![Georgia Department of Community Health logo]

GEORGIA DEPARTMENT OF COMMUNITY HEALTH

2023 Annual Hospital Questionnaire

Part A : General Information

1. Identification   UID:hosp710

Facility Name: Grady Memorial Hospital

County: Fulton

Street Address: 80 Jesse Hill Jr Dr SE

City: Atlanta

Zip: 30303

Mailing Address: 80 Jesse Hill, Jr. Drive, SE

Mailing City: Atlanta

Mailing Zip: 30303

Medicaid Provider Number: 00000.855A

Medicare Provider Number: 110079

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: Siobhan Seidner

Contact Title: Director Budget & Analytics

Phone: 404-616-7102

Fax: 404-616-1000

E-mail: seseidner@gmh.edu

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
Fulton-Dekalb Hospital Authority	Hospital Authority	1/1/1946

B. Owner's Parent Organization

Full Legal Name (Or Not Applicable)	Organization Type	Effective Date
N/A		

C. Facility Operator

Full Legal Name (Or Not Applicable)	Organization Type	Effective Date
Grady Memorial Hospital	Not Applicable	5/19/2008

D. Operator's Parent Organization

Full Legal Name (Or Not Applicable)	Organization Type	Effective Date
N/A		

E. Management Contractor

Full Legal Name (Or Not Applicable)	Organization Type	Effective Date
N/A		

F. Management's Parent Organization

Full Legal Name (Or Not Applicable)	Organization Type	Effective Date
N/A		

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: Grady Health System
City: Atlanta   **State:** Georgia

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: Vizient
City: Irving   **State:** Texas

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)	56	3,758	11,885	3,756	12,137
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	572	29,797	197,916	28,803	214,828
Intensive Care	130	1,010	26,560	1,018	10,246
Psychiatry	24	867	7,046	842	6,926
Substance Abuse	0	0	0	0	0
Adult Physical Rehabilitation (18 & Up)	0	0	0	0	0
Pediatric Physical Rehabilitation (0-17)	0	0	0	0	0
Burn Care	23	459	7,312	467	7,537
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	**805**	**35,891**	**250,719**	**34,886**	**251,674**

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	83	505
Asian	397	3,031
Black/African American	26,521	182,347
Hispanic/Latino	722	3,640
Pacific Islander/Hawaiian	46	259
White	5,430	42,981
Multi-Racial	2,692	17,956
Total	**35,891**	**250,719**

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

Gender	Admissions	Inpatient Days
Male	18,926	143,679
Female	16,965	107,040
Total	**35,891**	**250,719**

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

Primary Payment Source	Admissions	Inpatient Days
Medicare	11,067	94,001
Medicaid	9,758	70,110
Peachare	0	0
Third-Party	9,064	59,983
Self-Pay	6,002	27,625
Other	0	0

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

854

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	3,249
Semi-Private Room Rate	2,314
Operating Room: Average Charge for the First Hour	35,962
Average Total Charge for an Inpatient Day	3,972

Part E : Emergency Department and Outpatient Services

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

144,295

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

29,613

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

188

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	39	23,546
Beds or Rooms dedicated for Psychiatric /Substance Abuse cases	17	6,398
General Beds	117	82,813
Detention	15	6,915
	0	0
	0	0
	0	0

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

523

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

645,852

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

19,389

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

1,755

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.

7,792

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	1	1
ESWL	3	4
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)	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	1	1
Hospice	1	1
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	6,555
Number of Dialysis Treatments	12,715
Number of ESWL Patients	0
Number of ESWL Procedures	0
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	213,870
Number of CTS Units (machines)	9
Number of CTS Procedures	123,328
Number of Diagnostic Radioisotope Procedures	5,023
Number of PET Units (machines)	1
Number of PET Procedures	1,797
Number of Therapeautic Radioisotope Procedures	43
Number of Number of MRI Units	6
Number of Number of MRI Procedures	17,940
Number of Chemotherapy Treatments	20,798
Number of Respiratory Therapy Treatments	1,030,088
Number of Occupational Therapy Treatments	135,345
Number of Physical Therapy Treatments	120,692
Number of Speech Pathology Patients	11,404
Number of Gamma Ray Knife Procedures	0
Number of Gamma Ray Knife Units	0
Number of Audiology Patients	4,791
Number of HIV/AIDS Diagnostic Procedures	51,543
Number of HIV/AIDS Patients	6,860
Number of Ambulance Trips	152,751
Number of Hospice Patients	258
Number of Respite care Patients	0
Number of Ultrasound/Medical Sonography Units	0
Number of Ultrasound/Medical Sonography Procedures	0
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).

98

3. Robotic Surgery System
Please report the number of units, number of procedures, and type of unit(s).

# Units	# Procedures	Type of Unit(s)
1	315	

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	30.30	16.60	30.10
Physician Assistants Only (not including Licensed Physicians)	6.10	2.00	0.00
Registered Nurses (RNs-Advanced Practice*)	1,442.70	500.80	117.80
Licensed Practical Nurses (LPNs)	85.10	25.20	37.00
Pharmacists	104.90	12.50	0.00
Other Health Services Professionals*	1,731.10	560.20	291.60
Administration and Support	1,608.70	329.80	2.00
All Other Hospital Personnel (not included above)	1,749.62	321.20	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	More than 90 Days
Registered Nurses (RNs-Advance Practice)	61-90 Days
Licensed Practical Nurses (LPNs)	More than 90 Days
Pharmacists	61-90 Days
Other Health Services Professionals	31-60 Days
All Other Hospital Personnel (not included above)	31-60 Days

3. Race/Ethnicity of Physicians
Please report the number of physicians with admitting privileges by race.

Race/Ethnicity	Number of Physicians
American Indian/Alaska Native	0
Asian	0
Black/African American	0
Hispanic/Latino	0
Pacific Islander/Hawaiian	0
White	0
Multi-Racial	0

4. Medical Staff
Please report the number of active and associate/provisional medical staff for the following specialty categories. Keep in mind that physicians may be counted in more than one specialty. Please

indicate whether the specialty group(s) is hospital-based. Also, indicate how many of each medical specialty are enrolled as providers in Georgia Medicaid/PeachCare for Kids and/or the Public Employee Health Benefit Plans (PEHB-State Health Benefit Plant and/or Board of Regents Benefit Plan).

Medical Specialties	Number of Medical Staff	Check if Any are Hospital Based	Number Enrolled as Providers in Medicaid/PeachCare	Number Enrolled as Providers in PEHB Plan
General and Family Practice	51	☐	0	0
General Internal Medicine	202	☐	0	0
Pediatricians	80	☐	0	0
Other Medical Specialties	206	☐	0	0

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	71	☐	0	0
Non-OB Physicians Providing OB Services	3	☐	0	0
Gynecology	71	☐	0	0
Ophthalmology Surgery	46	☐	0	0
Orthopedic Surgery	30	☐	0	0
Plastic Surgery	4	☐	0	0
General Surgery	57	☐	0	0
Thoracic Surgery	7	☐	0	0
Other Surgical Specialties	89	☐	0	0

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	27	☐	0	0
Dermatology	21	☐	0	0
Emergency Medicine	128	☐	0	0
Nuclear Medicine	15	☐	0	0
Pathology	23	☐	0	0
Psychiatry	45	☐	0	0
Radiology	159	☐	0	0
Radiatgion Oncology	29	☐	0	0
Reahb Medicine	2	☐	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	11
Podiatrists	2
Certified Nurse Midwives with Clinical Privileges in the Hospital	18
All Other Staff Affiliates with Clinical Privileges in the Hospital	428

5b. Name of Other Professions

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

PA, CRNA, CNS, NP, NNP, OD, PHD

Comments and Suggestions:

Grady does not ask physicians their race and therefore Race/Ethnicity of physicians is not reported

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	349	22	3	5	0	0	0	0	0	0	0	0	0
Appling	1	0	0	0	0	0	0	0	0	0	0	0	0
Atkinson	2	2	0	0	0	0	0	0	0	0	0	0	0
Baldwin	22	3	0	0	0	0	0	0	0	0	0	0	0
Banks	2	0	0	0	0	0	0	0	0	0	0	0	0
Barrow	50	4	3	0	0	0	0	0	0	0	0	0	0
Bartow	52	4	3	2	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	77	5	4	5	0	0	0	0	0	0	0	0	0
Bleckley	5	0	0	0	0	0	0	0	0	0	0	0	0
Brooks	2	0	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	3	0	0	0	0	0	0	0	0	0	0	0	0
Butts	94	8	1	0	0	0	0	0	0	0	0	0	0
Calhoun	0	4	0	0	0	0	0	0	0	0	0	0	0
Camden	0	2	0	0	0	0	0	0	0	0	0	0	0
Candler	0	1	0	0	0	0	0	0	0	0	0	0	0
Carroll	396	25	3	3	0	0	0	0	0	0	0	0	0
Charlton	1	0	0	0	0	0	0	0	0	0	0	0	0
Chatham	23	0	0	2	0	0	0	0	0	0	0	0	0
Chattahoochee	9	2	0	0	0	0	0	0	0	0	0	0	0
Chattooga	6	0	0	0	0	0	0	0	0	0	0	0	0
Cherokee	87	9	3	6	0	0	0	0	0	0	0	0	0
Clarke	17	1	1	2	0	0	0	0	0	0	0	0	0
Clay	1	1	0	0	0	0	0	0	0	0	0	0	0
Clayton	2,262	278	334	43	0	0	0	0	0	0	0	0	0
Cobb	762	131	72	19	0	0	0	0	0	0	0	0	0

Coffee	5	0	0	0	0	0	0	0	0	0	0	0	0
Colquitt	5	0	0	0	0	0	0	0	0	0	0	0	0
Columbia	12	3	0	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	507	36	6	1	0	0	0	0	0	0	0	0	0
Crisp	13	4	1	1	0	0	0	0	0	0	0	0	0
Dade	2	0	0	0	0	0	0	0	0	0	0	0	0
Dawson	7	0	0	0	0	0	0	0	0	0	0	0	0
Decatur	3	0	0	0	0	0	0	0	0	0	0	0	0
DeKalb	8,169	1,769	900	202	0	0	0	0	0	0	0	0	0
Dodge	7	0	0	0	0	0	0	0	0	0	0	0	0
Dooly	8	0	0	0	0	0	0	0	0	0	0	0	0
Dougherty	13	3	1	3	0	0	0	0	0	0	0	0	0
Douglas	376	45	30	3	0	0	0	0	0	0	0	0	0
Early	4	0	0	0	0	0	0	0	0	0	0	0	0
Effingham	4	0	0	0	0	0	0	0	0	0	0	0	0
Elbert	2	0	0	0	0	0	0	0	0	0	0	0	0
Emanuel	3	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	9	1	0	0	0	0	0	0	0	0	0	0	0
Fayette	370	30	21	2	0	0	0	0	0	0	0	0	0
Florida	200	11	4	12	0	0	0	0	0	0	0	0	0
Floyd	26	0	3	1	0	0	0	0	0	0	0	0	0
Forsyth	42	11	1	1	0	0	0	0	0	0	0	0	0
Franklin	7	0	2	0	0	0	0	0	0	0	0	0	0
Fulton	16,710	2,823	1,405	406	0	0	0	0	0	0	0	0	0
Gilmer	12	2	0	0	0	0	0	0	0	0	0	0	0
Glynn	6	0	0	2	0	0	0	0	0	0	0	0	0
Gordon	17	2	0	0	0	0	0	0	0	0	0	0	0
Grady	1	0	0	0	0	0	0	0	0	0	0	0	0
Greene	11	0	0	1	0	0	0	0	0	0	0	0	0
Gwinnett	847	147	83	21	0	0	0	0	0	0	0	0	0
Habersham	11	2	0	1	0	0	0	0	0	0	0	0	0
Hall	58	18	2	2	0	0	0	0	0	0	0	0	0
Hancock	2	2	0	0	0	0	0	0	0	0	0	0	0
Haralson	49	1	1	0	0	0	0	0	0	0	0	0	0
Harris	21	1	1	0	0	0	0	0	0	0	0	0	0
Hart	3	0	0	0	0	0	0	0	0	0	0	0	0
Heard	37	1	1	1	0	0	0	0	0	0	0	0	0
Henry	930	112	86	16	0	0	0	0	0	0	0	0	0
Houston	73	5	2	2	0	0	0	0	0	0	0	0	0
Irwin	1	0	0	0	0	0	0	0	0	0	0	0	0
Jackson	31	3	0	1	0	0	0	0	0	0	0	0	0
Jasper	25	2	0	0	0	0	0	0	0	0	0	0	0

Jeff Davis	1	0	0	0	0	0	0	0	0	0	0	0	0
Jefferson	3	5	0	0	0	0	0	0	0	0	0	0	0
Jones	9	4	0	0	0	0	0	0	0	0	0	0	0
Lamar	37	1	3	1	0	0	0	0	0	0	0	0	0
Laurens	7	1	0	2	0	0	0	0	0	0	0	0	0
Lee	3	3	0	0	0	0	0	0	0	0	0	0	0
Liberty	8	0	0	0	0	0	0	0	0	0	0	0	0
Lowndes	16	3	1	1	0	0	0	0	0	0	0	0	0
Lumpkin	4	2	0	0	0	0	0	0	0	0	0	0	0
Macon	13	0	0	0	0	0	0	0	0	0	0	0	0
Madison	7	1	0	0	0	0	0	0	0	0	0	0	0
Marion	8	2	0	0	0	0	0	0	0	0	0	0	0
McDuffie	3	0	0	0	0	0	0	0	0	0	0	0	0
Meriwether	62	4	1	0	0	0	0	0	0	0	0	0	0
Miller	0	1	0	0	0	0	0	0	0	0	0	0	0
Mitchell	2	2	0	0	0	0	0	0	0	0	0	0	0
Monroe	34	2	2	0	0	0	0	0	0	0	0	0	0
Montgomery	1	3	0	0	0	0	0	0	0	0	0	0	0
Morgan	22	2	1	0	0	0	0	0	0	0	0	0	0
Murray	1	1	0	0	0	0	0	0	0	0	0	0	0
Muscogee	139	12	5	5	0	0	0	0	0	0	0	0	0
Newton	351	33	25	6	0	0	0	0	0	0	0	0	0
North Carolina	0	9	1	3	0	0	0	0	0	0	0	0	0
Oconee	6	3	0	0	0	0	0	0	0	0	0	0	0
Oglethorpe	4	1	1	0	0	0	0	0	0	0	0	0	0
Other Out of State	889	9	10	61	0	0	0	0	0	0	0	0	0
Paulding	85	16	5	2	0	0	0	0	0	0	0	0	0
Peach	16	2	0	0	0	0	0	0	0	0	0	0	0
Pickens	13	1	0	0	0	0	0	0	0	0	0	0	0
Pierce	1	0	0	0	0	0	0	0	0	0	0	0	0
Pike	29	1	0	0	0	0	0	0	0	0	0	0	0
Polk	29	4	2	0	0	0	0	0	0	0	0	0	0
Pulaski	10	0	0	0	0	0	0	0	0	0	0	0	0
Putnam	11	1	0	0	0	0	0	0	0	0	0	0	0
Rabun	4	0	0	0	0	0	0	0	0	0	0	0	0
Richmond	52	3	2	3	0	0	0	0	0	0	0	0	0
Rockdale	432	58	22	4	0	0	0	0	0	0	0	0	0
Screven	3	0	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	73	4	2	3	0	0	0	0	0	0	0	0	0
Spalding	192	20	19	1	0	0	0	0	0	0	0	0	0
Stephens	8	1	0	0	0	0	0	0	0	0	0	0	0
Stewart	1	0	0	0	0	0	0	0	0	0	0	0	0
Sumter	9	0	0	0	0	0	0	0	0	0	0	0	0

County													
Talbot	5	0	0	0	0	0	0	0	0	0	0	0	0
Taylor	11	0	0	0	0	0	0	0	0	0	0	0	0
Telfair	2	0	0	0	0	0	0	0	0	0	0	0	0
Tennessee	68	1	2	4	0	0	0	0	0	0	0	0	0
Terrell	3	2	0	0	0	0	0	0	0	0	0	0	0
Thomas	2	2	0	0	0	0	0	0	0	0	0	0	0
Tift	5	0	0	0	0	0	0	0	0	0	0	0	0
Toombs	0	3	0	0	0	0	0	0	0	0	0	0	0
Towns	2	0	0	0	0	0	0	0	0	0	0	0	0
Treutlen	1	0	0	0	0	0	0	0	0	0	0	0	0
Troup	109	13	4	0	0	0	0	0	0	0	0	0	0
Twiggs	1	1	0	0	0	0	0	0	0	0	0	0	0
Union	4	0	0	0	0	0	0	0	0	0	0	0	0
Upson	51	1	2	0	0	0	0	0	0	0	0	0	0
Walker	4	0	0	0	0	0	0	0	0	0	0	0	0
Walton	113	16	9	1	0	0	0	0	0	0	0	0	0
Ware	5	0	0	1	0	0	0	0	0	0	0	0	0
Warren	2	0	1	0	0	0	0	0	0	0	0	0	0
Washington	8	0	0	0	0	0	0	0	0	0	0	0	0
Wayne	1	0	0	0	0	0	0	0	0	0	0	0	0
Webster	1	1	0	0	0	0	0	0	0	0	0	0	0
Wheeler	6	0	0	0	0	0	0	0	0	0	0	0	0
White	7	0	0	0	0	0	0	0	0	0	0	0	0
Whitfield	10	0	0	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	1	0	0	0	0	0	0	0	0	0	0	0	0
Wilkinson	1	0	0	0	0	0	0	0	0	0	0	0	0
Worth	2	0	0	3	0	0	0	0	0	0	0	0	0
Total	**35,891**	**5,794**	**3,097**	**867**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**

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	20
Cystoscopy (OR Suite)	0	0	0
Endoscopy (OR Suite)	0	0	0
Correll Pavalion & Trauma	0	0	5
Total	**0**	**0**	**25**

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	9,178	5,302
Cystoscopy	0	0	0	0
Endoscopy	0	0	0	0
Correll Pavilion	0	0	0	1,765
Total	**0**	**0**	**9,178**	**7,067**

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	7,319	4,013
Cystoscopy	0	0	0	0
Endoscopy	0	0	0	0
	0	0	0	1,781
Total	**0**	**0**	**7,319**	**5,794**

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	20
Asian	72
Black/African American	4,377
Hispanic/Latino	234
Pacific Islander/Hawaiian	1
White	552
Multi-Racial	538
Total	**5,794**

2. Age Grouping

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

Age of Patient	Number of Ambulatory Patients
Ages 0-14	11
Ages 15-64	4,463
Ages 65-74	991
Ages 75-85	297
Ages 85 and Up	32
Total	**5,794**

3. Gender

Please report the total number of ambulatory patients by gender.

Gender	Number of Ambulatory Patients
Male	2,536
Female	3,258
Total	**5,794**

4. Payment Source

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

Primary Payment Source	Number of Patients
Medicare	1,505
Medicaid	822
Third-Party	1,754
Self-Pay	1,713

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: 0

2. Number of Birthing Rooms: 0

3. Number of LDR Rooms: 12

4. Number of LDRP Rooms: 0

5. Number of Cesarean Sections: 1,160

6. Total Live Births: 3,106

7. Total Births (Live and Late Fetal Deaths): 3,240

8. Total Deliveries (Births + Early Fetal Deaths and Induced Terminations): 3,280

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)	0	2,720	6,356	110
Specialty Care (Intermediate Neonatal Care)	12	239	3,550	32
Subspecialty Care (Intensive Neonatal Care)	37	249	9,027	80

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	9	32
Asian	44	132
Black/African American	2,337	8,100
Hispanic/Latino	150	472
Pacific Islander/Hawaiian	6	14
White	131	429
Multi-Racial	420	1,231
Total	**3,097**	**10,410**

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	4
Ages 15-44	3,085	10,395
Ages 45 and Up	11	11
Total	**3,097**	**10,410**

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

$33,599.00

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

$48,758.00

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	24	24
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	867	7,046	842	6,926	4,349	☑
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	2	14
Asian	12	101
Black/African American	691	5,555
Hispanic/Latino	8	86
Pacific Islander/Hawaiian	1	3
White	68	540
Multi-Racial	85	747
Total	**867**	**7,046**

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

Gender of Patient	Admissions	Inpatient Days
Male	469	3,824
Female	398	3,222
Total	**867**	**7,046**

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	116	1,203
Medicaid	256	2,392
Third Party	183	1,258
Self-Pay	312	2,193
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? 14.199999809265 (FTE's)
What languages do they interpret?
Spanish and Korean

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):	☑

We always exhaust all our resources first by checking with a minimum of 3 language service providers to see if an in-person, phone, or video medical interpreter is available in the patient's preferred language. Only after we exhaust all our resources, do we use a bilingual support person or staff member to interpret.

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	6.5%	0	0	0
Bengali	.27%	0	0	0
Amharic	.26%	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?

• All staff interpreters for Grady Health System are required to have national certification for medical interpretation (NBCMI or CCHI) as a part of their role/position.
 • All staff members complete an annual training module on Cultural Competency and Effective Communication.
 • One of our language service vendors assists us in completing yearly onsite or virtual (due to the pandemic) staff education for providing interpretation services.
 • A Cultural Competency/Effective Communication Presentation is included in new hire orientation.
 • A Cultural Competency/Effective Communication presentation is included in our Nurse Residency Program and our Morehouse School of Medicine Residency Orientation.
 • Grady Health System has an effective communication policy as well as Job Aids to help staff know how to access language and auxiliary aid services.
 • A list of all our communication services with information on how to access them is listed on our Language Access Services internal Grady website.
 • The Language Interpretive Services department conducts departmental surveys to check for adherence to CLAS standards and performs departmental in-services if necessary or per the department leader's request.
 • The Language Interpretive Services department provides both electronic and hardcopy Effective Communication Toolkits to each department.

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?

The most urgent resource we need is an interpreter dispatching system that utilizes logistics in order to efficiently deploy interpreters to requesting areas and tracks interpreter utilization to help us identify heavy utilizers

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

1. English   2. Spanish   3. Braille   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?

Grady Health System currently has multiple neighborhood health centers within the local areas, including Fulton and DeKalb counties, where affordable primary and specialized care is offered. Additionally, Grady Hospital is home to a primary care center/clinic that also serves to incorporate international patients into the general medical system.

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	0	0
Black/African American	0	0
Hispanic/Latino	0	0
Pacific Islander/Hawaiian	0	0
White	0	0
Multi-Racial	0	0

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	0	0
Female	0	0

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	0	0
65-84	0	0
85 Up	0	0

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	0
Long Term Care Hospital	0
Skilled Nursing Facility	0
Traumatic Brain Injury Facility	0

	0

1. Payers

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

Primary Payment Source	Admissions
Medicare	0
Third Party/Commercial	0
Self Pay	0
Other	0

2. Uncompensated Indigent and Charity Care

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

0

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

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: John M Haupert

Date: 2/29/2024

Title: CEO

Comments: