



GEORGIA DEPARTMENT OF  
COMMUNITY HEALTH

**2008 Freestanding Ambulatory Surgery Center Survey**

**Part A : General Information**

**1. Identification**

**UID:LNRASC273**

**Facility Name:** NORTHWEST PLAZA ASC

**County:** Dougherty

**Street Address:** 2311 LAKE PARK DRIVE, SUITE 4

**City:** ALBANY

**Zip:** 31707

**Mailing Address:** 2311 LAKE PARK DRIVE, SUITE 4

**Mailing City:** ALBANY

**Mailing Zip:** 31707

**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:** Mandy Sheffield, RN

**Contact Title:** Clinical Administrator

**Phone:** 229-317-0742

**Fax:** 229-434-9827

**E-mail:** msheffield@msa-regionalhealth.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
Phillip D. Hajek	For Profit	11/02/2006

#### 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
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
Dr. Phillip David Hajek	035890

## 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	2	1,274	1,271

### **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	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?

0

### **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	1	1
Asian	3	3
Black/African American	254	254
Hispanic/Latino	1	1
Pacific Islander/Hawaiian	0	0
White	979	982
Multi-Racial	33	33
Unknown	0	0
<b>Total</b>	<b>1,271</b>	<b>1,274</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	394	395
Female	877	879
<b>Total</b>	<b>1,271</b>	<b>1,274</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
64483	Transforaminal Epidural Injection	446	1,500.00
64475	Facet Injection	421	1,500.00
64475	Medial Branch Block	107	2,000.00
62310	CESI	102	1,500.00
64622	RFNA	91	2,500.00
64721	Carpal Tunnel Release	17	3,214.00
29870	Knee Arthroscopy	16	5,500.00
26055	Trigger Finger Release	9	3,214.00
23412	Rotator Cuff Repair	5	6,500.00
26115	Excision of Cyst	4	2,300.00

#### 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):**

ORTHOPEDICS

**Services Provided:**

Administration and/or Supervision of IV Conscious Sedation Administration and/or Supervision Anesthesia/Regional: Epidural, Spinal, Extremity, Intrascalene, Intraclavicular, Axillary, Femoral/Scaitic Administration and/or Supervision of Anesthesia: General Arthrocentesis, Sacro Blood Clot/Patch injection, Lumbar Carpal Tunnel Release Cast Application Cast Change/Removal with/without Manipulation Cervical Zygapophysial Joint Injection Closed Reduction Large Bones with/without Fixation Closed Reduction Small Bones with/without Fixation Administration and/or Supervision of Distal Extremity Nerve Block Drainage, Bursa Transforaminal Epidural Injections of Cervical, Thoracic, Lumbar, Sacral with/without Contrast Agent and Local Anesthetic Midline Epidural Injections of Cervical, Thoracic, Lumbar With/Without Contrast Agent and Local Anesthetic Excision of Cyst, Ganglion, Lesion, Plantar Wart, Tendons, neuroma, exostosis, tumor Foreign

Body Removal Hardware and/or Implant Removal Incision, Drainage and/or Debridement: Bone/Joint/Soft Tissues for Infection, Necrosis, Open Fracture, etc. Facet Injection of Cervical, Thoracic, Lumbar, With/Without Contrast Agent and Local Anesthetic Paravertebral Block of Cervical, Thoracic, Lumbar, With/Without Contrast Agent and Local Anesthetic Sciatic Nerve Injection with/without Contrast Agent and Local Anesthetic Medial Branch Block of Cervical, Thoracic, Lumbar with/without Contrast Agent and Local Anesthetic Lumbar Interlaminar Epidural with/without Contrast Agent and Local Anesthetic Lumbar Zygapophysial Joint Injection with/without Contrast Agent and Local Anesthetic Lumbar Sympathetic Blocks with/without Contrast Agent and Local Anesthetic Manipulation of Shoulder or Knee Joint Nail Removal: Fingernail or Toenail Percutaneous Fixation Peripheral Nerve Decompressions and Transpositions Radiofrequency Nerve Ablation of Cervical, Thoracic, Lumbar, Sacral with/without Conscious Sedation and Local Anesthetic Sacro-Iliac Joint Injection with/without Contrast Agent and Local Anesthetic Sequestrectomy Trigger Finger Release Read and Interpret Radiology Reading Arthroscopy of Major Ligaments and/or Joints Arthroscopy of Minor Ligaments and/or Joints Arthroscopy with Drilling of Major and/or Minor Ligaments/Joints Arthroscopic Meniscectomy Arthroscopic Chondroplasty Arthroscopic Synovectomy Arthroscopic Removal of Fibrocartilaginous Material Reconstruction of Major Tendons and/or Ligaments Reconstruction of Minor Tendons and/or Ligaments Repair of Major Tendons and/or Ligaments Repair of Minor Tendons and/or Ligaments Epicondylectomy Bone Biopsy for Diagnosis Bunionectomy Closed Reduction, Percutaneous Rodding of Large Bones Correction of Hammertoes with/without Implant Discography Fasciectomy External Fixation of Minor Bones Insertion of Percutaneous Pain Pump Keller Procedure Lateral Retinacular Tendinuum Release Lumbar (Diagnostic) Discograms with Pressure Monitoring Metatarsal Head Excision Nerve Repair, Release, Transfer Neurolysis Open Reduction Large Bones, with/without Fixation Open Reduction Small Bones, with/without Fixation Osteotomy Osteotomies Bone for Mal-alignment, Non-Union Osteotomy Disc Decompression of Lumbar Phalangectomy Primary and Secondary Repair Lacerations Shoulder Stabilization Skin Graft Small Area Swanson Finger Prosthesis Tenosynovectomy Tenotomy Hand or Foot Ulnar Shortening Vertebroplasty Placement of interspinous spacers Placement of dorsal column stimulator including trials

## 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	381	381	227,701	227,701
Medicaid	0	0	0	0
PeachCare for Kids	0	0	0	0
Third Party	813	816	897,518	897,518
Self Pay	64	64	7,445	7,445
Other Payer	13	13	35,031	35,031
<b>Total</b>	<b>1,271</b>	<b>1,274</b>	<b>1,167,695</b>	<b>1,167,695</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	0	0
Charity	0	0
<b>Total</b>	<b>0</b>	<b>0</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.

### 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.

Mandy Sheffield, RN, Clinical Administrator

### 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	4,189,155
Medicare Contractual Adjustments	2,049,774
Medicaid Contractual Adjustments	0
Other Contractual Adjustments	971,686
<b>Total Contractual Adjustments</b>	<b>3,021,460</b>
Bad Debt	29,976
Indigent Care Gross Charges	0
Indigent Care Compensation	0
<b>Uncompensated Indigent Care (Net)</b>	<b>0</b>
Charity Care Gross Charges	0
Charity Care Compensation	0
<b>Uncompensated Charity Care (Net)</b>	<b>0</b>
Other Free Care	0
<b>Total Net Patient Revenue</b>	<b>1,137,719</b>
Other Revenue	0
<b>Total Net Revenue</b>	<b>1,137,719</b>
Total Expenses	878,485
<b>Adjusted Gross Revenue</b>	<b>2,109,405</b>
<b>Total Uncompensated I/C Care</b>	<b>0</b>
<b>Percent Uncompensated Indigent/Charity Care</b>	<b>0.00%</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
Baker	10
Calhoun	7
Clay	3
Colquitt	29
Crisp	19
Decatur	3
Dougherty	678
Early	11
Fulton	1
Grady	3
Houston	2
Irwin	2
Jefferson	2
Lee	245
Macon	1
Miller	15
Mitchell	36
Monroe	2
Quitman	4
Randolph	20
Schley	2
Seminole	2
Sumter	43
Talbot	1
Tattnall	1
Terrell	44
Tift	4
Webster	4
Wilcox	2
Worth	75
<b>Total</b>	<b>1,271</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)	2.00	0.00	3.00
Licensed Practical Nurses (LPNs)	0.00	0.00	0.00
Aides/Assistants	1.00	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	Not Applicable
Aides/Assistants	Not Applicable
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: Mandy Sheffield, RN

Date: 7/23/2009

Title: Clinical Administrator

Comments: