



## ASC Utilization Report

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

### I. Center Identification

*Organization Name:* SYCAMORE SPRINGS SURGERY CENTER, LLC

*Street Address:* 4715 Statesmen Dr. Ste A

*City:* Indianapolis

*County:* Marion

*ASC Web Address:*

*Fiscal Year:* 2010

*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	1

### III. Utilization Statistics

A. Total Patients and Procedures		
Time Period	Number of Patients	Number of Procedures
Persons Served in twelve-month period	883	3483
B. Ten Most Frequent Surgical Procedures Performed		
CPT Code	Total Procedures	
71023	244	
L8699	156	
28285	147	
28296	85	
64483	83	
99144	83	
28308	79	

64484	79
28899	78
11750	74

#### **IV. Outcomes from Surgical Procedures**

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