

PUBH5310 HEALTHCARE INFORMATICS Spring 2022
Week 10: Final Project- Information Governance Plan and Data Dictionary
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Data Dictionary: Cardiovascular Practice Center

Patient Data

<i>Field</i>	<i>Type</i>	<i>Format</i>	<i>Length</i>	<i>Description</i>
<i>Patient ID</i>	Numeric	XXXXXXXXXX	10 characters	Unique identification number of patient
<i>Patient Last Name</i>	Text		25 Characters	Last name of patient
<i>Patient First Name</i>	Text		25 Characters	First name
<i>Middle Initial</i>	Text		1 character	Middle initial
<i>Gender</i>	Drop down	0 (U), 1 (M), 2 (F)	1 character	Patient's sex
<i>Date of Birth</i>	Date	MM/DD/YYYY		Patient's date of birth
<i>Age group</i>	Drop down	00, 01, 02, 03, 04	2 characters	00: 0-30 01: 31-45 02: 46-60 03: 61-75 04: 76 and above
<i>Marital Status</i>	Drop down	0 (U), 1 (M)	1 character	Patient's marital status
<i>Patient Address</i>	Text		200 Characters	Full Address of the Patient
<i>Patient City</i>	Text		50 Characters	City and State of Patient
<i>Diagnosed type of cardiovascular disease</i>	Text		50 Characters	Description of type of cardiovascular disease
<i>Latest Date of diagnosis</i>	Date	MM/DD/YYYY		Patient's latest date of diagnosis
<i>First Date of diagnosis</i>	Date	MM/DD/YYYY		Patient's first date of diagnosis
<i>Blockage degree</i>	Drop down	1, 2, 3		Degree of heart blockage of the patient (first, second, third)
<i>Status</i>	Drop down	0, 1, 2, 3, 4		0: Stable 1: General diagnosis 2: Admitted/ Under hospital observation 3: ICU 4: Ventilator
<i>Doctor in-charge</i>	Text		25 Characters	First and last name of the Doctor who is diagnosing
<i>Angioplasty Status</i>	Drop down	0 (U), 1 (M)		Status or (if) angioplasty performed earlier
<i>Occupation</i>	Text		15 character	Patients Occupation
<i>Pharmacy</i>	Text		15 character	Patient's choice of pharmacy

<i>Drug prescription</i>	Text		100 Characters	Medications prescribed to the patient
<i>Primary Payer</i>	Drop down	0, 1, 2, 3, 4, 5	1 character	0: Not Insured 1: Private Insurance 2: Medicaid 3: Medicare 4: Other Government 5: Insurance unknown
<i>Treatment</i>	Text		25 Characters	General treatment prescribed
<i>Point of contact</i>	Text		25 Characters	Name of the patients point of contact, family member or friend
<i>Emergency contact person</i>	Text		25 Characters	Person to contact who stays locally
<i>Emergency contact number</i>	numeric	XXX-XXX-XXXX	25 Characters	Contact number of the emergency person
<i>Medical History</i>	Text		200 Characters	Short description of other diseases, medical conditions
<i>Past surgeries</i>	Text		200 Characters	Surgeries patient underwent before
<i>Physically challenged</i>	Drop down	0 (Y), 1 (N)	1 character	If patients physically challenged

Facility

<i>Field</i>	<i>Type</i>	<i>Format</i>	<i>Length</i>	<i>Description</i>
<i>Facility ID</i>	Numeric	XXXXXXXXXX	10 Characters	Unique identification number to serve as a unique identifier for patient's facility
<i>Facility Type</i>	Text		1	Type of facility arranged for the patient
<i>Contact</i>		XXX-XXX-XXXX	25 Characters	Contact number of the facility
<i>Facility Location</i>	Text		20 character	Location of the facility
<i>Facility City</i>	Text		20 character	City of the facility
<i>Facility State</i>	Text		20 character	State of the facility
<i>Head of Facility</i>	Text		20 character	Name of Head person
<i>Administrative in-charge</i>	Numeric	XXXXXXXXXX	10 characters	Person in-charge of administration

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