



## ASC Utilization Report

State Form 49933 (R3/6-05)

Indiana State Department of Health  
Acute Care

### I. Center Identification

*Organization Name:* SURGERY CENTER, THE

*Street Address:* 7900 West Jefferson Blvd., Suite 102

*City:* Fort Wayne

*County:* Allen

*ASC Web Address:* www.entfw.com

*Fiscal Year:* 2010

*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	2
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	6,474	7,341
B. Ten Most Frequent Surgical Procedures Performed		
CPT Code	Total Procedures	
69436	1,842	
69436.50	1,498	
42820	1,072	
30820	402	
30520	361	
42826	329	
42830	328	

31256	261
30140	245
31256.50	177

#### **IV. Outcomes from Surgical Procedures**

Number of patients with a Post-Surgical wound infection within 30 days following a surgical encounter.	1
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