



2016 Freestanding Ambulatory Surgery Center Survey

Part A : General Information

1. Identification

UID:ASC003

Facility Name: Northside/Cherokee Outpatient Surgery Center

County: Cherokee

Street Address: 220 Hospital Road

City: Canton

Zip: 30114-2407

Mailing Address: 220 Hospital Road

Mailing City: Canton

Mailing Zip: 30114-2407

2. Report Period

Report Data for the full twelve month period, January 1, 2016 - December 31, 2016 (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

Phone: 404-851-6821

Fax: 404-303-3820

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	7/1/2013

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	7/1/2013

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
N/A	Not Applicable	

F. Management's Parent Organization

Full Legal Name (Or Not Applicable)	Organization Type	Effective Date
N/A	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	1,425	1,143

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	0	0
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	3	3
Asian	2	3
Black/African American	22	31
Hispanic/Latino	11	12
Pacific Islander/Hawaiian	0	0
White	1,082	1,344
Multi-Racial	23	32
Unknown	0	0
Total	1,143	1,425

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	435	542
Female	708	883
Total	1,143	1,425

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	66984 EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION	642	8,718.00
66821	66821 DISCISSION OF SECONDARY MEMBRANOUS CATARACT (C	123	2,401.00
65855	65855 TRABECULOPLASTY BY LASER SURGERY, 1 OR MORE SES	50	2,401.00
67904	67904 REPAIR OF BLEPHAROPTOSIS; (TARSO) LEVATOR RESECT	41	11,230.00
28285	28285 CORRECTION, HAMMERTOES (EG, INTERPHALANGEAL FUS	35	35,920.00
66982	66982 EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION	30	9,082.00
66761	66761 IRIDOTOMY/IRIDECTOMY BY LASER SURGERY (EG, FOR G	24	2,446.00
14060	14060 ADJACENT TISSUE TRANSFER OR REARRANGEMENT, EYE	20	9,793.00
67917	67917 REPAIR OF ECTROPION; EXTENSIVE (EG, TARSAL STRIP C	17	10,374.00
28296	28296 CORRECTION, HALLUX VALGUS (BUNION), WITH OR WITHC	14	30,025.00

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):

Cardiovascular, General Surgery, Neurological, OB/GYN, Ophthalmology, Oral Surgery, Orthopedics, Otolaryngology, Plastic Surgery, Thoracic, Urology, Pain Management, Endoscopy, X-Ray, Podiatry

Services Provided:

General Surgery, GYN, Endoscopy/Manometry, Orthopedics, Otolaryngology/ENT, Urology, Pain Management, Podiatry

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	892	1,054	6,175,537	950,451
Medicaid	13	22	185,085	22,639
PeachCare for Kids	0	0	0	0
Third Party	213	316	2,151,343	807,965
Self Pay	20	26	184,570	9,572
Other Payer	5	7	41,354	6,571
Total	1,143	1,425	8,737,889	1,797,198

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	40	40
Charity	74	81
Total	114	121

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 2016.

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

01/01/2009

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.

Northside Hospital, Inc., Director of Business Off

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 2016 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	8,737,889
Medicare Contractual Adjustments	5,116,946
Medicaid Contractual Adjustments	139,534
Other Contractual Adjustments	1,452,983
Total Contractual Adjustments	6,709,463
Bad Debt	86,881
Indigent Care Gross Charges	98,369
Indigent Care Compensation	0
Uncompensated Indigent Care (Net)	98,369
Charity Care Gross Charges	45,978
Charity Care Compensation	0
Uncompensated Charity Care (Net)	45,978
Other Free Care	0
Total Net Patient Revenue	1,797,198
Other Revenue	0
Total Net Revenue	1,797,198
Total Expenses	0
Adjusted Gross Revenue	3,394,528
Total Uncompensated I/C Care	144,347
Percent Uncompensated Indigent/Charity Care	4.25%

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	16
Carroll	2
Chatham	1
Cherokee	596
Cobb	50
Coweta	2
Dawson	3
DeKalb	2
Douglas	2
Fannin	40
Florida	2
Forsyth	17
Fulton	15
Gilmer	123
Gordon	10
North Carolina	5
Other- Out of State	1
Paulding	3
Pickens	234
Pierce	1
Polk	4
Tennessee	2
Towns	3
Union	7
Walker	1
Whitfield	1
Total	1,143

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 12-31-2016.

Profession	Budgeted FTEs	Vacant Budgeted FTEs	Contract/Temporary Staff FTEs
Registered Nurses (RNs Advanced Practice)	10.20	2.50	0.00
Licensed Practical Nurses (LPNs)	0.00	0.00	0.00
Aides/Assistants	0.00	0.00	0.00
Allied Health Therapists	4.00	1.20	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	30 Days or Less
Aides/Assistants	31-60 Days
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: William Hayes

Date: 3/3/2017

Title: CEO, Northside Hospital - Cherokee

Comments: