

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: 1 Memorial Square, Suite 1000 City: Greenfield County: Hancock Administrator Name: Lizabeth Day Administrator Email: Iday@hancockregional.org ASC Web Address: HancockSurgeryCenter.com 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	4
Number of procedure rooms	0

III. Utilization Statistics

Time Period	Number of Patients	Number of Procedures
Persons Served in twelve-month period	4135	4203
B. Ten Most Frequent Surgical Procedures Perfo	ormed	
CPT Code		Total Procedures
45385		571
43239		404
45378		288
45380		282
69436		169
62323		121
64493		118

64483	113
42820	100
47562	93

IV. Outcomes from Surgical Procedures

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