

ASC Utilization Report State Form 49933 (R3/6-05) Indiana State Department of Health Acute Care

Status: Finalized

I. Center Identification

Organization Name: Street Address: 550 S Landmark Ave. Bloomington, IN 47403 City: BLOOMINGTON County: IN Administrator Name: Sheryl Yake Administrator Email: syake@iuhealth.org ASC Web Address: Fiscal Year: 2024 Accredited: • Yes O No

Name of Accrediting Body: AAAHC

Deemed Status: \bigcirc Yes \bigcirc No

Corporate Tax Status: O For Profit O Non Profit

II. Identification of Surgical Resources

Number of operating rooms	1	
Number of procedure rooms	2	

III. Utilization Statistics

A. Total Patients and Procedures				
Time Period	Number of Patients	Number of Procedures		
Persons Served in twelve-month period	th period 6433			
B. Ten Most Frequent Surgical Procedures Perfo	ormed			
CPT Code		Total Procedures		
45385		2753		
45378		1762		
43239		939		
45380		817		
43235		570		
43249		156		
43251		63		

45381	60
45330	32
45390	24

IV. Outcomes from Surgical Procedures

Number of patients with a Post-Surgical wound infection within 30 days following	0
a surgical encounter.	