



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

Status: Finalized

I. Center Identification

Organization Name: GLEN LEHMAN ENDOSCOPY SUITE

Street Address: 550 University Blvd Suite 4100

City: Indianapolis

County: Marion

Administrator Name: JULIE DECK GIVENS

Administrator Email: jdeckgivens@iuhealth.org

ASC Web Address:

Fiscal Year: 2024

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	0
Number of procedure rooms	8

III. Utilization Statistics

A. Total Patients and Procedures		
Time Period	Number of Patients	Number of Procedures
Persons Served in twelve-month period	9229	13329
B. Ten Most Frequent Surgical Procedures Performed		
CPT Code		Total Procedures
45385		2114
43239		1381
43235		958
45380		807
45378		780
43237		397
43248		385

43242		319	
43270		283	
45390		184	

IV. Outcomes from Surgical Procedures

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