

090 St Michael Hospital
2400 W Villard Ave
Milwaukee, WI 53209
414-527-8000

Hospital Type: GMS
 County: Milwaukee
 Analysis Area: 2B-Milwaukee County
 Inpatient Volume Group: 4

Overall Hospital Utilization

Total Discharges:	1,898	Average Length of Stay (days):	4.7
Total Patient Days:	8,939	Average Charge per Discharge:	\$20,440

Obstetrical Utilization

Normal Childbirths:	0	Percent of All Childbirths:	0.0%
Cesarean Childbirths:	0	Percent of All Childbirths:	0.0%
Other Childbirths:	0	Percent of All Childbirths:	0.0%
Total Childbirths:	0		
Total Newborns:	0		

Psychiatric Utilization

Discharges:	342	Percent of All Discharges:	18.0%
Patient Days:	1,381	Percent of All Patient Days:	15.4%

AODA Utilization

Discharges:	247	Percent of All Discharges:	13.0%
Patient Days:	869	Percent of All Patient Days:	9.7%

Patient Discharge Status

<u>Discharge Status</u>	<u>% Discharges</u>
Home or Self-Care	69.8%
Other GMS Hospital	2.9%
Critical Access Hospital (CAH)	0.0%
Skilled Nursing Facility	10.3%
Intermediate Care Facility	0.0%
Inpatient Rehabilitation Facility	1.3%
Hospice	0.7%
Other Institution	0.0%
Home Health/Home IV Provider	7.2%
Left Against Medical Advice	2.8%
Expired	3.1%
Other	1.8%

Expected Pay Source Distribution

<u>Primary Payer</u>	<u>% Discharges</u>
Medicare	49.2%
Medicaid/BadgerCare	25.8%
Other Government	6.0%
Commercial or Private Insurance	14.5%
Self-Pay	4.5%
Other or Unknown Insurance	0.0%

Age Distribution

<u>Age Group</u>	<u>% Discharges</u>	<u>% Patient Days</u>
Newborn	0.0%	0.0%
Under 15	0.0%	0.0%
15 - 19	1.4%	0.8%
20 - 24	2.8%	1.8%
25 - 34	9.4%	6.3%
35 - 44	18.2%	14.0%
45 - 54	23.0%	22.4%
55 - 64	16.1%	17.4%
65 - 74	10.3%	12.8%
75 - 84	11.7%	15.5%
85 & Over	7.1%	9.0%

Sex Distribution

<u>Sex</u>	<u>% Discharges</u>	<u>% Patient Days</u>
Male	47.4%	49.9%
Female	52.6%	50.1%

Race Distribution

<u>Race</u>	<u>% Discharges</u>	<u>% Patient Days</u>
Native American	0.1%	0.1%
Asian/Pacific Isl.	0.7%	0.9%
Black	63.0%	59.3%
White	33.4%	37.0%
Other	2.4%	2.3%
Unknown	0.4%	0.4%
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	37	4.8	5.0	0.96	4.0	1.20	4.5	1.06
088 Chronic Obstructive Pulmonary Disease	29	4.1	4.5	0.92	3.7	1.12	3.8	1.09
089 Simple Pneumonia & Pleurisy Age >17 w CC	47	4.6	4.6	1.01	4.2	1.10	4.3	1.08
127 Heart Failure & Shock	63	3.8	4.6	0.82	3.8	1.00	4.3	0.88
143 Chest Pain	32	1.8	1.6	1.09	1.4	1.25	1.5	1.17
174 G.I. Hemorrhage w CC	22	3.2	3.9	0.83	3.4	0.95	3.6	0.90
182 G.I. Disorders Age >17 w CC	38	3.8	3.8	1.01	3.4	1.13	3.5	1.10
359 Uterine & Adnexa Proc for Non-Malignancy w/o CC	26	2.4	2.1	1.14	1.6	1.49	1.8	1.32
371 Cesarean Section w/o CC	0	N/A	4.1	N/A	3.1	N/A	3.5	N/A
373 Vaginal Delivery w/o Complicating Diagnosis	0	N/A	2.2	N/A	1.9	N/A	2.1	N/A
390 Neonate w Other Significant Problems	0	N/A	2.5	N/A	2.2	N/A	2.4	N/A
391 Normal Newborn	0	N/A	2.1	N/A	2.0	N/A	2.0	N/A
430 Psychoses	286	4.0	4.6	0.87	4.9	0.82	5.9	0.68
523 Alcohol/Drug Abuse/Dependence w/o Rehab w/o CC	134	3.3	2.9	1.12	2.7	1.21	2.8	1.16
544 Maj Joint Replace/Reattachment of Lower Extremity	10	4.6	3.8	1.21	3.6	1.28	3.7	1.24

DRG Specific Data - Average Charge per Discharge (Actual & Risk-Adjusted^)

DRG # and Description	This Facility		Risk Adjusted Group Averages					
	Average Charge	Risk Adjusted	Analysis Area		Inpatient Volume Group		All GMS Hospitals	
		Average Charge	Average Charge	Average Charge	Ratio	Average Charge	Ratio	Average Charge
014 Intracranial Hemorrhage or Cerebral Infarction	\$19,959	\$15,729	\$20,565	0.76	\$13,448	1.17	\$16,199	0.97
088 Chronic Obstructive Pulmonary Disease	\$13,183	\$12,349	\$13,576	0.91	\$9,808	1.26	\$9,882	1.25
089 Simple Pneumonia & Pleurisy Age >17 w CC	\$16,595	\$13,066	\$12,727	1.03	\$10,255	1.27	\$10,587	1.23
127 Heart Failure & Shock	\$14,157	\$13,678	\$14,015	0.98	\$10,870	1.26	\$11,450	1.19
143 Chest Pain	\$9,635	\$8,620	\$9,567	0.90	\$7,606	1.13	\$7,890	1.09
174 G.I. Hemorrhage w CC	\$16,372	\$16,135	\$15,263	1.06	\$11,594	1.39	\$12,018	1.34
182 G.I. Disorders Age >17 w CC	\$14,893	\$14,614	\$11,837	1.23	\$9,577	1.53	\$10,012	1.46
359 Uterine & Adnexa Proc for Non-Malignancy w/o CC	\$19,199	\$18,509	\$15,154	1.22	\$11,698	1.58	\$13,120	1.41
371 Cesarean Section w/o CC	N/A	N/A	\$13,410	N/A	\$10,041	N/A	\$10,694	N/A
373 Vaginal Delivery w/o Complicating Diagnosis	N/A	N/A	\$7,117	N/A	\$4,529	N/A	\$5,352	N/A
390 Neonate w Other Significant Problems	N/A	N/A	\$3,692	N/A	\$2,389	N/A	\$3,053	N/A
391 Normal Newborn	N/A	N/A	\$2,256	N/A	\$1,721	N/A	\$1,820	N/A
430 Psychoses	\$5,363	#	#	#	#	#	#	#
523 Alcohol/Drug Abuse/Dependence w/o Rehab w/o CC	\$4,783	#	#	#	#	#	#	#
544 Maj Joint Replace/Reattachment of Lower Extremity	\$45,199	\$42,814	\$35,514	1.21	\$28,634	1.50	\$30,208	1.42

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.