



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

Status: Finalized

I. Center Identification

Organization Name: GOSHEN HEALTH SURGERY CENTER LLC

Street Address: 1605 Winsted Dr

City: Goshen

County: Elkhart

Administrator Name: Cheri Sarasin

Administrator Email: csarasin@goshenhealth.com

ASC Web Address:

Fiscal Year: 2021

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 | 2 |

III. Utilization Statistics

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

| | | |
|---|-------------------------|------|
| Persons Served in twelve-month period | 3063 | 4551 |
| B. Ten Most Frequent Surgical Procedures Performed | | |
| CPT Code | Total Procedures | |
| 45385 | 1093 | |
| 43239 | 850 | |
| 45380 | 820 | |
| 45378 | 637 | |
| C1713 | 421 | |
| 62323 | 347 | |
| 64493 | 109 | |
| 43249 | 95 | |
| 62321 | 92 | |
| 64494 | 87 | |

IV. Outcomes from Surgical Procedures

| | |
|--|---|
| Number of patients with a Post-Surgical wound infection within 30 days following a surgical encounter. | 0 |
|--|---|