

042 St Vincent Hospital
835 S Van Buren St
Green Bay, WI 54307
920-433-0111

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

Overall Hospital Utilization

| | | | |
|---------------------|--------|--------------------------------|----------|
| Total Discharges: | 12,585 | Average Length of Stay (days): | 5.0 |
| Total Patient Days: | 63,211 | Average Charge per Discharge: | \$13,954 |

Obstetrical Utilization

| | | | |
|-----------------------|-------|-----------------------------|-------|
| Normal Childbirths: | 917 | Percent of All Childbirths: | 67.5% |
| Cesarean Childbirths: | 297 | Percent of All Childbirths: | 21.9% |
| Other Childbirths: | 145 | Percent of All Childbirths: | 10.7% |
| Total Childbirths: | 1,359 | | |
| Total Newborns: | 1,394 | | |

Psychiatric Utilization

| | | | |
|---------------|-----|------------------------------|------|
| Discharges: | 47 | Percent of All Discharges: | 0.4% |
| Patient Days: | 179 | Percent of All Patient Days: | 0.3% |

AODA Utilization

| | | | |
|---------------|-----|------------------------------|------|
| Discharges: | 64 | Percent of All Discharges: | 0.5% |
| Patient Days: | 281 | Percent of All Patient Days: | 0.4% |

Patient Discharge Status

| <u>Discharge Status</u> | <u>% Discharges</u> |
|-----------------------------------|---------------------|
| Home or Self-Care | 73.8% |
| Other GMS Hospital | 1.8% |
| Skilled Nursing Facility | 9.1% |
| Intermediate Care Facility | 0.2% |
| Inpatient Rehabilitation Facility | 2.6% |
| Hospice | 1.7% |
| Other Institution | 1.1% |
| Home Health/Home IV Provider | 6.4% |
| Left Against Medical Advice | 0.3% |
| Expired | 3.0% |
| Other | 0.0% |

Expected Pay Source Distribution

| <u>Primary Payer</u> | <u>% Discharges</u> |
|---------------------------------|---------------------|
| Medicare | 38.0% |
| Medicaid/BadgerCare | 12.1% |
| Other Government | 0.6% |
| Commercial or Private Insurance | 44.0% |
| Self-Pay | 5.3% |
| Other or Unknown Insurance | 0.0% |

Age Distribution

| <u>Age Group</u> | <u>% Discharges</u> | <u>% Patient Days</u> |
|------------------|---------------------|-----------------------|
| Newborn | 11.1% | 10.5% |
| Under 15 | 7.7% | 8.4% |
| 15 - 19 | 3.6% | 2.7% |
| 20 - 24 | 4.4% | 3.0% |
| 25 - 34 | 10.4% | 7.2% |
| 35 - 44 | 8.1% | 6.7% |
| 45 - 54 | 8.3% | 7.8% |
| 55 - 64 | 9.7% | 10.6% |
| 65 - 74 | 13.0% | 15.3% |
| 75 - 84 | 15.4% | 18.2% |
| 85 & Over | 8.2% | 9.6% |

Sex Distribution

| <u>Sex</u> | <u>% Discharges</u> | <u>% Patient Days</u> |
|------------|---------------------|-----------------------|
| Male | 44.2% | 48.0% |
| Female | 55.8% | 52.0% |

Race Distribution

| <u>Race</u> | <u>% Discharges</u> | <u>% Patient Days</u> |
|--------------------|---------------------|-----------------------|
| Native American | 3.4% | 3.4% |
| Asian/Pacific Isl. | 1.6% | 1.1% |
| Black | 1.3% | 1.4% |
| White | 88.6% | 89.9% |
| Other | 4.3% | 3.3% |
| Unknown | 0.8% | 1.0% |

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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 | 102 | 4.4 | 4.0 | 1.10 | 4.4 | 1.00 | 4.2 | 1.05 |
| 089 Simple Pneumonia & Pleurisy Age >17 w CC | 161 | 5.0 | 4.5 | 1.12 | 5.1 | 0.99 | 4.8 | 1.05 |
| 127 Heart Failure & Shock | 272 | 4.4 | 4.1 | 1.08 | 4.8 | 0.92 | 4.4 | 1.00 |
| 143 Chest Pain | 90 | 1.4 | 1.4 | 1.02 | 1.6 | 0.90 | 1.5 | 0.96 |
| 182 G.I. Disorders Age >17 w CC | 139 | 3.3 | 3.4 | 0.97 | 3.8 | 0.87 | 3.6 | 0.92 |
| 209 Maj Joint/Limb Reattachment Procs-Lower Extremity | 278 | 4.4 | 4.0 | 1.10 | 4.2 | 1.05 | 4.2 | 1.05 |
| 359 Uterine/Adnexa Proc for Non-Malignancy w/o CC | 141 | 2.0 | 1.9 | 1.06 | 2.0 | 1.01 | 2.0 | 1.01 |
| 371 Cesarean Section w/o CC | 226 | 4.0 | 3.6 | 1.10 | 4.0 | 0.99 | 3.7 | 1.08 |
| 372 Vaginal Delivery w Complicating Diagnosis | 135 | 3.6 | 2.7 | 1.34 | 2.9 | 1.25 | 2.7 | 1.34 |
| 373 Vaginal Delivery w/o Complicating Diagnosis | 917 | 2.2 | 2.1 | 1.04 | 2.1 | 1.04 | 2.1 | 1.04 |
| 390 Neonate w Other Significant Problems | 332 | 2.5 | 2.4 | 1.04 | 2.6 | 0.96 | 2.5 | 1.00 |
| 391 Normal Newborn | 853 | 2.1 | 2.1 | 1.00 | 2.1 | 1.00 | 2.0 | 1.06 |
| 430 Psychoses | 10 | 4.2 | 5.4 | 0.78 | 6.9 | 0.61 | 6.3 | 0.67 |
| 462 Rehabilitation | 494 | 11.8 | 10.3 | 1.15 | 10.6 | 1.11 | 10.8 | 1.09 |
| 517 Percutaneous Cardio Procedure w Stent w/o AMI | 35 | 1.9 | 1.7 | 1.09 | 2.0 | 0.93 | 2.0 | 0.93 |

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 | \$8,883 | \$8,417 | \$8,735 | 0.96 | \$9,399 | 0.90 | \$8,935 | 0.94 |
| 089 Simple Pneumonia & Pleurisy Age >17 w CC | \$10,301 | \$10,768 | \$9,955 | 1.08 | \$11,362 | 0.95 | \$10,412 | 1.03 |
| 127 Heart Failure & Shock | \$9,321 | \$9,909 | \$9,449 | 1.05 | \$11,521 | 0.86 | \$10,503 | 0.94 |
| 143 Chest Pain | \$6,384 | \$6,047 | \$5,606 | 1.08 | \$6,757 | 0.89 | \$6,214 | 0.97 |
| 182 G.I. Disorders Age >17 w CC | \$7,699 | \$8,231 | \$7,984 | 1.03 | \$9,365 | 0.88 | \$8,548 | 0.96 |
| 209 Maj Joint/Limb Reattachment Procs-Lower Extremity | \$23,388 | \$23,787 | \$23,926 | 0.99 | \$25,729 | 0.92 | \$25,023 | 0.95 |
| 359 Uterine/Adnexa Proc for Non-Malignancy w/o CC | \$7,922 | \$7,871 | \$8,369 | 0.94 | \$10,656 | 0.74 | \$10,344 | 0.76 |
| 371 Cesarean Section w/o CC | \$7,062 | \$6,812 | \$7,134 | 0.95 | \$9,525 | 0.72 | \$8,934 | 0.76 |
| 372 Vaginal Delivery w Complicating Diagnosis | \$4,015 | \$3,983 | \$4,220 | 0.94 | \$7,176 | 0.56 | \$6,254 | 0.64 |
| 373 Vaginal Delivery w/o Complicating Diagnosis | \$2,972 | \$2,908 | \$3,144 | 0.93 | \$4,879 | 0.60 | \$4,407 | 0.66 |
| 390 Neonate w Other Significant Problems | \$2,712 | \$2,200 | \$1,945 | 1.13 | \$2,726 | 0.81 | \$2,468 | 0.89 |
| 391 Normal Newborn | \$1,349 | \$1,374 | \$1,285 | 1.07 | \$1,567 | 0.88 | \$1,476 | 0.93 |
| 430 Psychoses | \$9,368 | # | # | | # | | # | |
| 462 Rehabilitation | \$16,864 | \$16,644 | \$14,466 | 1.15 | \$17,355 | 0.96 | \$16,900 | 0.98 |
| 517 Percutaneous Cardio Procedure w Stent w/o AMI | \$25,171 | \$26,235 | \$24,514 | 1.07 | \$27,459 | 0.96 | \$27,329 | 0.96 |

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.