

003 Appleton Medical Center
1818 N Meade St
Appleton, WI 54911
920-731-4101

Hospital Type: **GMS**
County: **Outagamie**
Analysis Area: **3-Lake Winnebago**
Inpatient Volume Group: **6**

Overall Hospital Utilization

Total Discharges:	9,625	Average Length of Stay (days):	3.7
Total Patient Days:	35,788	Average Charge per Discharge:	\$12,146

Obstetrical Utilization

Normal Childbirths:	876	Percent of All Childbirths:	73.6%
Cesarean Childbirths:	211	Percent of All Childbirths:	17.7%
Other Childbirths:	103	Percent of All Childbirths:	8.7%
Total Childbirths:	1,190		
Total Newborns:	1,199		

Psychiatric Utilization

Discharges:	19	Percent of All Discharges:	0.2%
Patient Days:	73	Percent of All Patient Days:	0.2%

AODA Utilization

Discharges:	28	Percent of All Discharges:	0.3%
Patient Days:	91	Percent of All Patient Days:	0.3%

Patient Discharge Status

<u>Discharge Status</u>	<u>% Discharges</u>
Home or Self-Care	76.8%
Other GMS Hospital	1.2%
Skilled Nursing Facility	10.4%
Intermediate Care Facility	0.3%
Inpatient Rehabilitation Facility	0.6%
Hospice	1.1%
Other Institution	0.2%
Home Health/Home IV Provider	6.9%
Left Against Medical Advice	0.2%
Expired	2.4%
Other	0.0%

Expected Pay Source Distribution

<u>Primary Payer</u>	<u>% Discharges</u>
Medicare	45.0%
Medicaid/BadgerCare	2.2%
Other Government	0.1%
Commercial or Private Insurance	49.8%
Self-Pay	2.8%
Other or Unknown Insurance	0.0%

Age Distribution

<u>Age Group</u>	<u>% Discharges</u>	<u>% Patient Days</u>
Newborn	12.5%	7.2%
Under 15	0.5%	0.3%
15 - 19	1.6%	1.1%
20 - 24	3.1%	2.0%
25 - 34	10.8%	7.7%
35 - 44	7.5%	7.1%
45 - 54	8.3%	9.1%
55 - 64	12.4%	14.8%
65 - 74	16.1%	19.1%
75 - 84	18.4%	22.2%
85 & Over	8.7%	9.3%

Sex Distribution

<u>Sex</u>	<u>% Discharges</u>	<u>% Patient Days</u>
Male	44.5%	47.1%
Female	55.5%	52.9%

Race Distribution

<u>Race</u>	<u>% Discharges</u>	<u>% Patient Days</u>
Native American	0.9%	1.0%
Asian/Pacific Isl.	1.3%	0.8%
Black	0.4%	0.4%
White	93.3%	95.1%
Other	0.2%	0.2%
Unknown	3.8%	2.5%

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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	140	4.2	3.6	1.16	4.4	0.95	4.2	0.99
089 Simple Pneumonia & Pleurisy Age >17 w CC	230	4.4	4.1	1.07	5.1	0.86	4.8	0.92
127 Heart Failure & Shock	217	3.8	3.8	0.99	4.8	0.78	4.4	0.85
143 Chest Pain	71	1.6	1.4	1.15	1.6	1.00	1.5	1.07
182 G.I. Disorders Age >17 w CC	131	3.1	3.1	0.99	3.8	0.81	3.6	0.85
209 Maj Joint/Limb Reattachment Procs-Lower Extremity	437	3.9	4.0	0.97	4.2	0.93	4.2	0.93
359 Uterine/Adnexa Proc for Non-Malignancy w/o CC	107	1.7	1.9	0.91	2.0	0.86	2.0	0.86
371 Cesarean Section w/o CC	187	3.3	3.6	0.91	4.0	0.82	3.7	0.88
372 Vaginal Delivery w Complicating Diagnosis	79	2.2	2.4	0.90	2.9	0.75	2.7	0.80
373 Vaginal Delivery w/o Complicating Diagnosis	876	2.0	2.0	1.01	2.1	0.97	2.1	0.97
390 Neonate w Other Significant Problems	171	2.5	2.5	1.02	2.6	0.98	2.5	1.02
391 Normal Newborn	955	2.0	2.0	1.01	2.1	0.97	2.0	1.01
430 Psychoses	1	*	4.6	*	6.9	*	6.3	*
462 Rehabilitation	0	N/A	11.7	N/A	10.6	N/A	10.8	N/A
517 Percutaneous Cardio Procedure w Stent w/o AMI	120	1.8	1.6	1.13	2.0	0.90	2.0	0.90

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	\$7,218	\$5,973	\$6,473	0.92	\$9,399	0.64	\$8,935	0.67
089 Simple Pneumonia & Pleurisy Age >17 w CC	\$8,228	\$7,187	\$7,741	0.93	\$11,362	0.63	\$10,412	0.69
127 Heart Failure & Shock	\$8,028	\$6,922	\$7,956	0.87	\$11,521	0.60	\$10,503	0.66
143 Chest Pain	\$5,086	\$4,643	\$4,922	0.94	\$6,757	0.69	\$6,214	0.75
182 G.I. Disorders Age >17 w CC	\$6,180	\$5,972	\$6,518	0.92	\$9,365	0.64	\$8,548	0.70
209 Maj Joint/Limb Reattachment Procs-Lower Extremity	\$22,081	\$21,788	\$20,253	1.08	\$25,729	0.85	\$25,023	0.87
359 Uterine/Adnexa Proc for Non-Malignancy w/o CC	\$5,978	\$5,859	\$7,528	0.78	\$10,656	0.55	\$10,344	0.57
371 Cesarean Section w/o CC	\$5,130	\$5,124	\$6,040	0.85	\$9,525	0.54	\$8,934	0.57
372 Vaginal Delivery w Complicating Diagnosis	\$2,616	\$2,663	\$3,492	0.76	\$7,176	0.37	\$6,254	0.43
373 Vaginal Delivery w/o Complicating Diagnosis	\$2,181	\$2,141	\$2,632	0.81	\$4,879	0.44	\$4,407	0.49
390 Neonate w Other Significant Problems	\$1,398	\$1,331	\$1,792	0.74	\$2,726	0.49	\$2,468	0.54
391 Normal Newborn	\$964	\$907	\$1,011	0.90	\$1,567	0.58	\$1,476	0.61
430 Psychoses	*	#	#	*	#	*	#	*
462 Rehabilitation	N/A	N/A	\$14,140	N/A	\$17,355	N/A	\$16,900	N/A
517 Percutaneous Cardio Procedure w Stent w/o AMI	\$19,528	\$19,465	\$21,916	0.89	\$27,459	0.71	\$27,329	0.71

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.