

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

Status: Finalized

I. Center Identification

Organization Name: DIGESTIVE HEALTH CENTER Street Address: 1120 AAA Way City: Carmel County: Indiana Administrator Name: Trish Robbins Administrator Email: trobbins@stoutdigestivecenter.com ASC Web Address: www.stoutdigestivecenter.com Fiscal Year: 2017

Accredited: • Yes • No

Name of Accrediting Body: Joint Commission, Medicare

Deemed Status: OYes No

Corporate Tax Status: • For Profit • Non Profit

II. Identification of Surgical Resources

Number of operating rooms	2
Number of procedure rooms	2

III. Utilization Statistics

Time Period	Number of Patients	Number of Procedures
Persons Served in twelve-month period	2149	1856
B. Ten Most Frequent Surgical Procedures Perfo	ormed	
CPT Code		Total Procedures
43239		1386
45385		720
45378		860
43248		832
45380		474
43245		21
45381		12

43235	12
45378	8
45382	2

IV. Outcomes from Surgical Procedures

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