

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

Status: Finalized

I. Center Identification

Organization Name: Street Address: 11420 Parkview Circle City: Fort Wayne County: Allen Administrator Name: Jeffra Kinniard Administrator Email: Jeffra.Kinniard@Parkview.com ASC Web Address: n/a Fiscal Year: 2019

Accredited: • Yes • No

Name of Accrediting Body: AAAHC

Deemed Status: OYes No

Corporate Tax Status: • For Profit • Non Profit

## II. Identification of Surgical Resources

Number of operating rooms	6
Number of procedure rooms	4

## **III. Utilization Statistics**

Time Period	Number of Patients	Number of Procedures
Persons Served in twelve-month period	6895	12483
B. Ten Most Frequent Surgical Procedures Perfo	ormed	
CPT Code		Total Procedures
64483		1678
64721		586
64484		496
94493		461
64415		452
64494		431
64450		385

64636	352
64447	324
29826	306

## IV. Outcomes from Surgical Procedures

Number of patients with a Post-Surgical wound infection within 30 days following	13
a surgical encounter.	