

Hospitals Database

This document is to be used in conjunction with the Hospitals database for the 2009 Hospital License Renewal Application.

The database contains 24 tables and the relationships are indicated in the Relationships for Hospitals.pdf.

This data is in-process working data for the internal use of the Planning Section, and it may be changed or revised over time. The Planning Section provides no assurance or representations as to its accuracy, and any user of the data assumes the risk of errors or inaccuracy.

Table 1: tblAgeLevels

Field Name	Data Type	Definition
IngAgeLevelID	Number	Unique identifier for the different age levels. Must be a NUMBER.
strAgeLevel	Text	The age levels.

Table 2: tblBedsByService

Field Name	Data Type	Definition
IngBedsID	AutoNumber	Unique identifier for the BedsByService table. Must be a NUMBER.
IngHospitalID	Number	Identifies the hospital that the information is related to. Must be a NUMBER.
strCampusName	Text	Name of the campus.
IngCampusType	Number	-1: Cumulative totals for a multi-campus hospital; 0: Hospital only has one campus; #>0: distinct campus numbers
IngICUBurnLic	Number	Intensive Care Units: Burn, number of licensed beds
IngICUBurnStaff	Number	Intensive Care Units: Burn, number of staffed beds
IngICUBurnIDOC	Number	Intensive Care Units: Burn, annual census, input days of care
IngICUCardiacLic	Number	Intensive Care Units: Cardiac, number of licensed beds
IngICUCardiacStaff	Number	Intensive Care Units: Cardiac, number of staffed beds
IngICUCardiacIDOC	Number	Intensive Care Units: Cardiac, annual census, input days of care
IngICUCVSLic	Number	Intensive Care Units: Cardiovascular Surgery, number of licensed beds
IngICUCVSSStaff	Number	Intensive Care Units: Cardiovascular Surgery, number of staffed beds
IngICUCVSIIDOC	Number	Intensive Care Units: Cardiovascular Surgery, annual census, input days of care
IngICUMedSurgLic	Number	Intensive Care Units: Medical/Surgical, number of licensed beds
IngICUMedSurgStaff	Number	Intensive Care Units: Medical/Surgical, number of staffed beds
IngICUMedSurgIDOC	Number	Intensive Care Units: Medical/Surgical, annual census, input days of care
IngICUNeonatal4Lic	Number	Intensive Care Units: Neonatal Beds Level IV, number of licensed beds

IngICUNeonatal4Staff	Number	Intensive Care Units: Neonatal Beds Level IV, number of staffed beds
IngICUNeonatal4IDOC	Number	Intensive Care Units: Neonatal Beds Level IV, annual census, input days of care
IngICUPedLic	Number	Intensive Care Units: Pediatric, number of licensed beds
IngICUPedStaff	Number	Intensive Care Units: Pediatric, number of staffed beds
IngICUPedIDOC	Number	Intensive Care Units: Pediatric, annual survey, input days of care
IngICURespLic	Number	Intensive Care Units: Respiratory Pulmonary, number of licensed beds
IngICURespStaff	Number	Intensive Care Units: Respiratory Pulmonary, number of staffed beds
IngICURespIDOC	Number	Intensive Care Units: Respiratory Pulmonary, annual census, input days of care
strICUOtherType	Text	Intensive Care Units: List other type of intensive care unit
IngICUOtherLic	Number	Intensive Care Units: Other, number of licensed beds
IngICUOtherStaff	Number	Intensive Care Units: Other, number of staffed beds
IngICUOtherIDOC	Number	Intensive Care Units: Other, annual census, input days of care
IngUnitGynLic	Number	Units: Gynecology, number of licensed beds
IngUnitGynStaff	Number	Units: Gynecology, number of staffed beds
IngUnitGynIDOC	Number	Units: Gynecology, annual census, input days of care
IngUnitMedSurgLic	Number	Units: Medical/Surgical, number of licensed beds
IngUnitMedSurgStaff	Number	Units: Medical/Surgical, number of staffed beds
IngUnitMedSurgIDOC	Number	Units: Medical/Surgical, annual census, input days of care
IngUnitNeonatal3Lic	Number	Units: Neonatal Level III, number of licensed beds
IngUnitNeonatal3Staff	Number	Units: Neonatal Level III, number of staffed beds
IngUnitNeonatal3IDOC	Number	Units: Neonatal Level III, annual census, input days of care
IngUnitNeonatal2Lic	Number	Units: Neonatal Level II, number of licensed beds
IngUnitNeonatal2Staff	Number	Units: Neonatal Level II, number of staffed beds
IngUnitNeonatal2IDOC	Number	Units: Neonatal Level II, annual census, input days of care
IngUnitObsLic	Number	Units: Obstetric, number of licensed beds
IngUnitObsStaff	Number	Units: Obstetric, number of staffed beds
IngUnitObsIDOC	Number	Units: Obstetric, annual census, input days of care
IngUnitOncLic	Number	Units: Oncology, number of licensed beds
IngUnitOncStaff	Number	Units: Oncology, number of staffed beds
IngUnitOncIDOC	Number	Units: Oncology, annual census, input days of care
IngUnitOrthoLic	Number	Units: Orthopedics, number of licensed beds
IngUnitOrthoStaff	Number	Units: Orthopedics, number of staffed beds
IngUnitOrthoIDOC	Number	Units: Orthopedics, annual census, input days of care
IngUnitPedLic	Number	Units: Pediatric, number of licensed beds
IngUnitPedStaff	Number	Units: Pediatric, number of staffed beds
IngUnitPedIDOC	Number	Units: Pediatric, annual census, input days of care
strUnitOtherType	Text	Units: Other type of unit
IngUnitOtherLic	Number	Units: Other, number of licensed beds

IngUnitOtherStaff	Number	Units: Other, number of staffed beds
IngUnitOtherIDOC	Number	Units: Other, annual census, input days of care
IngTotalAcuteCareBedsLic	Number	General Acute Care Beds: Total number of licensed beds
IngTotalAcuteCareBedsStaff	Number	General Acute Care Beds: Total number of staffed beds
IngTotalAcuteCareBedsIDOC	Number	General Acute Care Beds: Total days of care
IngCIPRLic	Number	Comprehensive In-Patient Rehabilitation: number of licensed beds
IngCIPRStaff	Number	Comprehensive In-Patient Rehabilitation: number of staffed beds`
IngCIPRIDOC	Number	Comprehensive In-Patient Rehabilitation: annual census, input days of care
IngIHLic	Number	Inpatient Hospice: number of licensed beds
IngIHStaff	Number	Inpatient Hospice: number of staffed beds
IngIHIDOC	Number	Inpatient Hospice: annual census, input days of care
IngDetoxLic	Number	Detoxification: number of licensed beds
IngDetoxStaff	Number	Detoxification: number of staffed beds
IngDetoxIDOC	Number	Detoxification: annual census, input days of care
IngSACDTLic	Number	Substance Abuse Treatment: number of licensed beds
IngSACDTStaff	Number	Substance Abuse Treatment: number of staffed beds
IngSACDTIDOC	Number	Substance Abuse Treatment: annual census, input days of care
IngPsychLic	Number	Psychiatry: number of licensed beds
IngPsychStaff	Number	Psychiatry: number of staffed beds
IngPsychIDOC	Number	Psychiatry: annual census, input days of care
IngNursingLic	Number	Nursing Facility: number of licensed beds
IngNursingStaff	Number	Nursing Facility: number of staffed beds
IngNursingIDOC	Number	Nursing Facility: annual census, input days of care
IngAdultCareLic	Number	Adult Care Home: number of licensed beds
IngAdultCareStaff	Number	Adult Care Home: number of staffed beds
IngAdultCareIDOC	Number	Adult Care Home: annual census, input days of care
IngOtherLic	Number	Other: number of licensed beds
IngOtherStaff	Number	Other: number of staffed beds
IngOtherIDOC	Number	Other: annual census, input days of care
IngTotalLic	Number	Total: number of licensed beds
IngTotalStaff	Number	Total: number of staffed beds
IngTotalIDOC	Number	Total: annual census, input days of care
IngSwingBeds	Number	Number of swing beds
IngSkilledNursing	Number	Number of skilled nursing days in swing beds
IngObservationBeds	Number	Number of unlicensed observation beds

Table 3: tblCardiacServices

Field Name	Data Type	Definition
IngCardiacID	AutoNumber	Unique identifier for the Cardiac Services table. Must be a NUMBER.
IngHospitalID	Number	Identifies the hospital that the information is related. Must be a NUMBER.
IngCampusType	Number	-1: Cumulative totals for a multi-campus hospital; 0: Hospital only has one campus; #>0: distinct campus numbers
IngCCNumUnitsDCC	Number	Number of units of equipment: Diagnostic Cardiac Catheterization.
IngCCNumUnitsICC	Number	Number of units of equipment: Interventional Cardiac Catheterization.
IngCCNumUnitsEP	Number	Number of units of equipment: Electro-physiology.
IngCCNumPatsUnder14DCC	Number	Number of patients age 14 and younger: Diagnostic Cardiac Catheterization.
IngCCNumPatsUnder14ICC	Number	Number of patients age 14 and younger: Interventional Cardiac Catheterization.
IngCCNumPatsUnder14EP	Number	Number of patients age 14 and younger: Electro-physiology.
IngCCNumPats15DCC	Number	Number of patients age 15 and older: Diagnostic Cardiac Catheterization.
IngCCNumPats15ICC	Number	Number of patients age 15 and older: Interventional Cardiac Catheterization.
IngCCNumPats15EP	Number	Number of patients age 15 and older: Electro-physiology.
IngCCNumPatsDCC	Number	Total number of patients: Diagnostic Cardiac Catheterization.
IngCCNumPatsICC	Number	Total number of patients: Interventional Cardiac Catheterization.
IngCCNumPatsEP	Number	Total number of patients: Electro-physiology
IngCCNumProcFixedDCC	Number	Number of procedures performed in fixed units: Diagnostic Cardiac Catheterization.
IngCCNumProcFixedICC	Number	Number of procedures performed in fixed units: Interventional Cardiac Catheterization
IngCCNumProcFixedEP	Number	Number of procedures performed in fixed units: Electro-physiology
IngCCNumProcMobileDCC	Number	Number of procedures performed in mobile units: Diagnostic Cardiac Catheterization.
IngCCNumProcMobileICC	Number	Number of procedures performed in mobile units: Interventional Cardiac Catheterization
IngCCNumProcMobileEP	Number	Number of procedures performed in mobile units: Electro-physiology
IngCCNumProcDCC	Number	Total number of procedures performed: Diagnostic Cardiac Catheterization.
IngCCNumProcICC	Number	Total number of procedures performed: Interventional Cardiac Catheterization.

IngCCNumProcEP	Number	Total number of procedures performed: Electro-physiology.
strNameMobileVendor	Text	Name of mobile vendor
IngNumOpHoursPerWeek	Number	Number of 8-hour days per week the mobile unit is on-site.
IngOHSNumHLBypassMachines	Number	Number of Heart-Lung Bypass Machines.
IngOHSNumHLBypassProcs	Number	Total annual number of open heart surgery procedures utilizing heart-lung bypass machine.
IngOHSNumHLNoBypassProcs	Number	Total annual number of open heart surgery procedures done without utilizing a heart-lung bypass machine.
IngOHSTotalOHProcs	Number	Total open heart surgery procedures.
IngOHSNumHLBypassProcsUnder14	Number	Total number of procedures utilizing a heart-lung bypass machine on patients age 14 and under.
IngOHSTotalOHProcsUnder14	Number	Total number of open heart surgeries that do not utilize a heart-lung bypass machine on patients age 14 and under.
IngNumGIEndoRooms	Number	Number of gastrointestinal endoscopy rooms.
IngNumGIEndoCases	Number	Number of gastrointestinal endoscopy cases.
IngNumNonGIEndoCases	Number	Number of non-gastrointestinal endoscopy cases.
IngTotalEndoCases	Number	Total number of endoscopy cases.
IngNumGIEndoProcs	Number	Number of gastrointestinal endoscopy procedures.
IngNumNonGIEndoProcs	Number	Number of non-gastrointestinal endoscopy procedures.
IngTotalEndoProcs	Number	Total number of endoscopy procedures.
ysnAppAddGIRoomsCertOfNeed	Yes/No	Does this facility have approval for additional GI Endoscopy rooms that are being developed pursuant to a Certificate of Need?
intNumAdditionalGIRoomsCertOfNeed	Number	Number of additional GI Endoscopy rooms.
IngNumProcRooms	Number	Total number of procedure rooms.
IngNumCasesPainManagementInpatient	Number	Number of pain management, inpatient cases.
IngNumCasesPainManagementAmbulatory	Number	Number of pain management, ambulatory cases.
IngNumCasesCysoscopyInpatient	Number	Number of cystoscopy, inpatient cases.
IngNumCasesCysoscopyAmbulatory	Number	Number cystoscopy, ambulatory cases.
IngNumCasesNonGIEndoInpatient	Number	Number of non-gastrointestinal endoscopies, inpatient cases.
IngNumCasesNonGIEndoAmbulatory	Number	Number of non-gastrointestinal endoscopies, ambulatory cases.
IngNumCasesGIEndoInpatient	Number	Number of gastrointestinal endoscopies, inpatient cases.
IngNumCasesGIEndoAmbulatory	Number	Number of gastrointestinal andoscopies, ambulatory cases.
IngNumCasesYAGLaserInpatient	Number	Number of YAG Laser, inpatient cases.
IngNumCasesYAGLaserAmbulatory	Number	Number of YAG Laser, ambulatory cases.
strNumCasesOther1Name	Text	Specify other type of procedure
IngNumCasesOther1Inpatient	Number	Number of other type, inpatient cases.
IngNumCasesOther1Ambulatory	Number	Number of other type, ambulatory cases.
strNumCasesOther2Name	Text	Specify other type of procedure.

IngNumCasesOther2Inpatient	Number	Number of other type, inpatient cases.
IngNumCasesOther2Ambulatory	Number	Number of other type, ambulatory cases.
IngNumCasesOther3Inpatient	Number	Number of unspecified other, inpatient cases.
IngNumCasesOther3Ambulatory	Number	Number of unspecified other, ambulatory cases.
IngTotalCasesNonSurgicalInpatient	Number	Total number of non-surgical, inpatient cases.
IngTotalCasesNonSurgicalAmbulatory	Number	Total number of non-surgical, ambulatory cases.

Table 4: tblCareTypes

Field Name	Data Type	Definition
IngCareTypeID	Number	Unique identifier for the different types of patient care. Must be a NUMBER.
strTypesOfCare	Text	Identifies the different types.

Table 5: tblCPTCodes

Field Name	Data Type	Definition
IngCPTCodeID	Number	Unique identifier of the CPTCodes table. Must be a NUMBER.
strCPTCode	Text	The CPT code.
strCPTDescript	Text	A description of the CPT code.
ysnUsed	Yes/No	Is this code used in the forms?
IngEquipmentTypeID	Number	Identifier the equipment type that the CPT code is related to. This is related to the EquipmentType table. Must be a NUMBER.
sngESTV	Number	ESTV values indicate if there is special consideration for the time required to perform special techniques.

Table 6: tblCPTProcedures

Field Name	Data Type	Definition
IngCPTProcedureID	AutoNumber	Unique identifier for the CPT Procedures table. Must be a NUMBER.
IngSiteDataID	Number	Identifies the site the data is related to. See tblSiteData. Must be a NUMBER.
IngCPTCodeID	Number	Identifies the CPT Code. Must be a NUMBER.
IngCPTProcedures	Number	Number of procedures performed of a particular CPT code from a particular hospital.

Table 7: tblEquipmentTypes

Field Name	Data Type	Definition
IngEquipmentTypeID	Number	Unique identifier for the Equipment Types table. Must be a NUMBER.
strEquipmentType	Text	Identifies the different types of equipment.

Table 8: tblDaysOfCare

Field Name	Data Type	Definition
IngDaysOfCareID	AutoNumber	Unique identifier of the days of care information. Must be a NUMBER.
IngHospitalID	Number	Identifies the hospital the patient. Must be a NUMBER.
IngMentalHealthCareID	Number	Identifies the type of care received by the patient. Must be a NUMBER.
IngAgeLevelID	Number	Identifies the age level. Must be a NUMBER.
IngLocationID	Number	Identifies the location the patient was from. Must be a NUMBER.
IngDaysOfCare	Number	The total number of days a patient from a particular location received specific mental health care from a particular hospital. Must be a NUMBER.

Table 9: tblFacilities

Field Name	Data Type	Definition
IngFacilityID	AutoNumber	Unique identification for the individual facilities related to a hospital. Must be a NUMBER.
IngHospitalID	Number	Identifies the hospital that the facility is related to. Must be a NUMBER.
strFacilityName	Text	Name of the facility
strFacilityAddress	Text	Address of the facility
strFacilityType	Text	Type of Business/Service

Table 100: tblHospiceData

Field Name	Data Type	Definition
IngHospiceDataID	AutoNumber	Unique identifier for the hospice inpatient unit data. Must be a NUMBER.
IngHospitalID	Number	Identifies the hospital that is related to this information. Must be a NUMBER.
IngLocationID	Number	Identifies the county of residence of the patients. Out of State is Other States in the Location table. Must be a NUMBER.
IngAge0-17	Number	Number of patients ages 0-17 from the county served.
IngAge18-40	Number	Number of patients ages 18-40 from the county served.
IngAge41-59	Number	Number of patients ages 41-59 from the county served.
IngAge60-64	Number	Number of patients ages 60-65 from the county served.
IngAge65-74	Number	Number of patients ages 65-74 from the county served.
IngAge75-84	Number	Number of patients ages 75-84 from the county served.
IngAge85+	Number	Number of patients ages 85+ from the county served.
IngTotal	Number	Total number of patients served from the county served.
IngDaysOfCare	Number	Total days of care from the county served.
IngDeaths	Number	Total number of deaths from the county served.

Table 111: tblFacilityData

Field Name	Data Type	Definition
IngFacilityDataID	AutoNumber	Unique Identifier for the facility data table. Must be a NUMBER.
IngHospitalID	Number	Identifies the hospital ID that the facility data is related to. Must be a NUMBER.
intLicAcCareBedsAdmissions	Number	Admissions to Licensed Acute Care Beds. Must be a NUMBER.
intLicAcCareBedsDischarges	Number	Discharges from Licensed Acute Care Beds. Must be a NUMBER.
sngAverageDailyCensus	Number	Average Daily Census
ysnLicensedBedChange	Yes/No	Was there a permanent change in the total number of licensed beds during the reporting period?
IngCurrentLicensedBeds	Number	What is the current number of licensed beds?
strReasonforChange	Text	Please state reason(s) which may have affected the change in bed complement.
IngObservations	Number	Number of patients in observation status and not admitted as inpatients, excluding Emergency Department patients.
ysnDesignatedTraumaCenter	Yes/No	Are you a designated trauma center?
IngTraumaLevel	Number	What is your trauma designation level? Must be a NUMBER.
ysnCriticalAccessHospital	Yes/No	Are you a critical access hospital (CAH)?
ysnLongTermCareHospital	Yes/No	Are you a long term care hospital (LTCH)?
strAccreditingBody1	Text	Specify the accrediting body.
dtmAccreditingLastSurvey1	Date/Time	Date of the last survey by the accrediting body.
strAccreditingBody2	Text	Specify the accrediting body.
dtmAccreditingLastSurvey2	Date/Time	Date of the last survey by the accrediting body.

Table 12: tblHospitals

Field Name	Data Type	Definition
IngHospitalID	AutoNumber	Unique identifier of the Hospitals. Must be a NUMBER.
strLicenceNumber	Text	License number of the hospital.
strLegalIdentity	Text	Full legal name of the corporation, partnership, individual, or other legal entity owning the enterprise or service.
strDBA	Text	Doing Business As: name(s) under which the facility or services are advertised or presented to the public.
strPrimaryName	Text	Primary name of the legal entity
strOtherName1	Text	Optional other name for the legal entity.
strOtherName2	Text	Optional other name for the legal entity.
strAddMailStreet	Text	Facility's Mailing Street Address
strAddMailCity	Text	Facility's Mailing City
strAddMailST	Text	Facility's Mailing State
strAddMailZip	Text	Facility's Mailing Zip Code
strAddSiteStreet	Text	Facility's Site Street Address

strAddSiteCity	Text	Facility's Site City
strAddSiteST	Text	Facility's Site State
strAddSiteZip	Text	Facility's Site Zip Code
strAddSiteCounty	Text	Facility's Site County
IngCounty	Number	Identifies the county by number. See tblLocations. Must be a NUMBER.
strTelephone	Text	Facility's Telephone Number
strFax	Text	Facility's Fax Number
strDirectorName	Text	Facility's Director
strDirectorTitle	Text	Facility's Director's Title
strCEOName	Text	Designated agent responsible to the governing body for the management of the licensed facility.
strCEOTitle	Text	Title of the CEO.
strContactName	Text	Name of the person to contact for any questions regarding this form
strContactTelephone	Text	Telephone Number of the person to contact for any questions.
strContactEmail	Text	Email address of the person to contact for any questions.

Table 13: tblImagingData

Field Name	Data Type	Definition
IngImagingDataID	AutoNumber	Unique identifier for the ImagingData table. Must be a NUMBER.
IngHospitalID	Number	Identifies the hospital that the data is related to. Must be a NUMBER.
strName	Text	Name of the site.
strSiteAddress	Text	Address of the site.
strSiteCity	Text	City of the site.
strSiteState	Text	State of the site.
strSiteZipCode	Text	Zipcode of the site.
IngCounty	Number	Identifies the county where the site is located. See tblLocation. Must be a NUMBER.
IngCampusType	Number	-1: Cumulative totals for a multi-campus hospital; 0: Hospital only has one campus; # >0: distinct campus numbers
IngNumFixedCT	Number	How many fixed CT scanners does the hospital have?
ysnMobileCTContract	Yes/No	Does the hospital contract for mobile CT scanner services?
strMobileCTVendor	Text	Identify the mobile CT vendor.
IngNumFixCTHeadWithout	Number	Number of head without contrast scans performed on a fixed CT scanner.
IngNumFixCTHeadWith	Number	Number of head with contrast scans performed on a fixed CT scanner.
IngNumFixCTHeadWithandWithout	Number	Number of head with and without contrast scans performed on a fixed CT scanner.
IngNumFixCTBodyWithout	Number	Number of body without contrast scans performed on a fixed CT

		scanner.
IngNumFixCTBodyWith	Number	Number of body with contrast scans performed on a fixed CT scanner.
IngNumFixCTBodyWithandWithout	Number	Number of body with and without contrast scans performed on a fixed CT scanner.
IngNumFixCTBiopsy	Number	Number of biopsy in addition to body scan with or without contrast on a fixed CT scanner.
IngNumFixCTAbscess	Number	Number of abscess drainage in addition to body scan with or without contrast on a fixed CT scanner.
sngHECTFixCTHeadWithout	Number	Number of HECT units for head without contrast scans performed on a fixed CT scanner.
sngHECTFixCTHeadWith	Number	Number of HECT units for head with contrast scans performed on a fixed CT scanner.
sngHECTFixCTHeadWithandWithout	Number	Number of HECT units for head with and without contrast scans performed on a fixed CT scanner.
sngHECTFixCTBodyWithout	Number	Number of HECT units for body without contrast scans performed on a fixed CT scanner.
sngHECTFixCTBodyWith	Number	Number of HECT units for body with contrast scans performed on a fixed CT scanner.
sngHECTFixCTBodyWithandWithout	Number	Number of HECT units for body with and without contrast scans performed on a fixed CT scanner.
sngHECTFixCTBiopsy	Number	Number of HECT units for biopsy in addition to body scan with or without contrast on a fixed CT scanner.
sngHECTFixCTAbscess	Number	Number of HECT units for abscess drainage in addition to body scan with or without contrast on a fixed CT scanner.
IngNumMobileCTHeadWithout	Number	Number of head without contrast scans performed on a Mobile CT scanner.
IngNumMobileCTHeadWith	Number	Number of head with contrast scans performed on a Mobile CT scanner.
IngNumMobileCTHeadWithandWithout	Number	Number of head with and without contrast scans performed on a Mobile CT scanner.
IngNumMobileCTBodyWithout	Number	Number of body without contrast scans performed on a Mobile CT scanner.
IngNumMobileCTBodyWith	Number	Number of body with contrast scans performed on a Mobile CT scanner.
IngNumMobileCTBodyWithandWithout	Number	Number of body with and without contrast scans performed on a Mobile CT scanner.
IngNumMobileCTBiopsy	Number	Number of biopsy in addition to body scan with or without contrast on a Mobile CT scanner.
IngNumMobileCTAbscess	Number	Number of abscess drainage in addition to body scan with or without contrast on a Mobile CT scanner.

sngHECTMobileCTHeadWithout	Number	Number of HECT units for head without contrast scans performed on a Mobile CT scanner.
sngHECTMobileCTHeadWith	Number	Number of HECT units for head with contrast scans performed on a Mobile CT scanner.
sngHECTMobileCTHeadWithandWithout	Number	Number of HECT units for head with and without contrast scans performed on a Mobile CT scanner.
sngHECTMobileCTBodyWithout	Number	Number of HECT units for body without contrast scans performed on a Mobile CT scanner.
sngHECTMobileCTBodyWith	Number	Number of HECT units for body with contrast scans performed on a Mobile CT scanner.
sngHECTMobileCTBodyWithandWithout	Number	Number of HECT units for body with and without contrast scans performed on a Mobile CT scanner.
sngHECTMobileCTBiopsy	Number	Number of HECT units for biopsy in addition to body scan with or without contrast on a Mobile CT scanner.
sngHECTMobileCTAbscess	Number	Number of HECT units for abscess drainage in addition to body scan with or without contrast on a Mobile CT scanner.
IngPetHSA	Number	
IngPetServiceArea	Number	
IngFixPetNum	Number	Number of dedicated fixed PET scanners.
IngFixPetInp	Number	Number of inpatient procedures on a fixed PET scanner.
IngFixPetOut	Number	Number of outpatient procedures on a fixed PET scanner.
IngFixPetTotal	Number	Total number of procedures on a fixed PET scanner.
IngMobilePetNum	Number	Number of mobile PET scanners.
IngMobilePetInp	Number	Number of inpatient procedures on a mobile PET scanner.
IngMobilePetOut	Number	Number of outpatient procedures on a mobile PET scanner.
IngMobilePetTotal	Number	Number
IngPolicyPetNum	Number	Number of PET scanners pursuant to Policy AC-3.
IngPolicyPetInp	Number	Number of inpatient procedures on a PET scanner pursuant to Policy AC-3.
IngPolicyPetOut	Number	Number of outpatient procedures on a PET scanner pursuant to Policy AC-3.
IngPolicyPetTotal	Number	Total number of procedures on a PET scanner pursuant to Policy AC-3.
IngResearchPetNum	Number	Number of other human research PET scanners.
IngResearchPetInp	Number	Number of inpatient procedures on a research PET scanner.
IngResearchPetOut	Number	Number of outpatient procedures on a research PET scanner.
IngResearchPetTotal	Number	Total number of procedures on a research PET scanner.
IngUltraNum	Number	Number of ultrasound equipment.
IngUltraInp	Number	Number of inpatient procedures on ultrasound equipment.

IngUltraOut	Number	Number of outpatient procedures on ultrasound equipment.
IngUltraTotal	Number	Total number of procedures on ultrasound equipment.
IngBoneNum	Number	Number of bone density equipment.
IngBoneInp	Number	Number of inpatient procedures with bone density equipment.
IngBoneOut	Number	Number of outpatient procedures with bone density equipment.
IngBoneTotal	Number	Total number of procedures with bone density equipment.
IngXNum	Number	Number of fixed X-Ray equipment.
IngXInp	Number	Number of inpatient procedures with fixed X-ray equipment.
IngXOut	Number	Number of outpatient procedures with fixed X-ray equipment.
IngXTotal	Number	Total number of procedures with fixed X-ray equipment.
IngFluorNum	Number	Number of Fluoroscopic X-ray equipment.
IngFluorInp	Number	Number of inpatient procedures with fluoroscopic X-ray equipment.
IngFluorOut	Number	Number of outpatient procedures with fluoroscopic X-ray equipment.
IngFluorTotal	Number	Total number of procedures with fluoroscopic X-ray equipment.
IngSpecNum	Number	Number of special procedures/angiography units.
IngSpecInp	Number	Number of inpatient procedures on special procedures or angiography.
IngSpecOut	Number	Number of outpatient procedures on special procedures or angiography.
IngSpecTotal	Number	Total number of procedures on special procedures or angiography.
IngCoinNum	Number	Number of coincidence cameras.
IngCoinInp	Number	Number of inpatient procedures with coincidence cameras.
IngCoinOut	Number	Number of outpatient procedures with coincidence cameras.
IngCoinTotal	Number	Total number of procedures with coincidence cameras.
IngMobileCoinNum	Number	Number of mobile coincidence cameras.
strMobileCoinVendor	Text	Mobile coincidence camera vendor.
IngMobileCoinInp	Number	Number of inpatient procedures on a mobile coincidence camera.
IngMobileCoinOut	Number	Number of outpatient procedures on a mobile coincidence camera.
IngMobileCoinTotal	Number	Total number of procedures with a mobile coincidence camera.
IngSpectNum	Number	Number of SPECT.
IngSpectInp	Number	Number of inpatient procedures on SPECT.
IngSpectOut	Number	Number of outpatient procedures on SPECT.
IngSpectTotal	Number	Total number of procedures on SPECT.
IngMobileSpectNum	Number	Number of mobile SPECT.
strMobileSpectVendor	Text	Mobile SPECT Vendor.
IngMobileSpectInp	Number	Number of inpatient procedures on a mobile SPECT.
IngMobileSpectOut	Number	Number of outpatient procedures on a mobile SPECT.
IngMobileSpectTotal	Number	Total number of procedures on a mobile SPECT.
IngGammaNum	Number	Number of gamma cameras.
IngGammaInp	Number	Number of inpatient procedures on gamma cameras.

IngGammaOut	Number	Number of outpatient procedures on gamma cameras.
IngGammaTotal	Number	Total number of procedures on gamma cameras.
IngMobileGammaNum	Number	Number of mobile gamma cameras.
strMobileGammaVendor	Text	Mobile Gamma Camera vendor.
IngMobileGammaInp	Number	Number of inpatient procedures on mobile gamma cameras.
IngMobileGammaOut	Number	Number of outpatient procedures on mobile gamma cameras.
IngMobileGammaTotal	Number	Total number of procedures on mobile gamma cameras.
IngLithServiceArea	Number	
IngFixLithNum	Number	Number of fixed lithotripsy.
IngFixLithInp	Number	Number of inpatient procedures on fixed lithotripsy.
IngFixLithOut	Number	Number of outpatient procedures on fixed lithotripsy.
IngFixLithTotal	Number	Total number of procedures on fixed lithotripsy.
IngMobileLithNum	Number	Number of mobile lithrotripsy.
strMobileLithVendor	Text	Mobile lithotripsy vendor.
IngMobileLithInp	Number	Number of inpatient procedures on mobile lithotripsy.
IngMobileLithOut	Number	Number of outpatient procedures on mobile lithotripsy.
IngMobileLithTotal	Number	Total number of procedures on mobile lithotripsy.
IngMammoNum	Number	Number of mammography.
IngMammoInp	Number	Number of inpatient procedures on mammography.
IngMammoOut	Number	Number of outpatient procedures on mammography.
IngMammoTotal	Number	Total number of procedures on fixed mammography.

Table 14: tblLocations

Field Name	Data Type	Definition
IngLocationID	Number	Unique identifier for each location. Must be a NUMBER.
strLocation	Text	Location

Table 15: tblMentalHealth

Field Name	Data Type	Definition
IngMentalHealthID	AutoNumber	Unique identifier for the mental health table. Must be a NUMBER.
IngHospitalID	Number	Identifies the hospital that the data is related to. Must be a NUMBER.
strPsychiatricCareName	Text	Name of psychiatric care unit, if different from the hospital.
strPsychiatricCareAddress	Text	Address of the psychiatric care unit.
strPsychiatricCareDirector	Text	Director of the psychiatric care unit.
strMHSA1100Location	Text	Location of services for partial hospitalization for individuals who are acutely mentally ill.
strMHSA1200Location	Text	Location of services for psychosocial rehabilitation facilities.

IngMHSA12000-12	Number	Number of beds for .1200 assigned to ages 0-12.
IngMHSA120013-17	Number	Number of beds for .1200 assigned to ages 13-17.
IngMHSA12000-17	Number	Number of beds for .1200 assigned to ages 0-17.
IngMHSA120018+	Number	Number of beds for .1200 assigned to ages 18+.
IngMHSA1200Total	Number	Total number of beds for .1200
strMHSA1300Location	Text	Location of residential treatment facilities for children.
IngMHSA13000-12	Number	Number of beds for .1300 assigned to ages 0-12.
IngMHSA130013-17	Number	Number of beds for .1300 assigned to ages 13-17.
IngMHSA13000-17	Number	Number of beds for .1300 assigned to ages 0-17.
IngMHSA1300Total	Number	Total number of beds for .1300.
strMHSA1400Location	Text	Location of day treatment for children.
strMHSA1500Location	Text	Location of intensive residential treatment facilities.
IngMHSA15000-12	Number	Number of beds for .1500 assigned to ages 0-12.
IngMHSA150013-17	Number	Number of beds for .1500 assigned to ages 13-17.
IngMHSA15000-17	Number	Number of beds for .1500 assigned to ages 0-17.
IngMHSA1500Total	Number	Total number of beds for .1500.
strMHSA5000Location	Text	Location of services of facility based crisis center.
IngMHSA50000-12	Number	Number of beds for .5000 assigned to ages 0-12.
IngMHSA500013-17	Number	Number of beds for .5000 assigned to ages 13-17.
IngMHSA50000-17	Number	Number of beds for .5000 assigned to ages 0-17.
IngMHSA500018+	Number	Number of beds for .5000 assigned to ages 18+.
IngMHSA5000Total	Number	Total number of beds for .5000
strMHSA5200Location	Text	Location of inpatient unit.
IngMHSA52000-12	Number	Number of beds for .5200 assigned to ages 0-12.
IngMHSA520013-17	Number	Number of beds for .5200 assigned to ages 13-17.
IngMHSA52000-17	Number	Number of beds for .5200 assigned to ages 0-17.
IngMHSA520018+	Number	Number of beds for .5200 assigned to ages 18+.
IngMHSA5200Total	Number	Total number of beds for .5200.
strMHSA3100Location	Text	Location of nonhospital medical detoxification.
IngMHSA31000-12	Number	Number of beds for .3100 assigned to ages 0-12.
IngMHSA310013-17	Number	Number of beds for .3100 assigned to ages 13-17.
IngMHSA31000-17	Number	Number of beds for .3100 assigned to ages 0-17.
IngMHSA310018+	Number	Number of beds for .3100 assigned to ages 18+.
IngMHSA3100Total	Number	Total number of beds for .3100.
strMHSA3200Location	Text	Location of social setting detoxification.
IngMHSA32000-12	Number	Number of beds for .3200 assigned to ages 0-12.
IngMHSA320013-17	Number	Number of beds for .3200 assigned to ages 13-17.
IngMHSA32000-17	Number	Number of beds for .3200 assigned to ages 0-17.

IngMHSA320018+	Number	Number of beds for .3200 assigned to ages 18+.
IngMHSA3200Total	Number	Total number of beds for .3200.
strMHSA3300Location	Text	Location of outpatient detoxification.
strMHSA3400Location	Text	Location of residential treatment/rehabilitation for individuals with substance abuse disorders.
IngMHSA34000-12	Number	Number of beds for .3400 assigned to ages 0-12.
IngMHSA340013-17	Number	Number of beds for .3400 assigned to ages 13-17.
IngMHSA34000-17	Number	Number of beds for .3400 assigned to ages 0-17.
IngMHSA340018+	Number	Number of beds for .3400 assigned to ages 18+.
IngMHSA3400Total	Number	Total number of beds for .3400.
strMHSA3500Location	Text	Location of outpatient facilities with substance abuse disorders.
strMHSA3600Location	Text	Location of outpatient narcotic addiction treatment.
strMHSA3700Location	Text	Location of day treatment facilities for individuals with substance abuse disorders.
strMHSA5200BLocation	Text	Location of inpatient hospital unit for individuals who have substance abuse disorders.
IngMHSA5200BTreatmentBeds	Number	Number of treatment beds in the inpatient hospital unit.
IngMHSA5200BDetoxBeds	Number	Number of medical detox beds in the inpatient hospital unit.
IngMHSA5200B0-12	Number	Number of beds for .5200 assigned to ages 0-12.
IngMHSA5200B13-17	Number	Number of beds for .5200 assigned to ages 13-17.
IngMHSA5200B0-17	Number	Number of beds for .5200 assigned to ages 0-17.
IngMHSA5200B18+	Number	Number of beds for .5200 assigned to ages 18+.
IngMHSA5200BTotal	Number	Total number of beds for .5200.

Table 16: tblMentalHealthCare

Field Name	Data Type	Definition
IngMentalHealthCareID	Number	Unique identifier for the types of mental health care. Must be a NUMBER.
strTypeOfMentalHealthCare	Text	Identifies the type of mental health care received.

Table 17: tblMRIData

Field Name	Data Type	Definition
IngMRIDataID	AutoNumber	Unique identifier for the MRIData table. Must be a NUMBER.
IngSiteDataID	Number	Identifies the site location of the MRI Data. See tblSiteData. Must be a NUMBER.
IngCampusType	Number	-1: Cumulative totals for a multi-campus hospital; 0: Hospital only has one campus; #>0: distinct campus numbers
IngDuplEntry	Number	Is this a duplicate entry and not to be counted in the calculations? 0: No 1: Yes
IngTotalMRIProcedures	Number	Total number of MRI procedures. Number must equal the sum of inpatient and

		outpatient procedures.
IngNumClosedFixMRI	Number	Total number of closed, fixed MRI scanners.
IngNumOpenFixMRI	Number	Total number of open, fixed MRI scanners.
IngNumTotalFixMRI	Number	Total number of fixed MRI scanners.
IngFixMRIInWith	Number	Number of inpatient procedures with contrast or sedation for fixed MRI scanners.
IngFixMRIInWithout	Number	Number of inpatient procedures without contrast or sedation for fixed MRI scanners.
IngFixMRIInTotal	Number	Total number of inpatient procedures with a fixed MRI scanner.
IngFixMRIOutWith	Number	Number of outpatient procedures with contrast or sedation for fixed MRI scanners.
IngFixMRIOutWithout	Number	Number of outpatient procedures without contrast or sedation for fixed MRI scanners.
IngFixMRIOutTotal	Number	Total number of outpatient procedures with a fixed MRI scanner.
strMobileMRIName1	Text	Name of the mobile MRI provider.
IngNumMobileMRI1	Number	Number of mobile MRIs from provider.
IngMobileMRIInWith1	Number	Number of inpatient procedures with contrast or sedation for mobile MRI scanner.
IngMobileMRIInWithout1	Number	Number of inpatient procedures without contrast or sedation for mobile MRI scanner.
IngMobileMRIInTotal1	Number	Total number of inpatient procedures for the mobile MRI.
IngMobileMRIOutWith1	Number	Number of outpatient procedures with contrast or sedation for mobile MRI scanner.
IngMobileMRIOutWithout1	Number	Number of outpatient procedures without contrast or sedation for mobile MRI scanner.
IngMobileMRIOutTotal1	Number	Total number of outpatient procedures for the mobile MRI.
strMobileMRIName2	Text	Name of the mobile MRI provider.
IngNumMobileMRI2	Number	Number of mobile MRIs from provider.
IngMobileMRIInWith2	Number	Number of inpatient procedures with contrast or sedation for mobile MRI scanner.
IngMobileMRIInWithout2	Number	Number of inpatient procedures without contrast or sedation for mobile MRI scanner.
IngMobileMRIInTotal2	Number	Total number of inpatient procedures for the mobile MRI.
IngMobileMRIOutWith2	Number	Number of outpatient procedures with contrast or sedation for mobile MRI scanner.
IngMobileMRIOutWithout2	Number	Number of outpatient procedures without contrast or sedation for mobile MRI scanner.
IngMobileMRIOutTotal2	Number	Total number of outpatient procedures for the mobile MRI.
IngNumMRIPolicy	Number	Number of mobile MRIs from provider.
IngMRIPolicyInWith	Number	Number of inpatient procedures with contrast or sedation for mobile MRI scanner.
IngMRIPolicyInWithout	Number	Number of inpatient procedures without contrast or sedation for mobile MRI scanner.
IngMRIPolicyInTotal	Number	Total number of inpatient procedures for the mobile MRI.
IngMRIPolicyOutWith	Number	Number of outpatient procedures with contrast or sedation for mobile MRI scanner.
IngMRIPolicyOutWithout	Number	Number of outpatient procedures without contrast or sedation for mobile MRI scanner.
IngMRIPolicyOutTotal	Number	Total number of outpatient procedures for the mobile MRI.
IngNumMRIRes	Number	Number of mobile MRIs from provider.

IngMRIResInWith	Number	Number of inpatient procedures with contrast or sedation for mobile MRI scanner.
IngMRIResInWithout	Number	Number of inpatient procedures without contrast or sedation for mobile MRI scanner.
IngMRIResInTotal	Number	Total number of inpatient procedures for the mobile MRI.
IngMRIResOutWith	Number	Number of outpatient procedures with contrast or sedation for mobile MRI scanner.
IngMRIResOutWithout	Number	Number of outpatient procedures without contrast or sedation for mobile MRI scanner.
IngMRIResOutTotal	Number	Total number of outpatient procedures for the mobile MRI.

Table 18: tblOtherServices

Field Name	Data Type	Definition
IngOtherServicesID	AutoNumber	Unique identifier for the Other Services table. Must be a NUMBER.
IngHospitalID	Number	Identifies the hospital that the information is related to. Must be a NUMBER.
IngNumPatientsRadOnc	Number	Number of unduplicated patients who receive a course of radiation oncology treatments.
IngNumLinAcc	Number	Total number of linear accelerators.
IngNumLinAccSR	Number	Number of linear accelerators configured for stereotactic radiosurgery.
IngNumCyberKnife	Number	Number of CyberKnife Systems, Gamma Knife, or other specialized Linear accelerators.
strKnifeManufacturer	Text	Identify the manufacturer of equipment
ysnTelemedicine	Yes/No	Does your facility utilize telemedicine to have images read at another facility?
ysnReadTelemedicine	Yes/No	Does your facility read telemedicine images?
ysnCardiacRehabProgram	Yes/No	Does your facility have a cardiac rehab program (outpatient)?
ysnChemotherapy	Yes/No	Does your facility provide Chemotherapy?
ysnClinicalPsychologyServices	Yes/No	Does your facility provide Clinical Psychology Services?
ysnDentalServices	Yes/No	Does your facility provide dental services?
ysnRehabilitationOutpatientUnit	Yes/No	Does your facility have a rehabilitation outpatient unit?
ysnPodiatricServices	Yes/No	Does your facility provide podiatrics services?
ysnGeneticCounselingService	Yes/No	Does your facility provide genetic counseling services?
ysnAcuteDialysis	Yes/No	Does your facility have acute dialysis stations?
IngNumAcuteDialysisStations	Number	How many acute dialysis stations do you have?

Table 19: tblOwnership

Field Name	Data Type	Definition
IngOwnerID	AutoNumber	Unique identifier for the owners table. Must be a NUMBER.
IngHospitalID	Number	Identifies the hospital. Matches the HospitalID from Hospitals. Must be a NUMBER.
strOwnerName	Text	Name of the legal entity with ownership responsibility and liability.
strOwnerFedEmpNum	Text	Federal Employer ID #
strOwnerAdd	Text	Owner's Street Address
strOwnerCity	Text	Owner's City
strOwnerST	Text	Owner's State
strOwnerZip	Text	Owner's Zip Code
strOwnerTelephone	Text	Owner's Telephone
strOwnerFax	Text	Owner's Fax
strOwnerCEO	Text	Owner's CEO
ysnPartofHealthSystem	Yes/No	Is your facility part of a Health System?
strHealthSystemName	Text	Name of the Health System
strHealthSystemCEO	Text	CEO of the Health System
ysnForProfit	Yes/No	Legal entity is For Profit. Yes is For Profit. No is Not For Profit
ysnCorporation	Yes/No	Is the legal entity a Corporation?
ysnProprietorship	Yes/No	Is the legal entity a Proprietorship?
ysnLLP	Yes/No	Is the legal entity a LLP?
ysnLLC	Yes/No	Is the legal entity a LLC?
ysnPartnership	Yes/No	Is the legal entity a Partnership?
ysnGovernmentUnit	Yes/No	Is the legal entity a government unit?
ysnLease	Yes/No	Does the legal entity LEASE the building from which services are offered?
strBuildingOwner	Text	Name of the building owner
ysnManagementContract	Yes/No	Is the business operated under a management contract?
strMgmtCompName	Text	Name of the management company
strMgmtCompAdd	Text	Street Address of the management company
strMgmtCompCity	Text	City of the management company
strMgmtCompST	Text	State of the management company
strMgmtCompZip	Text	Zip Code of the management company
strMgmtCompTelephone	Text	Telephone of the management company
strVPNursingPatientCare	Text	Vice President of Nursing and Patient Care Services
strDirectorofPlanning	Text	Director of Planning

Table 20: tblPatientOrigin

Field Name	Data Type	Definition
IngPatientOriginID	AutoNumber	Unique identifier for the patient origin information. Must be a NUMBER.
IngHospitalID	Number	Identifies the hospital that treated the patient. Must be a NUMBER.
IngLocationID	Number	Identifies the location the patient was from that was treated. Must be a NUMBER.
IngCareTypeID	Number	Identifies the type of treatment the patient received. Must be a NUMBER.
IngNumberofPatients	Number	Identifies the number of patients treated by the same hospital, from the same location, with the same type of care. Must be a NUMBER.

Table 21: tblReimbursementSource

Field Name	Data Type	Definition
IngReimburseID	AutoNumber	Unique Identifier for the reimbursement source table. Must be a NUMBER.
IngHospitalID	Number	Identifies the hospital ID that the facility data is related to. Must be a NUMBER.
strCampus	Text	Identify the campus if the information is provided.
IngCampusType	Number	-1: Cumulative totals for a multi-campus hospital; 0: Hospital only has one campus; #>0: distinct campus numbers
IngCharityCareIDC	Number	Self Pay/Indigent/Charity: Inpatient days of care
IngCharityCareEV	Number	Self Pay/Indigent/Charity: Emergency visits
IngCharityCareOV	Number	Self Pay/Indigent/Charity: Outpatient visits
IngCharityCareISC	Number	Self Pay/Indigent/Charity: Inpatient surgical cases
IngCharityCareASC	Number	Self Pay/Indigent/Charity: Ambulatory surgical cases
IngCommInsIDC	Number	Commercial Insurance: Inpatient days of care
IngCommInsEV	Number	Commercial Insurance: Emergency visits
IngCommInsOV	Number	Commercial Insurance: Outpatient visits
IngCommInsISC	Number	Commercial Insurance: Inpatient surgical cases
IngCommInsASC	Number	Commercial Insurance: Ambulatory surgical cases
IngMedicaidIDC	Number	Medicaid: Inpatient days of care
IngMedicaidEV	Number	Medicaid: Emergency visits
IngMedicaidOV	Number	Medicaid: Outpatient visits
IngMedicaidISC	Number	Medicaid: Inpatient surgical cases
IngMedicaidASC	Number	Medicaid: Ambulatory surgical cases
IngMedicareIDC	Number	Medicare & Medicare Managed Care: Inpatient days of care
IngMedicareEV	Number	Medicare & Medicare Managed Care: Emergency visits
IngMedicareOV	Number	Medicare & Medicare Managed Care: Outpatient visits
IngMedicareISC	Number	Medicare & Medicare Managed Care: Inpatient surgical cases
IngMedicareASC	Number	Medicare & Medicare Managed Care: Ambulatory surgical cases
IngManagedCareIDC	Number	Managed Care: Inpatient days of care
IngManagedCareEV	Number	Managed Care: Emergency visits

IngManagedCareOV	Number	Managed Care: Outpatient visits
IngManagedCareISC	Number	Managed Care: Inpatient surgical cases
IngManagedCareASC	Number	Managed Care: Ambulatory surgical cases
strOtherCare	Text	Other Reimbursement Source: please specify
IngOtherIDC	Number	Other: Inpatient days of care
IngOtherEV	Number	Other: Emergency visits
IngOtherOV	Number	Other: Outpatient visits
IngOtherISC	Number	Other: Inpatient surgical cases
IngOtherASC	Number	Other: Ambulatory surgical cases
IngTotalIDC	Number	Total: Inpatient days of care
IngTotalEV	Number	Total: Emergency visits
IngTotalOV	Number	Total: Outpatient visits
IngTotalISC	Number	Total: Inpatient surgical visits
IngTotalASC	Number	Total: Ambulatory surgical visits
curMedicaidCosts	Currency	Unreimbursed Medicaid Costs: Amount. This is a currency field - do not include the \$.
dblMedicaidCosts	Number	Unreimbursed Medicaid Costs: percent of total costs
curCharityCare	Currency	Unreimbursed Charity Care: Amount. This is a currency field - do not include the \$.
dblCharityCare	Number	Unreimbursed Charity Care: percent of total costs
dblCharityCareNetRev	Number	Unreimbursed Charity Care: percent of net revenues
curBadDebt	Currency	Bad Debt: Amount. This is a currency field - do not include the \$.
dblBadDebtNetRev	Number	Bad Debt: percent of net revenues

Table 22: tblServicesFacilities

Field Name	Data Type	Definition
IngServicesID	AutoNumber	Unique identifier for the Services and Facilities table. Must be a NUMBER.
IngHospitalID	Number	Identifies the hospital the information is related to. Must be a NUMBER.
strCampus	Text	Identifies the campus. Leave blank if cumulative information.
IngLiveBirthsVD	Number	Number of live births - vaginal deliveries.
IngLiveBirthsCS	Number	Number of births by cesarean section.
IngStillBirths	Number	Number of stillbirths.
IngDeliveryRoomsDO	Number	Number of infants born in the delivery rooms - delivery only, not cesarean section
IngDeliveryRoomsLDR	Number	Number of infants born in the labor and delivery, recovery rooms
IngDeliveryRoomsLDRP	Number	Number of infants born in the delivery rooms – LDRP
IngBassinets	Number	Number of normal newborn bassinets (level 1 neonatal services)
IngAbortionProcsPerYear	Number	Number of abortion procedures performed during the year.
IngNumEDRooms	Number	Number of Emergency department exam rooms

IngNumTraumaRooms	Number	Number of emergency department trauma rooms
IngNumFastTrackRooms	Number	Number of emergency department fast track rooms
IngNumEDVisits	Number	Total number of ED visits for the reporting period
IngNumAdmitsFromED	Number	Total number of admits from the ED for the reporting period.
IngNumUCVisits	Number	Total number of urgent care visits fro reporting period.
ysnIsED247	Yes/No	Does the ED provide services 24 hours a day 7 days per week?
strEDHoursSunOpen	Text	What time does the ED open on Sunday?
strEDHoursSunClose	Text	What time does the ED close on Sunday?
strEDHoursMonOpen	Text	What time does the ED open on Monday?
strEDHoursMonClose	Text	What time does the ED close on Monday?
strEDHoursTuesOpen	Text	What time does the ED open on Tuesday?
strEDHoursTuesClose	Text	What time does the ED close on Tuesday?
strEDHoursWedOpen	Text	What time does the ED open on Wednesday?
strEDHoursWedClose	Text	What time does the ED close on Wednesday?
strEDHoursThurOpen	Text	What time does the ED open on Thursday?
strEDHoursThurClose	Text	What time does the ED close on Thursday?
strEDHoursFriOpen	Text	What time does the ED open on Friday?
strEDHoursFriClose	Text	What time does the ED close on Friday?
strEDHoursSatOpen	Text	What time does the ED open on Saturday?
strEDHoursSatClose	Text	What time does the ED close on Saturday?
ysnIsPhy247	Yes/No	Is a physician on duty in your ED 24 hours a day 7 days per week?
strPhyHoursSunOpen	Text	What time does the physician go on duty on Sunday?
strPhyHoursSunClose	Text	What time does the physician go off duty on Sunday?
strPhyHoursMonOpen	Text	What time does the physician go on duty on Monday?
strPhyHoursMonClose	Text	What time does the physician go off duty on Monday?
strPhyHoursTuesOpen	Text	What time does the physician go on duty on Tuesday?
strPhyHoursTuesClose	Text	What time does the physician go off duty on Tuesday?
strPhyHoursWedOpen	Text	What time does the physician go on duty on Wednesday?
strPhyHoursWedClose	Text	What time does the physician go off duty on Wednesday?
strPhyHoursThurOpen	Text	What time does the physician go on duty on Thursday?
strPhyHoursThurClose	Text	What time does the physician go off duty on Thursday?
strPhyHoursFriOpen	Text	What time does the physician go on duty on Friday?
strPhyHoursFriClose	Text	What time does the physician go off duty on Friday?
strPhyHoursSatOpen	Text	What time does the physician go on duty on Saturday?
strPhyHoursSatClose	Text	What time does the physician go off duty on Saturday?
ysnMedicalAirService	Yes/No	Does the facility operate an air ambulance service?
IngOwnedLeasedService	Number	Owned or leased air ambulance service? 1 = Owned, 2 = Leased
IngRotaryNum	Number	Number of rotary aircraft

IngRotaryOwned	Number	Number of rotary aircraft owned
IngRotaryLeased	Number	Number of rotary aircraft leased
IngRotaryTransports	Number	Number of transports
IngFixedWingNum	Number	Number of fixed wing aircraft
IngFixedWingOwned	Number	Number of fixed wing aircraft owned
IngFixedWingLeased	Number	Number of fixed wing aircraft leased
IngFixedWingTransports	Number	Number of fixed wing transports
ysnBloodBankTransfusion	Yes/No	Do you have a blood bank and transfusion services?
ysnHistopathologyLab	Yes/No	Do you have a histopathology laboratory?
ysnHIVLab	Yes/No	Do you have HIV Laboratory testing?
IngHIVSerology	Number	Number of HIV Serology tests
IngHIVCulture	Number	Number of HIV Culture tests
ysnOrganBank	Yes/No	Do you have an organ bank?
ysnPapSmear	Yes/No	Do you do pap smear screening?
IngNumTransplantMarrowAll	Number	Number of bone marrow - allogeneic transplants.
IngNumTransplantMarrowAuto	Number	Number of bone marrow - autologous transplants.
IngNumTransplantCornea	Number	Number of cornea transplants
IngNumTransplantHeart	Number	Number of heart transplants
IngNumTransplantHeartLung	Number	Number of heart/lung transplants
IngNumTransplantKidneyLiver	Number	Number of kidney/liver transplants
IngNumTransplantLiver	Number	Number of liver transplants
IngNumTransplantHeartLiver	Number	Number of heart/liver transplants
IngNumTransplantHeartKidney	Number	Number of heart/kidney transplants
IngNumTransplantKidney	Number	Number of kidney transplants
IngNumTransplantLung	Number	Number of lung transplants
IngNumTransplantPancreas	Number	Number of pancreas transplants
IngNumTransplantPancreasKidney	Number	Number of pancreas/kidney transplants
IngNumTransplantPancreasLiver	Number	Number of pancreas/liver transplants.
IngNumTransplantOther	Number	Number of other transplants
ysnLivingDonorTransplants	Yes/No	Do you perform living donor transplants?

Table 23: tblServiceSite

Field Name	Data Type	Definition
IngSiteDataID	AutoNumber	Unique identifier of the SiteData table. Must be a NUMBER.
IngHospitalID	Number	Identifies the hospital that the site is related to. Must be a NUMBER.
strName	Text	Name of the site.
strSiteAddress	Text	Address of the site.
strSiteCity	Text	City of the site.
strSiteState	Text	State of the site.
strSiteZipCode	Text	Zipcode of the site.
IngCounty	Number	Identifies the county where the site is located. See tblLocation. Must be a NUMBER.
IngServiceSite	Number	Identifies the service area. See tblLocation. Must be a NUMBER.

Table 24: tblSurgicalOperatingRooms

Field Name	Data Type	Definition
IngSurgeryID	AutoNumber	Unique identifier for the SurgicalOperatingRooms table. Must be a NUMBER.
IngHospitalID	Number	Identifies the hospital that the information is related to. Must be a NUMBER.
strCampusName	Text	Name of the campus.
IngCampusType	Number	-1: Cumulative totals for a multi-campus hospital; 0: Hospital only has one campus; #>0: distinct campus numbers
IngOROpenHeart	Number	Number of rooms dedicated to open heart surgery.
IngORCSection	Number	Number of rooms dedicated to C-Section.
IngORInpatient	Number	Number of rooms dedicated to inpatient surgery.
IngORAmbulatory	Number	Number of rooms dedicated to ambulatory surgery.
IngORShared	Number	Number of rooms shared between inpatient and ambulatory surgery.
IngORTotal	Number	Total number of surgical rooms.
ysnAppForAddORCertOfNeed	Yes/No	Does this facility have approval for additional surgical operating rooms that are being developed pursuant to a Certificate of Need?
IngNumRoomsCertOfNeed	Number	Number of rooms that have approval for.
IngCasesCardioInpatient	Number	Cardiothoracic: number of inpatient cases.
IngCasesCardioAmbulatory	Number	Cardiothoracic: number of ambulatory cases.
IngCasesOpenHeartInpatient	Number	Open Heart Surgery: number of inpatient cases.
IngCasesGeneralInpatient	Number	General Surgery: number of inpatient cases.
IngCasesGeneralAmbulatory	Number	General Surgery: number of ambulatory cases.
IngCasesNeuroInpatient	Number	Neurosurgery: number of inpatient cases.
IngCasesNeuroAmbulatory	Number	Neurosurgery: number of ambulatory cases.
IngCasesObGynInpatient	Number	Obstetrics and GYN: number of inpatient cases.
IngCasesObGynAmbulatory	Number	Obstetrics and GYN: number of ambulatory cases.
IngCasesOphthInpatient	Number	Ophthalmology: number of inpatient cases.

IngCasesOpthAmbulatory	Number	Ophthalmology: number of ambulatory cases.
IngCasesOralInpatient	Number	Oral Surgery: number of inpatient cases.
IngCasesOralAmbulatory	Number	Oral Surgery: number of ambulatory cases.
IngCasesOrthoInpatient	Number	Orthopedics: number of inpatient cases.
IngCasesOrthoAmbulatory	Number	Orthopedics: number of ambulatory cases.
IngCasesOtolaryInpatient	Number	Otolaryngology: number of inpatient cases.
IngCasesOtolaryAmbulatory	Number	Otolaryngology: number of ambulatory cases.
IngCasesPlasticInpatient	Number	Plastic Surgery: number of inpatient cases.
IngCasesPlasticAmbulatory	Number	Plastic Surgery: number of ambulatory cases.
IngCasesUrologyInpatient	Number	Urology: number of inpatient cases.
IngCasesUrologyAmbulatory	Number	Urology: number of ambulatory cases.
IngCasesVascularInpatient	Number	Vascular: number of inpatient cases.
IngCasesVascularAmbulatory	Number	Vascular: number of ambulatory cases.
IngCasesOtherInpatient	Number	Other: number of inpatient cases
IngCasesOtherAmbulatory	Number	Other: number of ambulatory cases.
IngCsecsInCsecORInpatient	Number	Number of C-Section's performed in dedicated C-Section ORs.
IngCsecsNotInCsecORInpatient	Number	Number of C-Section's performed in other ORs.
IngCasesTotalInpatient	Number	Total number of inpatient cases.
IngCasesTotalAmbulatory	Number	Total number of ambulatory cases.
dblAvgHoursPerDay	Number	Average hours per day routinely scheduled for use.
dblAvgDaysPerYear	Number	Average number of days per year routinely scheduled for use.
dblAvgCaseTimeInpatient	Number	Average case time in minutes for inpatient cases.
dblAvgCaseTimeAmbulatory	Number	Average case time in minutes for ambulatory cases.