

035 Fort HealthCare
611 Sherman Ave E
Fort Atkinson, WI 53538
920-568-5000

Hospital Type: **GMS**
County: **Jefferson**
Analysis Area: **1-Southern**
Inpatient Volume Group: **4**

Overall Hospital Utilization

Total Discharges:	3,649	Average Length of Stay (days):	3.2
Total Patient Days:	11,538	Average Charge per Discharge:	\$9,310

Obstetrical Utilization

Normal Childbirths:	266	Percent of All Childbirths:	58.1%
Cesarean Childbirths:	125	Percent of All Childbirths:	27.3%
Other Childbirths:	67	Percent of All Childbirths:	14.6%
Total Childbirths:	458		
Total Newborns:	466		

Psychiatric Utilization

Discharges:	11	Percent of All Discharges:	0.3%
Patient Days:	25	Percent of All Patient Days:	0.2%

AODA Utilization

Discharges:	72	Percent of All Discharges:	2.0%
Patient Days:	203	Percent of All Patient Days:	1.8%

Patient Discharge Status

<u>Discharge Status</u>	<u>% Discharges</u>
Home or Self-Care	74.5%
Other GMS Hospital	4.2%
Skilled Nursing Facility	12.7%
Intermediate Care Facility	1.9%
Inpatient Rehabilitation Facility	0.0%
Hospice	1.1%
Other Institution	0.3%
Home Health/Home IV Provider	2.4%
Left Against Medical Advice	0.2%
Expired	1.5%
Other	1.2%

Expected Pay Source Distribution

<u>Primary Payer</u>	<u>% Discharges</u>
Medicare	43.1%
Medicaid/BadgerCare	11.6%
Other Government	0.7%
Commercial or Private Insurance	39.1%
Self-Pay	5.5%
Other or Unknown Insurance	0.1%

Age Distribution

<u>Age Group</u>	<u>% Discharges</u>	<u>% Patient Days</u>
Newborn	12.8%	8.6%
Under 15	3.0%	1.7%
15 - 19	2.6%	1.9%
20 - 24	4.6%	3.1%
25 - 34	10.5%	7.5%
35 - 44	8.6%	6.8%
45 - 54	8.6%	8.0%
55 - 64	9.4%	9.9%
65 - 74	11.4%	13.4%
75 - 84	16.8%	22.2%
85 & Over	11.7%	16.8%

Sex Distribution

<u>Sex</u>	<u>% Discharges</u>	<u>% Patient Days</u>
Male	39.5%	39.9%
Female	60.5%	60.1%

Race Distribution

<u>Race</u>	<u>% Discharges</u>	<u>% Patient Days</u>
Native American	0.0%	0.0%
Asian/Pacific Isl.	0.4%	0.2%
Black	0.7%	0.7%
White	91.9%	94.6%
Other	6.8%	4.3%
Unknown	0.2%	0.1%
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	57	4.5	4.2	1.07	4.0	1.13	4.0	1.13
089 Simple Pneumonia & Pleurisy Age >17 w CC	82	4.5	4.6	0.98	4.3	1.05	4.5	1.00
127 Heart Failure & Shock	101	4.6	4.4	1.05	3.9	1.19	4.2	1.10
138 Cardiac Arrhythmia & Conduction Dis w CC	58	3.2	2.9	1.12	2.9	1.12	2.9	1.12
143 Chest Pain	53	1.6	1.4	1.16	1.4	1.16	1.5	1.08
174 G.I. Hemorrhage w CC	60	3.2	3.3	0.96	3.5	0.91	3.3	0.96
182 G.I. Disorders Age >17 w CC	75	3.5	3.5	1.00	3.4	1.03	3.6	0.97
209 Maj Joint/Limb Reattachment Procs-Lower Extremity	102	4.5	3.7	1.23	3.9	1.17	3.8	1.20
296 Nutritional & Metabolic Disorders Age >17 w CC	49	3.7	3.4	1.09	3.5	1.06	3.5	1.06
359 Uterine & Adnexa Proc for Non-Malignancy w/o CC	87	1.5	1.7	0.86	1.6	0.91	1.8	0.81
371 Cesarean Section w/o CC	102	3.2	3.5	0.91	3.0	1.06	3.5	0.91
373 Vaginal Delivery w/o Complicating Diagnosis	266	1.8	2.0	0.92	1.9	0.97	2.1	0.87
390 Neonate w Other Significant Problems	43	2.5	2.4	1.04	2.2	1.13	2.5	1.00
391 Normal Newborn	405	2.1	2.0	1.03	2.0	1.03	2.0	1.03
523 Alcohol/Drug Abuse/Dependence w/o Rehab w/o CC	42	2.5	2.8	0.88	2.5	0.98	2.7	0.91

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	\$10,708	\$9,727	\$10,059	0.97	\$9,867	0.99	\$9,667	1.01
089 Simple Pneumonia & Pleurisy Age >17 w CC	\$11,005	\$9,902	\$10,753	0.92	\$10,285	0.96	\$10,282	0.96
127 Heart Failure & Shock	\$12,875	\$12,662	\$11,586	1.09	\$10,956	1.16	\$11,165	1.13
138 Cardiac Arrhythmia & Conduction Dis w CC	\$10,586	\$10,461	\$9,879	1.06	\$9,769	1.07	\$9,321	1.12
143 Chest Pain	\$7,285	\$6,973	\$6,115	1.14	\$7,274	0.96	\$6,968	1.00
174 G.I. Hemorrhage w CC	\$10,685	\$10,249	\$11,146	0.92	\$11,082	0.92	\$10,180	1.01
182 G.I. Disorders Age >17 w CC	\$8,762	\$8,286	\$9,622	0.86	\$9,809	0.84	\$9,826	0.84
209 Maj Joint/Limb Reattachment Procs-Lower Extremity	\$26,298	\$25,064	\$26,601	0.94	\$28,059	0.89	\$28,681	0.87
296 Nutritional & Metabolic Disorders Age >17 w CC	\$8,388	\$7,849	\$7,890	0.99	\$8,471	0.93	\$7,870	1.00
359 Uterine & Adnexa Proc for Non-Malignancy w/o CC	\$9,138	\$9,152	\$11,314	0.81	\$12,261	0.75	\$12,111	0.76
371 Cesarean Section w/o CC	\$7,362	\$7,227	\$10,425	0.69	\$9,560	0.76	\$10,099	0.72
373 Vaginal Delivery w/o Complicating Diagnosis	\$4,230	\$4,226	\$4,873	0.87	\$4,240	1.00	\$5,075	0.83
390 Neonate w Other Significant Problems	\$3,152	\$3,176	\$2,731	1.16	\$2,346	1.35	\$3,015	1.05
391 Normal Newborn	\$2,018	\$2,136	\$1,576	1.36	\$1,665	1.28	\$1,702	1.25
523 Alcohol/Drug Abuse/Dependence w/o Rehab w/o CC	\$3,844	#	#	#	#	#	#	#

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.