

**085 St Francis Hospital**  
**3237 S 16th St**  
**Milwaukee, WI 53215**  
**414-647-5000**

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

**Overall Hospital Utilization**

Total Discharges:	11,483	Average Length of Stay (days):	4.3
Total Patient Days:	49,009	Average Charge per Discharge:	\$20,650

**Obstetrical Utilization**

Normal Childbirths:	963	Percent of All Childbirths:	69.6%
Cesarean Childbirths:	293	Percent of All Childbirths:	21.2%
Other Childbirths:	128	Percent of All Childbirths:	9.2%
<b>Total Childbirths:</b>	<b>1,384</b>		
<b>Total Newborns:</b>	<b>1,404</b>		

**Psychiatric Utilization**

Discharges:	48	Percent of All Discharges:	0.4%
Patient Days:	247	Percent of All Patient Days:	0.5%

**AODA Utilization**

Discharges:	36	Percent of All Discharges:	0.3%
Patient Days:	119	Percent of All Patient Days:	0.2%

**Patient Discharge Status**

<u>Discharge Status</u>	<u>% Discharges</u>
Home or Self-Care	77.4%
Other GMS Hospital	0.7%
Skilled Nursing Facility	9.1%
Intermediate Care Facility	0.0%
Inpatient Rehabilitation Facility	2.9%
Hospice	0.4%
Other Institution	0.5%
Home Health/Home IV Provider	6.1%
Left Against Medical Advice	0.6%
Expired	2.0%
Other	0.3%

**Expected Pay Source Distribution**

<u>Primary Payer</u>	<u>% Discharges</u>
Medicare	35.8%
Medicaid/BadgerCare	11.3%
Other Government	1.8%
Commercial or Private Insurance	49.2%
Self-Pay	1.8%
Other or Unknown Insurance	0.1%

**Age Distribution**

<u>Age Group</u>	<u>% Discharges</u>	<u>% Patient Days</u>
Newborn	12.2%	7.3%
Under 15	0.3%	0.2%
15 - 19	3.0%	2.1%
20 - 24	5.1%	3.0%
25 - 34	10.1%	6.9%
35 - 44	10.1%	8.6%
45 - 54	11.4%	10.1%
55 - 64	12.2%	13.4%
65 - 74	12.2%	15.8%
75 - 84	15.6%	21.0%
85 & Over	7.9%	11.6%

**Sex Distribution**

<u>Sex</u>	<u>% Discharges</u>	<u>% Patient Days</u>
Male	39.8%	42.3%
Female	60.2%	57.7%

**Race Distribution**

<u>Race</u>	<u>% Discharges</u>	<u>% Patient Days</u>
Native American	0.3%	0.3%
Asian/Pacific Isl.	1.5%	1.0%
Black	6.5%	5.9%
White	76.2%	79.8%
Other	15.2%	12.7%
Unknown	0.3%	0.2%

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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	208	5.4	4.7	1.14	4.4	1.22	4.2	1.28
089 Simple Pneumonia & Pleurisy Age >17 w CC	265	6.1	5.4	1.13	5.1	1.19	4.8	1.27
127 Heart Failure & Shock	274	5.9	5.2	1.13	4.8	1.22	4.4	1.34
143 Chest Pain	219	2.0	1.8	1.13	1.6	1.27	1.5	1.35
182 G.I. Disorders Age >17 w CC	209	4.5	4.1	1.09	3.8	1.18	3.6	1.24
209 Maj Joint/Limb Reattachment Procs-Lower Extremity	268	4.5	4.3	1.04	4.2	1.07	4.2	1.07
359 Uterine/Adnexa Proc for Non-Malignancy w/o CC	246	2.4	2.3	1.06	2.0	1.22	2.0	1.22
371 Cesarean Section w/o CC	222	3.6	4.2	0.86	4.0	0.91	3.7	0.98
372 Vaginal Delivery w Complicating Diagnosis	125	2.5	3.0	0.82	2.9	0.85	2.7	0.91
373 Vaginal Delivery w/o Complicating Diagnosis	963	2.2	2.2	0.98	2.1	1.03	2.1	1.03
390 Neonate w Other Significant Problems	265	2.4	2.6	0.93	2.6	0.93	2.5	0.97
391 Normal Newborn	999	2.1	2.1	1.02	2.1	1.02	2.0	1.07
430 Psychoses	6	3.7	6.4	0.57	6.9	0.53	6.3	0.58
462 Rehabilitation	1	*	9.8	*	10.6	*	10.8	*
517 Percutaneous Cardio Procedure w Stent w/o AMI	202	2.3	2.2	1.05	2.0	1.15	2.0	1.15

**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	\$14,441	\$12,223	\$11,740	1.04	\$9,399	1.30	\$8,935	1.37
089 Simple Pneumonia & Pleurisy Age >17 w CC	\$18,363	\$15,844	\$14,315	1.11	\$11,362	1.39	\$10,412	1.52
127 Heart Failure & Shock	\$19,106	\$15,317	\$13,935	1.10	\$11,521	1.33	\$10,503	1.46
143 Chest Pain	\$9,554	\$8,884	\$8,318	1.07	\$6,757	1.31	\$6,214	1.43
182 G.I. Disorders Age >17 w CC	\$14,426	\$12,586	\$11,250	1.12	\$9,365	1.34	\$8,548	1.47
209 Maj Joint/Limb Reattachment Procs-Lower Extremity	\$36,919	\$36,524	\$30,201	1.21	\$25,729	1.42	\$25,023	1.46
359 Uterine/Adnexa Proc for Non-Malignancy w/o CC	\$14,765	\$14,666	\$13,819	1.06	\$10,656	1.38	\$10,344	1.42
371 Cesarean Section w/o CC	\$11,473	\$11,284	\$11,852	0.95	\$9,525	1.18	\$8,934	1.26
372 Vaginal Delivery w Complicating Diagnosis	\$8,297	\$8,419	\$9,198	0.92	\$7,176	1.17	\$6,254	1.35
373 Vaginal Delivery w/o Complicating Diagnosis	\$6,512	\$6,419	\$6,314	1.02	\$4,879	1.32	\$4,407	1.46
390 Neonate w Other Significant Problems	\$2,450	\$2,510	\$3,008	0.83	\$2,726	0.92	\$2,468	1.02
391 Normal Newborn	\$1,817	\$1,700	\$1,824	0.93	\$1,567	1.09	\$1,476	1.15
430 Psychoses	\$11,009	#	#		#		#	
462 Rehabilitation	*	*	\$17,567	*	\$17,355	*	\$16,900	*
517 Percutaneous Cardio Procedure w Stent w/o AMI	\$30,691	\$29,322	\$33,349	0.88	\$27,459	1.07	\$27,329	1.07

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.