



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

Status: Finalized

I. Center Identification

Organization Name: SURGERY ONE  
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: 2015

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 | 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              | 7254               | 14646                |
| B. Ten Most Frequent Surgical Procedures Performed |                    |                      |
| CPT Code   | Total Procedures   |                      |
| 64483  | 2034               |                      |
| 64493  | 682                |                      |
| 64494  | 652                |                      |
| 64636  | 644                |                      |

|       |     |
|-------|-----|
| 64415 | 586 |
| 64721 | 457 |
| 64484 | 436 |
| 64635 | 377 |
| 64447 | 359 |
| 29881 | 346 |

#### IV. Outcomes from Surgical Procedures

|  |    |
|--|----|
| Number of patients with a Post-Surgical wound infection within 30 days following a surgical encounter. | 20 |
|--|----|