

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: 8830 S. Meridian St. STE 250 City: Indianapolis County: Marion Administrator Name: Elizabeth D. Gulley Administrator Email: egulley@iuhealth.org ASC Web Address: na 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	3
Number of procedure rooms	1

## **III.** Utilization Statistics

Time Period	Number of Patients	Number of Procedures
Persons Served in twelve-month period	1868	2448
B. Ten Most Frequent Surgical Procedures Perfe	ormed	
CPT Code		Total Procedures
45385		322
45380		203
64721		111
45378		100
45388		93
62323		66
20680		55

64493	51
64483	47
G0121	44

## IV. Outcomes from Surgical Procedures

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