



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

Status: Finalized

I. Center Identification

Organization Name: HAMMOND COMMUNITY AMBULATORY CARE CENTER

Street Address: 2143 Calumet Ave.

City: Whiting

County: IN

Administrator Name: Bharati Patel

Administrator Email: BHARATIPATEL52@YAHOO.COM

ASC Web Address:

Fiscal Year: 2016

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	159	159
B. Ten Most Frequent Surgical Procedures Performed		
CPT Code	Total Procedures	
45378	50	
43235	20	
43239	11	
11403	10	
49561	7	
11406	5	
36478	3	

43870	3
46257	3
54161	3

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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