

089 St Mary's Hospital - Milwaukee
2323 N Lake Dr
Milwaukee, WI 53201
414-291-1000

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

Overall Hospital Utilization

Total Discharges:	13,064	Average Length of Stay (days):	4.5
Total Patient Days:	58,805	Average Charge per Discharge:	\$13,643

Obstetrical Utilization

Normal Childbirths:	1,990	Percent of All Childbirths:	66.8%
Cesarean Childbirths:	595	Percent of All Childbirths:	20.0%
Other Childbirths:	393	Percent of All Childbirths:	13.2%
Total Childbirths:	2,978		
Total Newborns:	3,026		

Psychiatric Utilization

Discharges:	33	Percent of All Discharges:	0.3%
Patient Days:	125	Percent of All Patient Days:	0.2%

AODA Utilization

Discharges:	64	Percent of All Discharges:	0.5%
Patient Days:	236	Percent of All Patient Days:	0.4%

Patient Discharge Status

<u>Discharge Status</u>	<u>% Discharges</u>
Home or Self-Care	86.7%
Other GMS Hospital	0.6%
Skilled Nursing Facility	4.4%
Intermediate Care Facility	0.0%
Inpatient Rehabilitation Facility	0.2%
Hospice	0.0%
Other Institution	2.7%
Home Health/Home IV Provider	3.9%
Left Against Medical Advice	0.5%
Expired	1.0%
Other	0.0%

Expected Pay Source Distribution

<u>Primary Payer</u>	<u>% Discharges</u>
Medicare	18.9%
Medicaid/BadgerCare	23.7%
Other Government	2.0%
Commercial or Private Insurance	48.5%
Self-Pay	6.8%
Other or Unknown Insurance	0.0%

Age Distribution

<u>Age Group</u>	<u>% Discharges</u>	<u>% Patient Days</u>
Newborn	23.2%	20.7%
Under 15	1.7%	2.6%
15 - 19	3.5%	2.5%
20 - 24	7.5%	5.2%
25 - 34	16.5%	12.2%
35 - 44	11.1%	9.7%
45 - 54	9.3%	10.6%
55 - 64	8.3%	10.1%
65 - 74	8.1%	11.0%
75 - 84	7.5%	10.3%
85 & Over	3.3%	5.2%

Sex Distribution

<u>Sex</u>	<u>% Discharges</u>	<u>% Patient Days</u>
Male	33.6%	40.2%
Female	66.4%	59.8%

Race Distribution

<u>Race</u>	<u>% Discharges</u>	<u>% Patient Days</u>
Native American	0.1%	0.2%
Asian/Pacific Isl.	1.0%	0.7%
Black	25.5%	26.1%
White	39.1%	41.1%
Other	10.1%	7.3%
Unknown	24.1%	24.5%

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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	143	3.5	4.7	0.75	4.4	0.81	4.2	0.84
089 Simple Pneumonia & Pleurisy Age >17 w CC	149	4.1	5.4	0.77	5.1	0.81	4.8	0.86
127 Heart Failure & Shock	227	5.2	5.2	1.01	4.8	1.09	4.4	1.19
143 Chest Pain	204	1.6	1.8	0.90	1.6	1.01	1.5	1.08
182 G.I. Disorders Age >17 w CC	136	4.5	4.1	1.09	3.8	1.17	3.6	1.24
209 Maj Joint/Limb Reattachment Procs-Lower Extremity	241	4.7	4.3	1.09	4.2	1.12	4.2	1.12
359 Uterine/Adnexa Proc for Non-Malignancy w/o CC	197	2.2	2.3	0.96	2.0	1.10	2.0	1.10
371 Cesarean Section w/o CC	431	4.4	4.2	1.05	4.0	1.11	3.7	1.20
372 Vaginal Delivery w Complicating Diagnosis	384	3.2	3.0	1.07	2.9	1.10	2.7	1.19
373 Vaginal Delivery w/o Complicating Diagnosis	1990	2.3	2.2	1.03	2.1	1.07	2.1	1.07
390 Neonate w Other Significant Problems	474	2.7	2.6	1.05	2.6	1.05	2.5	1.09
391 Normal Newborn	2164	2.2	2.1	1.05	2.1	1.05	2.0	1.10
430 Psychoses	7	2.9	6.4	0.45	6.9	0.41	6.3	0.45
462 Rehabilitation	0	N/A	9.8	N/A	10.6	N/A	10.8	N/A
517 Percutaneous Cardio Procedure w Stent w/o AMI	78	2.4	2.2	1.10	2.0	1.21	2.0	1.21

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	\$9,422	\$8,411	\$11,740	0.72	\$9,399	0.89	\$8,935	0.94
089 Simple Pneumonia & Pleurisy Age >17 w CC	\$10,387	\$9,478	\$14,315	0.66	\$11,362	0.83	\$10,412	0.91
127 Heart Failure & Shock	\$13,340	\$12,424	\$13,935	0.89	\$11,521	1.08	\$10,503	1.18
143 Chest Pain	\$8,718	\$8,027	\$8,318	0.96	\$6,757	1.19	\$6,214	1.29
182 G.I. Disorders Age >17 w CC	\$12,220	\$10,683	\$11,250	0.95	\$9,365	1.14	\$8,548	1.25
209 Maj Joint/Limb Reattachment Procs-Lower Extremity	\$24,409	\$23,719	\$30,201	0.79	\$25,729	0.92	\$25,023	0.95
359 Uterine/Adnexa Proc for Non-Malignancy w/o CC	\$11,854	\$11,486	\$13,819	0.83	\$10,656	1.08	\$10,344	1.11
371 Cesarean Section w/o CC	\$9,055	\$8,645	\$11,852	0.73	\$9,525	0.91	\$8,934	0.97
372 Vaginal Delivery w Complicating Diagnosis	\$6,227	\$5,992	\$9,198	0.65	\$7,176	0.84	\$6,254	0.96
373 Vaginal Delivery w/o Complicating Diagnosis	\$4,763	\$4,650	\$6,314	0.74	\$4,879	0.95	\$4,407	1.06
390 Neonate w Other Significant Problems	\$3,012	\$2,918	\$3,008	0.97	\$2,726	1.07	\$2,468	1.18
391 Normal Newborn	\$1,653	\$1,530	\$1,824	0.84	\$1,567	0.98	\$1,476	1.04
430 Psychoses	\$7,748	#	#	#	#	#	#	#
462 Rehabilitation	N/A	N/A	\$17,567	N/A	\$17,355	N/A	\$16,900	N/A
517 Percutaneous Cardio Procedure w Stent w/o AMI	\$25,282	\$24,786	\$33,349	0.74	\$27,459	0.90	\$27,329	0.91

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.