

087 St Luke's Medical Center
2900 W Oklahoma Ave
Milwaukee, WI 53215
414-649-6000

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

Overall Hospital Utilization

Total Discharges:	36,302	Average Length of Stay (days):	5.4
Total Patient Days:	195,422	Average Charge per Discharge:	\$30,238

Obstetrical Utilization

Normal Childbirths:	0	Percent of All Childbirths:	0.0%
Cesarean Childbirths:	0	Percent of All Childbirths:	0.0%
Other Childbirths:	0	Percent of All Childbirths:	0.0%
Total Childbirths:	0		
Total Newborns:	0		

Psychiatric Utilization

Discharges:	992	Percent of All Discharges:	2.7%
Patient Days:	7,041	Percent of All Patient Days:	3.6%

AODA Utilization

Discharges:	376	Percent of All Discharges:	1.0%
Patient Days:	1,531	Percent of All Patient Days:	0.8%

Patient Discharge Status

<u>Discharge Status</u>	<u>% Discharges</u>
Home or Self-Care	68.3%
Other GMS Hospital	1.1%
Skilled Nursing Facility	7.2%
Intermediate Care Facility	0.0%
Inpatient Rehabilitation Facility	4.2%
Hospice	0.9%
Other Institution	2.4%
Home Health/Home IV Provider	11.6%
Left Against Medical Advice	0.5%
Expired	2.8%
Other	1.0%

Expected Pay Source Distribution

<u>Primary Payer</u>	<u>% Discharges</u>
Medicare	60.2%
Medicaid/BadgerCare	7.2%
Other Government	2.2%
Commercial or Private Insurance	28.4%
Self-Pay	1.9%
Other or Unknown Insurance	0.0%

Age Distribution

<u>Age Group</u>	<u>% Discharges</u>	<u>% Patient Days</u>
Newborn	0.0%	0.0%
Under 15	0.1%	0.1%
15 - 19	0.7%	0.5%
20 - 24	1.6%	1.1%
25 - 34	4.4%	3.4%
35 - 44	8.9%	7.2%
45 - 54	13.3%	11.4%
55 - 64	15.1%	15.5%
65 - 74	22.0%	22.9%
75 - 84	24.7%	27.7%
85 & Over	9.1%	10.3%

Sex Distribution

<u>Sex</u>	<u>% Discharges</u>	<u>% Patient Days</u>
Male	48.5%	47.9%
Female	51.5%	52.1%

Race Distribution

<u>Race</u>	<u>% Discharges</u>	<u>% Patient Days</u>
Native American	0.2%	0.2%
Asian/Pacific Isl.	0.5%	0.6%
Black	4.4%	4.8%
White	88.9%	88.4%
Other	4.2%	3.7%
Unknown	1.7%	2.4%

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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	532	4.5	4.7	0.96	4.4	1.02	4.2	1.07
089 Simple Pneumonia & Pleurisy Age >17 w CC	756	5.8	5.4	1.08	5.1	1.14	4.8	1.22
127 Heart Failure & Shock	1004	5.3	5.2	1.03	4.8	1.11	4.4	1.22
143 Chest Pain	696	1.9	1.8	1.08	1.6	1.21	1.5	1.29
182 G.I. Disorders Age >17 w CC	559	4.3	4.1	1.06	3.8	1.14	3.6	1.21
209 Maj Joint/Limb Reattachment Procs-Lower Extremity	1081	4.1	4.3	0.96	4.2	0.99	4.2	0.99
359 Uterine/Adnexa Proc for Non-Malignancy w/o CC	94	2.2	2.3	0.96	2.0	1.11	2.0	1.11
371 Cesarean Section w/o CC	0	N/A	4.2	N/A	4.0	N/A	3.7	N/A
372 Vaginal Delivery w Complicating Diagnosis	0	N/A	3.0	N/A	2.9	N/A	2.7	N/A
373 Vaginal Delivery w/o Complicating Diagnosis	0	N/A	2.2	N/A	2.1	N/A	2.1	N/A
390 Neonate w Other Significant Problems	0	N/A	2.6	N/A	2.6	N/A	2.5	N/A
391 Normal Newborn	0	N/A	2.1	N/A	2.1	N/A	2.0	N/A
430 Psychoses	725	7.0	6.4	1.10	6.9	1.02	6.3	1.11
462 Rehabilitation	1750	8.7	9.8	0.88	10.6	0.82	10.8	0.80
517 Percutaneous Cardio Procedure w Stent w/o AMI	1282	1.9	2.2	0.86	2.0	0.95	2.0	0.95

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	\$13,759	\$11,913	\$11,740	1.01	\$9,399	1.27	\$8,935	1.33
089 Simple Pneumonia & Pleurisy Age >17 w CC	\$18,488	\$15,711	\$14,315	1.10	\$11,362	1.38	\$10,412	1.51
127 Heart Failure & Shock	\$16,902	\$14,446	\$13,935	1.04	\$11,521	1.25	\$10,503	1.38
143 Chest Pain	\$9,137	\$8,298	\$8,318	1.00	\$6,757	1.23	\$6,214	1.34
182 G.I. Disorders Age >17 w CC	\$14,908	\$12,876	\$11,250	1.14	\$9,365	1.37	\$8,548	1.51
209 Maj Joint/Limb Reattachment Procs-Lower Extremity	\$28,328	\$27,074	\$30,201	0.90	\$25,729	1.05	\$25,023	1.08
359 Uterine/Adnexa Proc for Non-Malignancy w/o CC	\$12,023	\$11,535	\$13,819	0.83	\$10,656	1.08	\$10,344	1.12
371 Cesarean Section w/o CC	N/A	N/A	\$11,852	N/A	\$9,525	N/A	\$8,934	N/A
372 Vaginal Delivery w Complicating Diagnosis	N/A	N/A	\$9,198	N/A	\$7,176	N/A	\$6,254	N/A
373 Vaginal Delivery w/o Complicating Diagnosis	N/A	N/A	\$6,314	N/A	\$4,879	N/A	\$4,407	N/A
390 Neonate w Other Significant Problems	N/A	N/A	\$3,008	N/A	\$2,726	N/A	\$2,468	N/A
391 Normal Newborn	N/A	N/A	\$1,824	N/A	\$1,567	N/A	\$1,476	N/A
430 Psychoses	\$15,058	#	#		#		#	
462 Rehabilitation	\$17,381	\$16,140	\$17,567	0.92	\$17,355	0.93	\$16,900	0.96
517 Percutaneous Cardio Procedure w Stent w/o AMI	\$33,537	\$34,248	\$33,349	1.03	\$27,459	1.25	\$27,329	1.25

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.