



GEORGIA DEPARTMENT OF  
COMMUNITY HEALTH

**2015 Freestanding Ambulatory Surgery Center Survey**

**Part A : General Information**

**1. Identification**

**UID:ASC060**

**Facility Name:** Optim Surgery Center

**County:** Chatham

**Street Address:** 210 East DeRenne Avenue

**City:** Savannah

**Zip:** 31405

**Mailing Address:** 210 East DeRenne Avenue

**Mailing City:** Savannah

**Mailing Zip:** 31405

**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:** Connor Lawrie

**Contact Title:** ASC Administrator

**Phone:** 248-321-7470

**Fax:** 912-644-6187

**E-mail:** clawrie@nshinc.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
Tattnall Hospital Company,LLC dba Optim Surgery Ce	For Profit	2000

#### B. Owner's Parent Organization

Full Legal Name (Or Not Applicable)	Organization Type	Effective Date
NSH Georgia Inc.	For Profit	2015

#### C. Facility Operator

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

#### D. Operator's Parent Organization

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

#### E. Management Contractor

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

#### F. Management's Parent Organization

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

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

Full Name	License Number
Dr. Christopher Nicholson	057734
Dr. John George	027815
Dr. Edward Whelan	024373
Dr. Bradley Heiges	050479
Dr. Charles Hope	043962
Dr. Juha Jaakkola	042065
Dr. Mark Kamaleson	042622
Dr. William Kropp	037010

Dr. Donald McCartney	041007
Dr. David Palmer	044980
Dr. Benjamin Sutker	052639
Dr. James Wilson	046013
Dr. Kent Woo	049123
Dr. John Hodges	043648
Dr. Don Aaron	059353
Dr. Thomas Lawhorne	062383

## 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	2,594	2,594

### **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	0	0	0
Other Procedure Rooms	3	5,207	5,207

### **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	1	1
Asian	10	10
Black/African American	423	423
Hispanic/Latino	0	0
Pacific Islander/Hawaiian	0	0
White	1,988	1,988
Multi-Racial	0	0
Unknown	172	172
<b>Total</b>	<b>2,594</b>	<b>2,594</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	1,153	1,153
Female	1,441	1,441
<b>Total</b>	<b>2,594</b>	<b>2,594</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
64721	Carpal Tunnel Release	325	13,982.00
29881	Knee Arthroscopy	313	23,257.00
29827	Shoulder arthroscopy with repair	244	23,257.00
26055	Trigger Finger	137	13,954.00
25447	CMC/LRTI	71	29,072.00
63030	Discectomy	65	69,000.00
29891	Ankle Arthroscopy	53	20,931.00
22554	ACDF	53	104,659.00
20680	Hardware Removal	52	23,257.00
29888	Knee Scope ACL	50	34,886.00

#### **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):**

**Services Provided:**

## 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	0	0	32,362,886	6,472,578
Medicaid	0	0	5,234,119	1,046,824
PeachCare for Kids	0	0	0	0
Third Party	0	0	94,355,450	14,594,104
Self Pay	0	0	334,565	33,978
Other Payer	0	0	6,658,126	1,766,170
<b>Total</b>	<b>0</b>	<b>0</b>	<b>138,945,146</b>	<b>23,913,654</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	32	47
Charity	1097	1241
<b>Total</b>	<b>1129</b>	<b>1288</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 2015. ☒

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

01/02/2009

### 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.

Deb Dyas, Reimbursement Director

### 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	138,945,146
Medicare Contractual Adjustments	25,890,309
Medicaid Contractual Adjustments	4,187,295
Other Contractual Adjustments	81,576,674
<b>Total Contractual Adjustments</b>	<b>111,654,278</b>
Bad Debt	349,675
Indigent Care Gross Charges	694,213
Indigent Care Compensation	0
<b>Uncompensated Indigent Care (Net)</b>	<b>694,213</b>
Charity Care Gross Charges	2,333,326
Charity Care Compensation	0
<b>Uncompensated Charity Care (Net)</b>	<b>2,333,326</b>
Other Free Care	0
<b>Total Net Patient Revenue</b>	<b>23,913,654</b>
Other Revenue	255,015
<b>Total Net Revenue</b>	<b>24,168,669</b>
Total Expenses	11,174,792
<b>Adjusted Gross Revenue</b>	<b>108,772,882</b>
<b>Total Uncompensated I/C Care</b>	<b>3,027,539</b>
<b>Percent Uncompensated Indigent/Charity Care</b>	<b>2.78%</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.  
CMS



## 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
Appling	20
Atkinson	2
Bacon	5
Baldwin	2
Bartow	1
Bibb	2
Brantley	7
Bryan	367
Bulloch	217
Burke	1
Camden	6
Candler	5
Charlton	3
Chatham	880
Clayton	2
Cobb	3
Coffee	2
Columbia	3
Dawson	1
DeKalb	1
Dodge	1
Effingham	424
Emanuel	12
Evans	13
Floyd	1
Fulton	6
Glynn	34
Gwinnett	4
Habersham	2
Haralson	1
Jefferson	1
Jenkins	6
Johnson	6
Laurens	4
Liberty	218
Long	77
McIntosh	68
Montgomery	2
Pickens	1

Pierce	9
Richmond	1
Screven	33
South Carolina	2
Sumter	1
Tattnall	44
Telfair	2
Toombs	31
Treutlen	4
Twiggs	1
Upson	1
Walton	1
Ware	9
Warren	1
Washington	2
Wayne	39
Wheeler	2
<b>Total</b>	<b>2,594</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 12-31-2015.

Profession	Budgeted FTEs	Vacant Budgeted FTEs	Contract/Temporary Staff FTEs
Registered Nurses (RNs Advanced Practice)	18.00	1.00	2.00
Licensed Practical Nurses (LPNs)	0.00	0.00	0.00
Aides/Assistants	1.50	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	31-60 Days
Licensed Practical Nurse	Not Applicable
Aides/Assistants	Not Applicable
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: Connor Lawrie

Date: 4/19/2017

Title: ASC Administrator

Comments: