

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: 13100 E. 136th St. Ste 1100 City: Fishers County: Hamilton Administrator Name: Caryn Fink Administrator Email: cfink1@iuhealth.org ASC Web Address: Fiscal Year: 2018

Accredited:

Yes
No

Name of Accrediting Body: AAAHC

Deemed Status: OYes ONO

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	3683	3823
B. Ten Most Frequent Surgical Procedures F	Performed	
CPT Code		Total Procedures
45385		420
64483		356
62323		181
43239		148
63685		138
45378		129

45380	126
62321	104
64493	82
64721	81

IV. Outcomes from Surgical Procedures

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