

## Hospice Database

This document is to be used in conjunction with the Hospice database for the 2013 License Renewal Application for Hospice Agencies.

The database contains 16 tables and the relationships are indicated in the HospiceRel.pdf.

This data is in-process working data for the internal use of the Planning Branch, and it may be changed or revised over time. The Planning Branch provides no assurance or representations as to its accuracy, and any user of the data assumes the risk of errors or inaccuracy.

**Table 1: Agency Names Altered**

Field Name	Data Type	Definition
UserName	Text	
Altered Agency Name	Text	

**Table 2: Counties**

Field Name	Data Type	Definition
County	Text	North Carolina counties

**Table 3: INP\_RES**

Field Name	Data Type	Definition
LICNO	Text	License Number: Primary Key, Must be UNIQUE with the county of patient origin
COUNTY	Text	County of patient origin: Primary Key, Must be UNIQUE with the license number
INPPATADM	Number	Number of inpatient direct admits
INPATTRANSFER	Number	Number of inpatient transfers from hospice home care
INPATDOC	Number	Total number of inpatient days of care
INPATDEATH	Number	Total number of inpatient deaths
RESPATADM	Number	Total number of residential patients admitted
RESIDDOC	Number	Total number of residential days of care
RESIDDEATH	Number	Total number of residential deaths

**Table 4: LICENSE\_NO\_CONTROL**

Field Name	Data Type	Definition
LICNO	Text	
DBA	Text	

**Table 5: NFP**

Field Name	Data Type	Definition
LICNO	Text	License Number: Primary Key, Must be UNIQUE with the county of patient origin
COUNTY	Text	County of patient origin: Primary Key, Must be UNIQUE with the license number
HCARENFPAT	Number	Number of Medicare patients served
HCAIDNFPAT	Number	Number of Medicaid patients served
HPINFPAT	Number	Number of private insurance patients served
SELFNFPAT	Number	Number of self pay patients served
VATRINFPAT	Number	Number of VA/Tri Care patients served
OTHERNFPAT	Number	Number of other patients served
TOTALNFPAT	Number	Total number of patients served
HCARENFDOC	Number	Number of Medicare days of care
HCAIDNFDOC	Number	Number of Medicaid days of care
HPINFDOC	Number	Number of private insurance days of care
SELFNFDOC	Number	Number of self pay days of care
VATRINFDOC	Number	Number of VA/Tri Care days of care
OTHERNFDOC	Number	Number of other days of care
TOTALNFDOC	Number	Total number of days of care

**Table 6: NursingBeds**

Field Name	Data Type	Definition
County	County	
Licensed Nursing Beds	Number	

**Table 7: PART\_2**

Field Name	Data Type	Definition
LICNO	Text	License Number: Primary Key, Must be UNIQUE
FACILITYNAME	Text	Facility Name
INPATIENTBEDS	Number	Number of licensed inpatient beds
RESIDENTIALBEDS	Number	Number of licensed residential beds
INPFAC_NAME	Text	Inpatient or combination facility name
INP_COUNTY	Text	County: Related to Table Counties.County
INP_STATE	Text	State
INP_SITED	Text	Where is the inpatient facility sited? Set values are: On campus of free standing hospice, in hospital, in nursing home or other
INP_SITED_OTHER	Text	Specify where the inpatient facility is sited
INP_LEVELCARE	Text	What level of care does the inpatient facility predominantly provide? Acute, Residential or Mixed
INP_OPEN	Yes/No	Did the facility open during FY2012?
INP_DATE_LIC	Text	If the facility opened during FY2012, please note the date the facility was licensed
INP_DATE_New	Date/Time	The date the facility was licensed
INP_DATE_CERTIFIED	Date/Time	The date the facility was Medicare certified
INP_ADDBEDS	Yes/No	Did the facility add beds during FY2012?
INP_BEDSADD	Number	If the facility added beds during FY2012, please note the number of beds added.
INP_DATE_LIC_BEDS	Text	If the facility added beds during FY2012, please note the date the beds were licensed
INP_Date_NewBeds	Date/Time	Date the new beds were licensed
ConvertBeds	Yes/No	Did the facility convert any beds during FY2012?
ConvertResToInpBeds	Yes/No	Did the facility convert residential beds to inpatient beds?
ResToInpBeds	Number	Number of beds converted from residential to inpatient
ResToInpBedsDate	Date/Time	Date the converted beds were licensed
ConvertInpToResBeds	Yes/No	Did the facility convert inpatient beds to residential beds?
InpToResBeds	Number	Number of beds converted from inpatient to residential
InpToResBedsDate	Date/Time	Date the converted beds were licensed
RESFAC_NAME	Text	Residential facility name
RES_COUNTY	Text	County: Related to Table Counties.County
RES_STATE	Text	State
RES_SITED	Text	Where is the residential facility sited? Set values are: on campus of free standing hospice, in hospital, in nursing home or other
RES_SITED_OTHER	Text	Specify where the residential facility is sited
RES_DATE_LIC	Text	If the facility opened during FY2012, please note the date the facility was licensed
RES_BEDSADD	Number	If the facility added beds during FY2012, please note the number of beds added
RES_DATE_LIC_BEDS	Text	If the facility added beds during FY2012, please note the date the beds were licensed

NURSCLIN_FACFTE	Number	Number of nursing - direct clinical – staff
SOCSEV_FACFTE	Number	Number of social services staff
HOSPAIDE_FACFTE	Number	Number of hospice aides staff
PHYSPAIID_FACFTE	Number	Number of paid physicians
PHYSVOL_FACFTE	Number	Number of volunteer physicians
CHAPLAIN_FACFTE	Number	Number of chaplains
OTHCLIN_FACFTE	Number	Number of other clinical staff
NONCLIN_FACFTE	Number	Number of non-clinical staff

**Table 8: PAT\_VOLUME**

Field Name	Data Type	Definition
LICNO	Text	License Number: Primary Key, Must be UNIQUE with the county of patient origin
COUNTY	Text	County of patient origin: Primary Key, Must be UNIQUE with the license number
ADMISSIONS	Number	Number of new admissions
DEATHS	Number	Number of deaths
NONDEATH	Number	Number of non-death discharges
PATTOTAL	Number	Number of patient served
RHCDAY	Number	Routine home care days
CCDAY	Number	Continuous care days
ICDAY	Number	Inpatient care
RCDAY	Number	Respite care days
DAYSOFCARE	Number	Total days of care

**Table 9: SECTION\_A**

<b>Field Name</b>	<b>Data Type</b>	<b>Definition</b>
LICNO	Text	License Number: Primary Key, Must be UNIQUE
FID	Text	Facility ID
LEGAL	Text	Legal Identity of Applicant
DBA	Text	Doing Business As
STREET	Text	Agency Site Address: Street address
STREET2	Text	Agency Site Address: Street address line 2
CITY	Text	Agency Site Address: City
ST	Text	Agency Site Address: State
ZIP	Text	Agency Site Address: Zip code
CNTY	Text	Agency Site Address: County
REGION	Text	
A_EMAIL	Text	Agency Email Address
A_WEB	Text	Agency Web Site
A_PHONE	Text	Agency phone number
A_FAX	Text	Agency fax number
PERIOD	Text	Reporting Period: October 1, 2010-September 30, 2011
CERTIFY_ANAME	Text	Authenticating Signature: Name
CERTIFY_ATITLE	Text	Authenticating Signature: Title
CERTIFY_ADATE	Text	Authenticating Signature: Date
CERTIFY_CNAME	Text	Contact Name
CERTIFY_CFONE	Text	Contact Phone
CERTIFY_CEMAIL	Text	Contact Email

**Table 10: SECTION\_B**

Field Name	Data Type	Definition
LICNO	Text	License Number: Primary Key, Must be UNIQUE
AGENTYPE	Text	Agency Type: Free Standing; Hospital; Home Health; Nursing Home
MEMTCC	Yes/No	
MEMSTHOS	Yes/No	Are you a member of a State Hospice Association?
STATE	Text	If you are a member of a state hospice association, which state?
MEMSTATE_HOMECARE	Yes/No	Are you a member of a state home care association?
MEMBERNHPCO	Yes/No	Are you a member of NHPCO?
MEMNHPCO	Text	Member #?
MEMNAHC	Yes/No	Are you a member of NAHC?
CENSUS	Text	Census as of 9/30/2012
OVER100	Number	Number of patients on 9/30/2012
ZERO	Text	if zero, please give explanation
MULTLOC	Yes/No	Multiple Locations?
MULTLOC_NUMBER	Number	If multiple locations, how many are reported together in this survey?
FISCYR_END	Text	Last month of your fiscal year?
MEDCERT	Yes/No	Are you Medicare certified?
PROVIDERNO	Text	What is your Medicare Provider Number?
ACCRED_ACHC	Yes/No	Are you accredited by ACHC?
ACCRED_CHAP	Yes/No	Are you accredited by CHAP?
ACCRED_TJC	Yes/No	Are you accredited by TJC?
ACCRED_DNV	Yes/No	Are you accredited by DNV?
ACCRED_OTHER	Yes/No	Are you accredited by other?
ACCRED_NOTACC	Yes/No	Are you not accredited?
BUDGET	Text	What is your budget?
OWNERSHP	Text	Is ownership voluntary, proprietary or government?
OPERHOSP	Yes/No	Does your hospice operate one or more dedicated hospice facilities or units?
LICENSED_INPAT	Number	Number of licensed inpatient beds
LICENSED_RESID	Number	Number of licensed residential beds

**Table 11: SECTION\_C**

Field Name	Data Type	Definition
LICNO	Text	License Number: Primary Key, Must be UNIQUE
AVGLNGTH_STAY	Number	Average length of stay
MEDLNGTH_STAY	Number	Median length of stay
AVGDAILY_CENSUS	Number	Average daily census
TOTAL_DEATHS	Number	Total number of deaths (must agreee with the total number of deaths in sections D, E, and I
DEATHS_DAYS7	Number	Number of patients who died in seven or less days
DEATHS_DAYS180	Number	Number of patients who died in > 180 days (stays of 180 days or more)
PTNTSERV_HOSMCARE	Number	Number of patients served whose payment source is hospice Medicare
PTNTSERV_HOSMCAID	Number	Number of patients served whose payment source is hospice Medicaid
PTNTSERV_PRIVATE	Number	Number of patients served whose payment source is private insurance
PTNTSERV_SELFPAY	Number	Number of patients served whose payment source is self pay
PTNTSERV_OTHER	Number	Number of patients served whose payment source is other
PTNTSERV_TOTAL	Number	Number of patients served
DAYSROUT_HOSMCARE	Number	Days of routine home care whose payment source is hospice Medicare
DAYSROUT_HOSMCAID	Number	Days of routine home care whose payment source is hospice Medicaid
DAYSROUT_PRIVATE	Number	Days of routine home care whose payment source is private insurance
DAYSROUT_SELFPAY	Number	Days of routine home care whose payment source is self pay
DAYSROUT_OTHER	Number	Days of routine home care whose payment source is other
DAYSROUT_TOTAL	Number	Totals days of routine home care
DAYSINPT_HOSMCARE	Number	Days of inpatient care whose payment source is hospice Medicare
DAYSINPT_HOSMCAID	Number	Days of inpatient care whose payment source is hospice Medicaid
DAYSINPT_PRIVATE	Number	Days of inpatient care whose payment source is private insurance
DAYSINPT_SELFPAY	Number	Days of inpatient care whose payment source is self pay
DAYSINPT_OTHER	Number	Days of inpatient care whose payment source is other
DAYSINP_TOTAL	Number	Total days of inpatient care
DAYSRPT_HOSMCARE	Number	Days of respite care whose payment source is hospice Medicare
DAYSRPT_HOSMCAID	Number	Days of respite care whose payment source is hospice Medicaid
DAYSRPT_PRIVATE	Number	Days of respite care whose payment source is private insurance.
DAYSRPT_SELFPAY	Number	Days of respite care whose payment source is self pay
DAYSRPT_OTHER	Number	Days of respite care whose payment source is other
DAYSRPT_TOTAL	Number	Total days of respite care
DAYSCONT_HOSMCARE	Number	Days of continuous care whose payment source is hospice Medicare
DAYSCONT_HOSMCAID	Number	Days of continuous care whose payment source is hospice Medicaid
DAYSCONT_PRIVATE	Number	Days of continuous care whose payment source is private insurance
DAYSCONT_SELFPAY	Number	Days of continuous care whose payment source is self pay
DAYSCONT_OTHER	Number	Days of continuous care whose payment source is other

DAYSCONT_TOTAL	Number	Total days of continuous care
TOTDAYS_HOSMCARE	Number	Total patient care days whose payment source is hospice Medicare
TOTDAYS_HOSMCAID	Number	Total patient care days whose payment source is hospice Medicaid
TOTDAYS_PRIVATE	Number	Total patient care days whose payment source is private insurance
TOTPDAYS_SELFPAY	Number	Total patient care days whose payment source is self pay
TOTPDAYS_OTHER	Number	Total patient care days whose payment source is other
TOTALDAYS	Number	Total patient care days
REFERRAL	Number	Total number of referrals received

**Table 12: SECTION\_D**

Field Name	Data Type	Definition
LICNO	Text	License Number: Primary Key, Must be UNIQUE
ADMISS_HOME	Number	Number of new unduplicated admissions from a private residence
ADMISS_NURSFAC	Number	Number of new unduplicated admissions from a nursing facility
ADMISS_HOSPUNIT	Number	Number of new unduplicated admissions from a hospice unit
ADMISS_HOSPITAL	Number	Number of new unduplicated admissions from a hospital
ADMISS_INPATNT	Number	Number of new unduplicated admissions from a free standing hospice inpatient facility or residence
ADMISS_RESCAR	Number	Number of new unduplicated admissions from a residential care setting
ADMISS_LOC	Number	Total number of admissions
DEATHS_HOME	Number	Number of deaths in a private residence
DEATHS_NURSFAC	Number	Number of deaths in a nursing facility
DEATHS_HOSPUNIT	Number	Number of deaths in a hospice unit
DEATHS_HOSPITAL	Number	Number of deaths in a hospital
DEATHS_INPATNT	Number	Number of deaths in a free standing hospice inpatient facility or residence
DEATHS_RESCAR	Number	Number of deaths in a residential care setting
DEATHS_LOC	Number	Total number of deaths



**Table 13: SECTION\_E**

Field Name	Data Type	Definition
LICNO	Text	License Number: Primary Key, Must be UNIQUE
NEWADMIT_CANCER	Number	Number of new admissions whose primary diagnosis is cancer
NEWADMIT_HEART	Number	Number of new admissions whose primary diagnosis is heart disease
NEWADMIT_DEMENTIA	Number	Number of new admissions whose primary diagnosis is dementia
NEWADMIT_LUNG	Number	Number of new admissions whose primary diagnosis is lung
NEWADMIT_KIDNEY	Number	Number of new admissions whose primary diagnosis is kidney
NEWADMIT_LIVER	Number	Number of new admissions whose primary diagnosis is liver
NEWADMIT_HIV	Number	Number of new admissions whose primary diagnosis is HIV
NEWADMIT_STROKE	Number	Number of new admissions whose primary diagnosis is stroke/coma
NEWADMIT_ALS	Number	Number of new admissions whose primary diagnosis is ALS
NEWADMIT_OTHMOTOR	Number	Number of new admissions whose primary diagnosis is other motorneuron
NEWADMIT_UNSPEC	Number	Number of new admissions whose primary diagnosis is debility unspecified
NEWADMIT_ALLOTH	Number	Number of new admissions whose primary diagnosis is others
NEWADMIT_DIAGNOSIS	Number	Total number of admissions
DEATHS_CANCER	Number	Number of deaths whose primary diagnosis is cancer
DEATHS_HEART	Number	Number of deaths whose primary diagnosis is heart disease
DEATHS_DEMENTIA	Number	Number of deaths whose primary diagnosis is dementia
DEATHS_LUNG	Number	Number of deaths whose primary diagnosis is lung
DEATHS_KIDNEY	Number	Number of deaths whose primary diagnosis is kidney
DEATHS_LIVER	Number	Number of deaths whose primary diagnosis is liver
DEATHS_HIV	Number	Number of deaths whose primary diagnosis is HIV
DEATHS_STROKE	Number	Number of deaths whose primary diagnosis is stroke/coma
DEATHS_ALS	Number	Number of deaths whose primary diagnosis is ALS
DEATHS_OTHMOTOR	Number	Number of deaths whose primary diagnosis is other motorneuron
DEATHS_UNSPEC	Number	Number of deaths whose primary diagnosis is debility unspecified
DEATHS_ALLOTH	Number	Number of deaths whose primary diagnosis is other
DEATHS_DIAGNOSIS	Number	Total number of deaths
DISCHARG_CANCER	Number	Number of live discharges whose primary diagnosis is cancer
DISCHARG_HEART	Number	Number of live discharges whose primary diagnosis is heart disease
DISCHARG_DEMENTIA	Number	Number of live discharges whose primary diagnosis is dementia
DISCHARG_LUNG	Number	Number of live discharges whose primary diagnosis is lung
DISCHARG_KIDNEY	Number	Number of live discharges whose primary diagnosis is kidney
DISCHARG_LIVER	Number	Number of live discharges whose primary diagnosis is liver
DISCHARG_HIV	Number	Number of live discharges whose primary diagnosis is HIV
DISCHARG_STROKE	Number	Number of live discharges whose primary diagnosis is stroke/coma
DISCHARG_ALS	Number	Number of live discharges whose primary diagnosis is ALS

DISCHARG_OTHMOTOR	Number	Number of live discharges whose primary diagnosis is other motorneuron
DISCHARG_UNSPEC	Number	Number of live discharges whose primary diagnosis is debility unspecified
DISCHARG_ALLOTH	Number	Number of live discharges whose primary diagnosis is other
DISCHARG_DIAGNOSIS	Number	Total number of deaths
PTDAYS_CANCER	Number	Number of patient days whose primary diagnosis is cancer
PTDAYS_HEART	Number	Number of patient days whose primary diagnosis is heart disease
PTDAYS_DEMENTIA	Number	Number of patient days whose primary diagnosis is dementia
PTDAYS_LUNG	Number	Number of patient days whose primary diagnosis is lung
PTDAYS_KIDNEY	Number	Number of patient days whose primary diagnosis is kidney
PTDAYS_LIVER	Number	Number of patient days whose primary diagnosis is liver
PTDAYS_HIV	Number	Number of patient days whose primary diagnosis is HIV
PTDAYS_STROKE	Number	Number of patient days whose primary diagnosis is stroke/coma
PTDAYS_ALS	Number	Number of patient days whose primary diagnosis is ALS
PTDAYS_OTHMOTOR	Number	Number of patient days whose primary diagnosis is other motorneuron
PTDAYS_UNSPEC	Number	Number of patient days whose primary diagnosis is debility unspecified
PTDAYS_ALLOTH	Number	Number of patient days whose primary diagnosis is other
PTDAYS_DIAGNOSIS	Number	Total number of deaths
TOTAL_DISCHARG	Number	Total days for live discharges

**Table 14: SECTION\_F**

Field Name	Data Type	Definition
LICNO	Text	License Number: Primary Key, Must be UNIQUE
HOSPFTE_NURSING	Number	Home hospice FTE's that are nursing - direct clinical
HOSPFTE_NURSEPRAC	Number	Home hospice FTE's that are nurse practioners
HOSPFTE_SOCSESV	Number	Home hospice FTE's that are social services
HOSPFTE_HOSPAIDE	Number	Home hospice FTE's that are hospice aides
HOSPFTE_PHYSPAID	Number	Home hospice FTE's that are paid physicians
HOSPFTE_PHYSVOL	Number	Home hospice FTE's that are volunteer physicians
HOSPFTE_CHAPLAIN	Number	Home hospice FTE's that are chaplains
HOSPFTE_OTHCLIN	Number	Home hospice FTE's that are other clinical
HOSPFTE_CLIN	Number	Home hospice FTE's that are clinical
TOTEMP_NURSING	Number	Number of employees that are nursing - direct clinical
TOTEMP_NURSEPRAC	Number	Number of employees that are nurse practioners
TOTEMP_SOCSESV	Number	Number of employees that are social services
TOTEMP_HOSPAIDE	Number	Number of employees that are hospice aides
TOTEMP_PHYSPAID	Number	Number of employees that are paid physicians
TOTEMP_PHYSVOL	Number	Number of employees that are volunteer physicians
TOTEMP_CHAPLAIN	Number	Number of employees that are chaplains
TOTEMP_OTHCLIN	Number	Number of employees that are other clinical
TOTEMP_CLIN	Number	Number of employees that are clinical
TOTPRN_NURSING	Number	Number of PRN employees that are nursing - direct clinical
TOTPRN_NURSEPRAC	Number	Number of PRN employees that are nurse practioners
TOTPRN_SOCSESV	Number	Number of PRN employees that are social services
TOTPRN_HOSPAIDE	Number	Number of PRN employees that are hospice aides
TOTPRN_PHYSPAID	Number	Number of PRN employees that are paid physicians
TOTPRN_PHYSVOL	Number	Number of PRN employees that are volunteer physicians
TOTPRN_CHAPLAIN	Number	Number of PRN employees that are chaplains
TOTPRN_OTHCLIN	Number	Number of PRN employees that are other clinical
TOTPRN_CLIN	Number	Number of PRN employees that are clinical
TOTSEP_NURSING	Number	Number of separations that are nursing - direct clinical
TOTSEP_NURSEPRAC	Number	Number of separations that are nurse practioners
TOTSEP_SOCSESV	Number	Number of separations that are social services
TOTSEP_HOSPAIDE	Number	Number of separations that are hospice aides
TOTSEP_PHYSPAID	Number	Number of separations that are paid physicians
TOTSEP_PHYSVOL	Number	Number of separations that are volunteer physicians
TOTSEP_CHAPLAIN	Number	Number of separations that are chaplains

TOTSEP_OTHCLIN	Number	Number of separations that are other clinical
TOTSEP_CLIN	Number	Number of separations that are clinical
HOSPFTE_NURSIND	Number	Home hospice FTE's that are nursing - indirect clinical
HOSPFTE_BEREAVE	Number	Home hospice FTE's that are bereavement
HOSPFTE_NONCLIN	Number	Home hospice FTE's that are non-clinical
HOSPFTE_TOTAL	Number	Total of home hospice FTE
TOTEMP_NURSIND	Number	Number of employees that are nursing - indirect clinical
TOTEMP_BEREAVE	Number	Number of employees that are bereavement
TOTEMP_NONCLIN	Number	Number of employees that are non-clinical
TOTEMP_TOTAL	Number	Total number of employees
TOTPRN_NURSIND	Number	Number of PRN employees that are nursing - indirect clinical
TOTPRN_BEREAVE	Number	Number of PRN employees that are bereavement
TOTPRN_NONCLIN	Number	Number of PRN employees that are non-clinical
TOTPRN_TOTAL	Number	Total number of PRN employees
TOTSEP_NURSIND	Number	Number of separations that are nursing - indirect clinical
TOTSEP_BEREAVE	Number	Number of separations that are bereavement
TOTSEP_NONCLIN	Number	Number of separations that are non-clinical
TOTSEP_TOTAL	Number	Total number of separations
TOTVISIT_NURSING	Number	Number of nursing visits
TOTVISIT_NURSEPRAC	Number	Number of nurse practioners visits
TOTVISIT_SOCSERV	Number	Number of social services visits
TOTVISIT_HOSPAIDE	Number	Number of hospice aide visits
TOTVISIT_PHYSPAID	Number	Number of visits by paid physicians
TOTVISIT_PHYSVOL	Number	Number of visits by volunteer physicians
TOTVISIT_CHAPLAIN	Number	Number of visits by chaplains
TOTVISIT_OTHCLIN	Number	Number of visits by other clinical staff
TOTVISIT_BEREAVE	Number	Number of visits by bereavement staff
CASELOAD_NURSE	Number	Caseload of primary nurse, or nurse case manager
CASELOAD_SOCWORK	Number	Caseload of social worker
CASELOAD_HOSPAIDE	Number	Caseload of hospice aide
CASELOAD_CHAPLAIN	Number	Caseload of chaplain
CASELOAD_VOLUNTEER	Number	Caseload of volunteer coordinator
CASELOAD_MEDICALDIRECTOR	Number	Caseload of medical director
ADMISS_MODEL	Yes/No	Does your agency utilize dedicated admission nurses for a majority of the initial admission visits?

**Table 15: SECTION\_G**

<b>Field Name</b>	<b>Data Type</b>	<b>Definition</b>
LICNO	Text	License Number: Primary Key, Must be UNIQUE
GENDER_FEMALE	Number	Number of female patients admitted
GENDER_MALE	Number	Number of male patients admitted
GENDER_TOTAL	Number	Total number of admissions
AGE_0TO24	Number	Number of patients admitted age 0-24
AGE_25TO34	Number	Number of patients admitted age 25-34
AGE_35TO64	Number	Number of patients admitted age 35-64
AGE_65TO74	Number	Number of patients admitted age 65-74
AGE_75TO84	Number	Number of patients admitted age 75-84
AGE_85ORMORE	Number	Number of patients admitted age 85+
AGE_TOTAL	Number	Total number patients admitted
AGE_UNDER1	Number	Number of patients admitted age <1
AGE_1TO4	Number	Number of patients admitted age 1-4
AGE_5TO14	Number	Number of patients admitted age 5-14
AGE_15TO24	Number	Number of patients admitted age 15-24
AGE_25TO34	Number	Number of patients admitted age 25-34
AGE_0TO34	Number	Total number of patients admitted age 0-34
ETHNIC_HISPANIC	Number	Number of patients admitted who are Hispanic
ETHNIC_NONHISP	Number	Number of patients admitted who are non-hispanic
ETHNIC_TOTAL	Number	Total number of patients admitted
RACE_AMERIND	Number	Number of patients admitted who are American Indian or Alaskan Native
RACE_BLACK	Number	Number of patients admitted who are Black or African America
RACE_ASIAN	Number	Number of patients admitted who are Asian, Hawaiian, or other Pacific Islander
RACE_HAWAIIAN	Number	Number of patients admitted who are Hawaiian or other Pacific Islander
RACE_WHITE	Number	Number of patients admitted who are white
RACE_OTHER	Number	Number of patients admitted who are some other race or races
RACE_TOTAL	Number	Total number of patients admitted

**Table 16: SECTION\_H**

<b>Field Name</b>	<b>Data Type</b>	<b>Definition</b>
LICNO	Text	License Number: Primary Key, Must be UNIQUE
VOLUNTER_DIRPATNT	Number	Number of direct patient care volunteers
VOLUNTER_CLINSUPP	Number	Number of clincial support volunteers
VOLUNTER_GENSUPP	Number	Number of general support volunteers
VOLUNTER_TOTAL	Number	Total of hospice volunteers
VOLHOURS_DIRPATNT	Number	Number of hours for volunteers who visit patients
VOLHOURS_CLINSUPP	Number	Number of hours for clinical support volunteers
VOLHOURS_GENSUPP	Number	Number of hours for general support volunteers
VOLHOURS_TOTAL	Number	Total number of volunteer hours
VOLVISIT_DIRPATNT	Number	Number of patient visits by direct patient care volunteers
VOLVISIT_TOTAL	Number	Total number of visits by volunteers
BEREAVE_VISITS_HOSPFAM	Number	Number of bereavement visits with hospice family members
BEREAVE_VISITS_COMMMEM	Number	Number of bereavement visits with community members
BEREAVE_VISITS_TOTAL	Number	Total number of visits
BEREAVE_PHONE_HOSPFAM	Number	Number of phone calls with hospice family members
BEREAVE_PHONE_COMMMEM	Number	Number of phone calls with community members
BEREAVE_PHONE_TOTAL	Number	Total number of phone calls
BEREAVE_MAIL_HOSPFAM	Number	Number of mailings to the bereaved family members
BEREAVE_MAIL_COMMMEM	Number	Number of mailings to the bereaved community
BEREAVE_MAIL_TOTAL	Number	Total number of mailings
BEREAVE_IND_HOSPFAM	Number	Number of hospice family members who received bereavement services
BEREAVE_IND_COMMMEM	Number	Number of community members who received bereavement services
BEREAVE_IND_COMMMEM_TOTAL	Number	Total number of individuals who received bereavement services