



2016 Cardiac Catheterization Survey

Part A : General Information

1. Identification

UID:HOSP611

Facility Name: Northeast Georgia Medical Center

County: Hall

Street Address: 743 Spring Street NE

City: Gainesville

Zip: 30501-3899

Mailing Address: 743 Spring Street NE

Mailing City: Gainesville

Mailing Zip: 30501-3899

Medicare Provider Number: 110029

Medicaid Provider Number: 00000888A

2. Report Period

Report Data for the full twelve month period, January 1, 2016 - December 31, 2016 (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: Linda Berger

Contact Title: Director, Planning

Phone: 770-219-6631

Fax: 770-219-5437

E-mail: Linda.Berger@nghs.com

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.

6

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?
Cardiac Room 2	2/1/2002	No	1,215	
Cardiac Room 3	1/1/2003	No	990	
Cardiac Room 4	8/1/2005	No	511	
Cardiac Room 5	8/1/2006	No	1,658	
Cardiac Room 9	4/1/2015	No	277	
Cardiac Room 10	4/1/2015	No	45	

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	27	27
PCI procedures utilizing drug eluting stent	0	986	986
PCI procedures utilizing non drug eluting stent	0	90	90
Rotational Atherectomy	0	44	44
Directional Atherectomy	0	0	0
Laser Atherectomy	0	3	3
Excisional Atherectomy	0	0	0
Use of Cutting Balloon	0	46	46
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	198	198
Total	0	1,394	1,394

2B.1 Diagnostic Cardiac Catheterizations

Diagnostic Cardiac Catheterizations	Ages 0-14	Ages 15+	Total
Left Heart Diagnostic Cardiac Catheterizations	0	3,465	3,465
Right Heart Diagnostic Cardiac Catheterizations	0	442	442
Total Diagnostic Cardiac Catheterization Procedures	0	3,907	3,907
Grand Total (All Cardiac Catheterization Procedures)	0	5,301	5,301

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	2,562	2,562
Left Heart Diagnostic Cardiac Cath Followed by PCI	0	903	903

2C. Peripheral Catheterization by Patient Type

Report the total number of peripheral catheterization procedures.

Ages 0-14	Ages 15+	Total
0	469	469

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	873	258	51	3	1,185
All other types of PCI (e.g. laser, etc.)	209	0	0	0	209
Total	1,082	258	51	3	1,394

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	1,884	1,884
Outpatient Diagnostic Cardiac Catheterizations	0	1,697	1,697
Inpatient Therapeutic Cardiac Catheterizations	0	963	963
Outpatient Therapeutic Cardiac Catheterizations	0	191	191
Total	0	4,735	4,735

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
33208	Perm Pcmkr, Atrial/Vent	0	1	1
33210	Temp Pacemaker Single Chamber	0	18	18
33249	Insert/Repos Lead & Generator	0	2	2
33952	ECMO/ECLS Cath Insert	0	2	2
33967	Insert Intra Aortic Balloon	0	84	84
35475	PTA, PER, Brachiocephalic	0	3	3
36222	Place Cath Carotid/Inom Art	0	2	2
36223	Place Cath Carotid/Inom Art	0	3	3
36251	Ins Cath Ren Art 1st Unilat	0	1	1
36252	Ins Cath Ren Art 1st Bilat	0	2	2
36556	CVC Plmt Non-Tunnel	0	2	2
75605	Thoracic Aortogram S&I	0	1	1
75625	Abdominal Aortogram S&I	0	19	19
75710	Angio, Extremity, Unilat, S&I	0	9	9
75716	Angio, Extremity, Bilat, S&I	0	3	3
75820	Unilat, Extrem, Venogram	0	1	1
75966	PTA, Renal OR Visceral, S&I	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	1,176	1,176
Pacemaker Insertions	0	347	347
Angiograms/Venograms	0	233	233
Angioplasty	0	162	162
Stents	0	83	83
Thrombolysis Procedures	0	16	16
Embolizations	0	2	2
Venocava filter insertions	0	15	15
Biliary/Nephrostomy	0	27	27
Perm cath/pic line placements	0	383	383
Other	0	129	0
	0	0	0
	0	0	0
Total	0	2,573	2,573

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
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.

Cardiologists, Vascular Surgeons

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	2
Asian	17
Black/African American	165
Hispanic/Latino	97
Pacific Islander/Hawaiian	1
White	3,285
Multi-Racial	63
Total	3,630

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	2,234
Female	1,396
Total	3,630

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)	0	0	0	0
DRG 121: Cds w/AMI and CV Complication, Discharged Alive (MS-DRG 280)	61,728	68	69	18,607
DRG 122: Cds w/AMI w/o CV Complication, Discharged Alive (MS-DRG 281 & 282)	35,950	126	127	9,597
DRG 124: Cds except AMI w/Cardiac Cath and Complex Diagnosis (MS-DRG 286)	61,655	79	80	18,463
DRG 125: Cds except AMI w/Cardiac Cath and Complex Diagnosis (MS-DRG 287)	41,082	192	193	12,641
DRG 127: Heart Failure and Shock (MS-DRG 291, 292, 293)	0	0	0	0
DRG 130: Peripheral Vascular Disorders w/CC (MS-DRG 299)	0	0	0	0
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	\$0	\$0	\$0	\$0	0
Outpatient	\$0	\$0	\$0	\$0	0

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	\$0	\$0	\$0	\$0	0
Outpatient	\$0	\$0	\$0	\$0	0

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
\$227,164,099	\$62,171,813

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
\$10,076,217	315

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
\$144,800,690

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)	2,092	193	1,084	197	315
Number of Procedures Billed	2,026	187	1,046	192	315
Number of Procedures Not Billed or Written Off	0	4	7	42	315
Total Charges	\$133,046,446	\$13,619,839	\$66,945,589	\$14,493,219	\$10,076,217
Actual Reimbursement	\$23,632,660	\$2,497,037	\$35,892,255	\$149,861	\$0

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 (American College of Cardiology); GMCF/CMS; Cedaron; DNV; ACE Accredidiation

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

Enter your accreditation category in the space below.

Accredited through DNV, not JCAHO

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

5+

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

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	1,154	32	28	60
Diagnostic Cardiac Catheterizations Inpatient and Outpatient	3,581	65	55	120
Total	4,735	97	83	180

Part F : Patient Origin 2016

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
Banks	0	122	122
Barrow	0	97	97
Ben Hill	0	1	1
Bibb	0	1	1
Butts	0	1	1
Cherokee	0	8	8
Clarke	0	5	5
Cobb	0	3	3
Coweta	0	2	2
Dawson	0	85	85
DeKalb	0	5	5
Dougherty	0	2	2
Douglas	0	1	1
Elbert	0	1	1

Fannin	0	25	25
Forsyth	0	66	66
Franklin	0	46	46
Fulton	0	8	8
Gilmer	0	12	12
Glascock	0	1	1
Gordon	0	2	2
Greene	0	1	1
Gwinnett	0	182	182
Habersham	0	347	347
Hall	0	1,201	1,201
Haralson	0	2	2
Hart	0	10	10
Henry	0	2	2
Jackson	0	272	272
Jasper	0	1	1
Lamar	0	1	1
Laurens	0	1	1
Lumpkin	0	145	145
Madison	0	6	6
McIntosh	0	1	1
Muscogee	0	1	1
Newton	0	1	1
Oconee	0	1	1
Pickens	0	7	7
Polk	0	1	1
Putnam	0	1	1
Rabun	0	149	149
Richmond	0	1	1
Stephens	0	184	184
Toombs	0	1	1
Towns	0	62	62
Union	0	130	130
Walker	0	1	1
Walton	0	7	7
White	0	253	253
Wilkes	0	2	2
Florida	0	21	21
North Carolina	0	101	101
South Carolina	0	13	13
Tennessee	0	4	4
Other- Out of State	0	23	23
Total Patients	0	3,630	3,630

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: Carol Burrell

Title: President/CEO, Northeast Georgia Health System

Date: 12/18/2017

Comments: The data presented in this survey reflect the facilities and services of both NGMC's Main Campus and Braselton South Hall Campus. The NGMC facilities and services on both campuses are licensed and operated as a single hospital. The South Hall Braselton campus cardiac cath labs commenced service on April 3, 2015, pursuant to the CON exemption confirmed by the Department in DET 2014-137. Part C2B.1 - Number of Cath Procedures by room is counted by individual cath sessions rather than total number of cath performed. Part C2C - Procedure count reflects volumes performed in catheterization labs; volume does not include procedures performed in other locations. Part C2C - Peripheral Catheterizations procedure counts reflect volumes derived from charge codes. Part C2D - "All other types of PCI" are shown as 1 vessel. Part C3A - Shows procedures in the Cath Lab performed same day as pt's session. Part C3B - Data is for all NGMC Cath Labs. Part D1 - Data reflects Charges and Cases of Selected DRGs for patients who received services in a Cath Lab. Part D2 - Pursuant to Department instructions, data for Part D, Section 2, is being provided separately to the Department in an addendum via email.