

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: 5255 E. Stop 11 Rd., Suite 100 City: Indianapolis County: Marion Administrator Name: Chandler Shirer Administrator Email: chandler.shirer@franciscanalliance.org ASC Web Address: Fiscal Year: 2017

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	8
Number of procedure rooms	1

III. Utilization Statistics

Time Period	Number of Patients	Number of Procedures	
Persons Served in twelve-month period	11445	15491	
B. Ten Most Frequent Surgical Procedures Perfe	ormed		
CPT Code		Total Procedures	
69436		1129	
45385			
45378	1007		
66984		845	
64721		406	
45380		385	
42820		271	

50590	242
G0121	237
47563	231

IV. Outcomes from Surgical Procedures

Number of patients with a Post-Surgical wound infection within 30 days following	9
a surgical encounter.	