

## **AMSU Database** (Ambulatory Surgical Facilities)

This document is to be used in conjunction with the AMSU database for the 2024 License Renewal Application for Ambulatory Surgical Facilities.

The database contains 16 tables, and the relationships are indicated in the pdf document titled 'amsu\_rel'.

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

All tables and their associated fields are listed on the following pages.

**Table 1: tblAmsu**

<b>Field Name</b>	<b>Data Type</b>	<b>Definition</b>
IngAmsuID	AutoNumber	Establishes table relationships
strLicenseNumber	Text	License number of the facility
strFID	Text	Facility ID
strLegalIdentity	Text	Full legal name of entity owning the enterprise or service
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; stored as a number; see tblLocations
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
ysnProvides	Yes/No	The facility provides a detailed statement of charges
ysnRequest	Yes/No	Patients are advised that detailed statements are available upon request
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?

<b>Field Name</b>	<b>Data Type</b>	<b>Definition</b>
strHealthSystem	Text	Name of 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
ysnAccreditedTJC	Yes/No	Is this facility TJC accredited?
dtmTJCExpireDate	Date/Time	Expiration date of the TJC accreditation
ysnAccreditedAAAH	Yes/No	Is this facility AAAHC accredited?
dtmAAAHExpireDate	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
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
IngCareTypeID	Number	Unique identifier of the types of care
strTypesOfCare	Text	Identifies the different types of care

**Table 3: tblCases**

Field Name	Data Type	Definition
IngCasesID	AutoNumber	Primary key
IngAmsuID	Number	Establishes table relationships
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
IngCasesPodiatry	Number	Number of podiatry cases
IngCasesUrology	Number	Number of urology cases
IngCasesVascular	Number	Number of vascular cases
IngCasesOther1	Number	Number of other surgical cases
strCasesOther1	Text	Specify type of other surgical case
IngCasesOther2	Number	Number of other surgical cases
strCasesOther2	Text	Specify type of other surgical case
IngCasesTotal	Number	Total number of surgical cases
IngCasesProcRooms	Number	Number of surgical procedures performed in unlicensed procedure rooms

**Table 4: CPTImaging**

Field Name	Data Type	Definition
IngCPTImagID	AutoNumber	Primary key
IngAmsuID	Number	Establishes table relationships
IngImag70450	Number	computed tomography, head or brain; without contrast material
IngImag70486	Number	computed tomography, facial bone; without contrast material
IngImag70551	Number	mri, brain; without contrast followed by contrast
IngImag70553	Number	mri, brain; without contrast followed by contrast and further sequences
IngImag71020	Number	radiologic exam, chest; two views, frontal and lateral
IngImag71250	Number	computed tomography, thorax; without contrast material(s)
IngImag71260	Number	computed tomography, thorax; with contrast material(s)
IngImag71275	Number	computed tomographic angiography, chest
IngImag72100	Number	radiologic exam, spine; lumbosacral; two or three views
IngImag72110	Number	radiologic exam, spine; lumbosacral; minimum of four views
IngImag72125	Number	computed tomography, cervical spine; without contrast material
IngImag72141	Number	mri, spine cervical; without contrast material
IngImag72148	Number	mri, spine lumbar; without contrast material
IngImag73221	Number	mri, upper joint extremity without contrast material
IngImag73630	Number	radiologic exam, foot; complete, minimum of three views
IngImag73721	Number	mri, lower joint extremity without contrast material
IngImag74000	Number	radiologic exam, abdomen; single anteroposterior view
IngImag74176	Number	computed tomography, abdomen and pelvis; without contrast material
IngImag74177	Number	computed tomography, abdomen and pelvis; with contrast material(s)
IngImag74178	Number	computed tomography, abdomen and pelvis; with contrast followed by without contrast

**Table 5: CPTSurgical**

Field Name	Data Type	Definition
IngCPTSurgID	AutoNumber	Primary key
IngAmsuID	Number	Establishes table relationships
IngSurg29827	Number	arthroscopy, shoulder, surgical; with rotator cuff repair
IngSurg29880	Number	arthroscopy, knee, surgical; with meniscectomy (medial and lateral)
IngSurg29881	Number	arthroscopy, knee, surgical; with meniscectomy (medial or lateral)
IngSurg42820	Number	tonsillectomy and adenoidectomy; younger than age 12
IngSurg42830	Number	adenoidectomy, primary; younger than age 12
IngSurg43235	Number	upper gi endoscopy; diagnostic
IngSurg43239	Number	upper gi endoscopy; biopsy
IngSurg43248	Number	upper gi endoscopy; insertion of guide wire
IngSurg43249	Number	upper gi endoscopy; balloon dilation

Field Name	Data Type	Definition
IngSurg45378	Number	colonoscopy, flexible, proximal to splenic flexure; diagnostic
IngSurg45380	Number	colonoscopy, flexible, proximal to splenic flexure; biopsy
IngSurg45384	Number	colonoscopy, flexible, proximal to splenic flexure; by hot biopsy forceps
IngSurg45385	Number	colonoscopy, flexible, proximal to splenic flexure; by snare technique
IngSurg62311	Number	injection(s), of diagnostic or therapeutic substance(s)
IngSurg64483	Number	injection(s), anesthetic agent and/or steroid, transforaminal epidural
IngSurg64721	Number	neuroplasty and/or transposition; median nerve at carpal tunnel
IngSurg66821	Number	discission of secondary membranous cataract
IngSurg66982	Number	extracapsular cataract removal; complex
IngSurg66984	Number	extracapsular cataract removal
IngSurg69436	Number	tympanostomy (requiring insertion of ventilating tube), general anesthesia

**Table 6: tblHSys**

Field Name	Data Type	Definition
IngHSysID	Number	Primary key
IngAmsulID	Number	Establishes table relationships
ynoHSys	Number	Is this facility in a health system
IngHSysMasterID	Number	Identifier from the health system master list

**Table 7: tblHSysMaster**

Field Name	Data Type	Definition
IngHSysMasterID	Number	Primary key
strHSysName	Text	Name of the health care system

**Table 8: tblLocations**

Field Name	Data Type	Definition
IngLocationID	Number	Unique identifier of the locations
strLocation	Text	The locations

**Table 9: tblMeals**

<b>Field Name</b>	<b>Data Type</b>	<b>Definition</b>
IngMealID	AutoNumber	Primary key
IngAmsuID	Number	Establishes table relationships
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 persons administering anesthesia: Anesthesiologist
ysnAnesthesiaOtherMD	Yes/No	Qualifications of persons administering anesthesia: Other MD
ysnAnesthesiaCRNA	Yes/No	Qualifications of persons administering anesthesia: CRNA
ysnAnesthesiaRN	Yes/No	Qualifications of persons administering anesthesia: RN
ysnAnesthesiaDDS	Yes/No	Qualifications of persons 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 emergency transportation of patients from the facility
ysnOvernightRecovery	Yes/No	Do you provide recovery care services overnight?
ysnSurgAbortions	Yes/No	Are surgical abortions performed in this facility?
IngNumSurgAbortions	Number	Number of surgical abortions performed during the reporting period
ysnMedAbortions	Yes/No	Are medical abortions performed in this facility?
IngNumMedAbortions	Number	Number of medical abortions performed during the reporting period

**Table 10: tblNonGI**

Field Name	Data Type	Definition
IngNonGIID	AutoNumber	Primary key
IngAmsuID	Number	Establishes table relationships
IngEndoCases	Number	Number of non-GI endoscopy performed in GI endoscopy room
IngEndoCasesNot	Number	Number of non-GI endoscopy not performed in GI endoscopy room
IngOtherNonSurgCases	Number	Number of other non-surgical cases
IngNonSurgCasesPainMgmt	Number	Number of pain management cases
IngNonSurgCasesCysto	Number	Number of cystoscopy cases
IngNonSurgCasesYAG	Number	Number of YAG laser cases
strOtherCases	Text	Specify other
IngOtherCases	Number	Number of other cases

**Table 11: tblPatientOrigins**

Field Name	Data Type	Definition
IngPatientOriginID	AutoNumber	Primary key
IngAmsuID	Number	Establishes table relationships
IngLocationID	Number	Identifies the location; see tblLocations
IngCareTypeID	Number	Identifies the type of care; see tblCareTypes
IngNumberOfPatients	Number	Number of patients treated by type of care from a particular location



**Table 12: tblReimbSrc**

Field Name	Data Type	Definition
IngReimbSrcID	AutoNumber	Primary key
IngAmsuID	Number	Establishes table relationships
IngReimbSrcSelfPay	Number	Number of Self Pay cases
IngReimbSrcCharity	Number	Number of Charity Care cases
IngReimbSrcMedicare	Number	Number of Medicare cases
IngReimbSrcMedicaid	Number	Number of Medicaid cases
IngReimbSrcCommIns	Number	Number of Insurance cases
strReimbSrcOtherSpecify	Text	Other type of primary payer source
IngReimbSrcOther	Number	Number of Other cases
IngReimbSrcTotal	Number	Total number of cases

**Table 13: tblRooms**

Field Names	Data Type	Definition
IngRoomsID	AutoNumber	Primary key
IngAmsuID	Number	Establishes table relationships
IngOperatingRooms	Number	Total surgical operating rooms
IngNumRoomsCertOfNeed	Number	Number of operating rooms for which there is a Certificate of Need
ysnLicensedEndoOnly	Yes/No	Is facility licensed for endoscopy rooms only, with no surgical ORs?
IngNumGIEndoRooms	Number	Number of GI endo rooms
IngNumAdditionalGIRoomsCertOfNeed	Number	Number of GI Rooms for which there is a Certificate of Need
IngGIProcs	Number	Number of GI endoscopy procedures performed in GI endo rooms
IngGICases	Number	Number of GI endoscopy cases performed in GI endo rooms
IngTotalCases	Number	Total number of GI endoscopy cases performed in GI endo rooms
IngGIProcsNot	Number	Number of GI endoscopy procedures not performed in GI endo rooms
IngGICasesNot	Number	Number of GI endoscopy cases not performed in GI endo rooms
IngTotalCasesNot	Number	Total number of GI endoscopy cases not performed in GI endo rooms
IngGrandTotal	Number	Grand total of GI cases
IngNonGIProcRooms	Number	Total number of procedure rooms
IngRecoveryRoomBeds	Number	Number of recovery room beds

**Table 14: tblStaff**

Field Name	Data Type	Definition
IngStaffID	AutoNumber	Primary key
IngAmsuID	Number	Establishes table relationships
IngStaffAnesthesiologist	Number	Number of Anesthesiologists
IngStaffGeneralDentist	Number	Number of General Dentists
IngStaffGastroenterologist	Number	Number of Gastroenterologists
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
IngStaffVascularSurgeon	Number	Number of Vascular Surgeons
IngStaffOther	Number	Number of Other Surgical Specialists
IngStaffTotal	Number	Total number of Surgical Specialists
strChiefOfStaffName	Text	Name of the Chief of Staff
strDirOfNursingName	Text	Name of the Director of Nursing

**Table 15: tblSurgery**

Field Name	Data Type	Definition
IngSurgeryID	AutoNumber	Primary key
IngAmsuID	Number	Establishes table relationships
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

**Table 16: tblWebFin**

<b>Field Name</b>	<b>Data Type</b>	<b>Definition</b>
IngWebFinID	AutoNumber	Primary key
IngAmsuID	Number	Establishes table relationships
strWebMain	Text	Main website address for the facility
strWebCharity	Text	Website address for charity care and financial policies
strGiftsGrants	Text	Contributions, gifts, grants, and any other similar amounts
strFinAssist	Text	Annual financial assistance at cost
strBadDebt1	Text	Bad debt expense
strBadDebt2	Text	Bad debt expense attributable to patients eligible