

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

Status: Finalized

## I. Center Identification

Organization Name: INDIANA SURGERY CENTER - HOWARD COMMUNITY HOSPITAL Street Address: 3503 S Reed Rd City: Kokomo County: Howard Administrator Name: Sheryl Gosnell Administrator Email: sgosnell@ecommunity.com ASC Web Address: 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	4
Number of procedure rooms	1

## **III.** Utilization Statistics

Time Period	Number of Patients	Number of Procedures
Persons Served in twelve-month period	5676	7526
B. Ten Most Frequent Surgical Procedures Perf	ormed	
CPT Code		Total Procedures
43239		1025
45380		915
45385		664
66984		557
43235		263
43450		232

45384	212
47562	207
69436	205

## IV. Outcomes from Surgical Procedures

Number of patients with a Post-Surgical wound infection within 30 days following	4
a surgical encounter.	