



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

Status: Finalized

I. Center Identification

Organization Name: METRO SPECIALTY SURGERY CENTER

Street Address: 200 Missouri Ave Ste A

City: Jeffersonville

County:

Administrator Name: Katie Arnold RN

Administrator Email: karnold@metrospecialty.com

ASC Web Address:

Fiscal Year: 2016

Accredited: Yes No

Name of Accrediting Body: Joint Commission

Deemed Status: Yes No

Corporate Tax Status: For Profit Non Profit

II. Identification of Surgical Resources

Number of operating rooms	2
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	2862	8700
B. Ten Most Frequent Surgical Procedures Performed		
CPT Code	Total Procedures	
26442	113	
29826	162	
29827	195	
29881	255	
64721	107	
30140	121	
69436	116	

62310	110
64483	135
64490	122

IV. Outcomes from Surgical Procedures

Number of patients with a Post-Surgical wound infection within 30 days following a surgical encounter.	1
--	---