



2020 Open Heart Surgery Survey

Part A : General Information

1. Identification

UID:HOSP706

Facility Name: Emory University Hospital

County: DeKalb

Street Address: 1364 Clifton Road, NE

City: Atlanta

Zip: 30322-1061

Mailing Address: 1364 Clifton Road, NE

Mailing City: Atlanta

Mailing Zip: 30322-1061

Medicare Provider Number: 110010

Medicaid Provider Number: 000000712A

2. Report Period

Report Data for the full twelve month period, January 1, 2020 - December 31, 2020 (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: Charlie Lawson

Contact Title: Assistant Controller

Phone: 404-686-6018

Fax: 404-686-6049

E-mail: charlie.lawson@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	57	57
Coronary bypass plus valves	0	19	19
Aortic valve replacement	0	50	50
Mitral valve replacement	0	25	25
Heart transplant	0	49	49
Atrial septal defect	0	1	1
Ventricular septal defect	0	0	0
Tetralogy of fallot	0	1	1
Aortic Aneurysm Repair	0	75	75
Insertion of Heart Assist	0	51	51
Other	0	32	32
Total	0	360	360

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	35	35
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 Aneurysm Repair	0	33	33
Aortic/Mitral Valve Replacement	0	33	33
Other	0	23	23
Total	0	124	124

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	1
Asian	8
Black/African American	152
Hispanic/Latino	0
Pacific Islander/Hawaiian	0
White	168
Multi-Racial	29
Total	358

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	211
Female	147
Total	358

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)	1,076,076	53	96	104
Cardiac valve with cardiac catheterization (MS-DRG 216, 217, & 218)	356,367	18	22	32
Cardiac valve without cardiac catheterization (MS-DRG 219, 220, & 221)	255,437	11	96	130
Coronary bypass with PTCA (MS-DRG 231 & 232)	218,006	7	1	2
Major cardiovascular procedures with CC (MS-DRG 268-272)	342,454	21	1	3
Major cardiovascular procedures without CC (MS-DRG 268-272)	0	0	0	0
Other cardiothoracic procedures (MS-DRG 228, 229 & 230)	325,524	21	4	4
EMCO Or Trach (MS-DRG 3)	876,249	39	27	30
Other Heart Assist System (MS-DRG 215)	854,875	45	2	3
Coronary Bypass (MS-DRG 233-236)	218,077	12	25	43
Other Heart Procedures (MS-DRG 23,163,226,242,254, 264,274,307,826,829,853,907)	313,904	16	7	9
	0	0	0	0

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	155	32	146	25
Number of Operations	156	33	146	25

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
203,008,981	79,741,880

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
9,025,965	21

5. Adjusted Gross Revenue

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

Adjusted Gross Revenue
123,267,100

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:

Vizient; Society of Thoracic Surgeons; Adult Cardiac Surgery Registry

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

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	11	11
Appling	0	3	3
Baldwin	0	3	3
Barrow	0	2	2
Bartow	0	3	3
Ben Hill	0	2	2
Bibb	0	1	1
Bulloch	0	2	2
Carroll	0	4	4
Chatham	0	8	8
Cherokee	0	6	6
Clarke	0	3	3
Clayton	0	7	7
Cobb	0	18	18
Coffee	0	2	2
Columbia	0	3	3
Cook	0	1	1
Coweta	0	4	4
DeKalb	0	56	56
Dougherty	0	4	4
Douglas	0	1	1
Effingham	0	3	3
Evans	0	1	1
Fannin	0	1	1
Fayette	0	1	1
Florida	0	4	4
Floyd	0	2	2
Forsyth	0	5	5
Fulton	0	50	50
Gwinnett	0	24	24
Habersham	0	2	2
Hall	0	5	5
Harris	0	2	2
Heard	0	2	2
Henry	0	10	10
Houston	0	1	1
Irwin	0	1	1

Jackson	0	4	4
Jenkins	0	1	1
Jones	0	2	2
Lamar	0	2	2
Long	0	1	1
Lowndes	0	4	4
Macon	0	1	1
Madison	0	1	1
Marion	0	1	1
Muscogee	0	17	17
Newton	0	4	4
North Carolina	0	2	2
Paulding	0	5	5
Pierce	0	1	1
Randolph	0	1	1
Richmond	0	5	5
Rockdale	0	4	4
South Carolina	0	10	10
Spalding	0	3	3
Stephens	0	4	4
Sumter	0	2	2
Talbot	0	1	1
Tattnall	0	1	1
Telfair	0	1	1
Tift	0	4	4
Toombs	0	3	3
Treutlen	0	1	1
Troup	0	1	1
Upson	0	1	1
Walton	0	7	7
Ware	0	1	1
Whitfield	0	2	2
Other- Out of State	0	2	2
Total	0	358	358

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: Matt Wain

Date: 07/27/2021

Title: CEO

Comments: