

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 City: Indianapolis County: Marion Administrator Name: Ronelisa Clark Administrator Email: rclark9@iuhealth.org ASC Web Address: 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	6
Number of procedure rooms	0

III. Utilization Statistics

Time Period	Number of Patients	Number of Procedures
Persons Served in twelve-month period	5594	6735
B. Ten Most Frequent Surgical Procedures Perfo	ormed	
CPT Code		Total Procedures
43239		1197
41899		889
54300		259
69436		239
45380		188
67311		184
54640		177

54161	152
54304	126
92018	82

IV. Outcomes from Surgical Procedures

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