



GEORGIA DEPARTMENT OF
COMMUNITY HEALTH

2013 Freestanding Ambulatory Surgery Center Survey

Part A : General Information

1. Identification

UID:ASC019

Facility Name: Northside/Forsyth Outpatient Surgery Center

County: Forsyth

Street Address: 1055 Haw Creek Parkway

City: Cumming

Zip: 30041

Mailing Address: 1055 Haw Creek Parkway

Mailing City: Cumming

Mailing Zip: 30041

2. Report Period

Report Data for the full twelve month period, January 1, 2013 - December 31, 2013 (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: Brian J. Toporek

Contact Title: Senior Planner, Northside Hospital, Inc.

Phone: 404-851-6821

Fax: 404-851-6283

E-mail: brian.toporek@northside.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
Northside Hospital, Inc.	Not for Profit	6/18/2012

B. Owner's Parent Organization

Full Legal Name (Or Not Applicable)	Organization Type	Effective Date
Northside Health Services, Inc.	Not for Profit	11/1/1991

C. Facility Operator

Full Legal Name (Or Not Applicable)	Organization Type	Effective Date
Northside Hospital, Inc.	Not for Profit	6/18/2012

D. Operator's Parent Organization

Full Legal Name (Or Not Applicable)	Organization Type	Effective Date
Northside Health Services, Inc.	Not for Profit	11/1/1991

E. Management Contractor

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

F. Management's Parent Organization

Full Legal Name (Or Not Applicable)	Organization Type	Effective Date
NA	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	3	1,641	1,270

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	1	1,831	1,233
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?

0

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	5	6
Asian	13	24
Black/African American	26	36
Hispanic/Latino	21	32
Pacific Islander/Hawaiian	1	3
White	1,178	1,497
Multi-Racial	0	0
Unknown	26	43
Total	1,270	1,641

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	532	654
Female	738	987
Total	1,270	1,641

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
30140	Resect Inferior Turbinate	71	13,720.00
66984	Cataract Surg With IOL 1 Stage	821	8,755.00
43239	EGD Biopsy Single Multiple	469	6,154.00
45385	Lesion Removal Colonoscopy	347	6,384.00
45384	Lesion Remove Colonoscopy	251	6,306.00
45378	Diagnostic Colonoscopy	243	4,599.00
45380	Colonoscopy and Biopsy	232	6,539.00
43249	Esoph EGD Dilation Less than 30MM	92	6,958.00
G0121	Colon CA Scrn not Hi Risk IND	75	4,540.00
66982	Cataract Surgery Complex	66	9,619.00

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):

Multi-specialty outpatient surgery center

Services Provided:

As a licensed multi-specialty outpatient surgery center, services include but are not limited to: colon and rectal surgery; general surgery; OB/GYN surgery; ophthalmological surgery; orthopedic surgery; ENT surgery; plastic surgery; podiatric surgery; urological surgery; and GI endoscopy.

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	1,147	1,417	9,563,647	1,636,590
Medicaid	26	35	241,967	49,622
PeachCare for Kids	0	0	0	0
Third Party	1,234	1,869	9,320,847	4,776,602
Self Pay	45	66	425,578	22,313
Other Payer	51	85	468,327	134,863
Total	2,503	3,472	20,020,366	6,619,990

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	57	79
Charity	6	8
Total	63	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 2013. ☒

If you indicated yes above, please indicate the effective date of the policy or policies.

06/18/2012

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.

Business Office Director, Northside Hospital, Inc.

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 2013 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	20,020,366
Medicare Contractual Adjustments	7,802,879
Medicaid Contractual Adjustments	207,013
Other Contractual Adjustments	4,106,387
Total Contractual Adjustments	12,116,279
Bad Debt	937,030
Indigent Care Gross Charges	281,276
Indigent Care Compensation	0
Uncompensated Indigent Care (Net)	281,276
Charity Care Gross Charges	65,791
Charity Care Compensation	0
Uncompensated Charity Care (Net)	65,791
Other Free Care	0
Total Net Patient Revenue	6,619,990
Other Revenue	0
Total Net Revenue	6,619,990
Total Expenses	5,982,231
Adjusted Gross Revenue	11,073,444
Total Uncompensated I/C Care	347,067
Percent Uncompensated Indigent/Charity Care	3.13%

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
Barrow	4
Cherokee	66
Cobb	9
Coweta	1
Dawson	68
DeKalb	7
Fannin	4
Forsyth	537
Fulton	300
Gilmer	4
Gordon	2
Gwinnett	163
Hall	48
Henry	2
Jackson	1
Jasper	1
Lumpkin	19
Newton	1
North Carolina	2
Other- Out of State	1
Paulding	1
Pickens	13
Tift	1
Union	3
White	12
Total	1,270

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 12-31-2013.

Profession	Budgeted FTEs	Vacant Budgeted FTEs	Contract/Temporary Staff FTEs
Registered Nurses (RNs Advanced Practice)	12.00	1.00	0.00
Licensed Practical Nurses (LPNs)	0.00	0.00	0.00
Aides/Assistants	0.00	0.00	0.00
Allied Health Therapists	5.00	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	31-60 Days
Licensed Practical Nurse	NA
Aides/Assistants	NA
Allied Health Therapists	31-60 Days

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: Robert Putnam

Date: 3/21/2014

Title: CEO, Northside Hospital - Forsyth

Comments: