



ASC Utilization Report

State Form 49933 (R3/6-05)

Indiana State Department of Health
Acute Care

I. Center Identification

Organization Name: HAMMOND COMMUNITY AMBULATORY CARE CENTER

Street Address: 2143 Calumet Ave.

City: Hammond

County: Lake

ASC Web Address:

Fiscal Year: 2010

Accredited: Yes No

Name of Accrediting Body: HFAP

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	379	560
B. Ten Most Frequent Surgical Procedures Performed		
CPT Code	Total Procedures	
45378	110	
28285	51	
72275	46	
62311	44	
43239	43	
18699	40	
43235	28	

28296	26
45380	19
45385	16

IV. Outcomes from Surgical Procedures

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