GEORGIA DEPARTMENT OF COMMUNITY HEALTH

2016 Annual Hospital Questionnaire

Part A : General Information

1. Identification

UID:HOSP710

Facility Name: Grady Memorial Hospital

County: Fulton

Street Address: 80 Jesse Hill, Jr. Drive, S.E.

City: Atlanta

Zip: 30303-3050

Mailing Address: 80 Jesse Hill, Jr. Drive, SE

Mailing City: Atlanta

Mailing Zip: 30303-3050

Medicaid Provider Number: 00000855A

Medicare Provider Number: 110079

2. Report Period

Report Data for the full twelve month period- January 1, 2016 through December 31, 2016.
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: Aaron Carr

Contact Title: Executive Director, Decision Support

Phone: 404-616-5887

Fax: 404-616-1999

E-mail: acarr@gmh.edu

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
Fulton-Dekalb Hospital Authority	Hospital Authority	1/1/1946

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
Grady Memorial Hospital Corporation	Not for Profit	5/19/2008

D. Operator's Parent Organization

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

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: Grady Health System
City: Atlanta **State:** Georgia

4. Check the box to the right if your hospital is a division or subsidiary of a holding company. ☐
Name:
City: **State:**

5. Check the box to the right if the hospital itself operates subsidiary corporations ☐
Name:
City: **State:**

6. Check the box to the right if your hospital is a member of an alliance. ☑
Name: University Health Consortium
City: Oak Brook **State:** IL

7. Check the box to the right if your hospital is a participant in a health care network ☐
Name:
City: **State:**

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

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

10a. Managed Care Information: Formal Written Contract
Does the hospital have a formal written contract that specifies the obligations of each party with each of the following? (check the appropriate boxes)

1. Health Maintenance Organization(HMO) ☑

2. Preferred Provider Organization(PPO) ☑

3. Physician Hospital Organization(PH0) ☐

4. Provider Service Organization(PSO) ☐

5. Other Managed Care or Prepaid Plan ☑

10b. Managed Care Information: Insurance Products
Check the appropriate boxes to indicate if any of the following insurance products have been developed by the hospital, health care system, network, or as a joint venture with an insurer:

Type of Insurance Product	Hospital	Health Care System	Network	Joint Venture with Insurer
Health Maintenance Organization	☐	☐	☐	☐
Preferred Provider Organization	☐	☐	☐	☐
Indemnity Fee-for-Service Plan	☐	☐	☐	☐
Another Insurance Product Not Listed Above	☐	☐	☐	☐

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

Part D : Inpatient Services

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

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

Category	SUS Beds	Admissions	Inpatient Days	Discharges	Discharge Days
Obstetrics (no GYN, include LDRP)	74	3,822	9,624	3,371	9,640
Pediatrics (Non ICU)	0	0	0	0	0
Pediatric ICU	0	0	0	0	0
Gynecology (No OB)	19	339	2,753	839	2,776
General Medicine	285	18,517	93,944	17,232	100,189
General Surgery	100	2,911	30,286	5,374	38,964
Medical/Surgical	0	0	0	0	0
Intensive Care	117	3,039	33,316	1,203	16,433
Psychiatry	24	1,210	8,656	1,196	7,516
Substance Abuse	0	0	0	0	0
Adult Physical Rehabilitation (18 & Up)	0	0	0	0	0
Pediatric Physical Rehabilitation (0-17)	0	0	0	0	0
Burn Care	15	554	3,725	712	6,084
Swing Bed (Include All Utilization)	0	0	0	0	0
Long Term Care Hospital (LTCH)	0	0	0	0	0
	0	0	0	0	0
	0	0	0	0	0
	0	0	0	0	0
Total	**634**	**30,392**	**182,304**	**29,927**	**181,602**

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	71	340
Asian	303	1,688
Black/African American	23,049	136,407
Hispanic/Latino	2,088	9,059
Pacific Islander/Hawaiian	20	116
White	4,129	29,528
Multi-Racial	732	5,166
Total	**30,392**	**182,304**

3. Gender

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

Gender	Admissions	Inpatient Days
Male	15,659	105,002
Female	14,733	77,302
Total	**30,392**	**182,304**

4. Payment Source

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

Primary Payment Source	Admissions	Inpatient Days
Medicare	8,221	54,700
Medicaid	10,481	69,543
Peachare	0	0
Third-Party	4,517	28,399
Self-Pay	7,173	29,662
Other	0	0

5. Discharges to Death

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

653

6. Charges for Selected Services

Please report the hospital's average charges as of 12-31-2016 (to the nearest whole dollar).

Service	Charge
Private Room Rate	1,813
Semi-Private Room Rate	1,711
Operating Room: Average Charge for the First Hour	16,696
Average Total Charge for an Inpatient Day	2,651

Part E : Emergency Department and Outpatient Services

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

128,761

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

23,845

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

70

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	15	21,889
Beds or Rooms dedicated for Psychiatric /Substance Abuse cases	12	9,013
General Beds	18	32,190
RME	15	60,518
Detention	10	5,151
	0	0
	0	0

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

279

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

580,457

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

9,525

8. Diverted Cases
Please provide the number of cases your ED diverted while on Ambulance Diversion for the entire report period.

89

9. Ambulance Diversion Hours
Please provide the total number of Ambulance Diversion hours for your ED for the entire report period

2,764.00

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.

14,472

Part F : Services and Facilities

1a. Services and Facilities

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

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

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

Service/Facilities	Site Code	Service Status
Podatric Services	1	1
Renal Dialysis	1	1
ESWL	3	4
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)	1	1
Radioisotope, Therapeutic	1	1
Magnetic Resonance Imaging (MRI)	1	1
Chemotherapy	1	1
Respiratory Therapy	1	1
Occupational Therapy	1	1
Physical Therapy	1	1
Speech Pathology Therapy	1	1
Gamma Ray Knife	3	4
Audiology Services	1	1
HIV/AIDS Diagnostic Treatment/Services	1	1
Ambulance Services	1	1
Hospice	2	2
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	5,651
Number of Dialysis Treatments	10,371
Number of ESWL Patients	0
Number of ESWL Procedures	0
Number of ESWL Units	0
Number of Biliary Lithotripter Procedures	0
Number of Biliary Lithotripter Units	0
Number of Kidney Transplants	0
Number of Heart Transplants	0
Number of Other-Organ/Tissues Treatments	0
Number of Diagnostic X-Ray Procedures	181,915
Number of CTS Units (machines)	6
Number of CTS Procedures	77,184
Number of Diagnostic Radioisotope Procedures	4,262
Number of PET Units (machines)	1
Number of PET Procedures	991
Number of Therapeautic Radioisotope Procedures	72
Number of Number of MRI Units	3
Number of Number of MRI Procedures	12,352
Number of Chemotherapy Treatments	16,644
Number of Respiratory Therapy Treatments	789,841
Number of Occupational Therapy Treatments	51,181
Number of Physical Therapy Treatments	87,650
Number of Speech Pathology Patients	11,858
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	56,630
Number of HIV/AIDS Patients	6,358
Number of Ambulance Trips	117,622
Number of Hospice Patients	197
Number of Respite care Patients	0
Number of Ultrasound/Medical Sonography Units	0
Number of Ultrasound/Medical Sonography Procedures	0
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).

0

3. Robotic Surgery System

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

# Units	# Procedures	Type of Unit(s)
0	0	

Part G : Facility Workforce Information

1. Budgeted Staff

Please report the number of budgeted fulltime equivalents (FTEs) and the number of vacancies as of 12-31-2016. Also, include the number of contract or temporary staff (eg. agency nurses) filling budgeted vacancies as of 12-31-2016.

Profession	Budgeted FTEs	Vacant Budgeted FTEs	Contract/Temporary Staff FTEs
Licensed Physicians	14	6	0.60000002384186
Physician Assistants Only (not including Licensed Physicians)	14	2	0
Registered Nurses (RNs-Advanced Practice*)	1068	320	14.89999961853
Licensed Practical Nurses (LPNs)	112	32	0
Pharmacists	69	1	0
Other Health Services Professionals*	1642	324	0.60000002384186
Administration and Support	1388	262	52.599998474121
All Other Hospital Personnel (not included above)	698	285	69.900001525879

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)	61-90 Days
Licensed Practical Nurses (LPNs)	61-90 Days
Pharmacists	61-90 Days
Other Health Services Professionals	61-90 Days
All Other Hospital Personnel (not included above)	61-90 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	110
Black/African American	265
Hispanic/Latino	215
Pacific Islander/Hawaiian	0
White	478
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	31	☐	0	0
General Internal Medicine	87	☐	0	0
Pediatricians	31	☐	0	0
Other Medical Specialties	299	☐	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	45	☐	0	0
Non-OB Physicians Providing OB Services	0	☐	0	0
Gynecology	19	☐	0	0
Ophthalmology Surgery	42	☐	0	0
Orthopedic Surgery	30	☐	0	0
Plastic Surgery	3	☐	0	0
General Surgery	17	☐	0	0
Thoracic Surgery	11	☐	0	0
Other Surgical Specialties	92	☐	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	21	☐	0	0
Dermatology	23	☐	0	0
Emergency Medicine	96	☐	0	0
Nuclear Medicine	10	☐	0	0
Pathology	27	☐	0	0
Psychiatry	40	☐	0	0
Radiology	104	☐	0	0
Radiation Oncology	17	☐	0	0
Rehab Medicine	4	☐	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	19
Podiatrists	3
Certified Nurse Midwives with Clinical Privileges in the Hospital	15
All Other Staff Affiliates with Clinical Privileges in the Hospital	287

5b. Name of Other Professions

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

PA, CRNA, NP, OD, PHD, LSCSW, LPC

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	144	4	2	12	0	0	0	0	0	0	0	0	0
Appling	1	4	0	0	0	0	0	0	0	0	0	0	0
Atkinson	2	0	0	0	0	0	0	0	0	0	0	0	0
Bacon	1	0	1	0	0	0	0	0	0	0	0	0	0
Baldwin	9	0	0	0	0	0	0	0	0	0	0	0	0
Banks	9	1	1	0	0	0	0	0	0	0	0	0	0
Barrow	49	0	1	1	0	0	0	0	0	0	0	0	0
Bartow	55	5	4	0	0	0	0	0	0	0	0	0	0
Ben Hill	2	0	0	0	0	0	0	0	0	0	0	0	0
Berrien	2	0	0	1	0	0	0	0	0	0	0	0	0
Bibb	45	3	0	3	0	0	0	0	0	0	0	0	0
Bleckley	4	0	0	3	0	0	0	0	0	0	0	0	0
Brooks	1	0	0	0	0	0	0	0	0	0	0	0	0
Bulloch	1	1	0	1	0	0	0	0	0	0	0	0	0
Burke	4	0	0	0	0	0	0	0	0	0	0	0	0
Butts	38	4	3	0	0	0	0	0	0	0	0	0	0
Camden	0	1	0	0	0	0	0	0	0	0	0	0	0
Candler	1	1	0	0	0	0	0	0	0	0	0	0	0
Carroll	196	8	8	6	0	0	0	0	0	0	0	0	0
Catoosa	5	0	1	1	0	0	0	0	0	0	0	0	0
Charlton	1	0	0	0	0	0	0	0	0	0	0	0	0
Chatham	6	0	0	0	0	0	0	0	0	0	0	0	0
Chattahoochee	2	0	0	0	0	0	0	0	0	0	0	0	0
Chattooga	3	0	0	0	0	0	0	0	0	0	0	0	0
Cherokee	104	8	3	8	0	0	0	0	0	0	0	0	0
Clarke	30	0	0	4	0	0	0	0	0	0	0	0	0
Clayton	1,276	153	154	80	0	0	0	0	0	0	0	0	0

Cobb	650	86	111	39	0	0	0	0	0	0	0	0	0
Coffee	3	0	0	0	0	0	0	0	0	0	0	0	0
Colquitt	4	0	0	0	0	0	0	0	0	0	0	0	0
Columbia	11	1	0	0	0	0	0	0	0	0	0	0	0
Cook	3	0	0	0	0	0	0	0	0	0	0	0	0
Coweta	196	11	7	4	0	0	0	0	0	0	0	0	0
Crawford	1	0	0	0	0	0	0	0	0	0	0	0	0
Crisp	4	0	0	0	0	0	0	0	0	0	0	0	0
Dade	1	0	1	0	0	0	0	0	0	0	0	0	0
Dawson	13	2	0	0	0	0	0	0	0	0	0	0	0
Decatur	2	6	0	0	0	0	0	0	0	0	0	0	0
DeKalb	7,353	1,438	1,089	492	0	0	0	0	0	0	0	0	0
Dodge	1	0	0	1	0	0	0	0	0	0	0	0	0
Dooly	2	0	0	0	0	0	0	0	0	0	0	0	0
Dougherty	16	3	0	1	0	0	0	0	0	0	0	0	0
Douglas	240	25	15	9	0	0	0	0	0	0	0	0	0
Elbert	2	0	0	0	0	0	0	0	0	0	0	0	0
Emanuel	1	0	0	0	0	0	0	0	0	0	0	0	0
Evans	1	0	0	0	0	0	0	0	0	0	0	0	0
Fannin	6	1	0	0	0	0	0	0	0	0	0	0	0
Fayette	167	6	7	9	0	0	0	0	0	0	0	0	0
Florida	126	3	2	27	0	0	0	0	0	0	0	0	0
Floyd	32	5	0	2	0	0	0	0	0	0	0	0	0
Forsyth	46	7	1	3	0	0	0	0	0	0	0	0	0
Franklin	2	0	0	0	0	0	0	0	0	0	0	0	0
Fulton	15,923	2,253	1,606	1,252	0	0	0	0	0	0	0	0	0
Gilmer	22	5	0	0	0	0	0	0	0	0	0	0	0
Glynn	4	0	0	0	0	0	0	0	0	0	0	0	0
Gordon	7	1	1	0	0	0	0	0	0	0	0	0	0
Grady	3	1	0	0	0	0	0	0	0	0	0	0	0
Greene	10	1	0	3	0	0	0	0	0	0	0	0	0
Gwinnett	817	100	148	47	0	0	0	0	0	0	0	0	0
Habersham	19	0	0	2	0	0	0	0	0	0	0	0	0
Hall	84	6	1	0	0	0	0	0	0	0	0	0	0
Hancock	2	0	0	0	0	0	0	0	0	0	0	0	0
Haralson	38	2	1	1	0	0	0	0	0	0	0	0	0
Harris	11	0	0	0	0	0	0	0	0	0	0	0	0
Hart	3	0	0	0	0	0	0	0	0	0	0	0	0
Heard	20	0	1	1	0	0	0	0	0	0	0	0	0
Henry	737	48	52	31	0	0	0	0	0	0	0	0	0
Houston	34	0	2	1	0	0	0	0	0	0	0	0	0
Jackson	30	1	0	0	0	0	0	0	0	0	0	0	0
Jasper	10	1	0	1	0	0	0	0	0	0	0	0	0
Jefferson	1	0	0	0	0	0	0	0	0	0	0	0	0

Johnson	4	0	0	0	0	0	0	0	0	0	0	0	0
Jones	4	1	0	0	0	0	0	0	0	0	0	0	0
Lamar	18	2	1	0	0	0	0	0	0	0	0	0	0
Lanier	2	0	0	1	0	0	0	0	0	0	0	0	0
Laurens	10	1	0	0	0	0	0	0	0	0	0	0	0
Lee	2	0	0	0	0	0	0	0	0	0	0	0	0
Liberty	3	0	0	0	0	0	0	0	0	0	0	0	0
Lowndes	9	0	0	2	0	0	0	0	0	0	0	0	0
Lumpkin	15	0	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	2	7	0	0	0	0	0	0	0	0	0	0	0
Marion	4	0	0	0	0	0	0	0	0	0	0	0	0
McIntosh	1	0	0	1	0	0	0	0	0	0	0	0	0
Meriwether	29	2	1	2	0	0	0	0	0	0	0	0	0
Mitchell	6	0	0	2	0	0	0	0	0	0	0	0	0
Monroe	8	1	0	1	0	0	0	0	0	0	0	0	0
Morgan	9	2	1	0	0	0	0	0	0	0	0	0	0
Murray	7	2	0	0	0	0	0	0	0	0	0	0	0
Muscogee	50	2	2	1	0	0	0	0	0	0	0	0	0
Newton	200	19	12	6	0	0	0	0	0	0	0	0	0
North Carolina	69	0	0	12	0	0	0	0	0	0	0	0	0
Oconee	6	1	0	0	0	0	0	0	0	0	0	0	0
Oglethorpe	3	0	0	0	0	0	0	0	0	0	0	0	0
Other Out of State	386	14	8	72	0	0	0	0	0	0	0	0	0
Paulding	77	2	6	5	0	0	0	0	0	0	0	0	0
Peach	11	0	0	5	0	0	0	0	0	0	0	0	0
Pickens	22	1	0	0	0	0	0	0	0	0	0	0	0
Pike	34	0	1	0	0	0	0	0	0	0	0	0	0
Polk	37	2	0	1	0	0	0	0	0	0	0	0	0
Pulaski	4	0	0	0	0	0	0	0	0	0	0	0	0
Putnam	12	0	0	0	0	0	0	0	0	0	0	0	0
Rabun	13	3	0	0	0	0	0	0	0	0	0	0	0
Richmond	11	0	0	3	0	0	0	0	0	0	0	0	0
Rockdale	189	16	11	16	0	0	0	0	0	0	0	0	0
Schley	1	0	0	0	0	0	0	0	0	0	0	0	0
South Carolina	68	6	1	6	0	0	0	0	0	0	0	0	0
Spalding	86	10	5	3	0	0	0	0	0	0	0	0	0
Stephens	6	2	0	1	0	0	0	0	0	0	0	0	0
Sumter	3	0	0	0	0	0	0	0	0	0	0	0	0
Taylor	7	1	0	0	0	0	0	0	0	0	0	0	0
Telfair	4	0	0	0	0	0	0	0	0	0	0	0	0
Tennessee	52	3	0	8	0	0	0	0	0	0	0	0	0
Terrell	1	0	0	0	0	0	0	0	0	0	0	0	0
Thomas	2	0	1	0	0	0	0	0	0	0	0	0	0

Tift	1	0	0	0	0	0	0	0	0	0	0	0	0
Toombs	1	0	0	0	0	0	0	0	0	0	0	0	0
Towns	5	0	0	0	0	0	0	0	0	0	0	0	0
Troup	101	8	1	2	0	0	0	0	0	0	0	0	0
Twiggs	1	0	0	0	0	0	0	0	0	0	0	0	0
Union	5	0	1	0	0	0	0	0	0	0	0	0	0
Upson	22	4	0	0	0	0	0	0	0	0	0	0	0
Walker	3	0	0	1	0	0	0	0	0	0	0	0	0
Walton	86	7	3	7	0	0	0	0	0	0	0	0	0
Ware	1	0	0	0	0	0	0	0	0	0	0	0	0
Warren	0	1	0	0	0	0	0	0	0	0	0	0	0
Washington	1	0	0	0	0	0	0	0	0	0	0	0	0
Wheeler	3	0	0	0	0	0	0	0	0	0	0	0	0
White	9	2	0	1	0	0	0	0	0	0	0	0	0
Whitfield	11	3	1	2	0	0	0	0	0	0	0	0	0
Wilcox	2	0	0	0	0	0	0	0	0	0	0	0	0
Wilkes	1	0	0	0	0	0	0	0	0	0	0	0	0
Wilkinson	1	0	0	0	0	0	0	0	0	0	0	0	0
Worth	1	0	0	0	0	0	0	0	0	0	0	0	0
Total	**30,392**	**4,331**	**3,279**	**2,207**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**

Surgical Services Addendum

Part A : Surgical Services Utilization

1. Surgery Rooms in the OR Suite

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

Room Type	Dedicated Inpatient Rooms	Dedicated Outpatient Rooms	Shared Rooms
General Operating	0	0	15
Cystoscopy (OR Suite)	0	0	1
Endoscopy (OR Suite)	6	0	0
	0	0	0
Total	**6**	**0**	**16**

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	7,937	3,969
Cystoscopy	0	0	115	210
Endoscopy	1,117	0	514	170
	0	0	0	0
Total	**1,117**	**0**	**8,566**	**4,349**

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	5,986	4,131
Cystoscopy	0	0	111	17
Endoscopy	1,117	0	389	183
	0	0	0	0
Total	**1,117**	**0**	**6,486**	**4,331**

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

1. Race/Ethnicity of Ambulatory Patients

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

Race/Ethnicity	Number of Ambulatory Patients
American Indian/Alaska Native	15
Asian	69
Black/African American	3,201
Hispanic/Latino	458
Pacific Islander/Hawaiian	1
White	481
Multi-Racial	106
Total	**4,331**

2. Age Grouping

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

Age of Patient	Number of Ambulatory Patients
Ages 0-14	13
Ages 15-64	3,435
Ages 65-74	589
Ages 75-85	242
Ages 85 and Up	52
Total	**4,331**

3. Gender

Please report the total number of ambulatory patients by gender.

Gender	Number of Ambulatory Patients
Male	2,391
Female	1,940
Total	**4,331**

4. Payment Source

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

Primary Payment Source	Number of Patients
Medicare	1,047
Medicaid	707
Third-Party	641
Self-Pay	1,936

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: 13

3. Number of LDR Rooms: 0

4. Number of LDRP Rooms: 0

5. Number of Cesarean Sections: 882

6. Total Live Births: 3,028

7. Total Births (Live and Late Fetal Deaths): 3,073

8. Total Deliveries (Births + Early Fetal Deaths and Induced Terminations): 3,183

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)	36	2,508	5,702	300
Specialty Care (Intermediate Neonatal Care)	0	0	0	0
Subspecialty Care (Intensive Neonatal Care)	64	584	12,183	1,867

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	8	19
Asian	66	182
Black/African American	2,309	6,763
Hispanic/Latino	739	1,704
Pacific Islander/Hawaiian	4	8
White	82	291
Multi-Racial	71	172
Total	**3,279**	**9,139**

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	29
Ages 15-44	3,271	9,100
Ages 45 and Up	3	10
Total	**3,279**	**9,139**

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

$12,118.00

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

$19,299.00

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	30	24
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	2,207	11,312	0	0	0	☐
General Acute Psychiatric Adolescents 13-17	0	0	0	0	0	☐
General Acute Psychiatric Children 12 and Under	0	0	0	0	0	☐
Acute Substance Abuse Adults 18 and over	0	0	0	0	0	☐
Acute Substance Abuse Adolescents 13-17	0	0	0	0	0	☐
Extended Care Adults 18 and over	0	0	0	0	0	☐
Extended Care Adolescents 13-17	0	0	0	0	0	☐
Extended Care Adolescents 0-12	0	0	0	0	0	☐

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

1. Race/Ethnicity

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

Race/Ethnicity	Admissions	Inpatient Days
American Indian/Alaska Native	8	49
Asian	28	189
Black/African American	1,660	8,383
Hispanic/Latino	58	295
Pacific Islander/Hawaiian	1	1
White	392	1,926
Multi-Racial	60	469
Total	**2,207**	**11,312**

2. Gender

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

Gender of Patient	Admissions	Inpatient Days
Male	1,370	6,775
Female	837	4,537
Total	**2,207**	**11,312**

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	475	2,935
Medicaid	632	3,829
Third Party	203	909
Self-Pay	897	3,639
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? 12.5 (FTE's)
What languages do they interpret?
Spanish only

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): ☑

Video Remote Interpretation, Outside Agency (most languages, Billingual Hosp Staff (Not for Interpr)

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	68%	0	0	0
Amhmaric	5%	0	0	0
Bengali	4%	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?

All interpreters of Grady health are required to have the standardized 40-hour certification for

medical interpreting, and are currently in the process of gaining national certification as medical interpreters (CMI/CHI). Additionally, all staff in the hospital has received and continues to receive regular training (electronic media, in-person training, inservices, etc.) on cultural awareness, use of interpreter and all services available through Grady for all LEP patients/families.

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?

Currently it would be the telephonic interpreting system, since this provides the widest variety of linguistic support in the most immediate and easily accessible manner.

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?

Grady Health System has 6 neighborhood health centers within the local areas, including Fulton and DeKalb counties, where affordable primary and specialized care is offered. Additionally, within the Grady Hospital main campus additional clinics can be found such as the Primary Care center and International Medical Clinic.

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	0	0
Black/African American	0	0
Hispanic/Latino	0	0
Pacific Islander/Hawaiian	0	0
White	0	0
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	0	0
Female	0	0

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	0	0
65-84	0	0
85 Up	0	0

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	0
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	0
Third Party/Commercial	0
Self Pay	0
Other	0

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

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: John Haupert

Date: 3/3/2017

Title: CEO

Comments: