

168 Aurora Sinai Medical Center Inc  
 945 N 12th St  
 Milwaukee, WI 53233  
 414-219-2000

Hospital Type: GMS  
 County: Milwaukee  
 Analysis Area: 2B-Milwaukee County  
 Inpatient Volume Group: 6

**Overall Hospital Utilization**

Total Discharges:	15,790	Average Length of Stay (days):	4.1
Total Patient Days:	63,964	Average Charge per Discharge:	\$16,786

**Obstetrical Utilization**

Normal Childbirths:	1,606	Percent of All Childbirths:	61.1%
Cesarean Childbirths:	452	Percent of All Childbirths:	17.2%
Other Childbirths:	571	Percent of All Childbirths:	21.7%
Total Childbirths:	2,629		
Total Newborns:	2,676		

**Psychiatric Utilization**

Discharges:	452	Percent of All Discharges:	2.9%
Patient Days:	2,781	Percent of All Patient Days:	4.3%

**AODA Utilization**

Discharges:	315	Percent of All Discharges:	2.0%
Patient Days:	1,086	Percent of All Patient Days:	1.7%

**Patient Discharge Status**

<u>Discharge Status</u>	<u>% Discharges</u>
Home or Self-Care	84.7%
Other GMS Hospital	0.9%
Skilled Nursing Facility	4.2%
Intermediate Care Facility	0.0%
Inpatient Rehabilitation Facility	3.9%
Hospice	0.4%
Other Institution	1.0%
Home Health/Home IV Provider	2.3%
Left Against Medical Advice	0.9%
Expired	1.5%
Other	0.2%

**Expected Pay Source Distribution**

<u>Primary Payer</u>	<u>% Discharges</u>
Medicare	28.9%
Medicaid/BadgerCare	46.6%
Other Government	5.5%
Commercial or Private Insurance	15.2%
Self-Pay	3.7%
Other or Unknown Insurance	0.0%

**Age Distribution**

<u>Age Group</u>	<u>% Discharges</u>	<u>% Patient Days</u>
Newborn	16.9%	16.9%
Under 15	0.6%	1.6%
15 - 19	5.1%	3.2%
20 - 24	8.4%	4.9%
25 - 34	11.4%	8.2%
35 - 44	11.6%	10.2%
45 - 54	12.6%	13.4%
55 - 64	10.3%	11.3%
65 - 74	9.0%	11.4%
75 - 84	9.6%	12.9%
85 & Over	4.5%	6.0%

**Sex Distribution**

<u>Sex</u>	<u>% Discharges</u>	<u>% Patient Days</u>
Male	36.4%	39.1%
Female	63.6%	60.9%

**Race Distribution**

<u>Race</u>	<u>% Discharges</u>	<u>% Patient Days</u>
Native American	0.3%	0.3%
Asian/Pacific Isl.	1.4%	1.1%
Black	52.3%	50.8%
White	25.7%	27.8%
Other	5.3%	3.8%
Unknown	15.0%	16.1%

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	176	3.3	4.7	0.70	4.4	0.75	4.2	0.78
089 Simple Pneumonia & Pleurisy Age >17 w CC	232	4.5	5.4	0.84	5.1	0.89	4.8	0.94
127 Heart Failure & Shock	310	4.1	5.2	0.80	4.8	0.86	4.4	0.94
143 Chest Pain	267	1.8	1.8	1.02	1.6	1.14	1.5	1.22
182 G.I. Disorders Age >17 w CC	150	3.1	4.1	0.75	3.8	0.81	3.6	0.86
209 Maj Joint/Limb Reattachment Procs-Lower Extremity	304	4.0	4.3	0.93	4.2	0.95	4.2	0.95
359 Uterine/Adnexa Proc for Non-Malignancy w/o CC	107	2.6	2.3	1.11	2.0	1.28	2.0	1.28
371 Cesarean Section w/o CC	252	3.8	4.2	0.90	4.0	0.94	3.7	1.02
372 Vaginal Delivery w Complicating Diagnosis	354	2.7	3.0	0.89	2.9	0.93	2.7	0.99
373 Vaginal Delivery w/o Complicating Diagnosis	1606	2.1	2.2	0.96	2.1	1.01	2.1	1.01
390 Neonate w Other Significant Problems	349	2.5	2.6	0.96	2.6	0.96	2.5	1.00
391 Normal Newborn	2000	2.0	2.1	0.94	2.1	0.94	2.0	0.99
430 Psychoses	284	5.7	6.4	0.89	6.9	0.83	6.3	0.91
462 Rehabilitation	584	7.5	9.8	0.77	10.6	0.71	10.8	0.69
517 Percutaneous Cardio Procedure w Stent w/o AMI	184	2.6	2.2	1.17	2.0	1.29	2.0	1.29

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	\$11,883	\$10,648	\$11,740	0.91	\$9,399	1.13	\$8,935	1.19
089 Simple Pneumonia & Pleurisy Age >17 w CC	\$15,547	\$14,270	\$14,315	1.00	\$11,362	1.26	\$10,412	1.37
127 Heart Failure & Shock	\$14,329	\$13,381	\$13,935	0.96	\$11,521	1.16	\$10,503	1.27
143 Chest Pain	\$9,483	\$8,903	\$8,318	1.07	\$6,757	1.32	\$6,214	1.43
182 G.I. Disorders Age >17 w CC	\$11,159	\$10,332	\$11,250	0.92	\$9,365	1.10	\$8,548	1.21
209 Maj Joint/Limb Reattachment Procs-Lower Extremity	\$34,680	\$33,411	\$30,201	1.11	\$25,729	1.30	\$25,023	1.34
359 Uterine/Adnexa Proc for Non-Malignancy w/o CC	\$15,951	\$16,102	\$13,819	1.17	\$10,656	1.51	\$10,344	1.56
371 Cesarean Section w/o CC	\$18,684	\$17,989	\$11,852	1.52	\$9,525	1.89	\$8,934	2.01
372 Vaginal Delivery w Complicating Diagnosis	\$11,793	\$11,487	\$9,198	1.25	\$7,176	1.60	\$6,254	1.84
373 Vaginal Delivery w/o Complicating Diagnosis	\$8,596	\$8,413	\$6,314	1.33	\$4,879	1.72	\$4,407	1.91
390 Neonate w Other Significant Problems	\$2,528	\$2,533	\$3,008	0.84	\$2,726	0.93	\$2,468	1.03
391 Normal Newborn	\$1,375	\$1,378	\$1,824	0.76	\$1,567	0.88	\$1,476	0.93
430 Psychoses	\$8,395	#	#		#		#	
462 Rehabilitation	\$16,319	\$15,392	\$17,567	0.88	\$17,355	0.89	\$16,900	0.91
517 Percutaneous Cardio Procedure w Stent w/o AMI	\$30,119	\$30,189	\$33,349	0.91	\$27,459	1.10	\$27,329	1.10

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.