

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

Status: Finalized

I. Center Identification

Organization Name: SURGERY CENTER, THE Street Address: 7900 W. Jefferson Blvd; Suite 102 City: Fort Wayne County: Allen Administrator Name: Cynthia Wiersema, BSN, RN Administrator Email: cwiersema@entfw.com ASC Web Address: entfortwayne.com Fiscal Year: 2017

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	0

III. Utilization Statistics

Time Period	Number of Patients	Number of Procedures
Persons Served in twelve-month period	5821	8516
B. Ten Most Frequent Surgical Procedures Perfe	ormed	
CPT Code		Total Procedures
69436		3629
42820		1178
30930		460
30520		4081
31255		358
31256		347
30140		336

42830	318
30802	318
42826	311

IV. Outcomes from Surgical Procedures

Number of patients with a Post-Surgical wound infection within 30 days following	1
a surgical encounter.	