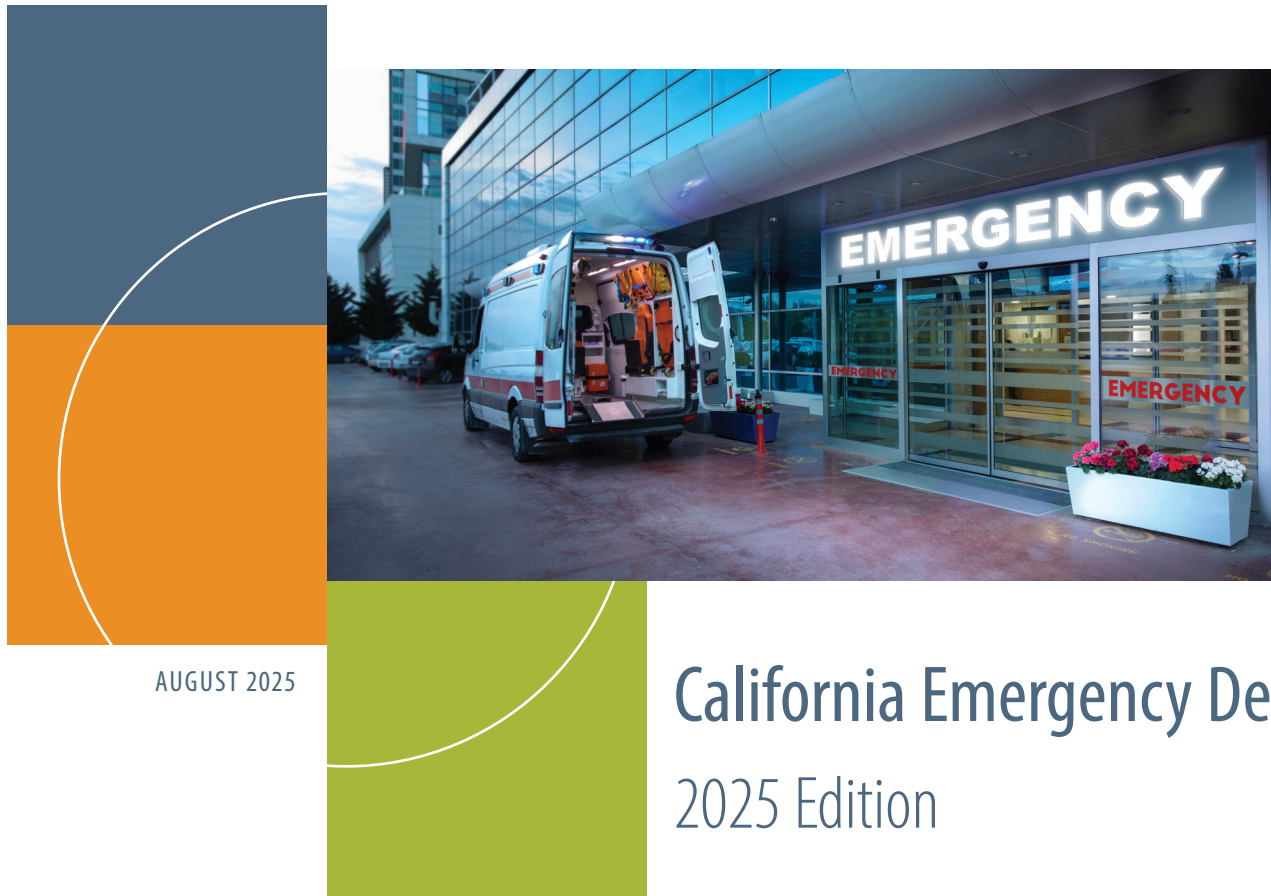


# CALIFORNIA Health Care Almanac



AUGUST 2025

## California Emergency Departments 2025 Edition

# Executive Summary

California's emergency departments (EDs) provide a critical source of health care to people with acute medical conditions and those who have experienced trauma or injury. EDs treat all patients regardless of their ability to pay. They also provide an important entry point for inpatient hospital care. In 2023, 330 acute care hospitals in California operated a licensed ED. Between 2013 and 2023, the number of EDs remained relatively stable, but visits increased by 17%, with 14.9 million visits in 2023. This growth in ED visits far outpaced the state's overall population increase of 2%.

*California's Emergency Departments* looks at the most recent data on supply, visits, and wait times, as well as trends from 2013 to 2023.

**KEY FINDINGS INCLUDE:**

- In 2023, emergency department visits per 1,000 residents ranged from a low of 322 in Orange County to a high of 485 in the Northern and Sierra region.
- Medi-Cal was the expected payer for 42% of all ED visits in 2023, compared to 27% for private payers and 23% for Medicare.
- Of the 86% of visits that didn't result in a hospital admission, nearly one in five were for conditions severe enough to be life-threatening.
- In 2023, the median length of stay for California ED patients was three hours. For those with psychiatric or mental health needs, the median stay was four and a half hours.

**C O N T E N T S**

Supply ..... 3

Visits ..... 9

Wait Times ..... 24

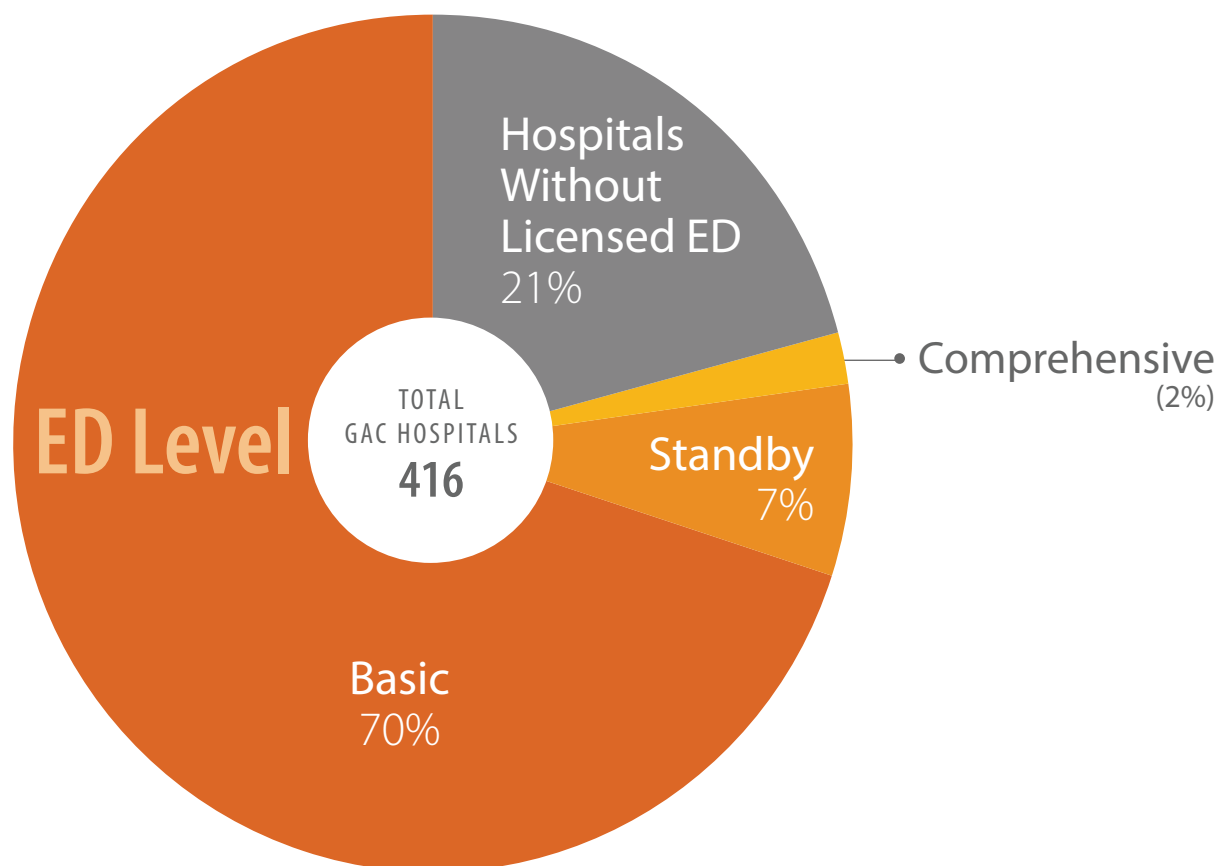
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# General Acute Care Hospitals

by ED Level, California, 2023



## California Emergency Departments Supply

In 2023, 79% of California's general acute care hospitals operated a licensed emergency department (ED). EDs provide different levels of service, with the majority licensed at the basic level.

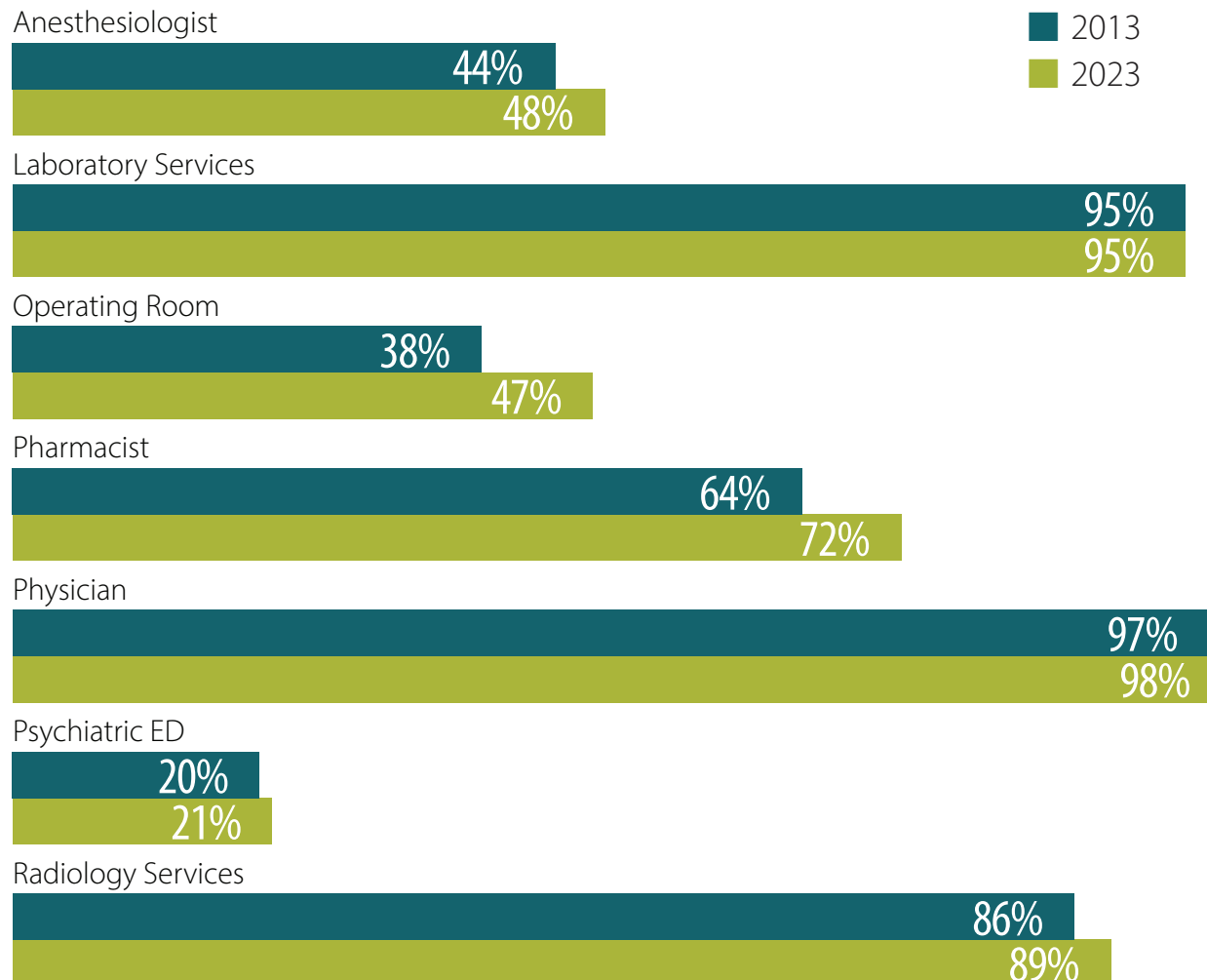
Notes: GAC is general acute care. ED is emergency department. *Standby* EDs have an ED physician, at minimum, on call. *Basic* EDs have an ED physician on-site 24 hours a day, year-round. *Comprehensive* EDs have an ED physician on-site 24 hours a day, year-round, as well as other physician specialties (including thoracic surgeons, neurosurgeons, orthopedic surgeons, and pediatricians) available 24 hours a day, year-round. The hospital must also provide burn, acute dialysis, and cardiovascular surgery services. Licensing at the end of the year was used to determine ED availability. Figures may not sum due to rounding.

Source: 2023 *Hospital Annual Utilization (November 2024)*, California Health and Human Services Agency, last updated October 31, 2024.

# Emergency Department Services, 24-Hour Availability

## California, 2013 and 2023

### PERCENTAGE OF EDs WITH 24-HOUR AVAILABILITY



Notes: ED is emergency department. Services for which licensed medical personnel are at the facility 24 hours a day are shown.

Source: *Hospital Annual Utilization* (2013 and 2023), California Health and Human Services Agency.

### California Emergency Departments Supply

Most emergency departments (EDs) have a physician, laboratory services, and radiology services available 24 hours a day. About one in five (21%) had a psychiatric ED available 24 hours a day in 2023.

# Emergency Department Services, 24-Hour Availability by Region, California, 2023

NUMBER OF EDs

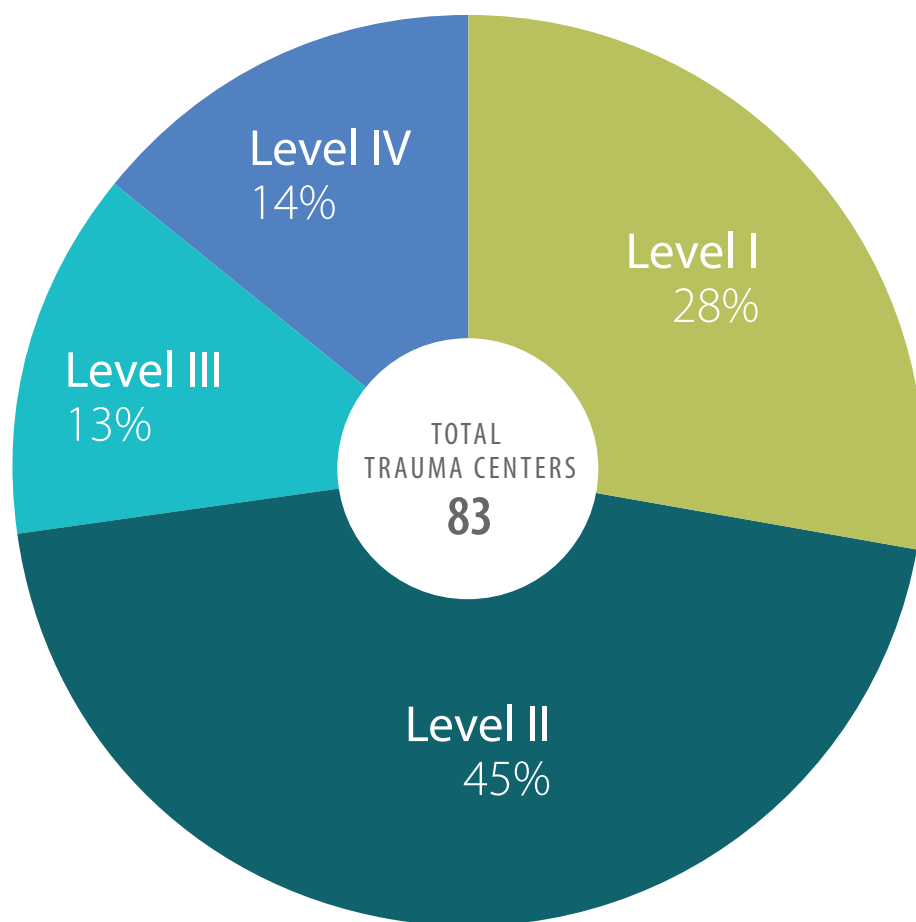
	ANESTHESI- OLOGIST	LABORATORY SERVICES	OPERATING ROOM	PHARMACIST	PHYSICIAN	PSYCHIATRIC ED	RADIOLOGY SERVICES	ALL EDs
Central Coast	8	22	7	12	24	5	17	24
Greater Bay Area	32	63	32	49	64	20	60	65
Inland Empire	19	35	18	26	35	11	34	35
Los Angeles County	41	68	41	60	69	15	67	70
Northern and Sierra	5	28	8	13	35	1	23	38
Orange County	12	25	10	17	26	5	23	26
Sacramento Area	10	15	8	13	15	3	15	15
San Diego Area	15	20	15	18	20	6	20	20
San Joaquin Valley	16	37	16	30	37	3	35	37
<b>California</b>	<b>158</b>	<b>313</b>	<b>155</b>	<b>238</b>	<b>325</b>	<b>69</b>	<b>294</b>	<b>330</b>

Most regions had a physician available 24 hours a day. However, there was significant variation in the 24-hour availability of anesthesiologists, pharmacists, and operating rooms across regions.

Notes: ED is emergency department. Services for which licensed medical personnel are at the facility 24 hours a day are shown. See [appendix](#) for a map of counties in each region.  
Source: 2023 *Hospital Annual Utilization (November 2024)*, California Health and Human Services Agency, last updated October 31, 2024.

# General Acute Care Hospitals

## by Trauma Center Level, California, 2025



### California Emergency Departments Supply

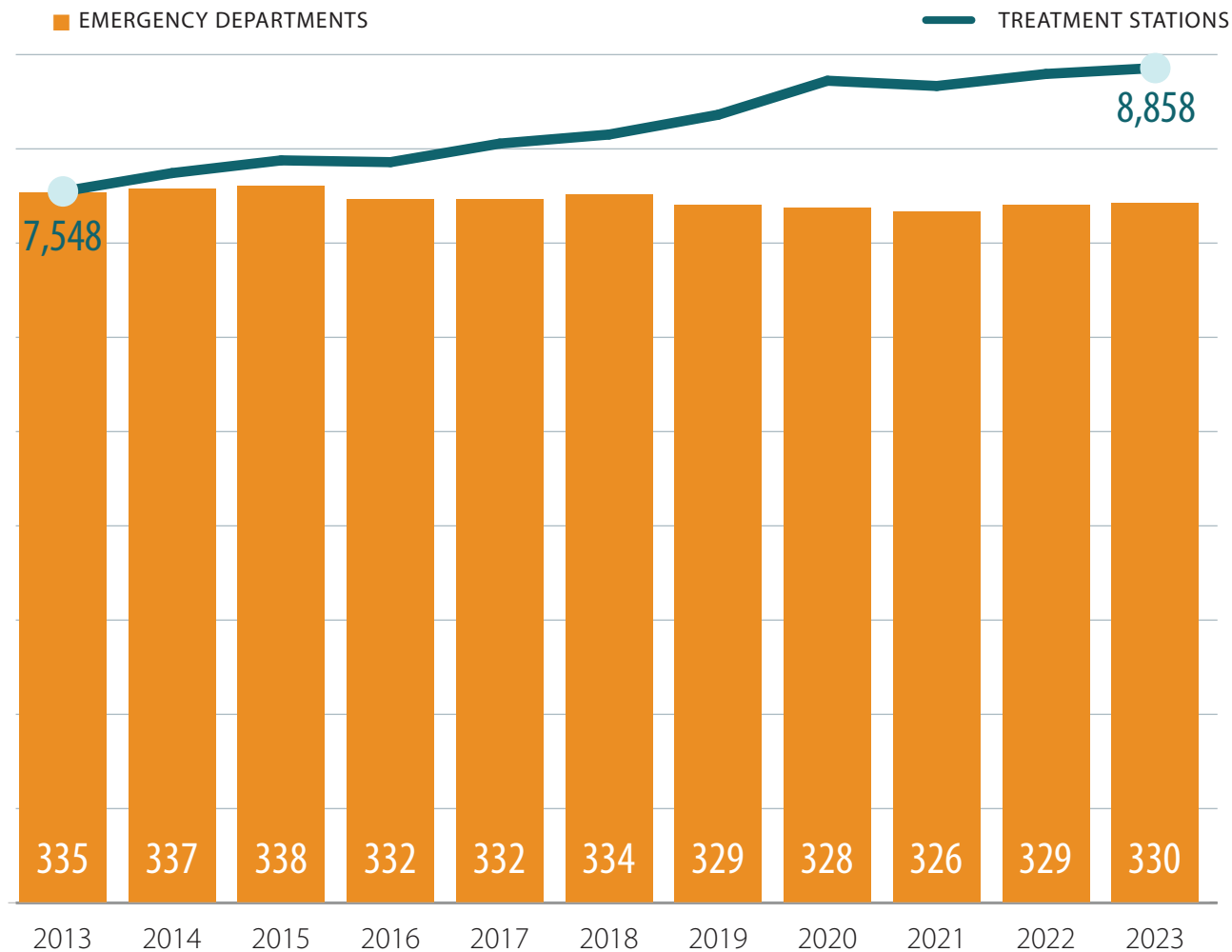
Trauma centers treat patients with serious injuries, such as those sustained from car accidents and gunshots. Local emergency medical services agencies designate trauma center levels based on the equipment and resources available. Level I trauma centers provide the most complex care. In 2025, California had 83 trauma centers, of which 23 were Level I.

Notes: *Trauma centers* are designated by a local emergency medical services agency and include personnel, services, and equipment necessary for the care of trauma patients. General requirements include a trauma program medical director, a trauma nurse coordinator, a basic emergency department (minimum), a multidisciplinary trauma team, and specified service capabilities. The Emergency Medical Services Authority has established four trauma center designations, with Level I equipped to provide the most complex care. Figures may not sum due to rounding.

Source: *Designated Trauma Centers* (PDF), California Emergency Medical Services Authority, updated January 22, 2025.

# Emergency Departments and Treatment Stations

## California, 2013 to 2023



### California Emergency Departments Supply

While the number of emergency departments remained relatively stable, the number of treatment stations increased by 17% between 2013 and 2023.

Note: A *treatment station* is a specific place in an emergency department adequate to treat one patient at a time.

Source: *Hospital Annual Utilization* (2013–23), California Health and Human Services Agency.

# Emergency Departments and Treatment Stations by Region, California, 2013 and 2023

## California Emergency Departments Supply

All regions in California experienced an increase in the number of available treatment stations between 2013 and 2023, ranging from 7% in the Northern and Sierra region to 33% in the San Diego area.

	EMERGENCY DEPARTMENTS			TREATMENT STATIONS		
	2013	2023	CHANGE	2013	2023	CHANGE
Central Coast	24	24	0%	397	485	22%
Greater Bay Area	65	65	0%	1,409	1,659	18%
Inland Empire	35	35	0%	877	1,008	15%
Los Angeles County	74	70	-5%	1,898	2,132	12%
Northern and Sierra	39	38	-3%	414	443	7%
Orange County	26	26	0%	635	759	20%
Sacramento Area	16	15	-6%	463	553	19%
San Diego Area	20	20	0%	630	837	33%
San Joaquin Valley	36	37	3%	825	982	19%
<b>California</b>	<b>335</b>	<b>330</b>	<b>-1%</b>	<b>7,548</b>	<b>8,858</b>	<b>17%</b>

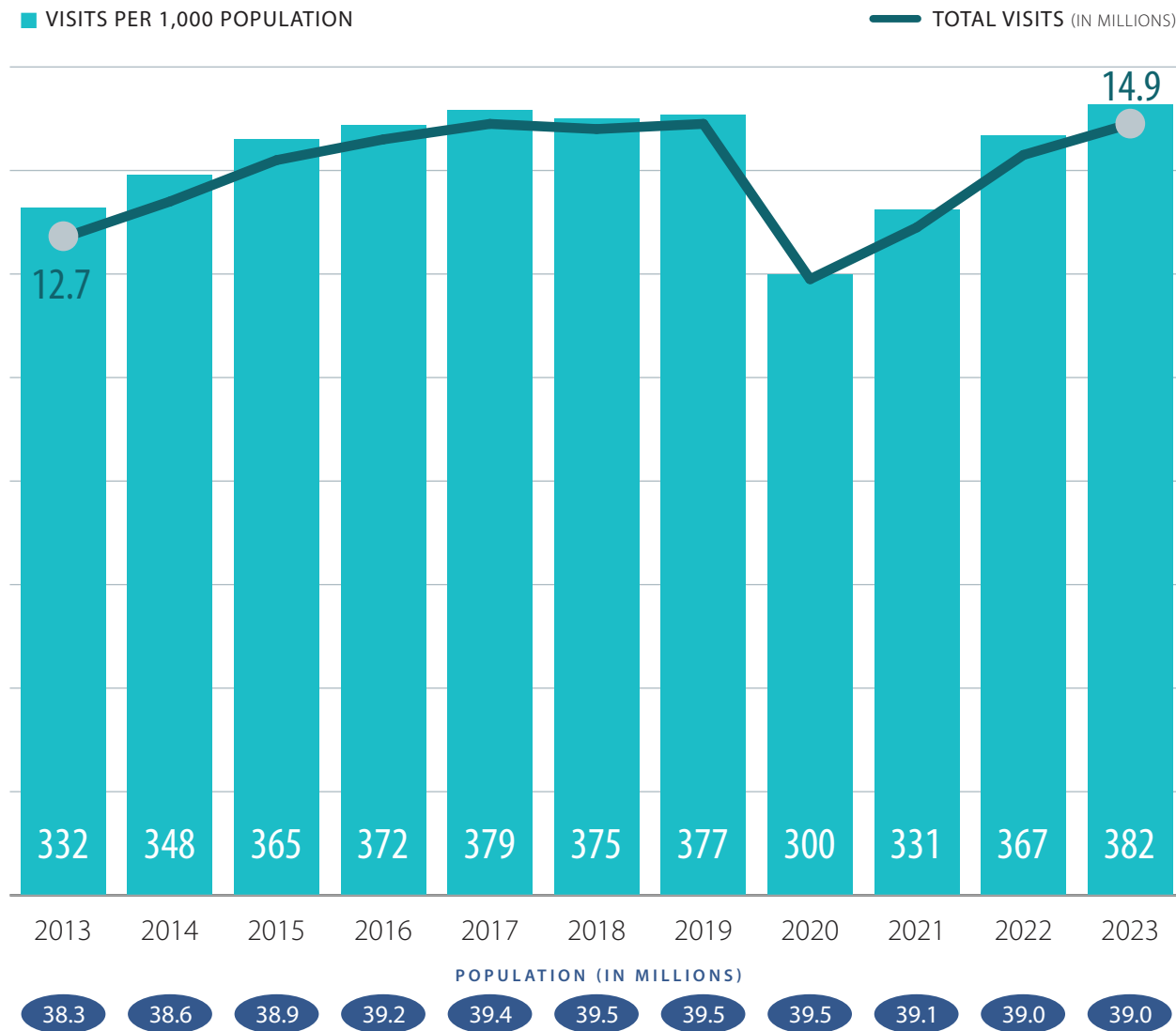
Notes: A *treatment station* is a specific place in an emergency department adequate to treat one patient at a time. See [appendix](#) for a map of counties in each region.

Source: *Calendar Year Hospital Utilization Pivot Table* (2013 and 2023), California Health and Human Services Agency.



# Emergency Department Visits

## California, 2013 to 2023



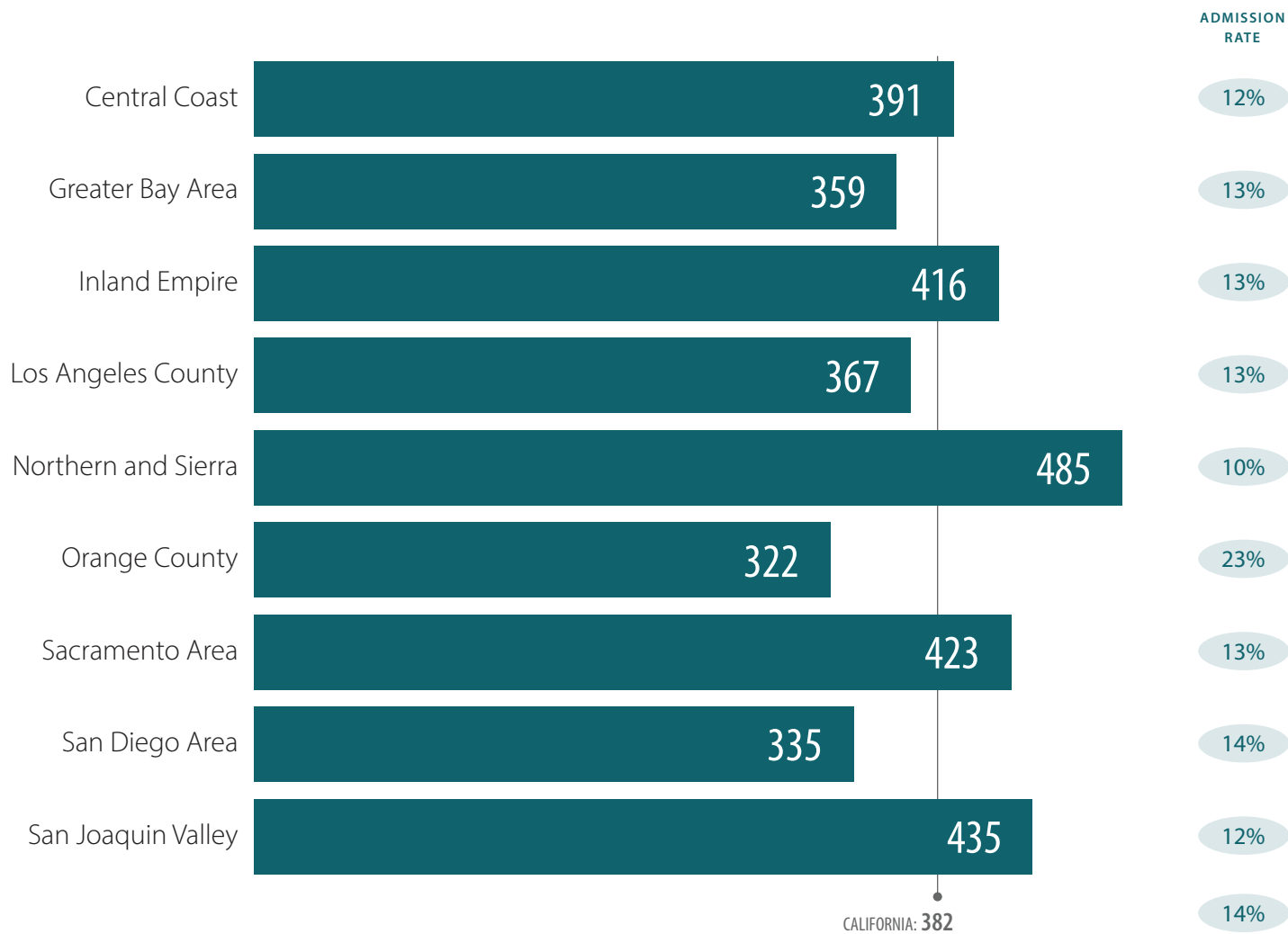
Sources: Author calculations based on *Hospital Annual Utilization* (2013–23), California Health and Human Services Agency; *Annual Estimates of the Resident Population for Counties in California: April 1, 2010 to July 1, 2019* (CO-EST2019-ANNRES-06), US Census Bureau; and *Annual Estimates of the Resident Population for Counties: April 1, 2020 to July 1, 2023* (CO-EST2024-POP), US Census Bureau.

### California Emergency Departments

#### Visits

Between 2013 and 2023, the number of emergency department visits increased by 17%, while the state's overall population increased by 2%. Emergency department visits dropped in 2020 at the start of the COVID-19 pandemic.

# Emergency Department Visits per 1,000 Population by Region, California, 2023



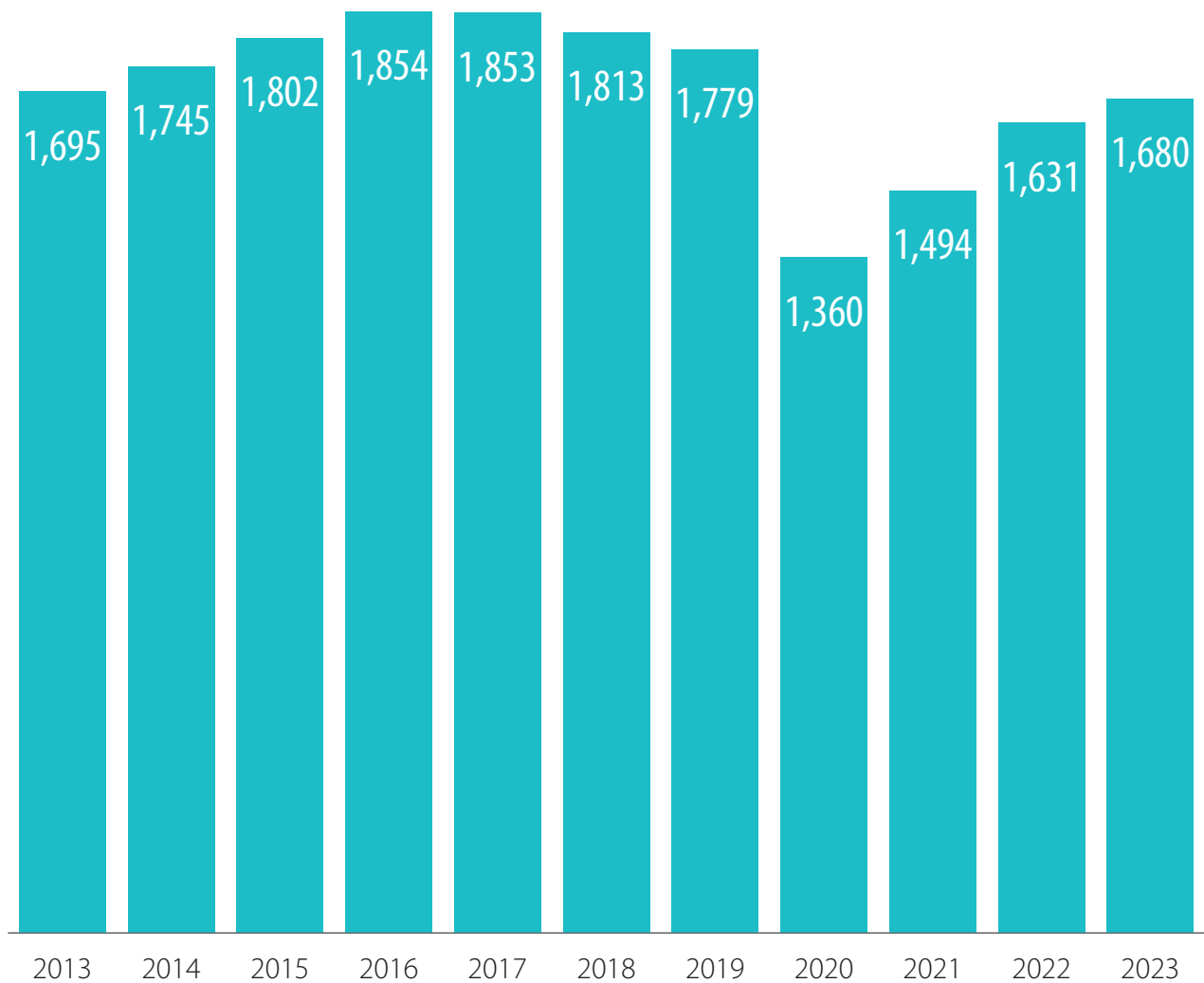
## California Emergency Departments Visits

In 2023, emergency department visits per 1,000 residents ranged from a low of 322 in Orange County to a high of 485 in the Northern and Sierra region.

Note: See appendix for a map of counties in each region.  
Sources: Author calculations based on 2023 Hospital Annual Utilization (November 2024), California Health and Human Services Agency, last updated October 31, 2024; and Annual Estimates of the Resident Population for Counties: April 1, 2020 to July 1, 2024 (CO-EST2024-POP), US Census Bureau..

# Emergency Department Visits per Treatment Station

## California, 2013 to 2023

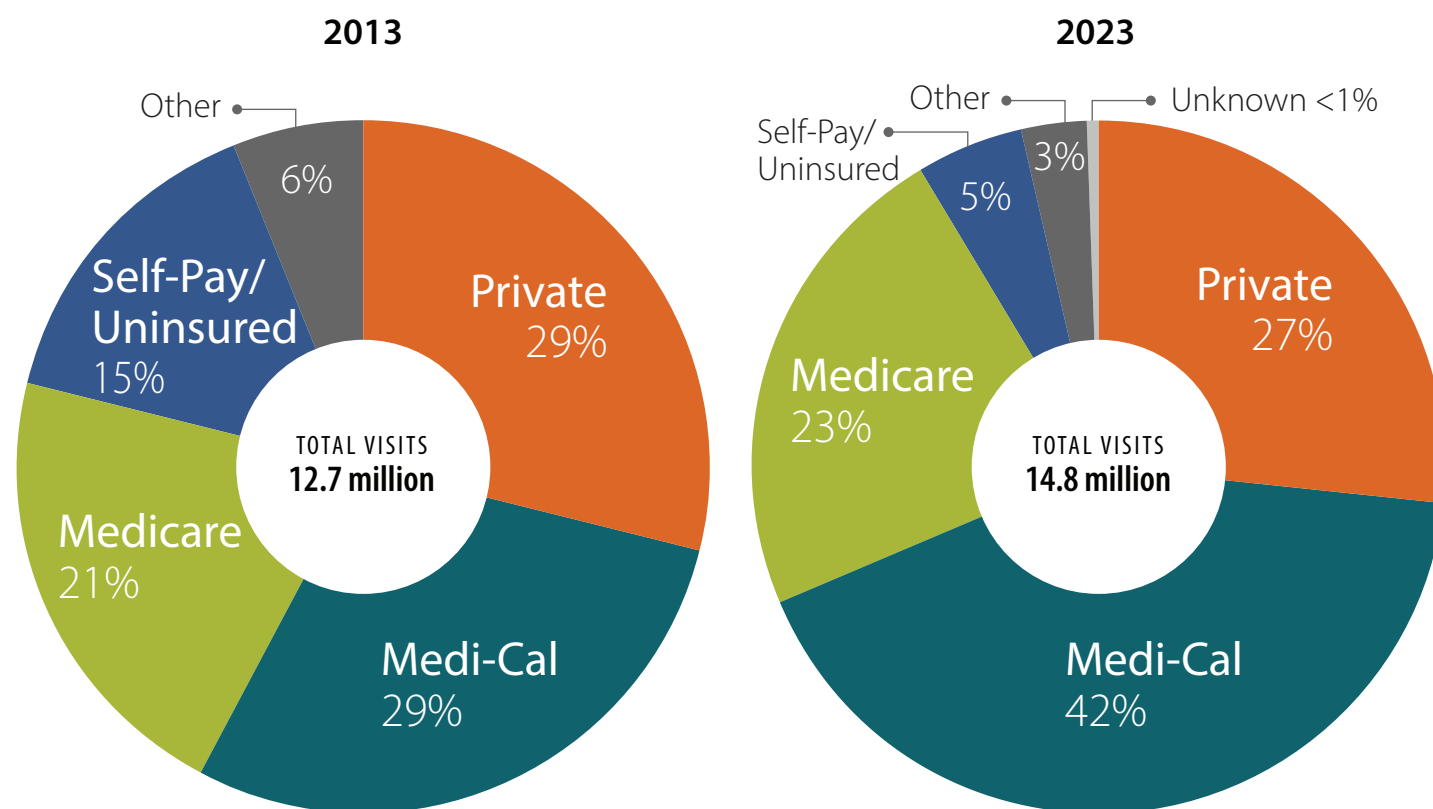


Note: A *treatment station* is a specific place in an emergency department adequate to treat one patient at a time.  
Source: Author calculations based on *Hospital Annual Utilization* (2013–23), California Health and Human Services Agency.

In 2023, there were 1,680 visits per treatment station, or about 5 visits per treatment station per day. While the number of treatment stations increased in 2020, the number of visits decreased, resulting in a decline in the number of visits per treatment station.

# Emergency Department Visits, by Expected Payer

## California, 2013 and 2023



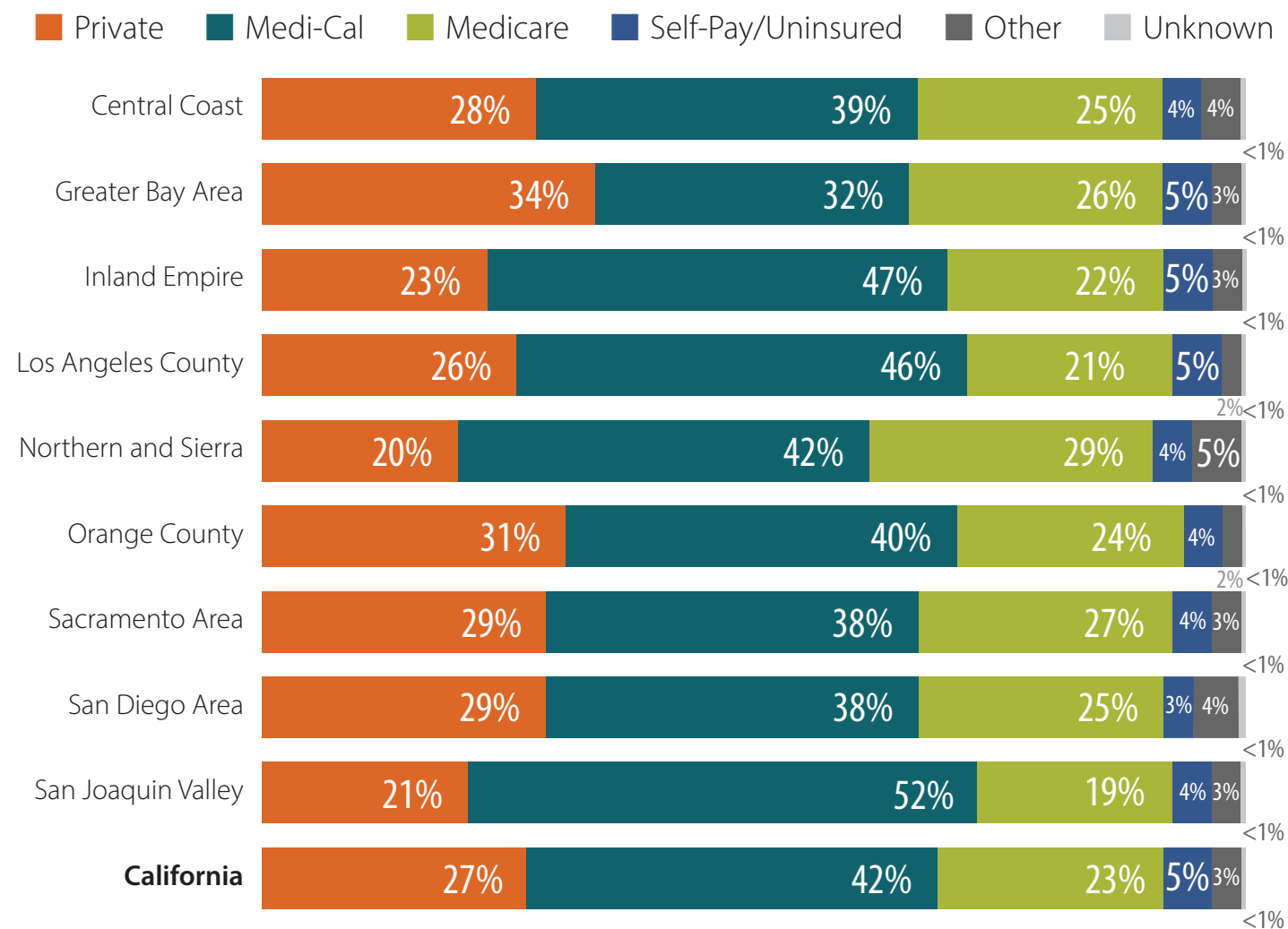
In 2023, Medi-Cal was the expected payer for 42% of total ED visits, up from 29% in 2013. During this period, Medi-Cal enrollment nearly doubled, increasing from 8.6 million to 15.1 million (not shown).\*

Notes: *Self-pay/uninsured* includes self-pay, county indigent programs, and other indigent programs. *Other* includes other nonfederal programs, Champus (Tricare), disability, other federal programs, Title V, Veterans Affairs plans, workers compensation, and other. *Unknown* includes invalid, blank, or unknown payer. Figures may not sum due to rounding.

Source: *Hospital Emergency Department - Characteristics by Facility (Pivot Profile)* (2013 and 2023), California Health and Human Services Agency.

\* "Medi-Cal Enrollment Tracking Tool," California Health Care Foundation, August 6, 2024.

# Emergency Department Visits, by Expected Payer and Region California, 2023



Notes: *Self-pay/uninsured* includes self-pay, county indigent programs, and other indigent programs. *Other* includes other nonfederal programs, Champus (Tricare), disability, other federal programs, Title V, Veterans Affairs plans, workers compensation, and other. *Unknown* includes invalid, blank, or unknown payer. Figures may not sum due to rounding. See [appendix](#) for a map of counties in each region.

Source: 2023 *Hospital Emergency Department - Characteristics by Facility (Pivot Profile)*, California Health and Human Services Agency, October 1, 2024.

## California Emergency Departments Visits

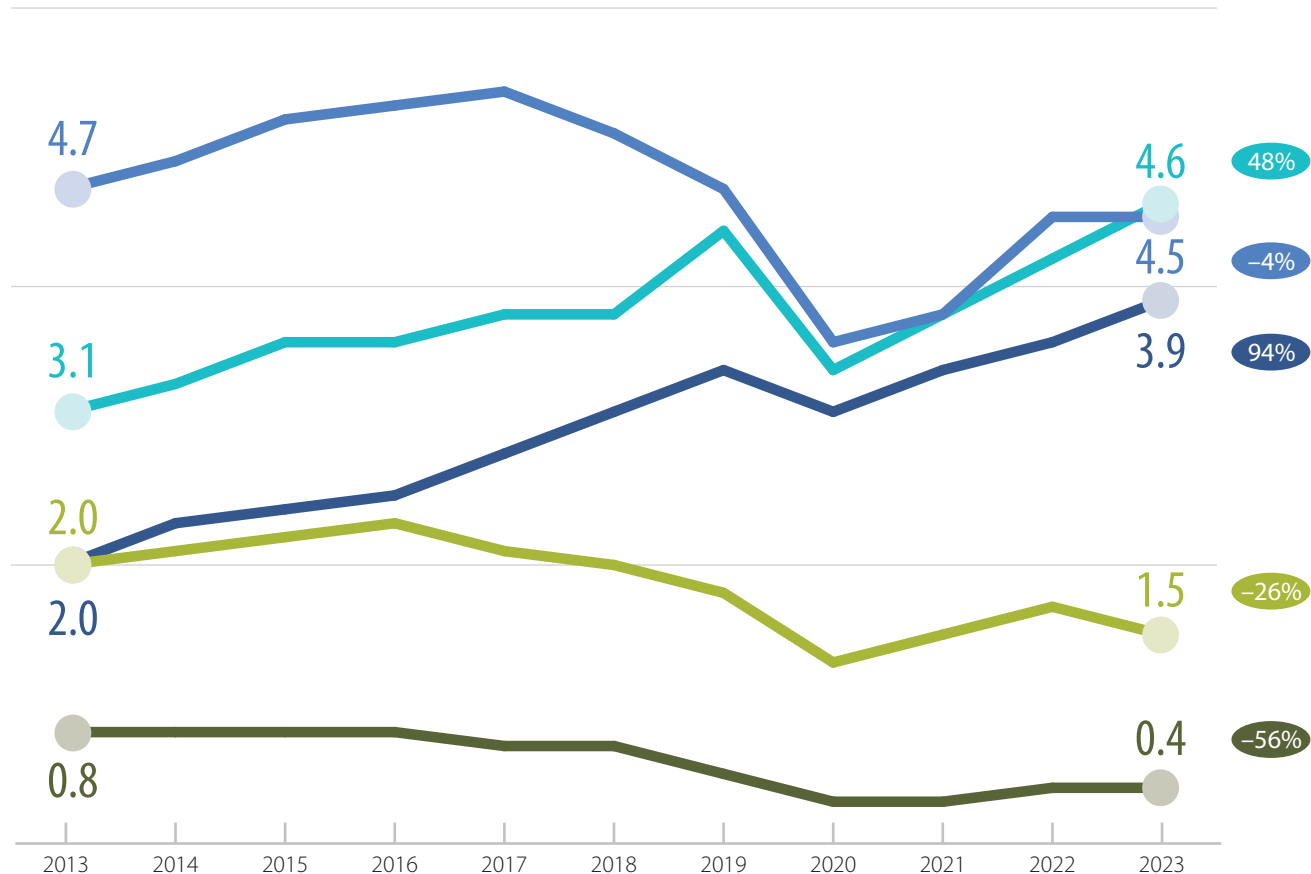
The payer mix of emergency department visits varied by region. Medi-Cal was the expected payer for half of all emergency department visits in the San Joaquin Valley.

# Emergency Department Visits, by Acuity Level

## California, 2013 to 2023

VISITS (IN MILLIONS)

Minor Low/Moderate Moderate  
Severe Without Threat Severe With Threat PERCENTAGE CHANGE



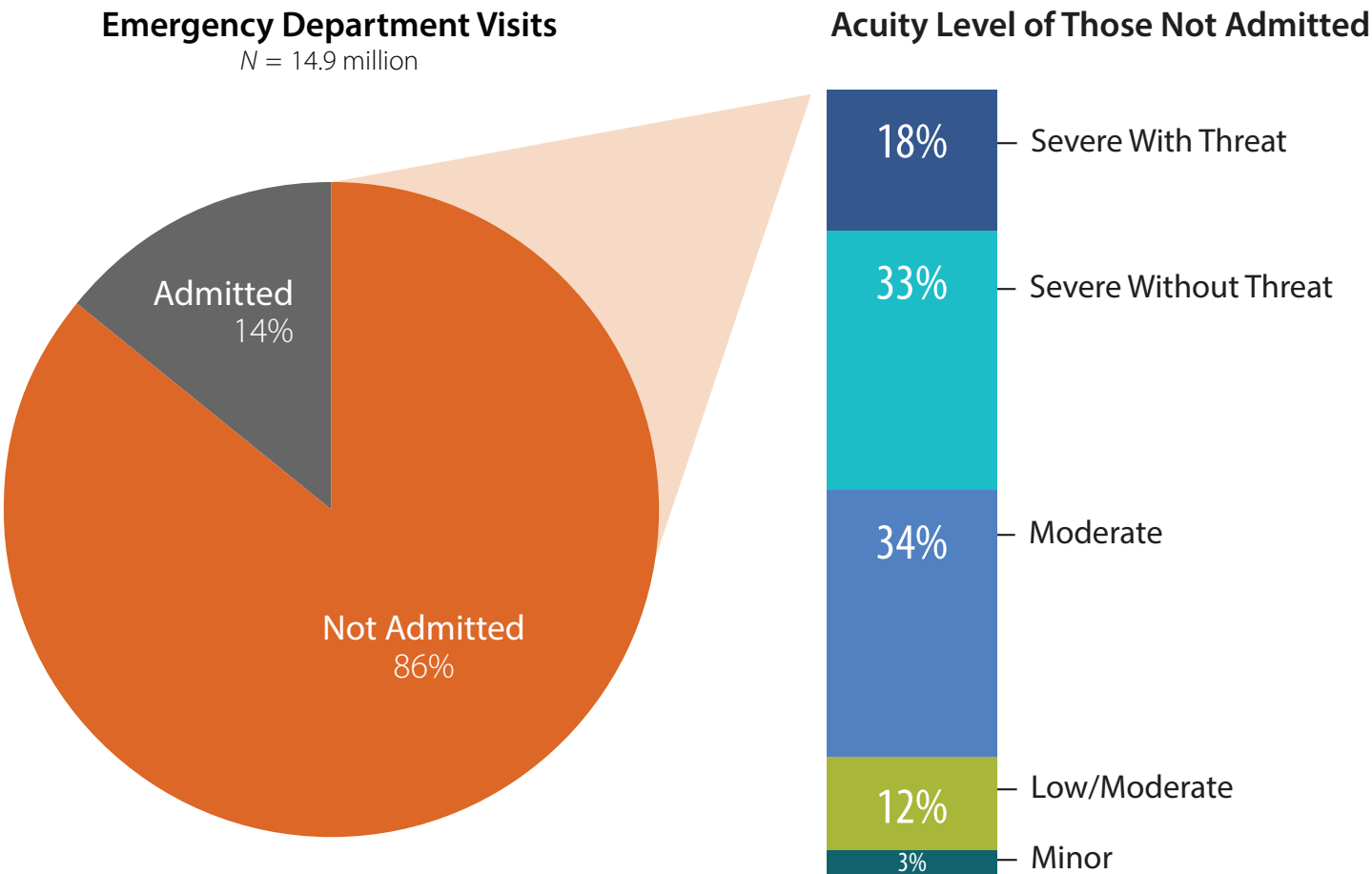
Notes: Emergency department visits are categorized based on type of history/examination and medical decisionmaking required. *Minor* visits require a problem-focused history/examination and straightforward medical decisionmaking. *Low/moderate* visits require expanded problem-focused history/examination and low-complexity medical decisionmaking. *Moderate* visits require expanded problem-focused history/examination and moderate-complexity medical decisionmaking. *Severe without threat* visits require a detailed history/examination and moderate-complexity medical decisionmaking. *Severe with threat* visits require a comprehensive history/examination and high-complexity medical decisionmaking.

Source: *Hospital Annual Utilization* (2013–23), California Health and Human Services Agency.

### California Emergency Departments Visits

All emergency department visits are classified by acuity level, from "minor" to "severe with threat." The number of visits classified as "severe with threat" increased 94% between 2013 and 2023.

# Emergency Department Visits, by Admit Status and Acuity Level of Those Not Admitted, California, 2023



The majority of emergency department visits did not result in a hospital admission. Almost one in five visits for patients not admitted were for conditions severe enough to be life-threatening, and an additional one in three visits were for severe conditions without threat (e.g., an elderly patient who fell and was unable to walk).

Notes: Emergency department visits are categorized based on type of history/examination and medical decisionmaking required. *Minor* visits require a problem-focused history/examination and straightforward medical decisionmaking. *Low/moderate* visits require expanded problem-focused history/examination and low-complexity medical decisionmaking. *Moderate* visits require expanded problem-focused history/examination and moderate-complexity medical decisionmaking. *Severe without threat* visits require a detailed history/examination and moderate-complexity medical decisionmaking. *Severe with threat* visits require a comprehensive history/examination and high-complexity medical decisionmaking. Figures may not sum due to rounding.

Source: 2023 Hospital Annual Utilization (November 2024), California Health and Human Services Agency, last updated October 31, 2024.

# Emergency Department Visits, by Primary Diagnosis

## California, 2023

Injury and Poisoning

18.2%

Symptoms; Signs; and Ill-Defined Conditions and Factors Influencing Health Status

16.1%

Diseases of the Circulatory System

8.5%

Diseases of the Respiratory System

8.5%

Diseases of the Digestive System

7.6%

Diseases of the Musculoskeletal System and Connective Tissue

6.7%

Diseases of the Genitourinary System

6.1%

Infectious and Parasitic Diseases

5.4%

Mental Illness

4.1%

Diseases of the Nervous System and Sense Organs

4.1%

Diseases of the Skin and Subcutaneous Tissue

3.4%

Complications of Pregnancy; Childbirth; and the Puerperium

2.8%

Notes: All categories are based on Clinical Classifications Software Refined groupings using ICD-10 codes. Not shown: endocrine diseases (2.0%), factors influencing health status (2.0%), ear diseases (1.8%), eye diseases (1.2%), neoplasms (0.7%), blood disorders (0.6%), perinatal disorders (0.2%), congenital anomalies (<0.1%), and unknown/blank/invalid/masked (0.1%).

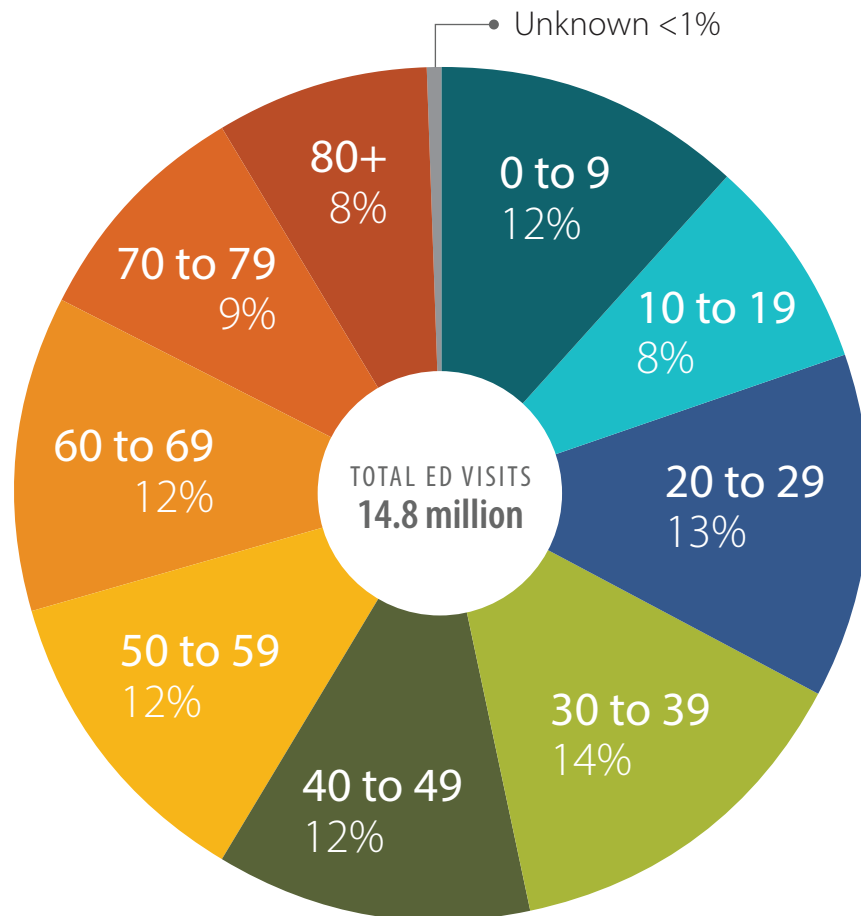
Source: 2023 Hospital Emergency Department - Characteristics by Facility (Pivot Profile), California Health and Human Services Agency, October 1, 2024.

Injuries and poisonings accounted for nearly one in five emergency department visits in 2023.

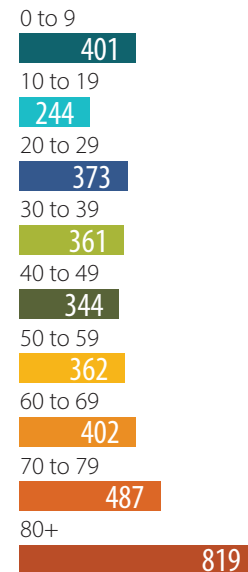


# Emergency Department Visits, by Age

## California, 2023



### VISITS PER 1,000 POPULATION



### California Emergency Departments

#### Visits

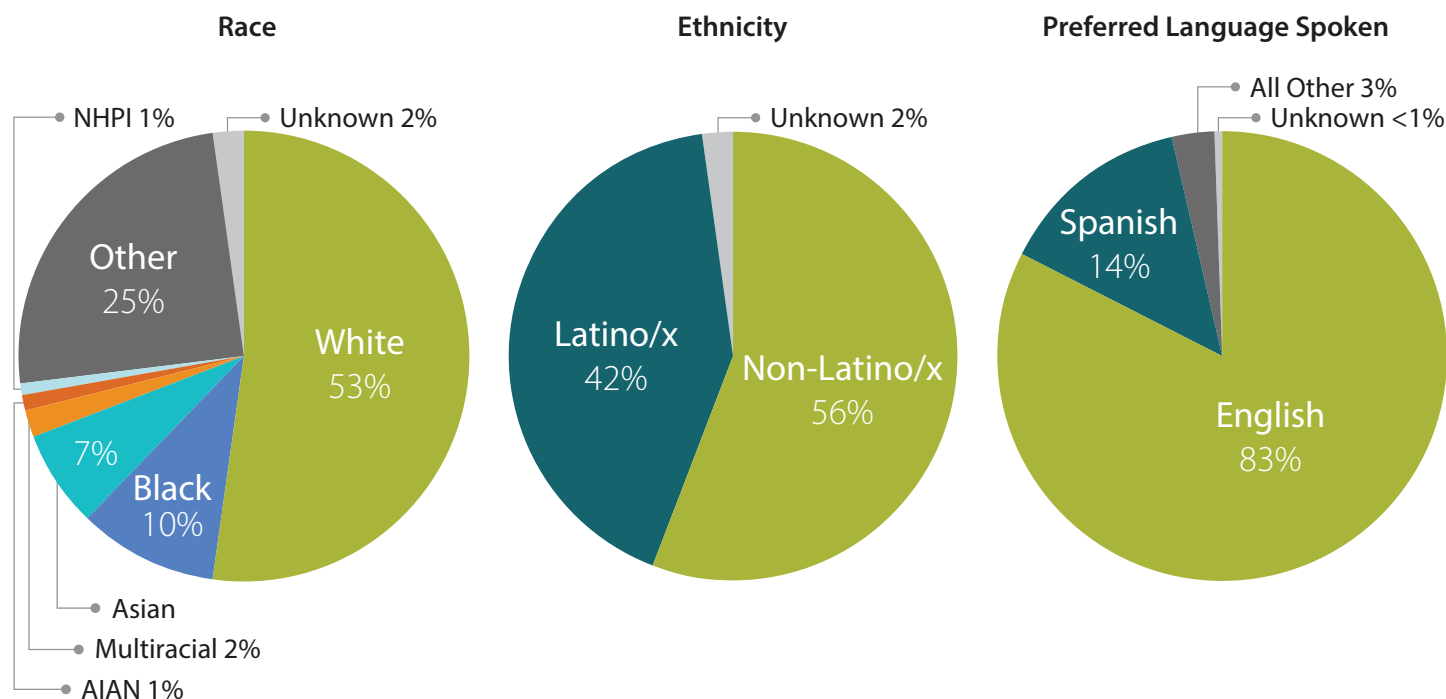
The number of emergency department visits per population was higher for Californians age 80 and older than for other age groups.

Notes: Visits per 1,000 population were calculated by the author. Figures may not sum due to rounding.

Sources: 2023 Hospital Emergency Department - Characteristics by Facility (Pivot Profile), California Health and Human Services Agency, October 1, 2024; and American Community Survey - Sex by Age (B01001), US Census Bureau, accessed September 12, 2024.

# Emergency Department Visits, by Race, Ethnicity, and Preferred Language Spoken, California, 2023

About 17% of patients visiting the emergency department preferred a language other than English.



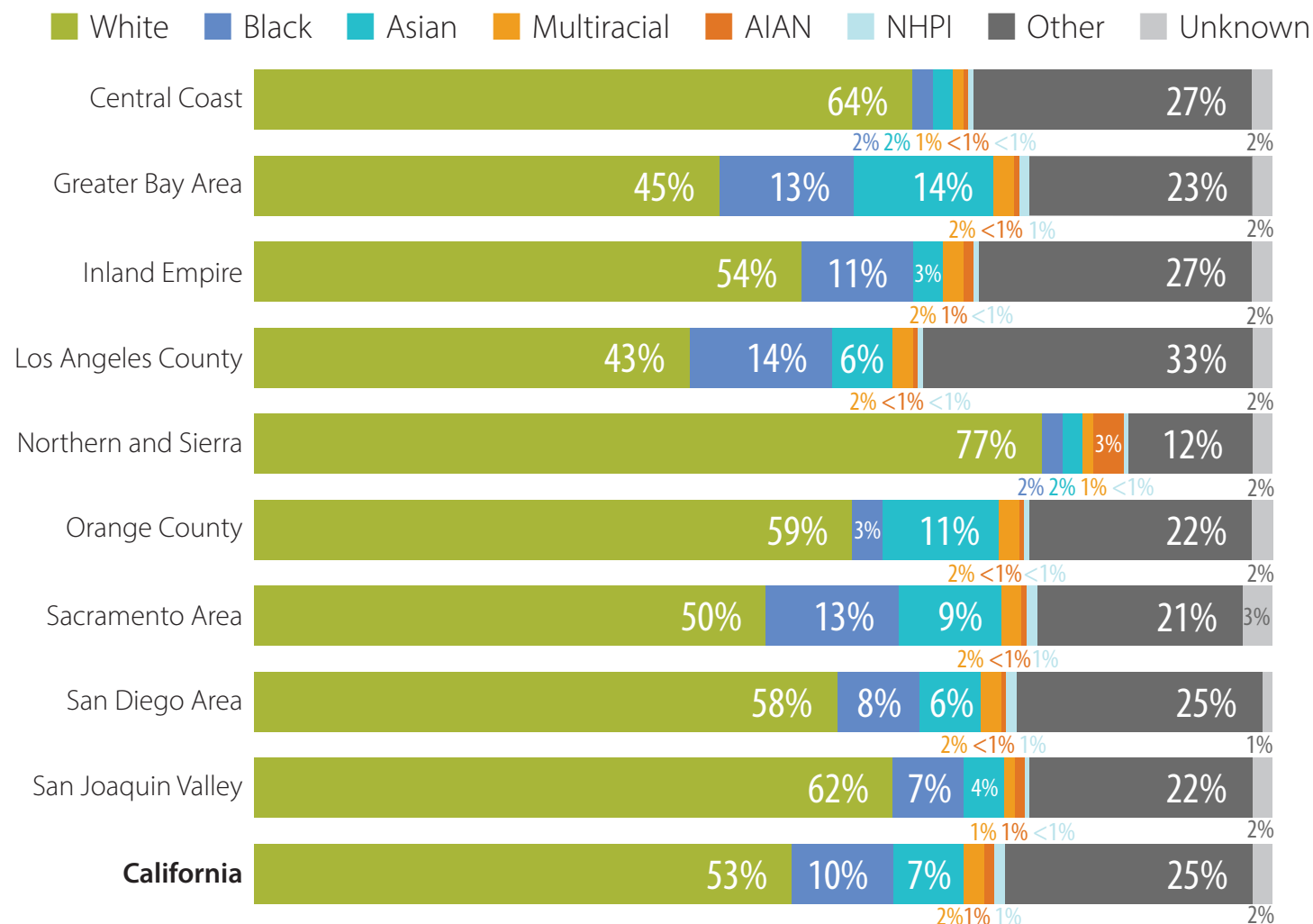
Notes: AIAN is American Indian and Alaska Native. NHPI is Native Hawaiian and Pacific Islander. Source uses *Black* or *African American*, and *Hispanic* or *Latino*. Figures may not sum due to rounding.

Source: 2023 *Hospital Emergency Department - Characteristics by Facility (Pivot Profile)*, California Health and Human Services Agency, October 1, 2024.

# Emergency Department Visits, by Race and Region, California, 2023

## California Emergency Departments Visits

Emergency department visits by race varied by region.

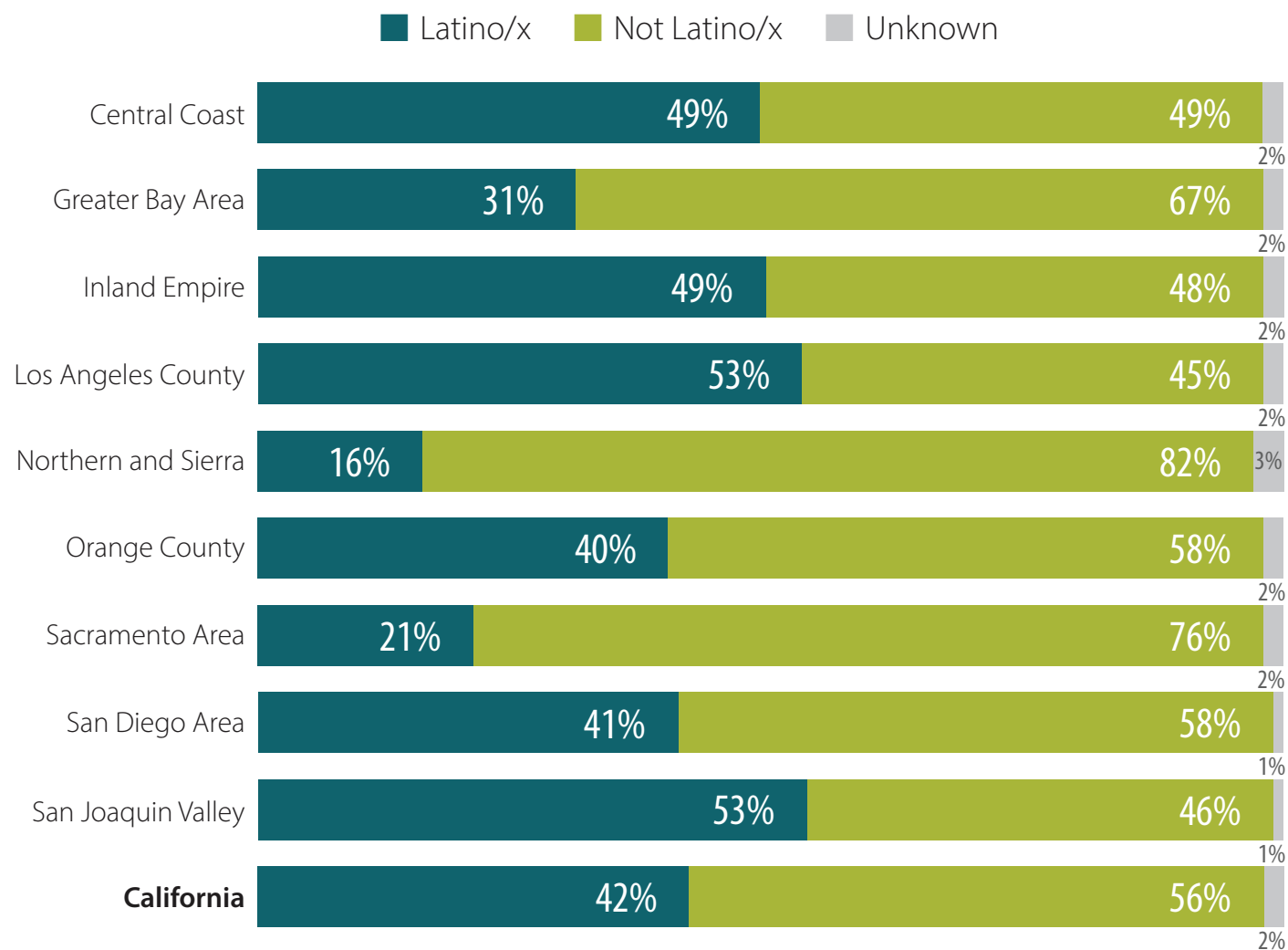


Notes: AIAN is American Indian and Alaska Native. NHPI is Native Hawaiian and Pacific Islander. Source uses Black or African American. Figures may not sum due to rounding. See [appendix](#) for a map of counties in each region.

Source: 2023 Hospital Emergency Department - Characteristics by Facility (Pivot Profile), California Health and Human Services Agency, October 1, 2024.

# Emergency Department Visits, by Ethnicity and Region

## California, 2023



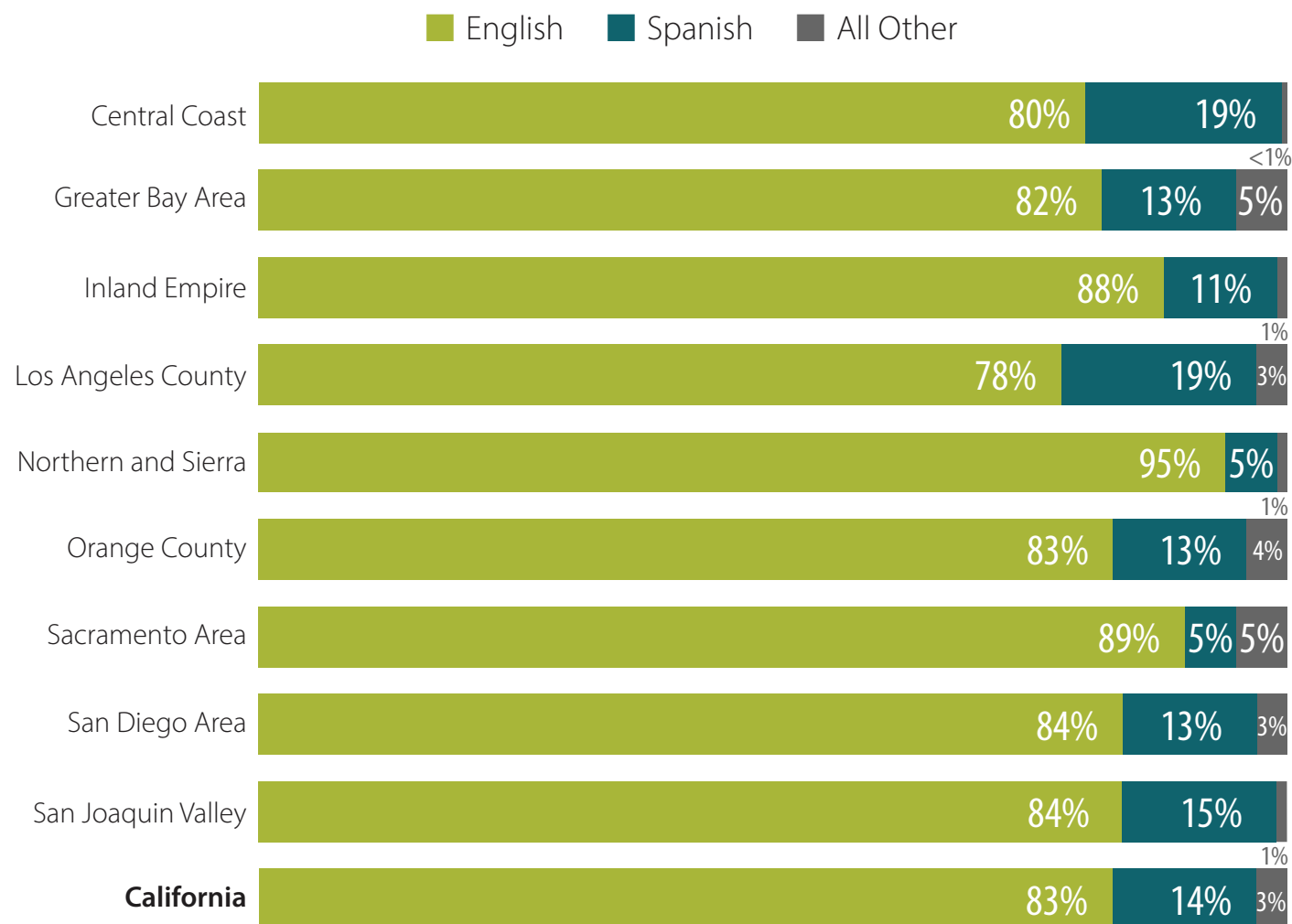
### California Emergency Departments Visits

In California, 42% of patients who visited the emergency department were Latino/x.

Notes: Source uses *Hispanic or Latino*. Figures may not sum due to rounding. See [appendix](#) for a map of counties in each region.

Source: 2023 *Hospital Emergency Department - Characteristics by Facility (Pivot Profile)*, California Health and Human Services Agency, October 1, 2024.

# Emergency Department Visits, by Preferred Language Spoken and Region, California, 2023



## California Emergency Departments Visits

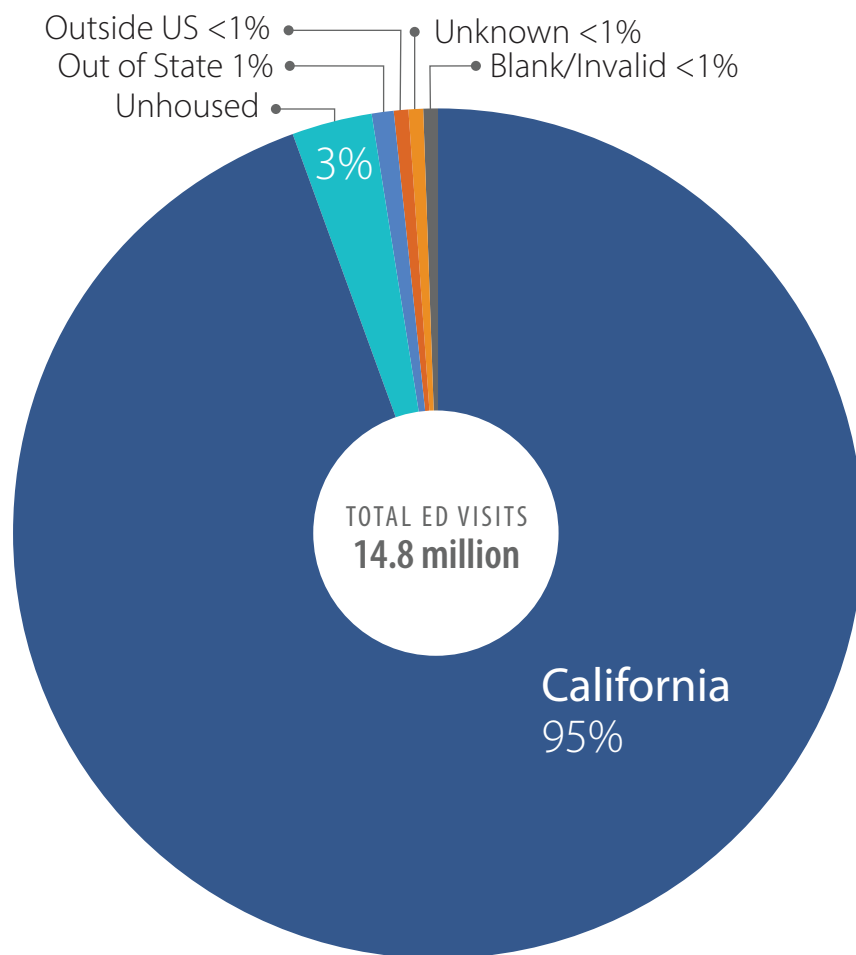
In Los Angeles County and the Central Coast region, Spanish was the preferred spoken language of 19% of patients who had an emergency department visit in 2023.

Notes: Preferred language was unknown for 38,860 emergency department visits (less than 1% in each region). Figures may not sum due to rounding. See appendix for a map of counties in each region.

Source: 2023 *Hospital Emergency Department - Characteristics by Facility (Pivot Profile)*, California Health and Human Services Agency, October 1, 2024.

# Emergency Department Visits, by Residence

## California, 2023



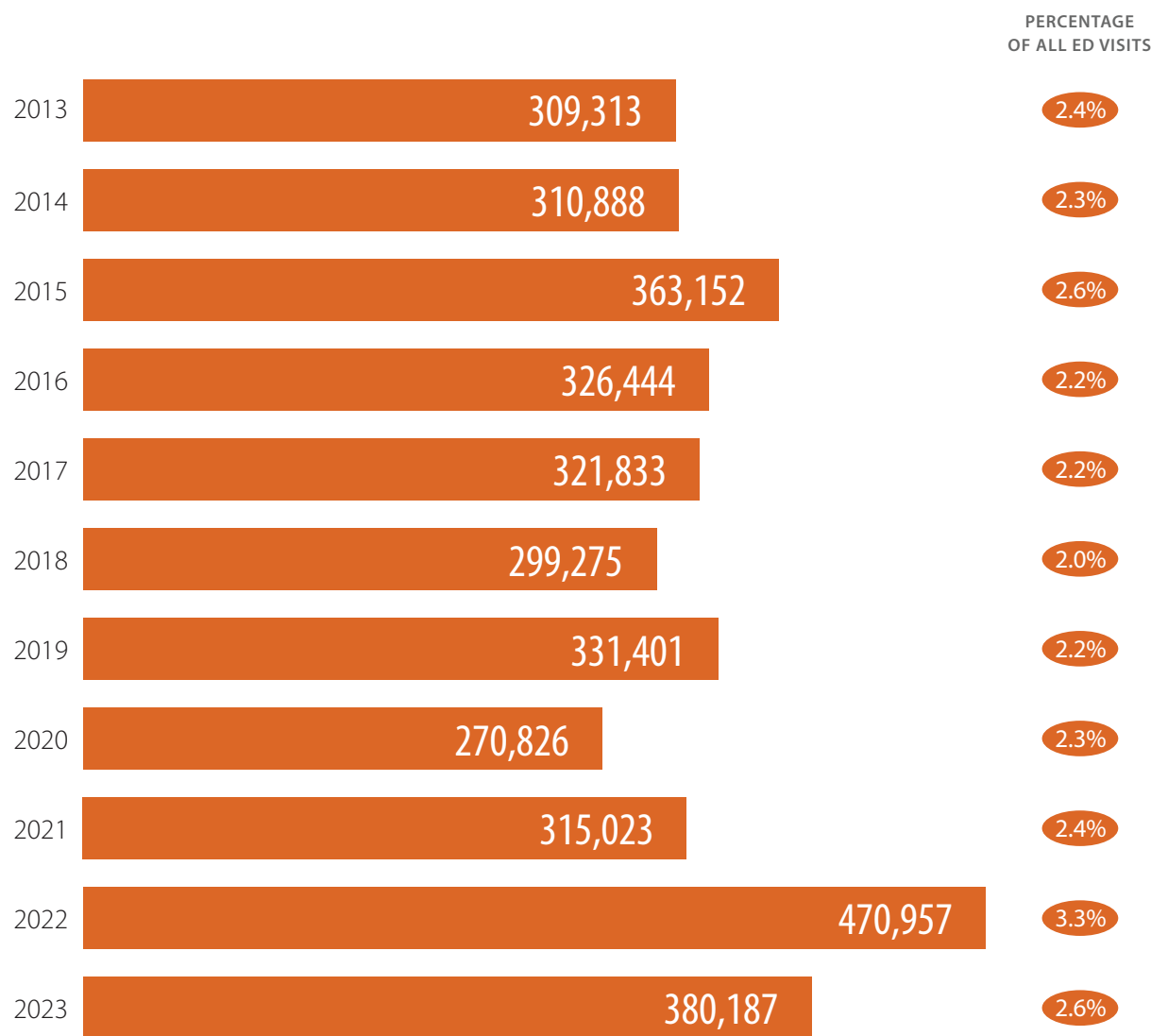
### California Emergency Departments Visits

The vast majority of emergency department (ED) visits were made by Californians in 2023. Patients experiencing homelessness accounted for 3% of all California ED visits.

Notes: ED is emergency department. *Unknown* includes invalid, blank, or unknown residence. Source uses *homeless*. Figures may not sum due to rounding.

Source: 2023 Hospital Emergency Department - Characteristics by Facility (Pivot Profile), California Health and Human Services Agency, October 1, 2024.

# Emergency Department Visits from Patients Who Left Without Being Seen, California, 2013 to 2023



Note: ED is emergency department.

Source: *Hospital Annual Utilization* (2013–23), California Health and Human Services Agency.

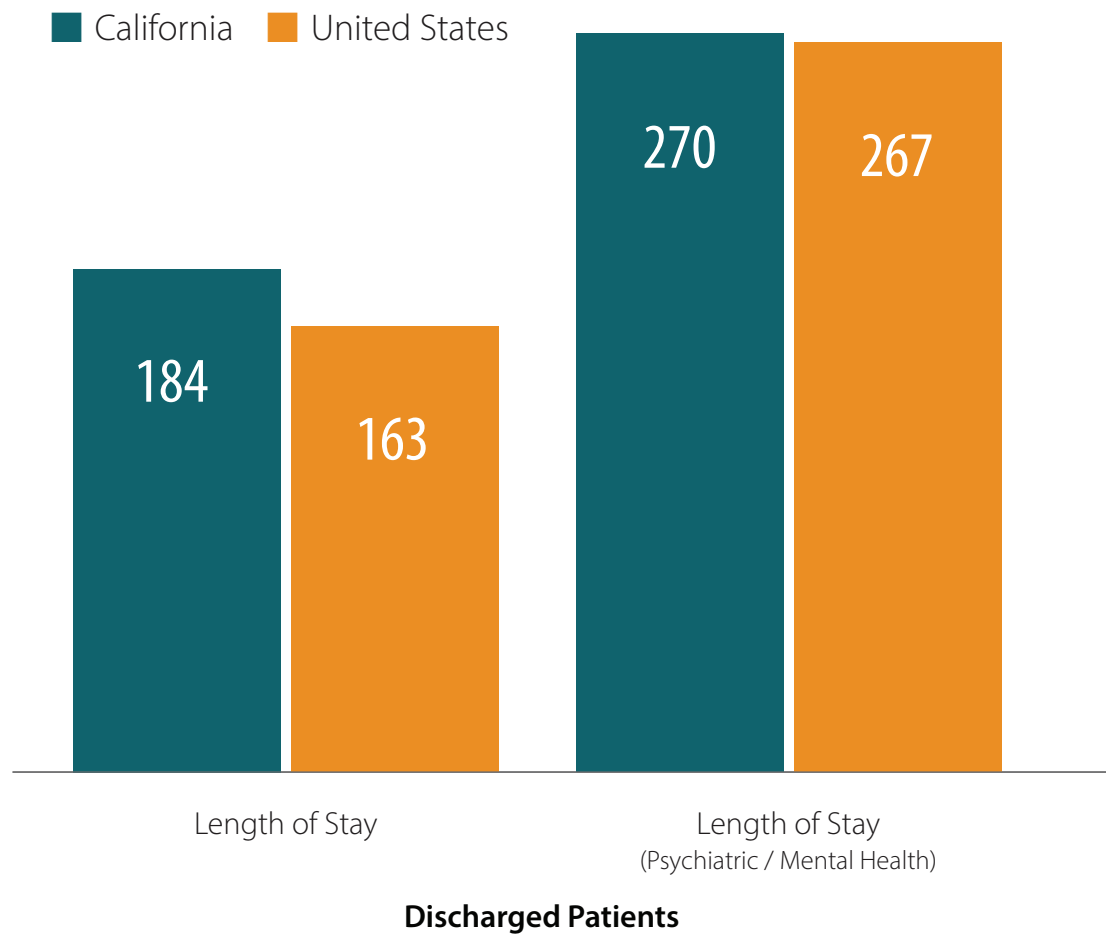
## California Emergency Departments Visits

In 2023, 380,187 patients registered in the emergency department (ED) but left before being treated by an emergency physician, a 23% increase from 2013. Between 2013 and 2023, the 23% increase in the number of patients who left without being seen was higher than the 17% increase in total ED visits. Patients who leave the emergency department without being seen may be seriously ill and may be at risk for poor health outcomes.

# Emergency Department Length of Stay

## California vs. United States, 2023

MEDIAN TIME (IN MINUTES)



Note: *Length of stay* for discharged patients is the time patients spend in the emergency department before leaving from the visit.  
Sources: "Timely and Effective Care - State," (April 1, 2023–March 31, 2024), Centers for Medicare & Medicaid Services (CMS); and "Timely and Effective Care - National," (April 1, 2023–March 31, 2024), CMS.

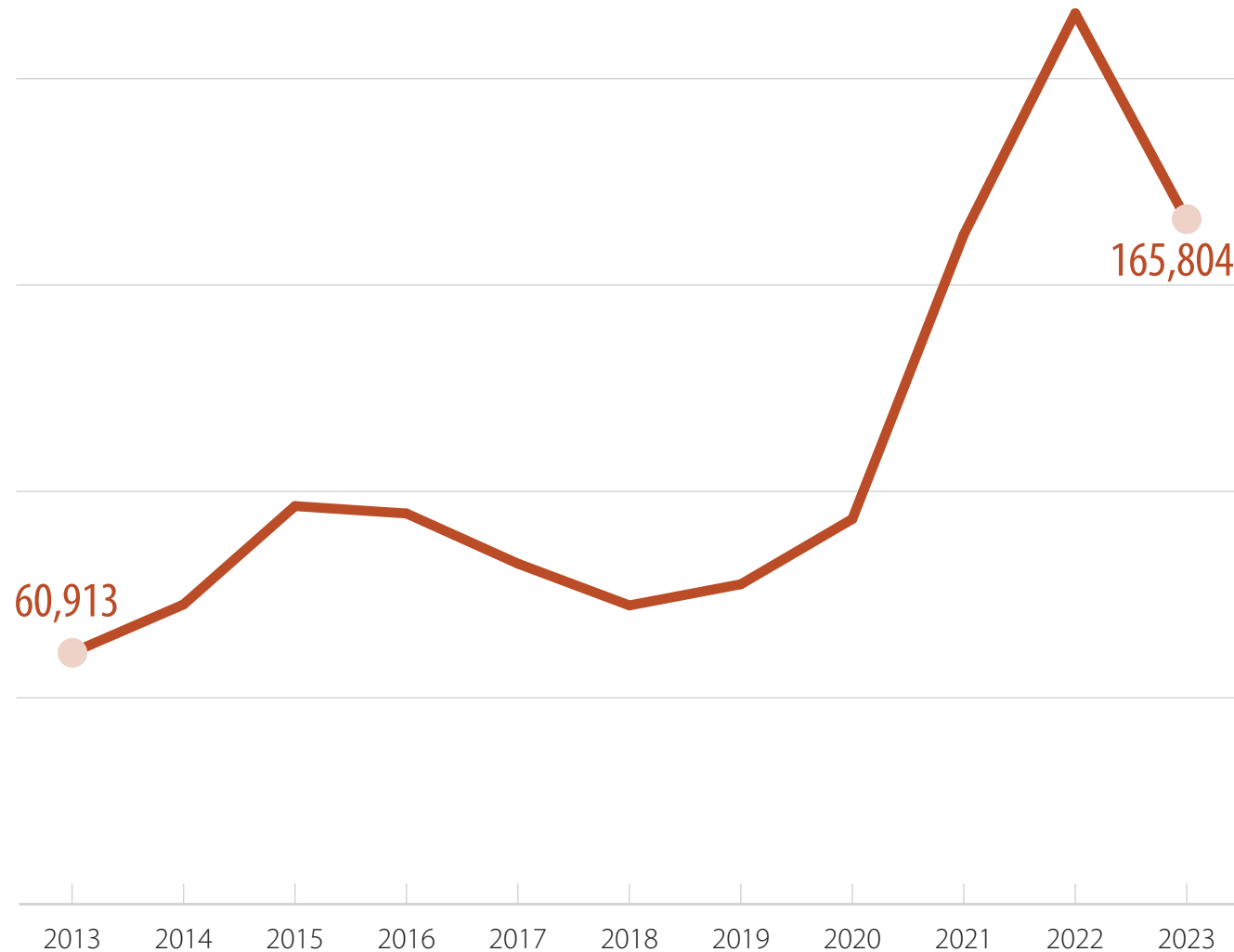
In 2023, the median length of time patients spend in the emergency department before leaving from the visit was 21 minutes longer in California than nationwide. The length of stay for patients with psychiatric / mental health needs was more than four hours.



# Ambulance Diversion Hours

California, 2013 to 2023

TOTAL NUMBER OF HOURS EMERGENCY DEPARTMENTS CLOSED TO AMBULANCES



Source: *Hospital Annual Utilization* (2013–23), California Health and Human Services Agency.

## California Emergency Departments

Ambulance Diversion

Ambulance diversion occurs when a hospital redirects ambulances to nearby hospitals. Emergency department overcrowding is the most common reason ambulances are diverted. Ambulance diversion can have many negative consequences, from increasing ambulance turnaround time, to reducing quality of care, to negatively impacting emergency department capacity at nearby hospitals. The number of diversion hours in California nearly tripled between 2013 and 2023.

# Ambulance Diversion Hours, by Region

## California, 2013 and 2023

### TOTAL NUMBER OF HOURS EMERGENCY DEPARTMENTS CLOSED TO AMBULANCES

	2013	2023	CHANGE
Central Coast	1,408	6,575	367%
Greater Bay Area	11,641	12,863	10%
Inland Empire	18	2,734	15,089%
Los Angeles County	34,969	113,497	225%
Northern and Sierra	0	116	N/A
Orange County	5,323	19,482	266%
Sacramento Area	21	177	743%
San Diego Area	5,868	1,584	-73%
San Joaquin Valley	1,665	8,776	427%
<b>California</b>	<b>60,913</b>	<b>165,804</b>	<b>172%</b>

### California Emergency Departments

#### Ambulance Diversion

Counties set local policies regarding ambulance diversion. Between 2013 and 2023, all regions, except for the Greater Bay Area and San Diego Area, experienced large increases in ambulance diversion hours. While the Inland Empire had the greatest percentage increase, Los Angeles County had the largest absolute increase in ambulance diversion hours.

Note: See [appendix](#) for a map of counties in each region.

Source: *Hospital Annual Utilization* (2013 and 2023), California Health and Human Services Agency.

## California Emergency Departments

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### ABOUT THIS SERIES

The California Health Care Almanac is an online clearinghouse for data and analysis examining the state's health care system. It focuses on issues of quality, affordability, insurance coverage and the uninsured, and the financial health of the system with the goal of supporting thoughtful planning and effective decisionmaking. Learn more at [www.chcf.org/almanac](http://www.chcf.org/almanac).

### AUTHOR

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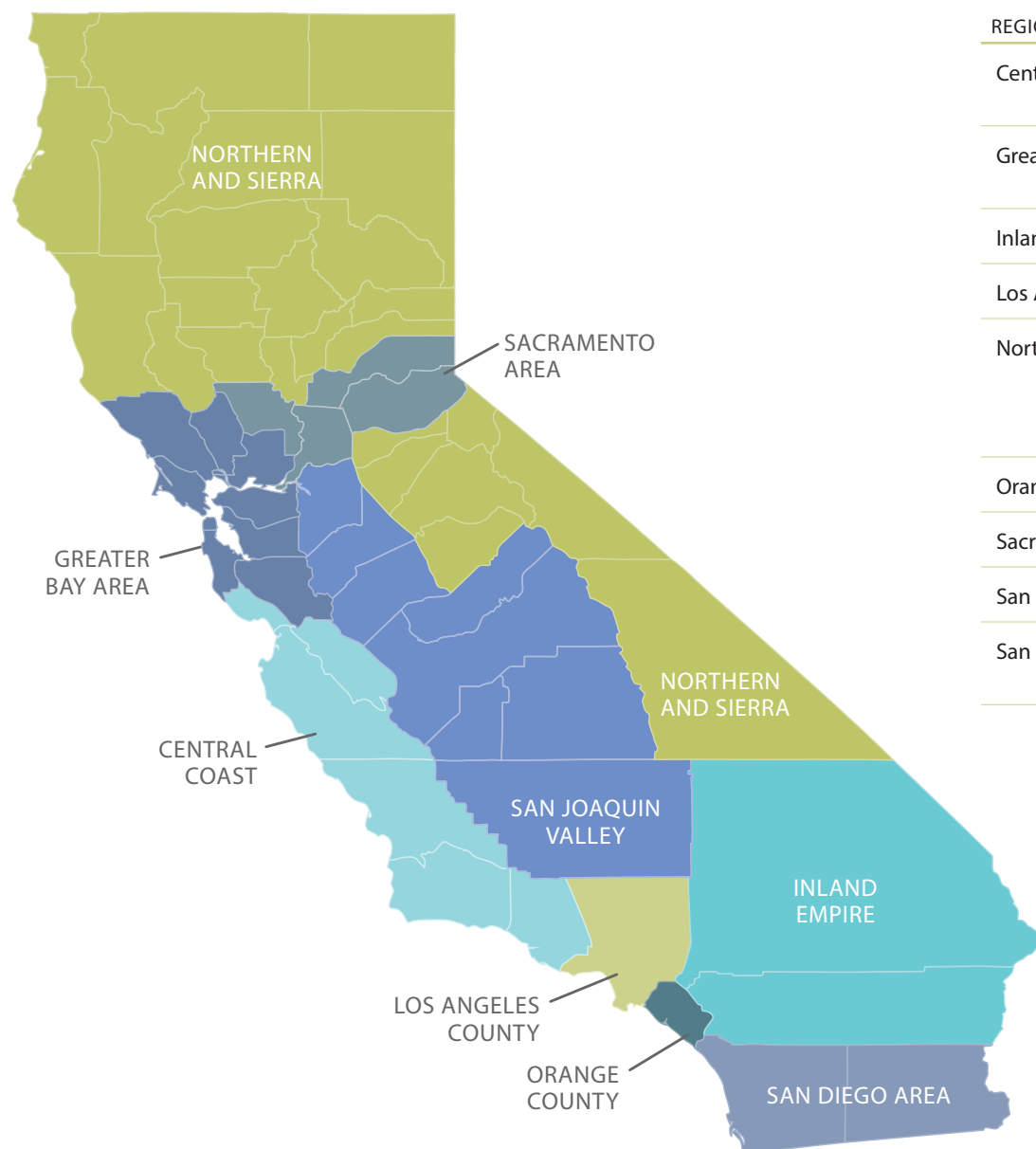
### FOR MORE INFORMATION



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Oakland, CA 94612  
510.238.1040  
[www.chcf.org](http://www.chcf.org)

## Appendix: California Counties Included in Regions

### California Emergency Departments



REGION	COUNTIES
Central Coast	Monterey, San Benito, San Luis Obispo, Santa Barbara, Santa Cruz, Ventura
Greater Bay Area	Alameda, Contra Costa, Marin, Napa, San Francisco, San Mateo, Santa Clara, Solano, Sonoma
Inland Empire	Riverside, San Bernardino
Los Angeles County	Los Angeles
Northern and Sierra	Alpine, Amador, Butte, Calaveras, Colusa, Del Norte, Glenn, Humboldt, Inyo, Lake, Lassen, Mariposa, Mendocino, Modoc, Mono, Nevada, Plumas, Shasta, Sierra, Siskiyou, Sutter, Tehama, Trinity, Tuolumne, Yuba
Orange County	Orange
Sacramento Area	El Dorado, Placer, Sacramento, Yolo
San Diego Area	Imperial, San Diego
San Joaquin Valley	Fresno, Kern, Kings, Madera, Merced, San Joaquin, Stanislaus, Tulare