

197 Aurora BayCare Medical Center
 2845 Greenbrier Rd
 Green Bay, WI 54311
 920-288-8000

Hospital Type: GMS
 County: Brown
 Analysis Area: 4-Northeastern
 Inpatient Volume Group: 5

Overall Hospital Utilization

Total Discharges:	9,601	Average Length of Stay (days):	3.5
Total Patient Days:	33,815	Average Charge per Discharge:	\$15,987

Obstetrical Utilization

Normal Childbirths:	957	Percent of All Childbirths:	66.4%
Cesarean Childbirths:	303	Percent of All Childbirths:	21.0%
Other Childbirths:	181	Percent of All Childbirths:	12.6%
Total Childbirths:	1,441		
Total Newborns:	1,471		

Psychiatric Utilization

Discharges:	19	Percent of All Discharges:	0.2%
Patient Days:	41	Percent of All Patient Days:	0.1%

AODA Utilization

Discharges:	13	Percent of All Discharges:	0.1%
Patient Days:	42	Percent of All Patient Days:	0.1%

Patient Discharge Status

<u>Discharge Status</u>	<u>% Discharges</u>
Home or Self-Care	87.3%
Other GMS Hospital	0.8%
Skilled Nursing Facility	5.0%
Intermediate Care Facility	0.2%
Inpatient Rehabilitation Facility	1.2%
Hospice	0.6%
Other Institution	0.5%
Home Health/Home IV Provider	2.9%
Left Against Medical Advice	0.2%
Expired	1.0%
Other	0.2%

Expected Pay Source Distribution

<u>Primary Payer</u>	<u>% Discharges</u>
Medicare	28.8%
Medicaid/BadgerCare	13.2%
Other Government	2.1%
Commercial or Private Insurance	53.6%
Self-Pay	2.4%
Other or Unknown Insurance	0.0%

Age Distribution

<u>Age Group</u>	<u>% Discharges</u>	<u>% Patient Days</u>
Newborn	15.3%	15.2%
Under 15	3.9%	2.3%
15 - 19	2.0%	1.6%
20 - 24	4.9%	3.3%
25 - 34	14.2%	10.9%
35 - 44	9.9%	8.3%
45 - 54	11.4%	11.1%
55 - 64	11.7%	13.3%
65 - 74	11.8%	14.0%
75 - 84	10.7%	15.1%
85 & Over	4.0%	5.0%

Sex Distribution

<u>Sex</u>	<u>% Discharges</u>	<u>% Patient Days</u>
Male	40.4%	43.6%
Female	59.6%	56.4%

Race Distribution

<u>Race</u>	<u>% Discharges</u>	<u>% Patient Days</u>
Native American	0.7%	0.7%
Asian/Pacific Isl.	1.0%	1.0%
Black	1.1%	0.9%
White	86.7%	88.1%
Other	2.2%	1.6%
Unknown	8.4%	7.6%
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
014 Intracranial Hemorrhage or Cerebral Infarction	73	3.9	4.2	0.92	4.7	0.82	4.7	0.82
088 Chronic Obstructive Pulmonary Disease	61	4.0	4.0	0.99	4.2	0.94	4.0	0.99
089 Simple Pneumonia & Pleurisy Age >17 w CC	106	4.7	4.4	1.07	4.7	1.00	4.5	1.04
127 Heart Failure & Shock	82	5.3	4.1	1.30	4.4	1.21	4.2	1.27
143 Chest Pain	87	1.3	1.5	0.90	1.5	0.90	1.5	0.90
182 G.I. Disorders Age >17 w CC	87	3.1	3.6	0.87	3.8	0.82	3.6	0.87
209 Maj Joint/Limb Reattachment Procs-Lower Extremity	146	3.8	3.6	1.04	3.9	0.96	3.8	0.99
359 Uterine & Adnexa Proc for Non-Malignancy w/o CC	212	1.9	1.7	1.10	1.9	0.99	1.8	1.04
371 Cesarean Section w/o CC	242	3.8	3.6	1.06	3.3	1.16	3.5	1.09
373 Vaginal Delivery w/o Complicating Diagnosis	957	2.0	2.1	0.95	2.0	1.00	2.1	0.95
390 Neonate w Other Significant Problems	161	2.4	2.4	0.99	2.4	0.99	2.5	0.95
391 Normal Newborn	1167	2.1	2.0	1.05	2.1	1.00	2.0	1.05
430 Psychoses	5	3.0	4.6	0.65	4.9	0.61	5.9	0.51
523 Alcohol/Drug Abuse/Dependence w/o Rehab w/o CC	7	3.1	2.5	1.26	2.8	1.12	2.7	1.16
527 Percut Cardio Proc w Drug-Eluting Stent w/o AMI	83	1.9	1.8	1.05	1.8	1.05	1.7	1.11

DRG Specific Data - Average Charge per Discharge (Actual & Risk-Adjusted^)

DRG # and Description	This Facility		Risk Adjusted Group Averages					
	Average Charge	Risk Adjusted	Analysis Area		Inpatient Volume Group		All GMS Hospitals	
		Average Charge	Average Charge	Average Charge	Ratio	Average Charge	Ratio	Average Charge
014 Intracranial Hemorrhage or Cerebral Infarction	\$17,929	\$18,001	\$13,227	1.36	\$16,389	1.10	\$15,701	1.15
088 Chronic Obstructive Pulmonary Disease	\$11,796	\$9,169	\$10,212	0.90	\$10,350	0.89	\$9,667	0.95
089 Simple Pneumonia & Pleurisy Age >17 w CC	\$13,817	\$10,588	\$10,236	1.03	\$11,221	0.94	\$10,282	1.03
127 Heart Failure & Shock	\$15,459	\$11,179	\$10,546	1.06	\$12,339	0.91	\$11,165	1.00
143 Chest Pain	\$8,242	\$7,696	\$6,826	1.13	\$7,660	1.00	\$6,968	1.10
182 G.I. Disorders Age >17 w CC	\$10,386	\$9,451	\$9,295	1.02	\$11,100	0.85	\$9,826	0.96
209 Maj Joint/Limb Reattachment Procs-Lower Extremity	\$33,038	\$30,651	\$29,315	1.05	\$29,917	1.02	\$28,681	1.07
359 Uterine & Adnexa Proc for Non-Malignancy w/o CC	\$9,804	\$9,656	\$10,451	0.92	\$12,090	0.80	\$12,111	0.80
371 Cesarean Section w/o CC	\$6,363	\$6,122	\$8,432	0.73	\$9,434	0.65	\$10,099	0.61
373 Vaginal Delivery w/o Complicating Diagnosis	\$3,201	\$3,116	\$3,613	0.86	\$4,659	0.67	\$5,075	0.61
390 Neonate w Other Significant Problems	\$3,112	\$3,104	\$2,377	1.31	\$2,588	1.20	\$3,015	1.03
391 Normal Newborn	\$1,662	\$1,511	\$1,485	1.02	\$1,489	1.01	\$1,702	0.89
430 Psychoses	\$8,680	#	#	#	#	#	#	
523 Alcohol/Drug Abuse/Dependence w/o Rehab w/o CC	\$12,149	#	#	#	#	#	#	
527 Percut Cardio Proc w Drug-Eluting Stent w/o AMI	\$34,625	\$35,364	\$32,341	1.09	\$35,716	0.99	\$34,759	1.02

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.