



2010 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: 30046-0348

Medicaid Provider Number: 00000294

Medicare Provider Number: 110087

2. Report Period

Report Data for the full twelve month period- January 1, 2010 through December 31, 2010.
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(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 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 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)	49	5,296	13,340	5,291	13,494
Pediatrics (Non ICU)	8	357	1,061	312	985
Pediatric ICU	0	0	0	0	0
Gynecology (No OB)	0	0	0	0	0
General Medicine	91	5,760	29,302	6,259	31,170
General Surgery	62	4,151	19,691	4,388	21,033
Medical/Surgical	31	1,827	8,240	1,861	8,149
Intensive Care	20	1,174	5,940	428	2,377
Psychiatry	0	0	0	0	0
Substance Abuse	0	0	0	0	0
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	261	18,565	77,574	18,539	77,208

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	24	83
Asian	671	2,813
Black/African American	3,696	16,113
Hispanic/Latino	2,611	7,705
Pacific Islander/Hawaiian	0	0
White	10,471	46,348
Multi-Racial	1,092	4,512
Total	18,565	77,574

3. Gender

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

Gender	Admissions	Inpatient Days
Male	6,116	30,120
Female	12,449	47,454
Total	18,565	77,574

4. Payment Source

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

Primary Payment Source	Admissions	Inpatient Days
Medicare	6,187	32,135
Medicaid	4,941	17,014
Peachare	1	31
Third-Party	5,399	20,111
Self-Pay	1,547	6,336
Other	490	1,947

5. Discharges to Death

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

302

6. Charges for Selected Services

Please report the hospital's average charges as of 12-31-2010 (to the nearest whole dollar).

Service	Charge
Private Room Rate	816
Semi-Private Room Rate	0
Operating Room: Average Charge for the First Hour	5,857
Average Total Charge for an Inpatient Day	4,757

Part E : Emergency Department and Outpatient Services

1. Emergency Visits

Please report the number of emergency visits only.

97,272

2. Inpatient Admissions from ER

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

11,436

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	14	30,097
	0	0
	0	0
	0	0

5. Transfers

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

1,206

6. Non-Emergency Visits

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

184,484

7. Observation Visits/Cases

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

6,135

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

4.00

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.

1,967

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	3	4
Renal Dialysis	2	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)	1	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	2,904
Number of ESWL Patients	251
Number of ESWL Procedures	251
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	159,728
Number of CTS Units (machines)	4
Number of CTS Procedures	56,897
Number of Diagnostic Radioisotope Procedures	4,845
Number of PET Units (machines)	1
Number of PET Procedures	1,029
Number of Therapeutic Radioisotope Procedures	182
Number of Number of MRI Units	2
Number of Number of MRI Procedures	8,682
Number of Chemotherapy Treatments	1,423
Number of Respiratory Therapy Treatments	765,697
Number of Occupational Therapy Treatments	16,215
Number of Physical Therapy Treatments	75,763
Number of Speech Pathology Patients	13,172
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	33
Number of Ultrasound/Medical Sonography Procedures	39,891
Number of Treatments, Procedures, or Patients (Other 1)	50,154
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).

48

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	N/A

Part G : Facility Workforce Information

1. Budgeted Staff

Please report the number of budgeted fulltime equivalents (FTEs) and the number of vacancies as of 12-31-2010. Also, include the number of contract or temporary staff (eg. agency nurses) filling budgeted vacancies as of 12-31-2010.

Profession	Budgeted FTEs	Vacant Budgeted FTEs	Contract/Temporary Staff FTEs
Licensed Physicians	33.830001831055	1.9099999666214	0
Physician Assistants Only (not including Licensed Physicians)	1	0	0
Registered Nurses (RNs-Advanced Practice*)	869.39001464844	52.020000457764	0.03999999910593
Licensed Practical Nurses (LPNs)	7.0999999046326	0.20000000298023	0
Pharmacists	28.739999771118	2.1400001049042	0
Other Health Services Professionals*	724.77001953125	53.040000915527	0
Administration and Support	13	0	0
All Other Hospital Personnel (not included above)	1001.1799926758	63.75	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	61-90 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	213
Black/African American	114
Hispanic/Latino	21
Pacific Islander/Hawaiian	1
White	492
Multi-Racial	5

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 Plan 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	69	<input type="checkbox"/>	1	0
General Internal Medicine	77	<input type="checkbox"/>	8	0
Pediatricians	78	<input type="checkbox"/>	14	0
Other Medical Specialties	254	<input type="checkbox"/>	55	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	56	<input type="checkbox"/>	19	0
Non-OB Physicians Providing OB Services	0	<input type="checkbox"/>	0	0
Gynecology	7	<input type="checkbox"/>	1	0
Ophthalmology Surgery	17	<input type="checkbox"/>	0	0
Orthopedic Surgery	38	<input type="checkbox"/>	1	0
Plastic Surgery	7	<input type="checkbox"/>	1	0
General Surgery	19	<input type="checkbox"/>	1	0
Thoracic Surgery	1	<input type="checkbox"/>	0	0
Other Surgical Specialties	46	<input type="checkbox"/>	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	20	<input checked="" type="checkbox"/>	1	0
Dermatology	16	<input type="checkbox"/>	0	0
Emergency Medicine	72	<input checked="" type="checkbox"/>	53	0
Nuclear Medicine	0	<input type="checkbox"/>	0	0
Pathology	7	<input checked="" type="checkbox"/>	0	0
Psychiatry	14	<input type="checkbox"/>	0	0
Radiology	30	<input checked="" type="checkbox"/>	9	0
Neonatology	4	<input checked="" type="checkbox"/>	2	0
Physical Medicine & Rehabilitation	10	<input checked="" type="checkbox"/>	1	0
Other	4	<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	14
Podiatrists	13
Certified Nurse Midwives with Clinical Privileges in the Hospital	19
All Other Staff Affiliates with Clinical Privileges in the Hospital	212

5b. Name of Other Professions

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

Certified Nurse Practitioner, Certified Registered Nurse Anesthetist, Clinical Nurse Specialist, Family Nurse Practitioner, Licensed Clinical Social Worker, Licensed Clinical Psychologist, Licensed Master Social Worker, Licensed Professional Counselor, Medical Radiation Physicist, Nurse Practitioner, Pathologists Assistant, Pediatric Nurse Practitioner, Physicians Assistant, Psychiatry PhD, Psychologist PhD

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	20	9	0	0	0	0	0	0	0	0	0	0
Baker	2	0	0	0	0	0	0	0	0	0	0	0
Banks	8	19	0	0	0	0	0	0	0	0	0	0
Barrow	1,115	793	362	0	0	0	0	0	0	0	0	0
Bartow	14	0	0	0	0	0	0	0	0	0	0	0
Bibb	4	4	2	0	0	0	0	0	0	0	0	0
Burke	0	2	0	0	0	0	0	0	0	0	0	0
Butts	2	2	0	0	0	0	0	0	0	0	0	0
Carroll	8	6	0	0	0	0	0	0	0	0	0	0
Chatham	2	4	0	0	0	0	0	0	0	0	0	0
Chattahoochee	0	2	0	0	0	0	0	0	0	0	0	0
Chattooga	4	0	0	0	0	0	0	0	0	0	0	0
Cherokee	14	37	2	0	0	0	0	0	0	0	0	0
Clarke	32	19	9	0	0	0	0	0	0	0	0	0
Clayton	28	54	9	0	0	0	0	0	0	0	0	0
Cobb	50	69	15	0	0	0	0	0	0	0	0	0
Columbia	4	2	0	0	0	0	0	0	0	0	0	0
Coweta	8	4	0	0	0	0	0	0	0	0	0	0
Dawson	12	11	0	0	0	0	0	0	0	0	0	0
DeKalb	338	328	57	0	0	0	0	0	0	0	0	0
Dodge	0	2	0	0	0	0	0	0	0	0	0	0
Dougherty	0	2	0	0	0	0	0	0	0	0	0	0
Douglas	20	15	2	0	0	0	0	0	0	0	0	0
Elbert	0	4	0	0	0	0	0	0	0	0	0	0
Fannin	4	2	0	0	0	0	0	0	0	0	0	0
Fayette	6	19	0	0	0	0	0	0	0	0	0	0
Florida	42	36	0	0	0	0	0	0	0	0	0	0
Floyd	6	0	2	0	0	0	0	0	0	0	0	0

Forsyth	119	128	33	0	0	0	0	0	0	0	0	0
Franklin	26	11	7	0	0	0	0	0	0	0	0	0
Fulton	175	292	31	0	0	0	0	0	0	0	0	0
Gilmer	6	0	0	0	0	0	0	0	0	0	0	0
Gordon	2	2	0	0	0	0	0	0	0	0	0	0
Greene	8	2	0	0	0	0	0	0	0	0	0	0
Gwinnett	14,572	9,302	4,264	0	0	0	0	0	0	0	0	0
Habersham	32	19	11	0	0	0	0	0	0	0	0	0
Hall	453	337	196	0	0	0	0	0	0	0	0	0
Hancock	0	2	0	0	0	0	0	0	0	0	0	0
Haralson	4	4	0	0	0	0	0	0	0	0	0	0
Hart	10	11	0	0	0	0	0	0	0	0	0	0
Henry	14	35	4	0	0	0	0	0	0	0	0	0
Houston	2	4	0	0	0	0	0	0	0	0	0	0
Jackson	276	277	111	0	0	0	0	0	0	0	0	0
Jasper	4	0	0	0	0	0	0	0	0	0	0	0
Jefferson	2	0	0	0	0	0	0	0	0	0	0	0
Laurens	0	4	0	0	0	0	0	0	0	0	0	0
Lee	2	0	0	0	0	0	0	0	0	0	0	0
Liberty	0	2	0	0	0	0	0	0	0	0	0	0
Lowndes	2	0	0	0	0	0	0	0	0	0	0	0
Lumpkin	10	28	2	0	0	0	0	0	0	0	0	0
Madison	6	9	0	0	0	0	0	0	0	0	0	0
Meriwether	2	0	0	0	0	0	0	0	0	0	0	0
Monroe	4	2	0	0	0	0	0	0	0	0	0	0
Morgan	10	22	0	0	0	0	0	0	0	0	0	0
Muscogee	6	6	0	0	0	0	0	0	0	0	0	0
Newton	40	69	4	0	0	0	0	0	0	0	0	0
North Carolina	20	9	0	0	0	0	0	0	0	0	0	0
Oconee	18	17	0	0	0	0	0	0	0	0	0	0
Oglethorpe	4	6	0	0	0	0	0	0	0	0	0	0
Other Out of State	155	22	7	0	0	0	0	0	0	0	0	0
Paulding	4	6	2	0	0	0	0	0	0	0	0	0
Pickens	12	6	0	0	0	0	0	0	0	0	0	0
Pike	0	2	0	0	0	0	0	0	0	0	0	0
Putnam	10	2	0	0	0	0	0	0	0	0	0	0
Rabun	6	0	0	0	0	0	0	0	0	0	0	0
Richmond	4	0	0	0	0	0	0	0	0	0	0	0
Rockdale	48	82	7	0	0	0	0	0	0	0	0	0
South Carolina	14	9	0	0	0	0	0	0	0	0	0	0
Spalding	4	6	0	0	0	0	0	0	0	0	0	0
Stephens	4	4	0	0	0	0	0	0	0	0	0	0
Sumter	2	0	0	0	0	0	0	0	0	0	0	0
Talbot	2	0	0	0	0	0	0	0	0	0	0	0

Tennessee	16	15	0	0	0	0	0	0	0	0	0	0
Tift	2	0	0	0	0	0	0	0	0	0	0	0
Towns	4	2	0	0	0	0	0	0	0	0	0	0
Troup	0	9	0	0	0	0	0	0	0	0	0	0
Union	2	15	0	0	0	0	0	0	0	0	0	0
Upson	0	2	0	0	0	0	0	0	0	0	0	0
Walker	2	0	0	0	0	0	0	0	0	0	0	0
Walton	662	553	157	0	0	0	0	0	0	0	0	0
Washington	2	0	0	0	0	0	0	0	0	0	0	0
White	30	22	0	0	0	0	0	0	0	0	0	0
Whitfield	2	0	0	0	0	0	0	0	0	0	0	0
Wilcox	2	0	0	0	0	0	0	0	0	0	0	0
Wilkes	2	0	0	0	0	0	0	0	0	0	0	0
Wilkinson	2	0	0	0	0	0	0	0	0	0	0	0
Total	18,565	12,802	5,296	0	0	0	0	0	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	11
Cystoscopy (OR Suite)	0	0	1
Endoscopy (OR Suite)	0	0	0
	0	0	0
Total	0	7	12

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	7,860	4,631	4,163
Cystoscopy	0	0	99	895
Endoscopy	0	0	0	0
	0	0	0	0
Total	0	7,860	4,730	5,058

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	7,803	4,534	4,104
Cystoscopy	0	0	99	895
Endoscopy	0	0	0	0
	0	0	0	0
Total	0	7,803	4,633	4,999

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	0
Asian	298
Black/African American	2,058
Hispanic/Latino	777
Pacific Islander/Hawaiian	0
White	8,579
Multi-Racial	1,090
Total	12,802

2. Age Grouping

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

Age of Patient	Number of Ambulatory Patients
Ages 0-14	443
Ages 15-64	9,184
Ages 65-74	1,922
Ages 75-85	1,068
Ages 85 and Up	185
Total	12,802

3. Gender

Please report the total number of ambulatory patients by gender.

Gender	Number of Ambulatory Patients
Male	5,378
Female	7,424
Total	12,802

4. Payment Source

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

Primary Payment Source	Number of Patients
Medicare	2,600
Medicaid	399
Third-Party	9,786
Self-Pay	17

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: 19
4. Number of LDRP Rooms: 0
5. Number of Cesarean Sections: 1,589
6. Total Live Births: 5,096
7. Total Births (Live and Late Fetal Deaths): 5,115
8. Total Deliveries (Births + Early Fetal Deaths and Induced Terminations): 5,166

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	5,143	8,103	0
Specialty Care (Intermediate Neonatal Care)	8	283	4,235	0
Subspecialty Care (Intensive Neonatal Care)	16	525	6,011	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	5	14
Asian	277	870
Black/African American	1,262	3,654
Hispanic/Latino	1,543	3,064
Pacific Islander/Hawaiian	0	0
White	1,891	4,935
Multi-Racial	318	803
Total	5,296	13,340

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	5,279	13,273
Ages 45 and Up	12	55
Total	5,296	13,340

3. Average Charge for an Uncomplicated Delivery

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

\$4,442.00

4. Average Charge for a Premature Delivery

Please report the average hospital charge for a premature delivery.

\$29,022.00

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	0	0
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	0	0
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
	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	0	0	0	0	0	<input 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	0	0	0	0	0	<input 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	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. 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

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	0	0
Medicaid	0	0
Third Party	0	0
Self-Pay	0	0
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? 11 (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 Intpreter

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	9,019 contacts	0	0	0
Vietnamese	20 contacts	0	0	0
Korean	27 contacts	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

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: Philip R. Wolfe

Date: 3/31/2011

Title: President & Chief Executive Officer

Comments:

Part D: Inpatient Services

- The number of set up and staffed beds represents the current number of operational beds established as part of the recent opening of the new patient tower.

- 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 based upon one hour of Level 3 OR charges.

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.

- 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

- Podiatry patients are treated at GMC but an organized program does not exist.

- Inpatient chemotherapy treatments are not currently tracked. Outpatient chemotherapy treatments are provided.

- Respiratory therapy treatments include neonate treatments in the NICU.
- Audiology services are provided at GMC but the units of service are currently not tracked as a unique service.
- 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 type of patient information.
- GMC contracts for Hospice services; however, the patients are not GMC patients but are under the care of a Hospice provider.
- Ultrasound/Medical Sonography Units include portable and stationary units.
- Cardiology procedures (Other 1) include cardiology ultrasound procedures.
- Part G: Facility Workforce Information
- Changes to staffing methodology at Gwinnett Medical Center in Lawrenceville include a re-categorization of outpatient facility staff that had been allocated in system staff in previous years and counted in the Gwinnett Medical Center in Lawrenceville's survey and are now reported in the Gwinnett Medical Center-Duluth staff and survey.
- 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 is not available.
- Perinatal Services Addendum
- Average charge for an uncomplicated delivery defined as patients with a principal ICD-9 diagnosis of 650.00.
- Average charge for a premature delivery is defined as the average charge for newborns with a birthweight of less than 2500 grams.
- Psychiatric & Substance Abuse Services Addendum
- The SummitRidge facility was sold and no longer part of the Gwinnett Hospital System as of September 2008. Therefore, this Addendum is no longer applicable to the Gwinnett Medical Center.
- Georgia Minority Health Advisory Council Addendum
- The detailed information as requested in the grid is not available. The number of patient contacts that required the on-site interpreter translation is provided. The language line phone services that Gwinnett Hospital System used in CY2010 is as follows: Spanish (38,325 minutes, 4,085 calls), Vietnamese (7,188 minutes, 617 calls), and Korean (5,458 minutes, 482 calls). Contracted services translated Korean for 262 hours and Vietnamese for 65 hours 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.