

## Hospice Database

This document is to be used in conjunction with the Hospice database for the 2018 Data Supplement for Hospice Agencies.

The database contains 15 tables and the relationships are indicated in the hospicerel.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**

<b>Field Name</b>	<b>Data Type</b>	<b>Definition</b>
IngInpatientResID	Number	Primary Key
IngHospiceID	Number	Establishes table relationships
strCounty	Text	County of patient origin
IngInpatAdmits	Number	Number of inpatient direct admits
IngInpatTransfer	Number	Number of inpatient transfers from hospice home care
IngInpatDOC	Number	Total number of inpatient days of care
IngInpatDeaths	Number	Total number of inpatient deaths
IngResAdmits	Number	Total number of residential patients admitted
IngResDOC	Number	Total number of residential days of care
IngResDeaths	Number	Total number of residential deaths

**Table 5: tblINFP**

<b>Field Name</b>	<b>Data Type</b>	<b>Definition</b>
IngNursingPatientsID	Number	Primary Key
IngHospiceID	Number	Establishes table relationships
strCounty	Text	County of patient origin
IngTotalINFPatients	Number	Total number of patients served
IngTotalINFDOC	Number	Total number of days of care

**Table 6: tbIPART\_2**

<b>Field Name</b>	<b>Data Type</b>	<b>Definition</b>
IngInpatientInfoID	Number	Primary Key
IngHospiceID	Number	Establishes table relationships
strFacilityName	Text	Facility Name
IngInpatientBeds	Number	Number of licensed inpatient beds
IngResidentialBeds	Number	Number of licensed residential beds
strInp_Sited	Text	Where is the inpatient facility located?
strInp_Sited_Other	Text	Specify other location
ysnInp_Open	Yes/No	Did the facility open during the fiscal year?
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 the fiscal year?
IngInp_BedsAdded	Number	Number of beds added
dtmInp_Date_NewBeds	Date/Time	Date the new beds were licensed
ysnConvertResToInpBeds	Yes/No	Did the facility convert residential beds to inpatient beds?
IngResToInpBeds	Number	Number of beds converted from residential to inpatient
dtmResToInpBedsDate	Date/Time	Date the converted beds were licensed
dbINurseClinical_FacFTE	Number	Inpatient FTEs: nursing – direct clinical
dbISocServ_FacFTE	Number	Inpatient FTEs: social services
dbIHospAide_FacFTE	Number	Inpatient FTEs: hospice aides
dbIPhysPaid_FacFTE	Number	Inpatient FTEs: paid physicians
dbIPhysVol_FacFTE	Number	Inpatient FTEs: volunteer physicians
dbIChaplain_FacFTE	Number	Inpatient FTEs: chaplains
dbIOtherClinical_FacFTE	Number	Inpatient FTEs: other clinical
dbINonClinical_FacFTE	Number	Inpatient FTEs: non – clinical
dbINurse_ResFTE	Number	Residential FTEs: nursing – direct clinical
dbISocServ_ResFTE	Number	Residential FTEs: social services
dbIHospAide_ResFTE	Number	Residential FTEs: hospice aides
dbIPhysPaid_ResFTE	Number	Residential FTEs: paid physicians
dbIPhysVol_ResFTE	Number	Residential FTEs: volunteer physicians
dbIChaplain_ResFTE	Number	Residential FTEs: chaplains
dbIOtherClinical_ResFTE	Number	Residential FTEs: other clinical
dbINonClinical_ResFTE	Number	Residential FTEs: non – clinical

**Table 7: tbIPAT\_VOLUME**

<b>Field Name</b>	<b>Data Type</b>	<b>Definition</b>
IngPatientVolumeID	Number	Primary Key
IngHospiceID	Number	Establishes table relationships
strCounty	Text	County of patient origin
IngAdmissions	Number	Number of new admissions
IngDeaths	Number	Number of deaths
IngNonDeaths	Number	Number of non-death discharges
IngPatTotal	Number	Number of patients served
IngRHCDays	Number	Routine home care days
IngICDays	Number	Inpatient care days
IngRCDays	Number	Respite care days
IngCCDays	Number	Continuous care days
IngTotalDays	Number	Total days of care

**Table 8: tblSECTION\_A**

<b>Field Name</b>	<b>Data Type</b>	<b>Definition</b>
IngHospiceID	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
strAgencyPhone	Text	Agency phone number
strAgencyFax	Text	Agency fax number
dtmPeriod_Startdate	Date/Time	Date the reporting period began
dtmPeriod_Enddate	Date/Time	Date the reporting period ended
strContactName	Text	Contact Name
strContactPhone	Text	Contact Phone
strContactEmail	Text	Contact Email
strContactFax	Text	Contact Fax
strCertify_Name	Text	Authenticating Signature: Name
strCertify_Title	Text	Authenticating Signature: Title
strCertify_Date	Text	Authenticating Signature: Date

**Table9: tblSECTION\_B**

<b>Field Name</b>	<b>Data Type</b>	<b>Definition</b>
IngDemoID	Number	Primary Key
IngHospiceID	Number	Establishes table relationships
strAgencyType	Text	Agency Type: Free Standing; Hospital; Home Health; Nursing Home
IngCensus	Number	Number of patients for the one day census
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**

<b>Field Name</b>	<b>Data Type</b>	<b>Definition</b>
IngPatientVolID	Number	Primary Key
IngHospiceID	Number	Establishes table relationships
dbIAvgLengthStay	Number	Average length of stay
dbIMedianLengthStay	Number	Median length of stay
dbIAvgDailyCensus	Number	Average daily census
dbITotalDeaths	Number	Total number of deaths
dbIDeath_Days7	Number	Number of patients who died in seven or less days
dbIDeath_Days180	Number	Number of patients who died in > 180 days (stays of 180 days or more)
dbIPatientServ_HosMedicare	Number	Number of patients served whose payment source is hospice Medicare
dbIPatientServ_HosMedicaid	Number	Number of patients served whose payment source is hospice Medicaid
dbIPatientServ_Private	Number	Number of patients served whose payment source is private insurance
dbIPatientServ_Selfpay	Number	Number of patients served whose payment source is self pay
dbIPatientServ_Other	Number	Number of patients served whose payment source is other
dbIPatientServ_Total	Number	Total number of patients served
dbIDaysRout_HosMedicare	Number	Days of routine home care whose payment source is hospice Medicare
dbIDaysRout_HosMedicaid	Number	Days of routine home care whose payment source is hospice Medicaid
dbIDaysRout_Private	Number	Days of routine home care whose payment source is private insurance
dbIDaysRout_Selfpay	Number	Days of routine home care whose payment source is self pay
dbIDaysRout_Other	Number	Days of routine home care whose payment source is other
dbIDaysRout_Total	Number	Totals days of routine home care
dbIDaysInpt_HosMedicare	Number	Days of inpatient care whose payment source is hospice Medicare
dbIDaysInpt_HosMedicaid	Number	Days of inpatient care whose payment source is hospice Medicaid
dbIDaysInpt_Private	Number	Days of inpatient care whose payment source is private insurance
dbIDaysInpt_Selfpay	Number	Days of inpatient care whose payment source is self pay
dbIDaysInpt_Other	Number	Days of inpatient care whose payment source is other
dbIDaysInpt_Total	Number	Total days of inpatient care
dbIDaysResp_HosMedicare	Number	Days of respite care whose payment source is hospice Medicare
dbIDaysResp_HosMedicaid	Number	Days of respite care whose payment source is hospice Medicaid
dbIDaysResp_Private	Number	Days of respite care whose payment source is private insurance
dbIDaysResp_Selfpay	Number	Days of respite care whose payment source is self pay
dbIDaysResp_Other	Number	Days of respite care whose payment source is other
dbIDaysResp_Total	Number	Total days of respite care
dbIDaysCont_HosMedicare	Number	Days of continuous care whose payment source is hospice Medicare
dbIDaysCont_HosMedicaid	Number	Days of continuous care whose payment source is hospice Medicaid
dbIDaysCont_Private	Number	Days of continuous care whose payment source is private insurance
dbIDaysCont_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

**Table 11: tblSECTION\_D**

Field Name	Data Type	Definition
IngAdminDeathID	Number	Primary Key
IngHospiceID	Number	Establishes table relationships
IngAdmiss_Home	Number	Number of new unduplicated admissions from a private residence
IngAdmiss_NurseFac	Number	Number of new unduplicated admissions from a nursing facility
IngAdmiss_Hospice	Number	Number of new unduplicated admissions from a hospice unit
IngAdmiss_Hospital	Number	Number of new unduplicated admissions from a hospital
IngAdmiss_Inpatient	Number	Number of new unduplicated admissions from a free standing inpatient facility or residence
IngAdmiss_ResCare	Number	Number of new unduplicated admissions from a residential care setting
IngAdmiss_Total	Number	Total number of admissions
IngDeaths_Home	Number	Number of deaths for private residence
IngDeaths_NurseFac	Number	Number of deaths for nursing facility
IngDeaths_Hospice	Number	Number of deaths for hospice unit
IngDeaths_Hospital	Number	Number of deaths for hospital
IngDeaths_Inpatient	Number	Number of deaths for free standing hospice inpatient facility or residence
IngDeaths_ResCare	Number	Number of deaths for residential care setting
IngDeath_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
IngAdmitBlood	Number	Number of new admissions: Blood and blood-forming organs
IngAdmitEndocrine	Number	Number of new admissions: Endocrine
IngAdmitMental	Number	Number of new admissions: Mental disorders
IngAdmitNervous	Number	Number of new admissions: Nervous system
IngAdmitCirculatory	Number	Number of new admissions: Circulatory system
IngAdmitRespiratory	Number	Number of new admissions: Respiratory system
IngAdmitDigestive	Number	Number of new admissions: Digestive system
IngAdmitSkinandSub	Number	Number of new admissions: Skin and Subcutaneous tissue
IngAdmitMusculoskel	Number	Number of new admissions: Musculoskeletal system
IngAdmitGenitourin	Number	Number of new admissions: Genitourinary system
IngAdmitCongenital	Number	Number of new admissions: Congenital anomalies
IngAdmitInjandPois	Number	Number of new admissions: Injury and Poisoning
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
IngDeathsBlood	Number	Number of deaths: Blood and blood-forming organs
IngDeathsEndocrine	Number	Number of deaths: Endocrine
IngDeathsMental	Number	Number of deaths: Mental disorders
IngDeathsNervous	Number	Number of deaths: Nervous system
IngDeathsCirculatory	Number	Number of deaths: Circulatory system
IngDeathsRespiratory	Number	Number of deaths: Respiratory system
IngDeathsDigestive	Number	Number of deaths: Digestive system
IngDeathsSkinandSub	Number	Number of deaths: Skin and Subcutaneous tissue
IngDeathsMusculoskel	Number	Number of deaths: Musculoskeletal system
IngDeathsGenitourin	Number	Number of deaths: Genitourinary system
IngDeathsCongenital	Number	Number of deaths: Congenital anomalies
IngDeathsInjandPois	Number	Number of deaths: Injury and Poisoning
IngDeathsOthers	Number	Number of deaths: Others
IngDeathsTotal	Number	Number of deaths: Total
IngDischInfectious	Number	Number of discharges: Infectious
IngDischNeoplasms	Number	Number of discharges: Neoplasms

<b>Field Name</b>	<b>Data Type</b>	<b>Definition</b>
IngDischBlood	Number	Number of discharges: Blood and blood-forming organs
IngDischEndocrine	Number	Number of discharges: Endocrine
IngDischMental	Number	Number of discharges: Mental disorders
IngDischNervous	Number	Number of discharges: Nervous system
IngDischCirculatory	Number	Number of discharges: Circulatory system
IngDischRespiratory	Number	Number of discharges: Respiratory system
IngDischDigestive	Number	Number of discharges: Digestive system
IngDischSkinandSub	Number	Number of discharges: Skin and Subcutaneous tissue
IngDischMusculoskel	Number	Number of discharges: Musculoskeletal system
IngDischGenitourin	Number	Number of discharges: Genitourinary system
IngDischCongenital	Number	Number of discharges: Congenital anomalies
IngDischInjandPois	Number	Number of discharges: Injury and Poisoning
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
IngPTDaysBlood	Number	Number of patient days: Blood and blood-forming organs
IngPTDaysEndocrine	Number	Number of patient days: Endocrine
IngPTDaysMental	Number	Number of patient days: Mental disorders
IngPTDaysNervous	Number	Number of patient days: Nervous system
IngPTDaysCirculatory	Number	Number of patient days: Circulatory system
IngPTDaysRespiratory	Number	Number of patient days: Respiratory system
IngPTDaysDigestive	Number	Number of patient days: Digestive system
IngPTDaysSkinandSub	Number	Number of patient days: Skin and Subcutaneous tissue
IngPTDaysMusculoskel	Number	Number of patient days: Musculoskeletal system
IngPTDaysGenitourin	Number	Number of patient days: Genitourinary system
IngPTDaysCongenital	Number	Number of patient days: Congenital anomalies
IngPTDaysInjandPois	Number	Number of patient days: Injury and Poisoning
IngPTDaysOthers	Number	Number of patient days: Others
IngPTDaysTotal	Number	Number of patient days: Total

**Table 13: tblSECTION\_F**

<b>Field Name</b>	<b>Data Type</b>	<b>Definition</b>
IngStaffingID	Number	Primary Key
IngHospiceID	Number	Establishes table relationships
dbIHospFTE_Nurse	Number	Home hospice FTE's that are nursing - direct clinical
dbIHospFTE_NursePrac	Number	Home hospice FTE's that are nurse practioners
dbIHospFTE_SocServ	Number	Home hospice FTE's that are social services
dbIHospFTE_HospAide	Number	Home hospice FTE's that are hospice aides
dbIHospFTE_PhysPaid	Number	Home hospice FTE's that are paid physicians
dbIHospFTE_PhysVol	Number	Home hospice FTE's that are volunteer physicians
dbIHospFTE_Chaplain	Number	Home hospice FTE's that are chaplains
dbIHospFTE_OtherClinic	Number	Home hospice FTE's that are other clinical
dbIHospFTE_Clinical	Number	Total Home hospice FTE's that are clinical
dbIHospFTE_NurseInd	Number	Home hospice FTE's that are nursing - indirect clinical
dbIHospFTE_Bereave	Number	Home hospice FTE's that provide bereavement services
dbIHospFTE_NonClin	Number	Home hospice FTE's that are considered administrative and general staff
dbIHospFTE_Total	Number	Total number of FTE's
dbIVisits_Nurse	Number	Number of nursing visits
dbIVisits_NursePrac	Number	Number of nurse practitioners visits
dbIVisits_SocServ	Number	Number of social services visits
dbIVisits_HospAide	Number	Number of hospice aide visits
dbIVisits_PhysPaid	Number	Number of visits by paid physicians
dbIVisits_PhysVol	Number	Number of visits by volunteer physicians
dbIVisits_Chaplain	Number	Number of visits by chaplains
dbIVisits_OtherClinic	Number	Number of visits by other clinical staff
dbICaseload_Nurse	Number	Caseload of primary nurse, or nurse case manager
dbICaseload_SocServ	Number	Caseload of social worker
dbICaseload_HospAide	Number	Caseload of hospice aide
dbICaseload_Chaplain	Number	Caseload of chaplain
dbICaseload_Volunteer	Number	Caseload of volunteer coordinator
dbICaseload_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
IngRace_AfricanAm	Number	Number of patients admitted who are Black or African American
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**

<b>Field Name</b>	<b>Data Type</b>	<b>Definition</b>
IngProcessesID	Number	Primary Key
IngHospiceID	Number	Establishes table relationships
dbIVolunteer_DirPatient	Number	Number of direct patient care volunteers
dbIVolunteer_ClinicalSupp	Number	Number of clinical support volunteers
dbIVolunteer_GeneralSupp	Number	Number of general support volunteers
dbIVolunteer_Total	Number	Total number of hospice volunteers
dbIVolHours_DirPatient	Number	Number of hours for direct patient care volunteers
dbIVolHours_ClinicalSupp	Number	Number of hours for clinical support volunteers
dbIVolHours_GeneralSupp	Number	Number of hours for general support volunteers
dbIVolHours_Total	Number	Total number of volunteer hours
dbIVolVisit_DirPatient	Number	Number of patient visits by direct patient care volunteers
dbIBereave_Visit_HospFamily	Number	Number of bereavement visits with hospice family members
dbIBereave_Visit_CommMem	Number	Number of bereavement visits with community members
dbIBereave_Visit_Total	Number	Total number of visits
dbIBereave_Phone_HospFamily	Number	Number of phone calls with hospice family members
dbIBereave_Phone_CommMem	Number	Number of phone calls with community members
dbIBereave_Phone_Total	Number	Total number of phone calls
dbIBereave_Mail_HospFamily	Number	Number of mailings to the bereaved family members
dbIBereave_Mail_CommMem	Number	Number of mailings to the bereaved community members
dbIBereave_Mail_Total	Number	Total number of mailings
dbIBereave_Ind_HospFamily	Number	Number of hospice family members who received bereavement services
dbIBereave_Ind_CommMem	Number	Number of community members who received bereavement services
dbIBereave_Ind_Total	Number	Total number of individuals who received bereavement services