



## 2010 Annual Hospital Questionnaire

### Part A : General Information

#### 1. Identification

UID:HOSP547

**Facility Name:** Southern Regional Medical Center

**County:** Clayton

**Street Address:** 11 Upper Riverdale Road SW

**City:** Riverdale

**Zip:** 30274-2600

**Mailing Address:** 11 Upper Riverdale Road SW

**Mailing City:** Riverdale

**Mailing Zip:** 30274-2600

**Medicaid Provider Number:** 00000404

**Medicare Provider Number:** 110165

#### 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:** Ken Leach

**Contact Title:** Director Management Accounting

**Phone:** 770-991-8314

**Fax:** 770-991-8591

**E-mail:** ken.leach@southernregional.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
Clayton County Hospital Authority	Hospital Authority	6/14/1962

#### 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
Southern Regional Health System	Not for Profit	1/28/1991

#### 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.

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

**Name:** Southern Regional Health System

**City:** Riverdale **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:** Southern Crescent Real Estate

**City:** Riverdale **State:** GA

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

**Name:** VHA of Georgia

**City:** Atlanta **State:** GA

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)	48	3,784	9,482	3,813	9,603
Pediatrics (Non ICU)	0	0	0	0	0
Pediatric ICU	0	0	0	0	0
Gynecology (No OB)	0	0	0	0	0
General Medicine	0	0	0	0	0
General Surgery	0	0	0	0	0
Medical/Surgical	156	9,926	49,665	9,198	42,030
Intensive Care	34	0	0	859	10,136
Psychiatry	0	0	0	0	0
Substance Abuse	0	0	0	0	0
Adult Physical Rehabilitation (18 & Up)	20	290	3,892	299	4,075
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
Orthopedics	20	558	1,084	558	1,084
	0	0	0	0	0
	0	0	0	0	0
<b>Total</b>	<b>278</b>	<b>14,558</b>	<b>64,123</b>	<b>14,727</b>	<b>66,928</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	8	51
Asian	361	1,652
Black/African American	8,332	38,866
Hispanic/Latino	966	3,426
Pacific Islander/Hawaiian	14	32
White	4,866	22,180
Multi-Racial	180	721
<b>Total</b>	<b>14,727</b>	<b>66,928</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	4,805	25,975
Female	9,922	40,953
<b>Total</b>	<b>14,727</b>	<b>66,928</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	5,291	29,012
Medicaid	4,575	19,343
Peachare	0	0
Third-Party	3,466	13,340
Self-Pay	1,067	4,065
Other	328	1,168

## **5. Discharges to Death**

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

376

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

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

<b>Service</b>	<b>Charge</b>
Private Room Rate	923
Semi-Private Room Rate	838
Operating Room: Average Charge for the First Hour	2,425
Average Total Charge for an Inpatient Day	6,068

## Part E : Emergency Department and Outpatient Services

### **1. Emergency Visits**

Please report the number of emergency visits only.

78,890

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

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

8,794

### **3. Beds Available**

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

40

### **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	3	0
General Beds	17	0
Isolation Not Dedicated	2	0
Amb Care Center / Fast Track	13	0
Mid Level Sreening Exam Room	1	0
	0	0

### **5. Transfers**

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

1,681

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

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

63,533

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

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

3,346

### **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

0

## 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.

2,983

## 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	4
HIV/AIDS Diagnostic Treatment/Services	1	1
Ambulance Services	3	4
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	85
Number of Dialysis Treatments	3,079
Number of ESWL Patients	193
Number of ESWL Procedures	193
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	59,388
Number of CTS Units (machines)	4
Number of CTS Procedures	27,342
Number of Diagnostic Radioisotope Procedures	6,906
Number of PET Units (machines)	1
Number of PET Procedures	602
Number of Therapeutic Radioisotope Procedures	67
Number of Number of MRI Units	2
Number of Number of MRI Procedures	4,830
Number of Chemotherapy Treatments	1,492
Number of Respiratory Therapy Treatments	92,296
Number of Occupational Therapy Treatments	31,398
Number of Physical Therapy Treatments	40,759
Number of Speech Pathology Patients	11,827
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	1,587
Number of HIV/AIDS Patients	78
Number of Ambulance Trips	0
Number of Hospice Patients	0
Number of Respite care Patients	0
Number of Ultrasound/Medical Sonography Units	11
Number of Ultrasound/Medical Sonography Procedures	19,578
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).

41

### **3. Robotic Surgery System**

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

# Units	# Procedures	Type of Unit(s)
1	219	DaVinci Surgical System #PS2000 PN: 380478-01

## 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	0	0	0
Physician Assistants Only (not including Licensed Physicians)	1	0	0
Registered Nurses (RNs-Advanced Practice*)	476.83999633789	7.3000001907349	1
Licensed Practical Nurses (LPNs)	34.849998474121	0	0
Pharmacists	21	0	0
Other Health Services Professionals*	438.60998535156	3.7000000476837	1
Administration and Support	365.23999023438	3	0
All Other Hospital Personnel (not included above)	348.48001098633	5	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	More than 90 Days
Registered Nurses (RNs-Advance Practice)	31-60 Days
Licensed Practical Nurses (LPNs)	Not Applicable
Pharmacists	31-60 Days
Other Health Services Professionals	30 Days or Less
All Other Hospital Personnel (not included above)	30 Days or Less

### 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	3	<input type="checkbox"/>	3	0
General Internal Medicine	56	<input checked="" type="checkbox"/>	24	0
Pediatricians	35	<input type="checkbox"/>	26	0
Other Medical Specialties	85	<input checked="" type="checkbox"/>	62	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	27	<input type="checkbox"/>	17	0
Non-OB Physicians Providing OB Services	0	<input type="checkbox"/>	0	0
Gynecology	4	<input type="checkbox"/>	1	0
Ophthalmology Surgery	4	<input type="checkbox"/>	3	0
Orthopedic Surgery	16	<input type="checkbox"/>	7	0
Plastic Surgery	5	<input type="checkbox"/>	4	0
General Surgery	16	<input type="checkbox"/>	10	0
Thoracic Surgery	1	<input type="checkbox"/>	0	0
Other Surgical Specialties	24	<input type="checkbox"/>	20	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	12	<input checked="" type="checkbox"/>	9	0
Dermatology	0	<input type="checkbox"/>	0	0
Emergency Medicine	25	<input checked="" type="checkbox"/>	2	0
Nuclear Medicine	5	<input type="checkbox"/>	4	0
Pathology	10	<input checked="" type="checkbox"/>	4	0
Psychiatry	2	<input type="checkbox"/>	2	0
Radiology	9	<input checked="" type="checkbox"/>	7	0
	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	0
Podiatrists	4
Certified Nurse Midwives with Clinical Privileges in the Hospital	17
All Other Staff Affiliates with Clinical Privileges in the Hospital	162

### 5b. Name of Other Professions

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

Please see comment section.

### Comments and Suggestions:

Part G.3. SRMC does not collect ethnic information from our medical staff practitioners.

Part G.4. SRMC does not collect information from our medical staff practitioners regarding their participation in the Public Employee Health Benefits Plan.

Part G.4. Obstetrics includes Maternal Fetal Medicine. Gynecology includes GYN Oncology. Nuclear Medicine includes Radiation Oncology and Therapeutic Radiology. Other Surgical Specialties excludes Podiatry. Anesthesiology includes Pain Management.

Part G 5.b. Name of Other Professions: Acute Care Nurse Practitioner,Anesthesia Physician Assistant,Assistant to Physician,Certified RN First Assist ,Cert. Reg. Nurse ,Anesthetist, Certified Nurse Midwife,Certified Nurse Practitioner,Clinical Nurse Specialist,Clinical Psychology,CSA First Assistant,Family Nurse Practitioner, Licensed Clin. Social Worker,Licensed Practical Nurse,Medical Physicist,Medical Radiation Physicist,Nurse Practitioner,Pathologist's Assistant,Physician Assistant Radiology Assistant,Registered Nurse,RN/First Assistant,Surgical Assistant,Surgical Technician,Women's HC Nurse Practitioner- Certified.

## 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	2	1	0	0	0	0	0	0	0	0	0	0
Baldwin	1	3	1	0	0	0	0	0	0	0	0	0
Barrow	3	1	0	0	0	0	0	0	0	0	0	0
Bartow	1	2	0	0	0	0	0	0	0	0	0	0
Ben Hill	0	1	0	0	0	0	0	0	0	0	0	0
Bibb	8	2	2	0	0	0	0	0	0	0	0	0
Brooks	1	0	0	0	0	0	0	0	0	0	0	0
Butts	154	142	66	0	0	0	0	0	0	0	0	0
Camden	0	3	0	0	0	0	0	0	0	0	0	0
Carroll	14	19	1	0	0	0	0	0	0	0	0	0
Catoosa	1	0	0	0	0	0	0	0	0	0	0	0
Chatham	4	0	0	0	0	0	0	0	0	0	0	0
Chattooga	0	1	0	0	0	0	0	0	0	0	0	0
Cherokee	8	9	0	0	0	0	0	0	0	0	0	0
Clarke	3	0	0	0	0	0	0	0	0	0	0	0
Clay	1	1	0	0	0	0	0	0	0	0	0	0
Clayton	9,038	2,339	2,158	0	0	0	0	0	0	0	0	0
Cobb	62	49	11	0	0	0	0	0	0	0	0	0
Coffee	1	0	0	0	0	0	0	0	0	0	0	0
Colquitt	0	1	0	0	0	0	0	0	0	0	0	0
Coweta	223	161	75	0	0	0	0	0	0	0	0	0
Crawford	1	0	0	0	0	0	0	0	0	0	0	0
Crisp	0	1	0	0	0	0	0	0	0	0	0	0
Dawson	1	0	0	0	0	0	0	0	0	0	0	0
Decatur	1	0	0	0	0	0	0	0	0	0	0	0
DeKalb	193	114	43	0	0	0	0	0	0	0	0	0
Dougherty	3	0	2	0	0	0	0	0	0	0	0	0
Douglas	31	36	2	0	0	0	0	0	0	0	0	0

Early	2	0	0	0	0	0	0	0	0	0	0	0
Emanuel	2	1	0	0	0	0	0	0	0	0	0	0
Evans	1	0	0	0	0	0	0	0	0	0	0	0
Fayette	613	326	128	0	0	0	0	0	0	0	0	0
Florida	2	0	0	0	0	0	0	0	0	0	0	0
Floyd	5	0	1	0	0	0	0	0	0	0	0	0
Forsyth	5	4	0	0	0	0	0	0	0	0	0	0
Franklin	2	3	0	0	0	0	0	0	0	0	0	0
Fulton	1,795	827	348	0	0	0	0	0	0	0	0	0
Gilmer	3	3	0	0	0	0	0	0	0	0	0	0
Greene	0	1	0	0	0	0	0	0	0	0	0	0
Gwinnett	38	60	4	0	0	0	0	0	0	0	0	0
Habersham	1	1	0	0	0	0	0	0	0	0	0	0
Hall	2	1	0	0	0	0	0	0	0	0	0	0
Hancock	1	0	0	0	0	0	0	0	0	0	0	0
Haralson	2	2	0	0	0	0	0	0	0	0	0	0
Harris	1	1	0	0	0	0	0	0	0	0	0	0
Hart	1	0	0	0	0	0	0	0	0	0	0	0
Heard	5	7	1	0	0	0	0	0	0	0	0	0
Henry	1,623	1,445	467	0	0	0	0	0	0	0	0	0
Houston	9	10	1	0	0	0	0	0	0	0	0	0
Jackson	2	2	1	0	0	0	0	0	0	0	0	0
Jasper	13	6	0	0	0	0	0	0	0	0	0	0
Jefferson	1	0	0	0	0	0	0	0	0	0	0	0
Johnson	1	0	0	0	0	0	0	0	0	0	0	0
Jones	2	0	0	0	0	0	0	0	0	0	0	0
Lamar	49	36	14	0	0	0	0	0	0	0	0	0
Laurens	1	1	0	0	0	0	0	0	0	0	0	0
Liberty	1	0	0	0	0	0	0	0	0	0	0	0
Lincoln	1	0	0	0	0	0	0	0	0	0	0	0
Lumpkin	1	2	0	0	0	0	0	0	0	0	0	0
Macon	3	0	0	0	0	0	0	0	0	0	0	0
Madison	0	1	0	0	0	0	0	0	0	0	0	0
Meriwether	14	20	4	0	0	0	0	0	0	0	0	0
Monroe	10	9	4	0	0	0	0	0	0	0	0	0
Montgomery	1	0	0	0	0	0	0	0	0	0	0	0
Morgan	1	5	0	0	0	0	0	0	0	0	0	0
Murray	1	0	0	0	0	0	0	0	0	0	0	0
Muscogee	9	1	0	0	0	0	0	0	0	0	0	0
Newton	41	30	3	0	0	0	0	0	0	0	0	0
Oconee	0	1	0	0	0	0	0	0	0	0	0	0
Other Out of State	185	21	5	0	0	0	0	0	0	0	0	0
Paulding	5	7	0	0	0	0	0	0	0	0	0	0
Peach	1	0	0	0	0	0	0	0	0	0	0	0

Pickens	1	0	0	0	0	0	0	0	0	0	0	0
Pike	42	61	14	0	0	0	0	0	0	0	0	0
Pulaski	1	0	0	0	0	0	0	0	0	0	0	0
Putnam	2	5	0	0	0	0	0	0	0	0	0	0
Rabun	0	1	0	0	0	0	0	0	0	0	0	0
Richmond	10	1	1	0	0	0	0	0	0	0	0	0
Rockdale	36	31	7	0	0	0	0	0	0	0	0	0
South Carolina	3	2	0	0	0	0	0	0	0	0	0	0
Spalding	368	307	152	0	0	0	0	0	0	0	0	0
Stephens	1	0	0	0	0	0	0	0	0	0	0	0
Sumter	1	0	0	0	0	0	0	0	0	0	0	0
Talbot	2	0	0	0	0	0	0	0	0	0	0	0
Taylor	1	0	0	0	0	0	0	0	0	0	0	0
Telfair	2	0	0	0	0	0	0	0	0	0	0	0
Tift	2	0	0	0	0	0	0	0	0	0	0	0
Toombs	3	2	0	0	0	0	0	0	0	0	0	0
Troup	10	9	0	0	0	0	0	0	0	0	0	0
Turner	1	0	0	0	0	0	0	0	0	0	0	0
Upson	15	19	2	0	0	0	0	0	0	0	0	0
Walker	3	0	0	0	0	0	0	0	0	0	0	0
Walton	3	5	0	0	0	0	0	0	0	0	0	0
Washington	2	0	0	0	0	0	0	0	0	0	0	0
Wheeler	1	0	0	0	0	0	0	0	0	0	0	0
White	1	0	0	0	0	0	0	0	0	0	0	0
Whitfield	5	0	0	0	0	0	0	0	0	0	0	0
<b>Total</b>	<b>14,727</b>	<b>6,163</b>	<b>3,518</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</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	0	5	7
Cystoscopy (OR Suite)	0	0	2
Endoscopy (OR Suite)	0	0	0
Minor Procedure	0	0	2
<b>Total</b>	<b>0</b>	<b>5</b>	<b>11</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	0	3,533	2,699	2,119
Cystoscopy	0	0	71	280
Endoscopy	0	0	0	0
Minor Procedure	0	0	10	582
<b>Total</b>	<b>0</b>	<b>3,533</b>	<b>2,780</b>	<b>2,981</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	0	3,349	2,493	2,009
Cystoscopy	0	0	72	261
Endoscopy	0	0	0	0
	0	0	11	544
<b>Total</b>	<b>0</b>	<b>3,349</b>	<b>2,576</b>	<b>2,814</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	5
Asian	111
Black/African American	2,906
Hispanic/Latino	278
Pacific Islander/Hawaiian	0
White	2,763
Multi-Racial	100
<b>Total</b>	<b>6,163</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	921
Ages 15-64	3,967
Ages 65-74	760
Ages 75-85	457
Ages 85 and Up	58
<b>Total</b>	<b>6,163</b>

## **3. Gender**

Please report the total number of ambulatory patients by gender.

Gender	Number of Ambulatory Patients
Male	2,120
Female	4,043
<b>Total</b>	<b>6,163</b>

## **4. Payment Source**

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

Primary Payment Source	Number of Patients
Medicare	1,480
Medicaid	1,383
Third-Party	3,193
Self-Pay	107

## **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: 2**

2. Number of Birthing Rooms: 0
3. Number of LDR Rooms: 14
4. Number of LDRP Rooms: 0
5. Number of Cesarean Sections: 1,083
6. Total Live Births: 3,883
7. Total Births (Live and Late Fetal Deaths): 3,927
8. Total Deliveries (Births + Early Fetal Deaths and Induced Terminations): 4,897

## 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)	20	3,099	5,564	375
Specialty Care (Intermediate Neonatal Care)	18	441	3,997	731
Subspecialty Care (Intensive Neonatal Care)	12	65	2,897	127

## 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	2	4
Asian	130	269
Black/African American	2,041	5,213
Hispanic/Latino	574	1,303
Pacific Islander/Hawaiian	6	13
White	712	1,723
Multi-Racial	53	131
<b>Total</b>	<b>3,518</b>	<b>8,656</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	3	6
Ages 15-44	3,510	8,621
Ages 45 and Up	5	29
<b>Total</b>	<b>3,518</b>	<b>8,656</b>

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

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

\$8,155.00

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

Please report the average hospital charge for a premature delivery.

\$49,711.00

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

### 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
<b>Total</b>	<b>0</b>	<b>0</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	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?** (FTE's)

What languages do they interpret?

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	3.42%	0	0	0
Vietnamese	.35%	0	0	0
Chinese	.07%	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?

We have the patient and staff TIGR education system. This has learning videos for patients in

English and Spanish. The patients can dial into this system and have it played on the TV in their room. Nurses can dial in for a patient to learn topics such as diabetes self injection or breast feeding - over 800 topics. These videos are updated periodically to ensure the content is current.

- SpectraCorp language line is accessed by staff members when they can not communicate with a patient who does not speak English.

- Most of our patient information that is given to a patient is set for about a 6th grade or lower level. Also, in the Nursing Orientation class, we do have a literacy video that is presented which addresses patients needs related to literacy.

- Note for 3. We are not currently tracking languages for staff or nurses. We are also not tracking the languages spoken by physicians for CY 2010.

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 most urgent need is to keep all courses currently offered up-to-date and to evaluate new courses to add to the TIGR Patient Education System.

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

1. English

2. Spanish

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?

Southside Medical Center  
275 Upper Riverdale Road  
Suite D  
Riverdale, GA 30274



## 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:** Steve Mahan

**Date:** 3/10/2011

**Title:** President and CEO

**Comments:**

AHQ, An LTACH is operated on the 6th floor of Southern Regional Medical Center and the related information is not included in this survey. The LTACH is reporting their information separately as requested by DCH.

AHQ, Part C Question #5. Southern Regional Health System operates the following subsidiaries: Southern Crescent Real Estate, Southern Regional Medical Center Foundation, Southern Regional Ambulatory Surgery, Southern Crescent Physician's Group, Southern Crescent Health Network, and Southern Regional Medical Services. Additionally, Southern Regional Health System is affiliated with Spivey Station Management Association, Southern Crescent Leasing Company, LLC, Surgery Center Real Estate Investors, LLC, Spivey Station ASC Building, LP, and Southlake Ambulatory Surgery Center dba Spivey Station Surgery Center.

AHQ, Part C, Question #6. Southern Regional Medical Center is a member of the following alliances: VHA of Georgia, Georgia Hospital Association, Georgia Alliance of Community Hospitals, and the American Hospital Association.

AHQ, Part D, Question #1, Obstetrics

The total number of obstetric patients reported in the utilization data was derived by using DRG 765-770 and 774-782.

AHQ, Part D, Question #1, Pediatrics

Southern Regional Medical Center no longer has a dedicated pediatric unit. Pediatric volumes are reported in the Medical/Surgical section

AHQ, Part D, Question #1, Gynecology

Southern Regional Medical Center no longer has dedicated gynecology beds. Gynecology volumes are reported in the Medical/Surgical section.

AHQ, Part D, Question #1, Medical/Surgical

The total number of medical/surgical patients reported in the utilization data was derived as follows: total number of inpatients for the report period from the Trendstar Decision Support System minus the number of inpatients for all other inpatient components. Intensive Care patients are included in

SRMC's total medical/surgical admissions and admission days.

- AHQ, Part D, Question #1, Intensive Care

Admissions and admission days are included in the admissions and admissions days of the medical/surgical patients.

- AHQ, Part D, Question #1, Orthopedics

In October 2008, Southern Regional Medical Center opened the 20-bed Georgia Orthopedic Institute.

- AHQ, Part D, Question #2, #3, and #4, Race, Gender and Government Payment Source

The utilization by Race/Ethnicity, Gender, and Payment Source is based on discharge and discharge days rather than admissions and inpatient days. The total discharges for Race/Ethnicity and Gender match the total discharge cases used on the Patient Origin Table. Discharges and discharge days was used because our decision support system is structured based on discharge date, and this is a limitation of the reporting system.

- AHQ, Part D, Question #4, Government Payment Source

The reported number of Medicare discharges and discharge days includes the number of Medicare HMO discharges and discharge days. The reported number of Medicaid discharges and discharge days includes the number of Medicaid HMO discharges and discharge days.

- AHQ, Part E, Question #1, Outpatient Services

The total number of Emergency Room visits does not include those patients who left without treatment.

- AHQ, Part E, Question #4, Outpatient Services

Southern Regional Medical Center does not track visits (utilization) by specific type of ER bed or room.

- AHQ, Part E, Question #8 and #9, Outpatient Services

Southern Regional Medical Center does not track the number of cases or hours that were diverted from the Emergency Department for services at another facility.

- AHQ, Part F, Number of Chemotherapy Treatments, Services, and Facilities

The total number of Chemotherapy treatments includes outpatient treatments only using Outpatient Oncology Department's daily log report for Chemotherapy only.

- AHQ, Part F, Number of Diagnostic X-Ray Procedures

The total number of diagnostic x-ray procedures includes those performed at the main hospital, the outpatient on-campus location (Building 33 Imaging), and the off-campus location (Spivey Imaging).

- AHQ, Part F, Number of CTS Units (machines)

The number of CTS units includes units located in the main hospital and the off-campus location (Spivey Imaging).

- AHQ, Part F, Number of CTS Procedures

The total number of CTS procedures includes those performed at the main hospital, and the off-campus location (Spivey Imaging).

- AHQ, Part F, Number of MRI Units

One unit was not in service during the later part of the year, and a replacement unit is planned to be in service during CY 2011.

- AHQ, Part F, Number of Ultrasound/Medical Sonography Units and Procedures  
The number of Ultrasound/Medical Sonography units and procedures includes those at the main hospital, the outpatient on-campus location (Building 33 Imaging), and the off-campus location (Spivey Imaging).
- AHQ, Part F, Number of Respiratory Therapy Procedures, Services and Facilities  
The total number of Respiratory Therapy procedures includes those performed for pulmonary function.
- AHQ, Part F, Number of Occupational Therapy Treatments, Services and Facilities  
The total number of Occupational Therapy Treatments includes treatments performed in both the Inpatient Rehab Unit and the Outpatient Rehab using departmental revenue codes.
- AHQ, Part F, Number of Physical Therapy Treatments, Services and Facilities  
The total number of Physical Therapy Treatments includes treatments performed in both the Inpatient Rehab Unit and the Outpatient Rehab using departmental revenue codes. These treatments also include the off campus location (Spivey Rehab).
- AHQ, Part F, Number of Speech Pathology Patients, Services and Facilities  
The total number of Speech Pathology Patients includes treatments performed in both the Inpatient Rehab Unit and the Outpatient Rehab using departmental revenue codes.
- Surgical Services Addendum, Part A, Questions #1 - #3  
The number of procedures and patients by dedicated versus shared outpatient rooms reported are based on the historical split between the dedicated and shared outpatient rooms due to limitations with the surgical services information system.
- Perinatal Services Addendum, Part C, Question #1 and #2  
The utilization data by Race / Ethnicity and Age is derived from using MS DRG 765-768 and 774 – 775.
- Perinatal Services Addendum, Part C, Question #3  
SRMC is reporting the average hospital charge for an uncomplicated delivery using MS DRG 775.
- Perinatal Services Addendum, Part C, Question #4  
SRMC is reporting the average hospital charge for a premature delivery using MS DRG 790-792.
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