

004 St Elizabeth Hospital
1506 S Oneida St
Appleton, WI 54915
920-738-2000

Hospital Type: GMS
 County: Outagamie
 Analysis Area: 3-Lake Winnebago
 Inpatient Volume Group: 5

Overall Hospital Utilization

Total Discharges:	8,608	Average Length of Stay (days):	3.6
Total Patient Days:	31,318	Average Charge per Discharge:	\$9,452

Obstetrical Utilization

Normal Childbirths:	996	Percent of All Childbirths:	74.7%
Cesarean Childbirths:	230	Percent of All Childbirths:	17.2%
Other Childbirths:	108	Percent of All Childbirths:	8.1%
Total Childbirths:	1,334		
Total Newborns:	1,355		

Psychiatric Utilization

Discharges:	893	Percent of All Discharges:	10.4%
Patient Days:	3,925	Percent of All Patient Days:	12.5%

AODA Utilization

Discharges:	183	Percent of All Discharges:	2.1%
Patient Days:	427	Percent of All Patient Days:	1.4%

Patient Discharge Status

<u>Discharge Status</u>	<u>% Discharges</u>
Home or Self-Care	84.7%
Other GMS Hospital	0.9%
Skilled Nursing Facility	8.7%
Intermediate Care Facility	0.0%
Inpatient Rehabilitation Facility	1.3%
Hospice	0.2%
Other Institution	1.4%
Home Health/Home IV Provider	0.8%
Left Against Medical Advice	0.4%
Expired	1.5%
Other	0.0%

Expected Pay Source Distribution

<u>Primary Payer</u>	<u>% Discharges</u>
Medicare	30.6%
Medicaid/BadgerCare	5.8%
Other Government	1.3%
Commercial or Private Insurance	59.9%
Self-Pay	2.4%
Other or Unknown Insurance	0.0%

Age Distribution

<u>Age Group</u>	<u>% Discharges</u>	<u>% Patient Days</u>
Newborn	15.7%	14.0%
Under 15	5.9%	6.5%
15 - 19	5.2%	4.9%
20 - 24	5.2%	3.5%
25 - 34	13.6%	9.8%
35 - 44	9.5%	9.0%
45 - 54	8.3%	8.6%
55 - 64	8.8%	10.5%
65 - 74	10.4%	12.1%
75 - 84	11.4%	14.6%
85 & Over	5.9%	6.2%

Sex Distribution

<u>Sex</u>	<u>% Discharges</u>	<u>% Patient Days</u>
Male	41.2%	45.4%
Female	58.8%	54.6%

Race Distribution

<u>Race</u>	<u>% Discharges</u>	<u>% Patient Days</u>
Native American	0.3%	0.3%
Asian/Pacific Isl.	2.4%	1.5%
Black	0.8%	0.7%
White	93.8%	95.6%
Other	2.7%	1.8%
Unknown	0.1%	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	55	2.7	3.6	0.76	4.3	0.64	4.2	0.65
089 Simple Pneumonia & Pleurisy Age >17 w CC	136	3.2	4.1	0.78	4.7	0.68	4.8	0.67
127 Heart Failure & Shock	140	3.2	3.8	0.84	4.4	0.72	4.4	0.72
143 Chest Pain	40	1.2	1.4	0.88	1.6	0.77	1.5	0.82
174 G.I. Hemorrhage w CC	78	2.7	3.1	0.86	3.8	0.70	3.8	0.70
182 G.I. Disorders Age >17 w CC	53	2.5	3.1	0.80	3.6	0.69	3.6	0.69
209 Maj Joint/Limb Reattachment Procs-Lower Extremity	131	3.8	4.0	0.96	4.1	0.93	4.2	0.91
359 Uterine/Adnexa Proc for Non-Malignancy w/o CC	78	1.9	1.9	1.00	2.0	0.95	2.0	0.95
371 Cesarean Section w/o CC	181	4.1	3.6	1.14	3.5	1.17	3.7	1.11
373 Vaginal Delivery w/o Complicating Diagnosis	996	2.0	2.0	0.99	2.0	0.99	2.1	0.95
390 Neonate w Other Significant Problems	50	3.0	2.5	1.20	2.4	1.25	2.5	1.20
391 Normal Newborn	1185	2.1	2.0	1.05	2.0	1.05	2.0	1.05
430 Psychoses	535	5.0	4.6	1.08	5.6	0.89	6.3	0.79
462 Rehabilitation	128	14.0	11.7	1.19	11.2	1.25	10.8	1.29
523 Alcohol/Drug Abuse or Dependence w/o Rehab w/o CC	134	2.2	2.1	1.03	2.8	0.78	2.8	0.78

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	\$6,681	\$6,146	\$6,473	0.95	\$8,744	0.70	\$8,935	0.69
089 Simple Pneumonia & Pleurisy Age >17 w CC	\$7,066	\$6,303	\$7,741	0.81	\$10,105	0.62	\$10,412	0.61
127 Heart Failure & Shock	\$7,861	\$7,508	\$7,956	0.94	\$10,195	0.74	\$10,503	0.71
143 Chest Pain	\$4,919	\$4,913	\$4,922	1.00	\$6,350	0.77	\$6,214	0.79
174 G.I. Hemorrhage w CC	\$7,957	\$7,435	\$7,914	0.94	\$10,694	0.70	\$10,746	0.69
182 G.I. Disorders Age >17 w CC	\$6,133	\$5,396	\$6,518	0.83	\$8,524	0.63	\$8,548	0.63
209 Maj Joint/Limb Reattachment Procs-Lower Extremity	\$21,909	\$22,103	\$20,253	1.09	\$24,105	0.92	\$25,023	0.88
359 Uterine/Adnexa Proc for Non-Malignancy w/o CC	\$6,498	\$6,519	\$7,528	0.87	\$10,121	0.64	\$10,344	0.63
371 Cesarean Section w/o CC	\$5,520	\$5,326	\$6,040	0.88	\$8,196	0.65	\$8,934	0.60
373 Vaginal Delivery w/o Complicating Diagnosis	\$2,385	\$2,361	\$2,632	0.90	\$3,960	0.60	\$4,407	0.54
390 Neonate w Other Significant Problems	\$3,081	\$2,872	\$1,792	1.60	\$2,155	1.33	\$2,468	1.16
391 Normal Newborn	\$1,155	\$1,051	\$1,011	1.04	\$1,361	0.77	\$1,476	0.71
430 Psychoses	\$4,394	#	#		#		#	
462 Rehabilitation	\$20,750	\$17,329	\$14,140	1.23	\$15,310	1.13	\$16,900	1.03
523 Alcohol/Drug Abuse or Dependence w/o Rehab w/o CC	\$1,892	#	#		#		#	

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.