



## 2019 Freestanding Ambulatory Surgery Center Survey

### Part A : General Information

#### 1. Identification

UID:ASC016

**Facility Name:** Emory Ambulatory Surgery Center at Dunwoody

**County:** DeKalb

**Street Address:** 4555 North Shallowford Road

**City:** Atlanta

**Zip:** 30338

**Mailing Address:** 4555 North Shallowford Road

**Mailing City:** Atlanta

**Mailing Zip:** 30338

#### 2. Report Period

Report Data for the full twelve month period, January 1, 2019 - December 31, 2019 (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
Emory Ambulatory Surgery Center at Dunwoody, LLC	Not for Profit	01/01/2014

#### B. Owner's Parent Organization

Full Legal Name (Or Not Applicable)	Organization Type	Effective Date
The Emory Clinic, Inc	Not for Profit	01/01/2014

#### C. Facility Operator

Full Legal Name (Or Not Applicable)	Organization Type	Effective Date
The Emory Clinic, Inc.	Not for Profit	01/01/2014

#### D. Operator's Parent Organization

Full Legal Name (Or Not Applicable)	Organization Type	Effective Date
Emory University	Not for Profit	01/01/2014

#### E. Management Contractor

Full Legal Name (Or Not Applicable)	Organization Type	Effective Date
Emory Healthcare, Inc.	Not for Profit	01/01/2014

#### F. Management's Parent Organization

Full Legal Name (Or Not Applicable)	Organization Type	Effective Date
Emory University	Not for Profit	01/01/2014

#### 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	3	3,212	3,072

### **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	3	6,672	5,721
Minor Procedure Rooms	1	1,177	1,158
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?

12

### **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	11	11
Asian	196	205
Black/African American	964	1,008
Hispanic/Latino	0	0
Pacific Islander/Hawaiian	8	9
White	1,872	1,957
Multi-Racial	21	22
Unknown	0	0
<b>Total</b>	<b>3,072</b>	<b>3,212</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	1,457	1,514
Female	1,615	1,698
<b>Total</b>	<b>3,072</b>	<b>3,212</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
27096	Lumbar/Sacral Epidural Injection Anesthetic/Steroid Agent	542	3,288.00
64493	Lumbar/Sacral Paravertebral Facet Injection Anesthetic/Stero	293	3,288.00
29877	Knee Arthroscopy Meniscectomy Medial/Lateral Chondroplasty	257	5,856.00
29827	Shoulder Arthroscopy Rotator Cuff Repair	192	7,595.00
29888	Knee Arthroscopy Anterior Cruciate Ligament Repair/Reconstru	172	7,595.00
45385	Colonoscopy Flexible Polypectomy/Tumor Removal	138	4,358.00
64490	Cervical/Thoracic Epidural Injection Anesthetic/Steroid	122	3,288.00
64635	Lumbar/Sacral Paravertebral Nerve Ablation Radiofrequency	94	6,344.00
26410	Hand/Finger Tendon Exploration/Repair	82	4,499.00
45380	Colonoscopy Flexible Biopsy	66	4,358.00

#### **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:**

Gastroenterology, Ophthalmology, Orthopedic, and Physiatry

## 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	883	923	4,449,311	417,931
Medicaid	103	108	518,126	29,096
PeachCare for Kids	0	0	0	0
Third Party	1,801	1,883	8,576,786	3,582,125
Self Pay	148	155	189,550	185,965
Other Payer	137	143	574,319	60,329
<b>Total</b>	<b>3,072</b>	<b>3,212</b>	<b>14,308,092</b>	<b>4,275,446</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	100	101
Charity	77	89
<b>Total</b>	<b>177</b>	<b>190</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 2019.

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 Care Services

### 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 2019 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	14,308,092
Medicare Contractual Adjustments	4,031,380
Medicaid Contractual Adjustments	489,030
Other Contractual Adjustments	4,731,535
<b>Total Contractual Adjustments</b>	<b>9,251,945</b>
Bad Debt	252,530
Indigent Care Gross Charges	133,404
Indigent Care Compensation	0
<b>Uncompensated Indigent Care (Net)</b>	<b>133,404</b>
Charity Care Gross Charges	394,767
Charity Care Compensation	0
<b>Uncompensated Charity Care (Net)</b>	<b>394,767</b>
Other Free Care	0
<b>Total Net Patient Revenue</b>	<b>4,275,446</b>
Other Revenue	0
<b>Total Net Revenue</b>	<b>4,275,446</b>
Total Expenses	4,621,508
<b>Adjusted Gross Revenue</b>	<b>9,535,152</b>
<b>Total Uncompensated I/C Care</b>	<b>528,171</b>
<b>Percent Uncompensated Indigent/Charity Care</b>	<b>5.54%</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	8
Baldwin	4
Banks	1
Barrow	17
Bartow	7
Bibb	7
Bleckley	1
Bryan	1
Bulloch	1
Butts	3
Carroll	11
Chatham	1
Cherokee	74
Clarke	8
Clayton	33
Cobb	363
Coffee	1
Colquitt	1
Columbia	1
Coweta	13
Dawson	11
DeKalb	767
Dougherty	2
Douglas	33
Elbert	1
Fannin	2
Fayette	21
Florida	7
Floyd	3
Forsyth	79
Franklin	1
Fulton	761
Gilmer	3
Glynn	1
Gordon	3
Greene	4
Gwinnett	522
Habersham	4
Hall	35



Haralson	1
Harris	3
Hart	2
Heard	1
Henry	46
Houston	4
Irwin	1
Jackson	17
Jasper	2
Jones	1
Laurens	1
Lee	1
Lowndes	1
Lumpkin	5
Madison	1
Meriwether	1
Monroe	1
Morgan	2
Muscogee	8
Newton	20
North Carolina	4
Oconee	3
Other- Out of State	6
Paulding	16
Peach	2
Pickens	7
Pike	2
Polk	3
Pulaski	1
Putnam	1
Rabun	1
Randolph	1
Richmond	1
Rockdale	25
Schley	1
South Carolina	5
Spalding	6
Stephens	2
Sumter	1
Tennessee	2
Terrell	1
Thomas	1
Tift	1
Towns	2

Troup	4
Union	3
Upson	1
Walton	27
Washington	1
White	3
Whitfield	3
<b>Total</b>	<b>3,072</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 12-31-2019.

Profession	Budgeted FTEs	Vacant Budgeted FTEs	Contract/Temporary Staff FTEs
Registered Nurses (RNs Advanced Practice)	15.00	2.00	2.00
Licensed Practical Nurses (LPNs)	0.00	0.00	0.00
Aides/Assistants	7.00	1.00	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	31-60 Days
Licensed Practical Nurse	Not Applicable
Aides/Assistants	30 Days or Less
Allied Health Therapists	Not Applicable

## 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: 3/31/2020

Title: VP Operations - Emory Clinic

Comments: