

061 Meriter Hospital Inc
202 S Park St
Madison, WI 53715
608-267-6000

Hospital Type: GMS
 County: Dane
 Analysis Area: 1-Southern
 Inpatient Volume Group: 6

Overall Hospital Utilization

Total Discharges:	21,487	Average Length of Stay (days):	3.8
Total Patient Days:	82,316	Average Charge per Discharge:	\$17,945

Obstetrical Utilization

Normal Childbirths:	2,231	Percent of All Childbirths:	61.5%
Cesarean Childbirths:	901	Percent of All Childbirths:	24.8%
Other Childbirths:	495	Percent of All Childbirths:	13.6%
Total Childbirths:	3,627		
Total Newborns:	3,695		

Psychiatric Utilization

Discharges:	1,080	Percent of All Discharges:	5.0%
Patient Days:	8,282	Percent of All Patient Days:	10.1%

AODA Utilization

Discharges:	472	Percent of All Discharges:	2.2%
Patient Days:	1,566	Percent of All Patient Days:	1.9%

Patient Discharge Status

<u>Discharge Status</u>	<u>% Discharges</u>
Home or Self-Care	82.4%
Other GMS Hospital	0.6%
Critical Access Hospital (CAH)	0.0%
Skilled Nursing Facility	6.8%
Intermediate Care Facility	0.5%
Inpatient Rehabilitation Facility	1.0%
Hospice	0.8%
Other Institution	0.6%
Home Health/Home IV Provider	4.8%
Left Against Medical Advice	0.6%
Expired	0.8%
Other	1.1%

Expected Pay Source Distribution

<u>Primary Payer</u>	<u>% Discharges</u>
Medicare	27.9%
Medicaid/BadgerCare	9.8%
Other Government	1.0%
Commercial or Private Insurance	57.9%
Self-Pay	3.4%
Other or Unknown Insurance	0.0%

Age Distribution

<u>Age Group</u>	<u>% Discharges</u>	<u>% Patient Days</u>
Newborn	17.2%	15.3%
Under 15	2.8%	5.1%
15 - 19	2.7%	3.0%
20 - 24	4.8%	3.5%
25 - 34	15.4%	11.5%
35 - 44	10.7%	8.6%
45 - 54	10.3%	10.3%
55 - 64	9.6%	10.6%
65 - 74	10.1%	12.1%
75 - 84	10.8%	13.5%
85 & Over	5.6%	6.5%

Sex Distribution

<u>Sex</u>	<u>% Discharges</u>	<u>% Patient Days</u>
Male	38.2%	41.7%
Female	61.8%	58.3%

Race Distribution

<u>Race</u>	<u>% Discharges</u>	<u>% Patient Days</u>
Native American	0.3%	0.2%
Asian/Pacific Isl.	2.5%	1.7%
Black	5.9%	6.1%
White	87.8%	87.7%
Other	2.4%	2.2%
Unknown	1.1%	2.1%
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	152	4.5	4.6	0.97	4.8	0.93	4.5	0.99
089 Simple Pneumonia & Pleurisy Age >17 w CC	238	4.5	4.4	1.02	4.5	1.00	4.3	1.05
127 Heart Failure & Shock	288	4.2	4.3	0.98	4.6	0.92	4.3	0.98
143 Chest Pain	282	1.4	1.4	0.99	1.6	0.86	1.5	0.92
182 G.I. Disorders Age >17 w CC	362	3.6	3.6	1.00	3.7	0.98	3.5	1.03
371 Cesarean Section w/o CC	658	3.8	3.4	1.13	3.9	0.99	3.5	1.10
372 Vaginal Delivery w Complicating Diagnosis	431	2.6	2.6	1.00	2.7	0.96	2.7	0.96
373 Vaginal Delivery w/o Complicating Diagnosis	2231	2.1	2.0	1.03	2.2	0.94	2.1	0.98
390 Neonate w Other Significant Problems	452	2.5	2.4	1.04	2.5	1.00	2.4	1.04
391 Normal Newborn	2783	2.1	2.0	1.05	2.1	1.00	2.0	1.05
430 Psychoses	798	7.7	6.7	1.16	6.5	1.19	5.9	1.31
462 Rehabilitation	343	9.7	12.7	0.76	11.8	0.82	11.8	0.82
544 Maj Joint Replace/Reattachment of Lower Extremity	597	3.9	3.7	1.07	3.7	1.07	3.7	1.07
557 Percut Cardio Procs w Drug-Eluting Stent w MCV Dx	318	3.4	3.1	1.10	3.1	1.10	3.1	1.10
558 Percut Cardio Procs w Drug-Eluting Stent w/o MCV Dx	412	1.5	1.4	1.04	1.4	1.04	1.4	1.04

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	\$19,984	\$17,404	\$17,504	0.99	\$17,258	1.01	\$16,199	1.07
089 Simple Pneumonia & Pleurisy Age >17 w CC	\$16,613	\$13,683	\$11,077	1.24	\$11,065	1.24	\$10,587	1.29
127 Heart Failure & Shock	\$16,887	\$14,696	\$12,081	1.22	\$11,955	1.23	\$11,450	1.28
143 Chest Pain	\$9,823	\$9,746	\$7,224	1.35	\$8,535	1.14	\$7,890	1.24
182 G.I. Disorders Age >17 w CC	\$12,403	\$11,329	\$10,148	1.12	\$10,512	1.08	\$10,012	1.13
371 Cesarean Section w/o CC	\$14,310	\$13,677	\$11,064	1.24	\$11,061	1.24	\$10,694	1.28
372 Vaginal Delivery w Complicating Diagnosis	\$8,632	\$8,256	\$7,221	1.14	\$8,295	1.00	\$7,954	1.04
373 Vaginal Delivery w/o Complicating Diagnosis	\$5,913	\$5,727	\$5,331	1.07	\$5,750	1.00	\$5,352	1.07
390 Neonate w Other Significant Problems	\$3,981	\$3,707	\$2,908	1.27	\$3,358	1.10	\$3,053	1.21
391 Normal Newborn	\$1,836	\$1,926	\$1,705	1.13	\$1,922	1.00	\$1,820	1.06
430 Psychoses	\$15,783	#	#	#	#	#	#	#
462 Rehabilitation	\$23,105	\$20,499	\$24,787	0.83	\$21,852	0.94	\$21,852	0.94
544 Maj Joint Replace/Reattachment of Lower Extremity	\$32,707	\$33,711	\$29,435	1.15	\$29,794	1.13	\$30,208	1.12
557 Percut Cardio Procs w Drug-Eluting Stent w MCV Dx	\$40,176	\$34,153	\$32,574	1.05	\$33,621	1.02	\$33,621	1.02
558 Percut Cardio Procs w Drug-Eluting Stent w/o MCV Dx	\$27,511	\$30,747	\$30,505	1.01	\$36,296	0.85	\$36,296	0.85

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.