

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

Status: Finalized

I. Center Identification

Organization Name: VISION SURGICAL CENTER AT SPRINGHILL Street Address: 302 W 14th St Ste 100B City: Jeffersonville County: IN Administrator Name: Clara Kiefer Administrator Email: ckiefer@have2020.com ASC Web Address: have2020.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	3864	7126	
B. Ten Most Frequent Surgical Procedures Perfo	ormed		
CPT Code		Total Procedures	
66984			
66821		1567	
66982	207		
66711		148	
67040		97	
67042		64	
67028		37	

66761	34
67113	34
67108	33

IV. Outcomes from Surgical Procedures

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