

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: 302 W. 14th Street, Ste 100B City: Jeffersonville County: Clark Administrator Name: Clara Kiefer Administrator Email: ckiefer@have2020.com ASC Web Address: have2020.com 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	2

III. Utilization Statistics

Time Period	Number of Patients	Number of Procedures	
Persons Served in twelve-month period	3728	6867	
B. Ten Most Frequent Surgical Procedures Perfe	ormed		
CPT Code		Total Procedures	
66984			
66821		1342	
6982		161	
66711		109	
67040		90	
67042		57	
67108		34	

65756	32
67113	27
65855	25

IV. Outcomes from Surgical Procedures

Number of patients with a Post-Surgical wound infection within 30 days following	1
a surgical encounter.	