

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

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EMERGENCY DEPARTMENT DISCHARGE  
PATIENT SUMMARY

AGGREGATE REPORT

**January 1, 2008  
Through  
December 31, 2008**

**San Diego County**

**August 2009**

## 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 were treated and discharged from participating emergency departments in San Diego County. Emergency department (ED) discharge data, however, do not represent all patients who go to the emergency department. Those patients who were admitted to the hospital from the ED were not included in this database.** The information contained in this database was collected from billing data, so if a patient presented to the ED and was admitted to that same hospital, all information was 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 single 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 used 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 were 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 were 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:

$$\frac{\text{Total ED Discharges, Ages 25 to 44 years, January – December 2008}}{\text{(2008 San Diego County Population, Ages 25 to 44 years)}} \times 100,000 = \text{Rate per 100,000}$$

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

## Current Projects

Emergency department discharge data have contributed to the following projects over the past year:

- *American Public Health Association (APHA) presentation.* A presentation titled, “Emergency Department Treated Eye Injury in San Diego County” will be presented at the 2009 APHA Annual Meeting this November in Philadelphia. The purpose of this study was to examine and discuss eye injuries presented by ED patients.
- *Behavioral Health Work Team (BHWT).* The Community Health Improvement Partners (CHIP) BHWT works to contribute to the improvement of mental and behavioral health of the public. The BHWT does this by augmenting existing and/or developing new programs that strive to make significant, measurable impact to the community. Annually, ED discharge data describing the use of the emergency department for mental health issues are presented to the team.
- *Boo-Boos, Belly Aches and Bumps: What to do when your child gets sick (B-4).* The Community Health Improvement Partner’s (CHIP) B-4 program is a train the trainer program based on the book “What to do When Your Child Gets Sick,” written by Gloria Mayer, R.N. and Ann Kuklierus, R.N. The program teaches staff at community based organizations on how to train parents to use the book. ED discharge data were utilized to inform the development of the B-4 curriculum. Specifically, ED data were examined to determine which illnesses lead parents to bring their children to the emergency department. Cause, treatment and ways to prevent the illness were addressed in the B-4 curriculum. This program is currently being implemented in sites across San Diego County and evaluation results will be available in the near future.
- *Childhood Injury Report.* The County of San Diego Public Health Services is currently completing a report with Public Health Services to identify common mechanisms of injury among children ages 0 through 14 years. This report describes both unintentional and violent injuries as seen at various 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.
- *Healthy People 2010: Health Indicators for San Diego County.* The County of San Diego Public Health Services published a report of San Diego County data based on the Healthy People 2010 framework of objectives in 28 focus areas. ED data are used when appropriate for this report.
- *Methamphetamine Strike Force.* The Methamphetamine Strike Force publishes an annual report card reflecting ten indicators that describe the impact of methamphetamine use in San Diego County. The Report Card includes ED discharge data describing the number of mentions of amphetamine use or abuse in San Diego County emergency departments.
- *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.
- *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 sports related injuries, pedestrian injuries and near drownings.
- *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 Health Report.* The County of San Diego Public Health Services, in partnership with Aging & Independence Services, recently published a Senior Health Report. This report focuses on all aspects of senior health, including demographics, health status, health behaviors, chronic disease, immunizations and injury prevention, among others. ED discharge data is an integral part of this project.
- *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.

## Patient Profile

There were 618,957 patients who were treated and discharged from participating San Diego County emergency departments (EDs) in 2008. For every 100,000 people living in San Diego County, an estimated 19,673 patients were discharged from an emergency department during this year. In other words, residents of San Diego County were treated and discharged from a San Diego County emergency department at a rate of 19,673 per 100,000 population. Over the three year period from 2006 through 2008, both the number and rate of ED discharge has increased significantly each year (Figure 1).

## Service Month and Day of Week

On average, 1,691 patients were discharged from the ED per day in 2008, increasing from 1,601 per day in 2006 and 1,637 per day in 2007. The busiest months were February (n=1,810 per day), January (n=1,743 per day), and March (n=1,739 per day) (Figure 2). For nearly every month in 2008, the average number of discharges per day was higher than the same month in 2006 or 2007 (Figure 3). In 2008, Sundays (n=1,766 per day) and Saturdays (n=1,760 per day) were the busiest days of the week (Figure 4).

## Region of Residence

The number, percent, and rate of ED discharge by region of residence are described in Table 1 and in Figures 5 and 6. The rate of ED discharge varied significantly by region. Residents of the Central (23,560 per 100,000), East (22,521 per 100,000) and South (20,929 per 100,000) Regions were discharged at higher rates than the North Coastal (16,654 per 100,000), North Central (15,383 per 100,000) and North Inland (14,066 per 100,000) Regions. The distribution of patients by subregional area (SRA) of residence, or community, is described in Table 2. The highest rates of ED discharge occurred among residents of National City (27,333 per 100,000), Lemon Grove (26,387 per 100,000), and Southeast San Diego (26,028 per 100,000). See Appendix A for maps of the regional, subregional area, and zip code boundaries.

## Patient Demographics

The rate of ED discharge was highest among the very young and the very old (Table 3, Figure 7). Approximately one out of every three children ages 0-4 years living in San Diego during 2008 was treated and discharged from a San Diego County ED, compared to one out of every seven or eight children ages 5-9 years. The annual rate for 0-4 year olds was 29,978 per 100,000, and was highest during the months of January and February. This was due in part to seasonal variations in ED visits for infectious illnesses such as acute respiratory infections. There was a peak in rate among 20-24 year olds (21,558 per 100,000) and a sharp increase in rate between patients aged 55-64 (17,109 per 100,000) and 85 years and older (34,031 per 100,000).

The distribution of patients by age group and gender is described in Table 4 and Figure 8. Slightly more than half (54%) of all ED discharges were female. In 2008, approximately

one out of every five female residents of San Diego County were treated and discharged from an ED (21,251 per 100,000), compared to about one out of every six male residents (18,083 per 100,000). Males aged 0-14 had a higher rate of ED discharge than females of the same age (21,382 vs. 17,086 per 100,000), but females aged 15-24 were discharged at a considerably higher rate than males of the same age (24,738 vs. 15,788 per 100,000). The rate of ED discharge for females was highest among patients aged 15-24 (24,738 per 100,000) and 65+ years (25,984 per 100,000). The rate of ED discharge for males was highest among 0-14 (21,382 per 100,000) and seniors aged 65 years and older (22,806 per 100,000).

As displayed in Figure 9, half of all patients were white (50.5%), 29.6% were Hispanic, 9.1% were black and 5.4% were Asian or Hawaiian/Pacific Islander (Asian/PI). The proportion of patients who were white increased with increasing age group, from 30.3% of 0-14 year olds to 69.2% of patients aged 65 years and older. Conversely, the proportion of patients who were Hispanic decreased with increasing age group, from 47.9% of 0-14 year olds to 16.3% of patients aged 65 years and older (Figure 10). For comparison, Figure 11 provides a description of the San Diego County population by race/ethnicity and age group.

Table 5 describes the number, percent, and rate of ED discharge by race/ethnicity and age group. Across all age groups, rates were higher among black patients than any other racial/ethnic group, especially for 45-64 year olds (41,473 per 100,000). The rate of ED discharge for blacks increased with increasing age group through ages 45-64 then decreased for ages 65+ to 35,416 per 100,000. The rate of ED discharge for whites, however, was highest among those ages 15-24 (21,776 per 100,000), 25-64 (21,465 per 100,000), and 65+ years (24,014 per 100,000), and the rate for Hispanics was highest among 0-14 (23,357 per 100,000) and 65+ year olds (29,643 per 100,000). Although ED discharge rates were lower, the pattern for Asian/PI patients was similar to that of Hispanic patients. Figure 12 gives a good illustration of differences in the rates of ED discharge by race/ethnicity and age group.

Table 6 and Figure 13 describe the patterns of ED discharge by race/ethnicity and gender. For all categories of race/ethnicity, patients were more often female than male. This difference was most apparent among black patients. Black females were discharged from the ED at a rate of 39,748 per 100,000 compared to black males who were discharged at a rate of 28,303 per 100,000. In other words, more than one out of every three black females and one out of every four black male residents of San Diego County were discharged from a San Diego County ED in 2008.

Tables 7 and 8 are detailed tables describing the number, percent, 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 (15.3%), as were black patients (19.8%) and Asian/PI patients (17.6%). Hispanic patients were more likely to be male, ages 0-14 years (18.2%). Overall, the highest rate of ED discharge occurred among black females 25-44 years (47,679 per 100,000). In other words, nearly one out of every two black females, 25-44 years living in San Diego County during 2008 were treated and

discharged from an ED. The lowest rate occurred among Asian/PI males, 25-44 years (6,772 per 100,000).

Table 9 and Figure 14 describe 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 (29,204 per 100,000) than 65+ year-olds (28,074 per 100,000). In the South Region, the rate was high among children 0-14 years (22,519 per 100,000). Figure 10 displays the rate of ED discharge by region of residence within each age group.

Table 10 and Figure 15 describe the rate of ED discharge within each region of residence by race/ethnicity. In every region, the rates were highest among black patients and lowest among Asian or Pacific Islander patients. The rate for blacks living in the Central and East Regions was especially high (39,581 and 37,992 per 100,000, respectively) when compared to other Regions. Overall, the ED discharge rate among white patients was slightly higher (19,781 per 100,000) than for Hispanics (19,463 per 100,000), but in the North Central, South, and North Inland Regions, the rate of ED discharge was higher among Hispanic than white patients.

### **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 (92.8%); 3.7% left the facility against medical advice (AMA), and 1.4% were transferred to another hospital.

### **Expected Source of Payment**

Figure 16 describes the distribution of ED discharges by expected source of payment. Nearly 42% of all patients were underinsured: 20.7% were covered by Medi-Cal, 4.4% by non-federal programs and 16.7% were self-pay. Self-pay includes those individuals without health insurance either by choice or circumstance. Almost 37% of patients were privately insured, and 16.7% 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 16% of 45-64 and 11% of 0-14 year olds. More than half of all 0-14 (57.6%) and 15-24 year-olds (51.0%) 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 (32%, 33%) than whites (12%) or Asian/Pis (13%). Similarly, 21% of blacks and 19% 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 (51%)

and 42% of whites were privately insured, while only 24% of blacks and 29% of Hispanics were covered by private insurance. Overall and across all racial and ethnic groups, a significantly higher percentage of patients were covered by Medi-Cal in 2008 (20.7%) than in 2007 (19.0%).

As shown in Table 14, the distribution of expected source of payment was similar by gender. However, a higher percent of males (19.1%) were self-pay than females (14.6%), while a higher percent of females (23.0%) were covered by Medi-Cal than males (17.9%).

Table 15 shows that regional differences in expected source of payment were apparent. Of all Regions, residents of the Central Region were most often underinsured (57.8%). A higher percent of patients living in the North Central Region were self-pay (13.4%) than covered by Medi-Cal (10.2%), while residents of all other Regions were more often covered by Medi-Cal than self-pay. More than one out of every four residents of the Central or South Regions who were treated and discharged from the ED were covered by Medi-Cal (28.8%, 26.8%).

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 (35.9%). 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 17. One-quarter (25.2%) of all principal diagnoses were for an injury or poisoning, and 23.1% 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 diagnosis identifying a respiratory disease. It should be noted that compared to other categories, respiratory diseases showed the most seasonal variation. About 10-15% of diagnoses during the winter months were for respiratory diseases, compared to 5-7% 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 (5.3%) represent undiagnosed wheezing, cough, painful respiration, and other discomfort in the chest. Abdominal symptoms (5.3%) refer to abdominal tenderness or pain, which was otherwise unclassifiable. General symptoms

(5.3%) included altered consciousness, hallucinations, syncope, convulsions, dizziness, sleep disturbances, fever, and general malaise and fatigue. Acute respiratory infections (4.5%) 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 (4.3%), and contusions with intact skin (3.5%) were the fifth and sixth most common diagnoses. ED diagnoses of other diseases of the urinary system (3.4%) were mainly kidney stones, kidney infections, urinary tract infections, and cystitis. Open wounds of the head, neck, or trunk accounted for 3.0% of all ED discharges. Neurotic, personality and other nonpsychotic mental disorders (3.0%) included neurotic disorders, non-dependent abuse of drugs, and other depressive disorders. Dorsopathies (2.8%) refer to disorders of the back and cervical region. Chronic obstructive pulmonary disease (COPD) and allied conditions (2.7%) refer to diagnoses of asthma, chronic bronchitis, emphysema, and other chronic obstructive lung diseases. Head and neck symptoms (2.5%) 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. Close to 19% of all ED discharges ages 0-14 years were diagnosed with a respiratory disease, at a rate of 3,573 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 (1,581 per 100,000). When considering that all patients falling into this category were female, the rate of ED discharge was even higher at 3,442 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 1,328 per 100,000 and 1,667 per 100,000, respectively, and 65+ year olds were discharged with a circulatory disease diagnosis at a rate of 2,059 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 3,679 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 (2,706 per 100,000) and diseases of the nervous system or sense organs (2,124 per 100,000). Twenty-seven percent of white ED discharges were diagnosed with an injury or poisoning, followed by 23% symptoms, signs and ill-defined conditions. Blacks and whites were discharged from the ED at high rates for mental disorders (1,218 per 100,000 and 1,006 per 100,000). Hispanics were discharged with a digestive disease diagnosis at a relatively high rate (1,185 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 (5,424 per 100,000) at a higher rate than females (4,475 per 100,000). Females were diagnosed with notably higher rates of symptoms, signs and ill-defined conditions (5,243 per 100,000), nervous system/sense organ (1,228 per 100,000), genitourinary (1,442 per 100,000), and musculoskeletal/connective tissue diseases (1,305 per 100,000) than males. Females were also diagnosed with conditions related to pregnancy, childbirth and the puerperium at a rate of 1,148 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 (2,264 per 100,000), as was the rate of mental disorders (1,046 per 100,000). The rate of circulatory diseases was highest in the East Region (575 per 100,000), as were the rates of symptoms, signs and ill-defined conditions (5,603 per 100,000) and injury and poisoning diagnoses (5,691 per 100,000). The rate of complications of pregnancy and childbirth was highest in the South Region (847 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 reports. Namely, sports and recreational injuries were removed as a category and a special section with a more comprehensive definition was created. Additionally, unintentional overdose or poisoning was added as an injury category for 2008.

A principal mechanism of injury was reported for 161,253 patients discharged from the ED (26.0%), at a rate of 5,125 per 100,000 population. As seen in Figure 18, falls were the most common mechanism of injury (31.3%). Another 14.6% of injured patients were unintentionally struck by an object or person, 8.2% were injured due to overexertion, and 7.7% suffered motor vehicle occupant injuries. The “other” category includes burns and scalds, near-drownings, other transport-related and other miscellaneous injury types (15.8%). 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, with a fall due to slipping, tripping or stumbling being the number one cause of injury (9.7%).

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 (6,364 per 100,000). The most common mechanism of injury in this age group was being unintentionally struck by an object or person (1,175 per 100,000) followed by falls (1,095 per 100,000)

and motor vehicle occupant crashes (705 per 100,000). Children ages 0-14 years were injured at a significantly higher rate due to falls (2,513 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 63.4% of all injuries were due to a fall. For every 100,000 people ages 65+ years in the population, 3,525 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 (7,169 per 100,000). However, whites had higher rates of fall (1,833 per 100,000), bicycle (132 per 100,000), and natural/environmental injuries (223 per 100,000) than any other racial/ethnic group. Black patients had higher rates of motor vehicle crash (778 per 100,000), overexertion (677 per 100,000), pedestrian (67 per 100,000) and assault injuries (649 per 100,000) than any other racial/ethnic group. Hispanic and Asian/Pacific Islander 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 (5,566 per 100,000). Females, however, had higher rates of injury due to motor vehicle crashes (460 per 100,000), falls (1,676 per 100,000) and self-inflicted injuries (92 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 (5,866 per 100,000) and Central (5,461 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 (1,822 per 100,000). Bicycle injuries occurred at the highest rate in the North Central Region (120 per 100,000). The assault injury rate was highest in the Central Region (412 per 100,000) and the self-inflicted injury rate was highest in the East Region (136 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 159,219 patients, representing 98.7% of ED discharges with a reported E-code. Twenty-three percent of all injuries were reported to have occurred at home. See Figure 19 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 20, the rate of ED discharge for falls among the elderly was significantly higher than for any other injury or age group (3,525 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; 14.3% with an open wound of the head, neck or trunk; 11.5% with a fracture of the upper limb; and 10.5% with traumatic complications and unspecified injuries. As seen in Figure 21, females ages 65+ years were discharged for a fall injury at a higher rate (4,271 per 100,000) than males (2,544 per 100,000), and whites (3,848 per 100,000) and Hispanics (3,300 per 100,000) were discharged at higher rates than blacks (2,496 per 100,000) and Asian/Pacific Islanders (1,713 per 100,000). The rates in the North Coastal (4,052 per 100,000) and East (3,840 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 2008, there were a total of 2,450 ED discharges ages 10 and older with a self-inflicted injury; a 14.9% increase over 2007. Figure 22 describes the distribution of the method of self-inflicted injury. Nearly two-thirds of all patients used drugs or medicinal substances (61.4%), and 26.2% used a cutting instrument. As seen in Table 44 and Figure 23, females ages 15-19 had the highest rate of self-inflicted injury (291 per 100,000), followed by females ages 20-24 (213 per 100,000) and 25-34 (128 per 100,000). The highest rate of ED discharge for males with a self-inflicted injury occurred among 15-19 year-olds (147 per 100,000), an increase in rate of 30% among males of this age since 2007 (not statistically significant). Of the 2,450 ED discharges with a self-inflicted injury, 15 were completed suicides, where the patient died in the ED. Twelve of these patients were male (80%), 9 were white (60%), and 8 were due to a firearm (53%).

### **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 2008, there were 14,693 injuries that were identified as occurring due to sports and recreation activities, representing 9.1% of all injuries. The percent of all injuries due to sports and recreation was highest among 0-14 year-olds (16.1%) and decreased with increasing age group. Males ages 0-14 and 15-24 years had the highest percent of injury due to sports and recreation (19.2% and 19.5%, respectively). Sports and recreation injuries were most likely to occur on Saturdays and Sundays, and during the months of July and August. Figure 24 shows the principal mechanism for all sports and recreation injuries. Nearly half (47.0%) were struck in sports and 22.6% were bicycle related. Fourteen percent were due to falls from a skateboard, and 8.4% 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 (714 per 100,000) for sports and recreation injuries than females (221 per 100,000). This was most apparent among 0-14 and 15-24 year-olds. The rate of sports and recreation injuries was 1,401 per 100,000 for males ages 0-14 compared to 555 per 100,000 for females, and 1,389 per 100,000 for males ages 15-24 years compared to 369 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 (38,479). Overall, 55.4% were female, and 247 patients were under the age of 15 years. Ninety-five percent were identified as having type II diabetes and 5% as having type I diabetes. Of all diabetic patients, 4,302 had a principal diagnosis of diabetes (11.2%). Forty-two percent of patients with a principal diagnosis of diabetes were diagnosed with diabetic hypoglycemia or hypoglycemic shock. Another 43% were diagnosed with uncomplicated diabetes, with no mention of the presenting symptoms.

The principal diagnosis for all diabetic ED discharges is presented in Figure 26. Twenty-eight 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, 48.9% suffered a fall. Another 1,028 diabetic patients (2.6%) were reported to have an adverse reaction to drugs.

Table 46 and Figure 27 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 for diabetes at a slightly higher rate (1,351 per 100,000) than males (1,095 per 100,000). 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, 17.2% of all ED discharges ages 65+ years were diabetic.

Table 48 and Figure 28 describe the rate of ED discharge with diabetes by age group and race/ethnicity. Overall, blacks were discharged with a diabetes diagnosis at a higher rate than any other racial/ethnic group, particularly among adults ages 25-64 years. Hispanics ages 65+ years, however, had the highest rate of ED discharge (8,678 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, 7.3% had a diabetes diagnosis, compared to 8.4% of Asian/PIs, 6.6% of Hispanics, and 5.8% of whites. Among ages 65+ years, 29.3% of Hispanics, 23.1% of blacks and 24.1% of Asian/PIs had a diabetes diagnosis, compared to 13.1% 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 26,955 ED discharges were identified as asthmatic during 2008, 34.3% of whom had a principal diagnosis of asthma. Twelve percent were diagnosed with other respiratory conditions, and 10.9% with symptoms, signs, and ill-defined conditions, not including respiratory. Figure 29 describes the principal diagnosis of ED discharges identified as asthmatic.

Table 50 and Figure 30 describe asthmatic ED discharges by age group and gender. There were 8,020 children ages 0-14 years with an asthma diagnosis, 63.6% of whom were male. Among patients 15+ years, 69.2% were female. The rate of discharge with asthma was higher overall for females (1,015 per 100,000) than for males (697 per 100,000), but males ages 0-14 years were discharged at higher rates (1,570 per 100,000) than females (908 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 (1,184 per 100,000) then declined slightly with increasing age. As seen in Table 51, 4.4% of all ED discharges in 2008 were identified as having asthma.

Table 52 and Figure 31 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 (2,293 per 100,000) than for any other racial/ethnic group. The high rate of black ED discharges with asthma is not only a function of the high rate of ED discharges overall. As seen in Table 53, 6.8% of black ED discharges were asthmatic, compared to 4.6% of Hispanics, 3.9% of Asian/PIs and 3.9% 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 2008, 2.1% of all ED discharges had a mention of drug use/abuse as noted in either the diagnoses fields, E-code fields, or both (n=12,864). The highest rate of ED discharge with a drug mention occurred among 15-24 (608 per 100,000) and 25-44 year olds (556 per 100,000), representing 3.1% 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 (752 per 100,000) compared to other racial/ethnic groups, but a similar percent of white ED discharges (2.6%) had a drug mention as blacks (2.2%).

## 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 2008, there were 3,122 ED discharges ages 12-26 years with a mention of binge drinking, representing 2.3% of all ED discharges in this age group. Figure 32 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, 57.8% of ED discharges with a binge drinking diagnosis were female. Half of these 12-14 year-old females were Hispanic.

Figure 33 displays the percent of all ED discharges and the rate of ED discharges with a binge drinking diagnosis. Both the population rate (631 per 100,000) and percent of all ED discharges (2.9%) with a binge drinking diagnosis was highest among 21-23 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 150 children in this age group were sick enough to need treatment in the ED for binge drinking.

### **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

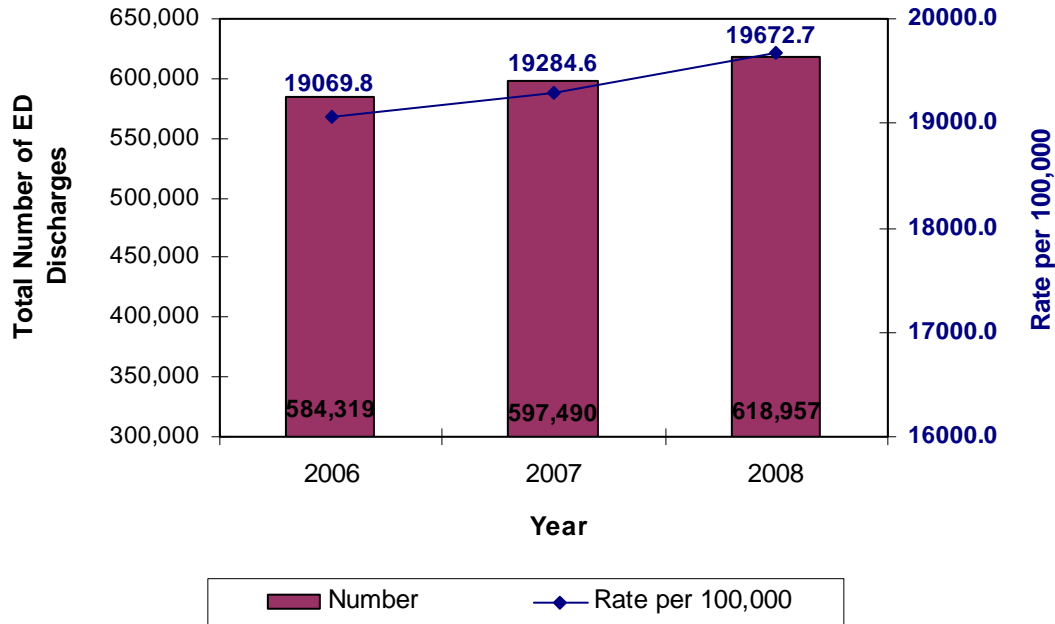
few diagnostic categories are clear-cut for all cases, the algorithm assigns cases probabilistically on a percentage basis, reflecting potential uncertainty and variation.

A significant percent of ED discharges in San Diego County could have been treated in settings other than the ED. As shown in Figure 34, 39.8% of all ED discharges could have been treated in a primary care setting (18.8% non-emergent and 21.0% 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 approximately three non-emergent visits and three 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 (2.32) than all other age groups and Blacks were discharged at higher rates (1.91) than Hispanics (1.64) or Whites (1.32). Patients covered by Workers Compensation and Medi-Cal were discharged for non-emergent conditions compared to emergent, not preventable conditions at higher rates (4.20 and 2.05) than patients who were self-pay (1.78) or privately insured (1.22, 1.36).

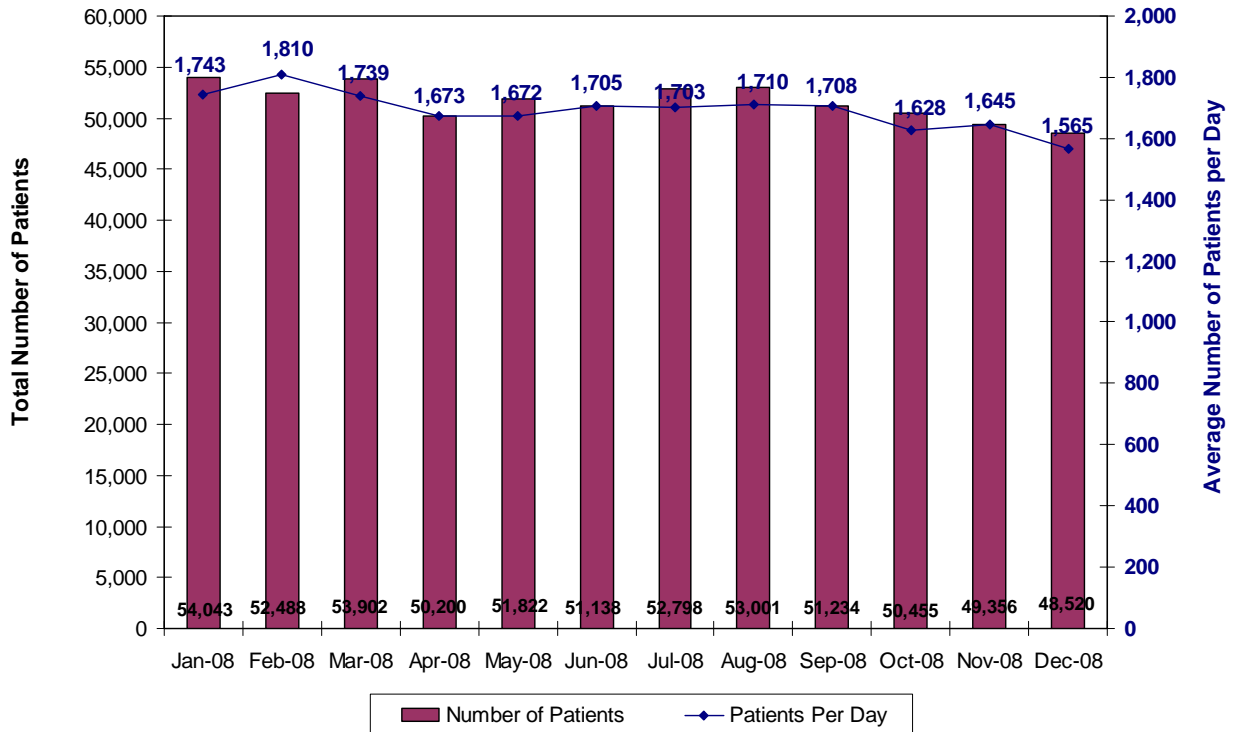
## Patient Profile

**Figure 1. Number and Rate of ED Discharges by Year**



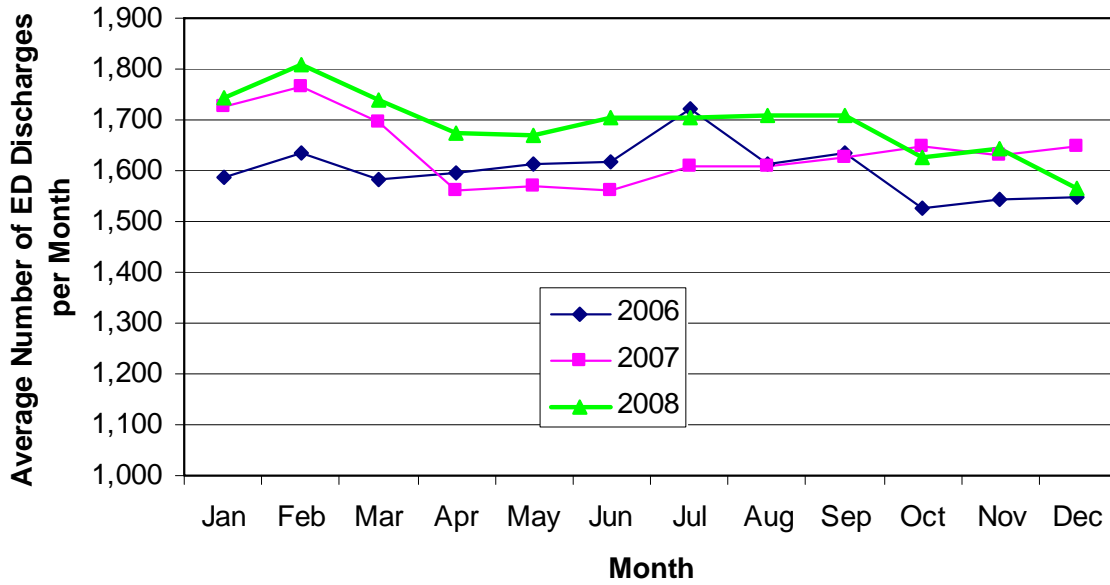
Source: HASD&IC, CHIP, CoSD HHS A PHS EMS, Emergency Department Database, 2006-2008. Population data: SANDAG, 2006-2008 Estimates. Rates calculated per 100,000 population for all patients. Totals do not include <3% of all civilian ED discharges.

**Figure 2. Average Number of ED Discharges per Day by Service Month**



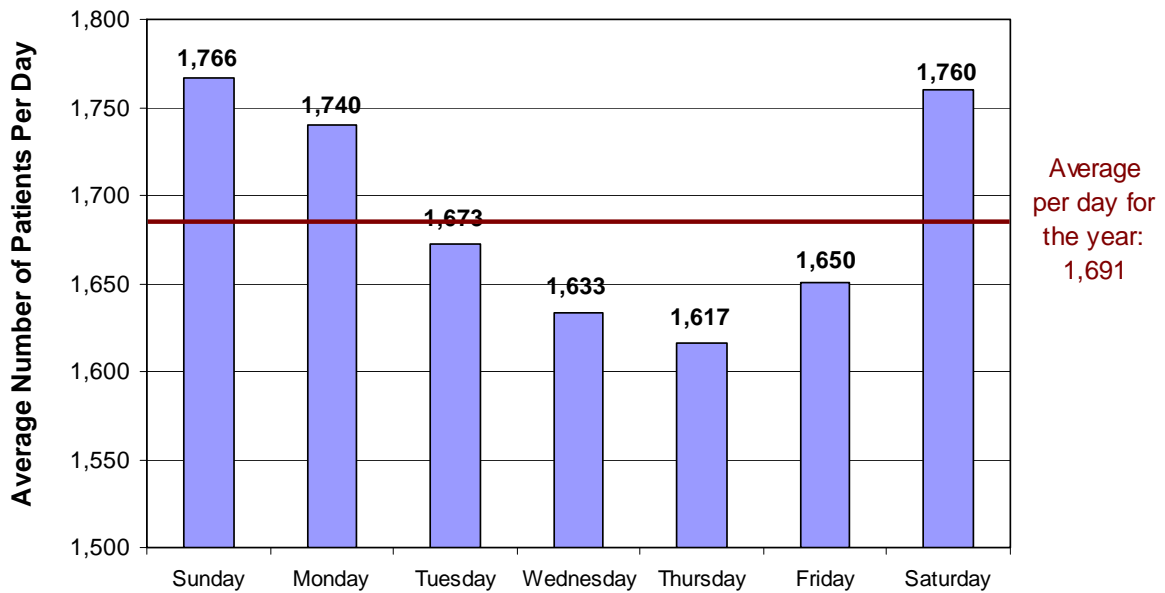
Source: HASD&IC, CHIP, CoSD HHS A PHS EMS, Emergency Department Database, 2008. Totals do not include <3% of all civilian ED discharges.

**Figure 3. Number of ED Discharges and Average Number of ED Discharges per Day by Service Month and Year**



Source: HASD&IC, CHIP, CoSD HHSA PHS EMS, Emergency Department Database, 2006-2008. Totals do not include <3% of all civilian ED discharges.

**Figure 4. Average Number of ED Discharges per Day by Service Day of the Week**



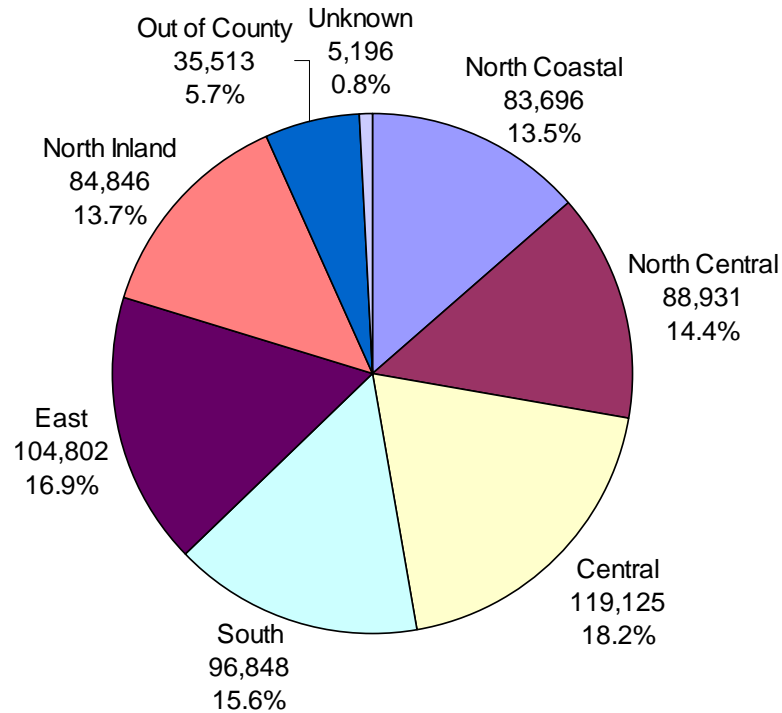
Source: HASD&IC, CHIP, CoSD HHSA PHS EMS, Emergency Department Database, January - December, 2008. Totals do not include <3% of all civilian ED discharges.

**Table 1. Number, Percent and Rate of ED Discharges by Region of Residence**

	Number	Percent	Rate
North Coastal	83,696	13.5%	16,654.0
North Central	88,931	14.4%	15,383.4
Central	119,125	19.2%	23,560.4
South	96,848	15.6%	20,929.3
East	104,802	16.9%	22,521.4
North Inland	84,846	13.7%	14,066.0
Out of County	35,513	5.7%	*
Unknown	5,196	0.8%	*
San Diego County	618,957	100.0%	19,672.7

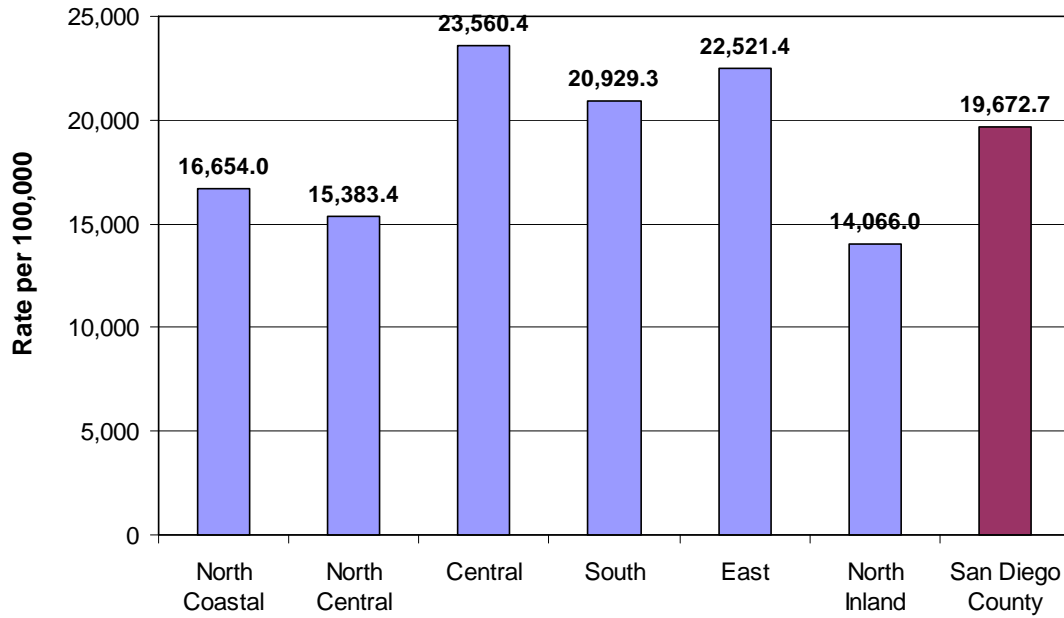
Source: HASD&IC, CHIP,CoSD HHS A PHS EMS, Emergency Department Database, January - December, 2008. Population data: SANDAG, 2008 Estimates. Rates calculated per 100,000 population for all patients. Totals do not include <3% of all civilian ED discharges.

**Figure 5. Number and Percent of ED Discharges by Region of Residence**



Source: HASD&IC, CHIP,CoSD HHS A PHS EMS, Emergency Department Database, January - December, 2008. Totals do not include <3% of all civilian ED discharges.

**Figure 6. Rate of ED Discharge by Region of Residence**



Source: HASD&IC, CHIP, CoSD HHS A PHS EMS, Emergency Department Database, January - December, 2008. Population data: SANDAG, 2008 Estimates. Rates calculated per 100,000 population for all patients. Totals do not include <3% of all civilian ED discharges. San Diego County total includes 40,709 patients with out of county or unknown zip codes of residence.

**Table 2. Number, Percent and Rate of ED Discharges by Community of Residence**

	Number	Percent*	Rate
Central San Diego	41,883	6.8%	23,445.6
Peninsula	6,620	1.1%	13,648.1
Coronado	872	0.1%	3,774.7
National City	15,140	2.4%	27,332.5
Southeast San Diego	41,242	6.7%	26,027.6
Mid-City	36,000	5.8%	21,362.2
Kearny Mesa	31,534	5.1%	18,315.0
Coastal	12,096	2.0%	13,098.7
University	7,072	1.1%	15,473.5
Del Mar-Mira Mesa	15,767	2.5%	11,371.2
North San Diego	17,631	2.8%	12,404.6
Poway	11,415	1.8%	13,492.6
Miramar	68	0.0%	21,794.9
Elliott-Navajo	13,552	2.2%	16,855.9
Sweetwater	14,033	2.3%	16,005.7
Chula Vista	37,958	6.1%	24,131.6
South Bay	28,845	4.7%	20,711.0
Jamul	3,400	0.5%	19,390.9
Spring Valley	14,879	2.4%	25,160.2
Lemon Grove	6,758	1.1%	26,387.1
La Mesa	14,480	2.3%	20,630.9
El Cajon	22,911	3.7%	22,318.0
Santee	10,907	1.8%	19,511.6
Lakeside	9,540	1.5%	22,161.3
Harbison Crest	16,490	2.7%	25,969.3
Alpine	3,059	0.5%	17,591.6
Ramona	6,285	1.0%	17,383.5
San Dieguito	12,528	2.0%	14,014.8
Carlsbad	15,006	2.4%	14,528.0
Oceanside	33,470	5.4%	21,909.3
Pendleton	185	0.0%	429.3
Escondido	32,999	5.3%	19,248.2
San Marcos	13,243	2.1%	15,363.8
Vista	20,921	3.4%	18,348.5
Valley Center	2,885	0.5%	16,068.8
Pauma	690	0.1%	17,982.8
Fallbrook	2,491	0.4%	4,859.0
Palomar-Julian	400	0.1%	14,064.7
Laguna-Pine Valley	422	0.1%	17,708.8
Mountain Empire	1,956	0.3%	24,443.9
Anza-Borrego Springs	615	0.1%	9,077.5
Out of County	35,513	5.7%	-
Unknown	5,196	0.8%	-
<b>Total</b>	<b>618,957</b>	<b>100.0%</b>	<b>19,672.7</b>

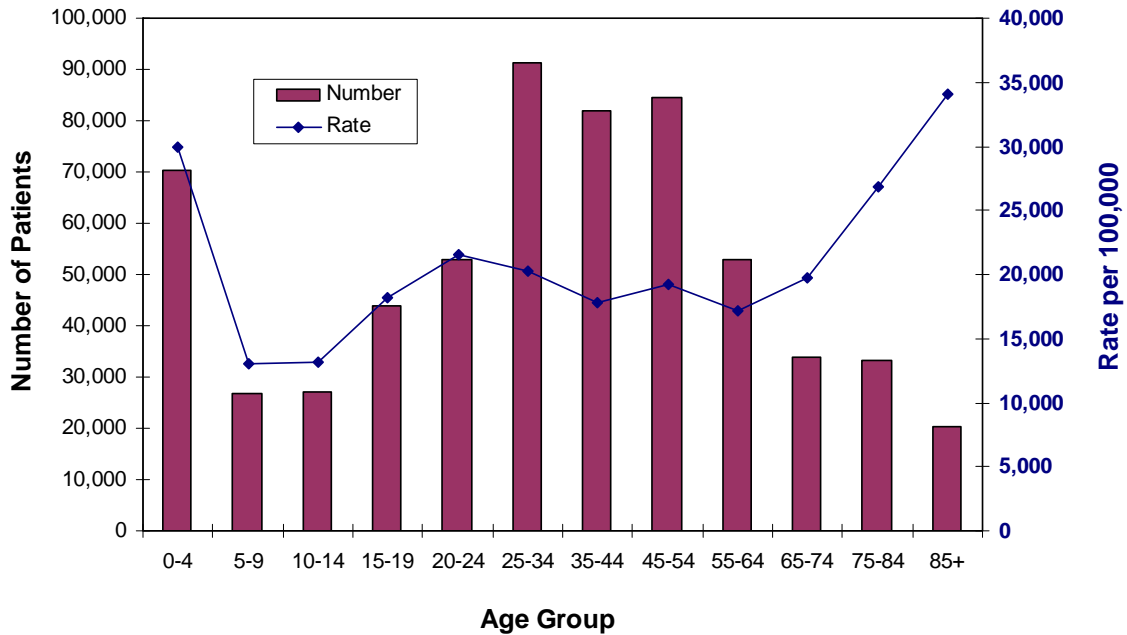
Source: HASD&IC, CHIP, CoSD HHS A PHS EMS, Emergency Department Database, January - December, 2008.  
 Population data: SANDAG, 2008 Estimates. \*Percent of Patients refers to the percent of ED patients residing in each Subregional Area (SRA), or community of residence. Rates calculated per 100,000 population for all patients. Totals do not include <3% of all civilian ED discharges.

**Table 3. Number, Percent and Rate of ED Discharges by Age Group**

Age Group	Number	Percent	Rate
0-4	70,392	11.4%	29,978.4
5-9	26,895	4.3%	13,060.4
10-14	27,105	4.4%	13,191.7
15-19	43,715	7.1%	18,200.9
20-24	52,998	8.6%	21,558.4
25-34	91,193	14.7%	20,255.3
35-44	81,947	13.2%	17,790.6
45-54	84,445	13.6%	19,222.1
55-64	52,746	8.5%	17,109.2
65-74	33,954	5.5%	19,721.2
75-84	33,305	5.4%	26,878.6
85+	20,260	3.3%	34,031.0
<b>Total</b>	<b>618,955</b>	<b>100.0%</b>	<b>19,672.6</b>

Source: HASD&IC, CHIP, CoSD HHS A PHS EMS, Emergency Department Database, January - December, 2008. Population data: SANDAG, 2008 Estimates. Rates calculated per 100,000 population for all patients. Totals do not include <3% of all civilian ED discharges. Total excludes 2 patients with missing age.

**Figure 7. Number and Rate of ED Discharges by Age Group**



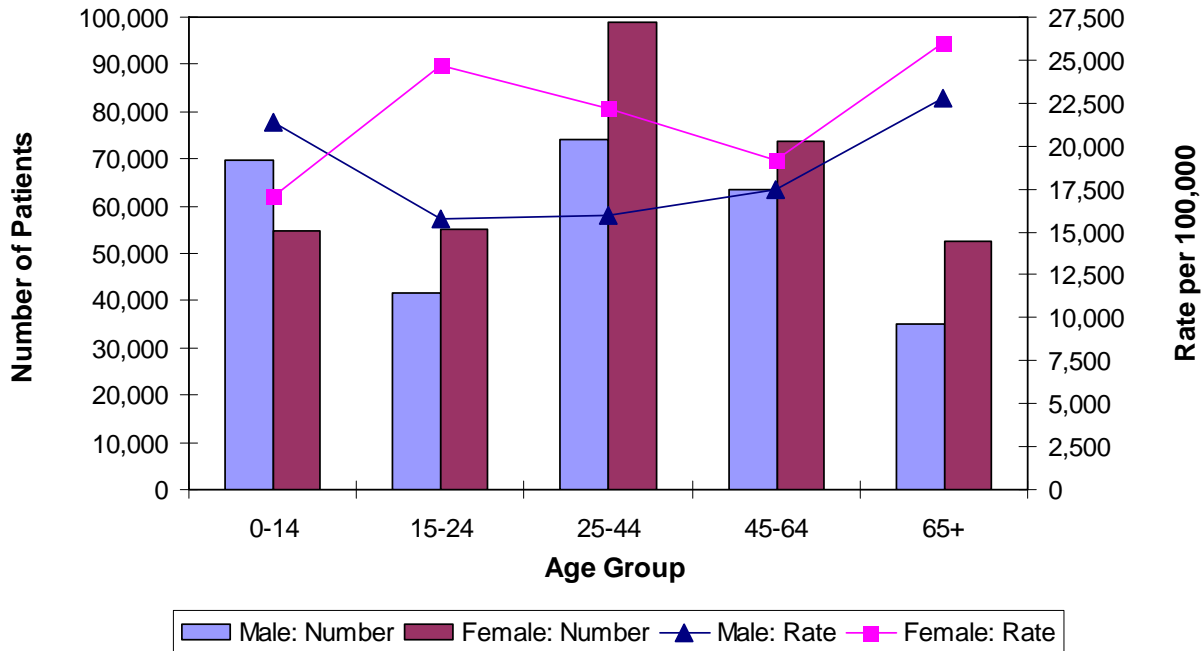
Source: HASD&IC, CHIP, CoSD HHS A PHS EMS, Emergency Department Database, January - December, 2008. Population data: SANDAG, 2008 Estimates. Rates calculated per 100,000 population for all patients. Totals do not include <3% of all civilian ED discharges. Total excludes 2 patients with missing age.

**Table 4. 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	69,529	56%	21,381.9	54,852	44%	17,086.3	124,392	100%	19,249.6
15-24	41,491	43%	15,787.9	55,219	57%	24,738.3	96,713	100%	19,899.2
25-44	74,209	43%	15,994.2	98,911	57%	22,134.6	173,140	100%	19,008.9
45-64	63,402	46%	17,460.7	73,785	54%	19,190.3	137,191	100%	18,350.8
65+	35,045	40%	22,805.8	52,474	60%	25,984.2	87,519	100%	24,610.7
Total	283,676	46%	18,083.1	335,243	54%	21,251.0	618,957	100%	19,672.7

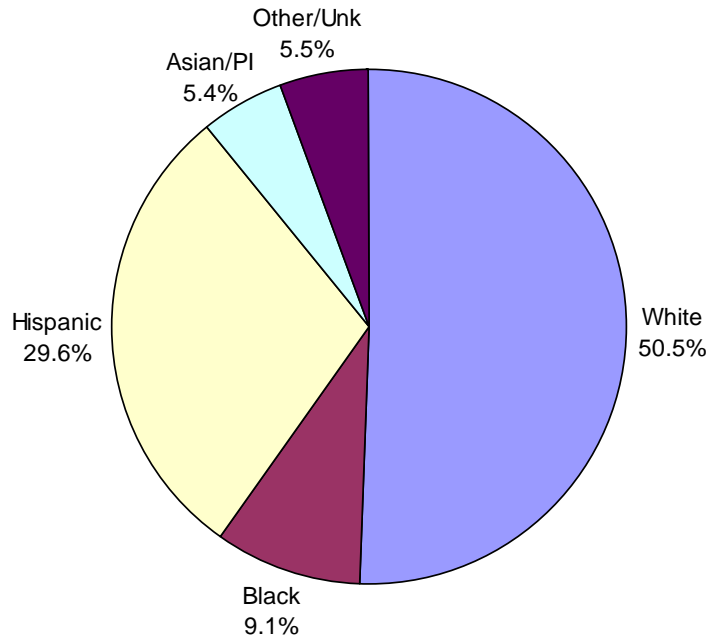
Source: HASD&IC, CHIP, CoSD HHS A PHS EMS, Emergency Department Database, January - December, 2008. Population data: SANDAG, 2008 Estimates. Rates calculated per 100,000 population for all patients. Totals do not include <3% of all civilian ED discharges. Total includes 40 patients with missing age and/or gender.

**Figure 8. Number and Rate of ED Discharge by Patient Age and Gender**



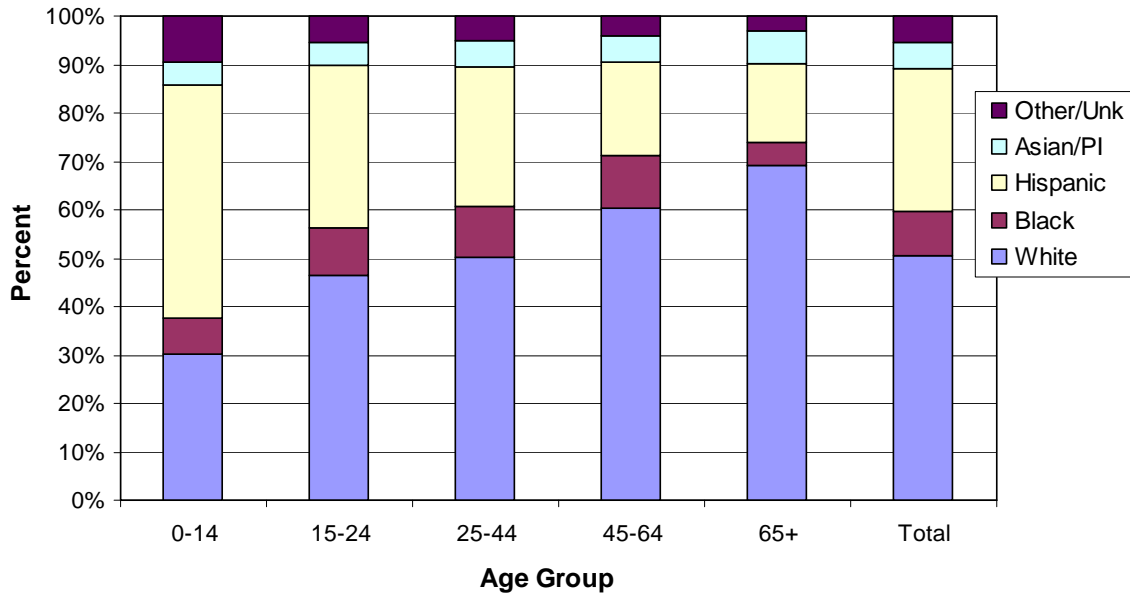
Source: HASD&IC, CHIP, CoSD HHS A PHS EMS, Emergency Department Database, January - December, 2008. Population data: SANDAG, 2008 Estimates. Rates calculated per 100,000 population for all patients. Totals do not include <3% of all civilian ED discharges.

**Figure 9. ED Discharges by Race/Ethnicity**



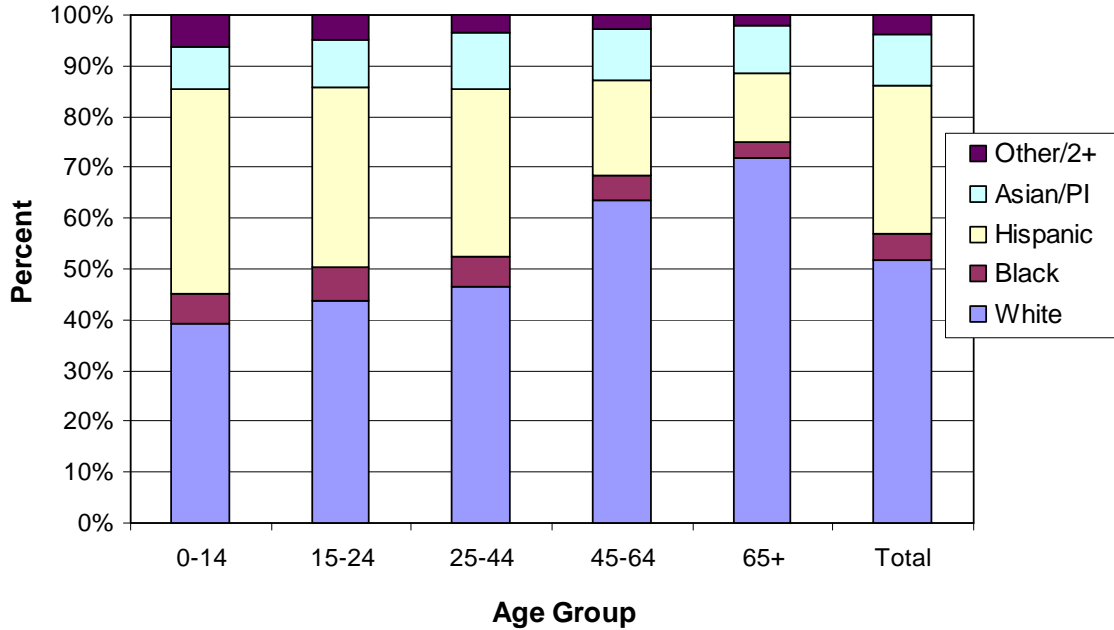
Source: HASD&IC, CHIP, CoSD HHS A PHS EMS, Emergency Department Database, January - December, 2008. Totals do not include <3% of all civilian ED discharges.

**Figure 10. Distribution of ED Discharges by Race/Ethnicity and Age Group**



Source: HASD&IC, CHIP, CoSD HHS A PHS EMS, Emergency Department Database, January - December, 2008. Totals do not include <3% of all civilian ED discharges. Total excludes 2 patients with missing age.

**Figure 11. San Diego County Population Distribution (2008) by Race/Ethnicity and Age Group**



Source: SANDAG, 2008 Population Estimates.

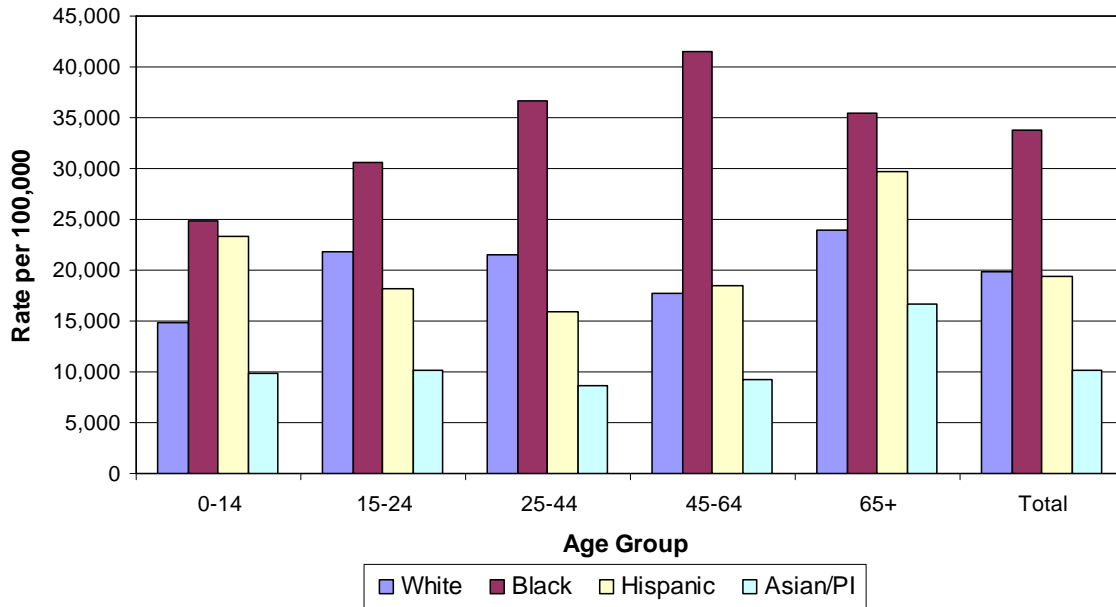
**Table 5. Number, Percent and Rate of ED Discharge by Race/Ethnicity and Age Group**

	0-14			15-24			25-44		
	Number	Percent	Rate	Number	Percent	Rate	Number	Percent	Rate
White	37,695	30.3	14,920.0	44,775	46.3	21,776.1	86,839	50.2	21,464.5
Black	9,315	7.5	24,857.2	9,553	9.9	30,543.2	18,314	10.6	36,632.4
Hispanic	59,568	47.9	23,357.2	32,446	33.5	18,217.7	50,029	28.9	15,903.3
Asian/PI	5,976	4.8	9,901.3	4,570	4.7	10,091.9	9,263	5.4	8,672.6
Other/Unk	11,838	9.5	-	5,369	5.6	-	8,695	5.0	-
<b>Total</b>	<b>124,392</b>	<b>100.0</b>	<b>19,249.6</b>	<b>96,713</b>	<b>100.0</b>	<b>19,899.2</b>	<b>173,140</b>	<b>100.0</b>	<b>19,008.9</b>

	45-64			65+			Total		
	Number	Percent	Rate	Number	Percent	Rate	Number	Percent	Rate
White	82,778	60.3	17,780.3	60,586	69.2	24,014.2	312,673	50.5	19,780.9
Black	14,930	10.9	41,473.4	4,087	4.7	35,415.9	56,199	9.1	33,797.0
Hispanic	26,683	19.4	18,485.1	14,255	16.3	29,643.0	182,982	29.6	19,463.0
Asian/PI	7,406	5.4	9,215.9	5,987	6.8	16,701.1	33,203	5.4	10,102.6
Other/Unk	5,394	3.9	-	2,604	3.0	-	33,900	5.5	-
<b>Total</b>	<b>137,191</b>	<b>100.0</b>	<b>18,350.8</b>	<b>87,519</b>	<b>100.0</b>	<b>24,610.7</b>	<b>618,957</b>	<b>100.0</b>	<b>19,672.7</b>

Source: HASD&IC, CHIP, CoSD HHS A PHS EMS, Emergency Department Database, January - December, 2008. Population data: SANDAG, 2008 Estimates. Rates calculated per 100,000 population for all patients. Totals do not include <3% of all civilian ED discharges. Total includes 2 patients with missing age.

**Figure 12. Rate of ED Discharge by Race/Ethnicity and Age Group**



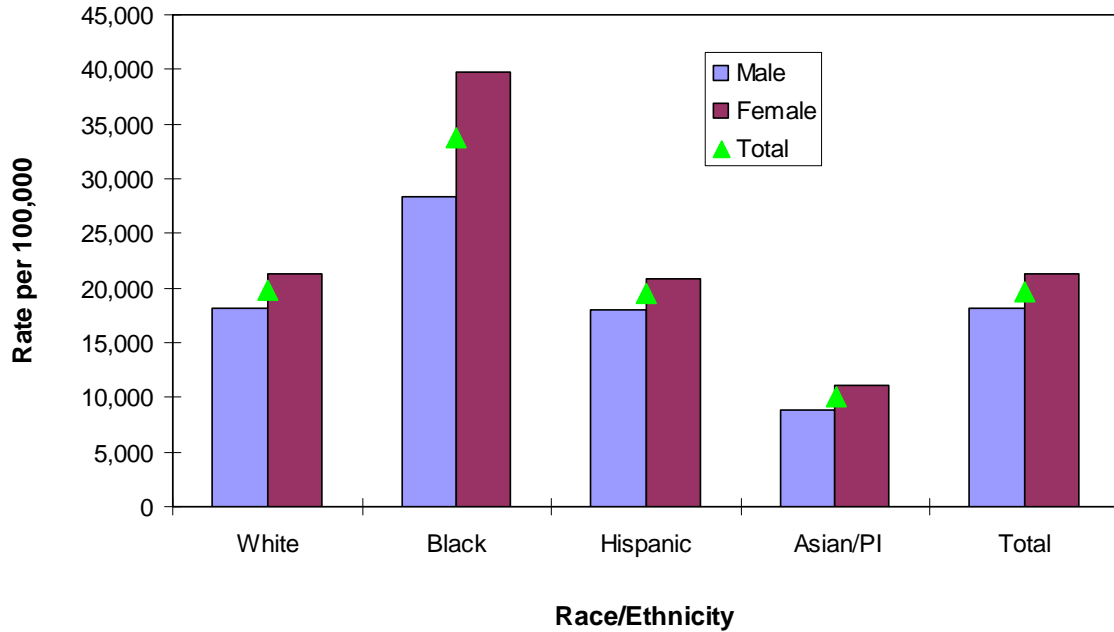
Source: HASD&IC, CHIP, CoSD HHS A PHS EMS, Emergency Department Database, January - December, 2008. Population data: SANDAG, 2008 Estimates. Rates calculated per 100,000 population for all patients. Totals do not include <3% of all civilian ED discharges. Total includes 2 patients with missing age. Graph excludes patients with other or unknown race/ethnicity.

**Table 6. 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	144,547	46.2	18,208.6	168,106	53.8	21,364.5	312,673	50.5	19,780.9
Black	24,479	43.6	28,303.0	31,717	56.4	39,748.1	56,199	9.1	33,797.0
Hispanic	84,050	45.9	17,988.5	98,923	54.1	20,918.0	182,982	29.6	19,463.0
Asian/PI	13,846	41.7	8,913.1	19,353	58.3	11,166.5	33,203	5.4	10,102.6
Other/Unk	16,754	49.4	-	17,144	50.6	-	33,900	5.5	-
<b>Total</b>	<b>283,676</b>	<b>45.8</b>	<b>18,083.1</b>	<b>335,243</b>	<b>54.2</b>	<b>21,251.0</b>	<b>618,957</b>	<b>100.0</b>	<b>19,672.7</b>

Source: HASD&IC, CHIP, CoSD HHS A PHS EMS, Emergency Department Database, January - December, 2008. Population data: SANDAG, 2008 Estimates. Rates calculated per 100,000 population for all patients. Totals do not include <3% of all civilian ED discharges. Total includes 2 patients with missing gender.

**Figure 13. Rate of ED Discharge by Race/Ethnicity and Gender**



Source: HASD&IC, CHIP, CoSD HHS A PHS EMS, Emergency Department Database, January - December, 2008. Population data: SANDAG, 2008 Estimates. Rates calculated per 100,000 population for all patients. Totals do not include <3% of all civilian ED discharges. Total includes 2 patients with missing gender and 33,900 patients with other or unknown race/ethnicity.

**Table 7. Number and 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	21,028	6.7	5,204	9.3	33,390	18.2	3,448	10.4	6,459	19.1	69,529	11.2
	Female	16,662	5.3	4,110	7.3	26,175	14.3	2,527	7.6	5,378	15.9	54,852	8.9
	<b>Total</b>	<b>37,690</b>	<b>12.1</b>	<b>9,314</b>	<b>16.6</b>	<b>59,565</b>	<b>32.6</b>	<b>5,975</b>	<b>18.0</b>	<b>11,837</b>	<b>34.9</b>	<b>124,381</b>	<b>20.1</b>
15-24	Male	19,825	6.3	3,933	7.0	13,285	7.3	1,947	5.9	2,501	7.4	41,491	6.7
	Female	24,949	8.0	5,620	10.0	19,160	10.5	2,622	7.9	2,868	8.5	55,219	8.9
	<b>Total</b>	<b>44,774</b>	<b>14.3</b>	<b>9,553</b>	<b>17.0</b>	<b>32,445</b>	<b>17.7</b>	<b>4,569</b>	<b>13.8</b>	<b>5,369</b>	<b>15.8</b>	<b>96,710</b>	<b>15.6</b>
25-44	Male	38,878	12.4	7,176	12.8	20,629	11.3	3,404	10.3	4,122	12.2	74,209	12.0
	Female	47,950	15.3	11,136	19.8	29,396	16.1	5,857	17.6	4,572	13.5	98,911	16.0
	<b>Total</b>	<b>86,828</b>	<b>27.8</b>	<b>18,312</b>	<b>32.6</b>	<b>50,025</b>	<b>27.3</b>	<b>9,261</b>	<b>27.9</b>	<b>8,694</b>	<b>25.6</b>	<b>173,120</b>	<b>28.0</b>
45-64	Male	40,010	12.8	6,611	11.8	11,390	6.2	2,810	8.5	2,581	7.6	63,402	10.2
	Female	42,765	13.7	8,319	14.8	15,292	8.4	4,596	13.8	2,813	8.3	73,785	11.9
	<b>Total</b>	<b>82,775</b>	<b>26.5</b>	<b>14,930</b>	<b>26.6</b>	<b>26,682</b>	<b>14.6</b>	<b>7,406</b>	<b>22.3</b>	<b>5,394</b>	<b>15.9</b>	<b>137,187</b>	<b>22.2</b>
65+	Male	24,806	7.9	1,555	2.8	5,356	2.9	2,237	6.7	1,091	3.2	35,045	5.7
	Female	35,780	11.4	2,532	4.5	8,899	4.9	3,750	11.3	1,513	4.5	52,474	8.5
	<b>Total</b>	<b>60,586</b>	<b>19.4</b>	<b>4,087</b>	<b>7.3</b>	<b>14,255</b>	<b>7.8</b>	<b>5,987</b>	<b>18.0</b>	<b>2,604</b>	<b>7.7</b>	<b>87,519</b>	<b>14.1</b>
Total	Male	144,547	46.2	24,479	43.6	84,050	45.9	13,846	41.7	16,754	49.4	283,676	45.8
	Female	168,106	53.8	31,717	56.4	98,922	54.1	19,352	58.3	17,144	50.6	335,241	54.2
	<b>Total</b>	<b>312,653</b>	<b>100.0</b>	<b>56,196</b>	<b>100.0</b>	<b>182,972</b>	<b>100.0</b>	<b>33,198</b>	<b>100.0</b>	<b>33,898</b>	<b>100.0</b>	<b>618,917</b>	<b>100.0</b>

Source: HASD&IC, CHIP, CoSD HHS A PHS EMS, Emergency Department Database, January - December, 2008. Totals do not include <3% of all civilian ED discharges. Within each racial/ethnic category, age group totals sum to 100%. Total excludes 40 patients with missing age and/or gender.

**Table 8. Rate of ED Discharge by Age Group, Race/Ethnicity and Gender**

Age Group		White		Black		Hispanic		Asian/PI		Total	
		Number	Rate	Number	Rate	Number	Rate	Number	Rate	Number	Rate
0-14	Male	21,028	16,738.7	5,204	27,271.8	33,390	26,014.4	3,448	11,044.9	69,529	21,381.9
	Female	16,662	13,117.3	4,110	22,346.7	26,175	20,662.5	2,527	8,672.5	54,852	17,086.3
	<b>Total</b>	<b>37,690</b>	<b>14,918.0</b>	<b>9,314</b>	<b>24,854.6</b>	<b>59,565</b>	<b>23,356.0</b>	<b>5,975</b>	<b>9,899.6</b>	<b>124,381</b>	<b>19,247.9</b>
15-24	Male	19,825	17,599.5	3,933	22,191.5	13,285	13,910.1	1,947	8,243.0	41,491	15,787.9
	Female	24,949	26,835.5	5,620	41,463.8	19,160	23,197.2	2,622	12,103.0	55,219	24,738.3
	<b>Total</b>	<b>44,774</b>	<b>21,775.6</b>	<b>9,553</b>	<b>30,543.2</b>	<b>32,445</b>	<b>18,217.1</b>	<b>4,569</b>	<b>10,089.7</b>	<b>96,710</b>	<b>19,898.6</b>
25-44	Male	38,878	18,341.1	7,176	26,939.0	20,629	13,081.2	3,404	6,772.2	74,209	15,994.2
	Female	47,950	24,896.4	11,136	47,679.4	29,396	18,737.5	5,857	10,358.3	98,911	22,134.6
	<b>Total</b>	<b>86,828</b>	<b>21,461.8</b>	<b>18,312</b>	<b>36,628.4</b>	<b>50,025</b>	<b>15,902.1</b>	<b>9,261</b>	<b>8,670.7</b>	<b>173,120</b>	<b>19,006.7</b>
45-64	Male	40,010	17,196.8	6,611	36,836.2	11,390	17,262.0	2,810	7,841.1	63,402	17,460.7
	Female	42,765	18,362.0	8,319	46,083.5	15,292	19,513.6	4,596	10,322.5	73,785	19,190.3
	<b>Total</b>	<b>82,775</b>	<b>17,779.7</b>	<b>14,930</b>	<b>41,473.4</b>	<b>26,682</b>	<b>18,484.4</b>	<b>7,406</b>	<b>9,215.9</b>	<b>137,187</b>	<b>18,350.2</b>
65+	Male	24,806	22,360.6	1,555	30,496.2	5,356	27,182.3	2,237	15,529.3	35,045	22,805.8
	Female	35,780	25,312.0	2,532	39,310.7	8,899	31,351.1	3,750	17,488.2	52,474	25,984.2
	<b>Total</b>	<b>60,586</b>	<b>24,014.2</b>	<b>4,087</b>	<b>35,415.9</b>	<b>14,255</b>	<b>29,643.0</b>	<b>5,987</b>	<b>16,701.1</b>	<b>87,519</b>	<b>24,610.7</b>
Total	Male	144,547	18,208.6	24,479	28,303.0	84,050	17,988.5	13,846	8,913.1	283,676	18,083.1
	Female	168,106	21,364.5	31,717	39,748.1	98,922	20,917.8	19,352	11,165.9	335,241	21,250.8
	<b>Total</b>	<b>312,653</b>	<b>19,779.6</b>	<b>56,196</b>	<b>33,795.2</b>	<b>182,972</b>	<b>19,461.9</b>	<b>33,198</b>	<b>10,101.1</b>	<b>618,917</b>	<b>19,671.4</b>

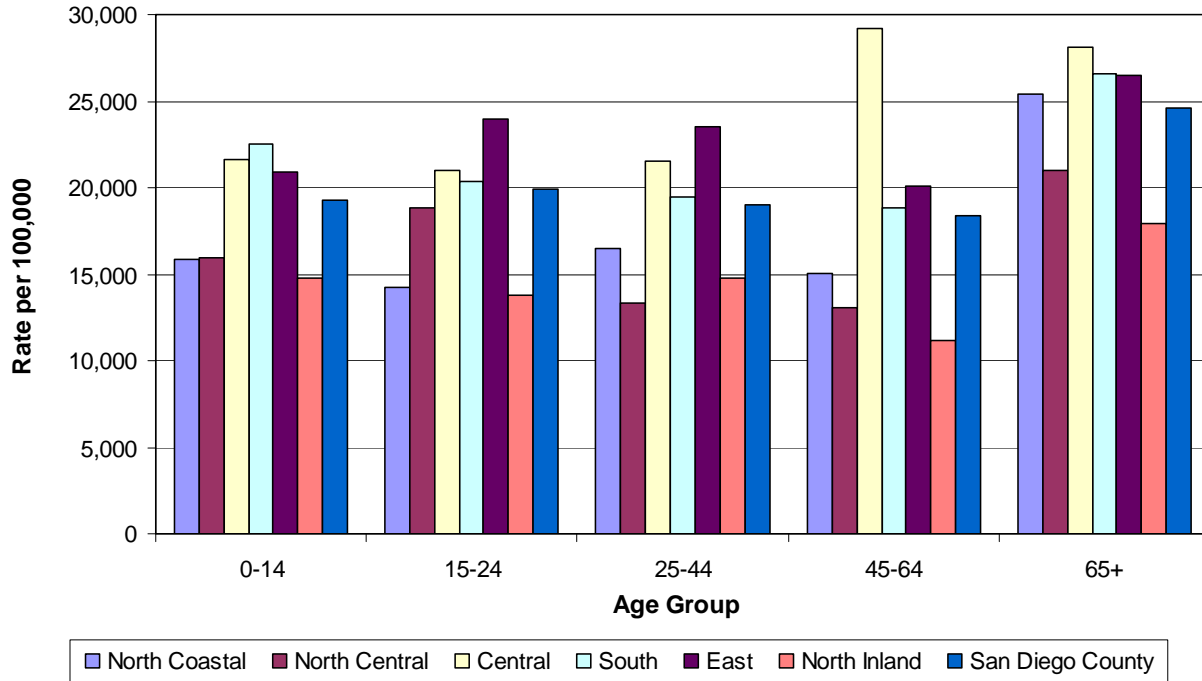
Source: HASD&IC, CHIP, CoSD HHS A PHS EMS, Emergency Department Database, January - December, 2008.  
 Population data: SANDAG, 2008 Estimates. Rates calculated per 100,000 population for all patients. Totals do not include <3% of all civilian ED discharges. Total excludes 40 patients with missing age and/or gender but includes 33,898 patients with unknown or missing race/ethnicity.

**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	16,520	15,856.0	15,946	15,927.0	23,244	21,590.6	23,921	22,518.8	19,667	20,942.2	18,727	14,789.7	124,392	19,249.6
15-24	12,485	14,267.6	13,063	18,819.0	17,760	20,992.4	15,580	20,366.3	16,636	23,980.9	12,877	13,777.9	96,713	19,899.2
25-44	22,363	16,514.1	25,650	13,376.7	36,155	21,519.2	25,456	19,426.9	29,229	23,533.8	22,581	14,800.5	173,140	19,008.9
45-64	17,896	15,084.9	18,554	13,068.3	30,031	29,204.2	18,888	18,870.8	24,471	20,075.3	17,458	11,137.9	137,191	18,350.8
65+	14,431	25,401.8	15,718	21,003.0	11,935	28,074.4	13,003	26,598.6	14,799	26,442.8	13,203	17,889.0	87,519	24,610.7
<b>Total</b>	<b>83,695</b>	<b>16,653.8</b>	<b>88,931</b>	<b>15,383.4</b>	<b>119,125</b>	<b>23,560.4</b>	<b>96,848</b>	<b>20,929.3</b>	<b>104,802</b>	<b>22,521.4</b>	<b>84,846</b>	<b>14,066.0</b>	<b>618,955</b>	<b>19,672.6</b>

Source: HASD&IC, CHIP, CoSD HHS A PHS EMS, Emergency Department Database, January - December, 2008.  
 Population data: SANDAG, 2008 Estimates. Rates calculated per 100,000 population for all patients. Totals do not include <3% of all civilian ED discharges. San Diego County total includes 40,708 patients with out of county or unknown zip codes and excludes 2 patients with missing age.

**Figure 14. Rate of ED Discharges by Age Group and Region of Residence**



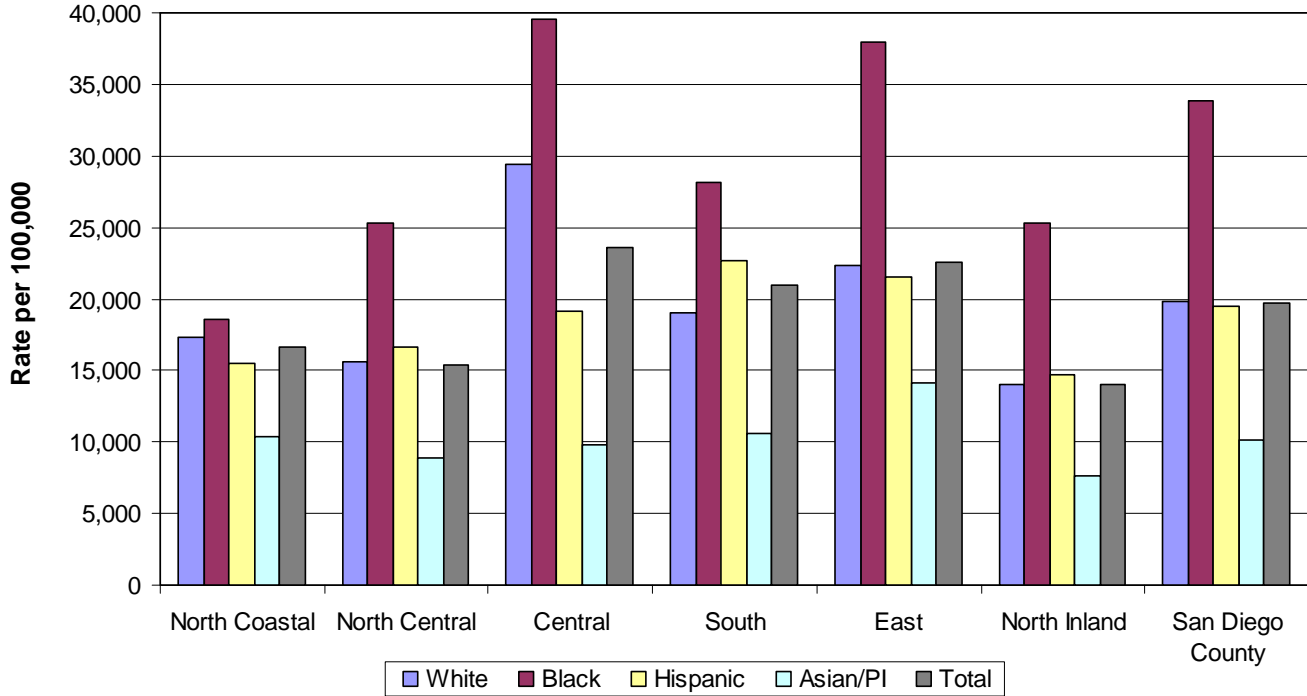
Source: HASD&IC, CHIP, CoSD HHS A PHS EMS, Emergency Department Database, January - December, 2008. Population data: SANDAG, 2008 Estimates. Rates calculated per 100,000 population for all patients. Totals do not include <3% of all civilian ED discharges. San Diego County total includes 40,708 patients with out of county or unknown zip codes and excludes 2 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	52,446	17,276.9	56,993	15,614.3	39,804	29,396.7	22,439	19,001.3	66,610	22,378.1	49,187	14,068.7	312,673	19,780.9
Black	3,638	18,549.9	4,830	25,243.0	26,854	39,580.8	5,774	28,179.6	9,454	37,992.3	3,071	25,294.5	56,199	33,797.0
Hispanic	20,932	15,463.4	12,563	16,673.3	40,682	19,189.2	56,270	22,728.9	21,317	21,543.6	23,504	14,750.4	182,982	19,463.0
Asian/PI	2,717	10,321.4	8,155	8,860.2	6,730	9,745.4	6,478	10,641.1	2,777	14,090.0	4,442	7,603.8	33,203	10,102.6
Total	83,696	16,654.0	88,931	15,383.4	119,125	23,560.4	96,848	20,929.3	104,802	22,521.4	84,846	14,066.0	618,957	19,672.7

Source: HASD&IC, CHIP, CoSD HHS A PHS EMS, Emergency Department Database, January - December, 2008. Population data: SANDAG, 2008 Estimates. Rates calculated per 100,000 population for all patients. Totals do not include <3% of all civilian ED discharges. San Diego County total includes 40,709 patients with out of county or unknown zip codes and 33,900 patients with other or unknown race/ethnicity.

**Figure 15. Rate of ED Discharge by Race/Ethnicity and Region of Residence**



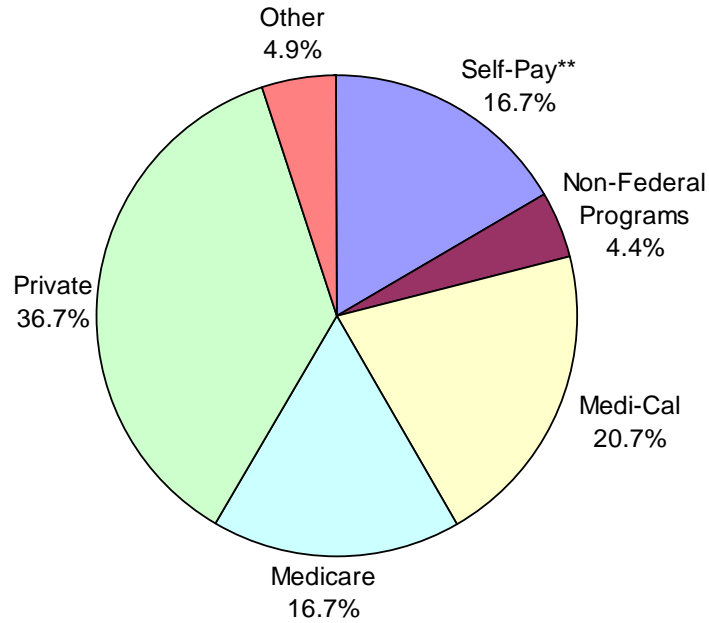
Source: HASD&IC, CHIP, CoSD HHS PHS EMS, Emergency Department Database, January - December, 2008. Population data: SANDAG, 2008 Estimates. Rates calculated per 100,000 population for all patients. Totals do not include <3% of all civilian ED discharges. San Diego County total includes 40,709 patients with out of county or unknown zip codes and 33900 patients with other or unknown race/ethnicity.

**Table 11. Disposition of ED Discharges**

	Number	Percent
Home for self care	574,199	92.8%
Left facility against medical advice	22,997	3.7%
Transfer to another hospital	8,615	1.4%
Discharged to psych hospital or unit	5,232	0.8%
Skilled Nursing Facility	4,140	0.7%
Expired	1,015	0.2%
Other	897	0.1%
Intermediate Care Facility	629	0.1%
Transfer to other inpatient facility	609	0.1%
Home under care of organized home health service org	205	0.0%
Discharged to other rehab facility	103	0.0%
Discharged to federal hospital	101	0.0%
Home with hospice care	79	0.0%
Discharged to long term care	75	0.0%
Discharged to medical facility with hospice care	40	0.0%
Discharged to nursing facility under MediCal, not Medicare	17	0.0%
Discharged to hospital based medicare approved swing bed	0	0.0%
Home under care of home IV provider	0	0.0%
<b>Total</b>	<b>618,953</b>	<b>100.0%</b>

Source: HASD&IC, CHIP, CoSD HHS PHS EMS, Emergency Department Database, January - December, 2008. Total excludes 4 patients with missing disposition. Totals do not include <3% of all civilian ED discharges. Note: ED data do 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 16. ED Discharges by Expected Source of Payment**



Source: HASD&IC, CHIP,CoSD HHS A PHS EMS, Emergency Department Database, January - December, 2008.  
 \*Excludes 2,879 patients with missing payer source. Totals do not include <3% of all civilian ED discharges. Note: Underinsured refers to the sum of self-pay, non-Federal programs, and Medi-Cal. \*\*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 Discharges 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**	12,961	10.5	24,037	25.0	41,919	24.4	21,873	16.0	1814	2.1	102604	16.7
Non-Federal Prog	9,438	7.6	2,846	3.0	6,972	4.1	7,718	5.6	34	0.0	27,008	4.4
Medi-Cal	48,987	39.5	22,803	23.7	31,156	18.1	22,365	16.4	1,978	2.3	127,289	20.7
Medicare	36	0.0	530	0.6	7,817	4.5	17,072	12.5	77,484	88.6	102,939	16.7
Private	47,033	37.9	39,268	40.9	72,932	42.4	61,409	44.9	5,620	6.4	226,262	36.7
Other	5,547	4.5	6,550	6.8	11,062	6.4	6,267	4.6	550	0.6	29,976	4.9
<b>Total</b>	<b>124,002</b>	<b>100.0</b>	<b>96,034</b>	<b>100.0</b>	<b>171,858</b>	<b>100.0</b>	<b>136,704</b>	<b>100.0</b>	<b>87,480</b>	<b>100.0</b>	<b>616,078</b>	<b>100.0</b>

Source: HASD&IC, CHIP,CoSD HHS A PHS EMS, Emergency Department Database, January - December, 2008. Totals do not include <3% of all civilian ED discharges. Total excludes 2,877 patients with missing expected source of payment and 2 with missing age. Note: Underinsured refers to the sum of self-pay, non-Federal programs, and Medi-Cal. \*\*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 13. Number and Percent of ED Discharges 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	46,831	15.0	11,960	21.3	34,101	18.8	3,213	9.7	6,499	19.2	102,604	16.7
Non-Federal Prog	11,045	3.5	2,940	5.2	10,078	5.5	930	2.8	2,015	6.0	27,008	4.4
Medi-Cal	38,481	12.4	17,910	32.0	59,222	32.6	4,190	12.6	7,487	22.2	127,290	20.7
Medicare	70,880	22.8	7,327	13.1	16,310	9.0	5,815	17.5	2,608	7.7	102,940	16.7
Private	129,637	41.6	13,260	23.7	53,490	29.4	16,919	51.0	12,956	38.4	226,262	36.7
Other	14,459	4.6	2,632	4.7	8,610	4.7	2,076	6.3	2,199	6.5	29,976	4.9
<b>Total</b>	<b>311,333</b>	<b>100.0</b>	<b>56,029</b>	<b>100.0</b>	<b>181,811</b>	<b>100.0</b>	<b>33,143</b>	<b>100.0</b>	<b>33,764</b>	<b>100.0</b>	<b>616,080</b>	<b>100.0</b>

Source: HASD&IC, CHIP, CoSD HHS A PHS EMS, Emergency Department Database, January - December, 2008. Totals do not include <3% of all civilian ED discharges. Total excludes 2,877 patients with missing expected source of payment. Note: Underinsured refers to the sum of self-pay, non-Federal programs, and Medi-Cal.

**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	53,943	19.1	48,659	14.6	102,602	16.7
Non-Federal Prog	15,631	5.5	11,376	3.4	27,007	4.4
Medi-Cal	50,434	17.9	76,852	23.0	127,286	20.7
Medicare	43,021	15.2	59,912	17.9	102,933	16.7
Private	104,457	37.0	121,787	36.5	226,244	36.7
Other	14,748	5.2	15,225	4.6	29,973	4.9
<b>Total</b>	<b>282,234</b>	<b>100.0</b>	<b>333,811</b>	<b>100.0</b>	<b>616,045</b>	<b>100.0</b>

Source: HASD&IC, CHIP, CoSD HHS A PHS EMS, Emergency Department Database, January - December, 2008. Totals do not include <3% of all civilian ED discharges. Total excludes 2,877 patients with missing expected source of payment and 40 patients with missing gender. Note: Underinsured refers to the sum of self-pay, non-Federal programs, and Medi-Cal.

**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	12,666	15.2	11,945	13.4	24,670	20.7	13,858	14.3	17,337	16.5	9,902	12.0	8,526	24.1	3,700	71.4
Non-Fed Prgms	1,581	1.9	3,877	4.4	9,848	8.3	4,795	5.0	4,275	4.1	1,859	2.3	670	1.9	103	2.0
Medi-Cal	14,388	17.2	9,102	10.2	34,287	28.8	25,975	26.8	22,048	21.0	17,955	21.8	3,176	9.0	359	6.9
Medicare	16,176	19.4	16,603	18.7	17,271	14.5	14,938	15.4	18,435	17.6	14,726	17.9	4,507	12.7	284	5.5
Private	31,538	37.8	42,243	47.6	29,692	24.9	33,077	34.2	39,035	37.3	33,543	40.7	16,554	46.8	580	11.2
Other	7,186	8.6	5,054	5.7	3,327	2.8	4,189	4.3	3,631	3.5	4,513	5.5	1,918	5.4	158	3.0
<b>Total</b>	<b>83,535</b>	<b>100.0</b>	<b>88,824</b>	<b>100.0</b>	<b>119,095</b>	<b>100.0</b>	<b>96,832</b>	<b>100.0</b>	<b>104,761</b>	<b>100.0</b>	<b>82,498</b>	<b>100.0</b>	<b>35,351</b>	<b>100.0</b>	<b>5,184</b>	<b>100.0</b>

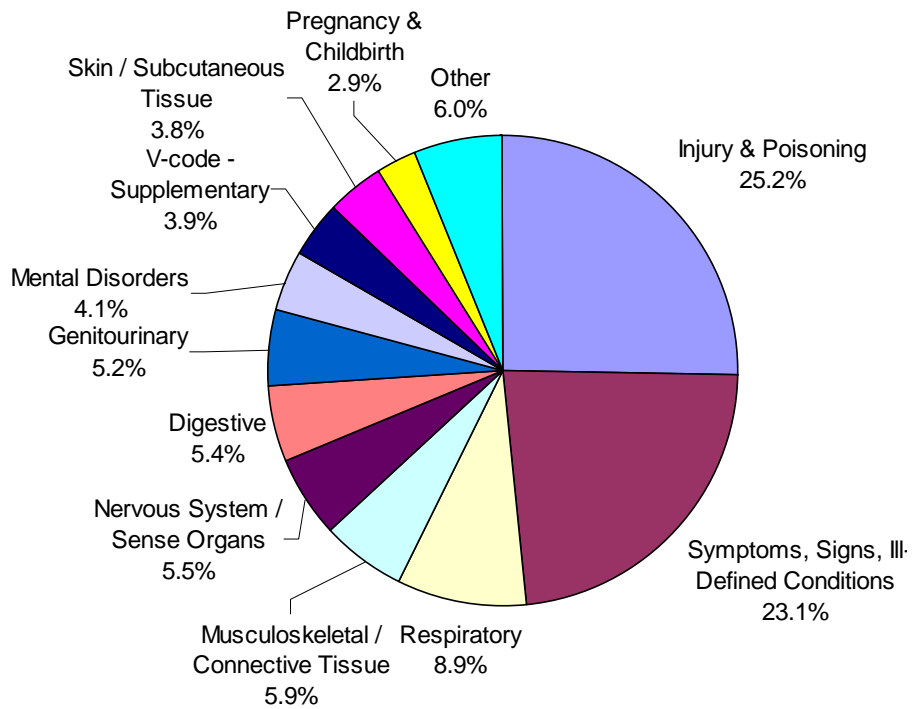
Source: HASD&IC, CHIP, CoSD HHS A PHS EMS, Emergency Department Database, January - December, 2008. Totals do not include <3% of all civilian ED discharges. Note: Underinsured refers to the sum of self-pay, non-Federal programs, and Medi-Cal.

**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
<b>Total</b>	<b>48,001</b>	<b>100.0</b>	<b>10,737</b>	<b>100.0</b>	<b>64,100</b>	<b>100.0</b>	<b>7,690</b>	<b>100.0</b>	<b>13,175</b>	<b>100.0</b>	<b>143,703</b>	<b>100.0</b>

Source: HASD&IC, CHIP, CoSD HHS A PHS EMS, Emergency Department Database, January - December, 2008. Totals do not include <3% of all civilian ED discharges.

**Figure 17. ED Discharges by Principal Diagnosis Category**



Source: HASD&IC, CHIP, CoSD HHS A PHS EMS, Emergency Department Database, January - December, 2008. Totals do not include <3% of all civilian ED discharges. Excludes 419 cases with missing principal diagnosis.

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

Principal Diagnosis	Number	Percent
786 RESPIRATORY SYMPTOMS	32,942	5.3%
789 ABDOMINAL SYMPTOMS	32,703	5.3%
780 GENERAL SYMPTOMS	32,673	5.3%
460-466 ACUTE RESPIRATORY INFECTIONS	28,095	4.5%
840-848 SPRAINS AND STRAINS OF JOINTS AND MUSCLES	26,739	4.3%
920-924 CONTUSION WITH INTACT SKIN SURFACE	21,892	3.5%
590-599 OTHER DISEASES OF URINARY SYSTEM	21,176	3.4%
870-879 OPEN WOUND OF HEAD, NECK, TRUNK	18,531	3.0%
300-316 NEUROTIC, PERSONALITY, OTR NONPSYCH MENTAL DI	18,390	3.0%
720-724 DORSOPATHIES	17,411	2.8%
490-496 COPD AND ALLIED CONDITIONS	16,411	2.7%
784 HEAD AND NECK SYMPTOMS	15,236	2.5%
880-887 OPEN WOUND OF UPPER LIMB	14,251	2.3%
680-686 INFECTIONS OF SKIN AND SUBCUTANEOUS TISSUE	14,103	2.3%
640-648 COMPLICATIONS MAINLY RELATED TO PREGNANCY	13,968	2.3%

Source: HASD&IC, CHIP, CoSD HHS A PHS EMS, Emergency Department Database, January - December, 2008. Totals do not include <3% of all civilian ED discharges. Excludes 419 cases with missing principal diagnosis. Note: The common principal diagnoses listed above are specific diagnosis groups as defined by ICD-9-CM and are subsets of the diagnosis categories.

**Table 18. Number and Percent of ED Discharges by Principal Diagnosis Category 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	2,277	1.8	1,293	1.3	1,702	1.0	1,010	0.7	580	0.7	6,862	1.1
Neoplasms	70	0.1	119	0.1	400	0.2	385	0.3	258	0.3	1,232	0.2
Endocrine, Nutrition, Metabolic	1,109	0.9	829	0.9	2,241	1.3	2,953	2.2	2,934	3.4	10,066	1.6
Diseases of Blood	385	0.3	168	0.2	415	0.2	382	0.3	544	0.6	1,894	0.3
Mental Disorders	745	0.6	4,775	4.9	9,438	5.5	8,479	6.2	2,032	2.3	25,469	4.1
Nervous System / Sense Organs	9,743	7.8	4,086	4.2	10,021	5.8	7,617	5.6	2,717	3.1	34,184	5.5
Circulatory	151	0.1	480	0.5	2,393	1.4	5,103	3.7	7,323	8.4	15,450	2.5
Respiratory	23,090	18.6	7,128	7.4	10,733	6.2	8,533	6.2	5,431	6.2	54,915	8.9
Digestive	6,867	5.5	4,502	4.7	9,609	5.6	7,353	5.4	4,889	5.6	33,220	5.4
Genitourinary	3,303	2.7	6,435	6.7	11,078	6.4	6,813	5.0	4,591	5.2	32,220	5.2
Preg, Childbirth, Puerperi	133	0.1	7,684	8.0	10,215	5.9	82	0.1	0	0.0	18,114	2.9
Skin/Subcutaneous tissue	4,456	3.6	4,246	4.4	7,421	4.3	5,276	3.8	2,044	2.3	23,443	3.8
Musculoskeletal/ Connective Tissue	2,061	1.7	3,809	3.9	12,099	7.0	12,460	9.1	6,305	7.2	36,734	5.9
Congenital Anomalies	515	0.4	57	0.1	61	0.0	35	0.0	14	0.0	682	0.1
Perinatal Conditions	1,183	1.0	5	0.0	15	0.0	8	0.0	1	0.0	1,212	0.2
SSIDC	24,903	20.0	17,548	18.2	38,299	22.1	36,105	26.3	25,968	29.7	142,823	23.1
Injury and Poisoning	40,062	32.2	29,476	30.5	38,859	22.5	28,207	20.6	19,104	21.8	155,708	25.2
V-code - Supplementary	3,289	2.6	3,971	4.1	8,023	4.6	6,308	4.6	2,717	3.1	24,308	3.9
Group Total	124,342	100.0	96,611	100.0	173,022	100.0	137,109	100.0	87,452	100.0	618,536	100.0

Source: HASD&IC, CHIP, CoSD HHS A PHS EMS, Emergency Department Database, January - December, 2008. Population data: SANDAG, 2008 Estimates. Totals do not include <3% of all civilian ED discharges. Total excludes 419 patients with a missing principal diagnosis and 2 patients with missing age. SSIDC refers to Symptoms, Signs and Ill-Defined Conditions.

**Table 19. Number and Rate of ED Discharges 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	2,277	352.4	1,293	266.0	1,702	186.9	1,010	135.1	580	163.1	6,862	218.1
Neoplasms	70	10.8	119	24.5	400	43.9	385	51.5	258	72.6	1,232	39.2
Endocrine, Nutrition, Metabolic	1,109	171.6	829	170.6	2,241	246.0	2,953	395.0	2,934	825.1	10,066	319.9
Diseases of Blood	385	59.6	168	34.6	415	45.6	382	51.1	544	153.0	1,894	60.2
Mental Disorders	745	115.3	4,775	982.5	9,438	1,036.2	8,479	1,134.2	2,032	571.4	25,469	809.5
Nervous System / Sense Organs	9,743	1,507.7	4,086	840.7	10,021	1,100.2	7,617	1,018.9	2,717	764.0	34,184	1,086.5
Circulatory	151	23.4	480	98.8	2,393	262.7	5,103	682.6	7,323	2,059.3	15,450	491.1
Respiratory	23,090	3,573.2	7,128	1,466.6	10,733	1,178.4	8,533	1,141.4	5,431	1,527.2	54,915	1,745.4
Digestive	6,867	1,062.7	4,502	926.3	9,609	1,055.0	7,353	983.5	4,889	1,374.8	33,220	1,055.9
Genitourinary	3,303	511.1	6,435	1,324.0	11,078	1,216.2	6,813	911.3	4,591	1,291.0	32,220	1,024.1
Preg, Childbirth, Puerperi	133	20.6	7,684	1,581.0	10,215	1,121.5	82	11.0	0	-	18,114	575.7
Skin/Subcutaneous tissue	4,456	689.6	4,246	873.6	7,421	814.7	5,276	705.7	2,044	574.8	23,443	745.1
Musculoskeletal/ Connective Tissue	2,061	318.9	3,809	783.7	12,099	1,328.3	12,460	1,666.7	6,305	1,773.0	36,734	1,167.5
Congenital Anomalies	515	79.7	57	11.7	61	6.7	35	4.7	14	3.9	682	21.7
Perinatal Conditions	1,183	183.1	5	1.0	15	1.6	8	1.1	1	*	1,212	38.5
SSIDC	24,903	3,853.7	17,548	3,610.6	38,299	4,204.8	36,105	4,829.4	25,968	7,302.3	142,823	4,539.4
Injury and Poisoning	40,062	6,199.6	29,476	6,064.8	38,859	4,266.3	28,207	3,773.0	19,104	5,372.1	155,708	4,949.0
V-code - Supplementary	3,289	509.0	3,971	817.1	8,023	880.8	6,308	843.8	2,717	764.0	24,308	772.6
<b>Group Total</b>	<b>124,342</b>	<b>19,241.8</b>	<b>96,611</b>	<b>19,878.2</b>	<b>173,022</b>	<b>18,996.0</b>	<b>137,109</b>	<b>18,339.8</b>	<b>87,452</b>	<b>24,591.9</b>	<b>618,536</b>	<b>19,659.3</b>

Source: HASD&IC, CHIP, CoSD HHS A PHS EMS, Emergency Department Database, January - December, 2008. Population data: SANDAG, 2008 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. Total excludes 419 patients with missing principal diagnosis and 2 patients with missing age. SSIDC: Symptoms, Signs and Ill-Defined Conditions.

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

Age Group	Principal Diagnosis		Number	Percent
	Principal Diagnosis	Number		
0-14 Years	460-466 ACUTE RESPIRATORY INFECTIONS	14,930	12.0%	
	780 GENERAL SYMPTOMS	9,859	7.9%	
	870-879 OPEN WOUND OF HEAD, NECK, TRUNK	8,146	6.5%	
	380-389 DISEASES OF EAR AND MASTOID PROCESS	7,094	5.7%	
	810-819 FRACTURE OF UPPER LIMB	5,655	4.5%	
15-24 Years	789 ABDOMINAL SYMPTOMS	6,192	6.4%	
	640-648 COMPLICATIONS MAINLY RELATED TO PREGNANCY	6,166	6.4%	
	840-848 SPRAINS AND STRAINS OF JOINTS AND MUSCLES	6,044	6.2%	
	920-924 CONTUSION WITH INTACT SKIN SURFACE	4,118	4.3%	
	460-466 ACUTE RESPIRATORY INFECTIONS	4,057	4.2%	
25-44 Years	789 ABDOMINAL SYMPTOMS	11,563	6.7%	
	840-848 SPRAINS AND STRAINS OF JOINTS AND MUSCLES	9,500	5.5%	
	786 RESPIRATORY SYMPTOMS	9,269	5.4%	
	640-648 COMPLICATIONS MAINLY RELATED TO PREGNANCY	7,707	4.5%	
	300-316 NEUROTIC, PERSONALITY, OTR NONPSYCH MENTAL DI	6,719	3.9%	
45-64 Years	786 RESPIRATORY SYMPTOMS	11,673	8.5%	
	789 ABDOMINAL SYMPTOMS	7,823	5.7%	
	780 GENERAL SYMPTOMS	6,444	4.7%	
	840-848 SPRAINS AND STRAINS OF JOINTS AND MUSCLES	6,162	4.5%	
	720-724 DORSOPATHIES	6,149	4.5%	
65+ Years	780 GENERAL SYMPTOMS	7,717	8.8%	
	786 RESPIRATORY SYMPTOMS	6,830	7.8%	
	590-599 OTHER DISEASES OF URINARY SYSTEM	3,904	4.5%	
	920-924 CONTUSION WITH INTACT SKIN SURFACE	3,544	4.0%	
	789 ABDOMINAL SYMPTOMS	3,522	4.0%	

Source: HASD&IC, CHIP, CoSD HHS A PHS EMS, Emergency Department Database, January - December, 2008. Note: The common principal diagnoses listed above are specific diagnosis groups as defined by ICD-9-CM and are subsets of the diagnosis categories.

**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	2,843	0.9	809	1.4	2,506	1.4	368	1.1	336	1.0	6,862	1.1
Neoplasms	584	0.2	130	0.2	388	0.2	64	0.2	66	0.2	1,232	0.2
Endocrine, Nutrition, Metabolic	5,089	1.6	1,034	1.8	2,781	1.5	684	2.1	478	1.4	10,066	1.6
Diseases of Blood	865	0.3	271	0.5	546	0.3	120	0.4	92	0.3	1,894	0.3
Mental Disorders	15,907	5.1	2,026	3.6	5,718	3.1	880	2.7	938	2.8	25,469	4.1
Nervous System / Sense Organs	16,509	5.3	3,531	6.3	10,646	5.8	1,566	4.7	1,932	5.7	34,184	5.5
Circulatory	9,594	3.1	1,399	2.5	2,878	1.6	1,016	3.1	563	1.7	15,450	2.5
Respiratory	22,793	7.3	6,118	10.9	19,216	10.5	3,144	9.5	3,644	10.8	54,915	8.9
Digestive	15,643	5.0	2,730	4.9	11,145	6.1	1,828	5.5	1,874	5.5	33,220	5.4
Genitourinary	16,089	5.1	2,679	4.8	9,954	5.4	1,897	5.7	1,602	4.7	32,221	5.2
Preg, Childbirth, Puerperi	5,603	1.8	1,784	3.2	8,853	4.8	984	3.0	891	2.6	18,115	2.9
Skin/Subcutaneous tissue	11,983	3.8	2,330	4.1	6,728	3.7	1,154	3.5	1,248	3.7	23,443	3.8
Musculoskeletal/ Connective Tissue	20,262	6.5	4,500	8.0	8,512	4.7	1,697	5.1	1,763	5.2	36,734	5.9
Congenital Anomalies	171	0.1	33	0.1	344	0.2	42	0.1	92	0.3	682	0.1
Perinatal Conditions	334	0.1	75	0.1	625	0.3	53	0.2	125	0.4	1,212	0.2
SSIDC	72,334	23.1	12,805	22.8	41,180	22.5	8,878	26.8	7,626	22.6	142,823	23.1
Injury and Poisoning	83,052	26.6	11,243	20.0	44,686	24.4	7,631	23.0	9,096	26.9	155,708	25.2
V-code - Supplementary	12,848	4.1	2,675	4.8	6,156	3.4	1,180	3.6	1,449	4.3	24,308	3.9
Group Total	312,503	100.0	56,172	100.0	182,862	100.0	33,186	100.0	33,815	100.0	618,538	100.0

Source: HASD&IC, CHIP, CoSD HHS A PHS EMS, Emergency Department Database, January - December, 2008.  
Population data: SANDAG, 2008 Estimates. Totals do not include <3% of all civilian ED discharges. Total excludes 419 patients with a missing principal diagnosis. SSIDC refers to Symptoms, Signs and Ill-Defined Conditions.

**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	2,843	179.9	809	486.5	2,506	266.6	368	112.0	6,862	218.1
Neoplasms	584	36.9	130	78.2	388	41.3	64	19.5	1,232	39.2
Endocrine, Nutrition, Metabolic	5,089	321.9	1,034	621.8	2,781	295.8	684	208.1	10,066	319.9
Diseases of Blood	865	54.7	271	163.0	546	58.1	120	36.5	1,894	60.2
Mental Disorders	15,907	1,006.3	2,026	1,218.4	5,718	608.2	880	267.8	25,469	809.5
Nervous System / Sense Organs	16,509	1,044.4	3,531	2,123.5	10,646	1,132.4	1,566	476.5	34,184	1,086.5
Circulatory	9,594	607.0	1,399	841.3	2,878	306.1	1,016	309.1	15,450	491.1
Respiratory	22,793	1,442.0	6,118	3,679.2	19,216	2,043.9	3,144	956.6	54,915	1,745.4
Digestive	15,643	989.6	2,730	1,641.8	11,145	1,185.4	1,828	556.2	33,220	1,055.9
Genitourinary	16,089	1,017.8	2,679	1,611.1	9,954	1,058.8	1,897	577.2	32,221	1,024.1
Preg, Childbirth, Puerperi	5,603	354.5	1,784	1,072.9	8,853	941.7	984	299.4	18,115	575.8
Skin/Subcutaneous tissue	11,983	758.1	2,330	1,401.2	6,728	715.6	1,154	351.1	23,443	745.1
Musculoskeletal/ Connective Tissue	20,262	1,281.8	4,500	2,706.2	8,512	905.4	1,697	516.3	36,734	1,167.5
Congenital Anomalies	171	10.8	33	19.8	344	36.6	42	12.8	682	21.7
Perinatal Conditions	334	21.1	75	45.1	625	66.5	53	16.1	1,212	38.5
SSIDC	72,334	4,576.1	12,805	7,700.7	41,180	4,380.1	8,878	2,701.3	142,823	4,539.4
Injury and Poisoning	83,052	5,254.2	11,243	6,761.3	44,686	4,753.1	7,631	2,321.9	155,708	4,949.0
V-code - Supplementary	12,848	812.8	2,675	1,608.7	6,156	654.8	1,180	359.0	24,308	772.6
Group Total	312,503	19,770.1	56,172	33,780.8	182,862	19,450.2	33,186	10,097.5	618,538	19,659.4

Source: HASD&IC, CHIP, CoSD HHS A PHS EMS, Emergency Department Database, January - December, 2008.  
Population data: SANDAG, 2008 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. Total excludes 419 patients with a missing principal diagnosis but includes 33,815 with other or unknown race/ethnicity.

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

	Principal Diagnosis	Number	Percent
<b>White</b>	786 RESPIRATORY SYMPTOMS	17,871	5.7%
	789 ABDOMINAL SYMPTOMS	16,406	5.2%
	780 GENERAL SYMPTOMS	16,275	5.2%
	840-848 SPRAINS AND STRAINS OF JOINTS AND MUSCLES	13,906	4.4%
	920-924 CONTUSION WITH INTACT SKIN SURFACE	11,406	3.6%
<b>Black</b>	786 RESPIRATORY SYMPTOMS	3,441	6.1%
	789 ABDOMINAL SYMPTOMS	2,952	5.3%
	460-466 ACUTE RESPIRATORY INFECTIONS	2,945	5.2%
	840-848 SPRAINS AND STRAINS OF JOINTS AND MUSCLES	2,752	4.9%
	780 GENERAL SYMPTOMS	2,413	4.3%
<b>Hispanic</b>	460-466 ACUTE RESPIRATORY INFECTIONS	10,719	5.9%
	789 ABDOMINAL SYMPTOMS	10,039	5.5%
	780 GENERAL SYMPTOMS	9,675	5.3%
	786 RESPIRATORY SYMPTOMS	7,997	4.4%
	840-848 SPRAINS AND STRAINS OF JOINTS AND MUSCLES	7,180	3.9%
<b>Asian/PI</b>	780 GENERAL SYMPTOMS	2,282	6.9%
	786 RESPIRATORY SYMPTOMS	2,153	6.5%
	789 ABDOMINAL SYMPTOMS	1,735	5.2%
	460-466 ACUTE RESPIRATORY INFECTIONS	1,614	4.9%
	840-848 SPRAINS AND STRAINS OF JOINTS AND MUSCLES	1,490	4.5%
<b>Other/ Unk</b>	460-466 ACUTE RESPIRATORY INFECTIONS	2,252	6.6%
	780 GENERAL SYMPTOMS	2,028	6.0%
	789 ABDOMINAL SYMPTOMS	1,571	4.6%
	786 RESPIRATORY SYMPTOMS	1,480	4.4%
	840-848 SPRAINS AND STRAINS OF JOINTS AND MUSCLES	1,411	4.2%

Source: HASD&IC, CHIP, CoSD HHS A PHS EMS, Emergency Department Database, January - December, 2008. Note: The common principal diagnoses listed above are specific diagnosis groups as defined by ICD-9-CM and are subsets of the diagnosis categories.

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

	Male		Female		Total	
	Number	Percent	Number	Percent	Number	Percent
Infectious & Parasitic	3,232	1.1	3,630	1.1	6,862	1.1
Neoplasms	496	0.2	736	0.2	1,232	0.2
Endocrine, Nutrition, Metabolic	4,878	1.7	5,188	1.5	10,066	1.6
Diseases of Blood	716	0.3	1,178	0.4	1,894	0.3
Mental Disorders	13,294	4.7	12,174	3.6	25,468	4.1
Nervous System / Sense Organs	14,816	5.2	19,368	5.8	34,184	5.5
Circulatory	7,447	2.6	8,003	2.4	15,450	2.5
Respiratory	26,485	9.3	28,427	8.5	54,912	8.9
Digestive	15,070	5.3	18,148	5.4	33,218	5.4
Genitourinary	9,475	3.3	22,745	6.8	32,220	5.2
Preg, Childbirth, Puerperi	0	0.0	18,115	5.4	18,115	2.9
Skin/Subcutaneous tissue	11,853	4.2	11,589	3.5	23,442	3.8
Musculoskeletal/ Connective Tissue	16,151	5.7	20,581	6.1	36,732	5.9
Congenital Anomalies	378	0.1	304	0.1	682	0.1
Perinatal Conditions	657	0.2	555	0.2	1,212	0.2
SSIDC	60,204	21.2	82,705	24.7	142,814	23.1
Injury and Poisoning	85,094	30.0	70,596	21.1	155,690	25.2
V-code - Supplementary	13,253	4.7	11,054	3.3	24,307	3.9
Group Total	283,499	100.0	335,001	100.0	618,500	100.0

Source: HASD&IC, CHIP, CoSD HHS A PHS EMS, Emergency Department Database, January - December, 2008. Population data: SANDAG, 2008 Estimates. Rates calculated per 100,000 population for all patients. Totals do not include <3% of all civilian ED discharges. Total excludes 457 patients with missing principal diagnosis and/or gender. SSIDC refers to Symptoms, Signs and Ill-Defined Conditions.

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

	Male		Female		Total	
	Number	Rate	Number	Rate	Number	Rate
Infectious & Parasitic	3,232	206.0	3,630	230.1	6,862	218.1
Neoplasms	496	31.6	736	46.7	1,232	39.2
Endocrine, Nutrition, Metabolic	4,878	311.0	5,188	328.9	10,066	319.9
Diseases of Blood	716	45.6	1,178	74.7	1,894	60.2
Mental Disorders	13,294	847.4	12,174	771.7	25,468	809.5
Nervous System / Sense Organs	14,816	944.5	19,368	1,227.7	34,184	1,086.5
Circulatory	7,447	474.7	8,003	507.3	15,450	491.1
Respiratory	26,485	1,688.3	28,427	1,802.0	54,912	1,745.3
Digestive	15,070	960.6	18,148	1,150.4	33,218	1,055.8
Genitourinary	9,475	604.0	22,745	1,441.8	32,220	1,024.1
Preg, Childbirth, Puerperi	0	-	18,115	1,148.3	18,115	575.8
Skin/Subcutaneous tissue	11,853	755.6	11,589	734.6	23,442	745.1
Musculoskeletal/ Connective Tissue	16,151	1,029.6	20,581	1,304.6	36,732	1,167.5
Congenital Anomalies	378	24.1	304	19.3	682	21.7
Perinatal Conditions	657	41.9	555	35.2	1,212	38.5
SSIDC	60,204	3,837.7	82,705	5,242.6	142,814	4,539.1
Injury and Poisoning	85,094	5,424.4	70,596	4,475.1	155,690	4,948.4
V-code - Supplementary	13,253	844.8	11,054	700.7	24,307	772.6
Group Total	283,499	18,071.9	335,001	21,235.6	618,500	19,658.2

Source: HASD&IC, CHIP,CoSD HHS A PHS EMS, Emergency Department Database, January - December, 2008. Population data: SANDAG, 2008 Estimates. Rates calculated per 100,000 population for all patients. Totals do not include <3% of all civilian ED discharges. Total excludes 457 patients with missing principal diagnosis and/or gender. SSIDC refers to Symptoms, Signs and Ill-Defined Conditions.

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

	Principal Diagnosis	Number	Percent
<b>Male</b>	780 GENERAL SYMPTOMS	15,184	5.4%
	786 RESPIRATORY SYMPTOMS	14,688	5.2%
	460-466 ACUTE RESPIRATORY INFECTIONS	13,709	4.8%
	840-848 SPRAINS AND STRAINS OF JOINTS AND MUSCLES	12,426	4.4%
	870-879 OPEN WOUND OF HEAD, NECK, TRUNK	12,243	4.3%
<b>Female</b>	789 ABDOMINAL SYMPTOMS	21,320	6.4%
	786 RESPIRATORY SYMPTOMS	18,252	5.4%
	780 GENERAL SYMPTOMS	17,488	5.2%
	590-599 OTHER DISEASES OF URINARY SYSTEM	14,491	4.3%
	460-466 ACUTE RESPIRATORY INFECTIONS	14,384	4.3%

Source: HASD&IC, CHIP,CoSD HHS A PHS EMS, Emergency Department Database, January - December, 2008. Totals do not include <3% of all civilian ED discharges. Note: The common principal diagnoses listed above are specific diagnosis groups as defined by ICD-9-CM and are subsets of the diagnosis categories.

**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	1,106	1.3	836	0.9	1,540	1.3	1,481	1.5	960	0.9	440	0.5	499	1.2
Neoplasms	196	0.2	126	0.1	168	0.1	194	0.2	135	0.1	341	0.4	72	0.2
Endocrine, Nutrition, Metabolic	1,392	1.7	1,455	1.6	2,044	1.7	1,592	1.6	1,423	1.4	1,505	1.8	655	1.6
Diseases of Blood	267	0.3	230	0.3	339	0.3	310	0.3	332	0.3	319	0.4	97	0.2
Mental Disorders	3,679	4.4	3,152	3.5	5,289	4.4	3,207	3.3	4,174	4.0	3,475	4.1	2,493	6.1
Nervous System / Sense Organs	4,210	5.0	4,847	5.5	6,985	5.9	5,577	5.8	5,772	5.5	4,497	5.3	2,296	5.6
Circulatory	2,513	3.0	2,560	2.9	2,449	2.1	2,225	2.3	2,676	2.6	2,250	2.7	777	1.9
Respiratory	7,091	8.5	7,131	8.0	11,448	9.6	9,640	10.0	8,689	8.3	7,672	9.1	3,244	8.0
Digestive	4,431	5.3	4,407	5.0	6,247	5.2	5,894	6.1	5,425	5.2	4,888	5.8	1,928	4.7
Genitourinary	4,199	5.0	4,644	5.2	5,863	4.9	5,646	5.8	5,313	5.1	4,633	5.5	1,923	4.7
Preg, Childbirth, Puerperi	2,325	2.8	1,837	2.1	3,805	3.2	3,919	4.0	2,771	2.6	2,820	3.3	638	1.6
Skin/Subcutaneous tissue	3,108	3.7	3,273	3.7	4,991	4.2	3,751	3.9	3,834	3.7	2,754	3.3	1,732	4.3
Musculoskeletal/ Connective Tissue	4,441	5.3	5,189	5.8	7,872	6.6	5,692	5.9	6,536	6.2	4,635	5.5	2,369	5.8
Congenital Anomalies	48	0.1	103	0.1	181	0.2	109	0.1	84	0.1	129	0.2	28	0.1
Perinatal Conditions	163	0.2	167	0.2	240	0.2	211	0.2	213	0.2	178	0.2	40	0.1
SSIDC	18,601	22.2	21,195	23.8	27,101	22.8	22,315	23.1	26,072	24.9	19,187	22.7	8,352	20.5
Injury and Poisoning	23,522	28.1	23,578	26.5	25,749	21.6	22,109	22.8	26,482	25.3	22,795	26.9	11,473	28.2
V-code - Supplementary	2,382	2.8	4,163	4.7	6,790	5.7	2,925	3.0	3,892	3.7	2,106	2.5	2,050	5.0
Group Total	83,674	100.0	88,893	100.0	119,101	100.0	96,797	100.0	104,783	100.0	84,624	100.0	40,666	100.0

Source: HASD&IC, CHIP, CoSD HHS A PHS EMS, Emergency Department Database, January - December, 2008. Totals do not include <3% of all civilian ED discharges. Region totals exclude 419 patients with a missing principal diagnosis. SSIDC refers to Symptoms, Signs and Ill-Defined Conditions.

**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	1,106	220.1	836	144.6	1,540	304.6	1,481	320.1	960	206.3	440	72.9
Neoplasms	196	39.0	126	21.8	168	33.2	194	41.9	135	29.0	341	56.5
Endocrine, Nutrition, Metabolic	1,392	277.0	1,455	251.7	2,044	404.3	1,592	344.0	1,423	305.8	1,505	249.5
Blood & Blood Forming Organs	267	53.1	230	39.8	339	67.0	310	67.0	332	71.3	319	52.9
Mental Disorders	3,679	732.1	3,152	545.2	5,289	1,046.1	3,207	693.0	4,174	897.0	3,475	576.1
Nervous System/Sense Organs	4,210	837.7	4,847	838.4	6,985	1,381.5	5,577	1,205.2	5,772	1,240.4	4,497	745.5
Circulatory	2,513	500.0	2,560	442.8	2,449	484.4	2,225	480.8	2,676	575.1	2,250	373.0
Respiratory	7,091	1,411.0	7,131	1,233.5	11,448	2,264.2	9,640	2,083.3	8,689	1,867.2	7,672	1,271.9
Digestive	4,431	881.7	4,407	762.3	6,247	1,235.5	5,894	1,273.7	5,425	1,165.8	4,888	810.3
Genitourinary	4,199	835.5	4,644	803.3	5,863	1,159.6	5,646	1,220.1	5,313	1,141.7	4,633	768.1
Pregnancy, Childbirth, Puerperium	2,325	462.6	1,837	317.8	3,805	752.5	3,919	846.9	2,771	595.5	2,820	467.5
Skin/Subcutaneous Tissue	3,108	618.4	3,273	566.2	4,991	987.1	3,751	810.6	3,834	823.9	2,754	456.6
Musculoskeletal/Connective Tissue	4,441	883.7	5,189	897.6	7,872	1,556.9	5,692	1,230.1	6,536	1,404.5	4,635	768.4
Congenital Anomalies	48	9.6	103	17.8	181	35.8	109	23.6	84	18.1	129	21.4
Perinatal Conditions	163	32.4	167	28.9	240	47.5	211	45.6	213	45.8	178	29.5
SSIDC	18,601	3,701.3	21,195	3,666.3	27,101	5,360.0	22,315	4,822.4	26,072	5,602.7	19,187	3,180.9
Injury and Poisoning	23,522	4,680.5	23,578	4,078.5	25,749	5,092.6	22,109	4,777.9	26,482	5,690.8	22,795	3,779.0
V-Code - Supplementary	2,382	474.0	4,163	720.1	6,790	1,342.9	2,925	632.1	3,892	836.4	2,106	349.1
Total	83,674	16,649.6	88,893	15,376.8	119,101	23,555.6	96,797	20,918.3	104,783	22,517.3	84,624	14,029.2

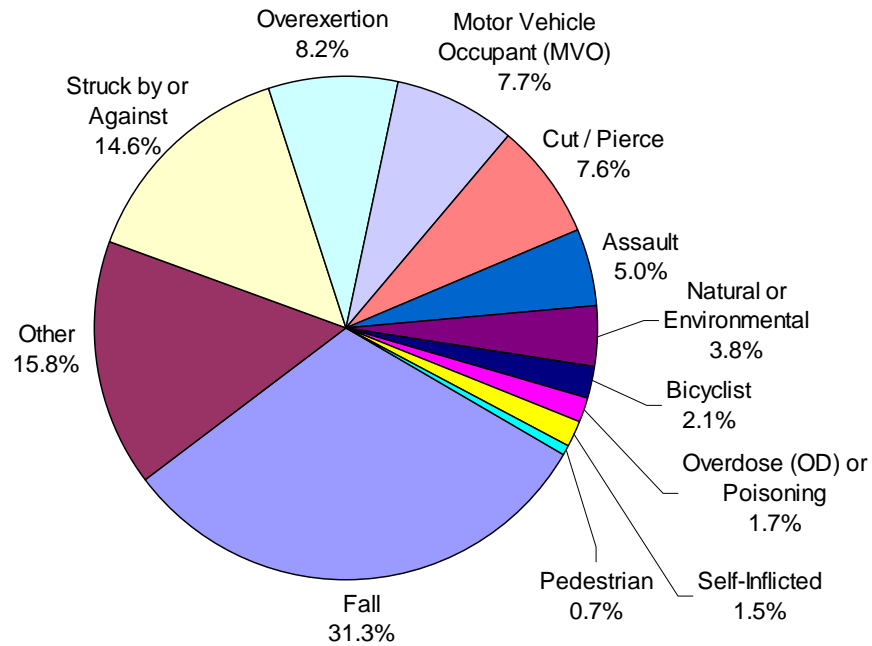
Source: HASD&IC, CHIP, CoSD HHS A PHS EMS, Emergency Department Database, January - December, 2008. Population data: SANDAG, 2008 Estimates. Rates calculated per 100,000 population for all patients. Totals do not include <3% of all civilian ED discharges. Region Totals exclude 419 patients with a missing principal diagnosis. SSIDC refers to Symptoms, Signs and Ill-Defined Conditions.

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

	Principal Diagnosis	Number	Percent
<b>North Coastal Region</b>	780 GENERAL SYMPTOMS	5010	6.0%
	840-848 SPRAINS AND STRAINS OF JOINTS AND MUSCLES	4383	5.2%
	789 ABDOMINAL SYMPTOMS	4366	5.2%
	786 RESPIRATORY SYMPTOMS	3715	4.4%
	460-466 ACUTE RESPIRATORY INFECTIONS	3079	3.7%
<b>North Central Region</b>	786 RESPIRATORY SYMPTOMS	5,152	5.8%
	780 GENERAL SYMPTOMS	4,900	5.5%
	789 ABDOMINAL SYMPTOMS	4,471	5.0%
	460-466 ACUTE RESPIRATORY INFECTIONS	3,856	4.3%
	840-848 SPRAINS AND STRAINS OF JOINTS AND MUSCLES	3,780	4.3%
<b>Central Region</b>	786 RESPIRATORY SYMPTOMS	6,315	5.3%
	789 ABDOMINAL SYMPTOMS	6,272	5.3%
	460-466 ACUTE RESPIRATORY INFECTIONS	5,793	4.9%
	780 GENERAL SYMPTOMS	5,780	4.9%
	840-848 SPRAINS AND STRAINS OF JOINTS AND MUSCLES	4,653	3.9%
<b>South Region</b>	786 RESPIRATORY SYMPTOMS	5,032	5.2%
	789 ABDOMINAL SYMPTOMS	5,000	5.2%
	460-466 ACUTE RESPIRATORY INFECTIONS	4,932	5.1%
	780 GENERAL SYMPTOMS	4,774	4.9%
	840-848 SPRAINS AND STRAINS OF JOINTS AND MUSCLES	3,762	3.9%
<b>East Region</b>	786 RESPIRATORY SYMPTOMS	7,070	6.7%
	789 ABDOMINAL SYMPTOMS	6,225	5.9%
	780 GENERAL SYMPTOMS	5,278	5.0%
	460-466 ACUTE RESPIRATORY INFECTIONS	4,630	4.4%
	840-848 SPRAINS AND STRAINS OF JOINTS AND MUSCLES	4,443	4.2%
<b>North Inland Region</b>	780 GENERAL SYMPTOMS	4,836	5.7%
	789 ABDOMINAL SYMPTOMS	4,566	5.4%
	460-466 ACUTE RESPIRATORY INFECTIONS	4,098	4.8%
	786 RESPIRATORY SYMPTOMS	3,823	4.5%
	840-848 SPRAINS AND STRAINS OF JOINTS AND MUSCLES	3,744	4.4%

Source: HASD&IC, CHIP, CoSD HHS A PHS EMS, Emergency Department Database, January - December, 2008. Totals do not include <3% of all civilian ED discharges. Note: The common principal diagnoses listed above are specific diagnosis groups as defined by ICD-9-CM and are subsets of the diagnosis categories.

**Figure 18. ED Discharges by Principal Mechanism of Injury**



Source: HASD&IC, CHIP, CoSD HHS A PHS EMS, Emergency Department Database, January - December, 2008. Totals do not include <3% of all civilian ED discharges.

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

Principal E-Code	Number	Percent
FALL, OTHER TRIP OR STUMBLE	15,716	9.7%
ACCIDENT FROM OVEREXERTION	11,063	6.9%
STRUCK BY OBJECT / PERSON, OTH	9,551	5.9%
UNSPEC FALL	8,501	5.3%
ACCID CUTTING INSTRUM OTH	6,984	4.3%
ACCIDENT UNSPECIFIED	6,508	4.0%
MVA COLLISION, UNSPEC DRIVER	6,349	3.9%
STRUCK IN SPORTS W/OUT FALL	5,928	3.7%
FALL AGAINST OTHER OBJECT	5,177	3.2%
UNARMED FIGHT OR BRAWL	3,988	2.5%
ACCIDENT, OTHER	3,345	2.1%
OTHER FALL	3,244	2.0%
FALL FR ONE LEVEL TO ANOTHER	3,120	1.9%
FALL ON STAIR OR STEP, OTHER	3,073	1.9%
MVA COLLISION, UNSPEC PASNGR	2,980	1.8%

Source: HASD&IC, CHIP, CoSD HHS A PHS EMS, Emergency Department Database, January - December, 2008. Totals do not include <3% of all civilian ED discharges. Note: The common principal mechanisms of injury listed above are specific mechanisms as defined by ICD-9-CM E-codes and are subsets of the mechanism of injury categories .

**Table 31. Number and Percent of ED Discharges 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	1,871	4.7	2,675	8.6	4,384	10.6	2,558	8.6	760	3.8	12,248	7.6
Fall	16,239	41.1	5,321	17.2	7,390	17.9	8,981	30.1	12,535	63.4	50,466	31.3
MVO	1,079	2.7	3,426	11.1	4,393	10.6	2,667	8.9	896	4.5	12,461	7.7
Bicyclist	1,135	2.9	687	2.2	843	2.0	613	2.1	74	0.4	3,352	2.1
Pedestrian	227	0.6	260	0.8	294	0.7	239	0.8	75	0.4	1,095	0.7
Overexertion	2,195	5.6	2,922	9.4	4,540	11.0	2,789	9.3	851	4.3	13,297	8.2
Struck by/Against	8,401	21.3	5,712	18.5	5,355	13.0	2,849	9.5	1,235	6.3	23,552	14.6
Natural/Environmental	1,628	4.1	1,063	3.4	1,718	4.2	1,260	4.2	472	2.4	6,141	3.8
OD/Poisoning	733	1.9	468	1.5	676	1.6	554	1.9	261	1.3	2,692	1.7
Self-Inflicted	133	0.3	908	2.9	875	2.1	488	1.6	54	0.3	2,458	1.5
Assault	402	1.0	2,935	9.5	3,154	7.6	1,362	4.6	145	0.7	7,998	5.0
Other	5,425	13.7	4,554	14.7	7,641	18.5	5,475	18.4	2,398	12.1	25,493	15.8
Group Total	39,468	100.0	30,931	100.0	41,263	100.0	29,835	100.0	19,756	100.0	161,253	100.0

Source: HASD&IC, CHIP, CoSD HHS PHS EMS, Emergency Department Database, January - December, 2008. Totals do not include <3% of all civilian ED discharges.

**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	1,871	289.5	2,675	550.4	4,384	481.3	2,558	342.2	760	213.7	12,248	389.3
Fall	16,239	2,513.0	5,321	1,094.8	7,390	811.3	8,981	1,201.3	12,535	3,524.9	50,466	1,604.0
MVO	1,079	167.0	3,426	704.9	4,393	482.3	2,667	356.7	896	252.0	12,461	396.1
Bicyclist	1,135	175.6	687	141.4	843	92.6	613	82.0	74	20.8	3,352	106.5
Pedestrian	227	35.1	260	53.5	294	32.3	239	32.0	75	21.1	1,095	34.8
Overexertion	2,195	339.7	2,922	601.2	4,540	498.4	2,789	373.1	851	239.3	13,297	422.6
Struck by/Against	8,401	1,300.0	5,712	1,175.3	5,355	587.9	2,849	381.1	1,235	347.3	23,552	748.6
Natural/Environmental	1,628	251.9	1,063	218.7	1,718	188.6	1,260	168.5	472	132.7	6,141	195.2
OD/Poisoning	733	113.4	468	96.3	676	74.2	554	74.1	261	73.4	2,692	85.6
Self-Inflicted	133	20.6	908	186.8	875	96.1	488	65.3	54	15.2	2,458	78.1
Assault	402	62.2	2,935	603.9	3,154	346.3	1,362	182.2	145	40.8	7,998	254.2
Other	5,425	839.5	4,554	937.0	7,641	838.9	5,475	732.3	2,398	674.3	25,493	810.3
Group Total	39,468	6,107.6	30,931	6,364.2	41,263	4,530.2	29,835	3,990.8	19,756	5,555.5	161,253	5,125.2

Source: HASD&IC, CHIP, CoSD HHS PHS EMS, Emergency Department Database, January - December, 2008. Population data: SANDAG, 2008 Estimates. Rates calculated per 100,000 population for all patients. Totals do not include <3% of all civilian ED discharges.

**Table 33. Number and Percent of the 5 Most Common Mechanisms of Injury by Age Group**

		Principal Injury	Number	Percent
<b>0-14 Years</b>		STRUCK BY OBJ/PERSON OTH	3,197	8.1%
		FALL OTH TRIP STUMBLE	3,145	8.0%
		FALL AGAINST OTH OBJECT	2,438	6.2%
		UNSPEC FALL	2,065	5.2%
		STRUCK IN SPORTS W/O FALL	2,006	5.1%
		Principal Injury	Number	Percent
<b>15-24 Years</b>		ACCID FROM OVEREXERTION	2,449	7.9%
		STRUCK IN SPORTS W/O FALL	2,284	7.4%
		STRUCK BY OBJ/PERSON OTH	1,861	6.0%
		ACCID CUTTING INSTRUM OTH	1,632	5.3%
		UNARMED FIGHT OR BRAWL	1,556	5.0%
		Principal Injury	Number	Percent
<b>25-44 Years</b>		ACCID FROM OVEREXERTION	3,812	9.2%
		MVA COLLISION UNSP DRIVER	2,692	6.5%
		FALL OTH TRIP STUMBLE	2,403	5.8%
		STRUCK BY OBJ/PERSON OTH	2,333	5.7%
		ACCID CUTTING INSTRUM OTH	2,266	5.5%
		Principal Injury	Number	Percent
<b>45-64 Years</b>		FALL OTH TRIP STUMBLE	3,479	11.7%
		ACCID FROM OVEREXERTION	2,340	7.8%
		UNSPEC FALL	1,748	5.9%
		ACCIDENT UNSPEC	1,657	5.6%
		MVA COLLISION UNSP DRIVER	1,631	5.5%
		Principal Injury	Number	Percent
<b>65+ Years</b>		FALL OTH TRIP STUMBLE	5,386	27.3%
		UNSPEC FALL	2,689	13.6%
		FALL AGAINST OTH OBJECT	1,116	5.6%
		ACCIDENT UNSPEC	967	4.9%
		OTH FALL	917	4.6%

Source: HASD&IC, CHIP, CoSD HHS A PHS EMS, Emergency Department Database, January - December, 2008. Note: The common principal mechanisms of injury listed above are specific mechanisms as defined by ICD-9-CM E-codes and are subsets of the mechanism of injury categories.

**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	6,630	7.6	675	5.7	3,608	8.0	657	8.4	12,248	7.6
Fall	28,972	33.3	2,801	23.5	13,644	30.2	2,158	27.5	50,466	31.3
MVO	5,674	6.5	1,294	10.9	3,612	8.0	1,078	13.7	12,461	7.7
Bicyclist	2,092	2.4	130	1.1	842	1.9	109	1.4	3,352	2.1
Pedestrian	483	0.6	112	0.9	353	0.8	65	0.8	1,095	0.7
Overexertion	7,015	8.1	1,126	9.4	3,633	8.0	735	9.4	13,297	8.2
Struck by/Against	12,430	14.3	1,725	14.5	6,808	15.1	1,099	14.0	23,552	14.6
Natural/Environmental	3,530	4.1	351	2.9	1,640	3.6	267	3.4	6,141	3.8
OD/Poisoning	1,528	1.8	172	1.4	724	1.6	118	1.5	2,692	1.7
Self-Inflicted	1,570	1.8	168	1.4	534	1.2	94	1.2	2,458	1.5
Assault	3,676	4.2	1,079	9.1	2,561	5.7	268	3.4	7,998	5.0
Other	13,436	15.4	2,287	19.2	7,198	15.9	1,197	15.3	25,493	15.8
Group Total	87,036	100.0	11,920	100.0	45,157	100.0	7,845	100.0	161,253	100.0

Source: HASD&IC, CHIP, CoSD HHS A PHS EMS, Emergency Department Database, January - December, 2008. Totals do not include <3% of all civilian ED discharges. Total includes 9,295 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	6,630	419.4	675	405.9	3,608	383.8	657	199.9	12,248	389.3
Fall	28,972	1,832.9	2,801	1,684.5	13,644	1,451.3	2,158	656.6	50,466	1,604.0
MVO	5,674	359.0	1,294	778.2	3,612	384.2	1,078	328.0	12,461	396.1
Bicyclist	2,092	132.3	130	78.2	842	89.6	109	33.2	3,352	106.5
Pedestrian	483	30.6	112	67.4	353	37.5	65	19.8	1,095	34.8
Overexertion	7,015	443.8	1,126	677.2	3,633	386.4	735	223.6	13,297	422.6
Struck by/Against	12,430	786.4	1,725	1,037.4	6,808	724.1	1,099	334.4	23,552	748.6
Natural/Environmental	3,530	223.3	351	211.1	1,640	174.4	267	81.2	6,141	195.2
OD/Poisoning	1,528	96.7	172	103.4	724	77.0	118	35.9	2,692	85.6
Self-Inflicted	1,570	99.3	168	101.0	534	56.8	94	28.6	2,458	78.1
Assault	3,676	232.6	1,079	648.9	2,561	272.4	268	81.5	7,998	254.2
Other	13,436	850.0	2,287	1,375.4	7,198	765.6	1,197	364.2	25,493	810.3
Group Total	87,036	5,506.2	11,920	7,168.5	45,157	4,803.2	7,845	2,387.0	161,253	5,125.2

Source: HASD&IC, CHIP, CoSD HHS A PHS EMS, Emergency Department Database, January - December, 2008. Population data: SANDAG, 2008 Estimates. Rates calculated per 100,000 population for all patients. Totals do not include <3% of all civilian ED discharges. Total includes 9,295 patients with other or unknown race/ethnicity.

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

	Principal Injury	Number	Percent
<b>White</b>	FALL OTH TRIP STUMBLE	9,683	11.1%
	ACCID FROM OVEREXERTION	5,870	6.7%
	STRUCK BY OBJ/PERSON OT	5,231	6.0%
	UNSPEC FALL	5,103	5.9%
	ACCID CUTTING INSTRUM OT	3,676	4.2%
<b>Black</b>	ACCID FROM OVEREXERTION	956	8.0%
	FALL OTH TRIP STUMBLE	830	7.0%
	ACCIDENT UNSPEC	710	6.0%
	STRUCK BY OBJ/PERSON OT	678	5.7%
	MVA COLLISION UNSP DRIVER	635	5.3%
<b>Hispanic</b>	FALL OTH TRIP STUMBLE	3,772	8.4%
	ACCID FROM OVEREXERTION	3,007	6.7%
	STRUCK BY OBJ/PERSON OT	2,658	5.9%
	ACCID CUTTING INSTRUM OT	2,135	4.7%
	UNSPEC FALL	2,070	4.6%
<b>Asian/PI</b>	FALL OTH TRIP STUMBLE	621	7.9%
	ACCID FROM OVEREXERTION	591	7.5%
	MVA COLLISION UNSP DRIVER	544	6.9%
	STRUCK BY OBJ/PERSON OT	449	5.7%
	UNSPEC FALL	405	5.2%

Source: HASD&IC, CHIP, CoSD HHS A PHS EMS, Emergency Department Database, January - December, 2008. Note: The common principal mechanisms of injury listed above are specific mechanisms as defined by ICD-9-CM E-codes and are subsets of the mechanism of injury categories .

**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	7,666	8.8	4,582	6.2	12,248	7.6
Fall	24,030	27.5	26,433	35.8	50,463	31.3
MVO	5,205	6.0	7,254	9.8	12,459	7.7
Bicyclist	2,622	3.0	730	1.0	3,352	2.1
Pedestrian	620	0.7	475	0.6	1,095	0.7
Overexertion	6,640	7.6	6,657	9.0	13,297	8.2
Struck by/Against	15,123	17.3	8,424	11.4	23,547	14.6
Natural/Environmental	3,060	3.5	3,080	4.2	6,140	3.8
OD/Poisoning	1,284	1.5	1,407	1.9	2,691	1.7
Self-Inflicted	1,004	1.1	1,454	2.0	2,458	1.5
Assault	5,559	6.4	2,439	3.3	7,998	5.0
Other	14,500	16.6	10,990	14.9	25,490	15.8
Group Total	87,313	100.0	73,925	100.0	161,238	100.0

Source: HASD&IC, CHIP, CoSD HHS A PHS EMS, Emergency Department Database, January - December, 2008. Totals do not include <3% of all civilian ED discharges. Total excludes 15 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	7,666	488.7	4,582	290.5	12,248	389.3
Fall	24,030	1,531.8	26,433	1,675.6	50,463	1,603.9
MVO	5,205	331.8	7,254	459.8	12,459	396.0
Bicyclist	2,622	167.1	730	46.3	3,352	106.5
Pedestrian	620	39.5	475	30.1	1,095	34.8
Overexertion	6,640	423.3	6,657	422.0	13,297	422.6
Struck by/Against	15,123	964.0	8,424	534.0	23,547	748.4
Natural/Environmental	3,060	195.1	3,080	195.2	6,140	195.2
OD/Poisoning	1,284	81.8	1,407	89.2	2,691	85.5
Self-Inflicted	1,004	64.0	1,454	92.2	2,458	78.1
Assault	14,500	924.3	10,990	696.7	25,490	810.2
Other	87,313	5,565.8	73,925	4,686.1	161,238	5,124.7
Group Total	87,313	5,565.8	73,925	4,686.1	161,238	5,124.7

Source: HASD&IC, CHIP, CoSD HHS A PHS EMS, Emergency Department Database, January - December, 2008. Population data: SANDAG, 2008 Estimates. Rates calculated per 100,000 population for all patients. Totals do not include <3% of all civilian ED discharges. Total excludes 15 patients with missing gender.

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

	Principal Injury	Number	Percent
<b>Male</b>	FALL OTH TRIP STUMBLE	5,895	6.8%
	STRUCK BY OBJ/PERSON OT	5,756	6.6%
	ACCID FROM OVEREXERTION	5,587	6.4%
	STRUCK IN SPORTS W/O FALL	4,599	5.3%
	ACCID CUTTING INSTRUM OT	4,426	5.1%
	Principal Injury	Number	Percent
<b>Female</b>	FALL OTH TRIP STUMBLE	9,820	13.3%
	ACCID FROM OVEREXERTION	5,476	7.4%
	UNSPEC FALL	4,648	6.3%
	STRUCK BY OBJ/PERSON OT	3,793	5.1%
	MVA COLLISION UNSP DRIVER	3,729	5.0%

Source: HASD&IC, CHIP, CoSD HHS A PHS EMS, Emergency Department Database, January - December, 2008. Note: The common principal mechanisms of injury listed above are specific mechanisms as defined by ICD-9-CM E-codes and are subsets of the mechanism of injury categories .

**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	1,846	7.9	2,123	8.5	2,127	7.7	1,574	6.9	2,033	7.4	1,735	7.5
Fall	7,693	33.0	8,004	32.2	7,907	28.6	7,216	31.6	8,477	31.1	7,476	32.1
MVO	1,622	7.0	1,754	7.1	2,121	7.7	1,675	7.3	2,105	7.7	2,063	8.9
Bicyclist	529	2.3	691	2.8	535	1.9	354	1.6	522	1.9	492	2.1
Pedestrian	138	0.6	150	0.6	266	1.0	148	0.6	171	0.6	134	0.6
Overexertion	1,979	8.5	1,970	7.9	2,239	8.1	2,060	9.0	2,148	7.9	1,843	7.9
Struck by/Against	3,551	15.2	3,818	15.4	3,624	13.1	3,400	14.9	3,974	14.6	3,494	15.0
Natural/Environmental	366	1.6	434	1.7	464	1.7	390	1.7	490	1.8	394	1.7
OD/Poisoning	367	1.6	288	1.2	388	1.4	295	1.3	632	2.3	373	1.6
Self-Inflicted	893	3.8	918	3.7	2,085	7.6	1,284	5.6	1,329	4.9	810	3.5
Assault	3,330	14.3	3,836	15.4	4,880	17.7	3,598	15.8	4,377	16.0	3,502	15.0
Other	3,330	14.3	3,836	15.4	4,880	17.7	3,598	15.8	4,377	16.0	3,502	15.0
Group Total	23,314	100.0	24,838	100.0	27,609	100.0	22,811	100.0	27,297	100.0	23,277	100.0

Source: HASD&IC, CHIP, CoSD HHS A PHS EMS, Emergency Department Database, January - December, 2008. Totals do not include <3% of all civilian ED discharges. Does not include patients with an out of county or unknown region or residence.

**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	1,846	367.3	2,123	367.2	2,127	420.7	1,574	340.1	2,033	436.9	1,735	287.6
Fall	7,693	1,530.8	8,004	1,384.5	7,907	1,563.8	7,216	1,559.4	8,477	1,821.7	7,476	1,239.4
MVO	1,622	322.7	1,754	303.4	2,121	419.5	1,675	362.0	2,105	452.4	2,063	342.0
Bicyclist	529	105.3	691	119.5	535	105.8	354	76.5	522	112.2	492	81.6
Pedestrian	138	27.5	150	25.9	266	52.6	148	32.0	171	36.7	134	22.2
Overexertion	1,979	393.8	1,970	340.8	2,239	442.8	2,060	445.2	2,148	461.6	1,843	305.5
Overexertion	3,551	706.6	3,818	660.4	3,624	716.7	3,400	734.8	3,974	854.0	3,494	579.2
Struck by/Against	1,000	199.0	852	147.4	973	192.4	817	176.6	1,039	223.3	961	159.3
Natural/Environmental	366	72.8	434	75.1	464	91.8	390	84.3	490	105.3	394	65.3
Self-Inflicted	367	73.0	288	49.8	388	76.7	295	63.8	632	135.8	373	61.8
Assault	893	177.7	918	158.8	2,085	412.4	1,284	277.5	1,329	285.6	810	134.3
Other	3,330	662.6	3,836	663.6	4,880	965.2	3,598	777.5	4,377	940.6	3,502	580.6
Group Total	23,314	4,639.1	24,838	4,296.5	27,609	5,460.5	22,811	4,929.6	27,297	5,866.0	23,277	3,858.9

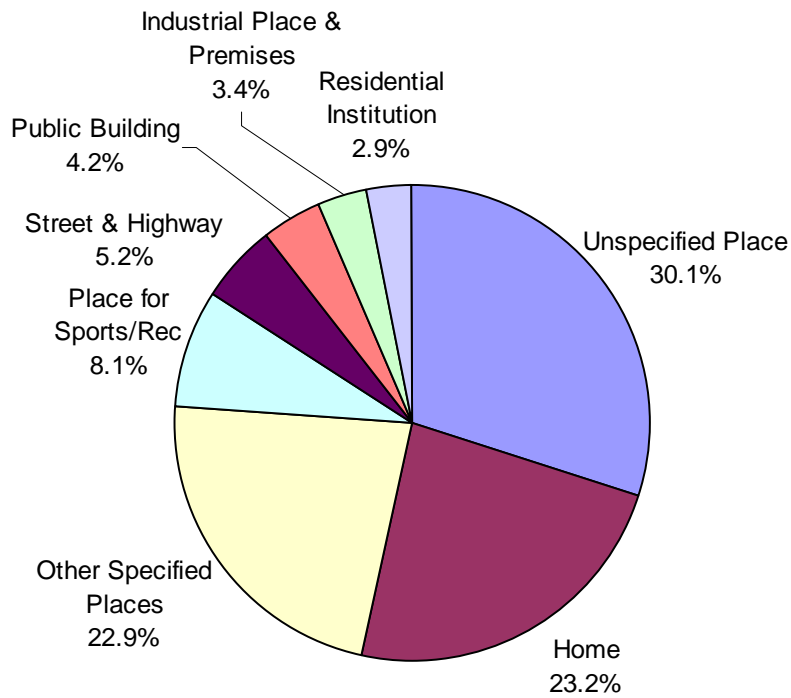
Source: HASD&IC, CHIP, CoSD HHS A PHS EMS, Emergency Department Database, January - December, 2008. Population data: SANDAG, 2008 Estimates. Rates calculated per 100,000 population for all patients. Totals do not include <3% of all civilian ED discharges. Does not include patient with an out of county or unknown region of residence.

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

Region	Principal Injury	Number	Percent
North Coastal Region	FALL OTH TRIP STUMBLE	2633	11.3%
	ACCID FROM OVEREXERTION	1675	7.2%
	STRUCK BY OBJ/PERSON OT	1304	5.6%
	UNSPEC FALL	1050	4.5%
	ACCID CUTTING INSTRUM OT	1037	4.4%
North Central Region	FALL OTH TRIP STUMBLE	2,243	9.0%
	ACCID FROM OVEREXERTION	1,618	6.5%
	UNSPEC FALL	1,588	6.4%
	STRUCK BY OBJ/PERSON OT	1,509	6.1%
	ACCID CUTTING INSTRUM OT	1,186	4.8%
Central Region	FALL OTH TRIP STUMBLE	2,224	8.1%
	ACCID FROM OVEREXERTION	1,884	6.8%
	UNSPEC FALL	1,595	5.8%
	STRUCK BY OBJ/PERSON OT	1,552	5.6%
	ACCIDENT UNSPEC	1,416	5.1%
South Region	FALL OTH TRIP STUMBLE	2,112	9.3%
	ACCID FROM OVEREXERTION	1,705	7.5%
	STRUCK BY OBJ/PERSON OT	1,331	5.8%
	UNSPEC FALL	1,238	5.4%
	ACCIDENT UNSPEC	911	4.0%
East Region	FALL OTH TRIP STUMBLE	2,720	10.0%
	ACCID FROM OVEREXERTION	1,852	6.8%
	STRUCK BY OBJ/PERSON OT	1,484	5.4%
	UNSPEC FALL	1,321	4.8%
	ACCID CUTTING INSTRUM OT	1,161	4.3%
North Inland Region	FALL OTH TRIP STUMBLE	2,617	11.2%
	STRUCK BY OBJ/PERSON OT	1,688	7.3%
	ACCID FROM OVEREXERTION	1,427	6.1%
	UNSPEC FALL	1,152	4.9%
	MVA COLLISION UNSP DRIVER	1,042	4.5%

Source: HASD&IC, CHIP, CoSD HHS A PHS EMS, Emergency Department Database, January - December, 2008. Note: The common principal mechanisms of injury listed above are specific mechanisms as defined by ICD-9-CM E-codes and are subsets of the mechanism of injury categories.

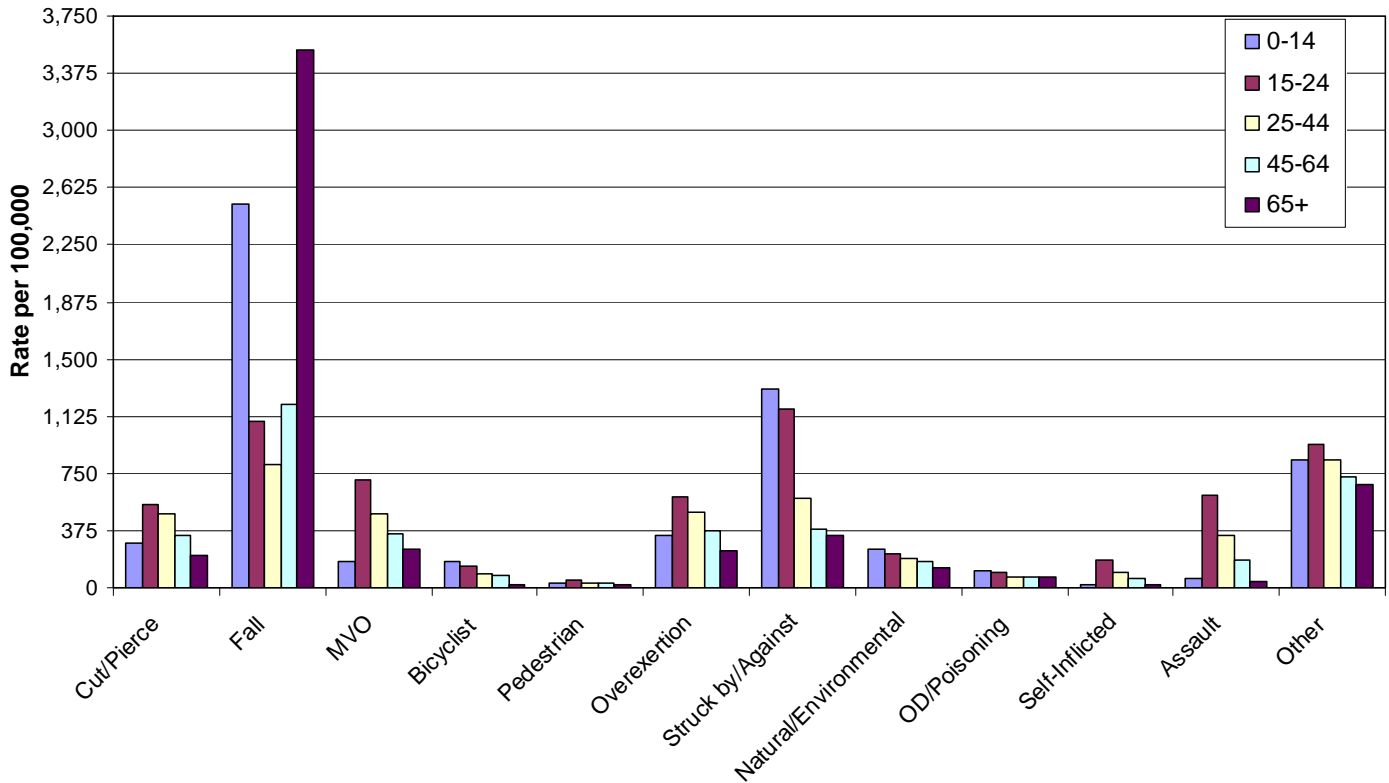
**Figure 19. ED Discharges with a Mechanism of Injury by Location of Injury**



Source: HASD&IC, CHIP, CoSD HHS A PHS EMS, Emergency Department Database, January - December, 2008. Totals do not include <3% of all civilian ED discharges.

### Special Topics - *Elderly Falls*

**Figure 20. Rate of ED Discharges by Principal Mechanism of Injury and Age Group**



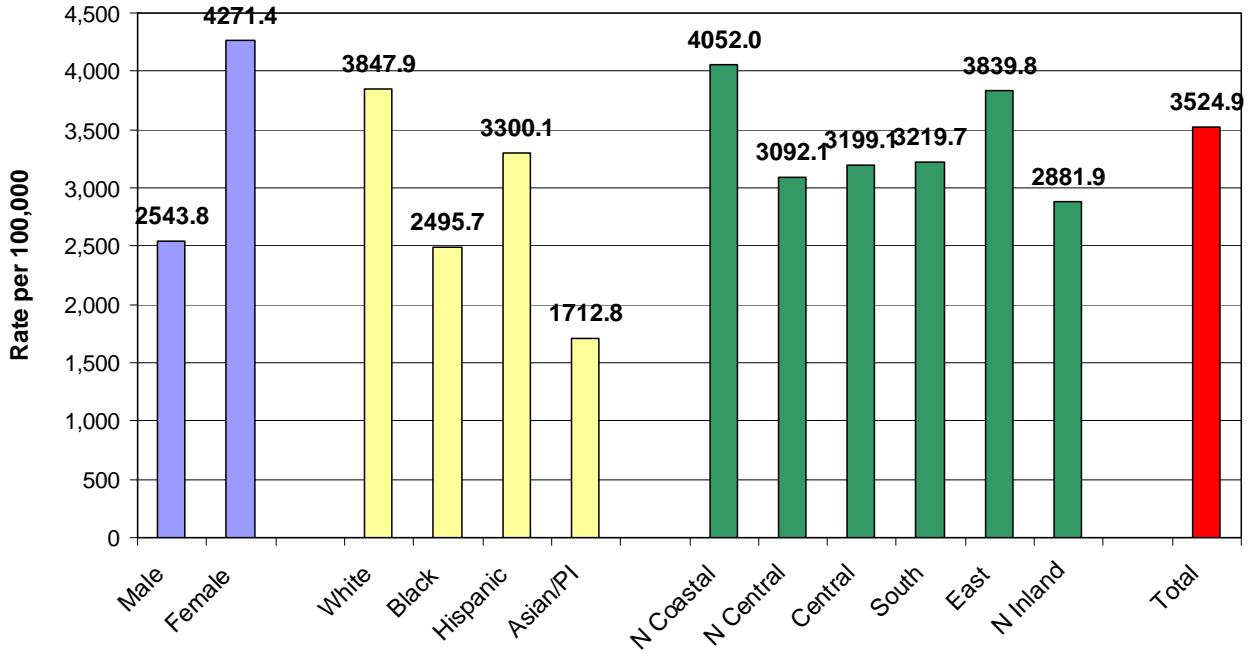
Source: HASD&IC, CHIP, CoSD HHS A PHS EMS, Emergency Department Database, January - December, 2008. Population data: SANDAG, 2008 Estimates. Rates calculated per 100,000 population for all patients. Totals do not include <3% of all civilian ED discharges.

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

Principal Diagnosis	Number	Percent
920-924 CONTUSION WITH INTACT SKIN SURFACE	2,652	21.2%
870-879 OPEN WOUND OF HEAD, NECK, TRUNK	1,797	14.3%
810-819 FRACTURE OF UPPER LIMB	1,442	11.5%
958-959 CERTAIN TRAUMATIC COMPLICATIONS & UNSPEC INJ	1,317	10.5%
840-848 SPRAINS & STRAINS OF JOINTS & MUSCLES	714	5.7%
805-809 FRACTURE OF NECK & TRUNK	650	5.2%
820-829 FRACTURE OF LOWER LIMB	577	4.6%
880-887 OPEN WOUND OF UPPER LIMB	544	4.3%
780 GENERAL SYMPTOMS	455	3.6%
910-919 SUPERFICIAL INJURY	396	3.2%
890-897 OPEN WOUND OF LOWER LIMB	209	1.7%
850-854 INTRACRANIAL INJURY, EXCLUDING SKULL FRACTURE	208	1.7%
720-724 DORSOPATHIES	205	1.6%
710-719 ARTHROPATHIES & RELATED DISORDERS	195	1.6%
830-839 DISLOCATION	183	1.5%

Source: HASD&IC, CHIP, CoSD HHS A PHS EMS, Emergency Department Database, January - December, 2008. Note: The more serious fall-related injuries, such as hip fractures, would have been admitted to the hospital, and are not reflected here. Note: The common principal diagnoses listed above are specific diagnosis groups as defined by ICD-9-CM and are subsets of the diagnosis categories.

**Figure 21. Rate of ED Discharge With a Fall Injury, 65+ Years, by Gender, Race/Ethnicity and Region of Residence**

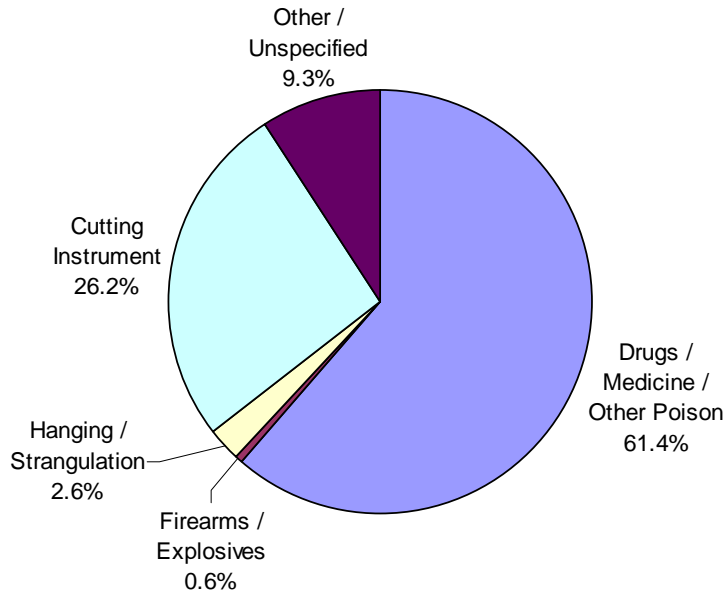


Source: HASD&IC, CHIP, CoSD HHS A PHS EMS, Emergency Department Database, January - December, 2008. Population data: SANDAG, 2008 Estimates. Rates calculated per 100,000 population for all patients. Totals do not include <3% of all civilian ED discharges. Racial/ethnic rates exclude 338 patients with other or unknown race/ethnicity and region rates exclude 709 patients with out of county or unknown region of residence.

**Self-Inflicted Injury**

**Figure 22.**

**ED Discharges for a Self-Inflicted Injury by Principal Mechanism of Injury**



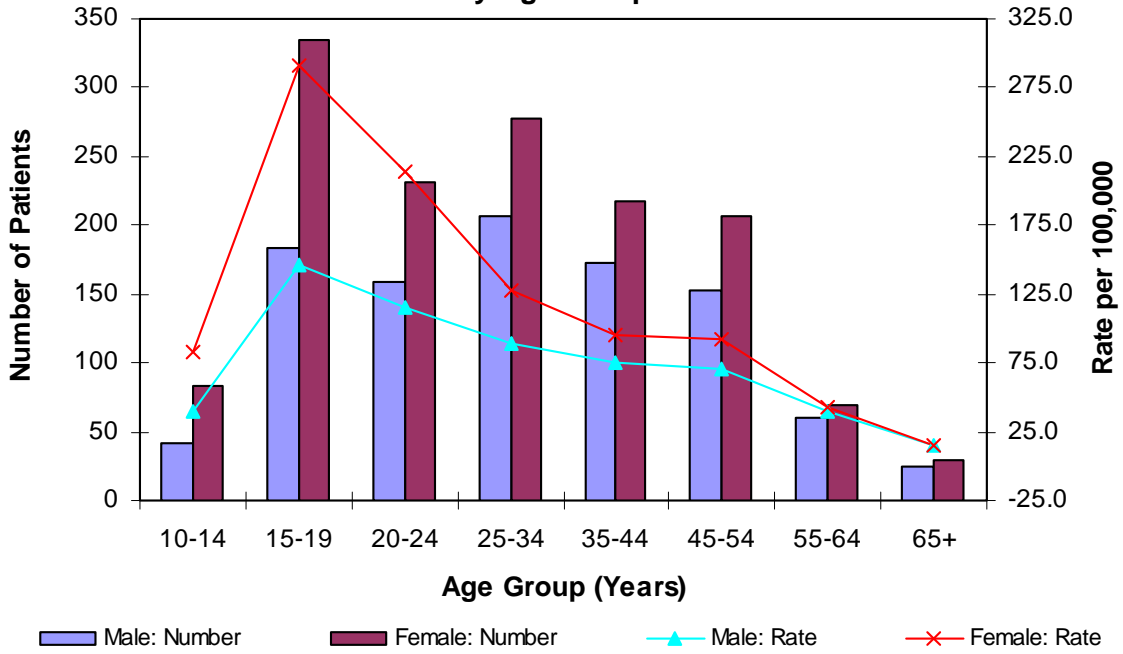
Source: HASD&IC, CHIP, CoSD HHS A PHS EMS, Emergency Department Database, January - December, 2008. Population data: SANDAG, 2008 Estimates. Rates calculated per 100,000 population for all patients. Totals do not include <3% of all civilian ED discharges. Self-Inflicted Injury was identified by selecting 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	41	39.6	84	82.5	125	60.8
15-19	184	146.8	334	290.7	518	215.7
20-24	159	115.6	231	213.2	390	158.6
25-34	207	88.6	277	127.9	484	107.5
35-44	173	75.1	218	94.7	391	84.9
45-54	153	71.2	206	91.8	359	81.7
55-64	60	40.5	69	43.1	129	41.8
65+	24	15.6	30	14.9	54	15.2
<b>Total</b>	<b>1001</b>	<b>74.3</b>	<b>1449</b>	<b>106.7</b>	<b>2450</b>	<b>90.6</b>

Source: HASD&IC, CHIP, CoSD HHS A PHS EMS, Emergency Department Database, January - December, 2008. Population data: SANDAG, 2008 Estimates. Rates calculated per 100,000 population for all patients. Totals do not include <3% of all civilian ED discharges. Self-Inflicted Injury was identified by selecting cases with a principal E-code of 950-959.

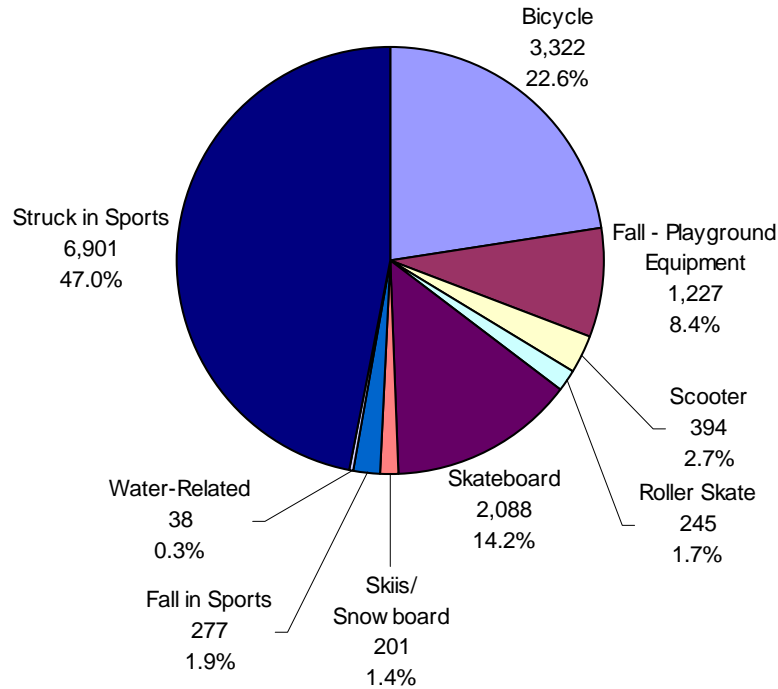
**Figure 23. Number and Rate of ED Discharge with a Self-Inflicted Injury by Age Group and Gender**



Source: HASD&IC, CHIP, CoSD HHS A PHS EMS, Emergency Department Database, January - December, 2008. Population data: SANDAG, 2008 Estimates. Rates calculated per 100,000 population for all patients. Totals do not include <3% of all civilian ED discharges. Self-Inflicted Injury was identified by selecting cases with a principal E-code of 950-959.

**Sports and Recreation Injuries**

**Figure 24. ED Discharges with a Sports or Recreation Related Injury by Principal Mechanism of Injury**



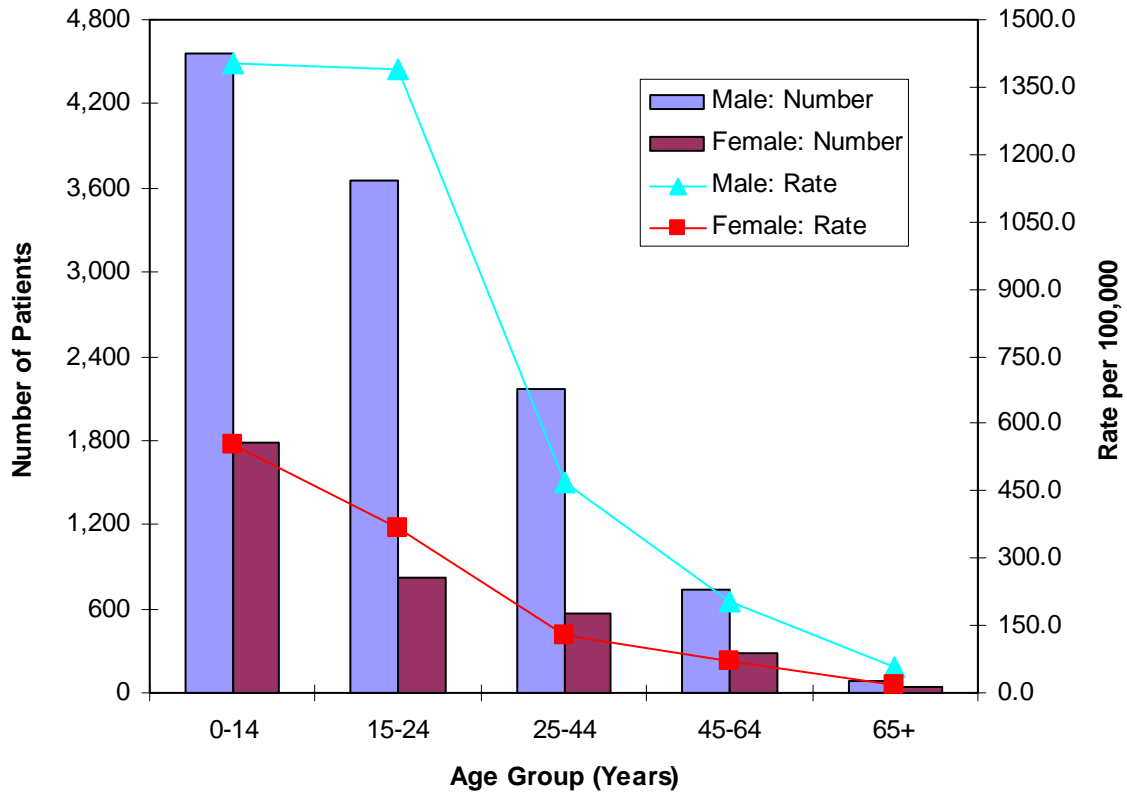
Source: HASD&IC, CHIP, CoSD HHS A PHS EMS, Emergency Department Database, January - December, 2008. Totals do not include <3% of all civilian ED discharges. Sports and Recreation Related Injury was identified by selecting cases with a principal E-code of 813.6, 826, 884.0, 885.0-885.4, 886.0, 910.0-.2, 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
0-14	4,557	1401.4	1,780	554.5	6,338	980.8
15-24	3,649	1388.5	824	369.2	4,473	920.3
25-44	2,172	468.1	569	127.3	2,741	300.9
45-64	732	201.6	280	72.8	1,012	135.4
65+	90	58.6	39	19.3	129	36.3
Total	11,200	714.0	3,492	221.4	14,693	467.0

Source: HASD&IC, CHIP, CoSD HHS A PHS EMS, Emergency Department Database, January - December, 2008. Totals do not include <3% of all civilian ED discharges. 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 1 patient with missing gender.

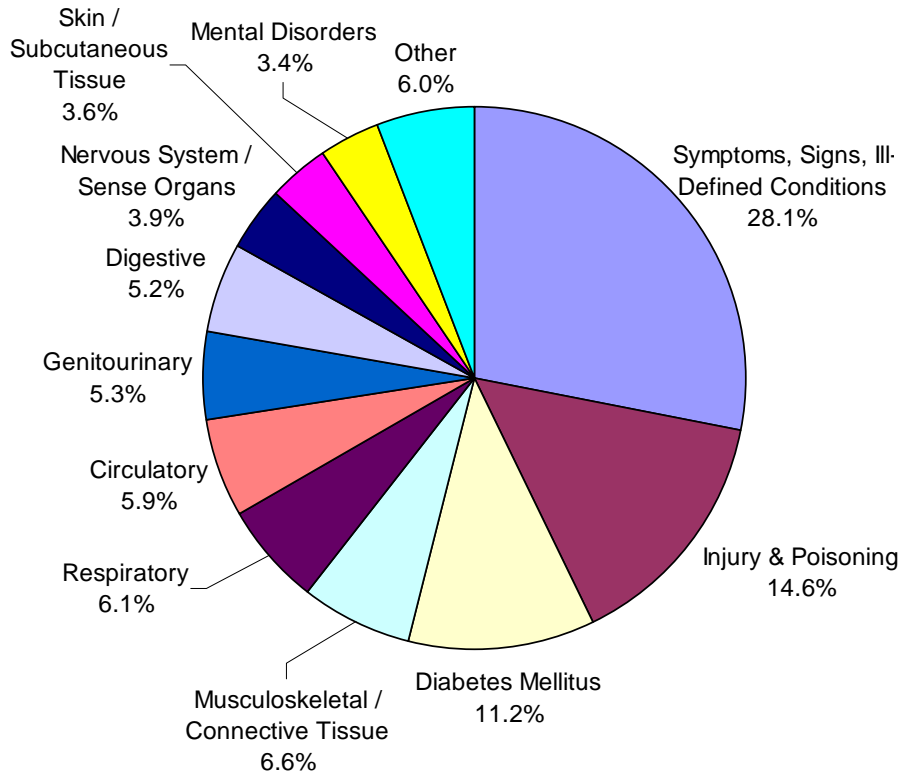
**Figure 25. Number and Rate of ED Discharge With a Sports or Recreation-Related Injury by Age Group and Gender**



Source: HASD&IC, CHIP, CoSD HHS A PHS EMS, Emergency Department Database, January - December, 2008. Population data: SANDAG, 2008 Estimates. Rates calculated per 100,000 population for all patients. Totals do not include <3% of all civilian ED discharges. 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 26. Principal Diagnosis of ED Discharge for Any Diabetes Diagnosis**



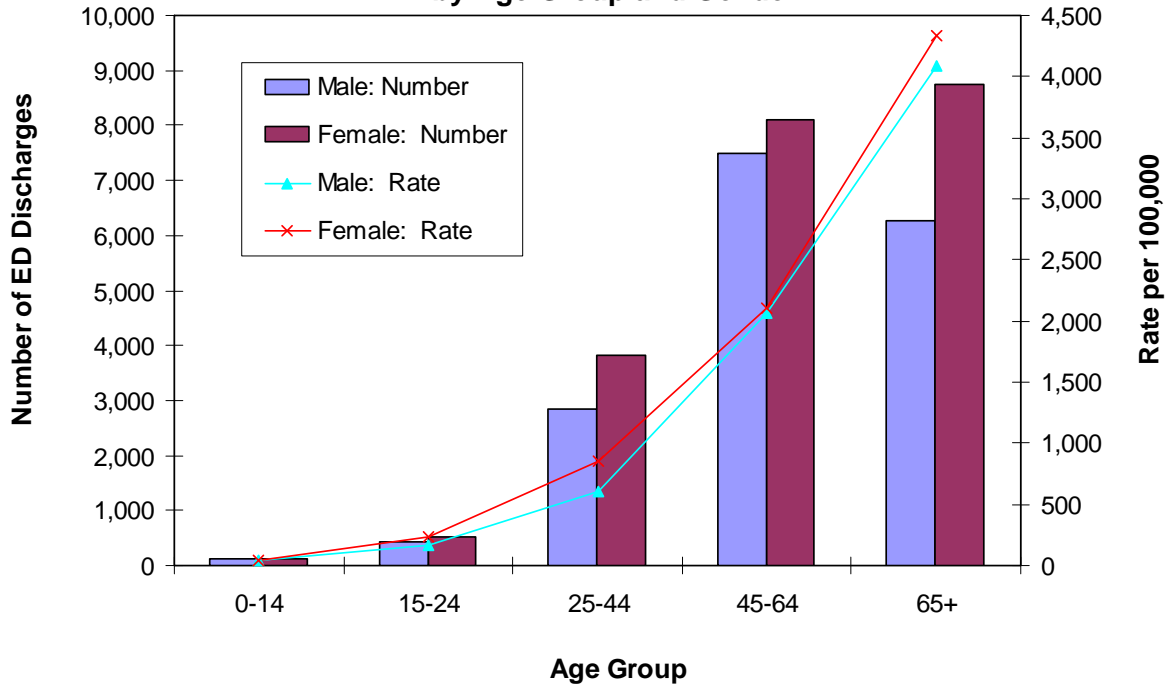
Source: HASD&IC, CHIP,CoSD HHS A PHS EMS, Emergency Department Database, January - December, 2008. Totals do not include <3% of all civilian ED discharges. ED discharges with any diabetes diagnosis are identified by selecting cases with ICD-9-CM 250 in any one of the 25 diagnosis fields.

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

	Male		Female		Total	
	Number	Rate	Number	Rate	Number	Rate
0-14	133	40.9	114	35.5	247	38.2
15-24	437	166.3	515	230.7	952	195.9
25-44	2,836	611.2	3,824	855.7	6,660	731.2
45-64	7,493	2,063.6	8,093	2,104.9	15,586	2,084.8
65+	6,276	4,084.2	8,758	4,336.8	15,034	4,227.6
Total	17,175	1,094.8	21,304	1,350.5	38,479	1,223.0

Source: HASD&IC, CHIP,CoSD HHS A PHS EMS, Emergency Department Database, January – December, 2008. Population data: SANDAG, 2008 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.

**Figure 27. Number and Rate of ED Discharge for Any Diabetes Diagnosis by Age Group and Gender**



Source: HASD&IC, CHIP, CoSD HHS A PHS EMS, Emergency Department Database, January – December, 2008. Population data: SANDAG, 2008 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	1.1%	0.9%	1.0%
25-44	3.8%	3.9%	3.8%
45-64	11.8%	11.0%	11.4%
65+	17.9%	16.7%	17.2%
Total	6.1%	6.4%	6.2%

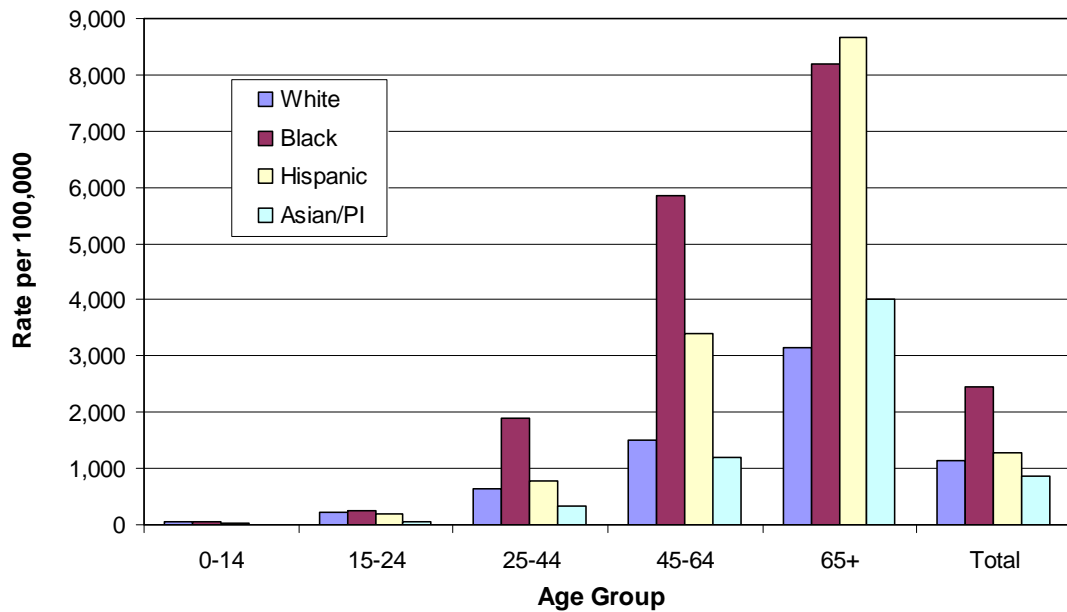
Source: HASD&IC, CHIP, CoSD HHS A PHS EMS, Emergency Department Database, January – December, 2008. ED discharges with any diabetes diagnosis are identified by selecting cases with ICD-9-CM 250 in any one of the 25 diagnosis fields. Percent is calculated by dividing the number of ED discharges with any diabetes diagnosis by the total number of ED discharges within each category.

**Table 48. Number and 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	45.1	16	42.7	88	34.5	7	11.6
15-24	461	224.2	76	243.0	345	193.7	28	61.8
25-44	2,585	638.9	952	1,904.2	2,498	794.1	348	325.8
45-64	6,971	1,497.3	2,105	5,847.4	4,902	3,395.9	972	1,209.5
65+	7,925	3,141.2	944	8,180.2	4,173	8,677.7	1,441	4,019.8
Total	18,056	1,142.3	4,093	2,461.5	12,006	1,277.0	2,796	850.7

Source: HASD&IC, CHIP, CoSD HHS A PHS EMS, Emergency Department Database, January – December, 2008. Population data: SANDAG, 2008 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. 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 28. Rate of ED Discharge for Any Diabetes Diagnosis by Age Group and Race/Ethnicity**



Source: HASD&IC, CHIP, CoSD HHS A PHS EMS, Emergency Department Database, January – December, 2008. Population data: SANDAG, 2008 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.

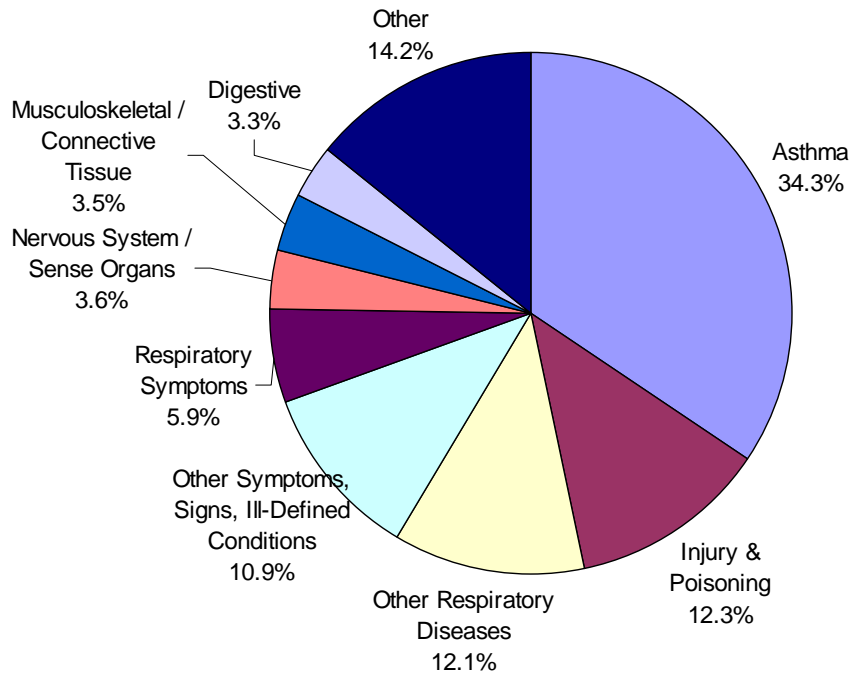
**Table 49. Percent of All ED Discharges for Any Diabetes Diagnosis by Age Group and Race/Ethnicity**

	White	Black	Hispanic	Asian/PI	Other/Unk	Total
0-14	0.3%	0.2%	0.1%	0.1%	0.2%	0.2%
15-24	1.0%	0.8%	1.1%	0.6%	0.8%	1.0%
25-44	3.0%	5.2%	5.0%	3.8%	3.2%	3.8%
45-64	8.4%	14.1%	18.4%	13.1%	11.8%	11.4%
65+	13.1%	23.1%	29.3%	24.1%	21.2%	17.2%
Total	5.8%	7.3%	6.6%	8.4%	4.5%	6.2%

Source: HASD&IC, CHIP, CoSD HHS A PHS EMS, Emergency Department Database, January – December, 2008. 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 29. Principal Diagnosis of ED Discharges for Any Asthma Diagnosis**



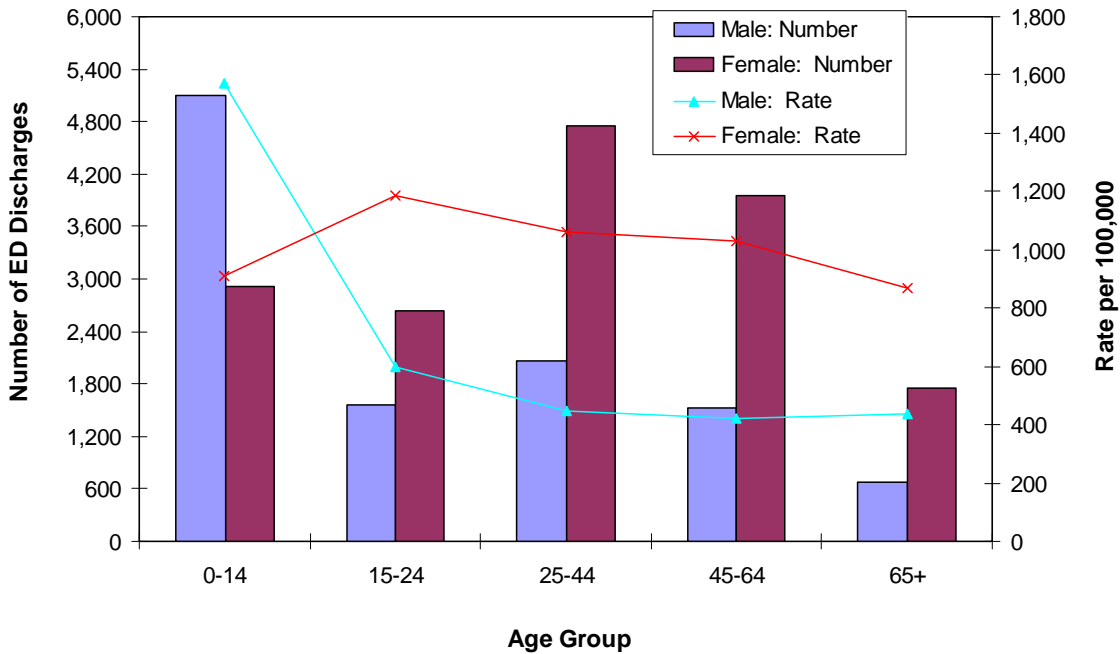
Source: HASD&IC, CHIP, CoSD HHS A PHS EMS, Emergency Department Database, January – December, 2008. ED discharges with any asthma diagnosis are identified by selecting cases with ICD-9-CM 493 in any one of the 25 diagnosis fields.

**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	5,104	1,569.6	2,916	908.3	8,020	1,241.1
15-24	1,567	596.3	2,643	1,184.1	4,211	866.4
25-44	2,072	446.6	4,750	1,063.0	6,824	749.2
45-64	1,522	419.2	3,954	1,028.4	5,476	732.5
65+	673	438.0	1,751	867.1	2,424	681.6
Total	10,938	697.3	16,014	1,015.1	26,955	856.7

Source: HASD&IC, CHIP, CoSD HHS A PHS EMS, Emergency Department Database, January – December, 2008. Population data: SANDAG, 2008 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 30. Number and Rate of ED Discharge With Any Asthma Diagnosis by Age Group and Gender**



Source: HASD&IC, CHIP, CoSD HHS A PHS EMS, Emergency Department Database, January – December, 2008. Population data: SANDAG, 2008 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.

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

	Male	Female	Total
0-14	7.3%	5.3%	6.4%
15-24	3.8%	4.8%	4.4%
25-44	2.8%	4.8%	3.9%
45-64	2.4%	5.4%	4.0%
65+	1.9%	3.3%	2.8%
Total	3.9%	4.8%	4.4%

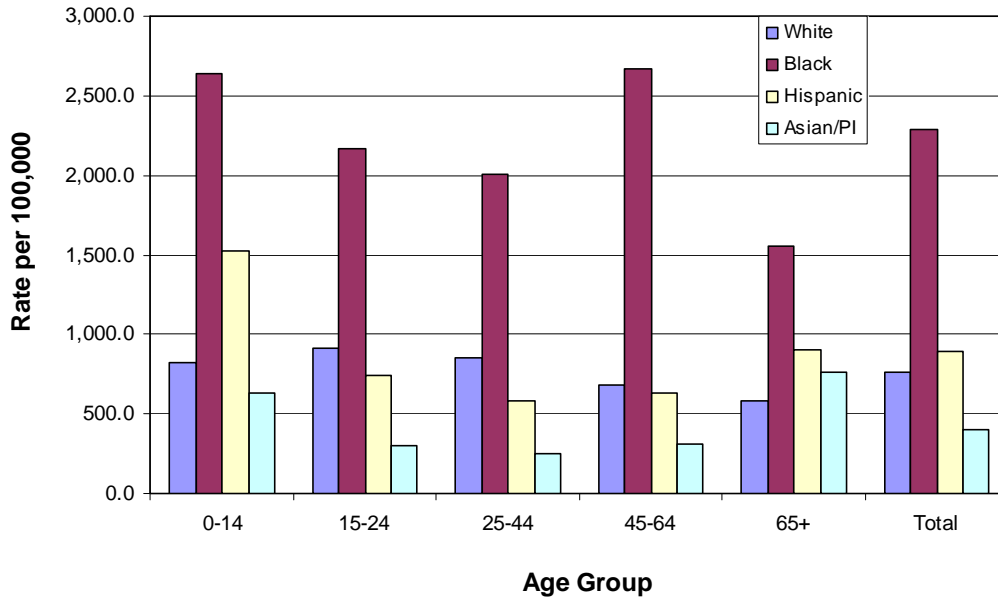
Source: HASD&IC, CHIP,CoSD HHS A PHS EMS, Emergency Department Database, January – December, 2008. ED discharges with any asthma diagnosis are identified by selecting cases with ICD-9-CM 493 in any one of the 25 diagnosis fields. Percent is calculated by dividing the number of ED discharges with any 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	2,090	827.2	989	2,639.2	3,895	1,527.3	380	629.6
15-24	1,875	911.9	677	2,164.5	1,324	743.4	138	304.7
25-44	3,470	857.7	1,005	2,010.2	1,836	583.6	270	252.8
45-64	3,180	683.0	962	2,672.3	912	631.8	251	312.3
65+	1,461	579.1	179	1,551.1	436	906.7	272	758.8
Total	12,076	764.0	3,812	2,292.5	8,403	893.8	1,311	398.9

Source: HASD&IC, CHIP,CoSD HHS A PHS EMS, Emergency Department Database, January – December, 2008. Population data: SANDAG, 2008 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 31. Rate of ED Discharge With Any Asthma Diagnosis by Age Group and Race/Ethnicity**



Source: HASD&IC, CHIP,CoSD HHS A PHS EMS, Emergency Department Database, January – December, 2008. Population data: SANDAG, 2008 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.

**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	5.5%	10.6%	6.5%	6.4%	5.6%	6.4%
15-24	4.2%	7.1%	4.1%	3.0%	3.7%	4.4%
25-44	4.0%	5.5%	3.7%	2.9%	2.8%	3.9%
45-64	3.8%	6.4%	3.4%	3.4%	3.2%	4.0%
65+	2.4%	4.4%	3.1%	4.5%	2.9%	2.8%
Total	3.9%	6.8%	4.6%	3.9%	4.0%	4.4%

Source: HASD&IC, CHIP, CoSD HHS A PHS EMS, Emergency Department Database, January – December, 2008. 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*

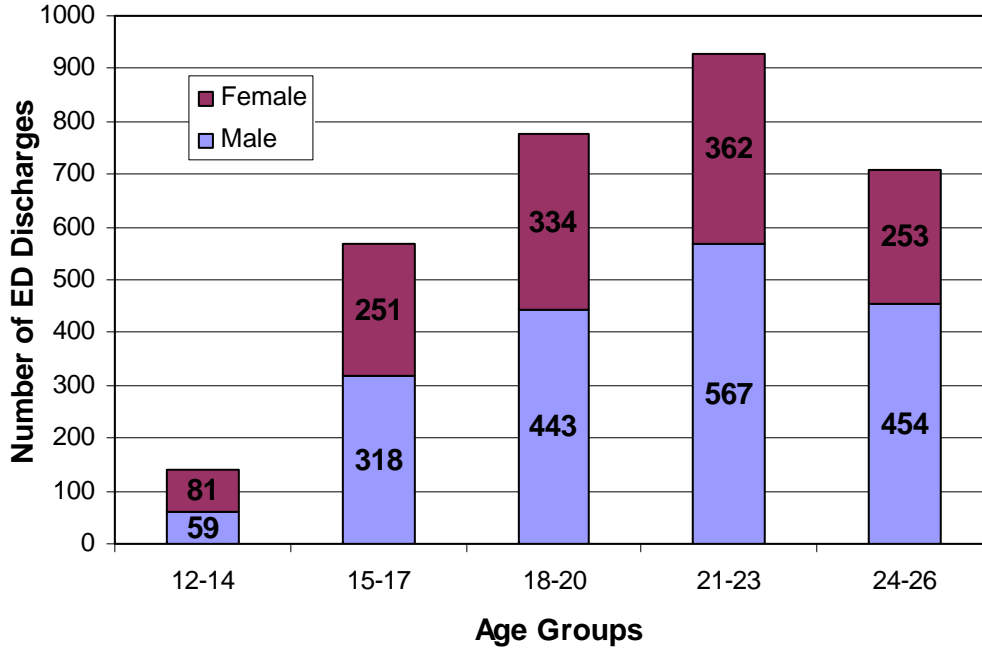
**Table 54. Number and Rate of Drug Mentions Among ED Discharges**

	Number	Rate	Percent of All ED Discharges
<b>Age Group</b>			
0-14	700	108.3	0.6%
15-24	2,955	608.0	3.1%
25-44	5,066	556.2	2.9%
45-64	3,658	489.3	2.7%
65+	485	136.4	0.6%
<b>Sex</b>			
Male	6,901	439.9	2.4%
Female	5,962	377.9	1.8%
<b>Race/Ethnicity</b>			
White	8,069	510.5	2.6%
Black	1,250	751.7	2.2%
Hispanic	2,767	294.3	1.5%
Asian/PI	294	89.5	0.9%
Other/Unknown	484	n/a	1.4%
<b>Total</b>	<b>12,864</b>	<b>408.9</b>	<b>2.1%</b>

Source: HASD&IC, CHIP, CoSD HHS A PHS EMS, Emergency Department Database, January – December, 2008. 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.

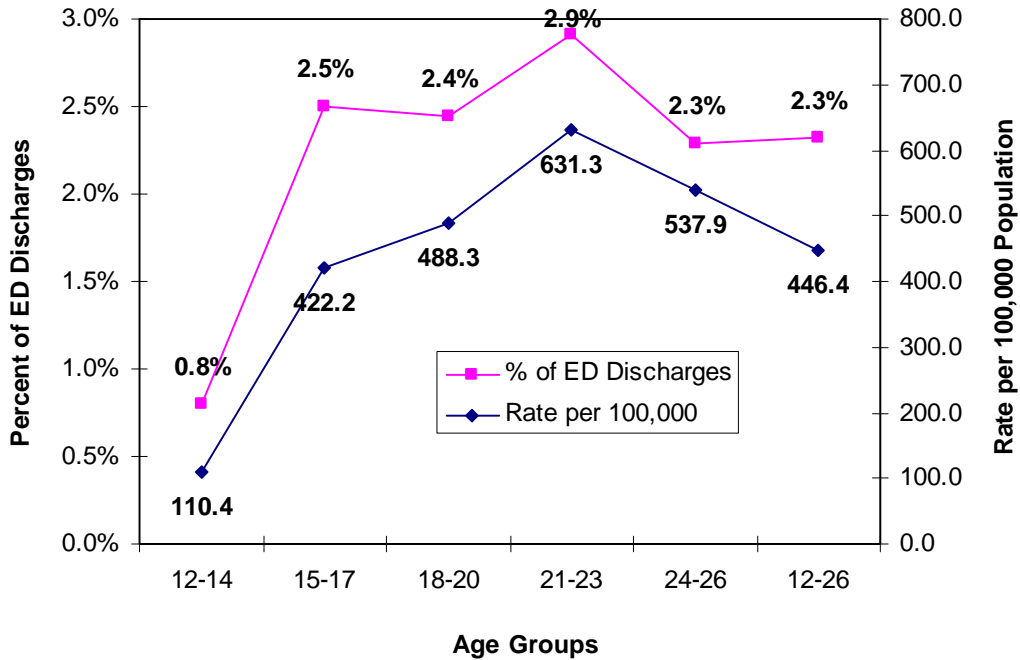
*Alcohol Use/Abuse*

**Figure 32. Number of ED Discharges With A Binge Drinking Diagnosis by Age Group and Sex, 12-26 Years**



Source: HASD&IC, CHIP, CoSD HHSA PHS EMS, Emergency Department Database, January – December, 2007 . Totals do not include <3% of all civilian ED discharges. 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.

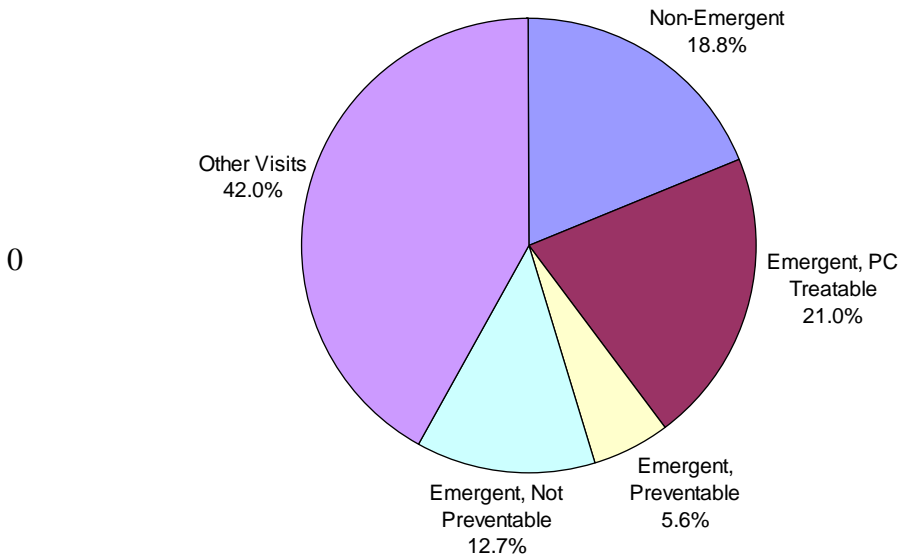
**Figure 33. Percent of All ED Discharges and Rate per 100,000 Population With a Binge Drinking Diagnosis, 12-26 Years, San Diego County, 2007**



Source: HASD&IC, CHIP, CoSD HHS A PHS EMS, Emergency Department Database, January – December, 2007. Totals do not include <3% of all civilian ED discharges. Population data: SANDAG, 2008 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.

***ED Use Profiling Algorithm***

**Figure 34. ED Discharges by Emergent and Non-Emergent Categories**



Source: HASD&IC, CHIP, CoSD HHS A PHS 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
<b>Total</b>	<b>1.48</b>	<b>1.66</b>	<b>0.44</b>	<b>1.00</b>
<b>Age</b>				
0-14	2.32	2.95	1.08	1.00
15-24	1.83	1.89	0.41	1.00
25-44	1.56	1.61	0.34	1.00
45-64	1.24	1.39	0.34	1.00
65+	0.94	1.17	0.34	1.00
<b>Race</b>				
White	1.32	1.48	0.38	1.00
Black	1.91	1.96	0.60	1.00
Hispanic	1.64	1.90	0.51	1.00
Asian/Other	1.45	1.64	0.43	1.00
Unknown	1.66	1.83	0.46	1.00
<b>Gender</b>				
Male	1.36	1.67	0.49	1.00
Female	1.57	1.66	0.40	1.00
<b>Insurance Status</b>				
Self-Pay	1.78	1.88	0.50	1.00
Non-Federal Programs	1.92	2.12	0.77	1.00
Medi-Cal	2.05	2.25	0.65	1.00
Medicare HMO	0.83	1.09	0.33	1.00
Medicare Traditional	1.24	1.38	0.39	1.00
Private HMO	1.22	1.48	0.34	1.00
Private Other	1.36	1.54	0.35	1.00
Workers Compensation	4.20	1.91	0.21	1.00
Other Federal Programs	1.75	1.83	0.46	1.00
Other	1.76	1.77	0.52	1.00
<b>Region</b>				
North Coastal	1.30	1.51	0.42	1.00
North Central	1.38	1.56	0.39	1.00
Central	1.75	1.88	0.54	1.00
South	1.70	1.83	0.48	1.00
East	1.37	1.63	0.39	1.00
North Inland	1.28	1.49	0.39	1.00
Out of County	1.60	1.69	0.45	1.00
Unknown	1.73	1.71	0.42	1.00

Source: HASD&IC, CHIP, CoSD EMS, Emergency Department Database, January – December, 2008. 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.






## **Appendix A**

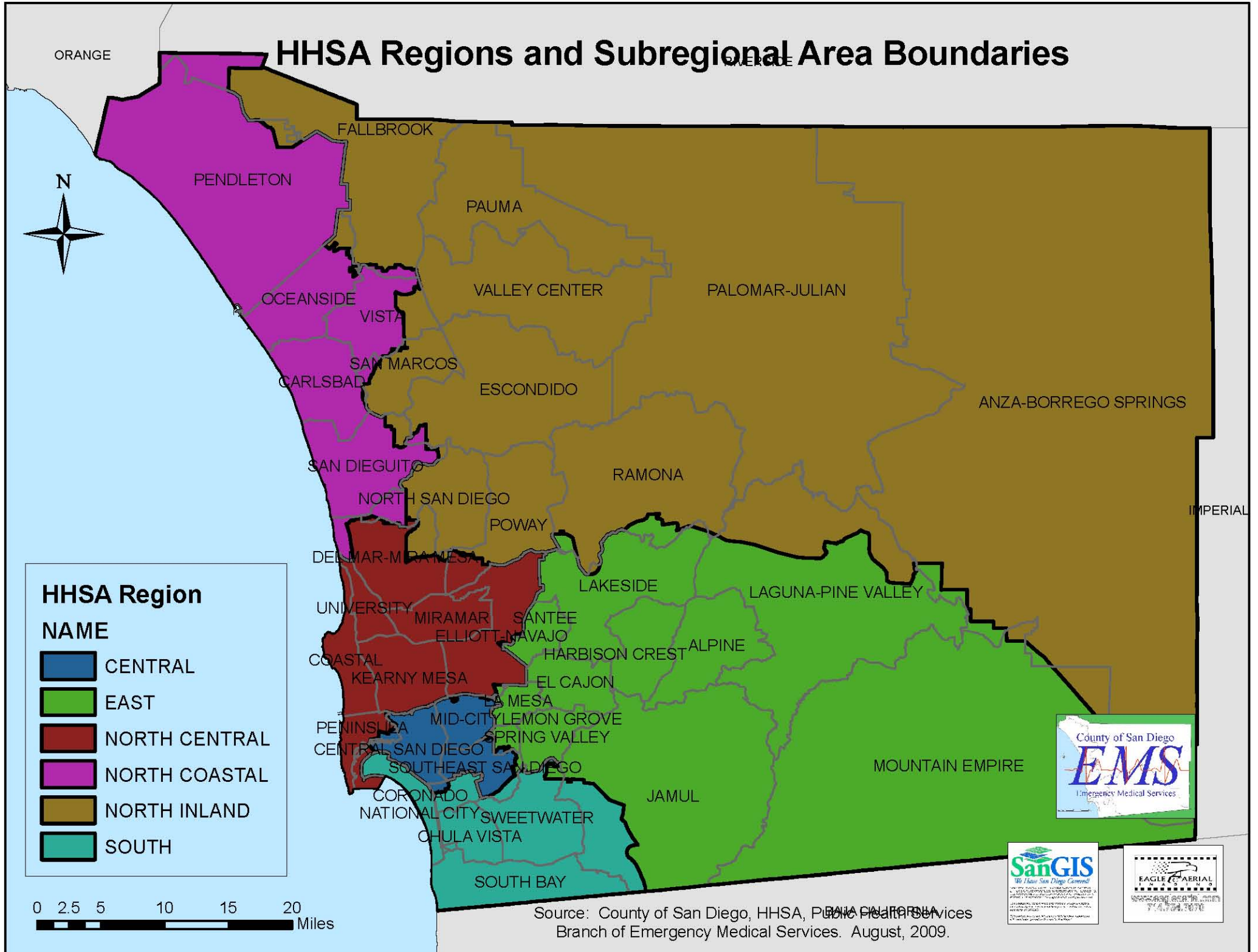
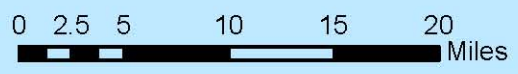
Health and Human Services Regions,  
Subregional Area, and Zip Code Maps

# HHSA Regions and Subregional Area Boundaries



**HHSA Region NAME**

-  CENTRAL
-  EAST
-  NORTH CENTRAL
-  NORTH COASTAL
-  NORTH INLAND
-  SOUTH



Source: County of San Diego, HHSA, Public Health Services Branch of Emergency Medical Services. August, 2009.



## **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
Self-Pay	Self-Pay
Non-Federal Programs	Other non-federal programs
Medi-Cal	Medicaid (Medi-Cal)
Private	HMO, PPO, EPO, POS, Blue Cross/Blue Shield
Medicare	HMO Medicare Rik Medicare part A, part B
Other	CHAMPUS (TRICARE), Title V, Veterans Affairs Plan, Other Federal programs, workers compensation, 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

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## 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.

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