

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: 705 Riley Hospital Drive, Suite 0201 City: Indianapolis County: Marion Administrator Name: gwen carter Administrator Email: gcarter@iuhealth.org ASC Web Address: Fiscal Year: 2017

Accredited: • Yes • No

Name of Accrediting Body: ISDH

Deemed Status: • Yes • No

Corporate Tax Status:

For Profit
Non Profit

II. Identification of Surgical Resources

Number of operating rooms	6
Number of procedure rooms	0

III. Utilization Statistics

Time Period	Number of Patients	Number of Procedures
Persons Served in twelve-month period	5562	6725
B. Ten Most Frequent Surgical Procedures Perfo	ormed	
CPT Code		Total Procedures
		43239
		41899
		54300
		45380
		69436
		54640
		67311

54161
31624
17999

IV. Outcomes from Surgical Procedures

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