



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

Status: Finalized

I. Center Identification

Organization Name: WHITE OAK SURGERY CENTER

Street Address: 1950 45th St.

City: Munster

County: Lake

Administrator Name: Mary Caparros

Administrator Email: mjdyrek@yahoo.com

ASC Web Address:

Fiscal Year: 2014

Accredited: Yes No

Name of Accrediting Body: Joint Commission

Deemed Status: Yes No

Corporate Tax Status: For Profit Non Profit

II. Identification of Surgical Resources

| | |
|---------------------------|---|
| Number of operating rooms | 3 |
| 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 | 366 | 1061 |
| B. Ten Most Frequent Surgical Procedures Performed | | |
| CPT Code | Total Procedures | |
| 30140 | 171 | |

| | |
|-------|-----|
| 31267 | 119 |
| 31255 | 119 |
| 69436 | 53 |
| 77002 | 41 |
| 76000 | 41 |
| 31276 | 36 |
| 29881 | 33 |
| 31256 | 28 |
| 42826 | 27 |

IV. Outcomes from Surgical Procedures

| | |
|--|---|
| Number of patients with a Post-Surgical wound infection within 30 days following a surgical encounter. | 2 |
|--|---|