



## 2010 Cardiac Catheterization Survey

### Part A : General Information

#### 1. Identification

UID:HOSP617

**Facility Name:** Piedmont Hospital

**County:** Fulton

**Street Address:** 1968 Peachtree Road NW

**City:** Atlanta

**Zip:** 30309-1285

**Mailing Address:** 1968 Peachtree Road NW

**Mailing City:** Atlanta

**Mailing Zip:** 30309-1285

**Medicare Provider Number:** 110083

**Medicaid Provider Number:** 000001504A

#### 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:** Chad Anderson

**Contact Title:** Manager of Finance and Operations

**Phone:** 404-605-2334

**Fax:** 404-605-0276

**E-mail:** chad.anderson@piedmont.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?
1	8/1/1978	Yes	2,705	Cardiac Catheterization
2	10/1/1999	Yes	2,676	Cardiac Catheterization
3	3/1/1988	Yes	3,040	Cardiac Catheterization
4	1/1/1994	Yes	2,037	Cardiac Catheterization
5	1/1/1998	Yes	415	Cardiac Catheterization
6	7/1/2009	Yes	67	Cardiac Catheterization

### 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.

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	1,990	1,990
PCI procedures utilizing drug eluting stent	0	1,882	1,882
PCI procedures utilizing non drug eluting stent	0	315	315
Rotational Atherectomy	0	22	22
Directional Atherectomy	0	0	0
Laser Atherectomy	0	0	0
Excisional Atherectomy	0	0	0
Use of Cutting Balloon	0	164	164
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

06/07/2011 10:22:26	0	341	341
<b>Total</b>	<b>0</b>	<b>4,714</b>	<b>4,714</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	5,474	5,474
Right Heart Diagnostic Cardiac Catheterizations	0	752	752
<b>Total Diagnostic Cardiac Catheterization Procedures</b>	<b>0</b>	<b>6,226</b>	<b>6,226</b>
<b>Grand Total (All Cardiac Catheterization Procedures)</b>	<b>0</b>	<b>10,940</b>	<b>10,940</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	4,015	4,015
Left Heart Diagnostic Cardiac Cath Followed by PCI	0	1,459	1,459

## **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	2,417	2,417

## **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	1,668	156	10	0	1,834
All other types of PCI (e.g. laser, etc.)	461	38	5	0	504
<b>Total</b>	<b>2,129</b>	<b>194</b>	<b>15</b>	<b>0</b>	<b>2,338</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	2,314	2,314
Outpatient Diagnostic Cardiac Catheterizations	0	3,303	3,303
Inpatient Therapeutic Cardiac Catheterizations	0	1,427	1,427
Outpatient Therapeutic Cardiac Catheterizations	0	911	911
<b>Total</b>	<b>0</b>	<b>7,955</b>	<b>7,955</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
00.12	Nitric Oxide	0	15	15
00.23	Peripheral IVUS	0	7	7
00.24	Coronary IVUS	0	447	447
00.43	PA Angiography	0	4	4
00.59	Coronary Doppler Flow Wire/Coronary Wave	0	503	503
35.52	ASD Closure/PFO Closure	0	9	9
35.96	Aortic Valvuloplasty/Mitral Valvuloplast	0	13	13
35.97	EVALVE	0	1	1
37.0	Pericardiocentesis	0	4	4
37.25	Cardiac Biopsy	0	15	15
37.28	ICE	0	9	9
37.61	IABP	0	99	99
37.68	Tandem/Impella	0	6	6
37.78	Temporary Pacemaker	0	45	45
39.50	Peripheral PTA	0	1	1
39.90	Peripheral Stent	0	16	16
88.41	Carotid Angiography/Cerebral Angiography	0	38	38
88.42	Aortic Arch Angiography/Aortic Root Inje	0	191	191
88.44	Thoracic Angiography	0	11	11
88.45	Renal Angiography	0	258	258
88.47	Abdominal Aortic Angiography	0	109	109
88.48	Aorto-Femoral Run Off/Extremity Angiogra	0	115	115
88.51	IVC Angiography/SVC Angiography	0	4	4
88.52	RA Angiography	0	7	7
88.53	LA Angiography	0	2	2
88.72	TEE	0	5	5
99.20	GB lib/IIIA inhibitor infusion	0	30	30
99.62	Cardioversion	0	8	8

### **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	82	82
Pacemaker Insertions	0	61	61
Angiograms/Venograms	0	819	819

Angioplasty	0	66	66
Stents	0	243	243
Thrombolysis Procedures	0	15	15
Embolizations	0	7	7
Venocava filter insertions	0	38	38
Biliary/Nephrostomy	0	0	0
Perm cath/pic line placements	0	0	0
0	0	259	0
0	0	0	0
0	0	0	0
<b>Total</b>	<b>0</b>	<b>1,590</b>	<b>1,590</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.

<b>Procedure Type</b>	<b>Ages 0-14</b>	<b>Ages 15+</b>	<b>Total</b>
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
<b>Total</b>	<b>0</b>	<b>0</b>	<b>0</b>

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

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

Cardiology, Electrophysiology, Vascular Surgery

### **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	6

Asian	29
Black/African American	1,172
Hispanic/Latino	76
Pacific Islander/Hawaiian	0
White	4,397
Multi-Racial	56
<b>Total</b>	<b>5,736</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	3,700
Female	2,036
<b>Total</b>	<b>5,736</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)	112,141	42	125	32,401
DRG 121: Cds w/AMI and CV Complication, Discharged Alive (MS-DRG 280)	42,253	45	124	9,507
DRG 122: Cds w/AMI w/o CV Complication, Discharged Alive (MS-DRG 281 & 282)	26,612	65	87	5,468
DRG 124: Cds except AMI w/Cardiac Cath and Complex Diagnosis (MS-DRG 286)	39,761	156	160	10,255
DRG 125: Cds except AMI w/Cardiac Cath and Complex Diagnosis (MS-DRG 287)	26,407	383	384	6,189
DRG 127: Heart Failure and Shock (MS-DRG 291, 292, 293)	93,034	3	726	16,748
DRG 130: Peripheral Vascular Disorders w/CC (MS-DRG 299)	0	0	79	0
DRG 138: Cardiac arrhythmia and conduction disorders w/CC (MS-DRG 308)	0	0	143	0
DRG 140: Angina Pectoris (MS-DRG 311)	0	0	5	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	\$56,773	\$50,688	\$11,969	\$514,048	1,165
Outpatient	\$40,854	\$40,529	\$14,108	\$116,551	757

#### 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	\$30,700	\$25,923	\$12,962	\$184,609	586
Outpatient	\$16,342	\$14,459	\$1,147	\$111,676	2,208

### 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
\$220,520,757	\$55,271,973

**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
\$6,034,509	354

**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
\$143,895,535

**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)	2,790	157	2,539	250	354
Number of Procedures Billed	5,344	4,756	4,756	536	697
Number of Procedures Not Billed or Written Off	0	0	12	149	199
Total Charges	\$115,567,835	\$7,239,942	\$87,025,159	\$10,687,822	\$13,229,370
Actual Reimbursement	\$24,268,686	\$1,303,082	\$29,649,219	\$50,987	\$2,009,194

**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.*

American College of Cardiology

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

Enter your accreditation category in the space below.

Fully Accredited

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
	0
	0
	0
	0
	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	2,338	50	28	78
Diagnostic Cardiac Catheterizations Inpatient and Outpatient	5,617	11	2	13
<b>Total</b>	<b>7,955</b>	<b>61</b>	<b>30</b>	<b>91</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
Alabama	0	31	31
Atkinson	0	1	1
Baldwin	0	10	10
Banks	0	1	1
Barrow	0	10	10
Bartow	0	24	24
Bibb	0	3	3
Bleckley	0	1	1
Butts	0	54	54
Carroll	0	164	164
Chatham	0	2	2
Cherokee	0	246	246
Clarke	0	4	4
Clay	0	1	1

Clayton	0	206	206
Cobb	0	429	429
Colquitt	0	3	3
Cook	0	1	1
Coweta	0	230	230
Crawford	0	2	2
Crisp	0	1	1
Dawson	0	21	21
DeKalb	0	456	456
Dodge	0	1	1
Dooly	0	2	2
Dougherty	0	4	4
Douglas	0	201	201
Emanuel	0	1	1
Fayette	0	169	169
Fannin	0	166	166
Floyd	0	2	2
Forsyth	0	81	81
Fulton	0	1,098	1,098
Gilmer	0	193	193
Glynn	0	1	1
Gordon	0	7	7
Greene	0	27	27
Gwinnett	0	161	161
Habersham	0	4	4
Hall	0	13	13
Hancock	0	8	8
Haralson	0	27	27
Harris	0	2	2
Hart	0	7	7
Heard	0	19	19
Henry	0	351	351
Houston	0	3	3
Irwin	0	1	1
Jackson	0	8	8
Jasper	0	70	70
Jeff Davis	0	1	1
Johnson	0	1	1
Jones	0	3	3
Lamar	0	11	11
Laurens	0	1	1
Lee	0	1	1
Long	0	1	1
Lowndes	0	1	1

Lumpkin	0	10	10
McIntosh	0	1	1
Meriwether	0	18	18
Monroe	0	5	5
Morgan	0	8	8
Murray	0	5	5
Muscogee	0	1	1
Newton	0	158	158
Oconee	0	3	3
Oglethorpe	0	1	1
Paulding	0	92	92
Peach	0	1	1
Pickens	0	141	141
Pike	0	29	29
Polk	0	4	4
Putnam	0	110	110
Rabun	0	1	1
Richmond	0	2	2
Rockdale	0	88	88
Schley	0	1	1
Screven	0	1	1
Spalding	0	88	88
Stephens	0	5	5
Sumter	0	3	3
Talbot	0	1	1
Taliaferro	0	1	1
Taylor	0	1	1
Thomas	0	2	2
Toombs	0	2	2
Towns	0	37	37
Treutlen	0	1	1
Troup	0	14	14
Turner	0	1	1
Union	0	107	107
Upson	0	7	7
Walker	0	2	2
Walton	0	28	28
Webster	0	1	1
White	0	2	2
Whitfield	0	2	2
Wilcox	0	1	1
Florida	0	25	25
North Carolina	0	106	106
Other- Out of State	0	43	43

South Carolina	0	8	8
Tennessee	0	20	20
<b>Total Patients</b>	<b>0</b>	<b>5,736</b>	<b>5,736</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: Les A. Donahue

Title: Chief Executive Officer

Date: 8/9/2011

Comments: Part C, Question 2E-Volumes increased significantly from prior year due to new clarifying sentence in Survey instructions that notes "If therapeutic and diagnostic cardiac catheterizations are performed during the same session, report both types of cardiac catheterization". In prior years, sessions were viewed as a visit to the lab instead of treatment/procedure sessions. Part C, Question 4-98 patients did not provide ethnicity information. These patients were added to the most common ethnicity (white) in the survey. Part D 3-5)Charges, reimbursement, uncompensated charges and adjusted gross revenue for those patients who had both Open Heart and Cardiac Catheterization services are allocated by applying the proportion of cath lab-to-combined cardiac cath/open heart charges against total charges. Part F, Question 1-16 patients did not give county of origin information. These patients were added to the most common county (Fulton) in the survey.