



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

Status: Finalized

I. Center Identification

Organization Name: SAINT CHARLES SURGICAL PAVILION

Street Address: 1900 Saint Charles Street

City: Jasper

County: IN

Administrator Name: Dana Balbach, RN

Administrator Email: dbalbach@norrisblessinger.com

ASC Web Address:

Fiscal Year: 2024

Accredited: Yes No

Name of Accrediting Body: American Association for Accreditation of Ambulatory

Deemed Status: Yes No

Corporate Tax Status: For Profit Non Profit

II. Identification of Surgical Resources

Number of operating rooms	1
Number of procedure rooms	0

III. Utilization Statistics

A. Total Patients and Procedures		
Time Period	Number of Patients	Number of Procedures
Persons Served in twelve-month period	899	1297
B. Ten Most Frequent Surgical Procedures Performed		
CPT Code	Total Procedures	
62323	203	
64721	76	
G0260/27096	67	
27093	62	
64483	60	
63650	46	
63030	37	

26055	32
64718	27
27130	26

IV. Outcomes from Surgical Procedures

Number of patients with a Post-Surgical wound infection within 30 days following a surgical encounter.	3
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