

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

Status: Finalized

I. Center Identification

Organization Name: U HEALTH EAST WASHINGTON ST AMBULATORY SURG Street Address: 9660 E. Washington St. STE 200 City: Indianapolis County: Marion Administrator Name: E. DeAnn Gulley Administrator Email: egulley@iuhealth.org ASC Web Address: na 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	4
Number of procedure rooms	1

III. Utilization Statistics

Time Period	Number of Patients	Number of Procedures
Persons Served in twelve-month period	1425	1600
B. Ten Most Frequent Surgical Procedures Perfe	ormed	
CPT Code		Total Procedures
64483		173
64635		118
63685		85
45385		80
62323		69
64493		65
G0121		55

45380	55
62321	54
63650	50

IV. Outcomes from Surgical Procedures

Number of patients with a Post-Surgical wound infection within 30 days following	1
a surgical encounter.	