



## 2013 Cardiac Catheterization Survey

### Part A : General Information

#### 1. Identification

UID:HOSP443

**Facility Name:** Meadows Regional Medical Center

**County:** Toombs

**Street Address:** One Meadows Parkway

**City:** Vidalia

**Zip:** 30474-8759

**Mailing Address:** One Meadows Parkway

**Mailing City:** Vidalia

**Mailing Zip:** 30474-8759

**Medicare Provider Number:** 110128

**Medicaid Provider Number:** 000001086A

#### 2. Report Period

Report Data for the full twelve month period, January 1, 2013 - December 31, 2013 (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:** Will Bennett

**Contact Title:** Controller

**Phone:** 912-277-2168

**Fax:** 912-538-5351

**E-mail:** wbennett@meadowsregional.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?
Siemens Artis	2/4/2011	Yes	0	Artiz Zee W/ Vulcano Ivus System

### 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	0	0
PCI procedures utilizing drug eluting stent	0	271	271
PCI procedures utilizing non drug eluting stent	0	28	28
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
	0	0	0
<b>Total</b>	<b>0</b>	<b>299</b>	<b>299</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	611	611
Right Heart Diagnostic Cardiac Catheterizations	0	50	50
<b>Total Diagnostic Cardiac Catheterization Procedures</b>	<b>0</b>	<b>661</b>	<b>661</b>
<b>Grand Total (All Cardiac Catheterization Procedures)</b>	<b>0</b>	<b>960</b>	<b>960</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	411	411
Left Heart Diagnostic Cardiac Cath Followed by PCI	0	200	200

## **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	57	57

## **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	180	29	1	0	210
All other types of PCI (e.g. laser, etc.)	0	0	0	0	0
<b>Total</b>	<b>180</b>	<b>29</b>	<b>1</b>	<b>0</b>	<b>210</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	132	132
Outpatient Diagnostic Cardiac Catheterizations	0	290	290
Inpatient Therapeutic Cardiac Catheterizations	0	127	127
Outpatient Therapeutic Cardiac Catheterizations	0	69	69
<b>Total</b>	<b>0</b>	<b>618</b>	<b>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
7260040	TEMPORARY PACEMAKER	0	14	14
7260050	PERICARDIOCENTESIS	0	1	1
7260060	INSERTION INTRA BALLOON DEVICE	0	12	12
7260072	PCTA SINGLE VESSEL LD	0	1	1
7260091	CORONARY STENT SINGLE VESS LC	0	56	56
7260092	CORONARY STENT SINGLE VESS LD	0	83	83
7260093	CORONARY STENT SINGLE VESS RC	0	73	73
7260100	CORONARY STENT ADDITIONAL VESS	0	30	30
7260111	THROMBECTOMY	0	43	43
7260115	US INTRAVASCULAR ADD S & I	0	1	1
7260116	INTRAVASC DOPP COLOR FLOW 1ST	0	23	23
7260117	INTRAVASC DOPP COLOR FLOW ADD	0	1	1
7260118	US INTRAVASCULAR INITIAL VESSEL	0	7	7
7260121	US INTRAVASCULAR EA ADD VESSEL	0	0	0
7260122	STRESS TEST TREADMILL	0	6	6
7260123	STRESS TEST W/PHARMACOLOGIC	0	13	13
7260080	PTCA EA ADDITIONAL VESSEL	0	1	1
7260124	THROMBECTOMY VENOUS MECH	0	1	1
7260129	REVISION VENA CAVA INFERIOR	0	2	2
7260210	PERIPHERAL STENT S & I	0	1	1
7260220	IVC FILTER PLACEMENT S & I	0	2	2
7260230	CARDIOVERSION	0	2	2
7260240	CPR	0	1	1
7260250	AORTOGRAM INJ PROCEDURE	0	18	18
7260260	BYPASS GRAFTS INJ PROCEDURE	0	33	33
7260530	VERTEBRAL ARTERIOGRAM BILAT	0	3	3
7260540	VENACAVAOGRAM INFERIOR S&I	0	2	2
7260541	ECHO 2D COMPLETE	0	77	77
7260560	RENAL ANGIOGRAM BILATERAL	0	7	7
7260590	PULMONARY ANGIOGRAM BILATERAL	0	1	1
7260610	LOWER EXT ANGIOGRAM BILAT	0	3	3
7260620	CEREBRAL ANTERIOGRAM BILATERAL	0	1	1
7260630	CAROTID ANGIOGRAM BILATERAL	0	3	3
7260640	THORATIC ARCH AORTOGRAM	0	11	11
7260660	LOWER EXT ANGIOGRAM UNILATERAL	0	1	1
7260670	ABDOMINAL AORTOGRAM	0	10	10
7260690	IVC FILTER INSERTION PROCEDURE	0	2	2

7260705	ILIAC OR PERIP STENT PLACEMENT	0	7	7
7260740	PTCA SINGLE VESSELL LC	0	4	4
7260770	ACT	0	170	170
72607775	CATH WITH THERMAL DILUT STUDY	0	6	6
72607776	INJECTION INTERNAL MAMMARY	0	53	53
72607785	VENOGRAPHY EXTREMITY INJECT	0	4	4
72607790	VENOGRAM EXTREMITY S & I	0	5	5
72607796	CONTRAST HIGH OSMOLAR PER ML	0	113,483	113,483
72607800	US GUIDANCE	0	197	197
72607801	BUBBLE STUDY COMPLETE	0	90	90
7260831	INSERTION CV CATH PICC LINE	0	265	265
7260832	FLURO GUIDANCE FOR CV ACCESS	0	2	2
7260848	TRANSCATH THPY INFUS THROMBO	0	1	1
7260073	PCTA SINGLE VESSEL RC	0	1	1
7260112	US VASCULAR NON-CORONARY INIT	0	2	2
7260113	US VASCULAR NON-CORON ADD EA	0	1	1
7260543	IMPL RECORD CARDIAC EVENT	0	2	2
7260114	US INTRAVASCULAR INITIAL S&I	0	5	5
7260120	PACEMAKER SINGLE CHAMBER INSER	0	3	3
7260140	GENERATOR REPLACEMENT SGL INS	0	1	1
7260150	GENERATOR REPLACEMENT DUAL INS	0	4	4
7260170	PULSE GENERATOR REMOVAL	0	1	1
7260180	ILIAC ANGIOPLASTY	0	8	8
7260185	BILATERAL ILIAC ANGIOPLASTY	0	1	1
7260190	RENAL OR VISCERAL ANGIOPLASTY	0	1	1
7260200	PERIPHERAL ANGIOPLASTY	0	7	7
7260520	UPPER EXTREMITY ANGIOGRAM BILAT	0	1	1
7260680	UPPER EXTREMITY ANGIOGRAM UNI	0	4	4
7260700	RENAL STENT PLACEMENT	0	2	2
7260701	PACEMAKER POCKET REVISION	0	5	5
7260706	ILIAC OR PERIP STENT ADDITIONAL	0	5	5
7260834	PICC LINE REMOVAL	0	76	76
7260836	ATHERECTOMY FEM/POP PERC	0	3	3
7260837	ATHERECT TIBIOPERONEAL PERC	0	1	1
7260838	S&I ATHERECTOMY PERIIPHERAL	0	1	1
7260844	REMOVAL (IVC) PERC INTRAV FB	0	1	1
7260845	ECHO STRESS CONTRAST AGENT	0	2	2
7260848	TRANSCATH CARDIAC EVENT RECORDER	0	2	2
7260850	REMOVAL CARDIAC EVENT RECORDER	0	1	1
72607804	ANGIOGRAPHY CORONARY	0	2	2

### **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	9	9
Angiograms/Venograms	0	56	56
Angioplasty	0	16	16
Stents	0	22	22
Thrombolysis Procedures	0	2	2
Embolizations	0	0	0
Venocava filter insertions	0	48	48
Biliary/Nephrostomy	0	0	0
Perm cath/pic line placements	0	264	264
0	0	0	0
0	0	0	0
0	0	0	0
<b>Total</b>	<b>0</b>	<b>417</b>	<b>417</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	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.

Radiology and 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.

Race/Ethnicity	Number of Patients
American Indian/Alaska Native	0
Asian	1
Black/African American	131
Hispanic/Latino	12
Pacific Islander/Hawaiian	0
White	469
Multi-Racial	5
<b>Total</b>	<b>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.

Gender	Number of Patients
Male	338
Female	280
<b>Total</b>	<b>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)	93,160	3	3	21,908
DRG 121: Cds w/AMI and CV Complication, Discharged Alive (MS-DRG 280)	52,721	5	22	13,510
DRG 122: Cds w/AMI w/o CV Complication, Discharged Alive (MS-DRG 281 & 282)	29,780	22	38	8,333
DRG 124: Cds except AMI w/Cardiac Cath and Complex Diagnosis (MS-DRG 286)	33,429	3	4	20,306
DRG 125: Cds except AMI w/Cardiac Cath and Complex Diagnosis (MS-DRG 287)	29,357	57	61	11,400
DRG 127: Heart Failure and Shock (MS-DRG 291, 292, 293)	0	0	164	0
DRG 130: Peripheral Vascular Disorders w/CC (MS-DRG 299)	0	0	2	0
DRG 138: Cardiac arrhythmia and conduction disorders w/CC (MS-DRG 308)	0	0	20	0
DRG 140: Angina Pectoris (MS-DRG 311)	0	0	9	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	\$66,978	\$62,016	\$33,702	\$165,843	126
Outpatient	\$46,951	\$44,185	\$25,618	\$89,396	80

#### 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	\$32,984	\$28,881	\$18,795	\$69,675	102
Outpatient	\$17,451	\$15,244	\$12,407	\$33,169	251

### 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
\$38,610,385	\$9,840,661

**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
\$2,441,753	85

**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
\$20,140,588

**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)	255	58	251	54	41
Number of Procedures Billed	275	270	270	30	42
Number of Procedures Not Billed or Written Off	0	1	0	28	29
Total Charges	\$8,997,188	\$2,243,327	\$8,448,540	\$2,314,357	\$1,505,427
Actual Reimbursement	\$1,662,498	\$386,456	\$4,063,062	\$60,012	\$82,607

**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 via Lumedx, ACTION Registry

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

Enter your accreditation category in the space below.

Accredited W/O 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
Atlanta Medical Center	1
Memorial Health University Medical Center	3
St. Joseph's Hospital	21
	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	196	8	23	31
Diagnostic Cardiac Catheterizations Inpatient and Outpatient	422	0	25	25
<b>Total</b>	<b>618</b>	<b>8</b>	<b>48</b>	<b>56</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
Appling	0	55	55
Bacon	0	3	3
Bryan	0	1	1
Bulloch	0	4	4
Candler	0	14	14
Coffee	0	5	5
Dodge	0	2	2
Effingham	0	1	1
Emanuel	0	19	19
Evans	0	8	8
Glynn	0	1	1
Jeff Davis	0	95	95
Jefferson	0	3	3
Laurens	0	6	6

Long	0	1	1
Montgomery	0	51	51
Screven	0	1	1
South Carolina	0	1	1
Tattnall	0	63	63
Telfair	0	28	28
Thomas	0	1	1
Tennessee	0	2	2
Toombs	0	197	197
Treutlen	0	21	21
Wayne	0	2	2
Wheeler	0	30	30
Wilcox	0	1	1
Alabama	0	1	1
Other- Out of State	0	1	1
<b>Total Patients</b>	<b>0</b>	<b>618</b>	<b>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: J Alan Kent

Title: President/CEO

Date: 9/9/2014

Comments: