



ASC Utilization Report
State Form 49933 (R3/6-05)
Indiana State Department of Health
Acute Care

Status: Finalized

I. Center Identification

Organization Name: NORTHWEST REGIONAL SURGERY CENTER LLC

Street Address: 8900 Broadway Ave S100W

City: Merrillville

County: Lake

Administrator Name: Randall Eckard

Administrator Email: reckard@nwregionalsc.com

ASC Web Address:

Fiscal Year: 2014

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	2
Number of procedure rooms	1

III. Utilization Statistics

A. Total Patients and Procedures		
Time Period	Number of Patients	Number of Procedures
Persons Served in twelve-month period	1713	1735
B. Ten Most Frequent Surgical Procedures Performed		
CPT Code	Total Procedures	
29881	249	

29826	154
26055	133
29848	129
29827	100
62311	156
64721	90
31255	39
29880	69
29824	98

IV. Outcomes from Surgical Procedures

Number of patients with a Post-Surgical wound infection within 30 days following a surgical encounter.	3
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