



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

Status: Finalized

I. Center Identification

Organization Name: INDIANA ENDOSCOPY CENTER FISHERS

Street Address: 10967 Allisonville Road

City: Fishers

County: Hamilton

Administrator Name: Robin Walter

Administrator Email: rwalter1@iuhealth.org

ASC Web Address:

Fiscal Year: 2014

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 | 1 |
| Number of procedure rooms | 1 |

III. Utilization Statistics

| A. Total Patients and Procedures | | |
|--|--------------------|----------------------|
| Time Period | Number of Patients | Number of Procedures |
| Persons Served in twelve-month period | 810 | 810 |
| B. Ten Most Frequent Surgical Procedures Performed | | |
| CPT Code | Total Procedures | |
| 45378 | 242 | |

| | |
|-------|-----|
| 43239 | 171 |
| 45385 | 154 |
| 45380 | 148 |
| 43235 | 28 |
| 43248 | 20 |
| 45383 | 18 |
| G0105 | 15 |
| G0121 | 9 |
| 43249 | 5 |

IV. Outcomes from Surgical Procedures

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