

006 Memorial Medical Center
1615 Maple Ln
Ashland, WI 54806
715-685-5500

Hospital Type: GMS
County: Ashland
Analysis Area: 7-Western Lake Superior
Inpatient Volume Group: 4

Overall Hospital Utilization

Total Discharges:	3,506	Average Length of Stay (days):	3.8
Total Patient Days:	13,497	Average Charge per Discharge:	\$8,539

Obstetrical Utilization

Normal Childbirths:	157	Percent of All Childbirths:	54.5%
Cesarean Childbirths:	86	Percent of All Childbirths:	29.9%
Other Childbirths:	45	Percent of All Childbirths:	15.6%
Total Childbirths:	288		
Total Newborns:	290		

Psychiatric Utilization

Discharges:	444	Percent of All Discharges:	12.7%
Patient Days:	2,133	Percent of All Patient Days:	15.8%

AODA Utilization

Discharges:	228	Percent of All Discharges:	6.5%
Patient Days:	1,487	Percent of All Patient Days:	11.0%

Patient Discharge Status

<u>Discharge Status</u>	<u>% Discharges</u>
Home or Self-Care	79.1%
Other GMS Hospital	4.8%
Skilled Nursing Facility	11.6%
Intermediate Care Facility	0.2%
Inpatient Rehabilitation Facility	0.1%
Hospice	0.4%
Other Institution	0.1%
Home Health/Home IV Provider	0.9%
Left Against Medical Advice	0.7%
Expired	2.0%
Other	0.1%

Expected Pay Source Distribution

<u>Primary Payer</u>	<u>% Discharges</u>
Medicare	41.2%
Medicaid/BadgerCare	22.4%
Other Government	4.7%
Commercial or Private Insurance	26.8%
Self-Pay	5.0%
Other or Unknown Insurance	0.0%

Age Distribution

<u>Age Group</u>	<u>% Discharges</u>	<u>% Patient Days</u>
Newborn	8.3%	4.8%
Under 15	2.9%	1.6%
15 - 19	4.6%	4.3%
20 - 24	5.9%	5.4%
25 - 34	10.8%	10.9%
35 - 44	10.7%	11.5%
45 - 54	12.2%	12.9%
55 - 64	9.5%	9.3%
65 - 74	10.9%	10.5%
75 - 84	14.0%	15.5%
85 & Over	10.2%	13.3%

Sex Distribution

<u>Sex</u>	<u>% Discharges</u>	<u>% Patient Days</u>
Male	39.5%	41.2%
Female	60.5%	58.8%

Race Distribution

<u>Race</u>	<u>% Discharges</u>	<u>% Patient Days</u>
Native American	12.8%	11.7%
Asian/Pacific Isl.	0.2%	0.1%
Black	0.3%	0.4%
White	85.7%	86.7%
Other	0.7%	0.7%
Unknown	0.3%	0.4%
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	51	4.0	3.7	1.07	4.0	0.99	4.0	0.99
089 Simple Pneumonia & Pleurisy Age >17 w CC	120	5.2	4.4	1.18	4.3	1.20	4.5	1.15
127 Heart Failure & Shock	60	4.5	3.8	1.19	3.9	1.16	4.2	1.08
138 Cardiac Arrhythmia & Conduction Dis w CC	30	3.0	2.9	1.05	2.9	1.05	2.9	1.05
143 Chest Pain	51	1.5	1.2	1.21	1.4	1.04	1.5	0.97
174 G.I. Hemorrhage w CC	50	4.3	3.5	1.23	3.5	1.23	3.3	1.31
182 G.I. Disorders Age >17 w CC	83	3.3	2.8	1.18	3.4	0.97	3.6	0.92
209 Maj Joint/Limb Reattachment Procs-Lower Extremity	101	5.0	5.0	1.00	3.9	1.28	3.8	1.31
296 Nutritional & Metabolic Disorders Age >17 w CC	45	4.0	3.4	1.18	3.5	1.14	3.5	1.14
359 Uterine & Adnexa Proc for Non-Malignancy w/o CC	44	2.7	2.6	1.02	1.6	1.66	1.8	1.48
371 Cesarean Section w/o CC	57	3.2	3.1	1.04	3.0	1.08	3.5	0.92
373 Vaginal Delivery w/o Complicating Diagnosis	157	2.2	2.0	1.11	1.9	1.17	2.1	1.06
390 Neonate w Other Significant Problems	36	2.6	2.5	1.02	2.2	1.16	2.5	1.02
391 Normal Newborn	240	2.1	2.0	1.05	2.0	1.05	2.0	1.05
523 Alcohol/Drug Abuse/Dependence w/o Rehab w/o CC	85	3.1	3.1	1.01	2.5	1.25	2.7	1.16

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	\$8,340	\$7,087	\$8,169	0.87	\$9,867	0.72	\$9,667	0.73
089 Simple Pneumonia & Pleurisy Age >17 w CC	\$11,194	\$8,896	\$9,443	0.94	\$10,285	0.87	\$10,282	0.87
127 Heart Failure & Shock	\$9,668	\$8,190	\$9,432	0.87	\$10,956	0.75	\$11,165	0.73
138 Cardiac Arrhythmia & Conduction Dis w CC	\$9,077	\$8,492	\$7,411	1.15	\$9,769	0.87	\$9,321	0.91
143 Chest Pain	\$5,341	\$4,852	\$4,092	1.19	\$7,274	0.67	\$6,968	0.70
174 G.I. Hemorrhage w CC	\$11,520	\$9,187	\$9,615	0.96	\$11,082	0.83	\$10,180	0.90
182 G.I. Disorders Age >17 w CC	\$7,322	\$7,012	\$6,864	1.02	\$9,809	0.71	\$9,826	0.71
209 Maj Joint/Limb Reattachment Procs-Lower Extremity	\$24,621	\$24,634	\$24,445	1.01	\$28,059	0.88	\$28,681	0.86
296 Nutritional & Metabolic Disorders Age >17 w CC	\$7,832	\$6,287	\$7,055	0.89	\$8,471	0.74	\$7,870	0.80
359 Uterine & Adnexa Proc for Non-Malignancy w/o CC	\$9,789	\$9,555	\$10,423	0.92	\$12,261	0.78	\$12,111	0.79
371 Cesarean Section w/o CC	\$8,516	\$8,545	\$9,215	0.93	\$9,560	0.89	\$10,099	0.85
373 Vaginal Delivery w/o Complicating Diagnosis	\$3,592	\$3,515	\$4,104	0.86	\$4,240	0.83	\$5,075	0.69
390 Neonate w Other Significant Problems	\$1,769	\$1,769	\$1,846	0.96	\$2,346	0.75	\$3,015	0.59
391 Normal Newborn	\$1,376	\$1,390	\$1,617	0.86	\$1,665	0.84	\$1,702	0.82
523 Alcohol/Drug Abuse/Dependence w/o Rehab w/o CC	\$4,239	#	#	#	#	#	#	#

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.