

Status: Finalized

I. Center Identification

(Organization Name:	INDIANA	UNIVERSIT	TY HEALTH	LAKESHORI	E SURGICAF	RE LLC
	INAIIIE.						

Street Address: 3111 Village Point

City: Chesterton

County: Porter

Administrator Name: Josie McLaughlin

Administrator Email: jmclaughlin@lakeshoresurgicare.com

ASC Web Address: www.lakeshoresurgicare.com

Fiscal Year: 2013

Accredited: • Yes ONo

Name of Accrediting Body: AAAHC

Deemed Status: • Yes O No

Corporate Tax Status: OFor 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	3080	8207			
B. Ten Most Frequent Surgical Procedures Performed					
CPT Code		Total Procedures			
64483		826			

64415	414
C1713	368
62311	334
77003	268
64484	225
64493	202
29848	200
26145	181
29881	174

IV. Outcomes from Surgical Procedures

Number of patients with a Post-Surgical wound infection within 30 days following	6
a surgical encounter.	

Comments