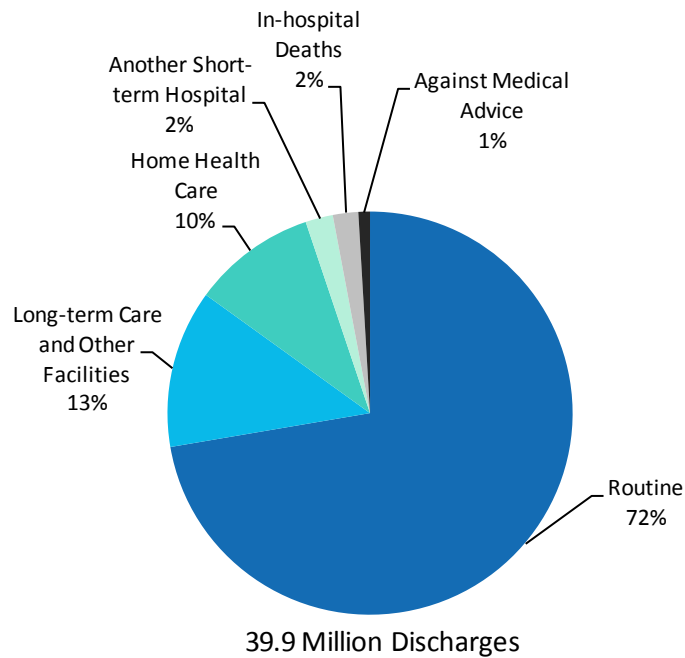


## EXHIBIT 1.5 Discharge Status

### Distribution of Inpatient Hospital Stays by Discharge Status, 2008

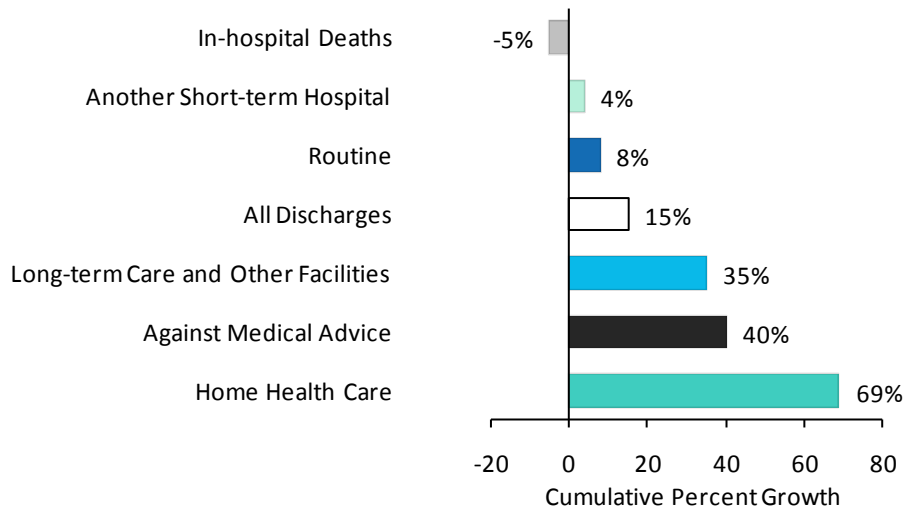


Note: Excludes a small number of discharges (42,000 or 0.1 percent) with missing discharge status.  
Source: AHRQ, Center for Delivery, Organization, and Markets, Healthcare Cost and Utilization Project, Nationwide Inpatient Sample, 2008.

Discharge status indicates the circumstance surrounding the discharge or where the patient went after discharge from the hospital. Most discharges were routine in nature, but discharges to follow-on care were also frequent.

- The most common patient discharge status was routine (72 percent, or 28.8 million discharges), with the patient being sent home without closely supervised health care.
- Discharge to a long-term care facility (5.0 million discharges) was the second most common type of discharge, accounting for 13 percent of discharges.
- Discharge to the home with home health care supervision accounted for 10 percent of discharges (3.9 million discharges).
- Remaining discharge circumstances each accounted for 2 percent or less of discharges. These included discharge to another short-term hospital (877,700 discharges), in-hospital deaths (811,200 discharges), or discharge against medical advice (370,000 discharges).

### Growth in Number of Hospital Stays by Discharge Status, 1997-2008

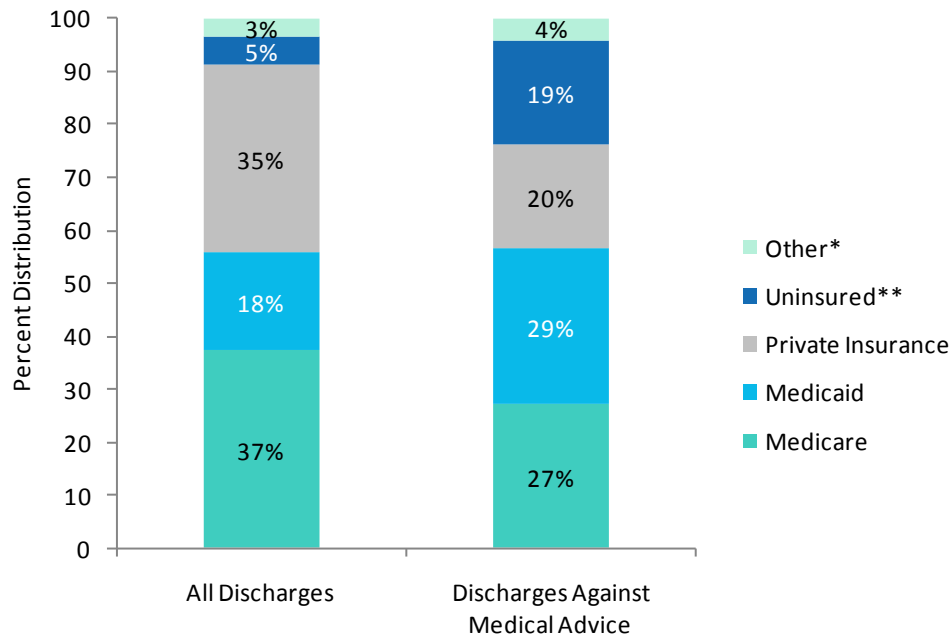


Source: AHRQ, Center for Delivery, Organization, and Markets, Healthcare Cost and Utilization Project, Nationwide Inpatient Sample, 1997 and 2008.

The total number of discharges increased 15 percent (5.2 million discharges) from 1997 to 2008, but the rate of growth varied by discharge status.

- The number of discharges to follow-on care has increased as the average length of stay has fallen.
  - The number of discharges to home health care grew by 69 percent (1.6 million discharges).
  - Discharges to nursing homes and long-term care increased by 35 percent (1.3 million discharges).
- The number of patients who left the hospital against medical advice, although small, rose by 40 percent (105,600 discharges)—the second fastest increase of any discharge type.
- The number of discharges for in-hospital deaths (down 5 percent) and discharges to another short-term hospital (up 4 percent) remained stable between 1997 and 2008.

### All Discharges and Discharges Against Medical Advice by Payer, 2008



\*Includes other payers such as Workers' Compensation, TRICARE, CHAMPUS, CHAMPVA, Title V, and other government programs.

\*\*Includes discharges classified as self-pay or no charge.

Note: Excludes a small number of discharges (68,000 or 0.2 percent) with missing payer.

Source: AHRQ, Center for Delivery, Organization, and Markets, Healthcare Cost and Utilization Project, Nationwide Inpatient Sample, 2008.

- Uninsured and Medicaid stays accounted for nearly half (48 percent) of all stays discharged against medical advice, but only about one-quarter (23 percent) of all stays.
  - Nineteen percent of all discharges against medical advice were uninsured, while only 5 percent of all stays were uninsured.
  - Similarly, Medicaid covered 29 percent of discharges against medical advice, but only 18 percent of all stays.
- Private insurance was the primary payer for 35 percent of all stays, but only 20 percent of discharges against medical advice.
- Medicare-covered discharges accounted for 37 percent of all stays, and 27 percent of stays discharged against medical advice.