

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: 5255 E Stop 11 Rd Ste 100 City: Indianapolis County: Marion Administrator Name: Chandler Shirer Administrator Email: chandler.shirer@franciscanalliance.org ASC Web Address: Fiscal Year: 2020 Accredited: • Yes ONo

Name of Accrediting Body: AAAHC

Deemed Status: 💿 Yes 🔾 No

Corporate Tax Status: O For Profit O Non Profit

II. Identification of Surgical Resources

Number of operating rooms	8
Number of procedure rooms	1

III. Utilization Statistics

Time Period	Number of Patients	Number of Procedures
sons Served in twelve-month period 11122		16267
B. Ten Most Frequent Surgical Procedures Perf	ormed	
CPT Code		Total Procedures
45385		1247
45378		954
66984		744
69436		428
64721		379
45380		311
		255

26055	247
50590	237
52356	233

IV. Outcomes from Surgical Procedures

Number of patients with a Post-Surgical wound infection within 30 days following	9
a surgical encounter.	