

061 Meriter Hospital Inc
202 S Park St
Madison, WI 53715
608-267-6210

Hospital Type: GMS
County: Dane
Analysis Area: 1-Southern
Inpatient Volume Group: 6

Overall Hospital Utilization

Total Discharges:	21,532	Average Length of Stay (days):	4.0
Total Patient Days:	85,084	Average Charge per Discharge:	\$14,465

Obstetrical Utilization

Normal Childbirths:	2,283	Percent of All Childbirths:	63.4%
Cesarean Childbirths:	818	Percent of All Childbirths:	22.7%
Other Childbirths:	499	Percent of All Childbirths:	13.9%
Total Childbirths:	3,600		
Total Newborns:	3,666		

Psychiatric Utilization

Discharges:	1,073	Percent of All Discharges:	5.0%
Patient Days:	8,363	Percent of All Patient Days:	9.8%

AODA Utilization

Discharges:	504	Percent of All Discharges:	2.3%
Patient Days:	1,936	Percent of All Patient Days:	2.3%

Patient Discharge Status

<u>Discharge Status</u>	<u>% Discharges</u>
Home or Self-Care	81.6%
Other GMS Hospital	0.6%
Skilled Nursing Facility	6.9%
Intermediate Care Facility	0.5%
Inpatient Rehabilitation Facility	0.8%
Hospice	1.0%
Other Institution	1.2%
Home Health/Home IV Provider	5.7%
Left Against Medical Advice	0.7%
Expired	0.9%
Other	0.2%

Expected Pay Source Distribution

<u>Primary Payer</u>	<u>% Discharges</u>
Medicare	29.4%
Medicaid/BadgerCare	9.7%
Other Government	0.3%
Commercial or Private Insurance	57.2%
Self-Pay	3.3%
Other or Unknown Insurance	0.0%

Age Distribution

<u>Age Group</u>	<u>% Discharges</u>	<u>% Patient Days</u>
Newborn	17.0%	14.6%
Under 15	3.2%	4.8%
15 - 19	3.3%	3.6%
20 - 24	4.7%	3.4%
25 - 34	15.5%	11.9%
35 - 44	10.4%	8.4%
45 - 54	9.3%	9.4%
55 - 64	9.2%	10.2%
65 - 74	10.1%	12.1%
75 - 84	11.3%	14.4%
85 & Over	6.0%	7.2%

Sex Distribution

<u>Sex</u>	<u>% Discharges</u>	<u>% Patient Days</u>
Male	38.1%	40.8%
Female	61.9%	59.2%

Race Distribution

<u>Race</u>	<u>% Discharges</u>	<u>% Patient Days</u>
Native American	0.2%	0.2%
Asian/Pacific Isl.	2.3%	1.8%
Black	5.5%	5.6%
White	87.7%	87.4%
Other	2.0%	1.7%
Unknown	2.3%	3.3%

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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
089 Simple Pneumonia & Pleurisy Age >17 w CC	319	5.0	4.8	1.04	4.9	1.02	4.7	1.06
125 Circulatory Disorders Except AMI, W Cardiac Cath W/O Compl	211	2.1	1.9	1.11	1.9	1.11	1.9	1.11
127 Heart Failure & Shock	347	4.8	4.4	1.10	4.6	1.05	4.3	1.12
143 Chest Pain	402	1.4	1.3	1.05	1.5	0.91	1.5	0.91
182 G.I. Disorders Age >17 w CC	328	3.5	3.5	1.01	3.8	0.93	3.6	0.98
209 Maj Joint/Limb Reattachment Procs-Lower Extremity	520	4.4	3.7	1.18	4.0	1.09	4.0	1.09
359 Uterine/Adnexa Proc for Non-Malignancy w/o CC	322	1.9	1.7	1.13	1.9	1.01	1.9	1.01
371 Cesarean Section w/o CC	617	4.1	3.6	1.14	4.0	1.03	3.6	1.14
372 Vaginal Delivery w Complicating Diagnosis	422	2.9	2.8	1.03	2.8	1.03	2.8	1.03
373 Vaginal Delivery w/o Complicating Diagnosis	2283	2.2	2.0	1.12	2.2	1.01	2.1	1.06
390 Neonate w Other Significant Problems	407	2.7	2.5	1.09	2.7	1.01	2.5	1.09
391 Normal Newborn	2841	2.1	2.0	1.07	2.1	1.02	2.1	1.02
430 Psychoses	772	7.9	6.9	1.15	6.8	1.16	6.0	1.32
462 Rehabilitation	296	11.8	13.3	0.88	10.9	1.08	10.9	1.08
527 Percutaneous Cardiovascular Proc W Drug-Eluting Stent W/O	431	2.0	1.7	1.15	1.8	1.09	1.8	1.09

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	\$15,496	\$13,519	\$11,047	1.22	\$11,680	1.16	\$10,844	1.25
125 Circulatory Disorders Except AMI, W Cardiac Cath W/O Con	\$13,269	\$13,388	\$11,533	1.16	\$13,456	0.99	\$13,456	0.99
127 Heart Failure & Shock	\$15,204	\$13,577	\$11,122	1.22	\$12,418	1.09	\$11,341	1.20
143 Chest Pain	\$7,838	\$7,661	\$5,822	1.32	\$7,194	1.07	\$6,644	1.15
182 G.I. Disorders Age >17 w CC	\$9,593	\$9,306	\$8,692	1.07	\$10,176	0.91	\$9,324	1.00
209 Maj Joint/Limb Reattachment Procs-Lower Extremity	\$28,866	\$29,162	\$25,285	1.15	\$27,894	1.05	\$27,278	1.07
359 Uterine/Adnexa Proc for Non-Malignancy w/o CC	\$13,175	\$13,273	\$10,337	1.28	\$11,432	1.16	\$11,208	1.18
371 Cesarean Section w/o CC	\$12,200	\$11,702	\$9,631	1.22	\$10,292	1.14	\$9,612	1.22
372 Vaginal Delivery w Complicating Diagnosis	\$7,109	\$6,912	\$6,061	1.14	\$7,778	0.89	\$7,778	0.89
373 Vaginal Delivery w/o Complicating Diagnosis	\$4,947	\$4,782	\$4,518	1.06	\$5,337	0.90	\$4,745	1.01
390 Neonate w Other Significant Problems	\$3,892	\$3,207	\$2,544	1.26	\$3,099	1.03	\$2,790	1.15
391 Normal Newborn	\$1,475	\$1,530	\$1,449	1.06	\$1,686	0.91	\$1,594	0.96
430 Psychoses	\$13,636	#	#		#		#	
462 Rehabilitation	\$23,861	\$20,525	\$20,810	0.99	\$19,383	1.06	\$18,679	1.10
527 Percutaneous Cardiovascular Proc W Drug-Eluting Stent W/	\$23,635	\$24,676	\$28,386	0.87	\$33,435	0.74	\$33,435	0.74

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.