



GEORGIA DEPARTMENT OF
COMMUNITY HEALTH

2015 Freestanding Ambulatory Surgery Center Survey

Part A : General Information

1. Identification

UID:ASC039

Facility Name: Piedmont West Ambulatory Surgery Center

County: Fulton

Street Address: 1800 Howell Mill Road Suite 250

City: Atlanta

Zip: 30318

Mailing Address: 1800 Howell Mill Road Suite 250

Mailing City: Atlanta

Mailing Zip: 30318

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: Laura Branson

Contact Title: Administrator

Phone: 404-425-7040

Fax: 404-537-4919

E-mail: Laura.Branson@piedmont.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
Piedmont Hospital, Inc.	Not for Profit	11/30/2012

B. Owner's Parent Organization

Full Legal Name (Or Not Applicable)	Organization Type	Effective Date
Piedmont Healthcare	Not for Profit	11/30/2014

C. Facility Operator

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

D. Operator's Parent Organization

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

E. Management Contractor

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

F. Management's Parent Organization

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

G. Physician Owner(s) (List all if owned jointly)

Full Name	License Number
Not Applicable	

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	4,494	1,674

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	104	64
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	5	14
Asian	15	39
Black/African American	222	592
Hispanic/Latino	12	35
Pacific Islander/Hawaiian	0	0
White	1,472	3,887
Multi-Racial	0	0
Unknown	12	31
Total	1,738	4,598

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	795	2,115
Female	943	2,483
Total	1,738	4,598

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	SUBMUCOUS RESECTION INFERIOR TURBINATE PARTIAL OR CO	244	2,025.00
29881	ARTHROSCOPY KNEE SURGICAL; WITH MENISCECTOMY (MEDIA	171	6,581.00
31255	NASAL/SINUS ENDOSCOPY SURGICAL; WITH ETHMOIDECTOMY T	159	4,421.00
67904	REPAIR OF BLEPHAROPTOSIS; (TARSO) LEVATOR RESECTION O	139	5,291.00
30520	SEPTOPLASTY OR SUBMUCOUS RESECTION WITH OR WITHOUT	122	3,663.00
31267	NASAL/SINUS ENDOSCOPY SURGICAL WITH MAXILLARY ANTROS	113	2,354.00
29826	ARTHROSCOPY SHOULDER SURGICAL; DECOMPRESSION OF SU	112	4,527.00
31256	NASAL/SINUS ENDOSCOPY SURGICAL WITH MAXILLARY ANTROS	104	2,344.00
15823	BLEPHAROPLASTY UPPER EYELID; WITH EXCESSIVE SKIN WEIG	102	5,213.00
31276	NASAL/SINUS ENDOSCOPY SURGICAL WITH FRONTAL SINUS EX	97	2,791.00

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, Gynecology, Ophthalmology, Oral/Dental Surgery, Orthopedics, Otolaryngology, Pain Management, Plastic, Podiatry, Urology, Vascular, Neurosurgery & Spine Surgery

Services Provided:

Gastroenterology, General, Gynecology, Ophthalmology, Oral/Dental Surgery, Orthopedics, Otolaryngology, Pain Management, Plastic, Podiatry, Urology, Vascular, Neurosurgery & Spine Surgery

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	286	646	2,894,017	508,235
Medicaid	0	0	0	0
PeachCare for Kids	0	0	0	0
Third Party	1,237	3,125	12,912,970	3,165,618
Self Pay	215	827	4,273,352	462,621
Other Payer	0	0	0	0
Total	1,738	4,598	20,080,339	4,136,474

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	0	0
Total	0	0

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.

03/01/2010

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.

Laura Branson, RN CASC- 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 2015 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	20,080,339
Medicare Contractual Adjustments	2,452,093
Medicaid Contractual Adjustments	0
Other Contractual Adjustments	13,450,040
Total Contractual Adjustments	15,902,133
Bad Debt	41,732
Indigent Care Gross Charges	0
Indigent Care Compensation	0
Uncompensated Indigent Care (Net)	0
Charity Care Gross Charges	0
Charity Care Compensation	0
Uncompensated Charity Care (Net)	0
Other Free Care	0
Total Net Patient Revenue	4,136,474
Other Revenue	0
Total Net Revenue	4,136,474
Total Expenses	0
Adjusted Gross Revenue	17,586,514
Total Uncompensated I/C Care	0
Percent Uncompensated Indigent/Charity Care	0.00%

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	8
Baldwin	1
Bartow	17
Bibb	8
Bulloch	2
Butts	2
Carroll	4
Chatham	2
Chattooga	1
Cherokee	56
Clarke	3
Clayton	28
Cobb	313
Coffee	1
Columbia	2
Coweta	24
Crisp	1
DeKalb	245
Dodge	1
Douglas	22
Fannin	4
Fayette	37
Florida	10
Floyd	3
Forsyth	12
Fulton	668
Gilmer	3
Glynn	1
Gordon	1
Greene	2
Gwinnett	94
Habersham	1
Hall	16
Haralson	1
Henry	36
Houston	1
Jackson	2
Lamar	1
Laurens	2

Lee	1
Lowndes	1
Lumpkin	1
Monroe	1
Morgan	1
Muscogee	1
Newton	11
North Carolina	9
Oconee	1
Other- Out of State	10
Paulding	14
Peach	1
Pickens	7
Polk	3
Putnam	1
Rabun	1
Rockdale	8
Screven	1
South Carolina	8
Spalding	2
Sumter	1
Tennessee	3
Tift	1
Union	2
Upson	1
Walton	5
White	2
Whitfield	2
Total	1,736

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)	10.00	2.00	5.00
Licensed Practical Nurses (LPNs)	1.00	0.00	0.00
Aides/Assistants	0.00	1.00	1.00
Allied Health Therapists	5.00	2.00	2.00

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	More than 90 Days
Licensed Practical Nurse	Not Applicable
Aides/Assistants	30 Days or Less
Allied Health Therapists	More than 90 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: Laura Branson

Date: 3/4/2016

Title: Administrator

Comments: