

070 Hess Memorial Hospital Inc/Mile Bluff Medical Center
1050 Division St
Mauston, WI 53948
608-847-6161

Hospital Type: GMS
County: Juneau
Analysis Area: 6-North Central
Inpatient Volume Group: 4

Overall Hospital Utilization

Total Discharges:	2,576	Average Length of Stay (days):	3.4
Total Patient Days:	8,701	Average Charge per Discharge:	\$11,683

Obstetrical Utilization

Normal Childbirths:	110	Percent of All Childbirths:	55.8%
Cesarean Childbirths:	66	Percent of All Childbirths:	33.5%
Other Childbirths:	21	Percent of All Childbirths:	10.7%
Total Childbirths:	197		
Total Newborns:	200		

Psychiatric Utilization

Discharges:	23	Percent of All Discharges:	0.9%
Patient Days:	94	Percent of All Patient Days:	1.1%

AODA Utilization

Discharges:	7	Percent of All Discharges:	0.3%
Patient Days:	10	Percent of All Patient Days:	0.1%

Patient Discharge Status

<u>Discharge Status</u>	<u>% Discharges</u>
Home or Self-Care	76.4%
Other GMS Hospital	7.3%
Skilled Nursing Facility	8.3%
Intermediate Care Facility	0.0%
Inpatient Rehabilitation Facility	0.0%
Hospice	0.5%
Other Institution	0.3%
Home Health/Home IV Provider	4.7%
Left Against Medical Advice	0.4%
Expired	1.5%
Other	0.5%

Expected Pay Source Distribution

<u>Primary Payer</u>	<u>% Discharges</u>
Medicare	48.0%
Medicaid/BadgerCare	17.7%
Other Government	1.0%
Commercial or Private Insurance	26.1%
Self-Pay	6.9%
Other or Unknown Insurance	0.3%

Age Distribution

<u>Age Group</u>	<u>% Discharges</u>	<u>% Patient Days</u>
Newborn	7.8%	5.0%
Under 15	3.5%	2.0%
15 - 19	2.1%	1.3%
20 - 24	5.0%	3.4%
25 - 34	8.7%	5.6%
35 - 44	10.4%	7.1%
45 - 54	8.7%	9.6%
55 - 64	11.3%	12.8%
65 - 74	15.3%	17.7%
75 - 84	18.1%	23.0%
85 & Over	9.1%	12.5%

Sex Distribution

<u>Sex</u>	<u>% Discharges</u>	<u>% Patient Days</u>
Male	38.9%	42.5%
Female	61.1%	57.5%

Race Distribution

<u>Race</u>	<u>% Discharges</u>	<u>% Patient Days</u>
Native American	0.4%	0.6%
Asian/Pacific Isl.	0.2%	0.1%
Black	0.3%	0.3%
White	49.1%	50.3%
Other	0.3%	0.4%
Unknown	0.1%	0.0%
Not Asked	49.6%	48.2%

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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	63	3.6	3.9	0.92	4.0	0.90	4.0	0.90
089 Simple Pneumonia & Pleurisy Age >17 w CC	101	4.9	4.3	1.13	4.3	1.13	4.5	1.08
127 Heart Failure & Shock	87	4.2	3.8	1.10	3.9	1.07	4.2	1.00
138 Cardiac Arrhythmia & Conduction Dis w CC	32	2.8	2.7	1.04	2.9	0.97	2.9	0.97
143 Chest Pain	64	1.8	1.4	1.32	1.4	1.32	1.5	1.23
174 G.I. Hemorrhage w CC	34	4.4	3.3	1.34	3.5	1.26	3.3	1.34
182 G.I. Disorders Age >17 w CC	68	3.0	3.2	0.95	3.4	0.89	3.6	0.84
209 Maj Joint/Limb Reattachment Procs-Lower Extremity	49	5.7	3.7	1.54	3.9	1.47	3.8	1.50
296 Nutritional & Metabolic Disorders Age >17 w CC	39	3.2	3.3	0.96	3.5	0.91	3.5	0.91
359 Uterine & Adnexa Proc for Non-Malignancy w/o CC	100	1.8	1.9	0.92	1.6	1.09	1.8	0.97
371 Cesarean Section w/o CC	47	2.8	3.6	0.77	3.0	0.93	3.5	0.80
373 Vaginal Delivery w/o Complicating Diagnosis	110	1.9	2.1	0.90	1.9	1.00	2.1	0.90
390 Neonate w Other Significant Problems	16	2.3	2.6	0.89	2.2	1.05	2.5	0.93
391 Normal Newborn	170	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	2	*	2.5	*	2.5	*	2.7	*

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	
		Average Charge	Average Charge	Average Charge	Ratio	Average Charge	Ratio	Average Charge
088 Chronic Obstructive Pulmonary Disease	\$10,961	\$9,559	\$8,290	1.15	\$9,867	0.97	\$9,667	0.99
089 Simple Pneumonia & Pleurisy Age >17 w CC	\$13,678	\$10,958	\$8,951	1.22	\$10,285	1.07	\$10,282	1.07
127 Heart Failure & Shock	\$12,975	\$12,279	\$9,300	1.32	\$10,956	1.12	\$11,165	1.10
138 Cardiac Arrhythmia & Conduction Dis w CC	\$11,627	\$11,565	\$8,483	1.36	\$9,769	1.18	\$9,321	1.24
143 Chest Pain	\$9,883	\$9,155	\$5,898	1.55	\$7,274	1.26	\$6,968	1.31
174 G.I. Hemorrhage w CC	\$14,065	\$11,510	\$9,328	1.23	\$11,082	1.04	\$10,180	1.13
182 G.I. Disorders Age >17 w CC	\$17,898	\$17,294	\$9,026	1.92	\$9,809	1.76	\$9,826	1.76
209 Maj Joint/Limb Reattachment Procs-Lower Extremity	\$34,520	\$33,134	\$25,570	1.30	\$28,059	1.18	\$28,681	1.16
296 Nutritional & Metabolic Disorders Age >17 w CC	\$7,935	\$7,335	\$6,376	1.15	\$8,471	0.87	\$7,870	0.93
359 Uterine & Adnexa Proc for Non-Malignancy w/o CC	\$11,260	\$11,316	\$11,134	1.02	\$12,261	0.92	\$12,111	0.93
371 Cesarean Section w/o CC	\$11,167	\$10,932	\$8,661	1.26	\$9,560	1.14	\$10,099	1.08
373 Vaginal Delivery w/o Complicating Diagnosis	\$4,653	\$4,616	\$4,076	1.13	\$4,240	1.09	\$5,075	0.91
390 Neonate w Other Significant Problems	\$1,966	\$2,196	\$3,460	0.63	\$2,346	0.94	\$3,015	0.73
391 Normal Newborn	\$1,643	\$1,781	\$1,788	1.00	\$1,665	1.07	\$1,702	1.05
523 Alcohol/Drug Abuse/Dependence w/o Rehab w/o CC	*	#	#	*	#	*	#	*

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.