

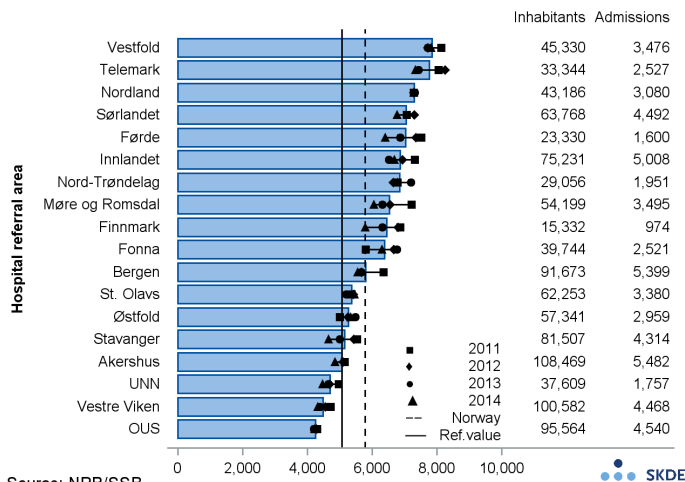
# Children – admissions

## The specialist health service

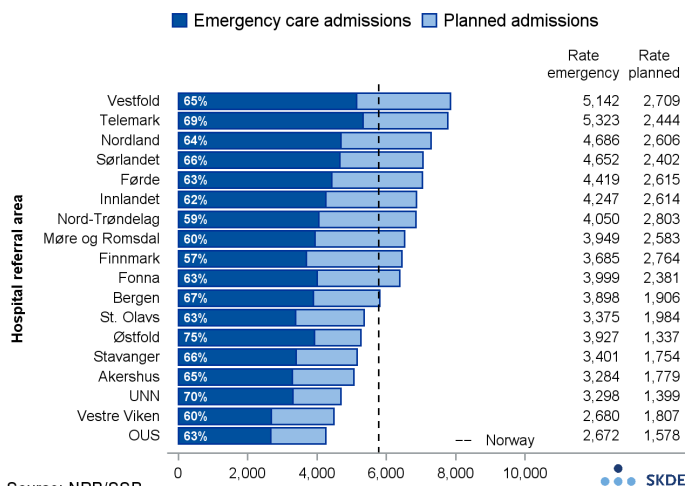
The Regulations concerning Children’s Hospital Stays Section 2 state that children ‘shall only be admitted to health-care institutions when it is medically necessary or when it is for other reasons in the child’s best interests’. Hospital admission also entails a risk of injuries and complications. This indicates that no child should be admitted to hospital if the treatment is not expected to improve or prevent a deterioration in the child’s health situation.

### Sample

The sample consists of all somatic specialist health service admissions of children with a duration of at least 24 hours. The admission rate for children living in the hospital referral areas of the six university hospitals has been chosen as the reference value.



Source: NPR/SSB  
All admissions, age-adjusted usage rates per 100,000 children 0-16 year, per hospital referral area, per year, reference value and an average for the period 2011-2014.

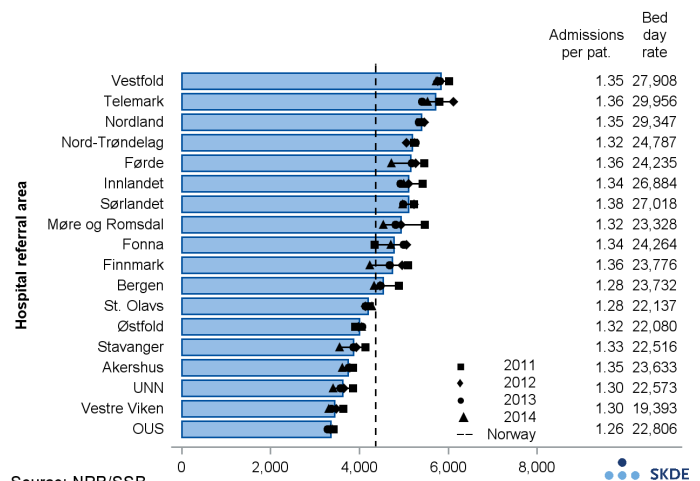


Source: NPR/SSB  
All admissions, by degree of urgency, age-adjusted usage rates per 100,000 children 0-16 year, per hospital referral area and as an average for the period 2011-2014.

### Comments

Each year, 46,000 children are admitted to Norwegian hospital in a total of approx. 61,000 admissions (64% emergency care admissions and 29% for surgical conditions). Just under 2,200 of these children have admissions both for medical and surgical conditions. The usage rate and patient rate in the hospital referral area of Vestfold are almost twice those of the OUS area (the ratios are 1.8 and 1.7, respectively), while there is relatively little variation in the proportion of emergency care cases. The contact frequency varies from 1.26 in the OUS area to 1.38 in the Sørlandet area.

If all the hospital referral areas had had the same usage rate as the six university hospital’s referral areas, the number of admissions would have been reduced by 13%.



Source: NPR/SSB  
All admissions, age-adjusted patient rates per 100,000 children 0-16 year, per hospital referral area, per year and as an average for the period 2011-2014.

There are no indications that these different rates can be explained by differences in morbidity or framework conditions between hospital referral areas. Based on the distribution of hospital referral areas with high and low admission rates, no pattern emerges that indicates that the distance to hospital has any significant effect on variations in usage rates between hospital referral areas.

There is considerable variation between hospital referral areas’ usage and patient rates. It may be questioned whether the intention behind the Regulations on Children’s Hospital Stays is being fulfilled.