

067 Bay Area Medical Center
3100 Shore Dr
Marinette, WI 54143
715-735-6621

Hospital Type: **GMS**
County: **Marinette**
Analysis Area: **4-Northeastern**
Inpatient Volume Group: **4**

Overall Hospital Utilization

Total Discharges:	4,880	Average Length of Stay (days):	3.5
Total Patient Days:	17,005	Average Charge per Discharge:	\$11,954

Obstetrical Utilization

Normal Childbirths:	253	Percent of All Childbirths:	61.0%
Cesarean Childbirths:	125	Percent of All Childbirths:	30.1%
Other Childbirths:	37	Percent of All Childbirths:	8.9%
Total Childbirths:	415		
Total Newborns:	413		

Psychiatric Utilization

Discharges:	15	Percent of All Discharges:	0.3%
Patient Days:	39	Percent of All Patient Days:	0.2%

AODA Utilization

Discharges:	73	Percent of All Discharges:	1.5%
Patient Days:	200	Percent of All Patient Days:	1.2%

Patient Discharge Status

<u>Discharge Status</u>	<u>% Discharges</u>
Home or Self-Care	66.6%
Other GMS Hospital	4.0%
Skilled Nursing Facility	13.6%
Intermediate Care Facility	1.3%
Inpatient Rehabilitation Facility	0.0%
Hospice	1.1%
Other Institution	0.1%
Home Health/Home IV Provider	9.9%
Left Against Medical Advice	0.5%
Expired	2.5%
Other	0.5%

Expected Pay Source Distribution

<u>Primary Payer</u>	<u>% Discharges</u>
Medicare	49.0%
Medicaid/BadgerCare	13.3%
Other Government	1.0%
Commercial or Private Insurance	32.2%
Self-Pay	4.4%
Other or Unknown Insurance	0.1%

Age Distribution

<u>Age Group</u>	<u>% Discharges</u>	<u>% Patient Days</u>
Newborn	8.5%	5.7%
Under 15	5.5%	3.1%
15 - 19	2.5%	1.6%
20 - 24	3.6%	2.5%
25 - 34	7.6%	5.4%
35 - 44	7.4%	5.8%
45 - 54	9.2%	8.8%
55 - 64	11.4%	12.3%
65 - 74	13.7%	16.2%
75 - 84	18.3%	21.8%
85 & Over	12.4%	16.8%

Sex Distribution

<u>Sex</u>	<u>% Discharges</u>	<u>% Patient Days</u>
Male	41.2%	43.0%
Female	58.8%	57.0%

Race Distribution

<u>Race</u>	<u>% Discharges</u>	<u>% Patient Days</u>
Native American	0.2%	0.1%
Asian/Pacific Isl.	0.1%	0.0%
Black	0.1%	0.0%
White	99.1%	99.5%
Other	0.3%	0.2%
Unknown	0.3%	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	105	3.9	4.0	0.98	4.0	0.98	4.0	0.98
089 Simple Pneumonia & Pleurisy Age >17 w CC	186	4.3	4.4	0.99	4.3	1.01	4.5	0.97
127 Heart Failure & Shock	159	4.1	4.1	1.01	3.9	1.06	4.2	0.98
138 Cardiac Arrhythmia & Conduction Dis w CC	55	3.8	3.5	1.08	2.9	1.30	2.9	1.30
143 Chest Pain	49	1.5	1.5	1.01	1.4	1.08	1.5	1.01
174 G.I. Hemorrhage w CC	98	3.2	3.3	0.96	3.5	0.90	3.3	0.96
182 G.I. Disorders Age >17 w CC	150	3.6	3.6	1.00	3.4	1.06	3.6	1.00
209 Maj Joint/Limb Reattachment Procs-Lower Extremity	100	3.5	3.6	0.96	3.9	0.88	3.8	0.91
296 Nutritional & Metabolic Disorders Age >17 w CC	77	3.3	3.5	0.95	3.5	0.95	3.5	0.95
359 Uterine & Adnexa Proc for Non-Malignancy w/o CC	84	1.7	1.7	0.97	1.6	1.03	1.8	0.92
371 Cesarean Section w/o CC	103	2.9	3.6	0.80	3.0	0.96	3.5	0.82
373 Vaginal Delivery w/o Complicating Diagnosis	253	2.2	2.1	1.06	1.9	1.17	2.1	1.06
390 Neonate w Other Significant Problems	67	2.7	2.4	1.11	2.2	1.21	2.5	1.07
391 Normal Newborn	342	2.3	2.0	1.14	2.0	1.14	2.0	1.14
523 Alcohol/Drug Abuse/Dependence w/o Rehab w/o CC	21	1.9	2.5	0.74	2.5	0.74	2.7	0.69

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
088 Chronic Obstructive Pulmonary Disease	\$10,891	\$9,261	\$10,212	0.91	\$9,867	0.94	\$9,667	0.96
089 Simple Pneumonia & Pleurisy Age >17 w CC	\$12,250	\$9,831	\$10,236	0.96	\$10,285	0.96	\$10,282	0.96
127 Heart Failure & Shock	\$12,572	\$9,725	\$10,546	0.92	\$10,956	0.89	\$11,165	0.87
138 Cardiac Arrhythmia & Conduction Dis w CC	\$12,524	\$10,573	\$10,086	1.05	\$9,769	1.08	\$9,321	1.13
143 Chest Pain	\$8,279	\$7,541	\$6,826	1.10	\$7,274	1.04	\$6,968	1.08
174 G.I. Hemorrhage w CC	\$10,835	\$9,305	\$10,907	0.85	\$11,082	0.84	\$10,180	0.91
182 G.I. Disorders Age >17 w CC	\$10,305	\$8,664	\$9,295	0.93	\$9,809	0.88	\$9,826	0.88
209 Maj Joint/Limb Reattachment Procs-Lower Extremity	\$30,163	\$30,585	\$29,315	1.04	\$28,059	1.09	\$28,681	1.07
296 Nutritional & Metabolic Disorders Age >17 w CC	\$8,786	\$7,904	\$8,751	0.90	\$8,471	0.93	\$7,870	1.00
359 Uterine & Adnexa Proc for Non-Malignancy w/o CC	\$13,262	\$13,700	\$10,451	1.31	\$12,261	1.12	\$12,111	1.13
371 Cesarean Section w/o CC	\$8,963	\$8,878	\$8,432	1.05	\$9,560	0.93	\$10,099	0.88
373 Vaginal Delivery w/o Complicating Diagnosis	\$3,968	\$3,956	\$3,613	1.09	\$4,240	0.93	\$5,075	0.78
390 Neonate w Other Significant Problems	\$2,664	\$2,385	\$2,377	1.00	\$2,346	1.02	\$3,015	0.79
391 Normal Newborn	\$1,670	\$1,520	\$1,485	1.02	\$1,665	0.91	\$1,702	0.89
523 Alcohol/Drug Abuse/Dependence w/o Rehab w/o CC	\$4,163	#	#	#	#	#	#	#

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.