



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

Status: Finalized

I. Center Identification

Organization Name: DIGESTIVE HEALTH CENTER

Street Address: 1120 AAA Way

City: Carmel

County: IN

Administrator Name: Trish Robbins, RN, BSN

Administrator Email: trobbins@stoutdigestivecenter.com

ASC Web Address: 1120 AAA Way

Fiscal Year: 2022

Accredited: Yes No

Name of Accrediting Body: Joint Commission

Deemed Status: Yes No

Corporate Tax Status: For Profit Non Profit

II. Identification of Surgical Resources

| | |
|---------------------------|-----|
| Number of operating rooms | N/A |
| 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 | 1166 | 1274 |
| B. Ten Most Frequent Surgical Procedures Performed | | |
| CPT Code | Total Procedures | |
| 45378 | 400 | |
| 45385 | 319 | |
| 43239 | 267 | |
| 43248 | 194 | |
| 45380 | 88 | |
| 43235 | 5 | |
| 43251 | 1 | |

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IV. Outcomes from Surgical Procedures

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