



2021 Annual Hospital Questionnaire

Part A : General Information

1. Identification

UID:HOSP614

Facility Name: John D. Archbold Memorial Hospital

County: Thomas

Street Address: 915 Gordon Avenue

City: Thomasville

Zip: 31799-1018

Mailing Address: PO Box 1018

Mailing City: Thomasville

Mailing Zip: 31799-1018

Medicaid Provider Number: 0000063

Medicare Provider Number: 110038

2. Report Period

Report Data for the full twelve month period- January 1, 2021 through December 31, 2021.

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: Greg S. Hembree

Contact Title: Senior Vice President/CFO

Phone: 229-228-2880

Fax: 229-551-8741

E-mail: gshembree@archbold.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)	Organization Type	Effective Date
John D. Archbold Memorial Hospital, Inc.	Not for Profit	1/1/1925

B. Owner's Parent Organization

Full Legal Name (Or Not Applicable)	Organization Type	Effective Date
Archbold Medical Center, Inc	Not for Profit	5/1/1983

C. Facility Operator

Full Legal Name (Or Not Applicable)	Organization Type	Effective Date
N/A	Not Applicable	

D. Operator's Parent Organization

Full Legal Name (Or Not Applicable)	Organization Type	Effective Date
N/A	Not Applicable	

E. Management Contractor

Full Legal Name (Or Not Applicable)	Organization Type	Effective Date
Not Applicable	Not Applicable	

F. Management's Parent Organization

Full Legal Name (Or Not Applicable)	Organization Type	Effective Date
Not Applicable	Not Applicable	

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 checked, 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: Archbold Medical Center, Inc.

City: Thomasville State: Georgia

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: Vizient Southern States

City: Atlanta State: Georgia

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

Name:

City: State:

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

9. 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)

1. Health Maintenance Organization(HMO)

2. Preferred Provider Organization(PPO)

3. Physician Hospital Organization(PHO)

4. Provider Service Organization(PSO)

5. Other Managed Care or Prepaid Plan

10b. Managed 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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Preferred Provider Organization	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Indemnity Fee-for-Service Plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Another Insurance Product Not Listed Above	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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)	11	633	1,544	638	1,553
Pediatrics (Non ICU)	0	0	0	0	0
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	148	6,461	34,767	6,920	37,334
Intensive Care	18	815	4,731	390	2,285
Psychiatry	40	1,015	8,181	1,013	8,348
Substance Abuse	0	0	0	0	0
Adult Physical Rehabilitation (18 & Up)	14	235	2,800	236	2,803
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	231	9,159	52,023	9,197	52,323

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	8	30
Asian	18	84
Black/African American	3,902	23,040
Hispanic/Latino	4	11
Pacific Islander/Hawaiian	2	13
White	5,015	27,546
Multi-Racial	210	1,299
Total	9,159	52,023

3. Gender

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

Gender	Admissions	Inpatient Days
Male	4,209	25,237
Female	4,950	26,786
Total	9,159	52,023

4. Payment Source

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

Primary Payment Source	Admissions	Inpatient Days
Medicare	5,216	31,254
Medicaid	1,567	8,942
Peachare	0	0
Third-Party	1,645	7,753
Self-Pay	731	4,074
Other	0	0

5. Discharges to Death

Report the total number of inpatient admissions discharged during the reporting period due to death.

364

6. Charges for Selected Services

Please report the hospital's average charges as of 12-31-2021 (to the nearest whole dollar).

Service	Charge
Private Room Rate	924
Semi-Private Room Rate	924
Operating Room: Average Charge for the First Hour	0
Average Total Charge for an Inpatient Day	6,838

Part E : Emergency Department and Outpatient Services

1. Emergency Visits

Please report the number of emergency visits only.

34,082

2. Inpatient Admissions from ER

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

8,082

3. Beds Available

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

24

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	2	886
Beds or Rooms dedicated for Psychiatric /Substance Abuse cases	2	857
General Beds	20	30,669
	0	0
	0	0
	0	0
	0	0

5. Transfers

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

1,371

6. Non-Emergency Visits

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

209,469

7. Observation Visits/Cases

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

4,133

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

2,550.00

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.

1,379

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

Status Codes

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

Service/Facilities	Site Code	Service Status
Podiatric Services	3	4
Renal Dialysis	2	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)	1	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	1	1
Audiology Services	1	1
HIV/AIDS Diagnostic Treatment/Services	3	4
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	4
Number of Dialysis Treatments	4,643
Number of ESWL Patients	27
Number of ESWL Procedures	27
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	61,273
Number of CTS Units (machines)	3
Number of CTS Procedures	24,432
Number of Diagnostic Radioisotope Procedures	1,969
Number of PET Units (machines)	1
Number of PET Procedures	674
Number of Therapeutic Radioisotope Procedures	1,549
Number of Number of MRI Units	2
Number of Number of MRI Procedures	7,935
Number of Chemotherapy Treatments	22,205
Number of Respiratory Therapy Treatments	838,231
Number of Occupational Therapy Treatments	9,913
Number of Physical Therapy Treatments	30,046
Number of Speech Pathology Patients	2,023
Number of Gamma Ray Knife Procedures	61
Number of Gamma Ray Knife Units	1
Number of Audiology Patients	0
Number of HIV/AIDS Diagnostic Procedures	0
Number of HIV/AIDS Patients	0
Number of Ambulance Trips	0
Number of Hospice Patients	0
Number of Respite care Patients	4
Number of Ultrasound/Medical Sonography Units	4
Number of Ultrasound/Medical Sonography Procedures	5,921
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).

54

3. Robotic Surgery System

Please report the number of units, number of procedures, and type of unit(s).

# Units	# Procedures	Type of Unit(s)
3	557	Davinci Xi

Part G : Facility Workforce Information

1. Budgeted Staff

Please report the number of budgeted fulltime equivalents (FTEs) and the number of vacancies as of 12-31-2021. Also, include the number of contract or temporary staff (eg. agency nurses) filling budgeted vacancies as of 12-31-2021.

Profession	Profession	Profession	Profession
Licensed Physicians	4.00	0.00	0.00
Physician Assistants Only (not including Licensed Physicians)	3.50	0.00	0.00
Registered Nurses (RNs-Advanced Practice*)	405.50	71.00	60.00
Licensed Practical Nurses (LPNs)	33.00	2.00	2.00
Pharmacists	19.30	1.00	0.00
Other Health Services Professionals*	498.00	34.00	3.00
Administration and Support	580.00	45.00	0.00
All Other Hospital Personnel (not included above)	0.00	0.00	0.00

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 Needed to Fill Vacancies
Physician's Assistants	61-90 Days
Registered Nurses (RNs-Advance Practice)	More than 90 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)	31-60 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	16
Black/African American	7
Hispanic/Latino	5
Pacific Islander/Hawaiian	0
White	94
Multi-Racial	0

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 Plan 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	6	<input checked="" type="checkbox"/>	6	6
General Internal Medicine	23	<input checked="" type="checkbox"/>	23	23
Pediatricians	7	<input type="checkbox"/>	7	7
Other Medical Specialties	30	<input checked="" type="checkbox"/>	30	30

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	6	<input type="checkbox"/>	6	6
Non-OB Physicians Providing OB Services	0	<input type="checkbox"/>	0	0
Gynecology	6	<input type="checkbox"/>	6	6
Ophthalmology Surgery	0	<input type="checkbox"/>	0	0
Orthopedic Surgery	4	<input type="checkbox"/>	4	4
Plastic Surgery	0	<input type="checkbox"/>	0	0
General Surgery	7	<input type="checkbox"/>	7	7
Thoracic Surgery	7	<input type="checkbox"/>	7	7
Other Surgical Specialties	8	<input type="checkbox"/>	8	8

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	0	<input type="checkbox"/>	0	0
Dermatology	0	<input type="checkbox"/>	0	0
Emergency Medicine	0	<input type="checkbox"/>	0	0
Nuclear Medicine	9	<input type="checkbox"/>	9	9
Pathology	1	<input checked="" type="checkbox"/>	1	1
Psychiatry	1	<input checked="" type="checkbox"/>	1	1
Radiology	0	<input type="checkbox"/>	0	0
	0	<input type="checkbox"/>	0	0
	0	<input type="checkbox"/>	0	0
	0	<input type="checkbox"/>	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 surgeons) with Admitting Privileges	0
Podiatrists	2
Certified Nurse Midwives with Clinical Privileges in the Hospital	0
All Other Staff Affiliates with Clinical Privileges in the Hospital	117

5b. Name of Other Professions

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

Physician Assistants, CRNA, Anesthesia Assistants, Nurse Practitioners, RNFA

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. (Due to the large number of entries, this section has been moved to a separate PDF file.)

Part I : Patient Origin Table

1. Patient Origin

Please report the county of origin for the inpatient admissions or discharges excluding newborns (except surgical services should include outpatients only).

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

Rehab=Inpatient Rehabilitation

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

County	Inpat	Surg	OB	P18+	P13-17	P0-12	S18+	S13-17	E18+	E13-17	E0-12	LTCH	Rehab
Alabama	3	4	0	1	0	0	0	0	0	0	0	0	0
Atkinson	1	1	0	1	0	0	0	0	0	0	0	0	0
Baker	29	9	0	2	0	0	0	0	0	0	0	0	1
Ben Hill	8	2	0	0	0	0	0	0	0	0	0	0	0
Berrien	10	10	0	2	0	0	0	0	0	0	0	0	0
Bibb	0	4	0	0	0	0	0	0	0	0	0	0	0
Brantley	0	1	0	0	0	0	0	0	0	0	0	0	0
Brooks	414	243	24	20	0	0	0	0	0	0	0	0	9
Calhoun	10	4	0	1	0	0	0	0	0	0	0	0	0
Clay	1	0	0	1	0	0	0	0	0	0	0	0	0
Clinch	5	3	0	3	0	0	0	0	0	0	0	0	0
Cobb	0	1	0	0	0	0	0	0	0	0	0	0	0
Coffee	0	3	0	0	0	0	0	0	0	0	0	0	0
Colquitt	433	172	31	45	0	0	0	0	0	0	0	0	6
Cook	28	10	2	6	0	0	0	0	0	0	0	0	2
Crisp	2	0	0	1	0	0	0	0	0	0	0	0	0
Dawson	1	0	0	1	0	0	0	0	0	0	0	0	0
Decatur	704	414	14	38	0	0	0	0	0	0	0	0	16
DeKalb	0	1	0	0	0	0	0	0	0	0	0	0	0
Dougherty	57	19	0	23	0	0	0	0	0	0	0	0	0
Early	28	10	0	6	0	0	0	0	0	0	0	0	0
Echols	0	1	0	0	0	0	0	0	0	0	0	0	0
Effingham	0	1	0	0	0	0	0	0	0	0	0	0	0
Emanuel	0	1	0	0	0	0	0	0	0	0	0	0	0
Florida	142	128	3	18	0	0	0	0	0	0	0	0	6
Glynn	0	1	0	0	0	0	0	0	0	0	0	0	0
Grady	1,309	729	70	78	0	0	0	0	0	0	0	0	41

Irwin	9	3	0	4	0	0	0	0	0	0	0	0	0
Lanier	6	9	0	2	0	0	0	0	0	0	0	0	0
Laurens	0	2	0	0	0	0	0	0	0	0	0	0	0
Lee	15	4	1	2	0	0	0	0	0	0	0	0	0
Lowndes	185	96	17	44	0	0	0	0	0	0	0	0	2
Miller	39	23	1	3	0	0	0	0	0	0	0	0	0
Mitchell	942	439	67	60	0	0	0	0	0	0	0	0	16
Montgomery	0	0	0	1	0	0	0	0	0	0	0	0	0
Muscogee	0	1	0	0	0	0	0	0	0	0	0	0	0
North Carolina	0	1	0	0	0	0	0	0	0	0	0	0	0
Other Out of State	0	5	0	0	0	0	0	0	0	0	0	0	0
Peach	0	1	0	0	0	0	0	0	0	0	0	0	0
Pierce	0	2	0	0	0	0	0	0	0	0	0	0	0
Rabun	0	2	0	0	0	0	0	0	0	0	0	0	0
Randolph	1	0	0	1	0	0	0	0	0	0	0	0	0
Seminole	70	46	1	5	0	0	0	0	0	0	0	0	2
Sumter	30	0	0	26	0	0	0	0	0	0	0	0	0
Taylor	0	2	0	0	0	0	0	0	0	0	0	0	0
Terrell	5	2	0	3	0	0	0	0	0	0	0	0	0
Thomas	4,607	1,999	401	598	0	0	0	0	0	0	0	0	132
Tift	43	12	1	13	0	0	0	0	0	0	0	0	2
Turner	7	1	0	2	0	0	0	0	0	0	0	0	0
Walton	0	1	0	0	0	0	0	0	0	0	0	0	0
Ware	0	1	0	0	0	0	0	0	0	0	0	0	0
Washington	0	1	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
Worth	15	8	0	4	0	0	0	0	0	0	0	0	0
Total	9,159	4,434	633	1,015	0	0	0	0	0	0	0	0	235

Surgical Services Addendum

Part A : Surgical Services Utilization

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
General Operating	0	0	9
Cystoscopy (OR Suite)	0	0	2
Endoscopy (OR Suite)	0	3	3
	0	0	0
Total	0	3	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
General Operating	0	0	2,208	4,005
Cystoscopy	0	0	162	1,416
Endoscopy	0	1,113	809	2,417
	0	0	0	0
Total	0	1,113	3,179	7,838

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
General Operating	0	0	1,961	3,522
Cystoscopy	0	0	130	912
Endoscopy	0	1,003	668	2,082
	0	0	0	0
Total	0	1,003	2,759	6,516

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	3
Asian	8
Black/African American	1,374
Hispanic/Latino	1
Pacific Islander/Hawaiian	2
White	2,919
Multi-Racial	127
Total	4,434

2. Age Grouping

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

Age of Patient	Number of Ambulatory Patients
Ages 0-14	388
Ages 15-64	2,598
Ages 65-74	899
Ages 75-85	467
Ages 85 and Up	82
Total	4,434

3. Gender

Please report the total number of ambulatory patients by gender.

Gender	Number of Ambulatory Patients
Male	2,107
Female	2,327
Total	4,434

4. Payment Source

Please report the total number of ambulatory patients by payment source.

Primary Payment Source	Number of Patients
Medicare	1,851
Medicaid	787
Third-Party	1,516
Self-Pay	280

Perinatal Services Addendum

Part A : Obstetrical Services Utilization

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.

1. Number of Delivery Rooms: 0

2. Number of Birthing Rooms: 0
3. Number of LDR Rooms: 5
4. Number of LDRP Rooms: 0
5. Number of Cesarean Sections: 280
6. Total Live Births: 615
7. Total Births (Live and Late Fetal Deaths): 615
8. Total Deliveries (Births + Early Fetal Deaths and Induced Terminations): 687

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)	24	603	1,200	41
Specialty Care (Intermediate Neonatal Care)	4	12	60	61
Subspecialty Care (Intensive Neonatal Care)	0	0	0	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	Admissions by Mother's Race	Inpatient Days
American Indian/Alaska Native	1	2
Asian	3	12
Black/African American	250	625
Hispanic/Latino	2	4
Pacific Islander/Hawaiian	0	0
White	329	782
Multi-Racial	48	119
Total	633	1,544

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	1	1
Ages 15-44	630	1,538
Ages 45 and Up	2	5
Total	633	1,544

3. Average Charge for an Uncomplicated Delivery

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

\$9,759.00

4. Average Charge for a Premature Delivery

Please report the average hospital charge for a premature delivery.

\$15,718.00

LTCH Addendum

Part A : General Information

1a. Accreditation Check the box to the right if your Long Term Care Hospital is accredited.
If you checked the box for yes, please specify the agency that accredits your facility in the space below.

1b. Level/Status of Accreditation

Please provide your organization's level/status of accreditation.

2. Number of Licensed LTCH Beds: 0

3. Permit Effective Date:

4. Permit Designation: N/A

5. Number of CON Beds: 0

6. Number of SUS Beds: 0

7. Total Patient Days: 0

8. Total Discharges: 0

9. Total LTCH Admissions: 0

Part B : Utilization by Race, Age, 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	0	0
Hispanic/Latino	0	0
Pacific Islander/Hawaiian	0	0
White	0	0
Multi-Racial	0	0
Total	0	0

2. Age of LTCH Patient

Please provide the number of admissions and inpatient days by the following age groupings.

Age of Patient	Admissions	Inpatient Days
Ages 0-64	0	0
Ages 65-74	0	0
Ages 75-84	0	0
Ages 85 and Up	0	0
Total	0	0

3. Gender

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

Gender of Patient	Admissions	Inpatient Days
Male	0	0
Female	0	0
Total	0	0

4. 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	0	0
Third-Party	0	0
Self-Pay	0	0
Other	0	0

Psychiatric/Substance Abuse Services Addendum

Part A : Psychiatric and Substance Abuse Data by Program

1. Beds

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	40	40
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	Average Charge Per Patient Day	Check if the Program is JCAHO Accredited
General Acute Psychiatric Adults 18 and over	1,015	8,181	1,013	8,348	1,936	<input checked="" type="checkbox"/>
General Acute Psychiatric Adolescents 13-17	0	0	0	0	0	<input type="checkbox"/>
General Acute Psychiatric Children 12 and Under	0	0	0	0	0	<input type="checkbox"/>
Acute Substance Abuse Adults 18 and over	0	0	0	0	0	<input type="checkbox"/>
Acute Substance Abuse Adolescents 13-17	0	0	0	0	0	<input type="checkbox"/>
Extended Care Adults 18 and over	0	0	0	0	0	<input type="checkbox"/>
Extended Care Adolescents 13-17	0	0	0	0	0	<input type="checkbox"/>
Extended Care Adolescents 0-12	0	0	0	0	0	<input type="checkbox"/>

Part B : Psych/SA 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	2	10
Asian	1	1
Black/African American	500	4,103
Hispanic/Latino	1	3
Pacific Islander/Hawaiian	0	0
White	494	3,847
Multi-Racial	17	217
Total	1,015	8,181

2. Gender

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

Gender of Patient	Admissions	Inpatient Days
Male	555	4,494
Female	460	3,687
Total	1,015	8,181

3. Payment Source

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

Primary Payment Source	Number of Patients	Inpatient Days
Medicare	355	3,097
Medicaid	550	4,398
Third Party	92	579
Self-Pay	18	107
PeachCare	0	0

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:

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

If you checked yes, how many? 0 (FTE's)

What languages do they interpret?

2. 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

Bilingual Member of Patient's Family

Community Volunteer Interpreter

Telephone Interpreter Service

Refer Patient to Outside Agency

Other (please describe):

John D. Archbold Memorial Hospital utilizes Interpretalk telephonic interpretation as well as computer telephone integration. This service is accessible from any hospital phone or cell phone, and employees may access instructions on Archweb. Advance Directives are available in English and Spanish. Exitcare discharge instructions, including educational information about the patient's illness, care, or special needs, are available in several languages. If a patient needs additional language options, the hospital utilizes Interpretalk translation services as applicable. The hospital also has capability to communicate with sign language patients via a computer-based application on a laptop computer.

3. 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
Other	4.04	0	0	0
Unknown	1.53	0	0	0
Spanish	0.94	0	0	0

4. 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?

During new employee orientation, new hires are introduced to resources available within the health system to communicate with patients with Limited English Proficiency or who have vision, speech, or hearing impairments. New employees are assigned a Healthstream online educational course, "Cultural Competence & Diversity." Additionally, on an annual basis, all employees are to complete a mandatory Healthstream online educational course, "Cultural Competence & Diversity." This course is based on our patient populations and the culturally diverse patients staff may encounter.

5. 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?

Directional signage is currently available only in English and Braille; it would be helpful to add Spanish for patients and visitors and also have maps of the campus in Spanish. Additionally, adding functionality of on-line interpreter services to bedside charting within the electronic health record would be much more user friendly to patients and more time efficient for staff.

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

1. English 2. Braille - (Interior elevator signage) 3. Universal restroom icons 4.

7. If an uninsured 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?

John D. Archbold Memorial Emergency Department serves citizens of Thomas County and surrounding counties. We are able to refer patients to the Thomas County Health Department and Primary Care of Southwest Georgia, a Federally Qualified Health Center, for primary care services. Primary Care of Southwest Georgia provides primary care to citizens of Southwest Georgia with an emphasis on the medically uninsured and underserved, regardless of the patient's or family's ability to pay.

- Thomas County Health Department
484 Smith Avenue
Thomasville, GA 31792
229-226-4241

- Primary Care of Southwest Georgia locations:
454 Smith Avenue
Thomasville, GA 31792
229-227-5510

- 509 Wheat Avenue
Bainbridge, GA 39819
229-416-4421

- 907 North Court Street
Quitman, GA 31643
229-263-4531

Comprehensive Inpatient Physical Rehabilitation Addendum

Part A : Rehab Utilization by Race/Ethnicity, Gender, and Payment Source

1. Admissions and Days of Care by Race

Please report the number of inpatient physical rehabilitation admissions and inpatient days for the hospital by the following race and ethnicity categories.

Race/Ethnicity	Admissions	Inpatient Days
American Indian/Alaska Native	0	0
Asian	0	0
Black/African American	86	1,087
Hispanic/Latino	0	0
Pacific Islander/Hawaiian	0	0
White	147	1,686
Multi-Racial	2	27

2. Admissions and Days of care by Gender

Please report the number of inpatient physical rehabilitation admissions and inpatient days by gender.

Gender	Admissions	Inpatient Days
Male	105	1,192
Female	130	1,608

3. Admissions and Days of Care by Age Cohort

Please report the number of inpatient physical rehabilitation admissions and inpatient days by age cohort.

Gender	Admissions	Inpatient Days
0-17	0	0
18-64	66	762
65-84	129	1,560
85 Up	40	478

Part B : Referral Source

1. Referral Source

Please report the number of inpatient physical rehabilitation admissions during the report period from each of the following sources.

Referral Source	Admissions
Acute Care Hospital/General Hospital	234
Long Term Care Hospital	0
Skilled Nursing Facility	1
Traumatic Brain Injury Facility	0

	0
--	---

1. Payers

Please report the number of inpatient physical rehabilitation admissions by each of the following payer categories.

Primary Payment Source	Admissions
Medicare	193
Third Party/Commercial	32
Self Pay	10
Other	0

2. Uncompensated Indigent and Charity Care

Please report the number of inpatient physical rehabilitation patients qualifying as uncompensated indigent or charity care

10

Part D : Admissions by Diagnosis Code

1. Admissions by Diagnosis Code

Please report the number of inpatient physical rehabilitation admissions by the "CMS 13" diagnosis of the patient listed below.

Diagnosis	Admissions
1. Stroke	34
2. Brain Injury	18
3. Amputation	13
4. Spinal Cord	20
5. Fracture of the femur	39
6. Neurological disorders	76
7. Multiple Trauma	6
8. Congenital deformity	0
9. Burns	0
10. Osteoarthritis	0
11. Rheumatoid arthritis	0
12. Systemic vasculidities	0
13. Joint replacement	0
All Other	29

Electronic Signature

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

I state, certify and attest that to the best of my knowledge upon conducting due diligence to assure the accuracy and

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

Authorized Signature: Darcy Craven

Date: 3/1/2022

Title: President/CEO

Comments:



2021 Annual Hospital Questionnaire Physician List

HOSP614

Part H : Physician Name and License Number

1. Physicians on Staff

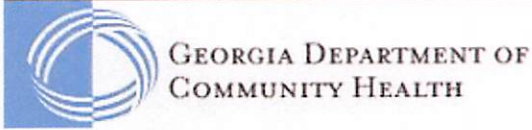
Please report the full name and license number of each physician on staff.

Full Name	License Number
A. Kenneth Fuller, M.D.	28165
Abdul Bari, M.D.	43866
Adam Marler, M.D.	82420
Aditya Kumar Bhartia, MD	79560
Albert Isaac Richardson, M.D.	55328
Alexander Vanderby, MD	86575
Allison Moore, DO	89186
Amanda D. May, M.D.	46082
Amy Elizabeth Cooper, M.D.	47071
Amy Elizabeth Geer, M.D.	45799
Ankur Jain, MD	87839
Atul Kumar, MD	51057
Austin N. Barber, M.D.	71465
Aymen Bukannan, M.D.	77096
Barbara H. McCollum, M.D.	54621
Bradley N. Walter, M.D.	47550
Brandi Warren, D.O.	61681
Brandon Richard Bergan, M.D.	72536
Brian E. Gaupp, M.D.	47594
Brian J. Szwarc, M.D.	44119
Brian K. Russell, M.D.	76453
Bridget Moore, M.D.	39418
Bridgett Thomas, M.D.	47852
Byron Clay Sizemore, M.D.	63959
Calvin J. Reams, M.D.	19585
Charles E. Hancock, M.D.	33979
Charles R. Sanders, Jr., M.D.	29087
Chisom Onuoha, M.D.	82773
Christopher L. Daniels, M.D.	71484
Cianna Pender, M.D.	76648
Claude Sanks, III, MD	68300

Cory A. Messerschmidt, M.D.	76255
Craig A. Fredericks, M.D.	32907
Craig Allen Yokley, M.D.	61540
Craig E. Wolff, M.D.	34272
Cynthia Joanne Westberry, M.D.	62089
Dale L. Wing, M.D.	68022
Daniel Matta, MD	81797
Daryl O. Crenshaw, M.D.	56036
David A. Saunders, M.D.	39226
David I. Mederos, D.O.	73031
E. Coy Irvin, M.D.	78392
Edward Lee Hall, M.D.	20724
Elving Colon, M.D.	67205
Eric Webb, MD	88137
Esther Tan, M.D.	73159
Eugene Yo-Jen Sun, M.D.	62170
Frederick Johnson, M.D.	84342
Frederick Rosenblum, MD	28641
Geoffrey S. Deutsch, M.D.	45061
Gerald N. Kadis, M.D.	20448
Geri E. Justice, M.D.	68649
Gregory K. Patterson, M.D.	45106
J. Steven Johnson, M.D.	30487
Jackson E. Hatfield, MD	76616
James M. Hunt, D.O.	67131
James S. Karas, M.D.	37248
James Wilson Falconer, III, M.D.	44213
Jason E. Griffin, M.D.	47325
Jason Mark NeSmith, M.D.	66725
Jason O. Burnette, M.D.	69097
Jeet Kapadia, MD	88731
Jennifer Lynne Sanderson-Smith, M.D.	85830
Jeremy W. Poole, D.O.	33433
Johnny Marshall Belenchia, M.D.	71207
Jose B. Morel, M.D.	66873
Jose M. Grave de Peralta, M.D.	38238
Joseph S. Novak, M.D.	46464
Josh David Simmons, M.D.	64969
Joshua S. Newton, M.D.	62578
Justin Fincher, MD	88132
Justin Lee Loy, M.D.	81773
Kash Choksi, M.D.	76320
Keerthi K. Ponugoti, M.D.	71394
Kimberly Elaine Pickens, MD	67729

Kristopher M. Palmer, D.O.	75974
Leslie Alan Goodman, M.D.	84167
Lorraine M. Williams, M.D.	69670
Marco Hallerbach, M.D.	66499
Mark Lee Catterson, M.D.	84868
Martha S. Ward, M.D.	20360
Mary K. Hanisee, M.D.	78665
Matthew Adam Graham, MD	76722
Maximillian S. Shokat, DO	60192
Melissa S. Bruhn, M.D.	43565
Michael J. Magbalon, M.D.	58984
Michael L. Gee, M.D.	31427
Morgan Lane, MD	89612
Muhammad Aliniaz Khan, M.D.	63080
Nadir Ishag Osman, M.D.	85431
Omar Abumahfouz, M.D.	80651
Oscar D. Jackson, Jr., M.D.	30793
Pallavi Luthra, MD	80837
Patrick B. Fenlon, M.D.	27373
Pranav M. Diwan, M.D.	73982
Pranav Ravi, MD	82862
Prashant Baliga, M.D.	64756
Rachel P. Anderson, D.O.	84325
Raul G. Santos, M.D.	41662
Richard W. Murphy, Jr., M.D.	49927
Robert Donald Miles, M.D.	56202
Robinson H. Stublely, III, M.D.	43492
Rudolf J. Hehn, M.D.	26302
Ryan Sanderson-Smith, M.D.	85578
Saleem Basha Sheikh, D.O.	74588
Salli Chism Lehman, M.D.	64044
Samuel Park Hughes, M.D.	85532
Sarah Bouck, MD	86294
Sarah L. Maxwell, D.O.	77056
Scott D. Farquhar, M.D.	41290
Shaun Hoenstine, MD	82417
Stacey W. Johnson, M.D.	41324
Stephanie S. Fennell, M.D.	41552
Steven Mark Brewer, M.D.	35386
Thomas Eugene Edwards, III, M.D.	67559
Timothy Byron Daniel, M.D.	59139
Timothy G. Grayson, M.D.	48050
Timothy O. Thomson, M.D.	46526
Travis Bontrager, MD	88692

W. Merrill Hicks, M.D.	38251
William Lewis Cooper, M.D.	45191
William W. Ellis, M.D.	15666



Contact Us for Survey Assistance

Health Planning Survey Instructions

Cardiac Catheterization Services Survey

Free-Standing Ambulatory Surgery Center Survey

Open Heart Surgery Services Survey

Home Health Survey

Annual Nursing Home Questionnaire

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John D. Archbold Memorial Hospital

2021 Annual Hospital Questionnaire Submission Confirmation

Thank you for submitting your 2021 Annual Hospital Questionnaire. The submission was completed on 03/01/2022.

Completed Survey

-  [2021 Annual Hospital Questionnaire](#)