Community Health Improvement Partners
County of San Diego, Emergency Medical Services
Hospital Association of San Diego and Imperial Counties

EMERGENCY DEPARTMENT DISCHARGE PATIENT SUMMARY

AGGREGATE REPORT

January 1, 2007
Through
December 31, 2007

San Diego County

August 2008

Introduction

The Community Health Improvement Partner's Violence and Injury Prevention Work Team, in collaboration with the County of San Diego's Emergency Medical Services (EMS) and the Hospital Association of San Diego and Imperial Counties (HASD&IC) conceptualized and coordinated the implementation of the Emergency Department Data Surveillance project.

The Emergency Department Discharge Patient Summary is a report describing all patients who are treated and discharged from the participating emergency departments in San Diego County. Emergency department (ED) discharge data, however, does not represent all patients who go to the emergency department. Those patients who were admitted to the hospital from the ED are not included in this database. The information contained in this database is collected from billing data, so if a patient presents to the ED and is admitted to that same hospital, all information is transferred to the inpatient record and the patient becomes part of the hospital inpatient discharge database. In 2007, 17% of all patients who presented to a San Diego County emergency department were admitted to that hospital.

Emergency department data that are reported to Emergency Medical Services (EMS) do not contain unique identifiers, such as social security number. Each record represents a visit to the ED; multiple visits for the same person cannot be identified. Therefore, this report represents the number of *encounters* (visits), not the number of *people* who use the ED. For the purposes of this report, the term *patient* will be used to refer to all discharges from the ED.

The following data elements are reported to the hospital association: Facility ID Number, Patient ZIP code, Date of Birth, Gender, Race, Ethnicity, Service Date, Principal Diagnosis, Other Diagnoses, Principal Procedure (CPT-4), Other Procedures (CPT-4), Principal E-Code, Other E-Codes, Disposition of Patient and Expected Source of Payment.

Sixteen of eighteen civilian hospitals reported emergency department data for this report, and less than three percent of ED discharge data were missing for this year. Therefore, annual rates per 100,000 in the population were calculated.

Rates are calculated by dividing the number of ED discharges by the total population, and multiplying by a constant. For example, to calculate the annual rate of ED discharges among 25 to 44 year olds in San Diego County, the following equation would be used:

$$\frac{\text{Total ED Discharge Patients Ages 25 to 44 years, April – June 2007}}{\text{(2007 San Diego County Population Ages 25 to 44 years)}} \times 100{,}000 = \text{Rate per } 100{,}000$$

When appropriate, rates are presented in this report for all patients.

Current Projects

The emergency department discharge data presented in this report have contributed to the following projects:

- *What to do When Your Child Gets Sick.* The Community Health Improvement Partners (CHIP) is implementing a train the trainer program with the goals of: increasing parents/caregivers self care skills to care for their children's physical health, reducing the burden on the safety net system by increasing appropriate use of emergency rooms, and reducing the number of days missed from daycare/school and work due to illness. The program aims to train parents on how to use the "What to do When your Child Gets Sick" book, written by Gloria Mayer, R.N. and Ann Kuklierus, R.N. ED discharge data was used to assist in determining the magnitude and types of visits for non-emergent medical care in order to reduce the burden on the emergency health care system.

- *Alcohol Policy Panel Surveillance Report.* The San Diego County Alcohol Policy Panel is a coalition of community and youth leaders whose purpose is to prevent underage drinking by changing the social, legal and commercial environments in which alcohol is made available and/or desirable to young people. Emergency Medical Services has been asked to assist in the creation of a surveillance tool and periodic report in partnership with Alcohol and Drug Services (ADS) for the Panel in order to identify and monitor binge and underage drinking in San Diego County. ED discharge data is the primary data source for this surveillance tool.

- *Binge and Underage Drinking Report Card.* ED discharge data are being provided on an annual basis to the County of San Diego Alcohol and Drug Services for the Underage Drinking Initiative. The Binge and Underage Drinking Report Card is a countywide data tracking tool designed to address the issue of youth access to alcohol and underage drinking.

- *Childhood Injury Report.* The County of San Diego Emergency Medical Services is currently working on a report with Public Health Services to identify common mechanisms of injury among children and youth ages 0 through 24 years. This report will describe both unintentional and violent injuries as seen at all levels of encounter with the medical system, including treatment and discharge from the emergency department.

- *Chronic Disease Prevention.* Public Health Services is currently engaging in an initiative to formulate a Chronic Disease Prevention Agenda for the Health and Human Services Agency. The agenda strives to create healthy environments by focusing on four primary environmental strategies that support healthy behaviors, which ultimately contribute to the reduction of chronic disease prevalence in San Diego County. Local medical encounter data, including the ED discharge data, have been used to identify priorities and shape the focused dialogues.

- *Community Epidemiology Work Group (CEWG).* Established by the National Institute on Drug Abuse (NIDA), the CEWG is a network composed of researchers from major metropolitan areas of the United States and selected foreign countries who meet semiannually to discuss the current epidemiology of drug abuse. The primary mission of the Work Group is to provide ongoing community-level surveillance of drug abuse. Through this program the CEWG provides current descriptive and analytical information regarding the nature and patterns of drug abuse, emerging trends, characteristics of vulnerable populations and social and health consequences. ED discharge data are provided to the University of California, San Diego (UCSD) and used in conjunction with other data sources to represent San Diego County.

- *Dental Health.* Children Now is a national organization for people who care about children and want to ensure that they are the top public policy priority. Children Now is currently working on an Oral Health Awareness Campaign and utilized ED discharge data to begin to assess how often the ED treats children who present with preventable oral health problems.

- *San Diego Safe Kids Coalition.* The San Diego Safe Kids Coalition is a community collaborative comprised of agency representatives and individuals united in their efforts to make San Diego County a safer place for children. ED data are given to Safe Kids to provide important information on the major mechanisms of injury in San Diego County, and are used to assist community groups in the development of prevention strategies. Currently ED discharge data are being used to identify home injuries, near drownings and motor vehicle occupant crashes.

- *San Diego Safe Kids Coalition Childhood Unintentional Injury Report.* A childhood unintentional injury report is being developed with the San Diego Safe Kids Coalition to identify and describe unintentional injuries among children 0 through 14 years in San Diego County. This report will also highlight current prevention efforts that the Safe Kids Coalition is involved in.

- *Senior Report Card.* The County of San Diego Emergency Medical Services is also working on a report with Aging and Independence Services to create a Senior Report Card, which describes the health of seniors in San Diego County. This report will focus on all aspects of senior health, including chronic disease, immunizations and injury prevention, among others. ED discharge data will be an integral part of this report.

- *Regional Profiles.* Annual updates utilizing ED discharge data for health indicators describing San Diego County and the six Health Service Regions have been made to the Community Health Statistics Unit of the County of San Diego Health and Human Services Agency. These indicators are published in the Regional Profiles and Core Indicator Report in areas such as diabetes, heart disease, asthma, dental health, firearms, and unintentional injury.

- *Ongoing Data Requests.* ED data are frequently requested for specific projects, surveillance activities, and grant proposals by individual hospitals as well as county and community organizations. Topics include drug and alcohol use/abuse, mental illness, asthma, diabetes, elderly falls, dental health, unintentional injury, self-inflicted injury and access to care, among others.

Patient Profile

There were 597,490 patients who were treated and discharged from participating San Diego County emergency departments (EDs) in 2007. For every 100,000 people living in San Diego County, an estimated 19,284 patients were discharged from an emergency department. In other words, residents of San Diego County were treated and discharged from a San Diego County emergency department at a rate of 19,284 per 100,000 population.

Patient Demographics

The rate of ED discharge was highest among the very young and the very old (Table 1, Figure 1). Approximately one out of every three children ages 0-4 years living in San Diego during 2007 was treated and discharged from a San Diego County ED, compared to one out of every seven children ages 5-9 years. The annual rate for 0-4 year olds was 29,200 per 100,000, and was highest during the months of January, February and December (36,017 per 100,000). This was due in part to seasonal variations in ED visits for infectious illnesses such as acute respiratory infection, as described later. The rates of ED discharge for other age groups did not differ so noticeably by season. There was a peak in rate among 20-24 year olds (22,122 per 100,000) and a sharp increase in rate between 55-64 (16,395 per 100,000) and 85+ year olds (32,674 per 100,000).

The distribution of patients by age group and gender is described in Table 2 and Figure 2. Slightly more than half (54%) of all ED discharges were female. In 2007, approximately one out of every five female residents of San Diego County were discharged from an ED (20,736 per 100,000), compared to about one out of every six male residents (17,830 per 100,000). Males ages 0-14 had a higher rate of ED discharge than females of the same age (21,129 vs. 16,590 per 100,000), but females ages 15-24 were discharged at a considerably higher rate than males of the same age (24,655 vs. 16,131 per 100,000). The rate of discharge for females was highest among ages 15-24 (24,655 per 100,000) and 65+ years (25,155 per 100,000). The rate of ED discharge for males was highest among 0-14 (21,129 per 100,000) and 65+ year olds (22,202 per 100,000).

As displayed in Figure 3, half of all patients were White (51%), 29% were Hispanic, 9% were Black and 6% were Asian or Hawaiian/Pacific Islander (Asian/PI). The distribution of patients by race/ethnicity and age group is described in Figure 4. The proportion of Whites increased with increasing age group, while the proportion of Hispanics decreased with increasing age group. For comparison, Figure 5 provides a description of the San Diego County population by race/ethnicity and age group.

Table 3 and Figure 6 describe the percent and rate of ED discharge by race/ethnicity and age group. Across all age groups, rates were higher among Blacks than any other racial/ethnic group, especially for ages 45-64 (37,666 per 100,000). The rate of discharge for Blacks increased with increasing age group through ages 45-64 then decreased for ages 65+ (31,102 per 100,000). The rate of discharge for Whites, however, was highest among those ages 15-24 (21,682 per 100,000) and 65+ years (23,196 per 100,000), and

the rate for Hispanics was highest among 0-14 (21,644 per 100,000) and 65+ year olds (28,340 per 100,000). Although rates were lower, the pattern for Asian/PI patients was similar to that of Hispanic patients. Figure 6 gives a good illustration of differences in the patterns of ED discharge by race/ethnicity and age group.

Table 4 and Figure 7 describe the patterns of ED discharge by race/ethnicity and gender. For all categories of race/ethnicity, patients were more likely to be female than male. This difference was most apparent among Black patients. Black females were discharged from the ED at a rate of 36,881 per 100,000 compared to Black males who were discharged at a rate of 25,329 per 100,000. In other words, one out of every three Black female and one out of every four black male residents of San Diego County were discharged from a San Diego County ED in 2007.

Tables 5 and 6 are detailed tables describing the number and rate of ED discharge by age group and gender within each category of race/ethnicity. White patients were most likely to be female, ages 25-44 years (15%), as were Black patients (20%) and Asian/PI patients (17%). Hispanic patients were more likely to be male, ages 0-14 years (18%). Overall, the highest rate occurred among Black females 25-44 years (44,236 per 100,000). In other words, nearly one out of every two Black females, 25-44 years living in San Diego County during 2007 were treated and discharged from an ED. The lowest rate occurred among Asian/PI males, 25-44 years (8,182 per 100,000).

Region of Residence

The percent and rate of ED discharge by region of residence is described in Table 7 and in Figures 8 and 9. The rate of ED discharge varied significantly by region. Residents of the Central (22,186 per 100,000), East (21,748 per 100,000) and South (19,789 per 100,000) Regions were discharged at higher rates than the North Coastal (15,144 per 100,000), North Central (15,165 per 100,000) and North Inland (15,026 per 100,000) Regions. The distribution of patients by subregional area (SRA) of residence (community) is described in Table 8. See Appendix A for a map of the regional and subregional area boundaries.

Table 9 describes the rate of ED discharge within each region of residence by age group. For five of the six Health Service Regions, the annual rate of ED discharge was highest 65+ year-olds. The exception was the Central Region, in which 45-64 year-olds were discharged at a higher rate (26,582 per 100,000) than 65+ year-olds (25,917 per 100,000). In the South Region, the rate was especially high among children 0-14 years (21,801 per 100,000). Figure 10 displays the rate of ED discharge by region of residence within each age group. The rate of ED discharge among patients 45-64 years was considerably higher for residents of the Central Region (26,582 per 100,000) than for 45-64 year-olds living in the other five Regions.

Table 10 and Figure 11 describe the rate of ED discharge within each region of residence by race/ethnicity. In nearly every region, the rates were highest among Blacks and lowest among Asian/PIs. However in the East Region, Whites had a slightly lower rate of ED

discharge than Asian/PIs. The rate for Blacks living in the Central and East Regions was especially high (34,276 and 35,615 per 100,000, respectively) when compared to other Regions. Overall, the rate for Whites was slightly higher (19,093 per 100,000) than for Hispanics (18,901 per 100,000), but in the North Central and South Regions, the rate of ED discharge was higher among Hispanics than Whites.

Service Month and Day of Week

Figures 12 and 13 describe the number of discharges per day by service month and day of week. On average 1,637 patients were discharged per day. The highest number of ED discharges per day occurred during the month of February (n=1,765). There were more patients discharged per day on Sundays (n=1,723), Mondays (n=1,738) and Saturdays (n=1,689) than any other day of the week.

Patient Disposition

Table 11 describes the distribution of ED discharges by disposition. As expected, the vast majority of patients were sent home for self-care (93%). Three percent left the facility against medical advice (AMA), and nearly 2% were transferred to another hospital.

Expected Source of Payment

Figure 14 describes the distribution of ED discharges by expected source of payment. Forty percent of all patients were underinsured: 19% were covered by Medi-Cal, 4% by non-federal programs and 17% were self-pay. Self-pay includes those individuals without health insurance either by choice or circumstance. Nearly 40% of patients were privately insured, and 16% were covered by Medicare. See Appendix B for a description of the categories used to define expected source of payment.

Table 12 describes the distribution of expected source of payment by age group. Roughly 25% of 15-24 and 25-44 year-olds were self-pay, compared to 15% of 45-64 and 12% of 0-14 year olds. More than half of all 0-14 and 15-24 year-olds were underinsured.

Table 13 describes the distribution of expected source of payment by race/ethnicity, for which noteworthy differences exist. Black and Hispanic patients were more often underinsured than White and Asian/PI patients. A significantly higher percent of Blacks and Hispanics were covered by Medi-Cal (30%, 31%) than Whites (11%) or Asian/PIs (11%). Similarly, 20% of Blacks and 20% of Hispanics were self-pay, compared to 15% of Whites and 10% of Asian/PIs. On the other hand, more than half of Asian/PIs (55%) and 43% of Whites were privately insured, while only 26% of Blacks and 30% of Hispanics were covered by private insurance.

As shown in Table 14, the distribution of expected source of payment was similar by gender. However, a higher percent of males (19%) were self-pay than females (15%), while a higher percent of females (21%) were covered by Medi-Cal than males (16%).

Table 15 shows that regional differences in expected source of payment were apparent. Of all Regions, residents of the East Region were most often underinsured (56%). A higher percent of patients living in the Central and North Inland Regions were self-pay (14%, 14%) than covered by Medi-Cal (10% and 10%), while residents of the North Central, South, East, and North Coastal Regions were more often covered by Medi-Cal than self-pay.

As shown in Table 16, more than one-third of all children less than 18 years of age discharged from a San Diego County ED were covered by Medi-Cal. However, the distribution of expected source of payment varied greatly by race/ethnicity. One out of five White and Asian/PI children were covered by Medi-Cal while three out of five were privately insured. By comparison, nearly half of Black and Hispanic children were covered by Medi-Cal, and one out of four was privately insured.

Principal Diagnosis

The patient's principal diagnosis is defined as the condition, problem, or other reason established to be the chief cause of the encounter for care, and is coded according to the ICD-9-CM. See Appendix C for a detailed description of each diagnosis category.

The distribution of patients by diagnosis category is described in Figure 15. More than one-quarter (26%) of all principal diagnoses were for an injury or poisoning, and 22% were for symptoms, signs, and ill-defined conditions, which includes symptoms, signs, abnormal results of laboratory or other investigative procedures, and ill-defined conditions with no diagnosis classifiable elsewhere. Nearly 9% of all patients had a principal diagnoses identifying a respiratory disease. It should be noted that compared to other categories, respiratory diseases showed the most seasonal variation. Roughly 12-13% of diagnoses during the winter months were for respiratory diseases, compared to 5-6% during the summer months.

Table 17 lists the fifteen most common primary diagnoses. The top three most common diagnoses fell into the "symptoms, signs, and ill-defined conditions" category. Respiratory symptoms (5.0%) represent undiagnosed wheezing, cough, painful respiration, and other discomfort in the chest. Abdominal symptoms (5.0%) refer to abdominal tenderness or pain, which was otherwise unclassifiable. General symptoms (4.9%) included altered consciousness, hallucinations, syncope, convulsions, dizziness, sleep disturbances, fever, and general malaise and fatigue. Acute respiratory infections (4.6%) was the fourth most common diagnosis group, which include the common cold, sore throat, tonsillitis, laryngitis, and acute bronchitis. Sprains and strains of joints and muscles (4.4%), and contusions with intact skin (3.6%) were the fifth and sixth most common diagnoses. ED diagnoses of other diseases of the urinary system (3.3%) were mainly kidney stones, kidney infections, urinary tract infections, and cystitis.

Dorsopathies (2.8%) refer to disorders of the back and cervical region. Neurotic, personality and other nonpsychotic mental disorders (2.8%) included neurotic disorders, non-dependent abuse of drugs, and other depressive disorders. Chronic obstructive pulmonary disease (COPD) and allied conditions (2.6%) refer to diagnoses of asthma, chronic bronchitis, emphysema, and other chronic obstructive lung diseases. Head and neck symptoms (2.4%) were diagnosed for general headache, neck pain, swelling, or voice and speech disturbances.

Tables 18 and 19 describe the principal diagnosis categories by age group. For all ages, injury and poisoning and symptoms, signs and ill-defined conditions were the most common diagnosis groups. Nineteen percent of all ED discharges ages 0-14 years were diagnosed with a respiratory disease, at a rate of 3,502 per 100,000; more than double the rate for any other age group. The rate of complications of childbirth and pregnancy was high among 15-24 year-olds (1,551 per 100,000). When considering that all patients falling into this category were female, the rate of ED discharge was even higher at 3,378 per 100,000. Since most pregnant women who present to the ED will be admitted to the hospital, patients who were discharged from the ED with a pregnancy related principal diagnosis often presented due to an early miscarriage or other minor conditions classifiable elsewhere that may complicate the pregnancy, such as a urinary tract infection. Patients ages 25-44 and 45-64 years were discharged from the ED with musculoskeletal or connective tissue disorders at rates of 1,295 per 100,000 and 1,585 per 100,000, respectively, and 65+ year olds were discharged with a circulatory disease diagnosis at a rate of 2,040 per 100,000. Table 20 describes the top five most common diagnoses by age group in further detail.

Tables 21 and 22 describe the principal diagnosis categories by race/ethnicity. Considering that Blacks had a higher rate of ED discharge than other racial/ethnic groups overall, the rates by principal diagnosis were higher as well. The high rates should not be interpreted as more illness or injury, but as more use of the ED for illness and injury. Eleven percent of all Blacks discharged from the ED had a respiratory diagnosis, at a rate of 3,301 per 100,000 population. Compared to other racial/ethnic categories, Blacks were also more often discharged from the ED with diagnoses of musculoskeletal or connective tissue disorders (2,419 per 100,000) and diseases of the nervous system or sense organs (1,890 per 100,000). Twenty-seven percent of White ED discharges were diagnosed with an injury or poisoning, followed by 22% symptoms, signs and ill-defined conditions. Blacks and Whites were discharged from the ED at high rates with mental disorders (991 per 100,000 and 900 per 100,000). Hispanics were discharged with a digestive disease diagnosis at a relatively high rate (1,154 per 100,000) compared to other disease categories. Table 23 describes the top five most common diagnoses by race/ethnicity in further detail.

Tables 24 and 25 describe principal diagnoses by gender. Males were diagnosed with an injury or poisoning (5,458 per 100,000) at a higher rate than females (4,445 per 100,000). Females were diagnosed with notably higher rates of symptoms, signs and ill-defined conditions (4,888 per 100,000), nervous system/sense organ (1,207 per 100,000), genitourinary (1,371 per 100,000), and musculoskeletal/connective tissue diseases (1,272

per 100,000) than males. Females were also diagnosed with conditions related to pregnancy, childbirth and the puerperium at a rate of 1,142 per 100,000. Table 26 describes the top five most common diagnoses by gender in further detail.

Tables 27 and 28 describe the principal diagnoses by region of residence. The rate of ED discharge with a principal diagnosis of respiratory disease was highest in the Central Region (2,112 per 100,000), as was the rate of mental disorders (852 per 100,000). The rate of complications of pregnancy and childbirth was highest in the South Region (801 per 100,000). Table 29 describes the top five most common diagnoses by region of residence in further detail.

Mechanism of Injury

Mechanism of injury, or how an injury occurred, is identified using the ICD-9-CM External Cause of Injury Codes (E-Codes). It should be noted that injury categories presented in this report have changed slightly since previous ED discharge reports. Namely, sports and recreational injuries were removed as a category and a special section with a more comprehensive definition was created.

A principal mechanism of injury was reported for 159,503 patients discharged from the ED (27%), at a rate of 5,148 per 100,000 population. As seen in Figure 16, falls were the most common mechanism of injury (30%). Fourteen percent of injured patients were unintentionally struck by an object or person, 9% were injured due to overexertion, and 9% suffered motor vehicle occupant injuries. The "other" category includes burns and scalds, near-drownings, other transport-related and other miscellaneous injury types (18%). It is important to note that these cases are not representative of the more severe injuries that are admitted to the hospital. The fifteen most common mechanisms of injury are listed in greater detail in Table 30.

Tables 31 and 32 describe the principal mechanisms of injury by age group. While the highest rates of ED discharge overall occurred among 0-14 and 65+ year-olds, the highest rate of ED discharge with an injury occurred among 15-24 year-olds (6,661 per 100,000). The most common mechanism of injury in this age group was being unintentionally struck by an object or person (1,147 per 100,000) followed by falls (1,111 per 100,000) and motor vehicle occupant crashes (872 per 100,000). Children ages 0-14 years were injured at a significantly higher rate due to falls (2,390 per 100,000) than any other mechanism, the closest being struck unintentionally by an object or person (1,300 per 100,000). This was even more apparent in patients 65+ years of age, where more than 62% of all injuries were due to a fall. For every 100,000 people ages 65+ years in the population, 3,267 were treated and discharged from the ED with a fall injury. Table 33 describes the most common mechanisms of injury in more detail by age group.

As seen in Tables 34 and 35, Blacks had the highest rate of ED discharge with any injury (6,596 per 100,000). However, Whites had higher rates of fall (1,734 per 100,000), bicycle (132 per 100,000), natural/environmental (213 per 100,000), and self-inflicted injuries (87 per 100,000) than any other racial/ethnic group. Black patients had higher

rates of motor vehicle crash (741 per 100,000), overexertion (686 per 100,000), pedestrian (73 per 100,000) and assault injuries (578 per 100,000) than any other racial/ethnic group. Hispanic and Asian/other patients had the lowest injury rates overall. Table 36 describes the most common mechanisms of injury in more detail by race/ethnicity.

As shown in Tables 37 and 38, males had the highest rate of ED discharge for injury overall (5,624 per 100,000). Females, however, had higher rates of injury due to motor vehicle crashes (522 per 100,000), falls (1,595 per 100,000) and self-inflicted injuries (84 per 100,000). Table 39 describes the most common mechanisms of injury in more detail by gender.

Differences in the rate of ED discharge for injury by region of residence were apparent, as shown in Tables 40 and 41. Overall, the East (5,945 per 100,000) and Central (5,092 per 100,000) Regions had the highest rates of ED discharge for injury. The highest rate of ED discharge for a fall injury was in the East Region (1,806 per 100,000). Bicycle injuries occurred at the highest rate in the North Central Region (118 per 100,000). The assault injury rate was highest in the Central Region (365 per 100,000) and the self-inflicted injury rate was highest in the East Region (103 per 100,000). Table 42 describes the most common mechanisms of injury in more detail by region of residence.

The location of injury was reported for 155,671 patients, representing 97% of ED discharges with a reported E-code. Twenty-one percent of all injuries were reported to have occurred at home. See Figure 17 for the distribution of ED discharges by location of injury.

Special Topics

Elderly Falls

Falls are the leading cause of fatal and non-fatal injuries among San Diego seniors ages 65+ years. As vision, balance, strength and other abilities diminish with age, the risk of fall injury increases dramatically. Risk factors for senior falls include being an older white female, having lower body weakness or balance problems, physical limitations, visual problems, having more than one chronic disease, multiple medications, being cognitively impaired, fear and having had a previous fall. ED discharge data serve a critical role in describing the epidemiology of falls in San Diego County. Injuries treated in the ED are less serious than inpatient hospitalization or encounters with the trauma system. San Diego County emergency departments therefore have the opportunity to address risk factors when a patient enters the system in order to alleviate fear and reduce the risk of a second fall.

As seen in Figure 18, the rate of ED discharge for falls among the elderly was significantly higher than for any other injury or age group (3,267 per 100,000). The fifteen most common principal diagnoses of senior ED discharges with a fall injury are described in Table 43. More than 21% of patients were diagnosed with a contusion with

intact skin surface, 14% with an open wound of the head, neck or trunk, 13% with traumatic complications and unspecified injuries and 11% with a fracture of the upper limb. As seen in Figure 19, females ages 65+ years were discharged for a fall injury at a higher rate (3,927 per 100,000) than males (2,397 per 100,000), and Whites (3,542 per 100,000) and Hispanics (3,051 per 100,000) were discharged at higher rates than Blacks (2,126 per 100,000) and Asian/PIs (2,057 per 100,000). The rates in the East (3,589 per 100,000) and North Coastal (3,469 per 100,000) Regions were noticeably higher than in other Regions of the County.

Self-Inflicted Injuries

Much of the available data on self-inflicted injuries and suicide reflect the more serious injuries and deaths that occur. However, an important and significant problem still exists in the form of less severe self-inflicted injury, among younger populations in particular. ED discharges for self-inflicted injuries typically represent the less serious injuries and may not indicate suicide attempts.

During 2007, there were a total of 2,133 ED discharges with a self-inflicted injury. Figure 20 describes the distribution of the method of self-inflicted injury. More than half of all patients used drugs or medicinal substances (57%), and 29% used a cutting instrument. As seen in Figure 21 and Table 44, females ages 15-19 had the highest rate of self-inflicted injury (257 per 100,000), followed by females ages 20-24 (175 per 100,000) and 25-34 (132 per 100,000). The highest rate of ED discharge for males with a self-inflicted injury occurred among 20-24 year-olds (118 per 100,000). Interestingly, while females are generally more likely to have a self-cutting injury than males, more than half of 25-34 year-olds with a cutting injury were male.

Sports and Recreation Injuries

Sports and recreation injuries account for a large number and substantial proportion of all injuries, especially among children, adolescents, and young adults. Sports and recreation injuries are identified by mechanism of injury (E-code) and represent a subset of the previously discussed injury categories that is not mutually exclusive. Sports and recreation injuries include struck in sports, fall in sports, bicycle-related, water sports, fall from playground equipment and falls from skateboards, scooters or rollerskates.

In 2007, there were 14,227 injuries that were identified as occurring due to sports and recreation activities, representing 9% of all injuries. The percent of all injuries due to sports and recreation was highest among 0-14 year-olds (16%) and decreased with increasing age group. Sports and recreation injuries were most likely to occur on Saturdays and Sundays, and during the month of September. Figure 22 shows the principal mechanism for all sports and recreation injuries. Nearly half (47%) were struck in sports and 23% were bicycle related. Thirteen percent were due to falls from a skateboard, and 8% were due to falls from playground equipment.

Table 45 and Figure 23 describe the number and rate of sports and recreation injuries by age group and gender. Overall, males were discharged from the ED at a higher rate (703 per 100,000) for sports and recreation injuries than females (215 per 100,000). This was most apparent among 0-14 and 15-24 year-olds. The rate of sports and recreation injuries was 1,396 per 100,000 for males ages 0-14 compared to 536 per 100,000 for females, and 1,385 per 100,000 for males ages 15-24 years compared to 374 per 100,000 for females.

Diabetes Mellitus

A patient who is discharged with a principal diagnosis of diabetes is one who has a condition directly related to the disease, such as diabetic hypoglycemia or hypoglycemic shock. A patient discharged with a secondary diagnosis of diabetes may or may not be presenting with symptoms directly related to their disease, but they have been identified as diabetic due to the complications that may arise as the result of the disease. Although there is a high rate of hospital admission among diabetic patients who present to the ED, most diabetic patients who are discharged from the emergency department do not have a principal diagnosis of diabetes. For this report, a diabetic patient is one who has either a principal or other diagnosis of diabetes.

More than 6% of all ED discharges were identified as diabetic (37,332). Overall, 55% were female, and 244 patients were under the age of 15 years. Ninety-six percent were identified as having type II diabetes and 4% as having type I diabetes. Overall, 2% were known to have uncontrolled diabetes. Of all diabetic patients, 4,269 had a principal diagnosis of diabetes (11%). Forty-four percent of patients with a principal diagnosis of diabetes were diagnosed with diabetic hypoglycemia or hypoglycemic shock. Another 41% were diagnosed with uncomplicated diabetes, with no mention of the presenting symptoms.

The principal diagnosis for all diabetic ED discharges is presented in Figure 24. Twenty-seven percent of patients were diagnosed with symptoms, signs, and ill-defined conditions, most of which were for respiratory, abdominal, or general symptoms. Fifteen percent of diabetic ED discharge patients had a principal diagnosis of injury or poisoning. Of patients with a reported mechanism of injury, 46% suffered a fall. Another 866 diabetic patients were reported to have an adverse reaction to drugs.

Figure 25 and Table 46 describe the rate of ED discharge among diabetic patients by age group and gender. The rate of diabetic ED discharges increased with increasing age. Overall, females were discharged with diabetes at a slightly higher rate (1,331 per 100,000) than males (1,079 per 100,000), however the rates for 65+ year-olds were nearly the same by gender. Table 47 describes the percent of all ED discharges with a diabetes diagnosis. More than 6% of all ED discharges were identified as diabetic. The percent of diabetics was similar by gender, and increased with increasing age group. Overall, 18% of all ED discharges ages 65+ years were diabetic.

Figure 26 and Table 48 describe the rate of ED discharge with diabetes by age group and race/ethnicity. Overall and across all age groups, Blacks were discharged with a diabetes

diagnosis at a higher rate than any other racial/ethnic group. Hispanics ages 65+ years, however, also had a high rate of ED discharge (8,692 per 100,000). Table 49 describes the percent of all ED discharges with a diabetes diagnosis by age group and race/ethnicity. Among all Black ED discharges, 7% had a diabetes diagnosis, compared to 9% of Asian/PIs, 6% of Hispanics, and 5% of Whites. Among ages 65+ years, 28% of Hispanics, 25% of Blacks and 26% of Asian/PIs had a diabetes diagnosis, compared to 12% of Whites of the same age.

Asthma

As with diabetes, asthmatic ED discharges are those with either a principal or other diagnosis of asthma. A total of 27,971 ED discharges were identified as asthmatic during 2007, 34% of whom had a principal diagnosis of asthma. Seventeen percent were diagnosed with other respiratory conditions, and 11% with symptoms, signs, and ill-defined conditions, not including respiratory. Figure 27 describes the principal diagnosis of ED discharges identified as asthmatic.

Figure 28 and Table 50 describe asthmatic ED discharges by age group and gender. There were 8,751 children ages 0-14 years with an asthma diagnosis, 65% of whom were male. Among patients 15+ years, 68% were female. The rate of discharge with asthma was higher overall for females (1,044 per 100,000) than for males (761 per 100,000), but males ages 0-14 years were discharged at higher rates (1,744 per 100,000) than females (965 per 100,000). The rate for males decreased sharply for ages 15-24 then remained steady with increasing age. The rate for females was highest for ages 15-24 (1,196 per 100,000) then declined slightly with increasing age. As seen in Table 51, 5% of all ED discharges in 2007 were identified as having asthma.

Figure 29 and Table 52 describe asthmatic ED discharges by age group and race/ethnicity. Overall and across all age groups, the rate of ED discharge with asthma was notably higher for Blacks (2,237 per 100,000) than for any other racial/ethnic group. The notably high rate of Black ED discharges with asthma could be a function of the high rate of ED discharges overall. However, as seen in Table 53, as a percent of all ED discharges 7% of Blacks were asthmatic, compared to 5% of Hispanics, 5% of Asian/PIs and 4% of Whites.

Drug Use and Abuse

Requests for data describing mentions of drug use or abuse among ED discharges have become common. It is important to note that the emergency physician typically reports drug use/abuse for ED discharges only if it impacts the patient outcome or the procedures necessary to treat the complaint. Thus, the reported drug mentions are likely an underrepresentation of the true number of cases of drug use/abuse among ED discharges. That being said, drug mentions among ED discharges have been accepted as an important surveillance tool in monitoring trends for specific drug categories.

Table 54 describes the total number of drug mentions among ED discharges by age, gender, and race/ethnicity. In 2007, 2% of all ED discharges had a mention of drug

use/abuse as noted in either the diagnoses fields, E-code fields, or both (n=11,902). The highest rate of ED discharge with a drug mention occurred among 15-24 (554 per 100,000) and 25-44 year olds (549 per 100,000), representing 2.8% and 2.9% of all ED discharges, respectively. Males were more likely than females to have a drug mention. Blacks had the highest rate of ED discharge with a drug mention (726 per 100,000) compared to other racial/ethnic groups, but a similar percent of White ED discharges (2.5%) had a drug mention as Blacks (2.4%).

Alcohol Use/Abuse

Binge and underage drinking is a serious problem with long-term health, safety, and academic consequences. Current initiatives seek to reduce binge and underage drinking through the reduction of commercial availability of alcohol, the reduction of alcohol access and availability, the reduction of the glamorization and encouragement of underage drinking through advertisements, the reduction of inappropriate normalization of alcohol use, and the advancement of family-friendly parks and recreation areas that restrict alcohol sales and consumption. ED discharge data is used as a means of monitoring medical encounters among persons ages 12-26 years who were discharged from the ED with an alcohol use or abuse diagnosis. Binge drinking is defined as a diagnosis of non-dependent abuse of alcohol in either the principal or other diagnosis fields.

In 2007, there were 3,012 ED discharges ages 12-26 years with a mention of binge drinking, representing 2.3% of all ED discharges in this age group. Figure 30 displays the distribution of these patients by age group and gender. Overall, more males were diagnosed with binge drinking than females. However, among 12-14 year olds, 61% of ED discharges with a binge drinking diagnosis were female. Half of these 12-14 year-old females were Hispanic.

Figure 31 displays the percent of all ED discharges and the rate of ED discharges with a binge drinking diagnosis. While the rate was highest among 21-23 year-olds (598 per 100,000), the percent of all ED discharges with a binge drinking diagnosis was high among 15-17 (2.7%), 18-20 (2.6%) and 21-23 (2.7%) year-olds. Even though the percent of all ED discharges and the rate per 100,000 were lowest for 12-14 year-olds, it is striking that 154 children in this age group were sick enough to need treatment in the ED for binge drinking.

The principal diagnosis of ED discharges who were binge drinking is displayed in Figure 32. Nearly half of binge drinkers who were discharged from the ED had an alcohol-related principal diagnosis, and 28% were diagnosed with an injury or poisoning. Eleven had a principal diagnosis of complications of pregnancy or childbirth.

Firestorm 2007

On October 21, 2007, the San Diego County Emergency Operations Center (EOC) and EMS Departmental Operations Center (EMS DOC) were activated in response to two rapidly spreading fires that were being propelled by a strong Santa Ana wind condition. At the time, relative humidity was less than 10% throughout the county, winds were strong and gusting up to 60 miles per hour in some locations, and the temperature was high. During the course of this emergency, as many as 12 fires burned, eventually burning nearly 400,000 acres, or about 15% of the total land area of the county. More than 500,000 individuals were evacuated from fire-threatened areas, a scale that has never been seen in California. During this evacuation, more than 2,100 medically-fragile patients were successfully evacuated from medical facilities and transported to an appropriate receiving facility. Two hospitals with emergency departments were shut down.

Despite the large-scale emergency, ED discharge data collected during this period shows only slight variation in ED use. Figure 33 displays the total number of ED discharges per day in October and November of 2006 and 2007. During the first full week of the fires, there were an average of 1,649 ED discharges per day, which was only slightly higher than the average number of ED discharges per day for the months of October and November, 2007 (1,635 per day). The average number of ED discharges per day from October 21-27, 2007 was approximately 7% higher than the same week in 2006, however, the average number of ED discharges per day during the entire months of October and November 2007 were also 7% higher than in 2006.

The principal diagnosis category most noticeably impacted was respiratory diagnosis. Figure 34 displays the total number of ED discharges per day in October and November of 2006 and 2007 with a respiratory diagnosis. During the first few days of the fire, the number of ED discharges with a respiratory diagnosis was nearly double the number of respiratory diagnoses reported immediately prior to and after the fires. Figure 35 shows the diagnosis category of those with a respiratory principal diagnosis during the first week of the fires. More than one-third of all principal diagnoses were for asthma, 18% for bronchitis, and 15% for an acute respiratory infection.

Emergent and Non-Emergent Care

Until now, the ability to effectively monitor ED utilization in San Diego County has been limited by a lack of data. Overall trends in ED volume have been tracked, but analysts have been unable to gain insight into the characteristics of ED use. Due to the cooperation between area hospitals, the Hospital Association of San Diego and Imperial Counties, the Community Health Improvement Partners, and County of San Diego, Emergency Medical Services, San Diego County has a near complete data set representing the utilization of emergency departments in the county, allowing for population-based analyses of ED discharge data.

One important component that is missing from the ED data set is a measure of the urgency of the visit. In 1999, under the direction of John Billings and his colleagues at New York University, the Emergency Department Use Profiling Algorithm was developed to analyze ED visits according to emergent versus non-emergent status. The algorithm uses a patient's principal diagnosis at the time of discharge from the ED to assign visits to one of five distinct categories.

1. Non-emergent, primary care treatable (Non-Emergent)
2. Emergent, primary care treatable (Emergent, PC Treatable)
3. Emergent, preventable/avoidable (Emergent, Preventable)
4. Emergent, non-preventable/non-avoidable (Emergent, Not Preventable)
5. Other visits not classified according to emergent or non-emergent status (Other Visits)

ED visits are first classified as either emergent or non-emergent. Emergent visits are those that require contact with the medical system within 12 hours, and are further classified as needing ED care or treatable in a primary care setting. Visits are classified as primary care treatable if care could have been safely provided in a setting other than an ED. If ED care is needed, visits are classified as either non-preventable/non-avoidable or preventable/avoidable. Preventable/avoidable conditions are those that could have been treated in settings other than the ED if earlier care had been sought. **A significant percent of visits remain unclassified by the algorithm in terms of their emergent status. Visits with a principal diagnosis of injury, mental health, substance abuse, and other smaller incidence categories are not assigned to classifications of interest, and fall into the "Other Visits" category.**

The ED Use Profiling Algorithm was applied to the San Diego County ED discharge data, and analyzed to further evaluate the characteristics of ED use. The data resulting from the use of this algorithm should be interpreted with caution. It is not intended as a triage tool or as a mechanism to determine whether ED use in a specific case is appropriate, but rather as a means of examining ED utilization to gain insight into ways to improve access to primary care for specific subgroups of the population. Since very few diagnostic categories are clear-cut for all cases, the algorithm assigns cases probabilistically on a percentage basis, reflecting potential uncertainty and variation.

A significant percent of ED discharges in San Diego County could have been treated in settings other than the ED. As shown in Figure 36, 40% of all ED discharges could have been treated in a primary care setting (19% non-emergent and 21% emergent, PC treatable). In other words, four out of ten visits that did not result in an inpatient admission could have been safely treated outside of the ED.

In order to account for differences in the overall rate of ED usage by subgroup, Table 55 presents relative rates by comparing the proportion of discharges within each category to the emergent, not preventable category. Overall, for every two visits that were in the emergent, not preventable category, there were three non-emergent visits and three to four emergent but primary care treatable visits. Children ages 0 to 14 years were discharged from the ED for non-emergent conditions compared to emergent, not preventable conditions at higher rates (2.31) than all other age groups and Blacks were discharged at higher rates (1.93) than Hispanics (1.67) or Whites (1.36). Patients covered by Workers Compensation and Medi-Cal were discharged for non-emergent conditions compared to emergent, not preventable conditions at higher rates (4.51 and 2.06) than patients who were self-pay (1.83) or privately insured (1.31, 1.41).

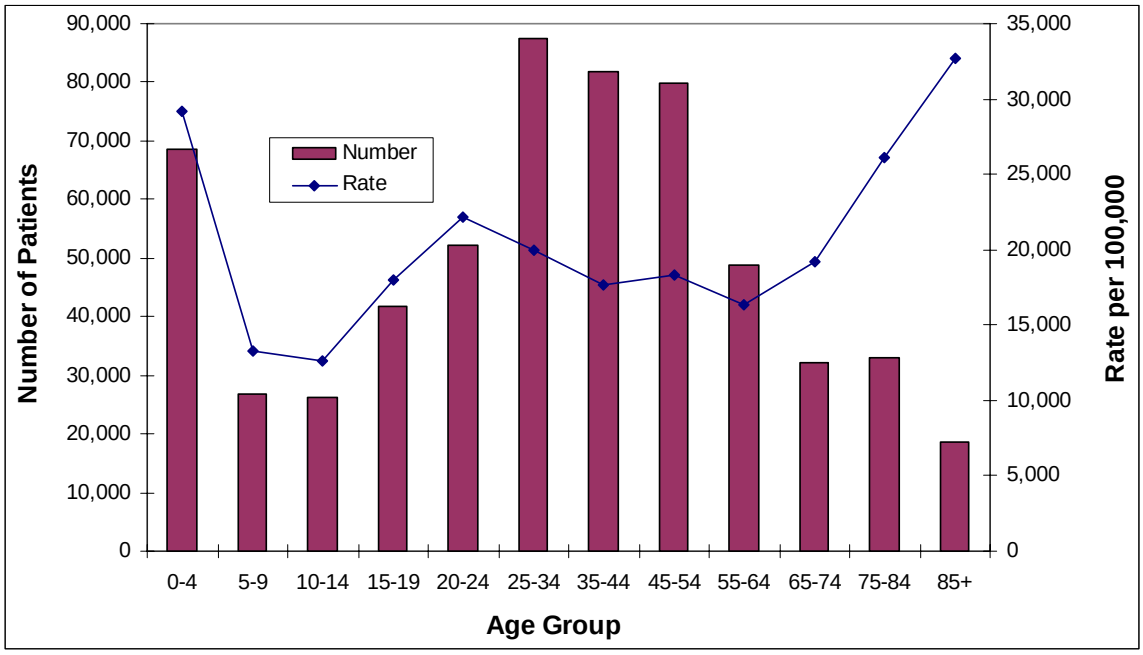
Patient Profile

Table 1. Number, Percent and Rate of ED Discharges by Age Group

Age Group	Number	*Percent*	Rate
0-4	68,541	*11.5%*	29,199.6
5-9	26,871	*4.5%*	13,327.5
10-14	26,298	*4.4%*	12,620.0
15-19	41,803	*7.0%*	17,943.4
20-24	52,181	*8.7%*	22,122.4
25-34	87,388	*14.6%*	19,967.1
35-44	81,765	*13.7%*	17,677.1
45-54	79,788	*13.4%*	18,357.4
55-64	48,944	*8.2%*	16,395.3
65-74	32,264	*5.4%*	19,231.2
75-84	32,935	*5.5%*	26,078.0
85+	18,707	*3.1%*	32,673.7
Total	597,485	*100.0%*	19,284.5

Source: HASD&IC, CHIP, CoSD EMS, Emergency Department Database, January - December, 2007. Population data: SANDAG, 2007 Estimates. Rates calculated per 100,000 population for all patients. Totals do not include <3% of all civilian ED discharges. Approximately 14,000 cases are missing from April – September. Total excludes 5 patients with missing age.

Figure 1. Number and Rate of ED Discharges by Age Group



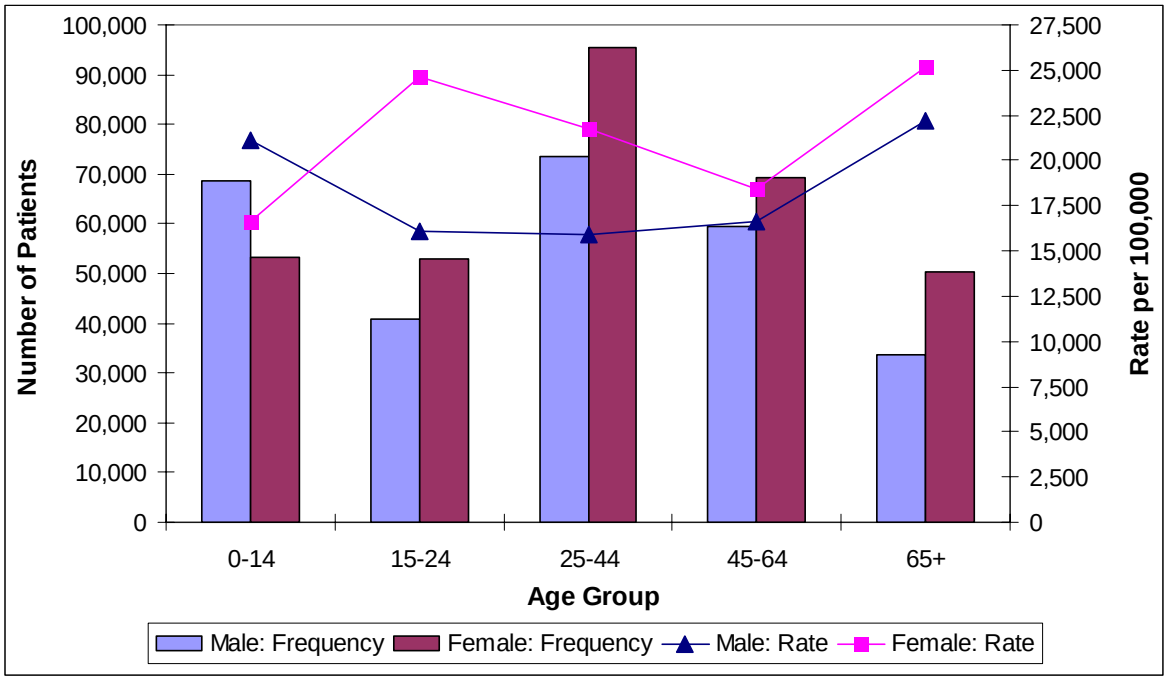
Source: HASD&IC, CHIP, CoSD EMS, Emergency Department Database, January - December, 2007. Population data: SANDAG, 2007 Estimates. Rates calculated per 100,000 population for all patients. Totals do not include <3% of all civilian ED discharges. Approximately 14,000 cases are missing from April – September. Total excludes 5 patients with missing age.

Table 2. Number, Percent and Rate of ED Discharge by Patient Age and Gender

	Male			Female			Total		
	Number	*Percent*	Rate	Number	*Percent*	Rate	Number	*Percent*	Rate
0-14	68,588	*56%*	21,128.8	53,108	*44%*	16,590.0	121,710	*100%*	18,877.4
15-24	40,913	*44%*	16,130.9	53,062	*56%*	24,655.5	93,984	*100%*	20,045.9
25-44	73,677	*44%*	15,943.3	95,463	*56%*	21,790.8	169,153	*100%*	18,790.5
45-64	59,499	*46%*	16,629.2	69,222	*54%*	18,441.3	128,732	*100%*	17,558.5
65+	33,614	*40%*	22,202.3	50,290	*60%*	25,155.3	83,906	*100%*	23,883.3
Total	276,293	*46%*	17,830.4	321,147	*54%*	20,736.5	597,490	*100%*	19,284.6

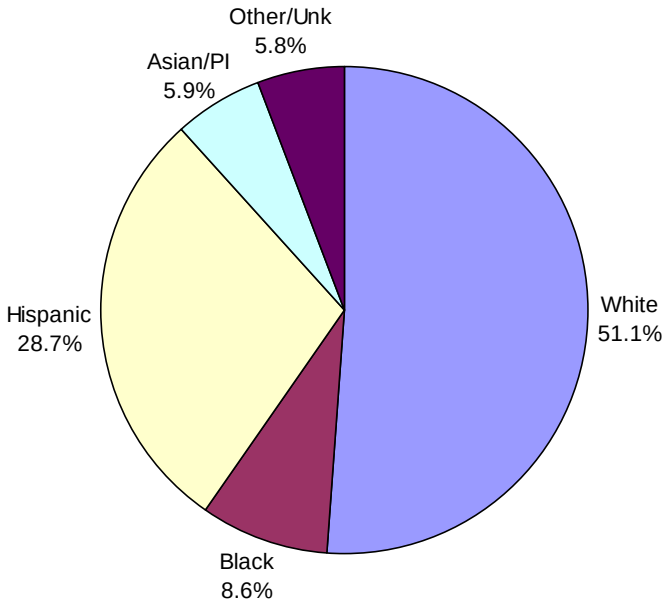
Source: HASD&IC, CHIP, CoSD EMS, Emergency Department Database, January - December, 2007. Population data: SANDAG, 2007 Estimates. Rates calculated per 100,000 population for all patients. Totals do not include <3% of all civilian ED discharges. Approximately 14,000 cases are missing from April – September. Total includes 54 patients with missing age and/or gender.

Figure 2. Number and Rate of ED Discharge by Patient Age and Gender



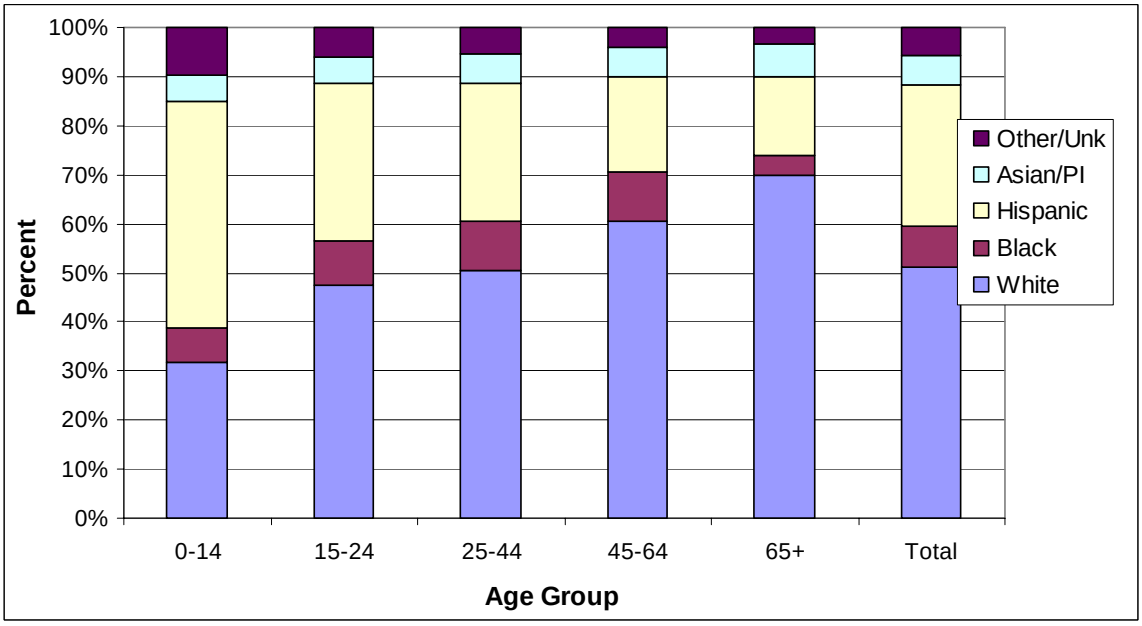
Source: HASD&IC, CHIP, CoSD EMS, Emergency Department Database, January - December, 2007. Population data: SANDAG, 2007 Estimates. Rates calculated per 100,000 population for all patients. Totals do not include <3% of all civilian ED discharges. Approximately 14,000 cases are missing from April – September.

Figure 3. ED Discharge by Race/Ethnicity



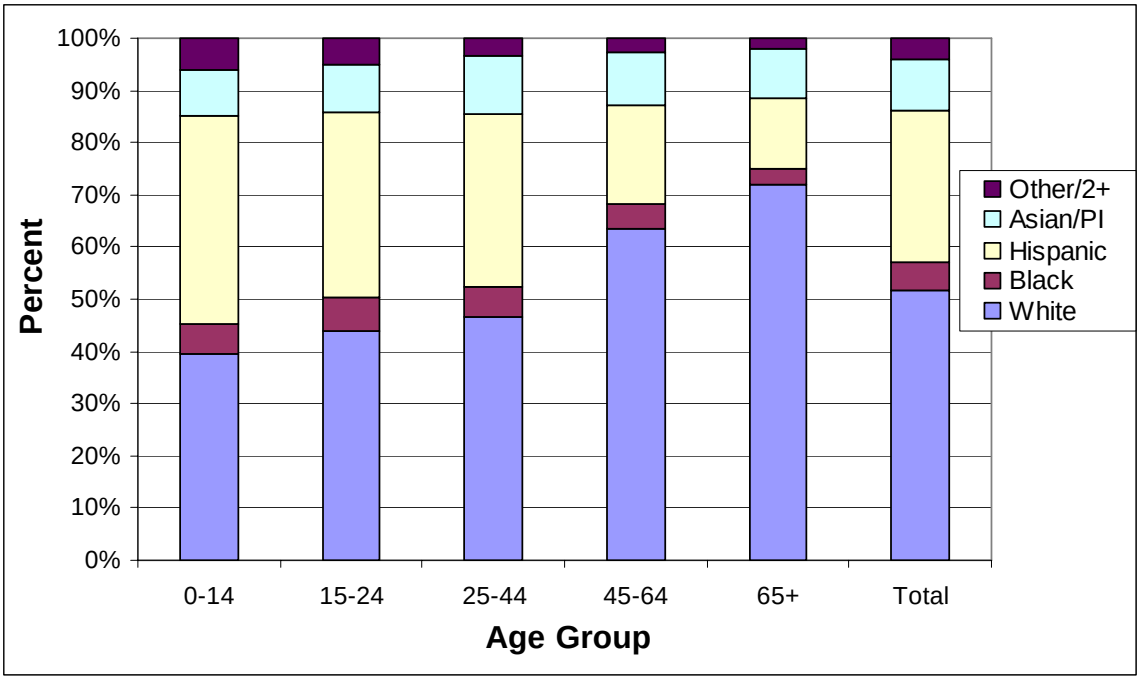
Source: HASD&IC, CHIP, CoSD EMS, Emergency Department Database, January - December, 2007. Totals do not include <3% of all civilian ED discharges. Approximately 14,000 cases are missing from April – September.

Figure 4. Distribution of ED Discharge by Race/Ethnicity and Age Group



Source: HASD&IC, CHIP, CoSD EMS, Emergency Department Database, January - December, 2007. Totals do not include <3% of all civilian ED discharges. Approximately 14,000 cases are missing from April – September. Total excludes 5 patients with missing age.

Figure 5. San Diego County Population Distribution (2007) by Race/Ethnicity and Age Group



Source: SANDAG, 2007 Population Estimates.

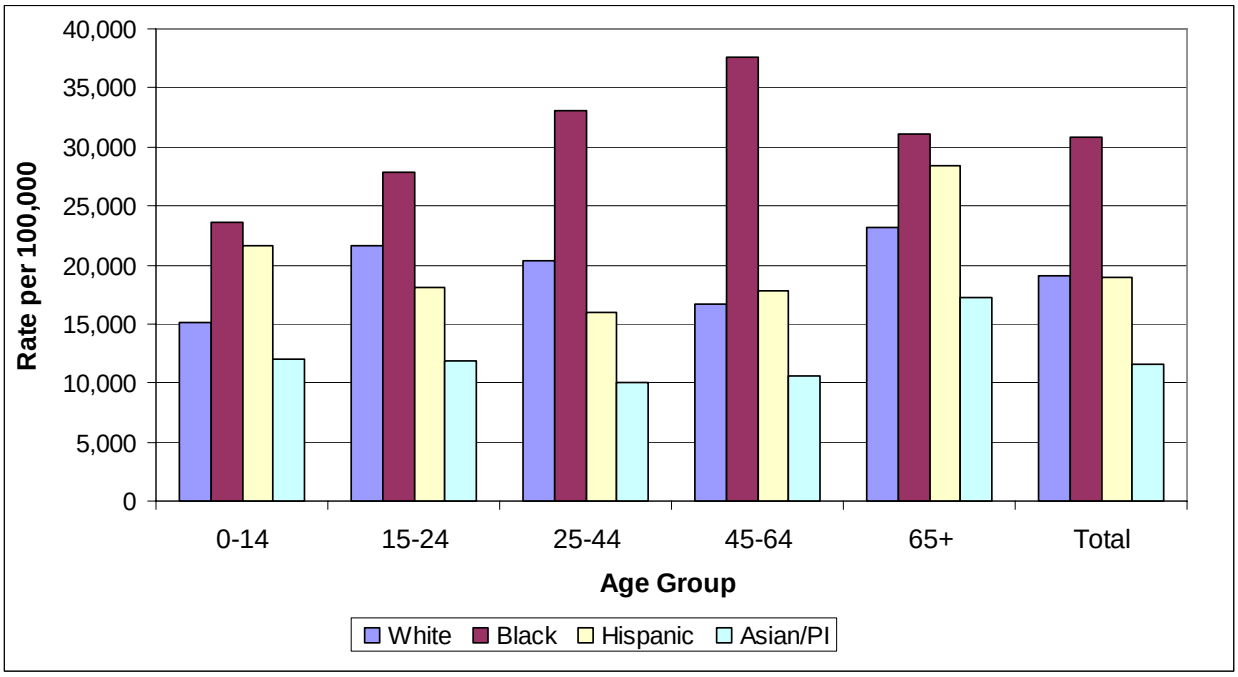
Table 3. Number, Percent and Rate of ED Discharge by Race/Ethnicity and Age Group

	0-14			15-24			25-44		
	Number	*Percent*	Rate	Number	*Percent*	Rate	Number	*Percent*	Rate
White	38,489	*31.6*	15,151.5	44,571	*47.4*	21,681.8	85,692	*50.7*	20,389.4
Black	8,873	*7.3*	23,586.5	8,668	*9.2*	27,798.1	16,885	*10.0*	33,057.3
Hispanic	55,911	*45.9*	21,644.4	30,070	*32.0*	18,129.3	47,551	*28.1*	15,966.7
Asian/PI	6,681	*5.5*	12,060.7	5,093	*5.4*	11,875.4	9,949	*5.9*	10,036.2
Other/Unk	11,756	*9.7*		5,582	*5.9*		9,076	*5.4*	
Total	121,710	*100.0*	18,877.4	93,984	*100.0*	20,045.9	169,153	*100.0*	18,790.5

	45-64			65+			Total		
	Number	*Percent*	Rate	Number	*Percent*	Rate	Number	*Percent*	Rate
White	77,738	*60.4*	16,704.4	58,592	*69.8*	23,195.6	305,083	*51.1*	19,093.4
Black	13,268	*10.3*	37,666.4	3,540	*4.2*	31,101.7	51,236	*8.6*	30,775.0
Hispanic	24,646	*19.1*	17,833.8	13,237	*15.8*	28,340.5	171,417	*28.7*	18,901.5
Asian/PI	7,917	*6.1*	10,600.8	5,731	*6.8*	17,210.7	35,371	*5.9*	11,582.0
Other/Unk	5,163	*4.0*		2,806	*3.3*		34,383	*5.8*	
Total	128,732	*100.0*	17,558.5	83,906	*100.0*	23,883.3	597,490	*100.0*	19,284.6

Source: HASD&IC, CHIP, CoSD EMS, Emergency Department Database, January - December, 2007. Population data: SANDAG, 2007 Estimates. Rates calculated per 100,000 population for all patients. Totals do not include <3% of all civilian ED discharges. Approximately 14,000 cases are missing from April – September. Total includes 5 patients with missing age.

Figure 6. Rate of ED Discharge by Race/Ethnicity and Age Group



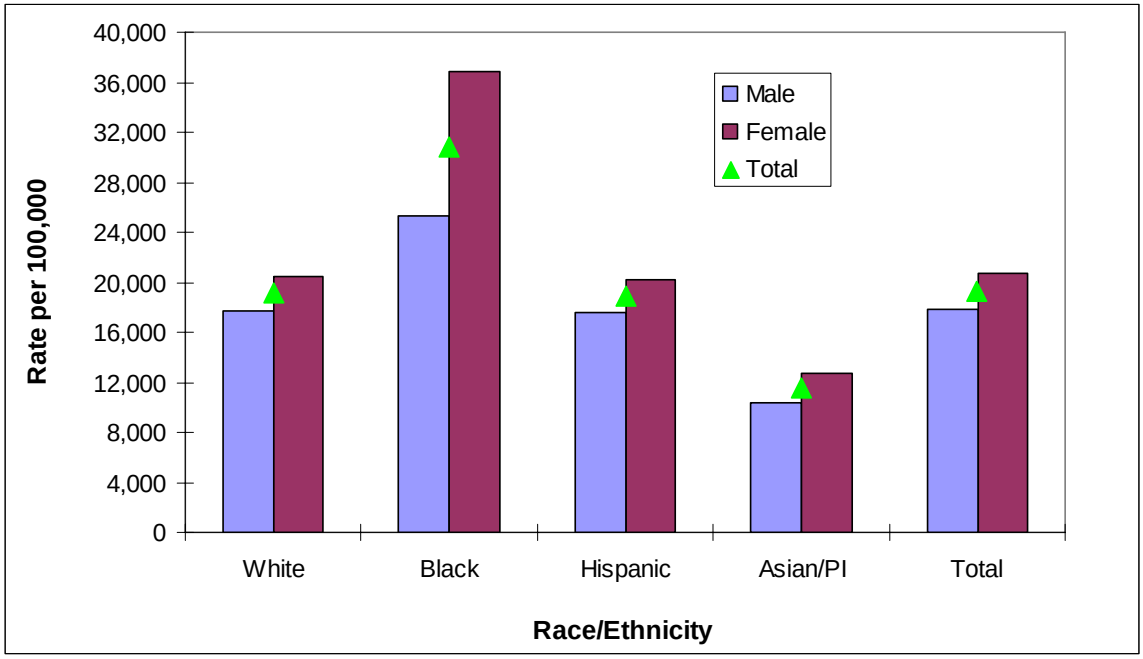
Source: HASD&IC, CHIP, CoSD EMS, Emergency Department Database, January - December, 2007. Population data: SANDAG, 2007 Estimates. Rates calculated per 100,000 population for all patients. Totals do not include <3% of all civilian ED discharges. Approximately 14,000 cases are missing from April – September. Total excludes 5 patients with missing age. Graph excludes patients with other or unknown race/ethnicity.

Table 4. Number, Percent and Rate of ED Discharge by Race/Ethnicity and Gender

	Male			Female			Total		
	Number	*Percent*	Rate	Number	*Percent*	Rate	Number	*Percent*	Rate
White	142,433	*46.7*	17,743.8	162,624	*53.3*	20,452.6	305,083	*51.1*	19,093.4
Black	22,297	*43.5*	25,329.4	28,936	*56.5*	36,880.9	51,236	*8.6*	30,775.0
Hispanic	79,450	*46.3*	17,542.2	91,954	*53.6*	20,254.7	171,417	*28.7*	18,901.5
Asian/PI	15,047	*42.5*	10,380.9	20,319	*57.4*	12,664.1	35,371	*5.9*	11,582.0
Other/Unk	17,066	*49.6*		17,314	*50.4*		34,383	*5.8*	
Total	276,293	*46.2*	17,830.4	321,147	*53.7*	20,736.5	597,490	*100.0*	19,284.6

Source: HASD&IC, CHIP, CoSD EMS, Emergency Department Database, January - December, 2007. Population data: SANDAG, 2007 Estimates. Rates calculated per 100,000 population for all patients. Totals do not include <3% of all civilian ED discharges. Approximately 14,000 cases are missing from April – September. Total includes 50 patients with missing gender.

Figure 7. Rate of ED Discharge by Race/Ethnicity and Gender



Source: HASD&IC, CHIP, CoSD EMS, Emergency Department Database, January - December, 2007. Population data: SANDAG, 2007 Estimates. Rates calculated per 100,000 population for all patients. Totals do not include <3% of all civilian ED discharges. Approximately 14,000 cases are missing from April – September. Total excludes 50 patients with missing gender and includes 34,383 patients with other or unknown race/ethnicity.

Table 5. Percent of ED Discharge by Age Group, Race/Ethnicity and Gender

Age Group		White		Black		Hispanic		Asian/PI		Other/Unknown		Total	
		Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
0-14	Male	21,772	7.1	4,968	9.7	31,346	18.3	3,811	10.8	6,691	19.5	68,588	11.5
	Female	16,709	5.5	3,905	7.6	24,560	14.3	2,869	8.1	5,065	14.7	53,108	8.9
	Total	**38,481**	**12.6**	**8,873**	**17.3**	**55,906**	**32.6**	**6,680**	**18.9**	**11,756**	**34.2**	**121,696**	**20.4**
15-24	Male	19,929	6.5	3,489	6.8	12,667	7.4	2,243	6.3	2,585	7.5	40,913	6.8
	Female	24,639	8.1	5,176	10.1	17,401	10.2	2,849	8.1	2,997	8.7	53,062	8.9
	Total	**44,568**	**14.6**	**8,665**	**16.9**	**30,068**	**17.5**	**5,092**	**14.4**	**5,582**	**16.2**	**93,975**	**15.7**
25-44	Male	39,321	12.9	6,670	13.0	19,649	11.5	3,853	10.9	4,184	12.2	73,677	12.3
	Female	46,365	15.2	10,215	19.9	27,898	16.3	6,095	17.2	4,890	14.2	95,463	16.0
	Total	**85,686**	**28.1**	**16,885**	**33.0**	**47,547**	**27.7**	**9,948**	**28.1**	**9,074**	**26.4**	**169,140**	**28.3**
45-64	Male	37,433	12.3	5,843	11.4	10,813	6.3	3,001	8.5	2,409	7.0	59,499	10.0
	Female	40,298	13.2	7,425	14.5	13,832	8.1	4,914	13.9	2,753	8.0	69,222	11.6
	Total	**77,731**	**25.5**	**13,268**	**25.9**	**24,645**	**14.4**	**7,915**	**22.4**	**5,162**	**15.0**	**128,721**	**21.5**
65+	Male	23,978	7.9	1,326	2.6	4,974	2.9	2,139	6.0	1,197	3.5	33,614	5.6
	Female	34,612	11.3	2,214	4.3	8,263	4.8	3,592	10.2	1,609	4.7	50,290	8.4
	Total	**58,590**	**19.2**	**3,540**	**6.9**	**13,237**	**7.7**	**5,731**	**16.2**	**2,806**	**8.2**	**83,904**	**14.0**
Total	Male	142,433	46.7	22,296	43.5	79,449	46.4	15,047	42.5	17,066	49.6	276,291	46.2
	Female	162,623	53.3	28,935	56.5	91,954	53.6	20,319	57.5	17,314	50.4	321,145	53.8
	Total	**305,056**	**100.0**	**51,231**	**100.0**	**171,403**	**100.0**	**35,366**	**100.0**	**34,380**	**100.0**	**597,436**	**100.0**

Source: HASD&IC, CHIP, CoSD EMS, Emergency Department Database, January - December, 2007. Totals do not include <3% of all civilian ED discharges. Approximately 14,000 cases are missing from April – September. Within each racial/ethnic category, age group totals sum to 100%. Total excludes 54 patients with missing age and/or gender.

Table 6. Rate of ED Discharge by Age Group, Race/Ethnicity and Gender

Age Group		White		Black		Hispanic		Asian/PI		Total	
		Frequency	Rate	Frequency	Rate	Frequency	Rate	Frequency	Rate	Frequency	Rate
0-14	Male	21,772	17,168.0	4,968	25,860.2	31,346	24,086.2	3,811	13,264.4	68,588	21,128.8
	Female	16,709	13,135.0	3,905	21,213.6	24,560	19,161.3	2,869	10,759.8	53,108	16,590.0
	Total	**38,481**	**15,148.4**	**8,873**	**23,586.5**	**55,906**	**21,642.5**	**6,680**	**12,058.9**	**121,696**	**18,875.3**
15-24	Male	19,929	17,630.4	3,489	19,729.7	12,667	14,333.9	2,243	9,938.9	40,913	16,130.9
	Female	24,639	26,627.8	5,176	38,346.4	17,401	22,454.9	2,849	14,021.4	53,062	24,655.5
	Total	**44,568**	**21,680.3**	**8,665**	**27,788.5**	**30,068**	**18,128.1**	**5,092**	**11,873.1**	**93,975**	**20,043.9**
25-44	Male	39,321	17,872.4	6,670	23,833.3	19,649	13,013.7	3,853	8,181.7	73,677	15,943.3
	Female	46,365	23,151.5	10,215	44,236.1	27,898	19,000.7	6,095	11,712.6	95,463	21,790.8
	Total	**85,686**	**20,387.9**	**16,885**	**33,057.3**	**47,547**	**15,965.4**	**9,948**	**10,035.2**	**169,140**	**18,789.0**
45-64	Male	37,433	16,099.9	5,843	32,246.1	10,813	16,847.1	3,001	9,062.4	59,499	16,629.2
	Female	40,298	17,305.1	7,425	43,408.4	13,832	18,688.1	4,914	11,821.6	69,222	18,441.3
	Total	**77,731**	**16,702.9**	**13,268**	**37,666.4**	**24,645**	**17,833.1**	**7,915**	**10,598.1**	**128,721**	**17,557.0**
65+	Male	23,978	21,729.0	1,326	26,377.6	4,974	25,869.9	2,139	15,912.8	33,614	22,202.3
	Female	34,612	24,331.8	2,214	34,838.7	8,263	30,069.1	3,592	18,089.3	50,290	25,155.3
	Total	**58,590**	**23,194.8**	**3,540**	**31,101.7**	**13,237**	**28,340.5**	**5,731**	**17,210.7**	**83,904**	**23,882.7**
Total	Male	142,433	17,743.8	22,296	25,328.3	79,449	17,541.9	15,047	10,380.9	276,291	17,830.2
	Female	162,623	20,452.5	28,935	36,879.6	91,954	20,254.7	20,319	12,664.1	321,145	20,736.4
	Total	**305,056**	**19,091.7**	**51,231**	**30,772.0**	**171,403**	**18,899.9**	**35,366**	**11,580.4**	**597,436**	**19,282.9**

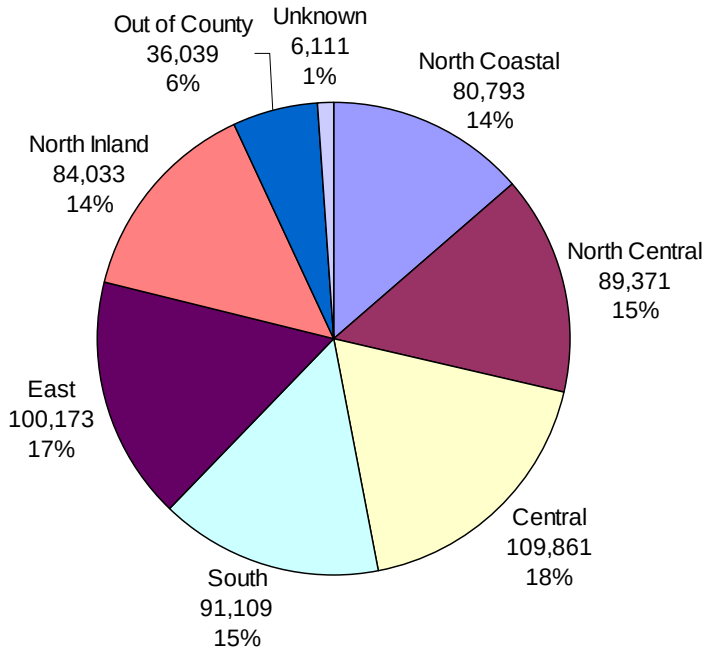
Source: HASD&IC, CHIP, CoSD EMS, Emergency Department Database, January - December, 2007. Population data: SANDAG, 2007 Estimates. Rates calculated per 100,000 population for all patients. Totals do not include <3% of all civilian ED discharges. Approximately 14,000 cases are missing from April – September. Total excludes 54 patients with missing age and/or gender but includes 34,383 patients with unknown or missing race/ethnicity.

Table 7. Number, Percent and Rate of ED Discharge by Region of Residence

	Number	*Percent*	Rate
North Coastal	80,793	*13.5%*	15,143.6
North Central	89,371	*15.0%*	15,165.0
Central	109,861	*18.4%*	22,186.0
South	91,109	*15.2%*	19,789.4
East	100,173	*16.8%*	21,748.4
North Inland	84,033	*14.1%*	15,025.7
Out of County	36,039	*6.0%*	*
Unknown	6,111	*1.0%*	*
San Diego County	597,490	*100.0%*	19,284.6

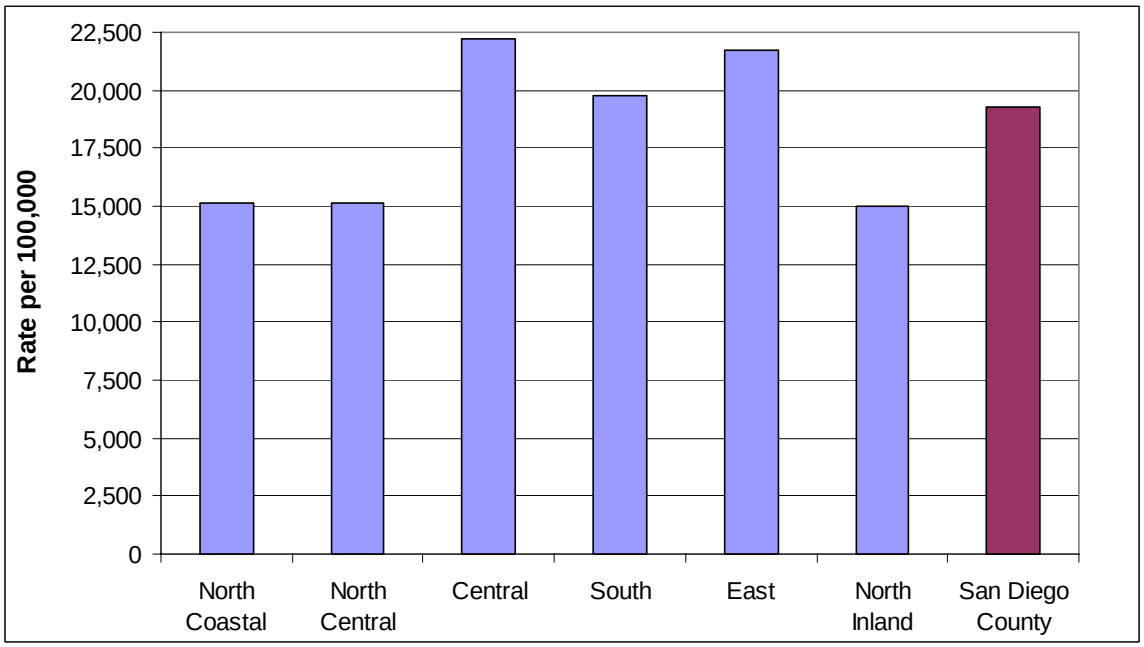
Source: HASD&IC, CHIP, CoSD EMS, Emergency Department Database, January - December, 2007. Population data: SANDAG, 2007 Estimates. Rates calculated per 100,000 population for all patients. Totals do not include <3% of all civilian ED discharges. Approximately 14,000 cases are missing from April – September. San Diego County total includes 42,150 patients with out of county or unknown zip codes.

Figure 8. ED Discharge by Region of Residence



Source: HASD&IC, CHIP, CoSD EMS, Emergency Department Database, January - December, 2007. Totals do not include <3% of all civilian ED discharges. Approximately 14,000 cases are missing from April – September.

Figure 9. Rate of ED Discharge by Region of Residence



Source: HASD&IC, CHIP, CoSD EMS, Emergency Department Database, January - December, 2007. Population data: SANDAG, 2007 Estimates. Rates calculated per 100,000 population for all patients. Totals do not include <3% of all civilian ED discharges. Approximately 14,000 cases are missing from April – September. San Diego County total includes 42,150 patients with out of county or unknown zip codes.

Table 8. Number, Percent and Rate of ED Discharge by Community of Residence

	Number	*Percent*	Rate
Central San Diego	41,108	*6.9%*	24,170.1
Peninsula	6,517	*1.1%*	13,495.3
Coronado	866	*0.1%*	3,772.3
National City	12,013	*2.0%*	8,707.0
Southeast San Diego	33,975	*5.7%*	21,707.0
Mid-City	34,778	*5.8%*	20,629.0
Kearny Mesa	31,571	*5.3%*	18,523.9
Coastal	12,361	*2.1%*	13,518.2
University	7,265	*1.2%*	16,616.7
Del Mar-Mira Mesa	15,945	*2.7%*	11,690.7
North San Diego	17,558	*2.9%*	29,875.8
Poway	11,564	*1.9%*	13,887.9
Miramar	55	*0.0%*	13,285.0
Elliott-Navajo	13,517	*2.3%*	16,790.3
Sweetwater	13,701	*2.3%*	16,032.1
Chula Vista	36,342	*6.1%*	23,328.2
South Bay	28,187	*4.7%*	20,511.7
Jamul	3,233	*0.5%*	18,181.3
Spring Valley	13,753	*2.3%*	23,541.6
Lemon Grove	6,536	*1.1%*	25,680.7
La Mesa	14,097	*2.4%*	20,243.5
El Cajon	22,069	*3.7%*	21,701.4
Santee	10,291	*1.7%*	18,713.6
Lakeside	9,215	*1.5%*	21,719.1
Harbison Crest	15,972	*2.7%*	25,421.4
Alpine	2,940	*0.5%*	17,117.9
Ramona	6,184	*1.0%*	16,783.4
San Dieguito	12,623	*2.1%*	14,324.3
Carlsbad	14,360	*2.4%*	14,211.2
Oceanside	32,145	*5.4%*	18,203.8
Pendleton	205	*0.0%*	519.2
Escondido	32,155	*5.4%*	18,959.2
San Marcos	13,178	*2.2%*	15,798.7
Vista	19,846	*3.3%*	17,554.8
Valley Center	2,700	*0.5%*	15,287.1
Pauma	635	*0.1%*	16,644.8
Fallbrook	2,770	*0.5%*	5,460.9
Palomar-Julian	412	*0.1%*	14,709.0
Laguna-Pine Valley	375	*0.1%*	15,957.4
Mountain Empire	1,692	*0.3%*	21,578.9
Anza-Borrego Springs	631	*0.1%*	9,691.3
Out of County	36,039	*6.0%*	
Unknown	6,111	*1.0%*	
Total	597,490	*100.0%*	19,284.6

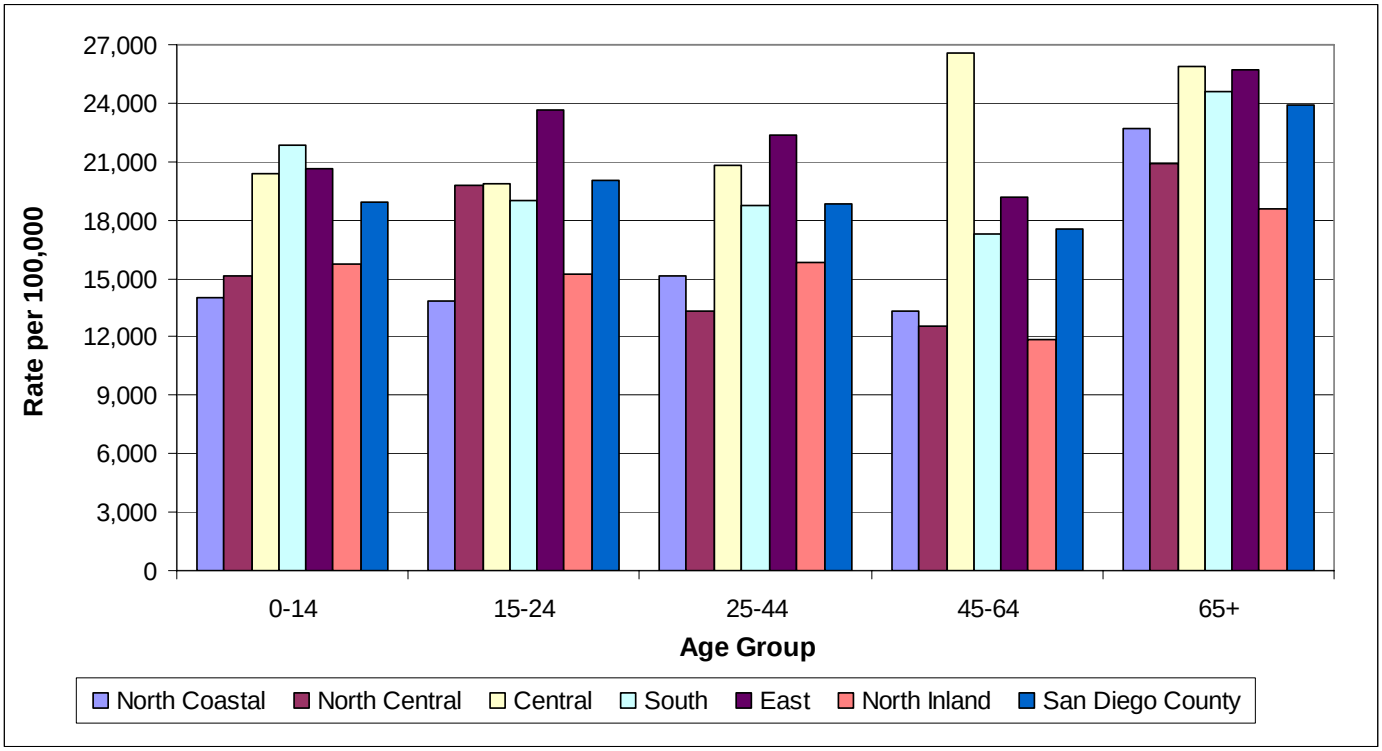
Source: HASD&IC, CHIP, CoSD EMS, Emergency Department Database, January - December, 2007. Population data: SANDAG, 2007 Estimates. *Percent of Patients refers to the percent of ED patients residing in each SRA. Rates calculated per 100,000 population for all patients. Totals do not include <3% of all civilian ED discharges. Approximately 14,000 cases are missing from April – September. San Diego County total includes 42,150 patients with out of county or unknown zip codes.

Table 9. Number and Rate of ED Discharge by Age Group and Region of Residence

	North Coastal		North Central		Central		South		East		North Inland		San Diego County	
	Number	Rate	Number	Rate	Number	Rate	Number	Rate	Number	Rate	Number	Rate	Number	Rate
0-14	15,829	14,001.4	15,823	15,162.5	21,979	20,412.5	23,139	21,801.5	19,466	20,605.7	18,683	15,693.3	121,710	18,877.4
15-24	12,251	13,876.6	13,849	19,763.4	15,960	19,895.3	14,598	18,978.4	15,969	23,630.1	13,073	15,242.3	93,984	20,045.9
25-44	21,762	15,143.8	26,224	13,307.4	34,229	20,817.0	24,247	18,723.8	27,660	22,349.7	22,422	15,817.3	169,153	18,790.5
45-64	16,880	13,333.1	18,115	12,547.2	26,668	26,581.9	17,137	17,294.0	23,018	19,174.0	16,875	11,823.8	128,732	17,558.5
65+	14,071	22,742.8	15,360	20,910.5	11,024	25,916.9	11,988	24,591.8	14,060	25,683.6	12,980	18,552.4	83,906	23,883.3
Total	80,793	15,143.6	89,371	15,165.0	109,860	22,185.8	91,109	19,789.4	100,173	21,748.4	84,033	15,025.7	597,485	19,284.5

Source: HASD&IC, CHIP, CoSD EMS, Emergency Department Database, January - December, 2007. Population data: SANDAG, 2007 Estimates. Rates calculated per 100,000 population for all patients. Totals do not include <3% of all civilian ED discharges. Approximately 14,000 cases are missing from April – September. San Diego County total includes 42,150 patients with out of county or unknown zip codes and excludes 5 patients with missing age.

Figure 10. Rate of ED Discharge by Age Group and Region of Residence



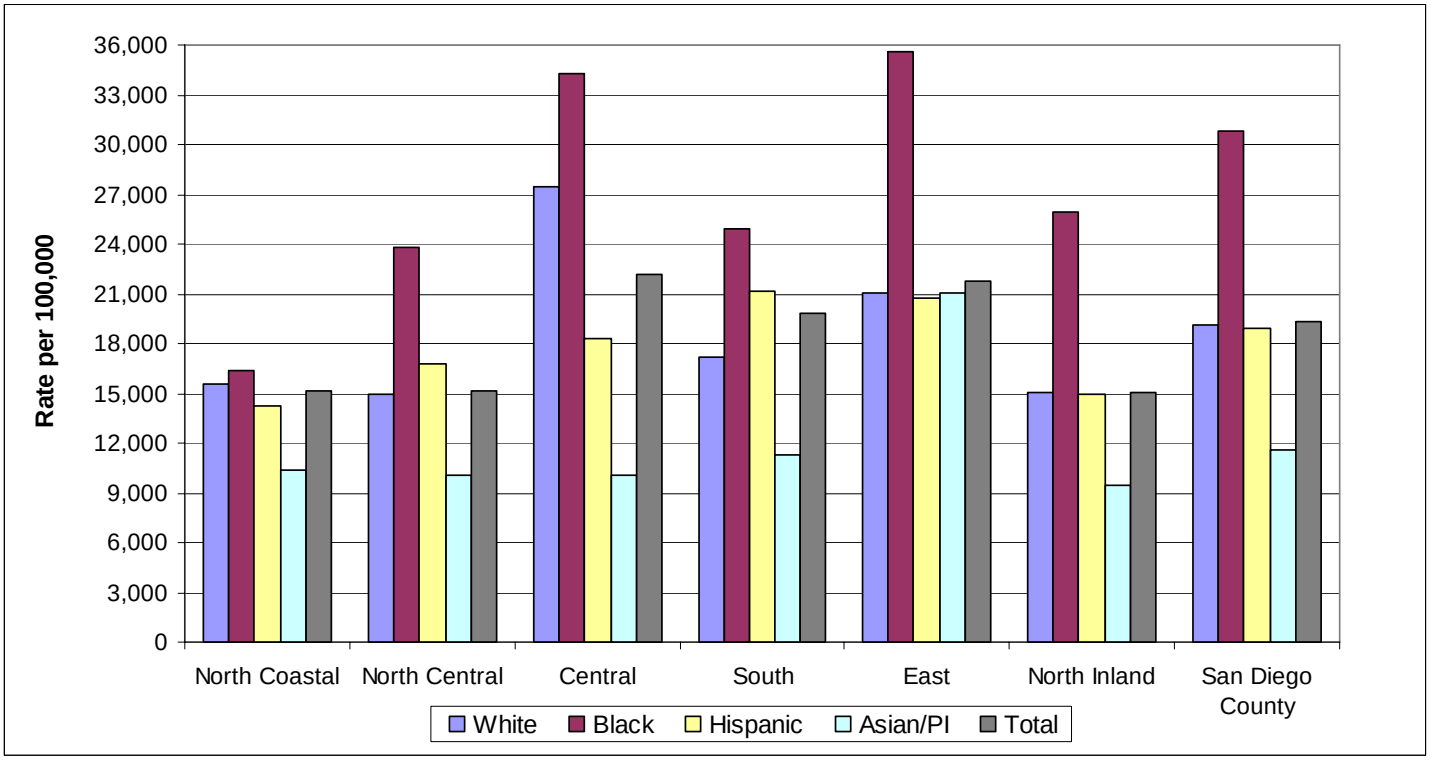
Source: HASD&IC, CHIP, CoSD EMS, Emergency Department Database, January - December, 2007. Population data: SANDAG, 2007 Estimates. Rates calculated per 100,000 population for all patients. Totals do not include <3% of all civilian ED discharges. Approximately 14,000 cases are missing from April – September. San Diego County total includes 42,150 patients with out of county or unknown zip codes and 5 patients with missing age.

Table 10. Number and Rate of ED Discharge by Race/Ethnicity and Region of Residence

	North Coastal		North Central		Central		South		East		North Inland		San Diego County	
	Number	Rate	Number	Rate	Number	Rate	Number	Rate	Number	Rate	Number	Rate	Number	Rate
White	50,602	15,557.0	56,909	14,950.8	37,604	27,445.6	21,286	17,152.6	63,403	21,055.9	49,531	15,022.7	305,083	19,093.4
Black	3,475	16,372.2	4,748	23,781.6	23,425	34,275.6	5,292	24,903.5	8,760	35,615.5	2,882	25,947.6	51,236	30,775.0
Hispanic	20,212	14,277.5	12,439	16,742.5	37,394	18,266.8	51,358	21,131.4	19,574	20,767.7	22,349	14,995.9	171,417	18,901.5
Asian/PI	2,824	10,355.7	8,989	10,086.7	6,604	10,113.3	6,446	11,289.0	3,788	21,090.1	4,592	9,439.4	35,371	11,582.0
Total	80,793	15,143.6	89,371	15,165.0	109,861	22,186.0	91,109	19,789.4	100,173	21,748.4	84,033	15,025.7	597,490	19,284.6

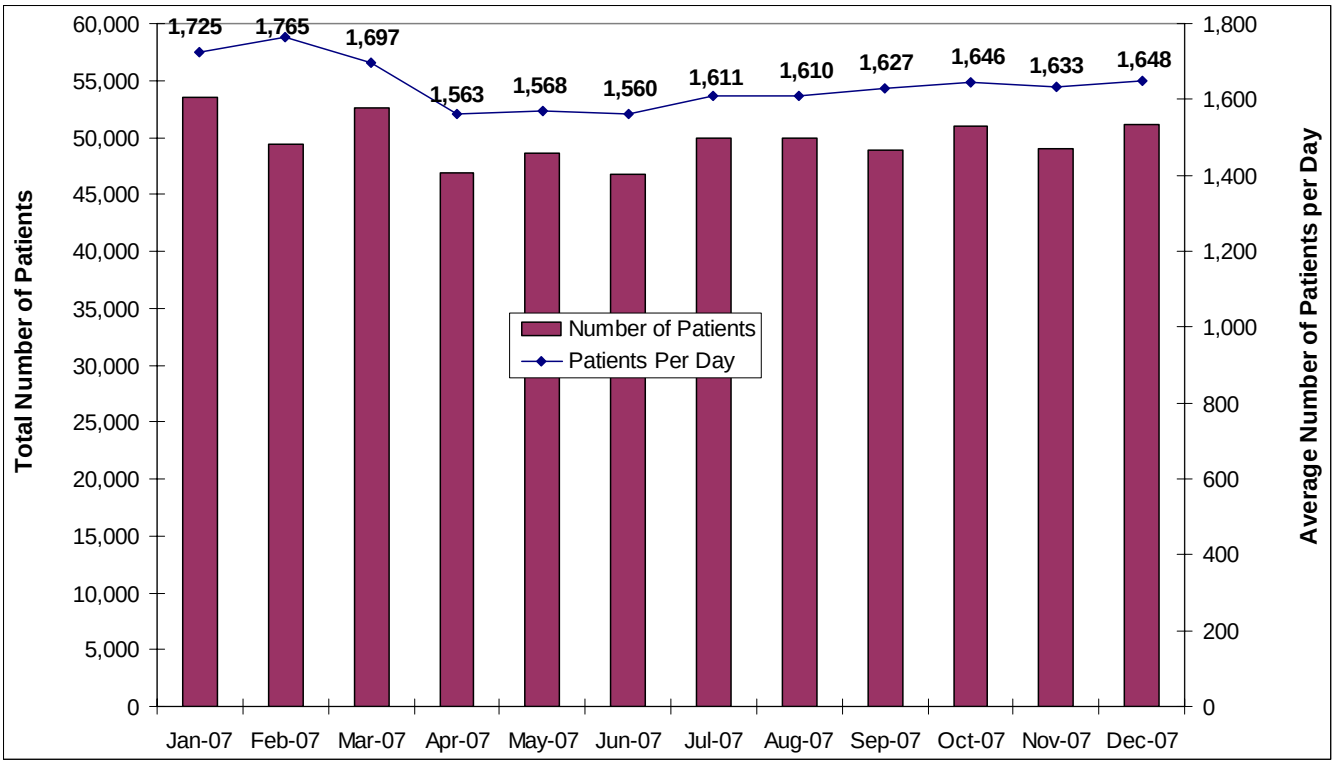
Source: HASD&IC, CHIP, CoSD EMS, Emergency Department Database, January - December, 2007. Population data: SANDAG, 2007 Estimates. Rates calculated per 100,000 population for all patients. Totals do not include <3% of all civilian ED discharges. Approximately 14,000 cases are missing from April – September. San Diego County total includes 42,150 patients with out of county or unknown zip codes and 34,383 patients with other or unknown race/ethnicity.

Figure 11. Rate of ED Discharge by Race/Ethnicity and Region of Residence



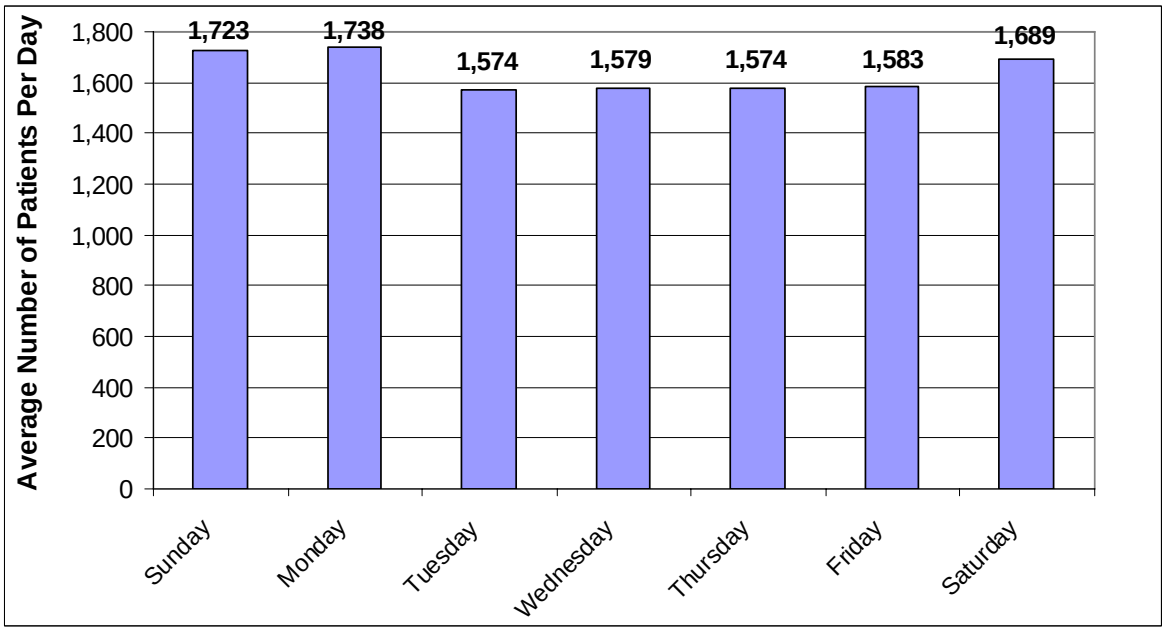
Source: HASD&IC, CHIP, CoSD EMS, Emergency Department Database, January - December, 2007. Population data: SANDAG, 2007 Estimates. Rates calculated per 100,000 population for all patients. Totals do not include <3% of all civilian ED discharges. Approximately 14,000 cases are missing from April – September. San Diego County total includes 42,150 patients with out of county or unknown zip codes and excludes 34,383 patients with other or unknown race/ethnicity.

Figure 12. Number of ED Discharges and Average Number of ED Discharges per Day by Service Month and Year



Source: HASD&IC, CHIP, CoSD EMS, Emergency Department Database, January - December, 2007. Totals do not include <3% of all civilian ED discharges. Approximately 14,000 cases are missing from April – September. If these cases were included, the average number of patients per day would increase by approximately 76 during these months.

Figure 13. Average Number of ED Discharges per Day by Service Day of the Week



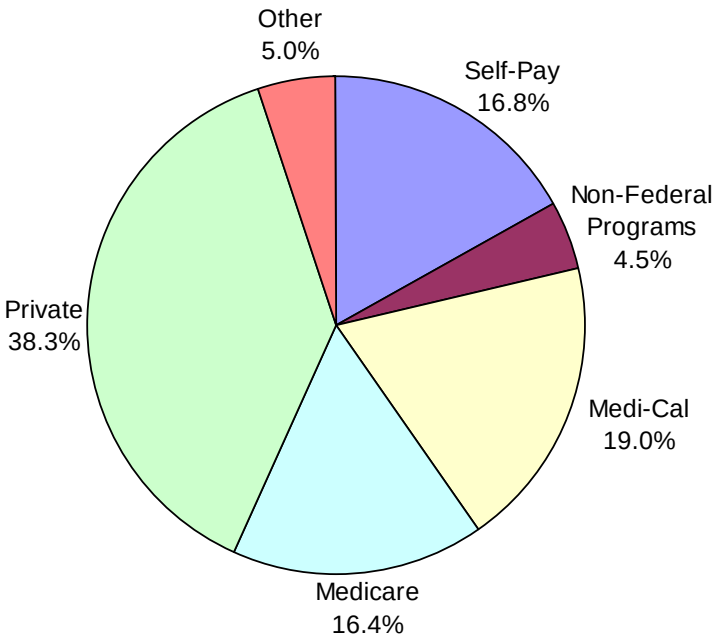
Source: HASD&IC, CHIP, CoSD EMS, Emergency Department Database, January - December, 2007. Totals do not include <3% of all civilian ED discharges. Approximately 14,000 cases are missing from April – September.

Table 11. Disposition of ED Discharge

	Number	Percent
Home for self care	556,184	93.1%
Left facility against medical advice	20,570	3.4%
Transfer to another hospital	8,907	1.5%
Discharged to psych hospital or unit	4,789	0.8%
Skilled Nursing Facility	3,610	0.6%
Other	1,054	0.2%
Expired	946	0.2%
Transfer to other inpatient facility	539	0.1%
Intermediate care facility	238	0.0%
Home under care of organized home health service org	152	0.0%
Discharged to federal hospital	112	0.0%
Discharged to other rehab facility	88	0.0%
Home with hospice care	43	0.0%
Discharged to long term care	42	0.0%
Discharged to medical facility with hospice care	32	0.0%
Discharged to nursing facility under Medi-Cal, not Medicare	21	0.0%
Discharged to hospital based medicare approved swing bed	<5	0.0%
Home under care of home IV provider	<5	0.0%
Total	597,328	100.0%

Source: HASD&IC, CHIP, CoSD EMS, Emergency Department Database, January - December, 2007. Total excludes 152 patients with missing disposition. Totals do not include <3% of all civilian ED discharges. Approximately 14,000 cases are missing from April – September. *Note: ED data does not include patients who were admitted to the hospital from the emergency department. On average in 2007 , 17% of all patients who presented to a San Diego County emergency department were admitted to that hospital.*

Figure 14. ED Discharge by Expected Source of Payment



Source: HASD&IC, CHIP, CoSD EMS, Emergency Department Database, January - December, 2007. *Excludes 258 patients with missing payer source. Totals do not include <3% of all civilian ED discharges. Approximately 14,000 cases are missing from April – September. ***Self-pay includes those individuals without health insurance either by choice or circumstance. As defined by OSHPD, patients included in the self-pay category are those for whom payment is expected to be made directly by the patient, guarantor, relatives, or friends. The greatest share of the patient's bill is not expected to be paid by any form of insurance or other third party.*

Table 12. Number and Percent of ED Discharge by Expected Source of Payment and Age Group

	0-14		15-24		25-44		45-64		65+		Total	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Self-Pay	14,226	11.7	24,377	26.0	40,489	23.9	19,319	15.0	2062	2.5	100473	16.8
Non-Federal Programs	8,217	6.8	2,912	3.1	8,102	4.8	7,797	6.1	36	0.0	27,064	4.5
Medi-Cal	45,132	37.1	19,760	21.0	27,763	16.4	19,420	15.1	1,613	1.9	113,688	19.0
Medicare	14	0.0	363	0.4	7,309	4.3	15,729	12.2	74,512	88.8	97,927	16.4
Private	49,194	40.4	39,891	42.5	74,177	43.9	60,240	46.8	5,001	6.0	228,503	38.3
Other	4,887	4.0	6,622	7.1	11,230	6.6	6,174	4.8	664	0.8	29,577	5.0
Total	121,670	100.0	93,925	100.0	169,070	100.0	128,679	100.0	83,888	100.0	597,232	100.0

Source: HASD&IC, CHIP, CoSD EMS, Emergency Department Database, January - December, 2007. Totals do not include <3% of all civilian ED discharges. Approximately 14,000 cases are missing from April – September. Total excludes 232 patients with missing expected source of payment and 5 patients with missing age.

Table 13. Number and Percent of ED Discharge by Expected Source of Payment and Race/Ethnicity

	White		Black		Hispanic		Asian/PI		Other/Unk		Total	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Self-Pay	45,408	14.9	10,278	20.1	33,862	19.8	3,710	10.5	7,219	21.0	100,477	16.8
Non-Federal Programs	11,775	3.9	3,350	6.5	9,380	5.5	904	2.6	1,655	4.8	27,064	4.5
Medi-Cal	34,564	11.3	15,328	29.9	52,860	30.8	3,887	11.0	7,049	20.5	113,688	19.0
Medicare	68,376	22.4	6,349	12.4	14,930	8.7	5,450	15.4	2,822	8.2	97,927	16.4
Private	130,817	42.9	13,339	26.0	51,416	30.0	19,488	55.1	13,444	39.1	228,504	38.3
Other	14,047	4.6	2,562	5.0	8,905	5.2	1,898	5.4	2,165	6.3	29,577	5.0
Total	304,987	100.0	51,206	100.0	171,353	100.0	35,337	100.0	34,354	100.0	597,237	100.0

Source: HASD&IC, CHIP, CoSD EMS, Emergency Department Database, January - December, 2007. Totals do not include <3% of all civilian ED discharges. Approximately 14,000 cases are missing from April – September. Total excludes 232 patients with missing expected source of payment.

Table 14. Number and Percent of ED Discharge by Expected Source of Payment and Gender

	Male		Female		Total	
	Number	Percent	Number	Percent	Number	Percent
Self-Pay	52,927	19.2	47,535	14.8	100,462	16.8
Non-Federal Programs	15,966	5.8	11,095	3.5	27,061	4.5
Medi-Cal	45,536	16.5	68,143	21.2	113,679	19.0
Medicare	40,932	14.8	56,992	17.8	97,924	16.4
Private	105,743	38.3	122,745	38.2	228,488	38.3
Other	15,067	5.5	14,506	4.5	29,573	5.0
Total	276,171	100.0	321,016	100.0	597,187	100.0

Source: HASD&IC, CHIP, CoSD EMS, Emergency Department Database, January - December, 2007. Totals do not include <3% of all civilian ED discharges. Approximately 14,000 cases are missing from April – September. Total excludes 232 patients with missing expected source of payment and 50 patients with missing gender.

Table 15. Number and Percent of ED Discharge by Expected Source of Payment and Region of Residence

	North Coastal		North Central		Central		South		East		North Inland		Out of County		Unknown	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Self-Pay	11,985	14.8	12,354	14.8	21,896	13.8	13,325	14.8	15,225	19.9	12,618	13.8	8,945	14.6	4,129	14.8
Non-Fed Prgms	1,621	2.0	3,784	2.0	10,235	4.2	4,542	2.0	3,800	9.3	2,043	4.2	890	5.0	149	2.0
Medi-Cal	13,336	16.5	8,550	16.5	29,337	9.6	22,698	16.5	19,806	26.7	16,684	9.6	2,919	24.9	358	16.5
Medicare	15,424	19.1	16,153	19.1	15,558	18.1	13,700	19.1	17,790	14.2	14,506	18.1	4,439	15.0	357	19.1
Private	31,370	38.8	43,610	38.8	29,274	48.8	32,689	38.8	39,942	26.7	33,772	48.8	16,929	35.9	918	38.8
Other	7,052	8.7	4,876	8.7	3,497	5.5	4,118	8.7	3,556	3.2	4,399	5.5	1,897	4.5	182	8.7
Total	80,788	100.0	89,327	100.0	109,797	100.0	91,072	100.0	100,119	100.0	84,022	100.0	36,019	100.0	6,093	100.0

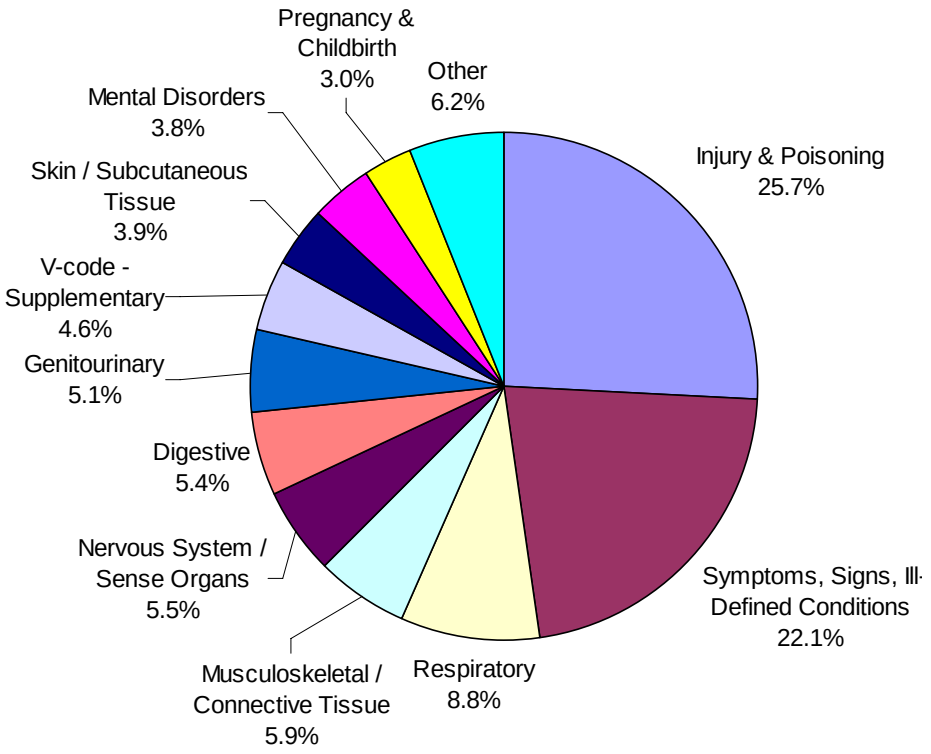
Source: HASD&IC, CHIP, CoSD EMS, Emergency Department Database, January - December, 2007. Totals do not include <3% of all civilian ED discharges. Approximately 14,000 cases are missing from April – September.

Table 16. Number and Percent of ED Discharge Among Patients <18 Years By Expected Source of Payment and Race/Ethnicity

	White		Black		Hispanic		Asian/PI		Otr/Unk		Total	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Self-Pay	4,578	9.5	1,508	14.0	8,472	13.2	569	7.4	2,166	16.4	17,293	12.0
Non-Federal Prog	1,606	3.3	535	5.0	5,392	8.4	404	5.3	1,056	8.0	8,993	6.3
Medi-Cal	10,122	21.1	4,978	46.4	30,894	48.2	1,544	20.1	4,099	31.1	51,637	35.9
Private	29,269	61.0	3,100	28.9	17,751	27.7	4,873	63.4	5,213	39.6	60,206	41.9
Other	2,426	5.1	616	5.7	1,591	2.5	300	3.9	641	4.9	5,574	3.9
Total	48,001	100.0	10,737	100.0	64,100	100.0	7,690	100.0	13,175	100.0	143,703	100.0

Source: HASD&IC, CHIP, CoSD EMS, Emergency Department Database, January - December, 2007. Totals do not include <3% of all civilian ED discharges. Approximately 14,000 cases are missing from April – September; it is unknown how many of these cases were children <18 years.

Figure 15. ED Discharges by Principal Diagnosis Category



Source: HASD&IC, CHIP, CoSD EMS, Emergency Department Database, January - December, 2007. Totals do not include <3% of all civilian ED discharges. Approximately 14,000 cases are missing from April – September. Excludes 1,337 cases with missing principal diagnosis.

Table 17. Number and Percent of the 15 Most Common Principal Diagnoses

Principal Diagnosis	Number	Percent
786 RESPIRATORY SYMPTOMS	29,932	5.0%
789 ABDOMINAL SYMPTOMS	29,870	5.0%
780 GENERAL SYMPTOMS	29,549	4.9%
460-466 ACUTE RESPIRATORY INFECTIONS	27,724	4.6%
840-848 SPRAINS AND STRAINS OF JOINTS AND MUSCLES	26,428	4.4%
920-924 CONTUSION WITH INTACT SKIN SURFACE	21,797	3.6%
590-599 OTHER DISEASES OF URINARY SYSTEM	19,957	3.3%
870-879 OPEN WOUND OF HEAD, NECK, TRUNK	18,129	3.0%
300-316 NEUROTIC, PERSONALITY, OTHER NONPSYCHOTIC MENTAL DIS	16,659	2.8%
720-724 DORSOPATHIES	16,652	2.8%
490-496 COPD AND ALLIED CONDITIONS	15,374	2.6%
880-887 OPEN WOUND OF UPPER LIMB	14,549	2.4%
680-686 INFECTIONS OF SKIN AND SUBCUTANEOUS TISSUE	14,168	2.4%
784 HEAD AND NECK SYMPTOMS	14,081	2.4%
958-959 CERTAIN TRAUMATIC COMPLICATIONS AND UNSPEC INJURIES	13,482	2.3%

Source: HASD&IC, CHIP, CoSD EMS, Emergency Department Database, January - December, 2007. Totals do not include <3% of all civilian ED discharges. Approximately 14,000 cases are missing from April – September. Excludes 1,337 cases with missing principal diagnosis.

Table 18. Number and Percent of ED Discharge by Principal Diagnosis and Age Group

	0-14		15-24		25-44		45-64		65+		Total	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Infectious & Parasitic	2,487	2.0	1,491	1.6	1,753	1.0	1,024	0.8	619	0.7	7,374	1.2
Neoplasms	49	0.0	39	0.0	270	0.2	347	0.3	293	0.3	998	0.2
Endocrine, Nutrition, Metabolic	1,337	1.1	882	0.9	2,443	1.4	2,981	2.3	3,071	3.7	10,714	1.8
Diseases of Blood	310	0.3	157	0.2	325	0.2	305	0.2	406	0.5	1,503	0.3
Mental Disorders	694	0.6	4,307	4.6	8,593	5.1	7,309	5.7	1,962	2.3	22,865	3.8
Nervous System / Sense Organs	9,732	8.0	3,888	4.1	9,691	5.7	7,107	5.5	2,607	3.1	33,025	5.5
Circulatory	184	0.2	398	0.4	2,225	1.3	4,684	3.6	7,166	8.6	14,657	2.5
Respiratory	22,581	18.6	6,905	7.4	9,998	5.9	7,704	6.0	5,147	6.1	52,335	8.8
Digestive	6,744	5.6	4,377	4.7	9,395	5.6	6,875	5.4	4,762	5.7	32,153	5.4
Genitourinary	2,751	2.3	6,141	6.6	10,747	6.4	6,311	4.9	4,473	5.3	30,423	5.1
Preg, Childbirth, Puerperi	41	0.0	7,271	7.8	10,298	6.1	71	0.1	0	0.0	17,681	3.0
Skin/Subcutaneous tissue	3,972	3.3	4,046	4.3	7,576	4.5	5,311	4.1	2,118	2.5	23,023	3.9
Musculoskeletal/ Connective Tissue	2,046	1.7	3,735	4.0	11,654	6.9	11,621	9.0	5,865	7.0	34,921	5.9
Congenital Anomalies	363	0.3	72	0.1	37	0.0	31	0.0	16	0.0	519	0.1
Perinatal Conditions	1,190	1.0	8	0.0	<5	0.0	<5	0.0	0	0.0	1,204	0.2
SSIDC	24,390	20.1	15,740	16.8	35,514	21.0	31,963	24.9	24,270	29.0	131,877	22.1
Injury and Poisoning	39,166	32.2	29,585	31.6	38,829	23.0	27,699	21.6	18,158	21.7	153,437	25.7
V-code - Supplementary	3,446	2.8	4,689	5.0	9,391	5.6	7,128	5.5	2,785	3.3	27,439	4.6
Group Total	121,483	100.0	93,731	100.0	168,743	100.0	128,473	100.0	83,718	100.0	596,148	100.0

Source: HASD&IC, CHIP, CoSD EMS, Emergency Department Database, January - December, 2007. Population data: SANDAG, 2007 Estimates. Totals do not include <3% of all civilian ED discharges. SSIDC refers to Symptoms, Signs and Ill-Defined Conditions. Approximately 14,000 cases were missing from April - September. Total excludes 1,337 patients with a missing principal diagnosis and 5 patients with missing age.

Table 19. Number and Rate of ED Discharge by Principal Diagnosis and Age Group

	0-14		15-24		25-44		45-64		65+		Total	
	Number	Rate	Number	Rate	Number	Rate	Number	Rate	Number	Rate	Number	Rate
Infectious & Parasitic	2,487	385.7	1,491	318.0	1,753	194.7	1,024	139.7	619	176.2	7,374	238.0
Neoplasms	49	7.6	39	8.3	270	30.0	347	47.3	293	83.4	998	32.2
Endocrine, Nutrition, Metabolic	1,337	207.4	882	188.1	2,443	271.4	2,981	406.6	3,071	874.1	10,714	345.8
Diseases of Blood	310	48.1	157	33.5	325	36.1	305	41.6	406	115.6	1,503	48.5
Mental Disorders	694	107.6	4,307	918.6	8,593	954.6	7,309	996.9	1,962	558.5	22,865	738.0
Nervous System / Sense Organs	9,732	1,509.5	3,888	829.3	9,691	1,076.5	7,107	969.4	2,607	742.1	33,025	1,065.9
Circulatory	184	28.5	398	84.9	2,225	247.2	4,684	638.9	7,166	2,039.8	14,657	473.1
Respiratory	22,581	3,502.4	6,905	1,472.8	9,998	1,110.6	7,704	1,050.8	5,147	1,465.1	52,335	1,689.2
Digestive	6,744	1,046.0	4,377	933.6	9,395	1,043.6	6,875	937.7	4,762	1,355.5	32,153	1,037.8
Genitourinary	2,751	426.7	6,141	1,309.8	10,747	1,193.8	6,311	860.8	4,473	1,273.2	30,423	981.9
Preg, Childbirth, Puerperi	41	6.4	7,271	1,550.8	10,298	1,144.0	71	9.7	0	-	17,681	570.7
Skin/Subcutaneous tissue	3,972	616.1	4,046	863.0	7,576	841.6	5,311	724.4	2,118	602.9	23,023	743.1
Musculoskeletal/ Connective Tissue	2,046	317.3	3,735	796.6	11,654	1,294.6	11,621	1,585.1	5,865	1,669.4	34,921	1,127.1
Congenital Anomalies	363	56.3	72	15.4	37	4.1	31	4.2	16	4.6	519	16.8
Perinatal Conditions	1,190	184.6	8	1.7	<5	*	<5	*	0	-	1,204	38.9
SSIDC	24,390	3,782.9	15,740	3,357.2	35,514	3,945.1	31,963	4,359.6	24,270	6,908.3	131,877	4,256.5
Injury and Poisoning	39,166	6,074.7	29,585	6,310.2	38,829	4,313.3	27,699	3,778.0	18,158	5,168.6	153,437	4,952.3
V-code - Supplementary	3,446	534.5	4,689	1,000.1	9,391	1,043.2	7,128	972.2	2,785	792.7	27,439	885.6
Group Total	121,483	18,842.2	93,731	19,991.9	168,743	18,744.9	128,473	17,523.1	83,718	23,829.8	596,148	19,241.3

Source: HASD&IC, CHIP, CoSD EMS, Emergency Department Database, January - December, 2007. Population data: SANDAG, 2007 Estimates. Rates calculated per 100,000 population for all patients. Rates not calculated for fewer than 5 events. Totals do not include <3% of all civilian ED discharges. SSIDC refers to Symptoms, Signs and Ill-Defined Conditions. Approximately 14,000 cases were missing from April - September. Total excludes 1,337 patients with a missing principal diagnosis and 5 patients with missing age.

Table 20. Number and Percent of the 5 Most Common Diagnoses by Age Group

0-14 Years

Principal Diagnosis	Number	Percent
460-466 ACUTE RESPIRATORY INFECTIONS	14,628	12.0%
780 GENERAL SYMPTOMS	9,319	7.7%
870-879 OPEN WOUND OF HEAD, NECK, TRUNK	7,949	6.5%
380-389 DISEASES OF EAR AND MASTOID PROCESS	7,153	5.9%
920-924 CONTUSION WITH INTACT SKIN SURFACE	5,500	4.5%

15-24 Years

Principal Diagnosis	Number	Percent
840-848 SPRAINS AND STRAINS OF JOINTS AND MUSCLES	6,254	6.7%
640-648 COMPLICATIONS MAINLY RELATED TO PREGNANCY	5,777	6.1%
789 ABDOMINAL SYMPTOMS	5,381	5.7%
460-466 ACUTE RESPIRATORY INFECTIONS	4,245	4.5%
920-924 CONTUSION WITH INTACT SKIN SURFACE	4,052	4.3%

25-44 Years

Principal Diagnosis	Number	Percent
789 ABDOMINAL SYMPTOMS	10,762	6.4%
840-848 SPRAINS AND STRAINS OF JOINTS AND MUSCLES	9,513	5.6%
786 RESPIRATORY SYMPTOMS	8,486	5.0%
640-648 COMPLICATIONS MAINLY RELATED TO PREGNANCY	7,617	4.5%
720-724 DORSOPATHIES	6,510	3.8%

45-64 Years

Principal Diagnosis	Number	Percent
786 RESPIRATORY SYMPTOMS	10,075	7.8%
789 ABDOMINAL SYMPTOMS	6,912	5.4%
840-848 SPRAINS AND STRAINS OF JOINTS AND MUSCLES	5,853	4.5%
720-724 DORSOPATHIES	5,628	4.4%
780 GENERAL SYMPTOMS	5,571	4.3%

65+ Years

Principal Diagnosis	Number	Percent
780 GENERAL SYMPTOMS	6,896	8.2%
786 RESPIRATORY SYMPTOMS	6,198	7.4%
590-599 OTHER DISEASES OF URINARY SYSTEM	3,745	4.5%
789 ABDOMINAL SYMPTOMS	3,399	4.1%
920-924 CONTUSION WITH INTACT SKIN SURFACE	3,397	4.0%

Source: HASD&IC, CHIP, CoSD EMS, Emergency Department Database, January - December, 2007. Totals do not include <3% of all civilian ED discharges. Approximately 14,000 cases were missing from April - September.

Table 21. Number and Percent of ED Discharge by Principal Diagnosis and Race/Ethnicity

	White		Black		Hispanic		Asian/PI		Unknown		Total	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Infectious & Parasitic	3,105	1.0	869	1.7	2,546	1.5	480	1.4	374	1.1	7,374	1.2
Neoplasms	484	0.2	100	0.2	284	0.2	76	0.2	54	0.2	998	0.2
Endocrine, Nutrition, Metabolic	5,631	1.8	1,046	2.0	2,757	1.6	726	2.1	554	1.6	10,714	1.8
Diseases of Blood	691	0.2	237	0.5	392	0.2	102	0.3	81	0.2	1,503	0.3
Mental Disorders	14,389	4.7	1,650	3.2	5,012	2.9	905	2.6	909	2.7	22,865	3.8
Nervous System / Sense Organs	16,353	5.4	3,146	6.2	9,849	5.8	1,819	5.2	1,860	5.4	33,027	5.5
Circulatory	9,151	3.0	1,233	2.4	2,578	1.5	1,063	3.0	632	1.9	14,657	2.5
Respiratory	22,305	7.3	5,496	10.7	17,710	10.4	3,230	9.2	3,594	10.5	52,335	8.8
Digestive	15,231	5.0	2,604	5.1	10,466	6.1	1,970	5.6	1,882	5.5	32,153	5.4
Genitourinary	15,524	5.1	2,466	4.8	8,801	5.1	2,041	5.8	1,591	4.7	30,423	5.1
Preg, Childbirth, Puerperi	5,515	1.8	1,649	3.2	8,531	5.0	1,076	3.0	911	2.7	17,682	3.0
Skin/Subcutaneous tissue	12,115	4.0	2,070	4.0	6,323	3.7	1,221	3.5	1,294	3.8	23,023	3.9
Musculoskeletal/ Connective Tissue	19,332	6.3	4,028	7.9	8,115	4.7	1,756	5.0	1,690	4.9	34,921	5.9
Congenital Anomalies	174	0.1	34	0.1	226	0.1	24	0.1	61	0.2	519	0.1
Perinatal Conditions	292	0.1	76	0.1	636	0.4	50	0.1	150	0.4	1,204	0.2
SSIDC	66,673	21.9	11,288	22.1	37,598	22.0	8,756	24.8	7,562	22.1	131,877	22.1
Injury and Poisoning	83,296	27.3	10,225	20.0	42,009	24.6	8,571	24.3	9,338	27.3	153,439	25.7
V-code - Supplementary	14,301	4.7	2,920	5.7	7,160	4.2	1,434	4.1	1,624	4.8	27,439	4.6
Group Total	304,562	100.0	51,137	100.0	170,993	100.0	35,300	100.0	34,161	100.0	596,153	100.0

Source: HASD&IC, CHIP, CoSD EMS, Emergency Department Database, January - December, 2007. Population data: SANDAG, 2007 Estimates. Totals do not include <3% of all civilian ED discharges. SSIDC refers to Symptoms, Signs and Ill-Defined Conditions. Approximately 14,000 cases were missing from April - September. Total excludes 1,337 patients with a missing principal diagnosis.

Table 22. Number and Rate of ED Discharge by Principal Diagnosis and Race/Ethnicity

	White		Black		Hispanic		Asian/PI		Total	
	Number	Rate	Number	Rate	Number	Rate	Number	Rate	Number	Rate
Infectious & Parasitic	3,105	194.3	869	522.0	2,546	280.7	480	157.2	7,374	238.0
Neoplasms	484	30.3	100	60.1	284	31.3	76	24.9	998	32.2
Endocrine, Nutrition, Metabolic	5,631	352.4	1,046	628.3	2,757	304.0	726	237.7	10,714	345.8
Diseases of Blood	691	43.2	237	142.4	392	43.2	102	33.4	1,503	48.5
Mental Disorders	14,389	900.5	1,650	991.1	5,012	552.7	905	296.3	22,865	738.0
Nervous System / Sense Organs	16,353	1,023.4	3,146	1,889.6	9,849	1,086.0	1,819	595.6	33,027	1,066.0
Circulatory	9,151	572.7	1,233	740.6	2,578	284.3	1,063	348.1	14,657	473.1
Respiratory	22,305	1,395.9	5,496	3,301.2	17,710	1,952.8	3,230	1,057.6	52,335	1,689.2
Digestive	15,231	953.2	2,604	1,564.1	10,466	1,154.0	1,970	645.1	32,153	1,037.8
Genitourinary	15,524	971.6	2,466	1,481.2	8,801	970.5	2,041	668.3	30,423	981.9
Preg, Childbirth, Puerperi	5,515	345.2	1,649	990.5	8,531	940.7	1,076	352.3	17,682	570.7
Skin/Subcutaneous tissue	12,115	758.2	2,070	1,243.3	6,323	697.2	1,221	399.8	23,023	743.1
Musculoskeletal/ Connective Tissue	19,332	1,209.9	4,028	2,419.4	8,115	894.8	1,756	575.0	34,921	1,127.1
Congenital Anomalies	174	10.9	34	20.4	226	24.9	24	7.9	519	16.8
Perinatal Conditions	292	18.3	76	45.6	636	70.1	50	16.4	1,204	38.9
SSIDC	66,673	4,172.7	11,288	6,780.1	37,598	4,145.8	8,756	2,867.1	131,877	4,256.5
Injury and Poisoning	83,296	5,213.0	10,225	6,141.7	42,009	4,632.2	8,571	2,806.5	153,439	4,952.4
V-code - Supplementary	14,301	895.0	2,920	1,753.9	7,160	789.5	1,434	469.6	27,439	885.6
Group Total	304,562	19,060.8	51,137	30,715.5	170,993	18,854.7	35,300	11,558.8	596,153	19,241.5

Source: HASD&IC, CHIP, CoSD EMS, Emergency Department Database, January - December, 2007. Population data: SANDAG, 2007 Estimates. Rates calculated per 100,000 population for all patients. Totals do not include <3% of all civilian ED discharges. SSIDC refers to Symptoms, Signs and Ill-Defined Conditions. Approximately 14,000 cases were missing from April - September. Total excludes 1,337 patients with a missing principal diagnosis but includes 34,161 with other or unknown race/ethnicity.

Table 23. Number and Percent of the 5 Most Common Diagnoses by Race/Ethnicity

White

Principal Diagnosis	Number	Percent
786 RESPIRATORY SYMPTOMS	16,025	5.3%
789 ABDOMINAL SYMPTOMS	14,951	4.9%
780 GENERAL SYMPTOMS	14,626	4.8%
840-848 SPRAINS AND STRAINS OF JOINTS AND MUSCLES	13,822	4.5%
920-924 CONTUSION WITH INTACT SKIN SURFACE	11,632	3.8%

Black

Principal Diagnosis	Number	Percent
786 RESPIRATORY SYMPTOMS	2,967	5.8%
460-466 ACUTE RESPIRATORY INFECTIONS	2,713	5.3%
789 ABDOMINAL SYMPTOMS	2,595	5.1%
840-848 SPRAINS AND STRAINS OF JOINTS AND MUSCLES	2,512	4.9%
780 GENERAL SYMPTOMS	2,075	4.0%

Hispanic

Principal Diagnosis	Number	Percent
460-466 ACUTE RESPIRATORY INFECTIONS	10,182	5.9%
789 ABDOMINAL SYMPTOMS	8,970	5.2%
780 GENERAL SYMPTOMS	8,771	5.1%
786 RESPIRATORY SYMPTOMS	7,292	4.3%
840-848 SPRAINS AND STRAINS OF JOINTS AND MUSCLES	6,883	4.0%

Asian/PI

Principal Diagnosis	Number	Percent
780 GENERAL SYMPTOMS	2,137	6.0%
786 RESPIRATORY SYMPTOMS	2,081	5.9%
789 ABDOMINAL SYMPTOMS	1,789	5.1%
840-848 SPRAINS AND STRAINS OF JOINTS AND MUSCLES	1,713	4.8%
460-466 ACUTE RESPIRATORY INFECTIONS	1,616	4.6%

Other/ Unk

Principal Diagnosis	Number	Percent
460-466 ACUTE RESPIRATORY INFECTIONS	2,202	6.4%
780 GENERAL SYMPTOMS	1,940	5.6%
786 RESPIRATORY SYMPTOMS	1,567	4.6%
789 ABDOMINAL SYMPTOMS	1,565	4.6%
840-848 SPRAINS AND STRAINS OF JOINTS AND MUSCLES	1,498	4.4%

Source: HASD&IC, CHIP, CoSD EMS, Emergency Department Database, January - December, 2007. Totals do not include <3% of all civilian ED discharges. Approximately 14,000 cases are missing from April – September.

Table 24. Number and Percent of ED Discharge by Principal Diagnosis and Gender

	Male		Female		Total	
	Number	Percent	Number	Percent	Number	Percent
Infectious & Parasitic	3,469	1.3	3,905	1.2	7,374	1.2
Neoplasms	369	0.1	629	0.2	998	0.2
Endocrine, Nutrition, Metabolic	5,215	1.9	5,497	1.7	10,712	1.8
Diseases of Blood	604	0.2	899	0.3	1,503	0.3
Mental Disorders	11,963	4.3	10,900	3.4	22,863	3.8
Nervous System / Sense Organs	14,331	5.2	18,693	5.8	33,024	5.5
Circulatory	7,098	2.6	7,557	2.4	14,655	2.5
Respiratory	25,146	9.1	27,185	8.5	52,331	8.8
Digestive	14,417	5.2	17,731	5.5	32,148	5.4
Genitourinary	9,182	3.3	21,240	6.6	30,422	5.1
Preg, Childbirth, Puerperi	0	0.0	17,682	5.5	17,682	3.0
Skin/Subcutaneous tissue	11,924	4.3	11,096	3.5	23,020	3.9
Musculoskeletal/ Connective Tissue	15,225	5.5	19,693	6.1	34,918	5.9
Congenital Anomalies	288	0.1	231	0.1	519	0.1
Perinatal Conditions	647	0.2	557	0.2	1,204	0.2
SSIDC	56,163	20.4	75,706	23.6	131,869	22.1
Injury and Poisoning	84,579	30.7	68,848	21.5	153,427	25.7
V-code - Supplementary	15,080	5.5	12,355	3.9	27,435	4.6
Group Total	275,700	100.0	320,404	100.0	596,104	100.0

Source: HASD&IC, CHIP, CoSD EMS, Emergency Department Database, January - December, 2007. Population data: SANDAG, 2007 Estimates. Rates calculated per 100,000 population for all patients. Totals do not include <3% of all civilian ED discharges. SSIDC refers to Symptoms, Signs and Ill-Defined Conditions. Approximately 14,000 cases were missing from April - September. Total excludes 1,386 patients with missing principal diagnosis and/or gender.

Table 25. Number and Rate of ED Discharge by Principal Diagnosis and Gender

	Male		Female		Total	
	Number	Rate	Number	Rate	Number	Rate
Infectious & Parasitic	3,469	223.9	3,905	252.1	7,374	238.0
Neoplasms	369	23.8	629	40.6	998	32.2
Endocrine, Nutrition, Metabolic	5,215	336.5	5,497	354.9	10,712	345.7
Diseases of Blood	604	39.0	899	58.0	1,503	48.5
Mental Disorders	11,963	772.0	10,900	703.8	22,863	737.9
Nervous System / Sense Organs	14,331	924.8	18,693	1,207.0	33,024	1,065.9
Circulatory	7,098	458.1	7,557	488.0	14,655	473.0
Respiratory	25,146	1,622.8	27,185	1,755.3	52,331	1,689.0
Digestive	14,417	930.4	17,731	1,144.9	32,148	1,037.6
Genitourinary	9,182	592.6	21,240	1,371.5	30,422	981.9
Preg, Childbirth, Puerperi	0	-	17,682	1,141.7	17,682	570.7
Skin/Subcutaneous tissue	11,924	769.5	11,096	716.5	23,020	743.0
Musculoskeletal/ Connective Tissue	15,225	982.5	19,693	1,271.6	34,918	1,127.0
Congenital Anomalies	288	18.6	231	14.9	519	16.8
Perinatal Conditions	647	41.8	557	36.0	1,204	38.9
SSIDC	56,163	3,624.4	75,706	4,888.3	131,869	4,256.2
Injury and Poisoning	84,579	5,458.2	68,848	4,445.5	153,427	4,952.0
V-code - Supplementary	15,080	973.2	12,355	797.8	27,435	885.5
Group Total	275,700	17,792.1	320,404	20,688.5	596,104	19,239.9

Source: HASD&IC, CHIP, CoSD EMS, Emergency Department Database, January - December, 2007. Population data: SANDAG, 2007 Estimates. Rates calculated per 100,000 population for all patients. Totals do not include <3% of all civilian ED discharges. SSIDC refers to Symptoms, Signs and Ill-Defined Conditions. Approximately 14,000 cases were missing from April - September. Total excludes 1,386 patients with missing principal diagnosis and/or gender.

Table 26. Number and Percent of the 5 Most Common Diagnoses by Gender

Male

Principal Diagnosis	Number	Percent
780 GENERAL SYMPTOMS	13,865	5.0%
786 RESPIRATORY SYMPTOMS	13,733	5.0%
460-466 ACUTE RESPIRATORY INFECTIONS	13,251	4.8%
840-848 SPRAINS AND STRAINS OF JOINTS AND MUSCLES	12,315	4.5%
870-879 OPEN WOUND OF HEAD, NECK, TRUNK	11,987	4.3%

Female

Principal Diagnosis	Number	Percent
789 ABDOMINAL SYMPTOMS	19,516	6.1%
786 RESPIRATORY SYMPTOMS	16,197	5.0%
780 GENERAL SYMPTOMS	15,683	4.9%
460-466 ACUTE RESPIRATORY INFECTIONS	14,471	4.5%
840-848 SPRAINS AND STRAINS OF JOINTS AND MUSCLES	14,109	4.4%

Source: HASD&IC, CHIP, CoSD EMS, Emergency Department Database, January - December, 2007. Totals do not include <3% of all civilian ED discharges. Approximately 14,000 cases are missing from April – September.

Table 27. Number and Percent of ED Discharge by Principal Diagnosis and Region of Residence

	North Coastal		North Central		Central		South		East		North Inland		Out of County / Unknown	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Infectious & Parasitic	1,223	1.5	914	1.0	1,571	1.4	1,534	1.7	1,115	1.1	474	0.6	543	1.3
Neoplasms	172	0.2	138	0.2	153	0.1	150	0.2	141	0.1	177	0.2	67	0.2
Endocrine, Nutrition, Metabolic	1,671	2.1	1,668	1.9	1,924	1.8	1,572	1.7	1,551	1.5	1,582	1.9	746	1.8
Diseases of Blood	245	0.3	207	0.2	256	0.2	232	0.3	237	0.2	229	0.3	97	0.2
Mental Disorders	3,347	4.1	2,993	3.4	4,218	3.8	2,841	3.1	3,738	3.7	3,292	3.9	2,436	5.8
Nervous System / Sense Organs	3,706	4.6	5,010	5.6	6,339	5.8	5,102	5.6	5,755	5.7	4,670	5.6	2,445	5.8
Circulatory	2,790	3.5	2,340	2.6	2,267	2.1	2,041	2.2	2,389	2.4	2,027	2.4	803	1.9
Respiratory	6,700	8.3	7,133	8.0	10,458	9.5	9,100	10.0	8,286	8.3	7,242	8.7	3,416	8.1
Digestive	4,273	5.3	4,532	5.1	5,743	5.2	5,861	6.5	5,119	5.1	4,706	5.6	1,919	4.6
Genitourinary	4,030	5.0	4,427	5.0	5,189	4.7	5,098	5.6	5,012	5.0	4,627	5.5	2,040	4.9
Preg, Childbirth, Puerperi	2,019	2.5	2,033	2.3	3,691	3.4	3,688	4.1	2,771	2.8	2,726	3.3	754	1.8
Skin/Subcutaneous tissue	3,049	3.8	3,248	3.6	4,786	4.4	3,611	4.0	3,634	3.6	2,795	3.3	1,900	4.5
Musculoskeletal/ Connective Tissue	4,195	5.2	5,092	5.7	7,223	6.6	5,411	6.0	6,096	6.1	4,525	5.4	2,379	5.7
Congenital Anomalies	41	0.1	93	0.1	139	0.1	67	0.1	78	0.1	70	0.1	31	0.1
Perinatal Conditions	126	0.2	139	0.2	228	0.2	271	0.3	195	0.2	210	0.3	35	0.1
SSIDC	17,124	21.2	20,455	22.9	24,609	22.4	19,982	22.0	23,168	23.1	18,480	22.1	8,059	19.2
Injury and Poisoning	22,819	28.3	24,375	27.3	23,475	21.4	21,216	23.4	26,496	26.5	23,023	27.6	12,035	28.6
V-code - Supplementary	3,209	4.0	4,511	5.1	7,433	6.8	3,039	3.3	4,308	4.3	2,596	3.1	2,343	5.6
Group Total	80,739	100.0	89,308	100.0	109,702	100.0	90,816	100.0	100,089	100.0	83,451	100.0	42,048	100.0

Source: HASD&IC, CHIP, CoSD EMS, Emergency Department Database, January - December, 2007. Totals do not include <3% of all civilian ED discharges. SSIDC refers to Symptoms, Signs and Ill-Defined Conditions. Approximately 14,000 cases are missing from April – September, likely to affect the Central Region. Region Totals exclude 1,337 patients with a missing principal diagnosis.

Table 28. Number and Rate of ED Discharge by Principal Diagnosis and Region of Residence

	North Coastal		North Central		Central		South		East		North Inland	
	Number	Rate	Number	Rate	Number	Rate	Number	Rate	Number	Rate	Number	Rate
Infectious and Parasitic Diseases	1,223	229.2	914	155.1	1,571	317.3	1,534	333.2	1,115	242.1	474	84.8
Neoplasms	172	32.2	138	23.4	153	30.9	150	32.6	141	30.6	177	31.6
Endocrine, Nutrition, Metabolic	1,671	313.2	1,668	283.0	1,924	388.5	1,572	341.4	1,551	336.7	1,582	282.9
Blood & Blood Forming Organs	245	45.9	207	35.1	256	51.7	232	50.4	237	51.5	229	40.9
Mental Disorders	3,347	627.4	2,993	507.9	4,218	851.8	2,841	617.1	3,738	811.6	3,292	588.6
Nervous System/Sense Organs	3,706	694.6	5,010	850.1	6,339	1,280.1	5,102	1,108.2	5,755	1,249.5	4,670	835.0
Circulatory	2,790	522.9	2,340	397.1	2,267	457.8	2,041	443.3	2,389	518.7	2,027	362.4
Respiratory	6,700	1,255.8	7,133	1,210.4	10,458	2,112.0	9,100	1,976.6	8,286	1,799.0	7,242	1,294.9
Digestive	4,273	800.9	4,532	769.0	5,743	1,159.8	5,861	1,273.0	5,119	1,111.4	4,706	841.5
Genitourinary	4,030	755.4	4,427	751.2	5,189	1,047.9	5,098	1,107.3	5,012	1,088.1	4,627	827.3
Pregnancy, Childbirth, Peurperium	2,019	378.4	2,033	345.0	3,691	745.4	3,688	801.1	2,771	601.6	2,726	487.4
Skin/Subcutaneous Tissue	3,049	571.5	3,248	551.1	4,786	966.5	3,611	784.3	3,634	789.0	2,795	499.8
Musculoskeletal/Connective Tissue	4,195	786.3	5,092	864.0	7,223	1,458.7	5,411	1,175.3	6,096	1,323.5	4,525	809.1
Congenital Anomalies	41	7.7	93	15.8	139	28.1	67	14.6	78	16.9	70	12.5
Perinatal Conditions	126	23.6	139	23.6	228	46.0	271	58.9	195	42.3	210	37.5
SYMPTOMS	17,124	3,209.7	20,455	3,470.9	24,609	4,969.7	19,982	4,340.2	23,168	5,030.0	18,480	3,304.4
Injury and Poisoning	22,819	4,277.1	24,375	4,136.1	23,475	4,740.7	21,216	4,608.2	26,496	5,752.5	23,023	4,116.7
V-Code - Supplementary	3,209	601.5	4,511	765.5	7,433	1,501.1	3,039	660.1	4,308	935.3	2,596	464.2
Group Total	80,739	15,133.5	89,308	15,154.3	109,702	22,153.9	90,816	19,725.8	100,089	21,730.2	83,451	14,921.7

Source: HASD&IC, CHIP, CoSD EMS, Emergency Department Database, January - December, 2007. Population data: SANDAG, 2007 Estimates. Rates calculated per 100,000 population for all patients. Totals do not include <3% of all civilian ED discharges. SSIDC refers to Symptoms, Signs and Ill-Defined Conditions. Approximately 14,000 cases are missing from April – September, likely to impact the Central Region. Region Totals exclude 1,337 patients with a missing principal diagnosis.

Table 29. Number and Percent of the 5 Most Common Diagnoses by Region of Residence

North Coastal Region

Principal Diagnosis	Number	Percent
789 ABDOMINAL SYMPTOMS	4179	5.2%
780 GENERAL SYMPTOMS	4067	5.0%
840-848 SPRAINS AND STRAINS OF JOINTS AND MUSCLES	3955	4.9%
786 RESPIRATORY SYMPTOMS	3726	4.6%
460-466 ACUTE RESPIRATORY INFECTIONS	3413	4.2%

North Central Region

Principal Diagnosis	Number	Percent
780 GENERAL SYMPTOMS	4,773	5.3%
786 RESPIRATORY SYMPTOMS	4,750	5.3%
789 ABDOMINAL SYMPTOMS	4,311	4.8%
840-848 SPRAINS AND STRAINS OF JOINTS AND MUSCLES	3,979	4.5%
460-466 ACUTE RESPIRATORY INFECTIONS	3,894	4.4%

Central Region

Principal Diagnosis	Number	Percent
786 RESPIRATORY SYMPTOMS	5,765	5.2%
789 ABDOMINAL SYMPTOMS	5,514	5.0%
460-466 ACUTE RESPIRATORY INFECTIONS	5,395	4.9%
780 GENERAL SYMPTOMS	5,364	4.9%
840-848 SPRAINS AND STRAINS OF JOINTS AND MUSCLES	4,309	3.9%

South Region

Principal Diagnosis	Number	Percent
460-466 ACUTE RESPIRATORY INFECTIONS	4,571	5.0%
789 ABDOMINAL SYMPTOMS	4,466	4.9%
786 RESPIRATORY SYMPTOMS	4,436	4.9%
780 GENERAL SYMPTOMS	4,239	4.7%
840-848 SPRAINS AND STRAINS OF JOINTS AND MUSCLES	3,677	4.0%

East Region

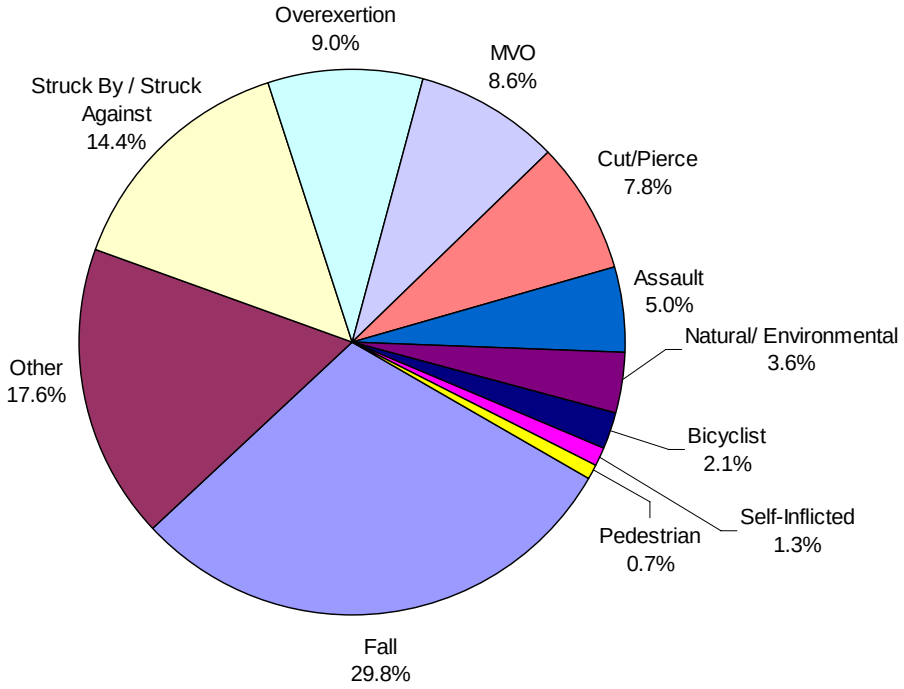
Principal Diagnosis	Number	Percent
786 RESPIRATORY SYMPTOMS	5,966	6.0%
789 ABDOMINAL SYMPTOMS	5,497	5.5%
780 GENERAL SYMPTOMS	4,776	4.8%
840-848 SPRAINS AND STRAINS OF JOINTS AND MUSCLES	4,691	4.7%
460-466 ACUTE RESPIRATORY INFECTIONS	4,531	4.5%

North Inland Region

Principal Diagnosis	Number	Percent
780 GENERAL SYMPTOMS	4,353	5.2%
789 ABDOMINAL SYMPTOMS	4,218	5.0%
460-466 ACUTE RESPIRATORY INFECTIONS	4,033	4.8%
840-848 SPRAINS AND STRAINS OF JOINTS AND MUSCLES	3,774	4.5%
786 RESPIRATORY SYMPTOMS	3,575	4.3%

Source: HASD&IC, CHIP, CoSD EMS, Emergency Department Database, January - December, 2007. Totals do not include <3% of all civilian ED discharges. Approximately 14,000 cases are missing from April – September.

Figure 16. ED Discharges by Principal Mechanism of Injury



Source: HASD&IC, CHIP, CoSD EMS, Emergency Department Database, January - December, 2007. Totals do not include <3% of all civilian ED discharges. Approximately 14,000 cases are missing from April – September.

Table 30. Number and Percent of the 15 Most Common Mechanisms of Injury

Principal E-Code	Number	Percent
Fall - Slip, Trip, Stumble	15,424	9.7%
Accident From Overexertion	14,373	9.0%
Struck by Object/Person - Other	9,525	6.0%
Fall - Unspecified	7,960	5.0%
MVO Unspecified, Driver	7,104	4.5%
Cut/Pierce -w/Cutting Instrument - Otr	6,961	4.4%
Unspecified Accident	6,427	4.0%
Struck in Sports - w/Fall	5,603	3.5%
Fall - Against Other Object	4,836	3.0%
Assault - Unarmed Fight/Brawl	4,225	2.6%
MVO Unspecified, Passenger	3,185	2.0%
Fall - One Level to Another	2,999	1.9%
Pedalcycle Accident - Pedalcyclist	2,904	1.8%
Fall - Stairs, Steps - Other	2,863	1.8%
Other Accident	2,844	1.8%

Source: HASD&IC, CHIP, CoSD EMS, Emergency Department Database, January - December, 2007. Totals do not include <3% of all civilian ED discharges. Approximately 14,000 cases are missing from April – September.

Table 31. Number and Percent of ED Discharge by Principal Mechanism of Injury and Age Group

	0-14		15-24		25-44		45-64		65+		Total	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Cut/Pierce	1,836	4.8	2,721	8.7	4,597	11.0	2,569	8.7	706	3.8	12,429	7.8
Fall	15,411	40.0	5,207	16.7	7,007	16.7	8,411	28.5	11,479	62.5	47,515	29.8
MVO	1,171	3.0	3,915	12.5	4,720	11.3	2,930	9.9	953	5.2	13,689	8.6
Bicyclist	1,200	3.1	682	2.2	898	2.1	563	1.9	69	0.4	3,412	2.1
Pedestrian	250	0.6	257	0.8	306	0.7	269	0.9	81	0.4	1,163	0.7
Overexertion	2,187	5.7	3,218	10.3	4,941	11.8	3,143	10.7	884	4.8	14,373	9.0
Struck by/Against	8,385	21.8	5,376	17.2	5,326	12.7	2,777	9.4	1,136	6.2	23,000	14.4
Natural/Environmental	1,526	4.0	973	3.1	1,579	3.8	1,223	4.1	441	2.4	5,742	3.6
Self-Inflicted	100	0.3	761	2.4	840	2.0	392	1.3	45	0.2	2,138	1.3
Assault	476	1.2	2,958	9.5	3,130	7.5	1,346	4.6	119	0.6	8,029	5.0
Other	6,008	15.6	5,160	16.5	8,514	20.3	5,865	19.9	2,463	13.4	28,010	17.6
Group Total	38,550	100.0	31,228	100.0	41,858	100.0	29,488	100.0	18,376	100.0	159,500	100.0

Source: HASD&IC, CHIP, CoSD EMS, Emergency Department Database, January - December, 2007. Totals do not include <3% of all civilian ED discharges. Approximately 14,000 total ED discharges were missing from April - September. Total excludes 3 patients with missing age.

Table 32. Number and Rate of ED Discharge by Principal Mechanism of Injury and Age Group

	0-14		15-24		25-44		45-64		65+		Total	
	Number	Rate	Number	Rate	Number	Rate	Number	Rate	Number	Rate	Number	Rate
Cut/Pierce	1,836	284.8	2,721	580.4	4,597	510.7	2,569	350.4	706	201.0	12,429	401.2
Fall	15,411	2,390.3	5,207	1,110.6	7,007	778.4	8,411	1,147.2	11,479	3,267.4	47,515	1,533.6
MVO	1,171	181.6	3,915	835.0	4,720	524.3	2,930	399.6	953	271.3	13,689	441.8
Bicyclist	1,200	186.1	682	145.5	898	99.8	563	76.8	69	19.6	3,412	110.1
Pedestrian	250	38.8	257	54.8	306	34.0	269	36.7	81	23.1	1,163	37.5
Overexertion	2,187	339.2	3,218	686.4	4,941	548.9	3,143	428.7	884	251.6	14,373	463.9
Struck by/Against	8,385	1,300.5	5,376	1,146.6	5,326	591.6	2,777	378.8	1,136	323.4	23,000	742.4
Natural/Environmental	1,526	236.7	973	207.5	1,579	175.4	1,223	166.8	441	125.5	5,742	185.3
Self-Inflicted	100	15.5	761	162.3	840	93.3	392	53.5	45	12.8	2,138	69.0
Assault	476	73.8	2,958	630.9	3,130	347.7	1,346	183.6	119	33.9	8,029	259.1
Other	6,008	931.9	5,160	1,100.6	8,514	945.8	5,865	800.0	2,463	701.1	28,010	904.1
Group Total	38,550	5,979.2	31,228	6,660.6	41,858	4,649.8	29,488	4,022.0	18,376	5,230.6	159,500	5,148.0

Source: HASD&IC, CHIP, CoSD EMS, Emergency Department Database, January - December, 2007. Population data: SANDAG, 2007 Estimates. Rates calculated per 100,000 population for all patients. Totals do not include <3% of all civilian ED discharges. Approximately 14,000 total ED discharges were missing from April - September. Total excludes 3 patients with missing age.

Table 33. Number and Percent of the 5 Most Common Injuries by Age Group

0-14 Years

Principal Injury	Number	Percent
STRUCK BY OBJ/PERSON OT	3,209	8.3%
FALL OTH TRIP STUMBLE	3,157	8.2%
FALL AGAINST OTH OBJECT	2,267	5.9%
ACCID FROM OVEREXERTION*	2,187	5.7%
STRUCK IN SPORTS W/O FALL	1,945	5.0%

15-24 Years

Principal Injury	Number	Percent
ACCID FROM OVEREXERTION*	3,218	10.3%
STRUCK IN SPORTS W/O FALL	2,122	6.8%
STRUCK BY OBJ/PERSON OT	1,791	5.7%
MVA COLLISION UNSP DRIVER	1,760	5.6%
ACCID CUTTING INSTRUM OT	1,603	5.1%

25-44 Years

Principal Injury	Number	Percent
ACCID FROM OVEREXERTION*	4,941	11.8%
MVA COLLISION UNSP DRIVER	2,959	7.1%
STRUCK BY OBJ/PERSON OT	2,455	5.9%
ACCID CUTTING INSTRUM OT	2,398	5.7%
FALL OTH TRIP STUMBLE	2,385	5.7%

45-64 Years

Principal Injury	Number	Percent
FALL OTH TRIP STUMBLE	3,433	11.6%
ACCID FROM OVEREXERTION*	3,143	10.7%
MVA COLLISION UNSP DRIVER	1,867	6.3%
UNSPEC FALL	1,677	5.7%
ACCIDENT UNSPEC	1,564	5.3%

65+ Years

Principal Injury	Number	Percent
FALL OTH TRIP STUMBLE	5,192	28.3%
UNSPEC FALL	2,522	13.7%
FALL AGAINST OTH OBJECT	962	5.2%
ACCIDENT UNSPEC	904	4.9%
ACCID FROM OVEREXERTION*	884	4.8%

Source: HASD&IC, CHIP, CoSD EMS, Emergency Department Database, January - December, 2007. Totals do not include <3% of all civilian ED discharges. Approximately 14,000 cases are missing from April – September.

Table 34. Number and Percent of ED Discharge by Principal Mechanism of Injury and Race/Ethnicity

	White		Black		Hispanic		Asian/PI		Total	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Cut/Pierce	6,788	7.8	666	6.1	3,533	8.2	692	7.8	12,429	7.8
Fall	27,708	31.8	2,475	22.5	12,356	28.7	2,269	25.6	47,516	29.8
MVO	6,214	7.1	1,234	11.2	4,008	9.3	1,279	14.5	13,689	8.6
Bicyclist	2,109	2.4	163	1.5	813	1.9	139	1.6	3,412	2.1
Pedestrian	515	0.6	122	1.1	382	0.9	71	0.8	1,163	0.7
Overexertion	7,936	9.1	1,143	10.4	3,620	8.4	836	9.4	14,373	9.0
Struck by/Against	12,106	13.9	1,542	14.0	6,505	15.1	1,312	14.8	23,000	14.4
Natural/Environmental	3,397	3.9	297	2.7	1,422	3.3	312	3.5	5,742	3.6
Self-Inflicted	1,384	1.6	117	1.1	440	1.0	114	1.3	2,138	1.3
Assault	3,902	4.5	963	8.8	2,432	5.6	293	3.3	8,030	5.0
Other	14,954	17.2	2,259	20.6	7,597	17.6	1,530	17.3	28,011	17.6
Group Total	87,013	100.0	10,981	100.0	43,108	100.0	8,847	100.0	159,503	100.0

Source: HASD&IC, CHIP, CoSD EMS, Emergency Department Database, January - December, 2007. Totals do not include <3% of all civilian ED discharges. Total includes 9,554 patients with other or unknown race/ethnicity.

Table 35. Number and Rate of ED Discharge by Principal Mechanism of Injury and Race/Ethnicity

	White		Black		Hispanic		Asian/PI		Total	
	Number	Rate	Number	Rate	Number	Rate	Number	Rate	Number	Rate
Cut/Pierce	6,788	424.8	666	400.0	3,533	389.6	692	226.6	12,429	401.2
Fall	27,708	1,734.1	2,475	1,486.6	12,356	1,362.4	2,269	743.0	47,516	1,533.6
MVO	6,214	388.9	1,234	741.2	4,008	441.9	1,279	418.8	13,689	441.8
Bicyclist	2,109	132.0	163	97.9	813	89.6	139	45.5	3,412	110.1
Pedestrian	515	32.2	122	73.3	382	42.1	71	23.2	1,163	37.5
Overexertion	7,936	496.7	1,143	686.5	3,620	399.2	836	273.7	14,373	463.9
Struck by/Against	12,106	757.6	1,542	926.2	6,505	717.3	1,312	429.6	23,000	742.4
Natural/Environmental	3,397	212.6	297	178.4	1,422	156.8	312	102.2	5,742	185.3
Self-Inflicted	1,384	86.6	117	70.3	440	48.5	114	37.3	2,138	69.0
Assault	3,902	244.2	963	578.4	2,432	268.2	293	95.9	8,030	259.2
Other	14,954	935.9	2,259	1,356.9	7,597	837.7	1,530	501.0	28,011	904.1
Group Total	87,013	5,445.6	10,981	6,595.7	43,108	4,753.3	8,847	2896.9	159,503	5,148.1

Source: HASD&IC, CHIP, CoSD EMS, Emergency Department Database, January - December, 2007. Population data: SANDAG, 2007 Estimates. Rates calculated per 100,000 population for all patients. Totals do not include <3% of all civilian ED discharges. Approximately 14,000 cases are missing from April – September. Total includes 9,554 patients with other or unknown race/ethnicity.

Table 36. Number and Percent of the 5 Most Common Injuries by Race/Ethnicity

White

Principal Injury	Number	Percent
FALL OTH TRIP STUMBLE	9,647	11.1%
ACCID FROM OVEREXERTION*	7,936	9.1%
STRUCK BY OBJ/PERSON OT	5,033	5.8%
UNSPEC FALL	4,877	5.6%
ACCID CUTTING INSTRUM OT	3,743	4.3%

Black

Principal Injury	Number	Percent
ACCID FROM OVEREXERTION*	1,143	10.4%
FALL OTH TRIP STUMBLE	750	6.8%
ACCIDENT UNSPEC	699	6.4%
MVA COLLISION UNSP DRIVER	655	6.0%
STRUCK BY OBJ/PERSON OT	613	5.6%

Hispanic

Principal Injury	Number	Percent
ACCID FROM OVEREXERTION*	3,620	8.4%
FALL OTH TRIP STUMBLE	3,509	8.1%
STRUCK BY OBJ/PERSON OT	2,742	6.4%
ACCID CUTTING INSTRUM OT	1,994	4.6%
UNSPEC FALL	1,842	4.3%

Asian/PI

Principal Injury	Number	Percent
ACCID FROM OVEREXERTION*	836	9.4%
FALL OTH TRIP STUMBLE	748	8.5%
MVA COLLISION UNSP DRIVER	710	8.0%
STRUCK BY OBJ/PERSON OT	525	5.9%
STRUCK IN SPORTS W/O FALL	388	4.4%

Source: HASD&IC, CHIP, CoSD EMS, Emergency Department Database, January - December, 2007. Totals do not include <3% of all civilian ED discharges. Approximately 14,000 cases are missing from April – September.

Table 37. Number and Percent of ED Discharge by Principal Mechanism of Injury and Gender

	Male		Female		Total	
	Number	Percent	Number	Percent	Number	Percent
Cut/Pierce	7,902	9.1	4,527	6.3	12,429	7.8
Fall	22,808	26.2	24,702	34.1	47,510	29.8
MVO	5,595	6.4	8,092	11.2	13,687	8.6
Bicyclist	2,680	3.1	731	1.0	3,411	2.1
Pedestrian	645	0.7	518	0.7	1,163	0.7
Overexertion	7,452	8.6	6,921	9.6	14,373	9.0
Struck by/Against	14,804	17.0	8,196	11.3	23,000	14.4
Natural/Environmental	2,900	3.3	2,842	3.9	5,742	3.6
Self-Inflicted	835	1.0	1,303	1.8	2,138	1.3
Assault	5,588	6.4	2,440	3.4	8,028	5.0
Other	15,939	18.3	12,071	16.7	28,010	17.6
Group Total	87,148	100.0	72,343	100.0	159,491	100.0

Source: HASD&IC, CHIP, CoSD EMS, Emergency Department Database, January - December, 2007. Totals do not include <3% of all civilian ED discharges. Total excludes 12 patients with missing gender.

Table 38. Number and Rate of ED Discharge by Principal Mechanism of Injury and Gender

	Male		Female		Total	
	Number	Rate	Number	Rate	Number	Rate
Cut/Pierce	7,902	509.9	4,527	292.3	12,429	401.2
Fall	22,808	1,471.9	24,702	1,595.0	47,510	1,533.4
MVO	5,595	361.1	8,092	522.5	13,687	441.8
Bicyclist	2,680	173.0	731	47.2	3,411	110.1
Pedestrian	645	41.6	518	33.4	1,163	37.5
Overexertion	7,452	480.9	6,921	446.9	14,373	463.9
Struck by/Against	14,804	955.4	8,196	529.2	23,000	742.4
Natural/Environmental	2,900	187.1	2,842	183.5	5,742	185.3
Self-Inflicted	835	53.9	1,303	84.1	2,138	69.0
Assault	5,588	360.6	2,440	157.6	8,028	259.1
Other	15,939	1,028.6	12,071	779.4	28,010	904.1
Group Total	87,148	5,624.0	72,343	4,671.2	159,491	5,147.7

Source: HASD&IC, CHIP, CoSD EMS, Emergency Department Database, January - December, 2007. Population data: SANDAG, 2007 Estimates. Rates calculated per 100,000 population for all patients. Totals do not include <3% of all civilian ED discharges. Total excludes 12 patients with missing gender.

Table 39. Number and Percent of the 5 Most Common Injuries by Gender

Male

Principal Injury	Number	Percent
ACCID FROM OVEREXERTION	7,452	8.6%
FALL OTH TRIP STUMBLE	5,916	6.8%
STRUCK BY OBJ/PERSON OT	5,665	6.5%
ACCID CUTTING INSTRUM OT	4,406	5.1%
STRUCK IN SPORTS W/O FALL	4,360	5.0%

Female

Principal Injury	Number	Percent
FALL OTH TRIP STUMBLE	9,506	13.1%
ACCID FROM OVEREXERTION	6,921	9.6%
UNSPEC FALL	4,312	6.0%
MVA COLLISION UNSP DRIVER	4,245	5.9%
STRUCK BY OBJ/PERSON OT	3,860	5.3%

Source: HASD&IC, CHIP, CoSD EMS, Emergency Department Database, January - December, 2007. Approximately 14,000 total ED discharges were missing from April - September.

Table 40. Number and Percent of ED Discharge by Principal Mechanism of Injury and Region of Residence

	North Coastal		North Central		Central		South		East		North Inland	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Cut/Pierce	1,898	8.2	2,178	8.6	1,974	7.8	1,601	7.2	2,098	7.7	1,896	8.1
Fall	7,188	31.0	7,702	30.4	7,029	27.9	6,531	29.4	8,318	30.4	7,110	30.3
MVO	1,758	7.6	1,951	7.7	2,136	8.5	1,744	7.9	2,372	8.7	2,387	10.2
Bicyclist	504	2.2	698	2.8	523	2.1	394	1.8	531	1.9	516	2.2
Pedestrian	160	0.7	181	0.7	241	1.0	145	0.7	188	0.7	154	0.7
Overexertion	2,346	10.1	2,266	8.9	2,215	8.8	2,030	9.1	2,461	9.0	1,809	7.7
Struck by/Against	3,521	15.2	3,910	15.4	3,276	13.0	3,428	15.4	3,778	13.8	3,373	14.4
Natural/Environmental	877	3.8	839	3.3	789	3.1	740	3.3	1,017	3.7	920	3.9
Self-Inflicted	286	1.2	328	1.3	318	1.3	225	1.0	475	1.7	388	1.7
Assault	956	4.1	1,062	4.2	1,810	7.2	1,204	5.4	1,392	5.1	863	3.7
Other	3,685	15.9	4,244	16.7	4,904	19.4	4,150	18.7	4,753	17.4	4,018	17.1
Group Total	23,179	100.0	25,359	100.0	25,215	100.0	22,192	100.0	27,383	100.0	23,434	100.0

Source: HASD&IC, CHIP, CoSD EMS, Emergency Department Database, January - December, 2007. Totals do not include <3% of all civilian ED discharges. Approximately 14,000 cases are missing from April – September.

Table 41. Number and Rate of ED Discharge by Principal Mechanism of Injury and Region of Residence

	North Coastal		North Central		Central		South		East		North Inland	
	Number	Rate	Number	Rate	Number	Rate	Number	Rate	Number	Rate	Number	Rate
Cut/Pierce	1,898	355.8	2,178	369.6	1,974	398.6	1,601	347.7	2,098	455.5	1,896	339.0
Fall	7,188	1,347.3	7,702	1306.9	7,029	1,419.5	6,531	1,418.6	8,318	1,805.9	7,110	1,271.3
MVO	1,758	329.5	1,951	331.1	2,136	431.4	1,744	378.8	2,372	515.0	2,387	426.8
Bicyclist	504	94.5	698	118.4	523	105.6	394	85.6	531	115.3	516	92.3
Pedestrian	160	30.0	181	30.7	241	48.7	145	31.5	188	40.8	154	27.5
Overexertion	2,346	439.7	2,266	384.5	2,215	447.3	2,030	440.9	2,461	534.3	1,809	323.5
Struck by/Against	3,521	660.0	3,910	663.5	3,276	661.6	3,428	744.6	3,778	820.2	3,373	603.1
Natural/Environmental	877	164.4	839	142.4	789	159.3	740	160.7	1,017	220.8	920	164.5
Self-Inflicted	286	53.6	328	55.7	318	64.2	225	48.9	475	103.1	388	69.4
Assault	956	179.2	1,062	180.2	1,810	365.5	1,204	261.5	1,392	302.2	863	154.3
Other	3,685	690.7	4,244	720.1	4,904	990.3	4,150	901.4	4,753	1,031.9	4,018	718.4
Group Total	23,179	4,344.6	25,359	4,303.1	25,215	5,092.1	22,192	4,820.2	27,383	5,945.1	23,434	4,190.2

Source: HASD&IC, CHIP, CoSD EMS, Emergency Department Database, January - December, 2007. Population data: SANDAG, 2007 Estimates. Rates calculated per 100,000 population for all patients. Totals do not include <3% of all civilian ED discharges. Approximately 14,000 cases are missing from April – September.

Table 42. Number and Percent of the 5 Most Common Injuries by Region of Residence

North Coastal Region

Principal Injury	Number	Percent
FALL OTH TRIP STUMBLE	2873	12.4%
ACCID FROM OVEREXERTION*	2346	10.1%
STRUCK BY OBJ/PERSON OT	1545	6.7%
ACCID CUTTING INSTRUM OT	1055	4.6%
MVA COLLISION UNSP DRIVER	851	3.7%

North Central Region

Principal Injury	Number	Percent
FALL OTH TRIP STUMBLE	2,440	9.6%
ACCID FROM OVEREXERTION*	2,266	8.9%
STRUCK BY OBJ/PERSON OT	1,537	6.1%
UNSPEC FALL	1,488	5.9%
MVA COLLISION UNSP DRIVER	1,191	4.7%

Central Region

Principal Injury	Number	Percent
ACCID FROM OVEREXERTION*	2,215	8.8%
FALL OTH TRIP STUMBLE	1,919	7.6%
UNSPEC FALL	1,513	6.0%
STRUCK BY OBJ/PERSON OT	1,368	5.4%
ACCIDENT UNSPEC	1,363	5.4%

South Region

Principal Injury	Number	Percent
ACCID FROM OVEREXERTION*	2,030	9.1%
FALL OTH TRIP STUMBLE	1,929	8.7%
STRUCK BY OBJ/PERSON OT	1,501	6.8%
UNSPEC FALL	1,009	4.5%
ACCIDENT UNSPEC	985	4.4%

East Region

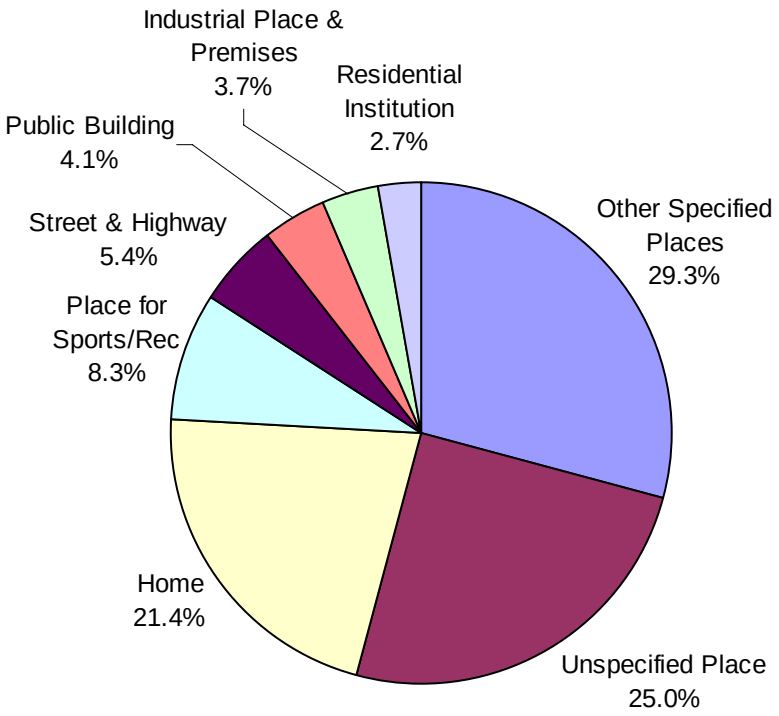
Principal Injury	Number	Percent
FALL OTH TRIP STUMBLE	2,845	10.4%
ACCID FROM OVEREXERTION*	2,461	9.0%
STRUCK BY OBJ/PERSON OT	1,432	5.2%
UNSPEC FALL	1,282	4.7%
MVA COLLISION UNSP DRIVER	1,245	4.5%

North Inland Region

Principal Injury	Number	Percent
FALL OTH TRIP STUMBLE	2,247	9.6%
ACCID FROM OVEREXERTION*	1,809	7.7%
STRUCK BY OBJ/PERSON OT	1,423	6.1%
MVA COLLISION UNSP DRIVER	1,266	5.4%
UNSPEC FALL	1,254	5.4%

Source: HASD&IC, CHIP, CoSD EMS, Emergency Department Database, January - December, 2007. Approximately 14,000 cases are missing from April – September, likely to affect the Central Region. Totals do not include <3% of all civilian ED discharges. Approximately 14,000 cases are missing from April – September.

Figure 17. ED Discharges With a Mechanism of Injury by Location of Injury



Source: HASD&IC, CHIP, CoSD EMS, Emergency Department Database, January - December, 2007. Totals do not include <3% of all civilian ED discharges. Approximately 14,000 cases are missing from April – September.

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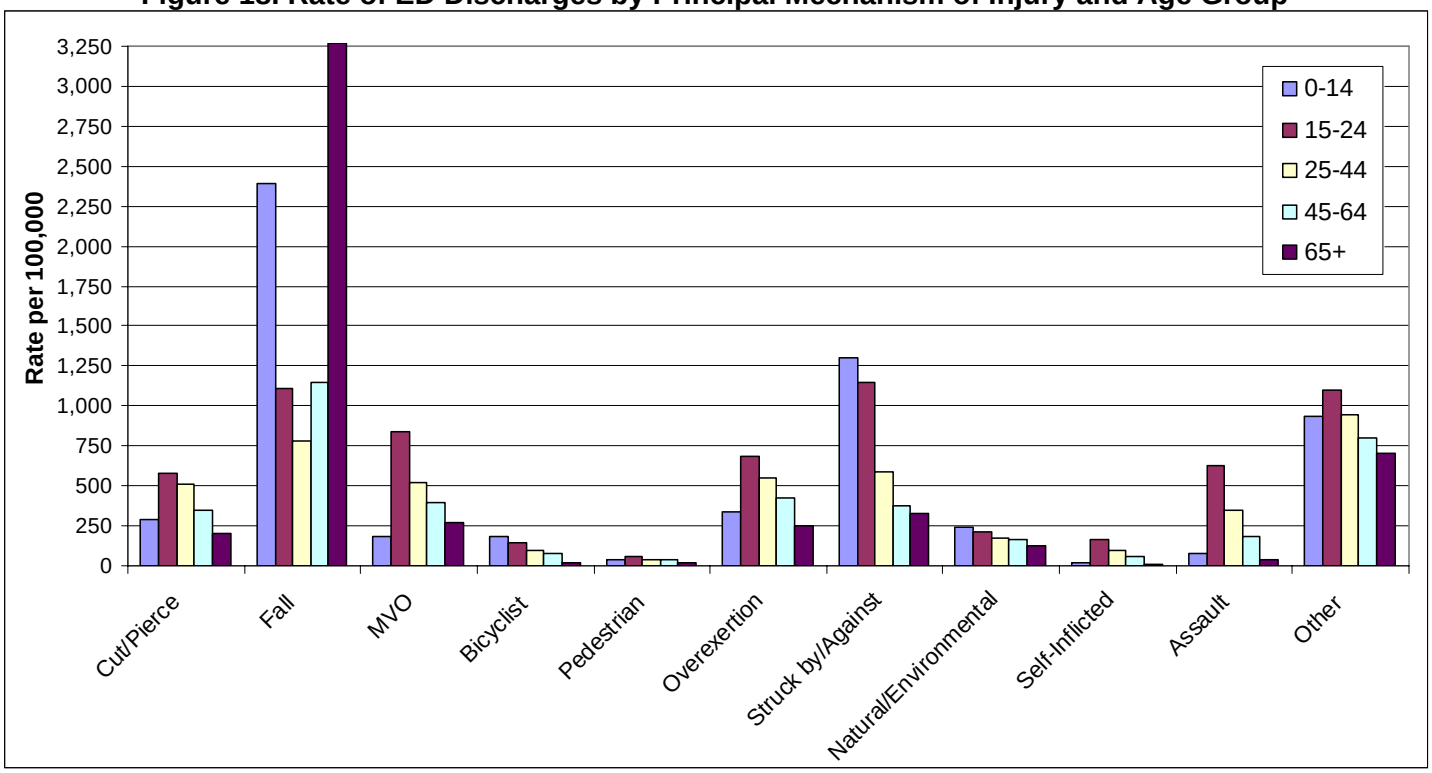
Figure 18. Rate of ED Discharges by Principal Mechanism of Injury and Age Group



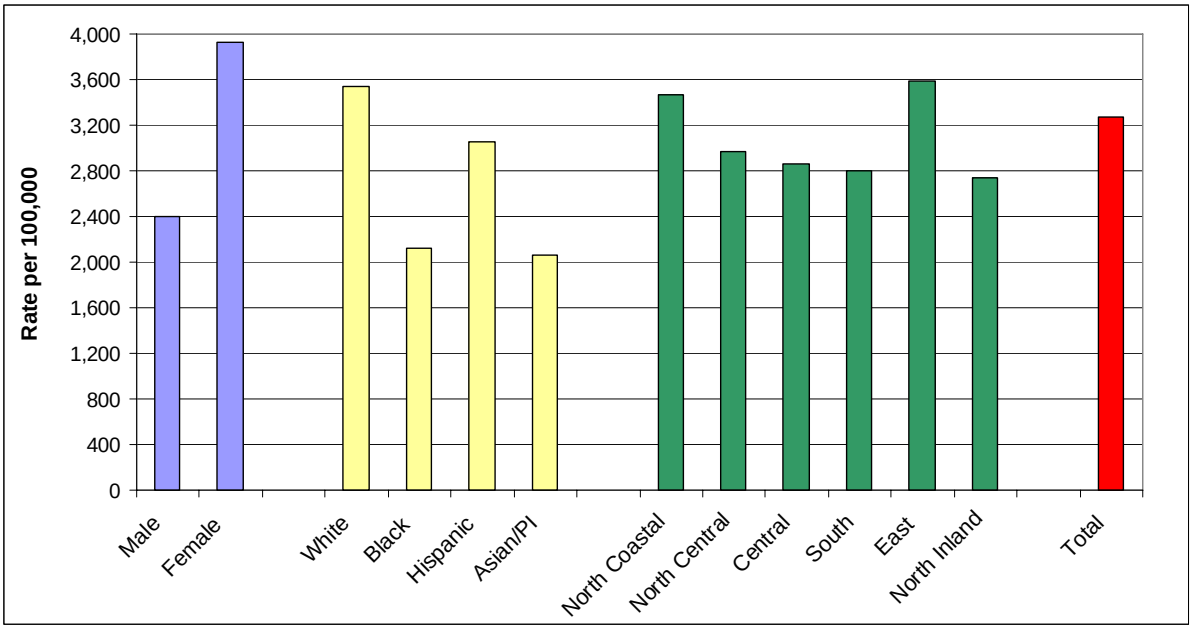
Source: HASD&IC, CHIP, CoSD EMS, Emergency Department Database, January - December, 2007. Population data: SANDAG, 2007 Estimates. Rates calculated per 100,000 population for all patients. Totals do not include <3% of all civilian ED discharges. Approximately 14,000 total ED discharges were missing from April - September. Excludes 3 patients with missing age.

Table 43. 15 Most Common Principal Diagnoses of ED Discharges With a Fall Injury, 65+ Years

Primary Diagnosis	*Number*	*Percent*
920-924 CONTUSION WITH INTACT SKIN SURFACE	2,455	21.4%
870-879 OPEN WOUND OF HEAD, NECK, TRUNK	1,619	14.1%
958-959 CERTAIN TRAUMATIC CMPLCTNS & UNSPEC INJ	1,456	12.7%
810-819 FRACTURE OF UPPER LIMB	1,257	11.0%
840-848 SPRAINS AND STRAINS OF JOINTS AND MUSCLES	679	5.9%
805-809 FRACTURE OF NECK AND TRUNK	564	4.9%
820-829 FRACTURE OF LOWER LIMB	548	4.8%
880-887 OPEN WOUND OF UPPER LIMB	520	4.5%
780 GENERAL SYMPTOMS	369	3.2%
910-919 SUPERFICIAL INJURY	326	2.8%
850-854 INTRACRANIAL INJURY, EXCL SKULL FRACTURE	188	1.6%
720-724 DORSOPATHIES	178	1.6%
830-839 DISLOCATION	175	1.5%
800-804 FRACTURE OF SKULL	170	1.5%
890-897 OPEN WOUND OF LOWER LIMB	148	1.3%

Source: HASD&IC, CHIP, CoSD EMS, Emergency Department Database, January - December, 2007. *Note: The more serious fall injuries, such as hip fractures, would have been admitted to the hospital, and are not reflected here.*

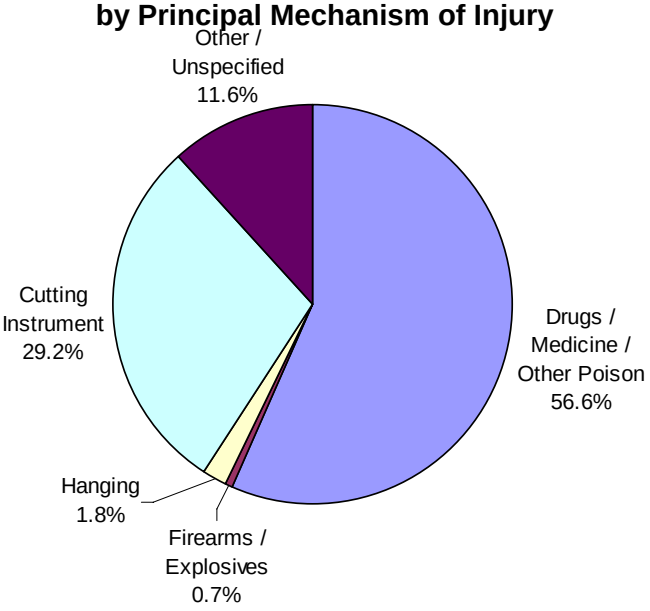
Figure 19. Rate of ED Discharge With a Fall Injury, 65+ Years, by Gender, Race/Ethnicity and Region of Residence



Source: HASD&IC, CHIP, CoSD EMS, Emergency Department Database, January - December, 2007. Population data: SANDAG, 2007 Estimates. Rates calculated per 100,000 population for all patients. Totals do not include <3% of all civilian ED discharges. Approximately 14,000 cases are missing from April – September, likely to affect the Central Region. Gender rates exclude 3 patients with missing gender, racial/ethnic rates exclude 180 patients with other or unknown race/ethnciity and region rates exclude 691 patients with out of county or unknown region of residence.

Self-Inflicted Injury

Figure 20. ED Discharges With a Self-Inflicted Injury by Principal Mechanism of Injury



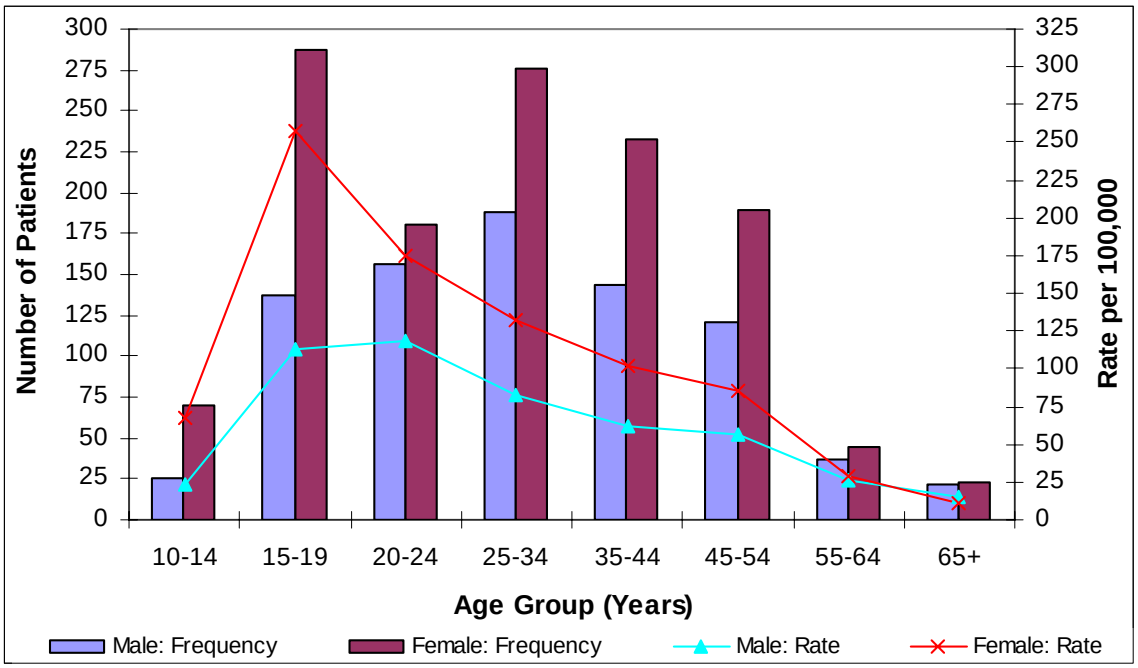
Source: HASD&IC, CHIP, CoSD EMS, Emergency Department Database, January - December, 2007. Population data: SANDAG, 2007 Estimates. Rates calculated per 100,000 population for all patients. Totals do not include <3% of all civilian ED discharges. Approximately 14,000 total ED discharges were missing from April - September. Self-Inflicted Injury was identified by selecting cases with a principal E-code of 950-959.

Table 44. Number and Rate of ED Discharges With a Self-Inflicted Injury By Age Group and Gender, 10+ Years

Age in Years	Male		Female		Total	
	Number	Rate	Number	Rate	Number	Rate
10-14	25	23.7	70	68.0	95	45.6
15-19	137	112.9	287	257.2	424	182.0
20-24	156	117.9	181	174.7	337	142.9
25-34	188	82.4	276	131.8	464	106.0
35-44	144	61.6	232	101.5	376	81.3
45-54	121	56.6	189	85.6	310	71.3
55-64	37	25.7	45	29.1	82	27.5
65+	22	14.5	23	11.5	45	12.8
Total	830	62.4	1,303	97.9	2,133	80.1

Source: HASD&IC, CHIP, CoSD EMS, Emergency Department Database, January - December, 2007. Population data: SANDAG, 2007 Estimates. Rates calculated per 100,000 population for all patients. Totals do not include <3% of all civilian ED discharges. Approximately 14,000 total ED discharges were missing from April - September. Self-Inflicted Injury was identified by selecting cases with a principal E-code of 950-959.

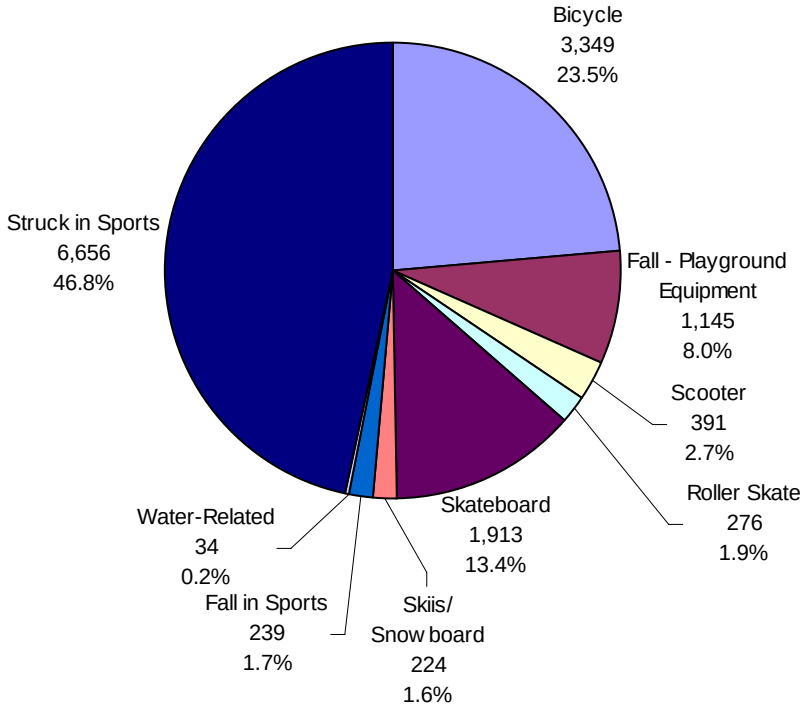
Figure 21. Number and Rate of ED Discharge With a Self-Inflicted Injury by Age Group and Gender



Source: HASD&IC, CHIP, CoSD EMS, Emergency Department Database, January - December, 2007. Population data: SANDAG, 2007 Estimates. Rates calculated per 100,000 population for all patients. Totals do not include <3% of all civilian ED discharges. Approximately 14,000 total ED discharges were missing from April - September. Self-Inflicted Injury was identified by selecting cases with a principal E-code of 950-959.

Sports and Recreation Injuries

Figure 22. ED Discharges With a Sports or Recreation Related Injury by Principal Mechanism of Injury



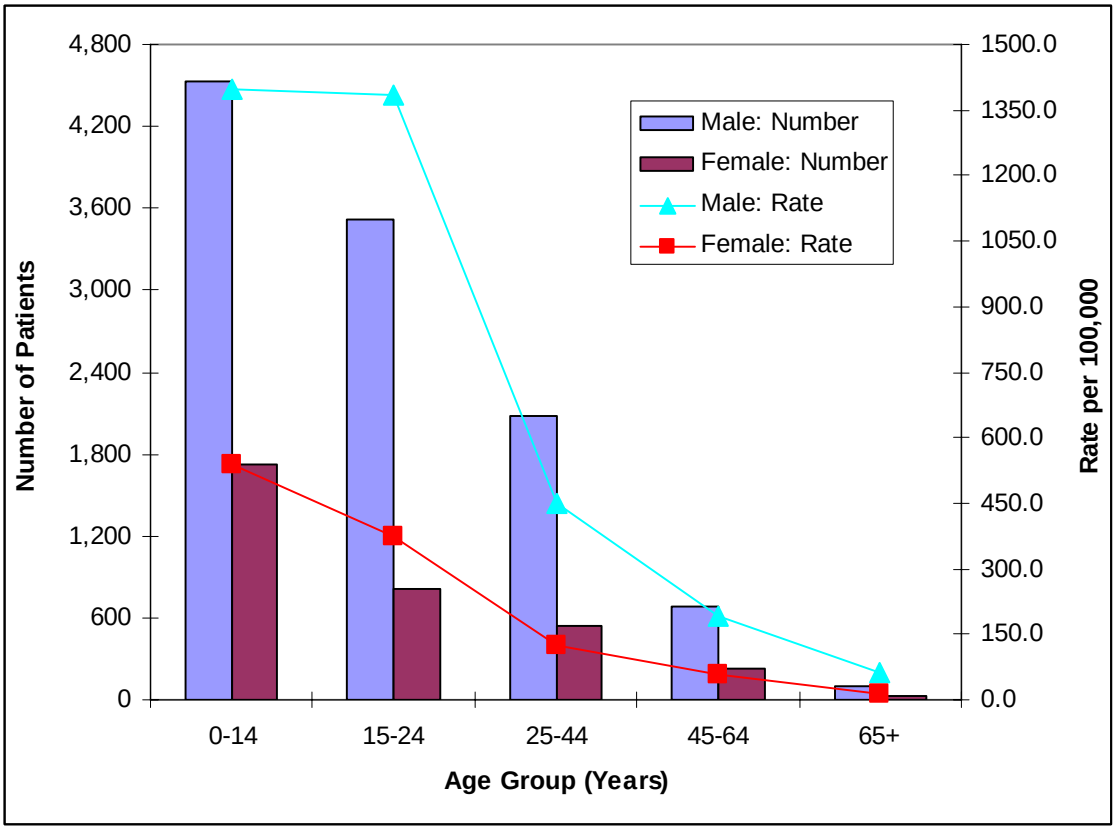
Source: HASD&IC, CHIP, CoSD EMS, Emergency Department Database, January - December, 2007. Totals do not include <3% of all civilian ED discharges. Approximately 14,000 total ED discharges were missing from April - September. Sports and Recreation Related Injury was identified by selecting cases with a principal E-code of 813.6, 826, 884.0, 885.0-885.4, 886.0, 910.0-.2, 917.0, 917.5

Table 45. Number and Rate of ED Discharges With a Sports or Recreation-Related Injury By Age Group and Gender

Age in Years	Male		Female		Total	
	Number	Rate	Number	Rate	Number	Rate
0 to 14	4,531	1395.8	1,717	536.4	6,248	969.1
15 to 24	3,514	1385.5	806	374.5	4,321	921.6
25 to 44	2,084	451.0	547	124.9	2,631	292.3
45 to 64	677	189.2	223	59.4	901	122.9
65+	95	62.7	31	15.5	126	35.9
Total	10,901	703.5	3,324	214.6	14,227	459.2

Source: HASD&IC, CHIP, CoSD EMS, Emergency Department Database, January - December, 2007. Totals do not include <3% of all civilian ED discharges. Approximately 14,000 total ED discharges were missing from April - September. Sports and Recreation Related Injury was identified by selecting cases with a principal E-code of 813.6, 826, 884.0, 885.0-885.4, 886.0, 910.0-.2, 917.0, 917.5 Total includes 2 patients with missing gender.

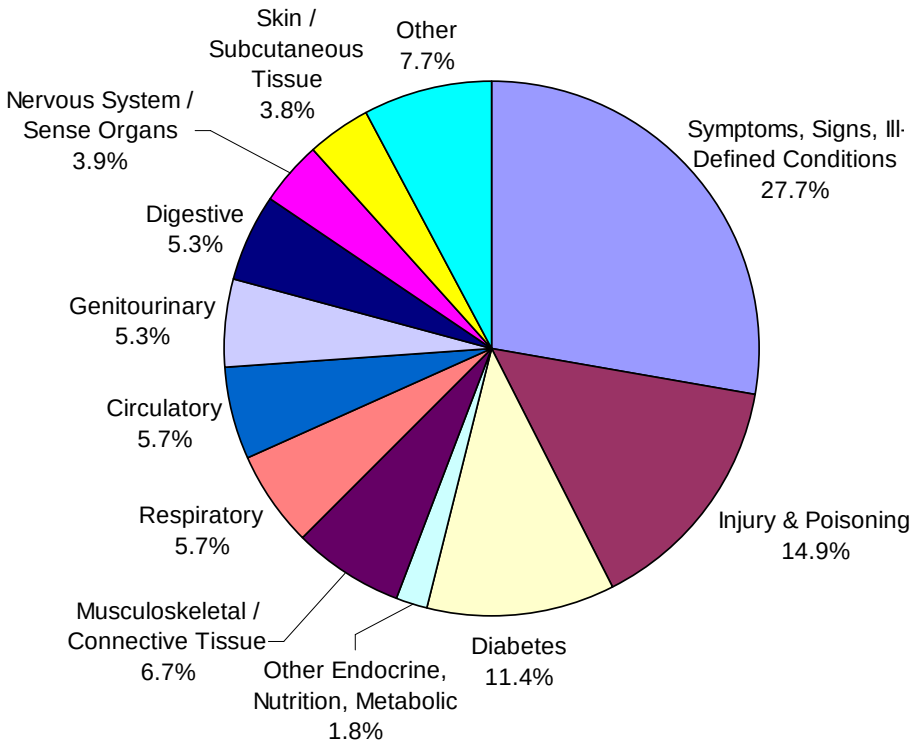
Figure 23. Number and Rate of ED Discharge With a Sports or Recreation-Related Injury by Age Group and Gender



Source: HASD&IC, CHIP, CoSD EMS, Emergency Department Database, January - December, 2007. Population data: SANDAG, 2007 Estimates. Rates calculated per 100,000 population for all patients. Totals do not include <3% of all civilian ED discharges. Approximately 14,000 total ED discharges were missing from April - September. Sports and Recreation Related Injury was identified by selecting cases with a principal E-code of 813.6, 826, 884.0, 885.0-885.4, 886.0, 910.0-.2, 917.0, 917.5.

Diabetes Mellitus

Figure 24. Principal Diagnosis of ED Discharge With Any Diabetes Diagnosis



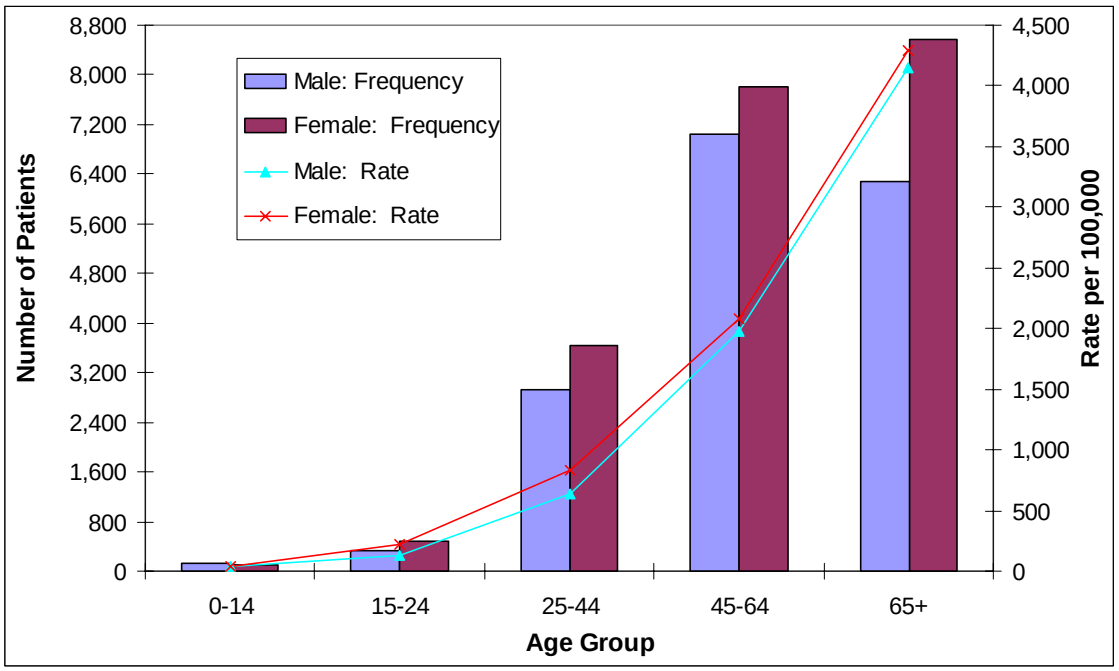
Source: HASD&IC, CHIP, CoSD EMS, Emergency Department Database, January - December, 2007. Totals do not include <3% of all civilian ED discharges. ED discharges with any diabetes diagnosis are identified by selecting cases with ICD-9-CM 250 in any one of the 25 diagnosis fields.

Table 46. Number and Rate of ED Discharge With Any Diabetes Diagnosis by Age Group and Gender

	Male		Female		Total	
	Number	Rate	Number	Rate	Number	Rate
0-14	137	42.2	107	33.4	244	37.8
15-24	318	125.4	478	222.1	796	169.8
25-44	2,926	633.2	3,646	832.3	6,572	730.1
45-64	7,051	1,970.7	7,802	2,078.5	14,855	2,026.2
65+	6,291	4,155.2	8,574	4,288.8	14,865	4,231.2
Total	16,723	1,079.2	20,607	1,330.6	37,332	1,204.9

Source: HASD&IC, CHIP, CoSD EMS, Emergency Department Database, January – December, 2007. Population data: SANDAG, 2007 Estimates. Rates calculated per 100,000 population for all patients. Totals do not include <3% of all civilian ED discharges. Approximately 14,000 total ED discharges were missing from April - September. ED discharges with any diabetes diagnosis are identified by selecting cases with ICD-9-CM 250 in any one of the 25 diagnosis fields. Total includes 2 patients with missing gender.

Figure 25. Number and Rate of ED Discharge With Any Diabetes Diagnosis by Age Group and Gender



Source: HASD&IC, CHIP, CoSD EMS, Emergency Department Database, January – December, 2007 . Population data: SANDAG, 2007 Estimates. Rates calculated per 100,000 population for all patients. Totals do not include <3% of all civilian ED discharges. ED discharges with any diabetes diagnosis are identified by selecting cases with ICD-9-CM 250 in any one of the 25 diagnosis fields.

Table 47. Percent of All ED Discharges With Any Diabetes Diagnosis by Age Group and Gender

	Male	Female	Total
0-14	0.2%	0.2%	0.2%
15-24	0.8%	0.9%	0.8%
25-44	4.0%	3.8%	3.9%
45-64	11.9%	11.3%	11.5%
65+	18.7%	17.0%	17.7%
Total	6.1%	6.4%	6.2%

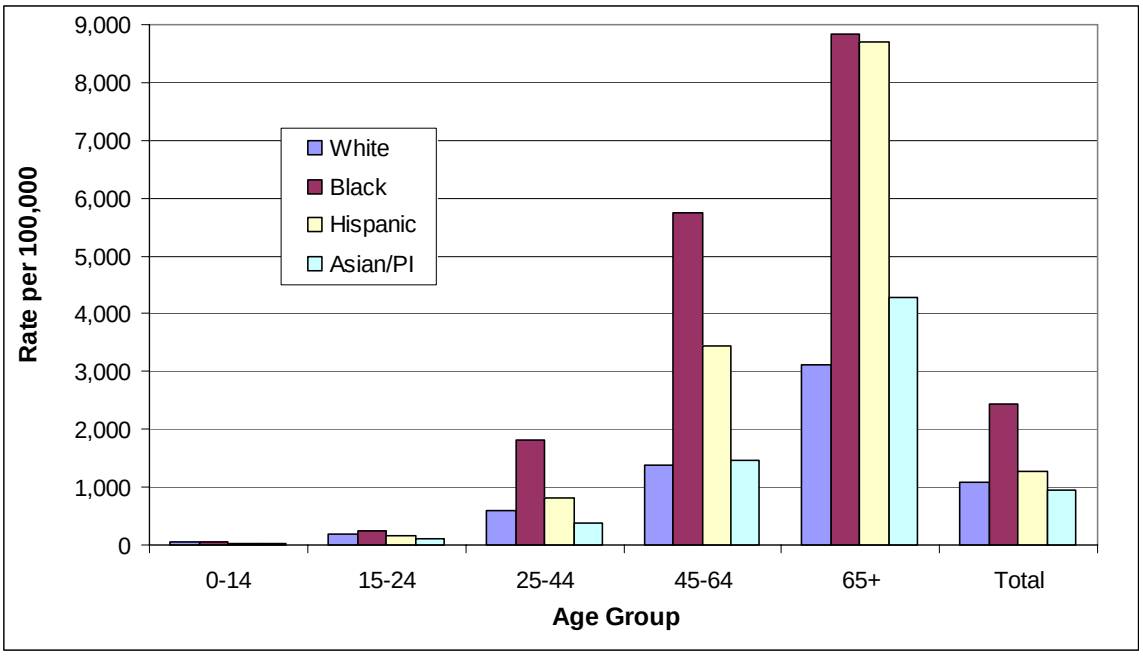
Source: HASD&IC, CHIP, CoSD EMS, Emergency Department Database, January – December, 2007. ED discharges with any diabetes diagnosis are identified by selecting cases with ICD-9-CM 250 in any one of the 25 diagnosis fields. Percent is calculated by dividing the number of ED discharges with any diabetes diagnosis by the total number of ED discharges within each category.

Table 48. Rate of ED Discharge With Any Diabetes Diagnosis by Age Group and Race/Ethnicity

	White		Black		Hispanic		Asian/PI	
	Number	Rate	Number	Rate	Number	Rate	Number	Rate
0-14	114	44.9	17	45.2	80	31.0	8	14.4
15-24	375	182.4	72	230.9	276	166.4	41	95.6
25-44	2,513	597.9	934	1,828.6	2,453	823.7	367	370.2
45-64	6,415	1,378.5	2,020	5,734.6	4,774	3,454.5	1,087	1,455.5
65+	7,865	3,113.6	1,006	8,838.5	4,060	8,692.5	1,422	4,270.4
Total	17,282	1,081.6	4,049	2,432.0	11,643	1,283.8	2,925	957.8

Source: HASD&IC, CHIP, CoSD EMS, Emergency Department Database, January – December, 2007. Population data: SANDAG, 2007 Estimates. Rates not calculated for fewer than 5 cases. Rates calculated per 100,000 population. Totals do not include <3% of all civilian ED discharges. Approximately 14,000 total ED discharges were missing from April - September. ED discharges with any diabetes diagnosis are identified by selecting cases with ICD-9-CM 250 in any one of the 25 diagnosis fields.

Figure 26. Rate of ED Discharge With Any Diabetes Diagnosis by Age Group and Race/Ethnicity



Source: HASD&IC, CHIP, CoSD EMS, Emergency Department Database, January – December, 2007 . Population data: SANDAG, 2007 Estimates. Rates calculated per 100,000 population for all patients. Totals do not include <3% of all civilian ED discharges. Approximately 14,000 total ED discharges were missing from April - September. ED discharges with any diabetes diagnosis are identified by selecting cases with ICD-9-CM 250 in any one of the 25 diagnosis fields.

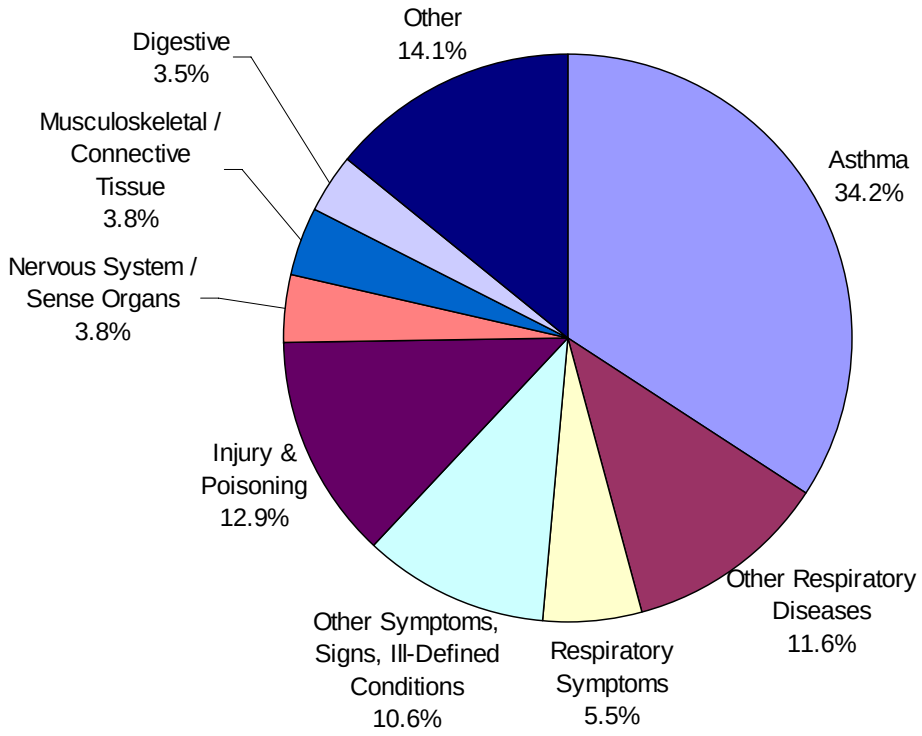
Table 49. Percent of All ED Discharges With Any Diabetes Diagnosis by Age Group and Race/Ethnicity

	White	Black	Hispanic	Asian/PI	Other/Unk	Total
0-14	0.4	0.3	0.3	0.1	0.2	0.3
15-24	0.8	1.0	1.0	0.5	0.7	0.9
25-44	2.8	5.0	4.6	3.8	2.7	3.6
45-64	7.7	13.2	17.5	13.0	9.4	10.5
65+	12.3	25.3	27.9	26.2	16.8	16.4
Total	5.2	7.0	6.2	8.7	3.9	5.8

Source: HASD&IC, CHIP, CoSD EMS, Emergency Department Database, January – December, 2007. ED discharges with any diabetes diagnosis are identified by selecting cases with ICD-9-CM 250 in any one of the 25 diagnosis fields. Percent is calculated by dividing the number of ED discharges with any diabetes diagnosis by the total number of ED discharges within each category

Asthma

Figure 27. Principal Diagnosis of ED Discharges With Any Asthma Diagnosis



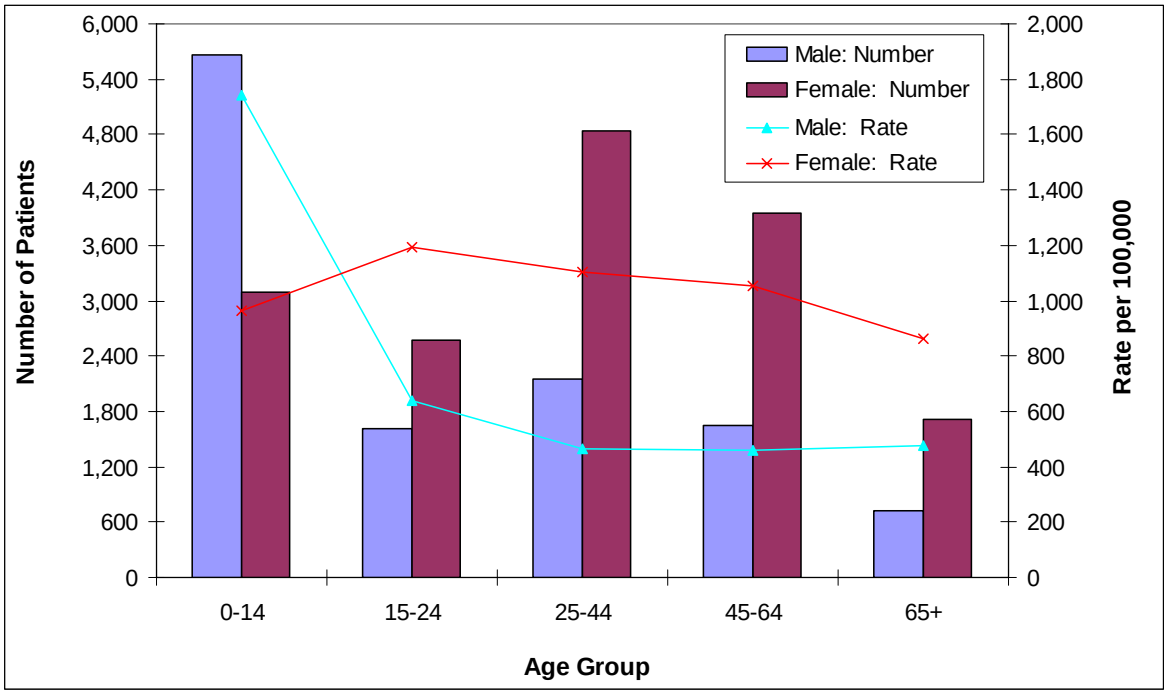
Source: HASD&IC, CHIP, CoSD EMS, Emergency Department Database, January – December, 2007. ED discharges with any asthma diagnosis are identified by selecting cases with ICD-9-CM 493 in any one of the 25 diagnosis fields.

Table 50. Number and Rate of ED Discharge With Any Asthma Diagnosis by Age Group and Gender

	Male		Female		Total	
	Number	Rate	Number	Rate	Number	Rate
0-14	5,662	1,744.2	3,089	965.0	8,751	1,357.3
15-24	1,613	636.0	2,574	1,196.0	4,187	893.0
25-44	2,158	467.0	4,837	1,104.1	6,995	777.0
45-64	1,646	460.0	3,951	1,052.6	5,597	763.4
65+	718	474.2	1,722	861.4	2,440	694.5
Total	11,797	761.3	16,174	1,044.4	27,971	902.8

Source: HASD&IC, CHIP, CoSD EMS, Emergency Department Database, January – December, 2007 . Population data: SANDAG, 2007 Estimates. Rates calculated per 100,000 population for all patients. Totals do not include <3% of all civilian ED discharges. ED discharges with any asthma diagnosis are identified by selecting cases with ICD-9-CM 493 in any one of the 25 diagnosis fields.

Figure 28. Number and Rate of ED Discharge With Any Asthma Diagnosis by Age Group and Gender



Source: HASD&IC, CHIP, CoSD EMS, Emergency Department Database, January – December, 2007 . Population data: SANDAG, 2007 Estimates. Rates calculated per 100,000 population for all patients. Totals do not include <3% of all civilian ED discharges. Approximately 14,000 total ED discharges were missing from April - September. ED discharges with any asthma diagnosis are identified by selecting cases with ICD-9-CM 493 in any one of the 25 diagnosis fields.

Table 51. Percent of All ED Discharges With Any Asthma Diagnosis by Age Group and Gender

	Male	Female	Total
0-14	8.3%	5.8%	7.2%
15-24	3.9%	4.9%	4.5%
25-44	2.9%	5.1%	4.1%
45-64	2.8%	5.7%	4.3%
65+	2.1%	3.4%	2.9%
Total	4.3%	5.0%	4.7%

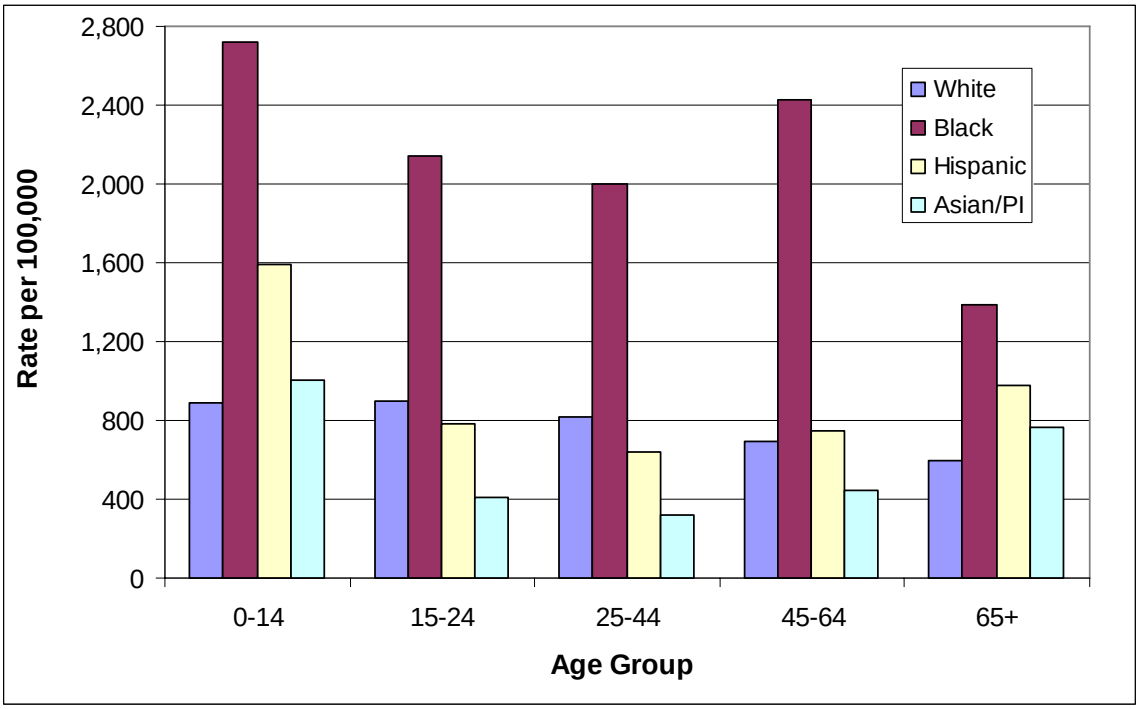
Source: HASD&IC, CHIP, CoSD EMS, Emergency Department Database, January – December, 2007. ED discharges with any asthma diagnosis are identified by selecting cases with ICD-9-CM 493 in any one of the 25 diagnosis fields. Percent is calculated by dividing the number of ED discharges with any asthma diagnosis by the total number of ED discharges within each category

Table 52. Number and Rate of ED Discharge With Any Asthma Diagnosis by Age Group and Race/Ethnicity

	White		Black		Hispanic		Asian/PI	
	Number	Rate	Number	Rate	Number	Rate	Number	Rate
0-14	2,251	886.1	1,022	2,716.7	4,104	1,588.8	555	1001.9
15-24	1,844	897.0	668	2,142.3	1,300	783.8	176	410.4
25-44	3,455	822.1	1,020	1,996.9	1,911	641.7	315	317.8
45-64	3,215	690.8	856	2,430.1	1,029	744.6	335	448.6
65+	1,498	593.0	158	1,388.2	458	980.6	256	768.8
Total	12,263	767.5	3,725	2,237.4	8,802	970.6	1,637	536.0

Source: HASD&IC, CHIP, CoSD EMS, Emergency Department Database, January – December, 2007 . Population data: SANDAG, 2007 Estimates. Rates calculated per 100,000 population for all patients. Totals do not include <3% of all civilian ED discharges. Approximately 14,000 total ED discharges were missing from April - September. ED discharges with any asthma diagnosis are identified by selecting cases with ICD-9-CM 493 in any one of the 25 diagnosis fields.

Figure 29. Rate of ED Discharge With Any Asthma Diagnosis by Age Group and Race/Ethnicity



Source: HASD&IC, CHIP, CoSD EMS, Emergency Department Database, January – December, 2007 . Population data: SANDAG, 2007 Estimates. Rates calculated per 100,000 population for all patients. Totals do not include <3% of all civilian ED discharges. Approximately 14,000 total ED discharges were missing from April - September. ED discharges with any asthma diagnosis are identified by selecting cases with ICD-9-CM 493 in any one of the 25 diagnosis fields.

Table 53. Percent of All ED Discharges With Any Asthma Diagnosis by Age Group and Race/Ethnicity

	White	Black	Hispanic	Asian/PI	Unknown	Total
0-14	5.8%	11.5%	7.3%	8.3%	7.0%	7.2%
15-24	4.1%	7.7%	4.3%	3.5%	3.6%	4.5%
25-44	4.0%	6.0%	4.0%	3.2%	3.2%	4.1%
45-64	4.1%	6.5%	4.2%	4.2%	3.1%	4.3%
65+	2.6%	4.5%	3.5%	4.5%	2.5%	2.9%
Total	4.0%	7.3%	5.1%	4.6%	4.5%	4.7%

Source: HASD&IC, CHIP, CoSD EMS, Emergency Department Database, January – December, 2007. ED discharges with any asthma diagnosis are identified by selecting cases with ICD-9-CM 493 in any one of the 25 diagnosis fields. Percent is calculated by dividing the number of ED discharges with any asthma diagnosis by the total number of ED discharges within each category

Drug Use/Abuse

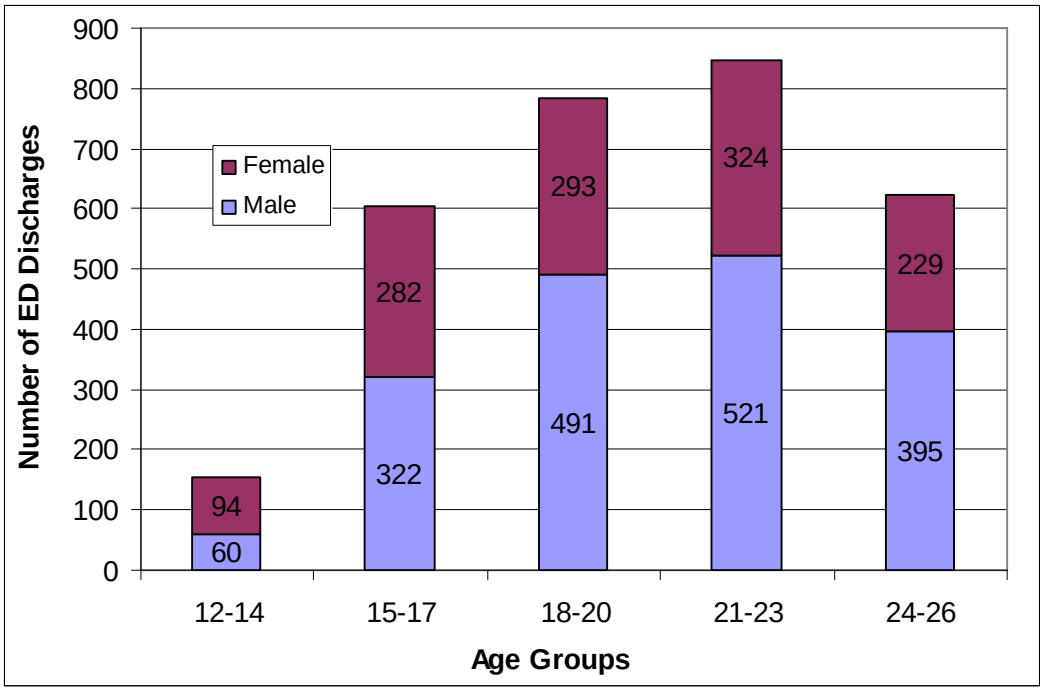
Table 54. Number and Rate of Drug Mentions Among ED Discharges

	Number	Rate	Percent of All ED Discharges
Age Group			
0-14	647	100.4	0.5%
15-24	2,598	554.1	2.8%
25-44	4,946	549.4	2.9%
45-64	3,269	445.9	2.5%
65+	442	125.8	0.5%
Sex			
Male	6,377	411.5	2.3%
Female	5,525	356.7	1.7%
Race/Ethnicity			
White	7,538	471.8	2.5%
Black	1,208	725.6	2.4%
Hispanic	2,349	259.0	1.4%
Asian/Other	583	136.5	1.6%
Unknown	224	n/a	0.7%
Total	**11,902**	**384.1**	**2.0%**

Source: HASD&IC, CHIP, CoSD EMS, Emergency Department Database, January – December, 2007. Drug use/abuse was identified using ICD-9-CM diagnosis and E-codes as identified by EMS and UCSD staff, to include: ICD-9-CM: 292, 304, 305.2-305.9 OR E-Code = E850-E859, E950.0-E950.6, E962.0, E980.0-E980.5.

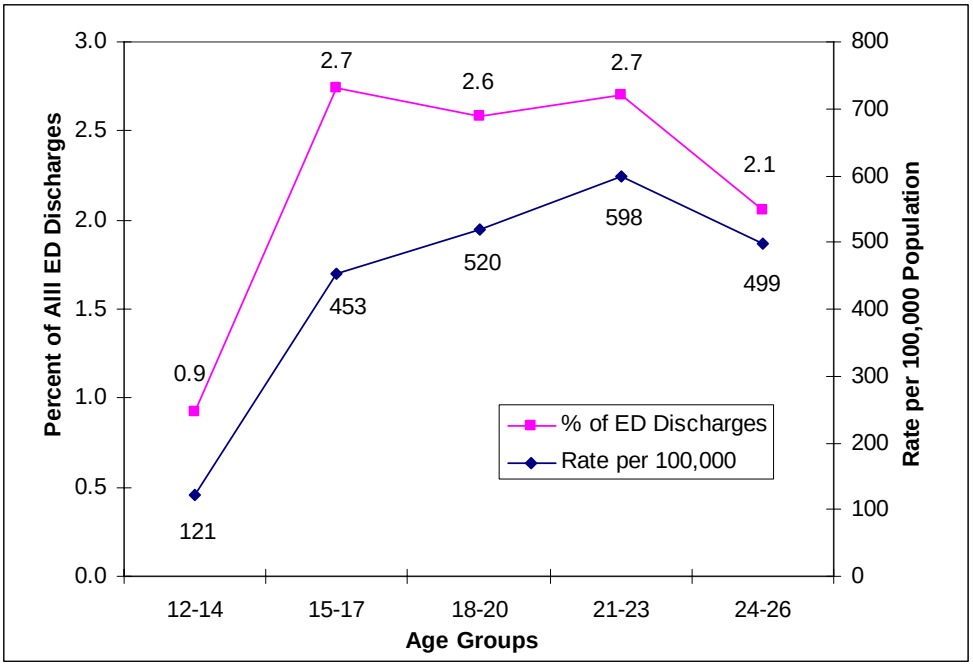
Alcohol Use/Abuse

Figure 30. Number of ED Discharges With A Binge Drinking Diagnosis by Age Group and Sex, 12-26 Years



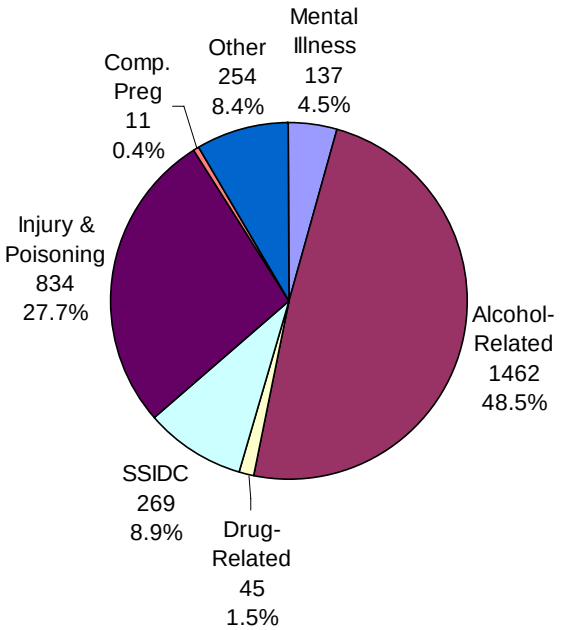
Source: HASD&IC, CHIP, CoSD EMS, Emergency Department Database, January – December, 2007 . Totals do not include <3% of all civilian ED discharges. Approximately 14,000 total ED discharges were missing from April - September. ED discharges with a binge drinking diagnosis are identified by selecting cases with ICD-9-CM 305.0 in any one of the 25 diagnosis fields.

Figure 31. Percent of All ED Discharges and Rate per 100,000 Population With a Binge Drinking Diagnosis, 12-26 Years, San Diego County, 2007



Source: HASD&IC, CHIP, CoSD EMS, Emergency Department Database, January – December, 2007. Totals do not include <3% of all civilian ED discharges. Approximately 14,000 total ED discharges were missing from April - September. Population data: SANDAG, 2007 Estimates. Rates calculated per 100,000 population for all patients. ED discharges with a binge drinking diagnosis are identified by selecting cases with ICD-9-CM 305.0 in any one of the 25 diagnosis fields. Percent is calculated by dividing the number of ED discharges with a binge drinking diagnosis by the total number of ED discharges.

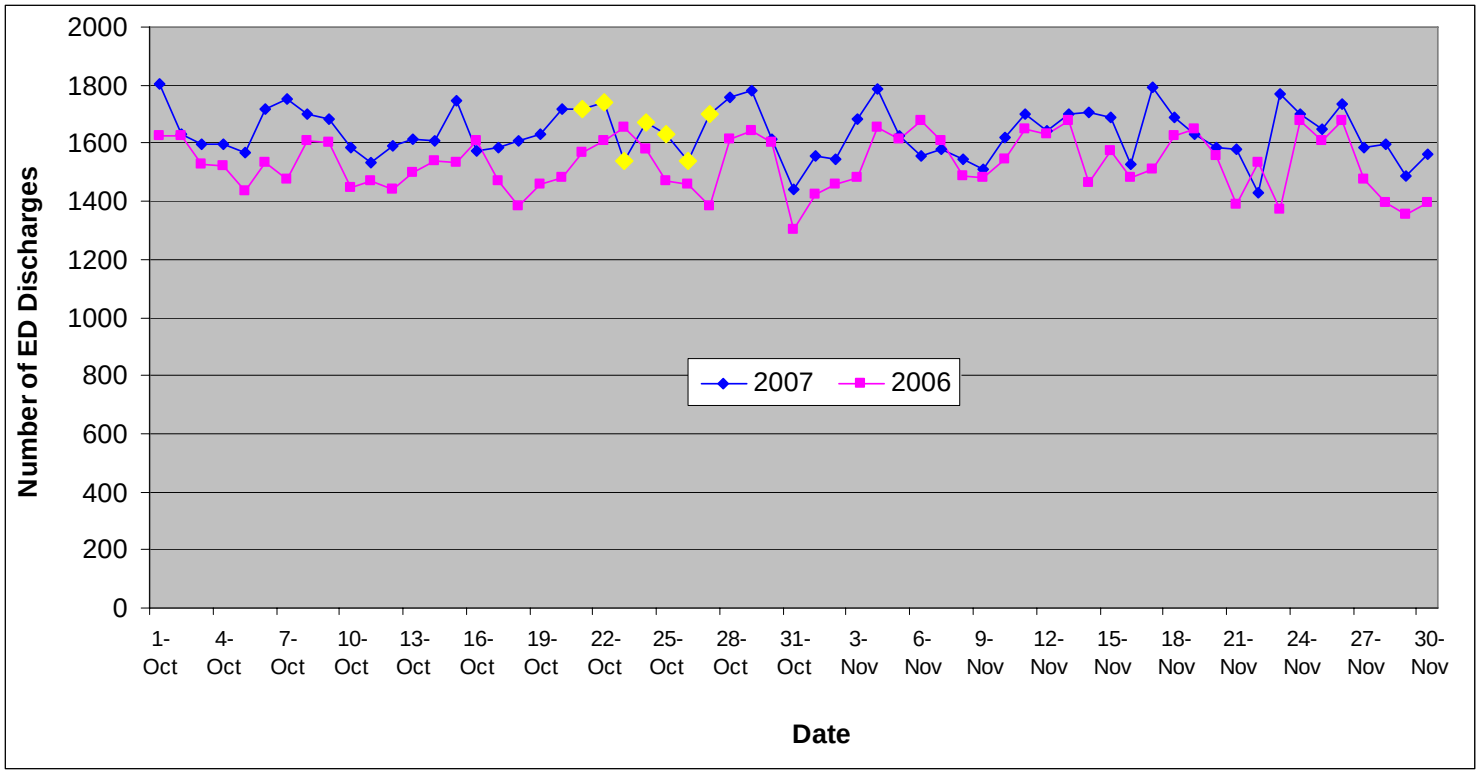
Figure 32. Principal Diagnosis of ED Discharges With a Binge Drinking Diagnosis



Source: HASD&IC, CHIP, CoSD EMS, Emergency Department Database, January – December, 2007. Totals do not include <3% of all civilian ED discharges. Approximately 14,000 total ED discharges were missing from April - September. ED discharges with a binge drinking diagnosis are identified by selecting cases with ICD-9-CM 305.0 in any one of the 25 diagnosis fields.

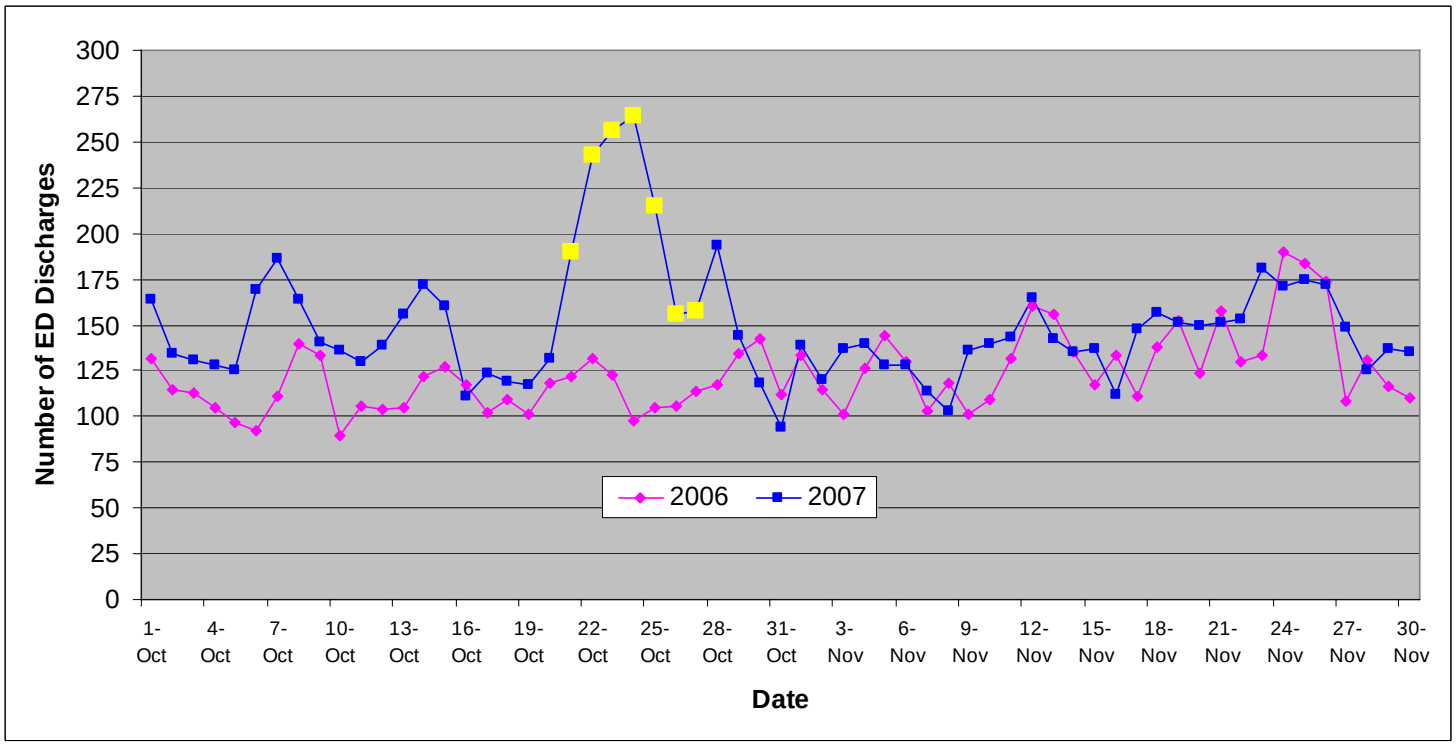
Firestorm 2007

Figure 33. Total Number of ED Discharges Per Day, October & November 2006 vs. 2007



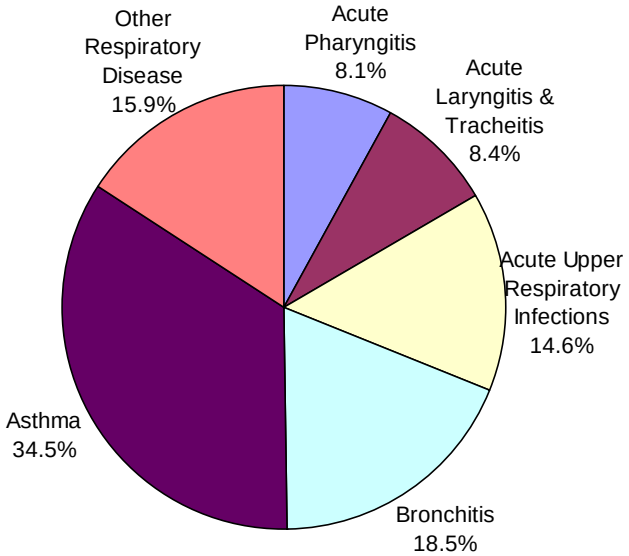
Source: HASD&IC, CHIP, CoSD EMS, Emergency Department Database, October & November 2006-2007. Totals do not include <3% of all civilian ED discharges. Yellow points represent the first 7 days of the firestorm, October 21-27 2007.

Figure 34. Total Number of ED Discharges Per Day With a Respiratory Diagnosis, October & November 2006 vs. 2007



Source: HASD&IC, CHIP, CoSD EMS, Emergency Department Database, October & November 2006-2007. Totals do not include <3% of all civilian ED discharges. Patients with a respiratory diagnosis identified by principal diagnosis ICD-9-CM 460-519. Yellow points represent the first 7 days of the firestorm, October 21-27 2007.

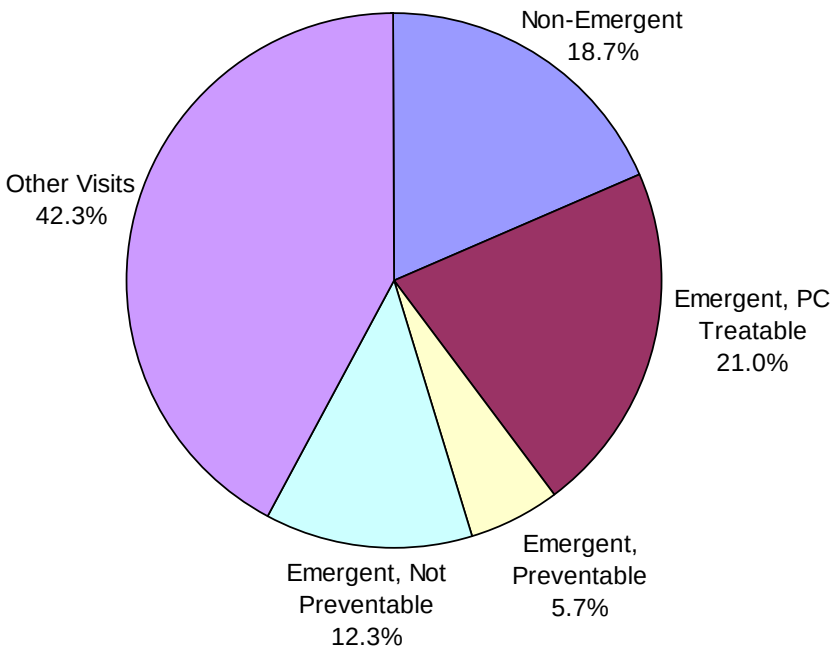
Figure 35. ED Discharges With a Respiratory Diagnosis by Diagnosis Category, October 21–27, 2007



Source: HASD&IC, CHIP, CoSD EMS, Emergency Department Database, Oc 21-27, 2007. Totals do not include <3% of all civilian ED discharges. *Patients with a respiratory diagnosis identified by principal diagnosis ICD-9-CM 460-519.

ED Use Profiling Algorithm

Figure 36. ED Discharges by Emergent and Non-Emergent Categories



Source: HASD&IC, CHIP, CoSD EMS, Emergency Department Database, January – December, 2007. ED Use profiling algorithm developed by John Billings, NYU, and applied to San Diego County ED data. PC refers to primary care treatable.

Table 55. Relative Rates for ED Discharges by Non-Emergent and Emergent Categories

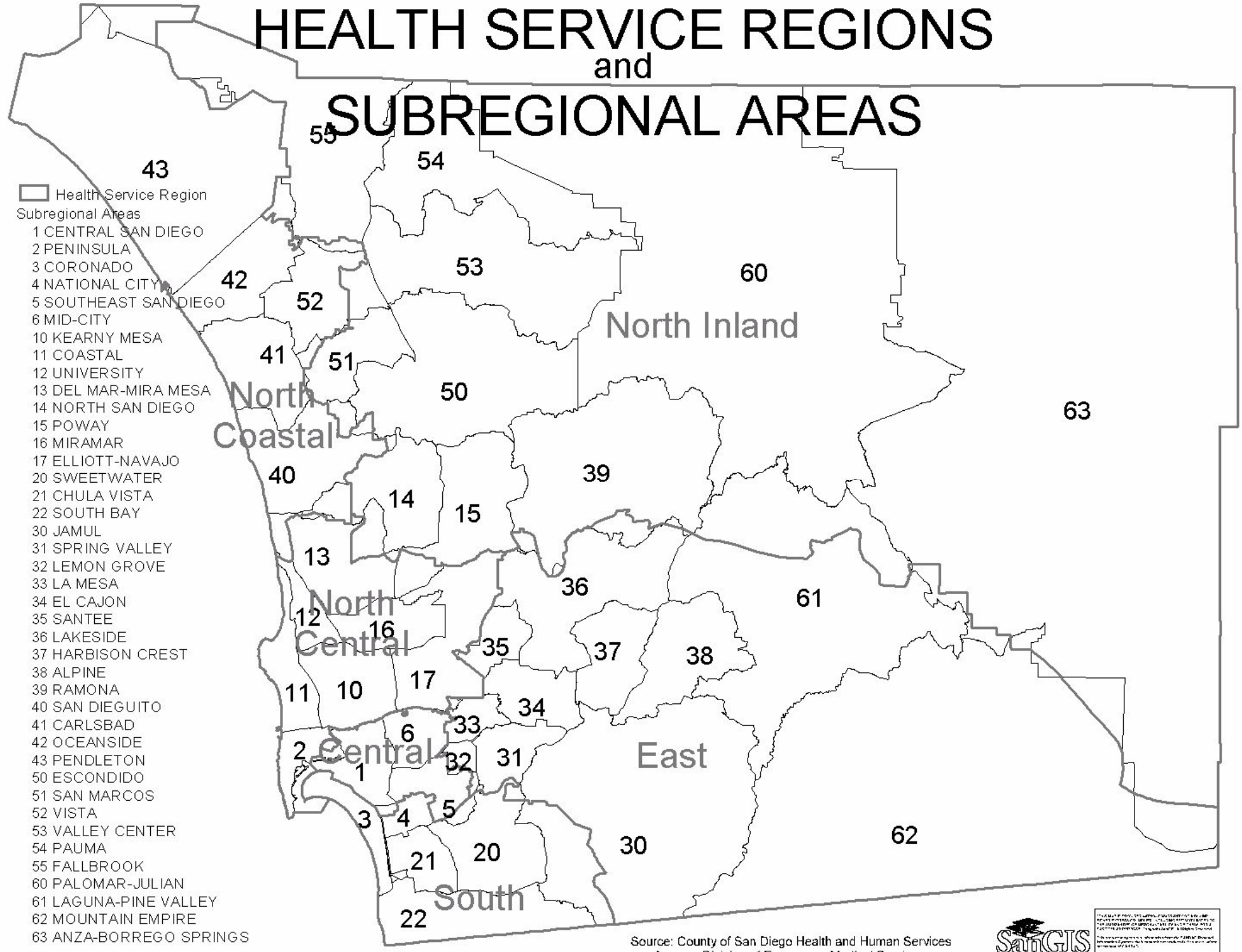
	Non-Emergent	Emergent, PC Treatable	Emergent, Preventable	Emergent, Not Preventable
Total	**1.52**	**1.70**	**0.46**	**1.00**
Age				
0-14	2.31	2.93	1.05	1.00
15-24	1.90	1.94	0.44	1.00
25-44	1.60	1.65	0.36	1.00
45-64	1.26	1.41	0.36	1.00
65+	0.95	1.19	0.35	1.00
Race				
White	1.36	1.52	0.40	1.00
Black	1.93	1.98	0.63	1.00
Hispanic	1.67	1.93	0.52	1.00
Asian/Other	1.45	1.67	0.44	1.00
Unknown	1.69	1.86	0.50	1.00
Gender				
Male	1.40	1.71	0.51	1.00
Female	1.60	1.69	0.42	1.00
Unknown	1.08	1.76	0.46	1.00
Insurance Status				
Self-Pay	1.83	1.92	0.52	1.00
Non-Federal Programs	1.92	2.13	0.77	1.00
Medi-Cal	2.06	2.28	0.69	1.00
Medicare HMO	0.87	1.11	0.35	1.00
Medicare Traditional	1.21	1.38	0.41	1.00
Private HMO	1.31	1.54	0.36	1.00
Private Other	1.41	1.54	0.36	1.00
Workers Compensation	4.51	4.14	0.28	1.00
Other Federal Programs	1.73	1.84	0.51	1.00
Other	1.90	1.79	0.60	1.00
Region				
North Coastal	1.22	1.52	0.42	1.00
North Central	1.48	1.61	0.41	1.00
Central	1.75	1.91	0.55	1.00
South	1.77	1.88	0.54	1.00
East	1.44	1.69	0.42	1.00
North Inland	1.33	1.52	0.41	1.00
Out of County	1.67	1.74	0.47	1.00
Unknown	1.87	1.88	0.50	1.00

Source: HASD&IC, CHIP, CoSD EMS, Emergency Department Database, January – December, 2007. Totals do not include <3% of all civilian ED discharges. ED Use profiling algorithm developed by John Billings, NYU, and applied to San Diego County ED data. Relative rates use the emergent, not preventable category as the reference. PC refers to primary care treatable. Approximately 14,000 total ED discharges were missing from April - September.

Appendix A

Health Service Region and
Subregional Area Map

HEALTH SERVICE REGIONS and SUBREGIONAL AREAS



Source: County of San Diego Health and Human Services Agency, Division of Emergency Medical Services.

SanGIS
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Appendix B

Expected Source of Payment

EXPECTED SOURCE OF PAYMENT

As defined by the Office of Statewide Health Planning and Development (OSHPD), the patient's expected source of payment, defined as the type of entity or organization which is expected to pay or did pay the greatest share of the patient's bill, is reported using the following categories:

Medicare part A: Defined by Title XVIII of the Social Security Act. Covers inpatient hospital stays, care in a skilled nursing facility, hospice care, and some health care.

Medicare part B: Defined by Title XVIII of the Social Security Act. Covers some outpatient hospital care and some home health services.

Health Maintenance Organization (HMO) Medicare Risk: This category includes Medicare patients covered under an HMO arrangement only.

Medicaid (Medi-Cal): Medicaid is called Medi-Cal in California. Defined by Title XIX of the Social Security Act and Title I of the Federal Medicare Act. Report all Medi-Cal including Fee for Service, PPO, POS, EPO, and HMO.

Health Maintenance Organization (HMO): This category includes Blue Cross/Blue Shield or commercial insurance companies HMOs. Both California HMOs (Knox-Keene) and out-of-state HMOs are included.

This category *does not* include Medicare or Medi-Cal under a HMO arrangement. Medicare payments covered under an HMO arrangement are reported as HMO Medicare Risk, and Medi-Cal payments covered under an HMO arrangement are reported as Medicaid (Medi-Cal).

Preferred Provider Organization (PPO): This category includes Blue Cross/Blue Shield or commercial insurance companies under a PPO arrangement.

This category *does not* include Blue Cross/Blue Shield or commercial insurance companies on a Fee for Service Basis. This category *does not* include Medi-Cal patients covered under a PPO arrangement.

Exclusive Provider Organization (EPO): This category includes Blue Cross/Blue Shield or commercial insurance companies under an EPO arrangement.

This category *does not* include Blue Cross/Blue Shield or commercial insurance companies on a Fee for Service basis. This category *does not* include Medi-Cal patients covered under an EPO arrangement.

Point of Service (POS): This category includes Blue Cross/Blue Shield or commercial insurance companies under a POS arrangement.

This category *does not* include Blue Cross/Blue Shield or commercial insurance companies on a Fee for Service basis. This category *does not* include Medi-Cal patients covered under a POS arrangement.

Blue Cross/Blue Shield: Includes only Fee for Service payments. PPO, POS, EPO, and HMO are reported under the appropriate stated categories.

CHAMPUS (TRICARE): Includes any PPO, POS, EPO, HMO, Fee for Service, or other payment from the Civilian Health and Medical Program of the Uniformed Services or from TRICARE.

Title V: Defined by the Federal Medicare Act for Maternal and Child Health. Title V of the Social Security Act is administered by the Health Resources and Services Administration, Public Health Service, Department of Health and Human Services. Includes Maternal and Child Health program payments that are not covered under Medicaid (Medi-Cal). California Children Services (CCS) payments are reported here.

Veterans Affairs Plan: Includes any PPO, POS, EPO, HMO, Fee for Service, or other payment resulting from Veterans Administration coverage.

Other federal program: Includes payment by federal programs not covered by any other category.

Other non-federal program: Includes any form of payment from local, county, or state government agencies. Includes payment from county funds, whether from county general funds or from other funds used to support county health programs including County Indigent Programs including County Medical Services Program (CMSP), California Health Care for Indigent Program (CHIP), County Children's Health Initiative Program (C-CHIP), and Short-Doyle funds. Also include the State Children's Health Insurance Program (SCHIP), Managed Risk Medical Insurance Board (MRMIB), Health Families Program (HFP), and Access for Infants and Mothers (AIM).

This category *does not* include Title V for California Children Services (CCS) payments.

Workers compensation health claim: Payment from Workers' Compensation Health claim insurance is reported under this category.

Self-Pay: Payment directly by the patient, guarantor, relatives, or friends. The greatest share of the patient's bill is not expected to be paid by any form of insurance or other third party.

Automobile medical: Include PPO, POS, EPO, HMO, and Fee for Service or any other payment resulting from automobile coverage.

Other: Includes payments by governments of other countries. Includes payment by local or organized charities, such as the Cerebral Palsy Foundation, Easter Seals, March of Dimes, Shriners, etc. Includes payments not listed in other categories.

Aggregation of Payment Categories

For the purpose of this report, expected source of payment has been aggregated into categories as displayed below.

Payment Category	Expected Source of Payment
Medicare - Traditional	Medicare part A, part B
Medicare - HMO	HMO Medicare Risk
Medicaid (Medi-Cal)	Medicaid (Medi-Cal)
Private - HMO	HMO
Private - Other	PPO, EPO, POS, Blue Cross/Blue Shield
Other Federal Programs	CHAMPUS (TRICARE), Title V, Veterans Affairs Plan, Other federal program
Other Non-Federal Programs	Other non-federal program
Workers Compensation	Workers compensation health claim
Self-Pay	Self-pay
Other	Automobile medical, other

Appendix C

Principal Diagnosis Categories

PRINCIPAL DIAGNOSIS CATEGORIES

Circulatory – Includes rheumatic fever, rheumatic heart disease, hypertensive disease, ischemic heart disease, diseases of pulmonary circulation, other forms of heart disease, cerebrovascular disease, and diseases of veins and lymphatics.

Endocrine, Nutrition & Metabolic Diseases – Includes disorders of the thyroid and other endocrine glands, nutritional deficiencies, diabetes mellitus, and metabolic and immunity disorders.

Mental Disorders – Includes psychoses, neurotic disorders, personality disorders, and other nonpsychotic mental disorders.

Skin/Subcutaneous Tissue – Includes infections of skin and subcutaneous tissue, and inflammatory conditions of skin and subcutaneous tissue.

V-Code Supplementary – Circumstances other than a disease or injury, such as a person who is not currently sick donating an organ or blood, a person with a known disease encountering the system for specific treatment (dialysis, chemotherapy, cast change), or when a problem is present which influences the person's health status but is not in itself a current illness or injury.

Digestive – Includes diseases of the oral cavity, salivary glands and jaws, diseases of the esophagus, stomach and duodenum, appendicitis, hernia of the abdominal cavity, noninfectious enteritis and colitis, and other diseases of the intestines, peritoneum and digestive system.

Nervous System, Sense Organs – Includes inflammatory diseases of the central nervous system (CNS), hereditary and degenerative diseases of the CNS, disorders of the peripheral nervous system, and disorders of the eye and ear.

Genitourinary – Includes nephritis, nephritic syndrome, and nephrosis, other diseases of the urinary system, diseases of male genital organs and female pelvic organs, disorders of the breast, and disorders of the female genital tract.

Musculoskeletal/Connective Tissue – Includes arthropathies (arthritis) and related disorders, dorsopathies (back), rheumatism (excluding the back), osteopathies, chondropathies, and acquired musculoskeletal deformities.

Respiratory – Includes acute respiratory infections, diseases of the upper respiratory tract, pneumonia and influenza, COPD, lung disease due to external agents, and other diseases of the respiratory system.

Symptoms, signs, ill-defined conditions – Includes symptoms, signs, abnormal results of laboratory or other investigative procedures, and ill-defined conditions with no diagnosis classifiable elsewhere.

Injury and Poisoning – Includes fractures, dislocation, sprains and strains, intracranial injury, internal injury, open wounds, hematoma, lacerations, late effects of injury and poisoning, superficial injury, contusions, crushing injury, foreign bodies, traumatic complications of injury, poisoning, and complications of surgical or medical care.

Complications of Pregnancy, Childbirth and the Puerperium – Includes complications related to pregnancy, labor and delivery, and complications of the period after childbirth.

Infectious and Parasitic Diseases – Includes diseases generally recognized as communicable or transmissible as well as a few diseases of unknown but possibly infectious origin. Includes intestinal infectious diseases, zoonotic and other bacterial diseases, HIV, polio and other viral diseases of the central nervous system, other viral diseases, including arthropod-borne diseases, chlamydiae and hepatitis, rickettsioses, syphilis and other venereal diseases, other spirochetal diseases, mycoses, helminthiases, and other infectious and parasitic diseases.

Neoplasms – Includes primary and secondary malignant neoplasms, benign neoplasms, carcinoma in situ, and neoplasm of uncertain behavior or unspecified nature.

Blood and Blood Forming Organs – Includes anemias (not as a complication of pregnancy), coagulation defects, diseases of white blood cells, and other diseases of the blood and blood-forming organs.

Congenital Anomalies – Includes congenital anomalies affecting all body regions.

Conditions in the Perinatal Period – Includes conditions that have their origin in the perinatal period even though death or morbidity occurs later.

Appendix D

Common Diagnoses

COMMON DIAGNOSES

Abdominal Symptoms - Includes abdominal tenderness or pain, which is otherwise unclassifiable.

Acute Respiratory Infections - Includes the common cold, sore throat, tonsillitis, laryngitis, and acute bronchitis.

Arthropathies and Related Disorders - Refers to arthritis related problems.

COPD and Allied Health Conditions – Includes asthma, chronic bronchitis, emphysema and other chronic obstructive lung diseases.

Diseases of the Ear and Mastoid Process - Includes otitis media, otitis externa, mastoiditis, and hearing loss.

Dorsopathies - Refers to disorders of the back and cervical region.

General Symptoms - Includes altered consciousness, hallucinations, syncope, convulsions, dizziness, sleep disturbances, fever, and general malaise and fatigue.

Head and Neck Symptoms - Diagnosed for general headache, neck pain, swelling, or voice and speech disturbances.

Ill-defined and unknown causes of morbidity and mortality - Includes senility, sudden death, asphyxia, respiratory arrest, nervousness, debility, cachexia, and other ill-defined conditions.

Infections of Skin and Subcutaneous Tissue - Includes boils, cellulitis and abscesses, cysts, and other local infections of the skin.

Other Diseases of the Urinary System - Includes kidney stones, kidney infections, urinary tract infections and cystitis.

Respiratory Symptoms – Includes undiagnosed respiratory abnormalities, including hyperventilation, apnea, shortness of breath, wheezing, cough, painful respiration and other discomfort in the chest.

V-code diagnosis for a health services encounter - Includes those with a lack of, or inadequate housing, family disturbances and other psychosocial circumstances, stress, unavailability of other medical facilities for care, and other persons seeking consultation, follow-up examinations or administrative assistance.

For More Information, Contact:

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