GEORGIA DEPARTMENT OF COMMUNITY HEALTH

2015 Freestanding Ambulatory Surgery Center Survey

Part A : General Information

1. Identification

UID:ASC001

Facility Name: Surgery Center Of Rome, The

County: Floyd

Street Address: 16 John Maddox Drive

City: Rome

Zip: 30165

Mailing Address: 16 John Maddox Drive

Mailing City: Rome

Mailing Zip: 30165

2. Report Period

Report Data for the full twelve month period, January 1, 2015 - December 31, 2015 (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: Debbie Rickman

Contact Title: Business Office Manager

Phone: 706-802-3721

Fax: 706-802-3883

E-mail: debbie.rickman@hcahealthcare.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 Rome,L.P.	For Profit	9/27/2004

B. Owner's Parent Organization

Full Legal Name (Or Not Applicable)	Organization Type	Effective Date
Surgicare of Rome,INC	For Profit	9/27/2004

C. Facility Operator

Full Legal Name (Or Not Applicable)	Organization Type	Effective Date
Surgery Center of Rome,L.P	For Profit	9/27/2004

D. Operator's Parent Organization

Full Legal Name (Or Not Applicable)	Organization Type	Effective Date
Surgicare of Rome,INC	For Profit	9/27/2004

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

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	4,935	4,935

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	1	189	189
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?

10

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	19	19
Black/African American	396	396
Hispanic/Latino	193	193
Pacific Islander/Hawaiian	0	0
White	4,255	4,255
Multi-Racial	65	65
Unknown	3	3
Total	**4,935**	**4,935**

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	2,095	2,095
Female	2,840	2,840
Total	**4,935**	**4,935**

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 EXTRACTION WITH INSERTION LEN	1,907	5,638.00
69436	TYMPANOSTOMY WITH VENTILATING TUBE GENERAL	781	4,508.00
D9420	DENTAL PROCEDURE	337	5,271.00
64721	NEUROPLASTY TRANSPOSITION	335	6,765.00
42820	TONSILLECTOMY AND ADENOIDECTOMY UNDER AGE 12	198	11,262.00
66982	EXTRACAPSULAR CATARACT EXTRACTION COMPLICATED WITH	144	5,221.00
30140	SUBMUCOUS RESECTION INFERIOR TURBINATES	139	9,016.00
66821	DISCISSION OF SECONDARY MEMBRANOUS CATARACT LASER	138	2,635.00
29881	ARTHROSCOPY KNEE WITH MENISCECTOMY MEDIAL OR LATERA	118	20,646.00
42830	ADENOIDECTOMY PRIMARY UNDER AGE 12	114	9,016.00

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)*:

FOOT,GENERAL,OBGYN,OPHTHALMOLOGY,ORAL,ORTHOPEDIC,OTOLARYNGOLOGY,PLASTIC,UROLOGY,PAIN MANAGEMENT

Services Provided:

Ambulatory Surgery Treatment

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	2,151	2,151	16,683,282	2,087,820
Medicaid	1,197	1,197	11,840,475	747,631
PeachCare for Kids	0	0	0	0
Third Party	1,581	1,581	19,597,535	2,882,873
Self Pay	124	124	755,655	54,196
Other Payer	71	71	1,404,412	599,303
Total	**5,124**	**5,124**	**50,281,359**	**6,371,823**

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	0	0
Charity	418	418
Total	**418**	**418**

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 2015. ☑

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

01/22/2015

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.

Debbie Rickman,Business Office Manager

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 2015 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	50,281,359
Medicare Contractual Adjustments	14,833,456
Medicaid Contractual Adjustments	11,159,765
Other Contractual Adjustments	16,494,977
Total Contractual Adjustments	**42,488,198**
Bad Debt	156,622
Indigent Care Gross Charges	0
Indigent Care Compensation	0
Uncompensated Indigent Care (Net)	**0**
Charity Care Gross Charges	1,264,716
Charity Care Compensation	0
Uncompensated Charity Care (Net)	**1,264,716**
Other Free Care	0
Total Net Patient Revenue	**6,371,823**
Other Revenue	1,049
Total Net Revenue	**6,372,872**
Total Expenses	5,142,181
Adjusted Gross Revenue	**24,132,565**
Total Uncompensated I/C Care	**1,264,716**
Percent Uncompensated Indigent/Charity Care	**5.24%**

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
Bartow	768
Carroll	23
Catoosa	17
Chattooga	490
Cherokee	7
Cobb	43
Colquitt	1
Coweta	1
Dade	2
DeKalb	2
Douglas	2
Fannin	4
Floyd	2078
Gordon	345
Gwinnett	2
Haralson	87
Harris	1
Heard	2
Lumpkin	3
Murray	18
Paulding	4
Pickens	14
Polk	701
Troup	2
Walker	57
Whitfield	27
Total	**4,701**

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 12-31-2015.

Profession	Budgeted FTEs	Vacant Budgeted FTEs	Contract/Temporary Staff FTEs
Registered Nurses (RNs Advanced Practice)	20.00	2.00	0.00
Licensed Practical Nurses (LPNs)	0.00	0.00	0.00
Aides/Assistants	4.50	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	30 Days or Less
Licensed Practical Nurse	Not Applicable
Aides/Assistants	30 Days or Less
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: Neal Jochimsen

Date: 3/1/2016

Title: Administrator

Comments:

As stated in previous years,the following continues to apply to reporting as requested by the ASC survey. As a general rule, surgery centers do not keep separate data for OR patients versus Procedure Room patients. The breakout of this data for the survey is at best very difficult,if not impossible, to report accurately for every surgery center in the state. Patients are reported as being the same as procedures since it is not possible for HCA facilities to track data using the DHP definition distinguishing patients and procedures. Patients and procedures are reported the same way for all HCA facilities since all use the same data reporting system. Page