



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

Status: Finalized

I. Center Identification

Organization Name: ADVANCED REGIONAL SURGERY CENTER

Street Address: 360 Missouri Ave

City: Jeffersonville

County: Clark

Administrator Name: Chris Murphy

Administrator Email: cmurphy@advancedregionalsc.com

ASC Web Address:

Fiscal Year: 2015

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 | 1 |

III. Utilization Statistics

| A. Total Patients and Procedures | | |
|--|--------------------|----------------------|
| Time Period | Number of Patients | Number of Procedures |
| Persons Served in twelve-month period | 4350 | 11792 |
| B. Ten Most Frequent Surgical Procedures Performed | | |
| CPT Code | Total Procedures | |
| 69436 | 1084 | |
| 62311 | 1065 | |
| 64493 | 765 | |
| 64494 | 738 | |

| | |
|-------|-----|
| 30140 | 323 |
| 27096 | 313 |
| 62310 | 295 |
| 31255 | 276 |
| 31276 | 205 |
| 30520 | 188 |

IV. Outcomes from Surgical Procedures

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