



ASC Utilization Report

State Form 49933 (R3/6-05)

Indiana State Department of Health
Acute Care

I. Center Identification

Organization Name: SURGICAL CENTER OF NEW ALBANY

Street Address: 2201 Green Valley RD

City: New Albany

County: Floyd

ASC Web Address:

Fiscal Year: 2011

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

| A. Total Patients and Procedures | | |
|--|--------------------|----------------------|
| Time Period | Number of Patients | Number of Procedures |
| Persons Served in twelve-month period | 2079 | 4239 |
| B. Ten Most Frequent Surgical Procedures Performed | | |
| CPT Code | Total Procedures | |
| 43239 | 382 | |
| 45380 | 340 | |
| L8699 | 318 | |
| 69436 | 302 | |
| 43249 | 114 | |
| 62311 | 108 | |
| 64627 | 86 | |

| | |
|-------|----|
| 64483 | 61 |
| 42820 | 53 |
| 64623 | 30 |

IV. Outcomes from Surgical Procedures

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