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

Status: Finalized

I. Center Identification

Organization Name: NORTHWEST REGIONAL SURGERY CENTER LLC
Street Address: 8900 BROADWAY
City: MERRILLVILLE
County: LAKE
Administrator Name: Carin Curran
Administrator Email: cfraley@uspi.com
ASC Web Address:
Fiscal Year: 2024

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	1825	4678

B. Ten Most Frequent Surgical Procedures Performed

CPT Code	Total Procedures
26055	189
29848	187
29881	155
27447	147
64415	139
69436	106
64721	86

30140	86
29827	83
27130	80

IV. Outcomes from Surgical Procedures

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