

Status: Finalized

#### I. Center Identification

Organization RETINA INSTITUTE OF INDIANA LLC Name:

Street Address: 11192 Diebold Road

City: Fort Wayne

County: Indiana

Administrator Name: Jackie Dayton

Administrator Email: jackie.dayton@retinainstituteofindiana.net

ASC Web Address:

Fiscal Year: 2019

Accredited: • Yes • No

Name of Accrediting Body: AAAHC

Deemed Status: • Yes • No

## II. Identification of Surgical Resources

| Number of operating rooms | 1 |   |
|---------------------------|---|---|
| Number of procedure rooms | 0 | 7 |

## III. Utilization Statistics

| A. Total Patients and Procedures      |                    |                      |  |  |
|---------------------------------------|--------------------|----------------------|--|--|
| Time Period                           | Number of Patients | Number of Procedures |  |  |
| Persons Served in twelve-month period | 263                | 263                  |  |  |

#### B. Ten Most Frequent Surgical Procedures Performed

| B. Ten Wost Frequent Surgicul Freedules Ferformed |                  |  |
|---|------------------|--|
| CPT Code  | Total Procedures |  |
| 67041   | 116              |  |
| 67042   | 39               |  |
| 67108   | 36               |  |
| 67040   | 26               |  |
| 67036   | 20               |  |
| 67113   | 17               |  |
| 67121   | 8                |  |
|   |                  |  |

| 66852 | 1 |
|-------|---|
|       |   |
|       |   |

# IV. Outcomes from Surgical Procedures

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