



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

Status: Finalized

I. Center Identification

Organization Name: SULLIVAN SURGICENTER, LLC

Street Address: 320 North Section St

City: Sullivan

County: Sullivan

Administrator Name: Melanie or Dr C Lim

Administrator Email: timelm@yahoo.com

ASC Web Address:

Fiscal Year: 2013

Accredited: Yes No

Name of Accrediting Body: AAAASF

Deemed Status: Yes No

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

A. Total Patients and Procedures		
Time Period	Number of Patients	Number of Procedures
Persons Served in twelve-month period	449	823
B. Ten Most Frequent Surgical Procedures Performed		
CPT Code	Total Procedures	
11401	181	

11421	121
11441	102
G8907	75
G8918	71
11404	46
11406	31
11621	22
11626	18
11422	13

IV. Outcomes from Surgical Procedures

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

