Hospitals Database

This document is to be used in conjunction with the Hospitals database for the 2025 Hospital License Renewal Application.

The database contains 38 tables, and the relationships are indicated in the pdf document titled 'hospitals_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 representation as to its accuracy and any user of the data assumes the risk of errors or inaccuracy.

Table 1: tblAgeLevels

Field Name	Data Type	Definition
IngAgeLevelID	Number	Primary key
strAgeLevel	Text	Identifies the different age levels

Table 2: tblAuthorization

Field Name	Data Type	Definition
IngWebSigID	Number	Primary key
IngHospitalID	Number	Establish table relationships
strHospWeb	Text	Website address for the hospital
strCharityWeb	Text	Website address for the hospital's charity care policy
strGiftsGrants	Text	Contributions, gifts, grants, and other similar amounts
strFinAssist	Text	Annual financial assistance cost
strBadDebt1	Text	Bad debt expense
strBadDebt2	Text	Bad debt expense attributable to patients
ysnAuthSig	Yes/No	Denotes presence/absence of the authenticating signature
dtmAuthDate	Date/Time	Date of the authenticating signature
strNPI	Text	National provider identifier
strOtherNPI	Text	Additional national provider identifier

Table 3: tblBedsByService

Field Name	Data Type	Definition
IngBedsID	AutoNumber	Primary key
IngSiteID	Number	Establish table relationships
IngCampusType	Number	-1 = cumulative data; 0 = non-multicampus; 1 = specific campus from a multi-campus
IngICUBurnLic	Number	Intensive Care Units: Burn, number of licensed beds
IngICUBurnStaff	Number	Intensive Care Units: Burn, number of staffed beds

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IngUnitGynStaff Number Units: Gynecology, number of staffed beds	IngUnitGynStaff	Number	Units: Gynecology, number of staffed beds
IngUnitGynIDOC Number Units: Gynecology, annual census, inpatient days of care	IngUnitGynIDOC	Number	Units: Gynecology, annual census, inpatient days of care
IngUnitMedSurgLic Number Units: Medical/Surgical, number of licensed beds	IngUnitMedSurgLic	Number	Units: Medical/Surgical, number of licensed beds
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er Units: Neonatal Level II, number of licensed beds
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er Units: Obstetric, number of licensed beds
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er Units: Oncology, number of licensed beds
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er Units: Orthopedics, number of licensed beds
er Units: Orthopedics, number of staffed beds
Units: Orthopedics, annual census, inpatient days of care
er Units: Pediatric, number of licensed beds
er Units: Pediatric, number of staffed beds
er Units: Pediatric, annual census, inpatient days of care
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er Units: Other, number of licensed beds
er Units: Other, number of staffed beds
er Units: Other, annual census, inpatient days of care
er General Acute Care Beds: Total number of licensed beds
er General Acute Care Beds: Total number of staffed beds
er General Acute Care Beds: Total days of care
er Comprehensive In-Patient Rehabilitation: number of licensed beds
comprehensive In-Patient Rehabilitation: number of staffed beds

IngCIPRIDOC	Number	Comprehensive In-Patient Rehabilitation: annual census, inpatient days of care
IngIHLic	Number	Inpatient Hospice: number of licensed beds
IngIHStaff	Number	Inpatient Hospice: number of staffed beds
IngIHIDOC	Number	Inpatient Hospice: annual census, inpatient days of care
IngSACDTLic	Number	Substance Abuse Treatment: number of licensed beds
IngSACDTStaff	Number	Substance Abuse Treatment: number of staffed beds
IngSACDTIDOC	Number	Substance Abuse Treatment: annual census, inpatient days of care
IngPsychLic	Number	Psychiatry: number of licensed beds
IngPsychStaff	Number	Psychiatry: number of staffed beds
IngPsychIDOC	Number	Psychiatry: annual census, inpatient days of care
IngNursingLic	Number	Nursing Facility: number of licensed beds
IngNursingStaff	Number	Nursing Facility: number of staffed beds
IngNursingIDOC	Number	Nursing Facility: annual census, inpatient days of care
IngAdultCareLic	Number	Adult Care Home: number of licensed beds
IngAdultCareStaff	Number	Adult Care Home: number of staffed beds
IngAdultCareIDOC	Number	Adult Care Home: annual census, inpatient days of care
IngOtherLic	Number	Other: number of licensed beds
IngOtherStaff	Number	Other: number of staffed beds
IngOtherIDOC	Number	Other: annual census, inpatient days of care
IngTotalLic	Number	Total: number of licensed beds
IngTotalStaff	Number	Total: number of staffed beds
IngTotalIDOC	Number	Total: annual census, inpatient days of care
IngSwingBeds	Number	Number of swing beds
IngSkilledNursing	Number	Number of skilled nursing days in swing beds
IngObservationBeds	Number	Number of unlicensed observation beds
IngServiceArea	Number	Identifies the service area where the beds are located; see tblServiceAreas

Table 4: tblCardiacServices

Field Name	Data Type	Definition
IngCardiacID	AutoNumber	Primary key
IngHospitalID	Number	Establish table relationships
IngCCNumUnitsDCC	Number	Number of units of equipment: Diagnostic Cardiac Catheterization
IngCCNumProcFixedUnder14DCC	Number	Number of procedures performed in fixed units on patients age 14 and younger: Diagnostic Cardiac Cath
IngCCNumProcFixedUnder14ICC	Number	Number of procedures performed in fixed units on patients age 14 and younger: Interventional Cardiac Cath
IngCCNumProcFixedDCC	Number	Number of procedures performed in fixed units: Diagnostic Cardiac Cath
IngCCNumProcFixedICC	Number	Number of procedures performed in fixed units: Interventional Cardiac Cath
IngCCNumProcMobileDCC	Number	Number of procedures performed in mobile units: Diagnostic Cardiac Cath
IngCCNumProcMobileICC	Number	Number of procedures performed in mobile units: Interventional Cardiac Cath
IngCCNumUnitsEP	Number	Number of units of fixed equipment dedicated to Electrophysiology
IngCCNumProcFixedEP	Number	Number of procedures performed in fixed units: Electrophysiology
IngGrandfathered	Number	Number of units of grandfathered cardiac cath equipment
strProjectIDs	Text	CON Project ID numbers for all non-grandfathered cardiac cath units
strNameMobileVendor	Text	Name of mobile vendor
IngNumOpHoursPerWeek	Number	Number of 8-hour days per week the mobile unit is on site

Table 5: tblCareTypes

Field Name	Data Type	Definition
IngCareTypeID	Number	Primary key
strTypesOfCare	Text	Identifies the different types of
		care

Table 6: tblCPTCodes

Field Name	Data Type	Definition
IngCPTCodeID	Number	Primary key
strCPTCode	Text	The CPT code
strCPTDescript	Text	A description of the CPT code
ysnUsed	Yes/No	Is this code used in the forms?
IngEquipmentTypeID	Number	Equipment type to which the CPT code is related; see tblEquipmentTypes
sngESTV	Number	ESTV values indicate if there is special consideration for the time required to perform special techniques

Table 7: CPTImaging

Field Name	Data Type	Definition
IngCPTImagID	AutoNumber	Primary key
IngHospitalID	Number	Establishes table relationships
lngImag70450	Number	computed tomography, head or brain; without contrast material
lngImag70486	Number	computed tomography, facial bone; without contrast material
lngImag70551	Number	mri, brain; without contrast material
IngImag70553	Number	mri, brain; without contrast followed by contrast and further sequences
lngImag71020	Number	radiologic exam, chest; two views, frontal and lateral
lngImag71250	Number	computed tomography, thorax; without contrast material(s)
lngImag71260	Number	computed tomography, thorax; with contrast material(s)
lngImag71275	Number	computed tomographic angiography, chest
lngImag72100	Number	radiologic exam, spine; lumbosacral; two or three views
IngImag72110	Number	radiologic exam, spine; lumbosacral; minimum of four views
lngImag72125	Number	computed tomography, cervical spine; without contrast material
IngImag72141	Number	mri, spine cervical; without contrast material
IngImag72148	Number	mri, spine lumbar; without contrast material
lngImag73221	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 8: tblCPTProcedures

Field Name	Data Type	Definition
IngCPTProcedureID	AutoNumber	Primary key
IngSiteDataID	Number	Identifies the site to which the data is related; see tblSiteData
IngCPTCodeID	Number	Identifies the CPT Code
IngCPTInpatProcs	Number	Number of inpatient procedures performed for a specific CPT code
IngCPTOutpatProcs	Number	Number of outpatient procedures performed for a specific CPT code
IngCPTProcedures	Number	Number of total procedures performed for a specific CPT code

Table 9: tblCPTSurgical

Field Name	Data Type	Definition	
IngCPTSurgID	AutoNumber	Primary key	
IngHospitalID	Number	Establish 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		
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 10: tblCTData

Field Name	Data Type	Definition
IngCTDataID	AutoNumber	Primary key
IngSiteDataID	Number	Establish table relationships
IngNumFixedCT	Number	How many fixed CT scanners does the hospital have?
ysnMobileCTContract	Yes/No	Does the hospital contract for mobile CT scanner services?
strMobileCTVendor	Text	Identify the mobile CT vendor
IngNumFixCTHeadWithout	Number	Fixed CT: number of head scans without contrast
IngNumFixCTHeadWith	Number	Fixed CT: number of head scans with contrast
IngNumFixCTHeadWithandWithout	Number	Fixed CT: number of head scans with and without contrast
IngNumFixCTBodyWithout	Number	Fixed CT: number of body scans without contrast
IngNumFixCTBodyWith	Number	Fixed CT: number of body scans with contrast

Field Name	Data Type	Definition
IngNumFixCTBodyWithandWithout	Number	Fixed CT: number of body scans with and without contrast
IngNumFixCTBiopsy	Number	Fixed CT: number of biopsy in addition to body scans with or without contrast
IngNumFixCTAbscess	Number	Fixed CT: number of abscess drainage in addition to body scans with or without contrast
IngNumFixTotal	Number	Total number of scans on a fixed scanner
IngNumMobileCTHeadWithout	Number	Mobile CT: number of head scans without contrast
IngNumMobileCTHeadWith	Number	Mobile CT: number of head scans with contrast
IngNumMobileCTHeadWithandWithout	Number	Mobile CT: number of head scans with and without contrast
IngNumMobileCTBodyWithout	Number	Mobile CT: number of body scans without contrast
IngNumMobileCTBodyWith	Number	Mobile CT: number of body scans with contrast
IngNumMobileCTBodyWithandWithout	Number	Mobile CT: number of body scans with and without contrast
IngNumMobileCTBiopsy	Number	Mobile CT: number of biopsy in addition to body scan with or without contrast
IngNumMobileCTAbscess	Number	Mobile CT: number of abscess drainage in addition to body scan with or without contrast
IngNumMobTotal	Number	Total number of scans on a mobile scanner

Table 11: tblDaysOfCare

Field Name	Data Type	Definition
IngDaysOfCareID	AutoNumber	Primary key
IngHospitalID	Number	Establishes table relationships
IngMentalHealthCareID	Number	Identifies the type of care received by the patient
IngLocationID	Number	Identifies the location from which the patient originated
IngDOC_0to5	Number	Days of care for ages 0-5
IngDOC_6to12	Number	Days of care for ages 6-12
IngDOC_13to17	Number	Days of care for ages 13-17
IngDOC_18plus	Number	Days of care for ages 18+
IngDOC_Total	Number	Total days of care

Field Name	Data Type	Definition
IngEquipmentProceduresID	AutoNumber	Primary key
IngSiteDataID	Number	Establish table relationships
IngEquipmentSpecificID	Number	Identifies the type of equipment
IngDuplEntry	Number	If the entry is duplicate to other entries; No: 0; Yes: 1
IngUnits	Number	Number of units
IngInProcWithContrast	Number	Number of inpatient procedures with contrast
IngInProcWithout	Number	Number of inpatient procedures without contrast
IngInProcTotal	Number	Total number of inpatient procedures
IngOutProcWithContrast	Number	Number of outpatient procedures with contrast
IngOutProcWithout	Number	Number of outpatient procedures without contrast
IngOutProcTotal	Number	Total number of outpatient procedures
IngProcTotal	Number	Total number of procedures
strPETProjIDsFix	Text	CON Project ID numbers for all non-grandfathered fixed PET scanners
ynoMobPET	Number	Does the hospital own a mobile PET scanner that performed procedures
strPETProjIDsMob	Text	CON Project ID numbers for mobile PET scanners
IngGfLA	Number	Number of grandfathered Linear Accelerators
strLAProjIDs	Text	CON Project ID numbers for all non-grandfathered Linear Accelerators
strMobileProvider	Text	Name of the mobile provider
memNotes	Memo	Notes on the entry

Table 13: tblEquipmentSpecific

Field Name	Data Type	Definition
IngEquipmentSpecificID	AutoNumber	Primary key
strEquipmentSpecific	Text	Identifies the specific type of equipment
IngEquipmentTypeID	Number	Identifies the type of equipment; see tblEquipmentTypes
IngOrderID	Number	For sorting

Table 14: tblEquipmentTypes

Field Name	Data Type	Definition
IngEquipmentTypeID	Number	Primary key
strEquipmentType	Text	Identifies the different types of equipment

Table 15: tblFacilities

Field Name	Data Type	Definition
IngFacilityID	AutoNumber	Primary key
IngHospitalID	Number	Establish table relationships
strFacilityName	Text	Name of the facility
strFacilityAddress	Text	Address of the facility
strFacilityType	Text	Type of Business/Service

Table 16: tblFacilityData

Field Name	Data Type	Definition
IngFacilityDataID	AutoNumber	Primary key
IngHospitalID	Number	Establish table relationships
intLicAcCareBedsAdmissions	Number	Admissions to Licensed Acute Care Beds
intLicAcCareBedsDischarges	Number	Discharges from Licensed Acute Care Beds
sngAverageDailyCensus	Number	Average Daily Census
ysnLicensedBedChange	Yes/No	Was there a permanent change in the total number of licensed beds?
IngCurrentLicensedBeds	Number	What is the current number of licensed beds?
strReasonforChange	Text	Please state reason(s) which may have affected the change in bed complement
IngObservations	Number	Number of patients in observation status and not admitted as inpatients, excluding Emergency Department patients
IngObsBeds	Number	Number of unlicensed Observation Beds
ysnDesignatedTraumaCenter	Yes/No	Are you a designated trauma center?
IngTraumaLevel	Number	What is your trauma designation level?
ysnCriticalAccessHospital	Yes/No	Are you a critical access hospital (CAH)?

ysnLongTermCareHospital	Yes/No	Are you a long-term care hospital (LTCH)?
ysnTJCAccredited	Yes/No	Is this facility TJC accredited?
dtmTJCExpirationDate	Date/Time	Expiration Date for TJC accreditation
ysnDNVAccredited	Yes/No	Is this facility DNV accredited?
dtmDNVExpirationDate	Date/Time	Expiration Date for DNV accreditation
ysnAOAAccredited	Yes/No	Is this facility AOA accredited?
dtmAOAExpirationDate	Date/Time	Expiration Date for AOA Accreditation
ysnMedicareProvider	Yes/No	Are you a Medicare deemed provider?

Table 17: tblHospiceData

Field Name	Data Type	Definition
IngHospiceDataID	AutoNumber	Primary key
IngHospitalID	Number	Establish table relationships
IngLocationID	Number	Identify the county of residence of the patients; see tblLocations
lngAge0-17	Number	Number of patients ages 0-17 from the county served
IngAge18-40	Number	Number of patients ages 18-40 from the county served
IngAge41-59	Number	Number of patients ages 41-59 from the county served
IngAge60-64	Number	Number of patients ages 60-64 from the county served
IngAge65-74	Number	Number of patients ages 65-74 from the county served
IngAge75-84	Number	Number of patients ages 75-84 from the county served
IngAge85+	Number	Number of patients ages 85+ from the county served
IngTotal	Number	Total number of patients from the county served
IngDaysOfCare	Number	Total days of care from the county served
IngDeaths	Number	Total number of deaths from the county served

Table 18: tblHospitals

Field Name	Data Type	Definition
IngHospitalID	AutoNumber	Primary key
strLicenceNumber	Text	License number of the hospital
strFID	Text	Facility ID
strLegalIdentity	Text	Full legal name
strDBA	Text	Doing Business As
strPrimaryName	Text	Primary name of the legal entity
strOtherName1	Text	Optional other name for the legal entity
strOtherName2	Text	Optional other name for the legal entity
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	Identifies the county by 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	Designated agent responsible for the management of the licensed facility
strCEOTitle	Text	Title of the CEO
strContactName	Text	Name of the person to contact for any questions regarding this form
strContactTelephone	Text	Telephone Number of the person to contact for any questions
strContactEmail	Text	Email address of the person to contact for any questions

Table 19: tblHSys

Field Name	Data Type	Definition
IngHSysID	Number	Primary key
IngHospitalID	Number	Establish table relationships
IngHSysMasterID	Number	Identifies the Health System; see tblHSysMaster
ynoHSys	Number	Is this facility in a health system

Table 20: tblHSysMaster

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

Table 21: tblLocations

Field Name	Data Type	Definition
IngLocationID	Number	Primary key
strLocation	Text	Location

Table 22: tblMentalHealth

Field Name	Data Type	Definition
IngMentalHealthID	AutoNumber	Primary key
IngHospitalID	Number	Establish table relationships
strPsychiatricCareName	Text	Name of the psychiatric care unit
strPsychiatricCareAddress	Text	Address of the psychiatric care unit
strPsychiatricCareDirector	Text	Director of the psychiatric care unit
strMHSA1100Location	Text	Location of services for partial hospitalization for individuals who are acutely mentally ill
strMHSA1200Location	Text	Location of services for psychosocial rehabilitation facilities
IngMHSA12000-5	Number	Number of beds for .1200 assigned to ages 0-5
IngMHSA12006-12	Number	Number of beds for .1200 assigned to ages 6-12
IngMHSA120013-17	Number	Number of beds for .1200 assigned to ages 13-17

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IngMHSA520018+ Number of beds for .5200 assigned to ages 18+	IngMHSA520013-17	Number	Number of beds for .5200 assigned to ages 13-17
	IngMHSA52000-17	Number	Number of beds for .5200 assigned to ages 0-17
IngMHSA5200Total Number Total number of beds for .5200	IngMHSA520018+	Number	Number of beds for .5200 assigned to ages 18+
	IngMHSA5200Total	Number	Total number of beds for .5200

strMHSA3100Location	Text	Location of nonhospital medical detoxification
IngMHSA31000-5	Number	Number of beds for .3100 assigned to ages 0-5
IngMHSA31006-12	Number	Number of beds for .3100 assigned to ages 6-12
IngMHSA310013-17	Number	Number of beds for .3100 assigned to ages 13-17
IngMHSA31000-17	Number	Number of beds for .3100 assigned to ages 0-17
IngMHSA310018+	Number	Number of beds for .3100 assigned to ages 18+
IngMHSA3100Total	Number	Total number of beds for .3100
strMHSA3200Location	Text	Location of social setting detoxification
IngMHSA32000-5	Number	Number of beds for .3200 assigned to ages 0-5
IngMHSA32006-12	Number	Number of beds for .3200 assigned to ages 6-12
IngMHSA320013-17	Number	Number of beds for .3200 assigned to ages 13-17
IngMHSA32000-17	Number	Number of beds for .3200 assigned to ages 0-17
IngMHSA320018+	Number	Number of beds for .3200 assigned to ages 18+
IngMHSA3200Total	Number	Total number of beds for .3200
strMHSA3300Location	Text	Location of outpatient detoxification
strMHSA3400Location	Text	Location of residential treatment/rehabilitation for individuals with substance abuse disorders
IngMHSA34000-5	Number	Number of beds for .3400 assigned to ages 0-5
IngMHSA34006-12	Number	Number of beds for .3400 assigned to ages 6-12
IngMHSA340013-17	Number	Number of beds for .3400 assigned to ages 13-17
IngMHSA34000-17	Number	Number of beds for .3400 assigned to ages 0-17
IngMHSA340018+	Number	Number of beds for .3400 assigned to ages 18+
IngMHSA3400Total	Number	Total number of beds for .3400
strMHSA3500Location	Text	Location of outpatient facilities with substance abuse disorders
strMHSA3600Location	Text	Location of outpatient narcotic addiction treatment
strMHSA3700Location	Text	Location of day treatment facilities for individuals with substance abuse disorders
strMHSA5200BLocation	Text	Location of inpatient hospital unit for individuals who have substance abuse disorders
IngMHSA5200B0-5	Number	Number of beds for .5200 assigned to ages 0-5
IngMHSA5200B6-12	Number	Number of beds for .5200 assigned to ages 6-12
IngMHSA5200B13-17	Number	Number of beds for .5200 assigned to ages 13-17

IngMHSA5200B0-17	Number	Number of beds for .5200 assigned to ages 0-17
IngMHSA5200B18+	Number	Number of beds for .5200 assigned to ages 18+
IngMHSA5200Btotal	Number	Total number of beds for .5200

Table 23: tblMentalHealthCare

Field Name	Data Type	Definition
IngMentalHeatlhCareID	Number	Primary key
strTypeOfMentalHealthCare	Text	Identifies the type of mental health care received

Table 24: tblMRIs

Field Name	Data Type	Definition
IngMRIsID	AutoNumber	Primary key
IngSiteDataID	Number	Establish table relationships
IngDuplEntry	Number	Identifies if the fixed entry is duplicate to other entries; No = 0; Yes = 1
IngMobDupe	Number	Identifies if the mobile entry is duplicate to other entries; No = 0; Yes = 1
IngInpatWith	Number	Fixed MRI: Inpatient procedures with contrast or sedation
IngInpatWithout	Number	Fixed MRI: Inpatient procedures without contrast or sedation
IngInpatTotal	Number	Fixed MRI: Total inpatient procedures
IngOutpatWith	Number	Fixed MRI: Outpatient procedures with contrast or sedation
IngOutpatWithout	Number	Fixed MRI: Outpatient procedures without contrast or sedation
IngOutpatTotal	Number	Fixed MRI: Total outpatient procedures
IngGrand	Number	Fixed MRI: Grand total of all procedures
IngInpatMobWith	Number	Mobile MRI: Inpatient procedures with contrast or sedation
IngInpatMobWithout	Number	Mobile MRI: Inpatient procedures without contrast or sedation
IngInpatMobTotal	Number	Mobile MRI: Total inpatient procedures
IngOutpatMobWith	Number	Mobile MRI: Outpatient procedures with contrast or sedation
IngOutpatMobWithout	Number	Mobile MRI: Outpatient procedures without contrast or sedation
IngOutpatMobTotal	Number	Mobile MRI: Total outpatient procedures
IngMobGrand	Number	Mobile MRI: Grand total of all procedures

IngProcsInpatWith	Number	Fixed plus Mobile: Inpatient procedures with contrast or sedation
IngProcsInpatWithout	Number	Fixed plus Mobile: Inpatient procedures without contrast or sedation
IngProcsInpatTotal	Number	Fixed plus Mobile: Total inpatient procedures
IngProcsOutpatWith	Number	Fixed plus Mobile: Outpatient procedures with contrast or sedation
IngProcsOutpatWithout	Number	Fixed plus Mobile: Outpatient procedures without contrast or sedation
IngProcsOutpatTotal	Number	Fixed plus Mobile: Total outpatient procedures
IngProcsGrand	Number	Fixed plus Mobile: Grand total of all procedures
IngUnitsClosed	Number	Number of fixed MRI scanners - closed
IngUnitsOpen	Number	Number of fixed MRI scanners - open
IngUnitsAC3	Number	Number of policy AC-3 MRI scanners used for general clinical purpose
IngUnitsTotal	Number	Total fixed MRI scanners
IngGfMRIfixed	Number	Number of grandfathered fixed MRI scanners
strProjIDsFixed	Text	CON Project ID numbers for all other fixed MRI scanners
ysnMobScanners	Yes/No	Did the facility own one or more mobile MRI scanners?
IngNumMobScanners	Number	Number of mobile MRI scanners owned
IngGfMRImobile	Number	Number of grandfathered mobile MRI scanners
strProjIDsMobile	Text	CON Project ID numbers for all other mobile MRI scanners
ysnMobServices	Yes/No	Did the facility contract for mobile MRI services?
strMobProvider	Text	Name of mobile provider
IngOtherUnits	Number	Number of other research MRI scanners
IngInpatOtherWith	Number	Other MRI: Inpatient procedures with contrast or sedation
IngInpatOtherWithout	Number	Other MRI: Inpatient procedures without contrast or sedation
IngInpatOtherTotal	Number	Other MRI: Total inpatient procedures
IngOutpatOtherWith	Number	Other MRI: Outpatient procedures with contrast or sedation
IngOutpatOtherWithout	Number	Other MRI: Outpatient procedures without contrast or sedation
IngOutpatOtherTotal	Number	Other MRI: Total outpatient procedures
IngOtherGrand	Number	Other MRI: Grand total of all procedures
IngIntraOpUnits	Number	Number of intraoperative MRI scanners
IngInpatIntraOpWith	Number	Intraoperative MRI: Inpatient procedures with contrast or sedation
IngInpatIntraOpWithout	Number	Intraoperative MRI: Inpatient procedures without contrast or sedation

IngInpatIntraOpTotal	Number	Intraoperative MRI: Total inpatient procedures
IngOutpatIntraOpWith	Number	Intraoperative MRI: Outpatient procedures with contrast or sedation
IngOutpatIntraOpWithout	Number	Intraoperative MRI: Outpatient procedures without contrast or sedation
IngOutpatIntraOpTotal	Number	Intraoperative MRI: Total outpatient procedures
IngIntraOpGrand	Number	Intraoperative MRI: Grand total of all procedures

Table 25: tblOtherServices

Field Name	Data Type	Definition
IngOtherServicesID	AutoNumber	Primary key
IngHospitalID	Number	Establish table relationships
ysnCardiacRehabProgram	Yes/No	Does your facility have a cardiac rehab program (outpatient)?
ysnChemotherapy	Yes/No	Does your facility provide chemotherapy?
ysnClinicalPsychologyServices	Yes/No	Does your facility provide clinical psychology services?
ysnDentalServices	Yes/No	Does your facility provide dental services?
ysnRehabilitationOutpatientUnit	Yes/No	Does your facility have a rehabilitation outpatient unit?
ysnPodiatricServices	Yes/No	Does your facility provide podiatrics services?
ysnGeneticCounselingService	Yes/No	Does your facility provide genetic counseling services?
ysnAcuteDialysis	Yes/No	Does your facility have acute dialysis stations?
IngNumAcuteDialysisStations	Number	Number of acute dialysis stations

Table 26: tblOwnership

Field Name	Data Type	Definition
IngOwnerID	AutoNumber	Primary key
IngHospitalID	Number	Establish table relationships
ysnProvides	Yes/No	Itemized charges: facility provides detailed statement
ysnRequest	Yes/No	Itemized charges: statement available upon request
strOwnerName	Text	Name of the legal entity with ownership responsibility and liability
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
strOwnerFax	Text	Owner's Fax
strOwnerCEO	Text	Owner's CEO
ysnPartofHealthSystem	Yes/No	Is your facility part of a Health System?
strHealthSystemName	Text	Name of the Health System
strHealthSystemCEO	Text	CEO of the Health System
ysnForProfit	Yes/No	Is the legal entity 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 an LLP?
ysnLLC	Yes/No	Is the legal entity an LLC?
ysnPartnership	Yes/No	Is the legal entity a Partnership?
ysnGovernmentUnit	Yes/No	Is the legal entity a government unit?
ysnLease	Yes/No	Does the legal entity lease the building from which services are offered?
strBuildingOwner	Text	Name 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 of the management company
strVPNursingPatientCare	Text	Vice President of Nursing and Patient Care Services
strDirectorofPlanning	Text	Director of Planning

Table 27: tblPatientOrigins

Field Name	Data Type	Definition
IngPatientOriginID	AutoNumber	Primary key
IngHospitalID	Number	Establish table relationships
IngLocationID	Number	Location from which the patient originated
IngCareTypeID	Number	Identify the type of treatment
IngNumberofPatients	Number	Identifies the number of admissions, patients, or visits

Table 28: tblReimbursementSource

Field Name	Data Type	Definition
IngReimburseID	AutoNumber	Primary key
IngSiteID	Number	Establish table relationships
IngCampusType	Number	-1 = cumulative data; $0 = $ non-multicampus; $1 = $ specific campus from a multi-campus
IngSelfPayIDC	Number	Self-Pay: Inpatient days of care
IngSelfPayEV	Number	Self-Pay: Emergency visits
IngSelfPayOV	Number	Self-Pay: Outpatient visits
IngSelfPayISC	Number	Self-Pay: Inpatient surgical cases
IngSelfPayASC	Number	Self-Pay: Ambulatory surgical cases
IngCharityCareIDC	Number	Charity Care: Inpatient days of care
IngCharityCareEV	Number	Charity Care: Emergency visits
IngCharityCareOV	Number	Charity Care: Outpatient visits
IngCharityCareISC	Number	Charity Care: Inpatient surgical cases
IngCharityCareASC	Number	Charity Care: Ambulatory surgical cases
IngMedicareIDC	Number	Medicare: Inpatient days of care
IngMedicareEV	Number	Medicare: Emergency visits
IngMedicareOV	Number	Medicare: Outpatient visits
IngMedicareISC	Number	Medicare: Inpatient surgical cases
IngMedicareASC	Number	Medicare: Ambulatory surgical cases
IngMedicaidIDC	Number	Medicaid: Inpatient days of care
IngMedicaidEV	Number	Medicaid: Emergency visits

IngMedicaidOV	Number	Medicaid: Outpatient visits
IngMedicaidISC	Number	Medicaid: Inpatient surgical cases
IngMedicaidASC	Number	Medicaid: Ambulatory surgical cases
IngCommInsIDC	Number	Insurance: Inpatient days of care
IngCommInsEV	Number	Insurance: Emergency visits
IngCommInsOV	Number	Insurance: Outpatient visits
IngCommInsISC	Number	Insurance: Inpatient surgical cases
IngCommInsASC	Number	Insurance: Ambulatory surgical cases
strOtherCare	Text	Other Reimbursement Source: please specify
IngOtherIDC	Number	Other: Inpatient days of care
IngOtherEV	Number	Other: Emergency visits
IngOtherOV	Number	Other: Outpatient visits
IngOtherISC	Number	Other: Inpatient surgical cases
IngOtherASC	Number	Other: Ambulatory surgical cases
IngTotalIDC	Number	Total: Inpatient days of care
IngTotalEV	Number	Total: Emergency visits
IngTotalOV	Number	Total: Outpatient visits
IngTotalISC	Number	Total: Inpatient surgical visits
IngTotalASC	Number	Total: Ambulatory surgical visits

Table 29: tblServiceAreas

Field Name	Data Type	Definition
IngLocationID	Number	Primary key
strServiceArea	Text	Service Area
IngBedsOrderView	Number	Reference number for sorting and filtering
IngORsOrderView	Number	Reference number for sorting and filtering

Table 30: tblServicesFacilities

Field Name	Data Type	Definition
IngServicesID	AutoNumber	Primary key
IngHospitalID	Number	Establish table relationships
IngLiveBirthsVD	Number	Number of live births - vaginal deliveries
IngLiveBirthsCS	Number	Number of births by cesarean section
IngStillBirths	Number	Number of stillbirths
IngDeliveryRoomsDO	Number	Number of infants born in the delivery rooms - delivery only, not cesarean
IngDeliveryRoomsLDR	Number	Number of infants born in the labor and delivery, recovery rooms
IngDeliveryRoomsLDRP	Number	Number of infants born in the delivery rooms – LDRP
IngBassinets	Number	Number of normal newborn bassinets (level 1 neonatal services)
IngAbortionProcsPerYear	Number	Number of abortion procedures performed during the year
IngNumEDRooms	Number	Number of emergency department exam rooms
IngNumTraumaRooms	Number	Number of emergency department trauma rooms
IngNumFastTrackRooms	Number	Number of emergency department fast track rooms
IngNumUrgentCareRooms	Number	Number of emergency department urgent care rooms
IngNumEDVisits	Number	Total number of ED visits for the reporting period
IngNumAdmitsFromED	Number	Total number of admits from the ED for the reporting period
IngNumUCVisits	Number	Total number of urgent care visits for the reporting period
ysnIsED247	Yes/No	Does the ED provide services 24 hours a day 7 days per week?
ysnIsPhy247	Yes/No	Is a physician on duty in your ED 24 hours a day 7 days per week?
ysnMedicalAirService	Yes/No	Does the facility operate an air ambulance service?
IngRotaryNum	Number	Number of rotary aircraft
IngRotaryOwned	Number	Number of rotary aircraft owned
IngRotaryLeased	Number	Number of rotary aircraft leased
IngRotaryTransports	Number	Number of transports
IngFixedWingNum	Number	Number of fixed wing aircraft
IngFixedWingOwned	Number	Number of fixed wing aircraft owned
IngFixedWingLeased	Number	Number of fixed wing aircraft leased
IngFixedWingTransports	Number	Number of fixed wing transports

ven Blaad Bank/Transfusion		
ysnBloodBankTransfusion	Yes/No	Do you have blood bank and transfusion services?
ysnHistopathologyLab	Yes/No	Do you have a histopathology laboratory?
ysnHIVLab	Yes/No	Do you have HIV Laboratory testing?
IngHIVSerology	Number	Number of HIV Serology tests
IngHIVCulture	Number	Number of HIV Culture tests
ysnOrganBank	Yes/No	Do you have an organ bank?
ysnPapSmear	Yes/No	Do you have pap smear screening?
IngNumTransplantMarrowAll	Number	Number of bone marrow - allogeneic transplants
IngNumTransplantMarrowAuto	Number	Number of bone marrow - autologous transplants
IngNumTransplantCornea	Number	Number of cornea transplants
IngNumTransplantHeart	Number	Number of heart transplants
IngNumTransplantHeartLung	Number	Number of heart/lung transplants
IngNumTransplantKidneyLiver	Number	Number of kidney/liver transplants
IngNumTransplantLiver	Number	Number of liver transplants
IngNumTransplantHeartLiver	Number	Number of heart/liver transplants
IngNumTransplantHeartKidney	Number	Number of heart/kidney transplants
IngNumTransplantKidney	Number	Number of kidney transplants
IngNumTransplantLung	Number	Number of lung transplants
IngNumTransplantPancreas	Number	Number of pancreas transplants
IngNumTransplantPancreasKidney	Number	Number of pancreas/kidney transplants
IngNumTransplantPancreasLiver	Number	Number of pancreas/liver transplants.
IngNumTransplantOther	Number	Number of other transplants
ysnLivingDonorTransplants	Yes/No	Do you perform living donor transplants?

Table 31: tblSiteData

Field Name	Data Type	Definition
IngSiteDataID	AutoNumber	Primary key
IngHospitalID	Number	Establishes table relationships
IngCampusType	Number	-1 = cumulative data; 0 = non-multicampus; 1 = specific campus from a multi-campus

strName	Text	Name of the site
strSiteAddress	Text	Address of the site
strSiteCity	Text	City of the site
strSiteState	Text	State of the site
strSiteZipCode	Text	Zipcode of the site
IngCounty	Number	Identifies the county where the site is located; see tblLocations
IngMRIServiceSite	Number	Identifies the MRI service area; see tblLocations
IngPETServiceSite	Number	Identifies the PET service area; see tblLocations
IngLithoServiceSite	Number	Identifies the Lithotripsy service area; see tblLocations
IngLinacServiceSite	Number	Identifies the Linear Accelerator service area; see tblLocations
IngNumPatients	Number	Identifies the number of linear accelerator patients treated at the service site
strMRISiteName	Text	Name of site for MRI services
strLASiteName	Text	Name of site for Linear Accelerator services

Table 32: tblSurgical

Field Name	Data Type	Definition	
IngSurgeryID	AutoNumber	Primary key	
IngHospitalID	Number	Establishes table relationships	
IngOHSNumHLBypassMachines	Number	nber Number of Heart-Lung Bypass Machines	
IngOHSNumHLBypassProcs	Number	ber Total annual number of open heart surgery procedures utilizing heart-lung bypas machine	
IngOHSNumHLNoBypassProcs	Number	Total annual number of open heart surgery procedures done without utilizing a heart- lung bypass machine	
IngOHSTotalOHProcs	Number	Total open heart surgery procedures	

Table 33: tblSurgicalAvailability

Field Name Data Type		Definition
IngSurgeryAvailabilityID	AutoNumber	Primary key
IngSiteID	Number	Establishes table relationships
IngCampusType	Number	-1 = cumulative data; 0 = non-multicampus; 1 = specific campus from a multi-campus
dblAvgHoursPerDay	Number	Average hours per day routinely scheduled for use
dblAvgDaysPerYear	Number	Average number of days per year routinely scheduled for use
dblAvgCaseTimeInpaitent	Number	Average case time in minutes for inpatient cases
dblAvgCaseTimeAmbulatory	Number	Average case time in minutes for ambulatory cases

Table 34: tblSurgicalCases

Field Name	Data Type	Definition
IngSurgeryCasesID	AutoNumber	Primary key
IngSiteID	Number	Establishes table relationships
IngCampusType	Number	-1 = cumulative data; 0 = non-multicampus; 1 = specific campus from a multi- campus
IngCasesCardioInpatient	Number	Cardiothoracic: number of inpatient cases
IngCasesCardioAmbulatory	Number	Cardiothoracic: number of ambulatory cases
IngCasesOpenHeartInpatient	Number	Open Heart Surgery: number of inpatient cases
IngCasesGeneralInpatient	Number	General Surgery: number of inpatient cases
IngCasesGeneralAmbulatory	Number	General Surgery: number of ambulatory cases
IngCasesNeuroInpatient	Number	Neurosurgery: number of inpatient cases
IngCasesNeuroAmbulatory	Number	Neurosurgery: number of ambulatory cases
IngCasesObGynInpatient	Number	Obstetrics and GYN: number of inpatient cases
IngCasesObGynAmbulatory	Number	Obstetrics and GYN: number of ambulatory cases
IngCasesOpthInpatient	Number	Ophthalmology: number of inpatient cases
IngCasesOpthAmbulatory	Number	Ophthalmology: number of ambulatory cases
IngCasesOralInpatient	Number	Oral Surgery: number of inpatient cases
IngCasesOralAmbulatory	Number	Oral Surgery: number of ambulatory cases
IngCasesOrthoInpatient	Number	Orthopedics: number of inpatient cases

IngCasesOrthoAmbulatory	Number	Orthopedics: number of ambulatory cases
IngCasesOtolaryInpatient	Number	Otolaryngology: number of inpatient cases
IngCasesOtolaryAmbulatory	Number	Otolaryngology: number of ambulatory cases
IngCasesPlasticInpatient	Number	Plastic Surgery: number of inpatient cases
IngCasesPlasticAmbulatory	Number	Plastic Surgery: number of ambulatory cases
IngCasesPodiatryInpatient	Number	Podiatry: number of inpatient cases
IngCasesPodiatryAmbulatory	Number	Podiatry: number of ambulatory cases
IngCasesUrologyInpatient	Number	Urology: number of inpatient cases
IngCasesUrologyAmbulatory	Number	Urology: number of ambulatory cases
IngCasesVascularInpatient	Number	Vascular: number of inpatient cases
IngCasesVascularAmbulatory	Number	Vascular: number of ambulatory cases
strCasesOtherType	Text	Other Surgeries
IngCasesOtherInpatient	Number	Other: number of inpatient cases
IngCasesOtherAmbulatory	Number	Other: number of ambulatory cases
IngCSecsInCSecORInpatient	Number	Number of C-Section's performed in dedicated C-Section ORs
IngCSecsNotInCSecORInpatient	Number	Number of C-Section's performed in other ORs
IngCasesTotalInpatient	Number	Total number of inpatient cases
IngCasesTotalAmbulatory	Number	Total number of ambulatory cases
IngCasesProcRooms	Number	Number of surgical procedures performed in unlicensed procedure rooms

Table 35: tblSurgicalGIRooms

Field Name	Data Type	Definition
IngSurgicalGIRoomsID	AutoNumber	Primary key
IngSiteID	Number	Establishes table relationships
IngCampusType	Number	-1 = cumulative data; 0 = non-multicampus; 1 = specific campus from a multi-campus
IngNumGIEndoRooms	Number	Number of gastrointestinal endoscopy rooms
IngNumGIEndoInProcs	Number	Number of inpatient GI endo procedures performed in licensed rooms
IngNumGIEndoOutProcs	Number	Number of outpatient GI endo procedures performed in licensed rooms
IngNumGIEndoInCases	Number	Number of inpatient GI endo cases performed in licensed rooms

IngNumGIEndoOutCases	Number	Number of outpatient GI endo cases performed in licensed rooms
IngTotalCases	Number	Total number of GI endo cases performed in licensed rooms
IngInProcsNot	Number	Number of inpatient GI endo procedures not performed in licensed rooms
IngOutProcsNot	Number	Number of outpatient GI endo procedures not performed in licensed rooms
IngInCasesNot	Number	Number of inpatient GI endo cases not performed in licensed rooms
IngOutCasesNot	Number	Number of outpatient GI endo cases not performed in licensed rooms
IngTotalCasesNot	Number	Total number of GI endo cases not performed in licensed rooms
IngGrandTotal	Number	Grand total of GI cases
IngNumProcRooms	Number	Total number of procedure rooms

Table 36: tblSurgicalNonSurgCases

Field Name	Data Type	Definition
IngSurgicalNonSurgCasesID	AutoNumber	Primary key
IngSiteID	Number	Establishes table relationships
IngCampusType	Number	 -1 = cumulative data; 0 = non-multicampus; 1 = specific campus from a multi-campus
IngEndoInpat	Number	Number of endoscopies in licensed rooms, inpatient cases
IngEndoAmbu	Number	Number of endoscopies in licensed rooms, ambulatory cases
IngEndoInpatNot	Number	Number of endoscopies not in licensed rooms, inpatient cases
IngEndoAmbuNot	Number	Number of endoscopies not in licensed rooms, ambulatory cases
IngOtherNonSurgInpat	Number	Number of other non-surgical, inpatient cases
IngOtherNonSurgAmbu	Number	Number of other non-surgical, ambulatory cases
IngNumCasesPainManagementInpatient	Number	Number of pain management, inpatient cases
IngNumCasesPainManagementAmbulatory	Number	Number of pain management, ambulatory cases
IngNumCasesCystoscopyInpatient	Number	Number of cystoscopy, inpatient cases
IngNumCasesCystoscopyAmbulatory	Number	Number of cystoscopy, ambulatory cases
IngNumCasesYAGLaserInpatient	Number	Number of YAG Laser, inpatient cases
IngNumCasesYAGLaserAmbulatory	Number	Number of YAG Laser, ambulatory cases
strNumCasesOther1Name	Text	Specify other type of procedure
IngNumCasesOther1Inpatient	Number	Number of other type, inpatient cases

IngNumCasesOther1Ambulatory	Number	Number of other type, ambulatory cases
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Table 37: tblSurgicalOperatingRoom	S
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Field Name	Data Type	Definition
IngSurgeryID	AutoNumber	Primary key
IngSiteID	Number	Establishes table relationships
IngCampusType	Number	-1 = cumulative data; 0 = non-multicampus; 1 = specific campus from a multi-campus
IngOROpenHeart	Number	Number of rooms dedicated to open heart surgery
IngORCSection	Number	Number of rooms dedicated to C-Section
IngORInpatient	Number	Number of rooms dedicated to inpatient surgery
IngORAmbulatory	Number	Number of rooms dedicated to ambulatory surgery
IngORShared	Number	Number of rooms shared between inpatient and ambulatory surgery
IngORTotal	Number	Total number of surgical operating rooms
IngHybrid	Number	Number of hybrid operating rooms

Table 38: tblTelemed

Field Name	Data Type	Definition
IngTelemedID	AutoNumber	Primary key
IngHospitalID	Number	Establishes table relationships
ysnProvEDept	Yes/No	Provide telemedicine services to facilities: Emergency Department
ysnProvImaging	Yes/No	Provide telemedicine services to facilities: Imaging
ysnProvPsych	Yes/No	Provide telemedicine services to facilities: Psychiatric
ysnProvDisorder	Yes/No	Provide telemedicine services to facilities: Alcohol and/or Substance Use Disorder
ysnProvStroke	Yes/No	Provide telemedicine services to facilities: Stroke
ysnProvOther	Yes/No	Provide telemedicine services to facilities: Other
ysnFromEDept	Yes/No	Receive telemedicine services from facilities: Emergency Department
ysnFromImaging	Yes/No	Receive telemedicine services from facilities: Imaging
ysnFromPsych	Yes/No	Receive telemedicine services from facilities: Psychiatric

ysnFromDisorder	Yes/No	Receive telemedicine services from facilities: Alcohol and/or Substance Use Disorder
ysnFromStroke	Yes/No	Receive telemedicine services from facilities: Stroke
ysnFromOther	Yes/No	Receive telemedicine services from facilities: Other