GEORGIA DEPARTMENT OF COMMUNITY HEALTH

Part A: General Information

UID: HOSP507

1. Identifcication

Facility Name:

Southeast Georgia Health System - Brunswick Campus

County:

Glynn

Street Address:

2415 Parkwood Drive

City:

Brunswick

Zip:

31520

Mailing Address:

2415 Parkwood Drive

Mailing City:

Brunswick

Mailing Zip:

31520

Medicaid Provider Number:

000000822A

Medicare Provider Number:

110025

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:

Shannon J. Webb, RHIA

Contact Title:

Director, Medical Records

Phone:

912-466-7124

Fax:

912-466-7113

Email:

swebb@sghs.org

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)

Southeast Georgia Health System, Inc.

Organization Type

Not For Profit

Effective Date

05/01/2015

B. Owner's Parent Organization

Full Legal Name (Or Not Applicable)

N/A

Organization Type

Not Applicable

Effective Date

mm/dd/yyyy

C. Facility Operator

Full Legal Name (Or Not Applicable)

Southeast Georgia Health System, Inc.

Organization Type

Not For Profit

Effective Date

05/01/2015

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

Southeast Georgia Health System

City

Brunswick

State

GA

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

City

State

6.

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

Name

Coastal Community Health, Inc.

City

Jacksonville

State

FL

7.

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

Name

Coastal Regional Health Care Network

City

Brunswick

State

GA

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)

N/A

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)	24	1,638	3,808	1,638	3,808
Pediatrics (Non ICU)	10	124	219	124	219
Pediatric ICU	0	0	0	0	0
Gynecology (No OB)	0	0	0	0	0
General Medicine	0	0	0	0	0
General Surgery	0	0	0	0	0
Medical/Surgical	195	10,414	55,159	10,412	55,005
Intensive Care	24	406	2,302	406	2,302
Psychiatry	0	0	0	0	0
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	253	12,582	61,488	12,580	61,334

Category	SUS Beds	Admissions	Inpatient Days	Discharges	Discharge Days
Intensive Care Totals	24	406	2,302	406	2,302
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	53	218
Asian	65	307
Black/African American	3,090	16,989
Hispanic/Latino	114	203
Pacific Islander/Hawaiian	65	245
White	9,079	42,839
Multi-Racial	116	687
Total	12,582	61,488

3. Gender

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

Gender	Admissions	Inpatient Days
Male	6,999	33,589
Female	5,583	27,899
Total	12,582	61,488

4. Payment Source

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

Primary Payment Source	Admissions	Inpatient Days
Medicare	6,284	37,511
Medicaid	2,002	6,759
Peachare	98	392
Third-Party	3,354	12,428
Self-Pay	839	4,378
Other	5	20
Total	12,582	61,488

5. Discharges to Death

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

201

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	1,536
Semi-Private Room Rate	1,230
Operating Room: Average Charge for the First Hour	1,300
Average Total Charge for an Inpatient Day	7,207

Part E: Emergency Department and Outpatient Services

1. Emergency Visits

Please report the number of emergency visits only

62,817

2. Inpatient Admissions from ER

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

9,923

3. Beds Available

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

50

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	3	620
Beds or Rooms dedicated for Psychiatric /Substance Abuse cases	4	1,621
General Beds	43	61,196
	0	0
	0	0
	0	0
	0	0

5. Transfers

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

1,723

6. Non-Emergency Visits

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

109,181

7. Observation Visits/Cases

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

2,479

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

1,447

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	2	1
ESWL	1	1
Billiary Lithotropter	1	1
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	3	4
HIV/AIDS Diagnostic Treatment/Services	1	1
Ambulance Services	3	4
Hospice	3	4
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	220
Number of Dialysis Treatments	3,639
Number of ESWL Patients	166
Number of ESWL Procedures	209
Number of ESWL Units	1
Number of Biliary Lithotripter Procedures	147
Number of Biliary Lithotripter Units	1
Number of Kidney Transplants	0
Number of Heart Transplants	0
Number of Other-Organ/Tissues Treatments	0
Number of Diagnostic X-Ray Procedures	229,214
Number of CTS Units (machines)	4
Number of CTS Procedures	36,974
Number of Diagnostic Radioisotope Procedures	86
Number of PET Units (machines)	1
Number of PET Procedures	1,365
Number of Therapeautic Radioisotope Procedures	1,576
Number of Number of MRI Units	4
Number of Number of MRI Procedures	10,723
Number of Chemotherapy Treatments	12,698
Number of Respiratory Therapy Treatments	129,980
Number of Occupational Therapy Treatments	39,593
Number of Physical Therapy Treatments	77,623
Number of Speech Pathology Patients	16,868
Number of Gamma Ray Knife Procedures	0
Number of Gamma Ray Knife Units	0
Number of Audiology Patients	0
Number of HIV/AIDS Diagnostic Procedures	420
Number of HIV/AIDS Patients	14
Number of Ambulance Trips	0
Number of Hospice Patients	0
Number of Respite care Patients	0
Number of Ultrasound/Medical Sonography Units	7
Number of Ultrasound/Medical Sonography Procedures	19,904
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)

24

3. Robotic Surgery System

Units

2

Procedures

425

Type of Unit(s)

MAKO

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	0	0	0
Physician Assistants Only (not including Licensed Physicians)	0	0	0
Registered Nurses (RNs Advanced Practice*)	487	85	0
Licensed Practical Nurses (LPNs)	53	7	0
Pharmacists	21	1	0
Other Health Services Professionals*	397	29	0
Administration and Support	23	0	0
All Other Hospital Personnel (not included in above)	743	86	0

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	More than 90 Days
Registered Nurses (RNs-Advance Practice)	More than 90 Days
Licensed Practical Nurses (LPNs)	More than 90 Days
Pharmacists	30 Days or Less
Other Health Services Professionals	61-90 Days
All Other Hospital Personnel (not included above)	61-90 Days

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	0
Asian	11
Black/African American	11
Hispanic/Latino	3
Pacific Islander/Hawaiian	0
White	112
Multi-Racial	41
Total	178

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	3	☐	3	3
General Internal Medicine	30	☐	30	30
Pediatricians	9	☐	9	9
Other Medical Specialties	44	☐	44	44

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	10	☐	10	10
Non-OB Physicians Providing OB Services	0	☐	0	0
Gynecology	10	☐	10	10
Ophthalmology Surgery	2	☐	2	2
Orthopedic Surgery	9	☐	9	9
Plastic Surgery	5	☐	5	5
General Surgery	7	☐	7	7
Thoracic Surgery	0	☐	0	0
Other Surgical Specialties	11	☐	11	11

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	9	☑	9	9
Dermatology	0	☐	0	0
Emergency Medicine	40	☑	40	40
Nuclear Medicine	0	☐	0	0
Pathology	15	☑	15	15
Psychiatry	1	☐	1	1
Radiology	8	☑	8	8
	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	2
Podiatrists	4
Certified Nurse Midwives with Clinical Privileges in the Hospital	0
All Other Staff Affiliates with Clinical Privileges in the Hospital	127

5b. Name of Other Professions

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

Certified Registered Nurse Anesthetist, Lymphedema Therapist, Pathologists Assistant, Physician Assistant, Physician Assistant Anesthetist, Nu

Comments and Suggestions

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	LTCH	Rehab
Alabama	0	0	0	0	0	0	0	0	0	0	0	0	0
Appling	110	82	42	0	0	0	0	0	0	0	0	0	0
Atkinson	0	8	0	0	0	0	0	0	0	0	0	0	0
Bacon	25	31	9	0	0	0	0	0	0	0	0	0	0
Baker	0	0	0	0	0	0	0	0	0	0	0	0	0
Baldwin	4	2	0	0	0	0	0	0	0	0	0	0	0
Banks	0	0	0	0	0	0	0	0	0	0	0	0	0
Barrow	1	0	0	0	0	0	0	0	0	0	0	0	0
Bartow	0	0	0	0	0	0	0	0	0	0	0	0	0
Ben Hill	3	1	0	0	0	0	0	0	0	0	0	0	0
Berrien	0	0	0	0	0	0	0	0	0	0	0	0	0
Bibb	1	3	0	0	0	0	0	0	0	0	0	0	0
Bleckley	1	0	0	0	0	0	0	0	0	0	0	0	0
Brantley	905	728	140	0	0	0	0	0	0	0	0	0	0
Brooks	0	1	0	0	0	0	0	0	0	0	0	0	0
Bryan	3	13	0	0	0	0	0	0	0	0	0	0	0
Bulloch	3	1	0	0	0	0	0	0	0	0	0	0	0
Burke	1	0	0	0	0	0	0	0	0	0	0	0	0
Butts	0	1	0	0	0	0	0	0	0	0	0	0	0
Calhoun	1	0	0	0	0	0	0	0	0	0	0	0	0
Camden	1,001	1,072	64	0	0	0	0	0	0	0	0	0	0
Candler	1	0	0	0	0	0	0	0	0	0	0	0	0
Carroll	1	0	0	0	0	0	0	0	0	0	0	0	0
Catoosa	0	0	0	0	0	0	0	0	0	0	0	0	0
Charlton	179	114	17	0	0	0	0	0	0	0	0	0	0
Chatham	19	10	1	0	0	0	0	0	0	0	0	0	0
Chattahoochee	0	0	0	0	0	0	0	0	0	0	0	0	0
Chattooga	0	0	0	0	0	0	0	0	0	0	0	0	0
Cherokee	5	0	0	0	0	0	0	0	0	0	0	0	0
Clarke	5	1	0	0	0	0	0	0	0	0	0	0	0
Clay	13	7	0	0	0	0	0	0	0	0	0	0	0
Clayton	0	1	0	0	0	0	0	0	0	0	0	0	0
Clinch	6	3	1	0	0	0	0	0	0	0	0	0	0
Cobb	6	1	0	0	0	0	0	0	0	0	0	0	0
Coffee	7	29	0	0	0	0	0	0	0	0	0	0	0
Colquitt	3	2	0	0	0	0	0	0	0	0	0	0	0
Columbia	3	1	0	0	0	0	0	0	0	0	0	0	0
Cook	2	5	0	0	0	0	0	0	0	0	0	0	0
Coweta	1	0	0	0	0	0	0	0	0	0	0	0	0
Crawford	0	1	0	0	0	0	0	0	0	0	0	0	0

Crisp	0	1	0	0	0	0	0	0	0	0	0	0	0
Dade	4	0	1	0	0	0	0	0	0	0	0	0	0
Dawson	0	0	0	0	0	0	0	0	0	0	0	0	0
Decatur	1	0	0	0	0	0	0	0	0	0	0	0	0
DeKalb	4	1	0	0	0	0	0	0	0	0	0	0	0
Dodge	2	4	0	0	0	0	0	0	0	0	0	0	0
Dooly	0	0	0	0	0	0	0	0	0	0	0	0	0
Dougherty	1	0	0	0	0	0	0	0	0	0	0	0	0
Douglas	1	0	0	0	0	0	0	0	0	0	0	0	0
Early	0	0	0	0	0	0	0	0	0	0	0	0	0
Echols	0	0	0	0	0	0	0	0	0	0	0	0	0
Effingham	7	4	0	0	0	0	0	0	0	0	0	0	0
Elbert	0	0	0	0	0	0	0	0	0	0	0	0	0
Emanuel	2	2	0	0	0	0	0	0	0	0	0	0	0
Evans	2	1	0	0	0	0	0	0	0	0	0	0	0
Fannin	0	0	0	0	0	0	0	0	0	0	0	0	0
Fayette	8	1	1	0	0	0	0	0	0	0	0	0	0
Florida	0	0	0	0	0	0	0	0	0	0	0	0	0
Floyd	0	0	0	0	0	0	0	0	0	0	0	0	0
Forsyth	3	0	0	0	0	0	0	0	0	0	0	0	0
Franklin	4	0	0	0	0	0	0	0	0	0	0	0	0
Fulton	9	2	0	0	0	0	0	0	0	0	0	0	0
Gilmer	1	0	0	0	0	0	0	0	0	0	0	0	0
Glascock	0	0	0	0	0	0	0	0	0	0	0	0	0
Glynn	7,788	6,656	793	0	0	0	0	0	0	0	0	0	0
Gordon	0	0	0	0	0	0	0	0	0	0	0	0	0
Grady	0	0	0	0	0	0	0	0	0	0	0	0	0
Greene	0	0	0	0	0	0	0	0	0	0	0	0	0
Gwinnett	8	0	0	0	0	0	0	0	0	0	0	0	0
Habersham	2	0	0	0	0	0	0	0	0	0	0	0	0
Hall	1	0	0	0	0	0	0	0	0	0	0	0	0
Hancock	1	0	0	0	0	0	0	0	0	0	0	0	0
Haralson	3	0	0	0	0	0	0	0	0	0	0	0	0
Harris	2	0	0	0	0	0	0	0	0	0	0	0	0
Hart	0	1	0	0	0	0	0	0	0	0	0	0	0
Heard	0	0	0	0	0	0	0	0	0	0	0	0	0
Henry	0	0	0	0	0	0	0	0	0	0	0	0	0
Houston	4	0	0	0	0	0	0	0	0	0	0	0	0
Irwin	1	2	0	0	0	0	0	0	0	0	0	0	0
Jackson	3	0	0	0	0	0	0	0	0	0	0	0	0
Jasper	0	0	0	0	0	0	0	0	0	0	0	0	0

Jeff Davis	13	25	4	0	0	0	0	0	0	0	0	0	0
Jefferson	5	1	0	0	0	0	0	0	0	0	0	0	0
Jenkins	0	0	0	0	0	0	0	0	0	0	0	0	0
Johnson	1	0	0	0	0	0	0	0	0	0	0	0	0
Jones	0	0	0	0	0	0	0	0	0	0	0	0	0
Lamar	1	0	0	0	0	0	0	0	0	0	0	0	0
Lanier	0	1	0	0	0	0	0	0	0	0	0	0	0
Laurens	1	1	0	0	0	0	0	0	0	0	0	0	0
Lee	2	0	0	0	0	0	0	0	0	0	0	0	0
Liberty	88	63	34	0	0	0	0	0	0	0	0	0	0
Lincoln	1	1	0	0	0	0	0	0	0	0	0	0	0
Long	111	82	55	0	0	0	0	0	0	0	0	0	0
Lowndes	2	5	0	0	0	0	0	0	0	0	0	0	0
Lumpkin	0	0	0	0	0	0	0	0	0	0	0	0	0
Macon	2	0	0	0	0	0	0	0	0	0	0	0	0
Madison	2	0	0	0	0	0	0	0	0	0	0	0	0
Marion	5	0	0	0	0	0	0	0	0	0	0	0	0
McDuffie	1	0	0	0	0	0	0	0	0	0	0	0	0
McIntosh	951	663	76	0	0	0	0	0	0	0	0	0	0
Meriwether	0	0	0	0	0	0	0	0	0	0	0	0	0
Miller	0	0	0	0	0	0	0	0	0	0	0	0	0
Mitchell	1	0	0	0	0	0	0	0	0	0	0	0	0
Monroe	3	0	0	0	0	0	0	0	0	0	0	0	0
Montgomery	11	4	0	0	0	0	0	0	0	0	0	0	0
Morgan	0	0	0	0	0	0	0	0	0	0	0	0	0
Murray	0	0	0	0	0	0	0	0	0	0	0	0	0
Muscogee	3	0	1	0	0	0	0	0	0	0	0	0	0
Newton	2	1	0	0	0	0	0	0	0	0	0	0	0
North Carolina	0	0	0	0	0	0	0	0	0	0	0	0	0
Oconee	1	1	0	0	0	0	0	0	0	0	0	0	0
Other Out of State	62	50	6	0	0	0	0	0	0	0	0	0	0
Oglethorpe	0	0	0	0	0	0	0	0	0	0	0	0	0
Paulding	2	2	0	0	0	0	0	0	0	0	0	0	0
Peach	0	0	0	0	0	0	0	0	0	0	0	0	0
Pickens	1	3	0	0	0	0	0	0	0	0	0	0	0
Pierce	188	162	83	0	0	0	0	0	0	0	0	0	0
Pike	1	0	0	0	0	0	0	0	0	0	0	0	0
Polk	4	3	0	0	0	0	0	0	0	0	0	0	0
Pulaski	1	0	0	0	0	0	0	0	0	0	0	0	0
Putnam	2	1	0	0	0	0	0	0	0	0	0	0	0
Quitman	0	0	0	0	0	0	0	0	0	0	0	0	0

Quitman	0	0	0	0	0	0	0	0	0	0	0	0	0
Rabun	2	0	0	0	0	0	0	0	0	0	0	0	0
Randolph	0	1	0	0	0	0	0	0	0	0	0	0	0
Richmond	3	1	0	0	0	0	0	0	0	0	0	0	0
Rockdale	1	0	0	0	0	0	0	0	0	0	0	0	0
Schley	0	0	0	0	0	0	0	0	0	0	0	0	0
Screven	1	0	0	0	0	0	0	0	0	0	0	0	0
Seminole	3	0	0	0	0	0	0	0	0	0	0	0	0
Spalding	1	0	0	0	0	0	0	0	0	0	0	0	0
South Carolina	0	0	0	0	0	0	0	0	0	0	0	0	0
Stephens	0	0	0	0	0	0	0	0	0	0	0	0	0
Stewart	0	0	0	0	0	0	0	0	0	0	0	0	0
Sumter	2	5	0	0	0	0	0	0	0	0	0	0	0
Tennessee	0	0	0	0	0	0	0	0	0	0	0	0	0
Talbot	0	0	0	0	0	0	0	0	0	0	0	0	0
Taliaferro	0	0	0	0	0	0	0	0	0	0	0	0	0
Tattnall	11	10	2	0	0	0	0	0	0	0	0	0	0
Taylor	0	0	0	0	0	0	0	0	0	0	0	0	0
Telfair	3	1	0	0	0	0	0	0	0	0	0	0	0
Terrell	0	0	0	0	0	0	0	0	0	0	0	0	0
Thomas	0	0	0	0	0	0	0	0	0	0	0	0	0
Tift	6	1	1	0	0	0	0	0	0	0	0	0	0
Toombs	2	2	0	0	0	0	0	0	0	0	0	0	0
Towns	0	0	0	0	0	0	0	0	0	0	0	0	0
Treutlen	0	3	0	0	0	0	0	0	0	0	0	0	0
Troup	0	1	0	0	0	0	0	0	0	0	0	0	0
Turner	0	0	0	0	0	0	0	0	0	0	0	0	0
Twiggs	0	0	0	0	0	0	0	0	0	0	0	0	0
Union	4	0	0	0	0	0	0	0	0	0	0	0	0
Upson	0	0	0	0	0	0	0	0	0	0	0	0	0
Walker	1	0	0	0	0	0	0	0	0	0	0	0	0
Walton	3	1	0	0	0	0	0	0	0	0	0	0	0
Ware	155	182	45	0	0	0	0	0	0	0	0	0	0
Warren	1	0	0	0	0	0	0	0	0	0	0	0	0
Washington	2	0	0	0	0	0	0	0	0	0	0	0	0
Wayne	738	516	262	0	0	0	0	0	0	0	0	0	0
Webster	1	0	0	0	0	0	0	0	0	0	0	0	0
Wheeler	1	2	0	0	0	0	0	0	0	0	0	0	0
White	0	0	0	0	0	0	0	0	0	0	0	0	0
Whitfield	0	0	0	0	0	0	0	0	0	0	0	0	0
Wilcox	0	1	0	0	0	0	0	0	0	0	0	0	0
Wilkes	0	0	0	0	0	0	0	0	0	0	0	0	0

Wilkes	0	0	0	0	0	0	0	0	0	0	0	0	0
Wilkinson	0	0	0	0	0	0	0	0	0	0	0	0	0
Worth	1	0	0	0	0	0	0	0	0	0	0	0	0
Totals	**12,582**	**10,589**	**1,638**	**0**	**0**	**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	0	0	11	11
Cystoscopy (OR Suite)	0	0	1	1
Endoscopy (OR Suite)	0	0	2	2
	0	0	0	0
Total	0	0	14	14

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	0	0	2,005	7,258	9,263
Cystoscopy	0	0	148	848	996
Endoscopy	0	0	599	4,003	4,602
	0	0	0	0	0
Total	0	0	2,752	12,109	14,861

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	0	0	1,855	6,320	8,175
Cystoscopy	0	0	136	737	873
Endoscopy	0	0	513	3,532	4,045
	0	0	0	0	0
Total	0	0	2,504	10,589	13,093

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	21
Asian	58
Black/African American	2,023
Hispanic/Latino	0
Pacific Islander/Hawaiian	22
White	8,465
Multi-Racial	0
Total	10,589

2. Age Grouping

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

Age of Patient	Number of Ambulatory Patients
Ages 0-14	524
Ages 15-64	239
Ages 65-74	5,350
Ages 75-85	2,719
Ages 85 and Up	1,757
Total	10,589

3. Gender

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

Gender	Number of Ambulatory Patients
Male	4,578
Female	6,011
Total	10,589

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	695
Medicaid	4,773
Third-Party	4,944
Self-Pay	177
Total	10,589

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:

24

Number of Cesarean Sections:

475

Total Live Births:

1,605

Total Live Births (Live and Late Fetal Deaths):

1,609

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

1,609

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)	4	84	168	0
Specialty Care (Intermediate Neonatal Care)	0	0	0	0
Subspecialty Care (Intensive Neonatal Care)	0	0	0	0
Total	4	84	168	0

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	5	12
Asian	15	32
Black/African American	350	700
Hispanic/Latino	276	690
Pacific Islander/Hawaiian	52	494
White	940	1,880
Multi-Racial	0	0
Total	1,638	3,808

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	4	8
Ages 15-44	1,634	3,800
Ages 45 and Up	0	0
Total	1,638	3,808

3. Average Charge for an Uncomplicated Delivery

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

6,955

4. Average Charge for an Premature Delivery

Please report the average hospital charge for a premature delivery.

9,200

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

Propio Language 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	93	0	0	0
Vietnamese	1	0	0	0
ASL	1	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 Healthstream team member training.

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?

Continued education and awareness in our community that SGHS has interpretation services available to assist with their healthcare needs.

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?

Rural Health Clinic - Brunswick, GA

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

Authorized Signature

John Stanton

Date

01/02/1970

Title

Chief Financial Officer

Comments

Note: The physician roster CSV file was sent separately via email to Mr. Steve Cappel.