# Project for Database Design

# Phase IV. Documentation

Ayan Paul <a href="mailto:axp170036@utdallas.edu">axp170036@utdallas.edu</a>

Rajarshi Chattopadhyay <a href="mailto:rxc170010@utdallas.edu">rxc170010@utdallas.edu</a>

Jiten Girdhar

jxg170021@utdallas.edu

Poonam Gillurkar

pxg180009@utdallas.edu

#### 0. Pre-Illumination

In Section 1 we gave problem description copied from Web site; in Section 2 we answered 3 questions listed in the project and justified our solution; in Section 3 we exhibited EER diagram with all assumptions; in Section 4 we showed our relational schema after normalization; in Section 5 we gave all requested SQL statements for both views and queries; and in Section 6 we gave dependency diagram induced from relational schemas. Finally, a short summary is given at the end of this report.

# 1. Problem Description

Dallas Care is a hospital and medical care center. Dallas Care would like one relational database to be able to smoothly carry out their work in an organized way. The hospital has following modules: Person, Employee, Patient, Visitors, Pharmacy, Treatment, Rooms, Records and Medical Bill Payment.

A Person can be an Employee or a Class 1 Patient. Details of a person such as Person ID, Name (First, Middle, Last), Address, Gender, Date of Birth, and Phone number (one person can have more than one phone number) are recorded. A person ID should be in the format, 'PXXX', where XXX can be a value between 100 and 999. A Class 1 patient is a person who visits the hospital just for a doctor consultation. A person can be both an employee and a Class 1 patient.

Employee is further classified as Doctors, Nurses or Receptionists. The start date of the employee is recorded. The specialization of the doctor is stored and doctors are further classified into Trainee, Permanent or Visiting. Every Class 1 patient consults a doctor. A Class 1 patient can consult at most one doctor but one doctor can be consulted by more than one Class 1 patient.

A Class 2 patient is someone who is admitted into the hospital. A Class 2 patient can be an Employee or a Class 1 Patient or both. A doctor attends Class 2 patients. One doctor can attend many Class 2 patients but a Class 2 patient can be attended to by at most 2 doctors. The date of patient being admitted into the hospital is recorded.

A Visitor log is maintained for the Class2 Patients, which stores information such as patient ID, visitor ID, visitor name, visitor's address, and visitor's contact information.

Pharmacy details such as Medicine code, Name, Price, Quantity and Date of expiration is recorded. The database also stores the information of the various kinds of treatments that are offered in the hospital. The treatment details such as ID, name, duration and associated medicines are recorded. When a treatment is assigned to a Class 2 patient, the treatment details, medicine details and patient details are recorded so that the doctor can easily access this information.

Nurses govern rooms. Each nurse can govern more than one room, but each room has only one nurse assigned to it. The room details such as room ID, room type and duration is recorded. Each Class 2 patient is assigned a room on being admitted to the hospital.

A records database is maintained by the receptionist who keeps record of information such as record ID, patient ID, date of visit, appointment and description. The receptionist also records the payment information with the patient's ID, date of payment and the total amount due. Payment is further classified into Cash or Insurance. A person can pay by cash, or by insurance or pay via a combination of both. The cash amount is recorded if a person pays by cash. For Insurance, the insurance details such as Insurance ID, Insurance Provider, Insurance coverage and the amount is recorded.

# 2. Three Questions

**2.1** Is the ability to model superclass/subclass relationships likely to be important in a hospital environment such as Dallas Care? Why or why not?

In the process of designing our entity relationship diagram for a database, we may find that attributes of two or more entities overlap, meaning that these entities seem very similar but still have a few differences. In this case, we may create a subtype of the parent entity that contains distinct attributes. A parent entity becomes a super type that has a relationship with one or more subtypes. These are similar to "Disjoint" and "Union" Operation of an EER diagram model also known as Specialization and Generalization.

The following problem condition directs us to use subclass structure in the environment:

- 1> A Person can be an Employee or a Class 1 Patient Here Employee and Class 1 Patient are subclass of Person
- 2>A person can be both an employee and a Class 1 patient Person is superclass of employee and a Class 1 patient
- 3>Employee is further classified as Doctors, Nurses or Receptionists Doctors, Nurses or Receptionists are subclasses of the Employee class.
- **2.2** Can you think of 5 more rules (other than the one explicitly described above) that are likely to be used in a school environment? Add your rules to the above requirement to be implemented.

Rules likely to be applied in a school environment are:

- 1. A person can be a student, teacher or school staff.
- 2. Each teacher must teach at least one course E
- 3. Every student must take at least three courses.
- 4. A staff member can also be a student.
- 5. Every student must enroll for at most two extracurricular activities.
- **2.3** Justify using a Relational DBMS like Oracle for this project.

We could have used OODBMS to represent the problem statement but b because of the following reasons:

Lack of standards: There is a general lack of standards of OODBMSs. We have already mentioned that there is not universally agreed data model. Similarly, there is no standard object-oriented query language.

Competition: Perhaps one of the most significant issues that face OODBMS vendors is the competition posed by the RDBMS and the emerging ORDBMS products. These products have an established user base with significant experience available. SQL is an approved standard and the relational data model has a solid theoretical formation and relational products have many supporting tools to help .both endusers and developers.

Query optimization compromises encapsulations: Query optimization requires. An understanding of the underlying implementation to access the database efficiently. However, this compromises the concept of incrassation.

Locking at object level may impact performance Many OODBMSs use locking as the basis for concurrency control protocol. However, if locking is applied at the object level, locking of an inheritance hierarchy may be problematic, as well as impacting performance.

Complexity: The increased functionality provided by the OODBMS (such as the illusion of a single-level storage model, pointer sizzling, long-duration transactions, version management, and schema evolution--makes the system more complex than that of traditional DBMSs. In complexity leads to products that are more expensive and more difficult to use.

Lack of support for views: Currently, most OODBMSs do not provide a view mechanism, which, as we have seen previously, provides many advantages such as data independence, security, reduced complexity, and customization.

# 3. EER Diagram with all assumptions

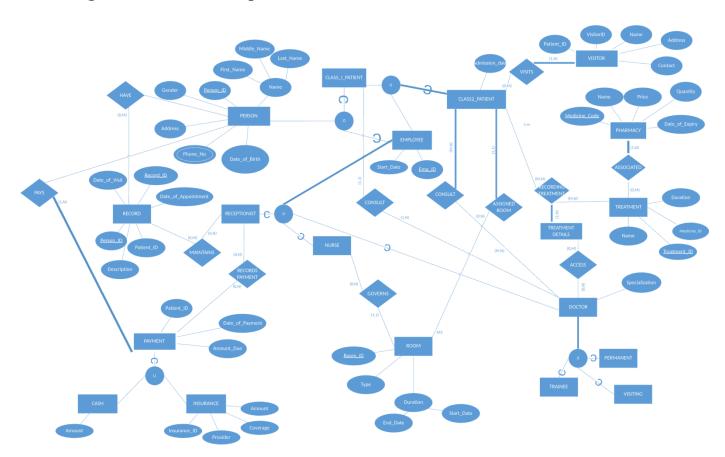


Fig 1. EER Diagram

# 4. Relational Schema in Third Normal Form

#### 4.1 Relational Schema

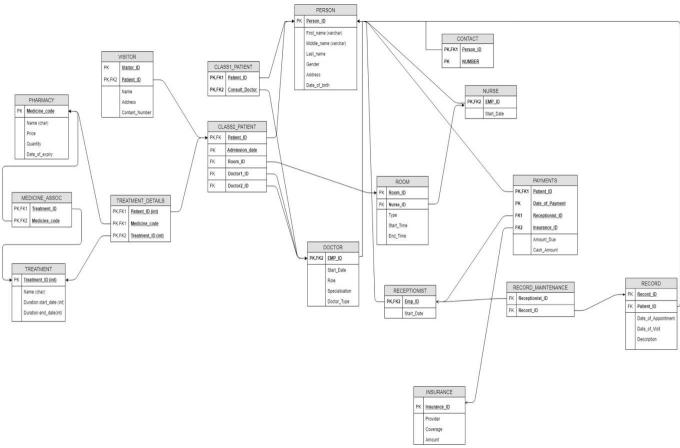


Fig 2. Normalized Relational Schema

## 4.2 Format for Every Relation

Firstly, according to the requirement of phase III and with purpose to simplify the relational model for this database, we have set the relations/tables conforming to 3NF Normalization. There is no transitive dependency of the non-prime attributes of a relation to the key attribute:

• The PERSON table has primary key Person\_Id. The other attributes are non-prime and are directly functionally dependent on the primary key.

# **PERSON**

Person Id

First Name

Middle Name

Last Name

Gender

Address

Dob

• Since a person can have multiple contact numbers, and more than one person can have the same contact number (for example a minor has same contact as of their parent), so a separate table CONTACT with super key Person\_id and Number is created. This also follows 3NF as there is no non-prime key. Fk\_Person is the foreign key referencing Person\_Id of PERSON table.

#### CONTACT

Person\_id Number

• Class1 Patient is a Person who can consult only one doctor. So CLASS1\_PATIENT is comprised of Patient\_id, which with Date\_of\_appointment acts as the primary key. Patient\_id is the foreign key referencing Person\_Id which is the primary key of PERSON. The non-prime attribute Consult\_doctor is the foreign key to the DOCTOR table and is functionally dependent on the primary key.

#### CLASS1 PATIENT

Patient id
Date of appointment
Consult doctor

• Class2 Patient is identified by a person and the admission date. So CLASS2\_PATIENT comprises of Patient\_id, which is the foreign key referencing to Person\_Id of PERSON table, and the Admission\_Date, which together act as the composite primary key. The other attribute Room\_id is the foreign key which references to Room\_Id of the ROOM table, and it is directly functionally dependent on the primary key attribute.

## CLASS2\_PATIENT

Patient\_id Admission\_Date Fk Room

• Since a Class2 Patient can consult multiple Doctors and a Doctor can be consulted by multiple Class2 Patients, so a separate relation CONSULTATION is created which contains foreign keys to primary key of CLASS2\_PATIENT and primary key of DOCTOR as the super key. The primary key of this table is the set of Patient\_id, Admission\_date and Doctor\_id. Doctor\_id is the foreign key to Emp\_id of DOCTOR.

# CLASS2\_PATIENT\_CONSULTATION

Patient\_id

Admission date

Doctor id

• The VISITOR table has Visitor Id and Patient id, which is the foreign key referencing to the primary key of CLASS2 PATIENT, as the composite primary key. This is because a visitor can have multiple class 2 patients. The other non-prime attributes are directly functionally dependent on the primary key.

#### **VISITOR**

Visitor Id

Patient id

Name

Address

Contact

• The TREATMENT\_DETAILS table has the foreign keys Patient\_id referencing to primary key of CLASS2\_PATIENT, Medicine\_id referencing to primary key of MEDICINE, and Treatment\_id referencing to primary key of TREATMENT as the key. As we know that X -> X is True, in this way we define the functional dependency for this table.

# TREATMENT\_DETAILS

Patient id

Medicine id

Treatment id

• The MEDICINE\_ASSOC table has the foreign keys Treatment\_id referencing to primary key of TREATMENT and Medicine\_id referencing to primary key of MEDICINE as the super key. This table is created to signify that multiple medicines can be used for a treatment, and multiple treatments can require the same medicine. We define the functional dependency using the above given property of the functional dependency.

## MEDICINE ASSOC

Treatment id

Medicine id

• The TREATMENT table has primary key Treatment\_Id, and the other non-prime attributes Name, Duration\_No and Duration\_Unit are directly functionally dependent on the primary key.

#### TREATMENT

Treatment Id

Name

**Duration No** 

**Duration Unit** 

• The PHARMACY table has primary key Medicine\_Code, and the other non-prime attributes Name, Price, Quantity, and Expiry\_Date are directly functionally dependent on the primary key.

## **PHARMACY**

Medicine Code

Name

Price

Quantity

**Expiry Date** 

• The DOCTOR table has primary key Emp\_id, which is the foreign key referencing to Person\_Id of PERSON table. The non-prime attributes Start Date, Role, Specialization, and Doc Type are

directly functionally dependent on the primary key.

### DOCTOR

Emp id

Start Date

Role

Specialization

Doc Type

• The RECEPTIONIST table has primary key Emp\_id, which is the foreign key referencing to Person\_Id of PERSON table. The other non-prime attribute Start\_Date, is directly functionally dependent on the primary key.

## RECEPTIONIST

Emp id

Start Date

• The NURSE table has primary key Nurse\_id, which is the foreign key referencing to Person\_Id of PERSON table. The other non-prime attribute Start\_Date, is directly functionally dependent on the primary key.

#### NURSE

Nurse id

Start Date

• The ROOM table has the primary key Room\_Id. The Nurse\_id is the foreign key referencing to primary key of NURSE table. This, along with the other non-prime attributes Room\_Type, Start Time, End Time are functionally dependent on the primary key.

#### ROOM

Room Id

Nurse id

Room Type

Start Time

End Time

• The RECORD table has the primary key Record\_Id. The Patient\_id is the foreign key referencing to primary key of PERSON table. This, along with the other non-prime attributes Receptionist\_id, Appointment Date, Visit Date, and Description, are directly functionally dependent on the primary key.

#### **RECORD**

Record Id Receptionist id

Patient id

Appointment Date

Visit Date

Record description

• The INSURANCE table has primary key Insurance\_Id. The other non-prime attributes Provider, Coverage, and Amount are directly functionally dependent on the primary key.

#### INSURANCE

Insurance Id

Provider

Coverage

**Amount** 

• The PAYMENT table has the composite primary key Patient\_id, which is the foreign key referencing to primary key of PERSON table, and Payment\_Date. This, along with the other non-prime attributes Insurance\_Id which is the foreign key referencing to primary key of INSURANCE table, Amount\_Due, Cash\_Amount, and Receptionist\_id:which is the foreign key referencing to primary key of RECEPTIONIST table, are functionally dependent on the primary key.

#### PAYMENT

Patient id

Payment Date

Receptionist id

Insurance id

Amount Due

Cash Amoount

# 5. All requested SQL Statements

#### 5.1 Creation of Database with SQL Statements

After normalizing every relational schema into third normal form and modifying some details, it is the time to implement our database using SQL languages into Oracle.

#### **5.1.1 Table Creation**

Using SQL statement, we created the tables as follows:

create database FINALPROJECT;

USE FINALPROJECT;

create table PERSON(

Person ID varchar(4) check(length(Person\_ID)=4 and Person\_ID like 'P%' and

cast(substr(PersonID,2,3) as decimal)>=100 and cast(substr(PersonID,2,3) as decimal)<=999),

First name varchar(50) not null,

Middle name varchar(50), Last name varchar(50) not null,

Gender char(1) check(Gender in ('M','F','O')), Address varchar(100) not null,

Date\_Of\_Birth date check(Date\_of\_Birth<=curdate()), primary key(Person\_ID));</pre>

```
create table CONTACTS( Person ID varchar(4) not null,
Phone number decimal(10) unique check(length(Phone number)=10), primary
key(Person ID,Phone number),
foreign kev(Person ID) references PERSON(Person ID) on delete cascade on update cascade);
create table NURSE(Emp ID varchar(4),
Start date date not null check(Start date<=curdate()), primary key(Emp ID).
foreign key(Emp ID) references PERSON(Person ID) on update cascade);
create table DOCTOR( Emp ID varchar(4),
Start date date not null check(Start date<=curdate()), Specilization varchar(20),
Doctor type varchar(15) check(Doctor role in ('Trainee', 'Permanent', 'Visiting')), primary
key(Emp ID),
foreign key(Emp ID) references PERSON(Person ID) on update cascade);
create table RECEPTIONIST( Emp ID varchar(4),
Start date date not null check(Start date<=curdate()), primary key(Emp ID),
foreign key(Emp ID) references PERSON(Person ID) on update cascade);
create table CLASS1 PATIENT( Patient ID varchar(4) not null,
Date of appointment date not null check(Date of appointment<=curdate()), Consult doctor
varchar(4) not null.
primary key(Patient ID,Date of appointment),
foreign key(Patient ID) references PERSON(Person ID) on update cascade, foreign
key(Consult doctor) references DOCTOR(Emp ID) on update cascade);
create table ROOM( Room ID varchar(5), Nurse ID varchar(4) not null,
Room type varchar(10) not null,
start date time check(start date<=curdate()), end date time check(enddate>curdate()), primary
key(Room ID),
foreign key(Nurse ID) references NURSE(Emp ID) on update cascade,
check(end date>start date));
create table CLASS2 PATIENT( Patient ID varchar(4),
Room ID varchar(5) not null,
Admission date date check(Admission date<=curdate()), primary
key(Patient ID, Admission date),
foreign key(Patient ID) references PERSON(Person ID) on update cascade, foreign
key(Room ID) references ROOM(Room ID) on update cascade);
```

create table CLASS2\_PATIENT\_CONSULTATION( Patient\_ID varchar(4) not null, Admission\_date date check(Admission\_date<=curdate()), Consult\_doctor varchar(4) not null, primary key(Patient\_ID,Admission\_date,Consult\_doctor), foreign key(Patient\_ID,Admission\_date) references CLASS2\_PATIENT(Patient\_ID,Admission\_date), foreign key(Consult\_doctor) references DOCTOR(Emp\_ID) on update cascade);

create table RECORD( Record ID varchar(7),

Recetionist ID varchar(4) not null, Patient ID varchar(4) not null,

Date\_of\_appointment date not null check(Date\_of\_appointment>=curdate()), Date\_of\_visit date not null check(Date\_of\_visit>=curdate()), Record\_description varchar(200), primary key(Record ID),

foreign key(Patient\_ID) references PERSON(Person\_ID) on update cascade, foreign key(Recetionist ID) references RECEPTIONIST(Emp ID) on update cascade);

create table INSURANCE(Insurance\_ID varchar(10), Provider varchar(30) not null, Coverage decimal(10) not null, Amount decimal(10) not null, primary key(Insurance ID));

create table PAYMENTS( Patient ID varchar(4),

Date\_of\_payment date not null check(Date\_of\_payment>=curdate()), Recetionist\_ID varchar(4) not null,

Insurance\_ID varchar(10),

Amount\_due decimal(10) not null check(Amount\_due>=0), Cash\_amount decimal(10) not null default 0 check(Cash\_amount>=0), primary key(Patient\_ID,Date\_of\_payment),

foreign key(Patient ID) references PERSON(Person ID),

foreign key(Recetionist\_ID) references RECEPTIONIST(Emp\_ID), foreign key(Insurance\_ID) references INSURANCE(Insurance\_ID));

create table VISITOR( Visitor\_ID varchar(10), Patient\_ID varchar(4) not null, Visitor\_name varchar(30) not null, Visitor\_address varchar(50) not null, Contact\_info decimal(10), primary key(Visitor\_ID,Patient\_ID),

foreign key(Patient ID) references CLASS2 PATIENT(Patient ID));

create table PHARMACY( Medicene\_code varchar(6), Medicene\_name varchar(20) not null, Price decimal(10,2) not null check(Price>0), Quantity decimal(4) not null check(Quantity>=0), Date\_of\_expiry date not null check(Date\_of\_expiry>=curdate()), primary key(Medicene\_code));

create table TREATMENT( Treatment\_ID varchar(6), Treatment\_name varchar(20) not null, Duration decimal(3,1) not null check(Duration\_number>0),

Duration\_unit varchar(10) not null check(Duration\_unit in ('Months','Days','Years')), primary key(Treatment\_ID));

```
create table MEDICENE_ASSOC( Treatment_ID varchar(6), Medicene_code varchar(6), primary key(Treatment_ID, Medicene_code), foreign key(Treatment_ID) references TREATMENT(Treatment_ID), foreign key(Medicene_code) references PHARMACY(Medicene_code));

create table TREATMENT_DETAILS( Patient_ID varchar(4), Admission_date date check(Admission_date<=curdate()), Treatment_ID varchar(6), Medicene_code varchar(6), primary key(Patient_ID, Admission_date, Treatment_ID, Medicene_code), foreign key(Patient_ID,Admission_date) references CLASS2_PATIENT(Patient_ID,Admission_date), foreign key(Treatment_ID) references TREATMENT(Treatment_ID), foreign key(Medicene_code) references PHARMACY(Medicene_code));
```

#### **5.1.2** Database State

We insert some values into the database in order to test our SQL create view and query statement.

#### INSERTION DATA FOR POPULATING TABLE:

```
insert into PERSON values ('P500','Adam','M','Morgan','M','Texas','1965-03-24');
insert into PERSON values ('P501','Lily',null,'Pulsic','F','New Jersey','1970-05-14');
insert into PERSON values ('P502', 'Bryan', ", 'Shaw', 'M', 'Texas', '1987-08-20');
insert into PERSON values ('P503','Jil','A','Heather','F','California','2000-11-20');
insert into PERSON values ('P504', 'Tyler', 'R', 'Fox', 'U', 'Washington', '1985-01-07');
insert into DOCTOR values ('P500','2005-06-15','Opthelamy','Trainee');
insert into DOCTOR values ('P501','2005-06-15','Gynacology','Permanent');
insert into DOCTOR values ('P502','2005-06-15','Dentist','Visiting');
insert into DOCTOR values ('P503','2005-06-15','Eye','Trainee');
insert into DOCTOR values ('P504','2005-06-15','Neurology','Permanent');
insert into PERSON values ('P505', 'Ane', 'F', 'Humpry', 'F', 'Arizona', '2000-03-24');
insert into PERSON values ('P506', 'Lacey', null, 'John', 'F', 'New Jersey', '1995-05-14');
insert into PERSON values ('P507', 'Ram', 'Chandra', 'Dev', 'M', 'Chicago', '1997-08-20');
insert into NURSE values ('P505','2017-12-31');
insert into NURSE values ('P506','2018-01-01');
insert into RECEPTIONIST values ('P507','2017-04-04');
insert into ROOM values ('R1304', 'P506', 'Cabin', '22:30:45', '08:30:00');
```

```
insert into ROOM values ('R2310', 'P505', 'Ward', '11:30:00', '21:30:30');
insert into CLASS2 PATIENT values ('P502', 'R1304', '2005-06-27');
insert into CLASS2 PATIENT values ('P507', 'R2310', '2018-02-28');
insert into PERSON values ('P508', 'Anish', ', 'Hegde', 'M', 'Mangalore', '2000-03-24');
insert into PERSON values ('P509', 'Angad', 'Murthy', 'Vittal', 'M', 'Bangalore', '1995-05-14');
insert into PERSON values ('P510', 'Meghna', null, 'Kurrup', 'F', 'Kolkata', '1997-02-02');
insert into PERSON values ('P511', 'Ram', 'Chandra', 'Dev', 'M', 'Chicago', '1997-08-20');
insert into class1 patient values('P508','2018-11-20','P501');
insert into class1 patient values('P508','2018-10-20','P504');
insert into class1 patient values('P509','2018-08-02','P502');
insert into class1 patient values('P510','2018-06-15','P503');
insert class2 patient values('P510','R2310','2018-06-15');
insert into PHARMACY values('M1', 'Calpol', 1.25, 50, '2019-02-26');
insert into PHARMACY values('M2', 'VR654', 5.00, 50, '2020-11-26');
insert into PHARMACY values('M3', 'Nycil4', 8.75, 50, '2019-09-26');
insert into PHARMACY values('M4', 'CandidB', 5.25, 50, '2019-05-26');
insert into PHARMACY values('M5', 'Mega6', 8.25, 50, '2019-08-26');
insert into PHARMACY values('M6', 'Norflox 40', 3.50, 50, '2020-02-26');
insert into PHARMACY values('M7', 'Metrogyl', 10.25, 50, '2019-02-01');
insert into TREATMENT values('1', 'Antibiotic', 7.0, 'Days');
insert into TREATMENT values('2', 'Diarrhoea Meds', 5.0, 'Days');
insert into TREATMENT values('3', 'TetVac', 1.0, 'Davs');
insert into TREATMENT values('4', 'Cough Meds', 5.0, 'Days');
insert into TREATMENT values('5', 'Indigestion meds', 3.0, 'Days');
insert into MEDICENE ASSOC values('1', 'M1');
insert into MEDICENE ASSOC values('1', 'M3');
insert into MEDICENE ASSOC values('5', 'M3');
insert into MEDICENE ASSOC values('2', 'M2');
insert into MEDICENE ASSOC values('1', 'M2');
```

```
insert into TREATMENT DETAILS values('P502', '2005-06-27', '1', 'M1');
insert into TREATMENT DETAILS values('P507', '2018-02-28', '1', 'M3');
insert into TREATMENT DETAILS values('P510', '2018-06-15', '5', 'M3');
insert into INSURANCE values('1', 'SHIP', 500, 1000);
insert into PAYMENTS values('P509', '2018-10-26', 'P507', null, 200, 200);
insert into PAYMENTS values('P510', '2018-02-26', 'P507', '1', 100, 100);
insert into PAYMENTS values('P511', '2018-10-26', 'P507', '1', 120, 120);
insert into PAYMENTS values('P507', '2018-02-26', 'P507', '1', 300, 300);
insert into PAYMENTS values('P509', '2018-10-26', 'P507', '1', 300, 0);
insert into RECORD values('R001', 'P507', 'P510', '2018-10-05', '2018-10-05', 'fever');
insert into RECORD values('R002', 'P507', 'P511', '2018-08-30', '2018-10-31', 'indigestion');
insert into RECORD values('R003', 'P507', 'P507', '2017-10-01', '2017-10-05', 'cough');
insert into RECORD values('R004', 'P507', 'P510', '2017-12-31', '2018-01-05', 'loose motion');
5.2 Creation of Views
Required Views creation:
create or replace view toptreatment as with top treatm as(
select td.treatment id ti, count(treatment id) as c from treatment details td
group by ti order by c desc limit 1
),
patient as(
select td.patient id pi
from treatment details td, top treatm tt where td.treatment id = tt.ti
),
amt as(
select sum(p.amount due) s from payments p, patient pa where p.patient id = pa.pi
select t.treatment name, amt.s from treatment t, amt, top treatm tt where t.treatment id = tt.ti;
create or replace view topdoctor as with checked class1 as(
select consult doctor d1, count(consult doctor) as c1 from class1 patient
where consult doctor in (select emp id from doctor) group by consult doctor
),
checked class2 as(
select consult doctor d2, count(consult doctor) as c2 from class2 patient consultation
where consult doctor in (select emp id from doctor) group by consult doctor
)
```

```
select p.person id, p.first name, p.last name, start date, sum(c1+c2) from person p, doctor d,
checked class1 cn1, checked class2 cn2 where p.person id = d.emp id
and d.emp id = cn1.d1
and cn1.c1 > 5
and d.emp id = cn2.d2 and cn2.c2 > 10
group by person id, fitst name, last name, start date;
CREATE OR REPLACE VIEW ReorderMeds AS( SELECT medicene code, medicene name,
quantity, date of expiry FROM PHARMACY
WHERE Date of expiry <= DATE ADD(CURDATE(), INTERVAL 1 month) OR Quantity <
1000);
create or replace view potential patient as with freq as(
select patient id pi, count(patient id) c from class1 patient
group by pi having c>3
notadmit as( select pi from freq
where exists (select patient id from class2 patient)
SELECT p.Person ID, p.First name, p.Last name, c.phone number FROM person p, contacts c,
notadmit na
WHERE c.person id = p.person id and p.person id = na.pi;
create or replace view mostfregissues as with reason as(
select record description rd, count(record description) c from record
group by record description order by c desc
limit 1
),
patient as( select patient id
from record, reason
where record.record description = reason.rd
select r.rd as reason, r.c as freq, t.treatment name
from treatment t, treatment details td, patient p, reason r where td.patient id = p.patient id;
```

# **5.3 Creation of SQL Queries:**

```
q1. select Doctor type, group concat(Start date) from DOCTOR group by(Doctor type);
q2. SELECT P.First name, P.Middle name, P.Last name from PERSON P, CLASS2 PATIENT A,
(SELECT Emp ID, Start date FROM DOCTOR union SELECT Emp ID, Start date FROM
NURSE union SELECT Emp ID.Start date FROM RECEPTIONIST) B
where P.Person ID=A.patient ID and A.patient ID=B.Emp ID and
datediff(A.Admission date,B.Start date)<=90;
q3. with top5doctors as(
select person id, total patients from topdoctor
order by total patients desc limit 5
select avg(year(curdate())-year(p.date of birth)) avg age, d.doctor type from person p, doctor d,
top5doctors t5
where p.person id = d.emp id and d.emp id = t5.person id group by d.doctor type;
q4.select P.Medicene name from MEDICENE ASSOC M, PHARMACY P,
(select A.Treatment id,max(A.new count) from (select Treatment id,count(patient ID) as
new count from TREATMENT DETAILS group by (Treatment ID)) A) B
where M.Treatment id= B.Treatment id and M.Medicene code=P.Medicene code;
q5.select emp id from doctor where emp id not in
(select consult doctor from class1 patient where datediff(curdate(),date of appointment)<=150
union
select consult doctor from class2 patient consultation where
datediff(curdate(),Admission date)<=150);
q6.select P.Person ID,
P.First name, P.Middle name, P.Last name, P.Gender, P.Address, P.Date of Birth, I. Provider from
person P, Payments B, Insurance I
where P.Person ID=B.Patient ID and B.Insurance ID=I.Insurance_ID and B.Cash_Amount=0;
q7.select A.room id,SEC TO TIME( TIME TO SEC(A.room time) * max(A.book count) ) from
(select R.room_id, timediff(R.end_date,R.start_date) as room_time,count(*) as book_count from
class2 patient C, room R where R.room id=C.Room id group by(R.room id)) A;
q8. select max(A.count), A.year, A.info from
(select year(date_of_visit) as year,count(*) as count, group_concat(Record_Description) as info
from record group by(year(date of visit))) A;
```

q9.select treatment\_id, Duration, Duration\_unit from treatment where treatment\_id in ( select Min(Treatment\_id) from treatment\_details group by patient\_id);

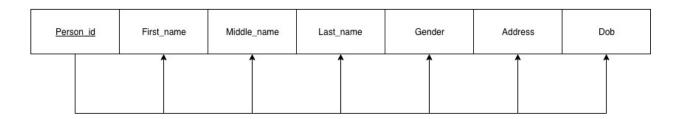
```
q10. with emp as(
select emp id, start date from doctor union
select emp id, start date from nurse union
select emp id, start date from receptionist
),
last join as(
select max(start date) d from emp
select count(*) from class2 patient p, last join j where p.admission date > j.d;
q11. select P.Person ID,
P.First name, P.Middle name, P.Last name, P.Gender, P.Address, P.Date_of_Birth from person P,
class1 patient c1, class2 patient c2
where P.Person ID=C1.Patient ID and C1.Patient ID=C2.Patient ID and
datediff(C2.Admission date,C1.Date of appointment)<=7;
q12. select sum(Amount due),month(Date of payment) from payments where
year(Date of payment)='2017' group by(month(Date of payment));
q13. select distinctrow First name, P. Middle name, P. Last name from PERSON P, DOCTOR D,
CLASS1 PATIENT C,(
select Patient id,count(*) from CLASS1 PATIENT where Patient id not in (select Patient id from
CLASS2 PATIENT) group by(patient id) having count(*)=1) R where P.Person ID=D.Emp ID
and D.Emp ID=C.Consult doctor and C.Patient ID=R.Patient ID;
q14.select PP.name, year(current date())-year(P.Date of Birth) as AGE from Person,
PotentialPatient PP where P.Person ID=PP.Person ID;
```

# 6. Dependency Diagram

We now draw a dependency diagram for each table in our Relational Schema as follows:

**PERSON**: {Person\_id} → {First\_name, Middle\_name, Last\_name, Gender, Address, Dob}

In this Relation there is only one attribute as the primary key, hence all the other attributes are functionally dependent on it.



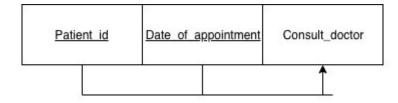
**CONTACT:** {Person\_id, Number} → {Person\_id, Number}

In this table we have both the attributes as the primary key of the relation. We have attribute closure of set {Person id,Number} as {Person id,Number} using the the property that  $X \rightarrow X$  is true.



**CLASS1\_PATIENT**: {Patient\_id, Date\_of\_appointment} → {Consult\_doctor}

In this table the attribute Consult\_doctor is functionally dependent on patient\_id and Date of appointment which is also the key of the given relation.



# CLASS2 PATIENT: {Patient id, Admission date} → {Room id, Doctor id}

In this relation Patient\_id, Admission\_date for the primary key. Hence the remaining attributes are functionally dependent on {Patient\_id, Admission\_date}.

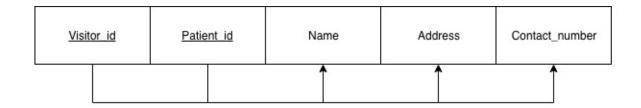


CLASS2\_PATIENT\_CONSULTATION: { Patient\_id, Admission\_date, Consult\_doctor} → {Patient\_id, Admission\_date, Consult\_doctor}

In this relation we have all the attributes as the key, using the property that  $X \rightarrow XWe$  can define the functionally dependence of this relation.

<u>Patient_id</u>	Admission date	Consult doctor
-------------------	----------------	----------------

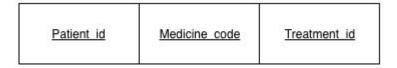
**VISITOR**: {Visitor id, Patient id} → {Name, Address, Contact number}



# TREATMENT DETAILS:

{Patient id, Medicine code, Treatment id} → {Patient id, Medicine id, Treatment id}

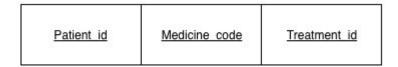
The key for this table is the complete set of attributes, hence we can say that attribute closure of the key of this set includes all the attributes of the relation and hence defines functional dependency in this way.



## **MEDICINE ASSOC:**

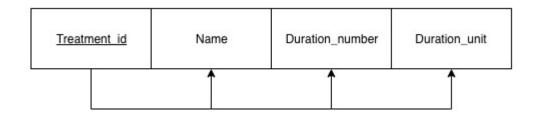
{Patient id, Medicine code, Treatment id} → {Patient id, Medicine code, Treatment id}

The key for this table is the complete set of attributes, hence we can say that attribute closure of the key of this set includes all the attributes of the relation and hence defines functional dependency in this way

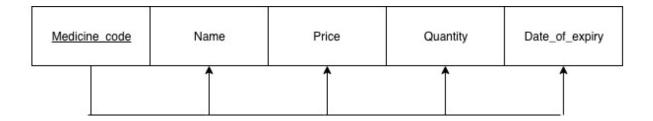


**TREATMENT**: {Treatment id} → {Name, Duration number, Duration unit}

As the key here consists of single attribute hence we have functional dependency with all other attributes.

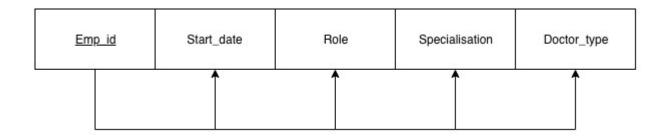


**PHARMACY:** {Medicine code} → {Name, Price, Quantity, Date of expiry}



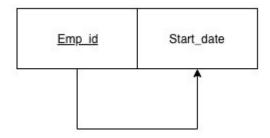
**DOCTOR:** {Emp\_id} → {Start\_date, Role, Specialisation, Doctor\_type}

As the key here consists of single attribute hence we have functional dependency with all other attributes.

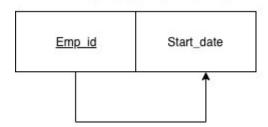


**RECEPTIONIST:**  $\{\text{Emp\_id}\} \rightarrow \{\text{Start\_date}\}$ 

As the key here consists of single attribute hence we have functional dependency with all other attributes.

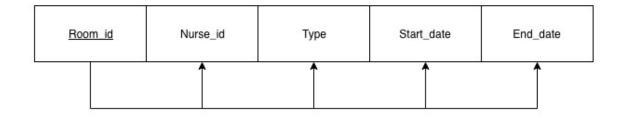


**NURSE:**  $\{\text{Emp\_id}\} \rightarrow \{\text{Start\_date}\}$ 



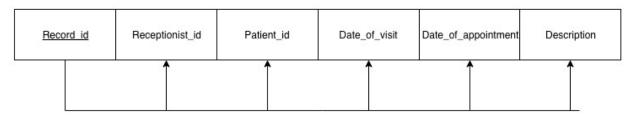
**ROOM:** {Room\_id, Nurse\_id} → {Type, Start\_date, End\_date}

As the key here consists of single attribute hence we have functional dependency with all other attributes.

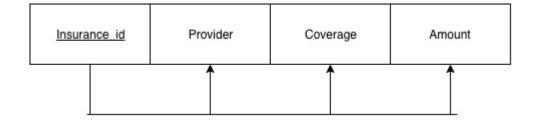


**RECORD:** {Record\_id} → {Receptionist\_id,Patient\_id,Date\_of\_visit, Date\_of\_appointment, Description}

As the key here consists of single attribute hence we have functional dependency with all other attributes.

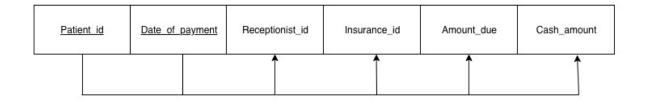


**INSURANCE:** {Insurance\_id} → {Provider, Coverage, Amount}



**PAYMENT:** {Patient\_id, Date\_of\_payment} → {Receptionist\_id, Insurance\_id, Amount\_due, Cash\_amount}

As the key here consists of single attribute hence we have functional dependency with all other attributes.



# 7. Conclusion

In this final report we summarized all the necessary descriptions and solutions for Dallas Care database, including process and result of EER diagrams, relational schemas in third normal form, SQL statements to create database, views and solved corresponding queries, as well as dependency diagram. We also implement the whole database in Oracle and using a database state to test every query. In section 2, we also explained why we use superclass/subclass relationship to build relational schema, why we choose a Relational DBMS to implement our database, and the additional five business rules shown from implementation.