

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: 1380 West Arch Haven Ave. City: Bloomington County: Monroe Administrator Name: Amy Foster Administrator Email: afoster@uspi.com ASC Web Address: indianaspecialty.com Fiscal Year: 2018

Accredited: • Yes • No

Name of Accrediting Body: AAAHC

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

Time Period	Number of Patients	Number of Procedures
Persons Served in twelve-month period	4022	7361
B. Ten Most Frequent Surgical Procedures Perfe	ormed	
CPT Code		Total Procedures
64483		1099
66984		550
64493		455
64484		447
26055		202
62321		183
64721		168

64490	131
27096	101
29826	95

## IV. Outcomes from Surgical Procedures

Number of patients with a Post-Surgical wound infection within 30 days following	2
a surgical encounter.	