



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: 2015

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	6468	8665
B. Ten Most Frequent Surgical Procedures Performed		
CPT Code	Total Procedures	
45380	1261	
43239	866	
45385	803	
45378	703	

66984	316
69436	302
62311	252
64483	222
43235	175
45381	161

#### 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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