

New York State Hospital Admission Trends

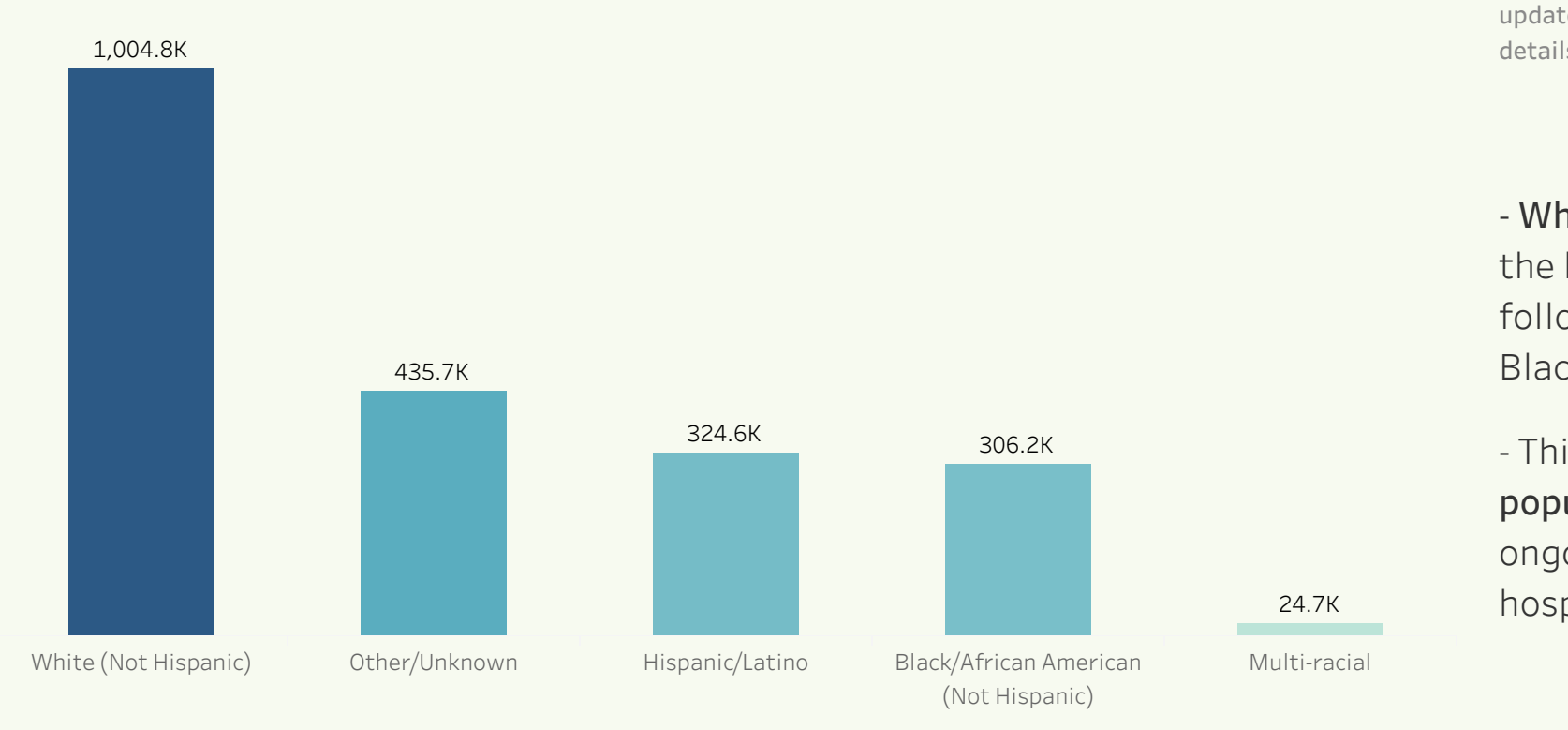
This dashboard summarizes hospital admissions care in New York State using the 2022 SPARCS de-identified dataset. It provides a comprehensive view of hospital admissions across the state — from patient demographics and leading causes of hospitalization to high-cost procedures and geographic distribution of care. **The aim is to move beyond raw totals, offering a clearer public health pe..**



Chapter 1: Patient Demographics

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

Which racial/ethnic groups account for most hospital admissions?

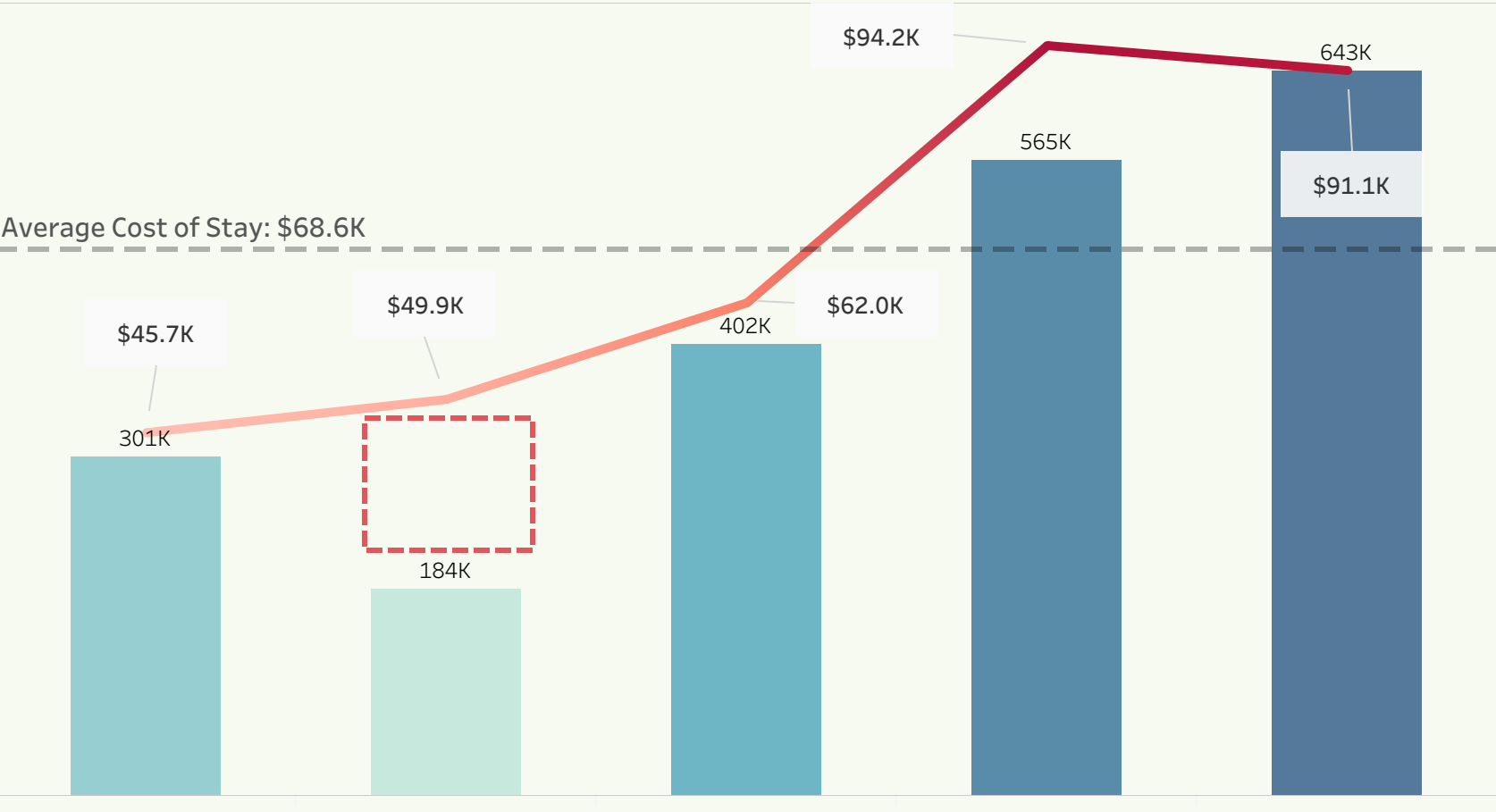


Most charts are interactive — selecting data points within a chart/or dedicated filters (Chapter 3) will automatically update the other charts. Use these to filter for more granular details as desired.

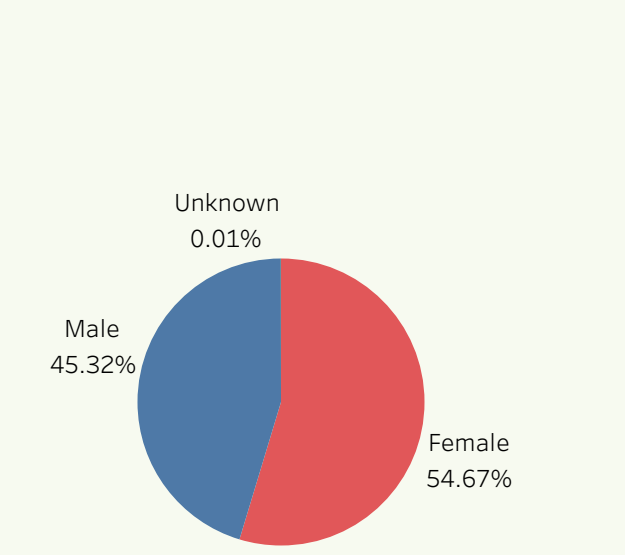
- White (non-Hispanic) patients make up the largest share of hospital admissions, followed by Hispanic/Latino and Black/African American populations.

- This distribution mirrors New York’s population makeup but also underscores ongoing racial and ethnic disparities in hospitalization and care access.

How do hospital admissions and costs vary across age groups?



Patient Gender Breakdown



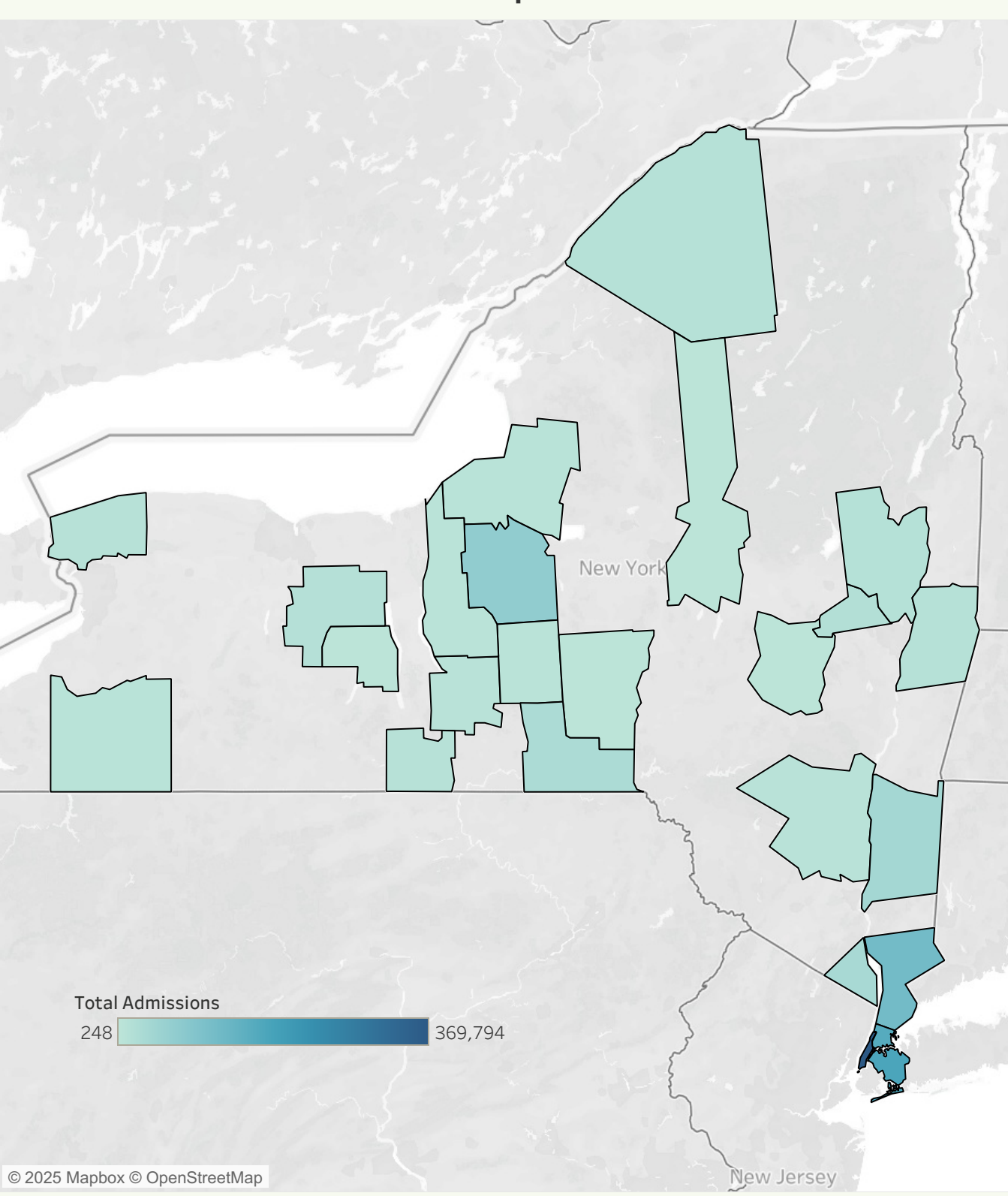
- Admissions climb with age, peaking at 70+. Average cost per stay rises with age, with a noticeable jump after 50.
- 18-29 is a notable high-cost outlier relative to its volume.
- Women account for a slightly higher share of admissions (~55%).

Chapter 2: Geographic Patterns of Hospitalizations

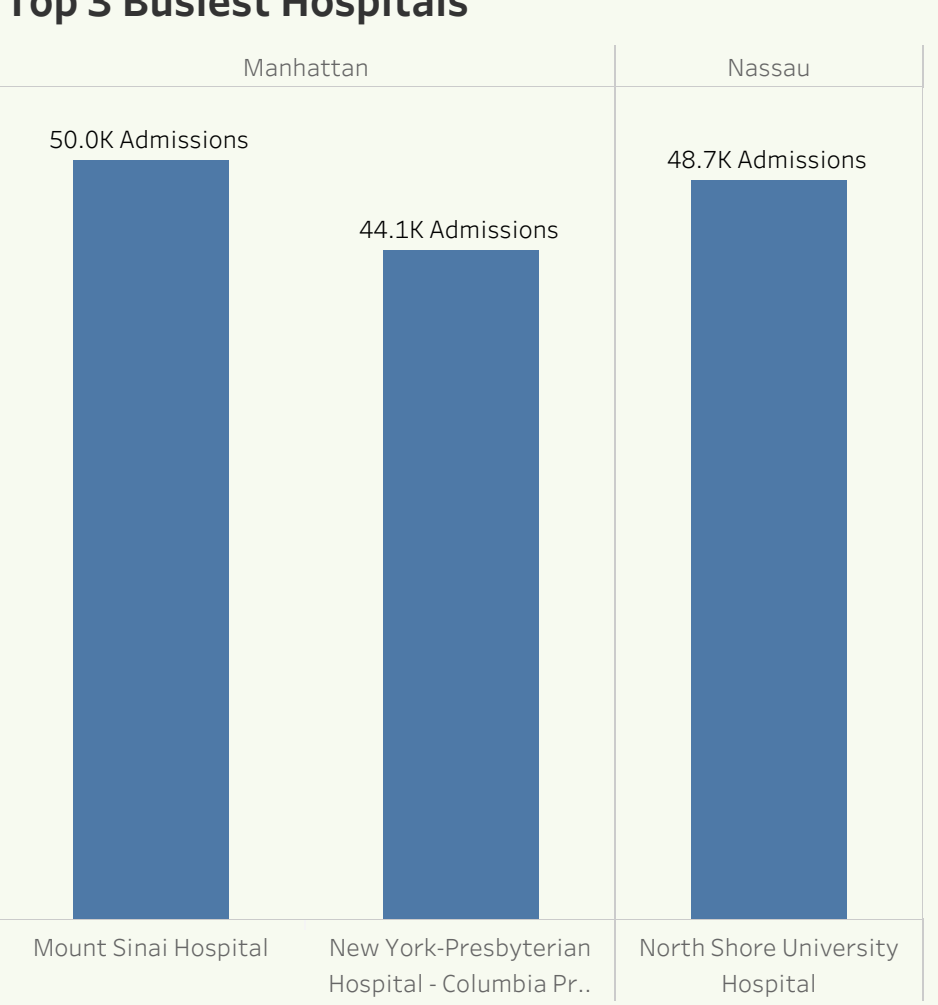
County-level admissions and hospital costs across New York State



Which Counties have the Most Hospital Admissions?



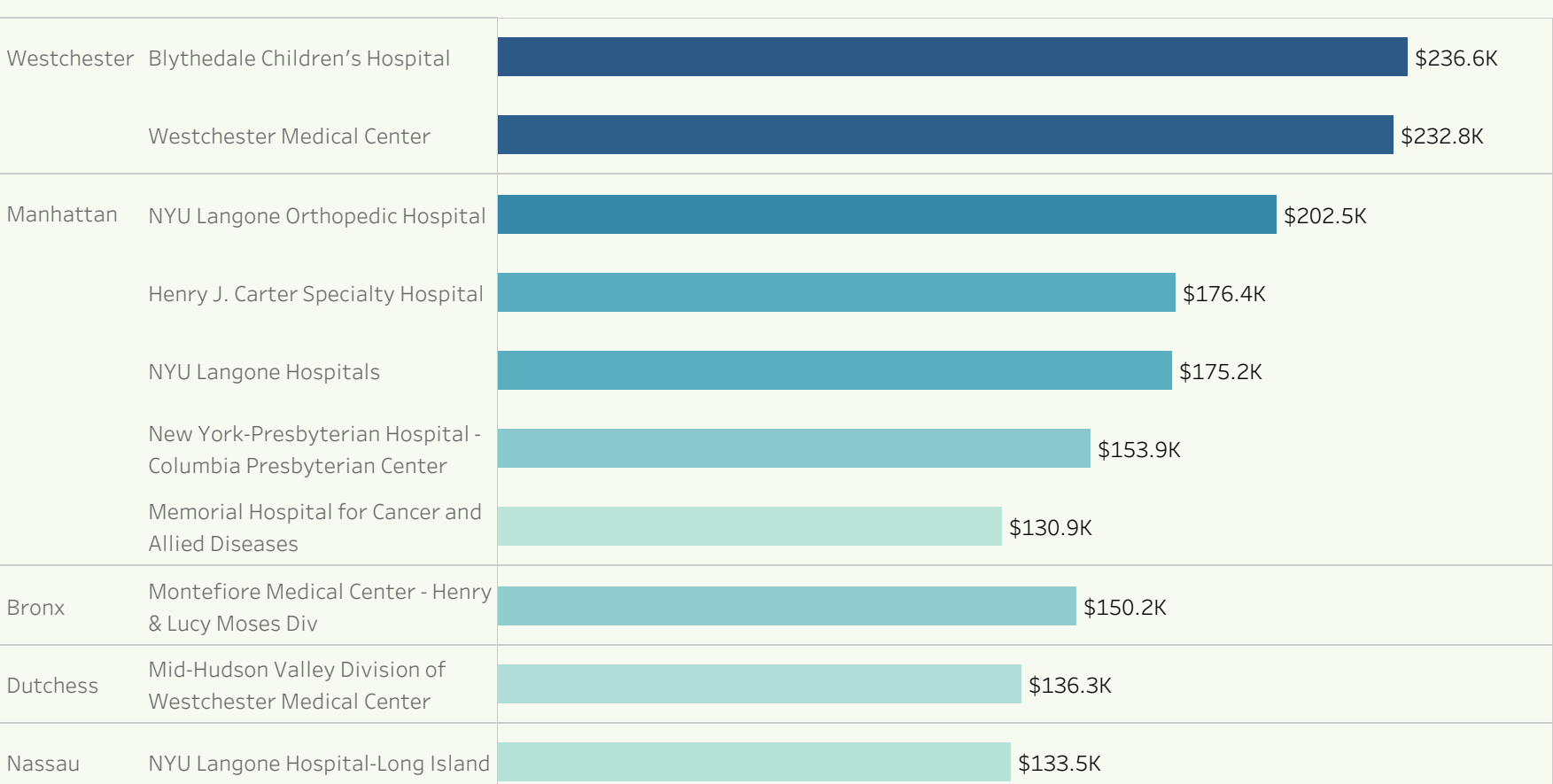
Top 3 Busiest Hospitals



- Hospital admissions are heavily concentrated in and around New York City, These geographic patterns likely reflect where residents and major hospitals are concentrated, rather than population-adjusted rates.

- Monroe County faces the most admissions per hospital; rural counties like Delaware see the least.

Most Expensive Hospitals

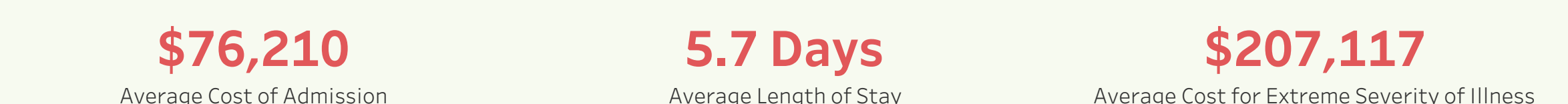


- The highest-cost hospitals are concentrated in New York City

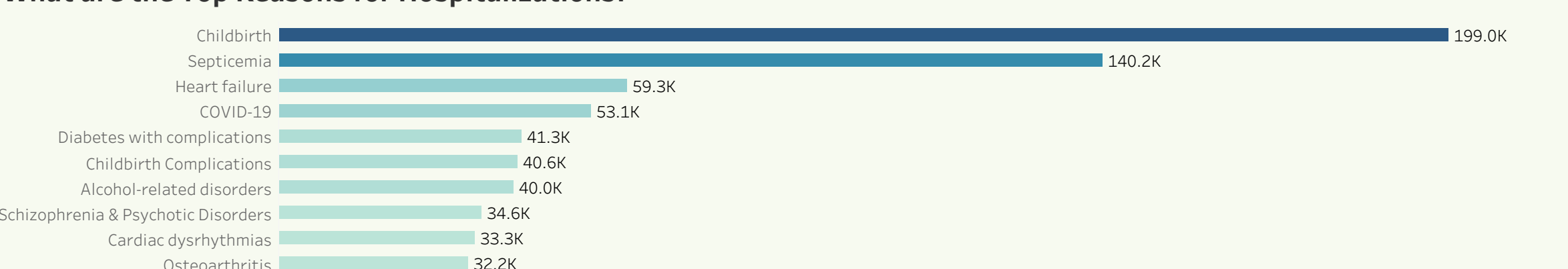
- These higher costs likely reflect complex case mixes, specialized procedures, and teaching-facility overheads typical of large metropolitan hospitals.

Chapter 3: Hospitalizations and Cost Drivers

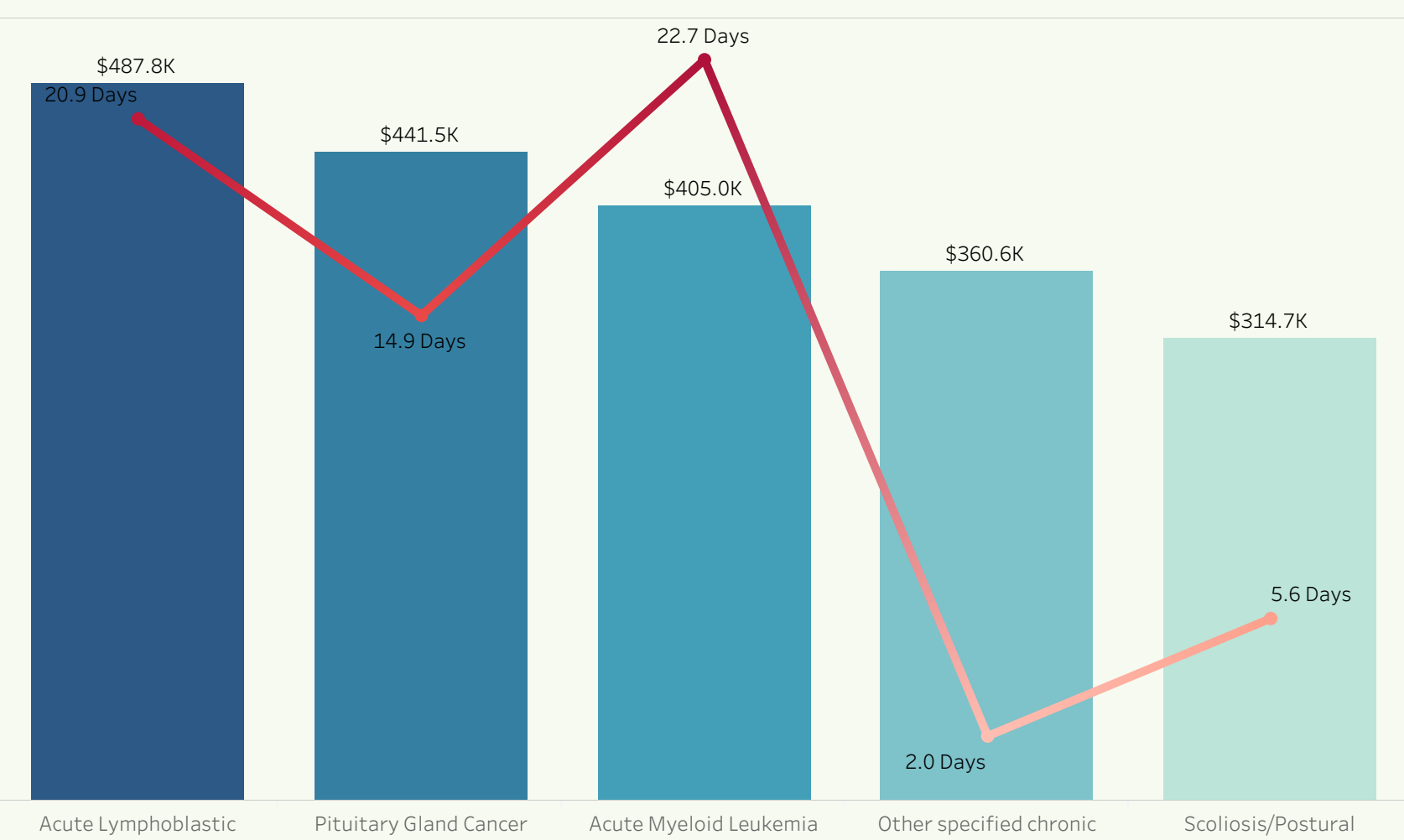
Top diagnoses, procedures, and conditions shaping utilization and charge



What are the Top Reasons for Hospitalizations?



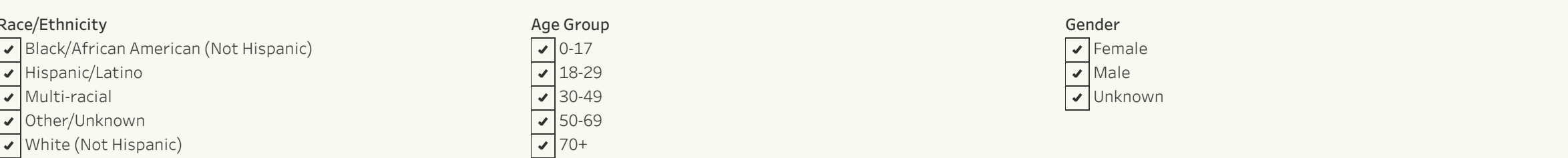
Which diagnoses have the highest average hospital costs and longer stays?



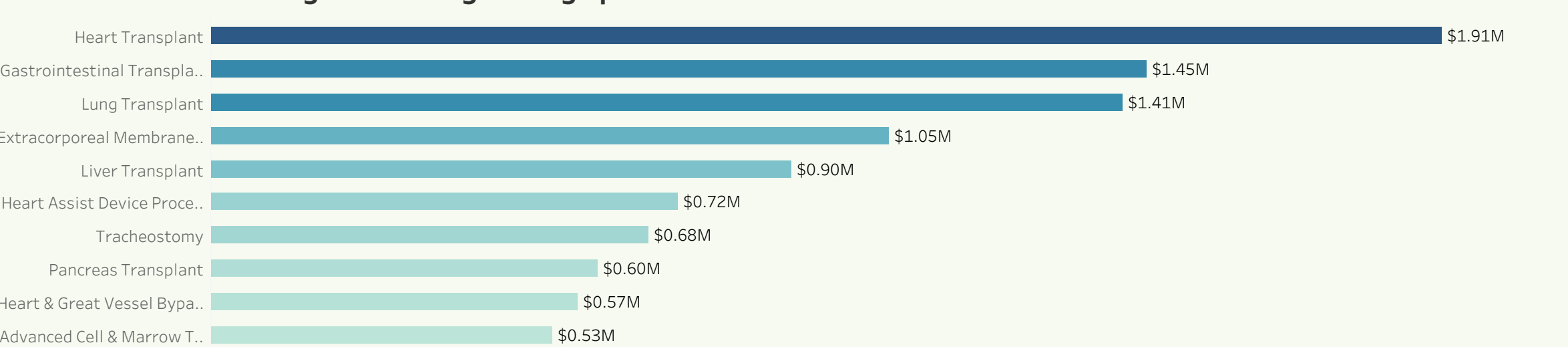
- High-cost diagnoses—including transplants, advanced cancers, and cardiac procedures—also show longer hospital stays, linking cost to case complexity.

- However, certain conditions—such as other specified chronic arthropathy—show unusually high costs despite shorter stays, suggesting procedure-driven or billing-related disparities in inpatient charges.

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 focu..



Procedures with the Highest Average Charge per Admission



Conclusions:

- New York’s 2022 inpatient data reveals a large, costly, and uneven system. Over 2.1 million admissions generated \$159 billion in charges, with women and older adults driving the greatest volume and cost, while the 18-29 age group stands out as a high-cost outlier.

- Monroe County is the most overburdened, with far more admissions per hospital than elsewhere, while Delaware County shows the lightest inpatient demand.

- Across diagnoses, transplants and rare cancers generally accompany higher costs and longer stays, yet other specified chronic arthropathy shows unusually high charges despite moderate stay lengths, suggesting billing or procedural disparities within inpatient care.

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.

Author: Ashik Rahman

Data Source: Hospital Inpatient Discharges (SPARCS De-Identified): 2022
Link: https://health.data.ny.gov/Health/Hospital-Inpatient-Discharges-SPARCS-De-Identified/5dtw-tffi/about_data