



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

Status: Finalized

I. Center Identification

Organization Name: SOUTH BEND CLINIC & SURGICENTER

Street Address: 211 N. Eddy St

City: South Bend

County: St. Joseph

Administrator Name: Paul Meyer

Administrator Email: pmeyer@southbendclinic.com

ASC Web Address: www.southbendclinic.com

Fiscal Year: 2013

Accredited: Yes No

Name of Accrediting Body:

Deemed Status: Yes No

Corporate Tax Status: For Profit Non Profit

II. Identification of Surgical Resources

Number of operating rooms	5
Number of procedure rooms	3

III. Utilization Statistics

A. Total Patients and Procedures		
Time Period	Number of Patients	Number of Procedures
Persons Served in twelve-month period	6197	11270
B. Ten Most Frequent Surgical Procedures Performed		
CPT Code	Total Procedures	
45380	1265	

43239	780
45385	775
45378	687
69436	289
66984	286
62311	226
64483	161
45381	150
42820	131

IV. Outcomes from Surgical Procedures

Number of patients with a Post-Surgical wound infection within 30 days following a surgical encounter.	2
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Comments

