

089 St Mary's Hospital - Milwaukee
2323 N Lake Dr
Milwaukee, WI 53201
414-961-3300

Hospital Type: GMS
 County: Milwaukee
 Analysis Area: 2B-Milwaukee County
 Inpatient Volume Group: 6

Overall Hospital Utilization

Total Discharges:	13,041	Average Length of Stay (days):	4.2
Total Patient Days:	55,312	Average Charge per Discharge:	\$14,762

Obstetrical Utilization

Normal Childbirths:	2,000	Percent of All Childbirths:	68.5%
Cesarean Childbirths:	566	Percent of All Childbirths:	19.4%
Other Childbirths:	<u>352</u>	Percent of All Childbirths:	12.1%
Total Childbirths:	2,918		
Total Newborns:	2,956		

Psychiatric Utilization

Discharges:	29	Percent of All Discharges:	0.2%
Patient Days:	155	Percent of All Patient Days:	0.3%

AODA Utilization

Discharges:	56	Percent of All Discharges:	0.4%
Patient Days:	399	Percent of All Patient Days:	0.7%

Patient Discharge Status

<u>Discharge Status</u>	<u>% Discharges</u>
Home or Self-Care	85.8%
Other GMS Hospital	0.6%
Skilled Nursing Facility	4.7%
Intermediate Care Facility	0.0%
Inpatient Rehabilitation Facility	1.2%
Hospice	0.5%
Other Institution	0.5%
Home Health/Home IV Provider	4.4%
Left Against Medical Advice	0.5%
Expired	1.1%
Other	0.6%

Expected Pay Source Distribution

<u>Primary Payer</u>	<u>% Discharges</u>
Medicare	21.0%
Medicaid/BadgerCare	22.3%
Other Government	2.3%
Commercial or Private Insurance	47.9%
Self-Pay	6.5%
Other or Unknown Insurance	0.0%

Age Distribution

<u>Age Group</u>	<u>% Discharges</u>	<u>% Patient Days</u>
Newborn	22.7%	18.4%
Under 15	1.4%	1.5%
15 - 19	3.4%	2.4%
20 - 24	7.6%	6.0%
25 - 34	16.4%	12.6%
35 - 44	11.3%	9.9%
45 - 54	10.3%	12.2%
55 - 64	8.5%	10.8%
65 - 74	8.2%	11.7%
75 - 84	7.1%	10.2%
85 & Over	3.1%	4.2%

Sex Distribution

<u>Sex</u>	<u>% Discharges</u>	<u>% Patient Days</u>
Male	33.8%	38.7%
Female	66.2%	61.3%

Race Distribution

<u>Race</u>	<u>% Discharges</u>	<u>% Patient Days</u>
Native American	0.3%	0.3%
Asian/Pacific Isl.	1.6%	1.0%
Black	32.1%	34.2%
White	49.5%	51.0%
Other	12.9%	10.0%
Unknown	3.7%	3.6%

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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	130	5.0	5.3	0.95	4.9	1.03	4.7	1.07
125 Circulatory Disorders Except AMI, W Cardiac Cath W/O Compl	85	2.2	2.0	1.11	1.9	1.16	1.9	1.16
127 Heart Failure & Shock	192	4.6	4.8	0.96	4.6	1.01	4.3	1.08
143 Chest Pain	250	1.6	1.7	0.96	1.5	1.09	1.5	1.09
182 G.I. Disorders Age >17 w CC	149	3.4	4.0	0.84	3.8	0.88	3.6	0.93
209 Maj Joint/Limb Reattachment Procs-Lower Extremity	234	5.0	4.2	1.18	4.0	1.24	4.0	1.24
359 Uterine/Adnexa Proc for Non-Malignancy w/o CC	215	2.3	2.2	1.05	1.9	1.21	1.9	1.21
371 Cesarean Section w/o CC	413	4.6	4.1	1.13	4.0	1.16	3.6	1.29
372 Vaginal Delivery w Complicating Diagnosis	345	2.8	2.8	1.01	2.8	1.01	2.8	1.01
373 Vaginal Delivery w/o Complicating Diagnosis	2000	2.2	2.2	1.02	2.2	1.02	2.1	1.07
390 Neonate w Other Significant Problems	404	2.8	2.7	1.04	2.7	1.04	2.5	1.12
391 Normal Newborn	2221	2.1	2.1	1.02	2.1	1.02	2.1	1.02
430 Psychoses	7	5.1	4.8	1.07	6.8	0.76	6.0	0.86
462 Rehabilitation	0	N/A	10.1	N/A	10.9	N/A	10.9	N/A
527 Percutaneous Cardiovascular Proc W Drug-Eluting Stent W/O	104	1.7	1.9	0.89	1.8	0.94	1.8	0.94

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	\$13,533	\$11,200	\$14,255	0.79	\$11,680	0.96	\$10,844	1.03
125 Circulatory Disorders Except AMI, W Cardiac Cath W/O Con	\$16,417	\$15,041	\$15,996	0.94	\$13,456	1.12	\$13,456	1.12
127 Heart Failure & Shock	\$13,845	\$12,747	\$14,741	0.86	\$12,418	1.03	\$11,341	1.12
143 Chest Pain	\$9,426	\$8,740	\$8,461	1.03	\$7,194	1.22	\$6,644	1.32
182 G.I. Disorders Age >17 w CC	\$10,080	\$9,346	\$11,833	0.79	\$10,176	0.92	\$9,324	1.00
209 Maj Joint/Limb Reattachment Procs-Lower Extremity	\$30,082	\$29,248	\$33,555	0.87	\$27,894	1.05	\$27,278	1.07
359 Uterine/Adnexa Proc for Non-Malignancy w/o CC	\$12,410	\$12,207	\$14,386	0.85	\$11,432	1.07	\$11,208	1.09
371 Cesarean Section w/o CC	\$9,724	\$9,338	\$12,256	0.76	\$10,292	0.91	\$9,612	0.97
372 Vaginal Delivery w Complicating Diagnosis	\$6,383	\$6,197	\$9,907	0.63	\$7,778	0.80	\$7,778	0.80
373 Vaginal Delivery w/o Complicating Diagnosis	\$5,001	\$4,886	\$6,726	0.73	\$5,337	0.92	\$4,745	1.03
390 Neonate w Other Significant Problems	\$3,768	\$3,832	\$3,511	1.09	\$3,099	1.24	\$2,790	1.37
391 Normal Newborn	\$1,839	\$1,701	\$1,947	0.87	\$1,686	1.01	\$1,594	1.07
430 Psychoses	\$13,402	#	#		#		#	
462 Rehabilitation	N/A	N/A	\$19,706	N/A	\$19,383	N/A	\$18,679	N/A
527 Percutaneous Cardiovascular Proc W Drug-Eluting Stent W/	\$25,541	\$26,931	\$40,262	0.67	\$33,435	0.81	\$33,435	0.81

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.