



2009 Freestanding Ambulatory Surgery Center Survey

Part A : General Information

1. Identification

UID:ASC039

Facility Name: Piedmont West Ambulatory Surgery Center (formerly Buckhead Surgery Center)

County: Fulton

Street Address: 1800 Howell Mill Road

City: Atlanta

Zip: 30318

Mailing Address: 1800 Howell Mill Road

Mailing City: Atlanta

Mailing Zip: 30318

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.

January 1 - March 20 (as Buckhead Surgery Center under HCA ownership - see comments at end of survey)

Part B : Survey Contact Information

Person authorized to respond to inquiries about the responses to this survey.

Contact Name: Davis Dunbar

Contact Title: Manager, Regulatory Affairs

Phone: 404-605-4565

Fax: 404-609-6724

E-mail: davis.dunbar@piedmont.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
	NA	

B. Owner's Parent Organization

Full Legal Name (Or Not Applicable)	Organization Type	Effective Date
	NA	

C. Facility Operator

Full Legal Name (Or Not Applicable)	Organization Type	Effective Date
	NA	

D. Operator's Parent Organization

Full Legal Name (Or Not Applicable)	Organization Type	Effective Date
	NA	

E. Management Contractor

Full Legal Name (Or Not Applicable)	Organization Type	Effective Date
	NA	

F. Management's Parent Organization

Full Legal Name (Or Not Applicable)	Organization Type	Effective Date
	NA	

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	223	223

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	1	8	8
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	0	0
Asian	0	0
Black/African American	46	46
Hispanic/Latino	7	7
Pacific Islander/Hawaiian	0	0
White	121	121
Multi-Racial	0	0
Unknown	49	49
Total	223	223

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	125	125
Female	98	98
Total	223	223

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
29826	Shoulder scope with bone shaving	37	8,499.00
29877	Knee debridement	30	6,709.00
29881	Knee scope with meniscectomy	29	7,517.00
29824	Shoulder scope partial removal collar	16	7,639.00
29827	Shoulder scope rotator cuff repair	14	8,604.00
29822	Shoulder debridement	14	8,251.00
29880	Knee scope with meniscectomy	14	9,351.00
29825	Shoulder scope with claviclectomy	11	8,251.00
66984	Cataract removal	11	7,321.00
29873	Knee scope with lateral release	9	9,768.00

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 Surgery Services

Services Provided:

Gastroenterology, General, Gynecology, Ophthalmology, Oral/Dental, Orthopaedic, Otolaryngology, Pain Management, Plastic Surgery, Podiatry, and Urology.

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	23	23	304,830	18,563
Medicaid	1	1	7,320	590
PeachCare for Kids	0	0	0	0
Third Party	156	156	2,238,812	356,745
Self Pay	12	12	52,428	15,813
Other Payer	39	39	354,104	131,132
Total	231	231	2,957,494	522,843

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	1	1
Total	1	1

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.

Dede Fowler, 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	2,957,494
Medicare Contractual Adjustments	285,952
Medicaid Contractual Adjustments	6,720
Other Contractual Adjustments	2,096,512
Total Contractual Adjustments	2,389,184
Bad Debt	8,851
Indigent Care Gross Charges	0
Indigent Care Compensation	0
Uncompensated Indigent Care (Net)	0
Charity Care Gross Charges	6,629
Charity Care Compensation	0
Uncompensated Charity Care (Net)	6,629
Other Free Care	29,987
Total Net Patient Revenue	522,843
Other Revenue	645
Total Net Revenue	523,488
Total Expenses	814,186
Adjusted Gross Revenue	2,656,616
Total Uncompensated I/C Care	6,629
Percent Uncompensated Indigent/Charity Care	0.25%

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	1
Carroll	8
Cherokee	3
Clayton	5
Cobb	28
Coweta	4
Dawson	1
DeKalb	9
Douglas	4
Fannin	2
Fayette	6
Forsyth	5
Fulton	91
Gwinnett	18
Henry	14
Jackson	1
Lamar	1
Lumpkin	3
Newton	2
Other- Out of State	6
Paulding	1
Pickens	1
Rabun	1
Spalding	4
Upson	1
Walton	2
White	1
Total	223

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)	0.00	0.00	0.00
Licensed Practical Nurses (LPNs)	0.00	0.00	0.00
Aides/Assistants	0.00	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	Not Applicable
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: Robert Simmons

Date: 4/9/2010

Title: Chief Executive Officer

Comments:

Piedmont Hospital acquired Buckhead Surgery Center in 2009 and temporarily closed the facility while it relocated it to Piedmont West per DET 2009077. The 2009 data reported was provided by HCA for January through March 2009. As of March 2010, the facility is open and operational at Piedmont West. HCA Comments: The information reported was provided by HCA for January through March 2009, the partial year the facility was operational. Also 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 not 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 system.