

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: 455 E Hospital Lane City: Terre Haute County: Indiana Administrator Name: Patty Stephens Administrator Email: pstephens@thheart.com ASC Web Address: Fiscal Year: 2017 Accredited: • Yes • No

Name of Accrediting Body:

Deemed Status: OYes ONo

Corporate Tax Status: • For Profit • Non Profit

## II. Identification of Surgical Resources

Number of operating rooms	
Number of procedure rooms	1

## **III.** Utilization Statistics

Time Period	Number of Patients	Number of Procedures
Persons Served in twelve-month period	102	101
B. Ten Most Frequent Surgical Procedures Perfe	ormed	
CPT Code		Total Procedures
93452		72
95455		5
36246		10
92921		4
C9600		4
36221		3
36247		4

36221	3
36246	10

## IV. Outcomes from Surgical Procedures

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