Grouping the discharge dispositions (1-30) based on perceived severity can be subjective, but I'll attempt to create categories that reflect the level of care or supervision needed after discharge, from least severe to most severe:

**Minimal to Low Severity (Independent or Minimal Care):**

* Discharged to home (1)
* Left AMA (Against Medical Advice) (7)

**Moderate Severity (Home Care or Short-term Facility Transfer):**

* Discharged/transferred to home with home health service (6)
* Discharged/transferred to home under care of Home IV provider (8)
* Discharged/transferred to another short term hospital (2)
* Neonate discharged to another hospital for neonatal aftercare (10)
* Discharged/transferred to another Type of Health Care Institution not Defined Elsewhere (30)
* Discharged/transferred to a Critical Access Hospital (CAH) (29)

**Moderately High Severity (Specialized Outpatient Services):**

* Still patient or expected to return for outpatient services (12)
* Discharged/transferred/referred another institution for outpatient services (16)
* Discharged/transferred/referred to this institution for outpatient services (17)
* Admitted as an inpatient to this hospital (9)
* Discharged/transferred within this institution to Medicare approved swing bed (15)

**High Severity (Specialized Inpatient Care):**

* Discharged/transferred to SNF (Skilled Nursing Facility) (3)
* Discharged/transferred to ICF (Intermediate Care Facility) (4)
* Discharged/transferred to another type of inpatient care institution (5)
* Discharged/transferred to a nursing facility certified under Medicaid but not certified under Medicare (24)
* Discharged/transferred to a rehabilitation facility including rehab units of a hospital (22)
* Discharged/transferred to a long term care hospital (23)

**Very High Severity (Specialized, Long-term, or Intensive Care):**

* Discharged/transferred to a federal health care facility (27)
* Discharged/transferred/referred to a psychiatric hospital or psychiatric distinct part unit of a hospital (28)

**Most Severe (Palliative Care, Hospice, or Expired):**

* Hospice / home (13)
* Hospice / medical facility (14)
* Expired (11)
* Expired at home. Medicaid only, hospice. (19)
* Expired in a medical facility. Medicaid only, hospice. (20)
* Expired, place unknown. Medicaid only, hospice. (21)

**Unknown or Undefined:**

* NULL (18)
* Not Mapped (25)
* Unknown/Invalid (26)