



2012 Annual Hospital Questionnaire

Part A : General Information

1. Identification

UID:HOSP547

Facility Name: Southern Regional Medical Center

County: Clayton

Street Address: 11 Upper Riverdale Road SW

City: Riverdale

Zip: 30274-2600

Mailing Address: 11 Upper Riverdale Road SW

Mailing City: Riverdale

Mailing Zip: 30274-2600

Medicaid Provider Number: 000000404A

Medicare Provider Number: 110165

2. Report Period

Report Data for the full twelve month period- January 1, 2012 through December 31, 2012.

Do not use a different report period.

Check the box to the right if your facility was **not** operational for the entire year.

If your facility was **not** operational for the entire year, provide the dates the facility was operational.

Part B : Survey Contact Information

Person authorized to respond to inquiries about the responses to this survey.

Contact Name: Ken Leach

Contact Title: Director Budget & Management Accounting

Phone: 770-991-8314

Fax: 770-991-8591

E-mail: ken.leach@southernregional.org

Part C : Ownership, Operation and Management

1. Ownership, Operation and Management

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

A. Facility Owner

Full Legal Name (Or Not Applicable)	Organization Type	Effective Date
Clayton County Hospital Authority	Hospital Authority	6/14/1962

B. Owner's Parent Organization

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

C. Facility Operator

Full Legal Name (Or Not Applicable)	Organization Type	Effective Date
Southern Regional Health System	Not for Profit	1/28/1991

D. Operator's Parent Organization

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

E. Management Contractor

Full Legal Name (Or Not Applicable)	Organization Type	Effective Date
Emory Healthcare, Inc	Not for Profit	10/1/2012

F. Management's Parent Organization

Full Legal Name (Or Not Applicable)	Organization Type	Effective Date
Emory University	Not for Profit	10/1/2012

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.

Emory Healthcare, Inc entered into a management services agreement with Southern Regional Health System on 10/1/2012.

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

Name: Southern Regional Health System

City: Riverdale **State:** GA

4. Check the box to the right if your hospital is a division or subsidiary of a holding company.

Name:

City: **State:**

5. Check the box to the right if the hospital itself operates subsidiary corporations

Name: Southern Crescent Real Estate

City: Riverdale **State:** GA

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

Name: VHA of Georgia

City: Atlanta **State:** GA

7. Check the box to the right if your hospital is a participant in a health care network

Name:

City: **State:**

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

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

10a. Managed Care Information: Formal Written Contract

Does the hospital have a formal written contract that specifies the obligations of each party with each of the following? (check the appropriate boxes)

1. Health Maintenance Organization(HMO)

2. Preferred Provider Organization(PPO)

3. Physician Hospital Organization(PHO)

4. Provider Service Organization(PSO)

5. Other Managed Care or Prepaid Plan

10b. Managed Care Information: Insurance Products

Check the appropriate boxes to indicate if any of the following insurance products have been developed by the hospital, health care system, network, or as a joint venture with an insurer:

Type of Insurance Product	Hospital	Health Care System	Network	Joint Venture with Insurer
Health Maintenance Organization	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Preferred Provider Organization	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Indemnity Fee-for-Service Plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Another Insurance Product Not Listed Above	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

11. Owner or Owner Parent Based in Another State

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

Part D : Inpatient Services

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

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

Category	SUS Beds	Admissions	Inpatient Days	Discharges	Discharge Days
Obstetrics (no GYN, include LDRP)	48	3,525	8,724	3,521	8,786
Pediatrics (Non ICU)	0	0	0	0	0
Pediatric ICU	0	0	0	0	0
Gynecology (No OB)	0	0	0	0	0
General Medicine	0	0	0	0	0
General Surgery	0	0	0	0	0
Medical/Surgical	156	9,344	47,721	8,526	38,080
Intensive Care	34	0	0	814	9,703
Psychiatry	0	0	0	0	0
Substance Abuse	0	0	0	0	0
Adult Physical Rehabilitation (18 & Up)	20	255	3,861	251	3,689
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
Orthopedic Unit	20	270	582	270	582
	0	0	0	0	0
	0	0	0	0	0
Total	278	13,394	60,888	13,382	60,840

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	6	37
Asian	362	1,505
Black/African American	8,317	37,930
Hispanic/Latino	843	2,924
Pacific Islander/Hawaiian	8	23
White	3,727	17,947
Multi-Racial	119	474
Total	13,382	60,840

3. Gender

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

Gender	Admissions	Inpatient Days
Male	4,445	24,201
Female	8,937	36,639
Total	13,382	60,840

4. Payment Source

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

Primary Payment Source	Admissions	Inpatient Days
Medicare	5,053	27,346
Medicaid	4,547	18,477
Peachare	0	0
Third-Party	2,550	10,563
Self-Pay	1,074	3,925
Other	158	529

5. Discharges to Death

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

324

6. Charges for Selected Services

Please report the hospital's average charges as of 12-31-2012 (to the nearest whole dollar).

Service	Charge
Private Room Rate	972
Semi-Private Room Rate	904
Operating Room: Average Charge for the First Hour	2,598
Average Total Charge for an Inpatient Day	6,175

Part E : Emergency Department and Outpatient Services

1. Emergency Visits

Please report the number of emergency visits only.

81,480

2. Inpatient Admissions from ER

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

9,080

3. Beds Available

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

42

4. Utilization by Specific type of ER bed or room for the report period.

Type of ER Bed or Room	Beds	Visits
Beds dedicated for Trauma	4	0
Beds or Rooms dedicated for Psychiatric /Substance Abuse cases	3	0
General Beds	17	0
Isolation not Dedicated Beds	2	0
Amb Care / Fast Track Beds	13	0
Mid Level Screening Exam Beds	3	0
	0	0

5. Transfers

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

1,889

6. Non-Emergency Visits

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

56,943

7. Observation Visits/Cases

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

3,958

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.

4,058

Part F : Services and Facilities

1a. Services and Facilities

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

Site Codes

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

Status Codes

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

Service/Facilities	Site Code	Service Status
Podiatric Services	1	1
Renal Dialysis	1	1
ESWL	2	1
Biliary Lithotripter	3	4
Kidney Transplants	3	4
Heart Transplants	3	4
Other-Organ/Tissues Transplants	3	4
Diagnostic X-Ray	1	1
Computerized Tomography Scanner (CTS)	1	1
Radioisotope, Diagnostic	1	1
Positron Emission Tomography (PET)	2	1
Radioisotope, Therapeutic	1	1
Magnetic Resonance Imaging (MRI)	1	1
Chemotherapy	1	1
Respiratory Therapy	1	1
Occupational Therapy	1	1
Physical Therapy	1	1
Speech Pathology Therapy	1	1
Gamma Ray Knife	3	4
Audiology Services	3	4
HIV/AIDS Diagnostic Treatment/Services	1	1
Ambulance Services	3	4
Hospice	3	4
Respite Care Services	3	4
Ultrasound/Medical Sonography	1	1
	0	0
	0	0
	0	0

1b. Report Period Workload Totals

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

Category	Total
Number of Podiatric Patients	92
Number of Dialysis Treatments	2,667
Number of ESWL Patients	225
Number of ESWL Procedures	225
Number of ESWL Units	1
Number of Biliary Lithotripter Procedures	0
Number of Biliary Lithotripter Units	0
Number of Kidney Transplants	0
Number of Heart Transplants	0
Number of Other-Organ/Tissues Treatments	0
Number of Diagnostic X-Ray Procedures	50,443
Number of CTS Units (machines)	3
Number of CTS Procedures	21,972
Number of Diagnostic Radioisotope Procedures	5,311
Number of PET Units (machines)	1
Number of PET Procedures	628
Number of Therapeutic Radioisotope Procedures	16
Number of Number of MRI Units	2
Number of Number of MRI Procedures	3,468
Number of Chemotherapy Treatments	1,556
Number of Respiratory Therapy Treatments	84,746
Number of Occupational Therapy Treatments	25,315
Number of Physical Therapy Treatments	37,959
Number of Speech Pathology Patients	5,228
Number of Gamma Ray Knife Procedures	0
Number of Gamma Ray Knife Units	0
Number of Audiology Patients	0
Number of HIV/AIDS Diagnostic Procedures	1,440
Number of HIV/AIDS Patients	81
Number of Ambulance Trips	0
Number of Hospice Patients	0
Number of Respite care Patients	0
Number of Ultrasound/Medical Sonography Units	11
Number of Ultrasound/Medical Sonography Procedures	16,655
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).

44

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	276	Da Vinci S Surgical System Model #PS2000 PN:380478-01

Part G : Facility Workforce Information

1. Budgeted Staff

Please report the number of budgeted fulltime equivalents (FTEs) and the number of vacancies as of 12-31-2012. Also, include the number of contract or temporary staff (eg. agency nurses) filling budgeted vacancies as of 12-31-2012.

Profession	Budgeted FTEs	Vacant Budgeted FTEs	Contract/Temporary Staff FTEs
Licensed Physicians	0	0	0
Physician Assistants Only (not including Licensed Physicians)	1.7999999523163	0	0
Registered Nurses (RNs-Advanced Practice*)	402.67001342773	46.299999237061	2.7000000476837
Licensed Practical Nurses (LPNs)	25.270000457764	0	0
Pharmacists	0	0	0
Other Health Services Professionals*	301.82998657227	33	0
Administration and Support	99.790000915527	1.2999999523163	0
All Other Hospital Personnel (not included above)	413.92999267578	68	0

2. Filling Vacancies

Using the drop-down menus, please select the average time needed during the past six months to fill each type of vacant position.

Type of Vacancy	Average Time Needed to Fill Vacancies
Physician's Assistants	More than 90 Days
Registered Nurses (RNs-Advance Practice)	31-60 Days
Licensed Practical Nurses (LPNs)	Not Applicable
Pharmacists	Not Applicable
Other Health Services Professionals	30 Days or Less
All Other Hospital Personnel (not included above)	30 Days or Less

3. Race/Ethnicity of Physicians

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

Race/Ethnicity	Number of Physicians
American Indian/Alaska Native	0
Asian	0
Black/African American	0
Hispanic/Latino	0
Pacific Islander/Hawaiian	0
White	0
Multi-Racial	0

4. Medical Staff

Please report the number of active and associate/provisional medical staff for the following specialty categories. Keep in mind that physicians may be counted in more than one specialty. Please

indicate whether the specialty group(s) is hospital-based. Also, indicate how many of each medical specialty are enrolled as providers in Georgia Medicaid/PeachCare for Kids and/or the Public Employee Health Benefit Plans (PEHB-State Health Benefit Plant and/or Board of Regents Benefit Plan).

Medical Specialties	Number of Medical Staff	Check if Any are Hospital Based	Number Enrolled as Providers in Medicaid/PeachCare	Number Enrolled as Providers in PEHB Plan
General and Family Practice	7	<input checked="" type="checkbox"/>	3	0
General Internal Medicine	53	<input checked="" type="checkbox"/>	19	0
Pediatricians	28	<input checked="" type="checkbox"/>	21	0
Other Medical Specialties	92	<input checked="" type="checkbox"/>	59	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	17	<input type="checkbox"/>	6	0
Non-OB Physicians Providing OB Services	0	<input type="checkbox"/>	0	0
Gynecology	4	<input type="checkbox"/>	1	0
Ophthalmology Surgery	3	<input type="checkbox"/>	3	0
Orthopedic Surgery	14	<input type="checkbox"/>	6	0
Plastic Surgery	4	<input type="checkbox"/>	3	0
General Surgery	14	<input type="checkbox"/>	9	0
Thoracic Surgery	1	<input type="checkbox"/>	0	0
Other Surgical Specialties	26	<input checked="" type="checkbox"/>	21	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	13	<input checked="" type="checkbox"/>	9	0
Dermatology	0	<input type="checkbox"/>	0	0
Emergency Medicine	21	<input checked="" type="checkbox"/>	0	0
Nuclear Medicine	2	<input type="checkbox"/>	2	0
Pathology	11	<input checked="" type="checkbox"/>	4	0
Psychiatry	1	<input type="checkbox"/>	1	0
Radiology	11	<input checked="" type="checkbox"/>	6	0
	0	<input type="checkbox"/>	0	0
	0	<input type="checkbox"/>	0	0
	0	<input type="checkbox"/>	0	0

5a. Non-Physicians

Please report the number of professionals for the categories below. Exclude any hospital-based staff reported in Part G, Questions 1,2,3 and 4 above.

Profession	Number
Dentists (include oral surgeons) with Admitting Privileges	0
Podiatrists	5
Certified Nurse Midwives with Clinical Privileges in the Hospital	12
All Other Staff Affiliates with Clinical Privileges in the Hospital	149

5b. Name of Other Professions

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

Please see comments section below.

Comments and Suggestions:

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

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

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

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

Part H : Physician Name and License Number

1. Physicians on Staff

Please report the full name and license number of each physician on staff. **(Due to the large number of entries, this section has been moved to a separate PDF file.)**

Part I : Patient Origin Table

1. Patient Origin

Please report the county of origin for the inpatient admissions or discharges excluding newborns (except surgical services should include outpatients only).

Inpat=Inpatient Services
Surg=Outpatient Surgical
OB=Obstetric

P18+=Acute psychiatric adult 18 and over
P13-17=Acute psychiatric adolescent 13-17
P0-12=Acute psychiatric children 12 and under
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	0	7	0	0	0	0	0	0	0	0	0	0	0
Atkinson	1	0	0	0	0	0	0	0	0	0	0	0	0
Baldwin	3	0	0	0	0	0	0	0	0	0	0	0	0
Barrow	1	0	0	0	0	0	0	0	0	0	0	0	0
Bartow	2	2	1	0	0	0	0	0	0	0	0	0	0
Bibb	5	9	0	0	0	0	0	0	0	0	0	0	0
Bulloch	0	1	0	0	0	0	0	0	0	0	0	0	0
Butts	145	86	64	0	0	0	0	0	0	0	0	0	2
Carroll	8	10	1	0	0	0	0	0	0	0	0	0	2
Catoosa	1	0	0	0	0	0	0	0	0	0	0	0	0
Chatham	2	1	0	0	0	0	0	0	0	0	0	0	0
Chattooga	1	1	0	0	0	0	0	0	0	0	0	0	0
Cherokee	3	6	0	0	0	0	0	0	0	0	0	0	0
Clarke	2	1	0	0	0	0	0	0	0	0	0	0	0
Clay	0	2	0	0	0	0	0	0	0	0	0	0	0
Clayton	8,657	2,245	1,907	0	0	0	0	0	0	0	0	0	116
Cobb	53	49	19	0	0	0	0	0	0	0	0	0	0
Colquitt	0	1	0	0	0	0	0	0	0	0	0	0	0
Columbia	1	1	0	0	0	0	0	0	0	0	0	0	0
Coweta	122	198	19	0	0	0	0	0	0	0	0	0	9
Crawford	1	0	0	0	0	0	0	0	0	0	0	0	0
DeKalb	223	175	43	0	0	0	0	0	0	0	0	0	1
Dodge	1	0	0	0	0	0	0	0	0	0	0	0	0
Dougherty	1	0	0	0	0	0	0	0	0	0	0	0	0
Douglas	30	26	7	0	0	0	0	0	0	0	0	0	0
Early	1	0	0	0	0	0	0	0	0	0	0	0	0
Fannin	2	0	0	0	0	0	0	0	0	0	0	0	0

Fayette	419	339	65	0	0	0	0	0	0	0	0	0	18
Floyd	3	0	0	0	0	0	0	0	0	0	0	0	0
Forsyth	2	5	0	0	0	0	0	0	0	0	0	0	0
Franklin	1	0	0	0	0	0	0	0	0	0	0	0	0
Fulton	1,747	803	477	0	0	0	0	0	0	0	0	0	24
Gilmer	2	1	0	0	0	0	0	0	0	0	0	0	0
Glynn	0	1	0	0	0	0	0	0	0	0	0	0	0
Greene	0	1	0	0	0	0	0	0	0	0	0	0	0
Gwinnett	42	24	10	0	0	0	0	0	0	0	0	0	1
Habersham	2	0	0	0	0	0	0	0	0	0	0	0	0
Hall	7	4	0	0	0	0	0	0	0	0	0	0	0
Haralson	3	5	0	0	0	0	0	0	0	0	0	0	0
Harris	1	0	0	0	0	0	0	0	0	0	0	0	0
Hart	1	3	0	0	0	0	0	0	0	0	0	0	0
Heard	3	2	1	0	0	0	0	0	0	0	0	0	0
Henry	1,262	1,211	395	0	0	0	0	0	0	0	0	0	53
Houston	8	4	1	0	0	0	0	0	0	0	0	0	0
Jackson	2	1	0	0	0	0	0	0	0	0	0	0	0
Jasper	8	7	1	0	0	0	0	0	0	0	0	0	0
Jones	1	0	0	0	0	0	0	0	0	0	0	0	0
Lamar	26	31	10	0	0	0	0	0	0	0	0	0	0
Laurens	1	1	0	0	0	0	0	0	0	0	0	0	0
Liberty	0	3	0	0	0	0	0	0	0	0	0	0	0
Lowndes	2	0	0	0	0	0	0	0	0	0	0	0	0
Lumpkin	2	2	0	0	0	0	0	0	0	0	0	0	0
Macon	1	0	0	0	0	0	0	0	0	0	0	0	0
Madison	0	1	0	0	0	0	0	0	0	0	0	0	0
Marion	1	0	0	0	0	0	0	0	0	0	0	0	0
Meriwether	16	16	5	0	0	0	0	0	0	0	0	0	1
Monroe	12	2	7	0	0	0	0	0	0	0	0	0	1
Morgan	0	1	0	0	0	0	0	0	0	0	0	0	0
Murray	1	0	0	0	0	0	0	0	0	0	0	0	0
Muscogee	7	2	1	0	0	0	0	0	0	0	0	0	0
Newton	26	26	7	0	0	0	0	0	0	0	0	0	1
Oconee	1	0	0	0	0	0	0	0	0	0	0	0	0
Other Out of State	154	22	7	0	0	0	0	0	0	0	0	0	5
Paulding	5	7	1	0	0	0	0	0	0	0	0	0	0
Peach	1	2	0	0	0	0	0	0	0	0	0	0	0
Pike	24	59	10	0	0	0	0	0	0	0	0	0	2
Polk	1	0	0	0	0	0	0	0	0	0	0	0	0
Putnam	3	0	1	0	0	0	0	0	0	0	0	0	0
Rabun	0	1	0	0	0	0	0	0	0	0	0	0	0
Richmond	1	0	0	0	0	0	0	0	0	0	0	0	0
Rockdale	25	23	5	0	0	0	0	0	0	0	0	0	1

Schley	1	0	0	0	0	0	0	0	0	0	0	0	0
Seminole	2	0	0	0	0	0	0	0	0	0	0	0	1
Spalding	248	245	111	0	0	0	0	0	0	0	0	0	13
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
Taylor	1	0	0	0	0	0	0	0	0	0	0	0	0
Telfair	1	0	0	0	0	0	0	0	0	0	0	0	0
Terrell	2	0	0	0	0	0	0	0	0	0	0	0	0
Thomas	1	0	0	0	0	0	0	0	0	0	0	0	0
Tift	2	0	0	0	0	0	0	0	0	0	0	0	0
Toombs	1	0	0	0	0	0	0	0	0	0	0	0	0
Troup	10	9	0	0	0	0	0	0	0	0	0	0	0
Twiggs	1	0	0	0	0	0	0	0	0	0	0	0	0
Union	0	2	0	0	0	0	0	0	0	0	0	0	0
Upson	15	24	5	0	0	0	0	0	0	0	0	0	0
Walker	1	1	0	0	0	0	0	0	0	0	0	0	0
Walton	2	3	0	0	0	0	0	0	0	0	0	0	0
Washington	0	1	0	0	0	0	0	0	0	0	0	0	0
Wayne	0	1	0	0	0	0	0	0	0	0	0	0	0
Whitfield	1	0	0	0	0	0	0	0	0	0	0	0	0
Total	13,382	5,717	3,181	0	0	0	0	0	0	0	0	0	251

Surgical Services Addendum

Part A : Surgical Services Utilization

1. Surgery Rooms in the OR Suite

Please report the Number of Surgery Rooms, (as of the end of the report period). Report only the rooms in CON-Approved Operating Room Suites pursuant to Rule 111-2-2-.40 and 111-8-48-.28.

Room Type	Dedicated Inpatient Rooms	Dedicated Outpatient Rooms	Shared Rooms
General Operating	0	5	7
Cystoscopy (OR Suite)	0	0	2
Endoscopy (OR Suite)	0	0	0
Minor Procedure Room	0	0	2
Total	0	5	11

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	2,862	2,058	2,290
Cystoscopy	0	0	77	219
Endoscopy	0	0	0	0
Minor Procedure	0	0	16	671
Total	0	2,862	2,151	3,180

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	2,696	1,947	2,156
Cystoscopy	0	0	74	205
Endoscopy	0	0	0	0
Minor Procedure	0	0	16	660
Total	0	2,696	2,037	3,021

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	7
Asian	139
Black/African American	2,851
Hispanic/Latino	270
Pacific Islander/Hawaiian	3
White	2,215
Multi-Racial	232
Total	5,717

2. Age Grouping

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

Age of Patient	Number of Ambulatory Patients
Ages 0-14	597
Ages 15-64	3,890
Ages 65-74	775
Ages 75-85	394
Ages 85 and Up	61
Total	5,717

3. Gender

Please report the total number of ambulatory patients by gender.

Gender	Number of Ambulatory Patients
Male	1,820
Female	3,897
Total	5,717

4. Payment Source

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

Primary Payment Source	Number of Patients
Medicare	1,535
Medicaid	1,231
Third-Party	2,822
Self-Pay	129

Perinatal Services Addendum

Part A : Obstetrical Services Utilization

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

1. Number of Delivery Rooms: 2

2. Number of Birthing Rooms: 0
3. Number of LDR Rooms: 14
4. Number of LDRP Rooms: 0
5. Number of Cesarean Sections: 932
6. Total Live Births: 3,371
7. Total Births (Live and Late Fetal Deaths): 3,420
8. Total Deliveries (Births + Early Fetal Deaths and Induced Terminations): 4,111

Part B : Newborn and Neonatal Nursery Services

1. Nursery Services

Please Report the following newborn and neonatal nursery information for the report period.

Type of Nursery	Set-Up and Staffed Beds/Station	Neonatal Admissions	Inpatient Days	Transfers within Hospital
Normal Newborn (Basic)	20	2,815	5,226	213
Specialty Care (Intermediate Neonatal Care)	18	351	3,165	486
Subspecialty Care (Intensive Neonatal Care)	12	77	2,560	153

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	1	1
Asian	128	285
Black/African American	2,041	5,256
Hispanic/Latino	486	1,071
Pacific Islander/Hawaiian	4	7
White	489	1,123
Multi-Racial	32	75
Total	3,181	7,818

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	12
Ages 15-44	3,173	7,803
Ages 45 and Up	2	3
Total	3,181	7,818

3. Average Charge for an Uncomplicated Delivery

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

\$9,047.00

4. Average Charge for a Premature Delivery

Please report the average hospital charge for a premature delivery.

\$40,306.00

LTCH Addendum

Part A : General Information

1a. Accreditation Check the box to the right if your Long Term Care Hospital is accredited.
If you checked the box for yes, please specify the agency that accredits your facility in the space below.

1b. Level/Status of Accreditation

Please provide your organization's level/status of accreditation.

2. Number of Licensed LTCH Beds: 0

3. Permit Effective Date:

4. Permit Designation:

5. Number of CON Beds: 0

6. Number of SUS Beds: 0

7. Total Patient Days: 0

8. Total Discharges: 0

9. Total LTCH Admissions: 0

Part B : Utilization by Race, Age, Gender and Payment Source

1. Race/Ethnicity

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

Race/Ethnicity	Admissions	Inpatient Days
American Indian/Alaska Native	0	0
Asian	0	0
Black/African American	0	0
Hispanic/Latino	0	0
Pacific Islander/Hawaiian	0	0
White	0	0
Multi-Racial	0	0
Total	0	0

2. Age of LTCH Patient

Please provide the number of admissions and inpatient days by the following age groupings.

Age of Patient	Admissions	Inpatient Days
Ages 0-64	0	0
Ages 65-74	0	0
Ages 75-84	0	0
Ages 85 and Up	0	0
Total	0	0

3. Gender

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

Gender of Patient	Admissions	Inpatient Days
Male	0	0
Female	0	0
Total	0	0

4. Payment Source

Please indicate the number of patients by the payment source. Please note that individuals may have multiple payment sources.

Primary Payment Source	Number of Patients	Inpatient Days
Medicare	0	0
Third-Party	0	0
Self-Pay	0	0
Other	0	0

Psychiatric/Substance Abuse Services Addendum

Part A : Psychiatric and Substance Abuse Data by Program

1. Beds

Please report the number of beds as of the last day of the report period. Report beds only for officially recognized programs. Use the blank row to report combined beds. For combined bed programs, please report each of the combined bed programs and the number of combined beds. Indicate the combined programs using letters A through H, for example, "AB"

Patient Type	Distribution of CON-Authorized Beds	Set-Up and Staffed Beds
A- General Acute Psychiatric Adults 18 and over	0	0
B- General Acute Psychiatric Adolescents 13-17	0	0
C- General Acute Psychiatric Children 12 and under	0	0
D- Acute Substance Abuse Adults 18 and over	0	0
E- Acute Substance Abuse Adolescents 13-17	0	0
F-Extended Care Adults 18 and over	0	0
G- Extended Care Adolescents 13-17	0	0
H- Extended Care Adolescents 0-12	0	0
	0	0

2. Admissions, Days, Discharges, Accreditation

Please report the following utilization for the report period. Report only for officially recognized programs.

Program Type	Admissions	Inpatient Days	Discharges	Discharge Days	Average Charge Per Patient Day	Check if the Program is JCAHO Accredited
General Acute Psychiatric Adults 18 and over	0	0	0	0	0	<input type="checkbox"/>
General Acute Psychiatric Adolescents 13-17	0	0	0	0	0	<input type="checkbox"/>
General Acute Psychiatric Children 12 and Under	0	0	0	0	0	<input type="checkbox"/>
Acute Substance Abuse Adults 18 and over	0	0	0	0	0	<input type="checkbox"/>
Acute Substance Abuse Adolescents 13-17	0	0	0	0	0	<input type="checkbox"/>
Extended Care Adults 18 and over	0	0	0	0	0	<input type="checkbox"/>
Extended Care Adolescents 13-17	0	0	0	0	0	<input type="checkbox"/>
Extended Care Adolescents 0-12	0	0	0	0	0	<input type="checkbox"/>

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

1. Race/Ethnicity

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

Race/Ethnicity	Admissions	Inpatient Days
American Indian/Alaska Native	0	0
Asian	0	0
Black/African American	0	0
Hispanic/Latino	0	0
Pacific Islander/Hawaiian	0	0
White	0	0
Multi-Racial	0	0
Total	0	0

2. Gender

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

Gender of Patient	Admissions	Inpatient Days
Male	0	0
Female	0	0
Total	0	0

3. Payment Source

Please indicate the number of patients by the following payment sources. Please note that individuals may have multiple payment sources.

Primary Payment Source	Number of Patients	Inpatient Days
Medicare	0	0
Medicaid	0	0
Third Party	0	0
Self-Pay	0	0
PeachCare	0	0

Georgia Minority Health Advisory Council Addendum

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

1. Do you have paid medical interpreters on staff? (Check the box, if yes.)

If you checked yes, how many? 0 (FTE's)

What languages do they interpret?

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

Bilingual Hospital Staff Member

Bilingual Member of Patient's Family

Community Volunteer Interpreter

Telephone Interpreter Service

Refer Patient to Outside Agency

Other (please describe):

The SpectraCorp language line is accessed by staff members when they cannot communicate with a patient who does not speak English. Bilingual hospital staff members are also used.

3. Please complete the following grid to show the proportion of patients you serve who prefer speaking various languages (name the 3 most common non-English languages spoken.)

Top 3 most common non-English languages spoken by your patients	Percent of patients for whom this is their preferred language	# of physicians on staff who speak this language	# of nurses on staff who speak this language	# of other employed staff who speak this language
Spanish	3.26%	0	0	0
Vietnamese	.67%	0	0	0
Laotian	.23%	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?

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	2	26
Black/African American	119	1,907
Hispanic/Latino	8	131
Pacific Islander/Hawaiian	0	0
White	122	1,625
Multi-Racial	0	0

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	123	1,646
Female	128	2,043

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	129	2,008
65-84	109	1,487
85 Up	13	194

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	241
Long Term Care Hospital	10
Skilled Nursing Facility	0
Traumatic Brain Injury Facility	0

	0
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1. Payers

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

Primary Payment Source	Admissions
Medicare	152
Third Party/Commercial	93
Self Pay	2
Other	4

2. Uncompensated Indigent and Charity Care

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

1

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	122
2. Brain Injury	8
3. Amputation	15
4. Spinal Cord	14
5. Fracture of the femur	29
6. Neurological disorders	14
7. Multiple Trauma	9
8. Congenital deformity	0
9. Burns	0
10. Osteoarthritis	0
11. Rheumatoid arthritis	2
12. Systemic vasculidities	0
13. Joint replacement	22
All Other	16

Electronic Signature

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

I state, certify and attest that to the best of my knowledge upon conducting due diligence to assure the accuracy and

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

Authorized Signature: James E. Crissey

Date: 3/14/2013

Title: President and CEO

Comments:

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

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

- AHQ, Part D, Question #1, Obstetrics

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

- AHQ, Part D, Question #1, Pediatrics

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

- AHQ, Part D, Question #1, Gynecology

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

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

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

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

Admissions and admission days are included in the admissions and admissions days of the medical/surgical patients. Intensive Care discharges and discharge days are based on a specific nurse station census report. This report could not be used for the admissions and admission days, so these values were not reported.

- AHQ, Part D, Question #1, Orthopedics

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

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

The utilization by Race/Ethnicity, Gender, and Payment Source is based on discharge and discharge days rather than admissions and inpatient days. The total discharges for Race/Ethnicity and Gender match the total discharge cases used on the Patient Origin Table.

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

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

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

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

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

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

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

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

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

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

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

The total number of diagnostic x-ray procedures includes those procedures that were performed in the main hospital and include those performed in off-campus locations, since these locations are departments of the hospital.

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

The number of CTS units includes all units operated by the Medical Center and this includes Spivey Station Imaging services (a department of the Medical Center).

- AHQ, Part F, Number of CTS Procedures

The total number of CTS procedures includes those procedures that were performed in the main hospital and those performed in our other off-campus locations, since these locations are departments of the hospital.

- AHQ, Part F, Number of MRI Units

Both units were operational during CY 2012.

- AHQ, Part F, Number of Ultrasound/Medical Sonography Units

The number of Ultrasound/Medical Sonography units includes all units operated by the Medical Center, and this includes Spivey Station Imaging services (a department of the Medical Center).

- AHQ, Part F, Number of Respiratory Therapy Procedures, Services and Facilities

The total number of Respiratory Therapy procedures includes those performed for pulmonary function.

- AHQ, Part F, Number of Occupational Therapy Treatments, Services and Facilities

The total number of Occupational Therapy Treatments includes treatments performed in both the Inpatient Rehab Unit and the Outpatient Rehab using departmental revenue codes.

- AHQ, Part F, Number of Physical Therapy Treatments, Services and Facilities

The total number of Physical Therapy Treatments includes treatments performed in both the Inpatient Rehab Unit and the Outpatient Rehab using departmental revenue codes.

- AHQ, Part F, Number of Speech Pathology Patients, Services and Facilities

The total number of Speech Pathology Patients includes treatments performed in both the Inpatient Rehab Unit and the Outpatient Rehab using departmental revenue codes.

- AHQ, Part G, Facility Workforce Information

The budgeted staff values reported excludes FTEs related to our outsourced services: Alliance (Laundry), Morrisons (Food Service), Complete Rx (Pharmacy), Xanitos (Housekeeping), and Sizemore (Security).

- Surgical Services Addendum, Part A, Questions #1 - #3

The number of procedures and patients by dedicated versus shared outpatient rooms are reported based on room types due to issues with the surgical services information system.

- Perinatal Services Addendum, Part C, Question #1 and #2

The utilization data by Race / Ethnicity and Age is derived from using MS DRG 765-768 and 774 – 775.

- Perinatal Services Addendum, Part C, Question #3

SRMC is reporting the average hospital charge for an uncomplicated delivery using MS DRG 775.

- Perinatal Services Addendum, Part C, Question #4

SRMC is reporting the average hospital charge for a premature delivery using MS DRG 790-792.

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