



2020 Annual Hospital Questionnaire

Part A : General Information

1. Identification

UID:hosp710

Facility Name: Grady Memorial Hospital

County: Fulton

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

City: Atlanta

Zip: 30303-3050

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

Mailing City: Atlanta

Mailing Zip: 30303-3050

Medicaid Provider Number: 00000855A

Medicare Provider Number: 110079

2. Report Period

Report Data for the full twelve month period- January 1, 2020 through December 31, 2020.

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: Mawuna Togbenou

Contact Title: Decision Support - Director

Phone: 404-616-7102

Fax: 404-616-1000

E-mail: mtogbenou@ghs.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	Not Applicable	

C. Facility Operator

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

D. Operator's Parent Organization

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

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: 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: TX

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

Name:

City: State:

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

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

10a. Managed Care Information: Formal Written Contract

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

1. Health Maintenance Organization(HMO)

2. Preferred Provider Organization(PPO)

3. Physician Hospital Organization(PHO)

4. Provider Service Organization(PSO)

5. Other Managed Care or Prepaid Plan

10b. Managed Care Information: Insurance Products

Check the appropriate boxes to indicate if any of the following insurance products have been developed by the hospital, health care system, network, or as a joint venture with an insurer:

Type of Insurance Product	Hospital	Health Care System	Network	Joint Venture with Insurer
Health Maintenance Organization	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Preferred Provider Organization	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Indemnity Fee-for-Service Plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Another Insurance Product Not Listed Above	<input type="checkbox"/>	<input 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)	32	2,710	5,313	2,709	7,935
Pediatrics (Non ICU)	0	0	0	0	0
Pediatric ICU	0	0	0	0	0
Gynecology (No OB)	14	911	4,426	870	5,887
General Medicine	0	0	0	0	0
General Surgery	0	0	0	0	0
Medical/Surgical	516	20,696	123,419	20,577	140,814
Intensive Care	102	1,760	31,280	1,769	14,455
Psychiatry	24	1,232	8,129	1,238	8,039
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	659	5,992	658	6,017
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	711	27,968	178,559	27,821	183,147

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	72	405
Asian	297	1,861
Black/African American	20,886	131,375
Hispanic/Latino	1,796	9,649
Pacific Islander/Hawaiian	17	122
White	3,939	28,349
Multi-Racial	961	6,798
Total	27,968	178,559

3. Gender

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

Gender	Admissions	Inpatient Days
Male	16,291	104,412
Female	11,677	74,147
Total	27,968	178,559

4. Payment Source

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

Primary Payment Source	Admissions	Inpatient Days
Medicare	8,252	63,616
Medicaid	8,737	58,670
Peachare	0	0
Third-Party	4,449	30,306
Self-Pay	6,530	25,967
Other	0	0

5. Discharges to Death

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

679

6. Charges for Selected Services

Please report the hospital's average charges as of 12-31-2020 (to the nearest whole dollar).

Service	Charge
Private Room Rate	2,724
Semi-Private Room Rate	1,967
Operating Room: Average Charge for the First Hour	24,488
Average Total Charge for an Inpatient Day	3,439

Part E : Emergency Department and Outpatient Services

1. Emergency Visits

Please report the number of emergency visits only.

112,742

2. Inpatient Admissions from ER

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

24,480

3. Beds Available

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

109

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	15	16,777
Beds or Rooms dedicated for Psychiatric /Substance Abuse cases	12	4,675
General Beds	72	79,933
Detention	10	7,040
	0	0
	0	0
	0	0

5. Transfers

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

449

6. Non-Emergency Visits

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

553,709

7. Observation Visits/Cases

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

14,033

8. Diverted Cases

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

879

9. Ambulance Diversion Hours

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

1,858.00

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.

8,060

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	1	1
ESWL	3	4
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	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	2	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	3,178
Number of Dialysis Treatments	13,538
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	181,369
Number of CTS Units (machines)	6
Number of CTS Procedures	86,195
Number of Diagnostic Radioisotope Procedures	2,315
Number of PET Units (machines)	1
Number of PET Procedures	807
Number of Therapeutic Radioisotope Procedures	80
Number of Number of MRI Units	3
Number of Number of MRI Procedures	12,387
Number of Chemotherapy Treatments	15,768
Number of Respiratory Therapy Treatments	766,359
Number of Occupational Therapy Treatments	80,572
Number of Physical Therapy Treatments	107,875
Number of Speech Pathology Patients	9,644
Number of Gamma Ray Knife Procedures	0
Number of Gamma Ray Knife Units	0
Number of Audiology Patients	2,286
Number of HIV/AIDS Diagnostic Procedures	42,336
Number of HIV/AIDS Patients	6,078
Number of Ambulance Trips	154,979
Number of Hospice Patients	281
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).

115

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	168	

Part G : Facility Workforce Information

1. Budgeted Staff

Please report the number of budgeted fulltime equivalents (FTEs) and the number of vacancies as of 12-31-2020. Also, include the number of contract or temporary staff (eg. agency nurses) filling budgeted vacancies as of 12-31-2020.

Profession	Profession	Profession	Profession
Licensed Physicians	19.00	3.00	6.00
Physician Assistants Only (not including Licensed Physicians)	10.00	2.00	0.00
Registered Nurses (RNs-Advanced Practice*)	1,670.00	535.00	141.00
Licensed Practical Nurses (LPNs)	75.00	30.00	0.00
Pharmacists	86.00	9.00	0.00
Other Health Services Professionals*	2,231.00	605.00	12.00
Administration and Support	1,548.00	174.00	28.00
All Other Hospital Personnel (not included above)	273.00	35.00	12.00

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	61-90 Days
Registered Nurses (RNs-Advance Practice)	61-90 Days
Licensed Practical Nurses (LPNs)	61-90 Days
Pharmacists	61-90 Days
Other Health Services Professionals	61-90 Days
All Other Hospital Personnel (not included above)	31-60 Days

3. Race/Ethnicity of Physicians

Please report the number of physicians with admitting privileges by race.

Race/Ethnicity	Number of Physicians
American Indian/Alaska Native	0
Asian	119
Black/African American	428
Hispanic/Latino	276
Pacific Islander/Hawaiian	0
White	580
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	55	<input type="checkbox"/>	0	0
General Internal Medicine	217	<input type="checkbox"/>	0	0
Pediatricians	97	<input type="checkbox"/>	0	0
Other Medical Specialties	256	<input type="checkbox"/>	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	75	<input type="checkbox"/>	0	0
Non-OB Physicians Providing OB Services	17	<input type="checkbox"/>	0	0
Gynecology	75	<input type="checkbox"/>	0	0
Ophthalmology Surgery	36	<input type="checkbox"/>	0	0
Orthopedic Surgery	24	<input type="checkbox"/>	0	0
Plastic Surgery	3	<input type="checkbox"/>	0	0
General Surgery	35	<input type="checkbox"/>	0	0
Thoracic Surgery	7	<input type="checkbox"/>	0	0
Other Surgical Specialties	124	<input type="checkbox"/>	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	25	<input type="checkbox"/>	0	0
Dermatology	23	<input type="checkbox"/>	0	0
Emergency Medicine	122	<input type="checkbox"/>	0	0
Nuclear Medicine	13	<input type="checkbox"/>	0	0
Pathology	11	<input type="checkbox"/>	0	0
Psychiatry	49	<input type="checkbox"/>	0	0
Radiology	115	<input type="checkbox"/>	0	0
Radiation Oncology	23	<input type="checkbox"/>	0	0
Rehab Medicine	1	<input type="checkbox"/>	0	0
	0	<input type="checkbox"/>	0	0

5a. Non-Physicians

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

Profession	Number
Dentists (include oral surgeons) with Admitting Privileges	20
Podiatrists	1
Certified Nurse Midwives with Clinical Privileges in the Hospital	5
All Other Staff Affiliates with Clinical Privileges in the Hospital	127

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:

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	224	16	0	0	0	0	0	0	0	0	0	0	0
Baker	1	1	0	0	0	0	0	0	0	0	0	0	0
Baldwin	8	1	0	0	0	0	0	0	0	0	0	0	0
Barrow	40	1	2	0	0	0	0	0	0	0	0	0	0
Bartow	47	5	3	1	0	0	0	0	0	0	0	0	0
Berrien	1	1	0	0	0	0	0	0	0	0	0	0	0
Bibb	55	2	3	1	0	0	0	0	0	0	0	0	0
Bleckley	1	0	0	0	0	0	0	0	0	0	0	0	0
Brantley	1	0	1	0	0	0	0	0	0	0	0	0	0
Brooks	1	0	0	0	0	0	0	0	0	0	0	0	0
Bulloch	2	0	0	0	0	0	0	0	0	0	0	0	0
Butts	46	6	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	217	17	2	2	0	0	0	0	0	0	0	0	0
Catoosa	6	0	0	0	0	0	0	0	0	0	0	0	0
Chatham	19	0	0	4	0	0	0	0	0	0	0	0	0
Chattooga	6	1	0	1	0	0	0	0	0	0	0	0	0
Cherokee	41	12	1	2	0	0	0	0	0	0	0	0	0
Clarke	20	3	1	2	0	0	0	0	0	0	0	0	0
Clayton	1,898	244	187	64	0	0	0	0	0	0	0	0	0
Cobb	561	74	43	33	0	0	0	0	0	0	0	0	0
Coffee	1	0	0	0	0	0	0	0	0	0	0	0	0
Columbia	4	2	0	1	0	0	0	0	0	0	0	0	0
Cook	1	0	0	0	0	0	0	0	0	0	0	0	0
Coweta	272	26	3	7	0	0	0	0	0	0	0	0	0
Crawford	1	0	0	0	0	0	0	0	0	0	0	0	0
Crisp	4	1	1	0	0	0	0	0	0	0	0	0	0

Dawson	10	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	5,807	1,279	918	259	0	0	0	0	0	0	0	0	0
Dodge	6	1	0	0	0	0	0	0	0	0	0	0	0
Dooly	2	0	0	0	0	0	0	0	0	0	0	0	0
Dougherty	24	0	1	0	0	0	0	0	0	0	0	0	0
Douglas	203	29	8	8	0	0	0	0	0	0	0	0	0
Effingham	0	1	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
Fannin	7	0	0	0	0	0	0	0	0	0	0	0	0
Fayette	216	16	6	3	0	0	0	0	0	0	0	0	0
Florida	120	2	2	20	0	0	0	0	0	0	0	0	0
Floyd	15	3	2	1	0	0	0	0	0	0	0	0	0
Forsyth	48	9	0	1	0	0	0	0	0	0	0	0	0
Franklin	7	4	0	0	0	0	0	0	0	0	0	0	0
Fulton	14,493	2,274	1,169	641	0	0	0	0	0	0	0	0	0
Gilmer	7	0	0	0	0	0	0	0	0	0	0	0	0
Glynn	6	0	0	0	0	0	0	0	0	0	0	0	0
Gordon	13	4	0	1	0	0	0	0	0	0	0	0	0
Greene	8	0	0	0	0	0	0	0	0	0	0	0	0
Gwinnett	786	88	67	41	0	0	0	0	0	0	0	0	0
Habersham	10	1	0	0	0	0	0	0	0	0	0	0	0
Hall	74	4	4	3	0	0	0	0	0	0	0	0	0
Hancock	0	1	0	0	0	0	0	0	0	0	0	0	0
Haralson	40	1	0	0	0	0	0	0	0	0	0	0	0
Harris	20	0	1	1	0	0	0	0	0	0	0	0	0
Heard	28	1	0	0	0	0	0	0	0	0	0	0	0
Henry	583	50	26	18	0	0	0	0	0	0	0	0	0
Houston	86	2	0	0	0	0	0	0	0	0	0	0	0
Jackson	26	4	0	3	0	0	0	0	0	0	0	0	0
Jasper	13	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
Johnson	3	0	0	0	0	0	0	0	0	0	0	0	0
Lamar	10	2	0	0	0	0	0	0	0	0	0	0	0
Laurens	15	0	1	0	0	0	0	0	0	0	0	0	0
Lee	7	0	0	0	0	0	0	0	0	0	0	0	0
Liberty	2	0	0	0	0	0	0	0	0	0	0	0	0
Lowndes	9	2	0	0	0	0	0	0	0	0	0	0	0
Lumpkin	8	0	0	0	0	0	0	0	0	0	0	0	0
Macon	3	0	1	0	0	0	0	0	0	0	0	0	0
Madison	9	2	0	0	0	0	0	0	0	0	0	0	0
McDuffie	1	0	0	0	0	0	0	0	0	0	0	0	0
McIntosh	3	0	0	0	0	0	0	0	0	0	0	0	0
Meriwether	34	3	0	0	0	0	0	0	0	0	0	0	0

Mitchell	3	0	0	0	0	0	0	0	0	0	0	0	0
Monroe	15	2	0	0	0	0	0	0	0	0	0	0	0
Montgomery	2	0	0	0	0	0	0	0	0	0	0	0	0
Morgan	9	1	0	0	0	0	0	0	0	0	0	0	0
Murray	6	0	2	0	0	0	0	0	0	0	0	0	0
Muscogee	103	8	4	2	0	0	0	0	0	0	0	0	0
Newton	224	21	13	9	0	0	0	0	0	0	0	0	0
North Carolina	54	1	2	23	0	0	0	0	0	0	0	0	0
Oconee	1	0	0	0	0	0	0	0	0	0	0	0	0
Oglethorpe	4	0	0	0	0	0	0	0	0	0	0	0	0
Other Out of State	442	13	7	5	0	0	0	0	0	0	0	0	0
Paulding	47	7	1	0	0	0	0	0	0	0	0	0	0
Peach	15	1	0	0	0	0	0	0	0	0	0	0	0
Pickens	7	0	0	1	0	0	0	0	0	0	0	0	0
Pike	27	4	0	0	0	0	0	0	0	0	0	0	0
Polk	31	1	2	0	0	0	0	0	0	0	0	0	0
Pulaski	1	1	0	0	0	0	0	0	0	0	0	0	0
Putnam	2	0	0	0	0	0	0	0	0	0	0	0	0
Rabun	7	0	0	1	0	0	0	0	0	0	0	0	0
Richmond	25	1	1	4	0	0	0	0	0	0	0	0	0
Rockdale	224	22	9	9	0	0	0	0	0	0	0	0	0
Schley	1	0	0	0	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	46	5	1	25	0	0	0	0	0	0	0	0	0
Spalding	97	8	6	1	0	0	0	0	0	0	0	0	0
Stephens	19	0	0	0	0	0	0	0	0	0	0	0	0
Stewart	1	1	0	0	0	0	0	0	0	0	0	0	0
Sumter	6	0	0	0	0	0	0	0	0	0	0	0	0
Talbot	7	0	0	1	0	0	0	0	0	0	0	0	0
Taylor	6	0	0	0	0	0	0	0	0	0	0	0	0
Tennessee	50	2	0	26	0	0	0	0	0	0	0	0	0
Thomas	2	0	0	0	0	0	0	0	0	0	0	0	0
Tift	2	1	0	0	0	0	0	0	0	0	0	0	0
Toombs	3	0	0	0	0	0	0	0	0	0	0	0	0
Towns	1	0	0	0	0	0	0	0	0	0	0	0	0
Treutlen	4	0	0	0	0	0	0	0	0	0	0	0	0
Troup	112	8	2	1	0	0	0	0	0	0	0	0	0
Twiggs	3	0	0	0	0	0	0	0	0	0	0	0	0
Union	9	1	0	0	0	0	0	0	0	0	0	0	0
Upson	20	2	0	0	0	0	0	0	0	0	0	0	0
Walker	10	2	1	1	0	0	0	0	0	0	0	0	0
Walton	31	1	0	0	0	0	0	0	0	0	0	0	0
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
Webster	1	0	0	0	0	0	0	0	0	0	0	0	0
Wheeler	0	2	0	0	0	0	0	0	0	0	0	0	0
White	11	2	0	0	0	0	0	0	0	0	0	0	0
Whitfield	11	2	3	2	0	0	0	0	0	0	0	0	0
Wilcox	1	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
Worth	12	0	2	3	0	0	0	0	0	0	0	0	0
Total	27,968	4,320	2,509	1,232	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	19
Cystoscopy (OR Suite)	0	0	0
Endoscopy (OR Suite)	0	0	0
	0	0	0
Total	0	0	19

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	8,500	4,330
Cystoscopy	0	0	0	0
Endoscopy	0	0	0	0
	0	0	0	0
Total	0	0	8,500	4,330

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	6,337	4,320
Cystoscopy	0	0	0	0
Endoscopy	0	0	0	0
	0	0	0	0
Total	0	0	6,337	4,320

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	15
Asian	62
Black/African American	3,325
Hispanic/Latino	375
Pacific Islander/Hawaiian	5
White	430
Multi-Racial	108
Total	4,320

2. Age Grouping

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

Age of Patient	Number of Ambulatory Patients
Ages 0-14	15
Ages 15-64	3,513
Ages 65-74	581
Ages 75-85	190
Ages 85 and Up	21
Total	4,320

3. Gender

Please report the total number of ambulatory patients by gender.

Gender	Number of Ambulatory Patients
Male	2,064
Female	2,256
Total	4,320

4. Payment Source

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

Primary Payment Source	Number of Patients
Medicare	1,042
Medicaid	669
Third-Party	846
Self-Pay	1,763

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: 12
4. Number of LDRP Rooms: 0
5. Number of Cesarean Sections: 543
6. Total Live Births: 2,385
7. Total Births (Live and Late Fetal Deaths): 2,425
8. Total Deliveries (Births + Early Fetal Deaths and Induced Terminations): 2,553

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	1,603	6,038	268
Specialty Care (Intermediate Neonatal Care)	27	110	948	80
Subspecialty Care (Intensive Neonatal Care)	37	357	8,109	115

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	10	31
Asian	49	119
Black/African American	1,860	5,250
Hispanic/Latino	418	1,072
Pacific Islander/Hawaiian	3	6
White	62	216
Multi-Racial	107	286
Total	2,509	6,980

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	4	14
Ages 15-44	2,488	6,885
Ages 45 and Up	17	81
Total	2,509	6,980

3. Average Charge for an Uncomplicated Delivery

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

\$22,801.00

4. Average Charge for a Premature Delivery

Please report the average hospital charge for a premature delivery.

\$28,658.00

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	30	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	1,232	8,129	1,238	8,039	4,603	<input type="checkbox"/>
General Acute Psychiatric Adolescents 13-17	0	0	0	0	0	<input type="checkbox"/>
General Acute Psychiatric Children 12 and Under	0	0	0	0	0	<input type="checkbox"/>
Acute Substance Abuse Adults 18 and over	0	0	0	0	0	<input type="checkbox"/>
Acute Substance Abuse Adolescents 13-17	0	0	0	0	0	<input type="checkbox"/>
Extended Care Adults 18 and over	0	0	0	0	0	<input type="checkbox"/>
Extended Care Adolescents 13-17	0	0	0	0	0	<input type="checkbox"/>
Extended Care Adolescents 0-12	0	0	0	0	0	<input type="checkbox"/>

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

1. Race/Ethnicity

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

Race/Ethnicity	Admissions	Inpatient Days
American Indian/Alaska Native	5	25
Asian	12	88
Black/African American	975	6,388
Hispanic/Latino	44	256
Pacific Islander/Hawaiian	1	2
White	147	1,068
Multi-Racial	48	302
Total	1,232	8,129

2. Gender

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

Gender of Patient	Admissions	Inpatient Days
Male	502	3,178
Female	730	4,951
Total	1,232	8,129

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	205	1,481
Medicaid	387	2,786
Third Party	150	870
Self-Pay	489	2,992
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? 12.19999809265 (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 Interpreter

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	7.2%	0	0	0
Amharic	.41%	0	0	0
Bengali	.40%	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.

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 to help us provide CLAS to our patients is the technology to join our vendor video medical interpreters for multiple languages, including ASL, to our secure HIPAA compliant video telehealth platforms.

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
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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	0
Third Party/Commercial	0
Self Pay	0
Other	0

2. Uncompensated Indigent and Charity Care

Please report the number of inpatient 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 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 Hauptert

Date: 3/5/2021

Title: CEO - John M. Hauptert

Comments: