

**091 The Monroe Clinic**  
**515 22nd Ave**  
**Monroe, WI 53566**  
**608-324-1000**

Hospital Type: GMS  
 County: Green  
 Analysis Area: 1-Southern  
 Inpatient Volume Group: 4

**Overall Hospital Utilization**

Total Discharges:	3,756	Average Length of Stay (days):	3.0
Total Patient Days:	11,367	Average Charge per Discharge:	\$9,665

**Obstetrical Utilization**

Normal Childbirths:	229	Percent of All Childbirths:	59.9%
Cesarean Childbirths:	107	Percent of All Childbirths:	28.0%
Other Childbirths:	46	Percent of All Childbirths:	12.0%
<b>Total Childbirths:</b>	<b>382</b>		
<b>Total Newborns:</b>	<b>383</b>		

**Psychiatric Utilization**

Discharges:	11	Percent of All Discharges:	0.3%
Patient Days:	28	Percent of All Patient Days:	0.2%

**AODA Utilization**

Discharges:	24	Percent of All Discharges:	0.6%
Patient Days:	56	Percent of All Patient Days:	0.5%

**Patient Discharge Status**

<u>Discharge Status</u>	<u>% Discharges</u>
Home or Self-Care	77.3%
Other GMS Hospital	3.5%
Skilled Nursing Facility	12.9%
Intermediate Care Facility	0.0%
Inpatient Rehabilitation Facility	0.0%
Hospice	0.4%
Other Institution	0.3%
Home Health/Home IV Provider	3.4%
Left Against Medical Advice	0.2%
Expired	1.9%
Other	0.0%

**Expected Pay Source Distribution**

<u>Primary Payer</u>	<u>% Discharges</u>
Medicare	50.0%
Medicaid/BadgerCare	10.3%
Other Government	0.3%
Commercial or Private Insurance	36.7%
Self-Pay	2.7%
Other or Unknown Insurance	0.0%

**Age Distribution**

<u>Age Group</u>	<u>% Discharges</u>	<u>% Patient Days</u>
Newborn	10.2%	7.0%
Under 15	2.8%	2.0%
15 - 19	2.2%	1.5%
20 - 24	4.0%	2.9%
25 - 34	9.3%	7.3%
35 - 44	6.8%	5.6%
45 - 54	7.5%	7.2%
55 - 64	9.2%	9.5%
65 - 74	15.5%	17.7%
75 - 84	21.2%	24.9%
85 & Over	11.6%	14.4%

**Sex Distribution**

<u>Sex</u>	<u>% Discharges</u>	<u>% Patient Days</u>
Male	39.2%	39.8%
Female	60.8%	60.2%

**Race Distribution**

<u>Race</u>	<u>% Discharges</u>	<u>% Patient Days</u>
Native American	0.0%	0.0%
Asian/Pacific Isl.	0.2%	0.1%
Black	0.8%	0.8%
White	98.6%	98.7%
Other	0.4%	0.4%
Unknown	0.0%	0.0%

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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	75	3.8	4.4	0.85	4.0	0.94	4.2	0.90
089 Simple Pneumonia & Pleurisy Age >17 w CC	142	4.5	4.7	0.97	4.6	0.99	4.8	0.95
127 Heart Failure & Shock	112	3.7	4.5	0.83	4.1	0.91	4.4	0.85
143 Chest Pain	114	1.3	1.4	0.95	1.5	0.88	1.5	0.88
174 G.I. Hemorrhage w CC	85	3.2	3.7	0.88	3.6	0.90	3.8	0.85
182 G.I. Disorders Age >17 w CC	79	3.1	3.4	0.90	3.5	0.88	3.6	0.85
183 G.I. Disorders Age >17 w/o CC	40	2.0	2.2	0.92	2.2	0.92	2.4	0.84
209 Maj Joint/Limb Reattachment Procs-Lower Extremity	130	3.1	4.0	0.78	4.4	0.71	4.2	0.74
296 Nutritional & Metabolic Disorders Age >17 w CC	51	3.1	3.8	0.81	3.8	0.81	4.1	0.75
359 Uterine/Adnexa Proc for Non-Malignancy w/o CC	73	2.0	1.8	1.11	1.8	1.11	2.0	1.00
371 Cesarean Section w/o CC	90	3.2	3.6	0.88	3.2	0.99	3.7	0.86
373 Vaginal Delivery w/o Complicating Diagnosis	229	1.8	2.0	0.91	1.9	0.95	2.1	0.86
390 Neonate w Other Significant Problems	35	2.0	2.4	0.83	2.3	0.87	2.5	0.80
391 Normal Newborn	322	2.0	2.0	1.00	2.0	1.00	2.0	1.00
523 Alcohol/Drug Abuse or Dependence w/o Rehab w/o CC	9	1.1	2.8	0.40	2.4	0.46	2.8	0.40

**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	\$9,713	\$8,693	\$8,847	0.98	\$8,454	1.03	\$8,935	0.97
089 Simple Pneumonia & Pleurisy Age >17 w CC	\$11,499	\$10,491	\$10,155	1.03	\$9,910	1.06	\$10,412	1.01
127 Heart Failure & Shock	\$9,585	\$8,956	\$10,128	0.88	\$9,583	0.93	\$10,503	0.85
143 Chest Pain	\$5,110	\$4,736	\$5,189	0.91	\$5,755	0.82	\$6,214	0.76
174 G.I. Hemorrhage w CC	\$9,098	\$8,273	\$10,194	0.81	\$10,064	0.82	\$10,746	0.77
182 G.I. Disorders Age >17 w CC	\$7,289	\$6,956	\$7,884	0.88	\$7,869	0.88	\$8,548	0.81
183 G.I. Disorders Age >17 w/o CC	\$5,191	\$5,044	\$5,583	0.90	\$5,866	0.86	\$6,351	0.79
209 Maj Joint/Limb Reattachment Procs-Lower Extremity	\$21,944	\$22,984	\$23,734	0.97	\$25,172	0.91	\$25,023	0.92
296 Nutritional & Metabolic Disorders Age >17 w CC	\$6,569	\$6,425	\$8,248	0.78	\$7,853	0.82	\$8,890	0.72
359 Uterine/Adnexa Proc for Non-Malignancy w/o CC	\$9,785	\$10,105	\$9,479	1.07	\$9,859	1.02	\$10,344	0.98
371 Cesarean Section w/o CC	\$8,968	\$9,209	\$8,886	1.04	\$8,293	1.11	\$8,934	1.03
373 Vaginal Delivery w/o Complicating Diagnosis	\$3,711	\$3,602	\$4,080	0.88	\$3,752	0.96	\$4,407	0.82
390 Neonate w Other Significant Problems	\$1,570	\$1,678	\$2,211	0.76	\$1,964	0.85	\$2,468	0.68
391 Normal Newborn	\$1,046	\$1,093	\$1,357	0.81	\$1,406	0.78	\$1,476	0.74
523 Alcohol/Drug Abuse or Dependence w/o Rehab w/o CC	\$3,029	#	#	#	#	#	#	#

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.