



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

Status: Finalized

I. Center Identification

Organization Name: ENDOSCOPY CENTER AT ST FRANCIS, THE

Street Address: 8051 S Emerson Suite 150

City: Indianapolis

County: Marion

Administrator Name: Kay Ulery

Administrator Email: kulery@indygastro.com

ASC Web Address:

Fiscal Year: 2016

Accredited: Yes No

Name of Accrediting Body: CMS

Deemed Status: Yes No

Corporate Tax Status: For Profit Non Profit

II. Identification of Surgical Resources

| | |
|---------------------------|---|
| Number of operating rooms | |
| Number of procedure rooms | 4 |

III. Utilization Statistics

| A. Total Patients and Procedures | | |
|--|--------------------|----------------------|
| Time Period | Number of Patients | Number of Procedures |
| Persons Served in twelve-month period | 8646 | 10468 |
| B. Ten Most Frequent Surgical Procedures Performed | | |
| CPT Code | Total Procedures | |
| 43239 | 2350 | |
| 45385 | 1883 | |
| 45380 | 1617 | |
| 45378 | 1045 | |
| 43235 | 879 | |
| 43248 | 334 | |
| 45331 | 63 | |

| | |
|-------|----|
| 45330 | 53 |
| 43249 | 43 |
| 43251 | 27 |

IV. Outcomes from Surgical Procedures

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