

042 St Vincent Hospital
835 S Van Buren St
Green Bay, WI 54301
920-433-8155

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

Overall Hospital Utilization

Total Discharges:	12,446	Average Length of Stay (days):	4.9
Total Patient Days:	61,235	Average Charge per Discharge:	\$15,615

Obstetrical Utilization

Normal Childbirths:	788	Percent of All Childbirths:	66.7%
Cesarean Childbirths:	268	Percent of All Childbirths:	22.7%
Other Childbirths:	126	Percent of All Childbirths:	10.7%
Total Childbirths:	1,182		
Total Newborns:	1,217		

Psychiatric Utilization

Discharges:	45	Percent of All Discharges:	0.4%
Patient Days:	183	Percent of All Patient Days:	0.3%

AODA Utilization

Discharges:	49	Percent of All Discharges:	0.4%
Patient Days:	160	Percent of All Patient Days:	0.3%

Patient Discharge Status

<u>Discharge Status</u>	<u>% Discharges</u>
Home or Self-Care	74.7%
Other GMS Hospital	1.5%
Skilled Nursing Facility	8.3%
Intermediate Care Facility	0.2%
Inpatient Rehabilitation Facility	3.0%
Hospice	1.5%
Other Institution	1.0%
Home Health/Home IV Provider	6.5%
Left Against Medical Advice	0.3%
Expired	3.0%
Other	0.0%

Expected Pay Source Distribution

<u>Primary Payer</u>	<u>% Discharges</u>
Medicare	38.6%
Medicaid/BadgerCare	12.8%
Other Government	0.5%
Commercial or Private Insurance	41.9%
Self-Pay	6.1%
Other or Unknown Insurance	0.0%

Age Distribution

<u>Age Group</u>	<u>% Discharges</u>	<u>% Patient Days</u>
Newborn	9.8%	9.5%
Under 15	8.1%	9.3%
15 - 19	3.5%	3.4%
20 - 24	4.3%	3.0%
25 - 34	9.4%	6.8%
35 - 44	8.2%	6.8%
45 - 54	9.2%	8.3%
55 - 64	10.4%	10.9%
65 - 74	13.4%	14.6%
75 - 84	15.4%	18.4%
85 & Over	8.3%	9.0%

Sex Distribution

<u>Sex</u>	<u>% Discharges</u>	<u>% Patient Days</u>
Male	43.9%	46.7%
Female	56.1%	53.3%

Race Distribution

<u>Race</u>	<u>% Discharges</u>	<u>% Patient Days</u>
Native American	4.3%	4.0%
Asian/Pacific Isl.	1.5%	1.2%
Black	1.6%	1.5%
White	88.0%	88.3%
Other	3.9%	3.4%
Unknown	0.7%	1.6%

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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	190	4.9	4.5	1.09	4.9	1.00	4.7	1.05
125 Circulatory Disorders Except AMI, W Cardiac Cath W/O Compl	35	1.8	1.6	1.14	1.9	0.96	1.9	0.96
127 Heart Failure & Shock	298	4.4	4.1	1.09	4.6	0.97	4.3	1.03
143 Chest Pain	76	1.6	1.5	1.06	1.5	1.06	1.5	1.06
182 G.I. Disorders Age >17 w CC	144	3.3	3.2	1.02	3.8	0.86	3.6	0.91
209 Maj Joint/Limb Reattachment Procs-Lower Extremity	286	4.2	3.7	1.13	4.0	1.05	4.0	1.05
359 Uterine/Adnexa Proc for Non-Malignancy w/o CC	172	1.9	1.8	1.05	1.9	1.00	1.9	1.00
371 Cesarean Section w/o CC	191	4.9	3.8	1.30	4.0	1.23	3.6	1.37
372 Vaginal Delivery w Complicating Diagnosis	120	2.7	2.6	1.02	2.8	0.95	2.8	0.95
373 Vaginal Delivery w/o Complicating Diagnosis	788	2.4	2.1	1.14	2.2	1.09	2.1	1.14
390 Neonate w Other Significant Problems	257	2.5	2.4	1.05	2.7	0.93	2.5	1.01
391 Normal Newborn	780	2.2	2.1	1.02	2.1	1.02	2.1	1.02
430 Psychoses	12	3.4	5.4	0.63	6.8	0.50	6.0	0.57
462 Rehabilitation	577	10.3	9.7	1.06	10.9	0.94	10.9	0.94
527 Percutaneous Cardiovascular Proc W Drug-Eluting Stent W/O	45	2.6	2.0	1.29	1.8	1.43	1.8	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
089 Simple Pneumonia & Pleurisy Age >17 w CC	\$11,540	\$12,080	\$10,777	1.12	\$11,680	1.03	\$10,844	1.11
125 Circulatory Disorders Except AMI, W Cardiac Cath W/O Con	\$8,481	\$7,638	\$6,956	1.10	\$13,456	0.57	\$13,456	0.57
127 Heart Failure & Shock	\$10,733	\$11,842	\$10,632	1.11	\$12,418	0.95	\$11,341	1.04
143 Chest Pain	\$7,621	\$7,355	\$6,309	1.17	\$7,194	1.02	\$6,644	1.11
182 G.I. Disorders Age >17 w CC	\$8,630	\$9,093	\$8,420	1.08	\$10,176	0.89	\$9,324	0.98
209 Maj Joint/Limb Reattachment Procs-Lower Extremity	\$25,743	\$26,213	\$27,028	0.97	\$27,894	0.94	\$27,278	0.96
359 Uterine/Adnexa Proc for Non-Malignancy w/o CC	\$8,924	\$8,780	\$9,271	0.95	\$11,432	0.77	\$11,208	0.78
371 Cesarean Section w/o CC	\$9,374	\$9,068	\$8,045	1.13	\$10,292	0.88	\$9,612	0.94
372 Vaginal Delivery w Complicating Diagnosis	\$4,452	\$4,329	\$4,009	1.08	\$7,778	0.56	\$7,778	0.56
373 Vaginal Delivery w/o Complicating Diagnosis	\$3,405	\$3,305	\$3,397	0.97	\$5,337	0.62	\$4,745	0.70
390 Neonate w Other Significant Problems	\$2,798	\$2,313	\$2,103	1.10	\$3,099	0.75	\$2,790	0.83
391 Normal Newborn	\$1,497	\$1,523	\$1,369	1.11	\$1,686	0.90	\$1,594	0.96
430 Psychoses	\$9,209	#	#		#		#	
462 Rehabilitation	\$15,765	\$16,075	\$15,402	1.04	\$19,383	0.83	\$18,679	0.86
527 Percutaneous Cardiovascular Proc W Drug-Eluting Stent W/	\$31,571	\$31,052	\$26,442	1.17	\$33,435	0.93	\$33,435	0.93

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.