

Wisconsin County Health Rankings 2011

Preventable Hospital Stays
Hospital Discharge Rate for Ambulatory Care-Sensitive Conditions (ACSC)
Per 1,000 Medicare Recipients

<http://www.countyhealthrankings.org/wisconsin/kenosha/5>

Place	No of Medicare enrollees	ACSC Rate	Error Margin	Z-Score
Menominee [^]	651	159	124-193	3.00
Pepin	2,119	103	89-116	2.21
Lafayette	3,847	94	84-104	1.70
Juneau	9,863	85	79-91	1.18
Barron	12,227	83	78-88	1.04
Forest	3,585	83	73-92	1.03
Kenosha	30,950	83	80-86	1.05
Washburn	6,464	83	76-91	1.08
Clark	8,153	82	75-88	0.96
Sawyer	5,686	81	73-88	0.91
St. Croix	11,470	80	74-85	0.86
Polk	10,708	77	72-83	0.72
Richland	4,959	75	68-83	0.61
Price	4,611	74	66-82	0.52
Burnett	5,347	73	65-80	0.43
Lincoln	8,491	73	67-79	0.47
Vernon	4,487	73	65-81	0.45
Adams	8,451	72	66-78	0.38
Pierce	7,950	71	65-77	0.33
Waushara	5,896	71	64-78	0.33
Bayfield	4,460	69	61-77	0.20
Buffalo	3,954	69	61-78	0.24
Oneida	10,745	69	64-74	0.23
Racine	41,210	69	67-72	0.24
Crawford	3,863	68	59-76	0.15
Green	9,283	68	63-74	0.19
Marathon	24,143	68	64-71	0.15
Monroe	7,171	68	62-74	0.18
Dodge	21,609	67	64-71	0.12
Grant	14,173	67	63-72	0.12
Milwaukee	173,644	66	65-67	0.04
Wood	16,874	66	62-70	0.06
Marquette	4,846	65	58-73	0.00
Sauk	15,492	65	61-69	-0.03
Trempealeau	5,647	65	58-71	-0.03
Douglas	10,753	64	59-69	-0.08
Taylor	4,161	64	56-72	-0.07
Iowa	6,499	63	57-69	-0.15
Walworth	23,187	62	59-65	-0.18
Chippewa	13,312	61	57-65	-0.27
Columbia	12,762	61	57-65	-0.24
Manitowoc	21,135	61	58-64	-0.25
Shawano	7,744	61	56-66	-0.25
Vilas	11,255	61	56-66	-0.24
Ashland	4,827	60	53-67	-0.32
Oconto	8,972	60	55-65	-0.30
Door	10,012	59	55-64	-0.34
Eau Claire	19,137	59	55-62	-0.38
Jackson	3,724	59	51-67	-0.36
Calumet	4,361	58	51-65	-0.41
Rock	38,660	56	53-58	-0.57
Waupaca	14,344	56	52-60	-0.53
Jefferson	17,468	55	51-58	-0.63
Langlade	6,107	55	49-61	-0.60
Marinette	12,687	55	51-59	-0.58
Washington	24,798	55	52-58	-0.61
Waukesha	85,179	55	53-56	-0.62
Green Lake	5,333	54	48-60	-0.67
Rusk	3,727	54	46-61	-0.69
Dunn	7,663	53	47-58	-0.75
Portage	11,940	53	49-57	-0.74
Winnebago	27,179	53	51-56	-0.70
Brown	40,908	51	49-53	-0.84
Iron	1,884	51	41-60	-0.87
Fond du Lac	20,043	50	47-53	-0.88
Dane	83,005	48	47-50	-1.01
Sheboygan	25,106	46	43-49	-1.14
Ozaukee	20,049	44	41-47	-1.27
Outagamie	25,304	43	41-46	-1.31
La Crosse	16,774	42	39-45	-1.36
Kewaunee	4,974	38	32-43	-1.64
Florence	1,053	35	23-46	-1.81

Preventable Hospital Stays

Hospitalization is the most serious and expensive portion of health care treatment. Avoiding unnecessary hospital visits is a priority strategy for health care cost containment.

The Healthcare Cost and Utilization Project (HCUP) was established by the Agency for Healthcare Research and Quality (AHRQ) to guide evaluations of hospital discharge data with specific emphasis on selected health conditions that can be prevented when effectively managed in outpatient settings. High rates of hospitalization for these ambulatory care sensitive conditions (ACSCs) could indicate poor access to outpatient health care and lack of patient compliance to treatment, among other factors.

Prevention Quality Indicators (PQIs) are a set of measures developed through the HCUP program that can be used with hospital inpatient discharge data to identify ACSCs. Even though these indicators are based on hospital inpatient data, they provide insight into the quality of the health care system outside the hospital setting. These conditions represent hospitalizations that might have been prevented if proper primary care and patient compliance had been achieved.

Statistically tested tools are available to assess preventable hospitalizations. Prevention Quality Indicators (PQIs) are a recommended method for analysis <http://www.ahrq.gov/> to evaluate ACSCs. The PQIs consist of the following 14 ambulatory care sensitive conditions, determined from ICD-9 CM coding specifications, which are measured as rates of admission to the hospital:

1. Bacterial Pneumonia;
2. Dehydration;
3. Urinary Tract Infection;
4. Perforated Appendix;
5. Low Birth Weight;
6. Angina (without Procedures);
7. Congestive Heart Failure;
8. Hypertension (High Blood Pressure);
9. Adult Asthma;
10. Chronic Obstructive Pulmonary Disease;
11. Diabetes Short-Term Complications;
12. Diabetes Long-Term Complications;
13. Uncontrolled Diabetes; and
14. Lower Extremity Amputation among Patients with Diabetes.

High rates of hospitalization for ACSC could indicate poor access to outpatient health care. Examining rates of hospitalization can help to identify populations or areas where access to medical care is inadequate or where the systems for providing care are not working.

Effective management of ACSCs includes:

- control of exposure to factors that trigger exacerbations of disease,
- adequate pharmacological management,
- continual monitoring of disease status,
- patient education and
- early intervention to prevent more severe disease.