

067 Bay Area Medical Center
 3100 Shore Dr
 Marinette, WI 54143
 715-735-6621

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

Overall Hospital Utilization

Total Discharges:	5,214	Average Length of Stay (days):	3.3
Total Patient Days:	17,462	Average Charge per Discharge:	\$9,250

Obstetrical Utilization

Normal Childbirths:	245	Percent of All Childbirths:	56.6%
Cesarean Childbirths:	135	Percent of All Childbirths:	31.2%
Other Childbirths:	53	Percent of All Childbirths:	12.2%
Total Childbirths:	433		
Total Newborns:	443		

Psychiatric Utilization

Discharges:	28	Percent of All Discharges:	0.5%
Patient Days:	57	Percent of All Patient Days:	0.3%

AODA Utilization

Discharges:	89	Percent of All Discharges:	1.7%
Patient Days:	204	Percent of All Patient Days:	1.2%

Patient Discharge Status

<u>Discharge Status</u>	<u>% Discharges</u>
Home or Self-Care	67.5%
Other GMS Hospital	3.8%
Skilled Nursing Facility	13.2%
Intermediate Care Facility	1.3%
Inpatient Rehabilitation Facility	0.0%
Hospice	0.8%
Other Institution	0.8%
Home Health/Home IV Provider	9.2%
Left Against Medical Advice	0.5%
Expired	2.9%
Other	0.1%

Expected Pay Source Distribution

<u>Primary Payer</u>	<u>% Discharges</u>
Medicare	49.5%
Medicaid/BadgerCare	13.3%
Other Government	0.5%
Commercial or Private Insurance	31.5%
Self-Pay	3.1%
Other or Unknown Insurance	2.1%

Age Distribution

<u>Age Group</u>	<u>% Discharges</u>	<u>% Patient Days</u>
Newborn	8.5%	5.8%
Under 15	4.7%	2.8%
15 - 19	2.6%	1.6%
20 - 24	4.3%	3.1%
25 - 34	7.6%	5.3%
35 - 44	7.5%	5.7%
45 - 54	9.0%	8.1%
55 - 64	10.5%	11.3%
65 - 74	14.6%	17.4%
75 - 84	17.9%	22.7%
85 & Over	12.8%	16.2%

Sex Distribution

<u>Sex</u>	<u>% Discharges</u>	<u>% Patient Days</u>
Male	40.5%	41.5%
Female	59.5%	58.5%

Race Distribution

<u>Race</u>	<u>% Discharges</u>	<u>% Patient Days</u>
Native American	0.1%	0.1%
Asian/Pacific Isl.	0.1%	0.1%
Black	0.1%	0.1%
White	99.3%	99.4%
Other	0.3%	0.2%
Unknown	0.2%	0.1%

**067 Bay Area Medical Center
Marinette, WI 54143**

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	87	3.9	4.0	0.98	4.3	0.91	4.2	0.93
089 Simple Pneumonia & Pleurisy Age >17 w CC	154	4.3	4.5	0.95	4.7	0.91	4.8	0.89
127 Heart Failure & Shock	183	3.7	4.1	0.91	4.4	0.85	4.4	0.85
143 Chest Pain	82	1.3	1.4	0.90	1.6	0.79	1.5	0.84
174 G.I. Hemorrhage w CC	114	3.5	3.6	0.98	3.8	0.93	3.8	0.93
182 G.I. Disorders Age >17 w CC	135	3.1	3.4	0.92	3.6	0.87	3.6	0.87
209 Maj Joint/Limb Reattachment Procs-Lower Extremity	127	3.2	4.0	0.80	4.1	0.78	4.2	0.76
359 Uterine/Adnexa Proc for Non-Malignancy w/o CC	89	1.8	1.9	0.94	2.0	0.89	2.0	0.89
371 Cesarean Section w/o CC	94	2.8	3.6	0.77	3.5	0.80	3.7	0.75
373 Vaginal Delivery w/o Complicating Diagnosis	245	2.2	2.1	1.06	2.0	1.11	2.1	1.06
390 Neonate w Other Significant Problems	42	2.9	2.4	1.20	2.4	1.20	2.5	1.15
391 Normal Newborn	382	2.2	2.1	1.05	2.0	1.10	2.0	1.10
430 Psychoses	3	*	5.4	*	5.6	*	6.3	*
462 Rehabilitation	0	N/A	10.3	N/A	11.2	N/A	10.8	N/A
523 Alcohol/Drug Abuse or Dependence w/o Rehab w/o CC	34	1.9	2.6	0.72	2.8	0.67	2.8	0.67

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	\$8,766	\$7,521	\$8,735	0.86	\$8,744	0.86	\$8,935	0.84
089 Simple Pneumonia & Pleurisy Age >17 w CC	\$8,994	\$8,307	\$9,955	0.83	\$10,105	0.82	\$10,412	0.80
127 Heart Failure & Shock	\$8,518	\$7,673	\$9,449	0.81	\$10,195	0.75	\$10,503	0.73
143 Chest Pain	\$5,224	\$4,885	\$5,606	0.87	\$6,350	0.77	\$6,214	0.79
174 G.I. Hemorrhage w CC	\$9,141	\$8,681	\$10,690	0.81	\$10,694	0.81	\$10,746	0.81
182 G.I. Disorders Age >17 w CC	\$6,699	\$5,813	\$7,984	0.73	\$8,524	0.68	\$8,548	0.68
209 Maj Joint/Limb Reattachment Procs-Lower Extremity	\$26,310	\$27,258	\$23,926	1.14	\$24,105	1.13	\$25,023	1.09
359 Uterine/Adnexa Proc for Non-Malignancy w/o CC	\$9,215	\$9,256	\$8,369	1.11	\$10,121	0.91	\$10,344	0.89
371 Cesarean Section w/o CC	\$7,322	\$7,130	\$7,134	1.00	\$8,196	0.87	\$8,934	0.80
373 Vaginal Delivery w/o Complicating Diagnosis	\$3,198	\$3,110	\$3,144	0.99	\$3,960	0.79	\$4,407	0.71
390 Neonate w Other Significant Problems	\$2,427	\$2,233	\$1,945	1.15	\$2,155	1.04	\$2,468	0.90
391 Normal Newborn	\$1,374	\$1,256	\$1,285	0.98	\$1,361	0.92	\$1,476	0.85
430 Psychoses	*	#	#	*	#	*	#	*
462 Rehabilitation	N/A	N/A	\$14,466	N/A	\$15,310	N/A	\$16,900	N/A
523 Alcohol/Drug Abuse or Dependence w/o Rehab w/o CC	\$3,066	#	#		#		#	

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.