



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

Status: Finalized

I. Center Identification

Organization Name: SURGICAL CENTER OF NEW ALBANY

Street Address: 2201 Green Valley Rd

City: New Albany

County: Floyd

Administrator Name: Elaina Turner

Administrator Email: elaina@scna.us

ASC Web Address:

Fiscal Year: 2021

Accredited:  Yes  No

Name of Accrediting Body:

Deemed Status:  Yes  No

Corporate Tax Status:  For Profit  Non Profit

II. Identification of Surgical Resources

Number of operating rooms	4
Number of procedure rooms	0

III. Utilization Statistics

A. Total Patients and Procedures		
Time Period	Number of Patients	Number of Procedures

Persons Served in twelve-month period	1063	2293
<b>B. Ten Most Frequent Surgical Procedures Performed</b>		
<b>CPT Code</b>	<b>Total Procedures</b>	
62323	245	
64493	204	
64635	163	
20610	122	
64490	97	
27096	74	
64483	71	
63650	62	
62321	57	
64633	38	

#### IV. Outcomes from Surgical Procedures

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