

020 St Joseph's Hospital
2661 Cty Rd I
Chippewa Falls, WI 54729
715-726-3200

Hospital Type: GMS
 County: Chippewa
 Analysis Area: 5A-West Central
 Inpatient Volume Group: 4

Overall Hospital Utilization

Total Discharges:	4,372	Average Length of Stay (days):	3.6
Total Patient Days:	15,774	Average Charge per Discharge:	\$7,709

Obstetrical Utilization

Normal Childbirths:	302	Percent of All Childbirths:	60.3%
Cesarean Childbirths:	146	Percent of All Childbirths:	29.1%
Other Childbirths:	<u>53</u>	Percent of All Childbirths:	10.6%
Total Childbirths:	501		
Total Newborns:	507		

Psychiatric Utilization

Discharges:	3	Percent of All Discharges:	0.1%
Patient Days:	4	Percent of All Patient Days:	0.0%

AODA Utilization

Discharges:	1,267	Percent of All Discharges:	29.0%
Patient Days:	6,869	Percent of All Patient Days:	43.5%

Patient Discharge Status

<u>Discharge Status</u>	<u>% Discharges</u>
Home or Self-Care	76.0%
Other GMS Hospital	2.4%
Skilled Nursing Facility	8.0%
Intermediate Care Facility	1.2%
Inpatient Rehabilitation Facility	0.3%
Hospice	0.4%
Other Institution	0.7%
Home Health/Home IV Provider	5.7%
Left Against Medical Advice	4.1%
Expired	0.7%
Other	0.6%

Expected Pay Source Distribution

<u>Primary Payer</u>	<u>% Discharges</u>
Medicare	26.1%
Medicaid/BadgerCare	23.4%
Other Government	10.1%
Commercial or Private Insurance	37.2%
Self-Pay	3.2%
Other or Unknown Insurance	0.0%

Age Distribution

<u>Age Group</u>	<u>% Discharges</u>	<u>% Patient Days</u>
Newborn	11.6%	7.4%
Under 15	8.0%	5.2%
15 - 19	5.2%	7.7%
20 - 24	7.8%	6.4%
25 - 34	12.6%	11.4%
35 - 44	13.4%	15.6%
45 - 54	10.7%	12.8%
55 - 64	6.8%	7.4%
65 - 74	6.8%	6.7%
75 - 84	10.0%	11.2%
85 & Over	7.0%	8.2%

Sex Distribution

<u>Sex</u>	<u>% Discharges</u>	<u>% Patient Days</u>
Male	42.0%	45.7%
Female	58.0%	54.3%

Race Distribution

<u>Race</u>	<u>% Discharges</u>	<u>% Patient Days</u>
Native American	0.9%	1.4%
Asian/Pacific Isl.	0.1%	0.0%
Black	0.4%	0.6%
White	98.2%	97.5%
Other	0.2%	0.2%
Unknown	0.3%	0.2%
Not Asked	0.0%	0.0%

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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
088 Chronic Obstructive Pulmonary Disease	45	3.5	3.9	0.90	4.0	0.88	4.0	0.88
089 Simple Pneumonia & Pleurisy Age >17 w CC	87	4.0	4.2	0.95	4.3	0.93	4.5	0.89
127 Heart Failure & Shock	46	4.2	4.1	1.01	3.9	1.06	4.2	0.99
138 Cardiac Arrhythmia & Conduction Dis w CC	10	2.3	2.4	0.96	2.9	0.79	2.9	0.79
143 Chest Pain	26	1.5	1.4	1.10	1.4	1.10	1.5	1.03
174 G.I. Hemorrhage w CC	37	3.2	2.9	1.09	3.5	0.90	3.3	0.96
182 G.I. Disorders Age >17 w CC	41	3.0	3.4	0.88	3.4	0.88	3.6	0.83
209 Maj Joint/Limb Reattachment Procs-Lower Extremity	132	4.5	4.0	1.12	3.9	1.15	3.8	1.18
296 Nutritional & Metabolic Disorders Age >17 w CC	32	3.3	3.2	1.03	3.5	0.94	3.5	0.94
359 Uterine & Adnexa Proc for Non-Malignancy w/o CC	77	1.4	1.9	0.73	1.6	0.87	1.8	0.77
371 Cesarean Section w/o CC	111	2.9	3.1	0.92	3.0	0.95	3.5	0.82
373 Vaginal Delivery w/o Complicating Diagnosis	302	1.9	2.0	0.95	1.9	1.00	2.1	0.90
390 Neonate w Other Significant Problems	89	2.6	2.4	1.06	2.2	1.16	2.5	1.02
391 Normal Newborn	385	2.1	2.0	1.06	2.0	1.06	2.0	1.06
523 Alcohol/Drug Abuse/Dependence w/o Rehab w/o CC	385	3.0	3.0	0.98	2.5	1.18	2.7	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 Average Charge	Analysis Area		Inpatient Volume Group		All GMS Hospitals	
		Charge	Charge	Average Charge	Ratio	Average Charge	Ratio	Average Charge
088 Chronic Obstructive Pulmonary Disease	\$9,420	\$10,018	\$8,637	1.16	\$9,867	1.02	\$9,667	1.04
089 Simple Pneumonia & Pleurisy Age >17 w CC	\$9,795	\$10,634	\$9,248	1.15	\$10,285	1.03	\$10,282	1.03
127 Heart Failure & Shock	\$10,592	\$13,356	\$10,126	1.32	\$10,956	1.22	\$11,165	1.20
138 Cardiac Arrhythmia & Conduction Dis w CC	\$7,223	\$8,580	\$5,980	1.43	\$9,769	0.88	\$9,321	0.92
143 Chest Pain	\$6,385	\$6,279	\$5,546	1.13	\$7,274	0.86	\$6,968	0.90
174 G.I. Hemorrhage w CC	\$10,338	\$13,593	\$8,389	1.62	\$11,082	1.23	\$10,180	1.34
182 G.I. Disorders Age >17 w CC	\$8,371	\$9,840	\$8,713	1.13	\$9,809	1.00	\$9,826	1.00
209 Maj Joint/Limb Reattachment Procs-Lower Extremity	\$28,370	\$28,968	\$24,151	1.20	\$28,059	1.03	\$28,681	1.01
296 Nutritional & Metabolic Disorders Age >17 w CC	\$6,882	\$7,950	\$6,471	1.23	\$8,471	0.94	\$7,870	1.01
359 Uterine & Adnexa Proc for Non-Malignancy w/o CC	\$10,613	\$10,982	\$12,974	0.85	\$12,261	0.90	\$12,111	0.91
371 Cesarean Section w/o CC	\$9,103	\$8,896	\$9,152	0.97	\$9,560	0.93	\$10,099	0.88
373 Vaginal Delivery w/o Complicating Diagnosis	\$4,783	\$4,687	\$4,206	1.11	\$4,240	1.11	\$5,075	0.92
390 Neonate w Other Significant Problems	\$3,104	\$3,181	\$2,515	1.27	\$2,346	1.36	\$3,015	1.06
391 Normal Newborn	\$1,962	\$2,047	\$1,563	1.31	\$1,665	1.23	\$1,702	1.20
523 Alcohol/Drug Abuse/Dependence w/o Rehab w/o CC	\$2,455	#	#	#	#	#	#	#

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.