



## 2018 Freestanding Ambulatory Surgery Center Survey

### Part A : General Information

#### 1. Identification

UID:ASC017

**Facility Name:** Emory Clinic Ambulatory Surgery Center

**County:** DeKalb

**Street Address:** 1365 Clifton Road, NE Suite A5022

**City:** Atlanta

**Zip:** 30322

**Mailing Address:** 1365 Clifton Road, NE Suite A5022

**Mailing City:** Atlanta

**Mailing Zip:** 30322

#### 2. Report Period

Report Data for the full twelve month period, January 1, 2018 - December 31, 2018 (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:** Melanie Zaboith

**Contact Title:** Director, Operations

**Phone:** 404-313-9512

**Fax:** 404-778-5059

**E-mail:** melanie.zaboith@emoryhealthcare.org

## Part C : Ownership, Operation and Management

### 1. Ownership, Operation and Management

As of the last day of the report period, indicate the name of the legal entities which own/operate the facility if applicable or the name of the physician(s) in ownership of the center. 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
The Emory Clinic, Inc.	Not for Profit	01/01/1985

#### B. Owner's Parent Organization

Full Legal Name (Or Not Applicable)	Organization Type	Effective Date
Emory Healthcare	Not for Profit	03/01/1994

#### C. Facility Operator

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

#### D. Operator's Parent Organization

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

#### E. Management Contractor

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

#### F. Management's Parent Organization

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

#### G. Physician Owner(s) (List all if owned jointly)

Full Name	License Number
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## Part D : Ambulatory Surgery Rooms, Procedures and Patients

### **1A. Rooms, Procedures and Patients in CON-Authorized or Licensed Operating Procedure Rooms**

An operating procedure room is a procedure room or area of the ambulatory surgical treatment center in which surgical procedures are performed and that is licensed as a procedure room by the Department of Community Health pursuant to Rule 111-8-4-.01.

Room Type	Number of Rooms	Number of Procedures	Number of Patients
Operating Procedure Rooms	6	6,685	5,908

### **1B. Other Nonoperating/Procedure Rooms**

If applicable, provide rooms, procedures and patients for other rooms at your facility where procedures are performed, but that are not licensed as operating rooms.

Room Type	Number of Rooms	Number of Procedures	Number of Patients
Endoscopy Procedure Rooms	6	8,493	7,669
Minor Procedure Rooms	3	2,738	2,734
Other Procedure Rooms	0	0	0

### **2. Ambulatory Surgery Patients Admitted to Hospital**

How many patients if any, were admitted to a hospital before completion of or immediately following ambulatory surgery?

38

### **3. Ambulatory Patients by Race/Ethnicity**

Report the number of unduplicated patients who received ambulatory surgery by race/ethnicity category and provide the total number of ambulatory surgical procedures by race/ethnicity.

Race/Ethnicity	Number of Patients	Number of Procedures
American Indian/Alaska Native	26	29
Asian	256	290
Black/African American	2,161	2,445
Hispanic/Latino	0	0
Pacific Islander/Hawaiian	6	7
White	3,413	3,862
Multi-Racial	46	52
Unknown	0	0
<b>Total</b>	<b>5,908</b>	<b>6,685</b>

#### 4. Ambulatory Patients by Gender

Report the number of patients by gender served during the report period along with the total number of procedures by gender.

Gender	Number of Patients	Number of Procedures
Male	2,554	2,922
Female	3,354	3,763
<b>Total</b>	<b>5,908</b>	<b>6,685</b>

### Part E : Ambulatory Surgical Procedures, Licensed Specialty and Services

#### 1. Top Ten Procedures

Of the total procedures reported in Part D, provide the top ten procedures (volume-wise) performed within your facility by CPT Code, Procedure Name, Number of Procedures and Average Charge for Procedure.

CPT Code	Procedure Name	Number of Procedures	Average Charge
66982	Cataract Extraction Extracapsular Intraocular Lens ECCE IOL	1,010	8,432.00
67108	Vitrectomy Scleral Buckle Cryo/Laser/Silicone Oil/Air/Gas In	162	8,369.00
31253	Nasal Sinus Endoscopy FESS	150	6,042.00
67107	Vitrectomy Scleral Buckle Laser Diathermy Cryotherapy	97	6,042.00
36561	Central Venous Access Port Insert/Replace Tunneled Port-A-Ca	91	5,843.00
66984	Extracapsular Cataract Rmvl Insert IOL	830	8,432.00
31255	Nasal/Sinus Endoscopy Stereotactic	163	6,042.00
67904	Blepharoptosis Rpr LevatorResectExtApp	90	6,042.00
11400-11404, 11406	Tissue Wide Excision	124	3,131.00
36556	Portacath Insertion	80	3,131.00

#### 2. Licensed Specialty and Services Provided

Report the licensed specialty of the ambulatory surgery center and the services provided.

**Specialty(ies)(As indicated on the Healthcare Facility Regulation Division or Office of Regulatory Services permit):**

Multi-Specialty

**Services Provided:**

Ophthalmology, Surgical Oncology, Otolaryngology, General Surgery, Thoracic Surgery, Plastic Surgery, Dermatology, Gastroenterology

## Part F : Utilization & Revenue by Payer Source for Ambulatory Surgery Services

### 1. Utilization by Payer Source

Please report the number of patients and procedures, Gross Patient Revenue, and Net Patient Revenue during the report period according to Payer Source. Please note that the Total Gross and Net Revenue columns should balance to Gross and Net Revenue reported in Part G.

Payer Source	Patients	Procedures	Gross Revenue	Net Revenue
Medicare	2,486	2,813	23,294,540	3,157,339
Medicaid	246	278	2,305,588	241,497
PeachCare for Kids	0	0	0	0
Third Party	3,036	3,435	28,410,069	10,731,697
Self Pay	126	143	1,184,293	990,035
Other Payer	14	16	130,653	25,211
<b>Total</b>	<b>5,908</b>	<b>6,685</b>	<b>55,325,143</b>	<b>15,145,779</b>

### 2. Indigent/Charity Care

Provide the number of ambulatory surgery patients and procedures for patients who were income tested as indigent or charity care cases. Refer to the definitions of indigent and charity care in the instructions.

Category	Number of Patients	Number of Procedures
Indigent	104	115
Charity	51	52
<b>Total</b>	<b>155</b>	<b>167</b>

## Part G : Financial Summary and Indigent and Charity Care Information

### 1. Indigent and/or Charity Care Policy

Check the box to the right if the agency had a formal written policy or written policies concerning the provision of indigent and/or charity care during 2018.

If you indicated yes above, please indicate the effective date of the policy or policies.

01/01/2011

### 2. Person Responsible

Please indicate the name and title or position held by the person most responsible for adherence to or interpretation of the policy or policies you will provide the department.

Robin Thompson, Director Patient Financial Service

### 3. Charity Care Provision

Check the box if the policy or policies included provision for the care that is defined as charity.

### 4. Financial Table

Please complete the following financial table for the 2018 calendar year. Please note that Total Uncompensated Indigent and Charity Care Charges (automatically calculated by the web form) should not exceed Gross Indigent and Charity Care Charges.

Revenue or Expense	Amount
Gross Patient Revenue	55,325,143
Medicare Contractual Adjustments	20,137,201
Medicaid Contractual Adjustments	2,064,091
Other Contractual Adjustments	16,692,202
<b>Total Contractual Adjustments</b>	<b>38,893,494</b>
Bad Debt	596,683
Indigent Care Gross Charges	55,798
Indigent Care Compensation	0
<b>Uncompensated Indigent Care (Net)</b>	<b>55,798</b>
Charity Care Gross Charges	633,389
Charity Care Compensation	0
<b>Uncompensated Charity Care (Net)</b>	<b>633,389</b>
Other Free Care	0
<b>Total Net Patient Revenue</b>	<b>15,145,779</b>
Other Revenue	5,574
<b>Total Net Revenue</b>	<b>15,151,353</b>
Total Expenses	12,712,847
<b>Adjusted Gross Revenue</b>	<b>32,532,742</b>
<b>Total Uncompensated I/C Care</b>	<b>689,187</b>
<b>Percent Uncompensated Indigent/Charity Care</b>	<b>2.12%</b>

## Part H : Accreditation

Indicate below if your ambulatory surgery center is accredited and if so indicate for each agency as applicable.

- A) American Association of Ambulatory Care?
- B) American Association for Accreditation of Plastic Surgery Facilities?
- C) Joint Commission for Accreditation of Healthcare Organizations (JCAHO)?
- D) Accreditation Association for Ambulatory Health Care (AAAHC)?
- E) Accreditation Association for Ambulatory Health Care (AAAHC)?
- F) Other?

Specify other organizations that accredit your facility in the space below.

## Part I : Patient Origin of Ambulatory Surgery Patients in the Surgical Center

### 1 Patient Origin

Please report the county of origin for the patients treated in the surgical center.

County	Patients
Alabama	80
Atkinson	2
Baker	5
Baldwin	5
Banks	3
Barrow	27
Bartow	18
Ben Hill	5
Berrien	3
Bibb	46
Bleckley	7
Brantley	1
Bryan	5
Bulloch	5
Burke	1
Butts	12
Calhoun	3
Carroll	66
Catoosa	2
Chatham	18
Chattahoochee	1
Chattooga	3
Cherokee	80
Clarke	24
Clayton	134
Cobb	311
Coffee	2
Colquitt	7
Columbia	9
Cook	5
Coweta	57
Crisp	3
Dade	1
Dawson	8
Decatur	2
DeKalb	1517
Dodge	1
Dooly	4
Dougherty	20



Douglas	68
Effingham	1
Elbert	4
Evans	2
Fannin	5
Fayette	98
Florida	36
Floyd	29
Forsyth	49
Franklin	12
Fulton	993
Gilmer	7
Glynn	1
Gordon	10
Grady	2
Greene	12
Gwinnett	619
Habersham	22
Hall	94
Hancock	4
Haralson	9
Harris	18
Hart	5
Heard	3
Henry	175
Houston	33
Irwin	1
Jackson	73
Jasper	10
Jeff Davis	1
Jones	2
Lamar	14
Lanier	1
Laurens	14
Lee	2
Liberty	1
Lincoln	4
Lowndes	12
Lumpkin	13
Macon	1
Madison	4
Marion	1
McDuffie	3
Meriwether	14

Miller	1
Mitchell	5
Monroe	3
Montgomery	3
Morgan	19
Murray	9
Muscogee	49
Newton	69
North Carolina	38
Oconee	16
Oglethorpe	2
Other- Out of State	42
Paulding	24
Peach	11
Pickens	14
Pierce	1
Pike	13
Polk	15
Pulaski	2
Putnam	15
Rabun	10
Richmond	11
Rockdale	99
Schley	2
Screven	1
South Carolina	85
Spalding	64
Stephens	6
Stewart	3
Sumter	9
Talbot	2
Taylor	3
Tennessee	31
Terrell	1
Thomas	3
Tift	18
Toombs	1
Towns	3
Treutlen	2
Troup	40
Turner	1
Twiggs	2
Union	10
Upson	18

Walker	4
Walton	96
Ware	5
Washington	4
White	12
Whitfield	17
Wilcox	2
Wilkes	2
Worth	5
<b>Total</b>	<b>5,908</b>

## Part J : Ambulatory Surgery Center Workforce Information

### 1. Budgeted FTE

Please report the number of budgeted fulltime equivalents (FTEs) and the number of vacancies as of 12-31-2018.

Profession	Budgeted FTEs	Vacant Budgeted FTEs	Contract/Temporary Staff FTEs
Registered Nurses (RNs Advanced Practice)	22.00	4.00	4.00
Licensed Practical Nurses (LPNs)	1.00	0.00	0.00
Aides/Assistants	17.00	2.00	0.00
Allied Health Therapists	0.00	0.00	0.00

### 2. Filling Vacancies

Please enter the average time needed during the past six months to fill each type of vacant position.

Type of Vacancy	Average Time Needed to Fill Vacancies
Registered Nurse	More than 90 Days
Licensed Practical Nurse	Not Applicable
Aides/Assistants	61-90 Days
Allied Health Therapists	NA

## 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: Mike Mason

Date: 4/15/2019

Title: VP Operations - Emory Clinic

Comments: