101 St Clare Memorial Hospital

Organization (PPO)

855 South Main Street Oconto Falls, WI 54154

920-846-3444

Fiscal Year: Type:

Control:

07/01 to 06/30

GMS Critical Access Hospital Religious Organization

County: Analysis Area: Oconto

Northeastern (4)

Volume Group:

			All GMS Ho	ospitals	Analysis Area 4		Volume Group 2		FY 2018 vs. 2017	
Selected Utilization Statistics		FY 2018	Value	Ratio	Value	Ratio	Value	Ratio	FY 2017	Ratio
Occupancy Rate (%)									-	
Adult Medical-Surgical		12.7%	55.7%	0.23	50.7%	0.25	20.1%	0.63	16.0%	0.79
Obstetrics		0.0%	41.5%	N/A	35.8%	N/A	16.5%	N/A	0.0%	N/A
Pediatrics		0.0%	52.8%	N/A	16.8%	N/A	0.0%	N/A	0.0%	N/A
Total Hospital		12.7%	57.5%	0.22	47.6%	0.27	24.5%	0.52	16.0%	0.79
Average Census (Patients)										
Adult Medical-Surgical		2.5	26.4	0.10	23.3	0.11	3.2	0.80	3.2	0.79
Obstetrics		0.0	5.6	N/A	4.4	N/A	0.6	N/A	0.0	N/A
Pediatrics		0.0	1.4	N/A	0.5	N/A	0.0	N/A	0.0	N/A
Total Hospital		2.5	49.4	0.05	40.3	0.06	4.6	0.55	3.2	0.79
Average Length of Stay (Days)										
Adult Medical-Surgical)		2.8	3.9	0.72	3.6	0.79	3.0	0.94	2.7	1.04
Obstetrics		0.0	2.5	N/A	2.5	N/A	2.1	N/A	0.0	N/A
Pediatrics		0.0	3.5	N/A	3.0	N/A	0.0	N/A	0.0	N/A
Total Hospital		2.8	4.4	0.64	3.6	0.77	2.9	0.98	2.7	1.04
Surgical Operations										
Inpatient		89	1,396	0.06	1,119	0.08	350	0.25	125	0.71
Outpatient		597	4,206	0.14	4,642	0.13	1,888	0.32	664	0.90
Inpatient as % of All Surgeries	6	13.0%	24.9%	0.52	19.4%	0.67	15.6%	0.83	15.8%	0.82
Outpatient Visits										
Non-Emergency Visits		14,000	136,074	0.10	200,883	0.07	24,234	0.58	14,529	0.96
Emergency Visits		4,261	18,688	0.23	18,216	0.23	3,778	1.13	4,544	0.94
Full-Time Equivalents (FTEs)										
Administrators		4.0	19.3	0.21	19.6	0.20	5.4	0.74	4.0	1.00
Nurses, Licensed		38.1	239.2	0.16	266.6	0.14	46.6	0.82	39.4	0.97
Ancillary Nursing Personnel		4.2	40.0	0.10	32.6	0.13	8.1	0.52	0.9	4.54
All Other Personnel		78.1	480.4	0.16	519.5	0.15	107.7	0.72	71.8	1.09
Total FTEs		124.4	779.0	0.16	838.3	0.15	167.8	0.74	116.1	1.07
FTEs per 100 Patient Census (A	Adjusted)									
Administrators		19.9	14.9	1.34	13.4	1.48	30.5	0.65	20.6	0.97
Nurses, Licensed		189.6	183.7	1.03	183.1	1.04	261.4	0.73	202.6	0.94
Ancillary Nursing Personnel		20.9	30.8	0.68	22.4	0.93	45.4	0.46	4.8	4.39
All Other Personnel		388.1	369.0	1.05	356.8	1.09	604.7	0.64	369.7	1.05
Total FTEs		618.5	598.3	1.03	575.7	1.07	941.9	0.66	597.7	1.03
Total Hospital:		Contract with:				care-certified Swing Beds:			Nursery:	
Beds Set Up & Staffed	20	Health Maintenance	V	Average Beds Used		ed	1	Bassi	nets	0
Discharges	329	Organization (HMC)) Yes		ischarges		40	Total		0
Inpatient Days	926	Preferred Provider		Ir	npatient Days		335	Newb	orn Days	0
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Yes

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Oconto Falls, WI 54154

		Beds Set Up				Average	Average	
	Level of	& Staffed	Discharges &	Patient Days	Occupancy	Census	Length of Stay	
Inpatient Service Area	Service*	06/30/2018	Transfers**	of Care	Rate (%)	(Patients)	(Days)	
General Medical-Surgical								
Adult Medical-Surgical, Acute	1	20	329	926	12.7%	2.5	2.8	
Orthopedic	2	0	0	0	0.0%	0.0	0.0	
Rehabilitation & Physical Medicine	2	0	0	0	0.0%	0.0	0.0	
Hospice	4	0	0	0	0.0%	0.0	0.0	
Acute Long-Term Care	5	0	0	0	0.0%	0.0	0.0	
Other Acute	5	0	0	0	0.0%	0.0	0.0	
Pediatric, acute	2	0	0	0	0.0%	0.0	0.0	
Obstetrics	5	0	0	0	0.0%	0.0	0.0	
Psychiatric	5	0	0	0	0.0%	0.0	0.0	
Alcoholism/chemical dependency	5	0	0	0	0.0%	0.0	0.0	
ICU/CCU								
Medical-Surgical Intensive Care	5	0	0	0	0.0%	0.0	0.0	
Cardiac Intensive Unit	5	0	0	0	0.0%	0.0	0.0	
Pediatric Intensive Care	5	0	0	0	0.0%	0.0	0.0	
Burn Care	5	0	0	0	0.0%	0.0	0.0	
Mixed Intensive Care	5	0	0	0	0.0%	0.0	0.0	
Step-Down (Special Care)	5	0	0	0	0.0%	0.0	0.0	
Neonatal Intensive/Intermediate Care	5	0	0	0	0.0%	0.0	0.0	
Other Intensive Care	5	0	0	0	0.0%	0.0	0.0	
Subacute care	5	0	0	0	0.0%	0.0	0.0	
Other inpatient	5	0	0	0	0.0%	0.0	0.0	

^{* 1 =} Provided-Distinct Unit, 2 = Provided-Not Distinct Unit, 3 = Available in Network 4 = Contracted, 5 = Service Not Provided

	Number	Number	Number			Number	Number	Numbe
Occupation	Full-Time	Part-Time	FTE	Occupation		Full-Time	Part-Time	FTE
Administrators/Assistant Administrators	4	0	4.0	Surgical Personnel		1	6	3.9
Physicians & Dentists	3	0	3.0	Radiological Services Personnel		2	5	6.1
Medical & Dental Residents	0	0	0.0	Sonographers		2	2	2.6
Dental Hygienists	0	0	0.0	Respiratory Therapists		1	2	4.0
Registered Nurses	9	26	29.1	Occupational Therapists		1	1	1.8
Certified Nurse Midwives	0	0	0.0	Occupational Therapy Assistants/Aides		0	0	0.0
Licensed Practical Nurses	0	0	0.0	Physical Therapists		1	2	2.5
Ancillary Nursing Personnel	0	6	4.2	Physical Therapy Assistants/Aides		0	1	0.8
Medical Assistants	2	1	2.8	Recreational Therapists		0	0	0.0
Physician Assistants	0	1	8.0	Dietitians & Nutritionists		1	0	1.0
Nurse Practitioners	6	0	6.0	Psychologists		0	0	0.0
Certified Registered Nurse Anesthetists	3	0	3.0	Social Workers		0	0	0.0
Clinical Nurse Specialists	0	0	0.0	All Other Health Professionals		1	0	1.0
Health Info Mgmt-Administrators/Technicians	0	0	0.0	All Other Personnel		15	13	22.1
Pharmacy Personnel	12	6	13.0		Total	75	76	124.4
Clinical Laboratory Personnel	11	4	12.7			_	_	

Note: data should be used only in rows; do not summarize columns.
** Transfers, which may be estimated, refer only to those between units.

101 St Clare Memorial Hospital

Oconto Falls, WI 54154		All GMS Hospitals			Analysis Are	ea	Volume Group		FY 2018 vs. 2017	
Selected Financial Statistics		FY 2018	Value	Ratio	4 Value	Ratio	2 Value	Ratio	FY 2017	Ratio
Gross Revenue as % of Total Gro	oss Patient Revenue									
Medicare	\$29,099,940	56.1%	45.7%	1.23	46.7%	1.20	45.3%	1.24	54.0%	1.04
Medical Assistance	\$6,754,785	13.0%	14.0%	0.93	11.9%	1.10	9.6%	1.36	13.1%	0.99
Commercial	\$14,306,682	27.6%	35.8%	0.77	38.0%	0.73	42.0%	0.66	30.0%	0.92
All Other	\$1,731,860	3.3%	4.5%	0.74	3.4%	0.97	3.1%	1.09	2.9%	1.14
Deductions as % of Total Gross I	Patient Revenue									
Medicare	\$18,798,009	36.2%	34.1%	1.06	34.7%	1.04	27.2%	1.33	36.6%	0.99
Medical Assistance	\$4,507,544	8.7%	10.6%	0.82	9.0%	0.97	7.0%	1.23	8.9%	0.98
Commercial	\$5,256,287	10.1%	14.7%	0.69	16.1%	0.63	13.4%	0.76	11.9%	0.85
Charity Care	\$554,920	1.1%	1.0%	1.10	0.9%	1.16	0.6%	1.81	1.3%	0.83
Bad Debt	\$517,766	1.0%	1.1%	0.93	1.0%	1.01	1.3%	0.75	0.5%	1.90
All Other	\$1,156,775	2.2%	2.0%	1.14	1.8%	1.27	1.4%	1.57	2.2%	1.03
Total Deductions	\$30,791,301	59.3%	63.3%	0.94	63.5%	0.94	50.9%	1.17	61.4%	0.97
Other Revenue & Net Gains or Lo										
Other Revenue as % of Total Re	evenue	20.7%	5.5%	3.76	3.5%	5.88	3.0%	6.83	21.1%	0.98
Net Gains/Losses as % of Net I	ncome	0.4%	2.6%	0.17	8.5%	0.05	2.7%	0.16	N/A	N/A
Expenses as % of Total Expense	S									
Salary/Fringe Benefits	\$10,212,486	34.0%	44.1%	0.77	45.8%	0.74	45.2%	0.75	38.1%	0.89
Supplies & Services	\$17,813,528	59.2%	49.0%	1.21	46.8%	1.27	46.7%	1.27	56.1%	1.06
Capital Component	\$2,045,625	6.8%	6.9%	0.99	7.4%	0.92	8.1%	0.84	5.8%	1.17
Fiscal Statistics										
Operating Margin (%)		-13.0%	8.4%	N/A	9.4%	N/A	14.9%	N/A	-18.2%	0.71
Total Hospital Net Income (%)		-13.1%	8.6%	N/A	10.2%	N/A	15.3%	N/A	-15.8%	0.83
Return on Equity (%)		-18.2%	6.3%	N/A	7.0%	N/A	14.6%	N/A	-24.4%	0.75
Current Ratio		8.0	5.9	0.13	4.3	0.18	3.0	0.25	0.9	0.88
Days in Net Patient Accounts Receivable		59.0	51.6	1.14	50.7	1.16	58.4	1.01	45.0	1.31
Average Payment Period		128.5	38.5	3.34	54.9	2.34	56.8	2.26	100.5	1.28
Equity Financing (%)		11.8%	75.1%	0.16	75.6%	0.16	61.3%	0.19	12.6%	0.94
Long-Term Debt to Equity Ratio)	2.9	0.2	18.25	0.2	16.85	0.4	7.57	3.1	0.94
Times Interest Earned		-16.2	13.4	N/A	14.7	N/A	18.7	N/A	-25.4	0.64
Total Asset Turnover		1.4	0.7	1.89	0.7	2.04	1.0	1.46	1.5	0.92
Average Age of Plant (Years)		10.6	9.9	1.08	10.4	1.03	8.5	1.26	12.7	0.84
Increase (Decrease) Total Net F	Patient Revenue	-3.2%	5.4%	N/A	3.9%	N/A	2.5%	N/A	-16.8%	0.19
Outpatient Gross Revenue (% o	of Total GPR)	87.3%	61.9%	1.41	71.3%	1.22	73.7%	1.18	83.4%	1.05
Net Revenue Statistics										
Inpatient Net Revenue per Disc	harge	\$8,705	\$15,830	0.55	\$12,899	0.67	\$15,847	0.55	\$8,883	0.98
Inpatient Net Revenue per Day		\$2,618	\$3,538	0.74	\$3,402	0.77	\$4,787	0.55	\$2,550	1.03
Outpatient Net Revenue per Vis	sit	\$1,005	\$686	1.46	\$545	1.84	\$991	1.01	\$922	1.09
Income Stateme	ent		As	sets			Liabili	ties & Fun	d Balances	
Gross Patient Revenue (GPR)	\$51,893,267	Cash & Cash Equivalents			\$830,190	Curre	nt Liabilities		\$10,071,094	
Less Deductions	\$30,791,301	Net Patient	Receivables		\$3,410,898	Long-Term Debt			\$6,587,878	
Net Patient Revenue	\$21,101,966	Other Receivables			\$1,248,112	Other Liabilities			\$203,688	
Plus Other Revenue	\$5,509,037				Subtotal			\$16,862,660		
Total Revenue	\$26,611,003	Land, Build	lings & Equipmer	nt (Net)	\$10,661,342	1				
Less Expenses	\$30,071,639	Other Asse		-	\$2,977,143	Unres	tricted Fund Ba	\$2	2,265,025	
					Restricted Fund Balance					
Non-Operating Gains/Losses	-\$14,834	:				: Restri	cted Fund Bala	nce		\$344,691