

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

Status: Finalized

I. Center Identification

Organization Name: INDIAN	A SURGERY CENTER - EAST
Street Address:	5445 E. 16th Street
City:	Indianapolis
County:	Marion
Administrator Name:	Lori Walton
Administrator Email:	lwalton@ecommunity.com
ASC Web Address:	www.ecommunity.com
Fiscal Year:	2013
Accredited:	●Yes ○No

Name of Accrediting Body: AAAHC

Deemed Status:  $\bigcirc$  Yes  $\bigcirc$  No

Corporate Tax Status:  $\bigcirc$  For Profit  $\bigcirc$  Non Profit

## II. Identification of Surgical Resources

Number of operating rooms	7
Number of procedure rooms	2

## **III.** Utilization Statistics

Number of Patients	Number of Procedures
7837	7837
	Total Procedures

62311	574
G0260	345
50590	321
64483	270
47562	237
64493	199
29881	170
62310	166
64721	161

IV. Outcomes from Surgical Procedures

Number of patients with a Post-Surgical wound infection within 30 days following	12
a surgical encounter.	

Comments

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