

**039 Bellin Memorial Hospital**  
**744 S Webster Ave**  
**Green Bay, WI 54305**  
**920-433-3500**

Hospital Type: GMS  
 County: Brown  
 Analysis Area: 4-Northeastern  
 Inpatient Volume Group: 6

**Overall Hospital Utilization**

Total Discharges:	8,514	Average Length of Stay (days):	3.6
Total Patient Days:	30,996	Average Charge per Discharge:	\$14,389

**Obstetrical Utilization**

Normal Childbirths:	854	Percent of All Childbirths:	68.6%
Cesarean Childbirths:	243	Percent of All Childbirths:	19.5%
Other Childbirths:	148	Percent of All Childbirths:	11.9%
<b>Total Childbirths:</b>	<b>1,245</b>		
<b>Total Newborns:</b>	<b>1,258</b>		

**Psychiatric Utilization**

Discharges:	13	Percent of All Discharges:	0.2%
Patient Days:	53	Percent of All Patient Days:	0.2%

**AODA Utilization**

Discharges:	20	Percent of All Discharges:	0.2%
Patient Days:	42	Percent of All Patient Days:	0.1%

**Patient Discharge Status**

<u>Discharge Status</u>	<u>% Discharges</u>
Home or Self-Care	82.7%
Other GMS Hospital	1.1%
Skilled Nursing Facility	5.8%
Intermediate Care Facility	0.5%
Inpatient Rehabilitation Facility	1.9%
Hospice	0.4%
Other Institution	0.3%
Home Health/Home IV Provider	5.7%
Left Against Medical Advice	0.2%
Expired	1.2%
Other	0.3%

**Expected Pay Source Distribution**

<u>Primary Payer</u>	<u>% Discharges</u>
Medicare	31.3%
Medicaid/BadgerCare	12.2%
Other Government	1.7%
Commercial or Private Insurance	52.1%
Self-Pay	2.8%
Other or Unknown Insurance	0.0%

**Age Distribution**

<u>Age Group</u>	<u>% Discharges</u>	<u>% Patient Days</u>
Newborn	14.8%	8.8%
Under 15	3.8%	2.5%
15 - 19	2.0%	1.3%
20 - 24	4.2%	3.1%
25 - 34	12.0%	9.2%
35 - 44	8.6%	8.2%
45 - 54	11.0%	11.7%
55 - 64	12.8%	15.4%
65 - 74	14.3%	18.5%
75 - 84	12.8%	16.8%
85 & Over	3.7%	4.5%

**Sex Distribution**

<u>Sex</u>	<u>% Discharges</u>	<u>% Patient Days</u>
Male	43.5%	46.8%
Female	56.5%	53.2%

**Race Distribution**

<u>Race</u>	<u>% Discharges</u>	<u>% Patient Days</u>
Native American	3.4%	3.3%
Asian/Pacific Isl.	1.4%	0.8%
Black	0.8%	0.5%
White	90.0%	92.2%
Other	3.9%	2.4%
Unknown	0.5%	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
089 Simple Pneumonia & Pleurisy Age >17 w CC	68	3.6	4.5	0.81	4.9	0.74	4.7	0.78
125 Circulatory Disorders Except AMI, W Cardiac Cath W/O Compl	67	1.6	1.6	0.99	1.9	0.83	1.9	0.83
127 Heart Failure & Shock	130	3.9	4.1	0.94	4.6	0.84	4.3	0.90
143 Chest Pain	69	1.5	1.5	0.99	1.5	0.99	1.5	0.99
182 G.I. Disorders Age >17 w CC	74	2.9	3.2	0.90	3.8	0.75	3.6	0.80
209 Maj Joint/Limb Reattachment Procs-Lower Extremity	759	3.5	3.7	0.96	4.0	0.89	4.0	0.89
359 Uterine/Adnexa Proc for Non-Malignancy w/o CC	105	2.1	1.8	1.16	1.9	1.10	1.9	1.10
371 Cesarean Section w/o CC	176	3.9	3.8	1.03	4.0	0.97	3.6	1.08
372 Vaginal Delivery w Complicating Diagnosis	125	2.7	2.6	1.06	2.8	0.98	2.8	0.98
373 Vaginal Delivery w/o Complicating Diagnosis	854	2.2	2.1	1.03	2.2	0.99	2.1	1.03
390 Neonate w Other Significant Problems	201	2.5	2.4	1.03	2.7	0.91	2.5	0.99
391 Normal Newborn	925	2.0	2.1	0.97	2.1	0.97	2.1	0.97
430 Psychoses	4	*	5.4	*	6.8	*	6.0	*
462 Rehabilitation	0	N/A	9.7	N/A	10.9	N/A	10.9	N/A
527 Percutaneous Cardiovascular Proc W Drug-Eluting Stent W/O	103	1.8	2.0	0.92	1.8	1.02	1.8	1.02

**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	\$7,761	\$7,263	\$10,777	0.67	\$11,680	0.62	\$10,844	0.67
125 Circulatory Disorders Except AMI, W Cardiac Cath W/O Con	\$7,386	\$6,600	\$6,956	0.95	\$13,456	0.49	\$13,456	0.49
127 Heart Failure & Shock	\$8,495	\$8,143	\$10,632	0.77	\$12,418	0.66	\$11,341	0.72
143 Chest Pain	\$5,013	\$4,649	\$6,309	0.74	\$7,194	0.65	\$6,644	0.70
182 G.I. Disorders Age >17 w CC	\$6,114	\$5,694	\$8,420	0.68	\$10,176	0.56	\$9,324	0.61
209 Maj Joint/Limb Reattachment Procs-Lower Extremity	\$26,412	\$27,488	\$27,028	1.02	\$27,894	0.99	\$27,278	1.01
359 Uterine/Adnexa Proc for Non-Malignancy w/o CC	\$7,265	\$7,233	\$9,271	0.78	\$11,432	0.63	\$11,208	0.65
371 Cesarean Section w/o CC	\$6,726	\$6,683	\$8,045	0.83	\$10,292	0.65	\$9,612	0.70
372 Vaginal Delivery w Complicating Diagnosis	\$3,800	\$3,701	\$4,009	0.92	\$7,778	0.48	\$7,778	0.48
373 Vaginal Delivery w/o Complicating Diagnosis	\$2,841	\$2,762	\$3,397	0.81	\$5,337	0.52	\$4,745	0.58
390 Neonate w Other Significant Problems	\$1,907	\$1,730	\$2,103	0.82	\$3,099	0.56	\$2,790	0.62
391 Normal Newborn	\$1,260	\$1,147	\$1,369	0.84	\$1,686	0.68	\$1,594	0.72
430 Psychoses	*	#	#	*	#	*	#	*
462 Rehabilitation	N/A	N/A	\$15,402	N/A	\$19,383	N/A	\$18,679	N/A
527 Percutaneous Cardiovascular Proc W Drug-Eluting Stent W/	\$24,595	\$24,428	\$26,442	0.92	\$33,435	0.73	\$33,435	0.73

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.