GEORGIA DEPARTMENT OF COMMUNITY HEALTH

2023 Annual Hospital Questionnaire

Part A : General Information

1. Identification

UID:HOSP705

Facility Name: Emory University Hospital Midtown

County: Fulton

Street Address: 550 Peachtree Street NE

City: Atlanta

Zip: 30308

Mailing Address: 550 Peachtree Street NE

Mailing City: Atlanta

Mailing Zip: 30308

Medicaid Provider Number: 00000503

Medicare Provider Number: 110078

2. Report Period

Report Data for the full twelve month period- January 1, 2023 through December 31, 2023.
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: Jeffrey Funke

Contact Title: Controller

Phone: 404-686-6184

Fax: 404-686-6030

E-mail: jeffrey.funke@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	Not for Profit	1/1/1944

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
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
Emory Healthcare Inc.	Not for Profit	1/1/1997

F. Management's Parent Organization

Full Legal Name (Or Not Applicable)	Organization Type	Effective Date
Emory University	Not for Profit	1/1/1944

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.

3. Check the box to the right if your facility is part of a health care system ☑
Name: Emory Healthcare
City: Atlanta **State:** Georgia

4. Check the box to the right if your hospital is a division or subsidiary of a holding company. ☐
Name:
City: **State:**

5. Check the box to the right if the hospital itself operates subsidiary corporations ☐
Name:
City: **State:**

6. Check the box to the right if your hospital is a member of an alliance. ☑
Name: Vizient
City: Irving **State:** TX

7. Check the box to the right if your hospital is a participant in a health care network ☑
Name: Emory Healthcare
City: Atlanta **State:** Georgia

8. Check the box to the right if the hospital has a policy or policies and a peer review process related to medical errors. ☑

9. Check the box to the right if the hospital owns or operates a primary care physician group practice. ☐

10a. Managed Care Information: Formal Written Contract
Does the hospital have a formal written contract that specifies the obligations of each party with each of the following? (check the appropriate boxes)

1. Health Maintenance Organization(HMO) ☑

2. Preferred Provider Organization(PPO) ☑

3. Physician Hospital Organization(PH0) ☐

4. Provider Service Organization(PSO) ☐

5. Other Managed Care or Prepaid Plan ☑

10b. Managed Care Information: Insurance Products
Check the appropriate boxes to indicate if any of the following insurance products have been developed by the hospital, health care system, network, or as a joint venture with an insurer:

Type of Insurance Product	Hospital	Health Care System	Network	Joint Venture with Insurer
Health Maintenance Organization	☐	☐	☐	☐
Preferred Provider Organization	☐	☐	☐	☐
Indemnity Fee-for-Service Plan	☐	☐	☐	☐
Another Insurance Product Not Listed Above	☐	☐	☐	☐

11. Owner or Owner Parent Based in Another State
If the owner or owner parent at Part C, Question 1(A&B) is an entity based in another state please report the location in which the entity is based. (City and State)

N/A

Part D : Inpatient Services

1. Utilization of Beds as Set Up and Staffed(SUS):

Please indicate the following information. Dod not include newborn and neonatal services. Do not include long-term care untits, such as Skilled Nursing Facility beds, if not licensed as hospital beds. If your facility is approved for LTCH beds report them below.

Category	SUS Beds	Admissions	Inpatient Days	Discharges	Discharge Days
Obstetrics (no GYN, include LDRP)	62	4,924	15,392	4,778	14,951
Pediatrics (Non ICU)	0	0	0	0	0
Pediatric ICU	0	0	0	0	0
Gynecology (No OB)	0	0	0	0	0
General Medicine	0	0	0	0	0
General Surgery	0	0	0	0	0
Medical/Surgical	423	13,541	113,472	16,706	126,703
Intensive Care	70	4,113	22,033	1,023	10,508
Psychiatry	0	0	0	0	0
Substance Abuse	0	0	0	0	0
Adult Physical Rehabilitation (18 & Up)	0	0	0	0	0
Pediatric Physical Rehabilitation (0-17)	0	0	0	0	0
Burn Care	0	0	0	0	0
Swing Bed (Include All Utilization)	0	0	0	0	0
Long Term Care Hospital (LTCH)	0	0	0	0	0
	0	0	0	0	0
	0	0	0	0	0
	0	0	0	0	0
Total	**555**	**22,578**	**150,897**	**22,507**	**152,162**

2. Race/Ethnicity

Please report admissions and inpatient days for the hospital by the following race and ethnicity categories. Exclude newborn and neonatal.

Race/Ethnicity	Admissions	Inpatient Days
American Indian/Alaska Native	44	324
Asian	434	2,511
Black/African American	15,796	108,183
Hispanic/Latino	0	0
Pacific Islander/Hawaiian	24	147
White	5,017	31,106
Multi-Racial	1,263	8,626
Total	**22,578**	**150,897**

3. Gender

Please report admissions and inpatient days by gender. Exclude newborn and neonatal.

Gender	Admissions	Inpatient Days
Male	8,914	70,099
Female	13,664	80,798
Total	**22,578**	**150,897**

4. Payment Source

Please report admissions and inpatient days by primary payment source. Exclude newborn and neonatal.

Primary Payment Source	Admissions	Inpatient Days
Medicare	9,213	77,929
Medicaid	4,641	23,740
Peachare	0	0
Third-Party	6,755	35,283
Self-Pay	1,471	10,276
Other	498	3,669

5. Discharges to Death

Report the total number of inpatient admissions discharged during the reporting period due to death.

448

6. Charges for Selected Services

Please report the hospital's average charges as of 12-31-2023 (to the nearest whole dollar).

Service	Charge
Private Room Rate	1,870
Semi-Private Room Rate	0
Operating Room: Average Charge for the First Hour	9,028
Average Total Charge for an Inpatient Day	10,944

Part E : Emergency Department and Outpatient Services

1. Emergency Visits
Please report the number of emergency visits only.

80,984

2. Inpatient Admissions from ER
Please report inpatient admssions to the Hospital from the ER for emergency cases ONLY.

12,489

3. Beds Available
Please report the number of beds available in ER as of the last day of the report period.

59

4. Utilization by Specific type of ER bed or room for the report period.

Type of ER Bed or Room	Beds	Visits
Beds dedicated for Trauma	0	0
Beds or Rooms dedicated for Psychiatric /Substance Abuse cases	1	3,687
General Beds	58	77,297
	0	0
	0	0
	0	0
	0	0

5. Transfers
Please provide the number of Transfers to another institution from the Emergency Department.

873

6. Non-Emergency Visits
Please provide the number of Outpatient/Clinic/All Other Non-Emergency visits to the hospital.

433,298

7. Observation Visits/Cases
Please provide the total number of Observation visits/cases for the entire report period.

10,022

8. Diverted Cases
Please provide the number of cases your ED diverted while on Ambulance Diversion for the entire report period.

0

9. Ambulance Diversion Hours
Please provide the total number of Ambulance Diversion hours for your ED for the entire report period

1,287.00

10. Untreated Cases

Please provide the number of patients who sought care in your ED but who left without or before being treated. Do not include patients who were transferred or cases that were diverted.

7,436

Part F : Services and Facilities

1a. Services and Facilities

Please report services offered onsite for in-house and contract services as requested. Please reflect the status of the service during the report period. *(Use the blank lines to specify other services.)*

Site Codes
1 = In-House - Provided by the Hospital
2 = Contract - Provided by a contractor but onsite
3 = Not Applicable

Status Codes
1 = On-Going
2 = Newly Initiated
3 = Discontinued
4 = Not Applicable

Service/Facilities	Site Code	Service Status
Podatric Services	1	1
Renal Dialysis	1	1
ESWL	2	1
Billiary Lithotropter	2	1
Kidney Transplants	3	4
Heart Transplants	3	4
Other-Organ/Tissues Transplants	3	4
Diagnostic X-Ray	1	1
Computerized Tomography Scanner (CTS)	1	1
Radioisotope, Diagnositic	1	1
Positron Emission Tomography (PET)	1	1
Radioisotope, Therapeutic	1	1
Magnetic Resonance Imaging (MRI)	1	1
Chemotherapy	1	1
Respiratory Therapy	1	1
Occupational Therapy	1	1
Physical Therapy	1	1
Speech Pathology Therapy	1	1
Gamma Ray Knife	3	4
Audiology Services	1	1
HIV/AIDS Diagnostic Treatment/Services	1	1
Ambulance Services	3	4
Hospice	2	1
Respite Care Services	1	1
Ultrasound/Medical Sonography	1	1
	0	0
	0	0
	0	0

1b. Report Period Workload Totals

Please report the workload totals for in-house and contract services as requested. The number of units should equal the number of machines.

Category	Total
Number of Podiatric Patients	1,700
Number of Dialysis Treatments	8,432
Number of ESWL Patients	19
Number of ESWL Procedures	24
Number of ESWL Units	1
Number of Biliary Lithotripter Procedures	429
Number of Biliary Lithotripter Units	1
Number of Kidney Transplants	0
Number of Heart Transplants	0
Number of Other-Organ/Tissues Treatments	0
Number of Diagnostic X-Ray Procedures	86,120
Number of CTS Units (machines)	8
Number of CTS Procedures	55,649
Number of Diagnostic Radioisotope Procedures	2,724
Number of PET Units (machines)	2
Number of PET Procedures	2,929
Number of Therapeautic Radioisotope Procedures	0
Number of Number of MRI Units	7
Number of Number of MRI Procedures	18,192
Number of Chemotherapy Treatments	91,290
Number of Respiratory Therapy Treatments	270,182
Number of Occupational Therapy Treatments	35,259
Number of Physical Therapy Treatments	72,176
Number of Speech Pathology Patients	4,491
Number of Gamma Ray Knife Procedures	0
Number of Gamma Ray Knife Units	0
Number of Audiology Patients	65
Number of HIV/AIDS Diagnostic Procedures	18,780
Number of HIV/AIDS Patients	8,731
Number of Ambulance Trips	0
Number of Hospice Patients	235
Number of Respite care Patients	0
Number of Ultrasound/Medical Sonography Units	58
Number of Ultrasound/Medical Sonography Procedures	16,112
Number of Treatments, Procedures, or Patients (Other 1)	0
Number of Treatments, Procedures, or Patients (Other 2)	0
Number of Treatments, Procedures, or Patients (Other 3)	0

2. Medical Ventilators

Provide the number of computerized/mechanical Ventilator Machines that were in use or available

for immediate use as of the last day of the report period (12/31).

60

3. Robotic Surgery System

Please report the number of units, number of procedures, and type of unit(s).

# Units	# Procedures	Type of Unit(s)
5	802	DaVinci Dual Console Xi (3), DaVinci Dual Console X (1), DaVinci Single Console SP (1)

Part G : Facility Workforce Information

1. Budgeted Staff

Please report the number of budgeted fulltime equivalents (FTEs) and the number of vacancies as of 12-31-2023. Also, include the number of contract or temporary staff (eg. agency nurses) filling budgeted vacancies as of 12-31-2023.

Profession	Budgeted FTEs	Vacant Budgeted FTEs	Contract/Temporary Staff FTEs
Licensed Physicians	0.00	0.00	0.00
Physician Assistants Only (not including Licensed Physicians)	0.00	0.00	0.00
Registered Nurses (RNs-Advanced Practice*)	1,716.60	251.50	209.30
Licensed Practical Nurses (LPNs)	19.10	7.90	0.00
Pharmacists	179.00	5.50	0.00
Other Health Services Professionals*	1,420.70	149.90	53.80
Administration and Support	293.40	18.90	0.00
All Other Hospital Personnel (not included above)	788.30	32.50	21.73

2. Filling Vacancies

Using the drop-down menus, please select 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
Physician's Assistants	Not Applicable
Registered Nurses (RNs-Advance Practice)	More than 90 Days
Licensed Practical Nurses (LPNs)	More than 90 Days
Pharmacists	More than 90 Days
Other Health Services Professionals	More than 90 Days
All Other Hospital Personnel (not included above)	More than 90 Days

3. Race/Ethnicity of Physicians

Please report the number of physicians with admitting privileges by race.

Race/Ethnicity	Number of Physicians
American Indian/Alaska Native	0
Asian	0
Black/African American	0
Hispanic/Latino	0
Pacific Islander/Hawaiian	0
White	0
Multi-Racial	0

4. Medical Staff

Please report the number of active and associate/provisional medical staff for the following specialty categories. Keep in mind that physicians may be counted in more than one specialty. Please

indicate whether the specialty group(s) is hospital-based. Also, indicate how many of each medical specialty are enrolled as providers in Georgia Medicaid/PeachCare for Kids and/or the Public Employee Health Benefit Plans (PEHB-State Health Benefit Plant and/or Board of Regents Benefit Plan).

Medical Specialties	Number of Medical Staff	Check if Any are Hospital Based	Number Enrolled as Providers in Medicaid/PeachCare	Number Enrolled as Providers in PEHB Plan
General and Family Practice	13	☐	0	0
General Internal Medicine	59	☐	0	0
Pediatricians	11	☐	0	0
Other Medical Specialties	756	☑	0	0

Surgical Specialties	Number of Medical Staff	Check if Any are Hospital Based	Number Enrolled as Providers in Medicaid/PeachCare	Number Enrolled as Providers in PEHB Plan
Obstetrics	105	☐	0	0
Non-OB Physicians Providing OB Services	0	☐	0	0
Gynecology	4	☐	0	0
Ophthalmology Surgery	48	☐	0	0
Orthopedic Surgery	34	☐	0	0
Plastic Surgery	15	☐	0	0
General Surgery	82	☐	0	0
Thoracic Surgery	28	☐	0	0
Other Surgical Specialties	100	☑	0	0

Other Specialties	Number of Medical Staff	Check if Any are Hospital Based	Number Enrolled as Providers in Medicaid/PeachCare	Number Enrolled as Providers in PEHB Plan
Anesthesiology	123	☑	0	0
Dermatology	19	☐	0	0
Emergency Medicine	186	☑	0	0
Nuclear Medicine	13	☑	0	0
Pathology	71	☑	0	0
Psychiatry	48	☐	0	0
Radiology	211	☑	0	0
Hospitalists	137	☑	0	0
Radiation Oncology	39	☑	0	0
Cardiovascular Disease	99	☐	0	0

5a. Non-Physicians

Please report the number of professionals for the categories below. Exclude any hospital-based staff reported in Part G, Questions 1,2,3 and 4 above.

Profession	Number
Dentists (include oral surgeons) with Admitting Privleges	15
Podiatrists	12
Certified Nurse Midwives with Clinical Privileges in the Hospital	23
All Other Staff Affiliates with Clinical Privileges in the Hospital	992

5b. Name of Other Professions

Please provide the names of professions classified as "Other Staff Affiliates with Clinical Privileges" above.

Physician Assistants, Nurse Practitioners, Certified Registered Nurse Anesthetist

Comments and Suggestions:

Part G3 Physician race/ethnicity not tracked.

Part H : Physician Name and License Number

1. Physicians on Staff

Please report the full name and license number of each physician on staff. **(Due to the large number of entries, this section has been moved to a separate PDF file.)**

Part I : Patient Origin Table

1. Patient Origin

Please report the county of origin for the inpatient admissions or discharges excluding newborns (except surgical services should include outpatients only).

Inpat=Inpatient Services
Surg=Outpatient Surgical
OB=Obstetric
P18+=Acute psychiatric adult 18 and over
P13-17=Acute psychiatric adolescent 13-17
P0-12=Acute psychiatric children 12 and under
Rehab=Inpatient Rehabilitation
S18+=Substance abuse adult 18 and over
S13-17=Substance abuse adolescent 13-17
E18+=Extended care adult 18 and over
E13-17=Extended care adolescent 13-17
E0-12=Extended care children 0-12
LTCH=Long Term Care Hospital

County	Inpat	Surg	OB	P18+	P13-17	P0-12	S18+	S13-17	E18+	E13-17	E0-12	LTCH	Rehab
Alabama	167	55	3	0	0	0	0	0	0	0	0	0	0
Appling	1	0	0	0	0	0	0	0	0	0	0	0	0
Atkinson	3	0	0	0	0	0	0	0	0	0	0	0	0
Bacon	4	1	0	0	0	0	0	0	0	0	0	0	0
Baldwin	23	6	2	0	0	0	0	0	0	0	0	0	0
Banks	5	3	1	0	0	0	0	0	0	0	0	0	0
Barrow	54	38	4	0	0	0	0	0	0	0	0	0	0
Bartow	75	38	4	0	0	0	0	0	0	0	0	0	0
Ben Hill	18	9	0	0	0	0	0	0	0	0	0	0	0
Berrien	7	5	0	0	0	0	0	0	0	0	0	0	0
Bibb	89	42	5	0	0	0	0	0	0	0	0	0	0
Bleckley	9	0	1	0	0	0	0	0	0	0	0	0	0
Brooks	1	0	0	0	0	0	0	0	0	0	0	0	0
Bryan	4	0	0	0	0	0	0	0	0	0	0	0	0
Bulloch	10	2	0	0	0	0	0	0	0	0	0	0	0
Burke	1	1	1	0	0	0	0	0	0	0	0	0	0
Butts	38	28	2	0	0	0	0	0	0	0	0	0	0
Calhoun	2	5	0	0	0	0	0	0	0	0	0	0	0
Camden	1	0	0	0	0	0	0	0	0	0	0	0	0
Candler	1	0	0	0	0	0	0	0	0	0	0	0	0
Carroll	263	90	18	0	0	0	0	0	0	0	0	0	0
Catoosa	4	2	0	0	0	0	0	0	0	0	0	0	0
Chatham	34	19	0	0	0	0	0	0	0	0	0	0	0
Chattahoochee	3	3	1	0	0	0	0	0	0	0	0	0	0
Chattooga	10	3	2	0	0	0	0	0	0	0	0	0	0
Cherokee	134	108	11	0	0	0	0	0	0	0	0	0	0
Clarke	44	32	6	0	0	0	0	0	0	0	0	0	0

Clay	1	1	0	0	0	0	0	0	0	0	0	0	0
Clayton	1,281	416	438	0	0	0	0	0	0	0	0	0	0
Clinch	5	0	0	0	0	0	0	0	0	0	0	0	0
Cobb	854	512	295	0	0	0	0	0	0	0	0	0	0
Coffee	16	4	1	0	0	0	0	0	0	0	0	0	0
Colquitt	14	5	0	0	0	0	0	0	0	0	0	0	0
Columbia	15	8	1	0	0	0	0	0	0	0	0	0	0
Cook	7	4	1	0	0	0	0	0	0	0	0	0	0
Coweta	131	75	20	0	0	0	0	0	0	0	0	0	0
Crawford	2	3	0	0	0	0	0	0	0	0	0	0	0
Crisp	10	4	0	0	0	0	0	0	0	0	0	0	0
Dade	1	0	0	0	0	0	0	0	0	0	0	0	0
Dawson	19	11	0	0	0	0	0	0	0	0	0	0	0
Decatur	11	1	0	0	0	0	0	0	0	0	0	0	0
DeKalb	3,643	1,493	1,080	0	0	0	0	0	0	0	0	0	0
Dodge	7	0	0	0	0	0	0	0	0	0	0	0	0
Dooly	4	0	0	0	0	0	0	0	0	0	0	0	0
Dougherty	42	21	2	0	0	0	0	0	0	0	0	0	0
Douglas	313	123	117	0	0	0	0	0	0	0	0	0	0
Early	3	1	0	0	0	0	0	0	0	0	0	0	0
Effingham	4	5	0	0	0	0	0	0	0	0	0	0	0
Elbert	5	3	0	0	0	0	0	0	0	0	0	0	0
Emanuel	4	0	0	0	0	0	0	0	0	0	0	0	0
Evans	2	0	0	0	0	0	0	0	0	0	0	0	0
Fannin	13	10	1	0	0	0	0	0	0	0	0	0	0
Fayette	183	108	63	0	0	0	0	0	0	0	0	0	0
Florida	130	0	0	0	0	0	0	0	0	0	0	0	0
Floyd	38	25	0	0	0	0	0	0	0	0	0	0	0
Forsyth	91	76	14	0	0	0	0	0	0	0	0	0	0
Franklin	9	15	1	0	0	0	0	0	0	0	0	0	0
Fulton	10,997	2,169	2,206	0	0	0	0	0	0	0	0	0	0
Gilmer	10	7	1	0	0	0	0	0	0	0	0	0	0
Glascock	1	0	0	0	0	0	0	0	0	0	0	0	0
Glynn	5	5	1	0	0	0	0	0	0	0	0	0	0
Gordon	22	12	2	0	0	0	0	0	0	0	0	0	0
Grady	5	0	0	0	0	0	0	0	0	0	0	0	0
Greene	8	6	0	0	0	0	0	0	0	0	0	0	0
Gwinnett	721	559	214	0	0	0	0	0	0	0	0	0	0
Habersham	10	12	2	0	0	0	0	0	0	0	0	0	0
Hall	81	55	7	0	0	0	0	0	0	0	0	0	0
Hancock	8	2	0	0	0	0	0	0	0	0	0	0	0
Haralson	44	5	2	0	0	0	0	0	0	0	0	0	0
Harris	42	15	1	0	0	0	0	0	0	0	0	0	0
Hart	3	6	0	0	0	0	0	0	0	0	0	0	0

Heard	11	3	0	0	0	0	0	0	0	0	0	0	0
Henry	655	430	182	0	0	0	0	0	0	0	0	0	0
Houston	64	44	4	0	0	0	0	0	0	0	0	0	0
Irwin	3	1	0	0	0	0	0	0	0	0	0	0	0
Jackson	68	48	4	0	0	0	0	0	0	0	0	0	0
Jasper	18	6	1	0	0	0	0	0	0	0	0	0	0
Jeff Davis	5	1	0	0	0	0	0	0	0	0	0	0	0
Jefferson	0	2	0	0	0	0	0	0	0	0	0	0	0
Jenkins	0	1	0	0	0	0	0	0	0	0	0	0	0
Johnson	2	2	0	0	0	0	0	0	0	0	0	0	0
Jones	11	3	0	0	0	0	0	0	0	0	0	0	0
Lamar	24	15	4	0	0	0	0	0	0	0	0	0	0
Laurens	9	13	1	0	0	0	0	0	0	0	0	0	0
Lee	13	14	0	0	0	0	0	0	0	0	0	0	0
Liberty	5	3	1	0	0	0	0	0	0	0	0	0	0
Lincoln	2	1	0	0	0	0	0	0	0	0	0	0	0
Long	2	0	0	0	0	0	0	0	0	0	0	0	0
Lowndes	21	13	0	0	0	0	0	0	0	0	0	0	0
Lumpkin	4	8	0	0	0	0	0	0	0	0	0	0	0
Macon	7	5	0	0	0	0	0	0	0	0	0	0	0
Madison	10	8	1	0	0	0	0	0	0	0	0	0	0
Marion	3	1	0	0	0	0	0	0	0	0	0	0	0
McDuffie	1	0	0	0	0	0	0	0	0	0	0	0	0
McIntosh	3	4	0	0	0	0	0	0	0	0	0	0	0
Meriwether	20	9	2	0	0	0	0	0	0	0	0	0	0
Miller	3	0	0	0	0	0	0	0	0	0	0	0	0
Mitchell	12	5	0	0	0	0	0	0	0	0	0	0	0
Monroe	26	12	0	0	0	0	0	0	0	0	0	0	0
Montgomery	0	4	0	0	0	0	0	0	0	0	0	0	0
Morgan	20	14	2	0	0	0	0	0	0	0	0	0	0
Murray	12	9	0	0	0	0	0	0	0	0	0	0	0
Muscogee	108	59	10	0	0	0	0	0	0	0	0	0	0
Newton	151	106	34	0	0	0	0	0	0	0	0	0	0
North Carolina	70	29	2	0	0	0	0	0	0	0	0	0	0
Oconee	9	11	0	0	0	0	0	0	0	0	0	0	0
Oglethorpe	1	2	0	0	0	0	0	0	0	0	0	0	0
Other Out of State	274	88	20	0	0	0	0	0	0	0	0	0	0
Paulding	95	57	22	0	0	0	0	0	0	0	0	0	0
Peach	19	12	0	0	0	0	0	0	0	0	0	0	0
Pickens	20	11	3	0	0	0	0	0	0	0	0	0	0
Pierce	2	0	0	0	0	0	0	0	0	0	0	0	0
Pike	23	14	2	0	0	0	0	0	0	0	0	0	0
Polk	27	12	2	0	0	0	0	0	0	0	0	0	0
Pulaski	8	4	0	0	0	0	0	0	0	0	0	0	0

Putnam	14	7	2	0	0	0	0	0	0	0	0	0	0
Quitman	3	0	0	0	0	0	0	0	0	0	0	0	0
Rabun	9	4	0	0	0	0	0	0	0	0	0	0	0
Randolph	13	4	0	0	0	0	0	0	0	0	0	0	0
Richmond	23	6	2	0	0	0	0	0	0	0	0	0	0
Rockdale	174	106	43	0	0	0	0	0	0	0	0	0	0
Schley	1	2	0	0	0	0	0	0	0	0	0	0	0
Screven	4	2	0	0	0	0	0	0	0	0	0	0	0
Seminole	2	0	1	0	0	0	0	0	0	0	0	0	0
South Carolina	73	29	2	0	0	0	0	0	0	0	0	0	0
Spalding	101	49	11	0	0	0	0	0	0	0	0	0	0
Stephens	8	7	0	0	0	0	0	0	0	0	0	0	0
Stewart	3	1	0	0	0	0	0	0	0	0	0	0	0
Sumter	16	10	1	0	0	0	0	0	0	0	0	0	0
Talbot	0	1	0	0	0	0	0	0	0	0	0	0	0
Taliaferro	1	0	1	0	0	0	0	0	0	0	0	0	0
Tattnall	4	1	0	0	0	0	0	0	0	0	0	0	0
Taylor	5	3	1	0	0	0	0	0	0	0	0	0	0
Telfair	4	1	0	0	0	0	0	0	0	0	0	0	0
Tennessee	84	23	1	0	0	0	0	0	0	0	0	0	0
Terrell	7	1	0	0	0	0	0	0	0	0	0	0	0
Thomas	13	4	0	0	0	0	0	0	0	0	0	0	0
Tift	19	9	1	0	0	0	0	0	0	0	0	0	0
Toombs	3	1	0	0	0	0	0	0	0	0	0	0	0
Towns	8	4	0	0	0	0	0	0	0	0	0	0	0
Troup	88	19	3	0	0	0	0	0	0	0	0	0	0
Turner	6	2	0	0	0	0	0	0	0	0	0	0	0
Twiggs	3	0	0	0	0	0	0	0	0	0	0	0	0
Union	11	10	0	0	0	0	0	0	0	0	0	0	0
Upson	27	6	4	0	0	0	0	0	0	0	0	0	0
Walker	11	10	0	0	0	0	0	0	0	0	0	0	0
Walton	114	105	22	0	0	0	0	0	0	0	0	0	0
Ware	4	3	0	0	0	0	0	0	0	0	0	0	0
Warren	0	1	0	0	0	0	0	0	0	0	0	0	0
Washington	2	1	0	0	0	0	0	0	0	0	0	0	0
Wayne	5	0	1	0	0	0	0	0	0	0	0	0	0
Webster	2	0	0	0	0	0	0	0	0	0	0	0	0
Wheeler	1	0	0	0	0	0	0	0	0	0	0	0	0
White	6	11	0	0	0	0	0	0	0	0	0	0	0
Whitfield	33	15	0	0	0	0	0	0	0	0	0	0	0
Wilcox	4	2	0	0	0	0	0	0	0	0	0	0	0
Wilkinson	2	1	0	0	0	0	0	0	0	0	0	0	0
Worth	6	3	0	0	0	0	0	0	0	0	0	0	0
Total	**22,578**	**7,815**	**4,924**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**

Surgical Services Addendum

Part A : Surgical Services Utilization

1. Surgery Rooms in the OR Suite

Please report the Number of Surgery Rooms, (as of the end of the report period). Report only the rooms in CON-Approved Operating Room Suites pursuant to Rule 111-2-2-.40 and 111-8-48-.28.

Room Type	Dedicated Inpatient Rooms	Dedicated Outpatient Rooms	Shared Rooms
General Operating	0	0	34
Cystoscopy (OR Suite)	0	0	2
Endoscopy (OR Suite)	0	0	0
	0	0	0
Total	**0**	**0**	**36**

2. Procedures by Type of Room

Please report the number of procedures by type of room.

Room Type	Dedicated Inpatient Rooms	Dedicated Outpatient Rooms	Shared Inpatient Rooms	Shared Outpatient Rooms
General Operating	0	0	5,695	6,978
Cystoscopy	0	0	138	837
Endoscopy	0	0	0	0
	0	0	0	0
Total	**0**	**0**	**5,833**	**7,815**

3. Patients by Type of Room

Please report the number of patients by type of room.

Room Type	Dedicated Inpatient Rooms	Dedicated Outpatient Rooms	Shared Inpatient Rooms	Shared Outpatient Rooms
General Operating	0	0	5,695	6,978
Cystoscopy	0	0	138	837
Endoscopy	0	0	0	0
	0	0	0	0
Total	**0**	**0**	**5,833**	**7,815**

Part B : Ambulatory Patient Race/Ethnicity, Age, Gender and Payment Source

1. Race/Ethnicity of Ambulatory Patients

Please report the total number of ambulatory patients for both dedicated outpatient and shared room environment.

Race/Ethnicity	Number of Ambulatory Patients
American Indian/Alaska Native	21
Asian	264
Black/African American	4,397
Hispanic/Latino	0
Pacific Islander/Hawaiian	14
White	2,908
Multi-Racial	211
Total	**7,815**

2. Age Grouping

Please report the total number of ambulatory patients by age grouping.

Age of Patient	Number of Ambulatory Patients
Ages 0-14	3
Ages 15-64	5,281
Ages 65-74	1,658
Ages 75-85	744
Ages 85 and Up	129
Total	**7,815**

3. Gender

Please report the total number of ambulatory patients by gender.

Gender	Number of Ambulatory Patients
Male	3,089
Female	4,726
Total	**7,815**

4. Payment Source

Please report the total number of ambulatory patients by payment source.

Primary Payment Source	Number of Patients
Medicare	2,856
Medicaid	637
Third-Party	4,239
Self-Pay	83

Perinatal Services Addendum

Part A : Obstetrical Services Utilization

Please report the following obstetrical services information for the report period. Include all deliveries and births in any unit of th hospital or anywhere on its grounds.

1. Number of Delivery Rooms: 0

2. Number of Birthing Rooms: 0

3. Number of LDR Rooms: 18

4. Number of LDRP Rooms: 0

5. Number of Cesarean Sections: 1,714

6. Total Live Births: 4,749

7. Total Births (Live and Late Fetal Deaths): 4,773

8. Total Deliveries (Births + Early Fetal Deaths and Induced Terminations): 4,786

Part B : Newborn and Neonatal Nursery Services

1. Nursery Services

Please Report the following newborn and neonatal nursery information for the report period.

Type of Nursery	Set-Up and Staffed Beds/Station	Neonatal Admissions	Inpatient Days	Transfers within Hospital
Normal Newborn (Basic)	60	3,971	9,960	0
Specialty Care (Intermediate Neonatal Care)	24	678	12,734	552
Subspecialty Care (Intensive Neonatal Care)	15	100	912	131

Part C : Obstetrical Charges and Utilization by Mother's Race/Ethnicity and Age

1. Race/Ethnicity

Please provide the number of admissions and inpatient days for mothers by the mother's race using race/ethnicity classifications.

Race/Ethnicity	Admissions by Mother's Race	Inpatient Days
American Indian/Alaska Native	12	32
Asian	149	472
Black/African American	3,812	11,863
Hispanic/Latino	0	0
Pacific Islander/Hawaiian	14	42
White	612	1,910
Multi-Racial	325	1,073
Total	**4,924**	**15,392**

2. Age Grouping
Please provide the number of admissions by the following age groupings.

Age of Patient	Number of Admissions	Inpatient Days
Ages 0-14	4	12
Ages 15-44	4,909	15,327
Ages 45 and Up	11	53
Total	**4,924**	**15,392**

3. Average Charge for an Uncomplicated Delivery
Please report the average hospital charge for an uncomplicated delivery(CPT 59400)

$18,586.00

4. Average Charge for a Premature Delivery
Please report the average hospital charge for a premature delivery.

$22,232.00

LTCH Addendum

Part A : General Information

1a. Accreditation Check the box to the right if your Long Term Care Hospital is accredited. ☐
If you checked the box for yes, please specify the agency that accredits your facility in the space below.

1b. Level/Status of Accreditation
Please provide your organization's level/status of accreditation.

2. Number of Licensed LTCH Beds: 0

3. Permit Effective Date:

4. Permit Designation:

5. Number of CON Beds: 0

6. Number of SUS Beds: 0

7. Total Patient Days: 0

8. Total Discharges: 0

9. Total LTCH Admissions: 0

Part B : Utilization by Race, Age, Gender and Payment Source

1. Race/Ethnicity
Please provide the number of admissions and inpatient days using the following race/ethnicity classifications.

Race/Ethnicity	Admissions	Inpatient Days
American Indian/Alaska Native	0	0
Asian	0	0
Black/African American	0	0
Hispanic/Latino	0	0
Pacific Islander/Hawaiian	0	0
White	0	0
Multi-Racial	0	0
Total	**0**	**0**

2. Age of LTCH Patient

Please provide the number of admissions and inpatient days by the following age groupings.

Age of Patient	Admissions	Inpatient Days
Ages 0-64	0	0
Ages 65-74	0	0
Ages 75-84	0	0
Ages 85 and Up	0	0
Total	**0**	**0**

3. Gender

Please provide the number of admissions and inpatient days by the following gender classifications.

Gender of Patient	Admissions	Inpatient Days
Male	0	0
Female	0	0
Total	**0**	**0**

4. Payment Source

Please indicate the number of patients by the payment source. Please note that individuals may have multiple payment sources.

Primary Payment Source	Number of Patients	Inpatient Days
Medicare	0	0
Third-Party	0	0
Self-Pay	0	0
Other	0	0

Psychiatric/Substance Abuse Services Addendum

Part A : Psychiatric and Substance Abuse Data by Program

1. Beds

Please report the number of beds as of the last day of the report period. Report beds only for officially recognized programs. Use the blank row to report combined beds. For combined bed programs, please report each of the combined bed programs and the number of combined beds. Indicate the combined programs using letters A through H, for example,"AB"

Patient Type	Distribution of CON-Authorized Beds	Set-Up and Staffed Beds
A- General Acute Psychiatric Adults 18 and over	0	0
B- General Acute Psychiatric Adolescents 13-17	0	0
C- General Acute Psychiatric Children 12 and under	0	0
D- Acute Substance Abuse Adults 18 and over	0	0
E- Acute Substance Abuse Adolescents 13-17	0	0
F-Extended Care Adults 18 and over	0	0
G- Extended Care Adolescents 13-17	0	0
H- Extended Care Adolescents 0-12	0	0
	0	0

2. Admissions, Days, Discharges, Accreditation

Please report the following utilization for the report period. Report only for officially recognized programs.

Program Type	Admissions	Inpatient Days	Discharges	Discharge Days	Average Charge Per Patient Day	Check if the Program is JCAHO Accredited
General Acute Psychiatric Adults 18 and over	0	0	0	0	0	☐
General Acute Psychiatric Adolescents 13-17	0	0	0	0	0	☐
General Acute Psychiatric Children 12 and Under	0	0	0	0	0	☐
Acute Substance Abuse Adults 18 and over	0	0	0	0	0	☐
Acute Substance Abuse Adolescents 13-17	0	0	0	0	0	☐
Extended Care Adults 18 and over	0	0	0	0	0	☐
Extended Care Adolescents 13-17	0	0	0	0	0	☐
Extended Care Adolescents 0-12	0	0	0	0	0	☐

Part B : Psych/SA Utilization by Race/Ethnicity, Gender, and Payment Source

1. Race/Ethnicity

Please provide the number of admissions and inpatient days using the following race/ethnicity classifications.

Race/Ethnicity	Admissions	Inpatient Days
American Indian/Alaska Native	0	0
Asian	0	0
Black/African American	0	0
Hispanic/Latino	0	0
Pacific Islander/Hawaiian	0	0
White	0	0
Multi-Racial	0	0
Total	**0**	**0**

2. Gender

Please provide the number of admissions and inpatient days by the following gender classifications.

Gender of Patient	Admissions	Inpatient Days
Male	0	0
Female	0	0
Total	**0**	**0**

3. Payment Source

Please indicate the number of patients by the following payment sources. Please note that individuals may have multiple payment sources.

Primary Payment Source	Number of Patients	Inpatient Days
Medicare	0	0
Medicaid	0	0
Third Party	0	0
Self-Pay	0	0
PeachCare	0	0

Georgia Minority Health Advisory Council Addendum

Because of Georgia's racial and ethnic diversity, and a dramatic increase in segments of the population with Limited English Proficiency, the Georgia Minority Health Advisory Council is working with the Department of Community Health to assess our health systems' ability to provide Culturally and Linguistically Appropriate Services (CLAS) to all segments of our population. We appreciate your willingness to provide information on the following questions:

1. Do you have paid medical interpreters on staff? *(Check the box, if yes.)* ☑
If you checked yes, how many? 3 (FTE's)
What languages do they interpret?
Spanish

2. When a paid medical interpreter is not available for a limited-English proficiency patient, what alternative mechanisms do you use to assure the provision of Linguistically Appropriate Services? *(Check all that apply)*

Bilingual Hospital Staff Member ☐	Bilingual Member of Patient's Family ☐
Community Volunteer Intrepreter ☐	Telephone Interpreter Service ☑
Refer Patient to Outside Agency ☐	Other (please describe): ☑

Video Remote Interpretation (VRI) through iPads connected to Cyracom Language Services offers 310 Languages 24/7, Bluephones in inpatient rooms, and agency contractors providing in-person interpretation for several different languages

3. Please complete the following grid to show the proportion of patients you serve who prefer speaking various languages (name the 3 most common non-English languages spoken.)

Top 3 most common non-English languages spoken by your patients	Percent of patients for whom this is their preferred language	# of physicians on staff who speak this language	# of nurses on staff who speak this language	# of other employed staff who speak this language
Spanish		0	0	0
Korean		0	0	0
Vietnamese		0	0	0

4. What **training** have you provided to your staff to assure cultural competency and the provision of **Culturally and Linguistically Appropriate Services (CLAS)** to your patients?

New employee Orientation, New Residents Orientation, HLC Yearly Regulatory Modules for all Emory Healthcare staff,
National Council on Interpreting in Healthcare (NCIHC) Courses/Webinars

5. What is the most urgent tool or resource you need in order to increase your ability to provide **Culturally and Linguistically Appropriate Services (CLAS)** to your patients?

6. In what languages are the signs written that direct patients within your facility?

1. English
2. Braille
3. Spanish
4.

7. If an uninsured patient visits your emergency department, is there a community health center, federally-qualified health center, free clinic, or other reduced-fee safety net clinic nearby to which you could refer that patient in order to provide him or her an affordable primary care medical home regardless of ability to pay? *(Check the box, if yes)* ☑
If you checked yes, what is the name and location of that health care center or clinic?

Grady Primary Care
Asa G. Yancey Health Center
1247 Donald Lee Hollowell Pkwy. NW
Atlanta, GA 30318 -404 616-2265

Grady Primary Care
Kirkwood Family Medicine
1863 Memorial Drive SE
Atlanta, GA 30317 -404 616-9304

Grady Primary Care
East Point Health Center
1595 W. Cleveland Avenue
East Point, GA 30344 -404 616-2886

Grady Primary Care
2695 Buford Highway NE Suite 200
Atlanta, GA 30324 -404 616-6999

Center for Black Women's Wellness
477 Windsor Street SW Suite #309
Atlanta, GA 30312 -404 688-9202 ext. 110
http://cbww.org

Good Samaritan Clinic
1015 Donald Lee Hollowell Pkwy. NW
Atlanta, GA 30318 -404 523-6571
www.goodsamatlanta.org

HEALing Community Center
2600 Martin Luther King Jr. Drive SW

Atlanta, GA 30311 -404 564-7749
www.healingourcommunities.org

Mercy Care Services
424 Decatur Street SE
Atlanta GA 30312 -678 843-8500
http://mercycareservices.org

Family Health Centers of Georgia
868 York Avenue SW
Atlanta, GA 30310
http://fhcga.org
-404 752-1400

Southside Medical Center
1046 Ridge Avenue SW
Atlanta GA 30315 -404 688-1350
www.southsidemedical.net

AbsoluteCARE Medical Center
2140 Peachtree Road NW Suite 232
Atlanta, GA 30309 -404 231-4431
www.absolutecarehealth.com/atlanta

Whitefoord Family Medical Center
30 Warren Street SE
Atlanta, GA 30317 -404 373-6614
http://whitefoord.org

Grady Primary Care
80 Jesse Hill Jr. Drive SE
Atlanta, GA 30303 -404 616-9355

Recovery Consultants of Atlanta
4229 Snapfinger Woods Drive
Decatur, GA 30035 -404 286-9252
www.recoveryconsultants.org

Physicians' Care Clinic
440 Winn Way
Decatur, GA 30030 -404 501-7960
www.physicianscareclinic.org

Comprehensive Family Healthcare Center
1513 E. Cleveland Avenue, Building 500
East Point, GA 30344 -404 752- 1000
www.morehousehealthcare.om

Grant Park Family Health Center
1340 Boulevard SE
Atlanta, GA 30315 -404 627-4259
www.grantparkclinic.org

Comprehensive Inpatient Physical Rehabilitation Addendum

Part A : Rehab Utilization by Race/Ethnicity, Gender, and Payment Source

1. Admissions and Days of Care by Race

Please report the number of inpatient physical rehabilitation admissions and inpatient days for the hospital by the following race and ethnicity categories.

Race/Ethnicity	Admissions	Inpatient Days
American Indian/Alaska Native	0	0
Asian	0	0
Black/African American	0	0
Hispanic/Latino	0	0
Pacific Islander/Hawaiian	0	0
White	0	0
Multi-Racial	0	0

2. Admissions and Days of care by Gender

Please report the number of inpatient physical rehabilitation admissions and inpatient days by gender.

Gender	Admissions	Inpatient Days
Male	0	0
Female	0	0

3. Admissions and Days of Care by Age Cohort

Please report the number of inpatient physical rehabilitation admissions and inpatient days by age cohort.

Gender	Admissions	Inpatient Days
0-17	0	0
18-64	0	0
65-84	0	0
85 Up	0	0

Part B : Referral Source

1. Referral Source

Please report the number of inpatient physical rehabilitation admissions during the report period from each of the following sources.

Referral Source	Admissions
Acute Care Hospital/General Hospital	0
Long Term Care Hospital	0
Skilled Nursing Facility	0
Traumatic Brain Injury Facility	0

	0

1. Payers

Please report the number of inpatient physical rehabilitation admissions by each of the following payer categories.

Primary Payment Source	Admissions
Medicare	0
Third Party/Commercial	0
Self Pay	0
Other	0

2. Uncompensated Indigent and Charity Care

Please report the number of inpatietn physical rehabilitation patients qualifying as uncompensated indigent or charity care

0

Part D : Admissions by Diagnosis Code

1. Admissions by Diagnosis Code

Please report the number of inpatient physical rehabilitation admissions by the "CMS 13" diagnosis of the patient listed below.

Diagnosis	Admissions
1. Stroke	0
2. Brain Injury	0
3. Amputation	0
4. Spinal Cord	0
5. Fracture of the femur	0
6. Neurological disorders	0
7. Multiple Trauma	0
8. Congenital deformity	0
9. Burns	0
10. Osteoarthritis	0
11. Rheumatoid arthritis	0
12. Systemic vasculidities	0
13. Joint replacement	0
All Other	0

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 incaccurate 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: Adam Webb

Date: 2/29/2024

Title: Chief Operating Officer

Comments: