

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

Status: Finalized

| I. Center Identification | | | |
|--|---------------------------------------|--|--|
| Organization Name: PREMIER SURGERY CENTER | | | |
| Street Address: | 11141 Parkview Plaza Drive; Suite 200 | | |
| City: | Fort Wayne | | |
| County: | Allen | | |
| Administrator Name: | Brandy Miller | | |
| Administrator Email: | brandy.miller@parkview.com | | |
| ASC Web Address: | www.premiersurgeryoffortwayne.com | | |
| Fiscal Year: | 2013 | | |
| Accredited: | ●Yes ○No | | |
| Name of Accrediting Body: | Joint Commission | | |
| Deemed Status: | ⊖Yes ●No | | |

Corporate Tax Status: \bigcirc For Profit \bigcirc Non Profit

II. Identification of Surgical Resources

| Number of operating rooms | 5 |
|---------------------------|---|
| Number of procedure rooms | 0 |

III. Utilization Statistics

| Time Period | Number of Patients | Number of Procedures |
|---|-----------------------|-------------------------|
| Persons Served in twelve-month period | 3093 | 3093 |
| | | |
| | | |
| B. Ten Most Frequent Surgical Procedures Performed CPT Code | | Total Procedures |

| 50590 | 258 |
|-------|-----|
| 77003 | 254 |
| 74420 | 227 |
| 47562 | 199 |
| 49650 | 123 |
| 52332 | 122 |
| 62310 | 116 |
| 64493 | 106 |
| 52353 | 91 |

IV. Outcomes from Surgical Procedures

| Number of patients with a Post-Surgical wound infection within 30 days following | 5 |
|--|---|
| a surgical encounter. | |

Comments

< >