

**189 Aurora Medical Center - Kenosha**  
**10400 75th St**  
**Kenosha, WI 53142**  
**262-948-5801**

Hospital Type: GMS  
 County: Kenosha  
 Analysis Area: 2A-Southeastern  
 Inpatient Volume Group: 5

**Overall Hospital Utilization**

Total Discharges:	6,691	Average Length of Stay (days):	3.4
Total Patient Days:	23,005	Average Charge per Discharge:	\$11,731

**Obstetrical Utilization**

Normal Childbirths:	765	Percent of All Childbirths:	63.9%
Cesarean Childbirths:	274	Percent of All Childbirths:	22.9%
Other Childbirths:	158	Percent of All Childbirths:	13.2%
Total Childbirths:	1,197		
Total Newborns:	1,188		

**Psychiatric Utilization**

Discharges:	19	Percent of All Discharges:	0.3%
Patient Days:	87	Percent of All Patient Days:	0.4%

**AODA Utilization**

Discharges:	42	Percent of All Discharges:	0.6%
Patient Days:	175	Percent of All Patient Days:	0.8%

**Patient Discharge Status**

<u>Discharge Status</u>	<u>% Discharges</u>
Home or Self-Care	85.2%
Other GMS Hospital	3.7%
Skilled Nursing Facility	5.1%
Intermediate Care Facility	0.1%
Inpatient Rehabilitation Facility	0.2%
Hospice	0.4%
Other Institution	0.6%
Home Health/Home IV Provider	2.8%
Left Against Medical Advice	0.9%
Expired	1.1%
Other	0.1%

**Expected Pay Source Distribution**

<u>Primary Payer</u>	<u>% Discharges</u>
Medicare	24.6%
Medicaid/BadgerCare	32.0%
Other Government	2.6%
Commercial or Private Insurance	35.1%
Self-Pay	5.7%
Other or Unknown Insurance	0.0%

**Age Distribution**

<u>Age Group</u>	<u>% Discharges</u>	<u>% Patient Days</u>
Newborn	17.8%	9.3%
Under 15	6.9%	4.7%
15 - 19	3.7%	2.5%
20 - 24	8.7%	5.8%
25 - 34	13.3%	9.2%
35 - 44	10.4%	9.9%
45 - 54	10.0%	12.6%
55 - 64	8.5%	11.5%
65 - 74	7.4%	12.0%
75 - 84	9.1%	14.5%
85 & Over	4.2%	7.9%

**Sex Distribution**

<u>Sex</u>	<u>% Discharges</u>	<u>% Patient Days</u>
Male	35.7%	36.8%
Female	64.3%	63.2%

**Race Distribution**

<u>Race</u>	<u>% Discharges</u>	<u>% Patient Days</u>
Native American	0.1%	0.1%
Asian/Pacific Isl.	1.1%	0.8%
Black	10.2%	8.6%
White	75.7%	81.0%
Other	11.4%	8.1%
Unknown	1.5%	1.3%

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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
014 Intracranial Hemorrhage & Stroke W Infarction	29	8.1	4.5	1.79	4.7	1.72	4.7	1.72
088 Chronic Obstructive Pulmonary Disease	104	6.5	4.6	1.42	4.2	1.55	4.0	1.63
089 Simple Pneumonia & Pleurisy Age >17 w CC	117	5.7	4.9	1.16	4.7	1.21	4.7	1.21
127 Heart Failure & Shock	134	5.2	4.6	1.14	4.3	1.22	4.3	1.22
143 Chest Pain	243	1.8	1.5	1.20	1.5	1.20	1.5	1.20
182 G.I. Disorders Age >17 w CC	106	5.3	4.0	1.32	3.7	1.43	3.6	1.47
209 Maj Joint/Limb Reattachment Procs-Lower Extremity	68	5.3	4.3	1.22	3.9	1.35	4.0	1.32
359 Uterine/Adnexa Proc for Non-Malignancy w/o CC	168	2.0	1.9	1.07	1.9	1.07	1.9	1.07
371 Cesarean Section w/o CC	237	2.8	3.5	0.81	3.4	0.84	3.6	0.79
373 Vaginal Delivery w/o Complicating Diagnosis	765	1.9	2.1	0.92	2.0	0.96	2.1	0.92
390 Neonate w Other Significant Problems	154	1.9	2.4	0.80	2.4	0.80	2.5	0.76
391 Normal Newborn	987	1.7	2.0	0.85	2.0	0.85	2.1	0.81
430 Psychoses	8	4.9	6.6	0.74	5.3	0.92	6.0	0.81
462 Rehabilitation	0	N/A	13.1	N/A	10.8	N/A	10.9	N/A
523 Alcohol/Drug Abuse/Dependence w/o Rehab w/o CC	16	2.7	2.3	1.17	2.9	0.93	2.9	0.93

**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
014 Intracranial Hemorrhage & Stroke W Infarction	\$30,574	\$28,446	\$13,965	2.04	\$13,840	2.06	\$13,840	2.06
088 Chronic Obstructive Pulmonary Disease	\$16,089	\$13,576	\$9,972	1.36	\$9,569	1.42	\$9,110	1.49
089 Simple Pneumonia & Pleurisy Age >17 w CC	\$14,796	\$13,760	\$10,500	1.31	\$10,879	1.26	\$10,844	1.27
127 Heart Failure & Shock	\$16,831	\$16,073	\$11,625	1.38	\$11,199	1.44	\$11,341	1.42
143 Chest Pain	\$8,207	\$7,887	\$7,011	1.12	\$6,913	1.14	\$6,644	1.19
182 G.I. Disorders Age >17 w CC	\$13,907	\$12,467	\$10,138	1.23	\$9,462	1.32	\$9,324	1.34
209 Maj Joint/Limb Reattachment Procs-Lower Extremity	\$41,420	\$41,449	\$31,607	1.31	\$27,134	1.53	\$27,278	1.52
359 Uterine/Adnexa Proc for Non-Malignancy w/o CC	\$16,633	\$16,653	\$12,830	1.30	\$11,260	1.48	\$11,208	1.49
371 Cesarean Section w/o CC	\$10,507	\$10,600	\$10,024	1.06	\$8,800	1.20	\$9,612	1.10
373 Vaginal Delivery w/o Complicating Diagnosis	\$4,532	\$4,555	\$5,264	0.87	\$4,234	1.08	\$4,745	0.96
390 Neonate w Other Significant Problems	\$2,572	\$2,289	\$2,508	0.91	\$2,370	0.97	\$2,790	0.82
391 Normal Newborn	\$2,185	\$1,926	\$1,812	1.06	\$1,511	1.27	\$1,594	1.21
430 Psychoses	\$12,490	#	#		#		#	
462 Rehabilitation	N/A	N/A	\$19,126	N/A	\$16,701	N/A	\$18,679	N/A
523 Alcohol/Drug Abuse/Dependence w/o Rehab w/o CC	\$7,271	#	#		#		#	

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.