

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

Status: Finalized

I.	Center ]	Identification

Organization Name:	INSTITUTE OF INDIANA LLC
Street Address:	11192 Diebold Rd.
City:	Fort Wayne
County:	Allen
Administrator Name:	Brandi Berkhalter
Administrator Email:	brandi.berkhalter@retinahome.com
ASC Web Address:	N/A
Fiscal Year:	2013
Accredited:	●Yes ○No
Name of Accrediting Body:	АААНС
Deemed Status:	● Yes ○ No

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

## II. Identification of Surgical Resources

Number of operating rooms	1
Number of procedure rooms	1

## **III.** Utilization Statistics

Time Period	Number of Patients	Number of Procedures
Persons Served in twelve-month period	110	117
B. Ten Most Frequent Surgical Procedures Performed CPT Code		Total Procedures

67040	15
67108	11
67036	10
67042	9
67121	8

IV. Outcomes from Surgical Procedures

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

Comments

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