GEORGIA DEPARTMENT OF COMMUNITY HEALTH

2010 Annual Hospital Questionnaire

Part A : General Information

1. Identification

UID:HOSP615

Facility Name: WellStar Kennestone Hospital

County: Cobb

Street Address: 677 Church Street NE

City: Marietta

Zip: 30060-1148

Mailing Address: 677 Church Street NE

Mailing City: Marietta

Mailing Zip: 30060-1148

Medicaid Provider Number: 00001119

Medicare Provider Number: 110035

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: Caroline Aultman

Contact Title: Director, Strategic Planning

Phone: 678-331-6885

Fax: 678-331-6894

E-mail: Caroline.Aultman@Wellstar.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
Cobb County Kennestone Hospital Authority	Not for Profit	1/1/1948

B. Owner's Parent Organization

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

C. Facility Operator

Full Legal Name (Or Not Applicable)	Organization Type	Effective Date
Kennestone Hospital, Inc.	Not for Profit	2/16/1993

D. Operator's Parent Organization

Full Legal Name (Or Not Applicable)	Organization Type	Effective Date
WellStar Health System, Inc.	Not for Profit	2/16/1993

E. Management Contractor

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

F. Management's Parent Organization

Full Legal Name (Or Not Applicable)	Organization Type	Effective Date
N/A	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: WellStar Health System, Inc.
City: Marietta   **State:** Georgia

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: Voluntary Hospitals of America
City: Atlanta **State:** Georgia

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

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

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

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

1. Health Maintenance Organization(HMO) ☑

2. Preferred Provider Organization(PPO) ☑

3. Physician Hospital Organization(PH0) ☑

4. Provider Service Organization(PSO) ☐

5. Other Managed Care or Prepaid Plan ☑

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

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

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

Part D : Inpatient Services

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

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

Category	SUS Beds	Admissions	Inpatient Days	Discharges	Discharge Days
Obstetrics (no GYN, include LDRP)	66	6,022	17,256	6,008	17,068
Pediatrics (Non ICU)	0	0	0	0	0
Pediatric ICU	0	0	0	0	0
Gynecology (No OB)	20	841	1,873	836	1,858
General Medicine	0	0	0	0	0
General Surgery	0	0	0	0	0
Medical/Surgical	388	21,762	109,744	21,745	109,589
Intensive Care	78	6,265	26,126	6,260	25,927
Psychiatry	0	0	0	0	0
Substance Abuse	0	0	0	0	0
Adult Physical Rehabilitation (18 & Up)	20	445	5,490	444	5,523
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	**572**	**35,335**	**160,489**	**35,293**	**159,965**

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	75	377
Asian	511	2,265
Black/African American	5,389	26,322
Hispanic/Latino	1,856	6,797
Pacific Islander/Hawaiian	17	90
White	27,231	123,592
Multi-Racial	256	1,046
Total	**35,335**	**160,489**

3. Gender

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

Gender	Admissions	Inpatient Days
Male	13,407	67,331
Female	21,928	93,158
Total	**35,335**	**160,489**

4. Payment Source

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

Primary Payment Source	Admissions	Inpatient Days
Medicare	14,849	80,759
Medicaid	4,050	15,696
Peachare	10	25
Third-Party	13,043	48,190
Self-Pay	3,383	15,819
Other	0	0

5. Discharges to Death

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

679

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	1,044
Semi-Private Room Rate	1,014
Operating Room: Average Charge for the First Hour	3,793
Average Total Charge for an Inpatient Day	7,611

Part E : Emergency Department and Outpatient Services

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

115,725

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

19,463

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

75

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	4,105
Beds or Rooms dedicated for Psychiatric /Substance Abuse cases	2	2,736
General Beds	61	83,461
Children's	9	25,423
	0	0
	0	0
Total	75	115,725

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

2,419

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

217,203

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

5,608

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

83

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

945.00

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.

2,360

Part F : Services and Facilities

1a. Services and Facilities

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

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

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

Service/Facilities	Site Code	Service Status
Podatric Services	1	1
Renal Dialysis	2	1
ESWL	3	4
Billiary Lithotropter	3	4
Kidney Transplants	3	4
Heart Transplants	3	4
Other-Organ/Tissues Transplants	1	1
Diagnostic X-Ray	1	1
Computerized Tomography Scanner (CTS)	1	1
Radioisotope, Diagnositic	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	1	1
Ambulance Services	3	4
Hospice	1	1
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.

Category	Total
Number of Podiatric Patients	366
Number of Dialysis Treatments	4,434
Number of ESWL Patients	0
Number of ESWL Procedures	0
Number of ESWL Units	0
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	50
Number of Diagnostic X-Ray Procedures	150,629
Number of CTS Units (machines)	10
Number of CTS Procedures	91,797
Number of Diagnostic Radioisotope Procedures	6,389
Number of PET Units (machines)	1
Number of PET Procedures	3,221
Number of Therapeautic Radioisotope Procedures	1,851
Number of Number of MRI Units	6
Number of Number of MRI Procedures	15,869
Number of Chemotherapy Treatments	1,619
Number of Respiratory Therapy Treatments	686,463
Number of Occupational Therapy Treatments	36,068
Number of Physical Therapy Treatments	118,789
Number of Speech Pathology Patients	9,541
Number of Gamma Ray Knife Procedures	0
Number of Gamma Ray Knife Units	0
Number of Audiology Patients	3
Number of HIV/AIDS Diagnostic Procedures	646
Number of HIV/AIDS Patients	60
Number of Ambulance Trips	0
Number of Hospice Patients	71
Number of Respite care Patients	0
Number of Ultrasound/Medical Sonography Units	11
Number of Ultrasound/Medical Sonography Procedures	37,197
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).

<u>98</u>

3. Robotic Surgery System
Please report the number of units, number of procedures, and type of unit(s).

# Units	# Procedures	Type of Unit(s)
2	388	DaVinci

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	1.2000000476837	0	
Physician Assistants Only (not including Licensed Physicians)	0.5	0	
Registered Nurses (RNs-Advanced Practice*)	1100.5	74.400001525879	
Licensed Practical Nurses (LPNs)	20.60000038147	0	
Pharmacists	44	1	
Other Health Services Professionals*	973.90002441406	29.700000762939	
Administration and Support	465	21.5	
All Other Hospital Personnel (not included above)	1200.5999755859	17.5	

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	30 Days or Less
Registered Nurses (RNs-Advance Practice)	31-60 Days
Licensed Practical Nurses (LPNs)	30 Days or Less
Pharmacists	31-60 Days
Other Health Services Professionals	31-60 Days
All Other Hospital Personnel (not included above)	31-60 Days

3. Race/Ethnicity of Physicians
Please report the number of physicians with admitting privileges by race.

Race/Ethnicity	Number of Physicians
American Indian/Alaska Native	1
Asian	39
Black/African American	25
Hispanic/Latino	10
Pacific Islander/Hawaiian	0
White	290
Multi-Racial	183

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	15	☐	15	15
General Internal Medicine	56	☑	56	56
Pediatricians	48	☐	48	14
Other Medical Specialties	158	☐	155	43

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	37	☐	37	37
Non-OB Physicians Providing OB Services	0	☐	0	0
Gynecology	41	☐	4	3
Ophthalmology Surgery	4	☐	3	0
Orthopedic Surgery	21	☐	21	12
Plastic Surgery	10	☐	4	1
General Surgery	13	☐	13	6
Thoracic Surgery	2	☐	2	0
Other Surgical Specialties	60	☐	49	16

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	28	☑	28	28
Dermatology	8	☐	1	0
Emergency Medicine	29	☑	29	29
Nuclear Medicine	0	☐	0	0
Pathology	9	☑	9	9
Psychiatry	5	☐	5	2
Radiology	41	☑	41	41
	0	☐	0	0
	0	☐	0	0
	0	☐	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 surgeions) with Admitting Privleges	8
Podiatrists	7
Certified Nurse Midwives with Clinical Privileges in the Hospital	19
All Other Staff Affiliates with Clinical Privileges in the Hospital	264

5b. Name of Other Professions

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

Clinical Nurse Specialist, Clinical Psychology, Nurse Anesthetist, Nurse Practitioner, Physician Anesthesia Assistant, Physician Assistant

Comments and Suggestions:

Part E.4: The hospital does not track ED visits by ED bed. Accordingly, ED visits are allocated proportionately among the ED beds for survey reporting purposes. Obviously, the hospital cannot verify that such an allocation accurately reflects the actual number of ED visits per ED bed category.
 Part E.8: 83 diversions recorded represent only the cases that are known to have been diverted.
 Part E.9: 945 hours of ambulance diversion for Neurosurgical patients. 0 Hours for ED saturation ambulance diversions.
 Part G.3: Physicians who do not identify a race are listed as multi-racial.
 Parts G.3 and G.4: The differences in the total number of physicians between these 2 categories is attributable to the physicians accounted for in G.4 who do not have admitting privileges; consistent with the survey instructions, those non-admitting physicians are not counted in G.3.
 Part G.4: The reported number of physician providers enrolled in Medicaid/PeachCare and/or Public Employee Health Benefits Plan was derived from hospital billing records. The hospital expects that there are additional physicians on its medical staff who are enrolled in these programs but whom are not reflected in the survey count.

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	79	20	3	0	0	0	0	0	0	0	0	0
BALDWIN	2	0	0	0	0	0	0	0	0	0	0	0
BANKS	1	0	0	0	0	0	0	0	0	0	0	0
BARROW	10	7	0	0	0	0	0	0	0	0	0	0
BARTOW	930	365	189	0	0	0	0	0	0	0	0	0
BERRIEN	6	0	0	0	0	0	0	0	0	0	0	0
BIBB	11	2	0	0	0	0	0	0	0	0	0	0
BLECKLEY	2	1	0	0	0	0	0	0	0	0	0	0
BRYAN	1	0	0	0	0	0	0	0	0	0	0	0
BUTTS	7	2	0	0	0	0	0	0	0	0	0	0
CALHOUN	1	0	0	0	0	0	0	0	0	0	0	0
CAMDEN	2	0	0	0	0	0	0	0	0	0	0	0
CANDLER	1	0	0	0	0	0	0	0	0	0	0	0
CARROLL	221	114	28	0	0	0	0	0	0	0	0	0
CATOOSA	3	1	0	0	0	0	0	0	0	0	0	0
CHARLTON	1	0	0	0	0	0	0	0	0	0	0	0
CHATHAM	8	2	2	0	0	0	0	0	0	0	0	0
CHATTOOGA	13	3	0	0	0	0	0	0	0	0	0	0
CHEROKEE	7,088	2,290	977	0	0	0	0	0	0	0	0	0
CLARKE	13	3	2	0	0	0	0	0	0	0	0	0
CLAYTON	56	17	7	0	0	0	0	0	0	0	0	0
COBB	20,806	6,159	3,247	0	0	0	0	0	0	0	0	0
COFFEE	0	1	0	0	0	0	0	0	0	0	0	0
COLQUITT	1	1	0	0	0	0	0	0	0	0	0	0
COLUMBIA	3	1	0	0	0	0	0	0	0	0	0	0
COOK	2	0	0	0	0	0	0	0	0	0	0	0
COWETA	41	13	1	0	0	0	0	0	0	0	0	0
DADE	2	0	0	0	0	0	0	0	0	0	0	0

DAWSON	14	9	2	0	0	0	0	0	0	0	0	0
DEKALB	163	77	30	0	0	0	0	0	0	0	0	0
DODGE	1	0	0	0	0	0	0	0	0	0	0	0
DOOLY	0	2	0	0	0	0	0	0	0	0	0	0
DOUGHERTY	3	1	0	0	0	0	0	0	0	0	0	0
DOUGLAS	680	306	67	0	0	0	0	0	0	0	0	0
EARLY	1	1	0	0	0	0	0	0	0	0	0	0
EFFINGHAM	3	0	0	0	0	0	0	0	0	0	0	0
EMANUEL	1	0	0	0	0	0	0	0	0	0	0	0
FANNIN	87	38	8	0	0	0	0	0	0	0	0	0
FAYETTE	32	12	2	0	0	0	0	0	0	0	0	0
FLORIDA	108	15	2	0	0	0	0	0	0	0	0	0
FLOYD	53	18	6	0	0	0	0	0	0	0	0	0
FORSYTH	40	36	5	0	0	0	0	0	0	0	0	0
FRANKLIN	2	2	0	0	0	0	0	0	0	0	0	0
FULTON	711	336	118	0	0	0	0	0	0	0	0	0
GILMER	162	74	17	0	0	0	0	0	0	0	0	0
GLYNN	5	0	0	0	0	0	0	0	0	0	0	0
GORDON	80	36	7	0	0	0	0	0	0	0	0	0
GREENE	0	1	0	0	0	0	0	0	0	0	0	0
GWINNETT	108	73	21	0	0	0	0	0	0	0	0	0
HABERSHAM	4	9	0	0	0	0	0	0	0	0	0	0
HALL	10	10	1	0	0	0	0	0	0	0	0	0
HANCOCK	4	0	0	0	0	0	0	0	0	0	0	0
HARALSON	38	15	6	0	0	0	0	0	0	0	0	0
HARRIS	5	0	0	0	0	0	0	0	0	0	0	0
HART	1	0	0	0	0	0	0	0	0	0	0	0
HEARD	4	1	0	0	0	0	0	0	0	0	0	0
HENRY	39	18	2	0	0	0	0	0	0	0	0	0
HOUSTON	14	4	3	0	0	0	0	0	0	0	0	0
IRWIN	0	1	0	0	0	0	0	0	0	0	0	0
JACKSON	13	4	0	0	0	0	0	0	0	0	0	0
JASPER	0	1	0	0	0	0	0	0	0	0	0	0
JEFF DAVIS	1	0	0	0	0	0	0	0	0	0	0	0
LAMAR	3	0	1	0	0	0	0	0	0	0	0	0
LAURENS	5	0	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
LOWNDES	5	0	0	0	0	0	0	0	0	0	0	0
LUMPKIN	3	5	0	0	0	0	0	0	0	0	0	0
MACON	1	0	0	0	0	0	0	0	0	0	0	0
MADISON	0	1	0	0	0	0	0	0	0	0	0	0
MARION	1	2	0	0	0	0	0	0	0	0	0	0
MCDUFFIE	4	1	0	0	0	0	0	0	0	0	0	0

MCINTOSH	1	0	0	0	0	0	0	0	0	0	0	0
MERIWETHER	2	0	0	0	0	0	0	0	0	0	0	0
MILLER	1	0	0	0	0	0	0	0	0	0	0	0
MONROE	0	1	0	0	0	0	0	0	0	0	0	0
MONTGOMERY	0	1	0	0	0	0	0	0	0	0	0	0
MORGAN	1	2	0	0	0	0	0	0	0	0	0	0
MURRAY	10	2	0	0	0	0	0	0	0	0	0	0
MUSCOGEE	8	5	1	0	0	0	0	0	0	0	0	0
NEWTON	28	10	0	0	0	0	0	0	0	0	0	0
NORTH CAROLINA	59	17	1	0	0	0	0	0	0	0	0	0
OCONEE	5	2	0	0	0	0	0	0	0	0	0	0
OGLETHORPE	1	0	0	0	0	0	0	0	0	0	0	0
other out of state	377	30	12	0	0	0	0	0	0	0	0	0
PAULDING	2,340	915	519	0	0	0	0	0	0	0	0	0
PEACH	3	2	0	0	0	0	0	0	0	0	0	0
PICKENS	353	158	42	0	0	0	0	0	0	0	0	0
PIERCE	1	0	0	0	0	0	0	0	0	0	0	0
PIKE	7	0	1	0	0	0	0	0	0	0	0	0
POLK	172	57	30	0	0	0	0	0	0	0	0	0
PULASKI	1	0	0	0	0	0	0	0	0	0	0	0
PUTNAM	6	0	0	0	0	0	0	0	0	0	0	0
RABUN	3	2	1	0	0	0	0	0	0	0	0	0
RICHMOND	3	1	1	0	0	0	0	0	0	0	0	0
ROCKDALE	10	5	0	0	0	0	0	0	0	0	0	0
SCREVEN	1	0	0	0	0	0	0	0	0	0	0	0
SOUTH CAROLINA	22	8	1	0	0	0	0	0	0	0	0	0
SPALDING	7	2	0	0	0	0	0	0	0	0	0	0
STEPHENS	3	0	0	0	0	0	0	0	0	0	0	0
SUMTER	3	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	3	2	0	0	0	0	0	0	0	0	0	0
TENNESSEE	57	16	2	0	0	0	0	0	0	0	0	0
THOMAS	1	0	0	0	0	0	0	0	0	0	0	0
TIFT	3	0	0	0	0	0	0	0	0	0	0	0
TOOMBS	3	0	0	0	0	0	0	0	0	0	0	0
TOWNS	8	5	0	0	0	0	0	0	0	0	0	0
TROUP	10	1	0	0	0	0	0	0	0	0	0	0
TURNER	1	1	0	0	0	0	0	0	0	0	0	0
TWIGGS	1	0	0	0	0	0	0	0	0	0	0	0
UNION	29	20	6	0	0	0	0	0	0	0	0	0
UPSON	5	1	0	0	0	0	0	0	0	0	0	0
WALKER	6	1	1	0	0	0	0	0	0	0	0	0
WALTON	21	10	1	0	0	0	0	0	0	0	0	0
WARE	1	3	0	0	0	0	0	0	0	0	0	0

WHITE	8	3	1	0	0	0	0	0	0	0	0	0
WHITFIELD	24	4	1	0	0	0	0	0	0	0	0	0
WILCOX	1	0	0	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
Total	**35,335**	**11,398**	**5,375**	**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	13
Cystoscopy (OR Suite)	0	0	1
Endoscopy (OR Suite)	0	0	0
CVOR & VIOR	2	0	2
Total	2	7	16

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	6,649	8,623	3,726
Cystoscopy	0	0	219	990
Endoscopy	0	0	0	7
CVOR & VIOR	709	0	1,200	498
Total	709	6,649	10,042	5,221

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	6,348	8,217	3,571
Cystoscopy	0	0	218	985
Endoscopy	0	0	0	0
CVOR & VIOR	689	0	1,191	494
Total	689	6,348	9,626	5,050

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	13
Asian	185
Black/African American	1,343
Hispanic/Latino	370
Pacific Islander/Hawaiian	5
White	9,368
Multi-Racial	114
Total	**11,398**

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

Age of Patient	Number of Ambulatory Patients
Ages 0-14	591
Ages 15-64	8,543
Ages 65-74	1,449
Ages 75-85	686
Ages 85 and Up	129
Total	**11,398**

3. Gender
Please report the total number of ambulatory patients by gender.

Gender	Number of Ambulatory Patients
Male	4,222
Female	7,176
Total	**11,398**

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

Primary Payment Source	Number of Patients
Medicare	2,428
Medicaid	588
Third-Party	7,543
Self-Pay	839

Perinatal Services Addendum

Part A : Obstetrical Services Utilization

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

1. Number of Delivery Rooms: 0

2. Number of Birthing Rooms: 0

3. Number of LDR Rooms: 21

4. Number of LDRP Rooms: 0

5. Number of Cesarean Sections: 1,907

6. Total Live Births: 5,469

7. Total Births (Live and Late Fetal Deaths): 5,498

8. Total Deliveries (Births + Early Fetal Deaths and Induced Terminations): 5,593

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)	60	4,860	12,094	87
Specialty Care (Intermediate Neonatal Care)	16	297	3,351	204
Subspecialty Care (Intensive Neonatal Care)	8	312	2,645	101

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	16	41
Asian	178	488
Black/African American	959	3,095
Hispanic/Latino	923	2,496
Pacific Islander/Hawaiian	2	5
White	3,221	8,727
Multi-Racial	76	218
Total	**5,375**	**15,070**

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	5,362	15,027
Ages 45 and Up	8	31
Total	**5,375**	**15,070**

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

$11,631.00

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

$18,624.00

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	☐
General Acute Psychiatric Adolescents 13-17	0	0	0	0	0	☐
General Acute Psychiatric Children 12 and Under	0	0	0	0	0	☐
Acute Substance Abuse Adults 18 and over	0	0	0	0	0	☐
Acute Substance Abuse Adolescents 13-17	0	0	0	0	0	☐
Extended Care Adults 18 and over	0	0	0	0	0	☐
Extended Care Adolescents 13-17	0	0	0	0	0	☐
Extended Care Adolescents 0-12	0	0	0	0	0	☐

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

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

Race/Ethnicity	Admissions	Inpatient Days
American Indian/Alaska Native	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? 4.5 (FTE's)
What languages do they interpret?
Spanish

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

Bilingual Hospital Staff Member ☐   Bilingual Member of Patient's Family ☐

Community Volunteer Intrepreter ☐   Telephone Interpreter Service ☑

Refer Patient to Outside Agency ☐   Other (please describe): ☑

When a patient has a pre-planned appointment and WellStar does not have a trained in-house medical interpreter to assist with communication, WellStar arranges for a medical interpreter through our contractual relationship with an outside agency.

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	2.88	110	0	0
Portuguese	0.06	3	0	0
Vietnamese	0.06	3	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?

Since CY2009, Kennestone Hospital has added sixty six (66), dual handset telephones in strategic patient care units throughout the hospital. These phones allow enhanced communication with Limited English Proficiency patients. All departments that requested these phones received training about how to use these resources and how to document the use of these tools in patient charts. Additionally, an interpretation services toolkit which outlines WellStar's guidelines regarding interpretation services, provides system wide interpretation services updates, provides information on CLAS Standards and which provides information on how to quickly access interpretation services was provided to each patient care unit.

In addition to interpretation services, during fall 2010, WellStar launched a Cultural Diplomat Program. This program consists of WellStar team members of culturally and ethnically diverse backgrounds who offer insights, knowledge and cultural awareness to providers when they are confronted with cultural issues that may be impacting understanding during a patient's hospitalization or other patient care encounters. Review of the CLAS standards is an intricate part of the orientation for all participants in this program. As an additional resource, WellStar produces a monthly Cultural Connections Newsletter. This publication features health related information about a different culture each month. It also highlights system wide cultural competency initiatives. Further, all WellStar medical interpreters are required to conduct a literature review and to lead a facilitated discussion on the article during monthly staff meetings.

Annually all WellStar team members participate in Goals for Achieving Mandatory Education and Safety (GAMES). Included in this annual educational curriculum is information on how to access and utilize interpretation services, including delineation of best practice strategies to ensure effective interpretation and a list of tips on how to effectively work with medical interpreters. The CLAS Standards and WellStar's online cultural competency and diversity tools are part of this mandatory education. Team members are not only required to read this information but are tested on the content of the curriculum.

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?

WellStar would encourage the state to consider reimbursement for interpreting services when care is provided to Limited English Proficiency patients.

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

1. English   2. Spanish   3. Braile   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?

Community health center: Good Samaritan Clinic 1605 Roberta Drive Marietta, GA 30008
 Federally qualified health center: Cobb Co Dept Health Clinic 1650 County Services Rd Marietta 30008
 Free clinic: MUST Ministries/Cobb Health Partners-1407 Cobb Parkway, Marietta Ga;
 Luke's Place, 948 Front Street, Mableton Ga;
 Other reduced fee safety net clinic: Community Health Center Veterans Memorial Hwy
 The Wellstar Kennestone Community Clinic, 70 Tower Rd, Bldg 400 Marietta, Ga 30060

Electronic Signature

Please note that the survey WILL NOT BE ACCEPTED without the authorized signature of the Chief Executive Officer or Executive Director (principal officer) of the facility. The signature can be completed only AFTER all survey data has been finalized. By law, the signatory is attesting under penalty of law that the information is accurate and complete.

I state, certify and attest that to the best of my knowledge upon conducting due diligence to assure the accuracy and completeness of all data, and based upon my affirmative review of the entire completed survey, this completed survey contains no untrue statement, or incaccurate data, nor omits requested material information or data. I further state, certify and attest that I have reviewed the entire contents of the completed survey with all appropriate staff of the facility. I further understand that inaccurate, incomplete or omitted data could lead to sanctions against me or my facility. I further understand that a typed version of my name is being accepted as my original signature pursuant to the Georgia Electronic Records and Signature Act.

Authorized Signature: A. James Budzinski

Date: 5/13/2011

Title: Interim President and CEO

Comments:

Perinatal Services Addendum Part C.1 and C.2: The mothers' admissions and inpatient days do not include antepartum admissions and days.

 Georgia Minority Health Council Addendum Part 3: Although the hospital does employ nurses and staff who speak languages in addition to English, the hospital does not have reliable data responsive to the request.
 Surgical Services Addendum: reported surgical procedures include all procedures generating a surgical billing code that are performed in hospital operating rooms.