



2008 Cardiac Catheterization Survey

Part A : General Information

1. Identification

UID:HOSP716

Facility Name: University Hospital

County: Richmond

Street Address: 1350 Walton Way

City: Augusta

Zip: 30901-2629

Mailing Address: 1350 Walton Way

Mailing City: Augusta

Mailing Zip: 30901-2629

Medicare Provider Number: 110028

Medicaid Provider Number: 000001977

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: Mike McCormack

Contact Title: Systems Specialist

Phone: 706-828-2449

Fax: 706-828-2490

E-mail: mmccormack@uh.org

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.

Room Name	Operational Date	Dedicated Room?	# Cath Procedures	If Dedicated What Type?
C3	1/1/2008	Yes	958	Cardiac Cathertization
C4	1/1/2008	Yes	1,327	Cardiac Cathertization
C5	1/1/2008	Yes	1,730	Cardiac Cathertization
C6	1/1/2008	Yes	1,926	Cardiac Cathertization
C2	1/1/2008	Yes	1,189	Cardiac Cathertization

1C. Other Rooms

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

1

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

Therapeutic Cardiac Catheterizations	Ages 0-14	Ages 15+	Total
PCI balloon angioplasty procedures	0	199	199
PCI procedures utilizing drug eluting stent	0	1,270	1,270
PCI procedures utilizing non drug eluting stent	0	619	619
Rotational Atherectomy	0	17	17
Directional Atherectomy	0	0	0
Laser Atherectomy	0	0	0
Excisional Atherectomy	0	0	0
Use of Cutting Balloon	0	87	87
Closure or patent ductus areriosus > 28 days, by card. cath.	0	0	0
Closure or patent ductus arteriosus < 28 days, by card. cath.	0	0	0
06/10/2009 08:32:53	0	58	58

Total	0	2,250	2,250
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2B.1 Diagnostic Cardiac Catheterizations

Diagnostic Cardiac Catheterizations	Ages 0-14	Ages 15+	Total
Left Heart Diagnostic Cardiac Catheterizations	0	4,640	4,640
Right Heart Diagnostic Cardiac Catheterizations	0	240	240
Total Diagnostic Cardiac Catheterization Procedures	0	4,880	4,880
Grand Total (All Cardiac Catheterization Procedures)	0	7,130	7,130

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.

Left Heart Diagnostic Cardiac Catheterization Details	Ages 0-14	Ages 15+	Total
Left Heart Diagnostic Cardiac Cath Only (without PCI)	0	3,004	3,004
Left Heart Diagnostic Cardiac Cath Followed by PCI	0	1,601	1,601

2C. Peripheral Catheterization by Patient Type

Report the total number of peripheral catheterization procedures.

Ages 0-14	Ages 15+	Total
0	1,728	1,728

2D. Major Coronary Circulation Vessels Treated per Patient

Report the number of major coronary circulation vessels treated per patient by therapeutic cardiac catheterizations.

PCI Type	1 Vessel	2 Vessels	3 Vessels	4 Vessels	Total
PCI balloon angioplasty and/or stent	1,728	402	45	12	2,187
All other types of PCI (e.g. laser, etc.)	63	0	0	0	63
Total	1,791	402	45	12	2,250

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.

Cardiac Catheterizations by Patient Type	Ages 0-14	Ages 15+	Total
Inpatient Diagnostic Cardiac Catheterizations	1	2,179	2,180
Outpatient Diagnostic Cardiac Catheterizations	0	2,649	2,649
Inpatient Therapeutic Cardiac Catheterizations	0	1,309	1,309
Outpatient Therapeutic Cardiac Catheterizations	0	489	489
Total	1	6,626	6,627

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.

Procedure Code	Procedure Description	Ages 0-14	Ages 15+	Total
33967	INSERT IA PERCUT DEVICE	0	27	27
35473	REPAIR ARTERIAL BLOCKAGE	0	17	17
35474	REPAIR ARTERIAL BLOCKAGE	0	42	42
35475	PLACE CATHETER IN ARTERY	0	1	1
36215	PLACE CATHETER IN ARTERY	0	12	12
36245	PLACE CATHETER IN ARTERY	0	167	167
36246	PLACE CATHETER IN ARTERY	0	73	73
36247	PLACE CATHETER IN ARTERY	0	156	156
37205	TRANS CATH IV STENT, PERC	0	15	15
92950	HEART/LUNG RESUSCITATION	0	9	9
92960	CARDIOVERSION ELECTIVE	0	4	4
92974	CATH PLACE, CARDIO BRAC	0	2	2
92978	INTRAVAS US, HEART	0	430	430
92979	INTRAVAS US, HEART ADD	0	45	45
93024	CARDIAC DRUG STRESS TEST	0	1	1
93508	CATH PLACEMENT ANGIOGR	0	221	221
93539	INJECTION CARDIAC CATH	0	631	631
93540	INJECTION CARDIAC CATH	0	611	611
93543	INJECTION FOR HEART X-RAYS	0	4,339	4,339
93544	INJECTION FOR AORTOGRAPHY	0	1,095	1,095
93545	INJECT FOR CORONARY XRAY	0	4,592	4,592
93555	IMAGING CARDIAC CATH	0	4,352	4,352
93556	IMAGING CARDIAC CATH	0	4,579	4,579
G0269	OCCLUSIVE DEVICE IN VEIN	0	1,182	1,182
G0275	RENAL ANGIO, CARDIAC CAT	0	570	570
G0278	ILIAC ANGIO CARDIAC CAT	0	76	76

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.

Procedure Type	Ages 0-14	Ages 15+	Total
Electrophysiologic Studies	0	0	0
Pacemaker Insertions	0	17	17
Angiograms/Venograms	0	726	726
Angioplasty	0	206	206
Stents	0	308	308

Thrombolysis Procedures	0	0	0
Embolizations	0	0	0
Venocava filter insertions	0	12	12
Biliary/Nephrostomy	0	0	0
Perm cath/pic line placements	0	1	1
	0	42	0
	0	0	0
	0	0	0
Total	0	1,312	1,312

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 equiped and capable of performing cardiac catheterization reported in Part C Question 1C.

Procedure Type	Ages 0-14	Ages 15+	Total
Electrophysiologic Studies	0	452	452
Pacemaker Insertions	0	471	471
Angiograms/Venograms	0	24	24
Angioplasty	0	0	0
Stents	0	0	0
Thrombolysis Procedures	0	0	0
Embolizations	0	0	0
Venocava filter insertions	0	0	0
Biliary/Nephrostomy	0	0	0
Perm cath/pic line placements	0	0	0
	0	11	11
	0	80	80
	0	0	0
Total	0	1,038	1,038

3D. Medical Specialties

List all of the medical specialties of the physicians performing non-cardiac catheterization procedures listed in 3B or 3C.

Cardiologist, Cardiac Surgeon, Interventional Radiology, and Vascular Surgeon

4. Cardiac Catheterization Patients by Race/Ethnicity

Please report the number who recieved 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.

Race/Ethnicity	Number of Patients
American Indian/Alaska Native	3
Asian	14
Black/African American	1,159

Hispanic/Latino	12
Pacific Islander/Hawaiian	0
White	3,073
Multi-Racial	24
Total	4,285

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.

Gender	Number of Patients
Male	2,327
Female	1,958
Total	4,285

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.

Selected DRGs Diseases/Disorders of the Circulatory System	Average Total Inpatient Charge in Lab	Cases Included in Calculation of Average	Actual Hospital Total Cases	Average Reimbursement in Lab
DRG 110: Major Cardiovascular Procedures w/CC (MS-DRG 237)	96,006	24	80	33,393
DRG 121: Cds w/AMI and CV Complication, Discharged Alive (MS-DRG 280)	32,457	44	112	9,157
DRG 122: Cds w/AMI w/o CV Complication, Discharged Alive (MS-DRG 281 & 282)	21,688	53	81	7,668
DRG 124: Cds except AMI w/Cardiac Cath and Complex Diagnosis (MS-DRG 286)	23,752	162	162	7,419
DRG 125: Cds except AMI w/Cardiac Cath and Complex Diagnosis (MS-DRG 287)	18,594	223	224	7,037
DRG 127: Heart Failure and Shock (MS-DRG 291, 292, 293)	0	0	633	0
DRG 130: Peripheral Vascular Disorders w/CC (MS-DRG 299)	0	0	122	0
DRG 138: Cardiac arrhythmia and conduction disorders w/CC (MS-DRG 308)	0	0	225	0
DRG 140: Angina Pectoris (MS-DRG 311)	0	0	6	0

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)

Patient Category	Mean	Median	Range Low	Range High	# of Cases Included in Calculations
Inpatient	\$54,274	\$46,669	\$19,326	\$594,216	1,229
Outpatient	\$38,685	\$36,125	\$13,980	\$86,785	370

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

ICD-937.22)

Patient Category	Mean	Median	Range Low	Range High	# of Cases Included in Calculations
Inpatient	\$22,891	\$18,593	\$7,436	\$174,209	474
Outpatient	\$8,532	\$7,317	\$5,734	\$49,933	1,905

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.

Total Charges	Actual Reimbursement
\$171,644,986	\$53,067,200

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.

Total Uncompensated Charges	Total Uncompensated I/C Patients
\$7,792,699	144

5. Adjusted Gross Revenue for Cardiac Catheterization Services

Please report the Adjusted Gross Revenue for cardiac catheterization services provided during the report period.

Adjusted Gross Revenue
\$68,580,102

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.

	Primary Payment Source				I/C Care Account
	Medicare	Medicaid	3rd Party (Including Peachcare)	Individual Self-Pay	
Number of Cardiac Catheterization Patients (unduplicated)	2,250	181	1,700	159	144
Number of Procedures Billed	3,450	2,619	2,619	276	250
Number of Procedures Not Billed or Written Off	0	0	0	0	250
Total Charges	\$96,647,838	\$8,447,046	\$59,994,052	\$8,586,050	\$7,792,699
Actual Reimbursement	\$24,499,415	\$2,518,409	\$24,255,839	\$793,537	\$0

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.

ACC, VHA, CMS, JCAHO (ORYX), PHA, STS & Cancer Registry

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?

10+

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.

Referral Hospital	Number of Referrals
University Hospital	292

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.

Cardiac Catheterization Category	Total Cath Sessions from Part C	Major Complications	Minor Complications	Total Complications
Therapeutic Cardiac Catheterizations Inpatient and Outpatient	1,798	121	85	206
Diagnostic Cardiac Catheterizations Inpatient and Outpatient	4,829	109	143	252
Total	6,627	230	228	458

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.

County	Patients 0-14	Patients 15+	Total
Richmond	0	1,257	1,257
Columbia	0	692	692
McDuffie	0	253	253
Appling	0	3	3
Alabama	0	1	1
Bacon	0	2	2
Baldwin	0	3	3
Barrow	0	4	4
Bartow	0	2	2
Bleckley	0	1	1
Brantley	0	1	1
Bulloch	0	8	8
Burke	0	138	138
Candler	0	3	3

Carroll	0	1	1
Catoosa	0	1	1
Charlton	0	2	2
Cherokee	0	1	1
Clarke	0	1	1
Cobb	0	2	2
Early	0	1	1
Effingham	0	1	1
Elbert	0	1	1
Emanuel	0	57	57
Evans	0	1	1
Franklin	0	1	1
Glascock	0	39	39
Greene	0	8	8
Hancock	0	7	7
Harris	0	1	1
Jeff Davis	0	1	1
Jefferson	0	128	128
Jenkins	0	54	54
Johnson	0	13	13
Laurens	0	4	4
Lincoln	0	87	87
Long	0	1	1
Monroe	0	1	1
Oconee	0	1	1
Polk	0	1	1
Screven	0	35	35
Taliaferro	0	13	13
Tattnall	0	1	1
Telfair	0	2	2
Tift	0	1	1
Toombs	0	6	6
Treutlen	0	4	4
Upton	0	1	1
Walton	0	1	1
Ware	0	2	2
Warren	0	46	46
Washington	0	179	179
Whitfield	0	2	2
Wilkes	0	83	83
Wilkinson	0	2	2
Florida	0	7	7
South Carolina	0	1,099	1,099
Other- Out of State	0	17	17

Total Patients	0	4,285	4,285
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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 officer) 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 original signature pursuant to the Georgia Electronic Records and Signature Act.

Authorized Signature: J. Larry Read

Title: CEO

Date: 7/7/2009

Comments: Actual, hard-copy, signature is on file.