GEORGIA DEPARTMENT
OF COMMUNITY HEALTH

Part A: General Information

UID: HOSP710

1. Identifcication

Facility Name:

Grady Memorial Hospital

County:

Fulton

Street Address:

80 Jesse Hill Jr Dr SE

City:

Atlanta

Zip:

30303

Mailing Address:

80 Jesse Hill Jr Dr SE

Mailing City:

Atlanta

Mailing Zip:

30303

Medicaid Provider Number:

00000.855A

Medicare Provider Number:

110079

3. Report Period

Report Data for the full twelve month period, January 1, 2025 - December 31, 2025 (365 days). Do not use a different report period

Check the box to the right if your facility was not operational for the entire year ☐

If your facility was not operational for the entire year, provide the dates the facility was operational

Part B: Survey Contact Information

Person authorized to respond to inquiries about the responses to this survey

Contact Name:

Rebecca Phillips

Contact Title:

Dir Budget & Analytics • Financial Planning & Analytics

Phone:

404-616-1000

Fax:

404-616-1000

Email:

rphillips2@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)

Fulton-Dekalb Hospital Authority

Organization Type

Hospital Authority

Effective Date

01/19/1946

B. Owner's Parent Organization

Full Legal Name (Or Not Applicable)

N/A

Organization Type

Hospital Authority

Effective Date

mm/dd/yyyy

C. Facility Operator

Full Legal Name (Or Not Applicable)

N/A

Organization Type

Hospital Authority

Effective Date

mm/dd/yyyy

D. Operator's Parent Organization

Full Legal Name (Or Not Applicable)

N/A

Organization Type

Hospital Authority

Effective Date

mm/dd/yyyy

E. Management Contractor

Full Legal Name (Or Not Applicable)

N/A

Organization Type

Not For Profit

Effective Date

mm/dd/yyyy

F. Management's Parent Organization

Full Legal Name (Or Not Applicable)

N/A

Organization Type

Not For Profit

Effective Date

mm/dd/yyyy

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 you checked the box for yes, 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. Peer Review Process Related to Medical Errors

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

9. Primary Care Physician Group Practice

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)

Health Maintenance Organization(HMO) ☑

Preferred Provider Organization(PPO) ☑

Physician Hospital Organization(PHO) ☐

Provider Service Organization(PSO) ☐

Other Managed Care or Prepaid Plan ☐

10b. Manage Care Information: Insurance Products

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

Type of Insurance Product	Hospital	Health Care System	Network	Joint Venture with Insurer
Health Maintenance Organization	☐	☐	☐	☐
Preferred Provider Organization	☐	☐	☐	☐
Indemnity Fee-for-Service Plan	☐	☐	☐	☐
Another Insurance Product Not Listed Above	☐	☐	☐	☐

11. Owner or Owner Parent Based in Another State

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

Part D: Inpatient Services

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

Please indicate the following information. 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)	56	4,292	11,996	4,229	12,810
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	598	36,508	215,437	34,741	214,932
Intensive Care	140	395	41,381	1,695	41,951
Psychiatry	24	806	8,660	807	8,733
Substance Abuse	0	0	0	0	0
Adult Physical Rehabilitation (18 & Up)	24	461	6,417	454	6,307
Pediatric Physical Rehabilitation (0-17)	0	0	0	0	0
Burn Care	26	86	7,327	577	7,387
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	868	42,548	291,218	42,503	292,120

Category	SUS Beds	Admissions	Inpatient Days	Discharges	Discharge Days
Intensive Care Totals	140	395	41,381	1,695	41,951
Rehab Totals	24	461	6,417	454	6,307

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	90	551
Asian	433	2,648
Black/African American	31,302	212,285
Hispanic/Latino	100	98
Pacific Islander/Hawaiian	54	249
White	6,684	50,992
Multi-Racial	3,885	24,395
Total	42,548	291,218

3. Gender

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

Gender	Admissions	Inpatient Days
Male	22,160	163,244
Female	20,388	127,974
Total	42,548	291,218

4. Payment Source

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

Primary Payment Source	Admissions	Inpatient Days
Medicare	14,568	119,146
Medicaid	8,971	62,290
Peachare	0	78,582
Third-Party	12,358	31,200
Self-Pay	6,651	0
Other	0	0
Total	42,548	291,218

5. Discharges to Death

Please report the total number of inpatient admissions discharges during the reporting period due to death

923

6. Charges for Selected Services

Please report the hospital's average charges as of 12-31-2025 (to the nearest whole dollar)

Service	Charge
Private Room Rate	4,096
Semi-Private Room Rate	3,106
Operating Room: Average Charge for the First Hour	36,909
Average Total Charge for an Inpatient Day	4,831

Part E: Emergency Department and Outpatient Services

1. Emergency Visits

Please report the number of emergency visits only

154,720

2. Inpatient Admissions from ER

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

35,150

3. Beds Available

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

0

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	30	26,531
Beds or Rooms dedicated for Psychiatric /Substance Abuse cases	12	7,560
General Beds	113	113,831
Detention	10	6,798
	0	0
	0	0
	0	0

5. Transfers

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

718

6. Non-Emergency Visits

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

714,719

7. Observation Visits/Cases

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

22,235

8. Diverted Cases

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

1,353

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

8,145

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

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

Services/Facilities	Site Code	Service Status
Podatric Services	1	1
Renal Dialysis	1	1
ESWL	3	4
Billiary Lithotropter	3	4
Kidney Transplants	3	4
Heart Transplants	3	4
Other-Organ/Tissues Transplants	3	4
Diagnostic X-Ray	1	1
Computerized Tomography Scanner (CTS)	1	1
Radioisotope, Diagnositic	1	1
Positron Emission Tomography (PET)	1	1
Radioisotope, Therapeutic	1	1
Magnetic Resonance Imaging (MRI)	1	1
Chemotherapy	1	1
Respiratory Therapy	1	1
Occupational Therapy	1	1
Physical Therapy	1	1
Speech Pathology Therapy	1	1
Gamma Ray Knife	3	4
Audiology Services	1	1

HIV/AIDS Diagnostic Treatment/Services	1	1
Ambulance Services	1	1
Hospice	1	1
Respite Care Services	3	4
Ultrasound/Medical Sonography	1	1
	0	0
	0	0
	0	0

1b. Report Period Workload Totals

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

Category	Total
Number of Podiatric Patients	7,658
Number of Dialysis Treatments	15,092
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	233,516
Number of CTS Units (machines)	11
Number of CTS Procedures	165,943
Number of Diagnostic Radioisotope Procedures	7,479
Number of PET Units (machines)	1
Number of PET Procedures	0
Number of Therapeautic Radioisotope Procedures	77
Number of Number of MRI Units	6
Number of Number of MRI Procedures	23,487
Number of Chemotherapy Treatments	23,462

Number of Respiratory Therapy Treatments	1,295,987
Number of Occupational Therapy Treatments	129,606
Number of Physical Therapy Treatments	202,624
Number of Speech Pathology Patients	12,472
Number of Gamma Ray Knife Procedures	0
Number of Gamma Ray Knife Units	0
Number of Audiology Patients	5,685
Number of HIV/AIDS Diagnostic Procedures	76,632
Number of HIV/AIDS Patients	7,674
Number of Ambulance Trips	216,658
Number of Hospice Patients	206
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)

91

3. Robotic Surgery System

 # Units

1

 # Procedures

580

Type of Unit(s)

Davinci surgery system

Part G: Facility Workforce Informaton

1. Budgeted Staff

Please report the number of budgeted fulltime equivalents (FTEs) and the number of vacancies as of 12-31-2025. Also, include the number of contract or temporary staff (eg. agency nurses) filling budgeted vacancies as of 12-31-2025

Profession	Budgeted FTEs	Vacant Budgeted FTEs	Contract/Temporary Staff FTEs
Licensed Physicians	44	4	29
Physician Assistants Only (not including Licensed Physicians)	7	0	0
Registered Nurses (RNs Advanced Practice*)	2,211	519	131
Licensed Practical Nurses (LPNs)	103	27	2
Pharmacists	122	24	0
Other Health Services Professionals*	1,910	286	376
Administration and Support	1,582	326	4
All Other Hospital Personnel (not included in above)	1,806	261	0

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 Need To Fill Vacancies
Physician's Assistants	More than 90 Days
Registered Nurses (RNs-Advance Practice)	31-60 Days
Licensed Practical Nurses (LPNs)	31-60 Days
Pharmacists	31-60 Days
Other Health Services Professionals	31-60 Days
All Other Hospital Personnel (not included above)	31-60 Days

3. Race/Ethnicity of Physicians

Please report the number of physicians with admitting privileges by race

Race/Ethnicity	Number of Physicians
American Indian/Alaska Native	0
Asian	0
Black/African American	0
Hispanic/Latino	0
Pacific Islander/Hawaiian	0
White	0
Multi-Racial	0
Total	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	65	☐	0	0
General Internal Medicine	210	☐	0	0
Pediatricians	122	☐	0	0
Other Medical Specialties	342	☐	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	89	☐	0	0
Non-OB Physicians Providing OB Services	0	☐	0	0
Gynecology	89	☐	0	0
Ophthalmology Surgery	44	☐	0	0
Orthopedic Surgery	36	☐	0	0
Plastic Surgery	6	☐	0	0
General Surgery	56	☐	0	0
Thoracic Surgery	17	☐	0	0
Other Surgical Specialties	96	☐	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	48	☐	0	0
Dermatology	27	☐	0	0
Emergency Medicine	140	☐	0	0
Nuclear Medicine	13	☐	0	0
Pathology	28	☐	0	0
Psychiatry	61	☐	0	0
Radiology	200	☐	0	0
Radiation Oncology	32	☐	0	0
Rehab Medicine	9	☐	0	0
	0	☐	0	0

5a. Non-Physicians

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

Profession	Number
Dentists (include oral surgeions) with Admitting Privleges	9
Podiatrists	5
Certified Nurse Midwives with Clinical Privileges in the Hospital	26
All Other Staff Affiliates with Clinical Privileges in the Hospital	661

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, AAS

Comments and Suggestions

Grady does not ask physicians their race, 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. You may enter the data on the web form or upload the data to the web form using a .csv file that matches our downloadable template. The .csv file must contain two columns, with the full name and the left and the license number on the right. If you include column headings, they must match those provided in our template

Full Name	License Number
De Leon Benedetti,Andres,MD	88696
Aaron,Maria,MD	42086
Abbasi,Hamidreza,MD	101558
Abcede,Hermelinda,MD	96956
Abdalla,Mazen,MD	38414
Abdallah,Wassim,MD	103631
Abu-Speitan,Mohanad,MD	88236
Ackerman,Jeremy,MD	59584
Adamkiewicz,Thomas,MD	40851
Adams,Benjamin,MD	99165
Adams,Melissa,MD	65984
Adams,Carolina,MD	89731
Adeniji,Adejimi,MD	55385
Adeogun,Ganiat,MD	81588
Adhyaru,Bhavin,MD	66448
Advani,Kelly,MD	109318

Full Name	License Number
Agajyelleh,Yordanos,MD	99224
Agbim,Uchenna,MD	105266
Agrawal,Shub,MD	91684
Ahmad,Faiz,MD	71456
Aiken,Ashley,MD	62459
Ajakaiye,Wallace,MD	72271
Ajala,Khaalisha,MD	69365
Akano,Adekemi,MD	103015
Akbashev,Mikhail,MD	72243
Akbik,Feras,MD	80331
Akhetuamhen,Adesuwa,MD	96797
Akintayo,Oluwole,MD	87576
Akkineni,Keerthana,MD	103500
Al Haddad,Seham,MD	68347
Alavi,Sara,MD	71458
Alazraki,Adina,MD	42988
Albin,Catherine,MD	82575
Albritton,Hannah,MD	92476
Aldred,Bruce,MD	89237

Full Name	License Number
Aldredge,Amalia,MD	84276
Alemayehu,Hanna,MD	91769
Alemu,Tewodros,MD	85795
Alexander,Sarah,MD	99564
Alford,Aaron,MD	56397
Ali,Shawkut,MD	93140
Ali,Naba,MD	87159
Alimohamed,Saira,MD	70028
Alinnor,Iheoma,MD	88071
Aliyari,Mounes,MD	104491
Al-Khafaji,Ahmed,MD	96445
Alkubeysi,Mohammed,MD	89508
Alkukhun,Leen,MD	103190
Allen,Elsie,MD	82060
Allen,Antwuan,MD	77519
Allen,Jerad,MD	83315
Allen,David,MD	103013
Al-Nowaylati,Abdl-Rawf,MD	92452
Altman,Emily,MD	101139

Full Name	License Number
Alvarado,Anastasia,MD	61820
Alvarez,Paul,MD	99038
Amajoyi,Robert,MD	98397
Amar,Patrick,MD	49403
Amaral Marrero,Claudia,MD	103311
Amin,Sagar,MD	80259
Amin,Omayma,MD	79631
Amin,Darshana,MD	89761
Amir,Emran,MD	87103
Amir,Murtaza,MD	85322
Anachebe,Ngozi,MD	47960
Ander,Douglas,MD	42162
Anderson,Eric,MD	69752
Anderson,Aaron,MD	64323
Anderson,Kristi,MD	81255
Antonios,Mariam,MD	86461
Anwer,Tooba,MD	105434
Apata,Ibironke,MD	64710
Archer-Arroyo,Krystal,MD	78360

Full Name	License Number
Arciero,Cletus,MD	73277
Arellano,Martha,MD	53698
Aremu,Olamide,MD	104574
Arepalli,Sruthi,MD	92574
Arges,Alexandra,MD	85785
Arluck,Jessica,MD	42164
Arnautovic,Tamara,MD	95864
Arnold,Elizabeth,MD	97336
Arnold,Nicholas,MD	95512
Arora,Sona,MD	64498
Ash,Peter,MD	36678
Ashley-Caporale,Angela Lee,MD	40862
Ash-Mapp,Nicole,MD	42993
Atchison,Christie,MD	103199
Atchley,Travis,MD	103569
Atkinson,Sarah,MD	101557
Attia,Tamer,MD	80557
Au Yong,Nicholas,MD	80427
Auld,Sara,MD	68980

Full Name	License Number
Aurora,Tarun,MD	100896
Avery,Rashida,MD	76294
Ayele,Frehiywot,MD	64893
Bachar,Moshe,MD	73154
Backster,Anika,MD	67893
Baddour,Harry,MD	73426
Badell,Martina,MD	63994
Baetti,Eduardo,MD	25323
Bagadiya,Neeti,MD	80342
Bagla,Prabhava,MD	98134
Bahrami,Armita,MD	85323
Bailey,James,MD	40605
Baiocco,Joseph,MD	109482
Baker,Dylan,MD	87866
Bakinde,Nicolas,MD	66751
Balthazar,Patricia,MD	86807
Baranowski,Marissa,MD	94671
Barbian,Maria,MD	78229
Barboto,Daniel,MD	99727

Full Name	License Number
Barkin,Shari,MD	102469
Barnett,Joshua,MD	82517
Barron,Bruce,MD	18438
Barrow,Daniel,MD	28110
Barrow,Emily,MD	82341
Barzilay,Ezra,MD	53093
Bashir,Khalid,MD	47572
Bates,James,MD	85603
Bathina,Pradeep,MD	98711
Baugnon,Kristen,MD	54768
Baum,Yoram,MD	81901
Beck,Allen,MD	33525
Bederman,Leonid,MD	85101
Belagaje,Samir,MD	64896
Bell,Gretchen,MD	84032
Bell,Aamne,MD	86177
Bell,Christine,MD	78241
Bello Velez,Hernan,MD	85324
Benjamin,Elizabeth,MD	86181

Full Name	License Number
Bennett,Natasha,MD	95734
Bercu,Zachary,MD	74175
Berkowitz,David,MD	56407
Berkowitz,Frank,MD	30009
Berkowitz,Tal,MD	72275
Berliner,Jessica,MD	102017
Bernstein,Lisa,MD	42015
Best,Irwin,MD	43329
Bettis,Tucker,MD	100226
Bharmal,Farzana,MD	36684
Bhatia,Rohini,MD	100465
Bhola,Vijai,MD	97658
Bhowmik,Sujata,MD	49377
Bianchi,Nicolas,MD	74463
Bigelow,Matthew,MD	92461
Bilen,Mehmet,MD	75401
Birdsong,George,MD	29410
Bishop,Elliot,MD	93111
Bittles,Mark,MD	84288

Full Name	License Number
Blair,James,MD	83934
Blake,Victor,MD	41081
Bloom,Heather,MD	53374
Bloom,Ingrid,MD	68700
Blue,Corey,MD	99039
Blum,Eliot,MD	71441
Blumberg,Henry,MD	27160
Bobzien,Brian,MD	72205
Bode,Alexander,MD	99982
Boden,Scott,MD	35566
Bodie,Brandon,MD	102862
Bogard,Sherri,MD	82279
Bonaccorsi,Paola,MD	62658
Bonanno,Alicia,MD	95422
Bonds,Katherine,MD	109388
Bonsall,Joanna,MD	62049
Bonta,Dacian,MD	61701
Bordlee,John,MD	88503
Boscak,Alexis,MD	102072

Full Name	License Number
Bourland,Abigail,MD	104470
Boveri,Joseph,MD	38693
Bowden,Brian,MD	99631
Bowman,Andrew,MD	85236
Boyce,Brian,MD	80184
Boyd,Amber,MD	78400
Boyer,Edward,MD	94032
Bradley,Nina,MD	87299
Bradley,Cinnamon,MD	51868
Bradley,Kyle,MD	60707
Bradley,Caitlin,MD	82280
Brady,Darragh,MD	79069
Bragg,Robert,MD	102479
Braithwaite,Kiery,MD	54554
Branch,Monica,MD	87924
Brandon,David,MD	60562
Brandt,Jennifer,MD	78760
Branson,Chantale,MD	79824
Braun,Hayley,MD	104082

Full Name	License Number
Brenner,Sue,MD	33803
Bright,Frederick,MD	41084
Briscoe,Jessica,MD	102349
Bromberek,Elaine,MD	80665
Brooks,Earllondra,MD	91806
Brooks,Carolyn,MD	102555
Brooks,Chevon,MD	61559
Brown,Jason,MD	68378
Brown,Clarice,MD	85651
Brown,Rodneysha,MD	86000
Brown,Jacqueline,MD	88755
Brown,Matthew,MD	87619
Browne,Brendan,MD	83667

Only use commas to separate values

Part I: Patient Origin Table

1. Patient Origin

- 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
- 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
- Rehab=Inpatient Physical Rehabilitation

Please report the county of origin for the inpatient admissions or discharges excluding newborns (except surgical services should include outpatients only).You may enter the data on the web form or upload the data to the web form using a .csv file that matches our downloadable template.The .csv file must contain the same column headings as shown in our template, in exactly the same order. You do not need to include every county, but the county names, state names, and other out of state category must match those in our template.

County	Inpat	Surg	OB	P18+	P13-17	P0-12	S18+	S13-17	E18+	E13-17	E0-12	LTCH	Rehab
Alab	333	45	2	3	0	0	0	0	0	0	0	0	9
Appl	1	0	0	0	0	0	0	0	0	0	0	0	0
Atkir	0	0	0	0	0	0	0	0	0	0	0	0	0
Baco	0	0	0	0	0	0	0	0	0	0	0	0	0
Bake	0	0	0	0	0	0	0	0	0	0	0	0	0
Bald	23	5	0	0	0	0	0	0	0	0	0	0	1
Bank	3	0	0	0	0	0	0	0	0	0	0	0	0
Barr	74	13	7	0	0	0	0	0	0	0	0	0	3
Bart	48	9	0	0	0	0	0	0	0	0	0	0	1
Ben	2	1	0	0	0	0	0	0	0	0	0	0	0
Berri	0	0	0	0	0	0	0	0	0	0	0	0	0
Bibb	107	18	4	0	0	0	0	0	0	0	0	0	4
Bleck	5	1	0	0	0	0	0	0	0	0	0	0	0
Bran	0	0	0	0	0	0	0	0	0	0	0	0	0
Broo	1	0	1	0	0	0	0	0	0	0	0	0	0
Bryar	4	0	0	0	0	0	0	0	0	0	0	0	1
Bullc	3	0	1	0	0	0	0	0	0	0	0	0	0
Burk	0	0	0	0	0	0	0	0	0	0	0	0	0

Butts	116	15	2	0	0	0	0	0	0	0	0	0	2
Calh	2	0	0	0	0	0	0	0	0	0	0	0	0
Cam	3	0	0	0	0	0	0	0	0	0	0	0	0
Canc	3	0	0	0	0	0	0	0	0	0	0	0	0
Carr	383	52	4	3	0	0	0	0	0	0	0	0	14
Cato	3	1	0	1	0	0	0	0	0	0	0	0	0
Char	1	0	1	0	0	0	0	0	0	0	0	0	0
Chat	17	0	0	0	0	0	0	0	0	0	0	0	0
Chat	4	1	0	0	0	0	0	0	0	0	0	0	0
Chat	4	1	0	0	0	0	0	0	0	0	0	0	0
Cher	79	27	4	1	0	0	0	0	0	0	0	0	2
Clark	35	5	2	1	0	0	0	0	0	0	0	0	1
Clay	1	0	0	0	0	0	0	0	0	0	0	0	0
Clayt	2,876	673	384	52	0	0	0	0	0	0	0	0	51
Clinc	1	0	0	0	0	0	0	0	0	0	0	0	0
Cobl	761	248	81	20	0	0	0	0	0	0	0	0	7
Coffe	6	3	0	0	0	0	0	0	0	0	0	0	0
Colq	7	2	1	0	0	0	0	0	0	0	0	0	0
Colu	6	3	0	0	0	0	0	0	0	0	0	0	0
Cook	4	0	0	0	0	0	0	0	0	0	0	0	0

Cowe	552	82	11	5	0	0	0	0	0	0	0	0	10
Craw	3	0	0	0	0	0	0	0	0	0	0	0	0
Crisp	12	2	0	0	0	0	0	0	0	0	0	0	1
Dade	0	0	0	0	0	0	0	0	0	0	0	0	0
Daws	11	2	1	0	0	0	0	0	0	0	0	0	0
Deca	3	1	0	0	0	0	0	0	0	0	0	0	0
DeKa	9,160	4,076	1,061	180	0	0	0	0	0	0	0	0	69
Dodg	3	1	0	0	0	0	0	0	0	0	0	0	0
Dool	15	0	1	0	0	0	0	0	0	0	0	0	3
Doug	60	8	0	1	0	0	0	0	0	0	0	0	5
Doug	370	131	31	6	0	0	0	0	0	0	0	0	8
Early	0	0	0	0	0	0	0	0	0	0	0	0	0
Echo	0	0	0	0	0	0	0	0	0	0	0	0	0
Effin	3	0	0	0	0	0	0	0	0	0	0	0	0
Elber	3	0	0	0	0	0	0	0	0	0	0	0	0
Emar	10	2	0	0	0	0	0	0	0	0	0	0	0
Evan	0	0	0	0	0	0	0	0	0	0	0	0	0
Fann	10	6	0	0	0	0	0	0	0	0	0	0	1
Faye	431	62	23	1	0	0	0	0	0	0	0	0	9

Flori	134	8	1	8	0	0	0	0	0	0	0	0	2
Floyc	19	2	1	1	0	0	0	0	0	0	0	0	0
Forsy	40	22	6	4	0	0	0	0	0	0	0	0	0
Franl	7	1	0	0	0	0	0	0	0	0	0	0	0
Fultc	20,813	6,909	1,490	442	0	0	0	0	0	0	0	0	165
Gilm	36	3	0	0	0	0	0	0	0	0	0	0	1
Glasc	1	1	0	0	0	0	0	0	0	0	0	0	0
Glyn	8	0	0	2	0	0	0	0	0	0	0	0	0
Gord	18	7	1	1	0	0	0	0	0	0	0	0	0
Grad	1	1	0	0	0	0	0	0	0	0	0	0	0
Gree	14	6	0	0	0	0	0	0	0	0	0	0	1
Gwir	923	282	135	15	0	0	0	0	0	0	0	0	7
Habe	17	8	0	0	0	0	0	0	0	0	0	0	0
Hall	53	30	2	1	0	0	0	0	0	0	0	0	0
Hanc	8	3	0	0	0	0	0	0	0	0	0	0	0
Hara	80	6	2	0	0	0	0	0	0	0	0	0	1
Harri	29	8	0	0	0	0	0	0	0	0	0	0	0
Hart	11	4	0	0	0	0	0	0	0	0	0	0	0
Hear	31	3	1	1	0	0	0	0	0	0	0	0	2
Henr	1,001	254	143	9	0	0	0	0	0	0	0	0	17

Hous	88	14	0	0	0	0	0	0	0	0	0	0	3
Irwin	2	0	0	0	0	0	0	0	0	0	0	0	0
Jacks	45	7	2	0	0	0	0	0	0	0	0	0	0
Jaspe	38	12	1	0	0	0	0	0	0	0	0	0	0
Jeff [	2	0	0	0	0	0	0	0	0	0	0	0	0
Jeffe	0	0	0	0	0	0	0	0	0	0	0	0	0
Jenki	2	1	1	0	0	0	0	0	0	0	0	0	0
John	0	0	0	0	0	0	0	0	0	0	0	0	0
Jone	11	1	0	0	0	0	0	0	0	0	0	0	0
Lama	56	7	3	0	0	0	0	0	0	0	0	0	4
Lanie	2	0	1	0	0	0	0	0	0	0	0	0	0
Laure	27	1	1	1	0	0	0	0	0	0	0	0	1
Lee	6	2	1	0	0	0	0	0	0	0	0	0	0
Liber	7	1	0	0	0	0	0	0	0	0	0	0	0
Lincc	0	0	0	0	0	0	0	0	0	0	0	0	0
Long	1	0	0	0	0	0	0	0	0	0	0	0	0
Lowr	11	5	2	0	0	0	0	0	0	0	0	0	0
Lump	3	3	0	0	0	0	0	0	0	0	0	0	0
Macc	14	2	0	0	0	0	0	0	0	0	0	0	2

Mad	3	1	0	0	0	0	0	0	0	0	0	0	0
Mari	16	4	0	0	0	0	0	0	0	0	0	0	0
McD	3	1	0	0	0	0	0	0	0	0	0	0	0
McIn	0	0	0	0	0	0	0	0	0	0	0	0	0
Meri	63	13	1	0	0	0	0	0	0	0	0	0	0
Mille	0	0	0	0	0	0	0	0	0	0	0	0	0
Mitcl	5	2	0	0	0	0	0	0	0	0	0	0	0
Mon	42	2	0	0	0	0	0	0	0	0	0	0	2
Mon	0	0	0	0	0	0	0	0	0	0	0	0	0
Morg	10	3	0	0	0	0	0	0	0	0	0	0	0
Murr	2	0	0	0	0	0	0	0	0	0	0	0	0
Musc	138	27	4	1	0	0	0	0	0	0	0	0	2
New	464	106	18	10	0	0	0	0	0	0	0	0	11
Nort	71	4	0	1	0	0	0	0	0	0	0	0	2
Ocor	8	1	0	0	0	0	0	0	0	0	0	0	0
Othe	1,012	43	8	22	0	0	0	0	0	0	0	0	15
Ogle	1	1	0	0	0	0	0	0	0	0	0	0	0
Paul	86	35	7	3	0	0	0	0	0	0	0	0	2
Peac	28	3	0	0	0	0	0	0	0	0	0	0	4

Picke	18	4	0	0	0	0	0	0	0	0	0	0	0
Pierc	0	0	0	0	0	0	0	0	0	0	0	0	0
Pike	59	12	3	0	0	0	0	0	0	0	0	0	2
Polk	22	7	1	0	0	0	0	0	0	0	0	0	1
Pulas	4	0	0	0	0	0	0	0	0	0	0	0	0
Putn	23	3	0	0	0	0	0	0	0	0	0	0	3
Quitı	1	0	0	0	0	0	0	0	0	0	0	0	0
Rabu	5	2	0	0	0	0	0	0	0	0	0	0	0
Ranc	1	0	0	0	0	0	0	0	0	0	0	0	0
Richı	18	1	1	0	0	0	0	0	0	0	0	0	0
Rock	406	75	27	5	0	0	0	0	0	0	0	0	3
Schle	2	0	0	0	0	0	0	0	0	0	0	0	0
Screv	0	0	0	0	0	0	0	0	0	0	0	0	0
Semi	1	0	0	0	0	0	0	0	0	0	0	0	0
Spal	291	60	27	0	0	0	0	0	0	0	0	0	1
Sout	76	5	2	1	0	0	0	0	0	0	0	0	0
Stepl	4	0	0	1	0	0	0	0	0	0	0	0	0
Stew	5	1	0	0	0	0	0	0	0	0	0	0	0
Sumı	7	0	0	0	0	0	0	0	0	0	0	0	0
Tenn	58	4	4	3	0	0	0	0	0	0	0	0	1

Talbc	2	2	0	0	0	0	0	0	0	0	0	0	0
Talia	1	0	0	0	0	0	0	0	0	0	0	0	0
Tattn	0	2	0	0	0	0	0	0	0	0	0	0	0
Taylc	13	0	0	0	0	0	0	0	0	0	0	0	1
Telfa	4	0	0	0	0	0	0	0	0	0	0	0	0
Terre	5	0	1	0	0	0	0	0	0	0	0	0	0
Thor	10	1	2	0	0	0	0	0	0	0	0	0	0
Tift	8	2	2	0	0	0	0	0	0	0	0	0	0
Toon	1	0	0	0	0	0	0	0	0	0	0	0	0
Towr	2	0	0	0	0	0	0	0	0	0	0	0	0
Treut	3	1	0	0	0	0	0	0	0	0	0	0	0
Troup	176	27	2	0	0	0	0	0	0	0	0	0	0
Turn	1	1	0	0	0	0	0	0	0	0	0	0	0
Twig	3	1	0	0	0	0	0	0	0	0	0	0	0
Unio	10	1	0	0	0	0	0	0	0	0	0	0	0
Upsc	53	8	2	0	0	0	0	0	0	0	0	0	0
Walk	8	1	0	0	0	0	0	0	0	0	0	0	0
Walt	134	34	8	0	0	0	0	0	0	0	0	0	2
Ware	2	1	0	0	0	0	0	0	0	0	0	0	0

Warr	4	0	0	0	0	0	0	0	0	0	0	0	0
Wash	5	0	0	0	0	0	0	0	0	0	0	0	0
Wayı	0	0	0	0	0	0	0	0	0	0	0	0	0
Web	1	0	0	0	0	0	0	0	0	0	0	0	0
Whe	0	1	0	0	0	0	0	0	0	0	0	0	0
Whit	4	2	0	0	0	0	0	0	0	0	0	0	0
Whit	6	0	0	0	0	0	0	0	0	0	0	0	0
Wilc	3	0	0	0	0	0	0	0	0	0	0	0	0
Wilk	1	0	0	0	0	0	0	0	0	0	0	0	0
Wilki	7	1	0	0	0	0	0	0	0	0	0	0	0
Wort	7	0	0	0	0	0	0	0	0	0	0	0	1
Deka	0	0	0	0	0	0	0	0	0	0	0	0	0
Mcdı	0	0	0	0	0	0	0	0	0	0	0	0	0
Mcin	0	0	0	0	0	0	0	0	0	0	0	0	0
Othe	0	0	0	0	0	0	0	0	0	0	0	0	0
ALAE	0	0	0	0	0	0	0	0	0	0	0	0	0
APPL	0	0	0	0	0	0	0	0	0	0	0	0	0
ATKI	0	0	0	0	0	0	0	0	0	0	0	0	0
BACC	0	0	0	0	0	0	0	0	0	0	0	0	0
BAKE	0	0	0	0	0	0	0	0	0	0	0	0	0

BALL	0	0	0	0	0	0	0	0	0	0	0	0	0
BAN	0	0	0	0	0	0	0	0	0	0	0	0	0
BARI	0	0	0	0	0	0	0	0	0	0	0	0	0
BART	0	0	0	0	0	0	0	0	0	0	0	0	0
BEN	0	0	0	0	0	0	0	0	0	0	0	0	0
BERR	0	0	0	0	0	0	0	0	0	0	0	0	0
BIBB	0	0	0	0	0	0	0	0	0	0	0	0	0
BLEC	0	0	0	0	0	0	0	0	0	0	0	0	0
BRAI	0	0	0	0	0	0	0	0	0	0	0	0	0
BRO	0	0	0	0	0	0	0	0	0	0	0	0	0
BRYA	0	0	0	0	0	0	0	0	0	0	0	0	0
BULL	0	0	0	0	0	0	0	0	0	0	0	0	0
BURI	0	0	0	0	0	0	0	0	0	0	0	0	0
BUTT	0	0	0	0	0	0	0	0	0	0	0	0	0
CALH	0	0	0	0	0	0	0	0	0	0	0	0	0
CAM	0	0	0	0	0	0	0	0	0	0	0	0	0
CAN	0	0	0	0	0	0	0	0	0	0	0	0	0
CARI	0	0	0	0	0	0	0	0	0	0	0	0	0
CATC	0	0	0	0	0	0	0	0	0	0	0	0	0

CHA	0	0	0	0	0	0	0	0	0	0	0	0	0
CHA	0	0	0	0	0	0	0	0	0	0	0	0	0
CHA	0	0	0	0	0	0	0	0	0	0	0	0	0
CHA	0	0	0	0	0	0	0	0	0	0	0	0	0
CHE	0	0	0	0	0	0	0	0	0	0	0	0	0
CLA	0	0	0	0	0	0	0	0	0	0	0	0	0
CLA	0	0	0	0	0	0	0	0	0	0	0	0	0
CLA	0	0	0	0	0	0	0	0	0	0	0	0	0
CLIN	0	0	0	0	0	0	0	0	0	0	0	0	0
COB	0	0	0	0	0	0	0	0	0	0	0	0	0
COF	0	0	0	0	0	0	0	0	0	0	0	0	0
COL	0	0	0	0	0	0	0	0	0	0	0	0	0
COL	0	0	0	0	0	0	0	0	0	0	0	0	0
COO	0	0	0	0	0	0	0	0	0	0	0	0	0
COW	0	0	0	0	0	0	0	0	0	0	0	0	0
CRA	0	0	0	0	0	0	0	0	0	0	0	0	0
CRIS	0	0	0	0	0	0	0	0	0	0	0	0	0
DAD	0	0	0	0	0	0	0	0	0	0	0	0	0
DAW	0	0	0	0	0	0	0	0	0	0	0	0	0
DEC	0	0	0	0	0	0	0	0	0	0	0	0	0

DEKA	0	0	0	0	0	0	0	0	0	0	0	0	0
DOD	0	0	0	0	0	0	0	0	0	0	0	0	0
DOC	0	0	0	0	0	0	0	0	0	0	0	0	0
DOU	0	0	0	0	0	0	0	0	0	0	0	0	0
DOU	0	0	0	0	0	0	0	0	0	0	0	0	0
EARL	0	0	0	0	0	0	0	0	0	0	0	0	0
ECH(	0	0	0	0	0	0	0	0	0	0	0	0	0
EFFI	0	0	0	0	0	0	0	0	0	0	0	0	0
ELBE	0	0	0	0	0	0	0	0	0	0	0	0	0
EMA	0	0	0	0	0	0	0	0	0	0	0	0	0
EVA	0	0	0	0	0	0	0	0	0	0	0	0	0
FANI	0	0	0	0	0	0	0	0	0	0	0	0	0
FAYE	0	0	0	0	0	0	0	0	0	0	0	0	0
FLOF	0	0	0	0	0	0	0	0	0	0	0	0	0
FLOY	0	0	0	0	0	0	0	0	0	0	0	0	0
FORS	0	0	0	0	0	0	0	0	0	0	0	0	0
FRA	0	0	0	0	0	0	0	0	0	0	0	0	0
FULT	0	0	0	0	0	0	0	0	0	0	0	0	0
GILM	0	0	0	0	0	0	0	0	0	0	0	0	0

GLA	0	0	0	0	0	0	0	0	0	0	0	0	0
GLY	0	0	0	0	0	0	0	0	0	0	0	0	0
GOR	0	0	0	0	0	0	0	0	0	0	0	0	0
GRA	0	0	0	0	0	0	0	0	0	0	0	0	0
GRE	0	0	0	0	0	0	0	0	0	0	0	0	0
GWI	0	0	0	0	0	0	0	0	0	0	0	0	0
HAB	0	0	0	0	0	0	0	0	0	0	0	0	0
HAL	0	0	0	0	0	0	0	0	0	0	0	0	0
HAN	0	0	0	0	0	0	0	0	0	0	0	0	0
HAR	0	0	0	0	0	0	0	0	0	0	0	0	0
HAR	0	0	0	0	0	0	0	0	0	0	0	0	0
HAR	0	0	0	0	0	0	0	0	0	0	0	0	0
HEA	0	0	0	0	0	0	0	0	0	0	0	0	0
HEN	0	0	0	0	0	0	0	0	0	0	0	0	0
HOU	0	0	0	0	0	0	0	0	0	0	0	0	0
IRWI	0	0	0	0	0	0	0	0	0	0	0	0	0
JACK	0	0	0	0	0	0	0	0	0	0	0	0	0
JASP	0	0	0	0	0	0	0	0	0	0	0	0	0
JEFF	0	0	0	0	0	0	0	0	0	0	0	0	0

JEFFI	0	0	0	0	0	0	0	0	0	0	0	0	0
JENK	0	0	0	0	0	0	0	0	0	0	0	0	0
JOHI	0	0	0	0	0	0	0	0	0	0	0	0	0
JONI	0	0	0	0	0	0	0	0	0	0	0	0	0
LAM	0	0	0	0	0	0	0	0	0	0	0	0	0
LANI	0	0	0	0	0	0	0	0	0	0	0	0	0
LAUI	0	0	0	0	0	0	0	0	0	0	0	0	0
LEE	0	0	0	0	0	0	0	0	0	0	0	0	0
LIBEI	0	0	0	0	0	0	0	0	0	0	0	0	0
LINC	0	0	0	0	0	0	0	0	0	0	0	0	0
LON	0	0	0	0	0	0	0	0	0	0	0	0	0
LOW	0	0	0	0	0	0	0	0	0	0	0	0	0
LUM	0	0	0	0	0	0	0	0	0	0	0	0	0
MAC	0	0	0	0	0	0	0	0	0	0	0	0	0
MAD	0	0	0	0	0	0	0	0	0	0	0	0	0
MAR	0	0	0	0	0	0	0	0	0	0	0	0	0
MCD	0	0	0	0	0	0	0	0	0	0	0	0	0
MCI	0	0	0	0	0	0	0	0	0	0	0	0	0
MER	0	0	0	0	0	0	0	0	0	0	0	0	0
MILL	0	0	0	0	0	0	0	0	0	0	0	0	0

MITC	0	0	0	0	0	0	0	0	0	0	0	0	0
MON	0	0	0	0	0	0	0	0	0	0	0	0	0
MON	0	0	0	0	0	0	0	0	0	0	0	0	0
MOR	0	0	0	0	0	0	0	0	0	0	0	0	0
MUR	0	0	0	0	0	0	0	0	0	0	0	0	0
MUS	0	0	0	0	0	0	0	0	0	0	0	0	0
NEW	0	0	0	0	0	0	0	0	0	0	0	0	0
NOR	0	0	0	0	0	0	0	0	0	0	0	0	0
OCO	0	0	0	0	0	0	0	0	0	0	0	0	0
OTH	0	0	0	0	0	0	0	0	0	0	0	0	0
OGL	0	0	0	0	0	0	0	0	0	0	0	0	0
PAUL	0	0	0	0	0	0	0	0	0	0	0	0	0
PEAC	0	0	0	0	0	0	0	0	0	0	0	0	0
PICK	0	0	0	0	0	0	0	0	0	0	0	0	0
PIER	0	0	0	0	0	0	0	0	0	0	0	0	0
PIKE	0	0	0	0	0	0	0	0	0	0	0	0	0
POLK	0	0	0	0	0	0	0	0	0	0	0	0	0
PULA	0	0	0	0	0	0	0	0	0	0	0	0	0
PUTN	0	0	0	0	0	0	0	0	0	0	0	0	0

QUIT	0	0	0	0	0	0	0	0	0	0	0	0	0
RABI	0	0	0	0	0	0	0	0	0	0	0	0	0
RAN	0	0	0	0	0	0	0	0	0	0	0	0	0
RICH	0	0	0	0	0	0	0	0	0	0	0	0	0
ROC	0	0	0	0	0	0	0	0	0	0	0	0	0
SCHI	0	0	0	0	0	0	0	0	0	0	0	0	0
SCRE	0	0	0	0	0	0	0	0	0	0	0	0	0
SEMI	0	0	0	0	0	0	0	0	0	0	0	0	0
SPAL	0	0	0	0	0	0	0	0	0	0	0	0	0
SOU	0	0	0	0	0	0	0	0	0	0	0	0	0
STEP	0	0	0	0	0	0	0	0	0	0	0	0	0
STEV	0	0	0	0	0	0	0	0	0	0	0	0	0
SUM	0	0	0	0	0	0	0	0	0	0	0	0	0
TENI	0	0	0	0	0	0	0	0	0	0	0	0	0
TALB	0	0	0	0	0	0	0	0	0	0	0	0	0
TALI	0	0	0	0	0	0	0	0	0	0	0	0	0
TATT	0	0	0	0	0	0	0	0	0	0	0	0	0
TAYL	0	0	0	0	0	0	0	0	0	0	0	0	0
TELF	0	0	0	0	0	0	0	0	0	0	0	0	0
TERR	0	0	0	0	0	0	0	0	0	0	0	0	0

THO	0	0	0	0	0	0	0	0	0	0	0	0	0
TIFT	0	0	0	0	0	0	0	0	0	0	0	0	0
TOO	0	0	0	0	0	0	0	0	0	0	0	0	0
TOW	0	0	0	0	0	0	0	0	0	0	0	0	0
TREL	0	0	0	0	0	0	0	0	0	0	0	0	0
TROI	0	0	0	0	0	0	0	0	0	0	0	0	0
TURI	0	0	0	0	0	0	0	0	0	0	0	0	0
TWIC	0	0	0	0	0	0	0	0	0	0	0	0	0
UNIC	0	0	0	0	0	0	0	0	0	0	0	0	0
UPSC	0	0	0	0	0	0	0	0	0	0	0	0	0
WAL	0	0	0	0	0	0	0	0	0	0	0	0	0
WAL	0	0	0	0	0	0	0	0	0	0	0	0	0
WAR	0	0	0	0	0	0	0	0	0	0	0	0	0
WAR	0	0	0	0	0	0	0	0	0	0	0	0	0
WAS	0	0	0	0	0	0	0	0	0	0	0	0	0
WAY	0	0	0	0	0	0	0	0	0	0	0	0	0
WEB	0	0	0	0	0	0	0	0	0	0	0	0	0
WHE	0	0	0	0	0	0	0	0	0	0	0	0	0
WHI	0	0	0	0	0	0	0	0	0	0	0	0	0

WHI	0	0	0	0	0	0	0	0	0	0	0	0	0
WILC	0	0	0	0	0	0	0	0	0	0	0	0	0
WILK	0	0	0	0	0	0	0	0	0	0	0	0	0
WILK	0	0	0	0	0	0	0	0	0	0	0	0	0
WOF	0	0	0	0	0	0	0	0	0	0	0	0	0
Totals	**42,548**	**13,616**	**3,536**	**806**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**461**

Surgical Services Addendum

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	Total
General Operating	0	0	25	25
Cystoscopy (OR Suite)	0	0	0	0
Endoscopy (OR Suite)	0	0	6	6
	0	0	0	0
Total	0	0	31	31

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	Total
General Operating	0	0	10,043	8,406	18,449
Cystoscopy	0	0	0	0	0
Endoscopy	0	0	1,457	6,023	7,480
	0	0	0	0	0
Total	0	0	11,500	14,429	25,929

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	Total
General Operating	0	0	7,406	8,374	15,780
Cystoscopy	0	0	0	0	0
Endoscopy	0	0	1,457	5,242	6,699
	0	0	0	0	0
Total	0	0	8,863	13,616	22,479

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	29
Asian	190
Black/African American	10,326
Hispanic/Latino	1
Pacific Islander/Hawaiian	19
White	1,373
Multi-Racial	1,678
Total	13,616

2. Age Grouping

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

Age of Patient	Number of Ambulatory Patients
Ages 0-14	52
Ages 15-64	10,160
Ages 65-74	2,709
Ages 75-85	628
Ages 85 and Up	67
Total	13,616

3. Gender

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

Gender	Number of Ambulatory Patients
Male	6,289
Female	7,327
Total	13,616

4. Payment Source

Please report the total number of ambulatory patients by payment source. Report Peachcare for Kids as Third-Party.

Primary Payment Source	Number of Ambulatory Patients
Medicare	3,868
Medicaid	1,455
Third-Party	4,769
Self-Pay	3,524
Total	13,616

Perinatal Services Addendum

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.

Number of Delivery Rooms:

0

Number of Birthing Rooms:

0

Number of LDR Rooms:

12

Number of LDRP Rooms:

0

Number of Cesarean Sections:

1,302

Total Live Births:

3,646

Total Live Births (Live and Late Fetal Deaths):

3,718

Total Deliveries (Births + Early Fetal Deaths and Induced Terminations):

3,722

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	3,135	7,046	156
Specialty Care (Intermediate Neonatal Care)	12	1	3,794	39
Subspecialty Care (Intensive Neonatal Care)	37	566	9,722	92
Total	49	3,702	20,562	287

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	Admission by Mother's Race	Inpatient Days
American Indian/Alaska Native	9	22
Asian	50	143
Black/African American	2,527	8,530
Hispanic/Latino	0	0
Pacific Islander/Hawaiian	8	21
White	241	833
Multi-Racial	701	2,081
Total	3,536	11,630

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	22
Ages 15-44	3,524	11,569
Ages 45 and Up	8	39
Total	3,536	11,630

3. Average Charge for an Uncomplicated Delivery

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

41,642

4. Average Charge for an Premature Delivery

Please report the average hospital charge for a premature delivery.

49,186

Psychiatric/Substance Abuse Services Addendum

Part A: Psychiatric and Substance Abuse Data by Program

Please report the number of beds as of the last day of the report period. Report beds only for officially recognized programs. Use the blank row to report combined beds. For combined bed programs, please report each of the combined bed programs and the number of combined beds. Indicate the combined programs using letters A through H, for example,"AB"

Patient Type	Distribution of CON-Authorized Beds	Set-Up and Staffed Beds
A- General Acute Psychiatric Adults 18 and over	24	24
B- General Acute Psychiatric Adolescents 13-17	0	0
C- General Acute Psychiatric Children 12 and under	0	0
D- Acute Substance Abuse Adults 18 and over	0	0
E- Acute Substance Abuse Adolescents 13-17	0	0
F- Extended Care Adults 18 and over	0	0
G- Extended Care Adolescents 13-17	0	0
H- Extended Care Adolescents 0-12	0	0
	0	0

2. Admissions, Days, Discharges, Accreditation

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

Program Type	Admissions	Inpatient Days	Discharges	Discharge Days	Average Charge Per Patient Day	Check if the Program is JCAHO Accredited
General Acute Psychiatric Adults 18 and over	806	8,660	807	8,733	4,527	☐
General Acute Psychiatric Adolescents 13-17	0	0	0	0	0	☐
General Acute Psychiatric Children 12 and Under	0	0	0	0	0	☐
Acute Substance Abuse Adults 18 and over	0	0	0	0	0	☐
Acute Substance Abuse Adolescents 13-17	0	0	0	0	0	☐
Extended Care Adults 18 and over	0	0	0	0	0	☐
Extended Care Adolescents 13-17	0	0	0	0	0	☐
Extended Care Adolescents 0-12	0	0	0	0	0	☐

Part B: Psychiatric and Substance Abuse 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	8	89
Asian	10	70
Black/African American	634	6,801
Hispanic/Latino	0	0
Pacific Islander/Hawaiian	0	0
White	87	986
Multi-Racial	67	714
Total	806	8,660

2. Gender

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

Gender of Patient	Number of Admissions	Inpatient Days
Male	435	4,532
Female	371	4,128
Total	806	8,660

Total Psych Admissions from Patient Origin Table
806

3. 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	99	1,608
Medicaid	208	2,768
Third-Party	151	1,265
Self-Pay	348	3,019
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:

Do you have paid medical interpreters on staff? (Check the box, if yes) ☑

If you checked yes, how many? (FTEs)

18.5

What languages do they most often interpret?

Spanish and American Sign Language

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 ☑

Community Volunteer Interpreter ☑

Refer patient to outside agency ☑

Bilingual member of patient's family ☑

Telephone interpreter service ☑

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,

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	8	16	0	0
Amharic	0	1	0	0
Bengali	0	0	0	0

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?

Grady Health System provides comprehensive education on cultural competency, language access, and effective patient communication through a combination of required training modules, role-specific onboarding, in-person education, and ongoing compliance monitoring. 1. Required and System-Wide Training

- All staff members are required to complete an annual training module on cultural competency, language access, and

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?

a. The most urgent resource we need is the ability to provide high quality, on-demand translation services that has been reviewed by a qualified human linguist. Various vendors are offering these services, aided by AI, but we have yet to find one that doesn't have quality concerns.

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

Language One:

English

Language Two:

Braile

Language Three:

Universal Wayfinding Symbols

Language Four:

If an unisured 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 c

Comprehensive Inpatient Physical Rehabilitation Addendum

1. Admissions and Days of Care by Race

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. Admissions and Days of Care by Gender

Please provide the number of admissions and inpatient days by gender

Gender of Patient	Number of Admissions	Inpatient Days
Male	0	0
Female	0	0
Total	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

Age Cohort	Number of Admissions	Inpatient Days
0-17	0	0
18-64	0	0
65-84	0	0
85 Up	0	0
Total	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
Total	0

Part C: Payers

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
Total	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
Total	0

Nurse Employment Addendum

Did your facility employ one or more nurses holding a multistate license pursuant to O.C.G.A. § 43-26-60 et seq. for 30 days or more in 2025 (January 1, 2025 through December 31, 2025)? (Check the box, if yes.)

☐

1.

If yes please list each nurse below: To add a row press the button. To delete a row press the minus button at the end of the row. (You may enter the data on the web form or upload the data to the web form using the .csv file. The csv file upload is recommended, especially if you have a large number of records to add to the form.)

Full Name	Work Address	Duration	Primary State of Residency	Employed by Agency? (Yes/No)	Primary Dates of Employment

Only use commas to separate values

Example Entry: Dean Venture, 1234 Street Name Atlanta GA 30033, 1 year 3 months 12 days, GA, Yes, January 2025 - Present

Note: This is an example and there is no unit requirement for Duration

Please note that the survey WILL NOT BE ACCEPTED without the authorized signature of the Chief Executive Officer or Executive Director (principal officer) of the facility. The signature can be completed only AFTER all survey data has been finalized. By law, the signatory is attesting under penalty of law that the information is accurate and complete. I state, certify and attest that to the best of my knowledge upon conducting due diligence to assure the accuracy and completeness of all data, and based upon my affirmative review of the entire completed survey, this completed survey contains no untrue statement, or incaccurate data, nor omits requested material information or data. I further state, certify and attest that I have reviewed the entire contents of the completed survey with all appropriate staff of the facility. I further understand that inaccurate, incomplete or omitted data could lead to sanctions against me or my facility. I further understand that a typed version of my name is being accepted as my original signature pursuant to the Georgia Electronic Records and Signature Act. **Do not sign until you are ready to submit. Signed surveys will be locked to prevent post-validation revisions that could through the survey out of balance. If you sign the survey, you will need to contact us to unlock it for revision.**

Authorized Signature

John Haupert

Date

03/05/2006

Title

CEO

Comments