

PUBH5310 HEALTHCARE INFORMATICS Spring 2021
Week 10: Final Project- Information Governance Plan and Data Dictionary
-Alisha Warke

Data Dictionary: Oncology Practice Center

Patient Data

Field	Type	Format	Length	Description
Patient ID	Numeric	XXXXXXXXXX	10 characters	Unique identification number to serve as patient's unique identifier
Patient Last Name	Text		25 Characters	Last name
Patient First Name	Text		25 Characters	First name
Middle Initial	Text		1 character	Middle initial
Gender	Drop down	0 (U), 1 (M), 2 (F)	1 character	Patient's sex
Date of Birth	Date	MM/DD/YYYY		Patient's date of birth
Age group	Drop down	00, 01, 02, 03, 04, 05, 06	2 characters	00: Under 5 01: 5-13 02: 13-18 03: 18-30 04: 30-55 05: 55-75 06: 75 and above
Marital Status	Drop down	0 (U), 1 (M)	1 character	Patient's marital status
Patient Address	Text		200 Characters	Full Address of the Patient
Patient City	Text		50 Characters	City and State of Patient
Diagnosed type of cancer	Text		50 Characters	Description of type of cancer diagnosed
Latest Date of diagnosis	Date	MM/DD/YYYY		Patient's latest date of diagnosis
First Date of diagnosis	Date	MM/DD/YYYY		Patient's first date of diagnosis
Cancer Stage				Stage of cancer of patient diagnosed

Status	Drop down	0, 1, 2, 3, 4		0: Stable 1: General diagnosis 2: Admitted/ Under hospital observation 3: ICU 4: Ventilator
Doctor in-charge	Text		25 Characters	First and last name of the Doctor who is diagnosing
Laterality	Text		15 character	Organ or part of patient's body that has tumor
Chemotherapy Status	Numeric		2 characters	Status or number of chemotherapies taken
Race	Text		25 Characters	Ethnicity of the Patient
Occupation	Text		15 character	Patients Occupation
Pharmacy	Text		15 character	Patient's choice of pharmacy
Drug prescription	Text		100 Characters	Medications prescribed to the patient
Primary Payer	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
Treatment	Text		25 Characters	General treatment prescribed
Point of contact	Text		25 Characters	Name of the patients point of contact, family member or friend
Emergency contact person	Text		25 Characters	Person to contact who stays locally
Emergency contact number	numeric	XXX-XXX-XXXX	25 Characters	Contact number of the emergency person
Medical History	Text		200 Characters	Short description of other diseases, medical conditions
Past surgeries	Text		200 Characters	Any surgeries patient underwent previously
Physically challenged	Drop down	0 (Y), 1 (N)	1 character	If patients physically challenged

Facility

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

Radiation Therapy

Field	Type	Format	Length	Description
Radiation Category	Drop down	0, 1, 2, 3, 4, 5, 9	1 character	0: None 1: Beam Radiation 2: Radioactive implants 3: Radioisotopes 4: Combination 5: Radiation Therapy 9: Unknown
Radiation Start date	Numeric	X	1-999	Number of radiation days
Radiation Location	Drop down	0, 1, 2, 3, 4, 5, 9	1 character	0: None radiation 1: All at this location 2: treatment here, radiation elsewhere 3: treatment elsewhere, radiation here 4: None at this location 5: Other 9: Unknown

Radiation Volume	Drop down		2 character	Each two-digit code denotes volume of radiation for particular cancer condition
Radiation Mode	Drop down		2 character	Each two-digit code denotes mode by which the radiation was given for particular cancer condition
Radiation End date	Numeric	X	1-999	Number of radiation days

=====*****=====