



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

Status: Finalized

I. Center Identification

Organization Name: HANCOCK SURGERY CENTER

Street Address: 1 Memorial Square, Suite 1000

City: Greenfield

County: Hancock

Administrator Name: Lizabeth Day

Administrator Email: lday2@ecomunity.com

ASC Web Address: HancockSurgeryCenter.com

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 | 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 | 4009 | 4045 |
| B. Ten Most Frequent Surgical Procedures Performed | | |
| CPT Code | Total Procedures | |
| 45385 | 521 | |
| 43239 | 326 | |
| 45378 | 319 | |
| 45380 | 181 | |

| | |
|-------|-----|
| 62311 | 109 |
| 64483 | 106 |
| 64493 | 104 |
| 64721 | 81 |
| 30140 | 79 |
| 26055 | 74 |

IV. Outcomes from Surgical Procedures

| | |
|--|---|
| Number of patients with a Post-Surgical wound infection within 30 days following a surgical encounter. | 2 |
|--|---|