



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

Status: Finalized

I. Center Identification

Organization Name: DIGESTIVE HEALTH CENTER

Street Address: 1120 AAA Way

City: Carmel

County: Indiana

Administrator Name: Megan

Administrator Email: dhc1120@stoutdigestivecenter.com

ASC Web Address: www.stoutdigestivecenter.com

Fiscal Year: 2013

Accredited: Yes No

Name of Accrediting Body: Joint Commission, Medicare

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 | 2 |

III. Utilization Statistics

| A. Total Patients and Procedures | | |
|--|--------------------|----------------------|
| Time Period | Number of Patients | Number of Procedures |
| Persons Served in twelve-month period | 2979 | 4427 |
| B. Ten Most Frequent Surgical Procedures Performed | | |
| CPT Code | Total Procedures | |
| 46239 | 1325 | |

| | |
|-------|-----|
| 43248 | 972 |
| 45384 | 658 |
| 45378 | 491 |
| 45380 | 400 |
| 45385 | 112 |
| 45381 | 39 |
| 43255 | 14 |
| 45382 | 10 |
| 43245 | 3 |

IV. Outcomes from Surgical Procedures

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

Comments

