

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

Status: Finalized

## I. Center Identification

Organization Name: BLOOM	INGTON SURGERY CENTER
Street Address:	1011 West Second Street
City:	Bloomington
County:	Monroe
Administrator Name:	Laura Townsend, RN
Administrator Email:	l.townsend@theeyecenter.org
ASC Web Address:	www.theeyecenter.org
Fiscal Year:	2020
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Accredited:  $\bigcirc$  Yes  $\bigcirc$  No

Name of Accrediting Body: AAAHC

Deemed Status: OYes ONo

Corporate Tax Status: O For Profit O 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	2481	4406
B. Ten Most Frequent Surgical Procedures Perfo	ormed	
CPT Code		Total Procedures
66984		2944
66821		922
66982		97
66761		95
67228		63
67904		46
15823		40

67145	29
67924	16
66840	15

## IV. Outcomes from Surgical Procedures

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