



**2008 Freestanding Ambulatory Surgery Center Survey**

**Part A : General Information**

**1. Identification**

**UID:ASC014**

**Facility Name:** Atlanta Outpatient Surgery Center

**County:** Fulton

**Street Address:** 5730 Glenridge Drive Suites 300 and 400

**City:** Atlanta

**Zip:** 30328-1620

**Mailing Address:** Suites 300 and 400 5730 Glenridge Drive

**Mailing City:** Atlanta

**Mailing Zip:** 30328-1620

**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:** Mark Patterson

**Contact Title:** Assistant Business Office Manager

**Phone:** 404-847-0893

**Fax:** 866-632-2144

**E-mail:** mark.patterson@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
Atlanta Surgery Center, LTD	For Profit	1/1/2003

#### B. Owner's Parent Organization

Full Legal Name (Or Not Applicable)	Organization Type	Effective Date
Atlanta Healthcare Management, LP	For Profit	1/1/2003

#### C. Facility Operator

Full Legal Name (Or Not Applicable)	Organization Type	Effective Date
Atlanta Surgery Center, LTD	For Profit	1/1/2003

#### D. Operator's Parent Organization

Full Legal Name (Or Not Applicable)	Organization Type	Effective Date
Atlanta Healthcare Management, LP	For Profit	1/1/2003

#### 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	

#### 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	7	5,318	5,318

### **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	3	3,590	3,590
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?

5

### **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	18	18
Asian	70	70
Black/African American	951	951
Hispanic/Latino	177	177
Pacific Islander/Hawaiian	0	0
White	4,006	4,006
Multi-Racial	29	29
Unknown	67	67
<b>Total</b>	<b>5,318</b>	<b>5,318</b>

#### 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	2,409	2,409
Female	2,909	2,909
<b>Total</b>	<b>5,318</b>	<b>5,318</b>

### 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	TMPST ANES	2,067	2,645.00
64483	NJX ANES & STRD TERML EDRL LMBR/SAC 1 LVL	1,453	1,299.00
64475	NJX ANES & STRD JT NRV LMBR/SAC 1 LVL	771	1,200.00
64476	INJ OF LOWER BACK SPNAL JNT OR NERVE	678	1,200.00
64484	NJX ANES & STRD TERML EDRL LMBR/SAC EA LEVEL	665	1,299.00
62311	NJX C+-DX/THER SBST EDRL/SARACH LMBR SAC	579	1,299.00
64472	NJX ANES & STRD JT NRV CRV/THRC EA LVL	546	1,200.00
64623	DSTR NULYT PVRT FACET JT NRV LMBR/SAC EA LVL	481	1,200.00
64470	NJX ANES & STRD JT NRV CRV/THRC 1 LVL	343	1,200.00
42820	TONSILLECTOMY & ADENOIDECTOMY UNDER AGE	333	3,804.00

#### 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):**

Ambulatory Surgical Services.

**Services Provided:**

GENERAL SURGERY, GASTROENTEROLOGY, GYNECOLOGY, OPHTHALMOLOGY, ORAL SURGERY, ORTHOPEDICS, OTOLARYNGOLOGY, PAIN MANAGEMENT, PLASTIC RECONSTRUCTIVE SURGERY, PODIATRY, UROLOGY, AND VASCULAR.

## 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	1,064	1,064	3,685,760	640,795
Medicaid	497	497	2,538,397	377,548
PeachCare for Kids	0	0	0	0
Third Party	5,679	5,679	31,218,739	7,497,225
Self Pay	528	528	3,208,797	714,219
Other Payer	130	130	4,752,732	2,058,330
<b>Total</b>	<b>7,898</b>	<b>7,898</b>	<b>45,404,425</b>	<b>11,288,117</b>

### 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		
Charity	48	48
<b>Total</b>	<b>48</b>	<b>48</b>

## 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.

01/24/2008

### 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.

Mark Patterson, Assistant 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	45,404,425
Medicare Contractual Adjustments	3,041,492
Medicaid Contractual Adjustments	2,093,543
Other Contractual Adjustments	26,341,154
<b>Total Contractual Adjustments</b>	<b>31,476,189</b>
Bad Debt	83,738
Indigent Care Gross Charges	0
Indigent Care Compensation	0
<b>Uncompensated Indigent Care (Net)</b>	<b>0</b>
Charity Care Gross Charges	66,133
Charity Care Compensation	0
<b>Uncompensated Charity Care (Net)</b>	<b>66,133</b>
Other Free Care	2,490,248
<b>Total Net Patient Revenue</b>	<b>11,288,117</b>
Other Revenue	6,633
<b>Total Net Revenue</b>	<b>11,294,750</b>
Total Expenses	10,788,245
<b>Adjusted Gross Revenue</b>	<b>40,192,285</b>
<b>Total Uncompensated I/C Care</b>	<b>66,133</b>
<b>Percent Uncompensated Indigent/Charity Care</b>	<b>0.16%</b>

## 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
Baldwin	1
Banks	4
Barrow	24
Bartow	41
Bibb	8
Butts	9
Candler	2
Carroll	75
Chatham	13
Chattooga	5
Cherokee	211
Clarke	12
Clayton	91
Cobb	316
Coweta	32
Crawford	1
Crisp	1
Dawson	34
DeKalb	455
Dodge	1
Dougherty	2
Douglas	111
Elbert	2
Fannin	16
Fayette	101
Floyd	10
Forsyth	220
Franklin	8
Fulton	1516
Gilmer	20
Gordon	4
Greene	7
Gwinnett	655
Habersham	15
Hall	120
Hancock	1
Haralson	21
Harris	2
Hart	2



Heard	3
Henry	194
Houston	8
Jackson	44
Jasper	11
Jones	3
Lamar	7
Laurens	2
Liberty	1
Lowndes	5
Lumpkin	24
Madison	10
McDuffie	2
Meriwether	5
Monroe	3
Morgan	5
Murray	10
Muscogee	22
Newton	63
Oconee	16
Other- Out of State	163
Paulding	91
Pickens	44
Pike	16
Polk	12
Putnam	5
Rabun	12
Richmond	1
Rockdale	78
Spalding	62
Stephens	8
Sumter	2
Taylor	3
Thomas	1
Tift	4
Towns	1
Troup	57
Union	6
Upson	16
Walker	1
Walton	73
White	12
Whitfield	34
Wilcox	2

Wilkes	5
Wilkinson	1
Worth	1
<b>Total</b>	<b>5,318</b>

## 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)	25.00	2.00	0.50
Licensed Practical Nurses (LPNs)	1.00	0.00	0.00
Aides/Assistants	4.00	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	61-90 Days
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: Nancy Okula

Date: 8/5/2009

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 tract 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.