



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: N/A

Fiscal Year: 2012

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	243	245
B. Ten Most Frequent Surgical Procedures Performed		
CPT Code	Total Procedures	
45378	73	
43239	27	
45380	20	
43235	13	
45385	12	
14302	9	
12032	9	

28296	9
28285	8
other	65

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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