

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: 1380 West Arch Haven Ave. City: Bloomington County: Monroe Administrator Name: Amy Foster Administrator Email: afoster@uspi.com ASC Web Address: www.indianaspecialty.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	2
Number of procedure rooms	2

III. Utilization Statistics

Time Period	Number of Patients	Number of Procedures
Persons Served in twelve-month period	11,553	4035
B. Ten Most Frequent Surgical Procedures Perfo	ormed	
CPT Code		Total Procedures
64483		983
66984		572
64493		470
64484		430
64721		255
26055		195
62321		165

64490	144
29826	142
29824	125

IV. Outcomes from Surgical Procedures

Number of patients with a Post-Surgical wound infection within 30 days following	5
a surgical encounter.	