



## 2010 Cardiac Catheterization Survey

### Part A : General Information

#### 1. Identification

UID:hosp547

**Facility Name:** Southern Regional Medical Center

**County:** Clayton

**Street Address:** 11 Upper Riverdale Road SW

**City:** Riverdale

**Zip:** 30274-2600

**Mailing Address:** 11 Upper Riverdale Road SW

**Mailing City:** Riverdale

**Mailing Zip:** 30274-2600

**Medicare Provider Number:** 110165

**Medicaid Provider Number:** 00000404

#### 2. Report Period

Report Data for the full twelve month period, January 1, 2010 - December 31, 2010 (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:** Ken Leach

**Contact Title:** Director Management Accounting

**Phone:** 770-991-8314

**Fax:** 770-991-8591

**E-mail:** ken.leach@southernregional.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?
Cath Lab 1	2/6/1979	No	653	
Cath Lab 2	2/4/1999	No	661	
Cath Lab 3	11/3/2008	No	727	

### 1C. Other Rooms

If your facility has other rooms that are equipped 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	53	53
PCI procedures utilizing drug eluting stent	0	161	161
PCI procedures utilizing non drug eluting stent	0	122	122
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
06/02/2011 11:20:02	0	0	0
<b>Total</b>	<b>0</b>	<b>336</b>	<b>336</b>

## **2B.1 Diagnostic Cardiac Catheterizations**

<b>Diagnostic Cardiac Catheterizations</b>	<b>Ages 0-14</b>	<b>Ages 15+</b>	<b>Total</b>
Left Heart Diagnostic Cardiac Catheterizations	0	1,606	1,606
Right Heart Diagnostic Cardiac Catheterizations	0	99	99
<b>Total Diagnostic Cardiac Catheterization Procedures</b>	<b>0</b>	<b>1,705</b>	<b>1,705</b>
<b>Grand Total (All Cardiac Catheterization Procedures)</b>	<b>0</b>	<b>2,041</b>	<b>2,041</b>

## **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.

<b>Left Heart Diagnostic Cardiac Catheterization Details</b>	<b>Ages 0-14</b>	<b>Ages 15+</b>	<b>Total</b>
Left Heart Diagnostic Cardiac Cath Only (without PCI)	0	1,369	1,369
Left Heart Diagnostic Cardiac Cath Followed by PCI	0	232	232

## **2C. Peripheral Catheterization by Patient Type**

Report the total number of peripheral catheterization procedures.

<b>Ages 0-14</b>	<b>Ages 15+</b>	<b>Total</b>
0	328	328

## **2D. Major Coronary Circulation Vessels Treated per Patient**

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

<b>PCI Type</b>	<b>1 Vessel</b>	<b>2 Vessels</b>	<b>3 Vessels</b>	<b>4 Vessels</b>	<b>Total</b>
PCI balloon angioplasty and/or stent	319	13	4	0	336
All other types of PCI (e.g. laser, etc.)	0	0	0	0	0
<b>Total</b>	<b>319</b>	<b>13</b>	<b>4</b>	<b>0</b>	<b>336</b>

## **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.

<b>Cardiac Catheterizations by Patient Type</b>	<b>Ages 0-14</b>	<b>Ages 15+</b>	<b>Total</b>
Inpatient Diagnostic Cardiac Catheterizations	0	533	533
Outpatient Diagnostic Cardiac Catheterizations	0	815	815
Inpatient Therapeutic Cardiac Catheterizations	0	99	99
Outpatient Therapeutic Cardiac Catheterizations	0	171	171
<b>Total</b>	<b>0</b>	<b>1,618</b>	<b>1,618</b>

### **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	IABP Insertion	0	24	24
92978	IVUS	0	60	60
93571 93572	Fractional Flow Reserve (FFR)	0	18	18
92975 37184 37186	Thrombectomy - Coronary	0	35	35
33210 33211	Temporary Pacemaker	0	14	14
93454	Aortography	0	11	11

### **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	43	43
Pacemaker Insertions	0	65	65
Angiograms/Venograms	0	123	123
Angioplasty	0	316	316
Stents	0	65	65
Thrombolysis Procedures	0	0	0
Embolizations	0	5	5
Venocava filter insertions	0	87	87
Biliary/Nephrostomy	0	0	0
Perm cath/pic line placements	0	153	153
0	0	70	0
0	0	75	75
0	0	87	87
<b>Total</b>	<b>0</b>	<b>1,089</b>	<b>1,089</b>

### **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.

Procedure Type	Ages 0-14	Ages 15+	Total
Electrophysiologic Studies	0	0	0
Pacemaker Insertions	0	0	0
Angiograms/Venograms	0	62	62
Angioplasty	0	0	0

Stents	0	0	0
Thrombolysis Procedures	0	0	0
Embolizations	0	43	43
Venocava filter insertions	0	10	10
Biliary/Nephrostomy	0	60	60
Perm cath/pic line placements	0	27	27
0	0	87	87
0	0	0	0
0	0	0	0
<b>Total</b>	<b>0</b>	<b>289</b>	<b>289</b>

### **3D. Medical Specialties**

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

Interventional Radiology, Cardiology, Vascular Surgery, and Interventional Cardiology

### **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.

<b>Race/Ethnicity</b>	<b>Number of Patients</b>
American Indian/Alaska Native	0
Asian	42
Black/African American	786
Hispanic/Latino	40
Pacific Islander/Hawaiian	0
White	691
Multi-Racial	59
<b>Total</b>	<b>1,618</b>

### **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.

<b>Gender</b>	<b>Number of Patients</b>
Male	875
Female	743
<b>Total</b>	<b>1,618</b>

## 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)	98,796	12	14	34,364
DRG 121: Cds w/AMI and CV Complication, Discharged Alive (MS-DRG 280)	50,488	45	46	12,267
DRG 122: Cds w/AMI w/o CV Complication, Discharged Alive (MS-DRG 281 & 282)	28,891	56	56	4,697
DRG 124: Cds except AMI w/Cardiac Cath and Complex Diagnosis (MS-DRG 286)	33,697	58	58	11,793
DRG 125: Cds except AMI w/Cardiac Cath and Complex Diagnosis (MS-DRG 287)	24,837	279	279	4,974
DRG 127: Heart Failure and Shock (MS-DRG 291, 292, 293)	22,316	535	544	6,400
DRG 130: Peripheral Vascular Disorders w/CC (MS-DRG 299)	22,915	20	20	5,623
DRG 138: Cardiac arrhythmia and conduction disorders w/CC (MS-DRG 308)	22,527	59	61	6,607
DRG 140: Angina Pectoris (MS-DRG 311)	13,902	2	2	3,224

### 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	\$52,361	\$47,137	\$15,220	\$214,180	308
Outpatient	\$34,198	\$34,043	\$24,330	\$48,961	28

#### 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	\$28,408	\$25,644	\$11,737	\$108,552	419
Outpatient	\$11,694	\$10,224	\$925	\$32,471	750

### 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
\$46,184,390	\$12,048,649

**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
\$2,447,404	89

**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
\$25,737,755

**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)	655	128	683	152	89
Number of Procedures Billed	816	845	845	188	105
Number of Procedures Not Billed or Written Off	0	0	0	0	0
Total Charges	\$19,451,934	\$4,557,969	\$16,544,204	\$5,630,283	\$3,332,890
Actual Reimbursement	\$4,883,520	\$947,315	\$6,142,411	\$75,403	\$221,261

**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/NCDR Cath PCI Registry, ICD Registry, CPORT, Get With The Guidelines for Stroke, Core Measures for JCAHO for CHF & AMI, Chest Pain Center w/ PCI Accreditation, D2B Time Program w/ ACC

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

Enter your accreditation category in the space below.

Accredited for all services surveyed.

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



reporting period?

150+

#### 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
Crawford Long Hospital of Emory University	58
Piedmont Hospital	41
Other Out Of State Facility	1

#### 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	270	0	0	0
Diagnostic Cardiac Catheterizations Inpatient and Outpatient	1,348	15	12	27
<b>Total</b>	<b>1,618</b>	<b>15</b>	<b>12</b>	<b>27</b>

### 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
Bartow	0	1	1
Bibb	0	1	1
Butts	0	32	32
Carroll	0	1	1
Catoosa	0	1	1
Cherokee	0	1	1
Clay	0	2	2
Clayton	0	876	876
Cobb	0	4	4
Cook	0	1	1
Coweta	0	27	27
Crawford	0	1	1

DeKalb	0	19	19
Douglas	0	4	4
Fannin	0	1	1
Fayette	0	76	76
Forsyth	0	2	2
Fulton	0	200	200
Gwinnett	0	4	4
Haralson	0	1	1
Henry	0	257	257
Jasper	0	2	2
Johnson	0	1	1
Lamar	0	7	7
Liberty	0	1	1
Meriwether	0	2	2
Monroe	0	1	1
Newton	0	9	9
Other- Out of State	0	30	30
Peach	0	2	2
Pike	0	6	6
Putnam	0	1	1
Richmond	0	1	1
Rockdale	0	6	6
Spalding	0	31	31
Taylor	0	1	1
Troup	0	2	2
Upson	0	2	2
Walton	0	1	1
<b>Total Patients</b>	<b>0</b>	<b>1,618</b>	<b>1,618</b>

## 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: Stephen W. Mahan

Title: President and CEO

Date: 7/13/2011

Comments: Part C.2A. SRMC was selected to participate in the C-PORT study in 2006 and therefore is reporting the provision of therapeutic cardiac catheterizations based upon C-PORT study guidelines. After the C-PORT study concluded SRMC applied for and received the appropriate approvals from the state of Georgia to continue providing therapeutic cardiac catheterizations. Part D.4 Total uncompensated charges represent only the portion of the patient's total bill that was actually written off to charity or indigent care per our indigent & charity policy. Part D.6. Total charges for I/C represents the total gross charges related to patients receiving services per survey definitions. The actual reimbursement represents actual payments received for patients that were classified as I/C and had a portion of their bill adjusted off to I/C care per our I/C policy. Part E.5. Complications are reported on the diagnostic catheterization line and some could have been related to the therapeutic catheterization procedures. The reporting system was not able to separate them at this time.