



GEORGIA DEPARTMENT OF  
COMMUNITY HEALTH

**2012 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, 2012 - December 31, 2012 (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:** Tevya Harley

**Contact Title:** Manager, Operations

**Phone:** 404-778-6235

**Fax:** 404-778-5186

**E-mail:** tevya.harley@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, In	Not for Profit	1/1/1985

#### B. Owner's Parent Organization

Full Legal Name (Or Not Applicable)	Organization Type	Effective Date
Emory Healthcare	Not for Profit	3/1/1994

#### C. Facility Operator

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

#### D. Operator's Parent Organization

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

#### E. Management Contractor

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

#### F. Management's Parent Organization

Full Legal Name (Or Not Applicable)	Organization Type	Effective Date
	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	6,442	5,352

### **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	10,492	9,451
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?

87

### **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	4	4
Asian	75	95
Black/African American	1,327	1,607
Hispanic/Latino	82	108
Pacific Islander/Hawaiian	6	6
White	2,755	3,341
Multi-Racial	0	0
Unknown	1,103	1,281
<b>Total</b>	<b>5,352</b>	<b>6,442</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	2,411	2,894
Female	2,941	3,548
<b>Total</b>	<b>5,352</b>	<b>6,442</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
66984	Extracapsular Cataract Rmvl Insertr IOL	1,459	3,500.00
67113	Vitrectomy COmplex Retinal Detachment	216	8,900.00
67904	Ptosis Repair	195	3,750.00
36561	Portacath Insertion	169	3,100.00
19301	Mastectomy, partial	164	3,000.00
67036	Vitrectomy Pars Plana Mechanical	155	7,500.00
67108	Vitrectomy, any method wwo air gas	149	8,500.00
38525	Biopsy or exision of lymph node	140	3,000.00
67255	Scleral Reinforcement with graft	129	4,500.00
31255	Ethmoidectomy, total	128	4,500.00

#### 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, Otolaryngology, General Surgery, Plastic, Dermatotlogy, Bone Marror Transplant, Digestive Diseases, Pulmonary, Cardiothoracic

## 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	2,243	2,760	13,937,992	3,393,846
Medicaid	302	347	1,855,838	298,674
PeachCare for Kids	0	0	0	0
Third Party	2,509	2,887	14,346,848	9,653,338
Self Pay	181	304	1,193,949	172,015
Other Payer	116	144	729,397	183,883
<b>Total</b>	<b>5,351</b>	<b>6,442</b>	<b>32,064,024</b>	<b>13,701,756</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	15	16
Charity	290	340
<b>Total</b>	<b>305</b>	<b>356</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 2012. ☒

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, Director of Patient Financial Ser

### 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 2012 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	32,064,024
Medicare Contractual Adjustments	10,654,971
Medicaid Contractual Adjustments	1,518,799
Other Contractual Adjustments	5,068,727
<b>Total Contractual Adjustments</b>	<b>17,242,497</b>
Bad Debt	251,875
Indigent Care Gross Charges	106,908
Indigent Care Compensation	0
<b>Uncompensated Indigent Care (Net)</b>	<b>106,908</b>
Charity Care Gross Charges	760,988
Charity Care Compensation	0
<b>Uncompensated Charity Care (Net)</b>	<b>760,988</b>
Other Free Care	0
<b>Total Net Patient Revenue</b>	<b>13,701,756</b>
Other Revenue	0
<b>Total Net Revenue</b>	<b>13,701,756</b>
Total Expenses	12,617,156
<b>Adjusted Gross Revenue</b>	<b>19,638,379</b>
<b>Total Uncompensated I/C Care</b>	<b>867,896</b>
<b>Percent Uncompensated Indigent/Charity Care</b>	<b>4.42%</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	58
Appling	5
Atkinson	1
Bacon	2
Baker	1
Baldwin	17
Banks	12
Barrow	33
Bartow	25
Ben Hill	1
Berrien	2
Bibb	43
Bleckley	2
Brooks	1
Bryan	3
Bulloch	2
Butts	19
Calhoun	1
Carroll	62
Catoosa	3
Chatham	10
Chattahoochee	2
Chattooga	3
Cherokee	93
Clarke	54
Clay	1
Clayton	120
Cobb	283
Coffee	6
Colquitt	11
Columbia	10
Cook	4
Coweta	61
Crawford	2
Crisp	5
Dade	2
Dawson	8
Decatur	3
DeKalb	1080



Dodge	4
Dooly	4
Dougherty	24
Douglas	44
Early	2
Effingham	3
Elbert	6
Emanuel	2
Evans	1
Fannin	19
Fayette	77
Florida	37
Floyd	28
Forsyth	59
Franklin	6
Fulton	1050
Gilmer	9
Glynn	4
Gordon	16
Grady	1
Greene	11
Gwinnett	491
Habersham	20
Hall	112
Hancock	1
Haralson	14
Harris	8
Hart	7
Heard	7
Henry	152
Houston	41
Irwin	2
Jackson	49
Jasper	8
Jeff Davis	1
Jefferson	1
Johnson	1
Jones	3
Lamar	8
Lanier	3
Laurens	11
Lee	5
Lincoln	1
Lowndes	13

Lumpkin	16
Macon	3
Madison	14
Marion	1
McDuffie	1
McIntosh	1
Meriwether	18
Mitchell	6
Monroe	6
Morgan	13
Murray	2
Muscogee	35
Newton	90
North Carolina	23
Oconee	20
Oglethorpe	6
Other- Out of State	37
Paulding	33
Peach	6
Pickens	10
Pierce	1
Pike	8
Polk	12
Pulaski	3
Putnam	11
Rabun	6
Randolph	2
Richmond	10
Rockdale	72
Screven	2
Seminole	1
South Carolina	63
Spalding	66
Stephens	19
Stewart	1
Sumter	14
Talbot	3
Taylor	1
Telfair	2
Tennessee	35
Terrell	2
Thomas	4
Tift	9
Toombs	2

Towns	6
Troup	65
Turner	3
Twiggs	2
Union	21
Upson	10
Walker	13
Walton	72
Ware	1
Warren	2
Washington	5
Wheeler	2
White	13
Whitfield	24
Wilkes	1
Worth	5
<b>Total</b>	<b>5,352</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 12-31-2012.

Profession	Budgeted FTEs	Vacant Budgeted FTEs	Contract/Temporary Staff FTEs
Registered Nurses (RNs Advanced Practice)	32.00	1.00	4.68
Licensed Practical Nurses (LPNs)	0.00	0.00	0.00
Aides/Assistants	14.80	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: 3/15/2013

Title: Sr. Operations Administrator

Comments: