



## 2021 Annual Hospital Questionnaire

### Part A : General Information

#### 1. Identification

UID:HOSP611

**Facility Name:** Northeast Georgia Medical Center

**County:** Hall

**Street Address:** 743 Spring Street NE

**City:** Gainesville

**Zip:** 30501-3899

**Mailing Address:** 743 Spring Street NE

**Mailing City:** Gainesville

**Mailing Zip:** 30501-3899

**Medicaid Provider Number:** 0000888A

**Medicare Provider Number:** 110029

#### 2. Report Period

Report Data for the full twelve month period- January 1, 2021 through December 31, 2021.

***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:** Linda Berger

**Contact Title:** Director, Planning

**Phone:** 770-219-6631

**Fax:** 770-219-5437

**E-mail:** Linda.Berger@nghs.com

## 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
Hosp Authority of Hall Co. & City of Gainesville	Hospital Authority	9/5/1951

#### 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
Northeast Georgia Medical Center, Inc.	Not for Profit	10/1/1986

#### D. Operator's Parent Organization

Full Legal Name (Or Not Applicable)	Organization Type	Effective Date
Northeast Georgia Health System, Inc.	Not for Profit	10/1/1986

#### 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.

3. Check the box to the right if your facility is part of a health care system

**Name:** Northeast Georgia Health System, Inc.

**City:** Gainesville **State:** GA

4. Check the box to the right if your hospital is a division or subsidiary of a holding company.

**Name:** Northeast Georgia Health System, Inc.

**City:** Gainesville **State:** GA

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: VHA of GA Inc./Vol of Amer/GA Allian Comm Hosp

City: Atlanta/Dallas/Atlanta State: GA/TX/GA

7. Check the box to the right if your hospital is a participant in a health care network

Name: Super Med PPO Network/NEGA Health Partners

City: Atlanta/Gainesville State: GA/GA

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(PHO)

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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Preferred Provider Organization	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Indemnity Fee-for-Service Plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Another Insurance Product Not Listed Above	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**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)

## Part D : Inpatient Services

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

Please indicate the following information. Do not include newborn and neonatal services. Do not include long-term care units, 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)	54	4,885	13,249	4,873	13,205
Pediatrics (Non ICU)	18	229	875	227	862
Pediatric ICU	0	0	0	0	0
Gynecology (No OB)	0	158	474	156	466
General Medicine	0	0	0	0	0
General Surgery	0	0	0	0	0
Medical/Surgical	439	21,261	152,798	21,352	153,494
Intensive Care	100	9,775	52,152	9,767	52,001
Psychiatry	25	1,170	8,545	1,168	8,205
Substance Abuse	15	375	2,173	373	2,143
Adult Physical Rehabilitation (18 & Up)	24	449	6,933	430	6,560
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
Child/Adol/Psych/SA	14	333	1,798	333	1,817
	0	0	0	0	0
	0	0	0	0	0
<b>Total</b>	<b>689</b>	<b>38,635</b>	<b>238,997</b>	<b>38,679</b>	<b>238,753</b>

## **2. Race/Ethnicity**

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

<b>Race/Ethnicity</b>	<b>Admissions</b>	<b>Inpatient Days</b>
American Indian/Alaska Native	52	275
Asian	360	2,157
Black/African American	3,177	20,786
Hispanic/Latino	3,466	18,683
Pacific Islander/Hawaiian	0	0
White	30,892	192,379
Multi-Racial	688	4,717
<b>Total</b>	<b>38,635</b>	<b>238,997</b>

## **3. Gender**

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

<b>Gender</b>	<b>Admissions</b>	<b>Inpatient Days</b>
Male	17,547	120,980
Female	21,088	118,017
<b>Total</b>	<b>38,635</b>	<b>238,997</b>

## **4. Payment Source**

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

<b>Primary Payment Source</b>	<b>Admissions</b>	<b>Inpatient Days</b>
Medicare	19,149	133,786
Medicaid	5,211	27,860
Peachare	0	0
Third-Party	8,767	45,556
Self-Pay	3,836	22,460
Other	1,672	9,335

## **5. Discharges to Death**

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

1,847

## **6. Charges for Selected Services**

Please report the hospital's average charges as of 12-31-2021 (to the nearest whole dollar).

<b>Service</b>	<b>Charge</b>
Private Room Rate	1,668
Semi-Private Room Rate	1,668
Operating Room: Average Charge for the First Hour	8,547
Average Total Charge for an Inpatient Day	14,217

## Part E : Emergency Department and Outpatient Services

### **1. Emergency Visits**

Please report the number of emergency visits only.

139,937

### **2. Inpatient Admissions from ER**

Please report inpatient admissions to the Hospital from the ER for emergency cases ONLY.

24,179

### **3. Beds Available**

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

127

### **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	2	0
Beds or Rooms dedicated for Psychiatric /Substance Abuse cases	12	0
General Beds	65	0
Overflow	20	0
Minor Acuity	27	0
Sexual Assault	1	0
	0	0

### **5. Transfers**

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

2,864

### **6. Non-Emergency Visits**

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

338,492

### **7. Observation Visits/Cases**

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

20,976

### **8. Diverted Cases**

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

2

### **9. Ambulance Diversion Hours**

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

48.00

## 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.

1,491

## 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
Podiatric Services	1	1
Renal Dialysis	2	1
ESWL	2	1
Biliary Lithotripter	3	4
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, Diagnostic	1	1
Positron Emission Tomography (PET)	1	1
Radioisotope, Therapeutic	3	4
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	3	4
HIV/AIDS Diagnostic Treatment/Services	1	1
Ambulance Services	1	1
Hospice	1	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.

<b>Category</b>	<b>Total</b>
Number of Podiatric Patients	674
Number of Dialysis Treatments	9,833
Number of ESWL Patients	629
Number of ESWL Procedures	629
Number of ESWL Units	1
Number of Biliary Lithotripter Procedures	0
Number of Biliary Lithotripter Units	0
Number of Kidney Transplants	0
Number of Heart Transplants	0
Number of Other-Organ/Tissues Treatments	0
Number of Diagnostic X-Ray Procedures	164,975
Number of CTS Units (machines)	9
Number of CTS Procedures	107,137
Number of Diagnostic Radioisotope Procedures	3,769
Number of PET Units (machines)	2
Number of PET Procedures	2,598
Number of Therapeutic Radioisotope Procedures	0
Number of Number of MRI Units	8
Number of Number of MRI Procedures	29,718
Number of Chemotherapy Treatments	3,086
Number of Respiratory Therapy Treatments	281,093
Number of Occupational Therapy Treatments	84,712
Number of Physical Therapy Treatments	204,819
Number of Speech Pathology Patients	2,341
Number of Gamma Ray Knife Procedures	0
Number of Gamma Ray Knife Units	0
Number of Audiology Patients	0
Number of HIV/AIDS Diagnostic Procedures	162
Number of HIV/AIDS Patients	16
Number of Ambulance Trips	27,148
Number of Hospice Patients	1,979
Number of Respite care Patients	94
Number of Ultrasound/Medical Sonography Units	13
Number of Ultrasound/Medical Sonography Procedures	34,055
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).

145

**3. Robotic Surgery System**

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

# Units	# Procedures	Type of Unit(s)
4	2,892	Da Vinci

## Part G : Facility Workforce Information

### 1. Budgeted Staff

Please report the number of budgeted fulltime equivalents (FTEs) and the number of vacancies as of 12-31-2021. Also, include the number of contract or temporary staff (eg. agency nurses) filling budgeted vacancies as of 12-31-2021.

Profession	Profession	Profession	Profession
Licensed Physicians	115.59	0.00	0.00
Physician Assistants Only (not including Licensed Physicians)	0.00	0.00	0.00
Registered Nurses (RNs-Advanced Practice*)	1,813.61	172.80	322.73
Licensed Practical Nurses (LPNs)	28.43	0.80	0.00
Pharmacists	49.45	1.00	0.00
Other Health Services Professionals*	545.85	299.63	51.24
Administration and Support	306.89	17.80	0.00
All Other Hospital Personnel (not included above)	2,628.98	49.92	283.11

### 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)	61-90 Days
Licensed Practical Nurses (LPNs)	61-90 Days
Pharmacists	61-90 Days
Other Health Services Professionals	61-90 Days
All Other Hospital Personnel (not included above)	31-60 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	51	<input type="checkbox"/>	43	43
General Internal Medicine	160	<input type="checkbox"/>	148	129
Pediatricians	65	<input type="checkbox"/>	55	24
Other Medical Specialties	291	<input type="checkbox"/>	208	170

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	19	<input type="checkbox"/>	18	18
Non-OB Physicians Providing OB Services	0	<input type="checkbox"/>	0	0
Gynecology	10	<input type="checkbox"/>	7	8
Ophthalmology Surgery	12	<input type="checkbox"/>	1	3
Orthopedic Surgery	27	<input type="checkbox"/>	20	22
Plastic Surgery	5	<input type="checkbox"/>	1	5
General Surgery	20	<input type="checkbox"/>	19	19
Thoracic Surgery	0	<input type="checkbox"/>	0	0
Other Surgical Specialties	26	<input type="checkbox"/>	20	22

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	32	<input checked="" type="checkbox"/>	32	32
Dermatology	7	<input type="checkbox"/>	0	0
Emergency Medicine	48	<input checked="" type="checkbox"/>	48	48
Nuclear Medicine	0	<input type="checkbox"/>	0	0
Pathology	8	<input checked="" type="checkbox"/>	8	8
Psychiatry	18	<input type="checkbox"/>	17	8
Radiology	31	<input checked="" type="checkbox"/>	31	31
Trauma & Acute Care	11	<input checked="" type="checkbox"/>	11	11
Neonatology	7	<input checked="" type="checkbox"/>	7	7
	0	<input type="checkbox"/>	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 Privileges	13
Podiatrists	14
Certified Nurse Midwives with Clinical Privileges in the Hospital	24
All Other Staff Affiliates with Clinical Privileges in the Hospital	217

**5b. Name of Other Professions**

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

PA, NP, AA, CRNA

**Comments and Suggestions:**

## 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	28	3	0	2	0	0	1	0	0	0	0	0	0
Atkinson	0	1	0	0	0	0	0	0	0	0	0	0	0
Baker	1	0	0	0	0	0	0	0	0	0	0	0	0
Baldwin	5	0	0	1	0	0	0	0	0	0	0	0	0
Banks	958	394	107	18	6	0	4	0	0	0	0	0	7
Barrow	2,794	1,172	358	104	14	5	35	0	0	0	0	0	27
Bartow	8	5	0	1	0	0	0	0	0	0	0	0	0
Berrien	1	0	0	0	0	0	0	0	0	0	0	0	0
Bibb	8	2	0	0	0	0	1	0	0	0	0	0	0
Bulloch	2	1	0	0	1	0	0	0	0	0	0	0	0
Butts	2	0	0	0	0	0	0	0	0	0	0	0	0
Camden	4	0	0	0	0	0	0	0	0	0	0	0	0
Candler	0	1	0	0	0	0	0	0	0	0	0	0	0
Carroll	10	3	0	1	0	0	0	0	0	0	0	0	1
Catoosa	1	0	0	0	0	0	1	0	0	0	0	0	0
Charlton	0	1	0	0	0	0	0	0	0	0	0	0	0
Chatham	5	2	0	1	0	0	2	0	0	0	0	0	0
Chattooga	4	1	0	0	0	0	0	0	0	0	0	0	0
Cherokee	56	27	1	7	3	0	0	0	0	0	0	0	0
Clarke	101	79	12	9	3	0	3	0	0	0	0	0	1
Clayton	12	2	0	2	1	0	1	0	0	0	0	0	0
Cobb	65	17	4	4	1	0	3	0	0	0	0	0	2
Colquitt	3	0	0	0	0	0	1	0	0	0	0	0	0
Columbia	7	2	0	0	0	0	2	0	0	0	0	0	0
Coweta	4	3	0	1	0	0	1	0	0	0	0	0	0
Crawford	0	1	0	0	0	0	0	0	0	0	0	0	0
Crisp	2	1	0	0	0	0	0	0	0	0	0	0	0

Dawson	981	433	113	30	14	4	6	0	0	0	0	0	17
Dekalb	80	34	7	3	1	0	2	0	0	0	0	0	0
Dodge	2	0	0	0	0	0	1	0	0	0	0	0	0
Dougherty	6	0	0	0	0	0	0	0	0	0	0	0	0
Douglas	13	5	1	2	0	0	0	0	0	0	0	0	0
Early	2	0	1	0	0	0	0	0	0	0	0	0	0
Effingham	2	0	0	0	0	0	1	0	0	0	0	0	0
Elbert	20	24	3	1	0	0	0	0	0	0	0	0	0
Emanuel	2	0	0	0	0	0	0	0	0	0	0	0	1
Fannin	150	36	2	6	0	0	0	0	0	0	0	0	4
Fayette	5	3	0	1	0	1	0	0	0	0	0	0	0
Florida	122	21	1	3	0	0	1	0	0	0	0	0	4
Floyd	4	1	0	1	0	0	0	0	0	0	0	0	0
Forsyth	541	194	51	30	14	2	4	0	0	0	0	0	13
Franklin	216	144	28	13	3	0	3	0	0	0	0	0	5
Fulton	138	62	11	7	4	0	4	0	0	0	0	0	3
Gilmer	45	29	1	3	1	0	1	0	0	0	0	0	2
Glynn	0	2	0	0	0	0	0	0	0	0	0	0	0
Gordon	5	3	1	1	0	0	0	0	0	0	0	0	0
Grady	0	1	0	0	0	0	0	0	0	0	0	0	0
Greene	7	4	0	0	0	0	0	0	0	0	0	0	0
Gwinnett	3,434	1,735	374	109	41	7	44	0	0	0	0	0	33
Habersham	2,447	1,186	308	48	20	3	11	0	0	0	0	0	38
Hall	14,282	5,993	2,271	466	98	6	154	1	0	0	0	0	147
Hancock	0	2	0	0	0	0	0	0	0	0	0	0	0
Haralson	3	0	0	0	0	0	0	0	0	0	0	0	0
Harris	1	1	0	0	0	0	0	1	0	0	0	0	0
Hart	68	36	4	15	2	0	1	0	0	0	0	0	1
Henry	18	6	0	2	0	0	0	0	0	0	0	0	0
Houston	5	1	0	0	0	0	1	0	0	0	0	0	0
Jackson	3,949	2,002	590	102	31	1	36	0	0	0	0	0	45
Jasper	3	1	0	0	0	0	0	0	0	0	0	0	0
Jeff Davis	1	0	0	0	0	0	0	0	0	0	0	0	0
Jefferson	1	0	0	0	0	0	0	0	0	0	0	0	0
Jenkins	1	0	0	0	0	0	0	0	0	0	0	0	0
Jones	1	0	0	0	0	0	0	0	0	0	0	0	0
Lamar	3	0	0	0	0	0	1	0	0	0	0	0	0
Lanier	1	0	0	0	0	0	0	0	0	0	0	0	0
Laurens	2	1	0	0	0	0	0	0	0	0	0	0	0
Lee	2	1	0	0	0	0	0	0	0	0	0	0	0
Lincoln	2	0	1	0	0	0	0	0	0	0	0	0	0
Lowndes	3	2	0	1	0	0	0	0	0	0	0	0	0
Lumpkin	1,530	683	192	49	8	2	9	0	0	0	0	0	14
Macon	1	0	0	0	0	0	0	0	0	0	0	0	0

Madison	59	34	10	5	2	0	5	0	0	0	0	0	0
Mcintosh	1	0	0	0	0	0	0	0	0	0	0	0	0
Meriwether	2	0	0	0	0	0	0	0	0	0	0	0	0
Miller	1	0	0	0	0	0	0	0	0	0	0	0	0
Monroe	3	0	0	0	0	0	0	0	0	0	0	0	0
Montgomery	1	0	0	0	0	0	0	0	0	0	0	0	0
Morgan	5	11	1	0	0	0	0	0	0	0	0	0	0
Murray	6	0	0	1	0	0	0	0	0	0	0	0	0
Muscogee	9	1	0	0	0	0	1	0	0	0	0	0	1
Newton	20	16	3	3	0	0	0	0	0	0	0	0	0
North Carolina	461	131	8	1	1	0	0	0	0	0	0	0	7
Oconee	24	23	5	0	0	0	0	0	0	0	0	0	1
Oglethorpe	5	2	0	2	0	0	0	0	0	0	0	0	0
Other Out Of State	234	31	3	8	1	0	1	0	0	0	0	0	4
Paulding	5	0	0	1	1	0	1	0	0	0	0	0	0
Pickens	22	29	1	1	0	0	0	0	0	0	0	0	0
Pike	0	1	0	0	0	0	0	0	0	0	0	0	0
Polk	7	1	1	2	0	0	0	0	0	0	0	0	0
Pulaski	1	0	0	0	0	0	0	0	0	0	0	0	0
Putnam	7	2	0	1	0	0	0	0	0	0	0	0	0
Rabun	792	421	55	3	4	0	0	0	0	0	0	0	8
Richmond	4	1	0	0	0	0	1	0	0	0	0	0	0
Rockdale	5	5	0	0	0	0	0	0	0	0	0	0	0
Schley	1	0	0	0	0	0	0	0	0	0	0	0	0
Screven	1	0	0	0	0	0	0	0	0	0	0	0	0
South Carolina	81	27	3	1	1	0	1	0	0	0	0	0	0
Spalding	4	1	0	0	0	0	2	0	0	0	0	0	0
Stephens	1,121	587	81	25	6	1	8	0	0	0	0	0	16
Stewart	1	2	0	0	0	0	0	0	0	0	0	0	0
Sumter	3	0	0	1	0	0	0	0	0	0	0	0	0
Tattnall	0	1	0	0	0	0	0	0	0	0	0	0	0
Tennessee	34	9	1	1	0	0	0	0	0	0	0	0	1
Thomas	1	0	0	0	0	0	0	0	0	0	0	0	0
Tift	1	0	0	0	0	0	0	0	0	0	0	0	0
Toombs	1	1	0	0	0	0	0	0	0	0	0	0	0
Towns	372	147	8	2	1	1	1	0	0	0	0	0	9
Troup	5	0	0	0	0	0	1	0	0	0	0	0	0
Union	631	201	13	14	2	0	1	0	0	0	0	0	19
Upson	0	1	0	0	0	0	0	0	0	0	0	0	0
Walker	2	1	0	0	0	0	0	0	0	0	0	0	0
Walton	178	113	28	9	0	1	3	0	0	0	0	0	1
Ware	1	0	0	0	0	0	0	0	0	0	0	0	0
Washington	2	1	1	0	0	0	0	0	0	0	0	0	0
Wayne	2	1	0	0	0	0	0	0	0	0	0	0	0

White	2,327	995	221	45	12	0	14	0	0	0	0	0	17
Whitfield	7	3	0	0	0	0	0	0	0	0	0	0	0
Wilkes	2	2	0	0	0	0	0	0	0	0	0	0	0
Wilkinson	2	0	0	0	0	0	0	0	0	0	0	0	0
Worth	1	0	0	0	0	0	0	0	0	0	0	0	0
<b>Total</b>	<b>38,635</b>	<b>17,166</b>	<b>4,885</b>	<b>1,170</b>	<b>297</b>	<b>34</b>	<b>375</b>	<b>2</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>449</b>



## 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	2	28
Cystoscopy (OR Suite)	0	0	0
Endoscopy (OR Suite)	0	0	0
	0	0	0
<b>Total</b>	<b>0</b>	<b>2</b>	<b>28</b>

#### 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	1,568	9,385	17,657
Cystoscopy	0	0	0	0
Endoscopy	0	0	0	0
	0	0	0	0
<b>Total</b>	<b>0</b>	<b>1,568</b>	<b>9,385</b>	<b>17,657</b>

#### 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	1,509	9,120	15,657
Cystoscopy	0	0	0	0
Endoscopy	0	0	0	0
	0	0	0	0
<b>Total</b>	<b>0</b>	<b>1,509</b>	<b>9,120</b>	<b>15,657</b>

### 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	31
Asian	164
Black/African American	1,205
Hispanic/Latino	1,305
Pacific Islander/Hawaiian	0
White	14,166
Multi-Racial	295
<b>Total</b>	<b>17,166</b>

## **2. Age Grouping**

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

Age of Patient	Number of Ambulatory Patients
Ages 0-14	471
Ages 15-64	11,367
Ages 65-74	3,366
Ages 75-85	1,737
Ages 85 and Up	225
<b>Total</b>	<b>17,166</b>

## **3. Gender**

Please report the total number of ambulatory patients by gender.

Gender	Number of Ambulatory Patients
Male	6,909
Female	10,257
<b>Total</b>	<b>17,166</b>

## **4. Payment Source**

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

Primary Payment Source	Number of Patients
Medicare	5,854
Medicaid	1,792
Third-Party	8,233
Self-Pay	1,287

## **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 the 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: 10
5. Number of Cesarean Sections: 1,346
6. Total Live Births: 4,750
7. Total Births (Live and Late Fetal Deaths): 4,791
8. Total Deliveries (Births + Early Fetal Deaths and Induced Terminations): 4,997

## 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)	62	4,269	10,320	473
Specialty Care (Intermediate Neonatal Care)	14	229	4,970	482
Subspecialty Care (Intensive Neonatal Care)	4	336	3,814	147

## 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	5	14
Asian	96	217
Black/African American	371	1,057
Hispanic/Latino	1,331	3,466
Pacific Islander/Hawaiian	0	0
White	2,958	8,139
Multi-Racial	124	356
<b>Total</b>	<b>4,885</b>	<b>13,249</b>

## **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	3	7
Ages 15-44	4,875	13,196
Ages 45 and Up	7	46
<b>Total</b>	<b>4,885</b>	<b>13,249</b>

## **3. Average Charge for an Uncomplicated Delivery**

Please report the average hospital charge for an uncomplicated delivery(CPT 59400)

\$16,906.00

## **4. Average Charge for a Premature Delivery**

Please report the average hospital charge for a premature delivery.

\$30,922.00

## **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
<b>Total</b>	<b>0</b>	<b>0</b>

**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
<b>Total</b>	<b>0</b>	<b>0</b>

**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
<b>Total</b>	<b>0</b>	<b>0</b>

**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	25	25
B- General Acute Psychiatric Adolescents 13-17	7	7
C- General Acute Psychiatric Children 12 and under	4	4
D- Acute Substance Abuse Adults 18 and over	15	15
E- Acute Substance Abuse Adolescents 13-17	3	3
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	1,170	8,545	1,168	8,205	3,056	<input checked="" type="checkbox"/>
General Acute Psychiatric Adolescents 13-17	297	1,604	298	1,629	3,049	<input checked="" type="checkbox"/>
General Acute Psychiatric Children 12 and Under	34	187	33	181	2,918	<input checked="" type="checkbox"/>
Acute Substance Abuse Adults 18 and over	375	2,173	373	2,143	3,884	<input checked="" type="checkbox"/>
Acute Substance Abuse Adolescents 13-17	2	7	2	7	4,776	<input checked="" type="checkbox"/>
Extended Care Adults 18 and over	0	0	0	0	0	<input type="checkbox"/>
Extended Care Adolescents 13-17	0	0	0	0	0	<input type="checkbox"/>
Extended Care Adolescents 0-12	0	0	0	0	0	<input type="checkbox"/>

## 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	2	6
Asian	12	80
Black/African American	268	1,902
Hispanic/Latino	134	747
Pacific Islander/Hawaiian	0	0
White	1,417	9,413
Multi-Racial	45	368
<b>Total</b>	<b>1,878</b>	<b>12,516</b>

### 2. Gender

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

Gender of Patient	Admissions	Inpatient Days
Male	975	6,632
Female	903	5,884
<b>Total</b>	<b>1,878</b>	<b>12,516</b>

### 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	160	1,296
Medicaid	495	3,628
Third Party	716	4,265
Self-Pay	507	3,327
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? 13** (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 Intpreter

Telephone Interpreter Service

Refer Patient to Outside Agency

Other (please describe):

Video (Language & ASL)

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
0	0	0	0	0
0	0	0	0	0
0	0	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?

Classes on cultural competency awareness are provided for existing staff. Several staff members



have been identified and trained as certified interpreters. Each year, during the annual mandatory education, an employee's cultural awareness is discussed including the usage of interpreters and their importance in communicating with non English-speaking patients. In general orientation our new staff are trained about the Interpreter Program. Discussion involves how to access interpreters and usage of the language line for various types of languages. New staff receive information that incorporates cultural awareness in communicating and providing care to patients and their families. The organization offers Interpreter skills training classes which include medical terminology.

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?

None needed. We offer a web page for LEP patient needs, badges to identify all assessed interpreters, wireless interpreting device for LEP and hearing impaired patients, as well as telephonic interpreting line and document translation program.

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

1. English with some Braille      2. Visual Wayfinding      3.      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?

Health Care Centers/Clinics include: Hall County Health Department, Good News at Noon, Health Access Initiative, MedLink, Community Helping Hands Clinic, Good Shepherd Clinic, Community Helping Place, Good Samaritan Health Center of Gwinnett, Open Arms Clinic, Georgia Mountain Health

## 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	3	46
Black/African American	24	511
Hispanic/Latino	24	465
Pacific Islander/Hawaiian	0	0
White	391	5,812
Multi-Racial	7	99

#### 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	239	3,744
Female	210	3,189

#### 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	153	2,839
65-84	240	3,301
85 Up	56	793

### 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	441
Long Term Care Hospital	5
Skilled Nursing Facility	2
Traumatic Brain Injury Facility	0

Other	1
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### 1. Payers

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

Primary Payment Source	Admissions
Medicare	291
Third Party/Commercial	89
Self Pay	41
Other	28

### 2. Uncompensated Indigent and Charity Care

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

34

## 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	136
2. Brain Injury	58
3. Amputation	16
4. Spinal Cord	35
5. Fracture of the femur	79
6. Neurological disorders	23
7. Multiple Trauma	21
8. Congenital deformity	0
9. Burns	0
10. Osteoarthritis	0
11. Rheumatoid arthritis	0
12. Systemic vasculidities	0
13. Joint replacement	3
All Other	78

## 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:** Michael Covert

**Date:** 3/4/2022

**Title:** Chief Operating Officer

**Comments:**

The data presented in the AHQ and related addenda reflects the beds and services of both NGMC's Main Campus, and South Hall Braselton Campus which are licensed and operated as a single hospital. The South Hall Braselton Campus inpatient and other related services commenced on 04/01/2015 pursuant to the CON authorization GA2006-140.

D.1. Set up and Staffed bed totals are less than NGMC's approved complement of 691, the number of beds combined on the Main Campus and South Hall Braselton Campus.

D.1—Set up and staffed beds are less than NGMC's historical complement of 691 CON-authorized acute care beds (the combined number of beds on the Main Campus and the South Hall Braselton Campus) plus the newly approved complement of 144 additional acute care beds for the Main Campus (CON Project No. GA 2021-014). Also, the SUS beds do not include any temporary acute care beds authorized under Public Health Emergency.

D.1.a - Inpatient and discharge days include inpatient LDR and C-section room days; LDRs are not acute care beds.

D.1—Admissions/Inpatient Days/Discharges/Discharge Days data reflect the type of patient regardless of the type of bed/unit where the patient received care. For example, some intensive care patients received care in med/surg units during 2021. As another example, some med/surg patients received care in rehab beds (pursuant to PHE waivers) during 2021.

D.1.a – Gynecology (not OB) beds are reported as part of the Medical/Surgical beds.

D.2 - The multi-racial category includes patients who declined to indicate their race and were included in an "other" category on the hospital's records. The same is true for payor breakdowns in the Psych, Surgical and Perinatal Addendums.

E.4. Note 1: NGMC is not able to track visits by type of ED bed.

E.4 The majority of transfers were to SNFs and other non-general acute care hospitals.

E.5. The transfer data include both transfers to non-Northeast Georgia Health System facilities and transfer/transports within the Northeast Georgia Health System.

E.8 & E9. This diversion is specific to Ambulance Diversions.

E.9—The reported ambulance diversion hours were only for psych, not for all services.

F.1b—Ambulance trips data reflect EMS arrivals at the hospital.

F.1b—Hospice and respite patients are estimated based on system-wide 2021 experience of Northeast Georgia hospitals.

G.3. Physician Race information is not captured during the medical staff application process.

G.3 and 4—Effective January 1, 2021, the system has a unified medical staff, meaning that most physicians are on the medical staff of all Northeast Georgia hospitals.

Nursing Addendum—All Northeast Georgia system hospital nurses with multi-state licenses are shown on the nursing addendum submitted with the NGMC AHQ.

G.4.Note 1: NGMC physicians do not report Medicaid/PeachCare/PEHB plan provider status to the hospital. NGMC has attempted to gather data regarding physician enrollment in those programs but recognizes that its data are likely incomplete. NGMC also recognizes that it is very likely that a greater number of its medical staff are enrolled providers in those programs than reflected in the data reported here.

Surgical Services Addendum - Northeast Georgia Medical Center has 4 dedicated endoscopy suites adjacent to the main campus OR suite. Those suites and their related volumes are not reported in the surgical services addendum.

Perinatal Services Addendum - Specialty Care admissions include admissions from sub-specialty care unit.

Minority Health Addendum - Part 3. NGMC does not have reliable data to report.

Minority Health Addendum - Part 6. Signage on the hospital campus utilizes universal symbols and numbers to direct non-English speaking patients to the appropriate locations. Signs are marked with braille lettering to assist the sight-impaired in locating their intended destination.

Nursing Addendum—All Northeast Georgia system hospital nurses with multi-state licenses are shown on the nursing addendum submitted with the NGMC AHQ.