



## 2010 Freestanding Ambulatory Surgery Center Survey

### Part A : General Information

#### 1. Identification

UID:ASC017

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

**County:** DeKalb

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

**City:** Atlanta

**Zip:** 30322-1013

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

**Mailing City:** Atlanta

**Mailing Zip:** 30322-1013

#### 2. Report Period

Report Data for the full twelve month period, January 1, 2010 - December 31, 2010 (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:** Joseph Dee

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

**Phone:** 404-778-5205

**Fax:** 404-778-5186

**E-mail:** joseph.dee@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 Community Health pursuant to Rule 111-8-4-.01.

Room Type	Number of Rooms	Number of Procedures	Number of Patients
Operating Procedure Rooms	6	5,992	5,022

### **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	9	9,462	8,562
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?

64

### **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	4	5
Black/African American	1,642	1,959
Hispanic/Latino	48	57
Pacific Islander/Hawaiian	0	0
White	3,328	3,971
Multi-Racial	0	0
Unknown	0	0
<b>Total</b>	<b>5,022</b>	<b>5,992</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	2,823	3,368
Female	2,199	2,624
<b>Total</b>	<b>5,022</b>	<b>5,992</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	1,342	3,523.00
21930	Tissue Wide Excision	260	2,309.00
36561	Portacath Insertion	242	3,136.00
67904	Ptosis Repair	216	2,729.00
67113	Vitreotomy Complex Retinal Detachment	201	7,859.00
19350	Breast Reconstruction Revision	158	3,133.00
19125	Breast Biopsy Dye & Wire	150	2,889.00
65850	Trabeculectomy	147	4,300.00
31255	Nasal/Sinus Endoscopy Stereotactic	130	4,287.00
67040	Vitreotomy w/Panretinal Laser	126	6,755.00

#### 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 Healthcare Facility Regulation Division or Office of Regulatory Services permit):**

Multispecialty

**Services Provided:**

Ophthalmology, Surgical Oncology, ENT, Urology, General Surgery, Plastics, Dermatology, Bone Marrow Transplant, Digestive Diseases, Pulmonary Medicine, CT Surgery

## 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	2,024	2,415	10,447,601	2,657,296
Medicaid	286	341	1,691,772	310,649
PeachCare for Kids	0	0	0	0
Third Party	2,354	2,808	12,518,328	8,744,155
Self Pay	165	197	611,994	785,866
Other Payer	193	231	981,725	224,785
<b>Total</b>	<b>5,022</b>	<b>5,992</b>	<b>26,251,420</b>	<b>12,722,751</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	26	27
Charity	334	383
<b>Total</b>	<b>360</b>	<b>410</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 2010.

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

01/01/2010

### 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 2010 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	26,251,420
Medicare Contractual Adjustments	7,337,928
Medicaid Contractual Adjustments	1,171,622
Other Contractual Adjustments	3,642,142
<b>Total Contractual Adjustments</b>	<b>12,151,692</b>
Bad Debt	342,616
Indigent Care Gross Charges	45,421
Indigent Care Compensation	0
<b>Uncompensated Indigent Care (Net)</b>	<b>45,421</b>
Charity Care Gross Charges	988,940
Charity Care Compensation	0
<b>Uncompensated Charity Care (Net)</b>	<b>988,940</b>
Other Free Care	0
<b>Total Net Patient Revenue</b>	<b>12,722,751</b>
Other Revenue	0
<b>Total Net Revenue</b>	<b>12,722,751</b>
Total Expenses	11,056,565
<b>Adjusted Gross Revenue</b>	<b>17,399,254</b>
<b>Total Uncompensated I/C Care</b>	<b>1,034,361</b>
<b>Percent Uncompensated Indigent/Charity Care</b>	<b>5.94%</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	40
Bacon	1
Baker	1
Baldwin	7
Banks	8
Barrow	26
Bartow	37
Ben Hill	4
Berrien	4
Bibb	40
Bleckley	4
Bryan	2
Bulloch	1
Butts	23
Camden	1
Carroll	49
Catoosa	3
Chatham	13
Chattahoochee	3
Chattooga	6
Cherokee	93
Clarke	38
Clay	1
Clayton	125
Cobb	263
Coffee	2
Colquitt	7
Columbia	13
Cook	2
Coweta	68
Crawford	2
Crisp	4
Dawson	16
Decatur	7
DeKalb	1013
Dodge	1
Dooly	3
Dougherty	22
Douglas	51



Effingham	1
Elbert	8
Emanuel	1
Evans	2
Fannin	14
Fayette	56
Florida	31
Floyd	29
Forsyth	52
Franklin	11
Fulton	903
Gilmer	12
Glascock	1
Glynn	5
Gordon	10
Grady	1
Greene	9
Gwinnett	505
Habersham	23
Hall	90
Hancock	4
Haralson	7
Harris	7
Hart	9
Heard	4
Henry	143
Houston	36
Irwin	1
Jackson	43
Jasper	10
Jeff Davis	3
Jefferson	2
Jenkins	2
Johnson	2
Jones	7
Lamar	12
Laurens	16
Lee	3
Lincoln	1
Lowndes	16
Lumpkin	14
Macon	7
Madison	6
Marion	2

McDuffie	2
Meriwether	13
Miller	2
Mitchell	3
Monroe	3
Montgomery	2
Morgan	9
Murray	10
Muscogee	43
Newton	82
North Carolina	26
Oconee	21
Oglethorpe	3
Other- Out of State	33
Paulding	36
Peach	12
Pickens	14
Pierce	2
Pike	7
Polk	12
Pulaski	2
Putnam	7
Rabun	10
Randolph	1
Richmond	9
Rockdale	66
Schley	2
Seminole	1
South Carolina	73
Spalding	47
Stephens	16
Sumter	8
Tattnall	1
Taylor	2
Tennessee	29
Terrell	2
Thomas	11
Tift	11
Toombs	2
Towns	9
Treutlen	1
Troup	74
Twiggs	1
Union	18

Upson	16
Walker	4
Walton	82
Ware	2
Washington	3
White	20
Whitfield	20
Wilcox	2
Wilkes	2
Worth	8
<b>Total</b>	<b>5,022</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 12-31-2010.

Profession	Budgeted FTEs	Vacant Budgeted FTEs	Contract/Temporary Staff FTEs
Registered Nurses (RNs Advanced Practice)	30.10	1.00	0.00
Licensed Practical Nurses (LPNs)	0.00	0.00	0.00
Aides/Assistants	10.10	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	61-90 Days
Licensed Practical Nurse	Not Applicable
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: W. Michael Mason

Date: 4/4/2011

Title: Sr. Operations Administrator

Comments: