



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: none

Fiscal Year: 2013

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	6
Number of procedure rooms	6

## III. Utilization Statistics

A. Total Patients and Procedures		
Time Period	Number of Patients	Number of Procedures
Persons Served in twelve-month period	5342	9466
B. Ten Most Frequent Surgical Procedures Performed		
CPT Code	Total Procedures	
G8907	1183	

45380	1044
G8918	1017
45378	701
66984	552
43239	243
62311	188
64483	186
45385	185
29881	170

#### IV. Outcomes from Surgical Procedures

Number of patients with a Post-Surgical wound infection within 30 days following a surgical encounter.	8
--	---

Comments

