

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: 1801 N Senate Ave D 1450 City: Indianapolis County: Marion Administrator Name: Patrick Beaupre Administrator Email: pbeaupre@iuhealth.org ASC Web Address: Fiscal Year: 2020 Accredited: ●Yes ○No

Name of Accrediting Body: AAAHC

Deemed Status: • Yes ONo

Corporate Tax Status: O For Profit O Non Profit

## II. Identification of Surgical Resources

| Number of operating rooms | 8 |
|---------------------------|---|
| Number of procedure rooms | 2 |

## **III.** Utilization Statistics

| Time Period                                    | Number of Patients | Number of<br>Procedures |
|--|--------------------|-------------------------|
| Persons Served in twelve-month period          | 3854               | 4225                    |
| B. Ten Most Frequent Surgical Procedures Perfo | ormed              |                         |
| CPT Code                                       |                    | Total Procedures        |
| 62323  |                    | 298                     |
| 64483  |                    | 285                     |
| 64635  |                    | 174                     |
| 62362  |                    | 163                     |
| 64493  |                    | 122                     |
| 27096  |                    | 109                     |
|  |                    | 99                      |

| 62321 | 95 |
|-------|----|
| G0260 | 74 |
| 62350 | 68 |

## IV. Outcomes from Surgical Procedures

| Number of patients with a Post-Surgical wound infection within 30 days following | 2 |
|--|---|
| a surgical encounter.  |   |