Georgia Department of Community Health

2008 Annual Hospital Questionnaire

Part A : General Information

1. Identification

UID:HOSP366

Facility Name: Gwinnett Medical Center

County: Gwinnett

Street Address: 1000 Medical Center Boulevard

City: Lawrenceville

Zip: 30046

Mailing Address: PO Box 348

Mailing City: Lawrenceville

Mailing Zip: 30046

Medicaid Provider Number: 00000294

Medicare Provider Number: 110087

2. Report Period

Report Data for the full twelve month period- January 1, 2008 through December 31, 2008.
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: Mark M. Mullin

Contact Title: Director, Planning

Phone: 678-312-4193

Fax: 770-682-2257

E-mail: mmullin@gwinnettmedicalcenter.org

Part C : Ownership, Operation and Management

1. Ownership, Operation and Management

As of the last day of the report period, indicate the operation/management status of the facility and provide the effective date. Using the drop-down menus, select the organization type. If the category is not applicable, the form requires you only to enter Not Applicable in the legal name field. You must enter something for each category.

A. Facility Owner

Full Legal Name (Or Not Applicable)	Organization Type	Effective Date
Hospital Authority of Gwinnett County	Hospital Authority	1/1/1957

B. Owner's Parent Organization

Full Legal Name (Or Not Applicable)	Organization Type	Effective Date
Not Applicable	Not Applicable	

C. Facility Operator

Full Legal Name (Or Not Applicable)	Organization Type	Effective Date
Gwinnett Hospital System, Inc.	Not for Profit	1/1/1959

D. Operator's Parent Organization

Full Legal Name (Or Not Applicable)	Organization Type	Effective Date
Gwinnett Health System, Inc.	Not for Profit	12/1/1992

E. Management Contractor

Full Legal Name (Or Not Applicable)	Organization Type	Effective Date
Not Applicable	Not Applicable	

F. Management's Parent Organization

Full Legal Name (Or Not Applicable)	Organization Type	Effective Date
Not Applicable	Not Applicable	

2. Changes in Ownership, Operation or Management

Check the box to the right if there were any changes in the ownership, operation, or management of the facility during the report period or since the last day of the Report Period. ☐

If checked, please explain in the box below and include effective dates.

3. Check the box to the right if your facility is part of a health care system ☑

Name: Gwinnett Health System

City: Lawrenceville **State:** GA

4. Check the box to the right if your hospital is a division or subsidiary of a holding company. ☐

Name:

City: **State:**

5. Check the box to the right if the hospital itself operates subsidiary corporations ☐
Name:
City: **State:**

6. Check the box to the right if your hospital is a member of an alliance. ☑
Name: VHA
City: Dallas **State:** TX

7. Check the box to the right if your hospital is a participant in a health care network ☐
Name:
City: **State:**

8. Check the box to the right if the hospital has a policy or policies and a peer review process related to medical errors. ☑

9. Check the box to the right if the hospital owns or operates a primary care physician group practice. ☐

10a. Managed Care Information: Formal Written Contract
Does the hospital have a formal written contract that specifies the obligations of each party with each of the following? (check the appropriate boxes)

1. Health Maintenance Organization(HMO) ☑

2. Preferred Provider Organization(PPO) ☑

3. Physician Hospital Organization(PH0) ☑

4. Provider Service Organization(PSO) ☐

5. Other Managed Care or Prepaid Plan ☐

10b. Managed Care Information: Insurance Products
Check the appropriate boxes to indicate if any of the following insurance products have been developed by the hospital, health care system, network, or as a joint venture with an insurer:

Type of Insurance Product	Hospital	Health Care System	Network	Joint Venture with Insurer
Health Maintenance Organization	☐	☐	☐	☐
Preferred Provider Organization	☐	☐	☐	☐
Indemnity Fee-for-Service Plan	☐	☐	☐	☐
Another Insurance Product Not Listed Above	☐	☐	☐	☐

11. Owner or Owner Parent Based in Another State
If the owner or owner parent at Part C, Question 1(A&B) is an entity based in another state please report the location in which the entity is based. (City and State)

Part D : Inpatient Services

1. Utilization of Beds as Set Up and Staffed(SUS):

Please indicate the following information. Dod not include newborn and neonatal services. Do not include long-term care untits, such as Skilled Nursing Facility beds, if not licensed as hospital beds. If your facility is approved for LTCH beds report them below.

Category	SUS Beds	Admissions	Inpatient Days	Discharges	Discharge Days
Obstetrics (no GYN, include LDRP)	49	6,397	15,943	6,374	15,775
Pediatrics (Non ICU)	8	514	1,789	532	1,625
Pediatric ICU	0	0	0	0	0
Gynecology (No OB)	0	0	0	0	0
General Medicine	64	4,228	24,026	4,747	26,381
General Surgery	65	4,974	23,678	5,304	25,804
Medical/Surgical	18	1,204	5,438	1,201	5,408
Intensive Care	20	1,294	6,044	425	2,272
Psychiatry	53	1,411	7,890	1,429	8,113
Substance Abuse	23	230	1,015	233	1,044
Adult Physical Rehabilitation (18 & Up)	0	0	0	0	0
Pediatric Physical Rehabilitation (0-17)	0	0	0	0	0
Burn Care	0	0	0	0	0
Swing Bed (Include All Utilization)	0	0	0	0	0
Long Term Care Hospital (LTCH)	0	0	0	0	0
	0	0	0	0	0
	0	0	0	0	0
	0	0	0	0	0
Total	**300**	**20,252**	**85,823**	**20,245**	**86,422**

2. Race/Ethnicity

Please report admissions and inpatient days for the hospital by the following race and ethnicity categories. Exclude newborn and neonatal.

Race/Ethnicity	Admissions	Inpatient Days
American Indian/Alaska Native	35	142
Asian	590	2,352
Black/African American	3,752	16,781
Hispanic/Latino	2,872	8,736
Pacific Islander/Hawaiian	0	0
White	11,614	52,554
Multi-Racial	1,389	5,258
Total	**20,252**	**85,823**

3. Gender

Please report admissions and inpatient days by gender. Exclude newborn and neonatal.

Gender	Admissions	Inpatient Days
Male	6,204	31,044
Female	14,048	54,779
Total	**20,252**	**85,823**

4. Payment Source

Please report admissions and inpatient days by primary payment source. Exclude newborn and neonatal.

Primary Payment Source	Admissions	Inpatient Days
Medicare	5,706	32,670
Medicaid	5,632	20,413
Peachare	5	25
Third-Party	6,856	24,481
Self-Pay	1,435	5,770
Other	618	2,464

5. Discharges to Death

Report the total number of inpatient admissions discharged during the reporting period due to death.

309

6. Charges for Selected Services

Please report the hospital's average charges as of 12-31-2008 (to the nearest whole dollar).

Service	Charge
Private Room Rate	757
Semi-Private Room Rate	0
Operating Room: Average Charge for the First Hour	4,497
Average Total Charge for an Inpatient Day	4,715

Part E : Emergency Department and Outpatient Services

1. Emergency Visits
Please report the number of emergency visits only.

95,358

2. Inpatient Admissions from ER
Please report inpatient admssions to the Hospital from the ER for emergency cases ONLY.

8,947

3. Beds Available
Please report the number of beds available in ER as of the last day of the report period.

70

4. Utilization by Specific type of ER bed or room for the report period.

Type of ER Bed or Room	Beds	Visits
Beds dedicated for Trauma	4	0
Beds or Rooms dedicated for Psychiatric /Substance Abuse cases	0	0
General Beds	52	0
Pediatric Beds	14	29,996
	0	0
	0	0
	0	0

5. Transfers
Please provide the number of Transfers to another institution from the Emergency Department.

1,808

6. Non-Emergency Visits
Please provide the number of Outpatient/Clinic/All Other Non-Emergency visits to the hospital.

172,708

7. Observation Visits/Cases
Please provide the total number of Observation visits/cases for the entire report period.

3,261

8. Diverted Cases
Please provide the number of cases your ED diverted while on Ambulance Diversion for the entire report period.

0

9. Ambulance Diversion Hours
Please provide the total number of Ambulance Diversion hours for your ED for the entire report period

2.00

10. Untreated Cases

Please provide the number of patients who sought care in your ED but who left without or before being treated. Do not include patients who were transferred or cases that were diverted.

3,000

Part F : Services and Facilities

1a. Services and Facilities

Please report services offered onsite for in-house and contract services as requested. Please reflect the status of the service during the report period. *(Use the blank lines to specify other services.)*

Site Codes
1 = In-House - Provided by the Hospital
2 = Contract - Provided by a contractor but onsite
3 = Not Applicable

Status Codes
1 = On-Going
2 = Newly Initiated
3 = Discontinued
4 = Not Applicable

Service/Facilities	Site Code	Service Status
Podatric Services	3	4
Renal Dialysis	2	1
ESWL	2	1
Billiary Lithotropter	3	4
Kidney Transplants	3	4
Heart Transplants	3	4
Other-Organ/Tissues Transplants	3	4
Diagnostic X-Ray	1	1
Computerized Tomography Scanner (CTS)	1	1
Radioisotope, Diagnositic	1	1
Positron Emission Tomography (PET)	2	1
Radioisotope, Therapeutic	1	1
Magnetic Resonance Imaging (MRI)	1	1
Chemotherapy	1	1
Respiratory Therapy	1	1
Occupational Therapy	1	1
Physical Therapy	1	1
Speech Pathology Therapy	1	1
Gamma Ray Knife	3	4
Audiology Services	1	1
HIV/AIDS Diagnostic Treatment/Services	3	4
Ambulance Services	3	4
Hospice	3	4
Respite Care Services	3	4
Ultrasound/Medical Sonography	1	1
Cardiology (includes Cardiology Ultrasound)	1	1
	0	0
	0	0

1b. Report Period Workload Totals

Please report the workload totals for in-house and contract services as requested. The number of units should equal the number of machines.

Category	Total
Number of Podiatric Patients	0
Number of Dialysis Treatments	2,675
Number of ESWL Patients	190
Number of ESWL Procedures	190
Number of ESWL Units	1
Number of Biliary Lithotripter Procedures	0
Number of Biliary Lithotripter Units	0
Number of Kidney Transplants	0
Number of Heart Transplants	0
Number of Other-Organ/Tissues Treatments	0
Number of Diagnostic X-Ray Procedures	186,662
Number of CTS Units (machines)	4
Number of CTS Procedures	51,965
Number of Diagnostic Radioisotope Procedures	9,674
Number of PET Units (machines)	1
Number of PET Procedures	1,040
Number of Therapeautic Radioisotope Procedures	311
Number of Number of MRI Units	2
Number of Number of MRI Procedures	8,722
Number of Chemotherapy Treatments	1,082
Number of Respiratory Therapy Treatments	686,550
Number of Occupational Therapy Treatments	16,169
Number of Physical Therapy Treatments	80,428
Number of Speech Pathology Patients	14,653
Number of Gamma Ray Knife Procedures	0
Number of Gamma Ray Knife Units	0
Number of Audiology Patients	0
Number of HIV/AIDS Diagnostic Procedures	0
Number of HIV/AIDS Patients	0
Number of Ambulance Trips	0
Number of Hospice Patients	0
Number of Respite care Patients	0
Number of Ultrasound/Medical Sonography Units	27
Number of Ultrasound/Medical Sonography Procedures	41,582
Number of Treatments, Procedures, or Patients (Other 1)	56,200
Number of Treatments, Procedures, or Patients (Other 2)	0
Number of Treatments, Procedures, or Patients (Other 3)	0

2. Medical Ventilators

Provide the number of computerized/mechanical Ventilator Machines that were in use or available

for immediate use as of the last day of the report period (12/31).

44

3. Robotic Surgery System

Please report the number of units, number of procedures, and type of unit(s).

# Units	# Procedures	Type of Unit(s)
0	0	

Part G : Facility Workforce Information

1. Budgeted Staff

Please report the number of budgeted fulltime equivalents (FTEs) and the number of vacancies as of 12-31-2008. Also, include the number of contract or temporary staff (eg. agency nurses) filling budgeted vacancies as of 12-31-2008.

Profession	Budgeted FTEs	Vacant Budgeted FTEs	Contract/Temporary Staff FTEs
Licensed Physicians	36.040000915527	3.539999961853	0
Physician Assistants Only (not including Licensed Physicians)	0	0	0
Registered Nurses (RNs-Advanced Practice*)	819.35998535156	51.819999694824	1.5
Licensed Practical Nurses (LPNs)	10.300000190735	2	0
Pharmacists	31.340000152588	2.8399999141693	0
Other Health Services Professionals*	630.02001953125	42.060001373291	0
Administration and Support	15	3	0
All Other Hospital Personnel (not included above)	1145.0400390625	93.959999084473	0

2. Filling Vacancies

Using the drop-down menus, please select the average time needed during the past six months to fill each type of vacant position.

Type of Vacancy	Average Time Needed to Fill Vacancies
Physician's Assistants	Not Applicable
Registered Nurses (RNs-Advance Practice)	31-60 Days
Licensed Practical Nurses (LPNs)	31-60 Days
Pharmacists	31-60 Days
Other Health Services Professionals	31-60 Days
All Other Hospital Personnel (not included above)	31-60 Days

3. Race/Ethnicity of Physicians

Please report the number of physicians with admitting privileges by race.

Race/Ethnicity	Number of Physicians
American Indian/Alaska Native	0
Asian	163
Black/African American	122
Hispanic/Latino	33
Pacific Islander/Hawaiian	0
White	488
Multi-Racial	8

4. Medical Staff

Please report the number of active and associate/provisional medical staff for the following specialty categories. Keep in mind that physicians may be counted in more than one specialty. Please

indicate whether the specialty group(s) is hospital-based. Also, indicate how many of each medical specialty are enrolled as providers in Georgia Medicaid/PeachCare for Kids and/or the Public Employee Health Benefit Plans (PEHB-State Health Benefit Plant and/or Board of Regents Benefit Plan).

Medical Specialties	Number of Medical Staff	Check if Any are Hospital Based	Number Enrolled as Providers in Medicaid/PeachCare	Number Enrolled as Providers in PEHB Plan
General and Family Practice	67	☐	2	0
General Internal Medicine	191	☐	6	0
Pediatricians	121	☐	40	0
Other Medical Specialties	72	☐	49	0

Surgical Specialties	Number of Medical Staff	Check if Any are Hospital Based	Number Enrolled as Providers in Medicaid/PeachCare	Number Enrolled as Providers in PEHB Plan
Obstetrics	69	☐	18	0
Non-OB Physicians Providing OB Services	0	☐	0	0
Gynecology	1	☐	0	0
Ophthalmology Surgery	16	☐	0	0
Orthopedic Surgery	41	☐	1	0
Plastic Surgery	8	☐	0	0
General Surgery	37	☐	1	0
Thoracic Surgery	0	☐	0	0
Other Surgical Specialties	40	☐	5	0

Other Specialties	Number of Medical Staff	Check if Any are Hospital Based	Number Enrolled as Providers in Medicaid/PeachCare	Number Enrolled as Providers in PEHB Plan
Anesthesiology	22	☑	1	0
Dermatology	15	☐	0	0
Emergency Medicine	33	☑	33	0
Nuclear Medicine	0	☐	0	0
Pathology	6	☑	0	0
Psychiatry	16	☑	1	0
Radiology	29	☑	8	0
Neonatology	2	☑	2	0
Other	1	☐	0	0
Physicial Medicine & Rehabilitation	12	☑	1	0

5a. Non-Physicians

Please report the number of professionals for the categories below. Exclude any hospital-based staff reported in Part G, Questions 1,2,3 and 4 above.

Profession	Number
Dentists (include oral surgeions) with Admitting Privleges	1
Podiatrists	15
Certified Nurse Midwives with Clinical Privileges in the Hospital	18
All Other Staff Affiliates with Clinical Privileges in the Hospital	206

5b. Name of Other Professions

Please provide the names of professions classified as "Other Staff Affiliates with Clinical Privileges" above.

Anesthesia Physician Assistant, Certified Nurse Practitioner, CRNA, CNS, FNP, LCSW, Licensed Clinical Psychologist, Licensed Professional Counselor, Medical Radiation Physicist, NP, Pathologist's Assisstant, Pediatric Nurse Practitioner, PA, Psychiatry

Comments and Suggestions:

Part H : Physician Name and License Number

1. Physicians on Staff

Please report the full name and license number of each physician on staff. **(Due to the large number of entries, this section has been moved to a separate PDF file.)**

Part I : Patient Origin Table

1. Patient Origin

Please report the county of origin for the inpatient admissions or discharges excluding newborns (except surgical services should include outpatients only).

Inpat=Inpatient Services
Surg=Outpatient Surgical
OB=Obstetric
P18+=Acute psychiatric adult 18 and over
P13-17=Acute psychiatric adolescent 13-17
P0-12=Acute psychiatric children 12 and under
S18+=Substance abuse adult 18 and over
S13-17=Substance abuse adolescent 13-17
E18+=Extended care adult 18 and over
E13-17=Extended care adolescent 13-17
E0-12=Extended care children 0-12
LTCH=Long Term Care Hospital

County	Inpat	Surg	OB	P18+	P13-17	P0-12	S18+	S13-17	E18+	E13-17	E0-12	LTCH
Alabama	17	6	2	2	0	0	1	0	0	0	0	0
Appling	1	0	0	0	0	0	0	0	0	0	0	0
Baldwin	1	0	0	0	0	0	1	0	0	0	0	0
Banks	20	16	3	3	0	0	0	0	0	0	0	0
Barrow	1,323	881	476	46	8	0	9	0	0	0	0	0
Bartow	25	4	0	15	4	0	1	0	0	0	0	0
Ben Hill	0	1	0	0	0	0	0	0	0	0	0	0
Bibb	5	5	0	0	0	0	1	0	0	0	0	0
Bleckley	1	0	0	0	0	0	0	0	0	0	0	0
Bryan	0	1	0	0	0	0	0	0	0	0	0	0
Bulloch	2	1	0	1	0	0	1	0	0	0	0	0
Butts	4	3	0	1	0	0	0	0	0	0	0	0
Calhoun	1	1	0	0	0	0	0	0	0	0	0	0
Carroll	17	4	1	6	1	0	0	0	0	0	0	0
Catoosa	1	1	0	1	0	0	0	0	0	0	0	0
Charlton	0	1	0	0	0	0	0	0	0	0	0	0
Chatham	2	1	0	0	0	0	0	0	0	0	0	0
Chattooga	2	0	0	1	0	0	0	0	0	0	0	0
Cherokee	33	22	2	12	5	0	0	0	0	0	0	0
Clarke	90	39	9	41	5	0	4	0	0	0	0	0
Clayton	43	45	8	6	0	0	1	0	0	0	0	0
Cobb	77	49	15	12	13	0	3	0	0	0	0	0
Coffee	0	1	0	0	0	0	0	0	0	0	0	0
Colquitt	1	0	1	0	0	0	0	0	0	0	0	0
Columbia	2	1	0	1	0	0	0	0	0	0	0	0
Coweta	22	8	2	5	5	0	2	0	0	0	0	0
Dawson	11	10	1	4	0	0	0	0	0	0	0	0
DeKalb	468	341	103	54	16	0	9	0	0	0	0	0

Dooly	1	0	0	0	0	0	0	0	0	0	0	0
Dougherty	1	1	0	0	0	0	0	0	0	0	0	0
Douglas	24	13	7	4	5	0	0	0	0	0	0	0
Elbert	9	1	0	4	0	0	1	0	0	0	0	0
Fannin	6	3	0	3	1	0	0	0	0	0	0	0
Fayette	13	6	1	2	1	0	0	0	0	0	0	0
Florida	35	16	1	0	0	0	0	0	0	0	0	0
Floyd	15	1	1	6	2	0	0	0	0	0	0	0
Forsyth	109	105	22	17	4	0	9	0	0	0	0	0
Franklin	20	28	1	2	0	0	0	0	0	0	0	0
Fulton	268	223	38	40	9	0	17	0	0	0	0	0
Gilmer	6	4	1	2	0	0	0	0	0	0	0	0
Gordon	1	0	0	1	0	0	0	0	0	0	0	0
Grady	4	0	0	0	0	0	0	0	0	0	0	0
Greene	14	4	2	5	1	0	1	0	0	0	0	0
Gwinnett	15,127	9,095	5,040	622	119	0	122	0	0	0	0	0
Habersham	25	9	7	1	0	0	0	0	0	0	0	0
Hall	593	426	252	15	4	0	9	1	0	0	0	0
Hancock	1	1	0	1	0	0	0	0	0	0	0	0
Haralson	7	1	0	3	2	0	0	0	0	0	0	0
Harris	4	1	0	1	0	0	0	0	0	0	0	0
Hart	6	6	0	3	0	0	0	0	0	0	0	0
Heard	1	0	0	0	0	0	0	0	0	0	0	0
Henry	20	30	0	1	2	0	0	0	0	0	0	0
Houston	3	1	1	1	0	0	0	0	0	0	0	0
Jackson	338	245	155	26	1	0	4	0	0	0	0	0
Jasper	7	9	0	0	0	0	0	0	0	0	0	0
Jeff Davis	0	1	0	0	0	0	0	0	0	0	0	0
Jones	2	0	0	0	0	0	0	0	0	0	0	0
Laurens	3	1	0	0	0	0	0	0	0	0	0	0
Liberty	4	0	1	0	0	0	0	0	0	0	0	0
Lincoln	1	0	0	0	0	0	0	0	0	0	0	0
Lowndes	0	1	0	0	0	0	0	0	0	0	0	0
Lumpkin	13	8	0	2	0	0	2	0	0	0	0	0
Madison	25	12	0	10	1	0	0	0	0	0	0	0
Meriwether	1	1	0	1	0	0	0	0	0	0	0	0
Monroe	1	0	0	0	0	0	0	0	0	0	0	0
Montgomery	1	0	0	1	0	0	0	0	0	0	0	0
Morgan	22	11	1	3	1	0	4	0	0	0	0	0
Murray	5	0	0	5	0	0	0	0	0	0	0	0
Muscogee	4	2	0	1	0	0	0	0	0	0	0	0
Newton	85	58	12	35	6	0	3	0	0	0	0	0
North Carolina	29	11	5	4	0	0	2	0	0	0	0	0
Oconee	26	15	6	8	3	0	0	0	0	0	0	0

Oglethorpe	10	9	0	4	2	0	0	0	0	0	0	0
Other Out of State	140	37	14	7	0	0	0	0	0	0	0	0
Paulding	13	11	2	3	2	0	0	0	0	0	0	0
Pickens	13	1	0	8	3	0	1	0	0	0	0	0
Pike	0	2	0	0	0	0	0	0	0	0	0	0
Polk	2	1	0	1	1	0	0	0	0	0	0	0
Putnam	11	7	1	0	0	0	0	0	0	0	0	0
Rabun	14	1	0	0	0	0	0	0	0	0	0	0
Richmond	4	1	1	0	0	0	0	0	0	0	0	0
Rockdale	84	58	8	16	9	0	4	0	0	0	0	0
South Carolina	28	8	2	0	0	0	0	0	0	0	0	0
Spalding	14	5	1	2	1	0	1	0	0	0	0	0
Stephens	13	14	1	5	1	0	0	0	0	0	0	0
Sumter	1	1	0	0	0	0	0	0	0	0	0	0
Talbot	1	1	0	0	0	0	0	0	0	0	0	0
Tattnall	0	2	0	0	0	0	0	0	0	0	0	0
Telfair	2	0	0	0	0	0	0	0	0	0	0	0
Tennessee	18	7	2	0	0	0	0	0	0	0	0	0
Thomas	2	0	0	0	0	0	0	0	0	0	0	0
Tift	0	1	0	0	0	0	0	0	0	0	0	0
Toombs	0	1	0	0	0	0	0	0	0	0	0	0
Towns	6	10	0	0	0	0	0	0	0	0	0	0
Troup	11	2	0	4	3	0	0	0	0	0	0	0
Turner	1	0	0	0	0	0	0	0	0	0	0	0
Union	3	7	0	1	0	0	0	0	0	0	0	0
Upson	2	0	0	0	1	0	0	0	0	0	0	0
Walker	1	1	0	0	0	0	0	0	0	0	0	0
Walton	773	658	186	54	15	0	13	0	0	0	0	0
Ware	1	0	0	0	0	0	0	0	0	0	0	0
Washington	0	1	0	0	0	0	0	0	0	0	0	0
White	21	20	1	0	0	0	1	0	0	0	0	0
Whitfield	11	1	0	7	1	0	1	0	0	0	0	0
Wilkes	3	1	1	0	0	0	1	0	0	0	0	0
Total	**20,252**	**12,661**	**6,397**	**1,153**	**258**	**0**	**229**	**1**	**0**	**0**	**0**	**0**

Surgical Services Addendum

Part A : Surgical Services Utilization

1. Surgery Rooms in the OR Suite

Please report the Number of Surgery Rooms, (as of the end of the report period). Report only the rooms in CON-Approved Operating Room Suites pursuant to Rule 111-2-2-.40 and 111-8-48-.28.

Room Type	Dedicated Inpatient Rooms	Dedicated Outpatient Rooms	Shared Rooms
General Operating	0	7	10
Cystoscopy (OR Suite)	0	0	1
Endoscopy (OR Suite)	0	0	0
	0	0	0
Total	**0**	**7**	**11**

2. Procedures by Type of Room

Please report the number of procedures by type of room.

Room Type	Dedicated Inpatient Rooms	Dedicated Outpatient Rooms	Shared Inpatient Rooms	Shared Outpatient Rooms
General Operating	0	7,977	4,607	4,219
Cystoscopy	0	0	57	842
Endoscopy	0	0	0	0
	0	0	0	0
Total	**0**	**7,977**	**4,664**	**5,061**

3. Patients by Type of Room

Please report the number of patients by type of room.

Room Type	Dedicated Inpatient Rooms	Dedicated Outpatient Rooms	Shared Inpatient Rooms	Shared Outpatient Rooms
General Operating	0	7,721	4,443	4,098
Cystoscopy	0	0	57	842
Endoscopy	0	0	0	0
	0	0	0	0
Total	**0**	**7,721**	**4,500**	**4,940**

Part B : Ambulatory Patient Race/Ethnicity, Age, Gender and Payment Source

1. Race/Ethnicity of Ambulatory Patients

Please report the total number of ambulatory patients for both dedicated outpatient and shared room environment.

Race/Ethnicity	Number of Ambulatory Patients
American Indian/Alaska Native	5
Asian	292
Black/African American	1,730
Hispanic/Latino	708
Pacific Islander/Hawaiian	0
White	8,481
Multi-Racial	1,445
Total	**12,661**

2. Age Grouping

Please report the total number of ambulatory patients by age grouping.

Age of Patient	Number of Ambulatory Patients
Ages 0-14	370
Ages 15-64	9,438
Ages 65-74	1,807
Ages 75-85	900
Ages 85 and Up	146
Total	**12,661**

3. Gender

Please report the total number of ambulatory patients by gender.

Gender	Number of Ambulatory Patients
Male	5,252
Female	7,409
Total	**12,661**

4. Payment Source

Please report the total number of ambulatory patients by payment source.

Primary Payment Source	Number of Patients
Medicare	2,593
Medicaid	275
Third-Party	9,752
Self-Pay	41

Perinatal Services Addendum

Part A : Obstetrical Services Utilization

Please report the following obstetrical services information for the report period. Include all deliveries and births in any unit of th hospital or anywhere on its grounds.

1. Number of Delivery Rooms: 3

2. Number of Birthing Rooms: 0

3. Number of LDR Rooms: 19

4. Number of LDRP Rooms: 0

5. Number of Cesarean Sections: 1,732

6. Total Live Births: 6,163

7. Total Births (Live and Late Fetal Deaths): 6,192

8. Total Deliveries (Births + Early Fetal Deaths and Induced Terminations): 6,575

Part B : Newborn and Neonatal Nursery Services

1. Nursery Services

Please Report the following newborn and neonatal nursery information for the report period.

Type of Nursery	Set-Up and Staffed Beds/Station	Neonatal Admissions	Inpatient Days	Transfers within Hospital
Normal Newborn (Basic)	40	5,390	9,658	0
Specialty Care (Intermediate Neonatal Care)	8	298	4,094	0
Subspecialty Care (Intensive Neonatal Care)	16	448	5,617	0

Part C : Obstetrical Charges and Utilization by Mother's Race/Ethnicity and Age

1. Race/Ethnicity

Please provide the number of admissions and inpatient days for mothers by the mother's race using race/ethnicity classifications.

Race/Ethnicity	Admissions by Mother's Race	Inpatient Days
American Indian/Alaska Native	8	19
Asian	292	704
Black/African American	1,281	3,743
Hispanic/Latino	1,843	3,825
Pacific Islander/Hawaiian	0	0
White	2,498	6,538
Multi-Racial	475	1,114
Total	**6,397**	**15,943**

2. Age Grouping
Please provide the number of admissions by the following age groupings.

Age of Patient	Number of Admissions	Inpatient Days
Ages 0-14	8	69
Ages 15-44	6,379	15,852
Ages 45 and Up	10	22
Total	**6,397**	**15,943**

3. Average Charge for an Uncomplicated Delivery
Please report the average hospital charge for an uncomplicated delivery(CPT 59400)

$4,506.00

4. Average Charge for a Premature Delivery
Please report the average hospital charge for a premature delivery.

$42,698.00

LTCH Addendum

Part A : General Information

1a. Accreditation Check the box to the right if your Long Term Care Hospital is accredited. ☐
If you checked the box for yes, please specify the agency that accredits your facility in the space below.

1b. Level/Status of Accreditation
Please provide your organization's level/status of accreditation.

2. Number of Licensed LTCH Beds: 0

3. Permit Effective Date:

4. Permit Designation:

5. Number of CON Beds: 0

6. Number of SUS Beds: 0

7. Total Patient Days: 0

8. Total Discharges: 0

9. Total LTCH Admissions: 0

Part B : Utilization by Race, Age, Gender and Payment Source

1. Race/Ethnicity
Please provide the number of admissions and inpatient days using the following race/ethnicity classifications.

Race/Ethnicity	Admissions	Inpatient Days
American Indian/Alaska Native	0	0
Asian	0	0
Black/African American	0	0
Hispanic/Latino	0	0
Pacific Islander/Hawaiian	0	0
White	0	0
Multi-Racial	0	0
Total	**0**	**0**

2. Age of LTCH Patient

Please provide the number of admissions and inpatient days by the following age groupings.

Age of Patient	Admissions	Inpatient Days
Ages 0-64	0	0
Ages 65-74	0	0
Ages 75-84	0	0
Ages 85 and Up	0	0
Total	**0**	**0**

3. Gender

Please provide the number of admissions and inpatient days by the following gender classifications.

Gender of Patient	Admissions	Inpatient Days
Male	0	0
Female	0	0
Total	**0**	**0**

4. Payment Source

Please indicate the number of patients by the payment source. Please note that individuals may have multiple payment sources.

Primary Payment Source	Number of Patients	Inpatient Days
Medicare	0	0
Third-Party	0	0
Self-Pay	0	0
Other	0	0

Psychiatric/Substance Abuse Services Addendum

Part A : Psychiatric and Substance Abuse Data by Program

1. Beds

Please report the number of beds as of the last day of the report period. Report beds only for officially recognized programs. Use the blank row to report combined beds. For combined bed programs, please report each of the combined bed programs and the number of combined beds. Indicate the combined programs using letters A through H, for example,"AB"

Patient Type	Distribution of CON-Authorized Beds	Set-Up and Staffed Beds
A- General Acute Psychiatric Adults 18 and over	35	35
B- General Acute Psychiatric Adolescents 13-17	18	18
C- General Acute Psychiatric Children 12 and under	0	0
D- Acute Substance Abuse Adults 18 and over	15	15
E- Acute Substance Abuse Adolescents 13-17	8	8
F-Extended Care Adults 18 and over	0	0
G- Extended Care Adolescents 13-17	0	0
H- Extended Care Adolescents 0-12	0	0
	0	0

2. Admissions, Days, Discharges, Accreditation

Please report the following utilization for the report period. Report only for officially recognized programs.

Program Type	Admissions	Inpatient Days	Discharges	Discharge Days	Average Charge Per Patient Day	Check if the Program is JCAHO Accredited
General Acute Psychiatric Adults 18 and over	1,153	6,769	1,168	6,961	1,419	☑
General Acute Psychiatric Adolescents 13-17	258	1,121	261	1,152	1,419	☑
General Acute Psychiatric Children 12 and Under	0	0	0	0	0	☐
Acute Substance Abuse Adults 18 and over	229	1,012	232	1,041	1,419	☑
Acute Substance Abuse Adolescents 13-17	1	3	1	3	1,419	☑
Extended Care Adults 18 and over	0	0	0	0	0	☐
Extended Care Adolescents 13-17	0	0	0	0	0	☐
Extended Care Adolescents 0-12	0	0	0	0	0	☐

Part B : Psych/SA Utilization by Race/Ethnicity, Gender, and Payment Source

1. Race/Ethnicity

Please provide the number of admissions and inpatient days using the following race/ethnicity classifications.

Race/Ethnicity	Admissions	Inpatient Days
American Indian/Alaska Native	1	7
Asian	21	133
Black/African American	293	1,671
Hispanic/Latino	57	252
Pacific Islander/Hawaiian	0	0
White	1,079	5,865
Multi-Racial	190	977
Total	**1,641**	**8,905**

2. Gender

Please provide the number of admissions and inpatient days by the following gender classifications.

Gender of Patient	Admissions	Inpatient Days
Male	672	3,524
Female	969	5,381
Total	**1,641**	**8,905**

3. Payment Source

Please indicate the number of patients by the following payment sources. Please note that individuals may have multiple payment sources.

Primary Payment Source	Number of Patients	Inpatient Days
Medicare	402	2,846
Medicaid	533	3,132
Third Party	656	2,715
Self-Pay	32	122
PeachCare	3	22

Georgia Minority Health Advisory Council Addendum

Because of Georgia's racial and ethnic diversity, and a dramatic increase in segments of the population with Limited English Proficiency, the Georgia Minority Health Advisory Council is working with the Department of Community Health to assess our health systems' ability to provide Culturally and Linguistically Appropriate Services (CLAS) to all segments of our population. We appreciate your willingness to provide information on the following questions:

1. Do you have paid medical interpreters on staff? *(Check the box, if yes.)* ☑
If you checked yes, how many? 9 (FTE's)
What languages do they interpret?
Spanish

2. When a paid medical interpreter is not available for a limited-English proficiency patient, what alternative mechanisms do you use to assure the provision of Linguistically Appropriate Services? *(Check all that apply)*

Bilingual Hospital Staff Member ☐

Bilingual Member of Patient's Family ☐

Community Volunteer Intrepreter ☐

Telephone Interpreter Service ☑

Refer Patient to Outside Agency ☐

Other (please describe): ☑

Contract interpreters, telephone interpreting services, videoconferencing interpreting services

3. Please complete the following grid to show the proportion of patients you serve who prefer speaking various languages (name the 3 most common non-English languages spoken.)

Top 3 most common non-English languages spoken by your patients	Percent of patients for whom this is their preferred language	# of physicians on staff who speak this language	# of nurses on staff who speak this language	# of other employed staff who speak this language
Spanish	60,263 minutes	0	0	0
		0	0	0
		0	0	0

4. What **training** have you provided to your staff to assure cultural competency and the provision of **Culturally and Linguistically Appropriate Services (CLAS)** to your patients?

During New Associate Orientation, the organization's expectations are outlined for providing care

and communication that is appropriate for the patient and family and that the same consideration is expected toward co-workers and physicians the associate interacts with during their work. Additional education is provided throughout the orientation process that equips the associate to use the various tools and resources available to them as is appropriate to their job role in the organization. This education is population specific, addressing the unique needs of the primary populations served by the organization. Libraries of information specific to a multitude of cultures and faith traditions are available online for associates to reference during their work. Ongoing training is provided to assist associates with basic language skills in Spanish, the predominant language spoken by the patient population other than English. For associates working in the facility serving a large Korean population, additional training in the cultural and language needs of those patients and families is provided. Classes in Transcultural Healthcare are provided to direct care providers, equipping them to better access and understand needs of patients who are of groups different than the care provider's group of origin. Department specific ongoing education is provided to refresh the direct care provider's knowledge of the preferences of various groups served. This education is shaped by patient satisfaction data collected by the organization. In addition, department specific patient and family education materials are made available to care providers in the languages of the patients they serve. Ongoing training in these patient education materials is conducted as new resources are made available.

5. What is the most urgent tool or resource you need in order to increase your ability to provide **Culturally and Linguistically Appropriate Services (CLAS)** to your patients?

The Gwinnett Medical Center currently utilizes numerous resources in order to provide Culturally and Linguistically Appropriate Services to our patients. As our patients volumes continue to grow and the diversity of our patient population continues to increase, we will utilize additional printed materials and on-site interpreters in order to meet the needs of our patients.

6. In what languages are the signs written that direct patients within your facility?

1. English
2. Spanish
3. Braille
4.

7. If an uninsured patient visits your emergency department, is there a community health center, federally-qualified health center, free clinic, or other reduced-fee safety net clinic nearby to which you could refer that patient in order to provide him or her an affordable primary care medical home regardless of ability to pay? *(Check the box, if yes)* ☑
If you checked yes, what is the name and location of that health care center or clinic?

Four Corners Health Center (Norcross, GA); Mercy Care (Duluth, GA); Good Samaritan Clinic (Duluth, GA); Hebron Clinic (Lawrenceville, GA); Hope Clinic (Lawrenceville, GA); Gwinnett Community Clinic (Snellville, GA); Gwinnett County Health Department (Lawrenceville, Buford, Norcross); Gwinnett Medical Center OBGYN Clinic (Lawrenceville, GA); Miles and Lib Mason Childrens Clinic (Lawrenceville, GA)

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 incaccurate 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 further 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: Philip R. Wolfe

Date: 12/17/2009

Title: President & Chief Executive Officer

Comments:

Part D: Inpatient Services

Operating Room: Average Charge for the First Hour- The Gwinnett Hospital System maintains numerous levels of initial hour operating room charges based on the resource intensity of anesthesia, staff and equipment involved in the case. Average provided is calculated on all case levels.

Part E: Emergency Department and Outpatient Services

ER Beds available includes Trauma, General, Pediatric, Clinical Decision Unit, and Mental Health Holding capacity.

Trauma, Psychiatric/Substance Abuse, and General visits by room type are not currently available. Pediatric visits are provided.

Transfers to another institution include transfers to other acute care facilities, SNF, as well as other institutions.

Diversion Cases are not tracked.

Diversion Hours – Number represents Total Diversion status.

Untreated cases include all patients that left the facility prior to triage or prior to physician assessment.

Part F: Services and Facilities

Cardiology procedures include cardiology ultrasound procedures.

Ultrasound/Medical Sonography Units include portable and stationary units.

Chemotherapy inpatient treatments are not currently tracked. Outpatient chemotherapy treatments

are provided.

Podiatry patients are treated at GMC but there is not an organized program.

Audiology services are provided at GMC but the unit currently is not tracked.

HIV/AIDS patients are treated and receive services at GMC facilities. GMC does not have a formal organized program for these patients and therefore does not track this information.

Part G: Facility Workforce Information

Medical staff enrolled as providers in Medicaid/Peachcare is based solely on those physicians with a Medicaid license number on record with the Gwinnett Hospital System. These numbers may not represent all physicians enrolled as providers in Medicaid and PeachCare. PEHB Plan enrollment information currently not available.

Pediatricians specialty category includes Pediatric Emergency Physicians. Pediatric Emergency Physicians formerly included in the Emergency Medicine category.

The number of medical staff in this section does not match the number of medical staff reported in Part H because the reports were generated on different dates. The discrepancy between the two sections is minimal but worth documenting.

Perinatal Services Addendum

Charge represents neonates with a length of stay of seven (7) days or greater.

Psychiatric & Substance Abuse Services Addendum

Part B: Psych/SA Utilization by Race/Ethnicity, Gender, and Payment Source-
Payment Source based on primary payer. Payment Source of Other for CY2008 includes 15 admissions and 68 patient days.

The SummitRidge facility was sold and no longer part of the Gwinnett Hospital System as of September 2008.

Georgia Minority Health Advisory Council Addendum

Contract interpreters, telephone interpreting services, videoconferencing interpreting services- The detailed information as requested in the grid is not available. The number of minutes that on-site interpreters translated in Spanish at GMC is provided. The language line phone services that Gwinnett Hospital System used in CY2008 is as follows: Spanish (28,741 minutes, 3,240 calls) Vietnamese (5,246 minutes, 434 calls), and Korean (4,146 minutes, 330 calls). Contracted services translated Korean for 192 minutes and Vietnamese for 984 minutes for Gwinnett Hospital System facilities. Physician language is currently not tracked for the entire medical staff. Nursing and other employed staff personnel are not utilized as interpreters.