

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: 550 N University Blvd City: Indpls County: Marion Administrator Name: Patrick Beaupre Administrator Email: pbeaupre@iuhealth.org ASC Web Address: iuhealth.org Fiscal Year: 2019

Accredited: • Yes • No

Name of Accrediting Body: AAAHC

Deemed Status: OYes No

Corporate Tax Status: • For Profit • Non Profit

II. Identification of Surgical Resources

Number of operating rooms	0
Number of procedure rooms	8

III. Utilization Statistics

Time Period	Number of Patients	Number of Procedures
Persons Served in twelve-month period	8150	11888
B. Ten Most Frequent Surgical Procedures Perfe	ormed	
CPT Code		Total Procedures
45385		1883
43239		1109
43235		913
45380		583
43259		529
43242		369
45378		362

43248	352
43270	256
43253	242

IV. Outcomes from Surgical Procedures

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