



## 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:* 2011

*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	1138	4317
B. Ten Most Frequent Surgical Procedures Performed		
CPT Code	Total Procedures	
71023	245	
28285	178	
64483	132	
64493	125	
64484	123	
64494	113	
64623	110	

99144	104
28296	101
77003	98

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

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