

Status: Finalized

## I. Center Identification

| Organization | DIGESTIVE HEALTH | CENTED |
|--------------|------------------|--------|
| Name:        | DIGESTIVE HEALTH | CENTER |

Street Address: 1120 AAA Way

City: Carmel

County: IN

Administrator Name: Trish Robbins, RN, BSN

Administrator Email: trobbins@stoutdigestivecenter.com

ASC Web Address: stoutdigestivecenter.com

Fiscal Year: 2021

Accredited: OYes ONo

Name of Accrediting Body: Joint Commission

Deemed Status: OYes ONo

## II. Identification of Surgical Resources

| Number of operating rooms | N/A |
|---------------------------|-----|
| 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              | 1312 | 1496             |  |  |  |
|--|------|------------------|--|--|--|
| B. Ten Most Frequent Surgical Procedures Performed |      |                  |  |  |  |
| CPT Code   |      | Total Procedures |  |  |  |
| 43239  |      | 882              |  |  |  |
| 45378  |      | 770              |  |  |  |
| 45385  |      | 734              |  |  |  |
| 43248  |      | 586              |  |  |  |
| G0105  |      | 266              |  |  |  |
| 45380  |      | 222              |  |  |  |
| G0121  |      | 36               |  |  |  |
| 43235  |      | 16               |  |  |  |
| 43251  |      | 10               |  |  |  |
| 45381  |      | 8                |  |  |  |

## IV. Outcomes from Surgical Procedures

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