

Status: Finalized

I. Center Identification

Organization Name: IU HEALTH EAST WASHINGTON ST AMBULATORY SURG

Street Address: 9660 E. Washington St. STE 200

City: Indianapolis, IN 46229

County: Marion

Administrator Name: Elizabeth DeAnn Gulley Administrator Email: egulley@iuhealth.org

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 | 4 | |
|---------------------------|---|--|
| 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 | 740 | 857 | | | |
| B. Ten Most Frequent Surgical Procedures Performed | | | | | |
| CPT Code | | Total Procedures | | | |
| 45380 | | 57 | | | |
| 64635 | | 57 | | | |
| 45385 | | 46 | | | |
| 64483 | | 38 | | | |
| G0121 | | 38 | | | |
| 43239 | | 35 | | | |
| 64493 | | 33 | | | |

| 45378 | 24 |
|-------|----|
| G0105 | 22 |
| 63685 | 18 |

IV. Outcomes from Surgical Procedures

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