



GEORGIA DEPARTMENT OF  
COMMUNITY HEALTH

**2024 Annual Hospital Questionnaire**

**Part A : General Information**

**1. Identification**

**UID:HOSP611**

**Facility Name:** Northeast Georgia Medical Center

**County:** Hall

**Street Address:** 743 Spring Street

**City:** Gainesville

**Zip:** 30501

**Mailing Address:** 743 Spring Street NE

**Mailing City:** Gainesville

**Mailing Zip:** 30501

**Medicaid Provider Number:** 0000888A

**Medicare Provider Number:** 110029

**2. Report Period**

Report Data for the full twelve month period- January 1, 2024 through December 31, 2024.

***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 of Strategy and Planning

**Phone:** 770-219-6631

**Fax:** 770-219-5439

**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(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	<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)	65	5,581	15,112	5,566	15,061
Pediatrics (Non ICU)	18	294	1,010	298	1,027
Pediatric ICU	0	0	0	0	0
Gynecology (No OB)	0	163	599	162	602
General Medicine	0	0	0	0	0
General Surgery	0	0	0	0	0
Medical/Surgical	503	20,838	155,528	20,829	156,802
Intensive Care	103	11,031	54,976	11,047	54,388
Psychiatry	25	1,643	10,810	1,642	10,900
Substance Abuse	15	401	2,014	401	2,046
Adult Physical Rehabilitation (18 & Up)	24	478	7,619	478	7,456
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	424	2,410	420	2,389
	0	0	0	0	0
	0	0	0	0	0
<b>Total</b>	<b>767</b>	<b>40,853</b>	<b>250,078</b>	<b>40,843</b>	<b>250,671</b>

## **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	77	561
Asian	499	2,970
Black/African American	3,533	25,585
Hispanic/Latino	4,372	20,711
Pacific Islander/Hawaiian	0	0
White	31,683	195,986
Multi-Racial	689	4,265
<b>Total</b>	<b>40,853</b>	<b>250,078</b>

## **3. Gender**

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

Gender	Admissions	Inpatient Days
Male	17,953	120,405
Female	22,900	129,673
<b>Total</b>	<b>40,853</b>	<b>250,078</b>

## **4. Payment Source**

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

Primary Payment Source	Admissions	Inpatient Days
Medicare	20,292	140,259
Medicaid	5,046	24,480
Peachare	0	0
Third-Party	10,121	51,507
Self-Pay	3,844	23,564
Other	1,550	10,268

## **5. Discharges to Death**

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

1,181

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

Please report the hospital's average charges as of 12-31-2024 (to the nearest whole dollar).

Service	Charge
Private Room Rate	1,911
Semi-Private Room Rate	1,911
Operating Room: Average Charge for the First Hour	11,619
Average Total Charge for an Inpatient Day	16,864

## Part E : Emergency Department and Outpatient Services

### **1. Emergency Visits**

Please report the number of emergency visits only.

149,014

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

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

25,437

### **3. Beds Available**

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

150

### **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	11	0
General Beds	75	0
Overflow	29	0
Minor Acuity	32	0
Sexual Assault	1	0
	0	0

### **5. Transfers**

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

2,875

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

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

367,071

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

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

24,566

### **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

0

## 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.

1,816

## 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.

Category	Total
Number of Podiatric Patients	767
Number of Dialysis Treatments	9,053
Number of ESWL Patients	114
Number of ESWL Procedures	124
Number of ESWL Units	0
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	154,771
Number of CTS Units (machines)	10
Number of CTS Procedures	131,753
Number of Diagnostic Radioisotope Procedures	3,416
Number of PET Units (machines)	3
Number of PET Procedures	6,691
Number of Therapeutic Radioisotope Procedures	0
Number of Number of MRI Units	10
Number of Number of MRI Procedures	40,601
Number of Chemotherapy Treatments	3,302
Number of Respiratory Therapy Treatments	214,821
Number of Occupational Therapy Treatments	126,992
Number of Physical Therapy Treatments	299,730
Number of Speech Pathology Patients	2,189
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	257
Number of HIV/AIDS Patients	23
Number of Ambulance Trips	34,452
Number of Hospice Patients	1,873
Number of Respite care Patients	111
Number of Ultrasound/Medical Sonography Units	14
Number of Ultrasound/Medical Sonography Procedures	40,649
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).

121

**3. Robotic Surgery System**

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

# Units	# Procedures	Type of Unit(s)
8	4,396	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 12-31-2024. Also, include the number of contract or temporary staff (eg. agency nurses) filling budgeted vacancies as of 12-31-2024.

Profession	Budgeted FTEs	Vacant Budgeted FTEs	Contract/Temporary Staff FTEs
Licensed Physicians	243.00	0.00	0.00
Physician Assistants Only (not including Licensed Physicians)	0.00	0.00	0.00
Registered Nurses (RNs-Advanced Practice*)	1,985.50	432.65	95.54
Licensed Practical Nurses (LPNs)	54.10	14.05	3.96
Pharmacists	51.20	6.38	0.00
Other Health Services Professionals*	2,194.10	222.40	13.14
Administration and Support	841.10	13.00	0.00
All Other Hospital Personnel (not included above)	1,119.90	68.51	1.42

### 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)	61-90 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 Plan 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	42	<input type="checkbox"/>	35	38
General Internal Medicine	151	<input type="checkbox"/>	142	126
Pediatricians	52	<input type="checkbox"/>	34	28
Other Medical Specialties	279	<input type="checkbox"/>	223	187

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	28	<input type="checkbox"/>	27	25
Non-OB Physicians Providing OB Services	0	<input type="checkbox"/>	0	0
Gynecology	13	<input type="checkbox"/>	10	10
Ophthalmology Surgery	11	<input type="checkbox"/>	4	1
Orthopedic Surgery	26	<input type="checkbox"/>	20	23
Plastic Surgery	6	<input type="checkbox"/>	4	6
General Surgery	28	<input type="checkbox"/>	26	26
Thoracic Surgery	0	<input type="checkbox"/>	0	0
Other Surgical Specialties	38	<input type="checkbox"/>	28	26

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	43	<input checked="" type="checkbox"/>	43	43
Dermatology	8	<input type="checkbox"/>	2	1
Emergency Medicine	59	<input checked="" type="checkbox"/>	59	59
Nuclear Medicine	0	<input type="checkbox"/>	0	0
Pathology	8	<input checked="" type="checkbox"/>	8	8
Psychiatry	23	<input type="checkbox"/>	23	8
Radiology	39	<input checked="" type="checkbox"/>	39	39
Trauma & Acute Care	9	<input checked="" type="checkbox"/>	9	9
Neonatology	6	<input checked="" type="checkbox"/>	6	6
	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	11
Podiatrists	17
Certified Nurse Midwives with Clinical Privileges in the Hospital	25
All Other Staff Affiliates with Clinical Privileges in the Hospital	255

**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:**

[illegible]



Lincoln	1	0	0	0	0	0	0	0	0	0	0	0
Long	0	1	0	0	0	0	0	0	0	0	0	0
Lowndes	5	0	0	1	0	0	0	0	0	0	0	0
Lumpkin	1,491	696	191	75	30	2	25	1	0	0	0	17
Macon	3	1	0	0	0	0	0	0	0	0	0	0
Madison	48	32	9	5	0	0	0	0	0	0	0	1
Mcduffie	1	1	0	0	0	0	0	0	0	0	0	0
Mcintosh	1	0	0	0	0	0	0	0	0	0	0	0
Meriwether	1	1	0	0	0	0	0	0	0	0	0	0
Monroe	3	0	0	0	0	0	0	0	0	0	0	0
Morgan	7	3	1	1	0	0	0	0	0	0	0	0
Murray	2	2	0	0	0	0	0	0	0	0	0	0
Muscogee	6	4	0	0	1	0	0	0	0	0	0	0
Newton	17	7	1	3	0	0	1	0	0	0	0	1
North Carolina	707	241	12	11	0	0	8	0	0	0	0	11
Oconee	34	21	3	4	0	3	0	0	0	0	0	1
Oglethorpe	15	1	1	0	0	0	0	0	0	0	0	1
Other Out of State	239	39	2	13	0	0	1	0	0	0	0	3
Paulding	9	3	1	0	0	0	0	0	0	0	0	1
Peach	3	2	0	0	0	0	0	0	0	0	0	0
Pickens	40	18	1	3	1	0	1	0	0	0	0	1
Pike	0	1	0	0	0	0	0	0	0	0	0	0
Polk	1	3	0	0	0	0	0	0	0	0	0	0
Pulaski	1	0	0	0	0	0	0	0	0	0	0	0
Putnam	5	2	0	0	0	0	0	0	0	0	0	0
Rabun	957	433	75	27	5	0	5	0	0	0	0	9
Richmond	6	6	0	1	0	0	0	0	0	0	0	0
Rockdale	19	3	1	3	0	0	0	0	0	0	0	0
Screven	1	0	0	0	0	0	0	0	0	0	0	0
Seminole	1	0	0	0	0	0	0	0	0	0	0	0
South Carolina	88	46	5	4	0	0	2	0	0	0	0	0
Spalding	11	1	0	0	0	0	0	0	0	0	0	0
Stephens	1,463	621	117	38	11	0	9	1	0	0	0	20
Tattnall	1	0	0	0	0	0	0	0	0	0	0	0
Tennessee	51	15	0	1	0	0	1	0	0	0	0	1
Tift	0	1	0	0	0	0	0	0	0	0	0	0
Toombs	3	0	0	0	0	0	0	0	0	0	0	0
Towns	457	130	10	3	1	0	1	0	0	0	0	4
Treutlen	1	0	0	0	0	0	0	0	0	0	0	0
Troup	1	2	0	0	0	0	1	0	0	0	0	0
Union	748	193	13	14	4	0	0	0	0	0	0	25
Upson	2	0	2	0	0	0	0	0	0	0	0	0
Walker	9	2	0	3	0	0	0	0	0	0	0	0
Walton	182	120	35	8	2	0	2	0	0	0	0	0

Warren	1	2	0	0	0	0	0	0	0	0	0	0	0
Washington	3	0	1	0	0	0	0	0	0	0	0	0	0
White	2,275	1,109	195	79	27	1	24	1	0	0	0	0	26
Whitfield	8	2	0	2	0	0	0	0	0	0	0	0	0
Wilkes	4	1	1	2	0	0	0	0	0	0	0	0	0
Worth	1	0	0	0	0	0	0	0	0	0	0	0	0
Total	40,853	18,092	5,581	1,643	370	42	401	12	0	0	0	0	478



## 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	29
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>29</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	1,628	10,151	18,137
Cystoscopy	0	0	0	0
Endoscopy	0	0	0	0
	0	0	0	0
<b>Total</b>	<b>0</b>	<b>1,628</b>	<b>10,151</b>	<b>18,137</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	1,603	10,151	16,489
Cystoscopy	0	0	0	0
Endoscopy	0	0	0	0
	0	0	0	0
<b>Total</b>	<b>0</b>	<b>1,603</b>	<b>10,151</b>	<b>16,489</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	44
Asian	207
Black/African American	1,196
Hispanic/Latino	2,072
Pacific Islander/Hawaiian	0
White	14,287
Multi-Racial	286
<b>Total</b>	<b>18,092</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	101
Ages 15-64	11,356
Ages 65-74	4,208
Ages 75-85	2,117
Ages 85 and Up	310
<b>Total</b>	<b>18,092</b>

## **3. Gender**

Please report the total number of ambulatory patients by gender.

Gender	Number of Ambulatory Patients
Male	7,400
Female	10,692
<b>Total</b>	<b>18,092</b>

## **4. Payment Source**

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

Primary Payment Source	Number of Patients
Medicare	6,882
Medicaid	1,248
Third-Party	8,882
Self-Pay	1,080

## **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: 28
4. Number of LDRP Rooms: 0
5. Number of Cesarean Sections: 1,630
6. Total Live Births: 5,413
7. Total Births (Live and Late Fetal Deaths): 5,463
8. Total Deliveries (Births + Early Fetal Deaths and Induced Terminations): 5,701

## 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	5,011	11,123	268
Specialty Care (Intermediate Neonatal Care)	20	153	5,471	329
Subspecialty Care (Intensive Neonatal Care)	4	361	4,242	75

## 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	8	20
Asian	123	292
Black/African American	479	1,486
Hispanic/Latino	1,815	4,659
Pacific Islander/Hawaiian	0	0
White	3,006	8,237
Multi-Racial	150	418
<b>Total</b>	<b>5,581</b>	<b>15,112</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	2	3
Ages 15-44	5,568	15,072
Ages 45 and Up	11	37
<b>Total</b>	<b>5,581</b>	<b>15,112</b>

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

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

\$23,205.00

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

Please report the average hospital charge for a premature delivery.

\$35,585.00

## **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	1,643	10,810	1,642	10,900	3,547	<input checked="" type="checkbox"/>
General Acute Psychiatric Adolescents 13-17	370	2,114	367	2,100	3,615	<input checked="" type="checkbox"/>
General Acute Psychiatric Children 12 and Under	42	228	42	228	3,614	<input checked="" type="checkbox"/>
Acute Substance Abuse Adults 18 and over	401	2,014	401	2,046	4,327	<input checked="" type="checkbox"/>
Acute Substance Abuse Adolescents 13-17	12	68	11	61	3,902	<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	4	41
Asian	17	123
Black/African American	284	1,979
Hispanic/Latino	282	1,764
Pacific Islander/Hawaiian	0	0
White	1,818	10,963
Multi-Racial	63	364
<b>Total</b>	<b>2,468</b>	<b>15,234</b>

### 2. Gender

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

Gender of Patient	Admissions	Inpatient Days
Male	1,206	7,295
Female	1,262	7,939
<b>Total</b>	<b>2,468</b>	<b>15,234</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	303	2,223
Medicaid	419	3,117
Third Party	938	5,151
Self-Pay	808	4,743
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? 14 (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 Interpreter ☐

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 qualified 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. A Cultural Competency class is offered at the RN's Residency Program every 3 months and in-service about the interpreting services can be provided in any department's staff meeting per request.

**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, Grace Gate Clinic, New Beginning Domestic Violence Shelter

## 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	1	21
Asian	10	150
Black/African American	37	681
Hispanic/Latino	12	283
Pacific Islander/Hawaiian	0	0
White	412	6,538
Multi-Racial	6	98

#### 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	258	4,218
Female	220	3,553

#### 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	136	2,516
65-84	271	4,126
85 Up	71	1,129

### 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	474
Long Term Care Hospital	2
Skilled Nursing Facility	1
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	343
Third Party/Commercial	90
Self Pay	30
Other	15

### 2. Uncompensated Indigent and Charity Care

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

25

## 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	161
2. Brain Injury	50
3. Amputation	23
4. Spinal Cord	50
5. Fracture of the femur	84
6. Neurological disorders	14
7. Multiple Trauma	32
8. Congenital deformity	0
9. Burns	0
10. Osteoarthritis	0
11. Rheumatoid arthritis	0
12. Systemic vasculidities	0
13. Joint replacement	7
All Other	57

## 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:** John Kueven

**Date:** 3/7/2025

**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 beds include 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 56 of the approved 144 additional acute care beds for the Main Campus (CON Project No. GA 2021-014), and additional 54 of the approved complement of 150 additional acute care beds for the South Hall Braselton Campus (Project No. GA 2022-035).

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 2023. As another example, some med/surg patients received care in rehab beds (pursuant to PHE waivers) during 2024.

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.

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

F.1b - Hospice and respite patients are estimated based on system-wide 2024 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.

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.

Perinatal Services Addendum -The number of Average charge for an unduplicated delivery reported in 2023 was incorrect. The number of Average charge for an unduplicated delivery reported should

have been \$21,370.

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.