



GEORGIA DEPARTMENT OF  
COMMUNITY HEALTH

**2009 Freestanding Ambulatory Surgery Center Survey**

**Part A : General Information**

**1. Identification**

**UID:ASC014**

**Facility Name:** Atlanta Outpatient Surgery Center

**County:** Fulton

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

**City:** Atlanta

**Zip:** 30328-1620

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

**Mailing City:** Atlanta

**Mailing Zip:** 30328-1620

**2. Report Period**

Report Data for the full twelve month period, January 1, 2009 - December 31, 2009 (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 Director, Business Office

**Phone:** 404-847-0893

**Fax:** 866-632-2144

**E-mail:** mark.patterson@hacahealthcare.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	5,367	5,367

### **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	3,623	3,623
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?

2

### **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	25	25
Asian	69	69
Black/African American	1,085	1,085
Hispanic/Latino	199	199
Pacific Islander/Hawaiian	0	0
White	3,860	3,860
Multi-Racial	28	28
Unknown	101	101
<b>Total</b>	<b>5,367</b>	<b>5,367</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	2,395	2,395
Female	2,972	2,972
<b>Total</b>	<b>5,367</b>	<b>5,367</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	NJX ANES & STRD TFRML EDRL LMBR/SAC	975	1,320.00
69436	TMPST ANES	2,620	2,700.00
42820	TONSILLECTOMY & ADENOIDECTOMY UNDER AGE	465	3,888.00
42830	ADENOIDECTOMY PRIM UNDER AGE 12	357	3,520.00
62311	NJX C DX/THER SBST EDRL/SARACH LMBR	334	1,315.00
64475	NJX ANES & STRD JT NRV LMBR	302	1,219.00
64476	INJ OF LOWER BACK SPINAL JOINT OR NERVE	291	1,225.00
64484	NJX ANES & STRD TFRML EDRL LMBR/SAC	270	1,329.00
62310	NJX C DX/THER SBST EDRL/SARACH THRC	262	1,472.00
64623	DESTRJ NULYT PVRT FACET JT NRV LMBR/SAC EA L	234	1,217.00

#### 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):**

General Surgery, Gastroenterology, Gynecology, Ophthalmology, Oral Surgery, Orthopedics, Otolaryngology, Pain Management, Plastic Reconstructive Surgery, Podiatry, Urology and Vascular

**Services Provided:**

Ambulatory Surgical Services

## 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	465	465	3,394,926	425,603
Medicaid	592	592	3,366,753	473,404
PeachCare for Kids	0	0	0	0
Third Party	6,617	6,617	50,197,427	10,403,852
Self Pay	387	387	2,789,567	466,367
Other Payer	929	929	5,386,142	2,111,543
<b>Total</b>	<b>8,990</b>	<b>8,990</b>	<b>65,134,815</b>	<b>13,880,769</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	34	34
<b>Total</b>	<b>34</b>	<b>34</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 2009.

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

01/23/2009

### 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 Director

### 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 2009 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	65,134,815
Medicare Contractual Adjustments	2,964,860
Medicaid Contractual Adjustments	2,867,566
Other Contractual Adjustments	42,974,790
<b>Total Contractual Adjustments</b>	<b>48,807,216</b>
Bad Debt	82,500
Indigent Care Gross Charges	0
Indigent Care Compensation	0
<b>Uncompensated Indigent Care (Net)</b>	<b>0</b>
Charity Care Gross Charges	49,242
Charity Care Compensation	0
<b>Uncompensated Charity Care (Net)</b>	<b>49,242</b>
Other Free Care	2,315,088
<b>Total Net Patient Revenue</b>	<b>13,880,769</b>
Other Revenue	5,735
<b>Total Net Revenue</b>	<b>13,886,504</b>
Total Expenses	11,654,317
<b>Adjusted Gross Revenue</b>	<b>59,225,624</b>
<b>Total Uncompensated I/C Care</b>	<b>49,242</b>
<b>Percent Uncompensated Indigent/Charity Care</b>	<b>0.08%</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
Barrow	12
Bartow	30
Bibb	3
Butts	12
Carroll	51
Catoosa	1
Chatham	1
Chattooga	6
Cherokee	320
Clarke	2
Clayton	50
Cobb	701
Coweta	121
Dawson	20
DeKalb	312
Dodge	2
Dougherty	4
Douglas	115
Fayette	73
Floyd	5
Forsyth	947
Franklin	5
Fulton	1779
Gilmer	3
Glynn	1
Gwinnett	423
Habersham	2
Hall	10
Henry	9
Houston	1
Jackson	6
Laurens	1
Lee	1
Lincoln	1
Lowndes	3
Lumpkin	27
Madison	6
Meriwether	15
Monroe	1



Murray	1
Muscogee	1
Newton	14
Oconee	2
Oglethorpe	1
Other- Out of State	61
Paulding	42
Pickens	11
Pike	7
Polk	4
Putnam	5
Richmond	3
Rockdale	16
Spalding	20
Stephens	4
Taylor	4
Thomas	1
Tift	2
Toombs	1
Towns	2
Troup	14
Twiggs	1
Union	5
Upson	5
Walton	45
Ware	1
White	5
Whitfield	6
Wilcox	1
<b>Total</b>	<b>5,367</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 12-31-2009.

Profession	Budgeted FTEs	Vacant Budgeted FTEs	Contract/Temporary Staff FTEs
Registered Nurses (RNs Advanced Practice)	26.50	1.00	3.00
Licensed Practical Nurses (LPNs)	1.00	0.00	0.00
Aides/Assistants	1.50	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	31-60 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: 3/15/2010

Title: Administrator

Comments:

As stated in the last three 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.