



## ASC Utilization Report

State Form 49933 (R3/6-05)

Indiana State Department of Health  
Acute Care

### I. Center Identification

*Organization Name:* RIVER VIEW SURGERY CENTER

*Street Address:* 330 N Wabash Ave #200

*City:* Marion

*County:* Grant

*ASC Web Address:* riverviewsc.org

*Fiscal Year:* 2010

*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	4
Number of procedure rooms	5

### III. Utilization Statistics

A. Total Patients and Procedures		
Time Period	Number of Patients	Number of Procedures
Persons Served in twelve-month period	4492	4500
B. Ten Most Frequent Surgical Procedures Performed		
CPT Code	Total Procedures	
43239	840	
45380	777	
45378	662	
45385	504	
43248	200	
69436	137	
G0105	100	

42820	98
55700	93
29881	82

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

Number of patients with a Post-Surgical wound infection within 30 days following a surgical encounter.	5
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