



ASC Utilization Report
State Form 49933 (R3/6-05)
Indiana State Department of Health
Acute Care

Status: Finalized

I. Center Identification

Organization Name: EAGLE HIGHLANDS SURGERY CENTER, L.L.C.

Street Address: 6850 Parkdale Place

City: Indianapolis

County: Marion

Administrator Name: Donna 'Kay' Hix

Administrator Email: dhix@iuhealth.org

ASC Web Address: na

Fiscal Year: 2014

Accredited: Yes No

Name of Accrediting Body: AAAHC

Deemed Status: Yes No

Corporate Tax Status: For Profit Non Profit

II. Identification of Surgical Resources

Number of operating rooms	4
Number of procedure rooms	2

III. Utilization Statistics

A. Total Patients and Procedures		
Time Period	Number of Patients	Number of Procedures
Persons Served in twelve-month period	5070	6590
B. Ten Most Frequent Surgical Procedures Performed		
CPT Code	Total Procedures	
45380	785	

45378	706
66984	402
64483	212
43239	187
62311	178
45385	174
29881	145
29827	120
64721	92

IV. Outcomes from Surgical Procedures

Number of patients with a Post-Surgical wound infection within 30 days following a surgical encounter.	3
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