

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: Trish Robbins Administrator Email: trobbins@stoutdigestivecenter.com ASC Web Address: 1120 AAA Way Fiscal Year: 2018 Accredited: • Yes • No Name of Accrediting Body: 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	2095	1884
B. Ten Most Frequent Surgical Procedures Pe	erformed	
CPT Code		Total Procedures
45378		619
43239		567
43248		363
45385		343
45380		197
45381		9
43245		6
43250		2
43251		1
44380		1

## IV. Outcomes from Surgical Procedures

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