



## ASC Utilization Report

State Form 49933 (R3/6-05)

Indiana State Department of Health  
Acute Care

### I. Center Identification

*Organization Name:* SOUTHERN INDIANA ENDOSCOPY, LLC

*Street Address:* 825 University Woods Drive

*City:* New Albany

*County:* Floyd

*ASC Web Address:* gsi-sie.com

*Fiscal Year:* 2010

*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	1
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	6061	7467
B. Ten Most Frequent Surgical Procedures Performed		
CPT Code	Total Procedures	
45378	1608	
45385	1568	
45380	1143	
43239	1048	
43235	1009	
43450	515	
43249	228	

43248	79
45382	65
43245	31

#### **IV. Outcomes from Surgical Procedures**

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