Georgia Department of Community Health

2010 Annual Hospital Questionnaire

Part A : General Information

1. Identification

UID:HOSP634

Facility Name: Northside Hospital

County: Fulton

Street Address: 1000 Johnson Ferry Road NE

City: Atlanta

Zip: 30342-1611

Mailing Address: 1000 Johnson Ferry Road NE

Mailing City: Atlanta

Mailing Zip: 30342-1611

Medicaid Provider Number: 00001405

Medicare Provider Number: 110161

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: Brian J. Toporek

Contact Title: Senior Planner

Phone: 404-851-6821

Fax: 404-851-6283

E-mail: brian.toporek@northside.com

Part C : Ownership, Operation and Management

1. Ownership, Operation and Management

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

A. Facility Owner

Full Legal Name (Or Not Applicable)	Organization Type	Effective Date
Hospital Authority of Fulton County	Hospital Authority	7/1/1970

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
Northside Hospital, Inc.	Not for Profit	11/1/1991

D. Operator's Parent Organization

Full Legal Name (Or Not Applicable)	Organization Type	Effective Date
Northside Health Services, Inc.	Not for Profit	11/1/1991

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: Northside Hospital, Inc.
City: Atlanta **State:** GA

4. Check the box to the right if your hospital is a division or subsidiary of a holding company. ☑
Name: Northside Health Services, Inc.
City: Atlanta **State:** GA

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: Ga Alliance of Community Hospitals; VHA
City: **State:**

7. Check the box to the right if your hospital is a participant in a health care network ☑
Name: SuperMed PPO Network; NovaNet
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)	165	15,307	53,691	15,334	54,067
Pediatrics (Non ICU)	0	0	0	0	0
Pediatric ICU	0	0	0	0	0
Gynecology (No OB)	31	1,389	4,408	1,396	4,398
General Medicine	0	0	0	0	0
General Surgery	0	0	0	0	0
Medical/Surgical	256	9,804	52,080	9,762	52,435
Intensive Care	28	1,525	6,737	1,572	7,045
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	**480**	**28,025**	**116,916**	**28,064**	**117,945**

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	94	342
Asian	1,714	6,040
Black/African American	6,726	29,037
Hispanic/Latino	2,712	9,753
Pacific Islander/Hawaiian	6	15
White	15,747	67,835
Multi-Racial	1,026	3,894
Total	**28,025**	**116,916**

3. Gender

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

Gender	Admissions	Inpatient Days
Male	4,680	25,706
Female	23,345	91,210
Total	**28,025**	**116,916**

4. Payment Source

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

Primary Payment Source	Admissions	Inpatient Days
Medicare	4,062	23,208
Medicaid	4,205	16,345
Peachare	0	0
Third-Party	18,069	69,591
Self-Pay	1,255	6,131
Other	434	1,641

5. Discharges to Death

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

214

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	871
Semi-Private Room Rate	0
Operating Room: Average Charge for the First Hour	4,578
Average Total Charge for an Inpatient Day	7,372

Part E : Emergency Department and Outpatient Services

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

45,140

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

6,272

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

33

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	0	0
Beds or Rooms dedicated for Psychiatric /Substance Abuse cases	0	0
General Beds	0	0
Multipurpose Beds	36	51,412
	0	0
	0	0
	0	0

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

807

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

288,564

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

9,036

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.

319

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	1	1
ESWL	2	1
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	3	4
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.

Category	Total
Number of Podiatric Patients	476
Number of Dialysis Treatments	1,361
Number of ESWL Patients	462
Number of ESWL Procedures	462
Number of ESWL Units	2
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	175
Number of Diagnostic X-Ray Procedures	95,165
Number of CTS Units (machines)	10
Number of CTS Procedures	39,126
Number of Diagnostic Radioisotope Procedures	3,913
Number of PET Units (machines)	1
Number of PET Procedures	1,502
Number of Therapeautic Radioisotope Procedures	96
Number of Number of MRI Units	7
Number of Number of MRI Procedures	11,977
Number of Chemotherapy Treatments	5,915
Number of Respiratory Therapy Treatments	109,280
Number of Occupational Therapy Treatments	14,878
Number of Physical Therapy Treatments	53,376
Number of Speech Pathology Patients	1,748
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	24
Number of Ultrasound/Medical Sonography Procedures	41,953
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).

91

3. Robotic Surgery System

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

# Units	# Procedures	Type of Unit(s)
3	973	da Vinci S Surgical systems

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	33.099998474121	4.0999999046326	1.2999999523163
Physician Assistants Only (not including Licensed Physicians)	15.10000038147	3.0999999046326	0
Registered Nurses (RNs-Advanced Practice*)	1419	106.59999847412	9.3000001907349
Licensed Practical Nurses (LPNs)	47.799999237061	2.7000000476837	0
Pharmacists	73.199996948242	5.5999999046326	0
Other Health Services Professionals*	645.90002441406	63.700000762939	1.7999999523163
Administration and Support	1648.4000244141	92.599998474121	22.10000038147
All Other Hospital Personnel (not included above)	417.29998779297	23.89999961853	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	31-60 Days
Registered Nurses (RNs-Advance Practice)	61-90 Days
Licensed Practical Nurses (LPNs)	31-60 Days
Pharmacists	31-60 Days
Other Health Services Professionals	31-60 Days
All Other Hospital Personnel (not included above)	31-60 Days

3. Race/Ethnicity of Physicians

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

Race/Ethnicity	Number of Physicians
American Indian/Alaska Native	0
Asian	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	61	☐	0	0
General Internal Medicine	154	☑	0	0
Pediatricians	234	☐	0	0
Other Medical Specialties	256	☐	0	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	151	☐	0	0
Non-OB Physicians Providing OB Services	0	☐	0	0
Gynecology	54	☑	0	0
Ophthalmology Surgery	37	☐	0	0
Orthopedic Surgery	52	☐	0	0
Plastic Surgery	42	☐	0	0
General Surgery	47	☐	0	0
Thoracic Surgery	2	☐	0	0
Other Surgical Specialties	124	☐	0	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	49	☑	0	0
Dermatology	8	☐	0	0
Emergency Medicine	38	☑	0	0
Nuclear Medicine	109	☑	0	0
Pathology	13	☑	0	0
Psychiatry	11	☐	0	0
Radiology	42	☑	0	0
Radiation Oncology	21	☐	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	0
Podiatrists	32
Certified Nurse Midwives with Clinical Privileges in the Hospital	45
All Other Staff Affiliates with Clinical Privileges in the Hospital	318

5b. Name of Other Professions

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

PA, CRNA, NP

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	62	85	15	0	0	0	0	0	0	0	0	0
Appling	3	1	0	0	0	0	0	0	0	0	0	0
Bacon	1	1	1	0	0	0	0	0	0	0	0	0
Baldwin	9	10	2	0	0	0	0	0	0	0	0	0
Banks	4	5	1	0	0	0	0	0	0	0	0	0
Barrow	91	70	32	0	0	0	0	0	0	0	0	0
Bartow	183	99	65	0	0	0	0	0	0	0	0	0
Ben Hill	0	2	0	0	0	0	0	0	0	0	0	0
Bibb	30	42	4	0	0	0	0	0	0	0	0	0
Brantley	0	2	0	0	0	0	0	0	0	0	0	0
Brooks	1	1	0	0	0	0	0	0	0	0	0	0
Bryan	1	1	0	0	0	0	0	0	0	0	0	0
Bulloch	5	2	1	0	0	0	0	0	0	0	0	0
Burke	1	1	0	0	0	0	0	0	0	0	0	0
Butts	6	22	2	0	0	0	0	0	0	0	0	0
Calhoun	1	1	0	0	0	0	0	0	0	0	0	0
Camden	2	0	1	0	0	0	0	0	0	0	0	0
Carroll	125	103	41	0	0	0	0	0	0	0	0	0
Catoosa	1	6	0	0	0	0	0	0	0	0	0	0
Chatham	19	11	6	0	0	0	0	0	0	0	0	0
Chattooga	7	3	2	0	0	0	0	0	0	0	0	0
Cherokee	1,593	930	927	0	0	0	0	0	0	0	0	0
Clarke	23	48	5	0	0	0	0	0	0	0	0	0
Clay	0	1	0	0	0	0	0	0	0	0	0	0
Clayton	261	208	117	0	0	0	0	0	0	0	0	0
Cobb	4,676	2,652	2,659	0	0	0	0	0	0	0	0	0
Coffee	4	9	1	0	0	0	0	0	0	0	0	0
Colquitt	2	5	2	0	0	0	0	0	0	0	0	0

Columbia	6	10	2	0	0	0	0	0	0	0	0	0
Cook	1	1	0	0	0	0	0	0	0	0	0	0
Coweta	101	184	42	0	0	0	0	0	0	0	0	0
Crawford	1	2	0	0	0	0	0	0	0	0	0	0
Crisp	5	5	2	0	0	0	0	0	0	0	0	0
Dade	0	2	0	0	0	0	0	0	0	0	0	0
Dawson	85	93	34	0	0	0	0	0	0	0	0	0
Decatur	1	0	1	0	0	0	0	0	0	0	0	0
DeKalb	5,454	2,857	2,982	0	0	0	0	0	0	0	0	0
Dodge	0	7	0	0	0	0	0	0	0	0	0	0
Dooly	1	1	0	0	0	0	0	0	0	0	0	0
Dougherty	10	18	4	0	0	0	0	0	0	0	0	0
Douglas	383	234	165	0	0	0	0	0	0	0	0	0
Early	2	1	0	0	0	0	0	0	0	0	0	0
Effingham	2	1	0	0	0	0	0	0	0	0	0	0
Elbert	4	4	1	0	0	0	0	0	0	0	0	0
Emanuel	0	1	0	0	0	0	0	0	0	0	0	0
Fannin	22	46	3	0	0	0	0	0	0	0	0	0
Fayette	80	169	25	0	0	0	0	0	0	0	0	0
Florida	55	110	8	0	0	0	0	0	0	0	0	0
Floyd	34	45	11	0	0	0	0	0	0	0	0	0
Forsyth	859	802	523	0	0	0	0	0	0	0	0	0
Franklin	7	7	2	0	0	0	0	0	0	0	0	0
Fulton	7,190	5,066	4,182	0	0	0	0	0	0	0	0	0
Gilmer	46	31	11	0	0	0	0	0	0	0	0	0
Glynn	5	8	2	0	0	0	0	0	0	0	0	0
Gordon	19	23	2	0	0	0	0	0	0	0	0	0
Grady	1	0	0	0	0	0	0	0	0	0	0	0
Greene	8	23	1	0	0	0	0	0	0	0	0	0
Gwinnett	4,346	2,647	2,706	0	0	0	0	0	0	0	0	0
Habersham	27	35	8	0	0	0	0	0	0	0	0	0
Hall	209	234	77	0	0	0	0	0	0	0	0	0
Hancock	1	0	0	0	0	0	0	0	0	0	0	0
Haralson	26	17	4	0	0	0	0	0	0	0	0	0
Harris	6	6	1	0	0	0	0	0	0	0	0	0
Hart	8	9	1	0	0	0	0	0	0	0	0	0
Heard	5	4	0	0	0	0	0	0	0	0	0	0
Henry	236	251	93	0	0	0	0	0	0	0	0	0
Houston	26	32	3	0	0	0	0	0	0	0	0	0
Irwin	0	1	0	0	0	0	0	0	0	0	0	0
Jackson	80	92	38	0	0	0	0	0	0	0	0	0
Jasper	5	11	1	0	0	0	0	0	0	0	0	0
Jeff Davis	0	1	0	0	0	0	0	0	0	0	0	0
Jenkins	0	1	0	0	0	0	0	0	0	0	0	0

Johnson	1	3	0	0	0	0	0	0	0	0	0	0
Jones	4	2	1	0	0	0	0	0	0	0	0	0
Lamar	4	6	0	0	0	0	0	0	0	0	0	0
Lanier	1	0	0	0	0	0	0	0	0	0	0	0
Laurens	6	8	0	0	0	0	0	0	0	0	0	0
Lee	4	1	3	0	0	0	0	0	0	0	0	0
Liberty	6	1	3	0	0	0	0	0	0	0	0	0
Lowndes	13	9	2	0	0	0	0	0	0	0	0	0
Lumpkin	28	40	8	0	0	0	0	0	0	0	0	0
Macon	1	1	0	0	0	0	0	0	0	0	0	0
Madison	2	5	1	0	0	0	0	0	0	0	0	0
McIntosh	0	2	0	0	0	0	0	0	0	0	0	0
Meriwether	6	13	2	0	0	0	0	0	0	0	0	0
Miller	0	1	0	0	0	0	0	0	0	0	0	0
Mitchell	4	2	2	0	0	0	0	0	0	0	0	0
Monroe	18	8	1	0	0	0	0	0	0	0	0	0
Montgomery	2	2	1	0	0	0	0	0	0	0	0	0
Morgan	10	18	1	0	0	0	0	0	0	0	0	0
Murray	12	5	0	0	0	0	0	0	0	0	0	0
Muscogee	24	23	12	0	0	0	0	0	0	0	0	0
Newton	111	94	40	0	0	0	0	0	0	0	0	0
North Carolina	57	89	11	0	0	0	0	0	0	0	0	0
Oconee	6	19	1	0	0	0	0	0	0	0	0	0
Oglethorpe	14	3	0	0	0	0	0	0	0	0	0	0
Other Out of State	204	310	33	0	0	0	0	0	0	0	0	0
Paulding	288	166	159	0	0	0	0	0	0	0	0	0
Peach	2	6	0	0	0	0	0	0	0	0	0	0
Pickens	73	74	20	0	0	0	0	0	0	0	0	0
Pierce	0	1	0	0	0	0	0	0	0	0	0	0
Pike	11	9	2	0	0	0	0	0	0	0	0	0
Polk	27	13	10	0	0	0	0	0	0	0	0	0
Pulaski	2	1	0	0	0	0	0	0	0	0	0	0
Putnam	4	8	1	0	0	0	0	0	0	0	0	0
Rabun	12	16	1	0	0	0	0	0	0	0	0	0
Randolph	0	1	0	0	0	0	0	0	0	0	0	0
Richmond	5	5	2	0	0	0	0	0	0	0	0	0
Rockdale	148	113	57	0	0	0	0	0	0	0	0	0
Seminole	0	1	0	0	0	0	0	0	0	0	0	0
South Carolina	64	102	9	0	0	0	0	0	0	0	0	0
Spalding	26	36	8	0	0	0	0	0	0	0	0	0
Stephens	7	6	3	0	0	0	0	0	0	0	0	0
Stewart	0	1	0	0	0	0	0	0	0	0	0	0
Sumter	2	9	0	0	0	0	0	0	0	0	0	0
Talbot	1	1	0	0	0	0	0	0	0	0	0	0

Taliaferro	7	0	0	0	0	0	0	0	0	0	0	0
Taylor	1	2	0	0	0	0	0	0	0	0	0	0
Telfair	2	1	0	0	0	0	0	0	0	0	0	0
Tennessee	31	94	8	0	0	0	0	0	0	0	0	0
Terrell	0	1	0	0	0	0	0	0	0	0	0	0
Thomas	1	3	0	0	0	0	0	0	0	0	0	0
Tift	4	0	2	0	0	0	0	0	0	0	0	0
Toombs	5	2	1	0	0	0	0	0	0	0	0	0
Towns	20	15	0	0	0	0	0	0	0	0	0	0
Treutlen	0	1	0	0	0	0	0	0	0	0	0	0
Troup	26	38	10	0	0	0	0	0	0	0	0	0
Twiggs	0	2	0	0	0	0	0	0	0	0	0	0
Union	9	30	1	0	0	0	0	0	0	0	0	0
Upson	2	8	1	0	0	0	0	0	0	0	0	0
Walker	10	10	0	0	0	0	0	0	0	0	0	0
Walton	199	144	64	0	0	0	0	0	0	0	0	0
Ware	2	0	0	0	0	0	0	0	0	0	0	0
Washington	0	1	0	0	0	0	0	0	0	0	0	0
Wayne	1	0	1	0	0	0	0	0	0	0	0	0
White	16	25	1	0	0	0	0	0	0	0	0	0
Whitfield	8	18	4	0	0	0	0	0	0	0	0	0
Wilcox	1	2	0	0	0	0	0	0	0	0	0	0
Wilkes	1	1	1	0	0	0	0	0	0	0	0	0
Wilkinson	0	4	0	0	0	0	0	0	0	0	0	0
Worth	1	3	0	0	0	0	0	0	0	0	0	0
Total	**28,025**	**19,052**	**15,307**	**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	11	28
Cystoscopy (OR Suite)	0	0	0
Endoscopy (OR Suite)	0	0	0
	0	0	0
Total	**0**	**11**	**28**

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	14,892	16,230	26,650
Cystoscopy	0	0	0	0
Endoscopy	0	0	0	0
	0	0	0	0
Total	**0**	**14,892**	**16,230**	**26,650**

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	6,390	6,094	12,662
Cystoscopy	0	0	0	0
Endoscopy	0	0	0	0
	0	0	0	0
Total	**0**	**6,390**	**6,094**	**12,662**

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	42
Asian	399
Black/African American	3,051
Hispanic/Latino	885
Pacific Islander/Hawaiian	6
White	13,871
Multi-Racial	798
Total	**19,052**

2. Age Grouping

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

Age of Patient	Number of Ambulatory Patients
Ages 0-14	301
Ages 15-64	14,855
Ages 65-74	2,552
Ages 75-85	1,147
Ages 85 and Up	197
Total	**19,052**

3. Gender

Please report the total number of ambulatory patients by gender.

Gender	Number of Ambulatory Patients
Male	4,604
Female	14,448
Total	**19,052**

4. Payment Source

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

Primary Payment Source	Number of Patients
Medicare	3,640
Medicaid	645
Third-Party	13,247
Self-Pay	1,520

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: 6

2. Number of Birthing Rooms: 0

3. Number of LDR Rooms: 42

4. Number of LDRP Rooms: 0

5. Number of Cesarean Sections: 5,935

6. Total Live Births: 14,464

7. Total Births (Live and Late Fetal Deaths): 14,545

8. Total Deliveries (Births + Early Fetal Deaths and Induced Terminations): 15,655

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)	195	13,160	40,296	872
Specialty Care (Intermediate Neonatal Care)	45	881	14,483	600
Subspecialty Care (Intensive Neonatal Care)	30	524	8,291	23

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	68	250
Asian	1,404	4,625
Black/African American	3,693	13,930
Hispanic/Latino	1,959	6,043
Pacific Islander/Hawaiian	5	14
White	7,562	26,739
Multi-Racial	616	2,090
Total	**15,307**	**53,691**

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	7	17
Ages 15-44	15,257	53,344
Ages 45 and Up	43	330
Total	**15,307**	**53,691**

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

$8,962.00

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

$25,773.00

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? 5.9000000953674 (FTE's)
What languages do they interpret?
Spanish, Portuguese, Vietnamese, Korean, Russian, Mandarin, Cantonese

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): ☑

Contracted agency intepreters who come to the hospital to provide 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	1.3%	0	0	0
0	0.1%	0	0	0
Mandarin	0.1%	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?

-New-hires are required to complete a computer-based learning course

prior to attending orientation.
--Orientation for all newly hired employees includes a segment addressing cultural compentency. Orientation for patient care employees includes a 30-45 minute segment on this topic.
-There is a department orientation template that can be used by unit leadership
-Annual organization-wide required computer-based learning course has a dedicated section for Interpretation Services.
-Northside proactively contacts patients in language as resources permit to educate patients on their rights. Any feedback received during these contacts is immediately provided to the designated unit leader. Northside provides quarterly data to management and bi-annual data to the organization regarding these patient contacts.
-On the spot education often occurs within interpretation encounters – this is an appropriate use of a trained professional medical interpreter's cultural brokers role.
-Northside offers to provide in-services to clinical and non-clinical staff on a quarterly basis. These in-services are realized by unit request.

NOTE: Emphasis is more on the linguistic side, and some cultural information is included.

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?

A national standard for qualifying medical interpreters

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

1. English 2. 3. 4.

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

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: Robert Quattrocchi

Date: 3/11/2011

Title: President and CEO

Comments:

NOTES ABOUT THIS SURVEY:
Various Areas of the AHQ and Addenda: Race/Ethnicity of Patients: The determination of a patient's race is based on the discretion of the admissions clerk. If the admissions clerk is unsure of the patient's race, the clerk must choose "Multi-racial/Unknown". As such, the figures provided should be considered only a rough approximation of true utilization by race at Northside Hospital.
Part D, Item 1: Utilization of Beds: Critical Care Admissions and Discharges: The figures provided represent direct admissions to and direct discharges from critical care beds only. Length of stay in critical care beds cannot be accurately calculated using direct admissions and discharges because these figures do not represent all patients who spent time in a critical care bed (e.g., patients transferred from other units), while inpatient days and discharge days do reflect all occupied bed days.
Part D, Item 4: Government Payment Source: Medicare admissions and days include Medicare managed care, while Medicaid admissions and days include Medicaid managed care.
Part E, Item 1: Emergency Visits to the Hospital: Consistent with past surveys dating back to 2003, based on instructions from DCH staff, only outpatient visits to the ER are to be included in this figure. Total ER visits thus would equal the sum of Lines E.1.and E.2.
Part E, Item 7: Total Observation Visits: Observation patients seen in the Emergency Department are included as Emergency Room visits are not reflected in this total. Total Observation Visits includes all 23-hour patients (observation and extended recovery) served outside of the ED.
Part E, Item 8: ER Diversions: Northside does not track this information.
Part F, Item 1: Services & Facilities: "ESWL": Northside contracts with two different companies for this service. Each company provides a transportable unit at either Northside Hospital or Northside's Meridian Mark Outpatient Center one or more days per week. No more than one unit is on site at either location on any given day.
Part F, Item 1: Services & Facilities: "Other Organ/Tissues Transplants" represents Bone Marrow Transplants.
Part F. Item 1: Services & Facilities: "CT" and "MRI": Units and volumes noted here include those at the hospital campus (including the Meridian Mark Outpatient Center, the 980 Building, and the Tower MOB), the Alpharetta campus, Northside/Medlock Medical Imaging, 5505 Peachtree Dunwoody MOB, and Hembree Road).
Part F, Item 1: Respiratory Therapy Treatments: Beginning wioth the 2009 survey, Northside began using UB codes to determine the number of respiratory therapy treatments.

Part F, Item 1: Ultrasound units and procedures: Per instructions from DCH staff, ultrasound procedures include only diagnostic ultrasounds and exclude prenatal ultrasounds.

Part F, Item 2: Medical Ventilators: The figure reported includes both adult and infant ventilators.

Part G, Item 1: Budgeted and vacant budgeted FTE figures are estimated.

Part G, Medical Staff Info.: Please note that the medical staffs of Northside Hospital and Northside Hospital - Forsyth have been merged and are thus identical. Northside Hospital does not maintain data regarding the race/ethnicity of its medical staff. Northside does not have figures on medical staff enrolled in Medicaid or PEHB.

Part G, Item 5: Other Staff Affiliates are employed by physicians on staff. None can function independently, and thus do not have "privileges" by Northside's definition. These staff have "clinical functions", not clinical privileges.

Surgical Services Addendum, Part A, Item 1: Consistent with our prior surveys, the operating rooms reported here are sterile rooms only. Northside also has 2 cystoscopy rooms at the hospital and 1 at Meridian Mark that are located outside of the sterile corridor. These rooms have open drains and do not meet the air handling requirements of a general operating room, so invasive surgical procedures requiring entry into a body cavity cannot be performed in these rooms.

Perinatal Addendum, Part A: As we have done on past surveys, we have reported the number of C-section rooms under "Number of Delivery Rooms".

Perinatal Addendum, Part C3: Northside does not assign CPT codes to inpatients. This average charge represents those patients classified under MS-DRG 775.

Minority Health Addendum, Item 3: Northside does not have information on the number of physicians, nurses, and other staff who speak the languages listed.