

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

Status: Finalized

I. Center Identification

Organization Name: Street Address: 6850 Parkdale Place City: INDIANAPOLIS County: Marion Administrator Name: Elizabeth D Gulley Administrator Email: egulley@IUHEALTH.ORG ASC Web Address: https://iuhealth.org/find-locations/iu-health-eagle-hig Fiscal Year: 2023

Accredited: \bigcirc Yes \bigcirc No

Name of Accrediting Body: AAAHC

Deemed Status: \bigcirc Yes \bigcirc No

Corporate Tax Status: • For Profit O Non Profit

II. Identification of Surgical Resources

| Number of operating rooms | 4 |
|---------------------------|---|
| 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 | 4441 | 5323 | | |
| B. Ten Most Frequent Surgical Procedures Perfo | ormed | | | |
| CPT Code | | Total Procedures | | |
| 5984 | | 535 | | |
| 45380 | | | | |
| 378 | | 384 | | |
| 62323 | | 273 | | |
| 64483 | | 182 | | |
| 62321 | | 121 | | |
| 66982 | | 104 | | |

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| 45385 | 96 |
|-------|----|
| 28750 | 80 |
| 64493 | 76 |

IV. Outcomes from Surgical Procedures

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