



## 2008 Annual Hospital Questionnaire

### Part A : General Information

#### 1. Identification

UID:HOSP703

**Facility Name:** Memorial Health University Medical Center

**County:** Chatham

**Street Address:** 4700 Waters Avenue

**City:** Savannah

**Zip:** 31404

**Mailing Address:** P O Box 23089

**Mailing City:** Savannah

**Mailing Zip:** 31403-8089

**Medicaid Provider Number:** 00001273

**Medicare Provider Number:** 110036

#### 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:** Damian Chipriano

**Contact Title:** Financial Analyst, Decision Support

**Phone:** 912-350-5160

**Fax:** 912-350-8126

**E-mail:** ChiprDa1@memorialhealth.com

## 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
Chatham County Hospital Authority	Local Govt	1/1/1955

#### 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
Memorial Health University Medical Center	Not for Profit	1/1/1955

#### D. Operator's Parent Organization

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

#### 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.

CEO Robert Colvin left the organization on April 9, 2008. Dr. Ramon Meguiar, Senior VP and Chief Medical Officer, served as interim CEO from April 10, 2008 - April 30, 2008. On May 1, 2008, Chuck Neumann served as the interim CEO until a permanent replacement was hired. Phillip S. Schaengold, J.D., M.B.A. was named as the permanent President and CEO, effective June 1, 2009.

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

**Name:** Memorial Health

**City:** Savannah **State:** GA

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

**Name:** Memorial Health, Inc.

**City:** Savannah **State:** GA

5. Check the box to the right if the hospital itself operates subsidiary corporations

**Name:** See list in Comments section of Part G

**City:** **State:**

6. Check the box to the right if your hospital is a member of an alliance.

**Name:** Premier Group Purchasing Organization

**City:** Charlotte **State:** NC

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(PHO)

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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Preferred Provider Organization	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Indemnity Fee-for-Service Plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Another Insurance Product Not Listed Above	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**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. Do not include newborn and neonatal services. Do not include long-term care units, 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)	33	3,056	9,587	3,061	9,404
Pediatrics (Non ICU)	52	1,624	8,036	2,429	9,275
Pediatric ICU	10	385	2,217	249	759
Gynecology (No OB)	0	0	0	0	0
General Medicine	56	11,875	12,820	3,165	13,374
General Surgery	41	3,230	13,453	2,881	15,541
Medical/Surgical	0	0	0	0	0
Intensive Care	64	932	19,336	927	8,375
Psychiatry	41	993	8,262	1,021	8,038
Substance Abuse	1	4	15	4	15
Adult Physical Rehabilitation (18 & Up)	50	751	11,859	732	10,941
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
Med/Onc	28	243	8,598	1,937	10,239
Ortho/Neuro	63	414	18,313	4,733	22,722
Stepdown	37	271	10,608	2,768	11,518
<b>Total</b>	<b>476</b>	<b>23,778</b>	<b>123,104</b>	<b>23,907</b>	<b>120,201</b>

## **2. Race/Ethnicity**

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

<b>Race/Ethnicity</b>	<b>Admissions</b>	<b>Inpatient Days</b>
American Indian/Alaska Native	37	169
Asian	160	637
Black/African American	8,142	43,369
Hispanic/Latino	749	3,206
Pacific Islander/Hawaiian	0	0
White	14,055	72,254
Multi-Racial	635	3,469
<b>Total</b>	<b>23,778</b>	<b>123,104</b>

## **3. Gender**

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

<b>Gender</b>	<b>Admissions</b>	<b>Inpatient Days</b>
Male	10,206	57,700
Female	13,572	65,404
<b>Total</b>	<b>23,778</b>	<b>123,104</b>

## **4. Payment Source**

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

<b>Primary Payment Source</b>	<b>Admissions</b>	<b>Inpatient Days</b>
Medicare	8,542	51,028
Medicaid	5,476	28,996
Peachare	42	285
Third-Party	7,537	33,779
Self-Pay	593	2,190
Other	1,588	6,826

## **5. Discharges to Death**

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

474

## **6. Charges for Selected Services**

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

<b>Service</b>	<b>Charge</b>
Private Room Rate	672
Semi-Private Room Rate	672
Operating Room: Average Charge for the First Hour	5,657
Average Total Charge for an Inpatient Day	6,975

## Part E : Emergency Department and Outpatient Services

### **1. Emergency Visits**

Please report the number of emergency visits only.

86,069

### **2. Inpatient Admissions from ER**

Please report inpatient admissions to the Hospital from the ER for emergency cases ONLY.

12,760

### **3. Beds Available**

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

51

### **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	3	0
Beds or Rooms dedicated for Psychiatric /Substance Abuse cases	4	0
General Beds	27	0
Express Care	7	0
Pediatric	10	0
	0	0
	0	0

### **5. Transfers**

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

1,006

### **6. Non-Emergency Visits**

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

177,925

### **7. Observation Visits/Cases**

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

8,846

### **8. Diverted Cases**

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

81

### **9. Ambulance Diversion Hours**

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

486.00

## 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.

1,989

## 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
Podiatric Services	1	1
Renal Dialysis	1	1
ESWL	2	1
Biliary Lithotripter	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, Diagnostic	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	3	3
HIV/AIDS Diagnostic Treatment/Services	1	1
Ambulance Services	1	1
Hospice	3	4
Respite Care Services	3	4
Ultrasound/Medical Sonography	1	1
	0	0
	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.

<b>Category</b>	<b>Total</b>
Number of Podiatric Patients	315
Number of Dialysis Treatments	4,296
Number of ESWL Patients	154
Number of ESWL Procedures	168
Number of ESWL Units	1
Number of Biliary Lithotripter Procedures	3
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	95,329
Number of CTS Units (machines)	4
Number of CTS Procedures	26,687
Number of Diagnostic Radioisotope Procedures	4,005
Number of PET Units (machines)	1
Number of PET Procedures	755
Number of Therapeutic Radioisotope Procedures	78
Number of Number of MRI Units	2
Number of Number of MRI Procedures	8,797
Number of Chemotherapy Treatments	1,010
Number of Respiratory Therapy Treatments	12,369
Number of Occupational Therapy Treatments	11,018
Number of Physical Therapy Treatments	22,102
Number of Speech Pathology Patients	6,440
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	191
Number of HIV/AIDS Patients	106
Number of Ambulance Trips	52,422
Number of Hospice Patients	0
Number of Respite care Patients	0
Number of Ultrasound/Medical Sonography Units	10
Number of Ultrasound/Medical Sonography Procedures	13,284
Number of Treatments, Procedures, or Patients (Other 1)	0
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).

130

**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	0	0	0
Physician Assistants Only (not including Licensed Physicians)	0	0	0
Registered Nurses (RNs-Advanced Practice*)	992.83001708984	97.75	0
Licensed Practical Nurses (LPNs)	30.280000686646	2	0
Pharmacists	31.430000305176	0	0
Other Health Services Professionals*	330.7799987793	22.200000762939	0
Administration and Support	1367.9699707031	50	0
All Other Hospital Personnel (not included above)	456.73001098633	29.579999923706	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)	61-90 Days
Licensed Practical Nurses (LPNs)	Not Applicable
Pharmacists	Not Applicable
Other Health Services Professionals	Not Applicable
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	0
Black/African American	0
Hispanic/Latino	0
Pacific Islander/Hawaiian	0
White	0
Multi-Racial	0

### 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	46	<input type="checkbox"/>	46	46
General Internal Medicine	68	<input checked="" type="checkbox"/>	68	68
Pediatricians	48	<input type="checkbox"/>	48	48
Other Medical Specialties	149	<input checked="" type="checkbox"/>	135	130

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	34	<input type="checkbox"/>	34	34
Non-OB Physicians Providing OB Services	15	<input type="checkbox"/>	15	15
Gynecology	6	<input type="checkbox"/>	3	3
Ophthalmology Surgery	22	<input type="checkbox"/>	22	22
Orthopedic Surgery	34	<input type="checkbox"/>	20	20
Plastic Surgery	16	<input type="checkbox"/>	10	10
General Surgery	17	<input type="checkbox"/>	12	12
Thoracic Surgery	6	<input type="checkbox"/>	6	3
Other Surgical Specialties	61	<input type="checkbox"/>	50	45

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	13	<input checked="" type="checkbox"/>	13	13
Dermatology	9	<input type="checkbox"/>	5	5
Emergency Medicine	19	<input checked="" type="checkbox"/>	19	19
Nuclear Medicine	2	<input checked="" type="checkbox"/>	2	2
Pathology	3	<input checked="" type="checkbox"/>	3	3
Psychiatry	8	<input checked="" type="checkbox"/>	4	4
Radiology	10	<input checked="" type="checkbox"/>	10	10
	0	<input type="checkbox"/>	0	0
	0	<input type="checkbox"/>	0	0
	0	<input type="checkbox"/>	0	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 surgeons) with Admitting Privileges	7
Podiatrists	10
Certified Nurse Midwives with Clinical Privileges in the Hospital	2
All Other Staff Affiliates with Clinical Privileges in the Hospital	149

### 5b. Name of Other Professions

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

Allied Health Professionals (CRNA, PA, NP, RN, CST, LPN)

### Comments and Suggestions:

The following is a list of subsidiary corporations owned by Memorial Health, Inc.:

Memorial Healthcare Partnership Memorial Health Anesthetists, Inc. Memorial Health TransportOne, Inc. Memorial Health University Medical Center, Inc. Memorial Health University Medical Center Foundation, Inc. Memorial Health UrgentOne, Inc. Memorial Professional Assurance Company, Inc. MPPG, Inc. Provident Health Services, Inc. Provident Professional Building Condominium Association, Inc. Savannah Midtown Properties, Inc. Please note that anywhere it asks for both Admissions and Inpatient Days, we reported Discharge Days instead of Inpatient Days, as that is what we have available in our reporting system. Part D #1: Substance Abuse patients are treated in Psychiatry; therefore, the 1 SUS bed for substance abuse patients will reside in Psychiatry. Part G#1: Like 2007, we are reporting budgeted staff for the hospital only Part G#3: We do not track the ethnicity of our physicians. Surgical Services Addendum Part B#2: The age grouping contains the age of 85 in two lines; therefore, MHUMC patients of age 85 has been accounted for within Ages 85 and Up. Psych/SA Addendum Part A#1: The number of CON-Authorized Beds and SUS Beds within Patient Types A & D should be disregarded because we do not have a breakout for the 42 beds in Psych. The numbers in Patient Types A & D were only placed there to bypass the critical errors message; therefore, please disregard the numbers in A & D and accept the 42 Beds for Patient Type AD.

## 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	23	9	9	0	0	0	0	0	0	0	0	0
Appling	188	93	9	1	0	0	0	0	0	0	0	0
Atkinson	57	8	3	1	0	0	0	0	0	0	0	0
Bacon	106	36	5	0	0	0	0	0	0	0	0	0
Baldwin	4	2	0	0	0	0	0	0	0	0	0	0
Barrow	3	1	0	0	0	0	0	0	0	0	0	0
Bartow	3	1	0	1	0	0	0	0	0	0	0	0
Ben Hill	12	12	1	0	0	0	0	0	0	0	0	0
Berrien	4	3	1	0	0	0	0	0	0	0	0	0
Bibb	8	0	0	0	0	0	0	0	0	0	0	0
Bleckley	5	0	0	0	0	0	0	0	0	0	0	0
Brantley	98	35	2	1	0	0	0	0	0	0	0	0
Brooks	0	0	1	0	0	0	0	0	0	0	0	0
Bryan	992	952	176	46	0	0	1	0	0	0	0	0
Bulloch	619	487	48	14	0	0	0	0	0	0	0	0
Burke	11	6	1	1	0	0	0	0	0	0	0	0
Butts	0	1	0	0	0	0	0	0	0	0	0	0
Camden	55	40	12	0	0	0	0	0	0	0	0	0
Candler	138	114	6	1	0	0	0	0	0	0	0	0
Carroll	1	0	0	0	0	0	0	0	0	0	0	0
Catoosa	0	1	0	0	0	0	0	0	0	0	0	0
Charlton	25	5	6	0	0	0	0	0	0	0	0	0
Chatham	12,949	7,217	1,955	740	0	0	3	0	0	0	0	0
Cherokee	3	3	0	0	0	0	0	0	0	0	0	0
Clarke	1	1	0	0	0	0	0	0	0	0	0	0
Clayton	10	2	1	0	0	0	0	0	0	0	0	0
Clinch	7	4	1	0	0	0	0	0	0	0	0	0
Cobb	15	6	1	1	0	0	0	0	0	0	0	0

Coffee	280	83	20	2	0	0	0	0	0	0	0	0
Colquitt	1	5	0	1	0	0	0	0	0	0	0	0
Columbia	14	2	1	0	0	0	0	0	0	0	0	0
Cook	0	1	0	0	0	0	0	0	0	0	0	0
Coweta	4	0	0	0	0	0	0	0	0	0	0	0
Crisp	1	0	2	0	0	0	0	0	0	0	0	0
DeKalb	17	12	4	1	0	0	0	0	0	0	0	0
Dodge	10	9	0	0	0	0	0	0	0	0	0	0
Dooly	0	1	0	0	0	0	0	0	0	0	0	0
Dougherty	3	1	0	0	0	0	0	0	0	0	0	0
Effingham	1,726	1,499	280	45	0	0	0	0	0	0	0	0
Emanuel	142	102	3	1	0	0	0	0	0	0	0	0
Evans	158	135	13	1	0	0	0	0	0	0	0	0
Fannin	1	0	1	0	0	0	0	0	0	0	0	0
Fayette	3	1	0	1	0	0	0	0	0	0	0	0
Florida	138	61	7	9	0	0	0	0	0	0	0	0
Floyd	0	1	0	0	0	0	0	0	0	0	0	0
Forsyth	1	1	0	0	0	0	0	0	0	0	0	0
Fulton	13	6	0	0	0	0	0	0	0	0	0	0
Glynn	327	182	31	4	0	0	0	0	0	0	0	0
Gwinnett	8	5	1	1	0	0	0	0	0	0	0	0
Hall	2	0	0	0	0	0	0	0	0	0	0	0
Haralson	0	1	1	0	0	0	0	0	0	0	0	0
Henry	4	3	1	0	0	0	0	0	0	0	0	0
Houston	10	1	3	0	0	0	0	0	0	0	0	0
Irwin	6	4	0	0	0	0	0	0	0	0	0	0
Jackson	0	4	0	0	0	0	0	0	0	0	0	0
Jeff Davis	127	58	10	0	0	0	0	0	0	0	0	0
Jefferson	7	1	0	0	0	0	0	0	0	0	0	0
Jenkins	25	18	1	0	0	0	0	0	0	0	0	0
Johnson	8	10	0	0	0	0	0	0	0	0	0	0
Jones	0	2	0	0	0	0	0	0	0	0	0	0
Lanier	2	0	0	0	0	0	0	0	0	0	0	0
Laurens	49	30	0	0	0	0	0	0	0	0	0	0
Liberty	1,318	1,074	195	33	0	0	0	0	0	0	0	0
Long	163	125	17	2	0	0	0	0	0	0	0	0
Lowndes	12	3	1	0	0	0	0	0	0	0	0	0
Lumpkin	3	0	0	1	0	0	0	0	0	0	0	0
McDuffie	3	0	0	0	0	0	0	0	0	0	0	0
McIntosh	142	100	9	7	0	0	0	0	0	0	0	0
Meriwether	1	0	0	0	0	0	0	0	0	0	0	0
Mitchell	2	1	0	0	0	0	0	0	0	0	0	0
Monroe	2	0	0	0	0	0	0	0	0	0	0	0
Montgomery	100	44	1	0	0	0	0	0	0	0	0	0

Muscogee	9	3	1	0	0	0	0	0	0	0	0	0
Newton	2	0	0	0	0	0	0	0	0	0	0	0
North Carolina	49	14	2	2	0	0	0	0	0	0	0	0
Oconee	2	1	0	0	0	0	0	0	0	0	0	0
Other Out of State	318	130	36	18	0	0	0	0	0	0	0	0
Paulding	0	1	0	0	0	0	0	0	0	0	0	0
Peach	7	1	0	0	0	0	0	0	0	0	0	0
Pickens	1	2	0	0	0	0	0	0	0	0	0	0
Pierce	126	67	6	0	0	0	0	0	0	0	0	0
Pulaski	6	0	1	0	0	0	0	0	0	0	0	0
Putnam	1	1	0	0	0	0	0	0	0	0	0	0
Rabun	0	1	0	0	0	0	0	0	0	0	0	0
Richmond	4	9	2	0	0	0	0	0	0	0	0	0
Rockdale	2	1	0	0	0	0	0	0	0	0	0	0
Screven	252	136	17	3	0	0	0	0	0	0	0	0
Seminole	1	0	0	1	0	0	0	0	0	0	0	0
South Carolina	1,153	745	72	25	0	0	0	0	0	0	0	0
Spalding	5	1	0	0	0	0	0	0	0	0	0	0
Stewart	4	0	0	0	0	0	0	0	0	0	0	0
Sumter	1	0	0	0	0	0	0	0	0	0	0	0
Tattnall	376	257	14	11	0	0	0	0	0	0	0	0
Taylor	1	0	0	0	0	0	0	0	0	0	0	0
Telfair	41	7	2	1	0	0	0	0	0	0	0	0
Tennessee	28	7	5	4	0	0	0	0	0	0	0	0
Thomas	1	4	0	0	0	0	0	0	0	0	0	0
Tift	3	7	0	0	0	0	0	0	0	0	0	0
Toombs	410	207	13	4	0	0	0	0	0	0	0	0
Towns	1	0	0	0	0	0	0	0	0	0	0	0
Treutlen	31	10	0	0	0	0	0	0	0	0	0	0
Turner	1	0	0	0	0	0	0	0	0	0	0	0
Twiggs	2	1	0	0	0	0	0	0	0	0	0	0
Walker	1	1	0	0	0	0	0	0	0	0	0	0
Walton	6	1	0	0	0	0	0	0	0	0	0	0
Ware	183	85	8	1	0	0	0	0	0	0	0	0
Washington	6	2	0	0	0	0	0	0	0	0	0	0
Wayne	549	233	36	7	0	0	0	0	0	0	0	0
Wheeler	21	18	1	0	0	0	0	0	0	0	0	0
Wilkes	1	0	0	0	0	0	0	0	0	0	0	0
Worth	1	0	0	0	0	0	0	0	0	0	0	0
<b>Total</b>	<b>23,776</b>	<b>14,578</b>	<b>3,056</b>	<b>993</b>	<b>0</b>	<b>0</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

## 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	5	11	9
Cystoscopy (OR Suite)	0	0	0
Endoscopy (OR Suite)	0	0	0
	0	0	0
<b>Total</b>	<b>5</b>	<b>11</b>	<b>9</b>

#### 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	2,901	11,836	3,614	430
Cystoscopy	0	0	31	64
Endoscopy	0	0	1,327	2,645
	0	0	0	0
<b>Total</b>	<b>2,901</b>	<b>11,836</b>	<b>4,972</b>	<b>3,139</b>

#### 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	2,824	11,523	3,466	314
Cystoscopy	0	0	32	64
Endoscopy	0	0	1,343	2,678
	0	0	0	0
<b>Total</b>	<b>2,824</b>	<b>11,523</b>	<b>4,841</b>	<b>3,056</b>

### 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	30
Asian	80
Black/African American	3,594
Hispanic/Latino	307
Pacific Islander/Hawaiian	0
White	10,210
Multi-Racial	358
<b>Total</b>	<b>14,579</b>

## **2. Age Grouping**

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

Age of Patient	Number of Ambulatory Patients
Ages 0-14	3,034
Ages 15-64	8,335
Ages 65-74	1,963
Ages 75-85	1,086
Ages 85 and Up	161
<b>Total</b>	<b>14,579</b>

## **3. Gender**

Please report the total number of ambulatory patients by gender.

Gender	Number of Ambulatory Patients
Male	6,587
Female	7,992
<b>Total</b>	<b>14,579</b>

## **4. Payment Source**

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

Primary Payment Source	Number of Patients
Medicare	3,633
Medicaid	2,270
Third-Party	7,920
Self-Pay	756

## **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 the hospital or anywhere on its grounds.

#### **1. Number of Delivery Rooms: 3**

2. Number of Birthing Rooms: 0
3. Number of LDR Rooms: 12
4. Number of LDRP Rooms: 0
5. Number of Cesarean Sections: 1,018
6. Total Live Births: 2,778
7. Total Births (Live and Late Fetal Deaths): 2,837
8. Total Deliveries (Births + Early Fetal Deaths and Induced Terminations): 2,837

## 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)	36	2,295	4,873	92
Specialty Care (Intermediate Neonatal Care)	24	611	8,287	174
Subspecialty Care (Intensive Neonatal Care)	20	144	5,664	68

## 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	4	6
Asian	34	66
Black/African American	1,242	3,882
Hispanic/Latino	226	436
Pacific Islander/Hawaiian	0	0
White	1,422	4,332
Multi-Racial	128	865
<b>Total</b>	<b>3,056</b>	<b>9,587</b>

## **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	5	12
Ages 15-44	3,049	9,575
Ages 45 and Up	2	0
<b>Total</b>	<b>3,056</b>	<b>9,587</b>

## **3. Average Charge for an Uncomplicated Delivery**

Please report the average hospital charge for an uncomplicated delivery(CPT 59400)

\$8,473.00

## **4. Average Charge for a Premature Delivery**

Please report the average hospital charge for a premature delivery.

\$23,124.00

## **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
<b>Total</b>	<b>0</b>	<b>0</b>

## **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
<b>Total</b>	<b>0</b>	<b>0</b>

## **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
<b>Total</b>	<b>0</b>	<b>0</b>

## **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	1	1
B- General Acute Psychiatric Adolescents 13-17	0	0
C- General Acute Psychiatric Children 12 and under	0	0
D- Acute Substance Abuse Adults 18 and over	1	1
E- Acute Substance Abuse Adolescents 13-17	0	0
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
AD-P/SA18+	42	42

## 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	993	8,262	993	8,262	1,662	<input checked="" type="checkbox"/>
General Acute Psychiatric Adolescents 13-17	0	0	0	0	0	<input type="checkbox"/>
General Acute Psychiatric Children 12 and Under	0	0	0	0	0	<input type="checkbox"/>
Acute Substance Abuse Adults 18 and over	4	15	4	15	1,488	<input checked="" type="checkbox"/>
Acute Substance Abuse Adolescents 13-17	0	0	0	0	0	<input type="checkbox"/>
Extended Care Adults 18 and over	0	0	0	0	0	<input type="checkbox"/>
Extended Care Adolescents 13-17	0	0	0	0	0	<input type="checkbox"/>
Extended Care Adolescents 0-12	0	0	0	0	0	<input type="checkbox"/>

## 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	4	4
Asian	7	25
Black/African American	383	3,407
Hispanic/Latino	12	76
Pacific Islander/Hawaiian	0	0
White	562	4,528
Multi-Racial	29	237
<b>Total</b>	<b>997</b>	<b>8,277</b>

### 2. Gender

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

Gender of Patient	Admissions	Inpatient Days
Male	406	3,672
Female	591	4,605
<b>Total</b>	<b>997</b>	<b>8,277</b>

### 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	397	4,476
Medicaid	256	1,955
Third Party	282	1,342
Self-Pay	62	504
PeachCare	0	0

## 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? 1 (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 Interpreter

Telephone Interpreter Service

Refer Patient to Outside Agency

Other (please describe):

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	95.6%	0	0	0
Vietnamese	1.9%	0	0	0
Chinese	1.2%	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?

A Bridging the Gap test is given. Also, there is Continuous Medical Terminology training and Medical

Interpreter training.

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?

Memorial Health University Medical Center needs more full-time interpreters to provide more on-site interpretation during after hours and weekends.

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

1. English

2.

3.

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?

Curtis V. Cooper Health Center: East Broad Street and Hitch Village, Savannah, GA and Roberts Street Site: Garden City, GA; Community Health Mission: Eisenhower Drive Medical Center, Savannah, GA; The Good Samaritan Clinic: 4704 Augusta Road, Garden City, GA; GA Department of Public Health: Eisenhower Drive, Savannah, GA and Highway 119S, Springfield, GA; St. Mary's Health Center, 1302 Drayton Street, Savannah, 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 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 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:** Maggie Gill

**Date:** 2/3/2011

**Title:** President and Chief Executive Officer

**Comments:**

Updated Surgical Services Section