



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

Status: Finalized

I. Center Identification

Organization Name: MEMORIAL SPINE & NEUROSCIENCE CENTER

Street Address: 100 Navarre Place Suite 4405

City: South Bend

County: St. Joseph

Administrator Name: Cheryl Bloode

Administrator Email: cbloode@beaconhealthsystem.org

ASC Web Address: www.MSNCsurgery.com

Fiscal Year: 2013

Accredited: Yes No

Name of Accrediting Body: AAAHC

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	2

III. Utilization Statistics

A. Total Patients and Procedures		
Time Period	Number of Patients	Number of Procedures
Persons Served in twelve-month period	1495	1495
B. Ten Most Frequent Surgical Procedures Performed		
CPT Code	Total Procedures	
62311	898	

64483	222
62310	105
69990	101
63030	82
64493	57
64721	25
64494	24
63650	19
64405	14

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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