



## 2024 Annual Hospital Questionnaire

### Part A : General Information

#### 1. Identification

UID:HOSP615

**Facility Name:** Wellstar Kennestone Regional Medical Center

**County:** Cobb

**Street Address:** 677 Church Street NE

**City:** Marietta

**Zip:** 30060

**Mailing Address:** 677 Church Street NE

**Mailing City:** Marietta

**Mailing Zip:** 30060-1148

**Medicaid Provider Number:** 000001119A

**Medicare Provider Number:** 110035

#### 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:** James Satcher

**Contact Title:** Regulatory Planning Consultant

**Phone:** 470-991-1834

**Fax:** 770-509-4217

**E-mail:** James.Satcher@wellstar.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
Cobb County Kennestone Hospital Authority	Hospital Authority	1/1/1948

#### 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
Kennestone Hospital, Inc.	Not for Profit	2/16/1993

#### D. Operator's Parent Organization

Full Legal Name (Or Not Applicable)	Organization Type	Effective Date
Wellstar Health System, Inc	Not for Profit	2/16/1993

#### 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:** Wellstar Health System, Inc

**City:** Marietta **State:** GA

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: Georgia Alliance of Community Health (GACH)

City: Tifton State: GA

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

Name:

City: State:

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 type="checkbox"/>	<input type="checkbox"/>	<input 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 checked="" 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)	60	6,058	17,699	6,055	17,792
Pediatrics (Non ICU)	12	1,438	2,544	1,418	2,345
Pediatric ICU	6	270	569	273	416
Gynecology (No OB)	0	0	0	0	0
General Medicine	0	0	0	0	0
General Surgery	0	0	0	0	0
Medical/Surgical	446	30,893	172,950	30,876	176,829
Intensive Care	89	6,314	26,689	6,311	27,305
Psychiatry	0	0	0	0	0
Substance Abuse	0	0	0	0	0
Adult Physical Rehabilitation (18 & Up)	20	577	7,049	571	7,073
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
<b>Total</b>	<b>633</b>	<b>45,550</b>	<b>227,500</b>	<b>45,504</b>	<b>231,760</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	129	592
Asian	864	3,805
Black/African American	10,294	56,027
Hispanic/Latino	4,343	17,085
Pacific Islander/Hawaiian	31	100
White	27,584	139,135
Multi-Racial	2,305	10,756
<b>Total</b>	<b>45,550</b>	<b>227,500</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	19,045	107,123
Female	26,505	120,377
<b>Total</b>	<b>45,550</b>	<b>227,500</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	21,360	123,584
Medicaid	4,644	18,920
Peachare	5	10
Third-Party	14,815	62,521
Self-Pay	3,693	17,074
Other	1,033	5,391

## **5. Discharges to Death**

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

915

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

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

<b>Service</b>	<b>Charge</b>
Private Room Rate	2,409
Semi-Private Room Rate	2,409
Operating Room: Average Charge for the First Hour	9,448
Average Total Charge for an Inpatient Day	22,996

## Part E : Emergency Department and Outpatient Services

### **1. Emergency Visits**

Please report the number of emergency visits only.

147,898

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

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

31,479

### **3. Beds Available**

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

173

### **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	12	2,102
Beds or Rooms dedicated for Psychiatric /Substance Abuse cases	12	7,100
General Beds	133	116,999
Pediatrics	16	21,697
	0	0
	0	0
	0	0

### **5. Transfers**

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

3,309

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

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

365,668

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

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

4,870

### **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

54.00

## 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.

2,111

## 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	1	1
Biliary Lithotripter	1	1
Kidney Transplants	3	4
Heart Transplants	3	4
Other-Organ/Tissues Transplants	1	1
Diagnostic X-Ray	1	1
Computerized Tomography Scanner (CTS)	1	1
Radioisotope, Diagnostic	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	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	3,084
Number of Dialysis Treatments	8,905
Number of ESWL Patients	49
Number of ESWL Procedures	49
Number of ESWL Units	1
Number of Biliary Lithotripter Procedures	7
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	267,632
Number of CTS Units (machines)	16
Number of CTS Procedures	155,125
Number of Diagnostic Radioisotope Procedures	7,563
Number of PET Units (machines)	1
Number of PET Procedures	3,509
Number of Therapeutic Radioisotope Procedures	341
Number of Number of MRI Units	11
Number of Number of MRI Procedures	33,077
Number of Chemotherapy Treatments	8
Number of Respiratory Therapy Treatments	177,657
Number of Occupational Therapy Treatments	99,322
Number of Physical Therapy Treatments	305,235
Number of Speech Pathology Patients	36,715
Number of Gamma Ray Knife Procedures	0
Number of Gamma Ray Knife Units	0
Number of Audiology Patients	1
Number of HIV/AIDS Diagnostic Procedures	242
Number of HIV/AIDS Patients	165
Number of Ambulance Trips	0
Number of Hospice Patients	0
Number of Respite care Patients	0
Number of Ultrasound/Medical Sonography Units	21
Number of Ultrasound/Medical Sonography Procedures	61,461
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).

151

**3. Robotic Surgery System**

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

# Units	# Procedures	Type of Unit(s)
7	2,362	daVinci

## 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	0.00	0.00	0.00
Physician Assistants Only (not including Licensed Physicians)	0.00	0.00	0.00
Registered Nurses (RNs-Advanced Practice*)	2,003.00	252.00	116.00
Licensed Practical Nurses (LPNs)	52.00	7.00	0.00
Pharmacists	73.00	8.00	0.00
Other Health Services Professionals*	1,682.00	197.00	61.00
Administration and Support	2,080.00	42.00	0.00
All Other Hospital Personnel (not included above)	674.00	139.00	0.00

### 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)	31-60 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	1
Asian	403
Black/African American	269
Hispanic/Latino	62
Pacific Islander/Hawaiian	0
White	662
Multi-Racial	100

### 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	16	<input checked="" type="checkbox"/>	16	16
General Internal Medicine	201	<input checked="" type="checkbox"/>	201	201
Pediatricians	52	<input checked="" type="checkbox"/>	52	52
Other Medical Specialties	447	<input checked="" type="checkbox"/>	447	447

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	85	<input checked="" type="checkbox"/>	85	85
Non-OB Physicians Providing OB Services	0	<input type="checkbox"/>	0	0
Gynecology	69	<input type="checkbox"/>	69	69
Ophthalmology Surgery	14	<input type="checkbox"/>	0	0
Orthopedic Surgery	48	<input type="checkbox"/>	19	19
Plastic Surgery	12	<input type="checkbox"/>	0	0
General Surgery	20	<input type="checkbox"/>	20	20
Thoracic Surgery	4	<input type="checkbox"/>	4	4
Other Surgical Specialties	181	<input type="checkbox"/>	112	112

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	80	<input checked="" type="checkbox"/>	80	80
Dermatology	14	<input type="checkbox"/>	0	0
Emergency Medicine	121	<input checked="" type="checkbox"/>	121	121
Nuclear Medicine	1	<input type="checkbox"/>	1	1
Pathology	19	<input checked="" type="checkbox"/>	19	19
Psychiatry	15	<input type="checkbox"/>	14	14
Radiology	85	<input checked="" type="checkbox"/>	85	85
Pediatric ER	67	<input checked="" type="checkbox"/>	67	67
	0	<input type="checkbox"/>	0	0
	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	17
Podiatrists	26
Certified Nurse Midwives with Clinical Privileges in the Hospital	27
All Other Staff Affiliates with Clinical Privileges in the Hospital	753

**5b. Name of Other Professions**

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

Audiology, Behavioral Health Clinical Nurse Specialist, Clinical Psychology, Nurse Anesthetist, Nurse Practitioner, Physician Anesthesia Assistant, Physician Assistant

**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	218	44	2	0	0	0	0	0	0	0	0	0	5
Appling	2	0	0	0	0	0	0	0	0	0	0	0	0
Baldwin	5	2	0	0	0	0	0	0	0	0	0	0	0
Banks	2	4	0	0	0	0	0	0	0	0	0	0	0
Barrow	21	11	2	0	0	0	0	0	0	0	0	0	0
Bartow	1,395	672	291	0	0	0	0	0	0	0	0	0	15
Ben Hill	2	1	0	0	0	0	0	0	0	0	0	0	0
Berrien	1	1	0	0	0	0	0	0	0	0	0	0	0
Bibb	26	2	2	0	0	0	0	0	0	0	0	0	1
Bryan	4	1	0	0	0	0	0	0	0	0	0	0	0
Bulloch	3	1	0	0	0	0	0	0	0	0	0	0	0
Burke	4	0	0	0	0	0	0	0	0	0	0	0	1
Butts	44	11	0	0	0	0	0	0	0	0	0	0	0
Calhoun	3	1	0	0	0	0	0	0	0	0	0	0	0
Camden	5	1	1	0	0	0	0	0	0	0	0	0	0
Carroll	329	155	47	0	0	0	0	0	0	0	0	0	7
Catoosa	2	1	0	0	0	0	0	0	0	0	0	0	0
Chatham	17	4	2	0	0	0	0	0	0	0	0	0	0
Chattooga	18	11	2	0	0	0	0	0	0	0	0	0	0
Cherokee	5,402	2,241	702	0	0	0	0	0	0	0	0	0	84
Clarke	14	10	1	0	0	0	0	0	0	0	0	0	0
Clayton	123	66	13	0	0	0	0	0	0	0	0	0	0
Clinch	1	0	0	0	0	0	0	0	0	0	0	0	0
Cobb	27,490	8,196	3,490	0	0	0	0	0	0	0	0	0	298
Coffee	1	0	0	0	0	0	0	0	0	0	0	0	0
Colquitt	1	2	0	0	0	0	0	0	0	0	0	0	0
Columbia	11	1	3	0	0	0	0	0	0	0	0	0	0

Coweta	62	41	4	0	0	0	0	0	0	0	0	0	1
Crawford	0	2	0	0	0	0	0	0	0	0	0	0	0
Crisp	1	1	0	0	0	0	0	0	0	0	0	0	0
Dade	4	3	0	0	0	0	0	0	0	0	0	0	0
Dawson	26	11	0	0	0	0	0	0	0	0	0	0	3
Decatur	3	0	1	0	0	0	0	0	0	0	0	0	0
DeKalb	370	179	67	0	0	0	0	0	0	0	0	0	1
Dodge	0	4	0	0	0	0	0	0	0	0	0	0	0
Dooly	2	1	0	0	0	0	0	0	0	0	0	0	0
Dougherty	4	2	0	0	0	0	0	0	0	0	0	0	0
Douglas	1,182	482	138	0	0	0	0	0	0	0	0	0	23
Early	0	1	0	0	0	0	0	0	0	0	0	0	0
Effingham	1	0	0	0	0	0	0	0	0	0	0	0	0
Elbert	0	2	0	0	0	0	0	0	0	0	0	0	0
Emanuel	1	0	0	0	0	0	0	0	0	0	0	0	0
Evans	1	0	0	0	0	0	0	0	0	0	0	0	0
Fannin	54	30	4	0	0	0	0	0	0	0	0	0	0
Fayette	37	27	7	0	0	0	0	0	0	0	0	0	0
Florida	164	35	3	0	0	0	0	0	0	0	0	0	2
Floyd	74	58	15	0	0	0	0	0	0	0	0	0	0
Forsyth	103	75	15	0	0	0	0	0	0	0	0	0	2
Franklin	6	1	0	0	0	0	0	0	0	0	0	0	0
Fulton	1,558	617	198	0	0	0	0	0	0	0	0	0	17
Gilmer	169	63	12	0	0	0	0	0	0	0	0	0	5
Glynn	2	1	0	0	0	0	0	0	0	0	0	0	0
Gordon	75	48	14	0	0	0	0	0	0	0	0	0	1
Greene	5	2	0	0	0	0	0	0	0	0	0	0	0
Gwinnett	241	176	36	0	0	0	0	0	0	0	0	0	4
Habersham	3	10	0	0	0	0	0	0	0	0	0	0	0
Hall	31	30	4	0	0	0	0	0	0	0	0	0	0
Hancock	4	1	0	0	0	0	0	0	0	0	0	0	0
Haralson	87	43	16	0	0	0	0	0	0	0	0	0	1
Harris	28	10	0	0	0	0	0	0	0	0	0	0	1
Hart	4	1	0	0	0	0	0	0	0	0	0	0	0
Heard	35	12	0	0	0	0	0	0	0	0	0	0	0
Henry	124	62	14	0	0	0	0	0	0	0	0	0	0
Houston	14	4	2	0	0	0	0	0	0	0	0	0	0
Jackson	10	7	0	0	0	0	0	0	0	0	0	0	0
Jasper	6	2	0	0	0	0	0	0	0	0	0	0	0
Jeff Davis	1	1	0	0	0	0	0	0	0	0	0	0	0
Johnson	1	0	0	0	0	0	0	0	0	0	0	0	0
Lamar	21	10	0	0	0	0	0	0	0	0	0	0	0
Lanier	1	0	0	0	0	0	0	0	0	0	0	0	0
Laurens	3	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
Liberty	3	0	0	0	0	0	0	0	0	0	0	0	0
Lowndes	5	1	1	0	0	0	0	0	0	0	0	0	0
Lumpkin	7	6	0	0	0	0	0	0	0	0	0	0	0
Madison	0	1	0	0	0	0	0	0	0	0	0	0	0
Marion	5	0	0	0	0	0	0	0	0	0	0	0	0
McDuffie	4	0	0	0	0	0	0	0	0	0	0	0	0
Meriwether	54	7	1	0	0	0	0	0	0	0	0	0	0
Mitchell	1	0	0	0	0	0	0	0	0	0	0	0	0
Monroe	8	3	1	0	0	0	0	0	0	0	0	0	0
Morgan	4	1	0	0	0	0	0	0	0	0	0	0	0
Murray	13	8	0	0	0	0	0	0	0	0	0	0	2
Muscogee	46	17	0	0	0	0	0	0	0	0	0	0	0
Newton	41	20	11	0	0	0	0	0	0	0	0	0	0
North Carolina	81	25	2	0	0	0	0	0	0	0	0	0	2
Oconee	4	1	1	0	0	0	0	0	0	0	0	0	0
Oglethorpe	1	0	0	0	0	0	0	0	0	0	0	0	0
Other Out of State	455	47	22	0	0	0	0	0	0	0	0	0	11
Paulding	3,866	1,922	827	0	0	0	0	0	0	0	0	0	76
Peach	2	0	0	0	0	0	0	0	0	0	0	0	0
Pickens	293	128	28	0	0	0	0	0	0	0	0	0	7
Pike	27	3	0	0	0	0	0	0	0	0	0	0	0
Polk	166	106	36	0	0	0	0	0	0	0	0	0	0
Pulaski	1	2	0	0	0	0	0	0	0	0	0	0	0
Putnam	3	2	0	0	0	0	0	0	0	0	0	0	0
Rabun	4	1	0	0	0	0	0	0	0	0	0	0	0
Randolph	2	0	0	0	0	0	0	0	0	0	0	0	0
Richmond	19	5	2	0	0	0	0	0	0	0	0	0	0
Rockdale	31	20	7	0	0	0	0	0	0	0	0	0	0
Schley	1	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	0
South Carolina	61	13	3	0	0	0	0	0	0	0	0	0	0
Spalding	161	20	1	0	0	0	0	0	0	0	0	0	0
Stephens	1	4	0	0	0	0	0	0	0	0	0	0	0
Stewart	3	0	0	0	0	0	0	0	0	0	0	0	0
Sumter	5	1	0	0	0	0	0	0	0	0	0	0	1
Talbot	2	0	0	0	0	0	0	0	0	0	0	0	0
Tattnall	3	0	0	0	0	0	0	0	0	0	0	0	1
Taylor	3	1	0	0	0	0	0	0	0	0	0	0	0
Telfair	1	0	0	0	0	0	0	0	0	0	0	0	0
Tennessee	79	14	2	0	0	0	0	0	0	0	0	0	0
Terrell	1	0	0	0	0	0	0	0	0	0	0	0	0
Thomas	1	0	0	0	0	0	0	0	0	0	0	0	0
Tift	1	2	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	8	7	0	0	0	0	0	0	0	0	0	0	0
Troup	291	41	0	0	0	0	0	0	0	0	0	0	4
Turner	1	0	0	0	0	0	0	0	0	0	0	0	0
Twiggs	6	0	0	0	0	0	0	0	0	0	0	0	1
Union	13	14	0	0	0	0	0	0	0	0	0	0	0
Upson	16	2	1	0	0	0	0	0	0	0	0	0	0
Walker	10	6	1	0	0	0	0	0	0	0	0	0	0
Walton	19	16	0	0	0	0	0	0	0	0	0	0	0
Ware	3	0	0	0	0	0	0	0	0	0	0	0	0
Warren	1	0	0	0	0	0	0	0	0	0	0	0	0
Washington	1	1	0	0	0	0	0	0	0	0	0	0	0
Wayne	3	0	0	0	0	0	0	0	0	0	0	0	0
White	5	3	0	0	0	0	0	0	0	0	0	0	0
Whitfield	34	16	3	0	0	0	0	0	0	0	0	0	0
Wilcox	2	0	0	0	0	0	0	0	0	0	0	0	0
Wilkes	2	0	0	0	0	0	0	0	0	0	0	0	0
Wilkinson	0	1	0	0	0	0	0	0	0	0	0	0	0
<b>Total</b>	<b>45,550</b>	<b>15,986</b>	<b>6,058</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>577</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	5	10	13
Cystoscopy (OR Suite)	0	0	1
Endoscopy (OR Suite)	0	0	0
CVOR / VIOR	3	0	2
<b>Total</b>	<b>8</b>	<b>10</b>	<b>16</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	4,505	9,011	4,816	6,898
Cystoscopy	0	0	458	827
Endoscopy	0	0	0	0
CVOR / VIOR	1,330	0	886	282
<b>Total</b>	<b>5,835</b>	<b>9,011</b>	<b>6,160</b>	<b>8,007</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	4,176	8,352	4,307	6,552
Cystoscopy	0	0	448	807
Endoscopy	0	0	0	0
CVOR / VIOR	1,297	0	864	275
<b>Total</b>	<b>5,473</b>	<b>8,352</b>	<b>5,619</b>	<b>7,634</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	27
Asian	311
Black/African American	2,864
Hispanic/Latino	1,537
Pacific Islander/Hawaiian	9
White	10,176
Multi-Racial	1,062
<b>Total</b>	<b>15,986</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	1,861
Ages 15-64	9,529
Ages 65-74	2,797
Ages 75-85	1,557
Ages 85 and Up	242
<b>Total</b>	<b>15,986</b>

## **3. Gender**

Please report the total number of ambulatory patients by gender.

Gender	Number of Ambulatory Patients
Male	6,648
Female	9,338
<b>Total</b>	<b>15,986</b>

## **4. Payment Source**

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

Primary Payment Source	Number of Patients
Medicare	4,532
Medicaid	1,454
Third-Party	9,208
Self-Pay	792

## **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: 21
4. Number of LDRP Rooms: 0
5. Number of Cesarean Sections: 2,323
6. Total Live Births: 5,730
7. Total Births (Live and Late Fetal Deaths): 5,814
8. Total Deliveries (Births + Early Fetal Deaths and Induced Terminations): 5,814

## 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)	67	5,138	11,221	294
Specialty Care (Intermediate Neonatal Care)	16	177	6,603	118
Subspecialty Care (Intensive Neonatal Care)	21	419	6,260	171

## 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	33
Asian	258	758
Black/African American	1,298	4,278
Hispanic/Latino	1,402	3,581
Pacific Islander/Hawaiian	5	14
White	2,767	8,181
Multi-Racial	316	854
<b>Total</b>	<b>6,058</b>	<b>17,699</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	1	3
Ages 15-44	6,033	17,559
Ages 45 and Up	24	137
<b>Total</b>	<b>6,058</b>	<b>17,699</b>

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

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

\$35,447.00

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

Please report the average hospital charge for a premature delivery.

\$71,797.00

## **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	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	<input type="checkbox"/>
General Acute Psychiatric Adolescents 13-17	0	0	0	0	0	<input type="checkbox"/>
General Acute Psychiatric Children 12 and Under	0	0	0	0	0	<input type="checkbox"/>
Acute Substance Abuse Adults 18 and over	0	0	0	0	0	<input type="checkbox"/>
Acute Substance Abuse Adolescents 13-17	0	0	0	0	0	<input 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	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. 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>

### 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? 32 (FTE's)

What languages do they interpret?

Spanish, American Sign Language, Mandarin

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):

Interpretek and The SOS Agency - Onsite interpretation for ASL only, EquitiHealth - provides video and telephone interpretation, Remote Language Access Services - provides telephone and onsite interpretation, Language Line Solutions - provides onsite and written translation services, Wellstar internal call center which provides video audio Spanish interpreters and video Sign Language interpreters

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	74%	0	0	0
Portuguese	17%	0	0	0
Haitian Creole	2%	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?



404-785-3229

-  
Childrens At Cobb - Marietta  
1371 Church Street Extension  
Marietta, GA - 30060  
404-785-8970

-  
Marietta Public Health Center - Building A - Marietta  
1650 County Services Parkway  
Marietta, GA - 30008  
770-514-2300

## 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	12	129
Black/African American	139	1,745
Hispanic/Latino	22	264
Pacific Islander/Hawaiian	0	0
White	376	4,632
Multi-Racial	28	279

#### 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	318	3,865
Female	259	3,184

#### 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	243	2,844
65-84	291	3,685
85 Up	43	520

### 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	538
Long Term Care Hospital	15
Skilled Nursing Facility	4
Traumatic Brain Injury Facility	0

Admit from home or other non-hospital	20
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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	339
Third Party/Commercial	158
Self Pay	22
Other	58

### 2. Uncompensated Indigent and Charity Care

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

42

## 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	284
2. Brain Injury	76
3. Amputation	15
4. Spinal Cord	39
5. Fracture of the femur	25
6. Neurological disorders	39
7. Multiple Trauma	64
8. Congenital deformity	0
9. Burns	0
10. Osteoarthritis	0
11. Rheumatoid arthritis	1
12. Systemic vasculidities	0
13. Joint replacement	2
All Other	32

## 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:** Candice Saunders

**Date:** 3/7/2025

**Title:** President and C.E.O.

**Comments:**

Part E4: Trauma Registry codes are used to determine Trauma volumes in the ED. ICD-10 codes are utilized to determine psych ED volumes. Patients ages 0-17 are considered pediatric patients treated in pediatric beds. All other patients are considered treated in general ED beds for survey reporting. Utilization volumes are based on the type of clinical encounter, regardless of where within the ED the encounters take place.

- Part E.8: Hospital unable to track diverted cases.

- Part F.1.b: Hospice counts show hospice patients admitted to the hospital, not volumes connected with Wellstar-owned hospice facilities.

- Perinatal Services Addendum Parts C.1, C.2: Mothers' admissions and corresponding inpatient days do not include antepartum admissions and days.

- Minority Health Addendum: Interpreters are shared across the Wellstar Health System.

- Parts G.3 and G.4: The differences in the total number of physicians between these two categories are attributable to the physicians accounted for in G.4 who do not have admitting privileges; consistent with the survey instructions those non-admitting physicians are not counted in G.3. The reported number of physician providers enrolled in Medicaid/ PeachCare and/or public employee health benefits plan was derived from WMG and business partners who are identified to be enrolled in Medicaid and Blue Cross Blue Shield for PEHB. The hospital expects that there are additional physicians on its medical staff who are enrolled in these programs but not reflected in the survey count.

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