



## 2014 Annual Hospital Questionnaire

### Part A : General Information

#### 1. Identification

UID:HOSP611

**Facility Name:** Northeast Georgia Medical Center

**County:** Hall

**Street Address:** 743 Spring Street NE

**City:** Gainesville

**Zip:** 30501-3899

**Mailing Address:** 743 Spring Street NE

**Mailing City:** Gainesville

**Mailing Zip:** 30501-3899

**Medicaid Provider Number:** 0000888A

**Medicare Provider Number:** 110029

#### 2. Report Period

Report Data for the full twelve month period- January 1, 2014 through December 31, 2014.  
***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:** Chad Bolton

**Contact Title:** Director, Planning

**Phone:** 770-219-6630

**Fax:** 770-219-5437

**E-mail:** Chad.Bolton@nghs.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
Hosp Authority of Hall Co. & City of Gainesville	Hospital Authority	9/5/1951

#### 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
Northeast Georgia Medical Center, Inc.	Not for Profit	10/1/1986

#### D. Operator's Parent Organization

Full Legal Name (Or Not Applicable)	Organization Type	Effective Date
Northeast Georgia Health System, Inc.	Not for Profit	10/1/1986

#### 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:** Northeast Georgia Health System, Inc.

**City:** Gainesville **State:** GA

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

**Name:** Northeast Georgia Health System, Inc.

**City:** Gainesville **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: VHA of GA Inc./Vol of Amer/GA Allian Comm Hosp

City: Atlanta/Dallas/Atlanta State: GA/TX/GA

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

Name: SuperMed PPO Network, NEGA Health Partners

City: Atlanta/Gainesville State: GA/GA

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 checked="" type="checkbox"/>	<input type="checkbox"/>
Preferred Provider Organization	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" 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)	44	3,936	10,614	3,936	10,774
Pediatrics (Non ICU)	18	225	689	228	708
Pediatric ICU	0	0	0	0	0
Gynecology (No OB)	0	219	621	217	619
General Medicine	0	0	0	0	0
General Surgery	0	0	0	0	0
Medical/Surgical	306	15,782	84,276	15,749	84,200
Intensive Care	67	5,790	21,264	5,787	21,443
Psychiatry	25	1,383	7,459	1,376	7,378
Substance Abuse	15	612	2,761	615	2,792
Adult Physical Rehabilitation (18 & Up)	24	268	3,507	270	3,553
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
Adol/Psych/Sub. Abuse	14	477	2,457	479	2,473
	0	0	0	0	0
	0	0	0	0	0
<b>Total</b>	<b>513</b>	<b>28,692</b>	<b>133,648</b>	<b>28,657</b>	<b>133,940</b>

## **2. Race/Ethnicity**

Please report admissions and inpatient days for the hospital by the following race and ethnicity categories. Exclude newborn and neonatal.

<b>Race/Ethnicity</b>	<b>Admissions</b>	<b>Inpatient Days</b>
American Indian/Alaska Native	18	68
Asian	134	590
Black/African American	1,770	9,060
Hispanic/Latino	2,180	7,560
Pacific Islander/Hawaiian	0	0
White	23,710	112,888
Multi-Racial	880	3,482
<b>Total</b>	<b>28,692</b>	<b>133,648</b>

## **3. Gender**

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

<b>Gender</b>	<b>Admissions</b>	<b>Inpatient Days</b>
Male	12,274	62,291
Female	16,418	71,357
<b>Total</b>	<b>28,692</b>	<b>133,648</b>

## **4. Payment Source**

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

<b>Primary Payment Source</b>	<b>Admissions</b>	<b>Inpatient Days</b>
Medicare	14,114	73,188
Medicaid	4,770	20,487
Peachare	0	0
Third-Party	7,991	31,473
Self-Pay	1,817	8,500
Other	0	0

## **5. Discharges to Death**

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

925

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

Please report the hospital's average charges as of 12-31-2014 (to the nearest whole dollar).

<b>Service</b>	<b>Charge</b>
Private Room Rate	892
Semi-Private Room Rate	892
Operating Room: Average Charge for the First Hour	5,399
Average Total Charge for an Inpatient Day	9,088

## Part E : Emergency Department and Outpatient Services

### **1. Emergency Visits**

Please report the number of emergency visits only.

109,889

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

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

15,961

### **3. Beds Available**

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

101

### **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	2	0
Beds or Rooms dedicated for Psychiatric /Substance Abuse cases	10	0
General Beds	41	0
Overflow	17	0
Minor Acuity	15	0
OBS	15	0
Sexual Assault	1	0

### **5. Transfers**

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

1,865

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

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

209,073

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

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

14,964

### **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.

1,620

## 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	2	1
ESWL	1	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)	1	1
Radioisotope, Therapeutic	3	4
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	1	1
Hospice	1	1
Respite Care Services	1	1
Ultrasound/Medical Sonography	1	1
	0	0
	0	0
	0	0

## **1b. Report Period Workload Totals**

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

<b>Category</b>	<b>Total</b>
Number of Podiatric Patients	940
Number of Dialysis Treatments	4,247
Number of ESWL Patients	239
Number of ESWL Procedures	239
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	112,303
Number of CTS Units (machines)	7
Number of CTS Procedures	53,534
Number of Diagnostic Radioisotope Procedures	3,206
Number of PET Units (machines)	1
Number of PET Procedures	1,112
Number of Therapeutic Radioisotope Procedures	0
Number of Number of MRI Units	6
Number of Number of MRI Procedures	15,577
Number of Chemotherapy Treatments	2,404
Number of Respiratory Therapy Treatments	237,175
Number of Occupational Therapy Treatments	43,420
Number of Physical Therapy Treatments	154,322
Number of Speech Pathology Patients	1,068
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	169
Number of HIV/AIDS Patients	39
Number of Ambulance Trips	7,077
Number of Hospice Patients	1,202
Number of Respite care Patients	39
Number of Ultrasound/Medical Sonography Units	11
Number of Ultrasound/Medical Sonography Procedures	22,343
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).

60

**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	711	Da Vinci

## Part G : Facility Workforce Information

### 1. Budgeted Staff

Please report the number of budgeted fulltime equivalents (FTEs) and the number of vacancies as of 12-31-2014. Also, include the number of contract or temporary staff (eg. agency nurses) filling budgeted vacancies as of 12-31-2014.

Profession	Budgeted FTEs	Vacant Budgeted FTEs	Contract/Temporary Staff FTEs
Licensed Physicians	0.01999999952965	0	0
Physician Assistants Only (not including Licensed Physicians)	0	0	0
Registered Nurses (RNs-Advanced Practice*)	999.86999511719	175.39999389648	18.440000534058
Licensed Practical Nurses (LPNs)	36.759998321533	6.8000001907349	0
Pharmacists	37.470001220703	0.875	0
Other Health Services Professionals*	412.2200012207	131.60000610352	4.210000038147
Administration and Support	168.58000183105	80.900001525879	0
All Other Hospital Personnel (not included above)	2187.3400878906	12.97500038147	7.4000000953674

### 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	Not Applicable
Registered Nurses (RNs-Advance Practice)	More than 90 Days
Licensed Practical Nurses (LPNs)	31-60 Days
Pharmacists	More than 90 Days
Other Health Services Professionals	61-90 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	29	<input type="checkbox"/>	13	20
General Internal Medicine	82	<input type="checkbox"/>	9	64
Pediatricians	36	<input type="checkbox"/>	33	24
Other Medical Specialties	151	<input type="checkbox"/>	50	113

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	22	<input type="checkbox"/>	18	19
Non-OB Physicians Providing OB Services	0	<input type="checkbox"/>	0	0
Gynecology	5	<input type="checkbox"/>	1	4
Ophthalmology Surgery	10	<input type="checkbox"/>	0	4
Orthopedic Surgery	17	<input type="checkbox"/>	13	16
Plastic Surgery	4	<input type="checkbox"/>	3	4
General Surgery	22	<input type="checkbox"/>	17	19
Thoracic Surgery	0	<input type="checkbox"/>	0	0
Other Surgical Specialties	16	<input type="checkbox"/>	2	12

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	23	<input checked="" type="checkbox"/>	23	23
Dermatology	3	<input type="checkbox"/>	0	0
Emergency Medicine	29	<input checked="" type="checkbox"/>	29	29
Nuclear Medicine	0	<input type="checkbox"/>	0	0
Pathology	8	<input checked="" type="checkbox"/>	8	8
Psychiatry	15	<input type="checkbox"/>	6	6
Radiology	15	<input checked="" type="checkbox"/>	15	15
Trauma & Acute Care	5	<input checked="" type="checkbox"/>	5	5
Neonatology	8	<input checked="" type="checkbox"/>	8	8
	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	12
Podiatrists	6
Certified Nurse Midwives with Clinical Privileges in the Hospital	16
All Other Staff Affiliates with Clinical Privileges in the Hospital	130

**5b. Name of Other Professions**

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

NP, PA, AA, CRNA

**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  
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	29	5	0	3	0	0	1	0	0	0	0	0	0
Appling	1	0	0	0	0	0	0	0	0	0	0	0	0
Baldwin	4	0	0	1	0	0	1	0	0	0	0	0	0
Banks	663	247	104	21	10	0	6	0	0	0	0	0	6
Barrow	419	191	85	30	8	4	7	0	0	0	0	0	3
Bartow	14	1	1	5	1	0	2	0	0	0	0	0	0
Ben Hill	1	0	0	0	0	0	0	0	0	0	0	0	0
Berrien	1	0	0	0	0	0	0	0	0	0	0	0	0
Bibb	7	1	0	0	0	0	0	0	0	0	0	0	0
Bleckley	1	0	0	0	0	0	0	0	0	0	0	0	0
Brantley	2	0	0	0	0	0	0	0	0	0	0	0	0
Brooks	0	1	0	0	0	0	0	0	0	0	0	0	0
Bryan	0	1	0	0	0	0	0	0	0	0	0	0	0
Bulloch	1	1	0	0	0	0	0	0	0	0	0	0	0
Camden	2	0	0	0	0	0	1	0	0	0	0	0	0
Candler	2	0	0	0	0	0	0	0	0	0	0	0	0
Carroll	15	3	1	5	1	0	1	0	0	0	0	0	0
Catoosa	3	2	0	0	0	0	1	0	0	0	0	0	0
Chatham	1	3	1	0	0	0	0	0	0	0	0	0	0
Chattahoochee	1	0	0	0	0	0	0	0	0	0	0	0	0
Chattooga	2	0	0	1	0	0	1	0	0	0	0	0	0
Cherokee	66	15	8	18	5	0	3	1	0	0	0	0	1
Clarke	104	59	6	32	7	1	11	0	0	0	0	0	1
Clayton	13	2	1	4	2	0	1	0	0	0	0	0	0
Cobb	62	20	0	17	7	0	3	0	0	0	0	0	0
Coffee	1	0	1	0	0	0	0	0	0	0	0	0	0
Colquitt	6	1	0	0	0	0	0	0	0	0	0	0	0

Columbia	1	0	0	0	0	0	0	0	0	0	0	0	0
Coweta	6	2	0	0	0	0	0	0	0	0	0	0	0
Crisp	2	0	0	0	0	0	0	0	0	0	0	0	0
Dade	1	0	0	0	0	0	0	0	0	0	0	0	0
Dawson	726	297	90	38	13	1	18	0	0	0	0	0	12
Dekalb	60	14	8	11	6	0	1	0	0	0	0	0	0
Dougherty	2	1	1	1	0	0	0	0	0	0	0	0	0
Douglas	16	2	0	2	0	1	0	0	0	0	0	0	0
Early	0	1	0	0	0	0	0	0	0	0	0	0	0
Effingham	1	0	0	1	0	0	0	0	0	0	0	0	0
Elbert	43	10	1	10	1	0	0	0	0	0	0	0	0
Emanuel	2	0	0	0	0	0	0	0	0	0	0	0	0
Evans	1	0	0	1	0	0	0	0	0	0	0	0	0
Fannin	122	22	2	6	0	0	2	0	0	0	0	0	2
Fayette	10	2	1	1	0	0	0	0	0	0	0	0	0
Florida	81	15	1	2	0	0	2	0	0	0	0	0	2
Floyd	15	1	0	11	0	1	1	0	0	0	0	0	0
Forsyth	460	184	43	70	30	3	26	1	0	0	0	0	4
Franklin	262	78	24	51	14	0	7	0	0	0	0	0	3
Fulton	123	42	10	25	12	5	7	0	0	0	0	0	1
Gilmer	58	20	2	6	2	1	4	0	0	0	0	0	1
Glascocock	1	0	0	0	0	0	0	0	0	0	0	0	0
Glynn	5	0	1	1	0	0	0	0	0	0	0	0	0
Gordon	10	1	0	2	1	0	3	0	0	0	0	0	0
Greene	3	2	0	0	0	0	0	0	0	0	0	0	0
Gwinnett	1,243	713	206	76	29	4	29	3	0	0	0	0	8
Habersham	2,170	969	220	79	27	2	39	1	0	0	0	0	16
Hall	12,906	5,006	2,208	450	138	14	268	4	0	0	0	0	108
Hancock	1	0	0	0	0	0	0	0	0	0	0	0	0
Haralson	2	2	0	0	0	0	0	0	0	0	0	0	0
Harris	0	1	0	0	0	0	0	0	0	0	0	0	0
Hart	116	14	1	39	5	0	10	0	0	0	0	0	0
Henry	9	3	1	1	1	0	0	0	0	0	0	0	0
Houston	2	2	0	1	0	0	0	0	0	0	0	0	0
Jackson	2,186	1,092	356	62	23	1	36	1	0	0	0	0	28
Jasper	2	0	0	0	0	0	0	0	0	0	0	0	0
Jeff Davis	0	1	0	0	0	0	0	0	0	0	0	0	0
Jefferson	4	0	0	0	0	0	0	0	0	0	0	0	0
Jenkins	1	0	0	0	1	0	0	0	0	0	0	0	0
Lamar	1	0	0	0	0	0	0	0	0	0	0	0	0
Laurens	2	0	0	0	1	0	0	0	0	0	0	0	0
Lee	1	0	0	0	0	0	0	0	0	0	0	0	0
Lincoln	1	0	0	0	0	0	0	0	0	0	0	0	0
Lowndes	3	3	0	0	0	0	0	0	0	0	0	0	0

Lumpkin	1,329	475	172	50	9	0	26	0	0	0	0	0	22
Madison	40	20	2	8	2	2	2	0	0	0	0	0	0
Mcduffie	1	0	0	0	0	0	0	0	0	0	0	0	0
Meriwether	3	1	0	0	0	0	1	0	0	0	0	0	0
Miller	0	1	0	0	0	0	0	0	0	0	0	0	0
Monroe	0	1	0	0	0	0	0	0	0	0	0	0	0
Morgan	6	4	0	2	0	0	1	0	0	0	0	0	0
Murray	2	1	0	2	0	0	0	0	0	0	0	0	0
Muscogee	4	0	1	0	0	0	2	0	0	0	0	0	0
Newton	20	1	0	3	0	2	0	0	0	0	0	0	0
North Carolina	290	83	7	4	2	0	2	0	0	0	0	0	4
Oconee	26	15	3	4	0	0	2	1	0	0	0	0	2
Oglethorpe	8	3	0	2	0	0	1	0	0	0	0	0	0
Other Out Of State	164	37	5	13	2	0	3	0	0	0	0	0	3
Paulding	4	1	0	1	0	0	0	0	0	0	0	0	0
Pickens	36	17	1	4	4	0	3	0	0	0	0	0	0
Pike	1	1	0	1	0	0	0	0	0	0	0	0	0
Pulaski	1	0	0	0	0	0	0	0	0	0	0	0	0
Putnam	1	1	0	0	0	0	0	0	0	0	0	0	0
Rabun	763	276	51	16	7	1	3	0	0	0	0	0	6
Richmond	5	0	0	2	0	0	0	0	0	0	0	0	0
Rockdale	7	2	0	0	1	0	0	0	0	0	0	0	0
South Carolina	58	18	1	4	0	0	2	0	0	0	0	0	0
Spalding	1	1	0	0	0	0	0	0	0	0	0	0	0
Stephens	849	306	60	65	11	1	22	0	0	0	0	0	7
Sumter	2	0	0	0	0	0	0	0	0	0	0	0	0
Tattnall	1	3	0	0	0	0	0	0	0	0	0	0	0
Taylor	1	0	0	0	0	0	0	0	0	0	0	0	0
Tennessee	31	6	0	1	1	0	0	0	0	0	0	0	0
Tift	7	0	1	0	0	0	0	0	0	0	0	0	1
Towns	326	170	13	8	1	0	7	0	0	0	0	0	3
Troup	3	2	0	1	0	0	0	0	0	0	0	0	0
Union	503	178	8	22	2	1	6	1	0	0	0	0	2
Upson	3	1	0	0	1	0	0	0	0	0	0	0	0
Walker	12	0	0	5	0	0	0	0	0	0	0	0	0
Walton	50	24	7	10	5	0	1	0	0	0	0	0	2
Ware	3	0	0	0	0	0	0	0	0	0	0	0	1
White	2,034	839	220	62	24	1	36	0	0	0	0	0	19
Whitfield	12	3	0	8	0	1	0	0	0	0	0	0	0
Wilkes	3	3	0	1	0	0	0	0	0	0	0	0	0
<b>Total</b>	<b>28,692</b>	<b>11,547</b>	<b>3,936</b>	<b>1,383</b>	<b>417</b>	<b>47</b>	<b>612</b>	<b>13</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>268</b>

## Surgical Services Addendum

### Part A : Surgical Services Utilization

#### 1. Surgery Rooms in the OR Suite

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

Room Type	Dedicated Inpatient Rooms	Dedicated Outpatient Rooms	Shared Rooms
General Operating	0	2	21
Cystoscopy (OR Suite)	0	0	0
Endoscopy (OR Suite)	0	0	0
	0	0	0
<b>Total</b>	<b>0</b>	<b>2</b>	<b>21</b>

#### 2. Procedures by Type of Room

Please report the number of procedures by type of room.

Room Type	Dedicated Inpatient Rooms	Dedicated Outpatient Rooms	Shared Inpatient Rooms	Shared Outpatient Rooms
General Operating	0	2,237	8,648	10,913
Cystoscopy	0	0	0	0
Endoscopy	0	0	0	0
	0	0	0	0
<b>Total</b>	<b>0</b>	<b>2,237</b>	<b>8,648</b>	<b>10,913</b>

#### 3. Patients by Type of Room

Please report the number of patients by type of room.

Room Type	Dedicated Inpatient Rooms	Dedicated Outpatient Rooms	Shared Inpatient Rooms	Shared Outpatient Rooms
General Operating	0	1,963	7,991	9,584
Cystoscopy	0	0	0	0
Endoscopy	0	0	0	0
	0	0	0	0
<b>Total</b>	<b>0</b>	<b>1,963</b>	<b>7,991</b>	<b>9,584</b>

### Part B : Ambulatory Patient Race/Ethnicity, Age, Gender and Payment Source

#### 1. Race/Ethnicity of Ambulatory Patients

Please report the total number of ambulatory patients for both dedicated outpatient and shared room environment.



Race/Ethnicity	Number of Ambulatory Patients
American Indian/Alaska Native	7
Asian	63
Black/African American	616
Hispanic/Latino	977
Pacific Islander/Hawaiian	0
White	9,526
Multi-Racial	358
<b>Total</b>	<b>11,547</b>

## **2. Age Grouping**

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

Age of Patient	Number of Ambulatory Patients
Ages 0-14	735
Ages 15-64	7,733
Ages 65-74	2,065
Ages 75-85	875
Ages 85 and Up	139
<b>Total</b>	<b>11,547</b>

## **3. Gender**

Please report the total number of ambulatory patients by gender.

Gender	Number of Ambulatory Patients
Male	4,426
Female	7,121
<b>Total</b>	<b>11,547</b>

## **4. Payment Source**

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

Primary Payment Source	Number of Patients
Medicare	3,524
Medicaid	1,514
Third-Party	5,847
Self-Pay	662

## **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: 18
4. Number of LDRP Rooms: 0
5. Number of Cesarean Sections: 1,212
6. Total Live Births: 3,758
7. Total Births (Live and Late Fetal Deaths): 3,775
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)	52	2,775	9,690	628
Specialty Care (Intermediate Neonatal Care)	10	732	3,937	634
Subspecialty Care (Intensive Neonatal Care)	4	337	1,358	116

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

### 1. Race/Ethnicity

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

Race/Ethnicity	Admissions by Mother's Race	Inpatient Days
American Indian/Alaska Native	2	3
Asian	34	82
Black/African American	224	672
Hispanic/Latino	1,018	2,378
Pacific Islander/Hawaiian	0	0
White	2,369	6,760
Multi-Racial	289	719
<b>Total</b>	<b>3,936</b>	<b>10,614</b>

## **2. Age Grouping**

Please provide the number of admissions by the following age groupings.

Age of Patient	Number of Admissions	Inpatient Days
Ages 0-14	7	21
Ages 15-44	3,928	10,584
Ages 45 and Up	1	9
<b>Total</b>	<b>3,936</b>	<b>10,614</b>

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

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

\$9,678.00

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

Please report the average hospital charge for a premature delivery.

\$19,730.00

## **LTCH Addendum**

### **Part A : General Information**

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

### **1b. Level/Status of Accreditation**

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

**2. Number of Licensed LTCH Beds: 0**

**3. Permit Effective Date:**

**4. Permit Designation:**

**5. Number of CON Beds: 0**

**6. Number of SUS Beds: 0**

**7. Total Patient Days: 0**

**8. Total Discharges: 0**

**9. Total LTCH Admissions: 0**

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

#### **1. Race/Ethnicity**

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

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

## **2. Age of LTCH Patient**

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

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

## **3. Gender**

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

Gender of Patient	Admissions	Inpatient Days
Male	0	0
Female	0	0
<b>Total</b>	<b>0</b>	<b>0</b>

## **4. Payment Source**

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

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

## **Psychiatric/Substance Abuse Services Addendum**

### **Part A : Psychiatric and Substance Abuse Data by Program**

## 1. Beds

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

Patient Type	Distribution of CON-Authorized Beds	Set-Up and Staffed Beds
A- General Acute Psychiatric Adults 18 and over	25	25
B- General Acute Psychiatric Adolescents 13-17	7	7
C- General Acute Psychiatric Children 12 and under	4	4
D- Acute Substance Abuse Adults 18 and over	15	15
E- Acute Substance Abuse Adolescents 13-17	3	3
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	1,383	7,459	1,376	7,378	2,227	<input checked="" type="checkbox"/>
General Acute Psychiatric Adolescents 13-17	417	2,113	419	2,129	1,913	<input checked="" type="checkbox"/>
General Acute Psychiatric Children 12 and Under	47	270	47	270	1,778	<input checked="" type="checkbox"/>
Acute Substance Abuse Adults 18 and over	612	2,761	615	2,792	5,266	<input checked="" type="checkbox"/>
Acute Substance Abuse Adolescents 13-17	13	74	13	74	4,048	<input checked="" 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	5	23
Asian	14	102
Black/African American	226	1,165
Hispanic/Latino	121	749
Pacific Islander/Hawaiian	0	0
White	1,939	9,845
Multi-Racial	167	793
<b>Total</b>	<b>2,472</b>	<b>12,677</b>

### 2. Gender

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

Gender of Patient	Admissions	Inpatient Days
Male	1,168	5,949
Female	1,304	6,728
<b>Total</b>	<b>2,472</b>	<b>12,677</b>

### 3. Payment Source

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

Primary Payment Source	Number of Patients	Inpatient Days
Medicare	580	3,334
Medicaid	923	4,881
Third Party	886	4,030
Self-Pay	83	432
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?** 11.19999809265 (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 Interpreter

Telephone Interpreter Service

Refer Patient to Outside Agency

Other (please describe):

Video (lang & ASL)

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
0	0	0	0	0
0	0	0	0	0
0	0	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?

Classes on cultural competency awareness are provided for existing staff. Several staff members

have been identified and trained as certified interpreters. Each year, during the annual mandatory education, an employee's cultural awareness is discussed including the usage of interpreters and their importance in communicating with non-English speaking patients. In general orientation our new staff are trained about the Interpreter Program. Discussion involves how to access interpreters and usage of the language line for various types of languages. New staff receive information that incorporates cultural awareness in communicating and providing care to patients and their families. The organization offers Interpreter skills training classes which include medical terminology.

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?

None needed. We offer a web page for LEP patient needs, badges to identify all assessed interpreters, wireless interpreting device for LEP and hearing impaired patients, as well as telephonic interpreting line and document translation program.

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

1. English

2. Visual Wayfinding

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?

Hall County Health Department, Good News at Noon, Health Access Initiative



## 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	4	32
Black/African American	16	178
Hispanic/Latino	10	172
Pacific Islander/Hawaiian	0	0
White	235	3,067
Multi-Racial	3	58

#### 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	151	1,996
Female	117	1,511

#### 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	120	1,704
65-84	131	1,583
85 Up	17	220

### 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	268
Long Term Care Hospital	0
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	156
Third Party/Commercial	56
Self Pay	21
Other	35

**2. Uncompensated Indigent and Charity Care**

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

12

**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	107
2. Brain Injury	32
3. Amputation	21
4. Spinal Cord	20
5. Fracture of the femur	13
6. Neurological disorders	5
7. Multiple Trauma	19
8. Congenital deformity	0
9. Burns	1
10. Osteoarthritis	0
11. Rheumatoid arthritis	0
12. Systemic vasculidities	0
13. Joint replacement	2
All Other	48

**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:** Carol Burrell

**Date:** 11/19/2015

**Title:** President/CEO, Northeast Georgia Health System

**Comments:**

The data presented in the AHQ and related addendum reflects the beds and services of both NGMC's Main Campus and Lanier Park Campus, which are licensed and operated as a single hospital.

D.1. Set up and Staffed bed totals are less than NGMC's approved complement of 557, the number of beds combined on the Main Campus and Lanier Park Campus.

D.1.a -Inpatient and discharge days include inpatient LDR and C-section room days; LDRs are not acute care beds.

D.1.a –Gynecology (not OB) beds are reported as part of the Medical/Surgical beds.

D.2 - The multi-racial category includes patients who declined to indicate their race and were included in an "other" category on the hospital's records. The same is true for payor breakdowns in the Psych, Surgical and Perinatal Addendums.

E.4. Note 1: NGMC is not able to track visits by type of ED bed.

Note 2: The ER beds for psych/substance abuse cases include 4 emergency beds housed in the Laurelwood building.

E.5. The majority of transfers were to SNFs and other non-general acute care hospitals.

G.3. Physician Race information is not captured during the medical staff application process.

G.4.Note 1: NGMC physicians do not report Medicaid/PeachCare/PEHB plan provider status to the hospital. NGMC has attempted to gather data regarding physician enrollment in those programs, but recognizes that its data are likely incomplete. NGMC also recognizes that it is very likely that a greater number of its medical staff are enrolled providers in those programs than reflected in the data reported here.

Surgical Services Addendum - in addition, Northeast Georgia Medical Center has 4 dedicated endoscopy suites adjacent to the main campus OR suite. Those suites and their related volumes are not reported in the surgical services addendum.

Perinatal Services Addendum - Specialty Care admissions include admissions from sub-specialty care unit.

Minority Health Addendum - Part 3. NGMC does not have reliable data to report.

Minority Health Addendum - Part 6. Signage on the hospital campus utilizes universal symbols and numbers to direct non-English speaking patients to the appropriate locations. Signs are marked with braille lettering to assist the sight-impaired in locating their intended destination.