

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: 1215 Hadley Rd City: Mooresville County: Morgan Administrator Name: Elaine Kroll Administrator Email: elaine.kroll@franciscanalliance.org ASC Web Address: Fiscal Year: 2020 Accredited: • Yes ONo Name of Accrediting Body: HFAP

Deemed Status:  $\bigcirc$  Yes  $\bigcirc$  No

Corporate Tax Status: • For Profit ONon 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	3088	3088 5146	
B. Ten Most Frequent Surgical Procedures Perfe	ormed		
CPT Code		Total Procedures	
64494		415	
64493		391	
54483		306	
45385		255	
62323		227	
45378		170	

64484	152
64636	130
20610	99

## IV. Outcomes from Surgical Procedures

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