

# **VITAL & HEALTH STATISTICS**

## **Utilization of Short-Stay Hospitals United States, 1986 Annual Summary**

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This report presents statistics on the utilization of non-Federal short-stay hospitals based on data collected through the National Hospital Discharge Survey from a national sample of the hospital records of discharged inpatients. Estimates are provided by the demographic characteristics of patients discharged, conditions diagnosed, and surgical and nonsurgical procedures performed, and by geographic region, bed size, and ownership of hospitals that provided inpatient care. Measurements of hospital utilization are given by frequency, rate, percent, and average length of stay.

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**Data From the National Health Survey  
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### *Cooperation of the U.S. Bureau of the Census*

Under the legislation establishing the National Health Survey, the Public Health Service is authorized to use, insofar as possible, the services or facilities of other Federal, State, or private agencies.

In accordance with specifications established by the National Center for Health Statistics, the U.S. Bureau of the Census, under a contractual arrangement, participated in planning the survey and collecting the data.

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**Symbols**

- - - Data not available
  - . . . Category not applicable
  - Quantity zero
  - 0.0 Quantity more than zero but less than 0.05
  - Z Quantity more than zero but less than 500 where numbers are rounded to thousands
  - \* Figure does not meet standard of reliability or precision
  - # Figure suppressed to comply with confidentiality requirements
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# Utilization of Short-Stay Hospitals

by Edmund J. Graves, Division of Health Care Statistics

## Introduction

This report provides national estimates on the utilization of non-Federal short-stay hospitals during 1986. Data are summarized for selected demographic characteristics of the patients discharged, characteristics of the hospitals where the patients were treated, conditions diagnosed, and surgical and nonsurgical procedures performed.

The statistics in this report are based on data collected by the National Center for Health Statistics (NCHS) by means of the National Hospital Discharge Survey (NHDS), which is a continuous voluntary survey in use since 1965. The data for the survey come from a sample of inpatient medical records that are obtained from a national sample of short-stay general and specialty hospitals located in the United States.

These 1986 statistics are based on two data collection procedures, an approach begun in 1985. The first is the traditional manual system of sample selection and data abstraction, and the second is an automated method that involves the purchase of data tapes from commercial abstracting services. In 1986, the automated method was used in 19 percent of the hospitals. Analysis of the automated system indicates that a greater number of nonsurgical procedures per patient are reported by hospitals using this system than by hospitals submitting data in the traditional mode. This has resulted in increases from 1984 to 1985 and 1986 in the estimate for miscellaneous diagnostic and therapeutic procedures. It appears that approximately one-half of the increase in that category was because of the change in data collection methodology.

Approximately 193,000 medical records from 418 hospitals were included in the 1986 survey. A brief description of the sample design and the source of data can be found in appendix I. A detailed report on the design of NHDS was first published in 1970 (NCHS, 1977).

Types of hospital utilization measurements shown are frequencies, rates, and percent distributions of discharges, days of care, and average lengths of stay. The estimates are presented by age, sex, and race of the patients discharged and by expected source of payment, geographic region, bed size, and ownership of the short-stay hospitals (tables 1-6). Statistics on women with deliveries (tables 7-8), conditions diagnosed (tables 9-14), and procedures performed (tables 15-22) also are shown by patient and hospital characteris-

tics. Data for newborn infants are included only in the section "Newborn infant discharges." Because these data are based on a sample, they may not agree with data on births published in *Vital Statistics of the United States*.

Coding of medical data for patients hospitalized is performed according to the *International Classification of Diseases, 9th Revision, Clinical Modification*, or ICD-9-CM (Public Health Service and Health Care Financing Administration, 1980). Earlier data for 1970-78 were coded according to the *Eighth Revision International Classification of Diseases, Adapted for Use in the United States*, or ICDA (NCHS, 1967a). Differences between these two systems are discussed in appendix I in the section entitled "Medical coding and edit."

A maximum of seven diagnoses and four procedures may be coded for each medical record in the sample. Although diagnoses included in the ICD-9-CM section entitled "Supplementary classification of external causes of injury and poisoning" (codes E800-E999) are used by NHDS, they are excluded from this report. The conditions diagnosed and procedures performed are presented here by the major diagnostic chapters and procedure groups of the ICD-9-CM. Within these chapters and groups, some categories of diagnoses and procedures also are shown. These specific categories were selected primarily because of large frequencies or because they are of special interest. Residual categories of diagnoses and procedures, however, are not included in the tables. More detailed analyses of these data will be presented in later reports in Series 13 of the *Vital and Health Statistics* reports.

Familiarity with the definitions used in NHDS is important for interpreting the data and for making comparisons with statistical data on short-stay hospital utilization that are available from other sources. Definitions of the terms used in this report are presented in appendix II.

Information on short-stay hospital utilization also is collected through another program of the National Center for Health Statistics, the National Health Interview Survey. Estimates from this survey generally are different from those of NHDS because of differences in collection procedures, population sampled, and definitions. Data from the National Health Interview Survey are published in Series 10 of the *Vital and Health Statistics* reports.

# Highlights

- During 1986 an estimated 34.3 million patients, excluding newborn infants, were discharged from non-Federal short-stay hospitals, and an estimated 218.5 million days of care were used.
- The average length of stay for patients discharged from non-Federal short-stay hospitals was 6.4 days in 1986. The average length of stay has declined from 7.3 days in 1980—a decline of about 12 percent.
- The 1986 rate of 143 discharges per 1,000 population was not significantly different from the rates that occurred in 1967, 1968, 1970, and 1971, which were the lowest discharge rates in the history of the survey.
- About 44 percent of all patients discharged during 1986 expected private insurance to pay for at least part of their hospitalization.
- Deliveries constituted the leading cause of hospitalization during 1986. Of the 34.3 million discharges during 1986, 3.8 million (or 11 percent) were for females with deliveries.
- Six procedures were each performed during 1986 more than 1 million times: procedures to assist delivery (2.6 million); endoscopy of the digestive system (1.5 million); computerized axial tomography, or CAT scan (1.5 million); biopsy (1.4 million); diagnostic ultrasound (1.4 million); and arteriography and angiocardiology using contrast material (1.3 million).
- In 1986 approximately 16 percent of all patients who were hospitalized had a principal diagnosis of heart disease or malignant neoplasms, but about 45 percent of all deaths that occurred in short-stay hospitals were the result of these two diseases.
- The number of patients discharged from short-stay non-Federal hospitals for the first-listed diagnosis of cataract decreased from 481,000 in 1984 to 104,000 in 1986—a drop of about 78 percent.
- Approximately 60 percent of all patients discharged from short-stay non-Federal hospitals during 1986 had at least one procedure performed. In 1979 only 51 percent had at least one procedure performed.
- Of the 34.3 million patients discharged from short-stay non-Federal hospitals during 1986, 2.9 percent were known to have been discharged dead.

# Utilization by patient characteristics

The number and rate of hospital discharges have traditionally been on the rise. Since 1983, however, changes have been occurring. With a rate of 148 discharges per 1,000 population, 1985 marked the first time since 1971 that the discharge rate had fallen below 150 discharges per 1,000 population. In 1986, the discharge rate fell to 143 per 1,000 population, which was as low as any discharge rate since the inception of the survey.

Table A shows important measures of hospital utilization for 1965, 1986, and selected years in between. The number of discharges rose from 1965 to 1983 by about 35 percent, but it decreased approximately 12 percent in the next 3 years. In addition, the average length of stay for hospital patients is continuing to drop. The average length of stay in 1986 was 6.4 days, compared with 7.7 days 11 years earlier.

The total number and rate of discharges and days of care decreased significantly from 1984 to 1985 but did not change significantly from 1985 to 1986 (table B). The number of discharges and days of care and the rate of discharges and days of care showed no significant difference in any age group when 1986 data were compared with 1985 data. The average length of stay did not change for totals or for the four age groups.

The 34.3 million patients discharged from short-stay hospitals during 1986 included an estimated 13.9 million males and 20.3 million females (table 1). The rates per 1,000 population were 121 for males and 164 for females, making the rate for females about 36 percent higher than the rate for males. The number and rate of discharges always are higher for females than for males because of the large number of women in their childbearing years (15-44 years of age) who are hospitalized for deliveries and other obstetrical conditions. Excluding deliveries, the rate for females discharged was 134, only about 11 percent higher than the rate for males.

**Table B. Number and rate of patients discharged from short-stay hospitals and of days of care, and average length of stay, by age: United States, 1984, 1985, and 1986**

[Data for non-Federal short-stay hospitals. Excludes newborn infants]

Age	1984	1985	1986
Number of patients discharged in thousands			
All ages . . . . .	37,162	35,056	34,256
Under 15 years . . . . .	3,208	2,972	2,783
15-44 years . . . . .	14,533	13,966	13,458
45-64 years . . . . .	8,195	7,610	7,300
65 years and over . . . . .	11,226	10,508	10,716
Rate of patients discharged per 1,000 population			
All ages . . . . .	158.5	147.9	143.1
Under 15 years . . . . .	62.0	57.2	53.5
15-44 years . . . . .	132.2	125.1	118.9
45-64 years . . . . .	183.3	169.5	162.2
65 years and over . . . . .	400.4	368.3	367.3
Number of days of care in thousands			
All ages . . . . .	244,652	226,217	218,496
Under 15 years . . . . .	14,367	13,554	12,718
15-44 years . . . . .	71,172	67,397	65,174
45-64 years . . . . .	58,877	53,541	49,563
65 years and over . . . . .	100,237	91,726	91,041
Rate of days of care per 1,000 population			
All ages . . . . .	1,043.5	954.4	912.8
Under 15 years . . . . .	277.7	260.8	244.7
15-44 years . . . . .	647.3	603.6	575.7
45-64 years . . . . .	1,316.8	1,192.8	1,101.4
65 years and over . . . . .	3,574.8	3,215.1	3,120.7
Average length of stay in days			
All ages . . . . .	6.6	6.5	6.4
Under 15 years . . . . .	4.5	4.6	4.6
15-44 years . . . . .	4.9	4.8	4.8
45-64 years . . . . .	7.2	7.0	6.8
65 years and over . . . . .	8.9	8.7	8.5

**Table A. Selected measures of short-stay hospital utilization: United States, selected years 1965-86**

[Data from non-Federal short-stay hospitals. Excludes newborn infants]

Measure of utilization	1965	1970	1975	1980	1983	1986
Number of patients discharged in thousands . . . . .	28,792	29,127	34,043	37,832	38,783	34,256
Rate of patients discharged per 1,000 population . . . . .	150.3	144.3	159.2	167.7	167.0	143.1
Number of days of care in thousands . . . . .	225,011	226,445	262,389	274,508	268,337	218,496
Rate of days of care per 1,000 population . . . . .	1,174.3	1,121.6	1,227.3	1,217.0	1,155.2	912.8
Average length of stay in days . . . . .	7.8	7.8	7.7	7.3	6.9	6.4
Percent of patients with surgery and nonsurgical procedures . . . . .	138.2	139.7	141.7	52.2	54.7	60.2

<sup>1</sup>In comparing figures for 1965, 1970, and 1975 with those for later years, caution should be used because data for years prior to 1979 exclude nonsurgical procedures and the following obstetrical procedures: episiotomy; artificial rupture of membrane, internal version; and outlet and low forceps delivery.



Except for children under 5 years of age and women in their childbearing years, annual rates of discharges increased consistently with each older age group for both males and females. This pattern of increase also applies to women in their childbearing years if those who were hospitalized only for deliveries are excluded from the rates. Discharge rates for older patients (65 years of age and over) were more than six times higher than those for younger patients (under 15 years of age) for both sexes.

In 1986 male patients used an estimated 94.6 million days of care in short-stay hospitals compared with 123.9 million days of care used by females (table 1). The rate of days of care per 1,000 population was 817 for males and 1,003 (about 23 percent higher) for females. Differences by sex were smaller for rates of days of care than for discharges, mainly because the average length of stay for the approximately 3.8 million women who were hospitalized for deliveries was only 3.2 days (table 7). In comparison, the average length of stay was 6.8 days for males and 6.8 days for females who were hospitalized for reasons other than a delivery.

The annual number of days of care per 1,000 population increased about 13 times with advancing age, from 245 for patients under 15 years of age to 3,121 for patients 65 years of age and over (table 1). The much higher increase in the rate of days of care than of discharges from the youngest to the oldest age group was the result of long average lengths of stay for persons 65 years of age and over (8.5 days). The average length of stay is longer for the aged because of the greater severity of illness in this group. This situation is indicated by larger proportions of older than younger patients with incapacitating chronic illness and by the fact that the proportion of patients with multiple diagnoses is highest among those 65 years and over, both of which result in long average lengths of stay and high annual rates of days of care.

In this report, the race of patients is shown as white or all other. In 1986, 25.4 million patients were identified on the face sheets of the medical records as white and 5.1 million as all other. However, race was not reported for an additional 3.8 million patients. Estimates of numbers and rates of discharges, days of care, and average lengths of stay are provided. However, all of the data by race should be used with caution because of the not-stated category, which for 1986 was approximately 11 percent of all discharges.

The number of days of care in 1986 totaled 163.6 million for white patients, 33.6 million for all other patients, and 21.2 million for patients with race not stated (table 2). The average length of stay was 6.5 days for white patients,

6.6 for all other patients, and 5.6 for patients with race not stated (table 2).

The expected principal source of payment for all patients discharged from short-stay hospitals is presented in table 3. The expected source of payment recorded on the face sheet of the medical record may not have been the actual source of payment. For example, a patient admitted to a hospital following an automobile accident may have cited Blue Cross as the expected source of payment when, in fact, an automobile insurance company ultimately made restitution.

Private health insurance, which consists of Blue Cross and other private or commercial insurance, was the expected principal source of payment for approximately 14.9 million discharges from non-Federal short-stay hospitals in 1986, about 44 percent of all discharges. Of these 14.9 million discharges, 98.0 percent were under 65 years of age.

Medicare was the principal expected source of payment for 11.5 million discharges (33.5 percent). As expected, most of these discharges (10.1 million, or 88.2 percent) were 65 years of age and over. Together, private insurance and Medicare accounted for 26.4 million discharges (77.0 percent). Even though patients expecting to pay hospital costs through Medicare constituted only 33.5 percent of all discharges, they accounted for 44.6 percent of all days of care. This was the result of longer hospital stays for patients 65 years of age and over. This is reflected in the average length of stay—8.5 days for Medicare patients but only 5.2 days for patients who expected private insurance to pay for their hospital stays. The longest average length of stay was noted for Medicare patients 15-44 years of age and 65 years of age and over in the Northeast Region (10.6 and 10.3 days, respectively). Lengths of stay of 5 days or less were noted for private insurance patients under 45 years of age in all regions.

During 1986 there were approximately 3.8 million discharges for women with deliveries (tables 7 and 8). Of these, 33 percent were discharged from hospitals in the South Region, and 54 percent were discharged from hospitals with 300 beds or more. Variation in rates per 1,000 civilian population by region was significant only when comparing the Northeast Region rate (43.4) with the West Region rate (58.0). The rate for the Midwest was 48.1, and the rate for the South was 47.0.

The average length of stay for women with deliveries was 3.7 days in the Northeast Region, 3.4 days in the Midwest Region, 3.2 days in the South Region, and 2.6 days in the West Region.

# Utilization by hospital characteristics

Discharges from short-stay hospitals in 1986 ranged from 6.5 million in the West Region to 11.9 million in the South Region (table 3). Regional differences in the number of discharges are accounted for mainly by variations in population sizes (see appendix I, table III) and, to a lesser extent, by variations in the discharge rates.

The rates of discharges per 1,000 population in 1986 were 134 for the West Region, 139 for the Northeast, 145 for the South, and 151 for the Midwest (table 5). There were no significant differences in discharge rates among the four regions except between the Midwest and the West.

Both the number and the rate per 1,000 population of days of care were lowest in the West Region (tables 4 and 5). The highest number of days of care was in the South Region. The number of days of care ranged from 35.4

million in the West Region to 72.4 million in the South. The rate per 1,000 population was 735 days in the West Region, 883 days in the South, 1,002 days in the Midwest, and 1,029 days in the Northeast.

Average lengths of stay were 5.5 days in the West Region, 6.1 days in the South, 6.6 days in the Midwest, and 7.4 days in the Northeast (table 4).

The number of patients discharged from short-stay hospitals and days of care are shown by sex and age of the patients and by geographic region and bed size of hospitals in table 4. The percent distributions of these data are shown in table C.

For patients of all ages, about 40 percent of discharges from short-stay hospitals were male and 60 percent female in every hospital bed-size group. Females with deliveries

**Table C. Number and percent distribution of patients discharged from short-stay hospitals and of days of care by sex and age of patient, according to bed size of hospital: United States, 1986**

[Discharges from non-Federal short-stay hospitals. Excludes newborn infants]

<i>Sex and age</i>	<i>Number in thousands</i>	<i>All sizes</i>	<i>6-99 beds</i>	<i>100-199 beds</i>	<i>200-299 beds</i>	<i>300-499 beds</i>	<i>500 beds or more</i>
Number of patients discharged in thousands							
All patients discharged . . . . .	34,256	34,256	5,614	6,243	6,215	8,803	7,381
Sex							
Percent distribution of patients discharged							
Both sexes . . . . .	34,256	100.0	100.0	100.0	100.0	100.0	100.0
Male . . . . .	13,949	40.7	40.3	39.1	43.0	39.9	41.5
Female, including deliveries . . . . .	20,307	59.3	59.7	60.9	57.0	60.1	58.5
Female, excluding deliveries . . . . .	16,544	48.3	50.1	50.5	48.3	47.7	45.8
Age							
All ages . . . . .	34,256	100.0	100.0	100.0	100.0	100.0	100.0
Under 15 years . . . . .	2,783	8.1	8.5	10.9	7.1	6.8	8.0
15-44 years . . . . .	13,458	39.3	37.1	39.4	35.5	39.9	43.3
45-64 years . . . . .	7,300	21.3	19.7	19.5	21.3	22.2	23.1
65 years and over . . . . .	10,716	31.3	34.7	30.3	36.1	31.1	25.6
Number of days of care in thousands							
All days of care . . . . .	218,496	218,496	29,604	35,673	40,257	59,039	53,924
Sex							
Percent distribution of days of care							
Both sexes . . . . .	218,496	100.0	100.0	100.0	100.0	100.0	100.0
Male . . . . .	94,593	43.3	41.5	40.5	45.2	42.5	45.5
Female, including deliveries . . . . .	123,903	56.7	58.5	59.5	54.8	57.5	54.5
Female, excluding deliveries . . . . .	111,809	51.2	53.6	54.2	50.7	51.3	48.1
Age							
All ages . . . . .	218,496	100.0	100.0	100.0	100.0	100.0	100.0
Under 15 years . . . . .	12,718	5.8	5.7	7.6	5.1	4.7	6.5
15-44 years . . . . .	65,174	29.8	29.3	29.4	25.5	29.6	33.8
45-64 years . . . . .	49,563	22.7	20.2	21.1	21.7	23.5	24.9
65 years and over . . . . .	91,041	41.7	44.8	41.8	47.6	42.2	34.9

accounted for about 10 percent of the discharges in hospitals with less than 300 beds and 13 percent in hospitals with 300 beds or more. The largest percent of patients in most of the bed-size groups was of patients 15-44 years of age, and the smallest percent was those under 15 years of age.

Days of care were generally distributed by sex, age, and bed size of hospital in a fashion similar to that of discharges (table C). However, a smaller number of days of care than of discharges was recorded for patients 15-44 years of age regardless of bed size; for patients 65 years and over, a larger percent of days of care than of discharges was recorded for all bed sizes. The differences for those aged 15-44 years were the result of short lengths of stay for females with deliveries. However, for those 65 years and over, the differences were the result of longer hospitalizations for older patients.

The average length of stay for patients discharged from short-stay hospitals in 1986 increased steadily from 5.3 days in the smallest hospitals (6-99 beds) to 7.3 days in the largest hospitals (500 beds or more), as shown in table D. The average length of stay was slightly longer for males than for females in all hospitals except the smaller ones. However, when females who were hospitalized for deliveries are excluded, the average lengths of stay for both sexes

were virtually the same. Except for patients under 45 years of age, the average length of stay increased as the age of the patient increased regardless of the size of the hospital.

Approximately 7 out of 10 patients in non-Federal short-stay hospitals were discharged from voluntary non-profit hospitals operated by church and other nonprofit groups during every year NHDS was conducted. In 1986, voluntary nonprofit hospitals provided medical care to an estimated 23.5 million patients, or 69 percent of all patients hospitalized. Hospitals operated by State and local governments cared for 7.1 million patients, or 21 percent of all discharges, and proprietary hospitals operated for profit cared for 3.6 million patients, or 11 percent of all discharges (table 6).

The estimated 218.5 million days of care utilized by patients in non-Federal short-stay hospitals during 1986 were distributed by ownership of hospitals in the following manner: voluntary nonprofit, 154.8 million days, or 71 percent; government, 41.9 million days, or 19 percent; and proprietary, 21.8 million days, or 10 percent. Average lengths of stay were 6.6 days in voluntary nonprofit hospitals, 5.9 days in government hospitals, and 6.0 days in proprietary hospitals.

**Table D. Average length of stay for patients discharged from short-stay hospitals, by bed size of hospital and sex and age of patient: United States, 1986**

[Discharges from non-Federal short-stay hospitals. Excludes newborn infants]

<i>Sex and age</i>	<i>All sizes</i>	<i>6-99 beds</i>	<i>100-199 beds</i>	<i>200-299 beds</i>	<i>300-499 beds</i>	<i>500 beds or more</i>
Average length of stay in days						
Total .....	6.4	5.3	5.7	6.5	6.7	7.3
Sex						
Male .....	6.8	5.4	5.9	6.8	7.2	8.0
Female, including deliveries .....	6.1	5.2	5.6	6.2	6.4	6.8
Female, excluding deliveries .....	6.8	5.6	6.1	6.8	7.2	7.7
Age						
Under 15 years .....	4.6	3.5	4.0	4.7	4.6	5.9
15-44 years .....	4.8	4.2	4.3	4.7	5.0	5.7
45-64 years .....	6.8	5.4	6.2	6.6	7.1	7.9
65 years and over .....	8.5	6.8	7.9	8.5	9.1	9.9

# Utilization by diagnosis

## First-listed diagnosis

Diseases of the circulatory system ranked first in 1986 among the ICD-9-CM diagnostic chapters as a principal, or first-listed, diagnosis of patients discharged from non-Federal short-stay hospitals (table 9). These conditions accounted for an estimated 5.6 million discharges. Other leading ICD-9-CM diagnostic chapters were supplementary classifications, which include females with deliveries (4.2 million discharges); diseases of the digestive system (3.7 million discharges); injury and poisoning (3.2 million discharges); diseases of the respiratory system (3.2 million discharges); and diseases of the genitourinary system (2.7 million discharges). About two-thirds of the patients discharged from non-Federal short-stay hospitals had principal diagnoses in these six ICD-9-CM diagnostic chapters.

The diagnostic categories presented in this summary report were selected either because they appear as principal, or first-listed, diagnoses with great frequency or because the conditions are of special interest. Although many of these categories—such as malignant neoplasms; heart disease; psychoses; and fractures, all sites—are combinations of more detailed diagnoses, they are presented as single categories without showing the specific diagnostic inclusions.

The estimates for acute myocardial infarction as a first-listed diagnosis have increased substantially since 1981 because of a decision to reorder circulatory diagnoses involving acute myocardial infarction. In 1981, 60 percent of acute myocardial infarction diagnoses were first listed; by 1986, the proportion had increased to 87 percent because of reordering. This change is discussed more fully in appendix I.

Even though the total number of discharges showed no significant change from 1985 to 1986 (NCHS, 1987a), there were significant drops in some of the first-listed diagnoses. The most significant drop occurred in the first-listed diagnosis of cataract, for which the number of discharges decreased from 182,000 in 1985 to 104,000 in 1986—a drop of 42.9 percent. (The decrease from 1984 to 1986 was from 481,000 to 104,000—a drop of 78.4 percent.) Other significant decreases in first-listed diagnoses were inguinal hernia, for which the number of discharges decreased from 384,000 in 1985 to 304,000 in 1986—a drop of 20.8 percent; diseases of the ear and mastoid process, which decreased from 259,000 in 1985 to 217,000 in 1986—a drop of 16.2

percent; and acute respiratory infections, except influenza, which decreased from 464,000 in 1985 to 426,000 in 1986—a drop of 8.2 percent. The number of discharges increased for pneumonia, all forms (from 854,000 in 1985 to 943,000 in 1986—an increase of 10.4 percent) and psychoses (from 701,000 in 1985 to 766,000 in 1986—an increase of 9.3 percent). The number and rate of discharges, days of care, and average length of stay in 1986 are presented by selected first-listed diagnoses in table E. These categories accounted for 58 percent of all patients discharged during 1986 and include the most frequent first-listed diagnoses for each sex, age, race, region, and bed-size group. The most common first-listed diagnosis for most of these groups, as well as for all patients combined, was females with deliveries. Excluding this category, the two most frequent first-listed diagnoses for all groups except patients under 45 years of age were heart disease and malignant neoplasms.

For patients under 15 years of age, the most frequent first-listed diagnoses were pneumonia, all forms; acute respiratory infections, except influenza; chronic disease of tonsils and adenoids, and asthma. Other frequent diagnoses for these patients were fractures, all sites; noninfectious enteritis and colitis; and diseases of the ear and mastoid process (table 9).

Excluding females with deliveries, the three most frequent first-listed diagnoses for patients 15-44 years of age were psychoses; fractures, all sites; and all abortions, including ectopic and molar pregnancies.

For patients of races other than white, the most frequent first-listed diagnosis besides deliveries was heart disease. Other common diagnoses for this group included malignant neoplasms; psychoses; pneumonia, all forms; asthma; fractures, all sites; diabetes mellitus; and cerebrovascular disease.

For hospitals with 6-99 beds, the most common first-listed diagnosis was heart disease, followed by females with deliveries. Other frequent diagnoses in these hospitals were pneumonia, all forms; fractures, all sites; malignant neoplasms; cerebrovascular disease; and psychoses.

The number and rate of patients discharged from short-stay hospitals and average length of stay, by ICD-9-CM diagnostic chapters and selected categories, are presented by age for 1986 in table 9. Although the estimated rates of discharge from short-stay hospitals generally increased as the age of the patients increased, some decreases

**Table E. Number and rate of patients discharged from short-stay hospitals and of days of care, and average length of stay, by selected first-listed diagnostic categories: United States, 1986**

[Discharges from non-Federal short-stay hospitals. Excludes newborn infants. Diagnostic groupings and code number inclusions are based on the *International Classification of Diseases, 9th Revision, Clinical Modification (ICD-9-CM)*]

Diagnostic category and ICD-9-CM code	Discharged patients		Days of care		Average length of stay in days
	Number in thousands	Rate per 1,000 population	Number in thousands	Rate per 1,000 population	
All conditions <sup>1</sup> . . . . .	34,256	143.1	218,496	912.8	6.4
Females with deliveries . . . . . V27	3,762	15.7	12,094	50.5	3.2
Normal deliveries <sup>2</sup> . . . . .	1,178	4.9	2,840	11.9	2.4
Complicated deliveries <sup>2</sup> . . . . .	2,584	10.8	9,254	38.7	3.6
Heart disease . . . . . 391-392.0,393-398,402,404,410-416,420-429	3,731	15.6	26,268	109.7	7.0
Acute myocardial infarction . . . . . 410	758	3.2	6,712	28.0	8.9
Atherosclerotic heart disease . . . . . 414.0	338	1.4	2,091	8.7	6.2
Other ischemic heart disease . . . . . 411-413,414.1-414.9	1,043	4.4	5,556	23.2	5.3
Cardiac dysrhythmias . . . . . 427	515	2.2	3,037	12.7	5.9
Congestive heart failure . . . . . 428.0	582	2.4	4,779	20.0	8.2
Malignant neoplasms . . . . . 140-208,230-234	1,860	7.8	16,897	70.6	9.1
Malignant neoplasm of trachea, bronchus, and lung . . . . . 162,197.0,197.3	290	1.2	2,564	10.7	8.8
Malignant neoplasm of breast . . . . . 174-175,198.81	216	0.9	1,528	6.4	7.1
Fractures, all sites . . . . . 800-829	1,100	4.6	9,410	39.3	8.6
Pneumonia, all forms . . . . . 480-486	943	3.9	7,347	30.7	7.8
Cerebrovascular disease . . . . . 430-438	889	3.7	8,614	36.0	9.7
Psychoses . . . . . 290-299	766	3.2	11,050	46.2	14.4
Intervertebral disc disorders . . . . . 722	504	2.1	3,459	14.5	6.9
Cholelithiasis . . . . . 574	494	2.1	3,406	14.2	6.9
Diabetes mellitus . . . . . 250	491	2.1	3,751	15.7	7.6
Asthma . . . . . 493	477	2.0	2,279	9.5	4.8
Arthropathies and related disorders . . . . . 710-719	475	2.0	3,708	15.5	7.8
Benign neoplasms and neoplasms of uncertain behavior and unspecified nature . . . . . 210-229,235-239	445	1.9	2,356	9.8	5.3
Noninfectious enteritis and colitis . . . . . 555-556,558	429	1.8	2,082	8.7	4.8
Acute respiratory infections, except influenza . . . . . 460-466	426	1.8	2,017	8.4	4.7
Diseases of the central nervous system . . . . . 320-336,340-349	401	1.7	3,707	15.5	9.3
Alcohol dependence syndrome . . . . . 303	397	1.7	4,240	17.7	10.7
All abortions, including ectopic and molar pregnancies . . . . . 630-639	343	1.4	711	3.0	2.1
Calculus of kidney and ureter . . . . . 592	331	1.4	1,182	4.9	3.6
Inguinal hernia . . . . . 550	304	1.3	907	3.8	3.0
Ulcers of stomach and small intestine . . . . . 531-534	295	1.2	2,108	8.8	7.1
Disorders of bone and cartilage . . . . . 730-733	268	1.1	2,567	10.7	9.6
Volume depletion . . . . . 276.5	261	1.1	1,741	7.3	6.7
Hyperplasia of prostate . . . . . 600	256	1.1	1,468	6.1	5.7
Chronic disease of tonsils and adenoids . . . . . 474	255	1.1	328	1.4	1.3

<sup>1</sup>Includes data for diagnostic conditions not shown in table.

<sup>2</sup>See appendix II for definition.

were observed. For example, rates decreased from 45-64 years to 65 years and over (the two oldest age groups) for the categories of alcohol dependence syndrome, calculus of kidney and ureter, intervertebral disc disorders, and sprains and strains of back (including neck). Moreover, the rates generally decreased with increasing age for the category of chronic disease of tonsils and adenoids.

The average length of stay increased with increasing age for most chapters and categories of diagnoses. Overall it tended to be highest for fracture of neck of femur, malignant neoplasms, mental disorders (especially for psychoses and alcohol dependence syndrome), and cerebrovascular disease. For patients 65 years of age and over, average lengths of stay of more than 10 days were found for malignant neoplasms of large intestine and rectum; mental disorders; diseases of the central nervous system; appendicitis; diseases of the skin and subcutaneous tissues; arthropathies and related disorders; and fractures, all sites.

Short average lengths of stay occurred for patients under 45 years with a first-listed diagnosis of chronic disease of tonsils and adenoids and for patients 15-44 years who are admitted for inguinal hernia and for abortions, including ectopic and molar pregnancies.

Data on discharges, rates of discharges, and average lengths of stay for patients discharged from short-stay hospitals are presented by diagnostic chapters and selected categories of first-listed diagnosis, sex, and race in table 10.

Rates of discharges per 10,000 population were similar for the two sexes for most of the diagnostic chapters and categories shown. However, males had significantly higher rates than females for the categories of malignant neoplasm of trachea, bronchus, and lung; alcohol dependence syndrome; acute myocardial infarction; other ischemic heart disease; atherosclerotic heart disease; inguinal hernia; calculus of kidney and ureter; intervertebral disc disorders; intracranial injuries (excluding those with skull fracture);

and lacerations and open wounds. Females had higher rates than men for the categories of benign neoplasms and neoplasms of uncertain behavior and unspecified nature, diabetes mellitus, noninfectious enteritis and colitis, cholelithiasis, arthropathies and related disorders, and fracture of neck of femur.

Seventy-four percent of all patients discharged were reported to be white, 15 percent were reported to be all other races (including black), and 11 percent had no race mentioned in the medical record. However, the racial distribution of patients for some diagnostic categories differed significantly from the distribution for all patients combined. For example, the percent of white patients discharged was higher than average for the first-listed diagnoses of atherosclerotic heart disease (84 percent), other ischemic heart disease (84 percent), and fracture of neck of femur (84 percent). For abortions and ectopic and molar pregnancies, the proportion was lower than average for white patients (60 percent) and higher than average for all other races.

Information on patients discharged from short-stay hospitals is shown by geographic region in table 11. The number of discharges ranged from 11.9 million in the South Region to 6.5 million in the West, with 8.9 million in the Midwest and 7.0 million in the Northeast. The South Region had the largest number of discharges for most categories. One major exception is mental disorders, which accounted for 560,000 discharges in the Midwest Region and only 489,000 in the South. In 1986 the number of discharges per 1,000 population was 134 in the West Re-

gion, 139 in the Northeast, 145 in the South, and 151 in the Midwest. Large variations in rates were noted for malignant neoplasms, alcohol dependence syndrome, and females with deliveries.

Average length of stay ranged from 7.4 days in the Northeast Region to 5.5 days in the West, with an average of 6.6 days in the Midwest and 6.1 days in the South. The average length of stay was longest in the Northeast Region for most categories. However, one notable exception is mental disorders, for which the average length of stay was longer in the Midwest and South Regions.

The number of patients discharged from short-stay hospitals and the average lengths of stay during 1986 are shown by bed size of hospital and diagnostic category in tables 12 and 13, respectively. Females with deliveries and heart disease ranked as the highest categories for first-listed diagnosis in hospitals of all sizes.

The proportions of some diagnostic conditions treated in hospitals varied according to the size of the hospital. Greater than average proportions of patients were treated in the smallest hospitals (6-99 beds) for diseases of the respiratory system (table F). On the other hand, greater than average proportions of discharges were from the largest hospitals (500 beds or more) for congenital anomalies; neoplasms; and complications of pregnancy, childbirth, and the puerperium.

For the most part, the average length of stay for the diagnostic chapters and categories followed the same patterns as the overall average lengths of stay for each region and bed size of hospital. Short hospital stays were more

**Table F. Percent distribution of patients discharged from short-stay hospitals by bed size of hospital, according to diagnostic class: United States, 1986**

[Discharges from non-Federal short-stay hospitals. Excludes newborn infants. Diagnostic groupings and code number inclusions are based on the *International Classification of Diseases, 9th Revision, Clinical Modification (ICD-9-CM)*]

Diagnostic class and ICD-9-CM code	All sizes	6-99 beds	100-199 beds	200-299 beds	300-499 beds	500 beds or more	Percent distribution					
All conditions . . . . .	100.0	16.4	18.2	18.1	25.7	21.5						
Infectious and parasitic diseases . . . . .001-139	100.0	18.1	21.1	17.7	22.3	20.9						
Neoplasms . . . . .140-239	100.0	8.5	13.6	18.4	30.5	29.0						
Endocrine, nutritional and metabolic diseases and immunity disorders . . . . .240-279	100.0	20.6	19.0	18.2	22.2	20.1						
Diseases of the blood and blood-forming organs . . . . .280-289	100.0	16.2	20.7	16.2	25.2	21.6						
Mental disorders . . . . .290-319	100.0	19.9	17.2	16.4	26.7	19.7						
Diseases of the nervous system and sense organs . . . . .320-389	100.0	13.8	15.0	17.3	26.9	27.0						
Diseases of the circulatory system . . . . .390-459	100.0	16.2	16.4	20.4	26.5	20.4						
Diseases of the respiratory system . . . . .460-519	100.0	23.0	21.3	18.5	21.0	16.1						
Diseases of the digestive system . . . . .520-579	100.0	19.7	19.1	19.4	23.9	17.9						
Diseases of the genitourinary system . . . . .580-629	100.0	16.1	21.1	17.4	24.5	20.9						
Complications of pregnancy, childbirth, and the puerperium . . . . .630-676	100.0	13.5	17.2	12.3	28.3	28.7						
Diseases of the skin and subcutaneous tissue . . . . .680-709	100.0	18.3	18.6	17.3	22.5	23.3						
Diseases of the musculoskeletal system and connective tissue . . . . .710-739	100.0	13.0	20.7	19.9	25.4	21.0						
Congenital anomalies . . . . .740-759	100.0	7.1	23.2	11.6	26.6	31.5						
Certain conditions originating in the perinatal period . . . . .760-779	100.0	14.4	20.1	17.3	24.5	23.0						
Symptoms, signs, and ill-defined conditions . . . . .780-799	100.0	14.8	16.7	21.8	25.1	21.4						
Injury and poisoning . . . . .800-999	100.0	16.1	18.5	19.5	25.3	20.6						
Supplementary classifications <sup>1</sup> . . . . .V01-V82	100.0	13.9	17.0	14.8	29.0	25.3						

<sup>1</sup>Females with deliveries are included under "supplementary classifications."

common in the West Region; long stays occurred more frequently in the Northeast Region. Similarly, the average length of stay generally increased as the size of the hospital increased.

### All-listed diagnoses

An estimated 103 million diagnoses (table 14) were recorded for the 34.3 million inpatients of non-Federal short-stay hospitals in 1986, for an average of 3.0 diagnoses per discharged patient. The average number of diagnoses per discharge increased beginning in 1979 because of changes in the way data are tabulated. Starting in 1979, up to seven diagnoses per discharge now are coded and tabulated on the NHDS data file; prior to that time, up to five diagnoses were coded. In addition, the ICD-9-CM, which is the classification scheme used for coding medical data since 1979, has inherent in it a certain amount of "double coding"; the classification used prior to 1979 does not. For example, females with deliveries all receive one additional

diagnostic code that indicates the outcome of their delivery (single liveborn; twins, both liveborn; and so forth); however, this was not the case prior to 1979.

The average number of diagnoses per discharge varied only slightly by sex and race of the patient and by region and bed size of the hospital. For each of these categories, the average was 2.9-3.2 diagnoses per patient. A larger variation occurred by age. The average numbers of diagnoses per discharge for the age groups under 15 years, 15-44 years, 45-64 years, and 65 years and over were 2.0, 2.4, 3.1, and 4.0, respectively.

Diseases of the circulatory system ranked first among the ICD-9-CM diagnostic chapters for all-listed diagnoses, with 20.4 million diagnoses. This was followed by diseases of the digestive system (8.2 million); supplementary classifications, including women with deliveries (8.0 million); diseases of the respiratory system (7.6 million); and diseases of the genitourinary system (7.4 million). These five ICD-9-CM chapters accounted for approximately one-half of the all-listed diagnoses in 1986.

# Utilization by procedures

One or more procedures were performed for an estimated 20.6 million of the 34.3 million inpatients discharged from short-stay hospitals during 1986. A total of 38.0 million procedures were recorded in 1986 (table 15), an average of 1.8 per patient who underwent at least one procedure.

These figures on the number of procedures performed are higher than those reported prior to 1979 because of changes in the tabulation and coding of data for NHDS. Beginning in 1979, more procedures, both in number per patient and in type of procedure, were coded. Specifically, starting in 1979 up to four procedures, instead of only three, were coded for each discharge. Furthermore, only figures for "surgical" operations were published in the past. However, since 1979 the total number includes many non-surgical procedures. (See the section entitled "Medical

coding and edit" in appendix I and the section entitled "Surgical and nonsurgical procedures" in appendix II for more information on the differences between coding the ICDA and the ICD-9-CM.)

The number and percent of patients with any surgical or nonsurgical procedure in 1986 and the number and percent of patients with at least one surgical procedure are shown in table G. About 60 percent of the patients discharged had some procedure, including diagnostic and nonsurgical procedures. Some variations in the proportion, however, occurred by age and sex of the patient, geographic region, and bed size of the hospital. Patients 15-44 years of age had the highest proportion with procedures of all the age groups (66 percent). Women had more procedures than men (62 percent, compared with 57 percent), primarily because of those relating to childbirth. The

**Table G. Number of patients discharged from short-stay hospitals with and without procedures and percent with procedures, by selected characteristics: United States, 1986**

[Discharges from non-Federal short-stay hospitals. Excludes newborn infants]

Characteristic	All discharged patients	Patients without procedures	Patients with procedures			
			All patients with procedures	Patients with surgical procedures	All patients with procedures	Patients with surgical procedures
	Number in thousands			Percent		
All patients . . . . .	34,256	13,637	20,619	15,797	60.2	46.1
Age						
Under 15 years . . . . .	2,783	1,558	1,224	911	44.0	32.7
15-44 years . . . . .	13,458	4,560	8,898	7,661	66.1	56.9
45-64 years . . . . .	7,300	2,787	4,513	3,263	61.8	44.7
65 years and over . . . . .	10,716	4,732	5,984	3,963	55.8	37.0
Sex						
Male . . . . .	13,949	5,954	7,995	5,742	57.3	41.2
Female . . . . .	20,307	7,682	12,624	10,055	62.2	49.5
Race						
White . . . . .	25,363	10,050	15,313	11,630	60.4	45.9
All other . . . . .	5,116	2,018	3,098	2,330	60.6	45.5
Not stated . . . . .	3,776	1,569	2,207	1,838	58.4	48.7
Region						
Northeast . . . . .	6,955	2,489	4,466	3,168	64.2	45.6
Midwest . . . . .	8,931	3,587	5,344	4,162	59.8	46.6
South . . . . .	11,892	5,230	6,662	5,252	56.0	44.2
West . . . . .	6,478	2,330	4,147	3,215	64.0	49.6
Bed size of hospital						
6-99 beds . . . . .	5,614	3,284	2,329	1,810	41.5	32.2
100-199 beds . . . . .	6,243	2,755	3,487	2,664	55.9	42.7
200-299 beds . . . . .	6,215	2,323	3,892	2,819	62.6	45.4
300-499 beds . . . . .	8,803	3,149	5,655	4,446	64.2	50.5
500 beds or more . . . . .	7,381	2,125	5,256	4,060	71.2	55.0



proportion of patients with one or more procedures increased with the size of the hospital, from 42 percent in hospitals with 6-99 beds to about 71 percent in hospitals with 500 beds or more.

Approximately 50 percent of the patients with procedures had only one operation or nonsurgical procedure during their hospitalization (table H). About 27 percent of the patients had two procedures, about 13 percent had three, and about 11 percent had four or more. Patients under 15 years of age had the lowest proportion of multiple procedures (36 percent) and those 45-64 years and 65 years of age and over had the largest proportions (57 and 56 percent, respectively). About 44 percent of the patients with procedures discharged from the smallest hospitals had more than one procedure; about 51 percent of the patients discharged from hospitals of all other sizes had two or more procedures during their hospitalization.

Procedures are grouped in the detailed tables of this report by the 16 major ICD-9-CM groups. Selected procedures within these groups are presented by specific categories in the detailed tables as well as in the text tables. Some of these categories—such as repair of inguinal hernia, prostatectomy, and hysterectomy—are presented as single categories although they may be divided into more precise subgroups.

**Table H. Percent distribution of patients discharged from short-stay hospitals with procedures by number of procedures, according to selected characteristics: United States, 1986**

[Discharges from non-Federal short-stay hospitals. Excludes newborn infants]

Characteristic	Total with procedures	Number of procedures			
		1	2	3	4 or more
		Percent distribution			
All patients . . . . .	100.0	49.8	26.6	13.1	10.5
Age					
Under 15 years . . . . .	100.0	64.1	23.2	7.1	5.5
15-44 years . . . . .	100.0	54.8	26.7	11.4	7.1
45-64 years . . . . .	100.0	43.3	27.5	16.2	13.0
65 years and over . . . . .	100.0	44.3	26.5	14.6	14.7
Sex					
Male . . . . .	100.0	47.4	26.1	13.9	12.6
Female . . . . .	100.0	51.3	26.9	12.6	9.2
Race					
White . . . . .	100.0	48.9	27.0	13.3	10.9
All other . . . . .	100.0	51.1	25.7	13.1	10.1
Not stated . . . . .	100.0	51.1	25.7	13.1	10.1
Region					
Northeast . . . . .	100.0	48.6	26.6	13.2	11.6
Midwest . . . . .	100.0	48.3	26.4	13.9	11.4
South . . . . .	100.0	50.3	26.8	13.2	9.8
West . . . . .	100.0	52.1	26.5	12.0	9.4
Bed size of hospital					
6-99 beds . . . . .	100.0	56.3	26.9	10.3	6.4
100-199 beds . . . . .	100.0	52.1	26.4	12.2	9.3
200-299 beds . . . . .	100.0	50.6	25.9	12.6	10.8
300-499 beds . . . . .	100.0	47.9	27.3	14.4	10.4
500 beds or more . . . . .	100.0	46.3	26.3	14.0	12.9

NOTE: A maximum of 4 procedures were coded for each patient discharged.

Although there were no significant changes in the total number of procedures from 1985 to 1986, significant decreases and increases occurred for specific procedures (NCHS, 1987a). The most significant drops occurred for insertion of prosthetic lens (pseudophakos), which decreased from 180,000 in 1985 to 105,000 in 1986 (a drop of 41.7 percent) and extraction of lens, which decreased from 211,000 in 1985 to 122,000 in 1986 (a drop of 42.2 percent). Other significant decreases occurred for dilation and curettage of uterus, which decreased from 576,000 in 1985 to 472,000 in 1986 (a drop of 18.1 percent) and repair of inguinal hernia, which decreased from 416,000 to 329,000 (a drop of 20.9 percent).

Compensating for the drop in some procedures was a significant increase in other procedures. The most significant increase occurred for direct heart revascularization, which increased from 230,000 in 1985 to 284,000 in 1986 (up 23.5 percent). Other significant increases occurred for arteriography and angiocardiology using contrast material, which increased from 1,117,000 in 1985 to 1,285,000 in 1986 (up 15.0 percent); diagnostic ultrasound, which increased from 1,234,000 to 1,411,000 (up 14.3 percent); and cardiac catheterization, which increased from 681,000 to 775,000 (up 13.8 percent).

Influences related to hospital admission policies, as well as hospital characteristics, could account for some of these changes. Examples include the introduction of the prospective payment system, technological advances, and, possibly, the shifting of patients from an inpatient setting to an outpatient setting.

Miscellaneous diagnostic and therapeutic procedures (9.8 million) ranked first among the surgical and nonsurgical procedures performed during 1986. Other leading ICD-9-CM groups were operations on the digestive system (5.7 million), obstetrical procedures (4.7 million), operations on the musculoskeletal system (3.5 million), and operations on the female genital organs (3.0 million). About 70 percent of the procedures performed in 1986 were included in these five major groups.

The number and rate of all-listed surgical procedures in 1986 are shown by selected ICD-9-CM categories in table J. The number and rate of all-listed nonsurgical procedures are shown in table K. The categories presented in these tables include the procedures that were performed most frequently during the year. Data on the diagnostic and nonsurgical procedures shown in table K were not published in NHDS reports on hospital use prior to 1979. These procedures include endoscopy of the digestive system, computerized axial tomography (CAT scan), diagnostic ultrasound, and arteriography and angiocardiology using contrast material. More than 1 million of each of these procedures were performed during 1986. As mentioned in the introduction, the use of commercial abstract service data for a sample of the discharges has resulted in recent increases in the estimates of these diagnostic procedures. (See appendix I.)

Data for the leading surgical operations are shown in table J. Some of the most frequently performed surgeries,

**Table J. Number and rate of all-listed surgical procedures for patients discharged from short-stay hospitals, by selected surgical categories: United States, 1986**

[Discharges from non-Federal short-stay hospitals. Excludes newborn infants. Procedure groupings and code number inclusions are based on the *International Classification of Diseases, 9th Revision, Clinical Modification (ICD-9-CM)*]

<i>Surgical category and ICD-9-CM code</i>	<i>Number in thousands</i>	<i>Rate per 100,000 population</i>
Surgical procedures <sup>1</sup> . . . . .	25,041	10,461.7
Procedures to assist delivery . . . . . 72-73	2,605	1,088.2
Blopsy <sup>1</sup> . . . . .	1,412	589.9
Cesarean section . . . . . 74.0-74.2,74.4,74.99	906	378.4
Cardiac catheterization . . . . . 37.21-37.23	775	323.8
Hysterectomy . . . . . 68.3-68.7	644	269.1
Repair of current obstetric laceration . . . . . 75.5-75.6	612	255.8
Operations on spinal cord and spinal canal structures except biopsies. . . . . 03-03.31,03.39-03.9	571	238.7
Excision or destruction of lesion or tissue of skin or subcutaneous tissue. . . . . 86.2-86.4	565	235.9
Arthroplasty of joints . . . . . 81.3-81.8	537	224.2
Cholecystectomy. . . . . 51.2	502	209.8
Oophorectomy and salpingo-oophorectomy. . . . . 65.3-65.6	502	209.8
Dilation and curettage of uterus . . . . . 69.0	472	197.0
Open reduction of fracture . . . . . 76.79,79.2-79.3,79.5-79.6	459	191.7
Bilateral destruction or occlusion of fallopian tubes . . . . . 66.2-66.3	423	176.8
Prostatectomy . . . . . 60.2-60.6	367	153.2
Operations on muscles, tendons, fascia, and bursa . . . . . 82-83.1,83.3-83.9	344	143.8
Excision or destruction of intervertebral disc and spinal fusion . . . . . 80.5,81.0	338	141.1
Repair of inguinal hernia . . . . . 53.0-53.1	329	137.5
Division of peritoneal adhesions . . . . . 54.5	325	135.9
Puncture of vessel . . . . . 38.9	295	123.4
Partial gastrectomy and resection of intestine. . . . . 43.5-43.8,45.6-45.8	293	122.5
Direct heart revascularization . . . . . 36.1	284	118.8
Tonsillectomy with or without adenoidectomy. . . . . 28.2-28.3	281	117.4
Appendectomy, excluding incidental . . . . . 47.0	275	115.0

<sup>1</sup>See appendix II for ICD-9-CM codes in this category.

**Table K. Number and rate of all-listed nonsurgical procedures for patients discharged from short-stay hospitals, by selected nonsurgical categories: United States, 1986**

[Discharges from non-Federal short-stay hospitals. Excludes newborn infants. Procedure groupings and code number inclusions are based on the *International Classification of Diseases, 9th Revision, Clinical Modification (ICD-9-CM)*]

<i>Nonsurgical category and ICD-9-CM code</i>	<i>Number in thousands</i>	<i>Rate per 100,000 population</i>
Nonsurgical procedures <sup>1</sup> . . . . .	12,959	5,414.3
Endoscopy of the digestive system . . . . . 42.21-42.23,44.11-44.13,45.11-45.13,45.21-45.24,48.21-48.22,51.11,54.21	1,542	644.5
Computerized axial tomography (CAT scan) . . . . . 87.03,87.41,87.71,88.01,88.38	1,531	639.6
Diagnostic ultrasound. . . . . 88.7	1,411	589.7
Arteriography and angiocardiology using contrast material. . . . . 88.4-88.5	1,285	536.7
Radioisotope scan . . . . . 92.01-92.1	851	355.3
Circulatory monitoring . . . . . 89.6	799	334.0
Endoscopy of the urinary system through natural orifice. . . . . 55.21-55.22,56.31,57.32,58.22	671	280.3
Electrographic monitoring . . . . . 89.54	469	196.1
Contrast myelogram. . . . . 87.21	417	174.0
Pyelogram . . . . . 87.73-87.75	406	169.8
Injection or infusion of cancer chemotherapeutic substance . . . . . 99.25	395	165.1
Biliary tract x ray . . . . . 87.5	327	136.8

<sup>1</sup>See appendix II for ICD-9-CM codes in this category.

of which 500,000 or more were performed in 1986, were cesarean section, cardiac catheterization, hysterectomy, repair of current obstetric laceration, operations on spinal cord and spinal canal structures except biopsies, excision or destruction of lesion or tissue of skin or subcutaneous tissue, arthroplasty of joints, cholecystectomy, and oophorectomy and salpingo-oophorectomy.

The estimated 38.0 million procedures performed in 1986 are presented for the ICD-9-CM major groups and selected categories by age, sex, race, and region in tables 15, 17, 19, and 20, respectively. The corresponding rates by

age, sex, and region are shown in tables 16, 18, and 21, respectively.

Of the 38.0 million procedures performed during 1986, 40 percent were performed on patients 15-44 years of age, and only 5 percent were performed on patients under 15 years of age. The most common procedure performed on patients under 15 years was tonsillectomy with or without adenoidectomy, and for those 15-44 years of age it was episiotomy with or without forceps or vacuum extraction. The most common procedure for the age group 45-64 years was arteriography and angiocardiology using contrast

**Table L. Number and rate of all-listed procedures for patients discharged from short-stay hospitals, by sex and age of patient: United States, 1986**

[Discharges from non-Federal short-stay hospitals. Excludes newborn infants]

Age	Both sexes	Male	Female
Number of procedures in thousands			
All ages . . . . .	38,000	15,318	22,682
Under 15 years. . . . .	1,887	1,142	745
15-44 years . . . . .	15,192	4,043	11,149
45-64 years . . . . .	8,976	4,412	4,564
65 years and over. . . . .	11,946	5,721	6,225
Rate of procedures per 1,000 population			
All ages . . . . .	158.8	132.3	183.6
Under 15 years. . . . .	36.3	42.9	29.4
15-44 years . . . . .	134.2	72.4	194.5
45-64 years . . . . .	199.5	205.3	194.1
65 years and over. . . . .	409.5	483.9	358.8

material. For those 65 years and over, the most common procedures were computerized axial tomography (CAT scan), diagnostic ultrasound, and arteriography and angiocardiology using contrast material.

The rate of procedures per 1,000 population increased with advancing age from a rate of 36 for patients under 15 years to 409 for patients 65 years of age and over (table L). Except for females 15-44 years of age, the rates for both sexes also increased as age increased. The rates for females 15-44 years and 45-64 years were about the same because of the large number of females 15-44 years of age operated on for obstetrical and gynecological conditions.

Of the 38.0 million procedures performed during 1986, about 15.3 million were for males and 22.7 million were for females. The corresponding rates per 1,000 population were 159 for both sexes, 132 for males, and 184 for females. Of the procedures shown in table 17, the most common for

males were arteriography and angiocardiology using contrast material, CAT scans, diagnostic ultrasound, cardiac catheterization, and endoscopies through natural orifice. For females, the most frequently performed procedures were episiotomy with or without forceps or vacuum extraction, cesarean section, and diagnostic ultrasound.

The distribution of procedures by race is shown in table 19. Seventy-five percent of all procedures were performed on white patients, 15 percent were performed on all other races, and 10 percent were performed on patients with no race stated. The percent of procedures for white patients was higher than the overall proportion for direct heart revascularization and removal of coronary artery obstruction. The percents were lower, however, for repair of current obstetric laceration, bilateral destruction or occlusion of fallopian tubes, episiotomy with or without forceps or vacuum extraction, cesarean section, dilation and curettage of uterus, and spinal tap. The percent of procedures for all other patients was higher than average for spinal tap, dilation and curettage of uterus, bilateral destruction or occlusion of fallopian tubes, and repair of current obstetric laceration. The percents were lower for arthroplasty and replacement of hip, rhinoplasty and repair of nose, direct heart revascularization, and repair of cystocele and rectocele.

The number of procedures for patients discharged from short-stay hospitals is presented by procedure category and geographic region in table 20, and the corresponding rates are shown in table 21. The rate of procedures per 1,000 population was 170 in the Midwest Region, 168 in the Northeast, 154 in the West, and 148 in the South. Rates were highest in most regions for miscellaneous diagnostic and therapeutic procedures and operations on the digestive system.

The number of procedures in short-stay hospitals during 1986 for each ICD-9-CM category is shown in table 22 by bed size of hospital where the procedure was performed.

**Table M. Percent distribution of all-listed procedures for patients discharged from short-stay hospitals by bed size of hospital, according to procedure category: United States, 1986**

[Discharges from non-Federal short-stay hospitals. Excludes newborn infants. Diagnostic groupings and code number inclusions are based on the *International Classification of Diseases, 9th Revision, Clinical Modification (ICD-9-CM)*]

Procedure category and ICD-9-CM code	All sizes	Percent distribution				
		6-99 beds	100-199 beds	200-299 beds	300-499 beds	500 beds or more
All procedures. . . . .	100.0	10.2	16.4	18.8	27.9	26.7
Operations on the nervous system. . . . .01-05	100.0	6.2	16.8	17.9	26.3	33.0
Operations on the endocrine system . . . . .06-07	100.0	*5.9	9.9	18.8	27.7	38.6
Operations on the eye . . . . .08-16	100.0	14.8	7.7	14.8	29.9	32.8
Operations on the ear. . . . .18-20	100.0	6.7	21.6	19.7	28.4	24.0
Operations on the nose, mouth, and pharynx. . . . .21-29	100.0	13.3	18.3	17.7	25.4	25.2
Operations on the respiratory system . . . . .30-34	100.0	7.5	15.0	18.5	28.4	30.6
Operations on the cardiovascular system. . . . .35-39	100.0	2.0	9.0	17.5	33.4	38.1
Operations on the hemic and lymphatic system. . . . .40-41	100.0	6.2	13.6	15.6	31.0	33.5
Operations on the digestive system . . . . .42-54	100.0	13.2	18.2	20.4	25.2	23.0
Operations on the urinary system . . . . .55-59	100.0	9.0	18.7	17.8	28.1	26.5
Operations on the male genital organs . . . . .60-64	100.0	11.6	18.5	20.1	27.6	22.3
Operations on the female genital organs . . . . .65-71	100.0	13.4	20.4	16.2	26.5	23.6
Obstetrical procedures . . . . .72-75	100.0	12.4	16.3	12.8	31.7	26.7
Operations on the musculoskeletal system. . . . .76-84	100.0	11.8	20.4	20.4	26.2	21.2
Operations on the integumentary system. . . . .85-86	100.0	14.3	16.4	17.4	26.8	25.3
Miscellaneous diagnostic and therapeutic procedures. . . .87-99	100.0	8.0	14.8	22.3	27.3	27.6

Miscellaneous diagnostic and therapeutic procedures and operations on the digestive system ranked highest of all-listed procedures in hospitals for most bed sizes.

The percent distribution of the major groups of procedures is shown by bed size of hospital in table M. An estimated 47 percent of the patients hospitalized during 1986 were treated in hospitals with 300 beds or more, but

about 55 percent of the procedures were performed in these hospitals. Procedures for which large percents were performed in hospitals with 300 beds or more were operations on the cardiovascular system (72 percent), operations on the endocrine system (66 percent), operations on the hemic and lymphatic system (65 percent), and operations on the eye (63 percent).

# Deaths in short-stay hospitals

In 1986, 95.5 percent of patients, excluding newborn infants, who were discharged from short-stay hospitals were discharged alive, 2.9 percent were discharged dead, and for 1.6 percent a discharge status was not ascribed. Of the estimated 982,000 patients who died, 50.1 percent were male and 49.9 percent were female (table N). As expected, patients 65 years and over accounted for the majority of hospital deaths—72.6 percent. Patients under 65 years of age accounted for 27.4 percent of the deaths. The 982,000 patients who were discharged dead from these hospitals represented about 47 percent of all persons who died during 1986 (NCHS, 1987b).

The hospital fatality rate is the number of deaths divided by the number of total discharges multiplied by 100.

This is a conservative rate because it is assumed in the formula that all patients whose discharge status was not stated were discharged alive. A fatality rate of 2.9 has been computed for patients in 1986. The rate for males (3.5) was higher than that for females (2.4).

The age group 65 years and over had a hospital fatality rate of 6.7 per 100 discharges. However, patients under 65 years of age had a fatality rate of 1.1.

The estimated number of hospital deaths and hospital fatality rates for patients under 65 years of age and for those 65 years and over are shown for selected conditions in table O. These data are not synonymous with data for underlying cause of death as reported in *Vital Statistics of the United States*. Of the estimated 982,000 deaths in

**Table N. Number of deaths and fatality rate of patients discharged from short-stay hospitals, by sex and age: United States, 1986**

[Deaths in non-Federal short-stay hospitals. Excludes newborn infants]

Age	Both sexes			Both sexes		
	Male	Female	Both sexes	Male	Female	Both sexes
	Number in thousands			Rate per 100 discharges		
All ages . . . . .	982	492	490	2.9	3.5	2.4
All ages excluding obstetric conditions . . . . .	981	492	489	3.2	3.5	3.0
Under 65 years . . . . .	269	147	122	1.1	1.6	0.9
Under 15 years . . . . .	25	15	11	0.9	0.9	0.9
15-44 years . . . . .	60	34	26	0.4	0.8	0.3
45-64 years . . . . .	184	98	86	2.5	2.7	2.3
65 years and over . . . . .	713	345	368	6.7	7.4	6.1

**Table O. Number of deaths and fatality rate of patients discharged from short-stay hospitals, by age and selected categories of first-listed diagnosis: United States, 1986**

[Deaths in non-Federal short-stay hospitals. Diagnostic groupings and code number inclusions are based on the *International Classification of Diseases, 9th Revision, Clinical Modification (ICD-9-CM)*]

Category of first-listed diagnosis and ICD-9-CM code	All ages	Under 65 years	65 years and over	All ages	Under 65 years	65 years and over
	Number in thousands			Rate per 100 discharges		
All deaths . . . . .	982	269	713	2.9	1.1	6.7
Malignant neoplasms . . . . . 140-208,230-234	191	75	116	10.3	8.4	12.0
Malignant neoplasm of trachea, bronchus, and lung . . . . . 162,197,0,197,3	49	20	29	16.9	15.2	18.4
Heart disease . . . . . 391-392,0,393-398,402,404,410-416,420-429	253	51	202	6.8	3.4	9.0
Acute myocardial infarction . . . . . 410	118	23	95	15.6	7.6	21.0
Chronic ischemic heart disease . . . . . 411-414	18	*5	13	1.3	*0.8	1.8
Cardiac dysrhythmias . . . . . 427	37	10	27	7.3	5.8	8.0
Congestive heart failure . . . . . 428.0	50	*5	46	8.6	*3.7	9.9
Cerebrovascular disease . . . . . 430-438	81	15	67	9.2	6.9	9.9
Pneumonia, all forms . . . . . 480-486	70	10	60	7.4	2.0	13.0
Nephritis, nephrotic syndrome, and nephrosis . . . . . 580-589	19	*	15	13.7	*	22.1
Injury and poisoning . . . . . 800-999	46	18	28	1.4	0.7	3.5

short-stay hospitals, 67 percent are accounted for by the diagnostic groupings shown in table O. Of these, heart disease and malignant neoplasms accounted for nearly one-half (445,000) of all deaths in short-stay hospitals.

For specific diagnoses, the highest fatality rates were for malignant neoplasm of trachea, bronchus, and lung, with a rate of 16.9 per 100 discharges; acute myocardial infarction, with a rate of 15.6 per 100 discharges; and nephritis, nephrotic syndrome, and nephrosis, with a rate of 13.7 per 100 discharges.

The average length of stay for patients discharged from short-stay hospitals is shown by discharge status, age, and

sex in table P. The average stay for all patients discharged was 6.4 days. Patients discharged alive had an average stay of 6.2 days, compared with an average stay of 11.7 days for patients who died in the hospital.

Patients under 65 years of age who were discharged alive stayed an average of 5.3 days; however, those who died had an average stay of 12.8 days. The hospital stay for patients 15-44 years of age who died was 2.7 times as long as the stay for those who were discharged alive (12.8 and 4.8 days). The difference in length of stay was much smaller for patients 65 years and over—8.3 days for those discharged alive and 11.2 days for those who died.

**Table P. Average length of stay of patients discharged from short-stay hospitals, by discharge status, sex, and age: United States, 1986**  
[Deaths in non-Federal short-stay hospitals. Excludes newborn infants]

Age	Discharge status					
	Alive			Dead		
	Both sexes	Male	Female	Both sexes	Male	Female
	Average length of stay in days					
All ages . . . . .	6.2	6.6	5.9	11.7	11.3	12.1
All ages excluding obstetric conditions . . . . .	6.6	6.6	6.6	11.7	11.3	12.1
Under 65 years . . . . .	5.3	5.9	4.9	12.8	12.8	12.9
Under 15 years . . . . .	4.5	4.5	4.6	10.6	12.9	7.5
15-44 years . . . . .	4.8	6.1	4.2	12.8	13.9	11.4
45-64 years . . . . .	6.6	6.5	6.7	13.1	12.4	14.0
65 years and over . . . . .	8.3	8.0	8.5	11.2	10.6	11.8

# Newborn infant discharges

The number, percent distribution, and average length of stay of newborn infants discharged from short-stay hospitals are shown by sex and geographic region in table Q. Because these data are based on a sample, they may not agree with data on births published in *Vital Statistics of the United States*. The estimated 3.8 million newborn infants were equally divided between the sexes.

About 33 percent (1.3 million) of newborn discharges were from the South Region, 24 percent (0.9 million) each were from the Midwest and the West, and 18 percent (0.7 million) were from the Northeast. The average length of stay ranged from a high of 4.2 days in the Northeast Region to a low of 2.8 days in the West. The average length of stay was 3.7 days in the Midwest Region and 3.8 days in the South. About 63 percent of the 3.8 million newborn infants discharged from short-stay hospitals were "well" (table R). A well infant is defined as one who does not have an illness or risk-related diagnosis.

The estimated 1.4 million sick infants (37 percent of all newborns) had at least one diagnosis in addition to the newborn diagnosis. Some of these additional diagnoses are shown in table S. About 0.6 million (24 percent) of the diagnoses were for jaundice. The next three leading diagnoses were respiratory conditions, prematurity, and congenital anomalies. These four diagnoses accounted for about 52 percent of all sick newborn diagnoses.

Males accounted for 61 percent of the respiratory diagnoses, 57 percent of the congenital conditions, 55 percent of the jaundice, and 51 percent of the prematurity diagnoses. Of the 1.4 million sick newborn infants, there

**Table Q. Number, percent distribution, and average length of stay for newborn infants discharged from non-Federal short-stay hospitals, by sex and geographic region: United States, 1986**

Sex and region	Number of discharges	Percent distribution	Average length of stay in days
All newborn infants . . . . .	3,751	100.0	3.6
Sex			
Male . . . . .	1,954	52.1	3.8
Female . . . . .	1,798	47.9	3.5
Region			
Northeast . . . . .	686	18.3	4.2
Midwest . . . . .	911	24.3	3.7
South . . . . .	1,251	33.3	3.8
West . . . . .	904	24.1	2.8

were 24 percent more boys than girls. Moreover, sick newborn boys had 28 percent more diagnoses than sick newborn girls had.

Well newborn infants had an average hospital stay of 2.6 days, and there was no difference in the length of stay by sex, as shown in table R. This table further documents that sick newborn infants stay twice as long as well infants (5.3 versus 2.6 days). Sick newborns account for 54 percent of the newborn patient days, although they constitute only 37 percent of newborn infants.

**Table R. Number and average length of stay of newborn infants discharged from non-Federal short-stay hospitals, by sex and health status: United States, 1986**

Health status	Both sexes	Male	Female
Number in thousands			
Total . . . . .	3,751	1,954	1,798
Well . . . . .	2,377	1,193	1,184
Sick . . . . .	1,375	761	614
Average length of stay in days			
Total . . . . .	3.6	3.8	3.5
Well . . . . .	2.6	2.7	2.6
Sick . . . . .	5.3	5.5	5.1

**Table S. Number of all-listed diagnoses for sick newborn infants discharged from short-stay hospitals, by sex and selected diagnostic categories: United States, 1986**

[Discharges from non-Federal short-stay hospitals. Diagnostic groupings and code number inclusions are based on the *International Classification of Diseases, 9th Revision, Clinical Modification (ICD-9-CM)*]

Diagnostic category and ICD-9-CM code	Both sexes	Male	Female
Number in thousands			
Sick newborn infant diagnoses <sup>1</sup> . . . . .	2,383	1,336	1,046
Congenital anomalies . . . . . 740-759	198	112	86
Disorders relating to short gestation and unspecified low birth weight (prematurity) . . . . . 765	207	105	102
Respiratory distress syndrome and other respiratory conditions of fetus and newborn . . . . . 769-770	259	157	102
Hemolytic disease of fetus or newborn, due to isoimmunization and other perinatal jaundice . . . . . 773-774	577	316	261

<sup>1</sup>Includes data for diagnostic conditions not shown in table.

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TABLE 1. NUMBER, PERCENT DISTRIBUTION, AND RATE OF PATIENTS DISCHARGED FROM SHORT-STAY HOSPITALS AND OF DAYS OF CARE, WITH AVERAGE LENGTHS OF STAY, BY SEX AND AGE: UNITED STATES, 1986

[DISCHARGES FROM NON-FEDERAL HOSPITALS. EXCLUDES NEWBORN INFANTS]

SEX AND AGE	DISCHARGED PATIENTS			DAYS OF CARE			
	NUMBER IN THOUSANDS	PERCENT DISTRIBUTION	RATE PER 1,000 POPULATION	NUMBER IN THOUSANDS	PERCENT DISTRIBUTION	RATE PER 1,000 POPULATION	AVERAGE LENGTH OF STAY IN DAYS
BOTH SEXES							
ALL AGES.....	34,256	100.0	143.1	218,496	100.0	912.8	6.4
UNDER 15 YEARS.....	2,783	8.1	53.5	12,718	5.8	244.7	4.6
UNDER 1 YEAR.....	731	2.1	196.1	4,193	1.9	1,124.7	5.7
1-4 YEARS.....	844	2.5	58.6	3,134	1.4	217.6	3.7
5-14 YEARS.....	1,208	3.5	35.7	5,391	2.5	159.2	4.5
15-44 YEARS.....	13,458	39.3	118.9	65,174	29.8	575.7	4.8
15-19 YEARS.....	1,672	4.9	90.6	7,561	3.5	409.7	4.5
20-24 YEARS.....	2,618	7.6	132.2	10,750	4.9	542.8	4.1
25-34 YEARS.....	5,613	16.4	133.2	26,532	12.1	629.5	4.7
35-44 YEARS.....	3,554	10.4	108.4	20,332	9.3	620.0	5.7
45-64 YEARS.....	7,300	21.3	162.2	49,563	22.7	1,101.4	6.8
45-54 YEARS.....	3,143	9.2	138.0	19,925	9.1	874.9	6.3
55-64 YEARS.....	4,157	12.1	187.0	29,638	13.6	1,333.4	7.1
65 YEARS AND OVER.....	10,716	31.3	367.3	91,041	41.7	3,120.7	8.5
65-74 YEARS.....	5,141	15.0	296.8	40,952	18.7	2,363.8	8.0
75-84 YEARS.....	4,009	11.7	442.9	35,691	16.3	3,943.3	8.9
85 YEARS AND OVER.....	1,565	4.6	559.7	14,397	6.6	5,149.3	9.2
UNDER 17 YEARS.....	3,291	9.6	55.2	15,339	7.0	257.4	4.7
17-69 YEARS.....	22,776	66.5	142.1	131,392	60.1	819.9	5.8
70 YEARS AND OVER.....	8,189	23.9	419.7	71,764	32.8	3,678.2	8.8
MALE							
ALL AGES.....	13,949	100.0	120.5	94,593	100.0	816.9	6.8
UNDER 15 YEARS.....	1,603	11.5	60.3	7,274	7.7	273.3	4.5
UNDER 1 YEAR.....	436	3.1	228.5	2,303	2.4	1,207.1	5.3
1-4 YEARS.....	492	3.5	66.7	1,802	1.9	244.6	3.7
5-14 YEARS.....	676	4.8	39.0	3,170	3.4	182.8	4.7
15-44 YEARS.....	4,100	29.4	73.4	25,180	26.6	450.7	6.1
15-19 YEARS.....	525	3.8	56.2	3,046	3.2	326.1	5.8
20-24 YEARS.....	597	4.3	61.6	3,454	3.7	356.8	5.8
25-34 YEARS.....	1,516	10.9	72.8	9,660	10.2	463.8	6.4
35-44 YEARS.....	1,462	10.5	91.3	9,020	9.5	563.0	6.2
45-64 YEARS.....	3,569	25.6	166.1	23,752	25.1	1,105.2	6.7
45-54 YEARS.....	1,503	10.8	136.2	9,340	9.9	846.1	6.2
55-64 YEARS.....	2,066	14.8	197.6	14,412	15.2	1,378.8	7.0
65 YEARS AND OVER.....	4,677	33.5	395.6	38,386	40.6	3,246.8	8.2
65-74 YEARS.....	2,475	17.7	323.6	19,546	20.7	2,556.8	7.9
75-84 YEARS.....	1,679	12.0	495.9	14,251	15.1	4,208.7	8.5
85 YEARS AND OVER.....	523	3.7	660.0	4,589	4.9	5,794.6	8.8
UNDER 17 YEARS.....	1,801	12.9	59.0	8,432	8.9	276.4	4.7
17-69 YEARS.....	8,698	62.4	111.7	57,072	60.3	733.2	6.6
70 YEARS AND OVER.....	3,451	24.7	463.4	29,089	30.8	3,906.6	8.4
FEMALE							
ALL AGES.....	20,307	100.0	164.4	123,903	100.0	1,002.8	6.1
UNDER 15 YEARS.....	1,179	5.8	46.5	5,444	4.4	214.6	4.6
UNDER 1 YEAR.....	295	1.5	162.1	1,890	1.5	1,039.0	6.4
1-4 YEARS.....	352	1.7	50.0	1,332	1.1	189.3	3.8
5-14 YEARS.....	532	2.6	32.2	2,222	1.8	134.5	4.2
15-44 YEARS.....	9,358	46.1	163.2	39,994	32.3	697.7	4.3
15-19 YEARS.....	1,147	5.7	125.9	4,515	3.6	495.3	3.9
20-24 YEARS.....	2,022	10.0	199.7	7,296	5.9	720.8	3.6
25-34 YEARS.....	4,097	20.2	192.1	16,873	13.6	791.4	4.1
35-44 YEARS.....	2,092	10.3	124.8	11,312	9.1	674.5	5.4
45-64 YEARS.....	3,731	18.4	158.7	25,811	20.8	1,097.8	6.9
45-54 YEARS.....	1,640	8.1	139.7	10,585	8.5	901.9	6.5
55-64 YEARS.....	2,091	10.3	177.6	15,225	12.3	1,293.1	7.3
65 YEARS AND OVER.....	6,039	29.7	348.1	52,655	42.5	3,034.8	8.7
65-74 YEARS.....	2,666	13.1	275.4	21,406	17.3	2,211.1	8.0
75-84 YEARS.....	2,330	11.5	411.3	21,441	17.3	3,784.7	9.2
85 YEARS AND OVER.....	1,042	5.1	520.1	9,808	7.9	4,894.2	9.4
UNDER 17 YEARS.....	1,490	7.3	51.2	6,907	5.6	237.5	4.6
17-69 YEARS.....	14,079	69.3	170.8	74,320	60.0	901.9	5.3
70 YEARS AND OVER.....	4,738	23.3	392.7	42,676	34.4	3,537.2	9.0

TABLE 2. NUMBER, PERCENT DISTRIBUTION, AND RATE OF PATIENTS DISCHARGED FROM SHORT-STAY HOSPITALS AND OF DAYS OF CARE, WITH AVERAGE LENGTHS OF STAY, BY SEX, RACE, AND AGE: UNITED STATES, 1986

[DISCHARGES FROM NON-FEDERAL HOSPITALS. EXCLUDES NEWBORN INFANTS]

SEX, RACE, AND AGE	DISCHARGED PATIENTS			DAYS OF CARE			
	NUMBER IN THOUSANDS	PERCENT DISTRIBUTION	RATE PER 1,000 POPULATION	NUMBER IN THOUSANDS	PERCENT DISTRIBUTION	RATE PER 1,000 POPULATION	AVERAGE LENGTH OF STAY IN DAYS
BOTH SEXES							
ALL RACES, ALL AGES.....	34,256	100.0	143.1	218,496	100.0	912.8	6.4
UNDER 15 YEARS.....	2,783	8.1	53.5	12,718	5.8	244.7	4.6
15-44 YEARS.....	13,458	39.3	118.9	65,174	29.8	575.7	4.8
45-64 YEARS.....	7,300	21.3	162.2	49,563	22.7	1,101.4	6.8
65 YEARS AND OVER.....	10,716	31.3	367.3	91,041	41.7	3,120.7	8.5
WHITE, ALL AGES.....	25,363	74.0	125.0	163,628	74.9	806.2	6.5
UNDER 15 YEARS.....	1,925	5.6	45.8	8,549	3.9	203.6	4.4
15-44 YEARS.....	9,128	26.6	95.7	44,029	20.2	461.7	4.8
45-64 YEARS.....	5,571	16.3	141.7	37,096	17.0	943.8	6.7
65 YEARS AND OVER.....	8,740	25.5	332.4	73,953	33.8	2,812.2	8.5
ALL OTHER, ALL AGES.....	5,116	14.9	140.6	33,638	15.4	924.1	6.6
UNDER 15 YEARS.....	549	1.6	55.0	2,702	1.2	270.4	4.9
15-44 YEARS.....	2,642	7.7	148.1	13,813	6.3	774.3	5.2
45-64 YEARS.....	988	2.9	173.5	7,975	3.6	1,400.6	8.1
65 YEARS AND OVER.....	937	2.7	325.9	9,148	4.2	3,182.0	9.8
RACE NOT STATED, ALL AGES.....	3,776	11.0	...	21,231	9.7	...	5.6
UNDER 15 YEARS.....	309	0.9	...	1,467	0.7	...	4.8
15-44 YEARS.....	1,688	4.9	...	7,332	3.4	...	4.3
45-64 YEARS.....	741	2.2	...	4,492	2.1	...	6.1
65 YEARS AND OVER.....	1,039	3.0	...	7,940	3.6	...	7.6
MALE							
ALL RACES, ALL AGES.....	13,949	100.0	120.5	94,593	100.0	816.9	6.8
UNDER 15 YEARS.....	1,603	11.5	60.3	7,274	7.7	273.3	4.5
15-44 YEARS.....	4,100	29.4	73.4	25,180	26.6	450.7	6.1
45-64 YEARS.....	3,569	25.6	166.1	23,752	25.1	1,105.2	6.7
65 YEARS AND OVER.....	4,677	33.5	395.6	38,386	40.6	3,246.8	8.2
WHITE, ALL AGES.....	10,488	75.2	106.4	70,663	74.7	716.8	6.7
UNDER 15 YEARS.....	1,101	7.9	51.1	4,811	5.1	223.3	4.4
15-44 YEARS.....	2,861	20.5	60.3	17,116	18.1	360.6	6.0
45-64 YEARS.....	2,732	19.6	144.4	17,730	18.7	937.1	6.5
65 YEARS AND OVER.....	3,794	27.2	356.3	31,005	32.8	2,911.9	8.2
ALL OTHER, ALL AGES.....	1,982	14.2	115.1	14,760	15.6	857.1	7.4
UNDER 15 YEARS.....	322	2.3	63.6	1,636	1.7	323.1	5.1
15-44 YEARS.....	773	5.5	91.8	5,428	5.7	645.3	7.0
45-64 YEARS.....	467	3.4	181.8	3,752	4.0	1,459.2	8.0
65 YEARS AND OVER.....	420	3.0	357.3	3,944	4.2	3,359.5	9.4
RACE NOT STATED, ALL AGES.....	1,479	10.6	...	9,170	9.7	...	6.2
UNDER 15 YEARS.....	180	1.3	...	826	0.9	...	4.6
15-44 YEARS.....	466	3.3	...	2,636	2.8	...	5.7
45-64 YEARS.....	370	2.7	...	2,270	2.4	...	6.1
65 YEARS AND OVER.....	463	3.3	...	3,437	3.6	...	7.4
FEMALE							
ALL RACES, ALL AGES.....	20,307	100.0	164.4	123,903	100.0	1,002.8	6.1
UNDER 15 YEARS.....	1,179	5.8	46.5	5,444	4.4	214.6	4.6
15-44 YEARS.....	9,358	46.1	163.2	39,994	32.3	697.7	4.3
45-64 YEARS.....	3,731	18.4	158.7	25,811	20.8	1,097.8	6.9
65 YEARS AND OVER.....	6,039	29.7	348.1	52,655	42.5	3,034.8	8.7
WHITE, ALL AGES.....	14,875	73.3	142.5	92,965	75.0	890.6	6.2
UNDER 15 YEARS.....	824	4.1	40.3	3,738	3.0	182.8	4.5
15-44 YEARS.....	6,267	30.9	130.8	26,913	21.7	561.9	4.3
45-64 YEARS.....	2,839	14.0	139.2	19,366	15.6	949.9	6.8
65 YEARS AND OVER.....	4,946	24.4	316.1	42,947	34.7	2,744.4	8.7
ALL OTHER, ALL AGES.....	3,134	15.4	163.4	18,877	15.2	984.4	6.0
UNDER 15 YEARS.....	227	1.1	46.1	1,065	0.9	216.2	4.7
15-44 YEARS.....	1,869	9.2	198.3	8,385	6.8	889.5	4.5
45-64 YEARS.....	520	2.6	166.6	4,223	3.4	1,352.3	8.1
65 YEARS AND OVER.....	517	2.5	304.2	5,204	4.2	3,059.6	10.1
RACE NOT STATED, ALL AGES.....	2,297	11.3	...	12,061	9.7	...	5.3
UNDER 15 YEARS.....	128	0.6	...	640	0.5	...	5.0
15-44 YEARS.....	1,222	6.0	...	4,696	3.8	...	3.8
45-64 YEARS.....	372	1.8	...	2,221	1.8	...	6.0
65 YEARS AND OVER.....	575	2.8	...	4,503	3.6	...	7.8

TABLE 3. NUMBER OF PATIENTS DISCHARGED FROM SHORT-STAY HOSPITALS, DAYS OF CARE, AND AVERAGE LENGTHS OF STAY, BY PRINCIPAL EXPECTED SOURCE OF PAYMENT, GEOGRAPHIC REGION, AND AGE: UNITED STATES, 1986

[DISCHARGES FROM NON-FEDERAL HOSPITALS. EXCLUDES NEWBORN INFANTS]

REGION AND AGE	ALL PRINCIPAL EXPECTED SOURCES OF PAYMENT	PRIVATE INSURANCE	MEDICARE	MEDICAID	WORKMEN'S COMPEN-SATION	OTHER GOVERNMENT PAYMENTS	SELF-PAY	OTHER PAYMENTS AND NO CHARGE
UNITED STATES								
NUMBER OF PATIENTS DISCHARGED IN THOUSANDS								
ALL AGES.....	34,256	14,910	11,483	3,304	635	778	2,325	821
UNDER 15 YEARS.....	2,783	1,572	38	684	-	113	292	84
15-44 YEARS.....	13,458	8,170	375	1,991	395	441	1,571	515
45-64 YEARS.....	7,300	4,864	943	530	170	191	404	198
65 YEARS AND OVER.....	10,716	305	10,127	99	70	34	58	24
NORTHEAST								
ALL AGES.....	6,955	3,013	2,462	791	93	80	388	129
UNDER 15 YEARS.....	458	266	46	138	-	45	33	11
15-44 YEARS.....	2,657	1,636	62	497	60	50	273	78
45-64 YEARS.....	1,500	1,045	170	133	30	21	65	36
65 YEARS AND OVER.....	2,341	65	2,224	24	*	*	17	*
MIDWEST								
ALL AGES.....	8,931	4,101	3,014	839	187	149	478	162
UNDER 15 YEARS.....	720	432	13	179	-	26	51	18
15-44 YEARS.....	3,434	2,194	125	518	86	85	327	100
45-64 YEARS.....	1,967	1,405	227	124	49	35	90	37
65 YEARS AND OVER.....	2,810	70	2,649	18	53	*	10	46
SOUTH								
ALL AGES.....	11,892	5,232	3,862	1,140	232	257	982	188
UNDER 15 YEARS.....	1,176	640	12	288	-	47	169	19
15-44 YEARS.....	4,681	2,872	125	642	168	135	616	122
45-64 YEARS.....	2,520	1,619	381	176	57	68	176	42
65 YEARS AND OVER.....	3,514	101	3,344	32	46	47	20	*
WEST								
ALL AGES.....	6,478	2,564	2,145	534	123	293	477	342
UNDER 15 YEARS.....	429	234	47	78	-	35	39	36
15-44 YEARS.....	2,685	1,468	63	335	81	170	354	214
45-64 YEARS.....	1,313	794	165	97	35	67	73	83
65 YEARS AND OVER.....	2,051	69	1,910	25	47	21	10	10
UNITED STATES								
NUMBER OF DAYS OF CARE IN THOUSANDS								
ALL AGES.....	218,496	77,619	97,547	19,101	3,766	4,090	11,857	4,517
UNDER 15 YEARS.....	12,718	6,492	304	3,432	-	584	1,509	397
15-44 YEARS.....	65,174	37,524	3,389	10,560	2,017	2,126	7,058	2,501
45-64 YEARS.....	49,563	31,176	7,753	4,309	1,044	1,122	2,760	1,398
65 YEARS AND OVER.....	91,041	2,427	86,101	800	705	258	530	220
NORTHEAST								
ALL AGES.....	51,339	16,724	25,194	5,298	553	532	2,293	744
UNDER 15 YEARS.....	1,893	952	455	691	-	414	136	44
15-44 YEARS.....	14,124	7,792	656	3,102	333	367	1,465	409
45-64 YEARS.....	11,280	7,374	1,605	1,237	196	129	486	252
65 YEARS AND OVER.....	24,042	607	22,877	268	*	*	205	*
MIDWEST								
ALL AGES.....	59,282	22,944	25,604	4,908	1,262	960	2,735	870
UNDER 15 YEARS.....	3,837	2,112	100	1,037	-	184	329	75
15-44 YEARS.....	17,848	11,054	1,054	2,774	380	535	1,586	465
45-64 YEARS.....	13,629	9,218	1,946	941	318	212	719	274
65 YEARS AND OVER.....	23,968	559	22,504	155	464	*	100	456
SOUTH								
ALL AGES.....	72,448	26,391	31,206	6,080	1,338	1,314	4,888	1,230
UNDER 15 YEARS.....	5,023	2,447	87	1,304	-	208	859	118
15-44 YEARS.....	22,056	12,883	1,061	3,180	946	596	2,675	715
45-64 YEARS.....	16,982	10,204	3,062	1,373	328	466	1,191	357
65 YEARS AND OVER.....	28,387	857	26,996	223	464	444	163	*
WEST								
ALL AGES.....	35,426	11,560	15,543	2,814	613	1,283	1,941	1,672
UNDER 15 YEARS.....	1,964	981	462	400	-	178	184	160
15-44 YEARS.....	11,147	5,795	618	1,503	359	628	1,332	912
45-64 YEARS.....	7,672	4,380	1,140	758	201	315	363	515
65 YEARS AND OVER.....	14,643	404	13,724	154	453	162	62	85

TABLE 3. NUMBER OF PATIENTS DISCHARGED FROM SHORT-STAY HOSPITALS, DAYS OF CARE, AND AVERAGE LENGTHS OF STAY, BY PRINCIPAL EXPECTED SOURCE OF PAYMENT, GEOGRAPHIC REGION, AND AGE: UNITED STATES, 1986--CON.

[DISCHARGES FROM NON-FEDERAL HOSPITALS. EXCLUDES NEWBORN INFANTS]

REGION AND AGE	ALL PRINCIPAL EXPECTED SOURCES OF PAYMENT	PRIVATE INSURANCE	MEDICARE	MEDICAID	WORKMEN'S COMPEN- SATION	OTHER GOVERNMENT PAYMENTS	SELF-PAY	OTHER PAYMENTS AND NO CHARGE
UNITED STATES		AVERAGE LENGTH OF STAY IN DAYS						
ALL AGES.....	6.4	5.2	8.5	5.8	5.9	5.3	5.1	5.5
UNDER 15 YEARS.....	4.6	4.1	7.9	5.0	-	5.2	5.2	4.7
15-44 YEARS.....	4.8	4.6	9.0	5.3	5.1	4.8	4.5	4.9
45-64 YEARS.....	6.8	6.4	8.2	8.1	6.1	5.9	6.8	7.1
65 YEARS AND OVER.....	8.5	8.0	8.5	8.1	10.0	7.6	9.2	9.2
NORTHEAST								
ALL AGES.....	7.4	5.6	10.2	6.7	5.9	6.7	5.9	5.8
UNDER 15 YEARS.....	4.1	3.6	*9.4	5.0	-	*3.1	4.2	4.1
15-44 YEARS.....	5.3	4.8	10.6	6.2	5.6	7.3	5.4	5.2
45-64 YEARS.....	7.5	7.1	9.4	9.3	6.6	6.2	7.5	6.9
65 YEARS AND OVER.....	10.3	9.3	10.3	11.3	*	*	12.1	*
MIDWEST								
ALL AGES.....	6.6	5.6	8.5	5.8	6.7	6.4	5.7	5.4
UNDER 15 YEARS.....	5.3	4.9	7.9	5.8	-	7.0	6.4	4.1
15-44 YEARS.....	5.2	5.0	8.4	5.4	4.4	6.3	4.9	4.6
45-64 YEARS.....	6.9	6.6	8.6	7.6	6.5	6.1	8.0	7.4
65 YEARS AND OVER.....	8.5	8.0	8.5	8.7	10.7	*	9.6	*8.9
SOUTH								
ALL AGES.....	6.1	5.0	8.1	5.3	5.8	5.1	5.0	6.6
UNDER 15 YEARS.....	4.3	3.8	7.0	4.5	-	4.4	5.1	6.2
15-44 YEARS.....	4.7	4.5	8.5	5.0	5.6	4.4	4.3	5.9
45-64 YEARS.....	6.7	6.3	8.0	7.8	5.7	6.8	6.8	8.5
65 YEARS AND OVER.....	8.1	8.5	8.1	6.9	*9.8	*6.7	8.2	*
WEST								
ALL AGES.....	5.5	4.5	7.2	5.3	5.0	4.4	4.1	4.9
UNDER 15 YEARS.....	4.6	4.2	*8.3	5.1	-	5.1	4.7	4.5
15-44 YEARS.....	4.2	3.9	9.8	4.5	4.4	3.7	3.8	4.3
45-64 YEARS.....	5.8	5.5	6.9	7.8	5.8	4.7	5.0	6.2
65 YEARS AND OVER.....	7.1	5.9	7.2	6.2	*7.2	7.8	6.0	8.8

TABLE 4. NUMBER OF PATIENTS DISCHARGED FROM SHORT-STAY HOSPITALS, DAYS OF CARE, AND AVERAGE LENGTHS OF STAY, BY SEX, AGE, GEOGRAPHIC REGION, AND BED SIZE OF HOSPITAL: UNITED STATES, 1986

[DISCHARGES FROM NON-FEDERAL HOSPITALS. EXCLUDES NEWBORN INFANTS]

AGE, REGION, AND BED SIZE	BOTH SEXES	MALE	FEMALE	BOTH SEXES	MALE	FEMALE	BOTH SEXES	MALE	FEMALE
ALL AGES									
	NUMBER OF PATIENTS DISCHARGED IN THOUSANDS			NUMBER OF DAYS OF CARE IN THOUSANDS			AVERAGE LENGTH OF STAY IN DAYS		
UNITED STATES, ALL SIZES.....	34,250	13,949	20,307	218,496	94,593	123,903	6.4	6.8	6.1
6-99 BEDS.....	5,614	2,260	3,354	29,604	12,280	17,324	5.3	5.4	5.2
100-199 BEDS.....	6,243	2,444	3,799	35,673	14,450	21,223	5.7	5.9	5.6
200-299 BEDS.....	6,215	2,670	3,544	40,257	18,193	22,065	6.5	6.8	6.2
300-499 BEDS.....	8,803	3,512	5,291	59,039	25,110	33,929	6.7	7.2	6.4
500 BEDS OR MORE.....	7,381	3,063	4,318	53,924	24,560	29,363	7.3	8.0	6.8
NORTHEAST, ALL SIZES.....	6,955	2,925	4,031	51,339	22,598	28,741	7.4	7.7	7.1
6-99 BEDS.....	788	373	416	5,509	2,606	2,904	7.0	7.0	7.0
100-199 BEDS.....	761	300	461	5,201	2,008	3,194	6.8	6.7	6.9
200-299 BEDS.....	1,637	713	924	11,900	5,252	6,608	7.3	7.4	7.2
300-499 BEDS.....	2,146	846	1,299	15,918	6,647	9,271	7.4	7.9	7.1
500 BEDS OR MORE.....	1,623	693	931	12,809	6,045	6,765	7.9	8.7	7.3
MIDWEST, ALL SIZES.....	8,931	3,712	5,219	59,282	26,146	33,137	6.6	7.0	6.3
6-99 BEDS.....	1,164	453	712	5,974	2,335	3,639	5.1	5.2	5.1
100-199 BEDS.....	1,234	487	747	7,518	3,070	4,448	6.1	6.3	6.0
200-299 BEDS.....	1,415	611	803	9,230	4,262	4,968	6.5	7.0	6.2
300-499 BEDS.....	2,577	1,100	1,478	17,624	7,967	9,657	6.8	7.2	6.5
500 BEDS OR MORE.....	2,541	1,062	1,479	18,935	8,511	10,424	7.5	8.0	7.0
SOUTH, ALL SIZES.....	11,892	4,758	7,134	72,448	30,504	41,944	6.1	6.4	5.9
6-99 BEDS.....	2,289	920	1,370	12,217	5,022	7,195	5.3	5.5	5.3
100-199 BEDS.....	3,248	1,211	2,037	17,179	6,503	10,676	5.3	5.4	5.2
200-299 BEDS.....	1,641	740	901	10,526	4,793	5,733	6.4	6.5	6.4
300-499 BEDS.....	2,104	826	1,277	14,447	6,036	8,412	6.9	7.3	6.6
500 BEDS OR MORE.....	2,611	1,062	1,548	18,078	8,150	9,928	6.9	7.7	6.4
WEST, ALL SIZES.....	6,478	2,555	3,923	35,426	15,345	20,081	5.5	6.0	5.1
6-99 BEDS.....	1,372	515	857	5,903	2,318	3,586	4.3	4.5	4.2
100-199 BEDS.....	1,000	447	553	5,773	2,869	2,905	5.8	6.4	5.3
200-299 BEDS.....	1,523	607	916	8,600	3,845	4,755	5.6	6.3	5.2
300-499 BEDS.....	1,977	740	1,237	11,049	4,459	6,589	5.6	6.0	5.3
500 BEDS OR MORE.....	607	246	360	4,101	1,854	2,246	6.8	7.5	6.2
UNDER 15 YEARS									
UNITED STATES, ALL SIZES.....	2,783	1,603	1,179	12,718	7,274	5,444	4.6	4.5	4.6
6-99 BEDS.....	475	264	211	1,683	881	803	3.5	3.3	3.8
100-199 BEDS.....	678	388	290	2,728	1,536	1,192	4.0	4.0	4.1
200-299 BEDS.....	440	262	178	2,058	1,282	776	4.7	4.9	4.4
300-499 BEDS.....	597	339	258	2,764	1,528	1,236	4.6	4.5	4.8
500 BEDS OR MORE.....	593	350	243	3,485	2,049	1,437	5.9	5.9	5.9
NORTHEAST, ALL SIZES.....	458	270	188	1,893	1,087	806	4.1	4.0	4.3
6-99 BEDS.....	49	27	22	159	88	71	3.3	3.3	3.2
100-199 BEDS.....	46	24	22	143	68	74	3.1	2.8	3.4
200-299 BEDS.....	86	51	35	330	196	134	3.8	3.8	3.9
300-499 BEDS.....	162	97	65	641	337	304	4.0	3.5	4.7
500 BEDS OR MORE.....	115	70	45	621	398	223	5.4	5.7	4.9
MIDWEST, ALL SIZES.....	720	410	310	3,837	2,214	1,623	5.3	5.4	5.2
6-99 BEDS.....	86	48	39	292	141	151	3.4	3.0	3.9
100-199 BEDS.....	115	62	53	457	271	186	4.0	4.4	3.5
200-299 BEDS.....	156	96	60	882	593	289	5.7	6.2	4.8
300-499 BEDS.....	169	93	76	894	489	405	5.3	5.3	5.3
500 BEDS OR MORE.....	194	112	82	1,312	721	592	6.8	6.5	7.2
SOUTH, ALL SIZES.....	1,176	681	495	5,023	2,864	2,158	4.3	4.2	4.4
6-99 BEDS.....	256	142	114	952	502	450	3.7	3.5	3.9
100-199 BEDS.....	465	273	192	1,938	1,080	858	4.2	4.0	4.5
200-299 BEDS.....	91	50	41	336	187	150	3.7	3.7	3.7
300-499 BEDS.....	130	79	51	559	354	205	4.3	4.5	4.0
500 BEDS OR MORE.....	235	138	96	1,237	742	495	5.3	5.4	5.1
WEST, ALL SIZES.....	429	242	187	1,964	1,168	856	4.6	4.6	4.6
6-99 BEDS.....	85	48	36	280	150	130	3.3	3.1	3.6
100-199 BEDS.....	52	28	23	190	116	74	3.7	4.1	3.1
200-299 BEDS.....	107	65	42	510	306	204	4.7	4.7	4.8
300-499 BEDS.....	136	70	66	670	348	322	4.9	4.9	4.9
500 BEDS OR MORE.....	49	30	19	315	188	127	6.5	6.3	6.8

TABLE 4. NUMBER OF PATIENTS DISCHARGED FROM SHORT-STAY HOSPITALS, DAYS OF CARE, AND AVERAGE LENGTHS OF STAY, BY SEX, AGE, GEOGRAPHIC REGION, AND BED SIZE OF HOSPITAL: UNITED STATES, 1986--CON.

[DISCHARGES FROM NON-FEDERAL HOSPITALS. EXCLUDES NEWBORN INFANTS]

AGE, REGION, AND BED SIZE	BOTH SEXES	MALE	FEMALE	BOTH SEXES	MALE	FEMALE	BOTH SEXES	MALE	FEMALE
15-44 YEARS									
UNITED STATES, ALL SIZES.....	13,458	4,100	9,358	65,174	25,180	39,994	4.8	6.1	4.3
6-99 BEDS.....	2,085	654	1,431	8,672	3,410	5,262	4.2	5.2	3.7
100-199 BEDS.....	2,458	689	1,769	10,505	3,541	6,964	4.3	5.1	3.9
200-299 BEDS.....	2,207	761	1,446	10,281	4,207	6,074	4.7	5.5	4.2
300-499 BEDS.....	3,515	1,019	2,496	17,501	6,560	10,941	5.0	6.4	4.4
500 BEDS OR MORE.....	3,193	976	2,216	18,216	7,462	10,754	5.7	7.6	4.9
NORTHEAST, ALL SIZES.....	2,657	877	1,780	14,124	5,925	8,198	5.3	6.8	4.6
6-99 BEDS.....	313	143	170	1,746	962	784	5.6	6.7	4.6
100-199 BEDS.....	253	84	169	1,331	521	810	5.3	6.2	4.8
200-299 BEDS.....	582	208	374	2,746	1,099	1,647	4.7	5.3	4.4
300-499 BEDS.....	819	210	610	4,056	1,303	2,754	5.0	6.2	4.5
500 BEDS OR MORE.....	689	233	456	4,244	2,041	2,203	6.2	8.8	4.8
MIDWEST, ALL SIZES.....	3,434	1,086	2,348	17,848	7,058	10,790	5.2	6.5	4.6
6-99 BEDS.....	391	108	283	1,535	452	1,084	3.9	4.2	3.8
100-199 BEDS.....	480	148	332	2,289	850	1,440	4.8	5.7	4.3
200-299 BEDS.....	540	190	350	2,713	1,181	1,532	5.0	6.2	4.4
300-499 BEDS.....	994	346	648	5,351	2,306	3,045	5.4	6.7	4.7
500 BEDS OR MORE.....	1,028	294	734	5,959	2,269	3,690	5.8	7.7	5.0
SOUTH, ALL SIZES.....	4,681	1,379	3,302	22,056	8,022	14,034	4.7	5.8	4.2
6-99 BEDS.....	778	243	535	3,382	1,318	2,064	4.3	5.4	3.9
100-199 BEDS.....	1,379	343	1,036	5,393	1,544	3,849	3.9	4.5	3.7
200-299 BEDS.....	522	215	308	2,492	1,097	1,395	4.8	5.1	4.5
300-499 BEDS.....	834	233	601	4,347	1,633	2,714	5.2	7.0	4.5
500 BEDS OR MORE.....	1,168	345	823	6,442	2,431	4,012	5.5	7.0	4.9
WEST, ALL SIZES.....	2,685	758	1,928	11,147	4,175	6,972	4.2	5.5	3.6
6-99 BEDS.....	603	160	443	2,009	679	1,330	3.3	4.2	3.0
100-199 BEDS.....	346	115	231	1,491	626	865	4.3	5.5	3.7
200-299 BEDS.....	563	149	413	2,330	831	1,499	4.1	5.6	3.6
300-499 BEDS.....	867	230	637	3,747	1,318	2,429	4.3	5.7	3.8
500 BEDS OR MORE.....	307	104	203	1,571	722	849	5.1	6.9	4.2
45-64 YEARS									
UNITED STATES, ALL SIZES.....	7,300	3,569	3,731	49,563	23,752	25,811	6.8	6.7	6.9
6-99 BEDS.....	1,106	518	588	5,982	2,700	3,283	5.4	5.2	5.6
100-199 BEDS.....	1,215	550	665	7,530	3,218	4,312	6.2	5.9	6.5
200-299 BEDS.....	1,324	658	665	8,753	4,398	4,355	6.6	6.7	6.5
300-499 BEDS.....	1,953	967	986	13,873	6,652	7,222	7.1	6.9	7.3
500 BEDS OR MORE.....	1,703	877	826	13,424	6,785	6,639	7.9	7.7	8.0
NORTHEAST, ALL SIZES.....	1,500	772	728	11,280	5,662	5,618	7.5	7.3	7.7
6-99 BEDS.....	164	87	77	1,148	561	587	7.0	6.4	7.6
100-199 BEDS.....	152	69	83	946	432	514	6.5	6.2	6.7
200-299 BEDS.....	359	189	170	2,534	1,324	1,209	7.1	7.0	7.1
300-499 BEDS.....	463	238	225	3,668	1,860	1,808	7.9	7.8	8.0
500 BEDS OR MORE.....	360	189	172	2,944	1,485	1,459	8.2	7.9	8.5
MIDWEST, ALL SIZES.....	1,967	988	979	13,629	6,685	6,945	6.9	6.8	7.1
6-99 BEDS.....	225	96	129	1,165	499	665	5.2	5.2	5.2
100-199 BEDS.....	236	107	129	1,472	634	838	6.2	5.9	6.5
200-299 BEDS.....	267	139	128	1,709	904	805	6.4	6.5	6.3
300-499 BEDS.....	605	309	296	4,311	2,163	2,148	7.1	7.0	7.3
500 BEDS OR MORE.....	634	336	298	4,973	2,485	2,488	7.8	7.4	8.3
SOUTH, ALL SIZES.....	2,520	1,194	1,327	16,982	7,755	9,227	6.7	6.5	7.0
6-99 BEDS.....	441	202	238	2,478	1,094	1,384	5.6	5.4	5.8
100-199 BEDS.....	599	263	337	3,749	1,472	2,276	6.3	5.6	6.8
200-299 BEDS.....	428	214	215	2,800	1,357	1,443	6.5	6.3	6.7
300-499 BEDS.....	457	216	241	3,329	1,436	1,893	7.3	6.6	7.9
500 BEDS OR MORE.....	595	299	296	4,626	2,396	2,230	7.8	8.0	7.5
WEST, ALL SIZES.....	1,313	616	697	7,672	3,651	4,021	5.8	5.9	5.8
6-99 BEDS.....	276	133	144	1,191	545	646	4.3	4.1	4.5
100-199 BEDS.....	227	110	117	1,323	680	643	5.8	6.2	5.5
200-299 BEDS.....	269	116	153	1,710	813	897	6.4	7.0	5.9
300-499 BEDS.....	428	203	224	2,566	1,153	1,373	6.0	5.9	6.1
500 BEDS OR MORE.....	113	53	60	881	419	462	7.8	7.9	7.8

TABLE 4. NUMBER OF PATIENTS DISCHARGED FROM SHORT-STAY HOSPITALS, DAYS OF CARE, AND AVERAGE LENGTHS OF STAY, BY SEX, AGE, GEOGRAPHIC REGION, AND BED SIZE OF HOSPITAL: UNITED STATES, 1986--CON.

[DISCHARGES FROM NON-FEDERAL HOSPITALS. EXCLUDES NEWBORN INFANTS]

AGE, REGION, AND BED SIZE	BOTH SEXES	MALE	FEMALE	BOTH SEXES	MALE	FEMALE	BOTH SEXES	MALE	FEMALE
<b>65 YEARS AND OVER</b>	<b>NUMBER OF PATIENTS DISCHARGED IN THOUSANDS</b>			<b>NUMBER OF DAYS OF CARE IN THOUSANDS</b>			<b>AVERAGE LENGTH OF STAY IN DAYS</b>		
UNITED STATES, ALL SIZES.....	10,716	4,677	6,039	91,041	38,386	52,655	8.5	8.2	8.7
6-99 BEDS.....	1,947	823	1,124	13,267	5,290	7,977	6.8	6.4	7.1
100-199 BEDS.....	1,892	817	1,075	14,911	6,156	8,754	7.9	7.5	8.1
200-299 BEDS.....	2,245	989	1,256	19,165	8,306	10,860	8.5	8.4	8.6
300-499 BEDS.....	2,738	1,187	1,551	24,900	10,371	14,530	9.1	8.7	9.4
500 BEDS OR MORE.....	1,893	860	1,033	18,798	8,264	10,534	9.9	9.6	10.2
NORTHEAST, ALL SIZES.....	2,341	1,005	1,335	24,042	9,924	14,118	10.3	9.9	10.6
6-99 BEDS.....	262	116	146	2,456	995	1,461	9.4	8.6	10.0
100-199 BEDS.....	309	122	188	2,742	987	1,755	8.9	8.1	9.4
200-299 BEDS.....	610	265	345	6,290	2,673	3,617	10.3	10.1	10.5
300-499 BEDS.....	701	301	399	7,554	3,148	4,405	10.8	10.4	11.0
500 BEDS OR MORE.....	458	201	257	5,001	2,121	2,880	10.9	10.6	11.2
MIDWEST, ALL SIZES.....	2,810	1,228	1,582	23,968	10,189	13,779	8.5	8.3	8.7
6-99 BEDS.....	462	201	262	2,982	1,244	1,738	6.4	6.2	6.6
100-199 BEDS.....	402	169	233	3,300	1,315	1,984	8.2	7.8	8.5
200-299 BEDS.....	452	186	266	3,926	1,583	2,342	8.7	8.5	8.8
300-499 BEDS.....	809	352	457	7,068	3,010	4,059	8.7	8.6	8.9
500 BEDS OR MORE.....	685	320	364	6,692	3,037	3,655	9.8	9.5	10.0
SOUTH, ALL SIZES.....	3,514	1,505	2,010	28,387	11,863	16,525	8.1	7.9	8.2
6-99 BEDS.....	815	333	482	5,405	2,108	3,297	6.6	6.3	6.8
100-199 BEDS.....	805	332	473	6,100	2,407	3,692	7.6	7.2	7.8
200-299 BEDS.....	599	262	338	4,898	2,153	2,745	8.2	8.2	8.1
300-499 BEDS.....	683	298	384	6,212	2,613	3,600	9.1	8.8	9.4
500 BEDS OR MORE.....	613	280	333	5,772	2,581	3,191	9.4	9.2	9.6
WEST, ALL SIZES.....	2,051	939	1,112	14,643	6,411	8,233	7.1	6.8	7.4
6-99 BEDS.....	408	174	234	2,423	943	1,481	5.9	5.4	6.3
100-199 BEDS.....	375	194	182	2,770	1,447	1,323	7.4	7.5	7.3
200-299 BEDS.....	584	276	308	4,051	1,896	2,155	6.9	6.9	7.0
300-499 BEDS.....	546	236	310	4,066	1,600	2,466	7.4	6.8	8.0
500 BEDS OR MORE.....	138	59	79	1,333	526	808	9.7	8.9	10.3



TABLE 5. RATE OF PATIENTS DISCHARGED FROM SHORT-STAY HOSPITALS AND OF DAYS OF CARE, BY SEX, AGE, AND GEOGRAPHIC REGION: UNITED STATES, 1986

[DISCHARGES FROM NON-FEDERAL HOSPITALS. EXCLUDES NEWBORN INFANTS]

AGE AND REGION	BOTH SEXES	MALE	FEMALE	BOTH SEXES	MALE	FEMALE
	RATE OF PATIENTS DISCHARGED PER 1,000 POPULATION			RATE OF DAYS OF CARE PER 1,000 POPULATION		
<b>ALL AGES</b>						
UNITED STATES.....	143.1	120.5	164.4	912.8	816.9	1,002.8
NORTHEAST.....	139.4	122.7	154.6	1,028.7	948.1	1,102.4
MIDWEST.....	150.9	129.2	171.4	1,002.0	910.3	1,088.5
SOUTH.....	144.9	120.4	167.6	882.5	771.6	985.6
WEST.....	134.4	107.7	160.3	735.1	647.2	820.2
<b>UNDER 15 YEARS</b>						
UNITED STATES.....	53.5	60.3	46.5	244.7	273.3	214.6
NORTHEAST.....	46.9	54.0	39.5	194.1	217.7	169.3
MIDWEST.....	55.7	61.9	49.2	297.0	334.4	257.7
SOUTH.....	64.3	72.8	55.4	274.6	306.1	241.6
WEST.....	38.9	43.0	34.7	178.4	196.7	159.3
<b>15-44 YEARS</b>						
UNITED STATES.....	118.9	73.4	163.2	575.7	450.7	697.7
NORTHEAST.....	114.0	76.9	149.7	606.2	519.6	689.4
MIDWEST.....	123.5	78.6	167.9	642.1	511.0	771.5
SOUTH.....	121.3	72.9	167.7	571.3	424.1	712.7
WEST.....	114.3	64.5	164.0	474.4	355.6	593.0
<b>45-64 YEARS</b>						
UNITED STATES.....	162.2	166.1	158.7	1,101.4	1,105.2	1,097.8
NORTHEAST.....	147.6	160.8	135.8	1,110.5	1,179.3	1,048.9
MIDWEST.....	178.0	185.7	171.0	1,233.3	1,256.5	1,212.2
SOUTH.....	164.8	165.0	164.6	1,110.2	1,072.2	1,144.4
WEST.....	154.5	148.8	159.8	902.9	882.3	922.2
<b>65 YEARS AND OVER</b>						
UNITED STATES.....	367.3	395.6	348.1	3,120.7	3,246.8	3,034.8
NORTHEAST.....	349.5	381.4	328.7	3,589.5	3,764.9	3,475.7
MIDWEST.....	380.0	414.2	357.1	3,241.5	3,436.4	3,111.1
SOUTH.....	355.2	373.6	342.4	2,868.9	2,945.8	2,815.6
WEST.....	395.5	427.7	371.9	2,824.1	2,920.5	2,753.4

TABLE 6. NUMBER OF PATIENTS DISCHARGED FROM SHORT-STAY HOSPITALS, DAYS OF CARE, AND AVERAGE LENGTHS OF STAY, BY SEX, TYPE OF OWNERSHIP OF HOSPITAL, AND AGE OF PATIENT: UNITED STATES, 1986

[DISCHARGES FROM NON-FEDERAL HOSPITALS. EXCLUDES NEWBORN INFANTS]

TYPE OF OWNERSHIP AND AGE	BOTH SEXES	MALE	FEMALE	BOTH SEXES	MALE	FEMALE	BOTH SEXES	MALE	FEMALE
	NUMBER OF PATIENTS DISCHARGED IN THOUSANDS			NUMBER OF DAYS OF CARE IN THOUSANDS			AVERAGE LENGTH OF STAY IN DAYS		
<b>ALL TYPES</b>									
ALL AGES.....	34,256	13,949	20,307	218,496	94,593	123,903	6.4	6.8	6.1
UNDER 15 YEARS.....	2,783	1,603	1,179	12,718	7,274	5,444	4.6	4.5	4.6
15-44 YEARS.....	13,458	4,100	9,358	65,174	25,180	39,994	4.8	6.1	4.3
45-64 YEARS.....	7,300	3,569	3,731	49,563	23,752	25,811	6.8	6.7	6.9
65 YEARS AND OVER.....	10,716	4,677	6,039	91,041	38,386	52,655	8.5	8.2	8.7
<b>VOLUNTARY NONPROFIT</b>									
ALL AGES.....	23,506	9,578	13,928	154,810	66,847	87,963	6.6	7.0	6.3
UNDER 15 YEARS.....	1,939	1,128	811	8,767	5,065	3,702	4.5	4.5	4.6
15-44 YEARS.....	8,918	2,621	6,298	43,384	16,216	27,167	4.9	6.2	4.3
45-64 YEARS.....	5,094	2,529	2,566	35,165	17,120	18,045	6.9	6.8	7.0
65 YEARS AND OVER.....	7,555	3,301	4,253	67,494	28,446	39,048	8.9	8.6	9.2
<b>GOVERNMENT</b>									
ALL AGES.....	7,131	2,903	4,229	41,906	18,528	23,378	5.9	6.4	5.5
UNDER 15 YEARS.....	647	373	275	3,196	1,809	1,387	4.9	4.9	5.0
15-44 YEARS.....	3,139	986	2,153	15,144	6,223	8,921	4.8	6.3	4.1
45-64 YEARS.....	1,392	657	735	9,344	4,298	5,045	6.7	6.5	6.9
65 YEARS AND OVER.....	1,953	887	1,066	14,222	6,157	8,025	7.3	7.0	7.5
<b>PROPRIETARY</b>									
ALL AGES.....	3,618	1,468	2,150	21,780	9,218	12,562	6.0	6.3	5.8
UNDER 15 YEARS.....	196	103	93	754	400	354	3.8	3.9	3.8
15-44 YEARS.....	1,400	493	907	6,647	2,741	3,906	4.7	5.6	4.3
45-64 YEARS.....	814	384	430	5,055	2,334	2,721	6.2	6.1	6.3
65 YEARS AND OVER.....	1,208	488	720	9,325	3,743	5,582	7.7	7.7	7.8

TABLE 7. NUMBER, PERCENT DISTRIBUTION, AND RATE OF WOMEN WITH DELIVERIES DISCHARGED FROM SHORT-STAY HOSPITALS AND OF DAYS OF CARE, WITH AVERAGE LENGTHS OF STAY, BY AGE, RACE, GEOGRAPHIC REGION, AND BED SIZE OF HOSPITAL: UNITED STATES, 1986

[DISCHARGES FROM NON-FEDERAL HOSPITALS]

AGE, RACE, REGION, AND BED SIZE	DISCHARGED PATIENTS			DAYS OF CARE			
	NUMBER IN THOUSANDS	PERCENT DISTRIBUTION	RATE PER 1,000 POPULATION	NUMBER IN THOUSANDS	PERCENT DISTRIBUTION	RATE PER 1,000 POPULATION	AVERAGE LENGTH OF STAY IN DAYS
10-54 YEARS.....	3,762	100.0	48.8	12,094	100.0	156.8	3.2
AGE							
10-14 YEARS.....	11	0.3	1.4	39	0.3	4.8	3.5
15-44 YEARS.....	3,748	99.6	65.4	12,042	99.6	210.1	3.2
15-19 YEARS.....	475	12.6	52.1	1,436	11.9	157.6	3.0
20-24 YEARS.....	1,080	28.7	106.7	3,296	27.3	325.6	3.1
25-29 YEARS.....	1,215	32.3	111.1	3,913	32.4	357.7	3.2
30-34 YEARS.....	728	19.4	70.1	2,499	20.7	240.7	3.4
35-44 YEARS.....	251	6.7	15.0	898	7.4	53.6	3.6
45-54 YEARS.....	*	*	*	*	*	*	*
10-17 YEARS.....	186	4.9	13.7	581	4.8	42.8	3.1
18-54 YEARS.....	3,576	95.1	56.3	11,513	95.2	181.1	3.2
RACE							
WHITE.....	2,413	64.1	37.4	7,854	64.9	121.9	3.3
ALL OTHER.....	783	20.8	61.6	2,611	21.6	205.4	3.3
RACE NOT STATED.....	567	15.1	...	1,629	13.5	...	2.9
REGION							
NORTHEAST.....	695	18.5	43.4	2,574	21.3	160.8	3.7
MIDWEST.....	908	24.1	48.1	3,072	25.4	162.9	3.4
SOUTH.....	1,252	33.3	47.0	4,066	33.6	152.8	3.2
WEST.....	908	24.1	58.0	2,382	19.7	152.2	2.6
BED SIZE							
6-99 BEDS.....	540	14.3	...	1,456	12.0	...	2.7
100-199 BEDS.....	647	17.2	...	1,902	15.7	...	2.9
200-299 BEDS.....	545	14.5	...	1,638	13.5	...	3.0
300-499 BEDS.....	1,092	29.0	...	3,648	30.2	...	3.3
500 BEDS OR MORE.....	937	24.9	...	3,450	28.5	...	3.7

TABLE 8. NUMBER OF WOMEN WITH DELIVERIES DISCHARGED FROM SHORT-STAY HOSPITALS AND NUMBER OF DAYS OF CARE AND AVERAGE LENGTHS OF STAY FOR WOMEN WITH DELIVERIES, BY BED SIZE OF HOSPITAL AND GEOGRAPHIC REGION: UNITED STATES, 1986

[DISCHARGES FROM NON-FEDERAL HOSPITALS]

REGION	ALL SIZES	6-99 BEDS	100-199 BEDS	200-299 BEDS	300-499 BEDS	500 BEDS OR MORE
NUMBER OF PATIENTS DISCHARGED IN THOUSANDS						
UNITED STATES.....	3,762	540	647	545	1,092	937
NORTHEAST.....	695	59	59	126	277	174
MIDWEST.....	908	95	128	136	247	305
SOUTH.....	1,252	184	387	75	254	352
WEST.....	908	205	73	208	315	107
NUMBER OF DAYS OF CARE IN THOUSANDS						
UNITED STATES.....	12,094	1,456	1,902	1,638	3,648	3,450
NORTHEAST.....	2,574	180	196	468	1,078	653
MIDWEST.....	3,072	301	396	419	824	1,131
SOUTH.....	4,066	505	1,135	234	844	1,347
WEST.....	2,382	469	175	517	901	320
AVERAGE LENGTH OF STAY IN DAYS						
UNITED STATES.....	3.2	2.7	2.9	3.0	3.3	3.7
NORTHEAST.....	3.7	3.1	3.3	3.7	3.9	3.7
MIDWEST.....	3.4	3.3	3.1	3.1	3.3	3.7
SOUTH.....	3.2	2.7	2.9	3.1	3.3	3.8
WEST.....	2.6	2.3	2.4	2.5	2.9	3.0

TABLE 9. NUMBER OF PATIENTS DISCHARGED FROM SHORT-STAY HOSPITALS, RATE OF DISCHARGES, AND AVERAGE LENGTHS OF STAY, BY AGE AND CATEGORY OF FIRST-LISTED DIAGNOSIS: UNITED STATES, 1986

[DISCHARGES FROM NON-FEDERAL HOSPITALS. EXCLUDES NEWBORN INFANTS. DIAGNOSTIC GROUPINGS AND CODE NUMBER INCLUSIONS ARE BASED ON THE INTERNATIONAL CLASSIFICATION OF DISEASES, 9TH REVISION, CLINICAL MODIFICATION (ICD-9-CM)]

CATEGORY OF FIRST-LISTED DIAGNOSIS AND ICD-9-CM CODE	ALL AGES	UNDER 15 YEARS	15-44 YEARS	45-64 YEARS	65 YEARS AND OVER	NUMBER OF PATIENTS DISCHARGED IN THOUSANDS				
						ALL AGES	UNDER 15 YEARS	15-44 YEARS	45-64 YEARS	65 YEARS AND OVER
01 ALL CONDITIONS.....	34,256	2,783	13,458	7,300	10,716					
02 INFECTIOUS AND PARASITIC DISEASES.....001-139	700	184	223	95	198					
03 NEOPLASMS.....140-239	2,305	60	423	774	1,049					
04 MALIGNANT NEOPLASMS.....140-208,230-234	1,860	42	222	631	964					
05 MALIGNANT NEOPLASM OF LARGE INTESTINE AND RECTUM.....153-154,197.5	210	*	5	59	146					
06 MALIGNANT NEOPLASM OF TRACHEA, BRONCHUS, AND LUNG.....162,197.0,197.3	290	-	15	120	155					
07 MALIGNANT NEOPLASM OF BREAST.....174-175,198.81	216	-	35	84	96					
08 BENIGN NEOPLASMS AND NEOPLASMS OF UNCERTAIN BEHAVIOR AND UNSPECIFIED NATURE.....210-229,235-239	445	17	201	143	85					
09 ENDOCRINE, NUTRITIONAL AND METABOLIC DISEASES, AND IMMUNITY DISORDERS.....240-279	1,117	80	268	285	484					
10 DIABETES MELLITUS.....250	491	20	133	159	179					
11 DISEASES OF THE BLOOD AND BLOOD-FORMING ORGANS.....280-289	333	60	92	55	126					
12 MENTAL DISORDERS.....290-319	1,807	53	1,111	392	251					
13 PSYCHOSES.....290-299	766	26	422	180	158					
14 ALCOHOL DEPENDENCE SYNDROME.....303	397	*	258	114	24					
15 DISEASES OF THE NERVOUS SYSTEM AND SENSE ORGANS.....320-389	1,039	196	270	225	348					
16 DISEASES OF THE CENTRAL NERVOUS SYSTEM.....320-336,340-349	401	60	134	79	127					
17 CATARACT.....366	104	*	5	20	76					
18 DISEASES OF THE EAR AND MASTOID PROCESS.....380-389	217	94	48	41	35					
19 DISEASES OF THE CIRCULATORY SYSTEM.....390-459	5,563	38	468	1,717	3,341					
20 HEART DISEASE.....391-392.0,393-398,402,404,410-416,420-429	3,731	25	247	1,219	2,240					
21 ACUTE MYOCARDIAL INFARCTION.....410	758	*	42	263	452					
22 ATHEROSCLEROTIC HEART DISEASE.....414.0	338	*	16	156	164					
23 OTHER ISCHEMIC HEART DISEASE.....411-413,414.1-414.9	1,043	*	67	412	561					
24 CARDIAC DYSRHYTHMIAS.....427	515	28	41	128	338					
25 CONGESTIVE HEART FAILURE.....428.0	582	*	13	104	461					
26 CEREBROVASCULAR DISEASE.....430-438	889	*	34	178	674					
27 DISEASES OF THE RESPIRATORY SYSTEM.....460-519	3,204	772	657	585	1,189					
28 ACUTE RESPIRATORY INFECTIONS, EXCEPT INFLUENZA.....460-466	426	169	80	60	118					
29 CHRONIC DISEASE OF TONSILS AND ADENOIDS.....474	255	166	86	*	*					
30 PNEUMONIA, ALL FORMS.....480-486	943	194	134	148	466					
31 ASTHMA.....493	477	158	122	99	98					
32 DISEASES OF THE DIGESTIVE SYSTEM.....520-579	3,732	308	1,158	977	1,288					
33 ULCERS OF THE STOMACH AND SMALL INTESTINE.....531-534	295	*	67	80	146					
34 GASTRITIS AND DUODENITIS.....535	196	11	77	54	54					
35 APPENDICITIS.....540-543	250	56	153	28	13					
36 INGUINAL HERNIA.....550	304	34	78	94	98					
37 NONINFECTIOUS ENTERITIS AND COLITIS.....555-556,558	429	115	159	65	90					
38 CHOLELITHIASIS.....574	494	*	171	150	170					
39 DISEASES OF THE GENITOURINARY SYSTEM.....580-629	2,665	91	1,210	613	751					
40 CALCULUS OF KIDNEY AND URETER.....592	331	*	164	114	51					
41 HYPERPLASIA OF PROSTATE.....600	256	*	*	60	194					
42 COMPLICATIONS OF PREGNANCY, CHILDBIRTH, AND THE PUERPERIUM 1/.....630-676	889	25	883	*	...					
43 ABORTIONS AND ECTOPIC AND MOLAR PREGNANCIES.....630-639	343	*	341	*	...					
44 DISEASES OF THE SKIN AND SUBCUTANEOUS TISSUE.....680-709	515	50	177	132	156					
45 DISEASES OF THE MUSCULOSKELETAL SYSTEM AND CONNECTIVE TISSUE.....710-739	2,081	53	838	639	552					
46 ARTHROPATHIES AND RELATED DISORDERS.....710-719	475	14	142	125	193					
47 INTERVERTEBRAL DISC DISORDERS.....722	504	*	273	178	52					
48 CONGENITAL ANOMALIES.....740-759	267	163	59	31	14					
49 CERTAIN CONDITIONS ORIGINATING IN THE PERINATAL PERIOD.....760-779	139	138	*	*	-					
50 SYMPTOMS, SIGNS, AND ILL-DEFINED CONDITIONS.....780-799	454	83	196	109	66					
51 INJURY AND POISONING.....800-999	3,225	395	1,453	561	816					
52 FRACTURES, ALL SITES.....800-829	1,100	134	381	173	413					
53 FRACTURE OF NECK OF FEMUR.....820	252	*	28	23	218					
54 SPRAINS AND STRAINS OF BACK (INCLUDING NECK).....846-847	192	*	118	55	16					
55 INTRACRANIAL INJURIES (EXCLUDING THOSE WITH SKULL FRACTURE).....850-854	267	60	140	29	38					
56 LACERATIONS AND OPEN WOUNDS.....870-904	284	35	187	36	26					
57 SUPPLEMENTARY CLASSIFICATIONS.....V01-V82	4,222	55	3,973	110	84					
58 FEMALES WITH DELIVERIES.....V27	3,762	11	3,748	*	...					

1/ FIRST-LISTED DIAGNOSIS FOR FEMALES WITH DELIVERIES IS CODED V27, SHOWN UNDER "SUPPLEMENTARY CLASSIFICATIONS."

TABLE 9. NUMBER OF PATIENTS DISCHARGED FROM SHORT-STAY HOSPITALS, RATE OF DISCHARGES, AND AVERAGE LENGTHS OF STAY, BY AGE AND CATEGORY OF FIRST-LISTED DIAGNOSIS: UNITED STATES, 1986--CON.

[DISCHARGES FROM NON-FEDERAL HOSPITALS. EXCLUDES NEWBORN INFANTS. DIAGNOSTIC GROUPINGS AND CODE NUMBER INCLUSIONS ARE BASED ON THE INTERNATIONAL CLASSIFICATION OF DISEASES, 9TH REVISION, CLINICAL MODIFICATION (ICD-9-CM)]

ALL AGES	UNDER 15 YEARS	15-44 YEARS	45-64 YEARS	65 YEARS AND OVER	ALL AGES	UNDER 15 YEARS	15-44 YEARS	45-64 YEARS	65 YEARS AND OVER		
RATE OF PATIENTS DISCHARGED PER 10,000 POPULATION					AVERAGE LENGTH OF STAY IN DAYS						
1,431.2	535.3	1,188.8	1,622.2	3,673.1	6.4	4.6	4.8	6.8	8.5	01	
29.3	35.4	19.7	21.1	68.0	7.0	3.9	6.3	8.7	9.8	02	
96.3	11.5	37.3	171.9	359.6	8.4	5.4	5.9	8.2	9.6	03	
77.7	8.2	19.6	140.2	330.6	9.1	6.6	6.8	8.8	9.9	04	
8.8	*	*0.4	13.0	50.1	12.8	*	*10.9	11.3	13.5	05	
12.1	-	1.3	26.7	53.3	8.8	-	8.0	8.7	9.0	06	
9.0	-	3.1	18.8	32.9	7.1	-	6.2	6.8	7.7	07	
18.6	3.3	17.7	31.7	29.0	5.3	2.5	4.9	5.4	6.6	08	
46.7	15.5	23.6	63.3	105.9	7.2	5.6	5.4	7.0	8.5	09	
20.5	3.8	11.7	35.4	61.5	7.6	4.1	5.4	8.0	9.4	10	
13.9	11.5	8.2	12.2	43.3	5.8	4.0	5.4	5.9	7.0	11	
75.5	10.2	98.1	87.1	86.1	12.3	24.2	12.0	11.5	12.2	12	
32.0	*1.1	37.3	40.1	54.2	14.4	*41.6	14.5	14.2	13.5	13	
16.6	*	22.8	25.4	8.1	10.7	*	10.4	10.7	13.1	14	
43.4	37.6	23.8	50.0	119.4	5.6	4.0	5.8	5.4	6.5	15	
16.7	11.6	11.9	17.5	43.7	9.3	6.8	8.1	9.8	11.3	16	
4.3	*	*0.5	4.4	26.0	1.7	*	*2.3	1.7	1.7	17	
9.1	18.0	4.2	9.0	12.0	2.9	2.3	2.5	2.9	4.9	18	
232.4	7.3	41.3	381.5	1,145.3	7.5	6.8	5.7	6.7	8.1	19	
155.9	4.8	21.8	270.9	767.7	7.0	7.7	5.7	6.4	7.5	20	
31.7	*	3.7	58.4	155.0	8.9	*	7.2	8.2	9.4	21	
14.1	*	1.5	34.7	56.4	6.2	*	5.0	5.5	7.0	22	
43.6	*	5.9	91.5	192.3	5.3	*	4.2	4.9	5.8	23	
21.5	*1.5	3.6	28.5	116.0	5.9	*9.9	4.2	5.5	6.1	24	
24.3	*	1.2	23.1	158.2	8.2	*	7.3	8.0	8.3	25	
37.1	*	3.0	39.5	231.0	9.7	*	10.9	9.7	9.6	26	
133.8	148.6	58.1	130.0	407.6	6.0	3.2	4.0	6.7	8.6	27	
17.8	32.4	7.1	13.3	40.3	4.7	3.2	3.6	5.9	7.0	28	
10.6	31.9	7.6	*	*	1.3	1.3	*	*	*	29	
39.4	37.4	11.9	32.9	159.9	7.8	4.6	6.3	8.0	9.5	30	
19.9	30.3	10.8	22.0	33.7	4.8	3.2	4.1	6.1	6.8	31	
155.9	59.3	102.3	217.1	441.7	6.1	3.4	4.8	6.2	7.8	32	
12.3	*	5.9	17.8	50.2	7.1	*	5.2	7.2	8.0	33	
8.2	2.2	6.8	12.1	18.4	4.5	2.9	3.8	4.6	5.8	34	
10.5	10.8	13.5	6.2	4.6	4.9	4.1	4.2	0.8	11.3	35	
12.7	6.5	6.9	20.8	33.7	3.0	1.7	2.3	3.0	3.9	36	
17.9	22.1	14.1	14.5	30.8	4.8	3.0	5.0	5.4	6.6	37	
20.6	*	15.1	33.4	58.3	6.9	*	5.7	6.5	8.8	38	
111.3	17.4	106.9	136.2	257.4	5.2	4.0	4.2	5.0	7.2	39	
13.8	*	14.5	25.3	17.5	3.6	*	2.9	3.7	5.2	40	
10.7	*	*	13.3	66.5	5.7	*	*	5.0	6.0	41	
37.1	*0.9	78.0	*	...	2.5	*2.0	2.5	*	...	42	
14.3	*	30.1	*	...	2.1	*	2.1	*	...	43	
21.5	9.6	15.6	29.4	53.5	7.9	4.4	5.9	8.1	10.9	44	
87.0	10.2	74.0	142.0	189.1	6.6	6.3	5.1	6.4	9.3	45	
19.8	2.7	12.6	27.9	66.0	7.8	7.2	4.4	7.0	10.9	46	
21.0	*	24.1	39.5	17.8	6.9	*	6.4	7.0	8.9	47	
11.1	*1.4	5.2	6.8	4.8	5.5	5.1	4.4	8.1	8.7	48	
5.8	26.5	*	*	-	9.0	9.0	*	*	-	49	
19.0	16.0	17.3	24.3	22.7	3.4	3.0	3.2	3.2	4.7	50	
134.7	76.0	128.3	124.6	279.8	6.4	4.2	5.2	6.4	9.8	51	
46.0	25.7	33.6	38.4	141.5	8.6	5.2	6.4	7.8	11.9	52	
10.5	*	*0.7	5.1	74.8	14.2	*	*15.1	13.0	14.2	53	
8.0	*	10.4	12.3	5.6	5.6	*	5.4	5.8	6.5	54	
11.1	11.6	12.3	6.4	13.0	5.0	2.8	5.3	4.9	7.4	55	
11.9	6.7	16.5	8.1	8.9	4.5	3.1	4.1	5.8	7.3	56	
176.4	10.6	350.9	24.5	28.7	3.3	4.0	3.2	4.2	6.8	57	
157.2	2.1	331.1	*	...	3.2	3.5	3.2	*	...	58	

TABLE 10. NUMBER OF PATIENTS DISCHARGED FROM SHORT-STAY HOSPITALS, RATE OF DISCHARGES, AND AVERAGE LENGTHS OF STAY, BY SEX, RACE, AND CATEGORY OF FIRST-LISTED DIAGNOSIS: UNITED STATES, 1986

[DISCHARGES FROM NON-FEDERAL HOSPITALS. EXCLUDES NEWBORN INFANTS. DIAGNOSTIC GROUPINGS AND CODE NUMBER INCLUSIONS ARE BASED ON THE INTERNATIONAL CLASSIFICATION OF DISEASES, 9TH REVISION, CLINICAL MODIFICATION (ICD-9-CM)]

CATEGORY OF FIRST-LISTED DIAGNOSIS AND ICD-9-CM CODE	SEX					
	BOTH SEXES			BOTH SEXES		
	MALE	FEMALE	RATE OF PATIENTS DISCHARGED PER 10,000 POPULATION	MALE	FEMALE	
01 ALL CONDITIONS.....	34,256	13,949	20,307	1,431.2	1,204.6	1,643.5
02 INFECTIOUS AND PARASITIC DISEASES.....001-139	700	343	357	29.3	29.6	28.9
03 NEOPLASMS.....140-239	2,305	959	1,346	96.3	82.8	109.0
04 MALIGNANT NEOPLASMS.....140-208,230-234	1,860	866	994	77.7	74.8	80.4
05 MALIGNANT NEOPLASM OF LARGE INTESTINE AND RECTUM.....153-154,197.5	210	105	105	8.8	9.1	8.5
06 MALIGNANT NEOPLASM OF TRACHEA, BRONCHUS, AND LUNG.....162,197.0,197.3	290	175	115	12.1	15.1	9.3
07 MALIGNANT NEOPLASM OF BREAST.....174-175,198.81	216	*	214	9.0	*	17.3
08 BENIGN NEOPLASMS AND NEOPLASMS OF UNCERTAIN BEHAVIOR AND UNSPECIFIED NATURE.....210-229,235-239	445	93	353	18.6	8.0	28.6
09 ENDOCRINE, NUTRITIONAL AND METABOLIC DISEASES, AND IMMUNITY DISORDERS.....240-279	1,117	422	695	46.7	36.4	56.3
10 DIABETES MELLITUS.....250	491	205	286	20.5	17.7	23.1
11 DISEASES OF THE BLOOD AND BLOOD-FORMING ORGANS.....280-289	333	147	186	13.9	12.7	15.0
12 MENTAL DISORDERS.....290-319	1,807	962	845	75.5	83.1	68.4
13 PSYCHOSES.....290-299	766	356	410	32.0	30.8	33.2
14 ALCOHOL DEPENDENCE SYNDROME.....303	397	303	93	16.6	26.2	7.6
15 DISEASES OF THE NERVOUS SYSTEM AND SENSE ORGANS.....320-389	1,039	480	558	43.4	41.5	45.2
16 DISEASES OF THE CENTRAL NERVOUS SYSTEM.....320-336,340-349	401	194	206	16.7	16.8	16.7
17 CATARACT.....366	104	41	62	4.3	3.6	5.0
18 DISEASES OF THE EAR AND MASTOID PROCESS.....380-389	217	107	110	9.1	9.3	8.9
19 DISEASES OF THE CIRCULATORY SYSTEM.....390-459	5,563	2,846	2,717	232.4	245.8	219.9
20 HEART DISEASE.....391-392.0,393-398,402,404,410-416,420-429	3,731	2,002	1,729	155.9	172.9	139.9
21 ACUTE MYOCARDIAL INFARCTION.....410	758	467	290	31.7	40.4	23.5
22 ATHEROSCLEROTIC HEART DISEASE.....414.0	338	219	119	14.1	18.9	9.6
23 OTHER ISCHEMIC HEART DISEASE.....411-413,414.1-414.9	1,043	565	479	43.6	48.8	38.8
24 CARDIAC DYSRHYTHMIAS.....427	515	240	275	21.5	20.7	22.3
25 CONGESTIVE HEART FAILURE.....428.0	582	274	308	24.3	23.7	24.9
26 CEREBROVASCULAR DISEASE.....430-438	889	398	491	37.1	34.4	39.7
27 DISEASES OF THE RESPIRATORY SYSTEM.....460-519	3,204	1,560	1,644	133.8	134.7	133.0
28 ACUTE RESPIRATORY INFECTIONS, EXCEPT INFLUENZA.....460-466	426	213	213	17.8	18.4	17.2
29 CHRONIC DISEASE OF TONSILS AND ADENOIDS.....474	255	107	148	10.6	9.2	12.0
30 PNEUMONIA, ALL FORMS.....480-486	943	471	472	39.4	40.6	38.2
31 ASTHMA.....493	477	206	271	19.9	17.8	21.9
32 DISEASES OF THE DIGESTIVE SYSTEM.....520-579	3,732	1,696	2,036	155.9	146.4	164.8
33 ULCERS OF THE STOMACH AND SMALL INTESTINE.....531-534	255	149	146	12.3	12.9	11.8
34 GASTRITIS AND DUODENITIS.....535	196	79	117	8.2	6.8	9.5
35 APPENDICITIS.....540-543	250	138	112	10.5	11.9	9.1
36 INGUINAL HERNIA.....550	304	273	31	12.7	23.6	2.5
37 NONINFECTIOUS ENTERITIS AND COLITIS.....555-556,558	429	169	260	17.9	14.6	21.1
38 CHOLELITHIASIS.....574	494	142	352	20.6	12.2	28.5
39 DISEASES OF THE GENITOURINARY SYSTEM.....580-629	2,665	949	1,715	111.3	82.0	138.8
40 CALCULUS OF KIDNEY AND URETER.....592	331	219	112	13.8	18.9	9.1
41 HYPERPLASIA OF PROSTATE.....600	256	256	...	10.7	22.1	...
42 COMPLICATIONS OF PREGNANCY, CHILDBIRTH, AND THE PUERPERIUM 1/.....630-676	889	...	889	37.1	...	72.0
43 ABORTIONS AND ECTOPIC AND MOLAR PREGNANCIES.....630-639	343	...	343	14.3	...	27.8
44 DISEASES OF THE SKIN AND SUBCUTANEOUS TISSUE.....680-709	515	249	266	21.5	21.5	21.5
45 DISEASES OF THE MUSCULOSKELETAL SYSTEM AND CONNECTIVE TISSUE.....710-739	2,081	940	1,142	87.0	81.2	92.4
46 ARTHROPATHIES AND RELATED DISORDERS.....710-719	475	194	280	19.8	16.8	22.7
47 INTERVERTEBRAL DISC DISORDERS.....722	504	288	216	21.0	24.8	17.5
48 CONGENITAL ANOMALIES.....740-759	267	149	118	11.1	12.8	9.6
49 CERTAIN CONDITIONS ORIGINATING IN THE PERINATAL PERIOD.....760-779	139	79	60	5.8	6.8	4.9
50 SYMPTOMS, SIGNS, AND ILL-DEFINED CONDITIONS.....780-799	454	225	229	19.0	19.4	18.5
51 INJURY AND POISONING.....800-999	3,225	1,776	1,449	134.7	153.4	117.3
52 FRACTURES, ALL SITES.....800-829	1,100	540	560	46.0	46.6	45.4
53 FRACTURE OF NECK OF FEMUR.....820	252	62	190	10.5	5.4	15.4
54 SPRAINS AND STRAINS OF BACK (INCLUDING NECK).....846-847	192	98	95	8.0	8.4	7.7
55 INTRACRANIAL INJURIES (EXCLUDING THOSE WITH SKULL FRACTURE).....850-854	267	163	104	11.1	14.1	8.4
56 LACERATIONS AND OPEN WOUNDS.....870-904	284	219	65	11.9	18.9	5.3
57 SUPPLEMENTARY CLASSIFICATIONS.....V01-V82	4,222	169	4,052	176.4	14.6	328.0
58 FEMALES WITH DELIVERIES.....V27	3,762	...	3,762	157.2	...	304.5

1/ FIRST-LISTED DIAGNOSIS FOR FEMALES WITH DELIVERIES IS CODED V27, SHOWN UNDER "SUPPLEMENTARY CLASSIFICATIONS."

TABLE 10. NUMBER OF PATIENTS DISCHARGED FROM SHORT-STAY HOSPITALS, RATE OF DISCHARGES, AND AVERAGE LENGTHS OF STAY, BY SEX, RACE, AND CATEGORY OF FIRST-LISTED DIAGNOSIS: UNITED STATES, 1986--CCN.

[DISCHARGES FROM NON-FEDERAL HOSPITALS. EXCLUDES NEWBORN INFANTS. DIAGNOSTIC GROUPINGS AND CODE NUMBER INCLUSIONS ARE BASED ON THE INTERNATIONAL CLASSIFICATION OF DISEASES, 9TH REVISION, CLINICAL MODIFICATION (ICD-9-CM)]

SEX--CON.			RACE												
BOTH SEXES	MALE	FEMALE	ALL RACES	WHITE	ALL OTHER	NOT STATED	ALL RACES	WHITE	ALL OTHER	NOT STATED	ALL RACES	WHITE	ALL OTHER	NOT STATED	
AVERAGE LENGTH OF STAY IN DAYS			NUMBER OF PATIENTS DISCHARGED IN THOUSANDS				RATE OF PATIENTS DISCHARGED PER 10,000 POPULATION				AVERAGE LENGTH OF STAY IN DAYS				
6.4	6.8	6.1	34,256	25,363	5,116	3,776	1,431.2	1,249.7	1,405.6	...	6.4	6.5	6.6	5.6	01
7.0	7.4	6.6	700	514	129	58	29.3	25.3	35.4	...	7.0	6.7	8.5	6.1	02
8.4	9.0	7.9	2,305	1,768	308	229	96.3	87.1	84.6	...	8.4	8.4	8.7	7.8	03
9.1	9.4	8.8	1,860	1,450	224	186	77.7	71.5	61.4	...	9.1	9.0	9.9	8.5	04
12.8	13.1	12.5	210	168	23	19	8.8	8.3	6.2	...	12.8	12.6	14.2	12.9	05
8.8	8.6	9.2	290	231	37	22	12.1	11.4	10.1	...	8.8	8.5	11.0	9.1	06
7.1	*	7.0	216	163	25	28	9.0	8.1	6.8	...	7.1	7.3	7.1	5.7	07
5.3	4.9	5.4	445	318	84	43	18.6	15.7	23.2	...	5.3	5.2	5.6	5.0	08
7.2	7.2	7.1	1,117	799	205	112	46.7	39.4	56.4	...	7.2	6.9	8.3	6.9	09
7.6	7.4	7.8	491	326	114	52	20.5	16.1	31.2	...	7.6	7.2	9.3	6.8	10
5.8	5.9	5.8	333	215	88	31	13.9	10.6	24.1	...	5.8	6.0	5.4	6.0	11
12.3	11.9	12.7	1,807	1,262	312	233	75.5	62.2	85.7	...	12.3	12.7	11.4	10.9	12
14.4	13.7	15.1	766	552	133	81	32.0	27.2	36.6	...	14.4	15.0	13.7	11.8	13
10.7	10.5	11.2	397	251	71	75	16.6	12.4	19.6	...	10.7	11.4	8.0	10.8	14
5.6	6.0	5.3	1,039	772	143	123	43.4	38.1	39.3	...	5.6	5.6	6.7	4.2	15
9.3	10.0	8.5	401	300	63	38	16.7	14.8	17.4	...	9.3	9.3	10.5	7.2	16
1.7	1.9	1.6	104	80	11	13	4.3	4.0	2.9	...	1.7	1.7	1.7	2.0	17
2.9	2.7	3.1	217	164	29	25	9.1	8.1	7.9	...	2.9	2.9	2.9	2.6	18
7.5	7.2	7.8	5,563	4,450	625	488	232.4	219.2	171.8	...	7.5	7.4	8.5	7.1	19
7.0	6.7	7.4	3,731	3,043	378	311	155.9	149.9	103.9	...	7.0	7.0	7.8	6.7	20
8.9	8.5	9.5	758	634	63	61	31.7	31.2	17.2	...	8.9	8.9	8.9	8.3	21
6.2	6.2	6.2	338	285	31	21	14.1	14.1	8.6	...	6.2	6.2	5.9	6.4	22
5.3	5.1	5.5	1,043	872	89	83	43.6	42.9	24.4	...	5.3	5.3	5.8	5.2	23
5.9	5.2	6.5	515	418	50	47	21.5	20.6	13.8	...	5.9	5.8	7.1	5.6	24
8.2	7.7	8.7	582	458	70	54	24.3	22.6	19.3	...	8.2	8.3	8.7	7.3	25
9.7	9.5	9.9	889	694	109	86	37.1	34.2	29.9	...	9.7	9.5	11.2	9.3	26
6.0	5.9	6.1	3,204	2,459	443	302	133.8	121.2	121.6	...	6.0	6.2	5.8	5.0	27
4.7	4.4	5.1	426	326	56	44	17.8	16.1	15.3	...	4.7	5.0	4.0	4.0	28
1.3	1.3	1.3	255	202	25	28	10.6	9.9	6.9	...	1.3	1.3	1.4	1.1	29
7.8	7.6	8.0	943	732	124	87	39.4	36.1	34.0	...	7.8	7.9	8.2	6.4	30
4.8	4.4	5.1	477	313	120	44	19.9	15.4	32.9	...	4.8	5.1	4.0	4.4	31
6.1	5.5	6.5	3,732	2,883	469	379	155.9	142.1	128.9	...	6.1	6.0	6.5	5.8	32
7.1	6.6	7.7	295	226	38	31	12.3	11.1	10.4	...	7.1	7.1	8.2	6.5	33
4.5	4.2	4.7	196	157	24	15	8.2	7.7	6.7	...	4.5	4.6	4.4	4.3	34
4.9	4.7	5.0	250	192	28	30	10.5	9.5	7.7	...	4.9	4.8	5.7	4.6	35
3.0	2.9	3.8	304	236	35	33	12.7	11.6	9.6	...	3.0	3.0	3.3	2.6	36
4.8	4.5	5.1	429	336	52	41	17.9	16.6	14.4	...	4.8	4.7	5.7	4.9	37
6.9	7.6	6.6	494	382	54	58	20.6	18.8	14.9	...	6.9	6.9	7.2	6.6	38
5.2	5.5	5.0	2,665	2,005	379	281	111.3	98.8	104.1	...	5.2	5.2	5.6	4.7	39
3.6	3.3	4.0	331	275	20	37	13.8	13.5	5.4	...	3.6	3.5	5.0	3.4	40
5.7	5.7	...	256	205	21	29	10.7	10.1	5.9	...	5.7	5.7	7.1	5.0	41
2.5	...	2.5	889	543	236	110	37.1	26.8	64.8	...	2.5	2.4	2.8	2.4	42
2.1	...	2.1	343	204	106	34	14.3	10.0	29.1	...	2.1	2.0	2.2	2.0	43
7.9	7.7	8.0	515	370	93	52	21.5	18.2	25.5	...	7.9	7.5	9.7	7.0	44
6.6	6.3	6.9	2,081	1,579	228	274	87.0	77.8	62.7	...	6.6	6.7	7.2	5.8	45
7.8	7.0	8.4	475	356	52	66	19.8	17.6	14.3	...	7.8	7.7	8.3	7.8	46
6.9	6.4	7.5	504	387	42	75	21.0	19.1	11.5	...	6.9	6.8	8.6	6.2	47
5.5	5.5	5.5	267	191	38	38	11.1	9.4	10.3	...	5.5	5.4	6.1	5.6	48
9.0	7.6	10.8	139	92	26	20	5.8	4.5	7.2	...	9.0	8.2	12.0	8.6	49
3.4	3.2	3.5	454	341	62	51	19.0	16.8	17.2	...	3.4	3.2	3.8	3.7	50
6.4	5.8	7.2	3,225	2,375	476	373	134.7	117.0	130.9	...	6.4	6.5	6.8	5.5	51
8.6	7.4	9.7	1,100	850	117	133	46.0	41.9	32.1	...	8.6	8.7	8.9	7.2	52
14.2	12.9	14.6	252	212	12	29	10.5	10.4	3.3	...	14.2	14.2	18.8	12.0	53
5.6	5.3	5.8	192	146	28	19	8.0	7.2	7.6	...	5.6	5.2	6.4	6.8	54
5.0	4.8	5.4	267	190	44	32	11.1	9.4	12.2	...	5.0	4.8	7.0	3.2	55
4.5	4.2	5.2	284	177	75	32	11.9	8.7	20.5	...	4.5	4.5	4.6	3.6	56
3.3	4.3	3.2	4,222	2,744	856	621	170.4	135.2	235.1	...	3.3	3.4	3.4	2.9	57
3.2	...	3.2	3,762	2,413	783	567	157.2	118.9	215.1	...	3.2	3.3	3.3	2.9	58

TABLE 11. NUMBER OF PATIENTS DISCHARGED FROM SHORT-STAY HOSPITALS, RATE OF DISCHARGES, AND AVERAGE LENGTHS OF STAY, BY GEOGRAPHIC REGION AND CATEGORY OF FIRST-LISTED DIAGNOSIS: UNITED STATES, 1986

[DISCHARGES FROM NON-FEDERAL HOSPITALS. EXCLUDES NEWBORN INFANTS. DIAGNOSTIC GROUPINGS AND CODE NUMBER INCLUSIONS ARE BASED ON THE INTERNATIONAL CLASSIFICATION OF DISEASES, 9TH REVISION, CLINICAL MODIFICATION (ICD-9-CM)]

CATEGORY OF FIRST-LISTED DIAGNOSIS AND ICD-9-CM CODE	UNITED STATES	NORTH-EAST	MIDWEST	SOUTH	WEST
01 ALL CONDITIONS.....	34,256	6,955	8,931	11,892	6,478
02 INFECTIOUS AND PARASITIC DISEASES.....001-139	700	137	167	269	128
03 NEOPLASMS.....140-239	2,305	481	655	708	461
04 MALIGNANT NEOPLASMS.....140-208,230-234	1,860	379	546	556	378
05 MALIGNANT NEOPLASM OF LARGE INTESTINE AND RECTUM.....153-154,197-5	210	55	54	58	42
06 MALIGNANT NEOPLASM OF TRACHEA, BRONCHUS, AND LUNG.....162,197.0,197.3	290	63	79	94	54
07 MALIGNANT NEOPLASM OF BREAST.....174-175,198.81	216	41	64	67	44
08 BENIGN NEOPLASMS AND NEOPLASMS OF UNCERTAIN BEHAVIOR AND UNSPECIFIED NATURE.....210-229,235-239	445	102	109	152	83
09 ENDOCRINE, NUTRITIONAL AND METABOLIC DISEASES, AND IMMUNITY DISORDERS.....240-279	1,117	212	310	410	185
10 DIABETES MELLITUS.....250	491	94	128	191	78
11 DISEASES OF THE BLOOD AND BLOOD-FORMING ORGANS.....280-289	333	67	78	128	59
12 MENTAL DISORDERS.....290-319	1,807	489	560	489	269
13 PSYCHOSES.....290-299	766	208	195	215	148
14 ALCOHOL DEPENDENCE SYNDROME.....303	397	141	151	74	32
15 DISEASES OF THE NERVOUS SYSTEM AND SENSE ORGANS.....320-389	1,039	240	299	316	183
16 DISEASES OF THE CENTRAL NERVOUS SYSTEM.....320-336,340-349	401	81	116	129	75
17 CATARACT.....366	104	49	23	13	18
18 DISEASES OF THE EAR AND MASTOID PROCESS.....380-389	217	49	56	77	35
19 DISEASES OF THE CIRCULATORY SYSTEM.....390-459	5,563	1,216	1,437	1,935	975
20 HEART DISEASE.....391-392.0,393-398,402,404,410-416,420-429	3,731	834	960	1,285	653
21 ACUTE MYOCARDIAL INFARCTION.....410	758	174	196	247	141
22 ATHEROSCLEROTIC HEART DISEASE.....414.0	338	64	102	125	47
23 OTHER ISCHEMIC HEART DISEASE.....411-413,414.1-414.9	1,043	236	270	358	180
24 CARDIAC DYSRHYTHMIAS.....427	515	115	123	182	97
25 CONGESTIVE HEART FAILURE.....428.0	582	139	149	196	98
26 CEREBROVASCULAR DISEASE.....430-438	889	191	220	315	163
27 DISEASES OF THE RESPIRATORY SYSTEM.....460-519	3,204	630	833	1,236	505
28 ACUTE RESPIRATORY INFECTIONS, EXCEPT INFLUENZA.....460-466	426	72	112	180	62
29 CHRONIC DISEASE OF TONSILS AND ADENOIDS.....474	255	48	75	100	32
30 PNEUMONIA, ALL FORMS.....480-486	943	182	249	371	141
31 ASTHMA.....493	477	116	123	164	74
32 DISEASES OF THE DIGESTIVE SYSTEM.....520-579	3,732	765	955	1,358	655
33 ULCERS OF THE STOMACH AND SMALL INTESTINE.....531-534	295	59	72	107	56
34 GASTRITIS AND DUODENITIS.....535	196	39	45	87	25
35 APPENDICITIS.....540-543	250	45	72	77	57
36 INGUINAL HERNIA.....550	304	79	82	108	35
37 NONINFECTIOUS ENTERITIS AND COLITIS.....555-556,558	429	74	119	177	59
38 CHOLELITHIASIS.....574	494	95	136	166	97
39 DISEASES OF THE GENITOURINARY SYSTEM.....580-629	2,665	504	661	1,006	493
40 CALCULUS OF KIDNEY AND URETER.....592	331	58	90	129	55
41 HYPERPLASIA OF PROSTATE.....600	256	49	71	78	58
42 COMPLICATIONS OF PREGNANCY, CHILDBIRTH, AND THE PUERPERIUM 1/.....630-676	889	207	219	304	159
43 ABORTIONS AND ECTOPIC AND MOLAR PREGNANCIES.....630-639	343	106	63	119	55
44 DISEASES OF THE SKIN AND SUBCUTANEOUS TISSUE.....680-709	515	121	130	176	89
45 DISEASES OF THE MUSCULOSKELETAL SYSTEM AND CONNECTIVE TISSUE.....710-739	2,081	340	562	750	430
46 ARTHROPATHIES AND RELATED DISORDERS.....710-719	475	80	150	133	111
47 INTERVERTEBRAL DISC DISORDERS.....722	504	68	124	214	97
48 CONGENITAL ANOMALIES.....740-759	267	43	67	105	51
49 CERTAIN CONDITIONS ORIGINATING IN THE PERINATAL PERIOD.....760-779	139	17	35	53	33
50 SYMPTOMS, SIGNS, AND ILL-DEFINED CONDITIONS.....780-799	454	71	128	164	91
51 INJURY AND POISONING.....800-999	3,225	617	808	1,091	709
52 FRACTURES, ALL SITES.....800-829	1,100	214	276	353	257
53 FRACTURE OF NECK OF FEMUR.....820	252	52	65	80	56
54 SPRAINS AND STRAINS OF BACK (INCLUDING NECK).....846-847	192	35	48	89	21
55 INTRACRANIAL INJURIES (EXCLUDING THOSE WITH SKULL FRACTURE).....850-854	267	69	69	82	47
56 LACERATIONS AND OPEN WOUNDS.....870-904	284	49	68	106	61
57 SUPPLEMENTARY CLASSIFICATIONS.....V01-V82	4,222	799	1,028	1,393	1,002
58 FEMALES WITH DELIVERIES.....V27	3,762	695	908	1,252	908

1/ FIRST-LISTED DIAGNOSIS FOR FEMALES WITH DELIVERIES IS CODED V27, SHOWN UNDER "SUPPLEMENTARY CLASSIFICATIONS."

TABLE 11. NUMBER OF PATIENTS DISCHARGED FROM SHORT-STAY HOSPITALS, RATE OF DISCHARGES, AND AVERAGE LENGTHS OF STAY, BY GEOGRAPHIC REGION AND CATEGORY OF FIRST-LISTED DIAGNOSIS: UNITED STATES, 1986--CON.

[DISCHARGES FROM NON-FEDERAL HOSPITALS. EXCLUDES NEWBORN INFANTS. DIAGNOSTIC GROUPINGS AND CODE NUMBER INCLUSIONS ARE BASED ON THE INTERNATIONAL CLASSIFICATION OF DISEASES, 9TH REVISION, CLINICAL MODIFICATION (ICD-9-CM)]

UNITED STATES	NORTH-EAST	MIDWEST	SOUTH	WEST	UNITED STATES	NORTH-EAST	MIDWEST	SOUTH	WEST	
RATE OF PATIENTS DISCHARGED PER 10,000 POPULATION					AVERAGE LENGTH OF STAY IN DAYS					
1,431.2	1,393.6	1,509.5	1,448.7	1,344.1	6.4	7.4	6.6	6.1	5.5	01
29.3	27.4	28.2	32.7	26.6	7.0	9.4	6.7	6.1	6.6	02
96.3	96.3	110.6	86.3	95.7	8.4	9.6	8.4	8.0	7.4	03
77.7	75.9	92.3	67.8	78.4	9.1	10.8	9.0	8.8	8.0	04
8.8	11.1	9.2	7.1	8.7	12.8	15.7	11.6	12.7	10.7	05
12.1	12.6	13.4	11.5	11.1	8.8	10.2	9.3	8.6	7.0	06
9.0	8.3	10.8	8.1	9.0	7.1	7.6	7.5	6.4	7.0	07
18.6	20.4	18.3	18.5	17.3	5.3	5.2	5.8	5.3	4.6	08
46.7	42.5	52.3	50.0	38.4	7.2	9.2	7.2	6.7	5.7	09
20.5	18.8	21.7	23.3	16.1	7.6	8.8	7.9	7.4	6.4	10
13.9	13.5	13.2	15.6	12.3	5.8	6.6	6.3	5.1	5.9	11
75.5	98.0	94.6	59.6	55.8	12.3	11.3	13.9	12.0	11.0	12
32.0	41.8	33.0	26.2	30.6	14.4	15.2	16.3	13.5	12.3	13
16.6	28.2	25.5	9.0	6.6	10.7	7.2	12.2	13.6	12.0	14
43.4	48.2	50.6	38.5	38.0	5.6	6.0	5.5	5.8	5.1	15
16.7	16.1	19.6	15.7	15.6	9.3	11.7	8.9	8.8	8.0	16
4.3	9.8	4.0	1.6	3.7	1.7	1.5	2.1	2.0	1.6	17
9.1	9.8	9.4	9.4	7.3	2.9	3.1	3.0	3.0	2.1	18
232.4	243.7	242.9	235.7	202.2	7.5	9.1	7.5	7.0	6.3	19
155.9	167.0	162.2	156.5	135.5	7.0	8.3	7.3	6.7	5.8	20
31.7	34.9	33.1	30.1	29.2	8.9	10.5	9.2	8.3	7.2	21
14.1	12.8	17.3	15.2	9.7	6.2	6.1	7.2	5.9	4.8	22
43.6	47.2	45.6	43.6	37.3	5.3	5.9	5.5	5.5	3.9	23
21.5	22.9	20.7	22.1	20.0	5.9	7.8	5.6	5.7	4.4	24
24.3	27.8	25.1	23.9	20.3	8.2	9.5	8.5	7.5	7.3	25
37.1	38.3	37.2	38.4	33.9	9.7	12.8	9.3	8.8	8.4	26
133.8	126.2	140.7	150.6	104.8	6.0	7.1	5.9	5.8	5.5	27
17.8	14.5	18.9	22.0	12.8	4.7	5.1	5.0	4.6	4.3	28
10.6	9.5	12.7	12.2	6.7	1.3	1.2	1.3	1.4	1.1	29
39.4	36.5	42.1	45.2	29.3	7.8	9.5	7.9	7.2	6.9	30
19.9	23.2	20.8	20.0	15.4	4.8	5.2	4.7	4.7	4.3	31
155.9	153.2	161.4	165.4	135.9	6.1	6.7	6.2	5.8	5.6	32
12.3	11.9	12.1	13.1	11.7	7.1	8.4	7.5	6.3	7.0	33
8.2	7.7	7.6	10.7	5.1	4.5	5.4	4.6	4.1	4.6	34
10.5	8.9	12.2	9.4	11.8	4.9	5.6	4.7	5.2	4.1	35
12.7	15.8	13.9	13.2	7.2	3.0	2.8	3.0	3.4	1.9	36
17.9	14.8	20.1	21.6	12.3	4.8	6.1	4.8	4.6	4.1	37
20.6	19.0	23.1	20.2	20.0	6.9	7.5	6.9	7.0	6.2	38
111.3	101.0	111.8	122.6	102.3	5.2	5.6	5.4	5.2	4.6	39
13.8	11.7	15.1	15.7	11.3	3.6	4.2	3.5	3.5	3.2	40
10.7	9.8	12.0	9.5	11.9	5.7	6.8	6.1	6.0	4.1	41
37.1	41.4	37.1	37.1	32.9	2.5	2.4	2.6	2.6	2.4	42
14.3	21.3	10.7	14.5	11.5	2.1	1.9	2.4	2.1	2.1	43
21.5	24.2	22.0	21.4	18.4	7.9	9.0	7.1	8.0	7.2	44
87.0	68.1	95.0	91.4	89.2	6.6	7.7	6.9	6.5	5.8	45
19.8	16.1	25.4	16.2	22.9	7.8	9.4	8.3	7.5	6.3	46
21.0	13.6	21.0	26.1	20.1	6.9	7.4	6.5	7.4	5.9	47
11.1	8.6	11.4	12.8	10.7	5.5	5.9	5.3	5.6	5.3	48
5.8	3.5	5.8	6.5	6.9	9.0	9.1	9.7	8.9	8.3	49
19.0	14.2	21.6	19.9	19.0	3.4	3.5	4.0	3.1	2.9	50
134.7	123.6	136.5	132.9	147.2	6.4	7.6	6.3	6.3	5.8	51
46.0	42.9	46.7	43.0	53.4	8.6	10.9	8.2	8.3	7.3	52
10.5	10.4	10.9	9.7	11.6	14.2	18.2	13.3	13.7	12.1	53
8.0	7.0	8.1	10.8	4.3	5.6	6.8	5.3	5.3	5.0	54
11.1	13.8	11.6	10.0	9.8	5.0	5.3	4.9	5.5	4.0	55
11.9	9.8	11.5	13.0	12.6	4.5	4.7	4.5	4.5	4.1	56
176.4	160.1	173.7	169.7	207.8	3.3	3.8	3.5	3.3	2.6	57
157.2	139.2	153.5	152.5	188.4	3.2	3.7	3.4	3.2	2.6	58



TABLE 12. NUMBER OF PATIENTS DISCHARGED FROM SHORT-STAY HOSPITALS, BY BED SIZE OF HOSPITAL AND CATEGORY OF FIRST-LISTED DIAGNOSIS: UNITED STATES, 1986

[DISCHARGES FROM NON-FEDERAL HOSPITALS. EXCLUDES NEWBORN INFANTS. DIAGNOSTIC GROUPINGS AND CODE NUMBER INCLUSIONS ARE BASED ON THE INTERNATIONAL CLASSIFICATION OF DISEASES, 9TH REVISION, CLINICAL MODIFICATION (ICD-9-CM)]

CATEGORY OF FIRST-LISTED DIAGNOSIS AND ICD-9-CM CODE	NUMBER OF PATIENTS DISCHARGED IN THOUSANDS					
	ALL SIZES	6-99 BEDS	100-199 BEDS	200-299 BEDS	300-499 BEDS	500 BEDS OR MORE
ALL CONDITIONS.....	34,256	5,614	6,243	6,215	8,803	7,381
INFECTIOUS AND PARASITIC DISEASES.....001-139	700	127	148	124	156	146
NEOPLASMS.....140-239	2,305	197	313	423	704	668
MALIGNANT NEOPLASMS.....140-208,230-234	1,860	156	250	337	571	546
MALIGNANT NEOPLASM OF LARGE INTESTINE AND RECTUM.....153-154,197.5	210	26	30	48	56	50
MALIGNANT NEOPLASM OF TRACHEA, BRONCHUS, AND LUNG.....162,197.0,197.3	290	22	40	62	87	79
MALIGNANT NEOPLASM OF BREAST.....174-175,198.81	216	24	36	35	66	55
BENIGN NEOPLASMS AND NEOPLASMS OF UNCERTAIN BEHAVIOR AND UNSPECIFIED NATURE.....210-229,235-239	445	41	63	86	133	122
ENDOCRINE, NUTRITIONAL AND METABOLIC DISEASES, AND IMMUNITY DISORDERS.....240-279	1,117	230	212	203	248	224
DIABETES MELLITUS.....250	491	100	91	84	110	105
DISEASES OF THE BLOOD AND BLOOD-FORMING ORGANS.....280-289	333	54	69	54	84	72
MENTAL DISORDERS.....290-319	1,807	360	311	297	483	356
PSYCHOSES.....290-299	766	125	130	124	220	168
ALCOHOL DEPENDENCE SYNDROME.....303	397	110	62	72	93	59
DISEASES OF THE NERVOUS SYSTEM AND SENSE ORGANS.....320-389	1,039	143	156	180	279	281
DISEASES OF THE CENTRAL NERVOUS SYSTEM.....320-336,340-349	401	60	59	71	97	113
CATARACT.....366	104	11	8	20	35	30
DISEASES OF THE EAR AND MASTOID PROCESS.....380-389	217	32	50	42	55	39
DISEASES OF THE CIRCULATORY SYSTEM.....390-459	5,563	903	915	1,133	1,475	1,136
HEART DISEASE.....391-392.0,393-398,402,404,410-416,420-429	3,731	617	589	765	995	765
ACUTE MYOCARDIAL INFARCTION.....410	758	144	113	164	195	141
ATHEROSCLEROTIC HEART DISEASE.....414.0	338	22	28	61	109	117
OTHER ISCHEMIC HEART DISEASE.....411-413,414.1-414.9	1,043	173	166	208	287	209
CARDIAC DYSRHYTHMIAS.....427	515	92	98	105	132	88
CONGESTIVE HEART FAILURE.....428.0	582	130	104	125	134	88
CEREBROVASCULAR DISEASE.....430-438	889	155	165	176	230	162
DISEASES OF THE RESPIRATORY SYSTEM.....460-519	3,204	737	684	593	672	517
ACUTE RESPIRATORY INFECTIONS, EXCEPT INFLUENZA.....460-466	426	112	111	74	79	51
CHRONIC DISEASE OF TONSILS AND ADENOIDS.....474	255	44	60	55	55	41
PNEUMONIA, ALL FORMS.....480-486	943	277	190	168	179	129
ASTHMA.....493	477	77	93	98	108	102
DISEASES OF THE DIGESTIVE SYSTEM.....520-579	3,732	737	712	724	892	667
ULCERS OF THE STOMACH AND SMALL INTESTINE.....531-534	295	59	59	63	70	44
GASTRITIS AND DUODENITIS.....535	196	58	48	34	36	20
APPENDICITIS.....540-543	250	64	50	43	56	37
INGUINAL HERNIA.....550	304	60	53	63	74	55
NONINFECTIOUS ENTERITIS AND COLITIS.....555-556,558	429	105	91	69	93	70
CHOLELITHIASIS.....574	494	98	94	92	135	75
DISEASES OF THE GENITOURINARY SYSTEM.....580-629	2,665	428	563	463	654	557
CALCULUS OF KIDNEY AND URETER.....592	331	51	65	58	81	76
HYPERPLASIA OF PROSTATE.....600	256	34	53	54	68	47
COMPLICATIONS OF PREGNANCY, CHILDBIRTH, AND THE PUERPERIUM 1/.....630-676	889	120	153	109	252	255
ABORTIONS AND ECTOPIC AND MOLAR PREGNANCIES.....630-639	343	38	63	48	97	97
DISEASES OF THE SKIN AND SUBCUTANEOUS TISSUE.....680-709	515	94	96	89	116	120
DISEASES OF THE MUSCULOSKELETAL SYSTEM AND CONNECTIVE TISSUE.....710-739	2,061	270	430	414	529	438
ARTHROPATHIES AND RELATED DISORDERS.....710-719	475	48	88	93	135	110
INTERVERTEBRAL DISC DISORDERS.....722	504	62	89	103	136	114
CONGENITAL ANOMALIES.....740-759	267	19	62	31	71	84
CERTAIN CONDITIONS ORIGINATING IN THE PERINATAL PERIOD.....760-779	139	20	28	24	34	32
SYMPTOMS, SIGNS, AND ILL-DEFINED CONDITIONS.....780-799	454	67	76	99	114	97
INJURY AND POISONING.....800-999	3,225	520	598	628	815	663
FRACTURES, ALL SITES.....800-829	1,100	163	205	233	288	212
FRACTURE OF NECK OF FEMUR.....820	252	39	45	56	68	44
SPRAINS AND STRAINS OF BACK (INCLUDING NECK).....846-847	192	52	56	30	35	19
INTRACRANIAL INJURIES (EXCLUDING THOSE WITH SKULL FRACTURE).....850-854	267	44	47	52	69	55
LACERATIONS AND OPEN WOUNDS.....870-904	284	42	42	54	72	74
SUPPLEMENTARY CLASSIFICATIONS.....V01-V82	4,222	587	716	626	1,226	1,067
FEMALES WITH DELIVERIES.....V27	3,762	540	647	545	1,092	937

1/ FIRST-LISTED DIAGNOSIS FOR FEMALES WITH DELIVERIES IS CODED V27, SHOWN UNDER "SUPPLEMENTARY CLASSIFICATIONS."

TABLE 13. AVERAGE LENGTH OF STAY FOR PATIENTS DISCHARGED FROM SHORT-STAY HOSPITALS, BY BED SIZE OF HOSPITAL AND CATEGORY OF FIRST-LISTED DIAGNOSIS: UNITED STATES, 1986

[DISCHARGES FROM NON-FEDERAL HOSPITALS. EXCLUDES NEWBORN INFANTS. DIAGNOSTIC GROUPINGS AND CODE NUMBER INCLUSIONS ARE BASED ON THE INTERNATIONAL CLASSIFICATION OF DISEASES, 9TH REVISION, CLINICAL MODIFICATION (ICD-9-CM)]

CATEGORY OF FIRST-LISTED DIAGNOSIS AND ICD-9-CM CODE	ALL SIZES	6-99 BEDS	100-199 BEDS	200-299 BEDS	300-499 BEDS	500 BEDS OR MORE	AVERAGE LENGTH OF STAY IN DAYS													
ALL CONDITIONS.....	6.4	5.3	5.7	6.5	6.7	7.3														
INFECTIOUS AND PARASITIC DISEASES.....001-139	7.0	5.1	6.3	7.9	7.1	8.4														
NEOPLASMS.....140-239	8.4	7.1	7.7	8.1	8.5	9.0														
MALIGNANT NEOPLASMS.....140-208,230-234	9.1	7.9	8.4	9.0	9.1	9.7														
MALIGNANT NEOPLASM OF LARGE INTESTINE AND RECTUM.....153-154,197.5	12.8	11.9	12.3	13.8	12.7	12.8														
MALIGNANT NEOPLASM OF TRACHEA, BRONCHUS, AND LUNG.....162,197.0,197.3	8.8	7.2	8.3	8.2	9.5	9.3														
MALIGNANT NEOPLASM OF BREAST.....174-175,198.81	7.1	6.1	7.4	6.8	6.8	7.8														
BENIGN NEOPLASMS AND NEOPLASMS OF UNCERTAIN BEHAVIOR AND UNSPECIFIED NATURE.....210-229,235-239	5.3	4.3	5.0	4.8	5.6	5.8														
ENDOCRINE, NUTRITIONAL AND METABOLIC DISEASES, AND IMMUNITY DISORDERS.....240-279	7.2	5.6	6.8	7.4	7.9	8.1														
DIABETES MELLITUS.....250	7.6	6.2	7.4	7.8	8.4	8.4														
DISEASES OF THE BLOOD AND BLOOD-FORMING ORGANS.....280-289	5.8	4.5	4.8	5.9	6.7	6.9														
MENTAL DISORDERS.....290-319	12.3	10.9	11.3	10.9	12.3	15.6														
PSYCHOSES.....290-299	14.4	12.5	12.9	11.7	14.8	18.6														
ALCOHOL DEPENDENCE SYNDROME.....303	10.7	10.4	10.4	10.2	10.7	12.1														
DISEASES OF THE NERVOUS SYSTEM AND SENSE ORGANS.....320-389	5.6	4.6	5.0	5.1	5.2	7.2														
DISEASES OF THE CENTRAL NERVOUS SYSTEM.....320-336,340-349	9.3	6.7	7.1	7.8	9.1	12.8														
CATARACT.....366	1.7	1.5	1.5	1.7	1.8	1.9														
DISEASES OF THE EAR AND MASTOID PROCESS.....380-389	2.9	3.5	2.7	2.9	2.4	3.3														
DISEASES OF THE CIRCULATORY SYSTEM.....390-459	7.5	5.6	7.0	7.5	7.9	8.8														
HEART DISEASE.....391-392.0,393-398,402,404,410-416,420-429	7.0	5.4	6.6	7.1	7.5	8.0														
ACUTE MYOCARDIAL INFARCTION.....410	8.9	6.6	8.3	9.1	9.3	10.8														
ATHEROSCLEROTIC HEART DISEASE.....414.0	6.2	4.3	5.5	5.6	6.1	7.1														
OTHER ISCHEMIC HEART DISEASE.....411-413,414.1-414.9	5.3	4.0	5.0	4.9	5.7	6.6														
CARDIAC DYSRHYTHMIAS.....427	5.9	4.3	5.6	6.1	6.8	6.3														
CONGESTIVE HEART FAILURE.....428.0	8.2	6.6	8.1	8.2	9.3	9.1														
CEREBROVASCULAR DISEASE.....430-438	9.7	6.6	8.9	9.3	10.1	13.3														
DISEASES OF THE RESPIRATORY SYSTEM.....460-519	6.0	5.4	5.5	6.4	6.5	6.5														
ACUTE RESPIRATORY INFECTIONS, EXCEPT INFLUENZA.....460-466	4.7	4.4	4.3	5.5	4.9	4.9														
CHRONIC DISEASE OF TONSILS AND ADENOIDS.....474	1.3	1.4	1.4	1.2	1.1	1.3														
PNEUMONIA, ALL FORMS.....480-486	7.8	6.5	7.4	8.4	8.9	8.9														
ASTHMA.....493	4.8	4.2	4.6	4.9	5.1	4.9														
DISEASES OF THE DIGESTIVE SYSTEM.....520-579	6.1	5.0	5.6	6.2	6.5	6.9														
ULCERS OF THE STOMACH AND SMALL INTESTINE.....531-534	7.1	5.6	6.9	7.6	7.4	8.5														
GASTRITIS AND DUODENITIS.....535	4.5	3.9	4.3	4.7	5.7	4.6														
APPENDICITIS.....540-543	4.9	4.5	4.7	4.5	5.5	5.2														
INGUINAL HERNIA.....550	3.0	3.0	3.0	2.9	2.8	3.3														
NONINFECTIOUS ENTERITIS AND COLITIS.....555-556,558	4.8	3.8	4.3	5.0	5.3	6.4														
CHOLELITHIASIS.....574	6.9	6.2	6.8	6.6	7.5	7.2														
DISEASES OF THE GENITOURINARY SYSTEM.....580-629	5.2	4.8	4.6	5.3	5.7	5.5														
CALCULUS OF KIDNEY AND URETER.....592	3.6	2.5	3.5	3.3	3.9	4.2														
HYPERPLASIA OF PROSTATE.....600	5.7	5.3	5.6	5.0	6.4	6.2														
COMPLICATIONS OF PREGNANCY, CHILDBIRTH, AND THE PUERPERIUM 1/.....630-676	2.5	2.1	2.2	2.3	2.6	3.0														
ABORTIONS AND ECTOPIC AND MOLAR PREGNANCIES.....630-639	2.1	2.1	1.9	2.0	2.1	2.2														
DISEASES OF THE SKIN AND SUBCUTANEOUS TISSUE.....680-709	7.9	5.7	6.9	8.6	8.3	9.3														
DISEASES OF THE MUSCULOSKELETAL SYSTEM AND CONNECTIVE TISSUE.....710-739	6.6	5.9	5.4	6.6	7.4	7.4														
ARTHROPATHIES AND RELATED DISORDERS.....710-719	7.8	6.2	6.5	8.1	8.5	8.4														
INTERVERTEBRAL DISC DISORDERS.....722	6.9	7.4	6.1	6.7	7.5	6.5														
CONGENITAL ANOMALIES.....740-759	5.5	3.4	4.3	5.2	5.5	6.9														
CERTAIN CONDITIONS ORIGINATING IN THE PERINATAL PERIOD.....760-779	9.0	4.7	5.5	9.5	10.1	13.1														
SYMPTOMS, SIGNS, AND ILL-DEFINED CONDITIONS.....780-799	3.4	2.4	2.9	3.7	3.2	4.2														
INJURY AND POISONING.....800-999	6.4	4.6	5.6	6.7	6.9	7.8														
FRACTURES, ALL SITES.....800-829	8.6	6.4	7.5	9.0	9.2	9.8														
FRACTURE OF NECK OF FEMUR.....820	14.2	12.3	13.4	15.5	14.1	15.1														
SPRAINS AND STRAINS OF BACK (INCLUDING NECK).....846-847	5.6	5.4	5.5	5.2	5.8	6.2														
INTRACRANIAL INJURIES (EXCLUDING THOSE WITH SKULL FRACTURE).....850-854	5.0	2.7	3.6	6.0	4.1	8.3														
LACERATIONS AND OPEN WOUNDS.....870-904	4.5	3.4	3.6	4.9	4.8	4.9														
SUPPLEMENTARY CLASSIFICATIONS.....V01-V82	3.3	2.7	2.9	3.2	3.4	3.8														
FEMALES WITH DELIVERIES.....V27	3.2	2.7	2.9	3.0	3.3	3.7														

1/ FIRST-LISTED DIAGNOSIS FOR FEMALES WITH DELIVERIES IS CODED V27, SHOWN UNDER "SUPPLEMENTARY CLASSIFICATIONS."

TABLE 14. NUMBER OF ALL-LISTED DIAGNOSES FOR PATIENTS DISCHARGED FROM SHORT-STAY HOSPITALS, BY AGE, SEX, RACE, GEOGRAPHIC REGION, AND BED SIZE OF HOSPITAL, BY DIAGNOSTIC CATEGORY: UNITED STATES, 1986

[DISCHARGES FROM NON-FEDERAL HOSPITALS. EXCLUDES NEWBORN INFANTS. DIAGNOSTIC GROUPINGS AND CODE NUMBER INCLUSIONS ARE BASED ON THE INTERNATIONAL CLASSIFICATION OF DISEASES, 9TH REVISION, CLINICAL MODIFICATION (ICD-9-CM)]

DIAGNOSTIC CATEGORY AND ICD-9-CM CODE	ALL DIAGNOSES	AGE			
		UNDER 15 YEARS	15-44 YEARS	45-64 YEARS	65 YEARS AND OVER
NUMBER OF ALL-LISTED DIAGNOSES IN THOUSANDS					
01 ALL CONDITIONS.....	102,764	5,543	32,019	22,361	42,841
02 INFECTIOUS AND PARASITIC DISEASES.....001-139	2,512	359	739	425	989
03 NEOPLASMS.....140-239	4,712	91	737	1,515	2,369
04 MALIGNANT NEOPLASMS.....140-208,230-234	3,745	66	361	1,206	2,113
05 MALIGNANT NEOPLASM OF LARGE INTESTINE AND RECTUM.....153-154,197.5	288	*	46	76	205
06 MALIGNANT NEOPLASM OF TRACHEA, BRONCHUS, AND LUNG.....162,197.0,197.3	510	*	24	195	287
07 MALIGNANT NEOPLASM OF BREAST.....174-175,198.81	285	-	42	104	139
08 BENIGN NEOPLASMS AND NEOPLASMS OF UNCERTAIN BEHAVIOR AND UNSPECIFIED NATURE.....210-229,235-239	967	25	376	309	256
09 ENDOCRINE, NUTRITIONAL AND METABOLIC DISEASES, AND IMMUNITY DISORDERS.....240-279	7,030	281	1,131	1,937	3,681
10 DIABETES MELLITUS.....250	2,864	26	389	900	1,548
11 DISEASES OF THE BLOOD AND BLOOD-FORMING ORGANS.....280-289	2,308	152	607	454	1,094
12 MENTAL DISORDERS.....290-319	5,070	124	2,530	1,119	1,297
13 PSYCHOSES.....290-299	1,473	10	595	313	555
14 ALCOHOL DEPENDENCE SYNDROME.....303	910	*	514	294	99
15 DISEASES OF THE NERVOUS SYSTEM AND SENSE ORGANS.....320-389	3,531	501	747	732	1,551
16 DISEASES OF THE CENTRAL NERVOUS SYSTEM.....320-336,340-349	1,596	113	363	309	811
17 CATARACT.....366	169	*	49	30	126
18 DISEASES OF THE EAR AND MASTOID PROCESS.....380-389	624	304	114	84	123
19 DISEASES OF THE CIRCULATORY SYSTEM.....390-459	20,373	116	1,275	5,355	13,627
20 HEART DISEASE.....391-392.0,393-398,402,404,410-416,420-429	12,932	79	610	3,324	8,919
21 ACUTE MYOCARDIAL INFARCTION.....410	870	*	44	288	536
22 ATHEROSCLEROTIC HEART DISEASE.....414.0	1,837	45	46	458	1,327
23 OTHER ISCHEMIC HEART DISEASE.....411-413,414.1-414.9	3,214	48	139	1,096	1,971
24 CARDIAC DYSRHYTHMIAS.....427	2,571	23	127	521	1,900
25 CONGESTIVE HEART FAILURE.....428.0	1,716	11	33	286	1,386
26 CEREBROVASCULAR DISEASE.....430-438	1,893	48	54	354	1,477
27 DISEASES OF THE RESPIRATORY SYSTEM.....460-519	7,591	1,162	1,313	1,580	3,537
28 ACUTE RESPIRATORY INFECTIONS, EXCEPT INFLUENZA.....460-466	826	265	177	130	253
29 CHRONIC DISEASE OF TONSILS AND ADENOIDS.....474	331	219	107	*	*
30 PNEUMONIA, ALL FORMS.....480-486	1,469	262	192	237	778
31 ASTHMA.....493	780	211	195	171	203
32 DISEASES OF THE DIGESTIVE SYSTEM.....520-579	8,213	464	2,122	2,127	3,500
33 ULCERS OF THE STOMACH AND SMALL INTESTINE.....531-534	586	*	107	163	313
34 GASTRITIS AND DUODENITIS.....535	555	21	175	152	207
35 APPENDICITIS.....540-543	297	62	178	34	23
36 INGUINAL HERNIA.....550	378	42	87	107	142
37 NONINFECTIOUS ENTERITIS AND COLITIS.....555-556,558	730	164	242	121	204
38 CHOLELITHIASIS.....574	786	45	223	221	337
39 DISEASES OF THE GENITOURINARY SYSTEM.....580-629	7,368	176	2,728	1,687	2,778
40 CALCULUS OF KIDNEY AND URETER.....592	426	*	191	146	86
41 HYPERPLASIA OF PROSTATE.....600	456	*	*	98	355
42 COMPLICATIONS OF PREGNANCY, CHILDBIRTH, AND THE PUERPERIUM 1/.....630-676	6,766	21	6,738	*6	...
43 ABORTIONS AND ECTOPIC AND MOLAR PREGNANCIES.....630-639	381	*	378	*	...
44 DISEASES OF THE SKIN AND SUBCUTANEOUS TISSUE.....680-709	1,308	105	371	322	510
45 DISEASES OF THE MUSCULOSKELETAL SYSTEM AND CONNECTIVE TISSUE.....710-739	5,076	92	1,440	1,404	2,140
46 ARTHROPATHIES AND RELATED DISORDERS.....710-719	1,723	28	292	396	1,007
47 INTERVERTEBRAL DISC DISORDERS.....722	655	*	316	236	101
48 CONGENITAL ANOMALIES.....740-759	675	317	181	97	80
49 CERTAIN CONDITIONS ORIGINATING IN THE PERINATAL PERIOD.....760-779	344	333	*	*7	*
50 SYMPTOMS, SIGNS, AND ILL-DEFINED CONDITIONS.....780-799	5,479	468	1,339	1,350	2,321
51 INJURY AND POISONING.....800-999	6,370	591	2,887	1,174	1,717
52 FRACTURES, ALL SITES.....800-829	1,637	163	643	268	564
53 FRACTURE OF NECK OF FEMUR.....820	279	*	13	26	237
54 SPRAINS AND STRAINS OF BACK (INCLUDING NECK).....846-847	323	45	204	84	31
55 INTRACRANIAL INJURIES (EXCLUDING THOSE WITH SKULL FRACTURE).....850-854	350	67	187	39	56
56 LACERATIONS AND OPEN WOUNDS.....870-904	710	66	453	102	89
57 SUPPLEMENTARY CLASSIFICATIONS.....V01-V82	8,039	190	5,130	1,070	1,649
58 FEMALES WITH DELIVERIES.....V27	3,702	11	3,748	*	...

1/ FIRST-LISTED DIAGNOSIS FOR FEMALES WITH DELIVERIES IS CODED V27, SHOWN UNDER "SUPPLEMENTARY CLASSIFICATIONS."

TABLE 14. NUMBER OF ALL-LISTED DIAGNOSES FOR PATIENTS DISCHARGED FROM SHORT-STAY HOSPITALS, BY AGE, SEX, RACE, GEOGRAPHIC REGION, AND BED SIZE OF HOSPITAL, BY DIAGNOSTIC CATEGORY: UNITED STATES, 1986--CON.

[DISCHARGES FROM NON-FEDERAL HOSPITALS. EXCLUDES NEWBORN INFANTS. DIAGNOSTIC GROUPINGS AND CODE NUMBER INCLUSIONS ARE BASED ON THE INTERNATIONAL CLASSIFICATION OF DISEASES, 9TH REVISION, CLINICAL MODIFICATION (ICD-9-CM)]

SEX		RACE			REGION				BED SIZE					
MALE	FEMALE	WHITE	ALL OTHER	NOT STATED	NORTH-EAST	MIDWEST	SOUTH	WEST	6-99 BEDS	100-199 BEDS	200-299 BEDS	300-499 BEDS	500 BEDS OR MORE	
NUMBER OF ALL-LISTED DIAGNOSES IN THOUSANDS--CON.														
41,759	61,005	77,680	14,956	10,128	22,035	26,994	34,778	18,956	17,395	18,024	18,749	26,515	22,080	01
1,075	1,438	1,824	457	231	517	655	882	457	451	446	452	598	565	02
2,025	2,687	3,675	599	438	1,030	1,323	1,439	919	479	690	913	1,386	1,243	03
1,787	1,958	2,966	434	345	810	1,089	1,105	741	367	527	720	1,117	1,014	04
144	144	231	32	25	77	74	82	55	39	42	65	77	64	05
301	209	409	62	39	111	140	169	90	50	70	107	152	131	06
*	283	221	30	34	55	85	85	60	32	47	47	86	72	07
238	729	709	165	93	220	235	335	178	112	164	193	270	229	08
2,715	4,315	5,334	1,107	589	1,535	1,915	2,415	1,165	1,397	1,218	1,287	1,709	1,418	09
1,201	1,663	2,085	521	258	664	756	996	448	509	475	540	725	615	10
893	1,415	1,602	524	181	540	563	784	421	364	379	413	589	562	11
2,599	2,471	3,603	843	624	1,334	1,476	1,403	857	1,037	824	872	1,291	1,046	12
678	795	1,070	229	174	411	386	398	278	275	235	256	397	309	13
683	227	560	203	147	314	278	190	128	216	139	160	230	165	14
1,641	1,889	2,682	492	356	809	1,003	1,094	625	515	569	637	912	898	15
748	847	1,229	223	143	364	437	492	303	243	248	307	409	388	16
65	103	129	20	19	65	46	30	28	19	18	31	50	51	17
318	306	484	80	61	133	164	236	91	104	148	109	137	127	18
9,955	10,418	16,440	2,331	1,602	4,878	5,230	6,819	3,447	3,415	3,346	4,081	5,387	4,144	19
6,571	6,361	10,673	1,267	992	3,186	3,261	4,295	2,190	2,218	2,079	2,659	3,442	2,535	20
528	342	729	71	69	199	225	283	163	129	166	129	223	169	21
985	852	1,564	151	122	507	499	579	252	234	248	388	561	405	22
1,760	1,453	2,712	258	243	795	779	1,079	561	534	498	638	890	653	23
1,268	1,303	2,142	226	204	594	640	842	496	477	443	544	644	464	24
782	934	1,380	193	144	409	439	587	282	402	291	345	406	272	25
847	1,047	1,484	235	174	419	468	659	347	325	331	376	499	362	26
3,867	3,724	5,970	955	665	1,561	2,026	2,797	1,207	1,678	1,482	1,424	1,716	1,291	27
393	433	636	112	77	155	213	340	118	215	195	148	156	112	28
147	184	259	35	37	58	95	133	46	55	81	68	75	52	29
744	724	1,144	196	128	291	395	552	231	407	284	266	295	218	30
318	463	529	178	74	192	206	259	124	133	145	152	183	167	31
3,594	4,620	6,413	1,029	772	1,773	2,087	2,954	1,399	1,572	1,553	1,573	1,964	1,552	32
291	295	460	75	51	125	147	206	109	106	114	127	137	101	33
240	316	435	75	45	117	136	229	72	142	129	101	108	75	34
156	142	227	33	37	52	83	95	67	75	60	51	69	43	35
336	43	297	42	40	94	103	130	51	74	67	77	90	70	36
276	455	576	84	70	128	209	284	110	180	146	118	163	124	37
253	533	606	90	90	164	212	269	140	152	147	151	210	126	38
2,520	4,849	5,564	1,089	715	1,464	1,847	2,739	1,319	1,183	1,476	1,311	1,881	1,516	39
271	154	355	27	43	76	114	170	66	66	78	76	109	97	40
456	...	367	42	47	99	130	144	82	65	89	88	125	90	41
...	6,766	4,296	1,535	935	1,264	1,695	2,217	1,591	957	1,082	907	1,983	1,837	42
...	381	227	116	37	113	71	134	63	45	71	52	107	105	43
589	718	960	227	120	318	332	427	231	226	230	238	316	298	44
1,948	3,127	3,967	567	541	937	1,371	1,817	951	857	1,034	981	1,234	969	45
589	1,134	1,358	198	167	348	482	568	325	305	321	335	431	331	46
359	295	512	56	86	90	160	277	127	93	118	133	177	134	47
347	328	491	96	87	113	182	244	135	65	143	85	189	193	48
192	152	216	75	52	44	92	134	74	36	53	65	94	94	49
2,563	2,916	4,189	765	525	1,043	1,468	1,932	1,035	975	1,019	1,032	1,336	1,117	50
3,522	2,848	4,777	887	706	1,279	1,628	2,098	1,365	1,041	1,138	1,190	1,663	1,336	51
858	779	1,280	174	184	328	412	528	369	240	296	338	430	333	52
74	205	233	16	30	57	74	87	61	42	48	60	78	51	53
158	165	231	62	30	71	80	134	39	81	95	55	61	30	54
211	139	251	58	41	89	90	112	59	62	64	67	91	66	55
507	204	492	137	81	142	172	249	147	115	104	132	192	166	56
1,714	6,325	5,674	1,377	989	1,597	2,100	2,583	1,759	1,146	1,340	1,289	2,268	1,996	57
...	3,762	2,413	783	567	695	908	1,252	908	540	647	545	1,092	937	58

TABLE 15. NUMBER OF ALL-LISTED PROCEDURES FOR PATIENTS DISCHARGED FROM SHORT-STAY HOSPITALS, BY AGE AND PROCEDURE CATEGORY: UNITED STATES, 1986

[DISCHARGES FROM NON-FEDERAL HOSPITALS. EXCLUDES NEWBORN INFANTS. GROUPINGS OF PROCEDURES BY ANATOMICAL SYSTEMS AND CODE NUMBER INCLUSIONS ARE BASED ON THE INTERNATIONAL CLASSIFICATION OF DISEASES, 9TH REVISION, CLINICAL MODIFICATION (ICD-9-CM)]

PROCEDURE CATEGORY AND ICD-9-CM CODE	ALL AGES	UNDER 15	15-44	45-64	65 YEARS
		YEARS	YEARS	YEARS	AND OVER
NUMBER OF ALL-LISTED PROCEDURES IN THOUSANDS					
ALL PROCEDURES.....	38,000	1,887	15,192	8,976	11,946
OPERATIONS ON THE NERVOUS SYSTEM.....01-05	933	164	326	214	229
SPINAL TAP.....03.31	347	123	99	45	80
OPERATIONS ON THE ENDOCRINE SYSTEM.....06-07	101	*5	41	32	23
OPERATIONS ON THE EYE.....08-16	561	37	96	132	297
EXTRACTION OF LENS.....13.1-13.6	122	*	*8	23	87
INSERTION OF PROSTHETIC LENS (PSEUDOPHAKOS).....13.7	105	*	*	18	83
OPERATIONS ON THE EAR.....18-20	208	102	60	31	16
OPERATIONS ON THE NOSE, MOUTH, AND PHARYNX.....21-29	1,046	280	484	185	96
RHINOPLASTY AND REPAIR OF NOSE.....21.8	153	*7	109	27	10
TONSILLECTOMY WITH OR WITHOUT ADENOIDECTOMY.....28.2-28.3	281	176	100	*	*
OPERATIONS ON THE RESPIRATORY SYSTEM.....30-34	1,011	57	199	313	442
BRONCHOSCOPY.....33.21-33.23	199	14	36	65	85
OPERATIONS ON THE CARDIOVASCULAR SYSTEM.....35-39	2,786	129	332	1,108	1,217
REMOVAL OF CORONARY ARTERY OBSTRUCTION.....36.0	133	*	15	74	44
DIRECT HEART REVASCLARIZATION.....36.1	284	-	16	144	125
CARDIAC CATHETERIZATION.....37.21-37.23	775	32	82	386	275
PACEMAKER INSERTION, REPLACEMENT, REMOVAL, AND REPAIR.....37.7-37.8	214	*	*8	44	158
OPERATIONS ON THE HEMIC AND LYMPHATIC SYSTEM.....40-41	403	20	96	116	171
OPERATIONS ON THE DIGESTIVE SYSTEM.....42-54	5,728	221	1,798	1,471	2,238
ESOPHAGOSCOPY AND GASTROSCOPY (NATURAL ORIFICE).....42.23,44.13	194	*7	38	56	93
PARTIAL GASTRECTOMY AND RESECTION OF INTESTINE.....43.5-43.8,45.6-45.8	293	*5	41	80	168
ENDOSCOPY OF LARGE INTESTINE (NATURAL ORIFICE).....45.24	448	*5	80	110	254
APPENDECTOMY, EXCLUDING INCIDENTAL.....47.0	275	59	174	28	15
HEMORRHOIDECTOMY.....49.43-49.46	114	*	54	40	19
CHOLECYSTECTOMY.....51.2	502	*	176	157	166
REPAIR OF INGUINAL HERNIA.....53.0-53.1	329	37	84	101	107
DIVISION OF PERITONEAL ADHESIONS.....54.5	325	*	175	67	81
OPERATIONS ON THE URINARY SYSTEM.....55-59	1,885	61	427	520	877
ENDOSCOPES THROUGH NATURAL ORIFICE.....55.21-55.22,56.31,57.32,58.22	671	14	113	178	366
OPERATIONS ON THE MALE GENITAL ORGANS.....60-64	718	79	80	147	411
PROSTATECTOMY.....60.2-60.6	367	***	*	77	287
OPERATIONS ON THE FEMALE GENITAL ORGANS.....65-71	2,999	*9	2,186	573	230
OOPHORECTOMY AND SALPINGO-OOPHORECTOMY.....65.3-65.6	502	*	277	173	51
BILATERAL DESTRUCTION OR OCCLUSION OF FALLOPIAN TUBES.....66.2-66.3	423	-	421	*	***
HYSTERECTOMY.....68.3-68.7	644	-	397	191	57
DILATION AND CURETTAGE OF UTERUS.....69.0	472	*	382	66	23
REPAIR OF CYSTOCELE AND RECTOCELE.....70.5	147	-	48	60	39
OBSTETRICAL PROCEDURES.....72-75	4,701	15	4,682	*	-
EPISIOTOMY WITH OR WITHOUT FORCEPS OR VACUUM EXTRACTION.....72.1,72.21,72.31,72.71,73.6	1,741	*7	1,732	*	-
CESAREAN SECTION.....74.0-74.2,74.4,74.99	906	*	904	*	-
REPAIR OF CURRENT OBSTETRIC LACERATION.....75.5-75.6	612	*	609	*	-
OPERATIONS ON THE MUSCULOSKELETAL SYSTEM.....76-84	3,521	220	1,533	862	905
OPEN REDUCTION OF FRACTURE, EXCEPT JAW.....76.79,79.2-79.3,79.5-79.6	459	32	180	82	165
OTHER REDUCTION OF FRACTURE, EXCEPT JAW.....76.70,76.78,79.0-79.1,79.4	214	55	73	33	53
EXCISION OR DESTRUCTION OF INTERVERTEBRAL DISC AND SPINAL FUSION.....80.5,81.0	338	*	191	115	29
ARTHROPLASTY AND REPLACEMENT OF KNEE.....81.41-81.47	185	*	75	33	74
ARTHROPLASTY AND REPLACEMENT OF HIP.....81.5,81.6	201	*	*8	40	152
OPERATIONS ON MUSCLES, TENDONS, FASCIA, AND BURSA.....82-83.1,83.3-83.9	344	30	163	98	54
OPERATIONS ON THE INTEGUMENTARY SYSTEM.....85-86	1,619	93	642	446	438
MASTECTOMY.....85.4	132	-	19	51	63
EXCISION OR DESTRUCTION OF LESION OR TISSUE OF SKIN AND SUBCUTANEOUS TISSUE.....86.2-86.4	565	40	225	134	166
SKIN GRAFT (EXCEPT LIP OR MOUTH).....86.6-86.7	150	17	50	37	46
MISCELLANEOUS DIAGNOSTIC AND THERAPEUTIC PROCEDURES.....87-99	9,781	392	2,209	2,825	4,355
COMPUTERIZED AXIAL TOMOGRAPHY (CAT SCAN).....87.03,87.41,87.71,88.01,88.38	1,531	68	346	373	743
PYELOGRAM.....87.73-87.75	406	13	145	110	138
ARTERIOGRAPHY AND ANGIOCARDIOGRAPHY USING CONTRAST MATERIAL.....88.4-88.5	1,285	17	159	579	529
DIAGNOSTIC ULTRASOUND.....88.7	1,411	52	435	337	587
CIRCULATORY MONITORING.....89.6	799	20	104	184	492
RADIOISOTOPE SCAN.....92.0-92.1	851	18	149	254	429

NOTE: SEE "MEDICAL CODING AND EDIT," APPENDIX I, FOR CODING MODIFICATIONS FOR THE NATIONAL HOSPITAL DISCHARGE SURVEY.

TABLE 16. RATE OF ALL-LISTED PROCEDURES FOR PATIENTS DISCHARGED FROM SHORT-STAY HOSPITALS, BY AGE AND PROCEDURE CATEGORY: UNITED STATES, 1980

(DISCHARGES FROM NON-FEDERAL HOSPITALS. EXCLUDES NEWBORN INFANTS. GROUPINGS OF PROCEDURES BY ANATOMICAL SYSTEMS AND CODE NUMBER INCLUSIONS ARE BASED ON THE INTERNATIONAL CLASSIFICATION OF DISEASES, 9TH REVISION, CLINICAL MODIFICATION (ICD-9-CM))

PROCEDURE CATEGORY AND ICD-9-CM CODE	ALL AGES	UNDER 15 YEARS	15-44 YEARS	45-64 YEARS	65 YEARS AND OVER
ALL PROCEDURES.....	15,876.0	3,629.2	13,420.4	19,946.6	40,947.9
OPERATIONS ON THE NERVOUS SYSTEM.....01-05	389.8	316.0	287.9	474.8	786.0
SPINAL TAP.....03.31	144.9	235.7	87.8	99.6	274.3
OPERATIONS ON THE ENDOCRINE SYSTEM.....06-07	42.2	*10.5	36.3	70.1	78.8
OPERATIONS ON THE EYE.....08-16	234.5	71.6	84.4	292.6	1,017.8
EXTRACTION OF LENS.....13.1-13.6	51.0	*	*7.1	51.8	298.1
INSERTION OF PROSTHETIC LENS (PSEUDOPHAKOS).....13.7	43.7	*	*	40.1	285.8
OPERATIONS ON THE EAR.....18-20	87.1	196.5	52.7	68.6	54.3
OPERATIONS ON THE NOSE, MOUTH, AND PHARYNX.....21-29	436.9	539.1	428.0	410.1	330.7
RHINOPLASTY AND REPAIR OF NOSE.....21.8	64.1	*13.9	96.2	60.5	34.4
TONSILLECTOMY WITH OR WITHOUT ADENOIDECTOMY.....28.2-28.3	117.4	339.2	88.5	*	*
OPERATIONS ON THE RESPIRATORY SYSTEM.....30-34	422.4	109.9	176.1	694.8	1,514.8
BRONCHOSCOPY.....33.21-33.23	83.3	26.6	31.6	143.6	291.9
OPERATIONS ON THE CARDIOVASCULAR SYSTEM.....35-39	1,164.0	248.8	293.4	2,462.1	4,170.8
REMOVAL OF CORONARY ARTERY OBSTRUCTION.....36.0	55.8	*	13.2	164.6	150.4
DIRECT HEART REVASCUARIZATION.....36.1	118.8	-	13.9	319.1	429.0
CARDIAC CATHETERIZATION.....37.21-37.23	323.8	62.1	72.5	857.8	941.4
PACEMAKER INSERTION, REPLACEMENT, REMOVAL, AND REPAIR.....37.7-37.8	89.5	*	*6.9	97.5	542.9
OPERATIONS ON THE HEMIC AND LYMPHATIC SYSTEM.....40-41	168.3	38.3	85.2	257.4	584.7
OPERATIONS ON THE DIGESTIVE SYSTEM.....42-54	2,393.2	424.7	1,588.5	3,268.8	7,672.5
ESOPHAGOSCOPY AND GASTROSCOPY (NATURAL ORIFICE).....42.23,44.13	81.1	*13.1	33.9	124.4	318.1
PARTIAL GASTRECTOMY AND RESECTION OF INTESTINE.....43.5-43.8,45.6-45.8	122.5	*8.8	36.1	177.4	576.0
ENDOSCOPY OF LARGE INTESTINE (NATURAL ORIFICE).....45.24	187.3	*8.8	70.3	244.7	870.6
APPENDECTOMY, EXCLUDING INCIDENTAL.....47.0	115.0	112.7	153.5	62.3	50.7
HEMORRHOIDECTOMY.....49.43-49.46	47.7	*	48.0	89.8	64.7
CHOLECYSTECTOMY.....51.2	209.8	*	155.6	348.5	569.5
REPAIR OF INGUINAL HERNIA.....53.0-53.1	137.5	72.1	74.0	225.0	365.7
DIVISION OF PERITONEAL ADHESIONS.....54.5	135.9	*	154.7	147.9	276.0
OPERATIONS ON THE URINARY SYSTEM.....55-59	787.5	117.2	376.8	1,156.3	3,006.7
ENDOSCOPIC THROUGH NATURAL ORIFICE.....55.21-55.22,56.31,57.32,58.22	280.3	26.9	99.6	396.6	1,253.9
OPERATIONS ON THE MALE GENITAL ORGANS.....60-64	299.8	152.5	70.7	327.1	1,409.1
PROSTATECTOMY.....60.2-60.6	153.2	...	*	171.3	985.2
OPERATIONS ON THE FEMALE GENITAL ORGANS.....65-71	1,252.8	*16.9	1,931.4	1,274.0	789.3
OOPHORECTOMY AND SALPINGO-OOPHORECTOMY.....65.3-65.6	209.8	*	244.3	385.4	173.6
BILATERAL DESTRUCTION OR OCCLUSION OF FALLOPIAN TUBES.....66.2-66.3	176.8	-	372.0	*	...
HYSTERECTOMY.....68.3-68.7	269.1	-	350.3	424.5	194.0
DILATION AND CURETTAGE OF UTERUS.....69.0	197.0	*	337.2	146.3	79.3
REPAIR OF CYSTOCELE AND RECTOCELE.....70.5	61.3	-	42.5	133.2	132.7
OBSTETRICAL PROCEDURES.....72-75	1,963.8	29.7	4,136.2	*	...
EPISIOTOMY WITH OR WITHOUT FORCEPS OR VACUUM EXTRACTION.....72.1,72.21,72.31,72.71,73.6	727.5	*14.0	1,530.3	*	...
CESAREAN SECTION.....74.0-74.2,74.4,74.99	378.4	*	798.4	*	...
REPAIR OF CURRENT OBSTETRICAL LACERATION.....75.5-75.6	255.8	*	537.8	*	...
OPERATIONS ON THE MUSCULOSKELETAL SYSTEM.....76-84	1,470.9	424.2	1,354.3	1,914.9	3,103.4
OPEN REDUCTION OF FRACTURE, EXCEPT JAW.....76.79,79.2-79.3,79.5-79.6	191.7	61.9	158.7	182.3	565.7
OTHER REDUCTION OF FRACTURE, EXCEPT JAW.....76.70,76.78,79.0-79.1,79.4	89.5	105.2	64.7	73.7	182.3
EXCISION OR DESTRUCTION OF INTERVERTEBRAL DISC AND SPINAL FUSION.....80.5,81.0	141.1	*	168.7	255.2	98.6
ARTHROPLASTY AND REPLACEMENT OF KNEE.....81.41-81.47	77.4	*	65.9	72.7	252.8
ARTHROPLASTY AND REPLACEMENT OF HIP.....81.5,81.6	83.9	*	*7.1	89.7	521.2
OPERATIONS ON MUSCLES, TENDONS, FASCIA, AND BURSA.....82-83.1,83.3-83.9	143.8	57.3	143.8	174.4	184.6
OPERATIONS ON THE INTEGUMENTARY SYSTEM.....85-86	676.5	179.1	567.5	991.7	1,500.0
MASTECTOMY.....85.4	55.3	-	16.4	112.9	216.2
EXCISION OR DESTRUCTION OF LESION OR TISSUE OF SKIN AND SUBCUTANEOUS TISSUE.....86.2-86.4	235.9	77.2	198.6	297.4	568.9
SKIN GRAFT (EXCEPT LIP OR MOUTH).....86.6-86.7	62.6	32.2	44.3	83.0	156.6
MISCELLANEOUS DIAGNOSTIC AND THERAPEUTIC PROCEDURES.....87-99	4,086.2	754.3	1,951.1	6,276.9	14,928.9
COMPUTERIZED AXIAL TOMOGRAPHY (CAT SCAN).....87.03,87.41,87.71,88.01,88.38	639.6	131.6	305.5	829.7	2,548.1
PYELOGRAM.....87.73-87.75	169.8	25.8	127.7	244.3	474.6
ARTERIOGRAPHY AND ANGIOCARDIOGRAPHY USING CONTRAST MATERIAL.....88.4-88.5	536.7	33.3	140.3	1,287.2	1,814.2
DIAGNOSTIC ULTRASOUND.....88.7	569.7	100.8	384.2	748.8	2,012.5
CIRCULATORY MONITORING.....89.6	334.0	38.0	91.7	409.6	1,685.0
RADIOISOTOPE SCAN.....92.0-92.1	355.3	35.0	131.5	564.8	1,471.4

NOTE: SEE "MEDICAL CODING AND EDIT," APPENDIX I, FOR CODING MODIFICATIONS FOR THE NATIONAL HOSPITAL DISCHARGE SURVEY.

TABLE 17. NUMBER OF ALL-LISTED PROCEDURES FOR PATIENTS DISCHARGED FROM SHORT-STAY HOSPITALS, BY SEX AND PROCEDURE CATEGORY: UNITED STATES, 1986

(DISCHARGES FROM NON-FEDERAL HOSPITALS. EXCLUDES NEWBORN INFANTS. GROUPINGS OF PROCEDURES BY ANATOMICAL SYSTEMS AND CODE NUMBER INCLUSIONS ARE BASED ON THE INTERNATIONAL CLASSIFICATION OF DISEASES, 9TH REVISION, CLINICAL MODIFICATION (ICD-9-CM))

PROCEDURE CATEGORY AND ICD-9-CM CODE	BOTH SEXES	MALE	FEMALE
	NUMBER OF ALL-LISTED PROCEDURES IN THOUSANDS		
ALL PROCEDURES.....	38,000	19,318	22,682
OPERATIONS ON THE NERVOUS SYSTEM.....01-05	933	480	453
SPINAL TAP.....03.31	347	180	167
OPERATIONS ON THE ENDOCRINE SYSTEM.....06-07	101	26	75
OPERATIONS ON THE EYE.....08-16	561	252	310
EXTRACTION OF LENS.....13.1-13.6	122	48	74
INSERTION OF PROSTHETIC LENS (PSEUDOPHAKOS).....13.7	105	40	65
OPERATIONS ON THE EAR.....18-20	208	120	88
OPERATIONS ON THE NOSE, MOUTH, AND PHARYNX.....21-29	1,046	535	511
RHINOPLASTY AND REPAIR OF NOSE.....21.8	153	79	74
TONSILLECTOMY WITH OR WITHOUT ADENOIDECTOMY.....28.2-28.3	281	121	160
OPERATIONS ON THE RESPIRATORY SYSTEM.....30-34	1,011	585	426
BRONCHOSCOPY.....33.21-33.23	199	119	80
OPERATIONS ON THE CARDIOVASCULAR SYSTEM.....35-39	2,786	1,684	1,102
REMOVAL OF CORONARY ARTERY OBSTRUCTION.....36.0	133	94	39
DIRECT HEART REVASCULARIZATION.....36.1	284	214	70
CARDIAC CATHETERIZATION.....37.21-37.23	775	495	280
PACEMAKER INSERTION, REPLACEMENT, REMOVAL, AND REPAIR.....37.7-37.8	214	113	101
OPERATIONS ON THE HEMIC AND LYMPHATIC SYSTEM.....40-41	403	203	200
OPERATIONS ON THE DIGESTIVE SYSTEM.....42-54	5,728	2,434	3,294
ESOPHAGOSCOPY AND GASTROSCOPY (NATURAL ORIFICE).....42.23,44.13	194	92	102
PARTIAL GASTRECTOMY AND RESECTION OF INTESTINE.....43.5-43.8,45.6-45.8	293	128	165
ENDOSCOPY OF LARGE INTESTINE (NATURAL ORIFICE).....45.24	448	192	256
APPENDECTOMY, EXCLUDING INCIDENTAL.....47.0	275	143	132
HEMORRHOIDECTOMY.....49.43-49.46	114	60	55
CHOLECYSTECTOMY.....51.2	502	144	358
REPAIR OF INGUINAL HERNIA.....53.0-53.1	329	293	36
DIVISION OF PERITONEAL ADHESIONS.....54.5	325	54	271
OPERATIONS ON THE URINARY SYSTEM.....55-59	1,885	1,159	726
ENDOSCOPIES THROUGH NATURAL ORIFICE.....55.21-55.22,56.31,57.32,58.22	671	493	178
OPERATIONS ON THE MALE GENITAL ORGANS.....60-64	718	718	...
PROSTATECTOMY.....60.2-60.6	367	367	...
OPERATIONS ON THE FEMALE GENITAL ORGANS.....65-71	2,999	...	2,999
OOPHORECTOMY AND SALPINGO-OOPHORECTOMY.....65.3-65.6	502	...	502
BILATERAL DESTRUCTION OR OCCLUSION OF FALLOPIAN TUBES.....66.2-66.3	423	...	423
HYSTERECTOMY.....68.3-68.7	644	...	644
DILATION AND CURETTAGE OF UTERUS.....69.0	472	...	472
REPAIR OF CYSTOCELE AND RECTOCELE.....70.5	147	...	147
OBSTETRICAL PROCEDURES.....72-75	4,701	...	4,701
EPISIOTOMY WITH OR WITHOUT FORCEPS OR VACUUM EXTRACTION.....72.1,72.21,72.31,72.71,73.6	1,741	...	1,741
CESAREAN SECTION.....74.0-74.2,74.4,74.99	906	...	906
REPAIR OF CURRENT OBSTETRIC LACERATION.....75.5-75.6	612	...	612
OPERATIONS ON THE MUSCULOSKELETAL SYSTEM.....76-84	3,521	1,754	1,767
OPEN REDUCTION OF FRACTURE, EXCEPT JAW.....76.79,79.2-79.3,79.5-79.6	459	239	220
OTHER REDUCTION OF FRACTURE, EXCEPT JAW.....76.70,76.78,79.0-79.1,79.4	214	110	104
EXCISION OR DESTRUCTION OF INTERVERTEBRAL DISC AND SPINAL FUSION.....80.5,81.0	338	211	127
ARTHROPLASTY AND REPLACEMENT OF KNEE.....81.41-81.47	185	91	94
ARTHROPLASTY AND REPLACEMENT OF HIP.....81.5,81.6	201	63	138
OPERATIONS ON MUSCLES, TENDONS, FASCIA, AND BURSA.....82-83,1,83.3-83.9	344	196	149
OPERATIONS ON THE INTEGUMENTARY SYSTEM.....85-86	1,619	651	969
MASTECTOMY.....85.4	132	4	130
EXCISION OR DESTRUCTION OF LESION OR TISSUE OF SKIN AND SUBCUTANEOUS TISSUE.....86.2-86.4	565	283	282
SKIN GRAFT (EXCEPT LIP OR MOUTH).....86.6-86.7	150	87	63
MISCELLANEOUS DIAGNOSTIC AND THERAPEUTIC PROCEDURES.....87-99	9,781	4,718	5,062
COMPUTERIZED AXIAL TOMOGRAPHY (CAT SCAN).....87.03,87.41,87.71,88.01,88.38	1,531	747	784
PYELOGRAM.....87.73-87.75	406	223	183
ARTERIOGRAPHY AND ANGIOCARDIOGRAPHY USING CONTRAST MATERIAL.....88.4-88.5	1,285	771	514
DIAGNOSTIC ULTRASOUND.....88.7	1,411	547	865
CIRCULATORY MONITORING.....89.6	799	414	385
RADIOISOTOPE SCAN.....92.0-92.1	851	389	462

NOTE: SEE "MEDICAL CODING AND EDIT," APPENDIX I, FOR CODING MODIFICATIONS FOR THE NATIONAL HOSPITAL DISCHARGE SURVEY.

TABLE 18. RATE OF ALL-LISTED PROCEDURES FOR PATIENTS DISCHARGED FROM SHORT-STAY HOSPITALS, BY SEX AND PROCEDURE CATEGORY: UNITED STATES, 1986

(DISCHARGES FROM NON-FEDERAL HOSPITALS. EXCLUDES NEWBORN INFANTS. GROUPINGS OF PROCEDURES BY ANATOMICAL SYSTEMS AND CODE NUMBER INCLUSIONS ARE BASED ON THE INTERNATIONAL CLASSIFICATION OF DISEASES, 9TH REVISION, CLINICAL MODIFICATION (ICD-9-CM))

PROCEDURE CATEGORY AND ICD-9-CM CODE	BOTH SEXES	MALE	FEMALE
RATE OF ALL-LISTED PROCEDURES PER 100,000 POPULATION			
ALL PROCEDURES.....	15,876.0	13,228.2	18,357.7
OPERATIONS ON THE NERVOUS SYSTEM.....01-05	389.8	414.9	366.3
SPINAL TAP.....03-31	144.9	155.2	135.2
OPERATIONS ON THE ENDOCRINE SYSTEM.....06-07	42.2	22.1	61.0
OPERATIONS ON THE EYE.....08-16	234.5	217.4	250.5
EXTRACTION OF LENS.....13.1-13.6	51.0	41.4	60.0
INSERTION OF PROSTHETIC LENS (PSEUDOPHAKOS).....13.7	43.7	34.5	52.4
OPERATIONS ON THE EAR.....18-20	87.1	103.6	71.6
OPERATIONS ON THE NOSE, MOUTH, AND PHARYNX.....21-29	436.9	462.0	413.4
RHINOPLASTY AND REPAIR OF NOSE.....21.8	64.1	68.4	60.1
TONSILLECTOMY WITH OR WITHOUT ADENOIDECTOMY.....28.2-28.3	117.4	104.1	129.8
OPERATIONS ON THE RESPIRATORY SYSTEM.....30-34	422.4	505.0	345.0
BRONCHOSCOPY.....33.21-33.23	83.3	102.7	65.1
OPERATIONS ON THE CARDIOVASCULAR SYSTEM.....35-39	1,164.0	1,454.1	892.1
REMOVAL OF CORONARY ARTERY OBSTRUCTION.....36.0	55.8	81.5	31.7
DIRECT HEART REVASCULARIZATION.....36.1	118.8	185.1	56.8
CARDIAC CATHETERIZATION.....37.21-37.23	323.8	427.6	226.4
PACEMAKER INSERTION, REPLACEMENT, REMOVAL, AND REPAIR.....37.7-37.8	89.5	97.8	81.8
OPERATIONS ON THE HEMIC AND LYMPHATIC SYSTEM.....40-41	168.3	175.2	161.7
OPERATIONS ON THE DIGESTIVE SYSTEM.....42-54	2,393.2	2,102.1	2,666.0
ESOPHAGOSCOPY AND GASTROSCOPY (NATURAL ORIFICE).....42.23,44.13	81.1	79.3	82.7
PARTIAL GASTRECTOMY AND RESECTION OF INTESTINE.....43.5-43.8,45.6-45.8	122.5	110.5	133.8
ENDOSCOPY OF LARGE INTESTINE (NATURAL ORIFICE).....45.24	187.3	165.9	207.3
APPENDECTOMY, EXCLUDING INCIDENTAL.....47.0	115.0	123.3	107.1
HEMORRHOIDECTOMY.....49.43-49.46	47.7	51.5	44.2
CHOLECYSTECTOMY.....51.2	209.8	124.1	290.1
REPAIR OF INGUINAL HERNIA.....53.0-53.1	137.5	253.3	29.0
DIVISION OF PERITONEAL ADHESIONS.....54.5	135.9	46.6	219.7
OPERATIONS ON THE URINARY SYSTEM.....55-59	787.5	1,000.8	587.6
ENDOSCOPES THROUGH NATURAL ORIFICE.....55.21-55.22,56.31,57.32,58.22	280.3	425.6	144.2
OPERATIONS ON THE MALE GENITAL ORGANS.....60-64	299.8	619.7	...
PROSTATECTOMY.....60.2-60.6	153.2	316.7	...
OPERATIONS ON THE FEMALE GENITAL ORGANS.....65-71	1,252.8	...	2,427.0
OOPHORECTOMY AND SALPINGO-OOPHORECTOMY.....65.3-65.6	209.8	...	406.4
BILATERAL DESTRUCTION OR OCCLUSION OF FALLOPIAN TUBES.....66.2-66.3	176.8	...	342.6
HYSTERECTOMY.....68.3-68.7	269.1	...	521.4
DILATION AND CURETTAGE OF UTERUS.....69.0	197.0	...	381.6
REPAIR OF CYSTOCELE AND RECTOCELE.....70.5	61.3	...	118.8
OBSTETRICAL PROCEDURES.....72-75	1,963.8	...	3,804.4
EPISIOTOMY WITH OR WITHOUT FORCEPS OR VACUUM EXTRACTION.....72.1,72.21,72.31,72.71,73.6	727.5	...	1,409.3
CESAREAN SECTION.....74.0-74.2,74.4,74.99	378.4	...	733.0
REPAIR OF CURRENT OBSTETRIC LACERATION.....75.5-75.6	255.8	...	495.6
OPERATIONS ON THE MUSCULOSKELETAL SYSTEM.....76-84	1,470.9	1,514.5	1,430.0
OPEN REDUCTION OF FRACTURE, EXCEPT JAW.....76.79,79.2-79.3,79.5-79.6	191.7	206.4	177.9
OTHER REDUCTION OF FRACTURE, EXCEPT JAW.....76.70,76.78,79.0-79.1,79.4	89.5	95.4	84.0
EXCISION OR DESTRUCTION OF INTERVERTEBRAL DISC AND SPINAL FUSION.....80.5,81.0	141.1	181.8	102.9
ARTHROPLASTY AND REPLACEMENT OF KNEE.....81.41-81.47	77.4	78.4	76.5
ARTHROPLASTY AND REPLACEMENT OF HIP.....81.5,81.6	83.9	54.7	111.3
OPERATIONS ON MUSCLES, TENDONS, FASCIA, AND BURSA.....82-83.1,83.3-83.9	143.8	169.0	120.2
OPERATIONS ON THE INTEGUMENTARY SYSTEM.....85-86	676.5	561.9	784.0
MASTECTOMY.....85.4	55.3	*	105.4
EXCISION OR DESTRUCTION OF LESION OR TISSUE OF SKIN AND SUBCUTANEOUS TISSUE.....86.2-86.4	235.9	244.0	228.4
SKIN GRAFT (EXCEPT LIP OR MOUTH).....86.6-86.7	62.6	75.4	50.7
MISCELLANEOUS DIAGNOSTIC AND THERAPEUTIC PROCEDURES.....87-99	4,086.2	4,074.7	4,097.1
COMPUTERIZED AXIAL TOMOGRAPHY (CAT SCAN).....87.03,87.41,87.71,88.01,88.38	639.6	645.5	634.2
PYELOGRAM.....87.73-87.75	169.8	192.6	148.4
ARTERIOGRAPHY AND ANGIOCARDIOGRAPHY USING CONTRAST MATERIAL.....88.4-88.5	536.7	665.7	415.8
DIAGNOSTIC ULTRASOUND.....88.7	549.7	472.1	699.8
CIRCULATORY MONITORING.....89.6	334.0	357.9	311.6
RADIOISOTOPE SCAN.....92.0-92.1	355.3	335.8	373.6

NOTE: SEE "MEDICAL CODING AND EDIT," APPENDIX I, FOR CODING MODIFICATIONS FOR THE NATIONAL HOSPITAL DISCHARGE SURVEY.



TABLE 19. NUMBER OF ALL-LISTED PROCEDURES FOR PATIENTS DISCHARGED FROM SHORT-STAY HOSPITALS, BY RACE AND PROCEDURE CATEGORY: UNITED STATES, 1980

[DISCHARGES FROM NON-FEDERAL HOSPITALS. EXCLUDES NEWBORN INFANTS. GROUPINGS OF PROCEDURES BY ANATOMICAL SYSTEMS AND CODE NUMBER INCLUSIONS ARE BASED ON THE INTERNATIONAL CLASSIFICATION OF DISEASES, 9TH REVISION, CLINICAL MODIFICATION (ICD-9-CM)]

PROCEDURE CATEGORY AND ICD-9-CM CODE	ALL RACES	WHITE	ALL OTHER	NOT STATED	NUMBER OF ALL-LISTED PROCEDURES IN THOUSANDS				
ALL PROCEDURES.....	38,000	28,518	5,646	3,836					
OPERATIONS ON THE NERVOUS SYSTEM.....01-05	933	686	154	93					
SPINAL TAP.....03.31	347	234	84	29					
OPERATIONS ON THE ENDOCRINE SYSTEM.....06-07	101	70	16	15					
OPERATIONS ON THE EYE.....08-16	561	399	67	95					
EXTRACTION OF LENS.....13.1-13.6	122	93	13	16					
INSERTION OF PROSTHETIC LENS (PSEUDOPHAKOS).....13.7	105	82	49	13					
OPERATIONS ON THE EAR.....18-20	208	162	19	27					
OPERATIONS ON THE NOSE, MOUTH, AND PHARYNX.....21-29	1,046	817	103	126					
RHINOPLASTY AND REPAIR OF NOSE.....21.8	193	126	49	19					
TONSILLECTOMY WITH OR WITHOUT ADENOIDECTOMY.....28.2-28.3	281	222	27	32					
OPERATIONS ON THE RESPIRATORY SYSTEM.....30-34	1,011	767	160	84					
BRONCHOSCOPY.....33.21-33.23	199	154	26	19					
OPERATIONS ON THE CARDIOVASCULAR SYSTEM.....35-39	2,786	2,216	358	212					
REMOVAL OF CORONARY ARTERY OBSTRUCTION.....36.0	133	114	12	48					
DIRECT HEART REVASCULARIZATION.....36.1	284	246	19	19					
CARDIAC CATHETERIZATION.....37.21-37.23	775	636	84	56					
PACEMAKER INSERTION, REPLACEMENT, REMOVAL, AND REPAIR.....37.7-37.8	214	173	22	20					
OPERATIONS ON THE HEMIC AND LYMPHATIC SYSTEM.....40-41	403	315	54	34					
OPERATIONS ON THE DIGESTIVE SYSTEM.....42-54	5,728	4,425	757	546					
ESOPHAGOSCOPY AND GASTROSCOPY (NATURAL ORIFICE).....42.23,44.13	194	149	29	16					
PARTIAL GASTRECTOMY AND RESECTION OF INTESTINE.....43.5-43.8,45.6-45.8	293	231	30	32					
ENDOSCOPY OF LARGE INTESTINE (NATURAL ORIFICE).....45.24	448	359	56	34					
APPENDECTOMY, EXCLUDING INCIDENTAL.....47.0	275	210	31	34					
HEMORRHOIDECTOMY.....49.43-49.46	114	88	14	12					
CHOLECYSTECTOMY.....51.2	502	386	55	61					
REPAIR OF INGUINAL HERNIA.....53.0-53.1	329	258	35	37					
REPAIR OF PERITONEAL ADHESIONS.....54.5	325	240	54	32					
OPERATIONS ON THE URINARY SYSTEM.....55-59	1,885	1,483	228	174					
ENDOSCOPES THROUGH NATURAL ORIFICE.....55.21-55.22,56.31,57.32,58.22	671	545	74	52					
OPERATIONS ON THE MALE GENITAL ORGANS.....60-64	718	561	90	67					
PROSTATECTOMY.....60.2-60.6	367	292	33	41					
OPERATIONS ON THE FEMALE GENITAL ORGANS.....65-71	2,999	2,132	533	333					
DOPHORECTOMY AND SALPINGO-DOPHORECTOMY.....65.3-65.6	502	375	67	59					
BILATERAL DESTRUCTION OR OCCLUSION OF FALLOPIAN TUBES.....66.2-66.3	423	271	98	55					
HYSTERECTOMY.....68.3-68.7	644	476	90	78					
DILATION AND CURETTAGE OF UTERUS.....69.0	472	317	111	43					
REPAIR OF CYSTOCELE AND RECTOCELE.....70.5	147	120	10	17					
OBSTETRICAL PROCEDURES.....72-75	4,701	3,024	959	717					
EPISIOTOMY WITH OR WITHOUT FORCEPS OR VACUUM EXTRACTION.....72.1,72.21,72.31,72.71,73.6	1,741	1,193	290	259					
CESAREAN SECTION.....74.0-74.2,74.4,74.99	906	608	173	124					
REPAIR OF CURRENT OBSTETRIC LACERATION.....75.5-75.6	612	384	136	92					
OPERATIONS ON THE MUSCULOSKELETAL SYSTEM.....76-84	3,521	2,626	433	461					
OPEN REDUCTION OF FRACTURE, EXCEPT JAW.....76.79,79.2-79.3,79.5-79.6	459	347	51	61					
OTHER REDUCTION OF FRACTURE, EXCEPT JAW.....76.70,76.78,79.0-79.1,79.4	214	167	21	27					
EXCISION OR DESTRUCTION OF INTERVERTEBRAL DISC AND SPINAL FUSION.....80.5,81.0	338	261	30	47					
ARTHROPLASTY AND REPLACEMENT OF KNEE.....81.41-81.47	185	133	15	37					
ARTHROPLASTY AND REPLACEMENT OF HIP.....81.5,81.6	201	164	10	27					
OPERATIONS ON MUSCLES, TENDONS, FASCIA, AND BURSA.....82-83,1,83.3-83.9	344	252	47	45					
OPERATIONS ON THE INTEGUMENTARY SYSTEM.....85-86	1,619	1,198	254	167					
MASTECTOMY.....85.4	132	103	14	16					
EXCISION OR DESTRUCTION OF LESION OR TISSUE OF SKIN AND SUBCUTANEOUS TISSUE.....86.2-86.4	565	415	93	57					
SKIN GRAFT (EXCEPT LIP OR MOUTH).....86.6-86.7	150	110	26	15					
MISCELLANEOUS DIAGNOSTIC AND THERAPEUTIC PROCEDURES.....87-99	9,781	7,635	1,463	683					
COMPUTERIZED AXIAL TOMOGRAPHY (CAT SCAN).....87.03,87.41,87.71,88.01,88.38	1,531	1,200	231	100					
PYELOGRAM.....87.73-87.75	406	332	46	28					
ARTERIOGRAPHY AND ANGIOCARDIOGRAPHY USING CONTRAST MATERIAL.....88.4-88.5	1,285	1,037	143	105					
DIAGNOSTIC ULTRASOUND.....88.7	1,411	1,047	279	86					
CIRCULATORY MONITORING.....89.6	799	610	133	56					
RADIOISOTOPE SCAN.....92.0-92.1	851	678	129	43					

NOTE: SEE "MEDICAL CODING AND EDIT," APPENDIX I, FOR CODING MODIFICATIONS FOR THE NATIONAL HOSPITAL DISCHARGE SURVEY.

TABLE 20. NUMBER OF ALL-LISTED PROCEDURES FOR PATIENTS DISCHARGED FROM SHORT-STAY HOSPITALS, BY GEOGRAPHIC REGION AND PROCEDURE CATEGORY: UNITED STATES, 1986

(DISCHARGES FROM NON-FEDERAL HOSPITALS. EXCLUDES NEWBORN INFANTS. GROUPINGS OF PROCEDURES BY ANATOMICAL SYSTEMS AND CODE NUMBER INCLUSIONS ARE BASED ON THE INTERNATIONAL CLASSIFICATION OF DISEASES, 9TH REVISION, CLINICAL MODIFICATION (ICD-9-CM))

PROCEDURE CATEGORY AND ICD-9-CM CODE	UNITED STATES	NORTH-EAST	MIDWEST	SOUTH	WEST
NUMBER OF ALL-LISTED PROCEDURES IN THOUSANDS					
ALL PROCEDURES.....	38,000	8,388	10,004	12,137	7,412
OPERATIONS ON THE NERVOUS SYSTEM.....01-05	933	165	251	335	183
SPINAL TAP.....03-31	347	75	87	120	64
OPERATIONS ON THE ENDOCRINE SYSTEM.....06-07	101	16	31	35	20
OPERATIONS ON THE EYE.....08-16	561	159	188	117	98
EXTRACTION OF LENS.....13-1-13.6	122	51	32	19	21
INSERTION OF PROSTHETIC LENS (PSEUDOPHAKOS).....13.7	105	46	24	14	21
OPERATIONS ON THE EAR.....18-20	208	46	55	74	33
OPERATIONS ON THE NOSE, MOUTH, AND PHARYNX.....21-29	1,046	213	346	338	149
RHINOPLASTY AND REPAIR OF NOSE.....21.8	153	27	64	41	21
TONSILLECTOMY WITH OR WITHOUT ADENOIDECTOMY.....28.2-28.3	281	47	81	112	41
OPERATIONS ON THE RESPIRATORY SYSTEM.....30-34	1,011	219	260	341	191
BRONCHOSCOPY.....33-21-33.23	199	41	52	75	31
OPERATIONS ON THE CARDIOVASCULAR SYSTEM.....35-39	2,786	494	836	948	508
REMOVAL OF CORONARY ARTERY OBSTRUCTION.....36.0	133	18	46	49	21
DIRECT HEART REVASCULARIZATION.....36.1	284	39	96	103	46
CARDIAC CATHETERIZATION.....37.21-37.23	775	122	231	305	117
PACEMAKER INSERTION, REPLACEMENT, REMOVAL, AND REPAIR.....37.7-37.8	214	47	56	73	38
OPERATIONS ON THE HEMIC AND LYMPHATIC SYSTEM.....40-41	403	93	117	127	65
OPERATIONS ON THE DIGESTIVE SYSTEM.....42-54	5,728	1,261	1,473	1,967	1,027
ESOPHAGOSCOPY AND GASTROSCOPY (NATURAL ORIFICE).....42.23,44.13	194	53	39	79	23
PARTIAL GASTRECTOMY AND RESECTION OF INTESTINE.....43.5-43.8,45.6-45.8	293	65	80	84	65
ENDOSCOPY OF LARGE INTESTINE (NATURAL ORIFICE).....45.24	448	120	103	164	61
APPENDECTOMY, EXCLUDING INCIDENTAL.....47.0	275	47	79	85	64
HEMORRHOIDECTOMY.....49.43-49.46	114	21	30	48	16
CHOLECYSTECTOMY.....51.2	502	92	136	167	107
REPAIR OF INGUINAL HERNIA.....53.0-53.1	329	84	90	115	40
DIVISION OF PERITONEAL ADHESIONS.....54.5	325	64	79	122	60
OPERATIONS ON THE URINARY SYSTEM.....55-59	1,885	399	519	652	315
ENDOSCOPIES THROUGH NATURAL ORIFICE.....55.21-55.22,56.31,57.32,58.22	671	160	188	244	79
OPERATIONS ON THE MALE GENITAL ORGANS.....60-64	718	150	203	228	137
PROSTATECTOMY.....60.2-60.6	367	74	102	113	78
OPERATIONS ON THE FEMALE GENITAL ORGANS.....65-71	2,999	622	683	1,145	548
OOPHORECTOMY AND SALPINGO-OOPHORECTOMY.....65.3-65.6	502	79	137	185	101
BILATERAL DESTRUCTION OR OCCLUSION OF FALLOPIAN TUBES.....66.2-66.3	423	76	83	191	73
HYSTERECTOMY.....68.3-68.7	644	93	164	254	133
DILATION AND CURETTAGE OF UTERUS.....69.0	472	160	86	168	57
REPAIR OF CYSTOCELE AND RECTOCELE.....70.5	147	23	31	60	32
OBSTETRICAL PROCEDURES.....72-75	4,701	869	1,229	1,462	1,141
EPISIOTOMY WITH OR WITHOUT FORCEPS OR VACUUM EXTRACTION.....72.1,72.21,72.31,72.71,73.6	1,741	314	437	598	392
CESAREAN SECTION.....74.0-74.2,74.4,74.99	906	177	211	310	208
REPAIR OF CURRENT OBSTETRIC LACERATION.....75.5-75.6	612	111	154	191	157
OPERATIONS ON THE MUSCULOSKELETAL SYSTEM.....76-84	3,521	618	928	1,141	834
OPEN REDUCTION OF FRACTURE, EXCEPT JAW.....76.79,79.2-79.3,79.5-79.6	459	87	106	141	125
OTHER REDUCTION OF FRACTURE, EXCEPT JAW.....76.70,76.78,79.0-79.1,79.4	214	45	57	65	47
EXCISION OR DESTRUCTION OF INTERVERTEBRAL DISC AND SPINAL FUSION.....80.5,81.0	338	38	83	143	73
ARTHROPLASTY AND REPLACEMENT OF KNEE.....81.41-81.47	185	26	67	43	49
ARTHROPLASTY AND REPLACEMENT OF HIP.....81.5,81.6	201	36	61	52	52
OPERATIONS ON MUSCLES, TENDONS, FASCIA, AND BURSA.....82-83.1,83.3-83.9	344	68	92	114	71
OPERATIONS ON THE INTEGUMENTARY SYSTEM.....85-86	1,619	349	449	546	276
MASTECTOMY.....85.4	132	23	36	47	26
EXCISION OR DESTRUCTION OF LESION OR TISSUE OF SKIN AND SUBCUTANEOUS TISSUE.....86.2-86.4	565	131	154	199	82
SKIN GRAFT (EXCEPT LIP OR MOUTH).....86.6-86.7	150	25	43	50	32
MISCELLANEOUS DIAGNOSTIC AND THERAPEUTIC PROCEDURES.....87-99	9,781	2,717	2,495	2,681	1,887
COMPUTERIZED AXIAL TOMOGRAPHY (CAT SCAN).....87.03,87.41,87.71,88.01,88.38	1,531	471	357	427	275
PYELOGRAM.....87.73-87.75	406	109	119	127	51
ARTERIOGRAPHY AND ANGIOCARDIOGRAPHY USING CONTRAST MATERIAL.....88.4-88.5	1,285	230	406	424	225
DIAGNOSTIC ULTRASOUND.....88.7	1,411	465	355	336	255
CIRCULATORY MONITORING.....89.0	799	293	133	136	237
RADIOISOTOPE SCAN.....92.0-92.1	851	289	197	208	157

NOTE: SEE "MEDICAL CODING AND EDIT," APPENDIX I, FOR CODING MODIFICATIONS FOR THE NATIONAL HOSPITAL DISCHARGE SURVEY.

TABLE 21. RATE OF ALL-LISTED PROCEDURES FOR PATIENTS DISCHARGED FROM SHORT-STAY HOSPITALS, BY GEOGRAPHIC REGION AND PROCEDURE CATEGORY: UNITED STATES, 1986

(DISCHARGES FROM NON-FEDERAL HOSPITALS. EXCLUDES NEWBORN INFANTS. GROUPINGS OF PROCEDURES BY ANATOMICAL SYSTEMS AND CODE NUMBER INCLUSIONS ARE BASED ON THE INTERNATIONAL CLASSIFICATION OF DISEASES, 9TH REVISION, CLINICAL MODIFICATION [ICD-9-CM])

PROCEDURE CATEGORY AND ICD-9-CM CODE	UNITED STATES	NORTH-EAST	MIDWEST	SOUTH	WEST
RATE OF ALL-LISTED PROCEDURES PER 100,000 POPULATION					
ALL PROCEDURES.....	15,876.0	16,308.1	17,009.4	14,784.6	15,378.8
OPERATIONS ON THE NERVOUS SYSTEM.....01-05	389.8	331.6	423.5	407.5	378.7
SPINAL TAP.....03-31	144.9	149.9	147.5	146.4	133.7
OPERATIONS ON THE ENDOCRINE SYSTEM.....06-07	42.2	31.1	51.6	42.7	41.4
OPERATIONS ON THE EYE.....08-16	234.5	317.7	317.3	142.8	203.0
EXTRACTION OF LENS.....13-1-13-6	51.0	101.9	53.4	22.8	43.4
INSERTION OF PROSTHETIC LENS (PSEUDOPHAKOS).....13-7	43.7	91.6	41.4	17.0	42.6
OPERATIONS ON THE EAR.....18-20	87.1	92.3	93.6	89.9	69.0
OPERATIONS ON THE NOSE, MOUTH, AND PHARYNX.....21-29	436.9	426.3	585.6	411.7	308.3
RHINOPLASTY AND REPAIR OF NOSE.....21-8	64.1	54.5	108.4	50.4	42.8
TONSILLECTOMY WITH OR WITHOUT ADENOIDECTOMY.....28-2-28-3	117.4	94.8	136.8	136.7	84.1
OPERATIONS ON THE RESPIRATORY SYSTEM.....30-34	422.4	438.2	440.2	415.2	396.4
BRONCHOSCOPY.....33-21-33-23	83.3	82.1	88.6	91.5	64.1
OPERATIONS ON THE CARDIOVASCULAR SYSTEM.....35-39	1,164.0	990.1	1,413.6	1,154.6	1,053.7
REMOVAL OF CORONARY ARTERY OBSTRUCTION.....36-0	55.8	35.8	78.0	59.7	42.6
DIRECT HEART REVASCULARIZATION.....36-1	118.8	79.1	163.0	125.3	94.8
CARDIAC CATHETERIZATION.....37-21-37-23	323.8	244.9	389.9	371.6	242.8
PACEMAKER INSERTION, REPLACEMENT, REMOVAL, AND REPAIR.....37-7-37-8	89.5	95.0	93.8	88.9	79.6
OPERATIONS ON THE HEMIC AND LYMPHATIC SYSTEM.....40-41	168.3	186.6	198.5	155.0	134.7
OPERATIONS ON THE DIGESTIVE SYSTEM.....42-54	2,393.2	2,527.6	2,489.6	2,395.8	2,131.2
ESOPHAGOSCOPY AND GASTROSCOPY (NATURAL ORIFICE).....42-23-44-13	81.1	106.6	65.8	96.5	47.1
PARTIAL GASTRECTOMY AND RESECTION OF INTESTINE.....43-5-43-8,45-6-45-8	122.5	129.3	134.8	102.6	134.4
ENDOSCOPY OF LARGE INTESTINE (NATURAL ORIFICE).....45-24	187.3	240.8	174.2	199.7	126.7
APPENDECTOMY, EXCLUDING INCIDENTAL.....47-0	115.0	93.3	133.3	103.9	133.8
HEMORRHOIDECTOMY.....49-43-49-46	47.7	41.6	50.0	57.9	34.0
CHOLECYSTECTOMY.....51-2	209.8	184.4	230.6	203.2	221.9
REPAIR OF INGUINAL HERNIA.....53-0-53-1	137.5	168.2	152.7	139.5	83.6
DIVISION OF PERITONEAL ADHESIONS.....54-5	135.9	127.4	134.2	149.2	124.4
OPERATIONS ON THE URINARY SYSTEM.....55-59	787.5	799.6	877.3	793.9	653.9
ENDOSCOPES THROUGH NATURAL ORIFICE.....55-21-55-22,56-31,57-32,58-22	280.3	320.0	317.4	297.7	164.2
OPERATIONS ON THE MALE GENITAL ORGANS.....60-64	299.8	299.6	343.8	277.2	284.6
PROSTATECTOMY.....60-2-60-6	153.2	147.5	172.4	137.3	162.8
OPERATIONS ON THE FEMALE GENITAL ORGANS.....65-71	1,252.8	1,246.3	1,154.4	1,395.3	1,137.8
OOPHORECTOMY AND SALPINGO-OOPHORECTOMY.....65-3-65-6	209.8	158.3	231.5	225.2	210.3
BILATERAL OBSTRUCTION OR OCCLUSION OF FALLOPIAN TUBES.....66-2-66-3	176.8	153.0	140.6	232.1	151.9
HYSTERECTOMY.....68-3-68-7	269.1	186.2	277.0	309.8	276.1
DILATION AND CURETTAGE OF UTERUS.....69-0	197.0	321.5	146.0	204.6	117.7
REPAIR OF CYSTOCELE AND RECTOCELE.....70-5	61.3	47.0	53.2	72.6	67.0
OBSTETRICAL PROCEDURES.....72-75	1,963.8	1,740.3	2,077.2	1,780.9	2,367.6
EPISIOTOMY WITH OR WITHOUT FORCEPS OR VACUUM EXTRACTION.....72-1,72-21,72-31,72-71,73-6	727.5	630.2	738.6	728.2	813.6
CESAREAN SECTION.....74-0-74-2,74-4,74-99	378.4	353.7	356.0	377.8	432.1
REPAIR OF CURRENT OBSTETRIC LACERATION.....75-5-75-6	255.8	222.9	259.7	232.5	324.9
OPERATIONS ON THE MUSCULOSKELETAL SYSTEM.....76-84	1,470.9	1,238.0	1,567.9	1,390.5	1,729.8
OPEN REDUCTION OF FRACTURE, EXCEPT JAW.....76-79,79-2-79-3,79-5-79-6	191.7	173.6	179.7	171.3	259.9
OTHER REDUCTION OF FRACTURE, EXCEPT JAW.....76-70,76-78,79-0-79-1,79-4	89.5	89.9	96.0	79.5	98.2
EXCISION OR DESTRUCTION OF INTERVERTEBRAL DISC AND SPINAL FUSION.....80-5,81-0	141.1	76.2	140.8	174.2	152.3
ARTHROPLASTY AND REPLACEMENT OF KNEE.....81-41-81-47	77.4	52.8	113.8	51.9	101.5
ARTHROPLASTY AND REPLACEMENT OF HIP.....81-5,81-0	83.9	72.1	102.6	63.2	108.4
OPERATIONS ON MUSCLES, TENDONS, FASCIA, AND BURSA.....82-83-1,83-3-83-9	143.8	136.0	154.8	138.9	146.8
OPERATIONS ON THE INTEGUMENTARY SYSTEM.....85-86	676.5	698.5	758.5	665.2	572.6
MASTECTOMY.....85-4	55.3	45.9	61.3	57.6	53.9
EXCISION OR DESTRUCTION OF LESION OR TISSUE OF SKIN AND SUBCUTANEOUS TISSUE.....86-2-86-4	235.9	261.9	259.9	242.1	169.2
SKIN GRAFT (EXCEPT LIP OR MOUTH).....86-6-86-7	62.6	50.3	72.3	61.5	65.6
MISCELLANEOUS DIAGNOSTIC AND THERAPEUTIC PROCEDURES.....87-99	4,080.2	5,444.2	4,216.9	3,266.5	3,916.0
COMPUTERIZED AXIAL TOMOGRAPHY (CAT SCAN).....87-03,87-41,87-71,88-01,88-38	639.6	944.4	603.6	520.5	571.2
PYELOGRAM.....87-73-87-75	169.8	218.4	201.7	154.8	105.6
ARTERIOGRAPHY AND ANGIOCARDIOGRAPHY USING CONTRAST MATERIAL.....88-4-88-5	536.7	461.6	686.3	516.0	466.0
DIAGNOSTIC ULTRASOUND.....88-7	589.7	931.0	600.7	409.5	529.6
CIRCULATORY MONITORING.....89-6	334.0	587.1	225.5	165.7	491.9
RADIOISOTOPE SCAN.....92-0-92-1	355.3	578.1	332.1	253.9	325.9

NOTE: SEE "MEDICAL CODING AND EDIT," APPENDIX I, FOR CODING MODIFICATIONS FOR THE NATIONAL HOSPITAL DISCHARGE SURVEY.

TABLE 22. NUMBER OF ALL-LISTED PROCEDURES FOR PATIENTS DISCHARGED FROM SHORT-STAY HOSPITALS, BY BED SIZE OF HOSPITAL AND PROCEDURE CATEGORY: UNITED STATES, 1986

(DISCHARGES FROM NON-FEDERAL HOSPITALS. EXCLUDES NEWBORN INFANTS. GROUPINGS OF PROCEDURES BY ANATOMICAL SYSTEMS AND CODE NUMBER INCLUSIONS ARE BASED ON THE INTERNATIONAL CLASSIFICATION OF DISEASES, 9TH REVISION, CLINICAL MODIFICATION (ICD-9-CM))

PROCEDURE CATEGORY AND ICD-9-CM CODE	ALL SIZES	6-99 BEDS	100-199 BEDS	200-299 BEDS	300-499 BEDS	500 BEDS OR MORE	NUMBER OF ALL-LISTED PROCEDURES IN THOUSANDS													
							ALL SIZES	6-99 BEDS	100-199 BEDS	200-299 BEDS	300-499 BEDS	500 BEDS OR MORE								
ALL PROCEDURES.....	38,000	3,886	6,233	7,150	10,584	10,148														
OPERATIONS ON THE NERVOUS SYSTEM.....01-05	933	58	157	167	245	308														
SPINAL TAP.....03-31	347	22	65	49	84	127														
OPERATIONS ON THE ENDOCRINE SYSTEM.....06-07	101	26	10	19	28	39														
OPERATIONS ON THE EYE.....08-16	561	83	43	83	168	184														
EXTRACTION OF LENS.....13-1-13-6	122	12	10	23	39	38														
INSERTION OF PROSTHETIC LENS (PSEUDOPHAKOS).....13-7	105	12	28	20	33	31														
OPERATIONS ON THE EAR.....18-20	208	14	45	41	59	50														
OPERATIONS ON THE NOSE, MOUTH, AND PHARYNX.....21-29	1,046	139	191	185	266	264														
RHINOPLASTY AND REPAIR OF NOSE.....21-8	153	30	23	26	41	34														
TONSILLECTOMY WITH OR WITHOUT ADENOIDECTOMY.....28-2-28-3	281	47	71	59	61	44														
OPERATIONS ON THE RESPIRATORY SYSTEM.....30-34	1,011	76	152	187	287	309														
BRONCHOSCOPY.....33-21-33-23	199	14	31	40	50	65														
OPERATIONS ON THE CARDIOVASCULAR SYSTEM.....35-39	2,786	56	250	488	930	1,061														
REMOVAL OF CORONARY ARTERY OBSTRUCTION.....36-0	133	-	25	20	52	58														
DIRECT HEART REVASCULARIZATION.....36-1	284	*	10	42	98	135														
CARDIAC CATHETERIZATION.....37-21-37-23	775	*	53	130	267	323														
PACEMAKER INSERTION, REPLACEMENT, REMOVAL, AND REPAIR.....37-7-37-8	214	15	34	46	63	56														
OPERATIONS ON THE HEMIC AND LYMPHATIC SYSTEM.....40-41	403	25	55	63	125	135														
OPERATIONS ON THE DIGESTIVE SYSTEM.....42-54	5,728	758	1,042	1,168	1,444	1,316														
ESOPHAGOSCOPY AND GASTROSCOPY (NATURAL ORIFICE).....42-23-44-13	194	15	42	35	56	46														
PARTIAL GASTRECTOMY AND RESECTION OF INTESTINE.....43-5-43-8,45-6-45-8	293	34	44	60	87	69														
ENDOSCOPY OF LARGE INTESTINE (NATURAL ORIFICE).....45-24	448	45	81	109	111	101														
APPENDECTOMY, EXCLUDING INCIDENTAL.....47-0	275	68	57	49	62	39														
HEMORRHOIDECTOMY.....49-43-49-46	114	16	22	26	26	24														
CHOLECYSTECTOMY.....51-2	502	89	99	93	140	81														
REPAIR OF INGUINAL HERNIA.....53-0-53-1	329	63	58	66	81	60														
DIVISION OF PERITONEAL ADHESIONS.....54-5	325	39	69	55	87	76														
OPERATIONS ON THE URINARY SYSTEM.....55-59	1,885	169	353	335	530	499														
ENDOSCOPES THROUGH NATURAL ORIFICE.....55-21-55-22,56-31,57-32,58-22	671	62	138	120	180	172														
OPERATIONS ON THE MALE GENITAL ORGANS.....60-64	718	83	133	144	198	160														
PROSTATECTOMY.....60-2-60-6	367	43	74	74	104	72														
OPERATIONS ON THE FEMALE GENITAL ORGANS.....65-71	2,999	401	612	486	794	707														
DOPHORECTOMY AND SALPINGO-GOPHORECTOMY.....65-3-65-6	502	70	98	81	145	108														
BILATERAL DESTRUCTION OR OCCLUSION OF FALLOPIAN TUBES.....66-2-66-3	423	85	99	59	91	89														
HYSTERECTOMY.....68-3-68-7	644	88	127	107	165	137														
DILATION AND CURETTAGE OF UTERUS.....69-0	472	53	98	80	131	110														
REPAIR OF CYSTOCELE AND RECTOCELE.....70-5	147	17	34	30	39	27														
OBSTETRICAL PROCEDURES.....72-75	4,701	584	766	603	1,491	1,256														
EPISIOTOMY WITH OR WITHOUT FORCEPS OR VACUUM EXTRACTION.....72-1,72-21,72-31,72-71,73-6	1,741	252	340	231	513	406														
CESAREAN SECTION.....74-0-74-2,74-4,74-99	906	112	146	128	282	238														
REPAIR OF CURRENT OBSTETRIC LACERATION.....75-5-75-6	612	86	106	78	184	159														
OPERATIONS ON THE MUSCULOSKELETAL SYSTEM.....76-84	3,521	416	717	720	921	748														
OPEN REDUCTION OF FRACTURE, EXCEPT JAW.....76-79,79-2-79-3,79-5-79-6	459	53	82	101	130	92														
OTHER REDUCTION OF FRACTURE, EXCEPT JAW.....76-70,76-78,79-0-79-1,79-4	214	34	41	49	53	37														
EXCISION OR DESTRUCTION OF INTERVERTEBRAL DISC AND SPINAL FUSION.....80-5,81-0	338	29	51	72	89	96														
ARTHROPLASTY AND REPLACEMENT OF KNEE.....81-41-81-47	185	15	33	41	57	40														
ARTHROPLASTY AND REPLACEMENT OF HIP.....81-5,81-6	201	15	27	49	65	45														
OPERATIONS ON MUSCLES, TENDONS, FASCIA, AND BURSA.....82-83-1,83-3-83-9	344	44	69	68	89	75														
OPERATIONS ON THE INTEGUMENTARY SYSTEM.....85-86	1,619	231	265	281	434	410														
MASTECTOMY.....85-4	132	17	25	20	39	32														
EXCISION OR DESTRUCTION OF LESION OR TISSUE OF SKIN AND SUBCUTANEOUS TISSUE.....86-2-86-4	565	72	105	101	152	135														
SKIN GRAFT (EXCEPT LIP OR MOUTH).....86-6-86-7	150	13	18	23	47	48														
MISCELLANEOUS DIAGNOSTIC AND THERAPEUTIC PROCEDURES.....87-99	9,781	787	1,443	2,182	2,666	2,704														
COMPUTERIZED AXIAL TOMOGRAPHY (CAT SCAN).....87-03,87-41,87-71,88-01,88-38	1,531	81	242	353	397	458														
PYELOGRAM.....87-73-87-75	406	49	77	79	120	82														
ARTERIOGRAPHY AND ANGIOCARDIOGRAPHY USING CONTRAST MATERIAL.....88-4-88-5	1,285	28	105	197	479	496														
DIAGNOSTIC ULTRASOUND.....88-7	1,411	99	228	315	358	412														
CIRCULATORY MONITORING.....89-6	799	98	89	291	175	146														
RADIOISOTOPE SCAN.....92-0-92-1	851	54	154	195	219	230														

NOTE: SEE "MEDICAL CODING AND EDIT," APPENDIX I, FOR CODING MODIFICATIONS FOR THE NATIONAL HOSPITAL DISCHARGE SURVEY.

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# Appendix I

## Technical notes on methods

### Statistical design of the National Hospital Discharge Survey

#### Scope of the survey

The National Hospital Discharge Survey (NHDS) covers patients discharged from noninstitutional hospitals, exclusive of military and Veterans Administration hospitals, located in the 50 States and the District of Columbia. Only hospitals with six beds or more for patient use and those in which the average length of stay for all patients is less than 30 days are included in the survey. Discharges of patients from Federal hospitals are excluded.

#### Sample size

The Master Facility Inventory of Hospitals (MFI) is the universe from which the NHDS sample is drawn. A detailed description of the development, contents, maintenance plans, and assessment of coverage was published in 1965 (National Center for Health Statistics, 1965).

The original universe for the survey consisted of 6,965 short-stay hospitals contained in the 1963 MFI. This universe is updated periodically (table I). Data on the universe of short-stay non-Federal hospitals is now obtained from the American Hospital Association. The distribution of the hospitals currently in the American Hospital Association universe (American Hospital Association, 1986) and NHDS sample of in-scope hospitals for 1986 is given by bed size and geographic region in table II.

NOTE: A list of references follows the text.

**Table I. Number of hospitals in the National Hospital Discharge Survey (NHDS) universe, number of hospitals added to the NHDS sample, and year of addition, by year of Master Facility Inventory (MFI) used: United States, 1963-83**

MFI data year	NHDS universe and sample		
	Year added	Number added to universe	Number added to sample
1963	1965	6,965	315
1963	1969	---	150
1969	1972	442	32
1972	1975	223	14
1975	1977	273	24
1977	1979	114	9
1979	1981	63	6
1981	1983	50	3
1983	1985	45	5

**Table II. Number of short-stay hospitals in the National Hospital Discharge Survey universe and survey sample, by geographic region and bed size of hospital: United States, 1986**

Bed size of hospital	All regions	Northeast	Midwest	South	West
All sizes		Number of hospitals			
Universe	6,007	902	1,687	2,301	1,117
In-scope sample	493	115	139	164	75
6-49 beds					
Universe	1,351	73	420	527	331
In-scope sample	35	6	10	10	9
50-99 beds					
Universe	1,464	163	414	623	264
In-scope sample	65	11	15	31	8
100-199 beds					
Universe	1,410	204	374	574	258
In-scope sample	92	15	21	43	13
200-299 beds					
Universe	747	199	179	247	122
In-scope sample	78	19	20	23	16
300-499 beds					
Universe	706	177	196	214	119
In-scope sample	115	35	37	24	19
500-999 beds					
Universe	302	77	96	107	22
In-scope sample	96	24	33	30	9
1,000 beds or more					
Universe	27	9	8	9	1
In-scope sample	12	5	3	3	1

The sample for 1986 consisted of 558 hospitals. Of these, 75 refused to participate and 65 were out of scope either because the hospital had gone out of business or because it failed to meet the definition of a short-stay hospital. Thus, 418 hospitals participated in the survey during 1986 and provided approximately 193,000 abstracts of medical records.

#### 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 strata being the 24 size-by-region classes shown in table II. Within each primary stratum, the allocation of the hospitals was made through a controlled

selection technique so that hospitals in the sample would be distributed properly with regard to 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 hospital selection. The smallest sampling fraction of discharged patients was taken in the largest hospitals, and the largest fraction was taken in the smallest hospitals. This sampling was done to compensate for hospitals that were selected with probabilities proportionate to their size class and to ensure that the overall probability of selecting a discharge would be approximately the same in each size class.

In nearly all hospitals using the traditional manual system of sample selection and data abstraction, the daily listing sheet of discharges was the frame from which the subsamples of discharges were selected. 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, which was assigned when the patient was admitted to the hospital. If the hospital's daily discharge listing did not show the medical record numbers, the sample was selected by starting with a randomly selected discharge and taking every *k*th discharge thereafter.

## Data collection and processing

### Data collection

In 1985, for the first time, two data collection procedures were used for the survey. The first was the traditional manual system of sample selection and data abstraction. The second was an automated method, used in approximately 17 percent of the sample hospitals. In 1986 this automated method was used in approximately 19 percent of the sample hospitals. It involved the purchase of data tapes from commercial abstracting services.

In the manual system, depending on the study procedure agreed on with the hospital administrator, the sample selection and the transcription of information from the hospital records to abstract forms were performed by either the hospital staff or by representatives of the National Center for Health Statistics (NCHS) or by both. In 1986, about 50 percent of the hospitals that participated in the manual NHDS system had the work performed by their medical records department. In the remaining hospitals using this system, the work was performed by personnel of the U.S. Bureau of the Census acting for NCHS. The completed forms were forwarded to NCHS for coding, editing, and weighting procedures.

For hospitals using the automated system, tapes containing machine-readable medical record data were purchased from commercial abstracting services. Upon receipt, these tapes were subject to NCHS sampling, editing, and weighting procedures. A detailed description of the automated process will be published.

NOTE: A list of references follows the text.

The medical abstract form (figure I) and the abstract service data tapes contain items relating to the personal characteristics of the patient, including birth date, sex, race, and marital status, but not name and address; administrative information, including admission and discharge dates, discharge status, and medical record number; and medical information, including diagnoses and surgical and nonsurgical operations or procedures. Since 1977, patient ZIP Code, expected source of payment, and dates of surgery have also been collected. (The medical record number and patient ZIP Code are considered confidential information and are not available to the public.)

### Medical coding and edit

The medical information recorded on the sample patient abstracts that was collected by the manual system was coded centrally by NCHS staff. A maximum of seven diagnostic codes were assigned for each sample abstract; in addition, if the medical information included surgical or nonsurgical procedures, a maximum of four codes for these procedures were assigned. Following conversion of the data on the medical abstract to computer tape, a final medical edit was accomplished by computer inspection runs and a review of rejected abstracts. If the sex or age of the patient was incompatible with the recorded medical information, priority was given to the medical information in the editing decision.

NHDS medical coders code from abstracts of medical records in the order the diagnoses and procedures are entered. For most abstracts, this coding procedure is relatively free of problems. It was noted, however, that acute myocardial infarction frequently is not the lead entry in a group of circulatory diagnoses. For example, the patient's record may have arteriosclerosis listed first and arteriosclerotic heart disease listed second, with acute myocardial infarction listed third. If the usual procedure were followed, as it was until 1982, acute myocardial infarction would be coded in third place and retrievable only under the heading of all-listed diagnoses. A decision was made to reorder some acute myocardial infarction diagnoses. In the new procedure, based on accepted medical coding practice, whenever an acute myocardial infarction is encountered with other circulatory diagnoses and is other than the first entry, it is reordered to first position.

The system currently used for coding the diagnoses and procedures on the medical abstract forms and the data that appear on the commercial abstracting services data tape is the *International Classification of Diseases, 9th Revision, Clinical Modification*, or ICD-9-CM (Public Health Service and Health Care Financing Administration, 1980). Data for 1970-78 were coded according to the *Eighth Revision International Classification of Diseases, Adapted for Use in the United States*, or ICDA (NCHS, 1967a), with some modifications. These modifications, which were necessary because of incomplete or ill-defined terminology in the abstracts, are presented elsewhere (NCHS, 1980a). It has not been necessary, however, to modify the ICD-9-CM for use in NHDS.

**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**  
(8-5-82)

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
U.S. PUBLIC HEALTH SERVICE  
NATIONAL CENTER FOR HEALTH STATISTICS

**MEDICAL ABSTRACT — NATIONAL 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 (X) one)      1  Male                                      2  Female                                      3  Not stated

10. Race                                      1  White                                      3  American Indian/Alaskan Native                                      5  Other (Specify) \_\_\_\_\_  
2  Black                                      4  Asian/Pacific Islander                                      6  Not stated

11. Ethnicity (Mark (X) one)      1  Hispanic origin                                      2  Non-Hispanic                                      3  Not stated

12. Marital status (Mark (X) one)      1  Married                                      3  Widowed                                      5  Separated  
2  Single                                      4  Divorced                                      6  Not stated

**13. Expected source(s) of payment**

Principal (Mark one only)      Other additional sources (Mark accordingly)

- |                    |  |                          |                          |
|--------------------|--|--------------------------|--------------------------|
| Government sources | 1. Workmen's Compensation                | <input type="checkbox"/> | <input type="checkbox"/> |
|                    | 2. Medicare                              | <input type="checkbox"/> | <input type="checkbox"/> |
|                    | 3. Medicaid                              | <input type="checkbox"/> | <input type="checkbox"/> |
|                    | 4. Title V                               | <input type="checkbox"/> | <input type="checkbox"/> |
|                    | 5. Other government payments             | <input type="checkbox"/> | <input type="checkbox"/> |
| Private sources    | 6. Blue Cross                            | <input type="checkbox"/> | <input type="checkbox"/> |
|                    | 7. Other private or commercial insurance | <input type="checkbox"/> | <input type="checkbox"/> |
| Other sources      | 8. Self pay                              | <input type="checkbox"/> | <input type="checkbox"/> |
|                    | 9. No charge                             | <input type="checkbox"/> | <input type="checkbox"/> |
|                    | 10. Other (Specify) _____                | <input type="checkbox"/> | <input type="checkbox"/> |
- No source of payment indicated

**14. Status/Disposition of patient (Mark (X) appropriate box(es))**

- Status                                      Disposition
- 1  Alive      a.  Routine discharge/ discharged home  
b.  Left against medical advice  
c.  Discharged, transferred to another short-term hospital  
d.  Discharged, transferred to long-term care institution  
e.  Disposition not stated
- 2  Died
- 3  Status not stated

**C. FINAL DIAGNOSES**

Principal: \_\_\_\_\_

Other/additional: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

See reverse side

**D. SURGICAL AND DIAGNOSTIC PROCEDURES**

Principal: \_\_\_\_\_   -   -

Other/additional: \_\_\_\_\_   -   -

\_\_\_\_\_   -   -

\_\_\_\_\_   -   -

NONE

See reverse side

Completed by \_\_\_\_\_

Date \_\_\_\_\_



Both the ICDA and the ICD-9-CM are divided into two main sections: diseases and injuries, and surgical and nonsurgical procedures. However, many differences exist between the two classifications. These differences are discussed in a previous report (NCHS, 1981).

Some ICD-9-CM diagnostic codes cannot appear alone. Specifically, the following codes cannot be first-listed: 320.7, 321.1-321.8, 323.0-323.4, 323.6-323.7, 330.2-330.3, 331.7, 334.4, 336.2-336.3, 337.1, 357.1-357.4, 358.1, 359.5-359.6, 362.01-362.02, 362.71-362.72, 364.11, 365.41-365.44, 366.41-366.44, 370.44, 372.15, 372.31-372.33, 373.4-373.6, 374.51, 376.13-376.22, 380.13, 380.15, 382.02, 420.0, 421.1, 422.0, 424.91, 425.7-425.8, 443.81, 456.20-456.21, 484.1-484.8, 516.1, 517.1-517.8, 567.0, 573.1-573.2, 580.81, 581.81, 582.81, 583.81, 590.81, 595.4, 598.01, 601.4, 604.91, 608.81, 616.11, 616.51, 628.1, 711.10-711.89, 712.10-712.39, 713.0-713.8, 720.81, 727.01, 730.70-730.89, 731.1, 731.8, 737.40-737.43, 774.0, 774.31, 774.5. In addition, all discharges with the diagnostic codes 640.0-643.9 and 645.0-676.9 with a fifth digit of 1 or 2 or with code 650 (indicating delivery) must have a code V27.0-V27.9 as a first-listed diagnosis. Conversely, every discharge with a first-listed diagnosis of V27.0-V27.9 also must have one of these delivery codes.

Prior to 1979, data on radiotherapy and physical medicine and rehabilitation (ICDA codes R1-R4) and some obstetrical procedures were not collected by means of NHDS. The obstetrical procedures not coded were artificial rupture of membranes; external, internal, and combined version; outlet and low forceps delivery with and without episiotomy; and episiotomy (ICDA codes 75.0-75.6 and 75.9). In addition, data for diagnostic endoscopy, radiography, and other nonsurgical procedures (ICDA codes A4-A9 and R9), although coded, were not published. Starting with 1979 data, however, the procedures coding has followed guidelines of the Uniform Hospital Discharge Data Set (UHDDS). (See U.S. National Committee on Vital and Health Statistics, 1978, and NCHS, 1980b.) The UHDDS is a minimum data set of items uniformly defined and abstracted from hospital medical records. These items were selected on the basis of their continuous usefulness to organizations and agencies requiring hospital information.

According to the UHDDS guidelines, all procedures are allocated into one of four classes. Classes 1-3 consist of procedures that carry an operative or anesthetic risk or require highly trained personnel, special facilities, or special equipment. Class 4 procedures do not meet these criteria. See appendix II for the procedure codes included in these classes.

Until 1983, the only Class 4 procedures coded in NHDS were circumcision (ICD-9-CM code 64.0), episiotomy (code 73.6), and removal of intrauterine contraceptive device (code 97.71). The coding of additional Class 4 procedures, listed in appendix II, that are used in the assignment of diagnosis-related groups (DRG's) was begun

in mid-1983. DRG's, developed at the Yale School of Organization and Management, are being used by the Health Care Financing Administration, some States, and some third-party payers to reimburse hospitals for inpatient care. A report on the conversion of NHDS data to DRG's has been published (NCHS, 1987c).

## Presentation of estimates

### Grouping of diagnoses and procedures

In this report the diagnostic chapters, the broadest groupings of diseases and injuries shown, correspond to ICD-9-CM chapters 1-17 and the supplementary classification of factors influencing health status and contact with health services. The diagnostic categories, the most detailed groupings of diseases and injuries shown, are subsets of the major groups or chapters. The titles and the ordering of the categories in the tabular list developed for NHDS follow the format of the ICD-9-CM tabular list as closely as possible.

The procedure groupings used in this report are the groups numbered 1-16 in the ICD-9-CM section entitled "Procedure Classification." Specific categories of operations or procedures, the most detailed of these groupings shown, are subsets of the major groups and are based on the 4-digit codes provided by the ICD-9-CM.

In developing the tables of diagnoses and of procedures, an effort was made to maximize specificity of the conditions or procedures consistent with clarity of characterization, the frequency of their occurrence, and their interest.

### Patient characteristics not stated

The age and sex of the patient were not stated on the hospital record (the face sheet of the patient's medical record) for about 0.6 percent of the discharges. Imputations of these missing items were made by assigning the patient an age or sex consistent with the age or sex of other patients with the same diagnostic code. During 1986, 11.0 percent of the hospital records had no race identified.

If the dates of admission or discharge were not given and could not be obtained from the monthly sample listing sheet transmitted by the sample hospital, a length of stay was imputed by assigning the patient a length of stay characteristic of the stays of other patients of the same age. During 1985, only 0.01 percent of the records were missing the date of admission or discharge.

### Rounded numbers

Estimates of the numbers of inpatient discharges, days of care, discharges with procedures, all-listed diagnoses, and all-listed procedures have been rounded to the nearest thousand for tabular presentation. Therefore, detailed figures within the tables do not always add to totals. Rates and percents were calculated on the basis of unrounded figures and will not necessarily agree with computations made from the rounded data.

NOTE: A list of references follows the text.

**Table III. Civilian population, by selected characteristics: United States, July 1, 1986**

[Population estimates consistent with Series P-25, *Current Population Reports*, U.S. Bureau of the Census]

Age, geographic region, and race	Both sexes	Male	Female
<i>All ages</i>			
<i>Population in thousands</i>			
Total . . . . .	239,357	115,800	123,556
Region:			
Northeast . . . . .	49,907	23,835	26,072
Midwest . . . . .	59,165	28,721	30,444
South . . . . .	82,091	39,534	42,558
West . . . . .	48,193	23,711	24,482
Race:			
White . . . . .	202,958	98,578	104,380
All other . . . . .	36,399	17,222	19,176
<i>Under 15 years</i>			
Total . . . . .	51,983	26,612	25,371
Under 1 year . . . . .	3,728	1,908	1,819
1-4 years . . . . .	14,400	7,366	7,035
5-14 years . . . . .	33,855	17,338	16,517
Region:			
Northeast . . . . .	9,756	4,994	4,762
Midwest . . . . .	12,922	6,622	6,300
South . . . . .	18,293	9,358	8,934
West . . . . .	11,012	5,636	5,375
Race:			
White . . . . .	41,992	21,548	20,444
All other . . . . .	9,991	5,065	4,927
<i>15-44 years</i>			
Total . . . . .	113,200	55,874	57,326
15-24 years . . . . .	38,259	19,024	19,235
25-34 years . . . . .	42,148	20,828	21,320
35-44 years . . . . .	32,793	16,022	16,770
Region:			
Northeast . . . . .	23,297	11,404	11,892
Midwest . . . . .	27,798	13,813	13,985
South . . . . .	38,608	18,915	19,691
West . . . . .	23,498	11,742	11,757
Race:			
White . . . . .	95,362	47,463	47,899
All other . . . . .	17,838	8,412	9,426
<i>45-64 years</i>			
Total . . . . .	45,001	21,491	23,511
45-54 years . . . . .	22,774	11,038	11,737
55-64 years . . . . .	22,227	10,453	11,774
Region:			
Northeast . . . . .	10,157	4,801	5,356
Midwest . . . . .	11,051	5,320	5,729
South . . . . .	15,296	7,233	8,063
West . . . . .	8,497	4,138	4,360
Race:			
White . . . . .	39,307	18,920	20,388
All other . . . . .	5,694	2,571	3,123
<i>65 years and over</i>			
Total . . . . .	29,173	11,823	17,350
65-74 years . . . . .	17,325	7,645	9,681
75-84 years . . . . .	9,051	3,386	5,665
85 years and over . . . . .	2,796	792	2,004
Region:			
Northeast . . . . .	6,698	2,636	4,062
Midwest . . . . .	7,394	2,965	4,429
South . . . . .	9,895	4,027	5,869
West . . . . .	5,185	2,195	2,990
Race:			
White . . . . .	26,297	10,648	15,649
All other . . . . .	2,875	1,174	1,701

## Population estimates

The population estimates used in computing rates are from published and unpublished estimates for the U.S. civilian population on July 1 of the data year provided by the U.S. Bureau of the Census. The estimates by age, sex, race, and geographic region are presented in table III and are consistent with the population estimates published in *Current Population Reports*, Series P-25.

Although the civilian noninstitutionalized population was used prior to 1981, it has been determined that the civilian population is more appropriate to use for NHDS, as persons in institutions usually are hospitalized in short-stay hospitals. This is true especially for elderly residents of nursing homes. A comparison of NHDS rates based on the civilian population with rates based on the civilian noninstitutionalized population is available in another publication (NCHS, 1984).

## Reliability of estimates

### Estimation

Statistics produced by NHDS are derived by a complex estimating procedure. The basic unit of estimation is the sample inpatient discharge abstract. The estimating procedure used to produce essentially unbiased national estimates in NHDS has three principal components: inflation by reciprocals of the probabilities of sample selection, adjustment for nonresponse, and ratio adjustment to fixed totals. These components of estimation are described in appendix I of two earlier publications (NCHS, 1967b, 1967c).

### Measurement errors

As in any survey, results are subject to nonsampling or measurement errors, which include errors because of hospital nonresponse, missing abstracts, information incompletely or inaccurately recorded on abstract forms, and processing errors. Some of these errors were discussed in an earlier section entitled "Patient characteristics not stated."

The Institute of Medicine (IOM) has conducted three studies on the reliability of hospital abstract data collection; the most recent study was on NHDS. The IOM NHDS study was performed by using data coded according to the ICDA; however, some of the findings are relevant to the 1981 NHDS data even though these data were coded according to the ICD-9-CM. Of special interest to this report is the finding that, in a number of cases, the first-listed diagnosis in NHDS was not the principal diagnosis as determined by IOM after a study of the entire medical record. For example, when diagnoses at the ICDA class level were examined, the principal diagnosis from IOM matched the first-listed diagnosis from the NHDS in approximately 86 percent of the cases. Detailed accounts of this

NOTE: A list of references follows the text.

and other IOM findings have been published (IOM, 1977a, 1977b, 1980).

### Sampling errors

The standard error is primarily a measure of the variability attributed to a value obtained from a sample as an estimate of a population value. In this report it also reflects part of the measurement error. The value that would have been obtained if a complete enumeration of the population had been made will be contained in an interval represented by the sample estimate plus or minus 1 standard error about 68 out of 100 times and by the estimate plus or minus 2 standard errors about 95 out of 100 times.

The relative standard error is obtained by dividing the standard error by the estimate. The resulting value is multiplied by 100, so the standard error is expressed as a percent of the estimate.

The standard error of one statistic generally is different from that of another, even when the two come from the same survey. To derive standard errors that are applicable to a wide variety of statistics and can be prepared at a moderate cost, a number of approximations are required. As a result, figures II-IV provide general relative standard errors for a wide variety of estimates rather than the specific error for a particular statistic.

Approximate relative standard errors and standard errors have been prepared for measuring the variances applicable to (1) estimates of discharges or first-listed diagnoses and days of care for patient characteristics (for example, age, sex, and race) and hospital characteristics (for example, region, bed size, and ownership) and patient characteristics cross-tabulated by hospital characteristics; and (2) estimates of all procedures performed by the specific procedure for the patient characteristics age, sex, and race and the hospital characteristics geographic region and bed size.

The relative standard errors applicable to patients discharged or first-listed diagnoses, all-listed diagnoses, days of care, and procedures are provided in figures II-IV. The curves for relative standard errors of the estimates in each figure relate to the variables by which estimates are presented in this report. In these figures, curves are shown for variables the relative standard errors of which are different from those in the curve for "all other variables," which is relevant to most of the estimates. For example, one curve is applicable only to estimates of discharges by region, a second curve is concerned with discharges from hospitals by bed size, and a third curve pertains to estimates of days of care for white patients.

NOTE: A list of references follows the text.

The selection of the appropriate relative standard error curve is made as follows:

1. *Discharges for first-listed diagnoses and all-listed diagnoses for patient and hospital characteristics:* Relative standard errors of the estimated number of discharges and of all-listed diagnoses are obtained from the curves in figure II.
2. *Days of care for discharges or first-listed diagnoses for patient and hospital characteristics:* Relative standard errors of the estimated number of days of care are obtained from the curves in figure III.
3. *Procedures:* Relative standard errors for procedures are obtained from the curve in figure IV.

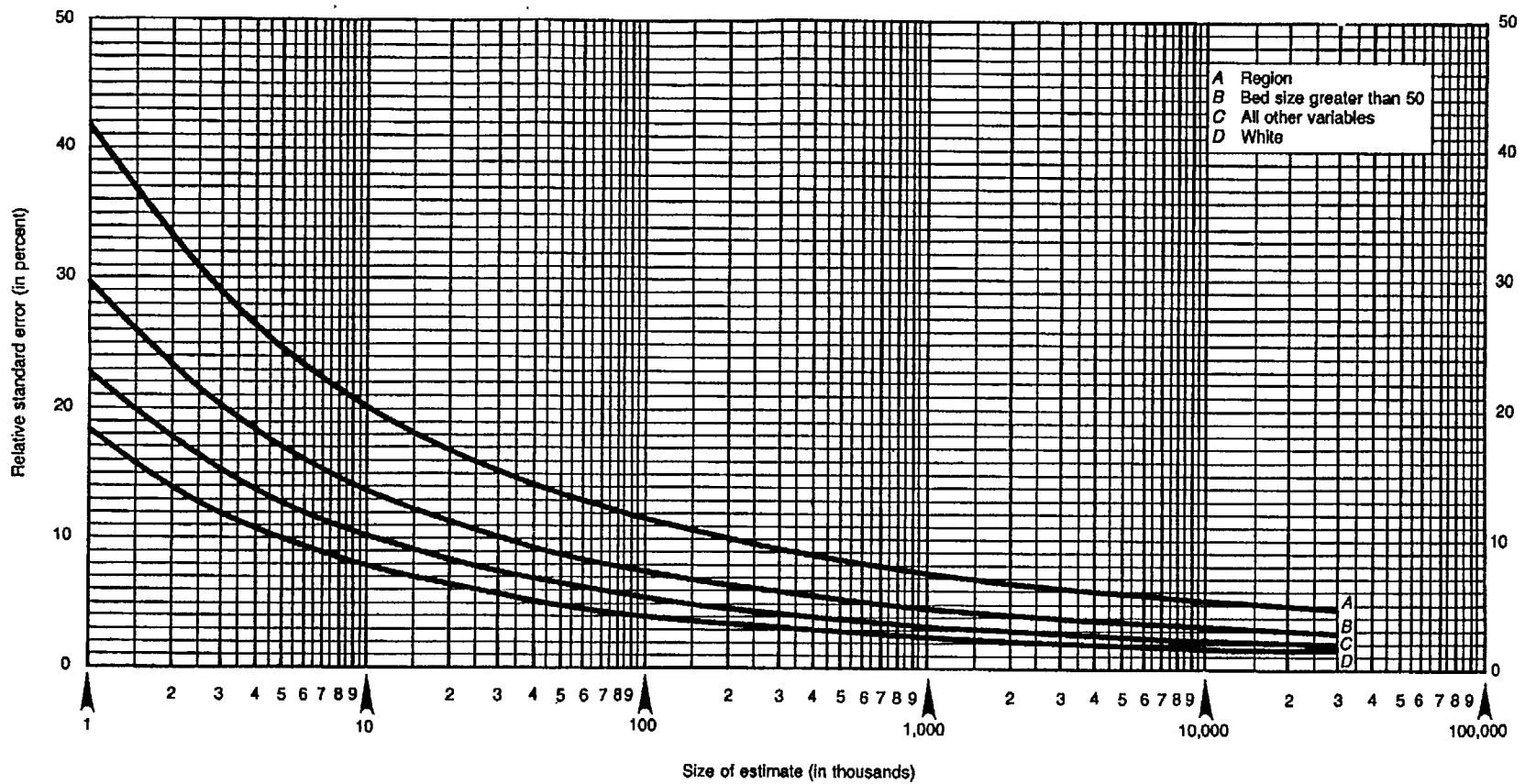
The presentation of estimates for NHDS is based on the relative standard error of the estimate and the number of sample records on which the estimate is based (referred to as the sample size). Estimates are not presented unless a reasonable assumption regarding the probability distribution of the sampling error is possible. The Central Limit Theorem is used to determine the distribution of the sampling errors. The Central Limit Theorem states that, given a sufficiently large sample size, the sample estimate is approximately normally distributed and approximates the population estimate.

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

1. If the sample size is less than 30, the value of the estimate is not reported. Only an asterisk (\*) is shown in the tables.
2. If the sample size is 30-59, the value of the estimate is reported but should be used with caution. The estimate is preceded by an asterisk (\*) in the tables.
3. If the sample size is 60 or more but the relative standard error is more than 30 percent, the estimate is reported but should be used with caution. The estimate is preceded by an asterisk (\*) in the tables.

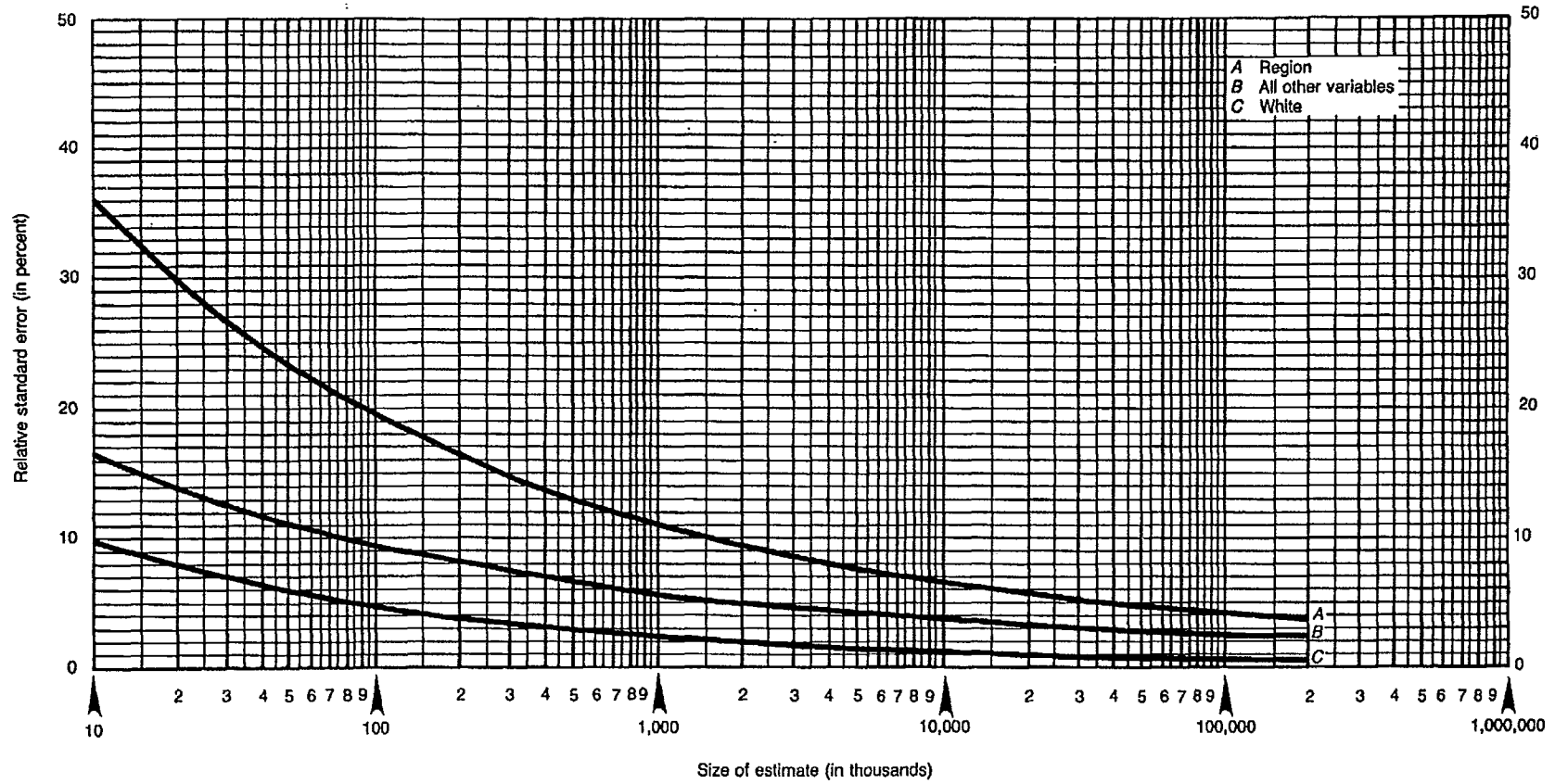
### Tests of significance

In this report, the determination of statistical inference is based on the *t*-test with a critical value of 1.96 (0.05 level of significance). Terms relating to differences, such as "higher" and "less," indicate that the differences are statistically significant. Terms such as "similar" and "no difference" mean that no statistically significant difference exists between the estimates being compared. A lack of comment on the difference between any two estimates does not mean that the difference was tested and found to be not significant.



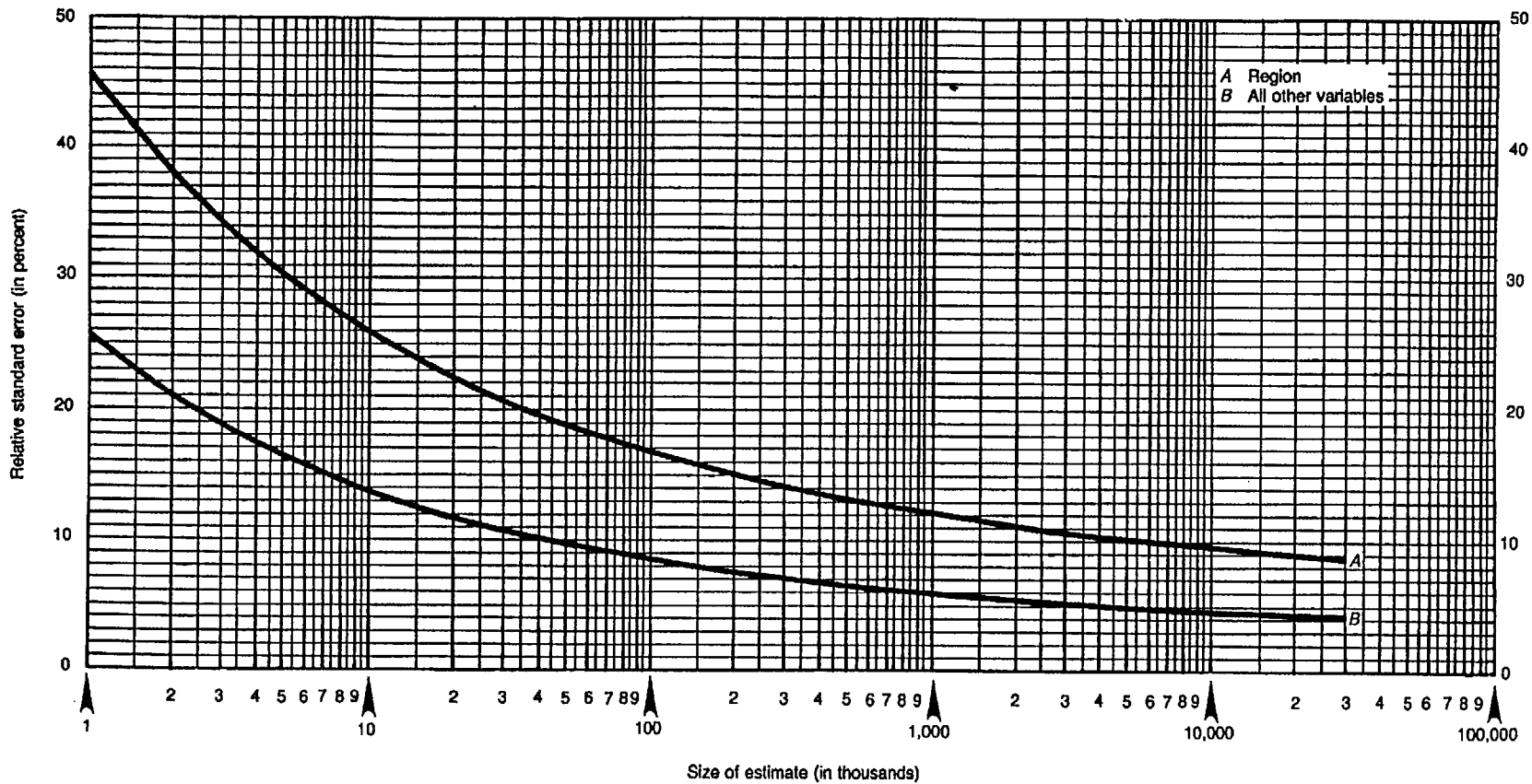
EXAMPLE: As shown in table 4, an estimated 4,492,000 patients 45-64 years of age were discharged from non-Federal short-stay hospitals with 100-499 beds in 1986. The relative standard error of this estimate as read from curve B is approximately 3.8 percent. Thus, the standard error is approximately 170,696 (3.8 percent of 4,492,000).

Figure II. Approximate relative standard errors of estimated numbers of patients discharged or first-listed diagnoses and of all-listed diagnoses, by selected patient and hospital characteristics



EXAMPLE: As shown in table 2, an estimated 7,274,000 days of care were provided during 1986 to male patients under 15 years of age discharged from short-stay hospitals. The relative standard error of this estimate as read from curve B is approximately 4.0 percent. Thus, the standard error is approximately 290,960 (4.0 percent of 7,274,000).

Figure III. Approximate relative standard errors of estimated numbers of days of care, by selected patient and hospital characteristics



EXAMPLE: As shown in table 17 an estimated 644,000 hysterectomies were performed during 1986 on females discharged from short-stay hospitals. The relative standard error of this estimate as read from curve B is approximately 6.3 percent. Thus, the standard error is approximately 40,572 (6.3 percent of 644,000).

Figure IV. Approximate relative standard errors of estimated numbers of procedures for patients discharged, by selected patient and hospital characteristics

# Appendix II

## Definitions of terms

### Hospitals and hospital characteristics

*Hospitals*—Short-stay special and general hospitals have 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.

*Bed size of hospital*—Size is measured by the number of beds, cribs, and pediatric bassinets regularly maintained (set up and staffed for use) for patients; bassinets for newborn infants are not included. In this report the classification of hospitals by bed size is based on the number of beds at or near midyear as reported by the hospitals.

*Type of ownership of hospital*—The type of ownership is determined by the organization that controls and operates the hospital. Hospitals are grouped as follows:

- *Voluntary nonprofit*—Hospitals operated by a church or another nonprofit organization.
- *Government*—Hospitals operated by State or local governments.
- *Proprietary*—Hospitals operated by individuals, partnerships, or corporations for profit.

*Patient*—A person who is formally admitted to the inpatient service of a short-stay hospital for observation, care, diagnosis, or treatment is considered a patient. In this report the number of patients refers to the number of discharges during the year, including any multiple discharges of the same individual from one short-stay hospital or more. Infants admitted on the day of birth, directly or by transfer from another medical facility, with or without mention of a disease, disorder, or immaturity, are included. In this report newborn infants, defined as those admitted by birth to the hospital, are excluded from all tables except those in the newborn section. The terms “patient” and “inpatient” are used synonymously.

*Newborn infant*—A newborn infant is defined as a patient admitted by birth to a hospital.

*Discharge*—Discharge is 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 a year to the number of persons in the

civilian population on July 1 of that year determines the discharge rate.

*Days of care*—The total number of patient days accumulated at time of discharge by patients discharged from short-stay hospitals during a year constitutes days of care. 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 rate of days of care is the ratio of the number of patient days accumulated at time of discharge by patients discharged from short-stay hospitals during a year to the number of persons in the civilian population on July 1 of that year.

*Average length of stay*—The average length of stay is the total number of patient days accumulated at time of discharge by patients discharged during the year divided by the number of patients discharged.

### Diagnoses

*Discharge diagnoses*—A discharge diagnosis is a disease or injury (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 patients. In NHDS all discharge (or final) diagnoses listed on the fact sheet (summary sheet) of the medical record for patients discharged from the inpatient service of short-stay hospitals are transcribed in the order listed. Each sample discharge is assigned a maximum of seven 5-digit codes according to the *International Classification of Diseases, 9th Revision, Clinical Modification*, or ICD-9-CM (Public Health Service and Health Care Financing Administration, 1980). The number of principal or first-listed diagnoses is equivalent to the number of discharges.

*Principal diagnosis*—The condition established after study to be chiefly responsible for occasioning the admission of the patient to the hospital for care is called the principal diagnosis.

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NOTE: A list of references follows the text.

*First-listed diagnosis*—The coded diagnosis identified as the principal diagnosis or listed first on the face sheet of the medical record is the first-listed diagnosis. The number of first-listed diagnoses is equivalent to the number of discharges.

*All-listed diagnoses*—All-listed diagnoses are an estimated number of discharge (or final) diagnoses, up to a maximum of seven, that are listed on the face sheet of the medical record for inpatients discharged from non-Federal short-stay hospitals during the year.

*Obstetrical diagnosis*—A diagnosis relating to conditions arising from or affecting the management of pregnancy, childbirth, and the puerperium (the period following childbirth) is a obstetrical diagnosis. These are code numbers 640-676 of the ICD-9-CM.

*Normal delivery*—A normal delivery is a delivery without abnormality or complication of pregnancy, childbirth, or the puerperium and with spontaneous cephalic delivery (that is, presentation of the child headfirst and delivery of the child without external aid). If no mention of fetal manipulation or instrumentation is made, ICD-9-CM code 650 is assigned.

*Complicated delivery*—All deliveries not considered normal, including deliveries of multiple gestation, are included. ICD-9-CM code numbers 640-648 and 651-676 are assigned.

## **Surgical and nonsurgical procedures**

*Discharges with procedures*—The estimated number of patients discharged from non-Federal short-stay hospitals during the year who underwent at least one procedure during their hospitalization are termed “discharges with procedures.”

*Procedure*—A procedure is one or more surgical or nonsurgical operations, diagnostic procedures, or special treatments assigned by the physician to the medical record of patients discharged from the inpatient service of short-stay hospitals. In NHDS all terms listed on the face sheet of the medical record under captions such as “operation,” “operative procedures,” and “operations and/or special treatments” are transcribed in the order listed. A maximum of four 4-digit codes are assigned per sample discharge according to ICD-9-CM and NHDS directives. (See “Medical coding and edit” in the “Data collection and processing” section of appendix I for further details.)

*All-listed procedures*—All coded procedures that are listed on the face sheet of the medical record, exclusive of most Class 4 procedures, are included.

*Uniform Hospital Discharge Data Set (UHDDS) classes of procedures*—Procedures are categorized into four classes according to UHDDS guidelines. Classes 1-3 consist of significant procedures—that is, procedures that carry an operative or anesthetic risk or require highly trained personnel, special facilities, or special equipment. Class 4 procedures do not meet these criteria.

*UHDDS Class 1 procedures*—All procedures not categorized as Class 2, 3, or 4 procedures are included.

*UHDDS Class 2 procedures*—The following ICD-9-CM procedure codes identify Class 2 procedures as categorized by the UHDDS:

03.31, 03.91-03.92, 04.80-04.89, 21.01, 24.7, 31.41-31.42, 34.91-34.92, 37.92-37.93, 42.22-42.23, 44.12-44.13, 45.12-45.13, 45.22-45.24, 48.22, 50.92, 54.91, 54.97-54.98, 57.31, 58.22, 59.95, 62.91, 66.8, 69.6-69.7, 69.93, 70.0, 73.01-73.1, 73.3, 73.51-73.59, 76.96, 81.91-81.92, 82.92-82.96, 83.94-83.98, 85.91-85.92, 86.01, 87.03-87.08, 87.13-87.15, 87.31-87.35, 87.38, 87.41-87.42, 87.51-87.52, 87.54-87.66, 87.71-87.73, 87.75, 87.77-87.78, 87.81-87.84, 87.91, 87.93-87.94, 88.01-88.03, 88.12-88.15, 88.38, 88.71-88.89, 89.14, 89.21-89.25, 89.32, 89.41-89.44, 89.54, 89.61-89.65, 89.8, 92.01-92.29, 93.45-93.54, 93.56-93.59, 93.92-93.93, 93.95, 93.97, 94.24, 94.26-94.27, 95.04, 95.12-95.13, 95.16-95.26, 96.01-96.08, 96.21-96.25, 96.31-96.33, 97.11-97.13, 98.02-98.04, 98.14-98.16, 98.19, 99.01, 99.60-99.69, 99.81.

*UHDDS Class 3 procedures*—The following ICD-9-CM procedure codes identify Class 3 procedures as categorized by the UHDDS:

29.11, 57.94-57.95, 60.19, 84.41-84.43, 84.45-84.47, 86.26, 93.98, 98.01, 98.05-98.13, 98.17, 98.18, 98.20-98.29, 99.25.

*UHDDS Class 4 procedures*—From 1979 through the middle of 1983 only three Class 4 procedures were coded for NHDS: circumcision (ICD-9-CM code 64.0), episiotomy (code 73.6), and removal of intrauterine contraceptive device (code 97.71). The ICD-9-CM codes for the Class 4 procedures coded since the last half of 1983 are as follows:

01.18-01.19, 03.39, 04.19, 05.19, 06.19, 07.19, 08.91-08.93, 09.19, 09.41-09.49, 10.29, 11.29, 12.29, 14.19, 15.09, 16.29, 20.39, 28.19, 33.28-33.29, 34.28-34.29, 38.29, 40.19, 50.19, 51.19, 52.19, 54.29, 55.29, 56.39, 57.39, 59.29, 60.18, 62.19, 63.09, 64.0, 65.19, 66.19, 67.19, 68.19, 70.29, 71.19, 73.6, 76.19, 78.8, 81.98, 83.29, 97.71.

The following ICD-9-CM procedure codes identify Class 4 procedures not coded by the NHDS:

08.19, 16.21, 18.01, 18.11, 18.19, 21.21, 21.29, 22.19, 24.19, 25.09, 25.91, 26.19, 27.29, 27.91, 29.19, 31.48-31.49, 37.29, 41.38-41.39, 42.29, 44.19, 45.19, 45.28-45.29, 48.23, 48.29, 49.21, 49.29, 49.41, 58.29, 61.19, 64.19, 64.91, 64.94, 69.92, 70.21, 73.91-73.92, 75.35, 85.19, 86.19, 86.92, 87.09-87.12, 87.16-87.17, 87.22-87.29, 87.36-87.37, 87.39, 87.43-87.49, 87.69, 87.79, 87.85-87.89, 87.92, 87.95-87.99, 88.09, 88.16-88.31, 88.33, 88.35, 88.37, 88.39, 89.01-89.13, 89.15-89.16, 89.26-89.31, 89.33-89.39, 89.45-89.53, 89.55-89.59, 89.66, 89.7, 90.01-91.99, 93.01-93.25, 93.27-93.28, 93.31-93.39, 93.42-93.44, 93.61-93.91, 93.94, 93.96, 93.99-94.23, 94.25, 94.29-95.03, 95.05-95.11, 95.14-95.15, 95.31-95.49, 96.09-96.19, 96.26-96.28,



96.34-97.04, 97.14-97.69, 97.72-97.89, 99.02-99.24, 99.26-99.59, 99.71-99.79, 99.82-99.99.

**Surgical operations**—All procedures except those listed under “nonsurgical procedures” are listed as surgical operations.

**Biopsy**—Biopsy is excision of tissue for microscopic examination. The ICD-9-CM biopsy codes are as follows:

0.11-0.15, 03.32, 04.11-04.12, 05.11, 06.11-06.13, 07.11-07.17, 08.11, 09.11-09.12, 10.21, 11.22, 12.22, 15.01, 16.23, 18.12, 20.32, 21.22, 22.11, 24.11-24.12, 25.01, 25.02, 26.11, 27.21-27.24, 28.11, 29.12, 31.43-31.44, 33.24-33.27, 34.23-34.27, 37.24-37.25, 38.21, 40.11, 41.31-41.33, 42.24, 44.14-44.15, 45.14-45.15, 45.25-45.27, 48.24-48.26, 49.22-49.23, 50.11-50.12, 51.12-51.13, 52.11-52.12, 54.22-54.23, 55.23-55.24, 56.32-56.33, 57.33-57.34, 58.23-58.24, 59.21, 60.11-60.15, 61.11, 62.11-62.12, 63.01, 64.11, 65.11-65.12, 66.11, 67.11-67.12, 68.13-68.14, 70.23-70.24, 71.11, 76.11, 77.40-77.49, 80.30-80.39, 83.21, 85.11-85.12, 86.11.

**Nonsurgical procedures**—Procedures generally not considered to be surgery are listed as nonsurgical procedures. These include diagnostic endoscopy and radiography, radiotherapy and related therapies, physical medicine and rehabilitation, and other nonsurgical procedures—*International Classification of Diseases, Adapted for Use in the United States* (ICDA) codes A4-A9 and R1-R9. The following ICD-9-CM codes are for diagnostic and nonsurgical procedures:

03.31, 11.21, 12.21, 14.11, 16.22, 20.31, 29.11, 31.41-31.42, 33.21-33.23, 34.21-34.22, 39.95, 42.21-42.23, 44.11-44.13, 45.11-45.13, 45.21-45.24, 48.21-48.22, 51.11, 54.21, 55.21-55.22, 56.31, 57.31-57.32, 58.21-58.22, 60.19, 68.11-68.12, 70.22, 80.20-80.29, 87.01-99.99.

**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

**Population**—The civilian population is the resident population excluding members of the Armed Forces. The civilian noninstitutionalized population is the civilian population not residing in institutions.

**Age**—Patient’s age refers to age at birthday prior to admission to the hospital inpatient service.

**Race**—Patients are classified into two groups: “white” and “all other.” The all other classification includes all categories other than white. In addition, 11.0 percent of the patients had no race stated on the face sheet of the record.

**Geographic region**—Hospitals are classified by location in one of the four geographic regions of the United States that correspond to those used by the U.S. Bureau of the Census.

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

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