## **ESRD Database**

This document is to be used in conjunction with the ESRD database for the December 2025 ESRD Data Collection Forms.

The database contains 6 tables, and the relationships are indicated in the pdf document titled 'di\_rel.'

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

**Table 1: tblCertification** 

Field Name	Data Type	Definition
ESRDID	AutoNumber	Establish table relationships
CertName	Text	SectionG: name
CertTitle	Text	SectionG: title
CertDate	Text	SectionG: date signed
CertEmail	Text	SectionG: email address
CertPhone	Text	SectionG: phone number
ProviderNumber	Text	Establish table relationships

Table 2: tblESRD

Field Name	Data Type	Definition
ID	AutoNumber	Establish table relationships
FacilityName	Text	Name of the facility
ProviderNumber	Text	CMS provider number
FID	Text	Facility Identification Number
FacilityAddress	Text	Facility: address
FacilityCity	Text	Facility: city
FacilityState	Text	Facility: state
FacilityZipcode	Text	Facility: zip code
FacilityPhone	Text	Facility: phone number
FacilityCounty	Text	Facility: county
CEOName	Text	CEO: name
CEOAddress	Text	CEO: address

CEOCity	Text	CEO: city
CEOState	Text	CEO: state
CEOZipcode	Text	CEO: zip code
CEOPhone	Text	CEO: phone number
CEOEmail	Text	CEO: email address
CompilerName	Text	Compiler: name
CompilerTitle	Text	Compiler: title
CompilerPhone	Text	Compiler: phone number
CompilerEmail	Text	Compiler: email address

**Table 3: tblLocations** 

Field Name	Data Type	Definition
IngLocationID	AutoNumber	Unique identifier for the locations
strLocation	Text	Location
strState	Text	State
strServiceArea	Text	Service Area
IngCtServiceArea	Number	Number of counties in the service area

**Table 4: tblPatientData** 

Field Name	Data Type	Definition
PatDataID	AutoNumber	Primary key
ESRDID	Number	Establish table relationships
County	Text	The county of patient residence
InCenter	Number	Number of in-center patients
Home	Number	Number of homes patients
Peritoneal	Number	Number of home peritoneal patients
CountyTotal	Number	Total number of patients
ProviderNumber	Text	Establish table relationships

Table 5: tblPlanData

Field Name	Data Type	Definition
PlanID	AutoNumber	Primary key
ESRDID	Number	Establish table relationships
CONIssued	Number	Number of stations for which the facility has a CON 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 the last day of data updates
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?

**Table 6: tblStations** 

Field Name	Data Type	Definitions
ESRDID	Number	Establish table relationships
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
MedicareCertified	Text	Is the facility Medicare certified?
NumberStations	Number	Number of stations the facility had on the last day of the reporting period
StationsChange	Text	Change to the certified station capacity?
StationsAddyn	Text	Were certified stations added?
StnsAddDate1	Text	Effective date stations certified, row 1
StnsAddNum1	Number	Number of stations added row 1
StnsAddCON1	Text	CON Project ID number, row 1
StnsAddDate2	Text	Effective date stations certified, row 2
StnsAddNum2	Number	Number of stations added row 2
StnsAddCON2	Text	CON Project ID number, row 2
StnsAddDate3	Text	Effective date stations certified, row 3
StnsAddNum3	Number	Number of stations added row 3
StnsAddCON3	Text	CON Project ID number, row 3
StnsAddDate4	Text	Effective date station certified, row 4
StnsAddNum4	Number	Number of stations added row 4
StnsAddCON4	Text	CON Project ID number, row 4
StnsAddDate5	Text	Effective date stations certified, row 5

Number	Number of stations added row 5
Text	CON Project ID number, row 5
Text	Were certified stations removed?
Text	Effective date stations decertified, row 1
Number	Number of stations removed row 1
Text	CON Project ID number, row 1
Text	Effective date stations decertified, row 2
Number	Number of stations removed row 2
Text	CON Project ID number, row 2
Text	Effective date stations decertified, row 3
Number	Number of stations removed row 3
Text	CON Project ID number, row 3
Text	Effective date stations decertified, row 4
Number	Number of stations removed row 4
Text	CON Project ID number, row 4
Text	Effective date stations decertified, row 5
Number	Number of stations removed row 5
Text	CON Project ID number, row 5
Text	Does this facility have any isolation stations?
Number	Number of isolation stations
Text	Does this facility have any home hemodialysis training stations?
Number	Number of home hemodialysis training stations
Text	Establish table relationships
	Text Text Number