

ESRD Database

This document is to be used in conjunction with the ESRD database for the 2013 ESRD Data Collection Form from June 2013.

The database contains 5 tables and the relationships are indicated in the ESRDRel.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: tblESRD

| Field Name | Data Type | Definition |
|-----------------|------------|--|
| ID | AutoNumber | Unique identifier |
| FacilityName | Text | Name of the facility |
| ProviderNumber | Text | CMS provider number |
| FID | Text | Unique identifier in DHSR master facility file |
| FacilityAddress | Text | Address of the facility |
| FacilityCity | Text | City of the facility |
| FacilityState | Text | State of the facility |
| FacilityZipcode | Text | Zipcode of the facility |
| FacilityPhone | Text | Phone number of the facility |
| FacilityCounty | Text | County of the facility |
| CEOName | Text | Name of the CEO |
| CEOAddress | Text | Address of the CEO |
| CEOCity | Text | City of the CEO |
| CEOState | Text | State of the CEO |
| CEOZipcode | Text | Zipcode of the CEO |
| CEOPhone | Text | Phone number of the CEO |
| CEOEmail | Text | Email address of the CEO |
| CompilerName | Text | Name of the person who compiled the information |
| CompilerTitle | Text | Title of the person who compiled the information |
| CompilerPhone | Text | Phone number of the person who compiled the information |
| CompilerEmail | Text | Email address of the person who compiled the information |

Table 2: tblLocations

| Field Name | Data Type | Definition |
|------------------|------------|--|
| IngLocationID | AutoNumber | Unique identifier for the locations. Must be a NUMBER. |
| strLocation | Text | Location. |
| strState | Text | State |
| strServiceArea | Text | Service Area |
| IngCtServiceArea | Number | Number of counties in the service area |

Table 3: tblPatientData

| Field Name | Data Type | Definition |
|-------------|-----------|---|
| ESRDID | Number | Identifies the facility |
| County | Text | The county of patient residence |
| Home | Number | Number of home patients from the county |
| InCenter | Number | Number of incenter patients from the county |
| CountyTotal | Number | Total number of patients from the county |

Table 4: tblPlanData

| Field Name | Data Type | Definition |
|-------------------|------------|---|
| PlanID | AutoNumber | Unique identifier. Must be a NUMBER. |
| ESRDID | Number | Identifies the facility. |
| CONIssued | Number | Number of stations for which the facility has a CON has been issued but not yet certified |
| CONDecision | Number | Number of stations for which the facility has received a decision but the CON has not been issued |
| CONPending | Number | Number of stations for which the facility has applied for a CON but the decision is pending |
| CertifiedStations | Number | Number of stations that the facility had on December 31, 2012 |
| FlagFacility | Yes/No | |
| Notes | Memo | Notes regarding CONs for the facility |
| PrevNotes | Memo | Old notes on the CONs |
| ProposedNewExist | Yes/No | Is this a proposed new site consisting of existing stations? |
| ProposedNewNew | Yes/No | Is this a proposed new site consisting of new stations? |
| Comment | Memo | Utilization information to be included with the name of the facility |

Table 5: tblStations

| Field Name | Data Type | Definitions |
|---------------------|------------|--|
| ID | AutoNumber | Unique identifier |
| ESRDID | Number | Identifies the facility |
| NumberStations | Number | Number of stations the facility had on June 30, 2013 |
| StationsAdded | Number | Number of stations added between January 1, 2013 and June 30, 2013 |
| StationsAddedDate | Text | Date stations were added |
| StationsRemoved | Number | Number of stations removed between January 1, 2013 and June 30, 2013 |
| StationsRemovedDate | Text | Date stations were removed |
| MedicareCertified | Text | Is the facility Medicare certified? |
| ReportingPeriod | Text | Reporting period for the data collection form |
| OtherStartDate | Text | Alternative start date if different from the standard |
| OtherEndDate | Text | Alternative end date if different from the standard |