



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: 2016

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	6703	9237
B. Ten Most Frequent Surgical Procedures Performed		
CPT Code	Total Procedures	
45380	1170	
43239	886	
45385	831	
45378	631	
69436	431	
64483	425	
66984	345	

62311	238
43235	192
45381	177

IV. Outcomes from Surgical Procedures

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