



2015 Cardiac Catheterization Survey

Part A : General Information

1. Identification

UID:HOSP709

Facility Name: WellStar Atlanta Medical Center

County: Fulton

Street Address: 303 Parkway Drive

City: Atlanta

Zip: 30312-1212

Mailing Address: 303 Parkway Drive

Mailing City: Atlanta

Mailing Zip: 30312-1212

Medicare Provider Number: 110115

Medicaid Provider Number: 00000789A

2. Report Period

Report Data for the full twelve month period, January 1, 2015 - December 31, 2015 (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: Hildred Jones

Contact Title: Senior Financial Analyst

Phone: 404-265-4709

Fax: 404-265-4763

E-mail: george.jones@wellstar.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.

4

1B. Room Detail

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?
AMC Main - Room 1 (Vascular)	1/1/1998	No	0	
AMC Main - Room 2	1/1/1998	Yes	368	Cardiac
AMC Main - Room 3 (Neuro/Vascular)	1/1/2002	No	0	
AMC South - Procedure Room	4/9/2003	Yes	236	Cardiac

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	89	89
PCI procedures utilizing drug eluting stent	0	98	98
PCI procedures utilizing non drug eluting stent	0	11	11
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
Total	0	198	198

2B.1 Diagnostic Cardiac Catheterizations

Diagnostic Cardiac Catheterizations	Ages 0-14	Ages 15+	Total
Left Heart Diagnostic Cardiac Catheterizations	0	381	381
Right Heart Diagnostic Cardiac Catheterizations	0	25	25
Total Diagnostic Cardiac Catheterization Procedures	0	406	406
Grand Total (All Cardiac Catheterization Procedures)	0	604	604

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	294	294
Left Heart Diagnostic Cardiac Cath Followed by PCI	0	87	87

2C. Peripheral Catheterization by Patient Type

Report the total number of peripheral catheterization procedures.

Ages 0-14	Ages 15+	Total
71	1,439	1,510

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	189	9	0	0	198
All other types of PCI (e.g. laser, etc.)	0	0	0	0	0
Total	189	9	0	0	198

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	348	348
Outpatient Diagnostic Cardiac Catheterizations	0	45	45
Inpatient Therapeutic Cardiac Catheterizations	0	118	118
Outpatient Therapeutic Cardiac Catheterizations	0	5	5
Total	0	516	516

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
0017	INFUSION OF VASOPRESSOR	0	1	1
0024	IVUS CORONARY VESSELS	0	1	1
0040	PROCEDURE - ONE VESSEL	0	91	91
0041	PROCEDURE - TWO VESSELS	0	9	9
0042	PROCEDURE - THREE VESSELS	0	2	2
0044	PROC-VESSEL BIFURCATION	0	2	2
0045	INSERT 1 VASCULAR STENT	0	73	73
0046	INSERT 2 VASCULAR STENTS	0	20	20
0047	INSERT 3 VASCULAR STENTS	0	2	2
0051	IMPL CRT DEFIBILLATOT SYS	0	2	2
0059	INTRAVASC MSMNT COR ART	0	3	3
02563ZZ	DESTRUCTION OF RIGHT ATRIUM	0	1	1
027034Z	DILATION OF 1 COR ART WITH DRU	0	23	23
02703ZZ	DILATION OF CORONARY ARTERY	0	1	1
02H63JZ	INSERTION OF PACEMAKER LEAD IN	0	1	1
02HK3JZ	INSERTION OF PACEMAKER LEAD IN	0	1	1
0331	SPINAL TAP	0	2	2
0BH17EZ	INSERTION OF ENDOTRACHEAL AIR	0	3	3
0DTF4ZZ	RESECTION OF RIGHT LARGE INTES	0	1	1
0JH636Z	INSERT PACE DUAL CHAM IN CHES	0	1	1
0MNN4ZZ	RELEASE RIGHT KNEE BURSA	0	1	1
0SBC4ZZ	EXCISION OF RIGHT KNEE JOINT	0	1	1
0XB43ZX	EXCISION OF RIGHT AXILA PERC	0	1	1
1733	LAP RIGHT HEMICOLECTOMY	0	1	1
1756	ATHER OTH NON-COR VESSEL	0	1	1
30233N1	TRANSFUSE NONAUT RED BLOOD CELL	0	3	3
3323	OTHER BRONCHOSCOPY	0	1	1
3324	CLOSED BRONCHIAL BIOPSY	0	1	1
3326	CLOSED LUNG BIOPSY	0	1	1
3404	INSERT INTERCOSTAL CATH	0	1	1
3491	THORACENTESIS	0	2	2
3522	OPN/OTH REP AORTIC VALVE	0	2	2
3524	OPN/OTH REP MITRAL VALVE	0	2	2
3533	ANNULOPLASTY	0	1	1
3604	INTRACORONARY THROMB INFUS	0	2	2
3612	AORTOCOR BYPAS-2 COR ART	0	2	2
3614	AORTOCOR BYPAS-4+ COR ART	0	1	1

3615	1 INT MAM-COR ART BYPASS	0	3	3
3726	CATH BASE INVASV EP TEST	0	3	3
3727	CARDIAC MAPPING	0	1	1
3734	EXC/DES HRT LES, ENDOVASC	0	1	1
3761	PULSATION BALLOON IMPLAN	0	4	4
3772	INT INSERT LEAD ATRI-VENT	0	4	4
3779	REV/RELOC CARD DEV POCKT	0	1	1
3783	INT INSERT DUAL-CHAM DEV	0	4	4
3794	IMPLT/REPL CARDDEFIB TOTO	0	3	3
3891	ARTERIAL CATHETERIZATION	0	3	3
3893	VENOUS CATH NEC	0	7	7
3895	VEN CATH RENAL DIALYSIS	0	6	6
3897	CV CATH PLCMT W GUIDANCE	0	7	7
3949	VASC PROC REVISION NEC	0	1	1
3950	ANGIO OTH NON-CORONARY	0	12	12
3961	EXTRACORPOREAL CIRCULAT	0	7	7
3962	HYPOTHERMIA W OPEN HEART	0	3	3
3963	CARDIOPLEGIA	0	2	2
3964	INTRAOP CARDIAC PACEMAK	0	3	3
3990	INS NON-D-E NON-COR STNT	0	11	11
3995	HEMODIALYSIS	0	16	16
3998	HEMORRHAGE CONTROL NOS	0	3	3
4024	EXCISE INGUINAL NODE	0	1	1
4131	BONE MARROW BIOPSY	0	1	1
4382	LAP VERTICAL GASTRECTOMY	0	1	1
4513	SM BOWEL ENDOSCOPY NEC	0	4	4
4523	COLONOSCOPY	0	2	2
4A023N7	MEASURE OF CARDIAC SAMPL & PRES	0	90	90
4A023N8	MEASURE CARDIAC SAMPL & PRESSU	0	4	4
504	TOTAL HEPATECTOMY	0	1	1
544	DESTRUCT PERITONEAL TISS	0	1	1
5459	OTH PERITON ADHESIOLYSIS	0	1	1
5498	PERITONEAL DIALYSIS	0	2	2
5554	BILATERAL NEPHRECTOMY	0	1	1
5717	PERCUTANEOUS CYSTOSTOMY	0	1	1
5732	CYSTOSCOPY NEC	0	1	1
5A1945Z	RESPIRATORY VENTILATION 24-96	0	2	2
5A1955Z	RESPIRATORY VENTILATION, GREAT	0	2	2
5A1D00Z	PERFORMANCE OF URINARY FILTRAT	0	7	7
6561	OTH REMOVE OVARIES/TUBES	0	1	1
6849	TOTAL ABD HYS NEC/NOS	0	1	1
7748	METATARSAL/TARSAL BIOPSY	0	1	1
7931	OPEN RED-INT FIX HUMERUS	0	1	1
8046	KNEE STRUCTURE DIVISION	0	1	1

806	EXCIS KNEE SEMILUN CARTL	0	1	1
8411	TOE AMPUTATION	0	2	2
8412	AMPUTATION THROUGH FOOT	0	1	1
8611	CLOSED BX SKIN/SUBQ TISS	0	1	1
8841	CONTR CEREBR ARTERIOGRAM	0	1	1
8842	CONTRAST AORTOGRAM	0	36	36
8847	CONTR ABD ARTERIOGRM NEC	0	1	1
8848	CONTRAST ARTERIOGRAM-LEG	0	10	10
8849	CONTRAST ARTERIOGRAM NEC	0	1	1
8853	LT HEART ANGIOCARDIOGRAM	0	271	271
8854	RT & LT HEART ANGIOCARD	0	7	7
8855	CORONAR ARTERIOGR-1 CATH	0	1	1
8856	CORONAR ARTERIOGR-2 CATH	0	290	290
8861	CONTR PHLEBOGRAM-HD/NECK	0	1	1
8867	CONTRAST PHLEBOGRAM NEC	0	1	1
8872	DX ULTRASOUND-HEART	0	5	5
8914	ELECTROENCEPHALOGRAM	0	3	3
8919	VIDEO/RADIO EEG MONITOR	0	1	1
8944	CARDIAC STRESS TEST NEC	0	10	10
8949	ACID CHECK	0	1	1
8950	AMBU CARDIAC MONITORING	0	1	1
8964	PULMON ART WEDGE MONITOR	0	5	5
9390	NON-INVASIVE MECH VENT	0	9	9
9604	INSERT ENDOTRACHEAL TUBE	0	9	9
9657	VASCULAR CATH IRRIGATION	0	1	1
9671	CONT INV MEC VEN <96 HRS	0	11	11
9672	CONT INV MEC VEN 96+ HRS	0	4	4
9763	REMOV CYSTOSTOMY NEC	0	1	1
9904	PACKED CELL TRANSFUSION	0	19	19
9905	PLATELET TRANSFUSION	0	1	1
9907	SERUM TRANSFUSION NEC	0	2	2
9910	INJECT/INF THROMBO AGENT	0	5	5
9960	CARDIOPULM RESUSCITA NOS	0	3	3
9961	ATRIAL CARDIOVERSION	0	1	1
9962	HEART COUNTERSHOCK NEC	0	1	1
B201YZZ	PLAIN RADIOGRAPHY OF MULT COR	0	40	40
B205YZZ	PLAIN RADIOGRAPHY OF LEFT HEART	0	33	33
B2101ZZ	FLUOROSCOPY OF SINGLE CORONARY	0	8	8
B2110ZZ	FLUOROSCOPY OF MULT COR ART US	0	1	1
B211YZZ	FLUOROSCOPY OF MULT COR ART US	0	36	36
B2150ZZ	FLUOROSCOPY OF MULTIPLE CORONA	0	5	5
B2151ZZ	FLUOROSCOPY OF LEFT HEART USING	0	2	2
B215YZZ	FLUOROSCOPY OF LEFT HEART USING	0	1	1
B310YZZ	FLUOROSCOPY OF THORACIC AORTA	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	27	27
Pacemaker Insertions	0	56	56
Angiograms/Venograms	0	320	320
Angioplasty	0	19	19
Stents	0	13	13
Thrombolysis Procedures	0	19	19
Embolizations	0	58	58
Venocava filter insertions	0	30	30
Biliary/Nephrostomy	0	0	0
Perm cath/pic line placements	0	193	193
	0	0	0
	0	0	0
	0	0	0
Total	0	735	735

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	7	47	54
Pacemaker Insertions	0	73	73
Angiograms/Venograms	2	758	760
Angioplasty	0	64	64
Stents	0	16	16
Thrombolysis Procedures	53	0	53
Embolizations	0	0	0
Venocava filter insertions	0	0	0
Biliary/Nephrostomy	0	12	12
Perm cath/pic line placements	77	2,361	2,438
	0	0	0
	0	0	0
	0	0	0
Total	139	3,331	3,470

3D. Medical Specialties

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

Cardio, Emerg Med, Fam Practice, Gastro, Hematology, Infectious Disease, Internal Med, Nephrology, Neurology, OB/GYN, Pediatrics, Phys Med & Rehab, Pulmonary, Surg - General, Neuro, Ortho, Plastic, Podiatric, Thoracic, Urologic, Colon, Otorhino

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	2
Black/African American	311
Hispanic/Latino	0
Pacific Islander/Hawaiian	1
White	70
Multi-Racial	21
Total	406

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	221
Female	185
Total	406

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)	484,253	1	2	44,073
DRG 121: Cds w/AMI and CV Complication, Discharged Alive (MS-DRG 280)	107,863	7	7	14,587
DRG 122: Cds w/AMI w/o CV Complication, Discharged Alive (MS-DRG 281 & 282)	76,275	15	15	10,615
DRG 124: Cds except AMI w/Cardiac Cath and Complex Diagnosis (MS-DRG 286)	103,276	9	9	19,359
DRG 125: Cds except AMI w/Cardiac Cath and Complex Diagnosis (MS-DRG 287)	67,741	59	59	10,965
DRG 127: Heart Failure and Shock (MS-DRG 291, 292, 293)	41,005	1	1	10,397
DRG 130: Peripheral Vascular Disorders w/CC (MS-DRG 299)	90,003	1	1	12,508
DRG 138: Cardiac arrhythmia and conduction disorders w/CC (MS-DRG 308)	0	0	0	0
DRG 140: Angina Pectoris (MS-DRG 311)	0	0	0	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	\$122,286	\$113,633	\$35,418	\$322,536	82
Outpatient	\$123,074	\$123,074	\$123,074	\$123,074	1

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	\$75,306	\$66,671	\$27,154	\$272,942	182
Outpatient	\$30,858	\$26,043	\$19,056	\$62,370	41

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
\$40,955,722	\$5,795,615

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
\$4,197,744	43

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
\$16,536,846

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)	192	56	102	0	43
Number of Procedures Billed	199	57	105	0	45
Number of Procedures Not Billed or Written Off	0	0	0	0	0
Total Charges	\$20,669,301	\$6,369,809	\$9,717,944	\$0	\$4,198,668
Actual Reimbursement	\$2,775,741	\$605,476	\$2,413,474	\$0	\$924

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.

JCAHO, CMS, ACC, NCDR Registry

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

Enter your accreditation category in the space below.

Accreditation with Type 1 Recommendations

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

28

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
Grady Memorial Hospital	6
	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	123	0	0	0
Diagnostic Cardiac Catheterizations Inpatient and Outpatient	393	0	0	0
Total	516	0	0	0

Part F : Patient Origin 2015

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
Carroll	0	2	2
Cherokee	0	2	2
Clayton	0	35	35
Cobb	0	7	7
Coweta	0	5	5
DeKalb	0	44	44
Dougherty	0	1	1
Douglas	0	7	7
Evans	0	1	1
Fayette	0	5	5
Forsyth	0	1	1
Fulton	0	254	254
Gwinnett	0	2	2

Habersham	0	1	1
Hancock	0	1	1
Henry	0	3	3
Muscogee	0	1	1
Other- Out of State	0	26	26
Rockdale	0	1	1
Spalding	0	1	1
Taliaferro	0	1	1
Troup	0	2	2
Wilcox	0	1	1
Total Patients	0	406	406

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: Candice Saunders

Title: President & CEO, WellStar Health System

Date: 8/17/2016

Comments: The reported volumes and patients are for both the WAMC-Main Campus and the WAMC-South Campus, which are operated under a single license. WAMC uses the same reporting approach with respect to its Annual Hospital Questionnaire.