Georgia Department of Community Health

2009 Cardiac Catheterization Survey

Part A : General Information

1. Identification

UID:HOSP240

Facility Name: Rockdale Medical Center

County: Rockdale

Street Address: 1412 Milstead Avenue NE

City: Conyers

Zip: 30012

Mailing Address: 1412 Milstead Avenue NE

Mailing City: Conyers

Mailing Zip: 30012

Medicare Provider Number: 110091

Medicaid Provider Number: 00001603

2. Report Period

Report Data for the full twelve month period, January 1, 2009 - December 31, 2009 (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: KELSIE BROUGHTON

Contact Title: DECISION SUPPORT ANALYST

Phone: 770-918-3801

Fax: 770-918-3805

E-mail: KELSIE.BROUGHTON@LPNT.NET

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?
CARDIOVASCULAR LAB	11/13/2002	Yes	453	N/A

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.

0

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	0	0
PCI procedures utilizing drug eluting stent	0	0	0
PCI procedures utilizing non drug eluting stent	0	0	0
Rotational Atherectomy	0	0	0
Directional Atherectomy	0	0	0
Laser Atherectomy	0	0	0
Excisional Atherectomy	0	0	0
Use of Cutting Balloon	0	0	0
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
06/17/2010 01:14:12	0	0	0
Total	**0**	**0**	**0**

2B.1 Diagnostic Cardiac Catheterizations

Diagnostic Cardiac Catheterizations	Ages 0-14	Ages 15+	Total
Left Heart Diagnostic Cardiac Catheterizations	0	416	416
Right Heart Diagnostic Cardiac Catheterizations	0	37	37
Total Diagnostic Cardiac Catheterization Procedures	**0**	**453**	**453**
Grand Total (All Cardiac Catheterization Procedures)	**0**	**453**	**453**

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	416	416
Left Heart Diagnostic Cardiac Cath Followed by PCI	0	0	0

2C. Peripheral Catheterization by Patient Type

Report the total number of peripheral catheterization procedures.

Ages 0-14	Ages 15+	Total
0	316	316

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	0	0	0	0	0
All other types of PCI (e.g. laser, etc.)	0	0	0	0	0
Total	**0**	**0**	**0**	**0**	**0**

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	0	130	130
Outpatient Diagnostic Cardiac Catheterizations	0	292	292
Inpatient Therapeutic Cardiac Catheterizations	0	0	0
Outpatient Therapeutic Cardiac Catheterizations	0	0	0
Total	**0**	**422**	**422**

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
G0725	RENAL ANGIOGRAM W/ CARD. CATH	0	5	5
G0278	ILIAC ANGIO W/ CARDIAC CATH	0	1	1

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	0	0
Angiograms/Venograms	0	316	316
Angioplasty	0	312	312
Stents	0	192	192
Thrombolysis Procedures	0	4	4
Embolizations	0	0	0
Venocava filter insertions	0	0	0
Biliary/Nephrostomy	0	0	0
Perm cath/pic line placements	0	0	0
0	0	0	0
0	0	0	0
0	0	0	0
Total	**0**	**824**	**824**

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	0	0
Pacemaker Insertions	0	0	0
Angiograms/Venograms	0	0	0
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	0	0	0
0	0	0	0
0	0	0	0
Total	**0**	**0**	**0**

3D. Medical Specialties

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

RADIOLOGY, CARDIOLOGY, VASCULAR SURGERY

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	1
Asian	0
Black/African American	132
Hispanic/Latino	4
Pacific Islander/Hawaiian	0
White	279
Multi-Racial	6
Total	**422**

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	230
Female	192
Total	**422**

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)	98,255	2	2	24,194
DRG 121: Cds w/AMI and CV Complication, Discharged Alive (MS-DRG 280)	7,763	48	52	2,809
DRG 122: Cds w/AMI w/o CV Complication, Discharged Alive (MS-DRG 281 & 282)	18,777	16	17	5,405
DRG 124: Cds except AMI w/Cardiac Cath and Complex Diagnosis (MS-DRG 286)	19,978	4	4	8,046
DRG 125: Cds except AMI w/Cardiac Cath and Complex Diagnosis (MS-DRG 287)	34,021	1	1	7,328
DRG 127: Heart Failure and Shock (MS-DRG 291, 292, 293)	20,453	185	199	8,415
DRG 130: Peripheral Vascular Disorders w/CC (MS-DRG 299)	20,426	7	8	7,032
DRG 138: Cardiac arhytmia and conduction disorders w/CC (MS-DRG 308)	17,776	32	34	6,158
DRG 140: Angina Pectoris (MS-DRG 311)	18,757	4	5	4,863

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	$0	$0	$0	$0	0
Outpatient	$0	$0	$0	$0	0

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

ICD-937.22)

Patient Category	Mean	Median	Range Low	Range High	# of Cases Included in Calculations
Inpatient	$28,118	$22,969	$11,236	$199,321	119
Outpatient	$12,379	$10,804	$8,352	$25,920	266

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
$7,365,445	$1,786,765

4. Total Uncompensated Charges for Cardiac Catheterization Services
Please report the total uncompensatedcharges 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
$241,348	12

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
$6,140,756

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				
	Medicare	Medicaid	3rd Party (Including Peachcare)	Individual Self-Pay	I/C Care Account
Number of Cardiac Catheterization Patients (unduplicated)	178	28	187	29	12
Number of Procedures Billed	190	204	204	31	12
Number of Procedures Not Billed or Written Off	0	0	0	0	0
Total Charges	$3,471,409	$451,327	$2,712,583	$730,125	$246,576
Actual Reimbursement	$930,533	$97,297	$752,300	$6,635	$5,228

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.

Georgia Hospital Association's CART, Medicare's HCAHPS

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

Enter your accreditation category in the space below.

Accreditation w/o Type 1 Recommendation

3. How many community education programs has your program/facility participated in during the reporting period?
2

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-ofstate providers please select the state from the pull-down menu.

Referral Hospital	Number of Referrals
Piedmont Hospital	17
Crawford Long Hospital of Emory University	21
Saint Joseph's Hospital of Atlanta	35
	0

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	0	0	0	0
Diagnostic Cardiac Catheterizations Inpatient and Outpatient	422	0	0	0
Total	**422**	**0**	**0**	**0**

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
Butts	0	2	2
Clayton	0	3	3
Cobb	0	1	1
DeKalb	0	36	36
Douglas	0	1	1
Gwinnett	0	4	4
Henry	0	18	18
Jasper	0	6	6
Mitchell	0	1	1
Morgan	0	6	6
Newton	0	115	115
Oconee	0	1	1
Other- Out of State	0	1	1
Pike	0	1	1

Putnam	0	1	1
Randolph	0	1	1
Rockdale	0	206	206
Walton	0	18	18
Total Patients	**0**	**422**	**422**

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 affimative review of the entire completed survey, this completed survey contans 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: Sandy Albrecht

Title: Chief Financial Officer

Date: 7/12/2010

Comments: