

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: 11420 Parkview Circle City: Fort Wayne County: Allen Administrator Name: Jeffra Kinniard Administrator Email: jeffra.kinniard@parkview.com ASC Web Address: n/a Fiscal Year: 2

Accredited: • Yes ONo Name of Accrediting Body: AAAHC Deemed Status: OYes • No

Corporate Tax Status:  $\bigcirc$  For Profit  $\bigcirc$  Non Profit

## II. Identification of Surgical Resources

Number of operating rooms	6
Number of procedure rooms	4

## III. Utilization Statistics

A. Total Patients and Procedures		
Time Period	Number of Patients	Number of Procedures

Persons Served in twelve-month period	5160	9975			
B. Ten Most Frequent Surgical Procedures Performed					
CPT Code		Total Procedures			
64483		1156			
64415		577			
64721		498			
64447		427			
64636		351			
64494		341			
64484		310			
29881		280			
64493		263			
29826		241			

## IV. Outcomes from Surgical Procedures

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