AMSU Database (Ambulatory Surgical Facilities)

This document is to be used in conjunction with the AMSU database for the 2013 License Renewal Application for Ambulatory Surgical Facility.

The database contains 11 tables and the relationships are indicated in the AMSURel.pdf.

This data is in-process working data for the internal use of the Planning Branch, and it may be changed or revised over time. The Planning Branch 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
lngAmsuID	AutoNumber	Unique identifier of the Ambulatory Surgical Facilities. Must be a NUMBER.
strLicenseNumber	Text	License number of the facility.
strFID	Text	Facility ID
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.
lngCounty	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?
strNPI	Text	National Provider Identifier (NPI)
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. |
| ysnMedicareProvider | Yes/No | Are you a Medicare deemed provider? |

Table 2: tblCareTypes

Field Name	Data Type	Definition
lngCareTypeID	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
lngCasesID	AutoNumber	Unique identifier of the table Cases. Must be a NUMBER.
lngAmsuID	Number	Identifies the facility. Matches the AmsuID from Amsu. Must be a NUMBER.
lngCasesCardiothoracic	Number	Number of cardiothoracic cases.
lngCasesGeneralSurgery	Number	Number of general surgery cases.
lngCasesNeurosurgery	Number	Number of neurosurgery cases.
lngCasesObGYN	Number	Number of Obstetrics and GYN cases.
lngCasesOpthalmology	Number	Number of opthalmology cases.
lngCasesOralSurgery	Number	Number of oral surgery cases.
lngCasesOrthopedics	Number	Number of orthopedic cases.
lngCasesOtolaryngology	Number	Number of otolaryngology cases.
lngCasesPlasticSurgery	Number	Number of plastic surgery cases.
lngCasesUrology	Number	Number of Urology cases.
lngCasesVascular	Number	Number of vascular cases.
lngCasesOther1	Number	Number of other surgical cases which do not fit into the other cases.
strCasesOther1	Text	Specify type of surgical cases.
lngCasesOther2	Number	Number of other surgical cases.
strCasesOther2	Text	Specify type of surgical cases.
lngCasesTotal	Number	Total number of surgical cases.

Table 4: tblLocations

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

Table 5: tblMeals

Field Name	Data Type	Definition
lngMealID	AutoNumber	Unique identifier of the facility information. Must be a NUMBER.
lngAmsuID	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.
lngHoursOpenSun	Number	Number of hours open on Sunday.
lngHoursOpenMon	Number	Number of hours open on Monday.
lngHoursOpenTues	Number	Number of hours open on Tuesday.
lngHoursOpenWed	Number	Number of hours open on Wednesday.
lngHoursOpenThur	Number	Number of hours open on Thursday.
lngHoursOpenFri	Number	Number of hours open on Friday.
lngHoursOpenSat	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?
lngNumAbortions	Number	Number of abortions performed during the reporting period.

Table 6: tblNonGI

Field Name	Data Type	Definition
lngNonGIID	AutoNumber	Unique identifier of the non-surgical information. Must be a NUMBER.
lngAmsuID	Number	Identifies the facility. Matches the AmsuID from Amsu. Must be a NUMBER.
lngNonSurgCasesPainMgmt	Number	Number of pain management cases.
lngNonSurgCasesLitho	Number	Number of Lithotripsy cases.
lngNonSurgCasesCysto	Number	Number of Cystoscopy cases.
lngNonSurgCasesNonGIEndo	Number	Number of Non-GI endoscopies.
lngNonSurgCasesGIEndo	Number	Number of GI Endoscopies.
lngNonSurgCasesSpec	Number	Number of special procedures/angiography (neuro & vascular but not including cardiac cath.)
lngNonSurgCasesYAG	Number	Number of YAG laser cases.
strNonSurgCasesOther1Spec	Text	Other specified non-surgical specialty area.
lngNonSurgCasesOther1	Number	Number of other cases.
strNonSurgCasesOther2Spec	Text	Other specified non-surgical specialty area.
lngNonSurgCasesOther2	Number	Number of other cases.
strNonSurgCasesOther3Spec	Text	Other specified non-surgical specialty area.
lngNonSurgCasesOther3	Number	Number of other cases.
lngNonSurgCasesTotal	Number	Total number of Non-surgical Cases.

Table 7: tblPatientOrigins

Field Name	Data Type	Definition
lngPatientOriginID	AutoNumber	Unique identifier of the patient origins. Must be a NUMBER.
lngAmsuID	Number	Identifies the facility. Related to AmsuID of the Amsu table. Must be a NUMBER.
lngLocationID	Number	Identifies the location. Related to LocationID of the Locations table. Must be a NUMBER.
lngCareTypeID	Number	Identifies the type of care. Related to CareTypeID of the CareTypes table. Must be a NUMBER.
lngNumberOfPatients	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
lngReimbSrcID	AutoNumber	Unique identifier of the reimbursement source information. Must be a NUMBER.
lngAmsuID	Number	Identifies the facility. Matches the AmsuID from Amsu. Must be a NUMBER.
lngReimbSrcCharity	Number	Number of Self Pay/Indigent/Charity cases.
lngReimbSrcCommIns	Number	Number of Commerical Insurance cases.
lngReimbSrcMedicaid	Number	Number of Medicaid cases.
lngReimbSrcMedicare	Number	Number of Medicare & Medicare Managed Care.
lngReimbSrcManagedCare	Number	Number of Managed Care cases.
strReimbSrcOtherSpecify	Text	Other type of primary payer source.
lngReimbSrcOther	Number	Number of other cases.
lngReimbSrcTotal	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
lngRoomsID	AutoNumber	Unique identifier of the Rooms information. Must be a NUMBER.
lngAmsuID	Number	Identifies the facility. Matches the AmsuID from Amsu. Must be a NUMBER.
lngOperatingRooms	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?
lngNumRoomsCertOfNeed	Number	Number of rooms from the Certificate of Need7
strORCONProjectID	Text	OR CON Project ID Numbers(s)
lngRecoveryRoomBeds	Number	Number of recovery room beds.
lngNonGIProcRooms	Number	Total number of procedure rooms.
lngNumGIEndoRooms	Number	Number of GI Endo Rooms.
ysnAppAddGIRoomsCertOfNeed	Yes/No	Does this facility have approval for additional GI Endoscopy rooms that being developed pursuant to a Certificate of Need?
lngNumAdditionalGIRoomsCertOfNeed	Number	Number of additional GI Endo Rooms
strGICONProjectID	Text	GI CON Project ID Number(s)
lngNumGIEndoCases	Number	Number of GI Endo Cases.
lngNumGIEndoInCases	Number	Number of GI Endo Inpatient Cases
lngNumGiEndoOutCases	Number	Number GI Endo Outpatient Cases
lngNumNonGIEndoCases	Number	Number of Non-GI Endo Cases.
lngNumNonGIEndoInCases	Number	Number of Non-GI Endo Inpatient Cases
lngNumNonGIEndoOutCases	Number	Number of Non-GI Endo Outpatient Cases
lngTotalEndoCases	Number	Total number of Endo Cases.
lngTotalEndoInCases	Number	Total number of Inpatient Cases
lngTotalEndoOutCases	Number	Total number of Outpatient Cases
lngNumGIEndoProcs	Number	Total number of GI Endo procedures.
lngNumGIEndoInProcs	Number	Number of GI Endo Inpatient procedures
lngNumGIEndoOutProcs	Number	Number of GI Endo Outpatient procedures
lngNumNonGIEndoProcs	Number	Total number of Non-GI Endo procedures.
lngNumNonGIEndoInProcs	Number	Number of Non-GI Endo Inpatient procedures
lngNumNonGIEndoOutProcs	Number	Number of Non-GI Endo Outpatient procedures
lngTotalEndoProcs	Number	Total number of Endo Procedures.
lngTotalEndoInProcs	Number	Total number of Endo Inpatient procedures
lngTotalEndoOutProcs	Number	Total number of Endo Outpatient procedures
ysnAppAddGIRoomsSenateBill	Yes/No	Does this facility have approval for additional GI Endoscopy rooms that are being developed pursuant to the exemption in SB714?
lngNumAdditionalGIRoomssenateBill	Number	Number of additional GI Endo rooms.
ysnLicensedEndoOnly	Yes/No	Is facility licensed for only endoscopy rooms with no surgical ORs?

Table 10: tblStaff

Field Name	Data Type	Definition
lngStaffID	AutoNumber	Unique identifier of the staff information. Must be a NUMBER.
lngAmsuID	Number	Identifies the facility. Matches the AmsuID from Amsu. Must be a NUMBER.
lngStaffAnesthesiologist	Number	Number of Anesthesiologists.
lngStaffGastroenterologist	Number	Number of Gastroenterologists.
lngStaffGeneralDentist	Number	Number of General Dentists.
lngStaffGeneralSurgeon	Number	Number of General Surgeons.
lngStaffGynecologist	Number	Number of Gynecologists.
lngStaffNeurologist	Number	Number of Neurologists.
lngStaffObstetrician	Number	Number of Obstetricians.
lngStaffOpthalmologist	Number	Number of Opthalmologists.
lngStaffOralSurgeon	Number	Number of Oral Surgeons.
lngStaffOrthopedicSurgeon	Number	Number of Orthopedic Surgeons.
lngStaffOtolaryngologist	Number	Number of Otolaryngologists.
lngStaffPlasticSurgeon	Number	Number of Plastic Surgeons.
lngStaffPodiatrist	Number	Number of Podiatrists.
lngStaffThoracicSurgeon	Number	Number of Thoracic Surgeons.
lngStaffUrologist	Number	Number of Urologists.
lngStaffUrologistCystoscopy	Number	Number of Urologists/Cystoscopy.
lngStaffVascularSurgeon	Number	Number of Vascular Surgeons.
lngStaffOther	Number	Number of Other.
lngStaffTotal	Number	Total number of physicians.
strChiefOfStaffName	Text	Name of the Chief of Staff.
strDirOfNursingName	Text	Name of the Director of Nursing.

Table 11: tblSurgery

Field Name	Data Type	Definition
lngSurgeryID	AutoNumber	Unique identifier of the surgery information. Must be a NUMBER.
lngAmsuID	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.