

## AMSU Database (Ambulatory Surgical Facilities)

This document is to be used in conjunction with the AMSU database for the 2010 License Renewal Application for Ambulatory Surgical Facility.

The database contains 11 tables and the relationships are indicated in the Relationships for AMSUs.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: tblAMSU**

Field Name	Data Type	Definition
IngAmsuID	AutoNumber	Unique identifier of the Ambulatory Surgical Facilities. Must be a NUMBER.
strLicenseNumber	Text	License number of the facility.
strLegalIdentity	Text	Full legal name of corporation, partnership, individual, or other legal entity owning the enterprise or service.
strDBA	Text	Doing Business As. Name(s) under which the facility or serviceds are advertised or presented to the public.
strPrimaryName	Text	Primary name of the facility.
strOtherName1	Text	Additional name of the facility.
strOtherName2	Text	Additional name of the facility.
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	Facility's site county. Identified in the Locations table. 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	Facility's CEO.
strCEOTitle	Text	Facility's CEO's title.
strContactName	Text	Name of the person to contact for any questions regarding this form.
strContactTelephone	Text	Contact person's telephone number.
strContactEmail	Text	Contact person's email address.
strOwnerName	Text	What is the 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 number.
strOwnerFax	Text	Owner's fax number.
strOwnerCEO	Text	Owner's CEO
ysnHealthSystem	Yes/No	Is your facility part of a 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 limited liability partnership?
ysnLLC	Yes/No	Is the legal entity a limited liability corporation?
ysnPartnership	Yes/No	Is the legal entity a partnership?
ysnGovernmentUnit	Yes/No	Is the legal entity a government unit?
ysnLease	Yes/No	Does the entity lease the building from which services are offered?
strBuildingOwner	Text	Name and address 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 number of the management company.
ysnAccreditedJCAHO	Yes/No	Is this facility JCAHO accredited?
dtmJCAHOExpireDate	Date/Time	Expiration date of the JCAHO accreditation.
ysnAccreditedAAAHC	Yes/No	Is this facility AAAHC accredited?
dtmAAAHCExpireDate	Date/Time	Expiration date of the AAAHC accreditation.
ysnAccreditedAAAASF	Yes/No	Is this facility AAAASF accredited?

dtmAAAASFExpireDate	Date/Time	Expiration date of the AAAASF accreditation.
ysnAccreditedTJC	Yes/No	Is this facility TJC accredited?
dtmTJCExpireDate	Date/Time	Expiration date of the TJC accreditation.
ysnAccreditedDNV	Yes/No	Is this facility DNV accredited?
dtmDNVExpireDate	Date/Time	Expiration date of the DNV accreditation.

**Table 2: tblCareTypes**

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

**Table 3: tblCases**

Field Name	Data Type	Definition
IngCasesID	AutoNumber	Unique identifier of the table Cases. Must be a NUMBER.
IngAmsuID	Number	Identifies the facility. Matches the AmsuID from Amsu. Must be a NUMBER.
IngCasesCardiothoracic	Number	Number of cardiothoracic cases.
IngCasesGeneralSurgery	Number	Number of general surgery cases.
IngCasesNeurosurgery	Number	Number of neurosurgery cases.
IngCasesObGYN	Number	Number of Obstetrics and GYN cases.
IngCasesOphthalmology	Number	Number of ophthalmology cases.
IngCasesOralSurgery	Number	Number of oral surgery cases.
IngCasesOrthopedics	Number	Number of orthopedic cases.
IngCasesOtolaryngology	Number	Number of otolaryngology cases.
IngCasesPlasticSurgery	Number	Number of plastic surgery cases.
IngCasesUrology	Number	Number of Urology cases.
IngCasesVascular	Number	Number of vascular cases.
IngCasesOther1	Number	Number of other surgical cases which do not fit into the other cases.
strCasesOther1	Text	Specify type of surgical cases.
IngCasesOther2	Number	Number of other surgical cases.
strCasesOther2	Text	Specify type of surgical cases.
IngCasesTotal	Number	Total number of surgical cases.

**Table 4: tblLocations**

Field Name	Data Type	Definition
IngLocationID	Number	Unique identifier of the locations. Must be a NUMBER.
strLocation	Text	The locations.

**Table 5: tblMeals**

Field Name	Data Type	Definition
IngMealID	AutoNumber	Unique identifier of the facility information. Must be a NUMBER.
IngAmsuID	Number	Identifies the facility. Matches the AmsuID from Amsu. Must be a NUMBER.
ysnMeals	Yes/No	Are meals provided for patients?
memMealArrangements	Memo	Describe arrangements for meals.
dtmLastSanitationInspection	Date/Time	Date of the last sanitation inspection.
dtmLastFireInspection	Date/Time	Date of the last fire inspection.
dtmLastHealthInspection	Date/Time	Date inspected by the Health Department.
IngHoursOpenSun	Number	Number of hours open on Sunday.
IngHoursOpenMon	Number	Number of hours open on Monday.
IngHoursOpenTues	Number	Number of hours open on Tuesday.
IngHoursOpenWed	Number	Number of hours open on Wednesday.
IngHoursOpenThur	Number	Number of hours open on Thursday.
IngHoursOpenFri	Number	Number of hours open on Friday.
IngHoursOpenSat	Number	Number of hours open on Saturday.
ysnAnesthesiaAnesthesiologist	Yes/No	Qualifications of people administering anesthesia. Anesthesiologis?
ysnAnesthesiaOtherMD	Yes/No	Qualifications of people administering anesthesia. Other M.D.?
ysnAnesthesiaCRNA	Yes/No	Qualifications of people administering anesthesia. CRNA?
ysnAnesthesiaRN	Yes/No	Qualifications of people administering anesthesia. RN?
ysnAnesthesiaDDS	Yes/No	Qualifications of people administering anesthesia. DDS?
strAnesthesiaGroupName	Text	Name of the anesthesia group.
memAnesthesiaStorage	Memo	Provide information regarding the use and storage of flammable anesthesia.
strLabPathName	Text	Name of laboratory and pathology services utilized.
strXferAgreementHospital	Text	Name of hospital with which transfer agreement has been made.
memEmergencyTransportInfo	Memo	Describe arrangements for emergency transportation of patients from the facility.
ysnOvernightRecovery	Yes/No	Do you provide recovery care services overnight?
ysnAbortions	Yes/No	Are abortions performed in this facility?
IngNumAbortions	Number	Number of abortions performed during the reporting period.

**Table 6: tblNonGI**

<b>Field Name</b>	<b>Data Type</b>	<b>Definition</b>
IngNonGIID	AutoNumber	Unique identifier of the non-surgical information. Must be a NUMBER.
IngAmsuID	Number	Identifies the facility. Matches the AmsuID from Amsu. Must be a NUMBER.
IngNonSurgCasesPainMgmt	Number	Number of pain management cases.
IngNonSurgCasesLitho	Number	Number of Lithotripsy cases.
IngNonSurgCasesCysto	Number	Number of Cystoscopy cases.
IngNonSurgCasesNonGIEndo	Number	Number of Non-GI endoscopies.
IngNonSurgCasesGIEndo	Number	Number of GI Endoscopies.
IngNonSurgCasesSpec	Number	Number of special procedures/angiography (neuro & vascular but not including cardiac cath.)
IngNonSurgCasesYAG	Number	Number of YAG laser cases.
strNonSurgCasesOther1Spec	Text	Other specified non-surgical specialty area.
IngNonSurgCasesOther1	Number	Number of other cases.
strNonSurgCasesOther2Spec	Text	Other specified non-surgical specialty area.
IngNonSurgCasesOther2	Number	Number of other cases.
IngNonSurgCasesOtherUnsp	Number	Number of other unspecified non-surgical cases.
IngNonSurgCasesTotal	Number	Total number of Non-surgical Cases.

**Table 7: tblPatientOrigins**

<b>Field Name</b>	<b>Data Type</b>	<b>Definition</b>
IngPatientOriginID	AutoNumber	Unique identifier of the patient origins. Must be a NUMBER.
IngAmsuID	Number	Identifies the facility. Related to AmsuID of the Amsu table. Must be a NUMBER.
IngLocationID	Number	Identifies the location. Related to LocationID of the Locations table. Must be a NUMBER.
IngCareTypeID	Number	Identifies the type of care. Related to CareTypeID of the CareTypes table. Must be a NUMBER.
IngNumberOfPatients	Number	Number of patients treated by type of care at a particular facility from a particular location. Must be a NUMBER.

**Table 8: tblReimbSrc**

Field Name	Data Type	Definition
IngReimbSrcID	AutoNumber	Unique identifier of the reimbursement source information. Must be a NUMBER.
IngAmsuID	Number	Identifies the facility. Matches the AmsuID from Amsu. Must be a NUMBER.
IngReimbSrcCharity	Number	Number of Self Pay/Indigent/Charity cases.
IngReimbSrcCommIns	Number	Number of Commerical Insurance cases.
IngReimbSrcMedicaid	Number	Number of Medicaid cases.
IngReimbSrcMedicare	Number	Number of Medicare & Medicare Managed Care.
IngReimbSrcManagedCare	Number	Number of Managed Care cases.
strReimbSrcOtherSpecify	Text	Other type of primary payer source.
IngReimbSrcOther	Number	Number of other cases.
IngReimbSrcTotal	Number	Total number of cases.
amtUnreimbursedMedicaid	Currency	Amount of Unreimbursed Medicaid costs
sngPercentUnreimbursedMedicaid	Number	Percent of total costs of unreimbursed Medicaid costs
amtUnreimbursedCharity	Currency	Amount of Unreimbursed Charity Care
sngPercentUnreimbursedCharity	Number	Percent of total costs of unreimbursed charity care.
sngPercentRevUnreimbursedCharity	Number	Percent of Net Revenues of unreimbursed charity care.
amtBadDebt	Currency	Amount of Bad Debt
sngPercentBadDebt	Number	Percent of Net Revenues of Bad Debt

**Table 9: tblRooms**

Field Names	Data Type	Definition
IngAmsuID	Number	Identifies the facility. Matches the AmsuID from Amsu. Must be a NUMBER.
IngOperatingRooms	Number	Total Surgical Operating Rooms.
ysnAddRoomsCertOfNeed	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 from the Certificate of Need?
IngRecoveryRoomBeds	Number	Number of recovery room beds.
IngNonGIProcRooms	Number	Total number of procedure rooms.
IngNumGIEndoRooms	Number	Number of GI Endo Rooms.
IngNumGIEndoCases	Number	Number of GI Endo Cases.
IngNumNonGIEndoCases	Number	Number of Non-GI Endo Cases.
IngTotalEndoCases	Number	Total number of Endo Cases.
IngNumGIEndoProcs	Number	Total number of GI Endo procedures.
IngNumNonGIEndoProcs	Number	Total number of Non-GI Endo procedures.

IngTotalEndoProcs	Number	Total number of Endo Procedures.
ysnAppAddGIRoomsCertOfNeed	Yes/No	Does this facility have approval for additional GI Endoscopy rooms that being developed pursuant to a Certificate of Need?
IngNumAdditionalGIRoomsCertOfNeed	Number	Number of additional GI Endo Rooms
ysnAppAddGIRoomsSenateBill	Yes/No	Does this facility have approval for additional GI Endoscopy rooms that are being developed pursuant to the exemption in SB714?
IngNumAdditionalGIRoomssenateBill	Number	Number of additional GI Endo rooms.

**Table 10: tblStaff**

Field Name	Data Type	Definition
IngFacilityInfoID	AutoNumber	Unique identifier of the facility information. Must be a NUMBER.
IngAmsuID	Number	Identifies the facility. Matches the AmsuID from Amsu. Must be a NUMBER.
IngStaffAnesthesiologist	Number	Number of Anesthesiologists.
IngStaffGastroenterologist	Number	Number of Gastroenterologists.
IngStaffGeneralDentist	Number	Number of General Dentists.
IngStaffGeneralSurgeon	Number	Number of General Surgeons.
IngStaffGynecologist	Number	Number of Gynecologists.
IngStaffNeurologist	Number	Number of Neurologists.
IngStaffObstetrician	Number	Number of Obstetricians.
IngStaffOphthalmologist	Number	Number of Ophthalmologists.
IngStaffOralSurgeon	Number	Number of Oral Surgeons.
IngStaffOrthopedicSurgeon	Number	Number of Orthopedic Surgeons.
IngStaffOtolaryngologist	Number	Number of Otolaryngologists.
IngStaffPlasticSurgeon	Number	Number of Plastic Surgeons.
IngStaffPodiatrist	Number	Number of Podiatrists.
IngStaffThoracicSurgeon	Number	Number of Thoracic Surgeons.
IngStaffUrologist	Number	Number of Urologists.
IngStaffUrologistCystoscopy	Number	Number of Urologists/Cystoscopy.
IngStaffVascularSurgeon	Number	Number of Vascular Surgeons.
IngStaffOther	Number	Number of Other.
IngStaffTotal	Number	Total number of physicians.
strChiefOfStaffName	Text	Name of the Chief of Staff.
strDirOfNursingName	Text	Name of the Director of Nursing.

**Table 11: tblSurgery**

<b>Field Name</b>	<b>Data Type</b>	<b>Definition</b>
IngSurgeryID	AutoNumber	Unique identifier of the surgery information. Must be a NUMBER.
IngAmsuID	Number	Identifies the facility. Matches the AmsuID from Amsu. Must be a NUMBER.
sngAvgHoursPerDayScheduled	Number	Average hours per day routinely scheduled for use.
sngAvgDaysPerYearScheduled	Number	Average number of days per year routinely scheduled for use.
sngAvgCaseTime	Number	Average Case Time in minutes for ambulatory cases.