

**003 Appleton Medical Center**  
**1818 N Meade St**  
**Appleton, WI 54911**  
**920-731-4101**

Hospital Type: GMS  
County: Outagamie  
Analysis Area: 3-Lake Winnebago  
Inpatient Volume Group: 6

**Overall Hospital Utilization**

Total Discharges:	9,074	Average Length of Stay (days):	3.8
Total Patient Days:	34,322	Average Charge per Discharge:	\$13,399

**Obstetrical Utilization**

Normal Childbirths:	752	Percent of All Childbirths:	68.4%
Cesarean Childbirths:	235	Percent of All Childbirths:	21.4%
Other Childbirths:	113	Percent of All Childbirths:	10.3%
Total Childbirths:	1,100		
Total Newborns:	1,112		

**Psychiatric Utilization**

Discharges:	12	Percent of All Discharges:	0.1%
Patient Days:	43	Percent of All Patient Days:	0.1%

**AODA Utilization**

Discharges:	24	Percent of All Discharges:	0.3%
Patient Days:	73	Percent of All Patient Days:	0.2%

**Patient Discharge Status**

<u>Discharge Status</u>	<u>% Discharges</u>
Home or Self-Care	75.8%
Other GMS Hospital	1.0%
Skilled Nursing Facility	10.4%
Intermediate Care Facility	0.0%
Inpatient Rehabilitation Facility	0.4%
Hospice	1.8%
Other Institution	0.5%
Home Health/Home IV Provider	6.9%
Left Against Medical Advice	0.2%
Expired	2.4%
Other	0.5%

**Expected Pay Source Distribution**

<u>Primary Payer</u>	<u>% Discharges</u>
Medicare	44.8%
Medicaid/BadgerCare	4.2%
Other Government	0.1%
Commercial or Private Insurance	48.7%
Self-Pay	2.2%
Other or Unknown Insurance	0.0%

**Age Distribution**

<u>Age Group</u>	<u>% Discharges</u>	<u>% Patient Days</u>
Newborn	12.3%	6.9%
Under 15	0.5%	0.4%
15 - 19	1.4%	1.0%
20 - 24	3.4%	2.4%
25 - 34	10.3%	7.2%
35 - 44	7.2%	6.3%
45 - 54	9.0%	9.8%
55 - 64	13.3%	16.1%
65 - 74	17.3%	20.9%
75 - 84	17.8%	20.9%
85 & Over	7.5%	8.1%

**Sex Distribution**

<u>Sex</u>	<u>% Discharges</u>	<u>% Patient Days</u>
Male	44.2%	45.8%
Female	55.8%	54.2%

**Race Distribution**

<u>Race</u>	<u>% Discharges</u>	<u>% Patient Days</u>
Native American	0.8%	0.9%
Asian/Pacific Isl.	1.3%	1.0%
Black	0.4%	0.4%
White	94.9%	96.1%
Other	0.3%	0.2%
Unknown	2.3%	1.5%

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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
089 Simple Pneumonia & Pleurisy Age >17 w CC	198	4.2	4.2	1.00	4.9	0.86	4.7	0.90
125 Circulatory Disorders Except AMI, W Cardiac Cath W/O Compl	59	1.6	1.6	1.01	1.9	0.85	1.9	0.85
127 Heart Failure & Shock	239	3.5	3.8	0.91	4.6	0.75	4.3	0.80
143 Chest Pain	34	1.4	1.5	0.96	1.5	0.96	1.5	0.96
182 G.I. Disorders Age >17 w CC	104	3.3	3.4	0.98	3.8	0.88	3.6	0.93
209 Maj Joint/Limb Reattachment Procs-Lower Extremity	512	3.6	3.9	0.92	4.0	0.90	4.0	0.90
359 Uterine/Adnexa Proc for Non-Malignancy w/o CC	91	1.7	1.8	0.96	1.9	0.91	1.9	0.91
371 Cesarean Section w/o CC	214	3.2	3.4	0.93	4.0	0.79	3.6	0.88
372 Vaginal Delivery w Complicating Diagnosis	84	2.3	2.2	1.03	2.8	0.81	2.8	0.81
373 Vaginal Delivery w/o Complicating Diagnosis	752	2.0	2.1	0.97	2.2	0.93	2.1	0.97
390 Neonate w Other Significant Problems	161	2.4	2.5	0.94	2.7	0.87	2.5	0.94
391 Normal Newborn	874	2.1	2.0	1.03	2.1	0.99	2.1	0.99
430 Psychoses	3	*	4.9	*	6.8	*	6.0	*
462 Rehabilitation	0	N/A	11.3	N/A	10.9	N/A	10.9	N/A
527 Percutaneous Cardiovascular Proc W Drug-Eluting Stent W/O	148	1.5	1.5	1.01	1.8	0.84	1.8	0.84

**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
089 Simple Pneumonia & Pleurisy Age >17 w CC	\$8,499	\$7,529	\$8,663	0.87	\$11,680	0.64	\$10,844	0.69
125 Circulatory Disorders Except AMI, W Cardiac Cath W/O Con	\$8,449	\$8,777	\$8,777	1.00	\$13,456	0.65	\$13,456	0.65
127 Heart Failure & Shock	\$7,551	\$6,651	\$8,676	0.77	\$12,418	0.54	\$11,341	0.59
143 Chest Pain	\$4,574	\$3,960	\$5,502	0.72	\$7,194	0.55	\$6,644	0.60
182 G.I. Disorders Age >17 w CC	\$7,490	\$6,847	\$7,682	0.89	\$10,176	0.67	\$9,324	0.73
209 Maj Joint/Limb Reattachment Procs-Lower Extremity	\$22,403	\$22,241	\$22,084	1.01	\$27,894	0.80	\$27,278	0.82
359 Uterine/Adnexa Proc for Non-Malignancy w/o CC	\$6,532	\$6,385	\$8,244	0.77	\$11,432	0.56	\$11,208	0.57
371 Cesarean Section w/o CC	\$5,343	\$5,360	\$5,988	0.90	\$10,292	0.52	\$9,612	0.56
372 Vaginal Delivery w Complicating Diagnosis	\$2,731	\$2,698	\$2,698	1.00	\$7,778	0.35	\$7,778	0.35
373 Vaginal Delivery w/o Complicating Diagnosis	\$2,213	\$2,156	\$2,722	0.79	\$5,337	0.40	\$4,745	0.45
390 Neonate w Other Significant Problems	\$1,427	\$1,348	\$2,127	0.63	\$3,099	0.43	\$2,790	0.48
391 Normal Newborn	\$1,044	\$977	\$1,106	0.88	\$1,686	0.58	\$1,594	0.61
430 Psychoses	*	#	#	*	#	*	#	*
462 Rehabilitation	N/A	N/A	\$15,753	N/A	\$19,383	N/A	\$18,679	N/A
527 Percutaneous Cardiovascular Proc W Drug-Eluting Stent W/	\$25,714	\$25,789	\$25,789	1.00	\$33,435	0.77	\$33,435	0.77

N/A - Zero Discharges reported for DRG

\* - 1 through 4 Discharges reported for DRG

^ Risk-Adjusted Charges calculated using Medstat Disease Staging Software® Version 5.22.1 licensed through Thomson Medstat, Inc.

# Risk-Adjusted Charges not calculated for DRGs related to Mental Diseases/Disorders and/or Alcohol/Drug Use/Abuse/Dependence.