

National Hospital Discharge Survey: 2007

HDS-101

Hospital Manual



USCENSUSBUREAU

Helping You Make Informed Decisions

U.S. Department of Commerce
Economics and Statistics Administration
U.S. CENSUS BUREAU



**Disclaimer: All patient, provider, and hospital names
in this manual are fictitious.**

HOSPITAL NAME: _____

HOSPITAL NUMBER (NCHS): _____

SAMPLE KEY: _____

SAMPLING LIST: _____

Questions concerning the survey can be made to the NHDS Supervisor at the Regional Office of the U. S. Census Bureau at the number(s) or by e-mail below.

Telephone: _____ 1-800 number: _____

NHDS Supervisor: _____

Regional Office Name and Address:

E-Mail Address: _____

Table of Contents

		Page
Chapter 1	Description of the National Hospital Discharge Survey	1
Chapter 2	Selecting Sample Medical Records	7
Chapter 3	Abstracting of Medical Records	21
Chapter 4	Transmitting Data and Correspondence	41
Chapter 5	Providing NHDS Data by Computer Printouts	45
Chapter 6	Providing NHDS Data in Machine Readable Form.....	63
Appendices:		
A:	Form HDS-5, Sample Listing Sheet	71
B:	Form HDS-1, Medical Abstract	73
C:	Examples of Discharge Summaries	75
D:	Sources of Payment (Item C-16)	77
E:	Form HDS-3, Transmittal Notice	79
F:	Examples of Acceptable Printout Formats F1-F3	81
G:	Example of Code Sheet for Printouts	85
H:	Example of HDS-5 for Printout Hospitals	87
I:	Example of HDS-3 Transmittal Form for Printout Hospitals	89
J:	File Layout for Providing Case-Mix Patient Data via Machine Readable Data.....	91
K:	Example of HDS-3A Transmittal Notice for Hospitals Supplying Machine Readable Data.....	97
	Records Not Available Table	99

Chapter 1

Description of the National Hospital Discharge Survey

	Topic	See Page
1.	Overview	1
2.	HDS Data	5

Topic 1. Overview

Background

The National Hospital Discharge Survey (NHDS) is the principal source for national data on the characteristics of patients discharged from non-Federal short-stay hospitals. Data from NHDS are used to examine important topics of interest in public health and for a variety of activities by governmental, scientific, academic, and commercial institutions.

The NHDS has been conducted continuously by the National Center for Health Statistics (NCHS), Centers for Disease Control and Prevention, since 1965. The U. S. Census Bureau is responsible for collecting the data and managing many aspects of the survey.

Purpose of NHDS

The NHDS produces national estimates of the use of non-Federal short-stay U. S. hospitals. The survey provides information on:

- Patient characteristics
- Lengths of stay
- Diagnoses and surgical and diagnostic procedures
- Patterns of use of care in hospitals of different size and ownership and in various regions of the country.

Scope of NHDS

Only hospitals with an average length of stay of fewer than 30 days for all patients, general hospitals, or children's general hospitals are included in the survey. Federal, military, and Department of Veterans Affairs hospitals, as well as hospital units of institutions (such as prison hospitals), and hospitals with fewer than six beds staffed for patient use are excluded.

Topic 1. Overview, Continued

Sample Design

Since 1988, the NHDS sample has been a 3-stage design which includes:

- a sample of primary sampling units (PSUs) that covers the 50 states and the District of Columbia. (A PSU consists of a county, a small group of contiguous counties, or a Metropolitan Statistical Area.)
- a sample of all short-stay and general non-Federal hospitals within PSUs.
- a sample of the discharges from the sampled hospitals.

To ensure that the hospital sample adequately reflects the nation, hospitals are added periodically from lists of newly-opened hospitals.

Legal Authority

The NCHS is the Federal Government's principal health statistics agency. The initial basis for NCHS surveys is the National Health Survey Act (Public Law 84-652) enacted by Congress on July 3, 1956. This Act calls for a continuing health survey and special studies on the Nation's health. Public Law 84-652 was codified later as Title 42, United States Code, Section 242k. The Census Bureau is conducting this work under the authority of Title 15, United States Code, Section 1525, in accordance with Title 31, United States Code, Section 1501(a)(1).

Confidentiality

All information obtained in this survey that would permit identification of an individual or hospital is held strictly confidential, seen only by persons engaged in the National Hospital Discharge Survey or related studies carried out by the National Center for Health Statistics, Centers for Disease Control and Prevention and not disclosed or released to others or used for any other purpose (Section 308(d) of the Public Health Service

Act) (Title 42, United States Code, Section 242(m)).

Topic 1. Overview, Continued

Confidentiality, Continued

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) and its Privacy Rule which went into effect April 14, 2003, have further ensured the privacy of the respondent's participation in the NHDS. Medical Record Numbers or other needed identification are used to locate the sample cases, but they are not released to the Census Bureau or to the sponsoring agency.

In addition, Section 513 of the Confidential Information Protection and Statistical Efficiency Act or CIPSEA (Title 5 of Public Law 107-347) includes provisions for a felony conviction and/or fine of up to \$250,000 if NCHS staff violates the confidentiality provisions.

If hospitals need additional information on measures taken about this survey and conformance with HIPAA regulations, please contact the Census Bureau staff.

Topic 2. NHDS Data

- Flow of Transmission** Sample hospitals send NHDS data to one of the regional offices of the U. S. Census Bureau. After editing and reviewing, Census sends the data to the NCHS who codes, processes, analyzes, and publishes the data.
- Release of Data** The NCHS publishes annual reports on characteristics of patients and hospitals, and special reports on average lengths of stay, DRGs, specific diagnoses, ownership, sources of payment and so on.
- Also, the NHDS Web site at:
www.cdc.gov/nchs/about/major/hdasd/nhds.htm
contains extensive information on and data from the NHDS as well as downloadable reports and public use files.
- Uses and Users** The NHDS data are used for research, planning, evaluation studies and other activities by:
- Hospitals and Medical Research Laboratories;
 - Universities and Medical Schools;
 - Professional organizations, such as the American Medical Association, American Hospital Association, World Health Organization;
 - Federal agencies such as the National Institutes of Health, Health Care Financing Administration, Centers for Disease Control and Prevention, Indian Health Service;
 - Others—Pharmaceutical and medical supply manufacturers, publishing houses, market research groups, insurance companies.

NOTES

Chapter 2
Selecting Sample Medical Records

Topic	See Page
1. Establish List Needed for Sampling	8
2. Sample Key	9
3. Listing the Sample	10
4. Supplemental HDS-5	15
5. Alternate Sampling Procedure	16

Topic 1. Establish List Needed For Sampling

Introduction

The first step in collecting NHDS data is to select a sample of discharges from a list of all discharges for the month.

Note: If your hospital is approved to supply NHDS data by:

- Computer printouts, refer to Chapter 5, Providing NHDS Data By Computer Printouts.
- Machine readable data such as reel tape, cartridge tape, CD-ROM, 3½” disk, or E-mail, refer to Chapter 6, Providing NHDS Data in Machine Readable Form.

Sample List

To select the sample each month, use a complete listing of all patients discharged or admitted during that month.

The NCHS prefers that a discharge listing be used for sampling; however, if the Census Bureau supervisor determined that an admission or other listing is more appropriate for your hospital, this will be noted inside the front cover of this manual under “Sampling List.”

Regardless of which listing you are to use, it must contain:

1. The date of discharge (or admission)
2. The medical record number—this is used only for locating the sample records. This number is not released to Census or to the NCHS.
3. Any other information needed to locate the sample medical record

Use the listing to select the NHDS sample each month. If it becomes necessary to use a different listing, note the reason for this change on Form HDS-3, Transmittal (*see Chapter 4 for instructions on the HDS-3*).

Topic 2. Sample Key

Introduction

The sample key, also called terminal digit, designates the medical records to select for the NHDS sample. The sample key for this hospital is shown on the inside front cover of this manual.

How to use

If your hospital uses a non-biased medical record number or other patient identification number, such as a patient account number, select for the NHDS sample the records on the discharge (or admission) listing with medical record or other identification numbers that end with the number(s) in your sample key.

Example: The sample key is “05.” Select all medical records with numbers that end in 05, such as 434405, 434605, 435005A, and so on. Disregard any alphabetical suffix or prefix and refer only to the numbers.

If your hospital assigns numbers in a ‘biased’ manner, such as designating certain groups of numbers to special units only, or has no numbering system, use the Alternate Sampling Procedure as described in Topic 5 of this chapter. The NHDS Supervisor at the Census Regional Office will advise you of which sampling procedure to use.

Topic 3. Listing the Sample

Form HDS-5

Use Form HDS-5, Sample Listing Sheet, to list the sample of medical records that you select from the discharge or admissions list. The HDS-5 is a four-part form on NCR (no carbon required) paper. The top copy (white) will contain medical record numbers and possibly other personal identifying information which will not appear on the other copies. To assure patient confidentiality, the top copy will be retained by the hospital.

Prepare a separate set of listing sheets for each month. See Appendix A for an example.

Completing the HDS-5 Heading

In Section A, Hospital, enter the name and number of the hospital as shown on the inside front cover of this manual. Then enter the name of the list used to select the sample medical records.

In Section B, Statistical Data, enter the following:

1. *Total Beds.* Enter the number of inpatient beds in the hospital on the last day of the month for which the sample is selected. Exclude bassinets for newborn infants and beds used only for emergency service or by the staff. A bed is any bed, crib, or pediatric bassinet set up and regularly maintained for use by inpatients, not including bassinets available for newborns.
2. *Total Admissions.* If an admissions list is used to select the sample, enter the total number of inpatient admissions for the month, excluding the in-hospital births. If a discharge list is used, leave this item blank.
3. *Live Births.* Enter the total number of live births delivered at the hospital during the sample month. If none, enter '0'.

Topic 3. Listing the Sample, Continued

Completing the HDS-5 Heading, Continued

4. *Total discharges.* If a discharge list is used to select the sample, enter the total number of inpatient discharges for the month, including deaths and newborn infants. If an admissions list is used, leave this item blank.

In Section C, Sampling, enter:

1. *Month.* Enter the month and year for which the sample is being selected.
2. *Key.* Enter the sample key number(s) for the hospital as shown on the inside front cover of this manual.
3. *Number in Sample.* Fill this after you complete the sample selection for the month. Enter the total number of medical records listed on the HDS-5 for the month.
4. *Sample selected by.* Enter your name, title, and date you selected the sample.

Completing the HDS-5 Columns 1-5

Column 1, HDS Number: assign consecutive, 4-digit numbers to each sample medical record listed. Begin with '0001' and continue numbering to '1000.' Then repeat the pattern.

Example: In February you selected 25 medical records and assigned numbers 0301-0325. In March, begin numbering with 0326. When you get to 1000, begin the next number with 0001.

Do not begin renumbering at the beginning of each year.

There may be occasions where records may have been omitted for a sample month and need to be added to the HDS-5. For example, if four records need to be added to the February listing above, number these four records, '9301, 9302, 9303, 9304.'

Topic 3. Listing the Sample, Continued

Completing the HDS-5 Columns 1-5, Continued

There also may be occasions where an HDS Number has been duplicated. In these cases, enter a '9' as the first digit of the duplicate number. For example:

The first few numbers in Column 1 are listed as follows:

HDS number (1)
0001
0002
0003
0003
0004
0005



Change the duplicate HDS Number '0003' to '9003'

HDS number (1)
0001
0002
0003
9003
0004
0005

Note: When abstracting the above case, enter the '9' in the first box in Item A2 on the HDS-1 (see page 26, HDS number):

9	0	0	3
---	---	---	---

Topic 3. Listing the Sample, Continued

Completing the HDS-5 Columns 1-5, Continued

Column 2, Date of Discharge (or Admission): Enter the day (in 2-digit numerals) the patient was discharged from (or admitted to) the hospital for each sampled medical record listed. This identifies the particular stay sampled. For example, the patient was discharged on the fifth of the month—enter ‘05’; if discharged on the 30th—enter ‘30.’

Also at the top of this column, line through ‘(or admission)’ if a discharge list is used or line through ‘Date of Discharge’ if an admissions list is used.

*Column 3, Medical Record Number: Enter the complete medical record number to which you applied the sample key for each selected medical record.

*Column 4, Other Identification: If a number other than the medical record number was used for selecting the records, enter this number as appropriate. This can be a patient identification number, billing number or other number. If no other number was used, leave this column blank.

Also, if your hospital needs the patient’s name in addition to the medical record number or other number in order to find the appropriate medical record, enter the name in the space provided.

Note: If you use a number other than the medical record number to select the sample records, be sure to enter the medical record number in column 3 as well as the number (or name) recorded in column 4.

***The Medical Record Number in Column 3 and Other Identification in Column 4 are not released to the Census Bureau or NCHS. This information is for sampling and hospital use only.**

Topic 3. Listing the Sample, Continued

Completing the HDS-5 Columns 1-5, Continued

Column 5, Date abstracted (or out-of-scope reason):
Fill this column during abstracting to indicate the date you complete the HDS-1, Medical Abstract, for the sample medical records, or the reason it was not completed. For a discussion of reasons why an HDS-1 would not be completed, see Topic 2 of Chapter 3.

Completing the HDS-5 Sheet Number

Enter the number of Sample Listing Sheets completed for the month in the upper right corner. If you complete 2, enter '1' of '2' on the first sheet, then '2' of '2' on the second sheet.

After you enter all of the sample cases, review each sheet. If a case was missed, enter it on the next available line. Make any corrections and additions to all copies.

Topic 4. Supplemental HDS-5

Introduction

You will need to prepare a supplemental HDS-5 listing sheet only if your hospital does not assign separate medical records or other identification numbers to live-born infants. This is a very rare event. In most hospitals, a separate medical record number is assigned to newborn infants, therefore making them eligible for sampling.

Supplemental HDS-5

If a separate medical record number is not assigned for live births and the mother's medical record is selected for the NHDS, make a supplemental Sample Listing Sheet for newborns as follows:

- Enter 'Supplemental' across the top of a blank HDS-5.
- Complete Sections A-C.
- Assign to the infant in column 1 the mother's HDS Number with a '6' as the leading digit (i.e., 6088).
- Enter the mother's medical record number in column 3.
Note: This is for the hospital's use only.
- Make any other required entries in columns 2 and 4.

If you sample from an admissions list, enter the infant's date of birth for date of admissions. If you sample from a discharge list, enter the baby's actual date of discharge.

Include the supplemental listing sheets with the regular listing sheets.

Topic 5. Alternate Sampling Procedure

General

Some hospitals may not be able to use the Sample Key to select the NHDS sample as outlined in Topic 3. These are:

- Hospitals where there is no continuity of assigned numbers from day-to-day; that is, the first admission each day is not assigned a medical record number consecutive with the last number assigned the previous day.
- Hospitals where each department in the hospital has its own block of numbers to be assigned only to patients admitted to that unit. Since there is no assurance that all numbers in all blocks will be used each month, the terminal digits cannot be applied to these numbers for selecting the sample.

For example, Patients in Cardiac Care are assigned numbers 00-49. All other patients are assigned numbers 50-99. If the sampling key numbers were 37 and 47 and no more than 36 patients were admitted to Cardiac Care, there could be no sample cases. Also, with these terminal digits, all the sample cases that could be included in the sample would be from Cardiac Care and thus not be representative of the entire hospital.

- Hospitals that do not assign medical record or any other type of patient identification numbers.

Alternate Sampling Procedures

Hospitals described above may have to use the 'Modified Terminal Digit' or 'Random Start' methods for sampling. If your hospital assigns biased numbers as described above, call the NHDS Supervisor named on the inside front cover of this manual. Together, you can determine which sampling procedure is appropriate for your hospital.

Topic 5. Alternate Sampling Procedure, Continued

Modified Terminal Digit Method

If you are instructed to use the Modified Terminal Digit Method for sampling:

1. Complete the heading items of the HDS-5, Sample Listing Sheet as described in Topic 3 of this chapter.
2. Use the discharge (or admissions) list to obtain the monthly sample.
3. By hand, number the discharges (or admissions).
4. Apply the sample key (listed on the inside front cover of this manual) to the hand-listed numbers. List the selected cases, date of discharge (or admission) and other items needed to locate the sample record in columns 1-5 of the HDS-5. *See Topic 3 on completing Columns 1-5.*
5. Make a notation at the bottom of the HDS-5 where to begin the next month's numbering by hand. After reaching 1,000 by hand, start with '1' for the next discharge (or admission).

The next page contains an example of selecting the NHDS sample using the Modified Terminal Digit Method.

Topic 5. Alternate Sampling Procedure, Continued

The following is an example of sampling using the Modified Terminal Digit Method. The sample key numbers are 2, 5, 7 and 9. After obtaining the monthly listing, number each discharge by hand. Then place a checkmark or circle all numbers that end with one of the sample keys. List these discharges on the HDS-5, Sample Listing Sheet. ***Note: Medical Record Numbers are not released to Census or to the NCHS.**

January Discharge List		
	Date of Discharge	*Medical Record Number
1	1-1	9336201
2	1-1	9336203
3	1-3	9336301
4	1-3	9336005
✓ 5	1-4	9336103
6	1-5	9336501
✓ 7	1-6	9400101
8	1-8	9400709
✓ 9	1-10	9336502
10	1-11	9400102
11	1-11	9400909
✓ 12	1-12	9401022
13	1-15	9401002
14	1-16	9401501
✓ 15	1-18	9401405
16	1-20	9402001
✓ 17	1-23	9401401
18	1-25	9402002
✓ 19	1-28	9402008
20	1-31	9402802

Note: at the bottom of the HDS-5, note to begin numbering the February discharges with '21.'

Topic 5. Alternate Sampling Procedures, Continued

Random Start Method

If you are instructed to use the 'Random Start Method,' the NHDS Supervisor will provide you with 'start with' and 'take every' numbers. Enter these as the Sample Key shown on the inside the front cover of this manual.

1. Complete the heading items of the HDS-5, Sample Listing Sheet, as described in Topic 3.
2. Use the discharge (or admissions) list to obtain the monthly sample.
3. The first time you use this method to select the NHDS sample and when sampling January discharges (or admissions), count down to the 'start with' number. Next to this number, put an "X", a checkmark or circle the number to indicate that this is a selected record.
4. Beginning with the next record on the listing, count down to the 'take every' and indicate it as selected. Continue counting off this 'take every' until all appropriate records on the month's listing are selected.
5. List the indicated discharges (admissions) in Columns 1-5 of the HDS-5. See Topic 3 on completing Columns 1-5.
6. Make a notation at the bottom of the HDS-5 of the "End Count," that is, the number counted to for the last record on that month's listing. This will tell you where to begin your 'take every' count for the next month.

The next page contains an example of selecting the NHDS sample using the Random Start Method.

Topic 5. Alternate Sampling Procedure, Continued

The following is an example of sampling using the Random Start Method. The Start With number is 2 and the Take Every interval is 3. The first sample case will be the second discharge and every third discharge thereafter. ***Note: Medical Record Numbers are not released to Census or to the NCHS.**

January Discharge List		
	Date of Discharge	*Medical Record Number
	1-1	9336201
Start With→	✗ 1-1	9336203
	1-3	9336301
	1-3	9336005
	✗ 1-4	9336103
	1-5	9336501
	1-6	9400101
	✗ 1-8	9400709
	1-10	9336502
	1-11	9400102
	✗ 1-11	9400909
	1-12	9401022
	1-15	9401002
	✗ 1-16	9401501
	1-18	9401405
	1-20	9402001
	✗ 1-23	9401401
	1-25	9402002
	1-28	9402008
End Count=3	✗ 1-31	9402802

Note: at the bottom of the HDS-5, the end count is 3, so start counting for the 'take every' with 1 for February.

Chapter 3

Abstracting of Medical Records

Topic	See Page
1. Locate the Medical Records	22
2. Abstract Complete Records and Correct Stays	23
3. Abstracting Sources	25
4. Completing the HDS-1	26
5. Submitting Completed Abstracts	40

Topic 1. Locate the Medical Records

Introduction

After selecting the NHDS sample for a month, the next step in data collection is to abstract certain information from each medical record onto a Form HDS-1, Medical Abstract. An example of a completed HDS-1 is in Appendix B.

Locate the Records

Using the completed HDS-5, Sample Listing Sheet, locate the sample medical records. If a record is not available at this time, enter “NA” in column 5 of the HDS-5 for the appropriate case and list in the “Records Not Available” table in the back of this manual.

Using the “Records Not Available” table, obtain any records for the current data year that were not completed during previous months if they are now available. Do not obtain any records for previous data years.

Records Unable to Locate

If you are unable to locate a medical record because an incorrect number is entered on the discharge (or admission) list or you misread the number on the list:

1. Determine which medical record should be included in the sample and locate that record for abstracting.
2. If the number or other identification on this record is different from that recorded on the HDS-5 Sample List, footnote the correct number (or other identification) at the bottom of the HDS-5, but do not change the number (or other identification) on the HDS-5.
3. Complete an HDS-1 Medical Abstract for this record

Topic 2. Abstract Complete Records and Correct Stays

Abstract Complete

In-Scope Records Only

Only abstract complete in-scope medical records. For NHDS, a medical record is complete when the physician has signed the record and entered the final diagnoses and operations or procedures. Enter the date you complete the HDS-1 in column 5 of the HDS-5. The following are considered in-scope:

- People admitted, assigned a bed, then discharged later that day or at a later date, with or without approval.
- Newborn infants born alive.
- Inpatients discharged because of death.
- Inpatients discharged or transferred to another short-term hospital, or to a long-term institution, such as a nursing home.
- Patients discharged and transferred to another unit within the hospital, such as a nursing home unit, psychiatric unit, and so on.

Out-of-Scope Records

The following patients are ineligible for the NHDS. Do not complete an HDS-1 (dummy record) abstract; instead, note the out-of-scope reason in column 5 of the HDS-5 for the appropriate case.

- Persons dead on arrival (DOA).
- Fetal deaths or stillbirths (Fetal).
- Patients who die in the emergency room or in the operating room without having been admitted either before or after death (Emergency).
- Patients given a pass to leave the hospital for a short period of time but not actually discharged from the hospital (Pass).
- Patients transferred from one service or room to another but not actually discharged from the unit or hospital (Transfer).
- Outpatients.
- Same-day surgery patients.

Topic 2. Abstract Complete Records and Correct Stays, Continued

Incomplete or Records Not Available

Note all incomplete (Inc) or not available (NA) records in the “Records Not Available” table at the back of this manual. Indicate “Inc” or “NA” in Column 5 of the HDS-5 as appropriate.

As records become complete or available, abstract the needed information and line through them in the “Records not Available” table. We call these ‘back records.’

Abstract Correct Stays

If different hospital stays are in the patient’s medical record, refer to the date of discharge (or admission) on the HDS-5 in order to abstract the correct hospital stay.

Do not complete an HDS-1 if the actual discharge (or admission) date on the recorded is not within the sampled month. In column 5 on the HDS-5, enter ‘not in sample month’ as the reason for not completing an abstract form.

Topic 3. Abstracting Sources

Introduction

You may use several sources in the medical record to complete the HDS-1 Medical Abstract. The HDS-1 has four sections—Sections A, B and C are called the nonmedical portions and Section D is called the medical portion.

Sources for the HDS-1

Sections A, B and C obtain data on patient identification, characteristics and administrative information. Complete these sections from the face sheet of the medical record. The face sheet consists of the first sheet(s) in the medical record containing information to identify the patient and key aspects of the hospitalization.

Note: If the face sheet does not have the information to complete Sections A, B and C, use other sources as appropriate to obtain the missing data. If the missing information cannot be obtained from any sources, mark the “Not Stated” box if the item has one; otherwise, follow the instructions in Topic 4.

Section D obtains information on patient diagnoses and procedures. Complete these sections from the discharge summary (or discharge sheet) if possible. A discharge summary contains a complete summary of the patient’s condition and the events that transpired during the hospitalization. It usually follows the face sheet and may be typed or handwritten.

Use the discharge summary only if the diagnoses and/or procedures are specifically identified and clearly summarized. Appendix C shows examples of acceptable and unacceptable discharge summary entries.

Note: If the medical record does not contain a discharge summary, use the face sheet, physician attestation report or DRG sheet to complete Section D. If you cannot complete this section from any of these sources, enter “N/A” for not available in items 17, 18, and 19.

Topic 4. Completing the HDS-1

Getting Started

To perform abstracting, you need a Form HDS-1, Medical Abstract, the previously filled Form HDS-5, Sample Listing Sheet, and the appropriate medical record (*see Topic 1 on locating the medical record*).

Completing Section A, Patient Identification

Item 1, Hospital Number: Transcribe your hospital number from the inside cover of this manual to the boxes provided. Enter a 'zero' in the first box followed by the three-digit number.

Item 2, HDS Number: Transcribe the HDS Number for the sample medical record from column 1 on the HDS-5 to the boxes provided.

Item 3, Item deleted: No entry required.

Item 4, Date of Admission: Transcribe the date the patient was admitted for the selected hospital stay. Use two-digit numbers to record the month and day and four digits for the year. For example:

The admission date is May 23, 2007. Enter '05-23-2007.'

For newborn infants, enter the date of birth for the date of admission.

If an admissions list was used to select the sample, make sure the admission date on the medical record agrees with the date on the Sample Listing Sheet. If not, resolve the problem as described in Topic 2 of this chapter.

Topic 4. Completing the HDS-1, Continued

Completing Section A, Patient Identification, Continued

Item 5, Date of Discharge: Transcribe the date the patient was discharged from the hospital for the selected hospital stay. Use two-digit numbers to record the month and day and four digits for the year. For example:

The discharge is May 29, 2007. Enter '05-29-2007.'

If the discharge list was used to select the sample, make sure the discharge date on the medical record agrees with the date on the Sample Listing Sheet. If not, resolve the problem as described in Topic 2 of this chapter.

Note: If the dates of admission and discharge are the same, check to see if this was an inpatient or outpatient. If an outpatient, the record is out-of-scope. Do not complete an HDS-1; enter the out-of-scope reason in column 5 of the HDS-5 for this case.

Item 6, Residence ZIP Code: Enter the patient's 5-digit ZIP Code. If not indicated, enter an "X" in the first box.

Completing Section B, Patient Characteristics

Item 7, Date of Birth: Enter the patient's date of birth using two digits for the month and day and four digits for the year. For example:

The birth date is June 22, 1932. Enter '06-22-1932.'

Topic 4. Completing the HDS-1, Continued

Completing Section B, Patient Characteristics, Continued

Item 8, Age: Enter the patient's age only if the complete birth date is not available. Make an entry in each units box. For example:

For age 65, enter '065'; Age 2, enter '002';
Age 103, enter '103.'

Also, mark one of the boxes to the right to indicate the period of the age:

'Years' for patients 1 year and over
'Months' for children 30 days to 1 year
'Days' for infants less than 30 days old

Item 9, Sex: Mark the appropriate box.

Item 10, Ethnicity: Refers to the national or cultural group from which a person is descended, and is determined by the nationality or lineage of a parent, grandparent or other ancestors. Ethnicity is not necessarily related to one's race. Consider race and ethnicity as two independent characteristics. Do not base a person's ethnic background on the name or the birthplace.

Mark Box 1, Hispanic or Latino if the patient is of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. The term, "Spanish Origin" can be used in addition to "Hispanic or Latino."

Mark Box 2, Not Hispanic or Latino if the patient's descent is other than a Hispanic or Latino.

Mark Box 3, Not Stated if the patient's ethnicity is not indicated, or if the ethnicity is not clearly specified.

Topic 4. Completing the HDS-1, Continued

Completing Section B, Patient Characteristics, Continued

Item 11, Race:

Mark Box 1, White if the patient is white, Caucasian or has origins in any of the original peoples of Europe, the Middle East or North Africa.

Mark Box 2, Black or African American if the patient has origins in any of the black racial groups of Africa. Terms such as 'Haitian' or 'Negro' can be used in addition to 'Black or African American.'

Mark Box 3, American Indian or Alaska Native if the patient has origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.

Mark Box 4, Asian if a patient has origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, Philippine Islands, Thailand, and Vietnam.

Mark Box 5, Native Hawaiian or Other Pacific Islander if the patient has origins in any of the original people of Hawaii, Guam, Samoa, or other Pacific Islands.

Mark Box 6, Other if the patient's race does not fall into a category described above. Enter the race on the lines provided.

Mark Box 7, Not stated if the patient's race is not indicated, or if the race is marked 'Hispanic' and no other racial information is provided.

**Note: If the record states TWO or more races,
mark all appropriate boxes.**

**If the record states "Asian/Pacific Islander",
mark box 7, not stated.**

Topic 4. Completing the HDS-1, Continued

Completing Section B, Patient Characteristics, Continued

Item 12, Marital Status: Mark the appropriate box. If not indicated, mark 'Not Stated.' For newborns, always mark 'Single' regardless of whether or not the record states this.

Completing Section C, Administrative Info

Item 13, Type of Admission:

Mark Box 1, Emergency if the patient required immediate medical intervention as a result of severe life threatening or potentially disabling conditions. Patient generally is admitted through the Emergency Room.

Mark Box 2, Urgent if the patient required immediate care and treatment of a physical or mental disorder. Patient generally is admitted to the first available and suitable accommodation.

Mark Box 3, Elective if the patient's condition permitted adequate time to schedule the availability of a suitable accommodation.

Mark Box 4, Newborn if the baby was born within the facility.

Mark Box 5, Item not available/Unknown if the admission type for the patient is not available.

Item 14, Source of Admission:

Mark Box 1, Physician referral if the patient was admitted to this facility upon the recommendation of his/her personal physician.

Mark Box 2, Clinical referral if the patient was admitted to this facility upon recommendation of the facility's clinic physician.

Mark Box 3, HMO Referral if the patient was admitted to this facility upon the recommendation of a health maintenance organization physician.

Topic 4. Completing the HDS-1, Continued

Completing Section C, Administrative Info, Continued

Mark Box 4, Transfer from a Hospital if the patient was admitted to this facility as a transfer from an acute care facility where he/she was an inpatient.

Mark Box 5, Transfer from SNF if the patient was admitted to this facility as a transfer from a skilled nursing facility where he/she was an inpatient.

Mark Box 6, Transfer from other health facility if the patient was admitted to this facility as a transfer from a health care facility other than an acute care facility or a skilled nursing facility. This includes transfers from nursing homes, long-term care facilities, and SNF patients who are at a non-skilled level of care.

Mark Box 7, Emergency Room if the patient was admitted to this facility upon the recommendation of this facility's emergency room physician.

Mark Box 8, Court/Law Enforcement if the patient was admitted to this facility upon the direction of a court of law, or upon the request of a law enforcement agency representative.

Mark Box 9, Other if the patient was admitted to this facility for a reason other than those categorized above, for example, newborn, transfer from a Rural Primary Care Hospital, etc. Specify the reason in the space provided.

Mark Box 10, Item not available if the information for the source of admission to this facility is not available for the patient.

Topic 4. Completing the HDS-1, Continued

Completing Section C, Administrative Info, Continued

Item 15, Status/Disposition of patient: Mark the appropriate box(es) as follows.

Box 1, Alive if the patient was alive upon discharge. Then mark the appropriate disposition category as indicated:

- a. Routine discharge/discharged home for patients who were discharged to return home. Include all patients referred to home care services, specialty clinics, family physician, home health care IV provider, or discharged to a relative, foster home, or transferred to a corrections institute.
- b. Left against medical advice for patients who refused further medical care and left the hospital regardless of whether a release of responsibility statement was signed or not. Also, include those patients who left without informing any members of the medical staff.
- b. Discharged, transferred to another short-term hospital for all patients who were transferred to another short-term hospital. Include all short-term maternity hospitals.
- c. Discharged, transferred to long-term care institution for all patients who were transferred or returned to a nursing home, skilled nursing facility (SNF), an extended care facility, an intermediate care facility (ICF), or a custodial care facility.
- d. Other disposition/not stated if the discharge status of the patient is 'alive' and the disposition is unknown or patient is transferred to other facility and the type of facility cannot be classified as short-term or long-term. Include in this category patients transferred to a state facility, psychiatric facility, terminal care/hospice facility, rehabilitation facility or specialty hospital.

Topic 4. Completing the HDS-1, Continued

Completing Section C, Administrative Info, Continued

Box 2, Died for patients who died after being admitted to the hospital.

Box 3, Status not stated if no information on the patient's discharge status is indicated.

Item 16, Expected source(s) of payment:

Mark the 'Principal' and/or 'Other additional sources' for the expected method of payment for this hospitalization. The following are some general instructions.

- Only mark one payment source in the Principal column.
- If the medical record indicates only one payment source, mark only the 'Principal' column. Leave the "Other additional sources" column blank.
- If the medical record indicates two or more payment sources and one is designated as the primary source, mark the 'Principal' column for this source and the "Other additional sources" column for the remaining sources of payment.
- If the record indicates two or more payment sources but none is designated as the principal source, mark the "Other additional sources" column for all indicated sources, leaving the 'Principal' column blank.
- If you are uncertain about a specific government source, mark "Other government payments."
- If you are uncertain about a specific private source, mark "Other private or commercial insurance."

Topic 4. Completing the HDS-1, Continued

Completing Section C, Administrative Info, Continued

- If you are uncertain about placing a payment source in a specific category, that is, government, private or other, mark box 10, “Other” in the appropriate column and enter the source in the space provided.

Note: Before marking one of the ‘Other’ categories outlined above, refer to Appendix D at the back of this manual which lists a number of sources of payment and the appropriate box numbers to mark in Item C-16.

- If there are two or more sources of payment and one source is ‘self pay’, self pay cannot be the principal source of payment.
- If the patient’s expected source(s) of payment is not indicated, mark the “No source of payment indicated’ box.

If the expected source(s) of payment is coded on the medical record, ask for a copy of the code definitions so that you can properly complete this item.

If there are uncertainties about codes or payment plans, contact the applicable hospital personnel for questions concerning sources of payments.

The following are specific instructions for the various payment sources. Mark as follows.

Box 1, Worker’s compensation—if the expected source of payment is a state or municipal disability insurance or industrial accident insurance. Do not include company health insurance plans or direct payment by an employer in this category.

Topic 4. Completing the HDS-1, Continued

Completing Section C, Administrative Info, Continued

Box 2, Medicare – if the payment is expected to be made under the Health Care Financing Administration’s health insurance program for the aged and disabled. This includes Medicare Part A and/or B and patients under the renal dialysis program.

Box 3, Medicaid – if the payment is expected to be made under Title XIX of the Social Security Act which gives Federal assistance to states to provide health care, either secondary when a patient has Medicare, or as a supplement for certain categories of medically indigent patients. Medicaid may also be known as public aid, medical assistance, general relief, or some title specific to the state of residence, such as “Medi-Cal” in California.

Box 4, Other government payments – if payment cannot be classified in one of the other categories above (Boxes 1, 2 or 3). This includes payments under the Title V Program, payments made under the state funded Maternal and Child Health Program, state funded Crippled Children’s Program, payments under CHAMPUS (Civilian Health and Medical Program of the Uniformed Services) or TRICARE (the Defense Department’s healthcare program for service families), casualty insurance paid by the state, vocational rehabilitation, Federal or state research grant (medical research), or legal hold (prisoner in medical detention).

Box 5, Blue Cross/Blue Shield – if payment is expected by a Blue Cross insurance plan, Blue Cross Association, or Blue Shield plans. Do not mark Blue Cross for Medicare programs administered by Blue Cross unless the hospital lists this as Blue Cross.

Box 6, HMO/PPO – if payment is to be made by any Health Maintenance Organization or Preferred Provider Organization sponsored by consumers, communities, physicians, or hospitals.

Box 7, Other private or commercial insurance – if the payment is by any private insurance plan not specified in 5 or 6 above. This category includes medical coverage provided by life insurance companies, casualty insurance companies, health insurance companies, and independent plans such as employer/union sponsored plans and/or self-funded plans (partial or total).

Topic 4. Completing the HDS-1, Continued

Completing Section C, Administrative Info, Continued

Box 8, Self pay – if a major share of the total costs for this hospitalization is expected by the patient, spouse, family, or next of kin.

Box 9, No charge – for patients admitted with the understanding that payment would not be expected because the medical services are free. This category includes hospital-sponsored welfare, staff services donated, hospital-sponsored special research or ‘teaching’ patients. Do not include patients who, following their hospitalization, failed to pay their bill. For such patients, there was an expected source of payment at the time of admission and the appropriate category should be marked.

Box 10, Other – to include any nonprofit source of payment such as church welfare, United Way (United Appeal), or Shriner’s Crippled Children Services. Specify in the space provided on the HDS-1 the exact expected source of payment.

No Source of Payment indicated – for patients whose expected source(s) of payment is not indicated.

Completing Section D, Medical Information

Item 17, Admitting Diagnosis:

The inpatient admitting diagnosis may be expressed as one of the following:

- One or more significant findings (symptoms or signs) representing patient distress or abnormal findings on examination.
- A “possible” diagnosis based on significant findings (working diagnosis).
- A diagnosis established on an ambulatory care basis or on previous hospital admission.

Topic 4. Completing the HDS-1, Continued

Completing Section D, Admitting Diagnosis, Continued

- An injury or poisoning.
- A reason or condition not classifiable as an illness or injury, such as pregnancy in labor, follow-up examination, and so forth.

Report only one admitting diagnosis and enter in the description space.

If your hospital uses the ICD-9-CM coding classification, also enter the ICD-9-CM code in the code entry space.

Expect the admitting diagnosis to vary from that of the principal diagnosis at time of discharge.

Item 18, Final Diagnoses:

The principal diagnosis is the condition established after study to be chiefly responsible for the patient's admission to the hospital.

If a principal diagnosis is specified, enter the physician's exact terminology in the third column, "Description," on the Principal diagnosis line. If a principal diagnosis is not specified, enter the first-listed diagnosis as principal.

Enter all other/additional final diagnoses shown (up to seven final diagnoses) except the one you wrote next to 'principal.'

Enter all E-Code diagnoses (external causes of injury and poisoning) specified in the medical record as other/additional.

Topic 4. Completing the HDS-1, Continued

Completing Section D, Medical Information, Continued

Include as Final Diagnoses:

Discharge diagnoses
 Primary diagnoses
 Final diagnoses
 Secondary diagnoses
 Associated diagnoses
 Additional diagnoses
 Other diagnoses
 Complications
 E-Codes
 V-Codes

Exclude:

Admitting diagnoses
 Provisional diagnoses
 Tentative diagnoses
 Working diagnoses

If your hospital uses the ICD-9-CM coding classification, enter these codes and the narrative (if available) in the appropriate diagnosis spaces.

For each final diagnosis listed, mark the appropriate “Present on Admission (POA)” category. Obtain this information from the face sheet of the medical record.

Mark box 1, “Yes” if information on the face sheet explicitly states that the diagnosis was present on admission.

Mark box 2, “No” if information on the face sheet explicitly states that the diagnosis was not present on admission.

Mark box 3, “Unknown” if the information on the face sheet is unclear as to whether a diagnosis was present on admission.

Mark box 4, “Clinically undetermined” if the information on the face sheet indicates that it cannot be determined whether or not the diagnosis was present on admission.

Mark box 5, “No information on face sheet” if there is no information at all on the face sheet as to whether a diagnosis was present on admission.

Note: If the face sheet explicitly states that the diagnosis is exempt from present on admission (POA) reporting, then mark box 2, “No.”

Topic 4. Completing the HDS-1, Continued

Completing Section D, Medical Information, Continued

Item 19, Surgical and Diagnostic Procedures:

Report all procedures in operating rooms, those that carry an operative or anesthetic risk, that require highly trained personnel, special facilities, or equipment.

The principal procedure is the one most related to the principal diagnosis and performed for definite treatment. If specified, enter the physician's exact terminology in the third column, "Description," on the Principal procedure line. If a principal procedure is not stated, record the first shown as the principal procedure.

List all other procedures shown (up to four total procedures) except the one listed as principal. Try to list only one procedure on each line so that it can be associated with the appropriate date.

If your hospital uses the ICD-9-CM coding classification, enter these codes and the narrative (if available) in the appropriate procedure spaces.

Date of Procedure: Record the date of procedure in the boxes to the right of each appropriate procedure. Use two-digit numbers for the month and day and four digits for the year. Example:

For April 1, 2007, enter '04-01-2007' in the appropriate boxes.

Final Steps

If you have any comments to provide about the sample discharge, enter brief remarks in the Comments space.

Enter your name and the date you complete each Medical Abstract at the bottom of the form.

Review each completed HDS-1 for omissions or inconsistencies. Make any necessary corrections before mailing to the regional office.

Topic 5. Submitting Completed Abstracts

When to Submit Abstracts

Send completed abstracts to the regional office on a flow basis but there should not be a lag of more than 3 months in abstracting.

Example: It is the end of September. At a minimum, abstracting of January through June discharges should be completed.

Schedule For Completing Medical Abstracts	
Abstracts For:	Complete No Later Than:
January	April
February	May
March	June
April	July
May	August
June	September
July	October
August	November
September	December
October	January
November	February
December	March

Chapter 4

Transmitting Data and Correspondence

Topic	See Page
1. Completing the Transmittal Form	42
2. Mailing the NHDS Materials/Correspondence	44

Topic 1. Completing the Transmittal Form

Introduction

After completing and verifying the medical abstracts, prepare a Form HDS-3, Transmittal Notice (see Appendix E). The Transmittal Form shows what is included with your shipments to the regional office, including other administrative information.

The HDS-3 is a four-part form on NCR (no carbon required) paper. The top copy (white) will contain medical record numbers and possibly other personal identifying information which will not appear on the other copies. To assure patient confidentiality, the top copy will be retained by the hospital.

Note: Do not hold any month(s) of work for missing records since they may be transmitted as 'back records' with a later shipment.

Completing the HDS-3

Item 1 – Record the date the transmittal is completed.

Item 2 – Record the number preassigned by NCHS which identifies your hospital (see the inside front cover of the manual).

Item 3 – Enter the Regional Office name where you will be mailing the materials (see the inside front cover of the manual).

Item 4 – Enter the hospital's name and mailing address.

Item 5 – enter the following:

- a. Record the month and year of the data being transmitted and enter the number of abstracts being transmitted.
- b. Record the number of back records, that is, abstracts which were not available for a previous shipment but are now available for this shipment.
- c. Record the total number of records being transmitted.

Topic 1. Completing the Transmittal Form, Continued

Completing the HDS-3, Continued

Item 6 – If applicable, list the HDS number and the medical record number for each ‘back record’ that is included in the transmittal. Note: The number of back records here should equal the entry in 5b.

Note: The Medical Record Number is for the hospital’s use only. These numbers are blackened out on copies submitted to the Census Bureau and the NCHS.

Item 7 – If applicable for the data month being transmitted, list the HDS number and the medical record number for each record that was not available for abstracting at this time. As indicated in Item 6, the medical record numbers will not be submitted to the Census Bureau and the NCHS.

Item 8 – Mark the appropriate box. If ‘yes’, record the name and title of the new abstractor.

Item 9 – Mark the ‘Abstracted by hospital personnel’ box.

Item 10 – Request supplies by entering the number of each form needed.

Topic 2. Mailing the NHDS Materials and Correspondence

Mailing the Materials

Use the 2nd Day FedEx preaddressed envelopes in your supplies and mail the NHDS materials to the Census Bureau Regional Office. Include the following in each shipment:

- Three copies of the HDS-3 (keep the white copy for your files)
- Three copies of the HDS-5 (keep the white copy for your files)
- Completed abstracts

Questions

For questions about the survey, feel free to call the Census Regional Office during normal business hours or contact them via E-mail. The telephone number(s) and E-mail address are listed on the inside front cover of this manual.

Chapter 5

Providing NHDS Data by Computer Printouts

Topic	See Page
1. Providing Printout Data	46
2. Printout Specifications – Sampling and Statistical Data	47
3. Printout Specifications – Abstracting	50
4. Mailing Printout Materials	60

Topic 1. Providing Printout Data

Introduction

With the approval of the National Center for Health Statistics (NCHS), hospitals may supply the NHDS data on computer-generated printouts. NCHS prefers that the data items on the printout follow the same sequence as they appear on Form HDS-1, Medical Abstract; however, this is not necessarily essential to receiving printout approval.

While NCHS staff allow as much latitude as possible in determining acceptable formats for printouts, some are found to be unacceptable due to the amount of effort required for NCHS to key and code the data. Therefore, hospital staff should provide an example of their proposed format to NCHS for approval prior to submitting the first month's NHDS data. Your Census Bureau contact listed on the inside cover of this manual will provide assistance in receiving NCHS approval. Samples of the variety of acceptable printouts are presented in Appendices F1 – F2.

A Code Sheet providing item translations will need to be submitted to NCHS along with the proposed printout format if:

- (1) The codes which will be used on the printout are different than those recommended for each variable presented in Topic 3 of this chapter, and/or
- (2) The categories within some of the variables are different than those requested.

An example of one of these code sheets is presented in Appendix G.

The topics in the succeeding pages outline the various procedures for sampling, abstracting, and transmitting computer printout data for the National Hospital Discharge Survey.

Topic 2. Printout Specifications - Sampling and Statistical Data

Sampling

The NHDS collects data on a sample of patient discharges every month. All inpatients discharged during the month are eligible for that month's sample. This includes:

- People admitted, assigned a bed, then discharged later that day or at a later date, either with or without approval;
- Newborn infants born alive;
- Inpatients discharged because of death;
- Inpatients discharged or transferred to another short-term hospital, or to a long-term institution, such as a nursing home;
- Patients discharged and transferred to another unit *within* the hospital, such as a nursing home unit, psychiatric unit, and so on.
- Persons who are ineligible (out-of-scope) for the NHDS should **not** be included for sampling purposes. These include:
 - Persons dead on arrival (DOA);
 - Fetal deaths or stillbirths;
 - Patients who die in the emergency room or in the operating room without having been admitted either before or after death;
 - Patients given a pass to leave the hospital for a short period of time but not actually discharged from the hospital;
 - Patients transferred from one service or room to another but not actually discharged from the unit or hospital;
 - Outpatients;
 - Same day surgery/ambulatory surgery patients.

Topic 2. Printout Specifications for Sampling and Statistical Data, Continued

Sampling, Continued

To select the sample of records for each month's discharges, apply the sample key number(s) shown on the inside front cover of this manual to the last digit(s) of the patient's medical record number or other patient identification number.

Example: If the sample key number is '02', select records whose numbers *end* in 02, such as 434402, 434602, 435002A, and so on. Disregard any alphabetical suffixes or prefixes.

Statistical Data

The NHDS needs a few statistical data items for each sampled month. Use Form HDS-5, Sample Listing Sheet, to list the statistical data for each sampled month. Prepare a separate HDS-5 for each month sampled. Complete only the items listed below. See Appendix H for an example.

- Hospital name (A.1)
- Hospital Number (A.2): The NHDS identification number for your hospital as shown on the inside front cover of this manual.
- Total Beds (B.1): The number of inpatient beds in the hospital on the last day of the month for which the sample is selected. Exclude bassinets for newborn infants and beds used only for emergency service or by the staff. A bed is any bed, crib, or pediatric bassinet set up and regularly maintained for use by inpatients, not including bassinets available for newborns.
- Live births (B.3): The total number of live births delivered at the hospital during the sample month. If none, enter '0.'
- Total discharges (B.4): The total number of inpatient discharges for the month, including deaths and newborn infants.

Topic 2. Printout Specifications for Sampling and Statistical Data, Continued

Statistical Data, Continued

- Data month (C.1): The month for which the sample is selected.
- Data year (C.1): The year for which sample is selected
- Number in sample C.3): The total number of sampled cases for the month.

Topic 3. Printout Specifications - Abstracting

Abstracting

The NHDS collects certain information on the patient and hospital stay for each sampled case. As discussed in Topic 1 of this chapter, NCHS prefers that hospitals submit printouts in the same format as the HDS-1, Medical Abstract (see Appendix B), but will accept other comparable formats (see Appendices F1 - F3).

Begin with the January data month and print the data items listed below for each record. Please do not mix different data months together. If the codes stated in the instructions throughout this section are different for your hospital, please provide the appropriate coding sheet(s) and a description of each item printed to the NCHS.

NHDS Data Items

Hospital Number: This number which has been assigned to your hospital by NCHS is on the inside front cover of this manual.

HDS Number: Assign a consecutive 4-digit number for each case, beginning with '0001.' Continue numbering for the entire data year. In January of the following year, start again with '0001'. If the computer cannot generate the HDS numbers, please enter these numbers by hand to the left of each case.

Date of Admission: Print out the date the patient was admitted for the particular hospital stay. Use 2-digit numbers for the month and day and 4-digit numbers for the year. The recommended format is "MM-DD-YYYY".

For newborn infants, the date of birth is the date of admission.

Topic 3. Printout Specifications - Abstracting, Continued

NHDS Data Items, Continued

Date of Discharge: Print out the date the patient was discharged from the hospital for the particular stay. Use 2-digit numbers for the month and day and 4-digit numbers for the year. The recommended format is “MM-DD-YYYY”.

Note: If the date of admission and discharge are the same, please ensure that outpatients are not included as sampled cases. As discussed in Topic 2 of this chapter, outpatients are out-of-scope for the survey.

Residence ZIP Code: Print out the 5-digit ZIP code for the patient’s residence. If not indicated, leave this data field blank.

Date of Birth: Print out the patient’s date of birth, using 2-digit numbers for the month and day, and 4-digit numbers for the year. The recommended format is “MM-DD-YYYY.”

If the date of birth is not available, print out the patient’s age, allowing for three characters.

Sex: Print out the appropriate sex of the patient. The recommended codes are:

M or 1= Male F or 2 = Female U or 3 = Not Stated

Topic 3. Printout Specifications - Abstracting, Continued

NHDS Data Items, Continued

Ethnicity: This refers to the national or cultural group from which a person is descended, and is determined by the nationality or lineage of a parent, grandparent or other ancestors. Ethnicity is not necessarily related to one's race. Consider race and ethnicity as two independent characteristics. Do not base a person's ethnic background on the name or the birthplace.

Print out the appropriate ethnicity of the patient:

H, L or 1 = Hispanic or Latino if the patient is of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. The term, "Spanish Origin" can be used in addition to "Hispanic or Latino."

N or 2 = Not Hispanic or Latino if the patient's descent is other than Hispanic or Latino.

U or 3 = Not stated if the patient's ethnicity is not indicated.

Race: Print out the appropriate race of the patient. If there are two or more races, print out all appropriate codes:

W or 1 = White if the patient is white, Caucasian or has origins in any of the original peoples of Europe, the Middle East or North Africa.

B or 2 = Black or African American if the patient has origins in any of the black racial groups of Africa. Terms such as 'Haitian' or 'Negro' can be used in addition to 'Black or African American.'

I or 3 = American Indian or Alaska Native if the patient has origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.

Topic 3. Printout Specifications - Abstracting, Continued

NHDS Data Items-- Race, Continued

- A or 4 = Asian if a patient has origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, Philippine Islands, Thailand, and Vietnam.
- N or 5 = Native Hawaiian or Other Pacific Islander if the patient has origins in any of the original people of Hawaii, Guam, Samoa, or other Pacific Islands.
- O or 6 = Other or Not Stated if the patient's race does not fall into a category described above.
- U or 7 = Not stated if the patient's race is not indicated or if the race is marked 'Hispanic' and no other racial information is provided. Also code 'not stated' if "Asian/Pacific Islander" is specified.

Marital Status: Print out the marital status of the patient. For newborns, always indicated 'single'.

- | | |
|------------------|---------------------|
| M or 1 = Married | D or 4 = Divorced |
| S or 2 = Single | X or 5 = Separated |
| W or 3 = Widowed | U or 6 = Not Stated |

Type of Admission: Print out the admission type as follows:

1 = Emergency if the patient required immediate medical intervention as a result of severe life threatening or potentially disabling conditions. Patient generally is admitted through the Emergency Room.

2 = Urgent if the patient required immediate care and treatment of a physical or mental disorder. Patient generally is admitted to the first available and suitable accommodation.

3 = Elective if patient's condition permitted adequate time to schedule the availability of a suitable accommodation.

Topic 3. Printout Specifications - Abstracting, Continued

NHDS Data Items, Type of Admission, Continued

4 = Newborn if the baby was born within the facility.

5 = Item not available if the admission type for the patient is not available.

Source of Admission: Print out the admission source as follows:

1 = Physician referral if the patient was admitted to this facility upon the recommendation of his/her personal physician.

2 = Clinical referral if the patient was admitted to this facility upon recommendation of the facility's clinic physician.

3 = HMO Referral if the patient was admitted to this facility upon the recommendation of a health maintenance organization physician.

4 = Transfer from a hospital if the patient was admitted to this facility as a transfer from an acute care facility where he/she was an inpatient.

5 = Transfer from SNF if the patient was admitted to this facility as a transfer from a skilled nursing facility where he/she was an inpatient.

6 = Transfer from other health facility if the patient was admitted to this facility as a transfer from a health care facility other than an acute care facility or a skilled nursing facility. This includes transfers from nursing homes, long-term care facilities, and SNF patients who are at a non-skilled level of care.

7 = Emergency Room if the patient was admitted to this facility upon the recommendation of this facility's emergency room physician.

Topic 3. Printout Specifications - Abstracting, Continued

NHDS Data Items, Admission Source, Continued

8 = Court/Law Enforcement if the patient was admitted to this facility upon the direction of a court of law, or upon the request of a law enforcement agency representative.

9 = Other if the patient was admitted to this facility for a reason other than those categorized above, for example: newborn, transfer from a Rural Primary Care Hospital, etc.

10 = Item not available if the information for the source of admission is not available.

Status/Disposition of patient: Print as appropriate for the patient; the recommended codes are listed below.

1a = Routine discharge/discharged home for patients who were discharged to return home. Include all patients referred to home health care services, specialty clinics, family physician, home health care IV provider, or discharged to a relative, foster home, or transferred to a corrections institute.

1b = Left against medical advice for patients who refused further medical care and left the hospital regardless of whether a release of responsibility statement was signed or not. Also, include those patients who left without informing any members of the medical staff.

1c = Discharged, transferred to another short-term hospital for all patients who were transferred to another short-term hospital. Include all short-term maternity hospitals.

Topic 3. Printout Specifications - Abstracting, Continued

NHDS Data Items, Status/ Disposition Continued

1d = Discharged, transferred to long-term care institution for all patients who were transferred or returned to a nursing home, skilled nursing facility (SNF), an extended care facility, an intermediate care facility (ICF), or a custodial care facility.

1e = Other disposition/not stated if the discharge status of the patient is 'alive' and the disposition of the patient is unknown or patient is transferred to other facility and the type of facility cannot be classified as short-term or long-term. Include in this category patients transferred to state facility, psychiatric facility, terminal care/hospice facility, rehabilitation facility and specialty hospital.

2 = Died for patients who died after being admitted to the hospital.

3 = Discharge status and disposition is not indicated.

Expected source(s) of payment: Print the principal source first, followed by any additional expected sources of payment.

1 = Worker's compensation if the expected source of payment is a state or municipal disability insurance or industrial accident insurance. Do not include company health insurance plans or direct payment by an employer in this category.

2 = Medicare if the payment is expected to be made under the Health Care Financing Administration's health insurance program for the aged and disabled. This includes Medicare Part A and/or B and patients under the renal dialysis program.

Topic 3. Printout Specifications -Abstracting, Continued

NHDS Data Items, Expected Source(s) of Payment, Continued

3 = Medicaid if the payment is expected to be made under Title XIX of the Social Security Act which gives Federal assistance to states to provide health care, either secondary when a patient has Medicare, or as a supplement for certain categories of medically indigent patients. Medicaid may also be known as public aid, medical assistance, general relief, or some title specific to the state of residence, such as “Medi-Cal” in California.

4 = Other government payments if payment cannot be classified in one of the other categories above (1, 2 or 3). This includes payments under the Title V Program, payments made under the state funded Maternal and Child Health Program, state funded Crippled Children’s Program, payments under CHAMPUS (Civilian Health and Medical Program of the Uniformed Services), casualty insurance paid by the state, vocational rehabilitation, Federal or state research grant (medical research), or legal hold (prisoner in medical detention).

5 = Blue Cross/Blue Shield if payment is expected by a Blue Cross insurance plan, Blue Cross Association, or Blue Shield plans. Do not mark Blue Cross for Medicare programs administered by Blue Cross unless the hospital lists this as Blue Cross.

6 = HMO/PPO if payment is to be made by any Health Maintenance Organization or Preferred Provider Organization sponsored by consumers, communities, physicians, or hospitals.

7 = Other private or commercial insurance if the payment is by any private insurance plan not specified in 5 or 6 above. This category includes medical coverage provided by life insurance companies, casualty insurance companies, health insurance companies, and independent plans such as employer/union sponsored plans and/or self-funded plans (partial or total).

Topic 3. Printout Specifications - Abstracting, Continued

NHDS Data Items, Expected Source(s) of Payment, Continued

8 = Self pay if a major share of the total costs for this hospitalization is expected by the patient, spouse, family, or next of kin. If there are two or more sources of payment, 'self-pay' cannot be the principal source.

9 = No charge for patients admitted with the understanding that payment would not be expected because the medical services are free. This category includes hospital-sponsored welfare, staff services donated, hospital-sponsored special research or 'teaching' patients. Do not include patients who, following their hospitalization, failed to pay their bill. For such patients, there was an expected source of payment at the time of admission and the appropriate category should be marked.

10 = Other to include any nonprofit source of payment such as church welfare, United Way (United Appeal), or Shriner's Crippled Children Services.

11 = No Source of Payment indicated for patients whose expected source(s) of payment is not indicated.

Admitting Diagnosis: Print out the patient's admitting diagnosis.

The admitting diagnosis may be expressed as one or more significant findings (symptoms or signs) representing patient distress or abnormal findings on examination; a possible diagnosis based on significant findings (working diagnosis); a diagnosis established on an ambulatory care basis or on previous hospital admission; an injury or poisoning; or, a reason or condition not classifiable as an illness or injury, such as pregnancy in labor, follow-up examination, and so forth.

If your hospital uses the ICD-9-CM coding classification, print out the code and the narrative (if available) for the admitting diagnosis.

Topic 3. Printout Specifications - Abstracting, Continued

NHDS Data Items, Continued

Final Diagnoses: Print out the patient's principal diagnosis first, then any other final diagnoses, up to seven total final diagnoses.

The principal diagnosis is the condition chiefly responsible for the patient's admission to the hospital for care.

Include E-Code (external causes of injury and poisoning) diagnoses as 'Other/Additional' diagnoses.

If your hospital uses the ICD-9-CM coding classification, print out these codes and the narrative (if available) for all final diagnoses.

Please do not zero fill any diagnosis data fields. If no diagnoses are listed, enter "NA" once.

For each final diagnosis listed, print if the diagnosis was present on admission (POA) as follows:

- 1 = Yes
- 2 = No
- 3 = Unknown
- 4 = Clinically undetermined

Surgical and Diagnostic Procedures: Print out the patient's principal procedure first, then list any other procedures, up to four procedures. The principal procedure is the one most related to the principal diagnosis and performed for definite treatment.

If your hospital uses the ICD-9-CM coding classification, print out these codes and the narratives (if available).

Do not zero fill any procedure data fields. If there are no procedures, enter "NA" once.

Date(s) of Procedure: Print out the date of each procedure, if available, to the right of each listed procedure. The recommended format is "MM-DD-YYYY".

Topic 4. Mailing Printout Materials

When to Mail

You may mail the NHDS printouts monthly, quarterly, semi-annually, or annually. The NCHS asks hospitals to submit all printouts **no later than March 30th of the following year.**

HDS-3, Transmittal

Include Form HDS-3, Transmittal, with the printout materials. The HDS-3 shows what is included with your shipments to the regional office, as well as other administrative information. An example of a completed HDS-3 is shown on Appendix I.

Item 1 - Record the date the transmittal is prepared.

Item 2 - Record the number preassigned by NCHS which identifies your hospital (see the inside front cover of the manual).

Item 3 - Enter the Regional Office name where you will be mailing the materials (see the inside front cover of the manual).

Item 4 - Enter the hospital's name and mailing address.

Item 5 - Enter the following:

- a. Record the month and year of the data being transmitted and enter the number of records being transmitted.
- b. Record the number of back records, that is, records which were not available for a previous shipment but are now available for this shipment.
- c. Record the total number of records being transmitted.

Item 6 - Do not complete for printout submission.

Item 7 - Do not complete for printout submission

Item 8 - Mark the appropriate box. If 'yes', record the name and title of the new MIS contact.

Item 9 - Mark the 'Acceptable printout' box.

Item 10 - Request supplies by entering the number of each form needed.

Topic 4. Mailing Printout Materials, Continued

- Where and What to Mail** Use the 2nd Day FedEx preaddressed envelopes in your supplies and mail the NHDS materials to the Census Bureau Regional Office. Include the following in each shipment:
- Three copies of the HDS-3 (keep the white copy for your files),
 - Three copies of the HDS-5 (keep the white copy for your files),
 - Completed printouts, and
 - Coding sheet(s) whenever the categories within a variable have changed and/or a new variable has been added.
- Questions** For questions about the printouts or the survey, feel free to call the Census Regional Office during normal business hours or contact them via E-mail. The toll free number and E-mail address are listed on the inside front cover of this manual.

NOTES

Chapter 6

Providing NHDS Data in Machine Readable Form

Topic	See Page
1. Options for Providing Machine Readable Data	64
2. The Sample and Data Collection Periods	65
3. Labeling and Delivery of Machine Readable NHDS Data	66

Topic 1. Options for Providing Machine Readable Data

Introduction

Hospitals may supply machine readable survey data for the National Hospital Discharge Survey (NHDS) by producing a reel tape, cartridge tape, CD-ROM, 3 ½" disk or by E-mail transmission. The machine readable information transmitted to NCHS should consist of one of the following:

- Case-mix patient data reformatted and recoded to conform precisely to the NHDS coding structure. The file layout is shown in Appendix J.
- UB-92 data elements which are used for billing purposes reformatted to NHDS field length specifications. If a hospital elects this option, only bills for inpatient acute care hospital discharges are valid. All UB-92 billing codes (field 4 on UB-92 bill) which fall into the range 111-114 are acceptable. Hospitals are expected to remove all other bill types from the data submitted for the NHDS.

For hospitals that participate in Medicare's tape-to-tape billing program, all data needed by NHDS is accessible from the following batch record numbers: 10 (Provider), 20 (Patient), 20 (Third Party Payor), and 70 (Medical). The hospital must consolidate all necessary data elements from these 4 record types to create a complete NHDS record for each bill.

If your hospital uses a UB-92 coding or modified structure it will be necessary to send information about how each data element is defined. With the first data submission, hospitals should submit a document explaining the internal hospital codes used for each specific data item.

Topic 2. The Sample and Data Collection Periods

The Sample

The NHDS collects data on a sample of patient discharges every month. Hospitals which transmit machine readable NHDS data may choose to sample their discharges prior to transmission of the file to the National Center for Health Statistics.

To select the sample of discharges, apply the sample key number(s) shown on the inside front cover of this manual to the last digit(s) of the patient's medical record number or other patient identification number (disregard any alphabetical suffixes). If the hospital would prefer, a complete file of calendar year discharges may be transmitted to NCHS for sampling.

Note: Medical Record Numbers or other patient identification numbers are for use in sampling only and are not released to the Census Bureau or the NCHS.

Data Collection Periods

Data for the NHDS are collected for the calendar year (patients discharged January 1 - December 31). The NCHS normally collects machine readable NHDS data from each hospital on an annual basis. There are some hospitals, however, which transmit data quarterly or semi-annually.

The deadline for submission of NHDS data is approximately 120 days after the end of the calendar year. When a hospital chooses to submit machine readable data for the NHDS, the hospital contact is notified by E-mail well in advance of the deadline. In the event that a deadline cannot be met, NCHS will allow as much latitude as possible.

Topic 3. Labeling and Delivery of Machine Readable NHDS Data

Preparing the data for Transmission To NCHS

Before sending a *Reel Tape* or *Cartridge Tape* to NCHS, please keep a copy of each tape for a period of 60 days after mailing. This will guard against the possibility of added delays in NHDS processing due to tape loss, defective tapes, or inadvertent damage during tape processing.

A printout of the first ten (10) records should be included with each tape submitted to enable NCHS staff to review recoding and reformatting specifications.

Each *Reel Tape*, *Cartridge Tape*, *CD-ROM*, *3 1/2" Disk* or *E-mail* sent to NCHS should be accompanied by a clear description of the layout and contents as well as a completed Transmittal Notice (see Appendix K).

Completing the Transmittal Notice

Complete the Data Source information on the HDS-3A Transmittal Notice by providing:

- Hospital name and number as shown on the inside front cover of this manual,
- Name of the person responsible for preparing the Reel Tape, Cartridge Tape, CD-ROM, 3 1/2" Disk or E-mail for this project, and
- Phone/Fax number where he/she can be reached if questions arise concerning the data submitted.

Topic 3. Labeling and Delivery of Machine Readable NHDS Data, Continued

Completing the Transmittal Notice, Continued

Physical standards for all data sent should be clearly stated on the Transmittal Notice. Enter the information or mark the box as appropriate for these items:

- A. File Name
- B. Media: Reel Tape/Cartridge Tape/CD-ROM/3 ½" Disk/E-Mail
- C. Record Length: 135 characters
- D. Data Structure: EBCDIC or ASCII
- E. Block Size (Tapes)
- F. Internal Label: Standard IBM label/No label (Tapes)
- G. Data Set Name; Vol=Ser=

In the next section, enter the internal characteristics of the data:

- A. Period Covered
- B. Type of data: Mark either All discharges or Sampled discharges

If you are submitting 'Sampled discharges', enter in Statistical

Also include an invoice with each submission, specifying:

- Payee name and address
- Employee Identification Number (EIN)
- Reporting period for data submission
- Total Number of records submitted
- Shipping/Handling Cost
- Tape Cost
- Cost per record for machine readable data
- Initial programming fee for conversion of hospital coding structure and format to NHDS specifications (if applicable)

Topic 3. Labeling and Delivery of Machine Readable NHDS Data, Continued

Completing the Transmittal Notice, Continued

The formula for payment of machine readable data submitted for the NHDS is:

- A. Unsampled Records - \$0.02 per discharge record.
- B. Sampled Records - Hospitals will be paid on a per sample record basis according to the amount negotiated and recorded on the Memorandum of Agreement (HDS-6225).

Send all data, documentation, invoices and correspondence to:

Carol DeFances
National Center for Health Statistics
3311 Toledo Road, Room 3230
Hyattsville, MD 20782

E-Mail Address: cdefrances@cdc.gov

**APPENDICES
&
RECORDS NOT AVAILABLE TABLE**

Appendix A – Form HDS-5, Sample Listing Sheet

Note: Medical Record Numbers & Other Identification are on Hospital Copy only.

Sheet 1 of 1

Notice - All information which would permit identification of an individual or 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. Public reporting burden of this collection of information is estimated to average 25 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer, 1600 Clifton Road, MS D-24, Atlanta, GA 30333, ATTN: PRA (0920-0212).

FORM HDS-5
(2-6-2003)

U.S. DEPARTMENT OF COMMERCE
Economics and Statistics Administration
U.S. CENSUS BUREAU
ACTING AS COLLECTING AGENT FOR
DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR DISEASE CONTROL AND PREVENTION
NATIONAL CENTER FOR HEALTH STATISTICS

SAMPLE LISTING SHEET

NATIONAL HOSPITAL DISCHARGE SURVEY

A. HOSPITAL

1. Name
Goodhealth General Hospital

2. Number
999

3. List used
Daily Discharges

B. STATISTICAL DATA

1. Total beds (excluding bassinets) 322

2. Total admissions (excluding newborn)

3. Live births 19

4. Total discharges (including newborn) 668

C. SAMPLING

1. Month
January 2004

2. Key
13, 31, 78

3. Number in sample
20

4. Sample selected by (Name and title)
Jane Doe, Records Clerk

Date
3-4-07

HDS number (1)	Date of discharge (or admission) (2)	Medical record number (3)	Other identification (4)		Date abstracted (or out-of-scope reason) (5)
			Number, if needed (such as patient ID, billing, etc.)	Names, if needed	
0072	01	0045431			3-4
0073	02	0045813			3-4
0074	02	0045531X	140 TM-Tumor		3-5
0075	04	0045978B			Fetal
0076	05	0045878			3-4
0077	07	0045213			NA
0078	07	0045513			3-4
0079	07	0045713			3-5
0080	08	0045478			NA
0081	09	0045913			3-5
0082	11	0045178			3-4
0083	15	0045231			Inc.
0084	18	0045313			3-4
0085	21	0045031			3-4
0086	22	0045113			Inc.
0087	25	0045278			3-5
0088	27	0045678			3-4
0089	29	0045613			NA
0090	30	0045413			3-4
0091	31	0045531X	145 TM-Tumor		3-5

Appendix B – Form HDS-1, Medical Abstract, page 1

<p>FORM HDS-1 (10-31-2006)</p>	<p>U.S. DEPARTMENT OF COMMERCE Economics and Statistics Administration U.S. CENSUS BUREAU ACTING AS COLLECTING AGENT FOR DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR DISEASE CONTROL AND PREVENTION NATIONAL CENTER FOR HEALTH STATISTICS</p>	<p style="font-size: 24pt; font-weight: bold;">0135900</p>	<p>Notice – All information which would permit identification of an individual or 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. Public reporting burden of this collection of information is estimated to average 4 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer, 1600 Clifton Road, MS D-74, Atlanta, GA 30333, ATTN: PRA (0920-0212).</p>																																				
A. PATIENT IDENTIFICATION																																							
<p>1. Hospital number <input type="text" value="0999"/></p> <p>2. HDS number <input type="text" value="0072"/></p> <p>3. (Item deleted)</p>	<p>4. Date of admission Month <input type="text" value="12"/> Day <input type="text" value="23"/> Year <input type="text" value="2006"/></p> <p>5. Date of discharge Month <input type="text" value="01"/> Day <input type="text" value="01"/> Year <input type="text" value="2007"/></p> <p>6. Residence ZIP Code <input type="text" value="64302"/></p>																																						
B. PATIENT CHARACTERISTICS																																							
<p>7. Date of birth Month <input type="text" value="06"/> Day <input type="text" value="22"/> Year <input type="text" value="1920"/></p> <p>8. Age – Complete only if date of birth not given Units: <input type="checkbox"/> Years, <input type="checkbox"/> Months, <input type="checkbox"/> Days</p> <p>9. Sex – Mark (X) one 1 <input checked="" type="checkbox"/> Male 2 <input type="checkbox"/> Female 3 <input type="checkbox"/> Not stated</p> <p>10. Ethnicity – Mark (X) one 1 <input type="checkbox"/> Hispanic or Latino 2 <input type="checkbox"/> Not Hispanic or Latino 3 <input checked="" type="checkbox"/> Not stated</p>	<p>11. Race – Mark all that apply 1 <input checked="" type="checkbox"/> White 6 <input type="checkbox"/> Other – Specify <input type="checkbox"/></p> <p>2 <input type="checkbox"/> Black or African American 3 <input type="checkbox"/> American Indian or Alaska Native 4 <input type="checkbox"/> Asian 5 <input type="checkbox"/> Native Hawaiian or Other Pacific Islander 7 <input type="checkbox"/> Not stated</p> <p>12. Marital status – Mark (X) one 1 <input type="checkbox"/> Married 3 <input checked="" type="checkbox"/> Widowed 5 <input type="checkbox"/> Separated 2 <input type="checkbox"/> Single 4 <input type="checkbox"/> Divorced 6 <input type="checkbox"/> Not stated</p>																																						
C. ADMINISTRATIVE INFORMATION																																							
<p>13. Type of Admission – Mark (X) one 1 <input type="checkbox"/> Emergency 3 <input checked="" type="checkbox"/> Elective 5 <input type="checkbox"/> Items not available/unknown 2 <input type="checkbox"/> Urgent 4 <input type="checkbox"/> Newborn</p> <p>14. Source of Admission – Mark (X) one 1 <input checked="" type="checkbox"/> Physician referral 7 <input type="checkbox"/> Emergency room 2 <input type="checkbox"/> Clinical referral 8 <input type="checkbox"/> Court/Law enforcement 3 <input type="checkbox"/> HMO referral 9 <input type="checkbox"/> Other – Specify <input type="checkbox"/></p> <p>4 <input type="checkbox"/> Transfer from a hospital 5 <input type="checkbox"/> Transfer from SNF 6 <input type="checkbox"/> Transfer from other health facility 10 <input type="checkbox"/> Item not available</p> <p>15. Status/Disposition of patient – Mark (X) appropriate box(es) Status: 1 <input checked="" type="checkbox"/> Alive Disposition: a. <input checked="" type="checkbox"/> Routine discharge/discharged home b. <input type="checkbox"/> Left against medical advice c. <input type="checkbox"/> Discharged, transferred to another short-term hospital d. <input type="checkbox"/> Discharged, transferred to long-term care institution e. <input type="checkbox"/> Other disposition/not stated 2 <input type="checkbox"/> Died 3 <input type="checkbox"/> Status not stated</p>	<p>16. Expected source(s) of payment</p> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:70%;"></th> <th style="width:10%; text-align: center;">Principal Mark one only</th> <th style="width:20%; text-align: center;">Other additional sources Mark all that apply</th> </tr> </thead> <tbody> <tr> <td>1. Worker's compensation</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>2. Medicare</td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>3. Medicaid</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>4. Other government payments</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>5. Blue Cross/Blue Shield</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>6. HMO/PPO</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>7. Other private or commercial insurance</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> </tr> <tr> <td>8. Self pay</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>9. No charge</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>10. Other – Specify <input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/> No source of payment indicated</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </tbody> </table>				Principal Mark one only	Other additional sources Mark all that apply	1. Worker's compensation	<input type="checkbox"/>	<input type="checkbox"/>	2. Medicare	<input checked="" type="checkbox"/>	<input type="checkbox"/>	3. Medicaid	<input type="checkbox"/>	<input type="checkbox"/>	4. Other government payments	<input type="checkbox"/>	<input type="checkbox"/>	5. Blue Cross/Blue Shield	<input type="checkbox"/>	<input type="checkbox"/>	6. HMO/PPO	<input type="checkbox"/>	<input type="checkbox"/>	7. Other private or commercial insurance	<input type="checkbox"/>	<input checked="" type="checkbox"/>	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"/>	<input type="checkbox"/>	<input type="checkbox"/> No source of payment indicated	<input type="checkbox"/>	<input type="checkbox"/>
	Principal Mark one only	Other additional sources Mark all that apply																																					
1. Worker's compensation	<input type="checkbox"/>	<input type="checkbox"/>																																					
2. Medicare	<input checked="" type="checkbox"/>	<input type="checkbox"/>																																					
3. Medicaid	<input type="checkbox"/>	<input type="checkbox"/>																																					
4. Other government payments	<input type="checkbox"/>	<input type="checkbox"/>																																					
5. Blue Cross/Blue Shield	<input type="checkbox"/>	<input type="checkbox"/>																																					
6. HMO/PPO	<input type="checkbox"/>	<input type="checkbox"/>																																					
7. Other private or commercial insurance	<input type="checkbox"/>	<input checked="" type="checkbox"/>																																					
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"/>	<input type="checkbox"/>																																					
<input type="checkbox"/> No source of payment indicated	<input type="checkbox"/>	<input type="checkbox"/>																																					

(Over)

Appendix B. Form HDS-1, Medical Abstract, page 2

D. MEDICAL INFORMATION										
17. Admitting Diagnosis										
Admitting diagnosis	ICD-9-CM Code	Description								
	518.82	Shortness of Breath (pneumonia suspected)								
18. Final diagnoses (up to 7 diagnoses including E-codes) (Enter ICD-9-CM codes as well as narrative if available.)										
Diagnosis	ICD-9-CM Code	Description	Present on admission							
Principal diagnosis	494.1	Bacterial Pneumonia, unspecified	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Clinically undetermined <input type="checkbox"/> No information on face sheet							
Diagnosis 2		Congestive Heart Failure	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Clinically undetermined <input type="checkbox"/> No information on face sheet							
Diagnosis 3			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Clinically undetermined <input type="checkbox"/> No information on face sheet							
Diagnosis 4			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Clinically undetermined <input type="checkbox"/> No information on face sheet							
Diagnosis 5			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Clinically undetermined <input type="checkbox"/> No information on face sheet							
Diagnosis 6			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Clinically undetermined <input type="checkbox"/> No information on face sheet							
Diagnosis 7			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Clinically undetermined <input type="checkbox"/> No information on face sheet							
19. Surgical and Diagnostic Procedures (up to 4 procedures) (Enter ICD-9-CM codes as well as narrative if available.)										
Procedure	ICD-9-CM Code	Description	Date of Procedure(s)							
			Month	Day	Year					
Principal procedure	496.0	Echocardiogram	1	2	2	3	2	0	0	6
Procedure 2	493.9	Respiratory Therapy	1	2	2	3	2	0	0	6
Procedure 3										
Procedure 4										
<input type="checkbox"/> No procedures										
Comments										
Completed by							Date			
Jane Doe							3-4-07			

Appendix C. Examples of Discharge Summaries

Example 1 – Acceptable for NHDS Abstracting:

...patient was admitted complaining of stomach pains over the past several weeks. After examination and testing, the following was determined:

Final Diagnoses: Cholelithiasis, Hypertension, Arteriosclerotic Cardiovascular Disease.

Test/Procedures: Cystoscopy (4-8-07)
Cholecystectomy (4-9-07)

The patient responded well to treatment and

In Example 1, both the final diagnoses and the surgical and diagnostic procedures are specifically identified. Therefore, use the discharge summary for abstracting Section D of the HDS-1.

Example 2 – Partially Acceptable for NHDS Abstracting:

... patient entered hospital on 4-2-07 with a lump on the right wrist. Further examination indicated that excision of the ganglion could be accomplished without complications since the mass was benign. Diagnoses: Benign Ganglion, right wrist. Patient was discharged on 4-4-07.

In Example 2, the final diagnosis is clearly specified as “Benign Ganglion, right wrist”. While implied, the surgical and diagnostic procedure is not specifically identified. Therefore, abstract the final diagnosis from this summary and abstract the surgical and diagnostic procedures from the face sheet, physician attestation report or DRG sheet of the medical record.

(Continued on page 76)

Appendix C. Examples of Discharge Summaries, Continued

Example 3 – Unacceptable for NHDS Abstracting:

... patient entered hospital on several occasions complaining of psychosomatic episodes, headaches and depression. Medication has had little effect in reversing patient's condition. Patient also had heart surgery and is currently taking medication for heart fluttering. Scheduled weekly visits for additional testing and therapy.

In Example 3, the final diagnoses and surgical and diagnostic procedures are not specifically identified. This discharge summary is unacceptable for abstracting Section D of the HDS-1. Therefore, use the face sheet, physician attestation report or DRG sheet of the medical record to abstract this information.

Appendix D. Sources Of Payment (Item C-16)

If Source of Payment is:	Mark Box	If Source of Payment Is:	Mark Box
ADC	3	Installment Plan	8
AHDS	4	Group Insurance	7
Bankruptcy	8	Kaiser Permanente	6
Black Lung	4	Managed Care	6
Blue Cross PPO	5	Maternal Child Health	4
Catholic Charities	10	Maternity Programs	4
Casualty Insurance	7	Maxicare	6
CHAMPUS	4	Medical Assistance	3
Credit department/ Legal/Debt	8	No Charge	9
Collection Agency	8	No Fault (Auto Insurance)	7
Contract	7	No Insurance	8
Crippled Children's Association	10	None	8
Estate	8	Penal Institution	4
Employer's Health Insurance PPO	7	Pending(ONLY)	10
HMO	6	Pending Medicare	2
Hill Burton	4	Pending Medicaid	3
Hospital Employee Plan	7	Prucare	7
Healthways	7	Public Aid (PA)	3
Humana Gold	6	State Programs	4
IDPA (Pending)	3	Title 19 Pending	3
Indigent	4	Traveler's	7
		United Mine Workers	7
		Welfare	3

Appendix E – Form HDS-3, Transmittal Notice

Note: Medical Record Numbers are on Hospital Copy only.

FORM HDS-3 (2-6-2003) U.S. DEPARTMENT OF COMMERCE Economics and Statistics Administration U.S. CENSUS BUREAU ACTING AS COLLECTING AGENT FOR DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR DISEASE CONTROL AND PREVENTION NATIONAL CENTER FOR HEALTH STATISTICS TRANSMITTAL NOTICE National Hospital Discharge Survey				1. Date of transmittal : 3-5-07					
				2. Hospital number : 999					
				3. Regional Office : Philadelphia					
4. Hospital name and address <u>Goodhealth General Hospital</u> <u>2000 Lane Avenue</u> <u>Hometown, MD 20014</u>				5. This shipment includes - (Complete separate form for each data month) a. Data month/year: <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="padding: 2px;">Month</td><td style="padding: 2px;">Year</td></tr><tr><td style="padding: 2px;">Jan</td><td style="padding: 2px;">2007</td></tr></table>		Month	Year	Jan	2007
Month	Year								
Jan	2007								
				Number of records					
				14					
				2					
				16					
6. BACK RECORDS SUBMITTED (If applicable)				7. RECORDS NOT AVAILABLE (If applicable)					
HDS number (a)	Medical record number (b)	HDS number (c)	Medical record number (d)	HDS number (a)	Medical record number (b)	HDS number (c)	Medical record number (d)		
0070	0045631			0077	0045213				
0071	0045778			0080	0045478				
				0083	0045231				
				0086	0045113				
				0089	0045613				
8. CHANGES - Mark (X) appropriate box. Indicate the changes if the "YES" is marked. New Abstractor/ New Management Information System <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (MIS) contact									
9. Sources of data abstraction: <input type="checkbox"/> Reabstracted from printouts <input checked="" type="checkbox"/> Abstracted by hospital personnel <input type="checkbox"/> Abstracted by Census personnel <input type="checkbox"/> Acceptable printout				10. REQUEST FOR ADDITIONAL BLANK FORMS (Enter quantity for each item needed)					
				Quantity					
				Item --					
				HDS-1, Medical Abstracts					
				200					
				HDS-5, Sample Listing Sheets					
				30					
				HDS-3, Transmittal Notices					
				6					
				BC-356, Transmittal Envelopes					
				6					
Notice - All information which would permit identification of an individual or 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. Public reporting burden of this collection of information is estimated to average 1 minute per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer, 1600 Clifton Road, MS D-24, Atlanta, GA 30333, ATTN: PRA (0920-0212).									

Appendix F1 – Example of Acceptable Printout Format

Casemix Information Management Department
National Hospital Discharge Survey

Hospital #	: 0248	Date of Admission	: 01-20-2007
HDS#	: 0112	Date of Discharge	: 02-05-2007
		Residence ZIP Code	: 01241
Birth Date	: 11-09-61	Age	: 41
Sex	: Female		
Race	: 2 Black		
Marital:	1 Single		
Payor	: Medicare	Status	: 01 Home/Self care
Admit Type	: Elective	Admit Source	: HMO
Admitting Diagnosis:	29640	Bipol aff, manic	
Final Diagnoses	:	Present on Admission:	
Principal	: 29643	Bipol aff, manic-severe	1 Yes
Dx2	: 2768	Hypopotassemia	1 Yes
Dx3	: 5990	Urin tract infection NOS	1 Yes
Dx4	: V1581	Hx of past noncompliance	2 No
Dx5	:		
Dx6	:		

Surgical and Diagnostic Procedures :

Principal	: 9423	Neuroleptic therapy	20-Jan-07
Prc1	: 9425	Psychiat drug therap NEC	20-Jan-07
Prc2	: 9929	Inject/infuse NEC	20-Jan-07
Prc3	: 9422	Lithium therapy	22-Jan-07
Prc4	:		

Appendix F2 – Example of Acceptable Printout Format

CASE MIX/ ABSTRACTING **LIVE**
CENSUS BUREAU REPORT

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

MEDICAL ABSTRACT - NATIONAL HOSPITAL DISCHARGE SURVEY

HOSP NUM: 0222 HDS NUM: 3655
ADMIT DATE: 03/24/07 DISCH DATE: 04/29/07 ZIP CODE: 00022
BIRTHDATE: 11/09/31 SEX: M RACE: ETHNICITY: NS
MARITAL STATUS: S FIN CLASS: MED
DISCH DISPOS: TX TO SKILLED NSG FAC

DIAGNOSES:	POA:
414.0 CORONARY ATHEROSCLEROSIS OF NATIVE CORONARY V	1
997.0 IATROGENIC CEREBROVAS INFARC/HEMO	1
434.1 CEREBRAL EMBOLISM W CEREBRAL INFARCTION	1
518.8 RESPIRATORY FAILURE	1
491.2 OBSTRUCTIVE CHRONIC BRONCH, W/ACUTE EXACERBA	2
511.2 PLEURAL EFFUSION NOS	2
411.0 POST MI SYNDROME	3

PROCEDURES:	
31.29 OTHER PERM TRACHEOSTOMY	04/16/07
36.12 AORTOCOR BYPAS-2 COR ART	03/26/07
36.15 1 INT MAM-COR ART BYPASS	03/26/07
39.61 EXTRACORP CIRCULAT AUXIL TO OPN HRT SRG	03/26/07
37.22 LEFT HEART CARDIAC CATH	03/24/07
88.79 DX ULTRASOUND NEX	03/25/07

ADMIT TYPE: URGENT ADMIT SOURCE: PHYS REF

ADMITTING DIAGNOSIS: 414.0 CORONARY ATHEROSCLEROSIS

Appendix G – Example of Code Sheet for Printouts

CODE	DESCRIPTION
AHB	DISCHARGED TO RELATIVE
AHF	DISCHARGED TO FOSTER HOME
AHR	ROUTINE DISCHARGE
ARC	REFERRED TO SPECIALTY CLINIC
ARP	REFERRED TO FAMILY PHYSICIAN
ARS	REFERRED TO HOME CARE
ATB	TRANSFERRED TO CORRECTIONS INST.
AHI	DISCH. TO HOME IV PROVIDER
AMA	AGAINST MEDICAL ADVICE
ATH	TRANSFERRED TO SHORT TERM GEN HOSPITAL
ATM	TRANSFERRED TO MATERNITY
ATA	TRANSFERRED TO ANOTHER ACUTE INST.
ATI	TRANSFERRED TO INTERMEDIATE CAE FAC.
ATC	TRANSFERRED TO CUSTODIAL CARE FAC.
ATE	TRANSFERRED TO EXTENDED CARE (SNF)
ATO	TRANSFERRED TO OTHER FAC.
ATF	TRANSFERRED OR DISCH. TO STATE FAC.
ATP	TRANSFERRED TO PSYCHIATRIC FAC.
ATT	TRANSFERRED TO TERM. CARE/HOSPICE FAC.
AMN	ALTERNATIVE LEVEL
ATR	TRANSFERRED TO REHAB CENTER
ATS	TRANSFERRED TO SPECIALTY HOSPITAL

Appendix H. Example of HDS-5 for Printout Hospitals

Sheet 1 of 1

Notice - All information which would permit identification of an individual or 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. Public reporting burden of this collection of information is estimated to average 25 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer, 1600 Clifton Road, MS D-24, Atlanta, GA 30333, ATTN: PRA (0920-0212).

FORM HDS-5 <small>(2-6-2003)</small> U.S. DEPARTMENT OF COMMERCE Economics and Statistics Administration U.S. CENSUS BUREAU ACTING AS COLLECTING AGENT FOR DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR DISEASE CONTROL AND PREVENTION NATIONAL CENTER FOR HEALTH STATISTICS SAMPLE LISTING SHEET NATIONAL HOSPITAL DISCHARGE SURVEY					
A. HOSPITAL					
1. Name <i>Baywatch Medical Center</i>					
2. Number <i>888</i>			3. List used		
B. STATISTICAL DATA					
1. Total beds (excluding bassinets)		<i>420</i>		2. Total admissions (excluding newborn)	
3. Live births			<i>25</i>	4. Total discharges (including newborn)	
				<i>560</i>	
C. SAMPLING					
1. Month		2. Key		3. Number in sample	
<i>March 2007</i>				<i>22</i>	
4. Sample selected by (Name and title)					Date
HDS number (1)	Date of discharge (or admission) (2)	Medical record number (3)	Other identification (4) Number if needed (such as patient ID, billing, etc.)		Name if needed
					Date abstracted (or out-of-scope reason) (5)

Appendix I. Example of HDS-3 Transmittal Form for Printout Hospitals

FORM HDS-3 <small>(2-6-2003)</small>				U.S. DEPARTMENT OF COMMERCE Economic and Statistics Administration U.S. CENSUS BUREAU ACTING AS COLLECTING AGENT FOR DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR DISEASE CONTROL AND PREVENTION NATIONAL CENTER FOR HEALTH STATISTICS				1. Date of transmittal: 4-18-07									
						2. Hospital number: 888											
						3. Regional Office: Kansas City											
TRANSMITTAL NOTICE National Hospital Discharge Survey																	
4. Hospital name and address <u>Baywatch Medical Center</u> <u>2140 State Blvd.</u> <u>Kansas City, KS 66100</u>				5. This shipment includes - <i>(Complete separate form for each date month)</i> a. Data month/year: <table border="1" style="font-size: small; display: inline-table;"><tr><td>Month</td><td>Year</td></tr><tr><td>MAR</td><td>2007</td></tr></table>		Month	Year	MAR	2007	Number of records <table border="1" style="width: 100%; text-align: center;"> <tr><td>30</td></tr> <tr><td>-</td></tr> <tr><td>30</td></tr> </table>		30	-	30			
Month	Year																
MAR	2007																
30																	
-																	
30																	
6. BACK RECORDS SUBMITTED (If applicable)				7. RECORDS NOT AVAILABLE (If applicable)													
HDS number <small>(a)</small>	Medical record number <small>(b)</small>	HDS number <small>(c)</small>	Medical record number <small>(d)</small>	HDS number <small>(a)</small>	Medical record number <small>(b)</small>	HDS number <small>(c)</small>	Medical record number <small>(d)</small>										
8. CHANGES - Mark (X) appropriate box. Indicate the changes if the "YES" is marked.																	
New Abstractor/ New Management Information System (MIS) contact <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		Full name: Dave Hasselon				Title: Data Technician											
9. Sources of data abstraction: <input type="checkbox"/> Reabstracted from printouts <input type="checkbox"/> Abstracted by hospital personnel <input type="checkbox"/> Abstracted by Census personnel <input checked="" type="checkbox"/> Acceptable printout				10. REQUEST FOR ADDITIONAL BLANK FORMS <i>(Enter quantity for each item needed)</i> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr><th style="width: 80%;">Item -</th><th style="width: 20%;">Quantity</th></tr> </thead> <tbody> <tr><td>HDS-1, Medical Abstracts</td><td> </td></tr> <tr><td>HDS-6, Sample Listing Sheets</td><td style="text-align: center;">10</td></tr> <tr><td>HDS-3, Transmittal Notices</td><td style="text-align: center;">5</td></tr> <tr><td>BC-356, Transmittal Envelopes</td><td style="text-align: center;">5</td></tr> </tbody> </table>				Item -	Quantity	HDS-1, Medical Abstracts		HDS-6, Sample Listing Sheets	10	HDS-3, Transmittal Notices	5	BC-356, Transmittal Envelopes	5
Item -	Quantity																
HDS-1, Medical Abstracts																	
HDS-6, Sample Listing Sheets	10																
HDS-3, Transmittal Notices	5																
BC-356, Transmittal Envelopes	5																
<small>Notice - All information which would permit identification of an individual or 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. Public reporting burden of this collection of information is estimated to average 1 minute per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer, 1600 Clifton Road, MS D-24, Atlanta, GA 30333, ATTN: PRA (0920-0212).</small>																	

Appendix J. NHDS Layout – File Structure (page 1 of 6)

<u>NHDS DATA ITEM</u>	<u>POSITION</u>	<u>NHDS CODING STRUCTURE</u>
	001	Leave Blank
Hospital ID Number	002 - 005	NHDS Hospital Identifier
Medical Record Number	006 - 016	Leave Blank
Admission Date	017 - 021	Month 01 - 12 MM Day 01 - 31 DD Year 0 - 9 Y (Last Digit of Year)
Discharge Date	022 - 026	Month 01 - 12 MM Day 01 - 31 DD Year 0-9 Y (Last Digit of Year)
Date of Birth	027 - 034	Month 01 - 12 MM Day 01 - 31 DD Year 4 digits YYYY
Age	035 - 036	01 - 99 Years 01 - 11 Months 00 - 28 Days

(Leave age blank if date of birth is reported. If age is 100 years old or over, please code as "99".)

Appendix J. NHDS Layout – File Structure (page 2 of 6)

<u>NHDS DATA ITEM</u>	<u>POSITION</u>	<u>NHDS CODING STRUCTURE</u>
Age Units	037	Years 1 Months 2 Days 3

(Leave age units blank if date of birth is reported).

Sex	038	Male 1 Female 2 Not Reported 3
-----	-----	--------------------------------------

Race	039	Leave Blank
------	-----	-------------

(Record Race category in position 126 - 130)

Marital Status	040	Married 1 Single 2 Widowed 3 Divorced 4 Separated 5 Not Stated 6
----------------	-----	---

Discharge Status	041	Routine Discharge 1 Left Against Medical Advice 2 Discharged to Another Short-Term Hospital 3 Discharged to Long- Term Care Institution 4 Other Alive Status 5 Dead 6 Not Stated 7
------------------	-----	---

Admitting Diagnosis	042-046	ICD-9-CM Code
---------------------	---------	---------------

Appendix J. NHDS Layout – File Structure (page 3 of 6)

<u>NHDS DATA ITEM</u>	<u>POSITION</u>	<u>NHDS CODING STRUCTURE</u>
Principal Diagnosis	047 - 051	ICD-9-CM Code
Diagnosis #2	052 - 056	Up to 6 other 5 digit
Diagnosis #3	057 - 061	ICD-9-CM codes
Diagnosis #4	062 - 066	
Diagnosis #5	067 - 071	
Diagnosis #6	072 - 076	
Diagnosis #7	077 - 081	
<u>Present on Admission Indicator for Principal Diagnosis</u>	082	1= Yes 2= No
<u>Present on Admission Indicator for Diagnosis #2</u>	083	3= Unknown
<u>Present on Admission Indicator for Diagnosis #3</u>	084	4= Clinically undetermined
<u>Present on Admission Indicator for Diagnosis #4</u>	085	**If the diagnosis is exempt from present on admission reporting, please use code 2, "No". **
<u>Present on Admission Indicator for Diagnosis #5</u>	086	
<u>Present on Admission Indicator for Diagnosis #6</u>	087	
<u>Present on Admission Indicator for Diagnosis #7</u>	088	
Principal Procedure	089 - 092	ICD-9-CM Code

Appendix J. NHDS Layout – File Structure (page 4 of 6)

<u>NHDS DATA ITEM</u>	<u>POSITION</u>	<u>NHDS CODING STRUCTURE</u>
Procedure #2	093 - 096	Up to 3 other 4-digit
Procedure #3	097 - 100	ICD-9-CM Codes
Procedure #4	101 - 104	
<hr/>		
Zip Code of Patient's Residence	105 - 109	
<hr/>		
Principal Payment Source	110 - 111	Workmen's Comp. 01
		Medicare 02
		Medicaid 03
Other Payment Source (1)	112 - 113	Title V 04
		Other Gov't 05
		Blue Cross 06
Other Payment Source (2)	114 - 115	Other Priv./Comm. 07
		Self-pay 08
		No Charge 09
		Other 10
		Not stated 11
		HMO/PPO 12
<hr/>		
Date of Principal Surgery	116 - 117	Month 01 - 12 MM
	118 - 119	Day 01 - 31 DD
	120	Year 0 - 9 Y (Last Digit of Year)
<hr/>		
Date of Secondary Surgery	121 - 122	Month 01 - 12 MM
	123 - 124	Day 01 - 31 DD
	125	Year 0 - 9 Y (Last Digit of Year)

Appendix J. NHDS Layout – File Structure (page 5 of 6)

<u>NHDS DATA ITEM</u>	<u>POSITION</u>	<u>NHDS CODING STRUCTURE</u>
Ethnicity	126	Hispanic 1
		Non-Hispanic 2
		Not Stated 3
Calculated length of stay	127 - 129	Length of Stay
Admission and Discharge Year (4-Digits)	130 - 133	CCYY
	134 - 137	CCYY
Race 1	138	White 1
Race 2	139	Black or African American 2
Race 3	140	American Indian/ Or Alaska Native 3
Race 4	141	Asian 4
Race 5	142	Native Hawaiian or Other Pacific Islander 5
		Other 6
		Not Stated 7

(Use this section to record all race entries)

Appendix J. NHDS Layout – File Structure (page 6 of 6)

<u>NHDS DATA ITEM</u>	<u>POSITION</u>	<u>NHDS CODING STRUCTURE</u>	
Type of Admission	143	Emergency	1
		Urgent	2
		Elective	3
		Newborn	4
		Item Not Available/ Unknown	5
Source of Admission	144	Physician referral	1
		Clinical referral	2
		HMO referral	3
		Transfer from a Hospital	4
		Transfer from SNF	5
		Transfer from other Health facility	6
		Emergency room	7
		Court/Law enforcement	8
		Other	9
		Item not available	0

Appendix K. Example of HDS-3A, Transmittal Notice for Hospitals supplying Machine Readable Data

Form HDS-3A (6-2001)

National Hospital Discharge Survey TRANSMITTAL NOTICE

DATA SOURCE

SHIP TO

No.	Name:
Contact Name:	

Telephone # (____)	_____
Fax # (____)	_____

Carol DeFrances N.C.H.S. 3311 Toledo Road, Room 3230 Hyattsville, MD 20782 Voice (301) 458-4440 Fax (301) 458-4032 Email csd0@cdc.gov

PHYSICAL CHARACTERISTICS OF DATA

A. File Name _____	
B. Media:	<input type="checkbox"/> Reel Tape <input type="checkbox"/> Cartridge Tape <input type="checkbox"/> Disk <input type="checkbox"/> CD-ROM <input type="checkbox"/> Email
C. Record Length _____	(Standard 135 Fixed Record Length)
D. Data Structure:	<input type="checkbox"/> EBCDIC <input type="checkbox"/> ASCII
E. Block Size _____	
F. Internal Label:	<input type="checkbox"/> None <input type="checkbox"/> Standard IBM (Complete data set name and vol/ser)
DATA SET NAME _____ Vol=Ser=_____	

INTERNAL CHARACTERISTICS OF DATA

A. Data Period Covered:	_____ to _____
B. Type of Data:	<input type="checkbox"/> All Discharges <input type="checkbox"/> Sampled Discharges

INSTRUCTIONS: Please provide STATISTICAL INFORMATION when submitting sample discharges.

MONTH	BIRTHS	DISCHARGES	Records	MONTH	BIRTHS	DISCHARGES	Records
JAN				JUL			
FEB				AUG			
MAR				SEP			
APR				OCT			
MAY				NOV			
JUN				DEC			

RECORDS NOT AVAILABLE - Hospital Use Only

HDS Number	Discharge (or admission) Date	Medical Record Number	Other Identification (number, name, etc.)	Date abstracted (or out-of-scope reason)

RECORDS NOT AVAILABLE - Hospital Use Only				
HDS Number	Discharge (or admission) Date	Medical Record Number	Other Identification (number, name, etc.)	Date abstracted (or out-of-scope reason)

RECORDS NOT AVAILABLE - Hospital Use Only				
HDS Number	Discharge (or admission) Date	Medical Record Number	Other Identification (number, name, etc.)	Date abstracted (or out-of-scope reason)

NOTES
