

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

Status: Finalized

I. Center Identification

Organization Name: SURGERY CENTER OF CARMEL		
Street Address:	12188A n. Meridian St Ste 150	
City:	Carmel	
County:	Hamilton	
Administrator Name:	Maureen Chernoff	
Administrator Email:	mchernoff@scillc.md	
ASC Web Address:	Thesurgerycenterofcarmel-indy.com	
Fiscal Year:	2013	
Accredited:	●Yes ○No	

Name of Accrediting Body: AAAHC

Deemed Status:  $\bigcirc$  Yes  $\odot$  No

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

## II. Identification of Surgical Resources

Number of operating rooms	5
Number of procedure rooms	

## **III.** Utilization Statistics

Time Period	Number of Patients	Number of Procedures
Persons Served in twelve-month period	5290	10083
B. Ten Most Frequent Surgical Procedures Performed CPT Code		Total Procedures

19325	791
45830	547
69436	494
G8907	422
58340	301
G8916	262
19316	237
15879	226
30520	193

IV. Outcomes from Surgical Procedures

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

Comments

< >