



# ASC UTILIZATION REPORT

State Form 49933 (R3/6-05)

INDIANA STATE DEPARTMENT OF HEALTH

Acute Care

## I. Center Identification

Organization Name	Digestive Health Center
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Street Address	1120 AAA way
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City	Carmel	County	Hamilton
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Name of Individual completing report	Ellen Hairston	Email Address of Administrator	-
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ASC Web Address:	-	Date of the end of the Fiscal Year:	12-31-11
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Accredited? Yes: <input checked="" type="checkbox"/> No: <input type="checkbox"/>	Name of Accrediting Body Medicare, JCAHO	Deemed Status Yes: <input type="checkbox"/> No: <input checked="" type="checkbox"/>
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Corporate Tax Status	For Profit <input checked="" type="checkbox"/>	Nonprofit <input type="checkbox"/>
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## II. Identification of Surgical Resources

### A. Number of Operating Rooms

(2 procedure rooms for endoscopy)

Class A	0	Class B	0	Class C	0
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### B. Employees (Full Time Equivalents) at end of Fiscal Year

	Physician (MD/DO)	Practitioners (Dentists, etc)	RN/EPN	Surgical Tech	Other Employees
Employees	1	0	4 R.N.s	0	3.5

### C. Laboratory Services

Have On Site Laboratory Yes <input type="checkbox"/> No: <input checked="" type="checkbox"/>	Have Off-Site contracted laboratory Yes: <input checked="" type="checkbox"/> No: <input type="checkbox"/>	Name of Contracted Lab 1. Mid-America Clinical Labs 2. Ameripath, LLC
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CLIA Certificate Number		15 D 0352273	
Type of CLIA Certificate (Check One)			
Certificate of Compliance:	Certificate of Accreditation:	Certificate of Waiver:	Certificate for Provider Microscopy Procedures :
—	—	✓	—

**D. Ancillary Services (Check if service available during fiscal year)**

	Radiology	EKG	Pharmacy
On Site by ASC	—	—	—
Contractual or by Referral	Contractual	Contractual	Contractual

**III. Utilization Statistics**

**A. Total Patients and Procedures**

TIME PERIOD	NUMBER OF PATIENTS	NUMBER OF PROCEDURES
Since the Beginning of the Year	2,863	4,188

**B. Ten Most Frequent Surgical Procedures Performed by Demographic Characteristics**

Number of Procedures based on age and gender characteristics

CPT CODE	TOTAL PROCED.	FEMALES	1-17 YEARS	18-64 YEARS	AGE 65+ YEARS
43239	1327	783	10	688	629
43248	1307	751	7	662	638
45378	543	291	0	325	218
45384	492	221	0	277	215
45380	387	260	3	273	111
45385	71	34	0	41	30
43245	15	15	0	11	4
45382	12	5	0	3	9
45381	9	5	0	2	7
43255	8	4	0	3	5
All Others	17	10	0	9	8
Total	4188	2379	20	2294	1874

**C. ASA Risk Classification for Surgical Procedures**

Please identify the number of patients by the risk categorization recommended by the American Society of Anesthesiologist. Class 4 combines the ASA P5 and P6 categories. The web site can be found at <http://www.asahq.org/clinical/physicalstatus.htm>

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# of Patients with no medical problems (Class 1)	# of Mild Systemic Disease (Class 2)	# of Severe Systemic Disease (Class 3)	# of Disease Threatening Life (Class 4)	
2262	601	0	0	

**IV. Outcomes from Surgical Procedures**

**A. Number of Patient Transfers to Inpatient Facilities**

STABLE TRANSFERS	NUMBER OF TRANSFERS	UNSTABLE TRANSFERS	NUMBER OF TRANSFERS
Additional Intervention Therapy	0	Additional Intervention Therapy	0
Antibiotic Therapy	0	Anaphylactic Reaction	0
Bleeding	0	Angioplasty PTCA Procedure	0
EKG Changes	0	Breathing Difficulties Respiratory Distress	0
Nausea - Vomiting	0	CABG CV Surgery	0
Observation	1	Chest Pain	0
Pain Control	0	EKG Changes	0
IV Therapy	0	Seizures	0
Planned Referral and Transfer	0	Unstable Medical Condition	0
Total Stable Transfers	1	Total Unstable Transfers	0

**B. Other Outcomes**

	Number	% of Cases
Number of Patients with a Post-Surgical Wound Infection within 30 days following a surgical encounter	0	
Number Of Patient Deaths Occurring in the Center		0
Number of patients who stayed in the ASC greater than 24 hours:	0	patients