



## ASC Utilization Report

State Form 49933 (R3/6-05)

Indiana State Department of Health  
Acute Care

### I. Center Identification

*Organization Name:* SURGERY CENTER, THE

*Street Address:* 7900 W. Jefferson Blvd., Suite 102

*City:* Fort Wayne

*County:* Allen

*ASC Web Address:* [www.entfortwayne.com](http://www.entfortwayne.com)

*Fiscal Year:* 2011

*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	6,565	7,419
B. Ten Most Frequent Surgical Procedures Performed		
CPT Code	Total Procedures	
69436	1738	
69436.50	1398	
42820	1020	
30820	396	
30520	392	
42826	331	
42830	330	

31256	249
30140	248
31256.50	151

#### **IV. Outcomes from Surgical Procedures**

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