



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: Carol Brockmiller

Administrator Email: cbrockmiller@quincymedgroup.com

ASC Web Address: www.southbendclinic.com

Fiscal Year: 2022

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	8527	11893
B. Ten Most Frequent Surgical Procedures Performed		
CPT Code	Total Procedures	
66984	1832	
45378	906	
43239	566	
69436	551	
45385	512	
64483	327	
45384	244	

45380	223
30140	167
49505	157

IV. Outcomes from Surgical Procedures

Number of patients with a Post-Surgical wound infection within 30 days following a surgical encounter.	1
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