ASC Utilization Report

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

I. Center Identification

Organization Name: SULLIVAN SURGICENTER, LLC
Street Address: 320 N Section St
City: Sullivan
County: Sullivan
ASC Web Address:
Fiscal Year: 2011

Accredited: ○ Yes ◉ No
Name of Accrediting Body:
Deemed Status: ◉ Yes ○ No
Corporate Tax Status: ◉ For Profit ○ Non Profit

II. Identification of Surgical Resources

Number of operating rooms	3
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	542	787

B. Ten Most Frequent Surgical Procedures Performed

CPT Code	Total Procedures
11401	189
11421	157
11441	123
11404	55
11422	29
11424	21
11403	20

11402	16
11641	16
11406	16

IV. Outcomes from Surgical Procedures

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