



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

Status: Finalized

I. Center Identification

Organization Name: INDIANA HAND TO SHOULDER

Street Address: 8501 Harcourt Road

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	3
Number of procedure rooms	1

III. Utilization Statistics

A. Total Patients and Procedures		
Time Period	Number of Patients	Number of Procedures
Persons Served in twelve-month period	4085	4091
B. Ten Most Frequent Surgical Procedures Performed		
CPT Code	Total Procedures	
64721	915	

26055	403
25447	229
64718	189
26160	128
25000	110
25111	89
20680	74
26860	49
26951	48

IV. Outcomes from Surgical Procedures

Number of patients with a Post-Surgical wound infection within 30 days following a surgical encounter.	1
--	---