

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

Status: Finalized

I. Center Identification	
Organization Name: COLUM	BUS SURGERY CENTER LLC
Street Address:	940 North Marr Road Suite B
City:	Columbus
County:	Bartholomew
Administrator Name:	Marcy Ross, RN
Administrator Email:	mross3@crh.org
ASC Web Address:	
Fiscal Year:	2013
Accredited:	●Yes ○No
Name of Accrediting Body:	АААНС
Deemed Status:	$\bigcirc$ Yes $\bigcirc$ 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

Time Period	Number of Patients	Number of Procedures
Persons Served in twelve-month period	499	553
B. Ten Most Frequent Surgical Procedures Performed CPT Code		Total Procedures

45378	48
62311	41
45385	31
43239	30
69436	26
31000	20
29881	19
26055	18
28285	14

IV. Outcomes from Surgical Procedures

Number of patients with a Post-Surgical wound infection within 30 days following	0
a surgical encounter.	

Comments

< >