

178 Holy Family Memorial Medical Center
 2300 Western Ave
 Manitowoc, WI 54221
 920-684-2011

Hospital Type: GMS
 County: Manitowoc
 Analysis Area: 4-Northeastern
 Inpatient Volume Group: 5

Overall Hospital Utilization

Total Discharges:	5,329	Average Length of Stay (days):	3.8
Total Patient Days:	20,307	Average Charge per Discharge:	\$11,481

Obstetrical Utilization

Normal Childbirths:	269	Percent of All Childbirths:	64.0%
Cesarean Childbirths:	94	Percent of All Childbirths:	22.4%
Other Childbirths:	57	Percent of All Childbirths:	13.6%
Total Childbirths:	420		
Total Newborns:	425		

Psychiatric Utilization

Discharges:	366	Percent of All Discharges:	6.9%
Patient Days:	1,726	Percent of All Patient Days:	8.5%

AODA Utilization

Discharges:	279	Percent of All Discharges:	5.2%
Patient Days:	619	Percent of All Patient Days:	3.0%

Patient Discharge Status

<u>Discharge Status</u>	<u>% Discharges</u>
Home or Self-Care	72.2%
Other GMS Hospital	3.1%
Skilled Nursing Facility	10.0%
Intermediate Care Facility	0.0%
Inpatient Rehabilitation Facility	4.0%
Hospice	0.3%
Other Institution	2.7%
Home Health/Home IV Provider	5.1%
Left Against Medical Advice	1.0%
Expired	1.7%
Other	0.0%

Expected Pay Source Distribution

<u>Primary Payer</u>	<u>% Discharges</u>
Medicare	49.2%
Medicaid/BadgerCare	10.1%
Other Government	0.8%
Commercial or Private Insurance	37.5%
Self-Pay	2.4%
Other or Unknown Insurance	0.0%

Age Distribution

<u>Age Group</u>	<u>% Discharges</u>	<u>% Patient Days</u>
Newborn	8.0%	4.8%
Under 15	2.8%	1.4%
15 - 19	2.9%	1.7%
20 - 24	3.8%	2.3%
25 - 34	8.8%	6.3%
35 - 44	9.5%	7.4%
45 - 54	10.2%	8.5%
55 - 64	9.0%	8.4%
65 - 74	13.3%	15.3%
75 - 84	19.8%	26.7%
85 & Over	12.2%	17.1%

Sex Distribution

<u>Sex</u>	<u>% Discharges</u>	<u>% Patient Days</u>
Male	40.6%	38.2%
Female	59.4%	61.8%

Race Distribution

<u>Race</u>	<u>% Discharges</u>	<u>% Patient Days</u>
Native American	0.3%	0.2%
Asian/Pacific Isl.	0.9%	0.7%
Black	0.3%	0.2%
White	94.8%	95.4%
Other	1.2%	1.0%
Unknown	2.5%	2.5%

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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	76	4.6	4.0	1.14	4.3	1.06	4.2	1.08
089 Simple Pneumonia & Pleurisy Age >17 w CC	135	4.3	4.5	0.97	4.7	0.93	4.8	0.91
127 Heart Failure & Shock	181	4.7	4.1	1.14	4.4	1.06	4.4	1.06
143 Chest Pain	107	1.6	1.4	1.13	1.6	0.99	1.5	1.05
174 G.I. Hemorrhage w CC	55	4.6	3.6	1.28	3.8	1.21	3.8	1.21
182 G.I. Disorders Age >17 w CC	93	3.5	3.4	1.04	3.6	0.98	3.6	0.98
209 Maj Joint/Limb Reattachment Procs-Lower Extremity	177	4.5	4.0	1.12	4.1	1.09	4.2	1.07
359 Uterine/Adnexa Proc for Non-Malignancy w/o CC	49	2.1	1.9	1.12	2.0	1.06	2.0	1.06
371 Cesarean Section w/o CC	61	3.9	3.6	1.08	3.5	1.11	3.7	1.05
373 Vaginal Delivery w/o Complicating Diagnosis	269	2.2	2.1	1.03	2.0	1.08	2.1	1.03
390 Neonate w Other Significant Problems	91	2.6	2.4	1.07	2.4	1.07	2.5	1.02
391 Normal Newborn	292	2.2	2.1	1.05	2.0	1.10	2.0	1.10
430 Psychoses	282	5.0	5.4	0.92	5.6	0.89	6.3	0.79
462 Rehabilitation	226	8.3	10.3	0.81	11.2	0.75	10.8	0.77
523 Alcohol/Drug Abuse or Dependence w/o Rehab w/o CC	176	2.1	2.6	0.81	2.8	0.75	2.8	0.75

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	\$10,333	\$10,017	\$8,735	1.15	\$8,744	1.15	\$8,935	1.12
089 Simple Pneumonia & Pleurisy Age >17 w CC	\$9,995	\$10,392	\$9,955	1.04	\$10,105	1.03	\$10,412	1.00
127 Heart Failure & Shock	\$11,529	\$11,901	\$9,449	1.26	\$10,195	1.17	\$10,503	1.13
143 Chest Pain	\$7,631	\$7,618	\$5,606	1.36	\$6,350	1.20	\$6,214	1.23
174 G.I. Hemorrhage w CC	\$12,704	\$13,382	\$10,690	1.25	\$10,694	1.25	\$10,746	1.25
182 G.I. Disorders Age >17 w CC	\$8,653	\$9,442	\$7,984	1.18	\$8,524	1.11	\$8,548	1.10
209 Maj Joint/Limb Reattachment Procs-Lower Extremity	\$30,409	\$30,862	\$23,926	1.29	\$24,105	1.28	\$25,023	1.23
359 Uterine/Adnexa Proc for Non-Malignancy w/o CC	\$13,816	\$13,699	\$8,369	1.64	\$10,121	1.35	\$10,344	1.32
371 Cesarean Section w/o CC	\$10,462	\$10,081	\$7,134	1.41	\$8,196	1.23	\$8,934	1.13
373 Vaginal Delivery w/o Complicating Diagnosis	\$3,921	\$3,818	\$3,144	1.21	\$3,960	0.96	\$4,407	0.87
390 Neonate w Other Significant Problems	\$1,877	\$2,061	\$1,945	1.06	\$2,155	0.96	\$2,468	0.83
391 Normal Newborn	\$1,423	\$1,378	\$1,285	1.07	\$1,361	1.01	\$1,476	0.93
430 Psychoses	\$6,927	#	#		#		#	
462 Rehabilitation	\$10,611	\$12,481	\$14,466	0.86	\$15,310	0.82	\$16,900	0.74
523 Alcohol/Drug Abuse or Dependence w/o Rehab w/o CC	\$3,330	#	#		#		#	

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.