



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

Status: Finalized

I. Center Identification

Organization Name: SOUTH BEND SPECIALTY SURGERY CENTER

Street Address: 335 Florence Ave. Ste 1B

City: Granger

County: St. Joseph

Administrator Name: Ralph Lantz

Administrator Email: rlantz@southbendspecialty.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 | 2 |

III. Utilization Statistics

| A. Total Patients and Procedures | | |
|--|--------------------|----------------------|
| Time Period | Number of Patients | Number of Procedures |
| Persons Served in twelve-month period | 727 | 1606 |
| B. Ten Most Frequent Surgical Procedures Performed | | |
| CPT Code | Total Procedures | |
| 31231 | 159 | |

| | |
|-------|-----|
| 69436 | 129 |
| 30930 | 121 |
| 64721 | 108 |
| 31256 | 47 |
| 30520 | 45 |
| 42820 | 39 |
| 42821 | 35 |
| 28285 | 29 |
| 31238 | 27 |

IV. Outcomes from Surgical Procedures

| | |
|--|---|
| Number of patients with a Post-Surgical wound infection within 30 days following a surgical encounter. | 2 |
|--|---|