

NATIONAL HOSPITAL DISCHARGE SURVEY

1970-1978 Multi-Year Public-Use Data File Documentation

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November 2001

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This material provides documentation for users of the public use file of the National Hospital Discharge Survey (NHDS) conducted by the National Center for Health Statistics (NCHS). For all records in the 1970-1978 NHDS data file, the *Eighth Revision, International Classification of Diseases, Adapted for Use in the United States* (ICDA-8) was used for coding medical diagnoses and procedures.

Section I includes information on the history of the NHDS, the scope of the survey, the sample, data collection procedures, medical coding procedures, population estimates, measurement errors and sampling errors. **Section II** provides technical details of the data file. **Section III** provides a detailed description of the contents of each data record, by location.

Appendix A defines certain terms used in this document, **Appendix B** provides a list of NHDS modifications to the ICDA-8, and **Appendix C** provides population estimates to allow the user to calculate rates. **Appendix D** provides weighted frequencies for selected variables for the purpose of verifying analyses. **Appendix E** gives examples of standard error computation. **Appendix F** shows the Medical Abstract Form used for data collection from 1970-1976, and **Appendix G** shows the Medical Abstract Form used for data collection from 1977-1978.

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NOTE:

Population spreadsheets and a relative standard error (RSE) spreadsheet are provided as separate EXCEL files on this CD-ROM.

I. DESCRIPTION OF THE NATIONAL HOSPITAL DISCHARGE SURVEY

INTRODUCTION. The National Hospital Discharge Survey (NHDS) has been conducted continuously by the National Center for Health Statistics (NCHS) since 1965, to provide data on inpatient utilization of non-Federal, short-stay hospitals in the United States. The NHDS abstracts both demographic and medical information from the face sheets of the medical records of inpatients selected from a national sample of hospitals. Based on this information, national and regional estimates of characteristics of patients, lengths of stay, diagnoses, and surgical and non-surgical procedures in hospitals of various bed sizes and types of ownership are produced. The survey design, sampling, and estimation procedures were planned to produce calendar year estimates.

For a general description of the survey design and data collection procedures, see below. Detailed information on technical aspects of the survey has been published (1). Publications based on the data collected in each survey year can be obtained from the NCHS website: <http://www.cdc.gov/nchs/>.

HISTORY. In 1962, the NCHS began exploring possibilities for conducting a survey to provide information on the utilization of the Nation's hospitals and on the nature and treatment of illness among the hospitalized population. A national advisory group was established, and NCHS undertook planning discussions with other officials from the Public Health Service. Hospitalization material from the Survey Research Center of the University of Michigan, the American Hospital Association, and the Professional Activities Study was examined and evaluated. In 1963, a study by the School of Public Health of the University of Pittsburgh, under contract to the NCHS, demonstrated the feasibility of an NHDS type of data system. An additional pilot study using enumerators from the Bureau of the Census was conducted in late 1964 and confirmed the University of Pittsburgh's findings. With additional advice and support from the American Hospital Association, the American Medical Association, individual experts, other professional groups, and officials of the U.S. Public Health Service, the NCHS initiated the National Hospital Discharge Survey in 1964.

SCOPE OF THE SURVEY. The NHDS covers patients discharged from noninstitutional hospitals, exclusive of Federal hospitals, located in the 50 States and the District of Columbia. For purposes of the NHDS, a facility is considered a short-stay hospital only if it meets the following criteria:

1. At least six beds are maintained for use by inpatients.
2. It is licensed as a hospital in States with licensure laws.
3. Inpatient medical care is provided under the supervision of a licensed doctor of medicine or osteopathy.
4. Nursing service is provided 24 hours a day under supervision of a registered nurse.
5. Separate medical records are maintained for each patient admitted.
6. The average length of stay for all patients is less than 30 days.

SAMPLING FRAME AND SIZE OF SAMPLE. The National Master Facility Inventory of Hospitals and Institutions (NMFI) constitutes the sampling frame (universe) for hospitals in the NHDS. NCHS has published a detailed description of the NMFI, its contents, plans for maintaining it, and procedures for assessing the completeness of its coverage (2). The survey universe consisted originally of the 6,965 short-stay hospitals (excluding military and VA hospitals) contained in the NMFI in 1963.

The sample of hospitals for 1970-1978 is shown in Table 1. In each year, some hospitals refuse to participate and some are deemed out of scope, either because the hospital had gone out of

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business or because it failed to meet the NHDS definition of a short-stay hospital. The number of hospitals that refuse to participate or are out of scope is also given in Table 1, along with the number of participating hospitals. The sample increased in several of the years to accommodate new hospitals.

TABLE 1.
Number of Hospitals in Sample, Participation and Respondent Counts,
National Hospital Discharge Survey, 1970-1978

Year	Sampled	Refused	Out of Scope	Surveyed
1970	465	46	24	395
1971	465	60	26	379
1972	497	45	28	424
1973	497	42	31	424
1974	497	38	33	426
1975	511	44	35	432
1976	511	53	39	419
1977	535	68	44	423
1978	535	74	48	413

SAMPLE DESIGN. All hospitals with 1,000 beds or more in the universe of short-stay hospitals were selected with certainty in the sample. All hospitals with fewer than 1,000 beds were stratified, the primary stratum being the 24 size-by-region classes shown in Table 2 (below). Within each of these 24 primary strata, the allocation of the hospitals was made through a controlled selection technique so that hospitals in the sample would be properly distributed with regard to type of ownership and geographic division. Sample hospitals were drawn with probabilities ranging from certainty for the largest hospitals to 1 in 40 for the smallest hospitals.

The within-hospital sampling ratio for selecting sample discharges varied inversely with the probability of selection of the hospital. The smallest sampling fraction of discharged patients was taken in the largest hospitals, and the largest fraction was taken in the smallest hospitals. This was done to compensate for the fact that hospitals were selected with probabilities proportional to their size (class) and to assure that the overall probability of selecting a discharge would be approximately the same in each.

In nearly all hospitals, the daily listing sheet of discharges was the frame from which the sub-samples of discharges were selected within the sample hospitals. The sample discharges were selected by a random technique, usually on the basis of the terminal digit(s) of the patient's medical record number-- a number assigned when the patient was admitted to the hospital. If the hospital's daily discharge listing did not show the medical record number, the sample was selected by starting with a randomly selected discharge and taking every kth discharge thereafter.

TABLE 2.

Distribution of short-stay hospitals in the universe (Master Facility Inventory) and in the National Hospital Discharge Survey sample and the number of hospitals that participated in the survey, by geographic region and bed size of hospital: United States, 1978

Bed size of hospital	All regions	Northeast	North Central	South	West
Number of hospitals					
All sizes					
Universe	7903	1177	2124	3130	1472
Total sample	535	132	152	170	81
Number participating	413	110	115	125	63
6 to 49 beds	3486	221	889	1658	718
Universe	69	8	18	30	13
Total sample	42	6	13	16	7
Number participating					
50 to 99 beds					
Universe	1871	299	482	721	369
Total sample	79	14	20	31	14
Number participating	58	10	14	23	11
100 to 199 beds					
Universe	1371	298	404	448	221
Total sample	118	26	33	40	19
Number participating	91	22	26	27	16
200 to 299 beds					
Universe	614	193	164	160	97
Total sample	96	31	27	23	15
Number participating	76	26	21	17	12
300 to 499 beds					
Universe	408	112	134	109	53
Total sample	97	25	32	28	12
Number participating	82	22	26	25	9
500 beds or more					
Universe	153	54	51	34	14
Total sample	76	28	22	18	8
Number participating	64	24	15	17	8

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DATA COLLECTION. Depending on the study procedure agreed on with the hospital administrator, either hospital staff or representatives of the NCHS performed the sample selection and the transcription of information from the hospital records to NHDS abstract forms.

The abstract forms used in 1970-1976 and in 1977-1978 are shown in Appendices F and G, respectively. In about two-thirds of the hospitals that participated in the NHDS, the medical records department of the hospital performed this work. In the remaining hospitals, personnel of the U. S. Bureau of the Census acting for NCHS performed the work.

Survey hospitals used an abstract form to transcribe data from the hospital records. The abstract form records demographic data, admission and discharge dates, discharge status, and information on discharge diagnoses and surgical operations or procedures. All discharge diagnoses were listed on the abstract form in the order of principal diagnosis, or first-listed diagnosis if the principal diagnosis was not identified, followed by the order in which all other diagnoses were entered on the face sheet of the medical record. Operations were listed in the order in which they were recorded on the face sheet.

Shipments of completed abstract forms for each sample hospital were transmitted, along with sample selection control sheets, to a Census Regional Office. Every shipment of abstracts was reviewed and each abstract form was checked for completeness. Abstracts were then sent to NCHS for processing.

MEDICAL CODING AND EDIT. The medical information recorded on the sample patient abstracts was coded centrally by NCHS staff. A maximum of five diagnostic codes was assigned for each sample abstract. In addition, if the medical information included surgery, a maximum of three codes for surgical operations and procedures was abstracted. Following the conversion of the data on the medical abstract to electronic format, a final medical edit was accomplished by computer inspection runs and a review of rejected abstracts. If sex or age of patient was incompatible with the recorded medical information, priority was given to the medical information in the editing decision.

The basic system for coding the diagnoses on NHDS sample patient abstracts is the ICDA-8 (3). The ICDA-8 section for Surgical Operations, Diagnostic and Other Therapeutic Procedures is the coding system used for surgical procedures and operations. Modifications to the ICDA- 8 have been made for the NCHS because of incomplete or ill- defined terminology on the abstracts or to provide additional detail. These modifications are detailed in Appendix B.

POPULATION ESTIMATES. EXCEL files containing estimates of the civilian resident population as of July 1 of each year from 1970 to 1978 are provided with this documentation. The estimates are provided by the U.S. Bureau of the Census and cover the U. S. civilian population on July 1 of the data year. These population estimates are consistent with those published in Current Population Reports, Series P- 25. These estimates are official population estimates of the Bureau of the Census.

Appendix C contains a more detailed description of these population estimate files.

MEASUREMENT ERRORS. As in any survey, results are subject to nonsampling or measurement errors, which include errors due to hospital nonresponse, missing abstracts, information incompletely or inaccurately recorded on abstract forms, and processing errors. Less than 1 percent of the discharge records failed to include age or sex of patient. However, race was not stated for about 12 percent of all discharges. If the hospital record did not state the age or sex of a patient, it was imputed by assigning the patient an age or sex consistent with the age or sex of other patients with the same diagnostic codes. When the record did not include race, it was identified as not stated. If the dates of admission or discharge were not given, and if they could not be obtained from the monthly sample listing sheet transmitted by

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the sample hospital, a length of stay was imputed by assigning a patient stay characteristic of the stays of other patients of the same age.

SAMPLING ERRORS. Procedures for calculating standard errors are described in Appendix E.

PRESENTATION OF ESTIMATES. Publication of estimates for the NHDS is based on the relative standard error of the estimate and the number of sample records on which the estimate is based (referred to as the sample size). Estimates are not presented in NCHS reports unless a reasonable assumption regarding the probability distribution of the sampling error is possible.

Based on consideration of the complex sample design of the NHDS, the following guidelines are used for presenting the NHDS estimates:

- If the sample size is less than 30, the value of the estimate is not reported.
- If the sample size is 30-59, the value of the estimate is reported but should not be assumed reliable.
- If the sample size is 60 or more and the RSE is less than 30 percent, the estimate is reported.
- If the RSE of any estimate is over 30 percent, the estimate is considered to be unreliable. It is left to the author to decide whether or not to present it. However, if the author chooses to present the unreliable estimate, the consumer of the statistic must be informed that the statistic is not reliable.

CONFIDENTIALITY. Persons using the public use file agree to abide by the confidentiality restrictions that accompany use of the data. Specifically, they agree that, in the event of inadvertent discovery of the identity of any individual or establishment, then: (a) no use will be made of this knowledge; (b) the director of NCHS will be advised of the incident; (c) the information that would identify the individual or establishment will be safe-guarded or destroyed, as requested by NCHS; and (d) no one else will be informed of the discovered identity.

Maintaining the confidentiality of survey respondents, whether individuals or establishments, is a responsibility of NCHS as described in section 308(d) of the Public Health Service Act. As such it may be necessary for NCHS to block the release of data or modify variables that may, because of their unique nature, lead to inadvertent disclosure of the identity of a participating facility or respondent.

HOW TO USE THE DATA FILE. The NHDS records contain weights to allow inflation to national or regional estimates. The weight for each record is found in location 21-25. To produce an estimate of the number of discharges, the weights for the desired records must be summed. To produce an estimate for number of days of care, the weight must be multiplied by the days of care (location 13-16) and these products summed. Estimates apply to the calendar year (January-December). Appendix D contains weighted frequencies for selected variables. These may be used as a cross-check when analyzing NHDS data.

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QUESTIONS. Questions concerning NHDS data should be directed to:

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For more information about the NHDS, including links to publications and public-use data files, visit our website:

<http://www.cdc.gov/nchs/about/major/hdasd/nhds.htm>

For email discussions and dissemination of NHDS data, join our Hospital Discharge and Ambulatory Surgery Data listserv (HDAS-DATA). In the body of an email message (leaving the subject line blank), type:

subscribe hdas-data Your Name

Send this message to:

listserv@cdc.gov

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REFERENCES

1. Simmons WR, Schnack GA. Development of the Design of the NCHS Hospital Discharge Survey. National Center for Health Statistics. Vital Health Stat 2(39). 1977.
2. National Center for Health Statistics. Development and Maintenance of a National Inventory of Hospitals and Institutions. Vital and Health Stat 1(3). 1965.
3. United States Department of Health, Education, and Welfare, Public Health Service, National Center for Health Statistics. Eighth Revision International Classification of Diseases, Adapted for Use in the United States. Public Health Service Publication No 1693, vols. 1 & 2. Washington, DC: United States Government Printing Office, 1967-68.

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II. TECHNICAL DESCRIPTION OF DATA FILE

Data Set Name (non-newborns)	NHDS7078NN.TXT
Data Set Name (newborns)	NHDS7078NB.TXT
Record Length	81
Number of Records (non-newborns)	1,800,057
Number of Records (newborns)	177,591

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III. FILE LAYOUT AND CODING

This section provides detailed information for each sampled record on the file, with a description of the coding of each item included on the record. Data elements are arranged sequentially according to their physical location on the record. Unless otherwise stated in the *Item Description*, the data are derived from the abstract form. The NMFI and the hospital interview are alternate sources of data, while the computer generates other items.

Item Number	Location	Number of Positions	Item description	Code description
1	1-2	2	Survey Year	70-78=1970 to 1978
2	3	1	Newborn status	1=Newborn 2=Not newborn
3	4	1	Units for age	1=Years 2=Months 3=Days
4	5-6	2	Age in years, months, or days	If units=years: 00-99* If units=months: 01-11 If units=days: 00-31 *Ages 100 and over were recoded to 99
5	7	1	Sex	1=Male 2=Female 3=Not reported

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Item Number	Location	Number of Positions	Item description	Code description
6	8	1	Race/Ethnicity	1=White 2=Black 3= Nonwhite (Any race other than white; any ethnicity of Hispanic, Latino, or other Spanish origin included regardless of race). <i>Coded in 1970-1976.</i> 4=Other nonwhite (Latino or Hispanic ethnicity, Asian/Pacific Islander, Native American or American Indian). <i>Coded in 1970-1976.</i> 5=Other. <i>Coded in 1977-1978.</i> 6=Unknown. <i>Coded in 1970-1976.</i> 9=Not stated
7	9	1	Marital status	1=Married 2=Single 3=Widowed 4=Divorced 5=Separated 6=Unknown 9=Not stated
8	10-11	2	Admission month	01-12=January to December
9	12	1	Discharge status	1=Routine/discharged home. <i>Coded in 1977-1978.</i> 2=Left against medical advice. <i>Coded in 1977-1978.</i> 3=Discharged/transferred to another facility or organization. <i>Coded in 1977-1978.</i> 4=Discharged/transferred to organized home care service. <i>Coded in 1977-1978.</i> 5=Alive, disposition not stated. <i>Coded in 1970-1976.</i> 6=Dead 9=Not stated or not reported

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Item Number	Location	Number of Positions	Item description	Code description
10	13-16	4	Days of care	Length of stay in days. Values of zero generated by the computer from admission and discharge dates were changed to one. (Discharges for which dates of admission and discharge are the same are identified in Item Number 11)
11	17	1	Length of stay flag	0=Less than 1 day 1=One day or more
12	18	1	Geographic region	1=Northeast 2=North Central 3=South 4=West
13	19	1	Number of beds, recode	1=6-99 2=100-199 3=200-299 4=300-499 5=500 and over
14	20	1	Hospital ownership	1=Proprietary 2=Government 3=Nonprofit, including church
15	21-25	5	Analysis weight	Use to obtain weighted estimates
16	26-27	2	First two digits of survey year	19
17	28-31	4	Diagnosis code #1	*
	32	1	Blank	
18	33-36	4	Diagnosis code #2	*
	37	1	Blank	
19	38-41	4	Diagnosis code #3	*

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Item Number	Location	Number of Positions	Item description	Code description
	42	1	Blank	
20	43-46	4	Diagnosis code #4	*
	47	1	Blank	
21	48-51	4	Diagnosis code #5	*
	52-62	10	Blank	
22	63-65	3	Procedure code #1	*
	66	1	Blank	
23	67-69	3	Procedure code #2	*
	70	1	Blank	
24	71-73	3	Procedure code #3	*
	74-78	5	Blank	
25	79-80	2	Discharge month	01-12=January to December
26	81	1	Geographic division	1=New England 2=Middle Atlantic 3=East North Central 4=West North Central 5=South Atlantic 6=East South Central 7=West South Central 8=Mountain 9=Pacific

*Diagnosis and procedure codes are in compliance with the *Eighth Revision International Classification of Diseases, Adapted for Use in the United States, (ICDA-8)*. E-codes and N-codes were not coded. On the data file, Y codes are represented by ampersand (&), A codes by

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asterisk (*), and R codes by dash (-). Consult Appendix B for modifications to the ICDA-8 specific to the NHDS.

Diagnosis codes have an implied decimal between positions 3 and 4.

Procedure codes have an implied decimal between positions 2 and 3.

For inapplicable 3rd or 4th digits, a blank space is inserted. Where no fifth or fourth digit could be encoded, a blank space has been inserted respectively in the diagnostic and the procedure codes.

**APPENDIX A:
DEFINITIONS OF TERMS USED IN THIS DOCUMENT**

Terms relating to hospitals and hospitalization

Hospitals: Short-stay special and general hospitals having six beds or more for inpatient use and an average length of stay of less than 30 days. Federal hospitals and hospital units of institutions are not included.

Type of ownership of hospital: The type of organization that controls and operates the hospital. Hospitals are grouped as follows:

Not-for-Profit: Hospitals operated by a church or another not-for-profit organization.

Government: Hospitals operated by State and local government.

Proprietary: Hospitals operated by individuals, partnerships, or corporations for profit.

Bed size of hospital: Measured by the number of beds, cribs, and pediatric bassinets regularly maintained (setup and staffed for use) for patients; bassinets for newborn infants are not included.

Patient: A person who is formally admitted to the inpatient service of a short-stay hospital for observation, care, diagnosis, or treatment, or by birth.

Discharge: The formal release of a patient by a hospital; that is, the termination of a period of hospitalization by death or by disposition to place of residence, nursing home, or another hospital. The terms "discharges" and "patients discharged" are used synonymously.

Discharge rate: The ratio of the number of hospital discharges during the year to the number of persons in the civilian population on July 1 of that year.

Days of care: The total number of patient days accumulated at time of discharge by patients discharged from short-stay hospitals during a year. A stay of less than 1 day (patient admission and discharge on the same day) is counted as 1 day in the summation of total days of care. For patients admitted and discharged on different days, the number of days of care is computed by counting all days from (and including) the date of admission to (but not including) the date of discharge.

Rate of days of care: The ratio of the number of patient days accumulated at time of discharge to the number of persons in the civilian population on July 1 of that year.

Average length of stay: The total number of days of care accumulated at time of discharge by patients discharged during the year, divided by the number of patients discharged.

Terms relating to diagnoses and procedures

Discharge diagnoses: One or more diseases or injuries (or some factor that influences health status and contact with health services that is not itself a current illness or injury) listed by the attending physician on the medical record of a patient. In the NHDS, discharge (or final) diagnoses listed on the face sheet (summary sheet) of the medical record are transcribed in the order listed. Each sample discharge is assigned a maximum of five four-digit diagnostic codes according to ICDA-8 (See Medical Coding and Edit Section I in text).

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Principal diagnosis: The condition established after study to be chiefly responsible for occasioning the admission of the patient to the hospital for care.

First-listed diagnosis: The coded diagnosis identified as the principal diagnosis or listed first on the face sheet of the medical record if the principal diagnosis cannot be identified. The number of first-listed diagnoses is equivalent to the number of discharges.

Operation: One or more surgical or non-surgical operations, procedures, or special treatments listed by the physician on the medical record. In the NHDS, all terms listed on the face sheet (summary sheet) of the medical record under the caption "operation," "operative procedures," "operations and/or special treatment," and the like are transcribed in the order listed. A maximum of three procedures is coded (See Medical Coding and Edit Section I in text).

Rate of procedures: The ratio of the number of all-listed procedures during a year to the number of persons in the civilian population on July 1 of that year determines the rate of procedures.

Demographic terms

Age: Refers to the age of the patient on the birthday prior to admission to the hospital inpatient service.

Race: Patients are classified into the groups listed in the Item #6 in the *File Layout and Coding*. Persons of Mexican and/or Puerto Rican descent are included in the White category unless specifically identified as All Other. Before 1977, Nonwhite was used only when it was not possible to distinguish between Black and Other Nonwhite.

Population: Civilian population is the resident population excluding members of the Armed Forces.

Geographic region: Hospitals are classified by location into one of the four geographic regions and nine geographic divisions of the United States (Item #12 and #26 in the *File Layout and Coding*), which correspond to those used by the U. S. Bureau of the Census. See tables below for definitions of each geographic region and geographic division.

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U.S. Census Regions

NORTHEAST	NORTH CENTRAL	SOUTH	WEST
Maine	Michigan	Delaware	Montana
New Hampshire	Ohio	Maryland	Idaho
Vermont	Illinois	District of Columbia	Wyoming
Massachusetts	Indiana	Virginia	Colorado
Connecticut	Wisconsin	West Virginia	New Mexico
Rhode Island	Minnesota	North Carolina	Arizona
New York	Iowa	South Carolina	Utah
New Jersey	Missouri	Georgia	Nevada
Pennsylvania	North Dakota	Florida	Washington
	South Dakota	Kentucky	Oregon
	Nebraska	Tennessee	California
	Kansas	Alabama	Hawaii
		Mississippi	Alaska
		Arkansas	
		Louisiana	
		Oklahoma	
		Texas	

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U.S. Census Divisions

NEW ENGLAND	MIDDLE ATLANTIC	EAST NORTH CENTRAL	WEST NORTH CENTRAL	SOUTH ATLANTIC	EAST SOUTH ATLANTIC	WEST SOUTH CENTRAL	MOUNTAIN	PACIFIC
Conn.	New Jersey	Illinois	Iowa	Delaware	Alabama	Arkansas	Arizona	Alaska
Maine	New York	Indiana	Kansas	District of Columbia	Kentucky	Louisiana	Colorado	Calif.
Mass.	Penn.	Michigan	Minnesota	Florida	Miss.	Okla.	Idaho	Hawaii
N.H.		Ohio	Missouri	Georgia	Tenn.	Texas	Montana	Oregon
R.I.		Wisconsin	Nebraska	Maryland			Nevada	Wash.
Vermont			North Dakota	North Carolina			New Mexico	
			South Dakota	South Carolina			Utah	
			Dakota	Virginia			Wyoming	
				West Virginia				

**APPENDIX B:
NHDS MODIFICATIONS TO ICDA-8 CLASSIFICATIONS OF DISEASES AND
SUPPLEMENTARY CLASSIFICATIONS**

(Since diagnostic codes must have four positions, a final zero is added to each three- digit ICDA code that contains no fourth digit breakdown. Care should be used not to confuse these added fourth digit zeros with the four-digit ICDA codes. These modifications are to be used with reference to the ICDA-8 as corrected and changed through 1970. For a list of these corrections and changes, see: Updated ICDA Errata through 1970. Medical Record News 42(2): 48- 55, April 1971.)

ICDA Code	NHDS Modification
180	Modified by adding 180.0, 180.1: 180.0 Carcinoma-in-situ of cervix uteri 180.1 Carcinoma of endocervix, ecto- cervix and cervical os. Excludes: carcinoma-in-situ of above sites (180.0)
198 (applies to 1971-1973 data only)	Modified by adding 198.6- 198.8 and changing 198.9 as follows: 198.6 Lip, tongue, salivary glands, gums, mouth, specified as secondary Includes: conditions in 140- 145, specified as secondary 198.7 Oropharynx, nasopharynx, hypopharynx, pharynx NOS, specified as secondary Includes: conditions in 146- 149, specified as secondary 198.8 Connective and other soft tissue, specified as secondary Includes: conditions in 171, specified as secondary 198.9 Other ill-defined sites, specified as secondary Includes: conditions in 195, specified as secondary

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ICDA Code	NHDS Modification
199 (applies to 1971-1973 data only)	<p>Modified by changing 199 and adding 199.2-199.9: 199 Malignant neoplasm of unspecified site and other secondary malignant neoplasm</p> <p>199.2 Breast, specified as secondary Includes: conditions in 174, specified as secondary</p> <p>199.3 Cervix uteri, uterus, specified as secondary Includes: conditions in 180- 182, specified as secondary</p> <p>199.4 Ovary, fallopian tubes, vagina, vulva, other female organs, specified as secondary Includes: conditions in 183- 184, specified as secondary</p> <p>199.5 Prostate, specified as secondary Includes: conditions in 185, specified as secondary</p> <p>199.6 Testis, other male genital organs, specified as secondary Includes: conditions in 186- 187, specified as secondary</p> <p>199.7 Thyroid gland, specified as secondary Includes: conditions in 193, specified as secondary</p> <p>199.8 Adrenal gland, parathyroid gland, thymus, pituitary gland, pineal gland, other endocrine glands, specified as secondary Includes: conditions in 194, specified as secondary</p> <p>199.9 Spleen, specified as secondary</p>
234.0	Omitted; coded to 180.0
250	<p>Modified by redefining 250.0, 250.9 and adding 250.8:</p> <p>250.0 Diabetes with no other classifiable condition reported</p> <p>250.8 Diabetes with classifiable conditions not specified as diabetic or due to diabetes and not listed in 250.9</p> <p>250.9 Diabetes with: any condition specified as diabetic or due to diabetes</p> <p>any of the following with the etiology unspecified: abscess, acidosis, cataract, coma, gangrene, infection, intercapillary glomerulosclerosis, nephropathy, neuropathy of any type, other eye complications, polyuria, retinitis, ulcer any condition indexed under diabetes or with diabetic as an intent term under the condition</p> <p>Requires: adverse effect of insulin (962.3) for hypoglycemia with coma.</p>
292.0-292.3, 292.9	Omitted; coded to 292
293.0-293.5, 293.9	Omitted; coded to 293

**1970-1978 NATIONAL HOSPITAL DISCHARGE SURVEY
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ICDA Code	NHDS Modification
294.0-294.4, 294.8-294.9	Omitted; coded to 294
300-304	The following Excludes note was omitted: 300- 304 Excludes: when associated with physical conditions (309)
309.0- 309.9	Omitted; coded to 309
310- 315	Fourth digits not used; coded to major headings
353	Includes and Excludes notes modified: 353 Includes: infectious Excludes: lumbosacral radiculitis (728.8), sciatica NOS (728.8), and that due to displacement of intervertebral disc (725)
379.0- 379.3	Omitted; coded to 379
400.1	Modified as follows: 400.1 Malignant hypertension with heart involvement in 427.1-429 only Excludes: malignant hypertension with other heart conditions
400.2	Omitted; coded to 400.0 and other applicable condition(s)
400.3	Modified as follows: 400.3 Malignant hypertension with renal involvement in 403, 580-584, 593.2, or 792 only
400.9	Omitted; coded to 400.0 and other applicable condition(s)
413	Not coded when reported with conditions classified to 410-412
430-438	Excludes note omitted; Requires note added: 430-438 Requires: additional code for malignant hypertension (400.0)
463	Additional Excludes note added: 463 Excludes: tonsillitis (acute) with tonsillectomy or tonsillectomy and adenoidectomy (500)
465	Includes note added: 465 Includes: any two or more conditions classifiable to 460-465
511.2	Includes and Excludes notes added: 511.2 Includes: pleural effusion NOS Excludes: pleural effusion--with tuberculosis reported on the abstract (012.2)
631	Requires note added: 631 Requires: additional code(s) for specific infections (635, 670-671, 673.9)
631.0- 631.3	Modified by changing with sepsis to with or without sepsis
631.4- 631.6, 631.9	Omitted; coded to 631.0- 631.3
640-645	Requires note added: 640-645 Requires: additional code(s) for specific infections (635, 670, 671, 673.9) and other conditions due to abortion
640.0- 640.2, 640.9	Omitted; coded to 640
641.0- 641.2, 641.9	Omitted; coded to 641
642.0- 642.3, 642.9	Omitted; coded to 642
643.0- 643.2, 643.9	Omitted; coded to 643
644.0- 644.2, 644.9	Omitted; coded to 644

**1970-1978 NATIONAL HOSPITAL DISCHARGE SURVEY
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ICDA Code	NHDS Modification
645.0- 645.2, 645.9	Omitted; coded to 645
650	Modified by adding 650.0-650.2: 650.0 Delivery without mention of complication 650.1 Delivery with complication of childbearing not classifiable to 651.1-662 (no other delivery code will be used with 650.1) Includes: delivery NOS with complications of pregnancy and/ or puerperium 650.2 Delivery with: no other classifiable condition but with a classifiable operation any condition not classifiable to the 630-678 categories (no other delivery code will be used with 650.2)
661	Modified by adding 661.7: 661.7 Delivery of stillborn Includes: delivery with fetal death with gestation of 28 weeks or more; delivery with fetal death with gestation not stated Excludes: delivery of stillborn with gestation of 27 weeks or less (640-645)
728.8	Includes and additional Excludes notes added: 728.8 Includes: sciatica NOS Excludes: sciatica, infectious (353)
760- 771	Omitted
773	Omitted
779	Omitted
793	Modified by changing definitions for 793, 793.0-793.1, 793.8-793.9 and adding 793.2-793.7:
796.9	Modified and added to as follows: 796.9 Other unknown and unspecified causes Undiagnosed disease Crib death Unknown cause of mortality or morbidity
821	Modified by changing 821.0-821.1 and adding 821.6-821.7: 821.0 Shaft, closed Thigh Upper leg 821.1 Shaft, open 821.6 Fracture of femur (closed) NOS 821.7 Fracture of femur (open) NOS
846	Includes note added: 846 Includes: low back sprain lumbar with sacral sprain
847.8	Includes note added: 847.8 Includes: multiple strains of back NOS
910.0	Modified as follows: 910.0 Superficial injury of eye only without mention of infection Excludes: face, neck, scalp without mention of infection (996.0)
910.1	Modified as follows: 910.1 Infected superficial injury of eye, face, neck and scalp
911.0	Omitted; coded to 996.1
912.0	Omitted; coded to 996.2
913.0	Omitted; coded to 996.3
914.0	Omitted; coded to 996.4

**1970-1978 NATIONAL HOSPITAL DISCHARGE SURVEY
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ICDA Code	NHDS Modification
915.0	Omitted; coded to 996.5
916.0	Omitted; coded to 996.6- 996.7
917.0	Omitted; coded to 996.7
918.0	Omitted; coded to 996.8
920, 922-929	Omitted; coded to 996
978- 979	Omitted; coded to individual adverse effects
996	Includes note added to as follows: 996 Includes: injury NOS superficial injury without mention of infection, except eye (910.0) contusion, except eye (921)
E codes	NHDS does not code E codes
Y00.0- Y00.3, Y00.6- Y00.9	Omitted; coded to 793.0- 793.9
Y02.0- Y02.9	Omitted; coded to Y02
Y03	Omitted
Y03.0- Y03.2	Omitted; coded to 019
Y03.3- Y03.4, Y03.9	Omitted; coded to Y10
Y06.0- Y06.1	Omitted; coded to Y06
Y07	Excludes note added: Y07 Excludes: patient admitted in any stage of delivery (650-662) patient admitted with post-partum abnormality (670-678)
Y09.0	Includes note added: Y09.0 Includes: patients admitted for sterilization with indications other than illness (e.g., multi-parity or socio-economic problems); habitual aborter, not now pregnant, admitted for sterilization
Y09.9 (applies to 1971-1973 data only)	Includes and Excludes notes added: Y09 .9 Includes: Healthy donors of skin, bone, or blood Excludes: Organ donors (Y14)
Y10.2	Includes and Excludes notes added: Y10.2 Includes: admission for irrigation Excludes: malfunction or complication
Y10.4	Includes note added: Y10.4 Includes: admitted for removal or change of cast, splints, pins, plates, rods, or other orthopedic device
Y10.5	Includes note added: Y10.5 Includes: admission for change of dressing, removal of sutures, catheters, packing tracheostomy status, gastrostomy status, other artificial openings
Y11.9	Includes note added: Y11.9 Includes: admission for face lift without classifiable condition
Y12.4	Omitted; coded to Y10. 2

**1970-1978 NATIONAL HOSPITAL DISCHARGE SURVEY
MULTI-YEAR PUBLIC-USE DATA FILE DOCUMENTATION**

ICDA Code	NHDS Modification
Y14, Y14.0-0Y14.3, Y14.9 (applies to 1970 and 1974-1978 data only)	Omitted; coded to Y09.9
Y15, Y15.0-Y15.3, Y15.9	Omitted
Y20	Modified and Includes note added: Y20 Single born, without mention of immaturity or any other codable condition Includes: only premature, immature, or well infants born this admission
Y21-Y29	Includes note added: Y21-Y29 Includes: only premature, immature, or well infants born this admission
Y30	Omitted

NHDS MODIFICATIONS TO ICDA-8 SURGICAL OPERATIONS: DIAGNOSTIC AND OTHER THERAPEUTIC PROCEDURES

ICDA Code	NHDS Modification
-----	Code 00.0 added: 00.0 Use when an operation is not indexed and there is no information reported to aid in the assignment of a more specific operation code
01.1	Omitted; coded to 01.7
01.7	Requires note omitted
14	Modified by adding 14.6: 14.6 Extraction of cataract NOS Includes: extraction of lens NOS
19.3	Excludes note omitted
20.5	Additional Includes note added: 20.5 Includes: tracheolaryngotomy
21.6	Additional Includes note added: 21.6 Includes: excision of branchial cleft cyst
22.0	Modified by omitting laryngotracheotomy and tracheolaryngotomy from list (20.5)
22.6	Omitted; coded to 21.6
25.2	Additional Includes note added: 25.2 Includes: radical neck dissection (excision)
30.2	Modified by changing definition: 30.2 Cardiac catheterization, right or left heart
30.3	Omitted; coded to 30.2
30.6	Modified and Excludes note added: 30.6 Open heart surgery (with or without cardiopulmonary bypass) NOS Excludes: that involving specified heart surgery (29.2- 29.6)

**1970-1978 NATIONAL HOSPITAL DISCHARGE SURVEY
MULTI-YEAR PUBLIC-USE DATA FILE DOCUMENTATION**

ICDA Code	NHDS Modification
30.7	Omitted; coded to 30.6
40.3	Includes note added and Excludes note changed: 40.3 Includes: abdominal adhesions, adhesions NOS, pelvic--male only Excludes: adhesions, pelvic—female (71.8)
41.1	Excludes note added: 41.1 Excludes: incidental appendectomy
50	Modified Includes note by omitting those by proctoscopy and sigmoidoscopy; coded to A4.5
51	Modified Includes note by omitting those by anoscopy or proctoscopy; coded to A4.6
54	Modified Includes note by omitting those by pyeloscopy; coded to A4.6
54.6	Excludes note omitted
54.8	Modified Includes note by omitting use this code for solo procedures only
55	Modified Includes note by omitting those by cystoscopy or ureteroscopy; coded to A4.6
56	Modified Includes note by omitting those by cystoscopy (transurethral); coded to A4.6
56.8	Requires note added: 56.8 Requires: additional code for cystoscopy
57	Modified Includes note by omitting those by cystoscopy or urethroscopy; coded to A4.6
61.2	Includes note added: 61.2 Excludes: routine circumcision for newborn infant born in hospital this admission
65	Modified by changing 65.7 Excludes note, adding 65.8, and adding additional 65.9 Includes note: 65.7 Excludes: augmentation mammoplasty (65.8), mammoplasty reduction (65.9) 65.8 Augmentation mammoplasty Includes: that for: acquired absence (total), (subtotal) hypomastia that by: free dermal-fat-fascia graft implantation of prosthetic material local pedicle graft of dermal-fat percutaneous injection 65.9 Includes: reduction mammoplasty, amputative mammoplasty
68 (applies to 1977-1978 data only)	Modified by adding 68.8: 68.8 Bilateral endoscopic destruction and occlusion of fallopian tubes
69.1	Additional Includes note added: 69.1 Includes: hysterectomy NOS
69.4	Additional Includes note added: 69.4 Includes: vaginal hysterectomy NOS
71	Modified Includes note by omitting those by vaginoscopy, colposcopy and culdoscopy; coded to A4.7, A5.4
71.6	Additional Includes note added: 71.6 Includes: pelvic examination under anesthesia
74.7	Additional Includes note added: 74.7 Includes: missed abortion
75.0-75.6	Omitted
75.7	Requires note omitted

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ICDA Code	NHDS Modification
75.8	Requires note omitted
75.9	Omitted
77.0	Modified as follows: 77.0 Cesarean section, all types
77.1- 77.2, 77.8- 77.9	Omitted; coded to 77.0
82, 82.0-82.2	Redefined as follows: 82 Reduction of dislocation fracture and fracture 82.0 Reduction (closed or NOS) of fracture without mention of internal fixation as in 82.2 82.1 Open reduction of fracture without mention of fixation as in 82.2 82.2 Reduction (open or closed) of fracture with mention of fixation Includes: reduction or treatment of fracture of sites codable to 82 with mention of the following whether or not traction or cast or any other external support was also mentioned: band, nail, pin, press, screw, caliper, plate, rod, wire, brace, tongs, bolt
82.3- 82.9	Omitted; coded to 82.0- 82.2
83-84	Omitted; coded to 82.0- 82.2
86.1	Additional Includes note added: 86.1 Includes: excision of carpal tunnel
87.0	Modified as follows: 87.0 arthroplasty of hip with or without mechanical device
87.1	Omitted; coded to 87.0
94.2	Omitted; coded to 19.3
94.4	Omitted; coded to 65.8
94.5	Modified Includes note by omitting amputative mammoplasty, reduction mammoplasty, and breasts (hypertrophic pendulous) (atrophic) (gynecomastia); coded to 65.9
96.1	Additional Includes note added: 96.1 Includes: frenumectomy
96.2	Modified Includes note by omitting frenumectomy; coded to 96.1
98.0-98.1	Modified as follows: 98.0 Closed reduction, malar, zygoma, zygomatic arch, maxilla, mandible, alveolus Includes: wiring 98.1 Open reduction, malar, zygoma, zygomatic arch, maxilla, mandible, alveolus Includes: only that which involves the dissection of tissues
98.2- 98.6	Omitted; coded to 98.0- 98.1
A1	Excludes note omitted
A4.2-A4.7, A4.9	Modified by deleting without effect upon tissue or lesion
R1, R4	Omitted

NOTE : On the data file, Y codes are represented by ampersand (&), A codes by asterisk (*), and R codes by dash (-).

**APPENDIX C:
POPULATION ESTIMATES, 1970-1978**

This appendix describes the EXCEL files accompanying this documentation, which contain Census Bureau estimates of the U. S. civilian resident population, as of July 1, for the years 1970 through 1978. The file containing population estimates by geographic region and division is named REG70_78.XLS. The files of estimates by age, sex, and race are named YRxx.WK*, where "xx" can be replaced by the last two-digits of the year desired between 1970 and 1978 (e.g. 75).

It should be noted that rates calculated with these estimates may differ slightly from those in published NCHS reports or those calculated from population estimates disseminated with the NHDS annual data file documentation.

**NAMES OF FILES CONTAINING POPULATION ESTIMATE TABLES:
(THESE ARE EXCEL SPREADSHEET FILES CONTAINED ON THIS CD):**

REG70_78.XLS	Civilian Population of the United States, by Geographic Region and Division, July 1, 1970-1978
YR70.XLS	Civilian Population of the United States, by Age, Sex, and Race, July 1, 1970
YR71.XLS	Civilian Population of the United States, by Age, Sex, and Race, July 1, 1971
YR72.XLS	Civilian Population of the United States, by Age, Sex, and Race, July 1, 1972
YR73.XLS	Civilian Population of the United States, by Age, Sex, and Race, July 1, 1973
YR74.XLS	Civilian Population of the United States, by Age, Sex, and Race, July 1, 1974
YR75.XLS	Civilian Population of the United States, by Age, Sex, and Race, July 1, 1975
YR76.XLS	Civilian Population of the United States, by Age, Sex, and Race, July 1, 1976
YR77.XLS	Civilian Population of the United States, by Age, Sex, and Race, July 1, 1977
YR78.XLS	Civilian Population of the United States, by Age, Sex, and Race, July 1, 1978

**1970-1978 NATIONAL HOSPITAL DISCHARGE SURVEY
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**APPENDIX D:
FREQUENCIES FOR SELECTED VARIABLES, 1970-1978**

The following tabulations are provided for the purpose of verifying that data processing of the multi-year file is accurate. Included are tables of estimated discharges, by sex, age group, and region; estimated days of care; and estimated newborn infant discharges, by sex and geographic region. Note that these are weighted frequencies, which were produced by applying the weight variable (columns 21-25) to the analysis.

FREQUENCIES FOR NON-NEWBORNS:

	DISCHARGES - ALL	DISCHARGES - MALE	DISCHARGES - FEMALE	DAYS OF CARE - ALL
1970	29,126,813	11,430,989	17,695,824	226,444,738
1971	29,459,166	11,668,249	17,790,917	231,016,816
1972	31,627,081	12,612,195	19,014,886	245,606,423
1973	32,124,941	12,847,609	19,277,332	249,388,542
1974	33,018,130	13,131,667	19,886,463	255,687,063
1975	34,042,589	13,519,135	20,523,454	262,388,795
1976	34,371,960	13,751,451	20,620,509	260,272,244
1977	35,902,399	14,384,806	21,517,593	262,407,215
1978	35,616,376	14,367,488	21,248,888	261,969,151

	UNDER 15 YEARS	15 TO 44 YEARS	45 TO 64 YEARS	65 YEARS AND OVER
1970	3,872,957	12,664,413	6,692,682	5,896,761
1971	4,028,854	12,604,643	6,839,557	5,986,112
1972	4,174,332	13,330,829	7,487,589	6,634,331
1973	3,933,300	13,482,068	7,772,352	6,937,221
1974	3,911,635	13,855,161	8,066,700	7,184,634
1975	3,825,500	14,171,439	8,391,240	7,654,410
1976	3,744,183	14,271,815	8,444,128	7,911,834
1977	3,775,431	15,179,662	8,603,773	8,343,533
1978	3,487,872	15,036,941	8,383,419	8,708,144

	NORTHEAST	NORTH CENTRAL	SOUTH	WEST
1970	6,625,413	9,183,832	8,963,390	4,354,178
1971	6,911,753	9,170,532	9,136,312	4,240,569
1972	7,119,865	9,434,229	10,178,989	4,893,998
1973	7,208,464	9,975,264	9,905,051	5,036,162
1974	7,216,176	10,416,556	10,164,997	5,220,401
1975	7,350,506	10,676,559	10,561,530	5,453,994
1976	7,517,379	10,662,896	10,669,829	5,521,856
1977	7,811,030	10,834,923	11,290,194	5,966,252
1978	7,664,226	10,682,027	11,577,519	5,692,604

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FREQUENCIES FOR NEWBORN INFANTS:

	TOTAL	MALE	FEMALE
1970	3,511,400	1,786,213	1,725,187
1971	3,171,293	1,590,608	1,580,685
1972	3,024,803	1,532,135	1,492,668
1973	3,036,734	1,542,225	1,494,509
1974	3,146,331	1,599,587	1,546,744
1975	3,205,972	1,657,802	1,548,170
1976	3,186,985	1,634,396	1,552,589
1977	3,406,771	1,751,294	1,655,477
1978	3,387,530	1,723,123	1,664,407

	NORTHEAST	NORTH CENTRAL	SOUTH	WEST
1970	879,112	1,079,419	1,032,463	520,406
1971	780,445	973,494	952,231	465,123
1972	671,113	870,269	1,009,586	473,835
1973	676,437	898,151	991,539	470,607
1974	684,764	916,096	1,034,715	510,756
1975	685,432	921,350	1,054,893	544,297
1976	683,055	890,320	1,033,266	580,344
1977	716,011	959,523	1,119,672	611,565
1978	670,550	957,374	1,117,425	642,181

**APPENDIX E:
COMPUTATION OF STANDARD ERRORS**

Approximate relative standard errors (RSEs) are given in the EXCEL file contained on this CD, *RSE70_78.XLS*. The approximate RSEs in *RSE70_78.XLS* have been multiplied by 100 and are expressed as percentages of the estimates. The contents of the tables in *RSE70_78.XLS* are as follows:

Table 1	Approximate relative standard errors of estimated numbers of patients discharged or first-listed diagnoses and of all-listed diagnoses: 1970-1978
Table 2	Approximate relative standard errors of estimated numbers of patients discharged, by geographic region: 1970-1978
Table 3	Approximate relative standard errors of estimated numbers of days of care: 1970-1978
Table 4	Approximate relative standard errors of estimated numbers of days of care, by geographic region: 1970-1978
Table 5	Approximate relative standard errors of estimated numbers of surgical procedures: 1970-1978

The standard error (SE) is primarily a measure of sampling variability that occurs by chance because only a sample rather than the entire universe is surveyed. The RSE of an estimate is obtained by dividing the SE by the estimate itself. When the resulting value is multiplied by 100, the RSE is expressed as a percent of the estimate. Approximate RSEs in *RSE70_78.XLS* are expressed as percentages of the estimates.

Approximate RSEs are not available for all years from 1970-1978, especially for numbers of surgical procedures. Where the approximate RSEs for a particular year are not shown in *RSE70_78.XLS*, the approximate RSE for the closest available year can be used.

**Example 1:
Relative Standard Errors for Aggregate Estimates**

In 1975, the estimated number of discharges from short-stay hospitals was 34,043,000 (rounded to nearest thousand). The approximate RSE for this estimate is 5.0 (from Table 1 in *RSE70_78.XLS*). This RSE is expressed as a percentage of the estimate—the RSE, not expressed as a percentage of the estimate, is .05. The SE of the estimate is obtained by multiplying the RSE by the estimate itself:

$$\text{SE}(34,043,000) = 34,043,000 * .05 = 1,702,150$$

The SE can be used to generate confidence intervals for statistical testing. In this example, the 95% confidence interval for the number of discharges in 1975 is:

$$(34,043,000 - (1.96 * 1,702,150)) <-> (34,043,000 + (1.96 * 1,702,150)) \\ 32,340,850 <-> 35,745,150$$

Example 2:

Relative Standard Error for Ratio Estimators

Average length of stay (ALOS) is considered a ratio estimator since it is the ratio of days of care to the number of discharges. The approximate RSE of a ratio (X/Y) in which the numerator (X) and the denominator (Y) are both estimated from the same survey, but the numerator is not a subclass of the denominator, is calculated using the formula:

$$\mathbf{RSE(X/Y) = \sqrt{RSE^2(X) + RSE^2(Y)}}$$

The approximation is valid if the RSE of the denominator is less than 5 percent or the RSE's of the numerator and denominator are both less than 10 percent. When multiplied by 100, the RSE(X/Y) is expressed as a percent of the ratio estimate, X/Y.

In 1972, the estimated number of days of care for all inpatients was 245,060,000 (rounded to the nearest thousand). The estimated number of discharges for all inpatients in 1972 was 31,627,000 (rounded to the nearest thousand). The ALOS for all inpatients was $245,060,000/31,627,000 = 7.7$.

To compute the RSE for ALOS, find the appropriate RSE for the estimated number of days of care and the RSE for the estimated number of discharges (see table 1 and table 3 in RSE70_78.XLS):

$$\begin{aligned}\mathbf{RSE(245,060,000) &= .017} \\ \mathbf{RSE(31,627,000) &= .029}\end{aligned}$$

Next, substitute those RSE's into the formula above to approximate the RSE for the ALOS estimate:

$$\begin{aligned}\mathbf{RSE(7.7) &= \sqrt{(.017)^2 + (.029)^2}} \\ \mathbf{RSE(7.7) &= .034}\end{aligned}$$

The standard error of the estimate is obtained by multiplying the relative standard error by the estimate itself:

$$\mathbf{SE(7.7) = .034 * 7.7 = .259}$$

The standard error can be used to generate confidence intervals for statistical testing. In this example, the 95% confidence interval for the estimate of the ALOS for all inpatients is:

$$\begin{aligned}\mathbf{(7.7 - (1.96 * .259)) <-> (7.7 + (1.96 * .259))} \\ \mathbf{7.2 <-> 8.2}\end{aligned}$$

**APPENDIX F:
NHDS Medical Abstract Form, 1970-1976**

CONFIDENTIAL - All information which would permit identification of an individual or of an establishment will be held confidential, will be used only by persons engaged in and for the purposes of the survey and will not be disclosed or released to other persons or used for any other purpose.

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
Public Health Service
Health Resources Administration
National Center for Health Statistics
MEDICAL ABSTRACT - HOSPITAL DISCHARGE SURVEY

I. Patient Identification

1. Hospital number..... _____
2. HDS number _____
3. Medical record number..... _____
4. Date of admission _____
Month Day Year
5. Date of discharge _____
Month Day Year

II. Patient Characteristics

1. Date of birth: _____
Month Day Year
2. Age (complete ONLY if date of birth not given): _____
Units } 1 years
 } 2 months
 } 3 days
3. Sex: 1 Male 2 Female
4. Race or color: 1 White 2 Negro 3 Other nonwhite 4 "Nonwhite" 5 Not stated
5. Marital status: 1 Married 2 Single 3 Widowed 4 Divorced 5 Separated 6 Not stated
6. Discharge status: 1 Alive 2 Dead

III. Diagnoses and Operations

1. Final diagnoses
a. Principal diagnosis: _____
b. Other diagnoses: _____

_____ see reverse side
2. Operations: _____

_____ see reverse side

Completed by _____ Date _____

FOR NCHS USE ONLY

Diagnoses _____
Operations _____

Figure 1. Medical Abstract form
1970-1976

**APPENDIX G:
NHDS Medical Abstract Form, 1977-1978**

CONFIDENTIAL - All information which would permit identification of an individual or of an establishment will be held confidential, will be used only by persons engaged in and for the purposes of the survey, and will not be disclosed or released to other persons or used for any other purpose.

FORM HDS-1
(12-13-76)

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
PUBLIC HEALTH SERVICE
HEALTH RESOURCES ADMINISTRATION
NATIONAL CENTER FOR HEALTH STATISTICS

MEDICAL ABSTRACT - HOSPITAL DISCHARGE SURVEY

A. PATIENT IDENTIFICATION

1. Hospital number
 2. HDS number
 3. Medical Record number _____

4. Date of admission . . . - -
 5. Date of discharge . . . - -
 6. Residence ZIP Code

B. PATIENT CHARACTERISTICS

7. Date of birth . . . - -

8. Age (Complete only if Date of Birth not given) Units { 1 Years
2 Months
3 Days

9. Sex (Mark one) 1 Male 2 Female 3 Not stated

10. Race or Color (Mark one) 1 White 2 Black 3 Other 4 Not stated

11. Marital Status (Mark one) 1 Married 2 Single 3 Widowed 4 Divorced 5 Separated 6 Not stated

12. Expected Source(s) of payment

Principal (Mark one)	Other (Mark all that apply)
1 <input type="checkbox"/>	<input type="checkbox"/> Self-pay
2 <input type="checkbox"/>	<input type="checkbox"/> Workmen's Compensation
3 <input type="checkbox"/>	<input type="checkbox"/> Medicare
4 <input type="checkbox"/>	<input type="checkbox"/> Medicaid
5 <input type="checkbox"/>	<input type="checkbox"/> Other government payments
6 <input type="checkbox"/>	<input type="checkbox"/> Blue Cross
7 <input type="checkbox"/>	<input type="checkbox"/> Other private or commercial insurance
8 <input type="checkbox"/>	<input type="checkbox"/> No charge
9 <input type="checkbox"/>	<input type="checkbox"/> Other (Specify) _____
10 <input type="checkbox"/>	<input type="checkbox"/> Not stated

13. Disposition of Patient (Mark one)

1 Routine discharge/discharged home
 2 Left against medical advice
 3 Discharged/transferred to another facility or organization
 4 Discharged/referred to organized home care service
 5 Died
 6 Not stated

C. DIAGNOSES

Principal: _____
 Other/additional: _____

 See reverse side

D. SURGICAL AND DIAGNOSTIC PROCEDURES

Principal: _____ - -
 Other/additional: _____ - -
 _____ - -
 _____ - -
 _____ - -
 NONE See reverse side

Completed by _____ Date _____

Figure 2. Medical Abstract for the Hospital Discharge Survey
1977-1978