

**043 Aurora Medical Center of Washington County Inc**  
**1032 E Sumner St**  
**Hartford, WI 53027**  
**262-673-2300**

Hospital Type: GMS  
 County: Washington  
 Analysis Area: 2A-Southeastern  
 Inpatient Volume Group: 4

**Overall Hospital Utilization**

Total Discharges:	2,740	Average Length of Stay (days):	3.6
Total Patient Days:	9,990	Average Charge per Discharge:	\$12,338

**Obstetrical Utilization**

Normal Childbirths:	261	Percent of All Childbirths:	77.9%
Cesarean Childbirths:	51	Percent of All Childbirths:	15.2%
Other Childbirths:	23	Percent of All Childbirths:	6.9%
<b>Total Childbirths:</b>	<b>335</b>		
<b>Total Newborns:</b>	<b>334</b>		

**Psychiatric Utilization**

Discharges:	7	Percent of All Discharges:	0.3%
Patient Days:	29	Percent of All Patient Days:	0.3%

**AODA Utilization**

Discharges:	6	Percent of All Discharges:	0.2%
Patient Days:	6	Percent of All Patient Days:	0.1%

**Patient Discharge Status**

<u>Discharge Status</u>	<u>% Discharges</u>
Home or Self-Care	75.3%
Other GMS Hospital	6.7%
Skilled Nursing Facility	6.4%
Intermediate Care Facility	1.4%
Inpatient Rehabilitation Facility	0.0%
Hospice	0.7%
Other Institution	0.2%
Home Health/Home IV Provider	4.1%
Left Against Medical Advice	0.3%
Expired	1.2%
Other	3.7%

**Expected Pay Source Distribution**

<u>Primary Payer</u>	<u>% Discharges</u>
Medicare	41.6%
Medicaid/BadgerCare	13.0%
Other Government	1.4%
Commercial or Private Insurance	41.5%
Self-Pay	2.5%
Other or Unknown Insurance	0.0%

**Age Distribution**

<u>Age Group</u>	<u>% Discharges</u>	<u>% Patient Days</u>
Newborn	12.2%	6.7%
Under 15	4.1%	1.8%
15 - 19	2.4%	1.3%
20 - 24	5.2%	3.0%
25 - 34	10.7%	6.1%
35 - 44	8.1%	12.4%
45 - 54	7.6%	9.3%
55 - 64	9.1%	10.4%
65 - 74	13.2%	17.3%
75 - 84	17.3%	19.9%
85 & Over	10.0%	12.0%

**Sex Distribution**

<u>Sex</u>	<u>% Discharges</u>	<u>% Patient Days</u>
Male	39.2%	46.1%
Female	60.8%	53.9%

**Race Distribution**

<u>Race</u>	<u>% Discharges</u>	<u>% Patient Days</u>
Native American	0.1%	0.2%
Asian/Pacific Isl.	0.1%	0.0%
Black	0.3%	0.3%
White	94.1%	96.5%
Other	1.4%	0.7%
Unknown	4.1%	2.3%

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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	49	3.5	4.6	0.75	3.9	0.89	4.0	0.87
089 Simple Pneumonia & Pleurisy Age >17 w CC	60	4.4	4.9	0.90	4.5	0.98	4.7	0.94
127 Heart Failure & Shock	108	4.1	4.6	0.88	4.1	0.99	4.3	0.95
138 Cardiac Arrhythmia & Conduction Dis w CC	29	2.9	3.0	0.97	2.9	1.00	3.1	0.93
143 Chest Pain	63	1.7	1.5	1.13	1.4	1.21	1.5	1.13
174 G.I. Hemorrhage w CC	39	3.4	3.6	0.95	3.5	0.97	3.4	1.00
182 G.I. Disorders Age >17 w CC	49	3.3	4.0	0.83	3.5	0.95	3.6	0.92
209 Maj Joint/Limb Reattachment Procs-Lower Extremity	149	3.7	4.3	0.86	4.0	0.93	4.0	0.93
296 Nutritional & Metabolic Disorders Age >17 w CC	29	4.2	4.2	0.99	3.7	1.13	3.6	1.16
359 Uterine/Adnexa Proc for Non-Malignancy w/o CC	51	1.7	1.9	0.88	1.7	0.98	1.9	0.88
371 Cesarean Section w/o CC	44	3.3	3.5	0.93	3.1	1.05	3.6	0.90
373 Vaginal Delivery w/o Complicating Diagnosis	261	2.0	2.1	0.96	1.9	1.06	2.1	0.96
390 Neonate w Other Significant Problems	28	2.4	2.4	1.00	2.3	1.04	2.5	0.96
391 Normal Newborn	288	1.9	2.0	0.96	2.0	0.96	2.1	0.91
523 Alcohol/Drug Abuse/Dependence w/o Rehab w/o CC	4	*	2.3	*	3.0	*	2.9	*

**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	\$10,841	\$9,867	\$9,972	0.99	\$9,018	1.09	\$9,110	1.08
089 Simple Pneumonia & Pleurisy Age >17 w CC	\$13,337	\$11,830	\$10,500	1.13	\$10,282	1.15	\$10,844	1.09
127 Heart Failure & Shock	\$13,436	\$12,779	\$11,625	1.10	\$10,750	1.19	\$11,341	1.13
138 Cardiac Arrhythmia & Conduction Dis w CC	\$10,736	\$10,149	\$10,222	0.99	\$9,090	1.12	\$8,423	1.20
143 Chest Pain	\$8,558	\$8,274	\$7,011	1.18	\$6,475	1.28	\$6,644	1.25
174 G.I. Hemorrhage w CC	\$13,063	\$12,225	\$12,238	1.00	\$10,926	1.12	\$10,197	1.20
182 G.I. Disorders Age >17 w CC	\$10,532	\$10,629	\$10,138	1.05	\$8,648	1.23	\$9,324	1.14
209 Maj Joint/Limb Reattachment Procs-Lower Extremity	\$32,170	\$32,419	\$31,607	1.03	\$26,721	1.21	\$27,278	1.19
296 Nutritional & Metabolic Disorders Age >17 w CC	\$12,448	\$11,886	\$10,801	1.10	\$8,331	1.43	\$7,794	1.52
359 Uterine/Adnexa Proc for Non-Malignancy w/o CC	\$11,739	\$11,395	\$12,830	0.89	\$10,542	1.08	\$11,208	1.02
371 Cesarean Section w/o CC	\$11,943	\$11,858	\$10,024	1.18	\$8,824	1.34	\$9,612	1.23
373 Vaginal Delivery w/o Complicating Diagnosis	\$6,203	\$6,173	\$5,264	1.17	\$3,937	1.57	\$4,745	1.30
390 Neonate w Other Significant Problems	\$2,521	\$2,284	\$2,508	0.91	\$2,183	1.05	\$2,790	0.82
391 Normal Newborn	\$1,792	\$1,862	\$1,812	1.03	\$1,497	1.24	\$1,594	1.17
523 Alcohol/Drug Abuse/Dependence w/o Rehab w/o CC	*	#	#	*	#	*	#	*

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.