

Status: Finalized

#### I. Center Identification

Organization Name: EAGLE HIGHLANDS SURGERY CENTER, L.L.C.

Street Address: 6850 Parkdale Place

City: Indianapolis

County: Marion

Administrator Name: Elizabeth D Gulley Administrator Email: egulley@iuhealth.org

ASC Web Address:

Fiscal Year: 2020

Accredited: • Yes ONo

Name of Accrediting Body: AAAHC

Deemed Status: OYes ONo

## II. Identification of Surgical Resources

| Number of operating rooms | 4 |  |
|---------------------------|---|--|
| Number of procedure rooms | 2 |  |

### III. Utilization Statistics

| A. Total Patients and Procedures                   |                    |                      |  |
|--|--------------------|----------------------|--|
| Time Period  | Number of Patients | Number of Procedures |  |
| Persons Served in twelve-month period              | 4750               | 6109                 |  |
| B. Ten Most Frequent Surgical Procedures Performed |                    |                      |  |

#### **CPT** Code **Total Procedures** 804 45380 462 G0121 66984 320 45385 245 45378 241 29827 177 167 43239

| 62323 | 141 |
|-------|-----|
| G0105 | 109 |
| 64483 | 109 |

# IV. Outcomes from Surgical Procedures

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