



GEORGIA DEPARTMENT OF
COMMUNITY HEALTH

2008 Freestanding Ambulatory Surgery Center Survey

Part A : General Information

1. Identification

UID:ASC003

Facility Name: Advanced Surgery Center Of Georgia

County: Cherokee

Street Address: 220 Hospital Road

City: Canton

Zip: 30114-2407

Mailing Address: 220 Hospital Road

Mailing City: Canton

Mailing Zip: 30114-2407

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: Brian J. Toporek

Contact Title: Senior Planner, Northside Hospital, Inc

Phone: 440-851-6821

Fax: 404-851-6283

E-mail: brian.toporek@northside.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
The Surgery Center of Georgia, LLC	For Profit	03/26/02

B. Owner's Parent Organization

Full Legal Name (Or Not Applicable)	Organization Type	Effective Date
Northside-Cherokee Surgery Centers, LLC	For Profit	09/01/07

C. Facility Operator

Full Legal Name (Or Not Applicable)	Organization Type	Effective Date
The Surgery Center of Georgia, LLC	For Profit	09/01/07

D. Operator's Parent Organization

Full Legal Name (Or Not Applicable)	Organization Type	Effective Date
Northside-Cherokee Surgery Centers, LLC	For Profit	09/01/07

E. Management Contractor

Full Legal Name (Or Not Applicable)	Organization Type	Effective Date
Northside Hospital, Inc	Not for Profit	09/01/07

F. Management's Parent Organization

Full Legal Name (Or Not Applicable)	Organization Type	Effective Date
Northside Health Services, Inc	Not for Profit	11/01/91

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

Full Name	License Number
Kevin Haim, MD	036768
Quinton Gates, MD	046407
Charles Finley, MD	30763
Rosa Langella, MD	047613
Karim Gani, MD	46761
Jon Trankina, MD	030681
Alan Swayze	052641
Michael Kuczmanski, MD	051594

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	3	1,226	705

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	1	855	679
Minor Procedure Rooms	1	0	0
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	0	0
Asian	2	4
Black/African American	2	4
Hispanic/Latino	16	30
Pacific Islander/Hawaiian	0	0
White	679	1,180
Multi-Racial	0	0
Unknown	6	8
Total	705	1,226

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	224	482
Female	481	744
Total	705	1,226

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
43239	EGD with Biopsy	209	2,575.00
69436	Tympanostomy (Ear tube insertion)	192	1,588.00
45384	Colonoscopy with Biopsy	179	3,790.00
64475/64476	Facet-Paravert Lumbar	142	1,764.00
62311	ESI-Lumbar	154	1,764.00
45378	Diagnostic Colon prox to splenic flexure	128	3,790.00
45385	Colon-tumor removal with snare technique	98	3,790.00
45380	Colon-with biopsy, single or multiple	90	3,790.00
77003	Fluoroscopic guide	90	575.00
29881	Arthroscopic Knee with meniscectomy	69	8,986.00

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):

Cardiovascular General Surgery Neurological OB/GYN Ophthalmology Oral Surgery Orthopedics
Otolaryngology Plastic Thoracic Urology Pain Management Endoscopy X-ray Podiatry

Services Provided:

General Surgery GYN Endoscopy/Manometry Oral Surgery Orthopedics Otolaryngology/ENT
Urology Pain Management X-ray Podiatry

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	514	786	2,419,396	64,759
Medicaid	87	113	322,581	38,516
PeachCare for Kids	0	0	0	0
Third Party	710	1,072	4,172,102	1,440,911
Self Pay	22	37	147,933	33,756
Other Payer	51	73	301,179	109,860
Total	1,384	2,081	7,363,191	1,687,802

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	53	76
Charity	25	33
Total	78	109

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.

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.

Marguerite Cammarata, OR 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	7,363,191
Medicare Contractual Adjustments	2,354,637
Medicaid Contractual Adjustments	284,065
Other Contractual Adjustments	2,823,726
Total Contractual Adjustments	5,462,428
Bad Debt	64,043
Indigent Care Gross Charges	78,036
Indigent Care Compensation	0
Uncompensated Indigent Care (Net)	78,036
Charity Care Gross Charges	70,882
Charity Care Compensation	0
Uncompensated Charity Care (Net)	70,882
Other Free Care	0
Total Net Patient Revenue	1,687,802
Other Revenue	0
Total Net Revenue	1,687,802
Total Expenses	2,266,062
Adjusted Gross Revenue	4,660,446
Total Uncompensated I/C Care	148,918
Percent Uncompensated Indigent/Charity Care	3.20%

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
Bartow	12
Bibb	1
Carroll	1
Chattooga	1
Cherokee	426
Clayton	1
Cobb	43
Dawson	1
Douglas	1
Fannin	25
Fayette	1
Forsyth	4
Fulton	8
Gilmer	37
Glynn	1
Gordon	3
Gwinnett	2
Henry	1
Lumpkin	1
Murray	1
Other- Out of State	8
Paulding	1
Pickens	117
Putnam	1
Tift	1
Towns	1
Union	3
White	1
Whitfield	1
Total	705

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)	6.80	1.00	0.00
Licensed Practical Nurses (LPNs)	1.00	0.00	0.00
Aides/Assistants	6.00	0.00	0.00
Allied Health Therapists	0.00	0.00	0.00

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	30 Days or Less
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: Brian J. Toporek

Date: 10/12/2009

Title: CEO, Northside Hospital - Cherokee

Comments: