



## 2011 Positron Emission Tomography (PET) Services Survey

### Part A : General Information

#### 1. Identification

UID:hosp706

**Facility Name:** Emory University Hospital (GE Discovery DLS- 1991-048)

**County:** DeKalb

**Street Address:** 1364 Clifton Rd NE

**City:** Atlanta

**Zip:** 30322

**Mailing Address:** 1364 Clifton Road, NE

**Mailing City:** Atlanta

**Mailing Zip:** 30322-1061

**Medicaid Provider Number:** 00000712A

**Medicare Provider Number:** 11-0010

#### 2. Report Period

Report Data for the full twelve month period- January 1, 2011 through December 31, 2011.

***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.

January 1, 2011 through September 30, 2011

### Part B : Survey Contact Information

*Person authorized to respond to inquiries about the responses to this survey.*

**Contact Name:** Toni Wimby

**Contact Title:** Associate Administrator, Emory Hospitals

**Phone:** 404-686-2450

**Fax:** 404-686-2848

**E-mail:** toni.wimby@emoryhealthcare.org

## Part C : Ownership, Operation and Management

### 1. Ownership, Operation and Management

As of the last day of the report period, indicate the operation/management status of the facility and provide the effective date. 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
Emory University Hospital	Not for Profit	01/01/1922

#### B. Owner's Parent Organization

Full Legal Name (Or Not Applicable)	Organization Type	Effective Date
Emory University	Not for Profit	01/01/1922

#### C. Facility Operator

Full Legal Name (Or Not Applicable)	Organization Type	Effective Date
N/A	Not Applicable	01/01/1922

#### D. Operator's Parent Organization

Full Legal Name (Or Not Applicable)	Organization Type	Effective Date
N/A	Not Applicable	01/01/1922

#### E. Management Contractor

Full Legal Name (Or Not Applicable)	Organization Type	Effective Date
N/A	Not Applicable	01/01/1922

#### F. Management's Parent Organization

Full Legal Name (Or Not Applicable)	Organization Type	Effective Date
N/A	Not Applicable	01/01/1922

### 2. Changes in Ownership, Operation or Management

Check the box to the right if there were any changes in the ownership, operation, or management of the facility during the report period or since the last day of the Report Period.

If checked, please explain in the box below and include effective dates.

#### 3a. Type of PET Authorization (Select one only.)

Fixed-Based PET CON

#### 3b. Certificate of Need Project Number

Please enter the Certificate of Need project number.

1991-048

**3c. Name of Mobile Vendor (If selected PET CON (Mobile Contract) at 3A. above.)**

**Part D : PET Imaging Services Technology and volume by Diagnostic Type**

**1. Manufacturer and Model**

Please document the manufacturer and model of PET equipment and select PET only or PET/CT Hybrid Unit. NOTE: IF you have more than one scanner, please complete one survey for each machine.

PET / CT Hybrid Unit  
GE Discovery DLS

**2. Patients and Scans for PET Imaging Services**

Please report the patients and scans for PET imaging services during the reporting period by the patient's primary diagnostic area. Please provide unduplicated patient counts within each of the three subgroups. The sum total of all patients for all three diagnostic areas (automatically calculated by the web page) may include some duplication.

Oncology Patients	Number of Patients	Total Number of Scans	Follow Up Scans
Lung and Bronchus Cancers	96	100	11
Colon and Rectal Cancers	23	28	9
Lymphoma Cancers	212	240	63
Melanoma Cancers	38	41	6
Esophageal Cancers	20	24	7
Head and Neck Cancers	230	240	21
Breast Cancers	103	114	27
Other Cancers	141	148	14
<b>Total</b>	<b>863</b>	<b>935</b>	<b>158</b>

Cardiovascular Patients	Number of Patients	Number of Scans
All Cardiovascular Patients	17	17
<b>Total</b>	<b>17</b>	<b>17</b>

Neurology Patients	Number of Patients	Number of Scans
Dementias (including Alzheimer's)	1	1
Other Neurological Use	31	31
<b>Total</b>	<b>32</b>	<b>32</b>

Other Diagnostic Areas	Number of Patients	Number of Scans
All Other Patients	101	101
<b>Total</b>	<b>101</b>	<b>101</b>

## Part E : PET Services Financial Summary and Patient Demographics

### **1. Patients by Primary Payment Source**

Please report the total number of patients (unduplicated) receiving PET services by primary payment source.

Primary Payment Source	Number of Patients (unduplicated)
Medicare	417
Medicaid	48
Third-Party	512
Self-Pay	36
<b>Total</b>	<b>1,013</b>

### **2. Total Charges and Adjusted Gross Revenue**

Please report the total charges and adjusted gross revenues for PET services.

Total Charges	Adjusted Gross Revenue
8,003,257	4,666,194

### **3. Total Uncompensated Charges and I/C Patients**

Please report the total amount of uncompensated PET services charges that can be attributed to persons who are indigent or eligible for charity care. Also provide the number of I/C patients in the PET program.

Total Uncompensated Charges	I/C Patients
190,944	54

### **4. Average Treatment Charge**

What is your program's average treatment charge for a PET scan or study (one patient visit regardless of number of images)?

7,178

### **5. Patients by Race/Ethnicity**

Please report the number of patient served during the entire report period by the following race and ethnicity categories.

Race/Ethnicity	Number of Patients
American Indian/Alaska Native	0
Asian	10
Black/African American	241
Hispanic/Latino	10
Pacific Islander/Hawaiian	0
White	752
Multi-Racial	0
<b>Total</b>	<b>1,013</b>

### **6. Patients by Age Group and Gender**

Please report the number of patients served during the entire report period by the gender and age

grouping below.

Age Group	Male	Female
Ages 0-14	0	0
Ages 15-64	317	316
Ages 65-74	152	106
Ages 75-85	53	53
Ages 85 and Up	9	7
<b>Total</b>	<b>531</b>	<b>482</b>

**7. Participation in Reporting**

Does your facility/service participate in and report to the Georgia Comprehensive Cancer Registry? (check box for YES, leave unchecked for NO)

**8. Days and Hours of Operation**

Please indicate the days and hours of operation for your program's PET services.

Mon   Tue   Wed   Thurs   Fri   Sat   Sun  
                 

**Hours of Operation:** 8:00 until 5:30

**9. Total Number of Days that PET Scans Were Offered**

Please report the total number of days that PET scans were offered during the report period.

Total Days PET Scans Offered
254

**Part F : Mobile PET Services**

**1. Mobile PET Services- (For mobile vendors holding a CON to provide PET services.)**

Please report each location served during the reporting period and the number of days of services provided at each loacation for each month. If your PET service is fixed-based, or your facility holds a CON for mobile PET services under contract, continue with Part G.

Site Name	Site County	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
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## Part G : Patient Origin Table (Must be completed by all providers)

### 1. Patient Origin by County

Please report the county of origin for patients served by your PET program during the report period. Note to Mobile PET Providers who hold a CON: You must complete this section for every site visit location. Please select from the list of site visit locations(s) provided above.

Name	County	Patients Served	Patient County
Emory University Hospital (GE Discovery DLS - 1991-048)	DeKalb	2	Baldwin
Emory University Hospital (GE Discovery DLS - 1991-048)	DeKalb	3	Banks
Emory University Hospital (GE Discovery DLS - 1991-048)	DeKalb	9	Barrow
Emory University Hospital (GE Discovery DLS - 1991-048)	DeKalb	7	Bartow
Emory University Hospital (GE Discovery DLS - 1991-048)	DeKalb	3	Ben Hill
Emory University Hospital (GE Discovery DLS - 1991-048)	DeKalb	2	Berrien
Emory University Hospital (GE Discovery DLS - 1991-048)	DeKalb	14	Bibb
Emory University Hospital (GE Discovery DLS - 1991-048)	DeKalb	1	Burke
Emory University Hospital (GE Discovery DLS - 1991-048)	DeKalb	6	Butts
Emory University Hospital (GE Discovery DLS - 1991-048)	DeKalb	22	Carroll
Emory University Hospital (GE Discovery DLS - 1991-048)	DeKalb	1	Catoosa
Emory University Hospital (GE Discovery DLS - 1991-048)	DeKalb	5	Chatham
Emory University Hospital (GE Discovery DLS - 1991-048)	DeKalb	1	Chattahoochee
Emory University Hospital (GE Discovery DLS - 1991-048)	DeKalb	2	Chattooga
Emory University Hospital (GE Discovery DLS - 1991-048)	DeKalb	20	Cherokee
Emory University Hospital (GE Discovery DLS - 1991-048)	DeKalb	6	Clarke
Emory University Hospital (GE Discovery DLS - 1991-048)	DeKalb	23	Clayton
Emory University Hospital (GE Discovery DLS - 1991-048)	DeKalb	1	Clinch
Emory University Hospital (GE Discovery DLS - 1991-048)	DeKalb	51	Cobb
Emory University Hospital (GE Discovery DLS - 1991-048)	DeKalb	1	Coffee
Emory University Hospital (GE Discovery DLS - 1991-048)	DeKalb	1	Colquitt
Emory University Hospital (GE Discovery DLS - 1991-048)	DeKalb	2	Columbia
Emory University Hospital (GE Discovery DLS - 1991-048)	DeKalb	13	Coweta
Emory University Hospital (GE Discovery DLS - 1991-048)	DeKalb	1	Crawford
Emory University Hospital (GE Discovery DLS - 1991-048)	DeKalb	2	Dawson
Emory University Hospital (GE Discovery DLS - 1991-048)	DeKalb	2	Decatur
Emory University Hospital (GE Discovery DLS - 1991-048)	DeKalb	147	DeKalb
Emory University Hospital (GE Discovery DLS - 1991-048)	DeKalb	2	Dodge
Emory University Hospital (GE Discovery DLS - 1991-048)	DeKalb	1	Dooly
Emory University Hospital (GE Discovery DLS - 1991-048)	DeKalb	1	Dougherty
Emory University Hospital (GE Discovery DLS - 1991-048)	DeKalb	19	Douglas
Emory University Hospital (GE Discovery DLS - 1991-048)	DeKalb	2	Early
Emory University Hospital (GE Discovery DLS - 1991-048)	DeKalb	1	Effingham
Emory University Hospital (GE Discovery DLS - 1991-048)	DeKalb	2	Elbert
Emory University Hospital (GE Discovery DLS - 1991-048)	DeKalb	1	Emanuel
Emory University Hospital (GE Discovery DLS - 1991-048)	DeKalb	2	Fannin
Emory University Hospital (GE Discovery DLS - 1991-048)	DeKalb	20	Fayette

Emory University Hospital (GE Discovery DLS - 1991-048)	DeKalb	2	Madison
Emory University Hospital (GE Discovery DLS - 1991-048)	DeKalb	2	McIntosh
Emory University Hospital (GE Discovery DLS - 1991-048)	DeKalb	5	Meriwether
Emory University Hospital (GE Discovery DLS - 1991-048)	DeKalb	1	Monroe
Emory University Hospital (GE Discovery DLS - 1991-048)	DeKalb	2	Morgan
Emory University Hospital (GE Discovery DLS - 1991-048)	DeKalb	3	Murray
Emory University Hospital (GE Discovery DLS - 1991-048)	DeKalb	13	Muscogee
Emory University Hospital (GE Discovery DLS - 1991-048)	DeKalb	16	Newton
Emory University Hospital (GE Discovery DLS - 1991-048)	DeKalb	2	Oconee
Emory University Hospital (GE Discovery DLS - 1991-048)	DeKalb	5	Paulding
Emory University Hospital (GE Discovery DLS - 1991-048)	DeKalb	3	Peach
Emory University Hospital (GE Discovery DLS - 1991-048)	DeKalb	4	Pickens
Emory University Hospital (GE Discovery DLS - 1991-048)	DeKalb	2	Pierce
Emory University Hospital (GE Discovery DLS - 1991-048)	DeKalb	1	Pike
Emory University Hospital (GE Discovery DLS - 1991-048)	DeKalb	5	Polk
Emory University Hospital (GE Discovery DLS - 1991-048)	DeKalb	1	Pulaski
Emory University Hospital (GE Discovery DLS - 1991-048)	DeKalb	4	Putnam
Emory University Hospital (GE Discovery DLS - 1991-048)	DeKalb	4	Rabun
Emory University Hospital (GE Discovery DLS - 1991-048)	DeKalb	1	Richmond
Emory University Hospital (GE Discovery DLS - 1991-048)	DeKalb	17	Rockdale
Emory University Hospital (GE Discovery DLS - 1991-048)	DeKalb	1	Seminole
Emory University Hospital (GE Discovery DLS - 1991-048)	DeKalb	18	Spalding
Emory University Hospital (GE Discovery DLS - 1991-048)	DeKalb	2	Stephens
Emory University Hospital (GE Discovery DLS - 1991-048)	DeKalb	1	Sumter
Emory University Hospital (GE Discovery DLS - 1991-048)	DeKalb	2	Talbot
Emory University Hospital (GE Discovery DLS - 1991-048)	DeKalb	1	Taylor
Emory University Hospital (GE Discovery DLS - 1991-048)	DeKalb	1	Telfair
Emory University Hospital (GE Discovery DLS - 1991-048)	DeKalb	1	Thomas
Emory University Hospital (GE Discovery DLS - 1991-048)	DeKalb	2	Tift
Emory University Hospital (GE Discovery DLS - 1991-048)	DeKalb	2	Toombs
Emory University Hospital (GE Discovery DLS - 1991-048)	DeKalb	2	Towns
Emory University Hospital (GE Discovery DLS - 1991-048)	DeKalb	14	Troup
Emory University Hospital (GE Discovery DLS - 1991-048)	DeKalb	1	Turner
Emory University Hospital (GE Discovery DLS - 1991-048)	DeKalb	1	Twiggs
Emory University Hospital (GE Discovery DLS - 1991-048)	DeKalb	5	Union
Emory University Hospital (GE Discovery DLS - 1991-048)	DeKalb	2	Upson
Emory University Hospital (GE Discovery DLS - 1991-048)	DeKalb	16	Walton
Emory University Hospital (GE Discovery DLS - 1991-048)	DeKalb	2	Ware
Emory University Hospital (GE Discovery DLS - 1991-048)	DeKalb	4	Washington
Emory University Hospital (GE Discovery DLS - 1991-048)	DeKalb	4	White
Emory University Hospital (GE Discovery DLS - 1991-048)	DeKalb	5	Whitfield
Emory University Hospital (GE Discovery DLS - 1991-048)	DeKalb	3	Worth
Emory University Hospital (GE Discovery DLS - 1991-048)	DeKalb	7	North Carolina
Emory University Hospital (GE Discovery DLS - 1991-048)	DeKalb	11	South Carolina

Emory University Hospital (GE Discovery DLS - 1991-048)	DeKalb	5	Tennessee
Emory University Hospital (GE Discovery DLS - 1991-048)	DeKalb	14	Alabama
Emory University Hospital (GE Discovery DLS - 1991-048)	DeKalb	11	Florida
Emory University Hospital (GE Discovery DLS - 1991-048)	DeKalb	24	Other Out of State
Emory University Hospital (GE Discovery DLS - 1991-048)	DeKalb	4	Floyd
Emory University Hospital (GE Discovery DLS - 1991-048)	DeKalb	12	Forsyth
Emory University Hospital (GE Discovery DLS - 1991-048)	DeKalb	2	Franklin
Emory University Hospital (GE Discovery DLS - 1991-048)	DeKalb	138	Fulton
Emory University Hospital (GE Discovery DLS - 1991-048)	DeKalb	4	Gilmer
Emory University Hospital (GE Discovery DLS - 1991-048)	DeKalb	2	Glynn
Emory University Hospital (GE Discovery DLS - 1991-048)	DeKalb	4	Gordon
Emory University Hospital (GE Discovery DLS - 1991-048)	DeKalb	4	Greene
Emory University Hospital (GE Discovery DLS - 1991-048)	DeKalb	99	Gwinnett
Emory University Hospital (GE Discovery DLS - 1991-048)	DeKalb	4	Habersham
Emory University Hospital (GE Discovery DLS - 1991-048)	DeKalb	8	Hall
Emory University Hospital (GE Discovery DLS - 1991-048)	DeKalb	2	Haralson
Emory University Hospital (GE Discovery DLS - 1991-048)	DeKalb	3	Harris
Emory University Hospital (GE Discovery DLS - 1991-048)	DeKalb	1	Hart
Emory University Hospital (GE Discovery DLS - 1991-048)	DeKalb	39	Henry
Emory University Hospital (GE Discovery DLS - 1991-048)	DeKalb	10	Houston
Emory University Hospital (GE Discovery DLS - 1991-048)	DeKalb	8	Jackson
Emory University Hospital (GE Discovery DLS - 1991-048)	DeKalb	5	Jasper
Emory University Hospital (GE Discovery DLS - 1991-048)	DeKalb	2	Laurens
Emory University Hospital (GE Discovery DLS - 1991-048)	DeKalb	1	Lee
Emory University Hospital (GE Discovery DLS - 1991-048)	DeKalb	3	Lowndes
Emory University Hospital (GE Discovery DLS - 1991-048)	DeKalb	3	Macon
Emory University Hospital (GE Discovery DLS- 1991-048)	DeKalb	1	Crisp
<b>Total</b>		<b>1,013</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:** Robert J. Bachman

**Date:** 05/17/2012

**Title:** CEO, Emory University Hospital

**Comments:**