



## ASC Utilization Report

State Form 49933 (R3/6-05)

Indiana State Department of Health  
Acute Care

### I. Center Identification

*Organization Name:* ELKHART CLINIC ENDOSCOPY AND SURGERY CENTER, LLC

*Street Address:* 2117 West Lexington Avenue

*City:* Elkhart

*County:* Elkhart

*ASC Web Address:*

*Fiscal Year:* 2010

*Accredited:*  Yes  No

*Name of Accrediting Body:*

*Deemed Status:*  Yes  No

*Corporate Tax Status:*  For Profit  Non Profit

### II. Identification of Surgical Resources

|                           |   |
|---------------------------|---|
| Number of operating rooms | 2 |
| Number of procedure rooms | 3 |

### III. Utilization Statistics

| A. Total Patients and Procedures                   |                    |                      |
|--|--------------------|----------------------|
| Time Period  | Number of Patients | Number of Procedures |
| Persons Served in twelve-month period              | 3780               | 6327                 |
| B. Ten Most Frequent Surgical Procedures Performed |                    |                      |
| CPT Code   | Total Procedures   |                      |
| 45385  | 899                |                      |
| 45380  | 879                |                      |
| 43239  | 758                |                      |
| 45378  | 584                |                      |
| 45384  | 267                |                      |
| 52000  | 244                |                      |
| 64483  | 207                |                      |

|       |     |
|-------|-----|
| 64484 | 173 |
| 69436 | 87  |
| 64495 | 84  |

#### **IV. Outcomes from Surgical Procedures**

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