

064 University of WI Hospital & Clinics Authority
 600 Highland Ave
 Madison, WI 53792
 608-263-6400

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

Overall Hospital Utilization

Total Discharges:	20,347	Average Length of Stay (days):	6.3
Total Patient Days:	127,512	Average Charge per Discharge:	\$25,659

Obstetrical Utilization

Normal Childbirths:	0	Percent of All Childbirths:	0.0%
Cesarean Childbirths:	0	Percent of All Childbirths:	0.0%
Other Childbirths:	0	Percent of All Childbirths:	0.0%
Total Childbirths:	0		
Total Newborns:	0		

Psychiatric Utilization

Discharges:	772	Percent of All Discharges:	3.8%
Patient Days:	4,774	Percent of All Patient Days:	3.7%

AODA Utilization

Discharges:	94	Percent of All Discharges:	0.5%
Patient Days:	452	Percent of All Patient Days:	0.4%

Patient Discharge Status

<u>Discharge Status</u>	<u>% Discharges</u>
Home or Self-Care	73.9%
Other GMS Hospital	0.7%
Skilled Nursing Facility	6.3%
Intermediate Care Facility	1.3%
Inpatient Rehabilitation Facility	1.7%
Hospice	0.8%
Other Institution	1.4%
Home Health/Home IV Provider	11.4%
Left Against Medical Advice	0.4%
Expired	2.2%
Other	0.0%

Expected Pay Source Distribution

<u>Primary Payer</u>	<u>% Discharges</u>
Medicare	31.5%
Medicaid/BadgerCare	8.6%
Other Government	5.0%
Commercial or Private Insurance	51.4%
Self-Pay	3.3%
Other or Unknown Insurance	0.2%

Age Distribution

<u>Age Group</u>	<u>% Discharges</u>	<u>% Patient Days</u>
Newborn	0.0%	0.0%
Under 15	10.4%	8.4%
15 - 19	4.1%	3.6%
20 - 24	3.7%	3.5%
25 - 34	7.7%	7.6%
35 - 44	13.1%	12.8%
45 - 54	17.7%	18.2%
55 - 64	17.2%	18.3%
65 - 74	13.3%	14.2%
75 - 84	9.3%	10.1%
85 & Over	3.5%	3.2%

Sex Distribution

<u>Sex</u>	<u>% Discharges</u>	<u>% Patient Days</u>
Male	53.4%	54.1%
Female	46.6%	45.9%

Race Distribution

<u>Race</u>	<u>% Discharges</u>	<u>% Patient Days</u>
Native American	0.4%	0.8%
Asian/Pacific Isl.	0.9%	0.9%
Black	5.5%	5.0%
White	91.9%	91.8%
Other	0.0%	0.0%
Unknown	1.3%	1.6%

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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	97	3.8	4.4	0.87	4.4	0.87	4.2	0.91
089 Simple Pneumonia & Pleurisy Age >17 w CC	269	4.4	4.7	0.93	5.1	0.85	4.8	0.91
127 Heart Failure & Shock	217	4.9	4.5	1.09	4.8	1.02	4.4	1.11
143 Chest Pain	203	1.3	1.4	0.94	1.6	0.82	1.5	0.87
182 G.I. Disorders Age >17 w CC	256	3.7	3.4	1.09	3.8	0.97	3.6	1.03
209 Maj Joint/Limb Reattachment Procs-Lower Extremity	381	4.2	4.0	1.05	4.2	1.00	4.2	1.00
359 Uterine/Adnexa Proc for Non-Malignancy w/o CC	63	2.3	1.8	1.30	2.0	1.17	2.0	1.17
371 Cesarean Section w/o CC	0	N/A	3.6	N/A	4.0	N/A	3.7	N/A
372 Vaginal Delivery w Complicating Diagnosis	0	N/A	2.6	N/A	2.9	N/A	2.7	N/A
373 Vaginal Delivery w/o Complicating Diagnosis	0	N/A	2.0	N/A	2.1	N/A	2.1	N/A
390 Neonate w Other Significant Problems	9	2.7	2.4	1.11	2.6	1.03	2.5	1.07
391 Normal Newborn	0	N/A	2.0	N/A	2.1	N/A	2.0	N/A
430 Psychoses	586	6.7	7.1	0.94	6.9	0.97	6.3	1.06
462 Rehabilitation	292	18.5	13.4	1.38	10.6	1.75	10.8	1.72
517 Percutaneous Cardio Procedure w Stent w/o AMI	152	2.5	1.9	1.34	2.0	1.27	2.0	1.27

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	\$9,268	\$8,032	\$8,847	0.91	\$9,399	0.85	\$8,935	0.90
089 Simple Pneumonia & Pleurisy Age >17 w CC	\$9,931	\$9,132	\$10,155	0.90	\$11,362	0.80	\$10,412	0.88
127 Heart Failure & Shock	\$12,123	\$10,443	\$10,128	1.03	\$11,521	0.91	\$10,503	0.99
143 Chest Pain	\$4,494	\$4,121	\$5,189	0.79	\$6,757	0.61	\$6,214	0.66
182 G.I. Disorders Age >17 w CC	\$9,557	\$8,953	\$7,884	1.14	\$9,365	0.96	\$8,548	1.05
209 Maj Joint/Limb Reattachment Procs-Lower Extremity	\$23,412	\$22,960	\$23,734	0.97	\$25,729	0.89	\$25,023	0.92
359 Uterine/Adnexa Proc for Non-Malignancy w/o CC	\$12,683	\$12,514	\$9,479	1.32	\$10,656	1.17	\$10,344	1.21
371 Cesarean Section w/o CC	N/A	N/A	\$8,886	N/A	\$9,525	N/A	\$8,934	N/A
372 Vaginal Delivery w Complicating Diagnosis	N/A	N/A	\$5,540	N/A	\$7,176	N/A	\$6,254	N/A
373 Vaginal Delivery w/o Complicating Diagnosis	N/A	N/A	\$4,080	N/A	\$4,879	N/A	\$4,407	N/A
390 Neonate w Other Significant Problems	\$10,193	\$5,474	\$2,211	2.48	\$2,726	2.01	\$2,468	2.22
391 Normal Newborn	N/A	N/A	\$1,357	N/A	\$1,567	N/A	\$1,476	N/A
430 Psychoses	\$6,911	#	#		#		#	
462 Rehabilitation	\$28,261	\$23,277	\$18,499	1.26	\$17,355	1.34	\$16,900	1.38
517 Percutaneous Cardio Procedure w Stent w/o AMI	\$26,694	\$24,843	\$22,089	1.12	\$27,459	0.90	\$27,329	0.91

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.