

019 Calumet Medical Center
614 Memorial Dr
Chilton, WI 53014
920-849-2386

Hospital Type: **GMS**
County: **Calumet**
Analysis Area: **3-Lake Winnebago**
Inpatient Volume Group: **2**

Overall Hospital Utilization

Total Discharges:	503	Average Length of Stay (days):	3.2
Total Patient Days:	1,597	Average Charge per Discharge:	\$7,848

Obstetrical Utilization

Normal Childbirths:	0	Percent of All Childbirths:	0.0%
Cesarean Childbirths:	0	Percent of All Childbirths:	0.0%
Other Childbirths:	0	Percent of All Childbirths:	0.0%
Total Childbirths:	0		
Total Newborns:	0		

Psychiatric Utilization

Discharges:	5	Percent of All Discharges:	1.0%
Patient Days:	15	Percent of All Patient Days:	0.9%

AODA Utilization

Discharges:	1	Percent of All Discharges:	0.2%
Patient Days:	1	Percent of All Patient Days:	0.1%

Patient Discharge Status

<u>Discharge Status</u>	<u>% Discharges</u>
Home or Self-Care	48.1%
Other GMS Hospital	5.8%
Skilled Nursing Facility	13.3%
Intermediate Care Facility	15.7%
Inpatient Rehabilitation Facility	0.0%
Hospice	0.4%
Other Institution	0.6%
Home Health/Home IV Provider	2.2%
Left Against Medical Advice	0.2%
Expired	2.4%
Other	11.3%

Expected Pay Source Distribution

<u>Primary Payer</u>	<u>% Discharges</u>
Medicare	76.3%
Medicaid/BadgerCare	1.8%
Other Government	1.2%
Commercial or Private Insurance	18.9%
Self-Pay	1.8%
Other or Unknown Insurance	0.0%

Age Distribution

<u>Age Group</u>	<u>% Discharges</u>	<u>% Patient Days</u>
Newborn	0.0%	0.0%
Under 15	0.8%	0.4%
15 - 19	0.0%	0.0%
20 - 24	0.8%	0.7%
25 - 34	4.0%	2.9%
35 - 44	5.4%	3.8%
45 - 54	5.4%	4.1%
55 - 64	9.5%	9.8%
65 - 74	18.9%	20.4%
75 - 84	29.8%	29.9%
85 & Over	25.4%	28.1%

Sex Distribution

<u>Sex</u>	<u>% Discharges</u>	<u>% Patient Days</u>
Male	48.3%	47.8%
Female	51.7%	52.2%

Race Distribution

<u>Race</u>	<u>% Discharges</u>	<u>% Patient Days</u>
Native American	0.0%	0.0%
Asian/Pacific Isl.	0.0%	0.0%
Black	0.0%	0.0%
White	99.6%	99.7%
Other	0.2%	0.2%
Unknown	0.2%	0.1%

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DRG Specific Data - Average Length of Stay (ALOS)

DRG # and Description	This Facility		Group Averages					
	Discharges	ALOS	Analysis Area		Inpatient Volume Group		All GMS Hospitals	
			ALOS	Ratio	ALOS	Ratio	ALOS	Ratio
088 Chronic Obstructive Pulmonary Disease	20	3.1	3.6	0.85	4.4	0.69	4.2	0.73
089 Simple Pneumonia & Pleurisy Age >17 w CC	30	4.0	4.1	0.98	4.4	0.91	4.8	0.83
127 Heart Failure & Shock	28	3.5	3.8	0.91	4.0	0.87	4.4	0.79
143 Chest Pain	6	1.3	1.4	0.95	1.4	0.95	1.5	0.89
174 G.I. Hemorrhage w CC	22	2.9	3.1	0.92	3.0	0.95	3.8	0.75
182 G.I. Disorders Age >17 w CC	15	2.3	3.1	0.73	3.0	0.76	3.6	0.63
183 G.I. Disorders Age >17 w/o CC	10	2.0	2.3	0.87	1.9	1.05	2.4	0.83
209 Maj Joint/Limb Reattachment Procs-Lower Extremity	39	3.9	4.0	0.99	3.8	1.04	4.2	0.94
243 Medical Back Problems	4	*	3.3	*	3.1	*	3.7	*
296 Nutritional & Metabolic Disorders Age >17 w CC	18	3.2	3.7	0.87	3.2	1.01	4.1	0.79
359 Uterine/Adnexa Proc for Non-Malignancy w/o CC	1	*	1.9	*	2.0	*	2.0	*
371 Cesarean Section w/o CC	0	N/A	3.6	N/A	3.3	N/A	3.7	N/A
373 Vaginal Delivery w/o Complicating Diagnosis	0	N/A	2.0	N/A	2.0	N/A	2.1	N/A
390 Neonate w Other Significant Problems	0	N/A	2.5	N/A	2.4	N/A	2.5	N/A
391 Normal Newborn	0	N/A	2.0	N/A	2.0	N/A	2.0	N/A

DRG Specific Data - Average Charge per Discharge (Actual & Risk-Adjusted^)

DRG # and Description	This Facility		Risk Adjusted Group Averages					
	Average Charge	Risk Adjusted Average Charge	Analysis Area		Inpatient Volume Group		All GMS Hospitals	
		Average Charge	Average Charge	Average Charge	Ratio	Average Charge	Ratio	Average Charge
088 Chronic Obstructive Pulmonary Disease	\$6,154	\$6,492	\$6,473	1.00	\$8,810	0.74	\$8,935	0.73
089 Simple Pneumonia & Pleurisy Age >17 w CC	\$6,926	\$7,889	\$7,741	1.02	\$9,115	0.87	\$10,412	0.76
127 Heart Failure & Shock	\$5,986	\$6,363	\$7,956	0.80	\$8,617	0.74	\$10,503	0.61
143 Chest Pain	\$2,875	\$2,942	\$4,922	0.60	\$4,037	0.73	\$6,214	0.47
174 G.I. Hemorrhage w CC	\$5,435	\$6,266	\$7,914	0.79	\$7,321	0.86	\$10,746	0.58
182 G.I. Disorders Age >17 w CC	\$4,043	\$5,228	\$6,518	0.80	\$6,104	0.86	\$8,548	0.61
183 G.I. Disorders Age >17 w/o CC	\$5,036	\$5,535	\$5,269	1.05	\$4,803	1.15	\$6,351	0.87
209 Maj Joint/Limb Reattachment Procs-Lower Extremity	\$16,665	\$16,462	\$20,253	0.81	\$20,450	0.80	\$25,023	0.66
243 Medical Back Problems	*	*	\$6,487	*	\$5,585	*	\$7,634	*
296 Nutritional & Metabolic Disorders Age >17 w CC	\$6,058	\$6,658	\$6,997	0.95	\$6,581	1.01	\$8,890	0.75
359 Uterine/Adnexa Proc for Non-Malignancy w/o CC	*	*	\$7,528	*	\$10,322	*	\$10,344	*
371 Cesarean Section w/o CC	N/A	N/A	\$6,040	N/A	\$8,915	N/A	\$8,934	N/A
373 Vaginal Delivery w/o Complicating Diagnosis	N/A	N/A	\$2,632	N/A	\$4,265	N/A	\$4,407	N/A
390 Neonate w Other Significant Problems	N/A	N/A	\$1,792	N/A	\$2,385	N/A	\$2,468	N/A
391 Normal Newborn	N/A	N/A	\$1,011	N/A	\$1,439	N/A	\$1,476	N/A

N/A - Zero Discharges reported for DRG

* - 1 through 4 Discharges reported for DRG

^ Risk-Adjusted Charges calculated using Medstat Disease Staging Software® Version 5.21.3 licensed through Thomson Medstat, Inc.

Risk-Adjusted Charges not calculated for DRGs related to Mental Diseases/Disorders and/or Alcohol/Drug Use/Abuse/Dependence.