GEORGIA DEPARTMENT OF COMMUNITY HEALTH

2011 Freestanding Ambulatory Surgery Center Survey

Part A : General Information

1. Identification

UID:ASC063

Facility Name: Surgery Center of Columbia County

County: Columbia

Street Address: 4300 University Parkway

City: Evans

Zip: 30809

Mailing Address: 4300 University Parkway

Mailing City: Evans

Mailing Zip: 30809

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: Ann Turner

Contact Title: Administrator

Phone: 706-854-3020

Fax: 706-854-3189

E-mail: aturner@evanssccc.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
Surgery Center of Columbia County	For Profit	11/10/2006

B. Owner's Parent Organization

Full Legal Name (Or Not Applicable)	Organization Type	Effective Date
University Health Resources Inc.	Hospital Authority	11/10/2006

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
Candor Surgical	For Profit	3/1/2010

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
Ramzi Assad	018597
Vendi Hooks, III	017026
Brian Bennett	POD000842
Mickey Stapp	POD000728
Mallory Lawrence	026578
William David Curtis	030038
Gregory Oetting	038575
Russell Stephens	040246

Jay Newton Bates	048471
Christopher Carlson	045051
Todd Cable	046740
Christopher Vickery	034487
Mark Stewart	032058
Matthew Mondi	060940
Ellen Shaver	041670
James Sherman	031122
Barry Jenkins	053249

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	5,527	2,852

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	5,527	2,852
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	2	7
Asian	24	37
Black/African American	535	1,161
Hispanic/Latino	59	125
Pacific Islander/Hawaiian	0	0
White	2,230	4,192
Multi-Racial	2	5
Unknown	0	0
Total	**2,852**	**5,527**

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	1,035	1,855
Female	1,817	3,672
Total	**2,852**	**5,527**

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
45380	Colonoscopy with Biopsy	290	3,121.00
28296	Correctin hallx valgus with metatarsal osteomy	287	4,463.00
43239	EGD with Biopsy	251	3,127.00
45384	Colonoscopy, flexible, proximal to splenic flexure with removal of tumor	170	3,127.00
45385	Colonoscopy, flexible, proximal to splenic flexure, with removal of tumo	169	3,127.00
64483	Injection Anesthetic Agent and / or Steroid, transforaminal Epidural, Lur	546	2,046.00
64493	Injection diagnostic or therapeutic agen paravrtebral facet, joint with ima	551	8,536.00
62311	Injection single, not including neurolytic, of diagnostic or therapeutic sul	486	2,038.00
64484	Injecton, anesthetic agent and / or steroid, transformainal epidural, lumb	437	2,038.00
45378	Colonoscopy, Diagnostic	353	3,079.00

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)*:

Gastroenterology, General Surgery, Pain Management, Otolaryngology Surgery, Podiatry Surgery, Plastic Surgery, Gynecology Surgery, Neurosurgery, Vascular Surgery, Orthopedic Surgery

Services Provided:

Gastroenterology, General Surgery, Pain Management, Otolaryngology Surgery, Podiatry Surgery, Plastic Surgery, 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	759	1,525	3,418,443	381,742
Medicaid	40	64	203,720	4,706
PeachCare for Kids	0	0	0	0
Third Party	0	0	0	0
Self Pay	32	102	56,234	46,913
Other Payer	1,983	3,836	10,029,877	1,715,380
Total	**2,814**	**5,527**	**13,708,274**	**2,148,741**

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	38	63
Charity	63	123
Total	**101**	**186**

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.
11/10/2006

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.

Ann Turner Administrator

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 not 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	13,708,274
Medicare Contractual Adjustments	3,012,585
Medicaid Contractual Adjustments	179,073
Other Contractual Adjustments	8,022,406
Total Contractual Adjustments	**11,214,064**
Bad Debt	51,087
Indigent Care Gross Charges	0
Indigent Care Compensation	0
Uncompensated Indigent Care (Net)	**0**
Charity Care Gross Charges	168,199
Charity Care Compensation	520
Uncompensated Charity Care (Net)	**167,679**
Other Free Care	126,703
Total Net Patient Revenue	**2,148,741**
Other Revenue	0
Total Net Revenue	**2,148,741**
Total Expenses	0
Adjusted Gross Revenue	**10,465,529**
Total Uncompensated I/C Care	**167,679**
Percent Uncompensated Indigent/Charity Care	**1.60%**

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	1
Bulloch	5
Burke	92
Candler	3
Chatham	1
Clayton	1
Columbia	1332
Dodge	2
Emanuel	10
Franklin	1
Fulton	1
Glascock	2
Greene	1
Gwinnett	2
Hancock	3
Haralson	1
Jasper	1
Jefferson	21
Jenkins	16
Johnson	3
Lincoln	73
McDuffie	151
Newton	1
Oconee	1
Pike	1
Richmond	655
Screven	8
South Carolina	396
Taliaferro	3
Tattnall	2
Warren	15
Washington	17
Wilkes	30
Total	**2,852**

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)	5.0	2.0	6.0
Licensed Practical Nurses (LPNs)	0.00	0.00	0.00
Aides/Assistants	3.0	1.0	2.0
Allied Health Therapists	1.0	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	31-60 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: Ann Turner

Date: 3/8/2012

Title: Administrator

Comments: