



ASC Utilization Report

State Form 49933 (R3/6-05)

Indiana State Department of Health
Acute Care

I. Center Identification

Organization Name: INVERNESS SURGERY CENTER

Street Address: 8004 Carnegie Blvd

City: Fort Wayne

County: Allen

ASC Web Address: <http://www.invernesssurgerycenter.com>

Fiscal Year: 2011

Accredited: Yes No

Name of Accrediting Body: The Joint Commission

Deemed Status: Yes No

Corporate Tax Status: For Profit Non Profit

II. Identification of Surgical Resources

| | |
|---------------------------|---|
| Number of operating rooms | 4 |
| Number of procedure rooms | 0 |

III. Utilization Statistics

| A. Total Patients and Procedures | | |
|--|--------------------|----------------------|
| Time Period | Number of Patients | Number of Procedures |
| Persons Served in twelve-month period | 2448 | 2638 |
| B. Ten Most Frequent Surgical Procedures Performed | | |
| CPT Code | Total Procedures | |
| 45380 | 456 | |
| 45378 | 246 | |
| G0105 | 241 | |
| 45385 | 223 | |
| 58558 | 218 | |
| 58563 | 162 | |
| 43239 | 127 | |

| | |
|-------|-----|
| G0121 | 125 |
| 46221 | 105 |
| 58340 | 98 |

IV. Outcomes from Surgical Procedures

| | |
|--|---|
| Number of patients with a Post-Surgical wound infection within 30 days following a surgical encounter. | 7 |
|--|---|