



2010 Freestanding Ambulatory Surgery Center Survey

Part A : General Information

1. Identification

UID:ASC067

Facility Name: Emory Orthopaedic and Spine Physiatry Outpatient Surgery Center

County: DeKalb

Street Address: 59 Executive Park South 5th Floor

City: Atlanta

Zip: 30329

Mailing Address: 59 Executive Park South 5th Floor

Mailing City: Atlanta

Mailing Zip: 30329

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: Melanie Zabeth

Contact Title: Senior Manager, Operations

Phone: 404-778-6234

Fax: 404-778-6213

E-mail: melanie.zabeth@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
-----------	----------------

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	4	2,540	2,508

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	2	5,777	5,402
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?

4

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	3	3
Black/African American	428	435
Hispanic/Latino	16	16
Pacific Islander/Hawaiian	0	0
White	1,213	1,228
Multi-Racial	101	102
Unknown	747	756
Total	2,508	2,540

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	1,222	1,237
Female	1,286	1,303
Total	2,508	2,540

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
29881	Meniscectomy	390	3,300.00
29888	ACL Reconstruction Arthroscopic	244	4,700.00
29827	Shoulder Arthroscopy w/ Cuff Repair	231	5,454.00
64721	Carpal Tunnel Release	92	3,100.00
26116	Soft tissue Mass Excision	75	2,850.00
29877	Knee Arthroscopy	74	3,400.00
20680	Hardware Removal Deep	71	3,300.00
26055	Trigger Finger Release	68	2,900.00
29828	Shoulder Arthroscopy w/ Bicep Tenodesis	60	4,100.00
28700	Manipulation under Anesthesia	58	2,900.00

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):

Multi-specialty

Services Provided:

Orthopaedics, Physiatry, and Neurosurgery

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	314	318	1,261,721	365,980
Medicaid	107	109	368,063	56,782
PeachCare for Kids	0	0	0	0
Third Party	1,992	2,017	8,865,982	6,394,629
Self Pay	14	14	54,259	54,259
Other Payer	81	82	398,942	183,131
Total	2,508	2,540	10,948,967	7,054,781

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	4	4
Charity	77	80
Total	81	84

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.

01/01/2007

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.

Taylor Williams, Asst Director, Patient Financial

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	10,948,967
Medicare Contractual Adjustments	807,629
Medicaid Contractual Adjustments	261,044
Other Contractual Adjustments	2,662,727
Total Contractual Adjustments	3,731,400
Bad Debt	89,867
Indigent Care Gross Charges	4,200
Indigent Care Compensation	0
Uncompensated Indigent Care (Net)	4,200
Charity Care Gross Charges	68,719
Charity Care Compensation	0
Uncompensated Charity Care (Net)	68,719
Other Free Care	0
Total Net Patient Revenue	7,054,781
Other Revenue	0
Total Net Revenue	7,054,781
Total Expenses	0
Adjusted Gross Revenue	9,790,427
Total Uncompensated I/C Care	72,919
Percent Uncompensated Indigent/Charity Care	0.74%

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	7
Appling	1
Baldwin	6
Banks	1
Barrow	3
Bartow	17
Bibb	11
Bulloch	2
Butts	2
Carroll	24
Catoosa	1
Chatham	1
Chattooga	1
Cherokee	57
Clarke	15
Clayton	38
Cobb	205
Coffee	1
Columbia	4
Coweta	19
Dawson	8
DeKalb	673
Dodge	3
Dooly	1
Dougherty	1
Douglas	26
Early	1
Effingham	1
Elbert	3
Fannin	3
Fayette	34
Florida	18
Floyd	11
Forsyth	30
Franklin	1
Fulton	615
Gilmer	6
Gordon	2
Greene	5

Gwinnett	247
Habersham	5
Hall	37
Haralson	2
Harris	1
Hart	2
Henry	50
Houston	7
Jackson	13
Jasper	3
Jones	2
Laurens	2
Liberty	1
Long	1
Lowndes	10
Lumpkin	3
Madison	5
Meriwether	1
Monroe	6
Morgan	3
Muscogee	7
Newton	37
North Carolina	3
Oconee	3
Other- Out of State	33
Paulding	11
Peach	1
Pickens	5
Pike	1
Polk	3
Pulaski	1
Putnam	1
Richmond	3
Rockdale	43
Schley	1
South Carolina	16
Spalding	7
Stephens	3
Sumter	1
Tennessee	11
Terrell	1
Thomas	1
Tift	2
Toombs	1

Towns	3
Troup	7
Union	2
Upson	5
Walton	25
White	3
Whitfield	2
Wilcox	2
Wilkes	2
Worth	2
Total	2,508

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)	9.00	1.00	1.00
Licensed Practical Nurses (LPNs)	0.00	0.00	0.00
Aides/Assistants	8.50	0.50	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: Melanie Zaboith

Date: 3/22/2011

Title: Senior Manager, Clinic Operations

Comments: