# **Description of Data Elements Nationwide Inpatient Sample (NIS) Hospital Weights File** This document contains cumulative descriptions of data elements across all states and years of HCUP data from 1988 to the current data year. Please refer to the Overview of the Nationwide Inpatient Sample for specific information on which states are included in each year of the NIS. Not all data elements in the NIS are uniformly coded or available across all the states. Please check the "State Specific Notes" section for each data element before analysis.

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### AHAID - AHA hospital identifier

#### **General Notes**

There are up to three different types of hospital identifiers included in the HCUP databases.

- The data source's own number scheme for identifying hospitals and facilities (DSHOSPID),
- The hospital identifier used by the American Hospital Association (AHAID and IDNUMBER), and
- A unique HCUP hospital identifier (HOSPID).

The hospital entity as defined by the data source may differ from the hospital entity as defined by the AHA. For example, the data source treats two separate facilities as two hospitals, while the AHA Annual Survey treats the two facilities as a single hospital, or vice versa. For consistency across states, HCUP defines hospitals in accordance with the American Hospital Association Annual Survey of Hospitals. During HCUP data processing, the data source's identification of the hospital is reconciled with the identification of the hospital in the AHA Annual Survey of Hospitals. For detailed information about this linking process, see the special report on HCUP Hospital Identifiers.

The hospital identifier (AHAID) contains the 7-digit American Hospital Association (AHA) hospital identifier that the AHA uses on their yearly AHA Annual Survey of Hospitals data files. These files contain information about hospital characteristics and are available for purchase through the AHA.

AHAID is missing if the data source that contributed discharge data to the NIS prohibits the release of hospital identifiers.

Uniform Values				
Variable	Description	Value	Value Description	
AHAID AHA hospital identifier	7(n)	AHA hospital identifier with a leading 6		
		Blank	Missing	

### State Specific Notes

### **DISCWT - Weight to discharges in the universe**

#### **General Notes**

DISCWT is the discharge-level weight on the NIS Core file. To produce national estimates, use DISCWT to weight discharges in the Core file to the discharges from all community hospitals located in the U.S.

- In all the 2001 NIS, DISCWT should be used to create all national estimates, including total charge.
- In the 2000 NIS, there are two discharge-level weights (DISCWT and DISCWTcharge). DISCWT should be used to create national estimates for all analyses except those that involve total charge. DISCWTcharge should be used to create national estimates of total charge.
- In the 1998-1999 NIS, DISCWT should be used to create all national estimates, including total charge.
- Prior to 1998, the discharge weight was named DISCWT\_U.

For detailed information about the development and use of discharge and hospital weights, see the year-specific report on the Design of the HCUP Nationwide Inpatient Sample.

Uniform Values			
Variable	Description	Value	Value Description
DISCWT	Weight to discharges in the universe.	nn.nnnn	Weight to discharges in the universe.

### **State Specific Notes**

# DISCWTcharge - Weight to discharges in the universe for national estimates of total charge in 2000

### **General Notes**

DISCWTcharge is a discharge-level weight that is only available in the 2000 NIS. To produce national estimates of total charge in 2000, use DISCWTcharge to weight total charge (TOTCHG) in the Core file to the total charge from all community hospitals located in the U.S.

- In the 2000 NIS, there are two discharge-level weights (DISCWT and DISCWTcharge). DISCWT should be used to create national estimates for all analyses except those that involve total charge. DISCWTcharge should be used to create national estimates of total charge.
- In all data years <u>except 2000</u>, DISCWT (beginning in 1998) or DISCWT\_U (prior to 1997) should be used to create all national estimates.

For detailed information about the development and use of discharge and hospital weights, see the year-specific report on the Design of the HCUP Nationwide Inpatient Sample.

Uniform Values				
Variable	Description	Value	Value Description	
DISCWTcharge	Weight to discharges in the universe for national estimates of total charge in 2000.	nn.nnnn	Weight to discharges in the universe for national estimates of total charge in 2000.	

State Specific Notes

# HOSPADDR - Hospital address from AHA Annual Survey

### **General Notes**

HOSPADDR contains the hospital's street address obtained from the AHA Annual Survey of Hospitals.

During HCUP data processing, the data source's identification of the hospital is reconciled with the identification of the hospital in the AHA Annual Survey of Hospitals. For detailed information about this linking process, see the special report on HCUP Hospital Identifiers.

HOSPADDR is missing if the data source that contributed discharge data to the NIS prohibits the release of hospital identifiers.

Uniform Values			
Variable	Description	Value	Value Description
HOSPADDR Hospital		30(a)	Hospital's street address
	address from AHA Annual Survey	Blank	Missing

### **State Specific Notes**

# HOSPCITY - Hospital city from AHA Annual Survey

#### **General Notes**

HOSPCITY contains the hospital's city obtained from the AHA Annual Survey of Hospitals.

During HCUP data processing, the data source's identification of the hospital is reconciled with the identification of the hospital in the AHA Annual Survey of Hospitals. For detailed information about this linking process, see the special report on HCUP hospital identifiers.

HOSPCITY is missing if the data source that contributed discharge data to the NIS prohibits the release of hospital identifiers.

Uniform Values				
Variable	Description	Value	Value Description	
HOSPCITY		20(a)	Hospital city	
	from AHA Annual Survey	Blank	Missing	

### State Specific Notes

### **HOSPID - HCUP hospital identification number**

#### **General Notes**

There are up to three different types of hospital identifiers included in the HCUP databases.

- The data source's own number scheme for identifying hospitals and facilities (DSHOSPID),
- The hospital identifier used by the American Hospital Association (AHAID and IDNUMBER), and
- A unique HCUP hospital identifier (HOSPID).

The hospital entity as defined by the data source may differ from the hospital entity as defined by the AHA. For example, the data source treats two separate facilities as two hospitals, while the AHA Annual Survey treats the two facilities as a single hospital, or vice versa. For consistency across states, HCUP defines hospitals in accordance with the American Hospital Association Annual Survey of Hospitals. During HCUP data processing, the data source's identification of the hospital is reconciled with the identification of the hospital in the AHA Annual Survey of Hospitals. For detailed information about this linking process, see the special report on HCUP Hospital Identifiers.

The HCUP hospital identifier (HOSPID) is based on the AHA hospital identifier and is defined as:

- SSnnn, where SS = State FIPS Code, and
- nnn = hospital number unique to state.

HOSPID is missing for some hospitals because an AHA hospital identifier cannot be determined. Hospitals may not be registered with the AHA or the source-provided information cannot be matched to the AHA.

The data element HOSPID is available in the Hospital file.

Uniform Values			
Variable	Description	Value	Value Description
HOSPID	HCUP hospital identification	5(n)	HCUP hospital identification number
	number	Blank	Missing

## State Specific Notes

# HOSPNAME - Hospital name from AHA Annual Survey

### **General Notes**

HOSPNAME contains the hospital's name obtained from the AHA Annual Survey of Hospitals.

During HCUP data processing, the data source's identification of the hospital is reconciled with the identification of the hospital in the AHA Annual Survey of Hospitals. For detailed information about this linking process, see the special report on HCUP Hospital Identifiers.

HOSPNAME is missing if the data source that contributed discharge data to the NIS prohibits the release of hospital identifiers.

Uniform Values				
Variable	Description	Value	Value Description	
HOSPNAME		30(a)	Hospital's name	
	from AHA Annual Survey	Blank	Missing	

### **State Specific Notes**

# **HOSPST - Hospital State postal code**

### **General Notes**

HOSPST indicates the hospital's two-character state postal code (e.g., "CA" for California).

Uniform Values				
Variable	Description	Value	Value Description	
HOSPST	Hospital State postal code	aa	Hospital State postal code	

### **State Specific Notes**

# **HOSPWT - Weight to hospitals in the universe**

### **General Notes**

HOSPWT is a hospital-level weight. To produce national estimates, use HOSPWT to weight sampled hospitals to all community hospitals located in the U.S. For detailed information about the development and use of discharge and hospital weights, see the year-specific report on the Design of the HCUP Nationwide Inpatient Sample.

Uniform Values			
Variable	Description	Value	Value Description
HOSPWT	Weight to hospitals in the universe	nn.nnnn	Weight to hospitals in the universe

### **State Specific Notes**

# HOSPZIP - Hospital zip code from AHA Annual Survey

#### **General Notes**

HOSPZIP contains the hospital's zip code obtained from the AHA Annual Survey of Hospitals.

During HCUP data processing, the data source's identification of the hospital is reconciled with the identification of the hospital in the AHA Annual Survey of Hospitals. For detailed information about this linking process, see the special report on HCUP Hospital Identifiers.

HOSPZIP is missing if the data source that contributed discharge data to the NIS prohibits the release of hospital identifiers.

Uniform Values				
Variable	Description	Value	Value Description	
HOSPZIP		5(n)	Hospital's zip code	
	code from AHA Annual Survey	Blank	Missing	

### **State Specific Notes**

## **HOSP\_BEDSIZE** - Bedsize of hospital

#### **General Notes**

Bedsize categories are based on hospital beds, and are specific to the hospital's location and teaching status. Bedsize assesses the number of short-term acute beds in a hospital. Hospital information was obtained from the AHA Annual Survey of Hospitals.

Beginning in 1998, the hospital's bedsize categories are defined as follows. Rural hospitals were not split according to teaching status, because rural teaching hospitals were rare. A hospital is considered to be a teaching hospital if it has an AMA-approved residency program, is a member of the Council of Teaching Hospitals (COTH) or has a ratio of full-time equivalent interns and residents to beds of .25 or higher.

BEDSIZE CATEGORIES (Beginning in 1998)					
Location and Teaching Status	Н	Hospital Bedsize			
Location and Teaching Status	<u>Small</u>	<u>Medium</u>	<u>Large</u>		
NORTHEAST R	EGION				
Rural	1-49	50-99	100+		
Urban, nonteaching	1-124	125-199	200+		
Urban, teaching	1-249	250-424	425+		
MIDWEST REG	GION				
Rural	1-29	30-49	50+		
Urban, nonteaching	1-74	75-174	175+		
Urban, teaching	1-249	250-374	375+		
SOUTHERN RE	GION				
Rural	1-39	40-74	75+		
Urban, nonteaching	1-99	100-199	200+		
Urban, teaching	1-249	250-449	450+		
WESTERN REGION					
Rural	1-24	25-44	45+		
Urban, nonteaching	1-99	100-174	175+		
Urban, teaching	1-199	200-324	325+		

Prior to 1988, the bedsize category did not vary by region and teaching hospitals were defined as having an AMA approved residency program or having membership in the Council of Teaching Hospitals.

BEDSIZE CATEGORIES (Prior to 1998)			
Hospital Bedsize			
Location and Teaching Status	<u>Small</u>	<u>Medium</u>	<u>Large</u>
Rural	1-49	50-99	100+
Urban, nonteaching	1-99	100-199	200+
Urban, teaching	1-299	300-499	500

In the 1988-1992 NIS, the hospital's bedsize category was stored in the variable ST\_BEDSZ. In the 1993-1997 NIS, this same information is stored in the variable H\_BEDSZ. Beginning with the 1998 NIS, the name HOSP\_BEDSIZE is used.

For detailed information about the NIS sampling design, see the year-specific report on the Design of the HCUP Nationwide Inpatient Sample.

HOSP\_BEDSIZE is missing if the data source that contributed discharge data to the NIS prohibits the release of hospital identifiers.

Uniform Values				
Variable	Description	Value	Value Description	
HOSP_BEDSIZE	Bedsize of hospital	1	Small	
		hospital	2	Medium
		3	Large	
		-	Missing	

State Specific Notes

### **HOSP\_CONTROL** - Control/ownership of hospital

#### **General Notes**

The hospital's ownership/control category was obtained from the AHA Annual Survey of Hospitals and include categories for government nonfederal (public), private not-for-profit (voluntary) and private investor-owned (proprietary). These types of hospitals tend to have different missions and different responses to government regulations and policies.

When the sample size was sufficiently large, hospitals were stratified as public (HOSP\_CONTROL=1), voluntary (HOSP\_CONTROL=2), and proprietary (HOSP\_CONTROL=3). This stratification was used for Southern rural, Southern urban nonteaching, and Western urban nonteaching hospitals. For smaller strata - the Midwestern rural and Western rural hospitals - a collapsed stratification of public versus private was used, with the voluntary and proprietary hospitals combined to form a single "private" category (HOSP\_CONTROL=4). For all other combinations of region, location and teaching status, no stratification based on control was advisable given the number of hospitals in these cells (HOSP\_CONTROL=0).

The HCUP variable name for the hospital's ownership/control category has changed over time. In the 1988-1992 NIS, the hospital's ownership/control category was stored in the variable ST\_OWNER. In the 1993-1997 NIS, this same information is stored in the variable H\_CONTRL. Beginning with the 1998 NIS, the name HOSP\_CONTROL is used.

For detailed information about the NIS sampling design, see the year-specific report on the Design of the HCUP Nationwide Inpatient Sample.

HOSP\_CONTROL is missing if the data source that contributed discharge data to the NIS prohibits the release of hospital identifiers.

Uniform Values			
Variable	Description	Value	Value Description
HOSP_CONTROL	Control/ownership of hospital	0	Government or private (collapsed category)
		1	Government, nonfederal (public)
		2	Private, not-for-profit (voluntary)
		3	Private, investor-owned

	(proprietary)
4	Private (collapsed category)
	Missing

State Specific Notes	

# HOSP\_LOCATION - Location (urban/rural) of hospital

### **General Notes**

This information was obtained from the AHA Annual Survey of Hospitals. A metropolitan statistical area (MSA) is considered urban, and a non-metropolitan statistical area is rural. Government payment policies often differ according to this designation. Also, rural hospitals are generally smaller and offer fewer services than urban hospitals.

The HCUP variable name for the hospital's location category has changed over time. In the 1993-1997 NIS, this same information is stored in the variable H\_LOC. Beginning with the 1998 NIS, the name HOSP\_LOCATION is used. In the 1988-1992 NIS, the hospital's location category was not available.

For detailed information about the NIS sampling design, see the year-specific report on the Design of the HCUP Nationwide Inpatient Sample.

HOSP\_LOCATION is missing if the data source that contributed discharge data to the NIS prohibits the release of hospital identifiers.

Uniform Values			
Variable	Description	Value	Value Description
HOSP_LOCATION	Location (urban/rural) of hospital	0	Rural
		1	Urban
	liospitai		Missing

### **State Specific Notes**

# HOSP\_LOCTEACH - Location/teaching status of hospital

#### **General Notes**

The hospital's location and teaching status were obtained from the AHA Annual Survey of Hospitals. A metropolitan statistical area is considered urban, and a non-metropolitan statistical area is rural. Beginning in 1998, a hospital is considered to be a teaching hospital if it has an AMA-approved residency program, is a member of the Council of Teaching Hospitals (COTH) or has a ratio of full-time equivalent interns and residents to beds of .25 or higher. Prior to 1998, a hospital is considered to be a teaching hospital if it has an AMA approved residency program or is a member of the COTH.

Rural hospitals were not split according to teaching status, because rural teaching hospitals were rare.

The HCUP variable name for the hospital's location and teaching status has changed over time. In the 1988-1992 NIS, the hospital's location and teaching status was stored in the variable LOCTEACH. In the 1993-1997 NIS, this same information is stored in the variable H\_LOCTCH. Beginning with the 1998 NIS, the name HOSP\_LOCTEACH is used.

For detailed information about the NIS sampling design, see the year-specific report on the Design of the HCUP Nationwide Inpatient Sample.

HOSP\_LOCTEACH is missing if the data source that contributed discharge data to the NIS prohibits the release of hospital identifiers.

Uniform Values			
Variable	Description	Value	Value Description
HOSP_LOCTEACH	Location/teaching status of hospital	1	Rural
		2	Urban nonteaching
		3	Urban teaching
			Missing

### State Specific Notes

### **HOSP\_REGION - Region of hospital**

#### **General Notes**

The hospital's census region was obtained from the AHA Annual Survey of Hospitals. Census region is defined by the U.S. Census Bureau.

This is an important stratifier because practice patterns have been shown to vary substantially by region. For example, lengths of stay tend to be longer in East Coast hospitals than in West Coast hospitals.

The HCUP variable name for the hospital's census region has changed over time. In the 1988-1992 NIS, the hospital's bedsize category was stored in the variable ST\_REG. In the 1993-1997 NIS, this same information is stored in the variable H\_REGION. Beginning with the 1998 NIS, the name HOSP\_REGION is used.

The Midwest region was referred to as "North Central" in the 1988-1992 NIS.

For detailed information about the NIS sampling design, see the year-specific report on the Design of the HCUP Nationwide Inpatient Sample.

Uniform Values				
Variable	Description	Value	Value Description	
HOSP_REGION	Region of hospital	1	Northeast	
		2	Midwest	
		3	South	
		4	West	

### **State Specific Notes**

### **HOSP\_TEACH** - Teaching status of hospital

#### **General Notes**

The hospital's teaching status was obtained from the AHA Annual Survey of Hospitals. The missions of teaching hospitals differ from nonteaching hospitals. In addition, financial considerations differ between these two hospital groups. Currently, the Medicare DRG payments are uniformly higher to teaching hospitals than to nonteaching hospitals. A hospital is considered to be a teaching hospital if it has an AMA-approved residency program, is a member of the Council of Teaching Hospitals (COTH) or has a ratio of full-time equivalent interns and residents to beds of .25 or higher.

The HCUP variable name and definition for the hospital's teaching status has changed over time. Beginning with the 1998 NIS, the variable name HOSP\_TEACH is used, and teaching hospitals include hospitals with a ratio of .25 or higher of full-time equivalent interns and residents to non-nursing home beds. In the 1993-1997 NIS, teaching status is stored in the variable H\_TCH and does not include the ratio of interns and residents to beds. In the 1988-1992 NIS, the hospital's teaching status is not available as a separate variable.

For detailed information about the NIS sampling design, see the year-specific report on the Design of the HCUP Nationwide Inpatient Sample.

HOSP\_TEACH is missing if the data source that contributed discharge data to the NIS prohibits the release of hospital identifiers.

Uniform Values			
Variable	Description	Value	Value Description
HOSP_TEACH	Teaching status of hospital	0	Nonteaching
		1	Teaching
			Missing

### State Specific Notes

# **IDNUMBER - Modified AHA hospital identifier**

#### **General Notes**

There are up to three different types of hospital identifiers included in the HCUP databases.

- The data source's own number scheme for identifying hospitals and facilities (DSHOSPID),
- The hospital identifier used by the American Hospital Association (AHAID and IDNUMBER), and
- A unique HCUP hospital identifier (HOSPID).

The hospital entity as defined by the data source may differ from the hospital entity as defined by the AHA. For example, the data source treats two separate facilities as two hospitals, while the AHA Annual Survey treats the two facilities as a single hospital, or vice versa. For consistency across states, HCUP defines hospitals in accordance with the American Hospital Association Annual Survey of Hospitals. During HCUP data processing, the data source's identification of the hospital is reconciled with the identification of the hospital in the AHA Annual Survey of Hospitals. For detailed information about this linking process, see the special report on HCUP Hospital Identifiers.

IDNUMBER contains the last 6 digits of the original 7-digit AHA hospital identifier because the leading "6" has been removed. The data element AHAID retains the original 7-digit value in the AHA Annual Survey of Hospitals data files. These files contain information about hospital characteristics and are available for purchase through the AHA.

IDNUMBER is missing id the data source that contributed discharge data to the NIS prohibits the release of hospital identifiers.

Uniform Values			
Variable	Description	Value	Value Description
IDNUMBER	Modified AHA hospital	6(n)	AHA Hospital identifier without a leading 6
	identifier	Blank	Missing

State Specific Notes	
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# NIS\_STRATUM - Stratum used to post-stratify hospital

### **General Notes**

NIS\_STRATUM is a four-digit stratum identifier used to post-stratify hospitals for the calculation of universe and frame weights. NIS\_STRATUM includes the hospital's census region, ownership/control, location/teaching, and bedsize. Information was obtained from the AHA Annual Survey of Hospitals.

- A metropolitan statistical area is considered urban, and a non-metro statistical area is rural.
- Teaching hospitals have an AMA-approved residency program, are a member of the Council of Teaching Hospitals (COTH) or have a ratio of full-time equivalent interns and residents to beds of .25 or higher.
- Control categories include government nonfederal (public), private not-for-profit (voluntary), and private investor-owned (proprietary). When there were enough hospitals of each type to allow it, hospitals were stratified as public, voluntary, and proprietary. This stratification was used for Southern rural, Southern urban nonteaching, and Western urban nonteaching hospitals. For smaller strata, the Midwestern rural and Western rural hospitals, a collapsed stratification of public versus private was used, with the voluntary and proprietary hospitals combined to form a single "private" category. For all other combinations of region, location, and teaching status, no stratification based on control was advisable given the number of hospitals in these cells.
- Bedsize assesses the number of short-term acute beds in a hospital.

The hospital's bedsize category is nested within location and teaching status.

BEDSIZE CATEGORIES				
Location and Teaching Status	Н	Hospital Bedsize		
Location and Teaching Status	Small	Medium	Large	
NORTHEAST RI	EGION			
Rural	1-49	50-99	100+	
Urban, nonteaching	1-124	125-199	200+	
Urban, teaching	1-249	250-424	425+	
MIDWEST REC	SION			
Rural	1-29	30-49	50+	
Urban, nonteaching	1-74	75-174	175+	
Urban, teaching	1-249	250-374	375+	

SOUTHERN REGION			
Rural	1-39	40-74	75+
Urban, nonteaching	1-99	100-199	200+
Urban, teaching	1-249	250-449	450+
WESTERN REGION			
Rural	1-24	25-44	45+
Urban, nonteaching	1-99	100-174	175+
Urban, teaching	1-199	200-324	325+

Some strata were combined for sampling and weight calculations. Consequently, a given hospital's actual value for a stratifier may differ from those indicated by the value of NIS\_STRATUM. Each hospital's actual values of stratifiers are contained in separate variables:

Stratifier	1988-1992 NIS	1993-1997 NIS	Beginning in 1998 NIS
Region	ST_REG	H_REGION	HOSP_REGION
Ownership/Control	ST_OWNER	H_CONTRL	HOSP_CONTROL
Location/Teaching	LOCTEACH	H_LOCTCH	HOSP_LOCTEACH
Bedsize	ST_BEDSZ	H_BEDSZ	HOSP_BEDSIZE

For detailed information about the NIS sampling design, see the year-specific report on the Design of the HCUP Nationwide Inpatient Sample.

	Uniform Values				
Variable	Description	Value	Value Description		
NIS_STRATUM Stratum used to post-stratify	Geographic region	Northeast (1)			
	hospital		Midwest (2)		
			South (3)		
			West (4)		
		Control	Government or Private (0)		
			Government, nonfederal (1)		
			Private, not-for-profit (2)		
			Private, investor-owned (3)		
			Private, either not-for-profit		

	or investor-owned (4)
Location / Teaching	Rural (1)
	Urban nonteaching (2)
	Urban teaching (3)
Bedsize	Small (1)
	Medium (2)
	Large (3)

# State Specific Notes

# N\_DISC\_U - Number of universe discharges in NIS\_STRATUM

### **General Notes**

N\_DISC\_U contains the total number of discharges in the universe of AHA community hospitals for the strata in NIS\_STRATUM.

For detailed information about the NIS sampling design, see the year-specific report on the Design of the HCUP Nationwide Inpatient Sample.

Uniform Values			
Variable	Description	Value	Value Description
N_DISC_U	Number of universe discharges in NIS_STRATUM	7(n)	Number of universe discharges in NIS_STRATUM

### State Specific Notes

# N\_HOSP\_U - Number of universe hospitals in NIS\_STRATUM

### **General Notes**

N\_HOSP\_U contains the total number of hospitals in the universe of AHA community hospitals for the strata in NIS\_STRATUM.

For detailed information about the NIS sampling design, see the year-specific report on the Design of the HCUP Nationwide Inpatient Sample.

Uniform Values			
Variable	Description	Value	Value Description
N_HOSP_U	Number of universe hospitals in NIS_STRATUM	3(n)	Number of universe hospitals in NIS_STRATUM

### **State Specific Notes**

# S\_DISC\_U - Number of sample discharges in NIS\_STRATUM

### **General Notes**

S\_DISC\_U contains the number of sampled discharges in the strata in NIS\_STRATUM.

For detailed information about the NIS sampling design, see the year-specific report on the Design of the HCUP Nationwide Inpatient Sample.

Uniform Values			
Variable	Description	Value	Value Description
S_DISC_U	Number of sample discharges in NIS_STRATUM	6(n)	Number of sample discharges in NIS_STRATUM

### State Specific Notes

# S\_HOSP\_U - Number of sample hospitals in NIS\_STRATUM

### **General Notes**

S\_HOSP\_U contains the number of sampled hospitals in the strata in NIS\_STRATUM.

For detailed information about the NIS sampling design, see the year-specific report on the Design of the HCUP Nationwide Inpatient Sample.

Uniform Values			
Variable	Description	Value	Value Description
S_HOSP_U	Number of sample hospitals in NIS_STRATUM	nn	Number of sample hospitals in NIS_STRATUM

### State Specific Notes

# **TOTAL\_DISC - Total hospital discharges**

### **General Notes**

TOTAL\_DISC includes the total number of discharges from this hospital in the NIS.

For detailed information about the NIS sampling design, see the year-specific report on the Design of the HCUP Nationwide Inpatient Sample.

Uniform Values				
Variable	Description	Value	Value Description	
TOTAL_DISC	Total hospital discharges	5(n)	Total hospital discharges	

### **State Specific Notes**

# YEAR - Calendar year

### **General Notes**

The discharge year (YEAR) is <u>always</u> coded. In the 1988-1997 HCUP databases, YEAR is two-digits (e.g., if the discharge year is 1990, then YEAR = 90). Beginning in the 1998 HCUP databases, YEAR is four-digits (e.g., 1998).

Uniform Values			
Variable	Description	Value	Value Description
YEAR	Calendar year	уу	2-digit calendar year in 1988-1997 data
		уууу	4-digit calendar year beginning with 1998 data

### **State Specific Notes**