GEORGIA DEPARTMENT OF COMMUNITY HEALTH

2011 Annual Hospital Questionnaire

Part A : General Information

1. Identification

UID:HOSP546

Facility Name: WellStar Cobb Hospital

County: Cobb

Street Address: 3950 Austell Road

City: Austell

Zip: 30106-1174

Mailing Address: 3950 Austell Road

Mailing City: Austell

Mailing Zip: 30106-1174

Medicaid Provider Number: 00000426

Medicare Provider Number: 110143

2. Report Period

Report Data for the full twelve month period- January 1, 2011 through December 31, 2011.
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
Hospital Authority of Cobb County	Hospital Authority	1/1/1968

B. Owner's Parent Organization

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

C. Facility Operator

Full Legal Name (Or Not Applicable)	Organization Type	Effective Date
Cobb Hospital, Inc.	Not for Profit	6/26/1984

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	NA	

F. Management's Parent Organization

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

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)	46	4,517	12,600	4,521	12,634
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	237	11,923	59,345	11,922	59,625
Intensive Care	34	2,488	7,695	2,500	7,891
Psychiatry	33	1,830	9,588	1,825	9,648
Substance Abuse	0	0	0	0	0
Adult Physical Rehabilitation (18 & Up)	20	267	3,310	268	3,291
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	**370**	**21,025**	**92,538**	**21,036**	**93,089**

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	32	135
Asian	206	837
Black/African American	7,035	31,627
Hispanic/Latino	1,136	3,945
Pacific Islander/Hawaiian	16	52
White	12,426	55,343
Multi-Racial	174	599
Total	**21,025**	**92,538**

3. Gender

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

Gender	Admissions	Inpatient Days
Male	7,111	34,694
Female	13,914	57,844
Total	**21,025**	**92,538**

4. Payment Source

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

Primary Payment Source	Admissions	Inpatient Days
Medicare	8,267	44,719
Medicaid	4,282	16,456
Peachare	4	12
Third-Party	6,372	22,995
Self-Pay	2,100	8,356
Other	0	0

5. Discharges to Death

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

288

6. Charges for Selected Services

Please report the hospital's average charges as of 12-31-2011 (to the nearest whole dollar).

Service	Charge
Private Room Rate	1,014
Semi-Private Room Rate	1,014
Operating Room: Average Charge for the First Hour	4,295
Average Total Charge for an Inpatient Day	6,908

Part E : Emergency Department and Outpatient Services

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

97,864

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

10,636

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

63

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	1	1,553
Beds or Rooms dedicated for Psychiatric /Substance Abuse cases	4	6,214
General Beds	45	69,903
Children	13	20,194
	0	0
	0	0
	0	0

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

1,677

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

83,438

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

5,296

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.

2,128

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)	3	4
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	1	1
Hospice	3	4
Respite Care Services	3	4
Ultrasound/Medical Sonography	1	1
	0	0
	0	0
	0	0

1b. Report Period Workload Totals

Please report the workload totals for in-house and contract services as requested. The number of units should equal the number of machines.

Category	Total
Number of Podiatric Patients	418
Number of Dialysis Treatments	4,550
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	23
Number of Diagnostic X-Ray Procedures	75,686
Number of CTS Units (machines)	4
Number of CTS Procedures	40,780
Number of Diagnostic Radioisotope Procedures	3,388
Number of PET Units (machines)	0
Number of PET Procedures	0
Number of Therapeautic Radioisotope Procedures	25
Number of Number of MRI Units	3
Number of Number of MRI Procedures	6,272
Number of Chemotherapy Treatments	985
Number of Respiratory Therapy Treatments	285,685
Number of Occupational Therapy Treatments	27,721
Number of Physical Therapy Treatments	64,511
Number of Speech Pathology Patients	7,016
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	767
Number of HIV/AIDS Patients	51
Number of Ambulance Trips	0
Number of Hospice Patients	21
Number of Respite care Patients	0
Number of Ultrasound/Medical Sonography Units	8
Number of Ultrasound/Medical Sonography Procedures	24,908
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).

59

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	306	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 12-31-2011. Also, include the number of contract or temporary staff (eg. agency nurses) filling budgeted vacancies as of 12-31-2011.

Profession	Budgeted FTEs	Vacant Budgeted FTEs	Contract/Temporary Staff FTEs
Licensed Physicians	0.30000001192093	0	0
Physician Assistants Only (not including Licensed Physicians)	0.30000001192093	0	0
Registered Nurses (RNs-Advanced Practice*)	670.90002441406	52.599998474121	0
Licensed Practical Nurses (LPNs)	27.299999237061	1	0
Pharmacists	29.200000762939	1.2000000476837	0
Other Health Services Professionals*	623	20.200000762939	0
Administration and Support	626.09997558594	12.10000038147	0
All Other Hospital Personnel (not included above)	278.20001220703	9.8999996185303	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	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	0
Asian	47
Black/African American	34
Hispanic/Latino	12
Pacific Islander/Hawaiian	0
White	176
Multi-Racial	167

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	16	☐	16	7
General Internal Medicine	31	☑	31	31
Pediatricians	17	☑	17	17
Other Medical Specialties	136	☐	102	10

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	25	☐	25	10
Non-OB Physicians Providing OB Services	0	☐	0	0
Gynecology	28	☐	4	1
Ophthalmology Surgery	6	☐	4	0
Orthopedic Surgery	21	☐	21	2
Plastic Surgery	2	☐	2	0
General Surgery	6	☐	6	6
Thoracic Surgery	3	☐	3	0
Other Surgical Specialties	35	☐	35	3

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	14	☑	14	14
Dermatology	2	☐	0	0
Emergency Medicine	43	☑	43	43
Nuclear Medicine	0	☐	0	0
Pathology	7	☑	7	7
Psychiatry	6	☐	6	6
Radiology	41	☑	41	41
Pediatric Emergency	13	☑	13	13
Medicine	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	4
Podiatrists	6
Certified Nurse Midwives with Clinical Privileges in the Hospital	17
All Other Staff Affiliates with Clinical Privileges in the Hospital	271

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: Diverted cases during the diversion hour is unkown.

Part F.1.b Hospice counts show Hospice patients in a hospital bed, and do not show activities of the Wellstar owned hospice called Tranquility.

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 are 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
Rehab=Inpatient Rehabilitation
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	Rehab
ALABAMA	49	28	1	1	0	0	0	0	0	0	0	0	1
APPLING	1	0	0	0	0	0	0	0	0	0	0	0	0
BAKER	1	1	0	0	0	0	0	0	0	0	0	0	0
BALDWIN	1	1	0	0	0	0	0	0	0	0	0	0	0
BANKS	0	2	0	0	0	0	0	0	0	0	0	0	0
BARROW	6	2	1	0	0	0	0	0	0	0	0	0	0
BARTOW	74	35	8	35	0	0	0	0	0	0	0	0	0
BERRIEN	3	0	0	1	0	0	0	0	0	0	0	0	0
BIBB	5	4	1	1	0	0	0	0	0	0	0	0	0
BRYAN	1	0	0	0	0	0	0	0	0	0	0	0	0
BULLOCH	1	0	0	0	0	0	0	0	0	0	0	0	0
BUTTS	3	3	0	1	0	0	0	0	0	0	0	0	0
CANDLER	1	0	0	0	0	0	0	0	0	0	0	0	0
CARROLL	731	390	263	34	0	0	0	0	0	0	0	0	16
CATOOSA	5	2	0	5	0	0	0	0	0	0	0	0	0
CHATHAM	2	0	0	1	0	0	0	0	0	0	0	0	0
CHATTOOGA	7	2	0	6	0	0	0	0	0	0	0	0	0
CHEROKEE	250	147	16	97	0	0	0	0	0	0	0	0	1
CLARKE	8	2	1	3	0	0	0	0	0	0	0	0	0
CLAY	2	0	0	0	0	0	0	0	0	0	0	0	0
CLAYTON	63	40	16	5	0	0	0	0	0	0	0	0	1
COBB	12,010	3,324	2,118	900	0	0	0	0	0	0	0	0	139
COLUMBIA	0	3	0	0	0	0	0	0	0	0	0	0	0
COWETA	20	21	5	0	0	0	0	0	0	0	0	0	0
CRAWFORD	1	0	0	0	0	0	0	0	0	0	0	0	0
CRISP	4	0	0	0	0	0	0	0	0	0	0	0	2
DADE	4	1	0	3	0	0	0	0	0	0	0	0	0

DAWSON	1	3	0	1	0	0	0	0	0	0	0	0	0
DEKALB	128	70	29	17	0	0	0	0	0	0	0	0	0
DODGE	0	2	0	0	0	0	0	0	0	0	0	0	0
DOUGHERTY	6	1	1	0	0	0	0	0	0	0	0	0	0
DOUGLAS	3,246	1,518	848	299	0	0	0	0	0	0	0	0	51
EFFINGHAM	1	0	0	0	0	0	0	0	0	0	0	0	0
EMANUEL	1	0	0	0	0	0	0	0	0	0	0	0	0
FANNIN	9	4	0	4	0	0	0	0	0	0	0	0	0
FAYETTE	9	23	1	1	0	0	0	0	0	0	0	0	0
FLORIDA	39	7	0	5	0	0	0	0	0	0	0	0	2
FLOYD	25	12	0	16	0	0	0	0	0	0	0	0	0
FORSYTH	12	21	1	4	0	0	0	0	0	0	0	0	0
FRANKLIN	2	1	0	2	0	0	0	0	0	0	0	0	0
FULTON	737	263	147	86	0	0	0	0	0	0	0	0	12
GILMER	3	8	0	0	0	0	0	0	0	0	0	0	0
GLYNN	1	0	0	1	0	0	0	0	0	0	0	0	0
GORDON	14	7	0	11	0	0	0	0	0	0	0	0	0
GWINNETT	49	68	7	9	0	0	0	0	0	0	0	0	1
HABERSHAM	7	4	0	4	0	0	0	0	0	0	0	0	0
HALL	18	21	0	5	0	0	0	0	0	0	0	0	0
HANCOCK	1	0	0	0	0	0	0	0	0	0	0	0	0
HARALSON	119	62	40	23	0	0	0	0	0	0	0	0	1
HARRIS	2	1	0	0	0	0	0	0	0	0	0	0	0
HART	3	1	0	0	0	0	0	0	0	0	0	0	0
HEARD	7	1	2	1	0	0	0	0	0	0	0	0	0
HENRY	28	38	6	4	0	0	0	0	0	0	0	0	0
HOUSTON	1	6	0	0	0	0	0	0	0	0	0	0	0
JACKSON	2	3	0	0	0	0	0	0	0	0	0	0	0
JONES	2	0	0	0	0	0	0	0	0	0	0	0	0
LAMAR	0	1	0	0	0	0	0	0	0	0	0	0	0
LIBERTY	1	0	1	0	0	0	0	0	0	0	0	0	0
LOWNDES	1	0	0	0	0	0	0	0	0	0	0	0	0
LUMPKIN	2	7	0	1	0	0	0	0	0	0	0	0	0
MACON	0	4	0	0	0	0	0	0	0	0	0	0	0
MARION	0	2	0	0	0	0	0	0	0	0	0	0	0
MERIWETHER	3	2	0	2	0	0	0	0	0	0	0	0	0
MILLER	1	0	0	0	0	0	0	0	0	0	0	0	0
MORGAN	0	2	0	0	0	0	0	0	0	0	0	0	0
MURRAY	0	6	0	0	0	0	0	0	0	0	0	0	0
MUSCOGEE	3	25	0	0	0	0	0	0	0	0	0	0	0
NEWTON	7	17	0	3	0	0	0	0	0	0	0	0	0
NORTH CAROLINA	17	3	0	2	0	0	0	0	0	0	0	0	0
other out of state	119	11	5	19	0	0	0	0	0	0	0	0	2
PAULDING	2,779	935	505	175	0	0	0	0	0	0	0	0	31

PEACH	4	1	0	1	0	0	0	0	0	0	0	0	0
PICKENS	11	8	0	3	0	0	0	0	0	0	0	0	0
PIKE	2	2	0	1	0	0	0	0	0	0	0	0	0
POLK	256	61	51	20	0	0	0	0	0	0	0	0	3
RABUN	3	1	0	3	0	0	0	0	0	0	0	0	0
RANDOLPH	0	1	0	0	0	0	0	0	0	0	0	0	0
RICHMOND	3	0	1	1	0	0	0	0	0	0	0	0	0
ROCKDALE	12	7	2	0	0	0	0	0	0	0	0	0	0
SOUTH CAROLINA	12	3	0	1	0	0	0	0	0	0	0	0	1
SPALDING	1	4	0	0	0	0	0	0	0	0	0	0	0
STEPHENS	1	0	0	1	0	0	0	0	0	0	0	0	0
SUMTER	1	0	0	0	0	0	0	0	0	0	0	0	0
TALBOT	2	0	0	0	0	0	0	0	0	0	0	0	0
TALIAFERRO	1	0	0	0	0	0	0	0	0	0	0	0	0
TELFAIR	0	2	0	0	0	0	0	0	0	0	0	0	0
TENNESSEE	21	48	0	3	0	0	0	0	0	0	0	0	1
TERRELL	0	1	0	0	0	0	0	0	0	0	0	0	0
TIFT	1	0	0	0	0	0	0	0	0	0	0	0	0
TOOMBS	0	1	0	0	0	0	0	0	0	0	0	0	0
TOWNS	0	1	0	0	0	0	0	0	0	0	0	0	0
TREUTLEN	3	0	0	0	0	0	0	0	0	0	0	0	1
TROUP	8	12	0	0	0	0	0	0	0	0	0	0	0
UNION	2	2	0	0	0	0	0	0	0	0	0	0	0
UPSON	0	3	0	0	0	0	0	0	0	0	0	0	0
WALKER	8	1	0	5	0	0	0	0	0	0	0	0	0
WALTON	3	5	0	0	0	0	0	0	0	0	0	0	1
WARE	2	0	0	0	0	0	0	0	0	0	0	0	0
WASHINGTON	1	0	0	0	0	0	0	0	0	0	0	0	0
WHITE	3	2	0	1	0	0	0	0	0	0	0	0	0
WHITFIELD	4	19	0	2	0	0	0	0	0	0	0	0	0
WILCOX	0	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	0
Total	**21,025**	**7,354**	**4,077**	**1,830**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**267**

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	8
Cystoscopy (OR Suite)	0	0	1
Endoscopy (OR Suite)	0	0	0
	0	0	0
Total	**0**	**7**	**9**

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	5,113	3,783	2,061
Cystoscopy	0	0	151	480
Endoscopy	0	0	0	0
	0	0	0	0
Total	**0**	**5,113**	**3,934**	**2,541**

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	4,909	3,643	1,967
Cystoscopy	0	0	149	478
Endoscopy	0	0	0	0
	0	0	0	0
Total	**0**	**4,909**	**3,792**	**2,445**

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	15
Asian	84
Black/African American	2,223
Hispanic/Latino	388
Pacific Islander/Hawaiian	3
White	4,518
Multi-Racial	123
Total	**7,354**

2. Age Grouping

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

Age of Patient	Number of Ambulatory Patients
Ages 0-14	1,128
Ages 15-64	4,834
Ages 65-74	823
Ages 75-85	482
Ages 85 and Up	87
Total	**7,354**

3. Gender

Please report the total number of ambulatory patients by gender.

Gender	Number of Ambulatory Patients
Male	2,783
Female	4,571
Total	**7,354**

4. Payment Source

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

Primary Payment Source	Number of Patients
Medicare	1,690
Medicaid	1,345
Third-Party	3,947
Self-Pay	372

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: 20

4. Number of LDRP Rooms: 6

5. Number of Cesarean Sections: 1,474

6. Total Live Births: 4,128

7. Total Births (Live and Late Fetal Deaths): 4,166

8. Total Deliveries (Births + Early Fetal Deaths and Induced Terminations): 4,252

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)	46	3,636	7,646	40
Specialty Care (Intermediate Neonatal Care)	10	350	5,588	121
Subspecialty Care (Intensive Neonatal Care)	10	142	1,329	2

Part C : Obstetrical Charges and Utilization by Mother's Race/Ethnicity and Age

1. Race/Ethnicity

Please provide the number of admissions and inpatient days for mothers by the mother's race using race/ethnicity classifications.

Race/Ethnicity	Admissions by Mother's Race	Inpatient Days
American Indian/Alaska Native	4	10
Asian	107	353
Black/African American	1,705	5,076
Hispanic/Latino	558	1,346
Pacific Islander/Hawaiian	3	7
White	1,621	4,344
Multi-Racial	79	208
Total	**4,077**	**11,344**

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	6	18
Ages 15-44	4,063	11,292
Ages 45 and Up	8	34
Total	**4,077**	**11,344**

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

$14,034.00

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

$22,249.00

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	34	33
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	1,830	9,588	1,825	9,648	2,391	☑
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	4	20
Asian	9	47
Black/African American	527	3,069
Hispanic/Latino	37	177
Pacific Islander/Hawaiian	2	8
White	1,236	6,177
Multi-Racial	15	90
Total	**1,830**	**9,588**

2. Gender

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

Gender of Patient	Admissions	Inpatient Days
Male	882	4,684
Female	948	4,904
Total	**1,830**	**9,588**

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	448	3,158
Medicaid	538	3,108
Third Party	713	2,952
Self-Pay	91	370
PeachCare	0	0

Georgia Minority Health Advisory Council Addendum

Because of Georgia's racial and ethnic diversity, and a dramatic increase in segments of the population with Limited English Proficiency, the Georgia Minority Health Advisory Council is working with the Department of Community Health to assess our health systems' ability to provide Culturally and Linguistically Appropriate Services (CLAS) to all segments of our population. We appreciate your willingness to provide information on the following questions:

1. Do you have paid medical interpreters on staff? *(Check the box, if yes.)* ☑
If you checked yes, how many? 1 (FTE's)
What languages do they interpret?
Spanish

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

Bilingual Hospital Staff Member	☑	Bilingual Member of Patient's Family	☐
Community Volunteer Intrepreter	☐	Telephone Interpreter Service	☑
Refer Patient to Outside Agency	☐	Other (please describe):	☑

When a patient has a pre-planned appointment at a WellStar facility and a trained in-house medical interpreter is not available to assist with communication, providers can schedule a medical interpreter to be present during the medical appointment. WellStar maintains a contractual relationship with three (3) agencies to supplement our in-house medical interpretation services capability.

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	4.0	88	0	0
Vietnamese	0.1	3	0	0
Portuguese	.02	2	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?

Over the last few years, WellStar has enhanced interpretation services at all of our facilities in order to ensure effective communication and to provide culturally competent care. In-person medical interpretation services for patients who speak Spanish is now available at our two largest hospitals, Kennestone Hospital on a 24-hour basis daily and at Cobb Hospital, 8 hours/daily however all facilities have access to telephonic interpretation services which are available, twenty-four (24) hours daily with access to over 150 languages.

Effective January 2012, Emergency Rooms were equipped with over 200 dual handset phones. Dual handset phones allow enhanced communication with patients with limited English proficiency (LEP). In addition to the emergency rooms, over 200 dual handset phones were already available in patient care units.

Departments were trained on the use of these resources and how to document the use of interpretation services in patients' medical records. Additionally, an interpretation services toolkit was distributed to all departments. Information about CLAS Standards and detailed instructions on how to quickly access interpretation services are included in the toolkit and have been provided during department staff meetings and trainings.

WellStar has also implemented programs to engage team members and train providers on how to provide culturally competent care. The Cultural Diplomat 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 this program. WellStar also has a monthly newsletter, Cultural Connections, which highlights a different culture dimension of diversity. In addition, WellStar offers additional online tools to support culturally competent care including the following:

- Culture Vision, a robust database that is geared to healthcare professionals. It provides cultural, religious and other information about several ethnic groups.
- DiversityToolkit , a resource designed for managers, leaders and front-line workers to help to successfully build and manage diverse workgroups.
- CareNotes provides inpatient/discharge information and drug-related information to patients. Information can be customized in multiple languages.
- Annual Diversity Forum – annual educational conference which focuses on diversity and cultural competency in health care. This conference is geared to all WellStar providers and system leaders.

A key component of the boarding process at WellStar is training of all nurses who have recently graduated from nursing school and are entering the workforce at WellStar.

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?

At WellStar, we are pleased to be able to provide care that is culturally and linguistically appropriate for our patients.

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

1. English
2. Braile
3. Spanish (not all signs)
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?

1) Good Samaritan Health Center of Cobb
1605 Roberta Drive SW
Marietta, GA 30008

2)Kennesaw State University Community Health Clinic at MUST
1407 Cobb Parkway NW
Marietta, GA 30062

3)Sweetwater Community Health Center
6289 Veterans Memorial Highway
Austell, GA 30168

4)Luke's Place
948 Front Street
Mableton, GA 30126

5) The Family Health Center at Cobb
An affiliate of West End Medical Centers, Inc. (This is a Federally Qualified Health Center in Fulton County)
805 Campbell Hill Street
Marietta, GA 30060

6) WellStar Community Clinic at Kennestone
52 Tower Road
Marietta, GA 30060

7)WellStar Community Clinic at Cobb
1790 Mulkey Road
Suite 10
Austell, GA 30106

8) Georgia Highlands Medical Services
(This is also a Federally Qualified Health Center out of Cumming, Georgia)
220 Oakside Lane Building
Canton, Georgia 30114

Comprehensive Inpatient Physical Rehabilitation Addendum

Part A : Rehab Utilization by Race/Ethnicity, Gender, and Payment Source

1. Admissions and Days of Care by Race

Please report the number of inpatient physical rehabilitation admissions and inpatient days for the hospital by the following race and ethnicity categories.

Race/Ethnicity	Admissions	Inpatient Days
American Indian/Alaska Native	0	0
Asian	1	9
Black/African American	91	1,127
Hispanic/Latino	6	68
Pacific Islander/Hawaiian	0	0
White	167	2,061
Multi-Racial	2	45

2. Admissions and Days of care by Gender

Please report the number of inpatient physical rehabilitation admissions and inpatient days by gender.

Gender	Admissions	Inpatient Days
Male	117	1,551
Female	150	1,759

3. Admissions and Days of Care by Age Cohort

Please report the number of inpatient physical rehabilitation admissions and inpatient days by age cohort.

Gender	Admissions	Inpatient Days
0-17	0	0
18-64	137	1,671
65-84	112	1,421
85 Up	18	218

Part B : Referral Source

1. Referral Source

Please report the number of inpatient physical rehabilitation admissions during the report period from each of the following sources.

Referral Source	Admissions
Acute Care Hospital/General Hospital	266
Long Term Care Hospital	0
Skilled Nursing Facility	0
Traumatic Brain Injury Facility	0

Home	1

1. Payers

Please report the number of inpatient physical rehabilitation admissions by each of the following payer categories.

Primary Payment Source	Admissions
Medicare	165
Third Party/Commercial	75
Self Pay	15
Other	12

2. Uncompensated Indigent and Charity Care

Please report the number of inpatietn physical rehabilitation patients qualifying as uncompensated indigent or charity care

5

Part D : Admissions by Diagnosis Code

1. Admissions by Diagnosis Code

Please report the number of inpatient physical rehabilitation admissions by the "CMS 13" diagnosis of the patient listed below.

Diagnosis	Admissions
1. Stroke	88
2. Brain Injury	11
3. Amputation	18
4. Spinal Cord	9
5. Fracture of the femur	43
6. Neurological disorders	27
7. Multiple Trauma	5
8. Congenital deformity	0
9. Burns	1
10. Osteoarthritis	0
11. Rheumatoid arthritis	5
12. Systemic vasculidities	0
13. Joint replacement	4
All Other	56

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: Reynold J Jennings

Date: 3/26/2012

Title: President and C.E.O.

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.