Hospice Database

This document is to be used in conjunction with the Hospice database for the 2016 Data Supplement for Hospice Agencies.

The database contains 15 tables and the relationships are indicated in the hospicerel2016.pdf file located in the zipped folder. There is also a direct link to the relationships.

This data is in-process working data for the internal use of the Healthcare Planning and Certificate of Need Section. It may be changed or revised over time. There is no assurance provided 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: NursingBeds

Field Name	Data Type	Definition
County	Text	
Licensed Nursing Beds	Number	

Table 3: tblCounties

Field Name	Data Type	Definition
County	Text	North Carolina counties

Table 4: tblINP_RES

Field Name	Data Type	Definition
lngInpatientResID	Number	Primary Key
lngHospiceID	Number	Establishes table relationships
strCounty	Text	County of patient origin
lngInpatAdmits	Number	Number of inpatient direct admits
lngInpatTransfer	Number	Number of inpatient transfers from hospice home care
lngInpatDOC	Number	Total number of inpatient days of care
lngInpatDeaths	Number	Total number of inpatient deaths
lngResAdmits	Number	Total number of residential patients admitted
lngResDOC	Number	Total number of residential days of care
lngResDeaths	Number	Total number of residential deaths

Table 5: tblNFP

Field Name	Data Type	Definition
lngNursingPatientsID	Number	Primary Key
lngHospiceID	Number	Establishes table relationships
strCounty	Text	County of patient origin
lngTotalNFPatients	Number	Total number of patients served
lngTotalNFDOC	Number	Total number of days of care

Table 6: tblPART_2

Field Name	Data Type	Definition
lngInpatientInfoID	Number	Primary Key
lngHospiceID	Number	Establishes table relationships
strFacilityName	Text	Facility Name
lngInpatientBeds	Number	Number of licensed inpatient beds
lngResidentialBeds	Number	Number of licensed residential beds
strInp_Sited	Text	Where is the inpatient facility located?
strInp_Sited_Other	Text	If Other location, then specify where the inpatient facility is located
ysnInp_Open	Yes/No	Did the facility open during FY2013?
dtmInp_Date_Licensed	Date/Time	The date the facility was licensed
dtmInp_Date_Certified	Date/Time	The date the facility was Medicare certified
ysnInp_AddBeds	Yes/No	Did the facility add beds during FY2013?
lngInp_BedsAdded	Number	If the facility added beds during FY2013, please note the number of beds added
dtmInp_Date_NewBeds	Date/Time	If the facility added beds during FY2013, please note the date the beds were licensed
ysnConvertBeds	Yes/No	Did the facility convert any beds during FY2013?
ysnConvertResToInpBeds	Yes/No	Did the facility convert residential beds to inpatient beds?
lngResToInpBeds	Number	Number of beds converted from residential to inpatient
dtmResToInpBedsDate	Date/Time	Date the converted beds were licensed
ysnConvertInpToResBeds	Yes/No	Did the facility convert inpatient beds to residential beds?
lngInpToResBeds	Number	Number of beds converted from inpatient to residential
dtmInpToResBedsDate	Date/Time	Date the converted beds were licensed
dblNurseClinical_FacFTE	Number	Number of nursing - direct clinical – staff
dblSocServ_FacFTE	Number	Number of social services staff
dblHospAide_FacFTE	Number	Number of hospice aides staff
dblPhysPaid_FacFTE	Number	Number of paid physicians
dblPhysVol_FacFTE	Number	Number of volunteer physicians
dblChaplain_FacFTE	Number	Number of chaplains
dblOtherClinical_FacFTE	Number	Number of other clinical staff
dblNonClinical_FacFTE	Number	Number of non-clinical staff

Table 7: tblPAT_VOLUME

Field Name	Data Type	Definition
lngPatientVolumeID	Number	Primary Key
lngHospiceID	Number	Establishes table relationships
strCounty	Text	County of patient origin
lngAdmissions	Number	Number of new admissions
lngDeaths	Number	Number of deaths
lngNonDeaths	Number	Number of non-death discharges
lngPatTotal	Number	Number of patients served
lngRHCDays	Number	Routine home care days
lngICDays	Number	Inpatient care days
lngRCDays	Number	Respite care days
lngCCDays	Number	Continuous care days
lngTotalDays	Number	Total days of care

Table 8: tblSECTION_A

Field Name	Data Type	Definition
lngHospiceID	Number	Establishes table relationships
strLicenseNum	Text	License Number
strFID	Text	Facility ID
strLegalIdentity	Text	Legal Identity of Applicant
strDBA	Text	Doing Business As
strStreet	Text	Agency Site Address: Street address
strStreet2	Text	Agency Site Address: Street address line 2
strCity	Text	Agency Site Address: City
strST	Text	Agency Site Address: State
strZip	Text	Agency Site Address: Zip code
strCounty	Text	Agency Site Address: County
strRegion	Text	not currently used
strAgencyEmail	Text	Agency Email Address
strAgencyWeb	Text	Agency Web Site
strAgencyPhone	Text	Agency phone number
strAgencyFax	Text	Agency fax number
strReportPeriod	Text	Reporting Period: October 1, 2014-September 30, 2015
dtmPeriod_Startdate	Date/Time	Date the reporting period began
dtmPeriod_Enddate	Date/Time	Date the reporting period ended
strCertify_Name	Text	Authenticating Signature: Name
strCertify_Title	Text	Authenticating Signature: Title
strCertify_Date	Text	Authenticating Signature: Date
strContactName	Text	Contact Name
strContactPhone	Text	Contact Phone
strContactEmail	Text	Contact Email
strContactFax	Text	Contact Fax

Table9: tblSECTION_B

Field Name	Data Type	Definition
lngDemoID	Number	Primary Key
lngHospiceID	Number	Establishes table relationships
strAgencyType	Text	Agency Type: Free Standing; Hospital; Home Health; Nursing Home
lngCensus	Number	Number of patients on 9/30/2015
strZeroExpl	Text	If zero census, please give explanation
ysnMedicareCert	Yes/No	Is this facility Medicare certified?
strProviderNo	Text	What is your Medicare Provider Number?
ysnAccredACHC	Yes/No	Are you accredited by ACHC?
ysnAccredCHAP	Yes/No	Are you accredited by CHAP?
ysnAccredTJC	Yes/No	Are you accredited by TJC?
ysnAccredDNV	Yes/No	Are you accredited by DNV?
ysnAccredOther	Yes/No	Are you accredited by other?
ysnAccredNotAccred	Yes/No	Are you not accredited?
strTaxStatus	Text	Is ownership voluntary, proprietary, or government?

Table 10: tblSECTION_C

Field Name	Data Type	Definition
lngPatientVolID	Number	Primary Key
lngHospiceID	Number	Establishes table relationships
dblAvgLengthStay	Number	Average length of stay
dblMedianLengthStay	Number	Median length of stay
dblAvgDailyCensus	Number	Average daily census
dblTotalDeaths	Number	Total number of deaths
dblDeath_Days7	Number	Number of patients who died in seven or less days
dblDeath_Days180	Number	Number of patients who died in > 180 days (stays of 180 days or more)
dblPatientServ_HosMedicare	Number	Number of patients served whose payment source is hospice Medicare
dblPatientServ_HosMedicaid	Number	Number of patients served whose payment source is hospice Medicaid
dblPatientServ_Private	Number	Number of patients served whose payment source is private insurance
dblPatientServ_Selfpay	Number	Number of patients served whose payment source is self pay
dblPatientServ_Other	Number	Number of patients served whose payment source is other
dblPatientServ_Total	Number	Total number of patients served
dblDaysRout_HosMedicare	Number	Days of routine home care whose payment source is hospice Medicare
dblDaysRout_HosMedicaid	Number	Days of routine home care whose payment source is hospice Medicaid
dblDaysRout_Private	Number	Days of routine home care whose payment source is private insurance
dblDaysRout_Selfpay	Number	Days of routine home care whose payment source is self pay
dblDaysRout_Other	Number	Days of routine home care whose payment sourse is other
dblDaysRout_Total	Number	Totals days of routine home care
dblDaysInpt_HosMedicare	Number	Days of inpatient care whose payment source is hospice Medicare
dblDaysInpt_HosMedicaid	Number	Days of inpatient care whose payment source is hospice Medicaid
dblDaysInpt_Private	Number	Days of inpatient care whose payment source is private insurance
dblDaysInpt_Selfpay	Number	Days of inpatient care whose payment source is self pay
dblDaysInpt_Other	Number	Days of inpatient care whose payment source is other
dblDaysInpt_Total	Number	Total days of inpatient care
dblDaysResp_HosMedicare	Number	Days of respite care whose payment source is hospice Medicare
dblDaysResp_HosMedicaid	Number	Days of respite care whose payment source is hospice Medicaid
dblDaysResp_Private	Number	Days of respite care whose payment source is private insurance
dblDaysResp_Selfpay	Number	Days of respite care whose payment source is self pay
dblDaysResp_Other	Number	Days of respite care whose payment source is other
dblDaysResp_Total	Number	Total days of respite care
dblDaysCont_HosMedicare	Number	Days of continuous care whose payment source is hospice Medicare
dblDaysCont_HosMedicaid	Number	Days of continuous care whose payment source is hospice Medicaid
dblDaysCont_Private	Number	Days of continuous care whose payment source is private insurance
dblDaysCont_Selfpay	Number	Days of continuous care whose payment source is self pay

Field Name	Data Type	Definition
dblDaysCont_Other	Number	Days of continuous care whose payment source is other
dblDaysContTotal	Number	Total days of continuous care
dblTotalDays_HosMedicare	Number	Total patient care days whose payment source is hospice Medicare
dblTotalDays_HosMedicaid	Number	Total patient care days whose payment source is hospice Medicaid
dblTotalDays_Private	Number	Total patient care days whose payment source is private insurance
dblTotalDays_Selfpay	Number	Total patient care days whose payment source is self pay
dblTotalDays_Other	Number	Total patient care days whose payment source is other
dblTotalDays_Total	Number	Sum of all total patient care days
dblReferrals	Number	not currently used

Table 11: tblSECTION_D

Field Name	Data Type	Definition
lngAdminDeathID	Number	Primary Key
lngHospiceID	Number	Establishes table relationships
lngAdmiss_Home	Number	Number of new unduplicated admissions from a private residence
lngAdmiss_NurseFac	Number	Number of new unduplicated admissions from a nursing facility
lngAdmiss_Hospice	Number	Number of new unduplicated admissions from a hospice unit
lngAdmiss_Hospital	Number	Number of new unduplicated admissions from a hospital
lngAdmiss_Inpatient	Number	Number of new unduplicated admissions from a free standing hospice inpatient facility or residence
lngAdmiss_ResCare	Number	Number of new unduplicated admissions from a residential care setting
lngAdmiss_Total	Number	Total number of admissions
lngDeaths_Home	Number	Number of deaths for private residence admissions
lngDeaths_NurseFac	Number	Number of deaths for nursing facility admissions
lngDeaths_Hospice	Number	Number of deaths for hospice unit admissions
lngDeaths_Hospital	Number	Number of deaths for hospital admissions
lngDeaths_Inpatient	Number	Number of deaths for free standing hospice inpatient facility or residence admissions
lngDeaths_ResCare	Number	Number of deaths for residential care setting admissions
lngDeath_Total	Number	Total number of deaths

Table 12: tblSECTION_E

Field Name	Data Type	Definition
IngDiagnosisID	Number	Primary Key
IngHospiceID	Number	Establishes table relationships
IngAdmitInfectious	Number	Number of new admissions: Infectious
IngAdmitNeoplasms	Number	Number of new admissions: Neoplasms
IngAdmitEndocrine	Number	Number of new admissions: Endocrine
IngAdmitBlood	Number	Number of new admissions: Blood
IngAdmitMental	Number	Number of new admissions: Mental
IngAdmitNervous	Number	Number of new admissions: Nervous
IngAdmitCirculatory	Number	Number of new admissions: Circulatory
IngAdmitRespiratory	Number	Number of new admissions: Respiratory
IngAdmitDigestive	Number	Number of new admissions: Digestive
IngAdmitGenitourin	Number	Number of new admissions: Genitourin
IngAdmitSkinandSub	Number	Number of new admissions: SkinandSub
IngAdmitMusculoskel	Number	Number of new admissions: Musculoskel
IngAdmitCongenital	Number	Number of new admissions: Congenital
IngAdmitInjandPois	Number	Number of new admissions: InjandPois
IngAdmitOthers	Number	Number of new admissions: Others
IngAdmitTotal	Number	Number of new admissions: Total
IngDeathsInfectious	Number	Number of deaths: Infectious
IngDeathsNeoplasms	Number	Number of deaths: Neoplasms
IngDeathsEndocrine	Number	Number of deaths: Endocrine
IngDeathsBlood	Number	Number of deaths: Blood
IngDeathsMental	Number	Number of deaths: Mental
IngDeathsNervous	Number	Number of deaths: Nervous
IngDeathsCirculatory	Number	Number of deaths: Circulatory
IngDeathsRespiratory	Number	Number of deaths: Respiratory
IngDeathsDigestive	Number	Number of deaths: Digestive
IngDeathsGenitourin	Number	Number of deaths: Genitourin
IngDeathsSkinandSub	Number	Number of deaths: SkinandSub
IngDeathsMusculoskel	Number	Number of deaths: Musculoskel
IngDeathsCongenital	Number	Number of deaths: Congenital
IngDeathsInjandPois	Number	Number of deaths: InjandPois
IngDeathsOthers	Number	Number of deaths: Others
IngDeathsTotal	Number	Number of deaths: Total
IngDischInfectious	Number	Number of discharges: Infectious
IngDischNeoplasms	Number	Number of discharges: Neoplasms

Field Name	Data Type	Definition
IngDischEndocrine	Number	Number of discharges: Endocrine
IngDischBlood	Number	Number of discharges: Blood
IngDischMental	Number	Number of discharges: Mental
IngDischNervous	Number	Number of discharges: Nervous
IngDischCirculatory	Number	Number of discharges: Circulatory
IngDischRespiratory	Number	Number of discharges: Respiratory
IngDischDigestive	Number	Number of discharges: Digestive
IngDischGenitourin	Number	Number of discharges: Genitourin
IngDischSkinandSub	Number	Number of discharges: SkinandSub
IngDischMusculoskel	Number	Number of discharges: Musculoskel
IngDischCongenital	Number	Number of discharges: Congenital
IngDischInjandPois	Number	Number of discharges: InjandPois
IngDischOthers	Number	Number of discharges: Others
IngDischTotal	Number	Number of discharges: Total
IngPTDaysInfectious	Number	Number of patient days: Infectious
IngPTDaysNeoplasms	Number	Number of patient days: Neoplasms
IngPTDaysEndocrine	Number	Number of patient days: Endocrine
IngPTDaysBlood	Number	Number of patient days: Blood
IngPTDaysMental	Number	Number of patient days: Mental
IngPTDaysNervous	Number	Number of patient days: Nervous
IngPTDaysCirculatory	Number	Number of patient days: Circulatory
IngPTDaysRespiratory	Number	Number of patient days: Respiratory
IngPTDaysDigestive	Number	Number of patient days: Digestive
IngPTDaysGenitourin	Number	Number of patient days: Genitourin
IngPTDaysSkinandSub	Number	Number of patient days: SkinandSub
IngPTDaysMusculoskel	Number	Number of patient days: Musculoskel
IngPTDaysCongenital	Number	Number of patient days: Congenital
IngPTDaysInjandPois	Number	Number of patient days: InjandPois
IngPTDaysOthers	Number	Number of patient days: Others
IngPTDaysTotal	Number	Number of patient days: Total

Table 13: tblSECTION_F

Field Name	Data Type	Definition
lngStaffingID	Number	Primary Key
lngHospiceID	Number	Establishes table relationships
dblHospFTE_Nurse	Number	Home hospice FTE's that are nursing - direct clinical
dblHospFTE_NursePrac	Number	Home hospice FTE's that are nurse practioners
dblHospFTE_SocServ	Number	Home hospice FTE's that are social services
dblHospFTE_HospAide	Number	Home hospice FTE's that are hospice aides
dblHospFTE_PhysPaid	Number	Home hospice FTE's that are paid physicians
dblHospFTE_PhysVol	Number	Home hospice FTE's that are volunteer physicians
dblHospFTE_Chaplain	Number	Home hospice FTE's that are chaplains
dblHospFTE_OtherClinic	Number	Home hospice FTE's that are other clinical
dblHospFTE_Clinical	Number	Total Home hospice FTE's that are clinical
dblHospFTE_NurseInd	Number	Home hospice FTE's that are nursing - indirect clinical
dblHospFTE_Bereave	Number	Home hospice FTE's that provide bereavement services
dblHospFTE_NonClin	Number	Home hospice FTE's that are considered administrative and general staff
dblHospFTE_Total	Number	Total number of FTE's
dblVisits_Nurse	Number	Number of nursing visits
dblVisits_NursePrac	Number	Number of nurse practitioners visits
dblVisits_SocServ	Number	Number of social services visits
dblVisits_HospAide	Number	Number of hospice aide visits
dblVisits_PhysPaid	Number	Number of visits by paid physicians
dblVisits_PhysVol	Number	Number of visits by volunteer physicians
dblVisits_Chaplain	Number	Number of visits by chaplains
dblVisits_OtherClinic	Number	Number of visits by other clinical staff
dblCaseload_Nurse	Number	Caseload of primary nurse, or nurse case manager
dblCaseload_SocServ	Number	Caseload of social worker
dblCaseload_HospAide	Number	Caseload of hospice aide
dblCaseload_Chaplain	Number	Caseload of chaplain
dblCaseload_Volunteer	Number	Caseload of volunteer coordinator
dblCaseload_MedicalDir	Number	Caseload of medical director

Table 14: tblSECTION_G

Field Name	Data Type	Definition
IngPatientDemoID	Number	Primary Key
IngHospiceID	Number	Establishes table relationships
IngGender_Female	Number	Number of female patients admitted
IngGender_Male	Number	Number of male patients admitted
IngGender_Total	Number	Total number of patients admitted
IngAge_Below1	Number	Number of patients admitted age < 1
IngAge_1to4	Number	Number of patients admitted age 1-4
IngAge_5to14	Number	Number of patients admitted age 5-14
IngAge_15to20	Number	Number of patients admitted age 15-20
IngAge_21to24	Number	Number of patients admitted age 21-24
IngAge_25to34	Number	Number of patients admitted age 25-34
IngAge_35to64	Number	Number of patients admitted age 35-64
IngAge_65to74	Number	Number of patients admitted age 65-74
IngAge_75-84	Number	Number of patients admitted age 75-84
IngAge_85orMore	Number	Number of patients admitted age 85+
IngAge_Total	Number	Total number of patients admitted
IngEthnic_Hispanic	Number	Number of patients admitted who are Hispanic
IngEthnic_NonHispanic	Number	Number of patients admitted who are non-Hispanic
IngEthnic_Total	Number	Total number of patients admitted
IngRace_AmerInd	Number	Number of patients admitted who are American Indian or Alaskan Native
IngRace_Asian	Number	Number of patients admitted who are Asian, Hawaiian, or other Pacific Islander
IngRace_AfricanAm	Number	Number of patients admitted who are Black or African America
IngRace_Hawaiian	Number	Number of patients admitted who are Hawaiian or other Pacific Islander
IngRace_White	Number	Number of patients admitted who are white
IngRace_Other	Number	Number of patients admitted who are some other race or races
IngRace_Total	Number	Total number of patients admitted

Table 15: tblSECTION_H

Field Name	Data Type	Definition
lngProcessesID	Number	Primary Key
lngHospiceID	Number	Establishes table relationships
dblVolunteer_DirPatient	Number	Number of direct patient care volunteers
dblVolunteer_ClinicalSupp	Number	Number of clinical support volunteers
dblVolunteer_GeneralSupp	Number	Number of general support volunteers
dblVolunteer_Total	Number	Total number of hospice volunteers
dblVolHours_DirPatient	Number	Number of hours for direct patient care volunteers
dblVolHours_ClinicalSupp	Number	Number of hours for clinical support volunteers
dblVolHours_GeneralSupp	Number	Number of hours for general support volunteers
dblVolHours_Total	Number	Total number of volunteer hours
dblVolVisit_DirPatient	Number	Number of patient visits by direct patient care volunteers
dblVolVisit_Total	Number	not currently used
dblBereave_Visit_HospFamily	Number	Number of bereavement visits with hospice family members
dblBereave_Visit_CommMem	Number	Number of bereavement visits with community members
dblBereave_Visit_Total	Number	Total number of visits
dblBereave_Phone_HospFamily	Number	Number of phone calls with hospice family members
dblBereave_Phone_CommMem	Number	Number of phone calls with community members
dblBereave_Phone_Total	Number	Total number of phone calls
dblBereave_Mail_HospFamily	Number	Number of mailings to the bereaved family members
dblBereave_Mail_CommMem	Number	Number of mailings to the bereaved community members
dblBereave_Mail_Total	Number	Total number of mailings
dblBereave_Ind_HospFamily	Number	Number of hospice family members who received bereavement services
dblBereave_Ind_CommMem	Number	Number of community members who received bereavement services
dblBereave_Ind_Total	Number	Total number of individuals who received bereavement services