



ASC UTILIZATION REPORT
 State Form 49933 (R3/6-05)
 INDIANA STATE DEPARTMENT OF HEALTH
 Acute Care

I. Center Identification

Organization Name	Digestive Health Center		
Street Address	1120 AAA Way		
City	Carmel	County	Hamilton
Name of Individual completing report	Ellen Hairston	Email Address of Administrator	—
ASC Web Address:	—	Date of the end of the Fiscal Year:	12-31-10
Accredited? Yes: <input checked="" type="checkbox"/> No: <input type="checkbox"/>	Name of Accrediting Body Medicare, JCAHO	Deemed Status Yes: <input type="checkbox"/> No: <input checked="" type="checkbox"/>	
Corporate Tax Status	For Profit <input checked="" type="checkbox"/>	Nonprofit <input type="checkbox"/>	

II. Identification of Surgical Resources

A. Number of Operating Rooms

Class A	<input type="radio"/>	Class B	<input type="radio"/>	Class C	<input type="radio"/>
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(2 procedure rooms for endoscopy)

B. Employees (Full Time Equivalents) at end of Fiscal Year

	Physician (MD/DO)	Practitioners (Dentists, etc)	RN/ LPN	Surgical Tech	Other Employees
Employees	1	0	4 R.N.'s	0	4.5

C. Laboratory Services

Have On Site Laboratory Yes: <input type="checkbox"/> No: <input checked="" type="checkbox"/>	Have Off-Site contracted laboratory Yes: <input checked="" type="checkbox"/> No: <input type="checkbox"/>	Name of Contracted Lab. 1. Mid-America Clinical Labs 2. Ameripath, LLC
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CLIA Certificate Number		15.D0352273	
Type of CLIA Certificate (Check One)			
Certificate of Compliance:	Certificate of Accreditation:	Certificate of Waiver:	Certificate for Provider Microscopy Procedures :
—	—	✓	—

D. Ancillary Services (Check if service available during fiscal year)

	Radiology	EKG	Pharmacy
On Site by ASC	—	—	—
Contractual or by Referral	contractual	contractual	contractual

III. Utilization Statistics

A. Total Patients and Procedures

TIME PERIOD	NUMBER OF PATIENTS	NUMBER OF PROCEDURES
Since the Beginning of the Year	3014	4254

B. Ten Most Frequent Surgical Procedures Performed by Demographic Characteristics

Number of Procedures based on age and gender characteristics

CPT CODE	TOTAL PROCED.	FEMALES	1-17 YEARS	18-64 YEARS	AGE 65+ YEARS
43239	1371	777	9	757	605
43248	1218	691	0	630	588
45384	630	288	0	363	267
45378	525	282	0	342	183
45380	348	221	4	240	104
45385	95	41	0	52	43
45381	22	13	0	11	11
43245	10	10	0	9	1
45382	10	4	0	3	7
43235	5	3	0	2	3
All Others	20	13	0	7	13
Total	4254	2343	13	2416	1825

C. ASA Risk Classification for Surgical Procedures

Please identify the number of patients by the risk categorization recommended by the American Society of Anesthesiologist. Class 4 combines the ASA P5 and P6 categories. The web site can be found at <http://www.asahq.org/clinical/physicalstatus.htm>

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# of Patients with no medical problems (Class 1)	# of Mild Systemic Disease (Class 2)	# of Severe Systemic Disease (Class 3)	# of Disease Threatening Life (Class 4)	
2295	719	0	0	

IV. Outcomes from Surgical Procedures

A. Number of Patient Transfers to Inpatient Facilities

STABLE TRANSFERS	NUMBER OF TRANSFERS	UNSTABLE TRANSFERS	NUMBER OF TRANSFERS
Additional Intervention Therapy	0	Additional Intervention Therapy	0
Antibiotic Therapy	0	Anaphylactic Reaction	0
Bleeding	0	Angioplasty PTCA Procedure	0
EKG Changes	0	Breathing Difficulties Respiratory Distress	0
Nausea - Vomiting	0	CABG CV Surgery	0
Observation	0	Chest Pain	0
Pain Control	0	EKG Changes	0
IV Therapy	0	Seizures	0
Planned Referral and Transfer	0	Unstable Medical Condition	0
Total Stable Transfers	0	Total Unstable Transfers	0

B. Other Outcomes

	Number	% of Cases
Number of Patients with a Post-Surgical Wound Infection within 30 days following a surgical encounter	0	
Number Of Patient Deaths Occurring in the Center	0	
Number of patients who stayed in the ASC greater than 24 hours:	0	patients