Children – all medical conditions

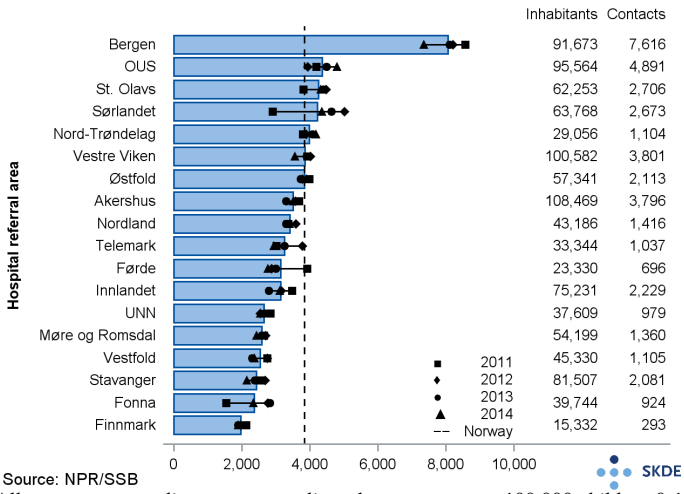
Selected acute diagnoses

Helseatlas

Emergency care admissions make up 68% of all children's medical admissions. Most of these cases are referred from emergency primary healthcare services or GPs. When a patient is referred to hospital, the hospital department has an independent responsibility to assess whether there is a medical basis for admission or whether the patient can be sent home after an outpatient assessment. Contacts with acute diagnoses can be interpreted as emergency care referrals from primary healthcare, and are used here to elucidate the variation in cooperation between primary healthcare services and the specialist health service, as well as the geographical variation in assessments of the need for hospitalisation.

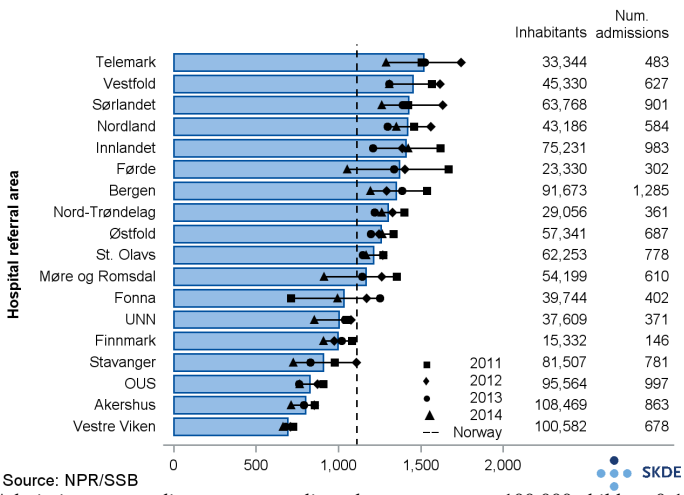
Sample

The sample consists of contacts (admissions, outpatient consultations and day patient treatment) concerning selected medical conditions that are often treated as emergency care cases for children in the somatic specialist health service, not including specialists in private practice under public funding contracts. Selected acute diagnoses are primary or secondary diagnoses (ICD-10) in code blocks A08-09, A40-41, A49, B34, E86, J00-01, J04, J09-13, J15-16, J18, J20-22, N10, N30, R55-56, T4n, T41, T50-56, T66, T67, T75 or T78.



Source: NPR/SSB

All contacts, acute diagnoses, age-adjusted usage rates per 100,000 children 0-16 year, per hospital referral area, per year and as an average for the period 2011-2014.



Source: NPR/SSB

Admissions, acute diagnoses, age-adjusted usage rates per 100,000 children 0-16 year, per hospital referral area, per year and as an average for the period 2011-2014.

Comments

The sample consists of nearly 41,000 contacts with selected acute diagnoses, of which 29,000 are outpatient consultations or day patient treatments and 12,000 are admissions.

Since primary healthcare referrals are required in order to access specialist health services, and because SKDE does not have access to referral data, specialist health service contacts concerning acute diagnoses are used as a measurement of emergency care referrals from the primary healthcare services. Haukeland University Hospital has a specialist out-of-hours clinic that does not require referrals from primary healthcare services. This arrangement makes the total rate significantly higher for Bergen than for other hospital referral areas. Bergen hospital referral area is therefore not included in the discussion of the variation in usage rates for all contacts and outpatient/day patient treatment.

The usage rate for contacts concerning acute diagnoses is 2.2 times as high for OUS hospital referral area as for Finnmark. This most likely reflects differences in cooperation between GPs/emergency primary healthcare services and hospitals. The same general pattern is found in the usage rate for outpatient consultations (not shown in the figure), but the differences between the second highest and the lowest rate is 3.6.

Another pattern emerges when we consider usage rates for admissions. The hospital referral areas of Vestfold, Telemark and Innlandet, all below the national average for overall contacts, nevertheless have high usage rates for admissions. The hospital referral areas of Vestre Viken, Akershus and OUS, which have high usage rates for all contacts, have the lowest usage rate for admissions. Stavanger has low usage rates both for overall contacts and for admissions.

The number of referrals for emergency care assessment from primary healthcare services to the specialist health service does not indicate a strong connection with the number of emergency care admissions. The variation in usage rates also shows that assessments of need for emergency care admissions are not uniform across hospital referral areas. The usage rate pattern for emergency care admissions between hospital referral areas largely corresponds to the usage rate pattern for all admissions for medical conditions.