# New York Inpatient Care

***Volume, Charges & Hospital Trends***

This dashboard summarizes inpatient care in New York using the 2022 SPARCS de-identified dataset. It provides a comprehensive view of hospital admissions across the state — from patient demographics and leading causes of hospitalization to high-cost procedures and geographic distribution of care. The aim is to move beyond raw totals, offering a clearer public health perspective on who is admitted, why they are hospitalized, and where care is most concentrated.

**2,095,943**
Total Admissions

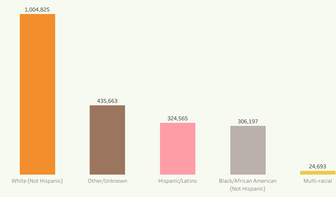
**$159,732,278,732**
Total Billed Charges

**5.7 Days**
Average Length of Stay

## Chapter 1: Patient Demographics

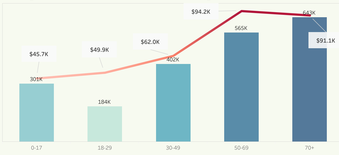
*Age, gender, and race/ethnicity patterns in inpatient admissions*

### Admissions by Race/Ethnicity

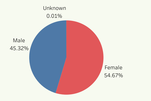



Most charts are interactive — selecting data points within a chart/or dedicated filters (Chapter 3) will automatically update the other charts. Use these to filter for more granular details as desired.

### Average Cost and Total Admissions across all Ages




### Patient Gender Breakdown




The sharpest disparity is among **18–29 year-olds**, who see relatively **few admissions** yet **disproportionately high costs per stay**. Otherwise, admissions rise with **older adults**, bringing higher charges. **White (non-Hispanic) patients** account for the largest share, with Black/African American and Hispanic/Latino communities also strongly represented. Women are hospitalized **~9% more often than men.**

New York's 2022 inpatient profile shows both **diversity** and **imbalance of cost in care.** These demographic dynamics reveal how **race, gender, and age** together shape the intensity and scale of inpatient care across the state.

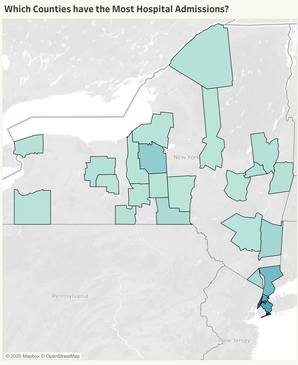
## Chapter 2: Geographic Patterns of Hospitalizations

*County-level admissions and hospital costs across New York State*

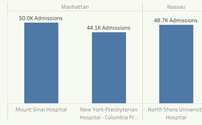
**Monroe County**
Most Overburdened
Admissions per Number-of-Hospital: 20,202..

**Delaware County**
Least Burdened
Admissions per Number-of-Hospital: 119

### Which Counties have the Most Hospital Admissions?



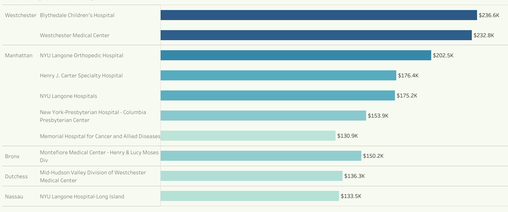

### Top 3 Busiest Hospitals




Hospital burden varies widely across New York. **Monroe County** recorded the highest strain — over **101,000 admissions across 5 hospitals (~20,258 per hospital)** — while **Delaware County** had just **357 admissions across 3 hospitals (~119 per hospital)**. This contrast shows the imbalance between urban facilities facing heavy demand and rural hospitals serving smaller populations.

Overall, inpatient volume and costs remain concentrated in New York City and nearby counties. **Manhattan** led in admissions, followed by **Kings (Brooklyn)** and **Nassau**, reflecting population density and hospital concentration. Major academic and specialty hospitals in Manhattan and the Bronx also drove some of the state's highest costs, as shown in the "Most Expensive Hospitals"..

### Most Expensive Hospitals



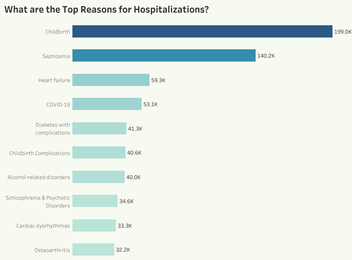

## Chapter 3: Hospitalizations and Cost Drivers

*Top diagnoses, procedures, and conditions shaping utilization and charge*

**$76,210**
Average Cost of Admission

**$207,117**
Average Cost for Extreme Severity of Illness

### What are the Top Reasons for Hospitalizations?




Use the filters below to explore patient demographics by gender, age and race/ethnicity. These filters adjust all three charts in this chapter for a more focused view.

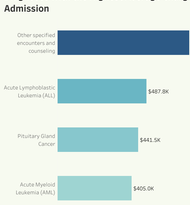
**Race/Ethnicity**
- ☑ Black/African American (Not Hispanic)
- ☑ Hispanic/Latino
- ☑ Multi-racial
- ☑ Other/Unknown
- ☑ White (Not Hispanic)

**Age Group**
- ☑ 0-17
- ☑ 18-29
- ☑ 30-49
- ☑ 50-69
- ☑ 70+

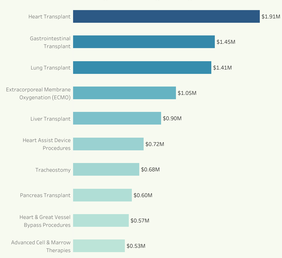
**Gender**
- ☑ Female
- ☑ Male
- ☑ Unknown

Hospitalizations in 2022 were driven by both routine and acute conditions. **Childbirth, septicemia, heart failure, and COVID-19** accounted for the **largest admission volumes**, while **transplants, advanced cardiac procedures**, and **rare cancers** carried the **highest costs per stay.** This contrast shows that while common diagnoses dominate inpatient use, a smaller group of complex, resource-intensive cases contribute disproportionately to hospital spending.

### Diagnoses with the Highest Average Charge per Admission




### Procedures with the Highest Average Charge per Admission




## Conclusions:

New York's 2022 inpatient data reveals a system that is large, costly, and unevenly distributed. Over 2.1M admissions generated $159B in charges, with women slightly more represented and older adults driving both the highest volumes and costs. **A sharp outlier appears in the 18–29 age group, where relatively few admissions carry disproportionately high costs.**

Geographically, admissions and costs concentrate in New York City and nearby counties, with **major academic and specialty hospitals leading both volume and expense**. Ulster County also stands out with unusually high average charges across a small hospital base.

Common conditions like childbirth, septicemia, heart failure, and COVID-19 dominate patient flow, while a smaller set of high-cost procedures and rare conditions—notably transplants and advanced cardiac care—consume a disproportionate share of resources.

Taken together, the **data point to critical challenges of scale, equity, and resource allocation**—where common needs must be balanced with complex, high-cost care, and regional disparities demand closer attention.

## Limitations:

- **Charges reflect entire hospital stays, not just the initial diagnosis:** Costs can vary widely depending on complications, procedures, and treatments added during an admission, which may distort comparisons across conditions.
- **Geographic coverage is uneven:** Some counties do not appear on the admission maps due to data alignment issues or low reporting volumes. This can obscure a full statewide picture.
- **Unknown race/ethnicity values are significant:** A notable share of admissions are coded as "Other/Unknown," which limits the ability to fully assess disparities across patient groups.
- **Context beyond the dataset is not included:** The dashboard does not incorporate outpatient, emergency-only visits, or social determinants of health that also drive utilization and outcomes.

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Data Source: Hospital Inpatient Discharges (SPARCS De-Identified): 2022