

090 St Michael Hospital
2400 W Villard Ave
Milwaukee, WI 53209
414-527-8000

Hospital Type: GMS
 County: Milwaukee
 Analysis Area: 2B-Milwaukee County
 Inpatient Volume Group: 5

Overall Hospital Utilization

Total Discharges:	8,107	Average Length of Stay (days):	4.9
Total Patient Days:	39,323	Average Charge per Discharge:	\$16,529

Obstetrical Utilization

Normal Childbirths:	527	Percent of All Childbirths:	76.4%
Cesarean Childbirths:	95	Percent of All Childbirths:	13.8%
Other Childbirths:	68	Percent of All Childbirths:	9.9%
Total Childbirths:	690		
Total Newborns:	692		

Psychiatric Utilization

Discharges:	944	Percent of All Discharges:	11.6%
Patient Days:	6,480	Percent of All Patient Days:	16.5%

AODA Utilization

Discharges:	411	Percent of All Discharges:	5.1%
Patient Days:	1,716	Percent of All Patient Days:	4.4%

Patient Discharge Status

<u>Discharge Status</u>	<u>% Discharges</u>
Home or Self-Care	74.8%
Other GMS Hospital	2.1%
Skilled Nursing Facility	7.9%
Intermediate Care Facility	0.0%
Inpatient Rehabilitation Facility	2.2%
Hospice	0.9%
Other Institution	1.9%
Home Health/Home IV Provider	5.2%
Left Against Medical Advice	2.1%
Expired	2.4%
Other	0.6%

Expected Pay Source Distribution

<u>Primary Payer</u>	<u>% Discharges</u>
Medicare	32.1%
Medicaid/BadgerCare	24.5%
Other Government	3.5%
Commercial or Private Insurance	34.0%
Self-Pay	2.2%
Other or Unknown Insurance	3.7%

Age Distribution

<u>Age Group</u>	<u>% Discharges</u>	<u>% Patient Days</u>
Newborn	8.5%	3.6%
Under 15	0.4%	0.2%
15 - 19	3.5%	2.1%
20 - 24	7.1%	4.5%
25 - 34	10.4%	7.6%
35 - 44	15.0%	14.3%
45 - 54	16.3%	18.2%
55 - 64	11.6%	13.8%
65 - 74	10.5%	14.7%
75 - 84	10.7%	13.5%
85 & Over	6.1%	7.4%

Sex Distribution

<u>Sex</u>	<u>% Discharges</u>	<u>% Patient Days</u>
Male	40.7%	43.7%
Female	59.3%	56.3%

Race Distribution

<u>Race</u>	<u>% Discharges</u>	<u>% Patient Days</u>
Native American	0.1%	0.1%
Asian/Pacific Isl.	1.1%	0.9%
Black	62.3%	57.8%
White	33.8%	38.8%
Other	2.0%	1.8%
Unknown	0.8%	0.7%

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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	132	4.5	4.7	0.97	4.3	1.06	4.2	1.08
089 Simple Pneumonia & Pleurisy Age >17 w CC	185	5.0	5.4	0.92	4.7	1.06	4.8	1.04
127 Heart Failure & Shock	286	4.9	5.2	0.94	4.4	1.11	4.4	1.11
143 Chest Pain	247	2.2	1.8	1.20	1.6	1.35	1.5	1.44
174 G.I. Hemorrhage w CC	82	4.8	4.3	1.13	3.8	1.27	3.8	1.27
182 G.I. Disorders Age >17 w CC	141	4.2	4.1	1.02	3.6	1.17	3.6	1.17
209 Maj Joint/Limb Reattachment Procs-Lower Extremity	61	7.6	4.3	1.77	4.1	1.85	4.2	1.81
359 Uterine/Adnexa Proc for Non-Malignancy w/o CC	68	2.3	2.3	0.98	2.0	1.13	2.0	1.13
371 Cesarean Section w/o CC	69	3.2	4.2	0.75	3.5	0.90	3.7	0.85
373 Vaginal Delivery w/o Complicating Diagnosis	527	2.1	2.2	0.94	2.0	1.04	2.1	0.99
390 Neonate w Other Significant Problems	85	2.2	2.6	0.86	2.4	0.93	2.5	0.89
391 Normal Newborn	564	2.0	2.1	0.93	2.0	0.98	2.0	0.98
430 Psychoses	748	6.9	6.4	1.07	5.6	1.23	6.3	1.09
462 Rehabilitation	0	N/A	9.8	N/A	11.2	N/A	10.8	N/A
523 Alcohol/Drug Abuse or Dependence w/o Rehab w/o CC	183	4.0	3.4	1.18	2.8	1.43	2.8	1.43

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	\$11,793	\$10,140	\$11,740	0.86	\$8,744	1.16	\$8,935	1.13
089 Simple Pneumonia & Pleurisy Age >17 w CC	\$14,744	\$13,534	\$14,315	0.95	\$10,105	1.34	\$10,412	1.30
127 Heart Failure & Shock	\$15,756	\$13,150	\$13,935	0.94	\$10,195	1.29	\$10,503	1.25
143 Chest Pain	\$9,112	\$8,499	\$8,318	1.02	\$6,350	1.34	\$6,214	1.37
174 G.I. Hemorrhage w CC	\$16,174	\$14,568	\$14,209	1.03	\$10,694	1.36	\$10,746	1.36
182 G.I. Disorders Age >17 w CC	\$12,993	\$11,874	\$11,250	1.06	\$8,524	1.39	\$8,548	1.39
209 Maj Joint/Limb Reattachment Procs-Lower Extremity	\$50,836	\$45,400	\$30,201	1.50	\$24,105	1.88	\$25,023	1.81
359 Uterine/Adnexa Proc for Non-Malignancy w/o CC	\$16,212	\$15,960	\$13,819	1.15	\$10,121	1.58	\$10,344	1.54
371 Cesarean Section w/o CC	\$12,355	\$11,906	\$11,852	1.00	\$8,196	1.45	\$8,934	1.33
373 Vaginal Delivery w/o Complicating Diagnosis	\$6,076	\$6,061	\$6,314	0.96	\$3,960	1.53	\$4,407	1.38
390 Neonate w Other Significant Problems	\$2,778	\$2,567	\$3,008	0.85	\$2,155	1.19	\$2,468	1.04
391 Normal Newborn	\$1,535	\$1,446	\$1,824	0.79	\$1,361	1.06	\$1,476	0.98
430 Psychoses	\$7,279	#	#	#	#	#	#	#
462 Rehabilitation	N/A	N/A	\$17,567	N/A	\$15,310	N/A	\$16,900	N/A
523 Alcohol/Drug Abuse or Dependence w/o Rehab w/o CC	\$5,247	#	#	#	#	#	#	#

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.