

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

Status: Finalized

I. Center Identification

Organization Name: NDIANA UNIVERSITY HEALTH LAKESHORE SURGICARE LLC Street Address: 3111 Village Point City: Chesterton County: Porter Administrator Name: Josie McLaughlin Administrator Email: jmclaughlin@lakeshoresurgicare.com ASC Web Address: lakeshoresurgicare.com Fiscal Year: 2014 Accredited: • Yes ONo

Name of Accrediting Body: AAAHC

Deemed Status: • Yes ONo

Corporate Tax Status: O For Profit
Non Profit

II. Identification of Surgical Resources

Number of operating rooms	2
Number of procedure rooms	1

III. Utilization Statistics

Patients	Procedures
3119	7417
	Total Procedures
	3119

64415	392
C1713	372
64636	306
62311	278
77003	264
64493	233
26145	231
29848	228
64484	199

IV. Outcomes from Surgical Procedures

Number of patients with a Post-Surgical wound infection within 30 days following	4
a surgical encounter.	