

189 Aurora Medical Center - Kenosha
10400 75th St
Kenosha, WI 53142
262-948-5600

Hospital Type: GMS
 County: Kenosha
 Analysis Area: 2A-Southeastern
 Inpatient Volume Group: 5

Overall Hospital Utilization

Total Discharges:	5,917	Average Length of Stay (days):	3.8
Total Patient Days:	22,255	Average Charge per Discharge:	\$11,741

Obstetrical Utilization

Normal Childbirths:	658	Percent of All Childbirths:	63.8%
Cesarean Childbirths:	264	Percent of All Childbirths:	25.6%
Other Childbirths:	109	Percent of All Childbirths:	10.6%
Total Childbirths:	1,031		
Total Newborns:	1,039		

Psychiatric Utilization

Discharges:	11	Percent of All Discharges:	0.2%
Patient Days:	66	Percent of All Patient Days:	0.3%

AODA Utilization

Discharges:	30	Percent of All Discharges:	0.5%
Patient Days:	90	Percent of All Patient Days:	0.4%

Patient Discharge Status

<u>Discharge Status</u>	<u>% Discharges</u>
Home or Self-Care	86.2%
Other GMS Hospital	3.8%
Skilled Nursing Facility	6.1%
Intermediate Care Facility	0.1%
Inpatient Rehabilitation Facility	0.3%
Hospice	0.3%
Other Institution	0.1%
Home Health/Home IV Provider	0.8%
Left Against Medical Advice	0.5%
Expired	1.7%
Other	0.0%

Expected Pay Source Distribution

<u>Primary Payer</u>	<u>% Discharges</u>
Medicare	25.8%
Medicaid/BadgerCare	30.2%
Other Government	2.2%
Commercial or Private Insurance	36.0%
Self-Pay	5.8%
Other or Unknown Insurance	0.0%

Age Distribution

<u>Age Group</u>	<u>% Discharges</u>	<u>% Patient Days</u>
Newborn	17.6%	8.5%
Under 15	6.7%	4.0%
15 - 19	4.3%	2.6%
20 - 24	8.4%	5.4%
25 - 34	13.5%	8.6%
35 - 44	10.0%	9.1%
45 - 54	9.8%	11.5%
55 - 64	7.3%	9.6%
65 - 74	8.3%	14.2%
75 - 84	8.9%	16.4%
85 & Over	5.2%	10.1%

Sex Distribution

<u>Sex</u>	<u>% Discharges</u>	<u>% Patient Days</u>
Male	34.7%	36.4%
Female	65.3%	63.6%

Race Distribution

<u>Race</u>	<u>% Discharges</u>	<u>% Patient Days</u>
Native American	0.2%	0.1%
Asian/Pacific Isl.	0.5%	0.3%
Black	8.9%	8.6%
White	74.6%	80.8%
Other	10.5%	6.9%
Unknown	5.3%	3.3%

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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	104	6.1	4.7	1.30	4.3	1.42	4.2	1.46
089 Simple Pneumonia & Pleurisy Age >17 w CC	98	7.4	5.3	1.40	4.7	1.57	4.8	1.54
127 Heart Failure & Shock	141	6.0	4.8	1.26	4.4	1.37	4.4	1.37
143 Chest Pain	211	2.1	1.6	1.30	1.6	1.30	1.5	1.39
174 G.I. Hemorrhage w CC	31	6.3	4.3	1.46	3.8	1.66	3.8	1.66
182 G.I. Disorders Age >17 w CC	77	5.1	4.1	1.24	3.6	1.42	3.6	1.42
209 Maj Joint/Limb Reattachment Procs-Lower Extremity	64	4.6	4.6	1.00	4.1	1.12	4.2	1.10
359 Uterine/Adnexa Proc for Non-Malignancy w/o CC	179	2.2	2.0	1.09	2.0	1.09	2.0	1.09
371 Cesarean Section w/o CC	232	2.8	3.5	0.79	3.5	0.79	3.7	0.75
373 Vaginal Delivery w/o Complicating Diagnosis	658	1.9	2.1	0.91	2.0	0.96	2.1	0.91
390 Neonate w Other Significant Problems	95	2.0	2.5	0.81	2.4	0.84	2.5	0.81
391 Normal Newborn	917	1.8	2.0	0.90	2.0	0.90	2.0	0.90
430 Psychoses	4	*	6.7	*	5.6	*	6.3	*
462 Rehabilitation	0	N/A	12.4	N/A	11.2	N/A	10.8	N/A
523 Alcohol/Drug Abuse or Dependence w/o Rehab w/o CC	14	2.4	2.7	0.90	2.8	0.87	2.8	0.87

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

DRG # and Description	This Facility		Risk Adjusted Group Averages					
	Average Charge	Risk Adjusted	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	\$13,924	\$12,742	\$8,846	1.44	\$8,744	1.46	\$8,935	1.43
089 Simple Pneumonia & Pleurisy Age >17 w CC	\$17,323	\$16,812	\$10,728	1.57	\$10,105	1.66	\$10,412	1.61
127 Heart Failure & Shock	\$16,289	\$14,679	\$10,896	1.35	\$10,195	1.44	\$10,503	1.40
143 Chest Pain	\$7,932	\$7,735	\$6,498	1.19	\$6,350	1.22	\$6,214	1.24
174 G.I. Hemorrhage w CC	\$16,890	\$16,638	\$11,432	1.46	\$10,694	1.56	\$10,746	1.55
182 G.I. Disorders Age >17 w CC	\$12,864	\$11,829	\$9,336	1.27	\$8,524	1.39	\$8,548	1.38
209 Maj Joint/Limb Reattachment Procs-Lower Extremity	\$31,896	\$32,634	\$29,369	1.11	\$24,105	1.35	\$25,023	1.30
359 Uterine/Adnexa Proc for Non-Malignancy w/o CC	\$14,044	\$14,158	\$11,649	1.22	\$10,121	1.40	\$10,344	1.37
371 Cesarean Section w/o CC	\$10,336	\$10,335	\$9,123	1.13	\$8,196	1.26	\$8,934	1.16
373 Vaginal Delivery w/o Complicating Diagnosis	\$4,595	\$4,579	\$4,903	0.93	\$3,960	1.16	\$4,407	1.04
390 Neonate w Other Significant Problems	\$2,587	\$2,376	\$2,639	0.90	\$2,155	1.10	\$2,468	0.96
391 Normal Newborn	\$2,232	\$1,937	\$1,670	1.16	\$1,361	1.42	\$1,476	1.31
430 Psychoses	*	#	#	*	#	*	#	*
462 Rehabilitation	N/A	N/A	\$16,878	N/A	\$15,310	N/A	\$16,900	N/A
523 Alcohol/Drug Abuse or Dependence w/o Rehab w/o CC	\$4,965	#	#		#		#	

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.