

**061 Meriter Hospital Inc**  
**202 S Park St**  
**Madison, WI 53715**  
**608-267-6000**

Hospital Type: GMS  
County: Dane  
Analysis Area: 1-Southern  
Inpatient Volume Group: 6

**Overall Hospital Utilization**

Total Discharges:	20,235	Average Length of Stay (days):	4.1
Total Patient Days:	83,164	Average Charge per Discharge:	\$13,312

**Obstetrical Utilization**

Normal Childbirths:	2,179	Percent of All Childbirths:	64.6%
Cesarean Childbirths:	710	Percent of All Childbirths:	21.1%
Other Childbirths:	483	Percent of All Childbirths:	14.3%
<b>Total Childbirths:</b>	<b>3,372</b>		
<b>Total Newborns:</b>	<b>3,452</b>		

**Psychiatric Utilization**

Discharges:	1,011	Percent of All Discharges:	5.0%
Patient Days:	8,139	Percent of All Patient Days:	9.8%

**AODA Utilization**

Discharges:	364	Percent of All Discharges:	1.8%
Patient Days:	1,172	Percent of All Patient Days:	1.4%

**Patient Discharge Status**

<u>Discharge Status</u>	<u>% Discharges</u>
Home or Self-Care	81.4%
Other GMS Hospital	0.6%
Skilled Nursing Facility	7.1%
Intermediate Care Facility	0.1%
Inpatient Rehabilitation Facility	0.7%
Hospice	0.9%
Other Institution	1.7%
Home Health/Home IV Provider	5.7%
Left Against Medical Advice	0.7%
Expired	1.2%
Other	0.0%

**Expected Pay Source Distribution**

<u>Primary Payer</u>	<u>% Discharges</u>
Medicare	28.9%
Medicaid/BadgerCare	10.1%
Other Government	0.6%
Commercial or Private Insurance	57.6%
Self-Pay	2.7%
Other or Unknown Insurance	0.0%

**Age Distribution**

<u>Age Group</u>	<u>% Discharges</u>	<u>% Patient Days</u>
Newborn	17.1%	13.6%
Under 15	3.3%	5.4%
15 - 19	2.7%	3.5%
20 - 24	4.6%	3.3%
25 - 34	15.3%	11.1%
35 - 44	11.0%	9.6%
45 - 54	9.8%	10.2%
55 - 64	9.2%	10.3%
65 - 74	10.0%	12.0%
75 - 84	11.1%	14.2%
85 & Over	5.8%	6.7%

**Sex Distribution**

<u>Sex</u>	<u>% Discharges</u>	<u>% Patient Days</u>
Male	37.3%	40.0%
Female	62.7%	60.0%

**Race Distribution**

<u>Race</u>	<u>% Discharges</u>	<u>% Patient Days</u>
Native American	0.1%	0.2%
Asian/Pacific Isl.	2.3%	1.6%
Black	5.2%	5.1%
White	87.2%	87.1%
Other	1.5%	1.2%
Unknown	3.7%	4.8%

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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	171	4.5	4.4	1.02	4.4	1.02	4.2	1.07
089 Simple Pneumonia & Pleurisy Age >17 w CC	299	5.2	4.7	1.10	5.1	1.02	4.8	1.08
127 Heart Failure & Shock	311	5.0	4.5	1.11	4.8	1.04	4.4	1.14
143 Chest Pain	348	1.4	1.4	1.02	1.6	0.89	1.5	0.95
182 G.I. Disorders Age >17 w CC	276	3.2	3.4	0.94	3.8	0.84	3.6	0.89
209 Maj Joint/Limb Reattachment Procs-Lower Extremity	513	4.5	4.0	1.13	4.2	1.08	4.2	1.08
359 Uterine/Adnexa Proc for Non-Malignancy w/o CC	355	2.1	1.8	1.16	2.0	1.05	2.0	1.05
371 Cesarean Section w/o CC	547	4.4	3.6	1.21	4.0	1.09	3.7	1.18
372 Vaginal Delivery w Complicating Diagnosis	408	2.8	2.6	1.09	2.9	0.97	2.7	1.04
373 Vaginal Delivery w/o Complicating Diagnosis	2179	2.2	2.0	1.10	2.1	1.05	2.1	1.05
390 Neonate w Other Significant Problems	312	2.6	2.4	1.10	2.6	1.01	2.5	1.05
391 Normal Newborn	2757	2.1	2.0	1.06	2.1	1.01	2.0	1.06
430 Psychoses	805	8.3	7.1	1.17	6.9	1.21	6.3	1.32
462 Rehabilitation	283	11.6	13.4	0.86	10.6	1.09	10.8	1.07
517 Percutaneous Cardio Procedure w Stent w/o AMI	275	1.7	1.9	0.91	2.0	0.87	2.0	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	\$12,464	\$10,205	\$8,847	1.15	\$9,399	1.09	\$8,935	1.14
089 Simple Pneumonia & Pleurisy Age >17 w CC	\$14,152	\$11,965	\$10,155	1.18	\$11,362	1.05	\$10,412	1.15
127 Heart Failure & Shock	\$14,225	\$12,583	\$10,128	1.24	\$11,521	1.09	\$10,503	1.20
143 Chest Pain	\$7,485	\$7,017	\$5,189	1.35	\$6,757	1.04	\$6,214	1.13
182 G.I. Disorders Age >17 w CC	\$8,288	\$8,577	\$7,884	1.09	\$9,365	0.92	\$8,548	1.00
209 Maj Joint/Limb Reattachment Procs-Lower Extremity	\$26,849	\$26,919	\$23,734	1.13	\$25,729	1.05	\$25,023	1.08
359 Uterine/Adnexa Proc for Non-Malignancy w/o CC	\$12,235	\$12,325	\$9,479	1.30	\$10,656	1.16	\$10,344	1.19
371 Cesarean Section w/o CC	\$11,624	\$11,188	\$8,886	1.26	\$9,525	1.17	\$8,934	1.25
372 Vaginal Delivery w Complicating Diagnosis	\$6,926	\$6,188	\$5,540	1.12	\$7,176	0.86	\$6,254	0.99
373 Vaginal Delivery w/o Complicating Diagnosis	\$4,287	\$4,147	\$4,080	1.02	\$4,879	0.85	\$4,407	0.94
390 Neonate w Other Significant Problems	\$3,254	\$2,764	\$2,211	1.25	\$2,726	1.01	\$2,468	1.12
391 Normal Newborn	\$1,399	\$1,451	\$1,357	1.07	\$1,567	0.93	\$1,476	0.98
430 Psychoses	\$12,901	#	#		#		#	
462 Rehabilitation	\$20,654	\$17,836	\$18,499	0.96	\$17,355	1.03	\$16,900	1.06
517 Percutaneous Cardio Procedure w Stent w/o AMI	\$18,945	\$19,714	\$22,089	0.89	\$27,459	0.72	\$27,329	0.72

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.