



2022 Open Heart Surgery Survey

Part A : General Information

1. Identification

UID:hosp714

Facility Name: Emory Saint Joseph's Hospital

County: Fulton

Street Address: 5665 Peachtree Dunwoody Road NE

City: Atlanta

Zip: 30342

Mailing Address: 5665 Peachtree Dunwoody Road NE

Mailing City: Atlanta

Mailing Zip: 30342

Medicare Provider Number: 110082

Medicaid Provider Number: 00001812

2. Report Period

Report Data for the full twelve month period, January 1,2022 - December 31, 2022 (365 days).

Do not use a different report period.

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

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

Part B : Survey Contact Information

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

Contact Name: Hunter Hatcher

Contact Title: Controller

Phone: 404-686-6189

Fax: 678-843-7339

E-mail: james.hunter.hatcher@emoryhealthcare.org

Part C : Utilization Data

1. Open Heart Surgery Operations

Report the total number of open heart surgery operations performed during the report period by age and type of operation. Do not include any closed heart surgeries or cardiac catheterization procedures.

Type of Operation	Ages 0-14	Ages 15+	Total
Coronary bypass	0	412	412
Coronary bypass plus valves	0	37	37
Aortic valve replacement	0	100	100
Mitral valve replacement	0	0	0
Heart transplant	0	0	0
Atrial septal defect	0	0	0
Ventricular septal defect	0	0	0
Tetralogy of fallot	0	0	0
Aortic Aneurysm Repair	0	52	52
Left Ventricular Assist Device	0	17	17
Other	0	23	23
Total	0	641	641

2. Close Heart Surgery Operations

Report the total number of closed heart surgery operations performed during the report year by age and type of operation. Do not include any open heart surgeries or procedures performed by cardiac catheterization.

Type of Operation	Ages 0-14	Ages 15+	Total
Coronary bypass	0	100	100
Coarctation of the aorta	0	0	0
Closure of patent ductus arteriosus, age>28 days, by CHS	0	0	0
Closure of patent ductus arteriosus, age<28 days, by CHS	0	0	0
Palliative shunts for cyanotic heart disease	0	0	0
Aortic Valve Replacement	0	107	107
Supplement Mitral Valve	0	140	140
Other	0	91	91
Total	0	438	438

3. Coronary Angioplasties Resulting in Emergency Open Heart Surgery Operations

During the report period, how many coronary angioplasties performed at your hospital resulted in immediate emergency open heart surgery operations? (Estimate, if necessary.)

Check box if Estimated.

4. Open Heart Surgery Patients by Race/Ethnicity

Please report the number of unduplicated open heart surgery patients your facility served during the report period using the following race and ethnicity categories.

Race/Ethnicity	Number of Patients
American Indian/Alaska Native	4
Asian	49
Black/African American	126
Hispanic/Latino	1
Pacific Islander/Hawaiian	8
White	402
Multi-Racial	51
Total	641

5. Open Heart Surgery Patients by Gender

Please report the number of open heart surgery patients by gender served during the report period.

Gender	Number of Patients
Male	501
Female	140
Total	641

Part D : Financials and Average Charges

1. For the report period, report the average total hospital charge, length of stay and number of cases from admissions to discharge, excluding Medicare outliers, for each of the following MS-DRGs. Use the blank lines to specify other DRGs not included in the table.

Selected DRGs	Average Total Hospital Charge	Average Length of Stay (in Days)	Number of Cases Included in Calculation of Averages	Actual Hospital Total Cases
Heart Transplant (MS-DRG 001 & 002)	798,414	35	10	18
Cardiac valve with cardiac catheterization (MS-DRG 216, 217, & 218)	279,185	10	13	38
Cardiac valve without cardiac catheterization (MS-DRG 219, 220, & 221)	245,382	8	85	360
Coronary bypass with PTCA (MS-DRG 231 & 232)	388,354	16	4	17
Major cardiovascular procedures with CC (MS-DRG 268-272)	139,144	0	0	17
Major cardiovascular procedures without CC (MS-DRG 268-272)	0	6	2	37
Other cardiothoracic procedures (MS-DRG 228, 229 & 230)	171,971	4	13	21
ECMO or Trach w mv>96 hrs of PDX (MS-DRG 3)	551,898	6	2	6
Coronary Bypass w CC (MS DRG 233, 234)	218,379	9	31	82
Coronary Bypass w/o CC (MS DRG 235, 236)	196,996	8	151	399
Infectious Parasitic Disease w OR Proc MCC (MS-DRG 853)	282,865	13	1	2
Other (MS DRG 769,453,853)	46,028	3	3	3

2. Heart Surgery Patients and Operations by Primary Payment Source

Please report the total number of unduplicated open heart surgery patients and operations by primary payment source. Report Peachcare for Kids patients under Third-Party.

	Primary Payment Source			
	Medicare	Medicaid	Third Party (Including Peachcare)	Self-Pay
Number of Open Heart Surgery Patients	340	15	284	2
Number of Operations	340	15	284	2

3. Total Charges and Actual Reimbursement for Open Heart Surgeries

Please report the total charges for open heart surgeries provided during the report period. Also, report the actual reimbursement received for charges for open heart surgeries provided during the report period.

Total Charges	Actual Reimbursement
156,065,186	45,605,619

4. Total Uncompensated Charges and Total Uncompensated Patients

Please report the uncompensated charges for open heart surgeries for patients that are indigent or covered by charity care services. Also, report the number of patients.

Total Uncompensated Charges	Total Uncompensated Patients
512,168	2

5. Adjusted Gross Revenue

Please report the adjusted gross revenue for open heart surgery services during the report period.

Adjusted Gross Revenue
83,693,312

Part E : Peer Review

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:

Society of Thoracic Surgeons, Adult Cardiac Surgery Registry & Intermacs (for VADS)

2. How many community education programs did your program/facility participate in during the reporting period?

0

Part F : Patient Origin

Please report the number of open heart surgery patients by county and age category. The grand totals must agree with the calculated totals of open heart operations by race and gender found in Part C, Questions 4 and 5.

County	Ages 0-14	Ages 15+	Total
Alabama	0	4	4
Baldwin	0	2	2
Barrow	0	2	2
Bartow	0	3	3
Ben Hill	0	1	1
Bibb	0	3	3
Bleckley	0	1	1
Brooks	0	1	1
Bulloch	0	1	1
Butts	0	3	3
Camden	0	1	1
Carroll	0	9	9
Cherokee	0	49	49
Clarke	0	3	3
Clayton	0	8	8
Cobb	0	47	47
Coweta	0	6	6
Crisp	0	1	1
Dawson	0	5	5
DeKalb	0	100	100
Dougherty	0	2	2
Douglas	0	6	6
Fannin	0	3	3
Fayette	0	7	7
Floyd	0	1	1
Forsyth	0	49	49
Franklin	0	1	1
Fulton	0	92	92
Gilmer	0	3	3
Gordon	0	2	2
Grady	0	1	1
Greene	0	3	3
Gwinnett	0	106	106
Habersham	0	1	1
Hall	0	7	7
Haralson	0	5	5
Hart	0	1	1

Heard	0	1	1
Henry	0	14	14
Houston	0	4	4
Jackson	0	2	2
Jasper	0	1	1
Liberty	0	2	2
Lumpkin	0	1	1
Macon	0	1	1
Meriwether	0	2	2
Morgan	0	1	1
Muscogee	0	3	3
Newton	0	5	5
Paulding	0	3	3
Peach	0	1	1
Pickens	0	2	2
Polk	0	1	1
Putnam	0	2	2
Richmond	0	4	4
Rockdale	0	4	4
Florida	0	10	10
North Carolina	0	4	4
Other- Out of State	0	7	7
Screven	0	1	1
South Carolina	0	6	6
Spalding	0	2	2
Sumter	0	1	1
Talbot	0	1	1
Thomas	0	1	1
Troup	0	1	1
Union	0	3	3
Upson	0	2	2
Walton	0	3	3
Washington	0	1	1
White	0	1	1
Whitfield	0	1	1
Worth	0	2	2
Total	0	641	641

Electronic Signature

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

I state, certify and attest that to the best of my knowledge upon conducting due diligence to assure the accuracy and completeness of all data, and based upon my affirmative review of the entire completed survey, this completed survey contains no untrue statement, or inaccurate data, nor omits requested material information or data. I further state, certify and attest that I have reviewed the entire contents of the completed survey with all appropriate staff of the facility. I further understand that inaccurate, incomplete or omitted data could lead to sanctions against me or my facility. I further understand that a typed version of my name is being accepted as my original signature pursuant to the Georgia Electronic Records and Signature Act.

Authorized Signature: Heather Dexter

Date: //

Title: CEO

Comments: