

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

Status: Finalized

I. Center Identification	
Organization Name:	RY CENTER PLUS
Street Address:	7430 N. Shadeland Ave.
City:	Indianapolis
County:	Hancock
Administrator Name:	Deanna M. McAllister
Administrator Email:	deanna.mcallister@covenantsp.com
ASC Web Address:	
Fiscal Year:	2013
Accredited:	●Yes ○No
Name of Accrediting Body:	АААНС
Deemed Status:	● Yes ○ No

Corporate Tax Status: \bigcirc For Profit \bigcirc Non Profit

II. Identification of Surgical Resources

Number of operating rooms	3
Number of procedure rooms	1

III. Utilization Statistics

Time Period	Number of Patients	Number of Procedures
Persons Served in twelve-month period	2777	4127
B. Ten Most Frequent Surgical Procedures Performed CPT Code		Total Procedures

45380	426
45385	314
g0121	282
g0105	212
91122	202
76872	96
91120	79
46040	64
45383	52

IV. Outcomes from Surgical Procedures

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

Comments

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