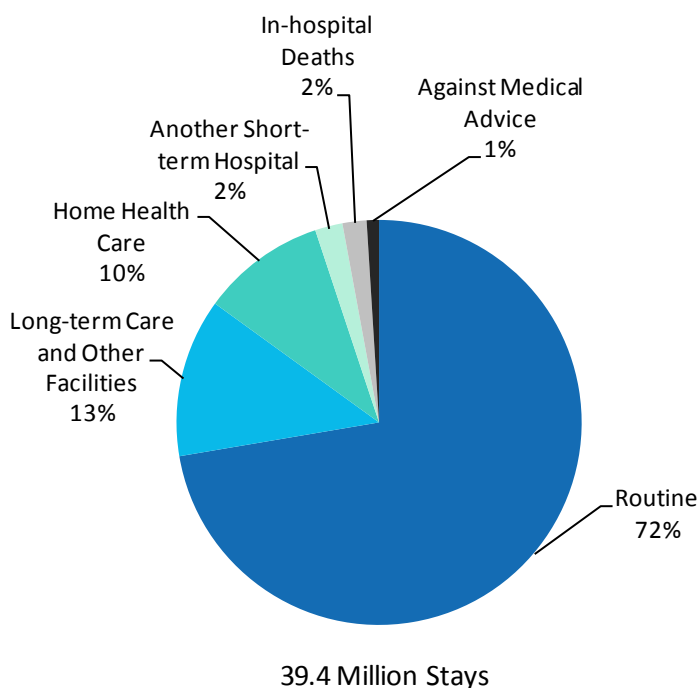


## EXHIBIT 1.4 Discharge Status

**Distribution of Hospital Stays by Discharge Status, 2009**



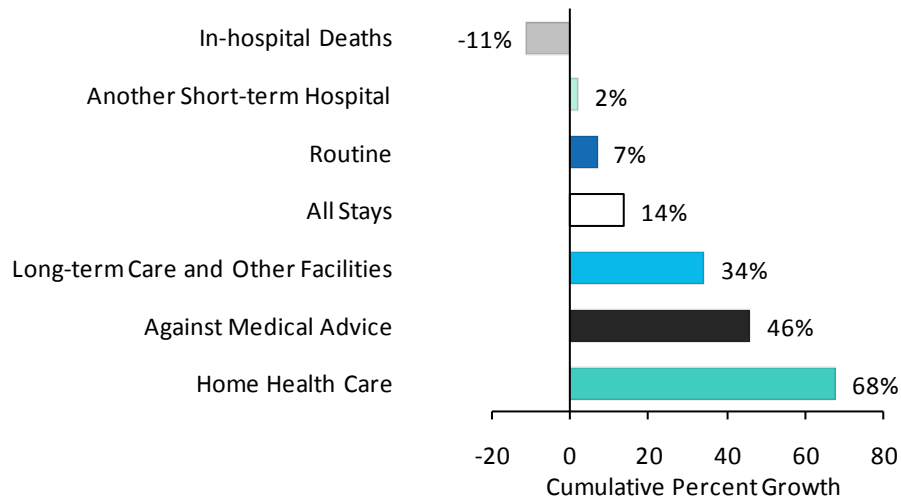
Note: Excludes a small number of stays with missing discharge status.

Source: AHRQ, Center for Delivery, Organization, and Markets, Healthcare Cost and Utilization Project, Nationwide Inpatient Sample, 2009.

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 28.5 million stays), with the patient being sent home without closely-supervised health care.
- Discharge to a long-term care facility (5.0 million stays) was the second most common type of discharge, accounting for 13 percent of stays.
- Discharge to the home with home health care supervision accounted for 10 percent of stays (3.9 million stays).
- Remaining discharge circumstances each accounted for 2 percent or less of stays. These included discharge to another short-term hospital (864,500 stays), in-hospital deaths (757,800 stays), or discharge against medical advice (385,600 stays).

### Growth in Number of Hospital Stays by Discharge Status, 1997-2009

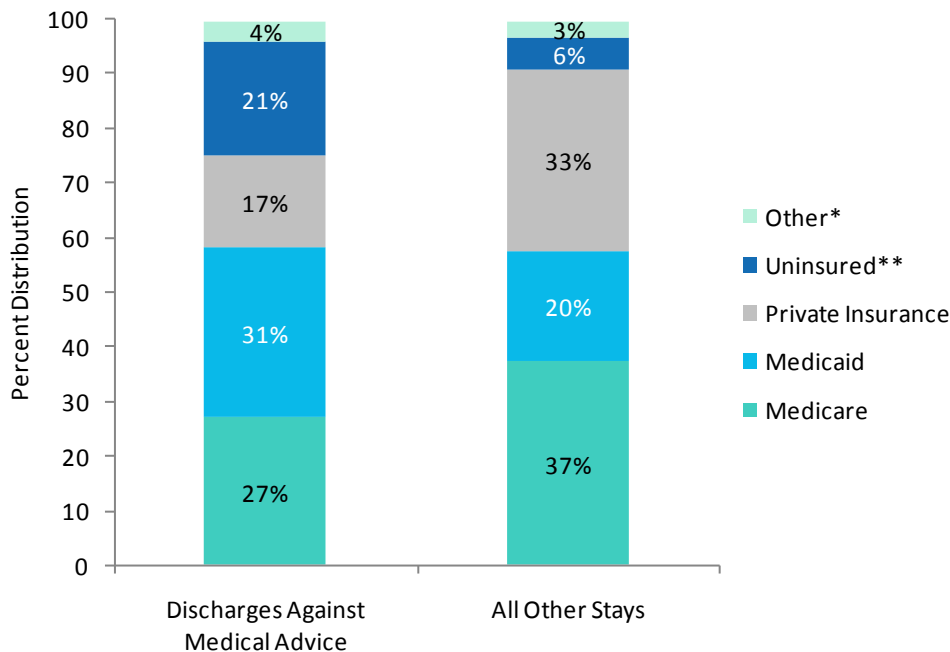


Source: AHRQ, Center for Delivery, Organization, and Markets, Healthcare Cost and Utilization Project, Nationwide Inpatient Sample, 1997 and 2009.

The total number of stays increased 14 percent from 1997 to 2009, but the rate of growth varied by discharge status.

- The number of stays discharged to follow-on care has increased as the average length of stay has fallen.
  - The number of discharges to home health care grew by 68 percent.
  - Discharges to nursing homes and long-term care increased by 34 percent.
- The number of patients who left the hospital against medical advice, although small, rose by 46 percent—the second fastest increase of any discharge type.
- The number of discharges for in-hospital deaths declined by 11 percent between 1997 and 2009.
- Discharges to another short-term hospital remained stable between 1997 and 2009.

### Distribution of Discharges Against Medical Advice and All Other Hospital Stays by Payer, 2009



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

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

Note: Excludes a small number of stays (84,000 or 0.2 percent) with missing payer.

Source: AHRQ, Center for Delivery, Organization, and Markets, Healthcare Cost and Utilization Project, Nationwide Inpatient Sample, 2009.

- Uninsured and Medicaid stays accounted for over half (52 percent) of all stays discharged against medical advice, but only one-quarter (26 percent) of all other stays.
  - Twenty-one percent of all discharges against medical advice were uninsured, while only 6 percent of all other stays were uninsured.
  - Similarly, Medicaid covered 31 percent of discharges against medical advice, but only 20 percent of all other stays.
- Private insurance was the primary payer for only 17 percent of discharges against medical advice but for 33 percent of all other stays.
- Medicare-covered discharges accounted for 27 percent of stays discharged against medical advice and 37 percent of all other stays.