

**079 Froedtert Memorial Lutheran Hospital**  
**9200 W Wisconsin Ave**  
**Milwaukee, WI 53226**  
**414-805-3000**

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

**Overall Hospital Utilization**

Total Discharges:	22,148	Average Length of Stay (days):	5.5
Total Patient Days:	120,739	Average Charge per Discharge:	\$23,259

**Obstetrical Utilization**

Normal Childbirths:	786	Percent of All Childbirths:	59.1%
Cesarean Childbirths:	318	Percent of All Childbirths:	23.9%
Other Childbirths:	225	Percent of All Childbirths:	16.9%
<b>Total Childbirths:</b>	<b>1,329</b>		
<b>Total Newborns:</b>	<b>1,333</b>		

**Psychiatric Utilization**

Discharges:	109	Percent of All Discharges:	0.5%
Patient Days:	510	Percent of All Patient Days:	0.4%

**AODA Utilization**

Discharges:	91	Percent of All Discharges:	0.4%
Patient Days:	411	Percent of All Patient Days:	0.3%

**Patient Discharge Status**

<u>Discharge Status</u>	<u>% Discharges</u>
Home or Self-Care	72.1%
Other GMS Hospital	0.9%
Skilled Nursing Facility	5.9%
Intermediate Care Facility	0.2%
Inpatient Rehabilitation Facility	2.9%
Hospice	1.0%
Other Institution	1.9%
Home Health/Home IV Provider	11.7%
Left Against Medical Advice	0.6%
Expired	2.5%
Other	0.4%

**Expected Pay Source Distribution**

<u>Primary Payer</u>	<u>% Discharges</u>
Medicare	33.4%
Medicaid/BadgerCare	15.6%
Other Government	1.6%
Commercial or Private Insurance	46.1%
Self-Pay	3.2%
Other or Unknown Insurance	0.2%

**Age Distribution**

<u>Age Group</u>	<u>% Discharges</u>	<u>% Patient Days</u>
Newborn	6.0%	2.7%
Under 15	0.2%	0.2%
15 - 19	2.5%	2.8%
20 - 24	5.2%	4.5%
25 - 34	12.5%	10.7%
35 - 44	15.6%	14.9%
45 - 54	18.3%	18.7%
55 - 64	14.5%	16.7%
65 - 74	12.1%	13.8%
75 - 84	9.3%	10.9%
85 & Over	3.8%	4.2%

**Sex Distribution**

<u>Sex</u>	<u>% Discharges</u>	<u>% Patient Days</u>
Male	47.3%	51.9%
Female	52.7%	48.1%

**Race Distribution**

<u>Race</u>	<u>% Discharges</u>	<u>% Patient Days</u>
Native American	0.5%	0.4%
Asian/Pacific Isl.	0.9%	0.8%
Black	23.0%	22.2%
White	70.4%	71.9%
Other	4.4%	3.8%
Unknown	0.8%	0.9%

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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	186	4.3	4.7	0.92	4.4	0.98	4.2	1.03
089 Simple Pneumonia & Pleurisy Age >17 w CC	313	4.5	5.4	0.84	5.1	0.89	4.8	0.94
127 Heart Failure & Shock	343	4.2	5.2	0.80	4.8	0.87	4.4	0.95
143 Chest Pain	237	1.7	1.8	0.96	1.6	1.08	1.5	1.16
182 G.I. Disorders Age >17 w CC	405	3.7	4.1	0.91	3.8	0.99	3.6	1.04
209 Maj Joint/Limb Reattachment Procs-Lower Extremity	377	4.4	4.3	1.03	4.2	1.06	4.2	1.06
359 Uterine/Adnexa Proc for Non-Malignancy w/o CC	128	2.2	2.3	0.97	2.0	1.12	2.0	1.12
371 Cesarean Section w/o CC	219	4.4	4.2	1.06	4.0	1.11	3.7	1.20
372 Vaginal Delivery w Complicating Diagnosis	160	3.1	3.0	1.03	2.9	1.07	2.7	1.15
373 Vaginal Delivery w/o Complicating Diagnosis	786	2.4	2.2	1.10	2.1	1.15	2.1	1.15
390 Neonate w Other Significant Problems	374	2.5	2.6	0.94	2.6	0.94	2.5	0.98
391 Normal Newborn	693	2.2	2.1	1.05	2.1	1.05	2.0	1.11
430 Psychoses	16	5.5	6.4	0.86	6.9	0.80	6.3	0.87
462 Rehabilitation	596	14.3	9.8	1.46	10.6	1.35	10.8	1.33
517 Percutaneous Cardio Procedure w Stent w/o AMI	132	3.2	2.2	1.47	2.0	1.61	2.0	1.61

**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	\$11,830	\$9,904	\$11,740	0.84	\$9,399	1.05	\$8,935	1.11
089 Simple Pneumonia & Pleurisy Age >17 w CC	\$12,688	\$11,434	\$14,315	0.80	\$11,362	1.01	\$10,412	1.10
127 Heart Failure & Shock	\$11,796	\$10,806	\$13,935	0.78	\$11,521	0.94	\$10,503	1.03
143 Chest Pain	\$7,601	\$6,680	\$8,318	0.80	\$6,757	0.99	\$6,214	1.07
182 G.I. Disorders Age >17 w CC	\$10,574	\$9,460	\$11,250	0.84	\$9,365	1.01	\$8,548	1.11
209 Maj Joint/Limb Reattachment Procs-Lower Extremity	\$36,413	\$34,442	\$30,201	1.14	\$25,729	1.34	\$25,023	1.38
359 Uterine/Adnexa Proc for Non-Malignancy w/o CC	\$14,181	\$13,402	\$13,819	0.97	\$10,656	1.26	\$10,344	1.30
371 Cesarean Section w/o CC	\$9,610	\$9,129	\$11,852	0.77	\$9,525	0.96	\$8,934	1.02
372 Vaginal Delivery w Complicating Diagnosis	\$7,158	\$6,716	\$9,198	0.73	\$7,176	0.94	\$6,254	1.07
373 Vaginal Delivery w/o Complicating Diagnosis	\$5,104	\$4,930	\$6,314	0.78	\$4,879	1.01	\$4,407	1.12
390 Neonate w Other Significant Problems	\$2,085	\$2,059	\$3,008	0.68	\$2,726	0.76	\$2,468	0.83
391 Normal Newborn	\$1,702	\$1,568	\$1,824	0.86	\$1,567	1.00	\$1,476	1.06
430 Psychoses	\$12,288	#	#		#		#	
462 Rehabilitation	\$27,640	\$24,130	\$17,567	1.37	\$17,355	1.39	\$16,900	1.43
517 Percutaneous Cardio Procedure w Stent w/o AMI	\$32,977	\$29,795	\$33,349	0.89	\$27,459	1.09	\$27,329	1.09

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.