



GEORGIA DEPARTMENT OF  
COMMUNITY HEALTH

**2008 Freestanding Ambulatory Surgery Center Survey**

**Part A : General Information**

**1. Identification**

**UID:ASC017**

**Facility Name:** Emory Clinic Ambulatory Surgery Center

**County:** DeKalb

**Street Address:** 1365 B Clifton Road NE Suite BT200

**City:** Atlanta

**Zip:** 30322-1013

**Mailing Address:** Suite 6400 1365 B Clifton Road NE

**Mailing City:** Atlanta

**Mailing Zip:** 30322-1013

**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:** Melanie Zaboith

**Contact Title:** Sr Manager, Clinic Operations

**Phone:** 404-778-5205

**Fax:** 404-778-5186

**E-mail:** melanie.zaboith@emoryhealthcare.org

## 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 Emory Clinic, Inc	Not for Profit	01/10/1985

#### B. Owner's Parent Organization

Full Legal Name (Or Not Applicable)	Organization Type	Effective Date
Emory Healthcare	Not for Profit	03/01/1994

#### C. Facility Operator

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

#### 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	

#### 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	6	6,417	5,786

### **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	7	7,659	7,267
Minor Procedure Rooms	0	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?

49

### **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	25	29
Black/African American	1,528	1,771
Hispanic/Latino	70	85
Pacific Islander/Hawaiian	0	0
White	3,552	3,866
Multi-Racial	0	0
Unknown	611	666
<b>Total</b>	<b>5,786</b>	<b>6,417</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	2,502	2,775
Female	3,284	3,642
<b>Total</b>	<b>5,786</b>	<b>6,417</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
66984	Cataract Extraction	1,392	3,865.00
21930	Tissue Wide Excision	268	4,041.00
19125	Breast Biopsy Dye Wire	189	2,960.00
31255	Nasal Sinus Endoscopic Stereotactic	169	4,744.00
67904	Ptosis Repair	146	3,240.00
65850	Trabeculectomy	146	4,300.00
65730	Penetrating Keratoplasty	136	6,100.00
36561	Port a cath insertion	166	2,988.00
67311	Strabismus	130	3,036.00
67036	Vitreotomy Posterior	795	7,500.00

#### **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):**

Multispecialty

**Services Provided:**

Surgical Oncology ENT Ophthalmology Urology General Surgery Plastics Dermatology Bone Marrow Transplant Digestive Diseases

## 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	2,330	2,584	10,046,278	2,004,126
Medicaid	279	310	1,307,268	186,039
PeachCare for Kids	0	0	0	0
Third Party	2,822	3,130	13,071,280	8,524,359
Self Pay	242	268	816,661	787,941
Other Payer	113	125	440,099	175,502
<b>Total</b>	<b>5,786</b>	<b>6,417</b>	<b>25,681,586</b>	<b>11,677,967</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	88	96
Charity	52	58
<b>Total</b>	<b>140</b>	<b>154</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.

01/01/2008

### 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.

Taylor Williams, Patient Financial Services

### 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	25,681,586
Medicare Contractual Adjustments	7,942,152
Medicaid Contractual Adjustments	1,021,229
Other Contractual Adjustments	3,920,518
<b>Total Contractual Adjustments</b>	<b>12,883,899</b>
Bad Debt	230,168
Indigent Care Gross Charges	593,579
Indigent Care Compensation	0
<b>Uncompensated Indigent Care (Net)</b>	<b>593,579</b>
Charity Care Gross Charges	295,973
Charity Care Compensation	0
<b>Uncompensated Charity Care (Net)</b>	<b>295,973</b>
Other Free Care	0
<b>Total Net Patient Revenue</b>	<b>11,677,967</b>
Other Revenue	0
<b>Total Net Revenue</b>	<b>11,677,967</b>
Total Expenses	10,275,534
<b>Adjusted Gross Revenue</b>	<b>16,488,037</b>
<b>Total Uncompensated I/C Care</b>	<b>889,552</b>
<b>Percent Uncompensated Indigent/Charity Care</b>	<b>5.40%</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
Alabama	60
Appling	1
Atkinson	1
Bacon	2
Baldwin	6
Banks	11
Barrow	40
Bartow	50
Ben Hill	4
Berrien	3
Bibb	45
Bleckley	4
Bryan	3
Bulloch	4
Burke	2
Butts	24
Calhoun	1
Camden	2
Carroll	70
Catoosa	5
Chatham	12
Chattooga	2
Cherokee	102
Clarke	54
Clayton	119
Cobb	329
Coffee	10
Colquitt	12
Columbia	13
Cook	2
Coweta	81
Crawford	1
Crisp	1
Dade	2
Dawson	15
Decatur	5
DeKalb	1063
Dodge	6
Dooly	4



Dougherty	19
Douglas	57
Early	2
Elbert	7
Evans	1
Fannin	10
Fayette	79
Florida	44
Floyd	27
Forsyth	66
Franklin	6
Fulton	1040
Gilmer	7
Glascocock	1
Glynn	7
Gordon	10
Grady	2
Greene	7
Gwinnett	600
Habersham	29
Hall	114
Hancock	6
Haralson	1
Harris	11
Hart	12
Heard	4
Henry	173
Houston	46
Jackson	40
Jasper	6
Jeff Davis	1
Jefferson	1
Jenkins	2
Johnson	1
Jones	3
Lamar	14
Lanier	14
Laurens	16
Lee	3
Liberty	2
Lowndes	10
Lumpkin	19
Macon	5
Madison	19

McDuffie	1
Meriwether	9
Mitchell	6
Monroe	8
Montgomery	3
Morgan	16
Murray	5
Muscogee	73
Newton	112
North Carolina	30
Oconee	32
Oglethorpe	5
Other- Out of State	11
Paulding	35
Peach	17
Pickens	28
Pierce	2
Pike	17
Polk	11
Putnam	8
Quitman	1
Rabun	12
Richmond	8
Rockdale	79
Schley	2
Seminole	1
South Carolina	107
Spalding	53
Stephens	26
Stewart	1
Sumter	8
Talbot	2
Tattnall	2
Taylor	3
Tennessee	47
Terrell	8
Thomas	12
Tift	7
Toombs	5
Towns	11
Troup	78
Turner	3
Twiggs	2
Union	17

Upson	12
Walker	7
Walton	66
Ware	3
Washington	5
Wayne	1
Wheeler	1
White	17
Whitfield	23
Wilkes	4
Wilkinson	4
Worth	4
<b>Total</b>	<b>5,786</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)	29.20	2.00	2.00
Licensed Practical Nurses (LPNs)	0.00	0.00	0.00
Aides/Assistants	9.00	9.00	0.00
Allied Health Therapists			

### 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	More than 90 Days
Licensed Practical Nurse	NA
Aides/Assistants	30 Days or Less
Allied Health Therapists	NA

## 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: W. Mike Mason

Date: 6/25/2009

Title: Sr. Administrator, Clinic Operations

Comments: