

**090 St Michael Hospital**  
**2400 W Villard Ave**  
**Milwaukee, WI 53209**  
**414-529-8122**

Hospital Type: **GMS**  
County: **Milwaukee**  
Analysis Area: **2B-Milwaukee County**  
Inpatient Volume Group: **5**

**Overall Hospital Utilization**

Total Discharges:	7,257	Average Length of Stay (days):	4.4
Total Patient Days:	32,290	Average Charge per Discharge:	\$17,823

**Obstetrical Utilization**

Normal Childbirths:	183	Percent of All Childbirths:	72.3%
Cesarean Childbirths:	39	Percent of All Childbirths:	15.4%
Other Childbirths:	31	Percent of All Childbirths:	12.3%
<b>Total Childbirths:</b>	<b>253</b>		
<b>Total Newborns:</b>	<b>256</b>		

**Psychiatric Utilization**

Discharges:	895	Percent of All Discharges:	12.3%
Patient Days:	3,983	Percent of All Patient Days:	12.3%

**AODA Utilization**

Discharges:	744	Percent of All Discharges:	10.3%
Patient Days:	2,639	Percent of All Patient Days:	8.2%

**Patient Discharge Status**

<u>Discharge Status</u>	<u>% Discharges</u>
Home or Self-Care	74.0%
Other GMS Hospital	1.3%
Skilled Nursing Facility	8.2%
Intermediate Care Facility	0.0%
Inpatient Rehabilitation Facility	1.9%
Hospice	0.9%
Other Institution	1.4%
Home Health/Home IV Provider	5.8%
Left Against Medical Advice	2.7%
Expired	2.6%
Other	1.2%

**Expected Pay Source Distribution**

<u>Primary Payer</u>	<u>% Discharges</u>
Medicare	35.0%
Medicaid/BadgerCare	18.9%
Other Government	5.4%
Commercial or Private Insurance	23.0%
Self-Pay	3.6%
Other or Unknown Insurance	14.2%

**Age Distribution**

<u>Age Group</u>	<u>% Discharges</u>	<u>% Patient Days</u>
Newborn	3.5%	1.5%
Under 15	0.2%	0.1%
15 - 19	1.9%	1.2%
20 - 24	4.4%	3.1%
25 - 34	9.4%	7.3%
35 - 44	19.1%	16.9%
45 - 54	20.8%	20.5%
55 - 64	12.8%	14.7%
65 - 74	10.4%	12.7%
75 - 84	11.3%	14.1%
85 & Over	6.2%	7.7%

**Sex Distribution**

<u>Sex</u>	<u>% Discharges</u>	<u>% Patient Days</u>
Male	43.7%	46.3%
Female	56.3%	53.7%

**Race Distribution**

<u>Race</u>	<u>% Discharges</u>	<u>% Patient Days</u>
Native American	0.1%	0.1%
Asian/Pacific Isl.	0.7%	0.8%
Black	64.5%	61.1%
White	32.2%	35.8%
Other	2.0%	1.9%
Unknown	0.5%	0.4%

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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
014 Intracranial Hemorrhage & Stroke W Infarction	135	5.4	5.5	0.97	4.7	1.14	4.7	1.14
088 Chronic Obstructive Pulmonary Disease	133	3.9	5.3	0.74	4.2	0.93	4.0	0.98
089 Simple Pneumonia & Pleurisy Age >17 w CC	172	4.6	5.3	0.86	4.7	0.97	4.7	0.97
127 Heart Failure & Shock	259	4.3	4.8	0.89	4.3	1.00	4.3	1.00
143 Chest Pain	266	1.7	1.7	1.01	1.5	1.14	1.5	1.14
182 G.I. Disorders Age >17 w CC	133	4.0	4.0	1.00	3.7	1.08	3.6	1.11
209 Maj Joint/Limb Reattachment Procs-Lower Extremity	69	5.9	4.2	1.40	3.9	1.51	4.0	1.47
359 Uterine/Adnexa Proc for Non-Malignancy w/o CC	51	2.2	2.2	0.99	1.9	1.15	1.9	1.15
371 Cesarean Section w/o CC	30	3.4	4.1	0.84	3.4	1.01	3.6	0.95
373 Vaginal Delivery w/o Complicating Diagnosis	183	2.1	2.2	0.94	2.0	1.03	2.1	0.98
390 Neonate w Other Significant Problems	24	2.0	2.7	0.76	2.4	0.85	2.5	0.82
391 Normal Newborn	206	1.9	2.1	0.92	2.0	0.97	2.1	0.92
430 Psychoses	727	4.6	4.8	0.96	5.3	0.87	6.0	0.76
462 Rehabilitation	2	*	10.1	*	10.8	*	10.9	*
523 Alcohol/Drug Abuse/Dependence w/o Rehab w/o CC	355	3.6	3.4	1.06	2.9	1.24	2.9	1.24

**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
014 Intracranial Hemorrhage & Stroke W Infarction	\$22,327	\$18,744	\$19,006	0.99	\$13,840	1.35	\$13,840	1.35
088 Chronic Obstructive Pulmonary Disease	\$11,915	\$10,641	\$12,774	0.83	\$9,569	1.11	\$9,110	1.17
089 Simple Pneumonia & Pleurisy Age >17 w CC	\$14,458	\$12,734	\$14,255	0.89	\$10,879	1.17	\$10,844	1.17
127 Heart Failure & Shock	\$14,165	\$13,042	\$14,741	0.88	\$11,199	1.16	\$11,341	1.15
143 Chest Pain	\$8,958	\$8,478	\$8,461	1.00	\$6,913	1.23	\$6,644	1.28
182 G.I. Disorders Age >17 w CC	\$13,885	\$12,692	\$11,833	1.07	\$9,462	1.34	\$9,324	1.36
209 Maj Joint/Limb Reattachment Procs-Lower Extremity	\$45,198	\$43,018	\$33,555	1.28	\$27,134	1.59	\$27,278	1.58
359 Uterine/Adnexa Proc for Non-Malignancy w/o CC	\$15,877	\$15,787	\$14,386	1.10	\$11,260	1.40	\$11,208	1.41
371 Cesarean Section w/o CC	\$14,029	\$13,505	\$12,256	1.10	\$8,800	1.53	\$9,612	1.40
373 Vaginal Delivery w/o Complicating Diagnosis	\$6,612	\$6,601	\$6,726	0.98	\$4,234	1.56	\$4,745	1.39
390 Neonate w Other Significant Problems	\$1,878	\$1,931	\$3,511	0.55	\$2,370	0.81	\$2,790	0.69
391 Normal Newborn	\$1,570	\$1,488	\$1,947	0.76	\$1,511	0.99	\$1,594	0.93
430 Psychoses	\$5,720	#	#		#		#	
462 Rehabilitation	*	*	\$19,706	*	\$16,701	*	\$18,679	*
523 Alcohol/Drug Abuse/Dependence w/o Rehab w/o CC	\$4,831	#	#		#		#	

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.