

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

Status: Finalized

## I. Center Identification

Organization Name: BLOOMINGTON SURGERY CENTER Street Address: 1011 West Second Street City: Bloomington County: Monroe Administrator Name: Laura Townsend Administrator Email: I.townsend@theeyecenter.org ASC Web Address: www.theeyecenter.org Fiscal Year: 2018

Accredited: • Yes • No

Name of Accrediting Body: AAAHC

Deemed Status: OYes No

Corporate Tax Status: • For Profit • Non Profit

## II. Identification of Surgical Resources

Number of operating rooms	2
Number of procedure rooms	1

## **III.** Utilization Statistics

Time Period	Number of Patients	Number of Procedures
Persons Served in twelve-month period	2961	5293
B. Ten Most Frequent Surgical Procedures Perfo	ormed	
CPT Code		Total Procedures
66984		3658
66821		979
66984		134
66761		108
67228		75
67145		69
0191		57

67904	54
15823	33
0474	31

## IV. Outcomes from Surgical Procedures

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