

Hospitals Database

This document is to be used in conjunction with the Hospitals database for the 2010 Hospital License Renewal Application.

The database contains 30 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, inpatient 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, inpatient 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 |
| IngICUCVSSIDOC | Number | Intensive Care Units: Cardiovascular Surgery, annual census, inpatient 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, inpatient 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, inpatient 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, inpatient 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, inpatient 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, inpatient 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, inpatient 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, inpatient 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, inpatient 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, inpatient 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, inpatient 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, inpatient 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, inpatient 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, inpatient 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, inpatient 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, inpatient 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, inpatient days of care |
| IngDetoxLic | Number | Detoxification: number of licensed beds |
| IngDetoxStaff | Number | Detoxification: number of staffed beds |
| IngDetoxIDOC | Number | Detoxification: annual census, inpatient 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, inpatient days of care |
| IngPsychLic | Number | Psychiatry: number of licensed beds |
| IngPsychStaff | Number | Psychiatry: number of staffed beds |
| IngPsychIDOC | Number | Psychiatry: annual census, inpatient 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, inpatient 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, inpatient days of care |
| IngOtherLic | Number | Other: number of licensed beds |
| IngOtherStaff | Number | Other: number of staffed beds |
| IngOtherIDOC | Number | Other: annual census, inpatient days of care |
| IngTotalLic | Number | Total: number of licensed beds |
| IngTotalStaff | Number | Total: number of staffed beds |
| IngTotalIDOC | Number | Total: annual census, inpatient 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 |
| strCampusName | Text | Name of the Campus |
| 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. |

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: tblCTData

| Field Name | Data Type | Definition |
|-------------------------------|------------|---|
| IngCTDataID | AutoNumber | Unique identifier for the CTData table. Must be a NUMBER. |
| IngSiteDataID | Number | Identifies the hospital that the data is related to. Must be a NUMBER. |
| 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. |

Table 8: tbIDaysOfCare

| 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: tblEquipmentProcedures

| Field Name | Data Type | Definition |
|--------------------------|------------|--|
| IngEquipmentProceduresID | AutoNumber | Unique identifier for the EquipmentProcedures table. Must be a NUMBER. |
| IngSiteDataID | Number | Identifies the site location from the SiteData table. |
| IngEquipmentSpecificID | Number | Identifies the type of equipment that the data is for. |
| IngDuplEntry | Number | Identifies if the entry is duplicate to other entries. No: 0 Yes: 1 |
| IngUnits | Number | Number of units. |
| IngInProcWithContrast | Number | Number of Inpatient procedures with contrast. |
| IngInProcWithout | Number | Number of inpatient procedures without contrast. |
| IngInProcTotal | Number | Total number of inpatient procedures. |
| IngOutProcWithContrast | Number | Number of outpatient procedures with contrast. |
| IngOutProcWithout | Number | Number of outpatient procedures without contrast. |
| IngOutProcTotal | Number | Total number of outpatient procedures. |
| IngProcTotal | Number | Total number of procedures. |
| strMobileProvider | Text | Name of the mobile provider. |
| memNotes | Memo | Notes on the entry. |

Table 10: tblEquipmentSpecific

| Field Name | Data Type | Definition |
|------------------------|------------|--|
| IngEquipmentSpecificID | AutoNumber | Unique identifier for the EquipmentSpecific table. Must be a NUMBER. |
| strEquipmentSpecific | Text | Identifies the specific type of equipment. |
| IngEquipmentTypeID | Number | Identifies the type of Equipment. See tblEquipmentTypes. |

Table 11: 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 12: 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 13: 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 14: 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 15: 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 |
| 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 16: tblLocations

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

Table 17: 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 18: 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 19: 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 20: 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 21: 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 22: 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 23: 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 24: tblSiteData

| 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. |
| IngCampusType | Number | -1: Cumulative totals for a multi-campus hospital; 0: Hospital only has one campus; #>0: distinct campus numbers |
| 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. |
| IngMRIServiceSite | Number | Identifies the MRI service area. See tblLocation. Must be a NUMBER. |
| IngPETServiceSite | Number | Identifies the PET service area. See tblLocation. Must be a NUMBER. |
| IngLithoServiceSite | Number | Identifies the Lithotripsy service area. See tblLocation. Must be a NUMBER. |
| IngLinacServiceSite | Number | Identifies the Linear Accelerators service area. See tblLocation. Must be a NUMBER. |
| IngNumPatients | Number | Identifies the number of linear accelerator patients treated at the service site. |

Table 25: tblSurgical

| Field Name | Data Type | Definition |
|-------------------------------|------------|--|
| IngSurgeryID | AutoNumber | Unique identifier for the Surgical 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 |
| 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. |

Table 26: tblSurgicalAvialability

| Field Name | Data Type | Definition |
|--------------------------|------------|--|
| IngSurgeryAvailabilityID | AutoNumber | Unique identifier for the SurgicalAvailability 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 |
| dbIAvgHoursPerDay | Number | Average hours per day routinely scheduled for use. |
| dbIAvgDaysPerYear | Number | Average number of days per year routinely scheduled for use. |
| dbIAvgCaseTimeInpatient | Number | Average case time in minutes for inpatient cases. |
| dbIAvgCaseTimeAmbulatory | Number | Average case time in minutes for ambulatory cases. |

Table 27: tblSurgicalCases

| Field Name | Data Type | Definition |
|----------------------------|------------|--|
| IngSurgeryCasesID | AutoNumber | Unique identifier for the SurgicalCases 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 |
| 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. |
| IngCasesOpthInpatient | 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. |
| strCasesOtherType | Text | Other Surgeries |
| IngCasesOtherInpatient | Number | Other: number of inpatient cases |
| IngCasesOtherAmbulatory | Number | Other: number of ambulatory cases. |
| strCasesOtherType2 | Text | Other Surgeries |
| IngCasesOtherInpatient2 | Number | Other: number of inpatient 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. |
| dbIAvgHoursPerDay | Number | Average hours per day routinely scheduled for use. |
| dbIAvgDaysPerYear | Number | Average number of days per year routinely scheduled for use. |
| dbIAvgCaseTimeInpatient | Number | Average case time in minutes for inpatient cases. |
| dbIAvgCaseTimeAmbulatory | Number | Average case time in minutes for ambulatory cases. |

Table 28: tblSurgicalGIRooms

| Field Name | Data Type | Definition |
|-----------------------------------|------------|--|
| IngSurgicalGIRoomsID | AutoNumber | Unique identifier for the SurgicalGIRooms 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 |
| strCampusName | Text | Name of the campus. |
| 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. |
| strCONProjectID | Text | CON Project ID Number. |
| IngNumProcRooms | Number | Total number of procedure rooms. |

Table 29: tblSurgicalNonSurgCases

| Field Name | Data Type | Definition |
|-------------------------------------|------------------|--|
| IngSurgicalNonSurgCasesID | AutoNumber | Unique identifier for the SurgicalNonSurgCases 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 |
| strCampusName | Text | Name of the campus. |
| IngNumCasesPainManagementInpatient | Number | Number of pain management, inpatient cases. |
| IngNumCasesPainManagementAmbulatory | Number | Number of pain management, ambulatory cases. |
| IngNumCasesCystoscopyInpatient | Number | Number of cystoscopy, inpatient cases. |
| IngNumCasesCystoscopyAmbulatory | 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. |
| strNumCasesOther3Name | Text | Specify other type of procedure. |
| IngNumCasesOther3Inpatient | Number | Number of other, inpatient cases. |
| IngNumCasesOther3Ambulatory | Number | Number of other, ambulatory cases. |
| IngTotalCasesNonSurgicalInpatient | Number | Total number of non-surgical, inpatient cases. |
| IngTotalCasesNonSurgicalAmbulatory | Number | Total number of non-surgical, ambulatory cases. |

Table 30: 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. |