GEORGIA DEPARTMENT OF COMMUNITY HEALTH

2009 Open Heart Surgery Survey

Part A : General Information

1. Identification   UID:

Facility Name:

County:

Street Address:

City:

Zip:

Mailing Address:

Mailing City:

Mailing Zip:

Medicare Provider Number:

Medicaid Provider Number:

2. Report Period

Report Data for the full twelve month period, January 1,2009 - December 31, 2009 (365 days). ***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:

Contact Title:

Phone:

Fax:

E-mail:

Part C : Utilization Data

1. Open Heart Surgery Operations

Report the total number of open heart surgery operations performed during the report period by age and type of operation. Do not include any closed heart surgeries or cardiac catheterization procedures.

Type of Operation	Ages 0-14	Ages 15+	Total
Coronary bypass			
Coronary bypass plus valves			
Aortic valve replacement			
Mitral valve replacement			
Heart transplant			
Atrial septal defect			
Ventricular septal defect			
Tetralogy of fallot			
Total			

2. Close Heart Surgery Operations

Report the total number of closed heart surgery operations performed during the report year by age and type of operation. Do not include any open heart surgeries or procedures performed by cardiac catheterization.

Type of Operation	Ages 0-14	Ages 15+	Total
Coronary bypass			
Coarctation of the aorta			
Closure of patent ductus arteriosus, age>28 days, by CHS			
Closure of patent ductus arteriosus, age<28 days, by CHS			
Palliative shunts for cyanotic heart disease			
Total			

3. Coronary Angioplasties Resulting in Emergency Open Heart Surgery Operations

During the report period, how many coronary angioplasties performed at your hospital resulted in immediate emergency open heart surgery operations? (Estimate, if necessary.)

Check box if Estimated. ☐

4. Open Heart Surgery Patients by Race/Ethnicity

Please report the number of unduplicated open heart surgery patients your facility served during the report period using the following race and ethnicity categories.

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

5. Open Heart Surgery Patients by Gender

Please report the number of open heart surgery patients by gender served during the report period.

Gender	Number of Patients
Male	
Female	
Total	

Part D : Financials and Average Charges

1. For the report period, report the average total hospital charge, length of stay and number of cases from admissions to discharge, excluding Medicare outliers, for each of the following DRGs. Use the blank lines to specify other DRGs, not included in the table.

Selected DRGs	Average Total Hospital Charge	Average Length of Stay (in Days)	Number of Cases Included in Calculation of Averages	Actual Hospital Total Cases
DRG 103: Heart Transplant (MS-DRG 001 & 002)				
DRG 104: Cardiac valve with cardiac catheterization (MS-DRG 216, 217, & 218)				
DRG 105: Cardiac valve without cardiac catheterization (MS-DRG 219, 220, & 221)				
DRG 106: Coronary bypass with PTCA (MS-DRG 231 & 232)				
DRG 110: Major cardiovascular procedures with CC (MS-DRG 237)				
DRG 111: Major cardiovascular procedures without CC (MS-DRG 238)				
DRG 108: Other cardiothoracic procedures (MS-DRG 228, 229 & 230)				

2. Heart Surgery Patients and Operations by Primary Payment Source

Please report the total number of unduplicated open heart surgery patients and operations by primary payment source. Report Peachcare for Kids patients under Third-Party.

	Primary Payment Source			
	Medicare	Medicaid	Third Party (Including Peachcare)	Self-Pay
Number of Open Heart Surgery Patients				
Number of Operations				

3. Total Charges and Actual Reimbursement for Open Heart Surgeries

Please report the total charges for open heart surgeries provided during the report period. Also, report the actual reimbursement received for charges for open heart surgeries provided during the report period.

Total Charges	Actual Reimbursement

4. Total Uncompensated Charges and Total Uncompensated Patients

Please report the uncompensated charges for open heart surgeries for patients that are indigent or covered by charity care services. Also, report the number of patients.

Total Uncompensated Charges	Total Uncompensated Patients

5. Adjusted Gross Revenue

Please report the adjusted gross revenue for open heart surgery services during the report period.

Adjusted Gross Revenue

Part E : Peer Review

1. Check the box to the right if your program/facility participates in an external or national peer review and outcomes reporting system. ☐

If you indicated yes above, please provide the name(s) of the peer review/outcomes reporting organization(s) below:

2. How many community education programs did your program/facility participate in during the reporting period?

Part F : Patient Origin

Please report the number of open heart surgery patients by county and age category. The grand totals must agree with the calculated totals of open heart operations by race and gender found in Part C, Questions 4 and 5.

County	Ages 0-14	Ages 15+	Total
Alabama			
Appling			
Atkinson			
Bacon			
Baker			
Baldwin			
Banks			
Barrow			
Bartow			
Ben Hill			
Berrien			
Bibb			
Bleckley			
Brantley			
Brooks			
Bryan			
Bulloch			
Burke			
Butts			
Calhoun			
Camden			
Candler			
Carroll			
Catoosa			
Charlton			
Chatham			
Chattahoochee			
Chattooga			
Cherokee			
Clarke			
Clay			
Clayton			
Clinch			
Cobb			
Coffee			
Colquitt			
Columbia			

Cook			
Coweta			
Crawford			
Crisp			
Dade			
Dawson			
Decatur			
DeKalb			
Dodge			
Dooly			
Dougherty			
Douglas			
Early			
Echols			
Effingham			
Elbert			
Emanuel			
Evans			
Fannin			
Fayette			
Florida			
Floyd			
Forsyth			
Franklin			
Fulton			
Gilmer			
Glascock			
Glynn			
Gordon			
Grady			
Greene			
Gwinnett			
Habersham			
Hall			
Hancock			
Haralson			
Harris			
Hart			
Heard			
Henry			
Houston			
Irwin			
Jackson			
Jasper			

Jeff Davis			
Jefferson			
Jenkins			
Johnson			
Jones			
Lamar			
Lanier			
Laurens			
Lee			
Liberty			
Lincoln			
Long			
Lowndes			
Lumpkin			
Macon			
Madison			
Marion			
McDuffie			
McIntosh			
Meriwether			
Miller			
Mitchell			
Monroe			
Montgomery			
Morgan			
Murray			
Muscogee			
Newton			
North Carolina			
Oconee			
Oglethorpe			
Other-Out of State			
Paulding			
Peach			
Pickens			
Pierce			
Pike			
Polk			
Pulaski			
Putnam			
Quitman			
Rabun			
Randolph			
Richmond			

Rockdale			
Schley			
Screven			
Seminole			
South Carolina			
Spalding			
Stephens			
Stewart			
Sumter			
Talbot			
Taliaferro			
Tattnall			
Taylor			
Telfair			
Tennessee			
Terrell			
Thomas			
Tift			
Toombs			
Towns			
Treutlen			
Troup			
Turner			
Twiggs			
Union			
Upson			
Walker			
Walton			
Ware			
Warren			
Washington			
Wayne			
Webster			
Wheeler			
White			
Whitfield			
Wilcox			
Wilkes			
Wilkinson			
Worth			
Total			

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. 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:

Date:

Title:

Comments: