

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: 3135 Middle Rd. City: Columbus, Indiana County: Bartholomew Administrator Name: Larry Gardner Administrator Email: lgardner@pankratzeye.com ASC Web Address: www.pankratzeye.org Fiscal Year: 2017

Accredited: OYes ONO

Name of Accrediting Body:

Deemed Status: OYes 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	2181	2192
B. Ten Most Frequent Surgical Procedures Perfe	ormed	
CPT Code		Total Procedures
66984		1235
66821		310
65855		152
67228		131
66982		130
67145		61
66761		59

11440	13
67904	13
67840	10

## IV. Outcomes from Surgical Procedures

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