



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: IN

Administrator Name: Brandy Miller, MHA, MSN, RN, CNOR

Administrator Email: bmillier@entfw.com

ASC Web Address: entfortwayne.com

Fiscal Year: 2014

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

A. Total Patients and Procedures		
Time Period	Number of Patients	Number of Procedures
Persons Served in twelve-month period	5651	10,110
B. Ten Most Frequent Surgical Procedures Performed		
CPT Code	Total Procedures	
69436	2350	

30140	1661
42820	993
30520	443
30802	357
42830	327
42826	312
31255	295
31256	291
30930	218

#### IV. Outcomes from Surgical Procedures

Number of patients with a Post-Surgical wound infection within 30 days following a surgical encounter.	2
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