

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: 2425 NorthPark Dr., Ste 20 City: Columbus County: Bartholomew Administrator Name: Administrator Email: nturner@columbusspecialty.com ASC Web Address: Fiscal Year: 2018 Accredited: • Yes • No

Name of Accrediting Body: AAAHC

Deemed Status: OYes ONo

Corporate Tax Status: • For Profit • Non Profit

II. Identification of Surgical Resources

Number of operating rooms	2
Number of procedure rooms	0

III. Utilization Statistics

Time Period	Number of Patients	Number of Procedures
Persons Served in twelve-month period	2187	7797
B. Ten Most Frequent Surgical Procedures Perfo	ormed	
CPT Code		Total Procedures
30140		617
69436		499
31267		296
31287		235
31253		232
76942		186
42820		171

30520	166
31000	132
64415	124

IV. Outcomes from Surgical Procedures

Number of patients with a Post-Surgical wound infection within 30 days following	5
a surgical encounter.	