



2008 Freestanding Ambulatory Surgery Center Survey

Part A : General Information

1. Identification

UID:ASC001

Facility Name: The Surgery Center Of Rome

County: Floyd

Street Address: 16 John Maddox Drive

City: Rome

Zip: 30165

Mailing Address: 16 John Maddox Drive

Mailing City: Rome

Mailing Zip: 30165

2. Report Period

Report Data for the full twelve month period, January 1, 2008 - December 31, 2008 (365 days).

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: Debbie Rickman

Contact Title: Business Office Manager

Phone: 706-802-3727

Fax: 866-574-8301

E-mail: Debbie.Rickman@HCAHealthcare.com

Part C : Ownership, Operation and Management

1. Ownership, Operation and Management

As of the last day of the report period, indicate the name of the legal entities which own/operate the facility if applicable or the name of the physician(s) in ownership of the center. 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
Surgery Center of Rome,L.P.	For Profit	09/27/2004

B. Owner's Parent Organization

Full Legal Name (Or Not Applicable)	Organization Type	Effective Date
Surgicare of Rome,INC	For Profit	09/27/2004

C. Facility Operator

Full Legal Name (Or Not Applicable)	Organization Type	Effective Date
Surgery Center of Rome,L.P.	For Profit	9/27/2004

D. Operator's Parent Organization

Full Legal Name (Or Not Applicable)	Organization Type	Effective Date
Surgicare of Rome,INC	For Profit	09/27/2004

E. Management Contractor

Full Legal Name (Or Not Applicable)	Organization Type	Effective Date
Not Applicable	Not Applicable	9/9/1999

F. Management's Parent Organization

Full Legal Name (Or Not Applicable)	Organization Type	Effective Date
Not Applicable	Not Applicable	9/9/1999

G. Physician Owner(s) (List all if owned jointly)

Full Name	License Number
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Part D : Ambulatory Surgery Rooms, Procedures and Patients

1A. Rooms, Procedures and Patients in CON-Authorized or Licensed Operating Procedure Rooms

An operating procedure room is a procedure room or area of the ambulatory surgical treatment center in which surgical procedures are performed and that is licensed as a procedure room by the Department of Human Resources pursuant to Rule 290-5-33-01(u).

Room Type	Number of Rooms	Number of Procedures	Number of Patients
Operating Procedure Rooms	4	5,372	5,372

1B. Other Nonoperating/Procedure Rooms

If applicable, provide rooms, procedures and patients for other rooms at your facility where procedures are performed, but that are not licensed as operating rooms.

Room Type	Number of Rooms	Number of Procedures	Number of Patients
Endoscopy Procedure Rooms	0	0	0
Minor Procedure Rooms	1	934	934
Other Procedure Rooms	0	0	0

2. Ambulatory Surgery Patients Admitted to Hospital

How many patients if any, were admitted to a hospital before completion of or immediately following ambulatory surgery?

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3. Ambulatory Patients by Race/Ethnicity

Report the number of unduplicated patients who received ambulatory surgery by race/ethnicity category and provide the total number of ambulatory surgical procedures by race/ethnicity.

Race/Ethnicity	Number of Patients	Number of Procedures
American Indian/Alaska Native	5	5
Asian	8	8
Black/African American	369	369
Hispanic/Latino	125	125
Pacific Islander/Hawaiian	6	6
White	4,787	4,787
Multi-Racial	72	72
Unknown	0	0
Total	5,372	5,372

4. Ambulatory Patients by Gender

Report the number of patients by gender served during the report period along with the total number of procedures by gender.

Gender	Number of Patients	Number of Procedures
Male	1,852	1,852
Female	3,520	3,520
Total	5,372	5,372

Part E : Ambulatory Surgical Procedures, Licensed Specialty and Services

1. Top Ten Procedures

Of the total procedures reported in Part D, provide the top ten procedures (volume-wise) performed within your facility by CPT Code, Procedure Name, Number of Procedures and Average Charge for Procedure.

CPT Code	Procedure Name	Number of Procedures	Average Charge
69436	Tympanostomy with ventilating tube general anesthesia	979	2,605.00
66984	Extracapsular cataract extraction, insertion of intraocular lens	1,801	3,519.00
62311	Injection single of diagnostic therapeutic substance epidural lumbar sac	311	1,523.00
64721	Neuroplasty ,transposition median nerve at carpal tunnel	305	3,910.00
42820	Tonsillectomy and Adenoidectomy under age 12	273	6,511.00
26055	Tendon Sheath incision	247	3,259.00
64475	Injection anesthetic agent and or steroid paravertebral facet joint or ner	198	2,065.00
64483	Injection anesthetic of steroid transforaminal epidural;lumbar or sacral s	173	1,523.00
64476	Injection anesthetic agent and or steroid paravertebral facet joint or ner	167	1,523.00
58558	Hysteroscopy surgical with sampling of endometrium,polypectomy with o	143	3,910.00

2. Licensed Specialty and Services Provided

Report the licensed specialty of the ambulatory surgery center and the services provided.

Specialty(ies)(As indicated on the Office of Regulatory Services permit):

Foot,General,OB/GYN,Ophthalmology,Oral,Orthopedic,Otolaryngology,Plastic,Urology,and Pain Management

Services Provided:

Ambulatory Surgical Treatment

Part F : Utilization & Revenue by Payer Source for Ambulatory Surgery Services

1. Utilization by Payer Source

Please report the number of patients and procedures, Gross Patient Revenue, and Net Patient Revenue during the report period according to Payer Source. Please note that the Total Gross and Net Revenue columns should balance to Gross and Net Revenue reported in Part G.

Payer Source	Patients	Procedures	Gross Revenue	Net Revenue
Medicare	2,530	2,530	9,856,785	1,924,511
Medicaid	715	715	4,726,523	484,243
PeachCare for Kids	0	0	0	0
Third Party	2,699	2,699	17,520,589	5,012,820
Self Pay	150	150	550,268	71,673
Other Payer	212	212	1,041,276	563,482
Total	6,306	6,306	33,695,441	8,056,729

2. Indigent/Charity Care

Provide the number of ambulatory surgery patients and procedures for patients who were income tested as indigent or charity care cases. Refer to the definitions of indigent and charity care in the instructions.

Category	Number of Patients	Number of Procedures
Indigent	0	0
Charity	473	473
Total	473	473

Part G : Financial Summary and Indigent and Charity Care Information

1. Indigent and/or Charity Care Policy

Check the box to the right if the agency had a formal written policy or written policies concerning the provision of indigent and/or charity care during 2008.

If you indicated yes above, please indicate the effective date of the policy or policies.

07/01/2005

2. Person Responsible

Please indicate the name and title or position held by the person most responsible for adherence to or interpretation of the policy or policies you will provide the department.

Debbie Rickman, Business Office Manager

3. Charity Care Provision

Check the box if the policy or policies included provision for the care that is defined as charity.

4. Financial Table

Please complete the following financial table for the 2008 calendar year. Please note that Total Uncompensated Indigent and Charity Care Charges (automatically calculated by the web form) should not exceed Gross Indigent and Charity Care Charges.

Revenue or Expense	Amount
Gross Patient Revenue	33,695,441
Medicare Contractual Adjustments	7,915,374
Medicaid Contractual Adjustments	4,098,537
Other Contractual Adjustments	12,705,109
Total Contractual Adjustments	24,719,020
Bad Debt	61,659
Indigent Care Gross Charges	0
Indigent Care Compensation	0
Uncompensated Indigent Care (Net)	0
Charity Care Gross Charges	858,033
Charity Care Compensation	0
Uncompensated Charity Care (Net)	858,033
Other Free Care	0
Total Net Patient Revenue	8,056,729
Other Revenue	0
Total Net Revenue	8,056,729
Total Expenses	5,694,294
Adjusted Gross Revenue	21,619,871
Total Uncompensated I/C Care	858,033
Percent Uncompensated Indigent/Charity Care	3.97%

Part H : Accreditation

Indicate below if your ambulatory surgery center is accredited and if so indicate for each agency as applicable.

- A) American Association of Ambulatory Care?
- B) American Association for Accreditation of Plastic Surgery Facilities?
- C) Joint Commission for Accreditation of Healthcare Organizations (JCAHO)?
- D) Accreditation Association for Ambulatory Health Care (AAAHC)?
- E) Accreditation Association for Ambulatory Health Care (AAAHC)?
- F) Other?

Specify other organizations that accredit your facility in the space below.

Part I : Patient Origin of Ambulatory Surgery Patients in the Surgical Center

1 Patient Origin

Please report the county of origin for the patients treated in the surgical center.

County	Patients
Alabama	198
Bartow	630
Carroll	35
Chattooga	535
Cherokee	7
Cobb	29
Dade	1
Douglas	1
Fannin	7
Floyd	2657
Forsyth	1
Fulton	2
Gilmer	8
Gordon	209
Haralson	82
Heard	1
Murray	19
Paulding	26
Pickens	7
Polk	871
Walker	28
Whitfield	18
Total	5,372

Part J : Ambulatory Surgery Center Workforce Information

1. Budgeted FTE

Please report the number of budgeted fulltime equivalents (FTEs) and the number of vacancies as of 12-31-2008.

Profession	Budgeted FTEs	Vacant Budgeted FTEs	Contract/Temporary Staff FTEs
Registered Nurses (RNs Advanced Practice)	27.00	0.00	0
Licensed Practical Nurses (LPNs)	0	0	0
Aides/Assistants	7.00	0.00	0
Allied Health Therapists	0	0	0

2. Filling Vacancies

Please enter 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
Registered Nurse	30 Days or Less
Licensed Practical Nurse	Not Applicable
Aides/Assistants	30 Days or Less
Allied Health Therapists	Not Applicable

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: NEAL JOCHIMSEN

Date: 6/15/2009

Title: ADMINISTRATOR

Comments:

As stated in the last two years, the following continues to apply to reporting as requested by the ASC Survey. As a general rule, surgery centers do not keep separate data for OR patients versus Procedure Room patients. The breakout of this data for the survey is at best very difficult, if not impossible, to report accurately for every surgery center in the state. Patients are reported as being the same as procedures since it is not possible for HCA facilities to track data using the DHP definition distinguishing patients and procedures. Patients and procedures are reported in the same way for all HCA facilities, since all use the same data reporting system.