



**ASC UTILIZATION REPORT**  
 State Form 49933 (R3/6-05)  
 INDIANA STATE DEPARTMENT OF HEALTH  
 Acute Care

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**I. Center Identification**

Organization Name | Whitewater Surgery Center

Street Address | 1900 Chester Blvd

City | Richmond | County | Wayne

Name of Individual completing report | G. Moore RN | Email Address of Administrator | mportidio@wweyecenters.com

ASC Web Address: | www.whitewater  
eyecenters.com | Date of the end of the Fiscal Year: | 2011

Accredited? Yes:  No:  | Name of Accrediting Body | AAAHC | Deemed Status Yes:  No:

Corporate Tax Status | For Profit  | Nonprofit

**II. Identification of Surgical Resources**

**A. Number of Operating Rooms**

Class A | 2 | Class B | 3 | Class C |   

**B. Employees (Full Time Equivalents) at end of Fiscal Year**

	Physician (MD/DO)	Practitioners (Dentists, etc)	RN/LPN	Surgical Tech	Other Employees
Employees	<u>2.5</u>	<u>N/A</u>	<u>6</u>	<u>0</u>	<u>1.5</u>

C. Laboratory Services

Have On Site Laboratory Yes No: <input checked="" type="checkbox"/>	Have Off-Site contracted laboratory Yes: <input checked="" type="checkbox"/> No:	Name of Contracted Lab <i>Reid Hospital + Healthcare services</i>
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CLIA Certificate Number	<i>15D884795</i>
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Type of CLIA Certificate ( <i>Check One</i> )			
Certificate of Compliance:	Certificate of Accreditation:	Certificate of Waiver:  <input checked="" type="checkbox"/>	Certificate for Provider Microscopy Procedures :

D. Ancillary Services (*Check if service available during fiscal year*)

	Radiology	EKG	Pharmacy
On Site by ASC			
Contractual or by Referral	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

### III. Utilization Statistics

#### A. Total Patients and Procedures

TIME PERIOD	NUMBER OF PATIENTS	NUMBER OF PROCEDURES
Since the Beginning of the Year 2011	3494	3815

#### B. Ten Most Frequent Surgical Procedures Performed by Demographic Characteristics

Number of Procedures based on age and gender characteristics

CPT CODE	TOTAL PROCED.	FEMALES	1-17 YEARS	18-64 YEARS	AGE 65+ YEARS
66984	2188	1159	0	454	1734
65855	532	319	0	260	272
66821	383	252	1	79	303
66982	113	46	1	42	70
67311	93	32	79	9	5
66999	84	38	0	83	1
67924	57	27	0	17	40
15823	38	27	0	11	27
11440	31	19	0	6	25
67908	11	5	0	2	9
All Others	285	265	91	62	132
Total	3815	2189	172	1025	2618

#### C. ASA Risk Classification for Surgical Procedures

Please identify the number of patients by the risk categorization recommended by the American Society of Anesthesiologist. Class 4 combines the ASA P5 and P6 categories. The web site can be found at <http://www.asahq.org/clinical/physicalstatus.htm>

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# of Patients with no medical problems (Class 1) 1170	# of Mild Systemic Disease (Class 2) 1536	# of Severe Systemic Disease (Class 3) 785	# of Disease Threatening Life (Class 4) 3	

1170	1536	765	3
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IV. Outcomes from Surgical Procedures

A. Number of Patient Transfers to Inpatient Facilities

STABLE TRANSFERS	NUMBER OF TRANSFERS	UNSTABLE TRANSFERS	NUMBER OF TRANSFERS
Additional Intervention Therapy	0	Additional Intervention Therapy	0
Antibiotic Therapy	0	Anaphylactic Reaction	0
Bleeding	0	Angioplasty PTCA Procedure	
EKG Changes	0	Breathing Difficulties Respiratory Distress	
Nausea - Vomiting	0	CABG CV Surgery	
Observation		Chest Pain	
Pain Control		EKG Changes	
IV Therapy		Seizures	
Planned Referral and Transfer	0	Unstable Medical Condition	0
Total Stable Transfers	0	Total Unstable Transfers	0

B. Other Outcomes

	Number	% of Cases
Number of Patients with a Post-Surgical Wound Infection within 30 days following a surgical encounter	1	0002%
Number Of Patient Deaths Occurring in the Center	0	
Number of patients who stayed in the ASC greater than 24 hours:	0	patients

ATTACHMENT B