

**018 Memorial Hospital of Burlington**  
**252 McHenry St**  
**Burlington, WI 53105**  
**262-767-6000**

Hospital Type: GMS  
 County: Racine  
 Analysis Area: 2A-Southeastern  
 Inpatient Volume Group: 4

**Overall Hospital Utilization**

Total Discharges:	3,495	Average Length of Stay (days):	3.1
Total Patient Days:	10,861	Average Charge per Discharge:	\$15,272

**Obstetrical Utilization**

Normal Childbirths:	185	Percent of All Childbirths:	59.9%
Cesarean Childbirths:	81	Percent of All Childbirths:	26.2%
Other Childbirths:	43	Percent of All Childbirths:	13.9%
Total Childbirths:	309		
Total Newborns:	310		

**Psychiatric Utilization**

Discharges:	10	Percent of All Discharges:	0.3%
Patient Days:	35	Percent of All Patient Days:	0.3%

**AODA Utilization**

Discharges:	33	Percent of All Discharges:	0.9%
Patient Days:	63	Percent of All Patient Days:	0.6%

**Patient Discharge Status**

<u>Discharge Status</u>	<u>% Discharges</u>
Home or Self-Care	70.6%
Other GMS Hospital	4.8%
Critical Access Hospital (CAH)	0.0%
Skilled Nursing Facility	9.1%
Intermediate Care Facility	0.7%
Inpatient Rehabilitation Facility	3.1%
Hospice	1.6%
Other Institution	0.1%
Home Health/Home IV Provider	7.3%
Left Against Medical Advice	0.4%
Expired	1.7%
Other	0.5%

**Expected Pay Source Distribution**

<u>Primary Payer</u>	<u>% Discharges</u>
Medicare	48.2%
Medicaid/BadgerCare	12.5%
Other Government	0.8%
Commercial or Private Insurance	35.0%
Self-Pay	3.5%
Other or Unknown Insurance	0.0%

**Age Distribution**

<u>Age Group</u>	<u>% Discharges</u>	<u>% Patient Days</u>
Newborn	8.9%	5.2%
Under 15	1.0%	0.5%
15 - 19	2.2%	1.2%
20 - 24	4.4%	2.8%
25 - 34	7.8%	5.4%
35 - 44	8.2%	6.5%
45 - 54	11.1%	10.0%
55 - 64	11.1%	13.0%
65 - 74	15.4%	17.7%
75 - 84	18.9%	23.2%
85 & Over	11.0%	14.3%

**Sex Distribution**

<u>Sex</u>	<u>% Discharges</u>	<u>% Patient Days</u>
Male	40.2%	39.9%
Female	59.8%	60.1%

**Race Distribution**

<u>Race</u>	<u>% Discharges</u>	<u>% Patient Days</u>
Native American	0.0%	0.0%
Asian/Pacific Isl.	0.3%	0.3%
Black	0.6%	0.5%
White	94.8%	95.6%
Other	2.2%	2.1%
Unknown	2.1%	1.4%
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
014 Intracranial Hemorrhage or Cerebral Infarction	39	3.4	4.5	0.76	4.0	0.85	4.5	0.76
088 Chronic Obstructive Pulmonary Disease	45	3.4	4.1	0.83	3.7	0.92	3.8	0.90
089 Simple Pneumonia & Pleurisy Age >17 w CC	95	3.4	4.6	0.74	4.2	0.81	4.3	0.79
127 Heart Failure & Shock	120	3.5	5.2	0.67	3.8	0.92	4.3	0.81
143 Chest Pain	97	1.2	1.4	0.87	1.4	0.87	1.5	0.81
174 G.I. Hemorrhage w CC	38	3.6	3.8	0.96	3.4	1.07	3.6	1.01
182 G.I. Disorders Age >17 w CC	78	3.0	3.7	0.81	3.4	0.89	3.5	0.86
359 Uterine & Adnexa Proc for Non-Malignancy w/o CC	81	1.7	1.7	1.00	1.6	1.06	1.8	0.95
371 Cesarean Section w/o CC	71	3.1	3.4	0.92	3.1	1.00	3.5	0.89
373 Vaginal Delivery w/o Complicating Diagnosis	185	1.6	2.1	0.77	1.9	0.86	2.1	0.77
390 Neonate w Other Significant Problems	29	2.1	2.3	0.91	2.2	0.96	2.4	0.88
391 Normal Newborn	269	1.8	2.0	0.91	2.0	0.91	2.0	0.91
430 Psychoses	5	3.6	6.9	0.52	4.9	0.73	5.9	0.61
523 Alcohol/Drug Abuse/Dependence w/o Rehab w/o CC	16	1.9	2.4	0.81	2.7	0.72	2.8	0.69
544 Maj Joint Replace/Reattachment of Lower Extremity	162	3.6	4.0	0.90	3.6	1.00	3.7	0.97

**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	\$17,522	\$17,920	\$15,884	1.13	\$13,448	1.33	\$16,199	1.11
088 Chronic Obstructive Pulmonary Disease	\$10,944	\$10,308	\$11,006	0.94	\$9,808	1.05	\$9,882	1.04
089 Simple Pneumonia & Pleurisy Age >17 w CC	\$11,741	\$10,032	\$10,972	0.91	\$10,255	0.98	\$10,587	0.95
127 Heart Failure & Shock	\$12,540	\$11,890	\$11,808	1.01	\$10,870	1.09	\$11,450	1.04
143 Chest Pain	\$7,927	\$8,467	\$8,572	0.99	\$7,606	1.11	\$7,890	1.07
174 G.I. Hemorrhage w CC	\$13,133	\$11,380	\$12,969	0.88	\$11,594	0.98	\$12,018	0.95
182 G.I. Disorders Age >17 w CC	\$10,661	\$9,658	\$10,683	0.90	\$9,577	1.01	\$10,012	0.96
359 Uterine & Adnexa Proc for Non-Malignancy w/o CC	\$12,713	\$12,998	\$14,924	0.87	\$11,698	1.11	\$13,120	0.99
371 Cesarean Section w/o CC	\$12,386	\$12,739	\$10,960	1.16	\$10,041	1.27	\$10,694	1.19
373 Vaginal Delivery w/o Complicating Diagnosis	\$5,502	\$5,513	\$6,098	0.90	\$4,529	1.22	\$5,352	1.03
390 Neonate w Other Significant Problems	\$2,437	\$2,228	\$2,782	0.80	\$2,389	0.93	\$3,053	0.73
391 Normal Newborn	\$2,089	\$1,934	\$1,879	1.03	\$1,721	1.12	\$1,820	1.06
430 Psychoses	\$11,523	#	#	#	#	#	#	#
523 Alcohol/Drug Abuse/Dependence w/o Rehab w/o CC	\$6,011	#	#	#	#	#	#	#
544 Maj Joint Replace/Reattachment of Lower Extremity	\$37,029	\$37,937	\$33,335	1.14	\$28,634	1.32	\$30,208	1.26

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.