

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

Status: Finalized

## I. Center Identification

Organization Name: SURGIC	AL CENTER OF NEW ALBANY
Street Address:	2201 Green Valley Rd
City:	New Albany
County:	Indiana
Administrator Name:	Marianne Will
Administrator Email:	marianne.will@scna.us
ASC Web Address:	2201 Green Valley Rd
Fiscal Year:	2020
Accredited:	⊖Yes <sup>●</sup> No

Name of Accrediting Body:

Deemed Status:	$\bigcirc$ Yes	No
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Corporate Tax Status: O For Profit O 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	265	557
B. Ten Most Frequent Surgical Procedures Perfo	ormed	
CPT Code		Total Procedures
64493		164
62323		80
64490		60
20610		54
64635		47
62321		25
64483		17

64633	12
27096	12
20605	11

## IV. Outcomes from Surgical Procedures

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