Section B: DEMOGRAPHIC

Section Intent: Describes patient demographic data fields that must be collected and submitted for each patient admission.

Sequence #	Data Field	Data Field Intent	Field Name Clarification	Source Document
100	Patient Last Name	Indicate the patient's last name documented in the medical record.		Demographic sheet Face sheet Hospital admission form
110	Patient First Name	Indicate the patient's first name documented in the medical record.		Demographic sheet Face sheet Hospital admission form
120	Patient M.I.	Indicate the patient's middle initial documented in the medical record.	Leave "blank" if no middle initial.	Demographic sheet Face sheet Hospital admission form
130	Date of Birth	Indicate the patient's date of birth using 4-digit format for year.		Demographic sheet Face sheet Hospital admission form
140	Patient Age	Indicate the patient's age in years, at time of surgery. This should be calculated from the date of birth and the date of surgery, according to the convention used in the USA (the number of birthdate anniversaries reached by the date of surgery).	If age is less than 18, the data record will be accepted into the database, but will not be included in the national analysis and report.	Vendor's software calculates
150	Sex	Indicate the patient's sex at birth as either male or female.		Demographic sheet Face sheet Hospital admission form
160	Social Security #	Indicate the nine-digit patient's Social Security Number (SSN).	Although this is the Social Security Number in the USA, other countries may have a different National Patient Identifier Number. For example in Canada, this would be the Social Insurance Number.	Demographic sheet Face sheet Hospital admission form

Sequence #	Data Field	Data Field Intent	Field Name Clarification	Source Document
170	Medical Record Number	Indicate the patient's medical record number at the hospital where surgery occurred.		Demographic sheet Face sheet Hospital admission form
171	Health Insurance Claim Number	Indicate the Health Insurance Claim (HIC) number of the primary beneficiary. This is a 10 or 11-digit number that uniquely identifies an individual for a claim.		Demographic sheet Face sheet Hospital admission form
180	Patient ZIP Code	Indicate the ZIP Code of the patient's residence. Outside the USA, this data may be known by other names such as Postal Code (needing 6 characters). Software should allow sites to collect at least up to 10 characters to allow for Zip+4 values.		Demographic sheet Face sheet Hospital admission form
191	Race-White	Indicate whether the patient's race, as determined by the patient or family, includes White.	This includes a person having origins in any of the original peoples of Europe, the Middle East, or North Africa. Definition source: Standards for Maintaining, Collecting, and Presenting Federal Data on Race and Ethnicity: The minimum categories for data on race and ethnicity for Federal statistics, program administrative reporting, and civil rights compliance reporting. (www.whitehouse.gov/omb/fedreg/1997standards.html)	Demographic sheet Face sheet History & Physical Hospital admission form
192	Race-Black/African American	Indicate whether the patient's race, as determined by the patient or family, includes Black/African American.	This includes a person having origins in any of the black racial groups of Africa. Terms such as "Haitian" or "Negro" can be used in addition to "Black or African American." Definition source: Standards for Maintaining, Collecting, and Presenting Federal Data on Race and Ethnicity: The minimum categories for data on race and ethnicity for Federal statistics, program administrative reporting, and civil rights compliance reporting. (www.whitehouse.gov/omb/fedreg/1997standards.html)	Demographic sheet Face sheet History & Physical Hospital admission form

Sequence #	Data Field	Data Field Intent	Field Name Clarification	Source Document
193	Race-Asian	Indicate whether the patient's race, as determined by the patient or family, includes Asian.	This includes a person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam. Definition source: Standards for Maintaining, Collecting, and Presenting Federal Data on Race and Ethnicity: The minimum categories for data on race and ethnicity for Federal statistics, program administrative reporting, and civil rights compliance reporting. (www.whitehouse.gov/omb/fedreg/1997standards.html)	Demographic sheet Face sheet History & Physical Hospital admission form
194	Race-American Indian/Alaskan Native	Indicate whether the patient's race, as determined by the patient or family, includes American Indian/Alaskan Native.	This includes a person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment. Definition source: Standards for Maintaining, Collecting, and Presenting Federal Data on Race and Ethnicity: The minimum categories for data on race and ethnicity for Federal statistics, program administrative reporting, and civil rights compliance reporting. (www.whitehouse.gov/omb/fedreg/1997standards.html)	Demographic sheet Face sheet History & Physical Hospital admission form
195	Race-Native Hawaiian/Pacific Islander	Indicate whether the patient's race, as determined by the patient or family, includes Native Hawaiian/Pacific Islander.	This includes a person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands. Definition source: Standards for Maintaining, Collecting, and Presenting Federal Data on Race and Ethnicity: The minimum categories for data on race and ethnicity for Federal statistics, program administrative reporting, and civil rights compliance reporting. (www.whitehouse.gov/omb/fedreg/1997standards.html)	Demographic sheet Face sheet History & Physical Hospital admission form
196	Race-Other	Indicate whether the patient's race, as determined by the patient or family, includes any other race.		Demographic sheet Face sheet History & Physical Hospital admission form

Sequence #	Data Field	Data Field Intent	Field Name Clarification	Source Document
199	Hispanic or Latino Ethnicity	Indicate if the patient is of Hispanic or Latino ethnicity as determined by the patient/family.	Hispanic or Latino ethnicity includes patient report of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.	Demographic sheet Face sheet History & Physical Hospital admission form
200	Referring Card-Cardiologist	Indicate the referring cardiologist's name.	User maintains list of valid values. New values are made available through a utility that is separate from entering a data record.	Consultation note ED physician notes History & Physical
210	Referring Physician	Indicate the referring physician's name.	User maintains list of valid values. New values are made available through a utility that is separate from entering a data record.	Consultation note ED physician notes History & Physical