</b>		<b>35</b>	<b>44</b>	<b>79</b>
	AGE 00-04	10	6	16
	AGE 05-14	3	4	7
	AGE 15-19	1	4	5
	AGE 20-24		2	2
	AGE 25-44	4	4	8
	AGE 45-64	9	16	25
	AGE 65+	8	8	16
<b>BRACKEN</b>		<b>9</b>	<b>7</b>	<b>16</b>
	AGE 00-04	3	2	5

**Kentucky Resident Inpatient Hospitalizations by County and Age, Primary Diagnosis Asthma (ICD9 493-493.92), 2000-2001**

(Source: Kentucky Hospital Inpatient Discharge Claims, Kentucky Department for Public Health, Health Policy Branch)

	AGE 05-14		2	2
	AGE 25-44	3		3
	AGE 45-64	3	2	5
	AGE 65+		1	1
<b>BREATHITT</b>		<b>27</b>	<b>40</b>	<b>67</b>
	AGE 00-04	8	9	17
	AGE 05-14	2	7	9
	AGE 15-19	1	7	8
	AGE 20-24	2	1	3
	AGE 25-44	8	9	17
	AGE 45-64	5	6	11
	AGE 65+	1	1	2
<b>BRECKINRIDGE</b>		<b>23</b>	<b>11</b>	<b>34</b>
	AGE 00-04	8	4	12
	AGE 05-14	1		1
	AGE 20-24	1		1
	AGE 25-44	5	2	7
	AGE 45-64	4	2	6
	AGE 65+	4	3	7
<b>BULLITT</b>		<b>45</b>	<b>59</b>	<b>104</b>
	AGE 00-04	8	11	19
	AGE 05-14	2	7	9
	AGE 15-19	1		1
	AGE 20-24	1	1	2
	AGE 25-44	16	14	30
	AGE 45-64	10	16	26
	AGE 65+	7	10	17
<b>BUTLER</b>		<b>27</b>	<b>25</b>	<b>52</b>
	AGE 00-04	2	3	5
	AGE 05-14	2		2
	AGE 15-19	1	1	2
	AGE 20-24	2		2
	AGE 25-44	12	13	25
	AGE 45-64	2	6	8
	AGE 65+	6	2	8
<b>CALDWELL</b>		<b>25</b>	<b>21</b>	<b>46</b>
	AGE 00-04	3	1	4
	AGE 05-14	4	3	7
	AGE 15-19		2	2
	AGE 20-24	1		1
	AGE 25-44	10	7	17
	AGE 45-64	5	4	9
	AGE 65+	2	4	6
<b>CALLOWAY</b>		<b>50</b>	<b>60</b>	<b>110</b>
	AGE 00-04	11	15	26

**Kentucky Resident Inpatient Hospitalizations by County and Age, Primary Diagnosis Asthma (ICD9 493-493.92), 2000-2001**

(Source: Kentucky Hospital Inpatient Discharge Claims, Kentucky Department for Public Health, Health Policy Branch)

	AGE 05-14	8	8	16
	AGE 15-19	1	4	5
	AGE 20-24		4	4
	AGE 25-44	13	19	32
	AGE 45-64	14	8	22
	AGE 65+	3	2	5
<b>CAMPBELL</b>		<b>59</b>	<b>94</b>	<b>153</b>
	AGE 00-04	6	10	16
	AGE 05-14	3	3	6
	AGE 15-19	1	2	3
	AGE 20-24	7	2	9
	AGE 25-44	9	24	33
	AGE 45-64	20	28	48
	AGE 65+	13	25	38
<b>CARLISLE</b>		<b>4</b>	<b>9</b>	<b>13</b>
	AGE 00-04	2	6	8
	AGE 20-24	1		1
	AGE 25-44	1	2	3
	AGE 65+		1	1
<b>CARROLL</b>		<b>8</b>	<b>4</b>	<b>12</b>
	AGE 00-04	1		1
	AGE 05-14	2	1	3
	AGE 25-44	2	1	3
	AGE 45-64	2	1	3
	AGE 65+	1	1	2
<b>CARTER</b>		<b>38</b>	<b>26</b>	<b>64</b>
	AGE 00-04	12	9	21
	AGE 05-14	2	3	5
	AGE 15-19	3		3
	AGE 20-24	1		1
	AGE 25-44	5	7	12
	AGE 45-64	8	1	9
	AGE 65+	7	6	13
<b>CASEY</b>		<b>25</b>	<b>36</b>	<b>61</b>
	AGE 00-04	7	8	15
	AGE 05-14		4	4
	AGE 25-44	10	10	20
	AGE 45-64	3	10	13
	AGE 65+	5	4	9
<b>CHRISTIAN</b>		<b>70</b>	<b>81</b>	<b>151</b>
	AGE 00-04	20	23	43
	AGE 05-14	17	15	32
	AGE 15-19	2	7	9
	AGE 20-24	2	4	6
	AGE 25-44	17	15	32

**Kentucky Resident Inpatient Hospitalizations by County and Age, Primary Diagnosis Asthma (ICD9 493-493.92), 2000-2001**

(Source: Kentucky Hospital Inpatient Discharge Claims, Kentucky Department for Public Health, Health Policy Branch)

	AGE 45-64	11	14	25
	AGE 65+	1	3	4
<b>CLARK</b>		<b>21</b>	<b>22</b>	<b>43</b>
	AGE 00-04	2	4	6
	AGE 05-14	2	2	4
	AGE 15-19	1		1
	AGE 20-24		1	1
	AGE 25-44	7	5	12
	AGE 45-64	6	7	13
	AGE 65+	3	3	6
<b>CLAY</b>		<b>59</b>	<b>48</b>	<b>107</b>
	AGE 00-04	28	22	50
	AGE 05-14	9	5	14
	AGE 15-19	2		2
	AGE 20-24	4	2	6
	AGE 25-44	9	7	16
	AGE 45-64	6	10	16
	AGE 65+	1	2	3
<b>CLINTON</b>		<b>48</b>	<b>59</b>	<b>107</b>
	AGE 00-04	12	27	39
	AGE 05-14	11	3	14
	AGE 15-19		1	1
	AGE 20-24	1		1
	AGE 25-44	8	13	21
	AGE 45-64	11	9	20
	AGE 65+	5	6	11
<b>CRITTENDEN</b>		<b>12</b>	<b>22</b>	<b>34</b>
	AGE 00-04		2	2
	AGE 05-14		3	3
	AGE 15-19	1	1	2
	AGE 20-24	4		4
	AGE 25-44	2	5	7
	AGE 45-64	2	8	10
	AGE 65+	3	3	6
<b>CUMBERLAND</b>		<b>17</b>	<b>13</b>	<b>30</b>
	AGE 00-04	8	4	12
	AGE 05-14	3	2	5
	AGE 25-44	1	1	2
	AGE 45-64	4	2	6
	AGE 65+	1	4	5
<b>DAVIESS</b>		<b>235</b>	<b>215</b>	<b>450</b>
	AGE 00-04	51	46	97
	AGE 05-14	53	52	105
	AGE 15-19	5		5
	AGE 20-24	6	6	12

**Kentucky Resident Inpatient Hospitalizations by County and Age, Primary Diagnosis Asthma (ICD9 493-493.92), 2000-2001**

(Source: Kentucky Hospital Inpatient Discharge Claims, Kentucky Department for Public Health, Health Policy Branch)

	AGE 25-44	52	49	101
	AGE 45-64	38	35	73
	AGE 65+	30	27	57
<b>EDMONSON</b>		<b>12</b>	<b>12</b>	<b>24</b>
	AGE 00-04	3	2	5
	AGE 15-19		1	1
	AGE 25-44	1	1	2
	AGE 45-64	7	5	12
	AGE 65+	1	3	4
<b>ELLIOTT</b>		<b>9</b>	<b>9</b>	<b>18</b>
	AGE 00-04	1	3	4
	AGE 05-14	1		1
	AGE 20-24	1		1
	AGE 25-44	2	2	4
	AGE 45-64	1	3	4
	AGE 65+	3	1	4
<b>ESTILL</b>		<b>14</b>	<b>16</b>	<b>30</b>
	AGE 00-04	2	6	8
	AGE 05-14	1		1
	AGE 20-24		2	2
	AGE 25-44	4	2	6
	AGE 45-64	5	3	8
	AGE 65+	2	3	5
<b>FAYETTE</b>		<b>196</b>	<b>220</b>	<b>416</b>
	AGE 00-04	43	51	94
	AGE 05-14	29	20	49
	AGE 15-19	3	2	5
	AGE 20-24	8	9	17
	AGE 25-44	47	57	104
	AGE 45-64	41	48	89
	AGE 65+	25	33	58
<b>FLEMING</b>		<b>24</b>	<b>10</b>	<b>34</b>
	AGE 00-04	2	2	4
	AGE 05-14	5		5
	AGE 25-44	9	1	10
	AGE 45-64	6	3	9
	AGE 65+	2	4	6
<b>FLOYD</b>		<b>163</b>	<b>147</b>	<b>310</b>
	AGE 00-04	40	52	92
	AGE 05-14	29	16	45
	AGE 15-19	6	4	10
	AGE 20-24	7	6	13
	AGE 25-44	24	25	49
	AGE 45-64	33	25	58
	AGE 65+	24	19	43

**Kentucky Resident Inpatient Hospitalizations by County and Age, Primary Diagnosis Asthma (ICD9 493-493.92), 2000-2001**

(Source: Kentucky Hospital Inpatient Discharge Claims, Kentucky Department for Public Health, Health Policy Branch)

<b>FRANKLIN</b>		<b>54</b>	<b>59</b>	<b>113</b>
	AGE 00-04	4	10	14
	AGE 05-14	11	2	13
	AGE 15-19	1		1
	AGE 20-24	1		1
	AGE 25-44	13	14	27
	AGE 45-64	10	15	25
	AGE 65+	14	18	32
<b>FULTON</b>		<b>18</b>	<b>35</b>	<b>53</b>
	AGE 00-04	2	14	16
	AGE 05-14		7	7
	AGE 25-44	4	2	6
	AGE 45-64	10	6	16
	AGE 65+	2	6	8
<b>GALLATIN</b>		<b>8</b>	<b>7</b>	<b>15</b>
	AGE 00-04	2	3	5
	AGE 25-44	4	1	5
	AGE 45-64		1	1
	AGE 65+	2	2	4
<b>GARRARD</b>		<b>11</b>	<b>13</b>	<b>24</b>
	AGE 00-04	1		1
	AGE 05-14	2	1	3
	AGE 15-19		1	1
	AGE 25-44	4	1	5
	AGE 45-64	2	7	9
	AGE 65+	2	3	5
<b>GRANT</b>		<b>14</b>	<b>31</b>	<b>45</b>
	AGE 00-04	5	6	11
	AGE 05-14	2	6	8
	AGE 15-19	1	1	2
	AGE 20-24	1		1
	AGE 25-44	2	8	10
	AGE 45-64	1	6	7
	AGE 65+	2	4	6
<b>GRAVES</b>		<b>135</b>	<b>204</b>	<b>339</b>
	AGE 00-04	53	103	156
	AGE 05-14	25	26	51
	AGE 15-19	8	6	14
	AGE 20-24	2	1	3
	AGE 25-44	15	17	32
	AGE 45-64	25	29	54
	AGE 65+	7	22	29
<b>GRAYSON</b>		<b>38</b>	<b>44</b>	<b>82</b>
	AGE 00-04	17	13	30
	AGE 05-14		1	1

**Kentucky Resident Inpatient Hospitalizations by County and Age, Primary Diagnosis Asthma (ICD9 493-493.92), 2000-2001**

(Source: Kentucky Hospital Inpatient Discharge Claims, Kentucky Department for Public Health, Health Policy Branch)

	AGE 15-19		1	1
	AGE 25-44	4	14	18
	AGE 45-64	11	11	22
	AGE 65+	6	4	10
<b>GREEN</b>		<b>16</b>	<b>16</b>	<b>32</b>
	AGE 00-04	5	5	10
	AGE 05-14	1		1
	AGE 25-44	2	1	3
	AGE 45-64	2	4	6
	AGE 65+	6	6	12
<b>GREENUP</b>		<b>83</b>	<b>79</b>	<b>162</b>
	AGE 00-04	5	9	14
	AGE 05-14	10	5	15
	AGE 15-19	4	5	9
	AGE 20-24	6	3	9
	AGE 25-44	18	17	35
	AGE 45-64	28	24	52
	AGE 65+	12	16	28
<b>HANCOCK</b>		<b>7</b>	<b>15</b>	<b>22</b>
	AGE 00-04	4	5	9
	AGE 05-14	1		1
	AGE 25-44		5	5
	AGE 45-64		3	3
	AGE 65+	2	2	4
<b>HARDIN</b>		<b>114</b>	<b>146</b>	<b>260</b>
	AGE 00-04	20	50	70
	AGE 05-14	13	11	24
	AGE 15-19	5	4	9
	AGE 20-24	3	3	6
	AGE 25-44	19	15	34
	AGE 45-64	27	41	68
	AGE 65+	27	22	49
<b>HARLAN</b>		<b>216</b>	<b>253</b>	<b>469</b>
	AGE 00-04	34	67	101
	AGE 05-14	18	24	42
	AGE 15-19	6	6	12
	AGE 20-24	5	7	12
	AGE 25-44	56	45	101
	AGE 45-64	75	79	154
	AGE 65+	22	25	47
<b>HARRISON</b>		<b>9</b>	<b>10</b>	<b>19</b>
	AGE 00-04	2	2	4
	AGE 25-44	3	3	6
	AGE 45-64	4	4	8
	AGE 65+		1	1

**Kentucky Resident Inpatient Hospitalizations by County and Age, Primary Diagnosis Asthma (ICD9 493-493.92), 2000-2001**

(Source: Kentucky Hospital Inpatient Discharge Claims, Kentucky Department for Public Health, Health Policy Branch)

<b>HART</b>		<b>33</b>	<b>25</b>	<b>58</b>
	AGE 00-04	9	7	16
	AGE 05-14	6	2	8
	AGE 20-24	1		1
	AGE 25-44	4	4	8
	AGE 45-64	13	4	17
	AGE 65+		8	8
<b>HENDERSON</b>		<b>135</b>	<b>101</b>	<b>236</b>
	AGE 00-04	8	13	21
	AGE 05-14	18	10	28
	AGE 15-19	1	5	6
	AGE 20-24	3	5	8
	AGE 25-44	34	17	51
	AGE 45-64	46	29	75
	AGE 65+	25	22	47
<b>HENRY</b>		<b>18</b>	<b>21</b>	<b>39</b>
	AGE 00-04	1	1	2
	AGE 05-14	3	4	7
	AGE 15-19	1	1	2
	AGE 25-44	5	3	8
	AGE 45-64	2	8	10
	AGE 65+	6	4	10
<b>HICKMAN</b>		<b>2</b>	<b>13</b>	<b>15</b>
	AGE 00-04	2	3	5
	AGE 05-14		2	2
	AGE 20-24		1	1
	AGE 25-44		4	4
	AGE 45-64		2	2
	AGE 65+		1	1
<b>HOPKINS</b>		<b>83</b>	<b>95</b>	<b>178</b>
	AGE 00-04	8	20	28
	AGE 05-14	9	7	16
	AGE 15-19	6	4	10
	AGE 20-24	4	2	6
	AGE 25-44	17	24	41
	AGE 45-64	22	25	47
	AGE 65+	17	13	30
<b>JACKSON</b>		<b>6</b>	<b>8</b>	<b>14</b>
	AGE 00-04	2		2
	AGE 45-64	2	7	9
	AGE 65+	2	1	3
<b>JEFFERSON</b>		<b>805</b>	<b>1055</b>	<b>1860</b>
	AGE 00-04	81	175	256
	AGE 05-14	52	132	184
	AGE 15-19	32	58	90

**Kentucky Resident Inpatient Hospitalizations by County and Age, Primary Diagnosis Asthma (ICD9 493-493.92), 2000-2001**

(Source: Kentucky Hospital Inpatient Discharge Claims, Kentucky Department for Public Health, Health Policy Branch)

	AGE 20-24	28	27	55
	AGE 25-44	242	283	525
	AGE 45-64	207	240	447
	AGE 65+	163	140	303
<b>JESSAMINE</b>		<b>29</b>	<b>28</b>	<b>57</b>
	AGE 00-04	6	2	8
	AGE 05-14	1	1	2
	AGE 15-19	1		1
	AGE 25-44	14	8	22
	AGE 45-64	4	12	16
	AGE 65+	3	5	8
<b>JOHNSON</b>		<b>64</b>	<b>46</b>	<b>110</b>
	AGE 00-04	17	24	41
	AGE 05-14	11	10	21
	AGE 15-19	4	4	8
	AGE 20-24	1		1
	AGE 25-44	16	5	21
	AGE 45-64	8	2	10
	AGE 65+	7	1	8
<b>KENTON</b>		<b>86</b>	<b>134</b>	<b>220</b>
	AGE 00-04	10	25	35
	AGE 05-14	14	14	28
	AGE 15-19	2	2	4
	AGE 20-24	2	2	4
	AGE 25-44	19	37	56
	AGE 45-64	23	29	52
	AGE 65+	16	25	41
<b>KNOTT</b>		<b>44</b>	<b>42</b>	<b>86</b>
	AGE 00-04	11	8	19
	AGE 05-14	11	9	20
	AGE 15-19	3	3	6
	AGE 20-24		2	2
	AGE 25-44	10	8	18
	AGE 45-64	8	11	19
	AGE 65+	1	1	2
<b>KNOX</b>		<b>48</b>	<b>39</b>	<b>87</b>
	AGE 00-04	21	18	39
	AGE 05-14	4		4
	AGE 15-19		1	1
	AGE 20-24		1	1
	AGE 25-44	12	10	22
	AGE 45-64	6	7	13
	AGE 65+	5	2	7
<b>LARUE</b>		<b>24</b>	<b>18</b>	<b>42</b>
	AGE 00-04	4	3	7

**Kentucky Resident Inpatient Hospitalizations by County and Age, Primary Diagnosis Asthma (ICD9 493-493.92), 2000-2001**

(Source: Kentucky Hospital Inpatient Discharge Claims, Kentucky Department for Public Health, Health Policy Branch)

	AGE 05-14	1	1	2
	AGE 15-19	3	1	4
	AGE 20-24	2		2
	AGE 25-44	2	1	3
	AGE 45-64	5	4	9
	AGE 65+	7	8	15
<b>LAUREL</b>		<b>42</b>	<b>71</b>	<b>113</b>
	AGE 00-04	17	28	45
	AGE 05-14	2	2	4
	AGE 20-24	1	4	5
	AGE 25-44	11	14	25
	AGE 45-64	7	12	19
	AGE 65+	4	11	15
<b>LAWRENCE</b>		<b>68</b>	<b>120</b>	<b>188</b>
	AGE 00-04	17	51	68
	AGE 05-14	14	30	44
	AGE 15-19	3	2	5
	AGE 20-24	1	2	3
	AGE 25-44	16	14	30
	AGE 45-64	17	19	36
	AGE 65+		2	2
<b>LEE</b>		<b>8</b>	<b>17</b>	<b>25</b>
	AGE 00-04	1	5	6
	AGE 05-14	1	4	5
	AGE 15-19	1		1
	AGE 20-24		2	2
	AGE 25-44	5	3	8
	AGE 45-64		3	3
<b>LESLIE</b>		<b>23</b>	<b>20</b>	<b>43</b>
	AGE 00-04	8	7	15
	AGE 05-14	1	2	3
	AGE 20-24	4		4
	AGE 25-44	1	3	4
	AGE 45-64	1	4	5
	AGE 65+	8	4	12
<b>LETCHER</b>		<b>107</b>	<b>107</b>	<b>214</b>
	AGE 00-04	22	29	51
	AGE 05-14	9	12	21
	AGE 15-19	3	3	6
	AGE 20-24	3	7	10
	AGE 25-44	23	20	43
	AGE 45-64	24	20	44
	AGE 65+	23	16	39
<b>LEWIS</b>		<b>12</b>	<b>13</b>	<b>25</b>
	AGE 00-04	3	5	8

**Kentucky Resident Inpatient Hospitalizations by County and Age, Primary Diagnosis Asthma (ICD9 493-493.92), 2000-2001**

(Source: Kentucky Hospital Inpatient Discharge Claims, Kentucky Department for Public Health, Health Policy Branch)

	AGE 05-14		2	2
	AGE 20-24	1		1
	AGE 25-44	4	2	6
	AGE 45-64	1	4	5
	AGE 65+	3		3
<b>LINCOLN</b>		<b>33</b>	<b>22</b>	<b>55</b>
	AGE 00-04	11	2	13
	AGE 05-14	1		1
	AGE 15-19	3	2	5
	AGE 20-24	2		2
	AGE 25-44	6	8	14
	AGE 45-64	6	5	11
	AGE 65+	4	5	9
<b>LIVINGSTON</b>		<b>9</b>	<b>15</b>	<b>24</b>
	AGE 00-04		2	2
	AGE 05-14		1	1
	AGE 15-19	1	1	2
	AGE 25-44	4	5	9
	AGE 45-64	2	2	4
	AGE 65+	2	4	6
<b>LOGAN</b>		<b>37</b>	<b>38</b>	<b>75</b>
	AGE 00-04	4	5	9
	AGE 05-14	1	4	5
	AGE 15-19	1		1
	AGE 20-24	2		2
	AGE 25-44	14	11	25
	AGE 45-64	6	7	13
	AGE 65+	9	11	20
<b>LYON</b>		<b>9</b>	<b>9</b>	<b>18</b>
	AGE 00-04	1	1	2
	AGE 20-24	1	1	2
	AGE 25-44	2	6	8
	AGE 45-64	2	1	3
	AGE 65+	3		3
<b>MADISON</b>		<b>16</b>	<b>30</b>	<b>46</b>
	AGE 00-04	6	7	13
	AGE 05-14	2	7	9
	AGE 15-19		1	1
	AGE 20-24		1	1
	AGE 25-44	2	4	6
	AGE 45-64	5	4	9
	AGE 65+	1	6	7
<b>MAGOFFIN</b>		<b>19</b>	<b>26</b>	<b>45</b>
	AGE 00-04	12	9	21
	AGE 05-14	3	6	9

**Kentucky Resident Inpatient Hospitalizations by County and Age, Primary Diagnosis Asthma (ICD9 493-493.92), 2000-2001**

(Source: Kentucky Hospital Inpatient Discharge Claims, Kentucky Department for Public Health, Health Policy Branch)

	AGE 20-24	1	1	2
	AGE 25-44	3	7	10
	AGE 45-64		3	3
<b>MARION</b>		<b>15</b>	<b>19</b>	<b>34</b>
	AGE 00-04	8	6	14
	AGE 05-14	1	1	2
	AGE 15-19		1	1
	AGE 25-44	1	5	6
	AGE 45-64	2	4	6
	AGE 65+	3	2	5
<b>MARSHALL</b>		<b>40</b>	<b>34</b>	<b>74</b>
	AGE 00-04	6	7	13
	AGE 05-14	3	6	9
	AGE 15-19		1	1
	AGE 20-24	2	1	3
	AGE 25-44	10	7	17
	AGE 45-64	10	7	17
	AGE 65+	9	5	14
<b>MARTIN</b>		<b>38</b>	<b>43</b>	<b>81</b>
	AGE 00-04	22	25	47
	AGE 05-14	2	7	9
	AGE 15-19	2		2
	AGE 25-44	7	5	12
	AGE 45-64	2	4	6
	AGE 65+	3	2	5
<b>MASON</b>		<b>30</b>	<b>20</b>	<b>50</b>
	AGE 00-04	10	4	14
	AGE 20-24	1	1	2
	AGE 25-44	5	1	6
	AGE 45-64	9	8	17
	AGE 65+	5	6	11
<b>MCCRACKEN</b>		<b>79</b>	<b>54</b>	<b>133</b>
	AGE 00-04	15	7	22
	AGE 05-14	11	6	17
	AGE 15-19	1	2	3
	AGE 20-24	3	1	4
	AGE 25-44	6	12	18
	AGE 45-64	23	16	39
	AGE 65+	20	10	30
<b>MCCREARY</b>		<b>15</b>	<b>14</b>	<b>29</b>
	AGE 00-04	4	7	11
	AGE 05-14	2	1	3
	AGE 20-24	1	1	2
	AGE 25-44		1	1
	AGE 45-64	2	2	4

**Kentucky Resident Inpatient Hospitalizations by County and Age, Primary Diagnosis Asthma (ICD9 493-493.92), 2000-2001**

(Source: Kentucky Hospital Inpatient Discharge Claims, Kentucky Department for Public Health, Health Policy Branch)

	AGE 65+	6	2	8
<b>MCLEAN</b>		<b>13</b>	<b>17</b>	<b>30</b>
	AGE 00-04	2	8	10
	AGE 05-14	2	2	4
	AGE 15-19	1		1
	AGE 25-44	1	1	2
	AGE 45-64	3	3	6
	AGE 65+	4	3	7
<b>MEADE</b>		<b>10</b>	<b>17</b>	<b>27</b>
	AGE 00-04	2	7	9
	AGE 05-14		3	3
	AGE 25-44	1	1	2
	AGE 45-64	3	4	7
	AGE 65+	4	2	6
<b>MENIFEE</b>		<b>5</b>		<b>5</b>
	AGE 15-19	1		1
	AGE 45-64	3		3
	AGE 65+	1		1
<b>MERCER</b>		<b>26</b>	<b>23</b>	<b>49</b>
	AGE 00-04	4	3	7
	AGE 05-14	7	3	10
	AGE 15-19	1		1
	AGE 20-24	1	2	3
	AGE 25-44	4	3	7
	AGE 45-64	3	5	8
	AGE 65+	6	7	13
<b>METCALFE</b>		<b>37</b>	<b>14</b>	<b>51</b>
	AGE 00-04	7	3	10
	AGE 05-14	1	1	2
	AGE 20-24		3	3
	AGE 25-44	10	3	13
	AGE 45-64	12	3	15
	AGE 65+	7	1	8
<b>MONROE</b>		<b>125</b>	<b>104</b>	<b>229</b>
	AGE 00-04	8	10	18
	AGE 05-14	4	5	9
	AGE 15-19	3		3
	AGE 20-24	1	2	3
	AGE 25-44	49	38	87
	AGE 45-64	43	33	76
	AGE 65+	17	16	33
<b>MONTGOMERY</b>		<b>15</b>	<b>19</b>	<b>34</b>
	AGE 00-04	2	4	6
	AGE 25-44	4	6	10
	AGE 45-64	5	7	12

**Kentucky Resident Inpatient Hospitalizations by County and Age, Primary Diagnosis Asthma (ICD9 493-493.92), 2000-2001**

(Source: Kentucky Hospital Inpatient Discharge Claims, Kentucky Department for Public Health, Health Policy Branch)

	AGE 65+	4	2	6
<b>MORGAN</b>		<b>9</b>	<b>15</b>	<b>24</b>
	AGE 00-04	2	5	7
	AGE 05-14		3	3
	AGE 15-19	2		2
	AGE 20-24		1	1
	AGE 25-44		4	4
	AGE 45-64	3	1	4
	AGE 65+	2	1	3
<b>MUHLENBERG</b>		<b>99</b>	<b>99</b>	<b>198</b>
	AGE 00-04	29	38	67
	AGE 05-14	12	9	21
	AGE 15-19	2		2
	AGE 20-24	4	3	7
	AGE 25-44	18	18	36
	AGE 45-64	29	24	53
	AGE 65+	5	7	12
<b>NELSON</b>		<b>44</b>	<b>32</b>	<b>76</b>
	AGE 00-04	7	11	18
	AGE 05-14	4	3	7
	AGE 15-19		2	2
	AGE 20-24	1	2	3
	AGE 25-44	12	5	17
	AGE 45-64	12	7	19
	AGE 65+	8	2	10
<b>NICHOLAS</b>		<b>10</b>	<b>18</b>	<b>28</b>
	AGE 00-04		2	2
	AGE 05-14	2	2	4
	AGE 25-44	3	2	5
	AGE 45-64	3	6	9
	AGE 65+	2	6	8
<b>OHIO</b>		<b>53</b>	<b>39</b>	<b>92</b>
	AGE 00-04	12	10	22
	AGE 05-14	2	5	7
	AGE 15-19	2	2	4
	AGE 25-44	7	7	14
	AGE 45-64	20	7	27
	AGE 65+	10	8	18
<b>OLDHAM</b>		<b>23</b>	<b>36</b>	<b>59</b>
	AGE 00-04	2	7	9
	AGE 05-14	3	7	10
	AGE 15-19		1	1
	AGE 20-24	1	2	3
	AGE 25-44	14	6	20
	AGE 45-64	1	10	11

**Kentucky Resident Inpatient Hospitalizations by County and Age, Primary Diagnosis Asthma (ICD9 493-493.92), 2000-2001**

(Source: Kentucky Hospital Inpatient Discharge Claims, Kentucky Department for Public Health, Health Policy Branch)

	AGE 65+	2	3	5
<b>OWEN</b>		<b>2</b>	<b>1</b>	<b>3</b>
	AGE 00-04		1	1
	AGE 25-44	1		1
	AGE 45-64	1		1
<b>OWSLEY</b>		<b>10</b>	<b>16</b>	<b>26</b>
	AGE 00-04	8	6	14
	AGE 05-14		3	3
	AGE 25-44		5	5
	AGE 45-64	2		2
	AGE 65+		2	2
<b>PENDLETON</b>		<b>9</b>	<b>19</b>	<b>28</b>
	AGE 00-04		2	2
	AGE 05-14	1	2	3
	AGE 15-19	1		1
	AGE 20-24		1	1
	AGE 25-44	3	7	10
	AGE 45-64	3	5	8
	AGE 65+	1	2	3
<b>PERRY</b>		<b>111</b>	<b>122</b>	<b>233</b>
	AGE 00-04	34	27	61
	AGE 05-14	23	32	55
	AGE 15-19	6	5	11
	AGE 20-24		7	7
	AGE 25-44	32	32	64
	AGE 45-64	7	12	19
	AGE 65+	9	7	16
<b>PIKE</b>		<b>283</b>	<b>202</b>	<b>485</b>
	AGE 00-04	90	65	155
	AGE 05-14	50	41	91
	AGE 15-19	13	9	22
	AGE 20-24	11	4	15
	AGE 25-44	39	29	68
	AGE 45-64	40	31	71
	AGE 65+	40	23	63
<b>POWELL</b>		<b>2</b>	<b>4</b>	<b>6</b>
	AGE 00-04	1		1
	AGE 25-44		1	1
	AGE 45-64	1		1
	AGE 65+		3	3
<b>PULASKI</b>		<b>74</b>	<b>109</b>	<b>183</b>
	AGE 00-04	7	23	30
	AGE 05-14	7	9	16
	AGE 20-24	1	1	2
	AGE 25-44	16	30	46

**Kentucky Resident Inpatient Hospitalizations by County and Age, Primary Diagnosis Asthma (ICD9 493-493.92), 2000-2001**

(Source: Kentucky Hospital Inpatient Discharge Claims, Kentucky Department for Public Health, Health Policy Branch)

	AGE 45-64	19	24	43
	AGE 65+	24	22	46
<b>ROBERTSON</b>		<b>1</b>	<b>1</b>	<b>2</b>
	AGE 05-14	1		1
	AGE 65+		1	1
<b>ROCKCASTLE</b>		<b>14</b>	<b>13</b>	<b>27</b>
	AGE 00-04	3	4	7
	AGE 15-19	1	1	2
	AGE 25-44	5	1	6
	AGE 45-64	3	6	9
	AGE 65+	2	1	3
<b>ROWAN</b>		<b>17</b>	<b>17</b>	<b>34</b>
	AGE 00-04	3	5	8
	AGE 05-14	2	3	5
	AGE 20-24	2		2
	AGE 25-44	5	4	9
	AGE 45-64	5	4	9
	AGE 65+		1	1
<b>RUSSELL</b>		<b>26</b>	<b>32</b>	<b>58</b>
	AGE 00-04	4	7	11
	AGE 05-14	3	4	7
	AGE 15-19	1		1
	AGE 20-24	1		1
	AGE 25-44	8	3	11
	AGE 45-64	6	11	17
	AGE 65+	3	7	10
<b>SCOTT</b>		<b>30</b>	<b>31</b>	<b>61</b>
	AGE 00-04	8	5	13
	AGE 05-14	5	8	13
	AGE 15-19	2		2
	AGE 20-24	2	1	3
	AGE 25-44	4	5	9
	AGE 45-64	5	8	13
	AGE 65+	4	4	8
<b>SHELBY</b>		<b>28</b>	<b>16</b>	<b>44</b>
	AGE 00-04	5	8	13
	AGE 05-14	6	3	9
	AGE 20-24	2	1	3
	AGE 25-44	3	2	5
	AGE 45-64	6	1	7
	AGE 65+	6	1	7
<b>SIMPSON</b>		<b>9</b>	<b>29</b>	<b>38</b>
	AGE 00-04		4	4
	AGE 05-14	2		2
	AGE 20-24		1	1

**Kentucky Resident Inpatient Hospitalizations by County and Age, Primary Diagnosis Asthma (ICD9 493-493.92), 2000-2001**

(Source: Kentucky Hospital Inpatient Discharge Claims, Kentucky Department for Public Health, Health Policy Branch)

	AGE 25-44	3	9	12
	AGE 45-64	2	7	9
	AGE 65+	2	8	10
<b>SPENCER</b>		<b>6</b>	<b>10</b>	<b>16</b>
	AGE 00-04	3	3	6
	AGE 15-19	1		1
	AGE 25-44	1		1
	AGE 45-64		4	4
	AGE 65+	1	3	4
<b>TAYLOR</b>		<b>26</b>	<b>32</b>	<b>58</b>
	AGE 00-04	6	12	18
	AGE 05-14	3	2	5
	AGE 15-19		2	2
	AGE 25-44	5	4	9
	AGE 45-64	7	5	12
	AGE 65+	5	7	12
<b>TODD</b>		<b>4</b>	<b>10</b>	<b>14</b>
	AGE 00-04	1	4	5
	AGE 15-19		1	1
	AGE 20-24		1	1
	AGE 25-44	2	2	4
	AGE 45-64	1	1	2
	AGE 65+		1	1
<b>TRIGG</b>		<b>11</b>	<b>12</b>	<b>23</b>
	AGE 00-04	3	4	7
	AGE 05-14	1	1	2
	AGE 25-44	1	2	3
	AGE 45-64	2	4	6
	AGE 65+	4	1	5
<b>TRIMBLE</b>			<b>8</b>	<b>8</b>
	AGE 00-04		2	2
	AGE 25-44		3	3
	AGE 45-64		2	2
	AGE 65+		1	1
<b>UNION</b>		<b>27</b>	<b>18</b>	<b>45</b>
	AGE 00-04	4	3	7
	AGE 05-14	1		1
	AGE 15-19	1	1	2
	AGE 20-24	2		2
	AGE 25-44	2	1	3
	AGE 45-64	6	5	11
	AGE 65+	11	8	19
<b>WARREN</b>		<b>131</b>	<b>117</b>	<b>248</b>
	AGE 00-04	21	37	58
	AGE 05-14	15	7	22

**Kentucky Resident Inpatient Hospitalizations by County and Age, Primary Diagnosis Asthma (ICD9 493-493.92), 2000-2001**

(Source: Kentucky Hospital Inpatient Discharge Claims, Kentucky Department for Public Health, Health Policy Branch)

	AGE 15-19	3	2	5
	AGE 20-24	7	1	8
	AGE 25-44	29	31	60
	AGE 45-64	37	29	66
	AGE 65+	19	10	29
<b>WASHINGTON</b>		<b>5</b>	<b>8</b>	<b>13</b>
	AGE 00-04		3	3
	AGE 05-14		2	2
	AGE 25-44	3	1	4
	AGE 45-64	2	2	4
<b>WAYNE</b>		<b>27</b>	<b>30</b>	<b>57</b>
	AGE 00-04	3	9	12
	AGE 05-14	2		2
	AGE 15-19	1		1
	AGE 20-24		2	2
	AGE 25-44	6	6	12
	AGE 45-64	6	8	14
	AGE 65+	9	5	14
<b>WEBSTER</b>		<b>46</b>	<b>42</b>	<b>88</b>
	AGE 00-04	7	11	18
	AGE 05-14	3	3	6
	AGE 15-19	2	1	3
	AGE 20-24	1	3	4
	AGE 25-44	13	9	22
	AGE 45-64	15	12	27
	AGE 65+	5	3	8
<b>WHITLEY</b>		<b>53</b>	<b>71</b>	<b>124</b>
	AGE 00-04	17	14	31
	AGE 05-14	4	7	11
	AGE 15-19		2	2
	AGE 20-24		1	1
	AGE 25-44	16	17	33
	AGE 45-64	9	19	28
	AGE 65+	7	11	18
<b>WOLFE</b>		<b>14</b>	<b>11</b>	<b>25</b>
	AGE 00-04	9	4	13
	AGE 05-14	2	1	3
	AGE 15-19		1	1
	AGE 20-24	1	1	2
	AGE 25-44	2	3	5
	AGE 65+		1	1
<b>WOODFORD</b>		<b>10</b>	<b>13</b>	<b>23</b>
	AGE 00-04	2	5	7
	AGE 05-14	3		3
	AGE 15-19	3	2	5

**Kentucky Resident Inpatient Hospitalizations by County and Age, Primary Diagnosis Asthma (ICD9 493-493.92), 2000-2001**

(Source: Kentucky Hospital Inpatient Discharge Claims, Kentucky Department for Public Health, Health Policy Branch)

AGE 25-44	1	2	3
AGE 65+	1	4	5
<b>Grand Total</b>	<b>5938</b>	<b>6471</b>	<b>12409</b>

**Coronary Artery Bypass Grafts (CABG) and Percutaneous Transluminal Coronary Angioplasties (PTCA),  
Kentucky Hospitals, 2000-2001**

PATIENT RESIDENC PROVIDER FACILITY	PROCEDURE	YEAR		Data		Total Sum of Cases	Total Percent of Total
		2000 Cases	Percent of Total	2001 Cases	Percent of Total		
<b>KENTUCKY</b>		<b>14347</b>	<b>86.1%</b>	<b>17366</b>	<b>87.4%</b>	<b>31713</b>	<b>86.8%</b>
BAPTIST HOSPITAL EAST		725	4.4%	767	3.9%	1492	4.1%
	CABG	405	2.4%	407	2.0%	812	2.2%
	PTCA	320	1.9%	360	1.8%	680	1.9%
BAPTIST REGIONAL MEDICAL CENTER		1	0.0%		0.0%	1	0.0%
	PTCA	1	0.0%		0.0%	1	0.0%
CENTRAL BAPTIST HOSPITAL		3112	18.7%	3484	17.5%	6596	18.1%
	CABG	1420	8.5%	1459	7.3%	2879	7.9%
	PTCA	1692	10.2%	2025	10.2%	3717	10.2%
FRANKFORT REGIONAL MEDICAL CENTER		1	0.0%		0.0%	1	0.0%
	PTCA	1	0.0%		0.0%	1	0.0%
HARDIN MEMORIAL HOSPITAL		163	1.0%	248	1.2%	411	1.1%
	CABG	111	0.7%	163	0.8%	274	0.7%
	PTCA	52	0.3%	85	0.4%	137	0.4%
JEWISH HOSPITAL - LOUISVILLE		2333	14.0%	2447	12.3%	4780	13.1%
	CABG	1072	6.4%	1088	5.5%	2160	5.9%
	PTCA	1261	7.6%	1359	6.8%	2620	7.2%
KING'S DAUGHTER'S MEDICAL CENTER		703	4.2%	848	4.3%	1551	4.2%
	CABG	304	1.8%	405	2.0%	709	1.9%
	PTCA	399	2.4%	443	2.2%	842	2.3%
LOURDES HOSPITAL		479	2.9%	551	2.8%	1030	2.8%
	CABG	186	1.1%	197	1.0%	383	1.0%
	PTCA	293	1.8%	354	1.8%	647	1.8%
MARYMOUNT MEDICAL CENTER		136	0.8%	246	1.2%	382	1.0%
	CABG	96	0.6%	59	0.3%	155	0.4%
	PTCA	40	0.2%	187	0.9%	227	0.6%
NORTON AUDUBON HOSPITAL		1034	6.2%	1036	5.2%	2070	5.7%
	CABG	559	3.4%	472	2.4%	1031	2.8%
	PTCA	475	2.9%	564	2.8%	1039	2.8%
NORTON HOSPITAL - LOUISVILLE		367	2.2%	448	2.3%	815	2.2%
	CABG	189	1.1%	197	1.0%	386	1.1%
	PTCA	178	1.1%	251	1.3%	429	1.2%
NORTON SOUTHWEST HOSPITAL - LOUISVILLE			0.0%	1	0.0%	1	0.0%
	CABG		0.0%	1	0.0%	1	0.0%
OUR LADY OF BELLEFONTE HOSPITAL		1	0.0%		0.0%	1	0.0%
	CABG	1	0.0%		0.0%	1	0.0%
OWENSBORO MERCY HEALTH SYSTEM		664	4.0%	600	3.0%	1264	3.5%

**Coronary Artery Bypass Grafts (CABG) and Percutaneous Transluminal Coronary Angioplasties (PTCA),  
Kentucky Hospitals, 2000-2001**

PATIENT RESIDENCE	PROVIDER FACILITY	PROCEDURE	YEAR		Data		Total Sum of Cases	Total Percent of Total
			2000 Cases	Percent of Total	2001 Cases	Percent of Total		
<b>KENTUCKY</b>	OWENSBORO MERCY HEALTH SYSTEM	CABG	201	1.2%	200	1.0%	401	1.1%
		PTCA	463	2.8%	400	2.0%	863	2.4%
	PIKEVILLE METHODIST HOSPITAL		22	0.1%	209	1.1%	231	0.6%
		CABG	8	0.0%	48	0.2%	56	0.2%
		PTCA	14	0.1%	161	0.8%	175	0.5%
	REGIONAL MEDICAL CENTER OF HOPKINS COUNTY		345	2.1%	369	1.9%	714	2.0%
		CABG	91	0.5%	102	0.5%	193	0.5%
		PTCA	254	1.5%	267	1.3%	521	1.4%
	SAINT JOSEPH EAST			0.0%	7	0.0%	7	0.0%
		PTCA		0.0%	7	0.0%	7	0.0%
	SAINT JOSEPH HOSPITAL		2158	12.9%	2636	13.3%	4794	13.1%
		CABG	1191	7.1%	1329	6.7%	2520	6.9%
		PTCA	967	5.8%	1307	6.6%	2274	6.2%
	ST ELIZABETH MEDICAL CENTER SOUTH		349	2.1%	1611	8.1%	1960	5.4%
		CABG	155	0.9%	710	3.6%	865	2.4%
		PTCA	194	1.2%	901	4.5%	1095	3.0%
	ST LUKE HOSPITAL EAST			0.0%	1	0.0%	1	0.0%
		PTCA		0.0%	1	0.0%	1	0.0%
	THE MEDICAL CENTER/BOWLING GREEN		441	2.6%	487	2.5%	928	2.5%
		CABG	240	1.4%	257	1.3%	497	1.4%
		PTCA	201	1.2%	230	1.2%	431	1.2%
	UNIVERSITY OF KENTUCKY HOSPITAL		351	2.1%	373	1.9%	724	2.0%
		CABG	129	0.8%	163	0.8%	292	0.8%
		PTCA	222	1.3%	210	1.1%	432	1.2%
	UNIVERSITY OF LOUISVILLE HOSPITAL		115	0.7%	122	0.6%	237	0.6%
		CABG	22	0.1%	20	0.1%	42	0.1%
		PTCA	93	0.6%	102	0.5%	195	0.5%
	WESTERN BAPTIST HOSPITAL		847	5.1%	875	4.4%	1722	4.7%
		CABG	307	1.8%	287	1.4%	594	1.6%
		PTCA	540	3.2%	588	3.0%	1128	3.1%
<b>OUT OF STATE</b>			<b>2318</b>	<b>13.9%</b>	<b>2504</b>	<b>12.6%</b>	<b>4822</b>	<b>13.2%</b>
	BAPTIST HOSPITAL EAST		36	0.2%	26	0.1%	62	0.2%
		CABG	18	0.1%	12	0.1%	30	0.1%
		PTCA	18	0.1%	14	0.1%	32	0.1%
	CENTRAL BAPTIST HOSPITAL		39	0.2%	40	0.2%	79	0.2%
		CABG	10	0.1%	18	0.1%	28	0.1%

**Coronary Artery Bypass Grafts (CABG) and Percutaneous Transluminal Coronary Angioplasties (PTCA),  
Kentucky Hospitals, 2000-2001**

PATIENT RESIDENCE	PROVIDER FACILITY	PROCEDURE	YEAR		Data		Total Sum of Cases	Total Percent of Total
			2000	2001	2000	2001		
			Cases	Percent of Total	Cases	Percent of Total		
<b>OUT OF STATE</b>	CENTRAL BAPTIST HOSPITAL	PTCA	29	0.2%	22	0.1%	51	0.1%
	HARDIN MEMORIAL HOSPITAL		6	0.0%	1	0.0%	7	0.0%
		CABG	2	0.0%	1	0.0%	3	0.0%
		PTCA	4	0.0%		0.0%	4	0.0%
	JEWISH HOSPITAL - LOUISVILLE		1137	6.8%	1209	6.1%	2346	6.4%
		CABG	546	3.3%	557	2.8%	1103	3.0%
		PTCA	591	3.5%	652	3.3%	1243	3.4%
	KING'S DAUGHTER'S MEDICAL CENTER		404	2.4%	401	2.0%	805	2.2%
		CABG	170	1.0%	161	0.8%	331	0.9%
		PTCA	234	1.4%	240	1.2%	474	1.3%
	LOURDES HOSPITAL		97	0.6%	107	0.5%	204	0.6%
		CABG	39	0.2%	42	0.2%	81	0.2%
		PTCA	58	0.3%	65	0.3%	123	0.3%
	MARYMOUNT MEDICAL CENTER		2	0.0%	2	0.0%	4	0.0%
		CABG	2	0.0%	1	0.0%	3	0.0%
		PTCA		0.0%	1	0.0%	1	0.0%
	NORTON AUDUBON HOSPITAL		54	0.3%	41	0.2%	95	0.3%
		CABG	37	0.2%	16	0.1%	53	0.1%
		PTCA	17	0.1%	25	0.1%	42	0.1%
	NORTON HOSPITAL - LOUISVILLE		132	0.8%	180	0.9%	312	0.9%
		CABG	70	0.4%	75	0.4%	145	0.4%
		PTCA	62	0.4%	105	0.5%	167	0.5%
	OWENSBORO MERCY HEALTH SYSTEM		78	0.5%	61	0.3%	139	0.4%
		CABG	20	0.1%	25	0.1%	45	0.1%
		PTCA	58	0.3%	36	0.2%	94	0.3%
	PIKEVILLE METHODIST HOSPITAL		1	0.0%	18	0.1%	19	0.1%
		CABG		0.0%	8	0.0%	8	0.0%
		PTCA	1	0.0%	10	0.1%	11	0.0%
	REGIONAL MEDICAL CENTER OF HOPKINS COUNTY		1	0.0%	2	0.0%	3	0.0%
		PTCA	1	0.0%	2	0.0%	3	0.0%
	SAINT JOSEPH HOSPITAL		59	0.4%	51	0.3%	110	0.3%
		CABG	34	0.2%	26	0.1%	60	0.2%
		PTCA	25	0.2%	25	0.1%	50	0.1%
	ST ELIZABETH MEDICAL CENTER SOUTH		18	0.1%	57	0.3%	75	0.2%
		CABG	8	0.0%	24	0.1%	32	0.1%
		PTCA	10	0.1%	33	0.2%	43	0.1%
	THE MEDICAL CENTER/BOWLING GREEN		9	0.1%	13	0.1%	22	0.1%

**Coronary Artery Bypass Grafts (CABG) and Percutaneous Transluminal Coronary Angioplasties (PTCA),  
Kentucky Hospitals, 2000-2001**

PATIENT RESIDENCE	PROVIDER FACILITY	PROCEDURE	YEAR		Data		Total Sum of Cases	Total Percent of Total
			2000 Cases	Percent of Total	2001 Cases	Percent of Total		
<b>OUT OF STATE</b>	THE MEDICAL CENTER/BOWLING GREEN	CABG	2	0.0%	7	0.0%	9	0.0%
		PTCA	7	0.0%	6	0.0%	13	0.0%
	UNIVERSITY OF KENTUCKY HOSPITAL		18	0.1%	10	0.1%	28	0.1%
		CABG	5	0.0%	4	0.0%	9	0.0%
		PTCA	13	0.1%	6	0.0%	19	0.1%
	UNIVERSITY OF LOUISVILLE HOSPITAL		12	0.1%	25	0.1%	37	0.1%
		CABG		0.0%	1	0.0%	1	0.0%
		PTCA	12	0.1%	24	0.1%	36	0.1%
	WESTERN BAPTIST HOSPITAL		215	1.3%	260	1.3%	475	1.3%
		CABG	93	0.6%	97	0.5%	190	0.5%
		PTCA	122	0.7%	163	0.8%	285	0.8%
<b>Grand Total</b>			<b>16665</b>	<b>100.0%</b>	<b>19870</b>	<b>100.0%</b>	<b>36535</b>	<b>100.0%</b>

Extraction criteria: 1) Discharges with ICD9-CM codes of 36.10 through 36.19, 36.01, 36.02, 36.05, or 36.06 in any of six procedure fields;  
 2) Age >=40;  
 3) Pregnancy, childbirth, and puerperum (MDC 14) and Newborns and other neonates (MDC 15) excluded.

**Diabetes Diagnoses, Kentucky Hospital Inpatients, 2000-2001**  
 (Source: Kentucky Hospital Inpatient Claims, 2000-2001)

CntyName	Year	Data	DMDiag			Grand Total
			None	Primary	Secondary	
<b>Adair</b>						
	2000	Freq	2472	45	433	2950
		% of C-Tot	83.8%	1.5%	14.7%	100.0%
	2001	Freq	2505	58	450	3013
		% of C-Tot	83.1%	1.9%	14.9%	100.0%
<b>Allen</b>						
	2000	Freq	1627	29	318	1974
		% of C-Tot	82.4%	1.5%	16.1%	100.0%
	2001	Freq	1725	28	276	2029
		% of C-Tot	85.0%	1.4%	13.6%	100.0%
<b>Anderson</b>						
	2000	Freq	1801	15	231	2047
		% of C-Tot	88.0%	0.7%	11.3%	100.0%
	2001	Freq	1884	29	316	2229
		% of C-Tot	84.5%	1.3%	14.2%	100.0%
<b>Ballard</b>						
	2000	Freq	815	8	130	953
		% of C-Tot	85.5%	0.8%	13.6%	100.0%
	2001	Freq	782	9	149	940
		% of C-Tot	83.2%	1.0%	15.9%	100.0%
<b>Barren</b>						
	2000	Freq	4531	72	688	5291
		% of C-Tot	85.6%	1.4%	13.0%	100.0%
	2001	Freq	5227	73	933	6233
		% of C-Tot	83.9%	1.2%	15.0%	100.0%
<b>Bath</b>						
	2000	Freq	1117	19	215	1351
		% of C-Tot	82.7%	1.4%	15.9%	100.0%
	2001					

**Diabetes Diagnoses, Kentucky Hospital Inpatients, 2000-2001**  
 (Source: Kentucky Hospital Inpatient Claims, 2000-2001)

CntyName	Year	Data	DMDiag			Grand Total
			None	Primary	Secondary	
<b>Bath</b>	2001	Freq	1233	35	258	1526
		% of C-Tot	80.8%	2.3%	16.9%	100.0%
<b>Bell</b>						
	2000	Freq	5768	154	979	6901
		% of C-Tot	83.6%	2.2%	14.2%	100.0%
	2001	Freq	5942	158	1016	7116
		% of C-Tot	83.5%	2.2%	14.3%	100.0%
<b>Boone</b>						
	2000	Freq	4575	48	658	5281
		% of C-Tot	86.6%	0.9%	12.5%	100.0%
	2001	Freq	7979	73	1171	9223
		% of C-Tot	86.5%	0.8%	12.7%	100.0%
<b>Bourbon</b>						
	2000	Freq	2057	30	376	2463
		% of C-Tot	83.5%	1.2%	15.3%	100.0%
	2001	Freq	2081	33	392	2506
		% of C-Tot	83.0%	1.3%	15.6%	100.0%
<b>Boyd</b>						
	2000	Freq	7628	132	1541	9301
		% of C-Tot	82.0%	1.4%	16.6%	100.0%
	2001	Freq	7879	158	1564	9601
		% of C-Tot	82.1%	1.6%	16.3%	100.0%
<b>Boyle</b>						
	2000	Freq	3151	69	574	3794
		% of C-Tot	83.1%	1.8%	15.1%	100.0%
	2001	Freq	3309	65	575	3949
		% of C-Tot	83.8%	1.6%	14.6%	100.0%
<b>Bracken</b>						
	2000	Freq	956	12	195	1163
		% of C-Tot	82.2%	1.0%	16.8%	100.0%

## Diabetes Diagnoses, Kentucky Hospital Inpatients, 2000-2001

(Source: Kentucky Hospital Inpatient Claims, 2000-2001)

CntyName	Year	Data	DMDiag			Grand Total
			None	Primary	Secondary	
<b>Bracken</b>						
	2001	Freq	1033	8	158	1199
		% of C-Tot	86.2%	0.7%	13.2%	100.0%
<b>Breathitt</b>						
	2000	Freq	1725	34	311	2070
		% of C-Tot	83.3%	1.6%	15.0%	100.0%
	2001	Freq	2445	81	483	3009
		% of C-Tot	81.3%	2.7%	16.1%	100.0%
<b>Breckinridge</b>						
	2000	Freq	1925	18	267	2210
		% of C-Tot	87.1%	0.8%	12.1%	100.0%
	2001	Freq	2091	29	343	2463
		% of C-Tot	84.9%	1.2%	13.9%	100.0%
<b>Bullitt</b>						
	2000	Freq	4508	45	700	5253
		% of C-Tot	85.8%	0.9%	13.3%	100.0%
	2001	Freq	5116	75	784	5975
		% of C-Tot	85.6%	1.3%	13.1%	100.0%
<b>Butler</b>						
	2000	Freq	1245	14	232	1491
		% of C-Tot	83.5%	0.9%	15.6%	100.0%
	2001	Freq	1290	10	257	1557
		% of C-Tot	82.9%	0.6%	16.5%	100.0%
<b>Caldwell</b>						
	2000	Freq	1468	13	199	1680
		% of C-Tot	87.4%	0.8%	11.8%	100.0%
	2001	Freq	1661	26	318	2005
		% of C-Tot	82.8%	1.3%	15.9%	100.0%
<b>Calloway</b>						
	2000	Freq	3522	48	499	4069

## Diabetes Diagnoses, Kentucky Hospital Inpatients, 2000-2001

(Source: Kentucky Hospital Inpatient Claims, 2000-2001)

CntyName	Year	Data	DMDiag			Grand Total
			None	Primary	Secondary	
<b>Calloway</b>	2000	% of C-Tot	86.6%	1.2%	12.3%	100.0%
	2001	Freq	3411	37	494	3942
		% of C-Tot	86.5%	0.9%	12.5%	100.0%
<b>Campbell</b>						
	2000	Freq	6092	98	1327	7517
		% of C-Tot	81.0%	1.3%	17.7%	100.0%
	2001	Freq	8055	122	1704	9881
		% of C-Tot	81.5%	1.2%	17.2%	100.0%
<b>Carlisle</b>						
	2000	Freq	641	6	92	739
		% of C-Tot	86.7%	0.8%	12.4%	100.0%
	2001	Freq	633	8	114	755
		% of C-Tot	83.8%	1.1%	15.1%	100.0%
<b>Carroll</b>						
	2000	Freq	1201	20	208	1429
		% of C-Tot	84.0%	1.4%	14.6%	100.0%
	2001	Freq	1210	24	203	1437
		% of C-Tot	84.2%	1.7%	14.1%	100.0%
<b>Carter</b>						
	2000	Freq	3021	37	555	3613
		% of C-Tot	83.6%	1.0%	15.4%	100.0%
	2001	Freq	3301	41	635	3977
		% of C-Tot	83.0%	1.0%	16.0%	100.0%
<b>Casey</b>						
	2000	Freq	1982	18	351	2351
		% of C-Tot	84.3%	0.8%	14.9%	100.0%
	2001	Freq	2117	24	354	2495
		% of C-Tot	84.8%	1.0%	14.2%	100.0%
<b>Christian</b>						
	2000					

**Diabetes Diagnoses, Kentucky Hospital Inpatients, 2000-2001**  
 (Source: Kentucky Hospital Inpatient Claims, 2000-2001)

CntyName	Year	Data	DMDiag			Grand Total	
			None	Primary	Secondary		
<b>Christian</b>	2000	Freq	4530	93	575	5198	
		% of C-Tot	87.1%	1.8%	11.1%	100.0%	
	2001	Freq	4192	74	690	4956	
		% of C-Tot	84.6%	1.5%	13.9%	100.0%	
	<b>Clark</b>						
		2000	Freq	2919	50	454	3423
% of C-Tot			85.3%	1.5%	13.3%	100.0%	
2001		Freq	3214	49	564	3827	
		% of C-Tot	84.0%	1.3%	14.7%	100.0%	
<b>Clay</b>							
	2000	Freq	3811	72	900	4783	
		% of C-Tot	79.7%	1.5%	18.8%	100.0%	
	2001	Freq	3766	65	876	4707	
		% of C-Tot	80.0%	1.4%	18.6%	100.0%	
<b>Clinton</b>							
	2000	Freq	2093	46	400	2539	
		% of C-Tot	82.4%	1.8%	15.8%	100.0%	
	2001	Freq	2337	43	485	2865	
		% of C-Tot	81.6%	1.5%	16.9%	100.0%	
<b>Crittenden</b>							
	2000	Freq	1283	19	246	1548	
		% of C-Tot	82.9%	1.2%	15.9%	100.0%	
	2001	Freq	1723	28	404	2155	
		% of C-Tot	80.0%	1.3%	18.7%	100.0%	
<b>Cumberland</b>							
	2000	Freq	1722	31	285	2038	
		% of C-Tot	84.5%	1.5%	14.0%	100.0%	
	2001	Freq	1634	22	297	1953	
		% of C-Tot	83.7%	1.1%	15.2%	100.0%	
<b>Daviess</b>							

**Diabetes Diagnoses, Kentucky Hospital Inpatients, 2000-2001**  
 (Source: Kentucky Hospital Inpatient Claims, 2000-2001)

CntyName	Year	Data	DMDiag			Grand Total
			None	Primary	Secondary	
<b>Daviess</b>						
	2000	Freq	11990	136	1390	13516
		% of C-Tot	88.7%	1.0%	10.3%	100.0%
	2001	Freq	10696	154	1704	12554
		% of C-Tot	85.2%	1.2%	13.6%	100.0%
<b>Edmonson</b>						
	2000	Freq	904	15	181	1100
		% of C-Tot	82.2%	1.4%	16.5%	100.0%
	2001	Freq	1000	21	167	1188
		% of C-Tot	84.2%	1.8%	14.1%	100.0%
<b>Elliott</b>						
	2000	Freq	557	4	94	655
		% of C-Tot	85.0%	0.6%	14.4%	100.0%
	2001	Freq	628	8	139	775
		% of C-Tot	81.0%	1.0%	17.9%	100.0%
<b>Estill</b>						
	2000	Freq	1054	29	243	1326
		% of C-Tot	79.5%	2.2%	18.3%	100.0%
	2001	Freq	1278	32	278	1588
		% of C-Tot	80.5%	2.0%	17.5%	100.0%
<b>Fayette</b>						
	2000	Freq	21177	338	2672	24187
		% of C-Tot	87.6%	1.4%	11.0%	100.0%
	2001	Freq	23487	353	3259	27099
		% of C-Tot	86.7%	1.3%	12.0%	100.0%
<b>Fleming</b>						
	2000	Freq	1718	34	327	2079
		% of C-Tot	82.6%	1.6%	15.7%	100.0%
	2001	Freq	1662	36	374	2072
		% of C-Tot	80.2%	1.7%	18.1%	100.0%

**Diabetes Diagnoses, Kentucky Hospital Inpatients, 2000-2001**  
 (Source: Kentucky Hospital Inpatient Claims, 2000-2001)

CntyName	Year	Data	DMDiag			Grand Total
			None	Primary	Secondary	
<b>Floyd</b>						
	2000	Freq	6445	127	1495	8067
		% of C-Tot	79.9%	1.6%	18.5%	100.0%
	2001	Freq	6549	114	1525	8188
		% of C-Tot	80.0%	1.4%	18.6%	100.0%
<b>Franklin</b>						
	2000	Freq	5004	56	812	5872
		% of C-Tot	85.2%	1.0%	13.8%	100.0%
	2001	Freq	5116	60	864	6040
		% of C-Tot	84.7%	1.0%	14.3%	100.0%
<b>Fulton</b>						
	2000	Freq	652	7	138	797
		% of C-Tot	81.8%	0.9%	17.3%	100.0%
	2001	Freq	1020	32	211	1263
		% of C-Tot	80.8%	2.5%	16.7%	100.0%
<b>Gallatin</b>						
	2000	Freq	592	9	116	717
		% of C-Tot	82.6%	1.3%	16.2%	100.0%
	2001	Freq	808	22	172	1002
		% of C-Tot	80.6%	2.2%	17.2%	100.0%
<b>Garrard</b>						
	2000	Freq	1293	17	201	1511
		% of C-Tot	85.6%	1.1%	13.3%	100.0%
	2001	Freq	1403	21	251	1675
		% of C-Tot	83.8%	1.3%	15.0%	100.0%
<b>Grant</b>						
	2000	Freq	1545	22	271	1838
		% of C-Tot	84.1%	1.2%	14.7%	100.0%
	2001	Freq	2703	29	484	3216
		% of C-Tot	84.0%	0.9%	15.0%	100.0%

**Diabetes Diagnoses, Kentucky Hospital Inpatients, 2000-2001**  
 (Source: Kentucky Hospital Inpatient Claims, 2000-2001)

CntyName	Year	Data	DMDiag			Grand Total
			None	Primary	Secondary	
<b>Graves</b>						
	2000	Freq	5584	83	1093	6760
		% of C-Tot	82.6%	1.2%	16.2%	100.0%
	2001	Freq	5782	72	1109	6963
		% of C-Tot	83.0%	1.0%	15.9%	100.0%
<b>Grayson</b>						
	2000	Freq	2946	41	438	3425
		% of C-Tot	86.0%	1.2%	12.8%	100.0%
	2001	Freq	3241	49	585	3875
		% of C-Tot	83.6%	1.3%	15.1%	100.0%
<b>Green</b>						
	2000	Freq	1452	21	199	1672
		% of C-Tot	86.8%	1.3%	11.9%	100.0%
	2001	Freq	1579	24	268	1871
		% of C-Tot	84.4%	1.3%	14.3%	100.0%
<b>Greenup</b>						
	2000	Freq	4833	80	1085	5998
		% of C-Tot	80.6%	1.3%	18.1%	100.0%
	2001	Freq	5074	83	1144	6301
		% of C-Tot	80.5%	1.3%	18.2%	100.0%
<b>Hancock</b>						
	2000	Freq	1032	9	105	1146
		% of C-Tot	90.1%	0.8%	9.2%	100.0%
	2001	Freq	862	14	145	1021
		% of C-Tot	84.4%	1.4%	14.2%	100.0%
<b>Hardin</b>						
	2000	Freq	7732	88	1198	9018
		% of C-Tot	85.7%	1.0%	13.3%	100.0%
	2001	Freq	9132	115	1453	10700

**Diabetes Diagnoses, Kentucky Hospital Inpatients, 2000-2001**  
 (Source: Kentucky Hospital Inpatient Claims, 2000-2001)

CntyName	Year	Data	DMDiag			Grand Total
			None	Primary	Secondary	
<b>Hardin</b>	2001	% of C-Tot	85.3%	1.1%	13.6%	100.0%
<b>Harlan</b>						
	2000	Freq	6046	101	1394	7541
		% of C-Tot	80.2%	1.3%	18.5%	100.0%
	2001	Freq	6410	102	1551	8063
		% of C-Tot	79.5%	1.3%	19.2%	100.0%
<b>Harrison</b>						
	2000	Freq	1951	32	304	2287
		% of C-Tot	85.3%	1.4%	13.3%	100.0%
	2001	Freq	2165	36	345	2546
		% of C-Tot	85.0%	1.4%	13.6%	100.0%
<b>Hart</b>						
	2000	Freq	1801	32	329	2162
		% of C-Tot	83.3%	1.5%	15.2%	100.0%
	2001	Freq	1907	51	369	2327
		% of C-Tot	82.0%	2.2%	15.9%	100.0%
<b>Henderson</b>						
	2000	Freq	5017	97	1044	6158
		% of C-Tot	81.5%	1.6%	17.0%	100.0%
	2001	Freq	5176	99	1036	6311
		% of C-Tot	82.0%	1.6%	16.4%	100.0%
<b>Henry</b>						
	2000	Freq	1961	14	326	2301
		% of C-Tot	85.2%	0.6%	14.2%	100.0%
	2001	Freq	1932	24	335	2291
		% of C-Tot	84.3%	1.0%	14.6%	100.0%
<b>Hickman</b>						
	2000	Freq	432	12	78	522
		% of C-Tot	82.8%	2.3%	14.9%	100.0%
	2001					

## Diabetes Diagnoses, Kentucky Hospital Inpatients, 2000-2001

(Source: Kentucky Hospital Inpatient Claims, 2000-2001)

CntyName	Year	Data	DMDiag			Grand Total
			None	Primary	Secondary	
<b>Hickman</b>	2001	Freq	599	8	103	710
		% of C-Tot	84.4%	1.1%	14.5%	100.0%
<b>Hopkins</b>						
	2000	Freq	5493	82	1024	6599
		% of C-Tot	83.2%	1.2%	15.5%	100.0%
	2001	Freq	6044	103	1082	7229
		% of C-Tot	83.6%	1.4%	15.0%	100.0%
<b>Jackson</b>						
	2000	Freq	1030	17	176	1223
		% of C-Tot	84.2%	1.4%	14.4%	100.0%
	2001	Freq	1135	8	195	1338
		% of C-Tot	84.8%	0.6%	14.6%	100.0%
<b>Jefferson</b>						
	2000	Freq	74162	1025	12246	87433
		% of C-Tot	84.8%	1.2%	14.0%	100.0%
	2001	Freq	83466	1305	13742	98513
		% of C-Tot	84.7%	1.3%	13.9%	100.0%
<b>Jessamine</b>						
	2000	Freq	3125	49	443	3617
		% of C-Tot	86.4%	1.4%	12.2%	100.0%
	2001	Freq	3485	43	535	4063
		% of C-Tot	85.8%	1.1%	13.2%	100.0%
<b>Johnson</b>						
	2000	Freq	3504	72	820	4396
		% of C-Tot	79.7%	1.6%	18.7%	100.0%
	2001	Freq	3539	59	829	4427
		% of C-Tot	79.9%	1.3%	18.7%	100.0%
<b>Kenton</b>						
	2000	Freq	6186	79	1131	7396
		% of C-Tot	83.6%	1.1%	15.3%	100.0%

## Diabetes Diagnoses, Kentucky Hospital Inpatients, 2000-2001

(Source: Kentucky Hospital Inpatient Claims, 2000-2001)

CntyName	Year	Data	DMDiag			Grand Total
			None	Primary	Secondary	
<b>Kenton</b>						
	2001	Freq	14529	175	2476	17180
		% of C-Tot	84.6%	1.0%	14.4%	100.0%
<b>Knott</b>						
	2000	Freq	2413	61	587	3061
		% of C-Tot	78.8%	2.0%	19.2%	100.0%
	2001	Freq	2532	39	640	3211
		% of C-Tot	78.9%	1.2%	19.9%	100.0%
<b>Knox</b>						
	2000	Freq	4298	56	796	5150
		% of C-Tot	83.5%	1.1%	15.5%	100.0%
	2001	Freq	4701	98	975	5774
		% of C-Tot	81.4%	1.7%	16.9%	100.0%
<b>Larue</b>						
	2000	Freq	1235	12	166	1413
		% of C-Tot	87.4%	0.8%	11.7%	100.0%
	2001	Freq	1462	13	209	1684
		% of C-Tot	86.8%	0.8%	12.4%	100.0%
<b>Laurel</b>						
	2000	Freq	5895	96	1009	7000
		% of C-Tot	84.2%	1.4%	14.4%	100.0%
	2001	Freq	6329	106	1104	7539
		% of C-Tot	84.0%	1.4%	14.6%	100.0%
<b>Lawrence</b>						
	2000	Freq	2302	52	530	2884
		% of C-Tot	79.8%	1.8%	18.4%	100.0%
	2001	Freq	2417	50	481	2948
		% of C-Tot	82.0%	1.7%	16.3%	100.0%
<b>Lee</b>						
	2000	Freq	739	14	135	888

**Diabetes Diagnoses, Kentucky Hospital Inpatients, 2000-2001**  
 (Source: Kentucky Hospital Inpatient Claims, 2000-2001)

CntyName	Year	Data	DMDiag			Grand Total
			None	Primary	Secondary	
<b>Lee</b>	2000	% of C-Tot	83.2%	1.6%	15.2%	100.0%
	2001	Freq	1056	12	214	1282
		% of C-Tot	82.4%	0.9%	16.7%	100.0%
<b>Leslie</b>						
	2000	Freq	1991	50	491	2532
		% of C-Tot	78.6%	2.0%	19.4%	100.0%
	2001	Freq	2007	28	478	2513
		% of C-Tot	79.9%	1.1%	19.0%	100.0%
<b>Letcher</b>						
	2000	Freq	4335	107	1005	5447
		% of C-Tot	79.6%	2.0%	18.5%	100.0%
	2001	Freq	4775	106	1041	5922
		% of C-Tot	80.6%	1.8%	17.6%	100.0%
<b>Lewis</b>						
	2000	Freq	1127	18	188	1333
		% of C-Tot	84.5%	1.4%	14.1%	100.0%
	2001	Freq	1038	18	202	1258
		% of C-Tot	82.5%	1.4%	16.1%	100.0%
<b>Lincoln</b>						
	2000	Freq	3102	48	565	3715
		% of C-Tot	83.5%	1.3%	15.2%	100.0%
	2001	Freq	3223	61	576	3860
		% of C-Tot	83.5%	1.6%	14.9%	100.0%
<b>Livingston</b>						
	2000	Freq	1076	13	186	1275
		% of C-Tot	84.4%	1.0%	14.6%	100.0%
	2001	Freq	1585	36	277	1898
		% of C-Tot	83.5%	1.9%	14.6%	100.0%
<b>Logan</b>						
	2000					

**Diabetes Diagnoses, Kentucky Hospital Inpatients, 2000-2001**  
 (Source: Kentucky Hospital Inpatient Claims, 2000-2001)

CntyName	Year	Data	DMDiag			Grand Total
			None	Primary	Secondary	
<b>Logan</b>						
	2000	Freq	2748	54	488	3290
		% of C-Tot	83.5%	1.6%	14.8%	100.0%
	2001	Freq	2969	55	542	3566
		% of C-Tot	83.3%	1.5%	15.2%	100.0%
<b>Lyon</b>						
	2000	Freq	850	9	156	1015
		% of C-Tot	83.7%	0.9%	15.4%	100.0%
	2001	Freq	838	16	192	1046
		% of C-Tot	80.1%	1.5%	18.4%	100.0%
<b>Madison</b>						
	2000	Freq	2778	40	354	3172
		% of C-Tot	87.6%	1.3%	11.2%	100.0%
	2001	Freq	3702	67	497	4266
		% of C-Tot	86.8%	1.6%	11.7%	100.0%
<b>Magoffin</b>						
	2000	Freq	2117	22	338	2477
		% of C-Tot	85.5%	0.9%	13.6%	100.0%
	2001	Freq	2048	35	418	2501
		% of C-Tot	81.9%	1.4%	16.7%	100.0%
<b>Marion</b>						
	2000	Freq	1980	18	255	2253
		% of C-Tot	87.9%	0.8%	11.3%	100.0%
	2001	Freq	1951	31	275	2257
		% of C-Tot	86.4%	1.4%	12.2%	100.0%
<b>Marshall</b>						
	2000	Freq	3741	50	599	4390
		% of C-Tot	85.2%	1.1%	13.6%	100.0%
	2001	Freq	3855	45	664	4564
		% of C-Tot	84.5%	1.0%	14.5%	100.0%
<b>Martin</b>						

**Diabetes Diagnoses, Kentucky Hospital Inpatients, 2000-2001**  
 (Source: Kentucky Hospital Inpatient Claims, 2000-2001)

CntyName	Year	Data	DMDiag			Grand Total
			None	Primary	Secondary	
<b>Martin</b>						
	2000	Freq	1847	44	459	2350
		% of C-Tot	78.6%	1.9%	19.5%	100.0%
	2001	Freq	1720	41	404	2165
		% of C-Tot	79.4%	1.9%	18.7%	100.0%
<b>Mason</b>						
	2000	Freq	2093	27	311	2431
		% of C-Tot	86.1%	1.1%	12.8%	100.0%
	2001	Freq	1992	19	362	2373
		% of C-Tot	83.9%	0.8%	15.3%	100.0%
<b>McCracken</b>						
	2000	Freq	8794	158	1604	10556
		% of C-Tot	83.3%	1.5%	15.2%	100.0%
	2001	Freq	9285	137	1835	11257
		% of C-Tot	82.5%	1.2%	16.3%	100.0%
<b>McCreary</b>						
	2000	Freq	1708	30	338	2076
		% of C-Tot	82.3%	1.4%	16.3%	100.0%
	2001	Freq	1797	18	357	2172
		% of C-Tot	82.7%	0.8%	16.4%	100.0%
<b>McLean</b>						
	2000	Freq	1405	21	200	1626
		% of C-Tot	86.4%	1.3%	12.3%	100.0%
	2001	Freq	1218	13	203	1434
		% of C-Tot	84.9%	0.9%	14.2%	100.0%
<b>Meade</b>						
	2000	Freq	1519	15	204	1738
		% of C-Tot	87.4%	0.9%	11.7%	100.0%
	2001	Freq	1676	18	250	1944
		% of C-Tot	86.2%	0.9%	12.9%	100.0%

**Diabetes Diagnoses, Kentucky Hospital Inpatients, 2000-2001**  
 (Source: Kentucky Hospital Inpatient Claims, 2000-2001)

CntyName	Year	Data	DMDiag			Grand Total
			None	Primary	Secondary	
<b>Menifee</b>						
	2000	Freq	574	5	96	675
		% of C-Tot	85.0%	0.7%	14.2%	100.0%
	2001	Freq	603	10	169	782
		% of C-Tot	77.1%	1.3%	21.6%	100.0%
<b>Mercer</b>						
	2000	Freq	2336	42	370	2748
		% of C-Tot	85.0%	1.5%	13.5%	100.0%
	2001	Freq	2371	48	359	2778
		% of C-Tot	85.3%	1.7%	12.9%	100.0%
<b>Metcalfe</b>						
	2000	Freq	1597	26	246	1869
		% of C-Tot	85.4%	1.4%	13.2%	100.0%
	2001	Freq	1597	30	258	1885
		% of C-Tot	84.7%	1.6%	13.7%	100.0%
<b>Monroe</b>						
	2000	Freq	2514	39	426	2979
		% of C-Tot	84.4%	1.3%	14.3%	100.0%
	2001	Freq	2656	47	442	3145
		% of C-Tot	84.5%	1.5%	14.1%	100.0%
<b>Montgomery</b>						
	2000	Freq	2116	34	359	2509
		% of C-Tot	84.3%	1.4%	14.3%	100.0%
	2001	Freq	2272	45	334	2651
		% of C-Tot	85.7%	1.7%	12.6%	100.0%
<b>Morgan</b>						
	2000	Freq	1127	24	216	1367
		% of C-Tot	82.4%	1.8%	15.8%	100.0%
	2001	Freq	1306	24	251	1581
		% of C-Tot	82.6%	1.5%	15.9%	100.0%

**Diabetes Diagnoses, Kentucky Hospital Inpatients, 2000-2001**  
(Source: Kentucky Hospital Inpatient Claims, 2000-2001)

CntyName	Year	Data	DMDiag			Grand Total
			None	Primary	Secondary	
<b>Muhlenberg</b>						
	2000	Freq	4312	66	709	5087
		% of C-Tot	84.8%	1.3%	13.9%	100.0%
	2001	Freq	4273	72	741	5086
		% of C-Tot	84.0%	1.4%	14.6%	100.0%
<b>Nelson</b>						
	2000	Freq	4204	34	531	4769
		% of C-Tot	88.2%	0.7%	11.1%	100.0%
	2001	Freq	4133	45	525	4703
		% of C-Tot	87.9%	1.0%	11.2%	100.0%
<b>Nicholas</b>						
	2000	Freq	1039	19	156	1214
		% of C-Tot	85.6%	1.6%	12.9%	100.0%
	2001	Freq	1073	28	206	1307
		% of C-Tot	82.1%	2.1%	15.8%	100.0%
<b>Ohio</b>						
	2000	Freq	2498	51	403	2952
		% of C-Tot	84.6%	1.7%	13.7%	100.0%
	2001	Freq	2121	44	485	2650
		% of C-Tot	80.0%	1.7%	18.3%	100.0%
<b>Oldham</b>						
	2000	Freq	3575	45	464	4084
		% of C-Tot	87.5%	1.1%	11.4%	100.0%
	2001	Freq	3935	33	511	4479
		% of C-Tot	87.9%	0.7%	11.4%	100.0%
<b>Owen</b>						
	2000	Freq	520	9	56	585
		% of C-Tot	88.9%	1.5%	9.6%	100.0%
	2001	Freq	608	8	88	704

**Diabetes Diagnoses, Kentucky Hospital Inpatients, 2000-2001**  
 (Source: Kentucky Hospital Inpatient Claims, 2000-2001)

CntyName	Year	Data	DMDiag			Grand Total
			None	Primary	Secondary	
<b>Owen</b>	2001	% of C-Tot	86.4%	1.1%	12.5%	100.0%
<b>Owsley</b>						
	2000	Freq	693	11	137	841
		% of C-Tot	82.4%	1.3%	16.3%	100.0%
	2001	Freq	1073	17	206	1296
		% of C-Tot	82.8%	1.3%	15.9%	100.0%
<b>Pendleton</b>						
	2000	Freq	988	18	216	1222
		% of C-Tot	80.9%	1.5%	17.7%	100.0%
	2001	Freq	1491	9	308	1808
		% of C-Tot	82.5%	0.5%	17.0%	100.0%
<b>Perry</b>						
	2000	Freq	6227	151	1258	7636
		% of C-Tot	81.5%	2.0%	16.5%	100.0%
	2001	Freq	6923	122	1523	8568
		% of C-Tot	80.8%	1.4%	17.8%	100.0%
<b>Pike</b>						
	2000	Freq	8852	178	1866	10896
		% of C-Tot	81.2%	1.6%	17.1%	100.0%
	2001	Freq	9138	178	1881	11197
		% of C-Tot	81.6%	1.6%	16.8%	100.0%
<b>Powell</b>						
	2000	Freq	1213	21	216	1450
		% of C-Tot	83.7%	1.4%	14.9%	100.0%
	2001	Freq	1322	20	287	1629
		% of C-Tot	81.2%	1.2%	17.6%	100.0%
<b>Pulaski</b>						
	2000	Freq	8364	102	1341	9807
		% of C-Tot	85.3%	1.0%	13.7%	100.0%
	2001					

## Diabetes Diagnoses, Kentucky Hospital Inpatients, 2000-2001

(Source: Kentucky Hospital Inpatient Claims, 2000-2001)

CntyName	Year	Data	DMDiag			Grand Total
			None	Primary	Secondary	
<b>Pulaski</b>	2001	Freq	8489	86	1462	10037
		% of C-Tot	84.6%	0.9%	14.6%	100.0%
<b>Robertson</b>						
	2000	Freq	250	3	50	303
		% of C-Tot	82.5%	1.0%	16.5%	100.0%
	2001	Freq	278	6	55	339
		% of C-Tot	82.0%	1.8%	16.2%	100.0%
<b>Rockcastle</b>						
	2000	Freq	1657	24	228	1909
		% of C-Tot	86.8%	1.3%	11.9%	100.0%
	2001	Freq	1753	36	280	2069
		% of C-Tot	84.7%	1.7%	13.5%	100.0%
<b>Rowan</b>						
	2000	Freq	1704	24	335	2063
		% of C-Tot	82.6%	1.2%	16.2%	100.0%
	2001	Freq	2128	49	427	2604
		% of C-Tot	81.7%	1.9%	16.4%	100.0%
<b>Russell</b>						
	2000	Freq	2409	33	408	2850
		% of C-Tot	84.5%	1.2%	14.3%	100.0%
	2001	Freq	2555	42	445	3042
		% of C-Tot	84.0%	1.4%	14.6%	100.0%
<b>Scott</b>						
	2000	Freq	2960	27	412	3399
		% of C-Tot	87.1%	0.8%	12.1%	100.0%
	2001	Freq	3147	38	449	3634
		% of C-Tot	86.6%	1.0%	12.4%	100.0%
<b>Shelby</b>						
	2000	Freq	2799	31	417	3247
		% of C-Tot	86.2%	1.0%	12.8%	100.0%

## Diabetes Diagnoses, Kentucky Hospital Inpatients, 2000-2001

(Source: Kentucky Hospital Inpatient Claims, 2000-2001)

CntyName	Year	Data	DMDiag			Grand Total
			None	Primary	Secondary	
<b>Shelby</b>						
	2001	Freq	3196	43	489	3728
		% of C-Tot	85.7%	1.2%	13.1%	100.0%
<b>Simpson</b>						
	2000	Freq	1118	10	136	1264
		% of C-Tot	88.4%	0.8%	10.8%	100.0%
	2001	Freq	1749	35	302	2086
		% of C-Tot	83.8%	1.7%	14.5%	100.0%
<b>Spencer</b>						
	2000	Freq	1189	11	194	1394
		% of C-Tot	85.3%	0.8%	13.9%	100.0%
	2001	Freq	1314	11	193	1518
		% of C-Tot	86.6%	0.7%	12.7%	100.0%
<b>Taylor</b>						
	2000	Freq	3460	57	454	3971
		% of C-Tot	87.1%	1.4%	11.4%	100.0%
	2001	Freq	3709	61	514	4284
		% of C-Tot	86.6%	1.4%	12.0%	100.0%
<b>Todd</b>						
	2000	Freq	784	14	126	924
		% of C-Tot	84.8%	1.5%	13.6%	100.0%
	2001	Freq	854	11	204	1069
		% of C-Tot	79.9%	1.0%	19.1%	100.0%
<b>Trigg</b>						
	2000	Freq	1176	22	192	1390
		% of C-Tot	84.6%	1.6%	13.8%	100.0%
	2001	Freq	1028	16	221	1265
		% of C-Tot	81.3%	1.3%	17.5%	100.0%
<b>Trimble</b>						
	2000	Freq	669	9	136	814

## Diabetes Diagnoses, Kentucky Hospital Inpatients, 2000-2001

(Source: Kentucky Hospital Inpatient Claims, 2000-2001)

CntyName	Year	Data	DMDiag			Grand Total
			None	Primary	Secondary	
<b>Trimble</b>	2000	% of C-Tot	82.2%	1.1%	16.7%	100.0%
	2001	Freq	687	9	132	828
		% of C-Tot	83.0%	1.1%	15.9%	100.0%
<b>Union</b>						
	2000	Freq	1435	18	268	1721
		% of C-Tot	83.4%	1.0%	15.6%	100.0%
	2001	Freq	1597	28	283	1908
		% of C-Tot	83.7%	1.5%	14.8%	100.0%
<b>Warren</b>						
	2000	Freq	8479	124	1389	9992
		% of C-Tot	84.9%	1.2%	13.9%	100.0%
	2001	Freq	9134	140	1492	10766
		% of C-Tot	84.8%	1.3%	13.9%	100.0%
<b>Washington</b>						
	2000	Freq	1174	10	210	1394
		% of C-Tot	84.2%	0.7%	15.1%	100.0%
	2001	Freq	1226	20	229	1475
		% of C-Tot	83.1%	1.4%	15.5%	100.0%
<b>Wayne</b>						
	2000	Freq	2456	39	438	2933
		% of C-Tot	83.7%	1.3%	14.9%	100.0%
	2001	Freq	2431	38	470	2939
		% of C-Tot	82.7%	1.3%	16.0%	100.0%
<b>Webster</b>						
	2000	Freq	1672	13	281	1966
		% of C-Tot	85.0%	0.7%	14.3%	100.0%
	2001	Freq	1877	14	317	2208
		% of C-Tot	85.0%	0.6%	14.4%	100.0%
<b>Whitley</b>						
	2000					

## Diabetes Diagnoses, Kentucky Hospital Inpatients, 2000-2001

(Source: Kentucky Hospital Inpatient Claims, 2000-2001)

CntyName	Year	Data	DMDiag			Grand Total	
			None	Primary	Secondary		
<b>Whitley</b>	2000	Freq	6311	82	1367	7760	
		% of C-Tot	81.3%	1.1%	17.6%	100.0%	
	2001	Freq	6532	88	1459	8079	
		% of C-Tot	80.9%	1.1%	18.1%	100.0%	
	<b>Wolfe</b>						
		2000	Freq	958	26	178	1162
% of C-Tot			82.4%	2.2%	15.3%	100.0%	
2001		Freq	1353	20	231	1604	
		% of C-Tot	84.4%	1.2%	14.4%	100.0%	
<b>Woodford</b>							
	2000	Freq	1775	20	236	2031	
		% of C-Tot	87.4%	1.0%	11.6%	100.0%	
	2001	Freq	1966	33	268	2267	
		% of C-Tot	86.7%	1.5%	11.8%	100.0%	
<b>Total Sum of</b>			<b>894937</b>	<b>13913</b>	<b>156482</b>	<b>1065332</b>	
<b>Total % of C</b>			<b>84.0%</b>	<b>1.3%</b>	<b>14.7%</b>	<b>100.0%</b>	

**Diabetes Diagnoses and Lower Extremity Amputations,  
Kentucky Hospital Inpatients, 2000-2001**

(Source: Kentucky Hospital Inpatient Claims, 2000-2001)

CntyName	Year	Lower Extr Data	DM Diag			Grand Total
			None	Primary	Secondary	
<b>Adair</b>						
	2000	<i>No</i>				
		Freq	2468	44	432	2944
		% of C-Tot	83.8%	1.5%	14.7%	100.0%
		<i>Yes</i>				
		Freq	4	1	1	6
		% of C-Tot	66.7%	16.7%	16.7%	100.0%
	2001	<i>No</i>				
		Freq	2502	52	448	3002
		% of C-Tot	83.3%	1.7%	14.9%	100.0%
		<i>Yes</i>				
		Freq	3	6	2	11
		% of C-Tot	27.3%	54.5%	18.2%	100.0%
<b>Allen</b>						
	2000	<i>No</i>				
		Freq	1623	27	315	1965
		% of C-Tot	82.6%	1.4%	16.0%	100.0%
		<i>Yes</i>				
		Freq	4	2	3	9
		% of C-Tot	44.4%	22.2%	33.3%	100.0%
	2001	<i>No</i>				
		Freq	1721	24	275	2020
		% of C-Tot	85.2%	1.2%	13.6%	100.0%
		<i>Yes</i>				
		Freq	4	4	1	9
		% of C-Tot	44.4%	44.4%	11.1%	100.0%
<b>Anderson</b>						
	2000	<i>No</i>				
		Freq	1799	14	231	2044
		% of C-Tot	88.0%	0.7%	11.3%	100.0%
		<i>Yes</i>				
		Freq	2	1		3
		% of C-Tot	66.7%	33.3%	0.0%	100.0%
	2001	<i>No</i>				
		Freq	1882	23	314	2219
		% of C-Tot	84.8%	1.0%	14.2%	100.0%
		<i>Yes</i>				
		Freq	2	6	2	10
		% of C-Tot	20.0%	60.0%	20.0%	100.0%

**Diabetes Diagnoses and Lower Extremity Amputations,  
Kentucky Hospital Inpatients, 2000-2001**

(Source: Kentucky Hospital Inpatient Claims, 2000-2001)

CntyName	Year	Lower Extr Data	DM Diag			Grand Total	
			None	Primary	Secondary		
<b>Ballard</b>							
	2000	<i>No</i>	Freq	809	6	128	943
			% of C-Tot	85.8%	0.6%	13.6%	100.0%
		<i>Yes</i>	Freq	6	2	2	10
			% of C-Tot	60.0%	20.0%	20.0%	100.0%
	2001	<i>No</i>	Freq	780	8	149	937
			% of C-Tot	83.2%	0.9%	15.9%	100.0%
		<i>Yes</i>	Freq	2	1		3
			% of C-Tot	66.7%	33.3%	0.0%	100.0%
<b>Barren</b>							
	2000	<i>No</i>	Freq	4526	67	681	5274
			% of C-Tot	85.8%	1.3%	12.9%	100.0%
		<i>Yes</i>	Freq	5	5	7	17
			% of C-Tot	29.4%	29.4%	41.2%	100.0%
	2001	<i>No</i>	Freq	5216	61	928	6205
			% of C-Tot	84.1%	1.0%	15.0%	100.0%
		<i>Yes</i>	Freq	11	12	5	28
			% of C-Tot	39.3%	42.9%	17.9%	100.0%
<b>Bath</b>							
	2000	<i>No</i>	Freq	1115	16	212	1343
			% of C-Tot	83.0%	1.2%	15.8%	100.0%
		<i>Yes</i>	Freq	2	3	3	8
			% of C-Tot	25.0%	37.5%	37.5%	100.0%
	2001	<i>No</i>	Freq	1232	28	255	1515
			% of C-Tot	81.3%	1.8%	16.8%	100.0%
		<i>Yes</i>	Freq	1	7	3	11
			% of C-Tot	9.1%	63.6%	27.3%	100.0%

**Diabetes Diagnoses and Lower Extremity Amputations,  
Kentucky Hospital Inpatients, 2000-2001**

(Source: Kentucky Hospital Inpatient Claims, 2000-2001)

CntyName	Year	Lower Extr Data	DM Diag			Grand Total
			None	Primary	Secondary	
<b>Bell</b>						
	2000	<i>No</i>				
		Freq	5764	146	974	6884
		% of C-Tot	83.7%	2.1%	14.1%	100.0%
		<i>Yes</i>				
		Freq	4	8	5	17
		% of C-Tot	23.5%	47.1%	29.4%	100.0%
	2001	<i>No</i>				
		Freq	5939	156	1016	7111
		% of C-Tot	83.5%	2.2%	14.3%	100.0%
		<i>Yes</i>				
		Freq	3	2		5
		% of C-Tot	60.0%	40.0%	0.0%	100.0%
<b>Boone</b>						
	2000	<i>No</i>				
		Freq	4574	46	651	5271
		% of C-Tot	86.8%	0.9%	12.4%	100.0%
		<i>Yes</i>				
		Freq	1	2	7	10
		% of C-Tot	10.0%	20.0%	70.0%	100.0%
	2001	<i>No</i>				
		Freq	7970	68	1166	9204
		% of C-Tot	86.6%	0.7%	12.7%	100.0%
		<i>Yes</i>				
		Freq	9	5	5	19
		% of C-Tot	47.4%	26.3%	26.3%	100.0%
<b>Bourbon</b>						
	2000	<i>No</i>				
		Freq	2057	29	376	2462
		% of C-Tot	83.5%	1.2%	15.3%	100.0%
		<i>Yes</i>				
		Freq		1		1
		% of C-Tot	0.0%	100.0%	0.0%	100.0%
	2001	<i>No</i>				
		Freq	2079	29	391	2499
		% of C-Tot	83.2%	1.2%	15.6%	100.0%
		<i>Yes</i>				
		Freq	2	4	1	7
		% of C-Tot	28.6%	57.1%	14.3%	100.0%
<b>Boyd</b>						

**Diabetes Diagnoses and Lower Extremity Amputations,  
Kentucky Hospital Inpatients, 2000-2001**

(Source: Kentucky Hospital Inpatient Claims, 2000-2001)

CntyName	Year	Lower Extr Data	DM Diag			Grand Total
			None	Primary	Secondary	
<b>Boyd</b>						
	2000	<i>No</i>				
		Freq	7622	122	1532	9276
		% of C-Tot	82.2%	1.3%	16.5%	100.0%
		<i>Yes</i>				
		Freq	6	10	9	25
		% of C-Tot	24.0%	40.0%	36.0%	100.0%
	2001	<i>No</i>				
		Freq	7873	149	1558	9580
		% of C-Tot	82.2%	1.6%	16.3%	100.0%
		<i>Yes</i>				
		Freq	6	9	6	21
		% of C-Tot	28.6%	42.9%	28.6%	100.0%
<b>Boyle</b>						
	2000	<i>No</i>				
		Freq	3147	64	568	3779
		% of C-Tot	83.3%	1.7%	15.0%	100.0%
		<i>Yes</i>				
		Freq	4	5	6	15
		% of C-Tot	26.7%	33.3%	40.0%	100.0%
	2001	<i>No</i>				
		Freq	3299	52	570	3921
		% of C-Tot	84.1%	1.3%	14.5%	100.0%
		<i>Yes</i>				
		Freq	10	13	5	28
		% of C-Tot	35.7%	46.4%	17.9%	100.0%
<b>Bracken</b>						
	2000	<i>No</i>				
		Freq	953	9	194	1156
		% of C-Tot	82.4%	0.8%	16.8%	100.0%
		<i>Yes</i>				
		Freq	3	3	1	7
		% of C-Tot	42.9%	42.9%	14.3%	100.0%
	2001	<i>No</i>				
		Freq	1033	8	153	1194
		% of C-Tot	86.5%	0.7%	12.8%	100.0%
		<i>Yes</i>				
		Freq			5	5
		% of C-Tot	0.0%	0.0%	100.0%	100.0%
<b>Breathitt</b>						
	2000					

**Diabetes Diagnoses and Lower Extremity Amputations,  
Kentucky Hospital Inpatients, 2000-2001**

(Source: Kentucky Hospital Inpatient Claims, 2000-2001)

CntyName	Year	Lower Extr Data	DM Diag			Grand Total
			None	Primary	Secondary	
<b>Breathitt</b>						
	2000	No				
		Freq	1724	34	310	2068
		% of C-Tot	83.4%	1.6%	15.0%	100.0%
		Yes				
		Freq	1		1	2
		% of C-Tot	50.0%	0.0%	50.0%	100.0%
	2001	No				
		Freq	2443	76	483	3002
		% of C-Tot	81.4%	2.5%	16.1%	100.0%
		Yes				
		Freq	2	5		7
		% of C-Tot	28.6%	71.4%	0.0%	100.0%
<b>Breckinridge</b>						
	2000	No				
		Freq	1925	15	266	2206
		% of C-Tot	87.3%	0.7%	12.1%	100.0%
		Yes				
		Freq		3	1	4
		% of C-Tot	0.0%	75.0%	25.0%	100.0%
	2001	No				
		Freq	2089	29	343	2461
		% of C-Tot	84.9%	1.2%	13.9%	100.0%
		Yes				
		Freq	2			2
		% of C-Tot	100.0%	0.0%	0.0%	100.0%
<b>Bullitt</b>						
	2000	No				
		Freq	4504	38	695	5237
		% of C-Tot	86.0%	0.7%	13.3%	100.0%
		Yes				
		Freq	4	7	5	16
		% of C-Tot	25.0%	43.8%	31.3%	100.0%
	2001	No				
		Freq	5114	66	778	5958
		% of C-Tot	85.8%	1.1%	13.1%	100.0%
		Yes				
		Freq	2	9	6	17
		% of C-Tot	11.8%	52.9%	35.3%	100.0%
<b>Butler</b>						
	2000	No				

**Diabetes Diagnoses and Lower Extremity Amputations,  
Kentucky Hospital Inpatients, 2000-2001**

(Source: Kentucky Hospital Inpatient Claims, 2000-2001)

CntyName	Year	Lower Extr	DM Diag			Grand Total	
			Data	None	Primary		Secondary
<b>Butler</b>	2000	No	Freq	1245	14	232	1491
			% of C-Tot	83.5%	0.9%	15.6%	100.0%
	2001	No	Freq	1288	10	255	1553
			% of C-Tot	82.9%	0.6%	16.4%	100.0%
		Yes	Freq	2		2	4
			% of C-Tot	50.0%	0.0%	50.0%	100.0%

**Caldwell**

2000	No	Freq	1465	12	198	1675	
		% of C-Tot	87.5%	0.7%	11.8%	100.0%	
	Yes	Freq	3	1	1	5	
		% of C-Tot	60.0%	20.0%	20.0%	100.0%	
	2001	No	Freq	1658	22	312	1992
			% of C-Tot	83.2%	1.1%	15.7%	100.0%
Yes		Freq	3	4	6	13	
		% of C-Tot	23.1%	30.8%	46.2%	100.0%	

**Calloway**

2000	No	Freq	3519	48	496	4063	
		% of C-Tot	86.6%	1.2%	12.2%	100.0%	
	Yes	Freq	3		3	6	
		% of C-Tot	50.0%	0.0%	50.0%	100.0%	
	2001	No	Freq	3407	36	492	3935
			% of C-Tot	86.6%	0.9%	12.5%	100.0%
Yes		Freq	4	1	2	7	
		% of C-Tot	57.1%	14.3%	28.6%	100.0%	

**Campbell**

2000	No	Freq	6081	83	1311	7475
		% of C-Tot	81.4%	1.1%	17.5%	100.0%
	Yes	Freq	11	15	16	42
		% of C-Tot				

**Diabetes Diagnoses and Lower Extremity Amputations,  
Kentucky Hospital Inpatients, 2000-2001**

(Source: Kentucky Hospital Inpatient Claims, 2000-2001)

CntyName	Year	Lower Extr Data	DM Diag			Grand Total	
			None	Primary	Secondary		
<b>Campbell</b>	2000	Yes	% of C-Tot	26.2%	35.7%	38.1%	100.0%
		<i>No</i>					
		Freq		8039	106	1685	9830
		% of C-Tot		81.8%	1.1%	17.1%	100.0%
	2001	Yes					
		Freq		16	16	19	51
	% of C-Tot		31.4%	31.4%	37.3%	100.0%	

**Carlisle**

2000	<i>No</i>						
		Freq		641	6	91	738
		% of C-Tot		86.9%	0.8%	12.3%	100.0%
	<i>Yes</i>						
		Freq				1	1
		% of C-Tot		0.0%	0.0%	100.0%	100.0%
2001	<i>No</i>						
		Freq		632	8	114	754
		% of C-Tot		83.8%	1.1%	15.1%	100.0%
	<i>Yes</i>						
		Freq		1			1
		% of C-Tot		100.0%	0.0%	0.0%	100.0%

**Carroll**

2000	<i>No</i>						
		Freq		1199	19	206	1424
		% of C-Tot		84.2%	1.3%	14.5%	100.0%
	<i>Yes</i>						
		Freq		2	1	2	5
		% of C-Tot		40.0%	20.0%	40.0%	100.0%
2001	<i>No</i>						
		Freq		1206	24	199	1429
		% of C-Tot		84.4%	1.7%	13.9%	100.0%
	<i>Yes</i>						
		Freq		4		4	8
		% of C-Tot		50.0%	0.0%	50.0%	100.0%

**Carter**

2000	<i>No</i>						
		Freq		3020	32	552	3604
		% of C-Tot		83.8%	0.9%	15.3%	100.0%
	<i>Yes</i>						
		Freq		1	5	3	9
		% of C-Tot		11.1%	55.6%	33.3%	100.0%

**Diabetes Diagnoses and Lower Extremity Amputations,  
Kentucky Hospital Inpatients, 2000-2001**

(Source: Kentucky Hospital Inpatient Claims, 2000-2001)

CntyName	Year	Lower Extr Data	DM Diag			Grand Total
			None	Primary	Secondary	
<b>Carter</b>	2001	<i>No</i>				
		Freq	3294	38	629	3961
		% of C-Tot	83.2%	1.0%	15.9%	100.0%
		<i>Yes</i>				
		Freq	7	3	6	16
		% of C-Tot	43.8%	18.8%	37.5%	100.0%
<b>Casey</b>						
	2000	<i>No</i>				
		Freq	1979	17	348	2344
		% of C-Tot	84.4%	0.7%	14.8%	100.0%
		<i>Yes</i>				
		Freq	3	1	3	7
		% of C-Tot	42.9%	14.3%	42.9%	100.0%
	2001	<i>No</i>				
		Freq	2115	22	354	2491
		% of C-Tot	84.9%	0.9%	14.2%	100.0%
		<i>Yes</i>				
		Freq	2	2		4
		% of C-Tot	50.0%	50.0%	0.0%	100.0%
<b>Christian</b>						
	2000	<i>No</i>				
		Freq	4521	84	568	5173
		% of C-Tot	87.4%	1.6%	11.0%	100.0%
		<i>Yes</i>				
		Freq	9	9	7	25
		% of C-Tot	36.0%	36.0%	28.0%	100.0%
	2001	<i>No</i>				
		Freq	4177	62	684	4923
		% of C-Tot	84.8%	1.3%	13.9%	100.0%
		<i>Yes</i>				
		Freq	15	12	6	33
		% of C-Tot	45.5%	36.4%	18.2%	100.0%
<b>Clark</b>						
	2000	<i>No</i>				
		Freq	2916	40	452	3408
		% of C-Tot	85.6%	1.2%	13.3%	100.0%
		<i>Yes</i>				
		Freq	3	10	2	15
		% of C-Tot	20.0%	66.7%	13.3%	100.0%
	2001					

**Diabetes Diagnoses and Lower Extremity Amputations,  
Kentucky Hospital Inpatients, 2000-2001**

(Source: Kentucky Hospital Inpatient Claims, 2000-2001)

CntyName	Year	Lower Extr Data	DM Diag			Grand Total
			None	Primary	Secondary	
<b>Clark</b>	2001	<i>No</i>				
		Freq	3211	46	561	3818
		% of C-Tot	84.1%	1.2%	14.7%	100.0%
		<i>Yes</i>				
		Freq	3	3	3	9
		% of C-Tot	33.3%	33.3%	33.3%	100.0%
<b>Clay</b>						
2000						
<i>No</i>						
	Freq	3809	67	899	4775	
	% of C-Tot	79.8%	1.4%	18.8%	100.0%	
<i>Yes</i>						
	Freq	2	5	1	8	
	% of C-Tot	25.0%	62.5%	12.5%	100.0%	
2001						
<i>No</i>						
	Freq	3764	60	874	4698	
	% of C-Tot	80.1%	1.3%	18.6%	100.0%	
<i>Yes</i>						
	Freq	2	5	2	9	
	% of C-Tot	22.2%	55.6%	22.2%	100.0%	
<b>Clinton</b>						
2000						
<i>No</i>						
	Freq	2091	43	396	2530	
	% of C-Tot	82.6%	1.7%	15.7%	100.0%	
<i>Yes</i>						
	Freq	2	3	4	9	
	% of C-Tot	22.2%	33.3%	44.4%	100.0%	
2001						
<i>No</i>						
	Freq	2337	42	484	2863	
	% of C-Tot	81.6%	1.5%	16.9%	100.0%	
<i>Yes</i>						
	Freq		1	1	2	
	% of C-Tot	0.0%	50.0%	50.0%	100.0%	
<b>Crittenden</b>						
2000						
<i>No</i>						
	Freq	1282	18	245	1545	
	% of C-Tot	83.0%	1.2%	15.9%	100.0%	
<i>Yes</i>						
	Freq	1	1	1	3	
	% of C-Tot	33.3%	33.3%	33.3%	100.0%	
2001						
<i>No</i>						

**Diabetes Diagnoses and Lower Extremity Amputations,  
Kentucky Hospital Inpatients, 2000-2001**

(Source: Kentucky Hospital Inpatient Claims, 2000-2001)

CntyName	Year	Lower Extr Data	DM Diag			Grand Total	
			None	Primary	Secondary		
<b>Crittende</b>	2001	<b>No</b>	Freq	1722	26	404	2152
			% of C-Tot	80.0%	1.2%	18.8%	100.0%
		<b>Yes</b>	Freq	1	2		3
			% of C-Tot	33.3%	66.7%	0.0%	100.0%

**Cumberland**

2000

<b>No</b>	Freq	1719	30	285	2034
	% of C-Tot	84.5%	1.5%	14.0%	100.0%
<b>Yes</b>	Freq	3	1		4
	% of C-Tot	75.0%	25.0%	0.0%	100.0%

2001

<b>No</b>	Freq	1631	18	296	1945
	% of C-Tot	83.9%	0.9%	15.2%	100.0%
<b>Yes</b>	Freq	3	4	1	8
	% of C-Tot	37.5%	50.0%	12.5%	100.0%

**Daviess**

2000

<b>No</b>	Freq	11977	129	1380	13486
	% of C-Tot	88.8%	1.0%	10.2%	100.0%
<b>Yes</b>	Freq	13	7	10	30
	% of C-Tot	43.3%	23.3%	33.3%	100.0%

2001

<b>No</b>	Freq	10684	141	1697	12522
	% of C-Tot	85.3%	1.1%	13.6%	100.0%
<b>Yes</b>	Freq	12	13	7	32
	% of C-Tot	37.5%	40.6%	21.9%	100.0%

**Edmonson**

2000

<b>No</b>	Freq	902	14	181	1097
	% of C-Tot	82.2%	1.3%	16.5%	100.0%
<b>Yes</b>	Freq	2	1		3
	% of C-Tot	66.7%	33.3%	0.0%	100.0%

2001

<b>No</b>	Freq	999	18	166	1183
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**Diabetes Diagnoses and Lower Extremity Amputations,  
Kentucky Hospital Inpatients, 2000-2001**

(Source: Kentucky Hospital Inpatient Claims, 2000-2001)

CntyName	Year	Lower Extr Data	DM Diag			Grand Total	
			None	Primary	Secondary		
<b>Edmons</b>	2001	No	% of C-Tot	84.4%	1.5%	14.0%	100.0%
		Yes	Freq	1	3	1	5
			% of C-Tot	20.0%	60.0%	20.0%	100.0%
<b>Elliott</b>							
	2000	No	Freq	554	4	92	650
			% of C-Tot	85.2%	0.6%	14.2%	100.0%
		Yes	Freq	3		2	5
			% of C-Tot	60.0%	0.0%	40.0%	100.0%
	2001	No	Freq	628	7	136	771
			% of C-Tot	81.5%	0.9%	17.6%	100.0%
		Yes	Freq		1	3	4
			% of C-Tot	0.0%	25.0%	75.0%	100.0%
<b>Estill</b>							
	2000	No	Freq	1053	28	243	1324
			% of C-Tot	79.5%	2.1%	18.4%	100.0%
		Yes	Freq	1	1		2
			% of C-Tot	50.0%	50.0%	0.0%	100.0%
	2001	No	Freq	1278	30	278	1586
			% of C-Tot	80.6%	1.9%	17.5%	100.0%
		Yes	Freq		2		2
			% of C-Tot	0.0%	100.0%	0.0%	100.0%
<b>Fayette</b>							
	2000	No	Freq	21153	293	2651	24097
			% of C-Tot	87.8%	1.2%	11.0%	100.0%
		Yes	Freq	24	45	21	90
			% of C-Tot	26.7%	50.0%	23.3%	100.0%
	2001	No	Freq	23456	316	3230	27002
			% of C-Tot	86.9%	1.2%	12.0%	100.0%

**Diabetes Diagnoses and Lower Extremity Amputations,  
Kentucky Hospital Inpatients, 2000-2001**

(Source: Kentucky Hospital Inpatient Claims, 2000-2001)

CntyName	Year	Lower Extr Data	DM Diag			Grand Total
			None	Primary	Secondary	
<b>Fayette</b>	2001	Yes				
		Freq	31	37	29	97
		% of C-Tot	32.0%	38.1%	29.9%	100.0%

**Fleming**

2000

<i>No</i>						
	Freq	1714	31	327	2072	
	% of C-Tot	82.7%	1.5%	15.8%	100.0%	
<i>Yes</i>						
	Freq	4	3		7	
	% of C-Tot	57.1%	42.9%	0.0%	100.0%	

2001

<i>No</i>						
	Freq	1660	29	369	2058	
	% of C-Tot	80.7%	1.4%	17.9%	100.0%	
<i>Yes</i>						
	Freq	2	7	5	14	
	% of C-Tot	14.3%	50.0%	35.7%	100.0%	

**Floyd**

2000

<i>No</i>						
	Freq	6443	114	1488	8045	
	% of C-Tot	80.1%	1.4%	18.5%	100.0%	
<i>Yes</i>						
	Freq	2	13	7	22	
	% of C-Tot	9.1%	59.1%	31.8%	100.0%	

2001

<i>No</i>						
	Freq	6543	101	1519	8163	
	% of C-Tot	80.2%	1.2%	18.6%	100.0%	
<i>Yes</i>						
	Freq	6	13	6	25	
	% of C-Tot	24.0%	52.0%	24.0%	100.0%	

**Franklin**

2000

<i>No</i>						
	Freq	4998	43	806	5847	
	% of C-Tot	85.5%	0.7%	13.8%	100.0%	
<i>Yes</i>						
	Freq	6	13	6	25	
	% of C-Tot	24.0%	52.0%	24.0%	100.0%	

2001

<i>No</i>						
	Freq	5112	55	859	6026	
	% of C-Tot	84.8%	0.9%	14.3%	100.0%	
<i>Yes</i>						

**Diabetes Diagnoses and Lower Extremity Amputations,  
Kentucky Hospital Inpatients, 2000-2001**

(Source: Kentucky Hospital Inpatient Claims, 2000-2001)

CntyName	Year	Lower Extr Data	DM Diag			Grand Total	
			None	Primary	Secondary		
<b>Franklin</b>	2001	Yes	Freq % of C-Tot	4 28.6%	5 35.7%	5 35.7%	14 100.0%

**Fulton**

2000

<i>No</i>	Freq % of C-Tot	649 81.9%	7 0.9%	136 17.2%	792 100.0%
<i>Yes</i>	Freq % of C-Tot	3 60.0%	0 0.0%	2 40.0%	5 100.0%

2001

<i>No</i>	Freq % of C-Tot	1019 81.0%	32 2.5%	207 16.5%	1258 100.0%
<i>Yes</i>	Freq % of C-Tot	1 20.0%	0 0.0%	4 80.0%	5 100.0%

**Gallatin**

2000

<i>No</i>	Freq % of C-Tot	591 82.5%	9 1.3%	116 16.2%	716 100.0%
<i>Yes</i>	Freq % of C-Tot	1 100.0%	0 0.0%	0 0.0%	1 100.0%

2001

<i>No</i>	Freq % of C-Tot	808 81.0%	20 2.0%	170 17.0%	998 100.0%
<i>Yes</i>	Freq % of C-Tot	0 0.0%	2 50.0%	2 50.0%	4 100.0%

**Garrard**

2000

<i>No</i>	Freq % of C-Tot	1288 85.7%	16 1.1%	199 13.2%	1503 100.0%
<i>Yes</i>	Freq % of C-Tot	5 62.5%	1 12.5%	2 25.0%	8 100.0%

2001

<i>No</i>	Freq % of C-Tot	1400 83.9%	18 1.1%	250 15.0%	1668 100.0%
<i>Yes</i>	Freq	3	3	1	7

**Diabetes Diagnoses and Lower Extremity Amputations,  
Kentucky Hospital Inpatients, 2000-2001**

(Source: Kentucky Hospital Inpatient Claims, 2000-2001)

CntyName	Year	Lower Extr Data	DM Diag			Grand Total	
			None	Primary	Secondary		
<b>Garrard</b>	2001	Yes	% of C-Tot	42.9%	42.9%	14.3%	100.0%

**Grant**

2000

No						
	Freq		1545	19	270	1834
	% of C-Tot		84.2%	1.0%	14.7%	100.0%

Yes						
	Freq			3	1	4
	% of C-Tot		0.0%	75.0%	25.0%	100.0%

2001

No						
	Freq		2699	29	482	3210
	% of C-Tot		84.1%	0.9%	15.0%	100.0%

Yes						
	Freq		4		2	6
	% of C-Tot		66.7%	0.0%	33.3%	100.0%

**Graves**

2000

No						
	Freq		5582	79	1083	6744
	% of C-Tot		82.8%	1.2%	16.1%	100.0%

Yes						
	Freq		2	4	10	16
	% of C-Tot		12.5%	25.0%	62.5%	100.0%

2001

No						
	Freq		5774	65	1103	6942
	% of C-Tot		83.2%	0.9%	15.9%	100.0%

Yes						
	Freq		8	7	6	21
	% of C-Tot		38.1%	33.3%	28.6%	100.0%

**Grayson**

2000

No						
	Freq		2940	35	434	3409
	% of C-Tot		86.2%	1.0%	12.7%	100.0%

Yes						
	Freq		6	6	4	16
	% of C-Tot		37.5%	37.5%	25.0%	100.0%

2001

No						
	Freq		3235	42	578	3855
	% of C-Tot		83.9%	1.1%	15.0%	100.0%

Yes						
	Freq		6	7	7	20
	% of C-Tot		30.0%	35.0%	35.0%	100.0%

**Diabetes Diagnoses and Lower Extremity Amputations,  
Kentucky Hospital Inpatients, 2000-2001**

(Source: Kentucky Hospital Inpatient Claims, 2000-2001)

CntyName	Year	Lower Extr Data	DM Diag			Grand Total	
			None	Primary	Secondary		
<b>Green</b>							
	2000	<i>No</i>	Freq	1450	19	198	1667
			% of C-Tot	87.0%	1.1%	11.9%	100.0%
		<i>Yes</i>	Freq	2	2	1	5
			% of C-Tot	40.0%	40.0%	20.0%	100.0%
	2001	<i>No</i>	Freq	1576	22	268	1866
			% of C-Tot	84.5%	1.2%	14.4%	100.0%
		<i>Yes</i>	Freq	3	2		5
			% of C-Tot	60.0%	40.0%	0.0%	100.0%
<b>Greenup</b>							
	2000	<i>No</i>	Freq	4827	77	1079	5983
			% of C-Tot	80.7%	1.3%	18.0%	100.0%
		<i>Yes</i>	Freq	6	3	6	15
			% of C-Tot	40.0%	20.0%	40.0%	100.0%
	2001	<i>No</i>	Freq	5070	80	1140	6290
			% of C-Tot	80.6%	1.3%	18.1%	100.0%
		<i>Yes</i>	Freq	4	3	4	11
			% of C-Tot	36.4%	27.3%	36.4%	100.0%
<b>Hancock</b>							
	2000	<i>No</i>	Freq	1031	7	104	1142
			% of C-Tot	90.3%	0.6%	9.1%	100.0%
		<i>Yes</i>	Freq	1	2	1	4
			% of C-Tot	25.0%	50.0%	25.0%	100.0%
	2001	<i>No</i>	Freq	862	13	144	1019
			% of C-Tot	84.6%	1.3%	14.1%	100.0%
		<i>Yes</i>	Freq		1	1	2
			% of C-Tot	0.0%	50.0%	50.0%	100.0%

**Diabetes Diagnoses and Lower Extremity Amputations,  
Kentucky Hospital Inpatients, 2000-2001**

(Source: Kentucky Hospital Inpatient Claims, 2000-2001)

CntyName	Year	Lower Extr Data	DM Diag			Grand Total
			None	Primary	Secondary	
<b>Hardin</b>						
	2000	<i>No</i>				
		Freq	7718	81	1178	8977
		% of C-Tot	86.0%	0.9%	13.1%	100.0%
		<i>Yes</i>				
		Freq	14	7	20	41
		% of C-Tot	34.1%	17.1%	48.8%	100.0%
	2001	<i>No</i>				
		Freq	9116	106	1438	10660
		% of C-Tot	85.5%	1.0%	13.5%	100.0%
		<i>Yes</i>				
		Freq	16	9	15	40
		% of C-Tot	40.0%	22.5%	37.5%	100.0%
<b>Harlan</b>						
	2000	<i>No</i>				
		Freq	6044	97	1389	7530
		% of C-Tot	80.3%	1.3%	18.4%	100.0%
		<i>Yes</i>				
		Freq	2	4	5	11
		% of C-Tot	18.2%	36.4%	45.5%	100.0%
	2001	<i>No</i>				
		Freq	6407	96	1544	8047
		% of C-Tot	79.6%	1.2%	19.2%	100.0%
		<i>Yes</i>				
		Freq	3	6	7	16
		% of C-Tot	18.8%	37.5%	43.8%	100.0%
<b>Harrison</b>						
	2000	<i>No</i>				
		Freq	1949	29	304	2282
		% of C-Tot	85.4%	1.3%	13.3%	100.0%
		<i>Yes</i>				
		Freq	2	3		5
		% of C-Tot	40.0%	60.0%	0.0%	100.0%
	2001	<i>No</i>				
		Freq	2163	36	344	2543
		% of C-Tot	85.1%	1.4%	13.5%	100.0%
		<i>Yes</i>				
		Freq	2		1	3
		% of C-Tot	66.7%	0.0%	33.3%	100.0%
<b>Hart</b>						

**Diabetes Diagnoses and Lower Extremity Amputations,  
Kentucky Hospital Inpatients, 2000-2001**

(Source: Kentucky Hospital Inpatient Claims, 2000-2001)

CntyName	Year	Lower Extr Data	DM Diag			Grand Total
			None	Primary	Secondary	
<b>Hart</b>						
	2000	<i>No</i>				
		Freq	1797	31	324	2152
		% of C-Tot	83.5%	1.4%	15.1%	100.0%
		<i>Yes</i>				
		Freq	4	1	5	10
		% of C-Tot	40.0%	10.0%	50.0%	100.0%
	2001	<i>No</i>				
		Freq	1904	44	368	2316
		% of C-Tot	82.2%	1.9%	15.9%	100.0%
		<i>Yes</i>				
		Freq	3	7	1	11
		% of C-Tot	27.3%	63.6%	9.1%	100.0%
<b>Henderson</b>						
	2000	<i>No</i>				
		Freq	5015	94	1041	6150
		% of C-Tot	81.5%	1.5%	16.9%	100.0%
		<i>Yes</i>				
		Freq	2	3	3	8
		% of C-Tot	25.0%	37.5%	37.5%	100.0%
	2001	<i>No</i>				
		Freq	5172	97	1034	6303
		% of C-Tot	82.1%	1.5%	16.4%	100.0%
		<i>Yes</i>				
		Freq	4	2	2	8
		% of C-Tot	50.0%	25.0%	25.0%	100.0%
<b>Henry</b>						
	2000	<i>No</i>				
		Freq	1959	11	323	2293
		% of C-Tot	85.4%	0.5%	14.1%	100.0%
		<i>Yes</i>				
		Freq	2	3	3	8
		% of C-Tot	25.0%	37.5%	37.5%	100.0%
	2001	<i>No</i>				
		Freq	1931	23	333	2287
		% of C-Tot	84.4%	1.0%	14.6%	100.0%
		<i>Yes</i>				
		Freq	1	1	2	4
		% of C-Tot	25.0%	25.0%	50.0%	100.0%
<b>Hickman</b>						
	2000					

**Diabetes Diagnoses and Lower Extremity Amputations,  
Kentucky Hospital Inpatients, 2000-2001**

(Source: Kentucky Hospital Inpatient Claims, 2000-2001)

CntyName	Year	Lower Extr Data	DM Diag			Grand Total
			None	Primary	Secondary	
<b>Hickman</b>						
	2000	<i>No</i>				
		Freq	432	11	78	521
		% of C-Tot	82.9%	2.1%	15.0%	100.0%
		<i>Yes</i>				
		Freq		1		1
		% of C-Tot	0.0%	100.0%	0.0%	100.0%
	2001	<i>No</i>				
		Freq	598	8	102	708
		% of C-Tot	84.5%	1.1%	14.4%	100.0%
		<i>Yes</i>				
		Freq	1		1	2
		% of C-Tot	50.0%	0.0%	50.0%	100.0%
<b>Hopkins</b>						
	2000	<i>No</i>				
		Freq	5483	76	1014	6573
		% of C-Tot	83.4%	1.2%	15.4%	100.0%
		<i>Yes</i>				
		Freq	10	6	10	26
		% of C-Tot	38.5%	23.1%	38.5%	100.0%
	2001	<i>No</i>				
		Freq	6038	94	1069	7201
		% of C-Tot	83.8%	1.3%	14.8%	100.0%
		<i>Yes</i>				
		Freq	6	9	13	28
		% of C-Tot	21.4%	32.1%	46.4%	100.0%
<b>Jackson</b>						
	2000	<i>No</i>				
		Freq	1029	16	175	1220
		% of C-Tot	84.3%	1.3%	14.3%	100.0%
		<i>Yes</i>				
		Freq	1	1	1	3
		% of C-Tot	33.3%	33.3%	33.3%	100.0%
	2001	<i>No</i>				
		Freq	1135	7	194	1336
		% of C-Tot	85.0%	0.5%	14.5%	100.0%
		<i>Yes</i>				
		Freq		1	1	2
		% of C-Tot	0.0%	50.0%	50.0%	100.0%
<b>Jefferson</b>						
	2000	<i>No</i>				

**Diabetes Diagnoses and Lower Extremity Amputations,  
Kentucky Hospital Inpatients, 2000-2001**

(Source: Kentucky Hospital Inpatient Claims, 2000-2001)

CntyName	Year	Lower Extr Data	DM Diag			Grand Total		
			None	Primary	Secondary			
<b>Jefferson</b>	2000	<b>No</b>	Freq	74025	910	12127	87062	
			% of C-Tot	85.0%	1.0%	13.9%	100.0%	
		<b>Yes</b>	Freq	137	115	119	371	
			% of C-Tot	36.9%	31.0%	32.1%	100.0%	
		2001	<b>No</b>	Freq	83333	1185	13624	98142
				% of C-Tot	84.9%	1.2%	13.9%	100.0%
	<b>Yes</b>		Freq	133	120	118	371	
			% of C-Tot	35.8%	32.3%	31.8%	100.0%	
	<b>Jessamine</b>							
	2000		<b>No</b>	Freq	3124	47	441	3612
			% of C-Tot	86.5%	1.3%	12.2%	100.0%	
		<b>Yes</b>	Freq	1	2	2	5	
		% of C-Tot	20.0%	40.0%	40.0%	100.0%		
2001		<b>No</b>	Freq	3483	42	532	4057	
			% of C-Tot	85.9%	1.0%	13.1%	100.0%	
	<b>Yes</b>	Freq	2	1	3	6		
		% of C-Tot	33.3%	16.7%	50.0%	100.0%		
	<b>Johnson</b>							
	2000	<b>No</b>	Freq	3499	65	814	4378	
		% of C-Tot	79.9%	1.5%	18.6%	100.0%		
<b>Yes</b>		Freq	5	7	6	18		
		% of C-Tot	27.8%	38.9%	33.3%	100.0%		
2001		<b>No</b>	Freq	3537	56	825	4418	
			% of C-Tot	80.1%	1.3%	18.7%	100.0%	
	<b>Yes</b>	Freq	2	3	4	9		
		% of C-Tot	22.2%	33.3%	44.4%	100.0%		
	<b>Kenton</b>							
	2000	<b>No</b>	Freq	6177	74	1119	7370	

**Diabetes Diagnoses and Lower Extremity Amputations,  
Kentucky Hospital Inpatients, 2000-2001**

(Source: Kentucky Hospital Inpatient Claims, 2000-2001)

CntyName	Year	Lower Extr Data	DM Diag			Grand Total	
			None	Primary	Secondary		
<b>Kenton</b>	2000	No	% of C-Tot	83.8%	1.0%	15.2%	100.0%
		Yes	Freq	9	5	12	26
		% of C-Tot	34.6%	19.2%	46.2%	100.0%	
	2001	No	Freq	14508	158	2453	17119
		% of C-Tot	84.7%	0.9%	14.3%	100.0%	
		Yes	Freq	21	17	23	61
		% of C-Tot	34.4%	27.9%	37.7%	100.0%	
	<b>Knott</b>						
	2000	No	Freq	2411	56	583	3050
		% of C-Tot	79.0%	1.8%	19.1%	100.0%	
Yes		Freq	2	5	4	11	
% of C-Tot		18.2%	45.5%	36.4%	100.0%		
2001		No	Freq	2531	38	639	3208
		% of C-Tot	78.9%	1.2%	19.9%	100.0%	
	Yes	Freq	1	1	1	3	
	% of C-Tot	33.3%	33.3%	33.3%	100.0%		
<b>Knox</b>							
2000	No	Freq	4296	49	792	5137	
	% of C-Tot	83.6%	1.0%	15.4%	100.0%		
	Yes	Freq	2	7	4	13	
	% of C-Tot	15.4%	53.8%	30.8%	100.0%		
	2001	No	Freq	4694	94	971	5759
		% of C-Tot	81.5%	1.6%	16.9%	100.0%	
Yes		Freq	7	4	4	15	
% of C-Tot		46.7%	26.7%	26.7%	100.0%		
<b>Larue</b>							
2000	No	Freq	1235	8	164	1407	
	% of C-Tot	87.8%	0.6%	11.7%	100.0%		

**Diabetes Diagnoses and Lower Extremity Amputations,  
Kentucky Hospital Inpatients, 2000-2001**

(Source: Kentucky Hospital Inpatient Claims, 2000-2001)

CntyName	Year	Lower Extr Data	DM Diag			Grand Total
			None	Primary	Secondary	
<b>Larue</b>	2000	Yes				
		Freq		4	2	6
	% of C-Tot	0.0%	66.7%	33.3%	100.0%	
	2001	No				
		Freq	1462	13	205	1680
		% of C-Tot	87.0%	0.8%	12.2%	100.0%
Yes						
Freq			4	4		
% of C-Tot	0.0%	0.0%	100.0%	100.0%		

**Laurel**

2000	No				
	Freq	5890	87	1005	6982
	% of C-Tot	84.4%	1.2%	14.4%	100.0%
	Yes				
	Freq	5	9	4	18
	% of C-Tot	27.8%	50.0%	22.2%	100.0%
2001	No				
	Freq	6322	104	1096	7522
	% of C-Tot	84.0%	1.4%	14.6%	100.0%
	Yes				
	Freq	7	2	8	17
	% of C-Tot	41.2%	11.8%	47.1%	100.0%

**Lawrence**

2000	No				
	Freq	2298	51	530	2879
	% of C-Tot	79.8%	1.8%	18.4%	100.0%
	Yes				
	Freq	4	1		5
	% of C-Tot	80.0%	20.0%	0.0%	100.0%
2001	No				
	Freq	2414	49	480	2943
	% of C-Tot	82.0%	1.7%	16.3%	100.0%
	Yes				
	Freq	3	1	1	5
	% of C-Tot	60.0%	20.0%	20.0%	100.0%

**Lee**

2000	No				
	Freq	738	13	135	886
	% of C-Tot	83.3%	1.5%	15.2%	100.0%
Yes					

**Diabetes Diagnoses and Lower Extremity Amputations,  
Kentucky Hospital Inpatients, 2000-2001**

(Source: Kentucky Hospital Inpatient Claims, 2000-2001)

CntyName	Year	Lower Extr Data	DM Diag			Grand Total	
			None	Primary	Secondary		
<b>Lee</b>	2000	Yes	Freq	1	1	2	
			% of C-Tot	50.0%	50.0%	0.0%	100.0%
	2001	No	Freq	1054	11	213	1278
			% of C-Tot	82.5%	0.9%	16.7%	100.0%
		Yes	Freq	2	1	1	4
			% of C-Tot	50.0%	25.0%	25.0%	100.0%

**Leslie**

2000	No	Freq	1990	48	489	2527	
		% of C-Tot	78.7%	1.9%	19.4%	100.0%	
	Yes	Freq	1	2	2	5	
		% of C-Tot	20.0%	40.0%	40.0%	100.0%	
	2001	No	Freq	2004	25	475	2504
			% of C-Tot	80.0%	1.0%	19.0%	100.0%
Yes		Freq	3	3	3	9	
		% of C-Tot	33.3%	33.3%	33.3%	100.0%	

**Letcher**

2000	No	Freq	4329	99	998	5426	
		% of C-Tot	79.8%	1.8%	18.4%	100.0%	
	Yes	Freq	6	8	7	21	
		% of C-Tot	28.6%	38.1%	33.3%	100.0%	
	2001	No	Freq	4769	97	1039	5905
			% of C-Tot	80.8%	1.6%	17.6%	100.0%
Yes		Freq	6	9	2	17	
		% of C-Tot	35.3%	52.9%	11.8%	100.0%	

**Lewis**

2000	No	Freq	1125	18	185	1328
		% of C-Tot	84.7%	1.4%	13.9%	100.0%
	Yes	Freq	2		3	5
		% of C-Tot				

**Diabetes Diagnoses and Lower Extremity Amputations,  
Kentucky Hospital Inpatients, 2000-2001**

(Source: Kentucky Hospital Inpatient Claims, 2000-2001)

CntyName	Year	DM Diag				Grand Total	
		Lower Extr	Data	None	Primary		Secondary
<b>Lewis</b>	2000	Yes	% of C-Tot	40.0%	0.0%	60.0%	100.0%
		<i>No</i>					
		Freq		1038	13	200	1251
		% of C-Tot		83.0%	1.0%	16.0%	100.0%
	2001	Yes					
		Freq			5	2	7
	% of C-Tot		0.0%	71.4%	28.6%	100.0%	

**Lincoln**

2000	<i>No</i>						
		Freq		3098	45	560	3703
		% of C-Tot		83.7%	1.2%	15.1%	100.0%
	<i>Yes</i>						
		Freq		4	3	5	12
		% of C-Tot		33.3%	25.0%	41.7%	100.0%
2001	<i>No</i>						
		Freq		3215	52	574	3841
		% of C-Tot		83.7%	1.4%	14.9%	100.0%
	<i>Yes</i>						
		Freq		8	9	2	19
		% of C-Tot		42.1%	47.4%	10.5%	100.0%

**Livingston**

2000	<i>No</i>						
		Freq		1074	12	186	1272
		% of C-Tot		84.4%	0.9%	14.6%	100.0%
	<i>Yes</i>						
		Freq		2	1		3
		% of C-Tot		66.7%	33.3%	0.0%	100.0%
2001	<i>No</i>						
		Freq		1584	35	277	1896
		% of C-Tot		83.5%	1.8%	14.6%	100.0%
	<i>Yes</i>						
		Freq		1	1		2
		% of C-Tot		50.0%	50.0%	0.0%	100.0%

**Logan**

2000	<i>No</i>						
		Freq		2747	46	483	3276
		% of C-Tot		83.9%	1.4%	14.7%	100.0%
	<i>Yes</i>						
		Freq		1	8	5	14
		% of C-Tot		7.1%	57.1%	35.7%	100.0%

**Diabetes Diagnoses and Lower Extremity Amputations,  
Kentucky Hospital Inpatients, 2000-2001**

(Source: Kentucky Hospital Inpatient Claims, 2000-2001)

CntyName	Year	Lower Extr Data	DM Diag			Grand Total
			None	Primary	Secondary	
<b>Logan</b>	2001	<i>No</i>				
		Freq	2965	49	537	3551
		% of C-Tot	83.5%	1.4%	15.1%	100.0%
		<i>Yes</i>				
		Freq	4	6	5	15
		% of C-Tot	26.7%	40.0%	33.3%	100.0%
<b>Lyon</b>						
	2000	<i>No</i>				
		Freq	849	7	155	1011
		% of C-Tot	84.0%	0.7%	15.3%	100.0%
		<i>Yes</i>				
		Freq	1	2	1	4
		% of C-Tot	25.0%	50.0%	25.0%	100.0%
	2001	<i>No</i>				
		Freq	837	15	192	1044
		% of C-Tot	80.2%	1.4%	18.4%	100.0%
		<i>Yes</i>				
		Freq	1	1		2
		% of C-Tot	50.0%	50.0%	0.0%	100.0%
<b>Madison</b>						
	2000	<i>No</i>				
		Freq	2775	34	352	3161
		% of C-Tot	87.8%	1.1%	11.1%	100.0%
		<i>Yes</i>				
		Freq	3	6	2	11
		% of C-Tot	27.3%	54.5%	18.2%	100.0%
	2001	<i>No</i>				
		Freq	3700	59	494	4253
		% of C-Tot	87.0%	1.4%	11.6%	100.0%
		<i>Yes</i>				
		Freq	2	8	3	13
		% of C-Tot	15.4%	61.5%	23.1%	100.0%
<b>Magoffin</b>						
	2000	<i>No</i>				
		Freq	2117	20	338	2475
		% of C-Tot	85.5%	0.8%	13.7%	100.0%
		<i>Yes</i>				
		Freq		2		2
		% of C-Tot	0.0%	100.0%	0.0%	100.0%
	2001					

**Diabetes Diagnoses and Lower Extremity Amputations,  
Kentucky Hospital Inpatients, 2000-2001**

(Source: Kentucky Hospital Inpatient Claims, 2000-2001)

CntyName	Year	Lower Extr Data	DM Diag			Grand Total
			None	Primary	Secondary	
<b>Magoffin</b>	2001	<i>No</i>				
		Freq	2046	35	418	2499
		% of C-Tot	81.9%	1.4%	16.7%	100.0%
		<i>Yes</i>				
		Freq	2			2
		% of C-Tot	100.0%	0.0%	0.0%	100.0%

**Marion**

2000

<i>No</i>					
Freq	1973	16	253	2242	
% of C-Tot	88.0%	0.7%	11.3%	100.0%	
<i>Yes</i>					
Freq	7	2	2	11	
% of C-Tot	63.6%	18.2%	18.2%	100.0%	

2001

<i>No</i>					
Freq	1947	27	274	2248	
% of C-Tot	86.6%	1.2%	12.2%	100.0%	
<i>Yes</i>					
Freq	4	4	1	9	
% of C-Tot	44.4%	44.4%	11.1%	100.0%	

**Marshall**

2000

<i>No</i>					
Freq	3736	46	594	4376	
% of C-Tot	85.4%	1.1%	13.6%	100.0%	
<i>Yes</i>					
Freq	5	4	5	14	
% of C-Tot	35.7%	28.6%	35.7%	100.0%	

2001

<i>No</i>					
Freq	3846	41	654	4541	
% of C-Tot	84.7%	0.9%	14.4%	100.0%	
<i>Yes</i>					
Freq	9	4	10	23	
% of C-Tot	39.1%	17.4%	43.5%	100.0%	

**Martin**

2000

<i>No</i>					
Freq	1846	41	456	2343	
% of C-Tot	78.8%	1.7%	19.5%	100.0%	
<i>Yes</i>					
Freq	1	3	3	7	
% of C-Tot	14.3%	42.9%	42.9%	100.0%	

2001

<i>No</i>					
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**Diabetes Diagnoses and Lower Extremity Amputations,  
Kentucky Hospital Inpatients, 2000-2001**

(Source: Kentucky Hospital Inpatient Claims, 2000-2001)

CntyName	Year	Lower Extr Data	DM Diag			Grand Total	
			None	Primary	Secondary		
<b>Martin</b>	2001	<b>No</b>	Freq	1716	41	403	2160
			% of C-Tot	79.4%	1.9%	18.7%	100.0%
		<b>Yes</b>	Freq	4		1	5
			% of C-Tot	80.0%	0.0%	20.0%	100.0%

**Mason**

2000

<b>No</b>	Freq	2092	23	310	2425
	% of C-Tot	86.3%	0.9%	12.8%	100.0%
<b>Yes</b>	Freq	1	4	1	6
	% of C-Tot	16.7%	66.7%	16.7%	100.0%

2001

<b>No</b>	Freq	1985	19	359	2363
	% of C-Tot	84.0%	0.8%	15.2%	100.0%
<b>Yes</b>	Freq	7		3	10
	% of C-Tot	70.0%	0.0%	30.0%	100.0%

**McCracken**

2000

<b>No</b>	Freq	8780	143	1583	10506
	% of C-Tot	83.6%	1.4%	15.1%	100.0%
<b>Yes</b>	Freq	14	15	21	50
	% of C-Tot	28.0%	30.0%	42.0%	100.0%

2001

<b>No</b>	Freq	9269	121	1814	11204
	% of C-Tot	82.7%	1.1%	16.2%	100.0%
<b>Yes</b>	Freq	16	16	21	53
	% of C-Tot	30.2%	30.2%	39.6%	100.0%

**McCreary**

2000

<b>No</b>	Freq	1706	28	337	2071
	% of C-Tot	82.4%	1.4%	16.3%	100.0%
<b>Yes</b>	Freq	2	2	1	5
	% of C-Tot	40.0%	40.0%	20.0%	100.0%

2001

<b>No</b>	Freq	1796	14	355	2165
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**Diabetes Diagnoses and Lower Extremity Amputations,  
Kentucky Hospital Inpatients, 2000-2001**

(Source: Kentucky Hospital Inpatient Claims, 2000-2001)

CntyName	Year	Lower Extr Data	DM Diag			Grand Total	
			None	Primary	Secondary		
<b>McCreary</b>	2001	No	% of C-Tot	83.0%	0.6%	16.4%	100.0%
		Yes	Freq	1	4	2	7
			% of C-Tot	14.3%	57.1%	28.6%	100.0%

**McLean**

2000

<b>No</b>	Freq	1402	18	198	1618
	% of C-Tot	86.7%	1.1%	12.2%	100.0%
<b>Yes</b>	Freq	3	3	2	8
	% of C-Tot	37.5%	37.5%	25.0%	100.0%

2001

<b>No</b>	Freq	1215	11	197	1423
	% of C-Tot	85.4%	0.8%	13.8%	100.0%
<b>Yes</b>	Freq	3	2	6	11
	% of C-Tot	27.3%	18.2%	54.5%	100.0%

**Meade**

2000

<b>No</b>	Freq	1514	13	202	1729
	% of C-Tot	87.6%	0.8%	11.7%	100.0%
<b>Yes</b>	Freq	5	2	2	9
	% of C-Tot	55.6%	22.2%	22.2%	100.0%

2001

<b>No</b>	Freq	1674	12	244	1930
	% of C-Tot	86.7%	0.6%	12.6%	100.0%
<b>Yes</b>	Freq	2	6	6	14
	% of C-Tot	14.3%	42.9%	42.9%	100.0%

**Menifee**

2000

<b>No</b>	Freq	574	4	94	672
	% of C-Tot	85.4%	0.6%	14.0%	100.0%
<b>Yes</b>	Freq		1	2	3
	% of C-Tot	0.0%	33.3%	66.7%	100.0%

2001

<b>No</b>	Freq	603	10	168	781
	% of C-Tot	77.2%	1.3%	21.5%	100.0%

**Diabetes Diagnoses and Lower Extremity Amputations,  
Kentucky Hospital Inpatients, 2000-2001**

(Source: Kentucky Hospital Inpatient Claims, 2000-2001)

CntyName	Year	Lower Extr Data	DM Diag			Grand Total
			None	Primary	Secondary	
<b>Menifee</b>	2001	Yes				
		Freq			1	1
		% of C-Tot	0.0%	0.0%	100.0%	100.0%
<b>Mercer</b>						
	2000	No				
		Freq	2335	35	368	2738
		% of C-Tot	85.3%	1.3%	13.4%	100.0%
		Yes				
		Freq	1	7	2	10
		% of C-Tot	10.0%	70.0%	20.0%	100.0%
	2001	No				
		Freq	2368	45	355	2768
		% of C-Tot	85.5%	1.6%	12.8%	100.0%
		Yes				
		Freq	3	3	4	10
		% of C-Tot	30.0%	30.0%	40.0%	100.0%
<b>Metcalfe</b>						
	2000	No				
		Freq	1594	22	244	1860
		% of C-Tot	85.7%	1.2%	13.1%	100.0%
		Yes				
		Freq	3	4	2	9
		% of C-Tot	33.3%	44.4%	22.2%	100.0%
	2001	No				
		Freq	1593	26	256	1875
		% of C-Tot	85.0%	1.4%	13.7%	100.0%
		Yes				
		Freq	4	4	2	10
		% of C-Tot	40.0%	40.0%	20.0%	100.0%
<b>Monroe</b>						
	2000	No				
		Freq	2510	38	423	2971
		% of C-Tot	84.5%	1.3%	14.2%	100.0%
		Yes				
		Freq	4	1	3	8
		% of C-Tot	50.0%	12.5%	37.5%	100.0%
	2001	No				
		Freq	2652	43	440	3135
		% of C-Tot	84.6%	1.4%	14.0%	100.0%
		Yes				

**Diabetes Diagnoses and Lower Extremity Amputations,  
Kentucky Hospital Inpatients, 2000-2001**

(Source: Kentucky Hospital Inpatient Claims, 2000-2001)

CntyName	Year	Lower Extr Data	DM Diag			Grand Total
			None	Primary	Secondary	
<b>Monroe</b>	2001	Yes	Freq 4	4	2	10
			% of C-Tot 40.0%	40.0%	20.0%	100.0%

**Montgomery**

2000

No						
	Freq	2115	33	357		2505
	% of C-Tot	84.4%	1.3%	14.3%		100.0%
Yes						
	Freq	1	1	2		4
	% of C-Tot	25.0%	25.0%	50.0%		100.0%

2001

No						
	Freq	2271	41	332		2644
	% of C-Tot	85.9%	1.6%	12.6%		100.0%
Yes						
	Freq	1	4	2		7
	% of C-Tot	14.3%	57.1%	28.6%		100.0%

**Morgan**

2000

No						
	Freq	1126	21	215		1362
	% of C-Tot	82.7%	1.5%	15.8%		100.0%
Yes						
	Freq	1	3	1		5
	% of C-Tot	20.0%	60.0%	20.0%		100.0%

2001

No						
	Freq	1305	21	250		1576
	% of C-Tot	82.8%	1.3%	15.9%		100.0%
Yes						
	Freq	1	3	1		5
	% of C-Tot	20.0%	60.0%	20.0%		100.0%

**Muhlenberg**

2000

No						
	Freq	4304	61	696		5061
	% of C-Tot	85.0%	1.2%	13.8%		100.0%
Yes						
	Freq	8	5	13		26
	% of C-Tot	30.8%	19.2%	50.0%		100.0%

2001

No						
	Freq	4262	69	738		5069
	% of C-Tot	84.1%	1.4%	14.6%		100.0%
Yes						
	Freq	11	3	3		17

**Diabetes Diagnoses and Lower Extremity Amputations,  
Kentucky Hospital Inpatients, 2000-2001**

(Source: Kentucky Hospital Inpatient Claims, 2000-2001)

CntyName	Year	Lower Extr Data	DM Diag			Grand Total	
			None	Primary	Secondary		
<b>Muhlenberg</b>	2001	Yes	% of C-Tot	64.7%	17.6%	17.6%	100.0%

**Nelson**

2000

No						
	Freq		4198	32	529	4759
	% of C-Tot		88.2%	0.7%	11.1%	100.0%

Yes						
	Freq		6	2	2	10
	% of C-Tot		60.0%	20.0%	20.0%	100.0%

2001

No						
	Freq		4125	43	521	4689
	% of C-Tot		88.0%	0.9%	11.1%	100.0%

Yes						
	Freq		8	2	4	14
	% of C-Tot		57.1%	14.3%	28.6%	100.0%

**Nicholas**

2000

No						
	Freq		1039	18	156	1213
	% of C-Tot		85.7%	1.5%	12.9%	100.0%

Yes						
	Freq			1		1
	% of C-Tot		0.0%	100.0%	0.0%	100.0%

2001

No						
	Freq		1073	28	205	1306
	% of C-Tot		82.2%	2.1%	15.7%	100.0%

Yes						
	Freq				1	1
	% of C-Tot		0.0%	0.0%	100.0%	100.0%

**Ohio**

2000

No						
	Freq		2491	48	399	2938
	% of C-Tot		84.8%	1.6%	13.6%	100.0%

Yes						
	Freq		7	3	4	14
	% of C-Tot		50.0%	21.4%	28.6%	100.0%

2001

No						
	Freq		2119	36	481	2636
	% of C-Tot		80.4%	1.4%	18.2%	100.0%

Yes						
	Freq		2	8	4	14
	% of C-Tot		14.3%	57.1%	28.6%	100.0%

**Diabetes Diagnoses and Lower Extremity Amputations,  
Kentucky Hospital Inpatients, 2000-2001**

(Source: Kentucky Hospital Inpatient Claims, 2000-2001)

CntyName	Year	Lower Extr Data	DM Diag			Grand Total
			None	Primary	Secondary	
<b>Oldham</b>						
	2000	<i>No</i>				
		Freq	3570	40	461	4071
		% of C-Tot	87.7%	1.0%	11.3%	100.0%
		<i>Yes</i>				
		Freq	5	5	3	13
		% of C-Tot	38.5%	38.5%	23.1%	100.0%
	2001	<i>No</i>				
		Freq	3927	30	506	4463
		% of C-Tot	88.0%	0.7%	11.3%	100.0%
		<i>Yes</i>				
		Freq	8	3	5	16
		% of C-Tot	50.0%	18.8%	31.3%	100.0%
<b>Owen</b>						
	2000	<i>No</i>				
		Freq	519	8	56	583
		% of C-Tot	89.0%	1.4%	9.6%	100.0%
		<i>Yes</i>				
		Freq	1	1		2
		% of C-Tot	50.0%	50.0%	0.0%	100.0%
	2001	<i>No</i>				
		Freq	605	5	88	698
		% of C-Tot	86.7%	0.7%	12.6%	100.0%
		<i>Yes</i>				
		Freq	3	3		6
		% of C-Tot	50.0%	50.0%	0.0%	100.0%
<b>Owsley</b>						
	2000	<i>No</i>				
		Freq	693	10	137	840
		% of C-Tot	82.5%	1.2%	16.3%	100.0%
		<i>Yes</i>				
		Freq		1		1
		% of C-Tot	0.0%	100.0%	0.0%	100.0%
	2001	<i>No</i>				
		Freq	1072	15	206	1293
		% of C-Tot	82.9%	1.2%	15.9%	100.0%
		<i>Yes</i>				
		Freq	1	2		3
		% of C-Tot	33.3%	66.7%	0.0%	100.0%

**Diabetes Diagnoses and Lower Extremity Amputations,  
Kentucky Hospital Inpatients, 2000-2001**

(Source: Kentucky Hospital Inpatient Claims, 2000-2001)

CntyName	Year	Lower Extr Data	DM Diag			Grand Total
			None	Primary	Secondary	
<b>Pendleton</b>						
	2000	<i>No</i>				
		Freq	988	16	215	1219
		% of C-Tot	81.1%	1.3%	17.6%	100.0%
		<i>Yes</i>				
		Freq		2	1	3
		% of C-Tot	0.0%	66.7%	33.3%	100.0%
	2001	<i>No</i>				
		Freq	1490	8	306	1804
		% of C-Tot	82.6%	0.4%	17.0%	100.0%
		<i>Yes</i>				
		Freq	1	1	2	4
		% of C-Tot	25.0%	25.0%	50.0%	100.0%
<b>Perry</b>						
	2000	<i>No</i>				
		Freq	6221	138	1252	7611
		% of C-Tot	81.7%	1.8%	16.4%	100.0%
		<i>Yes</i>				
		Freq	6	13	6	25
		% of C-Tot	24.0%	52.0%	24.0%	100.0%
	2001	<i>No</i>				
		Freq	6916	116	1520	8552
		% of C-Tot	80.9%	1.4%	17.8%	100.0%
		<i>Yes</i>				
		Freq	7	6	3	16
		% of C-Tot	43.8%	37.5%	18.8%	100.0%
<b>Pike</b>						
	2000	<i>No</i>				
		Freq	8847	165	1857	10869
		% of C-Tot	81.4%	1.5%	17.1%	100.0%
		<i>Yes</i>				
		Freq	5	13	9	27
		% of C-Tot	18.5%	48.1%	33.3%	100.0%
	2001	<i>No</i>				
		Freq	9130	168	1869	11167
		% of C-Tot	81.8%	1.5%	16.7%	100.0%
		<i>Yes</i>				
		Freq	8	10	12	30
		% of C-Tot	26.7%	33.3%	40.0%	100.0%
<b>Powell</b>						

**Diabetes Diagnoses and Lower Extremity Amputations,  
Kentucky Hospital Inpatients, 2000-2001**

(Source: Kentucky Hospital Inpatient Claims, 2000-2001)

CntyName	Year	Lower Extr Data	DM Diag			Grand Total
			None	Primary	Secondary	
<b>Powell</b>						
	2000	<i>No</i>				
		Freq	1211	18	216	1445
		% of C-Tot	83.8%	1.2%	14.9%	100.0%
		<i>Yes</i>				
		Freq	2	3		5
		% of C-Tot	40.0%	60.0%	0.0%	100.0%
	2001	<i>No</i>				
		Freq	1320	18	287	1625
		% of C-Tot	81.2%	1.1%	17.7%	100.0%
		<i>Yes</i>				
		Freq	2	2		4
		% of C-Tot	50.0%	50.0%	0.0%	100.0%
<b>Pulaski</b>						
	2000	<i>No</i>				
		Freq	8355	91	1338	9784
		% of C-Tot	85.4%	0.9%	13.7%	100.0%
		<i>Yes</i>				
		Freq	9	11	3	23
		% of C-Tot	39.1%	47.8%	13.0%	100.0%
	2001	<i>No</i>				
		Freq	8479	82	1456	10017
		% of C-Tot	84.6%	0.8%	14.5%	100.0%
		<i>Yes</i>				
		Freq	10	4	6	20
		% of C-Tot	50.0%	20.0%	30.0%	100.0%
<b>Robertson</b>						
	2000	<i>No</i>				
		Freq	248	3	45	296
		% of C-Tot	83.8%	1.0%	15.2%	100.0%
		<i>Yes</i>				
		Freq	2		5	7
		% of C-Tot	28.6%	0.0%	71.4%	100.0%
	2001	<i>No</i>				
		Freq	276	6	55	337
		% of C-Tot	81.9%	1.8%	16.3%	100.0%
		<i>Yes</i>				
		Freq	2			2
		% of C-Tot	100.0%	0.0%	0.0%	100.0%
<b>Rockcastle</b>						
	2000					

**Diabetes Diagnoses and Lower Extremity Amputations,  
Kentucky Hospital Inpatients, 2000-2001**

(Source: Kentucky Hospital Inpatient Claims, 2000-2001)

CntyName	Year	Lower Extr Data	DM Diag			Grand Total
			None	Primary	Secondary	
<b>Rockcast</b>						
	2000	No				
		Freq	1657	24	227	1908
		% of C-Tot	86.8%	1.3%	11.9%	100.0%
		Yes				
		Freq			1	1
		% of C-Tot	0.0%	0.0%	100.0%	100.0%
	2001	No				
		Freq	1750	34	277	2061
		% of C-Tot	84.9%	1.6%	13.4%	100.0%
		Yes				
		Freq	3	2	3	8
		% of C-Tot	37.5%	25.0%	37.5%	100.0%
<b>Rowan</b>						
	2000	No				
		Freq	1702	20	328	2050
		% of C-Tot	83.0%	1.0%	16.0%	100.0%
		Yes				
		Freq	2	4	7	13
		% of C-Tot	15.4%	30.8%	53.8%	100.0%
	2001	No				
		Freq	2126	45	425	2596
		% of C-Tot	81.9%	1.7%	16.4%	100.0%
		Yes				
		Freq	2	4	2	8
		% of C-Tot	25.0%	50.0%	25.0%	100.0%
<b>Russell</b>						
	2000	No				
		Freq	2408	33	406	2847
		% of C-Tot	84.6%	1.2%	14.3%	100.0%
		Yes				
		Freq	1		2	3
		% of C-Tot	33.3%	0.0%	66.7%	100.0%
	2001	No				
		Freq	2551	39	442	3032
		% of C-Tot	84.1%	1.3%	14.6%	100.0%
		Yes				
		Freq	4	3	3	10
		% of C-Tot	40.0%	30.0%	30.0%	100.0%
<b>Scott</b>						
	2000	No				

**Diabetes Diagnoses and Lower Extremity Amputations,  
Kentucky Hospital Inpatients, 2000-2001**

(Source: Kentucky Hospital Inpatient Claims, 2000-2001)

CntyName	Year	Lower Extr Data	DM Diag			Grand Total	
			None	Primary	Secondary		
<b>Scott</b>	2000	<b>No</b>	Freq	2955	25	411	3391
			% of C-Tot	87.1%	0.7%	12.1%	100.0%
		<b>Yes</b>	Freq	5	2	1	8
			% of C-Tot	62.5%	25.0%	12.5%	100.0%
	2001	<b>No</b>	Freq	3143	35	446	3624
			% of C-Tot	86.7%	1.0%	12.3%	100.0%
		<b>Yes</b>	Freq	4	3	3	10
			% of C-Tot	40.0%	30.0%	30.0%	100.0%

**Shelby**

2000	<b>No</b>	Freq	2792	24	407	3223	
		% of C-Tot	86.6%	0.7%	12.6%	100.0%	
	<b>Yes</b>	Freq	7	7	10	24	
		% of C-Tot	29.2%	29.2%	41.7%	100.0%	
	2001	<b>No</b>	Freq	3186	41	483	3710
			% of C-Tot	85.9%	1.1%	13.0%	100.0%
		<b>Yes</b>	Freq	10	2	6	18
			% of C-Tot	55.6%	11.1%	33.3%	100.0%

**Simpson**

2000	<b>No</b>	Freq	1114	7	135	1256	
		% of C-Tot	88.7%	0.6%	10.7%	100.0%	
	<b>Yes</b>	Freq	4	3	1	8	
		% of C-Tot	50.0%	37.5%	12.5%	100.0%	
	2001	<b>No</b>	Freq	1744	30	298	2072
			% of C-Tot	84.2%	1.4%	14.4%	100.0%
		<b>Yes</b>	Freq	5	5	4	14
			% of C-Tot	35.7%	35.7%	28.6%	100.0%

**Spencer**

2000	<b>No</b>	Freq	1187	11	193	1391
		% of C-Tot				

**Diabetes Diagnoses and Lower Extremity Amputations,  
Kentucky Hospital Inpatients, 2000-2001**

(Source: Kentucky Hospital Inpatient Claims, 2000-2001)

CntyName	Year	Lower Extr Data	DM Diag			Grand Total	
			None	Primary	Secondary		
<b>Spencer</b>	2000	No	% of C-Tot	85.3%	0.8%	13.9%	100.0%
		Yes	Freq	2		1	3
			% of C-Tot	66.7%	0.0%	33.3%	100.0%
		No	Freq	1310	11	188	1509
	2001		% of C-Tot	86.8%	0.7%	12.5%	100.0%
		Yes	Freq	4		5	9
			% of C-Tot	44.4%	0.0%	55.6%	100.0%

**Taylor**

2000	No	Freq	3454	54	453	3961	
		% of C-Tot	87.2%	1.4%	11.4%	100.0%	
	Yes	Freq	6	3	1	10	
		% of C-Tot	60.0%	30.0%	10.0%	100.0%	
	2001	No	Freq	3707	56	512	4275
			% of C-Tot	86.7%	1.3%	12.0%	100.0%
		Yes	Freq	2	5	2	9
			% of C-Tot	22.2%	55.6%	22.2%	100.0%

**Todd**

2000	No	Freq	783	13	124	920	
		% of C-Tot	85.1%	1.4%	13.5%	100.0%	
	Yes	Freq	1	1	2	4	
		% of C-Tot	25.0%	25.0%	50.0%	100.0%	
	2001	No	Freq	852	9	202	1063
			% of C-Tot	80.2%	0.8%	19.0%	100.0%
		Yes	Freq	2	2	2	6
			% of C-Tot	33.3%	33.3%	33.3%	100.0%

**Trigg**

2000	No	Freq	1173	19	191	1383
		% of C-Tot	84.8%	1.4%	13.8%	100.0%

**Diabetes Diagnoses and Lower Extremity Amputations,  
Kentucky Hospital Inpatients, 2000-2001**

(Source: Kentucky Hospital Inpatient Claims, 2000-2001)

CntyName	Year	Lower Extr Data	DM Diag			Grand Total
			None	Primary	Secondary	
<b>Trigg</b>	2000	Yes				
		Freq	3	3	1	7
		% of C-Tot	42.9%	42.9%	14.3%	100.0%
	2001	No				
		Freq	1024	13	219	1256
		% of C-Tot	81.5%	1.0%	17.4%	100.0%
		Yes				
		Freq	4	3	2	9
		% of C-Tot	44.4%	33.3%	22.2%	100.0%
	<b>Trimble</b>					
2000	No					
	Freq	669	7	135	811	
	% of C-Tot	82.5%	0.9%	16.6%	100.0%	
	Yes					
	Freq		2	1	3	
	% of C-Tot	0.0%	66.7%	33.3%	100.0%	
2001	No					
	Freq	686	7	131	824	
	% of C-Tot	83.3%	0.8%	15.9%	100.0%	
	Yes					
	Freq	1	2	1	4	
	% of C-Tot	25.0%	50.0%	25.0%	100.0%	
<b>Union</b>						
2000	No					
	Freq	1434	17	267	1718	
	% of C-Tot	83.5%	1.0%	15.5%	100.0%	
	Yes					
	Freq	1	1	1	3	
	% of C-Tot	33.3%	33.3%	33.3%	100.0%	
2001	No					
	Freq	1596	26	280	1902	
	% of C-Tot	83.9%	1.4%	14.7%	100.0%	
	Yes					
	Freq	1	2	3	6	
	% of C-Tot	16.7%	33.3%	50.0%	100.0%	
<b>Warren</b>						
2000	No					
	Freq	8468	107	1378	9953	
	% of C-Tot	85.1%	1.1%	13.8%	100.0%	
	Yes					

**Diabetes Diagnoses and Lower Extremity Amputations,  
Kentucky Hospital Inpatients, 2000-2001**

(Source: Kentucky Hospital Inpatient Claims, 2000-2001)

CntyName	Year	Lower Extr	DM Diag			Grand Total		
			Data	None	Primary		Secondary	
Warren	2000	Yes	Freq	11	17	11	39	
			% of C-Tot	28.2%	43.6%	28.2%	100.0%	
	2001	No	Freq	9119	132	1475	10726	
			% of C-Tot	85.0%	1.2%	13.8%	100.0%	
			Yes	Freq	15	8	17	40
				% of C-Tot	37.5%	20.0%	42.5%	100.0%

**Washington**

2000	No	Freq	1171	9	207	1387	
		% of C-Tot	84.4%	0.6%	14.9%	100.0%	
	Yes	Freq	3	1	3	7	
		% of C-Tot	42.9%	14.3%	42.9%	100.0%	
	2001	No	Freq	1224	15	226	1465
			% of C-Tot	83.5%	1.0%	15.4%	100.0%
Yes		Freq	2	5	3	10	
		% of C-Tot	20.0%	50.0%	30.0%	100.0%	

**Wayne**

2000	No	Freq	2455	35	437	2927	
		% of C-Tot	83.9%	1.2%	14.9%	100.0%	
	Yes	Freq	1	4	1	6	
		% of C-Tot	16.7%	66.7%	16.7%	100.0%	
	2001	No	Freq	2427	37	469	2933
			% of C-Tot	82.7%	1.3%	16.0%	100.0%
Yes		Freq	4	1	1	6	
		% of C-Tot	66.7%	16.7%	16.7%	100.0%	

**Webster**

2000	No	Freq	1672	13	276	1961
		% of C-Tot	85.3%	0.7%	14.1%	100.0%
	Yes	Freq			5	5

**Diabetes Diagnoses and Lower Extremity Amputations,  
Kentucky Hospital Inpatients, 2000-2001**

(Source: Kentucky Hospital Inpatient Claims, 2000-2001)

CntyName	Year	Lower Extr Data	DM Diag			Grand Total	
			None	Primary	Secondary		
<b>Webster</b>	2000	Yes	% of C-Tot	0.0%	0.0%	100.0%	
		<i>No</i>					
	2001	<i>No</i>					
		Freq		1876	14	316	2206
		% of C-Tot		85.0%	0.6%	14.3%	100.0%
		<i>Yes</i>					
Freq		1		1	2		
% of C-Tot		50.0%	0.0%	50.0%	100.0%		

**Whitley**

2000	<i>No</i>					
	Freq		6307	78	1361	7746
	% of C-Tot		81.4%	1.0%	17.6%	100.0%
	<i>Yes</i>					
	Freq		4	4	6	14
	% of C-Tot		28.6%	28.6%	42.9%	100.0%
2001	<i>No</i>					
	Freq		6520	82	1453	8055
	% of C-Tot		80.9%	1.0%	18.0%	100.0%
	<i>Yes</i>					
	Freq		12	6	6	24
	% of C-Tot		50.0%	25.0%	25.0%	100.0%

**Wolfe**

2000	<i>No</i>					
	Freq		958	23	176	1157
	% of C-Tot		82.8%	2.0%	15.2%	100.0%
	<i>Yes</i>					
	Freq			3	2	5
	% of C-Tot		0.0%	60.0%	40.0%	100.0%
2001	<i>No</i>					
	Freq		1349	20	230	1599
	% of C-Tot		84.4%	1.3%	14.4%	100.0%
	<i>Yes</i>					
	Freq		4		1	5
	% of C-Tot		80.0%	0.0%	20.0%	100.0%

**Woodford**

2000	<i>No</i>					
	Freq		1771	19	234	2024
	% of C-Tot		87.5%	0.9%	11.6%	100.0%
	<i>Yes</i>					
	Freq		4	1	2	7
	% of C-Tot		57.1%	14.3%	28.6%	100.0%

**Diabetes Diagnoses and Lower Extremity Amputations,  
Kentucky Hospital Inpatients, 2000-2001**

(Source: Kentucky Hospital Inpatient Claims, 2000-2001)

CntyName	Year	Lower Extr Data	DM Diag			Grand Total
			None	Primary	Secondary	
<b>Woodfort</b>	<b>2001</b>					
		<i>No</i>				
		Freq	1963	28	266	2257
		% of C-Tot	87.0%	1.2%	11.8%	100.0%
		<i>Yes</i>				
		Freq	3	5	2	10
		% of C-Tot	30.0%	50.0%	20.0%	100.0%
<b>Total Sum</b>			<b>894937</b>	<b>13913</b>	<b>156482</b>	<b>1065332</b>
<b>Total % o</b>			<b>84.0%</b>	<b>1.3%</b>	<b>14.7%</b>	<b>100.0%</b>

**DKA Diagnoses, Kentucky Hospital Inpatients, 2000-2001**  
 (Source: Kentucky Hospital Inpatient Claims, 2000-2001)

CntyName	Year	Data	DKA		Grand Total
			No	Yes	
<b>Adair</b>					
	2000	Freq	2945	5	2950
		% of C-Tot	99.8%	0.2%	100.0%
	2001	Freq	3006	7	3013
		% of C-Tot	99.8%	0.2%	100.0%
<b>Allen</b>					
	2000	Freq	1966	8	1974
		% of C-Tot	99.6%	0.4%	100.0%
	2001	Freq	2024	5	2029
		% of C-Tot	99.8%	0.2%	100.0%
<b>Anderson</b>					
	2000	Freq	2041	6	2047
		% of C-Tot	99.7%	0.3%	100.0%
	2001	Freq	2222	7	2229
		% of C-Tot	99.7%	0.3%	100.0%
<b>Ballard</b>					
	2000	Freq	952	1	953
		% of C-Tot	99.9%	0.1%	100.0%
	2001	Freq	939	1	940
		% of C-Tot	99.9%	0.1%	100.0%
<b>Barren</b>					
	2000	Freq	5271	20	5291
		% of C-Tot	99.6%	0.4%	100.0%
	2001	Freq	6221	12	6233
		% of C-Tot	99.8%	0.2%	100.0%
<b>Bath</b>					
	2000	Freq	1348	3	1351
		% of C-Tot	99.8%	0.2%	100.0%
	2001				

**DKA Diagnoses, Kentucky Hospital Inpatients, 2000-2001**  
 (Source: Kentucky Hospital Inpatient Claims, 2000-2001)

CntyName	Year	DKA			Grand Total
		Data	No	Yes	
<b>Bath</b>	2001	Freq	1517	9	1526
		% of C-Tot	99.4%	0.6%	100.0%
<b>Bell</b>					
	2000	Freq	6860	41	6901
		% of C-Tot	99.4%	0.6%	100.0%
	2001	Freq	7073	43	7116
		% of C-Tot	99.4%	0.6%	100.0%
<b>Boone</b>					
	2000	Freq	5256	25	5281
		% of C-Tot	99.5%	0.5%	100.0%
	2001	Freq	9191	32	9223
		% of C-Tot	99.7%	0.3%	100.0%
<b>Bourbon</b>					
	2000	Freq	2450	13	2463
		% of C-Tot	99.5%	0.5%	100.0%
	2001	Freq	2493	13	2506
		% of C-Tot	99.5%	0.5%	100.0%
<b>Boyd</b>					
	2000	Freq	9263	38	9301
		% of C-Tot	99.6%	0.4%	100.0%
	2001	Freq	9533	68	9601
		% of C-Tot	99.3%	0.7%	100.0%
<b>Boyle</b>					
	2000	Freq	3770	24	3794
		% of C-Tot	99.4%	0.6%	100.0%
	2001	Freq	3933	16	3949
		% of C-Tot	99.6%	0.4%	100.0%
<b>Bracken</b>					
	2000	Freq	1161	2	1163
		% of C-Tot	99.8%	0.2%	100.0%

**DKA Diagnoses, Kentucky Hospital Inpatients, 2000-2001**  
 (Source: Kentucky Hospital Inpatient Claims, 2000-2001)

CntyName	Year	Data	DKA		Grand Total
			No	Yes	
<b>Bracken</b>					
	2001	Freq	1193	6	1199
		% of C-Tot	99.5%	0.5%	100.0%
<b>Breathitt</b>					
	2000	Freq	2061	9	2070
		% of C-Tot	99.6%	0.4%	100.0%
	2001	Freq	2984	25	3009
		% of C-Tot	99.2%	0.8%	100.0%
<b>Breckinridge</b>					
	2000	Freq	2200	10	2210
		% of C-Tot	99.5%	0.5%	100.0%
	2001	Freq	2451	12	2463
		% of C-Tot	99.5%	0.5%	100.0%
<b>Bullitt</b>					
	2000	Freq	5244	9	5253
		% of C-Tot	99.8%	0.2%	100.0%
	2001	Freq	5950	25	5975
		% of C-Tot	99.6%	0.4%	100.0%
<b>Butler</b>					
	2000	Freq	1486	5	1491
		% of C-Tot	99.7%	0.3%	100.0%
	2001	Freq	1554	3	1557
		% of C-Tot	99.8%	0.2%	100.0%
<b>Caldwell</b>					
	2000	Freq	1675	5	1680
		% of C-Tot	99.7%	0.3%	100.0%
	2001	Freq	1998	7	2005
		% of C-Tot	99.7%	0.3%	100.0%
<b>Calloway</b>					
	2000	Freq	4052	17	4069

**DKA Diagnoses, Kentucky Hospital Inpatients, 2000-2001**  
 (Source: Kentucky Hospital Inpatient Claims, 2000-2001)

CntyName	Year	DKA			Grand Total
		Data	No	Yes	
<b>Calloway</b>	2000	% of C-Tot	99.6%	0.4%	100.0%
	2001	Freq	3928	14	3942
		% of C-Tot	99.6%	0.4%	100.0%
<b>Campbell</b>					
	2000	Freq	7489	28	7517
		% of C-Tot	99.6%	0.4%	100.0%
	2001	Freq	9835	46	9881
		% of C-Tot	99.5%	0.5%	100.0%
<b>Carlisle</b>					
	2000	Freq	737	2	739
		% of C-Tot	99.7%	0.3%	100.0%
	2001	Freq	753	2	755
		% of C-Tot	99.7%	0.3%	100.0%
<b>Carroll</b>					
	2000	Freq	1422	7	1429
		% of C-Tot	99.5%	0.5%	100.0%
	2001	Freq	1428	9	1437
		% of C-Tot	99.4%	0.6%	100.0%
<b>Carter</b>					
	2000	Freq	3606	7	3613
		% of C-Tot	99.8%	0.2%	100.0%
	2001	Freq	3961	16	3977
		% of C-Tot	99.6%	0.4%	100.0%
<b>Casey</b>					
	2000	Freq	2346	5	2351
		% of C-Tot	99.8%	0.2%	100.0%
	2001	Freq	2490	5	2495
		% of C-Tot	99.8%	0.2%	100.0%
<b>Christian</b>					
	2000				

**DKA Diagnoses, Kentucky Hospital Inpatients, 2000-2001**  
 (Source: Kentucky Hospital Inpatient Claims, 2000-2001)

CntyName	Year	DKA			Grand Total	
		Data	No	Yes		
<b>Christian</b>	2000	Freq	5182	16	5198	
		% of C-Tot	99.7%	0.3%	100.0%	
	2001	Freq	4929	27	4956	
		% of C-Tot	99.5%	0.5%	100.0%	
	<b>Clark</b>					
	2000	Freq	3403	20	3423	
% of C-Tot		99.4%	0.6%	100.0%		
2001		Freq	3800	27	3827	
		% of C-Tot	99.3%	0.7%	100.0%	
<b>Clay</b>						
2000	Freq	4762	21	4783		
	% of C-Tot	99.6%	0.4%	100.0%		
	2001	Freq	4687	20	4707	
		% of C-Tot	99.6%	0.4%	100.0%	
<b>Clinton</b>						
2000	Freq	2535	4	2539		
	% of C-Tot	99.8%	0.2%	100.0%		
	2001	Freq	2861	4	2865	
		% of C-Tot	99.9%	0.1%	100.0%	
<b>Crittenden</b>						
2000	Freq	1540	8	1548		
	% of C-Tot	99.5%	0.5%	100.0%		
	2001	Freq	2151	4	2155	
		% of C-Tot	99.8%	0.2%	100.0%	
<b>Cumberland</b>						
2000	Freq	2037	1	2038		
	% of C-Tot	100.0%	0.0%	100.0%		
	2001	Freq	1952	1	1953	
		% of C-Tot	99.9%	0.1%	100.0%	
<b>Daviess</b>						

**DKA Diagnoses, Kentucky Hospital Inpatients, 2000-2001**  
 (Source: Kentucky Hospital Inpatient Claims, 2000-2001)

CntyName	Year	Data	DKA		Grand Total
			No	Yes	
<b>Daviess</b>					
	2000	Freq	13492	24	13516
		% of C-Tot	99.8%	0.2%	100.0%
	2001	Freq	12512	42	12554
		% of C-Tot	99.7%	0.3%	100.0%
<b>Edmonson</b>					
	2000	Freq	1091	9	1100
		% of C-Tot	99.2%	0.8%	100.0%
	2001	Freq	1185	3	1188
		% of C-Tot	99.7%	0.3%	100.0%
<b>Elliott</b>					
	2000	Freq	651	4	655
		% of C-Tot	99.4%	0.6%	100.0%
	2001	Freq	773	2	775
		% of C-Tot	99.7%	0.3%	100.0%
<b>Estill</b>					
	2000	Freq	1318	8	1326
		% of C-Tot	99.4%	0.6%	100.0%
	2001	Freq	1571	17	1588
		% of C-Tot	98.9%	1.1%	100.0%
<b>Fayette</b>					
	2000	Freq	24055	132	24187
		% of C-Tot	99.5%	0.5%	100.0%
	2001	Freq	26953	146	27099
		% of C-Tot	99.5%	0.5%	100.0%
<b>Fleming</b>					
	2000	Freq	2065	14	2079
		% of C-Tot	99.3%	0.7%	100.0%
	2001	Freq	2054	18	2072
		% of C-Tot	99.1%	0.9%	100.0%

**DKA Diagnoses, Kentucky Hospital Inpatients, 2000-2001**  
 (Source: Kentucky Hospital Inpatient Claims, 2000-2001)

CntyName	Year	Data	DKA		Grand Total
			No	Yes	
<b>Floyd</b>					
	2000	Freq	8030	37	8067
		% of C-Tot	99.5%	0.5%	100.0%
	2001	Freq	8151	37	8188
		% of C-Tot	99.5%	0.5%	100.0%
<b>Franklin</b>					
	2000	Freq	5853	19	5872
		% of C-Tot	99.7%	0.3%	100.0%
	2001	Freq	6020	20	6040
		% of C-Tot	99.7%	0.3%	100.0%
<b>Fulton</b>					
	2000	Freq	797		797
		% of C-Tot	100.0%	0.0%	100.0%
	2001	Freq	1256	7	1263
		% of C-Tot	99.4%	0.6%	100.0%
<b>Gallatin</b>					
	2000	Freq	714	3	717
		% of C-Tot	99.6%	0.4%	100.0%
	2001	Freq	992	10	1002
		% of C-Tot	99.0%	1.0%	100.0%
<b>Garrard</b>					
	2000	Freq	1507	4	1511
		% of C-Tot	99.7%	0.3%	100.0%
	2001	Freq	1670	5	1675
		% of C-Tot	99.7%	0.3%	100.0%
<b>Grant</b>					
	2000	Freq	1827	11	1838
		% of C-Tot	99.4%	0.6%	100.0%
	2001	Freq	3203	13	3216
		% of C-Tot	99.6%	0.4%	100.0%

**DKA Diagnoses, Kentucky Hospital Inpatients, 2000-2001**  
 (Source: Kentucky Hospital Inpatient Claims, 2000-2001)

CntyName	Year	Data	DKA		Grand Total
			No	Yes	
<b>Graves</b>					
	2000	Freq	6742	18	6760
		% of C-Tot	99.7%	0.3%	100.0%
	2001	Freq	6944	19	6963
		% of C-Tot	99.7%	0.3%	100.0%
<b>Grayson</b>					
	2000	Freq	3422	3	3425
		% of C-Tot	99.9%	0.1%	100.0%
	2001	Freq	3857	18	3875
		% of C-Tot	99.5%	0.5%	100.0%
<b>Green</b>					
	2000	Freq	1666	6	1672
		% of C-Tot	99.6%	0.4%	100.0%
	2001	Freq	1855	16	1871
		% of C-Tot	99.1%	0.9%	100.0%
<b>Greenup</b>					
	2000	Freq	5967	31	5998
		% of C-Tot	99.5%	0.5%	100.0%
	2001	Freq	6265	36	6301
		% of C-Tot	99.4%	0.6%	100.0%
<b>Hancock</b>					
	2000	Freq	1143	3	1146
		% of C-Tot	99.7%	0.3%	100.0%
	2001	Freq	1018	3	1021
		% of C-Tot	99.7%	0.3%	100.0%
<b>Hardin</b>					
	2000	Freq	8977	41	9018
		% of C-Tot	99.5%	0.5%	100.0%
	2001	Freq	10636	64	10700

**DKA Diagnoses, Kentucky Hospital Inpatients, 2000-2001**  
 (Source: Kentucky Hospital Inpatient Claims, 2000-2001)

CntyName	Year	DKA			Grand Total
		Data	No	Yes	
<b>Hardin</b>	2001	% of C-Tot	99.4%	0.6%	100.0%
<b>Harlan</b>					
	2000				
		Freq	7522	19	7541
		% of C-Tot	99.7%	0.3%	100.0%
	2001				
		Freq	8041	22	8063
		% of C-Tot	99.7%	0.3%	100.0%
<b>Harrison</b>					
	2000				
		Freq	2270	17	2287
		% of C-Tot	99.3%	0.7%	100.0%
	2001				
		Freq	2528	18	2546
		% of C-Tot	99.3%	0.7%	100.0%
<b>Hart</b>					
	2000				
		Freq	2152	10	2162
		% of C-Tot	99.5%	0.5%	100.0%
	2001				
		Freq	2308	19	2327
		% of C-Tot	99.2%	0.8%	100.0%
<b>Henderson</b>					
	2000				
		Freq	6145	13	6158
		% of C-Tot	99.8%	0.2%	100.0%
	2001				
		Freq	6294	17	6311
		% of C-Tot	99.7%	0.3%	100.0%
<b>Henry</b>					
	2000				
		Freq	2297	4	2301
		% of C-Tot	99.8%	0.2%	100.0%
	2001				
		Freq	2281	10	2291
		% of C-Tot	99.6%	0.4%	100.0%
<b>Hickman</b>					
	2000				
		Freq	520	2	522
		% of C-Tot	99.6%	0.4%	100.0%
	2001				

**DKA Diagnoses, Kentucky Hospital Inpatients, 2000-2001**  
 (Source: Kentucky Hospital Inpatient Claims, 2000-2001)

CntyName	Year	DKA			Grand Total
		Data	No	Yes	
<b>Hickman</b>	2001	Freq	709	1	710
		% of C-Tot	99.9%	0.1%	100.0%
<b>Hopkins</b>					
	2000	Freq	6580	19	6599
		% of C-Tot	99.7%	0.3%	100.0%
	2001	Freq	7203	26	7229
		% of C-Tot	99.6%	0.4%	100.0%
<b>Jackson</b>					
	2000	Freq	1219	4	1223
		% of C-Tot	99.7%	0.3%	100.0%
	2001	Freq	1331	7	1338
		% of C-Tot	99.5%	0.5%	100.0%
<b>Jefferson</b>					
	2000	Freq	87043	390	87433
		% of C-Tot	99.6%	0.4%	100.0%
	2001	Freq	98034	479	98513
		% of C-Tot	99.5%	0.5%	100.0%
<b>Jessamine</b>					
	2000	Freq	3593	24	3617
		% of C-Tot	99.3%	0.7%	100.0%
	2001	Freq	4047	16	4063
		% of C-Tot	99.6%	0.4%	100.0%
<b>Johnson</b>					
	2000	Freq	4381	15	4396
		% of C-Tot	99.7%	0.3%	100.0%
	2001	Freq	4407	20	4427
		% of C-Tot	99.5%	0.5%	100.0%
<b>Kenton</b>					
	2000	Freq	7354	42	7396
		% of C-Tot	99.4%	0.6%	100.0%

**DKA Diagnoses, Kentucky Hospital Inpatients, 2000-2001**  
 (Source: Kentucky Hospital Inpatient Claims, 2000-2001)

CntyName	Year	Data	DKA		Grand Total
			No	Yes	
<b>Kenton</b>					
	2001	Freq	17118	62	17180
		% of C-Tot	99.6%	0.4%	100.0%
<b>Knott</b>					
	2000	Freq	3054	7	3061
		% of C-Tot	99.8%	0.2%	100.0%
	2001	Freq	3199	12	3211
		% of C-Tot	99.6%	0.4%	100.0%
<b>Knox</b>					
	2000	Freq	5139	11	5150
		% of C-Tot	99.8%	0.2%	100.0%
	2001	Freq	5751	23	5774
		% of C-Tot	99.6%	0.4%	100.0%
<b>Larue</b>					
	2000	Freq	1410	3	1413
		% of C-Tot	99.8%	0.2%	100.0%
	2001	Freq	1683	1	1684
		% of C-Tot	99.9%	0.1%	100.0%
<b>Laurel</b>					
	2000	Freq	6973	27	7000
		% of C-Tot	99.6%	0.4%	100.0%
	2001	Freq	7509	30	7539
		% of C-Tot	99.6%	0.4%	100.0%
<b>Lawrence</b>					
	2000	Freq	2868	16	2884
		% of C-Tot	99.4%	0.6%	100.0%
	2001	Freq	2936	12	2948
		% of C-Tot	99.6%	0.4%	100.0%
<b>Lee</b>					
	2000	Freq	881	7	888

**DKA Diagnoses, Kentucky Hospital Inpatients, 2000-2001**  
 (Source: Kentucky Hospital Inpatient Claims, 2000-2001)

CntyName	Year	DKA			Grand Total
		Data	No	Yes	
<b>Lee</b>	2000	% of C-Tot	99.2%	0.8%	100.0%
	2001	Freq	1274	8	1282
		% of C-Tot	99.4%	0.6%	100.0%
<b>Leslie</b>					
	2000	Freq	2520	12	2532
		% of C-Tot	99.5%	0.5%	100.0%
	2001	Freq	2509	4	2513
		% of C-Tot	99.8%	0.2%	100.0%
<b>Letcher</b>					
	2000	Freq	5425	22	5447
		% of C-Tot	99.6%	0.4%	100.0%
	2001	Freq	5906	16	5922
		% of C-Tot	99.7%	0.3%	100.0%
<b>Lewis</b>					
	2000	Freq	1324	9	1333
		% of C-Tot	99.3%	0.7%	100.0%
	2001	Freq	1256	2	1258
		% of C-Tot	99.8%	0.2%	100.0%
<b>Lincoln</b>					
	2000	Freq	3700	15	3715
		% of C-Tot	99.6%	0.4%	100.0%
	2001	Freq	3851	9	3860
		% of C-Tot	99.8%	0.2%	100.0%
<b>Livingston</b>					
	2000	Freq	1266	9	1275
		% of C-Tot	99.3%	0.7%	100.0%
	2001	Freq	1886	12	1898
		% of C-Tot	99.4%	0.6%	100.0%
<b>Logan</b>					
	2000				

**DKA Diagnoses, Kentucky Hospital Inpatients, 2000-2001**  
 (Source: Kentucky Hospital Inpatient Claims, 2000-2001)

CntyName	Year	Data	DKA		Grand Total	
			No	Yes		
<b>Logan</b>	2000	Freq	3280	10	3290	
		% of C-Tot	99.7%	0.3%	100.0%	
	2001	Freq	3548	18	3566	
		% of C-Tot	99.5%	0.5%	100.0%	
	<hr/>					
	<b>Lyon</b>	2000	Freq	1011	4	1015
% of C-Tot			99.6%	0.4%	100.0%	
2001		Freq	1043	3	1046	
		% of C-Tot	99.7%	0.3%	100.0%	
<hr/>						
<b>Madison</b>		2000	Freq	3165	7	3172
	% of C-Tot		99.8%	0.2%	100.0%	
	2001	Freq	4237	29	4266	
		% of C-Tot	99.3%	0.7%	100.0%	
	<hr/>					
	<b>Magoffin</b>	2000	Freq	2471	6	2477
% of C-Tot			99.8%	0.2%	100.0%	
2001		Freq	2491	10	2501	
		% of C-Tot	99.6%	0.4%	100.0%	
<hr/>						
<b>Marion</b>		2000	Freq	2249	4	2253
	% of C-Tot		99.8%	0.2%	100.0%	
	2001	Freq	2245	12	2257	
		% of C-Tot	99.5%	0.5%	100.0%	
	<hr/>					
	<b>Marshall</b>	2000	Freq	4374	16	4390
% of C-Tot			99.6%	0.4%	100.0%	
2001		Freq	4545	19	4564	
		% of C-Tot	99.6%	0.4%	100.0%	
<hr/>						
<b>Martin</b>		<hr/>				

**DKA Diagnoses, Kentucky Hospital Inpatients, 2000-2001**  
 (Source: Kentucky Hospital Inpatient Claims, 2000-2001)

CntyName	Year	Data	DKA		Grand Total
			No	Yes	
<b>Martin</b>					
	2000	Freq	2337	13	2350
		% of C-Tot	99.4%	0.6%	100.0%
	2001	Freq	2160	5	2165
		% of C-Tot	99.8%	0.2%	100.0%
<b>Mason</b>					
	2000	Freq	2423	8	2431
		% of C-Tot	99.7%	0.3%	100.0%
	2001	Freq	2366	7	2373
		% of C-Tot	99.7%	0.3%	100.0%
<b>McCracken</b>					
	2000	Freq	10511	45	10556
		% of C-Tot	99.6%	0.4%	100.0%
	2001	Freq	11210	47	11257
		% of C-Tot	99.6%	0.4%	100.0%
<b>McCreary</b>					
	2000	Freq	2073	3	2076
		% of C-Tot	99.9%	0.1%	100.0%
	2001	Freq	2163	9	2172
		% of C-Tot	99.6%	0.4%	100.0%
<b>McLean</b>					
	2000	Freq	1621	5	1626
		% of C-Tot	99.7%	0.3%	100.0%
	2001	Freq	1431	3	1434
		% of C-Tot	99.8%	0.2%	100.0%
<b>Meade</b>					
	2000	Freq	1732	6	1738
		% of C-Tot	99.7%	0.3%	100.0%
	2001	Freq	1938	6	1944
		% of C-Tot	99.7%	0.3%	100.0%

**DKA Diagnoses, Kentucky Hospital Inpatients, 2000-2001**  
 (Source: Kentucky Hospital Inpatient Claims, 2000-2001)

CntyName	Year	Data	DKA		Grand Total
			No	Yes	
<b>Menifee</b>					
	2000	Freq	673	2	675
		% of C-Tot	99.7%	0.3%	100.0%
	2001	Freq	779	3	782
		% of C-Tot	99.6%	0.4%	100.0%
<b>Mercer</b>					
	2000	Freq	2737	11	2748
		% of C-Tot	99.6%	0.4%	100.0%
	2001	Freq	2760	18	2778
		% of C-Tot	99.4%	0.6%	100.0%
<b>Metcalfe</b>					
	2000	Freq	1863	6	1869
		% of C-Tot	99.7%	0.3%	100.0%
	2001	Freq	1877	8	1885
		% of C-Tot	99.6%	0.4%	100.0%
<b>Monroe</b>					
	2000	Freq	2974	5	2979
		% of C-Tot	99.8%	0.2%	100.0%
	2001	Freq	3143	2	3145
		% of C-Tot	99.9%	0.1%	100.0%
<b>Montgomery</b>					
	2000	Freq	2490	19	2509
		% of C-Tot	99.2%	0.8%	100.0%
	2001	Freq	2640	11	2651
		% of C-Tot	99.6%	0.4%	100.0%
<b>Morgan</b>					
	2000	Freq	1361	6	1367
		% of C-Tot	99.6%	0.4%	100.0%
	2001	Freq	1572	9	1581
		% of C-Tot	99.4%	0.6%	100.0%

**DKA Diagnoses, Kentucky Hospital Inpatients, 2000-2001**  
 (Source: Kentucky Hospital Inpatient Claims, 2000-2001)

CntyName	Year	Data	DKA		Grand Total
			No	Yes	
<b>Muhlenberg</b>					
	2000	Freq	5068	19	5087
		% of C-Tot	99.6%	0.4%	100.0%
	2001	Freq	5063	23	5086
		% of C-Tot	99.5%	0.5%	100.0%
<b>Nelson</b>					
	2000	Freq	4753	16	4769
		% of C-Tot	99.7%	0.3%	100.0%
	2001	Freq	4685	18	4703
		% of C-Tot	99.6%	0.4%	100.0%
<b>Nicholas</b>					
	2000	Freq	1209	5	1214
		% of C-Tot	99.6%	0.4%	100.0%
	2001	Freq	1300	7	1307
		% of C-Tot	99.5%	0.5%	100.0%
<b>Ohio</b>					
	2000	Freq	2937	15	2952
		% of C-Tot	99.5%	0.5%	100.0%
	2001	Freq	2644	6	2650
		% of C-Tot	99.8%	0.2%	100.0%
<b>Oldham</b>					
	2000	Freq	4058	26	4084
		% of C-Tot	99.4%	0.6%	100.0%
	2001	Freq	4463	16	4479
		% of C-Tot	99.6%	0.4%	100.0%
<b>Owen</b>					
	2000	Freq	583	2	585
		% of C-Tot	99.7%	0.3%	100.0%
	2001	Freq	702	2	704

**DKA Diagnoses, Kentucky Hospital Inpatients, 2000-2001**  
 (Source: Kentucky Hospital Inpatient Claims, 2000-2001)

CntyName	Year	DKA			Grand Total
		Data	No	Yes	
<b>Owen</b>	2001	% of C-Tot	99.7%	0.3%	100.0%
<b>Owsley</b>					
	2000				
		Freq	838	3	841
		% of C-Tot	99.6%	0.4%	100.0%
	2001				
		Freq	1291	5	1296
		% of C-Tot	99.6%	0.4%	100.0%
<b>Pendleton</b>					
	2000				
		Freq	1218	4	1222
		% of C-Tot	99.7%	0.3%	100.0%
	2001				
		Freq	1805	3	1808
		% of C-Tot	99.8%	0.2%	100.0%
<b>Perry</b>					
	2000				
		Freq	7600	36	7636
		% of C-Tot	99.5%	0.5%	100.0%
	2001				
		Freq	8517	51	8568
		% of C-Tot	99.4%	0.6%	100.0%
<b>Pike</b>					
	2000				
		Freq	10834	62	10896
		% of C-Tot	99.4%	0.6%	100.0%
	2001				
		Freq	11132	65	11197
		% of C-Tot	99.4%	0.6%	100.0%
<b>Powell</b>					
	2000				
		Freq	1442	8	1450
		% of C-Tot	99.4%	0.6%	100.0%
	2001				
		Freq	1619	10	1629
		% of C-Tot	99.4%	0.6%	100.0%
<b>Pulaski</b>					
	2000				
		Freq	9779	28	9807
		% of C-Tot	99.7%	0.3%	100.0%
	2001				

**DKA Diagnoses, Kentucky Hospital Inpatients, 2000-2001**  
 (Source: Kentucky Hospital Inpatient Claims, 2000-2001)

CntyName	Year	DKA			Grand Total
		Data	No	Yes	
<b>Pulaski</b>	2001	Freq	10007	30	10037
		% of C-Tot	99.7%	0.3%	100.0%
<b>Robertson</b>					
	2000	Freq	302	1	303
		% of C-Tot	99.7%	0.3%	100.0%
	2001	Freq	337	2	339
		% of C-Tot	99.4%	0.6%	100.0%
<b>Rockcastle</b>					
	2000	Freq	1903	6	1909
		% of C-Tot	99.7%	0.3%	100.0%
	2001	Freq	2059	10	2069
		% of C-Tot	99.5%	0.5%	100.0%
<b>Rowan</b>					
	2000	Freq	2051	12	2063
		% of C-Tot	99.4%	0.6%	100.0%
	2001	Freq	2577	27	2604
		% of C-Tot	99.0%	1.0%	100.0%
<b>Russell</b>					
	2000	Freq	2842	8	2850
		% of C-Tot	99.7%	0.3%	100.0%
	2001	Freq	3018	24	3042
		% of C-Tot	99.2%	0.8%	100.0%
<b>Scott</b>					
	2000	Freq	3393	6	3399
		% of C-Tot	99.8%	0.2%	100.0%
	2001	Freq	3620	14	3634
		% of C-Tot	99.6%	0.4%	100.0%
<b>Shelby</b>					
	2000	Freq	3238	9	3247
		% of C-Tot	99.7%	0.3%	100.0%

**DKA Diagnoses, Kentucky Hospital Inpatients, 2000-2001**  
 (Source: Kentucky Hospital Inpatient Claims, 2000-2001)

CntyName	Year	Data	DKA		Grand Total
			No	Yes	
<b>Shelby</b>					
	2001	Freq	3723	5	3728
		% of C-Tot	99.9%	0.1%	100.0%
<b>Simpson</b>					
	2000	Freq	1262	2	1264
		% of C-Tot	99.8%	0.2%	100.0%
	2001	Freq	2081	5	2086
		% of C-Tot	99.8%	0.2%	100.0%
<b>Spencer</b>					
	2000	Freq	1386	8	1394
		% of C-Tot	99.4%	0.6%	100.0%
	2001	Freq	1513	5	1518
		% of C-Tot	99.7%	0.3%	100.0%
<b>Taylor</b>					
	2000	Freq	3950	21	3971
		% of C-Tot	99.5%	0.5%	100.0%
	2001	Freq	4261	23	4284
		% of C-Tot	99.5%	0.5%	100.0%
<b>Todd</b>					
	2000	Freq	923	1	924
		% of C-Tot	99.9%	0.1%	100.0%
	2001	Freq	1066	3	1069
		% of C-Tot	99.7%	0.3%	100.0%
<b>Trigg</b>					
	2000	Freq	1388	2	1390
		% of C-Tot	99.9%	0.1%	100.0%
	2001	Freq	1263	2	1265
		% of C-Tot	99.8%	0.2%	100.0%
<b>Trimble</b>					
	2000	Freq	812	2	814

**DKA Diagnoses, Kentucky Hospital Inpatients, 2000-2001**  
 (Source: Kentucky Hospital Inpatient Claims, 2000-2001)

CntyName	Year	DKA			Grand Total
		Data	No	Yes	
<b>Trimble</b>	2000	% of C-Tot	99.8%	0.2%	100.0%
	2001	Freq	825	3	828
		% of C-Tot	99.6%	0.4%	100.0%
<b>Union</b>					
	2000	Freq	1714	7	1721
		% of C-Tot	99.6%	0.4%	100.0%
	2001	Freq	1902	6	1908
		% of C-Tot	99.7%	0.3%	100.0%
<b>Warren</b>					
	2000	Freq	9958	34	9992
		% of C-Tot	99.7%	0.3%	100.0%
	2001	Freq	10719	47	10766
		% of C-Tot	99.6%	0.4%	100.0%
<b>Washington</b>					
	2000	Freq	1390	4	1394
		% of C-Tot	99.7%	0.3%	100.0%
	2001	Freq	1468	7	1475
		% of C-Tot	99.5%	0.5%	100.0%
<b>Wayne</b>					
	2000	Freq	2916	17	2933
		% of C-Tot	99.4%	0.6%	100.0%
	2001	Freq	2925	14	2939
		% of C-Tot	99.5%	0.5%	100.0%
<b>Webster</b>					
	2000	Freq	1961	5	1966
		% of C-Tot	99.7%	0.3%	100.0%
	2001	Freq	2207	1	2208
		% of C-Tot	100.0%	0.0%	100.0%
<b>Whitley</b>					
	2000				

**DKA Diagnoses, Kentucky Hospital Inpatients, 2000-2001**  
 (Source: Kentucky Hospital Inpatient Claims, 2000-2001)

CntyName	Year	Data	DKA		Grand Total	
			No	Yes		
<b>Whitley</b>	2000	Freq	7738	22	7760	
		% of C-Tot	99.7%	0.3%	100.0%	
	2001	Freq	8051	28	8079	
		% of C-Tot	99.7%	0.3%	100.0%	
	<b>Wolfe</b>					
		2000	Freq	1156	6	1162
% of C-Tot			99.5%	0.5%	100.0%	
2001		Freq	1597	7	1604	
		% of C-Tot	99.6%	0.4%	100.0%	
<b>Woodford</b>						
	2000	Freq	2027	4	2031	
		% of C-Tot	99.8%	0.2%	100.0%	
	2001	Freq	2257	10	2267	
		% of C-Tot	99.6%	0.4%	100.0%	
<b>Total Sum</b>			<b>1060865</b>	<b>4467</b>	<b>1065332</b>	
<b>Total % o</b>			<b>99.6%</b>	<b>0.4%</b>	<b>100.0%</b>	

**Leading Thirty DRGs, Fayette County Residents,  
Kentucky Inpatient Hospitalizations, 2002**

CLINICAL - DRG	AGE GROUP	Cases	Per Case Charge
<b>391 NORMAL NEWBORN</b>	AGE 00-19	2,721	\$1,368
<b>391 NORMAL NEWBORN Total</b>		<b>2,721</b>	<b>\$1,368</b>
<b>373 VAGINAL DELIVERY W/O COMPLIC DIAGNOSES</b>	AGE 00-19	181	\$5,489
	AGE 20-34	1,612	\$4,820
	AGE 35-64	182	\$4,440
<b>373 VAGINAL DELIVERY W/O COMPLIC DIAGNOSES Total</b>		<b>1,975</b>	<b>\$4,846</b>
<b>371 CESAREAN SECTION W/O CC</b>	AGE 00-19	40	\$6,963
	AGE 20-34	644	\$7,496
	AGE 35-64	139	\$6,580
<b>371 CESAREAN SECTION W/O CC Total</b>		<b>823</b>	<b>\$7,315</b>
<b>127 HEART FAILURE &amp; SHOCK</b>	AGE 00-19	1	\$20,364
	AGE 20-34	7	\$8,041
	AGE 35-64	143	\$10,738
	AGE 65+	517	\$10,974
<b>127 HEART FAILURE &amp; SHOCK Total</b>		<b>668</b>	<b>\$10,907</b>
<b>089 SIMPLE PNEUMONIA &amp; PLEURISY AGE &gt;17 W CC</b>	AGE 00-19	1	\$2,626
	AGE 20-34	19	\$7,877
	AGE 35-64	196	\$9,025
	AGE 65+	423	\$10,223
<b>089 SIMPLE PNEUMONIA &amp; PLEURISY AGE &gt;17 W CC Total</b>		<b>639</b>	<b>\$9,774</b>
<b>430 PSYCHOSES</b>	AGE 00-19	109	\$18,515
	AGE 20-34	191	\$4,928
	AGE 35-64	280	\$6,482
	AGE 65+	46	\$10,191
<b>430 PSYCHOSES Total</b>		<b>626</b>	<b>\$8,376</b>
<b>359 UTER&amp;ADNEX PROC FOR NON-MALIG W/O CC</b>	AGE 20-34	99	\$7,576
	AGE 35-64	424	\$8,427
	AGE 65+	22	\$9,228
<b>359 UTER&amp;ADNEX PROC FOR NON-MALIG W/O CC Total</b>		<b>545</b>	<b>\$8,305</b>
<b>209 MAJ JOINT/LIMB REATTACH PROC, LOW EXTREM</b>	AGE 20-34	5	\$23,232
	AGE 35-64	183	\$23,357
	AGE 65+	322	\$23,418
<b>209 MAJ JOINT/LIMB REATTACH PROC, LOW EXTREM Total</b>		<b>510</b>	<b>\$23,394</b>
<b>088 CHRONIC OBSTRUCTIVE PULMONARY DISEASE</b>	AGE 20-34	1	\$7,827
	AGE 35-64	165	\$7,178
	AGE 65+	277	\$9,327

**Leading Thirty DRGs, Fayette County Residents,  
Kentucky Inpatient Hospitalizations, 2002**

<b>088 CHRONIC OBSTRUCTIVE PULMONARY DISEASE Total</b>		<b>443</b>	<b>\$8,523</b>
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<b>143 CHEST PAIN</b>	AGE 20-34	21	\$5,173
	AGE 35-64	241	\$5,571
	AGE 65+	139	\$6,117
<b>143 CHEST PAIN Total</b>		<b>401</b>	<b>\$5,739</b>

<b>390 NEONATE W OTHER SIGNIFICANT PROBLEMS</b>	AGE 00-19	392	\$2,062
<b>390 NEONATE W OTHER SIGNIFICANT PROBLEMS Total</b>		<b>392</b>	<b>\$2,062</b>

<b>182 ESPHGITIS,GE,MISC DIG DIS AGE &gt;17 W CC</b>	AGE 00-19	1	\$4,141
	AGE 20-34	50	\$5,613
	AGE 35-64	160	\$6,997
	AGE 65+	179	\$9,042
<b>182 ESPHGITIS,GE,MISC DIG DIS AGE &gt;17 W CC Total</b>		<b>390</b>	<b>\$7,751</b>

<b>372 VAGINAL DELIVERY W COMPLIC DIAGNOSES</b>	AGE 00-19	37	\$6,365
	AGE 20-34	285	\$6,045
	AGE 35-64	39	\$5,892
<b>372 VAGINAL DELIVERY W COMPLIC DIAGNOSES Total</b>		<b>361</b>	<b>\$6,061</b>

<b>296 NUTRIT &amp; MISC METAB DISOR AGE &gt;17 W CC</b>	AGE 00-19	2	\$19,139
	AGE 20-34	16	\$6,647
	AGE 35-64	77	\$8,066
	AGE 65+	258	\$9,609
<b>296 NUTRIT &amp; MISC METAB DISOR AGE &gt;17 W CC Total</b>		<b>353</b>	<b>\$9,192</b>

<b>517 PERC CV PRC W NON-DRG ELUT STENT W/O AMI (EFF 10/02)</b>	AGE 20-34	5	\$20,170
	AGE 35-64	178	\$24,661
	AGE 65+	161	\$24,985
<b>517 PERC CV PRC W NON-DRG ELUT STENT W/O AMI (EFF 10/02) Total</b>		<b>344</b>	<b>\$24,747</b>

<b>014 INTRACRANIAL HEMORR &amp; STROKE W INFARCT (EFF 10/02)</b>	AGE 00-19	1	\$43,150
	AGE 20-34	2	\$14,202
	AGE 35-64	87	\$14,426
	AGE 65+	225	\$13,903
<b>014 INTRACRANIAL HEMORR &amp; STROKE W INFARCT (EFF 10/02) Total</b>		<b>315</b>	<b>\$14,142</b>

<b>174 G.I. HEMORRHAGE W CC</b>	AGE 00-19	1	\$650
	AGE 20-34	18	\$6,865
	AGE 35-64	73	\$9,694
	AGE 65+	218	\$9,447
<b>174 G.I. HEMORRHAGE W CC Total</b>		<b>310</b>	<b>\$9,327</b>

**Leading Thirty DRGs, Fayette County Residents,  
Kentucky Inpatient Hospitalizations, 2002**

<b>370 CESAREAN SECTION W CC</b>	AGE 00-19	31	\$9,856
	AGE 20-34	190	\$11,926
	AGE 35-64	36	\$8,261
<b>370 CESAREAN SECTION W CC Total</b>		<b>257</b>	<b>\$11,163</b>
<b>012 DEGENERATIVE NERVOUS SYSTEM DISORDERS</b>	AGE 00-19	1	\$2,360
	AGE 20-34	1	\$15,497
	AGE 35-64	40	\$33,672
	AGE 65+	191	\$28,861
<b>012 DEGENERATIVE NERVOUS SYSTEM DISORDERS Total</b>		<b>233</b>	<b>\$29,516</b>
<b>320 KIDNEY,URIN TRACT INFECT AGE &gt;17 W CC</b>	AGE 00-19	2	\$5,902
	AGE 20-34	18	\$8,900
	AGE 35-64	48	\$9,130
	AGE 65+	159	\$9,397
<b>320 KIDNEY,URIN TRACT INFECT AGE &gt;17 W CC Total</b>		<b>227</b>	<b>\$9,270</b>
<b>125 CIRC DIS EX AMI W CARD CATH WO COMPLX DX</b>	AGE 20-34	7	\$10,648
	AGE 35-64	150	\$11,155
	AGE 65+	63	\$10,934
<b>125 CIRC DIS EX AMI W CARD CATH WO COMPLX DX Total</b>		<b>220</b>	<b>\$11,076</b>
<b>079 RESP INFECT &amp; INFLAM AGE &gt;17 W CC</b>	AGE 20-34	5	\$25,649
	AGE 35-64	45	\$12,233
	AGE 65+	169	\$14,533
<b>079 RESP INFECT &amp; INFLAM AGE &gt;17 W CC Total</b>		<b>219</b>	<b>\$14,314</b>
<b>383 OTH ANTEPARTUM DX W MEDICAL COMPLIC</b>	AGE 00-19	17	\$6,071
	AGE 20-34	172	\$4,638
	AGE 35-64	28	\$4,048
<b>383 OTH ANTEPARTUM DX W MEDICAL COMPLIC Total</b>		<b>217</b>	<b>\$4,674</b>
<b>107 CORONARY BYPASS W CARD CATH (W/O CARD CATH RET 10/98)</b>	AGE 20-34	2	\$36,516
	AGE 35-64	118	\$41,799
	AGE 65+	96	\$54,155
<b>107 CORONARY BYPASS W CARD CATH (W/O CARD CATH RET 10/98) Total</b>		<b>216</b>	<b>\$47,242</b>
<b>183 ESPHGITIS,GE,MISC DIG DIS AGE &gt;17 W/O CC</b>	AGE 20-34	33	\$5,266
	AGE 35-64	108	\$6,007
	AGE 65+	72	\$5,500
<b>183 ESPHGITIS,GE,MISC DIG DIS AGE &gt;17 W/O CC Total</b>		<b>213</b>	<b>\$5,721</b>

**Leading Thirty DRGs, Fayette County Residents,  
Kentucky Inpatient Hospitalizations, 2002**

<b>148 MAJOR SMALL &amp; LARGE BOWEL PROCS W CC</b>	AGE 00-19	1	\$27,269
	AGE 20-34	14	\$14,782
	AGE 35-64	97	\$28,244
	AGE 65+	100	\$33,522
<b>148 MAJOR SMALL &amp; LARGE BOWEL PROCS W CC Total</b>		<b>212</b>	<b>\$29,840</b>

<b>204 DISORDERS OF PANCREAS EXCEPT MALIGNANCY</b>	AGE 00-19	12	\$6,333
	AGE 20-34	26	\$13,879
	AGE 35-64	129	\$9,118
	AGE 65+	40	\$12,784
<b>204 DISORDERS OF PANCREAS EXCEPT MALIGNANCY Total</b>		<b>207</b>	<b>\$10,263</b>

<b>138 CARD ARRHYTHMIA &amp; CONDUCTN DISOR W CC</b>	AGE 00-19	1	\$5,561
	AGE 20-34	3	\$20,601
	AGE 35-64	39	\$7,920
	AGE 65+	159	\$8,796
<b>138 CARD ARRHYTHMIA &amp; CONDUCTN DISOR W CC Total</b>		<b>202</b>	<b>\$8,786</b>

<b>124 CIRC DIS EX AMI W CARD CATH &amp; COMPLX DX</b>	AGE 20-34	4	\$19,820
	AGE 35-64	105	\$14,885
	AGE 65+	92	\$17,883
<b>124 CIRC DIS EX AMI W CARD CATH &amp; COMPLX DX Total</b>		<b>201</b>	<b>\$16,355</b>

<b>523 ALCOH/DRUG ABUSE OR DEP W/O REHAB THER W/O CC (EFF10/01)</b>	AGE 00-19	8	\$13,076
	AGE 20-34	66	\$3,324
	AGE 35-64	116	\$4,062
	AGE 65+	5	\$2,612
<b>523 ALCOH/DRUG ABUSE OR DEP W/O REHAB THER W/O CC (EFF10/01) Total</b>		<b>195</b>	<b>\$4,145</b>

<b>Grand Total (Leading 30 DRG's)</b>	<b>14,635</b>	<b>\$8,878</b>
<b>Grand Total (All Other DRG's)</b>	<b>13,216</b>	<b>\$15,819</b>
<b>Grand Total (All DRG's)</b>	<b>27,851</b>	<b>\$12,172</b>

**Psychoses Hospitalizations (DRG 430) by Patient Residence ADD, Payer, and Gender  
Kentucky Hospitals, 2001  
(Source: Kentucky Hospital Inpatient Discharge Claims)**

Patient ADD	Payer Name	GENDER		Data		Total Cases	Total % of KY Total
		F	M	F	M		
		Cases	% of KY Total	Cases	% of KY Total		
<b>KENTUCKIANA</b>		<b>2039</b>	<b>20.1%</b>	<b>1601</b>	<b>20.6%</b>	<b>3640</b>	<b>20.3%</b>
	Medicare	550	5.4%	535	6.9%	1085	6.1%
	Medicaid	482	4.8%	295	3.8%	777	4.3%
	Insurance company	282	2.8%	265	3.4%	547	3.1%
	Commercial-Managed Care	225	2.2%	174	2.2%	399	2.2%
	Commercial-HMO	168	1.7%	72	0.9%	240	1.3%
	BlueCross/Blue Shield	145	1.4%	94	1.2%	239	1.3%
	Other	97	1.0%	99	1.3%	196	1.1%
	Commercial-Indemnity	40	0.4%	24	0.3%	64	0.4%
	Commercial-Preferred Prov.	22	0.2%	24	0.3%	46	0.3%
	Self Pay	24	0.2%	16	0.2%	40	0.2%
	Workers Comp.	3	0.0%	2	0.0%	5	0.0%
	CHAMPUS	1	0.0%	1	0.0%	2	0.0%

**Psychoses Hospitalizations (DRG 430) by Patient Residence ADD, Payer, and Gender  
Kentucky Hospitals, 2001  
(Source: Kentucky Hospital Inpatient Discharge Claims)**

Patient ADD	Payer Name	GENDER Data				Total Cases	Total % of KY Total
		F		M			
		Cases	% of KY Total	Cases	% of KY Total		
<b>LAKE CUMBERLAND</b>		<b>1163</b>	<b>11.5%</b>	<b>883</b>	<b>11.3%</b>	<b>2046</b>	<b>11.4%</b>
	Medicaid	601	5.9%	338	4.3%	939	5.2%
	Medicare	289	2.9%	313	4.0%	602	3.4%
	Other	143	1.4%	158	2.0%	301	1.7%
	BlueCross/Blue Shield	36	0.4%	12	0.2%	48	0.3%
	Self Pay	24	0.2%	18	0.2%	42	0.2%
	Commercial-HMO	22	0.2%	16	0.2%	38	0.2%
	Commercial-Indemnity	21	0.2%	9	0.1%	30	0.2%
	Commercial-Preferred Prov.	11	0.1%	9	0.1%	20	0.1%
	Commercial-Managed Care	7	0.1%	3	0.0%	10	0.1%
	Insurance company	6	0.1%	4	0.1%	10	0.1%
	Workers Comp.	3	0.0%	2	0.0%	5	0.0%
	CHAMPUS		0.0%	1	0.0%	1	0.0%

**Psychoses Hospitalizations (DRG 430) by Patient Residence ADD, Payer, and Gender  
Kentucky Hospitals, 2001  
(Source: Kentucky Hospital Inpatient Discharge Claims)**

Patient ADD	Payer Name	GENDER		Data		Total Cases	Total % of KY Total
		F	M	F	M		
		Cases	% of KY Total	Cases	% of KY Total		
<b>BLUEGRASS</b>		<b>1061</b>	<b>10.5%</b>	<b>653</b>	<b>8.4%</b>	<b>1714</b>	<b>9.6%</b>
	Medicaid	337	3.3%	195	2.5%	532	3.0%
	Medicare	268	2.6%	200	2.6%	468	2.6%
	Insurance company	96	0.9%	46	0.6%	142	0.8%
	Self Pay	85	0.8%	51	0.7%	136	0.8%
	Other	68	0.7%	41	0.5%	109	0.6%
	Commercial-Indemnity	67	0.7%	38	0.5%	105	0.6%
	Commercial-HMO	55	0.5%	38	0.5%	93	0.5%
	Commercial-Managed Care	45	0.4%	23	0.3%	68	0.4%
	Commercial-Preferred Prov.	15	0.1%	11	0.1%	26	0.1%
	BlueCross/Blue Shield	17	0.2%	8	0.1%	25	0.1%
	Workers Comp.	4	0.0%	1	0.0%	5	0.0%
	CHAMPUS	4	0.0%		0.0%	4	0.0%
	Other Federal programs		0.0%	1	0.0%	1	0.0%

**Psychoses Hospitalizations (DRG 430) by Patient Residence ADD, Payer, and Gender  
Kentucky Hospitals, 2001  
(Source: Kentucky Hospital Inpatient Discharge Claims)**

Patient ADD	Payer Name	GENDER Data				Total Cases	Total % of KY Total
		F		M			
		Cases	% of KY Total	Cases	% of KY Total		
<b>OUT OF STATE</b>		<b>921</b>	<b>9.1%</b>	<b>728</b>	<b>9.3%</b>	<b>1649</b>	<b>9.2%</b>
	Medicare	218	2.2%	181	2.3%	399	2.2%
	Medicaid	183	1.8%	127	1.6%	310	1.7%
	Self Pay	105	1.0%	120	1.5%	225	1.3%
	Other Federal programs	132	1.3%	59	0.8%	191	1.1%
	Commercial-Indemnity	57	0.6%	47	0.6%	104	0.6%
	Other	58	0.6%	45	0.6%	103	0.6%
	Commercial-Managed Care	54	0.5%	46	0.6%	100	0.6%
	Insurance company	34	0.3%	28	0.4%	62	0.3%
	Commercial-Preferred Prov.	31	0.3%	18	0.2%	49	0.3%
	BlueCross/Blue Shield	18	0.2%	20	0.3%	38	0.2%
	Commercial-HMO	22	0.2%	10	0.1%	32	0.2%
	Workers Comp.	3	0.0%	24	0.3%	27	0.2%
	CHAMPUS	6	0.1%	3	0.0%	9	0.1%

**Psychoses Hospitalizations (DRG 430) by Patient Residence ADD, Payer, and Gender  
Kentucky Hospitals, 2001  
(Source: Kentucky Hospital Inpatient Discharge Claims)**

Patient ADD	Payer Name	GENDER		Data		Total Cases	Total % of KY Total
		F		M			
		Cases	% of KY Total	Cases	% of KY Total		
<b>CUMBERLAND VALLEY</b>		<b>851</b>	<b>8.4%</b>	<b>675</b>	<b>8.7%</b>	<b>1526</b>	<b>8.5%</b>
	Medicaid	499	4.9%	286	3.7%	785	4.4%
	Medicare	147	1.5%	234	3.0%	381	2.1%
	Self Pay	79	0.8%	88	1.1%	167	0.9%
	Commercial-Indemnity	66	0.7%	30	0.4%	96	0.5%
	Commercial-HMO	24	0.2%	13	0.2%	37	0.2%
	Other	24	0.2%	10	0.1%	34	0.2%
	Commercial-Preferred Prov.	4	0.0%	5	0.1%	9	0.1%
	Insurance company	5	0.0%	2	0.0%	7	0.0%
	Workers Comp.		0.0%	4	0.1%	4	0.0%
	Commercial-Managed Care		0.0%	2	0.0%	2	0.0%
	Other Federal programs	2	0.0%		0.0%	2	0.0%
	CHAMPUS	1	0.0%		0.0%	1	0.0%
	BlueCross/Blue Shield		0.0%	1	0.0%	1	0.0%

**Psychoses Hospitalizations (DRG 430) by Patient Residence ADD, Payer, and Gender  
Kentucky Hospitals, 2001  
(Source: Kentucky Hospital Inpatient Discharge Claims)**

Patient ADD	Payer Name	GENDER Data				Total Cases	Total % of KY Total
		F		M			
		Cases	% of KY Total	Cases	% of KY Total		
<b>BIG SANDY</b>		<b>557</b>	<b>5.5%</b>	<b>550</b>	<b>7.1%</b>	<b>1107</b>	<b>6.2%</b>
	Medicaid	284	2.8%	195	2.5%	479	2.7%
	Medicare	129	1.3%	202	2.6%	331	1.8%
	Self Pay	72	0.7%	83	1.1%	155	0.9%
	Commercial-Indemnity	44	0.4%	35	0.4%	79	0.4%
	Other	14	0.1%	9	0.1%	23	0.1%
	Workers Comp.	1	0.0%	16	0.2%	17	0.1%
	Commercial-Preferred Prov.	6	0.1%	4	0.1%	10	0.1%
	Commercial-Managed Care	5	0.0%	1	0.0%	6	0.0%
	Insurance company	1	0.0%	1	0.0%	2	0.0%
	CHAMPUS		0.0%	2	0.0%	2	0.0%
	Other Federal programs		0.0%	2	0.0%	2	0.0%
	BlueCross/Blue Shield	1	0.0%		0.0%	1	0.0%

**Psychoses Hospitalizations (DRG 430) by Patient Residence ADD, Payer, and Gender  
Kentucky Hospitals, 2001  
(Source: Kentucky Hospital Inpatient Discharge Claims)**

Patient ADD	Payer Name	GENDER		Data		Total Cases	Total % of KY Total
		F	M	F	M		
		Cases	% of KY Total	Cases	% of KY Total		
<b>NORTHERN KY</b>		<b>568</b>	<b>5.6%</b>	<b>474</b>	<b>6.1%</b>	<b>1042</b>	<b>5.8%</b>
	Medicare	162	1.6%	146	1.9%	308	1.7%
	Medicaid	151	1.5%	100	1.3%	251	1.4%
	Other	80	0.8%	103	1.3%	183	1.0%
	Commercial-Managed Care	74	0.7%	47	0.6%	121	0.7%
	Commercial-Indemnity	73	0.7%	35	0.4%	108	0.6%
	Self Pay	21	0.2%	37	0.5%	58	0.3%
	Workers Comp.	3	0.0%	1	0.0%	4	0.0%
	Commercial-Preferred Prov.		0.0%	3	0.0%	3	0.0%
	BlueCross/Blue Shield	2	0.0%		0.0%	2	0.0%
	Other Federal programs	1	0.0%	1	0.0%	2	0.0%
	CHAMPUS		0.0%	1	0.0%	1	0.0%
	Commercial-HMO	1	0.0%		0.0%	1	0.0%

**Psychoses Hospitalizations (DRG 430) by Patient Residence ADD, Payer, and Gender  
Kentucky Hospitals, 2001  
(Source: Kentucky Hospital Inpatient Discharge Claims)**

Patient ADD	Payer Name	GENDER		Data		Total Cases	Total % of KY Total
		F		M			
		Cases	% of KY Total	Cases	% of KY Total		
<b>FIVCO</b>		<b>583</b>	<b>5.8%</b>	<b>384</b>	<b>4.9%</b>	<b>967</b>	<b>5.4%</b>
	Medicaid	273	2.7%	110	1.4%	383	2.1%
	Medicare	139	1.4%	137	1.8%	276	1.5%
	Self Pay	65	0.6%	76	1.0%	141	0.8%
	Commercial-Indemnity	53	0.5%	18	0.2%	71	0.4%
	Commercial-Preferred Prov.	40	0.4%	27	0.3%	67	0.4%
	Other	8	0.1%	7	0.1%	15	0.1%
	Workers Comp.	2	0.0%	6	0.1%	8	0.0%
	Other Federal programs	2	0.0%	1	0.0%	3	0.0%
	Commercial-Managed Care		0.0%	2	0.0%	2	0.0%
	Commercial-HMO	1	0.0%		0.0%	1	0.0%

**Psychoses Hospitalizations (DRG 430) by Patient Residence ADD, Payer, and Gender  
Kentucky Hospitals, 2001  
(Source: Kentucky Hospital Inpatient Discharge Claims)**

Patient ADD	Payer Name	GENDER		Data		Total Cases	Total % of KY Total
		F		M			
		Cases	% of KY Total	Cases	% of KY Total		
<b>BARREN RIVER</b>		<b>507</b>	<b>5.0%</b>	<b>339</b>	<b>4.4%</b>	<b>846</b>	<b>4.7%</b>
	Medicaid	184	1.8%	61	0.8%	245	1.4%
	Medicare	136	1.3%	92	1.2%	228	1.3%
	Other	52	0.5%	75	1.0%	127	0.7%
	Insurance company	65	0.6%	42	0.5%	107	0.6%
	Self Pay	37	0.4%	44	0.6%	81	0.5%
	BlueCross/Blue Shield	28	0.3%	22	0.3%	50	0.3%
	CHAMPUS	3	0.0%		0.0%	3	0.0%
	Commercial-Managed Care	1	0.0%	1	0.0%	2	0.0%
	Workers Comp.	1	0.0%		0.0%	1	0.0%
	Commercial-Indemnity		0.0%	1	0.0%	1	0.0%
	Commercial-Preferred Prov.		0.0%	1	0.0%	1	0.0%

**Psychoses Hospitalizations (DRG 430) by Patient Residence ADD, Payer, and Gender  
Kentucky Hospitals, 2001  
(Source: Kentucky Hospital Inpatient Discharge Claims)**

Patient ADD	Payer Name	GENDER		Data		Total Cases	Total % of KY Total
		F	M	F	M		
		Cases	% of KY Total	Cases	% of KY Total		
<b>KY RIVER</b>		<b>361</b>	<b>3.6%</b>	<b>403</b>	<b>5.2%</b>	<b>764</b>	<b>4.3%</b>
	Medicaid	190	1.9%	152	2.0%	342	1.9%
	Medicare	81	0.8%	105	1.3%	186	1.0%
	Self Pay	55	0.5%	104	1.3%	159	0.9%
	Commercial-Indemnity	23	0.2%	19	0.2%	42	0.2%
	Other	3	0.0%	14	0.2%	17	0.1%
	Commercial-Managed Care	2	0.0%	3	0.0%	5	0.0%
	Commercial-HMO	5	0.0%		0.0%	5	0.0%
	Insurance company	1	0.0%	2	0.0%	3	0.0%
	Commercial-Preferred Prov.	1	0.0%	2	0.0%	3	0.0%
	CHAMPUS		0.0%	2	0.0%	2	0.0%

**Psychoses Hospitalizations (DRG 430) by Patient Residence ADD, Payer, and Gender  
Kentucky Hospitals, 2001  
(Source: Kentucky Hospital Inpatient Discharge Claims)**

Patient ADD	Payer Name	GENDER		Data		Total Cases	Total % of KY Total
		F		M			
		Cases	% of KY Total	Cases	% of KY Total		
<b>GREEN RIVER</b>		<b>402</b>	<b>4.0%</b>	<b>338</b>	<b>4.3%</b>	<b>740</b>	<b>4.1%</b>
	Medicare	112	1.1%	121	1.6%	233	1.3%
	Medicaid	138	1.4%	87	1.1%	225	1.3%
	Self Pay	63	0.6%	67	0.9%	130	0.7%
	Insurance company	33	0.3%	19	0.2%	52	0.3%
	Commercial-Indemnity	20	0.2%	12	0.2%	32	0.2%
	BlueCross/Blue Shield	14	0.1%	10	0.1%	24	0.1%
	Commercial-Preferred Prov.	12	0.1%	9	0.1%	21	0.1%
	Other	7	0.1%	11	0.1%	18	0.1%
	Commercial-HMO	2	0.0%		0.0%	2	0.0%
	CHAMPUS	1	0.0%	1	0.0%	2	0.0%
	Commercial-Managed Care		0.0%	1	0.0%	1	0.0%

**Psychoses Hospitalizations (DRG 430) by Patient Residence ADD, Payer, and Gender  
Kentucky Hospitals, 2001  
(Source: Kentucky Hospital Inpatient Discharge Claims)**

Patient ADD	Payer Name	GENDER		Data		Total Cases	Total % of KY Total
		F	M	F	M		
		Cases	% of KY Total	Cases	% of KY Total		
<b>LINCOLN TRAIL</b>		<b>349</b>	<b>3.4%</b>	<b>243</b>	<b>3.1%</b>	<b>592</b>	<b>3.3%</b>
	Medicare	91	0.9%	72	0.9%	163	0.9%
	Medicaid	103	1.0%	44	0.6%	147	0.8%
	Commercial-Indemnity	41	0.4%	21	0.3%	62	0.3%
	Self Pay	23	0.2%	26	0.3%	49	0.3%
	Other	23	0.2%	20	0.3%	43	0.2%
	BlueCross/Blue Shield	20	0.2%	16	0.2%	36	0.2%
	Commercial-Managed Care	16	0.2%	18	0.2%	34	0.2%
	Insurance company	13	0.1%	12	0.2%	25	0.1%
	Commercial-HMO	10	0.1%	10	0.1%	20	0.1%
	CHAMPUS	8	0.1%	2	0.0%	10	0.1%
	Commercial-Preferred Prov.	1	0.0%	2	0.0%	3	0.0%

**Psychoses Hospitalizations (DRG 430) by Patient Residence ADD, Payer, and Gender  
Kentucky Hospitals, 2001  
(Source: Kentucky Hospital Inpatient Discharge Claims)**

Patient ADD	Payer Name	GENDER		Data		Total Cases	Total % of KY Total
		F	M	F	M		
		Cases	% of KY Total	Cases	% of KY Total		
<b>PURCHASE</b>		<b>242</b>	<b>2.4%</b>	<b>185</b>	<b>2.4%</b>	<b>427</b>	<b>2.4%</b>
	Medicare	72	0.7%	65	0.8%	137	0.8%
	Medicaid	56	0.6%	36	0.5%	92	0.5%
	Other	57	0.6%	22	0.3%	79	0.4%
	Self Pay	30	0.3%	47	0.6%	77	0.4%
	Commercial-Managed Care	20	0.2%	12	0.2%	32	0.2%
	Commercial-Preferred Prov.	4	0.0%	2	0.0%	6	0.0%
	Insurance company	1	0.0%	1	0.0%	2	0.0%
	Other Federal programs	2	0.0%			2	0.0%

**Psychoses Hospitalizations (DRG 430) by Patient Residence ADD, Payer, and Gender  
Kentucky Hospitals, 2001  
(Source: Kentucky Hospital Inpatient Discharge Claims)**

Patient ADD	Payer Name	GENDER Data				Total Cases	Total % of KY Total
		F		M			
		Cases	% of KY Total	Cases	% of KY Total		
<b>PENNYRILE</b>		<b>227</b>	<b>2.2%</b>	<b>152</b>	<b>2.0%</b>	<b>379</b>	<b>2.1%</b>
	Medicaid	98	1.0%	53	0.7%	151	0.8%
	Medicare	47	0.5%	46	0.6%	93	0.5%
	Other	35	0.3%	21	0.3%	56	0.3%
	Self Pay	16	0.2%	21	0.3%	37	0.2%
	CHAMPUS	10	0.1%	3	0.0%	13	0.1%
	Commercial-Preferred Prov.	9	0.1%	1	0.0%	10	0.1%
	Insurance company	2	0.0%	6	0.1%	8	0.0%
	Workers Comp.	4	0.0%		0.0%	4	0.0%
	Commercial-Managed Care	2	0.0%	1	0.0%	3	0.0%
	BlueCross/Blue Shield	2	0.0%		0.0%	2	0.0%
	Other Federal programs	1	0.0%		0.0%	1	0.0%
	Commercial-Indemnity	1	0.0%		0.0%	1	0.0%

**Psychoses Hospitalizations (DRG 430) by Patient Residence ADD, Payer, and Gender  
Kentucky Hospitals, 2001  
(Source: Kentucky Hospital Inpatient Discharge Claims)**

Patient ADD	Payer Name	GENDER		Data		Total Cases	Total % of KY Total
		F		M			
		Cases	% of KY Total	Cases	% of KY Total		
<b>GATEWAY</b>		<b>170</b>	<b>1.7%</b>	<b>120</b>	<b>1.5%</b>	<b>290</b>	<b>1.6%</b>
	Medicaid	77	0.8%	24	0.3%	101	0.6%
	Medicare	31	0.3%	55	0.7%	86	0.5%
	Commercial-Indemnity	35	0.3%	16	0.2%	51	0.3%
	Self Pay	13	0.1%	21	0.3%	34	0.2%
	Commercial-Preferred Prov.	7	0.1%		0.0%	7	0.0%
	Insurance company	3	0.0%	1	0.0%	4	0.0%
	Commercial-HMO	3	0.0%	1	0.0%	4	0.0%
	Other	1	0.0%	1	0.0%	2	0.0%
	Commercial-Managed Care		0.0%	1	0.0%	1	0.0%

**Psychoses Hospitalizations (DRG 430) by Patient Residence ADD, Payer, and Gender  
Kentucky Hospitals, 2001  
(Source: Kentucky Hospital Inpatient Discharge Claims)**

Patient ADD	Payer Name	GENDER		Data		Total Cases	Total % of KY Total
		F		M			
		Cases	% of KY Total	Cases	% of KY Total		
<b>BUFFALO TRACE</b>		<b>119</b>	<b>1.2%</b>	<b>60</b>	<b>0.8%</b>	<b>179</b>	<b>1.0%</b>
	Medicaid	59	0.6%	17	0.2%	76	0.4%
	Medicare	20	0.2%	13	0.2%	33	0.2%
	Commercial-Indemnity	18	0.2%	11	0.1%	29	0.2%
	Self Pay	6	0.1%	9	0.1%	15	0.1%
	Commercial-HMO	5	0.0%	4	0.1%	9	0.1%
	Commercial-Preferred Prov.	5	0.0%	3	0.0%	8	0.0%
	Commercial-Managed Care	4	0.0%		0.0%	4	0.0%
	Other	2	0.0%	2	0.0%	4	0.0%
	Workers Comp.		0.0%	1	0.0%	1	0.0%
<b>Grand Total</b>		<b>10120</b>	<b>100.0%</b>	<b>7788</b>	<b>100.0%</b>	<b>17908</b>	<b>100.0%</b>

# **Is there a wildland fire/respiratory health link?**

**(A preliminary investigation of respiratory hospitalizations and wildland fires in Kentucky)**

**Mark Fazey  
KYDPH/HPAB  
October 9, 2002  
Governor's Wildland Fire Summit  
JWSRP**

- **Motivation**

1. Forestry Districts (FDs) 2, 3, and 9 have a Fire Occurrence Rate<sup>1</sup> over twice that of FDs 1, 4-8. (Figure 1; Table 1)
2. EKU Survey<sup>2</sup> indicates high level of wildland fire-related concern for health and personal safety among residents of FDs 2, 3, and 9. (Table 2)

- **Method**

Compare inpatient hospitalizations for respiratory conditions (COPD, asthma, bronchitis , etc.) in the EKU survey region with rest of the state.

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<sup>1</sup> Fire Occurrence Rate = Number of fires per million acres protected

<sup>2</sup> *Wildland Fire and Arson Survey: Final Report*, James B. Wells, Ph.D. et al., Center for Criminal Justice Education and Research, Department of Correctional and Juvenile Justice Studies, College of Justice and Safety, Eastern Kentucky University, 2002.

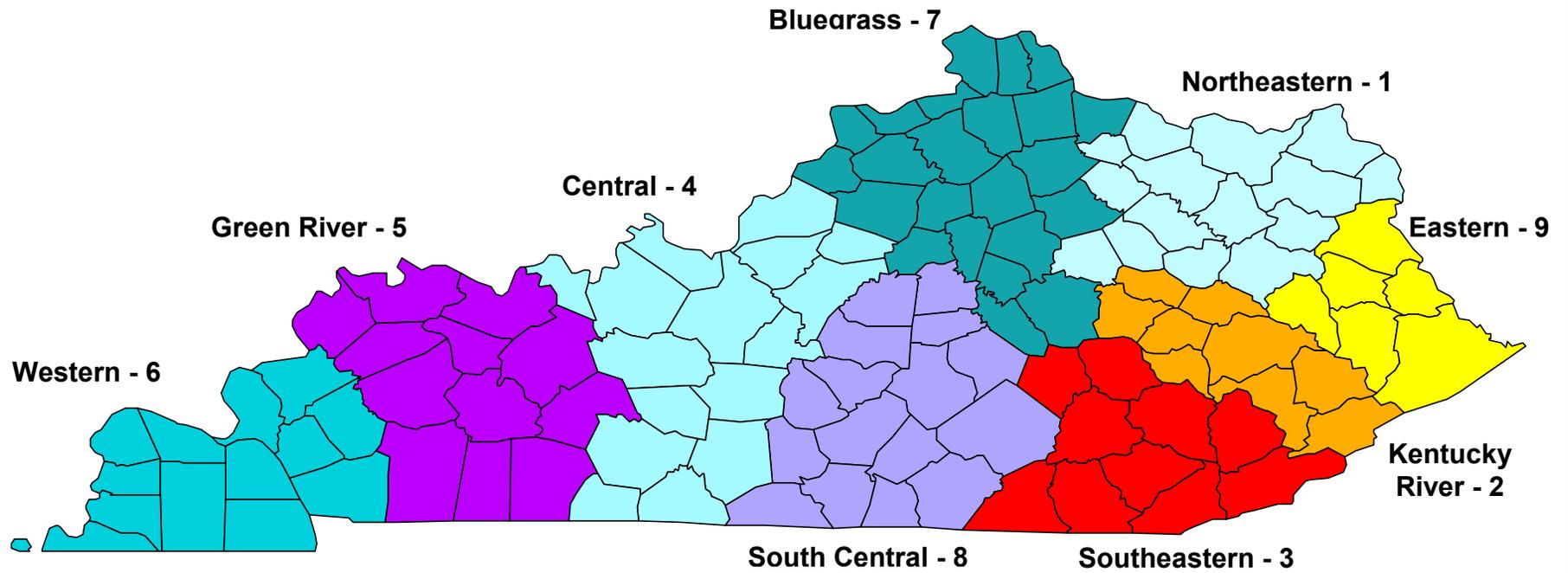
- **Findings**

1. Monthly respiratory admission rate in FDs 2, 3, and 9 from July, 1999 through March 2002 was two to three times the rate in the rest of the state. (Figure 2)
2. From January 2000 through December 2001, between 8.5% and 14% of all inpatient admissions to hospitals in FDs 2, 3, and 9 were for respiratory causes. Admissions for respiratory causes made up 3.5% to 6% of all inpatient admissions to the remaining hospitals in the Commonwealth. (Figures 3 and 4)
3. Respiratory admissions and rates show the same cycle as wildland fires – rising during the last quarter of one year and the first quarter of the next and falling during the ensuing second and third quarters. (Figures 2 – 4)

- **Future Studies**

1. Outpatient and health department respiratory admissions by Forestry District and month. (Expect less severe cases to be “walk-ins” at these clinics, with higher volume in FDs 2,3, and 9.)
2. Vehicular accident rate during fire months in wildland fire-prone regions. (Expect more accidents in FDs 2,3, and 9 because of impaired visibility due to smoke.)
3. Study geographic factors in more detail, e.g. fire location vs. admitting hospital/clinic location, wind, and weather patterns, ...
4. “Coincidence” studies, e.g. low West Nile virus incidence in high fire areas, ...

# Figure 1: Kentucky Forestry Districts



**Table 1: Kentucky Forestry Districts, 2000 and 2001**

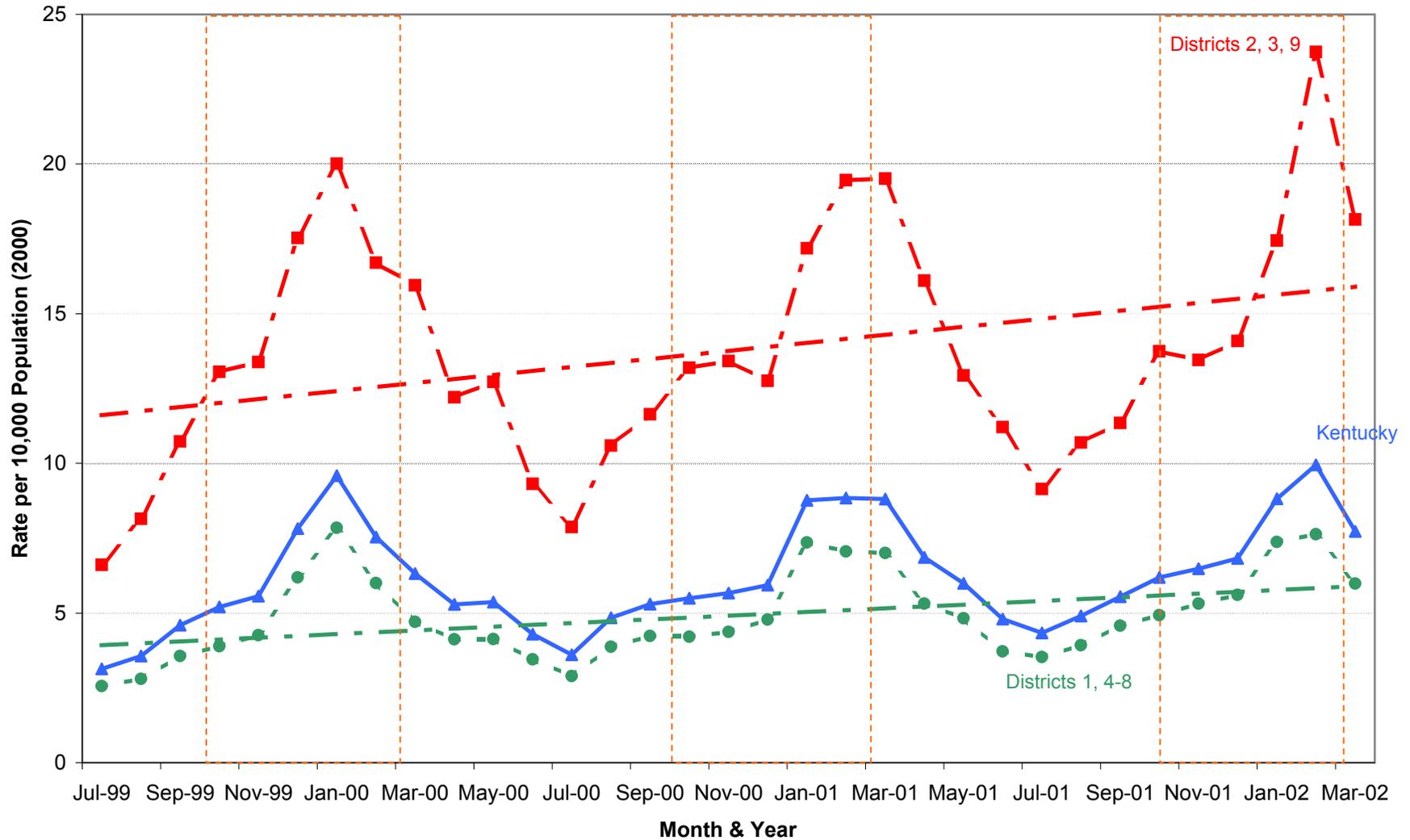
	2000		2001	
	FDs 2, 3, 9	FDs 1, 4-8	FDs 2, 3, 9	FDs 1, 4-8
<b>Acres Protected</b>	14,187,500	7,363,500	14,187,500	7,363,500
<b>Number of Fires</b>	2,253	521	2,872	637
<b>Acres Burned</b>	219,258	13,014	249,405	15,813
<b>Fire Occurrence Rate (Fires per million acres protected)</b>	158.8	70.8	202.4	86.5
<b>Respiratory Hospitalizations per 10,000 population</b>	156.4	54.6	168.9*	63.2*

\*10/9/2002 version in error; corrected 10/14/2002

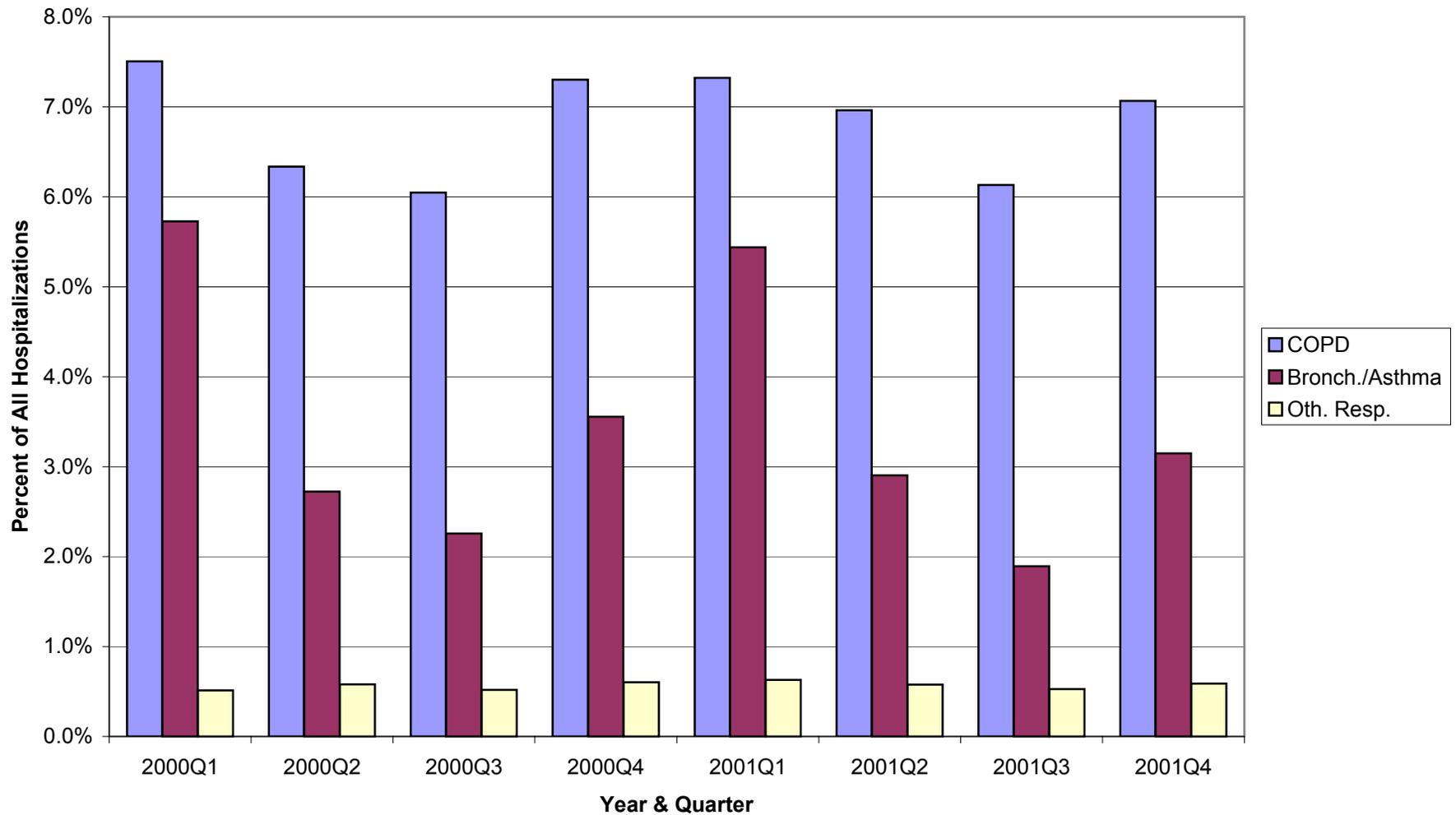
**Table 2: Agree and Strongly Agree Responses  
 EKU Wildland Fire and Arson Survey  
 Kentucky Forestry Districts 2, 3, and 9, August-December, 2001**

<b>Question</b>	<b>Sample 1 (n=753)</b>	<b>Sample 2 (n=751)</b>	<b>95% Margin of Error</b>
3. Smoke from wildland fires affects the health of my family and me.	91.7%	94.7%	±3.5%
4. Wildland fires affect the quality of water in my community	82.1%	79.9%	±3.5%
6. Wildland fires are a threat to my personal safety	66.5%	89.8%	±3.5%
7. Greatest concern			
* Health (Q3)	41.2%	50.3%	±3.5%
* Water quality (Q4)	8.5%	4.3%	±3.5%
* Personal safety (Q6)	39.0%	36.2%	±3.5%

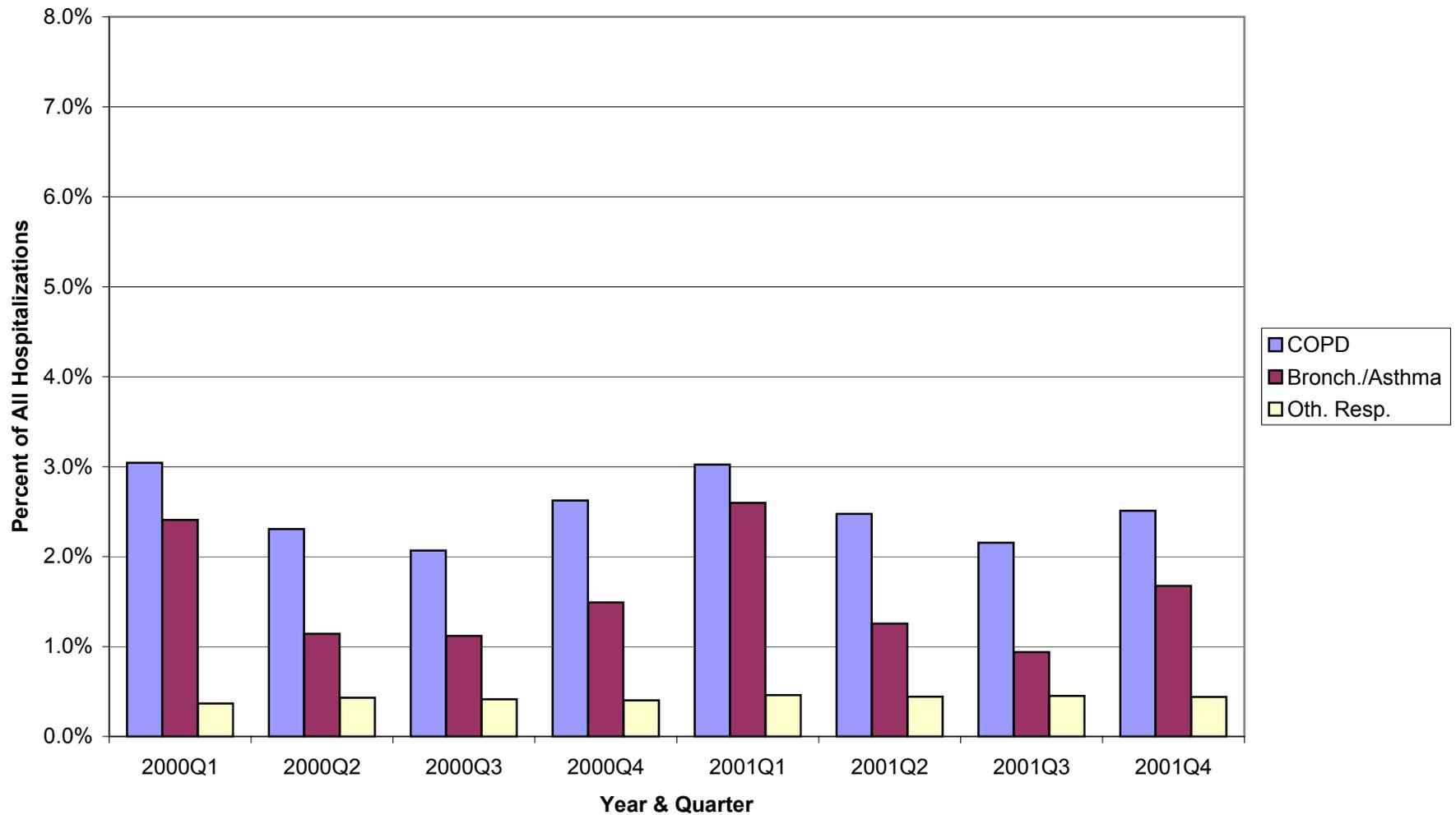
**Figure 2: Respiratory Hospitalization Rates, July '99-March '02**



**Figure 3: Respiratory Hospitalizations, 2000-2001  
Hospitals in Kentucky Forestry Districts 2, 3, & 9**



**Figure 4: Respiratory Hospitalizations, 2000-2001  
Hospitals in Kentucky Forestry Districts 1 & 4-8**



### Kentucky Counties, ADDs, Forestry Districts

County Name	ADD	ADD Name	Forestry Dist.	FD Name
Bath	9	GATEWAY	1	NORTHEASTERN
Boyd	10	FIVCO	1	NORTHEASTERN
Carter	10	FIVCO	1	NORTHEASTERN
Clark	15	BLUEGRASS	1	NORTHEASTERN
Elliott	10	FIVCO	1	NORTHEASTERN
Fleming	8	BUFFALO TRACE	1	NORTHEASTERN
Greenup	10	FIVCO	1	NORTHEASTERN
Lewis	8	BUFFALO TRACE	1	NORTHEASTERN
Mason	8	BUFFALO TRACE	1	NORTHEASTERN
Menifee	9	GATEWAY	1	NORTHEASTERN
Montgomery	9	GATEWAY	1	NORTHEASTERN
Morgan	9	GATEWAY	1	NORTHEASTERN
Nicholas	15	BLUEGRASS	1	NORTHEASTERN
Robertson	8	BUFFALO TRACE	1	NORTHEASTERN
Rowan	9	GATEWAY	1	NORTHEASTERN
Breathitt	12	KY RIVER	2	KY RIVER
Estill	15	BLUEGRASS	2	KY RIVER
Knott	12	KY RIVER	2	KY RIVER
Lee	12	KY RIVER	2	KY RIVER
Letcher	12	KY RIVER	2	KY RIVER
Owsley	12	KY RIVER	2	KY RIVER
Perry	12	KY RIVER	2	KY RIVER
Powell	15	BLUEGRASS	2	KY RIVER
Wolfe	12	KY RIVER	2	KY RIVER
Bell	13	CUMBERLAND VALLEY	3	SOUTHEASTERN
Clay	13	CUMBERLAND VALLEY	3	SOUTHEASTERN
Harlan	13	CUMBERLAND VALLEY	3	SOUTHEASTERN
Jackson	13	CUMBERLAND VALLEY	3	SOUTHEASTERN
Knox	13	CUMBERLAND VALLEY	3	SOUTHEASTERN
Laurel	13	CUMBERLAND VALLEY	3	SOUTHEASTERN
Leslie	12	KY RIVER	3	SOUTHEASTERN
McCreary	14	LAKE CUMBERLAND	3	SOUTHEASTERN
Rockcastle	13	CUMBERLAND VALLEY	3	SOUTHEASTERN
Whitley	13	CUMBERLAND VALLEY	3	SOUTHEASTERN
Allen	4	BARREN RIVER	4	CENTRAL
Barren	4	BARREN RIVER	4	CENTRAL
Breckinridge	5	LINCOLN TRAIL	4	CENTRAL
Bullitt	6	KENTUCKIANA	4	CENTRAL
Edmonson	4	BARREN RIVER	4	CENTRAL
Grayson	5	LINCOLN TRAIL	4	CENTRAL
Hancock	3	GREEN RIVER	4	CENTRAL
Hardin	5	LINCOLN TRAIL	4	CENTRAL
Hart	4	BARREN RIVER	4	CENTRAL
Jefferson	6	KENTUCKIANA	4	CENTRAL
Larue	5	LINCOLN TRAIL	4	CENTRAL
Meade	5	LINCOLN TRAIL	4	CENTRAL
Nelson	5	LINCOLN TRAIL	4	CENTRAL
Simpson	4	BARREN RIVER	4	CENTRAL
Spencer	6	KENTUCKIANA	4	CENTRAL
Warren	4	BARREN RIVER	4	CENTRAL
Butler	4	BARREN RIVER	5	GREEN RIVER

## Kentucky Counties, ADDs, Forestry Districts

County Name	ADD	ADD Name	Forestry	
			Dist.	FD Name
Christian	2	PENNYRILE	5	GREEN RIVER
Daviess	3	GREEN RIVER	5	GREEN RIVER
Henderson	3	GREEN RIVER	5	GREEN RIVER
Hopkins	2	PENNYRILE	5	GREEN RIVER
Logan	4	BARREN RIVER	5	GREEN RIVER
McLean	3	GREEN RIVER	5	GREEN RIVER
Muhlenberg	2	PENNYRILE	5	GREEN RIVER
Ohio	3	GREEN RIVER	5	GREEN RIVER
Todd	2	PENNYRILE	5	GREEN RIVER
Union	3	GREEN RIVER	5	GREEN RIVER
Webster	3	GREEN RIVER	5	GREEN RIVER
Ballard	1	PURCHASE	6	WESTERN
Caldwell	2	PENNYRILE	6	WESTERN
Calloway	1	PURCHASE	6	WESTERN
Carlisle	1	PURCHASE	6	WESTERN
Crittenden	2	PENNYRILE	6	WESTERN
Fulton	1	PURCHASE	6	WESTERN
Graves	1	PURCHASE	6	WESTERN
Hickman	1	PURCHASE	6	WESTERN
Livingston	2	PENNYRILE	6	WESTERN
Lyon	2	PENNYRILE	6	WESTERN
Marshall	1	PURCHASE	6	WESTERN
McCracken	1	PURCHASE	6	WESTERN
Trigg	2	PENNYRILE	6	WESTERN
Anderson	15	BLUEGRASS	7	BLUEGRASS
Boone	7	NORTHERN KY	7	BLUEGRASS
Bourbon	15	BLUEGRASS	7	BLUEGRASS
Bracken	8	BUFFALO TRACE	7	BLUEGRASS
Campbell	7	NORTHERN KY	7	BLUEGRASS
Carroll	7	NORTHERN KY	7	BLUEGRASS
Fayette	15	BLUEGRASS	7	BLUEGRASS
Franklin	15	BLUEGRASS	7	BLUEGRASS
Gallatin	7	NORTHERN KY	7	BLUEGRASS
Garrard	15	BLUEGRASS	7	BLUEGRASS
Grant	7	NORTHERN KY	7	BLUEGRASS
Harrison	15	BLUEGRASS	7	BLUEGRASS
Henry	6	KENTUCKIANA	7	BLUEGRASS
Jessamine	15	BLUEGRASS	7	BLUEGRASS
Kenton	7	NORTHERN KY	7	BLUEGRASS
Madison	15	BLUEGRASS	7	BLUEGRASS
Oldham	6	KENTUCKIANA	7	BLUEGRASS
Owen	7	NORTHERN KY	7	BLUEGRASS
Pendleton	7	NORTHERN KY	7	BLUEGRASS
Scott	15	BLUEGRASS	7	BLUEGRASS
Shelby	6	KENTUCKIANA	7	BLUEGRASS
Trimble	6	KENTUCKIANA	7	BLUEGRASS
Woodford	15	BLUEGRASS	7	BLUEGRASS
Adair	14	LAKE CUMBERLAND	8	SOUTH CENTRAL
Boyle	15	BLUEGRASS	8	SOUTH CENTRAL
Casey	14	LAKE CUMBERLAND	8	SOUTH CENTRAL
Clinton	14	LAKE CUMBERLAND	8	SOUTH CENTRAL

### Kentucky Counties, ADDs, Forestry Districts

County Name	ADD	ADD Name	Forestry	
			Dist.	FD Name
Cumberland	14	LAKE CUMBERLAND	8	SOUTH CENTRAL
Green	14	LAKE CUMBERLAND	8	SOUTH CENTRAL
Lincoln	15	BLUEGRASS	8	SOUTH CENTRAL
Marion	5	LINCOLN TRAIL	8	SOUTH CENTRAL
Mercer	15	BLUEGRASS	8	SOUTH CENTRAL
Metcalfe	4	BARREN RIVER	8	SOUTH CENTRAL
Monroe	4	BARREN RIVER	8	SOUTH CENTRAL
Pulaski	14	LAKE CUMBERLAND	8	SOUTH CENTRAL
Russell	14	LAKE CUMBERLAND	8	SOUTH CENTRAL
Taylor	14	LAKE CUMBERLAND	8	SOUTH CENTRAL
Washington	5	LINCOLN TRAIL	8	SOUTH CENTRAL
Wayne	14	LAKE CUMBERLAND	8	SOUTH CENTRAL
Floyd	11	BIG SANDY	9	EASTERN
Johnson	11	BIG SANDY	9	EASTERN
Lawrence	10	FIVCO	9	EASTERN
Magoffin	11	BIG SANDY	9	EASTERN
Martin	11	BIG SANDY	9	EASTERN
Pike	11	BIG SANDY	9	EASTERN

**Kentucky Hospital Location  
(City, County, ADD, and Forestry District)**

Full Name	City	County	ADD	ADD Name	Forestry Dist.	FD Name	Forestry Dist. Group
ARH PSYCHIATRIC HOSPITAL	HAZARD	Perry	12	KY RIVER	2	KY RIVER	FD2,3,9
ARH REGIONAL MEDICAL CENTER - HAZARD	HAZARD	Perry	12	KY RIVER	2	KY RIVER	FD2,3,9
JENKINS COMMUNITY HOSPITAL	JENKINS	Letcher	12	KY RIVER	2	KY RIVER	FD2,3,9
KENTUCKY RIVER MEDICAL CENTER	JACKSON	Breathitt	12	KY RIVER	2	KY RIVER	FD2,3,9
MARCUM & WALLACE MEMORIAL HOSPITAL	IRVINE	Estill	15	BLUEGRASS	2	KY RIVER	FD2,3,9
WHITESBURG APPALACHIAN REGIONAL HOSPITAL	WHITESBURG	Letcher	12	KY RIVER	2	KY RIVER	FD2,3,9
BAPTIST REGIONAL MEDICAL CENTER	CORBIN	Whitley	13	CUMBERLAND VALLEY	3	SOUTHEASTERN	FD2,3,9
HARLAN APPALACHIAN REGIONAL HOSPITAL	HARLAN	Harlan	13	CUMBERLAND VALLEY	3	SOUTHEASTERN	FD2,3,9
KNOX COUNTY HOSPITAL	BARBOURVILLE	Knox	13	CUMBERLAND VALLEY	3	SOUTHEASTERN	FD2,3,9
MARY BRECKINRIDGE HEALTHCARE, INC.	HYDEN	Leslie	12	KY RIVER	3	SOUTHEASTERN	FD2,3,9
MARYMOUNT MEDICAL CENTER	LONDON	Laurel	13	CUMBERLAND VALLEY	3	SOUTHEASTERN	FD2,3,9
MEMORIAL HOSPITAL INC.	MANCHESTER	Clay	13	CUMBERLAND VALLEY	3	SOUTHEASTERN	FD2,3,9
MIDDLESBORO APPALACHIAN REGIONAL HOSPITAL	MIDDLESBORO	Bell	13	CUMBERLAND VALLEY	3	SOUTHEASTERN	FD2,3,9
PINEVILLE COMMUNITY HOSPITAL	PINEVILLE	Bell	13	CUMBERLAND VALLEY	3	SOUTHEASTERN	FD2,3,9
ROCKCASTLE HOSPITAL INC	MOUNT VERNON	Rockcastle	13	CUMBERLAND VALLEY	3	SOUTHEASTERN	FD2,3,9
HIGHLANDS REGIONAL MEDICAL CENTER	PRESTONSBURG	Floyd	11	BIG SANDY	9	EASTERN	FD2,3,9
MCDOWELL APPALACHIAN REGIONAL HOSPITAL	MC DOWELL	Floyd	11	BIG SANDY	9	EASTERN	FD2,3,9
OUR LADY OF THE WAY HOSPITAL-MARTIN	MARTIN	Floyd	11	BIG SANDY	9	EASTERN	FD2,3,9
PAUL B HALL REGIONAL MEDICAL CENTER	PAINTSVILLE	Johnson	11	BIG SANDY	9	EASTERN	FD2,3,9
PIKEVILLE METHODIST HOSPITAL	PIKEVILLE	Pike	11	BIG SANDY	9	EASTERN	FD2,3,9
THREE RIVERS MEDICAL CENTER	LOUISA	Lawrence	10	FIVCO	9	EASTERN	FD2,3,9
WILLIAMSON APPALACHIAN REGIONAL HOSPITAL	SOUTH WILLIAMSON	Pike	11	BIG SANDY	9	EASTERN	FD2,3,9
CLARK REGIONAL MEDICAL CENTER	WINCHESTER	Clark	15	BLUEGRASS	1	NORTHEASTERN	FD1,4-8
FLEMING COUNTY HOSPITAL	FLEMINGSBURG	Fleming	8	BUFFALO TRACE	1	NORTHEASTERN	FD1,4-8
KING'S DAUGHTER'S MEDICAL CENTER	ASHLAND	Boyd	10	FIVCO	1	NORTHEASTERN	FD1,4-8
MARY CHILES HOSPITAL & GATEWAY REGIONAL HEALTH SYSTEM	MOUNT STERLING	Montgomery	9	GATEWAY	1	NORTHEASTERN	FD1,4-8
MEADOWVIEW REGIONAL MEDICAL CENTER	MAYSVILLE	Mason	8	BUFFALO TRACE	1	NORTHEASTERN	FD1,4-8
MORGAN COUNTY APPALACHIAN REGIONAL HOSPITAL	WEST LIBERTY	Morgan	9	GATEWAY	1	NORTHEASTERN	FD1,4-8
NICHOLAS COUNTY HOSPITAL	CARLISLE	Nicholas	15	BLUEGRASS	1	NORTHEASTERN	FD1,4-8
OUR LADY OF BELLEFONTE HOSPITAL	ASHLAND	Boyd	10	FIVCO	1	NORTHEASTERN	FD1,4-8
ST CLAIRE MEDICAL CENTER-MOREHEAD	MOREHEAD	Rowan	9	GATEWAY	1	NORTHEASTERN	FD1,4-8
BAPTIST HOSPITAL EAST	LOUISVILLE	Jefferson	6	KENTUCKIANA	4	CENTRAL	FD1,4-8
BRECKINRIDGE MEMORIAL HOSPITAL	HARDINSBURG	Breckinridge	5	LINCOLN TRAIL	4	CENTRAL	FD1,4-8
CARITAS MEDICAL CENTER	LOUISVILLE	Jefferson	6	KENTUCKIANA	4	CENTRAL	FD1,4-8

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<b>Full Name</b>	<b>City</b>	<b>County</b>	<b>ADD</b>	<b>ADD Name</b>	<b>Forestry Dist.</b>	<b>FD Name</b>	<b>Forestry Dist. Group</b>
CARITAS PEACE CENTER - LOUISVILLE	LOUISVILLE	Jefferson	6	KENTUCKIANA	4	CENTRAL	FD1,4-8
CAVERNA MEMORIAL HOSPITAL INC.	HORSE CAVE	Hart	4	BARREN RIVER	4	CENTRAL	FD1,4-8
CENTRAL STATE HOSPITAL	LOUISVILLE	Jefferson	6	KENTUCKIANA	4	CENTRAL	FD1,4-8
FLAGET MEMORIAL HOSPITAL	BARDSTOWN	Nelson	5	LINCOLN TRAIL	4	CENTRAL	FD1,4-8
FRAZIER REHABILITATION CENTER-LOUISVILLE	LOUISVILLE	Jefferson	6	KENTUCKIANA	4	CENTRAL	FD1,4-8
GREENVIEW REGIONAL HOSPITAL	BOWLING GREEN	Warren	4	BARREN RIVER	4	CENTRAL	FD1,4-8
HARDIN MEMORIAL HOSPITAL	ELIZABETHTOWN	Hardin	5	LINCOLN TRAIL	4	CENTRAL	FD1,4-8
HEALTHSOUTH REHABILITATION HOSPITAL OF CENTRAL KENTUCKY	ELIZABETHTOWN	Hardin	5	LINCOLN TRAIL	4	CENTRAL	FD1,4-8
JEFFERSON ALCOHOL AND DRUG ABUSE CENTER	LOUISVILLE	Jefferson	6	KENTUCKIANA	4	CENTRAL	FD1,4-8
JEWISH HOSPITAL - LOUISVILLE	LOUISVILLE	Jefferson	6	KENTUCKIANA	4	CENTRAL	FD1,4-8
KOSAIR CHILDREN'S HOSPITAL	LOUISVILLE	Jefferson	6	KENTUCKIANA	4	CENTRAL	FD1,4-8
LINCOLN TRAIL HOSPITAL	RADCLIFF	Hardin	5	LINCOLN TRAIL	4	CENTRAL	FD1,4-8
MEDIPLEX REHAB - BOWLING GREEN	BOWLING GREEN	Warren	4	BARREN RIVER	4	CENTRAL	FD1,4-8
NORTON AUDUBON HOSPITAL	LOUISVILLE	Jefferson	6	KENTUCKIANA	4	CENTRAL	FD1,4-8
NORTON HOSPITAL - LOUISVILLE	LOUISVILLE	Jefferson	6	KENTUCKIANA	4	CENTRAL	FD1,4-8
NORTON SOUTHWEST HOSPITAL - LOUISVILLE	LOUISVILLE	Jefferson	6	KENTUCKIANA	4	CENTRAL	FD1,4-8
NORTON SUBURBAN HOSPITAL	LOUISVILLE	Jefferson	6	KENTUCKIANA	4	CENTRAL	FD1,4-8
RIVENDELL BEHAVIORAL HEALTH SERVICES	BOWLING GREEN	Warren	4	BARREN RIVER	4	CENTRAL	FD1,4-8
SACRED HEART HOME-LOUISVILLE	LOUISVILLE	Jefferson	6	KENTUCKIANA	4	CENTRAL	FD1,4-8
T J SAMSON COMMUNITY HOSPITAL	GLASGOW	Barren	4	BARREN RIVER	4	CENTRAL	FD1,4-8
TEN BROECK HOSPITAL	LOUISVILLE	Jefferson	6	KENTUCKIANA	4	CENTRAL	FD1,4-8
TEN BROECK HOSPITAL DUPONT	LOUISVILLE	Jefferson	6	KENTUCKIANA	4	CENTRAL	FD1,4-8
THE MEDICAL CENTER AT FRANKLIN	FRANKLIN	Simpson	4	BARREN RIVER	4	CENTRAL	FD1,4-8
THE MEDICAL CENTER/BOWLING GREEN	BOWLING GREEN	Warren	4	BARREN RIVER	4	CENTRAL	FD1,4-8
THE MEDICAL CENTER/SCOTTSVILLE	SCOTTSVILLE	Allen	4	BARREN RIVER	4	CENTRAL	FD1,4-8
THE OUTPATIENT CARE CENTER-LOUISVILLE	LOUISVILLE	Jefferson	6	KENTUCKIANA	4	CENTRAL	FD1,4-8
TWIN LAKES REGIONAL MEDICAL CENTER	LEITCHFIELD	Grayson	5	LINCOLN TRAIL	4	CENTRAL	FD1,4-8
UNIVERSITY OF LOUISVILLE HOSPITAL	LOUISVILLE	Jefferson	6	KENTUCKIANA	4	CENTRAL	FD1,4-8
VA MEDICAL CENTER-LOUISVILLE	LOUISVILLE	Jefferson	6	KENTUCKIANA	4	CENTRAL	FD1,4-8
VENCOR HOSPITAL-LOUISVILLE	LOUISVILLE	Jefferson	6	KENTUCKIANA	4	CENTRAL	FD1,4-8
FHC CUMBERLAND HALL	HOPKINSVILLE	Christian	2	PENNYRILE	5	GREEN RIVER	FD1,4-8
JENNIE STUART MEDICAL CENTER	HOPKINSVILLE	Christian	2	PENNYRILE	5	GREEN RIVER	FD1,4-8
LOGAN MEMORIAL HOSPITAL	RUSSELLVILLE	Logan	4	BARREN RIVER	5	GREEN RIVER	FD1,4-8
METHODIST HOSPITAL	HENDERSON	Henderson	3	GREEN RIVER	5	GREEN RIVER	FD1,4-8

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<b>Full Name</b>	<b>City</b>	<b>County</b>	<b>ADD</b>	<b>ADD Name</b>	<b>Forestry Dist.</b>	<b>FD Name</b>	<b>Forestry Dist. Group</b>
METHODIST HOSPITAL UNION COUNTY	MORGANFIELD	Union	3	GREEN RIVER	5	GREEN RIVER	FD1,4-8
MUHLENBERG COMMUNITY HOSPITAL	GREENVILLE	Muhlenberg	2	PENNYRILE	5	GREEN RIVER	FD1,4-8
OHIO COUNTY HOSPITAL-HARTFORD	HARTFORD	Ohio	3	GREEN RIVER	5	GREEN RIVER	FD1,4-8
OWENSBORO MERCY HEALTH SYSTEM	OWENSBORO	Daviess	3	GREEN RIVER	5	GREEN RIVER	FD1,4-8
REGIONAL MEDICAL CENTER OF HOPKINS COUNTY	MADISONVILLE	Hopkins	2	PENNYRILE	5	GREEN RIVER	FD1,4-8
WESTERN STATE HOSPITAL-HOPKINSVILLE	HOPKINSVILLE	Christian	2	PENNYRILE	5	GREEN RIVER	FD1,4-8
CALDWELL COUNTY HOSPITAL	PRINCETON	Caldwell	2	PENNYRILE	6	WESTERN	FD1,4-8
CLINTON-HICKMAN COUNTY INTERMEDIATE CARE FACILITY	CLINTON	Hickman	1	PURCHASE	6	WESTERN	FD1,4-8
CRITTENDEN HEALTH SYSTEM	MARION	Crittenden	2	PENNYRILE	6	WESTERN	FD1,4-8
JACKSON PURCHASE MEDICAL CENTER	MAYFIELD	Graves	1	PURCHASE	6	WESTERN	FD1,4-8
LIVINGSTON HOSPITAL AND HEALTHCARE SERVICES	SALEM	Livingston	2	PENNYRILE	6	WESTERN	FD1,4-8
LOURDES HOSPITAL	PADUCAH	McCracken	1	PURCHASE	6	WESTERN	FD1,4-8
MARSHALL COUNTY HOSPITAL	BENTON	Marshall	1	PURCHASE	6	WESTERN	FD1,4-8
MURRAY-CALLOWAY COUNTY HOSPITAL	MURRAY	Calloway	1	PURCHASE	6	WESTERN	FD1,4-8
PARKWAY REGIONAL HOSPITAL	FULTON	Fulton	1	PURCHASE	6	WESTERN	FD1,4-8
TRIGG COUNTY HOSPITAL INC	CADIZ	Trigg	2	PENNYRILE	6	WESTERN	FD1,4-8
WESTERN BAPTIST HOSPITAL	PADUCAH	McCracken	1	PURCHASE	6	WESTERN	FD1,4-8
ZCLOSED00CHARTER BEHAVIORAL HEALTH SYSTEM	PADUCAH	McCracken	1	PURCHASE	6	WESTERN	FD1,4-8
BEREA HOSPITAL	BEREA	Madison	15	BLUEGRASS	7	BLUEGRASS	FD1,4-8
BLUEGRASS COMMUNITY HOSPITAL	VERSAILLES	Woodford	15	BLUEGRASS	7	BLUEGRASS	FD1,4-8
BOURBON COMMUNITY HOSPITAL	PARIS	Bourbon	15	BLUEGRASS	7	BLUEGRASS	FD1,4-8
CARDINAL HILL REHABILITATION HOSPITAL	LEXINGTON	Fayette	15	BLUEGRASS	7	BLUEGRASS	FD1,4-8
CARROLL COUNTY MEMORIAL HOSPITAL	CARROLLTON	Carroll	7	NORTHERN KY	7	BLUEGRASS	FD1,4-8
CENTRAL BAPTIST HOSPITAL	LEXINGTON	Fayette	15	BLUEGRASS	7	BLUEGRASS	FD1,4-8
EASTERN STATE HOSPITAL	LEXINGTON	Fayette	15	BLUEGRASS	7	BLUEGRASS	FD1,4-8
FRANKFORT REGIONAL MEDICAL CENTER	FRANKFORT	Franklin	15	BLUEGRASS	7	BLUEGRASS	FD1,4-8
GARRARD COUNTY MEMORIAL HOSPITAL	LANCASTER	Garrard	15	BLUEGRASS	7	BLUEGRASS	FD1,4-8
GEORGETOWN COMMUNITY HOSPITAL	GEORGETOWN	Scott	15	BLUEGRASS	7	BLUEGRASS	FD1,4-8
HARRISON MEMORIAL HOSPITAL	CYNTHIANA	Harrison	15	BLUEGRASS	7	BLUEGRASS	FD1,4-8
HEALTHSOUTH REHABILITATION HOSPITAL OF NORTHERN KENTUCKY	EDGEWOOD	Kenton	7	NORTHERN KY	7	BLUEGRASS	FD1,4-8
JEWISH HOSPITAL-SHELBYVILLE	SHELBYVILLE	Shelby	6	KENTUCKIANA	7	BLUEGRASS	FD1,4-8
NORTHKEY COMMUNITY CARE	COVINGTON	Kenton	7	NORTHERN KY	7	BLUEGRASS	FD1,4-8
PATTIE A CLAY HOSPITAL	RICHMOND	Madison	15	BLUEGRASS	7	BLUEGRASS	FD1,4-8
RIDGE BEHAVIORAL HEALTH SYSTEM	LEXINGTON	Fayette	15	BLUEGRASS	7	BLUEGRASS	FD1,4-8

**Kentucky Hospital Location  
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<b>Full Name</b>	<b>City</b>	<b>County</b>	<b>ADD</b>	<b>ADD Name</b>	<b>Forestry Dist.</b>	<b>FD Name</b>	<b>Forestry Dist. Group</b>
SAINT JOSEPH EAST	LEXINGTON	Fayette	15	BLUEGRASS	7	BLUEGRASS	FD1,4-8
SAINT JOSEPH HOSPITAL	LEXINGTON	Fayette	15	BLUEGRASS	7	BLUEGRASS	FD1,4-8
SAMARITAN HOSPITAL-LEXINGTON	LEXINGTON	Fayette	15	BLUEGRASS	7	BLUEGRASS	FD1,4-8
SHRINERS HOSPITAL FOR CHILDREN	LEXINGTON	Fayette	15	BLUEGRASS	7	BLUEGRASS	FD1,4-8
ST ELIZABETH MEDICAL CENTER NORTH-COVINGTON	COVINGTON	Kenton	7	NORTHERN KY	7	BLUEGRASS	FD1,4-8
ST ELIZABETH MEDICAL CENTER SOUTH	EDGEWOOD	Kenton	7	NORTHERN KY	7	BLUEGRASS	FD1,4-8
ST ELIZABETH MEDICAL CENTER-GRANT COUNTY	COVINGTON	Kenton	7	NORTHERN KY	7	BLUEGRASS	FD1,4-8
ST LUKE HOSPITAL EAST	FORT THOMAS	Campbell	7	NORTHERN KY	7	BLUEGRASS	FD1,4-8
ST LUKE HOSPITAL WEST	FLORENCE	Boone	7	NORTHERN KY	7	BLUEGRASS	FD1,4-8
TRI-COUNTY BAPTIST HOSPITAL	LA GRANGE	Oldham	6	KENTUCKIANA	7	BLUEGRASS	FD1,4-8
UNIVERSITY OF KENTUCKY HOSPITAL	LEXINGTON	Fayette	15	BLUEGRASS	7	BLUEGRASS	FD1,4-8
VA MEDICAL CENTER-LEXINGTON	LEXINGTON	Fayette	15	BLUEGRASS	7	BLUEGRASS	FD1,4-8
ZCLSD01ST ELIZABETH MEDICAL CENTER NORTH	COVINGTON	Kenton	7	NORTHERN KY	7	BLUEGRASS	FD1,4-8
CASEY COUNTY HOSPITAL	LIBERTY	Casey	14	LAKE CUMBERLAND	8	SOUTH CENTRAL	FD1,4-8
CLINTON COUNTY HOSPITAL	ALBANY	Clinton	14	LAKE CUMBERLAND	8	SOUTH CENTRAL	FD1,4-8
CUMBERLAND COUNTY HOSPITAL	BURKESVILLE	Cumberland	14	LAKE CUMBERLAND	8	SOUTH CENTRAL	FD1,4-8
EPHRAIM MCDOWELL REGIONAL MEDICAL CENTER	DANVILLE	Boyle	15	BLUEGRASS	8	SOUTH CENTRAL	FD1,4-8
FORT LOGAN HOSPITAL	STANFORD	Lincoln	15	BLUEGRASS	8	SOUTH CENTRAL	FD1,4-8
JAMES B HAGGIN MEMORIAL HOSPITAL	HARRODSBURG	Mercer	15	BLUEGRASS	8	SOUTH CENTRAL	FD1,4-8
JANE TODD CRAWFORD MEMORIAL HOSPITAL	GREENSBURG	Green	14	LAKE CUMBERLAND	8	SOUTH CENTRAL	FD1,4-8
LAKE CUMBERLAND REGIONAL HOSPITAL	SOMERSET	Pulaski	14	LAKE CUMBERLAND	8	SOUTH CENTRAL	FD1,4-8
MONROE COUNTY MEDICAL CENTER	TOMPKINSVILLE	Monroe	4	BARREN RIVER	8	SOUTH CENTRAL	FD1,4-8
NORTON SPRING VIEW HOSPITAL	LEBANON	Marion	5	LINCOLN TRAIL	8	SOUTH CENTRAL	FD1,4-8
RUSSELL COUNTY HOSPITAL	RUSSELL SPRINGS	Russell	14	LAKE CUMBERLAND	8	SOUTH CENTRAL	FD1,4-8
TAYLOR COUNTY HOSPITAL	CAMPBELLSVILLE	Taylor	14	LAKE CUMBERLAND	8	SOUTH CENTRAL	FD1,4-8
WAYNE COUNTY HOSPITAL INC	MONTICELLO	Wayne	14	LAKE CUMBERLAND	8	SOUTH CENTRAL	FD1,4-8
WESTLAKE REGIONAL HOSPITAL	COLUMBIA	Adair	14	LAKE CUMBERLAND	8	SOUTH CENTRAL	FD1,4-8

### **Section 3 - Published Articles**

This section includes formal articles submitted for use in the Division's EpiNotes Publication. This publication has a circulation of about 500, including all health departments, Centers for Disease Control, Universities and other interested health policy officials and consumers. Newspapers also receive copies of these reports. The response to these articles has been very good with many requests for follow-up or reprint.



## Epidemiologic Notes & Reports

Volume 37 Number 4

May 2002

### Vaccine Supply Shortages

By  
Victor M. Negron  
Manager, Kentucky Immunization Program

The National Immunization Program (NIP) provided the Advisory Committee on Immunization Practices (ACIP) a status report on the vaccine supply for the United States. The salient points of this presentation are summarized below. Comments on recommendations and other programmatic issues which may have been affected by the current vaccine supply situation are included.

Aventis Pasteur is now the only national producer of tetanus and diphtheria toxoids (Td) vaccine. All decisions about the Td supply are made by Aventis Pasteur. Tetanus is the limiting factor in production of the following: diphtheria and tetanus toxoids and acellular pertussis (DTaP); Td; tetanus toxoid (TT); diphtheria and tetanus toxoids (DT); diphtheria and tetanus toxoids and acellular pertussis with Haemophilus influenzae type B (DTaP/Hib).

Td demand exceeds supply. It takes about 11 months to produce Td. NIP has been assured that Aventis Pasteur is capable of meeting national emergencies. A return to the routine recommended schedule for Td boosters may occur in late 2002.

#### Current Td Recommendations

Current recommendations for Td use are: 1) persons traveling to a country where the risk for diphtheria is high; 2) persons requiring tetanus vaccination for prophylaxis in wound management; 3) persons who have received fewer than 3 doses of any vaccine containing Td; and 4) pregnant women who have not been vaccinated with Td during the preceding 10 years. For persons with three or more doses of tetanus toxoid-containing vaccine and severe or contaminated wounds, Td should be given only if five or more years have passed since the last dose of tetanus toxoid-containing vaccine. Td boosters for adolescents and adults (who do not fall into at least one of the four categories listed above) should be deferred.

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Since thimerosal preservative was removed from DTaP vaccine, production has been less efficient. Priority should be given to vaccinating infants with the initial three DTaP doses, since pertussis is most severe among children less than one year of age. The fourth dose of DTaP should be deferred and, if deferring the fourth DTaP dose still does not provide enough vaccine to vaccinate infants with three DTaP doses, then the fifth DTaP dose can be deferred. A return to the routine recommended schedule for DTaP may not occur in 2002.

Rapid implementation in the public sector, demand exceeding manufacturing projections, and Good Manufacturing Practice issues have contributed to the pneumococcal conjugate vaccine (Prevnar) shortage. Supply fluctuations are anticipated to continue. Wyeth-Lederle states production for 2002 will soon meet the demand, although inventory may not be sufficient to return to the routine recommended schedule for Prevnar before mid-year 2002.

The ACIP is also recommending prioritizing the use of limited supplies of varicella vaccine. The ACIP recommends that, while the shortage persists, all vaccine providers in the United States should delay vaccination of children 12 to 18 months. Until the shortage is over, varicella should be given at the 18-24 month visit. The reason behind the shortage is unclear. The duration of the shortage is uncertain, but likely to last until early summer.

Although, to date, the Kentucky Immunization Program has not experienced a shortage of measles, mumps and rubella (MMR) vaccine, other states have. Merck predicts a significant supply increase during the spring of 2002. No adjustments to the routine recommended

(Continued on Page 2)

## Vaccine Supply Shortages

(Continued from Page 1)

schedule for MMR, in Kentucky, are anticipated at this time. However, if providers are unable to obtain sufficient amounts of MMR vaccine to implement fully ACIP recommendations for MMR vaccination, ACIP recommends that they defer the second dose of measles containing vaccine. Because of the severity of measles in young children, providers should not delay administration of the first dose of the MMR series.

Haemophilus influenzae type B (Hib), hepatitis B (HEP B) and combination HEP B/Hib may experience some delays through May. Some shortages may be from one manufacturer and not another. No changes are anticipated for recommendations related to these vaccines.

If providers have insufficient quantities of vaccines, supply and administration should be managed as mentioned above. When routine immunizations are deferred, a Provisional Immunization Certificate may be issued. The Provisional Immunization Certificate should be issued for no more than one year. The Centers for Disease Control and Prevention (CDC) recommends that health-care providers and/or clinic personnel record the names of patients whose immunizations are delayed during the shortage. When supplies are restored, these patients should be notified to return to their health-care provider for vaccination.

### Announcing:

#### 45<sup>th</sup> Annual Maternal & Child Health Conference

The Kentucky Department for Public Health, Division of Adult and Child Health, would like to announce dates for the 2002 Maternal and Child Health Conference. This annual conference will be held in Louisville at the Galt House on Wednesday and Thursday, September 18 and 19. Please mark your calendars.



All those who attended last year's conference will receive registration information in June. If you did not attend last year, please call Marie Withrow at 502-564-2154, or email her at marie.withrow@mail.state.ky.us to be put on the mailing list.

Topics this year will include low birth weight and prematurity, mental health issues for women and children, family health, children with special health care needs, childhood nutrition/weight management, early childhood development, and other topics relating to improved health outcomes for women and children in Kentucky.

## Emergency Responder Safety Is Focus of New Report

Many emergency response workers do not believe they are adequately prepared to respond to a major disaster such as the World Trade Center Attack or the anthrax scare, according to a new report of worker input funded by the Centers for Disease Control and Prevention's (CDC) National Institute for Occupational Safety and Health (NIOSH).

The report shows a need for research, training, and other strategic approaches to help protect emergency responders in terrorist attacks. The recommendations are based on lessons learned from last September's attacks on the World Trade Center and the Pentagon and on the 1995 bombing of the Alfred P. Murrah Federal Building in Oklahoma City.

The report summarizes discussions from a two-day workshop held in December 2001 in New York City.

The report highlights the need for a research agenda to outline comprehensive personal protective technology and improved federal education and training programs and other activities pertaining to the health and safety of emergency responders in rescue, recovery, and restoration efforts.

According to the recommendations included in the report, important areas for research and planning include:

- Development of guidelines for selection and use of appropriate personal protective equipment in long-duration disaster response and bio-terrorism response.
- Research and planning to effectively outfit all responders at sites of large-scale incidents with appropriate personal protective equipment, and to facilitate standardization and inter-operability

(Continued on Page 5)

## Hospital Discharges to Home Health Agencies in Kentucky

By  
Tricia Williams, MPA

The following analysis of information about discharges to home health care was made from year 2000 hospitalization data collected by the Health Policy Development Branch, Division of Epidemiology & Health Planning, Kentucky Department for Public Health.

During 2000, there were more than 500,000 admissions to Kentucky hospitals. Of those, 32,539 (6.14%) were discharged to home health services. Overall, Kentucky home health agencies served 99,130 patients during 2000<sup>1</sup>, the lowest number of patients served in the last six years. Of all home health patients served, 34% had been discharged from the hospital to home health care<sup>2</sup>.

### Gender of Patients

Of patients discharged from the hospital to home health care, almost 60% were women. (Table 1.)

Table 1.

Gender	Number of Patients	Percentage of Patients
Female	19,153	58.9%
Male	13,386	41.1%

### Age of Patients

As expected, most of the patients discharged from the hospital to home health care were elderly. Almost half (49.61%) were over age 70. Children made up only 4.52% of these cases, and most of those were under age 4. (Table 2.)

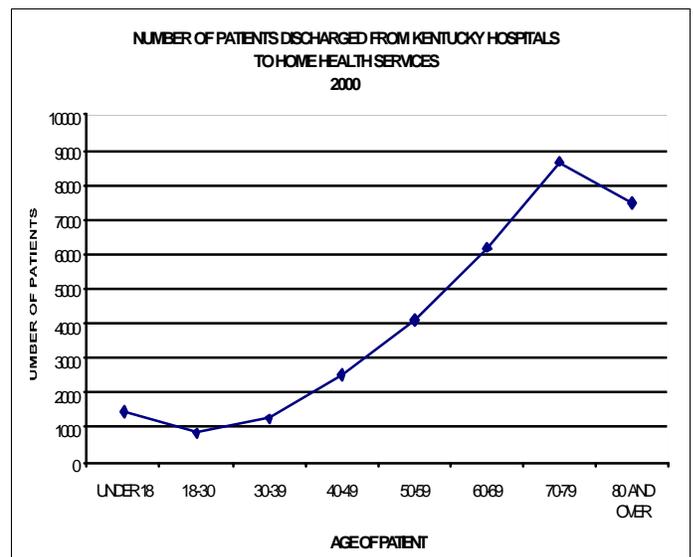
Table 2.

Age Group	Number of Patients	Percentage of Patients
Under 18	1,467	4.52
18-29	840	2.58
30-39	1,252	3.84
40-49	2,535	7.79
50-59	4,118	12.66
60-69	6,182	19.00
70-79	8,660	26.61
80 and Over	7,485	23.00
TOTAL	32,539	100.00

On average, males in this population were younger than females, but remained hospitalized for a longer period of time before being discharged to home health care. The average age of female patients discharged to home health services was 67 and the average stay was 7.48 days. For males, the average age was 61.7 years and the average length of stay was 8.06.

The following age distribution chart shows that the number of patients discharged to home health services increases as patient age increases (with the largest number of cases in the 70-79 age group), until a decrease occurs in the over 80 group. (Figure 1.)

Figure 1.



There are at least two explanations for the decrease among those 80 and over. During 2000 fewer persons in that age group were hospitalized than in the 70-79 group. While persons between 70 and 79 accounted for 85,844 admissions, those 80 and over numbered 70,691 for the year. Additionally, patients 80 and over were discharged to long-term care facilities more often than those in any other category (30% of patients 80 and older). At the same time, 12.5% of patients 70-79 were discharged to long-term care.

### Medical Diagnostic Category (MDC)

All patients were classified into one of 25 medical diagnostic categories (MDC). The most frequent medical diagnostic designation was diseases and disorders of the circulatory system (22.9%). That

(Continued on Page 4)

## Hospital Discharges to Home Health Agencies in Kentucky

(Continued from Page 3)

diagnostic category was followed in frequency by diseases and disorders of the respiratory system (16.7%) and diseases of the musculoskeletal system and connective tissue (11.8%). (Table 3.)

**Table 3.**

Medical Diagnostic Category	Number of Patients	Percentage of Patients
Disease & Disorders of the Nervous System	2,008	6.17
Disease & Disorders of the eye	26	0.08
Disease & Disorders of the ear, nose, mouth	288	0.89
Disease & Disorders of respiratory system	5,446	16.74
Disease & Disorders of circulatory system	7,459	22.92
Disease & Disorders of digestive system	2,789	8.57
Disease & Disorders of hepatobiliary	693	2.13
Disease & Disorders of musculoskeletal system & connective tissue	3,839	11.80
Disease & Disorders of skin, subcutaneous tissue & breast	1,259	3.87
Endocrine, nutritional & metabolic disease	1,494	4.59
Disease & Disorders of kidney and urinary	1,437	4.42
Disease & Disorders of male reproductive	116	0.36
Disease & Disorders of female reproductive	223	0.69
Pregnancy, childbirth & the puerperium	165	0.51
Newborns & other neonates with condition originating in perinatal period	911	2.80
Disease & Disorders of blood, blood forming organs, immunology disorders	321	0.99
Myeloproliferative disease & disorders, poorly differentiated neoplasm	587	1.80
Infectious & parasitic diseases, systemic or unspecified sites	1,079	3.32
Mental diseases & disorders	262	0.81
Alcohol/drug use & alcohol/drug induced	59	0.18
Injuries, poisonings & toxic effects of drugs	398	1.22
Burns	63	0.19
Factors influencing health status & other contacts with health services	1,449	4.45
Multiple significant trauma	129	0.40
Human Immunodeficiency virus infections	39	.12
<b>TOTAL</b>	<b>32,539</b>	<b>100.02*</b>

\*Total > 100.00% due to rounding.

### Payor Source

Medicare most often paid for hospital visits of patients who were discharged to home health care. The program was the primary payor for more than 61% of these patients. Medicaid paid for 9.7% of these hospital visits; patients paid for hospital visits themselves in 2.51% of the cases. (Table 4.)

**Table 4.**

Payor	Number of Patients	Percentage of Patients
Medicare	19,959	61.34
Medicaid	3,157	9.70
Commercial Insurance	7,505	23.06
Self Pay	816	2.51
Other	604	1.86
Workers Compensation	277	0.85
Other Federal Program	162	0.50
CHAMPUS*	59	0.18
<b>TOTAL</b>	<b>32,539</b>	<b>100.00</b>

\*Currently Tricare/CHAMPUS.

### Hospital Comparison

Hospitals that owned home health agencies discharged their patients to home health services 34.3% more often than hospitals that did not own them. Hospitals owning home health agencies discharged 6.73% of total discharges to home health services. Hospitals that did not own these services discharged 5.01% of total discharges to home health agencies. (Table 5.) Analysis of frequencies of discharges produces an odds ratio of 1.38 (95%CI, 1.34 to 1.41) indicating that hospitals that own home health agencies are 1.38 times more likely to discharge a patient to home health services than are those hospitals that do not own home health agencies. This difference does not necessarily indicate inconsistencies in patient care. Further analysis is needed to determine why these differences exist.

**Table 5.**

Hospital Type	Total Discharges	Discharges to Home Health	% of Total to Home Health
Owns Home Health Service	342,466	23,078	6.73
Does Not Own Home Health Service	188,869	9,426	5.01
All Hospitals	529,774	32,539	6.14

### References

- 2000 Kentucky Home Health Services Report, Health Policy Development Branch, Kentucky Department for Public Health.
- 2000 Kentucky Hospital Discharge Data, Health Policy Development Branch, Kentucky Department for Public Health.

## Campaign Targets Antimicrobial Resistance Prevention

The Centers for Disease Control and Prevention (CDC) has launched a new campaign aimed at clinicians to prevent antimicrobial resistance in healthcare settings. Entitled "Prevent Antimicrobial Resistance," the effort centers around four key strategies:

- 1) preventing infection
- 2) diagnosing and treating infection effectively
- 3) using antimicrobials wisely
- 4) preventing transmission of drug-resistant pathogens

Within these strategies are 12 specific action steps (derived from evidenced-based guidelines and recommendations already developed by CDC and other organizations) that clinicians can take now to prevent antimicrobial resistance in hospitalized adults. In the future, CDC will announce similar action steps for clinicians who care for dialysis patients, emergency room patients, obstetrical patients, critical care patients, patients in long-term care facilities, and pediatric patients.

The action steps for clinicians who provide care for hospitalized adults include:

### **Action Step 1: Vaccinate**

- Get influenza vaccine
- Give influenza / S. pneumonia vaccine to at-risk patients before discharge

### **Action Step 2: Get the catheters out**

- Use catheters only when essential
- Remove catheters when no longer essential

### **Action Step 3: Target the pathogen**

- Culture the patient
- Target empiric therapy to likely pathogens
- Target definitive therapy to known pathogens

### **Action Step 4: Access the experts**

- Consult infectious diseases experts for patients with serious infections

### **Action Step 5: Practice antimicrobial control**

- Engage in local antimicrobial control efforts

### **Action Step 6: Use local data**

- Know your antibiogram

### **Action Step 7: Treat infection, not contamination**

### **Action Step 8: Treat infection, not colonization**

### **Action Step 9: Know when to say "no" to vanco(myacin)**

### **Action Step 10: Stop antimicrobial treatment**

- When infection is treated or unlikely

### **Action Step 11: Isolate the pathogen**

- Use standard infection control precautions
- Contain infectious body fluids (airborne/droplet/contact precautions)
- When in doubt, consult infection control experts

### **Action Step 12: Break the chain of contagion**

- Stay home when you are sick
- Keep your hands clean
- Set an example!

Antimicrobial resistant infections in healthcare settings are a major threat to patient safety. Each year in the United States an estimated 2 million hospitalized people acquire infections that result in more 90,000 deaths. More than half of these infections are caused by bacteria that are resistant to at least one of the antimicrobials commonly used to treat those infections, according to CDC. "We are confident that this campaign will help prevent the emergence and spread of antimicrobial resistance in healthcare settings and make healthcare in the United States even safer than it is today," said Dr. Julie Gerberding, director of CDC's program to promote healthcare quality.

## Emergency Responder Safety Report

*(Continued from Page 2)*

- of protective equipment among emergency responder organizations.
- Development of guidelines and procedures to enforce the use of personal protective equipment at large-scale disaster sites, and to establish effective site management as early as possible in disaster response.
- Identifying ways to provide useful, real-time safety and health information to responders at incident sites, and to ensure appropriate training on the use of personal protective equipment.

More than 150 participants, representing fire fighters, fire fighting special operations, emergency medical services, law enforcement, construction and other trade services, and health and safety professionals (including state and federal agencies) took part in the workshop.

The report will be accessible from the NIOSH website at [www.cdc.gov/niosh](http://www.cdc.gov/niosh).

*—Courtesy of the Centers for Disease Control and Prevention  
April 2002*

**KENTUCKY EPIDEMIOLOGIC NOTES & REPORTS**

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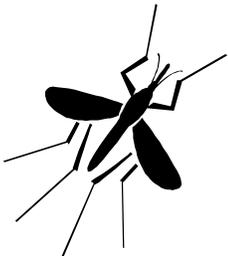
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**RETURN SERVICE REQUESTED**

***Division of Laboratory Services Discontinues Testing for Beta Hemolytic Streptococci***

Effective May 15, 2002, testing for Beta Hemolytic Streptococci Group A (Strep Throat) will no longer be provided by the Division of Laboratory Services (DLS). Rapid tests and culture (if needed) are available for testing at the local level. These tests can provide results for patient management. The number of specimens received at the DLS for Strep A testing has declined to a point that it is no longer deemed feasible or cost effective to continue offering the test.



**West Nile Virus Surveillance**

West Nile virus was identified in birds, horses, or mosquito pools in 12 Kentucky counties in 2001. To view the distribution of positive West Nile specimens, go to the KDPH web page on West Nile virus at [http://chs.state.ky.us/publichealth/west\\_nile\\_virus.htm](http://chs.state.ky.us/publichealth/west_nile_virus.htm). Surveillance of dead birds, mosquito pools, and horse cases for West Nile virus will continue in 2002 to document the movement of the virus. Human cases of any suspected arboviral encephalitis are reportable diseases and testing of acute and convalescent samples is necessary for diagnosis.

**Suspected Human Cases**—Serology samples may be sent to the KDPH Division of Laboratory Services for West Nile virus, St. Louis Encephalitis virus, LaCrosse virus, and Eastern Equine Encephalitis virus testing. For assistance with submissions call 502-564-4446, ext. 4484.

The University of Kentucky Livestock Disease Diagnostic Center (UKLDDC) is providing West Nile virus testing on equine tissues from suspected neurological cases, on dead birds, and on the mosquito pools collected from designated areas of the state.

To report or submit dead birds, please call the Division of Fish and Wildlife Resources at 1-800-858-1549, ext. 352. The division will assess whether the specimen should be tested and then provide information on submission of the specimen.

For West Nile information, contact Sue Billings, DVM, MSPH, or Cathy Mahl, RS, in the Division of Epidemiology and Health Planning at 502-564-3418.



# Epidemiologic Notes & Reports

Volume 37 Number 7

August 2002

## Kentucky Influenza Season 2002-2003

By  
Peggy Dixon, RN, CIC

Local health departments are urged to obtain influenza viral culture kits in August or September and distribute them to local physicians during September. Physicians are requested to keep the kits on hand and collect specimens on patients with Influenza-like illness (ILIs), beginning the first week in October. The only cost is postage to mail the specimens back to the state Division of Laboratory Services. Local health departments may choose to pick up specimens from physicians' offices and mail them to the laboratory.

During the Kentucky 2001-2002 influenza season, 44 counties submitted 236 confirmed isolates/cultures to laboratories. (Figure 1.)

Of the 236 total cultures confirmed, 97.5% (230) were Type A; 2.5% (6) were Type B. (Table 1.)

The occurrence of confirmed Kentucky influenza cases is depicted by MMWR week in Figure 2 on page 2. The peak was week 10, March 3-9, with 86 cases.

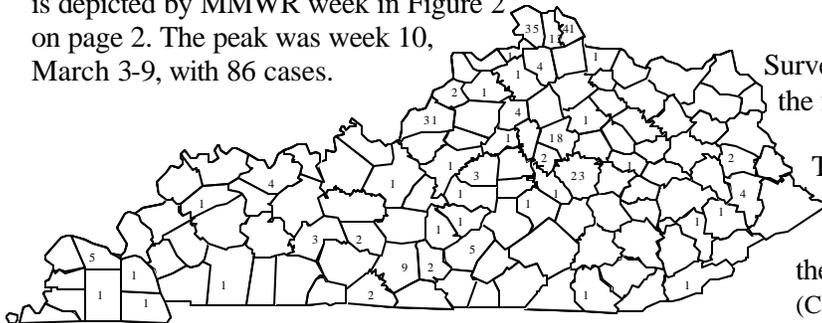


Figure 1. Number of laboratory confirmed cultures of influenza by county, October 2001-May 2002.

Strains of influenza can only be determined from cultures. Strain identification is necessary to detect epidemic or pandemic strains of influenza, to make informed decisions regarding the components of the next season's vaccine, and to determine whether strains of influenza are similar in all areas of the state.

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A	91
A: H1N1	1
A: H1N1 New Caledonia-like	1
A:H3N2	3
A: H3N2 Panama-like	134
B	3
B: Beijing-like	3
TOTAL	236

Table 1. Number of influenza culture types and strains—Kentucky, 2001-2002

## Surveillance

Surveillance for the current influenza season will begin the **first week in October 2002**.

The Kentucky influenza surveillance network is composed of three essential components:

- ? **Sentinel physicians**, who report directly to the Centers for Disease Control and Prevention (CDC) with information pertaining to the number of patients (age grouped) who have been seen for each week with ILIs.
- ? **Sentinel Local Health Departments** that have agreed to participate in Kentucky's influenza network report ILIs information obtained from a nursing home for one week and from a school district for a specified day each week. In addition, local health departments in the surveillance network located in larger populated areas of the state obtain information on ILIs from a doctor's office and/or a hospital. This information is reported to the State Influenza Surveillance Coordinator.

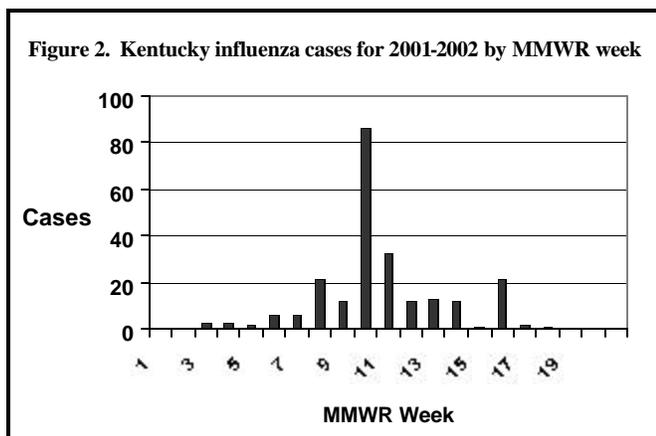
(Continued on Page 2)

## Kentucky Influenza Season 2002-2003

(Continued from Page 1)

? **Laboratories** report isolate/culture confirmed influenza cases to the Division of Epidemiology and Health Planning in the Kentucky Department for Public Health (KDPH). All laboratories are required by law to participate by reporting isolates/cultures of influenza on a weekly basis to the KDPH.

Information from all three reporting areas is used to determine weekly influenza activity statewide.



CDC's case definition for an ILI is: Fever greater than 100 degrees Fahrenheit and cough or sore throat with no other known cause. Rapid diagnostic tests can be useful to the practitioner for the purpose of treatment decision. However, the CDC considers influenza viral isolate/cultures as confirmation of an influenza case.

CDC's definitions for influenza activity are defined as:

- ? **No activity**—No ILIs or culture confirmed cases;
- ? **Sporadic activity**—ILIs or culture confirmed cases with no outbreaks;
- ? **Regional activity**—An outbreak of either ILIs or culture confirmed cases in less than 50% of the state's population;
- ? **Widespread activity**—An outbreak of either ILIs or culture confirmed cases in greater than 50% of the state's population.

The following information is taken from the *Morbidity and Mortality Weekly Report* Recommendations and Reports, April 12, 2002/Vol.51/No.RR-3:

### Primary Changes & Updates in Recommendations

The 2002 recommendations include five principal changes or updates, as follows:

1. The optimal time to receive influenza vaccine is during October and November. However, because of vaccine distribution delays during the past 2 years, ACIP recommends that vaccination efforts in October focus on persons at greatest risk for influenza-related complications and health-care workers and that vaccination of other groups begin in November.

2. Vaccination efforts for all groups should continue into December and later, for as long as vaccine is available.

3. Because young, otherwise healthy, children are at increased risk for influenza-related hospitalization, influenza vaccination of healthy children aged 6-23 months is encouraged when feasible. Vaccination of children aged >6 months who have certain medical conditions continues to be strongly recommended.

4. The 2002-2003 trivalent vaccine virus strains are A/Moscow/10/99 (H3N2)-like, A/New Caledonia/20/99 (H1N1)-like, and B/Hong Kong/330/2001-like strains.

5. A limited amount of influenza vaccine with reduced thimerosal content will be available for the 2002-2003 influenza season.

April 2002 Recommendations for the Use of Influenza Vaccine may be viewed in their entirety on the CDC website at [www.cdc.gov](http://www.cdc.gov).

Information regarding influenza vaccine may be obtained at CDC/National Immunization Program's website at <http://www.cdc.gov/nip/flu>. Information regarding national influenza surveillance, prevention, detection, and control is available at <http://www.cdc.gov/ncidod/diseases/flu/fluivirus.htm>.

Information regarding state surveillance, statistics, and recommendations for vaccine for adults and antiviral drug use may be directed to Peggy Dixon, Communicable Diseases Branch, 502/564-3261, ext. 3583.

To request influenza collection kits, contact Diane Young, Division of Laboratory Services, 502/564-4446, extension 4483.

For information regarding ordering, distribution, information statements, and recommendations for Vaccines for Children influenza vaccine, contact the Immunization Program at 502/564-4478.

## Hospital Discharge Records Reflect Health Status of State's Patients

By

David E. Clark, MPA, Health Policy Specialist, Health Policy Development Branch

*(This report represents Kentucky hospital admission through discharge records only. Treating physician records, health department records, and other data are not included. Any inferences using the data in this report should be compared to other data sources before reaching broad conclusions.)*

Every day, 1,357 Kentuckians and 20 residents of other states are discharged from Kentucky hospitals, following average stays of 4.5 days. What can their discharge records tell us about the health status of those treated?

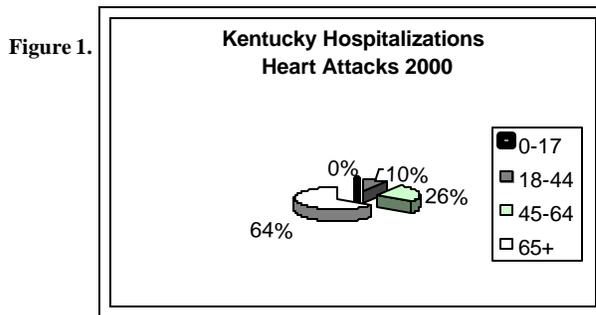
Observation or treatment in a hospital is usually an indication of serious or acute illness or injury requiring focused medical intervention. Poor lifestyle choices and/or failure to employ prevention measures, or genetic predisposition may lead to many of the conditions that result in hospitalization. Because many illnesses take years to develop and are more common with advancing age, patient age influences the overall picture of hospitalization. By understanding the nature and frequency of hospitalizations, the illness and disease patterns of Kentuckians can be better understood.

The data used in this article are taken from Kentucky hospital records from calendar year 2000. All admissions data represent Kentucky residents hospitalized in Kentucky hospitals. All data are based on a patient's primary diagnosis, although other secondary causes may have contributed to the hospital stay. The diagnoses presented here were selected, based not on frequency or volume, but rather to reflect the broad range of conditions that cause Kentuckians to be hospitalized.

***Every day in Kentucky, 200 people are hospitalized due to heart disease.***

In the year 2000, 73,271 Kentuckians were admitted to the hospital with a diagnosis of heart disease and stayed an average of 5 days. Roughly 13,000 of these admissions were for heart attacks. Because cardiovascular diseases are chronic in nature, the older the population, the greater the likelihood of heart disease and heart attacks. Figure 1 shows the number of heart attack diagnoses distributed by age group.

The majority (69%) of the heart attacks occurred in the 65+ age cohort. While men age 45+ are at significant risk for this condition, older women are more likely to

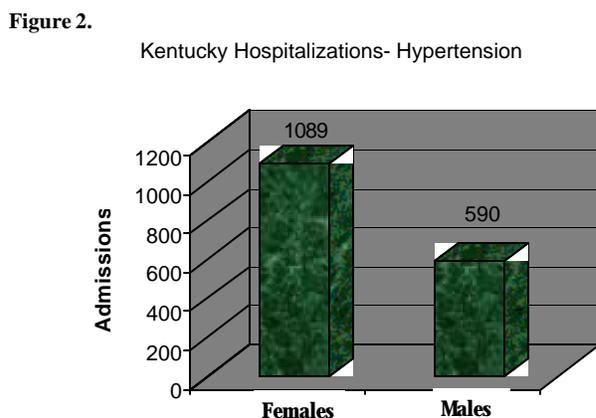


be hospitalized for a heart attack than older men in Kentucky. Among women hospitalized for heart attacks, more of them (68%) are 65+, compared to 47% of hospitalized men. These data have not been age-adjusted and may be influenced by the fact that women live longer than men.

***Every day in Kentucky, approximately five people are hospitalized with a primary diagnosis of hypertension.***

Hypertension is a chronic condition and hospitalization for this diagnosis is not a common occurrence. Hospitalization would occur when elevated blood pressure needs immediate treatment for control or is a precursor or complicating factor to another condition.

In 2000, 1,679 people were hospitalized with a primary diagnosis of hypertension and stayed an average of 3 days. Figure 2 shows hypertension admission by gender. The majority (65%) of Kentucky admissions for hypertension were female. Of this number, more than half (53%) of the female admissions were in the 65+ age group. Male hypertension admissions were most frequently found in the 45-64 age group (44%).



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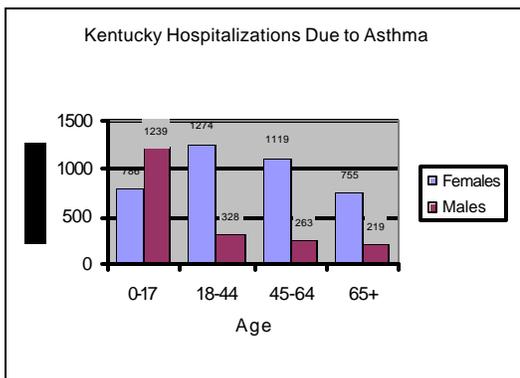
## Hospital Discharge Records/Health Status

(Continued from Page 3)

**Every day in Kentucky, 178 people are hospitalized for respiratory diseases (asthma and chronic obstructive pulmonary disease).**

In calendar year 2000, 65,351 people were admitted to Kentucky hospitals for respiratory diseases and stayed an average of 6 days. Roughly 9% of these admissions (5,983) were asthma-related. In 2000, admissions due to asthma stayed an average of 3 days. Females accounted for most (66%) of the asthma admissions.

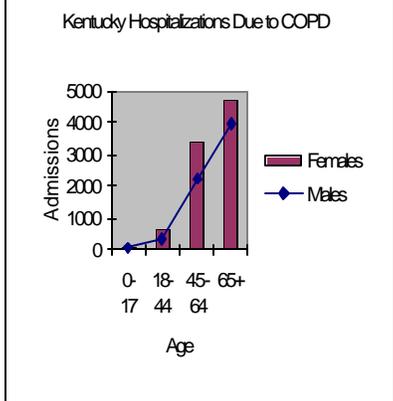
Most asthma admissions (61%) were in the age groups spanning 0-44 years. However, as Figure 3 shows, in the 0-17 age group more males were admitted than females. This trend is reversed in all other age groups, with more admissions for females than males.



Chronic Obstructive Pulmonary Disease (COPD) is another cause for many respiratory admissions. This illness includes bronchitis, emphysema, asthma, and other allied conditions. COPD also contributes to death from other causes, specifically heart disease and lung cancer. (In 1997, Kentucky's age-adjusted COPD death rate was fifth highest in the nation.)

In 2000, COPD was responsible for 15,361 admissions or nearly a quarter (23.5%) of all hospitalizations for respiratory conditions.

Figure 4.



Also a chronic condition, COPD is generally found among older Kentuckians (Figure 4). Female patients made up over half (57%) of all COPD hospital stays. Asthma and COPD accounted for 21,344 hospital stays, or 1/3 of all respiratory-related admissions in 2000.

**Every day in Kentucky, 40 people are hospitalized due to a cerebrovascular disease.**

Between 1995 and 1997, approximately 2,558 Kentuckians died from cerebrovascular disease. Cerebrovascular disease has ranked as the third leading cause of death in Kentucky and the U.S. since 1985. (Health Status of Kentuckians, 1999.)

In 2000, 1,384 Kentuckians were admitted to the hospital with symptoms of a stroke and stayed an average of 9 days. In Kentucky, women made up the majority (56%) of all stroke admissions, with almost 7 in 10 of these admissions occurring to women over 65 years of age. Men in this age group had a corresponding stroke admission rate, with stroke accounting for approximately 6 in every 10 cerebrovascular admissions.

**Every day in Kentucky, five people are hospitalized due to complications of osteoporosis.**

A chronic condition that often leads to fractures and related problems, osteoporosis is more common among older women. In the year 2000, 1,776 Kentuckians were admitted to the hospital for osteoporosis and stayed an average of 4 days. Women over age 65 made up the majority (63%) of these admissions.

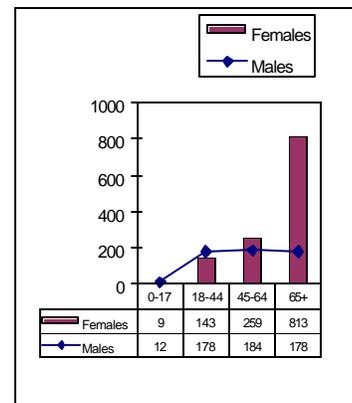
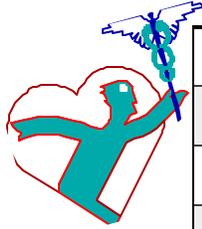


Figure 5. Hospitalizations due to osteoporosis

**Every 36 minutes, a Kentuckian is hospitalized with a bone fracture.**

In 2000, 14,478 Kentucky residents were hospitalized for bone fractures and stayed an average of 4 days. The majority of these fracture patients were females, representing 58% (8,428) of all cases, compared to 42% (6,050) for males. Among Kentuckians 65 and older hospitalized for fractures, approximately 65% were women, while men of the same age group accounted for 35%. Women led all age categories in hospitalizations due to bone fractures, except in the 18-44 age group. In this group, men accounted for 57% of the hospitalizations, while women represented 43%.

## Cases of Selected Reportable Diseases in Kentucky (YTD Through June for Each Year)



Disease	2002	2001	5 year median
AIDS	146	186	146
Chlamydia	4277	4374	4008
Gonorrhea	1688	1677	1580
Syphilis (Prim. and Sec.)	48	23	51
Group A Streptococcus	10	18	16
Meningococcal Infections	9	15	17
<i>Haemophilus influenzae</i> , invasive	2	2	5
Hepatitis A	34	38	34
Hepatitis B	27	25	25
E. coli O157H7	12	21	17
Salmonella	149	148	161
Shigella	66	266	109
Tuberculosis	69	61	69
Animal Rabies	15	11	15
Motor Vehicle Injury Deaths	379	367	368

Vaccine Preventable	2002-To Date	Total in 2001
Diphtheria	0	0
Measles	0	2
Mumps	4	3
Pertussis	23	96
Polio	0	0
Rubella	0	0
<i>Streptococcus pneumoniae</i>	10	28
Tetanus	0	0

Vector-Borne	2002- To Date	Total in 2001
Rocky Mountain Spotted Fever	2	2
Lyme Disease	9	23
Ehrlichiosis	0	2
Tularemia	1	4
Arboviral Encephalitis	0	0
Malaria	2	14

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## ***Upcoming Kentucky Health Conferences***

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### **TB/HIV Connection Topic of Annual Seminar**

“TB and the HIV Connection: Unlocking the Combination” will be the subject of the 7<sup>th</sup> annual Tuberculosis Management Seminar to be conducted August 29 and 30 at Kentucky Dam Village State Resort Park in Gilbertsville. Sponsored by the Department for Public Health’s Tuberculosis Control Program, the course will address the current science and medical treatment of TB and the TB/HIV link. The seminar is targeted toward nurses, physicians, HIV health care workers, social workers, and outreach workers. Additional information may be obtained by contacting the Tuberculosis Control Program at 502-564-4276, ext. 3524.

### **Epidemiology Rapid Response Annual Conference**

Previously trained Rapid Response Team Members will come together September 11-12 to share information and abstracts on disease outbreaks and investigations conducted in counties/districts during the past year. In addition, an immunization update will be included and bioterrorism issues will be addressed. The conference will be conducted at Lake Barkley State Resort Park. Contact Rebecca McCoy at 502-564-3261, ext. 3585.

### **2002 Maternal & Child Health Conference**

The 45<sup>th</sup> annual Maternal & Child Health Conference will offer sessions on bioterrorism and children’s mental health, low birthweight/prematurity, MCH health disparities, periodontal disease, and early childhood development. The conference, targeted toward public health professionals, is scheduled for September 18-19 at the Galt House in Louisville. Pre-registration is \$36. Registration the day of the conference will be \$40. CEUs are available at no charge. For more information contact Lorie Chestnut at 502-564-2154 or at [lorie.chestnut@mail.state.ky.us](mailto:lorie.chestnut@mail.state.ky.us).

### **2002 public health practice fall conferences:**

“Risk Communication,” October 1, Kentucky Dam Village; “Environmental Issues,” October 15, Jenny Wiley State Resort Park; “Core Competencies in Disaster & Emergency Preparedness,” October 25, Lake Cumberland State Resort Park; and “Leadership,” October 29, General Butler State Resort Park. Contact Lucy Dean at 502-564-4990, ext. 3637, or at [LucyDean@mail.state.ky.us](mailto:LucyDean@mail.state.ky.us).



## Epidemiologic Notes & Reports

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### Scabies



#### Prevention and Control

*Scabies continues to be a problem in nursing homes, hospitals, and childcare settings. Scabies infestations in nursing homes can be a major problem among patients who are debilitated and require extensive hands-on care. A fact sheet (see contents below) and guidelines for scabies control were recently added to the Department for Public Health (DPH) website. These items may be accessed at <http://publichealth.state.ky.us>. Click on "Diseases or Conditions" and scroll down to "Scabies." Click on the guidelines at the end of the fact sheet. Both can be downloaded, printed, and photocopied.*



#### **What is scabies?**

Scabies is a communicable condition caused by the burrowing of tiny *Sarcoptes scabiei* mites under the skin to lay eggs. Mites usually burrow into skin folds. Skin folds are generally between the fingers, wrists, elbows, armpits, breasts, waist, buttocks, knees, ankles, toes, and feet.

#### **How is scabies spread?**

Mites can be transmitted from an infested person to a susceptible person through direct skin-to-skin contact. It is also possible for mites to be transferred from the underwear, bedclothes, and bedding to another person who touches these items after the infested person has been in contact with them.

#### **Who is at risk for scabies?**

Any person exposed to an infested person, especially if there is prolonged, close, personal contact, is at risk, regardless of economic status, ethnic background, or personal hygiene.

#### **What are the symptoms of scabies?**

Symptoms include intense itching, skin redness, and, usually, raised skin rash. At night, the itching can be more intense. The rash can resemble eczema, dermatitis, poison ivy/oak, or chickenpox, and can start any place on the body. However, the rash usually does not appear on the face. Itching and rash may take up to 8 weeks to appear when first exposed; the average is 2-6 weeks. With reinfestations, symptoms usually occur within 1 to 4 days. Secondary bacterial infections can occur if there is constant scratching, producing skin abrasions, and allowing bacteria to enter.

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#### **How is scabies diagnosed and treated?**

For an accurate diagnosis, skin scrapings must be performed to identify mites and rule out other skin rashes. All household members and close contacts of someone with scabies should also be checked for rashes. Treat anyone who has had skin-to-skin contact with an infested person.

Permethrin 5%, a pesticide, is the drug of choice of most medical professionals for the treatment of scabies. However, lindane, crotamiton, and ivermectin are alternative drugs, which may be used. Scabidical lotions or creams must be applied to the entire skin surface to be effective. In the elderly, babies, and the immunocompromised, it may be applied to the face, scalp, and behind the ears. Getting the scabicide into the eyes or mouth must be avoided. Fingernails and toenails should be clipped and scabicide applied under the nails. A second and third application may be necessary to be effective. However, itching may persist for 1-2 weeks after treatment due to dry skin and while the body absorbs eggs and fecal pellets left by the mites under the skin.

#### **How can scabies be prevented?**

Exclude infested persons from school or work until the day after treatment. Observe contact isolation for hospitalized individuals for 24 hours after treatment. Launder underwear, bedclothes, and bed linens in hot water and dry on the heat cycle of a dryer. Vacuum upholstered furniture, rugs, and other items which have been in close contact with the infested person and cannot be washed. Items that cannot be washed or dry cleaned may be placed inside a plastic bag and sealed for 10 days.

## Scabies Prevention and Control

### Epidemiologic Variables for Scabies<sup>1,2</sup>

1. Make a line list of room number, age, sex, symptoms, date of onset for:

**Symptomatic persons with positive scrapings**

Differentiate between conventional and Norwegian (keratotic or crusted) scabies.<sup>1,2,3</sup> (See Definitions of Scabies Infestations, opposite.)

**Symptomatic persons with negative scrapings**

**Asymptomatic contacts of a symptomatic case.**

These contacts should be on a totally separate line list. Close contacts are persons who have skin to skin contact, sleep in the same bed, or handle infested clothes and bed linens. Contacts of crusted scabies should be designated High Risk, Low Risk, and No Risk. Contact tracing should go back 2 months.

2. Ascertain the epidemic level: Proportion of affected persons (positive scrapings or symptomatic).<sup>1</sup> This information will determine whether persons in the whole facility, or just one section, are treated.

Determine percentage of affected persons (patients or residents) within the entire facility's population of patients or residents.

Determine percentage of affected employees within the entire facility's employee population.

Determine percentage of affected persons within each subgroup of a population, i.e., nursing home wing, hospital department.

3. Look for similarities or groupings in age and sex among affected persons.<sup>1</sup>

4. Ascertain type and frequency of secondary bacterial infections.<sup>1,5</sup>

5. Determine the mode of transmission, i.e., employees having close personal contact like bathing, bed making, applying skin lotions, frequent lifting/repositioning of patients.<sup>1,2</sup> or exchanging clothing, sleeping on same linens, playing games involving close hand or skin contact<sup>1,2</sup> or sexual contact.<sup>1,2</sup>

*--From Guidelines for Scabies Prevention and Control*

### Definitions of Scabies Infestations

**Conventional scabies:** average 10-15 mites at any given time, although only 1-2 mites may be recovered in scrapings (frequently none are observed); occurs in physically healthy persons.<sup>1,2</sup>

**Severe scabies:** Atypical crusted scabies; usually a total of 3-6 mites and 8-12 eggs observed on 5-7 slides; do not exhibit hyperkeratotic cutaneous response because of decreased cell mediated immunity; some lack pruritus; occurs in nursing home residents and elderly with coexistent chronic disease; moderate to high risk of transmission.<sup>6</sup>

**Norwegian scabies:** Typical crusted or keratotic; thousands of mites at any given time; multiple live mites, eggs, and scybala (fecal pellets) observed on almost every slide; have hyperkeratotic skin; occurs in debilitated, immunosuppressed, advanced chronic disease and mentally handicapped. Risk of transmission is high from skin and fomite contact. (Exfoliating skin scales harbor enormous numbers of mites which are shed onto linens, furniture, and carpeting.)<sup>1,2,5,7</sup>

**Nodular scabies:** pruritic nodules, apparently due to hypersensitivity persisting for weeks to a year or longer, despite scabicial therapy, but eventually clear spontaneously; may regress with use of corticosteroids; surgical excision sometimes indicated if patient concerned and intralesional corticosteroids ineffective.<sup>5</sup>

**Pseudoscabies:** scrapings always negative; fostered by residual pruritus in effectively treated cases and by conversations between misinformed persons.<sup>1,5</sup>

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## Hip Fracture

By Martha Graves, Health Policy Specialist, Health Policy Development Branch

Hip fracture is among the most common musculoskeletal injuries requiring surgical treatment in the United States. Although classified under one ICD9 code (236), a hip fracture can involve fractures of any aspect of the proximal femoral neck (just below the ball part of the ball and socket joint) and from the neck to the first 4-5 centimeters of the subtrochanteric area (outward-jutting upper femur).

Hip fractures account for more hospital days than any other single musculoskeletal injury. They also account for two-thirds of inpatient hospital days due to fracture injuries.<sup>1</sup> Hip fractures make up 30% of all hospitalized patients in the U.S. (includes direct fracture care and the post-fracture sequela).<sup>1</sup> Nearly 20% of hip fracture patients require long-term nursing home care—care which accounts for approximately half of the annual direct cost of hip fractures.<sup>2</sup> At least 60,000 nursing home admissions are attributed to hip fractures each year in the nation.

Hip fracture incidence increases with aging, along with reduction in bone strength. Almost 90% of all hip fractures are directly related to osteoporosis, which is the leading cause of reduced bone strength and is implicated in 70% of all types of fractures in persons aged 45 years and older. Hip fractures not directly related to osteoporosis are attributable to overwhelming trauma or specific local pathology, such as metastatic malignancy,<sup>3</sup> and account for nearly 10% of all hip fractures.

### Falls

Falls are the leading cause of injury deaths among persons 65 years and older in the U.S.<sup>7</sup> In 1998, approximately 9600 people over the age of 65 died from fall-related injuries.<sup>3</sup> Of all fall deaths, more than 60% involved people 75 years or older, with fall-related death rates in the age group differing by gender and age—white men having the highest death rate, followed by white women, black men, and black women.<sup>7</sup> For adults 65 years or older, 60% of fatal falls occur at home, 30% happen in public places, and 10% occur in health care institutions.<sup>2</sup>

It has long been suspected that environmental factors have a role in the variation in hip fracture incidence. A study of over 20,000 counties in the U.S. demonstrated that the pattern of varying incidence rates is a complex interaction of many factors. When examining the end macro-analysis, the study demonstrated that hip

fracture incidences were greater in urban areas than in rural areas, factors secondary to the lower bone density of urban dwellers. The study showed the age-adjusted incidence of hip fracture was negatively associated with latitude, water hardness, and mean hours of sunlight in January. Incidence was positively associated with poverty levels, proportion of land in farms, and proportion of population with non-fluoridated water.<sup>4</sup>

### Kentucky: Hip Fracture and the Elderly

Kentucky hospital data for 2000<sup>5</sup> show there were 820 discharges of elderly hip fracture patients from acute and rehabilitation hospitals. Table 1 shows discharges for individuals 65 and over during that year.

Table 1.

Hip Fractures by Age and Gender/Kentucky 2000

AGE	FEMALE	MALE	TOTAL BY AGE
65-69	41	12	53
70-74	67	23	90
75-79	134	24	158
80-84	160	38	198
85+	276	45	321

Females between the ages of 65 and 85+ accounted for 82.7% of total hip fracture discharges in the age group, while males followed the national trend, making up 17.3% of the total age group.

Hospital Admission Sources: The acute care or rehabilitation hospital emergency room was the chief admission source for hip fracture patients (both males and females in each age cohort). Physician referral was the next greatest source of admission to the hospital.<sup>5</sup>

Average Length of Stay: The average length of stay (ALOS) in an acute care or rehabilitation hospital for all age cohorts was 4.1 days when the admission source was an emergency room. Physician referral admissions had an average length of stay of 5.9 days. The lengthiest stay was registered in the “transfer from a hospital” admission source with an average of 14.8 days.

(Continued on Page 4)

## Hip Fracture

(Continued from Page 3)

**Discharge Status:** Table 2 shows discharges to placement for after-hospital care and the average length of stay for each male and female age cohort discharged (including deaths).<sup>5</sup>

The majority of hip fracture patients aged 75+ (males and females) were placed in skilled nursing facilities. Men and women patients 74 years and under were discharged to home or engaged a home health service. In Kentucky's 65+ female population, the incidence of hip fracture was 2.25 per 1000; in men of the same age group, it was 0.70 per 1000. Even though the rate per

1000 was 1.55 higher for women, the ALOS for women was 6.92 days, compared to 7.62 days for men. Only in the 75 to 79 age cohort did females have a greater average length of stay.

Within one year of a hip fracture, the excess mortality rate in the U.S. is 12% to 37% depending on the specific study.<sup>6</sup> In Kentucky in 2000 a total of 27 females and males in the 65-85+ age range died after sustaining a hip fracture. Not all age cohorts had deaths associated with hip fractures. No deaths were reported in the female 70 to 74 age group or in the male 75 to 79 group.

FEMALE (age groups)	NO.1 PLACEMENT	NUMBER PATIENTS	OTHER PLACEMENTS	TOTAL CASES	DAYS	ALOS	EXPIRED
65-69	Home	17	24	41	257	6.27	2
70-74	Home	23	44	67	414	6.18	0
75-79	SNF	39	95	134	1018	7.60	4
80-84	SNF	49	111	160	1012	6.33	3
85+	SNF	119	157	276	2019	7.32	6
<b>TOTALS</b>		247	431	678	4720	6.96	15
MALE (age groups)	NO.1 PLACEMENT	NUMBER PATIENTS	OTHER PLACEMENTS	TOTAL CASES	DAYS	ALOS	EXPIRED
65-69	Home	6	6	12	89	7.42	1
70-74	HHH	7	16	23	214	9.30	1
75-79	SNF	9	15	24	162	6.75	0
80-84	SNF	11	27	38	250	6.58	4
85+	SNF	16	29	45	367	8.16	6
<b>TOTALS</b>		49	93	142	1082	7.62	12

Table 2.

### Hip Fracture Hospitalization and Placement/Kentucky 2000

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#### Independent Risk Factors for Hip Fracture

A 1995 study on risk factors for hip fracture identified 16 independent risk factors for white women<sup>4</sup> (the racial/gender group most affected by hip fracture). Factors affecting those women with a relative risk of 1.5 or greater were:

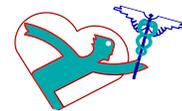
- Increased age
- History of maternal hip fracture
- Self-rated poor health
- Previous hyperthyroidism
- Current use of long-acting benzodiazepines
- Current use of anticonvulsant drug
- On feet fewer than 4 hours per day
- Inability to rise from chair without using arms
- Poor depth perception
- Resting pulse rate greater than 80
- Decreased calcaneal bone density

Factors which seem protective (relative risk significantly less than 1.0) included increase in weight since age 25 and walking for exercise. Some commonly believed risk factors, such as fair hair color, northern European ancestry, and earlier natural menopause, were not significant.<sup>8</sup>

### Cases of Selected Reportable Diseases in Kentucky (YTD Through August for Each Year)

Disease	2002	2001	5 year median
AIDS	190	228	196
Chlamydia	5807	5999	5335
Gonorrhea	2422	2371	2243
Syphilis (Prim. and Sec.)	66	30	66
Group A Streptococcus	13	29	18
Meningococcal Infections	11	19	22
<i>Haemophilus influenzae</i> , invasive	4	2	6
Hepatitis A	40	73	40
Hepatitis B	38	36	36
E. coli O157H7	20	49	26
Salmonella	215	223	245
Shigella	88	379	183
Tuberculosis	95	82	95
Animal Rabies	18	17	18
Motor Vehicle Injury Deaths	601	531	532

Vaccine Preventable	2002-To Date	Total in 2001
Diphtheria	0	0
Measles	0	2
Mumps	4	3
Pertussis	57	96
Polio	0	0
Rubella	0	0
<i>Streptococcus pneumoniae</i>	12	28
Tetanus	0	0



Vector-Borne	2002-To Date	Total in 2001
Rocky Mountain Spotted Fever	3	2
Lyme Disease	13	23
Ehrlichiosis	1	2
Tularemia	1	4
Arboviral Encephalitis	10	0
Malaria	5	14

#### Head Lice Treatment Recommendations

The Department for Public Health's treatment recommendations for head lice (see fact sheet at [http://chs.state.ky.us/publichealth/head\\_lice.htm](http://chs.state.ky.us/publichealth/head_lice.htm)) have been updated to include additional brand names of pyrethrins and to note that other medications are available by prescription. The most recent *Medical Letter* reference is April 2002. Recommended medications for treatment of head lice now include:

- The over-the-counter drug of choice, permethrin 1% (e.g., Nix);
- Pyrethrin (Rid, A-200, Barc, Blue Gel, Pronto, Pyninyl, R & C, Tisit, Triple X), used if there appears to be a treatment failure with permethrin; and
- Other medications available by prescription.

#### Children & Environmental Health Hazards

Protecting children from environmental toxins is the focus of two training sessions scheduled this fall by the University of Kentucky Cooperative Extension Service. Planned as "train the trainer" workshops, the sessions will provide information and teaching ideas on a number of topics, with an emphasis on lead poisoning, asthma and environmental triggers, poison prevention, pesticide safety, and environmental tobacco smoke.

The sessions are scheduled for October 28-29 at the Clark County Extension office, Winchester, and November 19-20 at Lake Barkley State Resort Park, Cadiz. Agendas and registration forms are available at <http://www.ca.uky.edu/enri/ceh.htm>. For additional information, contact Kim Henken at 859-257-7775 or [khenken@uky.edu](mailto:khenken@uky.edu).

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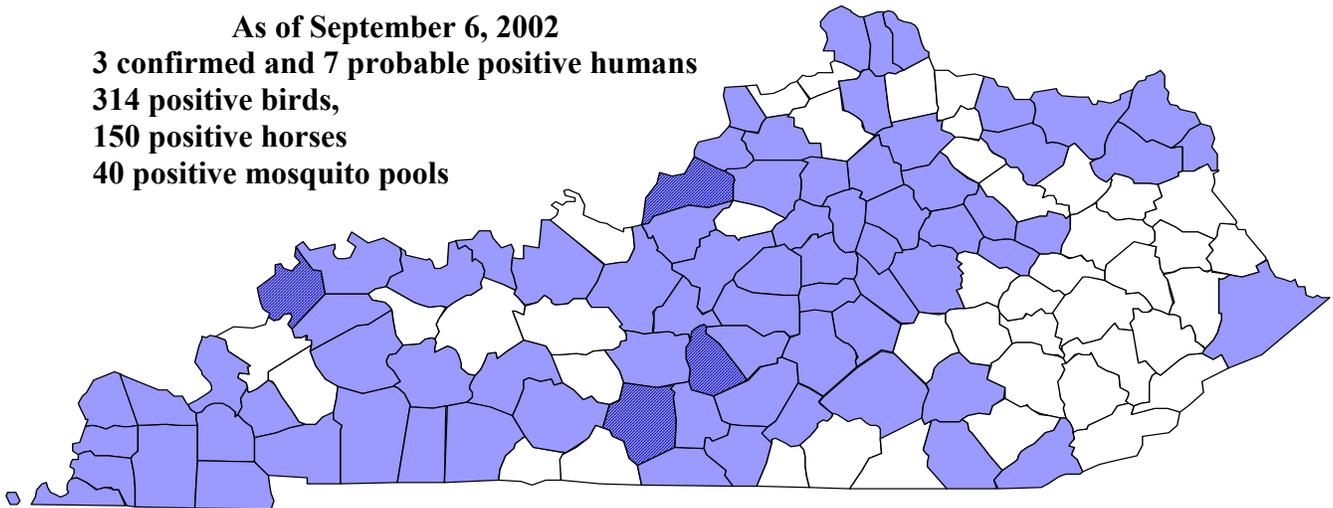
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## Kentucky Counties with Positive West Nile Virus Activity in 2002

As of September 6, 2002

**3 confirmed and 7 probable positive humans**  
**314 positive birds,**  
**150 positive horses**  
**40 positive mosquito pools**



**Counties with West Nile activity in both humans and animals:**  
3 confirmed positive humans and 7 probable positive humans in 4 counties

**Counties with West Nile virus activity:**  
Horses: 150 positive horses from 44 counties  
Birds: 314 positive birds from 72 counties  
Mosquitoes: 40 positive mosquito pools from 8 counties



Centers for Disease Control and Prevention  
West Nile Virus (WNV) Infection  
*Information for Clinicians*

### Clinical Features

#### Mild Infection

Most WNV infections are mild and often clinically unapparent.

- Approximately 20% of those infected develop a mild illness (West Nile fever).
- The incubation period is thought to range from 3 to 14 days.
- Symptoms generally last 3 to 6 days.

Reports from earlier outbreaks describe the mild form of WNV infection as a febrile illness of sudden onset often accompanied by

<	malaise	<	headache
<	anorexia	<	myalgia
<	nausea	<	rash
<	vomiting	<	lymphadenopathy
<	eye pain		

The full clinical spectrum of West Nile fever has not been determined in the United States.

#### Severe Infection

Approximately 1 in 150 infections will result in severe neurological disease.

- The most significant risk factor for developing severe neurological disease is advanced age.
- Encephalitis is more commonly reported than meningitis.

In recent outbreaks, symptoms occurring among patients hospitalized with severe disease include

<	fever	<	gastrointestinal symptoms
<	weakness	<	change in mental status

- A minority of patients with severe disease developed a maculopapular or morbilliform rash involving the neck, trunk, arms, or legs.
- Several patients experienced severe muscle weakness and flaccid paralysis.
- Neurological presentations included
 

<	ataxia and extrapyramidal signs	<	optic neuritis
<	cranial nerve abnormalities	<	polyradiculitis
<	myelitis	<	seizures

Although not observed in recent outbreaks, myocarditis, pancreatitis, and fulminant hepatitis have been described.

#### Clinical Suspicion

Diagnosis of WNV infection is based on a high index of clinical suspicion and obtaining specific laboratory tests.

- WNV, or other arboviral diseases such as St. Louis encephalitis, should be strongly considered in adults  $\geq 50$  years who develop unexplained encephalitis or meningitis in summer or early fall.
- The local presence of WNV enzootic activity or other human cases should further raise suspicion.
- Obtaining a recent travel history is also important.

Note: Severe neurological disease due to WNV infection has occurred in patients of all ages. Year-round transmission is possible in some areas. Therefore, WNV should be considered in all persons with unexplained encephalitis and meningitis.

### Diagnosis and Reporting

**Procedures for submitting diagnostic samples and reporting persons with suspected WNV infection vary among states and jurisdictions. Links to state and local websites are available at:**

**[http://www.cdc.gov/ncidod/dvbid/westnile/city\\_states.htm](http://www.cdc.gov/ncidod/dvbid/westnile/city_states.htm)**

(Over)



## Diagnosis and Reporting – continued

### Diagnostic Testing

WNV testing for patients with encephalitis or meningitis can be obtained through local or state health departments.

- The most efficient diagnostic method is detection of IgM antibody to WNV in serum or cerebral spinal fluid (CSF) collected within 8 days of illness onset using the IgM antibody capture enzyme-linked immunosorbent assay (MAC-ELISA).
- Since IgM antibody does not cross the blood-brain barrier, IgM antibody in CSF strongly suggests central nervous system infection.
- Patients who have been recently vaccinated against or recently infected with related flaviviruses (e.g., yellow fever, Japanese encephalitis, dengue) may have positive WNV MAC-ELISA results.

### Reporting Suspected WNV Infection

Refer to local and state health department reporting requirements: [www.cdc.gov/ncidod/dvbid/westnile/city\\_states.htm](http://www.cdc.gov/ncidod/dvbid/westnile/city_states.htm)

- WNV encephalitis is on the list of designated nationally notifiable arboviral encephalitides.
- Aseptic meningitis is reportable in some jurisdictions.

The timely identification of persons with acute WNV or other arboviral infection may have significant public health implications and will likely augment the public health response to reduce the risk of additional human infections.

## Laboratory Findings

Among patients in recent outbreaks

- Total leukocyte counts in peripheral blood were mostly normal or elevated, with lymphocytopenia and anemia also occurring.
- Hyponatremia was sometimes present, particularly among patients with encephalitis.
- Examination of the cerebrospinal fluid (CSF) showed pleocytosis, usually with a predominance of lymphocytes.
- Protein was universally elevated.
- Glucose was normal.
- Computed tomographic scans of the brain mostly did not show evidence of acute disease, but in about one-third of patients, magnetic resonance imaging showed enhancement of the leptomeninges, the periventricular areas, or both.

## Treatment

Treatment is supportive, often involving hospitalization, intravenous fluids, respiratory support, and prevention of secondary infections for patients with severe disease.

- Ribavirin in high doses and interferon alpha-2b were found to have some activity against WNV in vitro, but no controlled studies have been completed on the use of these or other medications, including steroids, antiseizure drugs, or osmotic agents, in the management of WNV encephalitis.

*For additional clinical information, please refer to Petersen LR and Marfin AA, "West Nile Virus: A Primer for the Clinician[Review]," *Annals of Internal Medicine* (August 6) 2002: 137:173-9.*

*For clinical and laboratory case definitions, see "Epidemic/Epizootic West Nile Virus in the United States: Revised Guidelines for Surveillance, Prevention, and Control, 2001," at [www.cdc.gov/ncidod/dvbid/westnile/surv&control.htm](http://www.cdc.gov/ncidod/dvbid/westnile/surv&control.htm)*



## Epidemiologic Notes & Reports

Volume 38 Number 2

February 2003

### U.S. Syphilis Rate Rises for First Time Since 1990

Despite continued declines among African Americans and women of all races, overall rates of primary and secondary syphilis have increased slightly for the first time in more than a decade, according to a report from the Centers for Disease Control and Prevention (CDC).

The report, published in the November 1 issue of CDC's *Morbidity and Mortality Weekly Report*, found that cases of primary and secondary syphilis in the United States rose by 2% between 2000 and 2001 (5,979 cases in 2000 to 6,103 cases in 2001). The overall syphilis rate in the U.S. increased from 2.1 per 100,000 people to 2.2 per 100,000 people, the first such increase since 1990.

The report attributed the slight increase to syphilis diagnoses among men. Syphilis rates among U.S. men rose by 15.4% between 2000 and 2001, an increase that coincided with outbreaks among men who have sex with men (including bisexual men) in several U.S. cities.

These increases contrast with significant and sustained progress in syphilis elimination in populations and areas where syphilis rates are highest—among African Americans and individuals living in the South. Syphilis cases among African Americans declined by 9.9% between 2000 and 2001 (3.5% and 18.1% among African-American men and women, respectively). Additionally, although the South continues to have the largest proportion of syphilis cases (56% of total U.S. cases), there was an 8% decline in syphilis rates in this region. Syphilis cases among women overall declined by 19.5%. These declines were consistent with those noted every year since CDC began syphilis elimination efforts in 1998, targeting groups and regions at highest risk.

#### New Challenges

CDC officials said that increases in syphilis among men who have sex with men of all races pose new challenges to U.S. efforts to eliminate the disease. Syphilis cases among white and Latino men increased by 63% and 50%, respectively, from 2000 to 2001. Additionally, although African-American men were the only men in

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any racial or ethnic group to experience a decline (3.5% decline), the change represents a significant slowing in the large decline reported the previous year (15% decline from 1999 to 2000).

The report indicates that the increases seen among men are associated with recent syphilis outbreaks among men who have sex with men of all races and highlights outbreaks reported in Chicago, Los Angeles, New York City, San Francisco, Seattle, and Miami.

Health officials said that because the risk behaviors for syphilis and HIV are similar, and because syphilis lesions increase risk of HIV transmission between two and five times, outbreaks among men who have sex with men could also signal a potential increase in HIV transmission.

#### Local Data

The CDC report also highlighted syphilis trends among counties across the U.S. The report found that half of the nation's syphilis cases were concentrated in 20 counties and one independent city. Overall, 80% of all U.S. counties did not report a single case of primary or secondary syphilis in 2001. Despite the increase in syphilis cases among men who have sex with men, CDC officials said that the national goal of eliminating syphilis by 2005 (defined as 90% of counties syphilis-free) remains in effect.

Jefferson County experienced a dramatic rise in early syphilis cases during 2002. See Page 2 for current data on Jefferson County and the Commonwealth of Kentucky.

### Infectious and Early Syphilis Reports

#### Infectious and Early Syphilis Reports Jefferson County, Kentucky 2001 vs. 2002

<u>Time</u>	<u># Cases</u>	<u>Rate per 100,000</u>
<b>Infectious Cases (P/S)</b>		
JAN-DEC 2001	19	2.73
JAN-DEC 2002	77	11.10
<b>Early Latent Cases (EL)</b>		
JAN-DEC 2001	20	2.88
JAN-DEC 2002	33	4.80
<b>Total Early Cases (PS/EL)</b>		
JAN-DEC 2001	39	5.62
JAN-OCT 2002	110	15.90

#### Syphilis Case Facts Jefferson County, Kentucky 2002

110 Early (Primary, Secondary, and Early Latent) Cases, Jefferson County, JAN-DEC 2002

- 75 patients were African American; 33 were white; 2 were other minorities
- 18 patients were found through screening at jail
- 14 were women who traded sex for drugs or money
- 6 females were pregnant at time of diagnosis and treatment
- 17 patients reported crack cocaine use
- 19 patients were men who have sex with men

#### Early Syphilis Reports Kentucky and Jefferson County 2002

<u>Cases</u>	<u>Kentucky</u>	<u>Jefferson County</u>
Primary	29	25
Secondary	59	52
EL	49	33
Total	137	110

Percentage of Early Syphilis increase in 2002:

Number of statewide cases rose from 86 in 2001 to 137 in 2002 for an increase of 59%.

Number of Jefferson County cases grew from 39 in 2001 to 110 in 2002 for an increase of 182%.

—Data compiled by Dave Raines, BA  
Manager, Kentucky STD/HIVCT Program.

### Annual Influenza Deaths in U.S. Higher Than Previously Estimated

New data indicate that the estimated number of persons who die each year from influenza and respiratory syncytial virus (RSV) in the United States is substantially higher than previous estimates.

Using new statistical models, Centers for Disease Control scientists estimate that an average of 36,000 people (up from 20,000 in earlier estimates) die from influenza related complications each year. In addition, about 11,000 people die annually from respiratory syncytial virus (RSV), a virus that causes upper and lower respiratory tract infections primarily in young children and older adults. The study demonstrates that most deaths caused by RSV occur in the elderly.

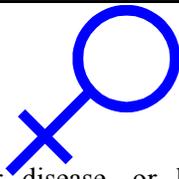
CDC researchers believe that the increase can be explained in part by the aging of the U.S population. Over the past several decades, the number of persons aged 85 or older has doubled. Also, the most virulent of influenza viruses in recent years, influenza A (H3N2), has been the most common strain circulating during the last decade.

The influenza study also points out that research is needed to develop better vaccines that are more protective in the elderly and RSV vaccines that are effective in both young children and elderly persons.

Vaccinating individuals who are at greatest risk of serious complications from influenza will continue to be the the nation's primary strategy for preventing influenza associated deaths.

The CDC recommends influenza vaccination for those at high risk for complications from influenza, including individuals aged 65 and older and others with chronic medical conditions, such as heart and lung disease and diabetes, as well as health care workers. All other groups, including household members of high-risk persons, healthy people ages 50-64, and others who wish to decrease their risk of getting influenza should begin receiving vaccinations each November. CDC also encourages children aged 6 months to 23 months to receive influenza vaccinations.

The new influenza data were published in the January 8 issue of the *Journal of the American Medical Association (JAMA)*. For more information on influenza, go to: <http://www.cdc.gov/ncidod/diseases/flu/fluivirus.htm>.



## Women and Heart Attacks

By Tricia Williams, MPA, Health Policy Development Branch

Cardiovascular disease, or heart disease, kills more women in the United States and in Kentucky than any other disease or condition<sup>1</sup>. In 2000, 6,293 women in Kentucky died from heart disease.<sup>2</sup> Heart attack (myocardial infarction), a form of heart disease, accounted for 13,925 hospitalizations in Kentucky in 2001. Of those, 41.6% were women.<sup>3</sup> (Table 1.)

**Heart Attack Hospitalizations, Kentucky, 2001<sup>3</sup>**

Women	5,793	41.6%
Men	8,132	58.4%
Total	13,925	100%

Table 1

### Heart Attack May Be Misdiagnosed in Women

In some cases, women do not report the typical symptoms of a heart attack and may be misdiagnosed. About 2% of women with a heart attack or unstable angina may not have chest pain or other typical symptoms. If misdiagnosed, women may be sent home where they are twice as likely to die from the heart attack than if they were hospitalized. These women are most likely under age 55 or minorities, who report shortness of breath instead of the typical symptoms and have normal ECGs.<sup>4</sup>

### More Women Die While Hospitalized for Heart Attack

Although Kentucky data shows that more men were hospitalized in 2001 for heart attacks than women, more women died as a result of the heart attack while in the hospital. Almost 10% of female heart attack victims died while at the hospital as opposed to a 6.4% of men.<sup>3</sup> (Table 2.)

**Heart Attack Victims Who Die in Hospital  
Kentucky, 2001<sup>3</sup>**

Women	572	9.9%
Men	520	6.4%
Total	1,091	7.8%

Table 2

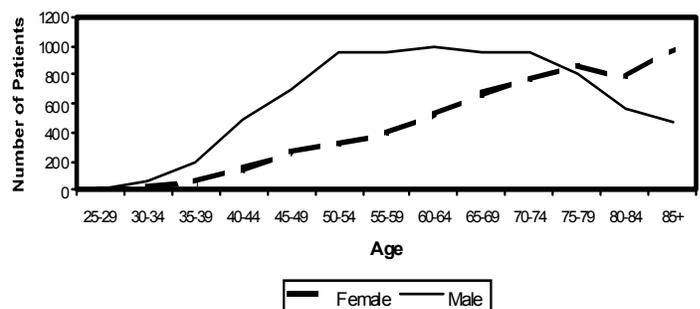
The difference in age of female patients versus male patients may explain these findings.

### Heart Attacks Occur Later in Life for Women

Women typically suffer a heart attack later in life than their male counterparts. In 2000, the average male heart attack victim hospitalized in Kentucky was 63.5 years of age, while the average female was 71.5. Almost 42% of male victims were under age 60; only 21% of female victims were under 60.<sup>3</sup>

Figure 1 shows the number of hospitalizations in Kentucky for heart attack. According to the graph, males begin experiencing heart attacks more frequently around age 30. The number of female heart attack patients does not dramatically increase until after age 40 and increases at a slower rate than males. After age 75, there are more female patients than male patients; however, males continue to have heart attacks at a higher rate than females. The female heart attack rate was 28.03 hospitalized per 1,000 females in 2001 while the male rate was 41.16 per 1,000 males.<sup>3,5</sup>

Figure 1: Heart Attack Hospitalizations, Kentucky 2001



### Heart Attack Risk After Menopause

The risk of heart attack for women increases after menopause and continues to rise as they age. After menopause, women tend to have more risk factors, including higher levels of triglycerides, cholesterol, and low-density lipoprotein (LDL). It was previously thought that the decrease in estrogen contributed to the increased risk. However, recent studies have questioned the benefit of postmenopausal estrogen therapy or hormone therapy in reducing the risk of cardiovascular diseases. The American Heart Association now recommends that women do not start or continue hormone replacement therapy exclusively to prevent heart disease or stroke.<sup>6</sup>

(Continued on Page 4)

## Women and Heart Attacks

(Continued from Page 3)

### Treatment for Heart Attacks May Differ for Women

A recently published study found that treatment of patients suffering heart attacks may differ based on gender. Coronary angiography, a procedure used to diagnose the extent of damage to the heart, is less likely to be done on a female patient than on a male patient. In addition, women are less likely to undergo coronary bypass surgery after suffering a heart attack than men. The study found that age and illness severity did not explain the differences in treatment.<sup>7</sup> Previous studies also have shown that cardiac procedures are performed less frequently on women than on men.<sup>7</sup>

### When Entering the Hospital...

Emergency care is essential to surviving a heart attack. In a 1993 study, the death rate for people experiencing a heart attack who were treated within 70 minutes of onset of symptoms was 1.3%. For those who received treatment after more than 70 minutes of onset, the death rate rose to 8.7%.<sup>8</sup>

The majority of women who had heart attacks (57.1%) were admitted to the hospital through the emergency room. This varies slightly when compared to male heart attack admissions where just over half (51.1%) were admitted through the emergency room. Another 23.9% of women were sent to the hospital by a physician.

Interestingly, a higher percentage of men were transferred from another hospital for care than women. Only 15% of female heart attack victims were transferred from another hospital, while 20.2% of men were transferred. It is assumed that these patients were transferred because they required a higher level of care than was available at the hospital where they were originally treated for the episode. The cause of this difference is unclear from this data. Since women die from heart attacks in the hospital at a higher rate than males, the opportunity to transfer them to a higher level of care may be decreased. In addition, the difference in the average age of a female heart attack victim and a male victim may influence the need to transfer the patient to a higher level of care. Severity of illness and other existing complications/co-morbidities also play a role in this decision. However, data have shown that women receive different treatment than men for heart attacks and experience different symptoms. There may be a difference in the perception of the need to transfer them to a higher level of care. Further research is necessary to determine the factors influencing these differences.

### When Leaving the Hospital...

There is a large difference in the discharge status of men and women once they leave the hospital after a heart attack. Ten percent more males are discharged to their home/self-care than women. However, 6% more women than men go to a skilled nursing facility and 3.5% more women die before leaving the hospital. In addition, 2.5% more women receive home health care after leaving the hospital. These differences are largely explained by the age difference between male and female patients. It is assumed that since the female patients are older, they will require more continued care after leaving the hospital through skilled nursing facilities and home health services. They also may be less likely to have someone in their home to care for them after the event.

### Who Pays for the Hospital Visit?

Over 68% of hospitalized female heart attack victims received Medicare, compared to 50.9% of men. Since these women were typically older than their male counterparts, this result is expected. Also related to the age difference between men and women victims, is a large difference between the percentage of women and men covered under a private insurance plan. Only 18.87% of the women hospitalized for a heart attack were covered by private insurance, as opposed to 30.38% of men. The higher number of women covered by Medicare likely explains this difference. A slightly higher percentage of men (3.78%) than women (2.38%) had no insurance coverage for their hospitalization.

### Summary

It has been known for some time that there are many differences in the health care needs of women and men. Historically, heart disease has been thought of as a man's disease and its presence has been discounted in women. Research has been conducted on male patients and findings of these studies used to treat females. As more research is undertaken specifically targeting females and heart disease, more is learned about these differences.

Women present different symptoms of heart attack than males, they are older when the attacks occur and have gender specific issues that affect their risk and outcomes. They also may receive different medical treatment than men. Research on women with this condition should continue in order to fully understand these differences and to determine appropriate treatment for the female patient.

(Continued on Page 5)

### Cases of Selected Reportable Diseases in Kentucky (YTD Through December for Each Year)

Disease	2002	2001	5 year median
AIDS	267	312	272
Chlamydia	8756	8881	8063
Gonorrhea	3772	3589	3589
Syphilis (Prim. and Sec.)	88	49	88
Group A Streptococcus	21	39	24
Meningococcal Infections	16	26	26
<i>Haemophilus influenzae</i> , invasive	7	2	7
Hepatitis A	43	144	63
Hepatitis B	61	63	61
E. coli O157H7	31	65	40
Salmonella	415	407	407
Shigella	211	844	235
Tuberculosis	137	152	152
Animal Rabies	28	30	30
Motor Vehicle Injury Deaths	901	847	847

Vaccine Preventable	2002	2001
Diphtheria	0	0
Measles	0	2
Mumps	3	3
Pertussis	97	96
Polio	0	0
Rubella	0	0
<i>Streptococcus pneumoniae</i>	18	28
Tetanus	0	0



Vector-Borne	2002	2001
Rocky Mountain Spotted Fever	5	2
Lyme Disease	24	23
Ehrlichiosis	2	2
Tularemia	2	4
Arboviral Encephalitis	44	0
Malaria	8	14

## Women and Heart Attacks

(Continued from Page 4)

Clearly, heart disease is a serious health concern for the female population. Women need to be more educated on the risks, symptoms, and prevention of this condition. A study prepared on behalf of the American Heart Association found that less than 30% of physicians discussed heart disease with their female patients. Many women are unaware of the risks heart

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**Steven J. Englender, MD, MPH**,  
State Epidemiologist and Director,  
Division of Epidemiology and Health Planning  
**Molly M. Cone**, Editor

**RETURN SERVICE REQUESTED**



**American Heart Month—2003**

“Get Hands on and Help Save a Life” is the theme of the American Heart Association’s 2003 American Heart Month in February. This year’s observance emphasizes a hands-on approach to fighting heart disease by promoting widespread training in CPR and supporting automated external defibrillator (AED) programs



**Kentucky Women & Heart Disease Risk Factors**

Data show that Kentucky women have significant behavioral risk when it comes to heart disease. Some actions that can reduce that risk are<sup>1</sup>:

**Do not smoke.** Smokers' risk of heart attack is more than twice that of nonsmokers. Cigarette smoking is the biggest risk factor for sudden cardiac death; smokers have two to four times the risk of nonsmokers. In 2000, 27.9% of Kentucky women smoked.<sup>2</sup>

**Keep cholesterol levels in check.**

**Manage high blood pressure.** Hypertension can be controlled through diet and medication. In 1999, 30.1% of Kentucky women had high blood pressure.<sup>2</sup>

**Exercise regularly.** Exercise can help control blood cholesterol, diabetes, and obesity, as well as help lower blood pressure in some people. In 2000, 42.1% of Kentucky women lacked any type of physical activity.<sup>2</sup>

**Manage body weight.** People who have excess body fat, especially if a lot of it is in the waist area, are more likely to develop heart disease even if they have no other risk factors. Excess weight increases the strain on the heart, raises blood pressure, blood cholesterol and triglyceride levels, and lowers HDL ("good") cholesterol levels. In 2000 53.4% of Kentucky women were overweight.<sup>2</sup>

**Control diabetes.** Even when glucose levels are under control, diabetes greatly increases the risk of heart disease. About two-thirds of people with diabetes die of some form of heart or blood vessel disease. In 2000, 6.1% of Kentucky women had been told by a doctor that they have diabetes.<sup>2</sup>

—Tricia Williams

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1. American Heart Association web site [www.americanheart.org/statistics/cvd.html](http://www.americanheart.org/statistics/cvd.html) October 10, 2001.
2. Kentucky Behavioral Risk Factor Surveillance System 2000 Report. Kentucky Department for Public Health.

#### **Section 4 - Data Advisory Committee Minutes and Presentations**

KRS 216.2923 Allows the Secretary Cabinet for Health Services to appoint advisory committees as required. The Cabinet created the data advisory committee for the purposes of providing advice on statistical techniques and analysis for data collected under this section. This section contains the minutes and presentations of the committee during 2002-2003. It specifically includes the presentations using the UB-92 data described in KRS 216 2920 to 2929.

# Advisory Committee Members

<b>Last Name</b>	<b>First Name</b>	<b>Organization Name</b>
Robl	Joyce	Adult and Child Health
Sinkhorn	Paul	Jewish Hospital and Healthcare Services
Lewis,	John	Health Care Excel, Inc.
Higgins,	Wayne	Western Kentucky University
Bone	Larry	Four Rivers Health Care Purchasing Alliance
Yandell,	Ben	Norton Healthcare
Cronin,	Sherill	Bellarmino College
Crouch	Ronald	U of L Kentucky State Data Center
Warnick	Chuck	Baptist Healthcare System
Lucas	Bob	Kings Daughters Medical Center
Henry	Jerry	Retired from Baptist Healthcare System
Ireson	Carol	UK College of Nursing

**HEALTH DATA ADVISORY COMMITTEE**

**June 6, 2002**

**9:00 a.m.**

**MEMBERS PRESENT:**

Steve Englender, M.D.  
Department for Public Health

Ronald Crouch  
University of Louisville State  
Data Center

Whitney Gesner  
King's Daughters Medical Center

Wayne Higgins, Ph.D.  
Western Kentucky University

Ben Yandell  
Norton Healthcare

**MEMBERS ABSENT:**

Joyce Beaulieu  
UK Center for Health Services  
Management and Research

Larry Bone  
Four Rivers Healthcare  
Purchasing Alliance

Sherill Cronin, Ph.D.  
Bellarmine College

John Lewis, M.D.  
Health Care Excel

Paul Sinkhorn  
Jewish Hospital

Baptist Hospital

**STAFF:**

Department for Public Health, Health Policy Development Branch

David Clark

Mark Fazey

Martha Graves

Charles Kendell

Sheena Lewis

Tricia Williams

**GUESTS:**

Terese Campbell, Kentucky Hospital Association

Paige Clements, Kentucky Hospital Association

Jim Funk, Division of Forestry

Sharma Klee, Adult and Child Health

Fred Powers, Health Care Excel

George Robertson, Surveillance and Health Data

**CALL TO ORDER**

Charles Kendell called the meeting to order at 9:05 a.m. in the Schaaf meeting room of the Salato Wildlife Center.

**MINUTES**

The minutes from the September 2001 meeting were approved as distributed.

**WELCOME AND INTRODUCTIONS**

**PRESENTATIONS**

Jim Funk, Branch Manager, Forest Resources, Kentucky Division of Forestry, Natural Resources and Environmental Protection Cabinet presented data related to forest fires and the effects on respiratory related illnesses. Mr. Funk, Mark Fazey, and David Clark worked to gather this information from inpatient records submitted by Kentucky acute care hospitals from January 2000 through December 2001.

Mr. Funk distributed a pamphlet describing the services performed by the Division of Forestry. He stated that Kentucky has the highest incidence of preventable fires in wildland areas. In 2000, there were 1,500 fires, which destroyed 133,000 acres. In 2001, there were an estimated 2,400 fires, which destroyed 180,000 acres. Fifty-two percent of all fires are caused by arson and twenty-six percent result from the burning of debris. A significant amount of arsonists are juveniles. The typical mindset of an arsonist is one of hopelessness and anger.

In 2001, the Cabinet created a wildfire task force and a grant was developed to attack the arson issue. The main goal of the group is to reduce arson. A Wildlife Fire and Arson Survey was distributed among the residents of 25 counties in three separate districts: (1) Kentucky River District, (2) Southeastern District, and (3) Eastern District in order to study public knowledge, concern, and opinion about wildland fires. The main concern of residents is adverse effects on health. Mr. Funk distributed an agenda for the Arson Summit, which will be convened by Governor Patton on October 9 and 10, 2002.

Mark Fazey referred the group to charts included in the mail-out prior to the meeting indicating that respiratory illnesses account for 40 to 50 percent of all hospitalizations during the fire season months. There is a general pattern across the state but higher in the Southeastern regions.

Steve Englender and Ben Yandell suggested that studies being done specify time and geography and correlate with hospital admissions. Whitney Gesner wanted other DRG, such as heart disease, black lung, and smoking looked at by age/gender.

## **OLD BUSINESS**

1. **2002 Workplan Update** – Charles Kendell informed the group that the contract with the Kentucky Hospital Association has been approved for two years. Paige Clements stated that KHA has recently changed vendors to process data. The change over to the new vendor should be seamless.

Mr. Kendell referred to the Kentucky Epidemiological Notes & Reports that was included in the mail-out sent to members prior to the meeting. An article by Tricia Williams, titled *Hospital Discharges to Home Health Agencies in Kentucky*, was published in the Epi Notes and Reports. It is a requirement of the staff of the Health Policy Branch to create reports using the data that is collected by the UB-92 data. The goal is to tie the data reports we are creating to *Healthy Kentuckians 2010* objectives. Ms. William's article is only one example of how the UB data can be utilized.

2. **HCUP Update** - Mr. Fazey announced that The Agency for Healthcare Research and Quality (AHRQ) has recruited Kentucky to join The Healthcare Cost and Utilization Project (HCUP). Kentucky is one of thirty states that supply hospital inpatient and outpatient data to the HCUP project. It is a continuation of a national effort to assemble data for health services research and health policy analysis. AHRQ is funding this Federal-State-Industry partnership to build multi-state health care databases.

Kentucky currently creates public use datasets for sale to the general public. AHRQ would take over this function using the State Inpatient and Ambulatory Surgical data supplied to the HCUP project using the "central distributor" concept, if we so choose. The central distributor would create CDs containing the data in an agreed-upon format and sell them to the general public. All proceeds will be returned to Kentucky. It appears that there would be no disadvantages to this arrangement, since KY would continue to control the data released and the charges for public use files.

A list of data requests that were served with Kentucky IP/OS databases accompanied the prior mail-out.

## **NEW BUSINESS**

### **1. Annual Hospital Survey and UB-92 Data**

Mr. Kendell directed the group's attention to Tables 18 and 19 in the mail-out documents. He mentioned that an agreement, with a workgroup that met in December 2001, had been made to replace some of the information contained in the Annual Hospital Report with data collected using the UB-92 data. Tables 18 and 19 have replaced the financial section of the report.

While developing Table 18 and 19, Mr. Fazey found DRG 430 (Psychoses) prevalent in all fifteen Area Development Districts (ADD) with Lake Cumberland having the highest rate of psychosis. The tables were developed using the hospital ADD, not the patients' county of residence. Ben Yandell wanted it understood that the tables reflected the business of the hospital, not describing the patients. Terese

Campbell asked that Mr. Fazy look at secondary diagnosis, as well. Whitney Gesner suggested sending this information to Mental Health/Mental Retardation.

## **2. Bioterrorism Overview**

Dr. Steve Englander presented an overview of the state's Bioterrorism Preparedness Program. He mentioned that the system that we are using to collect data cannot be used as an early warning system. In 1999, funds were allotted to Kentucky for bioterrorism preparedness. A description of the seven focus areas programs was given.

### **COMMITTEE HOUSEKEEPING**

The next regular meeting date is scheduled for September 5, 2002 and will be held at the Game Farm's Salato Wildlife Center, Frankfort, Kentucky from 9am - 11:30 am. Mr. Kendell mentioned that Dr. John Lewis, an expert in the field of Anthrax, will present an Anthrax update at this meeting.

### **NEXT MEETING**

The next meeting date is September 5, 2002 and will be held at the Game Farm's Salato Wildlife Center, Frankfort, Kentucky from 9am - 11:30 am.

### **ADJOURNMENT**

The meeting was adjourned at 11:15 a.m.

**Health Data Advisory Committee**  
**September 5, 2002**  
**9:00 a.m.**

**MEMBERS PRESENT:**

Steve Englander  
Department for Public  
Health

Ronald Crouch  
University of Louisville  
State Data Center

Whitney Gesner  
King's Daughters  
Medical Center

Wayne Higgins, Ph.D.  
Western Kentucky University

Ben Yandell  
Norton Healthcare

Sherill Cronin, Ph.D.  
Bellarmine College

Joyce Beaulieu  
UK Center for Health Services  
Management and Research

John Lewis, M.D.  
Health Care Excel

Jerry Henry

**MEMBERS ABSENT:**

Paul Sinkhorn  
Jewish Hospital

Chuck Warnick  
Baptist Hospital

**STAFF:** Department for Public Health, Health Policy Development Branch  
David Clark                      Mark Fazey                      Martha Graves  
Charles Kendell                      Sheena Lewis                      Beth Sanderson  
Doug Thoroughman                      Tricia Williams

**GUESTS:** Paige Clements, Kentucky Hospital Association  
Melissa Adkisson, Office of Women's Physical and Mental Health  
Anna Maria Goss, Baptist Hospital

**CALL TO ORDER**

Charles Kendell called the meeting to order in the Schaff meeting room of the Salato Wildlife Center.

**MINUTES**

The minutes from the June 2002 meeting were approved as distributed electronically after the June meeting.

**WELCOME AND INTRODUCTIONS**

Charlie welcomed the committee and guests after introductions.

Dr. John Lewis of Health Care Excel gave a presentation on "How can UB 92 data help monitor Anthrax?"

Interesting points of Dr. Lewis' presentation were:

- Not all acts of terrorism are thought to be terrorism until later.
- Common diseases are used for terrorism
- Dr. Lewis recommended reading Germs a book about terrorism and the use of germs
- Our current surveillance tools, such as the UB 92 is a passive reporting system since it would be three months past the event that it could be found in the information received by the department.
- It is very important that an active system be implemented to track these events

Points of Discussion following Dr. Lewis' presentation:

Ben Yandell – Laboratory and Pharmacy order and results go through hospital data systems and if study could be detect concerns about epidemics. He also stated the two main items for detecting problems would be when the first case is found then information is passed on to a collection point that could then be studied for patterns.

## **OLD BUSINESS**

### **1. 2002 Work Plan Update**

Charlie updated the 2002 work plan by discussing the following issues:

1. Tracking diseases by looking for patterns in UB 92 data.
2. Paige Clements, Mark Fazey and Charlie talked about Compdata contract objectives including the issue of collecting Ambulatory Services Center (ASC) data and Mental Health/Mental Retardation (MH/MR) data.
3. Develop a project to create Internet to give the local health departments access to UB 92 data.

### **2. Follow-Up on June Meeting Topics**

#### **a. HCUP**

Submitted 2001 Inpatient and Ambulatory Services

#### **b. Wildland Fire Update**

Hospitalizations are two to three times higher during the first season months. Governor's Summit on Wildland Fire and Arson scheduled for October 9 & 10, 2002, at Jenny Wiley State Park. Mark Fazey plans to attend this meeting with documentation materials.

## **NEW BUSINESS**

### **1. HIPAA Update**

Paige Clements spoke on the impact of HIPAA on UB-92 data collection. Huge effect on KHA. Allowed to collect zip code, date of birth, date of death, race, ethnicity. Pat Meriweather, VP of COMPData. 837 format – October 2003. 1700 pages of specifications.

Recommendation – when will state be accepting 837 format? Huge undertaking for hospitals. A survey assessing hospital readiness will be sent to all hospitals by KHA and the Department of Health. Regulation will be changed to state UB 92 and its' successors. A 837 format is available by accessing the Washington Publishing House site. KHA website link. 30 hospitals have applied for extensions. Anthem cannot accept 837's, all claims must be submitted on old forms.

Additional fields will be added. E-codes, trauma codes, and new revenue codes. Discussion of data elements next meeting.

KSBR information.

No change for us, just hospitals.

### **2. Utilization Reports and EPI Notes**

Charlie also directed the committee to the packets that were given to each member. The packet included a 2001 utilization report for the following services: Hospital, MRI, ASC, Long Term Care and Hospice. EPI Notes, with articles written by David E. Clark titled "Every Day In Kentucky" and "Hospitalizations Due to Pneumonia" was also in the packet. These articles show another format for UB 92 data use. Other articles are to be published soon.

### **3. Bioterrorism Overview Continued**

Dr. Englander followed Dr. Lewis's presentation. He spoke briefly about the CDC electronic surveillance system and what it reports currently. The tool includes more rapid reporting, the ability to mine into the system to track patterns. Kentucky has been involved in National Electronic Disease Surveillance System (NEDDS) for three years. Pharmacy issues could be built into this reporting system. There is a need to track patterns of illness and medical prescriptions to determine what is happening in communities.

The Statewide Bioterrorism meeting is scheduled for September 6, 2002. More money will be sent from Health and Human Services. Hospital needs assessment. Emergency Medical Services. No national planning. CDC, extra 300,000.

Focus groups.

Small pox. A lot of training but need more. Essential providers. Likely – identify first responders. Liability issues. Hospital employees return to work after receiving vaccination.

Adding four epidemiologists.

### **COMMITTEE HOUSEKEEPING**

The next meeting date is December 5, 2002 and will be held at the Game Farm's Salato Wildlife Center, Frankfort, Kentucky from 9am - 11:30 am.

### **ADJOURNMENT**

The meeting was adjourned at 11:30 a.m.



## HEALTH DATA ADVISORY COMMITTEE

March 13, 2003

9:00 a.m.

### MEMBERS PRESENT:

### MEMBERS PRESENT:

Steve Englender  
Department for Public  
Health

Ronald Crouch  
University of Louisville  
State Data Center

Ben Yandell, Ph.D.  
Norton Healthcare

Wayne Higgins, Ph.D.  
Western Kentucky University

Sherill Cronin, Ph.D.  
Bellarmine College

Chuck Warnick  
Baptist Hospital

John Lewis, M.D.

Paul Sinkhorn

Jerry Henry

Health Care Excel

Jewish Hospital

### MEMBERS ABSENT:

Whitney Gesner  
King's Daughters  
Medical Center

Joyce Beaulieu  
UK Center for Health Services  
Management and Research

**STAFF:** Department for Public Health, Health Policy Development Branch  
David Clark                      Mark Fazey                      David Murphy  
Charles Kendell                      Sheena Lewis                      Doug Thoroughman  
Tricia Williams                      Beth Sanderson

**GUESTS:** George Robertson, Surveillance and Health Data

### CALL TO ORDER

Charles Kendell called the meeting to order in the Schaff meeting room of the Salato Wildlife Center.

### WELCOME AND INTRODUCTIONS

Charlie welcomed the committee and guests.

Ben Yandell of Norton Healthcare gave a presentation on Risk Adjustment. Copies of the slides from this presentation were included in the packets distributed prior to the meeting.

Interesting points of Ben's presentation were:

- In hospitals treating heart cases, the cost is higher due to length of stay, cost of care, etc.
- The same method used for hospital deaths can be used to calculate Average Length of Stay

- Anything can be used as a risk predictor

After complimenting Ben on his presentation, Dr. John Lewis informed the committee that a proposal is being implemented to make hospital data available for public use. These will be based on 25 quality indicators using Medicare data. For example, Dr. Lewis mentioned a patient who is being treated for acute myocardial infarction. Quality indicators would include how many patients received aspirin within the first 24 hours. Exclusion criteria would apply to patients who are allergic to aspirin. Pennsylvania has submitted such a hospital report card in the past. In the opinion of several committee members, this was done too fast. People who shouldn't have been damaged were damaged by this report. Charlie Kendall commented that people can relate better to the report card method.

Paul Sinkhorn stated that no emphasis is being placed on staffing and that health information is being overlooked. Chuck Warnick voiced that the data collection is being based on the easiest data for hospitals to gather.

Ben stated that he would like to get out of the report card mode and more into outcome; however, hospitals are financial systems, unfortunately.

Dr. Lewis inquired as to whether this would drive hospitals to update their computer systems in order to gather electronic records. Ben replied that it is hard to be strategic when a facility is looking at a 10 to 20 year payoff when there is no immediate revenue. Ben also stated that consumers do not know about quality but they do understand cost. Chuck agreed, stating that standardized data is harder to choose and consumers look at cost. Hospitals get defensive because there is more involved than just cost.

Charlie said that Berea Hospital, which was the last standout hospital, is starting to submit data. State hospitals have competed testing to enable them to submit, as well. This will allow us to compare data between the state and the private sector.

## **OLD BUSINESS**

Medicaid has approached the Health Policy Branch requesting our assistance in looking at DRG's over time. The results of this project are due on April 1.

After a short break, Charlie called the group into order. He asked the group for any assistance and guidance that the group might be able to provide on using the data we are collecting. He directed the group's attention to the February 2003 edition of the EPI Notes which contained an article titled "Women and Health Attacks" written by Tricia Williams.

We have also been approached by the Reportable Disease Register to use UB data to compare against that register.

Charlie asked Beth Sanderson to discuss the current quarterly report she is working on focusing on Brain Tumors in Kentucky. She stated that her step-father had been diagnosed with a brain tumor which had been benign; however, her interest in the topic had remained. She gave an overview of her report that was included in the meeting packet. She stated that Clinton County rated very poorly. Ben stated that it was not a

good idea to break down the data by county without further investigation and suggested Beth contact the Cancer Registry. Dr. Lewis said that there are many Kentucky residents are going to hospitals out of state. Chuck mentioned that it would be a good idea to contact West Virginia regarding their cancer rates. Beth told the group that if there were any suggestions, to contact her.

Charlie pointed out two reports by Martha Graves that were also included in the meeting packet. Last year, Martha Graves began publishing the Annual Long-Term Care Services Report. Martha noticed that there was an increase in Long-Term Care deaths during 2000 and 2001. Martha used the data collected from nursing homes and compared with data obtained from our system. At this time, Licensing and Regulation wants to do fewer inspections in order to make it easier for facilities to report. The second report complete by Martha dealt with obesity.

Mark Fazey gave a presentation based on his attendance of the NAHDO meeting that he attended. Copies of the slides Mark used were distributed with the meeting packet. A website was listed on a slide in the presentation in case any members wanted to dig deeper into what was discussed. There were concurrent sessions being held discussing the same issues that the committee is discussing. Mark stated that there have been three conference calls since February relating to the collection of race and ethnicity data. Texas has a legal requirement to collect such data. There has been one meeting on the National Healthcare Quality Report that is expected to be released by June 1<sup>st</sup>.

The privacy and security component for HIPAA is due on April 14. Dr. Englander stated that reportable disease data is exempt from HIPAA. Jerry Henry disagreed, stating that according to HIPAA, patients have to be informed as to where their data is going. An audit trail has to be provided to show who has viewed the patient's medical record.

Ben Yandell voiced his concerned about converting to the 837 format. He mentioned the possibility that the flow of data could be interrupted for a long period of time.

## **NEW BUSINESS**

Charlie reiterated the fact that Emergency Room data is not something that we are collecting. In the past few weeks, we have been contacted by several agencies asking when we would be collecting ER data. Trish Williams, speaking on behalf of the Kentucky Injury Prevention Research Center, spoke about what impact this might have on hospitals. Trish informed the group that KIPRC has requested ED data. They feel that they are missing out on injuries by not obtaining this data. This directly affects the Intimate Partner Violence (IPV) program. One of the questions put forth is how the IPV program would collect the data and how would we keep the flow of data going. A suggestion was to contact hospitals and request that data be formatted in any way possible and submitted. Jerry stated that records are not retroactive. Once they have been paid, they are purged from the system. Another suggestion was to educate emergency personnel and education them to ask the right questions to determine the cause of the injury.

Paul Sinkhorn asked what kind of impact the Small Pox vaccinations would have on coding. Doug Thoroughman stated that it would be considered a special circumstance. Chuck asked about the initial population being measured. The number is possibly 2,000 – 4,000 hospital and health department employees.

Charlie informed the group that there has been a data comparability issue regarding MRI equipment. At this time, we are searching for a standard way for facilities to report the utilization of MRI equipment. The governor has placed a moratorium on this issue in the State Health Plan.

Due to conflicting meeting dates, Charlie told the group that he wished to reschedule the meeting dates previously scheduled. The new meeting dates are as follows: June 12, September 11, and December 11.

The meeting was adjourned at 11:45.

**HEALTH DATA ADVISORY COMMITTEE**  
**Kentucky Higher Education Assistance Authority Bldg**  
**June 5, 2003**  
**9:00 a.m.**

**MEMBERS PRESENT:**

Ronald Crouch  
University of Louisville  
State Data Center

Ben Yandell, Ph.D.  
Norton Healthcare

Joyce Robl  
Department for Public  
Health

Wayne Higgins, Ph.D.  
Western Kentucky University

Sherill Cronin, Ph.D.  
Bellarmine University

Chuck Warnick  
Baptist Hospital

John Lewis, M.D.  
Health Care Excel

Jerry Henry

**MEMBERS ABSENT:**

Whitney Gesner  
King's Daughters  
Medical Center

Joyce Beaulieu  
UK Center for Health Services  
Management and Research

Paul Sinkhorn  
Jewish Hospital

Larry Bone  
Four Rivers Healthcare  
Purchasing Alliance

**STAFF:** Department for Public Health, Health Policy Development Branch  
David Clark                      Mark Fazey                      David Murphy  
Charles Kendell                      Sheena Lewis                      Martha Graves  
Tricia Williams                      Beth Sanderson

**GUESTS:** George Robertson, Surveillance and Health Data  
Paige Clements, Kentucky Hospital Association

**CALL TO ORDER**

Martha Graves called the meeting to order.

**APPROVAL OF MINUTES**

The March 2003 DAC meeting minutes were approved as distributed electronically after the March meeting.

**WELCOME AND INTRODUCTIONS**

Martha introduced Joyce Robl as the newest member of the committee. Joyce is with the Kentucky Department for Public Health, Adult & Child Health Branch. Also, she is also involved with the Kentucky Birth Surveillance Registry. There are three main objectives of the Registry; tracking birth defects; prevention, and referral services.

## **PRESENTATION**

Dr. John Lewis of Health Care Excel gave a presentation on New Initiatives on Public Reporting by Medicare.

Highlights of John's presentation included:

- The key quality indicator objectives are to improve health care for Medicare beneficiaries; protect the rights of Medicare beneficiaries; and, to protect the integrity of the Medicare Trust Fund.
- The new Medicare contract for quality indicators outcomes will focus on quality measurements in Hospitals, Skilled Nursing Facilities, Home Health Agencies, and Physicians' Office Settings.
- Public reporting of Nursing Home Data began in November 2002; Home Health Data will begin in October 2003. The Pilot rollout for Hospital Data is scheduled for July 2003, and will be on a voluntary basis.
- The American Hospital Association is encouraging all hospitals to participate.

Point of Discussion following Dr. Lewis' presentation included:

Ron Crouch – Ron stated that higher co-pays and higher out-of-pocket expenses would result from this initiative.

## **OLD BUSINESS**

Being no old business, discussion moved on to New Business.

## **NEW BUSINESS**

Ron Crouch announced that the population projections would be released at 12:01 a.m. on June 6.

1. ER and Observation Data – Report from Illinois  
Paige Clements stated that Illinois is already collecting Emergency Room and Outpatient data. 15% of the data collected is ER and OP data. Paige put forth a formal request for Kentucky to collect ER data. Ben Yandell seconded the motion.

Jerry Henry stated that this data would eventually be collected; however, there is an issue with patients who present to the ER being subsequently being admitted as inpatients. These patients are not being reported as E.R. patients. Paige mentioned that another method other than the UB might be needed in this situation.

## 2. **Changes in UB-92 Submission Specs**

- a. Identify Passport claims with a new payer code – many hospitals are coding them as OTHER
- b. Require hospitals to enter the physician ID as the UPIN or License number in a standard format

Different facilities are reporting physician ID's in different ways. Medicare identifies physicians by UPIN.

Chuck Warnick mentioned that admitting physicians or attending physicians are not being identified. In some cases, surgeons are not being identified. Dr. Lewis – Hospitals are getting paid without consideration to paying the physicians.

Jerry Henry suggested sending a letter concerning this issue to Hospital Business offices, not to coders, etc.

Wayne Higgins also suggested adding a cc to the letters in order to send the letter to academic institutions (i.e. med schools, etc)

## 3. **HCUP Report**

Mark Fazey stated that there have been no firm decisions regarding the collection of race/ethnicity data.

### **Psychiatric Hospital Data submission**

There is a data submission issue among psych hospitals. These hospitals are not submitting regularly. The conversation centered on the “cycle billing” system of these hospitals, which is at odds with the “admit through discharge” language in the State legislation. Jerry Henry suggested that psych hospitals need to adjust their billing format to accommodate the State legislative mandate. Also, Paige Clements added that the State does not force psych hospitals to submit data, but these hospitals want to comply.

## **COMMITTEE HOUSEKEEPING**

Martha informed the group that Whitney Gesner has tendered her resignation to the committee. Nominations for a replacement were requested from the committee, specifically a candidate from a mid-size hospital.

The next meeting date is September 11, 2003 and will be held at the Game Farm's Salato Wildlife Center, Frankfort, Kentucky from 9am - 11:30 am.

The meeting was adjourned at 10:45 a.m.

# Centers for Medicare and Medicaid Services (CMS) Medicare QIO Contract

John N. Lewis, M.D., M.P.H.  
Director, Health Care Quality Improvement Program  
Health Care Excel

HCE 9702

### Why the QIOs?

- Offer non-regulatory oversight
- Facilitate workgroups
- Offer clinical & data expertise
- Offer QI expertise
- Assist in quality program development and implementation

### Health Care Excel

- Non-profit organization
- Established in 1974
- Staff includes physicians, nurses, project managers, statisticians, health data analysts, communications specialists, education specialists

HCE 9702

### Key QIO Objectives

- To improve patient care for Medicare beneficiaries
- To ensure the quality of Medicare services
- To protect the integrity of the Medicare program

### Who Are the Medicare QIOs?

- Formerly Peer Review Organizations (PROs)
- Shift in focus from medical record review to health care quality improvement
- Oversee the quality of care provided to Medicare beneficiaries
- Help providers improve their systems of care

HCE 9702

### How Medicare Contracted QIOs

- Formed by quality improvement organizations
- Contracted by Medicare to provide oversight and expertise
- Provide oversight and expertise to Medicare beneficiaries
- Provide oversight and expertise to Medicare providers

### Current QIO Activities

- Expand QIO improvement support to a variety of settings
- Continue clinical priority areas designated by setting
- Build a business case for quality by focusing on community coalitions rather than on individual providers

HCE 892

### Current QIO Initiatives (continued)

- Increase beneficiary and provider awareness of initiatives
- Increase focus on beneficiary complaints

HCE 892

### Quality Improvement Measures for Nursing Homes

- Improve quality of care in nursing homes related to the publicly reported quality of care measures at the statewide & nursing home level
- Kentucky focus on control of pain, pressure ulcers, and infections

HCE 892

- Needs to increase  
Focus

60 NF working on  
3 quality meas

1) pain

2)

## Why the QIOs?

- Offer non-regulatory approach
- Facilitate workgroups
- Offer clinical & data expertise
- Offer CQI expertise
- Assist in sharing lessons learned and best practices

HICE 802

## Key QIO Objectives

- To improve health care for Medicare beneficiaries
- To protect the rights of Medicare beneficiaries
- To protect the integrity of the Medicare Trust Fund

HICE 802

## New Medicare Contract for QIOs

- Focus on quality measurement in Hospitals, Skilled Nursing Facilities, Home Health Agencies, and Physician Office Setting
- Promotion of Performance Data

HICE 802

*New focus -*

*NF*

*HH*

*HOSP*

## Public Reporting of Home Health Data

- Rollout for Kentucky October, 2003
- Based on OASIS
- Will be available at [www.medicare.gov](http://www.medicare.gov), link not yet in place

HCE 102

## Public Reporting of Hospital Data

- Pilot rollout July, 2003
- Voluntary reporting only
- Role of American Hospital Association
- Based on validated chart review data

HCE 092

## Public Reporting of Physician Data

- ????
- Increasing importance of the informed consumer
- Role of electronic records

Healthcare Effect  
has free pool for this.

HCE 092

- JCAHO - quality indicators
- can back out after reviewing their data

QIO is longer list of indicators  
surgical grand rounds 1:00  
at U.L.

CMS - 2 things correct  
1) QI - non controversy  
2) Collaborating with JCAHO

6/6/03 - 12:01 New pop. data release

## QI Measures in Physician Offices (Continued)

- Preventive Services
  - Cancer screening
    - Mammography
  - Adult immunizations
    - Annual influenza immunization
    - PPV immunization

HCE 512

## New Initiatives

- Public reporting of quality data
- Financial incentives related to QI
- Mediation option for beneficiary complaints

HCE 512

## Public Reporting of Nursing Home Data

- Began in November, 2002
- Based on Minimum Data Set (MDS) and survey data
- See [www.medicare.gov](http://www.medicare.gov), and go to Nursing Home Compare

HCE 512

March 2003

Feed back of data in  
real time -

### Clinical Topics for Home Health

Collaborate with Home Health Agencies and Associations to improve quality of care related to publicly reported OASIS measures

HCE 5102

Focus  
1) Patient level  
w/ing up + around

### Quality Measures in Hospitals

- Acute Myocardial Infarction
- Heart Failure
- Pneumonia/Immunization
- Surgical Infection Prevention

HCE 5102

Smokers - did they get  
counseling to quite

### QI Measures in Physician Offices

- Diabetes
  - Retinal exam by an eye professional
  - Hemoglobin A1c testing
  - Lipids testing

HCE 5102

200 phys to enroll  
in QI Measure

# **Risk Adjustment 101**

March 2003

**Ben Yandell, PhD, CQE**

**Director, Clinical Information Analysis  
Norton Healthcare. Louisville, Kentucky.**

# New York State Report Ranks City Hospitals

*Newsday, November 25, 2002*

Three Queens medical centers received failing grades because they have **higher mortality rates than expected** for heart attack, stroke, pneumonia, and congestive heart failure, according to a new statewide hospital report card released today.

[A hospital president] said that the large number of elderly and terminally ill patients treated by the hospital may have affected the data.

The information for the report was collected from the state's 2001 database of hospital discharges. The report card is online at [www.myHealthFinder.com](http://www.myHealthFinder.com).

## Texas consumers at last get look at hospital report card

*Modern Healthcare.* October 14, 2002

After a seven-year wait, Lone Star state consumers got their first look at hospital discharge and mortality data [October 8, 2002].

The data showed that **risk-adjusted death rates** for heart surgeries varied dramatically from 1% for the best performing hospitals to more than 10% for the worst performing programs.

The report card is online at  
[www.thcic.state.tx.us/IQIRreport2000/IQIRreport.htm](http://www.thcic.state.tx.us/IQIRreport2000/IQIRreport.htm).

# AHA Principles for Quality Measurement

- Quality measures should facilitate meaningful comparison.

Effective risk adjustment should be applied to account for expected differences in measurement results due to factors outside of the control of the measured entity.

[http://www.hospitalconnect.com/aha/key\\_issues/patient\\_safety/background/PrinciplesQualityMeasurement.html](http://www.hospitalconnect.com/aha/key_issues/patient_safety/background/PrinciplesQualityMeasurement.html)

# Making valid comparisons

- Unadjusted (or insufficiently adjusted) data can be worse than no data
  - especially for facility-wide indicators such as mortality rates, complication or infection rates ...  
(HCFA mortality rates were highest in hospice facilities.)  
(Norton Hospital will win within Norton Healthcare.)
- KHA's report: risk-adjusted COMPdata for most frequent DRGs

# Taking risk into account

- risk selection -- select homogenous group, often by excluding some group (OB; valve surgery; outliers)
- risk stratification -- variation on risk selection. Divide population into multiple homogenous groups. (neonates vs. others)

# Taking risk into account

risk adjustment

- \* case mix index adjustment  
(e.g., divide cost per case by CMI)
- \* direct method  
(standard population or market basket)
- \* indirect method [or regression analysis]  
(creates an “expected” rate [usually based on average])

**Going to give an example of  
indirect standardization.**

# COMPdata 2001: DRG 14 Stroke

facility	# deaths					
Norton Hospital	14					
Baptist Hospital East	37					
University of Kentucky	45					
Samaritan -- Lexington	17					

# COMPdata 2001: DRG 14 Stroke

facility	# deaths	# cases				
Norton Hospital	14	166				
Baptist Hospital East	37	377				
University of Kentucky	45	285				
Samaritan -- Lexington	17	73				

# COMPdata 2001: DRG 14 Stroke

facility	# deaths	# cases	mort.rate			
Norton Hospital	14	166	8.4%			
Baptist Hospital East	37	377	9.8%			
University of Kentucky	45	285	15.8%			
Samaritan -- Lexington	17	73	23.3%			

**This is risk selection: the mortality rates are based only on patients hospitalized for stroke.**

**This makes a lot more sense than comparing the hospitals' overall mortality rates.**

**“My patients are sicker.”**

# COMPdata 2001: DRG 14 Stroke

facility	# deaths	# cases	mort.rate	expected %		
Norton Hospital	14	166	8.4%	8.7%		
Baptist Hospital East	37	377	9.8%	9.8%		
University of Kentucky	45	285	15.8%	15.6%		
Samaritan -- Lexington	17	73	23.3%	27.4%		

# COMPdata 2001: DRG 14 Stroke

facility	# deaths	# cases	mort.rate	expected %	SMR	
Norton Hospital	14	166	8.4%	8.7%	1.0	
Baptist Hospital East	37	377	9.8%	9.8%	1.0	
University of Kentucky	45	285	15.8%	15.6%	1.0	
Samaritan -- Lexington	17	73	23.3%	27.4%	0.8	

**SMR = standardized mortality ratio = actual / expected.**

**Ratio of 1.0 means performance is average.**

**Ratio below 1.0 means lower mortality rate than expected.**

# COMPdata 2001: DRG 14 Stroke

facility	# deaths	# cases	mort.rate	expected %	SMR	adj. %
Norton Hospital	14	166	8.4%	8.7%	1.0	10.3%
Baptist Hospital East	37	377	9.8%	9.8%	1.0	10.7%
University of Kentucky	45	285	15.8%	15.6%	1.0	10.7%
Samaritan --Lexington	17	73	23.3%	27.4%	0.8	9.0%

**adjusted % = SMR x overall expected rate**

**[overall = 10.61% in this example]**

**(Notice that Samaritan wins this one.**

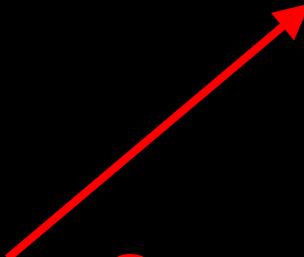
**Without risk adjustment, the “best” hospital looks the worst.)**

**Technical note: The adjusted %s will put facilities in the right order, but it is incorrect to subtract or otherwise directly compare the %s across facilities.**

# COMPdata 2001: DRG 14 Stroke

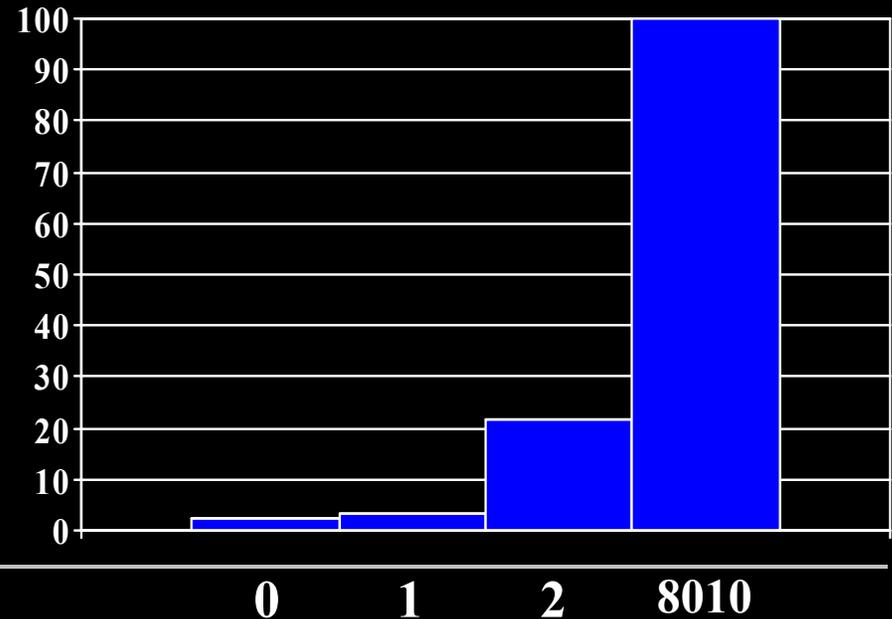
facility	# deaths	# cases	mort.rate	expected %	SMR	adj. %
Norton Hospital	14	166	8.4%	8.7%	1.0	10.3%
Baptist Hospital East	37	377	9.8%	9.8%	1.0	10.7%
University of Kentucky	45	285	15.8%	15.6%	1.0	10.7%
Samaritan --Lexington	17	73	23.3%	27.4%	0.8	9.0%
St. Luke West	3	91	3.3%	6.1%	0.5	5.7%
Norton Suburban	29	186	15.6%	10.0%	1.6	16.5%

How?



# Computing the expected rate

	Kentucky actual		
Refined DRG	# deaths	# cases	mort. rate
0140	63	2,602	2.42%
0141	136	3,882	3.50%
0142	262	1,204	21.76%
8010	397	397	100.00%
<b>DRG 14</b>	<b>858</b>	<b>8,085</b>	<b>10.61%</b>



We have a predictor of mortality rate:  
the rate increases with increasing R-DRG severity.

# Computing the expected rate

	Kentucky actual			Norton Hospital actual			
Refined DRG	# deaths	# cases	mort. rate	# deaths	# cases	mort. rate	
0140	63	2,602	2.42%	0	61	0.00%	
0141	136	3,882	3.50%	4	80	5.00%	
0142	262	1,204	21.76%	4	19	21.05%	
8010	397	397	100.00%	6	6	100.00%	
<b>DRG 14</b>	<b>858</b>	<b>8,085</b>	<b>10.61%</b>	<b>14</b>	<b>166</b>	<b>8.4%</b>	

We can compute the number of deaths the hospital would be expected to have, if performing at exactly the statewide average for each severity level.

# Computing the expected rate

Refined DRG	Kentucky actual			Norton Hospital actual			NH expected
	# deaths	# cases	mort. rate	# deaths	# cases	mort. rate	KY% x NH# = exp. # deaths
0140	63	2,602	2.42%	0	61	0.00%	1.48
0141	136	3,882	3.50%	4	80	5.00%	
0142	262	1,204	21.76%	4	19	21.05%	
8010	397	397	100.00%	6	6	100.00%	
<b>DRG 14</b>	<b>858</b>	<b>8,085</b>	<b>10.61%</b>	<b>14</b>	<b>166</b>	<b>8.4%</b>	

Average statewide performance predicts death in 2.42% of cases at the lowest severity level.

# Computing the expected rate

Refined DRG	Kentucky actual			Norton Hospital actual			NH expected
	# deaths	# cases	mort. rate	# deaths	# cases	mort. rate	KY% x NH# = exp. # deaths
0140	63	2,602	2.42%	0	61	0.00%	1.48
0141	136	3,882	3.50%	4	80	5.00%	2.80
0142	262	1,204	21.76%	4	19	21.05%	4.13
8010	397	397	100.00%	6	6	100.00%	6.00
<b>DRG 14</b>	<b>858</b>	<b>8,085</b>	<b>10.61%</b>	<b>14</b>	<b>166</b>	<b>8.4%</b>	<b>14.41</b>

So, Norton Hospital expected mortality % =

$$(14.41 \text{ expected deaths} / 166 \text{ cases}) \times 100 = 8.7 \%$$

# COMPdata 2001: DRG 14 Stroke

facility	# deaths	# cases	mort.rate	expected %	SMR	adj. %
Norton Hospital	14	166	8.4%	8.7%	1.0	10.3%
Baptist Hospital East	37	377	9.8%	9.8%	1.0	10.7%
University of Kentucky	45	285	15.8%	15.6%	1.0	10.7%
Samaritan -- Lexington	17	73	23.3%	27.4%	0.8	9.0%
St. Luke West	3	91	3.3%	6.1%	0.5	5.7%
Norton Suburban	29	186	15.6%	10.0%	1.6	16.5%



The large variation in expected values across facilities means the adjustment will make a difference.

# Notice what we had to decide

- **quality indicator**  
in-hospital mortality
  - **comparison group**  
acute & psych. hospitals in Kentucky
  - **adjustment method**  
indirect standardization (SMR)
  - **indicator of risk**  
R-DRG severity level
- Different decisions would give different results.

# Computing the expected ALOS

## Chronic obstructive pulmonary disease (DRG 88)

Refined DRG	Kentucky actual			ARH-Hazard actual			Haz. expected
	# days	# cases	ALOS	# days	# cases	ALOS	KY ALOS x Haz# = exp. # days
0880	33,094	8,458	3.91	1,281	321	2.52	1,255.99
0881	37,499	8,075	4.04	1,282	330	3.88	1,552.47
0882	15,671	2,534	6.18	1,057	166	6.37	1,026.59
8040	85	61	1.39	2	1	2.00	1.39
<b>DRG 88</b>	<b>86,349</b>	<b>19,128</b>	<b>4.51</b>	<b>3,472</b>	<b>818</b>	<b>4.24</b>	<b>3,816.44</b>

So, ARH-Hazard expected average length of stay =

**3,816.44** expected days / **818** cases = **4.67**

Actual / expected ratio = **4.24** / **4.67** = **0.91**

Adjusted ALOS = **0.91** x **4.51** = **4.11**

# R-DRG severity correlates with some important indicators

## Chronic obstructive pulmonary disease (DRG 88)

R-DRG	cases	mort.rate	ALOS	charge / case	avg.age
0880	8,458	0.22%	3.91	\$6,381	63.4
0881	8,075	0.61%	4.64	\$8,152	67.6
0882	2,534	2.92%	6.18	\$11,359	67.4
8040	61	100.00%	1.39	\$3,555	74.4
<b>88-COPD</b>	<b>19,128</b>	<b>1.06%</b>	<b>4.51</b>	<b>\$7,779</b>	<b>65.7</b>

# Risk predictor: patient age

Congestive heart failure (DRG 127) -- Norton adult facilities

age group	mort.rate	ALOS	charge / case	# of sec.dx
18-44	4.9%	4.33	\$13,820	5.52
45-64	2.6%	4.69	\$12,160	6.38
65-74	2.8%	5.11	\$12,682	6.77
75-84	6.9%	5.12	\$12,482	6.76
85+	7.3%	5.20	\$10,735	6.21

# Risk predictor: clinical factors

## C-section rates -- Norton adult facilities

<b>risk group</b>	<b>% of deliveries</b>	<b>C-section %</b>
no prior C-section, low risk	78%	<b>13.2%</b>
no prior C-section, high risk	10%	<b>52.3%</b>
prior C-section, low risk	11%	<b>75.8%</b>
prior C-section, high risk	1%	<b>86.6%</b>
<b>all deliveries</b>	<b>100%</b>	<b>25.0%</b>

**Low risk = full-term, vertex presentation, singleton**

# **KHA DRG report**



## Overview of HCUP

The HCUP (pronounced "H-CUP") family of health care databases and related software tools and products is made possible by a Federal-State-Industry partnership sponsored by the Agency for Healthcare Research and Quality (AHRQ).

[Home](#)[Databases](#)[Tools & Software](#)[Reports](#)[Technical Assistance](#)

### HCUP

The Healthcare Cost and Utilization Project (HCUP, pronounced "H-Cup") is a family of health care databases and related software tools and products developed through a Federal-State-Industry partnership and sponsored by the Agency for Healthcare Research and Quality (AHRQ). HCUP databases bring together the data collection efforts of State data organizations, hospital associations, private data organizations, and the Federal government to create a national information resource of patient-level health care data ([HCUP Partners](#)). HCUP includes the largest collection of longitudinal hospital care data in the United States, with all-payer, encounter-level information beginning in 1988. These databases enable research on a broad range of health policy issues, including cost and quality of health services, medical practice patterns, access to health care programs, and outcomes of treatments at the national, State, and local market levels.

### HCUP Databases

provide data beginning in 1988 and contain patient-level information for all payers compiled in a uniform format with privacy protections in place.

[HCUP databases](#) include:

**The Nationwide Inpatient Sample (NIS)** with inpatient data from a national sample of over 1,000 hospitals.

**The Kids' Inpatient Database (KID)** is a nationwide sample of pediatric inpatient discharges.

**The State Inpatient Databases (SID)** contain inpatient discharge abstracts from non-Federal hospitals in participating States.

**The State Ambulatory Surgery Databases (SASD)** contain data from ambulatory care encounters from hospital-affiliated and sometimes freestanding ambulatory surgery sites.

**The State Emergency Department Databases (SEDD)** contain data

### HCUP Tools and Software

The HCUP databases have been a powerful resource for the development of tools that can be applied to other similar databases by health services researchers and decision makers.

[HCUPnet](#) is an interactive tool for identifying, tracking, analyzing, and comparing statistics on hospital care. HCUPnet queries generate statistics in a table format using data from the NIS and SID databases for those States that have agreed to participate.

The [AHRQ Quality Indicators](#) (QIs) includes three sets of indicators, each measuring quality associated with processes of care that occur in both outpatient or inpatient settings. The AHRQ QIs can be used with information routinely collected by hospitals to highlight potential quality concerns, identify areas that need further investigation, and track changes over time.

The [Clinical Classifications Software](#) (CSS), which was developed with HCUP data and is available from AHRQ. The CCS provides a method for classifying diagnoses or procedures into clinically meaningful categories, which can be used for aggregate statistical reporting of a variety of types.

HCUP's objectives are to:

- Obtain data from the Statewide information sources.
- Design an develop multi-State health care databases for health services research and health policy analysis.
- Make these data available to a broad set of public and private users.

from emergency department encounters from hospital-affiliated emergency departments.

Many of the HCUP databases are available for purchase through the [HCUP Central Distributor](#).

- NIS (starting in 1988)
- KID (1997 and 2000)
- SID (starting in 1995)
- SASD (starting in 1997)

At this time, the SEDD is under development and not yet available for purchase.

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Additional information is available on the AHRQ Web site.  
If you have comments, suggestions, and/or questions, please contact [hcup@ahrq.gov](mailto:hcup@ahrq.gov).  
[Are you having problems viewing or printing pages on this Web site?](#)

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## **Section 5 – Public Use and Research Data Sets**

As part of its statutory mission to “... disseminate information on ... health services ...”, the Health Policy Development subprogram makes public use data sets available to public and private requestors for research and analysis. These data have been modified to prevent direct identification of individual patients and providers. Additionally, all users of Kentucky hospitalization data sets are required to sign a Users’ Agreement stating that patient and provider privacy will be maintained and that Kentucky hospitalization data will not be resold or used for commercial purposes.

Private requestors are charged a fee of \$1,500 for a calendar year’s data file, while state and local government agencies are provided data (and in some cases, analyses of hospitalization data) on a by request basis. During 2002-2003, twelve data sets were provided to six private requestors and the Healthcare Cost and Utilization Project, returning a total of \$18,000 in fees. Hospitalization data were also extracted and provided to four Kentucky agencies (Kentucky Injury Prevention Research Center, Jefferson County Health Department, the Chronic Disease Branch of the Kentucky Department for Public Health, and the Kentucky Center for Rural Health), the state of West Virginia, and a physician researcher in pediatric cardiology at the University of Washington. Ad hoc analyses of hospitalization data were also performed for various state agencies, usually for grant justification or as part of a summary report on a specific aspect of the health of Kentucky citizens.