



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: Marianne Will

Administrator Email: Marianne.will@surgerypartners.com

ASC Web Address:

Fiscal Year: 2016

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 | 3358 | 5371 |
| B. Ten Most Frequent Surgical Procedures Performed | | |
| CPT Code | Total Procedures | |
| 64493 | 1031 | |
| 64494 | 814 | |
| 64495 | 696 | |
| 66984 | 575 | |
| G0260 | 522 | |
| 64483 | 468 | |
| 62311 | 464 | |

| | |
|-------|-----|
| 64635 | 322 |
| 62310 | 241 |
| 64490 | 238 |

IV. Outcomes from Surgical Procedures

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