GEORGIA DEPARTMENT OF COMMUNITY HEALTH

2023 Annual Hospital Questionnaire

Part A : General Information

1. Identification

UID:HOSP327

Facility Name: Wellstar North Fulton Hospital

County: Fulton

Street Address: 3000 Hospital Boulevard

City: Roswell

Zip: 30076

Mailing Address: 3000 Hospital Boulevard

Mailing City: Roswell

Mailing Zip: 30076-9930

Medicaid Provider Number: 000275976A

Medicare Provider Number: 110198

2. Report Period

Report Data for the full twelve month period- January 1, 2023 through December 31, 2023.
Do not use a different report period.

Check the box to the right if your facility was **not** operational for the entire year. ☐
If your facility was **not** operational for the entire year, provide the dates the facility was operational.

Part B : Survey Contact Information

Person authorized to respond to inquiries about the responses to this survey.

Contact Name: 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
Wellstar North Fulton Hospital, Inc.	Not for Profit	4/1/2016

B. Owner's Parent Organization

Full Legal Name (Or Not Applicable)	Organization Type	Effective Date
Wellstar Health System, Inc.	Not for Profit	4/1/2016

C. Facility Operator

Full Legal Name (Or Not Applicable)	Organization Type	Effective Date
Wellstar North Fulton Hospital, Inc.	Not for Profit	4/1/2016

D. Operator's Parent Organization

Full Legal Name (Or Not Applicable)	Organization Type	Effective Date
Wellstar Health System, Inc.	Not for Profit	4/1/2016

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 Hospitals (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(PH0) ☑

4. Provider Service Organization(PSO) ☐

5. Other Managed Care or Prepaid Plan ☐

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

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

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

Part D : Inpatient Services

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

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

Category	SUS Beds	Admissions	Inpatient Days	Discharges	Discharge Days
Obstetrics (no GYN, include LDRP)	26	1,331	3,425	1,335	3,446
Pediatrics (Non ICU)	0	0	0	0	0
Pediatric ICU	0	0	0	0	0
Gynecology (No OB)	0	0	0	0	0
General Medicine	0	0	0	0	0
General Surgery	0	0	0	0	0
Medical/Surgical	111	5,960	40,009	5,946	40,450
Intensive Care	28	2,242	8,791	2,230	9,244
Psychiatry	0	0	0	0	0
Substance Abuse	0	0	0	0	0
Adult Physical Rehabilitation (18 & Up)	18	401	5,247	396	5,281
Pediatric Physical Rehabilitation (0-17)	0	0	0	0	0
Burn Care	0	0	0	0	0
Swing Bed (Include All Utilization)	0	0	0	0	0
Long Term Care Hospital (LTCH)	0	0	0	0	0
	0	0	0	0	0
	0	0	0	0	0
	0	0	0	0	0
Total	**183**	**9,934**	**57,472**	**9,907**	**58,421**

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	26	206
Asian	362	2,152
Black/African American	1,751	11,424
Hispanic/Latino	1,227	5,226
Pacific Islander/Hawaiian	10	54
White	5,955	35,242
Multi-Racial	603	3,168
Total	**9,934**	**57,472**

3. Gender

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

Gender	Admissions	Inpatient Days
Male	4,115	26,606
Female	5,819	30,866
Total	**9,934**	**57,472**

4. Payment Source

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

Primary Payment Source	Admissions	Inpatient Days
Medicare	4,619	32,681
Medicaid	824	4,221
Peachare	4	6
Third-Party	3,106	14,134
Self-Pay	1,141	4,989
Other	240	1,441

5. Discharges to Death

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

242

6. Charges for Selected Services

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

Service	Charge
Private Room Rate	2,578
Semi-Private Room Rate	2,578
Operating Room: Average Charge for the First Hour	10,881
Average Total Charge for an Inpatient Day	17,671

Part E : Emergency Department and Outpatient Services

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

39,153

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

7,248

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

33

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	1,472
Beds or Rooms dedicated for Psychiatric /Substance Abuse cases	2	1,544
General Beds	29	36,137
	0	0
	0	0
	0	0
	0	0

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

863

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

66,707

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

1,372

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

348.00

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.

324

Part F : Services and Facilities

1a. Services and Facilities

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

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

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

Service/Facilities	Site Code	Service Status
Podatric Services	1	1
Renal Dialysis	2	1
ESWL	2	1
Billiary Lithotropter	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, Diagnositic	1	1
Positron Emission Tomography (PET)	2	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	1	4
HIV/AIDS Diagnostic Treatment/Services	1	4
Ambulance Services	2	1
Hospice	3	4
Respite Care Services	3	4
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	83
Number of Dialysis Treatments	2,431
Number of ESWL Patients	5
Number of ESWL Procedures	5
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	72
Number of Diagnostic X-Ray Procedures	50,888
Number of CTS Units (machines)	4
Number of CTS Procedures	32,196
Number of Diagnostic Radioisotope Procedures	1,452
Number of PET Units (machines)	1
Number of PET Procedures	310
Number of Therapeautic Radioisotope Procedures	0
Number of Number of MRI Units	2
Number of Number of MRI Procedures	6,598
Number of Chemotherapy Treatments	275
Number of Respiratory Therapy Treatments	177,455
Number of Occupational Therapy Treatments	44,111
Number of Physical Therapy Treatments	73,748
Number of Speech Pathology Patients	1,973
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	61
Number of HIV/AIDS Patients	36
Number of Ambulance Trips	0
Number of Hospice Patients	12
Number of Respite care Patients	0
Number of Ultrasound/Medical Sonography Units	5
Number of Ultrasound/Medical Sonography Procedures	12,943
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).

105

3. Robotic Surgery System

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

# Units	# Procedures	Type of Unit(s)
2	758	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 12-31-2023. Also, include the number of contract or temporary staff (eg. agency nurses) filling budgeted vacancies as of 12-31-2023.

Profession	Budgeted FTEs	Vacant Budgeted FTEs	Contract/Temporary Staff FTEs
Licensed Physicians	0.00	0.00	0.00
Physician Assistants Only (not including Licensed Physicians)	0.00	0.00	0.00
Registered Nurses (RNs-Advanced Practice*)	470.00	45.50	54.00
Licensed Practical Nurses (LPNs)	1.00	0.00	0.00
Pharmacists	23.00	0.00	0.00
Other Health Services Professionals*	434.00	43.50	26.00
Administration and Support	337.00	11.00	0.00
All Other Hospital Personnel (not included above)	90.00	13.60	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)	61-90 Days
Pharmacists	30 Days or Less
Other Health Services Professionals	61-90 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	1
Asian	215
Black/African American	124
Hispanic/Latino	33
Pacific Islander/Hawaiian	0
White	304
Multi-Racial	69

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	12	☑	12	12
General Internal Medicine	153	☑	153	153
Pediatricians	10	☐	10	10
Other Medical Specialties	244	☐	244	244

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	18	☑	18	18
Non-OB Physicians Providing OB Services	0	☐	0	0
Gynecology	16	☐	8	8
Ophthalmology Surgery	5	☐	5	5
Orthopedic Surgery	30	☐	15	15
Plastic Surgery	11	☐	11	11
General Surgery	12	☐	12	12
Thoracic Surgery	3	☐	3	3
Other Surgical Specialties	81	☐	25	25

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	31	☑	31	31
Dermatology	4	☐	4	4
Emergency Medicine	18	☑	18	18
Nuclear Medicine	1	☐	1	1
Pathology	19	☑	19	19
Psychiatry	1	☐	1	1
Radiology	94	☑	94	94
	0	☐	0	0
	0	☐	0	0
	0	☐	0	0

5a. Non-Physicians

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

Profession	Number
Dentists (include oral surgeons) with Admitting Privleges	4
Podiatrists	4
Certified Nurse Midwives with Clinical Privileges in the Hospital	14
All Other Staff Affiliates with Clinical Privileges in the Hospital	223

5b. Name of Other Professions

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

Certified Registered Nurse Anesthesis - CRNA Certified Surgical Assistants - CSA Nurse Practitioner - NP Physician Assistants - PA Certified First Assistants - CFA Certified Registered Nurse First Assistants - CRNFA

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	18	5	1	0	0	0	0	0	0	0	0	0	0
Appling	3	0	0	0	0	0	0	0	0	0	0	0	0
Atkinson	1	0	0	0	0	0	0	0	0	0	0	0	0
Baldwin	4	0	0	0	0	0	0	0	0	0	0	0	0
Banks	0	3	0	0	0	0	0	0	0	0	0	0	0
Barrow	20	16	6	0	0	0	0	0	0	0	0	0	0
Bartow	33	40	8	0	0	0	0	0	0	0	0	0	0
Ben Hill	1	1	0	0	0	0	0	0	0	0	0	0	0
Bibb	30	10	0	0	0	0	0	0	0	0	0	0	0
Bleckley	0	1	0	0	0	0	0	0	0	0	0	0	0
Brantley	0	1	0	0	0	0	0	0	0	0	0	0	0
Bryan	1	0	0	0	0	0	0	0	0	0	0	0	0
Bulloch	1	1	0	0	0	0	0	0	0	0	0	0	0
Butts	51	2	0	0	0	0	0	0	0	0	0	0	1
Carroll	15	9	3	0	0	0	0	0	0	0	0	0	2
Catoosa	1	1	0	0	0	0	0	0	0	0	0	0	0
Chatham	4	1	0	0	0	0	0	0	0	0	0	0	0
Chattooga	1	1	0	0	0	0	0	0	0	0	0	0	0
Cherokee	656	396	117	0	0	0	0	0	0	0	0	0	46
Clarke	5	4	0	0	0	0	0	0	0	0	0	0	0
Clayton	69	23	27	0	0	0	0	0	0	0	0	0	3
Cobb	923	765	216	0	0	0	0	0	0	0	0	0	39
Coffee	0	1	0	0	0	0	0	0	0	0	0	0	0
Colquitt	1	1	0	0	0	0	0	0	0	0	0	0	0
Columbia	3	1	1	0	0	0	0	0	0	0	0	0	0
Cook	0	2	0	0	0	0	0	0	0	0	0	0	0
Coweta	19	23	9	0	0	0	0	0	0	0	0	0	0

Crawford	2	0	0	0	0	0	0	0	0	0	0	0	0
Crisp	3	1	0	0	0	0	0	0	0	0	0	0	0
Dawson	26	36	4	0	0	0	0	0	0	0	0	0	4
DeKalb	411	186	120	0	0	0	0	0	0	0	0	0	0
Dodge	0	1	0	0	0	0	0	0	0	0	0	0	0
Dooly	1	1	0	0	0	0	0	0	0	0	0	0	0
Dougherty	0	7	0	0	0	0	0	0	0	0	0	0	0
Douglas	67	40	18	0	0	0	0	0	0	0	0	0	1
Effingham	2	1	0	0	0	0	0	0	0	0	0	0	0
Elbert	0	3	0	0	0	0	0	0	0	0	0	0	0
Emanuel	2	0	0	0	0	0	0	0	0	0	0	0	0
Fannin	14	5	2	0	0	0	0	0	0	0	0	0	0
Fayette	28	13	10	0	0	0	0	0	0	0	0	0	1
Florida	55	16	1	0	0	0	0	0	0	0	0	0	1
Floyd	14	5	0	0	0	0	0	0	0	0	0	0	0
Forsyth	507	292	61	0	0	0	0	0	0	0	0	0	49
Franklin	2	5	0	0	0	0	0	0	0	0	0	0	1
Fulton	5,469	1,520	468	0	0	0	0	0	0	0	0	0	186
Gilmer	25	7	1	0	0	0	0	0	0	0	0	0	0
Glynn	5	1	0	0	0	0	0	0	0	0	0	0	2
Gordon	6	4	0	0	0	0	0	0	0	0	0	0	0
Greene	0	2	0	0	0	0	0	0	0	0	0	0	0
Gwinnett	561	196	164	0	0	0	0	0	0	0	0	0	27
Habersham	6	16	0	0	0	0	0	0	0	0	0	0	0
Hall	49	59	9	0	0	0	0	0	0	0	0	0	3
Hancock	2	0	0	0	0	0	0	0	0	0	0	0	0
Haralson	8	0	0	0	0	0	0	0	0	0	0	0	0
Harris	4	0	0	0	0	0	0	0	0	0	0	0	0
Hart	2	0	0	0	0	0	0	0	0	0	0	0	0
Heard	2	0	0	0	0	0	0	0	0	0	0	0	0
Henry	72	20	21	0	0	0	0	0	0	0	0	0	2
Houston	9	14	0	0	0	0	0	0	0	0	0	0	0
Jackson	8	13	1	0	0	0	0	0	0	0	0	0	0
Jasper	6	1	0	0	0	0	0	0	0	0	0	0	0
Johnson	0	1	0	0	0	0	0	0	0	0	0	0	0
Jones	8	0	0	0	0	0	0	0	0	0	0	0	0
Lamar	23	4	0	0	0	0	0	0	0	0	0	0	1
Laurens	3	1	0	0	0	0	0	0	0	0	0	0	0
Lowndes	3	5	1	0	0	0	0	0	0	0	0	0	0
Lumpkin	13	10	4	0	0	0	0	0	0	0	0	0	1
Marion	2	0	0	0	0	0	0	0	0	0	0	0	0
Meriwether	3	2	0	0	0	0	0	0	0	0	0	0	0
Mitchell	0	2	0	0	0	0	0	0	0	0	0	0	0
Monroe	9	1	0	0	0	0	0	0	0	0	0	0	0

Montgomery	0	1	0	0	0	0	0	0	0	0	0	0	0
Morgan	0	1	0	0	0	0	0	0	0	0	0	0	0
Murray	2	2	0	0	0	0	0	0	0	0	0	0	0
Muscogee	5	5	1	0	0	0	0	0	0	0	0	0	0
Newton	24	12	5	0	0	0	0	0	0	0	0	0	1
North Carolina	31	9	0	0	0	0	0	0	0	0	0	0	1
Oconee	3	7	1	0	0	0	0	0	0	0	0	0	0
Oglethorpe	0	1	0	0	0	0	0	0	0	0	0	0	0
Other Out of State	128	11	4	0	0	0	0	0	0	0	0	0	4
Paulding	81	41	25	0	0	0	0	0	0	0	0	0	5
Peach	2	3	0	0	0	0	0	0	0	0	0	0	0
Pickens	27	23	3	0	0	0	0	0	0	0	0	0	1
Pierce	1	0	0	0	0	0	0	0	0	0	0	0	0
Pike	11	4	0	0	0	0	0	0	0	0	0	0	0
Polk	5	4	0	0	0	0	0	0	0	0	0	0	0
Pulaski	2	0	0	0	0	0	0	0	0	0	0	0	0
Putnam	3	1	0	0	0	0	0	0	0	0	0	0	0
Rabun	1	1	0	0	0	0	0	0	0	0	0	0	0
Richmond	4	3	0	0	0	0	0	0	0	0	0	0	0
Rockdale	21	7	5	0	0	0	0	0	0	0	0	0	1
Schley	2	1	0	0	0	0	0	0	0	0	0	0	1
Screven	0	1	0	0	0	0	0	0	0	0	0	0	0
South Carolina	13	8	1	0	0	0	0	0	0	0	0	0	1
Spalding	167	16	3	0	0	0	0	0	0	0	0	0	8
Stephens	5	7	0	0	0	0	0	0	0	0	0	0	1
Sumter	3	2	0	0	0	0	0	0	0	0	0	0	1
Talbot	3	0	0	0	0	0	0	0	0	0	0	0	0
Taylor	4	0	0	0	0	0	0	0	0	0	0	0	0
Tennessee	17	3	2	0	0	0	0	0	0	0	0	0	2
Thomas	1	3	1	0	0	0	0	0	0	0	0	0	0
Tift	2	3	0	0	0	0	0	0	0	0	0	0	0
Towns	1	2	0	0	0	0	0	0	0	0	0	0	0
Troup	22	6	0	0	0	0	0	0	0	0	0	0	0
Turner	0	1	0	0	0	0	0	0	0	0	0	0	0
Twiggs	2	1	0	0	0	0	0	0	0	0	0	0	0
Union	5	7	0	0	0	0	0	0	0	0	0	0	0
Upson	7	1	0	0	0	0	0	0	0	0	0	0	0
Walker	2	2	0	0	0	0	0	0	0	0	0	0	0
Walton	18	6	6	0	0	0	0	0	0	0	0	0	2
Ware	2	0	0	0	0	0	0	0	0	0	0	0	0
Washington	0	1	0	0	0	0	0	0	0	0	0	0	0
White	4	4	0	0	0	0	0	0	0	0	0	0	1
Whitfield	4	5	0	0	0	0	0	0	0	0	0	0	1
Wilcox	0	1	0	0	0	0	0	0	0	0	0	0	0

Wilkinson	1	1	1	0	0	0	0	0	0	0	0	0	0
Worth	6	1	0	0	0	0	0	0	0	0	0	0	0
Total	**9,934**	**4,018**	**1,331**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**401**

Surgical Services Addendum

Part A : Surgical Services Utilization

1. Surgery Rooms in the OR Suite

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

Room Type	Dedicated Inpatient Rooms	Dedicated Outpatient Rooms	Shared Rooms
General Operating	0	0	10
Cystoscopy (OR Suite)	0	0	1
Endoscopy (OR Suite)	0	0	0
	0	0	0
Total	**0**	**0**	**11**

2. Procedures by Type of Room

Please report the number of procedures by type of room.

Room Type	Dedicated Inpatient Rooms	Dedicated Outpatient Rooms	Shared Inpatient Rooms	Shared Outpatient Rooms
General Operating	0	0	2,132	4,568
Cystoscopy	0	0	83	271
Endoscopy	0	0	0	0
	0	0	0	0
Total	**0**	**0**	**2,215**	**4,839**

3. Patients by Type of Room

Please report the number of patients by type of room.

Room Type	Dedicated Inpatient Rooms	Dedicated Outpatient Rooms	Shared Inpatient Rooms	Shared Outpatient Rooms
General Operating	0	0	1,822	3,760
Cystoscopy	0	0	76	258
Endoscopy	0	0	0	0
	0	0	0	0
Total	**0**	**0**	**1,898**	**4,018**

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	10
Asian	119
Black/African American	659
Hispanic/Latino	321
Pacific Islander/Hawaiian	7
White	2,531
Multi-Racial	371
Total	**4,018**

2. Age Grouping

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

Age of Patient	Number of Ambulatory Patients
Ages 0-14	87
Ages 15-64	2,644
Ages 65-74	753
Ages 75-85	428
Ages 85 and Up	106
Total	**4,018**

3. Gender

Please report the total number of ambulatory patients by gender.

Gender	Number of Ambulatory Patients
Male	1,782
Female	2,236
Total	**4,018**

4. Payment Source

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

Primary Payment Source	Number of Patients
Medicare	1,291
Medicaid	238
Third-Party	2,372
Self-Pay	117

Perinatal Services Addendum

Part A : Obstetrical Services Utilization

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

1. Number of Delivery Rooms: 2

2. Number of Birthing Rooms: 0

3. Number of LDR Rooms: 6

4. Number of LDRP Rooms: 0

5. Number of Cesarean Sections: 343

6. Total Live Births: 1,334

7. Total Births (Live and Late Fetal Deaths): 1,344

8. Total Deliveries (Births + Early Fetal Deaths and Induced Terminations): 1,344

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)	20	1,167	2,295	24
Specialty Care (Intermediate Neonatal Care)	8	189	1,102	51
Subspecialty Care (Intensive Neonatal Care)	0	0	0	0

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	3	10
Asian	24	73
Black/African American	379	1,033
Hispanic/Latino	310	778
Pacific Islander/Hawaiian	2	6
White	501	1,234
Multi-Racial	112	291
Total	**1,331**	**3,425**

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	0	0
Ages 15-44	1,329	3,416
Ages 45 and Up	2	9
Total	**1,331**	**3,425**

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

$30,861.00

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

$37,731.00

LTCH Addendum

Part A : General Information

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

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

2. Number of Licensed LTCH Beds: 0

3. Permit Effective Date:

4. Permit Designation:

5. Number of CON Beds: 0

6. Number of SUS Beds: 0

7. Total Patient Days: 0

8. Total Discharges: 0

9. Total LTCH Admissions: 0

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

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

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

2. Age of LTCH Patient

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

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

3. Gender

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

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

4. Payment Source

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

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

Psychiatric/Substance Abuse Services Addendum

Part A : Psychiatric and Substance Abuse Data by Program

1. Beds

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

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

2. Admissions, Days, Discharges, Accreditation

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

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

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

1. Race/Ethnicity

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

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

2. Gender

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

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

3. Payment Source

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

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

Georgia Minority Health Advisory Council Addendum

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

1. Do you have paid medical interpreters on staff? *(Check the box, if yes.)* ☑
If you checked yes, how many? 28 (FTE's)
What languages do they interpret?
Spanish Portuguese, Vietnamese, 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 Intrepreter	☐	Telephone Interpreter Service	☑
Refer Patient to Outside Agency	☐	Other (please describe):	☑

Contract On-Site Interpreters, Video Interpretation via contracted servicese and in house call center.

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
Vietnamese	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?

It is Wellstar's policy that all medical information is effectively communicated to our patients in their

preferred language to ensure both patient autonomy and the quality and safety of their care. Every new Wellstar team member is educated during their employee orientation on interpretation and Culturally Competent care. Cultural Competency education is also provided in new leadership orientation training. Wellstar created and offers to all staff computer-based learning modules that instruct them on how to determine a patient's preferred language, obtain a qualified medical interpreter, how to work with an interpreter, and how to chart medical interpretation usage according to the CLAS standards. Wellstar is developing a comprehensive tool and other resources for physicians and Wellstar staff and currently provides CBL cultural competence training as a resource.

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?

Resources for patients who are low vision/blind.
The ability to respond to patients in MyChart in their preferred language
The external website available in multiple languges
A process to validate language proficiency of bilingual team members

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

1. English
2. Spanish
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?

1. Grady Clinic In Alpharetta Ga,
2. Community Clinic on Towers Rd, Marietta, Ga (Across from Kennestone Hospital),
3. Complex Care Clinic on Towers Rd, Marietta Ga (Across from Kennestone Hospital)

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	20	295
Black/African American	52	703
Hispanic/Latino	31	391
Pacific Islander/Hawaiian	0	0
White	281	3,625
Multi-Racial	17	233

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	198	2,650
Female	203	2,597

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	135	1,722
65-84	204	2,688
85 Up	62	837

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	384
Long Term Care Hospital	7
Skilled Nursing Facility	0
Traumatic Brain Injury Facility	10

	0

1. Payers

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

Primary Payment Source	Admissions
Medicare	259
Third Party/Commercial	111
Self Pay	15
Other	16

2. Uncompensated Indigent and Charity Care

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

20

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	127
2. Brain Injury	52
3. Amputation	4
4. Spinal Cord	22
5. Fracture of the femur	57
6. Neurological disorders	9
7. Multiple Trauma	32
8. Congenital deformity	0
9. Burns	0
10. Osteoarthritis	0
11. Rheumatoid arthritis	3
12. Systemic vasculidities	0
13. Joint replacement	5
All Other	90

Electronic Signature

Please note that the survey WILL NOT BE ACCEPTED without the authorized signature of the Chief Executive Officer or Executive Director (principal officer) of the facility. The signature can be completed only AFTER all survey data has been finalized. By law, the signatory is attesting under penalty of law that the information is accurate and complete.

I state, certify and attest that to the best of my knowledge upon conducting due diligence to assure the accuracy and

completeness of all data, and based upon my affirmative review of the entire completed survey, this completed survey contains no untrue statement, or incaccurate data, nor omits requested material information or data. I further state, certify and attest that I have reviewed the entire contents of the completed survey with all appropriate staff of the facility. I further understand that inaccurate, incomplete or omitted data could lead to sanctions against me or my facility. I further understand that a typed version of my name is being accepted as my original signature pursuant to the Georgia Electronic Records and Signature Act.

Authorized Signature: Candice Saunders

Date: 3/4/2024

Title: President and C.E.O.

Comments:

Part D.2, Surgical Addendum and Perinatal Addendum: All sections related to race: patients who do not identify a race are listed as multiracial.
Part E.4 - Part E.4 - The hospital used Trauma Registry codes to determine Trauma cases. The hospital used ICD-10 codes to determine psych patients used 0-17 for peds patients and all other were general ED beds for survey reporting purposes. The visit data reflects the types of cases that relate to the described bed/room type, regardless of where in the emergency department the patient took place.
Part E.8 the hospital is not able to track diverted cases.
Part F.1.b hospice counts show hospice patients in a hospital bed and do not show activities of WellStar owned hospice facilities.
Part G.3 physicians who do not identify a race are listed as multiracial.
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.
Part G.4: the reported number of physician providers enrolled in Medicaid/ PeachCare and/or public employee health benefits plan was derived from hospital billing records. 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.
Perinatal Services Addendum: Part C.1 and C.2: the mother's admission and inpatient days do not include antepartum admissions and days.
Minority Health Addendum: The Interpreters are shared across all Wellstar Health System hospitals.