

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: 7920 W. Jefferson Blvd., Suite 210 City: Fort Wayne County: Allen Administrator Name: Anne Haddix Administrator Email: ahaddix@swsurgicalsuites.com ASC Web Address: southwestsurgicalsuites.com Fiscal Year: 2018

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	3
Number of procedure rooms	0

III. Utilization Statistics

Time Period	Number of Patients	Number of Procedures
Persons Served in twelve-month period	in twelve-month period 1294	
B. Ten Most Frequent Surgical Procedures Perfe	ormed	
CPT Code		Total Procedures
66984		418
19318		139
15823		81
67900		77
67904		38
19380		37
11970		32

28285	30
67917	29
15260	25

IV. Outcomes from Surgical Procedures

Number of patients with a Post-Surgical wound infection within 30 days following	8
a surgical encounter.	