



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: Ryan West

Administrator Email: Ryan.West@duly.com

ASC Web Address: www.southbendclinic.com

Fiscal Year: 2023

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	7263	21005
B. Ten Most Frequent Surgical Procedures Performed		
CPT Code	Total Procedures	
45378	1564	
66984	941	
69436	929	
45385	763	
45380	540	
64483	462	
43239	452	

30140	446
42820	430
49505	397

#### 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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