



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

Status: Finalized

I. Center Identification

Organization Name: SURGICAL CENTER OF NEW ALBANY

Street Address: 2201 GREEN VALLEY RD

City: NEW ALBANY

County: FLOYD

Administrator Name: MARIANNE WILL

Administrator Email: MARIANNE.WILL@SURGERYPARTNERS.COM

ASC Web Address:

Fiscal Year: 2014

Accredited: Yes No

Name of Accrediting Body: AAAHC

Deemed Status: Yes No

Corporate Tax Status: For Profit Non Profit

II. Identification of Surgical Resources

Number of operating rooms	2
Number of procedure rooms	2

III. Utilization Statistics

A. Total Patients and Procedures		
Time Period	Number of Patients	Number of Procedures
Persons Served in twelve-month period	1070	2849
B. Ten Most Frequent Surgical Procedures Performed		
CPT Code	Total Procedures	
43239	137	

45380	115
69436	106
41899	85
64483	70
62311	41
30930	38
20680	26
64490	20
29826	20

IV. Outcomes from Surgical Procedures

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