

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

Status: Finalized

## I. Center Identification

Organization Name: SAGAMORE SURGICAL SERVICES,INC Street Address: 2320 CONCORD ROAD, STE B City: LAFAYETTE County: TIPPECANOE Administrator Name: PATRICK R. O'NEIL Administrator Email: DOLLIEA@SAGSURGCTR.COM ASC Web Address: WWW.SAGAMORESURGERY.COM Fiscal Year: 2017

Accredited: • Yes • No

Name of Accrediting Body: AAAHC

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	1

## **III.** Utilization Statistics

Time Period	Number of Patients	Number of Procedures
Persons Served in twelve-month period	750	1792
B. Ten Most Frequent Surgical Procedures Perfo	ormed	
CPT Code		Total Procedures
69436		204
30140		125
30520	0	
31267		109
31255		103
31276		93
42820		67

42821	56
41899	48
31240	30

## IV. Outcomes from Surgical Procedures

Number of patients with a Post-Surgical wound infection within 30 days following	0
a surgical encounter.	