

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: 8260 Naab Road City: Indianapolis County: Marion Administrator Name: Administrator Email: jkeller@nrscllc.com ASC Web Address: Fiscal Year: 2017 Accredited: • Yes • No

Name of Accrediting Body: AAAHC

Deemed Status: O Yes O No

Corporate Tax Status: 
For Profit 
Non Profit

## II. Identification of Surgical Resources

Number of operating rooms	6
Number of procedure rooms	1

## **III.** Utilization Statistics

Time Period	Number of Patients	Number of Procedures
Persons Served in twelve-month period	7567 9719	
B. Ten Most Frequent Surgical Procedures Perfe	ormed	
CPT Code		Total Procedures
66984		766
64483		495
50590		281
55700		247
52332		241
47563		182
62323		176

64493	172
52356	163
63650	157

## IV. Outcomes from Surgical Procedures

Number of patients with a Post-Surgical wound infection within 30 days following	4
a surgical encounter.	