

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, 2006  
Through  
December 31, 2006**

**San Diego County**

**January 2008**

## Introduction

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

**The Emergency Department Discharge Patient Summary is a report describing all patients who are treated and discharged from the participating emergency departments in San Diego County. Emergency department (ED) discharge data, however, does not represent all patients who go to the emergency department. Those patients who were admitted to the hospital from the ED are not included in this database.** The information contained in this database is collected from billing data, so if a patient presents to the ED and is admitted to that same hospital, all information is transferred to the inpatient record and the patient becomes part of the hospital inpatient discharge database. In 2006, 17% of all patients who presented to a San Diego County emergency department were admitted to that hospital.

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

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

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

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

$$\frac{\text{Total ED Discharge Patients Aged 25 to 44 years, April – June 2006}}{\text{(2006 San Diego County Population Ages 25 to 44 years)}} \times 100,000 = \text{Rate per 100,000}$$

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

## Current Projects

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

- *Access to Care for Children Team (ACT)*. The goal of ACT was to locate children in San Diego County who were eligible for Medi-Cal or Healthy Families yet not enrolled. Multiple data sources were used, including ED discharge data. Using GIS mapping technology, ED data were used to verify the estimated number of children who were income eligible, yet uninsured, by zip code of residence in San Diego County. The project was a collaboration between the Health and Human Services Agency (HHSA) and the Community Health Improvement Partners (CHIP) and was presented at the 2007 Annual Meeting of the American Public Health Association.
- *Archstone Foundation Fall Prevention Grant*. 2006 ED discharge data were recently used to provide justification for a grant written by Aging and Independence Services (AIS) and the Fall Prevention Task Force to increase fall prevention efforts in the East Region of San Diego County. AIS received the grant money and is currently working to initiate the project. As part of the proposal, AIS must conduct a fall prevention forum in which ED discharge data will be used in conjunction with other data sources to highlight the need for fall prevention efforts in the East Region.
- *Self-Inflicted Cutting Injuries*. Multiple presentations have been made regarding self-inflicted injuries to the CHIP Violence and Injury Prevention Committee. The high number and rate of cutting injuries were noted and further surveillance was conducted. Subsequently, poster presentations on self-inflicted cutting injuries among ED discharges were made at the 2007 International Conference on Violence, Abuse and Trauma (IVAT), as well as at the 2007 Annual Meeting of the American Public Health Association (APHA).
- *Binge and Underage Drinking Report Card*. ED discharge data are being provided on an annual basis to the County of San Diego Alcohol and Drug Services for the Underage Drinking Initiative. The Binge and Underage Drinking Report Card is a countywide data tracking tool designed to address the issue of youth access to alcohol and underage drinking.
- *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.

- *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.
- *Safe Kids.* 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.
- *San Diego County Asthma Report Card.* The San Diego Regional Asthma Coalition (SDRAC) compiles data from several sources and publishes an annual Asthma Report Card. The purpose of this document is to gain a better understanding of asthma in San Diego County and the areas and populations most in need of asthma-related services. The data presented in this Report Card provide useful information regarding trends and disparities in the San Diego Region. ED data are contributed to monitor trends among ED discharges with a principal diagnosis of asthma.
- *Ongoing Data Requests.* ED data are frequently requested for specific projects, surveillance activities, and grant proposals by individual hospitals as well as county and community organizations. Topics include drug and alcohol use/abuse, mental illness, asthma, diabetes, elderly falls, dental health, unintentional injury, self-inflicted injury and access to care, among others.

## Patient Profile

There were 584,319 patients who were treated and discharged from participating San Diego County emergency departments (EDs) in 2006. For every 100,000 people living in San Diego County, an estimated 19,053 patients were discharged from an emergency department. In other words, people living in San Diego County were treated and discharged from a San Diego County emergency department at a rate of 19,053 per 100,000 population.

## Patient Demographics

The rate of ED discharge was highest among the very young and the very old (Table 1, Figure 1). Approximately one out of every four children ages 0 to 4 years living in San Diego during 2006 were treated and discharged from a San Diego County ED, compared to one out of every eight children ages 5 to 9 years. The annual rate for 0 to 4 year olds was 27,938 per 100,000, but was highest during the months of January, February and December (33,434 per 100,000). This was due in large part to seasonal variations in ED visits for infectious illnesses such as acute respiratory infection, as described later. The rates of ED discharge for other age groups did not differ so noticeably by season. The rate of discharge decreased significantly among patients ages 5 to 9 (13,093 per 100,000), and peaked again among those ages 20-24 (21,674 per 100,000). After remaining fairly stable through ages 55 to 64, the rate increased sharply with age to 33,168 per 100,000 among those ages 85+ years.

The distribution of patients by age group and sex is described in Table 2 and Figure 2. Slightly more than half (54%) of all ED discharges were female. In 2006, approximately one out of every five female residents of San Diego County were discharged from an ED (20,449 per 100,000), compared to about one out of every six male residents (17,655 per 100,000). Males ages 0 to 14 had a slightly higher rate of ED discharge than females of the same age (20,193 vs. 16,191 per 100,000), but females ages 15 to 24 had a considerably higher rate than males of the same age (24,122 vs. 15,740 per 100,000). The rate for females peaked at ages 15 to 24 (24,122 per 100,000) and decreased through ages 45 to 64 (18,533 per 100,000) before increasing again to 25,185 per 100,000 for patients ages 65+ years. The rate of ED discharge for males, however, was relatively stable, increasing only slightly from ages 15 to 24 (15,740 per 100,000) through 45 to 64 years (16,773 per 100,000). The rate then increased steadily to 22,375 per 100,000 for patients ages 65+ years.

As displayed in Figure 3, half of all patients were White (51%), 28% were Hispanic, 9% were Black and 5% were Asian or Hawaiian/Pacific Islander (Asian/PI). Overall, the percentage of White and Hispanic ED discharges was similar to the percentage found in the San Diego County population. However, a higher percentage of ED discharges were Black (9%) than found in the San Diego County population (5%), and a lower percentage of ED discharges were Asian/PI (5%) than found in the population (10%). The distribution of patients by race/ethnicity and age group is described in Figure 4. The proportion of Whites increased with increasing age group, while the proportion of

Hispanics decreased with increasing age group. For comparison, Figure 5 provides a description of the San Diego County population by race/ethnicity and age group.

Table 3 describes the distribution and rates of ED discharge by race/ethnicity and age group. Across all age groups, rates were noticeably higher for Black patients than for any other racial/ethnic group, especially among those ages 45 to 64 (41,567 per 100,000). The rate for Blacks increased with increasing age group through ages 45 to 64 years, after which there was a decrease in rate for patients ages 65+ (34,371 per 100,000). The rate for Whites, however, was highest for patients ages 65+ years (23,028 per 100,000), followed closely by 15 to 24 year-olds (21,298 per 100,000). The rate for Hispanics decreased from ages 0 to 14 (20,959 per 100,000) through ages 25 to 44 (15,804 per 100,000) before increasing again through ages 65+ (28,560 per 100,000). Although rates were lower, the pattern for Asian/PI patients was similar to that of Hispanic patients. Figure 6 gives a good illustration of differences in the patterns of ED discharge by race/ethnicity and age group.

Table 4 and Figure 7 describe the distribution and rates of ED discharge by race/ethnicity and sex. For all categories of race/ethnicity, patients were more likely to be female than male. The difference was most apparent among Black patients. Black females were discharged from the ED at a rate of 39,367 per 100,000 compared to Black males, who were discharged at a rate of 26,714 per 100,000. In other words, for every 100,000 Black females living in San Diego County in 2006, 39,367 were treated and discharged from a San Diego County ED, and for every 100,000 Black males, 26,714 were discharged from a San Diego County ED. However, a higher percentage of all Asian/PI ED discharges were female (58%) than Black (57%), White (53%) or Hispanics (53%).

Tables 5 and 6 describe the frequency and rate of ED discharge by age group and sex within each category of race/ethnicity. Overall, the highest rate occurred among Black females ages 45 to 64 years (47,631 per 100,000). In other words, nearly one out of every two Black females ages 45 to 64 years living in San Diego County during 2006 were discharged from an ED. The lowest rate occurred among Asian/PI males ages 25 to 44 years (6,399 per 100,000).

### **Region of Residence**

Nearly one out of every five ED discharges during 2006 lived in the Central Region (20%) of San Diego County, while 17% lived in the East Region and 16% in the South Region. The rate of ED discharge varied significantly by region. Residents of the Central Region were discharged from an ED at a rate of 23,364 per 100,000 population. The rates were similar for the South (19,840 per 100,000) and East (19,647 per 100,000) Regions, and similar but lower for the North Coastal (15,555 per 100,000), North Inland (15,102 per 100,000) and North Central (14,516 per 100,000) Regions. The distribution and rate of ED discharge by region of residence is described in Table 7 and in Figures 8 and 9. The distribution of patients by subregional area (SRA) of residence (community) is described in Table 8. See Appendix A for a map of the regional and subregional area boundaries.

Table 9 describes the rate of ED discharge within each region of residence by age group. For five of the six Health Service Regions, the annual rate of ED discharge was highest among patients aged 65+ years. The exception was the Central Region, in which 45 to 64 year-olds were discharged at a higher rate (28,329 per 100,000) than 65+ year-olds (27,804 per 100,000). In the South Region, the rate was especially high among 0 to 14 year-olds (21,485 per 100,000), and in the North Central and East Regions, rates were higher for 15 to 24 year olds (18,098 per 100,000 and 21,642 per 100,000) than 0 to 14 year olds. Figure 10 displays the rate of ED discharge by region of residence within each age group. The rate of ED discharge among patients ages 45 to 64 years was considerably higher for residents of the Central Region than for any other.

Table 10 and Figure 11 describe the rate of ED discharge within each region of residence by race/ethnicity. In every region, the rates were highest among Blacks and lowest among Asian/PIs. The rate for Blacks living in the Central and East Regions was especially high (38,188 and 34,780 per 100,000, respectively) when compared to other regions. Overall, the rate for White patients was slightly higher (19,184 per 100,000) than for Hispanic patients (18,700 per 100,000), but in the North Central and South Regions, the rate of ED discharge was higher among Hispanics than Whites.

### **Service Month and Day of Week**

Figures 12 and 13 describe the number of discharges per day by service month and day of week. On average, 1,601 patients were discharged per day. The highest number of ED discharges per day occurred during the Month of July (n=1,723). There were more patients discharged per day on Sundays (n=1,676), Mondays (n=1,675) and Saturdays (n=1,672) than any other day of the week.

### **Patient Disposition**

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

### **Expected Source of Payment**

Figure 14 describes the distribution of ED discharges by expected source of payment. Forty percent of all patients were underinsured: 19% were covered by Medi-Cal, 5% by non-federal programs and 16% were self-pay. Self-pay includes those individuals without health insurance either by choice or circumstance. Nearly 40% of patients were privately insured, and 16% were covered by Medicare. See Appendix B for a description of the categories used to define expected source of payment.

Table 12 describes the distribution of expected source of payment by age group. One-quarter of 15 to 24 year-olds and 23% of 25 to 44 year-olds were self-pay, compared to 14% of 45 to 64 and 11% of 0 to 14 year olds. Children ages 0 to 14 were most often

covered by Medi-Cal (37%). Ninety percent of 65+ and 12% of 45 to 64 year-olds were covered by Medicare.

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 percentage of Blacks and Hispanics were covered by Medi-Cal (31%) than Whites (12%) or Asian/Pis (13%). Similarly, 20% of Hispanics and 19% of Blacks were self-pay, compared to 14% of Whites and 10% of Asian/Pis. On the other hand, half of Asian/Pis (49%) and 44% of Whites were privately insured, while only 29% of Hispanics and 25% of Blacks were covered by private insurance.

As described in Table 14, the distribution of expected source of payment was similar by sex. However, a higher percentage of males (19%) were self-pay than females (14%), while a higher percentage of females (22%) were covered by Medi-Cal than males (16%).

Table 15 shows that regional differences in expected source of payment were also apparent. A higher percentage of patients living in the North Coastal or North Central Regions were self-pay (17%, 12%) than covered by Medi-Cal (15% and 10%), while residents of the Central, South, East, or North Inland Regions were more often covered by Medi-Cal than self-pay. A relatively high percentage of patients living in the Central Region (9%) were covered by non-federal programs. Nearly half of all patients living in the North Central Region were privately insured, compared to just one-quarter of those living in the Central Region.

As shown in Table 16, one-third of all children less than 18 years of age discharged from a San Diego County ED were covered by Medi-Cal. However, the distribution of expected source of payment varied greatly by race/ethnicity. Just 20% of White children were covered by Medi-Cal and two-thirds were privately insured. By comparison, nearly half of Black and Hispanic children were covered by Medi-Cal, and slightly more than one-fourth were 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. The distribution of patients by diagnosis category is described in Figure 15. More than one-quarter (26%) of all principal diagnoses were for an injury or poisoning, and 22% were for symptoms, signs, and ill-defined conditions, which includes symptoms, signs, abnormal results of laboratory or other investigative procedures, and ill-defined conditions with no diagnosis classifiable elsewhere. On average for 2006, 8.4% of all principal diagnoses were for respiratory diseases. Compared to other categories, respiratory diseases showed the most seasonal variation. Roughly 11% of diagnoses during the winter months were for respiratory diseases, compared to 6% during the summer months.



Table 17 lists the fifteen most common primary diagnoses. The top three most common diagnoses fell into the “symptoms, signs, and ill-defined conditions” category. General symptoms (5.1%) included altered consciousness, hallucinations, syncope, convulsions, dizziness, sleep disturbances, fever, and general malaise and fatigue. Abdominal symptoms (5.0%) refer to abdominal tenderness or pain, which was otherwise unclassifiable. Respiratory symptoms (4.9%) represent undiagnosed wheezing, cough, painful respiration, and other discomfort in the chest. Sprains and strains of joints and muscles was the fourth most common diagnosis group (4.5%), followed by acute respiratory infections (4.2%) which include the common cold, sore throat, tonsillitis, laryngitis, and acute bronchitis, and contusions with intact skin (3.7%). ED diagnoses of other diseases of the urinary system (3.4%) were mainly kidney stones, kidney infections, urinary tract infections, and cystitis, and dorsopathies (2.9%) refer to disorders of the back and cervical region. Neurotic, personality and other nonpsychotic mental disorders (2.6%) included neurotic disorders, non-dependent abuse of drugs, and other depressive disorders. Chronic obstructive pulmonary disease (COPD) and allied conditions (2.5%) refer to diagnoses of asthma, chronic bronchitis, emphysema, and other chronic obstructive lung diseases, and head and neck symptoms (2.3%) 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. Seventeen percent of all ED discharges among children ages 0 to 17 years were for a respiratory disease. The rate of ED discharge with a respiratory principal diagnosis was 3,162 per 100,000 among 0 to 14 year-olds, which was more than double the rate for any other age group. Among 15 to 24 year old patients, the overall rate for pregnancy and childbirth was noticeably high (1,445 per 100,000). When considering that all patients falling into this category were female, the rate of ED discharge was even higher at 3,108 per 100,000, nearly as high as the rate for symptoms, signs, and ill-defined conditions in this age group. 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 primary 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 aged 25 to 44 and 45 to 64 years were discharged from the ED with musculoskeletal or connective tissue disorders at rates of 1,367 per 100,000 and 1,663 per 100,000, respectively, and 65+ year olds were discharged with a circulatory disease diagnosis at a rate of 2,067 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. These rates should not be interpreted as more illness or injury, but as more use of the ED for illness and injury. Compared to 8% of all ED discharges regardless of race, 11% of all Blacks discharged from the ED had a respiratory diagnosis, at a rate of 3,518 per 100,000 population. Compared to other racial/ethnic categories, Blacks were also more often diagnosed with musculoskeletal or connective tissue disorders (2,592 per 100,000) and diseases of the

nervous system or sense organs (1,811 per 100,000). Among Whites, nearly 30% of all diagnoses fell into the injury and poisoning category, followed by 22% in the symptoms, signs and ill-defined conditions category. Whites were discharged from the ED with a respiratory disease at a rate of 1,336 per 100,000. Hispanics and Asian/PIs were discharged with respiratory diseases (1,785 per 100,000 and 831 per 100,000) and digestive diseases (1,135 per 100,000 and 561 per 100,000) at relatively high rates 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 the principal diagnoses by sex. Males were diagnosed with an injury or poisoning (5,525 per 100,000) at a higher rate than females. Females were diagnosed with notably higher rates of symptoms, signs and ill-defined conditions (4,874 per 100,000), nervous system/sense organ (1,066 per 100,000), genitourinary (1,352 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 1,051 per 100,000. Table 26 describes the top five most common diagnoses by sex in further detail.

Tables 27 and 28 describe the principal diagnoses by region of residence. The highest rates of ED discharge for infectious and parasitic diseases occurred among residents of the Central (378 per 100,000 population) and South (342 per 100,000) Regions, while the lowest rate occurred among residents of the North Inland (84 per 100,000) Region. Rates of ED discharge for respiratory diseases were highest in the Central Region (2,180 per 100,000). Table 29 describes the top five most common diagnoses by region of residence in further detail. See Appendix C for a detailed description of each diagnosis category.

### **Mechanism of Injury**

A principal external cause of injury code (E-code) was reported for 165,781 patients discharged from the ED (28%), at a rate of 5,405 per 100,000 population. As seen in Figure 16, falls were the most common mechanism of injury (26%). Eleven percent of injured patients were unintentionally struck by an object or person, 9% were injured due to overexertion, and 9% suffered motor vehicle occupant injuries. The “other” category includes burns and scalds, injuries due to environmental causes, and other miscellaneous injury types (16%). 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 described in greater detail in Table 30.

Tables 31 and 32 describe the principal mechanisms of injury by age group. While the highest rates of ED discharge overall occurred among 0 to 14 and 65+ year olds, the highest rates of discharge for an injury occurred among 15 to 24 year olds (6,818 per 100,000). The most common mechanism of injury among this age group was motor vehicle crashes (872 per 100,000), followed by falls (847 per 100,000), sports and recreational activities (751 per 100,000), and being unintentionally struck by an object or person (709 per 100,000). Children ages 0 to 14 years were injured significantly more often due to falls (1,999 per 100,000) than any other mechanism, the closest being struck

unintentionally by an object or person (994 per 100,000). This was even more apparent in patients 65+ years of age, with more than 57% of all injuries being due to a fall. For every 100,000 people 65+ years of age in the population, 3,277 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, Black patients had the highest rates of discharge from the ED with an injury overall (7,314 per 100,000). However, white patients had higher rates of motorcycle (54 per 100,000), pedalcycle (123 per 100,000), sports and recreational (411 per 100,000), and fall injuries (1,589 per 100,000) than any other racial/ethnic group. Black patients had higher rates of motor vehicle crash (813 per 100,000), other vehicle crash (137 per 100,000), pedestrian (50 per 100,000), assault (618 per 100,000), unintentional OD/poisoning (332 per 100,000), unintentional strike by object/person (776 per 100,000) and overexertion injuries (755 per 100,000) than any other racial/ethnic group. Hispanic and Asian/other patients had the lowest injury rates overall. Table 36 describes the most common mechanisms of injury in more detail by race/ethnicity.

As shown in Tables 37 and 38, males had the highest rate of ED discharge for injury overall (5,855 per 100,000). Females, though, had higher rates of injury due to a motor vehicle crash (529 per 100,000), fall (1,530 per 100,000), self-inflicted (77 per 100,000) and unintentional OD/poisoning injuries (282 per 100,000). Table 39 describes the most common mechanisms of injury in more detail by sex.

Differences in ED discharge for injury by region of residence were apparent, as shown in Tables 40 and 41. Overall, the Central (5,699 per 100,000) and East (5,622 per 100,000) Regions had the highest rates of ED discharge for injury. The East Region had the highest rate of sports and recreational injuries (372 per 100,000) and the Central Region had the lowest rate (271 per 100,000). The highest fall injury rates occurred in the East (1,474 per 100,000) and Central (1,439 per 100,000) Regions, and motor vehicle crash injury rates were highest in the Central Region (480 per 100,000). Motorcycle injuries occurred at the highest rate in the East Region (53 per 100,000), and pedalcycle injuries in the East (108 per 100,000) and North Central Regions (107 per 100,000). The assault injury rate was significantly higher in the Central Region (388 per 100,000) than any other. Table 42 describes the most common mechanisms of injury in more detail by region of residence.

The location of injury was reported for 156,507 patients, representing 94% of ED discharges with a reported E-code. Twenty-three percent of all injuries were reported to have occurred at home. See Figure 17 for the distribution of ED discharges by location of injury.

## Special Topics

### Elderly Falls

Falls are the leading cause of fatal injuries among San Diego seniors aged 65+ years. As seen in Figure 18, the rate of ED discharge for falls among the elderly was significantly higher than for any other injury or age group (3,277 per 100,000). The most common primary diagnoses of 65+ year old ED discharges with a fall injury are described in Table 43. More than 20% of patients were diagnosed with a contusion with intact skin surface, and 14% with an open wound of the head, neck or trunk. As seen in Figure 19, females aged 65+ years were discharged for a fall injury at a higher rate (3,936 per 100,000) than males (2,404 per 100,000), and Whites (3,524 per 100,000) and Hispanics (3,084 per 100,000) were discharged at higher rates than Blacks (2,279 per 100,000) and Asian/others (1,588 per 100,000). The rate in the North Coastal Region (3,607 per 100,000) was noticeably higher than in other regions.

### 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 injury, among younger populations in particular. ED discharges for self-inflicted injuries typically represent the less serious injuries. During this quarter, there were a total of 1,924 discharges with a self-inflicted injury. Overall, 61% were female. As seen in Figure 20 and Table 44, females aged 15 to 19 had the highest rate of self-inflicted injury (240 per 100,000), followed by females aged 20 to 24 (192 per 100,000) and males aged 15 to 19 (126 per 100,000). Figure 21 describes the distribution of the method of self-inflicted injury. More than half of all patients attempted the injury using drugs or medicinal substances (56%), and 32% used a cutting instrument. Interestingly, while nearly 60% of all ED discharges for self-inflicted cutting injuries were female, more than half of cutting injuries among 25 to 34 year-olds were male.

### 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.

Nearly 6% of all ED discharges were identified as diabetic (33,709). Overall, 56% were female, and 369 patients were under the age of 15 years. Ninety-four percent were

identified as having type II diabetes, and 6% were identified as having type I diabetes. Overall, 2% were known to have uncontrolled diabetes. Of all patients who were identified as diabetic in the principal or other diagnoses fields, 4,108 had a principal diagnosis of diabetes (12%). Forty-six 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 diagnoses for all diabetic ED discharges are presented in Figure 22. Twenty-seven percent of patients were diagnosed with symptoms, signs, and ill-defined conditions, most of which were for respiratory, abdominal, or general symptoms. While 15% of diabetic ED discharge patients had a principal diagnosis of injury or poisoning, 18% were assigned an E-code for an injury or poisoning. Of patients with an E-code, 40% suffered a fall, and 14% were reported to have had an adverse reaction to drugs, medicinal, or biological substances.

Figure 23 and Table 45 describe the rate of diabetic ED discharges by age group and sex. The rate of diabetic ED discharges increased with increasing age. Overall, females were discharged with diabetes at a slightly higher rate (1,222 per 100,000) than males (976 per 100,000), however the rates for elderly patients were nearly the same by sex. Table 46 describes the percentage of all ED discharges with either a principal or other diagnosis of diabetes. Approximately 6% of all ED discharges were identified as diabetic. The percentage of diabetics was nearly identical by sex, and increased with increasing age group. Overall, 16% of all ED discharges aged 65+ years were identified as diabetic.

Figure 24 and Table 47 describe the rate of diabetic ED discharges by age group and race/ethnicity. Overall and across all age groups, Blacks were discharged with a diabetes diagnosis at a higher rate than any other racial/ethnic group. However, this could be a function of the higher rate of Black ED discharges in general. Table 48 describes the percentage of all ED patients with a diabetes diagnosis by age group and race/ethnicity. Among all Black ED discharges, 7% had a diabetes diagnosis, compared to 9% of Asian/PIs, 6% of Hispanics, and 5% of Whites. Twenty-eight percent of all Hispanics, 25% of Blacks and 26% of Asian/PIs aged 65+ years had a diabetes diagnosis, compared to 12% of Whites of the same age.

## **Asthma**

As with diabetes, asthmatic ED patients are those with either a principal or other diagnosis of asthma. A total of 25,037 ED discharges were identified as asthmatic during this quarter, 37% of whom had a principal diagnosis of asthma. Sixteen percent were diagnosed with other respiratory conditions, and 10% with symptoms, signs, and ill-defined conditions, not including respiratory. Figure 25 describes the principal diagnosis of ED discharges identified as asthmatic.

Figure 26 and Table 49 describe asthmatic ED discharges by age group and sex. There were 8,636 children aged 0 to 14 years with an asthma diagnosis, 64% of whom were male. Among patients 15 years and older, 68% were female. The rate of discharge with

asthma was higher overall for females (927 per 100,000) than for males (706 per 100,000), but males aged 0 to 14 years were discharged at higher rates (1,716 per 100,000) than females (982 per 100,000). The rate for males decreased sharply for ages 15 to 24, and remained steady with increasing age. The rate for females was highest for patients aged 15 to 24 (1,127 per 100,000) and remained steady with increasing age. As seen in Table 50, 4% of all ED discharges during this quarter were asthmatic.

Figure 27 and Table 51 describe asthmatic ED discharges by age group and race/ethnicity. Across all age groups, the rate of ED discharge with asthma was notably higher among Blacks than for any other racial/ethnic group. The rate for Whites decreased with increasing age group. The rate of ED discharge for Hispanics decreased through ages 25 to 44 before increasing again through ages 65+ years. As previously noted, the high rate among Blacks could be a function of the higher rate of Black ED discharges in general. However, as seen in Table 52, as a proportion of all ED discharges, 7% of Blacks were asthmatic, compared to 5% of Hispanics, 4% of Asian/PIs and 4% of Whites, indicating that a greater percentage of Black ED discharges were asthmatic than other racial/ethnic groups.

### **Drug Use and Abuse**

Requests for data regarding 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 53 describes the total number of drug mentions among ED discharges by age, sex, and race/ethnicity. In 2006, 1.8% of all ED discharges had a mention of drug use/abuse as noted in either the diagnoses fields, E-code fields, or both (n=10,617). The highest rate of drug mention among ED discharges occurred among 15 to 24 (496 per 100,000) and 25 to 44 year olds (487 per 100,000), representing 2.5% and 2.6% of all ED discharges, respectively. Males were more likely to have a drug mention than females. By race/ethnicity, Blacks had the highest rate of ED discharge with a drug mention (645 per 100,000), but a higher percentage of White patients (2.2%) had a drug mention than Black patients (2.0%). This is likely a function of the higher rate of Black patients discharged from the ED overall.

### **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 percentage 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 percentage of ED discharges in San Diego County could have been treated in settings other than the ED. As shown in Figure 28, 40% of all ED discharges could have been treated in a primary care setting (19% non-emergent and 21% emergent, PC treatable). In other words, four out of ten visits that did not result in an inpatient admission could have been safely treated outside of the ED.

Table 54 describes ED discharges by emergent and non-emergent categories. Row percentages refer to the percentage within each subgroup, for example, the percentage of

15 to 24 year olds that had non-emergent visits. The highest rate of non-emergent ED discharges for a medical principal diagnosis occurred among patients aged 65 years and older (4,057 per 100,000). Patients in this age group also had the highest rate of emergent, not preventable diagnoses (4,146 per 100,000). Blacks, females, and patients living in the Central Region of San Diego County had the highest rates of ED discharge for both non-emergent and emergent, primary care treatable diagnoses.

In order to account for differences in the overall rate of ED usage by subgroup, Table 55 presents relative rates by comparing the proportion of discharges within each category to the emergent, not preventable category. Overall, for every two visits that were in the emergent, not preventable category, there were three non-emergent visits and three to four emergent but primary care treatable visits. Children aged 0 to 14 years were discharged from the ED for non-emergent conditions compared to emergent, not preventable conditions at higher rates (2.46) than all other age groups and Blacks were discharged at higher rates (1.99) than Hispanics (1.71) or Whites (1.41). Patients covered by Workers Compensation and Medi-Cal were discharged for non-emergent conditions compared to emergent, not preventable conditions at higher rates (6.10 and 2.10) than patients who were self-pay (1.82) or privately insured (1.34, 1.43).



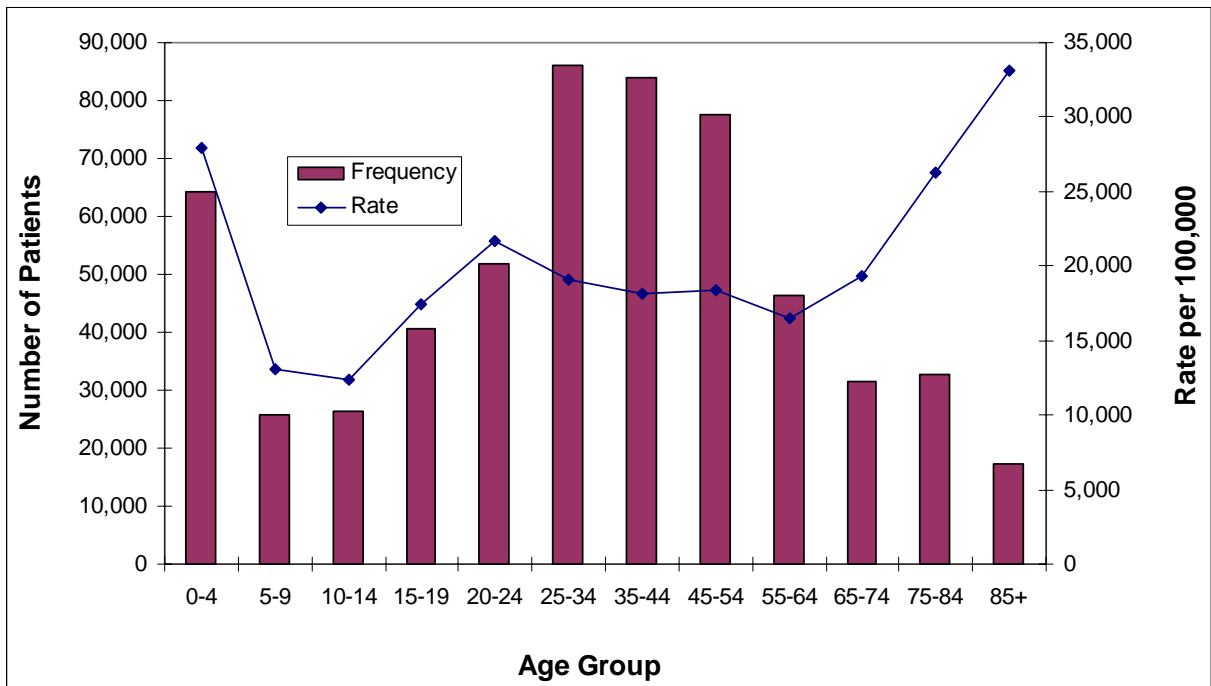
## Patient Profile

**Table 1. ED Discharges by Age Group**

Age Group	Number	Percent	Rate
0-4	64,300	11.0%	27,938.2
5-9	25,656	4.4%	13,093.1
10-14	26,332	4.5%	12,397.1
15-19	40,752	7.0%	17,405.0
20-24	51,777	8.9%	21,674.4
25-34	86,097	14.7%	19,043.9
35-44	83,934	14.4%	18,157.9
45-54	77,438	13.3%	18,429.5
55-64	46,508	8.0%	16,555.7
65-74	31,542	5.4%	19,324.6
75-84	32,715	5.6%	26,239.6
85+	17,229	2.9%	33,168.4
<b>Total</b>	<b>584,280</b>	<b>100.0%</b>	<b>19,051.7</b>

Source: HASD&IC, CHIP, CoSD EMS, Emergency Department Database, January - December, 2006. Population data: SANDAG, 2006 Estimates, (8/06). \*Rates calculated per 100,000 population for all patients. Totals do not include <3% of all civilian ED discharges. Approximately 4,500 cases are missing from October – December. Total excludes 39 patients with missing age.

**Figure 1. ED Discharges by Age Group**



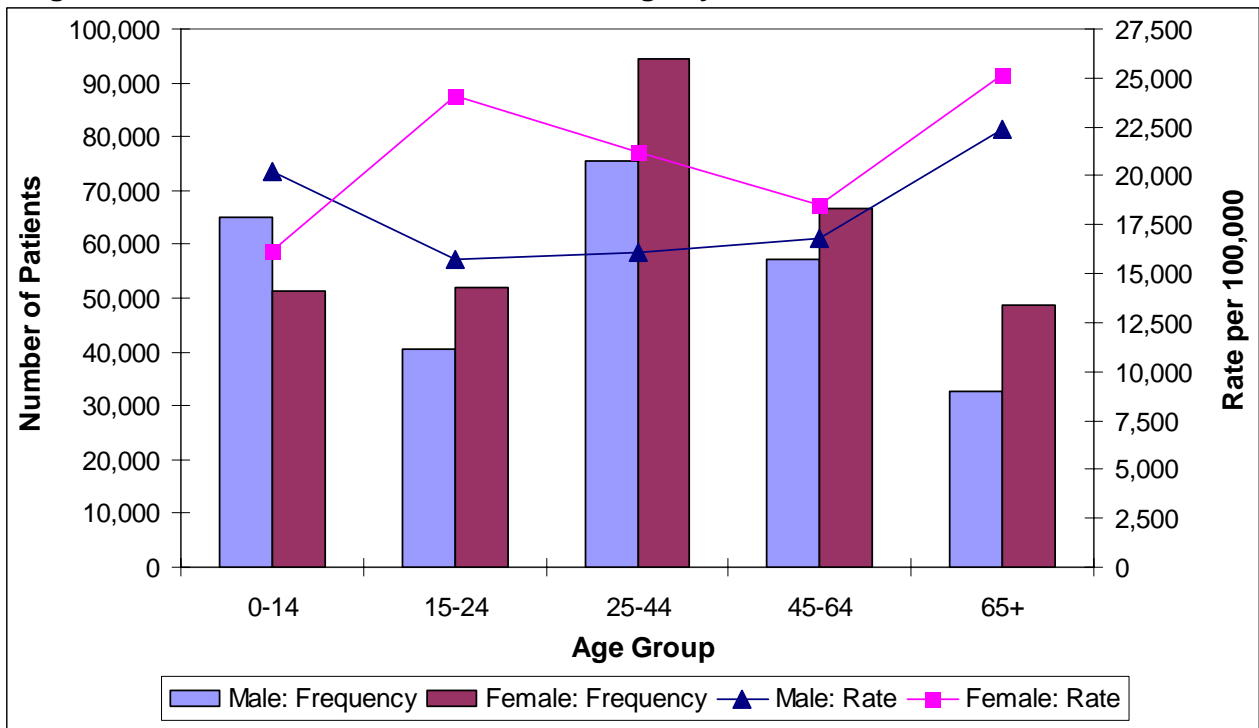
Source: HASD&IC, CHIP, CoSD EMS, Emergency Department Database, January - December, 2006. Population data: SANDAG, 2006 Estimates, (8/06). \*Rates calculated per 100,000 population for all patients. Totals do not include <3% of all civilian ED discharges. Approximately 4,500 cases are missing from October – December. Total excludes 39 patients with missing age.

**Table 2. Patient Age by Sex**

	Male			Female			Total		
	Number	Percent	Rate	Number	Percent	Rate	Number	Percent	Rate
0-14	65,012	55.9	20,192.6	51,252	44.1	16,191.1	116,288	100.0	18,212.5
15-24	40,538	43.8	15,739.8	51,978	56.2	24,122.6	92,529	100.0	19,561.1
25-44	75,474	44.4	16,127.1	94,537	55.6	21,180.2	170,031	100.0	18,596.0
45-64	57,296	46.2	16,773.2	66,629	53.8	18,533.3	123,946	100.0	17,678.7
65+	32,704	40.1	22,374.7	48,778	59.9	25,185.0	81,486	100.0	23,977.5
<b>Total</b>	<b>271,048</b>	<b>46.4</b>	<b>17,654.8</b>	<b>313,189</b>	<b>53.6</b>	<b>20,449.1</b>	<b>584,319</b>	<b>100.0</b>	<b>19,052.9</b>

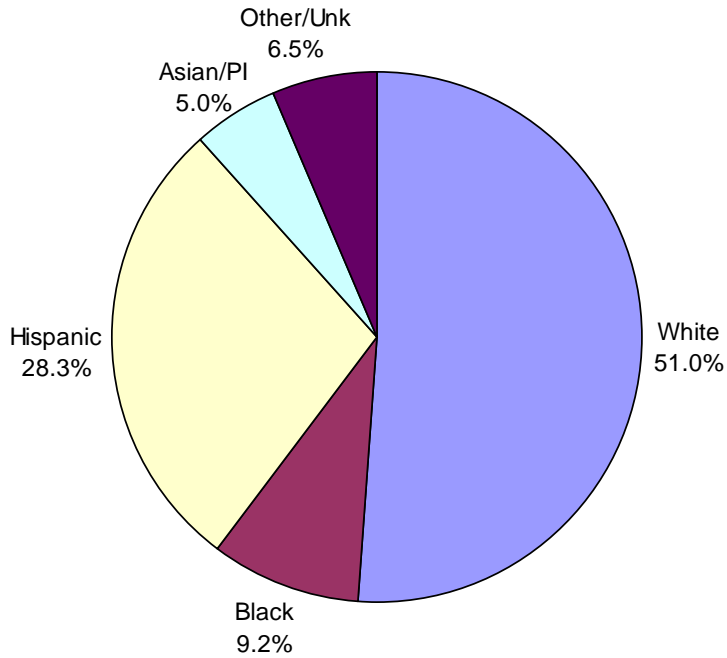
Source: HASD&IC, CHIP, CoSD EMS, Emergency Department Database, January - December, 2006. Population data: SANDAG, 2006 Estimates, (8/06). \*Rates calculated per 100,000 population for all patients. Totals do not include <3% of all civilian ED discharges. Approximately 4,500 cases are missing from October – December. Total excludes 39 patients with missing age and 82 patients with missing sex.

**Figure 2. Patient Age by Sex**



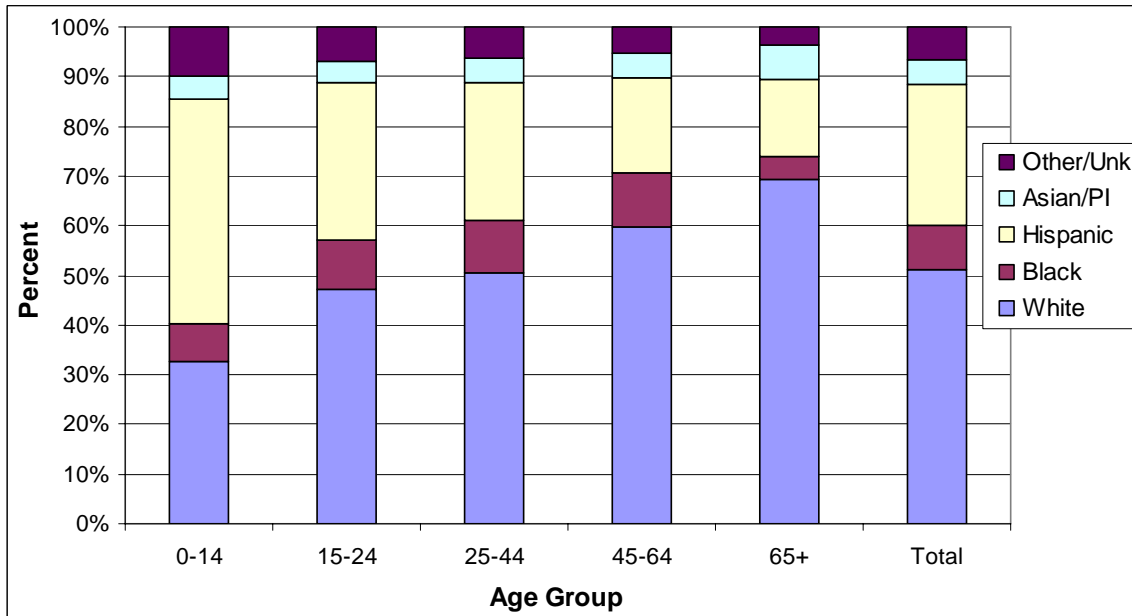
Source: HASD&IC, CHIP, CoSD EMS, Emergency Department Database, January - December, 2006. Population data: SANDAG, 2006 Estimates, (8/06). \*Rates calculated per 100,000 population for all patients. Totals do not include <3% of all civilian ED discharges. Approximately 4,500 cases are missing from October – December. Total excludes 39 patients with missing age and 82 patients with missing sex.

**Figure 3. Patient Race/Ethnicity**



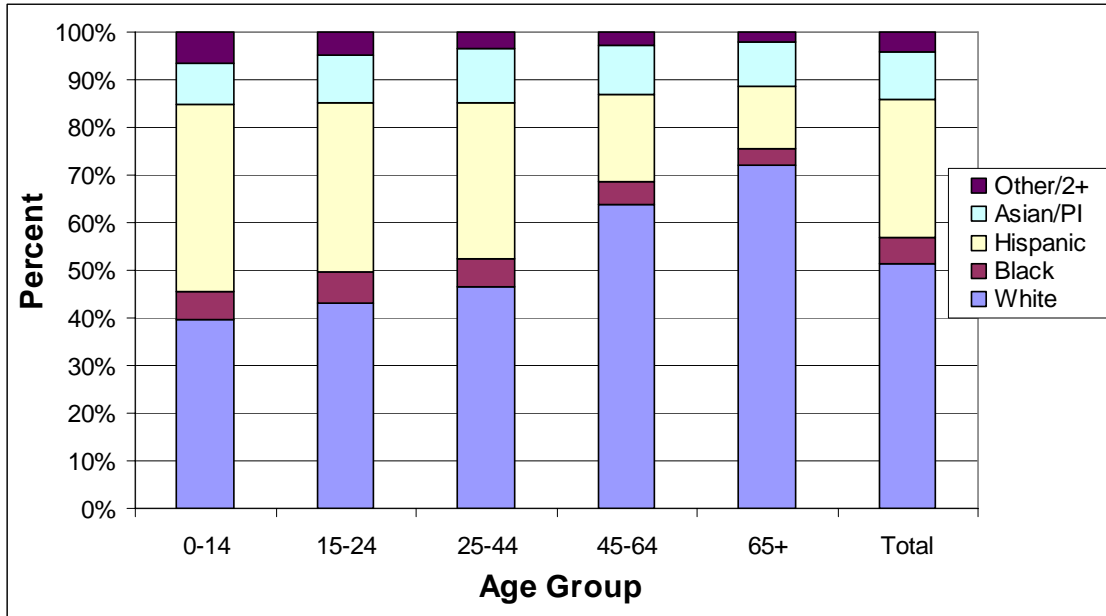
Source: HASD&IC, CHIP, CoSD EMS, Emergency Department Database, January - December, 2006. Totals do not include <3% of all civilian ED discharges. Approximately 4,500 cases are missing from October – December.

**Figure 4. Patient Race/Ethnicity by Age Group**



Source: HASD&IC, CHIP, CoSD EMS, Emergency Department Database, January - December, 2006. Totals do not include <3% of all civilian ED discharges. Approximately 4,500 cases are missing from October – December. \*Total excludes 39 patients with missing age.

**Figure 5. San Diego County Population Distribution (2006) by Age Group and Race/Ethnicity**



Source: SANDAG, 2006 Population Estimates.

**Table 3. Patient Race/Ethnicity by Age Group**

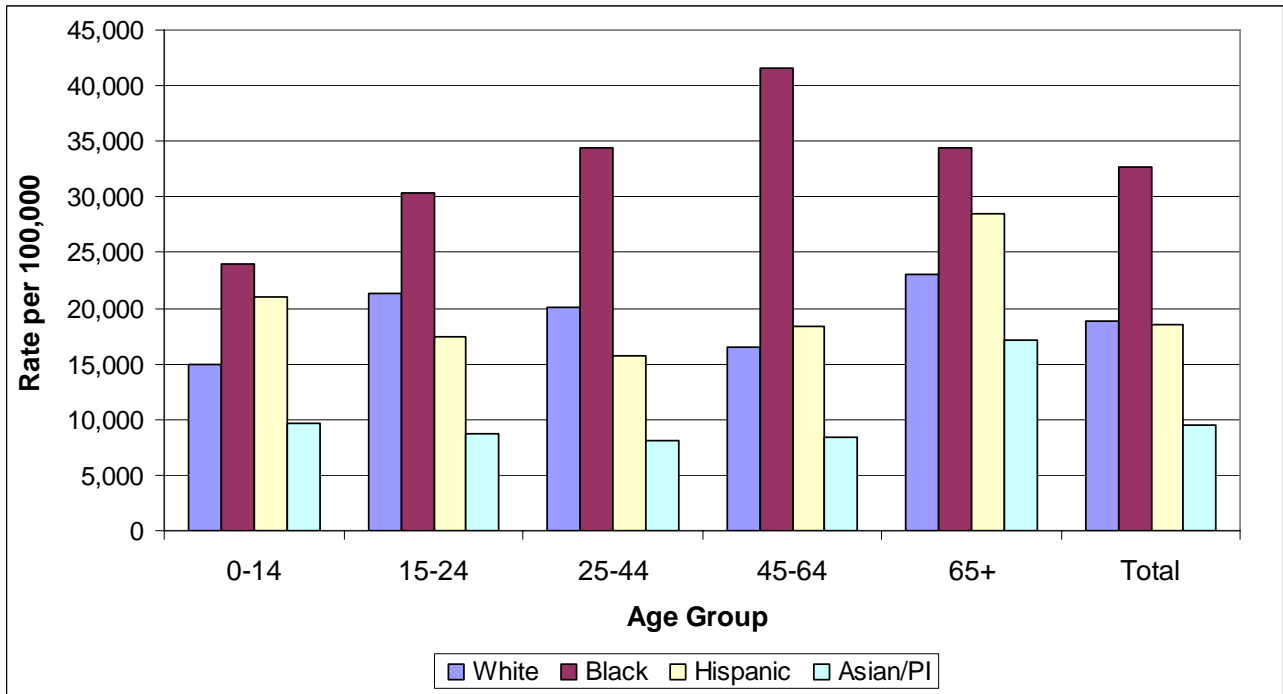
	0-14			15-24			25-44		
	Number	Percent	Rate	Number	Percent	Rate	Number	Percent	Rate
White	37,895	32.6	14,968.5	43,536	47.1	21,298.4	86,000	50.6	20,152.3
Black	9,052	7.8	23,930.0	9,335	10.1	30,385.4	17,723	10.4	34,374.9
Hispanic	52,505	45.2	20,958.7	29,242	31.6	17,376.8	47,310	27.8	15,804.3
Asian/PI	5,411	4.7	9,657.0	4,029	4.4	8,747.1	8,406	4.9	8,071.2
Other/Unk	11,425	9.8		6,387	6.9		10,592	6.2	
<b>Total</b>	<b>116,288</b>	<b>100.0</b>	<b>18,212.5</b>	<b>92,529</b>	<b>100.0</b>	<b>19,561.1</b>	<b>170,031</b>	<b>100.0</b>	<b>18,596.0</b>

	45-64			65+			Total		
	Number	Percent	Rate	Number	Percent	Rate	Number	Percent	Rate
White	74,033	59.7	16,552.7	56,522	69.4	23,028.1	298,009	51.0	18,896.9
Black	13,661	11.0	41,567.0	3,710	4.6	34,370.9	53,482	9.2	32,657.6
Hispanic	23,718	19.1	18,399.6	12,678	15.6	28,559.8	165,463	28.3	18,561.3
Asian/PI	6,143	5.0	8,381.2	5,511	6.8	17,088.4	29,501	5.0	9,461.9
Other/Unk	6,391	5.2		3,065	3.8		37,864	6.5	
<b>Total</b>	<b>123,946</b>	<b>100.0</b>	<b>17,678.7</b>	<b>81,486</b>	<b>100.0</b>	<b>23,977.5</b>	<b>584,319</b>	<b>100.0</b>	<b>19,052.9</b>

Source: HASD&IC, CHIP, CoSD EMS, Emergency Department Database, January - December, 2006. Population data: SANDAG, 2006 Estimates, (8/06). \*Rates calculated per 100,000 population for all patients. Totals do not include <3% of all civilian ED discharges. Approximately 4,500 cases are missing from October – December. \*Total excludes 39 patients with missing age.

**Figure 6. Patient Race/Ethnicity by Age Group**



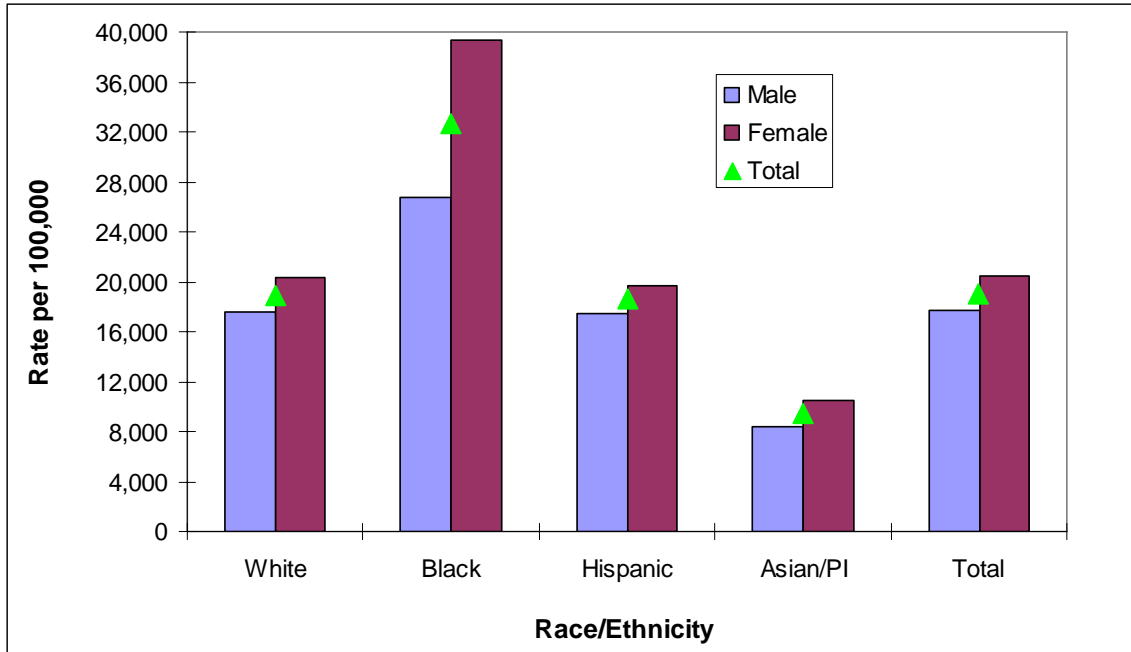
Source: HASD&IC, CHIP, CoSD EMS, Emergency Department Database, January - December, 2006. Population data: SANDAG, 2006 Estimates, (8/06). \*Rates calculated per 100,000 population for all patients. Totals do not include <3% of all civilian ED discharges. Approximately 4,500 cases are missing from October – December. \*Total excludes 39 patients with missing age.

**Table 4. Patient Sex by Race/Ethnicity**

	Male			Female			Total		
	Number	Percent	Rate	Number	Percent	Rate	Number	Percent	Rate
White	139,338	46.8	17,543.4	158,632	53.2	20,265.1	298,009	51.0	18,896.9
Black	23,203	43.4	26,713.7	30,276	56.6	39,366.5	53,482	9.2	32,657.6
Hispanic	77,617	46.9	17,450.5	87,828	53.1	19,663.4	165,463	28.3	18,561.3
Asian/PI	12,337	41.8	8,362.1	17,160	58.2	10,447.4	29,501	5.0	9,461.9
Other/Unk	18,553	49.0		19,293	51.0		37,864	6.5	
Total	271,048	46.4	17,654.8	313,189	53.6	20,449.1	584,319	100.0	19,052.9

Source: HASD&IC, CHIP, CoSD EMS, Emergency Department Database, January - December, 2006. Population data: SANDAG, 2006 Estimates, (8/06). \*Rates calculated per 100,000 population for all patients. Totals do not include <3% of all civilian ED discharges. Approximately 4,500 cases are missing from October – December. Total includes 82 patients with missing sex.

**Figure 7. Patient Sex by Race/Ethnicity**



Source: HASD&IC, CHIP, CoSD EMS, Emergency Department Database, January - December, 2006. Population data: SANDAG, 2006 Estimates, (8/06). \*Rates calculated per 100,000 population for all patients. Totals do not include <3% of all civilian ED discharges. Approximately 4,500 cases are missing from October – December. Total excludes 82 patients with missing sex and 37,864 patients with other or unknown race/ethnicity.

**Table 5. Patient Race/Ethnicity by Age Group and Sex**

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	21,067	7.1	4,992	9.3	29,569	17.9	3,128	10.6	6,256	16.5	65,012	11.1
	Female	16,816	5.6	4,058	7.6	22,931	13.9	2,282	7.7	5,165	13.6	51,252	8.8
	<b>Total</b>	<b>37,883</b>	<b>12.7</b>	<b>9,050</b>	<b>16.9</b>	<b>52,500</b>	<b>31.7</b>	<b>5,410</b>	<b>18.3</b>	<b>11,421</b>	<b>30.2</b>	<b>116,264</b>	<b>19.9</b>
15-24	Male	19,557	6.6	3,731	7.0	12,539	7.6	1,814	6.1	2,897	7.7	40,538	6.9
	Female	23,974	8.0	5,603	10.5	16,700	10.1	2,212	7.5	3,489	9.2	51,978	8.9
	<b>Total</b>	<b>43,531</b>	<b>14.6</b>	<b>9,334</b>	<b>17.5</b>	<b>29,239</b>	<b>17.7</b>	<b>4,026</b>	<b>13.6</b>	<b>6,386</b>	<b>16.9</b>	<b>92,516</b>	<b>15.8</b>
25-44	Male	39,929	13.4	7,038	13.2	20,264	12.2	3,132	10.6	5,111	13.5	75,474	12.9
	Female	46,064	15.5	10,685	20.0	27,041	16.3	5,274	17.9	5,473	14.5	94,537	16.2
	<b>Total</b>	<b>85,993</b>	<b>28.9</b>	<b>17,723</b>	<b>33.1</b>	<b>47,305</b>	<b>28.6</b>	<b>8,406</b>	<b>28.5</b>	<b>10,584</b>	<b>28.0</b>	<b>170,011</b>	<b>29.1</b>
45-64	Male	35,508	11.9	6,002	11.2	10,474	6.3	2,245	7.6	3,067	8.1	57,296	9.8
	Female	38,513	12.9	7,659	14.3	13,240	8.0	3,898	13.2	3,319	8.8	66,629	11.4
	<b>Total</b>	<b>74,021</b>	<b>24.8</b>	<b>13,661</b>	<b>25.5</b>	<b>23,714</b>	<b>14.3</b>	<b>6,143</b>	<b>20.8</b>	<b>6,386</b>	<b>16.9</b>	<b>123,925</b>	<b>21.2</b>
65+	Male	23,262	7.8	1,439	2.7	4,767	2.9	2,017	6.8	1,219	3.2	32,704	5.6
	Female	33,257	11.2	2,271	4.2	7,910	4.8	3,494	11.8	1,846	4.9	48,778	8.3
	<b>Total</b>	<b>56,519</b>	<b>19.0</b>	<b>3,710</b>	<b>6.9</b>	<b>12,677</b>	<b>7.7</b>	<b>5,511</b>	<b>18.7</b>	<b>3,065</b>	<b>8.1</b>	<b>81,482</b>	<b>13.9</b>
Total	Male	139,323	46.8	23,202	43.4	77,613	46.9	12,336	41.8	18,550	49.0	271,024	46.4
	Female	158,624	53.2	30,276	56.6	87,822	53.1	17,160	58.2	19,292	51.0	313,174	53.6
	<b>Total</b>	<b>297,947</b>	<b>100.0</b>	<b>53,478</b>	<b>100.0</b>	<b>165,435</b>	<b>100.0</b>	<b>29,496</b>	<b>100.0</b>	<b>37,842</b>	<b>100.0</b>	<b>584,198</b>	<b>100.0</b>

Source: HASD&IC, CHIP, CoSD EMS, Emergency Department Database, January - December, 2006. Totals do not include <3% of all civilian ED discharges. Within each racial/ethnic category, age group totals sum to 100%. Approximately 4,500 cases are missing from October – December. \*Total excludes 39 patients with missing age and 82 patients with missing sex.

**Table 6. Patient Race/Ethnicity by Age Group and Sex**

Age Group		White		Black		Hispanic		Asian/PI		Total	
		Frequency	Rate	Frequency	Rate	Frequency	Rate	Frequency	Rate	Frequency	Rate
0-14	Male	21,067	16,699.3	4,992	25,754.5	29,569	23,382.1	3,128	10,718.9	65,012	20,192.6
	Female	16,816	13,239.9	4,058	22,001.7	22,931	18,484.4	2,282	8,499.1	51,252	16,191.1
	<b>Total</b>	<b>37,883</b>	<b>14,963.8</b>	<b>9,050</b>	<b>23,924.7</b>	<b>52,500</b>	<b>20,956.7</b>	<b>5,410</b>	<b>9,655.2</b>	<b>116,264</b>	<b>18,208.8</b>
15-24	Male	19,557	17,239.0	3,731	21,249.6	12,539	13,895.6	1,814	7,540.7	40,538	15,739.8
	Female	23,974	26,355.5	5,603	42,563.1	16,700	21,397.9	2,212	10,052.3	51,978	24,122.6
	<b>Total</b>	<b>43,531</b>	<b>21,295.9</b>	<b>9,334</b>	<b>30,382.1</b>	<b>29,239</b>	<b>17,375.0</b>	<b>4,026</b>	<b>8,740.6</b>	<b>92,516</b>	<b>19,558.4</b>
25-44	Male	39,929	17,843.0	7,038	24,801.8	20,264	13,459.8	3,132	6,398.6	75,474	16,127.1
	Female	46,064	22,694.9	10,685	46,093.8	27,041	18,173.2	5,274	9,554.3	94,537	21,180.2
	<b>Total</b>	<b>85,993</b>	<b>20,150.6</b>	<b>17,723</b>	<b>34,374.9</b>	<b>47,305</b>	<b>15,802.7</b>	<b>8,406</b>	<b>8,071.2</b>	<b>170,011</b>	<b>18,593.8</b>
45-64	Male	35,508	15,871.3	6,002	35,758.1	10,474	17,650.8	2,245	6,933.9	57,296	16,773.2
	Female	38,513	17,229.5	7,659	47,630.6	13,240	19,032.6	3,898	9,526.4	66,629	18,533.3
	<b>Total</b>	<b>74,021</b>	<b>16,550.1</b>	<b>13,661</b>	<b>41,567.0</b>	<b>23,714</b>	<b>18,396.5</b>	<b>6,143</b>	<b>8,381.2</b>	<b>123,925</b>	<b>17,675.7</b>
65+	Male	23,262	21,711.8	1,439	30,262.9	4,767	26,198.1	2,017	15,548.9	32,704	22,374.7
	Female	33,257	24,045.6	2,271	37,605.6	7,910	30,196.6	3,494	18,124.3	48,778	25,185.0
	<b>Total</b>	<b>56,519</b>	<b>23,026.9</b>	<b>3,710</b>	<b>34,370.9</b>	<b>12,677</b>	<b>28,557.6</b>	<b>5,511</b>	<b>17,088.4</b>	<b>81,482</b>	<b>23,976.3</b>
Total	Male	139,323	17,541.5	23,202	26,712.6	77,613	17,449.6	12,336	8,361.4	271,024	17,653.2
	Female	158,624	20,264.1	30,276	39,366.5	87,822	19,662.1	17,160	10,447.4	313,174	20,448.1
	<b>Total</b>	<b>297,947</b>	<b>18,892.9</b>	<b>53,478</b>	<b>32,655.1</b>	<b>165,435</b>	<b>18,558.1</b>	<b>29,496</b>	<b>9,460.3</b>	<b>584,198</b>	<b>19,049.0</b>

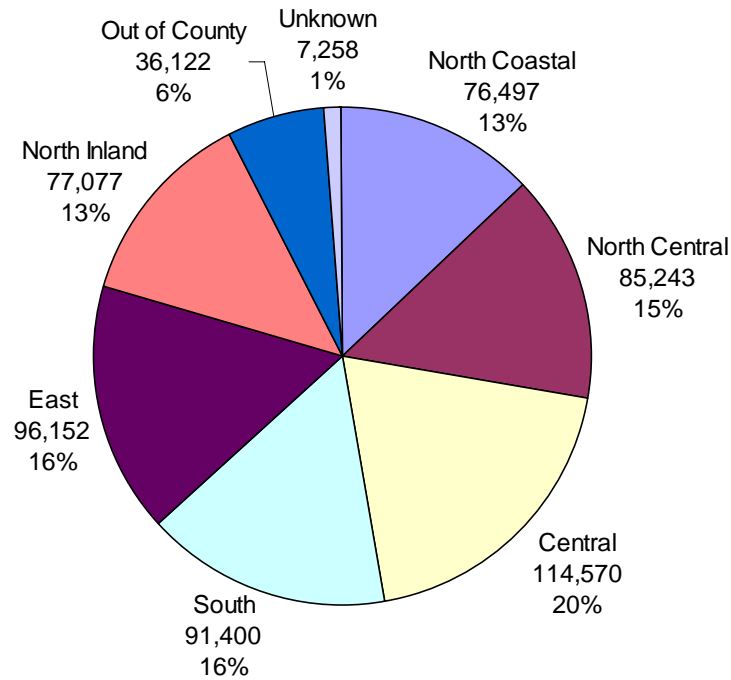
Source: HASD&IC, CHIP, CoSD EMS, Emergency Department Database, January - December, 2006. Population data: SANDAG, 2006 Estimates, (8/06). \*Rates calculated per 100,000 population for all patients. Totals do not include <3% of all civilian ED discharges. Approximately 4,500 cases are missing from October – December. Total excludes 39 patients with missing age and 82 patients with missing sex but includes 37,842 patients with unknown or missing race/ethnicity.

**Table 7. Patient Region of Residence**

	Frequency	Percent	Rate
North Coastal	76,497	13.1%	15,555.0
North Central	85,243	14.6%	14,515.7
Central	114,570	19.6%	23,364.0
South	91,400	15.6%	19,840.2
East	96,152	16.5%	19,647.1
North Inland	77,077	13.2%	15,101.5
Out of County	36,122	6.2%	*
Unknown	7,258	1.2%	*
<b>San Diego County</b>	<b>584,319</b>	<b>100.0%</b>	<b>19,052.9</b>

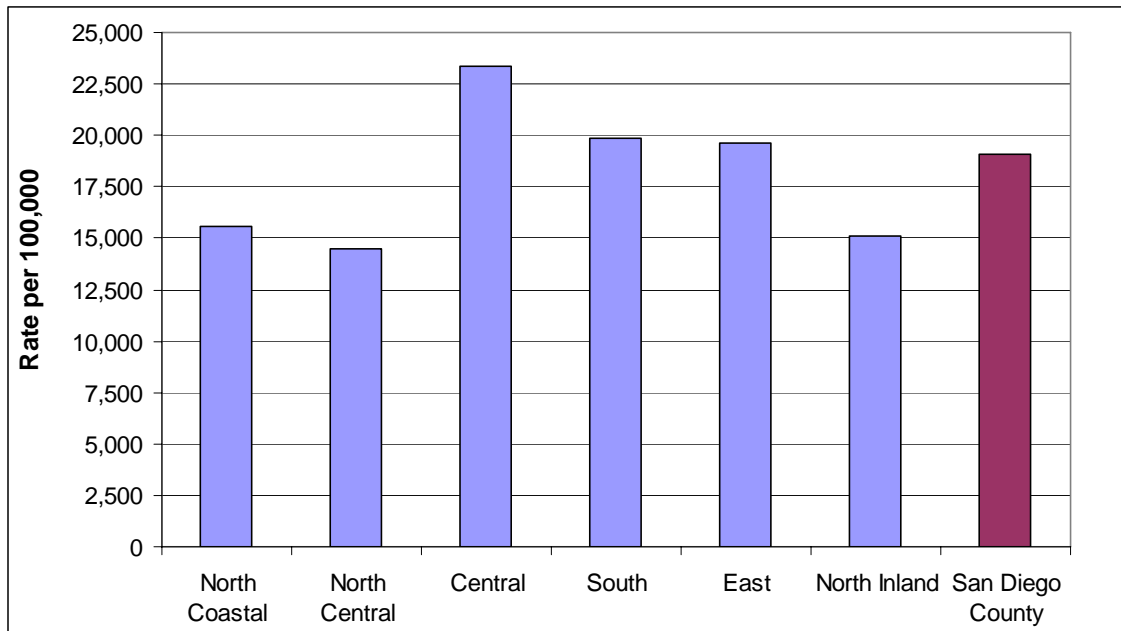
Source: HASD&IC, CHIP, CoSD EMS, Emergency Department Database, January - December, 2006. Population data: SANDAG, 2006 Estimates, (8/06). \*Rates calculated per 100,000 population for all patients. Totals do not include <3% of all civilian ED discharges. San Diego County total includes 43,380 patients with out of county or unknown zip codes. Approximately 4,500 cases are missing from October – December, likely to affect the Central and East Regions.

**Figure 8. Patient Region of Residence**



Source: HASD&IC, CHIP, CoSD EMS, Emergency Department Database, January - December, 2006. Totals do not include <3% of all civilian ED discharges. Approximately 4,500 cases are missing from October – December, likely to affect the Central and East Regions.

**Figure 9. Patient Region of Residence**



Source: HASD&IC, CHIP, CoSD EMS, Emergency Department Database, January - December, 2006. Population data: SANDAG, 2006 Estimates, (8/06). \*Rates calculated per 100,000 population for all patients. Totals do not include <3% of all civilian ED discharges. San Diego County total includes 43,380 patients with out of county or unknown zip codes. Approximately 4,500 cases are missing from October – December, likely to affect the Central and East Regions.



**Table 8. Patient Community of Residence by Subregional Area (SRA)**

	Frequency	Percent of Patients	Rate
Central San Diego	41,549	7.1%	24,371.2
Peninsula	6,691	1.1%	10,657.2
Coronado	815	0.1%	3,105.0
National City	14,642	2.5%	23,241.6
Southeast San Diego	38,622	6.6%	24,196.1
Mid-City	34,399	5.9%	20,329.9
Kearny Mesa	30,217	5.2%	19,665.2
Coastal	12,037	2.1%	15,476.1
University	6,722	1.2%	12,139.9
Del Mar-Mira Mesa	15,177	2.6%	10,010.9
North San Diego	16,192	2.8%	16,419.9
Poway	11,124	1.9%	12,462.2
Miramamar	58	0.0%	748.1
Elliott-Navajo	12,432	2.1%	13,954.0
Sweetwater	12,729	2.2%	10,948.2
Chula Vista	36,147	6.2%	31,508.3
South Bay	27,067	4.6%	19,577.0
Jamul	3,062	0.5%	20,251.3
Spring Valley	13,539	2.3%	16,824.1
Lemon Grove	6,408	1.1%	21,575.0
La Mesa	13,823	2.4%	23,940.1
El Cajon	20,793	3.6%	17,111.9
Santee	9,762	1.7%	18,388.0
Lakeside	8,663	1.5%	15,629.0
Harbison Crest	15,305	2.6%	24,678.7
Alpine	2,781	0.5%	18,636.9
Ramona	5,754	1.0%	16,204.8
San Dieguito	12,217	2.1%	13,085.6
Carlsbad	13,614	2.3%	12,300.8
Oceanside	29,782	5.1%	17,988.6
Pendleton	189	0.0%	555.1
Escondido	29,406	5.0%	18,514.6
San Marcos	12,058	2.1%	14,119.6
Vista	19,023	3.3%	18,853.3
Valley Center	2,369	0.4%	10,694.3
Pauma	580	0.1%	8,761.3
Fallbrook	2,229	0.4%	4,612.3
Palomar-Julian	401	0.1%	7,838.2
Laguna-Pine Valley	421	0.1%	9,046.0
Mountain Empire	1,595	0.3%	26,023.8
Anza-Borrego Springs	545	0.1%	16,201.0
Out of County	36,122	6.2%	
Unknown	7,258	1.2%	
<b>Total</b>	<b>584,319</b>	<b>100.0%</b>	<b>19,052.9</b>

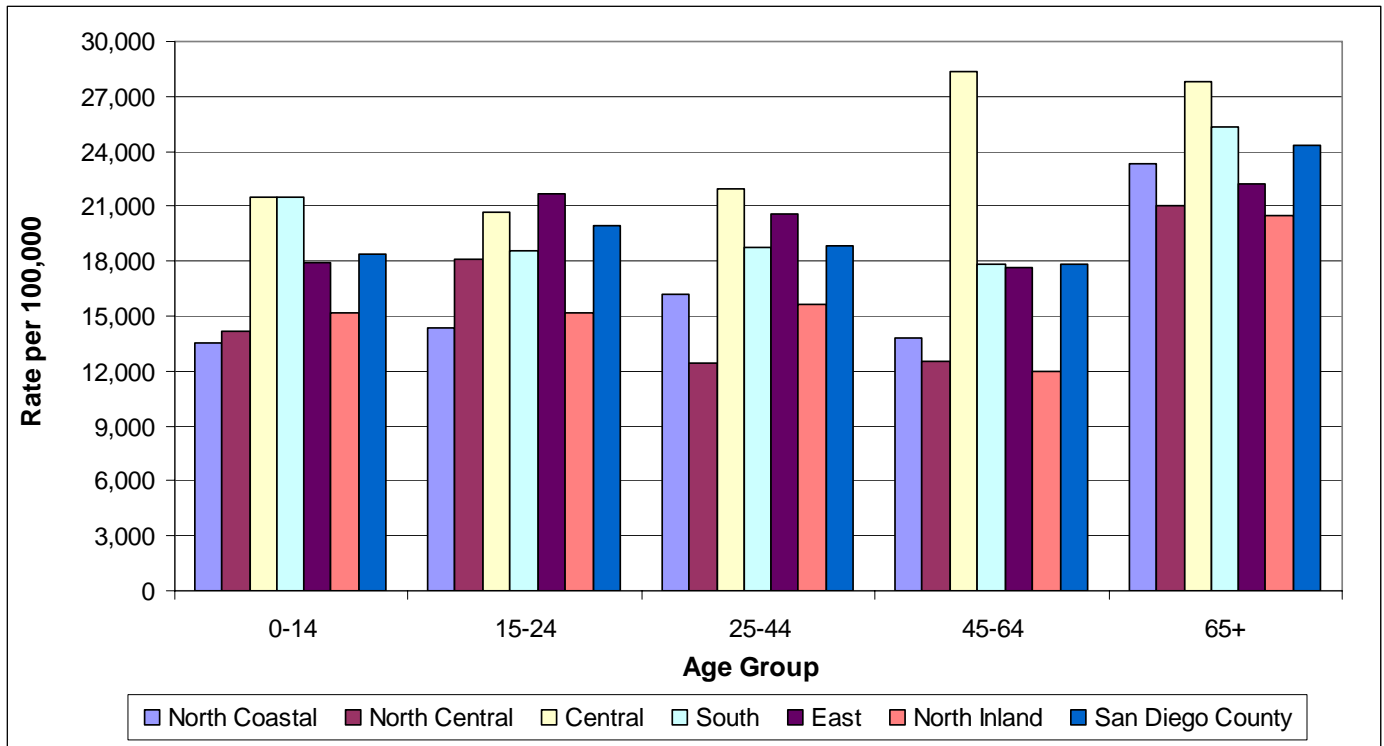
Source: HASD&IC, CHIP, CoSD EMS, Emergency Department Database, January - December, 2006. Population data: SANDAG, 2006 Estimates, (8/06). \*Percent of Patients refers to the percentage of ED patients residing in each SRA. Rates calculated per 100,000 population for all patients. Totals do not include <3% of all civilian ED discharges. San Diego County total includes 43,380 patients with out of county or unknown zip codes. Approximately 4,500 cases are missing from October – December, likely to affect the Central and East Regions. The San Diego County rate varies slightly from the rate reported on the regional table due to slight variations in SRA and regional population estimates.

**Table 9. Patient Region of Residence by Age Group**

	North Coastal		North Central		Central		South		East		North Inland		San Diego County	
	Freq.	Rate	Freq.	Rate	Freq.	Rate	Freq.	Rate	Freq.	Rate	Freq.	Rate	Freq.	Rate
0-14	14,502	13,508.2	14,571	14,178.7	22,880	21,462.0	22,594	21,485.4	18,094	17,946.7	16,820	15,160.7	116,288	18,351.9
15-24	11,587	14,359.0	13,291	18,098.0	16,568	20,692.2	14,739	18,599.3	15,338	21,642.4	12,022	15,163.2	92,529	19,958.7
25-44	21,712	16,144.4	25,148	12,465.6	36,641	21,927.7	24,917	18,727.5	27,615	20,547.6	20,827	15,649.4	170,031	18,811.8
45-64	15,652	13,801.6	17,306	12,507.1	27,116	28,328.8	17,060	17,861.8	21,623	17,618.2	15,250	11,936.6	123,946	17,872.7
65+	13,043	23,358.2	14,927	21,043.8	11,365	27,804.3	12,088	25,334.3	13,482	22,255.6	12,155	20,490.6	81,486	24,305.4
Total	76,496	15,554.8	85,243	14,515.7	114,570	23,364.0	91,398	19,839.8	96,152	19,647.1	77,074	15,100.9	584,280	19,284.0

Source: HASD&IC, CHIP, CoSD EMS, Emergency Department Database, January - December, 2006. Population data: SANDAG, 2006 Estimates, (8/06). \*Rates calculated per 100,000 population for all patients. Totals do not include <3% of all civilian ED discharges. San Diego County total includes 43,380 patients with out of county or unknown zip codes and 39 patients with missing age. Approximately 4,500 cases are missing from October – December, likely to affect the Central and East Regions.

**Figure 10. Patient Region of Residence by Age Group**



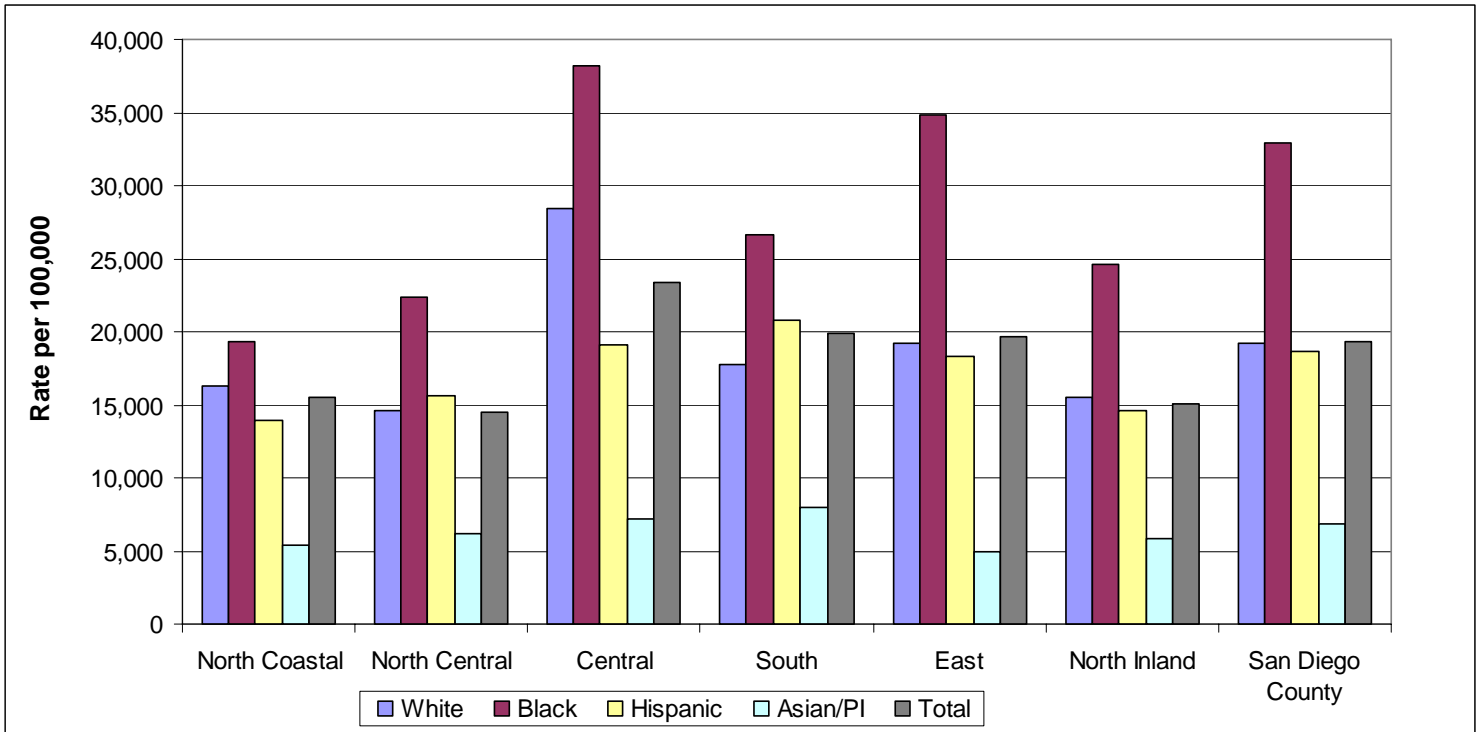
Source: HASD&IC, CHIP, CoSD EMS, Emergency Department Database, January - December, 2006. Population data: SANDAG, 2006 Estimates, (8/06). \*Rates calculated per 100,000 population for all patients. Totals do not include <3% of all civilian ED discharges. San Diego County total includes 43,380 patients with out of county or unknown zip codes and 39 patients with missing age. Approximately 4,500 cases are missing from October – December, likely to affect the Central and East Regions.

**Table 10. Patient Region of Residence by Race/Ethnicity**

	North Coastal		North Central		Central		South		East		North Inland		San Diego County	
	Freq.	Rate	Freq.	Rate	Freq.	Rate	Freq.	Rate	Freq.	Rate	Freq.	Rate	Freq.	Rate
White	48,428	16,291.7	55,142	14,568.4	38,070	28,431.5	22,092	17,780.9	61,754	19,263.0	46,390	15,519.5	298,009	19,184.3
Black	3,652	19,315.6	4,517	22,321.6	25,762	38,188.0	5,664	26,577.8	8,511	34,779.9	2,468	24,623.4	53,482	32,930.4
Hispanic	18,519	13,951.1	11,469	15,671.9	38,531	19,094.0	50,157	20,809.4	18,361	18,291.3	19,819	14,605.5	165,463	18,700.1
Asian/PI	2,335	5,445.6	7,119	6,172.9	6,266	7,184.9	5,887	7,945.4	2,170	4,936.4	3,870	5,885.0	29,501	6,873.0
Total	76,497	15,555.0	85,243	14,515.7	114,570	23,364.0	91,400	19,840.2	96,152	19,647.1	77,077	15,101.5	584,319	19,285.3

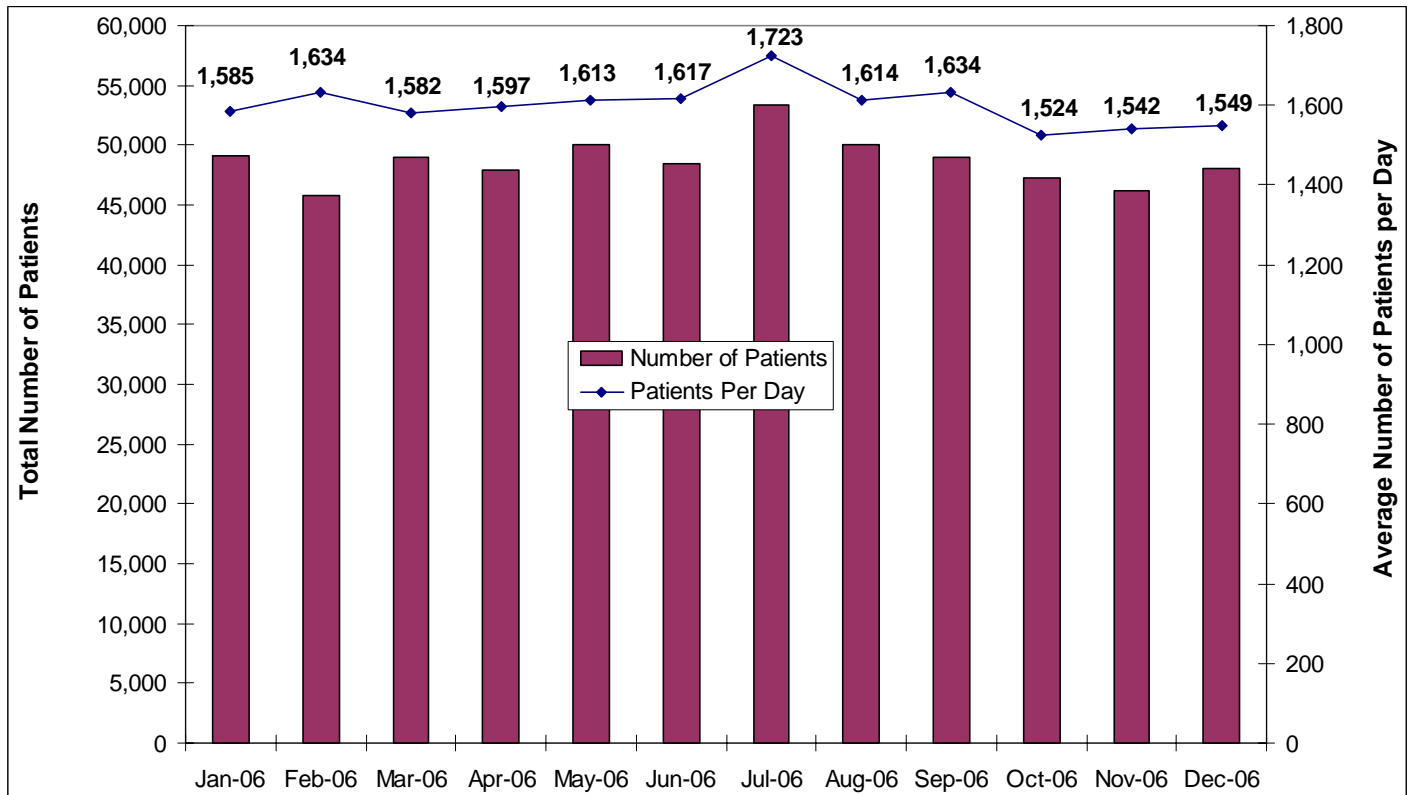
Source: HASD&IC, CHIP, CoSD EMS, Emergency Department Database, January - December, 2006. Population data: SANDAG, 2006 Estimates, (8/06). \*Rates calculated per 100,000 population for all patients. Totals do not include <3% of all civilian ED discharges. San Diego County total includes 43,380 patients with out of county or unknown zip codes and 37,842 patients with other or unknown race/ethnicity. Approximately 4,500 cases are missing from October – December, likely to affect the Central and East Regions.

**Figure 11. Patient Region of Residence by Race/Ethnicity**



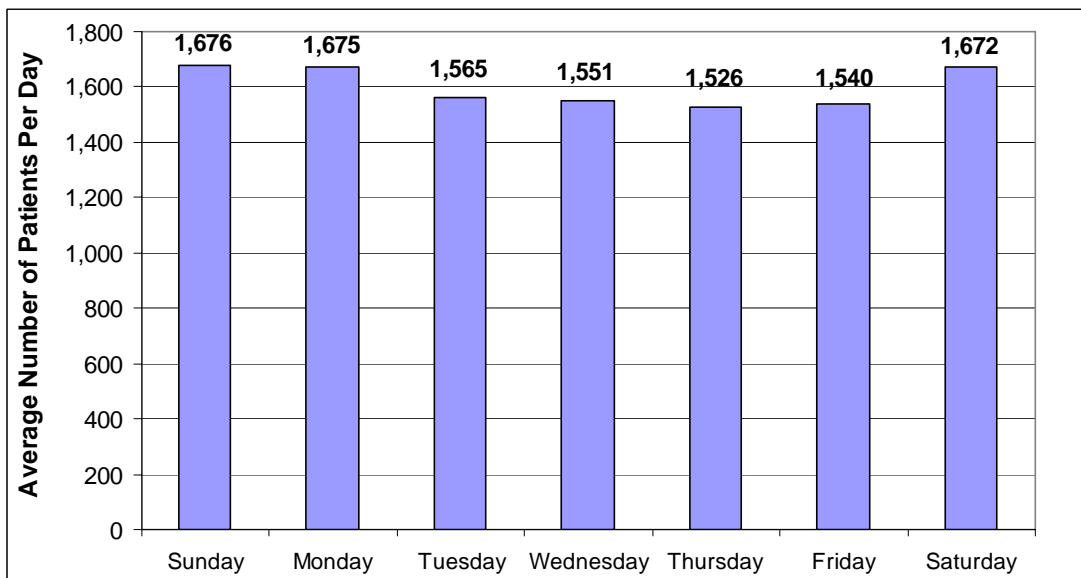
Source: HASD&IC, CHIP, CoSD EMS, Emergency Department Database, January - December, 2006. Population data: SANDAG, 2006 Estimates, (8/06). \*Rates calculated per 100,000 population for all patients. Totals do not include <3% of all civilian ED discharges. San Diego County total includes 43,380 patients with out of county or unknown zip codes and 37,842 patients with other or unknown race/ethnicity. Approximately 4,500 cases are missing from October – December, likely to affect the Central and East Regions.

**Figure 12. Service Month and Year**



Source: HASD&IC, CHIP, CoSD EMS, Emergency Department Database, January - December, 2006. \*Approximately 4,500 cases are missing from October – December. This would add 49 patients per day during these months, bringing the totals to 1,573 for October, 1,591 for November, and 1,598 for December.

**Figure 13. Service Day of the Week**



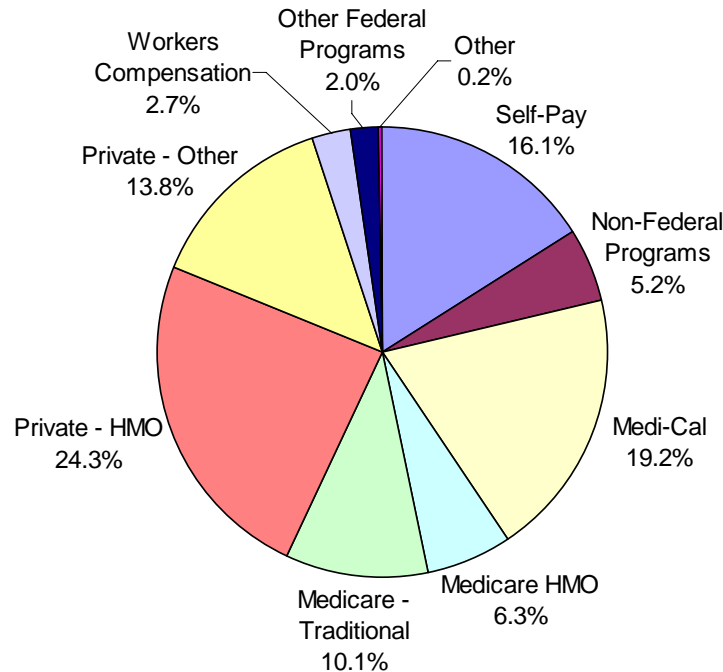
Source: HASD&IC, CHIP, CoSD EMS, Emergency Department Database, January - December, 2006. . \*Approximately 4,500 cases are missing from October – December.

**Table 11. Patient Disposition**

	Frequency	Percent
Home for self care	543,666	93.1%
Left facility AMA	17,087	2.9%
Transfer to another hospital	9,346	1.6%
Other	5,306	0.9%
DC to psych hospital or unit	3,286	0.6%
SNF	2,984	0.5%
Expired	1,012	0.2%
Transfer to other inpatient facility	665	0.1%
ICF	378	0.1%
DC to federal hospital	90	0.0%
DC to other rehab facility	113	0.0%
DC to medical facility with hospice care	38	0.0%
DC to LTC	42	0.0%
Home under care of organized home health service org	86	0.0%
Home with hospice care	4	0.0%
DC to hospital based medicare approved swing bed	1	0.0%
DC to NF under MediCal, not Medicare	8	0.0%
Home under care of home IV provider	1	0.0%
<b>Total</b>	<b>584,135</b>	<b>100.0%</b>

Source: HASD&IC, CHIP, CoSD EMS, Emergency Department Database, January - December, 2006. \*Total excludes 184 patients with missing disposition. Approximately 4,500 cases were missing from October – December. Note: ED data does not include patients who were admitted to the hospital from the emergency department. On average in 2006, 17% of all patients who presented to a San Diego County emergency department were admitted to that hospital.

**Figure 14. Expected Source of Payment**



Source: HASD&IC, CHIP, CoSD EMS, Emergency Department Database, January - December, 2006. \*Excludes 2,229 patients with missing payor source. Approximately 4,500 cases were missing from October – December. \*\*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. Expected Source of Payment by Age Group**

	0-14		15-24		25-44		45-64		65+		Total	
	Freq.	Percent	Freq.	Percent	Freq.	Percent	Freq.	Percent	Freq.	Percent	Freq.	Percent
Self-Pay	13,261	11.4	22,967	25.0	38,897	23.0	17,390	14.1	1486	1.8	94001	16.1
Non-Federal Programs	8,937	7.7	3,523	3.8	9,721	5.7	7,916	6.4	15	0.0	30,112	5.2
Medi-Cal	42,415	36.6	19,615	21.3	28,780	17.0	19,424	15.7	1,479	1.8	111,713	19.2
Medicare HMO	16	0.0	16	0.0	498	0.3	2,565	2.1	33,486	41.1	36,570	6.3
Medicare - Traditional	0	0.0	376	0.4	6,656	3.9	12,452	10.1	39,542	48.5	59,032	10.1
Private - HMO	30,973	26.7	23,682	25.8	45,572	26.9	38,371	31.1	2,884	3.5	141,482	24.3
Private - Other	16,399	14.1	15,497	16.9	27,677	16.4	18,793	15.2	2,007	2.5	80,373	13.8
Workers Compensation	1	0.0	3,085	3.4	7,987	4.7	4,506	3.6	276	0.3	15,855	2.7
Other Federal Programs	3,757	3.2	2,890	3.1	2,853	1.7	1,853	1.5	148	0.2	11,501	2.0
Other	248	0.2	303	0.3	491	0.3	265	0.2	144	0.2	1,451	0.2
Total	116,002	100.0	91,954	100.0	169,132	100.0	123,535	100.0	81,467	100.0	582,090	100.0
Missing Payor Source	286		575		899		411		19		2,229	
Age Group Totals	116,288		92,529		170,031		123,946		81,486		584,319	

Source: HASD&IC, CHIP, CoSD EMS, Emergency Department Database, January - December, 2006. Approximately 4,500 cases were missing from October – December. \*Total includes 39 patients with missing age.

**Table 13. Expected Source of Payment by Race/Ethnicity**

	White		Black		Hispanic		Asian/PI		Other/Unk		Total	
	Freq.	Percent	Freq.	Percent	Freq.	Percent	Freq.	Percent	Freq.	Percent	Freq.	Percent
Self-Pay	41,105	13.8	10,342	19.4	32,706	19.9	2,958	10.0	6,906	18.3	94,017	16.2
Non-Federal Programs	13,028	4.4	3,982	7.5	10,123	6.2	1,028	3.5	1,958	5.2	30,119	5.2
Medi-Cal	34,025	11.5	16,625	31.1	50,485	30.7	3,863	13.1	6,719	17.8	111,717	19.2
Medicare HMO	28,326	9.5	1,628	3.0	4,343	2.6	1,202	4.1	1,073	2.8	36,572	6.3
Medicare-Traditional	37,869	12.7	4,991	9.4	10,036	6.1	4,075	13.8	2,064	5.5	59,035	10.1
Private-HMO	77,275	26.0	9,767	18.3	34,399	20.9	9,030	30.6	11,012	29.2	141,483	24.3
Private-Other	51,877	17.5	3,355	6.3	13,660	8.3	5,394	18.3	6,093	16.1	80,379	13.8
Workers Compensation	6,805	2.3	983	1.8	6,212	3.8	951	3.2	904	2.4	15,855	2.7
Other federal programs	6,170	2.1	1,528	2.9	2,133	1.3	873	3.0	797	2.1	11,501	2.0
Other	601	0.2	177	0.3	341	0.2	89	0.3	243	0.6	1,451	0.2
Total	297,081	100.0	53,378	100.0	164,438	100.0	29,463	100.0	37,769	100.0	582,129	100.0
Missing Payor Source	928		104		1,025		38		95		2,190	
Race Totals	298,009		53,482		165,463		29,501		37,864		584,319	

Source: HASD&IC, CHIP, CoSD EMS, Emergency Department Database, January - December, 2006. Approximately 4,500 cases were missing from October – December.

**Table 14. Expected Source of Payment by Sex**

	Male		Female		Total	
	Freq.	Percent	Freq.	Percent	Freq.	Percent
Self-Pay	49,991	18.5	44,003	14.1	93,994	16.1
Non-Federal Programs	17,331	6.4	12,786	4.1	30,117	5.2
Medi-Cal	43,920	16.3	67,786	21.7	111,706	19.2
Medicare HMO	14,897	5.5	21,675	6.9	36,572	6.3
Medicare-Traditional	25,198	9.3	33,833	10.8	59,031	10.1
Private-HMO	64,341	23.8	77,117	24.7	141,458	24.3
Private-Other	38,729	14.3	41,638	13.3	80,367	13.8
Workers Compensation	9,946	3.7	5,907	1.9	15,853	2.7
Other federal programs	4,979	1.8	6,519	2.1	11,498	2.0
Other	636	0.2	815	0.3	1,451	0.2
Total	269,968	100.0	312,079	100.0	582,047	100.0
Missing Payor Source	1,080		1,110		2,272	
Gender Totals	271,048		313,189		584,319	

Source: HASD&IC, CHIP, CoSD EMS, Emergency Department Database, January - December, 2006. Approximately 4,500 cases were missing from October – December. Total includes 82 patients with missing sex.

**Table 15. Expected Source of Payment by Region of Residence**

	North Coastal		North Central		Central		South		East		North Inland		Out of County		Unknown	
	Freq.	Percent	Freq.	Percent	Freq.	Percent	Freq.	Percent	Freq.	Percent	Freq.	Percent	Freq.	Percent	Freq.	Percent
Self-Pay	12,629	16.5	10,460	12.3	22,517	19.7	13,123	14.4	12,830	13.3	9,736	12.9	8,082	22.5	4,640	64.1
Non-Federal Programs	1,272	1.7	4,185	4.9	10,386	9.1	5,140	5.6	5,982	6.2	1,872	2.5	699	1.9	583	8.1
Medi-Cal	11,673	15.3	8,325	9.8	31,736	27.7	23,532	25.8	18,570	19.3	14,444	19.2	2,939	8.2	498	6.9
Medicare HMO	5,191	6.8	7,457	8.8	4,774	4.2	4,449	4.9	8,212	8.5	5,548	7.4	877	2.4	64	0.9
Medicare-Traditional	8,430	11.0	8,478	10.0	11,791	10.3	9,548	10.4	9,032	9.4	7,961	10.6	3,400	9.4	395	5.5
Private-HMO	15,396	20.2	24,849	29.2	21,492	18.8	23,206	25.4	30,114	31.3	19,317	25.6	6,851	19.0	258	3.6
Private-Other	15,254	20.0	17,058	20.0	7,857	6.9	8,127	8.9	7,928	8.2	12,429	16.5	11,122	30.9	604	8.3
Workers Compensation	4,565	6.0	1,841	2.2	2,227	1.9	2,143	2.3	1,804	1.9	2,335	3.1	895	2.5	45	0.6
Other Federal Programs	1,732	2.3	2,299	2.7	1,260	1.1	1,951	2.1	1,503	1.6	1,733	2.3	975	2.7	48	0.7
Other	170	0.2	231	0.3	472	0.4	151	0.2	133	0.1	49	0.1	141	0.4	104	1.4
<b>Total</b>	<b>76,312</b>	<b>100.0</b>	<b>85,183</b>	<b>100.0</b>	<b>114,512</b>	<b>100.0</b>	<b>91,370</b>	<b>100.0</b>	<b>96,108</b>	<b>100.0</b>	<b>75,424</b>	<b>100.0</b>	<b>35,981</b>	<b>100.0</b>	<b>7,239</b>	<b>100.0</b>
Missing Payor Source	185		60		58		30		44		1,653		141		19	
<b>Region Totals</b>	<b>76,497</b>		<b>85,243</b>		<b>114,570</b>		<b>91,400</b>		<b>96,152</b>		<b>77,077</b>		<b>36,122</b>		<b>7,258</b>	

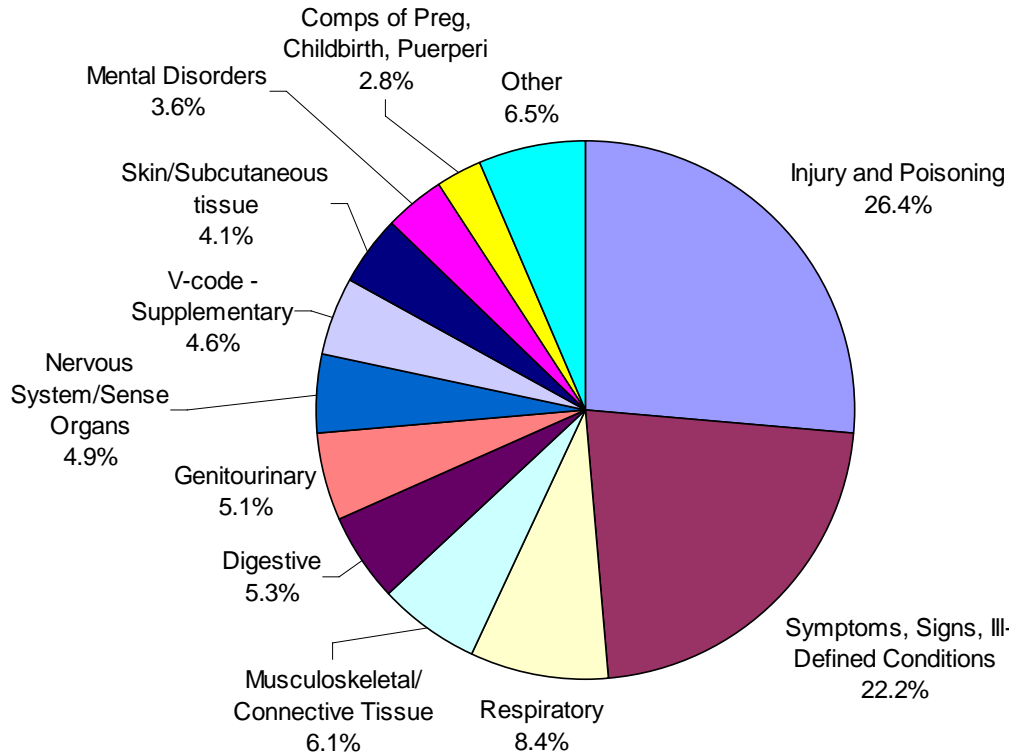
Source: HASD&IC, CHIP, CoSD EMS, Emergency Department Database, January - December, 2006. Approximately 4,500 cases are missing from October – December, likely to affect the Central and East Regions.

**Table 16. Expected Source of Payment by Race/Ethnicity Among Children <18 Years**

	White		Black		Hispanic		Asian/Other		Unknown		Total	
	Freq.	Percent	Freq.	Percent	Freq.	Percent	Freq.	Percent	Freq.	Percent	Freq.	Percent
Self-Pay	4,408	9.3	1,595	14.3	7,794	13.0	1,394	9.4	946	22.2	16,137	11.7
Non-Federal Programs	1,828	3.9	627	5.6	5,612	9.4	1,493	10.0	91	2.1	9,651	7.0
Medi-Cal	9,613	20.3	5,246	47.2	28,902	48.2	4,412	29.7	822	19.3	48,995	35.6
Private-HMO	17,666	37.4	2,341	21.0	12,142	20.2	4,220	28.4	1,752	41.1	38,121	27.7
Private-Other	11,741	24.8	724	6.5	4,281	7.1	2,750	18.5	488	11.4	19,984	14.5
Workers Compensation	53	0.1	12	0.1	53	0.1	9	0.1	5	0.1	132	0.1
Other Federal Programs	1,883	4.0	546	4.9	1,052	1.8	537	3.6	136	3.2	4,154	3.0
Other	86	0.2	31	0.3	132	0.2	47	0.3	25	0.6	321	0.2
<b>Total</b>	<b>47,278</b>	<b>100.0</b>	<b>11,122</b>	<b>100.0</b>	<b>59,968</b>	<b>100.0</b>	<b>14,862</b>	<b>100.0</b>	<b>4,265</b>	<b>100.0</b>	<b>137,495</b>	<b>100.0</b>

Source: HASD&IC, CHIP, CoSD EMS, Emergency Department Database, January - December, 2006. Approximately 4,500 cases are missing from October – December; it is unknown how many of these cases were children <18 years.

**Figure 15. Principal Diagnosis**



Source: HASD&IC, CHIP, CoSD EMS, Emergency Department Database, January - December, 2006. \*Approximately 4,500 cases were missing from October – December. Excludes 1,670 cases with missing principal diagnosis.

**Table 17. 15 Most Common Principal Diagnoses**

Primary Diagnosis	Frequency	Percent
780 GENERAL SYMPTOMS*	29,929	5.1
789 ABDOMINAL SYMPTOMS*	29,109	5.0
786 RESPIRATORY SYMPTOMS*	28,706	4.9
840-848 SPRAINS AND STRAINS OF JOINTS AND MUSCLES	26,185	4.5
460-466 ACUTE RESPIRATORY INFECTIONS	24,702	4.2
920-924 CONTUSION WITH INTACT SKIN SURFACE	21,848	3.7
590-599 OTHER DISEASES OF URINARY SYSTEM	19,621	3.4
870-879 OPEN WOUND OF HEAD, NECK, TRUNK	18,562	3.2
720-724 DORSOPATHIES	17,139	2.9
880-887 OPEN WOUND OF UPPER LIMB	15,165	2.6
300-316 NEUROTIC, PERSONALITY, OTHER NONPSYCHOTIC MENTAL DIS	15,142	2.6
680-686 INFECTIONS OF SKIN AND SUBCUTANEOUS TISSUE	14,965	2.6
490-496 COPD AND ALLIED CONDITIONS	14,723	2.5
810-819 FRACTURE OF UPPER LIMB	13,493	2.3
784 HEAD AND NECK SYMPTOMS*	13,454	2.3

Source: HASD&IC, CHIP, CoSD EMS, Emergency Department Database, January - December, 2006. Approximately 4,500 cases were missing from October – December. Excludes 1,670 cases with missing principal diagnosis.



**Table 18. Principal Diagnosis by Age Group**

	0-14		15-24		25-44		45-64		65+		Total	
	Freq.	Percent	Freq.	Percent	Freq.	Percent	Freq.	Percent	Freq.	Percent	Freq.	Percent
Infectious and Parasitic Diseases	2,465	2.1	1,389	1.5	1,914	1.1	1,101	0.9	702	0.9	7,571	1.3
Neoplasms	62	0.1	107	0.1	355	0.2	381	0.3	278	0.3	1,183	0.2
Endocrine, Nutrition, Metabolic	1,726	1.5	941	1.0	2,623	1.5	2,945	2.4	3,193	3.9	11,428	2.0
Disease of Blood & Blood Forming Organs	271	0.2	143	0.2	329	0.2	244	0.2	405	0.5	1,392	0.2
Mental Disorders	694	0.6	3,868	4.2	8,395	5.0	6,139	5.0	1,813	2.2	20,909	3.6
Diseases of Nervous System/Sense Organs	9,082	7.8	3,453	3.7	8,055	4.8	5,729	4.6	2,299	2.8	28,618	4.9
Circulatory	223	0.2	461	0.5	2,279	1.3	4,552	3.7	6,928	8.5	14,443	2.5
Respiratory	20,035	17.3	6,668	7.2	9,833	5.8	7,172	5.8	5,097	6.3	48,805	8.4
Digestive	6,850	5.9	3,986	4.3	8,680	5.1	6,744	5.5	4,860	6.0	31,120	5.3
Genitourinary	2,722	2.3	6,149	6.7	10,533	6.2	6,404	5.2	4,057	5.0	29,865	5.1
Pregnancy, Childbirth, Puerperium	163	0.1	6,698	7.3	9,256	5.5	148	0.1	56	0.1	16,321	2.8
Skin/Subcutaneous Tissue	3,789	3.3	4,129	4.5	8,321	4.9	5,571	4.5	2,118	2.6	23,928	4.1
Musculoskeletal/Connective Tissue	2,128	1.8	3,538	3.8	12,356	7.3	11,535	9.3	6,100	7.5	35,657	6.1
Congenital Anomalies	391	0.3	54	0.1	57	0.0	27	0.0	26	0.0	555	0.1
Perinatal Conditions	1,124	1.0	5	0.0	20	0.0	11	0.0	5	0.0	1,165	0.2
Symptoms, Signs, Ill-Defined Conditions	21,943	18.9	16,099	17.4	36,449	21.5	31,401	25.4	23,261	28.6	129,153	22.2
Injury and Poisoning	39,148	33.7	29,683	32.2	40,323	23.8	26,958	21.8	17,644	21.7	153,756	26.4
V-Code - Supplementary	3,182	2.7	4,893	5.3	9,750	5.8	6,597	5.3	2,410	3.0	26,832	4.6
Group Total	115,998	100.0	92,264	100.0	169,528	100.0	123,659	100.0	81,252	100.0	582,701	100.0

Source: HASD&IC, CHIP, CoSD EMS, Emergency Department Database, January - December, 2006. Population data: SANDAG, 2006 Estimates, (8/06). Totals do not include <3% of all civilian ED discharges. Approximately 4,500 cases were missing from October – December. Total excludes 1,670 patients with a missing principal diagnosis and 39 patients with missing age.

**Table 19. Principal Diagnosis by Age Group, Rates per 100,000**

	0-14		15-24		25-44		45-64		65+		Total	
	Freq.	Rate	Freq.	Rate	Freq.	Rate	Freq.	Rate	Freq.	Rate	Freq.	Rate
Infectious and Parasitic Diseases	2,465	389.0	1,389	299.6	1,914	211.8	1,101	158.8	702	209.4	7,571	246.9
Neoplasms	62	9.8	107	23.1	355	39.3	381	54.9	278	82.9	1,183	38.6
Endocrine, Nutrition, Metabolic	1,726	272.4	941	203.0	2,623	290.2	2,945	424.7	3,193	952.4	11,428	372.6
Disease of Blood & Blood Forming Organs	271	42.8	143	30.8	329	36.4	244	35.2	405	120.8	1,392	45.4
Mental Disorders	694	109.5	3,868	834.3	8,395	928.8	6,139	885.2	1,813	540.8	20,909	681.8
Diseases of Nervous System/Sense Organs	9,082	1,433.3	3,453	744.8	8,055	891.2	5,729	826.1	2,299	685.7	28,618	933.1
Circulatory	223	35.2	461	99.4	2,279	252.1	4,552	656.4	6,928	2,066.5	14,443	470.9
Respiratory	20,035	3,161.8	6,668	1,438.3	9,833	1,087.9	7,172	1,034.2	5,097	1,520.3	48,805	1,591.4
Digestive	6,850	1,081.0	3,986	859.8	8,680	960.3	6,744	972.5	4,860	1,449.6	31,120	1,014.7
Genitourinary	2,722	429.6	6,149	1,326.4	10,533	1,165.3	6,404	923.4	4,057	1,210.1	29,865	973.8
Pregnancy, Childbirth, Puerperium	163	25.7	6,698	1,444.8	9,256	1,024.1	148	21.3	56	16.7	16,321	532.2
Skin/Subcutaneous Tissue	3,789	598.0	4,129	890.6	8,321	920.6	5,571	803.3	2,118	631.8	23,928	780.2
Musculoskeletal/Connective Tissue	2,128	335.8	3,538	763.2	12,356	1,367.0	11,535	1,663.3	6,100	1,819.5	35,657	1,162.7
Congenital Anomalies	391	61.7	54	11.6	57	6.3	27	3.9	26	7.8	555	18.1
Perinatal Conditions	1,124	177.4	5	1.1	20	2.2	11	1.6	5	1.5	1,165	38.0
Symptoms, Signs, Ill-Defined Conditions	21,943	3,462.9	16,099	3,472.6	36,449	4,032.6	31,401	4,527.9	23,261	6,938.2	129,153	4,211.3
Injury and Poisoning	39,148	6,178.1	29,683	6,402.7	40,323	4,461.2	26,958	3,887.3	17,644	5,262.8	153,756	5,013.5
V-Code - Supplementary	3,182	502.2	4,893	1,055.4	9,750	1,078.7	6,597	951.3	2,410	718.8	26,832	874.9
Group Total	115,998	18,306.1	92,264	19,901.6	169,528	18,756.1	123,659	17,831.3	81,252	24,235.6	582,701	19,000.2

Source: HASD&IC, CHIP, CoSD EMS, Emergency Department Database, January - December, 2006. Population data: SANDAG, 2006 Estimates, (8/06). \*Rates calculated per 100,000 population for all patients. Totals do not include <3% of all civilian ED discharges. Approximately 4,500 cases were missing from October – December. Total excludes 1,670 patients with a missing principal diagnosis and 39 patients with missing age.

**Table 20. Five Most Common Diagnoses by Age Group**

		Primary Diagnosis	Frequency	Percent
<b>0-14 Years</b>		460-466 ACUTE RESPIRATORY INFECTIONS	12,237	10.5
		780 GENERAL SYMPTOMS*	8,153	7.0
		870-879 OPEN WOUND OF HEAD, NECK, TRUNK	7,927	6.8
		380-389 DISEASES OF EAR AND MASTOID PROCESS	7,005	6.0
		810-819 FRACTURE OF UPPER LIMB	5,791	5.0
		Primary Diagnosis	Frequency	Percent
<b>15-24 Years</b>		840-848 SPRAINS AND STRAINS OF JOINTS AND MUSCLES	6,031	6.5
		640-648 COMPLICATIONS MAINLY RELATED TO PREGNANCY	5,310	5.7
		789 ABDOMINAL SYMPTOMS*	5,250	5.7
		920-924 CONTUSION WITH INTACT SKIN SURFACE	4,152	4.5
		460-466 ACUTE RESPIRATORY INFECTIONS	3,850	4.2
		Primary Diagnosis	Frequency	Percent
<b>25-44 Years</b>		789 ABDOMINAL SYMPTOMS*	10,536	6.2
		840-848 SPRAINS AND STRAINS OF JOINTS AND MUSCLES	9,599	5.6
		786 RESPIRATORY SYMPTOMS*	8,622	5.1
		640-648 COMPLICATIONS MAINLY RELATED TO PREGNANCY	6,847	4.0
		720-724 DORSOPATHIES	6,810	4.0
		Primary Diagnosis	Frequency	Percent
<b>45-64 Years</b>		786 RESPIRATORY SYMPTOMS*	9,283	7.5
		789 ABDOMINAL SYMPTOMS*	6,790	5.5
		780 GENERAL SYMPTOMS*	5,907	4.8
		720-724 DORSOPATHIES	5,725	4.6
		840-848 SPRAINS AND STRAINS OF JOINTS AND MUSCLES	5,627	4.5
		Primary Diagnosis	Frequency	Percent
<b>65+ Years</b>		780 GENERAL SYMPTOMS*	6,650	8.2
		786 RESPIRATORY SYMPTOMS*	5,787	7.1
		590-599 OTHER DISEASES OF URINARY SYSTEM	3,426	4.2
		789 ABDOMINAL SYMPTOMS*	3,335	4.1
		920-924 CONTUSION WITH INTACT SKIN SURFACE	3,210	3.9

Source: HASD&IC, CHIP, CoSD EMS, Emergency Department Database, January - December, 2006. Totals do not include <3% of all civilian ED discharges. Approximately 4,500 cases were missing from October – December. Does not include 1,670 patients with a missing principal diagnosis and 39 patients with missing age.

**Table 21. Principal Diagnosis by Race/Ethnicity**

	White		Black		Hispanic		Asian/PI		Unknown		Total	
	Freq.	Percent	Freq.	Percent	Freq.	Percent	Freq.	Percent	Freq.	Percent	Freq.	Percent
Infectious and Parasitic Diseases	3,106	1.0	963	1.8	2,567	1.6	442	1.5	493	1.3	7,571	1.3
Neoplasms	591	0.2	109	0.2	362	0.2	76	0.3	46	0.1	1,184	0.2
Endocrine, Nutrition, Metabolic	5,829	2.0	1,055	2.0	3,138	1.9	773	2.6	635	1.7	11,430	2.0
Disease of Blood & Blood Forming Organs	682	0.2	201	0.4	362	0.2	71	0.2	76	0.2	1,392	0.2
Mental Disorders	12,809	4.3	1,688	3.2	4,645	2.8	696	2.4	1,073	2.9	20,911	3.6
Diseases of Nervous System/Sense Organs	13,705	4.6	2,966	5.6	8,610	5.2	1,389	4.7	1,949	5.2	28,619	4.9
Circulatory	8,841	3.0	1,349	2.5	2,681	1.6	880	3.0	693	1.8	14,444	2.5
Respiratory	21,067	7.1	5,761	10.8	15,912	9.6	2,590	8.8	3,475	9.2	48,805	8.4
Digestive	14,475	4.9	2,658	5.0	10,115	6.1	1,750	5.9	2,124	5.6	31,122	5.3
Genitourinary	15,280	5.1	2,639	4.9	8,414	5.1	1,743	5.9	1,793	4.8	29,869	5.1
Pregnancy, Childbirth, Puerperium	5,269	1.8	1,686	3.2	7,588	4.6	864	2.9	914	2.4	16,321	2.8
Skin/Subcutaneous Tissue	12,689	4.3	2,451	4.6	6,323	3.8	1,106	3.8	1,361	3.6	23,930	4.1
Musculoskeletal/Connective Tissue	20,217	6.8	4,244	7.9	7,880	4.8	1,355	4.6	1,965	5.2	35,661	6.1
Congenital Anomalies	179	0.1	32	0.1	257	0.2	19	0.1	68	0.2	555	0.1
Perinatal Conditions	289	0.1	74	0.1	613	0.4	61	0.2	128	0.3	1,165	0.2
Symptoms, Signs, Ill-Defined Conditions	65,911	22.2	11,636	21.8	35,699	21.6	7,422	25.2	8,492	22.6	129,160	22.2
Injury and Poisoning	83,021	27.9	11,013	20.6	41,984	25.4	6,959	23.6	10,789	28.7	153,766	26.4
V-Code - Supplementary	13,362	4.5	2,864	5.4	7,837	4.8	1,235	4.2	1,537	4.1	26,835	4.6
Group Total	297,322	100.0	53,389	100.0	164,987	100.0	29,431	100.0	37,611	100.0	582,740	100.0

Source: HASD&IC, CHIP, CoSD EMS, Emergency Department Database, January - December, 2006. Population data: SANDAG, 2006 Estimates, (8/06). Totals do not include <3% of all civilian ED discharges. Approximately 4,500 cases were missing from October – December. Total excludes 1,670 patients with a missing principal diagnosis.

**Table 22. Principal Diagnosis by Race/Ethnicity, Rates per 100,000**

	White		Black		Hispanic		Asian/PI		Total	
	Freq.	Rate	Freq.	Rate	Freq.	Rate	Freq.	Rate	Freq.	Rate
Infectious and Parasitic Diseases	3,106	197.0	963	588.0	2,567	288.0	442	141.8	7,571	246.9
Neoplasms	591	37.5	109	66.6	362	40.6	76	24.4	1,184	38.6
Endocrine, Nutrition, Metabolic	5,829	369.6	1,055	644.2	3,138	352.0	773	247.9	11,430	372.7
Disease of Blood & Blood Forming Organs	682	43.2	201	122.7	362	40.6	71	22.8	1,392	45.4
Mental Disorders	12,809	812.2	1,688	1,030.7	4,645	521.1	696	223.2	20,911	681.8
Diseases of Nervous System/Sense Organs	13,705	869.0	2,966	1,811.1	8,610	965.9	1,389	445.5	28,619	933.2
Circulatory	8,841	560.6	1,349	823.7	2,681	300.7	880	282.2	14,444	471.0
Respiratory	21,067	1,335.9	5,761	3,517.8	15,912	1,785.0	2,590	830.7	48,805	1,591.4
Digestive	14,475	917.9	2,658	1,623.0	10,115	1,134.7	1,750	561.3	31,122	1,014.8
Genitourinary	15,280	968.9	2,639	1,611.4	8,414	943.9	1,743	559.0	29,869	973.9
Pregnancy, Childbirth, Puerperium	5,269	334.1	1,686	1,029.5	7,588	851.2	864	277.1	16,321	532.2
Skin/Subcutaneous Tissue	12,689	804.6	2,451	1,496.6	6,323	709.3	1,106	354.7	23,930	780.3
Musculoskeletal/Connective Tissue	20,217	1,282.0	4,244	2,591.5	7,880	884.0	1,355	434.6	35,661	1,162.8
Congenital Anomalies	179	11.4	32	19.5	257	28.8	19	6.1	555	18.1
Perinatal Conditions	289	18.3	74	45.2	613	68.8	61	19.6	1,165	38.0
Symptoms, Signs, Ill-Defined Conditions	65,911	4,179.4	11,636	7,105.3	35,699	4,004.6	7,422	2,380.5	129,160	4,211.5
Injury and Poisoning	83,021	5,264.4	11,013	6,724.8	41,984	4,709.7	6,959	2,232.0	153,766	5,013.9
V-Code - Supplementary	13,362	847.3	2,864	1,748.8	7,837	879.1	1,235	396.1	26,835	875.0
Group Total	297,322	18,853.3	53,389	32,600.8	164,987	18,507.9	29,431	9,439.5	582,740	19,001.4

Source: HASD&IC, CHIP, CoSD EMS, Emergency Department Database, January - December, 2006. Population data: SANDAG, 2006 Estimates, (8/06). \*Rates calculated per 100,000 population for all patients. Totals do not include <3% of all civilian ED discharges. Approximately 4,500 cases were missing from October – December. Total excludes 1,670 patients with a missing principal diagnosis.

**Table 23. Five Most Common Diagnoses by Race/Ethnicity**

	Primary Diagnosis	Frequency	Percent
<b>White</b>	786 RESPIRATORY SYMPTOMS*	15,453	5.2
	780 GENERAL SYMPTOMS*	15,177	5.1
	789 ABDOMINAL SYMPTOMS*	14,435	4.8
	840-848 SPRAINS AND STRAINS OF JOINTS AND MUSCLES	13,689	4.6
	920-924 CONTUSION WITH INTACT SKIN SURFACE	11,624	3.9
<b>Black</b>	786 RESPIRATORY SYMPTOMS*	2,923	5.5
	840-848 SPRAINS AND STRAINS OF JOINTS AND MUSCLES	2,751	5.1
	789 ABDOMINAL SYMPTOMS*	2,714	5.1
	460-466 ACUTE RESPIRATORY INFECTIONS	2,596	4.9
	490-496 COPD AND ALLIED CONDITIONS	2,369	4.4
<b>Hispanic</b>	789 ABDOMINAL SYMPTOMS*	8,718	5.3
	460-466 ACUTE RESPIRATORY INFECTIONS	8,704	5.3
	780 GENERAL SYMPTOMS*	8,515	5.1
	786 RESPIRATORY SYMPTOMS*	6,802	4.1
	840-848 SPRAINS AND STRAINS OF JOINTS AND MUSCLES	6,625	4.0
<b>Asian/PI</b>	780 GENERAL SYMPTOMS*	1,808	6.1
	786 RESPIRATORY SYMPTOMS*	1,650	5.6
	789 ABDOMINAL SYMPTOMS*	1,529	5.2
	840-848 SPRAINS AND STRAINS OF JOINTS AND MUSCLES	1,359	4.6
	590-599 OTHER DISEASES OF URINARY SYSTEM	1,283	4.3
<b>Other/ Unk</b>	780 GENERAL SYMPTOMS*	2,148	5.7
	460-466 ACUTE RESPIRATORY INFECTIONS	2,000	5.3
	786 RESPIRATORY SYMPTOMS*	1,878	5.0
	840-848 SPRAINS AND STRAINS OF JOINTS AND MUSCLES	1,761	4.7
	789 ABDOMINAL SYMPTOMS*	1,713	4.5

Source: HASD&IC, CHIP, CoSD EMS, Emergency Department Database, January - December, 2006. Approximately 4,500 cases were missing from October – December.

**Table 24. Principal Diagnosis by Sex**

	Male		Female		Total	
	Freq.	Percent	Freq.	Percent	Freq.	Percent
Infectious and Parasitic Diseases	3,544	1.3	4,027	1.3	7,571	1.3
Neoplasms	461	0.2	723	0.2	1,184	0.2
Endocrine, Nutrition, Metabolic	5,518	2.0	5,911	1.9	11,429	2.0
Disease of Blood & Blood Forming Organs	612	0.2	780	0.2	1,392	0.2
Mental Disorders	10,798	4.0	10,108	3.2	20,906	3.6
Diseases of Nervous System/Sense Organs	12,292	4.5	16,324	5.2	28,616	4.9
Circulatory	6,950	2.6	7,491	2.4	14,441	2.5
Respiratory	23,369	8.6	25,427	8.1	48,796	8.4
Digestive	14,184	5.2	16,936	5.4	31,120	5.3
Genitourinary	9,166	3.4	20,701	6.6	29,867	5.1
Pregnancy, Childbirth, Puerperium	0	0.0	16,094	5.2	16,320	2.8
Skin/Subcutaneous Tissue	12,589	4.7	11,338	3.6	23,927	4.1
Musculoskeletal/Connective Tissue	15,677	5.8	19,981	6.4	35,658	6.1
Congenital Anomalies	311	0.1	244	0.1	555	0.1
Perinatal Conditions	635	0.2	530	0.2	1,165	0.2
Symptoms, Signs, Ill-Defined Conditions	54,507	20.2	74,642	23.9	129,149	22.2
Injury and Poisoning	84,819	31.4	68,918	22.1	153,737	26.4
V-Code - Supplementary	14,709	5.4	12,122	3.9	26,831	4.6
Group Total	270,367	100.0	312,297	100.0	582,664	100.0

Source: HASD&IC, CHIP, CoSD EMS, Emergency Department Database, January - December, 2006. Population data: SANDAG, 2006 Estimates, (8/06). \*Rates calculated per 100,000 population for all patients. Totals do not include <3% of all civilian ED discharges. Approximately 4,500 cases were missing from October – December. Total excludes 1,670 patients with a missing principal diagnosis and 82 patients with missing sex.

**Table 25. Principal Diagnosis by Sex, Rates per 100,000**

	Male		Female		Total	
	Freq.	Rate	Freq.	Rate	Freq.	Rate
Infectious and Parasitic Diseases	3,544	230.8	4,027	262.9	7,571	246.9
Neoplasms	461	30.0	723	47.2	1,184	38.6
Endocrine, Nutrition, Metabolic	5,518	359.4	5,911	385.9	11,429	372.7
Disease of Blood & Blood Forming Organs	612	39.9	780	50.9	1,392	45.4
Mental Disorders	10,798	703.3	10,108	660.0	20,906	681.7
Diseases of Nervous System/Sense Organ	12,292	800.6	16,324	1,065.8	28,616	933.1
Circulatory	6,950	452.7	7,491	489.1	14,441	470.9
Respiratory	23,369	1,522.1	25,427	1,660.2	48,796	1,591.1
Digestive	14,184	923.9	16,936	1,105.8	31,120	1,014.7
Genitourinary	9,166	597.0	20,701	1,351.6	29,867	973.9
Pregnancy, Childbirth, Puerperium	0	-	16,094	1,050.8	16,320	532.1
Skin/Subcutaneous Tissue	12,589	820.0	11,338	740.3	23,927	780.2
Musculoskeletal/Connective Tissue	15,677	1,021.1	19,981	1,304.6	35,658	1,162.7
Congenital Anomalies	311	20.3	244	15.9	555	18.1
Perinatal Conditions	635	41.4	530	34.6	1,165	38.0
Symptoms, Signs, Ill-Defined Conditions	54,507	3,550.3	74,642	4,873.6	129,149	4,211.2
Injury and Poisoning	84,819	5,524.7	68,918	4,499.9	153,737	5,012.9
V-Code - Supplementary	14,709	958.1	12,122	791.5	26,831	874.9
Group Total	270,367	17,610.4	312,297	20,390.8	582,664	18,999.0

Source: HASD&IC, CHIP, CoSD EMS, Emergency Department Database, January - December, 2006. Population data: SANDAG, 2006 Estimates, (8/06). \*Rates calculated per 100,000 population for all patients. Totals do not include <3% of all civilian ED discharges. Approximately 4,500 cases were missing from October – December. Total excludes 1,670 patients with a missing principal diagnosis and 82 patients with missing sex.

**Table 26. Five Most Common Diagnoses by Sex**

	Primary Diagnosis	Frequency	Percent
<b>Male</b>	780 GENERAL SYMPTOMS*	14,163	5.2
	786 RESPIRATORY SYMPTOMS*	13,059	4.8
	870-879 OPEN WOUND OF HEAD, NECK, TRUNK	12,348	4.6
	840-848 SPRAINS AND STRAINS OF JOINTS AND MUSCLES	12,315	4.5
	460-466 ACUTE RESPIRATORY INFECTIONS	11,728	4.3

	Primary Diagnosis	Frequency	Percent
<b>Female</b>	789 ABDOMINAL SYMPTOMS*	19,246	6.1
	780 GENERAL SYMPTOMS*	15,763	5.0
	786 RESPIRATORY SYMPTOMS*	15,643	5.0
	840-848 SPRAINS AND STRAINS OF JOINTS AND MUSCLES	13,869	4.4
	590-599 OTHER DISEASES OF URINARY SYSTEM	13,080	4.2

Source: HASD&IC, CHIP, CoSD EMS, Emergency Department Database, January - December, 2006. Approximately 4,500 cases were missing from October – December.

**Table 27. Principal Diagnosis by Region of Residence**

	North Coastal		North Central		Central		South		East		North Inland		Out of County / Unknown	
	Freq.	Percent	Freq.	Percent	Freq.	Percent	Freq.	Percent	Freq.	Percent	Freq.	Percent	Freq.	Percent
Infectious and Parasitic Diseases	1,276	1.7	842	1.0	1,853	1.6	1,576	1.7	942	1.0	427	0.6	655	1.5
Neoplasms	178	0.2	149	0.2	176	0.2	182	0.2	133	0.1	283	0.4	83	0.2
Endocrine, Nutrition, Metabolic	1,789	2.3	1,629	1.9	2,181	1.9	1,731	1.9	1,469	1.5	1,775	2.3	856	2.0
Disease of Blood & Blood Forming Organs	274	0.4	165	0.2	231	0.2	228	0.3	216	0.2	201	0.3	77	0.2
Mental Disorders	2,803	3.7	2,536	3.0	4,172	3.6	2,737	3.0	3,425	3.6	2,920	3.8	2,318	5.4
Diseases of Nervous System/Sense Organs	3,090	4.0	4,294	5.0	5,905	5.2	4,837	5.3	4,647	4.8	3,647	4.8	2,199	5.1
Circulatory	2,652	3.5	2,315	2.7	2,380	2.1	2,145	2.4	2,275	2.4	1,878	2.5	799	1.8
Respiratory	5,886	7.7	6,519	7.7	10,691	9.3	8,606	9.4	7,537	7.8	6,166	8.1	3,400	7.9
Digestive	3,607	4.7	4,289	5.0	6,120	5.3	6,049	6.6	4,878	5.1	4,097	5.4	2,082	4.8
Genitourinary	3,599	4.7	4,453	5.2	5,694	5.0	4,970	5.5	4,890	5.1	4,055	5.3	2,208	5.1
Pregnancy, Childbirth, Puerperium	1,834	2.4	1,817	2.1	3,459	3.0	3,435	3.8	2,534	2.6	2,417	3.2	825	1.9
Skin/Subcutaneous Tissue	2,981	3.9	3,396	4.0	5,633	4.9	3,758	4.1	3,692	3.8	2,433	3.2	2,037	4.7
Musculoskeletal/Connective Tissue	4,010	5.3	4,996	5.9	7,654	6.7	5,560	6.1	6,535	6.8	4,282	5.6	2,624	6.1
Congenital Anomalies	47	0.1	72	0.1	131	0.1	87	0.1	80	0.1	104	0.1	34	0.1
Perinatal Conditions	116	0.2	158	0.2	263	0.2	222	0.2	172	0.2	190	0.2	44	0.1
Symptoms, Signs, Ill-Defined Conditions	16,076	21.1	19,449	22.8	24,900	21.8	19,753	21.7	23,483	24.4	17,062	22.4	8,437	19.5
Injury and Poisoning	22,218	29.1	23,843	28.0	25,594	22.4	22,112	24.3	25,651	26.7	21,865	28.7	12,483	28.9
V-Code - Supplementary	3,932	5.1	4,262	5.0	7,419	6.5	3,139	3.4	3,522	3.7	2,484	3.3	2,077	4.8
<b>Group Total</b>	<b>76,368</b>	<b>100.0</b>	<b>85,184</b>	<b>100.0</b>	<b>114,456</b>	<b>100.0</b>	<b>91,127</b>	<b>100.0</b>	<b>96,081</b>	<b>100.0</b>	<b>76,286</b>	<b>100.0</b>	<b>43,238</b>	<b>100.0</b>

Source: HASD&IC, CHIP, CoSD EMS, Emergency Department Database, January - December, 2006. Totals do not include <3% of all civilian ED discharges. Approximately 4,500 cases are missing from October – December, likely to affect the Central and East Regions. Total excludes 1,670 patients with a missing principal diagnosis and 43,380 patients with an unknown or out of county zip code of residence.

**Table 28. Principal Diagnosis by Region of Residence, Rates per 100,000**

	North Coastal		North Central		Central		South		East		North Inland	
	Freq.	Rate	Freq.	Rate	Freq.	Rate	Freq.	Rate	Freq.	Rate	Freq.	Rate
Infectious and Parasitic Diseases	1,276	259.5	842	143.4	1,853	377.9	1,576	342.1	942	192.5	427	83.7
Neoplasms	178	36.2	149	25.4	176	35.9	182	39.5	133	27.2	283	55.4
Endocrine, Nutrition, Metabolic	1,789	363.8	1,629	277.4	2,181	444.8	1,731	375.7	1,469	300.2	1,775	347.8
Blood & Blood Forming Organs	274	55.7	165	28.1	231	47.1	228	49.5	216	44.1	201	39.4
Mental Disorders	2,803	570.0	2,536	431.8	4,172	850.8	2,737	594.1	3,425	699.8	2,920	572.1
Nervous System/Sense Organs	3,090	628.3	4,294	731.2	5,905	1,204.2	4,837	1,050.0	4,647	949.5	3,647	714.5
Circulatory	2,652	539.3	2,315	394.2	2,380	485.3	2,145	465.6	2,275	464.9	1,878	368.0
Respiratory	5,886	1,196.9	6,519	1,110.1	10,691	2,180.2	8,606	1,868.1	7,537	1,540.1	6,166	1,208.1
Digestive	3,607	733.5	4,289	730.4	6,120	1,248.0	6,049	1,313.1	4,878	996.7	4,097	802.7
Genitourinary	3,599	731.8	4,453	758.3	5,694	1,161.2	4,970	1,078.8	4,890	999.2	4,055	794.5
Pregnancy, Childbirth, Puerperium	1,834	372.9	1,817	309.4	3,459	705.4	3,435	745.6	2,534	517.8	2,417	473.6
Skin/Subcutaneous Tissue	2,981	606.2	3,396	578.3	5,633	1,148.7	3,758	815.8	3,692	754.4	2,433	476.7
Musculoskeletal/Connective Tissue	4,010	815.4	4,996	850.7	7,654	1,560.9	5,560	1,206.9	6,535	1,335.3	4,282	839.0
Congenital Anomalies	47	9.6	72	12.3	131	26.7	87	18.9	80	16.3	104	20.4
Perinatal Conditions	116	23.6	158	26.9	263	53.6	222	48.2	172	35.1	190	37.2
Symptoms, Signs, Ill-Defined Conditions	16,076	3,268.9	19,449	3,311.9	24,900	5,077.8	19,753	4,287.8	23,483	4,798.4	17,062	3,342.9
Injury and Poisoning	22,218	4,517.8	23,843	4,060.1	25,594	5,219.3	22,112	4,799.9	25,651	5,241.4	21,865	4,284.0
V-Code - Supplementary	3,932	799.5	4,262	725.8	7,419	1,512.9	3,139	681.4	3,522	719.7	2,484	486.7
Group Total	76,368	15,528.8	85,184	14,505.7	114,456	23,340.8	91,127	19,781.0	96,081	19,632.6	76,286	14,946.6

Source: HASD&IC, CHIP, CoSD EMS, Emergency Department Database, January - December, 2006. Population data: SANDAG, 2006 Estimates, (8/06). \*Rates calculated per 100,000 population for all patients. Totals do not include <3% of all civilian ED discharges. Approximately 4,500 cases are missing from October – December, likely to affect the Central and East Regions. Total excludes 1,670 patients with a missing principal diagnosis and 43,380 patients with an unknown or out of county zip code of residence.

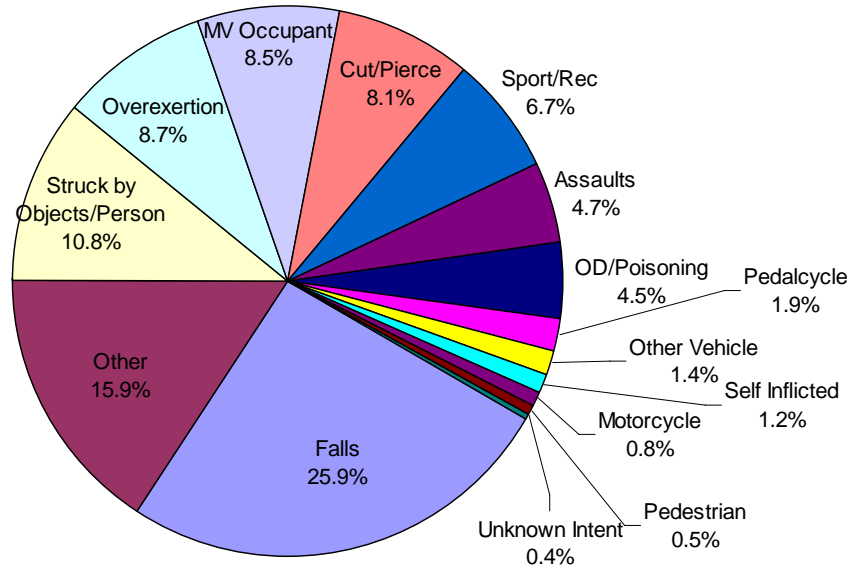
**Table 29. Five Most Common Diagnoses by Region of Residence**

	Primary Diagnosis	Frequency	Percent
<b>North Coastal Region</b>	789 ABDOMINAL SYMPTOMS*	4150	5.4
	840-848 SPRAINS AND STRAINS OF JOINTS AND MUSCLES	3665	4.8
	786 RESPIRATORY SYMPTOMS*	3589	4.7
	780 GENERAL SYMPTOMS*	3580	4.7
	460-466 ACUTE RESPIRATORY INFECTIONS	2942	3.8
<b>North Central Region</b>	780 GENERAL SYMPTOMS*	4,701	5.5
	786 RESPIRATORY SYMPTOMS*	4,410	5.2
	789 ABDOMINAL SYMPTOMS*	3,964	4.7
	840-848 SPRAINS AND STRAINS OF JOINTS AND MUSCLES	3,885	4.6
	460-466 ACUTE RESPIRATORY INFECTIONS	3,487	4.1
<b>Central Region</b>	780 GENERAL SYMPTOMS*	5,608	4.9
	786 RESPIRATORY SYMPTOMS*	5,600	4.9
	789 ABDOMINAL SYMPTOMS*	5,549	4.8
	460-466 ACUTE RESPIRATORY INFECTIONS	5,173	4.5
	840-848 SPRAINS AND STRAINS OF JOINTS AND MUSCLES	4,919	4.3
<b>South Region</b>	789 ABDOMINAL SYMPTOMS*	4,477	4.9
	780 GENERAL SYMPTOMS*	4,465	4.9
	786 RESPIRATORY SYMPTOMS*	4,210	4.6
	460-466 ACUTE RESPIRATORY INFECTIONS	4,040	4.4
	840-848 SPRAINS AND STRAINS OF JOINTS AND MUSCLES	3,837	4.2
<b>East Region</b>	786 RESPIRATORY SYMPTOMS*	5,700	5.9
	789 ABDOMINAL SYMPTOMS*	5,444	5.7
	780 GENERAL SYMPTOMS*	5,155	5.4
	840-848 SPRAINS AND STRAINS OF JOINTS AND MUSCLES	4,267	4.4
	460-466 ACUTE RESPIRATORY INFECTIONS	3,994	4.2
<b>North Inland Region</b>	780 GENERAL SYMPTOMS*	4,288	5.6
	789 ABDOMINAL SYMPTOMS*	3,776	4.9
	840-848 SPRAINS AND STRAINS OF JOINTS AND MUSCLES	3,469	4.5
	786 RESPIRATORY SYMPTOMS*	3,383	4.4
	920-924 CONTUSION WITH INTACT SKIN SURFACE	3,238	4.2

Source: HASD&IC, CHIP, CoSD EMS, Emergency Department Database, January - December, 2006. Approximately 4,500 cases are missing from October – December, likely to affect the Central and East Regions. Does not include 1,670 with a missing principal diagnosis.



**Figure 16. Principal Mechanism of Injury**



Source: HASD&IC, CHIP, CoSD EMS, Emergency Department Database, January - December, 2006. Approximately 4,500 total ED discharges were missing from October – December.

**Table 30. Fifteen Most Common Mechanisms of Injury**

Principal E-Code	Frequency	Percent
FALL OTH TRIP STUMBLE	15,551	9.4%
ACCID FROM OVEREXERTION*	14,475	8.7%
STRUCK BY OBJ/PERSON OT	10,540	6.4%
UNSPEC FALL	8,326	5.0%
ACCID CUTTING INSTRUM OT	7,551	4.6%
MVA COLLISION UNSP DRIVER	7,323	4.4%
ACCIDENT UNSPEC	6,146	3.7%
STRUCK IN SPORTS W/O FALL	5,721	3.5%
FALL AGAINST OTH OBJECT	4,138	2.5%
UNARMED FIGHT OR BRAWL	3,871	2.3%
MVA COLLISION UNSP PASNGR	3,349	2.0%
KNIFE/SWORD/DAGGER ACC	3,007	1.8%
FALL ON STAIR/STEP OT	2,866	1.7%
FALL ONE LEVEL TO ANOTH	2,852	1.7%
ACCIDENT OT	2,787	1.7%

Source: HASD&IC, CHIP, CoSD EMS, Emergency Department Database, January - December, 2006. Approximately 4,500 total ED discharges were missing from October – December.

**Table 31. Principal Injury by Age Group**

	0-14		15-24		25-44		45-64		65+		Total	
	Freq.	Percent	Freq.	Percent	Freq.	Percent	Freq.	Percent	Freq.	Percent	Freq.	Percent
MV Occupant	1,120	2.9	4,124	12.8	4,994	11.1	2,892	9.6	935	4.8	14,065	8.5
Motorcycle	84	0.2	404	1.3	576	1.3	238	0.8	20	0.1	1,322	0.8
Pedalcycle	1,238	3.2	581	1.8	792	1.8	511	1.7	80	0.4	3,202	1.9
Pedestrian	208	0.5	211	0.7	239	0.5	175	0.6	65	0.3	898	0.5
Other Vehicle	366	0.9	478	1.5	746	1.7	498	1.7	181	0.9	2,269	1.4
Falls	12,766	32.6	4,006	12.4	6,836	15.2	8,137	27.1	11,137	57.5	42,882	25.9
Self Inflicted	144	0.4	730	2.3	697	1.5	317	1.1	40	0.2	1,928	1.2
Assaults	449	1.1	2,943	9.1	3,080	6.8	1,253	4.2	106	0.5	7,831	4.7
Sport/Rec	4,812	12.3	3,552	11.0	2,119	4.7	550	1.8	80	0.4	11,113	6.7
Other	6,158	15.7	4,427	13.7	8,049	17.9	5,336	17.8	2,413	12.5	26,383	15.9
Unknown Intent	68	0.2	187	0.6	255	0.6	129	0.4	16	0.1	655	0.4
OD/Poisoning	1,064	2.7	1,115	3.5	1,981	4.4	1,770	5.9	1,514	7.8	7,444	4.5
Struck by	6,347	16.2	3,352	10.4	4,456	9.9	2,663	8.9	1,091	5.6	17,909	10.8
Cut/Pierce	2,003	5.1	3,101	9.6	4,930	11.0	2,604	8.7	757	3.9	13,395	8.1
Overexertion	2,313	5.9	3,038	9.4	5,249	11.7	2,942	9.8	933	4.8	14,475	8.7
Group Total	39,140	100.0	32,249	100.0	44,999	100.0	30,015	100.0	19,368	100.0	165,771	100.0

Source: HASD&IC, CHIP, CoSD EMS, Emergency Department Database, January - December, 2006. Totals do not include <3% of all civilian ED discharges. Approximately 4,500 total ED discharges were missing from October – December. Total excludes 10 patients with missing age.

**Table 32. Principal Injury by Age Group, Rates per 100,000**

	0-14		15-24		25-44		45-64		65+		Total	
	Freq.	Rate	Freq.	Rate	Freq.	Rate	Freq.	Rate	Freq.	Rate	Freq.	Rate
MV Occupant	1,120	175.4	4,124	871.8	4,994	546.2	2,892	412.5	935	275.1	14,065	458.6
Motorcycle	84	13.2	404	85.4	576	63.0	238	33.9	20	5.9	1,322	43.1
Pedalcycle	1,238	193.9	581	122.8	792	86.6	511	72.9	80	23.5	3,202	104.4
Pedestrian	208	32.6	211	44.6	239	26.1	175	25.0	65	19.1	898	29.3
Other Vehicle	366	57.3	478	101.1	746	81.6	498	71.0	181	53.3	2,269	74.0
Falls	12,766	1,999.4	4,006	846.9	6,836	747.6	8,137	1,160.6	11,137	3,277.1	42,882	1,398.3
Self Inflicted	144	22.6	730	154.3	697	76.2	317	45.2	40	11.8	1,928	62.9
Assaults	449	70.3	2,943	622.2	3,080	336.9	1,253	178.7	106	31.2	7,831	255.3
Sport/Rec	4,812	753.6	3,552	750.9	2,119	231.8	550	78.4	80	23.5	11,113	362.4
Other	6,158	964.4	4,427	935.9	8,049	880.3	5,336	761.1	2,413	710.0	26,383	860.3
Unknown Intent	68	10.6	187	39.5	255	27.9	129	18.4	16	4.7	655	21.4
OD/Poisoning	1,064	166.6	1,115	235.7	1,981	216.7	1,770	252.5	1,514	445.5	7,444	242.7
Struck by	6,347	994.0	3,352	708.6	4,456	487.3	2,663	379.8	1,091	321.0	17,909	584.0
Cut/Pierce	2,003	313.7	3,101	655.6	4,930	539.2	2,604	371.4	757	222.7	13,395	436.8
Overexertion	2,313	362.3	3,038	642.2	5,249	574.1	2,942	419.6	933	274.5	14,475	472.0
Group Total	39,140	6,129.9	32,249	6,817.6	44,999	4,921.5	30,015	4,281.1	19,368	5,699.1	165,771	5,405.3

Source: HASD&IC, CHIP, CoSD EMS, Emergency Department Database, January - December, 2006. Population data: SANDAG, 2006 Estimates, (8/06). \*Rates calculated per 100,000 population for all patients. Totals do not include <3% of all civilian ED discharges. Approximately 4,500 total ED discharges were missing from October – December. Total excludes 10 patients with missing age.

**Table 33. Most Common Injuries by Age Group**

		Primary Injury	Frequency	Percent
<b>0-14 Years</b>		STRUCK BY OBJ/PERSON OT	3,448	8.8
		FALL OTH TRIP STUMBLE	3,308	8.5
		ACCID FROM OVEREXERTION*	2,313	5.9
		STRUCK IN SPORTS W/O FALL	2,032	5.2
		FALL AGAINST OTH OBJECT	1,959	5.0
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		Primary Injury	Frequency	Percent
<b>15-24 Years</b>		ACCID FROM OVEREXERTION*	3,038	9.4
		STRUCK IN SPORTS W/O FALL	2,143	6.6
		STRUCK BY OBJ/PERSON OT	2,012	6.2
		MVA COLLISION UNSP DRIVER	1,935	6.0
		ACCID CUTTING INSTRUM OT	1,804	5.6
<hr/>				
		Primary Injury	Frequency	Percent
<b>25-44 Years</b>		ACCID FROM OVEREXERTION*	5,249	11.7
		MVA COLLISION UNSP DRIVER	3,091	6.9
		STRUCK BY OBJ/PERSON OT	2,833	6.3
		ACCID CUTTING INSTRUM OT	2,548	5.7
		FALL OTH TRIP STUMBLE	2,392	5.3
<hr/>				
		Primary Injury	Frequency	Percent
<b>45-64 Years</b>		FALL OTH TRIP STUMBLE	3,368	11.2
		ACCID FROM OVEREXERTION*	2,942	9.8
		MVA COLLISION UNSP DRIVER	1,771	5.9
		UNSPEC FALL	1,711	5.7
		STRUCK BY OBJ/PERSON OT	1,612	5.4
<hr/>				
		Primary Injury	Frequency	Percent
<b>65+ Years</b>		FALL OTH TRIP STUMBLE	5,198	26.8
		UNSPEC FALL	2,508	12.9
		ACCID FROM OVEREXERTION*	933	4.8
		FALL AGAINST OTH OBJECT	806	4.2
		ACCIDENT UNSPEC	751	3.9

Source: HASD&IC, CHIP, CoSD EMS, Emergency Department Database, January - December, 2006. Approximately 4,500 total ED discharges were missing from October – December. Total excludes 10 patients with missing age.

**Table 34. Principal Injury by Race/Ethnicity**

	White		Black		Hispanic		Asian/PI		Total	
	Freq.	Percent	Freq.	Percent	Freq.	Percent	Freq.	Percent	Freq.	Percent
MV Occupant	6,416	7.1	1,331	11.1	3,968	8.9	1,131	15.0	14,065	8.5
Motorcycle	857	0.9	69	0.6	263	0.6	44	0.6	1,322	0.8
Pedalcycle	1,937	2.1	148	1.2	796	1.8	104	1.4	3,202	1.9
Pedestrian	406	0.4	82	0.7	306	0.7	41	0.5	898	0.5
Other Vehicle	1,163	1.3	225	1.9	598	1.3	109	1.4	2,269	1.4
Falls	25,059	27.7	2,357	19.7	11,035	24.9	1,697	22.4	42,883	25.9
Self Inflicted	1,191	1.3	130	1.1	419	0.9	61	0.8	1,928	1.2
Assaults	3,610	4.0	1,012	8.4	2,455	5.5	263	3.5	7,833	4.7
Sport/Rec	6,485	7.2	618	5.2	2,656	6.0	475	6.3	11,114	6.7
Other	13,816	15.3	2,129	17.8	7,360	16.6	1,231	16.3	26,386	15.9
Unknown Intent	389	0.4	60	0.5	152	0.3	17	0.2	655	0.4
OD/Poisoning	4,292	4.7	544	4.5	1,766	4.0	391	5.2	7,446	4.5
Struck by	9,475	10.5	1,271	10.6	5,127	11.6	702	9.3	17,909	10.8
Cut/Pierce	7,247	8.0	765	6.4	3,824	8.6	660	8.7	13,396	8.1
Overexertion	8,071	8.9	1,237	10.3	3,632	8.2	635	8.4	14,475	8.7
<b>Group Total</b>	<b>90,414</b>	<b>100.0</b>	<b>11,978</b>	<b>100.0</b>	<b>44,357</b>	<b>100.0</b>	<b>7,561</b>	<b>100.0</b>	<b>165,781</b>	<b>100.0</b>

Source: HASD&IC, CHIP, CoSD EMS, Emergency Department Database, January - December, 2006. Totals do not include <3% of all civilian ED discharges. Total includes 11,471 patients with other or unknown race/ethnicity.

**Table 35. Principal Injury by Race/Ethnicity, Rates per 100,000**

	White		Black		Hispanic		Asian/PI		Total	
	Freq.	Rate	Freq.	Rate	Freq.	Rate	Freq.	Rate	Freq.	Rate
MV Occupant	6,416	406.8	1,331	812.7	3,968	445.1	1,131	362.7	14,065	458.6
Motorcycle	857	54.3	69	42.1	263	29.5	44	14.1	1,322	43.1
Pedalcycle	1,937	122.8	148	90.4	796	89.3	104	33.4	3,202	104.4
Pedestrian	406	25.7	82	50.1	306	34.3	41	13.2	898	29.3
Other Vehicle	1,163	73.7	225	137.4	598	67.1	109	35.0	2,269	74.0
Falls	25,059	1,589.0	2,357	1,439.2	11,035	1,237.9	1,697	544.3	42,883	1,398.3
Self Inflicted	1,191	75.5	130	79.4	419	47.0	61	19.6	1,928	62.9
Assaults	3,610	228.9	1,012	618.0	2,455	275.4	263	84.4	7,833	255.4
Sport/Rec	6,485	411.2	618	377.4	2,656	297.9	475	152.3	11,114	362.4
Other	13,816	876.1	2,129	1,300.0	7,360	825.6	1,231	394.8	26,386	860.4
Unknown Intent	389	24.7	60	36.6	152	17.1	17	5.5	655	21.4
OD/Poisoning	4,292	272.2	544	332.2	1,766	198.1	391	125.4	7,446	242.8
Struck by	9,475	600.8	1,271	776.1	5,127	575.1	702	225.2	17,909	584.0
Cut/Pierce	7,247	459.5	765	467.1	3,824	429.0	660	211.7	13,396	436.8
Overexertion	8,071	511.8	1,237	755.3	3,632	407.4	635	203.7	14,475	472.0
Group Total	90,414	5,733.2	11,978	7,314.1	44,357	4,975.9	7,561	2,425.1	165,781	5,405.6

Source: HASD&IC, CHIP, CoSD EMS, Emergency Department Database, January - December, 2006. Population data: SANDAG, 2006 Estimates, (8/06). \*Rates calculated per 100,000 population for all patients. Totals do not include <3% of all civilian ED discharges. Total includes 11,471 patients with other or unknown race/ethnicity.

**Table 36. Most Common Injuries by Race/Ethnicity**

	Primary Injury	Frequency	Percent
<b>White</b>	FALL OTH TRIP STUMBLE	9,706	10.7
	ACCID FROM OVEREXERTION*	8,071	8.9
	STRUCK BY OBJ/PERSON OT	5,612	6.2
	UNSPEC FALL	4,875	5.4
	ACCID CUTTING INSTRUM OT	4,048	4.5
<b>Black</b>	ACCID FROM OVEREXERTION*	1,237	10.3
	FALL OTH TRIP STUMBLE	757	6.3
	ACCIDENT UNSPEC	733	6.1
	STRUCK BY OBJ/PERSON OT	716	6.0
	MVA COLLISION UNSP DRIVER	667	5.6
<b>Hispanic</b>	ACCID FROM OVEREXERTION*	3,632	8.2
	FALL OTH TRIP STUMBLE	3,614	8.1
	STRUCK BY OBJ/PERSON OT	3,059	6.9
	ACCID CUTTING INSTRUM OT	2,177	4.9
	UNSPEC FALL	2,006	4.5
<b>Asian/PI</b>	MVA COLLISION UNSP DRIVER	642	8.5
	ACCID FROM OVEREXERTION*	635	8.4
	FALL OTH TRIP STUMBLE	588	7.8
	UNSPEC FALL	420	5.6
	STRUCK BY OBJ/PERSON OT	398	5.3

Source: HASD&IC, CHIP, CoSD EMS, Emergency Department Database, January - December, 2006. Approximately 4,500 total ED discharges were missing from October – December.

**Table 37. Principal Injury by Sex**

	Male		Female		Total	
	Freq.	Percent	Freq.	Percent	Freq.	Percent
MV Occupant	5,959	6.6	8,103	10.7	14,065	8.5
Motorcycle	1,142	1.3	179	0.2	1,322	0.8
Pedalcycle	2,436	2.7	762	1.0	3,202	1.9
Pedestrian	502	0.6	396	0.5	898	0.5
Other Vehicle	1,227	1.4	1,042	1.4	2,269	1.4
Falls	19,601	21.8	23,276	30.7	42,883	25.9
Self Inflicted	757	0.8	1,171	1.5	1,928	1.2
Assaults	5,447	6.1	2,385	3.1	7,833	4.7
Sport/Rec	7,946	8.8	3,167	4.2	11,114	6.7
Other	14,541	16.2	11,837	15.6	26,386	15.9
Unknown Intent	373	0.4	282	0.4	655	0.4
OD/Poisoning	3,126	3.5	4,318	5.7	7,446	4.5
Struck by	10,847	12.1	7,061	9.3	17,909	10.8
Cut/Pierce	8,499	9.5	4,895	6.5	13,396	8.1
Overexertion	7,484	8.3	6,991	9.2	14,475	8.7
Group Total	89,887	100.0	75,865	100.0	165,781	100.0

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

**Table 38. Principal Injury by Sex, Rates per 100,000**

	Male		Female		Total	
	Freq.	Rate	Freq.	Rate	Freq.	Rate
MV Occupant	5,959	388.1	8,103	529.1	14,065	458.6
Motorcycle	1,142	74.4	179	11.7	1,322	43.1
Pedalcycle	2,436	158.7	762	49.8	3,202	104.4
Pedestrian	502	32.7	396	25.9	898	29.3
Other Vehicle	1,227	79.9	1,042	68.0	2,269	74.0
Falls	19,601	1,276.7	23,276	1,519.8	42,883	1,398.3
Self Inflicted	757	49.3	1,171	76.5	1,928	62.9
Assaults	5,447	354.8	2,385	155.7	7,833	255.4
Sport/Rec	7,946	517.6	3,167	206.8	11,114	362.4
Other	14,541	947.1	11,837	772.9	26,386	860.4
Unknown Intent	373	24.3	282	18.4	655	21.4
OD/Poisoning	3,126	203.6	4,318	281.9	7,446	242.8
Struck by Objects/Person	10,847	706.5	7,061	461.0	17,909	584.0
Cut/Pierce	8,499	553.6	4,895	319.6	13,396	436.8
Overexertion	7,484	487.5	6,991	456.5	14,475	472.0
Group Total	89,887	5,854.8	75,865	4,953.5	165,781	5,405.6

Source: HASD&IC, CHIP, CoSD EMS, Emergency Department Database, January - December, 2006. Population data: SANDAG, 2006 Estimates, (8/06). \*Rates calculated per 100,000 population for all patients. Totals do not include <3% of all civilian ED discharges.

**Table 39. Most Common Injuries by Sex**

	Primary Injury	Frequency	Percent
<b>Male</b>	ACCID FROM OVEREXERTION*	7,484	8.3
	STRUCK BY OBJ/PERSON OT	6,402	7.1
	FALL OTH TRIP STUMBLE	5,941	6.6
	ACCID CUTTING INSTRUM OT	4,768	5.3
	STRUCK IN SPORTS W/O FALL	4,357	4.8
	Primary Injury	Frequency	Percent
<b>Female</b>	FALL OTH TRIP STUMBLE	9,609	12.7
	ACCID FROM OVEREXERTION*	6,991	9.2
	UNSPEC FALL	4,488	5.9
	MVA COLLISION UNSP DRIVER	4,257	5.6
	STRUCK BY OBJ/PERSON OT	4,137	5.5

Source: HASD&IC, CHIP, CoSD EMS, Emergency Department Database, January - December, 2006. Approximately 4,500 total ED discharges were missing from October – December.

**Table 40. Principal Injury by Region of Residence**

	North Coastal		North Central		Central		South		East		North Inland	
	Freq.	Percent	Freq.	Percent	Freq.	Percent	Freq.	Percent	Freq.	Percent	Freq.	Percent
MV Occupant	1,852	7.7	2,023	7.8	2,353	8.4	1,861	7.8	2,194	8.0	2,337	10.2
Motorcycle	213	0.9	180	0.7	146	0.5	170	0.7	258	0.9	236	1.0
Pedalcycle	466	1.9	630	2.4	502	1.8	373	1.6	526	1.9	490	2.1
Pedestrian	112	0.5	120	0.5	224	0.8	127	0.5	132	0.5	112	0.5
Other Vehicle	213	0.9	363	1.4	434	1.6	374	1.6	421	1.5	267	1.2
Falls	6,196	25.8	6,733	26.0	7,058	25.3	6,218	26.1	7,211	26.2	6,047	26.4
Self Inflicted	234	1.0	313	1.2	309	1.1	216	0.9	366	1.3	364	1.6
Assaults	967	4.0	987	3.8	1,900	6.8	1,169	4.9	1,208	4.4	782	3.4
Sport/Rec	1,748	7.3	2,173	8.4	1,328	4.8	1,448	6.1	1,822	6.6	1,671	7.3
Other	3,370	14.0	4,035	15.6	4,875	17.4	4,294	18.0	4,339	15.8	3,272	14.3
Unknown Intent	87	0.4	104	0.4	166	0.6	81	0.3	88	0.3	66	0.3
OD/Poisoning	1,165	4.9	1,219	4.7	1,225	4.4	1,084	4.5	1,308	4.8	990	4.3
Struck by	2,777	11.6	2,598	10.0	2,753	9.9	2,706	11.3	3,156	11.5	2,575	11.2
Cut/Pierce	2,064	8.6	2,298	8.9	2,284	8.2	1,749	7.3	2,197	8.0	1,904	8.3
Overexertion	2,546	10.6	2,170	8.4	2,388	8.5	1,972	8.3	2,288	8.3	1,823	7.9
Group Total	24,010	100.0	25,946	100.0	27,945	100.0	23,842	100.0	27,514	100.0	22,936	100.0

Source: HASD&IC, CHIP, CoSD EMS, Emergency Department Database, January - December, 2006. Totals do not include <3% of all civilian ED discharges. Approximately 4,500 cases are missing from October – December, likely to affect the Central and East Regions. Excludes 43,380 patients with unknown or out of county residence.

**Table 41. Principal Injury by Region of Residence, Rates per 100,000**

	North Coastal		North Central		Central		South		East		North Inland	
	Freq.	Rate	Freq.	Rate	Freq.	Rate	Freq.	Rate	Freq.	Rate	Freq.	Rate
MV Occupant	1,852	376.6	2,023	344.5	2,353	479.8	1,861	404.0	2,194	448.3	2,337	457.9
Motorcycle	213	43.3	180	30.7	146	29.8	170	36.9	258	52.7	236	46.2
Pedalcycle	466	94.8	630	107.3	502	102.4	373	81.0	526	107.5	490	96.0
Pedestrian	112	22.8	120	20.4	224	45.7	127	27.6	132	27.0	112	21.9
Other Vehicle	213	43.3	363	61.8	434	88.5	374	81.2	421	86.0	267	52.3
Falls	6,196	1,259.9	6,733	1,146.5	7,058	1,439.3	6,218	1,349.7	7,211	1,473.5	6,047	1,184.8
Self Inflicted	234	47.6	313	53.3	309	63.0	216	46.9	366	74.8	364	71.3
Assaults	967	196.6	987	168.1	1,900	387.5	1,169	253.8	1,208	246.8	782	153.2
Sport/Rec	1,748	355.4	2,173	370.0	1,328	270.8	1,448	314.3	1,822	372.3	1,671	327.4
Other	3,370	685.3	4,035	687.1	4,875	994.1	4,294	932.1	4,339	886.6	3,272	641.1
Unknown Intent	87	17.7	104	17.7	166	33.9	81	17.6	88	18.0	66	12.9
OD/Poisoning	1,165	236.9	1,219	207.6	1,225	249.8	1,084	235.3	1,308	267.3	990	194.0
Struck by Objects/Person	2,777	564.7	2,598	442.4	2,753	561.4	2,706	587.4	3,156	644.9	2,575	504.5
Cut/Pierce	2,064	419.7	2,298	391.3	2,284	465.8	1,749	379.7	2,197	448.9	1,904	373.0
Overexertion	2,546	517.7	2,170	369.5	2,388	487.0	1,972	428.1	2,288	467.5	1,823	357.2
Group Total	24,010	4,882.2	25,946	4,418.2	27,945	5,698.8	23,842	5,175.4	27,514	5,622.0	22,936	4,493.8

Source: HASD&IC, CHIP, CoSD EMS, Emergency Department Database, January - December, 2006. Population data: SANDAG, 2006 Estimates, (8/06). \*Rates calculated per 100,000 population for all patients. Totals do not include <3% of all civilian ED discharges. Approximately 4,500 cases are missing from October – December, likely to affect the Central and East Regions. Excludes 43,380 patients with unknown or out of county residence.

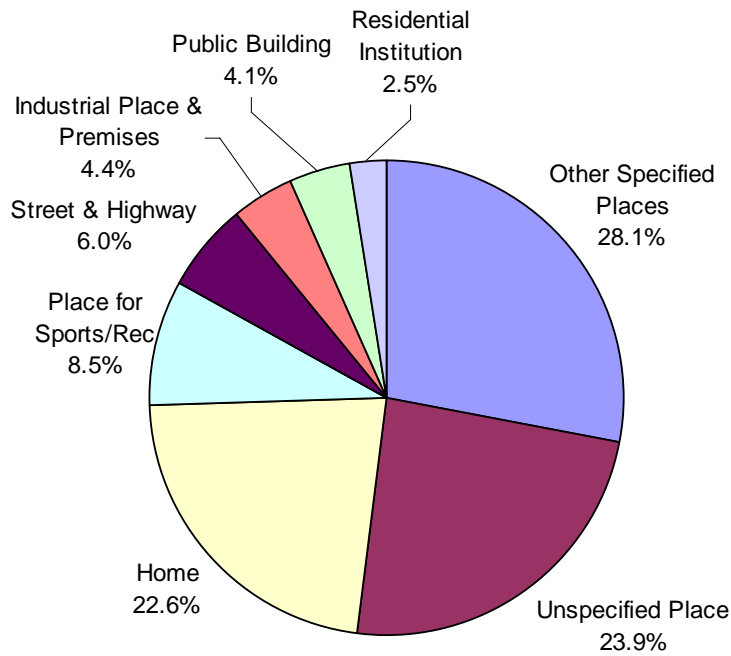
**Table 42. Most Common Injuries by Region of Residence**

Region	Primary Injury	Frequency	Percent
North Coastal Region	FALL OTH TRIP STUMBLE	3082	12.8
	ACCID FROM OVEREXERTION*	2546	10.6
	STRUCK BY OBJ/PERSON OT	1946	8.1
	ACCID CUTTING INSTRUM OT	1122	4.7
	MVA COLLISION UNSP DRIVER	955	4.0
North Central Region	FALL OTH TRIP STUMBLE	2,255	8.7
	ACCID FROM OVEREXERTION*	2,170	8.4
	UNSPEC FALL	1,621	6.2
	STRUCK BY OBJ/PERSON OT	1,445	5.6
	ACCID CUTTING INSTRUM OT	1,266	4.9
Central Region	ACCID FROM OVEREXERTION*	2,388	8.5
	FALL OTH TRIP STUMBLE	2,170	7.8
	UNSPEC FALL	1,726	6.2
	ACCIDENT UNSPEC	1,498	5.4
	STRUCK BY OBJ/PERSON OT	1,415	5.1
South Region	ACCID FROM OVEREXERTION*	1,972	8.3
	FALL OTH TRIP STUMBLE	1,905	8.0
	STRUCK BY OBJ/PERSON OT	1,623	6.8
	UNSPEC FALL	1,308	5.5
	ACCIDENT UNSPEC	1,067	4.5
East Region	FALL OTH TRIP STUMBLE	2,868	10.4
	ACCID FROM OVEREXERTION*	2,288	8.3
	STRUCK BY OBJ/PERSON OT	1,705	6.2
	ACCID CUTTING INSTRUM OT	1,234	4.5
	MVA COLLISION UNSP DRIVER	1,220	4.4
North Inland Region	FALL OTH TRIP STUMBLE	2,037	8.9
	ACCID FROM OVEREXERTION*	1,823	7.9
	STRUCK BY OBJ/PERSON OT	1,571	6.8
	UNSPEC FALL	1,369	6.0
	MVA COLLISION UNSP DRIVER	1,287	5.6

Source: HASD&IC, CHIP, CoSD EMS, Emergency Department Database, January - December, 2006. Approximately 4,500 cases are missing from October – December, likely to affect the Central and East Regions.

**Figure 17.**

**Location of Injury**



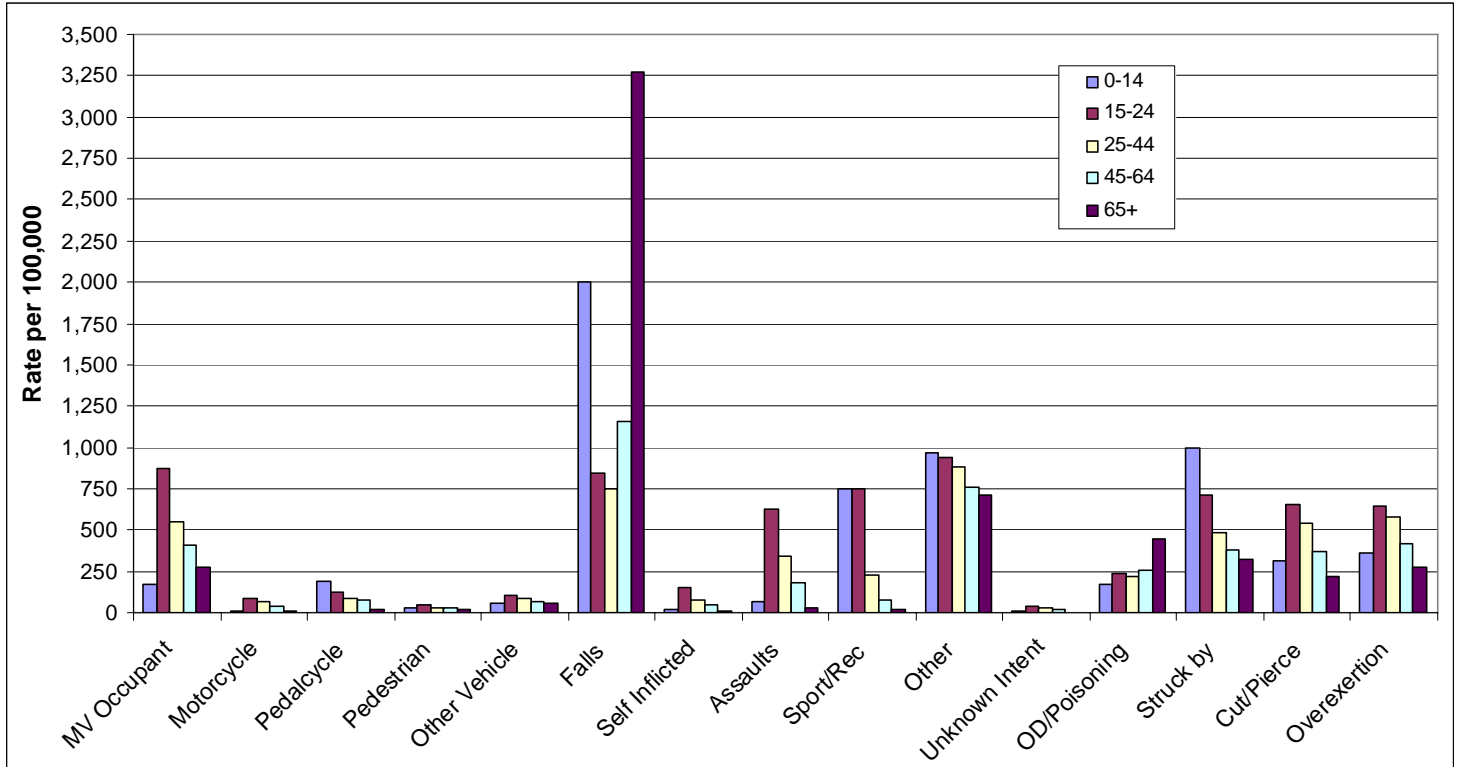
Source: HASD&IC, CHIP, CoSD EMS, Emergency Department Database, January - December, 2006. Approximately 4,500 total ED discharges were missing from October – December.



## Special Topics

### Elderly Falls

**Figure 18. Principal Mechanism of Injury by Age Group**



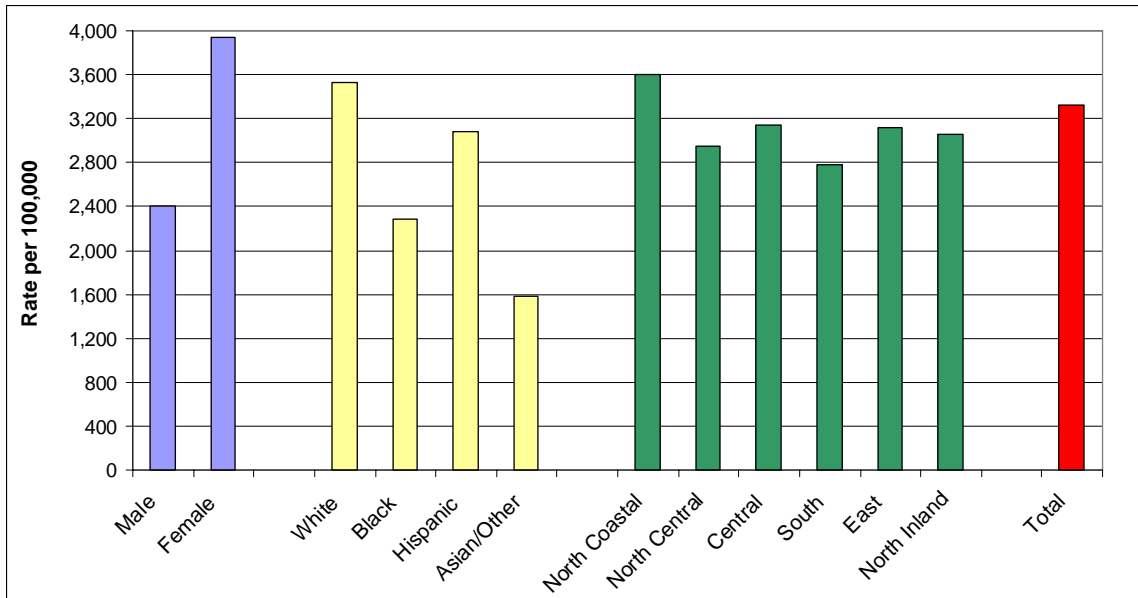
Source: HASD&IC, CHIP, CoSD EMS, Emergency Department Database, January - December, 2006. Population data: SANDAG, 2006 Estimates, (8/06). \*Rates calculated per 100,000 population for all patients. Totals do not include <3% of all civilian ED discharges. Approximately 4,500 total ED discharges were missing from October – December. Excludes 39 patients with missing age.

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

Primary Diagnosis	Frequency	Percent
920-924 CONTUSION WITH INTACT SKIN SURFACE	2291	20.6
870-879 OPEN WOUND OF HEAD, NECK, TRUNK	1583	14.2
810-819 FRACTURE OF UPPER LIMB	1301	11.7
958-959 CERTAIN TRAUMATIC COMPLICATIONS, UNSP INJ	1213	10.9
840-848 SPRAINS AND STRAINS OF JOINTS AND MUSCLES	650	5.8
820-829 FRACTURE OF LOWER LIMB	590	5.3
805-809 FRACTURE OF NECK AND TRUNK	551	4.9
880-887 OPEN WOUND OF UPPER LIMB	439	3.9
780 GENERAL SYMPTOMS*	338	3.0
910-919 SUPERFICIAL INJURY	307	2.8
720-724 DORSOPATHIES	201	1.8
710-719 ARTHROPATHIES AND RELATED DISORDERS	168	1.5
830-839 DISLOCATION	167	1.5
850-854 INTRACRANIAL INJURY, EXCLUDING SKULL FRACT	155	1.4
800-804 FRACTURE OF SKULL	153	1.4

Source: HASD&IC, CHIP, CoSD EMS, Emergency Department Database, January - December, 2006. Note: The more serious fall injuries, such as hip fractures, would have been admitted to the hospital, and are not reflected here.

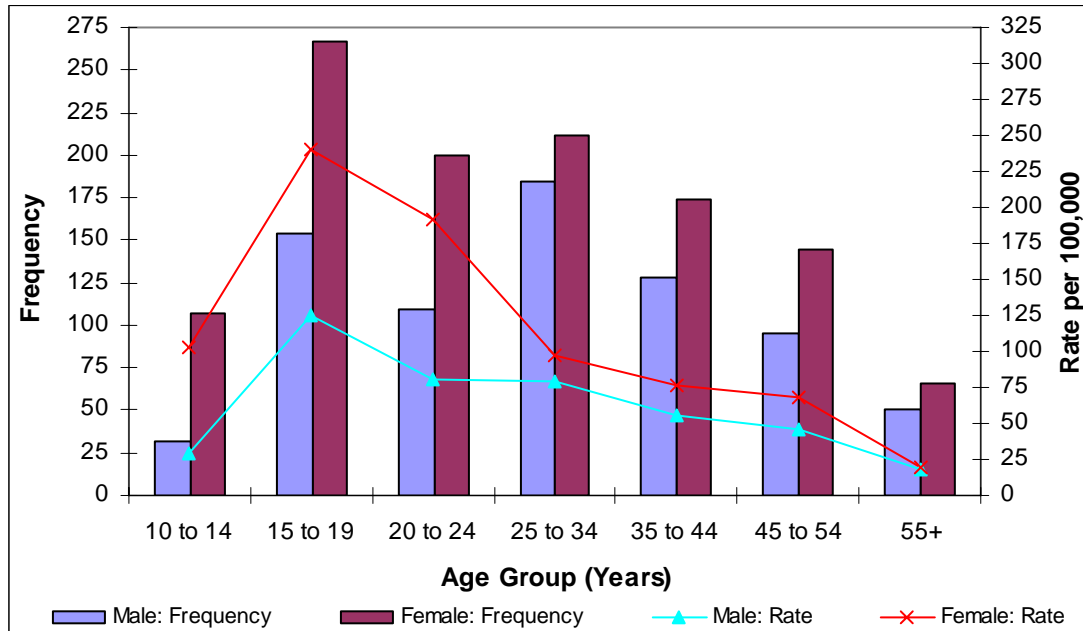
**Figure 19. ED Patients Discharged With a Fall Injury, 65+ Years,**



Source: HASD&IC, CHIP, CoSD EMS, Emergency Department Database, January - December, 2006. Population data: SANDAG, 2006 Estimates, (8/06). \*Rates calculated per 100,000 population for all patients. Totals do not include <3% of all civilian ED discharges. Approximately 4,500 cases are missing from October – December, likely to affect the Central and East Regions.

### Self-Inflicted Injury

**Figure 20. ED Patients Discharged With a Self-Inflicted Injury**



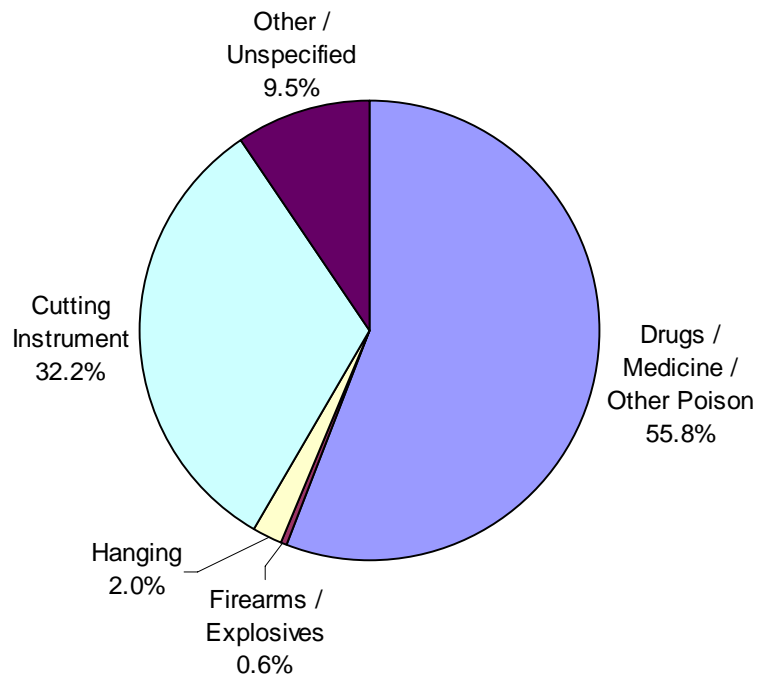
Source: HASD&IC, CHIP, CoSD EMS, Emergency Department Database, January - December, 2006. Population data: SANDAG, 2006 Estimates, (8/06). \*Rates calculated per 100,000 population for all patients. Totals do not include <3% of all civilian ED discharges. Approximately 4,500 total ED discharges were missing from October – December.

**Table 44. ED Patients Discharged With a Self-Inflicted Injury By Age Group and Sex, 10+ Years**

Age in Years	Male		Female	
	Frequency	Rate	Frequency	Rate
10 to 14	32	29.7	107.0	102.2
15 to 19	154	125.5	267.0	239.6
20 to 24	109	80.8	200.0	192.2
25 to 34	185	78.6	211.0	97.3
35 to 44	128	55.0	174.0	75.8
45 to 54	95	46.0	145.0	67.9
55+	51	18.1	66.0	19.4
Total	754	57.1	1170.0	88.7

Source: HASD&IC, CHIP, CoSD EMS, Emergency Department Database, January - December, 2006. Population data: SANDAG, 2006 Estimates, (8/06). \*Rates calculated per 100,000 population for all patients. Totals do not include <3% of all civilian ED discharges. Approximately 4,500 total ED discharges were missing from October – December.

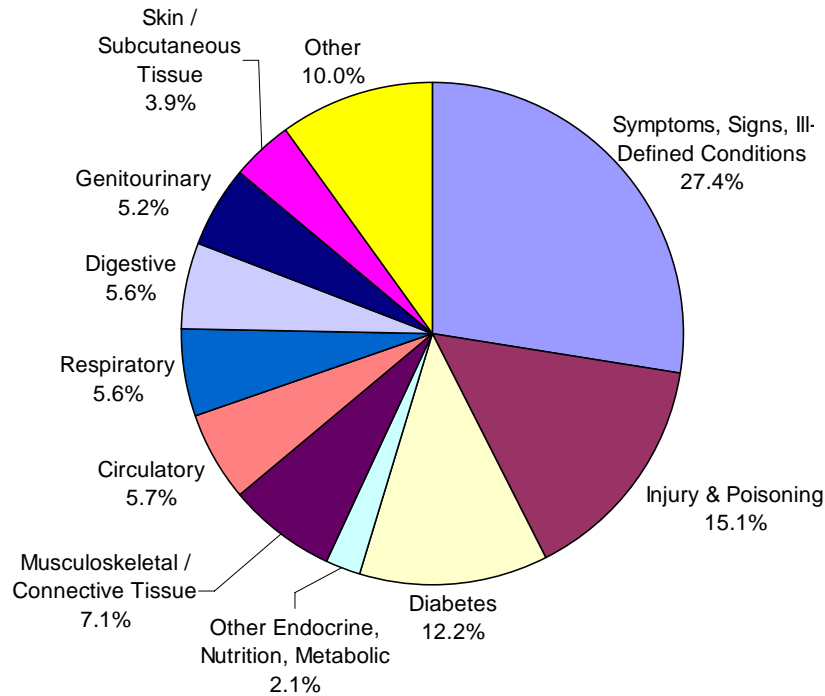
**Figure 21. ED Patients Discharged With a Self-Inflicted Injury by Primary Mechanism**



Source: HASD&IC, CHIP, CoSD EMS, Emergency Department Database, January - December, 2006.

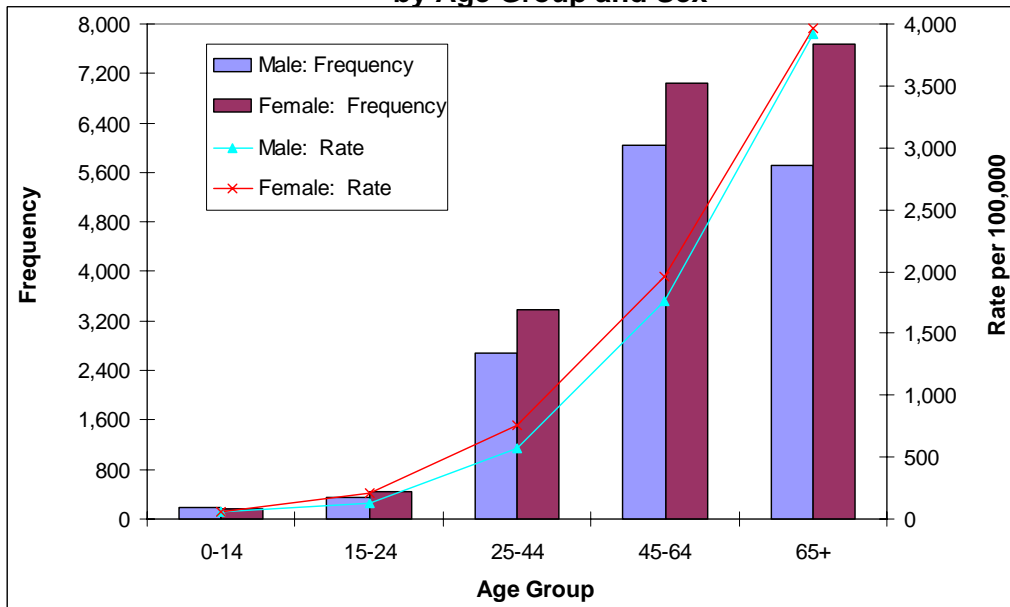
**Diabetes Mellitus**

**Figure 22. Principal Diagnosis of Diabetic ED Discharge Patients**



Source: HASD&IC, CHIP, CoSD EMS, Emergency Department Database, January - December, 2006.

**Figure 23. ED Patients Discharged With a Diabetes Diagnosis by Age Group and Sex**



Source: HASD&IC, CHIP, CoSD EMS, Emergency Department Database, January – December, 2006. Population data: SANDAG, 2006 Estimates, (8/06). \*Rates calculated per 100,000 population for all patients. Totals do not include <3% of all civilian ED discharges.

**Table 45. ED Patients Discharged With a Diabetes Diagnosis by Age Group and Sex**

	Male		Female		Total	
	Freq.	Rate	Freq.	Rate	Freq.	Rate
0-14	195	60.6	174	55.0	369	57.8
15-24	345	134.0	445	206.5	790	167.0
25-44	2,690	574.8	3,388	759.1	6,080	665.0
45-64	6,034	1,766.4	7,039	1,957.9	13,073	1,864.6
65+	5,723	3,915.4	7,671	3,960.7	13,394	3,941.2
Total	14,988	976.2	18,719	1,222.2	33,709	1,099.2

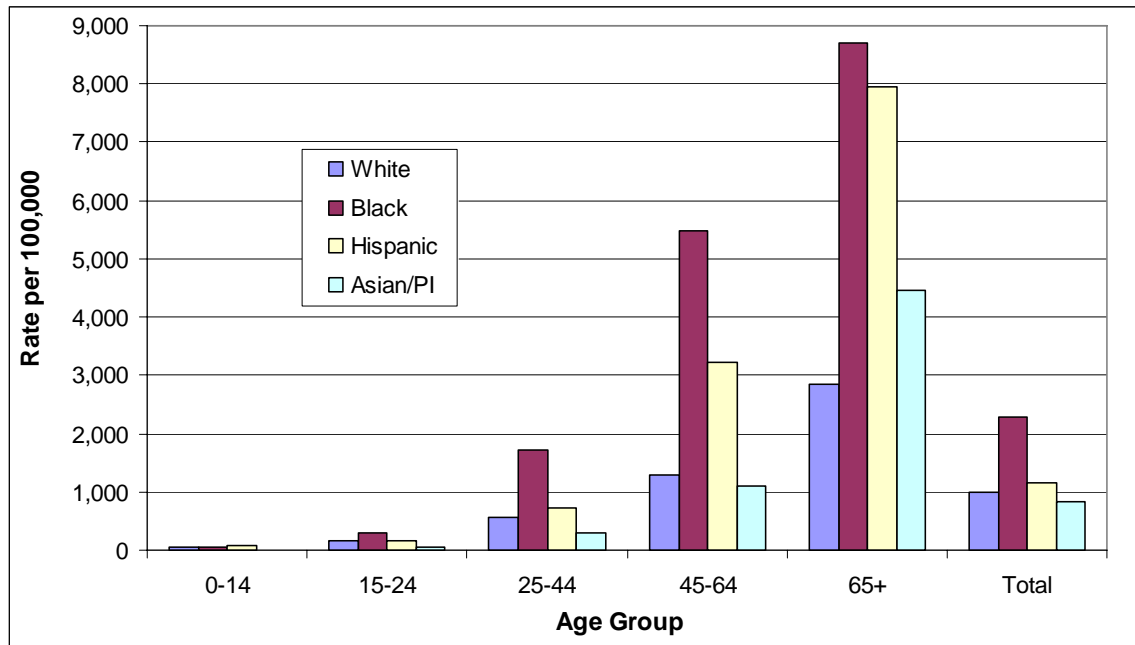
Source: HASD&IC, CHIP, CoSD EMS, Emergency Department Database, January – December, 2006. Population data: SANDAG, 2006 Estimates, (8/06). \*Rates calculated per 100,000 population for all patients. Totals do not include <3% of all civilian ED discharges. Approximately 4,500 total ED discharges were missing from October – December.

**Table 46. Percent of All ED Patients With a Diabetes Diagnosis by Age Group and Sex**

	Male	Female	Total
0-14	0.3	0.3	0.3
15-24	0.9	0.9	0.9
25-44	3.6	3.6	3.6
45-64	10.5	10.6	10.5
65+	17.5	15.7	16.4
Total	5.5	6.0	5.8

Source: HASD&IC, CHIP, CoSD EMS, Emergency Department Database, January – December, 2006.

**Figure 24. ED Patients Discharged With a Diabetes Diagnosis by Age Group and Race/Ethnicity**



Source: HASD&IC, CHIP, CoSD EMS, Emergency Department Database, January – December, 2006. Population data: SANDAG, 2006 Estimates, (8/06). \*Rates calculated per 100,000 population for all patients. Totals do not include <3% of all civilian ED discharges. Approximately 4,500 total ED discharges were missing from October – December.

**Table 47. ED Patients Discharged With a Diabetes Diagnosis by Age Group and Race/Ethnicity**

	White		Black		Hispanic		Asian/PI	
	Freq.	Rate	Freq.	Rate	Freq.	Rate	Freq.	Rate
0-14	140	55.3	25	66.1	180	71.9	4	*
15-24	349	170.7	92	299.5	283	168.2	20	43.4
25-44	2,440	571.8	880	1,706.8	2,157	720.6	316	303.4
45-64	5,730	1,281.1	1,802	5,483.0	4,141	3,212.4	798	1,088.8
65+	6,964	2,837.3	940	8,708.5	3,532	7,956.6	1,442	4,471.3
Total	15,626	990.9	3,739	2,283.1	10,293	1,154.6	2,580	827.5

Source: HASD&IC, CHIP, CoSD EMS, Emergency Department Database, January – December, 2006. Population data: SANDAG, 2006 Estimates, (8/06). \*Rates not calculated for fewer than 5 cases. Rates calculated per 100,000 population. Totals do not include <3% of all civilian ED discharges. Approximately 4,500 total ED discharges were missing from October – December.

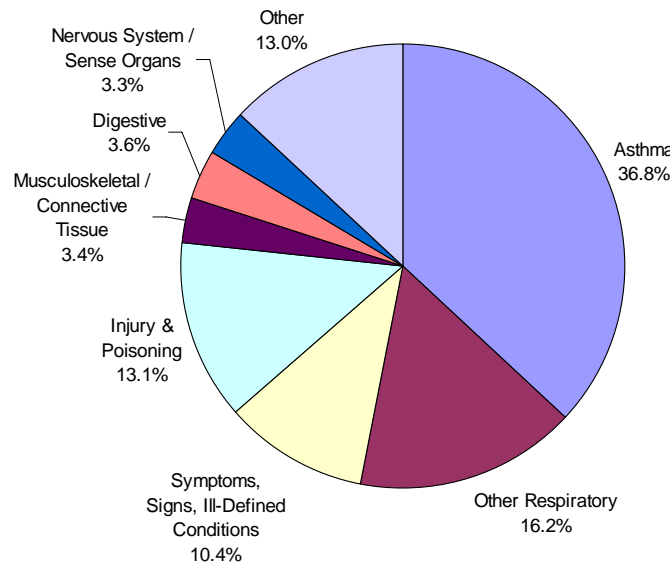
**Table 48. Percent of All ED Patients With a Diabetes Diagnosis by Age Group and Race/Ethnicity**

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

Source: HASD&IC, CHIP, CoSD EMS, Emergency Department Database, January – December, 2006.

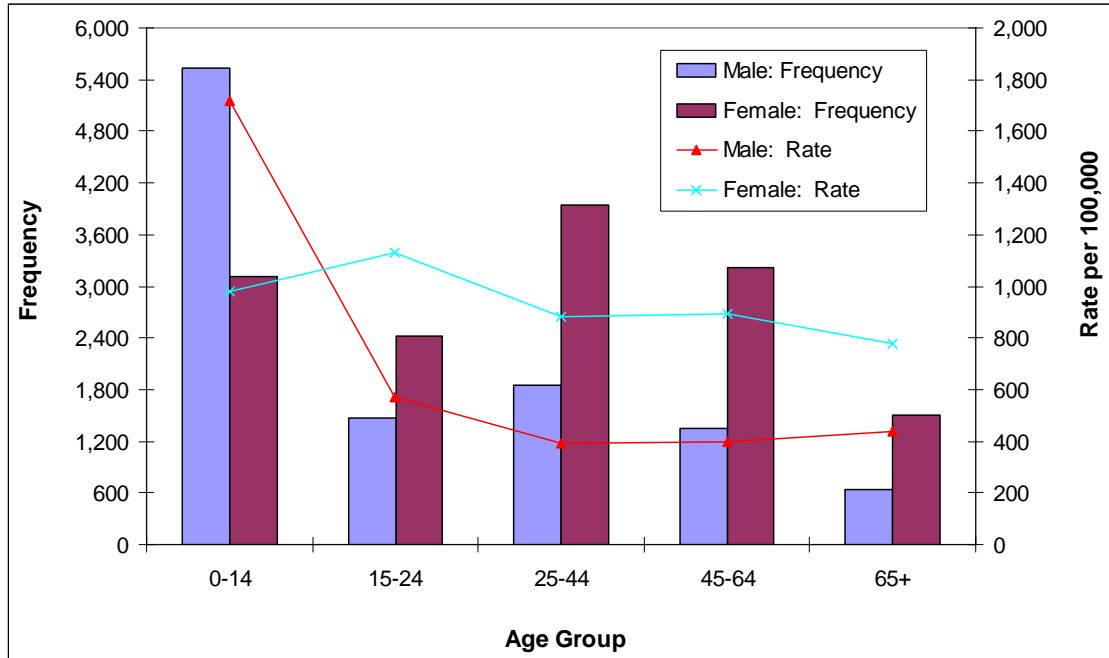
**Asthma**

**Figure 25. Principal Diagnosis of Asthmatic ED Discharge Patients**



Source: HASD&IC, CHIP, CoSD EMS, Emergency Department Database, January – December, 2006.

**Figure 26. ED Patients Discharged With an Asthma Diagnosis by Age Group and Sex**



Source: HASD&IC, CHIP, CoSD EMS, Emergency Department Database, January – December, 2006. Population data: SANDAG, 2006 Estimates, (8/06). \*Rates calculated per 100,000 population for all patients. Totals do not include <3% of all civilian ED discharges. Approximately 4,500 total ED discharges were missing from October – December.

**Table 49. ED Patients Discharged With an Asthma Diagnosis by Age Group and Sex**

	Male		Female		Total	
	Freq.	Rate	Freq.	Rate	Freq.	Rate
0-14	5,526	1,716.4	3,108	981.9	8,636	1,352.5
15-24	1,473	571.9	2,429	1,127.3	3,903	825.1
25-44	1,844	394.0	3,947	884.3	5,791	633.4
45-64	1,352	395.8	3,209	892.6	4,561	650.5
65+	640	437.9	1,503	776.0	2,144	630.9
Total	10,835	705.7	14,198	927.0	25,037	816.4

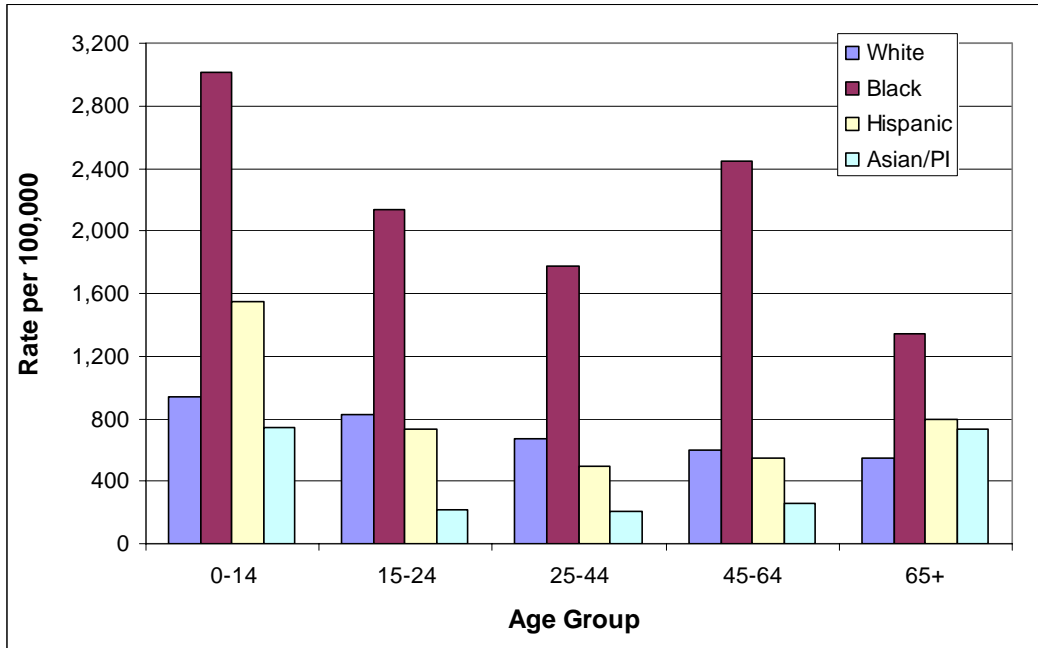
Source: HASD&IC, CHIP, CoSD EMS, Emergency Department Database, January – December, 2006. Population data: SANDAG, 2006 Estimates, (8/06). \*Rates calculated per 100,000 population for all patients. Totals do not include <3% of all civilian ED discharges.

**Table 50. Percent of All ED Patients With an Asthma Diagnosis by Age Group and Sex**

	Male	Female	Total
0-14	8.5	6.1	7.4
15-24	3.6	4.7	4.2
25-44	2.4	4.2	3.4
45-64	2.4	4.8	3.7
65+	2.0	3.1	2.6
Total	4.0	4.5	4.3

Source: HASD&IC, CHIP, CoSD EMS, Emergency Department Database, January – December, 2006.

**Figure 27. ED Patients Discharged With an Asthma Diagnosis by Age Group and Race/Ethnicity**



Source: HASD&IC, CHIP, CoSD EMS, Emergency Department Database, January – December, 2006. Population data: SANDAG, 2006 Estimates, (8/06). \*Rates calculated per 100,000 population for all patients. Totals do not include <3% of all civilian ED discharges. Approximately 4,500 total ED discharges were missing from October – December.

**Table 51. ED Patients Discharged With an Asthma Diagnosis by Age Group and Race/Ethnicity**

	White		Black		Hispanic		Asian/PI	
	Freq.	Rate	Freq.	Rate	Freq.	Rate	Freq.	Rate
0-14	2,376	938.5	1,140	3,013.7	3,890	1,552.8	417	744.2
15-24	1,678	820.9	655	2,132.0	1,237	735.1	102	221.4
25-44	2,861	670.4	917	1,778.6	1,472	491.7	217	208.4
45-64	2,667	596.3	804	2,446.4	710	550.8	186	253.8
65+	1,338	545.1	145	1,343.3	354	797.5	237	734.9
Total	10,921	692.5	3,661	2,235.5	7,664	859.7	1,159	371.7

Source: HASD&IC, CHIP, CoSD EMS, Emergency Department Database, January – December, 2006. Population data: SANDAG, 2006 Estimates, (8/06). \*Rates calculated per 100,000 population for all patients. Totals do not include <3% of all civilian ED discharges. Approximately 4,500 total ED discharges were missing from October – December.

**Table 52. Percent of All ED Patients With an Asthma Diagnosis by Age Group and Race/Ethnicity**

	White	Black	Hispanic	Asian/PI	Unknown	Total
0-14	6.27	12.59	7.41	7.71	7.12	7.43
15-24	3.85	7.02	4.23	2.53	3.62	4.22
25-44	3.33	5.17	3.11	2.58	3.06	3.41
45-64	3.60	5.89	2.99	3.03	3.04	3.68
65+	2.37	3.91	2.79	4.30	2.28	2.63
Total	3.66	6.85	4.63	3.93	4.31	4.28

Source: HASD&IC, CHIP, CoSD EMS, Emergency Department Database, January – December, 2006.



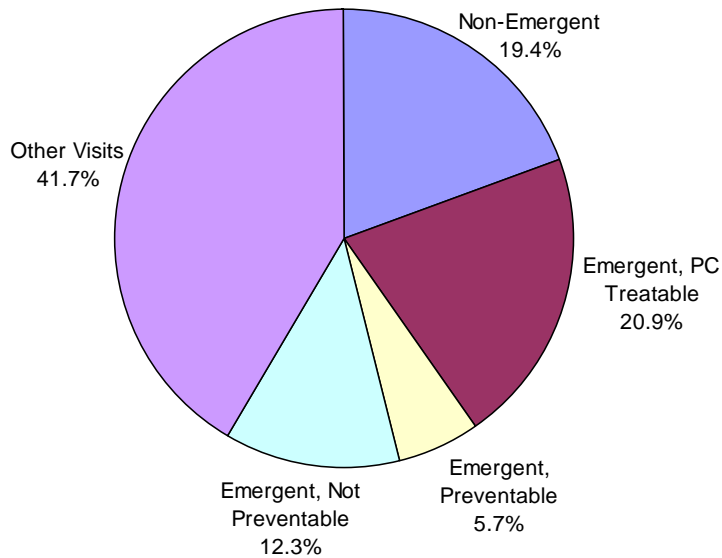
**Table 53. Mention of Drug Use/Abuse Among ED Patients**

	Frequency	Rate per 100,000	Percent of All ED Discharges
<b>Age Group</b>			
0-14	668	104.6	0.6
15-24	2,345	495.7	2.5
25-44	4,454	487.1	2.6
45-64	2,764	394.2	2.2
65+	384	113.0	0.5
<b>Sex</b>			
Male	5,742	374.0	2.1
Female	4,873	318.2	1.6
<b>Race/Ethnicity</b>			
White	6,515	413.1	2.2
Black	1,057	645.4	2.0
Hispanic	2,288	256.7	1.4
Asian/Other	499	114.8	1.0
Unknown	258	n/a	1.6
<b>Total</b>	<b>10,617</b>	<b>346.2</b>	<b>1.8</b>

Source: HASD&IC, CHIP, CoSD EMS, Emergency Department Database, January – December, 2006.

*ED Use Profiling Algorithm*

**Figure 28. Visits by Emergent and Non-Emergent Categories**



Source: HASD&IC, CHIP, CoSD EMS, Emergency Department Database, January – December, 2006. \*ED Use profiling algorithm developed by John Billings, NYU, and applied to San Diego County ED data.

**Table 54. ED Discharges by Emergent and Non-Emergent Categories**

	Non-Emergent			Emergent, PC Treatable			Emergent, Preventable			Emergent, Not Preventable			Other Visits		
	Freq.	row %	Rate	Freq.	row %	Rate	Freq.	row %	Rate	Freq.	row %	Rate	Freq.	row %	Rate
<i>Totals</i>															
All Ages	112,051	19.2	4,614.3	123,172	21.1	5,072.3	34,762	5.9	1,431.5	71,835	12.3	2,958.2	242,460	41.5	9,984.7
<i>Age Groups</i>															
0-14	20,754	17.8	3,250.4	25,348	21.8	3,969.9	9,410	8.1	1,473.7	8,420	7.2	1,318.8	52,356	45.0	8,199.8
15-24	17,630	19.1	3,727.1	18,103	19.6	3,827.1	4,461	4.8	943.0	9,218	10.0	1,948.7	43,117	46.6	9,115.2
25-44	35,656	21.0	3,899.6	36,574	21.5	4,000.1	8,487	5.0	928.2	21,619	12.7	2,364.4	67,695	39.8	7,403.7
45-64	24,225	19.5	3,455.2	26,445	21.3	3,771.9	7,109	5.7	1,014.0	18,489	14.9	2,637.1	47,679	38.5	6,800.6
65+	13,787	16.9	4,056.8	16,702	20.5	4,914.5	5,296	6.5	1,558.3	14,089	17.3	4,145.7	31,613	38.8	9,302.2
<i>Race/Ethnicity</i>															
White	54,178	18.2	4,092.4	58,946	19.8	4,452.6	16,301	5.5	1,231.3	38,354	12.9	2,897.1	130,230	43.7	9,837.1
Black	12,135	22.7	9,635.7	12,135	22.7	9,635.7	4,123	7.7	3,274.2	6,092	11.4	4,836.9	19,002	35.5	15,088.4
Hispanic	32,563	19.7	5,080.6	37,444	22.6	5,842.2	10,457	6.3	1,631.6	19,045	11.5	2,971.4	65,954	39.9	10,290.4
Asian/Other	5,942	20.1	2,323.1	6,717	22.8	2,626.5	1,808	6.1	707.1	3,986	13.5	1,558.4	11,051	37.5	4,321.0
<i>Gender</i>															
Male	45,129	16.7	3,719.6	52,556	19.4	4,331.7	16,615	6.1	1,369.4	30,330	11.2	2,499.8	126,417	46.6	10,419.2
Female	66,928	21.4	5,508.5	70,593	22.5	5,810.1	18,134	5.8	1,492.5	41,498	13.3	3,415.4	116,005	37.0	9,547.7
<i>Region</i>															
North Coastal	12,048	15.8	2,449.9	15,254	19.9	3,101.7	4,223	5.5	858.6	9,868	12.9	2,006.6	35,104	45.9	7,138.2
North Central	16,154	19.0	2,750.7	17,432	20.5	2,968.5	4,543	5.3	773.7	10,809	12.7	1,840.6	36,305	42.6	6,182.2
Central	24,163	21.1	4,927.5	25,538	22.3	5,207.8	7,905	6.9	1,612.1	12,969	11.3	2,644.8	43,995	38.4	8,971.8
South	19,441	21.3	4,220.0	20,574	22.5	4,466.0	6,160	6.7	1,337.2	10,922	12.0	2,370.9	34,302	37.5	7,446.0
East	18,865	19.6	3,854.8	20,903	21.7	4,271.3	5,356	5.6	1,094.3	12,413	12.9	2,536.4	38,615	40.2	7,890.3
North Inland	13,142	17.1	2,574.8	15,045	19.5	2,947.8	4,178	5.4	818.5	10,074	13.1	1,973.8	34,638	44.9	6,786.6

Source: HASD&IC, CHIP, CoSD EMS, Emergency Department Database, January – December, 2006. Population data: SANDAG, 2006 Estimates, (8/06). \*Rates calculated per 100,000 population for all patients. 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. Approximately 4,500 total ED discharges were missing from October – December.

**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>1.56</b>	<b>1.71</b>	<b>0.48</b>	<b>1.00</b>
<b>Age</b>				
0-14	2.46	3.01	1.12	1.00
15-24	1.91	1.96	0.48	1.00
25-44	1.65	1.69	0.39	1.00
45-64	1.31	1.43	0.38	1.00
65+	0.98	1.19	0.38	1.00
<b>Race</b>				
White	1.41	1.54	0.43	1.00
Black	1.99	1.99	0.68	1.00
Hispanic	1.71	1.97	0.55	1.00
Asian/Other	1.56	1.77	0.49	1.00
Unknown	1.63	1.68	0.38	1.00
<b>Gender</b>				
Male	1.49	1.73	0.55	1.00
Female	1.61	1.70	0.44	1.00
Unknown	1.32	1.73	1.11	1.00
<b>Insurance Status</b>				
Self-Pay	1.82	1.89	0.53	1.00
Non-Federal Programs	2.02	2.25	0.86	1.00
Medi-Cal	2.10	2.27	0.71	1.00
Medicare HMO	0.91	1.13	0.36	1.00
Medicare Traditional	1.25	1.37	0.45	1.00
Private HMO	1.34	1.56	0.37	1.00
Private Other	1.43	1.54	0.39	1.00
Workers Compensation	6.10	5.80	0.24	1.00
Other Federal Programs	1.71	1.81	0.53	1.00
Other	2.19	2.34	0.50	1.00
<b>Region</b>				
North Coastal	1.22	1.55	0.43	1.00
North Central	1.49	1.61	0.42	1.00
Central	1.86	1.97	0.61	1.00
South	1.78	1.88	0.56	1.00
East	1.52	1.68	0.43	1.00
North Inland	1.30	1.49	0.41	1.00
Out of County	1.70	1.77	0.51	1.00
Unknown	1.83	1.73	0.44	1.00

Source: HASD&IC, CHIP, CoSD EMS, Emergency Department Database, January – December, 2006. 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. Approximately 4,500 total ED discharges were missing from October – December.

## **Appendix A**

### Health Service Region and Subregional Area Map

# HEALTH SERVICE REGIONS and SUBREGIONAL AREAS

□ Health Service Region

Subregional Areas

- 1 CENTRAL SAN DIEGO
- 2 PENINSULA
- 3 CORONADO
- 4 NATIONAL CITY
- 5 SOUTHEAST SAN DIEGO
- 6 MID-CITY
- 10 KEARNY MESA
- 11 COASTAL
- 12 UNIVERSITY
- 13 DEL MAR-MIRA MESA
- 14 NORTH SAN DIEGO
- 15 POWAY
- 16 MIRAMAR
- 17 ELLIOTT-NAVAJO
- 20 SWEETWATER
- 21 CHULA VISTA
- 22 SOUTH BAY
- 30 JAMUL
- 31 SPRING VALLEY
- 32 LEMON GROVE
- 33 LA MESA
- 34 EL CAJON
- 35 SANTEE
- 36 LAKESIDE
- 37 HARBISON CREST
- 38 ALPINE
- 39 RAMONA
- 40 SAN DIEGUITO
- 41 CARLSBAD
- 42 OCEANSIDE
- 43 PENDLETON
- 50 ESCONDIDO
- 51 SAN MARCOS
- 52 VISTA
- 53 VALLEY CENTER
- 54 PAUMA
- 55 FALLBROOK
- 60 PALOMAR-JULIAN
- 61 LAGUNA-PINE VALLEY
- 62 MOUNTAIN EMPIRE
- 63 ANZA-BORREGO SPRINGS

North Inland

North Coastal

North Central

Central

East

South

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



THIS DATA WAS OBTAINED FROM THE PUBLIC INFORMATION ACT REQUEST. THE DATA IS PROVIDED AS-IS AND IS NOT GUARANTEED TO BE ACCURATE. THE COUNTY OF SAN DIEGO IS NOT RESPONSIBLE FOR ANY ERRORS OR OMISSIONS. FOR MORE INFORMATION, CONTACT THE COUNTY OF SAN DIEGO HEALTH AND HUMAN SERVICES AGENCY, DIVISION OF EMERGENCY MEDICAL SERVICES.

## **Appendix B**

### Expected Source of Payment

## EXPECTED SOURCE OF PAYMENT

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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



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

### Aggregation of Payment Categories

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

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

## **Appendix C**

### Principal Diagnosis Categories

## PRINCIPAL DIAGNOSIS CATEGORIES

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**Congenital Anomalies** – Includes congenital anomalies affecting all body regions.

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

## **Appendix D**

### Common Diagnoses

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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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