



GEORGIA DEPARTMENT OF
COMMUNITY HEALTH

2013 Open Heart Surgery Survey

Part A : General Information

1. Identification

UID:Hosp619

Facility Name: Saint Francis Hospital

County: Muscogee

Street Address: 2122 Manchester Expressway

City: Columbus

Zip: 31904-1600

Mailing Address: P O Box 7000

Mailing City: Columbus

Mailing Zip: 31908-7000

Medicare Provider Number: 110129

Medicaid Provider Number: 00001768A

2. Report Period

Report Data for the full twelve month period, January 1, 2013 - December 31, 2013 (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: Jonathon Jager

Contact Title: Decision Support Director

Phone: 706-596-4195

Fax: 706-243-6589

E-mail: jagerj@sfhgs.com

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 | 153 | 153 |
| Coronary bypass plus valves | 0 | 15 | 15 |
| Aortic valve replacement | 0 | 7 | 7 |
| Mitral valve replacement | 0 | 4 | 4 |
| Heart transplant | 0 | 0 | 0 |
| Atrial septal defect | 0 | 0 | 0 |
| Ventricular septal defect | 0 | 0 | 0 |
| Tetralogy of fallot | 0 | 0 | 0 |
| | 0 | 0 | 0 |
| | 0 | 0 | 0 |
| | 0 | 0 | 0 |
| Total | 0 | 179 | 179 |

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 | 0 | 0 |
| 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 |
| | 0 | 0 | 0 |
| | 0 | 0 | 0 |
| | 0 | 0 | 0 |
| Total | 0 | 0 | 0 |

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.)

0 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 | 0 |
| Black/African American | 43 |
| Hispanic/Latino | 1 |
| Pacific Islander/Hawaiian | 0 |
| White | 132 |
| Multi-Racial | 2 |
| Total | 179 |

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 | 124 |
| Female | 55 |
| Total | 179 |

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) | 0 | 0 | 0 | 0 |
| DRG 104: Cardiac valve with cardiac catheterization (MS-DRG 216, 217, & 218) | 352,905 | 26 | 5 | 5 |
| DRG 105: Cardiac valve without cardiac catheterization (MS-DRG 219, 220, & 221) | 134,276 | 10 | 22 | 22 |
| DRG 106: Coronary bypass with PTCA (MS-DRG 231 & 232) | 141,129 | 11 | 3 | 3 |
| DRG 110: Major cardiovascular procedures with CC (MS-DRG 237) | 0 | 0 | 0 | 0 |
| DRG 111: Major cardiovascular procedures without CC (MS-DRG 238) | 0 | 0 | 0 | 0 |
| DRG 108: Other cardiothoracic procedures (MS-DRG 228, 229 & 230) | 98,303 | 6 | 2 | 2 |
| DRG468:Extensive OR Procedure w/MCC (MS-DRG 981) | 194,832 | 26 | 1 | 1 |
| DRG541:ECMO or TRACH W MV 96 Hrs Major OR(MS-DRG 3) | 332,156 | 48 | 4 | 4 |
| DRG 547 & 548 : Coronary Bypass w CC w&w/o MCC (MS-DRG 233 & 234) | 112,324 | 11 | 46 | 46 |
| DRG 549 & 550: Coronary Bypass w/o CC w&w/o MCC(MS-DRG235 & 236) | 87,132 | 7 | 96 | 96 |
| | 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 | 97 | 9 | 61 | 12 |
| Number of Operations | 97 | 9 | 61 | 12 |

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 |
|---------------|----------------------|
| 20,393,587 | 5,550,505 |

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 |
|-----------------------------|------------------------------|
| 852,276 | 27 |

5. Adjusted Gross Revenue

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

| Adjusted Gross Revenue |
|------------------------|
| 9,944,578 |

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:

American College of Cardiology

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

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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 | 55 | 55 |
| Bibb | 0 | 1 | 1 |
| Chattahoochee | 0 | 1 | 1 |
| Harris | 0 | 12 | 12 |
| Macon | 0 | 1 | 1 |
| Marion | 0 | 4 | 4 |
| Meriwether | 0 | 4 | 4 |
| Muscogee | 0 | 88 | 88 |
| Stewart | 0 | 4 | 4 |
| Sumter | 0 | 1 | 1 |
| Talbot | 0 | 2 | 2 |
| Terrell | 0 | 1 | 1 |
| Troup | 0 | 3 | 3 |
| Upson | 0 | 2 | 2 |
| Total | 0 | 179 | 179 |

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: Matthew A. Moore

Date: 07/11/2014

Title: CFO

Comments: