



2022 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: 00000.855A

Medicare Provider Number: 110079

2. Report Period

Report Data for the full twelve month period- January 1, 2022 through December 31, 2022.

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: Siohban 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 for Profit	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(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)	26	2,974	7,791	2,969	9,943
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	536	25,344	177,609	25,634	194,361
Intensive Care	104	1,151	31,679	1,185	14,541
Psychiatry	24	849	7,046	860	6,822
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	530	6,430	542	5,384
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	713	30,848	230,555	31,190	231,051

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	71	534
Asian	310	2,032
Black/African American	23,100	172,172
Hispanic/Latino	1,885	10,272
Pacific Islander/Hawaiian	21	106
White	4,533	37,476
Multi-Racial	928	7,963
Total	30,848	230,555

3. Gender

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

Gender	Admissions	Inpatient Days
Male	16,775	94,823
Female	14,073	135,732
Total	30,848	230,555

4. Payment Source

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

Primary Payment Source	Admissions	Inpatient Days
Medicare	9,914	92,081
Medicaid	8,876	69,284
Peachare	0	0
Third-Party	5,539	37,922
Self-Pay	6,519	31,268
Other	0	0

5. Discharges to Death

Report the total number of inpatient admissions discharged during the reporting period due to death.
1,067

6. Charges for Selected Services

Please report the hospital's average charges as of 12-31-2022 (to the nearest whole dollar).

Service	Charge
Private Room Rate	3,066
Semi-Private Room Rate	2,188
Operating Room: Average Charge for the First Hour	29,709
Average Total Charge for an Inpatient Day	3,718

Part E : Emergency Department and Outpatient Services

1. Emergency Visits

Please report the number of emergency visits only.

113,741

2. Inpatient Admissions from ER

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

27,888

3. Beds Available

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

150

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	18,773
Beds or Rooms dedicated for Psychiatric /Substance Abuse cases	12	7,025
General Beds	113	76,496
Detention	10	4,606
	0	0
	0	0
	0	0

5. Transfers

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

552

6. Non-Emergency Visits

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

628,143

7. Observation Visits/Cases

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

20,126

8. Diverted Cases

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

1,411

9. Ambulance Diversion Hours

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

513.00

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.

20,424

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	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	5,420
Number of Dialysis Treatments	14,301
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	195,238
Number of CTS Units (machines)	8
Number of CTS Procedures	107,941
Number of Diagnostic Radioisotope Procedures	5,275
Number of PET Units (machines)	1
Number of PET Procedures	1,235
Number of Therapeutic Radioisotope Procedures	35
Number of Number of MRI Units	6
Number of Number of MRI Procedures	14,681
Number of Chemotherapy Treatments	16,445
Number of Respiratory Therapy Treatments	892,235
Number of Occupational Therapy Treatments	99,734
Number of Physical Therapy Treatments	124,629
Number of Speech Pathology Patients	10,059
Number of Gamma Ray Knife Procedures	0
Number of Gamma Ray Knife Units	0
Number of Audiology Patients	4,212
Number of HIV/AIDS Diagnostic Procedures	48,200
Number of HIV/AIDS Patients	6,257
Number of Ambulance Trips	141,360
Number of Hospice Patients	334
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).

105

3. Robotic Surgery System

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

# Units	# Procedures	Type of Unit(s)
1	195	

Part G : Facility Workforce Information

1. Budgeted Staff

Please report the number of budgeted fulltime equivalents (FTEs) and the number of vacancies as of 12-31-2022. Also, include the number of contract or temporary staff (eg. agency nurses) filling budgeted vacancies as of 12-31-2022.

Profession	Budgeted FTEs	Vacant Budgeted FTEs	Contract/Temporary Staff FTEs
Licensed Physicians	21.00	4.00	0.00
Physician Assistants Only (not including Licensed Physicians)	10.00	3.00	0.00
Registered Nurses (RNs-Advanced Practice*)	1,720.00	334.00	223.00
Licensed Practical Nurses (LPNs)	36.00	16.00	0.00
Pharmacists	142.00	14.00	1.00
Other Health Services Professionals*	1,778.00	316.00	31.00
Administration and Support	1,222.00	123.00	1.00
All Other Hospital Personnel (not included above)	521.00	31.00	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	
Registered Nurses (RNs-Advance Practice)	
Licensed Practical Nurses (LPNs)	
Pharmacists	
Other Health Services Professionals	
All Other Hospital Personnel (not included above)	

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	<input type="checkbox"/>	0	0
General Internal Medicine	202	<input type="checkbox"/>	0	0
Pediatricians	80	<input type="checkbox"/>	0	0
Other Medical Specialties	206	<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	71	<input type="checkbox"/>	0	0
Non-OB Physicians Providing OB Services	3	<input type="checkbox"/>	0	0
Gynecology	71	<input type="checkbox"/>	0	0
Ophthalmology Surgery	46	<input type="checkbox"/>	0	0
Orthopedic Surgery	30	<input type="checkbox"/>	0	0
Plastic Surgery	4	<input type="checkbox"/>	0	0
General Surgery	57	<input type="checkbox"/>	0	0
Thoracic Surgery	7	<input type="checkbox"/>	0	0
Other Surgical Specialties	89	<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	27	<input type="checkbox"/>	0	0
Dermatology	21	<input type="checkbox"/>	0	0
Emergency Medicine	128	<input type="checkbox"/>	0	0
Nuclear Medicine	15	<input type="checkbox"/>	0	0
Pathology	23	<input type="checkbox"/>	0	0
Psychiatry	45	<input type="checkbox"/>	0	0
Radiology	159	<input type="checkbox"/>	0	0
Radiation Oncology	29	<input type="checkbox"/>	0	0
Rehab Medicine	2	<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	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 physician 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	262	14	0	6	0	0	0	0	0	0	0	0	0
Appling	2	0	0	0	0	0	0	0	0	0	0	0	0
Baldwin	15	3	0	0	0	0	0	0	0	0	0	0	0
Banks	3	0	0	0	0	0	0	0	0	0	0	0	0
Barrow	34	4	0	0	0	0	0	0	0	0	0	0	0
Bartow	45	11	0	0	0	0	0	0	0	0	0	0	0
Bibb	69	5	4	1	0	0	0	0	0	0	0	0	0
Bleckley	5	0	0	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	3	2	0	1	0	0	0	0	0	0	0	0	0
Burke	2	0	0	0	0	0	0	0	0	0	0	0	0
Butts	58	5	1	3	0	0	0	0	0	0	0	0	0
Calhoun	1	0	0	0	0	0	0	0	0	0	0	0	0
Camden	3	0	0	0	0	0	0	0	0	0	0	0	0
Carroll	293	20	3	2	0	0	0	0	0	0	0	0	0
Catoosa	2	1	0	0	0	0	0	0	0	0	0	0	0
Chatham	18	0	0	2	0	0	0	0	0	0	0	0	0
Chattahoochee	4	0	0	0	0	0	0	0	0	0	0	0	0
Chattooga	3	0	0	0	0	0	0	0	0	0	0	0	0
Cherokee	83	11	0	2	0	0	0	0	0	0	0	0	0
Clarke	14	2	0	1	0	0	0	0	0	0	0	0	0
Clayton	1,795	243	171	46	0	0	0	0	0	0	0	0	0
Cobb	566	101	34	11	0	0	0	0	0	0	0	0	0
Coffee	1	0	0	0	0	0	0	0	0	0	0	0	0
Columbia	9	1	0	0	0	0	0	0	0	0	0	0	0
Cook	1	0	0	0	0	0	0	0	0	0	0	0	0
Coweta	369	31	5	1	0	0	0	0	0	0	0	0	0

Crawford	2	0	0	0	0	0	0	0	0	0	0	0	0
Crisp	6	1	0	0	0	0	0	0	0	0	0	0	0
Dawson	11	1	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	7,283	1,788	911	220	0	0	0	0	0	0	0	0	0
Dodge	4	0	0	0	0	0	0	0	0	0	0	0	0
Dooly	7	1	0	0	0	0	0	0	0	0	0	0	0
Dougherty	16	2	0	0	0	0	0	0	0	0	0	0	0
Douglas	278	43	20	5	0	0	0	0	0	0	0	0	0
Early	1	0	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	4	0	0	0	0	0	0	0	0	0	0	0	0
Emanuel	1	2	1	0	0	0	0	0	0	0	0	0	0
Evans	2	0	0	0	0	0	0	0	0	0	0	0	0
Fannin	6	0	0	0	0	0	0	0	0	0	0	0	0
Fayette	277	20	12	2	0	0	0	0	0	0	0	0	0
Florida	179	5	4	12	0	0	0	0	0	0	0	0	0
Floyd	18	4	2	0	0	0	0	0	0	0	0	0	0
Forsyth	48	8	2	0	0	0	0	0	0	0	0	0	0
Franklin	2	0	0	0	0	0	0	0	0	0	0	0	0
Fulton	15,062	2,554	1,156	420	0	0	0	0	0	0	0	0	0
Gilmer	10	0	0	0	0	0	0	0	0	0	0	0	0
Glynn	10	1	0	0	0	0	0	0	0	0	0	0	0
Gordon	7	0	0	0	0	0	0	0	0	0	0	0	0
Greene	9	0	0	1	0	0	0	0	0	0	0	0	0
Gwinnett	675	114	75	24	0	0	0	0	0	0	0	0	0
Habersham	8	1	0	0	0	0	0	0	0	0	0	0	0
Hall	36	6	1	1	0	0	0	0	0	0	0	0	0
Hancock	6	1	0	0	0	0	0	0	0	0	0	0	0
Haralson	47	4	0	0	0	0	0	0	0	0	0	0	0
Harris	12	2	0	0	0	0	0	0	0	0	0	0	0
Hart	2	0	0	1	0	0	0	0	0	0	0	0	0
Heard	29	1	0	0	0	0	0	0	0	0	0	0	0
Henry	733	92	45	10	0	0	0	0	0	0	0	0	0
Houston	68	10	0	0	0	0	0	0	0	0	0	0	0
Jackson	27	3	0	0	0	0	0	0	0	0	0	0	0
Jasper	28	4	0	0	0	0	0	0	0	0	0	0	0
Jefferson	3	0	0	0	0	0	0	0	0	0	0	0	0
Jones	2	0	0	0	0	0	0	0	0	0	0	0	0
Lamar	23	1	0	0	0	0	0	0	0	0	0	0	0
Lanier	1	0	1	0	0	0	0	0	0	0	0	0	0
Laurens	10	1	0	0	0	0	0	0	0	0	0	0	0
Lee	0	1	0	0	0	0	0	0	0	0	0	0	0
Liberty	5	0	1	0	0	0	0	0	0	0	0	0	0

Lincoln	1	0	0	0	0	0	0	0	0	0	0	0	0
Lowndes	10	2	0	0	0	0	0	0	0	0	0	0	0
Lumpkin	6	2	0	0	0	0	0	0	0	0	0	0	0
Macon	6	0	0	0	0	0	0	0	0	0	0	0	0
Madison	3	0	1	0	0	0	0	0	0	0	0	0	0
Marion	4	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
McIntosh	1	0	0	0	0	0	0	0	0	0	0	0	0
Meriwether	36	0	0	1	0	0	0	0	0	0	0	0	0
Miller	0	1	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	19	2	0	0	0	0	0	0	0	0	0	0	0
Morgan	10	2	1	0	0	0	0	0	0	0	0	0	0
Murray	6	1	1	0	0	0	0	0	0	0	0	0	0
Muscogee	125	5	3	3	0	0	0	0	0	0	0	0	0
Newton	284	37	8	8	0	0	0	0	0	0	0	0	0
North Carolina	71	3	1	6	0	0	0	0	0	0	0	0	0
Oconee	4	0	0	0	0	0	0	0	0	0	0	0	0
Oglethorpe	2	0	0	0	0	0	0	0	0	0	0	0	0
Other Out of State	560	15	9	49	0	0	0	0	0	0	0	0	0
Paulding	58	17	4	1	0	0	0	0	0	0	0	0	0
Peach	16	0	0	0	0	0	0	0	0	0	0	0	0
Pickens	14	4	0	0	0	0	0	0	0	0	0	0	0
Pike	30	1	1	0	0	0	0	0	0	0	0	0	0
Polk	30	1	0	0	0	0	0	0	0	0	0	0	0
Pulaski	6	0	0	0	0	0	0	0	0	0	0	0	0
Putnam	7	2	0	0	0	0	0	0	0	0	0	0	0
Quitman	1	0	0	0	0	0	0	0	0	0	0	0	0
Rabun	3	3	0	0	0	0	0	0	0	0	0	0	0
Randolph	3	0	0	0	0	0	0	0	0	0	0	0	0
Richmond	10	2	0	0	0	0	0	0	0	0	0	0	0
Rockdale	312	33	19	3	0	0	0	0	0	0	0	0	0
Schley	1	0	0	0	0	0	0	0	0	0	0	0	0
Seminole	2	0	0	0	0	0	0	0	0	0	0	0	0
South Carolina	55	1	0	2	0	0	0	0	0	0	0	0	0
Spalding	176	10	7	0	0	0	0	0	0	0	0	0	0
Stephens	8	1	0	0	0	0	0	0	0	0	0	0	0
Sumter	7	0	0	1	0	0	0	0	0	0	0	0	0
Talbot	3	0	0	0	0	0	0	0	0	0	0	0	0
Tattnall	1	0	0	0	0	0	0	0	0	0	0	0	0
Taylor	8	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	46	3	1	1	0	0	0	0	0	0	0	0	0
Terrell	4	1	0	0	0	0	0	0	0	0	0	0	0

Thomas	7	1	1	0	0	0	0	0	0	0	0	0	0
Tift	1	1	0	0	0	0	0	0	0	0	0	0	0
Toombs	2	0	0	0	0	0	0	0	0	0	0	0	0
Towns	1	1	0	0	0	0	0	0	0	0	0	0	0
Troup	78	7	4	0	0	0	0	0	0	0	0	0	0
Turner	4	0	0	0	0	0	0	0	0	0	0	0	0
Twiggs	2	0	0	0	0	0	0	0	0	0	0	0	0
Union	3	0	0	0	0	0	0	0	0	0	0	0	0
Upson	31	4	0	0	0	0	0	0	0	0	0	0	0
Walker	2	0	0	0	0	0	0	0	0	0	0	0	0
Walton	107	18	2	1	0	0	0	0	0	0	0	0	0
Ware	1	0	0	0	0	0	0	0	0	0	0	0	0
Warren	1	1	0	0	0	0	0	0	0	0	0	0	0
Washington	2	2	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	0	0	0	0	0	0	0	0	0	0	0	0
Wheeler	1	0	1	0	0	0	0	0	0	0	0	0	0
White	6	2	1	0	0	0	0	0	0	0	0	0	0
Whitfield	10	2	0	1	0	0	0	0	0	0	0	0	0
Wilcox	4	1	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	1	0	0	0	0	0	0	0	0	0	0
Worth	1	0	0	0	0	0	0	0	0	0	0	0	0
Total	30,848	5,316	2,515	849	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
Trauma	0	0	1
Total	0	0	20

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	9,044	5,311
Cystoscopy	0	0	0	0
Endoscopy	0	0	0	0
	0	0	0	0
Total	0	0	9,044	5,311

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	6,788	5,316
Cystoscopy	0	0	0	0
Endoscopy	0	0	0	0
	0	0	0	0
Total	0	0	6,788	5,316

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	14
Asian	79
Black/African American	4,026
Hispanic/Latino	587
Pacific Islander/Hawaiian	3
White	461
Multi-Racial	146
Total	5,316

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	4,085
Ages 65-74	875
Ages 75-85	300
Ages 85 and Up	41
Total	5,316

3. Gender

Please report the total number of ambulatory patients by gender.

Gender	Number of Ambulatory Patients
Male	2,318
Female	2,998
Total	5,316

4. Payment Source

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

Primary Payment Source	Number of Patients
Medicare	1,400
Medicaid	818
Third-Party	1,249
Self-Pay	1,849

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: 845
6. Total Live Births: 2,546
7. Total Births (Live and Late Fetal Deaths): 2,596
8. Total Deliveries (Births + Early Fetal Deaths and Induced Terminations): 2,644

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	2,216	4,821	264
Specialty Care (Intermediate Neonatal Care)	12	254	3,137	78
Subspecialty Care (Intensive Neonatal Care)	37	209	7,970	186

Part C : Obstetrical Charges and Utilization by Mother's Race/Ethnicity and Age

1. Race/Ethnicity

Please provide the number of admissions and inpatient days for mothers by the mother's race using race/ethnicity classifications.

Race/Ethnicity	Admissions by Mother's Race	Inpatient Days
American Indian/Alaska Native	3	9
Asian	49	157
Black/African American	1,944	6,095
Hispanic/Latino	368	1,063
Pacific Islander/Hawaiian	3	9
White	84	314
Multi-Racial	64	183
Total	2,515	7,830

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	16
Ages 15-44	2,505	7,795
Ages 45 and Up	6	19
Total	2,515	7,830

3. Average Charge for an Uncomplicated Delivery

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

\$29,196.00

4. Average Charge for a Premature Delivery

Please report the average hospital charge for a premature delivery.

\$45,701.00

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	849	7,046	860	6,822	4,340	<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	4	21
Asian	7	78
Black/African American	673	5,610
Hispanic/Latino	30	204
Pacific Islander/Hawaiian	0	0
White	81	726
Multi-Racial	54	407
Total	849	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	520	4,574
Female	329	2,472
Total	849	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	162	1,648
Medicaid	244	2,320
Third Party	102	645
Self-Pay	340	2,433
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? 14.19999809265 (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	7.06%	0	0	0
Amharic	.31%	0	0	0
Bengali	.25%	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
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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: 3/3/2023

Title: CEO - John M. Hauptert

Comments: