

091 The Monroe Clinic
515 22nd Ave
Monroe, WI 53566
608-324-1000

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

Overall Hospital Utilization

Total Discharges:	3,658	Average Length of Stay (days):	3.1
Total Patient Days:	11,206	Average Charge per Discharge:	\$12,887

Obstetrical Utilization

Normal Childbirths:	250	Percent of All Childbirths:	63.1%
Cesarean Childbirths:	119	Percent of All Childbirths:	30.1%
Other Childbirths:	27	Percent of All Childbirths:	6.8%
Total Childbirths:	396		
Total Newborns:	406		

Psychiatric Utilization

Discharges:	4	Percent of All Discharges:	0.1%
Patient Days:	9	Percent of All Patient Days:	0.1%

AODA Utilization

Discharges:	16	Percent of All Discharges:	0.4%
Patient Days:	35	Percent of All Patient Days:	0.3%

Patient Discharge Status

<u>Discharge Status</u>	<u>% Discharges</u>
Home or Self-Care	76.9%
Other GMS Hospital	3.7%
Skilled Nursing Facility	12.3%
Intermediate Care Facility	0.0%
Inpatient Rehabilitation Facility	0.0%
Hospice	0.8%
Other Institution	0.5%
Home Health/Home IV Provider	4.5%
Left Against Medical Advice	0.3%
Expired	0.8%
Other	0.0%

Expected Pay Source Distribution

<u>Primary Payer</u>	<u>% Discharges</u>
Medicare	47.6%
Medicaid/BadgerCare	14.5%
Other Government	0.1%
Commercial or Private Insurance	34.5%
Self-Pay	2.7%
Other or Unknown Insurance	0.6%

Age Distribution

<u>Age Group</u>	<u>% Discharges</u>	<u>% Patient Days</u>
Newborn	11.1%	8.0%
Under 15	2.4%	1.6%
15 - 19	2.0%	1.6%
20 - 24	4.7%	3.8%
25 - 34	8.8%	6.7%
35 - 44	6.8%	5.4%
45 - 54	8.0%	8.0%
55 - 64	10.3%	10.0%
65 - 74	15.3%	17.3%
75 - 84	20.5%	24.9%
85 & Over	10.1%	12.7%

Sex Distribution

<u>Sex</u>	<u>% Discharges</u>	<u>% Patient Days</u>
Male	37.7%	39.2%
Female	62.3%	60.8%

Race Distribution

<u>Race</u>	<u>% Discharges</u>	<u>% Patient Days</u>
Native American	0.1%	0.0%
Asian/Pacific Isl.	0.2%	0.1%
Black	0.9%	1.1%
White	98.4%	98.4%
Other	0.4%	0.3%
Unknown	0.0%	0.0%
Not Asked	0.0%	0.0%

091 The Monroe Clinic
Monroe, WI 53566

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	66	3.9	4.2	0.94	4.0	0.98	4.0	0.98
089 Simple Pneumonia & Pleurisy Age >17 w CC	145	4.8	4.6	1.03	4.3	1.11	4.5	1.06
127 Heart Failure & Shock	103	3.4	4.4	0.78	3.9	0.88	4.2	0.82
138 Cardiac Arrhythmia & Conduction Dis w CC	52	2.4	2.9	0.84	2.9	0.84	2.9	0.84
143 Chest Pain	112	1.2	1.4	0.82	1.4	0.82	1.5	0.77
174 G.I. Hemorrhage w CC	61	3.5	3.3	1.05	3.5	0.99	3.3	1.05
182 G.I. Disorders Age >17 w CC	92	3.1	3.5	0.87	3.4	0.90	3.6	0.85
209 Maj Joint/Limb Reattachment Procs-Lower Extremity	244	2.6	3.7	0.69	3.9	0.66	3.8	0.68
296 Nutritional & Metabolic Disorders Age >17 w CC	57	2.7	3.4	0.80	3.5	0.78	3.5	0.78
359 Uterine & Adnexa Proc for Non-Malignancy w/o CC	96	1.8	1.7	1.05	1.6	1.12	1.8	1.00
371 Cesarean Section w/o CC	107	3.6	3.5	1.01	3.0	1.18	3.5	1.01
373 Vaginal Delivery w/o Complicating Diagnosis	250	2.0	2.0	0.98	1.9	1.03	2.1	0.93
390 Neonate w Other Significant Problems	57	2.5	2.4	1.06	2.2	1.16	2.5	1.02
391 Normal Newborn	332	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	4	*	2.8	*	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	
		Charge	Charge	Average Charge	Ratio	Average Charge	Ratio	Average Charge
088 Chronic Obstructive Pulmonary Disease	\$12,217	\$11,484	\$10,059	1.14	\$9,867	1.16	\$9,667	1.19
089 Simple Pneumonia & Pleurisy Age >17 w CC	\$14,673	\$11,771	\$10,753	1.09	\$10,285	1.14	\$10,282	1.14
127 Heart Failure & Shock	\$12,179	\$10,621	\$11,586	0.92	\$10,956	0.97	\$11,165	0.95
138 Cardiac Arrhythmia & Conduction Dis w CC	\$9,639	\$8,556	\$9,879	0.87	\$9,769	0.88	\$9,321	0.92
143 Chest Pain	\$6,384	\$6,263	\$6,115	1.02	\$7,274	0.86	\$6,968	0.90
174 G.I. Hemorrhage w CC	\$12,990	\$14,661	\$11,146	1.32	\$11,082	1.32	\$10,180	1.44
182 G.I. Disorders Age >17 w CC	\$9,991	\$8,416	\$9,622	0.87	\$9,809	0.86	\$9,826	0.86
209 Maj Joint/Limb Reattachment Procs-Lower Extremity	\$23,925	\$24,769	\$26,601	0.93	\$28,059	0.88	\$28,681	0.86
296 Nutritional & Metabolic Disorders Age >17 w CC	\$7,498	\$6,938	\$7,890	0.88	\$8,471	0.82	\$7,870	0.88
359 Uterine & Adnexa Proc for Non-Malignancy w/o CC	\$11,935	\$12,286	\$11,314	1.09	\$12,261	1.00	\$12,111	1.01
371 Cesarean Section w/o CC	\$11,532	\$11,648	\$10,425	1.12	\$9,560	1.22	\$10,099	1.15
373 Vaginal Delivery w/o Complicating Diagnosis	\$4,567	\$4,455	\$4,873	0.91	\$4,240	1.05	\$5,075	0.88
390 Neonate w Other Significant Problems	\$2,034	\$2,283	\$2,731	0.84	\$2,346	0.97	\$3,015	0.76
391 Normal Newborn	\$1,298	\$1,246	\$1,576	0.79	\$1,665	0.75	\$1,702	0.73
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.