

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

Status: Finalized

I. Center Identification

Organization Name: Street Address: 1011 West Second Street City: Bloomington County: Monroe Administrator Name: Laura Townsend Administrator Email: I.townsend@theeyecenter.org ASC Web Address: www.theeyecenter.org Fiscal Year: 2017

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	1

III. Utilization Statistics

Time Period	Number of Patients	Number of Procedures
Persons Served in twelve-month period	2860	4815
B. Ten Most Frequent Surgical Procedures Perfo	ormed	
CPT Code		Total Procedures
66984		3280
66821		1006
66982		129
66761		98
67228		94
67145		40
0191		39

15823	36
S0800	32
67904	27

IV. Outcomes from Surgical Procedures

Number of patients with a Post-Surgical wound infection within 30 days following	1
a surgical encounter.	