

UNITED STATES OF AMERICA
BEFORE THE FEDERAL TRADE COMMISSION
OFFICE OF ADMINISTRATIVE LAW JUDGES



In the Matter of
PHOEBE PUTNEY HEALTH SYSTEM, INC.,
et al.

Respondents.

DOCKET NO. 9348
PUBLIC DOCUMENT

DEKALB MEDICAL CENTER, INC. d/b/a DEKALB MEDICAL CENTER AT NORTH
DECATUR AND DEKALB MEDICAL CENTER AT HILLANDALE

CONSOLIDATED MOTION TO QUASH AND/OR LIMIT SUBPOENAS *DUCES*
TECUM

MCKENNA LONG & ALDRIDGE, LLP
Kathlynn Butler Polvino, Esq.
Robert M. Rozier, Esq.

303 Peachtree Street, Suite 5300
Atlanta, Georgia 30308
(404) 527-4000
(404) 527-4198

Counsel for DeKalb Medical Center, Inc.

**UNITED STATES OF AMERICA
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DECATUR AND DEKALB MEDICAL CENTER AT HILLANDALE**

**CONSOLIDATED MOTION TO QUASH AND/OR LIMIT SUBPOENAS *DUCES*
*TECUM***

Pursuant to Section 3.34(c) of the Federal Trade Commission's ("FTC's" or "Commission's") Rules of Practice, 16 C.F.R. § 3.34(c), DeKalb Medical Center, Inc. d/b/a DeKalb Medical Center at North Decatur ("DMC-ND"), and DeKalb Medical Center at Hillandale ("DMC-Hillandale") (DMC-ND and DMC-Hillandale are collectively referred to as "DMC"), as a non-party to this proceeding, hereby files this Consolidated Motion to Quash and/or Limit the April 26, 2013 Subpoenas *Duces Tecum* issued at the behest of Phoebe Putney Memorial Hospital, Inc., Phoebe Putney Health System, Inc., and the Hospital Authority of Albany-Dougherty County (collectively "Respondents"), copies of which are attached hereto as Attachment A (the "Subpoenas"). DMC-ND and DMC-Hillandale were served with the virtually identical Subpoenas by separate delivery dated April 26, 2013 and received the Subpoenas on April 29, 2013.

On May 7, 2013, counsel for Respondents indicated Respondents' willingness to withdraw two requests contained in the Subpoenas and limit a third. DMC hereby moves to quash and/or limit the Subpoenas on the grounds that the requests, instructions, and definitions contained therein,

even as subsequently modified: (1) are overbroad and unduly burdensome, and (2) seek information obtainable at no cost or for considerably less cost and burden from (a) public sources, (b) parties to the proceedings (*i.e.*, the FTC), or (c) third parties. The burden and expense of the proposed discovery on DMC, as a non-party, outweigh any marginal benefit of the requested information in the proceedings.

I. INTRODUCTION AND GENERAL OBJECTIONS

DMC operates two non-profit community hospitals in metropolitan Atlanta: (1) 451-bed DMC-ND and (2) 100-bed DMC-Hillandale. Each of DMC's hospitals is more than 180 miles removed from Respondents' hospitals in Albany, Georgia. DMC is not a party to this proceeding and has no direct interest in its outcome. DMC's hospitals do not serve a similar or overlapping service area or healthcare market as Respondents' hospitals, which are more proximate to Alabama and Florida hospitals than to DMC's hospitals. The service areas of DMC's hospitals are not comparable to Respondents' service area in terms of population, demographics, market competitiveness, or any other factor that could be relevant to the proceedings. The size and scope of services offered by DMC's hospitals differ from Respondents' 400+ bed tertiary facility, Phoebe Putney Memorial Hospital, as well as Respondents' 110-bed facility, Phoebe North f/k/a Palmyra Park Hospital. In these circumstances, the Subpoenas should be quashed or limited. The burden and expense of the proposed discovery on DMC outweighs any marginal relevance it could have in the proceedings. *See* 16 C.F.R. § 3.31(c)(2)(iii)(a subpoena should be quashed or limited where "the burden and expense of the proposed discovery on . . . a third party outweigh its likely benefit.")

Moreover, Respondents confirmed that they served the same overbroad requests on each and every acute care hospital in Georgia, purportedly to enable their economic expert to compare the quality and financial performance of hospitals statewide. Yet, importantly, to the extent Respondents seek to compare quality or financial metrics of Georgia hospitals, they may easily do so

using publicly available information or information that may be purchased for a nominal fee (and without burdening myriad non-party hospitals). As detailed below, comparative financial information and quality metrics concerning Georgia hospitals, including DMC-ND and DMC-Hillandale, are available for free or at nominal cost from public agencies and private organizations, including, without limitation, the Georgia Department of Community Health (“DCH”), the Georgia Hospital Association (“GHA”), the Centers for Medicare and Medicaid Services (“CMS”), and the Joint Commission. This alone is a sufficient ground for the Subpoenas to be quashed or limited. *See* 16 C.F.R. §3.31(c)(2)(i)(the Administrative Law Judge is authorized to quash or limit subpoenas when "the discovery sought from . . . a third party is unreasonably cumulative or duplicative, or is obtainable from some other source that is more convenient, less burdensome, or less expensive.")

Finally, the Subpoenas call for the production of documents by May 21, 2013, a mere 22 days from the date of service. While Respondents' counsel confirmed that this production deadline could be extended to May 28, 2013, the 28-day response time remains unreasonably short for a non-party.

Without limiting the foregoing, DMC makes the following additional general objections to the Subpoenas:

1.

DMC objects to each of the remaining requests (*i.e.*, “Documents To Be Produced”) as overly broad and unduly burdensome, particularly given the overbroad “Definitions”, and onerous “Instructions” contained in the Subpoenas. Additionally, the requests fail to identify with reasonable specificity the documents or other information to be produced.

2.

DMC objects to the each of the remaining requests as not reasonably calculated to lead to the

discovery of admissible evidence. Respondents failed to demonstrate and cannot show that any marginal or likely benefit of the requested documents to the proceedings before the FTC outweighs the burden and expense of production on DMC, a third party.

3.

DMC objects to the remaining requests to the extent the information sought is obtainable through less burdensome and less expensive public means. Any non-public information sought by the requests would be merely cumulative, and any benefit of such production fails to outweigh the burden on DMC, a third party.

4.

DMC objects to the remaining requests, definitions, and instructions in the Subpoenas to the extent they seek documents and information protected and privileged by the attorney-client privilege or any other applicable privilege, immunity, or confidentiality.

5.

DMC objects to the requests, definitions, and instructions to the extent Respondents seek documents and information that constitute, contain or refer to confidential, sensitive and/or proprietary business or commercial information concerning current operations. As a non-party, DMC was not involved in the drafting or negotiations concerning the existing Protective Order dated April 21, 2011 (the "Protective Order"), and that order does not adequately protect DMC's interests.

6.

Without limiting the generality of preceding objections, DMC reserves its objections to the "Definitions" of "computer files", "documents", "Palmyra" and "You and Your" as overbroad, unduly burdensome, and unreasonable. However, such definitions are no longer implicated by the remaining requests as modified by Respondents.

Without limiting the generality of preceding objections, DMC objects to the following “Instructions” as overbroad, unduly burdensome, and unreasonable:

- Instruction B unreasonably requires DMC to engage in a voluminous record search – both electronic and paper – for a five-year period from January 1, 2008 to the present. Respondents provided no justification for this five-year period and its relevance to the underlying proceedings involving a transaction consummated in December 2011. On May 7, 2013, Respondents agreed to limit remaining requests to a three-year period. However, Respondents failed to justify the need for data pre-dating the Transaction.
- Instruction C of the Subpoenas unreasonably requires a "complete search" of all files of not only DMC, but also its affiliates, subsidiaries, predecessors, and its and their representatives, including "accountants, lawyers, or any other persons retained by, consulted by, or working on behalf or under direction of" such entities. Such instruction is contrary to the legal requirement of a reasonable search for responsive information and is overly broad and burdensome, particularly given that production is unlikely to result in evidence relevant to the proceedings before the FTC.
- Instruction E of the Subpoenas suggests that Respondents are seeking the production of medical records and other patient records containing confidential health information protected by state and federal privacy laws, including the Health Insurance Portability and Accountability Act of 1996, 42 U.S.C. §§ 1320d-1329d-8, as amended by the Health Information Technology for Economic and Clinical Health Act, enacted as Title XIII of the American Recovery and Reinvestment Act of 2009, Public Law 111-5 (collectively, “HIPAA”). Such information is not relevant to the proceedings, and the burden of production in compliance with HIPAA and state privacy laws outweighs any marginal benefit to the proceedings.
- Instructions F and G unreasonably seek to impose upon DMC obligations or responsibilities in excess of those required by any applicable law or the rules of procedure.

II. SPECIFIC OBJECTIONS

DMC incorporates the general objections and arguments stated above, which are specifically incorporated by reference in each of the following responses and objections, and DMC objects to the requests for production in the Subpoenas as follows:

1.

All documents relating to the Transaction, including but not limited to, all documents sent to or received from the FTC, and all documents relating to communications within the FTC.

On May 7, 2013, Respondents agreed to withdraw this request. Accordingly, no objection or response is required.

2.

All documents relating to Phoebe or Palmyra.

On May 7, 2013, Respondents agreed to withdraw this request. Accordingly, no objection or response is required.

3.

Since 2006, all audited or other financial statements or materials for Your Hospital prepared for either internal use or presented to third parties, (e.g., the Georgia Department of Community Health, the Georgia Hospital Association, potential investors or lenders, investment banks).

On May 7, 2013, Respondents agreed to limit this request only to available audited financial statements for DMC for the last three years.

DMC continues to object to this request even as limited because Respondents seek information readily available from public sources. DMC's audited financial statements for the modified request period are available for free through the Electronic Municipal Market Access ("EMMA") system.

On May 8, 2013, despite Respondents earlier agreements, Respondents provided GHA with an email suggesting that the scope of this request to hospitals generally was not as limited as originally discussed and that Respondents would continue to seek internal, unaudited "hospital-level" financial statements. DMC objects to any effort of Respondents to further expand the scope of this request because it seeks information readily available from public sources. For example, DCH maintains an Annual Hospital Financial Survey Database and Annual Hospital Questionnaire database (collectively the "DCH Survey Databases"), which databases contain voluminous financial information relating to DMC-ND, DMC-Hillandale, and other Georgia hospitals for the entire

request period, including hospital average charges, payor mix, revenues, expenses, bad debt, contractual adjustments, and indigent and charity care levels.¹ Additional financial information concerning DMC's hospitals is available through other governmental entities such as CMS (*e.g.*, Medicare cost reports), and via private databases available to Respondents, including the Georgia Discharge Data System maintained by the Georgia Hospital Association.

To the extent the request seeks additional non-public financial information – including “other financial statements or materials” prepared “for internal use” – the request is overbroad, unreasonable, and the burden of production outweighs any marginal benefits of such requests. Respondents cannot demonstrate the need for such internal and other financial materials, which largely will be cumulative and duplicative of the publicly available financial information.

4.

All Joint Commission on Accreditation of Healthcare Organizations ("JCAHO") or other periodic reviews performed by any organization that assigned a "quality rating" or "quality-score" to Your Hospital.

DMC objects to this request because it seeks information available from public sources, including free on-line resources, for less expense and without disruption to the business operations of DMC. Quality rating, benchmarks and other metrics for DMC-ND, DMC-Hillandale, and other Georgia hospitals are reported, for example, by DCH, the Joint Commission, Hospital Compare, CMS, HealthGrades, and HealthInsight. To illustrate, attached at Attachment B is Phoebe Memorial Hospital's ("Phoebe's") "Medicare Hospital Profile" comparing Phoebe's performance against the Georgia and National averages across multiple hospital quality benchmarks. Phoebe's "Hospital Safety Score" is attached at Attachment C. While Phoebe's Joint Commission "Quality

¹ To illustrate the types of information available on the DCH Survey Database, copies of Phoebe Putney Memorial Hospital's ("Phoebe's") 2011 Financial Survey and Annual Hospital Questionnaire is attached hereto as Attachment F.

Report” is not available on-line, that is not typical as quality rankings for DMC-ND, DMC-Hillandale, and most other Georgia hospitals are readily available on the Joint Commission’s website.² HealthInsight’s 2012 National Rankings for Hospitals for Georgia is attached at Attachment E. Additional quality information is available through other entities, including the Partnership for Health and Accountability consumer quality and pricing guidelines maintained by GHA.

To the extent the request extends beyond Joint Commission and CMS reports and quality reviews, it is unreasonable, overly broad, and unduly burdensome. Specifically, the request to provide "all" "periodic reviews" "performed by any organization," is sufficiently broad to encompass reports and reviews performed by consultants, contractors, and other private entities engaged by DMC to assist in its continuous performance improvement efforts and ongoing evaluation of operations. This request thus implicates irrelevant, competitively sensitive internal documents and data, and the Protective Order is insufficient to protect such information.

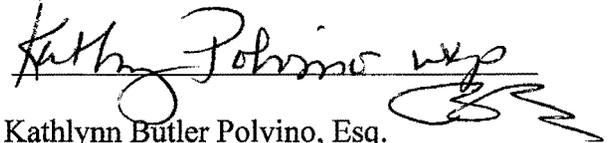
III. CONCLUSION

For all of the foregoing reasons, DMC respectfully requests that the Administrative Law Judge quash the Subpoenas *Duces Tecum* served by Respondents' counsel in its entirety. In the alternative, DMC respectfully requests that the Administrative Law Judge: (1) significantly limit the scope of the Subpoenas to specific, identifiable, non-privileged documents readily obtainable from DMC-ND and DMC-Hillandale (*i.e.*, not their affiliates, subsidiaries, representatives, attorneys, accountants, the FTC, publicly available resources, etc.) without the costs or burdens of searching or producing (current or archived) electronic files or patient medical or financial records; (2) require

² To illustrate the types of information available on the Joint Commission website, copies of Grady Memorial Hospital’s Quality Report is attached hereto as Attachment D.

Respondents to pay DMC's expenses, including reasonable attorneys' fees, incurred in responding to the Subpoenas, and (3) extend the deadline for production to a reasonable date certain.

Respectfully submitted this 9th day of May, 2013,

A handwritten signature in black ink, appearing to read "Kathlynn Polvino" with a stylized flourish at the end.

Kathlynn Butler Polvino, Esq.

Robert M. Rozier, Esq.

McKENNA LONG & ALDRIDGE, LLP

303 Peachtree Street, Suite 5300

Atlanta, Georgia 30308

(404) 527-4000

(404) 527-4198 (facsimile)

Counsel for DeKalb Medical Center, Inc.

STATEMENT OF KATHLYNN BUTLER POLVINO PURSUANT TO 16 C.F.R. 3.22 (g)

I am a Partner with McKenna Long & Aldridge, LLP, counsel for non-party DeKalb Medical Center, Inc. d/b/a DeKalb Medical Center at North Decatur ("DMC-ND") and DeKalb Medical Center at Hillandale ("DMC-Hillandale"). (DMC-ND and DMC-Hillandale are collectively referred to as "DMC".) I submit this statement in connection with DMC's Consolidated Motion to Quash and/or Limit the Subpoenas *Duces Tecum* (the "Motion"). On April 26, 2013, Respondents Phoebe Putney Memorial Hospital, Inc., Phoebe Putney Health System, Inc., and Hospital Authority of Albany-Dougherty County mailed the Subpoenas *Duces Tecum* to DMC-ND and DMC-Hillandale, and the Subpoenas were received on April 29, 2013. On May 7, 2013, at approximately 2:45 p.m., I participated in a teleconference facilitated by the Georgia Hospital Association ("GHA") with representatives of multiple Georgia hospitals and John J. Fedele and Lee Van Voorhis, counsel for Phoebe Putney Memorial Hospital, Inc. and Phoebe Putney Health System, Inc., in an attempt to resolve any disputes concerning the Subpoenas that are the subject of this Motion. As of the time this Motion is filed, the issues in dispute have not been fully resolved.

This 9th day of May, 2013.



Kathlynn Butler Polvino, Esq. 
McKENNA LONG & ALDRIDGE, LLP
303 Peachtree Street, Suite 5300
Atlanta, Georgia 30308
(404) 527-4000

CERTIFICATE OF SERVICE

I hereby certify that this 9th day of May, 2013, I delivered via FEDEX the original and ten (10) copies of DMC's Consolidated Motion to Quash and/or Limit Subpoenas *Duces Tecum* to:

Donald S. Clark
Secretary
Federal Trade Commission
600 Pennsylvania Avenue, NW, Rm. H-159
Washington, DC 20580

I also certify that I delivered via FEDEX and e-mail a copy of the foregoing document to:

The Honorable D. Michael Chappell
Chief Administrative Law Judge
Federal Trade Commission
600 Pennsylvania Avenue, NW, Rm. H-110
Washington, DC 20580

Emmet J. Bondurant, Esq.
Bondurant, Mixson & Elmore, LLP
1201 West Peachtree St. NW, Suite 3900
Atlanta, GA 30309
Bondurant@bmelaw.com

Lee K. Van Voorhis, Esq.
Baker & McKenzie LLP
815 Connecticut Avenue, NW
Washington, DC 20006
lee.vanvoorhis@bakermckenzie.com

Edward D. Hassi, Esq.
Trial Counsel
Federal Trade Commission
Bureau of Competition
600 Pennsylvania Avenue, NW
Washington, DC 20580
ehassi@ftc.gov

I also certify that I delivered via e-mail a copy of the foregoing document to:

Maria M. DiMoscato, Esq.
Federal Trade Commission
Bureau of Competition
600 Pennsylvania Avenue, NW
Washington, DC 20580
mdimoscato@ftc.gov

Amanda Lewis, Esq.
Federal Trade Commission
Bureau of Competition
600 Pennsylvania Avenue, NW
Washington, DC 20580
alewis1@ftc.gov

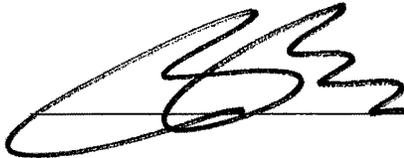
Christopher Abbott, Esq.
Federal Trade Commission
Bureau of Competition
600 Pennsylvania Avenue, NW
Washington, DC 20580
cabbott@ftc.gov

Jeff K. Perry, Esq.
Assistant Director
Federal Trade Commission
Bureau of Competition
600 Pennsylvania Avenue, NW
Washington, DC 20580
jperry@ftc.gov

Sara Y. Razi, Esq.
Federal Trade Commission
Bureau of Competition
600 Pennsylvania Avenue, NW
Washington, DC 20580
srazi@ftc.gov

Lucas Ballet
Federal Trade Commission
Bureau of Competition
600 Pennsylvania Avenue, NW
Washington, DC 20580
lballet@ftc.gov

Douglas Litvack, Esq.
Federal Trade Commission
Bureau of Competition
600 Pennsylvania Avenue, NW
Washington, DC 20580
dlitvack@ftc.gov



Robert M. Rozier
McKENNA LONG & ALDRIDGE, LLP
303 Peachtree Street, Suite 5300
Atlanta, Georgia 30308

Counsel for DeKalb Medical Center, Inc.

ATLANTA 5477380.1

TAB A



SUBPOENA DUCES TECUM

Provided by the Secretary of the Federal Trade Commission, and
Issued Pursuant to Commission Rule 3.34(b), 16 C.F.R. § 3.34(b)(2010)

1. TO DeKalb Medical Center at North Decatur
C/O John Shelton, President & CEO, Or
Person Authorized to Receive Service
2701 North Decatur Road
Decatur, GA 30033

2. FROM

UNITED STATES OF AMERICA
FEDERAL TRADE COMMISSION

This subpoena requires you to produce and permit inspection and copying of designated books, documents (as defined in Rule 3.34(b)), or tangible things, at the date and time specified in Item 5, and at the request of Counsel listed in Item 9, in the proceeding described in Item 6.

3. PLACE OF PRODUCTION

Baker & McKenzie LLP
815 Connecticut Avenue, NW
Washington, DC 20006

4. MATERIAL WILL BE PRODUCED TO

John J. Fedele, Respondents

5. DATE AND TIME OF PRODUCTION

May 21, 2013 - 5:00p.m. EDT

6. SUBJECT OF PROCEEDING

Phoebe Putney Health System, Inc - Docket 9348

7. MATERIAL TO BE PRODUCED

Documents and materials responsive to the attached Subpoena Duces Tecum
Requests for Production

8. ADMINISTRATIVE LAW JUDGE

Michael D. Chappell

Federal Trade Commission
Washington, D.C. 20580

9. COUNSEL AND PARTY ISSUING SUBPOENA:

Lee K. Van Voorhis
815 Connecticut Avenue, NW
Washington, DC 20006
202-835-6162

DATE SIGNED

04/26/2013

SIGNATURE OF COUNSEL ISSUING SUBPOENA

GENERAL INSTRUCTIONS

APPEARANCE

The delivery of this subpoena to you by any method prescribed by the Commission's Rules of Practice is legal service and may subject you to a penalty imposed by law for failure to comply.

MOTION TO LIMIT OR QUASH

The Commission's Rules of Practice require that any motion to limit or quash this subpoena must comply with Commission Rule 3.34(c), 16 C.F.R. § 3.34(c), and in particular must be filed within the earlier of 10 days after service or the time for compliance. The original and ten copies of the petition must be filed before the Administrative Law Judge and with the Secretary of the Commission, accompanied by an affidavit of service of the document upon counsel listed in Item 9, and upon all other parties prescribed by the Rules of Practice.

TRAVEL EXPENSES

The Commission's Rules of Practice require that fees and mileage be paid by the party that requested your appearance. You should present your claim to counsel listed in Item 9 for payment. If you are permanently or temporarily living somewhere other than the address on this subpoena and it would require excessive travel for you to appear, you must get prior approval from counsel listed in Item 9.

A copy of the Commission's Rules of Practice is available online at <http://bit.ly/FTCRulesofPractice>. Paper copies are available upon request.

This subpoena does not require approval by OMB under the Paperwork Reduction Act of 1980.

RETURN OF SERVICE

I hereby certify that a duplicate original of the within subpoena was duly served: (check the method used)

- in person.*
- by registered mail.*
- by leaving copy at principal office or place of business, to wit:*

on the person named herein on:

(Month, day, and year)

April 26, 2013

(Name of person making service)

Brian E. Rafkin, Esquire

(Official title)

Attorney

**UNITED STATES OF AMERICA
BEFORE THE FEDERAL TRADE COMMISSION
OFFICE OF ADMINISTRATIVE LAW JUDGES**

In the Matter of)
Phoebe Putney Health System, Inc.)
a corporation, and)
)
Phoebe Putney Memorial Hospital, Inc.)
a corporation, and)
)
HCA Inc.)
a corporation, and)
)
Palmyra Park Hospital, Inc.)
a corporation, and)
)
Hospital Authority of Albany-Dougherty)
County)

Docket No. 9348

**RESPONDENTS' SUBPOENA DUCES TECUM TO
DeKalb Medical at North Decatur**

Pursuant to the Federal Trade Commission's Rules of Practice, 16 C.F.R. §§ 3.31 and 3.34, and the Scheduling Order entered by Chief Administrative Law Judge Chappell on April 4, 2013, Respondents, Phoebe Putney Health System, Inc., Phoebe Putney Memorial Hospital, Inc., and Hospital Authority of Albany-Dougherty County ("Phoebe") hereby request that DeKalb Medical at North Decatur produce the documents set forth below in accordance with the Definitions and Instructions set forth below:

DEFINITIONS

- A. The term "computer files" includes information stored in, or accessible through, computer or other information retrieval systems. Thus, you should produce documents that exist in machine-readable form, including documents stored in personal computers, portable computers, workstations, minicomputers, mainframes, servers, backup disks and tapes, archive disks and tapes, and other forms of offline storage.
- B. The words "and" and "or" shall be construed conjunctively or disjunctively as necessary to make the request inclusive rather than exclusive.
- C. The term "communication" means any transfer of information, written, oral, or by any other means.

Subpoena Duces Tecum Issued to DeKalb Medical at North Decatur (Docket No. 9348)

- D. The terms “constitute,” “contain,” “discuss,” “analyze,” or “relate to” mean constituting, reflecting, respecting, regarding, concerning, pertaining to, referring to, relating to, stating, describing, recording, noting, embodying, memorializing, containing, mentioning, studying, assessing, analyzing, or discussing.
- E. The term “documents” means all computer files and written, recorded, and graphic materials of every kind in your possession, custody, or control. The term documents includes, without limitation: electronic mail messages; electronic correspondence and drafts of documents; metadata and other bibliographic or historical data describing or relating to documents created, revised, or distributed on computer systems; copies of documents that are not identical duplicates of the originals in that person’s files; and copies of documents the originals of which are not in your possession, custody, or control.
- F. The terms “each,” “any,” and “all” mean “each and every.”
- G. The term “hospital” means a health care facility providing care through specialized staff and equipment on either an in-patient or out-patient basis.
- H. The term “including” shall mean “including without limitation.”
- I. The term “Palmyra” means HCA/Palmyra, Palmyra Medical Center, and Palmyra Park Hospital doing business as Palmyra Medical Center and its domestic and foreign parents, predecessors, divisions, subsidiaries, affiliates, partnerships and joint ventures, and all directors, officers, employees, agents, and representatives of the foregoing.
- J. The term “person” or “persons” means natural persons, groups of natural persons acting as individuals, groups of natural persons acting in a collegial capacity (*e.g.*, as a committee, board, panel, etc.), associations, representative bodies, government bodies, agencies, or any other commercial entity, incorporated business, social or government entity.
- K. The term “Phoebe” means Phoebe Putney Health System, Inc. and Phoebe Putney Memorial Hospital, Inc. and Phoebe Health Partners.
- L. The term “relating to” means in whole or in part constituting, containing, concerning, discussing, referring, describing, analyzing, identifying, or stating.
- M. The term “Transaction” means the Hospital Authority of Albany-Dougherty County’s acquisition of Palmyra Park Hospital, which was consummated in December 2011.
- N. The term “You” and “Your” mean **DeKalb Medical at North Decatur** and all of its subsidiaries, affiliates or predecessors.
- O. Unless otherwise defined, all words and phrases used in this First Request for the Production of Documents shall be accorded their usual meaning as defined by Webster’s New Universal Unabridged Dictionary, Fully Revised and Updated (2003).

INSTRUCTIONS

- A. All documents shall be produced by May 21, 2013.
- B. All references to year refer to calendar year. Unless otherwise specified, each of the specifications calls for documents and/or information for each of the years from January 1, 2008 to the present.
- C. Unless modified by agreement with Respondents, this Subpoena requires a complete search of all Your files. You shall produce all responsive documents, wherever located, that are in the actual or constructive possession, custody, or control of Your Hospital and its representatives, attorneys, and other agents, including, but not limited to, consultants, accountants, lawyers, or any other person retained by, consulted by, or working on behalf or under the direction of You.
- D. This subpoena is governed by the terms of the attached Protective Order Governing Discovery Material issued on April 21, 2011.
- E. To protect patient privacy, You shall mask any Sensitive Personally Identifiable Information ("PII") or Sensitive Health Information ("SHI"). For purposes of this Subpoena, PII means an individual's Social Security Number alone; or an individual's name or address or phone number in combination with one or more of the following: date of birth, Social Security Number, driver's license number or other state identification number or a foreign country equivalent, passport number, financial account numbers, credit or debit card numbers. For purposes of this Subpoena, SHI includes medical records or other individually identifiable health information. Where required by a particular request, You shall substitute for the masked information a unique patient identifier that is different from that for other patients and the same as that for different admissions, discharges, or other treatment episodes for the same patient. Otherwise, You shall redact the PII or SHI but is not required to replace it with an alternate identifier.
- F. Forms of Production: Your Hospital shall submit documents as instructed below absent written consent signed by Respondents.
 - (1) Documents stored in electronic or hard copy format in the ordinary course of business shall be submitted in electronic format provided that such copies are true, correct, and complete copies of the original documents:
 - (a) Submit Microsoft Access, Excel, and PowerPoint in native format with extracted text and metadata;
 - (b) Submit all other documents other than those identified in subpart (1)(a) in image format with extracted text and metadata; and
 - (c) Submit all hard copy documents in image format accompanied by OCR.
 - (2) For each document submitted in electronic format, include the following metadata fields and information:

Subpoena Duces Tecum Issued to DeKalb Medical at North Decatur (Docket No. 9348)

- (a) For documents stored in electronic format other than email: beginning Bates or document identification number, ending Bates or document identification number, page count, custodian, creation date and time, modification date and time, last accessed date and time, size, location or path file name, and MD5 or SHA Hash value;
 - (b) For emails: beginning Bates or document identification number, ending Bates or document identification number, page count, custodian, to, from, CC, BCC, subject, date and time sent, Outlook Message ID (if applicable), child records (the beginning Bates or document identification number of attachments delimited by a semicolon);
 - (c) For email attachments: beginning Bates or document identification number, ending Bates or document identification number, page count, custodian, creation date and time, modification date and time, last accessed date and time, size, location or path file name, parent record (beginning Bates or document identification number of parent email), and MD5 or SHA Hash value; and
 - (d) For hard copy documents: beginning Bates or document identification number, ending Bates or document identification number, page count, and custodian.
- (3) Submit electronic files and images as follows:
- (a) For productions over 10 gigabytes, use SATA, IDE, and EIDE hard disk drives, formatted in Microsoft Windows-compatible, uncompressed data in USB 2.0 external enclosure;
 - (b) For productions under 10 gigabytes, CD-R CD-ROM and DVD-ROM for Windows-compatible personal computers, USB 2.0 Flash Drives are also acceptable storage formats; and
 - (c) All documents produced in electronic format shall be scanned for and free of viruses.
- (4) All documents responsive to this request, regardless of format or form and regardless of whether submitted in hard copy or electronic format:
- (a) Shall be produced in complete form, un-redacted unless privileged, and in the order in which they appear in Your Hospital's files and shall not be shuffled or otherwise rearranged;
 - (b) Shall be produced in color where necessary to interpret the document (if the coloring of any document communicates any substantive information, or if black-and-white photocopying or conversion to TIFF format of any document (*e.g.*, a chart or graph), makes any substantive information

Subpoena *Duces Tecum* Issued to DeKalb Medical at North Decatur (Docket No. 9348)

contained in the document unintelligible, Your Hospital must submit the original document, a like-colored photocopy, or a JPEG format image);

- (c) If written in a language other than English, shall be translated into English, with the English translation attached to the foreign language document;
 - (d) Shall be marked on each page with corporate identification and consecutive document control numbers; and
 - (e) Shall be accompanied by an index that identifies: (i) the name of each person from whom responsive documents are submitted; and (ii) the corresponding consecutive document control number(s) used to identify that person's documents, and if submitted in paper form, the box number containing such documents. If the index exists as a computer file(s), provide the index both as a printed hard copy and in machine-readable form.
- G. If you object to responding fully to any of the below requests for documents based on a claim of privilege, You shall provide pursuant to 16 C.F.R. § 3.38A, for each such request, a schedule containing the following information: (a) the date of all responsive documents, (b) the sender of the document, (c) the addressee, (d) the number of pages, (e) the subject matter, (f) the basis on which the privilege is claimed, (g) the names of all persons to whom copies of any part of the document were furnished, together with an identification of their employer and their job titles, (h) the present location of the document and all copies thereof, and (i) each person who has ever had possession, custody, or control of the documents.
- H. If documents responsive to a particular specification no longer exist for reasons other than the ordinary course of business but Your Hospital has reason to believe have been in existence, state the circumstances under which they were lost or destroyed, describe the documents to the fullest extent possible, state the specification(s) to which they are responsive, and identify persons having knowledge of the content of such documents.
- I. Any questions you have relating to the scope or meaning of anything in this request or suggestions for possible modifications thereto should be directed to John Fedele at (202) 835-6144. The response to the request shall be addressed to the attention of John Fedele, Baker & McKenzie LLP, 815 Connecticut Ave. NW, Washington, D.C. 20006, and delivered between 8:30 a.m. and 5:00 p.m. on any business day to Baker & McKenzie.

DOCUMENTS TO BE PRODUCED

1. All documents relating to the Transaction, including but not limited to, all documents sent to or received from the FTC, and all documents relating to communications with the FTC.
2. All documents relating to Phoebe or Palmyra.
3. Since 2006, all audited or other financial statements or materials for Your Hospital prepared for either internal use or presented to third parties, (*e.g.*, the Georgia Department of Community Health, the Georgia Hospital Association, potential investors or lenders, investment banks).
4. All Joint Commission on Accreditation of Healthcare Organizations (“JCAHO”) or other periodic reviews performed by any organization that assigned a “quality rating” or “quality-score” to Your Hospital.

Subpoena *Duces Tecum* Issued to DeKalb Medical at North Decatur (Docket No. 9348)

CERTIFICATION

Pursuant to 28 U.S.C. § 1746, I hereby certify under penalty of perjury that this response to the Subpoena *Duces Tecum* has been prepared by me or under my personal supervision from the records of DeKalb Medical at North Decatur and is complete and correct to the best of my knowledge and belief.

Where copies rather than original documents have been submitted, the copies are true, correct, and complete copies of the original documents. If Respondents use such copies in any court or administrative proceeding, DeKalb Medical at North Decatur will not object based upon Respondents not offering the original document.

(Signature of Official)

(Title/Company)

(Typed Name of Above Official)

(Office Telephone)

Subpoena *Duces Tecum* Issued to DeKalb Medical at North Decatur (Docket No. 9348)

Dated: April 26, 2013

Respectfully submitted,

By /s/ Lee K. Van Voorhis

Lee K. Van Voorhis, Esq.

Katherine I. Funk, Esq.

Brian F. Burke Esq.

Jennifer A. Semko, Esq.

John J. Fedele, Esq.

Teisha C. Johnson, Esq.

Brian Rafkin, Esq.

Jeremy W. Cline, Esq.

Baker & McKenzie LLP

815 Connecticut Avenue, NW

Washington, DC 20006

*Counsel For Phoebe Putney Memorial
Hospital, Inc. and Phoebe Putney Health
System, Inc.*

Emmet J. Bondurant, Esq.

Frank M. Lowrey, Esq..

Michael A. Caplan, Esq.

Bondurant, Mixson & Elmore LLP

1201 W. Peachtree Street, Suite 3900

Atlanta, Georgia 30309

*Counsel for Respondent Hospital
Authority of Albany-Dougherty County*

Subpoena *Duces Tecum* Issued to DeKalb Medical at North Decatur (Docket No. 9348)

CERTIFICATE OF SERVICE

I hereby certify that this 26th day of April, 2013, I delivered via FEDEX this Subpoena *Duces Tecum* to:

DeKalb Medical Center at North Decatur
C/O John Shelton, President & CEO, Or Person Authorized to Receive Service
2701 North Decatur Road
Decatur, GA 30033

I also certify that I delivered via electronic mail a copy of the foregoing document to:

Edward D. Hassi, Esq.
Trial Counsel
Federal Trade Commission
Bureau of Competition
600 Pennsylvania Avenue, NW
Washington, DC 20580
ehassi@ftc.gov

Jeff K. Perry, Esq.
Assistant Director
Federal Trade Commission
Bureau of Competition
600 Pennsylvania Avenue, NW
Washington, DC 20580
jperry@ftc.gov

Maria M. DiMoscato, Esq.
Federal Trade Commission
Bureau of Competition
600 Pennsylvania Avenue, NW
Washington, DC 20580
mdimoscato@ftc.gov

Sara Y. Razi, Esq.
Federal Trade Commission
Bureau of Competition
600 Pennsylvania Avenue, NW
Washington, DC 20580
srazi@ftc.gov

Christopher Abbott, Esq.
Federal Trade Commission
Bureau of Competition
600 Pennsylvania Avenue, NW
Washington, DC 20580
cabbott@ftc.gov

Lucas Ballet, Esq.
Federal Trade Commission
Bureau of Competition
600 Pennsylvania Avenue, NW
Washington, DC 20580
lballet@ftc.gov

Amanda Lewis, Esq.
Federal Trade Commission
Bureau of Competition
600 Pennsylvania Avenue, NW
Washington, DC 20580
alewis1@ftc.gov

Douglas Litvack, Esq.
Federal Trade Commission
Bureau of Competition
600 Pennsylvania Avenue, NW
Washington, DC 20580
dlitvack@ftc.gov

Subpoena Duces Tecum Issued to DeKalb Medical at North Decatur (Docket No. 9348)

Emmet J. Bondurant, Esq.
Bondurant@bmelaw.com
Michael A. Caplan, Esq.
caplan@bmelaw.com
Ronan A. Doherty, Esq.
doherty@bmelaw.com
Frank M. Lowrey, Esq.
lowrey@bmelaw.com
Bondurant, Mixson & Elmore, LLP
1201 West Peachtree St. N.W., Suite 3900
Atlanta, GA 30309

Kevin J. Arquit, Esq.
karquit@stblaw.com
Jennifer Rie, Esq.
jrie@stblaw.com
Aimee H. Goldstein, Esq.
agoldstein@stblaw.com
425 Lexington Avenue
New York, NY 1001703954
(212) 455-7680

This 26th day of April, 2013.

By:

/s/ Jeremy Cline
Jeremy W. Cline, Esq.
*Counsel for Phoebe Putney Memorial
Hospital, Inc. and Phoebe Putney Health
System, Inc.*

UNITED STATES OF AMERICA
FEDERAL TRADE COMMISSION
OFFICE OF ADMINISTRATIVE LAW JUDGES

ORIGINAL



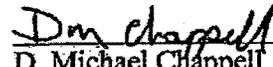
_____)
In the Matter of)
)
PHOEBE PUTNEY HEALTH)
SYSTEM, INC., and)
)
PHOEBE PUTNEY MEMORIAL)
HOSPITAL, INC., and)
)
PHOEBE NORTH, INC., and)
)
HCA INC., and)
)
PALMYRA PARK HOSPITAL, INC., and)
)
HOSPITAL AUTHORITY OF,)
ALBANY-DOUGHERTY COUNTY,)
Respondents.)
_____)

DOCKET NO. 9348

PROTECTIVE ORDER GOVERNING DISCOVERY MATERIAL

Commission Rule 3.31(d) states: "In order to protect the parties and third parties against improper use and disclosure of confidential information, the Administrative Law Judge shall issue a protective order as set forth in the appendix to this section." 16 C.F.R. § 3.31(d). Pursuant to Commission Rule 3.31(d), the protective order set forth in the appendix to that section is attached verbatim as Attachment A and is hereby issued.

ORDERED:



D. Michael Chappell
Chief Administrative Law Judge

Date: April 21, 2011

ATTACHMENT A

For the purpose of protecting the interests of the parties and third parties in the above-captioned matter against improper use and disclosure of confidential information submitted or produced in connection with this matter:

IT IS HEREBY ORDERED THAT this Protective Order Governing Confidential Material ("Protective Order") shall govern the handling of all Discovery Material, as hereafter defined.

1. As used in this Order, "confidential material" shall refer to any document or portion thereof that contains privileged, competitively sensitive information, or sensitive personal information. "Sensitive personal information" shall refer to, but shall not be limited to, an individual's Social Security number, taxpayer identification number, financial account number, credit card or debit card number, driver's license number, state-issued identification number, passport number, date of birth (other than year), and any sensitive health information identifiable by individual, such as an individual's medical records. "Document" shall refer to any discoverable writing, recording, transcript of oral testimony, or electronically stored information in the possession of a party or a third party. "Commission" shall refer to the Federal Trade Commission ("FTC"), or any of its employees, agents, attorneys, and all other persons acting on its behalf, excluding persons retained as consultants or experts for purposes of this proceeding.
2. Any document or portion thereof submitted by a respondent or a third party during a Federal Trade Commission investigation or during the course of this proceeding that is entitled to confidentiality under the Federal Trade Commission Act, or any regulation, interpretation, or precedent concerning documents in the possession of the Commission, as well as any information taken from any portion of such document, shall be treated as confidential material for purposes of this Order. The identity of a third party submitting such confidential material shall also be treated as confidential material for the purposes of this Order where the submitter has requested such confidential treatment.
3. The parties and any third parties, in complying with informal discovery requests, disclosure requirements, or discovery demands in this proceeding may designate any responsive document or portion thereof as confidential material, including documents obtained by them from third parties pursuant to discovery or as otherwise obtained.
4. The parties, in conducting discovery from third parties, shall provide to each third party a copy of this Order so as to inform each such third party of his, her, or its rights herein.
5. A designation of confidentiality shall constitute a representation in good faith and after careful determination that the material is not reasonably believed to be already in the public domain and that counsel believes the material so designated constitutes confidential material as defined in Paragraph 1 of this Order.

6. Material may be designated as confidential by placing on or affixing to the document containing such material (in such manner as will not interfere with the legibility thereof), or if an entire folder or box of documents is confidential by placing or affixing to that folder or box, the designation "CONFIDENTIAL-FTC Docket No. 9348" or any other appropriate notice that identifies this proceeding, together with an indication of the portion or portions of the document considered to be confidential material. Confidential information contained in electronic documents may also be designated as confidential by placing the designation "CONFIDENTIAL-FTC Docket No. 9348" or any other appropriate notice that identifies this proceeding, on the face of the CD or DVD or other medium on which the document is produced. Masked or otherwise redacted copies of documents may be produced where the portions deleted contain privileged matter, provided that the copy produced shall indicate at the appropriate point that portions have been deleted and the reasons therefor.

7. Confidential material shall be disclosed only to: (a) the Administrative Law Judge presiding over this proceeding, personnel assisting the Administrative Law Judge, the Commission and its employees, and personnel retained by the Commission as experts or consultants for this proceeding; (b) judges and other court personnel of any court having jurisdiction over any appellate proceedings involving this matter; (c) outside counsel of record for any respondent, their associated attorneys and other employees of their law firm(s), provided they are not employees of a respondent; (d) anyone retained to assist outside counsel in the preparation or hearing of this proceeding including consultants, provided they are not affiliated in any way with a respondent and have signed an agreement to abide by the terms of the protective order; and (e) any witness or deponent who may have authored or received the information in question.

8. Disclosure of confidential material to any person described in Paragraph 7 of this Order shall be only for the purposes of the preparation and hearing of this proceeding, or any appeal therefrom, and for no other purpose whatsoever, provided, however, that the Commission may, subject to taking appropriate steps to preserve the confidentiality of such material, use or disclose confidential material as provided by its Rules of Practice; sections 6(f) and 21 of the Federal Trade Commission Act; or any other legal obligation imposed upon the Commission.

9. In the event that any confidential material is contained in any pleading, motion, exhibit or other paper filed or to be filed with the Secretary of the Commission, the Secretary shall be so informed by the Party filing such papers, and such papers shall be filed *in camera*. To the extent that such material was originally submitted by a third party, the party including the materials in its papers shall immediately notify the submitter of such inclusion. Confidential material contained in the papers shall continue to have *in camera* treatment until further order of the Administrative Law Judge, provided, however, that such papers may be furnished to persons or entities who may receive confidential material pursuant to Paragraphs 7 or 8. Upon or after filing any paper containing confidential material, the filing party shall file on the public record a duplicate copy of the paper that does not reveal confidential material. Further, if the protection for any such material expires, a party may file on the public record a duplicate copy which also contains the formerly protected material.



SUBPOENA DUCES TECUM

Provided by the Secretary of the Federal Trade Commission, and
Issued Pursuant to Commission Rule 3.34(b), 16 C.F.R. § 3.34(b)(2010)

<p>1. TO DeKalb Medical at Hillandale C/O John Shelton, President & CEO, Or Person Authorized to Receive Service 2801 DeKalb Medical Parkway Lithonia, GA 30058</p>	<p>2. FROM UNITED STATES OF AMERICA FEDERAL TRADE COMMISSION</p>
---	---

This subpoena requires you to produce and permit inspection and copying of designated books, documents (as defined in Rule 3.34(b)), or tangible things, at the date and time specified in Item 5, and at the request of Counsel listed in Item 9, in the proceeding described in Item 6.

<p>3. PLACE OF PRODUCTION Baker & McKenzie LLP 815 Connecticut Avenue, NW Washington, DC 20006</p>	<p>4. MATERIAL WILL BE PRODUCED TO John J. Fedele, Respondents</p> <p>5. DATE AND TIME OF PRODUCTION May 21, 2013 - 5:00p.m. EDT</p>
---	--

6. SUBJECT OF PROCEEDING

Phoebe Putney Health System, Inc - Docket 9348

7. MATERIAL TO BE PRODUCED
Documents and materials responsive to the attached Subpoena Duces Tecum
Requests for Production

<p>8. ADMINISTRATIVE LAW JUDGE Michael D. Chappell Federal Trade Commission Washington, D.C. 20580</p>	<p>9. COUNSEL AND PARTY ISSUING SUBPOENA Lee K. Van Voorhis: 815 Connecticut Avenue, NW Washington, DC 20006 202-835-6162</p>
--	---

<p>DATE SIGNED 04/26/2013</p>	<p>SIGNATURE OF COUNSEL ISSUING SUBPOENA </p>
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GENERAL INSTRUCTIONS

APPEARANCE

The delivery of this subpoena to you by any method prescribed by the Commission's Rules of Practice is legal service and may subject you to a penalty imposed by law for failure to comply.

MOTION TO LIMIT OR QUASH

The Commission's Rules of Practice require that any motion to limit or quash this subpoena must comply with Commission Rule 3.34(c), 16 C.F.R. § 3.34(c), and in particular must be filed within the earlier of 10 days after service or the time for compliance. The original and ten copies of the petition must be filed before the Administrative Law Judge and with the Secretary of the Commission, accompanied by an affidavit of service of the document upon counsel listed in Item 9, and upon all other parties prescribed by the Rules of Practice.

TRAVEL EXPENSES

The Commission's Rules of Practice require that fees and mileage be paid by the party that requested your appearance. You should present your claim to counsel listed in Item 9 for payment. If you are permanently or temporarily living somewhere other than the address on this subpoena and it would require excessive travel for you to appear, you must get prior approval from counsel listed in Item 9.

A copy of the Commission's Rules of Practice is available online at <http://bit.ly/FTCRulesofPractice>. Paper copies are available upon request.

This subpoena does not require approval by OMB under the Paperwork Reduction Act of 1980.

RETURN OF SERVICE

I hereby certify that a duplicate original of the within subpoena was duly served: (check the method used)

- in person.*
- by registered mail.*
- by leaving copy at principal office or place of business, to wit:*

on the person named herein on:

(Month, day, and year)

April 26, 2013

(Name of person making service)

Brian E. Rafkin, Esquire

(Official title)

Attorney

**UNITED STATES OF AMERICA
BEFORE THE FEDERAL TRADE COMMISSION
OFFICE OF ADMINISTRATIVE LAW JUDGES**

In the Matter of)	
Phoebe Putney Health System, Inc.)	
a corporation, and)	Docket No. 9348
)	
Phoebe Putney Memorial Hospital, Inc.)	
a corporation, and)	
)	
HCA Inc.)	
a corporation, and)	
)	
Palmyra Park Hospital, Inc.)	
a corporation, and)	
)	
Hospital Authority of Albany-Dougherty County)	

**RESPONDENTS' SUBPOENA DUCES TECUM TO
DeKalb Medical at Hillandale**

Pursuant to the Federal Trade Commission's Rules of Practice, 16 C.F.R. §§ 3.31 and 3.34, and the Scheduling Order entered by Chief Administrative Law Judge Chappell on April 4, 2013, Respondents, Phoebe Putney Health System, Inc., Phoebe Putney Memorial Hospital, Inc., and Hospital Authority of Albany-Dougherty County ("Phoebe") hereby request that DeKalb Medical at Hillandale produce the documents set forth below in accordance with the Definitions and Instructions set forth below:

DEFINITIONS

- A. The term "computer files" includes information stored in, or accessible through, computer or other information retrieval systems. Thus, you should produce documents that exist in machine-readable form, including documents stored in personal computers, portable computers, workstations, minicomputers, mainframes, servers, backup disks and tapes, archive disks and tapes, and other forms of offline storage.
- B. The words "and" and "or" shall be construed conjunctively or disjunctively as necessary to make the request inclusive rather than exclusive.
- C. The term "communication" means any transfer of information, written, oral, or by any other means.

Subpoena Duces Tecum Issued to DeKalb Medical at Hillandale (Docket No. 9348)

- D. The terms “constitute,” “contain,” “discuss,” “analyze,” or “relate to” mean constituting, reflecting, respecting, regarding, concerning, pertaining to, referring to, relating to, stating, describing, recording, noting, embodying, memorializing, containing, mentioning, studying, assessing, analyzing, or discussing.
- E. The term “documents” means all computer files and written, recorded, and graphic materials of every kind in your possession, custody, or control. The term documents includes, without limitation: electronic mail messages; electronic correspondence and drafts of documents; metadata and other bibliographic or historical data describing or relating to documents created, revised, or distributed on computer systems; copies of documents that are not identical duplicates of the originals in that person’s files; and copies of documents the originals of which are not in your possession, custody, or control.
- F. The terms “each,” “any,” and “all” mean “each and every.”
- G. The term “hospital” means a health care facility providing care through specialized staff and equipment on either an in-patient or out-patient basis.
- H. The term “including” shall mean “including without limitation.”
- I. The term “Palmyra” means HCA/Palmyra, Palmyra Medical Center, and Palmyra Park Hospital doing business as Palmyra Medical Center and its domestic and foreign parents, predecessors, divisions, subsidiaries, affiliates, partnerships and joint ventures, and all directors, officers, employees, agents, and representatives of the foregoing.
- J. The term “person” or “persons” means natural persons, groups of natural persons acting as individuals, groups of natural persons acting in a collegial capacity (*e.g.*, as a committee, board, panel, etc.), associations, representative bodies, government bodies, agencies, or any other commercial entity, incorporated business, social or government entity.
- K. The term “Phoebe” means Phoebe Putney Health System, Inc. and Phoebe Putney Memorial Hospital, Inc. and Phoebe Health Partners.
- L. The term “relating to” means in whole or in part constituting, containing, concerning, discussing, referring, describing, analyzing, identifying, or stating.
- M. The term “Transaction” means the Hospital Authority of Albany-Dougherty County’s acquisition of Palmyra Park Hospital, which was consummated in December 2011.
- N. The term “You” and “Your” mean **DeKalb Medical at Hillandale** and all of its subsidiaries, affiliates or predecessors.
- O. Unless otherwise defined, all words and phrases used in this First Request for the Production of Documents shall be accorded their usual meaning as defined by Webster’s New Universal Unabridged Dictionary, Fully Revised and Updated (2003).

INSTRUCTIONS

- A. All documents shall be produced by May 21, 2013.
- B. All references to year refer to calendar year. Unless otherwise specified, each of the specifications calls for documents and/or information for each of the years from January 1, 2008 to the present.
- C. Unless modified by agreement with Respondents, this Subpoena requires a complete search of all Your files. You shall produce all responsive documents, wherever located, that are in the actual or constructive possession, custody, or control of Your Hospital and its representatives, attorneys, and other agents, including, but not limited to, consultants, accountants, lawyers, or any other person retained by, consulted by, or working on behalf or under the direction of You.
- D. This subpoena is governed by the terms of the attached Protective Order Governing Discovery Material issued on April 21, 2011.
- E. To protect patient privacy, You shall mask any Sensitive Personally Identifiable Information ("PII") or Sensitive Health Information ("SHI"). For purposes of this Subpoena, PII means an individual's Social Security Number alone; or an individual's name or address or phone number in combination with one or more of the following: date of birth, Social Security Number, driver's license number or other state identification number or a foreign country equivalent, passport number, financial account numbers, credit or debit card numbers. For purposes of this Subpoena, SHI includes medical records or other individually identifiable health information. Where required by a particular request, You shall substitute for the masked information a unique patient identifier that is different from that for other patients and the same as that for different admissions, discharges, or other treatment episodes for the same patient. Otherwise, You shall redact the PII or SHI but is not required to replace it with an alternate identifier.
- F. Forms of Production: Your Hospital shall submit documents as instructed below absent written consent signed by Respondents.
 - (1) Documents stored in electronic or hard copy format in the ordinary course of business shall be submitted in electronic format provided that such copies are true, correct, and complete copies of the original documents:
 - (a) Submit Microsoft Access, Excel, and PowerPoint in native format with extracted text and metadata;
 - (b) Submit all other documents other than those identified in subpart (1)(a) in image format with extracted text and metadata; and
 - (c) Submit all hard copy documents in image format accompanied by OCR.
 - (2) For each document submitted in electronic format, include the following metadata fields and information:

Subpoena Duces Tecum Issued to DeKalb Medical at Hillandale (Docket No. 9348)

- (a) For documents stored in electronic format other than email: beginning Bates or document identification number, ending Bates or document identification number, page count, custodian, creation date and time, modification date and time, last accessed date and time, size, location or path file name, and MD5 or SHA Hash value;
 - (b) For emails: beginning Bates or document identification number, ending Bates or document identification number, page count, custodian, to, from, CC, BCC, subject, date and time sent, Outlook Message ID (if applicable), child records (the beginning Bates or document identification number of attachments delimited by a semicolon);
 - (c) For email attachments: beginning Bates or document identification number, ending Bates or document identification number, page count, custodian, creation date and time, modification date and time, last accessed date and time, size, location or path file name, parent record (beginning Bates or document identification number of parent email), and MD5 or SHA Hash value; and
 - (d) For hard copy documents: beginning Bates or document identification number, ending Bates or document identification number, page count, and custodian.
- (3) Submit electronic files and images as follows:
- (a) For productions over 10 gigabytes, use SATA, IDE, and EIDE hard disk drives, formatted in Microsoft Windows-compatible, uncompressed data in USB 2.0 external enclosure;
 - (b) For productions under 10 gigabytes, CD-R CD-ROM and DVD-ROM for Windows-compatible personal computers, USB 2.0 Flash Drives are also acceptable storage formats; and
 - (c) All documents produced in electronic format shall be scanned for and free of viruses.
- (4) All documents responsive to this request, regardless of format or form and regardless of whether submitted in hard copy or electronic format:
- (a) Shall be produced in complete form, un-redacted unless privileged, and in the order in which they appear in Your Hospital's files and shall not be shuffled or otherwise rearranged;
 - (b) Shall be produced in color where necessary to interpret the document (if the coloring of any document communicates any substantive information, or if black-and-white photocopying or conversion to TIFF format of any document (*e.g.*, a chart or graph), makes any substantive information

Subpoena *Duces Tecum* Issued to DeKalb Medical at Hillandale (Docket No. 9348)

contained in the document unintelligible, Your Hospital must submit the original document, a like-colored photocopy, or a JPEG format image);

- (c) If written in a language other than English, shall be translated into English, with the English translation attached to the foreign language document;
 - (d) Shall be marked on each page with corporate identification and consecutive document control numbers; and
 - (e) Shall be accompanied by an index that identifies: (i) the name of each person from whom responsive documents are submitted; and (ii) the corresponding consecutive document control number(s) used to identify that person's documents, and if submitted in paper form, the box number containing such documents. If the index exists as a computer file(s), provide the index both as a printed hard copy and in machine-readable form.
- G. If you object to responding fully to any of the below requests for documents based on a claim of privilege, You shall provide pursuant to 16 C.F.R. § 3.38A, for each such request, a schedule containing the following information: (a) the date of all responsive documents, (b) the sender of the document, (c) the addressee, (d) the number of pages, (e) the subject matter, (f) the basis on which the privilege is claimed, (g) the names of all persons to whom copies of any part of the document were furnished, together with an identification of their employer and their job titles, (h) the present location of the document and all copies thereof, and (i) each person who has ever had possession, custody, or control of the documents.
- H. If documents responsive to a particular specification no longer exist for reasons other than the ordinary course of business but Your Hospital has reason to believe have been in existence, state the circumstances under which they were lost or destroyed, describe the documents to the fullest extent possible, state the specification(s) to which they are responsive, and identify persons having knowledge of the content of such documents.
- I. Any questions you have relating to the scope or meaning of anything in this request or suggestions for possible modifications thereto should be directed to John Fedele at (202) 835-6144. The response to the request shall be addressed to the attention of John Fedele, Baker & McKenzie LLP, 815 Connecticut Ave. NW, Washington, D.C. 20006, and delivered between 8:30 a.m. and 5:00 p.m. on any business day to Baker & McKenzie.

DOCUMENTS TO BE PRODUCED

1. All documents relating to the Transaction, including but not limited to, all documents sent to or received from the FTC, and all documents relating to communications with the FTC.
2. All documents relating to Phoebe or Palmyra.
3. Since 2006, all audited or other financial statements or materials for Your Hospital prepared for either internal use or presented to third parties, (*e.g.*, the Georgia Department of Community Health, the Georgia Hospital Association, potential investors or lenders, investment banks).
4. All Joint Commission on Accreditation of Healthcare Organizations ("JCAHO") or other periodic reviews performed by any organization that assigned a "quality rating" or "quality-score" to Your Hospital.

Subpoena *Duces Tecum* Issued to DeKalb Medical at Hillandale (Docket No. 9348)

CERTIFICATION

Pursuant to 28 U.S.C. § 1746, I hereby certify under penalty of perjury that this response to the Subpoena *Duces Tecum* has been prepared by me or under my personal supervision from the records of DeKalb Medical at Hillandale and is complete and correct to the best of my knowledge and belief.

Where copies rather than original documents have been submitted, the copies are true, correct, and complete copies of the original documents. If Respondents use such copies in any court or administrative proceeding, DeKalb Medical at Hillandale will not object based upon Respondents not offering the original document.

(Signature of Official)

(Title/Company)

(Typed Name of Above Official)

(Office Telephone)

Subpoena *Duces Tecum* Issued to DeKalb Medical at Hillandale (Docket No. 9348)

Dated: April 26, 2013

Respectfully submitted,

By /s/ Lee K. Van Voorhis

Lee K. Van Voorhis, Esq.

Katherine I. Funk, Esq.

Brian F. Burke Esq.

Jennifer A. Semko, Esq.

John J. Fedele, Esq.

Teisha C. Johnson, Esq.

Brian Rafkin, Esq.

Jeremy W. Cline, Esq.

Baker & McKenzie LLP

815 Connecticut Avenue, NW

Washington, DC 20006

*Counsel For Phoebe Putney Memorial
Hospital, Inc. and Phoebe Putney Health
System, Inc.*

Emmet J. Bondurant, Esq.

Frank M. Lowrey, Esq.

Michael A. Caplan, Esq.

Bondurant, Mixson & Elmore LLP

1201 W. Peachtree Street, Suite 3900

Atlanta, Georgia 30309

*Counsel for Respondent Hospital
Authority of Albany-Dougherty County*

Subpoena *Duces Tecum* Issued to DeKalb Medical at Hillandale (Docket No. 9348)

CERTIFICATE OF SERVICE

I hereby certify that this 26th day of April, 2013, I delivered via FEDEX this Subpoena *Duces Tecum* to:

DeKalb Medical at Hillandale
C/O John Shelton, President & CEO, Or Person Authorized to Receive Service
2801 DeKalb Medical Parkway
Lithonia, GA 30058

I also certify that I delivered via electronic mail a copy of the foregoing document to:

Edward D. Hassi, Esq.
Trial Counsel
Federal Trade Commission
Bureau of Competition
600 Pennsylvania Avenue, NW
Washington, DC 20580
ehassi@ftc.gov

Jeff K. Perry, Esq.
Assistant Director
Federal Trade Commission
Bureau of Competition
600 Pennsylvania Avenue, NW
Washington, DC 20580
jperry@ftc.gov

Maria M. DiMoscato, Esq.
Federal Trade Commission
Bureau of Competition
600 Pennsylvania Avenue, NW
Washington, DC 20580
mdimoscato@ftc.gov

Sara Y. Razi, Esq.
Federal Trade Commission
Bureau of Competition
600 Pennsylvania Avenue, NW
Washington, DC 20580
srazi@ftc.gov

Christopher Abbott, Esq.
Federal Trade Commission
Bureau of Competition
600 Pennsylvania Avenue, NW
Washington, DC 20580
cabbott@ftc.gov

Lucas Ballet, Esq.
Federal Trade Commission
Bureau of Competition
600 Pennsylvania Avenue, NW
Washington, DC 20580
lballet@ftc.gov

Amanda Lewis, Esq.
Federal Trade Commission
Bureau of Competition
600 Pennsylvania Avenue, NW
Washington, DC 20580
alewis1@ftc.gov

Douglas Litvack, Esq.
Federal Trade Commission
Bureau of Competition
600 Pennsylvania Avenue, NW
Washington, DC 20580
dlitvack@ftc.gov

Subpoena *Duces Tecum* Issued to DeKalb Medical at Hillandale (Docket No. 9348)

Emmet J. Bondurant, Esq.
Bondurant@bmelaw.com
Michael A. Caplan, Esq.
caplan@bmelaw.com
Ronan A. Doherty, Esq.
doherty@bmelaw.com
Frank M. Lowrey, Esq.
lowrey@bmelaw.com
Bondurant, Mixson & Elmore, LLP
1201 West Peachtree St. N.W., Suite 3900
Atlanta, GA 30309

Kevin J. Arquit, Esq.
karquit@stblaw.com
Jennifer Rie, Esq.
jrie@stblaw.com
Aimee H. Goldstein, Esq.
agoldstein@stblaw.com
425 Lexington Avenue
New York, NY 1001703954
(212) 455-7680

This 26th day of April, 2013.

By:

/s/ Jeremy Cline
Jeremy W. Cline, Esq.
*Counsel for Phoebe Putney Memorial
Hospital, Inc. and Phoebe Putney Health
System, Inc.*

UNITED STATES OF AMERICA
FEDERAL TRADE COMMISSION
OFFICE OF ADMINISTRATIVE LAW JUDGES

ORIGINAL



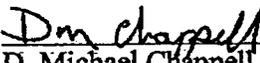
_____)
In the Matter of)
)
PHOEBE PUTNEY HEALTH)
SYSTEM, INC., and)
)
PHOEBE PUTNEY MEMORIAL)
HOSPITAL, INC., and)
)
PHOEBE NORTH, INC., and)
)
HCA INC., and)
)
PALMYRA PARK HOSPITAL, INC., and)
)
HOSPITAL AUTHORITY OF,)
ALBANY-DOUGHERTY COUNTY,)
Respondents.)
_____)

DOCKET NO. 9348

PROTECTIVE ORDER GOVERNING DISCOVERY MATERIAL

Commission Rule 3.31(d) states: "In order to protect the parties and third parties against improper use and disclosure of confidential information, the Administrative Law Judge shall issue a protective order as set forth in the appendix to this section." 16 C.F.R. § 3.31(d). Pursuant to Commission Rule 3.31(d), the protective order set forth in the appendix to that section is attached verbatim as Attachment A and is hereby issued.

ORDERED:



D. Michael Chappell
Chief Administrative Law Judge

Date: April 21, 2011

ATTACHMENT A

For the purpose of protecting the interests of the parties and third parties in the above-captioned matter against improper use and disclosure of confidential information submitted or produced in connection with this matter:

IT IS HEREBY ORDERED THAT this Protective Order Governing Confidential Material ("Protective Order") shall govern the handling of all Discovery Material, as hereafter defined.

1. As used in this Order, "confidential material" shall refer to any document or portion thereof that contains privileged, competitively sensitive information, or sensitive personal information. "Sensitive personal information" shall refer to, but shall not be limited to, an individual's Social Security number, taxpayer identification number, financial account number, credit card or debit card number, driver's license number, state-issued identification number, passport number, date of birth (other than year), and any sensitive health information identifiable by individual, such as an individual's medical records. "Document" shall refer to any discoverable writing, recording, transcript of oral testimony, or electronically stored information in the possession of a party or a third party. "Commission" shall refer to the Federal Trade Commission ("FTC"), or any of its employees, agents, attorneys, and all other persons acting on its behalf, excluding persons retained as consultants or experts for purposes of this proceeding.
2. Any document or portion thereof submitted by a respondent or a third party during a Federal Trade Commission investigation or during the course of this proceeding that is entitled to confidentiality under the Federal Trade Commission Act, or any regulation, interpretation, or precedent concerning documents in the possession of the Commission, as well as any information taken from any portion of such document, shall be treated as confidential material for purposes of this Order. The identity of a third party submitting such confidential material shall also be treated as confidential material for the purposes of this Order where the submitter has requested such confidential treatment.
3. The parties and any third parties, in complying with informal discovery requests, disclosure requirements, or discovery demands in this proceeding may designate any responsive document or portion thereof as confidential material, including documents obtained by them from third parties pursuant to discovery or as otherwise obtained.
4. The parties, in conducting discovery from third parties, shall provide to each third party a copy of this Order so as to inform each such third party of his, her, or its rights herein.
5. A designation of confidentiality shall constitute a representation in good faith and after careful determination that the material is not reasonably believed to be already in the public domain and that counsel believes the material so designated constitutes confidential material as defined in Paragraph 1 of this Order.

6. Material may be designated as confidential by placing on or affixing to the document containing such material (in such manner as will not interfere with the legibility thereof), or if an entire folder or box of documents is confidential by placing or affixing to that folder or box, the designation "CONFIDENTIAL-FTC Docket No. 9348" or any other appropriate notice that identifies this proceeding, together with an indication of the portion or portions of the document considered to be confidential material. Confidential information contained in electronic documents may also be designated as confidential by placing the designation "CONFIDENTIAL-FTC Docket No. 9348" or any other appropriate notice that identifies this proceeding, on the face of the CD or DVD or other medium on which the document is produced. Masked or otherwise redacted copies of documents may be produced where the portions deleted contain privileged matter, provided that the copy produced shall indicate at the appropriate point that portions have been deleted and the reasons therefor.

7. Confidential material shall be disclosed only to: (a) the Administrative Law Judge presiding over this proceeding, personnel assisting the Administrative Law Judge, the Commission and its employees, and personnel retained by the Commission as experts or consultants for this proceeding; (b) judges and other court personnel of any court having jurisdiction over any appellate proceedings involving this matter; (c) outside counsel of record for any respondent, their associated attorneys and other employees of their law firm(s), provided they are not employees of a respondent; (d) anyone retained to assist outside counsel in the preparation or hearing of this proceeding including consultants, provided they are not affiliated in any way with a respondent and have signed an agreement to abide by the terms of the protective order; and (e) any witness or deponent who may have authored or received the information in question.

8. Disclosure of confidential material to any person described in Paragraph 7 of this Order shall be only for the purposes of the preparation and hearing of this proceeding, or any appeal therefrom, and for no other purpose whatsoever, provided, however, that the Commission may, subject to taking appropriate steps to preserve the confidentiality of such material, use or disclose confidential material as provided by its Rules of Practice; sections 6(f) and 21 of the Federal Trade Commission Act; or any other legal obligation imposed upon the Commission.

9. In the event that any confidential material is contained in any pleading, motion, exhibit or other paper filed or to be filed with the Secretary of the Commission, the Secretary shall be so informed by the Party filing such papers, and such papers shall be filed *in camera*. To the extent that such material was originally submitted by a third party, the party including the materials in its papers shall immediately notify the submitter of such inclusion. Confidential material contained in the papers shall continue to have *in camera* treatment until further order of the Administrative Law Judge, provided, however, that such papers may be furnished to persons or entities who may receive confidential material pursuant to Paragraphs 7 or 8. Upon or after filing any paper containing confidential material, the filing party shall file on the public record a duplicate copy of the paper that does not reveal confidential material. Further, if the protection for any such material expires, a party may file on the public record a duplicate copy which also contains the formerly protected material.

10. If counsel plans to introduce into evidence at the hearing any document or transcript containing confidential material produced by another party or by a third party, they shall provide advance notice to the other party or third party for purposes of allowing that party to seek an order that the document or transcript be granted *in camera* treatment. If that party wishes *in camera* treatment for the document or transcript, the party shall file an appropriate motion with the Administrative Law Judge within 5 days after it receives such notice. Except where such an order is granted, all documents and transcripts shall be part of the public record. Where *in camera* treatment is granted, a duplicate copy of such document or transcript with the confidential material deleted therefrom may be placed on the public record.

11. If any party receives a discovery request in any investigation or in any other proceeding or matter that may require the disclosure of confidential material submitted by another party or third party, the recipient of the discovery request shall promptly notify the submitter of receipt of such request. Unless a shorter time is mandated by an order of a court, such notification shall be in writing and be received by the submitter at least 10 business days before production, and shall include a copy of this Protective Order and a cover letter that will apprise the submitter of its rights hereunder. Nothing herein shall be construed as requiring the recipient of the discovery request or anyone else covered by this Order to challenge or appeal any order requiring production of confidential material, to subject itself to any penalties for non-compliance with any such order, or to seek any relief from the Administrative Law Judge or the Commission. The recipient shall not oppose the submitter's efforts to challenge the disclosure of confidential material. In addition, nothing herein shall limit the applicability of Rule 4.11(e) of the Commission's Rules of Practice, 16 CFR 4.11(e), to discovery requests in another proceeding that are directed to the Commission.

12. At the time that any consultant or other person retained to assist counsel in the preparation of this action concludes participation in the action, such person shall return to counsel all copies of documents or portions thereof designated confidential that are in the possession of such person, together with all notes, memoranda or other papers containing confidential information. At the conclusion of this proceeding, including the exhaustion of judicial review, the parties shall return documents obtained in this action to their submitters, provided, however, that the Commission's obligation to return documents shall be governed by the provisions of Rule 4.12 of the Rules of Practice, 16 CFR 4.12.

13. The provisions of this Protective Order, insofar as they restrict the communication and use of confidential discovery material, shall, without written permission of the submitter or further order of the Commission, continue to be binding after the conclusion of this proceeding.

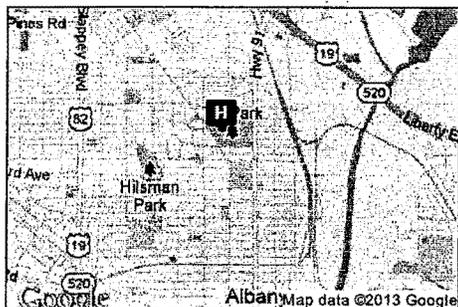
Tab B

Hospital Profile

[About Hospital Compare](#) [About the Data](#) [Resources](#) [Help](#)

General Information

PHOEBE PUTNEY MEMORIAL HOSPITAL 417 THIRD AVENUE ALBANY, GA 31703 (229) 312-4068 Add to my Favorites Map and Directions		General Information	
		Hospital Type [?]:	Acute Care Hospitals
		Provides Emergency Services [?]:	Yes
		Participates in [?]:	Cardiac Surgery Registry Nursing Care Registry
		Able to receive lab results electronically [?]:	Yes
		Able to track patients' lab results, tests, and referrals electronically between visits [?]:	Yes



Patient Survey Results

PHOEBE PUTNEY MEMORIAL HOSPITAL 417 THIRD AVENUE ALBANY, GA 31703 (229) 312-4068 Hospital Type: Acute Care Hospitals Provides Emergency Services: Yes Add to my Favorites Map and Directions		Patient Survey Results HCAHPS (Hospital Consumer Assessment of Healthcare Providers and Systems) is a national survey that asks patients about their experiences during a recent hospital stay. Use the results shown here to compare hospitals based on ten important hospital quality topics. <ul style="list-style-type: none"> • More information about patient survey results. • Current data collection period. 	
	PHOEBE PUTNEY MEMORIAL HOSPITAL	GEORGIA AVERAGE	NATIONAL AVERAGE
Patients who reported that their nurses "Always" communicated well.	79%	78%	78%
Patients who reported that their doctors "Always" communicated well.	82%	83%	81%
Patients who reported that they "Always" received help as soon as they wanted.	67%	65%	67%
Patients who reported that their pain was "Always" well controlled.	72%	71%	71%
Patients who reported that staff "Always" explained about medicines before giving it to them.	61%	63%	63%
	69%	71%	73%

Patients who reported that their room and bathroom were "Always" clean.			
Patients who reported that the area around their room was "Always" quiet at night.	63%	65%	60%
Patients at each hospital who reported that YES, they were given information about what to do during their recovery at home.	77%	82%	84%
Patients who gave their hospital a rating of 9 or 10 on a scale from 0 (lowest) to 10 (highest).	69%	69%	70%
Patients who reported YES, they would definitely recommend the hospital.	71%	69%	71%

Timely & Effective Care

<p>PHOEBE PUTNEY MEMORIAL HOSPITAL</p> <p>417 THIRD AVENUE ALBANY, GA 31703 (229) 312-4068</p> <p>Hospital Type: Acute Care Hospitals Provides Emergency Services: Yes</p> <p>Add to my Favorites </p> <p>Map and Directions </p>	<p>Timely & Effective Care</p> <p>These measures show how often hospitals provide care that research shows gets the best results for patients with certain conditions. This information can help you compare which hospitals give recommended care most often as part of the overall care they provide to patients.</p> <ul style="list-style-type: none"> • Heart Attack Care • Heart Failure Care • Pneumonia Care • Surgical Care • Emergency Department Care • Preventive Care • Children's Asthma Care
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Heart Attack Care

An acute myocardial infarction (AMI), also called a heart attack, happens when one of the heart's arteries becomes blocked and the supply of blood and oxygen to part of the heart muscle is slowed or stopped. When the heart muscle doesn't get the oxygen and nutrients it needs, the affected heart tissue may die. These measures show some of the standards of care provided, if appropriate, for most adults who have had a heart attack.

- More information about timely and effective care measures.
- Why heart attack care measures are important.
- Current data collection period.

Timely Heart Attack Care

	PHOEBE PUTNEY MEMORIAL HOSPITAL	GEORGIA AVERAGE	NATIONAL AVERAGE
Average number of minutes before outpatients with chest pain or possible heart attack who needed specialized care were transferred to another hospital <i>A lower number of minutes is better</i>	Not Available ⁵	60 Minutes	59 Minutes
	Not Available ³	8 Minutes	7 Minutes

Average number of minutes before outpatients with chest pain or possible heart attack got an ECG <i>A lower number of minutes is better</i>			
Outpatients with chest pain or possible heart attack who got drugs to break up blood clots within 30 minutes of arrival <i>Higher percentages are better</i>	Not Available ⁵	52%	59%
Outpatients with chest pain or possible heart attack who got aspirin within 24 hours of arrival <i>Higher percentages are better</i>	Not Available ³	96%	97%
Heart attack patients given fibrinolytic medication within 30 minutes of arrival <i>Higher percentages are better</i>	Not Available	67%	60%
Heart attack patients given PCI within 90 minutes of arrival <i>Higher percentages are better</i>	75%	94%	95%

Effective Heart Attack Care

	PHOEBE PUTNEY MEMORIAL HOSPITAL	GEORGIA AVERAGE	NATIONAL AVERAGE
Heart attack patients given aspirin at discharge <i>Higher percentages are better</i>	100%	99%	99%
Heart attack patients given a prescription for a statin at discharge <i>Higher percentages are better</i>	99%	98%	98%

Heart Failure Care

Heart Failure is a weakening of the heart's pumping power. With heart failure, your body doesn't get enough oxygen and nutrients to meet its needs. These measures show some of the process of care provided for most adults with heart failure.

- More information about timely and effective care measures.
- Why heart failure care measures are important.
- Current data collection period.

Effective Heart Failure Care

	PHOEBE PUTNEY MEMORIAL HOSPITAL	GEORGIA AVERAGE	NATIONAL AVERAGE
Heart failure patients given discharge instructions <i>Higher percentages are better</i>	63%	89%	93%
Heart failure patients given an evaluation of Left Ventricular Systolic (LVS) function <i>Higher percentages</i>	100%	99%	99%

are better			
Heart failure patients given ACE inhibitor or ARB for Left Ventricular Systolic Dysfunction (LVSD) Higher percentages are better	96%	97%	96%

Pneumonia Care

Pneumonia is a serious lung infection that causes difficulty breathing, fever, cough and fatigue. These measures show some of the recommended treatments for pneumonia.

- **More information about timely and effective care measures.**
- **Why pneumonia care measures are important.**
- **Current data collection period.**

Effective Pneumonia Care

	PHOEBE PUTNEY MEMORIAL HOSPITAL	GEORGIA AVERAGE	NATIONAL AVERAGE
Pneumonia patients whose initial emergency room blood culture was performed prior to the administration of the first hospital dose of antibiotics Higher percentages are better	92%	97%	97%
Pneumonia patients given the most appropriate initial antibiotic(s) Higher percentages are better	94%	95%	95%

Surgical Care

Hospitals can reduce the risk of infection after surgery by making sure they provide care that's known to get the best results for most patients. Here are some examples:

- Giving the recommended antibiotics at the right time before surgery
- Stopping the antibiotics within the right timeframe after surgery
- Maintaining the patient's temperature and blood glucose (sugar) at normal levels
- Removing catheters that are used to drain the bladder in a timely manner after surgery.

Hospitals can also reduce the risk of cardiac problems associated with surgery by:

- Making sure that certain prescription drugs are continued in the time before, during, and just after the surgery. This includes drugs used to control heart rhythms and blood pressure.
- Giving drugs that prevent blood clots and using other methods such as special stockings that increase circulation in the legs.

- **More information about timely and effective care measures.**
- **Why surgical care measures are important.**
- **Current data collection period.**

Timely Surgical Care

	PHOEBE PUTNEY MEMORIAL HOSPITAL	GEORGIA AVERAGE	NATIONAL AVERAGE
Outpatients having surgery who got an antibiotic at the right time (within one hour before surgery) Higher percentages are better	92%	97%	97%

Surgery patients who were given an antibiotic at the right time (within one hour before surgery) to help prevent infection <i>Higher percentages are better</i>	98% ²	98%	98%
Surgery patients whose preventive antibiotics were stopped at the right time (within 24 hours after surgery) <i>Higher percentages are better</i>	98% ²	97%	97%
Patients who got treatment at the right time (within 24 hours before or after their surgery) to help prevent blood clots after certain types of surgery <i>Higher percentages are better</i>	98% ²	97%	97%
Effective Surgical Care			
	PHOEBE PUTNEY MEMORIAL HOSPITAL	GEORGIA AVERAGE	NATIONAL AVERAGE
Outpatients having surgery who got the right kind of antibiotic <i>Higher percentages are better</i>	96%	98%	97%
Surgery patients who were taking heart drugs called beta blockers before coming to the hospital, who were kept on the beta blockers during the period just before and after their surgery <i>Higher percentages are better</i>	89% ²	96%	97%
Surgery patients who were given the right kind of antibiotic to help prevent infection <i>Higher percentages are better</i>	99% ²	99%	99%
Heart surgery patients whose blood sugar (blood glucose) is kept under good control in the days right after surgery <i>Higher percentages are better</i>	94% ²	97%	96%
Surgery patients whose urinary catheters were removed on the first or second day after surgery <i>Higher percentages are better</i>	94% ²	95%	95%
Patients having surgery who were actively warmed in the	99% ²	100%	100%

operating room or whose body temperature was near normal by the end of surgery Higher percentages are better			
Surgery patients whose doctors ordered treatments to prevent blood clots after certain types of surgeries Higher percentages are better	98%²	98%	98%

Emergency Department Care

Timely and effective care in hospital emergency departments is essential for good patient outcomes. Delays before receiving care in the emergency department can reduce the quality of care and increase risks and discomfort for patients with serious illnesses or injuries. Waiting times at different hospitals can vary widely, depending on the number of patients seen, staffing levels, efficiency, admitting procedures, or the availability of inpatient beds.

The information below shows how quickly the hospitals you selected treat patients who come to the hospital emergency department, compared to the average for all hospitals in the U. S.

- **More information about timely and effective care measures.**
- **Why emergency department care measures are important.**
- **Current data collection period.**

Timely Emergency Department Care

	PHOEBE PUTNEY MEMORIAL HOSPITAL	GEORGIA AVERAGE	NATIONAL AVERAGE
Average (median) time patients spent in the emergency department, before they were admitted to the hospital as an inpatient A lower number of minutes is better	363 Minutes	280 Minutes	274 Minutes
Average (median) time patients spent in the emergency department, after the doctor decided to admit them as an inpatient before leaving the emergency department for their inpatient room A lower number of minutes is better	132 Minutes	94 Minutes	96 Minutes
Average time patients spent in the emergency department before being sent home A lower number of minutes is better	135 Minutes	147 Minutes	139 Minutes
Average time patients spent in the emergency department before they were seen by a healthcare professional A lower number of minutes is better	48 Minutes	34 Minutes	29 Minutes
Average time patients who came to the	90 Minutes¹	68 Minutes	60 Minutes

emergency department with broken bones had to wait before receiving pain medication <i>A lower number of minutes is better</i>			
Percentage of patients who left the emergency department before being seen <i>Lower percentages are better</i>	4%	Not Available	Not Available
Percentage of patients who came to the emergency department with stroke symptoms who received brain scan results within 45 minutes of arrival <i>Higher percentages are better</i>	Not Available ³	32%	45%

Preventive Care

Hospitals and other healthcare providers play a crucial role in promoting, providing and educating patients about preventive services and screenings and maintaining the health of their communities. Many diseases are preventable through immunizations, screenings, treatment, and lifestyle changes. The information below shows how well the hospitals you selected are providing preventive services.

- More information about timely and effective care measures.
- Why preventive care measures are important.
- Current data collection period.

	PHOEBE PUTNEY MEMORIAL HOSPITAL	GEORGIA AVERAGE	NATIONAL AVERAGE
Patients assessed and given influenza vaccination <i>Higher percentages are better</i>	84%	86%	86%
Patients assessed and given pneumonia vaccination <i>Higher percentages are better</i>	93%	88%	88%

Children's Asthma Care

Asthma is a chronic lung condition that causes problems getting air in and out of the lungs. Children with asthma may experience wheezing, coughing, chest tightness and trouble breathing.

- More information about timely and effective care measures.
- Why children's asthma care measures are important.
- Current data collection period.

Effective Children's Asthma Care

	PHOEBE PUTNEY MEMORIAL HOSPITAL	GEORGIA AVERAGE	NATIONAL AVERAGE
Children who received reliever medication while hospitalized for asthma <i>Higher percentages are better</i>	Not Available	Not Available	100%
Children who received systemic corticosteroid medication (oral and IV)	Not Available	Not Available	100%

medication that reduces inflammation and controls symptoms) while hospitalized for asthma <i>Higher percentages are better</i>			
Children and their caregivers who received a home management plan of care document while hospitalized for asthma <i>Higher percentages are better</i>	Not Available	Not Available	86%

- ¹ The number of cases is too small to reliably tell how well a hospital is performing.
- ² The hospital indicated that the data submitted for this measure were based on a sample of cases.
- ³ Data were collected during a shorter period (fewer quarters) than the maximum possible time for this measure.
- ⁵ No data are available from the hospital for this measure.

Readmissions ,
Complications
& Deaths

<p>PHOEBE PUTNEY MEMORIAL HOSPITAL</p> <p>417 THIRD AVENUE ALBANY, GA 31703 (229) 312-4068</p> <p>Hospital Type: Acute Care Hospitals Provides Emergency Services: Yes</p> <p>Add to my Favorites </p> <p>Map and Directions </p>	<p>Readmissions, Complications and Deaths</p> <p>Patients who are admitted to the hospital for treatment of medical problems sometimes get other serious injuries, complications, or conditions, and may even die. Some patients may experience problems soon after they are discharged and need to be admitted to the hospital again. These events can often be prevented if hospitals follow best practices for treating patients.</p>
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30-Day Outcomes Readmission and Deaths

30-Day Readmission is when patients who have had a recent hospital stay need to go back into a hospital again within 30 days of their discharge. Below, the rates of readmission for each hospital are compared to the U.S. National Rate. The rates take into account how sick patients were before they were admitted to the hospital.

30-Day Mortality is when patients die within 30 days of their admission to a hospital. Below, the death rates for each hospital are compared to the U.S. National Rate. The rates take into account how sick patients were before they were admitted to the hospital.

- **Why 30-day Outcomes, Readmissions and Deaths are important.**
- **More information about Hospital Readmission and Mortality Measures.**
- **Current data collection period.**

	PHOEBE PUTNEY MEMORIAL HOSPITAL	GEORGIA AVERAGE	U.S. NATIONAL RATE
Rate of readmission for heart attack patients	No Different than U.S. National Rate	Not Available	19.7%
Death rate for heart attack patients	No Different than U.S. National Rate	Not Available	15.5%
Rate of readmission for heart failure patients	No Different than U.S. National Rate	Not Available	24.7%
Death rate for heart failure patients	No Different than U.S. National Rate	Not Available	11.6%
Rate of readmission for pneumonia patients	No Different than U.S. National Rate	Not Available	18.5%
Death rate for pneumonia patients	No Different than U.S. National Rate	Not Available	12.0%

Serious Complications and Deaths

This section shows serious complications that patients with Original Medicare experienced during a hospital stay, and how often patients who were admitted with certain conditions died while they were in the hospital. These complications and deaths can often be prevented if hospitals follow procedures based on best practices and scientific evidence.

- **Why Serious Complications and Death Measures are Important.**
- **Current data collection period.**

Results for the following 4 measures are suppressed due to a software issue:

- Death after surgery to repair weakness in the abdominal aorta
- Deaths after admission for a broken hip
- Deaths for certain conditions
- Breathing failure after surgery (except performance categories)

Serious complications

	PHOEBE PUTNEY MEMORIAL HOSPITAL	U.S. NATIONAL RATE
 Serious complications	No Different than U.S. National Rate	Not Available⁴
Collapsed lung due to medical treatment	No Different than U.S. National Rate	0.35 per 1,000 patient discharges
Serious blood clots after surgery	No Different than U.S. National Rate	4.71 per 1,000 patient discharges
A wound that splits open after surgery on the abdomen or pelvis	No Different than U.S. National Rate	0.95 per 1,000 patient discharges
Accidental cuts and tears from medical treatment	No Different than U.S. National Rate	2.05 per 1,000 patient discharges
Pressure sores (bedsores)	Not Available¹³	Not Available¹³
Infections from a large venous catheter	Not Available¹³	Not Available¹³
Broken hip from a fall after surgery	Not Available¹³	Not Available¹³
Bloodstream infection after surgery	Not Available¹³	Not Available¹³

Deaths for certain conditions

	PHOEBE PUTNEY MEMORIAL HOSPITAL	U.S. NATIONAL RATE
 Deaths for certain conditions	Not Available⁴	Not Available⁴
Deaths after admission for a broken hip	Not Available⁴	Not Available⁴
Deaths after admission for a heart attack	Not Available¹³	Not Available¹³
Deaths after admission for congestive heart failure	Not Available¹³	Not Available¹³
Deaths after admission for a stroke	Not Available¹³	Not Available¹³
Deaths after admission for a gastrointestinal (GI) bleed	Not Available¹³	Not Available¹³
Deaths after admission for pneumonia	Not Available¹³	Not Available¹³

Other complications and deaths

	PHOEBE PUTNEY MEMORIAL HOSPITAL	U.S. NATIONAL RATE
Deaths among patients with serious treatable complications after surgery	Worse than U.S. National Rate	113.43 per 1,000 patient discharges
Breathing failure after surgery	Worse than U.S. National Rate	Not Available⁴
Death after surgery to repair a weakness in the abdominal aorta	Not Available⁴	Not Available⁴

Hospital-Acquired Conditions

This section shows certain injuries, infections, or other serious conditions that patients with Original Medicare got while they were in the hospital. These conditions, also known as "Hospital-Acquired Conditions," are usually very rare. If they ever occur, hospital staff should identify and correct the problems that caused them.

Please note that the numbers shown here do not take into account the different kinds of patients treated at different hospitals. For this reason, they should not be used to compare one hospital to another.

- **Why Hospital-Acquired Conditions measures are important.**
- **Current data collection period.**

	PHOEBE PUTNEY MEMORIAL HOSPITAL	U.S. NATIONAL RATE
Objects accidentally left in the body after surgery	0.177 per 1,000 patient discharges	0.028 per 1,000 patient discharges
Air bubble in the bloodstream	0.177 per 1,000 patient discharges	0.003 per 1,000 patient discharges
Mismatched blood types	0.000 per 1,000 patient discharges	0.001 per 1,000 patient discharges
Severe pressure sores (bed sores)	0.088 per 1,000 patient discharges	0.136 per 1,000 patient discharges
Falls and injuries	0.795 per 1,000 patient discharges	0.527 per 1,000 patient discharges
Blood infection from a catheter in a large vein	0.177 per 1,000 patient discharges	0.372 per 1,000 patient discharges
Infection from a urinary catheter	0.000 per 1,000 patient discharges	0.358 per 1,000 patient discharges
Signs of uncontrolled blood sugar	0.000 per 1,000 patient discharges	0.058 per 1,000 patient discharges

Healthcare-Associated Infections

Healthcare-Associated Infections are reported using a Standardized Infection Ratio (SIR). This calculation compares the number of Central Line-Associated Bloodstream Infections (CLABSI) in a hospital intensive care unit or Surgical Site Infections (SSI) from operative procedures performed in a hospital to a national benchmark based on data reported to NHSN from 2006 - 2008. Scores for Catheter-Associated Urinary Tract Infections (CAUTI) are compared to a national benchmark based on data reported to NHSN in 2009. The results are adjusted based on certain factors such as the type and size of a hospital or ICU for CLABSI and CAUTI, and based on certain factors related to the patient and surgery that was conducted for SSI. Each hospital's SIR is shown in the graph view.

- A score's confidence interval that is less than 1 means that the hospital had fewer infections than hospitals of similar type and size.
- A score's confidence interval that includes 1 means that the hospital's infections score was no different than hospitals of similar type and size.
- A score's confidence interval that is more than 1 means that the hospital had more infections than hospitals of similar type and size.

- **Why Healthcare-Associated Infections (HAIs) measures are important.**
- **Current data collection period.**

	PHOEBE PUTNEY MEMORIAL HOSPITAL
Central Line-Associated Bloodstream Infections (CLABSI) <i>Lower numbers are better. A score of zero (0) - meaning no CLABSIs - is best.</i>	No different than the U.S. National Benchmark

<p>Catheter-Associated Urinary Tract Infections (CAUTI) Lower numbers are better. A score of zero (0) - meaning no CAUTIs - is best.</p>	<p>No different than the U.S. National Benchmark</p>
<p>Surgical Site Infections from colon surgery (SSI: Colon) Lower numbers are better. A score of zero (0) - meaning no SSIs - is best.</p>	<p>No different than the U.S. National Benchmark</p>
<p>Surgical Site Infections from abdominal hysterectomy (SSI: Hysterectomy) Lower numbers are better. A score of zero (0) - meaning no SSIs - is best.</p>	<p>No different than the U.S. National Benchmark</p>

⁴ Suppressed for one or more quarters by CMS.

¹³ These measures are included in the composite measure calculations but Medicare is not reporting them at this time.

Use of Medical Imaging

<p>PHOEBE PUTNEY MEMORIAL HOSPITAL</p> <p>417 THIRD AVENUE ALBANY, GA 31703 (229) 312-4068</p> <p>Hospital Type: Acute Care Hospitals Provides Emergency Services: Yes</p> <p>Add to my Favorites </p> <p>Map and Directions </p>	<p>Use of Medical Imaging</p> <p>Use of Medical Imaging (tests like Mammograms, MRIs, and CT scans) These measures give you information about hospitals' use of medical imaging tests for outpatients based on the following:</p> <ul style="list-style-type: none"> • Protecting patients' safety, such as keeping patients' exposure to radiation and other risks as low as possible. • Following up properly when screening tests such as mammograms show a possible problem. • Avoiding the risk, stress, and cost of doing imaging tests that patients may not need. <p>The information shown here is limited to medical imaging facilities that are part of a hospital or associated with a hospital. These facilities can be inside or near the hospital, or in a different location. This information only includes medical imaging done on outpatients. Medical imaging tests done for patients who have been admitted to the hospital as inpatients aren't included. These measures are based on Medicare claims data.</p> <ul style="list-style-type: none"> • Why the Use of Medical Imaging measures are important. • Current data collection period.
---	---

	PHOEBE PUTNEY MEMORIAL HOSPITAL	GEORGIA AVERAGE	NATIONAL AVERAGE
<p>Outpatients with low back pain who had an MRI without trying recommended treatments first, such as physical therapy. (If a number is high, it may mean the facility is doing too many unnecessary MRIs for low back pain.) Lower percentages are better</p>	<p>33.6%</p>	<p>35.3%</p>	<p>36.8%</p>
<p>Outpatients who had a follow-up mammogram or ultrasound within 45 days after a screening mammogram. (A number that is much lower than 8% may mean there's not enough follow-up. A number much higher than 14% may mean there's too much unnecessary follow-up.) Percentages between 8 percent and 14 percent are better</p>	<p>4.8%</p>	<p>8.8%</p>	<p>8.5%</p>

Outpatient CT scans of the chest that were "combination" (double) scans. (The range for this measure is 0 to 1. A number very close to 1 may mean that too many patients are being given a double scan when a single scan is all they need.) <i>Numbers closer to zero are better</i>	0.14	0.054	0.044
Outpatient CT scans of the abdomen that were "combination" (double) scans. (The range for this measure is 0 to 1. A number very close to 1 may mean that too many patients are being given a double scan when a single scan is all they need.) <i>Numbers closer to zero are better</i>	0.243	0.125	0.149
Outpatients who got cardiac imaging stress tests before low-risk outpatient surgery. <i>Lower percentages are better</i>	5.1%	5.7%	5.6%
Outpatients with brain CT scans who got a sinus CT scan at the same time. <i>Lower percentages are better</i>	3.2%	2.2%	2.7%

Medicare Payment

<p>PHOEBE PUTNEY MEMORIAL HOSPITAL</p> <p>417 THIRD AVENUE ALBANY, GA 31703 (229) 312-4068</p> <p>Hospital Type: Acute Care Hospitals Provides Emergency Services: Yes</p> <p>Add to my Favorites </p> <p>Map and Directions </p>	<p>Spending per hospital patient with Medicare</p> <p>The "Spending per Hospital Patient with Medicare" measure shows whether Medicare spends more, less or about the same per Medicare patient treated in a specific hospital, compared to how much Medicare spends per patient nationally. This measure includes any Medicare Part A and Part B payments made for services provided to a patient during the 3 days prior to the hospital stay, during the stay, and during the 30 days after discharge from the hospital.</p> <p>This result is a ratio calculated by dividing the amount Medicare spends per patient for an episode of care initiated at this hospital by the median (or middle) amount Medicare spent per patient nationally.</p> <p>A ratio equal to the national average means that Medicare spends ABOUT THE SAME per patient for an episode of care initiated at this hospital as it does per hospital patient at the average hospital nationally.</p> <p>A ratio that is more than the national average means that Medicare spends MORE per patient for an episode of care initiated at this hospital than it does per hospital patient at the average hospital nationally.</p> <p>A ratio that is less than the national average means that Medicare spends LESS per patient for an episode of care initiated at this hospital than it does per hospital patient at the average hospital nationally.</p> <p><i>Lower ratios means Medicare spends less per patient.</i></p> <ul style="list-style-type: none"> • More about Spending per Hospital Patient with Medicare. • Current data collection period.
--	--

	PHOEBE PUTNEY MEMORIAL HOSPITAL	GEORGIA AVERAGE	NATIONAL AVERAGE
--	---------------------------------	-----------------	------------------

	RATIO		
Spending per hospital patient with Medicare (displayed in ratio)	0.97	0.95	0.98

- Georgia Average = 0.95
 - National Average = 0.98

Number of Medicare Patients

Medical Patients Search

Select a Medical Condition or Surgical Procedure and update your results.

- Medical Conditions
 Surgical Procedures

Update Results

Number of Medicare patients treated

This shows the number of Medicare patients with a certain condition (MS-DRG) that a hospital treated during the current data collection period. These data are based on the number of Medicare patients that were discharged with a certain condition. They do not include patients in Medicare Health Plans.

'CC' refers to complications or comorbidities. 'MCC' refers to major complications or comorbidities.

- More information about Number of Medicare Patients Treated.
- Current data collection period.

PHOEBE PUTNEY MEMORIAL HOSPITAL

417 THIRD AVENUE
ALBANY, GA 31703
(229) 312-4068

Hospital Type: Acute Care Hospitals
Provides Emergency Services: Yes

Add to my Favorites 

Map and Directions 

To view Medicare Payment and Volume data, you must select a Medical Condition or Surgical Procedure in the Medical Patients Search and update your results.

Tab C



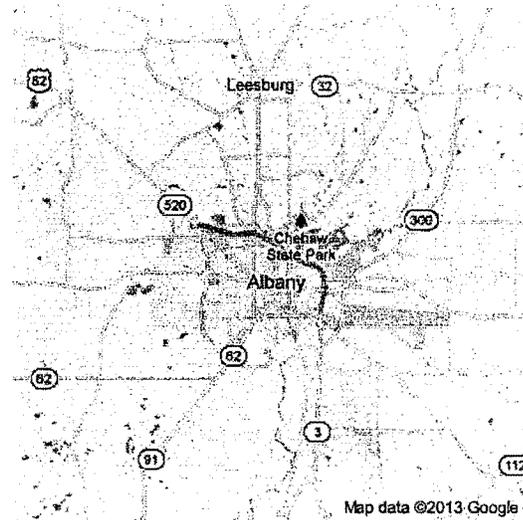
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[Resources](#)
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PHOEBE PUTNEY MEMORIAL HOSPITAL

417 THIRD AVENUE

Albany, GA 31701



Map data ©2013 Google

More About the Methodology

Order an Archival Report

Other Sources of Data

Outcomes measures include errors, accidents, and injuries that this hospital has publicly reported.

Measure	The Hospital's Score	Worst Performing Hospital	Avg. Performing Hospital	Best Performing Hospital	Data Source	Time Period Covered
Foreign Object Retained After Surgery <i>What's This?</i>	0.177	0.3	0.02	0	CMS Hospital Compare	7/01/2009 - 6/30/2011
Air Embolism <i>What's This?</i>	0.074*	0.1	0.0015	0	CMS Hospital Compare	7/01/2009 - 6/30/2011
Pressure Ulcer - Stages 3 and 4 <i>What's This?</i>	0.088	1	0.12	0	CMS Hospital Compare	7/01/2009 - 6/30/2011
Falls and Trauma <i>What's This?</i>	0.795	2.1	0.54	0	CMS Hospital Compare	7/01/2009 - 6/30/2011
CLABSI <i>What's This?</i>	1.03	2.5	0.55	0	CMS	01/01/2011 - 9/30/2011
Death From Serious Treatable Complications After Surgery <i>What's This?</i>	163.82*	163.8	113.63	54.9	CMS Hospital Compare	7/01/2009 - 6/30/2011
Collapsed Lung Due to Medical Treatment <i>What's This?</i>	0.41	0.8	0.34	0.1	CMS Hospital Compare	7/01/2009 - 6/30/2011
Breathing Failure After Surgery <i>What's This?</i>	Not Available	N/A	N/A	N/A	CMS Hospital Compare	7/01/2009 - 6/30/2011
Postoperative PE/DVT <i>What's This?</i>	6.41	11.9	4.53	1	CMS Hospital Compare	7/01/2009 - 6/30/2011
Wounds Spilt Open After Surgery						

Hospital Details

Measure	The Hospital's Score	Worst Performing Hospital	Avg. Performing Hospital	Best Performing Hospital	Data Source**	Time Period Covered
What's This?	0.76	2.7	0.96	0.2	CMS Hospital Compare	7/01/2009 - 6/30/2011
Accidental Cuts or Tears From Medical Treatment What's This?	1.53	4.2	1.99	0.4	CMS Hospital Compare	7/01/2009 - 6/30/2011

Process measures include the management structures and procedures a hospital has in place to protect patients from errors, accidents, and injuries.

Measure	The Hospital's Score	Worst Performing Hospital	Avg. Performing Hospital	Best Performing Hospital	Data Source**	Time Period Covered
Computerized Prescriber Order Entry (CPOE) What's This?	20	0	26.93	100	2009 AHA Technology Supplement	2009
ICU Physician Staffing What's This?	5	0	23.08	100	2010 AHA Annual Survey	FY 2010
Leadership Structures and Systems What's This?	Not Available	0	108.95	120	2012 Leapfrog Hospital Survey	01/01/2011 - 12/31/2011
Culture Measurement, Feedback and Intervention What's This?	Not Available	0	17.38	20	2012 Leapfrog Hospital Survey	01/01/2011 - 12/31/2011
Teamwork Training and Skill Building What's This?	Not Available	0	32.83	40	2012 Leapfrog Hospital Survey	01/01/2011 - 12/31/2011
Identification and Mitigation of Risks and Hazards What's This?	Not Available	0	104.95	120	2012 Leapfrog Hospital Survey	01/01/2011 - 12/31/2011
Nursing Workforce What's This?	Not Available	0	88.45	100	2012 Leapfrog Hospital Survey	01/01/2011 - 12/31/2011
Medication Reconciliation What's This?	Not Available	0	31.41	35	2012 Leapfrog Hospital Survey	01/01/2011 - 12/31/2011
Hand Hygiene What's This?	Not Available	0	26.85	30	2012 Leapfrog Hospital Survey	01/01/2011 - 12/31/2011
Care of the Ventilated Patient What's This?	Not Available	0	17.91	20	2012 Leapfrog Hospital Survey	01/01/2011 - 12/31/2011
Patients Received Antibiotic within 1 Hour Prior to Surgical Incision What's This?	97	0	97.59	100	CMS Hospital Compare	10/01/2010 - 9/30/2011
Patients Received the Right Antibiotic What's This?	97	0	97.7	100	CMS Hospital Compare	10/01/2010 - 9/30/2011
Antibiotic Discontinued After 24 Hours What's This?	96	0	96.1	100	CMS Hospital Compare	10/01/2010 - 9/30/2011
Urinary Catheter was Removed on Postoperative Day 1 or 2 What's This?	87	0	91.16	100	CMS Hospital Compare	10/01/2010 - 9/30/2011
Surgery Patients Received Appropriate Treatment to Prevent Blood Clots at the Right Time What's This?	85	0	95.52	100	CMS Hospital Compare	10/01/2010 - 9/30/2011

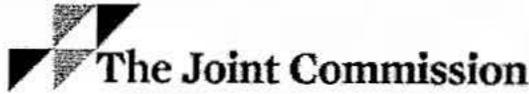


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Tab D



Accreditation Quality Report

> Summary of Accreditation Quality Information

Accredited Programs

Accreditation National Patient Safety Goals

Sites and Services

Accreditation History

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Accreditation Quality Report Use Guide

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Quality Report

Summary of Quality Information



Grady Memorial Hospital Corporation
 Org ID: 3506
 80 Jesse Hill, Jr., Drive, S.E.
 Atlanta, GA 30303
 (404)616-4252
gradyhealthsystem.org

Accreditation Programs	Accreditation Decision	Effective Date	Last Full Survey Date	Last On-Site Survey Date
Behavioral Health Care	Accredited	7/16/2010	7/15/2010	7/15/2010
Hospital	Accredited	7/17/2010	7/16/2010	7/16/2010

Accreditation programs recognized by the Centers for Medicare and Medicaid Services (CMS)

Hospital

Advanced Certification Programs	Certification Decision	Effective Date	Last Full Review Date	Last On-Site Review Date
Primary Stroke Center	Certification	8/4/2011	8/3/2011	8/3/2011

Other Accredited Programs/Services

Hospital - Accredited by American College of Surgeons-Commission on Cancer (ACoS-COC)

Special Quality Awards

- 2010 Gold Plus Get With The Guidelines - Stroke
- 2009 Bronze - The Medal of Honor for Organ Donation
- 2008 The Medal of Honor for Organ Donation
- 2007 The Medal of Honor for Organ Donation

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Symbol Key

- This organization achieved the best possible results
- This organization's performance is above the target range/value.
- This organization's performance is similar to the target range/value.
- This organization's performance is below the target range/value.
- This measure is not applicable for this

National Patient Safety Goals and National Quality Improvement Goals

		Compared to other Joint Commission Accredited Organizations	
		Nationwide	Statewide
Behavioral Health Care	See Detail		
	See Detail		
Hospital	See Detail		
	See Detail		
National Quality Improvement Goals:			
Heart Attack Care	See Detail		

organization. Not displayed

Oct 2011 - Sep 2012

Footnote Key

1. The measure or measure set was not reported.
2. The measure set does not have an overall result.
3. The number is not enough for comparison purposes.
4. The measure meets the Privacy Disclosure Threshold rule.
5. The organization scored above 90% but was below most other organizations.
6. The measure results are not statistically valid.
7. The measure results are based on a sample of patients.
8. The number of months with measure data is below the reporting requirement.
9. The measure results are temporarily suppressed pending resubmission of updated data.
10. Test Measure: a measure being evaluated for reliability of the individual data elements or awaiting National Quality Forum Endorsement.

Heart Failure Care	See Detail	✓	✓
Pneumonia Care	See Detail	✓	✓
Surgical Care Improvement Project (SCIP)			
SCIP - Cardiac	See Detail		
SCIP - Infection Prevention For All Reported Procedures:	See Detail	✓	✓
• Blood Vessel Surgery	See Detail	✓	✓
• Colon/Large Intestine Surgery	See Detail	✓	✓
• Coronary Artery Bypass Graft	See Detail	✓	✓
• Hip Joint Replacement	See Detail	+	+
• Hysterectomy	See Detail	+	+
• Knee Replacement	See Detail	✓	✓
• Open Heart Surgery	See Detail	-	-
SCIP - Venous Thromboembolism (VTE)	See Detail		

Survey of Patients' Hospital Experiences (see details)
 Hospitals voluntarily participate in the Survey of Patients' Hospital Experiences(HCAHPS). Pediatric and psychiatric hospitals are not eligible to participate in the HCAHPS survey based on their patient population.

 The Joint Commission only reports measures endorsed by the National Quality Forum.
 * State results are not calculated for the National Patient Safety Goals.

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Sites and Services

*** Primary Location**

An organization may provide services not listed here. For more information refer to the Quality Report User Guide.

Locations of Care

Adult Outpatient Behavioral Health
 10 Park Place South, SE
 Atlanta, GA 30303

Available Services

Services:

- Assertive Community Treatment (Non 24 Hour Care - Adult)
- Behavioral Health (Day Programs - Adult) (Non 24 Hour Care - Adult) (Partial - Adult)
- Community Integration (Non 24 Hour Care)
- Peer Support (Non 24 Hour Care)

Asa G. Yancey Sr., MD Health Center
 1247 Donald Lee Hollowell Pkwy. NW
 Atlanta, GA 30318

Services:

- Outpatient Clinics (Outpatient)

Edward C. Loughlin, M.D., Radiation - Oncology Center

Services:

145 Edgewood Avenue, S.E.
Atlanta, GA 30303

Services:

- Outpatient Clinics (Outpatient)

Grady Health Center East
Point
1595 West Cleveland Avenue
East Point, GA 30344

Services:

- Outpatient Clinics (Outpatient)

Grady Health Center North
Dekalb
3807 Clairmont Road, N.E.
Chamblee, GA 30341

Services:

- Outpatient Clinics (Outpatient)

Grady Memorial Hospital *
80 Jesse Hill, Jr., Drive, S.E.
Atlanta, GA 30303

Joint Commission Advanced Certification Programs:

- Primary Stroke Center

Services:

- Behavioral Health (Non 24 Hour Care - Adult) (24-hour Acute Care/Crisis Stabilization - Adult)
- Brachytherapy (Imaging/Diagnostic Services)
- Burn Unit (Inpatient)
- Cardiac Catheterization Lab (Surgical Services)
- Cardiovascular Unit (Inpatient)
- CT Scanner (Imaging/Diagnostic Services)
- Ear/Nose/Throat Surgery (Surgical Services)
- EEG/EKG/EMG Lab (Imaging/Diagnostic Services)
- Gastroenterology (Surgical Services)
- GI or Endoscopy Lab (Imaging/Diagnostic Services)
- Gynecological Surgery (Surgical Services)
- Gynecology (Inpatient)
- Hematology/Oncology Unit (Inpatient)
- Interventional Radiology (Imaging/Diagnostic Services)
- Labor & Delivery (Inpatient)
- Magnetic Resonance Imaging (Imaging/Diagnostic Services)
- Medical /Surgical Unit (Inpatient)
- Medical ICU (Intensive Care Unit)
- Neuro/Spine ICU (Intensive Care Unit)
- Neuro/Spine Unit (Inpatient)
- Neurosurgery (Surgical Services)
- Normal Newborn Nursery (Inpatient)
- Nuclear Medicine (Imaging/Diagnostic Services)
- Orthopedic Surgery (Surgical Services)
- Orthopedic/Spine Unit (Inpatient)
- Plastic Surgery (Surgical Services)
- Positron Emission Tomography (PET) (Imaging/Diagnostic Services)
- Post Anesthesia Care Unit (PACU) (Inpatient)
- Radiation Oncology (Imaging/Diagnostic Services)
- Sleep Laboratory (Sleep Laboratory)
- Surgical ICU (Intensive Care Unit)
- Surgical Unit (Inpatient)
- Thoracic Surgery (Surgical Services)
- Ultrasound (Imaging/Diagnostic Services)
- Urology (Surgical Services)
- Vascular Surgery (Surgical Services)

Grady Walk-In Center
56 Jesse Hill Jr. Drive
Atlanta, GA 30303

Services:

- Outpatient Clinics (Outpatient)

Kirkwood Family Medicine
1863 Memorial Dr. SE
Atlanta, GA 30317

Services:

- Outpatient Clinics (Outpatient)

Lindbergh Health Center
2695 Buford Highway, N.E.,
Suite 200
Atlanta, GA 30324

Services:

- Outpatient Clinics (Outpatient)

Manuel Maloof Imaging Center
56 Jesse Hill, Jr. Drive. S.E.
Atlanta, GA 30303

Services:

- Outpatient Clinics (Outpatient)

North Fulton Health Center
7741 Roswell Road
Sandy Springs, GA 30350

Services:

- Outpatient Clinics (Outpatient)

Ponce de Leon Center
Infectious Disease Program
341 Ponce deLeon Avenue
Atlanta, GA 30308

Services:

- Administration of High Risk Medications (Outpatient)
- Outpatient Clinics (Outpatient)

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Quality Report
Hospital

Grady Memorial Hospital Corporation
Org ID: 3506

National Quality Improvement Goals: Heart Attack Care

Reporting Period: October 2011 - September 2012

- Accreditation Quality Report**
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 - > Accreditation National Patient Safety Goals
 - > Sites and Services
 - > Accreditation History
 - > Download Accreditation PDF Report
 - > Download Accreditation PDF Report - Include Quarterly Data
 - > Accreditation Quality Report User Guide
- Certification Quality Report**
- > View Certification Quality Report

Measure/Area	Compared to other Joint Commission Accredited Organizations	
	Nationwide	Statewide
Heart Attack Care Read More		

Measure	Compared to other Joint Commission Accredited Organizations				
	Hospital Results	Top 10% Scored at Least	Average Rate	Top 10% Scored at Least	Average Rate
ACE inhibitor or ARB for LVSD* Read More (See Quarterly Results)	 100% of 28 eligible Patients	100%	98%	100%	98%
Aspirin at arrival* Read More (See Quarterly Results)	 99% of 181 eligible Patients	100%	99%	100%	99%
Aspirin prescribed at discharge* Read More (See Quarterly Results)	 92% of 162 eligible Patients	100%	99%	100%	99%
Beta blocker prescribed at discharge* Read More (See Quarterly Results)	 97% of 156 eligible Patients	100%	99%	100%	99%
Fibrinolytic therapy received within 30 minutes of hospital arrival* Read More (No Quarterly Results are available)	⁴	100%	64%	--- ³	--- ³
Primary PCI received within 90 minutes of hospital arrival* Read More (See Quarterly Results)	³ 33% of 3 eligible Patients ³	100%	95%	100%	94%
Statin Prescribed at Discharge Read More	 97% of	100%	98%	100%	98%

Symbol Key

- This organization achieved the best possible results
- This organization's performance is above the target range/value.
- This organization's performance is similar to the target range/value.
- This organization's performance is below the target range/value.
- Not displayed

[\(See Quarterly Results\)](#)158 eligible
PatientsThe Joint Commission only reports measures endorsed by the [National Quality Forum](#).* This information is part of the Hospital Quality Alliance. This information can also be viewed at www.hospitalcompare.hhs.gov.

---- Null value or data not displayed.

- 1 -The measure or measure set was not reported.
- 2 -The measure set does not have an overall result.
- 3 -The number is not enough for comparison purposes.
- 4 -The measure meets the Privacy Disclosure Threshold rule.
- 5 -The organization scored above 90% but was below most other organizations.
- 6 -The measure results are not statistically valid.
- 7 -The measure results are based on a sample of patients.
- 8 -The number of months with measure data is below the reporting requirement.
- 9 -The measure results are temporarily suppressed.
- 10 -Test Measure: a measure being evaluated for reliability of the individual data elements or awaiting National Quality Forum Endorsement.
- 11 -There were no eligible patients that met the denominator criteria.

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Certification Quality Report

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Quality Report Hospital

Grady Memorial Hospital Corporation
Org ID: 3506

National Quality Improvement Goals: Heart Failure Care

Reporting Period: October 2011 - September 2012

Measure Area	Compared to other Joint Commission Accredited Organizations	
	Nationwide	Statewide
Heart Failure Care Read More		

Measure	Compared to other Joint Commission Accredited Organizations				
	Hospital Results	Nationwide		Statewide	
		Top 10% Scored at Least	Average Rate	Top 10% Scored at Least	Average Rate
ACE inhibitor or ARB for LVSD* Read More (See Quarterly Results)	 98% of 163 eligible Patients	100%	97%	100%	97%
Discharge instructions* Read More (See Quarterly Results)	 94% of 282 eligible Patients	100%	94%	100%	91%
LVF assessment* Read More (See Quarterly Results)	 100% of 301 eligible Patients	100%	99%	100%	99%

Symbol Key

- This organization achieved the best possible results
- This organization's performance is above the target range/value.
- This organization's performance is similar to the target range/value.
- This organization's performance is below the target range/value.
- Not displayed

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* This information is part of the Hospital Quality Alliance. This information can also be viewed at www.hospitalcompare.hhs.gov.
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11 - There were no eligible patients that met the denominator criteria.

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Grady Memorial Hospital Corporation
Org ID: 3506

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Quality Report
Hospital

National Quality Improvement Goals: Pneumonia Care

Reporting Period: October 2011 - September 2012

Measure Area	Compared to other Joint Commission Accredited Organizations	
	Nationwide	Statewide
Pneumonia Care Read More	✔	✔

Measure	Compared to other Joint Commission Accredited Organizations				
	Hospital Results	Nationwide		Statewide	
		Top 10% Scored at Least	Average Rate	Top 10% Scored at Least	Average Rate
Blood cultures for pneumonia patients admitted through the Emergency Department.* Read More (See Quarterly Results)	✔ 88% of 52 eligible Patients ⁷	100%	98%	100%	98%
Blood cultures for pneumonia patients in intensive care units. Read More (See Quarterly Results)	★ 100% of 14 eligible Patients ⁷	100%	98%	100%	98%
Initial antibiotic selection for CAP in immunocompetent - non ICU patient* Read More (See Quarterly Results)	✔ 96% of 46 eligible Patients ⁷	100%	96%	100%	96%

- Symbol Key**
- ★ This organization achieved the best possible results
 - + This organization's performance is above the target range/value.
 - ✔ This organization's performance is similar to the target range/value.
 - This organization's performance is below the target range/value.
 - ND Not displayed

ND The Joint Commission only reports measures endorsed by the [National Quality Forum](#).
* This information is part of the Hospital Quality Alliance. This information can also be viewed at www.hospitalcompare.hhs.gov.
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- 1 - The measure or measure set was not reported.
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- 5 - The organization scored above 90% but was below most other organizations.
- 6 - The measure results are not statistically valid.
- 7 - The measure results are based on a sample of patients.
- 8 - The number of months with measure data is below the reporting requirement.
- 9 - The measure results are temporarily suppressed.
- 10 - Test Measure: a measure being evaluated for reliability of the individual data elements

10 - Test measure, a measure being evaluated for reliability of the individual data elements or awaiting National Quality Forum Endorsement.

11 - There were no eligible patients that met the denominator criteria.

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Quality Report
Hospital

Grady Memorial Hospital Corporation
Org ID: 3506

National Quality Improvement Goals: Surgical Care Improvement Project (SCIP)

Reporting Period: October 2011 - September 2012

- Accreditation Quality Report
 - > Summary of Accreditation Quality Information
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 - > Accreditation Quality Report User Guide
- Certification Quality Report
 - > View Certification Quality Report

Measure Area

SCIP - Cardiac
[Read More](#)

Measure	Compared to other Joint Commission Accredited Organizations				
	Hospital Results	Nationwide Top 10% Scored at Least	Average Rate	Statewide Top 10% Scored at Least	Average Rate
Surgery patients taking a Beta-Blocker before hospital admission who received a Beta-Blocker in the time frame of 24 hours before surgery through the time they were in the recovery room. Read More (See Quarterly Results)	 94% of 48 eligible Patients	100%	97%	100%	96%

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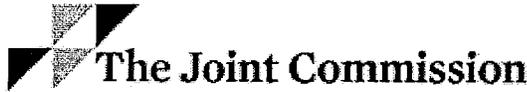
- Symbol Key**
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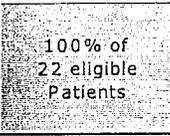
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Measure Area	Compared to other Joint Commission Accredited Organizations	
	Nationwide	Statewide
SCIP - Infection Prevention Read More		

Measure	Compared to other Joint Commission Accredited Organizations				
	Hospital Results	Nationwide		Statewide	
		Top 10% Scored at Least	Average Rate	Top 10% Scored at Least	Average Rate
Patients having a surgery who received medicine to prevent infection (an antibiotic) within one hour before the skin was surgically cut.* Read More (See Quarterly Results)		100%	99%	100%	99%
Patients having surgery who received the appropriate medicine (antibiotic) which is shown to be effective for the type of surgery performed.* Read More (See Quarterly Results)		100%	99%	100%	99%
Patients who had surgery and received appropriate medicine that prevents infection (antibiotic) and the antibiotic was stopped within 24 hours after the surgery ended.* Read More (See Quarterly Results)		100%	98%	100%	97%
Patients Having Blood Vessel Surgery* Read More (See Quarterly Results)		100%	97%	100%	97%
Patients having blood vessel surgery who received medicine to prevent infection (an antibiotic) within one hour before the skin was surgically cut.* Read More		100%	97%	100%	97%

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 - Not displayed

(See Quarterly Results)	100% of 15 eligible Patients				
<p>Patients having blood vessel surgery who received the appropriate medicine (antibiotic) which is shown to be effective for this type of surgery.*</p> <p>Read More</p>	 100% of 16 eligible Patients	100%	99%	100%	98%
(See Quarterly Results)					
<p>Patients who had blood vessel surgery and received appropriate medicine that prevents infection (antibiotic) and the antibiotic was stopped within 24 hours after the surgery ended.*</p> <p>Read More</p>	 100% of 13 eligible Patients	100%	95%	100%	96%
(See Quarterly Results)					
<p>Patients Having Colon/Large Intestine Surgery*</p> <p>Read More</p>	 94% of 140 eligible Patients ⁷	100%	95%	100%	96%
(See Quarterly Results)					
<p>Patients having colon/large intestine surgery who received medicine to prevent infection (an antibiotic) within one hour before the skin was surgically cut.*</p> <p>Read More</p>	 90% of 49 eligible Patients ⁷	100%	97%	100%	97%
(See Quarterly Results)					
<p>Patients having colon/large intestine surgery who received the appropriate medicine (antibiotic) which is shown to be effective for this type of surgery.*</p> <p>Read More</p>	 96% of 49 eligible Patients ⁷	100%	94%	100%	95%
(See Quarterly Results)					
<p>Patients who had colon/large intestine surgery and received appropriate medicine that prevents infection (antibiotic) and the antibiotic was stopped within 24 hours after the surgery ended.*</p> <p>Read More</p>	 95% of 42 eligible Patients ⁷	100%	95%	100%	95%
(See Quarterly Results)					
<p>Patients Having Coronary Artery Bypass Graft Surgery*</p> <p>Read More</p>	 95% of 66 eligible Patients	100%	99%	100%	99%
(See Quarterly Results)					
<p>Patients having coronary artery bypass graft surgery who received medicine to prevent infection (an antibiotic) within one hour before the skin was surgically cut.*</p> <p>Read More</p>	 100% of 23 eligible Patients	100%	99%	100%	99%
(See Quarterly Results)					
<p>Patients having coronary artery bypass graft surgery who received the appropriate medicine (antibiotic) which is shown to be</p>					

<p>medicine (antibiotic) which is shown to be effective for this type of surgery.* Read More (See Quarterly Results)</p>	 100% of 22 eligible Patients	100%	100%	100%	100%
<p>Patients who had coronary artery bypass graft surgery and received appropriate medicine that prevents infection (antibiotic) and the antibiotic was stopped within 48 hours after the surgery ended.* Read More (See Quarterly Results)</p>	 86% of 21 eligible Patients ³	100%	98%	100%	98%
<p>Patients Having Hip Joint Replacement Surgery* Read More (See Quarterly Results)</p>	 99% of 161 eligible Patients ⁷	100%	99%	100%	99%
<p>Patients having hip joint replacement surgery who received medicine to prevent infection (an antibiotic) within one hour before the skin was surgically cut.* Read More (See Quarterly Results)</p>	 100% of 54 eligible Patients ⁷	100%	99%	100%	99%
<p>Patients having hip joint replacement surgery who received the appropriate medicine (antibiotic) which is shown to be effective for this type of surgery.* Read More (See Quarterly Results)</p>	 100% of 55 eligible Patients ⁷	100%	100%	100%	100%
<p>Patients who had hip joint replacement surgery and received appropriate medicine that prevents infection (antibiotic) and the antibiotic was stopped within 24 hours after the surgery ended.* Read More (See Quarterly Results)</p>	 98% of 52 eligible Patients ⁷	100%	98%	100%	97%
<p>Patients Having a Hysterectomy* Read More (See Quarterly Results)</p>	 99% of 203 eligible Patients ⁷	100%	98%	100%	98%
<p>Patients having hysterectomy surgery who received medicine to prevent infection (an antibiotic) within one hour before the skin was surgically cut.* Read More (See Quarterly Results)</p>	 100% of 68 eligible Patients ⁷	100%	98%	100%	99%
<p>Patients having hysterectomy surgery who received the appropriate medicine (antibiotic) which is shown to be effective for this type of surgery.* Read More (See Quarterly Results)</p>	 97% of 68 eligible Patients ⁷	100%	97%	100%	98%
<p>Patients who had hysterectomy surgery and</p>					

received appropriate medicine that prevents infection (antibiotic) and the antibiotic was stopped within 24 hours after the surgery ended.* Read More (See Quarterly Results)	 100% of 67 eligible Patients ⁷	100%	98%	100%	96%
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Patients Having Knee Joint Replacement Surgery* Read More (See Quarterly Results)	 95% of 60 eligible Patients	100%	99%	100%	99%
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Patients having knee joint replacement surgery who received medicine to prevent infection (an antibiotic) within one hour before the skin was surgically cut.* Read More (See Quarterly Results)	 100% of 20 eligible Patients	100%	99%	100%	99%
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Patients having knee joint replacement surgery who received the appropriate medicine (antibiotic) which is shown to be effective for this type of surgery.* Read More (See Quarterly Results)	 100% of 20 eligible Patients	100%	100%	100%	100%
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Patients who had knee joint replacement surgery and received appropriate medicine that prevents infection (antibiotic) and the antibiotic was stopped within 24 hours after the surgery ended.* Read More (See Quarterly Results)	 ³ 85% of 20 eligible Patients ³	100%	98%	100%	99%
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Patients Having Open Heart Surgery other than Coronary Artery Bypass Graft* Read More (See Quarterly Results)	 77% of 57 eligible Patients	100%	99%	100%	99%
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Patients having open heart surgery other than coronary artery bypass graft who received medicine to prevent infection (an antibiotic) within one hour before the skin was surgically cut.* Read More (See Quarterly Results)	 ³ 95% of 20 eligible Patients ³	100%	99%	100%	99%
--	---	------	-----	------	-----

Patients having open heart surgery other than coronary artery bypass graft who received the appropriate medicine (antibiotic) which is shown to be effective for this type of surgery.* Read More (See Quarterly Results)	 100% of 19 eligible Patients	100%	100%	100%	100%
---	--	------	------	------	------

Patients who had open heart surgery other than coronary artery bypass graft and received appropriate medicine that prevents infection (antibiotic) and the antibiotic was stopped within 48 hours after the surgery ended.*	 ³ 33% of	100%	98%	100%	97%
---	---	------	-----	------	-----

[Read More](#)18 eligible
Patients¹[\(See Quarterly Results\)](#)**Heart surgery patients with controlled blood sugar after surgery.**[Read More](#)80% of
46 eligible
Patients⁷

100%

96%

99%

97%

[\(See Quarterly Results\)](#)**Surgery patients with proper hair removal.**[Read More](#)98% of
372 eligible
Patients⁷

100%

100%

100%

100%

[\(See Quarterly Results\)](#)

Urinary Catheter Removed

[Read More](#)89% of
166 eligible
Patients⁷

100%

96%

100%

95%

[\(See Quarterly Results\)](#)The Joint Commission only reports measures endorsed by the [National Quality Forum](#).* This information is part of the Hospital Quality Alliance. This information can also be viewed at www.hospitalcompare.hhs.gov.

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National Quality Improvement Goals: Surgical Care Improvement Project (SCIP)

Reporting Period: October 2011 - September 2012

- Accreditation Quality Report**
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Measure Area	Compared to other Joint Commission Accredited Organizations	
	Nationwide	Statewide
SCIP - Infection Prevention Read More	✔	✔

Measure	Compared to other Joint Commission Accredited Organizations				
	Hospital Results	Nationwide		Statewide	
		Top 10% Scored at Least	Average Rate:	Top 10% Scored at Least	Average Rate:
Patients having a surgery who received medicine to prevent infection (an antibiotic) within one hour before the skin was surgically cut.* Read More (See Quarterly Results)	⊕	98% of 249 eligible Patients ⁷	100%	99%	100% 99%
Patients having surgery who received the appropriate medicine (antibiotic) which is shown to be effective for the type of surgery performed.* Read More (See Quarterly Results)	⊕	98% of 249 eligible Patients ⁷	100%	99%	100% 99%
Patients who had surgery and received appropriate medicine that prevents infection (antibiotic) and the antibiotic was stopped within 24 hours after the surgery ended.* Read More (See Quarterly Results)	⊖	91% of 233 eligible Patients ⁷	100%	98%	100% 97%
Patients Having Blood Vessel Surgery* Read More (See Quarterly Results)	✔	100% of 44 eligible Patients	100%	97%	100% 97%
Patients having blood vessel surgery who received medicine to prevent infection (an antibiotic) within one hour before the skin was surgically cut.* Read More	★		100%	97%	100% 97%

- Symbol Key**
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(See Quarterly Results)	100% of 15 eligible Patients				
Patients having blood vessel surgery who received the appropriate medicine (antibiotic) which is shown to be effective for this type of surgery.* Read More	 100% of 16 eligible Patients	100%	99%	100%	98%
(See Quarterly Results)					
Patients who had blood vessel surgery and received appropriate medicine that prevents infection (antibiotic) and the antibiotic was stopped within 24 hours after the surgery ended.* Read More	 100% of 13 eligible Patients	100%	95%	100%	96%
(See Quarterly Results)					
Patients Having Colon/Large Intestine Surgery* Read More	 94% of 140 eligible Patients ⁷	100%	95%	100%	96%
(See Quarterly Results)					
Patients having colon/large intestine surgery who received medicine to prevent infection (an antibiotic) within one hour before the skin was surgically cut. * Read More	 90% of 49 eligible Patients ⁷	100%	97%	100%	97%
(See Quarterly Results)					
Patients having colon/large intestine surgery who received the appropriate medicine (antibiotic) which is shown to be effective for this type of surgery.* Read More	 96% of 49 eligible Patients ⁷	100%	94%	100%	95%
(See Quarterly Results)					
Patients who had colon/large intestine surgery and received appropriate medicine that prevents infection (antibiotic) and the antibiotic was stopped within 24 hours after the surgery ended.* Read More	 95% of 42 eligible Patients ⁷	100%	95%	100%	95%
(See Quarterly Results)					
Patients Having Coronary Artery Bypass Graft Surgery* Read More	 95% of 66 eligible Patients	100%	99%	100%	99%
(See Quarterly Results)					
Patients having coronary artery bypass graft surgery who received medicine to prevent infection (an antibiotic) within one hour before the skin was surgically cut.* Read More	 100% of 23 eligible Patients	100%	99%	100%	99%
(See Quarterly Results)					
Patients having coronary artery bypass graft surgery who received the appropriate medicine (antibiotic) which is shown to be					

<p>medicine (antibiotic) which is shown to be effective for this type of surgery.* Read More (See Quarterly Results)</p>	<p>100% of 22 eligible Patients</p>	100%	100%	100%	100%
<p>Patients who had coronary artery bypass graft surgery and received appropriate medicine that prevents infection (antibiotic) and the antibiotic was stopped within 48 hours after the surgery ended.* Read More (See Quarterly Results)</p>	<p> 3 86% of 21 eligible Patients³</p>	100%	98%	100%	98%
<p>Patients Having Hip Joint Replacement Surgery* Read More (See Quarterly Results)</p>	<p> 99% of 161 eligible Patients⁷</p>	100%	99%	100%	99%
<p>Patients having hip joint replacement surgery who received medicine to prevent infection (an antibiotic) within one hour before the skin was surgically cut.* Read More (See Quarterly Results)</p>	<p> 100% of 54 eligible Patients⁷</p>	100%	99%	100%	99%
<p>Patients having hip joint replacement surgery who received the appropriate medicine (antibiotic) which is shown to be effective for this type of surgery.* Read More (See Quarterly Results)</p>	<p> 100% of 55 eligible Patients⁷</p>	100%	100%	100%	100%
<p>Patients who had hip joint replacement surgery and received appropriate medicine that prevents infection (antibiotic) and the antibiotic was stopped within 24 hours after the surgery ended.* Read More (See Quarterly Results)</p>	<p> 98% of 52 eligible Patients⁷</p>	100%	98%	100%	97%
<p>Patients Having a Hysterectomy* Read More (See Quarterly Results)</p>	<p> 99% of 203 eligible Patients⁷</p>	100%	98%	100%	98%
<p>Patients having hysterectomy surgery who received medicine to prevent infection (an antibiotic) within one hour before the skin was surgically cut.* Read More (See Quarterly Results)</p>	<p> 100% of 68 eligible Patients⁷</p>	100%	98%	100%	99%
<p>Patients having hysterectomy surgery who received the appropriate medicine (antibiotic) which is shown to be effective for this type of surgery.* Read More (See Quarterly Results)</p>	<p> 97% of 68 eligible Patients⁷</p>	100%	97%	100%	98%
<p>Patients who had hysterectomy surgery and</p>	<p></p>				

<p>received appropriate medicine that prevents infection (antibiotic) and the antibiotic was stopped within 24 hours after the surgery ended.* Read More (See Quarterly Results)</p>	 100% of 67 eligible Patients ⁷	100%	98%	100%	96%
<p>Patients Having Knee Joint Replacement Surgery* Read More (See Quarterly Results)</p>	 95% of 60 eligible Patients	100%	99%	100%	99%
<p>Patients having knee joint replacement surgery who received medicine to prevent infection (an antibiotic) within one hour before the skin was surgically cut.* Read More (See Quarterly Results)</p>	 100% of 20 eligible Patients	100%	99%	100%	99%
<p>Patients having knee joint replacement surgery who received the appropriate medicine (antibiotic) which is shown to be effective for this type of surgery.* Read More (See Quarterly Results)</p>	 100% of 20 eligible Patients	100%	100%	100%	100%
<p>Patients who had knee joint replacement surgery and received appropriate medicine that prevents infection (antibiotic) and the antibiotic was stopped within 24 hours after the surgery ended.* Read More (See Quarterly Results)</p>	 ³ 85% of 20 eligible Patients ³	100%	98%	100%	99%
<p>Patients Having Open Heart Surgery other than Coronary Artery Bypass Graft* Read More (See Quarterly Results)</p>	 77% of 57 eligible Patients	100%	99%	100%	99%
<p>Patients having open heart surgery other than coronary artery bypass graft who received medicine to prevent infection (an antibiotic) within one hour before the skin was surgically cut.* Read More (See Quarterly Results)</p>	 ³ 95% of 20 eligible Patients ³	100%	99%	100%	99%
<p>Patients having open heart surgery other than coronary artery bypass graft who received the appropriate medicine (antibiotic) which is shown to be effective for this type of surgery.* Read More (See Quarterly Results)</p>	 100% of 19 eligible Patients	100%	100%	100%	100%
<p>Patients who had open heart surgery other than coronary artery bypass graft and received appropriate medicine that prevents infection (antibiotic) and the antibiotic was stopped within 48 hours after the surgery ended.*</p>	 ³ 33% of	100%	98%	100%	97%

Read More (See Quarterly Results)	 18 eligible Patients				
Heart surgery patients with controlled blood sugar after surgery. Read More (See Quarterly Results)	 80% of 46 eligible Patients	100%	95%	99%	97%
Surgery patients with proper hair removal. Read More (See Quarterly Results)	 98% of 17 eligible Patients	100%	100%	100%	100%
Urinary Catheter Removed Read More (See Quarterly Results)	 89% of 166 eligible Patients	100%	96%	100%	96%

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Compared to other Joint Commission Accredited Organizations

Measure Area	Nationwide	Statewide
SCIP - Infection Prevention Read More		

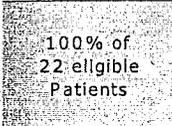
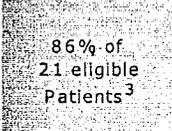
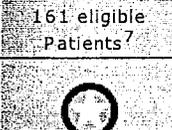
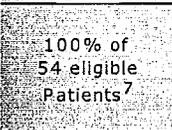
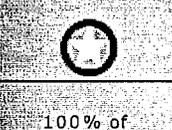
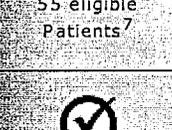
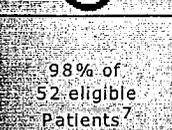
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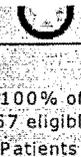
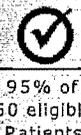
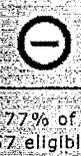
Measure	Nationwide		Statewide		
	Hospital Results	Top 10% Scored at Least	Average Rate:	Top 10% Scored at Least	Average Rate:
Patients having a surgery who received medicine to prevent infection (an antibiotic) within one hour before the skin was surgically cut.* Read More (See Quarterly Results)		100%	99%	100%	99%
Patients having surgery who received the appropriate medicine (antibiotic) which is shown to be effective for the type of surgery performed.* Read More (See Quarterly Results)		100%	99%	100%	99%
Patients who had surgery and received appropriate medicine that prevents infection (antibiotic) and the antibiotic was stopped within 24 hours after the surgery ended.* Read More (See Quarterly Results)		100%	98%	100%	97%
Patients Having Blood Vessel Surgery* Read More (See Quarterly Results)		100%	97%	100%	97%
Patients having blood vessel surgery who received medicine to prevent infection (an antibiotic) within one hour before the skin was surgically cut.* Read More		100%	97%	100%	97%

Symbol Key

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- This organization's performance is below the target range/value.
- Not displayed

(See Quarterly Results)	100% of 15 eligible Patients				
Patients having blood vessel surgery who received the appropriate medicine (antibiotic) which is shown to be effective for this type of surgery.* Read More	 100% of 16 eligible Patients	100%	99%	100%	98%
(See Quarterly Results)					
Patients who had blood vessel surgery and received appropriate medicine that prevents infection (antibiotic) and the antibiotic was stopped within 24 hours after the surgery ended.* Read More	 100% of 13 eligible Patients	100%	95%	100%	96%
(See Quarterly Results)					
Patients Having Colon/Large Intestine Surgery* Read More	 94% of 140 eligible Patients ⁷	100%	95%	100%	96%
(See Quarterly Results)					
Patients having colon/large intestine surgery who received medicine to prevent infection (an antibiotic) within one hour before the skin was surgically cut. * Read More	 90% of 49 eligible Patients ⁷	100%	97%	100%	97%
(See Quarterly Results)					
Patients having colon/large intestine surgery who received the appropriate medicine (antibiotic) which is shown to be effective for this type of surgery.* Read More	 96% of 49 eligible Patients ⁷	100%	94%	100%	95%
(See Quarterly Results)					
Patients who had colon/large intestine surgery and received appropriate medicine that prevents infection (antibiotic) and the antibiotic was stopped within 24 hours after the surgery ended.* Read More	 95% of 42 eligible Patients ⁷	100%	95%	100%	95%
(See Quarterly Results)					
Patients Having Coronary Artery Bypass Graft Surgery* Read More	 95% of 66 eligible Patients	100%	99%	100%	99%
(See Quarterly Results)					
Patients having coronary artery bypass graft surgery who received medicine to prevent infection (an antibiotic) within one hour before the skin was surgically cut.* Read More	 100% of 23 eligible Patients	100%	99%	100%	99%
(See Quarterly Results)					
Patients having coronary artery bypass graft surgery who received the appropriate medicine (antibiotic) which is shown to be					

<p>medicine (antibiotic) which is shown to be effective for this type of surgery.* Read More (See Quarterly Results)</p>	 100% of 22 eligible Patients	100%	100%	100%	100%
<p>Patients who had coronary artery bypass graft surgery and received appropriate medicine that prevents infection (antibiotic) and the antibiotic was stopped within 48 hours after the surgery ended.* Read More (See Quarterly Results)</p>	 86% of 21 eligible Patients ³	100%	98%	100%	98%
<p>Patients Having Hip Joint Replacement Surgery* Read More (See Quarterly Results)</p>	 99% of 161 eligible Patients ⁷	100%	99%	100%	99%
<p>Patients having hip joint replacement surgery who received medicine to prevent infection (an antibiotic) within one hour before the skin was surgically cut.* Read More (See Quarterly Results)</p>	 100% of 54 eligible Patients ⁷	100%	99%	100%	99%
<p>Patients having hip joint replacement surgery who received the appropriate medicine (antibiotic) which is shown to be effective for this type of surgery.* Read More (See Quarterly Results)</p>	 100% of 55 eligible Patients ⁷	100%	100%	100%	100%
<p>Patients who had hip joint replacement surgery and received appropriate medicine that prevents infection (antibiotic) and the antibiotic was stopped within 24 hours after the surgery ended.* Read More (See Quarterly Results)</p>	 98% of 52 eligible Patients ⁷	100%	98%	100%	97%
<p>Patients Having a Hysterectomy* Read More (See Quarterly Results)</p>	 99% of 203 eligible Patients ⁷	100%	98%	100%	98%
<p>Patients having hysterectomy surgery who received medicine to prevent infection (an antibiotic) within one hour before the skin was surgically cut.* Read More (See Quarterly Results)</p>	 100% of 68 eligible Patients ⁷	100%	98%	100%	99%
<p>Patients having hysterectomy surgery who received the appropriate medicine (antibiotic) which is shown to be effective for this type of surgery.* Read More (See Quarterly Results)</p>	 97% of 68 eligible Patients ⁷	100%	97%	100%	98%
<p>Patients who had hysterectomy surgery and</p>					

<p>received appropriate medicine that prevents infection (antibiotic) and the antibiotic was stopped within 24 hours after the surgery ended.* Read More (See Quarterly Results)</p>	 <p>100% of 67 eligible Patients⁷</p>	100%	98%	100%	96%
<p>Patients Having Knee Joint Replacement Surgery* Read More (See Quarterly Results)</p>	 <p>95% of 60 eligible Patients</p>	100%	99%	100%	99%
<p>Patients having knee joint replacement surgery who received medicine to prevent infection (an antibiotic) within one hour before the skin was surgically cut.* Read More (See Quarterly Results)</p>	 <p>100% of 20 eligible Patients</p>	100%	99%	100%	99%
<p>Patients having knee joint replacement surgery who received the appropriate medicine (antibiotic) which is shown to be effective for this type of surgery.* Read More (See Quarterly Results)</p>	 <p>100% of 20 eligible Patients</p>	100%	100%	100%	100%
<p>Patients who had knee joint replacement surgery and received appropriate medicine that prevents infection (antibiotic) and the antibiotic was stopped within 24 hours after the surgery ended.* Read More (See Quarterly Results)</p>	 <p>85% of 20 eligible Patients³</p>	100%	98%	100%	99%
<p>Patients Having Open Heart Surgery other than Coronary Artery Bypass Graft* Read More (See Quarterly Results)</p>	 <p>77% of 57 eligible Patients</p>	100%	99%	100%	99%
<p>Patients having open heart surgery other than coronary artery bypass graft who received medicine to prevent infection (an antibiotic) within one hour before the skin was surgically cut.* Read More (See Quarterly Results)</p>	 <p>95% of 20 eligible Patients³</p>	100%	99%	100%	99%
<p>Patients having open heart surgery other than coronary artery bypass graft who received the appropriate medicine (antibiotic) which is shown to be effective for this type of surgery.* Read More (See Quarterly Results)</p>	 <p>100% of 19 eligible Patients</p>	100%	100%	100%	100%
<p>Patients who had open heart surgery other than coronary artery bypass graft and received appropriate medicine that prevents infection (antibiotic) and the antibiotic was stopped within 48 hours after the surgery ended.*</p>	 <p>33% of</p>	100%	98%	100%	97%

[Read More](#)[\(See Quarterly Results\)](#)

Measure	100%	96%	99%	97%
Heart surgery patients with controlled blood sugar after surgery. Read More (See Quarterly Results)	100%	96%	99%	97%
Surgery patients with proper hair removal. Read More (See Quarterly Results)	100%	100%	100%	100%
Urinary Catheter Removed Read More (See Quarterly Results)	100%	96%	100%	96%



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- 7 -The measure results are based on a sample of patients.
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- 9 -The measure results are temporarily suppressed.
- 10 -Test Measure: a measure being evaluated for reliability of the individual data elements or awaiting National Quality Forum Endorsement.
- 11 -There were no eligible patients that met the denominator criteria.

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Grady Memorial Hospital Corporation
Org ID: 3506

Accreditation Quality Report

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Certification Quality Report

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Quality Report Hospital

National Quality Improvement Goals: Surgical Care Improvement Project (SCIP)

Reporting Period: October 2011 - September 2012

Compared to other Joint Commission Accredited Organizations

Measure Area	Nationwide	Statewide
SCIP - Infection Prevention Read More		

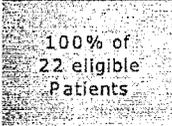
Compared to other Joint Commission Accredited Organizations

Measure	Hospital Results	Nationwide		Statewide	
		Top 10% Scored at Least	Average Rate	Top 10% Scored at Least	Average Rate
Patients having a surgery who received medicine to prevent infection (an antibiotic) within one hour before the skin was surgically cut.* Read More (See Quarterly Results)	 98% of 249 eligible Patients ⁷	100%	99%	100%	99%
Patients having surgery who received the appropriate medicine (antibiotic) which is shown to be effective for the type of surgery performed.* Read More (See Quarterly Results)	 98% of 249 eligible Patients ⁷	100%	99%	100%	99%
Patients who had surgery and received appropriate medicine that prevents infection (antibiotic) and the antibiotic was stopped within 24 hours after the surgery ended.* Read More (See Quarterly Results)	 91% of 233 eligible Patients ⁷	100%	98%	100%	97%
Patients Having Blood Vessel Surgery* Read More (See Quarterly Results)	 100% of 44 eligible Patients	100%	97%	100%	97%
Patients having blood vessel surgery who received medicine to prevent infection (an antibiotic) within one hour before the skin was surgically cut.* Read More		100%	97%	100%	97%

Symbol Key

- This organization achieved the best possible results
- This organization's performance is above the target range/value.
- This organization's performance is similar to the target range/value.
- This organization's performance is below the target range/value.
- Not displayed

(See Quarterly Results)	100% of 15 eligible Patients				
Patients having blood vessel surgery who received the appropriate medicine (antibiotic) which is shown to be effective for this type of surgery.* Read More		100%	99%	100%	98%
(See Quarterly Results)	100% of 16 eligible Patients				
Patients who had blood vessel surgery and received appropriate medicine that prevents infection (antibiotic) and the antibiotic was stopped within 24 hours after the surgery ended.* Read More		100%	95%	100%	96%
(See Quarterly Results)	100% of 13 eligible Patients				
Patients Having Colon/Large Intestine Surgery* Read More		100%	95%	100%	96%
(See Quarterly Results)	94% of 140 eligible Patients ⁷				
Patients having colon/large intestine surgery who received medicine to prevent infection (an antibiotic) within one hour before the skin was surgically cut.* Read More		100%	97%	100%	97%
(See Quarterly Results)	90% of 49 eligible Patients ⁷				
Patients having colon/large intestine surgery who received the appropriate medicine (antibiotic) which is shown to be effective for this type of surgery.* Read More		100%	94%	100%	95%
(See Quarterly Results)	96% of 49 eligible Patients ⁷				
Patients who had colon/large intestine surgery and received appropriate medicine that prevents infection (antibiotic) and the antibiotic was stopped within 24 hours after the surgery ended.* Read More		100%	95%	100%	95%
(See Quarterly Results)	95% of 42 eligible Patients ⁷				
Patients Having Coronary Artery Bypass Graft Surgery* Read More		100%	99%	100%	99%
(See Quarterly Results)	95% of 66 eligible Patients				
Patients having coronary artery bypass graft surgery who received medicine to prevent infection (an antibiotic) within one hour before the skin was surgically cut.* Read More		100%	99%	100%	99%
(See Quarterly Results)	100% of 23 eligible Patients				
Patients having coronary artery bypass graft surgery who received the appropriate medicine (antibiotic) which is shown to be					

<p>medicine (antibiotic) which is shown to be effective for this type of surgery.* Read More (See Quarterly Results)</p>	 100% of 22 eligible Patients	100%	100%	100%	100%
<p>Patients who had coronary artery bypass graft surgery and received appropriate medicine that prevents infection (antibiotic) and the antibiotic was stopped within 48 hours after the surgery ended.* Read More (See Quarterly Results)</p>	 86% of 21 eligible Patients ³	100%	98%	100%	98%
<p>Patients Having Hip Joint Replacement Surgery* Read More (See Quarterly Results)</p>	 99% of 161 eligible Patients ⁷	100%	99%	100%	99%
<p>Patients having hip joint replacement surgery who received medicine to prevent infection (an antibiotic) within one hour before the skin was surgically cut.* Read More (See Quarterly Results)</p>	 100% of 54 eligible Patients ⁷	100%	99%	100%	99%
<p>Patients having hip joint replacement surgery who received the appropriate medicine (antibiotic) which is shown to be effective for this type of surgery.* Read More (See Quarterly Results)</p>	 100% of 55 eligible Patients ⁷	100%	100%	100%	100%
<p>Patients who had hip joint replacement surgery and received appropriate medicine that prevents infection (antibiotic) and the antibiotic was stopped within 24 hours after the surgery ended.* Read More (See Quarterly Results)</p>	 98% of 52 eligible Patients ⁷	100%	98%	100%	97%
<p>Patients Having a Hysterectomy* Read More (See Quarterly Results)</p>	 99% of 203 eligible Patients ⁷	100%	98%	100%	98%
<p>Patients having hysterectomy surgery who received medicine to prevent infection (an antibiotic) within one hour before the skin was surgically cut.* Read More (See Quarterly Results)</p>	 100% of 68 eligible Patients ⁷	100%	98%	100%	99%
<p>Patients having hysterectomy surgery who received the appropriate medicine (antibiotic) which is shown to be effective for this type of surgery.* Read More (See Quarterly Results)</p>	 97% of 68 eligible Patients ⁷	100%	97%	100%	98%
<p>Patients who had hysterectomy surgery and</p>					

<p>received appropriate medicine that prevents infection (antibiotic) and the antibiotic was stopped within 24 hours after the surgery ended.* Read More (See Quarterly Results)</p>	 100% of 67 eligible Patients ⁷	100%	98%	100%	96%
<p>Patients Having Knee Joint Replacement Surgery* Read More (See Quarterly Results)</p>	 95% of 60 eligible Patients	100%	99%	100%	99%
<p>Patients having knee joint replacement surgery who received medicine to prevent infection (an antibiotic) within one hour before the skin was surgically cut.* Read More (See Quarterly Results)</p>	 100% of 20 eligible Patients	100%	99%	100%	99%
<p>Patients having knee joint replacement surgery who received the appropriate medicine (antibiotic) which is shown to be effective for this type of surgery.* Read More (See Quarterly Results)</p>	 100% of 20 eligible Patients	100%	100%	100%	100%
<p>Patients who had knee joint replacement surgery and received appropriate medicine that prevents infection (antibiotic) and the antibiotic was stopped within 24 hours after the surgery ended.* Read More (See Quarterly Results)</p>	 ³ 85% of 20 eligible Patients ³	100%	98%	100%	99%
<p>Patients Having Open Heart Surgery other than Coronary Artery Bypass Graft* Read More (See Quarterly Results)</p>	 77% of 57 eligible Patients	100%	99%	100%	99%
<p>Patients having open heart surgery other than coronary artery bypass graft who received medicine to prevent infection (an antibiotic) within one hour before the skin was surgically cut.* Read More (See Quarterly Results)</p>	 ³ 95% of 20 eligible Patients ³	100%	99%	100%	99%
<p>Patients having open heart surgery other than coronary artery bypass graft who received the appropriate medicine (antibiotic) which is shown to be effective for this type of surgery.* Read More (See Quarterly Results)</p>	 100% of 19 eligible Patients	100%	100%	100%	100%
<p>Patients who had open heart surgery other than coronary artery bypass graft and received appropriate medicine that prevents infection (antibiotic) and the antibiotic was stopped within 48 hours after the surgery ended.*</p>	 ³ 33% of	100%	98%	100%	97%

Read More (See Quarterly Results)	34 eligible Patients ¹				
Heart surgery patients with controlled blood sugar after surgery. <u>Read More</u> (See Quarterly Results)	⊖ 80% of 46 eligible Patients ²	100%	96%	99%	97%
Surgery patients with proper hair removal. <u>Read More</u> (See Quarterly Results)	⊕ 98% of 372 eligible Patients ³	100%	100%	100%	100%
Urinary Catheter Removed <u>Read More</u> (See Quarterly Results)	⊖ 89% of 166 eligible Patients ⁴	100%	96%	100%	96%

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- 11 -There were no eligible patients that met the denominator criteria.

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Quality Report
Hospital

Grady Memorial Hospital Corporation
Org ID: 3506

National Quality Improvement Goals: Surgical Care Improvement Project (SCIP)

Reporting Period: October 2011 - September 2012

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- > Sites and Services
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Compared to other Joint Commission Accredited Organizations

Measure Area	Nationwide	Statewide
SCIP - Infection Prevention Read More	✔	✔

Compared to other Joint Commission Accredited Organizations

Measure	Hospital Results	Nationwide		Statewide	
		Top 10% Scored at Least	Average Rate	Top 10% Scored at Least	Average Rate
Patients having a surgery who received medicine to prevent infection (an antibiotic) within one hour before the skin was surgically cut.* Read More (See Quarterly Results)	⊕ 98% of 249 eligible Patients	100%	99%	100%	99%
Patients having surgery who received the appropriate medicine (antibiotic) which is shown to be effective for the type of surgery performed.* Read More (See Quarterly Results)	⊕ 98% of 249 eligible Patients	100%	99%	100%	99%
Patients who had surgery and received appropriate medicine that prevents infection (antibiotic) and the antibiotic was stopped within 24 hours after the surgery ended.* Read More (See Quarterly Results)	⊖ 91% of 239 eligible Patients	100%	98%	100%	97%
Patients Having Blood Vessel Surgery* Read More (See Quarterly Results)	✔ 100% of 44 eligible Patients	100%	97%	100%	97%
Patients having blood vessel surgery who received medicine to prevent infection (an antibiotic) within one hour before the skin was surgically cut.* Read More	★	100%	97%	100%	97%

- Symbol Key**
- ★ This organization achieved the best possible results
 - ⊕ This organization's performance is above the target range/value.
 - ✔ This organization's performance is similar to the target range/value.
 - ⊖ This organization's performance is below the target range/value.
 - N/D Not displayed

(See Quarterly Results)	100% of 15 eligible Patients				
<p>Patients having blood vessel surgery who received the appropriate medicine (antibiotic) which is shown to be effective for this type of surgery.*</p> <p>Read More</p> <p>(See Quarterly Results)</p>	 100% of 16 eligible Patients	100%	99%	100%	98%
<p>Patients who had blood vessel surgery and received appropriate medicine that prevents infection (antibiotic) and the antibiotic was stopped within 24 hours after the surgery ended.*</p> <p>Read More</p> <p>(See Quarterly Results)</p>	 100% of 13 eligible Patients	100%	95%	100%	96%
<p>Patients Having Colon/Large Intestine Surgery*</p> <p>Read More</p> <p>(See Quarterly Results)</p>	 94% of 140 eligible Patients ⁷	100%	95%	100%	96%
<p>Patients having colon/large intestine surgery who received medicine to prevent infection (an antibiotic) within one hour before the skin was surgically cut. *</p> <p>Read More</p> <p>(See Quarterly Results)</p>	 90% of 49 eligible Patients ⁷	100%	97%	100%	97%
<p>Patients having colon/large intestine surgery who received the appropriate medicine (antibiotic) which is shown to be effective for this type of surgery.*</p> <p>Read More</p> <p>(See Quarterly Results)</p>	 96% of 49 eligible Patients ⁷	100%	94%	100%	95%
<p>Patients who had colon/large intestine surgery and received appropriate medicine that prevents infection (antibiotic) and the antibiotic was stopped within 24 hours after the surgery ended.*</p> <p>Read More</p> <p>(See Quarterly Results)</p>	 95% of 42 eligible Patients ⁷	100%	95%	100%	95%
<p>Patients Having Coronary Artery Bypass Graft Surgery*</p> <p>Read More</p> <p>(See Quarterly Results)</p>	 95% of 66 eligible Patients	100%	99%	100%	99%
<p>Patients having coronary artery bypass graft surgery who received medicine to prevent infection (an antibiotic) within one hour before the skin was surgically cut.*</p> <p>Read More</p> <p>(See Quarterly Results)</p>	 100% of 23 eligible Patients	100%	99%	100%	99%
<p>Patients having coronary artery bypass graft surgery who received the appropriate medicine (antibiotic) which is shown to be</p>					

<p>medicine (antibiotic) which is shown to be effective for this type of surgery.* Read More (See Quarterly Results)</p>	<p>100% of 22 eligible Patients</p>	100%	100%	100%	100%
<p>Patients who had coronary artery bypass graft surgery and received appropriate medicine that prevents infection (antibiotic) and the antibiotic was stopped within 48 hours after the surgery ended.* Read More (See Quarterly Results)</p>	<p> 3 86% of 21 eligible Patients³</p>	100%	98%	100%	98%
<p>Patients Having Hip Joint Replacement Surgery* Read More (See Quarterly Results)</p>	<p> 99% of 161 eligible Patients⁷</p>	100%	99%	100%	99%
<p>Patients having hip joint replacement surgery who received medicine to prevent infection (an antibiotic) within one hour before the skin was surgically cut.* Read More (See Quarterly Results)</p>	<p> 100% of 54 eligible Patients⁷</p>	100%	99%	100%	99%
<p>Patients having hip joint replacement surgery who received the appropriate medicine (antibiotic) which is shown to be effective for this type of surgery.* Read More (See Quarterly Results)</p>	<p> 100% of 55 eligible Patients⁷</p>	100%	100%	100%	100%
<p>Patients who had hip joint replacement surgery and received appropriate medicine that prevents infection (antibiotic) and the antibiotic was stopped within 24 hours after the surgery ended.* Read More (See Quarterly Results)</p>	<p> 98% of 52 eligible Patients⁷</p>	100%	98%	100%	97%
<p>Patients Having a Hysterectomy* Read More (See Quarterly Results)</p>	<p> 99% of 203 eligible Patients⁷</p>	100%	98%	100%	98%
<p>Patients having hysterectomy surgery who received medicine to prevent infection (an antibiotic) within one hour before the skin was surgically cut.* Read More (See Quarterly Results)</p>	<p> 100% of 68 eligible Patients⁷</p>	100%	98%	100%	99%
<p>Patients having hysterectomy surgery who received the appropriate medicine (antibiotic) which is shown to be effective for this type of surgery.* Read More (See Quarterly Results)</p>	<p> 97% of 68 eligible Patients⁷</p>	100%	97%	100%	98%
<p>Patients who had hysterectomy surgery and</p>	<p></p>				

received appropriate medicine that prevents infection (antibiotic) and the antibiotic was stopped within 24 hours after the surgery ended.*

[Read More](#)

(See Quarterly Results)

	100%	98%	100%	96%
100% of 67 eligible Patients ⁷				

Patients Having Knee Joint Replacement Surgery*

[Read More](#)

(See Quarterly Results)

	100%	99%	100%	99%
95% of 60 eligible Patients				

Patients having knee joint replacement surgery who received medicine to prevent infection (an antibiotic) within one hour before the skin was surgically cut.*

[Read More](#)

(See Quarterly Results)

	100%	99%	100%	99%
100% of 20 eligible Patients				

Patients having knee joint replacement surgery who received the appropriate medicine (antibiotic) which is shown to be effective for this type of surgery.*

[Read More](#)

(See Quarterly Results)

	100%	100%	100%	100%
100% of 20 eligible Patients				

Patients who had knee joint replacement surgery and received appropriate medicine that prevents infection (antibiotic) and the antibiotic was stopped within 24 hours after the surgery ended.*

[Read More](#)

(See Quarterly Results)

	100%	98%	100%	99%
85% of 20 eligible Patients ³				

Patients Having Open Heart Surgery other than Coronary Artery Bypass Graft*

[Read More](#)

(See Quarterly Results)

	100%	99%	100%	99%
77% of 57 eligible Patients				

Patients having open heart surgery other than coronary artery bypass graft who received medicine to prevent infection (an antibiotic) within one hour before the skin was surgically cut.*

[Read More](#)

(See Quarterly Results)

	100%	99%	100%	99%
95% of 20 eligible Patients ³				

Patients having open heart surgery other than coronary artery bypass graft who received the appropriate medicine (antibiotic) which is shown to be effective for this type of surgery.*

[Read More](#)

(See Quarterly Results)

	100%	100%	100%	100%
100% of 19 eligible Patients				

Patients who had open heart surgery other than coronary artery bypass graft and received appropriate medicine that prevents infection (antibiotic) and the antibiotic was stopped within 48 hours after the surgery ended.*

	100%	98%	100%	97%
33% of				

<p>Read More</p> <p>(See Quarterly Results)</p>	<p>18 eligible Patients</p>				
<p>Heart surgery patients with controlled blood sugar after surgery.</p> <p>Read More</p> <p>(See Quarterly Results)</p>	<p>80% of 46 eligible Patients</p>	100%	96%	99%	97%
<p>Surgery patients with proper hair removal.</p> <p>Read More</p> <p>(See Quarterly Results)</p>	<p>98% of 1372 eligible Patients</p>	100%	100%	100%	100%
<p>Urinary Catheter Removed</p> <p>Read More</p> <p>(See Quarterly Results)</p>	<p>89% of 166 eligible Patients</p>	100%	96%	100%	96%

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Quality Report Hospital

National Quality Improvement Goals: Surgical Care Improvement Project (SCIP)

Reporting Period: October 2011 - September 2012

Measure Area	Compared to other Joint Commission Accredited Organizations	
	Nationwide	Statewide
SCIP - Infection Prevention Read More	✔	✔

Measure	Compared to other Joint Commission Accredited Organizations				
	Hospital Results	Nationwide		Statewide	
		Top 10% Scored at Least	Average Rate	Top 10% Scored at Least	Average Rate
Patients having a surgery who received medicine to prevent infection (an antibiotic) within one hour before the skin was surgically cut.* Read More (See Quarterly Results)	+	100%	99%	100%	99%
98% of 249 eligible Patients					
Patients having surgery who received the appropriate medicine (antibiotic) which is shown to be effective for the type of surgery performed.* Read More (See Quarterly Results)	+	100%	99%	100%	99%
98% of 249 eligible Patients					
Patients who had surgery and received appropriate medicine that prevents infection (antibiotic) and the antibiotic was stopped within 24 hours after the surgery ended.* Read More (See Quarterly Results)	-	100%	98%	100%	97%
91% of 233 eligible Patients					
Patients Having Blood Vessel Surgery* Read More (See Quarterly Results)	✔	100%	97%	100%	97%
100% of 44 eligible Patients					
Patients having blood vessel surgery who received medicine to prevent infection (an antibiotic) within one hour before the skin was surgically cut.* Read More	★	100%	97%	100%	97%

Symbol Key

- ★ This organization achieved the best possible results
- +
- ✔ This organization's performance is above the target range/value.
- ✔ This organization's performance is similar to the target range/value.
- This organization's performance is below the target range/value.
- ND Not displayed

<p><u>(See Quarterly Results)</u></p>	<p>100% of 15 eligible Patients</p>				
<p>Patients having blood vessel surgery who received the appropriate medicine (antibiotic) which is shown to be effective for this type of surgery.* <u>Read More</u></p>		<p>100%</p>	<p>99%</p>	<p>100%</p>	<p>98%</p>
<p><u>(See Quarterly Results)</u></p>	<p>100% of 16 eligible Patients</p>				
<p>Patients who had blood vessel surgery and received appropriate medicine that prevents infection (antibiotic) and the antibiotic was stopped within 24 hours after the surgery ended.* <u>Read More</u></p>		<p>100%</p>	<p>95%</p>	<p>100%</p>	<p>96%</p>
<p><u>(See Quarterly Results)</u></p>	<p>100% of 13 eligible Patients</p>				
<p>Patients Having Colon/Large Intestine Surgery* <u>Read More</u></p>		<p>100%</p>	<p>95%</p>	<p>100%</p>	<p>96%</p>
<p><u>(See Quarterly Results)</u></p>	<p>94% of 140 eligible Patients⁷</p>				
<p>Patients having colon/large intestine surgery who received medicine to prevent infection (an antibiotic) within one hour before the skin was surgically cut.* <u>Read More</u></p>		<p>100%</p>	<p>97%</p>	<p>100%</p>	<p>97%</p>
<p><u>(See Quarterly Results)</u></p>	<p>90% of 49 eligible Patients⁷</p>				
<p>Patients having colon/large intestine surgery who received the appropriate medicine (antibiotic) which is shown to be effective for this type of surgery.* <u>Read More</u></p>		<p>100%</p>	<p>94%</p>	<p>100%</p>	<p>95%</p>
<p><u>(See Quarterly Results)</u></p>	<p>96% of 49 eligible Patients⁷</p>				
<p>Patients who had colon/large intestine surgery and received appropriate medicine that prevents infection (antibiotic) and the antibiotic was stopped within 24 hours after the surgery ended.* <u>Read More</u></p>		<p>100%</p>	<p>95%</p>	<p>100%</p>	<p>95%</p>
<p><u>(See Quarterly Results)</u></p>	<p>95% of 42 eligible Patients⁷</p>				
<p>Patients Having Coronary Artery Bypass Graft Surgery* <u>Read More</u></p>		<p>100%</p>	<p>99%</p>	<p>100%</p>	<p>99%</p>
<p><u>(See Quarterly Results)</u></p>	<p>95% of 66 eligible Patients</p>				
<p>Patients having coronary artery bypass graft surgery who received medicine to prevent infection (an antibiotic) within one hour before the skin was surgically cut.* <u>Read More</u></p>		<p>100%</p>	<p>99%</p>	<p>100%</p>	<p>99%</p>
<p><u>(See Quarterly Results)</u></p>	<p>100% of 23 eligible Patients</p>				
<p>Patients having coronary artery bypass graft surgery who received the appropriate medicine (antibiotic) which is shown to be</p>					

<p>medicine (antibiotic) which is shown to be effective for this type of surgery.* Read More (See Quarterly Results)</p>	<p>100% of 22 eligible Patients</p>	100%	100%	100%	100%
<p>Patients who had coronary artery bypass graft surgery and received appropriate medicine that prevents infection (antibiotic) and the antibiotic was stopped within 48 hours after the surgery ended.* Read More (See Quarterly Results)</p>	<p> 3 86% of 21 eligible Patients³</p>	100%	98%	100%	98%
<p>Patients Having Hip Joint Replacement Surgery* Read More (See Quarterly Results)</p>	<p> 7 99% of 161 eligible Patients⁷</p>	100%	99%	100%	99%
<p>Patients having hip joint replacement surgery who received medicine to prevent infection (an antibiotic) within one hour before the skin was surgically cut.* Read More (See Quarterly Results)</p>	<p> 7 100% of 54 eligible Patients⁷</p>	100%	99%	100%	99%
<p>Patients having hip joint replacement surgery who received the appropriate medicine (antibiotic) which is shown to be effective for this type of surgery.* Read More (See Quarterly Results)</p>	<p> 7 100% of 55 eligible Patients⁷</p>	100%	100%	100%	100%
<p>Patients who had hip joint replacement surgery and received appropriate medicine that prevents infection (antibiotic) and the antibiotic was stopped within 24 hours after the surgery ended.* Read More (See Quarterly Results)</p>	<p> 7 98% of 52 eligible Patients⁷</p>	100%	98%	100%	97%
<p>Patients Having a Hysterectomy* Read More (See Quarterly Results)</p>	<p> 7 99% of 203 eligible Patients⁷</p>	100%	98%	100%	98%
<p>Patients having hysterectomy surgery who received medicine to prevent infection (an antibiotic) within one hour before the skin was surgically cut.* Read More (See Quarterly Results)</p>	<p> 7 100% of 68 eligible Patients⁷</p>	100%	98%	100%	99%
<p>Patients having hysterectomy surgery who received the appropriate medicine (antibiotic) which is shown to be effective for this type of surgery.* Read More (See Quarterly Results)</p>	<p> 7 97% of 68 eligible Patients⁷</p>	100%	97%	100%	98%
<p>Patients who had hysterectomy surgery and</p>	<p> 7</p>				

received appropriate medicine that prevents infection (antibiotic) and the antibiotic was stopped within 24 hours after the surgery ended.* Read More (See Quarterly Results)	 100% of 67 eligible Patients ⁷	100%	98%	100%	96%
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Patients Having Knee Joint Replacement Surgery* Read More (See Quarterly Results)	 95% of 60 eligible Patients	100%	99%	100%	99%
---	---	------	-----	------	-----

Patients having knee joint replacement surgery who received medicine to prevent infection (an antibiotic) within one hour before the skin was surgically cut.* Read More (See Quarterly Results)	 100% of 20 eligible Patients	100%	99%	100%	99%
---	--	------	-----	------	-----

Patients having knee joint replacement surgery who received the appropriate medicine (antibiotic) which is shown to be effective for this type of surgery.* Read More (See Quarterly Results)	 100% of 20 eligible Patients	100%	100%	100%	100%
--	--	------	------	------	------

Patients who had knee joint replacement surgery and received appropriate medicine that prevents infection (antibiotic) and the antibiotic was stopped within 24 hours after the surgery ended.* Read More (See Quarterly Results)	 ³ 85% of 20 eligible Patients ³	100%	98%	100%	99%
--	---	------	-----	------	-----

Patients Having Open Heart Surgery other than Coronary Artery Bypass Graft* Read More (See Quarterly Results)	 77% of 57 eligible Patients	100%	99%	100%	99%
---	---	------	-----	------	-----

Patients having open heart surgery other than coronary artery bypass graft who received medicine to prevent infection (an antibiotic) within one hour before the skin was surgically cut.* Read More (See Quarterly Results)	 ³ 95% of 20 eligible Patients ³	100%	99%	100%	99%
---	---	------	-----	------	-----

Patients having open heart surgery other than coronary artery bypass graft who received the appropriate medicine (antibiotic) which is shown to be effective for this type of surgery.* Read More (See Quarterly Results)	 100% of 19 eligible Patients	100%	100%	100%	100%
--	--	------	------	------	------

Patients who had open heart surgery other than coronary artery bypass graft and received appropriate medicine that prevents infection (antibiotic) and the antibiotic was stopped within 48 hours after the surgery ended.*	 ³ 33% of	100%	98%	100%	97%
---	---	------	-----	------	-----

[Read More](#)[\(See Quarterly Results\)](#)18 eligible
Patients³**Heart surgery patients with controlled
blood sugar after surgery.**
[Read More](#)[\(See Quarterly Results\)](#)80% of
45 eligible
Patients

100%

96%

99%

97%

**Surgery patients with proper hair
removal.**
[Read More](#)[\(See Quarterly Results\)](#)98% of
172 eligible
Patients

100%

100%

100%

100%

Urinary Catheter Removed
[Read More](#)[\(See Quarterly Results\)](#)89% of
166 eligible
Patients

100%

96%

100%

96%

The Joint Commission only reports measures endorsed by the [National Quality Forum](#).* This information is part of the Hospital Quality Alliance. This information can also be viewed at www.hospitalcompare.hhs.gov.

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Quality Report
Hospital

Grady Memorial Hospital Corporation
Org ID: 3506

National Quality Improvement Goals: Surgical Care Improvement Project (SCIP)

Reporting Period: October 2011 - September 2012

- Accreditation Quality Report
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 - > Accreditation Quality Report User Guide
- Certification Quality Report
 - > View Certification Quality Report

Compared to other Joint Commission Accredited Organizations

Measure Area	Nationwide	Statewide
SCIP - Infection Prevention Read More		

Compared to other Joint Commission Accredited Organizations

Measure	Nationwide		Statewide		
	Hospital Results	Top 10% Scored at Least	Average Rate:	Top 10% Scored at Least	Average Rate:
Patients having a surgery who received medicine to prevent infection (an antibiotic) within one hour before the skin was surgically cut.* Read More (See Quarterly Results)		100%	99%	100%	99%
98% of 249 eligible Patients ⁷					
Patients having surgery who received the appropriate medicine (antibiotic) which is shown to be effective for the type of surgery performed.* Read More (See Quarterly Results)		100%	99%	100%	99%
98% of 249 eligible Patients ⁷					
Patients who had surgery and received appropriate medicine that prevents infection (antibiotic) and the antibiotic was stopped within 24 hours after the surgery ended.* Read More (See Quarterly Results)		100%	98%	100%	97%
91% of 233 eligible Patients ⁷					
Patients Having Blood Vessel Surgery* Read More (See Quarterly Results)		100%	97%	100%	97%
100% of 44 eligible Patients					
Patients having blood vessel surgery who received medicine to prevent infection (an antibiotic) within one hour before the skin was surgically cut.* Read More		100%	97%	100%	97%

- Symbol Key**
- This organization achieved the best possible results
 - This organization's performance is above the target range/value.
 - This organization's performance is similar to the target range/value.
 - This organization's performance is below the target range/value.
 - Not displayed

(See Quarterly Results)	100% of 15 eligible Patients				
Patients having blood vessel surgery who received the appropriate medicine (antibiotic) which is shown to be effective for this type of surgery.* Read More		100%	99%	100%	98%
(See Quarterly Results)	100% of 16 eligible Patients				
Patients who had blood vessel surgery and received appropriate medicine that prevents infection (antibiotic) and the antibiotic was stopped within 24 hours after the surgery ended.* Read More		100%	95%	100%	96%
(See Quarterly Results)	100% of 13 eligible Patients				
Patients Having Colon/Large Intestine Surgery* Read More		100%	95%	100%	96%
(See Quarterly Results)	94% of 140 eligible Patients ⁷				
Patients having colon/large intestine surgery who received medicine to prevent infection (an antibiotic) within one hour before the skin was surgically cut. * Read More		100%	97%	100%	97%
(See Quarterly Results)	90% of 49 eligible Patients ⁷				
Patients having colon/large intestine surgery who received the appropriate medicine (antibiotic) which is shown to be effective for this type of surgery. * Read More		100%	94%	100%	95%
(See Quarterly Results)	96% of 49 eligible Patients ⁷				
Patients who had colon/large intestine surgery and received appropriate medicine that prevents infection (antibiotic) and the antibiotic was stopped within 24 hours after the surgery ended.* Read More		100%	95%	100%	95%
(See Quarterly Results)	95% of 42 eligible Patients ⁷				
Patients Having Coronary Artery Bypass Graft Surgery* Read More		100%	99%	100%	99%
(See Quarterly Results)	95% of 66 eligible Patients				
Patients having coronary artery bypass graft surgery who received medicine to prevent infection (an antibiotic) within one hour before the skin was surgically cut.* Read More		100%	99%	100%	99%
(See Quarterly Results)	100% of 23 eligible Patients				
Patients having coronary artery bypass graft surgery who received the appropriate medicine (antibiotic) which is shown to be					

<p>medicine (antibiotic) which is shown to be effective for this type of surgery.* Read More (See Quarterly Results)</p>	<p>100% of 22 eligible Patients</p>	100%	100%	100%	100%
<p>Patients who had coronary artery bypass graft surgery and received appropriate medicine that prevents infection (antibiotic) and the antibiotic was stopped within 48 hours after the surgery ended.* Read More (See Quarterly Results)</p>	<p>N/D³ 86% of 21 eligible Patients³</p>	100%	98%	100%	98%
<p>Patients Having Hip Joint Replacement Surgery* Read More (See Quarterly Results)</p>	<p>+ 99% of 161 eligible Patients⁷</p>	100%	99%	100%	99%
<p>Patients having hip joint replacement surgery who received medicine to prevent infection (an antibiotic) within one hour before the skin was surgically cut.* Read More (See Quarterly Results)</p>	<p>○ 100% of 54 eligible Patients⁷</p>	100%	99%	100%	99%
<p>Patients having hip joint replacement surgery who received the appropriate medicine (antibiotic) which is shown to be effective for this type of surgery.* Read More (See Quarterly Results)</p>	<p>○ 100% of 55 eligible Patients⁷</p>	100%	100%	100%	100%
<p>Patients who had hip joint replacement surgery and received appropriate medicine that prevents infection (antibiotic) and the antibiotic was stopped within 24 hours after the surgery ended.* Read More (See Quarterly Results)</p>	<p>✓ 98% of 52 eligible Patients⁷</p>	100%	98%	100%	97%
<p>Patients Having a Hysterectomy* Read More (See Quarterly Results)</p>	<p>+ 99% of 203 eligible Patients⁷</p>	100%	98%	100%	98%
<p>Patients having hysterectomy surgery who received medicine to prevent infection (an antibiotic) within one hour before the skin was surgically cut.* Read More (See Quarterly Results)</p>	<p>○ 100% of 68 eligible Patients⁷</p>	100%	98%	100%	99%
<p>Patients having hysterectomy surgery who received the appropriate medicine (antibiotic) which is shown to be effective for this type of surgery.* Read More (See Quarterly Results)</p>	<p>✓ 97% of 68 eligible Patients⁷</p>	100%	97%	100%	98%
<p>Patients who had hysterectomy surgery and</p>	<p>○</p>				

<p>received appropriate medicine that prevents infection (antibiotic) and the antibiotic was stopped within 24 hours after the surgery ended.*</p> <p>Read More</p> <p>(See Quarterly Results)</p>	 <p>100% of 67 eligible Patients⁷</p>	100%	98%	100%	96%
<p>Patients Having Knee Joint Replacement Surgery*</p> <p>Read More</p> <p>(See Quarterly Results)</p>	 <p>95% of 60 eligible Patients</p>	100%	99%	100%	99%
<p>Patients having knee joint replacement surgery who received medicine to prevent infection (an antibiotic) within one hour before the skin was surgically cut.*</p> <p>Read More</p> <p>(See Quarterly Results)</p>	 <p>100% of 20 eligible Patients</p>	100%	99%	100%	99%
<p>Patients having knee joint replacement surgery who received the appropriate medicine (antibiotic) which is shown to be effective for this type of surgery.*</p> <p>Read More</p> <p>(See Quarterly Results)</p>	 <p>100% of 20 eligible Patients</p>	100%	100%	100%	100%
<p>Patients who had knee joint replacement surgery and received appropriate medicine that prevents infection (antibiotic) and the antibiotic was stopped within 24 hours after the surgery ended.*</p> <p>Read More</p> <p>(See Quarterly Results)</p>	 <p>85% of 20 eligible Patients³</p>	100%	98%	100%	99%
<p>Patients Having Open Heart Surgery other than Coronary Artery Bypass Graft*</p> <p>Read More</p> <p>(See Quarterly Results)</p>	 <p>77% of 57 eligible Patients</p>	100%	99%	100%	99%
<p>Patients having open heart surgery other than coronary artery bypass graft who received medicine to prevent infection (an antibiotic) within one hour before the skin was surgically cut.*</p> <p>Read More</p> <p>(See Quarterly Results)</p>	 <p>95% of 20 eligible Patients³</p>	100%	99%	100%	99%
<p>Patients having open heart surgery other than coronary artery bypass graft who received the appropriate medicine (antibiotic) which is shown to be effective for this type of surgery.*</p> <p>Read More</p> <p>(See Quarterly Results)</p>	 <p>100% of 19 eligible Patients</p>	100%	100%	100%	100%
<p>Patients who had open heart surgery other than coronary artery bypass graft and received appropriate medicine that prevents infection (antibiotic) and the antibiotic was stopped within 48 hours after the surgery ended.*</p>	 <p>33% of</p>	100%	98%	100%	97%

<p>Read More</p> <p>(See Quarterly Results)</p>	18 eligible Patients ³				
<p>Heart surgery patients with controlled blood sugar after surgery.</p> <p>Read More</p> <p>(See Quarterly Results)</p>	 80% of 46 eligible patients	100%	96%	99%	97%
<p>Surgery patients with proper hair removal.</p> <p>Read More</p> <p>(See Quarterly Results)</p>	 98% of 372 eligible Patients	100%	100%	100%	100%
<p>Urinary Catheter Removed</p> <p>Read More</p> <p>(See Quarterly Results)</p>	 89% of 166 eligible Patients ⁷	100%	96%	100%	96%

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- Top -

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- Summary of Accreditation Quality Information
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Quality Report Hospital

National Quality Improvement Goals: Surgical Care Improvement Project (SCIP)

Reporting Period: October 2011 - September 2012

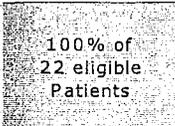
Measure Area	Compared to other Joint Commission Accredited Organizations	
	Nationwide	Statewide
SCIP - Infection Prevention Read More	✔	✔

Symbol Key

- ★ This organization achieved the best possible results
- ⊕ This organization's performance is above the target range/value.
- ✔ This organization's performance is similar to the target range/value.
- ⊖ This organization's performance is below the target range/value.
- ND Not displayed

Measure	Compared to other Joint Commission Accredited Organizations				
	Hospital Results	Nationwide		Statewide	
		Top 10% Scored at Least	Average Rate	Top 10% Scored at Least	Average Rate
Patients having a surgery who received medicine to prevent infection (an antibiotic) within one hour before the skin was surgically cut.* Read More (See Quarterly Results)	⊕ 98% of 249 eligible Patients	100%	99%	100%	99%
Patients having surgery who received the appropriate medicine (antibiotic) which is shown to be effective for the type of surgery performed.* Read More (See Quarterly Results)	⊕ 98% of 249 eligible Patients	100%	99%	100%	99%
Patients who had surgery and received appropriate medicine that prevents infection (antibiotic) and the antibiotic was stopped within 24 hours after the surgery ended.* Read More (See Quarterly Results)	⊖ 91% of 233 eligible Patients	100%	98%	100%	97%
Patients Having Blood Vessel Surgery* Read More (See Quarterly Results)	✔ 100% of 44 eligible Patients	100%	97%	100%	97%
Patients having blood vessel surgery who received medicine to prevent infection (an antibiotic) within one hour before the skin was surgically cut.* Read More	★	100%	97%	100%	97%

(See Quarterly Results)	100% of 15 eligible Patients				
Patients having blood vessel surgery who received the appropriate medicine (antibiotic) which is shown to be effective for this type of surgery.* Read More		100%	99%	100%	98%
(See Quarterly Results)	100% of 16 eligible Patients				
Patients who had blood vessel surgery and received appropriate medicine that prevents infection (antibiotic) and the antibiotic was stopped within 24 hours after the surgery ended.* Read More		100%	95%	100%	96%
(See Quarterly Results)	100% of 13 eligible Patients				
Patients Having Colon/Large Intestine Surgery* Read More		100%	95%	100%	96%
(See Quarterly Results)	94% of 140 eligible Patients ⁷				
Patients having colon/large intestine surgery who received medicine to prevent infection (an antibiotic) within one hour before the skin was surgically cut.* Read More		100%	97%	100%	97%
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Patients having colon/large intestine surgery who received the appropriate medicine (antibiotic) which is shown to be effective for this type of surgery.* Read More		100%	94%	100%	95%
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Patients who had colon/large intestine surgery and received appropriate medicine that prevents infection (antibiotic) and the antibiotic was stopped within 24 hours after the surgery ended.* Read More		100%	95%	100%	95%
(See Quarterly Results)	95% of 42 eligible Patients ⁷				
Patients Having Coronary Artery Bypass Graft Surgery* Read More		100%	99%	100%	99%
(See Quarterly Results)	95% of 66 eligible Patients				
Patients having coronary artery bypass graft surgery who received medicine to prevent infection (an antibiotic) within one hour before the skin was surgically cut.* Read More		100%	99%	100%	99%
(See Quarterly Results)	100% of 23 eligible Patients				
Patients having coronary artery bypass graft surgery who received the appropriate medicine (antibiotic) which is shown to be					

<p>medicine (antibiotic) which is shown to be effective for this type of surgery.* Read More (See Quarterly Results)</p>	 100% of 22 eligible Patients	100%	100%	100%	100%
<p>Patients who had coronary artery bypass graft surgery and received appropriate medicine that prevents infection (antibiotic) and the antibiotic was stopped within 48 hours after the surgery ended.* Read More (See Quarterly Results)</p>	 86% of 21 eligible Patients ³	100%	98%	100%	98%
<p>Patients Having Hip Joint Replacement Surgery* Read More (See Quarterly Results)</p>	 99% of 161 eligible Patients ⁷	100%	99%	100%	99%
<p>Patients having hip joint replacement surgery who received medicine to prevent infection (an antibiotic) within one hour before the skin was surgically cut.* Read More (See Quarterly Results)</p>	 100% of 54 eligible Patients ⁷	100%	99%	100%	99%
<p>Patients having hip joint replacement surgery who received the appropriate medicine (antibiotic) which is shown to be effective for this type of surgery.* Read More (See Quarterly Results)</p>	 100% of 55 eligible Patients ⁷	100%	100%	100%	100%
<p>Patients who had hip joint replacement surgery and received appropriate medicine that prevents infection (antibiotic) and the antibiotic was stopped within 24 hours after the surgery ended.* Read More (See Quarterly Results)</p>	 98% of 52 eligible Patients ⁷	100%	98%	100%	97%
<p>Patients Having a Hysterectomy* Read More (See Quarterly Results)</p>	 99% of 203 eligible Patients ⁷	100%	98%	100%	98%
<p>Patients having hysterectomy surgery who received medicine to prevent infection (an antibiotic) within one hour before the skin was surgically cut.* Read More (See Quarterly Results)</p>	 100% of 68 eligible Patients ⁷	100%	98%	100%	99%
<p>Patients having hysterectomy surgery who received the appropriate medicine (antibiotic) which is shown to be effective for this type of surgery.* Read More (See Quarterly Results)</p>	 97% of 68 eligible Patients ⁷	100%	97%	100%	98%
<p>Patients who had hysterectomy surgery and</p>					

<p>received appropriate medicine that prevents infection (antibiotic) and the antibiotic was stopped within 24 hours after the surgery ended.* Read More (See Quarterly Results)</p>	 100% of 67 eligible Patients ⁷	100%	98%	100%	96%
<p>Patients Having Knee Joint Replacement Surgery* Read More (See Quarterly Results)</p>	 95% of 60 eligible Patients	100%	99%	100%	99%
<p>Patients having knee joint replacement surgery who received medicine to prevent infection (an antibiotic) within one hour before the skin was surgically cut.* Read More (See Quarterly Results)</p>	 100% of 20 eligible Patients	100%	99%	100%	99%
<p>Patients having knee joint replacement surgery who received the appropriate medicine (antibiotic) which is shown to be effective for this type of surgery.* Read More (See Quarterly Results)</p>	 100% of 20 eligible Patients	100%	100%	100%	100%
<p>Patients who had knee joint replacement surgery and received appropriate medicine that prevents infection (antibiotic) and the antibiotic was stopped within 24 hours after the surgery ended.* Read More (See Quarterly Results)</p>	 85% of 20 eligible Patients ³	100%	98%	100%	99%
<p>Patients Having Open Heart Surgery other than Coronary Artery Bypass Graft* Read More (See Quarterly Results)</p>	 77% of 57 eligible Patients	100%	99%	100%	99%
<p>Patients having open heart surgery other than coronary artery bypass graft who received medicine to prevent infection (an antibiotic) within one hour before the skin was surgically cut.* Read More (See Quarterly Results)</p>	 95% of 20 eligible Patients ³	100%	99%	100%	99%
<p>Patients having open heart surgery other than coronary artery bypass graft who received the appropriate medicine (antibiotic) which is shown to be effective for this type of surgery.* Read More (See Quarterly Results)</p>	 100% of 19 eligible Patients	100%	100%	100%	100%
<p>Patients who had open heart surgery other than coronary artery bypass graft and received appropriate medicine that prevents infection (antibiotic) and the antibiotic was stopped within 48 hours after the surgery ended.*</p>	 33% of	100%	98%	100%	97%

Read More (See Quarterly Results)	18 eligible Patients				
Heart surgery patients with controlled blood sugar after surgery. Read More (See Quarterly Results)	⊖ 80% of 46 eligible Patients	100%	96%	99%	97%
Surgery patients with proper hair removal. Read More (See Quarterly Results)	⊕ 98% of 372 eligible Patients	100%	100%	100%	100%
Urinary Catheter Removed Read More (See Quarterly Results)	⊖ 89% of 166 eligible Patients	100%	96%	100%	96%



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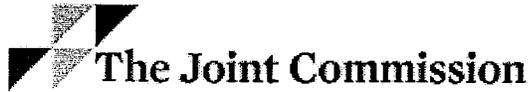
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Certification Quality Report

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Quality Report Hospital

National Quality Improvement Goals: Surgical Care Improvement Project (SCIP)

Reporting Period: October 2011 - September 2012

Measure Area

SCIP - Venous Thromboembolism (VTE)

[Read More](#)

Compared to other Joint Commission Accredited Organizations

Measure	Nationwide			Statewide	
	Hospital Results	Top 10% Scored at Least	Average Rate	Top 10% Scored at Least	Average Rate
Patients having surgery who had treatment prescribed for the prevention of blood clots. Note: Treatment may be medication, stockings, or mechanical devices for exercising the legs. Read More (See Quarterly Results)	 97% of 268 eligible Patients	100%	98%	100%	98%
Patients having surgery who received the appropriate treatment to prevent blood clots which is shown to be effective for the type of surgery performed. Note: Treatment may be medication, stockings, or mechanical devices for exercising the legs. Read More (See Quarterly Results)	 97% of 268 eligible Patients	100%	98%	100%	97%

Symbol Key

- This organization achieved the best possible results
- This organization's performance is above the target range/value.
- This organization's performance is similar to the target range/value.
- This organization's performance is below the target range/value.
- Not displayed



The Joint Commission only reports measures endorsed by the [National Quality Forum](#).

* This information is part of the Hospital Quality Alliance. This information can also be viewed at www.hospitalcompare.hhs.gov.

---- Null value or data not displayed.

- 1 - The measure or measure set was not reported.
- 2 - The measure set does not have an overall result.
- 3 - The number is not enough for comparison purposes.
- 4 - The measure meets the Privacy Disclosure Threshold rule.
- 5 - The organization scored above 90% but was below most other organizations.
- 6 - The measure results are not statistically valid.
- 7 - The measure results are based on a sample of patients.
- 8 - The number of months with measure data is below the reporting requirement.
- 9 - The measure results are temporarily suppressed.
- 10 - Test Measure: a measure being evaluated for reliability of the individual data elements or awaiting National Quality Forum Endorsement.

11 - There were no eligible patients that met the denominator criteria.

- Top -

The Joint Commission obtains information about accredited/acquired organizations not only through direct observations by its employees. [Read more.](#)

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Tab E

National Rankings for Hospitals For Georgia ¹

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Hospital	City	AMI - Performance Rate (%)	Heart Failure Performance Rate (%)	Pneumonia - Performance Rate (%)	SCIP - Performance Rate (%)	National Ranking (percentile)	Mean Most Favorable Response Rate (HCAHPS)	National Ranking (percentile) (HCAHPS)	Readmission Rating	Mortality Rating
<u>EMORY-ADVENTIST HOSPITAL</u>	SMYRNA	*	100	100	100	99th	66	13th	★★★	★★★★
<u>EFFINGHAM COUNTY HOSPITAL</u>	SPRINGFIELD	*	100	100	100	99th	*	*	★★★★	★★★★
<u>CLINCH MEMORIAL HOSPITAL</u>	HOMERVILLE	*	100	*	*	99th	83	95th	★★★★	★★★★
<u>GOOD SAMARITAN HOSPITAL INC</u>	GREENSBORO	*	*	100	*	99th	*	*	★★★	★★★★
<u>COFFEE REGIONAL MEDICAL CENTER</u>	DOUGLAS	*	100	100	100	98th	78	87th	★★★	★★★★
<u>NORTHSIDE HOSPITAL FORSYTH</u>	CUMMING	100	100	100	100	97th	73	65th	★★★	★★★★
<u>TANNER MEDICAL CENTER VILLA RICA</u>	VILLA RICA	100	100	99	100	97th	81	93rd	★★★★	★★★★
<u>BARROW REGIONAL MEDICAL CENTER</u>	WINDER	*	100	100	99	96th	58	2nd	★★★	★★★★
<u>FAIRVIEW PARK HOSPITAL</u>	DUBLIN	99	100	99	100	95th	71	46th	★★★★	★★★★
<u>TANNER MEDICAL CENTER - CARROLLTON</u>	CARROLLTON	100	100	98	100	94th	79	90th	★★★	★★★
<u>HUGHSTON HOSPITAL</u>	COLUMBUS	*	*	*	100	94th	84	97th	★★★★	★★★★

ATTACHMENT E

<u>DOCTORS HOSPITAL - AUGUSTA</u>	AUGUSTA	100	100	100	99	92nd	70	36th	★★★☆☆	★★★☆☆
<u>NORTHSIDE HOSPITAL CHEROKEE</u>	CANTON	99	99	99	100	91st	65	10th	★★★☆☆	★★★☆☆
<u>TRINITY HOSPITAL OF AUGUSTA</u>	AUGUSTA	100	100	98	99	89th	73	62nd	★★★☆☆	★★★☆☆
<u>WEST GEORGIA MEDICAL CENTER</u>	LAGRANGE	99	98	99	99	88th	73	62nd	★★★★☆	★★★★☆
<u>COLISEUM NORTHSIDE HOSPITAL</u>	MACON	*	99	99	99	88th	70	42nd	★★★☆☆	★★★☆☆
<u>FANNIN REGIONAL HOSPITAL</u>	BLUE RIDGE	*	95	100	100	87th	74	71st	★★★☆☆	★★★☆☆
<u>NORTHSIDE HOSPITAL</u>	ATLANTA	98	100	99	99	86th	74	69th	★★★☆☆	★★★☆☆
<u>COLISEUM MEDICAL CENTER</u>	MACON	99	98	99	99	85th	70	37th	★★★☆☆	★★★☆☆
<u>HIGGINS GENERAL HOSPITAL</u>	BREMEN	*	96	100	*	83rd	81	93rd	★★★★☆	★★★★☆
<u>EAST GEORGIA REGIONAL MEDICAL CENTER</u>	STATESBORO	99	99	99	98	82nd	67	17th	★★★☆☆	★★★☆☆
<u>EMORY UNIVERSITY HOSPITAL</u>	ATLANTA	100	99	96	99	81st	76	80th	★★★★☆	★★★★☆
<u>ST JOSEPH'S HOSPITAL - SAVANNAH</u>	SAVANNAH	98	100	98	99	81st	68	25th	★★★★☆	★★★☆☆
<u>UNIVERSITY HOSPITAL</u>	AUGUSTA	99	100	97	98	78th	74	68th	★★★★☆	★★★☆☆
<u>CLEARVIEW REGIONAL MEDICAL CENTER</u>	MONROE	*	99	99	98	78th	63	5th	★★★☆☆	★★★☆☆

National Rankings for Hospitals

<u>CRISP REGIONAL HOSPITAL</u>	CORDELE	*	100	97	98	76th	67	16th	★★★☆☆	★★★★☆
<u>MAYO CLINIC HEALTH SYSTEM IN WAYCROSS INC</u>	WAYCROSS	98	100	94	99	75th	76	78th	★★★☆☆	★★★☆☆
<u>NORTH FULTON REGIONAL HOSPITAL</u>	ROSWELL	95	99	99	98	74th	66	14th	★★★★☆	★★★★☆
<u>REDMOND REGIONAL MEDICAL CENTER</u>	ROME	100	95	99	99	72nd	77	84th	★★★★☆	★★★☆☆
<u>EMORY EASTSIDE MEDICAL CENTER</u>	SNELLVILLE	98	100	97	98	72nd	64	8th	★★★☆☆	★★★★☆
<u>SPALDING REGIONAL MEDICAL CENTER</u>	GRIFFIN	99	100	99	97	70th	71	45th	★★★☆☆	★★★★☆
<u>TIFT REGIONAL MEDICAL CENTER</u>	TIFTON	98	98	98	98	70th	71	49th	★★★☆☆	★★★☆☆
<u>EMORY UNIVERSITY HOSPITAL MIDTOWN</u>	ATLANTA	99	98	97	98	69th	71	49th	★★★☆☆	★★★★☆
<u>COLQUITT REGIONAL MEDICAL CENTER</u>	MOULTRIE	92	100	95	98	68th	64	9th	★★★★☆	★★★★☆
<u>ATLANTA MEDICAL CENTER</u>	ATLANTA	96	98	97	98	68th	68	23rd	★★★☆☆	★★★★☆
<u>WELLSTAR PAULDING HOSPITAL</u>	DALLAS	*	99	96	99	67th	75	74th	★★★☆☆	★★★★☆
<u>EMORY JOHNS CREEK HOSPITAL</u>	JOHNS CREEK	98	97	98	98	67th	72	56th	★★★☆☆	★★★★☆
<u>GRADY GENERAL HOSPITAL</u>	CAIRO	*	99	95	100	66th	72	58th	★★★★☆	★★★★☆
<u>WAYNE MEMORIAL HOSPITAL</u>	JESUP	*	99	96	98	65th	71	43rd	★★★☆☆	★★★★☆
<u>SOUTHERN REGIONAL MEDICAL CENTER</u>	RIVERDALE	96	97	95	99	65th	63	6th	★★★☆☆	★★★☆☆

<u>PERRY HOSPITAL</u>	PERRY	*	92	94	100	64th	74	72nd	★★★★	★★★★
<u>AUGUSTA VA MEDICAL CENTER</u>	AUGUSTA	*	98	100	98	64th	*	*	★★★	★★★
<u>CARTERSVILLE MEDICAL CENTER</u>	CARTERSVILLE	97	96	99	98	63rd	67	17th	★★★	★★★★
<u>DUBLIN VA MEDICAL CENTER</u>	DUBLIN	*	98	97	*	63rd	*	*	★★★	★★★
<u>ROCKDALE MEDICAL CENTER</u>	CONYERS	100	98	97	98	62nd	68	26th	★★★	★★★
<u>ST MARY'S HOSPITAL</u>	ATHENS	98	97	99	98	60th	77	85th	★★★★	★★★
<u>DEKALB MEDICAL CENTER</u>	DECATUR	95	97	97	98	59th	67	20th	★★★	★★★
<u>PIEDMONT FAYETTE HOSPITAL</u>	FAYETTEVILLE	97	98	95	98	59th	71	46th	★★★★	★★★
<u>CANDLER HOSPITAL</u>	SAVANNAH	100	100	98	96	57th	68	24th	★★★	★★★
<u>STEPHENS COUNTY HOSPITAL</u>	TOCCOA	*	99	98	96	57th	72	58th	★★★	★★★★
<u>GWINNETT MEDICAL CENTER</u>	LAWRENCEVILLE	100	96	98	98	56th	70	34th	★★★	★★★★
<u>JOHN D ARCHBOLD MEMORIAL HOSPITAL</u>	THOMASVILLE	98	99	96	97	54th	74	72nd	★★★★	★★★
<u>PIEDMONT HENRY HOSPITAL</u>	STOCKBRIDGE	99	100	94	97	54th	65	9th	★★★	★★★
<u>WESLEY WOODS GERIATRIC HOSPITAL</u>	ATLANTA	*	97	*	*	53rd	64	9th	★★★★	★★★★
<u>ATHENS REGIONAL MEDICAL CENTER</u>	ATHENS	98	93	97	98	52nd	73	61st	★★★★	★★★
<u>MEMORIAL HEALTH UNIV MED CEN INC</u>	SAVANNAH	97	97	95	97	51st	73	62nd	★★★★	★★★
<u>ATLANTA MEDICAL CENTER-SOUTH</u>	EAST POINT	100	98	98	96	51st	69	33rd	★★★	★★★

CAMPUS										
<u>ST FRANCIS HOSPITAL INC</u>	COLUMBUS	99	94	96	98	50th	70	40th	★★★★	★★☆☆
<u>PHOEBE NORTH</u>	ALBANY	*	96	97	97	49th	68	25th	★★★★	★★☆☆
<u>NORTHEAST GEORGIA MEDICAL CENTER INC</u>	GAINESVILLE	100	96	99	97	48th	75	76th	★★★★	★★☆☆
<u>DOCTORS HOSPITAL - COLUMBUS</u>	COLUMBUS	*	92	94	99	48th	75	60th	★★☆☆	★★☆☆
<u>SOUTHEAST GEORGIA HEALTH SYSTEM- BRUNSWICK CAMPUS</u>	BRUNSWICK	88	90	98	100	47th	70	41st	★★★★	★★☆☆
<u>GORDON HOSPITAL</u>	CALHOUN	93	95	98	97	46th	77	84th	★★☆☆	★★☆☆
<u>MITCHELL COUNTY HOSPITAL</u>	CAMILLA	*	97	*	*	46th	68	23rd	★★★★	★★★★
<u>SAINT JOSEPH'S HOSPITAL OF ATLANTA INC</u>	ATLANTA	99	96	96	97	45th	71	47th	★★★★	★★☆☆
<u>FLOYD MEDICAL CENTER</u>	ROME	89	92	98	97	43rd	73	64th	★★★★	★★☆☆
<u>SOUTHEAST GEORGIA HEALTH SYSTEM- CAMDEN CAMPUS</u>	SAINT MARYS	*	80	92	99	41st	71	45th	★★☆☆	★★☆☆
<u>DECATUR (ATLANTA) VA MEDICAL CENTER</u>	DECATUR	*	98	99	94	40th	*	*	★★☆☆	★★☆☆
<u>MONROE COUNTY HOSPITAL</u>	FORSYTH	*	91	100	*	40th	*	*	★★★★	★★☆☆
<u>HAMILTON MEDICAL CENTER</u>	DALTON	95	94	98	97	39th	70	39th	★★★★	★★☆☆
<u>OCONEE REGIONAL MEDICAL CENTER</u>	MILLEDGEVILLE	*	91	99	97	36th	66	15th	★★★★	★★☆☆
<u>WELLSTAR DOUGLAS</u>									★★☆☆	★★☆☆

HOSPITAL	DOUGLASVILLE	98	90	97	98	36th	74	70th		
<u>DEKALB MEDICAL CENTER AT HILLANDALE</u>	LITHONIA	69	96	98	95	36th	67	20th	★★★☆☆	★★★★★
<u>PIEDMONT HOSPITAL</u>	ATLANTA	98	94	92	96	35th	72	54th	★★★★★	★★★★★
<u>MEDICAL CENTER OF CENTRAL GEORGIA</u>	MACON	96	97	97	96	35th	72	53rd	★★★☆☆	★★★★★
<u>MEDICAL COLLEGE OF GA HOSPITALS AND CLINICS</u>	AUGUSTA	97	95	92	96	34th	68	24th	★★★☆☆	★★★☆☆
<u>GRADY MEMORIAL HOSPITAL</u>	ATLANTA	97	97	99	95	34th	64	8th	★★★☆☆	★★★★★
<u>WELLSTAR COBB HOSPITAL</u>	AUSTELL	99	85	97	99	34th	69	29th	★★★☆☆	★★★☆☆
<u>CHATUGE REGIONAL HOSPITAL</u>	HIAWASSEE	*	100	95	*	34th	*	*	★★★★★	★★★☆☆
<u>SOUTH GEORGIA MEDICAL CENTER</u>	VALDOSTA	99	96	97	95	33rd	72	53rd	★★★☆☆	★★★☆☆
<u>EVANS MEMORIAL HOSPITAL</u>	CLAXTON	*	96	96	*	33rd	72	54th	★★★☆☆	★★★★★
<u>PUTNAM GENERAL HOSPITAL</u>	EATONTON	*	94	98	*	32nd	*	*	★★★★★	★★★★★
<u>WELLSTAR KENNESTONE HOSPITAL</u>	MARIETTA	100	85	97	98	31st	71	46th	★★★☆☆	★★★★★
<u>PEACH REGIONAL MEDICAL CENTER</u>	FORT VALLEY	*	94	97	*	29th	*	*	★★★★★	★★★★★
<u>UPSON REGIONAL MEDICAL CENTER</u>	THOMASTON	*	96	97	94	27th	81	93rd	★★★☆☆	★★★☆☆
<u>DORMINY MEDICAL CENTER</u>	FITZGERALD	*	97	91	*	27th	70	35th	★★★☆☆	★★★☆☆

<u>PIEDMONT NEWNAN HOSPITAL INC</u>	NEWNAN	90	91	95	96	27th	71	43rd	★★☆	★★★★
<u>HUTCHESON MEDICAL CENTER</u>	FORT OGLETHORPE	*	91	98	93	26th	69	31st	★★★★	★★☆☆
<u>TAYLOR REGIONAL HOSPITAL</u>	HAWKINSVILLE	*	92	95	95	26th	73	62nd	★★☆	★★☆☆
<u>HABERSHAM COUNTY MEDICAL CTR</u>	DEMOREST	*	93	91	95	25th	72	55th	★★★★	★★☆☆
<u>ELBERT MEMORIAL HOSPITAL</u>	ELBERTON	*	97	89	95	24th	72	54th	★★☆	★★☆☆
<u>SYLVAN GROVE HOSPITAL</u>	JACKSON	*	*	94	*	24th	*	*	★★★★	★★★★
<u>NEWTON MEDICAL CENTER</u>	COVINGTON	95	97	98	92	23rd	69	32nd	★★☆	★★☆☆
<u>PHOEBE PUTNEY MEMORIAL HOSPITAL</u>	ALBANY	96	85	93	97	22nd	71	46th	★★★★	★★☆☆
<u>NORTHRIDGE MEDICAL CENTER</u>	COMMERCE	57	93	94	96	22nd	67	16th	★★★★	★★☆☆
<u>MEDICAL CENTER THE</u>	COLUMBUS	100	97	96	90	21st	67	17th	★★☆	★★☆☆
<u>MEADOWS REGIONAL MEDICAL CENTER</u>	VIDALIA	93	89	91	96	21st	79	90th	★★☆	★★★★
<u>LIBERTY REGIONAL MEDICAL CENTER</u>	HINESVILLE	*	88	74	99	21st	*	*	★★☆	★★★★
<u>WASHINGTON COUNTY REGIONAL MEDICAL CENTER</u>	SANDERSVILLE	*	89	91	97	20th	73	63rd	★★☆	★★☆☆
<u>BACON COUNTY HOSPITAL</u>	ALMA	*	100	90	*	20th	*	*	★★☆	★★☆☆
<u>TY COBB REGIONAL MEDICAL CENTER</u>	LAVONIA	*	78	98	95	19th	71	48th	★★★★	★★☆☆

LLC										
<u>MURRAY MEDICAL CENTER</u>	CHATSWORTH	*	93	92	*	19th	75	77th	★★★☆☆	★★★☆☆
<u>HOUSTON MEDICAL CENTER</u>	WARNER ROBINS	92	91	96	93	19th	71	43rd	★☆☆☆☆	★★★★★
<u>LOUIS SMITH MEMORIAL HOSPITAL</u>	LAKELAND	*	93	*	*	19th	74	68th	★★★★★	★★★★☆
<u>POLK MEDICAL CENTER</u>	CEDARTOWN	*	*	93	*	19th	84	96th	★★★☆☆	★★★★★
<u>PIONEER COMMUNITY HOSPITAL OF EARLY</u>	BLAKELY	*	95	87	*	17th	*	*	★★★★★	★★★★★
<u>COOK MEDICAL CENTER A CAMPUS OF TIFT REG MED CTR</u>	ADEL	*	91	*	*	16th	73	60th	★★★★★	★★★★☆
<u>UNION GENERAL HOSPITAL</u>	BLAIRSVILLE	*	82	96	91	14th	75	78th	★★★★★	★☆☆☆☆
<u>DODGE COUNTY HOSPITAL</u>	EASTMAN	*	91	92	90	14th	72	50th	★★★☆☆	★★★★★
<u>BERRIEN COUNTY HOSPITAL</u>	NASHVILLE	*	90	*	*	14th	71	47th	★★★☆☆	★★★☆☆
<u>DONALSONVILLE HOSPITAL INC</u>	DONALSONVILLE	*	87	100	89	14th	76	80th	★★★★★	★★★★★
<u>PIEDMONT MOUNTAINSIDE HOSPITAL INC</u>	JASPER	80	85	92	92	14th	75	73rd	★★★☆☆	★★★★★
<u>EMANUEL MEDICAL CENTER</u>	SWAINSBORO	*	89	86	96	13th	76	81st	★★★☆☆	★★★★★
<u>UNIVERSITY MCDUFFIE COUNTY REGIONAL MEDICAL CENTER</u>	THOMSON	*	80	88	90	13th	75	73rd	★★★☆☆	★★★☆☆

<u>BURKE MEDICAL CENTER</u>	WAYNESBORO	*	93	86	*	13th	67	16th	★★★☆☆	★★★☆☆
<u>CHESTATEE REGIONAL HOSPITAL</u>	DAHLONEGA	*	92	94	87	13th	69	33rd	★★★☆☆	★★★★★
<u>PHOEBE SUMTER MEDICAL CENTER</u>	AMERICUS	*	85	86	90	12th	75	73rd	★★★★★	★★★☆☆
<u>IRWIN COUNTY HOSPITAL</u>	OCILLA	*	*	*	88	12th	74	66th	★★★★★	★★★☆☆
<u>BROOKS COUNTY HOSPITAL</u>	QUITMAN	*	97	78	*	12th	77	84th	★★★★★	★★★☆☆
<u>APPLING HOSPITAL</u>	BAXLEY	*	87	88	*	11th	71	43rd	★★★☆☆	★★★☆☆
<u>CANDLER COUNTY HOSPITAL</u>	METTER	*	78	91	*	10th	*	*	★★★☆☆	★★★★★
<u>JEFFERSON HOSPITAL</u>	LOUISVILLE	*	89	75	*	9th	76	80th	★★★☆☆	★★★★★
<u>WILLS MEMORIAL HOSPITAL</u>	WASHINGTON	*	87	69	*	9th	*	*	★★★★★	★★★☆☆
<u>MEMORIAL HOSPITAL AND MANOR</u>	BAINBRIDGE	*	76	78	84	7th	71	47th	★★★☆☆	★★★☆☆
<u>NORTH GEORGIA MEDICAL CENTER</u>	ELLIJAY	*	91	71	76	6th	66	12th	★★★☆☆	★★★☆☆
<u>BLECKLEY MEMORIAL HOSPITAL</u>	COCHRAN	*	74	100	*	6th	*	*	★★★★★	★★★★★
<u>WARM SPRINGS MEDICAL CENTER</u>	WARM SPRINGS	*	61	87	*	4th	*	*	*	*
<u>CHARLTON MEMORIAL HOSPITAL</u>	FOLKSTON	*	*	60	*	2nd	73	65th	★★★★★	★★★★★
<u>JEFF DAVIS HOSPITAL</u>	HAZLEHURST	*	67	64	*	2nd	*	*	*	*
<u>FLINT RIVER HOSPITAL</u>	MONTEZUMA	*	51	61	*	1st	74	69th	★★★★★	★★★☆☆
<u>PHOEBE WORTH MEDICAL CENTER</u>	SYLVESTER	*	18	*	*	0th	*	*	★★★★★	★★★★★
<u>TURNING POINT</u>									★★★★★	★★★★★

HOSPITAL		*	*	*	*	*	*	*	*
<u>HOSPITAL</u>	MOULTRIE	*	*	*	*	*	*	*	*
<u>SOUTHWEST GEORGIA REGIONAL MEDICAL CENTER</u>	CUTHBERT	*	*	*	*	*	*	*	*
<u>JASPER MEMORIAL HOSPITAL</u>	MONTICELLO	*	*	*	*	*	*	★★★★	★★★★
<u>MORGAN MEMORIAL HOSPITAL</u>	MADISON	*	*	*	*	*	*	*	*
<u>MILLER COUNTY HOSPITAL</u>	COLQUITT	*	*	*	*	*	*	*	*
<u>CALHOUN MEMORIAL HOSPITAL</u>	ARLINGTON	*	*	*	*	*	*	*	*
<u>LOWER OCONEE COMMUNITY HOSPITAL INC</u>	GLENWOOD	*	*	*	*	*	*	*	*
<u>STEWART WEBSTER HOSPITAL</u>	RICHLAND	*	*	*	*	*	*	*	*
<u>MOUNTAIN LAKES MEDICAL CENTER</u>	CLAYTON	*	*	*	*	*	*	*	*

¹For all hospitals reporting during 2nd quarter through 1st quarter 2011 (4/1/2011 - 3/31/2012)

*Hospital did not have sufficient case volume to report and was not included in the analysis.

Disclaimer: The rankings displayed on this web site are presented as percentiles. A ranking in the 100th percentile does not necessarily mean that hospitals in that percentile achieved perfect rates on all their measures. It indicates that their rates were better than all other hospitals except for those who are also in the 100th percentile. Similarly, a hospital with a rank in the 50th percentile did not achieve an average of 50% on their performance measures. They performed better than 50% of all the hospitals in the country.

National Rankings for Hospitals For Georgia ¹

Hospital	City	AMI - Performance Rate (%)	Heart Failure - Performance Rate (%)	Pneumonia - Performance Rate (%)	SCIP - Performance Rate (%)	National Ranking (percentile)	Mean Most Favorable Response Rate (HCAHPS)	National Ranking (percentile) (HCAHPS)	Readmission Rating	Mortality Rating
<u>EMORY-ADVENTIST HOSPITAL</u>	SMYRNA	*	100	100	100	99th	66	13th	★★★	★★★★
<u>EFFINGHAM COUNTY HOSPITAL</u>	SPRINGFIELD	*	100	100	100	99th	83	*	★★★★	★★★★
<u>CLINCH MEMORIAL HOSPITAL</u>	HOMERVILLE	*	100	*	*	99th	83	95th	★★★★	★★★★
<u>GOOD SAMARITAN HOSPITAL INC</u>	GREENSBORO	*	*	100	*	99th	*	*	★★★	★★★
<u>COFFEE REGIONAL MEDICAL CENTER</u>	DOUGLAS	*	100	100	100	98th	78	87th	★★★	★★★★
<u>NORTHSIDE HOSPITAL FORSYTH</u>	CUMMING	100	100	100	100	97th	73	65th	★★★	★★★
<u>TANNER MEDICAL CENTER VILLA RICA</u>	VILLA RICA	100	100	99	100	97th	81	93rd	★★★★	★★★
<u>BARROW REGIONAL MEDICAL CENTER</u>	WINDER	*	100	100	99	96th	58	2nd	★★★	★★★★
<u>FAIRVIEW PARK HOSPITAL</u>	DUBLIN	99	100	99	100	95th	71	46th	★★★★	★★★
<u>TANNER MEDICAL CENTER - CARROLLTON</u>	CARROLLTON	100	100	98	100	94th	79	90th	★★★	★★★
<u>HUGHSTON HOSPITAL</u>	COLUMBUS	*	*	*	100	94th	84	97th	★★★★	★★★★
<u>DOCTORS HOSPITAL - AUGUSTA</u>	AUGUSTA	100	100	100	99	92nd	70	36th	★★★	★★★
<u>NORTHSIDE HOSPITAL CHEROKEE</u>	CANTON	99	99	99	100	91st	65	10th	★★★	★★★
<u>TRINITY HOSPITAL</u>									★★★	★★★

<u>OF AUGUSTA</u>	AUGUSTA	100	100	98	99	89th	73	62nd		
<u>WEST GEORGIA MEDICAL CENTER</u>	LAGRANGE	99	98	99	99	88th	73	62nd	★★★	★★★
<u>COLISEUM NORTHSIDE HOSPITAL</u>	MACON	*	99	99	99	88th	70	42nd	★★★	★★★
<u>FANNIN REGIONAL HOSPITAL</u>	BLUE RIDGE	*	95	100	100	87th	74	71st	★★★	★★★
<u>NORTHSIDE HOSPITAL</u>	ATLANTA	98	100	99	99	86th	74	69th	★★★	★★★
<u>COLISEUM MEDICAL CENTER</u>	MACON	99	98	99	99	85th	70	37th	★★★	★★★
<u>HIGGINS GENERAL HOSPITAL</u>	BREMEN	*	96	100	*	83rd	81	93rd	★★★	★★★
<u>EAST GEORGIA REGIONAL MEDICAL CENTER</u>	STATESBORO	99	99	99	98	82nd	67	17th	★★★	★★★
<u>EMORY UNIVERSITY HOSPITAL</u>	ATLANTA	100	99	96	99	81st	76	80th	★★★	★★★
<u>ST JOSEPH'S HOSPITAL - SAVANNAH</u>	SAVANNAH	98	100	98	99	81st	68	25th	★★★	★★★
<u>UNIVERSITY HOSPITAL</u>	AUGUSTA	99	100	97	98	78th	74	68th	★★★	★★★
<u>CLEARVIEW REGIONAL MEDICAL CENTER</u>	MONROE	*	99	99	98	78th	63	5th	★★★	★★★
<u>CRISP REGIONAL HOSPITAL</u>	CORDELE	*	100	97	98	76th	67	16th	★★★	★★★
<u>MAYO CLINIC HEALTH SYSTEM IN</u>	WAYCROSS	98	100	94	99	75th	76	78th	★★★	★★★

<u>WAYCROSS INC</u>										
<u>NORTH FULTON REGIONAL HOSPITAL</u>	ROSWELL	95	99	99	98	74th	66	14th	★★★	★★☆
<u>REDMOND REGIONAL MEDICAL CENTER</u>	ROME	100	95	99	99	72nd	77	84th	★★★	★☆☆
<u>EMORY EASTSIDE MEDICAL CENTER</u>	SNELLVILLE	98	100	97	98	72nd	64	8th	★★☆	★★★
<u>SPALDING REGIONAL MEDICAL CENTER</u>	GRIFFIN	99	100	99	97	70th	71	45th	★★☆	★★★
<u>TIFT REGIONAL MEDICAL CENTER</u>	TIFTON	98	98	98	98	70th	71	49th	★★☆	★★☆☆
<u>EMORY UNIVERSITY HOSPITAL MIDTOWN</u>	ATLANTA	99	98	97	98	69th	71	49th	★★☆	★★★
<u>COLQUITT REGIONAL MEDICAL CENTER</u>	MOULTRIE	92	100	95	98	68th	64	9th	★★★	★★☆☆
<u>ATLANTA MEDICAL CENTER</u>	ATLANTA	96	98	97	98	68th	68	23rd	★★☆	☆☆☆☆
<u>WELLSTAR PAULDING HOSPITAL</u>	DALLAS	*	99	96	99	67th	75	74th	★★☆	★★★
<u>EMORY JOHNS CREEK HOSPITAL</u>	JOHNS CREEK	98	97	98	98	67th	72	56th	★★☆	★★★
<u>GRADY GENERAL HOSPITAL</u>	CAIRO	*	99	95	100	66th	72	58th	★★★	★★☆☆
<u>WAYNE MEMORIAL HOSPITAL</u>	JESUP	*	99	96	98	65th	71	43rd	★★☆	★★☆☆
<u>SOUTHERN REGIONAL MEDICAL CENTER</u>	RIVERDALE	96	97	95	99	65th	63	6th	★★☆	★★☆☆
<u>PERRY HOSPITAL</u>	PERRY	*	92	94	100	64th	74	72nd	★★★	★★★
<u>AUGUSTA VA MEDICAL CENTER</u>	AUGUSTA	*	98	100	98	64th	*	*	★★☆	★☆☆
<u>CARTERSVILLE</u>	CARTERSVILLE	97	96	99	98	63rd	67	17th	★★☆	★★☆☆

<u>MEDICAL CENTER</u>											
<u>DUBLIN VA MEDICAL CENTER</u>	DUBLIN	*	98	97	*	63rd	*	*	★★★	★★★	
<u>ROCKDALE MEDICAL CENTER</u>	CONYERS	100	98	97	98	62nd	68	26th	★★★	★★★	
<u>ST MARY'S HOSPITAL</u>	ATHENS	98	97	99	98	60th	77	85th	★★★	★★★	
<u>DEKALB MEDICAL CENTER</u>	DECATUR	95	97	97	98	59th	67	20th	★★★	★★★	
<u>PIEDMONT FAYETTE HOSPITAL</u>	FAYETTEVILLE	97	98	95	98	59th	71	46th	★★★	★★★	
<u>CANDLER HOSPITAL</u>	SAVANNAH	100	100	98	96	57th	68	24th	★★★	★★★	
<u>STEPHENS COUNTY HOSPITAL</u>	TOCCOA	*	99	98	96	57th	72	58th	★★★	★★★	
<u>GWINNETT MEDICAL CENTER</u>	LAWRENCEVILLE	100	96	98	98	56th	70	34th	★★★	★★★	
<u>JOHN D ARCHBOLD MEMORIAL HOSPITAL</u>	THOMASVILLE	98	99	96	97	54th	74	72nd	★★★	★★★	
<u>PIEDMONT HENRY HOSPITAL</u>	STOCKBRIDGE	99	100	94	97	54th	65	9th	★★★	★★★	
<u>WESLEY WOODS GERIATRIC HOSPITAL</u>	ATLANTA	*	97	*	*	53rd	64	9th	★★★	★★★	
<u>ATHENS REGIONAL MEDICAL CENTER</u>	ATHENS	98	93	97	98	52nd	73	61st	★★★	★★★	
<u>MEMORIAL HEALTH UNIV MED CEN INC</u>	SAVANNAH	97	97	95	97	51st	73	62nd	★★★	★★★	
<u>ATLANTA MEDICAL CENTER-SOUTH CAMPUS</u>	EAST POINT	100	98	98	96	51st	69	33rd	★★★	★★★	
<u>ST FRANCIS HOSPITAL INC</u>	COLUMBUS	99	94	96	98	50th	70	40th	★★★	★★★	
<u>PHOEBE NORTH</u>	ALBANY	*	96	97	97	49th	68	25th	★★★	★★★	
									★★★	★★★	

<u>NORTHEAST GEORGIA MEDICAL CENTER INC</u>	GAINESVILLE	100	96	99	97	48th	75	76th		
<u>DOCTORS HOSPITAL - COLUMBUS</u>	COLUMBUS	*	92	94	99	48th	73	60th	★☆☆	★★★
<u>SOUTHEAST GEORGIA HEALTH SYSTEM- BRUNSWICK CAMPUS</u>	BRUNSWICK	88	90	98	100	47th	70	41st	★★★★	★☆☆
<u>GORDON HOSPITAL</u>	CALHOUN	93	95	98	97	46th	77	84th	★☆☆	★★★
<u>MITCHELL COUNTY HOSPITAL</u>	CAMILLA	*	97	*	*	46th	68	23rd	★★★★	★★★★
<u>SAINT JOSEPH'S HOSPITAL OF ATLANTA INC</u>	ATLANTA	99	96	96	97	45th	71	47th	★★★★	★★☆☆
<u>FLOYD MEDICAL CENTER</u>	ROME	89	92	98	97	43rd	73	64th	★★★★	★☆☆
<u>SOUTHEAST GEORGIA HEALTH SYSTEM- CAMDEN CAMPUS</u>	SAINT MARYS	*	80	92	99	41st	71	45th	★★☆☆	★★☆☆
<u>DECATUR (ATLANTA) VA MEDICAL CENTER</u>	DECATUR	*	98	99	94	40th	*	*	★★☆☆	★★☆☆
<u>MONROE COUNTY HOSPITAL</u>	FORSYTH	*	91	100	*	40th	*	*	★★★★	★★☆☆
<u>HAMILTON MEDICAL CENTER</u>	DALTON	95	94	98	97	39th	70	39th	★★★★	★★☆☆
<u>OCONEE REGIONAL MEDICAL CENTER</u>	MILLEDGEVILLE	*	91	99	97	36th	66	15th	★★★★	★★☆☆
<u>WELLSTAR DOUGLAS HOSPITAL</u>	DOUGLASVILLE	98	90	97	98	36th	74	70th	★★☆☆	★★☆☆
<u>DEKALB MEDICAL CENTER AT HILLDALE</u>	LITHONIA	69	96	98	95	36th	67	20th	★★☆☆	★★★★
									★★★★	★★★★

<u>PIEDMONT HOSPITAL</u>	ATLANTA	98	94	92	96	35th	72	54th		
<u>MEDICAL CENTER OF CENTRAL GEORGIA</u>	MACON	96	97	97	96	35th	72	53rd	☆☆☆	☆☆☆
<u>MEDICAL COLLEGE OF GA HOSPITALS AND CLINICS</u>	AUGUSTA	97	95	92	96	34th	68	24th	☆☆☆	☆☆☆
<u>GRADY MEMORIAL HOSPITAL</u>	ATLANTA	97	97	99	95	34th	64	8th	☆☆☆	☆☆☆
<u>WELLSTAR COBB HOSPITAL</u>	AUSTELL	99	85	97	99	34th	69	29th	☆☆☆	☆☆☆
<u>CHATUGE REGIONAL HOSPITAL</u>	HIAWASSEE	*	100	95	*	34th	*	*	☆☆☆	☆☆☆
<u>SOUTH GEORGIA MEDICAL CENTER</u>	VALDOSTA	99	96	97	95	33rd	72	53rd	☆☆☆	☆☆☆
<u>EVANS MEMORIAL HOSPITAL</u>	CLAXTON	*	96	96	*	33rd	72	54th	☆☆☆	☆☆☆
<u>PUTNAM GENERAL HOSPITAL</u>	EATONTON	*	94	98	*	32nd	*	*	☆☆☆	☆☆☆
<u>WELLSTAR KENNESTONE HOSPITAL</u>	MARIETTA	100	85	97	98	31st	71	46th	☆☆☆	☆☆☆
<u>PEACH REGIONAL MEDICAL CENTER</u>	FORT VALLEY	*	94	97	*	29th	*	*	☆☆☆	☆☆☆
<u>UPSON REGIONAL MEDICAL CENTER</u>	THOMASTON	*	96	97	94	27th	81	93rd	☆☆☆	☆☆☆
<u>DORMINY MEDICAL CENTER</u>	FITZGERALD	*	97	91	*	27th	70	35th	☆☆☆	☆☆☆
<u>PIEDMONT NEWNAN HOSPITAL INC</u>	NEWNAN	90	91	95	96	27th	71	43rd	☆☆☆	☆☆☆
<u>HUTCHESON MEDICAL CENTER</u>	FORT OGLETHORPE	*	91	98	93	26th	69	31st	☆☆☆	☆☆☆
<u>TAYLOR REGIONAL</u>									☆☆☆	☆☆☆

HOSPITAL	HAWKINSVILLE	*	92	95	95	26th	73	62nd		
<u>HABERSHAM COUNTY MEDICAL CTR</u>	DEMOREST	*	93	91	95	25th	72	55th	★★★★	★★☆☆
<u>ELBERT MEMORIAL HOSPITAL</u>	ELBERTON	*	97	89	95	24th	72	54th	★★☆☆	★★☆☆
<u>SYLVAN GROVE HOSPITAL</u>	JACKSON	*	*	94	*	24th	*	*	★★★★	★★★★
<u>NEWTON MEDICAL CENTER</u>	COVINGTON	95	97	98	92	23rd	69	32nd	★★☆☆	★★☆☆
<u>PHOEBE PUTNEY MEMORIAL HOSPITAL</u>	ALBANY	96	85	93	97	22nd	71	46th	★★★★	★★☆☆
<u>NORTHRIDGE MEDICAL CENTER</u>	COMMERCE	57	93	94	96	22nd	67	16th	★★★★	★★☆☆
<u>MEDICAL CENTER THE</u>	COLUMBUS	100	97	96	90	21st	67	17th	★★☆☆	★★☆☆
<u>MEADOWS REGIONAL MEDICAL CENTER</u>	VIDALIA	93	89	91	96	21st	79	90th	★★☆☆	★★★★
<u>LIBERTY REGIONAL MEDICAL CENTER</u>	HINESVILLE	*	88	74	99	21st	*	*	★★☆☆	★★★★
<u>WASHINGTON COUNTY REGIONAL MEDICAL CENTER</u>	SANDERSVILLE	*	89	91	97	20th	73	63rd	★★☆☆	★★☆☆
<u>BACON COUNTY HOSPITAL</u>	ALMA	*	100	90	*	20th	*	*	★★☆☆	★★☆☆
<u>TY COBB REGIONAL MEDICAL CENTER LLC</u>	LAVONIA	*	78	98	95	19th	71	48th	★★★★	★★☆☆
<u>MURRAY MEDICAL CENTER</u>	CHATSWORTH	*	93	92	*	19th	75	77th	★★☆☆	★★☆☆
<u>HOUSTON MEDICAL CENTER</u>	WARNER ROBINS	92	91	96	93	19th	71	43rd	★★☆☆	★★★★

<u>LOUIS SMITH MEMORIAL HOSPITAL</u>	LAKELAND	*	93	*	*	19th	74	68th	★★★	★★★
<u>POLK MEDICAL CENTER</u>	CEDARTOWN	*	*	93	*	19th	84	96th	★★★	★★★
<u>PIONEER COMMUNITY HOSPITAL OF EARLY</u>	BLAKELY	*	95	87	*	17th	*	*	★★★	★★★
<u>COOK MEDICAL CENTER A CAMPUS OF TIFT REG MED CTR</u>	ADEL	*	91	*	*	16th	73	60th	★★★	★★★
<u>UNION GENERAL HOSPITAL</u>	BLAIRSVILLE	*	82	96	91	14th	75	78th	★★★	★★★
<u>DODGE COUNTY HOSPITAL</u>	EASTMAN	*	91	92	90	14th	72	50th	★★★	★★★
<u>BERRIEN COUNTY HOSPITAL</u>	NASHVILLE	*	90	*	*	14th	71	47th	★★★	★★★
<u>DONALSONVILLE HOSPITAL INC</u>	DONALSONVILLE	*	87	100	89	14th	76	80th	★★★	★★★
<u>PIEDMONT MOUNTAINSIDE HOSPITAL INC</u>	JASPER	80	85	92	92	14th	75	73rd	★★★	★★★
<u>EMANUEL MEDICAL CENTER</u>	SWAINSBORO	*	89	86	96	13th	76	81st	★★★	★★★
<u>UNIVERSITY MCDUFFIE COUNTY REGIONAL MEDICAL CENTER</u>	THOMSON	*	80	88	90	13th	75	73rd	★★★	★★★
<u>BURKE MEDICAL CENTER</u>	WAYNESBORO	*	93	86	*	13th	67	16th	★★★	★★★
<u>CHESTATEE REGIONAL HOSPITAL</u>	DAHLONEGA	*	92	94	87	13th	69	33rd	★★★	★★★
<u>PHOEBE SUMTER MEDICAL CENTER</u>	AMERICUS	*	85	86	90	12th	75	73rd	★★★	★★★

<u>IRWIN COUNTY HOSPITAL</u>	OCILLA	*	*	*	88	12th	74	66th	★★★	★★★
<u>BROOKS COUNTY HOSPITAL</u>	QUITMAN	*	97	78	*	12th	77	84th	★★★	★★★
<u>APPLING HOSPITAL</u>	BAXLEY	*	87	88	*	11th	71	43rd	★★★	★★★
<u>CANDLER COUNTY HOSPITAL</u>	METTER	*	78	91	*	10th	*	*	★★★	★★★
<u>JEFFERSON HOSPITAL</u>	LOUISVILLE	*	89	75	*	9th	76	80th	★★★	★★★
<u>WILLS MEMORIAL HOSPITAL</u>	WASHINGTON	*	87	69	*	9th	*	*	★★★	★★★
<u>MEMORIAL HOSPITAL AND MANOR</u>	BAINBRIDGE	*	76	78	84	7th	71	47th	★★★	★★★
<u>NORTH GEORGIA MEDICAL CENTER</u>	ELLIJAY	*	91	71	76	6th	66	12th	★★★	★★★
<u>BLECKLEY MEMORIAL HOSPITAL</u>	COCHRAN	*	74	100	*	6th	*	*	★★★	★★★
<u>WARM SPRINGS MEDICAL CENTER</u>	WARM SPRINGS	*	61	87	*	4th	*	*	*	*
<u>CHARLTON MEMORIAL HOSPITAL</u>	FOLKSTON	*	*	60	*	2nd	73	65th	★★★	★★★
<u>JEFF DAVIS HOSPITAL</u>	HAZLEHURST	*	67	64	*	2nd	*	*	*	*
<u>FLINT RIVER HOSPITAL</u>	MONTEZUMA	*	51	61	*	1st	74	69th	★★★	★★★
<u>PHOEBE WORTH MEDICAL CENTER</u>	SYLVESTER	*	18	*	*	0th	*	*	★★★★	★★★★
<u>TURNING POINT HOSPITAL</u>	MOULTRIE	*	*	*	*	*	*	*	★★★★	★★★★
<u>SOUTHWEST GEORGIA REGIONAL MEDICAL CENTER</u>	CUTHBERT	*	*	*	*	*	*	*	*	*
<u>JASPER MEMORIAL HOSPITAL</u>	MONTICELLO	*	*	*	*	*	*	*	★★★★	★★★★

<u>MORGAN MEMORIAL HOSPITAL</u>	MADISON	*	*	*	*	*	*	*	*	*
<u>MILLER COUNTY HOSPITAL</u>	COLQUITT	*	*	*	*	*	*	*	*	*
<u>CALHOUN MEMORIAL HOSPITAL</u>	ARLINGTON	*	*	*	*	*	*	*	*	*
<u>LOWER OCONEE COMMUNITY HOSPITAL INC</u>	GLENWOOD	*	*	*	*	*	*	*	*	*
<u>STEWART WEBSTER HOSPITAL</u>	RICHLAND	*	*	*	*	*	*	*	*	*
<u>MOUNTAIN LAKES MEDICAL CENTER</u>	CLAYTON	*	*	*	*	*	*	*	*	*

¹For all hospitals reporting during 2nd quarter through 1st quarter 2011 (4/1/2011 - 3/31/2012)

*Hospital did not have sufficient case volume to report and was not included in the analysis.

Disclaimer: The rankings displayed on this web site are presented as percentiles. A ranking in the 100th percentile does not necessarily mean that hospitals in that percentile achieved perfect rates on all their measures. It indicates that their rates were better than all other hospitals except for those who are also in the 100th percentile. Similarly, a hospital with a rank in the 50th percentile did not achieve an average of 50% on their performance measures. They performed better than 50% of all the hospitals in the country.

Tab F

Annual Hospital Financial Survey
Phoebe Putney Memorial Hospital

HOSP616 2011 Dougherty

Part A: General Information

Georgia Department of Community Health

Facility UID: Year:
 Facility Name: County:
 Street Address: Mailing Address:

 Medicaid Provider Number : Medicare Provider Number :

Report Period: Please report data for the hospital fiscal year ending during calendar year 2003 only.

Please indicate your hospital fiscal year. through

Please indicate your cost report year. through

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 below:

Part B: Contact Information

Contact Person: Title:
 Telephone: Fax: E-mail:

Part C: Financial Data Elements

Please report the following data elements. Data reported here must balance in other parts of the HFS.

Revenue or Expense	Amount	Revenue or Expense	Amount
1. Inpatient Gross Patient Revenue	525,716,973	7. Bad Debt	39,899,258
2. Outpatient Gross Patient Revenue	602,297,243	8. Indigent Care net (uncompensated)	42,845,850
3. Medicare Contractual Adjustments	350,444,060	9. Charity Care net (uncompensated)	26,184,791
4. Medicaid Contractual Adjustments	149,987,681	10. Other Free Care	0
5. Other Contractual Adjustments	95,970,126	11. Other Revenue/Gains	15,621,477
6. Hill Burton Obligations	0	12. Total Expenses	415,467,606
Total Revenue	1,143,635,693		
Total Contractual Adjustments	596,401,867	Paid Adjustments	0.00
Total I/C Net (Uncompensated)	69,030,641	I/C Uncomp %	11.44%

Part D: Indigent/Charity Care Policies and Agreements

1. Did the hospital have a formal written policy or written policies concerning the provision of indigent and/or charity care during 2011 ? Policy Received? Y/N Date Receive

2. What was the effective date of the policy or policies in effect during 2011 ?

3. Please indicate the title or position held by the person most responsible for adherence to or interpretation of the policy or policies you will provide the department.

4. Did the policy or policies include provisions for the care that is defined as charity pursuant to HFMA guidelines and the definitions contained in the Glossary that accompanies this survey (i.e., a sliding fee scale or the accomodation to

Tuesday, May 07, 2013

2011 HFS Survey 1 of 7

HOSP616 Phoebe Putney Memorial Hospital

ATTACHMENT F

provide care without the expectation of compensation for patients whose individual or family income exceeds 125% of federal poverty level guidelines)?

5. If you had a provision for charity care in your policy, as reflected by responding yes to item 4, what was the maximum income level, expressed as a percentage of the federal poverty guidelines, for a patient to be considered for charity care (e.g., 185%, 200%, 235%, etc.)?

6. Did the hospital have an agreement or agreements with any city or county concerning the receipt of government funds for indigent and/or charity care during 2011 ?

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2011 HFS Survey 2 of 7

HOSP616 Phoebe Putney Memorial Hospital

Part E: Indigent And Charity Care

Please indicate the totals for indigent and charity care for the categories provided below. If the hospital used a sliding fee scale for certain charity patients, only the net charges to charity should be reported (i.e., gross patient charges less any payments received from or billed to the patient.) Total Uncompensated I/C Care must balance to totals reported in Part C.

	Indigent Care	Charity Care	Indigent/Charity Care Provided
1. Inpatient	20,192,559	12,731,963	32,924,522
2. Outpatient	22,653,291	13,452,828	36,106,119
	42,845,850	26,184,791	
			Gross I/C 69,030,641

Source of funding	Amount	Source of funding	Amount
3. Home County	0	8. Federal Government	0
4. Other Counties	0	9. Non-Government Sources	0
5. City Or Cities	0	10. Charitable Contributions	0
6. Hospital Authority	0	11. Trust Fund From Sale Of Public Hospital	0
7. State Programs And Any Other State Funds (Do Not Include Indigent Care Trust Funds)	0	12. All Other	0
		Total Compensation for I/C Care	0
		Uncompensated I/C Care	69,030,641

Part F: Total Indigent/Charity Care By County

Inp Ad-I = Inpatient Admissions (Indigent Care)
 Inp Ch-I = Inpatient Charges (Indigent Care)
 Out Vis-I = Outpatient Visits (Indigent Care)
 Out Ch-I = Outpatient Charges (Indigent Care)

Inp Ad-C = Inpatient Admissions (Charity Care)
 Inp Ch-C = Inpatient Charges (Charity Care)
 Out Vis-C = Outpatient Visits (Charity Care)
 Out Ch-C = Outpatient Charges (Charity Care)

To delete a row, click the gray box to the left of the row and press the Delete key. If you get an error message, press the Esc key and try again.

County	Inp Ad-I	Inp Ch-I	Out Vis-I	Out Ch-I	Inp Ad-C	Inp Ch-C	Out Vis-C	Out Ch-C
Alabama	0	0	7	31,473	0	0	10	22,131
Appling	0	0	11	21,552	0	0	2	8,725
Baker	8	174,187	85	307,512	2	557	33	22,148
Barrow	0	0	0	0	2	134,143	0	0
Ben Hill	11	202,621	58	50,761	2	54,958	6	64,877
Berrien	1	76,037	24	17,613	0	0	9	207,378
Bibb	0	0	2	1,568	0	0	5	2,337
Brooks	0	0	0	0	0	0	1	14,405
Bulloch	0	0	1	238	0	0	0	0
Burke	0	0	2	290	0	0	0	0
Butts	0	0	0	0	0	0	1	2,934
Calhoun	10	277,027	149	345,799	46	1,047,386	98	242,074
Carroll	0	0	0	0	0	0	2	5,086
Chatham	0	0	2	2,649	1	35	1	102
Clarke	0	0	0	0	1	1,144	0	0
Clay	1	82,006	12	7,760	0	0	12	69,251
Cobb	0	0	15	67,530	0	0	2	12,707
Coffee	1	275,592	6	14,828	2	501,455	0	0
Colquitt	31	949,845	182	467,602	39	698,246	210	392,052
Columbia	0	0	0	0	1	9,247	0	0
Cook	2	82,529	30	295,164	0	0	1	376
Crisp	24	329,948	125	287,906	30	202,281	133	377,857
Decatur	12	248,580	73	234,561	3	23,037	21	20,681
DeKalb	0	0	2	2,776	0	0	0	0

County	Inp Ad-I	Inp Ch-I	Out Vis-I	Out Ch-I	Inp Ad-C	Inp Ch-C	Out Vis-C	Out Ch-C
Dodge	0	0	0	0	0	0	2	4,618
Dooly	0	0	50	102,507	5	32,391	22	90,136
Dougherty	530	8,670,355	6,849	11,580,888	929	5,309,169	6,121	8,441,133
Early	12	248,030	34	93,016	4	970	11	10,908
Florida	3	20,793	12	29,210	2	10,886	31	73,685
Forsyth	0	0	0	0	0	0	1	638
Fulton	3	3,639	6	9,401	1	61,306	2	9,599
Glynn	0	0	0	0	0	0	1	1,056
Gordon	0	0	0	0	0	0	1	3,188
Grady	0	0	24	76,642	0	0	3	1,478
Gwinnett	0	0	5	775	0	0	1	172
Hall	1	1,496	6	3,568	0	0	3	19,946
Haralson	0	0	0	0	0	0	1	648
Henry	0	0	1	6,385	0	0	0	0
Houston	4	62,842	16	15,214	0	0	1	603
Irwin	1	68,099	14	41,308	0	0	1	4,973
Jones	1	16,152	0	0	0	0	0	0
Lee	91	1,437,005	1,045	1,861,188	60	595,286	533	752,774
Lowndes	1	21,474	2	4,621	0	0	4	48,780
Macon	4	169,509	20	13,619	0	0	8	7,796
Marion	1	1,105	13	5	0	0	0	0
Miller	5	173,601	42	532,928	2	13,502	25	63,466
Mitchell	45	858,680	553	1,424,869	114	1,232,865	433	839,193
Monroe	0	0	1	563	0	0	0	0
Muscogee	1	2,273	3	5,466	0	0	2	79
North Carolina	0	0	5	598	0	0	1	23
Other Out of Stat	2	107,962	13	26,015	6	1,707	7	3,327
Peach	3	104,481	0	0	0	0	0	0
Quitman	4	27,306	14	48,227	1	21,665	3	14,374
Randolph	27	645,202	180	377,904	13	54,848	67	155,853
Richmond	1	3,964	2	2,793	0	0	4	853
Rockdale	0	0	0	0	0	0	1	7,870
Schley	4	97,002	26	76,923	2	27,733	11	27,852
Screven	0	0	0	0	0	0	1	1,111
Seminole	1	17,693	15	13,311	0	0	1	19,236
South Carolina	0	0	0	0	0	0	3	260
Spalding	0	0	1	511	1	20	30	38,135
Stewart	4	2,667	24	14,908	2	54,144	5	8,205
Sumter	49	1,000,630	378	664,161	82	1,013,915	304	333,172
Talbot	1	1,119	12	1,060	0	0	0	0
Tennessee	0	0	1	9,080	0	0	1	380
Terrell	71	1,129,557	763	1,163,093	37	505,941	202	339,230
Thomas	3	25,239	25	41,898	1	27,072	3	377
Tift	9	1,159,766	83	109,592	7	33,643	67	64,565
Toombs	0	0	0	0	0	0	3	2,430
Troup	0	0	0	0	0	0	2	12,397
Turner	9	176,467	83	115,182	0	0	60	87,748
Washington	0	0	0	0	0	0	1	1,772

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HOSP616 Phoebe Putney Memorial Hospital

County	Inp Ad-I	Inp Ch-I	Out Vis-I	Out Ch-I	Inp Ad-C	Inp Ch-C	Out Vis-C	Out Ch-C
Webster	6	17,012	33	73,158	3	18,541	16	7,576
Wilcox	0	0	15	31,357	0	0	0	0
Worth	85	1,223,067	815	1,923,765	63	1,043,870	293	486,092

Tuesday, May 07, 2013

2011 HFS Survey 5 of 7

HOSP616 Phoebe Putney Memorial Hospital

Part G: Indigent Care Trust Fund Addenda

1. Does your hospital participate, or plan to participate, in the Indigent Care Trust Fund?

If yes, you must complete Part G.

2. A. Please report charges and cash receipts for the report period. Note: Charges should include only patient-specific transactions for dates of service during the report period. Cash Receipts should include only patient-specific transactions recorded during the report period, without regard to the date the service was actually provided.

1. Charges: (for services provided during the report period).

2. Cash Receipt: (for payments received during the report period). Please include any DSH payment from other state Medicaid Programs. Do not include Georgia ICTF or UPL payments.

Georgia Medicaid Program	Other State Medicaid Programs	Uninsured Georgia Residents	Uninsured out of state Residents
0	0	0	0
0	0	0	0

2. B. Please report the following data related to Upper Payment Limit (UPL) transactions or Other Rate Adjustments with the Georgia Medicaid Program.

1. Gross Payments to the Hospital for UPL and Other Rate Adjustments

0

2. Intergovernmental Transfers from the Hospital for UPL and Other Rate Adjustments

0

3. Net Funds Received for UPL and Other Rate Adjustments

0

3. Indigent Care Trust Fund Services:

A. Qualified Medically Indigent Patients with Incomes Up To 125% of the Federal Poverty Level Guidelines and Served without Charge.

B. Medically Indigent Patients with Incomes Between 125% and 200% of the Federal Poverty Level Guidelines where Adjustments were Made to Patient mounts Due in Accordance with an Established Sliding Scale.

C. Catastrophic Medically Indigent Qualified Account Adjustments in Accordance with the Department-Approved Policy.

Amount Charged to ICTF

Number of Patients Served

SFY 2010	SFY 2011	SFY 2012	Total
7/1/09-6/30/10	7/1/10-6/30/11	7/1/11-6/30/12	
0	40,251,423	2,594,427	42,845,850
0	23,645,282	2,539,509	26,184,791
0	0	0	0
0	63,896,705	5,133,936	69,030,641
0	21,126	2,231	

4. Expenditure Report for the Indigent Care Trust Primary Care Plan

Delete? = Check if project doesn't exist or is closed
SFY = State Fiscal Year

Column a = Total budgeted expenditures for project
Column b = Amount of ICTF primary care plan

in total budgeted expenditures

Column c = Total project expenditures prior to current report period

Column d = Total project expenditures this report

Column e = Balancing ICTF funds remaining for this project

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HOSP616 Phoebe Putney Memorial Hospital

Tuesday, May 07, 2013

2011 HFS Survey 7 of 7

HOSP616 Phoebe Putney Memorial Hospital

Annual Hospital Financial Survey A
Phoebe Putney Memorial Hospital

HOSP616 2011 Dougherty

Georgia Department of Community Health

Facility UID: Year:
 Facility Name: County:
 Street Address: Mailing Address:

 Medicaid Provider Number: Medicare Provider Number:

Report Period: Please report data for the hospital fiscal year ending during calendar year 2004 only.

Please indicate your hospital fiscal year. through

Please indicate your cost report year. through

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 below:

Part B: Contact Information

Contact Person: Title:
 Telephone: Fax: E-mail:

Part C: Financial Data and Indigent and Charity Care

Please report the following data elements. Data reported here must balance in other parts of the HFS.

Revenue or Expense	Amount	Revenue or Expense	Amount
1a. Inpatient Gross Patient Revenue	525,716,973	5. Other Contractual Adjustments:	95,970,126
1b. Total Inpatient Admissions accounting for Inpatient Revenue	20,076	6. Hill Burton Obligations:	0
2a. Outpatient Gross Patient Revenue	602,297,243	7. Bad debt:	39,899,258
2b. Total Outpatient Visits accounting for Outpatient Revenue	324,163	8. Uncompensated Indigent Care (net):	42,845,850
3. Medicare Contractual Adjustments:	350,444,060	9. Uncompensated Charity Care (net):	26,184,791
4. Medicaid Contractual Adjustments:	149,987,681	10. Other Free Care:	0
		11. Other Revenue/Gains:	15,621,477
		12. Total Expenses:	415,467,606

Paid Adjustments

I/C Uncomp %

Part D: Indigent/Charity Care Policies and Agreements

Policy Received?

Y/N Date Receive

- Did the hospital have a formal written policy or written policies concerning the provision of indigent and/or charity care during 2011?
- What was the effective date of the policy or policies in effect during 2011?
- Please indicate the title or position held by the person most responsible for adherence to or interpretation of the policy or policies you will provide the department.
- Did the policy or policies include provisions for the care that is defined as charity pursuant to HFMA guidelines and the definitions contained in the Glossary that accompanies this survey (i.e., a sliding fee scale or the accommodation to provide care without the expectation of compensation for patients whose individual or family income exceeds 125% of federal poverty level guidelines)?
- If you had a provision for charity care in your policy, as reflected by responding yes to item 4, what was the maximum

income level, expressed as a percentage of the federal poverty guidelines, for a patient to be considered for charity care (e.g., 185%, 200%, 235%, etc.)?

6. Did the hospital have an agreement or agreements with any city or county concerning the receipt of government funds for indigent and/or charity care during 2011 ?

Part E: Indigent And Charity Care

Please indicate the totals for gross indigent and charity care for the categories provided below. If the hospital used a sliding fee scale for certain charity patients, only the net charges to charity should be reported (i.e., gross patient charges less any payments received from or billed to the patient.)

	Indigent Care	Charity Care	Indigent/Charity Care Provided		
1. Inpatient	20,192,559	12,731,963	32,924,522		
2. Outpatient	22,653,291	13,452,828	36,106,119		
	42,845,850	26,184,791		Gross I/C	69,030,641

Source of funding	Amount	Source of funding	Amount
3. Home County	0	8. Federal Government	0
4. Other Counties	0	9. Non-Government Sources	0
5. City Or Cities	0	10. Charitable Contributions	0
6. Hospital Authority	0	11. Trust Fund From Sale Of Public Hospital	0
7. State Programs And Any Other State Funds (Do Not Include Indigent Care Trust Funds)	0	12. All Other	0
		Total Compensation for I/C Care	0
		Uncompensated I/C Care	69,030,641

Please indicate the totals for net indigent and charity care for the categories provided below. Total Uncompensated I/C Care must balance to totals reported in Part C.

	Indigent Care	Charity Care	Indigent/Charity Care Provided
1. Inpatient	20,192,559	12,731,963	32,924,522
2. Outpatient	22,653,291	13,452,828	36,106,119
	42,845,850	26,184,791	

Part F: Total Indigent/Charity Care By County

Inp Ad-I = Inpatient Admissions (Indigent Care)
 Inp Ch-I = Inpatient Charges (Indigent Care)
 Out Vis-I = Outpatient Visits (Indigent Care)
 Out Ch-I = Outpatient Charges (Indigent Care)

Inp Ad-C = Inpatient Admissions (Charity Care)
 Inp Ch-C = Inpatient Charges (Charity Care)
 Out Vis-C = Outpatient Visits (Charity Care)
 Out Ch-C = Outpatient Charges (Charity Care)

To delete a row, click the gray box to the left of the row and press the Delete key. If you get an error message, press the Esc key and try again.

County	Inp Ad-I	Inp Ch-I	Out Vis-I	Out Ch-I	Inp Ad-C	Inp Ch-C	Out Vis-C	Out Ch-C
Alabama	0	0	7	31,473	0	0	10	22,131
Appling	0	0	11	21,552	0	0	2	8,725
Baker	8	174,187	85	307,512	2	557	33	22,148
Barrow	0	0	0	0	2	134,143	0	0
Ben Hill	11	202,621	58	50,761	2	54,958	6	64,877
Berrien	1	76,037	24	17,613	0	0	9	207,378
Bibb	0	0	2	1,568	0	0	5	2,337
Brooks	0	0	0	0	0	0	1	14,405
Bulloch	0	0	1	238	0	0	0	0
Burke	0	0	2	290	0	0	0	0
Butts	0	0	0	0	0	0	1	2,934
Calhoun	10	277,027	149	345,799	46	1,047,386	98	242,074
Carroll	0	0	0	0	0	0	2	5,086
Chatham	0	0	2	2,649	1	35	1	102
Clarke	0	0	0	0	1	1,144	0	0
Clay	1	82,006	12	7,760	0	0	12	69,251
Cobb	0	0	15	67,530	0	0	2	12,707
Coffee	1	275,592	6	14,828	2	501,455	0	0
Colquitt	31	949,845	182	467,602	39	698,246	210	392,052
Columbia	0	0	0	0	1	9,247	0	0

County	Inp Ad-I	Inp Ch-I	Out Vis-I	Out Ch-I	Inp Ad-C	Inp Ch-C	Out Vis-C	Out Ch-C
Cook	2	82,529	30	295,164	0	0	1	376
Crisp	24	329,948	125	287,906	30	202,281	133	377,857
Decatur	12	248,580	73	234,561	3	23,037	21	20,681
DeKalb	0	0	2	2,776	0	0	0	0
Dodge	0	0	0	0	0	0	2	4,618
Dooly	0	0	50	102,507	5	32,391	22	90,136
Dougherty	530	8,670,355	6,849	11,580,888	929	5,309,169	6,121	8,441,133
Early	12	248,030	34	93,016	4	970	11	10,908
Florida	3	20,793	12	29,210	2	10,886	31	73,685
Forsyth	0	0	0	0	0	0	1	638
Fulton	3	3,639	6	9,401	1	61,306	2	9,599
Glynn	0	0	0	0	0	0	1	1,056
Gordon	0	0	0	0	0	0	1	3,188
Grady	0	0	24	76,642	0	0	3	1,478
Gwinnett	0	0	5	775	0	0	1	172
Hall	1	1,496	6	3,568	0	0	3	19,946
Haralson	0	0	0	0	0	0	1	648
Henry	0	0	1	6,385	0	0	0	0
Houston	4	62,842	16	15,214	0	0	1	603
Irwin	1	68,099	14	41,308	0	0	1	4,973
Jones	1	16,152	0	0	0	0	0	0
Lee	91	1,437,005	1,045	1,861,188	60	595,286	533	752,774
Lowndes	1	21,474	2	4,621	0	0	4	48,780
Macon	4	169,509	20	13,619	0	0	8	7,796
Marion	1	1,105	13	5	0	0	0	0
Miller	5	173,601	42	532,928	2	13,502	25	63,466
Mitchell	45	858,680	553	1,424,869	114	1,232,865	433	839,193
Monroe	0	0	1	563	0	0	0	0
Muscogee	1	2,273	3	5,466	0	0	2	79
North Carolina	0	0	5	598	0	0	1	23
Other Out of Stat	2	107,962	13	26,015	6	1,707	7	3,327
Peach	3	104,481	0	0	0	0	0	0
Quitman	4	27,306	14	48,227	1	21,665	3	14,374
Randolph	27	645,202	180	377,904	13	54,848	67	155,853
Richmond	1	3,964	2	2,793	0	0	4	853
Rockdale	0	0	0	0	0	0	1	7,870
Schley	4	97,002	26	76,923	2	27,733	11	27,852
Screven	0	0	0	0	0	0	1	1,111
Seminole	1	17,693	15	13,311	0	0	1	19,236
South Carolina	0	0	0	0	0	0	3	260
Spalding	0	0	1	511	1	20	30	38,135
Stewart	4	2,667	24	14,908	2	54,144	5	8,205
Sumter	49	1,000,630	378	664,161	82	1,013,915	304	333,172
Talbot	1	1,119	12	1,060	0	0	0	0
Tennessee	0	0	1	9,080	0	0	1	380
Terrell	71	1,129,557	763	1,163,093	37	505,941	202	339,230
Thomas	3	25,239	25	41,898	1	27,072	3	377
Tift	9	1,159,766	83	109,592	7	33,643	67	64,565
Toombs	0	0	0	0	0	0	3	2,430
Troup	0	0	0	0	0	0	2	12,397
Turner	9	176,467	83	115,182	0	0	60	87,748
Washington	0	0	0	0	0	0	1	1,772
Webster	6	17,012	33	73,158	3	18,541	16	7,576

County	Inp Ad-I	Inp Ch-I	Out Vis-I	Out Ch-I	Inp Ad-C	Inp Ch-C	Out Vis-C	Out Ch-C
Wilcox	0	0	15	31,357	0	0	0	0
Worth	85	1,223,067	815	1,923,765	63	1,043,870	293	486,092

Total Inpatient Admissions (Indigent Care)	1,083	Total Inpatient Admissions (Charity Care)	1,464
Total Inpatient Charges (Indigent Care)	20,192,559	Total Inpatient Charges (Charity Care)	12,731,963
Total Outpatient Visits (Indigent Care)	11,970	Total Outpatient Visits (Charity Care)	8,840
Total Outpatient Charges (Indigent Care)	22,653,291	Total Outpatient Charges (Charity Care)	13,452,828

Tuesday, May 07, 2013

2011 HFS Survey Parts A-F: 6 of 6

HOSP616 Phoebe Putney Memorial Hospital

Part G: Indigent Care Trust Fund Addenda

1. Does your hospital participate, or plan to participate, in the Indigent Care Trust Fund?
 If yes, you must complete Part G.

2. a. Please report charges and cash receipts for the report period. Note: Charges should include only patient-specific transactions for dates of service during the report period. Cash Receipts should include only patient-specific transactions recorded during the report period, without regard to the date the service was actually provided.

	Georgia Medicaid Program	Other State Medicaid Programs	Uninsured Georgia Residents	Uninsured out of state Residents
1. Charges: (for services provided during the report period).	0	0	0	0
2. Cash Receipt: (for payments received during the report period). Please include any DSH payment from other state Medicaid Programs. Do not include Georgia ICTF or UPL payments.	0	0	0	0

2. b. Please report the following data related to Upper Payment Limit (UPL) transactions or Other Rate Adjustments with the Georgia Medicaid Program.

1. Gross Payments to the Hospital for UPL and Other Rate Adjustments	0
2. Intergovernmental Transfers from the Hospital for UPL and Other Rate Adjustments	0
3. Net Funds Received for UPL and Other Rate Adjustments	0

3. Indigent Care Trust Fund Services:

A. Qualified Medically Indigent Patients with Incomes Up To 125% of the Federal Poverty Level Guidelines and Served without Charge.

B. Medically Indigent Patients with Incomes Between 125% and 200% of the Federal Poverty Level Guidelines where Adjustments were Made to Patient mounts Due in Accordance with an Established Sliding Scale.

C. Other Patients in Accordance with the Department-Approved Policy.

Amount Charged to ICTF

Number of Patients Served

	SFY 2010 7/1/09-6/30/10	SFY 2011 7/1/10-6/30/11	SFY 2012 7/1/11-6/30/12	Total
A.	0	40,251,423	2,594,427	42,845,850
B.	0	23,645,282	2,539,509	26,184,791
C.	0	0	0	0
Amount Charged to ICTF	0	63,896,705	5,133,936	69,030,641
Number of Patients Served	0	21,126	2,231	

4. Expenditure Report for the Indigent Care Trust Primary Care Plan

Delete? = Check if project doesn't exist or is closed
 SFY = State Fiscal Year
 Column a = Total budgeted expenditures for project
 Column b = Amount of ICTF primary care plan

in total budgeted expenditures
 Column c = Total project expenditures prior to current report period
 Column d = Total project expenditures this report
 Column e = Balancing ICTF funds remaining for this project

UID	SFY	Description	Column a	Column b	Column c	Column d	Column e	Column f
HOSP616	1992	Housing for Temporary Ph	2,000	2,000	0	2,000	2,000	0
HOSP616	1992	Recruiting and Staffing Ph	30,000	30,000	0	30,000	30,000	0
HOSP616	1992	Family Practice Residency	1,379,078	1,379,078	0	1,379,078	1,379,078	0
HOSP616	1992	Chronic Ill Case Mgmt	120,000	120,000	0	120,000	120,000	0
HOSP616	1993	Mobile Mammography	241,000	241,000	0	241,000	241,000	0

UID	SFY	Description	Column a	Column b	Column c	Column d	Column e	Column f
HOSP616	1993	SOWEGA-CHI, Multiple Pr	787,000	787,000	0	787,000	787,000	0
HOSP616	1993	Diabetic Education	72,000	72,000	0	72,000	72,000	0
HOSP616	1993	Physician Recruiting	140,000	140,000	0	140,000	140,000	0
HOSP616	1994	Albany Area Primary Healt	200,000	200,000	0	200,000	200,000	0
HOSP616	1994	Mobile Screening Van	125,000	125,000	0	0	0	125,000
HOSP616	1994	Network of Trust	97,850	97,850	0	97,850	97,850	0
HOSP616	1994	Physician Recruiting	118,000	118,000	0	118,000	118,000	0
HOSP616	1994	Public Health Department	410,350	410,350	0	410,350	410,350	0
HOSP616	1994	Rural Health Clinics	450,000	450,000	0	450,000	450,000	0
HOSP616	1995	Albany Area Primary Healt	325,000	325,000	0	325,000	325,000	0
HOSP616	1995	PPMH - Rural Health Deve	430,500	430,500	0	0	0	430,500
HOSP616	1995	PPMH - Rural Health Clinic	459,000	459,000	0	459,000	459,000	0
HOSP616	1995	Albany State College - Mo	48,000	48,000	0	48,000	48,000	0
HOSP616	1995	Public Health Department	140,000	140,000	0	140,000	140,000	0
HOSP616	1995	PPMH - Family Practice R	844,000	844,000	0	844,000	844,000	0
HOSP616	1996	PPMH - Establish 2 Conve	600,000	600,000	0	600,000	600,000	0
HOSP616	1996	Public Health Department	100,661	100,661	0	100,661	100,661	0
HOSP616	1996	PPMH - Rural Health Deve	10,000	10,000	0	5,600	5,600	4,400
HOSP616	1996	PPMH - Rural Health Deve	20,000	20,000	0	2,975	2,975	17,025
HOSP616	1996	PPMH - Rural Health Deve	16,000	16,000	0	0	0	16,000
HOSP616	1996	Network of Trust - Babies	86,000	86,000	0	86,000	86,000	0
HOSP616	1996	GHA - Ga Partnership for	10,000	10,000	0	0	0	10,000
HOSP616	1996	Albany Area Primary Healt	270,000	270,000	0	270,000	270,000	0
HOSP616	1996	Albany Area Primary Healt	495,000	495,000	0	495,000	495,000	0
HOSP616	1997	PPMH - Smoking Preventi	30,360	30,360	0	30,360	30,360	0
HOSP616	1997	PPMH - Physician & Midle	185,000	185,000	0	44,552	44,552	140,448
HOSP616	1997	Public Health Department	55,600	55,600	0	55,600	55,600	0
HOSP616	1997	PPMH - Teen Pregnancy P	65,000	65,000	0	65,000	65,000	0
HOSP616	1997	PPMH - Teen Pregnancy -	73,639	73,639	0	73,639	73,639	0
HOSP616	1997	PPMH - Rural Health Deve	388,000	388,000	0	380,842	380,842	7,158
HOSP616	1997	PPMH - Patient Education	136,755	136,755	0	136,755	136,755	0
HOSP616	1997	PPMH - Osteoporosis Outr	50,000	50,000	0	0	0	50,000
HOSP616	1997	PPMH - Renatal & Adolesc	14,550	14,550	0	0	0	14,550
HOSP616	1997	Albany Area Primary Healt	375,000	375,000	0	375,000	375,000	0
HOSP616	1998	PPMH - Physician Recruit	30,450	30,450	0	30,450	30,450	0
HOSP616	1998	PPMH - Service Expansion	125,000	125,000	0	0	0	125,000
HOSP616	1998	PPMH - Network of Trust	50,000	50,000	0	50,000	50,000	0
HOSP616	1998	PPMH - Arlington & Cuthb	45,000	45,000	0	0	0	45,000
HOSP616	1998	Public Health Department	70,662	70,662	0	70,662	70,662	0
HOSP616	1998	Albany Area Primary Healt	200,000	200,000	0	200,000	200,000	0
HOSP616	1999	Miller County - Equipment	60,000	60,000	0	60,000	60,000	0
HOSP616	1999	Public Health Department -	167,692	167,692	0	167,692	167,692	0
HOSP616	1999	PPMH - Project Saferide	26,929	26,929	0	26,929	26,929	0
HOSP616	1999	PPMH - Additional Settlem	60,409	60,409	0	0	0	60,409
HOSP616	1999	Albany Area Primary Healt	338,043	338,043	0	338,043	338,043	0
HOSP616	1999	PPMH - Network of Trust	44,928	44,928	0	44,928	44,928	0
HOSP616	2000	Albany Area Primary Healt	120,514	120,514	86,600	0	86,600	33,914
HOSP616	2000	PPMH - Network of Trust	50,000	50,000	0	50,000	50,000	0
HOSP616	2000	PPMH - PeachCare Outrea	5,000	5,000	0	5,000	5,000	0
HOSP616	2000	Public Health Department -	301,390	301,390	0	166,200	166,200	135,190

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UID	SFY	Description	Column a	Column b	Column c	Column d	Column e	Column f
HOSP616	2001	Chronic Disease / Case M	330,000	330,000	0	0	0	330,000
HOSP616	2001	Network of Trust	50,000	50,000	0	0	0	50,000
HOSP616	2001	Kiwanis Indigent Clinic	50,000	50,000	0	0	0	50,000
HOSP616	2001	PeachCare Outreach and	20,000	20,000	0	0	0	20,000
HOSP616	2001	Public Health Department	175,000	175,000	0	0	0	175,000
HOSP616	2001	Eigth Grade Health Screen	19,000	19,000	0	0	0	19,000
HOSP616	2001	Emergency Preparedness	28,000	28,000	0	0	0	28,000
HOSP616	2001	Indigent Drug Program	50,000	50,000	0	0	0	50,000
HOSP616	1992	Family Practice Residency	1,379,078	1,379,078	0	1,379,078	1,379,078	0
HOSP616	1992	Recruiting & Staffing Physi	30,000	30,000	0	30,000	30,000	0
HOSP616	1992	Housing for Temporary Ph	2,000	2,000	0	2,000	2,000	0
HOSP616	1992	Family Practice Residency	1,379,078	1,379,078	0	1,379,078	1,379,078	0
HOSP616	1992	Chronic Ill Case Mgmt	120,000	120,000	0	120,000	120,000	0
HOSP616	1992	Housing for Temporary Ph	2,000	2,000	0	2,000	2,000	0
HOSP616	1992	Chronic Ill Case Mgmt	120,000	120,000	0	120,000	120,000	0
HOSP616	1993	Physician Recruiting	140,000	140,000	0	140,000	140,000	0
HOSP616	1993	SOWEGA-CHI Multiple Pr	787,000	787,000	0	787,000	787,000	0
HOSP616	1993	Mobile Mammography	241,000	241,000	0	241,000	241,000	0
HOSP616	1993	Diabetic Education	72,000	72,000	0	72,000	72,000	0
HOSP616	1993	Mobile Mammography	241,000	241,000	0	241,000	241,000	0
HOSP616	1993	Physician Recruiting	140,000	140,000	0	140,000	140,000	0
HOSP616	1993	Diabetic Education	72,000	72,000	0	72,000	72,000	0
HOSP616	1994	Network of Trust	97,850	97,850	0	97,850	97,850	0
HOSP616	1994	Physician Recruiting	118,000	118,000	0	118,000	118,000	0
HOSP616	1994	Network of Trust	97,850	97,850	0	97,850	97,850	0
HOSP616	1994	Mobile Screening Van	125,000	125,000	0	0	0	125,000
HOSP616	1994	Establish 2 Rural Health Cl	450,000	450,000	0	450,000	450,000	0
HOSP616	1994	Mobile Screening Van	125,000	125,000	0	0	0	125,000
HOSP616	1994	Physician Recruiting	118,000	118,000	0	118,000	118,000	0
HOSP616	1994	Public Health Dept - Multipl	410,350	410,350	0	410,350	410,350	0
HOSP616	1994	AAPHC - pediatric Primary	200,000	200,000	0	200,000	200,000	0
HOSP616	1995	Public Health Dept - Multipl	140,000	140,000	0	140,000	140,000	0
HOSP616	1995	PPMH - Rural Health Deve	459,000	459,000	0	459,000	459,000	0
HOSP616	1995	ASU - Mobile Outreach Cli	48,000	48,000	0	48,000	48,000	0
HOSP616	1995	AAPHC - Multiple Projects	325,000	325,000	0	325,000	325,000	0
HOSP616	1995	PPMH - Family Practice R	844,000	844,000	0	844,000	844,000	0
HOSP616	1995	PPMH - Rural Health Deve	430,500	430,500	0	0	0	430,500
HOSP616	1995	PPMH - Rural Health Deve	430,500	430,500	0	0	0	430,500
HOSP616	1996	PPMH - Rural Health Deve	16,000	16,000	0	0	0	16,000
HOSP616	1996	AAPHC - Dawson Expansi	270,000	270,000	0	270,000	270,000	0
HOSP616	1996	PPMH - Rural Health Deve	20,000	20,000	0	2,975	2,975	17,025
HOSP616	1996	PPMH - Rural Health Deve	10,000	10,000	0	5,600	5,600	4,400
HOSP616	1996	PPMH - Rural Health Deve	16,000	16,000	0	0	0	16,000
HOSP616	1996	PPMH - Rural Health Deve	10,000	10,000	0	5,600	5,600	4,400
HOSP616	1996	PPMH - Rural Health Deve	20,000	20,000	0	2,975	2,975	17,025
HOSP616	1996	Network of Trust	86,000	86,000	0	86,000	86,000	0
HOSP616	1996	PPMH - Establish 2 Conv	600,000	600,000	0	600,000	600,000	0
HOSP616	1996	AAPHC - Multiple Projects	495,000	495,000	0	495,000	495,000	0
HOSP616	1996	Public Health Dept - Multipl	100,661	100,661	0	100,661	100,661	0
HOSP616	1996	GHA - Ga Parnership for C	10,000	10,000	0	0	0	10,000

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UID	SFY	Description	Column a	Column b	Column c	Column d	Column e	Column f
HOSP616	1997	PPMH - Teen Pregnancy -	73,639	73,639	0	73,639	73,639	0
HOSP616	1997	AAPHC - Multiple Projects	375,000	375,000	0	375,000	375,000	0
HOSP616	1997	PPMH - Teen Pregnancy P	65,000	65,000	0	65,000	65,000	0
HOSP616	1997	PPMH - Physician & Midle	185,000	185,000	0	44,552	44,552	140,448
HOSP616	1997	PPMH - Smoking Preventi	30,360	30,360	0	30,360	30,360	0
HOSP616	1997	PPMH - Patient Education	136,755	136,755	0	136,755	136,755	0
HOSP616	1997	PPMH - Osteoporosis	50,000	50,000	0	0	0	50,000
HOSP616	1997	PPMH - Prenatal & Adoles	14,550	14,550	0	0	0	14,550
HOSP616	1997	PPMH - PPMH - Rural Hea	388,000	388,000	0	380,842	380,842	7,158
HOSP616	1997	PPMH - Physician & Midle	185,000	185,000	0	44,552	44,552	140,448
HOSP616	1997	PPMH - Teen Pregnancy P	65,000	65,000	0	65,000	65,000	0
HOSP616	1997	Public Health Dept - Multipl	55,600	55,600	0	55,600	55,600	0
HOSP616	1997	PPMH - Smoking Preventi	30,360	30,360	0	30,360	30,360	0
HOSP616	1997	PPMH - Teen Pregnancy -	73,639	73,639	0	73,639	73,639	0
HOSP616	1998	PPMH - Arlington & Cuthb	45,000	45,000	0	0	0	45,000
HOSP616	1998	PPMH - Physician Recruit	30,450	30,450	0	30,450	30,450	0
HOSP616	1998	PPMH - Service Expansion	125,000	125,000	0	0	0	125,000
HOSP616	1998	Public Health Dept - Multipl	70,662	70,662	0	70,662	70,662	0
HOSP616	1998	Network of Trust	50,000	50,000	0	50,000	50,000	0
HOSP616	1998	PPMH - Service Expansion	125,000	125,000	0	0	0	125,000
HOSP616	1998	PPMH - Physician Recruit	30,450	30,450	0	30,450	30,450	0
HOSP616	1998	AAPHC - Multiple Projects	200,000	200,000	0	200,000	200,000	0
HOSP616	1999	PPMH - Add'l Settlement	60,409	60,409	0	0	0	60,409
HOSP616	1999	Network of Trust	44,928	44,928	0	44,928	44,928	0
HOSP616	1999	PPMH - Project Saferide	26,929	26,929	0	26,929	26,929	0
HOSP616	1999	AAPHC - Multiple Projects	338,043	338,043	0	338,043	338,043	0
HOSP616	1999	Miller Co Equipment Purch	60,000	60,000	0	60,000	60,000	0
HOSP616	1999	Public Health Dept - Multipl	167,692	167,692	0	167,692	167,692	0
HOSP616	1999	PPMH - Project Saferide	26,929	26,929	0	26,929	26,929	0
HOSP616	2000	Public Health Dept - Case	301,390	301,390	135,190	166,200	301,390	0
HOSP616	2000	PeachCare Outreach	5,000	5,000	0	5,000	5,000	0
HOSP616	2000	Network of Trust	50,000	50,000	0	50,000	50,000	0
HOSP616	2000	AAPHC - Multiple Projects	120,514	120,514	33,914	86,600	120,514	0
HOSP616	2001	Public Health Dept - Case	175,000	175,000	54,956	0	54,956	120,044
HOSP616	2001	Eighth Grade Health Scree	19,000	19,000	1,310	0	1,310	17,690
HOSP616	2001	Kiwanis Clinic	50,000	50,000	50,000	0	50,000	0
HOSP616	2001	Network of Trust	50,000	50,000	50,000	0	50,000	0
HOSP616	2001	Indigent Drug Program	50,000	50,000	0	0	0	50,000
HOSP616	2001	Emergency Preparedness	28,000	28,000	0	0	0	28,000
HOSP616	2001	Indigent Drug Program	50,000	50,000	0	0	0	50,000
HOSP616	2001	Emergency Preparedness	28,000	28,000	0	0	0	28,000
HOSP616	2001	Chronic Disease Mgmt	330,000	330,000	248,686	0	248,686	81,314
HOSP616	2001	Network of Trust	50,000	50,000	50,000	0	50,000	0
HOSP616	2001	PeachCare Outreach	20,000	20,000	8,700	0	8,700	11,300
HOSP616	1992	Family Practice Residency	1,379,078	1,379,078	0	1,379,078	1,379,078	0
HOSP616	1992	Chronic Ill Case Mgmt	120,000	120,000	0	120,000	120,000	0
HOSP616	1992	Family Practice Residency	1,379,078	1,379,078	0	1,379,078	1,379,078	0
HOSP616	1992	Housing for Temporary Ph	2,000	2,000	0	2,000	2,000	0
HOSP616	1992	Recruiting & Staffing Physi	30,000	30,000	0	30,000	30,000	0
HOSP616	1992	Recruiting and Staffing Ph	30,000	30,000	0	30,000	30,000	0

UID	SFY	Description	Column a	Column b	Column c	Column d	Column e	Column f
HOSP616	1992	Housing for Temporary Ph	2,000	2,000	0	2,000	2,000	0
HOSP616	1992	Housing for Temporary Ph	2,000	2,000	0	2,000	2,000	0
HOSP616	1992	Chronic Ill Case Mgmt	120,000	120,000	0	120,000	120,000	0
HOSP616	1992	Family Practice Residency	1,379,078	1,379,078	0	1,379,078	1,379,078	0
HOSP616	1992	Chronic Ill Case Mgmt	120,000	120,000	0	120,000	120,000	0
HOSP616	1993	Mobile Mammography	241,000	241,000	0	241,000	241,000	0
HOSP616	1993	Mobile Mammography	241,000	241,000	0	241,000	241,000	0
HOSP616	1993	Diabetic Education	72,000	72,000	0	72,000	72,000	0
HOSP616	1993	Physician Recruiting	140,000	140,000	0	140,000	140,000	0
HOSP616	1993	SOWEGA-CHI Multiple Pr	787,000	787,000	0	787,000	787,000	0
HOSP616	1993	Diabetic Education	72,000	72,000	0	72,000	72,000	0
HOSP616	1993	SOWEGA-CHI, Multiple Pr	787,000	787,000	0	787,000	787,000	0
HOSP616	1993	Physician Recruiting	140,000	140,000	0	140,000	140,000	0
HOSP616	1993	Mobile Mammography	241,000	241,000	0	241,000	241,000	0
HOSP616	1993	Diabetic Education	72,000	72,000	0	72,000	72,000	0
HOSP616	1993	Physician Recruiting	140,000	140,000	0	140,000	140,000	0
HOSP616	1994	Physician Recruiting	118,000	118,000	0	118,000	118,000	0
HOSP616	1994	Physician Recruiting	118,000	118,000	0	118,000	118,000	0
HOSP616	1994	Network of Trust	97,850	97,850	0	97,850	97,850	0
HOSP616	1994	Mobile Screening Van	125,000	125,000	0	0	0	125,000
HOSP616	1994	Establish 2 Rural Health Cl	450,000	450,000	0	450,000	450,000	0
HOSP616	1994	Network of Trust	97,850	97,850	0	97,850	97,850	0
HOSP616	1994	Public Health Dept - Multipl	410,350	410,350	0	410,350	410,350	0
HOSP616	1994	Mobile Screening Van	125,000	125,000	0	0	0	125,000
HOSP616	1994	AAPHC - pediatric Primary	200,000	200,000	0	200,000	200,000	0
HOSP616	1994	Rural Health Clinics	450,000	450,000	0	450,000	450,000	0
HOSP616	1994	Public Health Department	410,350	410,350	0	410,350	410,350	0
HOSP616	1994	Physician Recruiting	118,000	118,000	0	118,000	118,000	0
HOSP616	1994	Network of Trust	97,850	97,850	0	97,850	97,850	0
HOSP616	1994	Mobile Screening Van	125,000	125,000	0	0	0	125,000
HOSP616	1994	Albany Area Primary Healt	200,000	200,000	0	200,000	200,000	0
HOSP616	1995	PPMH - Rural Health Deve	430,500	430,500	0	0	0	430,500
HOSP616	1995	PPMH - Rural Health Deve	430,500	430,500	0	0	0	430,500
HOSP616	1995	ASU - Mobile Outreach Cli	48,000	48,000	0	48,000	48,000	0
HOSP616	1995	PPMH - Family Practice R	844,000	844,000	0	844,000	844,000	0
HOSP616	1995	PPMH - Rural Health Deve	459,000	459,000	0	459,000	459,000	0
HOSP616	1995	Public Health Dept - Multipl	140,000	140,000	0	140,000	140,000	0
HOSP616	1995	AAPHC - Multiple Projects	325,000	325,000	0	325,000	325,000	0
HOSP616	1995	Public Health Department	140,000	140,000	0	140,000	140,000	0
HOSP616	1995	Albany Area Primary Healt	325,000	325,000	0	325,000	325,000	0
HOSP616	1995	Albany State College - Mo	48,000	48,000	0	48,000	48,000	0
HOSP616	1995	PPMH - Family Practice R	844,000	844,000	0	844,000	844,000	0
HOSP616	1995	PPMH - Rural Health Clinic	459,000	459,000	0	459,000	459,000	0
HOSP616	1995	PPMH - Rural Health Deve	430,500	430,500	0	0	0	430,500
HOSP616	1996	Network of Trust	86,000	86,000	0	86,000	86,000	0
HOSP616	1996	PPMH - Rural Health Deve	10,000	10,000	0	5,600	5,600	4,400
HOSP616	1996	PPMH - Rural Health Deve	20,000	20,000	0	2,975	2,975	17,025
HOSP616	1996	PPMH - Rural Health Deve	16,000	16,000	0	0	0	16,000
HOSP616	1996	PPMH - Establish 2 Conve	600,000	600,000	0	600,000	600,000	0
HOSP616	1996	GHA - Ga Partnership for	10,000	10,000	0	0	0	10,000

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UID	SFY	Description	Column a	Column b	Column c	Column d	Column e	Column f
HOSP616	1996	AAPHC - Dawson Expansi	270,000	270,000	0	270,000	270,000	0
HOSP616	1996	Public Health Department	100,661	100,661	0	100,661	100,661	0
HOSP616	1996	PPMH - Rural Health Deve	16,000	16,000	0	0	0	16,000
HOSP616	1996	Network of Trust - Babies	86,000	86,000	0	86,000	86,000	0
HOSP616	1996	PPMH - Establish 2 Conv	600,000	600,000	0	600,000	600,000	0
HOSP616	1996	AAPHC - Multiple Projects	495,000	495,000	0	495,000	495,000	0
HOSP616	1996	Public Health Dept - Multipl	100,661	100,661	0	100,661	100,661	0
HOSP616	1996	GHA - Ga Partnership for C	10,000	10,000	0	0	0	10,000
HOSP616	1996	PPMH - Rural Health Deve	10,000	10,000	0	5,600	5,600	4,400
HOSP616	1996	PPMH - Rural Health Deve	20,000	20,000	0	2,975	2,975	17,025
HOSP616	1996	Albany Area Primary Healt	270,000	270,000	0	270,000	270,000	0
HOSP616	1996	PPMH - Rural Health Deve	16,000	16,000	0	0	0	16,000
HOSP616	1996	PPMH - Rural Health Deve	10,000	10,000	0	5,600	5,600	4,400
HOSP616	1996	PPMH - Rural Health Deve	20,000	20,000	0	2,975	2,975	17,025
HOSP616	1996	Albany Area Primary Healt	495,000	495,000	0	495,000	495,000	0
HOSP616	1997	PPMH - Patient Education	136,755	136,755	0	136,755	136,755	0
HOSP616	1997	PPMH - Teen Pregnancy -	73,639	73,639	0	73,639	73,639	0
HOSP616	1997	PPMH - Teen Pregnancy P	65,000	65,000	0	65,000	65,000	0
HOSP616	1997	PPMH - Teen Pregnancy -	73,639	73,639	0	73,639	73,639	0
HOSP616	1997	PPMH - Teen Pregnancy P	65,000	65,000	0	65,000	65,000	0
HOSP616	1997	PPMH - Osteoporosis	50,000	50,000	0	0	0	50,000
HOSP616	1997	PPMH - Smoking Preventi	30,360	30,360	0	30,360	30,360	0
HOSP616	1997	Public Health Dept - Multipl	55,600	55,600	0	55,600	55,600	0
HOSP616	1997	PPMH - Teen Pregnancy -	73,639	73,639	0	73,639	73,639	0
HOSP616	1997	PPMH - PPMH - Rural Hea	388,000	388,000	0	380,842	380,842	7,158
HOSP616	1997	PPMH - Prenatal & Adoles	14,550	14,550	0	0	0	14,550
HOSP616	1997	PPMH - Rural Health Deve	388,000	388,000	0	380,842	380,842	7,158
HOSP616	1997	PPMH - Smoking Preventi	30,360	30,360	0	30,360	30,360	0
HOSP616	1997	Albany Area Primary Healt	375,000	375,000	0	375,000	375,000	0
HOSP616	1997	PPMH - Osteoporosis Outr	50,000	50,000	0	0	0	50,000
HOSP616	1997	PPMH - Patient Education	136,755	136,755	0	136,755	136,755	0
HOSP616	1997	PPMH - Physician & Midle	185,000	185,000	0	44,552	44,552	140,448
HOSP616	1997	AAPHC - Multiple Projects	375,000	375,000	0	375,000	375,000	0
HOSP616	1997	PPMH - Renatal & Adolesc	14,550	14,550	0	0	0	14,550
HOSP616	1997	PPMH - Teen Pregnancy P	65,000	65,000	0	65,000	65,000	0
HOSP616	1997	Public Health Department	55,600	55,600	0	55,600	55,600	0
HOSP616	1997	PPMH - Physician & Midle	185,000	185,000	0	44,552	44,552	140,448
HOSP616	1997	PPMH - Smoking Preventi	30,360	30,360	0	30,360	30,360	0
HOSP616	1997	PPMH - Physician & Midle	185,000	185,000	0	44,552	44,552	140,448
HOSP616	1998	PPMH - Physician Recruit	30,450	30,450	0	30,450	30,450	0
HOSP616	1998	PPMH - Service Expansion	125,000	125,000	0	0	0	125,000
HOSP616	1998	PPMH - Physician Recruit	30,450	30,450	0	30,450	30,450	0
HOSP616	1998	PPMH - Physician Recruit	30,450	30,450	0	30,450	30,450	0
HOSP616	1998	Albany Area Primary Healt	200,000	200,000	0	200,000	200,000	0
HOSP616	1998	PPMH - Arlington & Cuthb	45,000	45,000	0	0	0	45,000
HOSP616	1998	PPMH - Network of Trust	50,000	50,000	0	50,000	50,000	0
HOSP616	1998	Public Health Dept - Multipl	70,662	70,662	0	70,662	70,662	0
HOSP616	1998	AAPHC - Multiple Projects	200,000	200,000	0	200,000	200,000	0
HOSP616	1998	PPMH - Arlington & Cuthb	45,000	45,000	0	0	0	45,000
HOSP616	1998	Public Health Department	70,662	70,662	0	70,662	70,662	0

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UID	SFY	Description	Column a	Column b	Column c	Column d	Column e	Column f
HOSP616	1998	PPMH - Service Expansion	125,000	125,000	0	0	0	125,000
HOSP616	1998	PPMH - Service Expansion	125,000	125,000	0	0	0	125,000
HOSP616	1998	Network of Trust	50,000	50,000	0	50,000	50,000	0
HOSP616	1999	Miller Co Equipment Purch	60,000	60,000	0	60,000	60,000	0
HOSP616	1999	PPMH - Project Saferide	26,929	26,929	0	26,929	26,929	0
HOSP616	1999	Miller County - Equipment	60,000	60,000	0	60,000	60,000	0
HOSP616	1999	PPMH - Additional Settlem	60,409	60,409	0	0	0	60,409
HOSP616	1999	PPMH - Network of Trust	44,928	44,928	0	44,928	44,928	0
HOSP616	1999	PPMH - Add'l Settlement	60,409	60,409	0	0	0	60,409
HOSP616	1999	Network of Trust	44,928	44,928	0	44,928	44,928	0
HOSP616	1999	Albany Area Primary Healt	338,043	338,043	0	338,043	338,043	0
HOSP616	1999	Public Health Dept - Multipl	167,692	167,692	0	167,692	167,692	0
HOSP616	1999	PPMH - Project Saferide	26,929	26,929	0	26,929	26,929	0
HOSP616	1999	Public Health Department -	167,692	167,692	0	167,692	167,692	0
HOSP616	1999	PPMH - Project Saferide	26,929	26,929	0	26,929	26,929	0
HOSP616	1999	AAPHC - Multiple Projects	338,043	338,043	0	338,043	338,043	0
HOSP616	2000	Public Health Dept - Case	301,390	301,390	135,190	166,200	301,390	0
HOSP616	2000	Albany Area Primary Healt	120,514	120,514	86,600	0	86,600	33,914
HOSP616	2000	PPMH - Network of Trust	50,000	50,000	0	50,000	50,000	0
HOSP616	2000	PPMH - PeachCare Outrea	5,000	5,000	0	5,000	5,000	0
HOSP616	2000	AAPHC - Multiple Projects	120,514	120,514	33,914	86,600	120,514	0
HOSP616	2000	Public Health Department -	301,390	301,390	0	166,200	166,200	135,190
HOSP616	2000	PeachCare Outreach	5,000	5,000	0	5,000	5,000	0
HOSP616	2000	Network of Trust	50,000	50,000	0	50,000	50,000	0
HOSP616	2001	HAVN	251,189	318,216	251,189	67,027	318,216	0
HOSP616	2001	Eigth Grade Health Screen	19,000	19,000	0	0	0	19,000
HOSP616	2001	Indigent Drug Program	50,000	50,000	50,000	0	50,000	0
HOSP616	2001	PeachCare Outreach and	20,000	20,000	4,000	10,700	14,700	5,300
HOSP616	2001	Emergency Preparedness	28,000	28,000	0	0	0	28,000
HOSP616	2001	Indigent Drug Program	50,000	50,000	0	0	0	50,000
HOSP616	2001	Network of Trust	50,000	50,000	50,000	0	50,000	0
HOSP616	2001	Public Health Dept - Case	175,000	175,000	54,956	0	54,956	120,044
HOSP616	2001	Kiwanis Clinic	50,000	50,000	50,000	0	50,000	0
HOSP616	2001	Chronic Disease Mgmt	330,000	330,000	248,686	0	248,686	81,314
HOSP616	2001	Chronic Disease / Case M	330,000	330,000	0	0	0	330,000
HOSP616	2001	Emergency Preparedness	28,000	28,000	0	0	0	28,000
HOSP616	2001	Network of Trust	50,000	50,000	50,000	0	50,000	0
HOSP616	2001	PeachCare Outreach	20,000	20,000	8,700	0	8,700	11,300
HOSP616	2001	Eighth Grade Health Scree	19,000	19,000	1,310	0	1,310	17,690
HOSP616	2001	PeachCare Outreach and	20,000	20,000	0	0	0	20,000
HOSP616	2001	Network of Trust	50,000	50,000	0	0	0	50,000
HOSP616	2001	Indigent Drug Program	50,000	50,000	0	0	0	50,000
HOSP616	2001	Kiwanis Indigent Clinic	50,000	50,000	0	0	0	50,000
HOSP616	2001	Indigent Drug Program	50,000	50,000	0	0	0	50,000
HOSP616	2001	Public Health Department	175,000	175,000	0	0	0	175,000
HOSP616	2001	Emergency Preparedness	28,000	28,000	0	0	0	28,000
HOSP616	2002	Indigent Drug Program (W	50,000	50,000	50,000	0	50,000	0
HOSP616	2002	Public Health, District 8/2	200,000	200,000	177,625	0	177,625	22,375
HOSP616	2002	Indigent Drug Program (Ra	50,000	50,000	50,000	0	50,000	0
HOSP616	1994	Mobile Screening Van	125,000	125,000	0	0	0	125,000

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UID	SFY	Description	Column a	Column b	Column c	Column d	Column e	Column f
HOSP616	1994	Mobile Screening Van	125,000	125,000	0	0	0	125,000
HOSP616	1994	Mobile Screening Van	125,000	125,000	0	125,000	125,000	0
HOSP616	1994	Mobile Screening Van	125,000	125,000	0	125,000	125,000	0
HOSP616	1994	Mobile Screening Van	125,000	125,000	0	0	0	125,000
HOSP616	1995	PPMH - Rural Health Deve	430,500	430,500	0	0	0	430,500
HOSP616	1995	PPMH - Rural Health Deve	430,500	430,500	0	0	0	430,500
HOSP616	1995	PPMH - Rural Health Deve	430,500	430,500	0	0	0	430,500
HOSP616	1995	PPMH - Rural Health Deve	430,500	430,500	0	430,500	430,500	0
HOSP616	1995	PPMH - Rural Health Deve	430,500	430,500	0	430,500	430,500	0
HOSP616	1996	GHA - Ga Parnership for C	10,000	10,000	0	0	0	10,000
HOSP616	1996	PPMH - Rural Health Deve	10,000	10,000	0	10,000	10,000	0
HOSP616	1996	PPMH - Rural Health Deve	20,000	20,000	0	20,000	20,000	0
HOSP616	1996	PPMH - Rural Health Deve	16,000	16,000	0	16,000	16,000	0
HOSP616	1996	GHA - Ga Parnership for C	10,000	10,000	0	10,000	10,000	0
HOSP616	1996	PPMH - Rural Health Deve	20,000	20,000	0	20,000	20,000	0
HOSP616	1996	PPMH - Rural Health Deve	10,000	10,000	0	5,600	5,600	4,400
HOSP616	1996	GHA - Ga Parnership for C	10,000	10,000	0	0	0	10,000
HOSP616	1996	PPMH - Rural Health Deve	16,000	16,000	0	0	0	16,000
HOSP616	1996	PPMH - Rural Health Deve	16,000	16,000	0	0	0	16,000
HOSP616	1996	PPMH - Rural Health Deve	10,000	10,000	0	10,000	10,000	0
HOSP616	1996	PPMH - Rural Health Deve	10,000	10,000	0	5,600	5,600	4,400
HOSP616	1996	PPMH - Rural Health Deve	16,000	16,000	0	16,000	16,000	0
HOSP616	1996	GHA - Ga Parnership for C	10,000	10,000	0	10,000	10,000	0
HOSP616	1996	PPMH - Rural Health Deve	10,000	10,000	0	5,600	5,600	4,400
HOSP616	1996	GHA - Ga Parnership for C	10,000	10,000	0	0	0	10,000
HOSP616	1996	PPMH - Rural Health Deve	20,000	20,000	0	2,975	2,975	17,025
HOSP616	1996	PPMH - Rural Health Deve	20,000	20,000	0	2,975	2,975	17,025
HOSP616	1996	PPMH - Rural Health Deve	20,000	20,000	0	2,975	2,975	17,025
HOSP616	1996	PPMH - Rural Health Deve	16,000	16,000	0	0	0	16,000
HOSP616	1997	PPMH - Osteoporosis	50,000	50,000	0	0	0	50,000
HOSP616	1997	PPMH - Prenatal & Adoles	14,550	14,550	0	14,550	14,550	0
HOSP616	1997	PPMH - Physician & Midle	185,000	185,000	0	44,552	44,552	140,448
HOSP616	1997	PPMH - PPMH - Rural Hea	388,000	388,000	0	388,000	388,000	0
HOSP616	1997	PPMH - Prenatal & Adoles	14,550	14,550	0	0	0	14,550
HOSP616	1997	PPMH - Physician & Midle	185,000	185,000	0	185,000	185,000	0
HOSP616	1997	PPMH - Osteoporosis	50,000	50,000	0	50,000	50,000	0
HOSP616	1997	PPMH - Physician & Midle	185,000	185,000	0	44,552	44,552	140,448
HOSP616	1997	PPMH - Prenatal & Adoles	14,550	14,550	0	0	0	14,550
HOSP616	1997	PPMH - Osteoporosis	50,000	50,000	0	0	0	50,000
HOSP616	1997	PPMH - PPMH - Rural Hea	388,000	388,000	0	380,842	380,842	7,158
HOSP616	1997	PPMH - Osteoporosis	50,000	50,000	0	50,000	50,000	0
HOSP616	1997	PPMH - Physician & Midle	185,000	185,000	0	185,000	185,000	0
HOSP616	1997	PPMH - Prenatal & Adoles	14,550	14,550	0	14,550	14,550	0
HOSP616	1997	PPMH - PPMH - Rural Hea	388,000	388,000	0	388,000	388,000	0
HOSP616	1997	PPMH - PPMH - Rural Hea	388,000	388,000	0	380,842	380,842	7,158
HOSP616	1997	PPMH - PPMH - Rural Hea	388,000	388,000	0	380,842	380,842	7,158
HOSP616	1997	PPMH - Osteoporosis	50,000	50,000	0	0	0	50,000
HOSP616	1997	PPMH - Physician & Midle	185,000	185,000	0	44,552	44,552	140,448
HOSP616	1997	PPMH - Prenatal & Adoles	14,550	14,550	0	0	0	14,550
HOSP616	1998	PPMH - Arlington & Cuthb	45,000	45,000	0	45,000	45,000	0

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UID	SFY	Description	Column a	Column b	Column c	Column d	Column e	Column f
HOSP616	1998	PPMH - Service Expansion	125,000	125,000	0	0	0	125,000
HOSP616	1998	PPMH - Service Expansion	125,000	125,000	0	125,000	125,000	0
HOSP616	1998	PPMH - Arlington & Cuthb	45,000	45,000	0	0	0	45,000
HOSP616	1998	PPMH - Arlington & Cuthb	45,000	45,000	0	0	0	45,000
HOSP616	1998	PPMH - Service Expansion	125,000	125,000	0	125,000	125,000	0
HOSP616	1998	PPMH - Arlington & Cuthb	45,000	45,000	0	45,000	45,000	0
HOSP616	1998	PPMH - Service Expansion	125,000	125,000	0	0	0	125,000
HOSP616	1998	PPMH - Arlington & Cuthb	45,000	45,000	0	0	0	45,000
HOSP616	1998	PPMH - Service Expansion	125,000	125,000	0	0	0	125,000
HOSP616	1999	PPMH - Add'l Settlement	60,409	60,409	0	0	0	60,409
HOSP616	1999	PPMH - Add'l Settlement	60,409	60,409	0	0	0	60,409
HOSP616	1999	PPMH - Add'l Settlement	60,409	60,409	0	60,409	60,409	0
HOSP616	1999	PPMH - Add'l Settlement	60,409	60,409	0	0	0	60,409
HOSP616	1999	PPMH - Add'l Settlement	60,409	60,409	0	60,409	60,409	0
HOSP616	2001	Chronic Disease Mgmt	330,000	330,000	248,686	0	248,686	81,314
HOSP616	2001		0	0	0	0	0	0
HOSP616	2001	Eighth Grade Health Scree	19,000	19,000	1,310	0	1,310	17,690
HOSP616	2001	Emergency Preparedness	28,000	28,000	0	0	0	28,000
HOSP616	2001	Indigent Drug Program	50,000	50,000	0	0	0	50,000
HOSP616	2001	PeachCare Outreach	20,000	20,000	8,700	0	8,700	11,300
HOSP616	2001	Public Health Dept - Case	175,000	175,000	0	175,000	175,000	0
HOSP616	2001	PeachCare Outreach	20,000	20,000	0	14,700	14,700	5,300
HOSP616	2001	Indigent Drug Program	50,000	50,000	0	50,000	50,000	0
HOSP616	2001	Emergency Preparedness	28,000	28,000	0	28,000	28,000	0
HOSP616	2001	Eighth Grade Health Scree	19,000	19,000	0	19,000	19,000	0
HOSP616	2001	Chronic Disease Mgmt	330,000	330,000	0	330,000	330,000	0
HOSP616	2001	Indigent Drug Program	50,000	50,000	0	0	0	50,000
HOSP616	2001	Emergency Preparedness	28,000	28,000	0	0	0	28,000
HOSP616	2001	Emergency Preparedness	28,000	28,000	0	28,000	28,000	0
HOSP616	2001	Eighth Grade Health Scree	19,000	19,000	0	19,000	19,000	0
HOSP616	2001		0	0	0	0	0	0
HOSP616	2001	Emergency Preparedness	28,000	28,000	0	0	0	28,000
HOSP616	2001	PeachCare Outreach	20,000	20,000	0	14,700	14,700	5,300
HOSP616	2001	Public Health Dept - Case	175,000	175,000	0	175,000	175,000	0
HOSP616	2001	Public Health Dept - Case	175,000	175,000	54,956	0	54,956	120,044
HOSP616	2001	Indigent Drug Program	50,000	50,000	0	0	0	50,000
HOSP616	2001	Indigent Drug Program	50,000	50,000	0	50,000	50,000	0
HOSP616	2001	Eighth Grade Health Scree	19,000	19,000	1,310	0	1,310	17,690
HOSP616	2001	Chronic Disease Mgmt	330,000	330,000	0	330,000	330,000	0
HOSP616	2001	Chronic Disease Mgmt	330,000	330,000	248,686	0	248,686	81,314
HOSP616	2001	Eighth Grade Health Scree	19,000	19,000	1,310	0	1,310	17,690
HOSP616	2001	Public Health Dept - Case	175,000	175,000	54,956	0	54,956	120,044
HOSP616	2001	Chronic Disease Mgmt	330,000	330,000	248,686	0	248,686	81,314
HOSP616	2001	Public Health Dept - Case	175,000	175,000	54,956	0	54,956	120,044
HOSP616	2001	PeachCare Outreach	20,000	20,000	8,700	0	8,700	11,300
HOSP616	2001	PeachCare Outreach	20,000	20,000	8,700	0	8,700	11,300
HOSP616	2002	Men's Health Center	100,000	100,000	32,032	0	32,032	67,968
HOSP616	2002	Indigent Drug Program - R	50,000	50,000	0	50,000	50,000	0
HOSP616	2002	Infant Mortality Reduction	70,000	70,000	188	0	188	69,812
HOSP616	2002	Eighth Grade Health Fairs	40,000	40,000	0	0	0	40,000

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UID	SFY	Description	Column a	Column b	Column c	Column d	Column e	Column f
HOSP616	2002	School Nurse Program	150,716	150,716	0	150,716	150,716	0
HOSP616	2002	Lay Health Workers	68,000	68,000	49,453	0	49,453	18,547
HOSP616	2002	PT Equipment for Indigent	50,000	50,000	0	50,000	50,000	0
HOSP616	2002	Men's Health Center	100,000	100,000	32,032	0	32,032	67,968
HOSP616	2002		0	0	0	0	0	0
HOSP616	2002	Sexual Assault Nurse Exa	12,000	12,000	6,776	0	6,776	5,224
HOSP616	2002	Public Health Department	75,000	75,000	0	0	0	75,000
HOSP616	2002	Critical Conditions	30,000	30,000	0	30,000	30,000	0
HOSP616	2002	Indigent Drug Program - W	50,000	50,000	0	50,000	50,000	0
HOSP616	2002	Osteoporosis Screening	30,000	30,000	30,000	0	30,000	0
HOSP616	2002	Sexual Assault Nurse Exa	12,000	12,000	6,776	0	6,776	5,224
HOSP616	2002	Lay Health Workers	68,000	68,000	49,453	0	49,453	18,547
HOSP616	2002	School Nurse Program	150,716	150,716	0	150,716	150,716	0
HOSP616	2002	PPMH - Network of Trust	50,000	50,000	0	50,000	50,000	0
HOSP616	2002	Eighth Grade Health Fairs	40,000	40,000	0	0	0	40,000
HOSP616	2002	PT Equipment for Indigent	50,000	50,000	0	50,000	50,000	0
HOSP616	2002	Indigent Drug Program (D	50,000	50,000	0	0	0	50,000
HOSP616	2002	PeachCare Outreach	50,000	50,000	7,104	0	7,104	42,896
HOSP616	2002	Public Health Department	75,000	75,000	0	0	0	75,000
HOSP616	2002	Osteoporosis Screening	30,000	30,000	30,000	0	30,000	0
HOSP616	2002		0	0	0	0	0	0
HOSP616	2002	Case Management	200,000	200,000	0	200,000	200,000	0
HOSP616	2002	Indigent Drug Program - R	50,000	50,000	0	50,000	50,000	0
HOSP616	2002	Indigent Drug Program - W	50,000	50,000	0	50,000	50,000	0
HOSP616	2002	PeachCare Outreach	50,000	50,000	7,104	0	7,104	42,896
HOSP616	2002	Infant Mortality Reduction	70,000	70,000	188	0	188	69,812
HOSP616	2002	Chronic Disease Managem	200,000	200,000	0	200,000	200,000	0
HOSP616	2002	Case Management	200,000	200,000	0	200,000	200,000	0
HOSP616	2002	PPMH - Network of Trust	50,000	50,000	0	50,000	50,000	0
HOSP616	2002	Chronic Disease Managem	200,000	200,000	0	200,000	200,000	0
HOSP616	2002	Indigent Drug Program (D	50,000	50,000	0	0	0	50,000
HOSP616	2002	Critical Conditions	30,000	30,000	0	30,000	30,000	0
HOSP616	2003	Community Health Worker	51,476	51,476	0	0	0	51,476
HOSP616	2003	Public Health District 8-2	151,400	151,400	151,400	0	151,400	0
HOSP616	2003	Men's Health Center	50,000	50,000	6,865	0	6,865	43,135
HOSP616	2003	Middle School Nurse Progr	234,817	234,817	234,817	0	234,817	0
HOSP616	2003	Peach Care	50,000	50,000	6,525	0	6,525	43,475
HOSP616	2003	Infant Mortality Reduction	70,000	70,000	1,400	0	1,400	68,600
HOSP616	2003	Community Health Worker	51,476	51,476	39,025	0	39,025	12,451
HOSP616	2003	Network of Trust	50,000	50,000	50,000	0	50,000	0
HOSP616	2003	Peach Care	50,000	50,000	0	0	0	50,000
HOSP616	2003	Middle School Nurse Progr	234,817	234,817	0	0	0	234,817
HOSP616	2003	Men's Health Center	50,000	50,000	0	0	0	50,000
HOSP616	2003	Public Health District 8-2	151,400	151,400	0	0	0	151,400
HOSP616	2003	Infant Mortality Reduction	70,000	70,000	0	0	0	70,000
HOSP616	2003	Chronic Disease/ Case Ma	151,400	151,400	125,488	0	125,488	25,912
HOSP616	2003		0	0	0	0	0	0
HOSP616	2003	Middle School Nurse Progr	234,817	234,817	234,817	0	234,817	0
HOSP616	2003	Infant Mortality Reduction	70,000	70,000	1,400	0	1,400	68,600
HOSP616	2003	Community Health Worker	51,476	51,476	39,025	0	39,025	12,451

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UID	SFY	Description	Column a	Column b	Column c	Column d	Column e	Column f
HOSP616	2003	Chronic Disease/ Case Ma	151,400	151,400	125,488	0	125,488	25,912
HOSP616	2003	Network of Trust	50,000	50,000	50,000	0	50,000	0
HOSP616	2003	Peach Care	50,000	50,000	0	0	0	50,000
HOSP616	2003	Men's Health Center	50,000	50,000	0	0	0	50,000
HOSP616	2003	Middle School Nurse Progr	234,817	234,817	0	0	0	234,817
HOSP616	2003	Men's Health Center	50,000	50,000	6,865	0	6,865	43,135
HOSP616	2003	Public Health District 8-2	151,400	151,400	151,400	0	151,400	0
HOSP616	2003	Infant Mortality Reduction	70,000	70,000	0	0	0	70,000
HOSP616	2003	Community Health Worker	51,476	51,476	0	0	0	51,476
HOSP616	2003	Network of Trust	50,000	50,000	0	0	0	50,000
HOSP616	2003	Network of Trust	50,000	50,000	0	0	0	50,000
HOSP616	2003		0	0	0	0	0	0
HOSP616	2003	Public Health District 8-2	151,400	151,400	0	0	0	151,400
HOSP616	2003	Peach Care	50,000	50,000	0	0	0	50,000
HOSP616	2003	Middle School Nurse Progr	234,817	234,817	0	0	0	234,817
HOSP616	2003	Men's Health Center	50,000	50,000	0	0	0	50,000
HOSP616	2003	Public Health District 8-2	151,400	151,400	0	0	0	151,400
HOSP616	2003	Infant Mortality Reduction	70,000	70,000	0	0	0	70,000
HOSP616	2003	Community Health Worker	51,476	51,476	0	0	0	51,476
HOSP616	2003	Chronic Disease/ Case Ma	151,400	151,400	0	0	0	151,400
HOSP616	2003	Network of Trust	50,000	50,000	0	0	0	50,000
HOSP616	2003	Chronic Disease/ Case Ma	151,400	151,400	0	0	0	151,400
HOSP616	2003	Peach Care	50,000	50,000	6,525	0	6,525	43,475
HOSP616	2003	Chronic Disease/ Case Ma	151,400	151,400	0	0	0	151,400
HOSP616		.	338,000	115,458	43,198	0	43,198	72,260
HOSP616		田	50,000	37,500	12,500	0	12,500	25,000
HOSP616		田	30,000	0	17,028	0	17,028	-17,028
HOSP616		捺	90,951	0	0	0	0	0
HOSP616		田	50,000	22,476	3,425	0	3,425	19,051
HOSP616		田	400,000	209,325	190,675	0	190,675	18,650
HOSP616		芸	99,000	0	99,000	0	99,000	-99,000
HOSP616		繁	40,000	38,396	1,604	0	1,604	36,792
HOSP616		芸	99,000	0	99,000	0	99,000	-99,000
HOSP616		田	400,000	209,325	190,675	0	190,675	18,650
HOSP616		田	50,000	22,476	3,425	0	3,425	19,051
HOSP616		田	400,000	209,325	190,675	0	190,675	18,650
HOSP616		.	338,000	115,458	43,198	0	43,198	72,260
HOSP616		田	50,000	37,500	12,500	0	12,500	25,000
HOSP616		田	30,000	0	17,028	0	17,028	-17,028
HOSP616		繁	40,000	38,396	1,604	0	1,604	36,792
HOSP616		芸	99,000	0	99,000	0	99,000	-99,000
HOSP616		隣	150,000	124,888	0	0	0	124,888
HOSP616		捺	90,951	0	0	0	0	0
HOSP616		田	30,000	0	17,028	0	17,028	-17,028
HOSP616		隣	150,000	124,888	0	0	0	124,888
HOSP616		田	50,000	22,476	3,425	0	3,425	19,051
HOSP616		捺	90,951	0	0	0	0	0
HOSP616		.	338,000	115,458	43,198	0	43,198	72,260
HOSP616		田	30,000	0	17,028	0	17,028	-17,028
HOSP616		繁	40,000	38,396	1,604	0	1,604	36,792

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2011 HFS Survey Parts G-I: 11 of 16

UID	SFY	Description	Column a	Column b	Column c	Column d	Column e	Column f
HOSP616		隣	150,000	124,888	0	0	0	124,888
HOSP616		煙	50,000	37,500	12,500	0	12,500	25,000
HOSP616		捺	90,951	0	0	0	0	0
HOSP616		捺	90,951	0	0	0	0	0
HOSP616		芸	99,000	0	99,000	0	99,000	-99,000
HOSP616		隣	150,000	124,888	0	0	0	124,888
HOSP616		田	400,000	209,325	190,675	0	190,675	18,650
HOSP616		煙	50,000	22,476	3,425	0	3,425	19,051
HOSP616		田	400,000	209,325	190,675	0	190,675	18,650
HOSP616		煙	50,000	22,476	3,425	0	3,425	19,051
HOSP616		・	338,000	115,458	43,198	0	43,198	72,260
HOSP616		芸	99,000	0	99,000	0	99,000	-99,000
HOSP616		煙	50,000	37,500	12,500	0	12,500	25,000
HOSP616		・	338,000	115,458	43,198	0	43,198	72,260
HOSP616		田	30,000	0	17,028	0	17,028	-17,028
HOSP616		繋	40,000	38,396	1,604	0	1,604	36,792
HOSP616		隣	150,000	124,888	0	0	0	124,888
HOSP616		煙	50,000	37,500	12,500	0	12,500	25,000
HOSP616		繋	40,000	38,396	1,604	0	1,604	36,792
HOSP616	2004		50,000	50,000	22,476	3,425	25,901	24,099
HOSP616	2004		40,000	40,000	38,396	1,604	40,000	0
HOSP616	2004		150,000	150,000	124,888	0	124,888	25,112
HOSP616	2004		150,000	150,000	124,888	0	124,888	25,112
HOSP616	2004		99,000	99,000	0	99,000	99,000	0
HOSP616	2004		99,000	99,000	0	99,000	99,000	0
HOSP616	2004		50,000	50,000	22,476	3,425	25,901	24,099
HOSP616	2004		50,000	50,000	22,476	3,425	25,901	24,099
HOSP616	2004		99,000	99,000	0	99,000	99,000	0
HOSP616	2004		99,000	99,000	0	99,000	99,000	0
HOSP616	2004		150,000	150,000	124,888	0	124,888	25,112
HOSP616	2004		40,000	40,000	38,396	1,604	40,000	0
HOSP616	2004		40,000	40,000	38,396	1,604	40,000	0
HOSP616	2004		40,000	40,000	38,396	1,604	40,000	0
HOSP616	2004		150,000	150,000	124,888	0	124,888	25,112
HOSP616	2004		99,000	99,000	0	99,000	99,000	0
HOSP616	2004		150,000	150,000	124,888	0	124,888	25,112
HOSP616	2004		50,000	50,000	22,476	3,425	25,901	24,099
HOSP616	2004		50,000	50,000	22,476	3,425	25,901	24,099
HOSP616	2004		50,000	50,000	22,476	3,425	25,901	24,099
HOSP616	2004		99,000	99,000	0	99,000	99,000	0
HOSP616	2004		150,000	150,000	124,888	0	124,888	25,112
HOSP616	2004		150,000	150,000	124,888	0	124,888	25,112
HOSP616	2004		40,000	40,000	38,396	1,604	40,000	0
HOSP616	2004		50,000	50,000	22,476	3,425	25,901	24,099
HOSP616	2004		99,000	99,000	0	99,000	99,000	0
HOSP616	2004		150,000	150,000	124,888	0	124,888	25,112
HOSP616	2004		150,000	150,000	124,888	0	124,888	25,112
HOSP616	2004		40,000	40,000	38,396	1,604	40,000	0
HOSP616	2004		40,000	40,000	38,396	1,604	40,000	0
HOSP616	2004		99,000	99,000	0	99,000	99,000	0

UID	SFY	Description	Column a	Column b	Column c	Column d	Column e	Column f
HOSP616	2004		150,000	150,000	124,888	0	124,888	25,112
HOSP616	2004		99,000	99,000	0	99,000	99,000	0
HOSP616	2004		50,000	50,000	22,476	3,425	25,901	24,099
HOSP616	2004		40,000	40,000	38,396	1,604	40,000	0
HOSP616	2004		50,000	50,000	22,476	3,425	25,901	24,099
HOSP616	2004		99,000	99,000	0	99,000	99,000	0
HOSP616	2004		40,000	40,000	38,396	1,604	40,000	0
HOSP616	2004		50,000	50,000	22,476	3,425	25,901	24,099
HOSP616	2004		40,000	40,000	38,396	1,604	40,000	0
HOSP616	2005		30,000	30,000	0	17,028	17,028	12,972
HOSP616	2005		338,000	338,000	115,458	43,198	158,656	179,344
HOSP616	2005		90,951	90,951	0	0	0	90,951
HOSP616	2005		50,000	50,000	37,500	12,500	50,000	0
HOSP616	2005		400,000	400,000	209,325	190,675	400,000	0
HOSP616	2005		400,000	400,000	209,325	190,675	400,000	0
HOSP616	2005		50,000	50,000	37,500	12,500	50,000	0
HOSP616	2005		400,000	400,000	209,325	190,675	400,000	0
HOSP616	2005		400,000	400,000	209,325	190,675	400,000	0
HOSP616	2005		90,951	90,951	0	0	0	90,951
HOSP616	2005		338,000	338,000	115,458	43,198	158,656	179,344
HOSP616	2005		30,000	30,000	0	17,028	17,028	12,972
HOSP616	2005		50,000	50,000	37,500	12,500	50,000	0
HOSP616	2005		400,000	400,000	209,325	190,675	400,000	0
HOSP616	2005		90,951	90,951	0	0	0	90,951
HOSP616	2005		338,000	338,000	115,458	43,198	158,656	179,344
HOSP616	2005		338,000	338,000	115,458	43,198	158,656	179,344
HOSP616	2005		50,000	50,000	37,500	12,500	50,000	0
HOSP616	2005		338,000	338,000	115,458	43,198	158,656	179,344
HOSP616	2005		338,000	338,000	115,458	43,198	158,656	179,344
HOSP616	2005		90,951	90,951	0	0	0	90,951
HOSP616	2005		50,000	50,000	37,500	12,500	50,000	0
HOSP616	2005		30,000	30,000	0	17,028	17,028	12,972
HOSP616	2005		400,000	400,000	209,325	190,675	400,000	0
HOSP616	2005		90,951	90,951	0	0	0	90,951
HOSP616	2005		338,000	338,000	115,458	43,198	158,656	179,344
HOSP616	2005		30,000	30,000	0	17,028	17,028	12,972
HOSP616	2005		30,000	30,000	0	17,028	17,028	12,972
HOSP616	2005		30,000	30,000	0	17,028	17,028	12,972
HOSP616	2005		338,000	338,000	115,458	43,198	158,656	179,344
HOSP616	2005		30,000	30,000	0	17,028	17,028	12,972
HOSP616	2005		50,000	50,000	37,500	12,500	50,000	0
HOSP616	2005		400,000	400,000	209,325	190,675	400,000	0
HOSP616	2005		90,951	90,951	0	0	0	90,951
HOSP616	2005		338,000	338,000	115,458	43,198	158,656	179,344
HOSP616	2005		30,000	30,000	0	17,028	17,028	12,972
HOSP616	2005		50,000	50,000	37,500	12,500	50,000	0
HOSP616	2005		50,000	50,000	37,500	12,500	50,000	0
HOSP616	2005		90,951	90,951	0	0	0	90,951
HOSP616	2005		30,000	30,000	0	17,028	17,028	12,972
HOSP616	2005		50,000	50,000	37,500	12,500	50,000	0

UID	SFY	Description	Column a	Column b	Column c	Column d	Column e	Column f
HOSP616	2005		400,000	400,000	209,325	190,675	400,000	0
HOSP616	2005		90,951	90,951	0	0	0	90,951
HOSP616	2005		338,000	338,000	115,458	43,198	158,656	179,344
HOSP616	2005		30,000	30,000	0	17,028	17,028	12,972
HOSP616	2005		50,000	50,000	37,500	12,500	50,000	0
HOSP616	2005		400,000	400,000	209,325	190,675	400,000	0
HOSP616	2005		90,951	90,951	0	0	0	90,951
HOSP616	2005		90,951	90,951	0	0	0	90,951
HOSP616	2005		400,000	400,000	209,325	190,675	400,000	0

Part H: Public Hospital Addendum

1. Check the box to the right if your hospital is a public hospital for which an intergovernmental transfer of funds can be made for support of the ICTF or Upper Payment Limit (UPL) programs?

If checked, please complete items 2, 3, 4, and Part I. If your hospital is not a public hospital and you did not check the box, please skip Part I.

2. a. For hospitals for which the hospital owner is a unit of government:

1. Check the box to the right if the hospital owner is a unit of local government?

2. What is the name of the Hospital Owner?

3. Please select from the pulldown menu the Governmental Unit Type.

2. b. May the unit of government levy an ad valorem tax for the specific purpose of generating revenues with which to make such payments to the authority?

2. c. Does the hospital owner retain ultimate authority for the operations of the hospital?

3. a. For hospitals that are themselves a unit of government:

1. Check the box to the right if the hospital is a unit of local government?

2. Please select from the pulldown menu the Governmental Unit Type.

3. b. May the unit of government levy an ad valorem tax for the specific purpose of generating revenues with which to make such payments to the authority?

4. If your public hospital received UPL funds during the 2004 HFS period, please identify the general purposes of how UPL funds were used (e.g., support of operations, indigent care services, special projects, etc.)

Purpose of Funds Use	% of Total UPL Funds
Operations label	
Indigent Care Support label	
Capital Improvements label	
Primary Care label	
Special Projects label	
Other (specify)	0.00
	0.00
	0.00
	0.00
	0.00

Part I: Other Services

If applicable, should be completed by all hospitals. Not required if not applicable.

Georgia Department of Community Health

Electronic Signature

Please note that the survey WILL NOT BE ACCEPTED without an authorized signature. The signature should be completed only AFTER all survey data has been finalized.

I hereby certify that I am authorized to submit this form and that the information is true and accurate. 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.

Signature of Chief Executive Date: 7/19/2012
 Title

Comments:

Signature of Financial Office Date: 7/19/2012
 Title

Calculated Totals

The following totals are calculated from the reported information in the 2003 HFS. Please click on the category name in blue for a definition of the term.

Financial Statistics		Indigent and Charity Care Statistics	
Gross Patient Revenue:	1,128,014,216	Reported Uncomp Indigent/Charity Care:	69,030,641
Total Deductions from Patient Revenues:	705,331,766	Adjusted Gross Revenue:	603,304,694
Net Patient Revenue:	1,128,014,216	Reported Indigent/Charity Care as % of AGR:	11.4%
Total Revenues:	1,143,635,693		
Total Net Revenues:	438,303,927		
Total Expenses:	415,467,606		
Margin:	22,836,321		
Margin Percent:	5.2%		
Cost to Charge Ratio:	36.8%		

Hospital Financial Statistics

HOSP616 2011 Dougherty

Phoebe Putney Memorial Hospital

HPA: 11

Total Capacity: 443

Indigent Care Trust Fund Participation:

Total Gross Revenue:	1,143,635,693	Gross Indigent/Charity Care \$:	69,030,641
Adjusted Gross Revenue:	603,304,694	Adjustments Paid:	0
Total Revenues:	1,143,635,693	Net Uncomp I/C \$ (with Adjustments):	69,030,641
Total Patient Revenue:	1,128,014,216	Indigent/Charity Care as % of AGR:	.11
Net Revenue:	438,303,927	Total Compensation:	0
Contractual Adjustments:	596,401,867		
Total Deductions:	705,331,766		
Total Expenses:	415,467,606		
Margin:	22,836,321		
Margin Percent:	.05		
Cost to Charge Ratio:	.37		

Indigent and Charity Care Statistics
For Hospitals with Hospital-Wide Commitments
Phoebe Putney Memorial Hospital

HOSP616 2011 Dougherty

Selected Financials

Adjusted Gross Revenue:	603,304,694	Total Gross Revenue:	1,143,635,693
Margin:	22,836,321	Net Revenue:	438,303,927
Margin Percent:	.05	Gross Indigent/Charity Care \$:	69,030,641

Indigent and Charity Care Performance vs. Hospital-Wide Commitment

Indigent/Charity Required:	24,132,188	Net Uncomp I/C (w Adjustments) :	69,030,641
Hospital Commitment:	4.00%	Actual % of Adjusted Gross Revenue:	.11
Variance/Shortfall:	44,898,453		
Adjustments:			
Balance:	44,898,453		

Annual Hospital Financial Survey Hospital Financial Statements Reconciliation Addendum

HOSP616 2011 Dougherty

Phoebe Putney Memorial Hospital

Section 1: Hospital Only Data from Hospital Financial Survey (HFS):

Contractual Adj's, Hill Burton, Bad Debt, Gross Indigent and Charity Care, and Other Free Care

HFS Source:	Part C, 1	Part C, 1	Part C, 1	Part C, 1	Part C, 1	Part C, 1	Part E, 1	Part E, 1	Part C, 1	Total Deductions of All Types (Sum Col 2-9)	Net Patient Revenue (Col 1 - 10)
	Gross Patient Charges	Medicare Contractual Adj's	Medicaid Contractual Adj's	Other Contractual Adj's	Hill Burton Obligations	Bad Debt	Gross Indigent Care	Gross Charity Care	Other Free Care		
	1	2	3	4	5	6	7	8	9	10	11
Inpatient Gross Patient Revenue	525,716,973										
Outpatient Gross Patient Revenue	602,297,243										
Per Part C, 1. Financial Table		350,444,060	149,987,681	95,970,126	0	39,899,258			0		
Per Part E, 1. Indigent and Charity Care							42,845,850	26,184,791			
Totals per HFS	1,128,014,216	350,444,060	149,987,681	95,970,126	0	39,899,258	42,845,850	26,184,791	0	705,331,766	422,682,450

Section 2: Reconciling Items to Financial Statements:

Non-Hospital Services:											
> Professional Fees	14,215,620									7,809,990	
> Home Health Agency	7,653,551									306,982	
> SNF/NF Swing Bed Services	0									0	
> Nursing Home	0									0	
> Hospice	10,024,881									556,497	
> Freestanding Ambulatory Surg. Centers	0									0	
> Other Non-Hosp. NON REIMBURSEABLE	304,875									81,590	
> Other Non-Hosp. N/A	0									0	
> Other Non-Hosp. N/A	0									0	
> Other Non-Hosp. N/A	0									0	
> Other Non-Hosp. N/A	0									0	
> Other Non-Hosp. N/A	0									0	
Bad Debt (Expense per Financials) (A)										-40,416,741	
Indigent Care Trust Fund Income										-7,224,686	
Other Reconciling Items:											
Other Recon. Items N/A	0									0	
Other Recon. Items N/A	0									0	
Other Recon. Items N/A	0									0	
Other Recon. Items N/A	0									0	
Total Reconciling Items	32,198,927									-38,886,368	71,085,295
Total Per Form	1,160,213,143									666,445,398	493,767,745
Total Per Financial Statements	1,160,213,143										493,767,745
Unreconciled Difference (Must be Zero)	0										0

(A) Due to specific differences in the presentation of data on the HFS, Bad Debt per Financials may differ from the amount reported on the HFS-proper (Part C).

(B) Taxable Net Patient Revenue will equal Net Patient Revenue in Section 1 column 11, plus Other Free Care in Section 1 column 9.

Tuesday, May 07, 2013

2011 HFS Survey Hospital Financial Statements Reconciliation Addendum 2 of 2

HOSP616 Phoebe Putney Memorial Hospital

Part A: General Information

Georgia Department of Community Health

1. Identification:

Facility UID	HOSP616	Year	2011			
a. Facility Name	Phoebe Putney Memorial Hospital		b. County	Dougherty		
c. Street Address	417 West Third Avenue		d. City	Albany	e. Street Zip	31701-19
f. Mail Address	PO Box 1828		g. City	Albany	h. Mail Zip	31702-18
i. Medicaid Provider Number	00110007		j. Medicare Provider Number	001482		

2. Report Period:

Report data for the full 12-month period, January, 1 2011 through December 31, 2011
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 below:

Part B: Electronic Signature and Contact

I hereby certify that I am authorized to submit this form and that the information is true and accurate.
 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 Date

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

Name Title

Telephone: Fax E-mail

Part C: Ownership, Programs, and Licensure

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.

Category	Full Legal Name (or "Not Applicable")	Organization Type	Effective Date
a. Facility Owner:	Phoebe Putney Memorial Hospital, Inc.	Not for Profit	9/1/1991
b. Owner's Parent Org:	Phoebe Putney Health System, Inc.	Not for Profit	9/1/1991
c. Facility Operator:	Phoebe Putney Memorial Hospital, Inc.	Not for Profit	9/1/1991
d. Operator's Parent Org:	Phoebe Putney Health System, Inc.	Not for Profit	9/1/1991
e. Mgmt. Contractor:	Not Applicable	Not Applicable	
f. Mgmt's Parent Org:	Not Applicable	Not Applicable	

2. 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.

Part C: Ownership, Programs, and Licensure (continued)

If item 3, 4, 5, 6, or 7 is checked, provide the name and location of the organization.

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

Name
City State

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
City State

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.

10. Managed Care Information:

- a. 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

Part C: Ownership, Programs, and Licensure (continued)

- b. 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
1. Health Maintenance Organization	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Preferred Provider Organization	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Indemnity Fee-for-Service Plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Another Insurance Product Not Listed Above	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Tuesday, May 07, 2013

2011 AHQ Survey Data
Parts A-C: 4 of 4

HOSP616 Phoebe Putney Memorial Hospital

Annual Hospital Questionnaire Part D

HOSP616 2011 Dougherty

Phoebe Putney Memorial Hospital

Facility UID

Georgia Department of Community Health

Facility Name

Year

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 if not licensed as hospital beds. If your facility is approved for LTAC beds report them below.

	SUS Beds	Utilization of SUS Beds		Discharges	Discharge Days
		Admissions	Inpatient Days		
a. Obstetrics (no GYN, include LDRP)	44	2,955	8,288	2,946	8,280
b. Pediatrics	28	530	1,670	545	1,770
c. Gynecology (No OB)	14	600	1,972	609	1,826
d. General Medicine	153	6,286	31,365	7,499	39,382
e. General Surgery	80	3,252	18,897	3,940	24,111
f. Medical/Surgical	0	0	0	0	0
g. Intensive Care Unit	38	2,385	16,579	490	3,914
Adult ICU (2008+)	38	2,385	16,579	490	3,914
Pediatric ICU (2008+)	0	0	0	0	0
h. Psychiatry	38	1,361	7,270	1,354	7,251
i. Substance Abuse	0	0	0	0	0
j. Physical Rehabilitation	18	373	5,097	379	5,132
Adult Physical Rehabilitation (2008+)	18	373	5,097	379	5,132
Pediatric Physical Rehabilitation (2008+)	0	0	0	0	0
k. Burn Care	0	0	0	0	0
l. Swing Bed (Include All Utilization)	0	0	0	0	0
m. Long Term Acute Care (LTAC)	0	0	0	0	0
n. Other (Specify)	0	0	0	0	0
	0	0	0	0	0
	0	0	0	0	0
Totals	413	17,742	91,138	17,762	91,666

2. RACE/ETHNICITY: Please report admissions and inpatient days for the hospital by race/ethnicity. Exclude newborn and neonatal.

	American Indian/Alaska Native	Asian	Black/African American	Hispanic OR Latino	Hawaiian/Pacific Island	White	Multi-Racial	Totals
Admissions	31	42	7,600	128	0	6,919	3,022	17,742
Inpatient Days	131	196	38,679	665	0	35,176	16,291	91,138

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

	Male	Female	Total
Admissions	6,869	10,873	17,742
Inpatient Days	39,117	52,021	91,138

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2011 AHQ Survey Data
Part D: 1 of 3

4. **PAYMENT SOURCE:** Please report admissions and inpatient days by primary payer source. Exclude newborn and neonatal. (Third-Party, Self-Pay, and Other Payer categories added to AHQ in 2005.)

	Medicare	Medicaid	Peachcare	Third-Party	Self-Pay	Other
Admissions	7,440	4,771	0	4,007	988	536
Inpatient Days	45,707	21,951	0	16,461	4,359	2,660

Part D: Inpatient Services (continued)

5. **DISCHARGES TO DEATH:** Please report the total number of discharges during the reporting period due to death .

407

6. **CHARGES FOR SELECTED SERVICES:** Please report the hospital's average charges as of 12/31/2011 (to the nearest whole dollar).

a. Private Room Rate

\$500

b. Semi-Private Room Rate

\$480

c. Operating Room: Average Charge for the First Hour

\$3,300

d. Average Total Charge for an Inpatient Day for the Year Ending 12-31-2011

\$4,990

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2011 AHQ Survey Data
Part D: 3 of 3

HOSP616 Phoebe Putney Memorial Hospital

Annual Hospital Questionnaire Parts E-F HOSP616 2011 Dougherty
Phoebe Putney Memorial Hospital

b. Facility ID Year
 Facility Name

Part E: Emergency Department and Outpatient Services Year: 2011

Note: Report visits to the Emergency Department for emergency cases ONLY. Do not report units of service.

1. Emergency Visits (emergency visits only)	56,171	
2. Inpatient Admissions to the Hospital from the ER for emergency cases ONLY.	7,797	
3. Number of beds available in ER as of the last day of the report period.	36	
4. Utilization by specific type of ER bed or room for the report period.	Beds	Visits
a. Beds dedicated for Trauma	2	0
b. Beds or Rooms dedicated for Psychiatric/Substance Abuse cases	1	0
c. General Beds (2007 Surveys Forward)	17	0
d. Other Beds (Specify)	Chest Pain	6
	Fast Track and Observation/Holding	9
	Resuscitation/Seclusion	1
	0	0
5. Number of transfers to another institution from the Emergency Department	0	
6. Number of outpatient/clinic/all other non-emergency visits to the hospital	975,550	
7. Number of observation visits/cases	9,383	
8. Number of cases ED diverted while on ambulance diversion in report period.	0	
9. Number of ambulance diversion hours for ED in report period.	0	
10. Number of patients who sought care in ED but who left without or before being treated. Do not include patients who were transferred or diverted cases.	720	

Total Outpatient Visits 1,041,104

Percent Admissions from ER 43.9%

Part F: Services and Facilities

1. Please report services offered onsite and workload totals for in-house and contract services as requested. Please reflect the status of the service during the report period.

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

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

Service/Facilities	Site Code	Service Status	Report Period Workload Totals	
Podiatric Services		4	Number of Podiatric Patients	0
Renal Dialysis		1	Number of Dialysis Treatments	3,529
Extracorporeal Shock Wave Lithotripter (ESWL - renal)	2	2	Number of ESWL Patients	231
			Number of ESWL Procedures	231
			Number of ESWL Units	0
Biliary Lithotripter	3	4	Number of Biliary Lithotripter Procedures	0
			Number of Biliary Lithotripter Units	0
Kidney Transplants	3	4	Number of Kidney Transplants	0
Heart Transplants	3	4	Number of Heart Transplants	0
Other-Organ/Tissues Transplants	3	4	Number of Treatments	0
Diagnostic X-Ray	1	1	Number of Diagnostic X-Ray Procedures	79,909
Computerized Tomography Scanner (CTS)	1	1	Number of CTS Units (machines)	5
			Number of CTS Procedures	32,150
Radioisotope, Diagnostic	1	1	Number of Diagnostic Radioisotope Procedures	2,326
Positron Emission Tomography (PET)	1	1	Number of PET Units (machines)	1
			Number of PET Procedures	836
Radioisotope, Therapeutic	1	1	Number of Therapeutic Radioisotope Procedures	55
Magnetic Resonance Imaging (MRI)	1	1	Number of MRI Units (machines)	3
			Number of MRI Procedures	9,919
Chemotherapy	1	1	Number of Chemotherapy Treatments	17,651
Respiratory Therapy	1	1	Number of Respiratory Therapy Procedures	204,272
Occupational Therapy	1	1	Number of Occupational Therapy Treatments	15,644
Physical Therapy	1	1	Number of Patient Treatments	49,750
Speech Pathology Therapy	1	1	Number of Speech Pathology Patients	1,426
Gamma Ray Knife	3	4	Number of Gamma Ray Knife Procedures	0
			Number of Gamma Ray Knife Units	0
Audiology Services	1	1	Number of Audiology Patients	4,269
HIV/AIDS Diagnostic/Treatment Services	3	4	Number of HIV/AIDS Diagnostic Procedures	0
			Number of HIV/AIDS Patients	0
Ambulance Services	3	4	Number of Ambulance Trips	0
Hospice	1	1	Number of Hospice Patients	911
Respite Care Services	3	4	Number of Respite Care Patients	0
Ultrasound/Medical Sonography (2007 Forward Surveys)	1	1	Number of Ultrasound/Medical Sonography Units	8
			Number of Ultrasound/Medical Sonography Procedures	12,053
Other(Specify)	0	0	Number of Treatments, Procedures, or Patients	0
	0	0	Number of Treatments, Procedures, or Patients	0
	0	0	Number of Treatments, Procedures, or Patients	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). (2008 Forward Surveys)

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2011 AHQ Survey Data
 Parts E-F: 2 of 4

44

3. Robotic Surgery System

Please report the number of units, number of procedures, and type of unit(s). (2010 Forward Surveys)

# Units	# Procedures	Types of Unit(s)
1	343	IS2000 da Vinci Surgical System

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2011 AHQ Survey Data
Parts E-F: 4 of 4

HOSP616 Phoebe Putney Memorial Hospital

Annual Hospital Questionnaire Part G

HOSP616 2011 Dougherty

Phoebe Putney Memorial Hospital

Facility UID

Georgia Department of Community Health

Facility Name

Part G: Facility Workforce Information

Year: 2011

This information is being collected to support Georgia's healthcare workforce planning activities. Please provide information as of 12/31/2011.

1. BUDGETED STAFF

Please report the budgeted fulltime equivalents (FTEs) and the number of vacancies as of 12/31/2011. Also, include the number of contract or temporary staff (eg. agency nurses) filling budgeted vacancies as of 12/31/2011.

Profession	Budgeted FTEs	Vacant Budgeted FTEs	Contract/ Temporary Staff FTEs
Licensed Physicians and Physician's Assistants	0.00	0.00	0.00
Physicians Assistants Only (not including Licensed Physicians)	1.58	0.00	0.00
Registered Nurses (RNs-Advanced Practice*)	689.70	0.00	11.87
Licensed Practical Nurses (LPNs)	74.63	6.33	0.00
Pharmacists	30.70	1.10	0.00
Other Health Services Professionals*	532.06	13.32	0.00
Administration and Support	214.48	0.00	0.00
All Other Hospital Personnel (not included above)	1,326.17	0.00	0.00

* Include Therapists, Technicians, Allied Health Professionals, and Assistants/Aides

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

3. RACE/ETHNICITY OF PHYSICIANS

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

	American Indian/ Alaska Native	Asian	Black/ African American	Hispanic or Latino	Hawaiian/ Pacific Islander	White	Multi-Racial	Total Physicians
Physicians	0	34	49	0	0	208	0	291

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2011 AHQ Survey Data
Part G: 1 of 4

Part G: Facility Workforce Information (continued)

4. 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 Plan and/or Board of Regents Benefit Plan).

MEDICAL SPECIALTIES	Number of Medical Staff	Check the appropriate boxes below to indicate if any of these medical staff are hospital-based	# Enrolled as Providers in Medicaid/PeachCare and PEHB Plan	
			Medicaid	PEHB
a. General and Family Practice	30	<input checked="" type="checkbox"/>	25	28
b. General Internal Medicine	48	<input checked="" type="checkbox"/>	42	45
c. Pediatricians	26	<input type="checkbox"/>	26	26
d. Other Medical Specialties	29	<input checked="" type="checkbox"/>	29	29
SURGICAL SPECIALTIES				
e. Obstetrics	18	<input type="checkbox"/>	18	18
f. Non-OB Physicians Providing OB Services	4	<input checked="" type="checkbox"/>	4	4
g. Gynecology	21	<input type="checkbox"/>	19	21
h. Ophthalmology Surgery	9	<input type="checkbox"/>	8	9
i. Orthopedic Surgery	14	<input type="checkbox"/>	14	14
j. Plastic Surgery	2	<input type="checkbox"/>	0	1
k. General Surgery	11	<input checked="" type="checkbox"/>	11	11
l. Thoracic Surgery	6	<input checked="" type="checkbox"/>	6	6
m. Other Surgical Specialties	21	<input checked="" type="checkbox"/>	21	21
OTHER SPECIALTIES				
n. Anesthesiology	9	<input checked="" type="checkbox"/>	9	9
o. Dermatology	2	<input type="checkbox"/>	1	2
p. Emergency Medicine	19	<input checked="" type="checkbox"/>	19	19
q. Nuclear Medicine	18	<input checked="" type="checkbox"/>	18	18
r. Pathology	4	<input checked="" type="checkbox"/>	4	4
s. Psychiatry	4	<input checked="" type="checkbox"/>	4	4
t. Radiology	18	<input checked="" type="checkbox"/>	18	18
u. Other (specify)	Radiation Oncology	<input checked="" type="checkbox"/>	2	2
	Hematology/Oncology	<input checked="" type="checkbox"/>	9	9
	Neonatology	<input checked="" type="checkbox"/>	4	4

5. **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.

a. Number of Dentists (include oral surgeons) with Admitting Privileges	5
b. Number of Podiatrists Granted Clinical Privileges in the Hospital	5
c. Number of Certified Nurse Midwives with Clinical Privileges in the Hospital	8
d. Number of all Other Staff Affiliates with Clinical Privileges in the Hospital	150
e. Provide the Name of Professions Classified as "Other Staff Affiliates with Clinical Privileges" above.	Physician Assistants, Surgical Technologists, Orthopedic Technologists, Dental Assistants,

Comments and Suggestions

Please enter below any comments and suggestions that you have about this survey.

Tuesday, May 07, 2013

2011 AHQ Survey Data
Part G: 2 of 4

D.1.(a) Reported OB inpatient days include obstetric, labor and delivery, c-section, ante- and post-partum days.D.2. Multiracial categories include patients whose race/ethnicity is unknown.E.4. Phoebe Putney information systems are unable to capture the type of Emergency Room visit by type of bed.E.5. Phoebe Putney information systems are unable to capture the number of transfers to another institution from the Emergency Department.E.6. Visits reported here include visits provided under the auspices of Phoebe Physician Group.E.10. Includes all patients (i) who registered but left against medical advice; or (ii) who left before being discharged. Some of these patients likely received some care before leaving.F.1. Number of MRI Units: Phoebe Putney operates two MRI units on its main campus and one on its Meredyth Drive campus.F.1. Number of CT Units: Phoebe Putney operates 4 CT units on its main campus and one on its Meredyth Drive campus.F.1. Phoebe Putney has a critical care transport service that uses critical care ambulances for the transports. These ambulances are not part of the county's Emergency Medical System.F.1.b. Respiratory treatments reflect all procedures with attached CPT code.F.2. The breakdown of ventilators reported here is as follows: 31 adult, 12 neonatal and 1 transport.G.3. Phoebe Putney does not capture the race/ethnicity of its medical staff. The number of physicians by race/ethnicity is an estimate based on historical percentages.G.4. Reported hospital-based physicians include both physicians with hospital-based practices and Phoebe Physician Group-employed physicians.G.4. Some physicians are reported in both the Obstetrics and Gynecology categories.G.4. The number of providers enrolled in Medicaid/PeachCare and/or Public Employee Health Benefits Plan was derived from hospital records. Any physician whose patient generated a charge where the financial class was Medicaid, State Health Benefit Plan or Board of Regents Health Plan is counted in the report.Surgical Services Addendum B.2.: Multiracial categories include patients whose race/ethnicity is unknown.Perinatal Addendum C.1.: Multiracial categories include patients whose race/ethnicity is unknown.Perinatal Addendum C.3.: Average hospital charge for an uncomplicated delivery is based on charges for MS-DRG 775 (mothers' charges).Perinatal Addendum C.4.: Average charge for a premature delivery excludes outliers.Psychiatric/Substance Abuse Addendum B.1.: Multiracial categories include patients whose race/ethnicity is unknown.Minority Health Addendum Part 3: Although Phoebe does have physicians, nurses, and employed staff who speak languages other than English, Phoebe does not have reliable data responsive to the survey request.Comprehensive Inpatient Physical Rehabilitation Addendum: A.1.: Multiracial categories include patients whose race/ethnicity is unknown.

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*2011 AHQ Survey Data
Part G: 4 of 4*

HOSP616 Phoebe Putney Memorial Hospital

AHQ Surgical Services Addendum

HOSP616 2011 Dougherty

Phoebe Putney Memorial Hospital

Facility ID	HOSP616	Year	2011
Facility Name	Phoebe Putney Memorial Hospital		

Part A: Surgical Services Utilization

Please report the Number of Surgery Rooms, Number of Procedures and the Number of Patients involved for this calendar report period. Report only on the rooms in CON-Approved Operating Room Suites. Room allocation should reflect status at the end of the report period.

1. Surgery Rooms

Surgery Rooms				Total Rooms
Dedicated Inpatient Rooms	Dedicated Outpatient Rooms	Shared Rooms		
General Operating	0	8	8	16
Cystoscopy (OR Suite)	0	0	2	2
Endoscopy (OR Suite)	0	0	0	0
Other <input type="text" value="Open Heart"/>	1	0	0	1
Total Rooms	1	8	10	19

2. Number of Procedures by Type of Room

Procedures					Total Procedures
Dedicated Rooms		Shared Rooms			
Inpatient	Outpatient	Inpatient	Outpatient		
General Operating	90	3,546	3,872	4,861	12,369
Cystoscopy (OR Suite)	0	0	151	766	917
Endoscopy (OR Suite)	0	0	0	0	0
Other <input type="text" value="Open Heart"/>	262	0	0	0	262
Total Procedures	352	3,546	4,023	5,627	13,548

3. Number of Patients by Type of Room

Number of Patients by Type of Room				
Dedicated Rooms		Shared Rooms		
Total Inpatient	Total Outpatient	Total Inpatient	Total Outpatient	
General Operating	88	3,504	3,758	4,792
Cystoscopy (OR Suite)	0	0	146	759
Endoscopy (OR Suite)	0	0	0	0
Other <input type="text" value="Open Heart"/>	262	0	0	0

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AHQ Survey Data
Surgical Services Addendum: 1 of 3

Part B: Ambulatory Patient Race/Ethnicity, Age, Gender, and Payment Source

1. Please report total number of ambulatory patients for both dedicated outpatient and shared room environment

	American Indian/ Alaska Native	Asian	Black African American	Hispanic OR Latino	Pacific Hawaiian Pacific Islander	White	Multi-Racial	Total
Number of Ambulatory Patients	6	18	3,389	62	0	4,158	1,422	9,055

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

	Age of Patient					Total
	Ages 0-14	Ages 15-64	Ages 65-74	Ages 75-85	Ages 85 and Up	
Number of Ambulatory Patients	1224	5734	1306	671	120	9055

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

	Gender of Patient		Total
	Male	Female	
Number of Ambulatory Patients	3,693	5,362	9,055

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

	Payment Source			
	Medicare	Medicaid	Third-Party	Self-Pay
Number of Ambulatory Patients	2678	1701	4420	256

Tuesday, May 07, 2013

AHQ Survey Data
Surgical Services Addendum: 3 of 3

HOSP616 Phoebe Putney Memorial Hospital

AHQ Perinatal Services Addendum

HOSP616 2011 Dougherty

Phoebe Putney Memorial Hospital

Facility UID: Georgia Department of Community Health
 Facility Name:
 Level of Care: Year:

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	2
2. Number of Birthing Rooms	0
3. Number of LDR Rooms	12
4. Number of LDRP Rooms	0
5. Number of Cesarean Sections	1,010
6. Total Live Births	2,570
7. Total Births (Live and Late Fetal Deaths)	2,595
8. Total Deliveries (Births + Early Fetal Deaths and Induced Terminations)	2,945

Part B: Newborn and Neonatal Nursery Services

Please report the following newborn and neonatal nursery information for the report period.

Type	Set-Up and Staffed Beds/Station	Neonatal Admissions	Inpatient Days	Transfers within Hosp
1. Normal Newborn (Basic)	44	2,462	4,458	63
2. Specialty Care - Intermediate Neonatal Care	12	3	4,734	438
3. Subspecialty Care - Intensive Neonatal Care	15	454	5,223	185
Totals	71	2,919	14,415	686

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

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

Total Obstetrical Admissions by Race/Ethnicity							Total	
American Indian/Alaska Native	Asian	Black/African American	Hispanic or Latino	Hawaiian/Pacific Islander	White	Multi-Racial		
Admissions by Mother's Race	1	13	1,728	46	0	825	388	3,001
Inpatient Days	2	34	4,975	120	0	2,062	1,245	8,438

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AHQ Survey Data
Perinatal Services Addendum: 1 of 3

Part C: Obstetrical Charges and Utilization by Race/Ethnicity and Age (continued)

2. Please provide the number of admissions (mothers) by the following age groupings. All patient counts must balance.

	Age of Patient			Total
	Ages 0-14	Ages 15-44	Ages 45 and Up	
Number of Admissions	8	2,990	3	3,001
Inpatient Days	17	8,409	12	8,438

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

\$7,843

4. Please report the average hospital charge for a premature delivery.

\$15,062

Tuesday, May 07, 2013

*AHQ Survey Data
Perinatal Services Addendum: 3 of 3*

HOSP616 Phoebe Putney Memorial Hospital

AHQ Psychiatric and Substance Abuse Services Addendum

**HOSP616 2011
Dougherty**

Phoebe Putney Memorial Hospital

Facility ID Year
 Facility Name

Part A: Psychiatric and Substance Abuse Data by Program

Year: 2011

1. Please report the number of beds as of the last day of the report period. Report beds only for officially recognized programs. For combined bed programs, please report each of the combined bed programs and the number of combined beds.

	General Acute Psychiatric			Acute Substance Abuse		Extended Care		
	A	B	C	D	E	F	G	H
	Adults 18 and over	Adolescents 13-17	Children 12 and under	Adults 18 and over	Adolescents 13-17	Adults 18 and over	Adolescents 13-17	Children 12 and under
Distribution of CON- Authorized Beds	38	0	0	0	0	0	0	0
Set-Up and Staffed Beds	38	0	0	0	0	0	0	0

Combined Categories	
Combined Programs (Indicate the Combined Programs Using Letters A Through G, for Example, "AB")	Number of Combined Beds
Distribution of CON- Authorized Beds	0
Set-Up and Staffed Beds	0

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

	General Acute Psychiatric			Acute Substance Abuse		Extended Care		
	A	B	C	D	E	F	G	H
	Adults 18 and over	Adolescents 13-17	Children 12 and under	Adults 18 and over	Adolescents 13-17	Adults 18 and over	Adolescents 13-17	Children 12 and under
Admissions	1,361	0	0	0	0	0	0	0
Inpatient Days	7,270	0	0	0	0	0	0	0
Discharges	1,354	0	0	0	0	0	0	0
Discharge Days	7,251	0	0	0	0	0	0	0
Average Charge Per Patient Day	\$1,813	\$0	\$0	\$0	\$0	\$0	\$0	\$0

Check if this Program is JCAHO Accredited?

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AHQ Survey Data
Psych/SA Services Addendum: 1 of 3

Part B: Psychiatric and Substance Abuse Utilization by Race/Ethnicity, Gender, and Payment Source

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

	American Indian/ Alaska Native	Asian	Black/ African American	Hispanic or Latino	Hawaiian/ Pacific Islander	White	Multi-Racial	Total
Admissions	20	0	615	4	0	489	233	1,361
Inpatient Days	100	0	3,487	12	0	2,507	1,164	7,270

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

	Gender of Patient		Total
	Male	Female	
Admissions	582	779	1,361
Inpatient Days	3,119	4,151	7,270

3. Please indicate the number of patients by the following payment sources. Please note that individuals may have multiple payment sources. Report Peachcare for Kids as Third-Party.

	Payment Source			
	Medicare	Medicaid	Third-Party	Self-Pay
Number of Patients	462	469	248	182
Inpatient Days	2,953	2,609	1,045	663

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AHQ Survey Data
Psych/SA Services Addendum: 3 of 3

HOSP616 Phoebe Putney Memorial Hospital

Annual Hospital Questionnaire Patient Origin

HOSP616 2011
Dougherty

Phoebe Putney Memorial Hospital

Facility Name

Year: 2011

Please report the county of origin for the inpatient admissions/discharges excluding newborns (except surgical services should include outpatients only):

(Please see the instructions for further information.)

Inpat = inpatient total

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 adolescent 0-12

Rehab = inpatient rehabilitation

To delete a row, press Esc to clear data entry errors. Then click in the margin to the left of the county name and press the delete key.

County	Inpat	Surg	OB	P18+	P13-17	P0-12	S18+	S13-17	E18+	E13-17	E0-12	Rehab
Alabama	32	6	4	3	0	0	0	0	0	0	0	0
Appling	1	0	0	0	0	0	0	0	0	0	0	0
Atkinson	8	3	2	0	0	0	0	0	0	0	0	0
Bacon	0	1	0	0	0	0	0	0	0	0	0	0
Baker	171	86	29	4	0	0	0	0	0	0	0	0
Baldwin	0	0	0	0	0	0	0	0	0	0	0	0
Banks	0	0	0	0	0	0	0	0	0	0	0	0
Barrow	0	0	0	0	0	0	0	0	0	0	0	0
Bartow	4	1	0	0	0	0	0	0	0	0	0	0
Ben Hill	228	31	8	40	0	0	0	0	0	0	0	0
Berrien	34	19	5	2	0	0	0	0	0	0	0	0
Bibb	9	6	0	0	0	0	0	0	0	0	0	0
Bleckley	0	0	0	0	0	0	0	0	0	0	0	0
Brantley	0	0	0	0	0	0	0	0	0	0	0	0
Brooks	4	1	2	0	0	0	0	0	0	0	0	0
Bryan	3	1	0	1	0	0	0	0	0	0	0	0
Bulloch	2	0	1	0	0	0	0	0	0	0	0	0
Burke	0	0	0	0	0	0	0	0	0	0	0	0
Butts	0	0	0	0	0	0	0	0	0	0	0	0
Calhoun	405	240	61	21	0	0	0	0	0	0	0	0
Camden	2	0	1	0	0	0	0	0	0	0	0	0
Candler	0	0	0	0	0	0	0	0	0	0	0	0
Carroll	0	0	0	0	0	0	0	0	0	0	0	0
Catoosa	0	0	0	0	0	0	0	0	0	0	0	0
Charlton	1	0	1	0	0	0	0	0	0	0	0	0
Chatham	2	2	0	0	0	0	0	0	0	0	0	0
Chattahooch	2	2	0	0	0	0	0	0	0	0	0	0
Chattooga	0	0	0	0	0	0	0	0	0	0	0	0
Cherokee	0	1	0	0	0	0	0	0	0	0	0	0
Clarke	2	0	1	0	0	0	0	0	0	0	0	0

Tuesday, May 07, 2013

2011 AHQ Survey Data
Patient Origin: 1 of 5

County	Inpat	Surg	OB	P18+	P13-17	P0-12	S18+	S13-17	E18+	E13-17	E0-12	Rehab
Clay	72	37	37	3	0	0	0	0	0	0	0	0
Clayton	4	1	0	0	0	0	0	0	0	0	0	0
Clinch	3	0	1	0	0	0	0	0	0	0	0	0
Cobb	10	6	0	3	0	0	0	0	0	0	0	0
Coffee	44	14	0	4	0	0	0	0	0	0	0	0
Colquitt	428	203	73	18	0	0	0	0	0	0	0	0
Columbia	2	0	0	0	0	0	0	0	0	0	0	0
Cook	33	17	3	2	0	0	0	0	0	0	0	0
Coweta	1	2	1	0	0	0	0	0	0	0	0	0
Crawford	0	0	0	0	0	0	0	0	0	0	0	0
Crisp	442	254	20	34	0	0	0	0	0	0	0	0
Dade	0	0	0	0	0	0	0	0	0	0	0	0
Dawson	0	0	0	0	0	0	0	0	0	0	0	0
Decatur	80	60	17	5	0	0	0	0	0	0	0	0
DeKalb	9	6	1	1	0	0	0	0	0	0	0	0
Dodge	1	3	0	0	0	0	0	0	0	0	0	0
Dooly	112	60	7	8	0	0	0	0	0	0	0	0
Dougherty	8,714	4,013	1,631	709	0	0	0	0	0	0	0	0
Douglas	3	2	0	0	0	0	0	0	0	0	0	0
Early	141	88	17	9	0	0	0	0	0	0	0	0
Echols	0	0	0	0	0	0	0	0	0	0	0	0
Effingham	1	0	0	1	0	0	0	0	0	0	0	0
Elbert	2	1	0	0	0	0	0	0	0	0	0	0
Emanuel	1	0	0	1	0	0	0	0	0	0	0	0
Evans	0	0	0	0	0	0	0	0	0	0	0	0
Fannin	0	0	0	0	0	0	0	0	0	0	0	0
Fayette	0	0	0	0	0	0	0	0	0	0	0	0
Florida	78	10	8	12	0	0	0	0	0	0	0	0
Floyd	1	0	0	0	0	0	0	0	0	0	0	0
Forsyth	1	0	0	0	0	0	0	0	0	0	0	0
Franklin	0	0	0	0	0	0	0	0	0	0	0	0
Fulton	18	3	3	2	0	0	0	0	0	0	0	0
Gilmer	0	0	0	0	0	0	0	0	0	0	0	0
Glascock	0	0	0	0	0	0	0	0	0	0	0	0
Glynn	2	2	0	2	0	0	0	0	0	0	0	0
Gordon	1	0	0	0	0	0	0	0	0	0	0	0
Grady	41	18	16	1	0	0	0	0	0	0	0	0
Greene	0	0	0	0	0	0	0	0	0	0	0	0
Gwinnett	6	0	0	2	0	0	0	0	0	0	0	0
Habersham	0	0	0	0	0	0	0	0	0	0	0	0
Hall	1	1	0	0	0	0	0	0	0	0	0	0
Hancock	0	0	0	0	0	0	0	0	0	0	0	0
Haralson	0	0	0	0	0	0	0	0	0	0	0	0
Harris	4	0	0	0	0	0	0	0	0	0	0	0
Hart	0	0	0	0	0	0	0	0	0	0	0	0
Heard	0	0	0	0	0	0	0	0	0	0	0	0
Henry	4	0	0	0	0	0	0	0	0	0	0	0
Houston	13	9	0	2	0	0	0	0	0	0	0	0
Irwin	41	16	5	2	0	0	0	0	0	0	0	0
Jackson	3	0	0	1	0	0	0	0	0	0	0	0
Jasper	0	1	0	0	0	0	0	0	0	0	0	0
Jeff Davis	4	2	0	0	0	0	0	0	0	0	0	0

Tuesday, May 07, 2013

2011 AHQ Survey Data
Patient Origin: 2 of 5

County	Inpat	Surg	OB	P18+	P13-17	P0-12	S18+	S13-17	E18+	E13-17	E0-12	Rehab
Jefferson	0	0	0	0	0	0	0	0	0	0	0	
Jenkins	0	0	0	0	0	0	0	0	0	0	0	
Johnson	0	0	0	0	0	0	0	0	0	0	0	
Jones	0	0	0	0	0	0	0	0	0	0	0	
Lamar	0	0	0	0	0	0	0	0	0	0	0	
Lanier	2	3	2	0	0	0	0	0	0	0	0	
Laurens	0	2	0	0	0	0	0	0	0	0	0	
Lee	1,626	1,135	342	121	0	0	0	0	0	0	0	
Liberty	0	0	0	0	0	0	0	0	0	0	0	
Lincoln	0	0	0	0	0	0	0	0	0	0	0	
Long	0	0	0	0	0	0	0	0	0	0	0	
Lowndes	45	26	17	6	0	0	0	0	0	0	0	
Lumpkin	0	0	0	0	0	0	0	0	0	0	0	
Macon	75	27	1	5	0	0	0	0	0	0	0	
Madison	2	1	0	0	0	0	0	0	0	0	0	
Marion	18	12	2	2	0	0	0	0	0	0	0	
McDuffie	1	0	1	0	0	0	0	0	0	0	0	
McIntosh	0	0	0	0	0	0	0	0	0	0	0	
Meriwether	1	0	0	0	0	0	0	0	0	0	0	
Miller	169	89	14	13	0	0	0	0	0	0	0	
Mitchell	801	440	149	16	0	0	0	0	0	0	0	
Monroe	0	1	0	0	0	0	0	0	0	0	0	
Montgomery	2	0	0	0	0	0	0	0	0	0	0	
Morgan	1	0	1	0	0	0	0	0	0	0	0	
Murray	0	0	0	0	0	0	0	0	0	0	0	
Muscogee	13	8	0	1	0	0	0	0	0	0	0	
Newton	2	1	0	0	0	0	0	0	0	0	0	
North Carolin	17	3	1	1	0	0	0	0	0	0	0	
Oconee	1	0	0	0	0	0	0	0	0	0	0	
Oglethorpe	0	0	0	0	0	0	0	0	0	0	0	
Other Out of	88	31	8	14	0	0	0	0	0	0	0	
Paulding	0	0	0	0	0	0	0	0	0	0	0	
Peach	2	3	0	1	0	0	0	0	0	0	0	
Pickens	0	0	0	0	0	0	0	0	0	0	0	
Pierce	0	0	1	0	0	0	0	0	0	0	0	
Pike	1	0	0	0	0	0	0	0	0	0	0	
Polk	0	0	0	0	0	0	0	0	0	0	0	
Pulaski	0	2	0	0	0	0	0	0	0	0	0	
Putnam	1	1	0	1	0	0	0	0	0	0	0	
Quitman	28	15	5	0	0	0	0	0	0	0	0	
Rabun	0	0	0	0	0	0	0	0	0	0	0	
Randolph	344	219	74	21	0	0	0	0	0	0	0	
Richmond	1	2	0	1	0	0	0	0	0	0	0	
Rockdale	1	0	1	0	0	0	0	0	0	0	0	
Schley	80	68	8	6	0	0	0	0	0	0	0	
Screven	2	0	0	2	0	0	0	0	0	0	0	
Seminole	23	16	3	1	0	0	0	0	0	0	0	
South Carolin	13	2	2	0	0	0	0	0	0	0	0	
Spalding	0	0	0	0	0	0	0	0	0	0	0	
Stephens	0	0	0	0	0	0	0	0	0	0	0	
Stewart	27	18	5	0	0	0	0	0	0	0	0	
Sumter	783	439	76	75	0	0	0	0	0	0	0	

Tuesday, May 07, 2013

2011 AHQ Survey Data
Patient Origin: 3 of 5

County	Inpat	Surg	OB	P18+	P13-17	P0-12	S18+	S13-17	E18+	E13-17	E0-12	Rehab
Talbot	4	0	0	1	0	0	0	0	0	0	0	0
Taliaferro	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
Taylor	8	4	0	0	0	0	0	0	0	0	0	0
Telfair	1	2	0	0	0	0	0	0	0	0	0	0
Tennessee	4	1	0	2	0	0	0	0	0	0	0	0
Terrell	766	360	127	47	0	0	0	0	0	0	0	0
Thomas	75	39	34	4	0	0	0	0	0	0	0	0
Tift	167	109	27	26	0	0	0	0	0	0	0	0
Toombs	1	1	0	0	0	0	0	0	0	0	0	0
Towns	0	0	0	0	0	0	0	0	0	0	0	0
Treutlen	0	0	0	0	0	0	0	0	0	0	0	0
Troup	6	0	2	0	0	0	0	0	0	0	0	0
Turner	134	102	9	4	0	0	0	0	0	0	0	0
Twiggs	0	0	0	0	0	0	0	0	0	0	0	0
Union	0	0	0	0	0	0	0	0	0	0	0	0
Upton	1	0	0	1	0	0	0	0	0	0	0	0
Walker	0	0	0	0	0	0	0	0	0	0	0	0
Walton	3	0	0	2	0	0	0	0	0	0	0	0
Ware	2	0	0	0	0	0	0	0	0	0	0	0
Warren	0	0	0	0	0	0	0	0	0	0	0	0
Washington	2	0	0	1	0	0	0	0	0	0	0	0
Wayne	0	0	0	0	0	0	0	0	0	0	0	0
Webster	29	14	2	1	0	0	0	0	0	0	0	0
Wheeler	0	1	0	0	0	0	0	0	0	0	0	0
White	0	0	0	0	0	0	0	0	0	0	0	0
Whitfield	0	0	0	0	0	0	0	0	0	0	0	0
Wilcox	63	12	2	7	0	0	0	0	0	0	0	0
Wilkes	0	0	0	0	0	0	0	0	0	0	0	0
Wilkinson	0	0	0	0	0	0	0	0	0	0	0	0
Worth	1,074	617	130	85	0	0	0	0	0	0	0	0

Total Inpat Admissions	17742	Total P18+ Admissions	1361	Total E18+ Admissions	0
Total Surg Patients	9055	Total P13-17 Admissions	0	Total E13-17 Admissions	0
Total OB Admissions	3001	Total P0-12 Admissions	0	Total E0-12 Admissions	0
		Total S18+ Admissions	0	Total Rehab Admissions (2011 Forward)	0
		Total S13-17 Admissions	0		

Tuesday, May 07, 2013

2011 AHQ Survey Data
Patient Origin: 4 of 5

Georgia Department of Community Health

YOU MUST CHECK FOR ERRORS BEFORE COMPLETING THE SIGNATURE SECTION

In order to ensure the Signature Form will accept an authorized signature you must first click the "View Error Messages" button. This button will produce a report detailing any missing data items that are required or balances that do not agree but are required to be in balance. The Signature Form WILL NOT accept an authorized signature until each item on the Data Validation Report is corrected. After correcting errors, please click the "View Error Messages" button again to make sure that all errors have been cleared.

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 to provide requested or 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 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: Date:

Title:

Comments:

Unresolved Data Issues

Please explain any unresolved data issues in the comments box.

Total Ambulatory Patients reported in Part B1, B2, B3 and the Patient Origin Surgical Total should all equal.

Phoebe Putney Memorial Hospital

Facility ID Year
 Facility Name

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? (FTE's)

What languages do they interpret?

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)

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	n/a	0	0	0
		0	0	0
		0	0	0

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

Cultural diversity module included in the annual employee update. Nursing internship course includes diversity training.

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?

N/A

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

1. English 2. 3. 4.

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

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

Albany Area Primary Health Care. Locations in Dougherty, Lee, Baker, Calhoun and Terrell Counties.

Tuesday, May 07, 2013

AHQ Survey Data
Minority Health Addendum: 3 of 3

HOSP616 Phoebe Putney Memorial Hospital

AHQ Inpatient Physical Rehabilitation Addendum

**HOSP616 2011
Dougherty**

Phoebe Putney Memorial Hospital

Facility ID: Year: Year: 2011
 Facility Name:

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

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

	American Indian/ Alaska Native	Asian	Black/ African American	Hispanic or Latino	Hawaiian/ Pacific Islander	White	Multi-Racial	Total
Admissions								
Inpatient Days								

2. Please provide the number of inpatient physical rehabilitation admissions and inpatient days by gender.

	Gender of Patient		Total
	Male	Female	
Admissions			
Inpatient Days			

3. Please report the number of inpatient physical rehabilitation admissions and inpatient days by age cohort.

Age Cohort	Admissions	Days
0-17		
18-64		
65-84		
85 Up		

Part B : Referral Source

1. Please report the number of inpatient physical rehabilitation admissions during the report period from each of the following sources.

Number of Patients	Referral Source			
	Acute Care Hospital/General Hospital	Long Term Care Hospital	Skilled Nursing Facility	Traumatic Brain Injury Facility

Part C: Utilization by Payer Category and Uncompensated Care Patients

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

Number of Patients	Payment Source			
	Medicare	Third-Party	Self-Pay	Other

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

--

Part D: Admissions by Diagnosis Code

1. Please report the number of inpatient physical rehabilitation admissions by the "CMS 13" diagnosis of the patient listed below.

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

