



GEORGIA DEPARTMENT OF  
COMMUNITY HEALTH

**2011 Freestanding Ambulatory Surgery Center Survey**

**Part A : General Information**

**1. Identification**

**UID:ASC017**

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

**County:** DeKalb

**Street Address:** 1365 Clifton Road, NE Suite A5022

**City:** Atlanta

**Zip:** 30322

**Mailing Address:** 1365 Clifton Road, NE Suite A5022

**Mailing City:** Atlanta

**Mailing Zip:** 30322

**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:** 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
Not Applicable	Not Applicable	

#### D. Operator's Parent Organization

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

#### E. Management Contractor

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

#### F. Management's Parent Organization

Full Legal Name (Or Not Applicable)	Organization Type	Effective Date
Not Applicable	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	6,007	4,991

### **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	9,342	8,348
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?

58

### **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	33	40
Black/African American	1,127	1,357
Hispanic/Latino	52	63
Pacific Islander/Hawaiian	1	1
White	3,605	4,340
Multi-Racial	0	0
Unknown	173	206
<b>Total</b>	<b>4,991</b>	<b>6,007</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	2,162	2,602
Female	2,829	3,405
<b>Total</b>	<b>4,991</b>	<b>6,007</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
66983	Cataract Extraction	1,089	4,920.00
66984	Extracapsular Cataract Rmvl Insert IOL	407	4,920.00
21930	Tissue Wide Excision	260	3,990.00
67903	Blepharoptosis Rpr LevatorResectExtApp	207	3,990.00
36561	Portacath Insertion	190	3,990.00
67113	Vitrectomy Complex Retinal Detachment	188	10,700.00
67036	Vitrectomy Pars Plana Mechanical	184	10,700.00
19125	Breast Biopsy Dye & Wire	177	3,990.00
19350	Breast Reconstruction Revision	170	3,990.00
66185	Aqueous Shunt Implantation	130	3,990.00

#### 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	2,172	2,614	11,506,281	3,185,067
Medicaid	322	388	1,840,786	372,860
PeachCare for Kids	0	0	0	0
Third Party	2,195	2,641	12,150,709	9,055,095
Self Pay	172	208	713,121	907,314
Other Payer	130	156	602,109	145,587
<b>Total</b>	<b>4,991</b>	<b>6,007</b>	<b>26,813,006</b>	<b>13,665,923</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	20	21
Charity	277	307
<b>Total</b>	<b>297</b>	<b>328</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.

01/01/2011

### 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 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	26,813,006
Medicare Contractual Adjustments	7,799,348
Medicaid Contractual Adjustments	1,395,798
Other Contractual Adjustments	3,118,502
<b>Total Contractual Adjustments</b>	<b>12,313,648</b>
Bad Debt	104,540
Indigent Care Gross Charges	50,451
Indigent Care Compensation	0
<b>Uncompensated Indigent Care (Net)</b>	<b>50,451</b>
Charity Care Gross Charges	678,444
Charity Care Compensation	0
<b>Uncompensated Charity Care (Net)</b>	<b>678,444</b>
Other Free Care	0
<b>Total Net Patient Revenue</b>	<b>13,665,923</b>
Other Revenue	0
<b>Total Net Revenue</b>	<b>13,665,923</b>
Total Expenses	12,030,684
<b>Adjusted Gross Revenue</b>	<b>17,513,320</b>
<b>Total Uncompensated I/C Care</b>	<b>728,895</b>
<b>Percent Uncompensated Indigent/Charity Care</b>	<b>4.16%</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	59
Appling	2
Atkinson	1
Baker	1
Baldwin	4
Banks	5
Barrow	31
Bartow	22
Ben Hill	5
Berrien	2
Bibb	43
Bleckley	4
Brooks	1
Bryan	1
Bulloch	2
Butts	24
Calhoun	2
Camden	1
Candler	1
Carroll	24
Catoosa	5
Chatham	10
Chattooga	5
Cherokee	70
Clarke	42
Clayton	109
Cobb	262
Cobb	0
Coffee	0
Coffee	3
Colquitt	6
Colquitt	0
Columbia	15
Columbia	0
Cook	3
Coweta	44
Crawford	0
Crawford	1
Crisp	2



Crisp	0
Dade	0
Dade	2
Dawson	0
Dawson	8
Decatur	0
Decatur	1
DeKalb	0
DeKalb	1035
Dodge	8
Dodge	0
Dooly	0
Dooly	4
Dougherty	12
Douglas	58
Elbert	8
Emanuel	5
Fannin	10
Fayette	71
Florida	48
Floyd	26
Forsyth	53
Franklin	8
Fulton	920
Gilmer	8
Glynn	1
Gordon	16
Grady	3
Greene	11
Gwinnett	459
Habersham	27
Hall	79
Hancock	3
Haralson	13
Harris	5
Hart	6
Heard	6
Henry	159
Houston	36
Jackson	55
Jasper	5
Jeff Davis	2
Jenkins	1
Johnson	3

Jones	1
Lamar	13
Lanier	1
Laurens	12
Lee	9
Liberty	1
Lincoln	2
Lowndes	11
Lumpkin	10
Macon	3
Madison	5
Marion	1
McDuffie	1
McIntosh	2
Meriwether	10
Miller	4
Mitchell	3
Monroe	4
Morgan	15
Murray	5
Muscogee	48
Newton	83
North Carolina	30
Oconee	11
Oglethorpe	5
Other- Out of State	63
Paulding	30
Peach	9
Pickens	13
Pike	10
Polk	12
Pulaski	2
Putnam	11
Quitman	2
Rabun	13
Richmond	9
Rockdale	79
Schley	1
South Carolina	63
Spalding	35
Stephens	19
Stewart	1
Sumter	11
Talbot	2

Taylor	2
Tennessee	29
Terrell	1
Thomas	8
Tift	6
Toombs	2
Towns	12
Treutlen	1
Troup	76
Twiggs	2
Union	16
Upson	20
Walker	6
Walton	96
Ware	3
Washington	3
Wayne	3
White	16
Whitfield	17
Wilcox	1
Wilkes	2
Wilkinson	2
Worth	5
<b>Total</b>	<b>4,991</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)	31.10	2.00	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	31-60 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: W. Michael Mason

Date: 3/28/2012

Title: Sr. Operations Administrator

Comments: