

Cardiac Catheterization Survey Parts A-C for 1/1/2006-12/31/2006

Part A: General Information

Georgia Department of Community Health

1. Identification:

Due Date: April 13, 2007

Year: 2006

UID: HOSP542

Facility UID	<input type="text"/>				
a. Facility Name	<input type="text"/>	b. County	<input type="text"/>		
c. Street Address	<input type="text"/>	d. City	<input type="text"/>	e. Street Zip	<input type="text"/>
f. Mail Address	<input type="text"/>	g. City	<input type="text"/>	h. Mail Zip	<input type="text"/>
i. Medicaid Provider Number	<input type="text"/>	j. Medicare Provider Number	<input type="text"/>		

2. Report Period:

Report data for the full 12-month period, January 1, 2006 through December 31, 2006 (365 days). Do not use a different report period.

Check the box to the right if your facility was NOT operational for the entire year.

If your facility was NOT operational for the entire year, provide the dates the facility was operational below:

Part B: Survey Contact Person

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

Name	<input type="text"/>	Title	<input type="text"/>
Telephone	<input type="text"/>	Fax	<input type="text"/>
E-mail	<input type="text"/>		

Part C: Catheterization Procedure Rooms

- 1A. Please report the total number of Cardiac Catheterization services labs or rooms. Include all labs or rooms that are authorized to provide cardiac catheterizations pursuant to Rule 111-2-2-21. Include both general purpose and dedicated rooms or labs.

Room Detail:

- 1B. Please provide details on each of the labs or rooms reported in 1A above. Report each lab or room on a separate row. The name of the lab or room should be the name used in your facility

Room Name	Operational Date	Dedicated Room?	# of Cath Procedures	If Dedicated What Type?
x		No	0	

- 1C. Other Rooms - If your facility has other rooms that are equipped and capable of performing a cardiac catheterization (other than what is reported in Part C, Q1 A and B above) please indicate the number of those other rooms below.

Number of other rooms that are equipped and capable of performing cardiac catheterization

Please go to Part C (continued)

Cardiac Catheterization Survey Part C for 1/1/2006-12/31/2006

**Part C: Catheterization Services Utilization
Cardiac Catheterization Procedures**

2A. Report by age and procedure type the total number of cardiac catheterization procedures performed during the report year in the cardiac catheterization rooms reported in question #1 above. Report actual cardiac cath procedures performed by the categories provided. Do not report cardiac catheterization sessions, but the procedures. Please refer to the definitions of procedure and session in the instructions.

Cardiac Catheterizations by Procedure Type	Ages 0-14	Ages 15+	Total
Therapeutic Cardiac Catheterizations:			
1. Percutaneous Coronary Intervention (PCI) balloon angioplasty procedures	0	0	0
2. Percutaneous Coronary Intervention (PCI) procedures where stents utilized	0	0	0
Stents:			
a. Drug eluting stent	0	0	
b. Non drug eluting stent	0	0	
3. Additional Coronary Angioplasty. (please report procedures for each)			
a. Rotational Atherectomy	0	0	0
b. Directional Atherectomy	0	0	0
c. Laser Atherectomy	0	0	0
d. Excisional Atherectomy	0	0	0
e. Use of Cutting Balloon	0	0	0
4. Closure or patent ductus arteriosus>28 days, by card. cath.	0	0	0
5. Closure or patent ductus arteriosus<28 days, by card. cath.	0	0	0
6. Other therapeutic cardiac catheterization procedures (specify):	0	0	0
Total Therapeutic:	0	0	0
Diagnostic Cardiac Catheterizations:			
Report Diagnostic Cardiac Catheterizations. Report left and right heart procedures separately.			
7. A. Left Heart Diagnostic Cardiac Catheterizations	0	0	0
B. Right Heart Diagnostic Cardiac Catheterizations	0	0	0
Total Diagnostic:	0	0	0
Grand Total (All Cardiac Catheterization Procedures):	0	0	0
Report the number of diagnostic left heart cardiac catheterizations that were not followed by a therapeutic cardiac cath procedure and then provide the number that were followed by PCI in the same sitting.			
8. A. Left Heart Diagnostic Cardiac Catheterization Only (without PCI)	0	0	0
B. Left Heart Diagnostic Cardiac Catheterization Followed by Concurrent PCI	0	0	0

Peripheral Catheterization:

9. Report the total number of peripheral catheterization procedures.

Peripheral Catheterization by Patient Type	Ages 0-14	Ages 15+	Total
	0	0	0

10. Report the number of major coronary circulation vessels treated per patient by therapeutic cardiac catheterizations.

	1 Vessel	2 Vessels	3 Vessels	4+ Vessels	Total
A. Percutaneous Coronary Intervention (PCI) balloon angioplasty and/or stent	0	0	0	0	0
B. All Other types of PCI (e.g. laser, etc.)	0	0	0	0	0
Total	0	0	0	0	0

Cardiac Catheterization Sessions

2B. Report by patient type and procedure type the total number of inpatient and outpatient cardiac catheterization sessions performed during the report year. Report sessions not procedures.

Cardiac Catheterizations by Patient Type	Ages 0-14	Ages 15+	
1. Inpatient Diagnostic Cardiac Catheterizations	0	0	
2. Outpatient Diagnostic Cardiac Catheterizations	0	0	
3. Inpatient Therapeutic Cardiac Catheterizations	0	0	
4. Outpatient Therapeutic Cardiac Catheterizations	0	0	Grand Total:
Totals:	0	0	0

Non-Cardiac Catheterization Procedures

3A. Other Procedures Performed During Cardiac Catheterization Session - Report by age of patient and procedure type the total number of non-cardiac catheterization procedures performed during the same session of cardiac catheterization reported in Part C, Question 2 above. Report all other procedures that were performed during the cardiac catheterization session. Report by procedure code and procedure description.

Specify CPT	Procedure Description	# By Age (0-14)	# By Age (15+)	Total By CPT
X		0	0	0
Total				

3B. Non-Cardiac Catheterization in Cardiac Catheterization Facilities - Report by age and procedure type the total number of catheterization procedures, other than cardiac catheterizations, performed during the report year that were performed in the authorized cardiac catheterization labs or rooms reported in PartC: Question 1A.

Special Procedures Performed in Cardiac Catheterization Rooms by Procedure Type	Number by Age		Total
	Ages 0-14	Ages 15+	
Electrophysiologic Studies and Pacemaker Insertions (if any):			
1. Electrophysiologic Studies	0	0	0
2. Pacemaker insertions	0	0	0
3. Special Procedures	Angiograms/venograms	0	0
	Angioplasty	0	0
	Stents	0	0
	Thrombolysis Procedures	0	0
	Embolizations	0	0
	Venocava filter insertions	0	0
	Biliary/Nephrostomy	0	0
	Perm cath/pic line placements	0	0
4. Other Procedures (Specify)	0	0	0
Total	0	0	0

3C. Non-Cardiac Catheterization Procedures Performed in Other Rooms - Report by age and procedure type the total number of catheterization procedures, other than cardiac catheterizations, performed during the report year not reported in 3A, which were performed in any other room that is equipped and capable of performing cardiac catheterization reported in Part C: Question 1C.

Special Procedures Performed in Non-Cardiac Catheterization Rooms/Labs by Procedure Type	Number by Age	
	Ages 0-14	Ages 15+
1. Electrophysiologic Studies	0	0
2. Pacemaker insertions	0	0
3. Special Procedures	Angiograms/venograms	0
	Angioplasty	0
	Stents	0
	Thrombolysis Procedures	0
	Embolizations	0
	Venocava filter insertions	0
	Biliary/Nephrostomy	0
	Perm cath/pic line placements	0
4. Other Procedures (Specify)	0	0

Total
0

3D. List all of the medical specialties of the physicians performing non cardiac catheterization procedures listed in 3B or 3C.

Cardiac Catheterization Patients

Please Note: The total number of patients in Questions 4 and 5 below should equal and should also balance to the total number of patients reported in Part F (Patient Origin)

4. Please report the number who recieved one or more cardiac catheterization procedures during the report period using the race and ethnicity categories provided. Please report patients as unduplicated. A patient should be counted once only.

	Patients by Race/Ethnicity						Total
	American Indian/ Alaska Native	Asian	Black/ African American	Hispanic OR Latino	Hawaiian OR Pacific Islander	White	
Number of Patients	0	0	0	0	0	0	0

5. Please report the number of cardiac catheterization patients by gender served during the report period. Count a patient only once for an unduplicated patient count.

	Male	Female	Total
Number of Patients	0	0	0

Please continue to Parts D-G

Cardiac Catheterization Survey Parts D-G for 1/1/2006-12/31/2006

Facility UID
 Facility Name

Year:
 UID:

Part D: Charges

1. Report the average total charge from admission to discharge (excluding Medicare outliers) for each of the following DRGs and report the average actual reimbursement for each DRG received from Medicare, Medicaid, and all third parties (excluding individual self-payors, indigents and those payors whose charge was 'written off'). Please note that Average Total Charges, the number of cases used in the average, and the Average Reimbursement should be for services provided within authorized cardiac catheterization labs.

- Selected DRGs:**
Diseases/Disorders of the Circulatory System
 DRG 110: Major Cardiovascular Procedures w/CC
 DRG 121 Cds w/AMI and CV Complication, Discharged Alive
 DRG 122 Cds w/AMI w/o CV Complication, Discharged Alive
 DRG 124 Cds except AMI w/Cardiac Cath and Complex Diagnosis
 DRG 125: Cds except AMI w/Cardiac Cath and w/o Complex Diagnosis
 DRG 127: Heart Failure and Shock
 DRG 130: Peripheral Vascular Disorders w/ CC
 DRG 138: Cardiac arrhythmia and conduction Disorders w/CC
 DRG 140: Angina Pectoris

Average Total Inpatient Charge In Lab	Number of Cases		Average Reimbursement In Lab
	Included in Calculation of Average	Actual Hospital Total	

2. Report the mean, median, and range of total charges for all cases for which each of the following ICD-9-CM codes was the principal procedure.

Selected ICD-9-CM Procedure Codes

- 36.01 Single Vessel PTCA Without Mention of Thrombolytic Agent
 Mean
 Median
 Range Low
 Range High

 37.22 Left Heart Cardiac Catheterization (Excluding that With Cath. of right Heart)
 Mean
 Median
 Range Low
 Range High

	Total Charges		# of Cases Included in Calculations	
	Inpatient	Outpatient	Inpatient	Outpatient

3. Please report the total number of unduplicated cardiac catheterization patients, procedures, total charges, and reimbursement by the patient's PRIMARY payer source. Report Peachcare for Kids patients with Third-Party. Then also provide the number of unduplicated patients, procedures, charges, and reimbursement for patients who were qualified as Indigent or Charity Care cases. Patients do not have to balance or be unduplicated between the two tables.

	Primary Payment Source				I/C Care Account
	Medicare	Medicaid	3rd Party (including Peachcare)	Individual Self-Pay	
Number of Cardiac Catheterization Patients (unduplicated)					
Number of Procedures Billed					
Number of Procedures Not Billed or Written Off					
Total Charges					
Actual Reimbursement					

4. Please report the total charges and actual reimbursement received for cardiac catheterization services provided during the report period.

Total Charges	Actual Reimbursement

5. Please report the total uncompensated charges for cardiac catheterization services provided to patients that qualified as indigent or charity care cases where the facility did not receive any compensation.

Total Uncompensated Charges	Total Uncompensated I/C Patients

6. Please report the Adjusted Gross Revenue for cardiac catheterization services provided during the report period.

Adjusted Gross Revenue

Part E: Peer Review, JCAHO Accreditation, OHS Referrals, and Treatment Complications

1. Check the box to the right if your program/facility participates in an external or national peer review and outcomes reporting system?

If you indicated yes above, please provide the name(s) of the peer review/outcomes reporting organization(s) below:

2. Check the box to the right if your program/facility is JCAHO accredited?

Below, select your accreditation category

3. How many community education programs has your program/facility participated in during the reporting period.

4. If your facility referred patients for open heart surgery services (regardless of whether your facility does or does not provide OHSS), please list the hospital(s) to which patients have been referred and the number referred. If your facility referred patients to out-of-state providers please select the state from the pull-down menu.

Select Referral Hospital	# of Referrals

Cardiac Catheterization Treatment Complications:

- 5 Please provide the number of both inpatient and outpatient therapeutic and diagnostic cardiac catheterization sessions which encountered or resulted in major and/or minor complications. (Total therapeutic and total diagnostic catheterization sessions are provided based on what was reported in Part C, Question 2B.) Please refer to the instructions for guidelines regarding major versus minor classifications. Report complications occurring during the procedures or before discharge.

	Total Cath Sessions From Part C	Complications		Total
		Major	Minor	
Therapeutic Cardiac Catheterizations Inpatient and Outpatient				
Diagnostic Cardiac Catheterizations Inpatient and Outpatient				

Part F: Patient Origin

Please report the number of cardiac catheterization patients by county and age category. The total number of patients reported here must balance to the totals reported in Part C, Questions 4 and 5. 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.

(Please see the instructions for further information.)

Grand Total Pediatric

Grand Total Adult

Part G: Comments

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

Georgia Department of Community Health

Please note that the survey **WILL NOT BE ACCEPTED** without the authorized signature of the Chief Executive Officer or Executive Director (principal officer) of the facility. The signature can be completed only **AFTER** all survey data has been finalized. By law, the signatory is attesting under penalty of law that the information is accurate and complete.

I state, certify and attest that to the best of my knowledge upon conducting due diligence to assure the accuracy and completeness of all data, and based upon my affirmative review of the entire completed survey, this completed survey contains no untrue statement, or inaccurate data, nor omits requested material information or data. I further state, certify and attest that I have reviewed the entire contents of the completed survey with all appropriate staff of the facility. I 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.

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.

Authorized Signature:

Date:

Title:

Comments:

Unresolved Data Issues

Please explain any unresolved data issues in the comments box.