

**064 University of WI Hospital & Clinics Authority**  
**600 Highland Ave**  
**Madison, WI 53792**  
**608-263-8025**

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

**Overall Hospital Utilization**

Total Discharges:	21,091	Average Length of Stay (days):	6.0
Total Patient Days:	127,352	Average Charge per Discharge:	\$30,063

**Obstetrical Utilization**

Normal Childbirths:	0	Percent of All Childbirths:	0.0%
Cesarean Childbirths:	0	Percent of All Childbirths:	0.0%
Other Childbirths:	0	Percent of All Childbirths:	0.0%
Total Childbirths:	0		
Total Newborns:	0		

**Psychiatric Utilization**

Discharges:	793	Percent of All Discharges:	3.8%
Patient Days:	4,634	Percent of All Patient Days:	3.6%

**AODA Utilization**

Discharges:	110	Percent of All Discharges:	0.5%
Patient Days:	484	Percent of All Patient Days:	0.4%

**Patient Discharge Status**

<u>Discharge Status</u>	<u>% Discharges</u>
Home or Self-Care	72.6%
Other GMS Hospital	0.5%
Skilled Nursing Facility	7.5%
Intermediate Care Facility	1.2%
Inpatient Rehabilitation Facility	2.3%
Hospice	1.2%
Other Institution	0.8%
Home Health/Home IV Provider	11.5%
Left Against Medical Advice	0.2%
Expired	1.9%
Other	0.2%

**Expected Pay Source Distribution**

<u>Primary Payer</u>	<u>% Discharges</u>
Medicare	32.9%
Medicaid/BadgerCare	8.7%
Other Government	5.0%
Commercial or Private Insurance	49.4%
Self-Pay	3.0%
Other or Unknown Insurance	1.0%

**Age Distribution**

<u>Age Group</u>	<u>% Discharges</u>	<u>% Patient Days</u>
Newborn	0.0%	0.0%
Under 15	10.2%	8.9%
15 - 19	3.7%	3.6%
20 - 24	3.8%	3.3%
25 - 34	8.1%	8.0%
35 - 44	12.2%	12.1%
45 - 54	17.8%	18.4%
55 - 64	17.7%	18.3%
65 - 74	13.6%	14.7%
75 - 84	9.5%	9.7%
85 & Over	3.3%	3.0%

**Sex Distribution**

<u>Sex</u>	<u>% Discharges</u>	<u>% Patient Days</u>
Male	52.5%	53.4%
Female	47.5%	46.6%

**Race Distribution**

<u>Race</u>	<u>% Discharges</u>	<u>% Patient Days</u>
Native American	0.5%	1.1%
Asian/Pacific Isl.	1.1%	1.1%
Black	5.7%	5.8%
White	91.8%	91.2%
Other	0.0%	0.0%
Unknown	0.9%	0.8%

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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	217	4.6	4.8	0.96	4.9	0.94	4.7	0.98
125 Circulatory Disorders Except AMI, W Cardiac Cath W/O Compl	101	2.2	1.9	1.17	1.9	1.17	1.9	1.17
127 Heart Failure & Shock	214	5.6	4.4	1.28	4.6	1.22	4.3	1.31
143 Chest Pain	189	1.5	1.3	1.16	1.5	1.01	1.5	1.01
182 G.I. Disorders Age >17 w CC	253	3.9	3.5	1.11	3.8	1.02	3.6	1.08
209 Maj Joint/Limb Reattachment Procs-Lower Extremity	457	3.8	3.7	1.03	4.0	0.95	4.0	0.95
359 Uterine/Adnexa Proc for Non-Malignancy w/o CC	78	2.4	1.7	1.41	1.9	1.26	1.9	1.26
371 Cesarean Section w/o CC	0	N/A	3.6	N/A	4.0	N/A	3.6	N/A
372 Vaginal Delivery w Complicating Diagnosis	0	N/A	2.8	N/A	2.8	N/A	2.8	N/A
373 Vaginal Delivery w/o Complicating Diagnosis	0	N/A	2.0	N/A	2.2	N/A	2.1	N/A
390 Neonate w Other Significant Problems	6	2.5	2.5	1.00	2.7	0.93	2.5	1.00
391 Normal Newborn	2	*	2.0	*	2.1	*	2.1	*
430 Psychoses	589	6.2	6.9	0.90	6.8	0.92	6.0	1.04
462 Rehabilitation	353	17.1	13.3	1.29	10.9	1.57	10.9	1.57
527 Percutaneous Cardiovascular Proc W Drug-Eluting Stent W/O	425	1.8	1.7	1.03	1.8	0.98	1.8	0.98

**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	
		Average Charge	Average Charge	Average Charge	Ratio	Average Charge	Ratio	Average Charge
089 Simple Pneumonia & Pleurisy Age >17 w CC	\$12,013	\$10,785	\$11,047	0.98	\$11,680	0.92	\$10,844	0.99
125 Circulatory Disorders Except AMI, W Cardiac Cath W/O Con	\$10,731	\$9,194	\$11,533	0.80	\$13,456	0.68	\$13,456	0.68
127 Heart Failure & Shock	\$15,044	\$12,952	\$11,122	1.16	\$12,418	1.04	\$11,341	1.14
143 Chest Pain	\$5,190	\$4,887	\$5,822	0.84	\$7,194	0.68	\$6,644	0.74
182 G.I. Disorders Age >17 w CC	\$11,368	\$10,544	\$8,692	1.21	\$10,176	1.04	\$9,324	1.13
209 Maj Joint/Limb Reattachment Procs-Lower Extremity	\$26,710	\$25,908	\$25,285	1.02	\$27,894	0.93	\$27,278	0.95
359 Uterine/Adnexa Proc for Non-Malignancy w/o CC	\$14,244	\$13,491	\$10,337	1.31	\$11,432	1.18	\$11,208	1.20
371 Cesarean Section w/o CC	N/A	N/A	\$9,631	N/A	\$10,292	N/A	\$9,612	N/A
372 Vaginal Delivery w Complicating Diagnosis	N/A	N/A	\$6,061	N/A	\$7,778	N/A	\$7,778	N/A
373 Vaginal Delivery w/o Complicating Diagnosis	N/A	N/A	\$4,518	N/A	\$5,337	N/A	\$4,745	N/A
390 Neonate w Other Significant Problems	\$5,362	\$2,762	\$2,544	1.09	\$3,099	0.89	\$2,790	0.99
391 Normal Newborn	*	*	\$1,449	*	\$1,686	*	\$1,594	*
430 Psychoses	\$7,340	#	#		#		#	
462 Rehabilitation	\$29,472	\$25,888	\$20,810	1.24	\$19,383	1.34	\$18,679	1.39
527 Percutaneous Cardiovascular Proc W Drug-Eluting Stent W/	\$33,380	\$33,866	\$28,386	1.19	\$33,435	1.01	\$33,435	1.01

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.