KidsData.org provides the following measures of hospital use among children ages 0-17:

- Emergency department (ED) visits, in which a patient is treated and released without being admitted to the hospital. The number of ED visits overall, the number and percentage of visits for the most common primary diagnoses, and the number and percentage of visits by source of payment are available for the state, counties, and county groups.

- Hospital discharges, which reflect visits in which a patient is admitted for an overnight stay that includes tests, monitoring, and further observation, after which they are discharged. As with ED visits, data are presented for hospital discharges overall, the most common primary diagnoses for hospital stays, and sources of payment for hospitalization expenses.

Why This Topic Is Important

All children should have high-quality, accessible, affordable health care, including hospital care when needed. Children with special health care needs, in particular, may require more frequent hospital visits and specialized, intensive medical services. Ensuring that all children have consistent access to affordable, evidence-based, well-coordinated, comprehensive, and family-centered care—all within the context of a medical home—can maximize positive outcomes. This type of care also may reduce costly hospitalizations and emergency department visits.

While emergency departments (EDs) are critical sources of acute care for children, frequent or non-urgent ED visits may be an indication of unmet health needs and/or difficulty accessing appropriate pediatric care. Children from vulnerable groups, especially young children ages 0-5 and those from low-income households, tend to have disproportionately high rates of ED use.

Data on hospital use can illuminate trends in health and health care needs, and can inform disease surveillance and public health prevention efforts. For example, data show that ED visits for psychiatric issues have been rising among young people nationwide, with teens and youth of color experiencing the largest increases. Additionally, mental illness has
How Children Are Faring

California children ages 0-17 made more than 2.7 million emergency department (ED) visits in 2018, with children from five Southern California counties—Los Angeles, Riverside, San Bernardino, Orange, and San Diego—accounting for more than half of these. Statewide, traumatic injuries are the most common primary diagnosis among children visiting the ED, representing more than 10% of all visits, followed by viral illnesses or fevers of unknown origin (around 8%) and asthma/bronchitis and fractures (around 4% each). As in previous years, Medi-Cal was the payment source for almost two-thirds (64%) of childhood ED visits in 2018, compared with private insurance at 27%. At the local level, payment sources for ED visits vary widely; e.g., the percentage of visits covered by Medi-Cal in 2018 ranged from 35% in Santa Barbara County to 83% in Merced County.

In 2018, there were 218,946 hospital discharges among California children ages 0-17, a 25% drop compared with 2002. More than one in seven (15%) of these hospital stays were for a primary diagnosis of mental disease or disorder, followed by asthma/bronchitis (8%) and seizures/headaches (4%). Although mental illness has been the most common cause of childhood hospitalization statewide since 2008, wide variation exists across regions. For example, in 2018, the percentage of discharges for mental diseases and disorders among children in San Mateo County was 10 times the percentage for children in Imperial County. Among California children discharged in 2018, Medi-Cal covered the hospitalization expenses for more than half (54%) of these visits, compared with 36% for private insurance. Since 2002, the percentage of visits covered by private insurers has generally decreased, while the percentage covered by Medi-Cal has increased.

View references for this text and additional research on this topic: https://www.kidsdata.org/topic/52/hospital-use/summary