

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: 1900 Chester Blvd City: Richmond County: Wayne Administrator Name: Sarah Jefferis RN Administrator Email: sjefferis@wweyecenters.com ASC Web Address: www.whitewatereyecenters.com Fiscal Year: 2018

Accredited: • Yes • No

Name of Accrediting Body: AAAHC

Deemed Status: OYes No

Corporate Tax Status: • For Profit • Non Profit

## II. Identification of Surgical Resources

Number of operating rooms	2
Number of procedure rooms	3

## **III. Utilization Statistics**

Time Period	Number of Patients	Number of Procedures
Persons Served in twelve-month period	5085	6027
B. Ten Most Frequent Surgical Procedures Perfo	ormed	
CPT Code		Total Procedures
66984		2561
66821		788
37228		479
66982		357
67210		233
66761		146
65855		146

67145	66
67311	66
0192T	59

## IV. Outcomes from Surgical Procedures

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