



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: 2014

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	5882	7646
B. Ten Most Frequent Surgical Procedures Performed		
CPT Code	Total Procedures	
45380	1320	

43239	781
45385	743
45378	640
66984	245
69436	241
62311	238
64483	209
45381	183
42820	141

IV. Outcomes from Surgical Procedures

Number of patients with a Post-Surgical wound infection within 30 days following a surgical encounter.	0
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