

039 Bellin Memorial Hospital
744 S Webster Ave
Green Bay, WI 54305
920-433-3500

Hospital Type: GMS
 County: Brown
 Analysis Area: 4-Northeastern
 Inpatient Volume Group: 6

Overall Hospital Utilization

Total Discharges:	8,740	Average Length of Stay (days):	3.4
Total Patient Days:	29,730	Average Charge per Discharge:	\$12,337

Obstetrical Utilization

Normal Childbirths:	921	Percent of All Childbirths:	70.5%
Cesarean Childbirths:	249	Percent of All Childbirths:	19.1%
Other Childbirths:	136	Percent of All Childbirths:	10.4%
Total Childbirths:	1,306		
Total Newborns:	1,327		

Psychiatric Utilization

Discharges:	11	Percent of All Discharges:	0.1%
Patient Days:	21	Percent of All Patient Days:	0.1%

AODA Utilization

Discharges:	15	Percent of All Discharges:	0.2%
Patient Days:	57	Percent of All Patient Days:	0.2%

Patient Discharge Status

<u>Discharge Status</u>	<u>% Discharges</u>
Home or Self-Care	85.6%
Other GMS Hospital	1.1%
Skilled Nursing Facility	4.9%
Intermediate Care Facility	0.6%
Inpatient Rehabilitation Facility	0.9%
Hospice	0.4%
Other Institution	0.7%
Home Health/Home IV Provider	4.4%
Left Against Medical Advice	0.1%
Expired	1.2%
Other	0.0%

Expected Pay Source Distribution

<u>Primary Payer</u>	<u>% Discharges</u>
Medicare	30.2%
Medicaid/BadgerCare	10.4%
Other Government	1.2%
Commercial or Private Insurance	55.9%
Self-Pay	2.4%
Other or Unknown Insurance	0.0%

Age Distribution

<u>Age Group</u>	<u>% Discharges</u>	<u>% Patient Days</u>
Newborn	15.2%	9.7%
Under 15	4.1%	3.0%
15 - 19	2.0%	1.5%
20 - 24	3.7%	2.8%
25 - 34	13.0%	10.2%
35 - 44	8.7%	8.3%
45 - 54	10.9%	11.1%
55 - 64	13.1%	15.1%
65 - 74	14.6%	18.6%
75 - 84	11.6%	15.4%
85 & Over	3.3%	4.3%

Sex Distribution

<u>Sex</u>	<u>% Discharges</u>	<u>% Patient Days</u>
Male	42.9%	45.2%
Female	57.1%	54.8%

Race Distribution

<u>Race</u>	<u>% Discharges</u>	<u>% Patient Days</u>
Native American	2.4%	2.5%
Asian/Pacific Isl.	1.3%	0.8%
Black	0.7%	0.5%
White	92.5%	93.5%
Other	2.8%	2.1%
Unknown	0.4%	0.6%

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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	35	3.9	4.0	0.97	4.4	0.88	4.2	0.93
089 Simple Pneumonia & Pleurisy Age >17 w CC	59	4.5	4.5	1.00	5.1	0.88	4.8	0.94
127 Heart Failure & Shock	143	3.8	4.1	0.93	4.8	0.79	4.4	0.86
143 Chest Pain	108	1.3	1.4	0.93	1.6	0.81	1.5	0.86
182 G.I. Disorders Age >17 w CC	55	2.9	3.4	0.84	3.8	0.75	3.6	0.79
209 Maj Joint/Limb Reattachment Procs-Lower Extremity	632	3.7	4.0	0.93	4.2	0.89	4.2	0.89
359 Uterine/Adnexa Proc for Non-Malignancy w/o CC	163	2.2	1.9	1.14	2.0	1.08	2.0	1.08
371 Cesarean Section w/o CC	205	3.6	3.6	0.99	4.0	0.89	3.7	0.97
372 Vaginal Delivery w Complicating Diagnosis	118	2.7	2.7	1.01	2.9	0.94	2.7	1.01
373 Vaginal Delivery w/o Complicating Diagnosis	921	2.2	2.1	1.07	2.1	1.07	2.1	1.07
390 Neonate w Other Significant Problems	217	2.4	2.4	0.99	2.6	0.91	2.5	0.95
391 Normal Newborn	983	2.1	2.1	1.00	2.1	1.00	2.0	1.05
430 Psychoses	1	*	5.4	*	6.9	*	6.3	*
462 Rehabilitation	0	N/A	10.3	N/A	10.6	N/A	10.8	N/A
517 Percutaneous Cardio Procedure w Stent w/o AMI	172	1.5	1.7	0.88	2.0	0.75	2.0	0.75

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	
		Charge	Charge	Average Charge	Ratio	Average Charge	Ratio	Average Charge
088 Chronic Obstructive Pulmonary Disease	\$6,779	\$6,934	\$8,735	0.79	\$9,399	0.74	\$8,935	0.78
089 Simple Pneumonia & Pleurisy Age >17 w CC	\$8,102	\$7,309	\$9,955	0.73	\$11,362	0.64	\$10,412	0.70
127 Heart Failure & Shock	\$6,737	\$6,644	\$9,449	0.70	\$11,521	0.58	\$10,503	0.63
143 Chest Pain	\$4,219	\$3,996	\$5,606	0.71	\$6,757	0.59	\$6,214	0.64
182 G.I. Disorders Age >17 w CC	\$4,275	\$4,323	\$7,984	0.54	\$9,365	0.46	\$8,548	0.51
209 Maj Joint/Limb Reattachment Procs-Lower Extremity	\$21,929	\$22,842	\$23,926	0.95	\$25,729	0.89	\$25,023	0.91
359 Uterine/Adnexa Proc for Non-Malignancy w/o CC	\$6,885	\$6,653	\$8,369	0.80	\$10,656	0.62	\$10,344	0.64
371 Cesarean Section w/o CC	\$6,175	\$6,154	\$7,134	0.86	\$9,525	0.65	\$8,934	0.69
372 Vaginal Delivery w Complicating Diagnosis	\$3,542	\$3,421	\$4,220	0.81	\$7,176	0.48	\$6,254	0.55
373 Vaginal Delivery w/o Complicating Diagnosis	\$2,689	\$2,619	\$3,144	0.83	\$4,879	0.54	\$4,407	0.59
390 Neonate w Other Significant Problems	\$1,757	\$1,656	\$1,945	0.85	\$2,726	0.61	\$2,468	0.67
391 Normal Newborn	\$1,251	\$1,137	\$1,285	0.89	\$1,567	0.73	\$1,476	0.77
430 Psychoses	*	#	#	*	#	*	#	*
462 Rehabilitation	N/A	N/A	\$14,466	N/A	\$17,355	N/A	\$16,900	N/A
517 Percutaneous Cardio Procedure w Stent w/o AMI	\$16,912	\$17,853	\$24,514	0.73	\$27,459	0.65	\$27,329	0.65

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.