



GEORGIA DEPARTMENT OF  
COMMUNITY HEALTH

**2009 Open Heart Surgery Survey**

**Part A : General Information**

**1. Identification**

**UID:hosp714**

**Facility Name:** Saint Joseph's Hospital of Atlanta

**County:** Fulton

**Street Address:** 5665 Peachtree Dunwoody Road NE

**City:** Atlanta

**Zip:** 30342-1764

**Mailing Address:** 5665 Peachtree Dunwoody Road NE

**Mailing City:** Atlanta

**Mailing Zip:** 30342-1764

**Medicare Provider Number:** 110082

**Medicaid Provider Number:** 00001812

**2. Report Period**

Report Data for the full twelve month period, January 1, 2009 - December 31, 2009 (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:** Latonja R. Stephenson

**Contact Title:** Budget Coordinator

**Phone:** 678-843-5820

**Fax:** 678-843-5272

**E-mail:** LSTEPHENSON@sjha.org

## Part C : Utilization Data

### 1. Open Heart Surgery Operations

Report the total number of open heart surgery operations performed during the report period by age and type of operation. Do not include any closed heart surgeries or cardiac catheterization procedures.

Type of Operation	Ages 0-14	Ages 15+	Total
Coronary bypass	0	570	570
Coronary bypass plus valves	0	0	0
Aortic valve replacement	0	203	203
Mitral valve replacement	0	25	25
Heart transplant	0	23	23
Atrial septal defect	0	16	16
Ventricular septal defect	0	3	3
Tetralogy of fallot	0	0	0
Other - Annuloplasty	0	17	17
- Valvuloplasty	0	170	170
- Other	0	55	55
<b>Total</b>	<b>0</b>	<b>1,082</b>	<b>1,082</b>

### 2. Close Heart Surgery Operations

Report the total number of closed heart surgery operations performed during the report year by age and type of operation. Do not include any open heart surgeries or procedures performed by cardiac catheterization.

Type of Operation	Ages 0-14	Ages 15+	Total
Coronary bypass	0	186	186
Coarctation of the aorta	0	0	0
Closure of patent ductus arteriosus, age>28 days, by CHS	0	0	0
Closure of patent ductus arteriosus, age<28 days, by CHS	0	0	0
Palliative shunts for cyanotic heart disease	0	0	0
Aortic Valve Replacement	0	3	3
Other	0	49	49
	0	0	0
<b>Total</b>	<b>0</b>	<b>238</b>	<b>238</b>

### 3. Coronary Angioplasties Resulting in Emergency Open Heart Surgery Operations

During the report period, how many coronary angioplasties performed at your hospital resulted in immediate emergency open heart surgery operations? (Estimate, if necessary.)

11      Check box if Estimated. ☐

#### 4. Open Heart Surgery Patients by Race/Ethnicity

Please report the number of unduplicated open heart surgery patients your facility served during the report period using the following race and ethnicity categories.

Race/Ethnicity	Number of Patients
American Indian/Alaska Native	1
Asian	22
Black/African American	106
Hispanic/Latino	25
Pacific Islander/Hawaiian	0
White	878
Multi-Racial	50
<b>Total</b>	<b>1,082</b>

#### 5. Open Heart Surgery Patients by Gender

Please report the number of open heart surgery patients by gender served during the report period.

Gender	Number of Patients
Male	731
Female	351
<b>Total</b>	<b>1,082</b>

### Part D : Financials and Average Charges

1. For the report period, report the average total hospital charge, length of stay and number of cases from admissions to discharge, excluding Medicare outliers, for each of the following DRGs. Use the blank lines to specify other DRGs not included in the table.

Selected DRGs	Average Total Hospital Charge	Average Length of Stay (in Days)	Number of Cases Included in Calculation of Averages	Actual Hospital Total Cases
DRG 103: Heart Transplant (MS-DRG 001 & 002)	546,240	26	17	24
DRG 104: Cardiac valve with cardiac catheterization (MS-DRG 216, 217, & 218)	130,765	11	68	77
DRG 105: Cardiac valve without cardiac catheterization (MS-DRG 219, 220, & 221)	93,929	6	337	346
DRG 106: Coronary bypass with PTCA (MS-DRG 231 & 232)	112,137	8	46	47
DRG 110: Major cardiovascular procedures with CC (MS-DRG 237)	93,495	9	111	122
DRG 111: Major cardiovascular procedures without CC (MS-DRG 238)	57,041	4	228	246
DRG 108: Other cardiothoracic procedures (MS-DRG 228, 229 & 230)	86,763	8	87	89
	0	0	0	0
	0	0	0	0
	0	0	0	0
	0	0	0	0
	0	0	0	0

## **2. Heart Surgery Patients and Operations by Primary Payment Source**

Please report the total number of unduplicated open heart surgery patients and operations by primary payment source. Report Peachcare for Kids patients under Third-Party.

	Primary Payment Source			
	Medicare	Medicaid	Third Party (Including Peachcare)	Self-Pay
Number of Open Heart Surgery Patients	408	26	614	34
Number of Operations	410	27	616	34

## **3. Total Charges and Actual Reimbursement for Open Heart Surgeries**

Please report the total charges for open heart surgeries provided during the report period. Also, report the actual reimbursement received for charges for open heart surgeries provided during the report period.

Total Charges	Actual Reimbursement
120,524,265	38,832,335

## **4. Total Uncompensated Charges and Total Uncompensated Patients**

Please report the uncompensated charges for open heart surgeries for patients that are indigent or covered by charity care services. Also, report the number of patients.

Total Uncompensated Charges	Total Uncompensated Patients
1,620,785	23

## **5. Adjusted Gross Revenue**

Please report the adjusted gross revenue for open heart surgery services during the report period.

Adjusted Gross Revenue
78,722,069

## **Part E : Peer Review**

1. Check the box to the right if your program/facility participates in an external or national peer review and outcomes reporting system. ☒

If you indicated yes above, please provide the name(s) of the peer review/outcomes reporting organization(s) below:

Society of Thoracic Surgeons (STS) - Adult Cardiac Surgery Database

2. How many community education programs did your program/facility participate in during the reporting period?

10+

## Part F : Patient Origin

Please report the number of open heart surgery patients by county and age category. The grand totals must agree with the calculated totals of open heart operations by race and gender found in Part C, Questions 4 and 5.

County	Ages 0-14	Ages 15+	Total
Alabama	0	6	6
Barrow	0	20	20
Bartow	0	3	3
Ben Hill	0	1	1
Bibb	0	2	2
Bulloch	0	1	1
Burke	0	1	1
Carroll	0	6	6
Chatham	0	3	3
Cherokee	0	52	52
Clarke	0	2	2
Clayton	0	2	2
Cobb	0	90	90
Coffee	0	1	1
Colquitt	0	1	1
Columbia	0	2	2
Coweta	0	3	3
Dawson	0	11	11
DeKalb	0	131	131
Dooly	0	1	1
Dougherty	0	2	2
Douglas	0	3	3
Fannin	0	9	9
Fayette	0	3	3
Florida	0	18	18
Floyd	0	1	1
Forsyth	0	44	44
Franklin	0	1	1
Fulton	0	150	150
Gilmer	0	7	7
Greene	0	5	5
Gwinnett	0	282	282
Habersham	0	3	3
Hall	0	10	10
Haralson	0	1	1
Harris	0	1	1
Hart	0	1	1

Heard	0	1	1
Henry	0	8	8
Houston	0	2	2
Jackson	0	11	11
Jasper	0	1	1
Lowndes	0	2	2
Lumpkin	0	8	8
Macon	0	1	1
Madison	0	4	4
Morgan	0	2	2
Newton	0	15	15
North Carolina	0	7	7
Oconee	0	2	2
Other- Out of State	0	20	20
Paulding	0	4	4
Pickens	0	7	7
Pulaski	0	1	1
Putnam	0	3	3
Rabun	0	1	1
Rockdale	0	17	17
South Carolina	0	15	15
Spalding	0	1	1
Stephens	0	1	1
Sumter	0	3	3
Tennessee	0	7	7
Tift	0	1	1
Troup	0	1	1
Union	0	2	2
Walker	0	1	1
Walton	0	50	50
Warren	0	1	1
Wilkes	0	1	1
Worth	0	1	1
<b>Total</b>	<b>0</b>	<b>1,082</b>	<b>1,082</b>

## 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:** Kirk G. Wilson

**Date:** 06/30/2010

**Title:** President / Chief Operating Officer

**Comments:**