



GEORGIA DEPARTMENT OF
COMMUNITY HEALTH

2009 Freestanding Ambulatory Surgery Center Survey

Part A : General Information

1. Identification

UID:ASC029

Facility Name: Augusta Surgical Center

County: Richmond

Street Address: 915 Russell Street

City: Augusta

Zip: 30904-4115

Mailing Address: 915 Russell Street

Mailing City: Augusta

Mailing Zip: 30904-4115

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: Anita Judy

Contact Title: Administrator

Phone: 706-738-4925

Fax: 706-736-7224

E-mail: Anita.Judy@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
Surgicare of Augusta, Inc.	For Profit	12/09/1996

B. Owner's Parent Organization

Full Legal Name (Or Not Applicable)	Organization Type	Effective Date
Surgico, LLC	For Profit	12/09/1996

C. Facility Operator

Full Legal Name (Or Not Applicable)	Organization Type	Effective Date
Surgicare of Augusta, Inc.	For Profit	12/09/1996

D. Operator's Parent Organization

Full Legal Name (Or Not Applicable)	Organization Type	Effective Date
Surgico, LLC	For Profit	12/09/1996

E. Management Contractor

Full Legal Name (Or Not Applicable)	Organization Type	Effective Date
not applicable	Not Applicable	9/19/1999

F. Management's Parent Organization

Full Legal Name (Or Not Applicable)	Organization Type	Effective Date
not applicable	Not Applicable	9/09/1999

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	4	4,874	4,874

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	1,213	1,213
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?

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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	41	41
Black/African American	811	811
Hispanic/Latino	27	27
Pacific Islander/Hawaiian	0	0
White	3,950	3,950
Multi-Racial	1	1
Unknown	44	44
Total	4,874	4,874

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	1,822	1,822
Female	3,052	3,052
Total	4,874	4,874

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
45378	Diagnostic colonoscopy	1,420	1,779.00
43239	Upper GI with biopsy	1,368	1,620.00
45380	Colonoscopy with biopsy	1,101	1,779.00
45384	Colonoscopy with lesion removal	887	2,206.00
45385	Colonoscopy flexible removal lesion	540	2,489.00
62311	Injection spinal	363	1,335.00
66984	Cataract removal	338	5,818.00
G0105	Colorectal screening high risk	193	1,616.00
43450	Opening of esophagus	181	2,008.00
43235	Diagnostic Upper GI scope	174	1,866.00

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 Outpatient Surgical Services

Services Provided:

Ambulatory Outpatient 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	2,448	2,448	7,401,882	1,238,552
Medicaid	76	76	330,680	70,322
PeachCare for Kids	0	0	0	0
Third Party	3,403	3,403	9,720,757	4,807,565
Self Pay	88	88	468,608	211,877
Other Payer	72	72	81,091	46,814
Total	6,087	6,087	18,003,018	6,375,130

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	15	15
Total	15	15

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.

01/24/2007

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.

Robin Fearneyhough, 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 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	18,003,018
Medicare Contractual Adjustments	6,141,287
Medicaid Contractual Adjustments	246,795
Other Contractual Adjustments	4,857,303
Total Contractual Adjustments	11,245,385
Bad Debt	113,460
Indigent Care Gross Charges	0
Indigent Care Compensation	0
Uncompensated Indigent Care (Net)	0
Charity Care Gross Charges	22,051
Charity Care Compensation	0
Uncompensated Charity Care (Net)	22,051
Other Free Care	246,992
Total Net Patient Revenue	6,375,130
Other Revenue	611
Total Net Revenue	6,375,741
Total Expenses	4,290,453
Adjusted Gross Revenue	11,502,087
Total Uncompensated I/C Care	22,051
Percent Uncompensated Indigent/Charity Care	0.19%

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
Atkinson	1
Bacon	1
Baldwin	7
Bibb	1
Bulloch	10
Burke	144
Candler	24
Chatham	1
Clarke	1
Coffee	2
Columbia	1145
DeKalb	1
Dooly	1
Douglas	1
Elbert	3
Emanuel	56
Evans	1
Franklin	1
Glascok	14
Glynn	1
Greene	8
Gwinnett	2
Hancock	6
Jeff Davis	1
Jefferson	112
Jenkins	43
Johnson	4
Laurens	6
Liberty	1
Lincoln	50
Lowndes	2
McDuffie	104
Morgan	1
Oconee	1
Other- Out of State	8
Pickens	1
Putnam	4
Richmond	1638
Screven	30

South Carolina	1312
Taliaferro	6
Tattnall	1
Tift	1
Toombs	1
Treutlen	1
Warren	31
Washington	52
Wayne	0
Wilkes	31
Total	4,874

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)	16.00	1.00	0.00
Licensed Practical Nurses (LPNs)	0.00	0.00	0.00
Aides/Assistants	2.00	0.00	0.00
Allied Health Therapists	5.00	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	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: Anita Judy

Date: 3/9/2010

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. For reporting purposes Peach Care for Kids data is included in Medicaid.