

067 Bay Area Medical Center
3100 Shore Dr
Marinette, WI 54143
715-735-6621

Hospital Type: **GMS**
County: **Marinette**
Analysis Area: **4-Northeastern**
Inpatient Volume Group: **5**

Overall Hospital Utilization

Total Discharges:	4,554	Average Length of Stay (days):	3.7
Total Patient Days:	16,942	Average Charge per Discharge:	\$13,036

Obstetrical Utilization

Normal Childbirths:	193	Percent of All Childbirths:	53.3%
Cesarean Childbirths:	135	Percent of All Childbirths:	37.3%
Other Childbirths:	34	Percent of All Childbirths:	9.4%
Total Childbirths:	362		
Total Newborns:	366		

Psychiatric Utilization

Discharges:	8	Percent of All Discharges:	0.2%
Patient Days:	32	Percent of All Patient Days:	0.2%

AODA Utilization

Discharges:	80	Percent of All Discharges:	1.8%
Patient Days:	215	Percent of All Patient Days:	1.3%

Patient Discharge Status

<u>Discharge Status</u>	<u>% Discharges</u>
Home or Self-Care	65.9%
Other GMS Hospital	3.9%
Critical Access Hospital (CAH)	0.0%
Skilled Nursing Facility	15.5%
Intermediate Care Facility	1.9%
Inpatient Rehabilitation Facility	0.0%
Hospice	1.1%
Other Institution	0.1%
Home Health/Home IV Provider	7.2%
Left Against Medical Advice	0.6%
Expired	3.3%
Other	0.5%

Expected Pay Source Distribution

<u>Primary Payer</u>	<u>% Discharges</u>
Medicare	52.4%
Medicaid/BadgerCare	13.1%
Other Government	1.1%
Commercial or Private Insurance	28.6%
Self-Pay	4.7%
Other or Unknown Insurance	0.2%

Age Distribution

<u>Age Group</u>	<u>% Discharges</u>	<u>% Patient Days</u>
Newborn	8.0%	5.3%
Under 15	4.3%	2.8%
15 - 19	2.0%	1.2%
20 - 24	3.7%	2.4%
25 - 34	6.6%	4.8%
35 - 44	6.2%	4.8%
45 - 54	9.7%	8.8%
55 - 64	11.9%	12.5%
65 - 74	13.8%	15.8%
75 - 84	20.2%	24.2%
85 & Over	13.5%	17.6%

Sex Distribution

<u>Sex</u>	<u>% Discharges</u>	<u>% Patient Days</u>
Male	40.6%	42.5%
Female	59.4%	57.5%

Race Distribution

<u>Race</u>	<u>% Discharges</u>	<u>% Patient Days</u>
Native American	0.3%	0.3%
Asian/Pacific Isl.	0.2%	0.2%
Black	0.1%	0.1%
White	98.9%	99.0%
Other	0.3%	0.2%
Unknown	0.2%	0.2%
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	87	3.3	4.2	0.79	4.4	0.75	4.5	0.74
088 Chronic Obstructive Pulmonary Disease	116	3.9	3.7	1.07	4.0	0.99	3.8	1.04
089 Simple Pneumonia & Pleurisy Age >17 w CC	150	5.0	4.3	1.16	4.5	1.11	4.3	1.16
127 Heart Failure & Shock	140	4.3	3.9	1.11	4.4	0.99	4.3	1.01
143 Chest Pain	31	2.5	1.8	1.38	1.5	1.66	1.5	1.66
174 G.I. Hemorrhage w CC	95	3.8	3.5	1.08	4.0	0.94	3.6	1.05
182 G.I. Disorders Age >17 w CC	155	3.3	3.5	0.94	3.6	0.92	3.5	0.94
359 Uterine & Adnexa Proc for Non-Malignancy w/o CC	62	1.7	1.6	1.05	1.8	0.93	1.8	0.93
371 Cesarean Section w/o CC	110	2.9	3.6	0.82	3.3	0.89	3.5	0.84
373 Vaginal Delivery w/o Complicating Diagnosis	193	2.2	2.1	1.07	2.0	1.12	2.1	1.07
390 Neonate w Other Significant Problems	69	2.4	2.4	1.00	2.4	1.00	2.4	1.00
391 Normal Newborn	292	2.4	2.0	1.19	2.0	1.19	2.0	1.19
430 Psychoses	3	*	5.2	*	5.3	*	5.9	*
523 Alcohol/Drug Abuse/Dependence w/o Rehab w/o CC	23	2.0	2.6	0.77	2.8	0.71	2.8	0.71
544 Maj Joint Replace/Reattachment of Lower Extremity	85	3.6	3.4	1.06	3.7	0.98	3.7	0.98

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	\$11,621	\$10,332	\$14,258	0.72	\$16,764	0.62	\$16,199	0.64
088 Chronic Obstructive Pulmonary Disease	\$10,794	\$9,018	\$9,548	0.94	\$10,866	0.83	\$9,882	0.91
089 Simple Pneumonia & Pleurisy Age >17 w CC	\$14,119	\$10,479	\$10,253	1.02	\$11,396	0.92	\$10,587	0.99
127 Heart Failure & Shock	\$12,905	\$10,355	\$10,693	0.97	\$12,343	0.84	\$11,450	0.90
143 Chest Pain	\$10,996	\$10,122	\$7,761	1.30	\$8,562	1.18	\$7,890	1.28
174 G.I. Hemorrhage w CC	\$13,433	\$10,934	\$11,827	0.92	\$13,383	0.82	\$12,018	0.91
182 G.I. Disorders Age >17 w CC	\$9,170	\$8,565	\$9,400	0.91	\$10,899	0.79	\$10,012	0.86
359 Uterine & Adnexa Proc for Non-Malignancy w/o CC	\$15,317	\$15,174	\$11,829	1.28	\$14,080	1.08	\$13,120	1.16
371 Cesarean Section w/o CC	\$9,619	\$9,401	\$9,141	1.03	\$10,584	0.89	\$10,694	0.88
373 Vaginal Delivery w/o Complicating Diagnosis	\$3,448	\$3,424	\$3,838	0.89	\$5,287	0.65	\$5,352	0.64
390 Neonate w Other Significant Problems	\$2,245	\$2,208	\$2,502	0.88	\$2,979	0.74	\$3,053	0.72
391 Normal Newborn	\$1,961	\$1,799	\$1,637	1.10	\$1,739	1.03	\$1,820	0.99
430 Psychoses	*	#	#	*	#	*	#	*
523 Alcohol/Drug Abuse/Dependence w/o Rehab w/o CC	\$4,805	#	#	#	#	#	#	#
544 Maj Joint Replace/Reattachment of Lower Extremity	\$31,352	\$30,791	\$31,727	0.97	\$32,161	0.96	\$30,208	1.02

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.