HOSP521 2025 Annual Hospital Questionnaire

Part A: General Information

UID: HOSP521

1. Identifcication

Facility Name:

TIFT REGIONAL MEDICAL CENTER

County:

Tift

Street Address:

901 E 18TH STREET

City:

TIFTON

Zip:

31794

Mailing Address:

PO BOX 747

Mailing City:

TIFTON

Mailing Zip:

31793

Medicaid Provider Number:

00001922

Medicare Provider Number:

110095

3. Report Period

Report Data for the full twelve month period, January 1, 2025 - December 31, 2025 (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:

MEGAN ROBINSON

Contact Title:

ASSISTANT CONTROLLER

Phone:

2293533803

Fax:

2293533807

Email:

MEGAN.ROBINSON@TIFTREGIONAL.COM

Part C: Ownership, Operation, and Management

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. If the category is not applicable, the form requires you only to enter Not Applicable in the legal name field. You must enter something for each category.

A. Facility Owner

Full Legal Name (Or Not Applicable)

TIFT REGIONAL HEALTH SYSTEM

Organization Type

Not For Profit

Effective Date

03/01/2019

B. Owner's Parent Organization

Full Legal Name (Or Not Applicable)

SOUTHWELL, INC

Organization Type

Not For Profit

Effective Date

03/01/2019

C. Facility Operator

Full Legal Name (Or Not Applicable)

N/A

Organization Type

Not Applicable

Effective Date

mm/dd/yyyy

D. Operator's Parent Organization

Full Legal Name (Or Not Applicable)

N/A

Organization Type

Not Applicable

Effective Date

mm/dd/yyyy

E. Management Contractor

Full Legal Name (Or Not Applicable)

N/A

Organization Type

Not Applicable

Effective Date

mm/dd/yyyy

F. Management's Parent Organization

Full Legal Name (Or Not Applicable)

N/A

Organization Type

Not Applicable

Effective Date

mm/dd/yyyy

2. Changes in Ownership, Operation or Management

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 you checked the box for yes, please explain in the box below and include effective dates

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

CARE ALLIANCE

City

TIFTON

State

GEORGIA

6.

Check the box to the right if your hospital is a member of an alliance ☑

Name

VHA, STRATUS HEALTHCARE, CARE ALLIANCE

City

TIFTON

State

GEORGIA

7.

Check the box to the right if your hospital is a participant in a health care network ☐

Name

City

State

8. Peer Review Process Related to Medical Errors

Check the box to the right if the hospital has a policy or policies and a peer review process related to medical errors ☑

9. Primary Care Physician Group Practice

Check the box to the right if the hospital owns or operates a primary care physician group practice ☑

10a. Managed Care Information: Formal Written Contract

Does the hospital have a formal written contract that specifies the obligations of each party with each of the following? (check the appropriate boxes)

Health Maintenance Organization(HMO) ☑

Preferred Provider Organization(PPO) ☑

Physician Hospital Organization(PHO) ☐

Provider Service Organization(PSO) ☐

Other Managed Care or Prepaid Plan ☐

10b. Manage Care Information: Insurance Products

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
Health Maintenance Organization	☐	☐	☐	☐
Preferred Provider Organization	☐	☐	☐	☐
Indemnity Fee-for-Service Plan	☐	☐	☐	☐
Another Insurance Product Not Listed Above	☐	☐	☐	☐

11. Owner or Owner Parent Based in Another State

If the owner or owner parent at Part C, Question 1(A&B) is an entity based in another state please report the location in which the entity is based. (City and State)

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, such as Skilled Nursing Facility beds if not licensed as hospital beds. If your facility is approved for LTCH beds report them below.

Category	SUS Beds	Admissions	Inpatient Days	Discharges	Discharge Days
Obstetrics (no GYN, include LDRP)	26	1,361	3,362	1,361	3,349
Pediatrics (Non ICU)	10	446	1,538	446	1,531
Pediatric ICU	0	0	0	0	0
Gynecology (No OB)	0	0	0	0	0
General Medicine	71	4,411	20,295	4,422	20,398
General Surgery	36	1,624	8,048	1,625	8,029
Medical/Surgical	66	1,534	7,274	1,529	7,213
Intensive Care	20	561	2,701	562	2,671
Psychiatry	12	215	2,489	219	2,533
Substance Abuse	0	0	0	0	0
Adult Physical Rehabilitation (18 & Up)	0	0	0	0	0
Pediatric Physical Rehabilitation (0-17)	0	0	0	0	0
Burn Care	0	0	0	0	0
Swing Bed (Include All Utilization)	0	0	0	0	0
Long Term Care Hospital (LTCH)	0	0	0	0	0
	0	0	0	0	0
	0	0	0	0	0
	0	0	0	0	0
Total	241	10,152	45,707	10,164	45,724

Category	SUS Beds	Admissions	Inpatient Days	Discharges	Discharge Days
Intensive Care Totals	20	561	2,701	562	2,671
Rehab Totals	0	0	0	0	0

2. Race/Ethnicity

Please report admissions and inpatient days for the hospital by the following race and ethnicity categories. Exclude newborn and neonatal

Race/Ethnicity	Admissions	Inpatient Days
American Indian/Alaska Native	9	56
Asian	19	57
Black/African American	3,066	14,389
Hispanic/Latino	0	0
Pacific Islander/Hawaiian	7	32
White	6,530	29,144
Multi-Racial	521	2,029
Total	10,152	45,707

3. Gender

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

Gender	Admissions	Inpatient Days
Male	4,241	20,119
Female	5,911	25,588
Total	10,152	45,707

4. Payment Source

Please report admissions and inpatient days by primary payment source. Exclude newborn and neonatal

Primary Payment Source	Admissions	Inpatient Days
Medicare	5,708	29,046
Medicaid	1,294	4,567
Peachare	0	0
Third-Party	2,133	7,904
Self-Pay	560	2,237
Other	457	1,953
Total	10,152	45,707

5. Discharges to Death

Please report the total number of inpatient admissions discharges during the reporting period due to death

0

6. Charges for Selected Services

Please report the hospital's average charges as of 12-31-2025 (to the nearest whole dollar)

Service	Charge
Private Room Rate	1,167
Semi-Private Room Rate	1,098
Operating Room: Average Charge for the First Hour	10,087
Average Total Charge for an Inpatient Day	12,064

Part E: Emergency Department and Outpatient Services

1. Emergency Visits

Please report the number of emergency visits only

43,486

2. Inpatient Admissions from ER

Please report inpatient admssions to the Hospital from the ER for emergency cases ONLY

8,156

3. Beds Available

Please report the number of beds available in ER as of the last day of the report period

44

4. Utilization by Specific type of ER bed or room for the report period

Type of ER Bed or Room	Beds	Visits
Beds dedicated for Trauma	4	286
Beds or Rooms dedicated for Psychiatric /Substance Abuse cases	6	867
General Beds	34	42,333
	0	0
	0	0
	0	0
	0	0

5. Transfers

Please provide the number of Transfers to another institution from the Emergency Department

1,263

6. Non-Emergency Visits

Please provide the number of Outpatient/Clinic/All Other Non-Emergency visits to the hospital

167,555

7. Observation Visits/Cases

Please provide the total number of Observation visits/cases for the entire report period

4,064

8. Diverted Cases

Please provide the number of cases your ED diverted while on Ambulance Diversion for the entire report period

0

9. Ambulance Diversion Hours

Please provide the total number of Ambulance Diversion hours for your ED for the entire report period

0

10. Untreated Cases

Please provide the number of patients who sought care in your ED but who left without or before being treated. Do not include patients who were transferred or cases that were diverted

1,474

Part F: Services and Facilities

1a. Services and Facilities

Please report services offered onsite for in-house and contract services as requested. Please reflect the status of the service during the report period. (Use the blank lines to specify other services.)

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

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

Services/Facilities	Site Code	Service Status
Podatric Services	1	1
Renal Dialysis	1	1
ESWL	1	1
Billiary Lithotropter	3	4
Kidney Transplants	3	4
Heart Transplants	3	4
Other-Organ/Tissues Transplants	3	4
Diagnostic X-Ray	1	1
Computerized Tomography Scanner (CTS)	1	1
Radioisotope, Diagnositic	1	1
Positron Emission Tomography (PET)	2	1
Radioisotope, Therapeutic	1	1
Magnetic Resonance Imaging (MRI)	1	1
Chemotherapy	1	1
Respiratory Therapy	1	1
Occupational Therapy	1	1
Physical Therapy	1	1
Speech Pathology Therapy	1	1
Gamma Ray Knife	3	4
Audiology Services	1	2
HIV/AIDS Diagnostic Treatment/Services	3	4
Ambulance Services	3	4
Hospice	1	1
Respite Care Services	3	4
Ultrasound/Medical Sonography	1	1

	0	0
	0	0
	0	0

1b. Report Period Workload Totals

Please report the workload totals for in-house and contract services as requested. The number of units should equal the number of machines

Category	Total
Number of Podiatric Patients	1,131
Number of Dialysis Treatments	26,088
Number of ESWL Patients	40
Number of ESWL Procedures	40
Number of ESWL Units	1
Number of Biliary Lithotripter Procedures	0
Number of Biliary Lithotripter Units	0
Number of Kidney Transplants	0
Number of Heart Transplants	0
Number of Other-Organ/Tissues Treatments	0
Number of Diagnostic X-Ray Procedures	51,674
Number of CTS Units (machines)	4
Number of CTS Procedures	34,004
Number of Diagnostic Radioisotope Procedures	1,784
Number of PET Units (machines)	1
Number of PET Procedures	1,030
Number of Therapeautic Radioisotope Procedures	0
Number of Number of MRI Units	3
Number of Number of MRI Procedures	7,200
Number of Chemotherapy Treatments	9,127
Number of Respiratory Therapy Treatments	80,872
Number of Occupational Therapy Treatments	0
Number of Physical Therapy Treatments	89,862
Number of Speech Pathology Patients	0
Number of Gamma Ray Knife Procedures	0

Number of Gamma Ray Knife Units	0
Number of Audiology Patients	1,317
Number of HIV/AIDS Diagnostic Procedures	0
Number of HIV/AIDS Patients	0
Number of Ambulance Trips	0
Number of Hospice Patients	788
Number of Respite care Patients	0
Number of Ultrasound/Medical Sonography Units	20
Number of Ultrasound/Medical Sonography Procedures	32,378
Number of Treatments, Procedures, or Patients (Other 1)	0
Number of Treatments, Procedures, or Patients (Other 2)	0
Number of Treatments, Procedures, or Patients (Other 3)	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)

37

3. Robotic Surgery System

 # Units

2

 # Procedures

669

Type of Unit(s)

Da Vinci Surgical System
Zimmer Biomet ROSA

Part G: Facility Workforce Informaton

1. Budgeted Staff

Please report the number of budgeted fulltime equivalents (FTEs) and the number of vacancies as of 12-31-2025. Also, include the number of contract or temporary staff (eg. agency nurses) filling budgeted vacancies as of 12-31-2025

Profession	Budgeted FTEs	Vacant Budgeted FTEs	Contract/Temporary Staff FTEs
Licensed Physicians	86	0	0
Physician Assistants Only (not including Licensed Physicians)	22	0	0
Registered Nurses (RNs Advanced Practice*)	597	29	14
Licensed Practical Nurses (LPNs)	175	5	2
Pharmacists	18	3	0
Other Health Services Professionals*	577	22	0
Administration and Support	268	41	0
All Other Hospital Personnel (not included in above)	818	21	5

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 Need To Fill Vacancies
Physician's Assistants	30 Days or Less
Registered Nurses (RNs-Advance Practice)	31-60 Days
Licensed Practical Nurses (LPNs)	61-90 Days
Pharmacists	31-60 Days
Other Health Services Professionals	61-90 Days
All Other Hospital Personnel (not included above)	30 Days or Less

3. Race/Ethnicity of Physicians

Please report the number of physicians with admitting privileges by race

Race/Ethnicity	Number of Physicians
American Indian/Alaska Native	1
Asian	4
Black/African American	16
Hispanic/Latino	1
Pacific Islander/Hawaiian	0
White	57
Multi-Racial	7
Total	86

4. Medical Staff

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 Plant and/or Board of Regents Benefit Plan)

Medical Specialties	Number of Medical Staff	Check if Any are Hospital Based	Number Enrolled as Providers in Medicaid/PeachCare	Number Enrolled as Providers in PEHB Plan
General and Family Practice	17	☑	17	17
General Internal Medicine	13	☑	13	13
Pediatricians	31	☑	31	31
Other Medical Specialties	143	☑	143	143

Surgical Specialties	Number of Medical Staff	Check if Any are Hospital Based	Number Enrolled as Providers in Medicaid/PeachCare	Number Enrolled as Providers in PEHB Plan
Obstetrics	15	☑	15	15
Non-OB Physicians Providing OB Services	0	☐	0	0
Gynecology	5	☑	5	5
Ophthalmology Surgery	2	☑	2	2
Orthopedic Surgery	19	☑	19	19
Plastic Surgery	2	☑	2	2
General Surgery	4	☑	4	4
Thoracic Surgery	0	☐	0	0
Other Surgical Specialties	25	☑	25	25

Other Specialties	Number of Medical Staff	Check if Any are Hospital Based	Number Enrolled as Providers in Medicaid/PeachCare	Number Enrolled as Providers in PEHB Plan
Anesthesiology	27	☑	27	27
Dermatology	0	☐	0	0
Emergency Medicine	33	☑	33	33
Nuclear Medicine	5	☑	5	5
Pathology	4	☑	4	4
Psychiatry	2	☑	2	2
Radiology	37	☑	37	37
	0	☐	0	0
	0	☐	0	0
	0	☐	0	0

5a. 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.

Profession	Number
Dentists (include oral surgeions) with Admitting Privleges	5
Podiatrists	3
Certified Nurse Midwives with Clinical Privileges in the Hospital	8
All Other Staff Affiliates with Clinical Privileges in the Hospital	176

5b. Name of Other Professions

Please provide the names of professions classified as "Other Staff Affiliates with Clinical Privileges" above.

PA, NP, PAA, CRNA

Comments and Suggestions

Part H: Physician Name and License Number

1. Physicians on Staff

Please report the full name and license number of each physician on staff. You may enter the data on the web form or upload the data to the web form using a .csv file that matches our downloadable template. The .csv file must contain two columns, with the full name and the left and the license number on the right. If you include column headings, they must match those provided in our template

Full Name	License Number
Abam, Cynthia, MD	100717
Abaza, Suhaib, MD	97402
Abbott, Matthew, MD	100874
Abraham, Kalvin A., MD	101480
Abraham, Parisa A., MD	100616
Acker, Brent William, MD	77511
Adams, Dana B., PAA	6397
Adhikari, Bibina, NP-C	NP61973
Adulla, Madhurima, MD	57035
Agyepong, Dorothy Dee, NP	NP109364
Aina, Olakunle Babatope, MD	48968
Al Marei, Ibrahim, MD	103189
Alder, Timothy L., MD	61198
Alemu, Tewodros, MD	85795
Allen, Jason Michael, PAA	7024
Allen, Justin R., MD	70029
Alvarez, Raymond, DO	100084
Alvarez, Summer B., DO	100539
Amzat, Rianot T., MD	74267
Anaele, Cyriacus U., MD	62806
Anderson, Robert G., MD	32121
Anderson, Taylor M., PAA	10731
Andrews, Robert S., MD	60788
Araghi, Ali Asghar S., MD	66809
Arcadia-Reynoso, Alonso M., CRNA	RN248093

Arnold, Nicholas A., MD	95512
Arthur, Terry M., PA	27
Asbury, Bridgett A., MD	48752
Ashton, Luanne, NP-C	NP207285
Augustin, Neslyne B., MD	89886
Awak, Adamu, MD	105625
Babici, Denis, MD	103866
Bakdash, Tarek F., MD	88316
Balkcom, Logan, PAA	10709
Balman, Summer G., PA-C	11960
Banks, David M., MD	51620
Barber, Thomas S., PA-C	3329
Batten, Hannah G., MD	96380
Baxter, Gary S., MD	26452
Bearden, Brook, MD	56527
Bedeir, Laura L., NP-C	NP102694
Beier, Jessica W., MD	44378
Bennett, Julie, NP-C	NP254887
Bennett, Linsey B., NP-C	NP178602
Berckman, Brittney W., MD	66756
Bichel, Corey, DO	90703
Blackwood, Wesley L., MD	62657
Blalock, Garrett, PAC	7724
Blanding Hooper, Jessica D., MD	103526
Boatright, Daniel L., CRNA	GAA-CRNA002040
Booth, Penny D., NP	NP202921

Booth, Timantha D., PAC	5888
Borowski, Erin E., PAA	5669
Botrus, Gehan, MD	92571
Boveri, Joseph F., MD	38693
Bowen, Catherine G., NP	NP208986
Bowers, Donna L., NP-C	RN230110
Boyd, Jessica A., NP	NP197847
Brahman, Parviz, MD	66576
Brickman, Sandra G., MD	45043
Bridges, Tracy A., MD	38186
Broadwater, Samantha D., CRNA	RN270598
Brown, Charles M., MD	77094
Brown, Charles W., MD	28509
Brown, Clinton J., PAA	2847
Brown, Donovan K., MD	56020
Brown, Justin B., MD	79787
Brown, Karen E., PA-C	4727
Brumberg, Robert, DO	93973
Bruno, Askiel, MD	61708
Burke, Anthony P., DO	66263
Burton, Norris K., MD	31888
Busbee, Jonathan F., MD	40336
Cain, Candice D., PAC	4698
Campbell, Kristin D., PAC	5040
Campbell, Randall E., PA	2744
Candelaria, Noelani, DO	104235

Cannington, Erin M., MD	68127
Cannington, III, Royce M., MD	60708
Capalla, Xavier D., MD	97556
Cardis, Brian M., MD	51629
Carr, Brandy E., NP	NP180724
Carter, Laura E., NP-C	NP159709
Cartwright, Paul T., MD	65089
Castellano, Maria C., MD	45419
Castleberry, Jessica W., MD	71912
Cawley, Clinton M., MD	88611
Cawley, Ramona M., NP	NP089149
Chainani, Nandlal, MD	44893
Chainani, Navdeepa, MD	63840
Chapman, Jason R., MD	66581
Chavez Jr., Manuel, PAA	11186
Cheatham, Joseph G., MD	73181
Childree, Lacey H., NP-C	NP291799
Chittamuri, Sahithi, MD	94480
Clark, Michael A., MD	70239
Clark, Timothy, DO	104963
Cleveland, Langston B., MD	46584
Clifton, Joe C., MD	36125
Cohen, Bonni S., DNP	NP201143
Cohen, Joel L., DO	60359
Collins, Kevin J., MD	57593
Colwell, Shelley S., NP	NP248342

Coneway, Chelsey, CRNA	RN278697
Connell, Spencer, NP	NP304266
Conner, William C., MD	64200
Courington, Aaron, NP-C	NP186396
Cowart, Steven J., MD	80061
Curley, Danika K., MD	68498
Curtis, Leigh F., PAC	6334
Dairo, Dokun T., MD	74343
Darisaw, Wayne J., MD	100941
Davis, Christina L., NP	RN232360
Davis, Monica R., NP	NP128572
Davis, William H., MD	29320
Deem, Brent, DO	37523
Dent, Gary H., MD	55937
Desai, Sanjay, DO	100535
Dillard, Robin Brown, MD	84366
Dobbins, William, NP-C	NP254545
Dodd, John S., NP	RN117801
Dodgen, Andrew, MD	82666
Douse, Dontre M., MD	104748
Drew, Lindsay, NP-C	NP239309
Driggers, Anna P., CRNA	RN215470
Durden, Andrea N., NP	NP115575
Ealey, LaShawn B., CRNA	CRNA221887
Edens, Christopher A., MD	42042
Edore, Haiden H., NP	NP210517

Egbelakin, Akinbode, MD	90178
Elfasi, Abduljalil, MD	76709
Emadi, Brianna R., CRNA	RN264434
Fadayomi, Oladipo B., MD	97304
Fair, Nadene, MD	60830
Fallin, Tiffany M., NP	NP124556
Faridani, Vince, MD	70100
Fausett Jr., Thomas D., MD	46090
Felton, Carolyn J., MD	55515
Fender, Justin M., NP	NP194077
Finnegan, Brian, MD	63774
Fitzgerald, Alison L., CNM	RN227427
Fleck, Kyle E., MD	78593
Fletcher, Lindsey D., NP-C	NP202021
Flores, Edward, MD	89017
Floyd, Christopher D., NP	NP213107
Floyd, Dawn M., NP	NP169929
Foster, Cynthia Nifong, CNM	CNM RN190613
Foster, Temitope Y., MD	65547
Fowlkes, Lisa F., MD	48289
Franklin, Anna S., MD	63776
Fricke, Ashley N., NP-C	NP274526
Fricker, Edward J., MD	38487
Fuller, Timothy J., MD	85351
Gaffney, Kristin A., DO	97440
Galliano, Donna M., ANP	NP084817

Galliano, Donna M., ANP	NP-004017
Galliano, Enrique A., MD	26778
Garlapati, Vinay, MD	78770
Gautney, Laurie J., DNP	NP213264
Geddings, Jason M., PAA	5671
Gee, John E., MD	60732
Gibbs, Martha L., NP	NP191777
Giddens, Justin, CRNA	RN230837
Giffhorn, Jesse K., MD	94737
Gill, Riaz, MD	61740
Gilmore, Gail, DO	96185
Ginzburg, Alan, MD	109849
Giurgiutiu, Dan-Victor, MD	80733
Glisson, Dawn B., NP	RN175972
Goberdhan, Jairaj, MD	58179
Godbey, Jordan, MD	96650
Godwin, Ivy, NP-C	NP222783
Goodwin Jr., Burton D., MD	10795
Gordon, Landis C., PAC	3887
Graham Jr., James L., MD	30071
Gravitt, Christopher L., NP-C	NP296790
Gray, Hardy L., DMD	DN015176
Greene, Priscilla R., NP-C	APRN-NP117817
Griffin, Christie L., NP-C	NP172091
Griffin, Dixie D., MD	63661
Gross, Hartmut, MD	32916
Grummer-Smith, Kelly R., NP-C	NP180155

Grammer-Smith, Kelly R., NP-C	NP180199
Guyton, Amber Nicole, CNM	CNM180364
Hampton, Channing J., MD	72028
Hancock, William W., MD	47089
Handoko-Yang, Maureen, MD	96218
Harden, Brandon W., MD	63459
Haring, Richard S., DO	92614
Harper, Bridgette C., NP-C	NP183304
Harper, Carlyle W., CRNA	RN141890
Harple, Chad, MD	88106
Harris, Nile, MD	100471
Hartshorn, Alendia, MD	91449
Harvell, Susannah R., PA	13141
Harvey, Deborah L., NP-C	NP197121
Hawes, Robert J., MD	40683
Hawsey, Emily R., NP	NP183583
Haynes, Callie, NP-C	NP287090
Haynes, Raleigh R., MD	23171
Heaton, Jason M., MD	67752
Hellman, Edward W., MD	45823
Henderson, Travis, MD	56717
Hendley, Caroline P., NP-C	NP203841
Hernandez Silen, Ana Margarita, MD	76054
Herren, Dina, FNP	RN178293
Hester, Ian M., PAA	10980
Hightower, John W., MD	40098
Hill, Jeremy R., MD	60381

Hill, Jeremy R., MD	66361
Holcombe, Michael P., MD	67130
Holloway, Alisha D., NP-C	NP201312
Holloway, Rachel, DNP	NP286065
Holt, Bradley T., PAC	4544
Hooper, Dwight Edward, MD	36779
Hornback IV, William L., MD	66548
Howard, James (Drew) A., MD	43390
Howard, Kaylar G., MD	43391
Howell, Jennifer L., NP-C	NP206614
Hudgens, Katie M., MD	89232
Hudhud, Kanan, MD	97591
Hughes, Joshua E., NPC	NP194267
Hyatt Jr., John R., MD	82444
Idemundia-Bryant, Ann O., MD	55066
Ismael, Eman, MD	99211
Jackson, Carroll D., NP-C	NP167907
Jacob, Mina A., MD	51477
Jaffe, Shirlee, MD	103105
Jeter II, Robert M., MD	88581
Johnson III, Carl D., MD	28796
Johnson, Joel M., MD	30799
Johnson, Nikkia F., MD	61012
Johnson-Barnes, Kim L., NP-C	NP144852
Jordan, Brent S., MD	86646
Jordan, Sarah J., DNP	NP094008
Kaiser III, William L., MD	24166

Kaiser III, William J., MD	54166
Keith, Coretta D., DNP	RN124581
Kizziah, Michael K., MD	65694
Knight, Lihong, DO	103324
Knox, Mary A., NP-C	NP211139
Koslow, Elizabeth A., DO	99221
Kumar, Sumeet, DO	87726
Lane Jr., Paul D., MD	71826
Larios, Leo E., DO	99713
Laurinaitis Sr., Marius, MD	84098
Laycock, Lori White, NP-C	NP245354
Ledwith, Crystal A., NP-C	NP159890
Lee, Lynn S., MD	46117
Lewis, Barbara T., MD	60923
Lewis, Miranda G., PA-C	10825
Liipfert, Richard B., DMD	DN010273
Lindsey, Brad E., MD	49701
Lindsey, Clifford, MD	59459
Lindsey, Melanie E., NP-C	NP061439
Lopez, Ivelisse, MD	98246
Luke, Timothy, NP-C	RN245394
MacDonald, James A., MD	35467
Maignan, Nancy, MD	58985
Makanjuola, Akinloye J., MD	58898
Mallard, Hali, NP-C	NP235410
Marquess, Joel S., MD	81971
Marshall, Akeana, DMD	DN014087

Marshall, Aksana, DMD	DN014087
Marshall, Kaitlyn L., NP	NP227483
Mason, James C., NP-C	NP223522
Massa, Eric, DPM	POD001073
Massey, Kimberly D., DNP	NP144412
Mays, Kasey, NP-C	NP176481
Mbonde, Amir, MD	100571
McAllister, Ashford S., MD	43702
McCartney Jr., Michael T., DMD	DN011357
McClain, Lindsey C., NP-C	NP173621
McCormick, Shelly C., MD	101985
McCullough, Richard E., MD	15483
McDaniel, Karen A., NP-C	NP207602
McDaniel, Stephanie A., NP-C	NP207209
McDonald, Myron T., NP	NP115747
McDonald, Zoye G., DNP	NP277777
McEachin, Forte D., MD	44017
McGeary, Megan, MD	95214
McMillan, Lauren, NP-C	RN283995
McMillan, Mandy C., PAC	6991
McNeese, Cindy, NP-C	NP112477
Medbery, Robena E., MD	50976
Meisamy, Sina, MD	65842
Melograna, Frank, MD	83343
Melvin, Darin J., NP	NP162600
Menya, Donald O., DO	84635
Miller Hill, Pa-C, CNM	RN267214

Midler, Hillary B., CNM	RN267314
Miller, Janae' E., MD	88502
Min, William, MD	70971
Misulia, Nicholas L., MD	69070
Money, Anna D., NP-C	NP220026
Monk, Tamara, MD	54688
Moore, Bridgett, MD	39418
Moore, Erin M., MD	61620
Morcos, Zeyad, MD	85634
Moreno, Raymond G., MD	31077
Morris, Marlee, NP	NP254379
Mosieri, Eberechukwu, MD	84275
Mossell III, James E., DO	44028
Mudunuru, Sitarama Arvind varma A., MD	87272
Mueller, Terry L., DO	60223
Murphy, Kristopher M., PAC	4457
Nackashi, Andrew A., DO	89607
Naclerio, Anne L., MD	103540
Nader, Mathieu W., MD	76037
Nandola, Yash, MD	103158
Naugles, Darren D., MD	61808
Neely, Philip, MD	59316
Neiman, Eli S., DO	69317
Nesbitt, Tresa L., MD	69074
Nguyen, Andrew C., DO	103530
Nguyen, Thang X., MD	76632
[illegible]	[illegible]

Nichols III, Fenwick T., MD	20585
Nirgudkar, Pranita, MD	83038
Nixon, Cameron D., MD	55155
Nnaeto, Celestine A., MD	80012
Norman, Elizabeth, PAC	5068
Nugent, Walker R., CRNA	APRN-CRNA294968
Nutt Jr., Richard L., MD	13232
Obeid, Waseem, MD	95330
Obiorah, Samuel, MD	42379
Oehrlein, Nathan Michael, MD	97686
Ogundipe, Olushesan M., MD	59840
Okanu, Ngozi E., MD	88854
Olivas, Pat S., NP-C	NP129265
Pandey, Ashutosh, MD	101198
Parrish, Heath J., NP-C	NP176061
Parrish, Jessica A., NP	NP204103
Pate, Christopher A., NP	NP172215
Patel, Neha, MD	98526
Patel, Radha J., NP-C	NP228227
Patel, Rubal, MD	64707
Patel, Shama, MD	86218
Patterson, Curless Anne MD	24614
Patton, Suzanne E., MD	51709
Pawloski, John R., MD	64441
Peacock, Deidre C., NP	NP176798
Pearson Jr., Richard J., DO	76775

Perri, Michael A., PAC	4093
Peters, Jeffry J., MD	40514
Phillippi, Keith N., MD	36845
Phillips, Cynthia L., DO	48700
Phillips, Joseph, NP	RN285106
Phillips, Kevin D., MD	59312
Pierce, Donna M., NP	NP089608
Pierzchajlo, Richard P., MD	22620
Policastro, Lucas J., MD	84180
Poore, Raymond Earl., MD	93756
Posey, Kyle Vaughn, MD	100532
Presley, Allison L., NP-C	NP201181
Price, Shannon L., MD	69616
Pridgen III, Henry A., MD	48294
Quinn, Emily A., DPM	POD001280
Quinn, Marcum O., MD	87181
Rajamani, Sridhar, MD	78416
Ray, Alpa H., MD	62869
Reddy, Shilpa Narahari MD	105323
Redlinger, Kristy, PAC	2759
Reynolds, Brandon L., DO	54296
Ricardo, Ruben, MD	104134
Richardson-Nixon, Margaret A., MD	55015
Ricks, Abeeku A., MD	86189
Ridley, Ales C., PA-C	1708
Robbins, Megan B., NP-C	NP159356

Roberts, Dayne K., MD	85038
Roberts, Justin H., PAC	9662
Roberts, Marcus Carroll, MD	35986
Roberts, Melissa M., NP-C	NP244669
Robinson, Dennis A., MD	26178
Robinson-Prince, Shakyra Lashon, CNM	CNM259283
Robison, Brent, CRNA	RN255105
Rocha, Suzana Kely, MD	99075
Rodgers, Kimberley W., NP	NP206092
Roe, Nancy C., NP-C	NP235374
Roethel, Robert, PA	9762
Ross, Anita M., NP-C	NP102271
Ross, Catherine R., MD	86916
Ross, Solomon W., MD	69622
Rossi, Flavia, MD	69623
Rowe, Nicholas R., MD	94329
Russell, Dustin L., MD	66541
Sanderlin Jr., Charles W., MD	51543
Sanders, Deanna S., PAC	2903
Sandifer, Benjamin, MD	92625
Saucedo, Israel, NP-C	NP170526
Savelli, Brent A., MD	44086
Saxena, Abhinav, MD	73257
Schaffer, David I., MD	64067
Schoborg Sr., Thomas William, MD	16834
Schwartz, Jacob D., MD	58501

Scott, James W., MD	15420
Seagle, Brandon-Luke, MD	81091
Seagraves Jr., Joseph T., NP	RN193158
Seagraves, Lindsey S., NP-C	NP202578
Shah, Anand, MD	72797
Shah, Apurva N., MD	64742
Shah, Manan, MD	79019
Shen, Qiheng J., MD	74908
Shifflett, Michelle L., CNM	RN148517
Simpson, Bonnie, NP	NP113398
Sims, Hewatt M., MD	48965
Singh, Dilip, MD	84369
Smith, Craig, MD	58588
Smith, Lisa D., NP	RN176448
Smith, Shanon D., MD	54513
Smith, William M., MD	29377
Smurda, Paul A., MD	42947
Soles, Stanley F., NP-C	NP115873
Solipuram, Vinod Kumar Reddy, MD	101945
Sosh, Ryan C., MD	98574
Spikes, Charles D., MD	63537
Stackhouse, Caroline A., MD	42898
Stanciu, Sebastian R., MD	81501
Steinfeld, Laurence A., MD	34253
Stephens Jr., Johnny J., MD	56927
Stettler, Darin S., DO	83057

Stevens, Courtney B., PAC	6659
Stevens, Keisha C., MD	54038
Stinson, Shannon, MD	61170
Stokes, Deborah C., DO	75255
Stone, Sandra M., NP-C	NP227866
Stone, Walter C., NP	RN188139
Stroh, Heather M., CNM	CNM159084
Sullivan, Jerry W., PAC	4285
Sumner, Laura K., NP-C	NP183455
Sunkara, Tagore, MD	93506
Sutton, Michael R., MD	102052
Switzer, Jeffrey A., DO	53184
Tankersley, Marcia Lynn Tucker, NP-C	NP113524
Tapp IV, Willie, MD	51746
Tapp, Clayton R., NP-C	NP249392
Taylor Jr., Larry, NP	NP214375
Taylor, Rita P., NP-C	NP227676
Taylor, Troy L., PAC	3417
Tesfay, Meron, MD	88554
Thomas, Brittany J., MD	71426
Thomas, Melissa S., MD	92067
Thombley Jr., Bruce S., MD	57257
Thompson, Deanna M., NP-C	NP236308
Thornhill, Preston G., NP-C	NP238799
Todd, GerLana S., NP-C	NP215381
Tomberlin, Amanda C., FNP	RN144720

Toole, Benjamin J., MD	63744
Traill, Adam, DO	55286
Tronolone, Jonathan W., MD	54042
Tullos, Chelsi T., NP	NP192690
Tyson Sr., Rodney D., MD	38994
Usry, Matthew T., CRNA	RN251772
Valdes, Angel M., NP-C	NP245563
Valencia, Vincent Glenn Nacion, MD	68571
Vance, Tedman L., MD	63039
Veazey, Ralph T., CRNA	CRNA071506
Vickers, Hannah Janleigh, NP	NP259976
Villar, Brisandi, MD	99998
Wagenhorst, Bret B., MD	44138
Waldrop, Emma C., NP	NP235407
Walker, Jacob Warren, CRNA	CRNA291630
Walker, Wesley W., MD	45022
Walker-Richardson, Betty J., MD	34976
Ward, Eric M., MD	53201
Warden Sr., Brian, MD	100328
Warren, Stewart D., MD	77462
Washington Jr., Johnny, MD	64298
Watt, Kathryn C., NP-C	NP170324
Weaver, Judy E., NP-C	NP089815
Webb, Anderson H., MD	100794
Webster II, Luther D., DMD	DN013788
Webster, Nicholas J., MD	83254

West, Ashley T., NP-C	NP245918
Westberry, Cynthia J., MD	62089
Westerman, Jan H., MD	63050
Wheeler, Richard E., MD	46277
Wilder, Doris L., MD	56785
Williams, Chari J., NP	APRN-NP211849
Williams, Dennis G., MD	33490
Williams, Marcus L., MD	54048
Willingham, Pamela K., NP	NP063955
Willoughby, William A., MD	38407
Wilson Jr., Robert C., MD	36042
Wood, Maria F., NP	NP184809
Woods, Andrew D., DPM	POD001157
Yared, George E., MD	46662
Yates Coleman, Kristin, DO	93463
Yeh, Judy, MD	81958
Zaw, Thet N., MD	72948
Zow, Nalitia X., NP-C	RN215988

Only use commas to separate values

Part I: Patient Origin Table

1. Patient Origin

- Inpat=Inpatient Services
- 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 children 0-12
- LTCH=Long Term Care Hospital
- Rehab=Inpatient Physical Rehabilitation

Please report the county of origin for the inpatient admissions or discharges excluding newborns (except surgical services should include outpatients only).You may enter the data on the web form or upload the data to the web form using a .csv file that matches our downloadable template.The .csv file must contain the same column headings as shown in our template, in exactly the same order. You do not need to include every county, but the county names, state names, and other out of state category must match those in our template.

County	Inpat	Surg	OB	P18+	P13-17	P0-12	S18+	S13-17	E18+	E13-17	E0-12	LT
Atkir	93	72	10	0	0	0	0	0	0	0	0	0
Baco	9	12	2	0	0	0	0	0	0	0	0	0
Bake	0	5	0	0	0	0	0	0	0	0	0	0
Ben I	592	472	90	4	0	0	0	0	0	0	0	0
Berri	878	423	111	9	0	0	0	0	0	0	0	0
Bibb	6	7	0	1	0	0	0	0	0	0	0	0
Bran	0	4	0	1	0	0	0	0	0	0	0	0
Broo	34	40	11	6	0	0	0	0	0	0	0	0
Bryar	1	0	0	0	0	0	0	0	0	0	0	0
Bullo	0	1	0	0	0	0	0	0	0	0	0	0
Calh	9	3	1	0	0	0	0	0	0	0	0	0
Cam	1	2	0	0	0	0	0	0	0	0	0	0
Carr	1	0	0	0	0	0	0	0	0	0	0	0
Chat	1	1	0	0	0	0	0	0	0	0	0	0
Cher	4	0	1	0	0	0	0	0	0	0	0	0
Clark	0	1	0	0	0	0	0	0	0	0	0	0
Clay	1	1	1	0	0	0	0	0	0	0	0	0
Clayt	4	0	2	0	0	0	0	0	0	0	0	0
Clinc	18	16	4	0	0	0	0	0	0	0	0	0
Cobb	3	1	0	0	0	0	0	0	0	0	0	0
Coffe	148	196	8	1	0	0	0	0	0	0	0	0
Colq	237	215	65	14	0	0	0	0	0	0	0	0
Colu	2	2	0	0	0	0	0	0	0	0	0	0

Cook	976	393	95	38	0	0	0	0	0	0	0	0
Cowe	1	1	0	0	0	0	0	0	0	0	0	0
Craw	0	1	0	1	0	0	0	0	0	0	0	0
Crisp	83	100	23	7	0	0	0	0	0	0	0	0
Deca	1	4	0	1	0	0	0	0	0	0	0	0
DeKa	1	0	0	0	0	0	0	0	0	0	0	0
Dodg	6	7	2	0	0	0	0	0	0	0	0	0
Dool	10	15	2	2	0	0	0	0	0	0	0	0
Doug	137	80	28	6	0	0	0	0	0	0	0	0
Doug	1	0	0	0	0	0	0	0	0	0	0	0
Early	2	3	0	0	0	0	0	0	0	0	0	0
Echo	7	15	4	0	0	0	0	0	0	0	0	0
Emar	1	0	1	0	0	0	0	0	0	0	0	0
Evan	1	0	0	0	0	0	0	0	0	0	0	0
Floyd	4	0	0	0	0	0	0	0	0	0	0	0
Forsy	2	0	0	0	0	0	0	0	0	0	0	0
Frank	1	1	0	0	0	0	0	0	0	0	0	0
Fulto	6	0	0	0	0	0	0	0	0	0	0	0
Glyn	1	1	0	4	0	0	0	0	0	0	0	0
Grad	5	8	1	4	0	0	0	0	0	0	0	0
Gree	0	1	0	0	0	0	0	0	0	0	0	0
Gwin	6	1	0	0	0	0	0	0	0	0	0	0
Habe	0	1	0	0	0	0	0	0	0	0	0	0
Hall	0	0	0	1	0	0	0	0	0	0	0	0

Harri	1	0	0	0	0	0	0	0	0	0	0	0
Henr	1	0	0	0	0	0	0	0	0	0	0	0
Hous	9	13	2	0	0	0	0	0	0	0	0	0
Irwin	668	249	68	7	0	0	0	0	0	0	0	0
Jacks	2	1	0	0	0	0	0	0	0	0	0	0
Jeff D	5	13	0	1	0	0	0	0	0	0	0	0
Jeffe	2	0	0	2	0	0	0	0	0	0	0	0
John	1	0	1	0	0	0	0	0	0	0	0	0
Jone	0	1	0	0	0	0	0	0	0	0	0	0
Lama	2	0	0	0	0	0	0	0	0	0	0	0
Lanie	46	51	17	1	0	0	0	0	0	0	0	0
Laure	2	3	0	0	0	0	0	0	0	0	0	0
Lee	48	55	7	1	0	0	0	0	0	0	0	0
Lowr	303	508	116	18	0	0	0	0	0	0	0	0
Lump	0	3	0	0	0	0	0	0	0	0	0	0
Macc	2	4	0	1	0	0	0	0	0	0	0	0
Mad	4	21	0	0	0	0	0	0	0	0	0	0
Mari	1	0	0	0	0	0	0	0	0	0	0	0
McD	1	0	0	0	0	0	0	0	0	0	0	0
Mille	1	1	0	0	0	0	0	0	0	0	0	0
Mitcl	8	17	5	1	0	0	0	0	0	0	0	0
Mon	0	1	0	0	0	0	0	0	0	0	0	0
Mon	0	2	0	0	0	0	0	0	0	0	0	0
Musc	1	0	0	0	0	0	0	0	0	0	0	0

Paulc	1	0	1	0	0	0	0	0	0	0	0	0
Peac	0	1	0	0	0	0	0	0	0	0	0	0
Pierc	4	4	1	1	0	0	0	0	0	0	0	0
Polk	8	0	0	0	0	0	0	0	0	0	0	0
Pulas	0	4	0	0	0	0	0	0	0	0	0	0
Putn	1	0	0	0	0	0	0	0	0	0	0	0
Ranc	1	4	0	0	0	0	0	0	0	0	0	0
Semi	2	1	0	1	0	0	0	0	0	0	0	0
Sumt	9	10	1	1	0	0	0	0	0	0	0	0
Telfa	7	9	2	0	0	0	0	0	0	0	0	0
Terre	5	4	0	0	0	0	0	0	0	0	0	0
Thon	20	58	6	4	0	0	0	0	0	0	0	0
Tift	4,254	1,702	483	52	0	0	0	0	0	0	0	0
Toon	2	2	0	0	0	0	0	0	0	0	0	0
Troup	2	0	0	0	0	0	0	0	0	0	0	0
Turn	768	398	75	13	0	0	0	0	0	0	0	0
Twig	2	0	0	0	0	0	0	0	0	0	0	0
Walt	1	1	0	0	0	0	0	0	0	0	0	0
Ware	14	20	3	0	0	0	0	0	0	0	0	0
Warr	2	0	2	0	0	0	0	0	0	0	0	0
Wayr	0	1	0	1	0	0	0	0	0	0	0	0
Wilc	118	106	23	0	0	0	0	0	0	0	0	0
Wort	528	297	86	10	0	0	0	0	0	0	0	0
Appl	1	2	0	0	0	0	0	0	0	0	0	0

Totals	10,152	5,673	1,361	215	0	0	0	0	0	0	0	0

Surgical Services Addendum

1. Surgery Rooms in the OR Suite

Please report the Number of Surgery Rooms, (as of the end of the report period). Report only the rooms in CON-Approved Operating Room Suites pursuant to Rule 111-2-2-.40 and 111-8-48-.28

Room Type	Dedicated Inpatient Rooms	Dedicated Outpatient Rooms	Shared Rooms	Total
General Operating	2	5	10	17
Cystoscopy (OR Suite)	0	0	1	1
Endoscopy (OR Suite)	0	0	1	1
	0	0	0	0
Total	2	5	12	19

2. Procedures by Type of Room

Please report the number of procedures by type of room.

Room Type	Dedicated Inpatient Rooms	Dedicated Outpatient Rooms	Shared Inpatient Rooms	Shared Outpatient Rooms	Total
General Operating	1,336	2,233	1,618	3,993	9,180
Cystoscopy	0	0	0	424	424
Endoscopy	0	0	0	3,193	3,193
	0	0	0	0	0
Total	1,336	2,233	1,618	7,610	12,797

3. Patients by Type of Room

Please report the number of patients by type of room.

Room Type	Dedicated Inpatient Rooms	Dedicated Outpatient Rooms	Shared Inpatient Rooms	Shared Outpatient Rooms	Total
General Operating	1,298	2,110	1,563	3,914	8,885
Cystoscopy	0	0	0	414	414
Endoscopy	0	0	0	3,192	3,192
	0	0	0	0	0
Total	1,298	2,110	1,563	7,520	12,491

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

1. Race/Ethnicity of Ambulatory Patients

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

Race/Ethnicity	Number of Ambulatory Patients
American Indian/Alaska Native	2
Asian	8
Black/African American	1,287
Hispanic/Latino	0
Pacific Islander/Hawaiian	1
White	4,070
Multi-Racial	305
Total	5,673

2. Age Grouping

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

Age of Patient	Number of Ambulatory Patients
Ages 0-14	303
Ages 15-64	2,925
Ages 65-74	1,423
Ages 75-85	930
Ages 85 and Up	92
Total	5,673

3. Gender

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

Gender	Number of Ambulatory Patients
Male	3,121
Female	2,552
Total	5,673

4. Payment Source

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

Primary Payment Source	Number of Ambulatory Patients
Medicare	2,552
Medicaid	557
Third-Party	227
Self-Pay	2,337
Total	5,673

Perinatal Services Addendum

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.

Number of Delivery Rooms:

0

Number of Birthing Rooms:

0

Number of LDR Rooms:

0

Number of LDRP Rooms:

10

Number of Cesarean Sections:

497

Total Live Births:

1,332

Total Live Births (Live and Late Fetal Deaths):

1,339

Total Deliveries (Births + Early Fetal Deaths and Induced Terminations):

1,818

Part B: Newborn and Neonatal Nursery Services

1. Nursery Services

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

Type of Nursery	Set-Up and Staffed Beds/Station	Neonatal Admissions	Inpatient Days	Transfers within Hospital
Normal Newborn (Basic)	20	1,274	2,801	64
Specialty Care (Intermediate Neonatal Care)	4	61	367	87
Subspecialty Care (Intensive Neonatal Care)	0	0	0	0
Total	24	1,335	3,168	151

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

1. Race/Ethnicity

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

Race/Ethnicity	Admission by Mother's Race	Inpatient Days
American Indian/Alaska Native	0	0
Asian	6	22
Black/African American	360	888
Hispanic/Latino	0	0
Pacific Islander/Hawaiian	4	10
White	774	1,919
Multi-Racial	217	510
Total	1,361	3,349

2. Age Grouping

Please provide the number of admissions by the following age groupings.

Age of Patient	Number of Admissions	Inpatient Days
Ages 0-14	0	0
Ages 15-44	1,359	3,345
Ages 45 and Up	2	4
Total	1,361	3,349

3. Average Charge for an Uncomplicated Delivery

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

41,446

4. Average Charge for an Premature Delivery

Please report the average hospital charge for a premature delivery.

56,013

Psychiatric/Substance Abuse Services Addendum

Part A: Psychiatric and Substance Abuse Data by Program

Please report the number of beds as of the last day of the report period. Report beds only for officially recognized programs. Use the blank row to report combined beds. For combined bed programs, please report each of the combined bed programs and the number of combined beds. Indicate the combined programs using letters A through H, for example,"AB"

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

2. Admissions, Days, Discharges, Accreditation

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

Program Type	Admissions	Inpatient Days	Discharges	Discharge Days	Avera Charg Per Patier Day
General Acute Psychiatric Adults 18 and over	215	2,489	219	2,533	1,627
General Acute Psychiatric Adolescents 13-17	0	0	0	0	0
General Acute Psychiatric Children 12 and Under	0	0	0	0	0
Acute Substance Abuse Adults 18 and over	0	0	0	0	0
Acute Substance Abuse Adolescents 13-17	0	0	0	0	0
Extended Care Adults 18 and over	0	0	0	0	0
Extended Care Adolescents 13-17	0	0	0	0	0
Extended Care Adolescents 0-12	0	0	0	0	0

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

1. Race/Ethnicity

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

Race/Ethnicity	Admissions	Inpatient Days
American Indian/Alaska Native	0	0
Asian	0	0
Black/African American	48	491
Hispanic/Latino	0	0
Pacific Islander/Hawaiian	0	0
White	155	1,853
Multi-Racial	12	145
Total	215	2,489

2. Gender

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

Gender of Patient	Number of Admissions	Inpatient Days
Male	72	829
Female	143	1,660
Total	215	2,489

Total Psych Admissions from Patient Origin Table
215

3. Payment Source

Please indicate the number of patients by the payment source. Please note that individuals may have multiple payment sources.

Primary Payment Source	Number of Patients	Inpatient Days
Medicare	190	2,274
Medicaid	8	65
Third-Party	0	0
Self-Pay	1	14
PeachCare	16	136

Georgia Minority Health Advisory Council Addendum

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:

Do you have paid medical interpreters on staff? (Check the box, if yes) ☐

If you checked yes, how many? (FTEs)

What languages do they most often interpret?

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 ☐

Community Volunteer Interpreter ☐

Refer patient to outside agency ☐

Bilingual member of patient's family ☑

Telephone interpreter service ☑

Other ☑

Please describe

Virtual Interpretation via Voyce Interpreter Services

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	1	0	0	0
Vietnamese	0	0	0	0
Other Languages	0	0	0	0

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?

Annual CBLs

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

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

Language One:

English

Language Two:

Spanish

Language Three:

Language Four:

If an unisured 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 health care center or clinic?

Tift County Health Department, Southwell Medical Community Center, Southwell ExpressCare

Nurse Employment Addendum

Did your facility employ one or more nurses holding a multistate license pursuant to O.C.G.A. § 43-26-60 et seq. for 30 days or more in 2025 (January 1, 2025 through December 31, 2025)? (Check the box, if yes.)

1.

If yes please list each nurse below: To add a row press the button. To delete a row press the minus button at the end of the row. (You may enter the data on the web form or upload the data to the web form using the .csv file. The csv file upload is recommended, especially if you have a large number of records to add to the form.)

Full Name	Address	Duration	Primary State of Residency	Employed by Agency? (Yes/No)	Primary Dates of Employment
BOBBIE CH	1015 CENTR	1.41	GA	NO	9/23/2024-PRESENT
LAUREN CI	340 SOMERS	3.44	GA	NO	9/12/2022-PRESENT
JENNY GUE	7241 DOSS D	3.21	GA	NO	12/5/2022-PRESENT
KYANNA H	388 COTTLE	3.48	GA	NO	8/29/2022-PRESENT
ALISHA JOH	7203 DOSS D	3.71	GA	NO	6/6/2022-PRESENT
COLLEEN LI	6343 NW CR	5.83	FL	NO	4/20/20-PRESENT
MARGARET	297 IRENE C	.08	GA	NO	1/19/2026-PRESENT
ALEXANDR	4262 SONOI	1	GA	NO	2/17/2025-PRESENT
JENNIFER P	7367 WIND (	3.32	GA	NO	10/24/2022-PRESENT
SARAH SUC	21 SMITH ST	1.45	GA	NO	9/9/2024-PRESENT
PATRICIA TI	100 OAK PO	2.65	GA	NO	6/26/2023-PRESENT

Only use commas to separate values

Example Entry: Dean Venture, 1234 Street Name Atlanta GA 30033, 1 year 3 months 12 days, GA, Yes, January 2025 - Present

Note: This is an example and there is no unit requirement for Duration

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 incaccurate 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. **Do not sign until you are ready to submit. Signed surveys will be locked to prevent post-validation revisions that could through the survey out of balance. If you sign the survey, you will need to contact us to unlock it for revision.**

Authorized Signature

Date

mm/dd/yyyy

Title

Comments

Response Errors

TAB	QUESTION	ERROR