



GEORGIA DEPARTMENT OF  
COMMUNITY HEALTH

**2014 Positron Emission Tomography (PET) Services Survey**

**Part A : General Information**

**1. Identification**

**UID:HOSP366**

**Facility Name:** Gwinnett Medical Center

**County:** Gwinnett

**Street Address:** 1000 Medical Center Boulevard

**City:** Lawrenceville

**Zip:** 30046

**Mailing Address:** P.O.Box 348

**Mailing City:** Lawrenceville

**Mailing Zip:** 30046

**Medicaid Provider Number:** 000249A

**Medicare Provider Number:** 110087

**2. Report Period**

Report Data for the full twelve month period- January 1, 2014 through December 31, 2014.

***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:** Heather Boyce

**Contact Title:** Planning Analyst

**Phone:** 678-312-3757

**Fax:** 678-312-2901

**E-mail:** hboyce@gwinnettmmedicalcenter.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
Hospital Authority of Gwinnett County	Hospital Authority	01/01/1957

#### B. Owner's Parent Organization

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

#### C. Facility Operator

Full Legal Name (Or Not Applicable)	Organization Type	Effective Date
Gwinnett Hospital System, Inc.	Not for Profit	01/01/1959

#### D. Operator's Parent Organization

Full Legal Name (Or Not Applicable)	Organization Type	Effective Date
Gwinnett Health System, Inc.	Not for Profit	12/01/1992

#### 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	

### 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.

GA 2009-009

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

N/A

**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

Siemens Biograph MCT 64 Slice PET/CT

**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	279	323	101
Colon and Rectal Cancers	116	140	42
Lymphoma Cancers	137	178	75
Melanoma Cancers	18	19	2
Esophageal Cancers	17	17	9
Head and Neck Cancers	57	66	26
Breast Cancers	160	194	66
Other Cancers	89	172	67
<b>Total</b>	<b>873</b>	<b>1,109</b>	<b>388</b>

Cardiovascular Patients	Number of Patients	Number of Scans
All Cardiovascular Patients	31	31
<b>Total</b>	<b>31</b>	<b>31</b>

Neurology Patients	Number of Patients	Number of Scans
Dementias (including Alzheimer's)	7	7
Other Neurological Use	3	3
<b>Total</b>	<b>10</b>	<b>10</b>

Other Diagnostic Areas	Number of Patients	Number of Scans
All Other Patients	61	64
<b>Total</b>	<b>61</b>	<b>64</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	508
Medicaid	74
Third-Party	344
Self-Pay	49
<b>Total</b>	<b>975</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
12,397,363	5,790,750

### **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
674,393	105

### **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)?

10,229

### **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	73
Black/African American	141
Hispanic/Latino	60
Pacific Islander/Hawaiian	0
White	678
Multi-Racial	23
<b>Total</b>	<b>975</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	199	289
Ages 65-74	121	164
Ages 75-85	71	88
Ages 85 and Up	24	19
<b>Total</b>	<b>415</b>	<b>560</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:** 7:00 a.m. until 4 p.m.

## 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
255

## 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
Gwinnett Medical Center	Gwinnett	61	Barrow
Gwinnett Medical Center	Gwinnett	1	Bibb
Gwinnett Medical Center	Gwinnett	1	Cherokee
Gwinnett Medical Center	Gwinnett	2	Clarke
Gwinnett Medical Center	Gwinnett	1	Clayton
Gwinnett Medical Center	Gwinnett	1	Dawson
Gwinnett Medical Center	Gwinnett	28	DeKalb
Gwinnett Medical Center	Gwinnett	1	Elbert
Gwinnett Medical Center	Gwinnett	6	Forsyth
Gwinnett Medical Center	Gwinnett	1	Franklin
Gwinnett Medical Center	Gwinnett	27	Fulton
Gwinnett Medical Center	Gwinnett	763	Gwinnett
Gwinnett Medical Center	Gwinnett	14	Hall
Gwinnett Medical Center	Gwinnett	1	Hancock
Gwinnett Medical Center	Gwinnett	1	Henry
Gwinnett Medical Center	Gwinnett	23	Jackson
Gwinnett Medical Center	Gwinnett	1	Madison
Gwinnett Medical Center	Gwinnett	2	Murray
Gwinnett Medical Center	Gwinnett	4	Newton
Gwinnett Medical Center	Gwinnett	1	Oglethorpe
Gwinnett Medical Center	Gwinnett	1	Rockdale
Gwinnett Medical Center	Gwinnett	3	Stephens
Gwinnett Medical Center	Gwinnett	2	Union
Gwinnett Medical Center	Gwinnett	20	Walton
Gwinnett Medical Center	Gwinnett	1	White
Gwinnett Medical Center	Gwinnett	1	Wilkes
Gwinnett Medical Center	Gwinnett	3	Alabama
Gwinnett Medical Center	Gwinnett	1	Florida
Gwinnett Medical Center	Gwinnett	3	Other Out of State
<b>Total</b>		<b>975</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:** Philip R. Wolfe

**Date:** 07/31/2015

**Title:** President & Chief Executive Officer

**Comments:**

Part D.2 - Patients and Scans for PET Imaging Services - Follow-up scans are reported as any follow-up to an initial scan performed in either calendar year 2013 or calendar year 2014. Part E.2 - Total Charges and Adjusted Gross Revenue - Total charges include all PET service charges and other charges incurred during visit. The total also includes all charges incurred during the patient stay for a limited number of patients. Part E.3 - Total Uncompensated Charges and I/C Patients - Charges and patients include any patient identified as indigent or charity care with charges written off. Part E.4 - Average Treatment Charge - Average treatment charge represents the average charge for a PET scan including the PET drug charge.