



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

Status: Finalized

I. Center Identification

Organization Name: GLEN LEHMAN ENDOSCOPY SUITE
Street Address: 550 N University Boulevard Suite 4100
City: Indianapolis
County: Marion
Administrator Name: Sharon Niese
Administrator Email: sniese@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	0
Number of procedure rooms	9

III. Utilization Statistics

A. Total Patients and Procedures		
Time Period	Number of Patients	Number of Procedures
Persons Served in twelve-month period	7558	11356
B. Ten Most Frequent Surgical Procedures Performed		
CPT Code	Total Procedures	
45385	1330	
43239	1047	
45380	861	
43259	641	
43235	629	
45378	449	
43242	421	

43270	266
43248	254
40121	200

IV. Outcomes from Surgical Procedures

Number of patients with a Post-Surgical wound infection within 30 days following a surgical encounter.	2
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