

2006 ANNUAL CARDIAC CATHETERIZATION SERVICES SURVEY (CCSS)

January 1, 2006 through December 31, 2006

- IMPORTANT NOTICE ABOUT SURVEY ACCURACY AND COMPLIANCE -

The information and data collected through this survey are used for state regulatory and planning purposes and are made available to public officials, advocacy groups, health care purchasers, and consumers. This survey is required under Department of Community Health Rule 111-2-2-.04 and other regulations. The failure to properly submit and/or fully complete all required surveys may result in adverse regulatory action pursuant to DCH Rules 111-2-2-.05, .09 and other regulations or statutes.

The chief executive officer or principal administrator of the facility (who shall attest to the accuracy and completeness of the information provided) and your organization are responsible for ensuring the accuracy of the information and data reported in this survey. The sole responsibility for accuracy resides with the organization and the officials filing the survey. Accuracy at time of submission is particularly important. See Rule 111-2-2-.04(e) prohibiting survey revisions unless approved by the Department at its sole discretion.

Providing false or inaccurate information may result in adverse regulatory action pursuant to DCH Rules 111-2-2-.04(1)(b), 111-2-2-.05(1)(a)1, and 111-2-2-.05(1)(a)7, other regulations and statutes, and may constitute a crime under O.C.G.A. §§ 16-10-20 and 16-14-1.

2006 CARDIAC CATHETERIZATION SERVICES SURVEY ACCESS FORM

The 2006 Cardiac Catheterization Services Survey (CCSS) is a Microsoft Access database. You must have Microsoft Access 2000 or a later version of Access in order to open the database and complete your survey. **Microsoft Access 97 is no longer supported.**

IF YOU NEED ASSISTANCE

When you are working in the database, you may view these instructions by clicking the Help button found on each form. You can get specific instructions for any **item in blue** on the form by clicking the item.

If you can't find the answer to your problem on the Help screens, check the "Frequently Asked Questions" document on the web page where you downloaded the database. This document will be updated periodically as new questions arise.

If you still have any questions after reviewing the documentation above, please contact Carlos Williams at (404) 656-0464 or by email at cawilliams@dch.ga.gov

INSTRUCTIONS FOR SUBMITTING THE DATABASE

The deadline for filing the completed survey database for your facility is **April 13, 2007**.

Once you have completed your survey and resolved any data validation issues, you should electronically submit the survey to the Department of Community Health (DCH). **Please do not fax or mail a hard copy.** Follow the steps below to submit your survey:

1. You must sign the Signature Form before submitting the database. The survey will not be deemed complete without an authorized signature.
2. Please be sure to print a copy of your completed forms before submission and retain a copy of the Access file for your records.
3. To submit your database, click the green Upload button on the survey opening screen and follow the on-screen instructions. Email submissions of survey databases will **no longer be accepted**. However, you may send any supplemental documents via email to the address listed in the previous section.

Survey Completion Status – Typically, a survey will be considered complete when a signed, completed version is received by the Division of Health Planning. All requested data elements must be provided; edit check, error messages, and validation rules must be addressed or in balance; and the survey must be signed in the appropriate location and manner. Once received and determined to be complete by the Division, the survey is considered a public record. DCH staff may not be able to process your survey immediately due to high volumes of survey submissions. You may follow-up a few days after submitting your survey to make sure your survey has been processed and is considered complete by the Division of Health Planning. The completed survey will be deemed complete on the day it is received by DCH even if it is processed later. The completion status of all surveys for each facility will be published on the DCH website on or after the survey due date. **It is extremely important that you retain a copy of your completed survey (both the Access database and a printed copy).**

Revising or Amending the Survey – Pursuant to Rule 111-2-2-.04(1)(e) surveys that are received and determined to be complete by the Division of Health Planning may not be revised after the survey due date without approval by DCH. Requests to revise must be submitted in writing to the Division of Health Planning with a detailed explanation of the revisions and any necessary documentation. The Division of Health Planning will consider revisions on a case-by-case basis and reserves the right to deny a request to revise. The Division may also determine that additional data, information, or documentation is needed to support the proposed revisions.

INSTRUCTIONS FOR COMPLETING THE SURVEY FORM

The Access database file may either be saved to a single computer or to an internal computer network. The database can be placed on a network so that multiple users can access and complete (or review) the survey at different times. Please be sure not to make copies of the database. Only one version of the database should be sent to DHP. The Access file should open automatically to an opening screen where you can select a form to complete or view. You should be able to print a blank copy of the survey from the “print” button included on each form or from the opening screen. Select your facility from the drop-down menu on the survey form and enter your facility’s data. Please be sure to provide an answer in every question. If the question does not apply to your facility please indicate “not applicable”. Access does not have a “save” feature like other applications. Each change you make to the form will be saved automatically.

INSTRUCTIONS FOR COMPLETING THE SIGNATURE FORM

The database contains two types of forms. The first type is the survey form described above. This form is used to collect utilization data and information. The Signature Form is where the facility's chief executive or administrator electronically authorizes the survey for release to the Department of Community Health. The facility's chief executive officer or administrator must sign to certify that the responses are complete and accurate for the report period specified. A typed version of the signature is being accepted as an original signature pursuant to the Georgia Electronic Records and Signature Act.

The Signature Form also will identify any out of balance edit checks and any validation rule criteria that are not correct. The edit checks must be resolved before the authorized signature will be accepted by the database. For example, if your total patient counts are not in balance when requested, then the Signature Form will indicate that they are out of balance and will not accept the authorized signature until the patient counts are corrected. In other cases, you may receive a warning message indicating that certain data elements should be in balance but are not. The form may also indicate that certain responses are not valid either for your facility type or authorization. Unresolved data issues of this type should be addressed by an explanation in the provided comments box if the data is not changed or amended.

Data Validation Requirements – All edit and balance requirements and all required fields must be completed before the facility's administrator or chief executive can authorize the survey. You can determine if the required survey totals are in balance and that all required items are complete by clicking the "View Error Messages" button in the Data Validation Requirements section at the top of the Signature Form. This button produces the Data Validation Report containing a description of any out of balance totals and any required data items that are missing. The Data Validation Report can be printed and should be rerun until all items have been corrected. **Each item on the Data Validation Report must be corrected before the form will accept the authorized signature.**

PART A: GENERAL INFORMATION

Facility Name and Address – Please provide your facility’s current name and address as requested.

Medicaid and Medicare Numbers – Please enter the appropriate numbers for your facility. Do not enter dashes or alpha characters for either provider number.

Report Period - The required report period is January 1, 2006 to December 31, 2006. If the facility was in operation a full year, 12 months of data must be reported even if the ownership or management of the facility changed. It is the responsibility of the current owner or operating entity to obtain data from the prior owner/operator if necessary. Please note if the facility was not in operation for the entire report period also.

PART B: SURVEY CONTACT INFORMATION

Please provide contact information for the individual authorized to respond to questions regarding your facility’s survey.

PART C: CATHETERIZATION PROCEDURE ROOMS and UTILIZATION

Note: Part C is divided across two separate forms of the Access database. Part C, Question 1 is found on the form named “Parts A-C” while the remainder of Part C (Questions 2 through 5) can be found on a separate form called “Part C”.

Part C – Questions 1A - 1C – Catheterization Procedure Rooms

Authorized Cardiac Catheterization Labs or Rooms – Report the number of cardiac catheterization labs or rooms as of the last day of the report period that are authorized under the Certificate of Need Rules (111-2-2-.21). Include labs or rooms that are dedicated to specific types of cardiac catheterization services and labs or rooms that are used for general cardiac catheterization purposes. For Question 1B provide specific details on each lab or room authorized. Provide the commonly used name of the lab or room at your facility, provide the date on which the lab or room originally began providing cardiac catheterization services, indicate if the lab or room is dedicated to a specific type of cardiac catheterization service and if so to which type, and the total number of cardiac catheterization procedures performed in the lab during the report period.

Other Rooms – Report any rooms that may be equipped and capable of performing cardiac catheterization that were not authorized or that would not be regulated pursuant to Rule 111-2-2-.21. This should include any room in which cardiac catheterizations could technically be performed, but that were not authorized for cardiac catheterization pursuant to the Certificate of Need Rules. Report other rooms as of the last day of the report period. These other rooms could include rooms which are normally utilized, for example, by specialist (i.e. vascular, etc), other than cardiologist.

Part C – Questions 2 through 5 – Catheterization Services Utilization

Note: Part C, Questions 2 through 5 cover utilization for catheterization services in your facility. Some questions are specific to cardiac catheterization services only; Question 2A (Items 1 through 8), Question 2B, Question 4, and Question 5. Other questions deal with non-cardiac or peripheral catheterization services; Question 2A (Item 9), Questions 3A through 3D. Please read the questions carefully and refer to the instructions provided below. Also, this section seeks to capture utilization in the form of procedures, sessions, patients, and other units of service including the number of stents and a count of vessels. Each question will specify which type of utilization is requested so please read the questions carefully and refer to the instructions below.

Cardiac Catheterization Procedures vs. Patients

Procedures: The number of procedures should represent the actual number of distinct types of cardiac catheterization procedures performed during the report period. If multiple catheterization procedures were performed during a single session of cardiac catheterization please report each of the procedures separately. For example, when a diagnostic cardiac catheterization is immediately followed by a therapeutic cardiac catheterization in the same session, report two cardiac catheterizations; one diagnostic and one therapeutic. Diagnostic and Therapeutic Cardiac Catheterizations are treated differently by the Certificate of Need Rules and should be counted distinctly. Also, if during a single therapeutic cardiac catheterization session there was a balloon angioplasty at one site and a stent was utilized at another site, then that would count as two procedures. However, if two stents at two separate sites were utilized during one session, then that would be counted as one procedure.

Patients: The number of patients should be unduplicated across procedure type and throughout the survey. Patient totals must balance in Part C, Questions 4 and 5, and Part F and should represent a total number of individual people treated during the report period. Each patient is one person regardless of their number of procedures, sessions, or visits.

Part C, Question 2A, Items 1 through 6 – Therapeutic Cardiac Catheterization Procedures

Percutaneous Coronary Intervention (PCI) Balloon Angioplasty Procedures – For Question 2A, Item 1 report all balloon angioplasty. For PCI where both balloon and stents were utilized at separate sites, report the balloon angioplasty in Question 2A, Item 1 and report the stents utilized in Question 2A, Item 2.

Percutaneous Coronary Intervention (PCI) Using Stents – For Question 2A, Item 2 report the number of procedures where one or more stents were used. For Items 2a and 2b report the total number of drug eluting and non-drug eluting stents that were used in the PCIs reported in Question 2A, Item 2. The total of Question 2A, Items 2a and 2b where stents are reported likely will exceed the total of Question 2A, Item 2 where procedures are reported.

Part C, Question 2A, Items 7 and 8 – Diagnostic Cardiac Catheterization Procedures

Diagnostic Cardiac Catheterization – For Question 2A, Items 7A and 7B report all diagnostic cardiac catheterization procedures. Report left heart and right heart diagnostic cardiac catheterization procedures separately.

Left Heart Catheterization: Coronary angiography and left ventriculography or coronary angiography alone (without left ventriculography). Report only these procedures for left heart catheterization.

Right Heart Catheterization: Count right heart diagnostic catheterizations separately from left heart. Even when left and right heart procedures are performed together report them separately.

Diagnostic Cardiac Catheterization with PCI – For Question 2A, Items 8A and 8B distinguish between left heart diagnostic catheterizations that were not followed by a concurrent PCI procedure and left heart diagnostic catheterizations that were followed by a concurrent PCI.

Part C, Question 2A, Item 9 – Peripheral Catheterization Procedures

For Question 2A, Item 9 report the number of non-cardiac catheterization procedures that were performed on vessels peripheral to the heart. Report the total number of peripheral (non-cardiac) catheterization procedures by patient age. These procedures may include but are not limited to renal, pulmonary, carotid, femoral, aorta, or vertebral catheterization procedures.

Part C, Question 2A, Item 10 – Cardiac Vessels Involved in Therapeutic Catheterizations

For Question 2A, Item 10 report the number of patients who underwent therapeutic catheterizations of one, two, three, or four or more of the major cardiac. For example, if ten out of 100 total patients undergoing therapeutic catheterizations involved catheterization of four or more major cardiac vessels, then report ten procedures in the four or more column.

Which Vessels to Include: When counting the number of vessels included in each PCI please count only the vessels of major coronary circulation (the left main, left anterior descending, left circumflex, and right coronary arteries). **Do not count branch vessels within a major circulation as a separate vessel angioplastied.** For example, a PCI performed on the left anterior descending as well as a diagonal branch of the same vessel would be considered a one vessel PCI. However, if a branch vessel(s) of a major circulation is angioplastied, but the major circulation vessel was not, then report the branch vessel procedure as a major coronary circulation vessel treated.

Part C, Question 2B – Cardiac Catheterization Sessions

Cardiac Catheterization Sessions by Procedure Type and Facility Setting – For Part C, Question 2B report the number of cardiac catheterization sessions by diagnostic and therapeutic procedure types and by inpatient and outpatient settings.

Sessions vs. Procedures: For purposes of the CCSS a total number of cardiac catheterization procedure sessions is captured in addition to a total number of individual procedures performed. A single session of cardiac catheterization should represent each occasion a patient appears for cardiac catheterization procedures. One visit where cardiac catheterization procedures were performed is one session even if more than one specific procedure or cardiac catheterization study was performed during the session. For example, if both right and left heart catheterizations are performed on the same patient during the same session, the entire session should be counted as one cardiac catheterization session.

Part C, Questions 3A through 3D – Non-Cardiac Catheterization Procedures

Other Procedures Performed During Cardiac Catheterization Session – For Part C, Question 3A report by age and procedure type the number of other procedures (if any) performed during the same sessions of cardiac catheterization reported in Part C, Questions 2A and 2B.

Non-Cardiac Catheterization Procedures in Cardiac Catheterization Labs – For Question 3B report by age and procedure type the total number of special procedures other than cardiac catheterizations (if any) that were performed in rooms authorized to perform cardiac catheterizations. Report only the procedures performed independent of cardiac catheterization procedure sessions.

Non-Cardiac Catheterization Procedures in Any Other Room – For Question 3C report by age and procedure type the total number of non-cardiac catheterization procedures performed in any other room that is equipped and capable of performing cardiac catheterization as reported in Question 1C.

Medical Specialties for Physicians Performing Non-Cardiac Catheterization Procedures – For Question 3D list the medical specialty of physicians who performed non-cardiac catheterization procedures that were listed in Part C, Questions 3B and 3C.

Part C, Questions 4 and 5 – Cardiac Catheterization Patients

Utilization by Race/Ethnicity of Patient – For Question 4 report the number of patients by race/ethnicity according to the indicated categories as defined by the United States Census Bureau. Report patients only once for the year for an unduplicated count. Patient total by race/ethnicity should agree with the total patients by gender reported in Question 5.

American Indian or Alaska Native: A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.

Asian: A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

Black or African American: A person having origins in any of the black racial groups of Africa. Terms such as "Haitian" or "Negro" can be used in addition to "Black or African American."

Hispanic or Latino: A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. The term, "Spanish origin," can be used in addition to "Hispanic or Latino."

Native Hawaiian or Other Pacific Islander: A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

White: A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

Multi-Racial: A person who indicates having racial origins from two or more of the above definitions.

Utilization by Gender – For Question 5 report the number of patients by gender. These data are needed as an indication of the services rendered to population sub-groups. Patient total by gender should agree with the total patients by race/ethnicity reported in Question 4.

PART D: CHARGES FOR SELECTED SERVICES

Note: Include in the charges all hospital patient charges; however, exclude physician charges, even if the physician charges are billed or otherwise appear as part of the hospital charges. Report charges rounded to the nearest whole dollar (no cents). Facilities that provide services solely on an outpatient basis should leave zeros (0) in the categories requesting inpatient data.

Average Total Inpatient Charges for Selected DRGs – For Question 1 report the average total charge and the number of cases included in the calculation of the average total charge for cases receiving services in the cardiac catheterization lab(s). Include in the calculation of average charges all the inpatient cases with the specified DRGs excluding only Medicare outliers. Report charges for inpatient cases in the report period. Also report the actual total number of inpatient cases for the entire hospital both in the cardiac catheterization lab(s) and elsewhere.

Average Reimbursement for Selected DRGs – For Question 1 report the average amount your facility was reimbursed (net) for each of the DRGs provided. Exclude Medicare outliers from the average. Indicate zero (0) average reimbursement if there were no charges for the DRG during the report period. Average Reimbursement for each DRG should reflect the average for cases receiving services in the cardiac catheterization lab(s).

Total Charges for Selected ICD-9-CM Procedure Codes – For Question 2 report the mean, median, and range of total charges for **all** cases for which the specified procedure was the **principal procedure**. Report the number of cases included in each set of calculations for inpatients and outpatients separately and by each code provided. Do not exclude any outliers.

Patients, Procedures, and Charges by Primary Payment Source – For Question 3 report the total unduplicated number of patients, the number of procedures, total charges, and actual reimbursement by the patient's primary payer source. Determine if the patient's primary payer was Medicaid, Medicare, Third-Party (insurance or other), or Individual (self-pay). Please report Peachcare for Kids patients as Third Party. This table should reflect data for the entire report period. Also, report the number of unduplicated patients, the number of procedures, total charges, and actual reimbursement for patients who were classified as indigent or charity care cases. The two tables do not have to balance to other patient totals and patients do not have to be unduplicated between the two tables since charity care could overlap with other payers. Please define an Indigent patient as a patient who was income tested and found to be at or below 125% of the Federal Poverty Level. Charity care patients can be qualified based on your facility's own guidelines and policy.

Total Charges and Actual Reimbursement – For Question 4 report the total charges and actual reimbursement for cardiac catheterization services provided by your facility during the report period. Report the actual reimbursement (presumably, something less than total charges) that your facility received for cardiac catheterization services provided during the report period. Actual reimbursement would account for contractual adjustments, bad debt, indigent and charity care, etc.

Indigent and Charity Care Charges – For Question 5 report the total amount of charges attributed during the report period to patients who are classified as receiving indigent or charity care. Persons classified as indigent must meet the federal guidelines. Charity Care should be authorized in accordance with the written policy of the facility. If the charity care is provided on a sliding fee scale basis, only that portion of the patient's account that meets the facility's policy, and that are provided without expectation of payment, may be considered as charity care.

Indigent and Charity Care Patients – For Question 5 report the total number of patients who were classified as indigent or charity care cases. Persons classified as indigent must meet the federal guidelines. Charity Care cases should be authorized in accordance with the written policy of the facility.

Adjusted Gross Revenue – For Question 6 report the Adjusted Gross Revenue for the cardiac catheterization services provided by the facility during the report period. Adjusted Gross Revenue is the Total Gross Revenue (or charges) less Contractual Adjustments for Medicaid and Medicare and bad debt.

PART E: PEER REVIEW, JCAHO ACCREDITATION, OHS REFERRALS, and TREATMENT COMPLICATIONS

Peer Review – For Question 1 please provide information on your participation in external or national peer review and the names of the peer review organizations.

JCAHO Accreditation – For Question 2 please indicate whether your facility is accredited and your accreditation category.

Community Education – For Question 3 please provide the number of community education programs your facility has sponsored and/or participated in during the report period.

Referrals to Open Heart Surgery Programs – For Question 4 report the number of referrals for Open Heart Surgery Services. The Access form provides a pull-down menu with all Georgia OHS programs and other out of state programs listed. Report each referral location and the total number of patients referred during the report period. Report all referrals without unduplicating patients. If you need more space please use the comments box at the end of the CCSS. **All cardiac catheterization providers must complete this question, regardless of whether the facility itself also provides open-heart surgery services.**

Cardiac Catheterization Session Complications – For Question 5 please indicate the number of major and/or minor complications from the therapeutic cardiac catheterization sessions reported in Part C, Question 2B. Examples of major and minor complications are provided below. These examples are meant to serve as general guidelines for determining if complications would be considered major or minor.

Major Complications: For purposes of the CCSS major complications from cardiac catheterization procedures may include, but are not necessarily limited to, the complications, conditions, events and outcomes occurring during the procedure or before discharge such as death, stroke, paralysis, myocardial infarction, surgery, perforated vessel, blood embolism, air embolism, etc. Complications that occur during the procedure are usually considered major complications. However, include myocardial infarction as a complication only in cases where the patient was suspected of **not** having a myocardial infarction when the procedure began.

Minor Complications: For purposes of the CCSS minor complications from cardiac catheterization procedures include, but are not limited to the complications, conditions, events and outcomes occurring during the procedure or before discharge such as allergic reaction, bleeding, hematoma, etc.

Note: Report all complications even if both major and minor complications were present. Some procedure sessions may have both major and minor complications.

PART F. PATIENT ORIGIN TABLE

Please complete the Patient Origin Table to reflect the county (or out-of-state) residence for each patient treated at your facility during the reporting period. You must enter the Facility UID on the first line. The UID should automatically display on subsequent lines. Be sure that your facility UID appears on each line. The county column has a pull-down menu listing all 159 Georgia counties in alphabetical order with out-of-state listings for AL, FL, NC, SC, TN, and all others following. Please select patient origin location from this menu and provide total number of patients and treatment visits for each origin location for the report period. The total number of patients must balance those previously reported for race, age grouping and payment source.

PART G. COMMENTS

Please share any comments about the survey or survey process in general. We welcome your feedback and suggestions. Please reserve comments related specifically to your data or explanations for unresolved data issues for the comments section of the Signature Form.

The CCSS is due to the Department of Community Health by **April 13, 2007. Submit the survey electronically using the instructions provided above. For questions regarding the CCSS or if you are unable to submit the survey electronically, please contact Carlos Williams with the Division of Health Planning at (404) 656-0464, or cawilliams@dch.ga.gov**