



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 Avenue

City: Hammond

County: Lake

Administrator Name: Bharati Patel

Administrator Email: bharatipatel52@yahoo.com

ASC Web Address:

Fiscal Year: 2013

Accredited: Yes No

Name of Accrediting Body: BHFA

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	142	192
B. Ten Most Frequent Surgical Procedures Performed		
CPT Code	Total Procedures	
45378	30	

43235	12
43239	9
47562	7
49561	7
45380	5
14020	5
11406	4
12032	4
49507	4

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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Comments

