



GEORGIA DEPARTMENT OF  
COMMUNITY HEALTH

**2014 Annual Radiation Therapy Services Survey**

**Part A : General Information**

**1. Identification**

**UID:HOSP614**

**Facility Name:** John D. Archbold Memorial Hospital

**County:** Thomas

**Street Address:** 915 Gordon Avenue

**City:** Thomasville

**Zip:** 31799-1018

**Mailing Address:** P.O. Box 1018

**Mailing City:** Thomasville

**Mailing Zip:** 31799-1018

**Medicaid Provider Number:** 000000063A

**Medicare Provider Number:** 110038

**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:** Ken Brooker

**Contact Title:** Vice President of Clinical Services

**Phone:** 229-228-2912

**Fax:** 229-551-8741

**E-mail:** kbrooker@archbold.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
John D. Archbold Memorial Hospital, Inc.	Not for Profit	1/1/1925

#### B. Owner's Parent Organization

Full Legal Name (Or Not Applicable)	Organization Type	Effective Date
Archbold Medical Center, Inc.	Not for Profit	5/1/1983

#### C. Facility Operator

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

#### D. Operator's Parent Organization

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

#### 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.

## Part D : Services/Volume by Technology or Type

### 1. Conventional Radiation Therapy

Report conventional, non-special purpose megavoltage radiation therapy linear accelerators and cobalt therapy units, visits, and patients. All such units should be reported here including those units that were approved under the utilization exception to the MegaVoltage Radiation Therapy rules. Do not report units capable of providing stereotactic radiosurgery treatment visits in Question 1.

Type of Machine/Therapy	Number of Machines	Number of Visits	Number of Patients
Linear Accelerator/Radiation Therapy	1	1,926	103
Cobalt Therapy	0	0	0

### 2a. Combined Radiation Therapy

For Question 2 (a & b) provide the number of machines with which both conventional, non-special purpose radiation therapy and stereotactic radiosurgery could be performed. Provide the number of visits and patients treated under each specific modality and for each type of treatment category for the report year and report any treatments performed on other machines that were capable of providing both conventional radiation therapy and stereotactic radiosurgery.

Equipment	Number of Machines	Conventional Visits	Conventional Patients
Trilogy	1	6,549	292
Synergy	0	0	0
Other Technology	0	0	0

### 2b. Combined Radiation Therapy/Stereotactic Radiosurgery- Intracranial and Extracranial/Body Utilization

Equipment	Intracranial	Intracranial	Stereotactic Body	Stereotactic Body
	Stereotactic Radiosurgery Visits	Stereotactic Radiosurgery Patients	Radiotherapy (SBRT) Visits	Radiotherapy (SBRT) Patients
Trilogy	0	0	127	28
Synergy	0	0	0	0
Other Technology	0	0	0	0

### 3. Special Purpose MRT Units and Volume

Provide the number of SRS-only machines and the number of visits and patients treated on each by the treatment categories provided. For purposes of the survey, stereotactic radiosurgery consists of procedures utilizing accurately targeted doses of radiation in multiple treatments over a short period of time (usually 1 week).

Equipment	Number of Machines	Intracranial Stereotactic Radiosurgery Visits	Intracranial Stereotactic Radiosurgery Patients	Stereotactic Body Radiotherapy (SBRT) Visits	Stereotactic Body Radiotherapy (SBRT) Patients
Gamma Knife	1	80	79	0	0
Cyber Knife	0	0	0	0	0
Other Technology	0	0	0	0	0

### **Grand Total of Special Purpose and Non-Special Purpose Visits**

*The grand total here should match the reported visit totals in Parts E and F.*

Special Purpose Visits	Non-Special Purpose Visits	Grand Total Visits
80	8,602	8,682

### **4. Non-Special MRT Treatment Visits by Type**

Please report the following utilization numbers for non-special MRT treatments by type and the number of patients receiving those treatments. Note that any non-special purpose unit and its associated volumes that were approved under the high utilization rule exception should be listed separately. Volumes should reflect only those units reported in Part D, Questions 1 and 2 above. Patients can be duplicated across treatment categories.

Treatment Type	Non-Rule Exception Units Visits	Non-Rule Exception Units Patients	90% Utilization Exception Units Visits	90% Utilization Exception Units Patients
Simple Treatment	0	0	0	0
Intermediate Treatment	0	0	0	0
Complex Treatment	5,391	272	0	0
Intensity Modulated Radiation Therapy (IMRT)	3,084	123	0	0
Stereotactic Radiosurgery on Machines also performing radiation therapy	127	28	0	0
<b>Total</b>	<b>8,602</b>	<b>423</b>	<b>0</b>	<b>0</b>

### **5. Other Radiation Therapy**

Report visits and patients receiving non-linear accelerator/penetrating ray radiation therapy.

Type of Therapy	Number of Visits	Number of Patients
Radium Therapy	0	0
Cesium Therapy	5	5
Superficial Radiation Therapy	0	0
Brachytherapy	68	35
Other Radiation Therapy	0	0

## **6. Inventory of Radiation Therapy and Stereotactic Radiosurgery Technology**

Provide the brand name, model number, date purchased, technology type (Conventional Radiation Therapy Only, Combined Radiation Therapy/Stereotactic Radiosurgery, or SRS-only), and number of treatment visits for all radiation therapy and stereotactic radiosurgery machines that were in operation during the report year. For linear accelerators also indicate if the unit is operating at greater than or equal to 1 million electron volts or less than 1 million electron volts.

Brand Name	Model #	Type of Unit	Visits	Electron Volts	Date Purchased
Varian Trilogy	4761	Combined Technology	6676	Greater than or Equal to	2010-06-01 00:00:00
Varian 2100Ex	1757	Conventional Linear Accelerator	1926	Greater than or Equal to	2002-07-01 00:00:00

## **7. Inventory of Other Technology**

Provide the brand name, model number, type of machine and date purchased for all other types of technology/machines that were in operation during the report year.

Brand Name	Model #	Type of Machine	Date Purchased
Nucletron Elekta HDR	V3	V3	03/01/2011
GE Lightspeed	229228RT	CT	06/01/2010

## **Part E : Financial and Utilization Information for Radiation Therapy Services**

### **1. Radiation Therapy Patients and Treatment Visits by Primary Payment Source**

Please report the total radiation therapy patients and treatment visits by primary payment source. Please unduplicate the number of patients by primary payment source. Please report Peachcare For Kids under Third-Party.

Primary Payment Source	Number of Radiation Therapy Patients (unduplicated)	Number of Treatment Visits
Medicare	258	4,630
Medicaid	65	1,178
Third-Party	139	2,576
Self-Pay	40	298
<b>Total</b>	<b>502</b>	<b>8,682</b>

### **2a. Total Charges**

Please report the total charges for radiation therapy services provided during the report period.

Total Charges
12,055,596

### **2b. Reimbursement**

Please report the actual reimbursement received for charges for radiation therapy services provided during the report period.

Reimbursement
3,916,317

### **2c. Adjusted Gross Revenue**

Please report the adjusted gross revenue for radiation therapy services provided during the report period.

Adjusted Gross Revenue
3,916,317

### **3a. Total Uncompensated Charges**

Please report the total uncompensated charges.

Total Uncompensated Charges
902,257

### **3b. Total Patients with Uncompensated Charges**

Please report the total number of patients for radiation therapy services for patients that are indigent or covered by charity care services.

Total Patients with Uncompensated Charges
30

### **4. Average Patient Charge**

Report the average charge per patient for Non-Special Purpose MRT treatment visits and for Special Purpose MRT treatment visits.

Average Patient Charge- Non Special Purpose MRT	Average Patient Charge- Special Purpose MRT
816	62,219
0	62,219

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

Please report the number of radiation therapy services patients (unduplicated) and treatment visits during the report period by the following race and ethnicity categories.

Race/Ethnicity	Number of Patients	Number of Treatment Visits
American Indian/Alaska Native	1	32
Asian	0	0
Black/African American	182	3,345
Hispanic/Latino	4	70
Pacific Islander/Hawaiian	0	0
White	315	5,235
Multi-Racial	0	0
<b>Total</b>	<b>502</b>	<b>8,682</b>

## 6. Patients and Visits by Gender

Please report the number of radiation therapy services patients and treatment visits during the report period by gender.

Gender	Number of Patients	Number of Visits
Male	247	4,503
Female	255	4,179
<b>Total</b>	<b>502</b>	<b>8,682</b>

## 7 Patients and Visits by Age Group

Please report the number of radiation therapy services patients and treatment visits during the report period by the following age groupings.

Age of Patient	Number of Patients	Number of Treatment Visits
Ages 0-14	1	3
Ages 15-29	3	13
Ages 30-64	215	3,576
Ages 65-84	261	4,750
Ages 85 and Up	22	340
<b>Total</b>	<b>502</b>	<b>8,682</b>

## 8. Participation in Reporting

Please check the box to the right if your facility participates in reporting to the Georgia Comprehensive Cancer Registry. ☒

## 9. Patients by Principle Diagnosis

Report the number of patients, total visits, and total gross charges during the report period by the patient's principle diagnosis as indicated below.

Principle Diagnosis	Number of Patients	Number of Treatment Visits	Gross Treatment Charges
Malignant Neoplasms of Female Breast (ICD10=C50; ICD9=174)	94	1,952	875,492
Colon and Rectum (ICD10=C18-C21; ICD9=153-154)	16	183	185,580
Prostate Cancer (ICD10=C61; ICD9=185)	76	1,905	2,365,631
Lung and Bronchus (ICD10=C33-C34; ICD9=162)	82	1,218	586,696
All Other	234	3,424	7,092,468
<b>Total</b>	<b>502</b>	<b>8,682</b>	<b>11,105,867</b>

## 10. Estimated Patients and Treatments in the Next Calendar Year

Please provide the number of patients and treatments estimated, expected, or scheduled in the next calendar year (CY2014) for conventional radiation therapy.

Number of Patients	Number of Treatments
542	8,755

## Part F : Patient Origin for Radiation Services

### 1. Patient Origin

Please complete the Patient Origin Table to reflect the county (or out-of-state) residence for each Non-Special Purpose and/or Special Purpose MegaVoltage radiation therapy patient treated at your facility during the reporting period. The county column has a pull-down menu listing all 159 Georgia counties in alphabetical order with out-of-state listings for AL, FL, NC, SC, TN, and all other out-of-state. Please select patient origin location from this menu and provide total number of patients and treatment visits for each location by category of treatment for the report period.

County	Total Non-Duplicated	Total	Non-Special	Non-Special	Special	Special
	Patients	Visits	Purpose MRT Patients	Purpose MRT Visits	Purpose MRT Patients	Purpose MRT Visits
Baker	0	0	0	0	0	0
Ben Hill	1	1	0	0	1	1
Berrien	2	40	1	39	1	1
Brooks	29	408	22	401	7	7
Clarke	1	1	0	0	1	1
Clinch	0	0	0	0	0	0
Colquitt	31	657	28	654	3	3
Coffee	2	2	0	0	2	2
Cook	5	10	2	7	3	3
Decatur	61	1,262	61	1,262	0	0
Dooly	0	0	0	0	0	0
Dougherty	0	0	0	0	0	0
Early	0	0	0	0	0	0
Fannin	0	0	0	0	0	0
Florida	15	247	13	245	2	2
Houston	1	1	0	0	1	1
Grady	82	1,693	73	1,684	9	9
Lanier	2	25	1	24	1	1
Lee	0	0	0	0	0	0
Lowndes	5	34	1	30	4	4
Miller	2	2	0	0	2	2
Mitchell	31	499	26	494	5	5
Pierce	1	2	0	0	1	2
Irwin	1	4	1	4	0	0
Randolph	0	0	0	0	0	0
Seminole	6	72	5	71	1	1
Thomas	212	3,703	187	3,678	25	25
Tift	11	14	1	4	10	10
White	0	0	0	0	0	0
Worth	0	0	0	0	0	0
Turner	1	5	1	5	0	0
Total	502	8,682	423	8,602	79	80



## 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:** Melanie Bowen

**Date:** 6/18/2015

**Title:** Administrative Assistant II

**Comments:**