



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, Suite 100W

City: Merrillville

County: IN

Administrator Name: Carin Fraley

Administrator Email: cfraley@nwregionalsc.com

ASC Web Address: www.northwestregionalsurgerycenter.com

Fiscal Year: 2017

Accredited: Yes No

Name of Accrediting Body: Accreditation Association for Ambulatory Health Ca

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	2193	2190
B. Ten Most Frequent Surgical Procedures Performed		
CPT Code	Total Procedures	
29881	266	
62323	222	
29827	103	
29848	92	
27447	89	
64721	77	
26055	70	

29880	68
27446	63
20610	58

IV. Outcomes from Surgical Procedures

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