

003 Appleton Medical Center
1818 N Meade St
Appleton, WI 54911
920-731-4101

Hospital Type: GMS
 County: Outagamie
 Analysis Area: 3-Lake Winnebago
 Inpatient Volume Group: 6

Overall Hospital Utilization

Total Discharges:	9,206	Average Length of Stay (days):	3.8
Total Patient Days:	35,309	Average Charge per Discharge:	\$15,514

Obstetrical Utilization

Normal Childbirths:	735	Percent of All Childbirths:	71.6%
Cesarean Childbirths:	205	Percent of All Childbirths:	20.0%
Other Childbirths:	86	Percent of All Childbirths:	8.4%
Total Childbirths:	1,026		
Total Newborns:	1,026		

Psychiatric Utilization

Discharges:	11	Percent of All Discharges:	0.1%
Patient Days:	39	Percent of All Patient Days:	0.1%

AODA Utilization

Discharges:	25	Percent of All Discharges:	0.3%
Patient Days:	65	Percent of All Patient Days:	0.2%

Patient Discharge Status

<u>Discharge Status</u>	<u>% Discharges</u>
Home or Self-Care	73.3%
Other GMS Hospital	0.8%
Critical Access Hospital (CAH)	0.0%
Skilled Nursing Facility	13.1%
Intermediate Care Facility	0.0%
Inpatient Rehabilitation Facility	0.3%
Hospice	2.6%
Other Institution	0.2%
Home Health/Home IV Provider	6.9%
Left Against Medical Advice	0.2%
Expired	1.9%
Other	0.7%

Expected Pay Source Distribution

<u>Primary Payer</u>	<u>% Discharges</u>
Medicare	38.5%
Medicaid/BadgerCare	6.7%
Other Government	0.2%
Commercial or Private Insurance	50.7%
Self-Pay	2.0%
Other or Unknown Insurance	1.9%

Age Distribution

<u>Age Group</u>	<u>% Discharges</u>	<u>% Patient Days</u>
Newborn	11.1%	6.1%
Under 15	0.1%	0.1%
15 - 19	1.2%	0.8%
20 - 24	3.2%	2.2%
25 - 34	9.8%	6.4%
35 - 44	6.3%	5.4%
45 - 54	10.0%	10.7%
55 - 64	14.3%	16.5%
65 - 74	17.2%	21.2%
75 - 84	18.2%	22.2%
85 & Over	8.3%	8.6%

Sex Distribution

<u>Sex</u>	<u>% Discharges</u>	<u>% Patient Days</u>
Male	43.9%	46.5%
Female	56.1%	53.5%

Race Distribution

<u>Race</u>	<u>% Discharges</u>	<u>% Patient Days</u>
Native American	0.8%	0.7%
Asian/Pacific Isl.	1.1%	0.6%
Black	0.6%	0.5%
White	95.6%	96.4%
Other	0.8%	0.5%
Unknown	1.1%	1.2%
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	85	3.3	3.9	0.84	4.8	0.68	4.5	0.72
089 Simple Pneumonia & Pleurisy Age >17 w CC	220	4.5	4.0	1.11	4.5	0.99	4.3	1.03
127 Heart Failure & Shock	174	3.6	3.9	0.91	4.6	0.77	4.3	0.83
143 Chest Pain	39	1.8	1.4	1.30	1.6	1.14	1.5	1.21
182 G.I. Disorders Age >17 w CC	164	3.5	3.3	1.07	3.7	0.96	3.5	1.01
371 Cesarean Section w/o CC	183	3.2	3.3	0.97	3.9	0.82	3.5	0.92
372 Vaginal Delivery w Complicating Diagnosis	67	2.1	2.4	0.88	2.7	0.78	2.7	0.78
373 Vaginal Delivery w/o Complicating Diagnosis	735	2.0	2.1	0.94	2.2	0.89	2.1	0.94
390 Neonate w Other Significant Problems	151	2.3	2.4	0.97	2.5	0.93	2.4	0.97
391 Normal Newborn	801	2.0	2.0	1.00	2.1	0.95	2.0	1.00
430 Psychoses	1	*	4.9	*	6.5	*	5.9	*
462 Rehabilitation	0	N/A	14.0	N/A	11.8	N/A	11.8	N/A
544 Maj Joint Replace/Reattachment of Lower Extremity	554	3.3	3.6	0.92	3.7	0.90	3.7	0.90
557 Percut Cardio Procs w Drug-Eluting Stent w MCV Dx	198	2.8	2.8	0.98	3.1	0.89	3.1	0.89
558 Percut Cardio Procs w Drug-Eluting Stent w/o MCV Dx	54	1.9	2.0	0.93	1.4	1.32	1.4	1.32

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
014 Intracranial Hemorrhage or Cerebral Infarction	\$10,036	\$9,310	\$11,688	0.80	\$17,258	0.54	\$16,199	0.57
089 Simple Pneumonia & Pleurisy Age >17 w CC	\$10,951	\$8,659	\$8,438	1.03	\$11,065	0.78	\$10,587	0.82
127 Heart Failure & Shock	\$8,800	\$7,524	\$8,694	0.87	\$11,955	0.63	\$11,450	0.66
143 Chest Pain	\$7,011	\$6,155	\$6,173	1.00	\$8,535	0.72	\$7,890	0.78
182 G.I. Disorders Age >17 w CC	\$8,886	\$7,729	\$7,894	0.98	\$10,512	0.74	\$10,012	0.77
371 Cesarean Section w/o CC	\$5,946	\$6,009	\$7,010	0.86	\$11,061	0.54	\$10,694	0.56
372 Vaginal Delivery w Complicating Diagnosis	\$3,231	\$3,213	\$3,856	0.83	\$8,295	0.39	\$7,954	0.40
373 Vaginal Delivery w/o Complicating Diagnosis	\$2,598	\$2,534	\$3,038	0.83	\$5,750	0.44	\$5,352	0.47
390 Neonate w Other Significant Problems	\$1,494	\$1,440	\$1,981	0.73	\$3,358	0.43	\$3,053	0.47
391 Normal Newborn	\$1,157	\$1,096	\$1,151	0.95	\$1,922	0.57	\$1,820	0.60
430 Psychoses	*	#	#	*	#	*	#	*
462 Rehabilitation	N/A	N/A	\$18,155	N/A	\$21,852	N/A	\$21,852	N/A
544 Maj Joint Replace/Reattachment of Lower Extremity	\$23,323	\$23,590	\$24,590	0.96	\$29,794	0.79	\$30,208	0.78
557 Percut Cardio Procs w Drug-Eluting Stent w MCV Dx	\$28,979	\$24,406	\$24,116	1.01	\$33,621	0.73	\$33,621	0.73
558 Percut Cardio Procs w Drug-Eluting Stent w/o MCV Dx	\$26,310	\$25,563	\$25,014	1.02	\$36,296	0.70	\$36,296	0.70

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.