GEORGIA DEPARTMENT OF COMMUNITY HEALTH

2015 Annual Hospital Questionnaire

Part A : General Information

1. Identification

UID:HOSP709

Facility Name: Atlanta Medical Center and Atlanta Medical Center South

County: Fulton

Street Address: 303 Parkway Drive and 1170 Cleveland Ave

City: Atlanta and East Point

Zip: 30312-1212

Mailing Address: 303 Parkway Drive and 1170 Cleveland Ave

Mailing City: Atlanta and East Point

Mailing Zip: 30312-1212

Medicaid Provider Number: 00000789A

Medicare Provider Number: 110115

2. Report Period

Report Data for the full twelve month period- January 1, 2015 through December 31, 2015.
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: Hildred Jones

Contact Title: Senior Financial Analyst

Phone: 404-265-4709

Fax: 404-265-4763

E-mail: hildred.jones@tenethealth.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
Tenet Healthcare Corporation	For Profit	9/5/1997

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
Not Applicable	Not Applicable	

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
Not Applicable	Not Applicable	

F. Management's Parent Organization

Full Legal Name (Or Not Applicable)	Organization Type	Effective Date
Not Applicable	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: Tenet Healthcare Corporation
City: Dallas **State:** Texas

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: Tenet Physician Hospital Alliance, Inc.
City: Atlanta **State:** GA

7. Check the box to the right if your hospital is a participant in a health care network ☑
Name: Physician Performance Network of GA, LLC
City: Atlanta **State:** 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(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)

Dallas, Texas

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)	30	2,547	6,705	2,643	6,898
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	297	10,326	63,931	12,426	63,021
Intensive Care	75	3,664	23,049	1,481	23,448
Psychiatry	37	2,610	12,557	2,636	12,571
Substance Abuse	0	0	0	0	0
Adult Physical Rehabilitation (18 & Up)	18	209	3,291	209	3,334
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
NICU	33	251	3,491	257	3,609
	0	0	0	0	0
	0	0	0	0	0
Total	**490**	**19,607**	**113,024**	**19,652**	**112,881**

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	12	54
Asian	112	753
Black/African American	13,714	78,077
Hispanic/Latino	834	4,035
Pacific Islander/Hawaiian	16	101
White	4,220	25,539
Multi-Racial	699	4,465
Total	**19,607**	**113,024**

3. Gender

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

Gender	Admissions	Inpatient Days
Male	8,322	54,610
Female	11,285	58,414
Total	**19,607**	**113,024**

4. Payment Source

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

Primary Payment Source	Admissions	Inpatient Days
Medicare	6,570	43,751
Medicaid	6,350	35,404
Peachare	0	0
Third-Party	3,819	21,058
Self-Pay	1,037	8,691
Other	1,831	4,120

5. Discharges to Death

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

640

6. Charges for Selected Services

Please report the hospital's average charges as of 12-31-2015 (to the nearest whole dollar).

Service	Charge
Private Room Rate	1,634
Semi-Private Room Rate	1,634
Operating Room: Average Charge for the First Hour	7,449
Average Total Charge for an Inpatient Day	13,998

Part E : Emergency Department and Outpatient Services

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

121,566

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

14,038

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

56

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	2,435
Beds or Rooms dedicated for Psychiatric /Substance Abuse cases	4	3,282
General Beds	48	104,246
	0	0
	0	0
	0	0
	0	0

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

963

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

69,619

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

2,252

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

674.00

10. Untreated Cases

Please provide the number of patients who sought care in your ED but who left without or before being treated. Do not include patients who were transferred or cases that were diverted.

3,117

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	1	1
Billiary Lithotropter	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, Diagnositic	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	1	1
HIV/AIDS Diagnostic Treatment/Services	1	1
Ambulance Services	3	4
Hospice	2	1
Respite Care Services	3	4
Ultrasound/Medical Sonography	1	1
	0	0
	0	0
	0	0

1b. Report Period Workload Totals

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

Category	Total
Number of Podiatric Patients	856
Number of Dialysis Treatments	4,331
Number of ESWL Patients	439
Number of ESWL Procedures	439
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	103,928
Number of CTS Units (machines)	6
Number of CTS Procedures	38,068
Number of Diagnostic Radioisotope Procedures	0
Number of PET Units (machines)	1
Number of PET Procedures	111
Number of Therapeautic Radioisotope Procedures	0
Number of Number of MRI Units	3
Number of Number of MRI Procedures	9,364
Number of Chemotherapy Treatments	76
Number of Respiratory Therapy Treatments	192,556
Number of Occupational Therapy Treatments	36,076
Number of Physical Therapy Treatments	42,128
Number of Speech Pathology Patients	5,296
Number of Gamma Ray Knife Procedures	0
Number of Gamma Ray Knife Units	0
Number of Audiology Patients	3,059
Number of HIV/AIDS Diagnostic Procedures	1,582
Number of HIV/AIDS Patients	1,555
Number of Ambulance Trips	0
Number of Hospice Patients	93
Number of Respite care Patients	0
Number of Ultrasound/Medical Sonography Units	10
Number of Ultrasound/Medical Sonography Procedures	22,483
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).

61

3. Robotic Surgery System

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

# Units	# Procedures	Type of Unit(s)
2	88	MAKO, 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 12-31-2015. Also, include the number of contract or temporary staff (eg. agency nurses) filling budgeted vacancies as of 12-31-2015.

Profession	Budgeted FTEs	Vacant Budgeted FTEs	Contract/Temporary Staff FTEs
Licensed Physicians	38.700000762939	0	
Physician Assistants Only (not including Licensed Physicians)	4	3	
Registered Nurses (RNs-Advanced Practice*)	690.5	85	66.300003051758
Licensed Practical Nurses (LPNs)	4.6999998092651	0	
Pharmacists	26.299999237061	0	
Other Health Services Professionals*	501.89999389648	48.599998474121	
Administration and Support	246.80000305176	6	7.0999999046326
All Other Hospital Personnel (not included above)	283.10000610352	33	

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	61-90 Days
Registered Nurses (RNs-Advance Practice)	31-60 Days
Licensed Practical Nurses (LPNs)	30 Days or Less
Pharmacists	31-60 Days
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	8
Asian	9
Black/African American	102
Hispanic/Latino	4
Pacific Islander/Hawaiian	0
White	66
Multi-Racial	16

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	45	☐	0	0
General Internal Medicine	40	☑	0	0
Pediatricians	34	☐	0	0
Other Medical Specialties	100	☐	0	0

Surgical Specialties	Number of Medical Staff	Check if Any are Hospital Based	Number Enrolled as Providers in Medicaid/PeachCare	Number Enrolled as Providers in PEHB Plan
Obstetrics	40	☑	0	0
Non-OB Physicians Providing OB Services	0	☐	0	0
Gynecology	5	☐	0	0
Ophthalmology Surgery	13	☐	0	0
Orthopedic Surgery	24	☐	0	0
Plastic Surgery	5	☐	0	0
General Surgery	23	☐	0	0
Thoracic Surgery	1	☐	0	0
Other Surgical Specialties	52	☐	0	0

Other Specialties	Number of Medical Staff	Check if Any are Hospital Based	Number Enrolled as Providers in Medicaid/PeachCare	Number Enrolled as Providers in PEHB Plan
Anesthesiology	15	☑	0	0
Dermatology	0	☐	0	0
Emergency Medicine	32	☑	0	0
Nuclear Medicine	2	☑	0	0
Pathology	3	☑	0	0
Psychiatry	8	☐	0	0
Radiology	62	☑	0	0
	0	☐	0	0
	0	☐	0	0
	0	☐	0	0

5a. Non-Physicians

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

Profession	Number
Dentists (include oral surgeions) with Admitting Privleges	7
Podiatrists	13
Certified Nurse Midwives with Clinical Privileges in the Hospital	18
All Other Staff Affiliates with Clinical Privileges in the Hospital	0

5b. Name of Other Professions

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

0

Comments and Suggestions:

Part G, Question 3: Physicians are not required to report their ethnic background. Only 205 physicians self-reported.

Part D, Question 4: AMC does not capture the number of medical staff enrolled as Medicaid/Peachcare or PEHB providers.

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	70	16	3	7	0	0	0	0	0	0	0	0	0
Atkinson	0	1	0	0	0	0	0	0	0	0	0	0	0
Bacon	1	0	0	0	0	0	0	0	0	0	0	0	0
Baker	1	0	0	0	0	0	0	0	0	0	0	0	0
Baldwin	21	3	1	0	0	0	0	0	0	0	0	0	0
Banks	4	0	0	1	0	0	0	0	0	0	0	0	0
Barrow	24	3	1	7	0	0	0	0	0	0	0	0	0
Bartow	37	11	3	8	0	0	0	0	0	0	0	0	0
Berrien	4	1	0	0	0	0	0	0	0	0	0	0	0
Bibb	34	8	1	3	0	0	0	0	0	0	0	0	0
Bleckley	1	0	0	0	0	0	0	0	0	0	0	0	0
Bryan	1	1	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
Burke	1	0	0	1	0	0	0	0	0	0	0	0	0
Butts	118	63	0	3	0	0	0	0	0	0	0	0	2
Calhoun	2	0	0	0	0	0	0	0	0	0	0	0	0
Camden	1	0	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	212	40	11	15	0	0	0	0	0	0	0	0	3
Catoosa	4	1	0	3	0	0	0	0	0	0	0	0	0
Chatham	6	1	1	1	0	0	0	0	0	0	0	0	0
Chattahoochee	1	0	0	0	0	0	0	0	0	0	0	0	0
Chattooga	6	0	1	3	0	0	0	0	0	0	0	0	0
Cherokee	79	22	9	17	0	0	0	0	0	0	0	0	1
Clarke	19	4	0	11	0	0	0	0	0	0	0	0	0
Clay	1	0	0	0	0	0	0	0	0	0	0	0	0
Clayton	1,485	472	234	219	0	0	0	0	0	0	0	0	7

Clinch	0	1	0	0	0	0	0	0	0	0	0	0	0
Cobb	490	168	147	61	0	0	0	0	0	0	0	0	9
Coffee	6	1	0	0	0	0	0	0	0	0	0	0	0
Colquitt	2	0	0	1	0	0	0	0	0	0	0	0	0
Columbia	8	3	1	1	0	0	0	0	0	0	0	0	0
Cook	2	0	0	2	0	0	0	0	0	0	0	0	0
Coweta	311	77	23	28	0	0	0	0	0	0	0	0	6
Crawford	2	0	0	0	0	0	0	0	0	0	0	0	1
Crisp	2	0	0	1	0	0	0	0	0	0	0	0	0
Dade	3	1	0	0	0	0	0	0	0	0	0	0	0
Dawson	8	4	1	3	0	0	0	0	0	0	0	0	0
Decatur	2	0	0	0	0	0	0	0	0	0	0	0	0
Dekalb	2,229	617	378	298	0	0	0	0	0	0	0	0	25
Dodge	7	9	0	0	0	0	0	0	0	0	0	0	0
Dooly	13	0	0	1	0	0	0	0	0	0	0	0	0
Dougherty	10	2	0	2	0	0	0	0	0	0	0	0	0
Douglas	257	102	41	23	0	0	0	0	0	0	0	0	8
Effingham	1	0	0	0	0	0	0	0	0	0	0	0	0
Elbert	3	0	0	1	0	0	0	0	0	0	0	0	0
Emanuel	3	4	0	0	0	0	0	0	0	0	0	0	0
Evans	2	0	0	0	0	0	0	0	0	0	0	0	0
Fannin	7	9	0	2	0	0	0	0	0	0	0	0	0
Fayette	197	71	26	13	0	0	0	0	0	0	0	0	3
Florida	99	9	4	14	0	0	0	0	0	0	0	0	1
Floyd	38	5	1	25	0	0	0	0	0	0	0	0	0
Forsyth	35	13	0	12	0	0	0	0	0	0	0	0	1
Franklin	0	1	0	0	0	0	0	0	0	0	0	0	0
Fulton	10,913	2,262	1,360	1,457	0	0	0	0	0	0	0	0	93
Gilmer	10	4	1	5	0	0	0	0	0	0	0	0	0
Glynn	3	1	0	0	0	0	0	0	0	0	0	0	1
Gordon	11	1	0	9	0	0	0	0	0	0	0	0	0
Grady	2	0	0	0	0	0	0	0	0	0	0	0	0
Greene	6	2	0	0	0	0	0	0	0	0	0	0	0
Gwinnett	449	128	169	52	0	0	0	0	0	0	0	0	4
Habersham	23	15	0	1	0	0	0	0	0	0	0	0	0
Hall	31	7	3	7	0	0	0	0	0	0	0	0	1
Hancock	3	0	0	0	0	0	0	0	0	0	0	0	0
Haralson	54	4	3	5	0	0	0	0	0	0	0	0	1
Harris	4	1	0	0	0	0	0	0	0	0	0	0	0
Hart	4	3	0	0	0	0	0	0	0	0	0	0	0
Heard	20	6	1	5	0	0	0	0	0	0	0	0	0
Henry	464	219	53	43	0	0	0	0	0	0	0	0	8
Houston	9	5	0	2	0	0	0	0	0	0	0	0	0
Jackson	14	7	3	3	0	0	0	0	0	0	0	0	0

Jasper	9	1	0	2	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	2	1	0	0	0	0	0	0	0	0	0	0	0
Johnson	10	5	0	1	0	0	0	0	0	0	0	0	0
Jones	2	0	0	0	0	0	0	0	0	0	0	0	0
Lamar	35	8	2	2	0	0	0	0	0	0	0	0	1
Lanier	0	2	0	0	0	0	0	0	0	0	0	0	0
Laurens	4	5	1	0	0	0	0	0	0	0	0	0	0
Lee	1	0	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	5	4	1	1	0	0	0	0	0	0	0	0	0
Lumpkin	8	7	0	0	0	0	0	0	0	0	0	0	2
Macon	15	8	0	0	0	0	0	0	0	0	0	0	0
Madison	5	0	0	3	0	0	0	0	0	0	0	0	0
Meriwether	31	2	0	2	0	0	0	0	0	0	0	0	1
Mitchell	4	0	0	0	0	0	0	0	0	0	0	0	0
Monroe	1	3	0	0	0	0	0	0	0	0	0	0	0
Montgomery	0	2	0	0	0	0	0	0	0	0	0	0	0
Morgan	12	4	0	1	0	0	0	0	0	0	0	0	0
Murray	9	3	0	6	0	0	0	0	0	0	0	0	0
Muscogee	39	23	0	8	0	0	0	0	0	0	0	0	0
Newton	198	44	7	11	0	0	0	0	0	0	0	0	7
North Carolina	31	0	0	6	0	0	0	0	0	0	0	0	0
Oconee	10	3	0	0	0	0	0	0	0	0	0	0	1
Oglethorpe	1	0	0	1	0	0	0	0	0	0	0	0	0
Other Out of State	381	23	5	50	0	0	0	0	0	0	0	0	4
Paulding	69	20	13	11	0	0	0	0	0	0	0	0	0
Peach	2	2	0	0	0	0	0	0	0	0	0	0	0
Pickens	13	6	0	7	0	0	0	0	0	0	0	0	0
Pike	24	7	0	0	0	0	0	0	0	0	0	0	0
Polk	27	4	0	10	0	0	0	0	0	0	0	0	0
Pulaski	22	3	0	0	0	0	0	0	0	0	0	0	0
Putnam	4	0	0	0	0	0	0	0	0	0	0	0	0
Rabun	2	0	0	2	0	0	0	0	0	0	0	0	0
Randolph	1	0	0	0	0	0	0	0	0	0	0	0	0
Richmond	12	0	0	9	0	0	0	0	0	0	0	0	0
Rockdale	185	45	7	20	0	0	0	0	0	0	0	0	6
South Carolina	35	5	1	6	0	0	0	0	0	0	0	0	0
Spalding	181	55	9	18	0	0	0	0	0	0	0	0	9
Stephens	4	3	0	0	0	0	0	0	0	0	0	0	0
Stewart	1	0	0	1	0	0	0	0	0	0	0	0	0
Sumter	1	4	0	0	0	0	0	0	0	0	0	0	0
Talbot	1	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

Tattnall	5	4	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	2	7	0	1	0	0	0	0	0	0	0	0	0
Tennessee	33	5	3	3	0	0	0	0	0	0	0	0	0
Terrell	1	0	0	0	0	0	0	0	0	0	0	0	0
Thomas	4	0	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
Towns	4	0	0	1	0	0	0	0	0	0	0	0	0
Troup	83	8	4	8	0	0	0	0	0	0	0	0	0
Turner	2	0	0	0	0	0	0	0	0	0	0	0	0
Union	4	1	0	2	0	0	0	0	0	0	0	0	0
Upson	28	3	1	5	0	0	0	0	0	0	0	0	2
Walker	8	1	0	7	0	0	0	0	0	0	0	0	0
Walton	79	28	12	19	0	0	0	0	0	0	0	0	1
Ware	6	6	0	0	0	0	0	0	0	0	0	0	0
Warren	1	0	0	1	0	0	0	0	0	0	0	0	0
Washington	8	5	0	0	0	0	0	0	0	0	0	0	0
Wheeler	7	0	0	0	0	0	0	0	0	0	0	0	0
White	5	1	0	2	0	0	0	0	0	0	0	0	0
Whitfield	18	7	0	5	0	0	0	0	0	0	0	0	0
Wilcox	14	0	0	1	0	0	0	0	0	0	0	0	0
Wilkes	1	0	0	0	0	0	0	0	0	0	0	0	0
Wilkinson	1	0	0	0	0	0	0	0	0	0	0	0	0
Total	**19,607**	**4,788**	**2,547**	**2,610**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**209**

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	0	17
Cystoscopy (OR Suite)	0	0	1
Endoscopy (OR Suite)	0	0	4
	0	0	0
Total	**0**	**0**	**22**

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	0	4,849	3,812
Cystoscopy	0	0	106	559
Endoscopy	0	0	1,024	433
	0	0	0	0
Total	**0**	**0**	**5,979**	**4,804**

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	0	3,932	3,805
Cystoscopy	0	0	106	558
Endoscopy	0	0	886	425
	0	0	0	0
Total	**0**	**0**	**4,924**	**4,788**

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	5
Asian	50
Black/African American	3,322
Hispanic/Latino	218
Pacific Islander/Hawaiian	2
White	1,095
Multi-Racial	96
Total	**4,788**

2. Age Grouping

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

Age of Patient	Number of Ambulatory Patients
Ages 0-14	477
Ages 15-64	3,148
Ages 65-74	722
Ages 75-85	378
Ages 85 and Up	63
Total	**4,788**

3. Gender

Please report the total number of ambulatory patients by gender.

Gender	Number of Ambulatory Patients
Male	2,108
Female	2,680
Total	**4,788**

4. Payment Source

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

Primary Payment Source	Number of Patients
Medicare	1,462
Medicaid	1,368
Third-Party	1,241
Self-Pay	717

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: 20

2. Number of Birthing Rooms: 0

3. Number of LDR Rooms: 13

4. Number of LDRP Rooms: 0

5. Number of Cesarean Sections: 561

6. Total Live Births: 2,514

7. Total Births (Live and Late Fetal Deaths): 2,535

8. Total Deliveries (Births + Early Fetal Deaths and Induced Terminations): 2,547

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)	30	2,398	5,166	48
Specialty Care (Intermediate Neonatal Care)	17	73	975	10
Subspecialty Care (Intensive Neonatal Care)	16	178	2,516	19

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	8
Asian	25	57
Black/African American	1,616	4,478
Hispanic/Latino	392	1,002
Pacific Islander/Hawaiian	0	0
White	409	919
Multi-Racial	101	241
Total	**2,547**	**6,705**

2. Age Grouping
Please provide the number of admissions by the following age groupings.

Age of Patient	Number of Admissions	Inpatient Days
Ages 0-14	5	11
Ages 15-44	2,540	6,689
Ages 45 and Up	2	5
Total	**2,547**	**6,705**

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

$23,263.00

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

$11,220.00

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	66	37
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	2,610	12,557	2,636	12,595	4,550	☑
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	1	6
Asian	9	39
Black/African American	1,818	8,807
Hispanic/Latino	40	191
Pacific Islander/Hawaiian	1	8
White	581	2,624
Multi-Racial	160	882
Total	**2,610**	**12,557**

2. Gender

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

Gender of Patient	Admissions	Inpatient Days
Male	1,431	6,445
Female	1,179	6,112
Total	**2,610**	**12,557**

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	690	4,035
Medicaid	1,421	6,871
Third Party	185	678
Self-Pay	314	973
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 Intrepreter ☐ Telephone Interpreter Service ☑

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

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

Top 3 most common non-English languages spoken by your patients	Percent of patients for whom this is their preferred language	# of physicians on staff who speak this language	# of nurses on staff who speak this language	# of other employed staff who speak this language
Spanish	1.7	13	9	5
Estonian	<1	0	0	0
Dutch	<1	0	0	0

4. What **training** have you provided to your staff to assure cultural competency and the provision of **Culturally and Linguistically Appropriate Services (CLAS)** to your patients?

Annual cultural competency courses are required for staff via computer-based training through an

organization-approved online course that is required for staff.

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?

More multi-lingual clinical staff and printed material for education purposes.

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

1. English
2. Spanish
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?

Southside Medical Center, Corporate Office and Main Facility. 1046 Reidge Avenue SW, Atlanta, GA 30315, Phone: 404-688-2962

Sheffield Healthcare Clinic, 265 Boulevard NE, 2nd Floor, Atlanta, GA 30312 Phone: 404-265-4940

Grady Health System, 80 Jesse Hill Drive SE, Atlanta, GA 30303, Phone: 404-616-1000

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	1	16
Asian	2	91
Black/African American	115	1,775
Hispanic/Latino	4	64
Pacific Islander/Hawaiian	2	33
White	73	1,024
Multi-Racial	12	288

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	111	1,630
Female	98	1,661

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	123	1,972
65-84	77	1,171
85 Up	9	148

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	209
Long Term Care Hospital	0
Skilled Nursing Facility	0
Traumatic Brain Injury Facility	0

	0

1. Payers

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

Primary Payment Source	Admissions
Medicare	102
Third Party/Commercial	102
Self Pay	0
Other	5

2. Uncompensated Indigent and Charity Care

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

0

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	11
2. Brain Injury	6
3. Amputation	1
4. Spinal Cord	0
5. Fracture of the femur	0
6. Neurological disorders	0
7. Multiple Trauma	5
8. Congenital deformity	0
9. Burns	0
10. Osteoarthritis	0
11. Rheumatoid arthritis	0
12. Systemic vasculidities	0
13. Joint replacement	0
All Other	186

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: Jay Pennisson

Date: 3/15/2016

Title: Chief Financial Officer

Comments:

Part E: Question 4: Emergency Department and Outpatient Services: Of the 31 beds at Main Campus, 4 are trauma beds and the remainder are mixed use. Of the 26 beds at South Campus, 4 are Psych and 21 are General use.

Part F: Services and Facilities: We rent an ESWL unit.

Surgical Services Addendum: Part A: Cystos are done at the same day surgery center but are done in an open room when they have to be done in the Main OR for patients.

Part A: Obstetrical Services Utilization: Total Delivery Rooms number includes LDRs.

Also, there is no separate nursery; all babies stay in the room with the mothers.