



2011 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, 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	4	2,522	2,371

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	5,613	3,638
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	0	0
Asian	17	18
Black/African American	423	449
Hispanic/Latino	31	33
Pacific Islander/Hawaiian	1	1
White	1,190	1,266
Multi-Racial	103	110
Unknown	606	645
Total	2,371	2,522

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	1,202	1,278
Female	1,169	1,244
Total	2,371	2,522

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	349	3,300.00
29888	ACL Reconstruction Arthroscopic	287	4,700.00
29827	Shoulder Arthroscopy w/Cuff Repair	173	5,454.00
64721	Carpal Tunnel Release	100	3,100.00
29877	Knee Arthroscopy	73	3,400.00
28700	Manipulation Under Anesthesia	71	2,900.00
29828	Shoulder Arthroscopy w/Biceps Tenodesis	65	4,100.00
20680	Hardware Removal Deep	64	3,300.00
29806	Shoulder Bankart	60	4,652.00
26055	Release Finger Trigger	56	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):

Multispecialty

Services Provided:

Orthopedics, 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	299	318	1,323,263	500,064
Medicaid	84	90	314,429	61,112
PeachCare for Kids	0	0	0	0
Third Party	1,887	2,007	8,873,404	7,045,088
Self Pay	22	23	73,421	73,421
Other Payer	79	84	347,695	66,614
Total	2,371	2,522	10,932,212	7,746,299

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	83	83
Total	87	87

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	10,932,212
Medicare Contractual Adjustments	786,667
Medicaid Contractual Adjustments	249,525
Other Contractual Adjustments	2,033,956
Total Contractual Adjustments	3,070,148
Bad Debt	56,235
Indigent Care Gross Charges	861
Indigent Care Compensation	0
Uncompensated Indigent Care (Net)	861
Charity Care Gross Charges	58,669
Charity Care Compensation	0
Uncompensated Charity Care (Net)	58,669
Other Free Care	0
Total Net Patient Revenue	7,746,299
Other Revenue	0
Total Net Revenue	7,746,299
Total Expenses	5,872,778
Adjusted Gross Revenue	9,839,785
Total Uncompensated I/C Care	59,530
Percent Uncompensated Indigent/Charity Care	0.60%

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
Alabama	7
Baldwin	2
Banks	1
Barrow	6
Bartow	11
Berrien	1
Bibb	8
Bleckley	1
Butts	6
Carroll	15
Catoosa	1
Chatham	3
Chattooga	2
Cherokee	46
Clarke	9
Clayton	40
Cobb	183
Coffee	3
Columbia	1
Cook	1
Coweta	26
Crisp	1
Dawson	1
Decatur	1
DeKalb	642
Dodge	1
Dooly	2
Dougherty	2
Douglas	14
Elbert	1
Emanuel	1
Evans	1
Fannin	1
Fayette	29
Florida	10
Floyd	8
Forsyth	41
Franklin	1
Fulton	580

Gilmer	7
Glascock	1
Glynn	3
Gordon	3
Greene	4
Gwinnett	258
Habersham	7
Hall	25
Haralson	3
Harris	2
Hart	1
Henry	53
Houston	10
Jackson	9
Jasper	1
Jones	1
Lamar	2
Laurens	1
Lowndes	1
Lumpkin	6
Madison	1
Meriwether	2
Monroe	4
Morgan	2
Murray	1
Muscogee	9
Newton	40
North Carolina	12
Oconee	2
Oglethorpe	1
Other- Out of State	19
Paulding	15
Peach	1
Pickens	5
Pike	2
Polk	4
Pulaski	3
Putnam	5
Rabun	6
Richmond	1
Rockdale	38
Seminole	1
South Carolina	10
Spalding	10

Stephens	4
Stewart	1
Telfair	2
Tennessee	7
Thomas	1
Tift	1
Toombs	1
Towns	1
Treutlen	1
Troup	6
Turner	2
Union	1
Walton	32
White	6
Whitfield	3
Total	2,371

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)	9.00	2.00	2.00
Licensed Practical Nurses (LPNs)	0.00	0.00	0.00
Aides/Assistants	8.50	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. Mike Mason

Date: 3/29/2012

Title: Sr. Operations Administrator

Comments: