

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

Status: Finalized

### I. Center Identification

Organization Name: Street Address: 53990 Carmichael Drive City: South Bend County: St. Joseph Administrator Name: Charles Strasser, RN, CASC Administrator Email: bkline@apsurgery.com ASC Web Address: www.apsurgery.com Fiscal Year: 2021 Accredited: ● Yes ○ No

Name of Accrediting Body: AAAHC

Deemed Status: OYes ONo

Corporate Tax Status: • For Profit O Non Profit

## II. Identification of Surgical Resources

Number of operating rooms	8	
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	12,632	38,370		
B. Ten Most Frequent Surgical Procedures Perfo	ormed			
CPT Code		Total Procedures		
20610		301		
27447		338		
29881		358		
64721		481		
64483		1,315		
64493		410		
62321		289		

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62323	236
29827	397
66984	2,358

# IV. Outcomes from Surgical Procedures

Number of patients with a Post-Surgical wound infection within 30 days following	4
a surgical encounter.	