



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

Status: Finalized

I. Center Identification

Organization Name: VISION SURGICAL CENTER AT SPRINGHILL

Street Address: 302 W. 14th Street, Suite 100B

City: Jeffersonville

County: Indiana

Administrator Name: Clara Kiefer

Administrator Email: ckiefer@have2020.com

ASC Web Address: 302 W. 14th Street

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 | 3588 | 6524 |
| B. Ten Most Frequent Surgical Procedures Performed | | |
| CPT Code | Total Procedures | |
| 66984 | 4375 | |
| 66821 | 1314 | |
| 66711 | 204 | |
| 66982 | 184 | |
| 67040 | 84 | |
| 67042 | 72 | |
| 67041 | 31 | |

| | |
|-------|----|
| 65855 | 30 |
| 67113 | 28 |
| 67108 | 27 |

IV. Outcomes from Surgical Procedures

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