

2006 ANNUAL OPEN HEART SURGERY SERVICES SURVEY (OHSS) INSTRUCTIONS

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 OPEN HEART SURGERY SERVICES SURVEY ACCESS FORM

The 2006 Open Heart Surgery Services Survey (OHSS) 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 underlined 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" link 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 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. Enter your facility’s data using the survey form. 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, the form may provide a warning message indicating that certain data elements are not in balance or that certain responses are not valid either for your facility type or authorization. In these instances, unresolved issues must 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 1-1-2006 to 12-31-2006. 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.

PART B: SURVEY CONTACT INFORMATION

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

PART C: UTILIZATION DATA

Open Heart Surgery Operations -- Please report the number of operations by type performed during the reporting period. Please be sure to report by age category of the patient.

Closed Heart Surgery Operations -- Please report the number of operations by type performed during the reporting period. Please be sure to report by age category of the patient.

Coronary Angioplasties Resulting in Emergency Open Heart Surgery -- Please report as requested. Estimation is discouraged but allowed. Please check the block if you had to estimate the number.

Definitions:

Closed Heart Surgery: Surgery performed directly on the heart or its associated veins or arteries which does not require use of a heart-lung bypass machine (extracorporeal pump) to perform the work of the heart and lungs. Such operations often require the bypass machine to be available on standby. For the purposes of this Survey, report all closed heart surgery operations whether or not the pump was on standby. Do not include procedures performed by cardiac catheterization.

Open Heart Surgery: Surgery performed directly on the heart or its associated veins or arteries during which a heart-lung bypass machine (extracorporeal pump) is used to perform the work of the heart and lungs. Do not include procedures performed by cardiac catheterization.

Operation: For the purposes of this Survey, a single operation is to be reported for each occasion a single patient appears for a single session of surgery, even if more than one type of operation/procedure is performed in that single session. For example, if both coronary bypass and mitral valve replacement are performed on the same patient in the same session, the entire session would count as one operation and should be reported as one operation using the primary procedure or principal reason for the surgery.

Utilization by Race/Ethnicity of Patient - Report the number of unduplicated patients and open-heart surgery procedures by race/ethnicity according to the indicated categories. These data are needed as an indication of the services rendered to population sub-groups. The totals here should agree with the number of open-heart surgery patients and procedures reported elsewhere in the OHSS. The United States Census Bureau uses the following racial and ethnicity definitions:

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 having racial origins from two or more of the above definitions.

Utilization by Gender - Report the number of patients and open-heart surgery procedures by gender. These data are needed as an indication of the services rendered to population sub-groups. The totals here should agree with the number of open-heart surgery patients and procedures reported elsewhere in the OHSS.

PART D: FINANCIALS, AVERAGE CHARGES AND LENGTH OF STAY

Average Total Hospital Charges and Average Lengths of Stay for Selected DRGs - Please report the average total hospital charge, the average length of stay in days, the number of cases included in the calculation of these averages, and the hospital's actual total number of cases. Include in the calculation of the averages all cases with the specified DRGs **excluding only Medicare outliers**. Include in the average 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 average charges rounded to the nearest whole dollar (no cents). Report average lengths of stay in days, calculated to one decimal place (e.g., 7.1 days).

Patients and Operations by Primary Payment Source - Report total patients (unduplicated) and the number of operations performed by the patient's primary payer source [Medicaid, Medicare, Third-Party (insurance or other), or self-pay]. Please report Peachcare for Kids as Third-Party. This table should reflect data for the entire report period. Please note that totals here (because patients should be reported as unduplicated) should match totals reported in other parts of the OHSS.

Total Charges - Report the total charges for open-heart surgery services provided by your facility during the report period.

Reimbursement - Report the actual reimbursement (presumably, something less than total charges) that your facility received for open-heart surgery services provided during the report period. Actual reimbursement would account for contractual adjustments, bad debt, indigent and charity care, etc.

Indigent and Charity Care - Report the total amount of charges attributed during the report period to patients who were classified as receiving indigent or charity care. Persons classified as indigent must meet the federal guidelines being at or below 125% of the Federal Poverty Level. 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.

PART E. PEER REVIEW

Peer Review - Please provide information on your participation in external or national peer review and the names of the peer review organizations.

Community Education - Please provide the number of community education programs your facility has sponsored and/or participated in during the report period.

PART F. PATIENT ORIGIN TABLE

Please complete the Patient Origin Table to reflect the county (or out-of-state) residence for each open-heart surgery patient treated at your facility during the reporting period. You must enter the facility UID on the first line. The UID will 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 and treatment visits must balance to 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 OHSS 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 OHSS or if you are unable to submit the survey electronically, please contact Carlos Williams with Division of Health Planning at (404) 656-0464, or cawilliams@dch.ga.gov**