



## 2011 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, 2011 - December 31, 2011 (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:** Dede Fowler

**Contact Title:** Assistant CBO Director

**Phone:** 706-868-3146

**Fax:** 866-741-2968

**E-mail:** Deirdre.Fowler@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
Atlanta Surgery Center, LTD	For Profit	01/01/2003

#### B. Owner's Parent Organization

Full Legal Name (Or Not Applicable)	Organization Type	Effective Date
Atlanta Healthcare Management LP	For Profit	01/01/2003

#### C. Facility Operator

Full Legal Name (Or Not Applicable)	Organization Type	Effective Date
Atlanta Surgery Center, LTD	For Profit	01/01/2003

#### D. Operator's Parent Organization

Full Legal Name (Or Not Applicable)	Organization Type	Effective Date
Atlanta Healthcare Management, LP	For Profit	01/01/2003

#### E. Management Contractor

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

#### F. Management's Parent Organization

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

#### 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 Community Health pursuant to Rule 111-8-4-.01.

Room Type	Number of Rooms	Number of Procedures	Number of Patients
Operating Procedure Rooms	7	6,341	6,341

### **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	819	819
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	9	9
Asian	88	88
Black/African American	1,233	1,233
Hispanic/Latino	229	229
Pacific Islander/Hawaiian	0	0
White	4,508	4,508
Multi-Racial	44	44
Unknown	230	230
<b>Total</b>	<b>6,341</b>	<b>6,341</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	2,883	2,883
Female	3,458	3,458
<b>Total</b>	<b>6,341</b>	<b>6,341</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
69436	Typanostomy	2,413	3,086.00
42820	Tonsillectomy & Adenoidectomy	528	4,437.00
42830	Adenoidectomy under 12 years	296	4,015.00
43239	Upper GI with biopsy	213	3,641.00
29881	Knee scope with meniscectomy	335	9,558.00
29877	Knee scope with debridement	213	9,558.00
19325	Mammoplasty	197	8,527.00
29826	Shoulder scope with bone shaving	262	11,523.00
58558	Hysteroscopy with lysis of adhesions	229	6,828.00
59820	Treatment of missed abortion first trimester	225	5,196.00

#### 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):**

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	244	244	2,997,192	386,743
Medicaid	698	698	4,744,666	697,397
PeachCare for Kids	0	0	0	0
Third Party	5,503	5,503	53,548,029	9,866,082
Self Pay	334	334	4,739,544	580,194
Other Payer	381	381	4,480,251	1,903,584
<b>Total</b>	<b>7,160</b>	<b>7,160</b>	<b>70,509,682</b>	<b>13,434,000</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	0	0
Charity	10	10
<b>Total</b>	<b>10</b>	<b>10</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 2011.

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.

Dede Fowler, Assistant CBO 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 2011 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	70,509,682
Medicare Contractual Adjustments	2,604,545
Medicaid Contractual Adjustments	4,037,068
Other Contractual Adjustments	50,183,788
<b>Total Contractual Adjustments</b>	<b>56,825,401</b>
Bad Debt	202,483
Indigent Care Gross Charges	0
Indigent Care Compensation	0
<b>Uncompensated Indigent Care (Net)</b>	<b>0</b>
Charity Care Gross Charges	47,797
Charity Care Compensation	0
<b>Uncompensated Charity Care (Net)</b>	<b>47,797</b>
Other Free Care	0
<b>Total Net Patient Revenue</b>	<b>13,434,001</b>
Other Revenue	5,833
<b>Total Net Revenue</b>	<b>13,439,834</b>
Total Expenses	12,294,376
<b>Adjusted Gross Revenue</b>	<b>63,671,419</b>
<b>Total Uncompensated I/C Care</b>	<b>47,797</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
Baldwin	2
Banks	3
Barrow	26
Bartow	53
Bibb	3
Bleckley	1
Brantley	3
Bulloch	3
Butts	9
Carroll	43
Chatham	3
Cherokee	343
Clarke	10
Clay	2
Clayton	111
Cobb	1032
Columbia	1
Coweta	91
Dade	1
Dawson	27
Decatur	1
DeKalb	391
Dodge	1
Dooly	1
Dougherty	2
Douglas	160
Fannin	16
Fayette	110
Floyd	2
Forsyth	259
Franklin	2
Fulton	1901
Gilmer	11
Glynn	2
Gordon	12
Greene	1
Gwinnett	817
Habersham	6
Hall	91



Haralson	2
Harris	4
Hart	1
Heard	2
Henry	140
Houston	4
Jackson	39
Jasper	8
Jefferson	3
Lamar	8
Lee	2
Lumpkin	21
Madison	3
Meriwether	4
Mitchell	1
Monroe	5
Montgomery	2
Morgan	3
Murray	3
Muscogee	6
Newton	51
Oconee	6
Oglethorpe	1
Other- Out of State	97
Paulding	63
Peach	1
Pickens	19
Pike	10
Polk	14
Pulaski	1
Putnam	1
Rabun	1
Randolph	3
Richmond	2
Rockdale	35
Spalding	57
Stephens	1
Sumter	3
Talbot	2
Taliaferro	1
Taylor	1
Terrell	1
Tift	1
Towns	1

Troup	58
Union	5
Upson	5
Walker	2
Walton	77
White	3
Whitfield	3
Worth	1
<b>Total</b>	<b>6,341</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 12-31-2011.

Profession	Budgeted FTEs	Vacant Budgeted FTEs	Contract/Temporary Staff FTEs
Registered Nurses (RNs Advanced Practice)	25.50	1.50	0.00
Licensed Practical Nurses (LPNs)	1.00	0.00	0.00
Aides/Assistants	7.50	1.00	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	More than 90 Days
Licensed Practical Nurse	Not Applicable
Aides/Assistants	61-90 Days
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: Donna Korff-Baker And Nancy Okula

Date: 3/1/2012

Title: Administrators

Comments:

As stated in previous 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 the same way for all HCA facilities, since all use the same data reporting system.