



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 Ave S 100W

City: Merrillville

County: Lake

Administrator Name: Jeannie Rochon

Administrator Email: jrochon@nwregionalsc.com

ASC Web Address:

Fiscal Year: 2016

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	2209	2153
B. Ten Most Frequent Surgical Procedures Performed		
CPT Code	Total Procedures	
29881	273	
29822	68	
62322	265	
30140	193	
26055	154	
29848	89	
29826	92	

29880	273
29827	81
64721	79

IV. Outcomes from Surgical Procedures

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