



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 N. University Blvd

City: Indianapolis

County: Marion

Administrator Name: Sharon Niese

Administrator Email: sniese@iuhealth.org

ASC Web Address:

Fiscal Year: 2015

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	10

III. Utilization Statistics

A. Total Patients and Procedures		
Time Period	Number of Patients	Number of Procedures
Persons Served in twelve-month period	7215	10785
B. Ten Most Frequent Surgical Procedures Performed		
CPT Code	Total Procedures	
45385	1358	
43239	951	
45380	774	
43259	626	

43235	577
45378	558
43242	415
43248	288
43270	275
43253	150

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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