2008 Cardiac Catheterization Survey

Part A : General Information

1. Identification

Facility Name: Northside Hospital-Cherokee
County: Cherokee
Street Address: 201 Hospital Road
City: Canton
Zip: 301142408
Mailing Address: 201 Hospital Road
Mailing City: Canton
Mailing Zip: 30114
Medicare Provider Number: 11008
Medicaid Provider Number: 00001108

2. Report Period

Report Data for the full twelve month period, January 1, 2008 - December 31, 2008 (365 days).
Do not use a different report period.

Check the box to the right if your facility was not operational for the entire year. □

If your facility was not operational for the entire year, provide the dates the facility was operational.

Part B : Survey Contact Information

Person authorized to respond to inquiries about the responses to this survey.

Contact Name: Brian J. Toporek
Contact Title: Senior Planner, Northside Hospital, Inc.
Phone: 404-851-6821
Fax: 404-851-6283
E-mail: brian.toporek@northside.com
Part C : Catheterization Services Utilization

1A. Number of Cardiac Catheterization Services Labs or Rooms
Please report the total number of Cardiac Catheterization services labs or rooms. Include all labs or rooms that are authorized to provide cardiac catheterizations pursuant to Rule 111-2-2-21. Include both general purpose and dedicated rooms or labs.

1B. Room Details
Please provide details on each of the labs or rooms reported in 1A above. Report each lab or room on a separate row. The name of the lab or room should be the name used in your facility.

<table>
<thead>
<tr>
<th>Room Name</th>
<th>Operational Date</th>
<th>Dedicated Room?</th>
<th># Cath Procedures</th>
<th>If Dedicated What Type?</th>
</tr>
</thead>
</table>

1C. Other Rooms
If your facility has other rooms that are equipped and capable of performing a cardiac catheterization (other than what is reported in Part C, Q1 A and B above) please indicate the number of those other rooms below.

2. Cardiac Catheterization by Procedure Type
Report by age and procedure type the total number of cardiac catheterization procedures performed during the report year in the cardiac catheterization rooms reported in question #1 above. Report actual cardiac cath procedures performed by the categories provided. Do not report cardiac catheterization sessions, but the procedures. Please refer to the definitions of procedure and session in the instructions.

2A. Therapeutic Cardiac Catheterizations

<table>
<thead>
<tr>
<th>Therapeutic Cardiac Catheterizations</th>
<th>Ages 0-14</th>
<th>Ages 15+</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>PCI balloon angioplasty procedures</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>PCI procedures utilizing drug eluting stent</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>PCI procedures utilizing non drug eluting stent</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Rotational Atherectomy</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Directional Atherectomy</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Laser Atherectomy</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Excisional Atherectomy</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Use of Cutting Balloon</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Closure or patent ductus arteriosus &gt; 28 days, by card. cath.</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Closure or patent ductus arteriosus &lt; 28 days, by card. cath.</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>07/19/2009 04:04:47</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>
2B.1 Diagnostic Cardiac Catheterizations

<table>
<thead>
<tr>
<th>Diagnostic Cardiac Catheterizations</th>
<th>Ages 0-14</th>
<th>Ages 15+</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Left Heart Diagnostic Cardiac Catheterizations</td>
<td>0</td>
<td>403</td>
<td>403</td>
</tr>
<tr>
<td>Right Heart Diagnostic Cardiac Catheterizations</td>
<td>0</td>
<td>22</td>
<td>22</td>
</tr>
<tr>
<td><strong>Total Diagnostic Cardiac Catheterization Procedures</strong></td>
<td><strong>0</strong></td>
<td><strong>425</strong></td>
<td><strong>425</strong></td>
</tr>
</tbody>
</table>

Grand Total (All Cardiac Catheterization Procedures) 0 425 425

2B.2 Left Heart Cardiac Catheterization Details
Report the number of diagnostic left heart cardiac catheterizations that were not followed by a therapeutic cardiac cath procedure and then provide the number that were followed by PCI in the same sitting.

<table>
<thead>
<tr>
<th>Left Heart Diagnostic Cardiac Catheterization Details</th>
<th>Ages 0-14</th>
<th>Ages 15+</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Left Heart Diagnostic Cardiac Cath Only (without PCI)</td>
<td>0</td>
<td>386</td>
<td>386</td>
</tr>
<tr>
<td>Left Heart Diagnostic Cardiac Cath Followed by PCI</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

2C. Peripheral Catheterization by Patient Type
Report the total number of peripheral catheterization procedures.

<table>
<thead>
<tr>
<th>Ages 0-14</th>
<th>Ages 15+</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>123</td>
<td>123</td>
</tr>
</tbody>
</table>

2D. Major Coronary Circulation Vessels Treated per Patient
Report the number of major coronary circulation vessels treated per patient by therapeutic cardiac catheterizations.

<table>
<thead>
<tr>
<th>PCI Type</th>
<th>1 Vessel</th>
<th>2 Vessels</th>
<th>3 Vessels</th>
<th>4 Vessels</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>PCI balloon angioplasty and/or stent</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>All other types of PCI (e.g. laser, etc.)</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>0</strong></td>
<td><strong>0</strong></td>
<td><strong>0</strong></td>
<td><strong>0</strong></td>
<td><strong>0</strong></td>
</tr>
</tbody>
</table>

2E. Cardiac Catheterization Sessions
Report by patient type and procedure type the total number of inpatient and outpatient cardiac catheterization sessions performed during the report year.

<table>
<thead>
<tr>
<th>Cardiac Catheterizations by Patient Type</th>
<th>Ages 0-14</th>
<th>Ages 15+</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inpatient Diagnostic Cardiac Catheterizations</td>
<td>0</td>
<td>171</td>
<td>171</td>
</tr>
<tr>
<td>Outpatient Diagnostic Cardiac Catheterizations</td>
<td>0</td>
<td>237</td>
<td>237</td>
</tr>
<tr>
<td>Inpatient Therapeutic Cardiac Catheterizations</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Outpatient Therapeutic Cardiac Catheterizations</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>0</strong></td>
<td><strong>408</strong></td>
<td><strong>408</strong></td>
</tr>
</tbody>
</table>
3A. Other Procedures Performed During Cardiac Catheterization Session
Report by age of patient and procedure type the total number of non-cardiac catheterization procedures that were performed during the cardiac catheterization session. Report by procedure code and procedure description.

<table>
<thead>
<tr>
<th>Procedure Code</th>
<th>Procedure Description</th>
<th>Ages 0-14</th>
<th>Ages 15+</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>CPT 33210</td>
<td>INSERTION OF TEMP PACEMAKER</td>
<td>0</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>CPT 36200</td>
<td>INTRODUCTION OF CATHETER</td>
<td>0</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>CPT 36245</td>
<td>SELECTIVE CATHETER PLACEMENT</td>
<td>0</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>CPT 36558</td>
<td>INTRO CENTRAL VENOUS CATHETER</td>
<td>0</td>
<td>1</td>
<td>1</td>
</tr>
</tbody>
</table>

3B. Non-Cardiac Catheterization in Cardiac Catheterization Facilities
Report by age and procedure type the total number of catheterization procedures, other than cardiac catheterizations, performed during the report year that were performed in the authorized cardiac catheterization labs or rooms reported in Part C Question 1A.

<table>
<thead>
<tr>
<th>Procedure Type</th>
<th>Ages 0-14</th>
<th>Ages 15+</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Electrophysiologic Studies</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Pacemaker Insertions</td>
<td>0</td>
<td>41</td>
<td>41</td>
</tr>
<tr>
<td>Angiograms/Venograms</td>
<td>0</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Angioplasty</td>
<td>0</td>
<td>15</td>
<td>15</td>
</tr>
<tr>
<td>Stents</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Thrombolysis Procedures</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Embolizations</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Venocava filter insertions</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Biliary/Nephrostomy</td>
<td>0</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>Perm cath/pic line placements</td>
<td>0</td>
<td>31</td>
<td>31</td>
</tr>
<tr>
<td>Total</td>
<td>0</td>
<td>92</td>
<td>92</td>
</tr>
</tbody>
</table>

3C. Non-Cardiac Catheterization Procedures Performed in Other Rooms
Report by age and procedure type the total number of catheterization procedures, other than cardiac catheterizations, performed during the report year that were performed in any other room that is equipped and capable of performing cardiac catheterization reported in Part C Question 1C.

<table>
<thead>
<tr>
<th>Procedure Type</th>
<th>Ages 0-14</th>
<th>Ages 15+</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Electrophysiologic Studies</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Pacemaker Insertions</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Angiograms/Venograms</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Angioplasty</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Stents</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Thrombolysis Procedures</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

Page 4 of 10
3D Medical Specialties
List all of the medical specialties of the physicians performing non-cardiac catheterization procedures listed in 3B or 3C.

4. Cardiac Catheterization Patients by Race/Ethnicity
Please report the number who received one or more cardiac catheterization procedures during the report period using the race and ethnicity categories provided. Please report patients as unduplicated. A patient should be counted once only.

<table>
<thead>
<tr>
<th>Race/Ethnicity</th>
<th>Number of Patients</th>
</tr>
</thead>
<tbody>
<tr>
<td>American Indian/Alaska Native</td>
<td>6</td>
</tr>
<tr>
<td>Asian</td>
<td>1</td>
</tr>
<tr>
<td>Black/African American</td>
<td>22</td>
</tr>
<tr>
<td>Hispanic/Latino</td>
<td>8</td>
</tr>
<tr>
<td>Pacific Islander/Hawaiian</td>
<td>0</td>
</tr>
<tr>
<td>White</td>
<td>363</td>
</tr>
<tr>
<td>Multi-Racial</td>
<td>4</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>404</strong></td>
</tr>
</tbody>
</table>

5. Cardiac Catheterization Patients by Gender
Please report the number of cardiac catheterization patients by gender served during the report period. Count a patient only once for an unduplicated patient count.

<table>
<thead>
<tr>
<th>Gender</th>
<th>Number of Patients</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>199</td>
</tr>
<tr>
<td>Female</td>
<td>205</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>404</strong></td>
</tr>
</tbody>
</table>
Part D: Charges

1. Average Total Charge and Average Actual Reimbursement

If applicable, report the average total charge from admission to discharge (excluding Medicare outliers) for each of the following DRGs and report the average actual reimbursement for each DRG received from Medicare, Medicaid and all third parties (excluding individual self-payors, indigents and those payors whose charge was ‘written off’). Please note that Average Total Charges, the number of cases used in the average, and the average reimbursement should be for services provided within authorized cardiac catheterization labs.

<table>
<thead>
<tr>
<th>Selected DRGs</th>
<th>Average Total Inpatient Charge in Lab</th>
<th>Cases Included in Calculation of Average</th>
<th>Actual Hospital Total Cases</th>
<th>Average Reimbursement in Lab</th>
</tr>
</thead>
<tbody>
<tr>
<td>DRG 110: Major Cardiovascular Procedures w/CC (MS-DRG 237)</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>DRG 121: Cds w/AMI and CV Complication, Discharged Alive (MS-DRG 280)</td>
<td>36,579</td>
<td>6</td>
<td>10</td>
<td>8,274</td>
</tr>
<tr>
<td>DRG 122: Cds w/AMI w/o CV Complication, Discharged Alive (MS-DRG 281 &amp; 282)</td>
<td>30,348</td>
<td>14</td>
<td>16</td>
<td>7,291</td>
</tr>
<tr>
<td>DRG 124: Cds except AMI w/Cardiac Cath and Complex Diagnosis (MS-DRG 286)</td>
<td>54,137</td>
<td>14</td>
<td>14</td>
<td>6,853</td>
</tr>
<tr>
<td>DRG 125: Cds except AMI w/Cardiac Cath and Complex Diagnosis (MS-DRG 287)</td>
<td>26,763</td>
<td>79</td>
<td>93</td>
<td>4,305</td>
</tr>
<tr>
<td>DRG 127: Heart Failure and Shock (MS-DRG 291, 292, 293)</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>DRG 130: Peripheral Vascular Disorders w/CC (MS-DRG 299)</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>DRG 138: Cardiac arrhythmia and conduction disorders w/CC (MS-DRG 308)</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>DRG 140: Angina Pectoris (MS-DRG 311)</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

2. Mean, Median and Range of Total Charges

Where applicable, report the mean, median and range of total charges for all cases for which each of the following ICD-9-CM codes was the principal procedure.

**Single Vessel PTCA Without Mention of Thrombolytic Agent**

(ICD-900.66, previously 36.01)

<table>
<thead>
<tr>
<th>Patient Category</th>
<th>Mean</th>
<th>Median</th>
<th>Range Low</th>
<th>Range High</th>
<th># of Cases Included in Calculations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inpatient</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td>0</td>
</tr>
<tr>
<td>Outpatient</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td>0</td>
</tr>
</tbody>
</table>

**Left Heart Cardiac Catheterization (Excluding that with Catheterization of Right Heart)**

(ICD-937.22)

<table>
<thead>
<tr>
<th>Patient Category</th>
<th>Mean</th>
<th>Median</th>
<th>Range Low</th>
<th>Range High</th>
<th># of Cases Included in Calculations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inpatient</td>
<td>$32,504</td>
<td>$27,014</td>
<td>$10,765</td>
<td>$264,434</td>
<td>135</td>
</tr>
<tr>
<td>Outpatient</td>
<td>$13,712</td>
<td>$11,768</td>
<td>$9,525</td>
<td>$31,704</td>
<td>214</td>
</tr>
</tbody>
</table>

3. Total Charges and Actual Reimbursement for Cardiac Catheterization Services

Please report the total charges and actual reimbursement received for cardiac catheterization services provided during the report period.
<table>
<thead>
<tr>
<th>Total Charges</th>
<th>Actual Reimbursement</th>
</tr>
</thead>
<tbody>
<tr>
<td>$9,735,831</td>
<td>$2,234,585</td>
</tr>
</tbody>
</table>
4. Total Uncompensated Charges for Cardiac Catheterization Services
Please report the total uncompensated charges for cardiac catheterization services provided to patients that qualified as indigent or charity care cases where the facility did not receive any compensation.

<table>
<thead>
<tr>
<th>Total Uncompensated Charges</th>
<th>Total Uncompensated I/C Patients</th>
</tr>
</thead>
<tbody>
<tr>
<td>$759,645</td>
<td>20</td>
</tr>
</tbody>
</table>

5. Adjusted Gross Revenue for Cardiac Catheterization Services
Please report the Adjusted Gross Revenue for cardiac catheterization services provided during the report period.

<table>
<thead>
<tr>
<th>Adjusted Gross Revenue</th>
</tr>
</thead>
<tbody>
<tr>
<td>$5,159,301</td>
</tr>
</tbody>
</table>

6. Primary Payment Source
Please report the total number of unduplicated cardiac catheterization patients, procedures, total charges and reimbursement by the patient's PRIMARY payer source. Report Peachcare for Kids patients with Third-Party. Then also provide the number of unduplicated patients, procedures, charges and reimbursement for patients who were qualified as Indigent or Charity Care cases. Patients do not have to balance or be unduplicated between two tables.

<table>
<thead>
<tr>
<th>Primary Payment Source</th>
<th>Medicare</th>
<th>Medicaid (Including Peachcare)</th>
<th>3rd Party Total Charges</th>
<th>Individual Self-Pay</th>
<th>I/C Care Account</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of Cardiac Catheterization Patients (unduplicated)</td>
<td>172</td>
<td>15</td>
<td>176</td>
<td>41</td>
<td>20</td>
</tr>
<tr>
<td>Number of Procedures Billed</td>
<td>174</td>
<td>176</td>
<td>176</td>
<td>41</td>
<td>21</td>
</tr>
<tr>
<td>Number of Procedures Not Billed or Written Off</td>
<td>0</td>
<td>0</td>
<td>4</td>
<td>37</td>
<td>9</td>
</tr>
<tr>
<td>Total Charges</td>
<td>$4,452,085</td>
<td>$531,348</td>
<td>$3,463,006</td>
<td>$1,289,392</td>
<td>$808,373</td>
</tr>
<tr>
<td>Actual Reimbursement</td>
<td>$816,861</td>
<td>$136,934</td>
<td>$1,273,594</td>
<td>$7,196</td>
<td>$48,728</td>
</tr>
</tbody>
</table>

Part E: Peer Review, JCAHO Accreditation, OHS Referrals and Treatment Complications

1. Check the box to the right if your program/facility participates in an external or national peer review and outcomes reporting system. ☐

   If you indicated yes above, please provide the name(s) of the peer review/outcomes reporting organization(s) below.

2. Check the box to the right if your program/facility is JCAHO accredited. ☑

   Enter your accreditation category in the space below.

   Accreditation without Type 1 Recommendations

3. How many community education programs has your program/facility participated in during the reporting period? 0
4. OHSS Referrals
If your facility referred patients for open heart surgery services (regardless of whether your facility does or does not provide OHSS), please list the hospital(s) to which patients have been referred and the number referred. If your facility referred patients to out-of-state providers please select the state from the pull-down menu.

<table>
<thead>
<tr>
<th>Referral Hospital</th>
<th>Number of Referrals</th>
</tr>
</thead>
<tbody>
<tr>
<td>Saint Joseph's Hospital of Atlanta</td>
<td>21</td>
</tr>
<tr>
<td>Wellstar Kennestone Hospital</td>
<td>9</td>
</tr>
<tr>
<td>Piedmont Hospital</td>
<td>1</td>
</tr>
<tr>
<td>Emory University Hospital Midtown</td>
<td>1</td>
</tr>
</tbody>
</table>

5. Cardiac Catheterization Treatment Session Complications
Please provide the number of both inpatient and outpatient therapeutic and diagnostic cardiac catheterization sessions which encountered or resulted in major and/or minor complications. (Total therapeutic and total diagnostic catheterization sessions are provided based on what was reported in Part C, Question 2B). Please refer to the instructions for guidelines regarding major versus minor classifications. Report complications occurring during the procedures or before discharge.

<table>
<thead>
<tr>
<th>Cardiac Catheterization Category</th>
<th>Total Cath Sessions from Part C</th>
<th>Major Complications</th>
<th>Minor Complications</th>
<th>Total Complications</th>
</tr>
</thead>
<tbody>
<tr>
<td>Therapeutic Cardiac Catheterizations Inpatient and Outpatient</td>
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<tr>
<td>Diagnostic Cardiac Catheterizations Inpatient and Outpatient</td>
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<td>408</td>
<td>0</td>
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Part F : Patient Origin
Please report the number of cardiac catheterization patients by county and age category. The total number of patients reported here must balance to the totals reported in Part C, Questions 4 and 5.

<table>
<thead>
<tr>
<th>County</th>
<th>Patients 0-14</th>
<th>Patients 15+</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bartow</td>
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<td>6</td>
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</tr>
<tr>
<td>Cherokee</td>
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<td>Cobb</td>
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</tr>
<tr>
<td>Dawson</td>
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<td>2</td>
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</tr>
<tr>
<td>Emanuel</td>
<td>0</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Fannin</td>
<td>0</td>
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<td>2</td>
</tr>
<tr>
<td>Florida</td>
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<td>2</td>
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</tr>
<tr>
<td>Forsyth</td>
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<td>Fulton</td>
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</tr>
<tr>
<td>Gilmer</td>
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<td>Gordon</td>
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<tr>
<td>Gwinnett</td>
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<tr>
<td>Other- Out of State</td>
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<tr>
<td>Paulding</td>
<td>0</td>
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</table>
### Part G : Comments

Please enter below any comments and suggestions that you have about this survey.

### Electronic Signature

Please note that the survey WILL NOT BE ACCEPTED without the authorized signature of the Chief Executive Officer or Executive Director (principal oficer) of the facility. The signature can be completed only AFTER all survey data has been finalized. By law, the signatory is attesting under penalty of law that the information is accurate and complete.

I state, certify and attest that to the best of my knowledge upon conducting due diligence to assure the accuracy and completeness of all data, and based upon my affirmative review of the entire completed survey, this completed survey contains no untrue statement or inaccurate data, nor omits requested material, information or data. I further state, certify and attest that I have reviewed the entire contents of the completed survey with all appropriate staff of the facility. I understand that inaccurate, incomplete or omitted data could lead to sanctions against me or my facility. I further understand that a typed version of my name is being accepted as my orginal signature pursuant to the Georgia Electronic Records and Signature Act.

Authorized Signature: William Hayes  
Title: CEO  
Date: 7/20/2009  
Comments: Transfers for Open Heart Surgery: Figures reported reflect only those patients transferred directly from the cath lab to another facility for open heart surgery. Patients transferred for open heart surgery from other areas of the hospital cannot be tracked.