

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: 9660 E Washington St City: Indianapolis County: MARION Administrator Name: Elizabeth D Gulley Administrator Email: egulley@iuhealth.org ASC Web Address: Fiscal Year: 2020 Accredited: ⊙Yes ◯No

Name of Accrediting Body: AAAHC

Deemed Status: OYes ONo

Corporate Tax Status: O For Profit O Non Profit

II. Identification of Surgical Resources

Number of operating rooms	4
Number of procedure rooms	1

III. Utilization Statistics

Time Period	Number of Patients	Number of Procedures
Persons Served in twelve-month period	twelve-month period 1298	
B. Ten Most Frequent Surgical Procedures Perf	ormed	
CPT Code		Total Procedures
45385		148
45380		93
64483		85
G0121		72
45378		66
43239		65
		52

64635	48
63685	36
52000	35

IV. Outcomes from Surgical Procedures

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