



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 Avenue

City: Hammond

County: Lake

ASC Web Address:

Fiscal Year: 2011

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	286	385
B. Ten Most Frequent Surgical Procedures Performed		
CPT Code	Total Procedures	
45378	88	
43239	43	
28285	35	
43235	28	
45380	20	
28296	19	
L8699	17	

20680	12
45385	10
other	113

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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