



2023 Annual Hospital Questionnaire

Part A : General Information

1. Identification

UID:HOSP611

Facility Name: Northeast Georgia Medical Center

County: Hall

Street Address: 743 Spring Street

City: Gainesville

Zip: 30501

Mailing Address: 743 Spring Street NE

Mailing City: Gainesville

Mailing Zip: 30501

Medicaid Provider Number: 0000888A

Medicare Provider Number: 110029

2. Report Period

Report Data for the full twelve month period- January 1, 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: Linda Berger

Contact Title: Director of Strategy and Planning

Phone: 770-219-6631

Fax: 770-219-5439

E-mail: Linda.Berger@nghs.com

Part C : Ownership, Operation and Management

1. Ownership, Operation and Management

As of the last day of the report period, indicate the operation/management status of the facility and provide the effective date. Using the drop-down menus, select the organization type. If the category is not applicable, the form requires you only to enter Not Applicable in the legal name field. You must enter something for each category.

A. Facility Owner

Full Legal Name (Or Not Applicable)	Organization Type	Effective Date
Hosp Authority of Hall Co. & City of Gainesville	Hospital Authority	9/5/1951

B. Owner's Parent Organization

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

C. Facility Operator

Full Legal Name (Or Not Applicable)	Organization Type	Effective Date
Northeast Georgia Medical Center, Inc.	Not for Profit	10/1/1986

D. Operator's Parent Organization

Full Legal Name (Or Not Applicable)	Organization Type	Effective Date
Northeast Georgia Health System, Inc.	Not for Profit	10/1/1986

E. Management Contractor

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

F. Management's Parent Organization

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

2. Changes in Ownership, Operation or Management

Check the box to the right if there were any changes in the ownership, operation, or management of the facility during the report period or since the last day of the Report Period.

If checked, please explain in the box below and include effective dates.

3. Check the box to the right if your facility is part of a health care system

Name: Northeast Georgia Health System, Inc.

City: Gainesville **State:** GA

4. Check the box to the right if your hospital is a division or subsidiary of a holding company.

Name: Northeast Georgia Health System, Inc.

City: Gainesville **State:** GA

5. Check the box to the right if the hospital itself operates subsidiary corporations

Name:

City: State:

6. Check the box to the right if your hospital is a member of an alliance.

Name: VHA of GA Inc./Vol of Amer/GA Allian Comm Hosp

City: Atlanta/Dallas/Atlanta State: GA/TX/GA

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

Name: Super Med PPO Network/NEGA Health Partners

City: Atlanta/Gainesville State: GA/GA

8. Check the box to the right if the hospital has a policy or policies and a peer review process related to medical errors.

9. Check the box to the right if the hospital owns or operates a primary care physician group practice.

10a. Managed Care Information: Formal Written Contract

Does the hospital have a formal written contract that specifies the obligations of each party with each of the following? (check the appropriate boxes)

1. Health Maintenance Organization(HMO)

2. Preferred Provider Organization(PPO)

3. Physician Hospital Organization(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 checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Indemnity Fee-for-Service Plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Another Insurance Product Not Listed Above	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

11. Owner or Owner Parent Based in Another State

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

Part D : Inpatient Services

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

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

Category	SUS Beds	Admissions	Inpatient Days	Discharges	Discharge Days
Obstetrics (no GYN, include LDRP)	65	5,302	14,109	5,323	14,290
Pediatrics (Non ICU)	18	318	1,246	315	1,232
Pediatric ICU	0	0	0	0	0
Gynecology (No OB)	0	187	670	188	675
General Medicine	0	0	0	0	0
General Surgery	0	0	0	0	0
Medical/Surgical	500	20,439	153,471	20,421	153,205
Intensive Care	103	10,184	48,572	10,149	47,941
Psychiatry	25	1,506	10,560	1,496	10,288
Substance Abuse	15	403	2,230	402	2,203
Adult Physical Rehabilitation (18 & Up)	24	494	7,806	488	7,734
Pediatric Physical Rehabilitation (0-17)	0	0	0	0	0
Burn Care	0	0	0	0	0
Swing Bed (Include All Utilization)	0	0	0	0	0
Long Term Care Hospital (LTCH)	0	0	0	0	0
Child/Adol/Psych/SA	14	287	1,835	292	2,114
	0	0	0	0	0
	0	0	0	0	0
Total	764	39,120	240,499	39,074	239,682

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	69	403
Asian	440	2,990
Black/African American	3,448	23,571
Hispanic/Latino	3,938	19,824
Pacific Islander/Hawaiian	0	0
White	30,547	189,946
Multi-Racial	678	3,765
Total	39,120	240,499

3. Gender

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

Gender	Admissions	Inpatient Days
Male	17,143	116,481
Female	21,977	124,018
Total	39,120	240,499

4. Payment Source

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

Primary Payment Source	Admissions	Inpatient Days
Medicare	19,065	134,325
Medicaid	5,143	25,603
Peachare	0	0
Third-Party	9,396	47,360
Self-Pay	4,037	24,200
Other	1,479	9,011

5. Discharges to Death

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

1,168

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	1,803
Semi-Private Room Rate	1,803
Operating Room: Average Charge for the First Hour	10,737
Average Total Charge for an Inpatient Day	15,506

Part E : Emergency Department and Outpatient Services

1. Emergency Visits

Please report the number of emergency visits only.

154,180

2. Inpatient Admissions from ER

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

24,662

3. Beds Available

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

134

4. Utilization by Specific type of ER bed or room for the report period.

Type of ER Bed or Room	Beds	Visits
Beds dedicated for Trauma	2	0
Beds or Rooms dedicated for Psychiatric /Substance Abuse cases	12	0
General Beds	72	0
Overflow	20	0
Minor Acuity	27	0
Sexual Assault	1	0
	0	0

5. Transfers

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

4,223

6. Non-Emergency Visits

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

357,469

7. Observation Visits/Cases

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

24,385

8. Diverted Cases

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

0

9. Ambulance Diversion Hours

Please provide the total number of Ambulance Diversion hours for your ED for the entire report period

0

10. Untreated Cases

Please provide the number of patients who sought care in your ED but who left without or before being treated. Do not include patients who were transferred or cases that were diverted.

0

Part F : Services and Facilities

1a. Services and Facilities

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

Site Codes

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

Status Codes

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

Service/Facilities	Site Code	Service Status
Podiatric Services	1	1
Renal Dialysis	2	1
ESWL	2	1
Biliary Lithotripter	3	4
Kidney Transplants	3	4
Heart Transplants	3	4
Other-Organ/Tissues Transplants	3	4
Diagnostic X-Ray	1	1
Computerized Tomography Scanner (CTS)	1	1
Radioisotope, Diagnostic	1	1
Positron Emission Tomography (PET)	1	1
Radioisotope, Therapeutic	3	4
Magnetic Resonance Imaging (MRI)	1	1
Chemotherapy	1	1
Respiratory Therapy	1	1
Occupational Therapy	1	1
Physical Therapy	1	1
Speech Pathology Therapy	1	1
Gamma Ray Knife	3	4
Audiology Services	3	4
HIV/AIDS Diagnostic Treatment/Services	1	1
Ambulance Services	1	1
Hospice	1	1
Respite Care Services	1	1
Ultrasound/Medical Sonography	1	1
	0	0
	0	0
	0	0

1b. Report Period Workload Totals

Please report the workload totals for in-house and contract services as requested. The number of units should equal the number of machines.

Category	Total
Number of Podiatric Patients	821
Number of Dialysis Treatments	8,462
Number of ESWL Patients	139
Number of ESWL Procedures	167
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	157,580
Number of CTS Units (machines)	10
Number of CTS Procedures	130,949
Number of Diagnostic Radioisotope Procedures	3,538
Number of PET Units (machines)	2
Number of PET Procedures	6,314
Number of Therapeutic Radioisotope Procedures	0
Number of Number of MRI Units	9
Number of Number of MRI Procedures	37,716
Number of Chemotherapy Treatments	2,583
Number of Respiratory Therapy Treatments	206,212
Number of Occupational Therapy Treatments	108,343
Number of Physical Therapy Treatments	266,405
Number of Speech Pathology Patients	2,149
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	306
Number of HIV/AIDS Patients	35
Number of Ambulance Trips	35,549
Number of Hospice Patients	1,949
Number of Respite care Patients	120
Number of Ultrasound/Medical Sonography Units	14
Number of Ultrasound/Medical Sonography Procedures	39,903
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).

145

3. Robotic Surgery System

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

# Units	# Procedures	Type of Unit(s)
8	3,908	Da Vinci

Part G : Facility Workforce Information

1. Budgeted Staff

Please report the number of budgeted fulltime equivalents (FTEs) and the number of vacancies as of 12-31-2023. 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	211.00	0.00	0.00
Physician Assistants Only (not including Licensed Physicians)	0.00	0.00	0.00
Registered Nurses (RNs-Advanced Practice*)	1,803.20	340.40	163.90
Licensed Practical Nurses (LPNs)	137.20	15.90	19.80
Pharmacists	49.20	1.80	0.00
Other Health Services Professionals*	1,836.20	170.00	25.30
Administration and Support	1,010.20	24.80	0.00
All Other Hospital Personnel (not included above)	1,062.70	33.20	232.10

2. Filling Vacancies

Using the drop-down menus, please select the average time needed during the past six months to fill each type of vacant position.

Type of Vacancy	Average Time Needed to Fill Vacancies
Physician's Assistants	Not Applicable
Registered Nurses (RNs-Advance Practice)	More than 90 Days
Licensed Practical Nurses (LPNs)	More than 90 Days
Pharmacists	31-60 Days
Other Health Services Professionals	More than 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	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	45	<input type="checkbox"/>	38	39
General Internal Medicine	149	<input type="checkbox"/>	139	126
Pediatricians	52	<input type="checkbox"/>	50	28
Other Medical Specialties	264	<input type="checkbox"/>	211	192

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	23	<input type="checkbox"/>	22	22
Non-OB Physicians Providing OB Services	0	<input type="checkbox"/>	0	0
Gynecology	11	<input type="checkbox"/>	8	8
Ophthalmology Surgery	9	<input type="checkbox"/>	2	3
Orthopedic Surgery	25	<input type="checkbox"/>	20	25
Plastic Surgery	7	<input type="checkbox"/>	4	5
General Surgery	25	<input type="checkbox"/>	24	24
Thoracic Surgery	0	<input type="checkbox"/>	0	0
Other Surgical Specialties	26	<input type="checkbox"/>	21	21

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	38	<input checked="" type="checkbox"/>	38	38
Dermatology	9	<input type="checkbox"/>	2	0
Emergency Medicine	55	<input checked="" type="checkbox"/>	55	55
Nuclear Medicine	0	<input type="checkbox"/>	0	0
Pathology	7	<input checked="" type="checkbox"/>	7	7
Psychiatry	24	<input type="checkbox"/>	24	9
Radiology	35	<input checked="" type="checkbox"/>	35	35
Trauma & Acute Care	8	<input checked="" type="checkbox"/>	8	8
Neonatology	6	<input checked="" type="checkbox"/>	6	6
	0	<input type="checkbox"/>	0	0

5a. Non-Physicians

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

Profession	Number
Dentists (include oral surgeons) with Admitting Privileges	11
Podiatrists	19
Certified Nurse Midwives with Clinical Privileges in the Hospital	25
All Other Staff Affiliates with Clinical Privileges in the Hospital	240

5b. Name of Other Professions

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

PA, NP, AA, CRNA

Comments and Suggestions:

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	35	4	1	3	0	0	1	0	0	0	0	0	2
Baldwin	3	0	0	0	0	0	1	0	0	0	0	0	0
Banks	960	424	109	20	3	0	7	0	0	0	0	0	3
Barrow	3,062	1,212	466	121	14	1	38	1	0	0	0	0	21
Bartow	11	4	1	5	0	0	0	0	0	0	0	0	0
Ben Hill	1	0	0	0	0	0	0	0	0	0	0	0	0
Bibb	13	4	0	0	0	0	1	0	0	0	0	0	0
Brantley	1	0	0	0	0	0	0	0	0	0	0	0	0
Bryan	2	0	0	0	0	0	0	0	0	0	0	0	0
Bulloch	2	1	0	0	0	0	0	0	0	0	0	0	0
Burke	1	0	0	0	0	0	0	0	0	0	0	0	0
Butts	2	2	0	0	0	0	0	0	0	0	0	0	0
Camden	1	0	0	1	0	0	0	0	0	0	0	0	0
Carroll	12	5	2	1	0	0	1	0	0	0	0	0	0
Chatham	4	0	0	0	0	0	0	0	0	0	0	0	0
Cherokee	45	36	1	4	0	0	1	0	0	0	0	0	0
Clarke	128	73	26	29	2	0	4	0	0	0	0	0	2
Clayton	14	3	1	2	0	0	1	0	0	0	0	0	0
Cobb	54	27	2	7	1	0	4	0	0	0	0	0	0
Colquitt	1	0	0	0	0	0	0	0	0	0	0	0	0
Columbia	3	1	1	1	0	0	0	0	0	0	0	0	0
Coweta	10	4	0	1	0	0	1	0	0	0	0	0	0
Crisp	0	1	0	0	0	0	0	0	0	0	0	0	0
Dawson	1,026	554	146	47	11	0	14	0	0	0	0	0	17
Decatur	2	0	0	0	0	0	0	0	0	0	0	0	0
Dekalb	94	36	11	11	0	0	1	0	0	0	0	0	4
Dooly	1	0	0	0	0	0	0	0	0	0	0	0	0

Dougherty	6	0	0	1	0	0	0	0	0	0	0	0	1
Douglas	9	4	0	0	0	0	1	0	0	0	0	0	0
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	23	12	2	6	0	0	0	0	0	0	0	0	1
Fannin	223	43	2	1	0	0	1	0	0	0	0	0	6
Fayette	9	0	0	1	0	0	1	0	0	0	0	0	0
Florida	125	28	1	4	0	0	1	0	0	0	0	0	3
Floyd	4	1	0	3	0	0	0	0	0	0	0	0	0
Forsyth	393	225	48	35	6	0	6	0	0	0	0	0	9
Franklin	320	176	52	21	4	0	2	0	0	0	0	0	5
Fulton	142	70	12	25	1	0	5	0	0	0	0	0	0
Gilmer	48	19	5	4	0	0	2	0	0	0	0	0	0
Glynn	3	1	0	1	0	0	0	0	0	0	0	0	0
Gordon	3	3	1	1	0	0	0	0	0	0	0	0	0
Grady	2	0	0	1	0	0	0	0	0	0	0	0	0
Greene	7	3	1	2	0	0	1	0	0	0	0	0	0
Gwinnett	3,483	1,920	452	125	31	5	47	0	0	0	0	0	21
Habersham	2,863	1,464	303	80	19	1	25	0	0	0	0	0	37
Hall	13,352	6,401	2,381	512	92	11	137	2	0	0	0	0	172
Haralson	3	0	0	1	0	0	0	0	0	0	0	0	0
Harris	3	0	0	0	0	0	0	0	0	0	0	0	1
Hart	96	50	11	29	0	0	3	0	0	0	0	0	0
Henry	12	7	2	1	0	0	0	0	0	0	0	0	1
Houston	8	2	0	0	1	0	1	0	0	0	0	0	0
Jackson	4,058	2,385	611	133	17	5	33	1	0	0	0	0	44
Jasper	3	2	0	0	0	0	0	0	0	0	0	0	0
Jeff Davis	0	2	0	0	0	0	0	0	0	0	0	0	0
Jefferson	1	0	0	0	0	0	0	0	0	0	0	0	0
Jones	0	1	0	0	0	0	0	0	0	0	0	0	0
Lamar	4	1	0	1	0	0	0	0	0	0	0	0	0
Laurens	4	0	0	0	0	0	0	0	0	0	0	0	0
Liberty	1	1	1	0	0	0	0	0	0	0	0	0	0
Long	1	0	0	0	0	0	0	0	0	0	0	0	0
Lowndes	4	1	1	1	0	0	0	0	0	0	0	0	0
Lumpkin	1,466	750	167	68	14	2	12	0	0	0	0	0	25
Madison	66	44	8	2	0	0	1	0	0	0	0	0	2
Mcduffie	2	1	0	0	0	0	0	0	0	0	0	0	0
Mcintosh	1	0	0	0	0	0	0	0	0	0	0	0	0
Meriwether	1	1	0	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	2	0	0	0	0	0	0	0	0	0	0	0	0
Montgomery	1	0	0	0	0	0	0	0	0	0	0	0	0
Morgan	13	10	4	3	0	0	0	0	0	0	0	0	0

Muscogee	2	0	0	0	0	0	0	0	0	0	0	0	0
Newton	29	9	2	2	0	0	0	0	0	0	0	0	1
North Carolina	542	166	6	10	0	0	2	0	0	0	0	0	9
Oconee	33	22	1	8	1	0	0	0	0	0	0	0	2
Oglethorpe	4	6	0	1	1	0	0	0	0	0	0	0	0
Other Out Of State	166	38	3	9	0	0	3	0	0	0	0	0	5
Paulding	8	2	0	1	0	0	1	0	0	0	0	0	0
Peach	2	1	0	0	0	0	0	0	0	0	0	0	0
Pickens	42	18	0	2	0	0	2	0	0	0	0	0	4
Pierce	1	1	0	0	0	0	0	0	0	0	0	0	0
Polk	2	2	0	0	0	0	0	0	0	0	0	0	0
Pulaski	1	0	0	1	0	0	0	0	0	0	0	0	0
Putnam	6	3	1	1	0	0	0	0	0	0	0	0	0
Rabun	915	472	65	9	3	0	3	0	0	0	0	0	13
Richmond	5	2	1	0	0	0	1	0	0	0	0	0	0
Rockdale	5	1	0	0	0	0	0	0	0	0	0	0	0
South Carolina	75	42	3	5	0	0	0	0	0	0	0	0	2
Spalding	5	0	0	1	0	0	0	0	0	0	0	0	0
Stephens	1,419	670	129	41	4	1	13	0	0	0	0	0	19
Stewart	0	1	0	0	0	0	0	0	0	0	0	0	0
Sumter	1	0	0	0	0	0	0	0	0	0	0	0	0
Tattnall	0	1	0	0	0	0	0	0	0	0	0	0	0
Taylor	1	0	0	0	0	0	0	0	0	0	0	0	0
Tennessee	69	14	0	4	2	0	1	0	0	0	0	0	0
Thomas	2	0	0	2	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	374	186	8	3	0	0	1	0	0	0	0	0	5
Turner	1	0	0	0	0	0	0	0	0	0	0	0	0
Union	705	216	10	9	1	1	1	0	0	0	0	0	18
Upson	2	0	0	0	0	0	0	0	0	0	0	0	0
Walker	3	0	0	1	0	0	0	0	0	0	0	0	0
Walton	176	129	31	14	2	0	6	0	0	0	0	0	3
Ware	2	0	0	0	0	0	0	0	0	0	0	0	0
Washington	2	0	0	0	0	0	0	0	0	0	0	0	0
White	2,252	1,186	209	65	23	2	14	1	0	0	0	0	36
Whitfield	5	1	0	1	0	0	1	0	0	0	0	0	0
Wilcox	1	0	0	0	0	0	0	0	0	0	0	0	0
Wilkes	5	0	1	1	0	0	0	0	0	0	0	0	0
Total	39,120	19,212	5,302	1,506	253	29	403	5	0	0	0	0	494

Surgical Services Addendum

Part A : Surgical Services Utilization

1. Surgery Rooms in the OR Suite

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

Room Type	Dedicated Inpatient Rooms	Dedicated Outpatient Rooms	Shared Rooms
General Operating	0	2	29
Cystoscopy (OR Suite)	0	0	0
Endoscopy (OR Suite)	0	0	0
	0	0	0
Total	0	2	29

2. Procedures by Type of Room

Please report the number of procedures by type of room.

Room Type	Dedicated Inpatient Rooms	Dedicated Outpatient Rooms	Shared Inpatient Rooms	Shared Outpatient Rooms
General Operating	0	1,853	9,723	19,768
Cystoscopy	0	0	0	0
Endoscopy	0	0	0	0
	0	0	0	0
Total	0	1,853	9,723	19,768

3. Patients by Type of Room

Please report the number of patients by type of room.

Room Type	Dedicated Inpatient Rooms	Dedicated Outpatient Rooms	Shared Inpatient Rooms	Shared Outpatient Rooms
General Operating	0	1,769	9,723	17,443
Cystoscopy	0	0	0	0
Endoscopy	0	0	0	0
	0	0	0	0
Total	0	1,769	9,723	17,443

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	34
Asian	231
Black/African American	1,239
Hispanic/Latino	2,089
Pacific Islander/Hawaiian	0
White	15,311
Multi-Racial	308
Total	19,212

2. Age Grouping

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

Age of Patient	Number of Ambulatory Patients
Ages 0-14	204
Ages 15-64	12,388
Ages 65-74	3,964
Ages 75-85	2,366
Ages 85 and Up	290
Total	19,212

3. Gender

Please report the total number of ambulatory patients by gender.

Gender	Number of Ambulatory Patients
Male	7,807
Female	11,405
Total	19,212

4. Payment Source

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

Primary Payment Source	Number of Patients
Medicare	7,009
Medicaid	1,709
Third-Party	9,361
Self-Pay	1,133

Perinatal Services Addendum

Part A : Obstetrical Services Utilization

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

1. Number of Delivery Rooms: 0

2. Number of Birthing Rooms: 0
3. Number of LDR Rooms: 28
4. Number of LDRP Rooms: 0
5. Number of Cesarean Sections: 1,609
6. Total Live Births: 5,191
7. Total Births (Live and Late Fetal Deaths): 5,233
8. Total Deliveries (Births + Early Fetal Deaths and Induced Terminations): 5,470

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)	61	4,813	10,557	290
Specialty Care (Intermediate Neonatal Care)	20	178	4,787	314
Subspecialty Care (Intensive Neonatal Care)	4	280	3,515	81

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	14	41
Asian	99	260
Black/African American	501	1,576
Hispanic/Latino	1,553	3,957
Pacific Islander/Hawaiian	0	0
White	2,985	7,901
Multi-Racial	150	374
Total	5,302	14,109

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	6	22
Ages 15-44	5,286	14,053
Ages 45 and Up	10	34
Total	5,302	14,109

3. Average Charge for an Uncomplicated Delivery

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

\$16,898.00

4. Average Charge for a Premature Delivery

Please report the average hospital charge for a premature delivery.

\$35,425.00

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	25	25
B- General Acute Psychiatric Adolescents 13-17	7	7
C- General Acute Psychiatric Children 12 and under	4	4
D- Acute Substance Abuse Adults 18 and over	15	15
E- Acute Substance Abuse Adolescents 13-17	3	3
F-Extended Care Adults 18 and over	0	0
G- Extended Care Adolescents 13-17	0	0
H- Extended Care Adolescents 0-12	0	0
	0	0

2. Admissions, Days, Discharges, Accreditation

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

Program Type	Admissions	Inpatient Days	Discharges	Discharge Days	Average Charge Per Patient Day	Check if the Program is JCAHO Accredited
General Acute Psychiatric Adults 18 and over	1,506	10,560	1,496	10,288	3,294	<input checked="" type="checkbox"/>
General Acute Psychiatric Adolescents 13-17	253	1,541	257	1,787	3,469	<input checked="" type="checkbox"/>
General Acute Psychiatric Children 12 and Under	29	278	29	278	3,079	<input checked="" type="checkbox"/>
Acute Substance Abuse Adults 18 and over	403	2,255	402	2,203	3,547	<input checked="" type="checkbox"/>
Acute Substance Abuse Adolescents 13-17	5	16	6	49	4,320	<input checked="" type="checkbox"/>
Extended Care Adults 18 and over	0	0	0	0	0	<input type="checkbox"/>
Extended Care Adolescents 13-17	0	0	0	0	0	<input type="checkbox"/>
Extended Care Adolescents 0-12	0	0	0	0	0	<input type="checkbox"/>

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

1. Race/Ethnicity

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

Race/Ethnicity	Admissions	Inpatient Days
American Indian/Alaska Native	3	12
Asian	16	87
Black/African American	361	2,677
Hispanic/Latino	199	1,200
Pacific Islander/Hawaiian	0	0
White	1,558	10,212
Multi-Racial	59	437
Total	2,196	14,625

2. Gender

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

Gender of Patient	Admissions	Inpatient Days
Male	1,122	7,302
Female	1,074	7,323
Total	2,196	14,625

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	245	2,029
Medicaid	453	3,297
Third Party	789	4,774
Self-Pay	709	4,525
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? 15 (FTE's)

What languages do they interpret?

Spanish

2. When a paid medical interpreter is not available for a limited-English proficiency patient, what alternative mechanisms do you use to assure the provision of Linguistically Appropriate Services? (Check all that apply)

Bilingual Hospital Staff Member

Bilingual Member of Patient's Family

Community Volunteer Interpreter

Telephone Interpreter Service

Refer Patient to Outside Agency

Other (please describe):

Video (Language & ASL)

3. Please complete the following grid to show the proportion of patients you serve who prefer speaking various languages (name the 3 most common non-English languages spoken.)

Top 3 most common non-English languages spoken by your patients	Percent of patients for whom this is their preferred language	# of physicians on staff who speak this language	# of nurses on staff who speak this language	# of other employed staff who speak this language
0	0	0	0	0
0	0	0	0	0
0	0	0	0	0

4. What **training** have you provided to your staff to assure cultural competency and the provision of **Culturally and Linguistically Appropriate Services (CLAS)** to your patients?

Classes on cultural competency awareness are provided for existing staff. Several staff members

have been identified and trained as qualified interpreters. Each year, during the annual mandatory education, an employee's cultural awareness is discussed including the usage of interpreters and their importance in communicating with non-English speaking patients. In general orientation our new staff are trained about the Interpreter Program. Discussion involves how to access interpreters and usage of the language line for various types of languages. New staff receive information that incorporates cultural awareness in communicating and providing care to patients and their families. The organization offers Interpreter skills training classes which include medical terminology. A Cultural Competency class is offered at the RN's Residency Program every 3 months and in-service about the interpreting services can be provided in any department's staff meeting per request.

5. What is the most urgent tool or resource you need in order to increase your ability to provide **Culturally and Linguistically Appropriate Services (CLAS)** to your patients?

None needed. We offer a web page for LEP patient needs, badges to identify all assessed interpreters, wireless interpreting device for LEP and hearing impaired patients, as well as telephonic interpreting line and document translation program.

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

1. English with some Braille 2. Visual Wayfinding 3. 4.

7. If an uninsured patient visits your emergency department, is there a community health center, federally-qualified health center, free clinic, or other reduced-fee safety net clinic nearby to which you could refer that patient in order to provide him or her an affordable primary care medical home regardless of ability to pay? *(Check the box, if yes)*

If you checked yes, what is the name and location of that health care center or clinic?

Health Care Centers/Clinics include: Hall County Health Department, Good News at Noon, Health Access Initiative, MedLink, Community Helping Hands Clinic, Good Shepherd Clinic, Community Helping Place, Good Samaritan Health Center of Gwinnett, Open Arms Clinic, Georgia Mountain Health, Grace Gate Clinic, New Beginning Domestic Violence Shelter

Comprehensive Inpatient Physical Rehabilitation Addendum

Part A : Rehab Utilization by Race/Ethnicity, Gender, and Payment Source

1. Admissions and Days of Care by Race

Please report the number of inpatient physical rehabilitation admissions and inpatient days for the hospital by the following race and ethnicity categories.

Race/Ethnicity	Admissions	Inpatient Days
American Indian/Alaska Native	0	0
Asian	4	91
Black/African American	17	339
Hispanic/Latino	35	671
Pacific Islander/Hawaiian	0	0
White	432	6,878
Multi-Racial	6	146

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	240	4,080
Female	254	4,045

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	146	2,964
65-84	269	3,984
85 Up	79	1,177

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	488
Long Term Care Hospital	2
Skilled Nursing Facility	2
Traumatic Brain Injury Facility	0

Other	2
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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	336
Third Party/Commercial	123
Self Pay	30
Other	5

2. Uncompensated Indigent and Charity Care

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

24

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	160
2. Brain Injury	51
3. Amputation	26
4. Spinal Cord	13
5. Fracture of the femur	83
6. Neurological disorders	17
7. Multiple Trauma	27
8. Congenital deformity	0
9. Burns	0
10. Osteoarthritis	0
11. Rheumatoid arthritis	0
12. Systemic vasculidities	0
13. Joint replacement	10
All Other	107

Electronic Signature

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

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

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

Authorized Signature: John Kueven

Date: 3/1/2024

Title: Chief Operating Officer

Comments:

The data presented in the AHQ and related addenda reflects the beds and services of both NGMC's Main Campus, and South Hall Braselton Campus which are licensed and operated as a single hospital. The South Hall Braselton Campus inpatient and other related services commenced on 04/01/2015 pursuant to the CON authorization GA2006-140.

D.1. Set up and staffed beds include NGMC's historical complement of 691 CON authorized acute care beds (the combined number of beds on the Main Campus and the South Hall Braselton Campus) plus 56 of the approved 144 additional acute care beds for the Main Campus (CON Project No. GA 2021-014), and additional 54 of the approved complement of 150 additional acute care beds for the South Hall Braselton Campus (Project No. GA 2022-035).

D.1.a - Inpatient and discharge days include inpatient LDR and C-section room days; LDRs are not acute care beds. D.1—Admissions/Inpatient Days/Discharges/Discharge Days data reflect the type of patient regardless of the type of bed/unit where the patient received care. For example, some intensive care patients received care in med/surg units during 2023. As another example, some med/surg patients received care in rehab beds (pursuant to PHE waivers) during 2023.

D.1.a - Gynecology (not OB) beds are reported as part of the Medical/Surgical beds.

D.2 - The multi-racial category includes patients who declined to indicate their race and were included in an "other" category on the hospital's records. The same is true for payor breakdowns in the Psych, Surgical and Perinatal Addendums.

E.1 The number of Emergency Visits reported in 2022 was incorrect. The number of Emergency Visits reported should have been 150,515.

E.4. Note 1: NGMC is not able to track visits by type of ED bed.

E.4 The majority of transfers were to SNFs and other non-general acute care hospitals.

E.5. The transfer data include both transfers to non-Northeast Georgia Health System facilities and transfer/transports within the Northeast Georgia Health System.

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

F.1b - Hospice and respite patients are estimated based on system-wide 2023 experience of Northeast Georgia hospitals.

G.3. Physician Race information is not captured during the medical staff application process.

G.3 and 4—Effective January 1, 2021, the system has a unified medical staff, meaning that most physicians are on the medical staff of all Northeast Georgia hospitals.

G.4.Note 1: NGMC physicians do not report Medicaid/PeachCare/PEHB plan provider status to the hospital. NGMC has attempted to gather data regarding physician enrollment in those programs but recognizes that its data are likely incomplete. NGMC also recognizes that it is very likely that a greater number of its medical staff are enrolled providers in those programs than reflected in the data reported here.

Surgical Services Addendum - Northeast Georgia Medical Center has 4 dedicated endoscopy suites adjacent to the main campus OR suite. Those suites and their related volumes are not reported in the surgical services addendum.

Perinatal Services Addendum - Specialty Care admissions include admissions from sub-specialty care unit.

Minority Health Addendum - Part 3. NGMC does not have reliable data to report.

Minority Health Addendum - Part 6. Signage on the hospital campus utilizes universal symbols and numbers to direct non-English speaking patients to the appropriate locations. Signs are marked with braille lettering to assist the sight-impaired in locating their intended destination.

Nursing Addendum - All Northeast Georgia system hospital nurses with multi-state licenses are shown on the nursing addendum submitted with the NGMC AHQ.