



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: Indiana

Administrator Name: Kelly Macken-Marble

Administrator Email: kmarble@southbendclinic.com

ASC Web Address: www.southbendclinic.com

Fiscal Year: 2021

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	8492	12182
B. Ten Most Frequent Surgical Procedures Performed		
CPT Code	Total Procedures	
66984	1548	
45380	977	
45378	803	
43239	613	
45385	613	
64483	552	
69436	265	
G0105	220	
45381	163	
62323	157	

IV. Outcomes from Surgical Procedures

Number of patients with a Post-Surgical wound infection within 30 days following a surgical encounter.	3
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