

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

Status: Finalized

## I. Center Identification

Organization Name: SUTH EMERSON SURGERY CENTER Street Address: 8141 S. Emerson Ave, Suite A City: Indianapolis County: IN Administrator Name: Kim Foote Administrator Email: sportsdoc46237@aol.com ASC Web Address: Fiscal Year: 2018 Accredited: • Yes • No

Name of Accrediting Body:

Deemed Status: OYes ONo

Corporate Tax Status: • For Profit • Non Profit

## II. Identification of Surgical Resources

Number of operating rooms	3
Number of procedure rooms	1

## **III.** Utilization Statistics

Time Period	Number of Patients	Number of Procedures
Persons Served in twelve-month period	812	812
B. Ten Most Frequent Surgical Procedures Perfe	ormed	
CPT Code		Total Procedures
64721		62
23420		54
23120		22
28120		39
29876		96
52321		218
29880		158

27641	21
29807	29
29823	64

## IV. Outcomes from Surgical Procedures

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