

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

Status: Finalized

Organization Name: SAINT CHARLES SURGICAL PAVILION			
Street Address:	1900 St. Charles Street		
City:	Jasper		

I Center Identification

County: Dubois

Administrator Name: Caroline Roth

Administrator Email: administrator@norrislove.com

ASC Web Address:

Fiscal Year: 2014

Accredited:	• Yes	$\bigcirc$ No
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Name of Accrediting Body: The Joint Commission

Deemed Status: OYes 
No

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

## II. Identification of Surgical Resources

Number of operating rooms	1
Number of procedure rooms	0

## **III.** Utilization Statistics

Time Period	Number of Patients	Number of Procedures
Persons Served in twelve-month period	1627	2104
B. Ten Most Frequent Surgical		
Procedures Performed CPT Code		Total Procedures

64483	173
27095	149
G0260	107
29881	102
64721	94
23120	85
23420	70
26255	55
27446	51

## IV. Outcomes from Surgical Procedures

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