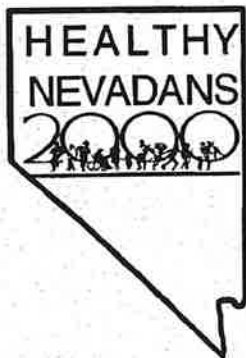


Nevadans
Have...



1990 - 1994
Eighth Edition



Personal
Health
Choices

ATTACHMENT A



STATE OF NEVADA
DEPARTMENT OF HUMAN RESOURCES
HEALTH DIVISION
OFFICE OF VITAL RECORDS AND STATISTICS

505 E. King Street, Room 102

Carson City, Nevada 89710

Telephone: (702) 687-4481

Fax: (702) 687-6151

BOB MILLER
Governor

CHARLOTTE CRAWFORD
Director

YVONNE SYLVA
Administrator

DONALD S. KWALICK, M.D., MPH
State Health Officer

July 15, 1996

Dear Fellow Nevadan:

The Nevada State Health Division is very pleased to provide you with a complimentary copy of Personal Health Choices. This is the eighth edition and was prepared under the auspices of the Bureau of Health Planning and Statistics from data gathered by the Center for Public Data Research at the University of Nevada, Las Vegas.

Personal Health Choices utilizes hospital patient discharge data for 25 common medical diagnoses by Diagnosis Related Group (DRG) as reported by Nevada's 22 general acute care hospitals. This is an exciting edition of "Choices", utilizing data from 1990-1994 that displays very interesting 5 year trends for the 25 DRGs reported.

Additional copies are available for a fee of \$6.00 each including postage, from:

Bureau of Health Planning and Statistics
Nevada State Health Division
505 East King Street, Room 102
Carson City, Nevada 89710

Sincerely,

A handwritten signature in black ink that reads "D. Kwalick" with a stylized flourish at the end.

Donald S. Kwalick, M.D., M.P.H.
State Health Officer

TABLE OF CONTENTS

Foreword	i
Acknowledgments	ii
Diagnosis Related Groups (DRG's) -- Patient Discharges by Year	iii
Introduction	1
The Diagnosis Related Group (DRG) System	1
Information Level	1
Factors to Consider in Reviewing this Report	2
Availability Listing of Selected Hospital Services	2
Availability of Selected Hospital Services (Table)	3 - 4
The Commission for Hospital Patients	5
Patient Bill of Rights	6
Specific Listing of DRG Tables by Major Diagnosis Category	7 - 8; 9 - 107

FOREWORD

Personal Health Choices is a publication of the Department of Human Resources, Division of Health, Bureau of Health Planning and Statistics. The document presents hospital patient discharge data for 25 of the most common medical diagnoses by DRG (Diagnosis Related Group) as reported by Nevada's 22 general acute care hospitals. The data were compiled for the Division by the Center for Public Data Research at the University of Nevada, Las Vegas using information from hospital billed charges for patients discharged January 1, 1990 through December 31, 1994. These data were gathered by the University as part of a contractual agreement with the Department under the authority granted in Section 439B of the Nevada Revised Statutes.

Personal Health Choices has been published annually since 1988 except for the 1991 and 1992 editions which were published concurrently in February 1994. This edition of Personal Health Choices compares 1990-1994 data for each DRG by age and sex and for each hospital for total discharges, average length of stay and average billed charges. Each DRG considered examines the total number of discharges, average hospital stay and billed charges and the percent of the patients expired arrayed by sex and age groupings.

Additional copies of this publication are available for a fee of \$6.00 each including postage, and requests for copies or any inquiries should be directed to:

Bureau of Health Planning and Statistics
Nevada State Health Division
505 East King Street, Room 102
Carson City, Nevada 89710
Telephone: (702) 687-4720
1-800-992-0900, Ext. 4720

Published July, 1996

PERSONAL HEALTH CHOICES

ACKNOWLEDGEMENTS

The following individuals are recognized for the
preparation, editing and
review of

PERSONAL HEALTH CHOICES:

Donald E. Carns, Ph.D.
Professor, Department of Sociology
Principal Investigator, Nevada Hospital Data Project
University of Nevada, Las Vegas

Emil De Jan, M.P.H.
Bureau Chief, Health Planning and Statistics
Nevada State Health Division

Philippe Gaillard, M.S.
State Biostatistician, Bureau of Health
Planning and Statistics
Nevada State Health Division

Joseph Greenway, Director
Center for Public Data Research
University of Nevada, Las Vegas

Donald Kwalick, M.D., M.P.H.
State Health Officer
Nevada State Health Division

Yvonne Sylva, M.P.A.
Administrator
Nevada State Health Division

Christopher Thompson, Director
Patricia Thompson, Analyst
Health Care Financial Analysis Unit
Nevada Department of Human Resources

Veona J. Hunsinger, Management Assistant III
Department of Sociology
University of Nevada, Las Vegas

DIAGNOSIS RELATED GROUPS: PATIENT DISCHARGES

DRG	1990	1991	1992	1993	1994
014	1764	1965	2138	2116	2494
015	629	712	703	755	941
079	687	788	874	970	1112
088	1291	1922	2252	2984	3020
089	2045	2465	2306	2786	2807
098	782	926	1087	1157	1274
106	691	1020	1151	1212	1146
112	1890	1761	1944	2322	2736
122	770	819	833	849	955
124	875	1040	1120	1217	1284
127	2179	2825	3082	3359	3697
138	985	1173	1117	1099	1183
140	1888	2034	1880	1643	1278
148	933	1116	1148	1090	1228
174	1148	1367	1537	1678	1738
182	1515	1628	1470	1399	1435
198	902	980	1256	1074	812
209	1505	1638	1926	1856	1983
210	595	704	722	752	792
215	1392	1468	1723	1749	1760
320	620	751	876	915	972
359	2423	2619	2956	3011	2775
373	12733	13342	13635	13825	15055
391	12897	11983	14147	14301	14259
416	587	600	811	888	1055
TOTALS	53726	57646	62694	65007	67791

INTRODUCTION

This eighth edition of Personal Health Choices compares the 22 Nevada general acute care hospitals with respect to 25 of the most common medical diagnoses by DRG for the calendar years 1990-1994, the average billed charges per discharge, the average length of hospital stay, the number of discharges and the percent of discharges expiring. Approximately 42.6% of all hospital discharges are covered by these 25 DRGs reported in this issue. The number of discharges from Nevada's 22 acute care hospitals increased from 131,295 in 1990 to 159,659 in 1994, a 21.6% increase. The 25 DRGs covered in this issue represent only about 5% of the total of 495 DRGs in use in 1994 (although one, DRG 438, has not been assigned), but account for a large percentage of all hospital inpatient utilization among all age groups.

THE DIAGNOSIS RELATED GROUP (DRG) SYSTEM

DRG, Diagnosis Related Group, is a classification system that includes principal and secondary disease diagnosis, medical and surgical procedures, complications, comorbidities (preexisting conditions), signs and symptoms, age and discharge status. The DRG system is very complex in its construction, but is functional to use and is based upon complete documentation in the patient's medical record. DRGs are assigned to enable hospitals to recover the appropriate payment for services rendered. In 1994 the DRG system contained 495 classifications making up a payment system based on averages in which patients demonstrate similar resource consumption and length of hospital stay patterns. DRG payment base is determined by the resource needs of the average Medicare patient for a given set of diseases or disorders. Included in these resource needs are the length of hospital stay and the number and intensity of services provided. The primary outcome of the DRG system is that the more efficiently a hospital delivers care, the greater its operating margin will be.

INFORMATION LEVEL

Personal Health Choices is intended as an useful source of information regarding general acute care hospitals in Nevada, but should not be construed as a definitive guide for selecting a hospital for receiving inpatient medical care. The financial information in this report is based on billed charges rather than the amount collected on each patient discharged, and therefore serves as an approximation of the relative costs among hospitals. This report should broaden the reader's knowledge about one component of healthcare costs -- inpatient hospitalization -- which accounts for 35 to 40% of total healthcare expenditures. Hospital outpatient services, professional physician and other non-hospital-inpatient ancillary healthcare services are not covered in this report, but continue to consume an increasingly larger share of the health care dollar as we approach the year 2000.

FACTORS TO CONSIDER IN REVIEWING THIS REPORT

The information provided in this report is formatted so as to present narrative and tabular data on the first and second pages and detailed tabular data on the third page. This report covers the calendar year periods of 1990 through 1994, thus providing a five year trend line for DRG related data. The first page presents sex and age breakdowns of the hospital inpatient population factored by the total number of discharges, average length of hospital stay, average billed charges and the percent of the population expiring prior to discharge. The age groups are broken down by 0-17, 18-35, 36-49, 50-64, 65+ categories. These age categories were selected to best illustrate the impact of the disease diagnoses and medical and surgical procedures on the populations affected. The second page looks at hospitals in Clark and Washoe Counties and the hospitals in the 15 rural counties for the period of 1990-1994, with regard to average length of stay, average daily charges and the variations that occur. The third page presents the Clark County (8), Washoe County (3), and Rural Counties (11) hospital breakdowns by the total number of discharges, average length of hospital stay, and the average billed charges from 1990 through 1994. The information presented on the first two pages for each DRG makes limited inferences based on the data present and includes a brief explanation of the diagnosis and procedures to provide the reader with a clearer understanding of the DRG under consideration.

It should be noted that the average hospital billed charges can be skewed by a few unusually expensive or inexpensive cases. In order to prevent this distortion, billed charges from each hospital under \$200.00 and over \$200,000 were considered extreme values and excluded from this report, a practice that has been in effect since 1988. Since very few of these charges appear each year, excluding them provides more consistent information and a more accurate base for comparison. It should also be noted that when comparing hospitals as to average stays and billed charges, hospital data based on only a few cases reported for a particular DRG do not provide very meaningful information upon which to evaluate a given hospital's experience. It should be further noted that physician charges are normally separate from the hospital charges, except in rural areas where some physician services for radiology, anesthesia or laboratory are included in the hospital charges.

AVAILABILITY LISTING OF SELECTED HOSPITAL SERVICES

The following table (Table 1) contains information abstracted from the "Calendar 1995 Summary Financial Report-2, Staffing Information and Inventory of Services Listing". Table 1 was prepared by the Nevada Health Care Financial Analysis Unit and contains 25 services which can be provided directly at the hospital facility or provided for hospital patients by an arrangement with another facility.

**TABLE 1
AVAILABILITY LISTING OF SELECTED HOSPITAL SERVICES**

COUNTY/HOSPITALS	LABOR AND DELIVERY	DIALYSIS	C.T. SCAN	M.R.I.	DIAGNOSTIC RADIOLOGY	THERAPUTIC RADIOLOGY	PHYSICAL THERAPY	OCCUPATIONAL THERAPY	OUT-PATIENT CLINIC	LABORATORY	PHARMA-CEUTICAL	MEDICAL SUPPLIES	HOME HEALTH
CLARK COUNTY													
Boulder City Hospital			X	X	X		X	X	X	X	X	X	X
Desert Springs Hospital		X	X	X	X	X	X	X	X	X	X	X	X
Lake Mead Hospital/Medical Center	X	X	X	X	X		X	X	X	X	X	X	X
St. Rose Dominican Hospital	X	X	X	X	X		X	X	X	X	X	X	X
Sunrise Hospital and Medical Center	X	X	X	X	X	X	X	X	X	X	X	X	X
University Medical Center	X	X	X	X	X	X	X	X	X	X	X	X	
Valley Hospital Medical Center	X	X	X	X	X	X	X	X	X	X	X	X	
WASHOE COUNTY													
Lake Tahoe Medical Center			X		X		X	X		X	X	X	
Northern Nevada Medical Center	X	X	X	X	X	X	X	X	X	X	X	X	X
St. Mary's Regional Medical Center	X		X	X	X		X	X	X	X	X	X	X
Washoe Medical Center	X	X	X	X	X	X	X	X	X	X	X	X	X
RURAL COUNTIES													
Battle Mountain General Hospital				X	X				X	X	X	X	
Carson-Tahoe Hospital	X		X	X	X		X	X	X	X	X	X	X
Churchill Community Hospital	X		X	X	X		X		X	X	X	X	X
Elko General Hospital	X		X	X	X		X		X	X	X	X	
G.C. Dille Medical Center					X				X	X	X	X	
Humboldt General Hospital	X		X	X	X		X		X	X	X	X	X
Mount Grant General Hospital	X		X	X	X	X	X		X	X	X	X	X
Nye Regional Medical Center	X		X		X		X		X	X	X	X	
Pershing General Hospital	X				X	X	X	X	X	X	X	X	
South Lyon Medical Center					X		X		X	X	X	X	
W.B. Ririe Hospital	X		X		X		X		X	X	X	X	

TABLE 1 (CONT)

AVAILABILITY LISTING OF SELECTED HOSPITAL SERVICES

COUNTY/HOSPITALS	MEDICAL/SURGICAL	EMERGENCY ROOM	INTENSIVE CARE UNIT	NEONATAL I.C.U.	OTHER I.C.U.	CORONARY CARE UNIT	OBSTETRICS	PEDIATRIC	PHYSICAL/MEDICINE REHABILITATION	ACUTE PSYCHIATRIC	SUBSTANCE ABUSE	ANESTHESIA
CLARK COUNTY												
Boulder City Hospital	X	X										X
Desert Springs Hospital	X	X	X			X			X	X	X	X
Lake Mead Hospital/Medical Center	X	X	X				X			X		X
St. Rose Dominican Hospital	X	X	X				X	X		X		X
Suarise Hospital and Medical Center	X	X	X	X	X	X	X	X	X			X
University Medical Center	X	X	X	X	X	X	X	X	X			X
Valley Hospital Medical Center	X	X	X	X	X	X	X	X				X
WASHOE COUNTY												
Lake Tahoe Medical Center	X	X	X									X
Northern Nevada Medical Center	X	X	X	X	X	X	X	X	X	X	X	X
St. Mary's Regional Medical Center	X	X	X	X	X	X	X	X	X		X	X
Washoe Medical Center	X	X	X	X	X	X	X	X		X		X
RURAL COUNTIES												
Battle Mountain General Hospital	X	X										
Carson-Tahoe Hospital	X	X	X				X	X		X	X	X
Churchill Community Hospital	X	X	X				X	X				X
Elko General Hospital	X	X	X				X	X				X
G.C.Dills Medical Center	X	X	X					X				X
Humboldt General Hospital	X	X	X				X	X	X			X
Mount Grant General Hospital	X	X	X			X	X	X				X
Nye Regional Medical Center	X	X				X	X					X
Pershing General Hospital	X	X				X	X	X				X
South Lyon Medical Center	X	X				X		X				X
W.B. Ririe Hospital	X	X	X				X	X				X

THE COMMISSION FOR HOSPITAL PATIENTS

The Commission for Hospital Patients was created in 1991 to assist hospital patients with complaints regarding their hospital bills. Specifically, the Executive Director of the Commission has the authority, when requested by either party, to hear and arbitrate disputes between patients and hospitals regarding:

1. The accuracy or amount of charges billed,
2. The reasonableness of arrangements made to pay the hospital bill, and
3. Such other matters related to the charges as deemed appropriate for arbitration.

The Commission for Hospital Patients
1850 E. Sahara Avenue, Suite 101
Las Vegas, Nevada 89158
(702) 486-8255
From outside the Las Vegas area call
1-800-992-0900
Milly Johnson, Administrator

PATIENT BILL OF RIGHTS

The following is excerpted from the American Hospital Association: Patient Bill of Rights:

- A patient has the right to considerate and respectful care.
- A patient has the right to receive from his or her physician information necessary to give an informed consent before the start of any procedure and/or treatment.
- A patient has the right to refuse treatment to the extent permitted by law, and to be informed of the medical consequences of his or her action.
- A patient has the right to every consideration of personal privacy concerning his or her own medical care program. Case discussion, consultation, examination and treatment are confidential and should be conducted discreetly. Those not directly involved in a patient's care must have the permission of the patient to be present.
- A patient has the right to expect that all communications and records pertaining to his or her care should be treated as confidential.
- A patient has the right to expect that within its capacity, a hospital must make reasonable response to his or her request for service. When medically permissible, a patient may be transferred to another facility only after receiving complete information and explanation concerning the needs for alternatives to such a transfer.
- A patient has the right to obtain information about any relationship between his or her hospital and other healthcare and educational institutions, insofar as the patient's care is concerned.
- A patient has the right to be advised if the hospital proposes to engage in or perform human experimentation affecting his or her care or treatment. The patient has the right to refuse to participate in such research projects.
- A patient has the right to expect reasonable continuity of care. He or she has the right to know in advance what appointment times and physicians are available. The patient has the right to expect that the hospital will provide information on his or her continuing health by the attending physician or a delegate

Specific Listing of DRG Tables by Major Diagnostic Category (MDC)

MDC 1 Diseases and Disorders of the Nervous System

DRG 014 -	Specific Cerebrovascular Disorders Except Transient Ischemic Attack	9
DRG 015 -	Transient Ischemic Attack and Precerebral Occlusions	13

MDC 4 Diseases and Disorders of the Respiratory System

DRG 079 -	Respiratory Infections and Inflammations, Age Greater than 17 with CC	17
DRG 088 -	Chronic Obstructive Pulmonary Disease	21
DRG 089 -	Simple Pneumonia and Pleurisy, Age Greater than 17 with CC	25
DRG 098 -	Bronchitis and Asthma, Age 0-17	29

MDC 5 Diseases and Disorders of the Circulatory System

DRG 106 -	Coronary Bypass with Cardiac Catherization	33
DRG 112 -	Vascular Procedures Except Major Reconstruction without Pump	37
DRG 122 -	Circulatory Disorders with Acute Myocardial Infarction without Cardiovascular Complication, Discharged Alive	41
DRG 124 -	Circulatory Disorders Except Acute Myocardial Infarction with Cardiac Catherization and Complex Diagnosis	45
DRG 127 -	Heart Failure and Shock	49
DRG 138 -	Cardiac Arrhythmia and Conduction Disorders with CC.	53
DRG 140 -	Angina Pectoris	57

MDC 6 Diseases and Disorders of the Digestive System

DRG 148 -	Major Small and Large Bowel Procedures with CC	61
DRG 174 -	Gastrointestinal Hemorrhage with CC	65
DRG 182 -	Esophagitis, Gastroenteritis and Miscellaneous Digestive Disorders, Age Greater than 17 with CC	69

MDC 7 Diseases and Disorders of the Hepatobiliary System and Pancreas

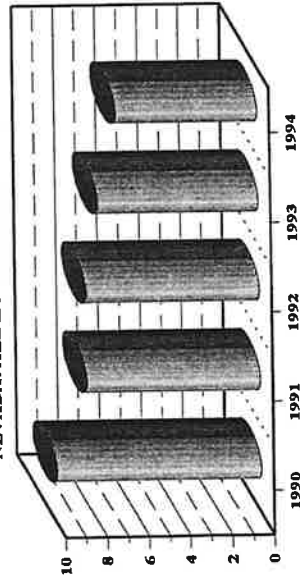
DRG 198 -	Total Cholecystectomy without C.D.E., without C.C . . .	73
-----------	---	----

MDC 8	Diseases and Disorders of the Musculoskeletal System and Connective Tissue	
	DRG 209 - Major Joint and Limb Reattachment Procedures of Lower Extremity	77
	DRG 210 - Hip and Femur Procedures Except Major Joint Procedures, Age Greater than 17 with CC	81
	DRG 215 - Back and Neck Procedures without CC	85
MDC 11	Diseases and Disorders of the Kidney and Urinary Tract	
	DRG 320 - Kidney and Urinary Tract Infections, Age Greater than 17 with CC	89
MDC 13	Diseases and Disorders of the Female Reproductive System	
	DRG 359 - Uterine and Adnexa Procedures for Non-malignancy without CC	93
MDC 14	Pregnancy, Childbirth and the Puerperium	
	DRG 373 - Vaginal Delivery without Complicating Diagnoses	97
MDC 15	Newborns and Other Neonates with Conditions Originating in the Perinatal Period	
	DRG 391 - Normal Newborn	101
MDC 18	Infectious and Parasitic Diseases	
	DRG 416 - Septicemia, Age Greater than 17	105

DRG 014: SPECIFIC CEREBROVASCULAR DISORDERS EXCEPT TRANSIENT ISCHEMIC ATTACKS (TIA)

DRG 014 includes disorders of the brain's system of blood vessels and includes hemorrhages, infarcted (necrotic or dead) arteries, cerebral aneurysms (weakened, often bulging arterial walls), and aphasia (loss of the use of language). Well over half the patients discharged in 1994 had a principal diagnosis of arterial occlusion with infarction, with cerebral aneurysms next in frequency of occurrence. Note: DRG 014 patients did not undergo surgery for their conditions; these latter cases had much higher billed charges on the average. In 1994 2494 Nevadans were discharged for DRG 014 conditions; they spent an average of just under one week in the hospital and were billed an average of \$15156, up only slightly over 1993. Note that average length of stay (ALOS) declined steadily from 1990 to 1994, with a net reduction of 3 hospital days per patient over the five year period (see chart at left). Average billed charges rose a modest \$1400+ for the reporting period, but with significant declines in ALOS, per day average charges increased from \$1403 in 1990 to \$2229 in 1994 (see chart at upper right). The percentage patients who died while in the hospital was 13.6 for 1994, similar to the other four years included

DRG 014: AVERAGE LENGTH OF STAY (ALOS)
NEVADA: ALL HOSPITALS: 1990-1994

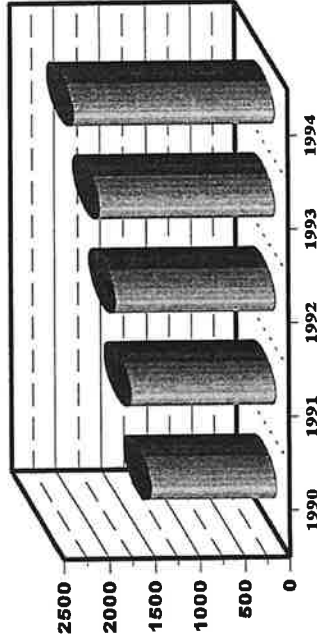


in this analysis.

The number of discharges was essentially equal for men and women over the five year period as were average days in the hospital and, to a lesser extent, average billed charges within DRG 014. In-hospital death rates for these conditions varied alternately up and down by gender over the reporting period; in 1994 13.8 percent of male and 13.4 percent of female DRG 014 patients died while in the hospital.

As with respiratory and cardiovascular conditions, cerebrovascular diseases strike older Nevadans more often than younger. Just over 92 percent of Nevada's 1994 DRG 014 patients were aged 50 and older, with well over 70 percent aged 65 and older. With few exceptions, age accounted for relatively little of the variation in average lengths of stay across the five year period; the same could be said for average billed charges which also vary little by age. In-hospital death rates did increase with age during 1994 and, in general, between all the five years, peaking in the 14 to 16 percent range among the age 65 plus group. Patterns indicating a trend toward shorter hospital stays manifest themselves significantly for these older age patients with a net decrease of over 3 days in five years among the 65 plus age group and a 2.5 per day average decline for the next oldest age group.

DRG 014: AVERAGE DAILY CHARGES
NEVADA: ALL HOSPITALS: 1990-1994



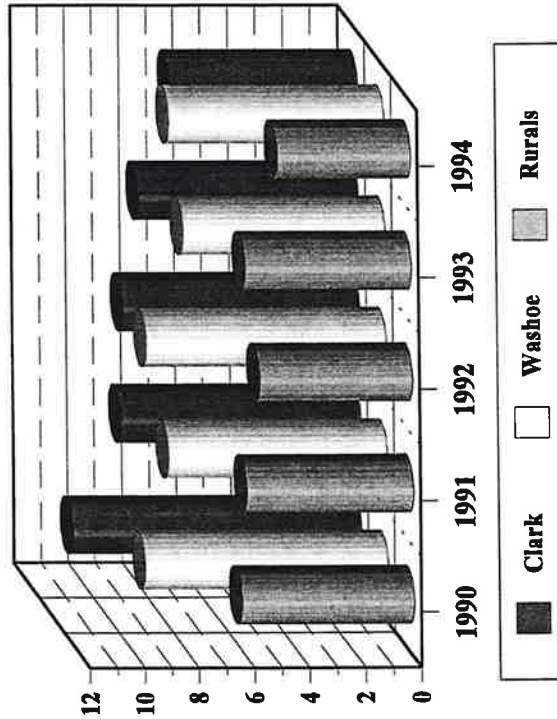
DRG	014	1990	1991	1992	1993	1994
TOTAL	Discharges	1764	1965	2138	2116	2494
	ALOS	9.8	8.3	8.3	7.7	6.8
	Expired	14.5	13.0	12.8	14.6	13.6
	Avg. Charge	\$13746	\$13374	\$14747	\$14998	\$15156
Male	Discharges	887	1004	1074	1042	1223
	ALOS	9.7	8.3	8.4	7.5	6.8
	Expired	15.0	12.3	12.9	14.2	13.8
	Avg. Charge	\$14138	\$13534	\$15111	\$15251	\$15311
Female	Discharges	877	961	1064	1074	1271
	ALOS	9.8	8.3	8.3	7.8	6.9
	Expired	13.9	13.8	12.7	14.9	13.4
	Avg. Charge	\$13349	\$13207	\$14379	\$14753	\$15007
0 - 17	Discharges	3	7	12	12	10
	ALOS	12.0	10.6	6.2	6.8	9.8
	Expired	0.0	0.0	8.3	0.0	10.0
	Avg. Charge	\$16231	\$14237	\$14614	\$14874	\$70970
18 - 35	Discharges	29	31	36	26	41
	ALOS	9.2	6.2	6.4	7.8	7.6
	Expired	6.9	6.5	13.9	7.7	14.6
	Avg. Charge	\$14914	\$15285	\$16599	\$18934	\$18818
36 - 49	Discharges	106	133	109	116	138
	ALOS	8.0	7.6	8.1	6.4	6.4
	Expired	17.0	16.3	10.1	10.3	15.9
	Avg. Charge	\$14128	\$14259	\$15174	\$15867	\$17589
50 - 64	Discharges	345	432	416	472	509
	ALOS	8.7	8.2	7.7	6.9	6.2
	Expired	12.3	10.2	10.6	11.2	11.0
	Avg. Charge	\$13335	\$13053	\$14666	\$14112	\$14783
65 plus	Discharges	1281	1372	1565	1490	1796
	ALOS	10.2	8.5	8.6	8.0	7.0
	Expired	15.1	13.8	13.6	16.2	14.1
	Avg. Charge	\$13815	\$13249	\$14697	\$15206	\$14959

Clark County hospitals discharged 71 percent of Nevada's DRG 014 patients during 1994 and posted an average billed charge of \$16248, down slightly from 1993 and only about \$1000 higher than 1990. Of the larger urban hospitals, Valley Hospital's \$18763 was the state's billing leader and was second in discharges for 1994 followed by Sunrise Hospital with a \$17182 average billing and 540 discharges, about 22 percent of the state's total. Washoe County discharged another 21 percent of the state's patients with cerebrovascular disorders; their billed charges increased 9.7 percent over 1993 and were up nearly \$2500 over the five year period. Note Northern Nevada Medical Center's very high average billed charge rate but low discharge count for 1994. Rural hospital billed charges were, as usual, much lower than those at urban hospitals, but these hospitals posted significant billing gains over the five years.

The inevitable effect of steady reductions in average days stays in the hospital and gradually increasing total billed charges is graphically displayed to the right. All three regions of Nevada experienced steady increases in average daily billings -- the billed charge for each average day in the hospital -- between 1990 and 1994, a period of time in which the average statewide daily hospital stay decreased by a full three days per patient while average billings for each hospital stay increased by a modest 10.3 percent. Clark County hospitals collectively led the decline in average hospital stays; between 1990 and 1994 these hospitals decreased patients stays by 3.7 days on the average. Sunrise Hospital, with the highest patient count in 1994 of 540 DRG 014 patients, decreased their patients' average stays by a state-high of 5.1 days over the five years. In contrast Valley Hospital, second in patient counts with 426, decreased patients stays only 1.3 days during the five year reporting period. Washoe Medical Center and St. Mary's Regional Medical Center fell between these two end points.

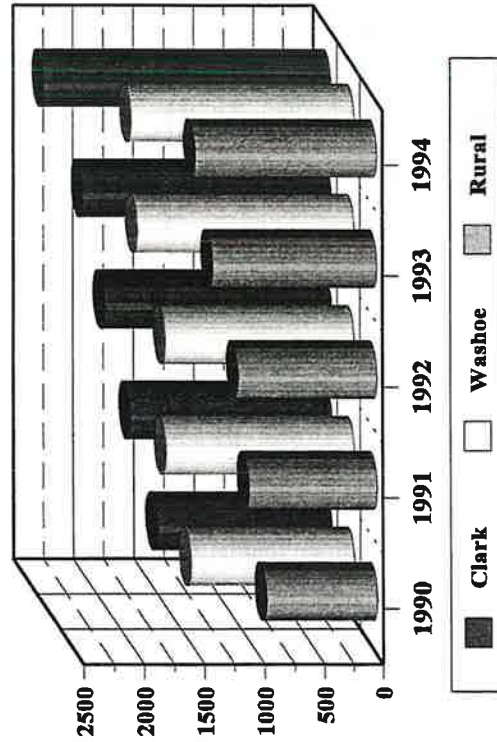
DRG 014: AVERAGE LENGTH OF STAY (ALOS)

NEVADA: 3 REGIONS 1990-1994



DRG 014 - AVERAGE DAILY CHARGES

NEVADA - 3 REGIONS - 1990-94



its average length of

stay from 7.1 days in 1990 to 5.2 days in 1994, yielding a significant increase in their average daily billings. The effect of Carson-Tahoe's reductions in average day's stay is reflected in the decline of rural hospitals average stays over the five year reporting period (see chart to left), not quite of the magnitude of Clark County's declines but substantially greater than Washoe County's. St. Mary's Regional Medical Center's 2.4 day decrease over five years was greater than Washoe Medical Center's 1.9 days; increases in billed charges for these two Washoe County facilities were just over 7 percent for the five year period, in line with much of the rest of the state.

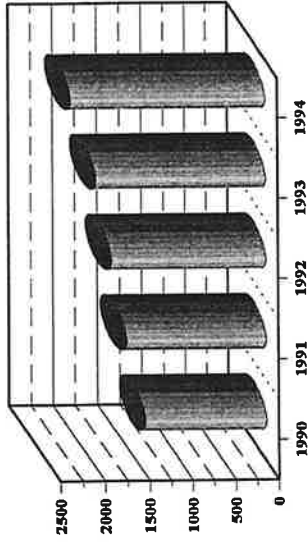
DRG 015: TRANSIENT ISCHEMIC ATTACK & PRECEREBRAL OCCLUSIONS

Most of Nevada's 941 cases assigned to DRG 015 in 1994 had a principal diagnosis of transient (occurring, recurring) ischemia (TIA), or blockage of arteries which funnel blood to the brain, with non-infarcted (not necrotized) but occluded arteries. DRG 015 patients did not receive surgical interventions, such as arterial transplants, to relieve their conditions, they were all treated medically. The 1994 case count was up 24.6 percent over 1993's patient count of 755 and up 49.6 percent over the five year reporting period, an average patient count increase of 9.9 percent per year. DRG 015 patients stayed an average of 3.6 days in the hospital during 1994, a slight decline from 1993's average and 1.2 days decline since 1990. This reduction in average hospital patient time is a pattern noted across many of the DRG's reported in this volume. The average DRG 015 patient was billed \$7702 during 1994, a 2.6 increase over 1993 and up 27.2 percent over the five year reporting period. The combination of declining stays and increasing billed charges resulted in a 69.6 percent increase between 1990 and 1994, from \$1261 to \$2139 per day. In-hospital death rates were at or below one percent for all the five years reported.

In 1994 male outnumbered female discharges by only 23 cases; for the time period represented in this report, ratios of men to women patients were nearly equal each of the years. Also, for all reporting years women remained in the hospital longer than their male counterparts, generally in the vicinity of one-half day, as in 1994, or less. This difference did not translate to any significant differences in billed charges, however; men and women were within a few hundred dollars of each other for each of the years. Finally, there was no significant difference between male and female in-hospital death rates for any of the years.

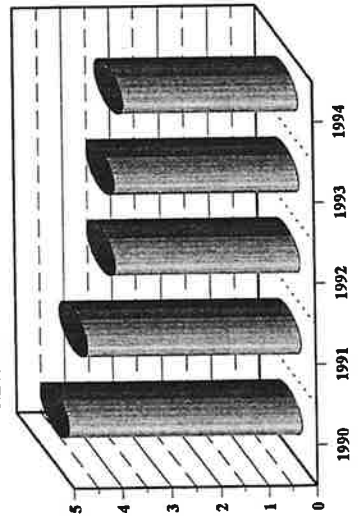
For each of the five years of reporting, patient counts for the oldest patient age group -- 65 and older -- were 65 to 69 percent of the state's total, and over 85 percent of all patients were age 50 or older. Again, many of the DRG's in this report that have high patient counts are also characterized by older average age patient populations. In general age category counts are also characterized by older average age little effect on average length of stay in the hospital for DRG 015 patients, except for a slight increase as one progresses from the next to oldest to the oldest age group used in this report. Further, this difference declined over the five reporting years. Following from these patterns of average hospital stays in relation to age, average billed charges did not differ significantly by age for any of the years after 1990. The same could be said for in-hospital death rates from transient ischemic attacks and related illnesses, with the possible exception of 1994's discharges where progressive age categories appeared to be more of a factor in the prediction of higher in-hospital mortality.

DRG 015: AVERAGE DAILY CHARGES
NEVADA: ALL HOSPITALS: 1990-1994



DRG	015	1990	1991	1992	1993	1994
TOTAL	Discharges	629	712	703	755	941
	ALOS	4.8	4.4	3.8	3.8	3.6
	Expired	.6	.9	.9	.7	1.0
	Aver. Charge	\$6054	\$6558	\$6970	\$7509	\$7702
Male	Discharges	316	326	335	376	482
	ALOS	4.3	4.3	3.6	3.6	3.4
	Expired	.9	.9	.9	.0	1.0
	Aver. Charge	\$6184	\$6946	\$6967	\$7371	\$7539
Female	Discharges	313	386	368	379	459
	ALOS	5.2	4.5	3.9	4.0	3.9
	Expired	1.3	.3	.8	1.3	.9
	Aver. Charge	\$8923	\$6230	\$6974	\$7645	\$7872
0 - 17	Discharges	1	4	1	1	1
	ALOS	10.0	2.5	4.0	1.0	5.0
	Expired	.0	.0	.0	.0	.0
	Aver. Charge	\$11441	\$1692	\$3192	\$5899	\$7924
18 - 35	Discharges	7	11	12	9	11
	ALOS	2.7	3.3	2.2	2.7	3.9
	Expired	.0	.0	.0	.0	.0
	Aver. Charge	\$4712	\$4636	\$5914	\$5211	\$11836
36 - 49	Discharges	41	45	47	53	84
	ALOS	3.4	3.8	3.1	3.3	2.6
	Expired	.0	.0	.0	1.9	.0
	Aver. Charge	\$5605	\$6671	\$6306	\$7906	\$7116
50 - 64	Discharges	144	173	185	183	204
	ALOS	3.6	4.4	3.6	3.3	3.3
	Expired	.7	.6	1.1	.0	.5
	Aver. Charge	\$5344	\$6300	\$7535	\$7412	\$7720
65 plus	Discharges	436	479	458	509	641
	ALOS	5.3	4.4	4.0	4.0	3.9
	Expired	.7	.6	.9	.8	1.2
	Aver. Charge	\$6340	\$6726	\$6846	\$7548	\$7701

DRG 015: AVERAGE LENGTH OF STAY (ALOS)
NEVADA: ALL HOSPITALS: 1990-1994

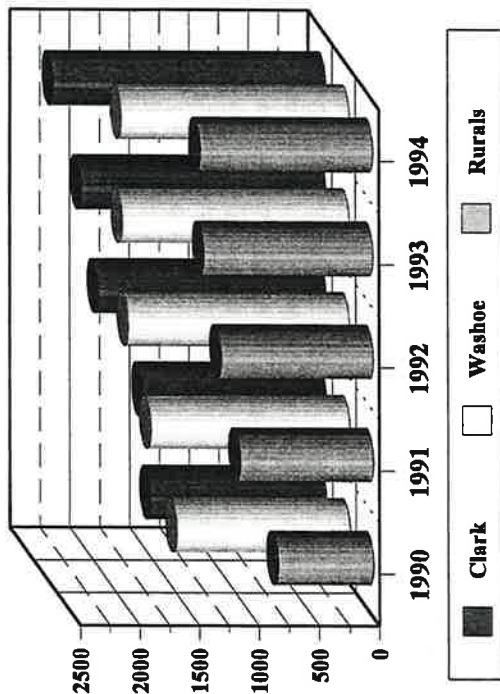


In 1994, with nearly 70 percent of the state's DRG 015 patients, Clark County hospitals' \$8211 average billed charge was over 13 percent higher than Washoe County's although the latter had slightly longer average patient hospital stays and, thus, a daily average billing over \$200 lower. In fact, Clark County hospitals reduced the stay of their average DRG 015 patient steadily over the reporting period, achieving a decrease of 0.9 days over five years. Washoe County hospitals' average stays remained essentially constant for this same period of time. During 1994 Valley and Sunrise hospitals led the state in average billed charges at over \$8600 per patient visit, the two larger Washoe County hospitals fell in the \$7000-\$7300 range, and the rural hospitals, led by 40 discharges at Carson-Tahoe Hospital, were mostly in the \$5000 range or lower.

Clark County hospitals collectively led the decline in average length of hospital stays for DRG 015 between 1990 and 1994. As represented in the chart at the right, these southern Nevada hospitals decreased patient stays by just under one day on the average during the five year reporting period, in contrast to Washoe County and rural hospitals whose average length of patient stays were fairly constant over the time span covered in this report. Sunrise Hospital, which discharged 177 patients in DRG 015 during 1994, had the highest patient count in the state 18.8 percent of the state's total), decreased their patients' average length of stay by nearly two days. Washoe Medical Center actually increased their average length of patient stay slightly while St. Mary's Regional Medical Center decreased average hospital stays by about three-quarters of a day over the five year period.

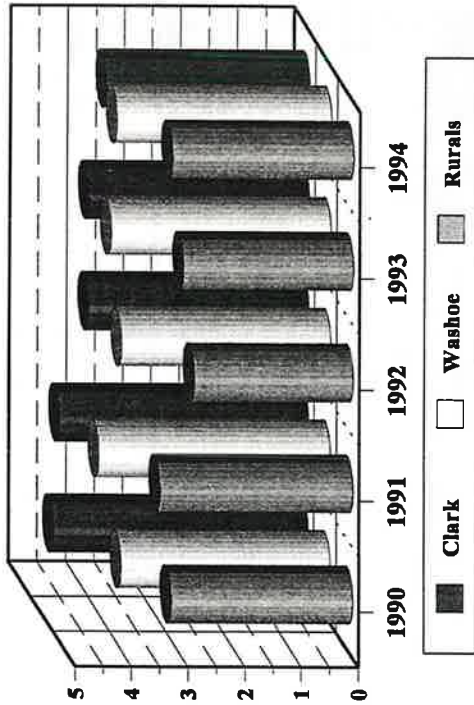
DRG 015: AVERAGE DAILY CHARGES

NEVADA - 3 REGIONS - 1990-1994



DRG 015: AVERAGE LENGTH OF STAY (ALOS)

NEVADA - 3 REGIONS - 1990-1994



Referencing the chart at the left, note that all three regions of Nevada increased their average daily billings for DRG 015 patients over the five year reporting period, but the increase for Clark County was by far the largest, due primarily to the above-mentioned five year decrease of nearly two days in average length of hospital stays along with an average of \$1600 in increased in total patient billings between 1990 and 1994. St. Mary's Regional Medical Center, with an \$1100 plus increase in total billings and a reduction in average length of patient stays of 0.7 days over the five year period, also experienced a sizeable increase in average daily billings for its DRG 015 patients. As noted above, Washoe Medical Center's average length of patient stays for DRG 015 actually increased slightly, with a nearly \$2000 average increase in each patient's total billing. Washoe Medical Center's per day average billing increased by over \$450 during the period 1990 to 1994.

		DRG 015: TRANS ISCHEMIC ATTACK AND PRECEREBRAL OCCLUSIONS												
		1990			1991			1992			1993			1994
CLARK COUNTY (combined data)	Discharges	437	494	493	529	655	Discharges	36	49	59	72	77		
	ALOS	4.5	4.4	3.9	3.9	3.6	ALOS	13.2	5.4	2.8	3.0	3.2		
	Avg. Charge	\$6598	\$6750	\$7423	\$7986	\$8211	Avg. Charge	\$2536	\$3763	\$3539	\$4225	\$4601		
Boulder City Hospital	Discharges	7	14	12	10	17	Discharges	1	0	1	0	0		
	ALOS	3.4	2.7	2.1	2.4	6.9	ALOS	1.0	0	1.0	0	0		
	Avg. Charge	\$3844	\$4611	\$3785	\$4752	\$5991	Avg. Charge	\$1047	\$0	\$1311	\$0	\$0		
Desert Springs Hospital	Discharges	83	91	95	129	131	Discharges	14	26	27	41	40		
	ALOS	4.2	4.6	4.1	4.4	3.6	ALOS	2.9	4.1	2.7	3.3	3.5		
	Avg. Charge	\$5882	\$6715	\$7383	\$8082	\$7559	Avg. Charge	\$2946	\$4636	\$3570	\$5028	\$5145		
Sunrise Hospital and Medical Center	Discharges	163	147	129	129	177	Discharges	4	5	14	17	11		
	ALOS	5.2	4.6	3.7	4.2	3.4	ALOS	2.8	2.2	2.6	2.5	3.5		
	Avg. Charge	\$7833	\$8608	\$7487	\$9325	\$8627	Avg. Charge	\$2442	\$3108	\$3798	\$3472	\$5352		
Lake Mead Hospital and Medical Center	Discharges	23	47	73	55	47	Discharges	4	5	1	1	8		
	ALOS	5.4	4.0	4.3	3.3	3.8	ALOS	2.3	2.0	6.0	2.0	2.5		
	Avg. Charge	\$7389	\$4736	\$7762	\$6282	\$8003	Avg. Charge	\$2544	\$1874	\$815	\$4288	\$3443		
St. Rose Dominican Hospital	Discharges	15	16	16	23	26	Discharges	5	1	4	0	4		
	ALOS	4.1	3.9	2.6	3.3	3.1	ALOS	3.8	6.0	4.5	0	4.5		
	Avg. Charge	\$4933	\$7512	\$7247	\$7316	\$7962	Avg. Charge	\$2837	\$5644	\$4036	\$0	\$4979		
University Medical Center	Discharges	54	71	65	53	72	Discharges	0	1	6	3	4		
	ALOS	3.7	4.5	4.6	4.1	3.8	ALOS	0	2.0	1.8	4.0	2.0		
	Avg. Charge	\$5072	\$5038	\$7928	\$7102	\$8026	Avg. Charge	\$0	\$1397	\$2119	\$3360	\$2630		
Valley Hospital Medical Center	Discharges	92	108	103	130	185	Discharges	3	3	1	1	0		
	ALOS	3.8	4.2	3.8	3.5	3.6	ALOS	5.7	5.3	7.0	5.0	0.0		
	Avg. Charge	\$6232	\$6417	\$7271	\$8008	\$8639	Avg. Charge	\$2424	\$3967	\$7150	\$4126	\$0		
Women's Hospital	Discharges	0	0	0	0	0	Discharges	0	3	5	2	3		
	ALOS	0	0	0	0	0	ALOS	0	2.0	2.4	1.5	2.0		
	Avg. Charge	\$0	\$0	\$0	\$0	\$0	Avg. Charge	\$0	\$2467	\$4224	\$2906	\$4938		
WASHOE COUNTY (combined data)	Discharges	156	169	151	154	209	Discharges	0	1	0	0	0		
	ALOS	3.7	4.1	3.7	3.9	3.8	ALOS	0	3.0	0.0	0.0	0.0		
	Avg. Charge	\$5344	\$6807	\$6834	\$7407	\$7247	Avg. Charge	\$0	\$3472	\$0	\$0	\$0		
Northern Nevada Medical Center.	Discharges	23	16	14	20	15	Discharges	2	2	0	3	3		
	ALOS	2.5	2.9	2.8	3.6	4.4	ALOS	3.5	3.0	0	3.7	2.0		
	Avg. Charge	\$4449	\$4677	\$5138	\$6954	\$8258	Avg. Charge	\$2491	\$2805	\$0	\$3194	\$2153		
St. Mary's Regional Medical Center	Discharges	38	57	53	68	83	Discharges	3	2	0	4	4		
	ALOS	4.4	4.1	4.2	3.7	3.7	ALOS	1.3	2.0	0	1.3	1.5		
	Avg. Charge	\$5899	\$6485	\$6093	\$6493	\$7023	Avg. Charge	\$880	\$1748	\$0	\$1288	\$2583		

DRG 015: TRANS ISCHEMIC ATTACK AND PRECEREBRAL OCCLUSIONS

CLARK COUNTY
(combined data)

Boulder City Hospital

Desert Springs Hospital

Sunrise Hospital and
Medical Center

Lake Mead Hospital and
Medical Center

St. Rose Dominican
Hospital

University Medical Center

Valley Hospital Medical
Center

Women's Hospital

WASHOE COUNTY
(combined data)

Northern Nevada Medical
Center.

St. Mary's Regional
Medical Center

RURAL
COUNTIES
(combined data)

Battle Mountain
Hospital (Lander)

Carson-Tahoe
Hospital (Carson
City)

Churchill Community
Hospital (Churchill)

Elko General Hospital
(Elko)

Grover C. Dil Medical
Center (Lincoln)

Humboldt General
Hospital (Humboldt)

Mount Grant General
Hospital (Mineral)

Nye Regional Medical
Center (Nye)

Pershing General
Hospital (Pershing)

South Lyon Medical
Center (Lyon)

William B. Ririe
Hospital (White Pine)

DRG 079: RESPIRATORY INFECTIONS & INFLAMMATIONS AGE > 17 WITH CC

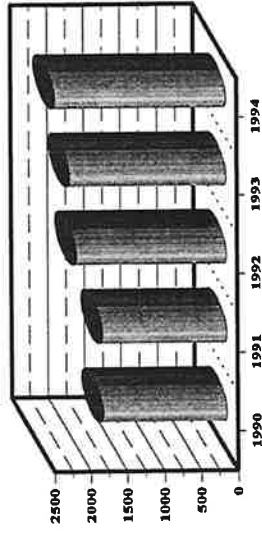
In 1994 there were 1112 discharges from Nevada hospitals with a principal diagnosis reflecting the diseases and conditions represented by DRG 079, predominantly cases of pneumonia and pneumonitis, the latter resulting from food and/or vomit aspiration. All the DRG 079 cases were age 17 or older and suffered accompanying comorbid condition (CC). Those with respiratory infections and inflammations who were age 17 and older without CC (DRG 080) and those under the age of 17 (DRG 081) had, respectively, 87 and 51 cases for 1994 and will not be considered in further discussions. During 1994 DRG 079 patients stayed in the hospital an average of 2.9 days less than in 1990, much of the decline coming between 1991 and 1992, and were billed about \$900 more between the earlier and later years, an essentially flat pattern but yielding a \$649 increase in average daily billings (see charts below and upper right). In-hospital death rates, generally in double-digit range due to the older age patient population represented in the DRG, were down to 9.5 percent statewide in 1994.

During 1994 male DRG 079 patients represented 58.5 percent of Nevada's discharges in that category; over the five year period they stayed in the hospital longer than women with the difference being always within one day. Male average billings remained statistically constant over the five years while female billings increased by nearly \$3500. For women, mean daily billings increased from \$1618 in 1990 to \$2290 in 1994; for men the equivalent increase was \$635 over the five years. Men experienced a significantly higher in-hospital death rate than women, although male death percentages declined steeply from 1993's 13.8 percent to 1994's 9.7 percent.

Nevada hospitals discharged 739 DRG 079 patients during 1994 who were 65 and older, 66.5 percent of the state's total for that year. In fact, all but 171 of the 1112 patients were 50 or older, that is, just under 85 percent. As noted before, respiratory ailments like pneumonia affect older Nevadans much more seriously when compared to younger people. This coupled with a greater likelihood of comorbid conditions and complications among the elderly produces both the very high patient percentages in the older age categories together with longer hospital stays and, from this, higher total billed charges. The two oldest age groups were quite near each other in average billed charges during 1994 with the 65 plus age group higher by about \$1400 based upon just over one day longer in the hospital.

Average hospital stays decreased for both these oldest age groups over the five years of reporting although average billed charges were relatively constant between 1990 and 1994. Persons in the 65 and older age group were nearly two and one-half times more likely to die while in the hospital compared to patients in the 50 to 64 age group; 12.2 percent of the oldest group of patients died while still in the hospital, down substantially from 1993's 15.3 percent.

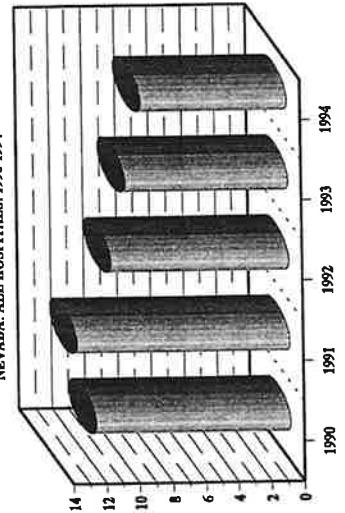
DRG 079: AVERAGE DAILY CHARGES
NEVADA: ALL HOSPITALS: 1990-1994



DRG	079	1990	1991	1992	1993	1994
TOTAL	Discharges	687	788	874	970	1112
	ALOS	11.8	10.8	10.8	9.9	8.9
	Expired	12.5	13.2	14.2	12.2	9.5
	Aver. Charge	\$19862	\$21825	\$22078	\$21107	\$20753
Male	Discharges	454	448	525	580	651
	ALOS	12.1	12.5	11.0	10.0	8.6
	Expired	12.8	14.7	17.5	13.8	9.7
	Aver. Charge	\$20755	\$21723	\$22492	\$21567	\$20206
Female	Discharges	233	340	349	390	461
	ALOS	11.2	13.3	10.5	9.7	9.4
	Expired	12.0	11.2	9.2	9.7	9.3
	Aver. Charge	\$18121	\$21959	\$21454	\$20423	\$21526
0 - 17	Discharges	0	0	0	0	0
	ALOS	.0	.0	.0	.0	.0
	Expired	.0	.0	.0	.0	.0
	Aver. Charge	\$0	\$0	\$0	\$0	\$0
18 - 35	Discharges	83	48	64	59	75
	ALOS	11.6	7.8	8.0	9.6	7.8
	Expired	6.0	2.1	4.7	1.7	2.7
	Aver. Charge	\$22369	\$13594	\$17544	\$24693	\$20186
36 - 49	Discharges	68	51	68	78	96
	ALOS	9.3	9.5	10.4	9.8	7.8
	Expired	13.2	3.9	7.4	1.3	4.2
	Aver. Charge	\$18489	\$14508	\$19001	\$21313	\$18391
50 - 64	Discharges	118	120	160	179	202
	ALOS	10.4	13.6	10.2	10.2	9.1
	Expired	5.1	7.5	13.1	13.1	8.9
	Aver. Charge	\$18020	\$19098	\$21062	\$21087	\$19938
65 plus	Discharges	418	569	582	654	739
	ALOS	12.6	11.3	11.3	10.1	9.4
	Expired	15.8	16.2	16.3	15.3	12.2
	Aver. Charge	\$20119	\$23750	\$23215	\$20773	\$21340

DRG 079: AVERAGE LENGTH OF STAY (ALOS)

NEVADA: ALL HOSPITALS: 1990-1994

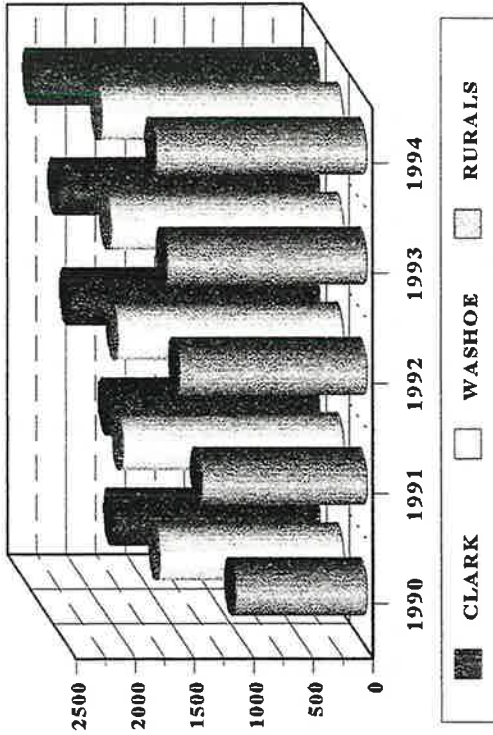


Clark County's patient count of 884, 79.5 percent of 1994's total DRG 079 discharges and a fairly constant percentage over the five year reporting period, was substantially greater than that of Washoe County hospitals and the rural hospitals which were quite similar. Clark County facilities also led slightly in average length of hospital stay (ALOS) at 9.2 days (9.0 days for Washoe County hospitals); average length of stay was down a substantial 3.2 days on the average since 1990, a one day greater reduction than for Washoe County facilities (see chart below). The combination of steep declines in average length of stay combined with relatively modest increases in average total billed charges resulted in an increase in average daily charges of about \$650 in Clark County, \$480 in Washoe County, and \$675 among facilities in the rural counties. Valley Hospital in Clark County led the state in average total billed charges followed closely by Sunrise Hospital, both in excess of \$29000. By contrast, St. Mary's Hospital in Reno posted average billed charges under \$18000 (with shorter ALOS) and Washoe Medical Center was only about \$3000 higher than St. Mary's.

As noted above, the inevitable effect of steady reductions in average length of stays in the hospital and gradually increasing total billed charges is graphically displayed to the upper right. All three regions of Nevada experienced steady increases in average daily billings -- the billed charge for each average day in

DRG 079: AVERAGE DAILY CHARGES

NEVADA: THREE REGIONS: 1990-1994

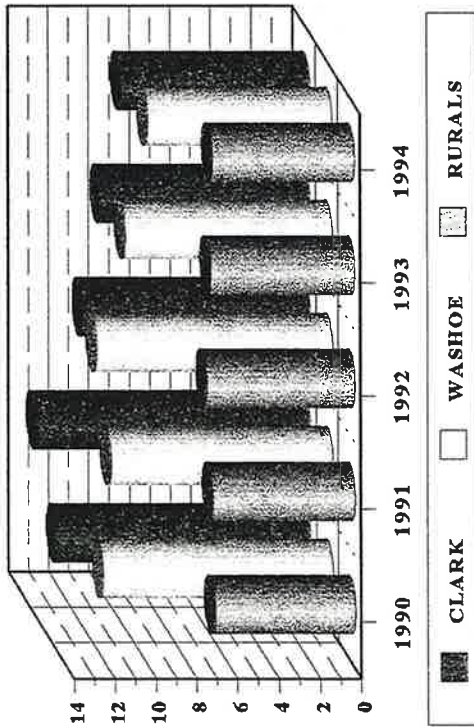


decreased its patients' average length of stay by a state-high 4.1 days over the five year reporting period; in contrast Sunrise Hospital and Medical Center, second in patient counts with 217, decreased patients stays only 2.7 days during the period 1990 to 1994. Washoe Medical Center and St. Mary's Regional Medical Center fell between the extremes of Sunrise and Valley hospitals with a 1.6 day decline for the former and a 2.7 day decline for the latter. These figures produce average daily billed charges during 1994 of \$1982 for University Medical Center (their average total billed charges were less than half of Valley's and Sunrise's), \$2709 for Sunrise Hospital, \$2559 for Valley Hospital (despite a modest 1.9 day decline in ALOS), \$2083 for St. Mary's Regional Medical Center, and \$2018 for Washoe Medical Center.

Carson-Tahoe Hospital led rural hospitals in discharges with 44 in 1994, 38.3 percent of the rural total. Their average length of hospital stay declined by exactly two days over the five year period and, with a \$2500 increase in total billed charges, increased their average daily charges from \$1189 in 1990 to \$1814 in 1994 (up 52.6 percent). Rural hospitals in general increased their average daily charges significantly between 1990 and 1992, with all five years displaying a near-perfect step-effect in the chart above.

DRG 079: AVERAGE LENGTH OF STAY (ALOS)

NEVADA: THREE REGIONS: 1990-1994



the hospital -- between 1990 and 1994, a period of time in which the average statewide average length of hospital stay decreased by just under three days per patient while average billings for each hospital stay increased by a modest 4.5 percent.

Clark County hospitals collectively led the decline in average hospital stays. Between 1990 and 1994, these hospitals decreased average length of patient stays by 3.2 days on the average. University Medical Center, with the highest patient count in 1994 with 322 DRG 079 patients,

		DRG 079: RESPIRATORY INFECTIONS & INFLAMMATIONS AGE > 17 W CC																
		1990			1991			1992			1993			1994				
CLARK COUNTY (combined data)	Discharges	559	601	679	741	884	Discharges	61	74	79	90	115	Discharges	61	74	79	90	115
	ALOS	12.4	13.4	11.1	10.2	9.2	ALOS	6.8	12.0	7.2	7.0	6.9	ALOS	6.8	12.0	7.2	7.0	6.9
	Avg. Charge	\$21514	\$23663	\$23365	\$22488	\$22172	Avg. Charge	\$7476	\$9569	\$11324	\$11762	\$12252	Avg. Charge	\$7476	\$9569	\$11324	\$11762	\$12252
Boulder City Hospital	Discharges	7	18	21	28	22	Discharges	2	1	0	0	2	Discharges	2	1	0	0	2
	ALOS	10.9	11.7	7.0	9.4	8.0	ALOS	6.5	5.0	.0	.0	5.0	ALOS	6.5	5.0	.0	.0	5.0
	Avg. Charge	\$17772	\$19856	\$11245	\$16435	\$12692	Avg. Charge	\$6188	\$6024	\$0	\$0	\$5654	Avg. Charge	\$6188	\$6024	\$0	\$0	\$5654
Desert Springs Hospital	Discharges	41	44	73	76	70	Discharges	12	17	19	28	44	Discharges	12	17	19	28	44
	ALOS	12.5	14.7	11.1	11.1	9.4	ALOS	9.8	7.3	7.1	7.2	7.8	ALOS	9.8	7.3	7.1	7.2	7.8
	Avg. Charge	\$20976	\$24735	\$20756	\$23846	\$22936	Avg. Charge	\$11655	\$8811	\$10727	\$13994	\$14151	Avg. Charge	\$11655	\$8811	\$10727	\$13994	\$14151
Sunrise Hospital and Medical Center	Discharges	149	188	216	167	217	Discharges	7	15	9	11	7	Discharges	7	15	9	11	7
	ALOS	13.5	16.3	13.3	10.4	10.8	ALOS	5.7	9.5	6.6	5.5	7.0	ALOS	5.7	9.5	6.6	5.5	7.0
	Avg. Charge	\$28084	\$33791	\$32357	\$27665	\$29258	Avg. Charge	\$7515	\$16034	\$9812	\$10136	\$12578	Avg. Charge	\$7515	\$16034	\$9812	\$10136	\$12578
Lake Mend Hospital and Medical Center	Discharges	27	42	41	48	83	Discharges	17	14	15	16	17	Discharges	17	14	15	16	17
	ALOS	10.9	10.8	9.6	11.2	8.4	ALOS	6.6	5.8	5.2	5.3	5.2	ALOS	6.6	5.8	5.2	5.3	5.2
	Avg. Charge	\$17914	\$18848	\$19025	\$25305	\$22523	Avg. Charge	\$6645	\$6499	\$6952	\$8009	\$8074	Avg. Charge	\$6645	\$6499	\$6952	\$8009	\$8074
St. Rose Dominican Hospital	Discharges	11	22	15	36	43	Discharges	4	6	4	6	6	Discharges	4	6	4	6	6
	ALOS	10.4	16.3	6.5	8.4	7.0	ALOS	6.8	6.8	7.3	7.2	4.8	ALOS	6.8	6.8	7.3	7.2	4.8
	Avg. Charge	\$20761	\$27648	\$19695	\$22346	\$19540	Avg. Charge	\$5917	\$8121	\$8888	\$9173	\$6505	Avg. Charge	\$5917	\$8121	\$8888	\$9173	\$6505
University Medical Center	Discharges	241	210	259	280	322	Discharges	2	7	3	7	3	Discharges	2	7	3	7	3
	ALOS	11.5	11.1	10.0	10.1	\$7.4	ALOS	15.5	4.7	5.7	8.1	6.3	ALOS	15.5	4.7	5.7	8.1	6.3
	Avg. Charge	\$15969	\$15267	\$18440	\$19062	\$14671	Avg. Charge	\$16060	\$5744	\$6666	\$11920	\$9168	Avg. Charge	\$16060	\$5744	\$6666	\$11920	\$9168
Valley Hospital Medical Center	Discharges	83	77	54	106	127	Discharges	2	0	0	0	1	Discharges	2	0	0	0	1
	ALOS	14.0	12.7	11.8	9.6	12.1	ALOS	6.0	.0	.0	.0	10.0	ALOS	6.0	.0	.0	.0	10.0
	Avg. Charge	\$27675	\$23602	\$23565	\$22795	\$30962	Avg. Charge	\$5953	\$0	\$0	\$0	\$16604	Avg. Charge	\$5953	\$0	\$0	\$0	\$16604
Women's Hospital	Discharges	0	0	0	0	0	Discharges	1	7	23	14	25	Discharges	1	7	23	14	25
	ALOS	.0	.0	.0	.0	.0	ALOS	10.0	6.7	8.2	10.5	7.4	ALOS	10.0	6.7	8.2	10.5	7.4
	Avg. Charge	\$0	\$0	\$0	\$0	\$0	Avg. Charge	\$13850	\$12399	\$16826	\$16941	\$15899	Avg. Charge	\$13850	\$12399	\$16826	\$16941	\$15899
WASHOE COUNTY (combined data)	Discharges	67	113	116	139	113	Discharges	4	0	2	1	2	Discharges	4	0	2	1	2
	ALOS	11.2	10.8	11.5	10.1	9.0	ALOS	3.8	.0	4.5	4.0	6.0	ALOS	3.8	.0	4.5	4.0	6.0
	Avg. Charge	\$17350	\$20073	\$21868	\$19794	\$18304	Avg. Charge	\$3343	\$0	\$6732	\$4892	\$10097	Avg. Charge	\$3343	\$0	\$6732	\$4892	\$10097
Northern Nevada Medical Center	Discharges	9	17	9	18	18	Discharges	6	2	0	3	6	Discharges	6	2	0	3	6
	ALOS	9.9	9.9	7.0	11.3	8.0	ALOS	3.2	7.0	.0	3.0	5.8	ALOS	3.2	7.0	.0	3.0	5.8
	Avg. Charge	\$17399	\$18644	\$15085	\$20601	\$15253	Avg. Charge	\$3911	\$7705	\$0	\$4481	\$6101	Avg. Charge	\$3911	\$7705	\$0	\$4481	\$6101
St. Mary's Regional Medical Center	Discharges	29	51	56	63	55	Discharges	4	5	4	4	2	Discharges	4	5	4	4	2
	ALOS	11.2	10.6	11.6	8.7	8.5	ALOS	5.3	7.8	14.3	7.0	6.0	ALOS	5.3	7.8	14.3	7.0	6.0
	Avg. Charge	\$16405	\$21205	\$19737	\$17436	\$17707	Avg. Charge	\$4691	\$5935	\$10557	\$8288	\$6175	Avg. Charge	\$4691	\$5935	\$10557	\$8288	\$6175
Washoe Medical Center	Discharges	29	45	51	58	40	Discharges	687	788	874	970	1112	Discharges	687	788	874	970	1112
	ALOS	11.7	11.2	12.1	11.1	10.1	ALOS	11.8	12.9	10.8	9.9	8.9	ALOS	11.8	12.9	10.8	9.9	8.9
	Avg. Charge	\$18279	\$19330	\$25405	\$22105	\$20377	Avg. Charge	\$19862	\$21825	\$22078	\$21107	\$20753	Avg. Charge	\$19862	\$21825	\$22078	\$21107	\$20753

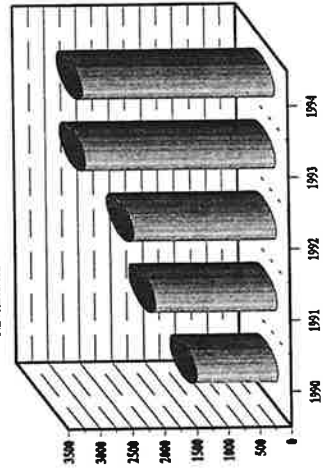
DRG 088: CHRONIC OBSTRUCTIVE PULMONARY DISEASE

Chronic Obstructive Pulmonary Disease (COPD) includes cases of chronic and obstructive conditions of bronchitis (46 percent of COPD admissions) and asthma (17 percent of admissions) as well as emphysema and chronic airway obstruction (29 percent of admissions). Many patients suffered from two or more of the COPD specific ailments. As with many lung conditions, COPD admissions tend to rise in colder seasons and are normally affected by poor states of air quality. During 1994, 3020 patients were discharged from Nevada hospitals with a principal diagnosis of COPD, slightly more than the previous year but up a significant 134 percent since 1990 (see chart below). During 1994 patients stayed an average of 6.0 days in the hospital and were billed an average of \$13352, the latter a 4.2 percent increase over 1993 and about an 18 percent increase over 5 years. For the same time period, a decrease of nearly a day in average hospital stays resulted in increased average daily hospital billings (see chart at upper right). In-hospital death rates rose slightly over the 5 year period to a high of 3.3 percent in 1994. Note: COPD patients who were placed on ventilators were represented under DRG 475 and have a much higher in-hospital death rate.

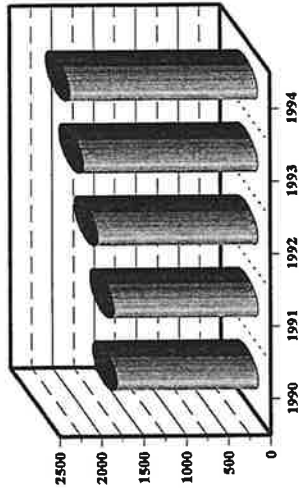
Women outnumber men as COPD patients for all five years reported, and the proportion of males declines steadily to a low of 41 percent in 1994. Over the five year reporting period male and female average length of hospital stays (ALOS) were within one-half day of each other. Also, average billed charges for women and men were approximately equal throughout the reporting period, with the largest difference of just over \$700 per hospital visit appearing in 1994. Women began the five year period with a significantly lower in-hospital death rate, but this rate converged for men and women by 1994.

There are certain diseases and conditions which are certainly characteristic of older age persons. In no instance is this better illustrated than in the case of DRG 088 -- Chronic Obstructive Pulmonary Disease - characterized as it is by chronic respiratory conditions, usually exacerbated by advancing age with accompanying interactions of different ailments on each other. Just over 90 percent of Nevada's 1994 COPD patients were aged 50 and older, with well over two-thirds of that group aged 65 and older. With only minor exceptions average length of stay in the hospital along with average total billed charges also increased steadily with age; in-hospital death rates also were elevated in patient groups at more advanced ages, both during 1994 and, in general, for all the five years. Patterns indicating a trend toward shorter hospital stays manifest themselves only for the oldest age patient group with a net decrease of time in the hospital of nearly one day over the five year reporting period. On the other hand, from 1990 to 1994 average billed charges increased nearly \$2200 per hospital stay for this same 65 and older age group and nearly \$2000 for the 50 to 64 year old patient group, the latter also experiencing a smaller five-year decrease in average length of stay in the hospital.

DRG 088: PATIENT DISCHARGES
NEVADA: ALL HOSPITALS: 1990-1994



DRG 088: AVERAGE DAILY CHARGES
NEVADA: ALL HOSPITALS: 1990-1994

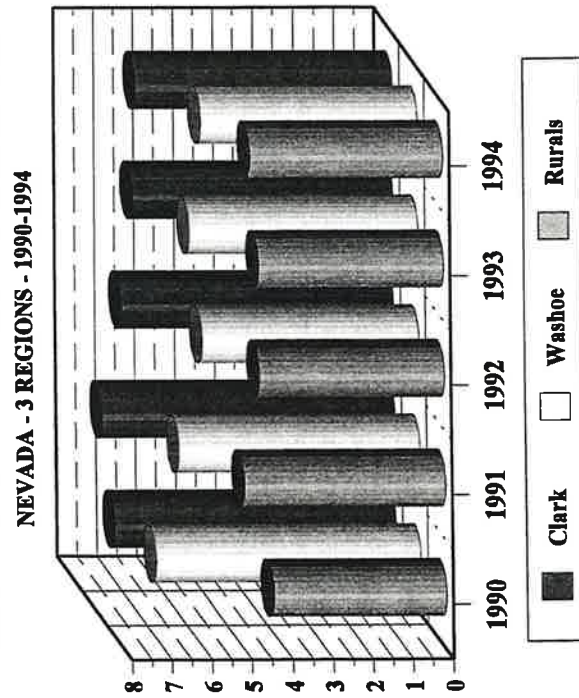


DRG	088		1990		1991		1992		1993		1994	
	Discharges	ALOS Expired	Discharges	ALOS Expired	Discharges	ALOS Expired	Discharges	ALOS Expired	Discharges	ALOS Expired	Discharges	ALOS Expired
TOTAL	1291	6.8	876	6.9	638	6.2	2252	6.4	2984	6.2	3020	6.0
	Aver. Charge	\$11340	Aver. Charge	\$11756	Aver. Charge	\$11907	Aver. Charge	\$12812	Aver. Charge	\$12812	Aver. Charge	\$13352
Male	638	6.7	69	6.9	62	6.2	957	6.0	1262	5.9	1239	6.0
	Aver. Charge	\$11502	Aver. Charge	\$11991	Aver. Charge	\$11907	Aver. Charge	\$12706	Aver. Charge	\$12706	Aver. Charge	\$13773
Female	653	6.8	1046	6.9	61	6.5	1295	6.5	1722	6.4	1781	6.1
	Aver. Charge	\$11181	Aver. Charge	\$11523	Aver. Charge	\$12241	Aver. Charge	\$12889	Aver. Charge	\$12889	Aver. Charge	\$13060
0 - 17	15	38	31	38	21	31	21	31	31	31	26	26
	Aver. Charge	\$3525	Aver. Charge	\$5528	Aver. Charge	\$6920	Aver. Charge	\$6920	Aver. Charge	\$6531	Aver. Charge	\$3958
18 - 35	26	40	40	40	36	36	36	36	67	67	53	53
	Aver. Charge	\$9823	Aver. Charge	\$8630	Aver. Charge	\$16658	Aver. Charge	\$16658	Aver. Charge	\$10289	Aver. Charge	\$11487
36 - 49	68	141	141	141	146	146	146	146	174	174	213	213
	Aver. Charge	\$10766	Aver. Charge	\$9908	Aver. Charge	\$9833	Aver. Charge	\$9833	Aver. Charge	\$10225	Aver. Charge	\$11602
50 - 64	370	553	553	553	588	588	588	588	781	781	861	861
	Aver. Charge	\$10979	Aver. Charge	\$12295	Aver. Charge	\$12173	Aver. Charge	\$12173	Aver. Charge	\$12621	Aver. Charge	\$12910
65 plus	812	1150	1150	1150	1461	1461	1461	1461	1931	1931	1867	1867
	Aver. Charge	\$11745	Aver. Charge	\$12005	Aver. Charge	\$12558	Aver. Charge	\$12558	Aver. Charge	\$13324	Aver. Charge	\$13940

Clark County hospitals discharged 74.8 percent of Nevada's COPD patients during 1994 and posted an average billed charge of \$14646, up nearly 5.4 percent over 1993 and almost 40 percent higher than Washoe County hospitals which posted a slight decrease in total billed charges. Relative to Washoe County, Clark County hospitals kept their patients a day longer, and rural hospitals discharged in less time after only 4.8 days. The five year pattern for the urban counties was toward shorter hospital stays for COPD patients. University Medical Center was lowest in billed charges among urban hospitals with a greatly reduced average length of stay. Sunrise Hospital decreased average hospital stays by half a day while posting a 16.5 percent increase in total patient billings between 1990 and 1994.

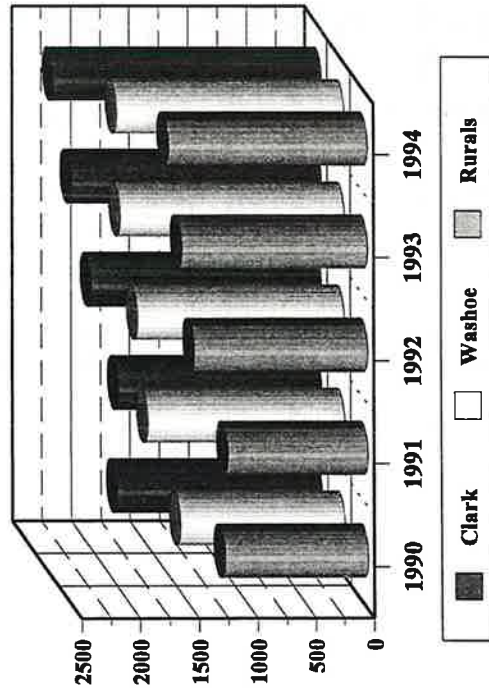
As noted above nearly three of every four discharges for DRG 088 were from Clark County hospitals. Over the five years of reporting they decreased the average patient's hospital stay by 0.6 days (see chart below) while increasing the average total billing by 19.4 percent. Washoe County hospitals achieved an even larger decrease in average patient hospital stays over the five years, a total of 1.2 days with a 12.9 percent increase in average billed charges. And rural hospitals increased their average patient stay by one-half day while increasing their billings by 55.2 percent, although their average billed charges are still about \$2400 less than Washoe County hospitals and a sizeable \$6400 below Clark County's. These reductions in average hospital stays are not as great as for certain other DRG's -- such as 014 strokes and 106 coronary bypass surgery -- perhaps due to the somewhat complex mix of ailments and comorbidities associated with COPD.

DRG 088: AVERAGE LENGTH OF STAY (ALOS)



DRG 088: AVERAGE DAILY CHARGES

NEVADA - 3 REGIONS - 1990-1994



When total hospital billings go up over time while average length of stays in the hospital decrease, the inevitable result is an increase in a hospital's average daily billing for each patient. Note in the chart above that all three regions of Nevada increased their daily billing average for COPD and the rate of increase was greatest for the rural and Clark County hospitals. Carson-Taboe Hospital, with 190 of the 330 rural hospital discharges for DRG 088 in 1994, actually increased its average patient hospital stay between 1990 and 1994, together with a 55.8 percent increase in total patient billings during the same time period. In Clark County Lake Mead Hospital, with an increase of 0.3 days average patient stay for COPD recorded a 51.8 percent increase in total billings and, thus, a significant increase in average daily billings, made even more noteworthy by the very sizeable increase in that hospital's patient count over the five year reporting period. St. Mary's Regional Medical Center reported little change in average hospital stays between 1990 and 1994 and an increase in total billings of about \$2200. Washoe Medical Center decreased their DRG 088 stays by 1.4 days but increased total billings only about \$1000 over the same reporting period.

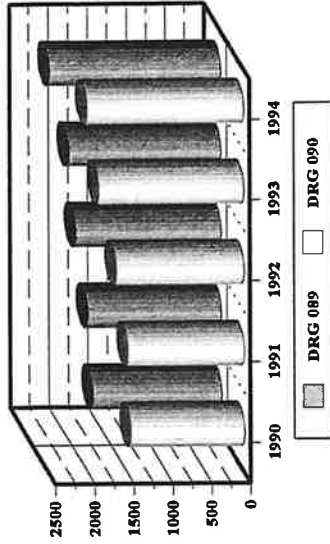
DRG 088: CHRONIC OBSTRUCTIVE PULMONARY DISEASE

		1990				1991				1992				1993				1994								
CLARK COUNTY (combined data)	Discharges ALOS Avg. Charge	1030	1470	1649	2218	2259	1030	1470	1649	2218	2259	1030	1470	1649	2218	2259	1030	1470	1649	2218	2259					
		\$12267	\$12695	\$13380	\$13901	\$14646	\$12267	\$12695	\$13380	\$13901	\$14646	\$12267	\$12695	\$13380	\$13901	\$14646	\$12267	\$12695	\$13380	\$13901	\$14646	\$12267	\$12695			
Boulder City Hospital	Discharges ALOS Avg. Charge	19 4.6 \$6348	35 6.1 \$8735	37 5.5 \$8855	29 5.2 \$7467	31 5.0 \$7759	19 4.6 \$6348	35 6.1 \$8735	37 5.5 \$8855	29 5.2 \$7467	31 5.0 \$7759	106 4.3 \$5272	164 5.0 \$6008	213 4.6 \$6842	271 4.6 \$7326	330 4.8 \$8183	106 4.3 \$5272	164 5.0 \$6008	213 4.6 \$6842	271 4.6 \$7326	330 4.8 \$8183	106 4.3 \$5272	164 5.0 \$6008	213 4.6 \$6842	271 4.6 \$7326	330 4.8 \$8183
Desert Springs Hospital	Discharges ALOS Avg. Charge	169 7.5 \$10832	276 6.6 \$11153	310 6.4 \$10845	460 6.2 \$12069	386 6.1 \$13610	169 7.5 \$10832	276 6.6 \$11153	310 6.4 \$10845	460 6.2 \$12069	386 6.1 \$13610	46 4.8 \$5997	98 5.6 \$6760	99 5.5 \$7813	147 5.1 \$8105	190 5.3 \$9346	46 4.8 \$5997	98 5.6 \$6760	99 5.5 \$7813	147 5.1 \$8105	190 5.3 \$9346	46 4.8 \$5997	98 5.6 \$6760	99 5.5 \$7813	147 5.1 \$8105	190 5.3 \$9346
Sunrise Hospital and Medical Center	Discharges ALOS Avg. Charge	320 7.4 \$14535	464 8.0 \$16043	544 7.0 \$15699	695 6.8 \$15846	620 6.9 \$16933	320 7.4 \$14535	464 8.0 \$16043	544 7.0 \$15699	695 6.8 \$15846	620 6.9 \$16933	15 3.9 \$5447	25 4.2 \$5473	55 3.4 \$5699	51 4.2 \$7784	57 4.3 \$8366	15 3.9 \$5447	25 4.2 \$5473	55 3.4 \$5699	51 4.2 \$7784	57 4.3 \$8366	15 3.9 \$5447	25 4.2 \$5473	55 3.4 \$5699	51 4.2 \$7784	57 4.3 \$8366
Lake Mead Hospital and Medical Center	Discharges ALOS Avg. Charge	57 5.8 \$9414	118 6.1 \$9929	172 6.7 \$12717	239 6.7 \$14172	287 6.1 \$14286	57 5.8 \$9414	118 6.1 \$9929	172 6.7 \$12717	239 6.7 \$14172	287 6.1 \$14286	8 2.9 \$2958	6 3.3 \$4172	15 3.4 \$4846	13 4.3 \$5639	12 3.8 \$5676	8 2.9 \$2958	6 3.3 \$4172	15 3.4 \$4846	13 4.3 \$5639	12 3.8 \$5676	8 2.9 \$2958	6 3.3 \$4172	15 3.4 \$4846	13 4.3 \$5639	12 3.8 \$5676
St. Rose Dominican Hospital	Discharges ALOS Avg. Charge	63 5.4 \$10259	61 6.3 \$13116	83 5.3 \$12058	117 5.6 \$15195	131 5.3 \$14612	63 5.4 \$10259	61 6.3 \$13116	83 5.3 \$12058	117 5.6 \$15195	131 5.3 \$14612	0 0 \$0	2 4.0 \$3862	0 0 \$0	5 5.0 \$5647	5 4.2 \$5801	0 0 \$0	2 4.0 \$3862	0 0 \$0	5 5.0 \$5647	5 4.2 \$5801	0 0 \$0	2 4.0 \$3862	0 0 \$0	5 5.0 \$5647	5 4.2 \$5801
University Medical Center	Discharges ALOS Avg. Charge	85 6.1 \$7482	171 7.3 \$8560	166 6.9 \$9645	175 5.8 \$9956	256 4.9 \$9477	85 6.1 \$7482	171 7.3 \$8560	166 6.9 \$9645	175 5.8 \$9956	256 4.9 \$9477	8 4.5 \$4961	6 4.3 \$4513	3 2.7 \$5562	4 2.8 \$3873	7 4.0 \$4698	8 4.5 \$4961	6 4.3 \$4513	3 2.7 \$5562	4 2.8 \$3873	7 4.0 \$4698	8 4.5 \$4961	6 4.3 \$4513	3 2.7 \$5562	4 2.8 \$3873	7 4.0 \$4698
Valley Hospital Medical Center	Discharges ALOS Avg. Charge	317 7.4 \$13291	345 7.5 \$12748	337 7.8 \$14967	503 6.8 \$14203	548 7.1 \$15789	317 7.4 \$13291	345 7.5 \$12748	337 7.8 \$14967	503 6.8 \$14203	548 7.1 \$15789	3 2.7 \$2172	8 6.0 \$5518	10 4.1 \$5059	15 5.0 \$7180	15 4.5 \$6468	3 2.7 \$2172	8 6.0 \$5518	10 4.1 \$5059	15 5.0 \$7180	15 4.5 \$6468	3 2.7 \$2172	8 6.0 \$5518	10 4.1 \$5059	15 5.0 \$7180	15 4.5 \$6468
Women's Hospital	Discharges ALOS Avg. Charge	0 0 \$0	0 0 \$0	0 0 \$0	0 0 \$0	0 0 \$0	0 0 \$0	0 0 \$0	0 0 \$0	0 0 \$0	0 0 \$0	7 4.0 \$5427	5 2.6 \$4507	7 6.4 \$15039	10 2.7 \$4811	12 3.3 \$6165	7 4.0 \$5427	5 2.6 \$4507	7 6.4 \$15039	10 2.7 \$4811	12 3.3 \$6165	7 4.0 \$5427	5 2.6 \$4507	7 6.4 \$15039	10 2.7 \$4811	12 3.3 \$6165
WASHOE COUNTY (combined data)	Discharges ALOS Avg. Charge	155 6.6 \$9331	288 6.0 \$10104	390 5.4 \$9557	495 5.7 \$10934	431 5.4 \$10530	155 6.6 \$9331	288 6.0 \$10104	390 5.4 \$9557	495 5.7 \$10934	431 5.4 \$10530	1 2.0 \$3199	1 3.0 \$3337	2 3.5 \$6303	1 3.0 \$5378	4 2.8 \$3206	1 2.0 \$3199	1 3.0 \$3337	2 3.5 \$6303	1 3.0 \$5378	4 2.8 \$3206	1 2.0 \$3199	1 3.0 \$3337	2 3.5 \$6303	1 3.0 \$5378	4 2.8 \$3206
Northern Nevada Medical Center	Discharges ALOS Avg. Charge	22 5.3 \$8864	28 5.8 \$9982	76 4.9 \$8945	78 4.7 \$8558	80 4.6 \$9577	22 5.3 \$8864	28 5.8 \$9982	76 4.9 \$8945	78 4.7 \$8558	80 4.6 \$9577	13 4.8 \$5164	10 4.0 \$4552	18 4.3 \$5259	17 3.6 \$4588	18 3.4 \$4026	13 4.8 \$5164	10 4.0 \$4552	18 4.3 \$5259	17 3.6 \$4588	18 3.4 \$4026	13 4.8 \$5164	10 4.0 \$4552	18 4.3 \$5259	17 3.6 \$4588	18 3.4 \$4026
St. Mary's Regional Medical Center	Discharges ALOS Avg. Charge	17 5.6 \$8988	79 6.9 \$12330	117 5.8 \$10608	173 6.2 \$12746	138 5.6 \$11210	17 5.6 \$8988	79 6.9 \$12330	117 5.8 \$10608	173 6.2 \$12746	138 5.6 \$11210	4 4.3 \$4351	2 2.0 \$3992	4 3.5 \$4488	8 3.9 \$5087	9 5.3 \$6639	4 4.3 \$4351	2 2.0 \$3992	4 3.5 \$4488	8 3.9 \$5087	9 5.3 \$6639	4 4.3 \$4351	2 2.0 \$3992	4 3.5 \$4488	8 3.9 \$5087	9 5.3 \$6639
Washoe Medical Center	Discharges ALOS Avg. Charge	116 6.9 \$9469	181 5.6 \$9151	197 5.4 \$9169	244 5.5 \$10409	213 5.5 \$10448	116 6.9 \$9469	181 5.6 \$9151	197 5.4 \$9169	244 5.5 \$10409	213 5.5 \$10448	1291 6.8 \$11340	1922 6.9 \$11736	2252 6.4 \$12099	2984 6.2 \$12812	3020 6.0 \$13352	1291 6.8 \$11340	1922 6.9 \$11736	2252 6.4 \$12099	2984 6.2 \$12812	3020 6.0 \$13352	1291 6.8 \$11340	1922 6.9 \$11736	2252 6.4 \$12099	2984 6.2 \$12812	3020 6.0 \$13352
TOTAL ALL COUNTIES	Discharges ALOS Avg. Charge	1291 6.8 \$11340	1922 6.9 \$11736	2252 6.4 \$12099	2984 6.2 \$12812	3020 6.0 \$13352	1291 6.8 \$11340	1922 6.9 \$11736	2252 6.4 \$12099	2984 6.2 \$12812	3020 6.0 \$13352	1291 6.8 \$11340	1922 6.9 \$11736	2252 6.4 \$12099	2984 6.2 \$12812	3020 6.0 \$13352	1291 6.8 \$11340	1922 6.9 \$11736	2252 6.4 \$12099	2984 6.2 \$12812	3020 6.0 \$13352	1291 6.8 \$11340	1922 6.9 \$11736	2252 6.4 \$12099	2984 6.2 \$12812	3020 6.0 \$13352

RURAL COUNTIES (combined data)

Battle Mountain Hospital (Lander)	Discharges ALOS Avg. Charge	1 6.0 \$5674	1 2.0 \$2571	0 0 \$0	0 0 \$0	1 1.0 \$1687	1 6.0 \$5674	1 2.0 \$2571	0 0 \$0	0 0 \$0	1 1.0 \$1687	Discharges ALOS Avg. Charge	164 5.0 \$6008	213 4.6 \$6842	271 4.6 \$7326	330 4.8 \$8183	164 5.0 \$6008	213 4.6 \$6842	271 4.6 \$7326	330 4.8 \$8183	164 5.0 \$6008	213 4.6 \$6842	271 4.6 \$7326	330 4.8 \$8183	
Carson-Tahoe Hospital (Carson City)	Discharges ALOS Avg. Charge	46 4.8 \$5997	276 6.6 \$11153	310 6.4 \$10845	460 6.2 \$12069	386 6.1 \$13610	46 4.8 \$5997	276 6.6 \$11153	310 6.4 \$10845	460 6.2 \$12069	386 6.1 \$13610	Discharges ALOS Avg. Charge	98 5.6 \$6760	99 5.5 \$7813	147 5.1 \$8105	190 5.3 \$9346	98 5.6 \$6760	99 5.5 \$7813	147 5.1 \$8105	190 5.3 \$9346	98 5.6 \$6760	99 5.5 \$7813	147 5.1 \$8105	190 5.3 \$9346	
Churchill Community Hospital (Churchill)	Discharges ALOS Avg. Charge	320 7.4 \$14535	464 8.0 \$16043	544 7.0 \$15699	695 6.8 \$15846	620 6.9 \$16933	320 7.4 \$14535	464 8.0 \$16043	544 7.0 \$15699	695 6.8 \$15846	620 6.9 \$16933	Discharges ALOS Avg. Charge	25 4.2 \$5473	55 3.4 \$5699	51 4.2 \$7784	57 4.3 \$8366	25 4.2 \$5473	55 3.4 \$5699	51 4.2 \$7784	57 4.3 \$8366	25 4.2 \$5473	55 3.4 \$5699	51 4.2 \$7784	57 4.3 \$8366	
Elko General Hospital (Elko)	Discharges ALOS Avg. Charge	57 5.8 \$9414	118 6.1 \$9929	172 6.7 \$12717	239 6.7 \$14172	287 6.1 \$14286	57 5.8 \$9414	118 6.1 \$9929	172 6.7 \$12717	239 6.7 \$14172	287 6.1 \$14286	Discharges ALOS Avg. Charge	6 3.3 \$4172	15 3.4 \$4846	13 4.3 \$5639	12 3.8 \$5676	6 3.3 \$4172	15 3.4 \$4846	13 4.3 \$5639	12 3.8 \$5676	6 3.3 \$4172	15 3.4 \$4846	13 4.3 \$5639	12 3.8 \$5676	
Grover C. Dil Medical Center (Lincoln)	Discharges ALOS Avg. Charge	63 5.4 \$10259	61 6.3 \$13116	83 5.3 \$12058	117 5.6 \$15195	131 5.3 \$14612	63 5.4 \$10259	61 6.3 \$13116	83 5.3 \$12058	117 5.6 \$15195	131 5.3 \$14612	Discharges ALOS Avg. Charge	2 4.0 \$3862	0 0 \$0	5 5.0 \$5647	5 4.2 \$5801	2 4.0 \$3862	0 0 \$0	5 5.0 \$5647	5 4.2 \$5801	2 4.0 \$3862	0 0 \$0	5 5.0 \$5647	5 4.2 \$5801	
Humboldt General Hospital (Humboldt)	Discharges ALOS Avg. Charge	85 6.1 \$7482	171 7.3 \$8560	166 6.9 \$9645	175 5.8 \$9956	256 4.9 \$9477	85 6.1 \$7482	171 7.3 \$8560	166 6.9 \$9645	175 5.8 \$9956	256 4.9 \$9477	Discharges ALOS Avg. Charge	8 4.5 \$4961	6 4.3 \$4513	3 2.7 \$5562	4 2.8 \$3873	8 4.5 \$4961	6 4.3 \$4513	3 2.7 \$5562	4 2.8 \$3873	8 4.5 \$4961	6 4.3 \$4513	3 2.7 \$5562	4 2.8 \$3873	7 4.0 \$4698
Mount Grant General Hospital (Mineral)	Discharges ALOS Avg. Charge	317 7.4 \$13291	345 7.5 \$12748	337 7.8 \$14967	503 6.8 \$14203	548 7.1 \$15789	317 7.4 \$13291	345 7.5 \$12748	337 7.8 \$14967	503 6.8 \$14203	548 7.1 \$15789	Discharges ALOS Avg. Charge	3 2.7 \$2172	8 6.0 \$5518	10 4.1 \$5059	15 5.0 \$7180	3 2.7 \$2172	8 6.0 \$5518	10 4.1 \$5059	15 5.0 \$7180	3 2.7 \$2172	8 6.0 \$5518	10 4.1 \$5059	15 5.0 \$7180	15 4.5 \$6468
Nye Regional Medical Center (Nye)	Discharges ALOS Avg. Charge	0 0 \$0	0 0 \$0	0 0 \$0	0 0 \$0	0 0 \$0	0 0 \$0	0 0 \$0	0 0 \$0	0 0 \$0	0 0 \$0	Discharges ALOS Avg. Charge	7 4.0 \$5427	5 2.6 \$4507	7 6.4 \$15039	10 2.7 \$4811	7 4.0 \$5427	5 2.6 \$4507	7 6.4 \$15039	10 2.7 \$4811	7 4.0 \$5427	5 2.6 \$4507	7 6.4 \$15039	10 2.7 \$4811	12 3.3 \$6165
Pershing General Hospital (Pershing)	Discharges ALOS Avg. Charge	155 6.6 \$9331	288 6.0 \$10104	390 5.4 \$9557	495 5.7 \$10934	431 5.4 \$10530	155 6.6 \$9331	288 6.0 \$10104	390 5.4 \$9557	495 5.7 \$10934	431 5.4 \$10530	Discharges ALOS Avg. Charge	1 2.0 \$3199	1 3.0 \$3337	2 3.5 \$6303	1 3.0 \$5378	1 2.0 \$3199	1 3.0 \$3337	2 3.5 \$6303	1 3.0 \$5378	4 2.8 				

DRG 089/090: AVERAGE DAILY CHARGES
NEVADA: ALL HOSPITALS: 1990-1994



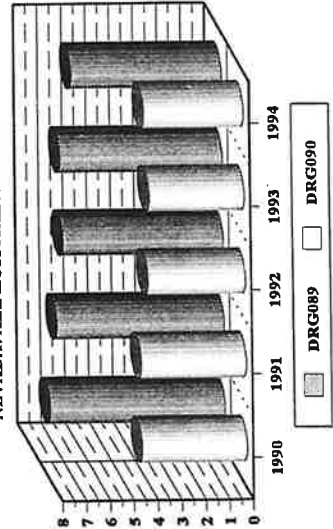
DRG 089: SIMPLE PNEUMONIA & PLEURISY AGE > 17 WITH CC

Of the 2807 cases in DRG 089 during 1994, about 8 in 10 had the principal diagnosis of pneumonia, organism NOS, with the remaining cases being diagnoses of pneumococcal pneumonia and bronchopneumonia. DRG 089 patients -- adults with CC -- stayed in the hospital an average of 6.3 days during 1994, down one full day since 1990 and one-half day since 1993. 1994's average billed average of \$13848 was just slightly higher than the 1993 average and almost \$1800 above 1990's average. This combination of gradually rising billed charges and rapidly decreasing hospital stays has the effect of increasing average daily charges. In the case of DRG 089, average charges increased from \$1655 per day in 1990 to \$2198 per day in 1994; DRG 090 (with the same diagnoses, adults without CC) increased even more, from \$1462 average charge per day in 1990 to \$2015 per day in 1994. Charts below and at upper right depict, respectively, relative declines in average lengths of hospital stays and the above-mentioned increases in average per day billed charges. The percentage of in-hospital deaths under DRG 089 declined from 7.0 in 1990 to 5.8 in 1994; percentages of in-hospital deaths for DRG 090 remained around one percent for the five year reporting period. DRG 091, with the same diagnoses but for pediatric patients (aged 17 and younger) had 775 discharges for 1994, registering a small decline from 1993.

Female DRG 089 patients outnumbered males 52 to 48 percent during 1994, stayed in the hospital just over a half-day longer on the average, and received bills which were, on average, about \$400 higher than those of male patients. Further, male patients had an in-hospital death rate one percent higher than women, 6.3 to 5.3 percent during 1994; death rates for both sexes declined from 1990 to 1994. Both male and female average hospital stays declined over the five year reporting period, 1.1 days for men and 0.8 days for women. That coupled with increases in billed charges over the five years yielded a \$1400 increase in male DRG 089 average daily billings and a higher \$2100 increase for women.

Nearly two out of three DRG 089 patients were age 65 or older in 1994; another 19.2 percent were in the age range 50 to 64. Both these two oldest age categories of patients experienced declines in their average hospital stays during the five year reporting period. For 1994 and for other years, in general the older the patient, the longer the stay. Billed charges are not so closely related to age but do, in general, increase with advancing age for all the five years. Finally, percentages of in-hospital deaths under DRG 089 increased with age in 1994, from 1.5 percent in the 36 to 49 age group to 3.5 percent for patients age 50 to 64 to 7.6 percent among the oldest group. An even stronger age difference existed for the earlier reporting years.

DRG 089/090: AVERAGE LENGTH OF STAY
NEVADA: ALL HOSPITALS: 1990-1994



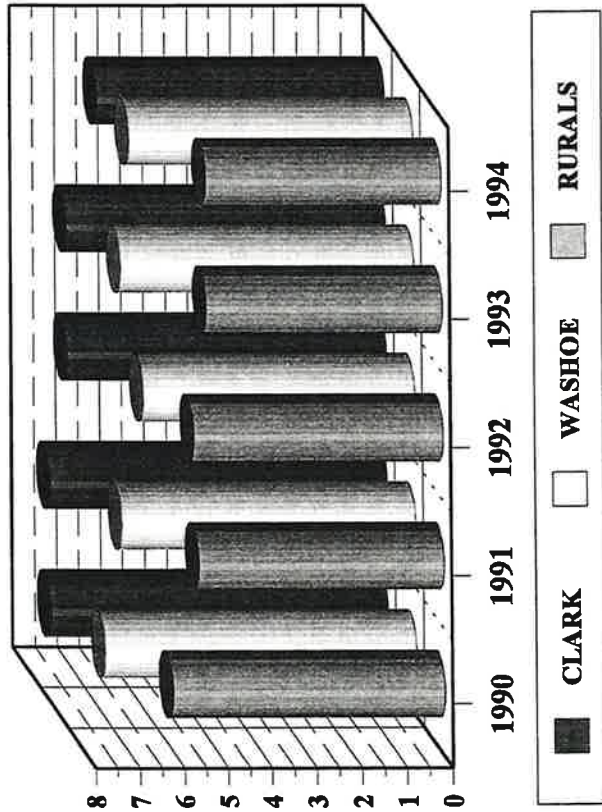
DRG	089	1990	1991	1992	1993	1994
TOTAL	Discharges	2045	2465	2306	2786	2807
	ALOS	7.3	7.0	6.7	6.8	6.3
	Expired	7.0	5.7	6.9	6.4	5.8
	Aver. Charge	\$12082	\$12018	\$12518	\$13707	\$13848
Male	Discharges	1023	1225	1101	1337	1346
	ALOS	7.1	6.9	6.6	6.7	6.0
	Expired	7.3	6.0	7.7	7.6	6.3
	Aver. Charge	\$12219	\$12175	\$12557	\$13610	\$13634
Female	Discharges	1022	1240	1205	1449	1461
	ALOS	7.4	7.1	6.8	6.9	6.6
	Expired	6.8	5.5	6.1	5.4	5.3
	Aver. Charge	\$11944	\$11862	\$12483	\$13796	\$14046
0 - 17	Discharges	0	0	0	0	0
	ALOS	.0	.0	.0	.0	.0
	Expired	.0	.0	.0	.0	.0
	Aver. Charge	\$0	\$0	\$0	\$0	\$0
18 - 35	Discharges	135	192	153	164	153
	ALOS	5.7	5.1	5.0	5.5	5.5
	Expired	.0	.0	.7	.6	.0
	Aver. Charge	\$9578	\$9017	\$9894	\$12023	\$11810
36 - 49	Discharges	194	212	225	226	268
	ALOS	5.9	6.3	5.2	5.9	5.7
	Expired	4.1	1.9	4.4	1.3	1.5
	Aver. Charge	\$10651	\$11050	\$10720	\$12574	\$13813
50 - 64	Discharges	402	462	441	517	538
	ALOS	7.0	6.6	6.5	6.4	5.8
	Expired	5.0	3.0	3.4	3.1	3.5
	Aver. Charge	\$12924	\$11870	\$12749	\$13993	\$13549
65 plus	Discharges	1314	1609	1487	1879	1848
	ALOS	7.7	7.5	7.2	7.1	6.6
	Expired	8.8	7.6	8.9	8.5	7.6
	Aver. Charge	\$12292	\$12527	\$12992	\$13911	\$14109

Clark County hospitals discharged nearly two thirds of 1994's DRG 089 patients, with slightly over half of the remainder discharged in Washoe County versus the rural counties. Clark County hospitals also led in 1994 average total charges with \$15474 on a 6.5 day average hospital stay, a little over \$3000 higher than Washoe County hospitals and nearly double rural hospital billing rates. Increases in total billed charges were modest for all urban regions over the five years reported here, with Clark County hospitals reporting a five year increase of just under \$1900, Washoe County about \$900, while rural facilities collectively increased their total billed charges by \$2259, a 34.7 percent increase between 1990 and 1994.

All three regions reduced their average lengths of hospital stays over the five year period; Clark County's reduction was the greatest at 1.1 days, rural hospitals next with a 0.8 day decline, and Washoe least at 0.6 days (see chart below). These reductions paired with increases in total billed charges (noted above) produced substantial increases in per day average billed charges in all three regions, especially in Clark County. This trend -- substantial increases in billings per unit of time and noted in the discussions of other DRG's -- is depicted in the chart at the upper right. Note the

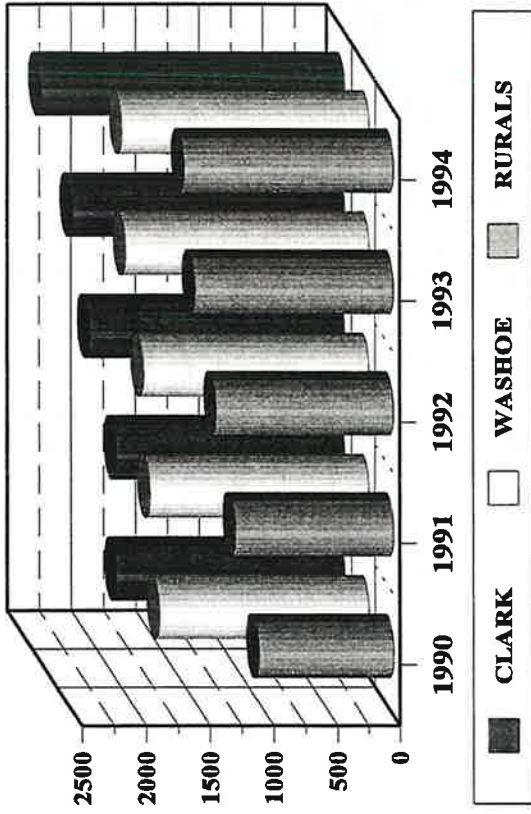
DRG 089: AVERAGE LENGTH OF STAY (ALOS)

NEVADA - 3 REGIONS: 1990 - 1994



DRG 089: AVERAGE DAILY CHARGES

NEVADA: 3 REGIONS: 1990-1994



comparatively flat distribution of average daily charges for Washoe County. Washoe County hospitals increased their billings less than \$300 over five years compared to a near \$600 per day increase for Clark County hospitals and nearly the same for rural facilities, their increase being a substantial 55 percent, all the more remarkable considering the rural region's relatively lower 1990 average daily charge figure.

Sunrise and Valley hospitals in Clark County led the entire state in average billed charges although both reported decreases between 1993 and 1994. St. Mary's Regional Medical Center was over \$1100 higher than Washoe Medical Center with a slightly higher per day average length of hospital stay.

Among rural facilities Carson-Tahoe hospital discharged 173 DRG 089 patients, highest in the rural category, with an average billing of just over \$10000. Churchill Community Hospital was second in discharges with 66 and billed an average of just under \$10000 during 1994. Elko General Hospital was third in total discharges at 52 and charged a substantially lower average of \$7562 in 1994, with some of this difference is accounted for by Elko's shorter average length of hospital stay.

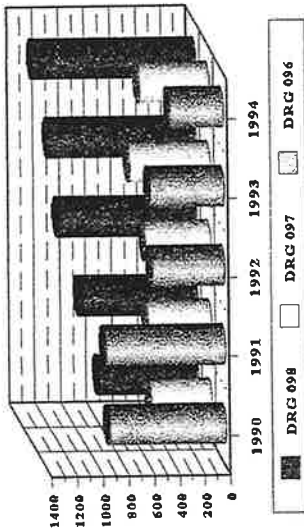
DRG 089: SIMPLE PNEUMONIA & PLEURISY AGE > 17 WITH CC

		1990			1991			1992			1993			1994		
CLARK COUNTY (combined data)	Discharges ALOS Avg. Charge	1219	1443	1422	1767	1832	1832	1767	1422	1443	1219	1443	1422	1767	1832	
		\$13597	\$13637	\$14388	\$15374	\$15474	\$15474	\$15374	\$14388	\$13637	\$13597	\$13637	\$14388	\$15374	\$15474	
Boulder City Hospital	Discharges ALOS Avg. Charge	73 6.8 \$9299	55 6.8 \$11354	40 6.0 \$9557	53 6.5 \$9544	61 5.5 \$8964	61 5.5 \$8964	53 6.5 \$9544	40 6.0 \$9557	55 6.8 \$11354	73 6.8 \$9299	55 6.8 \$11354	40 6.0 \$9557	53 6.5 \$9544	61 5.5 \$8964	
Desert Springs Hospital	Discharges ALOS Avg. Charge	206 7.5 \$11697	233 7.7 \$12945	262 7.1 \$12142	327 7.0 \$13482	283 6.6 \$14519	283 6.6 \$14519	327 7.0 \$13482	262 7.1 \$12142	233 7.7 \$12945	206 7.5 \$11697	233 7.7 \$12945	262 7.1 \$12142	327 7.0 \$13482	283 6.6 \$14519	
Sunrise Hospital and Medical Center	Discharges ALOS Avg. Charge	325 9.0 \$19146	388 8.2 \$17089	404 7.1 \$16199	476 7.7 \$17678	491 7.1 \$18268	491 7.1 \$18268	476 7.7 \$17678	404 7.1 \$16199	388 8.2 \$17089	325 9.0 \$19146	388 8.2 \$17089	404 7.1 \$16199	476 7.7 \$17678	491 7.1 \$18268	
Lake Mead Hospital and Medical Center	Discharges ALOS Avg. Charge	107 6.3 \$9994	135 6.8 \$10975	169 7.7 \$14046	223 7.5 \$14642	222 6.1 \$14487	222 6.1 \$14487	223 7.5 \$14642	169 7.7 \$14046	135 6.8 \$10975	107 6.3 \$9994	135 6.8 \$10975	169 7.7 \$14046	223 7.5 \$14642	222 6.1 \$14487	
St. Rose Dominican Hospital	Discharges ALOS Avg. Charge	76 6.8 \$12614	66 6.9 \$15695	81 6.4 \$14692	87 6.3 \$17802	88 5.8 \$14229	88 5.8 \$14229	87 6.3 \$17802	81 6.4 \$14692	66 6.9 \$15695	76 6.8 \$12614	66 6.9 \$15695	81 6.4 \$14692	87 6.3 \$17802	88 5.8 \$14229	
University Medical Center	Discharges ALOS Avg. Charge	163 7.5 \$10097	231 7.1 \$9842	179 6.8 \$11481	213 6.3 \$11845	188 5.3 \$10597	188 5.3 \$10597	213 6.3 \$11845	179 6.8 \$11481	231 7.1 \$9842	163 7.5 \$10097	231 7.1 \$9842	179 6.8 \$11481	213 6.3 \$11845	188 5.3 \$10597	
Valley Hospital Medical Center	Discharges ALOS Avg. Charge	269 7.2 \$13346	335 7.7 \$13780	287 7.8 \$16492	388 7.5 \$16750	499 6.8 \$16557	499 6.8 \$16557	388 7.5 \$16750	287 7.8 \$16492	335 7.7 \$13780	269 7.2 \$13346	335 7.7 \$13780	287 7.8 \$16492	388 7.5 \$16750	499 6.8 \$16557	
Women's Hospital	Discharges ALOS Avg. Charge	0 .0 \$0	0 .0 \$0	0 .0 \$0	0 .0 \$0	0 .0 \$0	0 .0 \$0	0 .0 \$0	0 .0 \$0	0 .0 \$0	0 .0 \$0	0 .0 \$0	0 .0 \$0	0 .0 \$0		
WASHOE COUNTY (combined data)	Discharges ALOS Avg. Charge	545 7.0 \$11564	646 6.6 \$11392	492 6.1 \$10836	590 6.6 \$12636	535 6.4 \$12456	535 6.4 \$12456	590 6.6 \$12636	492 6.1 \$10836	646 6.6 \$11392	545 7.0 \$11564	646 6.6 \$11392	492 6.1 \$10836	590 6.6 \$12636	535 6.4 \$12456	
Northern Nevada Medical Center	Discharges ALOS Avg. Charge	78 6.1 \$10850	100 5.7 \$9438	70 5.6 \$10323	105 5.2 \$9820	76 5.6 \$10886	76 5.6 \$10886	105 5.2 \$9820	70 5.6 \$10323	100 5.7 \$9438	78 6.1 \$10850	100 5.7 \$9438	70 5.6 \$10323	105 5.2 \$9820	76 5.6 \$10886	
St. Mary's Regional Medical Center	Discharges ALOS Avg. Charge	197 6.4 \$9280	206 6.5 \$11561	152 6.3 \$11205	203 6.9 \$12866	229 6.6 \$13309	229 6.6 \$13309	203 6.9 \$12866	152 6.3 \$11205	206 6.5 \$11561	197 6.4 \$9280	206 6.5 \$11561	152 6.3 \$11205	203 6.9 \$12866	229 6.6 \$13309	
Washoe Medical Center	Discharges ALOS Avg. Charge	270 7.7 \$13436	340 6.9 \$11865	270 6.1 \$10761	282 7.0 \$13519	230 6.3 \$12126	230 6.3 \$12126	282 7.0 \$13519	270 6.1 \$10761	340 6.9 \$11865	270 7.7 \$13436	340 6.9 \$11865	270 6.1 \$10761	282 7.0 \$13519	230 6.3 \$12126	
RURAL COUNTIES (combined data)	Discharges ALOS Avg. Charge	281 6.1 \$6511	376 5.5 \$6876	392 5.6 \$7847	429 5.3 \$8314	440 5.3 \$8770	440 5.3 \$8770	429 5.3 \$8314	392 5.6 \$7847	376 5.5 \$6876	281 6.1 \$6511	376 5.5 \$6876	392 5.6 \$7847	429 5.3 \$8314	440 5.3 \$8770	
Battle Mountain Hospital (Lander)	Discharges ALOS Avg. Charge	10 4.0 \$4501	14 3.1 \$2968	13 2.6 \$2955	7 4.7 \$4830	12 3.5 \$3255	12 3.5 \$3255	7 4.7 \$4830	13 2.6 \$2955	14 3.1 \$2968	10 4.0 \$4501	14 3.1 \$2968	13 2.6 \$2955	7 4.7 \$4830	12 3.5 \$3255	
Carson-Tahoe Hospital (Carson City)	Discharges ALOS Avg. Charge	87 6.2 \$7463	133 6.7 \$7933	121 6.8 \$8977	151 5.9 \$9675	173 5.8 \$10136	173 5.8 \$10136	151 5.9 \$9675	121 6.8 \$8977	133 6.7 \$7933	87 6.2 \$7463	133 6.7 \$7933	121 6.8 \$8977	151 5.9 \$9675	173 5.8 \$10136	
Churchill Community Hospital (Churchill)	Discharges ALOS Avg. Charge	43 5.6 \$6990	47 5.5 \$7760	81 4.7 \$7248	69 4.5 \$8119	66 5.5 \$9962	66 5.5 \$9962	81 4.7 \$7248	47 5.5 \$7760	43 5.6 \$6990	43 5.6 \$6990	47 5.5 \$7760	81 4.7 \$7248	69 4.5 \$8119	66 5.5 \$9962	
Elko General Hospital (Elko)	Discharges ALOS Avg. Charge	49 5.4 \$5552	57 4.4 \$5189	46 4.5 \$6297	47 4.9 \$6980	52 5.0 \$7562	52 5.0 \$7562	47 4.9 \$6980	46 4.5 \$6297	57 4.4 \$5189	49 5.4 \$5552	57 4.4 \$5189	46 4.5 \$6297	47 4.9 \$6980	52 5.0 \$7562	
Grover-C. Dill Medical Center (Lincoln)	Discharges ALOS Avg. Charge	10 6.8 \$7065	16 6.2 \$6927	18 6.7 \$7916	15 5.6 \$8370	14 6.1 \$8722	14 6.1 \$8722	15 5.6 \$8370	18 6.7 \$7916	16 6.2 \$6927	10 6.8 \$7065	16 6.2 \$6927	18 6.7 \$7916	15 5.6 \$8370	14 6.1 \$8722	
Humboldt General Hospital (Humboldt)	Discharges ALOS Avg. Charge	22 10.2 \$7171	19 5.9 \$6731	27 6.8 \$7860	21 5.2 \$6845	20 5.0 \$6975	20 5.0 \$6975	21 5.2 \$6845	27 6.8 \$7860	19 5.9 \$6731	22 10.2 \$7171	19 5.9 \$6731	27 6.8 \$7860	21 5.2 \$6845	20 5.0 \$6975	
Mount Grant General Hospital (Mineral)	Discharges ALOS Avg. Charge	14 5.9 \$6109	11 4.4 \$5439	9 5.8 \$7813	12 6.0 \$7497	21 3.6 \$5083	21 3.6 \$5083	12 6.0 \$7497	9 5.8 \$7813	11 4.4 \$5439	14 5.9 \$6109	11 4.4 \$5439	9 5.8 \$7813	12 6.0 \$7497	21 3.6 \$5083	
Nye Regional Medical Center (Nye)	Discharges ALOS Avg. Charge	10 4.6 \$6180	41 4.8 \$8195	48 4.8 \$9256	50 5.1 \$9048	42 5.3 \$10618	42 5.3 \$10618	50 5.1 \$9048	48 4.8 \$9256	41 4.8 \$8195	10 4.6 \$6180	41 4.8 \$8195	48 4.8 \$9256	50 5.1 \$9048	42 5.3 \$10618	
Pershing General Hospital (Pershing)	Discharges ALOS Avg. Charge	12 5.2 \$4373	12 3.7 \$3723	2 4.5 \$5807	18 5.6 \$7506	10 4.3 \$5525	10 4.3 \$5525	18 5.6 \$7506	2 4.5 \$5807	12 3.7 \$3723	12 5.2 \$4373	12 3.7 \$3723	2 4.5 \$5807	18 5.6 \$7506	10 4.3 \$5525	
South Lyon Medical Center (Lyon)	Discharges ALOS Avg. Charge	10 5.1 \$5516	16 5.0 \$5931	10 5.3 \$6143	15 4.1 \$5044	17 3.9 \$4423	17 3.9 \$4423	15 4.1 \$5044	10 5.3 \$6143	16 5.0 \$5931	10 5.1 \$5516	16 5.0 \$5931	10 5.3 \$6143	15 4.1 \$5044	17 3.9 \$4423	
William B. Ririe Hospital (White Pine)	Discharges ALOS Avg. Charge	14 6.3 \$5668	10 5.1 \$5424	8 5.6 \$6127	24 6.0 \$6726	13 4.8 \$5455	13 4.8 \$5455	24 6.0 \$6726	8 5.6 \$6127	10 5.1 \$5424	14 6.3 \$5668	10 5.1 \$5424	8 5.6 \$6127	24 6.0 \$6726	13 4.8 \$5455	
TOTAL ALL COUNTIES	Discharges ALOS Avg. Charge	2045 7.3 \$12082	2465 7.0 \$12018	2306 6.7 \$12518	2786 6.8 \$13707	2807 6.3 \$13848	2807 6.3 \$13848	2786 6.8 \$13707	2306 6.7 \$12518	2465 7.0 \$12018	2045 7.3 \$12082	2465 7.0 \$12018	2306 6.7 \$12518	2786 6.8 \$13707	2807 6.3 \$13848	

DRG 098: BRONCHITIS & ASTHMA AGE 0 - 17

In 1994, there were 1274 discharges from Nevada hospitals for DRG 098 -- up 10.1 percent from 1993. DRG 098 contains cases of bronchitis and asthma among pediatric cases, age 17 and younger. Another 556 cases of bronchitis and asthma (DRG 097) were also hospitalized during 1994 involving patients who were 18 or older without comorbid conditions (CC), and another 428 patients 18 and older with CC. For DRG 098 (pediatric) patients, average length of hospital stays decreased by about a third of a day and total average patient charges increased only \$205 over the five years covered by this report. As with all respiratory diseases and conditions, DRG 098 patients who received surgery or were placed on a ventilator were classified under other DRG's and remained in the hospital much longer with higher average billings. In-hospital deaths totalled only 2, both in Washoe County hospitals and are discussed immediately below. The chart to the left displays patient counts for each of the three asthma/bronchitis related DRG's and the chart to the upper right graphs total billed charges.

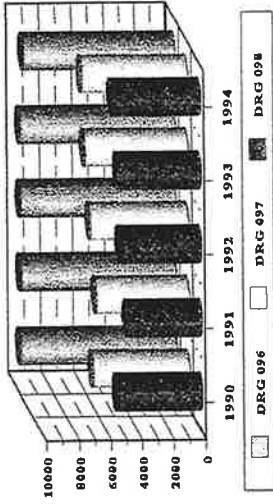
DRG 098/097/096: PATIENT DISCHARGES
NEVADA: ALL HOSPITALS: 1990-1994



During 1994 male DRG 098 patients comprised 58.7 percent of Nevada's discharges for this DRG. Average billed charges and hospital stays were equal for each sex in 1994. Over the five year period female patients tended to stay in the hospital slightly longer than males, the difference being never more than two tenths of a day. Male average billings increased about \$300 between 1990 and 1994 while female billings increased by less than \$70. Deaths occurring to pediatric patients while they were hospitalized for asthma and bronchitis were negligible: one female death in 1990 and one male death in 1992 were all that occurred within the five year reporting period of this study.

For both DRG 096 and 097, women accounted for over 75 percent of discharges during 1994, a ratio which has held for the five years. In DRG 097 (without CC) the 18 to 49 age range accounted for 73.2 percent of discharges in 1994. In DRG 096 (with CC), patients tended to be somewhat older with about a quarter of cases in each of the four age ranges above 17, a point underscored by the higher average patient billings and hospital stays in this DRG compared to DRG 097. The only in-hospital deaths occurred within DRG 096, principally among patients age 65 and older.

DRG 098/097/096: AVERAGE BILLED CHARGES
NEVADA: ALL HOSPITALS: 1990-1994

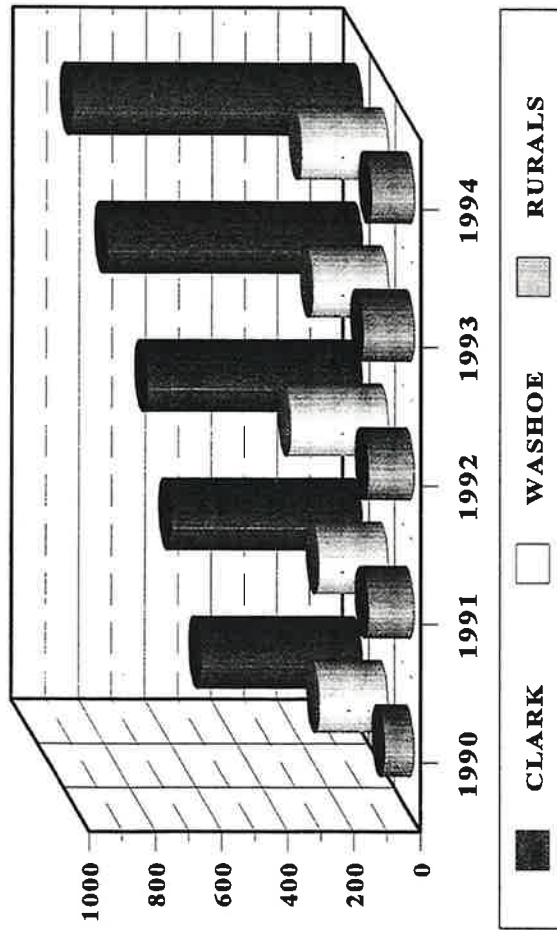


DRG	1990	1991	1992	1993	1994
TOTAL	782 3.3 .1 \$5360	926 3.0 .0 \$4689	1087 3.4 .1 \$5120	1157 3.0 0 \$5224	1274 3.0 0 \$5565
Male	464 3.2 .0 \$5287	538 2.9 0 \$4644	661 3.1 2 \$5185	715 2.9 0 \$5095	748 3.0 0 \$5588
Female	318 3.4 .3 \$5467	388 3.1 0 \$4750	426 3.9 0 \$5064	442 3.1 0 \$5433	526 3.0 0 \$5532
0 - 17	782 3.3 .1 \$5360	926 3.0 .0 \$4689	1087 3.4 .1 \$5120	1157 3.0 0 \$5224	1274 3.0 0 \$5565
18 - 35	0 0 0 \$0	0 0 0 \$0	0 0 0 \$0	0 0 0 \$0	0 0 0 \$0
36 - 49	0 0 0 \$0	0 0 0 \$0	0 0 0 \$0	0 0 0 \$0	0 0 0 \$0
50 - 64	0 0 0 \$0	0 0 0 \$0	0 0 0 \$0	0 0 0 \$0	0 0 0 \$0
65 plus	0 0 0 \$0	0 0 0 \$0	0 0 0 \$0	0 0 0 \$0	0 0 0 \$0

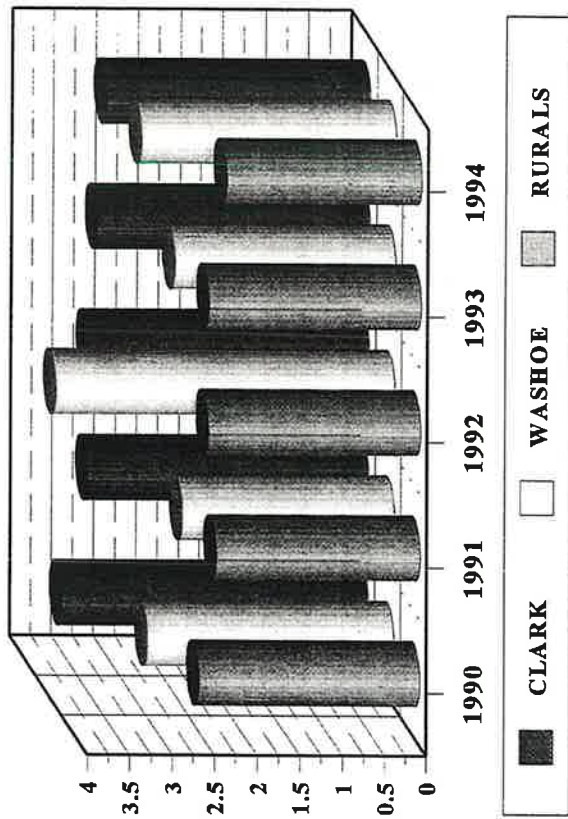
Clark County's patient count of 880 was 69.1 percent of 1994's total DRG 098 discharges through Nevada; Washoe County hospitals accounted for another 20.7 percent (264 discharges). As the chart below indicates Clark County discharges increased by 80.7 percent between 1990 and 1994; rural hospital discharges increased by a much lower rate -- 44.8 percent in five years. On the other hand, Washoe County hospitals reported a mixed pattern with discharges peaking in the middle year (1992) and increasing only 27.5 percent in five years when one compares 1990's discharges with 1994's. Part of the difference in discharges between Washoe and Clark counties can be explained by the much slower growth rate in the former compared to the latter. Other possibilities include greater rates of transport of ill children from rural areas to Clark County hospitals and possible differences in medical culture and/or patterns of medical coding for optimized reimbursement between the two counties.

Unlike DRG's which are characteristic of the illnesses of the aged, DRG 098 displayed little variation in average length of hospital stays over the five years. Total billing charges declined about \$200 among Clark County hospitals, while Washoe County hospitals increased their billings by \$612 and rural facilities by \$945 during the same period. Once again, compared to DRG's of the aged, DRG 098's billed charges pattern is atypical in showing very little or no increase, especially in the urban counties. The rural total billed charge increase of \$945 over the five year reporting period was steady by year and reflected a much greater rate of increase than among Washoe County facilities, taken as a whole.

DRG 098: PATIENT DISCHARGES
NEVADA: THREE REGIONS: 1990-1994



DRG 098: AVERAGE LENGTH OF STAY (ALOS)
NEVADA: THREE REGIONS: 1990-1994



In 1994, among facilities with 20 or more discharges, Clark County's Sunrise and Saint Rose Dominican hospitals, with Washoe Medical Center, were above the \$6000 average billing mark. University Medical Center experienced significant growth in patient discharges going from 90 in 1990 to 385 in 1994 (with flat or declining total billed charges for the same span of time).

Despite their five year increases, rural hospitals were significantly lower on both patient stays and especially billings for 1994. Carson-Tahoe Hospital discharged just under 50 percent of rural patients and Churchill Community Hospital had about half of the remaining discharges, both hospitals billing an average of more than \$3800 per DRG 098 patient.

DRG 098: BRONCHITIS AND ASTHMA AGE 0-17

		1990			1991			1992			1993			1994		
CLARK COUNTY (combined data)	Discharges ALOS Avg. Charge	487	579	652	774	880	88	138	139	154	130	2.6	2.4	2.5	2.5	
		\$6158	\$5346	\$5842	\$5809	\$5955	\$2450	\$2558	\$2956	\$3304	\$3395	\$2450	\$2558	\$2956	\$3304	\$3395
Boulder City Hospital	Discharges ALOS Avg. Charge	1 2.0 \$1677	0 0 \$0	4 1.8 \$2899	4 3.5 \$5708	2 2.0 \$2274	1 5.0 \$5810	1 1.0 \$1393	1 2.0 \$1798	2 2.0 \$2265	3 1.7 \$1625	21 2.5 \$2647	49 2.5 \$2719	59 2.3 \$2721	55 2.3 \$3686	
Desert Springs Hospital	Discharges ALOS Avg. Charge	3 3.0 \$4221	7 3.4 \$5439	10 3.5 \$4492	2 2.0 \$2226	6 4.0 \$5968	21 2.5 \$2647	49 2.5 \$2719	59 2.3 \$2721	55 2.3 \$3686	62 2.5 \$3861	28 2.5 \$2345	40 2.5 \$2678	34 2.5 \$2774	42 2.8 \$3840	
Sunrise Hospital and Medical Center	Discharges ALOS Avg. Charge	224 3.5 \$7423	289 3.3 \$5920	309 3.5 \$6545	319 3.5 \$6793	381 3.2 \$6669	28 2.5 \$2345	40 2.5 \$2678	34 2.5 \$2774	42 2.8 \$3840	30 2.4 \$4019	16 3.2 \$2539	20 2.3 \$2343	18 1.5 \$2033	23 1.9 \$2591	
Lake Mead Hospital and Medical Center	Discharges ALOS Avg. Charge	4 2.0 \$2216	18 3.4 \$4631	20 6.4 \$5227	41 2.7 \$4555	45 3.0 \$5606	16 3.2 \$2539	20 2.3 \$2343	18 1.5 \$2033	23 1.9 \$2591	15 1.5 \$1765	1 1.0 \$2462	0 0.0 \$0	0 0.0 \$0	0 0.0 \$0	
St. Rose Dominican Hospital	Discharges ALOS Avg. Charge	19 2.6 \$3577	30 2.2 \$4986	39 2.4 \$5309	27 2.3 \$6175	24 1.8 \$6259	1 1.0 \$2462	0 0.0 \$0	0 0.0 \$0	0 0.0 \$0	0 0.0 \$0	2 2.5 \$2244	5 2.0 \$2187	0 0.0 \$0	1 1.0 \$649	
University Medical Center	Discharges ALOS Avg. Charge	90 4.7 \$5834	122 3.7 \$4729	170 3.3 \$5340	297 3.1 \$5019	385 3.2 \$5335	2 2.5 \$2244	5 2.0 \$2187	0 0.0 \$0	1 1.0 \$649	381 3.2 \$6669	5 2.0 \$1742	7 3.1 \$2833	10 2.2 \$2397	14 4.1 \$2594	
Valley Hospital Medical Center	Discharges ALOS Avg. Charge	146 3.2 \$4929	113 3.0 \$4749	100 2.6 \$5106	84 2.4 \$5448	37 2.3 \$5482	6 2.2 \$2634	4 1.5 \$2454	6 4.0 \$7033	5 2.4 \$3920	3 1.3 \$2703	1 1.0 \$649	0 0.0 \$0	5 2.4 \$3920	3 1.3 \$2703	
Women's Hospital	Discharges ALOS Avg. Charge	0 0.0 \$0	0 0.0 \$0	0 0.0 \$0	0 0.0 \$0	0 0.0 \$0	1 1.0 \$649	1 1.0 \$649	1 1.0 \$649	2 2.0 \$1267	3 1.5 \$2086	1 1.0 \$649	1 1.0 \$649	2 2.0 \$1267	3 1.5 \$2086	
WASHOE COUNTY (combined data)	Discharges ALOS Avg. Charge	207 2.9 \$4721	209 2.5 \$4274	296 4.0 \$4546	229 2.6 \$4540	264 3.0 \$5333	1 4.0 \$3193	1 2.0 \$1267	1 4.0 \$3193	2 1.5 \$2120	3 3.3 \$4436	4 1.8 \$1753	8 2.1 \$2086	4 2.5 \$2183	6 2.0 \$1788	
Northern Nevada Medical Center	Discharges ALOS Avg. Charge	7 2.3 \$3043	12 2.8 \$4028	12 2.8 \$4130	6 1.8 \$3047	4 3.0 \$6608	4 1.8 \$1753	8 2.1 \$2086	4 2.5 \$2183	6 2.0 \$1788	8 2.1 \$2086	3 3.0 \$1951	3 2.0 \$1951	6 4.8 \$6310	4 1.8 \$2275	
St. Mary's Regional Medical Center	Discharges ALOS Avg. Charge	86 2.3 \$3521	107 2.2 \$3549	130 5.3 \$4254	96 2.2 \$3875	95 2.3 \$3960	3 3.0 \$2103	3 2.0 \$1951	6 4.8 \$6310	4 1.8 \$2275	1 1.0 \$2056	782 3.3 \$5360	926 3.0 \$4689	1087 3.4 \$5120	1157 3.0 \$5224	
Washoe Medical Center	Discharges ALOS Avg. Charge	114 3.5 \$5730	90 2.9 \$5169	154 3.0 \$4824	127 2.9 \$5113	165 3.3 \$6093	782 3.3 \$5360	926 3.0 \$4689	1087 3.4 \$5120	1157 3.0 \$5224	1274 3.0 \$5565	TOTAL ALL COUNTIES	TOTAL ALL COUNTIES	TOTAL ALL COUNTIES	TOTAL ALL COUNTIES	

DRG 106: CORONARY BYPASS SURGERY WITH CARDIAC CATHETERIZATION (CC)

The bypassing of blocked arteries of the heart using surgically attached blood vessels harvested from the patient's body was performed on 1146 Nevadans during 1994 at six of the state's 22 acute care hospitals. Bypass patients stayed in the hospital an average of 11.4 days and were billed an average of \$74244, a seven percent increase over 1993's statewide average of \$69387. Over the five year reporting period, average stays in the hospital declined by two and one half days (from 13.9 to 11.4 days) and average billings increased by over \$13000, thus yielding an increase in daily hospital billings of just over \$2100 for DRG 106 patients, up 48 percent between 1990 and 1994. In-hospital death rates more than doubled over the five year period. More than one third of DRG 106 patients were admitted with a principal diagnosis of coronary arteriosclerosis (coronary artery blockage); about 40 percent were diagnosed with either intermediate cardiac syndrome or acute myocardial infarction (see DRG 122). DRG 106 patients differ from DRG 107 only in one way: the former received cardiac catheterizations or coronary arteriograms while in the hospital while DRG 107 patients did not. Patients not undergoing these diagnostic procedures totaled 558 for 1994, were in the hospital two and one-half days less than DRG 106 patients, and their average billings were about \$15000 lower.

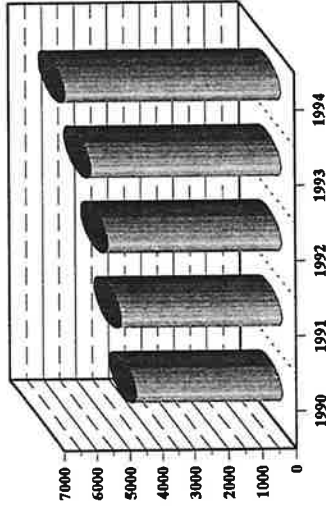
Both bar graphs and the table (on the "TOTAL" line) illustrate the net effect on daily hospital charges of rapidly decreasing average lengths of hospital stays (ALOS) -- 2.5 days average reduction over five years -- and gradually increasing total billed charges. For DRG 106 patients, charges for an average day in the hospital increased by 48.1 percent or just under 10 percent per year for five years.

Over each of the five years male patients outnumbered females by about 3 to 1, suggesting males are at a greater risk for coronary artery disease. On the other hand women stayed in the hospital longer and were billed \$3000 more in 1994. Further, female patients had a higher in-hospital death rate than men; in 1994 8.7 percent of female patients died compared to 5.6 percent of males, a much greater ratio than in previous years.

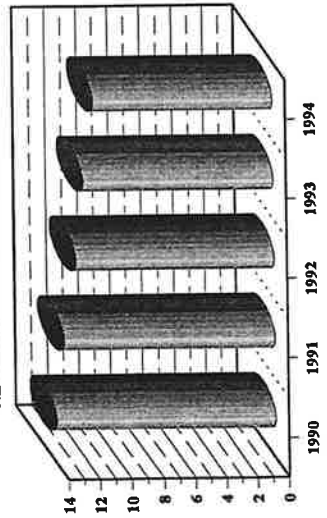
Most coronary bypass surgery was performed on older Nevadans; in 1994, 54

percent of patients were 65 and older and another 36 percent were in the age category 50 to 64. Among the three oldest age groups, average length of stays rose steadily with advancing age as did average billed charges. For the last three years, in-hospital death rates also increased steadily with age, and, in general, did so for all the reporting years. Patterns indicating a trend toward shorter hospital stays appear for the two oldest age patient groups with a net decrease over the five year period of nearly 3 days for the oldest and just over 2 days for the next oldest group of patients. With declining average length of stays coupled with generally increasing billed charges, average daily billings increased significantly over the five years (for the 65 and older age group, the increase in per day billings was from \$4183 in 1990 to \$6332 in 1994).

DRG 106: AVERAGE DAILY CHARGE
NEVADA: ALL HOSPITALS: 1990-1994



DRG 106: AVERAGE LENGTH OF STAY (ALOS)
NEVADA: ALL HOSPITALS 1990-1994

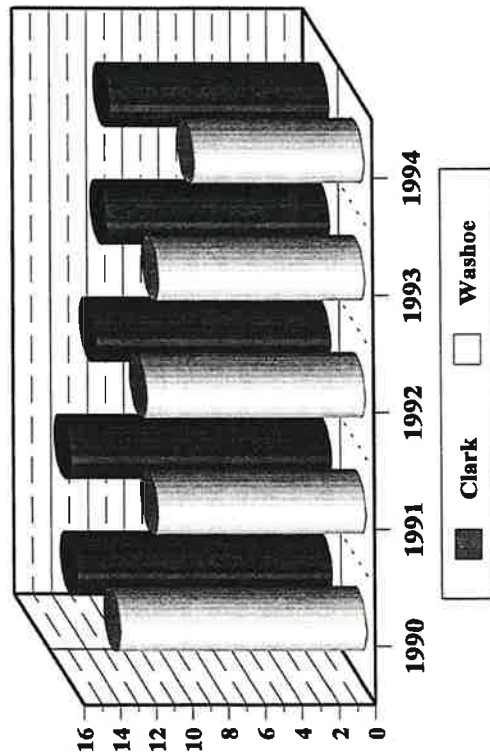


DRG	106	1990	1991	1992	1993	1994
TOTAL	Discharges	691	1020	1151	1212	1146
	ALOS	13.9	13.4	12.6	12.1	11.4
	Expired	3.2	4.6	4.3	4.0	6.5
	Aver. Charge	\$61124	\$64816	\$65995	\$69387	\$74244
Male	Discharges	528	759	851	900	834
	ALOS	13.3	13.1	12.1	11.7	11.3
	Expired	3.0	4.5	4.2	3.8	5.6
	Aver. Charge	\$60888	\$63772	\$64410	\$68027	\$73428
Female	Discharges	163	261	300	312	312
	ALOS	15.9	14.3	14.1	13.1	11.7
	Expired	3.7	5.0	4.7	4.8	8.7
	Aver. Charge	\$61889	\$67853	\$70490	\$73311	\$76427
0 - 17	Discharges	0	0	1	3	0
	ALOS	0.0	0.0	21.0	11.7	0.0
	Expired	0.0	0.0	0.0	0.0	0.0
	Aver. Charge	\$0	\$0	\$85435	\$74017	\$0
18 - 35	Discharges	2	3	2	2	6
	ALOS	8.5	13.7	6.0	7.0	12.2
	Expired	0.0	0.0	0.0	0.0	0.0
	Aver. Charge	\$21956	\$64166	\$42352	\$66859	\$80937
36 - 49	Discharges	64	90	120	113	110
	ALOS	12.2	11.4	9.8	10.0	9.8
	Expired	0.0	3.3	1.7	0.0	1.8
	Aver. Charge	\$56389	\$59157	\$56632	\$61268	\$68300
50 - 64	Discharges	287	379	431	460	411
	ALOS	12.9	11.9	11.8	11.0	10.8
	Expired	0.3	6.1	2.3	3.5	4.1
	Aver. Charge	\$59611	\$62505	\$63146	\$67310	\$71212

Clark County hospitals discharged 75.3 percent of Nevada's DRG 106 patients during 1994 and posted an average billed charge of \$81579, up nearly 9.5 percent over 1993 and nearly \$30000 higher per discharge in 1994 than Washoe hospitals which posted a \$3000 plus reduction in billed charges between 1993 and 1994. Clark County hospitals kept their patients in the hospital nearly three days longer than those in Washoe County in 1994 and retained just under a \$1200 per day higher billed charges. Valley Hospital led the state with an average patient billing of \$90406 in 1994 followed by Sunrise Hospital with \$82705. Both Washoe Medical Center and St. Mary's posted average patient billed charges in the low to middle \$50000 range during 1994. There were no coronary bypass surgeries performed at rural hospitals during any of the five reporting years.

Both Clark and Washoe County hospitals decreased the average time a DRG 106 patient remained in the hospital (ALOS), with the decrease being much greater for Washoe (4.2 days) than Clark (1.9 days), displayed in the chart below. Further, with only one minor exception these decreases were steady over the five reporting years dropping, in the case of Washoe County hospitals, from a high of 13.5 average days in 1990 to only 9.3 days in 1995. While this may represent improvements in treatment or decreases in the traumatic aspect of surgery, it could also be a response to capitated reimbursement patterns, initiated within recent years by insurers in an effort to both control and better predict dollar outlays for patient hospitalizations. Sunrise Hospital decreased its average stays by 3.3 days and Valley Hospital by 2.1 days while Desert Springs dropped by only one day. University Medical Center actually increased its average length of stay by six-tenths of a day over the five year period for patients undergoing coronary bypass surgery.

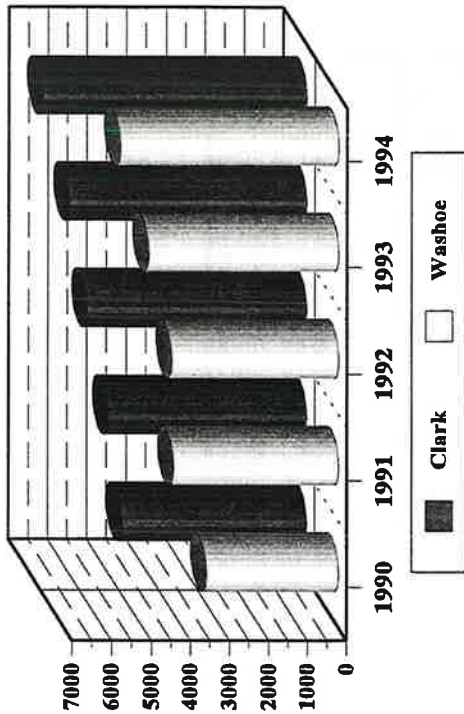
DRG 106: AVERAGE LENGTH OF STAY (ALOS)
NEVADA: TWO REGIONS: 1990-1994



In Washoe County, St. Mary's Regional Medical Center dropped a significant 5 days, most of which occurred between 1990 and 1991; Washoe Medical Center decreased average patient hospital stays by 3.5 days on a more gradual basis over the five years.

The net effect of these decreases in average length of hospital stays during the period 1990 to 1994 is displayed graphically above. The four Clark County hospitals performing coronary bypass surgery increased their average daily billings by just over \$2000 per patient during the five year reporting period while Washoe County's two hospitals increased their average daily billings by exactly \$2200 per patient, in both cases a steady or near steady increase year by year. In addition to decreasing average lengths of hospital stays, the Clark County five-year increase in average daily billings was also fueled by a \$15000 plus jump in average total patient billings (for each patient's entire hospital stay) compared to Washoe County's corresponding increase of just over \$6000. Sunrise Hospital increased its average daily patient billings from \$5106 in 1990 to \$7069 in 1994, but was overshadowed by the state's overall billing leader, Valley Hospital, which had a five year increase in average daily billings from \$4639 to \$7410.

DRG 106: AVERAGE DAILY CHARGES
NEVADA: TWO REGIONS: 1990-1994



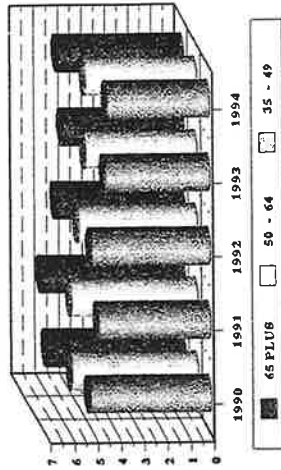
DRG 112: VASCULAR PROCEDURES EXCEPT MAJOR RECONSTRUCTION W/O PUMP

DRG 112 included such operating room procedures as plaque removal from one or more coronary arteries as well as heart valvuloplasty, electric cardiac stimulation, and cardiac mapping procedures. Many patients also received cardiac catheterization, arteriograms, and angiocardiograms. Patients in this DRG were not placed on extracorporeal heart pumps. Principal diagnoses include coronary atherosclerosis (fatty deposits in coronary arteries), intermediate coronary syndrome, and acute myocardial infarction (AMI; see DRG 122). During 1994, 2736 Nevadas received vascular surgery, a 17.8 percent increase over 1993 and 44.8 percent higher than 1990. In 1994, patients remained in the hospital an average of 5 days, near 1993's average length of stay but down 0.6 days since 1990, and were billed an average of \$24410, up 9.3 percent over 1993 and nearly a \$5400 increase over five years. With the five-year decrease in average lengths of stays and the increase in billed charges, there was a significant increase in per day average billed charges from \$3395 in 1990 to \$4882 in 1995. The in-hospital death rate declined very slightly over each of the five years and was just below one percent in 1994.

Just over 70 percent of 1994's DRG 112 patients were men. They remained in the hospital an average of 4.8 days, six-tenths of day less than women (see chart below), and were billed over \$1050 less per discharge. These billing and hospital stay differentials were consistent from 1990 to 1994. Women's higher acuity was reflected in higher 1994 in-hospital mortality -- 1.2 percent died -- versus the male death rate of 0.7 percent, a difference which remained fairly constant over the five year reporting period.

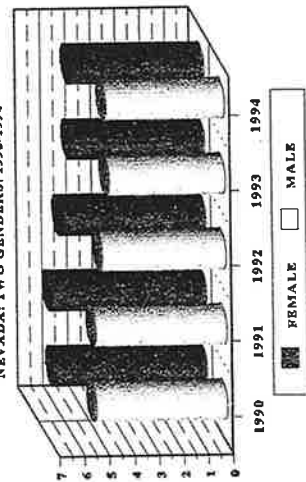
Well over 80 percent of 1994's DRG 112 patients were age 50 or older, with about equal numbers in the two oldest age categories. In 1994 average length of hospital stays was over one-half day longer for the 65 plus age group of patients compared to the next youngest group (see chart at upper right); this was reflected in a \$1500 plus difference in average billed charges between the two age groups. Both these patterns -- average length of stays and billed charges -- held constant over the five year reporting period. Finally, patients 65 and older experienced an elevated in-hospital death rate compared to the next younger age category; death rates over the five years were in the range of 1.1 to 2.9 percent among age 65 plus patients versus less than one percent for the younger age group. On the other hand, most of the five-year decline in overall death rates for DRG 112 were due to five year declines in mortality among this oldest age group, whose in-hospital death percentage was 2.9 percent in 1990 and 1.2 percent in 1994, a 58.6 percent five-year decline on a discharge count sufficiently large to interpret this as significant, whatever its cause. Note too, that men declined in mortality more than women over the five years, so their declines had the major effect on mortality reductions among the oldest age DRG 112 patients.

DRG 112: AVERAGE LENGTH OF STAYS (ALOS)
NEVADA: THREE AGE GROUPS: 1990-1994

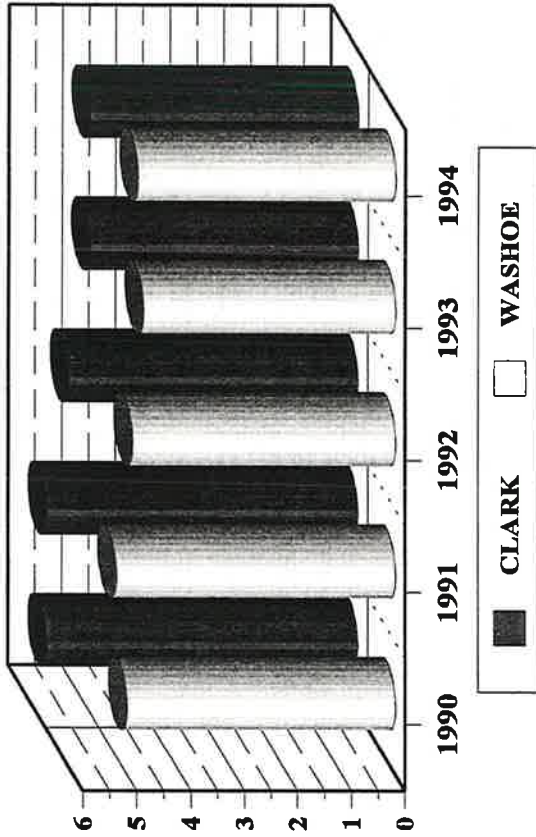


DRG	112	1990	1991	1992	1993	1994
TOTAL	Discharges	1890	1761	1944	2322	2736
	ALOS	5.6	5.6	5.3	4.9	5.0
	Expired	1.6	1.2	.7	1.0	.8
	Avg. Charge	\$19016	\$21176	\$21366	\$22330	\$24410
Male	Discharges	1260	1233	1366	1575	1933
	ALOS	5.3	5.0	5.0	4.7	4.8
	Expired	1.2	1.1	.7	.8	.7
	Avg. Charge	\$18957	\$20641	\$20725	\$21944	\$24092
Female	Discharges	630	528	578	747	813
	ALOS	6.1	6.2	5.8	5.4	5.4
	Expired	2.4	1.3	.9	1.6	1.2
	Avg. Charge	\$19135	\$22426	\$22882	\$23146	\$25163
0 - 17	Discharges	1	0	2	2	5
	ALOS	16.0	.0	2.5	3.5	1.0
	Expired	.0	.0	.0	.0	.0
	Avg. Charge	\$45604	5.0	\$10400	\$13535	\$10473
18 - 35	Discharges	38	21	20	16	39
	ALOS	4.6	4.8	5.9	5.2	3.6
	Expired	2.6	.0	.0	.0	2.6
	Avg. Charge	\$16027	\$16696	\$15211	\$20604	\$20341
36 - 49	Discharges	273	266	312	325	396
	ALOS	5.2	4.8	5.1	4.5	4.4
	Expired	.0	.4	.6	.3	.5
	Avg. Charge	\$18658	\$19440	\$21592	\$21217	\$22479
50 - 64	Discharges	736	717	820	917	1142
	ALOS	5.4	5.4	5.1	4.8	4.8
	Expired	.7	.6	.4	.3	.5
	Avg. Charge	\$19044	\$20692	\$21035	\$22021	\$24081
65 plus	Discharges	842	757	790	1062	1154
	ALOS	5.9	6.1	5.5	5.2	5.4
	Expired	2.9	2.1	1.1	1.9	1.2
	Avg. Charge	\$19211	\$22369	\$21804	\$22981	\$25597

DRG 112: AVERAGE LENGTH OF STAYS (ALOS)
NEVADA: TWO GENDERS: 1990-1994



**DRG 112: AVERAGE LENGTH OF STAY (ALOS)
NEVADA: TWO COUNTIES: 1990-1994**



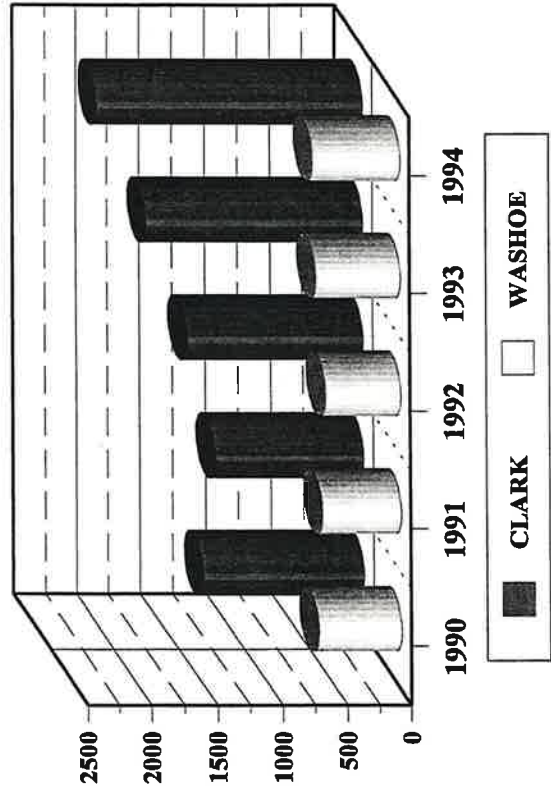
their ALOS. Where decreases occurred and average billed charges increased, average per day billed charges showed patterns of increase. In the chart above, note that Clark County hospitals reduced their average length of stay (ALOS) by eight-tenths of a day over the five year reporting period, while Washoe County hospitals, with a smaller ALOS compared to Clark County, reduced their average over five years by only two tenths of a day. This, coupled with slightly higher average billed charges, permitted Clark County Hospitals to increase their average daily billed charges by over \$1500 between 1990 and 1994, compared to about a \$1350 average increase for Washoe County facilities during the same period.

Oddly, over the course of the five years Washoe County hospitals consistently experienced higher in-hospital death percentages in comparison to Clark County facilities, although Washoe County's average death rate never exceeded two percent for any one year between 1990 and 1994.

Clark County hospitals performed over 75 percent of the DRG 112 surgeries in Nevada during 1994; all but 1 of the remainder were performed in Washoe County, primarily at St. Mary's Hospital and Washoe Medical Center (note that Northern Nevada Medical Center performed only 5 such surgeries during 1994 but many more in earlier years). Over the five year reporting period only seven DRG 112 surgeries were performed in non-urban Nevada, all at Carson-Tahoe Hospital. Particularly interesting is the five year pattern of discharges in the two urban counties. Note in the chart below that Washoe County's patient discharge counts were essentially flat between 1990 and 1994, with only 34 discharges separating the earliest and latest years in that series. In contrast, Clark County's patient discharge counts, starting in 1990 at a ratio of about double those of Washoe County's, increased to about triple by 1994. Both urban areas grew in population during those five years, Clark more than Washoe, indicating other factors must be involved to account for these extreme variations.

During 1994 Valley Hospital led all large Nevada hospital facilities in average billed charges although the six largest hospitals were within about \$7500 of each other, St. Mary's being the lowest in average billed charges of the group. Some of the hospitals performing vascular procedures of the kind found in DRG 112 reduced their average patient stays over the five year period, and some actually increased

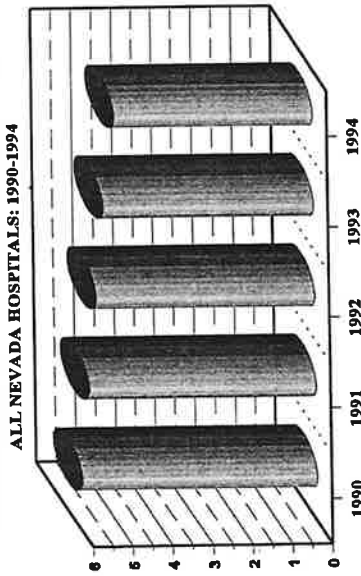
**DRG 112: PATIENT DISCHARGES
NEVADA: TWO COUNTIES: 1990-1994**



DRG 122: CIRCULATORY DISORDERS WITH AMI WITHOUT CARDIOVASCULAR COMPLICATIONS, DISCHARGED ALIVE

DRG'S 121 and 122 both represent acute myocardial infarction (AMI) conditions, without surgery, differing only in the presence or absence of cardiovascular (CV) complications. Both include such conditions as heart wall and coronary artery aneurysms, pulmonary embolisms or infarctions, heart rhythm fluctuations, and cardiac arrest, as well as post-AMI syndrome. Nevada hospitals discharged 955 patients for DRG 122 during 1994 and another 780 patients under DRG 121, the latter staying an average of 6.9 days in the hospital in contrast to 5.0 days for DRG 122 patients. The latter stayed in the hospital nearly one day less in 1994 compared to 1990 (see chart below). DRG 122 patients were billed an average of \$14414, up 5.7 percent over 1993 and 20.1 percent since 1990. Gradually declining average length of hospital stays paired with increasing total billed charges resulted in a five year rise in average daily charges from \$2034 in 1990 to \$2882 in 1994 (see chart at upper right). There were no in-hospital deaths in DRG 122 or 121; these are represented in DRG 123 which contains all patients admitted with a principal diagnosis of AMI who died while a patient in the hospital.

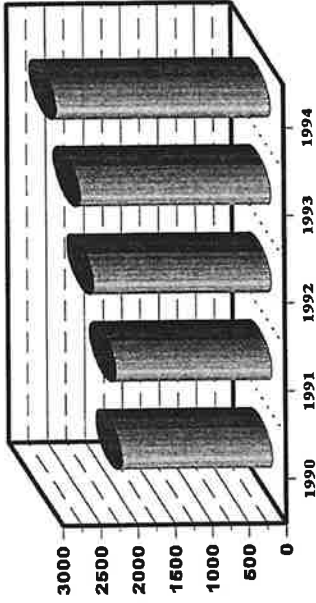
DRG 122: AVERAGE LENGTH OF STAY (ALOS)



In 1994 males outnumbered females by a ratio of well over 2 to 1, a pattern which remained relatively constant for the five years of this report. Also, for each reporting year women remained in the hospital about one-half day longer than males. This difference did not translate to any significant differences in billed charges, however.

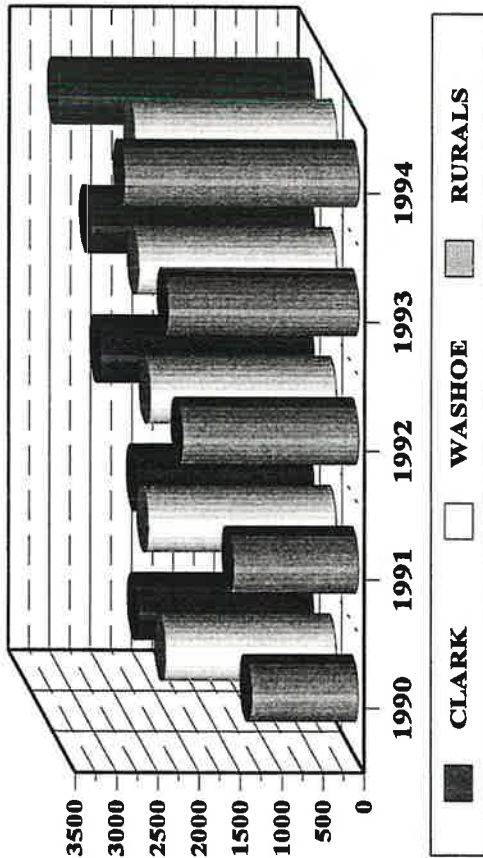
Just under 43 percent of 1994's DRG 122 patients were age 65 or older and another 38 percent were in the age range 50 to 64. Of the remaining 21 percent, almost all were at least 36 years old, underscoring again how diseases of the cardiovascular system strike older and middle-aged Nevadans more than younger. Further, the older the patient, generally the longer the hospital stay although billed charges were close to equal for the three oldest groups of patients in 1994.

DRG 122: AVERAGE DAILY CHARGES
NEVADA: ALL HOSPITALS: 1990-1994



DRG	122	1990	1991	1992	1993	1994
TOTAL	Discharges	770	819	833	849	955
	ALOS	5.9	5.7	5.5	5.3	5.0
	Expired	.0	.0	.0	.0	.0
	Avg. Charge	\$12003	\$12023	\$13207	\$13633	\$14414
Male	Discharges	531	566	589	585	646
	ALOS	5.8	5.7	5.3	5.1	4.8
	Expired	.0	.0	.0	.0	.0
	Avg. Charge	\$12135	\$12032	\$13071	\$13501	\$14469
Female	Discharges	239	253	244	264	309
	ALOS	6.3	5.8	5.8	5.8	5.5
	Expired	.0	.0	.0	.0	.0
	Avg. Charge	\$11711	\$12005	\$13537	\$13925	\$14299
0 - 17	Discharges	3	4	1	1	1
	ALOS	2.3	2.0	1.0	6.0	1.0
	Expired	.0	.0	.0	.0	.0
	Avg. Charge	\$3069	\$2870	\$416	\$10254	\$7422
18 - 35	Discharges	19	21	19	7	20
	ALOS	4.6	4.4	5.5	5.0	4.5
	Expired	.0	.0	.0	.0	.0
	Avg. Charge	\$9615	\$11212	\$15265	\$12789	\$14549
36 - 49	Discharges	128	135	134	137	162
	ALOS	5.8	5.4	5.0	5.4	4.6
	Expired	.0	.0	.0	.0	.0
	Avg. Charge	\$13281	\$12724	\$13324	\$15268	\$14752
50 - 64	Discharges	304	339	355	342	364
	ALOS	5.6	5.9	5.4	5.1	4.8
	Expired	.0	.0	.0	.0	.0
	Avg. Charge	\$12476	\$12964	\$13629	\$14025	\$14532
65 plus	Discharges	316	320	324	362	408
	ALOS	6.4	5.8	5.7	5.5	5.4
	Expired	.0	.0	.0	.0	.0
	Avg. Charge	\$11260	\$10962	\$12617	\$12481	\$14184

DRG 122: AVERAGE DAILY CHARGES
NEVADA: THREE REGIONS: 1990-1994



County's average although patients in the two counties stayed in the hospital about the same length of time. Rural hospitals' 1994 average billed charges were about \$500 below Washoe County's while their average length of hospital stay (ALOS) was nearly one day less. See chart at the left for ALOS trends for each region over the five year reporting period.

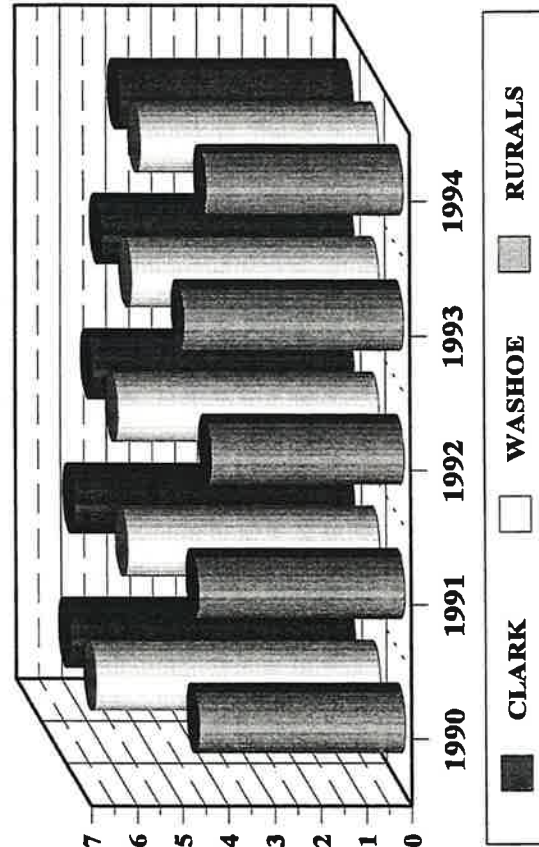
As a result of generally increasing total billed charges and decreasing ALOS, average daily charges increased significantly for Clark County, but less so for Washoe due to relatively constant total billed charges. Rural hospitals increased their per day average billed charges despite fairly constant ALOS patterns between 1990 and 1994 (see chart at left and above).

Carson-Tahoe Hospital discharged well over half the rural patients for DRG 122 and posted average billed charges in the mid-\$15000 range with an average hospital stay of 4.9 days in 1994. Further, between 1990 and 1994 Carson Tahoe's billed charges increased by just under 139 percent (much of the increase coming between 1991 and 1992 while their average length of hospital stay was relatively flat over the reporting period. At \$18556, Valley Hospital had the highest billed charges in the state on an average hospital stay of 6 days with Lake Mead Hospital second at \$17014 followed by Sunrise Hospital nearly one thousand dollars lower. Washoe County Medical Center and St. Mary's Hospital reported much lower average billed charges, each just over \$12,900. Hospitals leading in discharges during 1994 for each region were Sunrise Hospital in Clark County at 162, Washoe Medical Center at 134 and, as noted above, Carson-Tahoe Hospital at 100 discharges.

Clark County hospitals discharged 56.3 percent of Nevada's DRG 122 AMI patients during 1994, lower than the county's portion of Nevada's population and contrary to patterns for other DRG's often common among older Nevadans. Aside from age factors, one reason for the relatively lower Clark County proportion of the State's DRG 122 cases may be these patients can often be successfully treated in rural hospitals without need, in many instances, to transfer them to urban facilities. Note, too, that Clark County's counts increased between 1990 and 1991, then flattened out until a relatively large increase between 1993 and 1994.

On the other hand Washoe County's discharge counts were very flat across the five years, varying by no more than 49 cases between any pair of years, with 1994's count lower than 1990's. Rural hospital discharge counts increased steadily over the five year period. In general discharge counts for DRG 122 were erratic over the five reporting years, often starting higher, then dipping only to increase again, displaying little of the regularity of increases over five years normally found in the DRG's reported in this publication. Patterns such as these may be due to changes in diagnosis emphasis, stimulated by changes in diagnostic practice or factors related to reimbursement systems such as changes in capitated rates. Clark County's 1994 average billed charge of \$15859 was 6.7 percent higher than 1993 and over \$3000 higher than Washoe

DRG 122: AVERAGE LENGTH OF STAY (ALOS)
NEVADA: THREE REGIONS: 1990-1994



DRG 122: CIRCULATORY DISORDERS WITH AMI W/O CV COMPLICATIONS, DISCHARGED ALIVE

		1990			1991			1992			1993			1994		
CLARK COUNTY (combined data)	Discharges ALOS Avg. Charge	394 6.2 \$13140	481 6.1 \$13015	466 5.7 \$14703	461 5.5 \$14866	538 5.1 \$15859	107 4.5 \$5839	114 4.5 \$6834	147 4.2 \$8979	167 4.8 \$11097	168 4.3 \$12247					
Boulder City Hospital	Discharges ALOS Avg. Charge	11 4.0 \$9132	16 3.9 \$7870	9 2.3 \$7775	18 3.5 \$10720	23 3.4 \$12211	0 0 \$0	0 0 \$0	0 0 \$0	1 2.0 \$3840	0 0 \$0					
Desert Springs Hospital	Discharges ALOS Avg. Charge	49 6.5 \$12238	92 6.5 \$12874	75 5.7 \$12686	89 5.6 \$13272	61 5.0 \$13241	57 4.6 \$6557	62 4.6 \$6744	76 5.2 \$11899	108 5.5 \$13402	100 4.9 \$15646					
Sunrise Hospital and Medical Center	Discharges ALOS Avg. Charge	119 6.3 \$14530	97 6.0 \$13558	147 5.7 \$14804	113 5.2 \$15164	162 6.3 \$16158	5 1.8 \$4624	14 2.7 \$4624	7 3.1 \$4889	13 3.8 \$7529	13 2.2 \$5369					
Lake Mead Hospital and Medical Center	Discharges ALOS Avg. Charge	28 5.9 \$12361	53 5.8 \$11670	57 6.7 \$16651	65 7.0 \$17196	60 5.1 \$17014	8 4.8 \$5724	15 5.4 \$8667	18 3.3 \$5166	22 3.7 \$7186	29 4.6 \$8239					
St. Rose Dominican Hospital	Discharges ALOS Avg. Charge	37 4.1 \$9770	37 4.7 \$12996	63 4.2 \$14011	57 3.3 \$12476	88 4.0 \$14562	2 3.5 \$3207	0 0 \$0	1 3.0 \$4272	1 4.0 \$15887	1 4.0 \$6800					
University Medical Center	Discharges ALOS Avg. Charge	46 4.3 \$7370	64 5.8 \$10532	39 5.3 \$12014	46 5.6 \$13089	50 6.0 \$15588	6 5.7 \$5137	5 6.8 \$6824	8 2.8 \$5008	4 5.0 \$5417	6 3.2 \$8372					
Valley Hospital Medical Center	Discharges ALOS Avg. Charge	103 7.7 \$16450	122 6.9 \$15257	76 7.1 \$17812	73 6.5 \$18278	94 6.0 \$18556	0 0 \$0	0 0 \$0	1 2.0 \$1642	1 4.0 \$4593	0 0.0 \$0					
Women's Hospital	Discharges ALOS Avg. Charge	1 9.0 \$6917	0 0.0 \$0	0 0.0 \$0	0 0.0 \$0	0 0.0 \$0	1 5.0 \$6463	3 7.7 \$18092	19 2.8 \$7674	5 3.0 \$8643	10 2.3 \$8178					
WASHOE COUNTY (combined data)	Discharges ALOS Avg. Charge	269 6.2 \$12791	224 5.5 \$12534	220 5.7 \$12865	221 5.4 \$12978	249 5.2 \$12753	4 6.8 \$6087	0 0.0 \$0	0 0.0 \$0	0 0.0 \$0	0 0.0 \$0					
Northern Nevada Medical Center	Discharges ALOS Avg. Charge	33 4.6 \$16099	33 4.1 \$12324	33 4.7 \$14193	19 4.3 \$14599	31 3.3 \$11345	7 3.7 \$4480	6 4.7 \$5266	2 1.5 \$2326	7 4.3 \$4775	3 2.7 \$3679					
St. Mary's Regional Medical Center	Discharges ALOS Avg. Charge	69 5.8 \$11472	76 5.6 \$12740	86 5.8 \$11623	75 5.8 \$12017	84 5.4 \$12987	17 4.4 \$4666	9 2.8 \$5137	15 3.6 \$6127	5 1.6 \$5424	6 3.5 \$5703					
Washoe Medical Center	Discharges ALOS Avg. Charge	167 6.6 \$12683	115 5.9 \$12459	101 6.1 \$13489	127 5.4 \$13302	134 5.6 \$12932	770 5.9 \$12003	819 5.7 \$12023	833 5.5 \$13207	849 5.3 \$13633	955 5.0 \$14414					
TOTAL ALL COUNTIES	Discharges ALOS Avg. Charge	394 6.2 \$13140	481 6.1 \$13015	466 5.7 \$14703	461 5.5 \$14866	538 5.1 \$15859	107 4.5 \$5839	114 4.5 \$6834	147 4.2 \$8979	167 4.8 \$11097	168 4.3 \$12247					

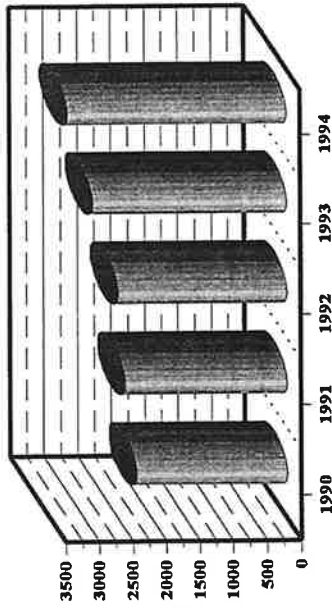
DRG 124: CIRCULATORY DISORDERS EXCEPT AMI, WITH CARDIAC CATHETERIZATION AND COMPLEX DIAGNOSIS

Patients classified in DRG 124 suffer the same circulatory disorders as those in DRG 121 without having a diagnosis of acute myocardial infarction (AMI). Also DRG 124 patients undergo such diagnostic procedures as heart catheterizations and coronary arteriograms. Nevada hospitals discharged 1284 DRG 124 patients in 1994, up 5.5 percent over 1993. The average length of hospital stay was 4.9 days, a steady decline of seven-tenths of a day since 1990 (see chart below). Average total charges were up 10.7 percent over 1993 and 27.3 percent across the five year period, producing an increase in per day hospital charges from \$2239 to \$3258, a 45.5 percent rise since 1990 (see chart, upper right). Death rates varied over the five years, falling within a range of 0.7 to 1.6 percent of discharges. Patients whose symptoms fit DRG 124's profile but who lacked complex diagnoses were classified in DRG 125. They numbered 895 in 1994, were billed over \$4000 less per discharge due to shorter hospital stays, and had no in-hospital deaths, all in contrast to DRG 124 patients.

Males accounted for 58.6 percent of DRG 124 discharges during 1994 and this gender ratio was quite constant for the five years represented in this report. Also, as with certain other circulatory disorders, women remained in the hospital longer than men, a difference of nearly one-half day in 1994. These increased stays did not translate to any significant differences in billed charges, either in 1994 or earlier. One and one-half percent of both male and female DRG 124 patients died in the hospital during 1994. Generally, however, male in-hospital mortality slightly exceeded the female rate between 1991 and 1993.

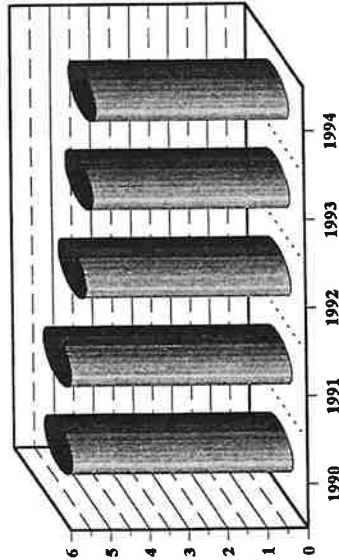
Just over half of 1994's DRG 124 patients were age 65 or older and another 35.7 percent were in the age range 50 to 64, a total of 86.3 percent 50 and older. Of the remainder almost all were at least 36 years old, underscoring again how diseases of the cardiovascular system occur primarily among older and middle-aged Nevadans. And, the older the patient, the longer the hospital stay, with billed charges increasing accordingly among the three oldest patient groups for 1994 and earlier. In-hospital deaths also increased with age, most dramatically for those 65 and older, although the in-hospital death rate never exceeded 2.5 percent for any of the five reporting years.

DRG 124: AVERAGE DAILY CHARGES
NEVADA: ALL HOSPITALS: 1990-1994



DRG	124	1990	1991	1992	1993	1994
TOTAL	Discharges	875	1040	1120	1217	1284
	ALOS	5.6	5.6	5.2	5.0	4.9
	Expired	1.6	1.7	1.2	1.0	1.5
	Avg. Charge	\$12540	\$13476	\$13049	\$14426	\$15962
Male	Discharges	557	658	643	724	753
	ALOS	5.5	5.4	5.3	5.0	4.8
	Expired	1.6	1.8	1.6	1.4	1.5
	Avg. Charge	\$12565	\$13240	\$13370	\$14464	\$16194
Female	Discharges	318	382	477	493	531
	ALOS	5.9	5.9	5.0	5.1	5.2
	Expired	1.6	1.6	1.6	1.4	1.5
	Avg. Charge	\$12500	\$13882	\$12615	\$14371	\$15633
0 - 17	Discharges	6	11	5	5	9
	ALOS	2.3	13.2	9.8	9.6	3.3
	Expired	0	0	0	0	0
	Avg. Charge	\$5880	\$29733	\$33140	\$32466	\$13764
18 - 35	Discharges	21	22	20	10	19
	ALOS	5.8	6.2	5.8	4.6	3.5
	Expired	0	0	0	10.0	0
	Avg. Charge	\$13166	\$12677	\$13799	\$13374	\$13594
36 - 49	Discharges	117	138	129	143	148
	ALOS	4.6	4.1	4.1	3.8	4.2
	Expired	0	0	0	0	0
	Avg. Charge	\$10131	\$11630	\$10564	\$11629	\$14146
50 - 64	Discharges	331	388	441	445	488
	ALOS	5.5	5.1	4.7	4.6	4.6
	Expired	1.5	.8	.7	.0	.7
	Avg. Charge	\$12464	\$12570	\$11982	\$13218	\$14796
65 plus	Discharges	400	481	525	614	650
	ALOS	6.0	6.2	5.7	5.6	5.4
	Expired	2.3	.8	1.9	1.8	2.5
	Avg. Charge	\$13374	\$14402	\$14335	\$15824	\$17322

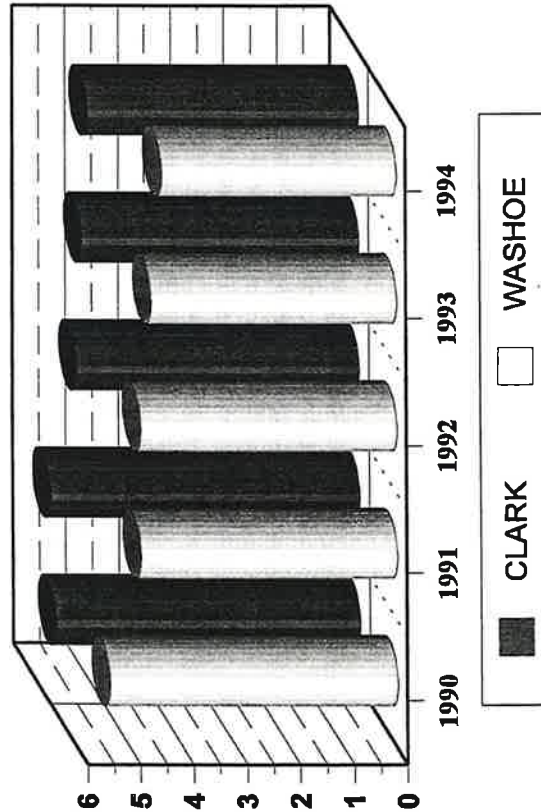
DRG 124: AVERAGE LENGTH OF STAY (ALOS)
NEVADA: ALL HOSPITALS: 1990-1994



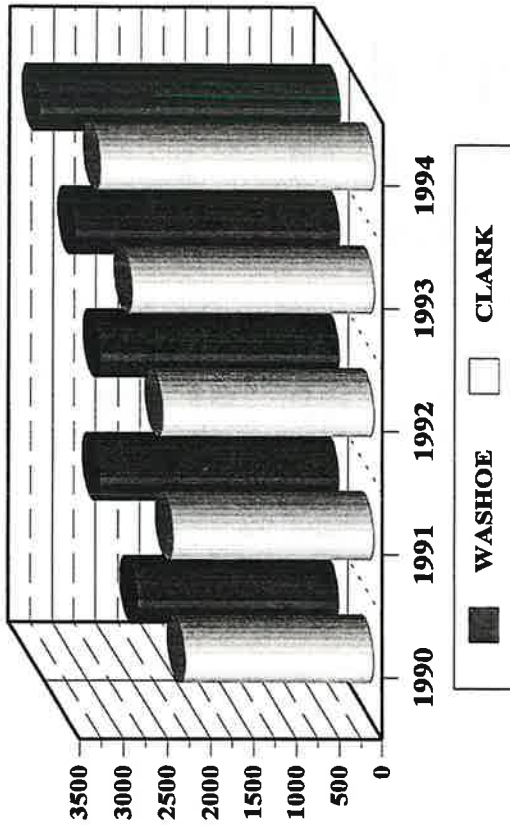
Clark County hospitals discharged nearly four of every five DRG 124 patients during 1994, and this was a consistent pattern since 1990. Washoe County contributed another 13.6 percent, thus underscoring the need for urban hospitals' resources to perform the diagnostic tests called for in DRG 124 (all 85 rural discharges were from Carson-Tahoe Hospital in Carson City). Clark County patients remained in the hospital 0.7 days longer than those in Washoe County and were billed about \$900 more. In general, across the five years of this report Clark County hospitals charged about the same as Washoe County hospitals but kept their patients in the hospital a longer time (see chart below), resulting in a smaller per day average charge in the South (chart at right).

Over 66 percent of Clark County's discharges were from Desert Springs, Sunrise, and Valley hospitals. Desert Springs Hospital charged considerably less per hospital stay in comparison to the other two facilities. Sunrise Hospital billed an average of \$17130 per patient, second only statewide to Lake Mead Hospital, the latter discharging about half as many patients as Sunrise Hospital in 1994. Lake Mead Hospital discharged 119 patients in 1994, approximately equal to their previous two years' of discharges which were the first two years this facility began treating patients whose diagnoses fell under

DRG 124: AVERAGE LENGTH OF STAY (ALOS)
NEVADA: TWO REGIONS: 1990-1994



DRG 124: AVERAGE DAILY CHARGES
NEVADA: TWO REGIONS: 1990-1994



DRG 124. St. Rose Dominican Hospital increased their annual discharge count from 11 to 84 between 1990 and 1994 indicating that facility's recent strong surge in the Clark County hospital market.

Washoe Medical Center was the discharge leader in the North with 96; St. Mary's Regional Medical Center had only 59 discharges within DRG 124 during 1994, considerable decreases for both facilities compared to previous years. Northern Nevada Medical Center had 20 discharges in 1994 again, as with the two larger Washoe County facilities, considerably down from previous years.

In-hospital death rates were very similar for the two urban counties over the five year period with Clark being slightly higher the past three years but Washoe higher for 1994 at 2.9 percent. Carson-Tahoe Hospital had no fatalities among its 85 DRG 124 patients in 1994, and none for the entire five year period of this report.

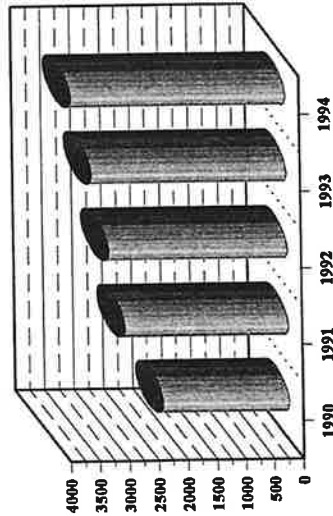
DRG 124: CIRCULATORY DISORDERS EXCEPT AMI, WITH CARDIAC CATHETERIZATION AND COMPLEX DIAGNOSIS

CLARK COUNTY (combined data)	1990			1991			1992			1993			1994		
	Discharges ALOS Avg. Charge	660 5.7 \$12526	780 5.8 \$13556	913 5.3 \$13022	964 5.2 \$14614	1024 5.1 \$16145	Discharges ALOS Avg. Charge	0 .0 \$0	0 .0 \$0	0 .0 \$0	0 .0 \$0	0 .0 \$0	Discharges ALOS Avg. Charge	0 .0 \$0	0 .0 \$0
Boulder City Hospital	Discharges ALOS Avg. Charge	1 14.0 \$27936	0 .0 \$0	0 .0 \$0	0 .0 \$0	0 .0 \$0	Discharges ALOS Avg. Charge	0 .0 \$0	0 .0 \$0	0 .0 \$0	0 .0 \$0	Discharges ALOS Avg. Charge	0 .0 \$0	0 .0 \$0	
Desert Springs Hospital	Discharges ALOS Avg. Charge	203 4.9 \$9830	227 5.2 \$11237	291 4.7 \$10607	265 4.7 \$12098	229 4.4 \$13303	Discharges ALOS Avg. Charge	0 .0 \$0	0 .0 \$0	0 .0 \$0	0 .0 \$0	Discharges ALOS Avg. Charge	0 .0 \$0	0 .0 \$0	
Sunrise Hospital and Medical Center	Discharges ALOS Avg. Charge	167 6.3 \$16799	212 5.1 \$17286	206 5.1 \$15537	218 5.0 \$17622	229 4.6 \$17130	Discharges ALOS Avg. Charge	0 .0 \$0	0 .0 \$0	0 .0 \$0	0 .0 \$0	Discharges ALOS Avg. Charge	0 .0 \$0	0 .0 \$0	
Lake Mead Hospital and Medical Center	Discharges ALOS Avg. Charge	0 .0 \$0	1 6.0 \$15537	113 5.0 \$10315	109 5.2 \$12620	119 5.9 \$18479	Discharges ALOS Avg. Charge	0 .0 \$0	0 .0 \$0	0 .0 \$0	0 .0 \$0	Discharges ALOS Avg. Charge	0 .0 \$0	0 .0 \$0	
St. Rose Dominican Hospital	Discharges ALOS Avg. Charge	11 4.9 \$9447	8 4.5 \$11298	10 4.0 \$8659	27 3.7 \$10426	84 4.3 \$14304	Discharges ALOS Avg. Charge	0 .0 \$0	0 .0 \$0	0 .0 \$0	0 .0 \$0	Discharges ALOS Avg. Charge	0 .0 \$0	0 .0 \$0	
University Medical Center	Discharges ALOS Avg. Charge	132 4.9 \$9252	138 5.7 \$9530	129 5.7 \$13006	134 5.6 \$13544	139 5.8 \$15637	Discharges ALOS Avg. Charge	0 .0 \$0	0 .0 \$0	0 .0 \$0	0 .0 \$0	Discharges ALOS Avg. Charge	0 .0 \$0	0 .0 \$0	
Valley Hospital Medical Center	Discharges ALOS Avg. Charge	146 6.7 \$14474	194 6.1 \$15139	164 6.2 \$16293	211 5.9 \$16912	224 5.6 \$17810	Discharges ALOS Avg. Charge	0 .0 \$0	0 .0 \$0	0 .0 \$0	0 .0 \$0	Discharges ALOS Avg. Charge	0 .0 \$0	0 .0 \$0	
Women's Hospital	Discharges ALOS Avg. Charge	0 .0 \$0	0 .0 \$0	0 .0 \$0	0 .0 \$0	0 .0 \$0	Discharges ALOS Avg. Charge	0 .0 \$0	0 .0 \$0	0 .0 \$0	0 .0 \$0	Discharges ALOS Avg. Charge	0 .0 \$0	0 .0 \$0	
WASHOE COUNTY (combined data)	Discharges ALOS Avg. Charge	215 5.4 \$12583	260 4.8 \$13238	192 4.8 \$13205	191 4.6 \$14035	175 4.4 \$15249	Discharges ALOS Avg. Charge	0 .0 \$0	0 .0 \$0	0 .0 \$0	0 .0 \$0	Discharges ALOS Avg. Charge	0 .0 \$0	0 .0 \$0	
Northern Nevada Medical Center	Discharges ALOS Avg. Charge	35 4.6 \$11593	49 3.5 \$11167	26 2.8 \$11758	24 3.5 \$13821	20 3.5 \$13824	Discharges ALOS Avg. Charge	0 .0 \$0	0 .0 \$0	0 .0 \$0	0 .0 \$0	Discharges ALOS Avg. Charge	0 .0 \$0	0 .0 \$0	
St. Mary's Regional Medical Center	Discharges ALOS Avg. Charge	70 6.0 \$14045	81 5.1 \$13841	65 4.3 \$11277	71 5.5 \$12915	59 5.0 \$14015	Discharges ALOS Avg. Charge	0 .0 \$0	0 .0 \$0	0 .0 \$0	0 .0 \$0	Discharges ALOS Avg. Charge	0 .0 \$0	0 .0 \$0	
Washoe Medical Center	Discharges ALOS Avg. Charge	110 5.3 \$11967	130 5.2 \$13642	101 5.6 \$14818	96 4.3 \$14917	96 4.2 \$16304	Discharges ALOS Avg. Charge	875 5.6 \$12540	1040 5.6 \$13476	1120 5.2 \$13049	1217 5.0 \$14426	1284 4.9 \$15962	1284 4.9 \$15962		
RURAL COUNTIES (combined data)	Discharges ALOS Avg. Charge	0 .0 \$0	0 .0 \$0	0 .0 \$0	0 .0 \$0	0 .0 \$0	Discharges ALOS Avg. Charge	0 .0 \$0	0 .0 \$0	0 .0 \$0	0 .0 \$0	Discharges ALOS Avg. Charge	0 .0 \$0	0 .0 \$0	
Battle Mountain Hospital (Lander)	Discharges ALOS Avg. Charge	0 .0 \$0	0 .0 \$0	0 .0 \$0	0 .0 \$0	0 .0 \$0	Discharges ALOS Avg. Charge	0 .0 \$0	0 .0 \$0	0 .0 \$0	0 .0 \$0	Discharges ALOS Avg. Charge	0 .0 \$0	0 .0 \$0	
Carson-Tahoe Hospital (Carson City)	Discharges ALOS Avg. Charge	0 .0 \$0	0 .0 \$0	0 .0 \$0	0 .0 \$0	0 .0 \$0	Discharges ALOS Avg. Charge	0 .0 \$0	0 .0 \$0	0 .0 \$0	0 .0 \$0	Discharges ALOS Avg. Charge	0 .0 \$0	0 .0 \$0	
Churchill Community Hospital (Churchill)	Discharges ALOS Avg. Charge	0 .0 \$0	0 .0 \$0	0 .0 \$0	0 .0 \$0	0 .0 \$0	Discharges ALOS Avg. Charge	0 .0 \$0	0 .0 \$0	0 .0 \$0	0 .0 \$0	Discharges ALOS Avg. Charge	0 .0 \$0	0 .0 \$0	
Elko General Hospital (Elko)	Discharges ALOS Avg. Charge	0 .0 \$0	0 .0 \$0	0 .0 \$0	0 .0 \$0	0 .0 \$0	Discharges ALOS Avg. Charge	0 .0 \$0	0 .0 \$0	0 .0 \$0	0 .0 \$0	Discharges ALOS Avg. Charge	0 .0 \$0	0 .0 \$0	
Grover C. Dill Medical Center (Lincoln)	Discharges ALOS Avg. Charge	0 .0 \$0	0 .0 \$0	0 .0 \$0	0 .0 \$0	0 .0 \$0	Discharges ALOS Avg. Charge	0 .0 \$0	0 .0 \$0	0 .0 \$0	0 .0 \$0	Discharges ALOS Avg. Charge	0 .0 \$0	0 .0 \$0	
Humboldt General Hospital (Humboldt)	Discharges ALOS Avg. Charge	0 .0 \$0	0 .0 \$0	0 .0 \$0	0 .0 \$0	0 .0 \$0	Discharges ALOS Avg. Charge	0 .0 \$0	0 .0 \$0	0 .0 \$0	0 .0 \$0	Discharges ALOS Avg. Charge	0 .0 \$0	0 .0 \$0	
Mount Grant General Hospital (Mineral)	Discharges ALOS Avg. Charge	0 .0 \$0	0 .0 \$0	0 .0 \$0	0 .0 \$0	0 .0 \$0	Discharges ALOS Avg. Charge	0 .0 \$0	0 .0 \$0	0 .0 \$0	0 .0 \$0	Discharges ALOS Avg. Charge	0 .0 \$0	0 .0 \$0	
Nye Regional Medical Center (Nye)	Discharges ALOS Avg. Charge	0 .0 \$0	0 .0 \$0	0 .0 \$0	0 .0 \$0	0 .0 \$0	Discharges ALOS Avg. Charge	0 .0 \$0	0 .0 \$0	0 .0 \$0	0 .0 \$0	Discharges ALOS Avg. Charge	0 .0 \$0	0 .0 \$0	
Pershing General Hospital (Pershing)	Discharges ALOS Avg. Charge	0 .0 \$0	0 .0 \$0	0 .0 \$0	0 .0 \$0	0 .0 \$0	Discharges ALOS Avg. Charge	0 .0 \$0	0 .0 \$0	0 .0 \$0	0 .0 \$0	Discharges ALOS Avg. Charge	0 .0 \$0	0 .0 \$0	
South Lyon Medical Center (Lyon)	Discharges ALOS Avg. Charge	0 .0 \$0	0 .0 \$0	0 .0 \$0	0 .0 \$0	0 .0 \$0	Discharges ALOS Avg. Charge	0 .0 \$0	0 .0 \$0	0 .0 \$0	0 .0 \$0	Discharges ALOS Avg. Charge	0 .0 \$0	0 .0 \$0	
William B. Ririe Hospital (White Pine)	Discharges ALOS Avg. Charge	0 .0 \$0	0 .0 \$0	0 .0 \$0	0 .0 \$0	0 .0 \$0	Discharges ALOS Avg. Charge	0 .0 \$0	0 .0 \$0	0 .0 \$0	0 .0 \$0	Discharges ALOS Avg. Charge	0 .0 \$0	0 .0 \$0	
TOTAL ALL COUNTIES	Discharges ALOS Avg. Charge	875 5.6 \$12540	1040 5.6 \$13476	1120 5.2 \$13049	1217 5.0 \$14426	1284 4.9 \$15962	Discharges ALOS Avg. Charge	875 5.6 \$12540	1040 5.6 \$13476	1120 5.2 \$13049	1217 5.0 \$14426	1284 4.9 \$15962	1284 4.9 \$15962		

DRG 127: HEART FAILURE AND SHOCK

In addition to heart failure and shock, DRG 127 includes principal diagnoses of rheumatic heart failure, congestive heart failure, and hypertensive heart conditions. In 1994 3697 DRG 127 patients were discharged from Nevada hospitals, an increase of 10.1 percent over 1993 and 69.7 percent above 1990 (see chart below). 1994's patients stayed in the hospital 5.6 days, down 0.7 days over the five year period, most of which occurred between 1993 and 1994. Average billed charges dropped slightly from 1993 but increased 25.7 since 1990. This convergence of factors produced an increase in average daily billings of 41.4 percent over the five year period (see chart at upper right). As noted elsewhere in this report, increases in per day billed charges were stimulated as much or more by decreases in average lengths of hospital stays as by increases in average total billed charges. And, of course, when reductions in average length of hospital stays are distributed across many DRG's, the cause of the decreases is likely the financial pressures brought about by capitated reimbursement rates. The percentage of patients who died while in the hospital reached 6.2 percent in 1991 and remained relatively constant for the next four years, finishing at 6.6 percent of patient discharges in 1994. In-hospital death rates cannot be used as a valid indicator by which to assess effects of reductions in average patient time in the hospital since, if reductions in hospital length of stays were to affect mortality, it would most likely produce such effects after discharge, and post-discharge mortality statistics are not available in a record-linked mode with the hospital data available for this report.

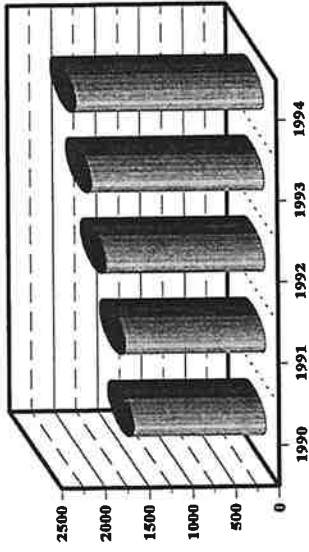
DRG 127: PATIENT COUNTS
NEVADA: ALL HOSPITALS: 1990-1994



Slightly over half -- 53.6 percent -- of DRG 127 discharges in 1994 were males, a pattern maintained since 1990. Women remained in the hospital half a day longer than men in 1994, with similar differences in average length of hospital stays during the previous four years. Despite women's longer stays their average billed charges were only slightly higher than for men, again for all the five reporting years. Higher percentages of in-hospital deaths alternated yearly between men and women with no consistent advantage for either. On the whole DRG 127 men and women were essentially alike in patient counts, days stays, billed charges, and death rates for the period 1990 to 1994.

Circulatory diseases tend to strike older Nevadans more than younger; this is strikingly illustrated by DRG 127. The two oldest patient groups, i.e. age 50 and older, comprised 94.2 percent of all heart failure and shock patients in 1994, and this pattern prevailed for all the five reporting years. Patients age 65 plus remained half a day longer in the hospital compared to the 50 to 64 year old group but were billed only an average of \$300 more in 1994. Most striking, however, are differences in in-hospital mortality; patients 65 or older died at a rate more than half again higher than the next oldest age group, ranging from 7.3 to 7.7 percent of patients since 1992.

DRG 127: AVERAGE DAILY CHARGES
NEVADA: ALL HOSPITALS: 1990-1994

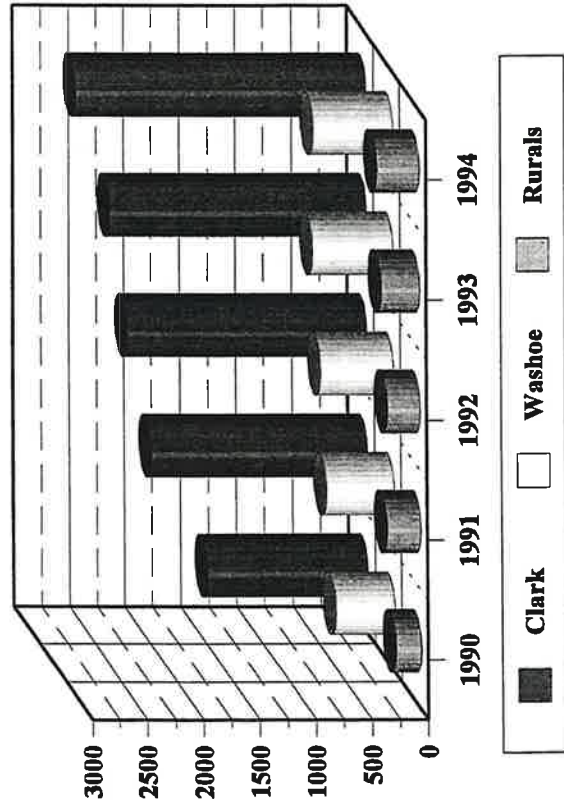


DRG	127	1990	1991	1992	1993	1994
TOTAL	Discharges	2179	2825	3082	3359	3697
	ALOS	6.3	6.1	6.3	6.1	5.6
	Expired	5.5	6.2	6.8	6.8	6.6
	Avg. Charge	\$9646	\$9882	\$11557	\$11161	\$12120
Male	Discharges	1171	1500	1617	1799	1992
	ALOS	6.0	5.9	6.1	5.9	5.4
	Expired	5.5	5.9	6.9	6.2	7.0
	Avg. Charge	\$9551	\$9834	\$11459	\$12038	\$11936
Female	Discharges	1008	1325	1465	1560	1715
	ALOS	6.7	6.4	6.5	6.2	5.9
	Expired	5.6	6.4	6.8	7.5	6.2
	Avg. Charge	\$9756	\$9936	\$11665	\$12304	\$12332
0 - 17	Discharges	21	12	8	14	11
	ALOS	6.4	5.8	3.9	6.9	3.8
	Expired	4.8	.0	12.5	14.3	9.1
	Avg. Charge	\$7687	\$11116	\$4532	\$14329	\$8325
18 - 35	Discharges	17	30	26	33	47
	ALOS	8.2	5.6	4.2	4.9	4.4
	Expired	.0	.0	7.7	6.1	2.1
	Avg. Charge	\$9341	\$10298	\$9003	\$12184	\$10517
36 - 49	Discharges	84	105	112	130	155
	ALOS	5.1	4.7	6.6	5.5	4.3
	Expired	2.4	3.8	3.6	2.3	5.2
	Avg. Charge	\$8162	\$8272	\$13650	\$12363	\$10721
50 - 64	Discharges	420	533	604	622	654
	ALOS	6.1	6.4	5.9	5.6	5.1
	Expired	4.3	4.3	4.0	4.5	5.1
	Avg. Charge	\$10649	\$10311	\$11211	\$11939	\$11973
65 plus	Discharges	1637	2145	2332	2560	2830
	ALOS	6.4	6.2	6.4	6.2	5.8
	Expired	6.0	6.9	7.7	7.6	7.3
	Avg. Charge	\$9493	\$9841	\$11589	\$12193	\$12272

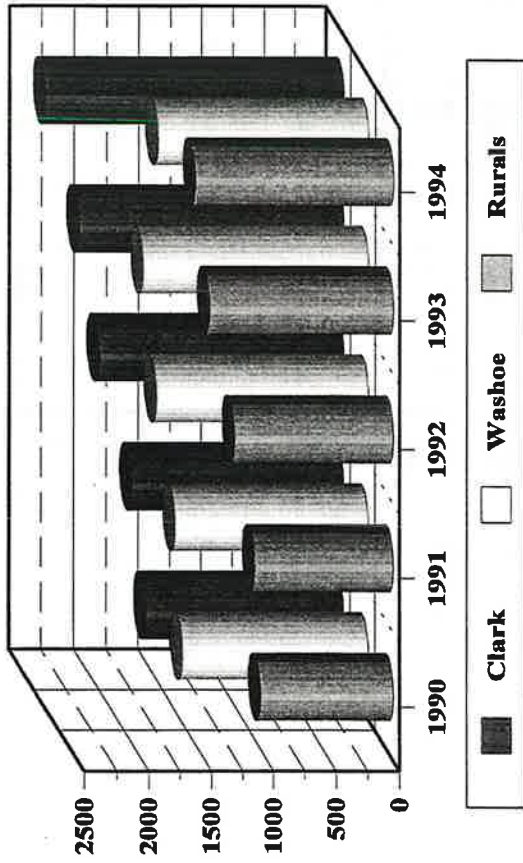
Clark County hospitals discharged just over 70 percent of all DRG 127 patients in 1994; Washoe County Hospitals added another 19.3 percent to the total. Rural hospitals discharged 378 patients during 1994, just under half from Carson-Tahoe Hospital. Each region increased patient counts over the period 1990 to 1994, with strongest gains in Clark County. Increases for the three regions are depicted in the chart below. Over the five years of the reporting period, the average length of hospital stay declined 0.8 days in Clark and Washoe counties and declined about three-tenths of one day in the rural counties. Most of Clark County's decline in average lengths of stay (ALOS) occurred between 1993 and 1994 while Washoe County's was more evenly spread over the five year period. Clark County's five year increase in total billed charges averaged nearly \$3200 per patient, and this increase coupled with the above-mentioned decline in average length of hospital stays resulted in an increase of nearly \$800 per patient in average daily charges. Equivalent five year increase were over \$500 per patient in rural hospitals and over \$200 per patient in Washoe County. These regional increases in average daily billed charges appear in graph form in the chart at the right.

For the last four years of the reporting period, Clark County hospitals had in-hospital death rates substantially higher than those in Washoe County; rural hospitals tended to remain lowest of all in terms of in-hospital percentages of death,

DRG 127: PATIENT DISCHARGES
NEVADA: THREE REGIONS: 1990-1994



DRG 127: AVERAGE DAILY CHARGES
NEVADA: THREE REGIONS: 1990-1994



reflecting the greater potential for very seriously ill patients to be transported to larger urban hospital facilities.

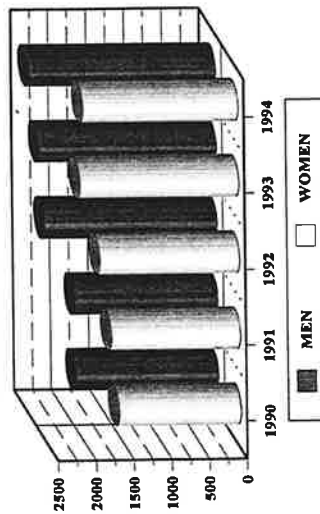
During 1994, Sunrise Hospital at \$14905 had the highest average billed charge in the state, based upon an average length of stay of 5.7 days; Valley Hospital was just behind at \$14886 on a patient average length of stay of 6.4 days. In Washoe County, St. Mary's Regional Medical Center reported average billings of \$10596, much below most of Clark County hospitals but nearly \$900 higher than Washoe Medical Center's average billed charge. Carson-Tahoe Hospital, with 49.5 percent of rural discharges for DRG 127, billed an average of \$7552 with an average length of hospital stay of 4.7 days, both figures considerably lower than urban hospital averages.

DRG 138: CARDIAC ARRHYTHMIA AND CONDUCTION DISORDERS W CC

Patients discharged from Nevada hospitals with cardiac arrhythmia and conduction disorders with accompanying comorbid (CC) diagnoses numbered 1183 for 1994; another 679 patients were discharged under DRG 139, without CC. Unlike many other circulatory and respiratory conditions, DRG 138 discharge counts increased only about 20 percent statewide over the five year reporting period. Average length of hospital stays were also fairly constant across the five years while total billed charges increased less than \$2000 during the same time period, although 1994's average was over \$250 lower per patient than 1993's average charges. The same could be said for DRG 139 except that total billed charges increased steadily over five years with a nearly \$1700 average increase per patient discharge. In-hospital death rates for DRG 138 were steady between 1990 and 1994 except for a rise in 1993 to 7.3 percent of discharges. Specific principal diagnoses under these two DRG's included tachycardia (fluttering and irregular heartbeat), atrial and ventricular fibrillation, cardiac dysrhythmias, and malfunctioning cardiac pacemakers (previously implanted). If a patient with these conditions had a pacemaker installed -- an operating room procedure -- he or she would be reported within DRG 116, would remain in the hospital longer, and would be charged considerably more than as a DRG 138 patient.

DRG 138: AVERAGE DAILY CHARGES

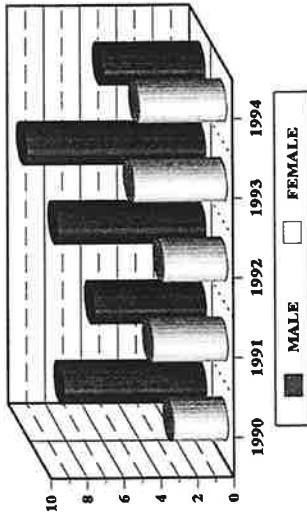
NEVADA: TWO GENDERS: 1990-1994



Men outnumbered women patients early in the five year period, but there were thirteen fewer male patients by discharge year 1994. Women tended to remain in the hospital slightly longer than men but were billed significantly less, resulting in much higher daily average charges for men (see chart above). Some of the shorter average length of hospital stays for men can be attributed to their much higher in-hospital death rate in comparison to women (see chart at upper right), the remainder may be due to higher acuity (more severe comorbid conditions and/or general health status at admission) and other predisposing factors.

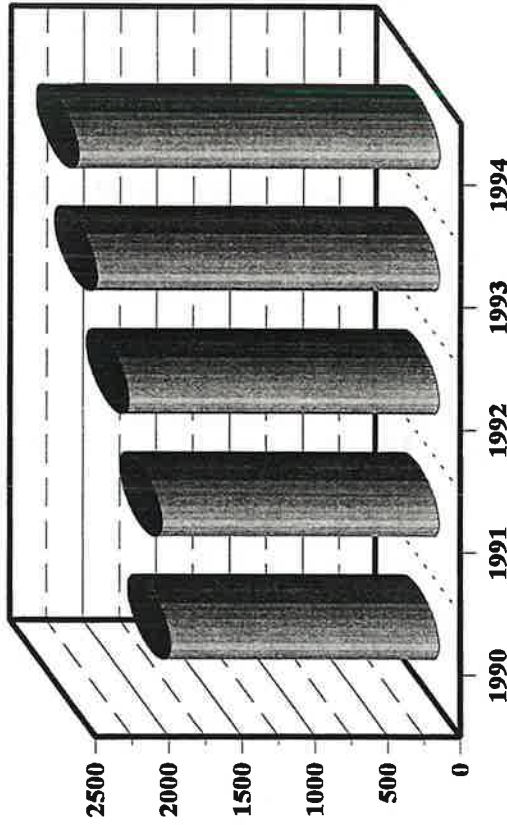
All but 113 of the DRG 138 discharges in 1994 were age 50 or higher, again underscoring the most vulnerable populations to circulatory diseases. Within these two oldest age groups, average lengths of hospital stays and in-hospital mortality rates were higher among the age 65 and older patients compared to the next younger age group. Average billed charges, on the other hand, were mixed, in some years higher for the 50 to 64 year old patients, in others higher for the age 65 and older patients.

DRG 138: PERCENT EXPIRED IN HOSPITAL
NEVADA: TWO GENDERS: 1990-1994

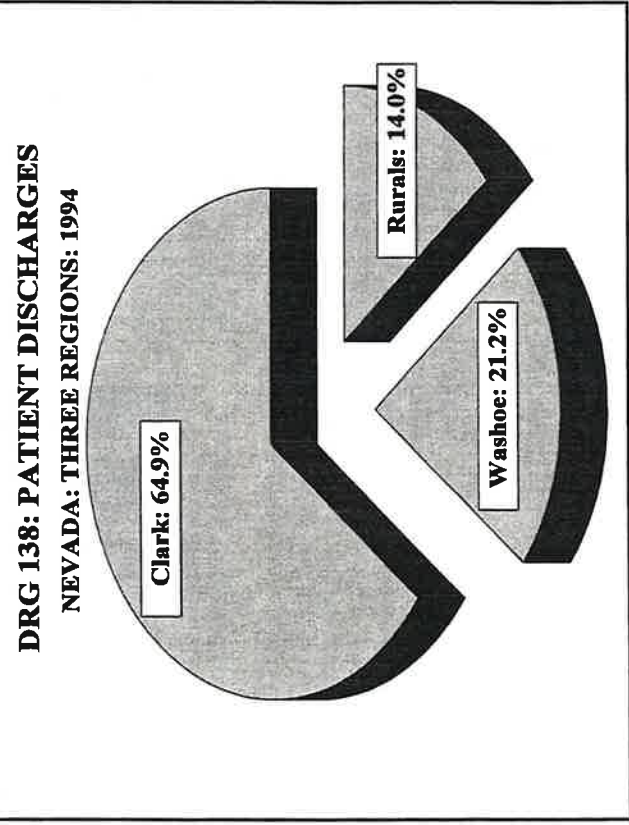


DRG	138	1990	1991	1992	1993	1994
TOTAL	Discharges	985	1173	1117	1099	1183
	ALOS	4.1	4.5	4.1	4.2	4.0
	Expired	5.5	5.1	5.7	7.3	5.2
	Avg. Charge	\$7162	\$7999	\$8304	\$9417	\$9154
Male	Discharges	513	611	543	512	585
	ALOS	4.0	4.3	3.8	4.2	4.0
	Expired	7.8	6.1	8.1	9.8	5.6
	Avg. Charge	\$7517	\$8134	\$8677	\$9854	\$9892
Female	Discharges	472	562	574	587	598
	ALOS	4.2	4.6	4.3	4.3	4.1
	Expired	3.0	4.1	3.5	5.1	4.8
	Avg. Charge	\$6777	\$7851	\$7951	\$9036	\$8431
0 - 17	Discharges	7	7	6	12	3
	ALOS	3.4	3.7	4.5	3.8	7.0
	Expired	0.0	14.3	0.0	8.3	33.3
	Avg. Charge	\$3894	\$12824	\$13178	\$9144	\$15681
18 - 35	Discharges	40	40	28	21	24
	ALOS	2.2	2.3	2.9	4.2	1.8
	Expired	7.5	2.5	3.6	0.0	0.0
	Avg. Charge	\$4655	\$5536	\$5922	\$9062	\$4494
36 - 49	Discharges	67	76	75	53	86
	ALOS	4.5	2.9	3.0	2.9	3.2
	Expired	6.0	2.6	2.7	3.8	0.0
	Avg. Charge	\$9859	\$6087	\$5928	\$8021	\$7477
50 - 64	Discharges	209	253	243	229	243
	ALOS	3.6	3.5	3.5	3.5	3.8
	Expired	3.8	4.0	7.8	7.0	3.7
	Avg. Charge	\$6832	\$7379	\$8609	\$9376	\$10233
65 plus	Discharges	662	797	765	784	827
	ALOS	4.4	5.0	4.4	4.4	4.2
	Expired	5.9	5.8	5.5	7.8	6.3
	Avg. Charge	\$7180	\$8459	\$8489	\$9538	\$9129

**DRG 138: AVERAGE DAILY CHARGES
NEVADA: CLARK COUNTY: 1990-1994**



Clark County hospitals discharged nearly 65 percent of all DRG 138 patients during 1994 compared to Washoe County's percentage -- just over 21 percent -- and the rural hospitals' 14 percent (see chart below). It is interesting that these percentages closely approximate the population distribution in Nevada, thus making the annual incidence of DRG 138 the most population-representative of the DRG's included in this report. Clark County hospitals' average billed charges were over \$400 below 1993's average, but were, nonetheless, over \$1800 higher than Washoe County's 1994 average and over \$4300 higher than that of the rural hospitals for 1994. Average length of stays (ALOS) were relatively constant across the five reporting years for the rural hospitals, with just a slight increase coming by the fifth year. Average length of stays increased by 0.6 days between 1990 and 1994 among Washoe County hospitals, but decreased one-half day for Clark County hospitals. As has been noted before, the combination of declining average length of stays and increasing average billed charges produces sizeable increases in average daily billed charges. The chart at the upper right illustrates these five year trends in per day average billed charges, using data from Clark County, the only region with a combination declining ALOS and increasing average billed charges.



There were six Nevada hospitals with triple digit discharge counts for 1994, and a seventh, St. Mary's Regional Medical Center, with 98 discharges. Except for Sunrise Hospital in Las Vegas with 234 discharges, the remaining six hospital were relatively similar in patient discharge totals for 1994. Valley Hospital, with average billed charges of \$11329 for DRG 138, led statewide followed closely by Sunrise Hospital at \$11308 and Desert Springs Hospital at \$10665. Washoe Medical Center had a slight edge in patient discharges and average billed charges over St. Mary's Regional Medical Center. As usual, Carson-Tahoe Hospital led rural hospitals in discharges; their average billed charge for 1994 was \$6316 on 3.1 days average length of stay, similar in both charges and ALOS to University Medical Center in Las Vegas.

Sunrise Hospital's average billed charges did not increase a great deal over the five years covered by this report; the same could be said for University Medical Center. In contrast Washoe Medical Center increased billed charge averages by a significant 85 percent between 1990 and 1994, but the end result left the hospital considerably behind most Las Vegas facilities and only slightly ahead of St. Mary's Regional Medical Center, which increased its billed charges over the five years by just under 55 percent. Rural discharge leader Carson-Tahoe Hospital increased its billed charges by 21.6 percent between 1990 and 1994, although their 1994 average was well below that of the larger Clark County facilities.

DRG 138: CARDIAC ARRHYTHMIA AND CONDUCTION DISORDERS WITH CC

		1990			1991			1992			1993			1994		
CLARK COUNTY (combined data)	Discharges ALOS Avg. Charge	619 4.6 \$8466	679 4.8 \$9099	680 4.4 \$9348	644 4.5 \$10552	768 4.1 \$10141	RURAL COUNTIES (combined data)	71 3.5 \$4587	104 3.1 \$4105	100 3.0 \$4848	127 3.3 \$5795	166 3.7 \$5823				
Boulder City Hospital	Discharges ALOS Avg. Charge	7 6.4 \$8584	10 6.7 \$10613	8 1.8 \$4198	17 2.5 \$5532	22 3.3 \$6766	Battle Mountain Hospital (Lander)	1 1.0 \$1413	0 .0 \$0	0 .0 \$0	0 .0 \$0	1 5.0 \$6706				
Desert Springs Hospital	Discharges ALOS Avg. Charge	119 5.1 \$8656	113 4.6 \$8047	124 4.6 \$8181	125 4.3 \$8184	111 4.8 \$10665	Carson-Tahoe Hospital (Carson City)	39 3.8 \$5195	50 3.2 \$4057	47 3.3 \$5537	66 3.7 \$6657	107 3.8 \$6316				
Sunrise Hospital and Medical Center	Discharges ALOS Avg. Charge	168 4.7 \$10025	229 5.2 \$11024	216 4.6 \$10326	201 4.8 \$12326	234 4.1 \$11308	Churchill Community Hospital (Churchill)	5 1.8 \$2935	17 2.2 \$3348	18 2.9 \$4700	24 3.1 \$5804	21 3.8 \$5372				
Lake Mead Hospital and Medical Center	Discharges ALOS Avg. Charge	39 4.2 \$5463	50 4.1 \$5444	50 3.5 \$7029	54 3.7 \$7871	53 3.9 \$9574	Elko General Hospital (Elko)	5 4.8 \$4809	9 4.0 \$4627	13 1.8 \$3458	11 2.3 \$3841	7 3.7 \$6737				
St. Rose Dominican Hospital	Discharges ALOS Avg. Charge	43 3.7 \$7471	50 3.8 \$9325	34 3.6 \$9257	34 4.3 \$9580	41 3.0 \$8736	Grover C. Dill Medical Center (Lincoln)	1 4.0 \$3803	0 .0 \$0	1 3.0 \$4269	2 5.5 \$4469	2 1.5 \$2143				
University Medical Center	Discharges ALOS Avg. Charge	98 3.9 \$5478	110 5.6 \$8809	112 4.4 \$8884	78 4.9 \$10199	114 3.4 \$6645	Humboldt General Hospital (Humboldt)	2 3.0 \$2987	2 2.0 \$2544	4 3.5 \$3468	9 2.7 \$3753	3 2.3 \$4394				
Valley Hospital Medical Center	Discharges ALOS Avg. Charge	145 4.9 \$9622	117 4.1 \$7957	136 4.6 \$10422	135 4.7 \$12256	193 4.6 \$11329	Mount Grant General Hospital (Mineral)	3 1.3 \$1516	3 4.3 \$4809	0 .0 \$0	1 2.0 \$5385	3 1.0 \$2078				
Women's Hospital	Discharges ALOS Avg. Charge	0 .0 \$0	0 .0 \$0	0 .0 \$0	0 .0 \$0	0 .0 \$0	Nye Regional Medical Center (Nye)	6 3.3 \$4462	7 2.0 \$4787	7 3.6 \$6651	5 3.2 \$6320	11 6.1 \$5371				
WASHOE COUNTY (combined data)	Discharges ALOS Avg. Charge	295 3.3 \$5046	390 4.2 \$7121	337 3.8 \$7221	328 4.0 \$8593	249 3.9 \$8329	Pershing General Hospital (Pershing)	4 3.0 \$5375	2 1.5 \$2482	1 4.0 \$5929	2 1.5 \$3297	1 3.0 \$5006				
Northern Nevada Medical Center	Discharges ALOS Avg. Charge	35 3.0 \$4875	54 4.6 \$4632	39 3.5 \$6013	30 3.1 \$5802	25 2.6 \$5406	South Lyon Medical Center (Lyon)	1 2.0 \$2616	6 5.2 \$6302	2 4.0 \$3675	2 1.5 \$2103	5 3.2 \$4673				
St. Mary's Regional Medical Center	Discharges ALOS Avg. Charge	113 3.5 \$5507	125 4.5 \$8006	133 3.5 \$6524	148 3.8 \$7755	98 3.9 \$8530	William B. Ririe Hospital (White Pine)	4 3.5 \$4439	8 2.9 \$3717	7 2.4 \$3644	5 3.8 \$4918	5 1.4 \$2594				
Washoe Medical Center	Discharges ALOS Avg. Charge	147 3.1 \$4732	211 3.9 \$7234	165 4.1 \$8069	150 4.5 \$9977	126 4.1 \$8752	TOTAL ALL COUNTIES	985 4.1 \$7162	1173 4.5 \$7999	1117 4.1 \$8304	1099 4.2 \$9417	1183 4.0 \$9154				

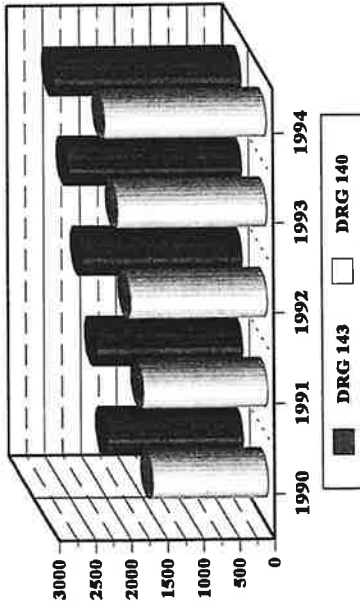
DRG 140: ANGINA PECTORIS / DRG 143: CHEST PAIN

These two DRG's have been combined into one discussion so that they might be compared. In addition to angina pectoris, DRG 140 also includes such related diagnoses as coronary occlusion without acute myocardial infarction (AMI) and intermediate coronary syndrome, the latter representing by far the largest number of DRG 140 cases. DRG 143 patients suffered chest pains, not otherwise or elsewhere classified in diagnostic terms; in many instances hospitalization was necessary for close observation and/or testing. Both DRG's had large patient counts for 1994, greatest for DRG 143 at 2586 discharges statewide in comparison to DRG 140 with 1278 discharges. It is interesting that DRG 140's patient counts have declined by about one third over the past five years while DRG 143 has increased by over 45 percent during the same period (see chart below). DRG 143 patients remained in the hospital an average of about two days, nearly constant between 1990 and 1994, while DRG 140 patients stayed in the hospital a longer time although average lengths of stays (ALOS) for this DRG declined one-half day over the five year reporting period, in line with patterns for many other DRG's represented in this report. Billed charges increased over five years by about \$900 per discharge for DRG 140 which, coupled with the decline in ALOS, produced an increasing average daily billed charge. DRG 143 total billed charges increased about \$1150 per patient between 1990 and 1994 which, despite the flat ALOS, produced a higher and steadily increasing average daily billed charge (see chart at upper right).

Male and female discharge counts were nearly equal, year by year, for DRG 140 although females had slightly higher ALOS and average billed charges. Males outnumbered females in DRG 143 by one hundred or fewer for each year between 1990 and 1994, and the ALOS and average billed charge patterns for DRG 140 males was duplicated closely for DRG 143. In-hospital death rates tended to be similar for men and women for both DRG's remaining, in all cases, below one percent of discharges except for DRG 140 female patients in 1991.

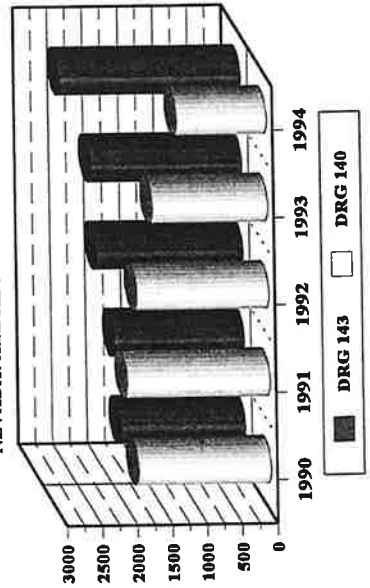
DRG 143 produced relatively more patients aged 35 and younger compared to DRG 140. Otherwise, both tended to be conditions more common among older Nevadans. Average length of hospital stays increased steadily and significantly by age category for DRG 140 patients, less so for those in DRG 143, and total billed charges followed accordingly for both. In-hospital death rates increased to some extent by age for DRG 140 patients, and again less so for DRG 143, yet the rate exceeded one percent only in the case of age 65 and older DRG 140 patients during 1991, and they were, as discussed above, primarily female.

DRG 140/143: AVERAGE DAILY CHARGES
NEVADA: ALL HOSPITALS: 1990-1994



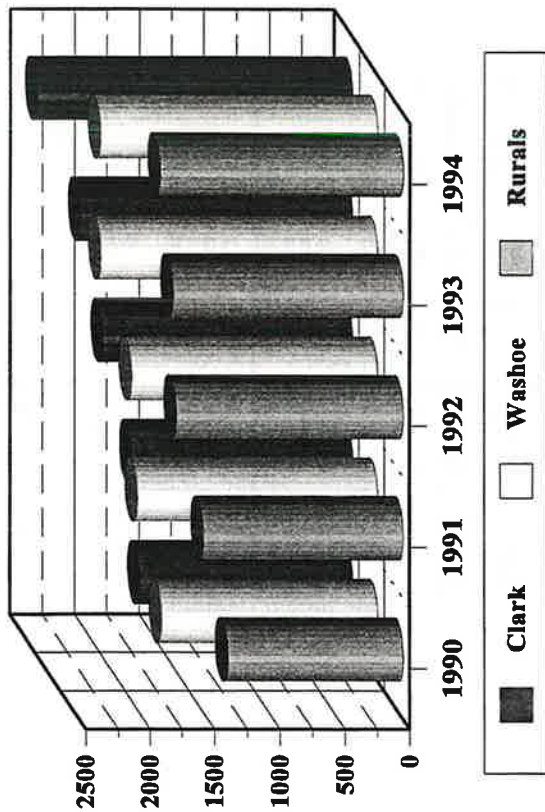
DRG	140	1990	1991	1992	1993	1994
TOTAL	Discharges ALOS Expired Avg. Charge	1688 3.1 .3 \$4968	2034 2.9 .9 \$5038	1880 2.7 .3 \$5156	1643 2.8 .1 \$5828	1278 2.6 .4 \$5885
Male	Discharges ALOS Expired Avg. Charge	985 2.7 .2 \$4790	1087 2.7 .7 \$4963	1027 2.7 .1 \$5158	865 2.7 .2 \$5613	670 2.5 .4 \$5789
Female	Discharges ALOS Expired Avg. Charge	903 3.3 .4 \$5205	947 3.2 1.2 \$5123	853 2.8 .6 \$5155	778 2.7 .0 \$6066	608 2.7 .3 \$5991
0 - 17	Discharges ALOS Expired Avg. Charge	8 2.5 .0 \$7905	9 2.4 .0 \$3827	3 3.3 .0 \$3917	2 2.5 .0 \$4975	1 1.0 .0 \$2979
18 - 35	Discharges ALOS Expired Avg. Charge	34 2.2 .0 \$3881	41 2.2 .0 \$3716	36 1.8 .0 \$3902	22 1.6 .0 \$4154	19 1.9 .0 \$4823
36 - 49	Discharges ALOS Expired Avg. Charge	272 2.3 .4 \$4129	293 2.3 .4 \$4144	270 2.1 .0 \$4408	235 2.3 .0 \$4918	201 2.1 .5 \$5102
50 - 64	Discharges ALOS Expired Avg. Charge	591 2.7 .3 \$4644	712 2.6 .3 \$4614	698 2.4 .1 \$4837	580 2.4 .2 \$5686	419 2.3 .2 \$5793
65 plus	Discharges ALOS Expired Avg. Charge	983 3.5 .3 \$5369	979 3.4 1.7 \$5581	873 3.2 .6 \$5699	804 3.3 .1 \$6302	638 2.9 .6 \$6228

DRG 140/143: PATIENT DISCHARGES
NEVADA: ALL REGIONS: 1990-1994



Recall that patient discharge counts for DRG 140 -- Angina Pectoris -- declined between 1991 and 1994 by over 600 statewide while total discharges for DRG 143 increased steadily, from 1775 in 1990 to 2586 in 1994. From the chart below, note that all of DRG 143's gain in patient counts was accounted for by Clark County hospitals and, proportionally, by rural county hospitals. In both instances patient discharges about doubled while in Washoe County they actually declined over the five year period, dropping from 792 in 1990 to 624 in 1994. In the case of DRG 140's decline in patient discharges over the five reporting years, note that both Clark and Washoe county hospitals contributed to this drop while hospitals in the rural counties, propelled notably by Carson-Tahoe Hospital's significant increase between 1992 and 1993, nearly doubled between 1990 and 1994. Since many of the same specific diagnoses can appear in both DRG's, if reimbursement criteria have changed in urban areas due to managed care and capitation, this may be reflected in these rural-urban differences in classifying patients upon discharge. Complicating the pattern: note that Sunrise Hospital, Lake Mead Hospital, and Valley Hospital cut their discharge counts approximately in half for DRG 140 while other Clark County hospitals-- such as Desert Springs Hospital and University Medical Center maintained somewhat level DRG 140 discharge counts over the five year reporting period.

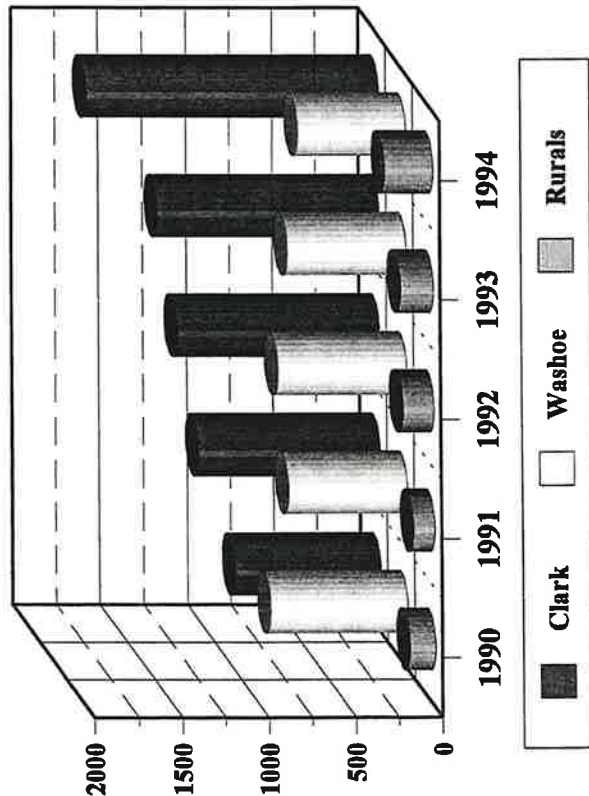
DRG 140: AVERAGE DAILY CHARGES
NEVADA: THREE REGIONS: 1990-1994



Average billed charges also increased for both DRG's in all three regions between 1990 and 1994, with five year percentage increases highest for rural hospitals and for Washoe County hospitals within DRG 140 only (33 percent in the latter case). Average lengths of hospital stays (ALOS) were remarkably constant for DRG 143 within each region but, reflecting the overall pattern, Clark County's DRG 140 ALOS decreased 0.7 days over the five years while Washoe County and the rural counties again maintained relatively constant average lengths of stays between 1990 and 1994.

This pattern -- increasing average billed charges and decreasing average length of hospital stays -- enabled Clark County hospitals to increase their average daily billed charges for DRG 140 by a substantial degree, as did the other two Nevada regions (see chart above). In particular Valley Hospital but also Lake Mead Hospital and University Medical Center contributed to Clark County's increasing average daily billed charges.

DRG 143: PATIENT DISCHARGES
NEVADA: THREE REGIONS: 1990-1994



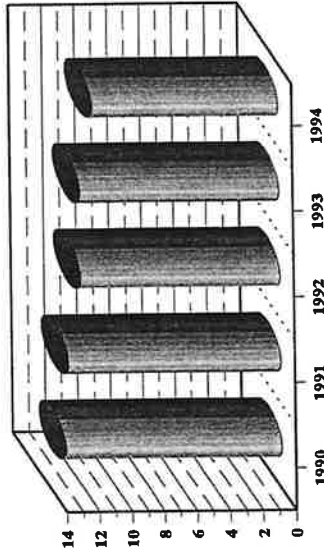
DRG 140: ANGINA PECTORIS

		1990			1991			1992			1993			1994				
CLARK COUNTY (combined data)	Discharges ALOS Avg. Charge	1333 3.3 \$5412	1461 3.1 \$5278	1304 2.8 \$5390	1129 2.9 \$6089	842 2.6 \$6332	151 1.9 \$2563	157 2.2 \$3377	165 2.2 \$3840	204 2.7 \$4785	207 2.1 \$3937	RURAL COUNTIES (combined data)	Discharges ALOS Avg. Charge	151 1.9 \$2563	157 2.2 \$3377	165 2.2 \$3840	204 2.7 \$4785	207 2.1 \$3937
Boulder City Hospital	Discharges ALOS Avg. Charge	34 2.7 \$4338	22 2.3 \$4003	25 2.6 \$4738	30 1.9 \$5773	36 2.3 \$5662	5 1.6 \$1642	4 1.8 \$2020	1 1.0 \$2038	1 1.0 \$2038	2 3.0 \$3129	Battle Mountain Hospital (Lander)	Discharges ALOS Avg. Charge	5 1.6 \$1642	4 1.8 \$2020	1 1.0 \$2038	1 1.0 \$2038	2 3.0 \$3129
Desert Springs Hospital	Discharges ALOS Avg. Charge	264 3.3 \$4905	281 3.0 \$5123	362 3.0 \$5076	308 3.4 \$5967	216 2.6 \$5839	63 2.1 \$2909	74 2.7 \$3519	64 2.6 \$4017	94 3.4 \$5830	101 2.3 \$4384	Carson-Tahoe Hospital (Carson City)	Discharges ALOS Avg. Charge	63 2.1 \$2909	74 2.7 \$3519	64 2.6 \$4017	94 3.4 \$5830	101 2.3 \$4384
Sunrise Hospital and Medical Center	Discharges ALOS Avg. Charge	338 3.5 \$6861	336 3.0 \$6259	287 2.7 \$6199	259 2.7 \$6787	150 2.3 \$6452	3 1.7 \$2280	23 2.0 \$2883	34 2.2 \$3693	35 2.5 \$4350	32 2.3 \$4374	Churchill Community Hospital (Churchill)	Discharges ALOS Avg. Charge	3 1.7 \$2280	23 2.0 \$2883	34 2.2 \$3693	35 2.5 \$4350	32 2.3 \$4374
Lake Mead Hospital and Medical Center	Discharges ALOS Avg. Charge	148 3.9 \$5175	271 3.7 \$5046	157 3.2 \$5056	118 3.1 \$5600	78 2.8 \$6596	11 2.5 \$3169	8 2.3 \$3349	7 2.1 \$3144	20 2.5 \$4228	27 1.8 \$3545	Elko General Hospital (Elko)	Discharges ALOS Avg. Charge	11 2.5 \$3169	8 2.3 \$3349	7 2.1 \$3144	20 2.5 \$4228	27 1.8 \$3545
St. Rose Dominican Hospital	Discharges ALOS Avg. Charge	81 2.4 \$4314	106 2.3 \$5068	96 2.7 \$5871	97 2.2 \$6091	39 2.0 \$5109	1 2.0 \$3389	2 3.5 \$3511	0 0 \$0	0 0 \$0	0 0 \$0	Grover C. Dill Medical Center (Lincoln)	Discharges ALOS Avg. Charge	1 2.0 \$3389	2 3.5 \$3511	0 0 \$0	0 0 \$0	0 0 \$0
University Medical Center	Discharges ALOS Avg. Charge	157 2.6 \$4228	195 3.1 \$4576	175 2.6 \$4766	141 2.5 \$4838	155 2.8 \$6216	5 1.2 \$1677	3 1.0 \$1583	6 2.3 \$2272	3 2.3 \$4284	4 1.0 \$856	Humboldt General Hospital (Humboldt)	Discharges ALOS Avg. Charge	5 1.2 \$1677	3 1.0 \$1583	6 2.3 \$2272	3 2.3 \$4284	4 1.0 \$856
Valley Hospital Medical Center	Discharges ALOS Avg. Charge	310 3.5 \$5387	250 3.1 \$5133	202 2.7 \$5456	176 3.1 \$6658	168 3.1 \$7272	8 1.8 \$1849	0 0 \$0	9 1.7 \$2335	2 1.5 \$2706	4 1.8 \$2083	Mount Grant General Hospital (Mineral)	Discharges ALOS Avg. Charge	8 1.8 \$1849	0 0 \$0	9 1.7 \$2335	2 1.5 \$2706	4 1.8 \$2083
Women's Hospital	Discharges ALOS Avg. Charge	1 3.0 \$3036	0 0 \$0	0 0 \$0	0 0 \$0	0 0 \$0	23 1.7 \$2583	24 1.6 \$4590	26 2.3 \$5174	26 1.8 \$3960	9 2.3 \$4895	Nye Regional Medical Center (Nye)	Discharges ALOS Avg. Charge	23 1.7 \$2583	24 1.6 \$4590	26 2.3 \$5174	26 1.8 \$3960	9 2.3 \$4895
WASHOE COUNTY (combined data)	Discharges ALOS Avg. Charge	404 2.7 \$4499	416 2.6 \$4821	411 2.6 \$4943	310 2.6 \$5563	229 2.8 \$6001	3 3.0 \$3321	2 2.5 \$3372	1 1.0 \$2431	2 3.5 \$4371	2 2.0 \$3176	Pershing General Hospital (Pershing)	Discharges ALOS Avg. Charge	3 3.0 \$3321	2 2.5 \$3372	1 1.0 \$2431	2 3.5 \$4371	2 2.0 \$3176
Northern Nevada Medical Center	Discharges ALOS Avg. Charge	40 2.5 \$4313	33 2.1 \$4196	22 2.5 \$5747	25 2.4 \$6344	21 4.0 \$9942	3 1.7 \$2407	5 1.2 \$2058	2 2.5 \$3779	3 1.3 \$2091	15 1.6 \$2552	South Lyon Medical Center (Lyon)	Discharges ALOS Avg. Charge	3 1.7 \$2407	5 1.2 \$2058	2 2.5 \$3779	3 1.3 \$2091	15 1.6 \$2552
St. Mary's Regional Medical Center	Discharges ALOS Avg. Charge	93 3.0 \$5067	107 3.2 \$5788	134 2.6 \$5044	93 2.6 \$5394	74 2.9 \$5974	26 1.6 \$1951	12 1.7 \$2476	15 1.5 \$3196	18 1.5 \$2945	11 1.4 \$2704	William B. Ririe Hospital (White Pine)	Discharges ALOS Avg. Charge	26 1.6 \$1951	12 1.7 \$2476	15 1.5 \$3196	18 1.5 \$2945	11 1.4 \$2704
Washoe Medical Center	Discharges ALOS Avg. Charge	271 2.7 \$4332	276 2.5 \$4521	255 2.5 \$4821	192 2.6 \$5543	134 2.5 \$5398	1888 3.1 \$4988	2034 2.9 \$5038	1880 2.7 \$5156	1643 2.8 \$5828	1278 2.6 \$5885	TOTAL ALL COUNTIES	Discharges ALOS Avg. Charge	1888 3.1 \$4988	2034 2.9 \$5038	1880 2.7 \$5156	1643 2.8 \$5828	1278 2.6 \$5885

DRG 148: MAJOR SMALL AND LARGE BOWEL PROCEDURES WITH COMORBIDITY (CC)

This DRG, with its non-comorbidity (CC) mate DRG 149, includes surgical procedures such as temporary or permanent colostomies and ileostomies, total removal of the small bowel, repair of fistulas, and related surgical procedures. Nevada hospitals discharged 1228 patients who underwent the surgical procedures and who also suffered from comorbid or complicating conditions, and another 251 patients were discharged with the same surgeries but without CC. During 1994, DRG 148 patients remained in the hospital (ALOS) an average of 11.4 days, down substantially from the 13.2 days average length of stay in 1990 (see chart below); in contrast DRG 149 patients' ALOS was over 4 days less and their billed charges were over \$18000 lower during 1994; the ratio between the two DRG's was actually greater in years past, but a substantial increase in DRG 149 average billed charges between 1993 and 1994 reduced the billing gap between them. Declining ALOS coupled with increasing billed charges inevitably led to higher daily average billed charges (see chart at upper right). In-hospital death rates were fairly constant over the five years for DRG 148 patients, averaging about seven percent of discharges, in contrast to DRG 149 in which only two patients died over the span of five years.

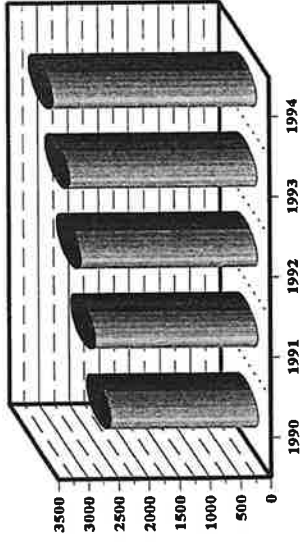
DRG 148: AVERAGE LENGTH OF STAY
NEVADA: ALL HOSPITALS: 1990-1994



As with many of the DRG's in this publication, the average age of DRG 148 patients was certainly well above 50. In fact, substantially over half of the patients were age 65 and older during 1994, a proportion which held fairly constant for each reporting year. All factors -- patient discharges, ALOS, and total billed charges -- increased with age for all the five years; and so did in-hospital death rates, suggesting that DRG 148 women might be somewhat older than their male counterparts, thus producing a higher in-hospital death rate among the former. The death rate for patients aged 65 and older actually increased by almost one percent between 1990 and 1994, peaking at 9.9 percent expired in 1994.

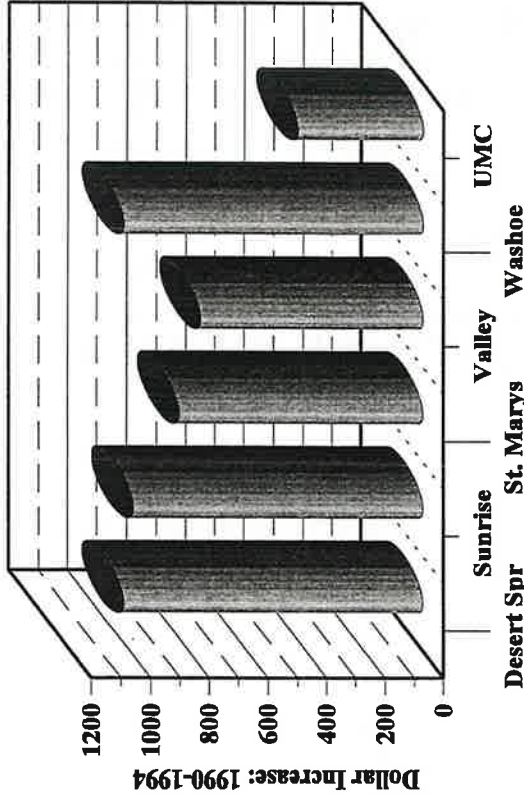
Discharge counts for men and women in DRG 148 were essentially equal over each of the five reporting years, as they were also for DRG 149. The same could be said for ALOS for DRG 148, which, to a lesser extent, was also the case for DRG 149. Average billed charges also fit the same pattern. On the other hand women consistently expired at a higher rate in hospital compared to men, and this pattern pertained across all the five reporting years, and in one year -- 1992 -- the female in-hospital death rate was over half again higher than that of male patients.

DRG 148: AVERAGE DAILY CHARGES
NEVADA: ALL HOSPITALS: 1990-1994

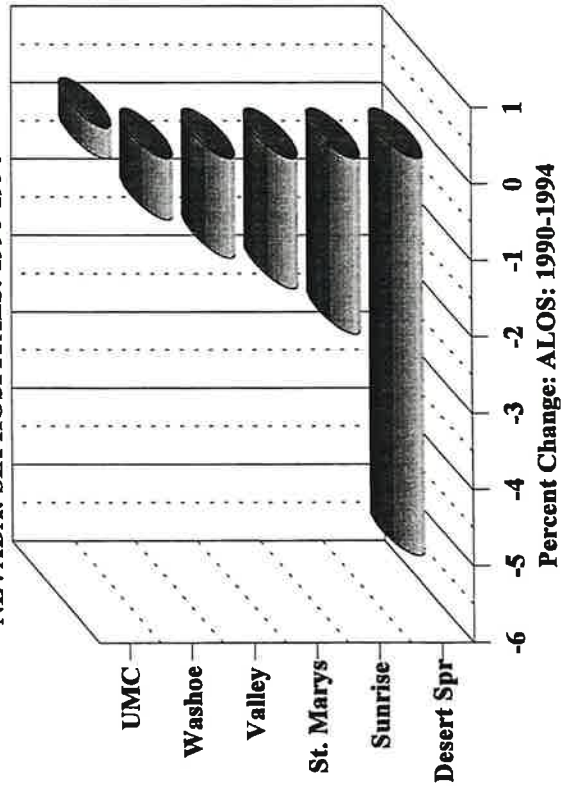


DRG	148	1990	1991	1992	1993	1994
TOTAL	Discharges	933	1116	1148	1090	1228
	ALOS	13.2	13.0	12.2	12.2	11.4
	Expired	7.2	6.9	7.2	7.2	6.9
	Avg. Charge	\$3190	\$3474	\$3540	\$3750	\$3766
Male	Discharges	451	565	562	554	607
	ALOS	12.7	13.1	12.2	12.2	11.3
	Expired	6.4	6.7	5.2	6.7	6.8
	Avg. Charge	\$31371	\$34268	\$34760	\$37500	\$38135
Female	Discharges	482	551	586	536	621
	ALOS	13.6	12.8	12.2	12.3	11.5
	Expired	7.9	7.1	8.2	7.8	7.1
	Avg. Charge	\$32568	\$32939	\$36112	\$37878	\$38499
0 - 17	Discharges	19	33	17	20	21
	ALOS	23.0	13.5	12.0	20.4	7.0
	Expired	5.3	6.1	0	0	0
	Avg. Charge	\$45709	\$35239	\$30434	\$48910	\$21633
18 - 35	Discharges	46	73	69	65	56
	ALOS	11.7	11.5	9.9	10.5	11.3
	Expired	0	1.4	1.4	1.5	1.8
	Avg. Charge	\$29071	\$30439	\$26174	\$30531	\$38415
36 - 49	Discharges	96	110	131	125	161
	ALOS	11.5	11.7	12.0	11.8	11.9
	Expired	4.2	1.8	3.1	1.2	1.2
	Avg. Charge	\$28917	\$29798	\$36763	\$36078	\$37760
50 - 64	Discharges	246	265	270	236	293
	ALOS	12.6	12.4	11.3	12.1	11.0
	Expired	5.7	5.3	5.2	6.8	4.4
	Avg. Charge	\$31659	\$33367	\$32953	\$39042	\$39512
65 plus	Discharges	526	635	661	644	697
	ALOS	13.6	13.6	12.9	12.3	11.6
	Expired	9.1	9.1	8.8	9.3	9.9
	Avg. Charge	\$32465	\$36697	\$37808	\$37875	\$38442

**DRG 148: AVERAGE DAILY CHARGES
NEVADA: SIX HOSPITALS: 1990-1994**



**DRG 148: AVERAGE LENGTH OF STAY (ALOS)
NEVADA: SIX HOSPITALS: 1990-1994**



Clark County hospitals led the state in discharges with 844 during 1994, representing 68.7 percent of the state's discharges for DRG 148. And Clark County maintained that lead by increasing its total discharge count by over 40 percent during the five years covered in this report, in comparison to the rural hospitals with a 43.9 percent increase and Washoe County with barely any increase at all.

The two urban counties were very nearly equal in total billed charges in 1994, but in order to reach that position, Washoe County had to increase at a significantly higher rate since 1990 to achieve parity and slightly pass Clark County. Note, too, that rural hospitals increased their total billed charges by a significant 84.3 percent over the five year period, yet were still nearly \$14000 below Washoe County's average in 1994.

Both urban counties lowered their average length of hospital stays (ALOS) between 1990 and 1994, a full two days in Clark County and 1.3 days in Washoe. Rural hospitals' ALOS dropped only a half day over the same five year period. Decreases in average length of hospital stays for the six hospitals in the state having the highest discharge counts for DRG 148 during 1994 are displayed graphically below. Note Desert Springs Hospital's extraordinary 5.2 days reduction in ALOS in only five years, achieved on a baseline average length of stay of 15.9 days in 1990. Considerably below this was Sunrise Hospital and Medical Center's 2.3 days reduction and St. Mary's Regional Medical Center's 1.7 days. Note that Washoe

Medical Center's ALOS was nearly constant across the five year period and University Medical Center in Las Vegas actually increased its average length of stay for DRG 148.

Over a five year period, increasing average total billed charges or decreasing average length of hospital stays lead to elevated average daily billed charges; accomplishing both lead to significantly elevated daily billed charges. Note in the chart above that Washoe Medical Center accomplished the latter feat more so than any other of the six discharge-leading hospitals within DRG 148. Between 1990 and 1994 Washoe Medical Center reduced its ALOS by 0.5 days while increasing its total billed charges by nearly \$12000, (a five year increase of 34.6 percent), yielding over a one thousand dollar increase in average daily billed charges. On the other hand, Sunrise Hospital and Medical Center, with a 2.3 day reduction in ALOS and a modest 13.1 percent increase in total billed charges posted nearly a \$1000 increase in average daily billed charges. Desert Springs Hospital, the leader in ALOS reduction at 5.2 days in five years, actually decreased its total billed charges by nearly \$900 for DRG 148 during the reporting period, the combination yielding an increase in average daily billed charges of slightly over \$1000, second highest among the six hospitals. At the other end of the spectrum was University Medical Center with an increase in ALOS of 0.4 days, a \$7000 increase in total billed charges, and a modest \$428 per day increase in billed charges between 1990 and 1994.

DRG 148: MAJOR SMALL & LARGE BOWEL PROCEDURES WITH CC

		1990			1991			1992			1993			1994		
CLARK COUNTY (combined data)	Discharges ALOS Avg. Charge	591	749	719	844	13	78	78	57	82	67	82	82	82		
		13.4	13.4	12.7	11.4	9.3	8.9	8.2	9.7	9.2	8.8	8.8	9.2	9.2		
		\$33774	\$37134	\$39504	\$39031	\$0	\$16282	\$16808	\$14101	\$25987	\$20780	\$25987	\$25987	\$25987		
Boulder City Hospital	Discharges ALOS Avg. Charge	3 11.7 \$17296	11 9.8 \$24502	7 14.9 \$36076	13 9.3 \$18876	0 0 \$0	0 0 \$0	0 0 \$0	0 0 \$0	0 0 \$0	0 0 \$0	0 0 \$0	0 0 \$0	0 0 \$0		
Desert Springs Hospital	Discharges ALOS Avg. Charge	99 15.9 \$36063	105 13.4 \$34508	116 11.5 \$35451	125 10.7 \$35180	35 8.9 \$13116	56 9.1 \$15794	51 7.3 \$14775	48 7.9 \$20882	67 7.9 \$20683	48 7.3 \$14775	48 7.9 \$20882	67 7.9 \$20683	67 7.9 \$20683		
Sunrise Hospital and Medical Center	Discharges ALOS Avg. Charge	211 13.2 \$35233	299 14.1 \$42514	306 12.5 \$39733	318 10.9 \$39858	4 8.3 \$10696	3 8.3 \$14938	3 11.7 \$18444	4 11.7 \$27225	10 16.5 \$61954	3 11.7 \$18444	4 12.8 \$27225	10 16.5 \$61954	10 16.5 \$61954		
Lake Mead Hospital and Medical Center	Discharges ALOS Avg. Charge	19 10.9 \$29498	21 12.1 \$28964	34 11.9 \$47816	62 11.4 \$48356	13 12.2 \$16197	7 9.1 \$12814	14 9.6 \$19401	6 14.7 \$21898	3 11.3 \$17298	6 14.7 \$21898	6 14.7 \$21898	3 11.3 \$17298	3 11.3 \$17298		
St. Rose Dominican Hospital	Discharges ALOS Avg. Charge	21 10.9 \$26874	30 12.5 \$43333	30 11.3 \$46185	45 9.9 \$0412	0 0 \$0	0 0 \$0	0 0 \$0	0 0 \$0	0 0 \$0	0 0 \$0	0 0 \$0	0 0 \$0	0 0 \$0		
University Medical Center	Discharges ALOS Avg. Charge	102 14.0 \$30575	142 12.7 \$27891	135 14.0 \$37352	122 14.4 \$37615	0 0 \$0	4 7.0 \$14244	1 7.0 \$8843	1 6.0 \$10218	0 0 \$0	1 6.0 \$10218	1 6.0 \$10218	0 0 \$0	0 0 \$0		
Valley Hospital Medical Center	Discharges ALOS Avg. Charge	136 12.4 \$34272	141 13.2 \$37876	140 13.1 \$41236	159 11.1 \$39114	1 2.0 \$10719	0 0 \$0	0 0 \$0	0 0 \$0	0 0 \$0	0 0 \$0	0 0 \$0	0 0 \$0	0 0 \$0		
Women's Hospital	Discharges ALOS Avg. Charge	0 0 \$0	0 0 \$0	0 0 \$0	0 0 \$0	2 15.5 \$21292	6 9.0 \$29124	5 14.2 \$37785	3 12.7 \$29409	2 15.5 \$36728	5 14.2 \$37785	3 12.7 \$29409	2 15.5 \$36728	2 15.5 \$36728		
WASHOE COUNTY (combined data)	Discharges ALOS Avg. Charge	285 13.4 \$31867	289 13.0 \$33646	304 12.0 \$37113	302 12.1 \$39677	0 0 \$0	0 0 \$0	0 0 \$0	0 0 \$0	0 0 \$0	0 0 \$0	0 0 \$0	0 0 \$0	0 0 \$0		
Northern Nevada Medical Center	Discharges ALOS Avg. Charge	18 11.9 \$28877	22 12.0 \$29729	29 9.8 \$32452	19 8.9 \$28298	0 0 \$0	0 0 \$0	0 0 \$0	0 0 \$0	0 0 \$0	0 0 \$0	0 0 \$0	0 0 \$0	0 0 \$0		
St. Mary's Regional Medical Center	Discharges ALOS Avg. Charge	138 12.8 \$29721	147 13.1 \$33733	144 10.7 \$35529	150 11.1 \$35029	2 9.5 \$19024	2 7.0 \$9638	4 5.0 \$8203	5 5.2 \$10232	0 0 \$0	4 5.0 \$8203	5 5.2 \$10232	0 0 \$0	0 0 \$0		
Washoe Medical Center	Discharges ALOS Avg. Charge	129 14.1 \$34580	120 13.2 \$34258	131 13.3 \$39886	133 13.6 \$46545	933 13.2 \$31990	1116 13.0 \$34774	1148 12.2 \$35450	1090 12.2 \$37686	1228 11.4 \$38319	1148 12.2 \$35450	1090 12.2 \$37686	1228 11.4 \$38319	1228 11.4 \$38319		

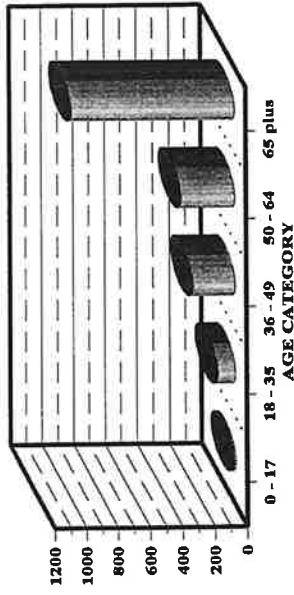
DRG 174: GASTROINTESTINAL HEMORRHAGE W/ COMORBIDITY (CC)

During 1994 a total of 1738 patients were discharged from Nevada hospitals, diagnosed with intestinal hemorrhaging, acute and chronic stomach ulcers with bleeding, and related conditions, all with comorbid conditions (CC) present. This count was higher by only 60 discharges over 1993, but during the period 1990 to 1994 DRG 174 increased statewide in patient discharges by just under 600, a 51.4 percent increase over the five reporting years. DRG 174 has a twin -- DRG 175 -- having the same principal diagnoses but lacking comorbid conditions. Total discharges for DRG 175 were 421 in 1994, up 85 cases from 1993. DRG 174 patients remained in the hospital (ALOS) an average of 4.6 days in 1994, down 0.3 days compared to 1993, and lower by half a day over the five years. DRG 174 average billed charges increased by over \$3200 between 1990 and 1994, up by 39.2 percent. In contrast DRG 175 patients remained in the hospital between 2.7 and 2.9 days during each of the five reporting years while average billed charges increased well over \$2300, a five year 56.3 percent rate of increase. The in-hospital death rate for DRG 174 was highest in 1990 (5.9 percent) and lowest in 1994 at 3.3 percent; in contrast DRG 175 death rates exceeded one percent during only one of the five years, 1991.

Male discharge counts were consistently higher than female over each of the five reporting years. On the other hand the average length of hospital stays for women was higher, by as much as 0.7 days (see chart below). Women also received higher average billed charges three of the five reporting years, but the difference in ALOS did not translate into consistently higher billed charges for female patients. Men and women DRG 174 patients had similar in-hospital death rates, especially if one averages out the variations which existed from year to year over the period 1990 to 1994.

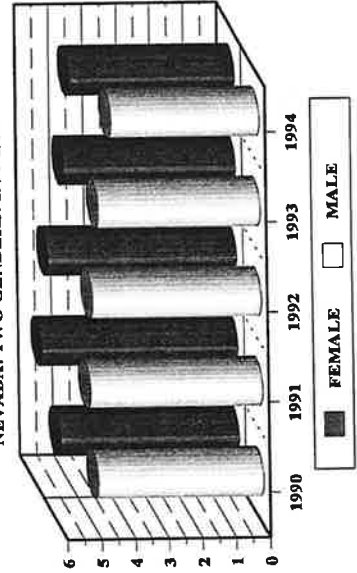
Nearly 93 percent of DRG 174 patients were age 36 and older at the time of discharge in 1994; DRG 175 patients were somewhat younger, reflected in their absence of comorbid conditions. In both DRG'S, however, patient counts generally increased with age. The preponderance of cases in the 65 plus age category is illustrated in the chart above to the right which compares patient discharge counts across the five age categories used in this report. Older patients remained in the hospital longer than younger and, in the instance of the age 65 and older group of patients, excepting the year 1993, received billed charges which were generally higher than for younger patients.

DRG 174: PATIENT DISCHARGES
NEVADA: FIVE AGE GROUPS: 1994



DRG	174	1990	1991	1992	1993	1994
TOTAL	Discharges ALOS Expired Avg. Charge	1148 5.1 5.4 5.9 \$9356	1367 5.1 5.4 5.9 \$9650	1537 5.1 5.4 5.9 \$11148	1537 4.9 4.6 5.0 \$11267	1738 4.6 4.3 5.0 \$11632
Male	Discharges ALOS Expired Avg. Charge	678 4.9 6.0 \$8470	784 5.1 3.8 \$9270	889 5.1 3.8 \$10795	915 4.8 4.3 \$11393	965 4.4 3.0 \$11321
Female	Discharges ALOS Expired Avg. Charge	470 5.3 5.7 \$8191	583 5.8 4.3 \$10161	678 5.6 4.6 \$11595	763 5.1 5.1 \$11114	773 5.1 3.6 \$12021
0 - 17	Discharges ALOS Expired Avg. Charge	16 2.1 0 \$3178	11 4.8 0 \$8079	10 5.0 0 \$8129	10 4.4 0 \$1282	13 4.0 0 \$11473
18 - 35	Discharges ALOS Expired Avg. Charge	87 3.3 3.4 \$6016	104 4.0 1.0 \$6724	75 5.0 1.3 \$11314	112 3.8 0 \$8146	110 3.2 9 \$8925
36 - 49	Discharges ALOS Expired Avg. Charge	169 5.2 1.8 \$8716	208 4.2 3.4 \$7625	221 4.2 3.2 \$9318	225 4.4 2.7 \$10852	262 3.7 2.7 \$9803
50 - 64	Discharges ALOS Expired Avg. Charge	249 4.3 4.8 \$7529	297 5.0 2.4 \$9700	329 4.9 4.0 \$11169	343 4.7 3.0 \$11869	334 4.7 3.8 \$11979
65 plus	Discharges ALOS Expired Avg. Charge	627 5.6 8.0 \$9044	747 6.1 5.4 \$10625	901 5.7 6.2 \$11611	988 5.1 5.4 \$11495	1019 5.1 3.8 \$12294

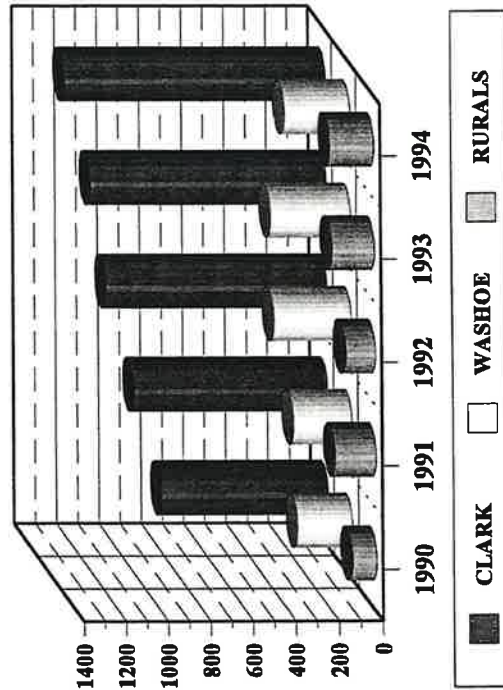
DRG 174: AVERAGE LENGTH OF STAY
NEVADA: TWO GENDERS: 1990-1994



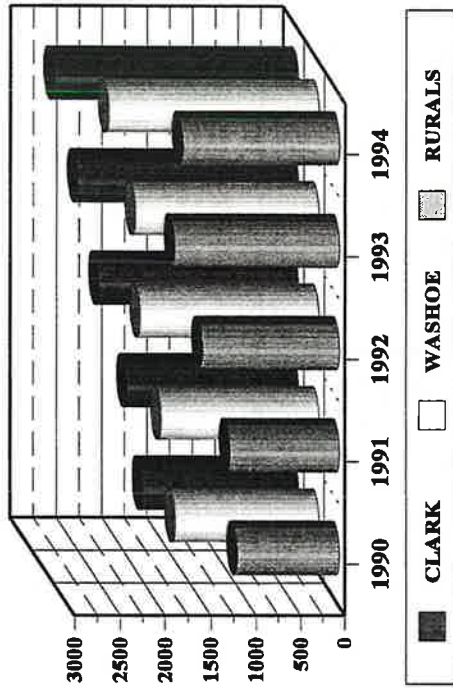
During 1994 Clark County hospitals discharged nearly 71 percent of Nevada's DRG 174 patients, approximating the county's portion of the state's total population for that year. On the other hand, Washoe County's hospitals discharged just over 17 percent of DRG 174 patients, below their estimated population proportion. Rural hospitals reported 202 discharges for the year. Both rural and Clark County hospitals increased their patient discharges significantly over the five year reporting period, the former nearly doubling its case load and Clark County increasing its discharges by 57.5 percent between the years of 1990 and 1994. Washoe County lagged behind, increasing its patient discharge count up to 1993, then declining sharply the next year, with a five year increase of only 19.3 percent. The chart below illustrates these five year discharge patterns for each of the three regions of Nevada. Five year trends in average length of hospital stays (ALOS) varied by region with reductions in the range of 0.5 days (Clark) to 0.6 days (Washoe) with the rural hospitals at four days. Over the five years, average billed charges increased most in Clark County (41.8 percent), significantly greater than in Washoe County (27.7 percent) where billed charges were flat or declining from 1992 to 1994.

These two factors -- declining average length of stays and increasing billed charges -- produced increases in average daily billed charges, especially for Clark County and the rural hospitals, the former peaking at \$2699 per day average in 1994 and the latter at \$1750. Washoe County hospitals posted an average daily charge of \$2335 per day in 1994. The chart at the right graphs a five year summary of changes in average daily billings.

DRG 174: PATIENT DISCHARGES
NEVADA: THREE REGIONS: 1990-1994



DRG 174: AVERAGE DAILY CHARGES
NEVADA: THREE REGIONS: 1990-1994



In Clark County, Lake Mead Hospital more than doubled its discharges for DRG 174 between 1990 and 1994. Both Valley Hospital and Sunrise Hospital also posted significant gains over the same period of time. On the other hand, University Medical Center's discharge counts were relatively unchanged over the five year period. Carson-Tahoe Hospital, with nearly half the 1994 discharges in the rural hospital category, increased their patient counts by half-again, as did Elko General, with Churchill Community Hospital more than tripling their discharges, all over the period 1990 to 1994.

Considering Clark County, University Medical Center decreased their average length of hospital stays by 1.4 days and Desert Springs Hospital by 0.3 days. In Washoe County, St. Mary's Regional Medical Center decreased its ALOS by 0.3 days while Washoe Medical Center declined by 0.8 days, as did Carson-Tahoe Hospital among the rural group. Most Clark County facilities -- Desert Springs Hospital, Sunrise Hospital, Valley Hospital, Lake Mead Hospital -- all posted significant gains in billed charges, in some cases doubling in five years. On the other hand Washoe Medical Center increased billed charges by a modest \$1800 plus between 1990 and 1994 and St. Mary's Regional Medical Center increased by nearly \$2500, this being more significant given that hospital's relatively lower average billed charge in 1990. Carson-Tahoe Hospital increased its average billed charges by just over \$2300 (38.9 percent); Elko General Hospital also increased while Churchill Community Hospital, on a small case base, actually decreased by over \$800 during the five year reporting period.

DRG 174: G.I. HEMORRHAGE WITH CC

		1990			1991			1992			1993			1994				
CLARK COUNTY (combined data)	Discharges	783	912	1042	1113	1233	Discharges	111	185	136	194	202	Discharges	111	185	136	194	202
	ALOS	5.3	5.6	5.6	5.2	4.8	ALOS	4.2	4.8	3.7	3.5	3.8	ALOS	4.2	4.8	3.7	3.5	3.8
	Avg. Charge	\$9134	\$10624	\$12356	\$12675	\$12955	Avg. Charge	\$4830	\$5907	\$5680	\$6429	\$6650	Avg. Charge	\$4830	\$5907	\$5680	\$6429	\$6650
Boulder City Hospital	Discharges	16	16	16	25	49	Discharges	0	1	1	0	6	Discharges	0	1	1	0	6
	ALOS	4.1	3.9	4.6	4.4	3.6	ALOS	.0	2.0	3.0	.0	1.8	ALOS	.0	2.0	3.0	.0	1.8
	Avg. Charge	\$6254	\$6172	\$7376	\$7376	\$7213	Avg. Charge	\$0	\$1345	\$3049	\$0	\$2060	Avg. Charge	\$0	\$1345	\$3049	\$0	\$2060
Desert Springs Hospital	Discharges	116	125	192	200	178	Discharges	61	82	70	103	97	Discharges	61	82	70	103	97
	ALOS	4.9	5.5	5.5	5.4	4.6	ALOS	5.0	5.9	4.1	3.8	4.2	ALOS	5.0	5.9	4.1	3.8	4.2
	Avg. Charge	\$8333	\$9421	\$10485	\$11550	\$11623	Avg. Charge	\$5926	\$7027	\$6359	\$7375	\$8228	Avg. Charge	\$5926	\$7027	\$6359	\$7375	\$8228
Sunrise Hospital and Medical Center	Discharges	247	279	345	354	402	Discharges	7	16	12	29	23	Discharges	7	16	12	29	23
	ALOS	5.0	5.5	5.7	5.1	5.1	ALOS	5.6	4.8	3.5	3.0	3.3	ALOS	5.6	4.8	3.5	3.0	3.3
	Avg. Charge	\$9887	\$11816	\$13896	\$13441	\$13816	Avg. Charge	\$6632	\$6001	\$5419	\$5091	\$5797	Avg. Charge	\$6632	\$6001	\$5419	\$5091	\$5797
Lake Mead Hospital and Medical Center	Discharges	47	57	64	71	100	Discharges	19	37	20	23	29	Discharges	19	37	20	23	29
	ALOS	4.8	5.4	4.8	6.5	4.9	ALOS	3.3	3.4	3.7	3.3	3.3	ALOS	3.3	3.4	3.7	3.3	3.3
	Avg. Charge	\$7364	\$9728	\$10994	\$13735	\$13705	Avg. Charge	\$3133	\$4111	\$5746	\$5714	\$5385	Avg. Charge	\$3133	\$4111	\$5746	\$5714	\$5385
St. Rose Dominican Hospital	Discharges	37	29	44	49	54	Discharges	3	2	2	2	6	Discharges	3	2	2	2	6
	ALOS	5.8	5.9	6.2	4.7	5.0	ALOS	3.7	3.5	6.0	4.5	4.2	ALOS	3.7	3.5	6.0	4.5	4.2
	Avg. Charge	\$10495	\$13701	\$13905	\$12009	\$13327	Avg. Charge	\$2950	\$3443	\$6946	\$5684	\$724	Avg. Charge	\$2950	\$3443	\$6946	\$5684	\$724
University Medical Center	Discharges	196	228	226	219	220	Discharges	5	11	9	4	8	Discharges	5	11	9	4	8
	ALOS	5.9	5.8	5.8	5.4	4.5	ALOS	4.0	5.0	3.7	1.5	3.9	ALOS	4.0	5.0	3.7	1.5	3.9
	Avg. Charge	\$8643	\$9450	\$12031	\$13476	\$11353	Avg. Charge	\$3817	\$4968	\$4155	\$4692	\$3515	Avg. Charge	\$3817	\$4968	\$4155	\$4692	\$3515
Valley Hospital Medical Center	Discharges	124	178	155	195	230	Discharges	5	5	2	4	1	Discharges	5	5	2	4	1
	ALOS	5.6	5.9	5.4	5.0	5.5	ALOS	2.2	3.2	4.5	1.5	2.0	ALOS	2.2	3.2	4.5	1.5	2.0
	Avg. Charge	\$9796	\$11289	\$12361	\$11999	\$14820	Avg. Charge	\$1934	\$3284	\$5442	\$3471	\$2486	Avg. Charge	\$1934	\$3284	\$5442	\$3471	\$2486
Women's Hospital	Discharges	0	0	0	0	0	Discharges	3	15	8	15	12	Discharges	3	15	8	15	12
	ALOS	.0	.0	.0	.0	.0	ALOS	2.3	4.1	3.1	4.3	3.8	ALOS	2.3	4.1	3.1	4.3	3.8
	Avg. Charge	\$0	\$0	\$0	\$0	\$0	Avg. Charge	\$3731	\$8465	\$5496	\$7961	\$6842	Avg. Charge	\$3731	\$8465	\$5496	\$7961	\$6842
WASHOE COUNTY (combined data)	Discharges	254	270	359	371	303	Discharges	0	1	1	0	0	Discharges	0	1	1	0	0
	ALOS	4.7	5.1	4.9	4.7	4.1	ALOS	.0	5.0	2.0	.0	.0	ALOS	.0	5.0	2.0	.0	.0
	Avg. Charge	\$7497	\$8925	\$9711	\$9571	\$9573	Avg. Charge	\$0	\$3469	\$1572	\$0	\$0	Avg. Charge	\$0	\$3469	\$1572	\$0	\$0
Northern Nevada Medical Center	Discharges	19	26	34	29	20	Discharges	6	5	3	5	2	Discharges	6	5	3	5	2
	ALOS	4.6	4.8	3.3	4.0	4.1	ALOS	1.8	2.8	2.3	3.2	4.0	ALOS	1.8	2.8	2.3	3.2	4.0
	Avg. Charge	\$7387	\$8225	\$8046	\$7961	\$9496	Avg. Charge	\$2238	\$3903	\$4201	\$3448	\$3838	Avg. Charge	\$2238	\$3903	\$4201	\$3448	\$3838
St. Mary's Regional Medical Center	Discharges	99	109	135	150	133	Discharges	2	10	8	9	18	Discharges	2	10	8	9	18
	ALOS	4.5	4.6	5.3	5.2	4.2	ALOS	2.5	4.3	3.013	2.0	3.8	ALOS	2.5	4.3	3.013	2.0	3.8
	Avg. Charge	\$6741	\$8441	\$9681	\$9343	\$9225	Avg. Charge	\$3246	\$3927	\$3013	\$3090	\$4922	Avg. Charge	\$3246	\$3927	\$3013	\$3090	\$4922
Washoe Medical Center	Discharges	136	135	190	192	150	Discharges	1148	1367	1537	1678	1738	Discharges	1148	1367	1537	1678	1738
	ALOS	4.9	5.5	5.0	4.5	4.1	ALOS	5.1	5.4	5.3	4.9	4.6	ALOS	5.1	5.4	5.3	4.9	4.6
	Avg. Charge	\$8063	\$9450	\$10030	\$9993	\$9892	Avg. Charge	\$8356	\$9650	\$11148	\$11267	\$11632	Avg. Charge	\$8356	\$9650	\$11148	\$11267	\$11632
TOTAL ALL COUNTIES	Discharges	1148	1367	1537	1678	1738	Discharges	1148	1367	1537	1678	1738	Discharges	1148	1367	1537	1678	1738
	ALOS	5.1	5.4	5.3	4.9	4.6	ALOS	5.1	5.4	5.3	4.9	4.6	ALOS	5.1	5.4	5.3	4.9	4.6
	Avg. Charge	\$8356	\$9650	\$11148	\$11267	\$11632	Avg. Charge	\$8356	\$9650	\$11148	\$11267	\$11632	Avg. Charge	\$8356	\$9650	\$11148	\$11267	\$11632

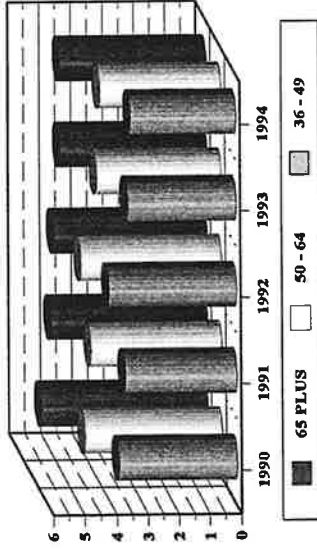
DRG 182: ESOPHAGITIS, GASTROENTERITIS & MISCELLANEOUS DIGESTIVE DISORDERS, AGE > 17 W CC

This DRG contains patients treated for conditions related to the digestive system, who were older than 17 and who had other comorbid conditions (CC) which, interacting with their principal diagnosis, often produced higher conditions of acuity in hospitalized patients. The most common diagnoses were gastroenteritis, an inflamed colon with hemorrhaging, abdominal pain, and inflammation of the esophagus. During 1994 a total of 1435 patients were discharged from Nevada hospitals within DRG 182; this total was actually lower than three of the preceding four years in the study period represented by this report. The same pertained for DRG 182's twin, DRG 183 (older than 17, without comorbid conditions); 1032 patients were discharged in 1994, down from several previous years' patient counts. And even the third DRG in this group, DRG 184, representing the same conditions, with or without CC, but with pediatric (age 17 or younger) patients, totalled 620 discharges in 1994, again lower than patient counts in three of four previous years. DRG 182 patients remained in the hospital an average of 4.1 days during 1994, down one-half day since 1990, and were billed an average of \$9028, up over \$1800 for the five year period. In-hospital death rates were between 1.2 and 1.4 percent of discharges for the five years covered. With regard to these billing patterns, see chart below covering the time span 1990 to 1994.

Women patients far outnumbered men during 1994, and the ratio had stayed constant since 1990. Females also remained in the hospital longer than males, the difference ranging from half a day in 1993 to 0.1 day in 1992. The female edge in average length of hospital stays did not translate into higher total billed charges; in fact, women trailed men in this category for three of the five reporting years although the difference between them for any particular year was not great. Except for one reporting year female in-hospital death rates were slightly lower than those for males.

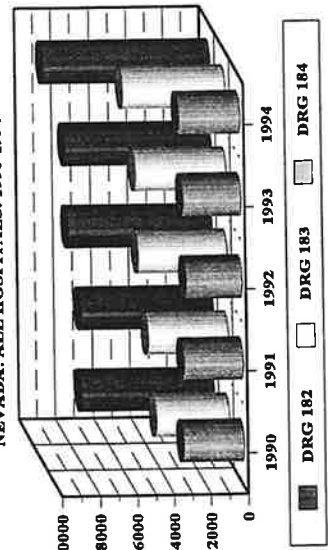
Given the heterogeneous nature of and various etiological factors involved in DRG 182, patient discharge counts distribute fairly widely across the four age categories. Patients age 65 and older accounted for only 47.6 percent of all discharges, with the remaining cases distributed in declining proportions across the remaining three age categories (excluding pediatrics; see above). Age was a significant predictor of average length of hospital stays (ALOS); in 1994 the oldest patient group remained in the hospital 4.7 days compared to 3.9 days for the age 50 to 64 category, and 3.4 days for patients in the age range 36 to 49. Billed charges also increased steadily with age for most reporting years, with the 65 and older group topping \$10000 in 1994, the only instance in which this occurred across all age and gender categories by year. See chart at the upper right for a graphical representation of the three oldest age categories in relation to billed charges over the five year period. In-hospital death rates also tended to increase with advancing age category during 1994 and for the years preceding, although there were exceptions from time to time.

DRG 182: AVERAGE LENGTH OF STAY (ALOS)
NEVADA: THREE AGE GROUPS: 1990-1994



DRG	182	1990	1991	1992	1993	1994
TOTAL	Discharges	1515	1628	1470	1399	1435
	ALOS	4.6	4.3	4.5	4.1	4.1
	Expired	1.4	1.4	1.2	1.2	1.3
	Avg. Charge	\$7168	\$7155	\$7759	\$7668	\$9028
Male	Discharges	572	641	530	533	521
	ALOS	4.3	4.2	4.4	3.8	3.9
	Expired	1.0	1.4	1.7	1.7	1.5
	Avg. Charge	\$7188	\$6985	\$7850	\$7526	\$9171
Female	Discharges	943	987	940	866	914
	ALOS	4.7	4.4	4.5	4.3	4.2
	Expired	1.6	1.3	1.0	0.9	1.2
	Avg. Charge	\$7156	\$7285	\$7708	\$8079	\$8946
0 - 17	Discharges	2	0	0	0	0
	ALOS	1.5	0	0	0	0
	Expired	0	0	0	0	0
	Avg. Charge	\$2090	\$0	\$0	\$0	\$0
18 - 35	Discharges	228	216	207	166	199
	ALOS	3.7	3.3	3.7	2.9	3.2
	Expired	0	0	0.5	0	0.5
	Avg. Charge	\$5484	\$5410	\$6397	\$5557	\$7075
36 - 49	Discharges	241	306	271	245	256
	ALOS	3.8	3.6	4.1	3.5	3.4
	Expired	1.4	1.0	1.5	1.4	1.4
	Avg. Charge	\$6365	\$6992	\$6918	\$6935	\$9103
50 - 64	Discharges	354	364	338	325	297
	ALOS	4.4	4.2	4.5	4.0	3.9
	Expired	0.6	0.8	1.1	0.9	1.0
	Avg. Charge	\$6987	\$7157	\$8311	\$8052	\$8822
65 plus	Discharges	690	742	654	663	683
	ALOS	5.3	5.0	4.9	4.7	4.7
	Expired	2.6	2.2	1.2	2.0	2.0
	Avg. Charge	\$8112	\$8100	\$8253	\$8702	\$10033

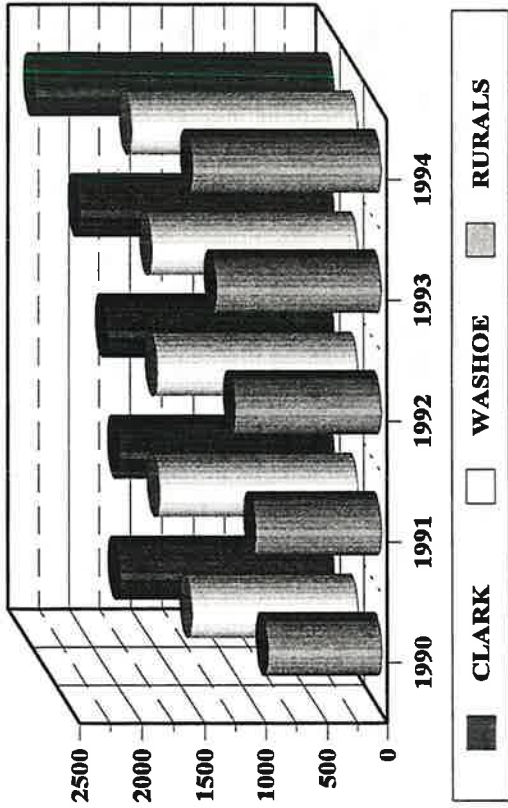
DRG 182/183/184: AVERAGE BILLED CHARGES
NEVADA: ALL HOSPITALS: 1990-1994



Clark County hospitals discharged about two-thirds of all DRG 182 patients during 1994. Between 1990 and 1994 Clark County increased its patient discharge count by only a slight degree, rising from 884 to 951 discharges, a modest 7.6 percent increase. Rural county hospitals also increased their patient discharges over the five year reporting period, ending in 1994 with 159 discharges, a 27.2 percent rise from their 1990 patient count of 125. Washoe County hospitals turned around this pattern of increase, no matter how modest, by discharging only 325 patients for DRG 182 in 1994, down by 181 cases compared to 1990, with the inflection point of the five year decrease occurring between 1992 and 1993. These five year patterns of patient discharges by region of Nevada are depicted graphically in the chart below.

Clark County hospitals decreased their average length of hospital stays (ALOS) from 5 days in 1990 to 4.2 days in 1994; rural county hospitals reduced their ALOS by 0.3 days, but Washoe County hospitals' average length of stays was relatively constant except for a considerable rise in 1992. Clark County's average billed charges rose by a little over \$1500 over the five year period, less than the rural hospital increase of just under \$1700 and much less than Washoe County's increase of more than \$2100, although Washoe's baseline year, 1990, was exceptionally low in billed charges. Despite a smaller increase, Clark County's 1994 average billed charges were nearly \$2500 higher per patient than Washoe County's and slightly over twice those of the rural hospitals for DRG 182.

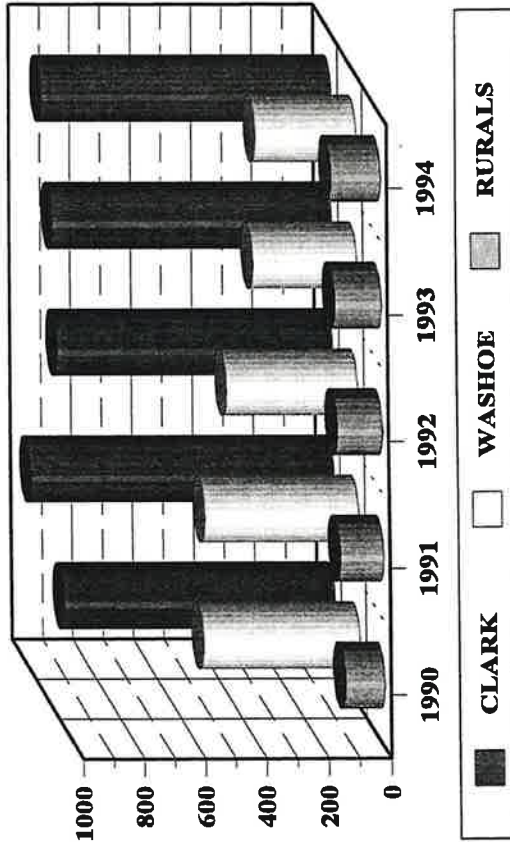
DRG 182: AVERAGE DAILY CHARGES
NEVADA: THREE REGIONS: 1990-1994



The combination of reduced ALOS and increasing average billed charges led to heightened average daily billed charges. Note in the chart above that Clark County's average daily charges increased from \$1728 in 1990 to \$2421 in 1994, up 40 percent in the five years. In contrast, Washoe County hospitals increased their average daily billings just under \$500 over the same period of time, the small rise due to their steady ALOS despite increases in their total billed charges. Rural average daily billed charges increased a little more than Washoe County's on an absolute basis (just over \$600) with a much lower starting point in 1990. The chart at the upper right depicts changes in average daily charges for hospitals in each of the three regions between 1990 and 1994.

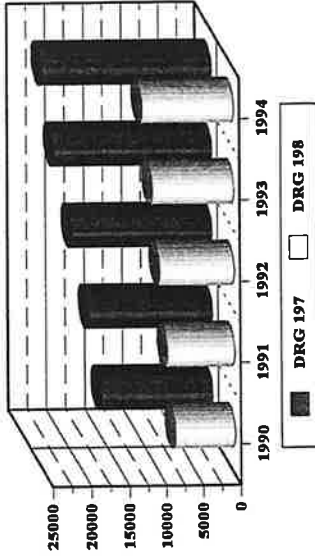
Contributing to Clark County's increase in average daily charges, Sunrise Hospital reduced its average length of stays by one full day in five years and increased its average billed charges by about \$1000 during the same period of time. Desert Springs Hospital also effected a one day decline in ALOS for the five year period but increased its charges a significant 31 percent, thus contributing substantially to the county's increase in average daily charges. Carson-Tahoe Hospital, with nearly half the discharges of all the rural hospitals during 1994, reduced its ALOS by 0.6 days while increasing its billed charges just over \$2000 on a 1990 base of \$4452. In Washoe County, St. Mary's Regional Medical Center actually increased its average length of stays by 0.8 days (due to an uncommonly low ALOS in 1990), and increased its billed charges only a modest amount over the five year period.

DRG 182: PATIENT DISCHARGES
NEVADA: THREE REGIONS: 1990-1994



DRG 182: ESOPHAGITIS, GASTROENT & MISC DIGES DISORDERS AGE >17 WITH CC															
CLARK COUNTY (combined data)	1990			1991			1992			1993			1994		
	Discharges ALOS Avg. Charge	884 5.0 \$8641	991 4.6 \$7958	916 4.3 \$8840	902 4.7 \$8596	951 4.2 \$10169	Discharges ALOS Avg. Charge	125 3.5 \$3262	138 3.3 \$3397	144 3.2 \$3827	149 3.1 \$4189	159 3.2 \$4936			
Boulder City Hospital	Discharges ALOS Avg. Charge	26 5.4 \$6438	23 3.1 \$4566	35 3.2 \$4948	26 2.8 \$3761	32 2.9 \$3956	Discharges ALOS Avg. Charge	2 2.0 \$1961	4 2.0 \$1451	2 1.5 \$2361	2 2.0 \$1771	1 4.0 \$4556			
Desert Springs Hospital	Discharges ALOS Avg. Charge	126 5.2 \$6952	141 4.5 \$7224	181 5.1 \$8837	179 4.4 \$6622	121 4.2 \$9106	Discharges ALOS Avg. Charge	47 4.4 \$4452	58 3.7 \$3991	47 3.2 \$4077	48 4.0 \$6290	76 3.8 \$6482			
Sunrise Hospital and Medical Center	Discharges ALOS Avg. Charge	318 5.2 \$10496	321 4.7 \$9173	211 4.2 \$10231	214 5.0 \$10411	273 3.9 \$11453	Discharges ALOS Avg. Charge	9 3.9 \$4004	12 2.6 \$2827	26 2.1 \$3745	14 2.5 \$4198	12 3.1 \$5936			
Lake Mead Hospital and Medical Center	Discharges ALOS Avg. Charge	40 4.2 \$6848	80 4.6 \$7037	97 4.2 \$7782	81 4.3 \$6909	100 3.8 \$9391	Discharges ALOS Avg. Charge	21 2.6 \$2565	16 3.3 \$3217	18 3.8 \$4377	23 2.5 \$3223	12 2.4 \$3742			
St. Rose Dominican Hospital	Discharges ALOS Avg. Charge	22 5.0 \$8136	41 4.8 \$8951	40 4.6 \$10683	33 4.1 \$8525	39 4.4 \$9620	Discharges ALOS Avg. Charge	2 5.0 \$2859	2 3.0 \$2853	1 3.0 \$4504	3 5.3 \$4091	3 3.0 \$2151			
University Medical Center	Discharges ALOS Avg. Charge	84 7.0 \$10650	125 4.6 \$7023	78 4.7 \$8963	115 6.4 \$11982	83 4.3 \$9868	Discharges ALOS Avg. Charge	11 3.5 \$2364	9 2.7 \$2048	17 3.4 \$1989	12 4.2 \$3504	8 3.1 \$2569			
Valley Hospital Medical Center	Discharges ALOS Avg. Charge	265 4.3 \$7193	259 4.4 \$7756	270 4.0 \$8398	254 4.1 \$7965	302 4.5 \$10534	Discharges ALOS Avg. Charge	4 4.3 \$3623	3 2.3 \$1510	6 4.0 \$3673	13 2.9 \$2838	13 1.9 \$2078			
Women's Hospital	Discharges ALOS Avg. Charge	3 2.0 \$1442	1 1.0 \$1254	4 3.5 \$4354	0 0 \$0	1 2.0 \$1202	Discharges ALOS Avg. Charge	10 2.0 \$1812	12 2.5 \$3769	9 4.8 \$7244	9 2.8 \$4958	7 2.4 \$4111			
WASHOE COUNTY (combined data)	Discharges ALOS Avg. Charge	506 4.1 \$5559	499 4.1 \$6599	334 4.1 \$6845	424 4.5 \$7315	325 4.2 \$7690	Discharges ALOS Avg. Charge	3 4.7 \$3059	3 4.0 \$3400	1 2.0 \$2317	2 3.5 \$2628	4 3.0 \$4330			
Northern Nevada Medical Center	Discharges ALOS Avg. Charge	63 3.3 \$5494	51 3.3 \$4998	53 3.4 \$5493	43 3.0 \$4669	44 3.0 \$5525	Discharges ALOS Avg. Charge	3 2.7 \$2477	11 4.4 \$4004	4 1.8 \$2209	14 1.6 \$1672	7 4.0 \$4108			
St. Mary's Regional Medical Center	Discharges ALOS Avg. Charge	212 3.7 \$5354	192 4.4 \$7476	116 4.5 \$7346	156 4.6 \$7342	136 4.5 \$7891	Discharges ALOS Avg. Charge	13 1.9 \$1829	8 2.3 \$2244	13 3.7 \$3229	9 2.2 \$2363	16 2.5 \$2667			
Washoe Medical Center	Discharges ALOS Avg. Charge	231 4.6 \$5764	256 4.1 \$6261	165 4.0 \$6927	225 4.7 \$7802	145 4.3 \$8159	Discharges ALOS Avg. Charge	1515 4.6 \$7168	1628 4.3 \$7155	1470 4.5 \$7759	1399 4.1 \$7868	1435 4.1 \$9028			
TOTAL ALL COUNTIES	Discharges ALOS Avg. Charge	884 5.0 \$8641	991 4.6 \$7958	916 4.3 \$8840	902 4.7 \$8596	951 4.2 \$10169									

DRG 198/197: AVERAGE BILLED CHARGES
NEVADA: ALL HOSPITALS: 1990:1994



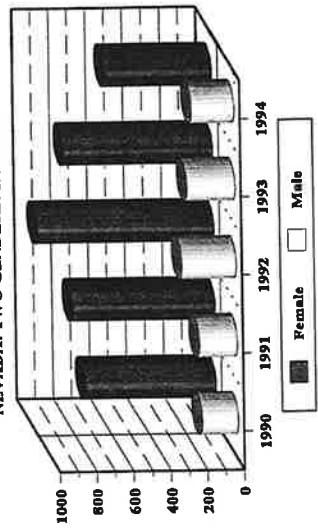
DRG 198 TOTAL CHOLECYSTECTOMY W/OUT C.D.E. W/OUT CC

Total cholecystectomy involves only the removal of the gall bladder -- without other related hepatobiliary procedures -- and C.D.E. refers to common duct exploration for removal of calculus or obstructions. DRG 198 does not include C.D.E. or comorbidity/complications (CC), while DRG 197 is with CC but also without C.D.E. Nevada hospitals performed 812 DRG 198 procedures during 1994, down sharply from 1993. The principal reason for this decline was the introduction of gall bladder surgery by means of laparoscopy -- a less invasive procedure -- during the last month of 1993 and for all of 1994, on both in-patient and out-patient bases. In 1994 there were 314 laparoscopic procedures performed in Nevada hospitals on an in-patient basis (categorized as DRG 493 and 494), indicating a significant degree of replacement for DRG 198 and 197 surgeries and also suggesting a certain amount of delayed surgery from 1993 (see chart at bottom of this column, in which patient discharges for DRG 198, especially among women, describe a bell-shaped curve over the period 1990 to 1994). Average billed charges and average length of hospital stays (ALOS) were significantly higher for DRG 197 versus 198 patients. In 1994 the difference in ALOS was 3.5 days, fairly consistent over the five years, and DRG 197 patients were billed an average of over \$10000 more which was also proportionally consistent over time (see chart at the upper right). In-hospital deaths were also significantly higher for DRG 197, due principally to differences in average age of patients between the two DRG's (note in the table at the right that there was only one in-hospital death for DRG 198, a male patient age 65 or older).

In 1994 female patients comprised 71.4 percent of DRG 198 discharges, down about five percentage points from previous years. On the other hand males had longer average hospital stays, over the entire five year reporting period, and also received higher billed charges, amounting to a nearly \$2000 difference in 1994. Also, with the exception of 1990 male patients experienced higher in-hospital death rates for DRG 197 (with CC), all evidence thus suggesting higher acuity for males (see paragraph above re: DRG 198).

In general, advancing age predicted longer ALOS, especially in the three oldest age categories, but, with the exception of 1994, average billed charges did not follow as consistently. As noted above, age factors were much more predictive of average length of hospital stays and average billed charges for DRG 197, in which the existence of comorbid conditions and surgical complications, interacting with advanced age, produced a much more consistently increasing pattern. In-hospital death rates were also age-related for DRG 197, increasing in 1994 from 0.8 percent of discharges among the 36 to 49 year old group of patients to 1.6 percent for the oldest age category, and this step-progression was consistent across the five years covered in this report.

DRG 198: PATIENT COUNTS
NEVADA: TWO GENDERS: 1990-1994



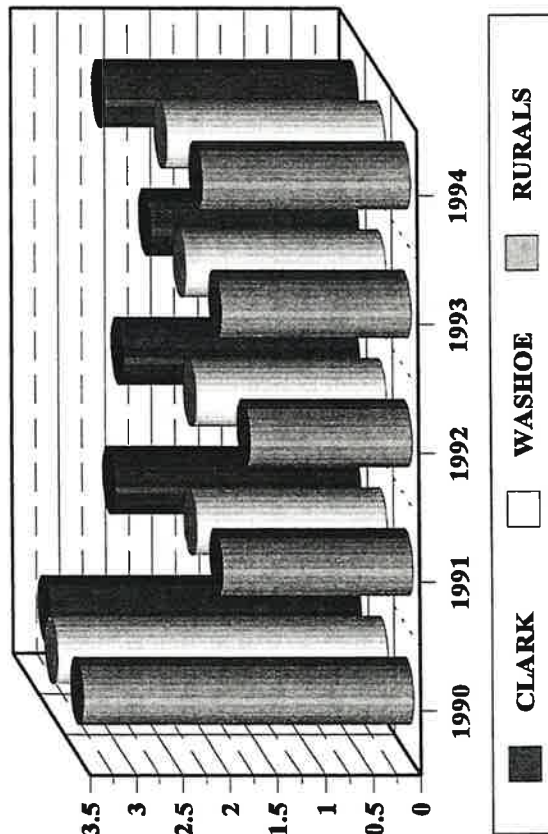
DRG	198	1990	1991	1992	1993	1994
TOTAL	Discharges ALOS Expired Avg. Charge	902 3.3 0.0 \$8052	980 2.4 0.0 \$9664	1256 2.2 0.0 \$10647	1074 2.2 0.0 \$10984	812 2.5 0.1 \$12344
Male	Discharges ALOS Expired Avg. Charge	195 3.7 0.0 \$8919	207 2.6 0.0 \$9758	296 2.4 0.0 \$10585	263 2.9 0.0 \$11683	232 2.4 0.4 \$13755
Female	Discharges ALOS Expired Avg. Charge	707 3.3 0.0 \$7877	773 2.3 0.0 \$8878	960 2.2 0.0 \$9881	811 2.1 0.0 \$10757	580 2.3 0.0 \$11787
0 - 17	Discharges ALOS Expired Avg. Charge	8 4.1 0.0 \$8829	12 2.1 0.0 \$8739	7 3.1 0.0 \$9946	14 2.1 0.0 \$9549	10 2.7 0.0 \$13244
18 - 35	Discharges ALOS Expired Avg. Charge	265 3.3 0.0 \$7945	264 2.2 0.0 \$8845	316 2.0 0.0 \$9834	279 2.0 0.0 \$10681	198 2.2 0.0 \$11440
36 - 49	Discharges ALOS Expired Avg. Charge	261 3.1 0.0 \$7497	284 2.2 0.0 \$8720	362 2.1 0.0 \$9904	289 2.2 0.0 \$11274	230 2.2 0.0 \$11881
50 - 64	Discharges ALOS Expired Avg. Charge	254 3.5 0.0 \$8429	258 2.3 0.0 \$9411	355 2.3 0.0 \$10160	284 2.1 0.0 \$11110	227 2.6 0.0 \$12647
65 plus	Discharges ALOS Expired Avg. Charge	114 3.5 0.0 \$8515	162 2.9 0.0 \$9494	216 2.9 0.0 \$10418	208 2.5 0.0 \$10910	147 3.3 0.7 \$13754

Clark County hospitals discharged 57.6 percent of DRG 198 patients during 1994; Washoe County hospitals reported 256 discharges, 31.5 percent of the Nevada's total. Most hospitals reported increasing patient discharges until the middle of the five year reporting period, only to experience decreases in 1993 and 1994 (see previous page for details). Sunrise Hospital led all hospitals with 180 discharges in 1994, down sharply from 1993's total. St. Mary's Regional Medical Center was second, statewide, with 175 followed by Valley Hospital with 84. Carson-Tahoe Hospital's 32 discharges and Elko General Hospital's 31 discharges were greatest among rural hospital facilities during 1994.

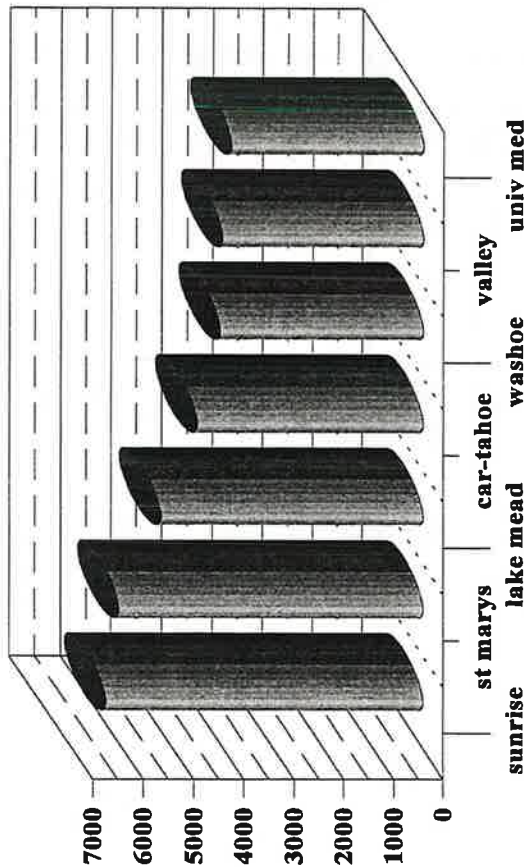
Average length of hospital stays (ALOS) generally decreased for all three regions from 1990 through 1993, only to increase again in 1994. For example, Clark County's hospitals went from 3.3 days in 1990 down to 2.2 days in 1993, only to increase by one-half day in 1994, forming a kind of J-shaped curve. Rural facilities decreased average hospital stays between 1990 and 1992, then increased them again to 1994, a U-shaped distribution. These patterns are graphed in the chart at the bottom of this column.

Average billed charges increased steadily by year over the period 1990 to 1994 for all three regions, with Clark County ending in 1994 with an average billed charge of

DRG 198: AVERAGE LENGTH OF STAYS (ALOS)
NEVADA: THREE REGIONS: 1990-1994



DRG 198: AVERAGE DAILY CHARGES
NEVADA: SEVEN HOSPITALS: 1994



\$13634, Washoe County with \$11378, and the rural facilities with an average of \$8289. Average daily billed charges also increased steadily over the first four years of the reporting period in Clark County, then dropped over \$400 per day during the final year. Washoe County facilities maintained constant step increases from 1990 through 1994 while rural facilities peaked in average daily charges in 1992. The largest step increases for all three regions came between 1990 and 1991 due to steep increases in average lengths of hospital stays between these two years.

There was considerable variation between individual hospitals in terms of their average daily billed charges, year by year. Taking 1994 as an illustration, and restricting observations to facilities with sizeable discharge counts, note in the chart above that Sunrise Hospital maintained the highest average daily billing in the state at \$6329. St. Mary's Regional Medical Center was second with \$6073 on a very low average length of stays of 1.5 days. In middle position in the chart above, Carson-Tahoe Hospital charged a daily average of \$4530 with 2.2 days average length of stay. At the low end of the daily billed charge scale, University Medical Center charged only \$3859 average per day. Valley Hospital was slightly higher at \$4031 along with Washoe Medical Center at \$4080, the latter on a very high average length of hospital stay of 4.1 days, in significant contrast to St. Mary's 1.5 day ALOS noted above.

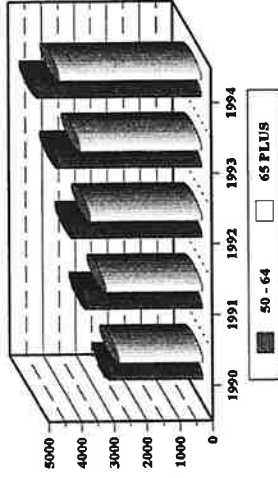
DRG 209: MAJOR JOINT AND LIMB REATTACHMENT PROCEDURES OF THE LOWER EXTREMITY

Of the 1983 patients who underwent major joint and limb reattachment procedures at Nevada hospitals during 1994, about one third had a total knee replacement and another one third a total hip replacement. The remaining procedures involved, for the most part, partial hip replacements and revisions of previous surgeries due to changes in underlying conditions or post-surgical complications. The 1994 patient discharge count for DRG 209 was 31.8 percent higher than the same count five years before. DRG 209 patients discharged in 1994 stayed in the hospital two days less time than patients in 1990, a 24 percent drop. This pattern of a five year decline in average length of hospital stays (ALOS), common especially to surgical DRG's, usually does not yield such a considerable five year reduction, particularly since the decrease is fairly constant across most sub-populations of Nevada patients: genders, age groups, and regions. Average billed charges increased by over \$7000 (32.4 percent) between 1990 and 1994. The combination of reduced ALOS and increasing average billed charges produced, of course, considerable increases in average daily billed charges. This is examined more fully in the age discussion below and the chart to the upper right. In-hospital death rates for DRG 209 hovered around one percent for each of the reporting years.

Female patients constituted 58.4 percent of the total discharge count for DRG 209 during 1994, and this share shifted very little over each of the five years. Average length of hospital stays were also higher for women, by a margin of 0.6 to 1.0 days, depending upon year. Both male and female ALOS declined steadily between 1990 and 1994, the decline for men at 1.8 days, for women at 2.2 days (see chart below for a graphical representation of this pattern). In-hospital death rates were similar for each gender, reaching a high of 1.7 percent among male patients discharged during 1991.

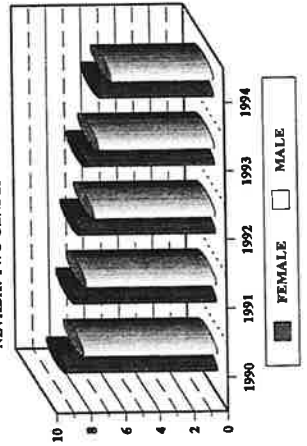
As with a number of DRG's included in this report, DRG 209 patient counts increased dramatically with advancing age. In 1994 just under 70 percent of discharged patients were age 65 and older, and another 20.9 percent of patients were age 50 through 64. Average length of hospital stays also increased steadily with advancing age category, the difference year by year between the two oldest age categories being in the range of one to two hospital days. Billed charges were also predictable with a knowledge of age category, but the pattern is more mixed than that for ALOS; note, though, that all age categories increased steadily in average billed charges over each of the five reporting years. This combination -- decreased average length of hospital stays and increased average billed charges -- produced significant five year increases in average daily billed charges as, for example, in the case of the age 65 and older category where per day billed charges increased by nearly \$1800 or 70.2 percent over five years. This pattern of daily billed charge increases is depicted in the chart at the above and right.

DRG 209: AVERAGE DAILY CHARGES
NEVADA: TWO AGE GROUPS: 1990-1994



DRG	209	1990	1991	1992	1993	1994
TOTAL	Discharges	1505	1638	1926	1856	1983
	ALOS	8.4	8.0	7.6	7.3	6.4
	Expired	1.3	1.1	.9	1.0	.9
	Avg. Charge	\$21899	\$24658	\$26770	\$28216	\$29003
Male	Discharges	611	632	763	729	816
	ALOS	7.8	7.6	7.1	6.8	6.0
	Expired	1.1	1.7	.9	1.0	1.1
	Avg. Charge	\$21471	\$24023	\$26932	\$28152	\$29282
Female	Discharges	894	1006	1163	1127	1167
	ALOS	8.8	8.2	7.9	7.5	6.6
	Expired	1.3	.7	.9	1.1	.7
	Avg. Charge	\$22191	\$25057	\$26663	\$28258	\$28808
0 - 17	Discharges	1	3	2	2	0
	ALOS	4.0	7.3	8.5	11.0	.0
	Expired	.0	.0	.0	.0	.0
	Avg. Charge	\$16156	\$22808	\$24485	\$37648	50
18 - 35	Discharges	28	24	28	36	29
	ALOS	6.2	5.3	6.1	6.6	5.5
	Expired	.0	.0	.0	.0	.0
	Avg. Charge	\$21977	\$25470	\$27010	\$29052	\$30230
36 - 49	Discharges	66	94	112	90	160
	ALOS	6.0	6.1	6.0	6.1	5.1
	Expired	.0	.0	.0	.0	.0
	Avg. Charge	\$19709	\$22370	\$25815	\$28900	\$30342
50 - 64	Discharges	304	341	406	399	414
	ALOS	7.4	6.7	6.6	6.2	5.7
	Expired	.0	.6	.0	.3	.0
	Avg. Charge	\$20545	\$23400	\$25794	\$27064	\$28300
65 plus	Discharges	1106	1176	1378	1329	1380
	ALOS	8.8	8.6	8.0	7.7	6.7
	Expired	1.7	1.4	1.3	1.4	1.2
	Avg. Charge	\$22405	\$25193	\$27133	\$28479	\$29032

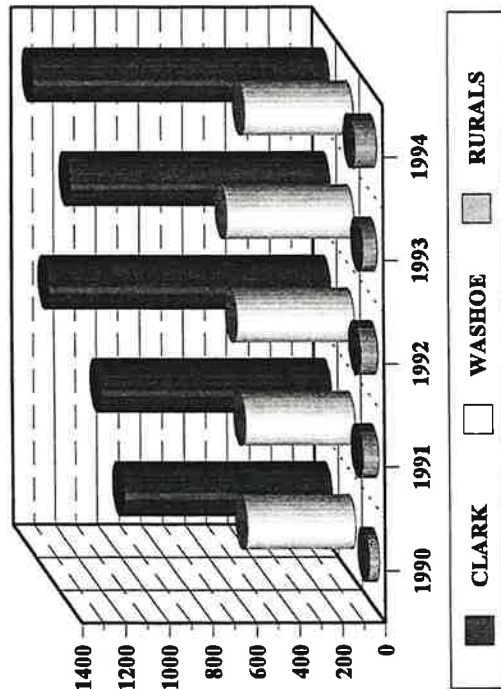
DRG 209: AVERAGE LENGTH OF STAY (ALOS)
NEVADA: TWO GENDERS: 1990-1994



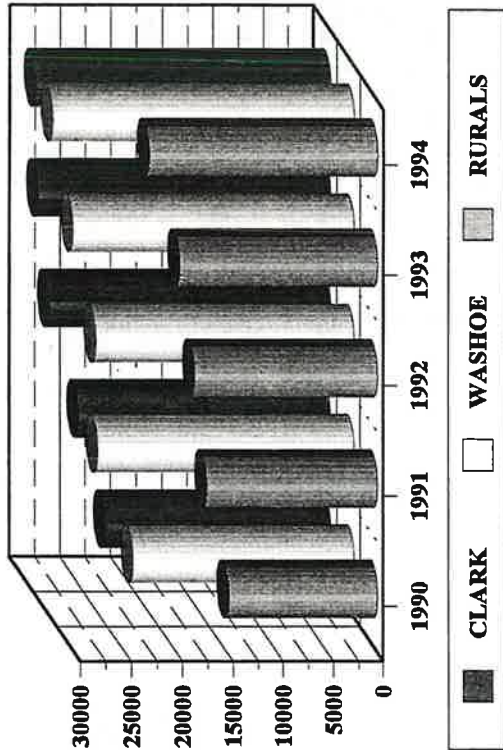
During 1994 Clark County hospitals discharged 1377 patients for DRG 209, 69.4 percent of all cases statewide, in line with the county's proportion of Nevada's population. Washoe County hospitals discharged another 503 patients. Of particular interest is the very unchanging discharge count among Washoe County hospitals between 1990 and 1994, a net increase (after peaks in 1992 and 1993) of one case over five years. Both Clark County and rural county hospitals increased their DRG 209 cases substantially over the reporting period, 119 percent for the latter on a 1994 discharge count of 103 and 44 percent for Clark County. See chart below for a graphical rendering of trends in discharges by region of Nevada.

In line with overall patterns, each region reduced its average length of hospital stays (ALOS) significantly between 1990 and 1994, two days for Clark County, 2.3 days for Washoe County, and 1.6 days among the rural hospitals, notably Carson-Tahoe Hospital, of course, with 76 of the 103 DRG 209 discharges for 1994. Average billed charges also increased over the five year period, almost \$8000 per discharge for Washoe County and the rural hospital facilities, the latter having a 1990 average billed charge base of only \$14846, and just under a \$7000 increase in Clark County. Washoe County hospitals' average billed charges actually exceeded Clark County's in two of the five years including 1994.

DRG 209: PATIENT DISCHARGES
NEVADA: THREE REGIONS: 1990-1994



DRG 209: AVERAGE BILLED CHARGES
NEVADA: THREE REGIONS: 1990-1994



The chart above depicts changes in average billed charges for DRG 209 by region of Nevada across the period 1990 to 1994. Of course, decreased ALOS and increased average billed charges produced significant gains in average daily billed charges; this is particularly pertinent to DRG's such as 209 which involve major surgical procedures and fairly lengthy average hospital stays. With respect to average daily billed charge increase, Washoe County hospitals went from \$2808 to \$5426, a 93.2 percent increase. This was closely duplicated by the rural counties' gain of 91.8 percent on a 1990 base which was nearly \$1000 lower than Washoe's. Clark County's five year increase in average daily billed charges was, percentage wise, the lowest of the three regions at 70.2 percent.

Sunrise Hospital was the discharge leader for the state at 635 during 1994 (the hospital increased its patient discharge count by just over 100 percent during the five year reporting period) and was also the statewide leader in average billed charges at \$33277, just barely greater than St. Mary's Regional Medical Center and Washoe Medical Center in Washoe County. Most all hospitals reduced their average length of hospital stays, in the case of University Medical Center by a sizeable 6.4 days on a very high ALOS of 14.4 days in 1990 and Northern Nevada Medical Center by 1.8 days with a significant decrease in patient discharge counts between 1993 and 1994.

DRG 210: HIP AND FEMUR PROCEDURES EXCEPT MAJOR JOINT AGE > 17 WITH COMORBIDITY (CC)

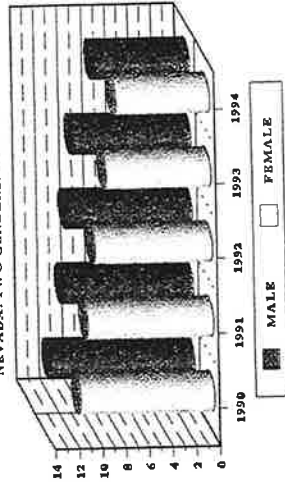
DRG 210 along with its companions 211 and 212 involve surgeries such as bone grafts to the femur as well as procedures to lengthen or shorten the thigh bone, and also include hip repairs, including reductions for hip dislocation. Replacements of hip, knee, ankle, and foot -- full or partial -- are classified under DRG 209, discussed elsewhere in this report. There were 792 discharges under DRG 210 during 1994, up 33.1 percent since 1990. Another 267 discharges occurred under DRG 211 (older than 17 with CC) and only 83 under DRG 212 (pediatric cases, with or without CC). Discharge summaries are depicted in the chart at the bottom of this column.

DRG 210 patients remained in the hospital an average of 8 days in 1994, down 3.7 days since 1990, the decline in average length of stays (ALOS) being a regular step reduction by year. Average billed charges increased by a modest \$22.18 over the five year period on a 1990 base of \$21,007. The combination of the two -- the 10.6 percent rise in average billed charges and the 31.6 percent decline in average length of stays -- combined to produce a heightened average daily billed charge for DRG 210. This dimension is explored further with charts on page 2 of this DRG 210 report. In-hospital death rates varied over the five years within a range of 1.9 to 4.2 percent of discharges.

Female DRG 210 patients outnumbered males by a ratio of about 2 to 1 with the female discharge count up 42.9 percent over the time span 1990 to 1994. On the other hand women remained in the hospital a shorter period of time compared to men, and this difference -- ranging from 0.2 to 1.1 days -- was maintained over the five reporting years. The chart at the upper right displays average length of hospital stays for men and women during each of the years 1990 to 1994. The ALOS for both men and women declined steadily over the five years and, coupled with increases in average billed charges in the range of \$2200 to \$2400, average daily billed charges for both men and women increased to some degree over the five year period.

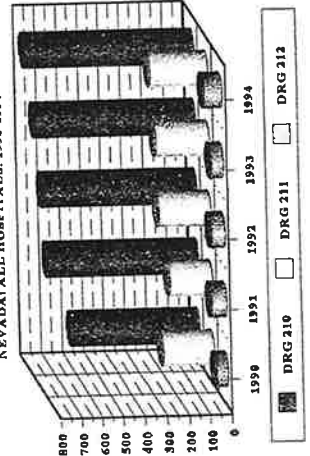
The percentage of patients who were 65 or older was 82.7, illustrating how much surgical procedures of these kinds are characteristic of the conditions of older Nevadans, just as the paucity of pediatric patients (DRG 212) also illustrates a similar point. Comparing only the two oldest age categories -- 50 to 64 and 65 and older -- average lengths of hospital stays increased with age within a range of 0.2 to 1.7 days, and average billed charges also increased, the range being over \$6000 in 1993 to less than \$700 in 1994. Comparing 1990 with 1994, average billed charges were essentially flat for the age group 50 to 64 but increased over \$3000 for patients 65 and older. In-hospital death rates also increased with age for four of the five reporting years with the greatest difference occurring in 1991 when 4.8 percent of the 65 plus age group died in the hospital versus only 1.1 percent of the next youngest age category (50 - 64).

DRG 210: AVERAGE LENGTH OF STAY (ALOS)
NEVADA: TWO GENDERS: 1990-1994



DRG	210	1990	1991	1992	1993	1994
TOTAL	Discharges	595	704	722	752	792
	ALOS	11.7	10.8	10.2	9.3	8.0
	Expired	4.2	4.0	3.9	4.0	2.5
	Avg. Charge	\$21007	\$21328	\$22089	\$21772	\$23245
Male	Discharges	208	224	215	256	239
	ALOS	12.2	11.0	10.6	10.0	8.2
	Expired	5.8	6.3	2.3	6.6	4.2
	Avg. Charge	\$22279	\$23476	\$23333	\$20861	\$24664
Female	Discharges	387	480	507	496	553
	ALOS	11.4	10.7	10.0	8.9	8.0
	Expired	3.4	2.9	1.8	2.6	1.8
	Avg. Charge	\$20324	\$20326	\$21561	\$21268	\$22604
0 - 17	Discharges	0	0	0	0	0
	ALOS	.0	.0	.0	.0	.0
	Expired	.0	.0	.0	.0	.0
	Avg. Charge	\$0	\$0	\$0	\$0	\$0
18 - 35	Discharges	43	26	25	25	29
	ALOS	11.1	9.5	7.8	7.4	5.3
	Expired	.0	.0	.0	8.0	.0
	Avg. Charge	\$25377	\$21766	\$22749	\$3075	\$22100
36 - 49	Discharges	40	27	35	25	34
	ALOS	13.8	8.8	8.8	7.2	7.2
	Expired	2.5	.0	2.9	.0	.0
	Avg. Charge	\$21791	\$22076	\$24305	\$20552	\$22668
50 - 64	Discharges	70	88	78	79	74
	ALOS	12.4	11.1	8.8	10.3	7.9
	Expired	5.7	1.1	1.3	3.8	1.4
	Avg. Charge	\$2962	\$19425	\$21070	\$28332	\$22695
65 plus	Discharges	442	563	584	633	655
	ALOS	11.4	10.9	10.5	9.3	8.2
	Expired	4.5	4.8	2.1	4.0	2.9
	Avg. Charge	\$20202	\$21570	\$22064	\$22266	\$23364

DRG 210/211/212: PATIENT DISCHARGES
NEVADA: ALL HOSPITALS: 1990-1994

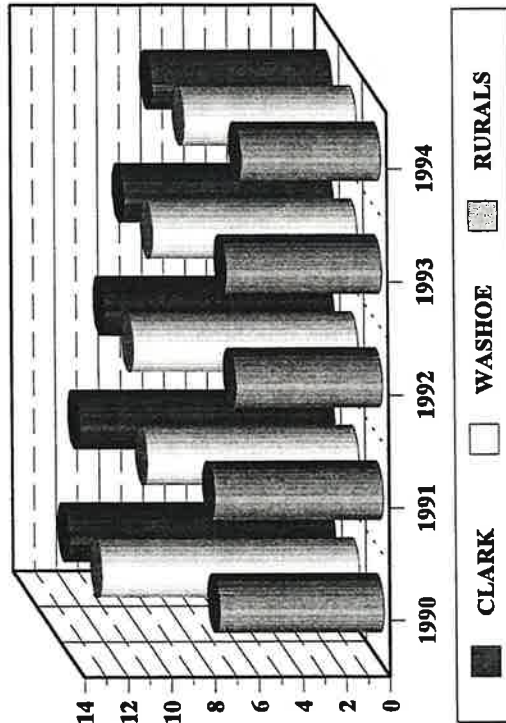


Just under 63 percent of DRG 210 discharges in 1994 were from Clark County hospitals, slightly lower than that county's proportion of Nevada's population. Washoe County hospitals contributed another 27.9 percent of the discharges with the remainder of 74 discharges in the rural county hospitals, notably Carson-Tahoe Hospital with 55 cases in 1994. All three regions increased their discharge counts for DRG 210 over the five year reporting period, Washoe County's gain of 42 cases (23.5 percent) being the lowest and the rural hospitals' increase of 57.5 percent the highest. Between 1990 and 1994, Washoe County and Clark County hospitals both reduced their average length of hospital stays by 3.9 days, a 30 percent plus reduction in ALOS over five years. Rural county hospitals reduced their ALOS by only 1.1 days over the five year reporting period, but since their 1990 ALOS was much lower than that of the two urban counties, the three regional average lengths of stays were much closer together by 1994, just 1.9 days separating the highest from the lowest. The chart at the bottom of this column illustrates these significant reductions in ALOS for the period 1990 to 1994.

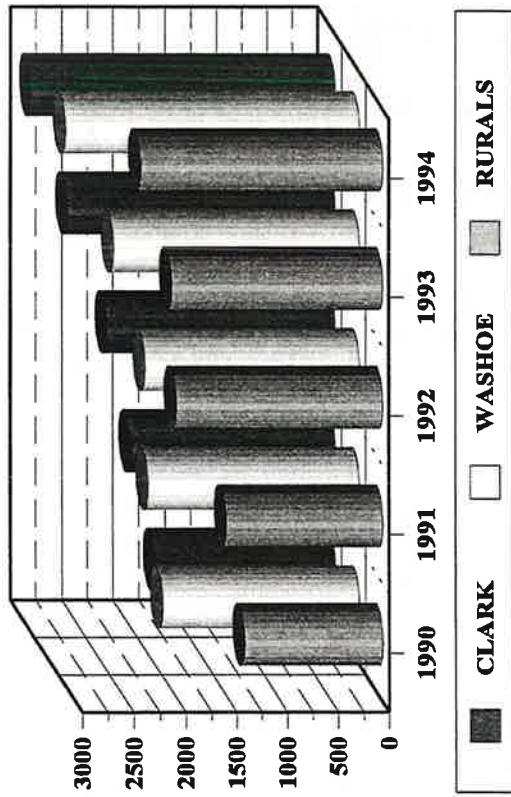
The rural county hospitals increased their average billed charges for DRG 210 discharges by nearly 50 percent over the reporting period although their 1994 average billing was over \$9000 less than Clark County's and about \$7500 less than Washoe County's. Clark County hospitals increased average billed charges by over \$3000 between 1990 and 1994, a 14.6 percent rise, while

DRG 210: AVERAGE LENGTH OF STAY (ALOS)

NEVADA: THREE REGIONS: 1990-1994



DRG 210: AVERAGE DAILY CHARGES
NEVADA: THREE REGIONS: 1990-1994



Washoe County hospitals actually decreased billed charges a small amount over the same period.

The combination of significantly reduced average lengths of hospital stays combined with increases in two regions of average billed charges resulted in significant increases in average daily billed charges among Clark County and rural county hospitals, with a smaller percentage increase in Washoe County, due entirely, of course, to its reduced ALOS, although the county's average billed charges for 1994 are within \$100 of Clark County's. The chart above illustrates these patterns for the three regions during the period 1990 to 1994.

Looking at specific hospitals, Sunrise Hospital reduced its average length of stay by four days but increased its average billed charges only about \$1500 between 1990 and 1994. Desert Springs Hospital also reduced ALOS by four days but increased its billed charge average by over \$5000 producing, of course, a much higher increase in average daily billed charges over the five year reporting period. In Washoe County, St. Mary's Regional Medical Center increased average billed charges by just under \$7000 with a modest decrease in ALOS while Washoe Medical Center, with seven days reduction in ALOS, actually decreased its average billed charges by over \$8000, the latter largely due to an inflated average billed charge figure for the base year of 1990. In the rural sector, Carson-Tahoe Hospital reduced ALOS by 0.8 days between 1990 and 1994 but increased average billings by over \$4800.

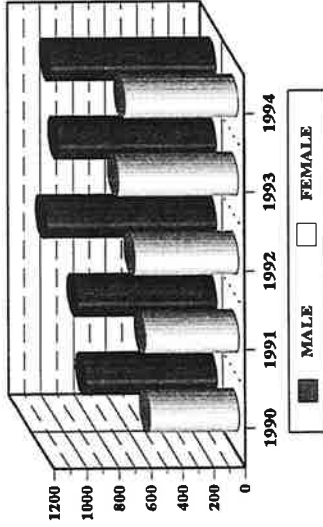
DRG 215: BACK AND NECK PROCEDURES WITHOUT CC

DRG 214 and DRG 215 are twins, both involving back and neck surgical procedures, with DRG 214 being with comorbidity (CC) and DRG 215 being without. This report will focus on DRG 215 since its discharge count for any given year was one and one half times that of DRG 214. The most common procedures performed under these two DRG's were excisions of spinal disks (intervertebrate), followed in order by spinal canal explorations, excisions of bone for grafts, and lumbar/lumbosacral (spinal) fusions. DRG 215 discharges for 1994 totalled 1760; discharges increased fairly significantly between 1991 and 1992, and the overall five year increase was 368 cases, a 26.4 percent increase between 1990 and 1994. As with many of the DRG's in this report, and certainly for those involving surgery, average lengths of hospital stays (ALOS) declined over the five year period by 1.2 days or 28.6 percent (see chart below). At the same time total billed charges increased by 43.5 percent (\$4753 per discharge) between 1990 and 1994. The combination of reduced ALOS and increased billed charges yielded sizeable increases in average daily billings for DRG 215 across the state for the five year period covered in this study (this is graphically illustrated on the next page, comparing Clark and Washoe county hospitals). There were no in-hospital deaths related to DRG 215 discharges for any of the five years; mortality for DRG 214 ranged from a low of 0.4 percent of discharges in 1993 to a high of 1.2 percent in 1994.

Discharge counts for males were half again greater than for females for each of the five reporting years. Note that in 1994 male patients outnumbered female by 1039 to 721 (see chart at upper right). On the other hand women remained in the hospital up to 0.6 days longer than men, depending upon the reporting year, and female average billed charges were slightly higher than male charges for four of the five reporting years. Further, ALOS for both men and women declined steadily over the five years and average billed charges increased steadily over the same time period.

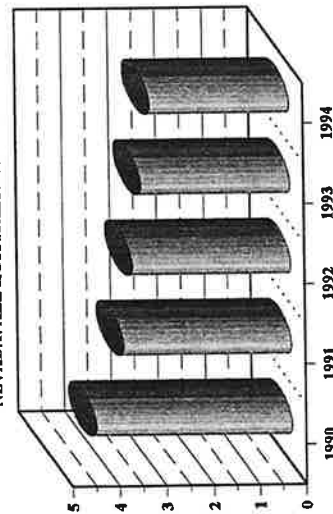
Unlike many of the DRG's in this report, discharge counts for DRG 215 patients distributed more evenly over the age categories, with the age 36 to 49 category modal, and only 178 cases falling into the age 65 and older age category, the modal category for many other surgeries, cardiovascular treatments, and respiratory ailments. Average lengths of hospital stays decreased steadily among all age categories 18 and older for each reporting year, the difference across four age categories usually falling in the one-half to three-quarters of a day range. On the other hand, average billed charges were not predicatable with a knowledge of age category.

DRG 215: PATIENT DISCHARGES
NEVADA: TWO GENDERS: 1990-1994



DRG	215	1990	1991	1992	1993	1994
TOTAL	Discharges	1392	1468	1723	1769	1760
	ALOS	4.2	3.6	3.4	3.2	3.0
	Expired	.0	.0	.0	.0	.0
	Avg. Charge	\$10918	\$11613	\$12856	\$14520	\$15671
Male	Discharges	824	872	1064	988	1039
	ALOS	4.1	3.4	3.3	3.0	2.7
	Expired	.0	.0	.0	.0	.0
	Avg. Charge	\$10649	\$11458	\$12961	\$14292	\$15721
Female	Discharges	568	596	659	761	721
	ALOS	4.4	3.7	3.5	3.5	3.3
	Expired	.0	.0	.0	.0	.0
	Avg. Charge	\$11310	\$11840	\$12686	\$14815	\$16319
0 - 17	Discharges	10	15	14	10	19
	ALOS	7.6	5.7	7.2	5.2	5.1
	Expired	.0	.0	.0	.0	.0
	Avg. Charge	\$26857	\$20331	\$30602	\$29063	\$35542
18 - 35	Discharges	400	379	454	422	398
	ALOS	4.0	3.5	3.2	3.1	2.7
	Expired	.0	.0	.0	.0	.0
	Avg. Charge	\$10381	\$11228	\$12282	\$14468	\$14527
36 - 49	Discharges	584	600	723	699	732
	ALOS	4.0	3.5	3.3	3.2	2.8
	Expired	.0	.0	.0	.0	.0
	Avg. Charge	\$10645	\$11263	\$12773	\$14296	\$15236
50 - 64	Discharges	299	376	408	476	433
	ALOS	4.5	3.5	3.5	3.3	3.1
	Expired	.0	.0	.0	.0	.0
	Avg. Charge	\$11322	\$12022	\$13047	\$14758	\$16816
65 plus	Discharges	99	98	124	142	178
	ALOS	5.1	4.2	3.9	3.4	3.6
	Expired	.0	.0	.0	.0	.0
	Avg. Charge	\$11878	\$12342	\$12781	\$13952	\$15107

DRG 215: AVERAGE LENGTH OF STAYS (ALOS)
NEVADA: ALL HOSPITALS: 1990-1994

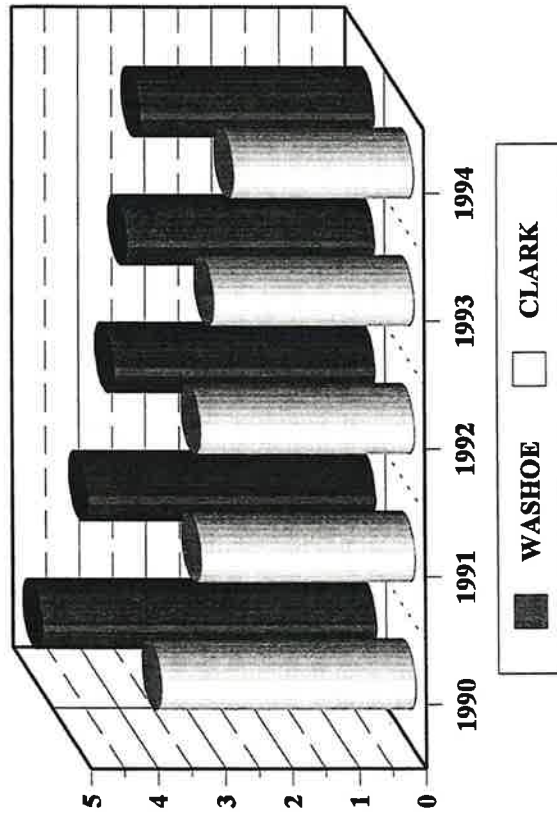


The 1212 discharges for DRG 215 from Clark County hospitals represented 68.9 percent of all discharges statewide during 1994, and the proportion was maintained throughout the five year reporting period. Washoe County hospitals contributed another 522 cases, virtually all of the remainder, while rural hospitals discharged only 26 patients during 1994, all from Carson-Tahoe Hospital.

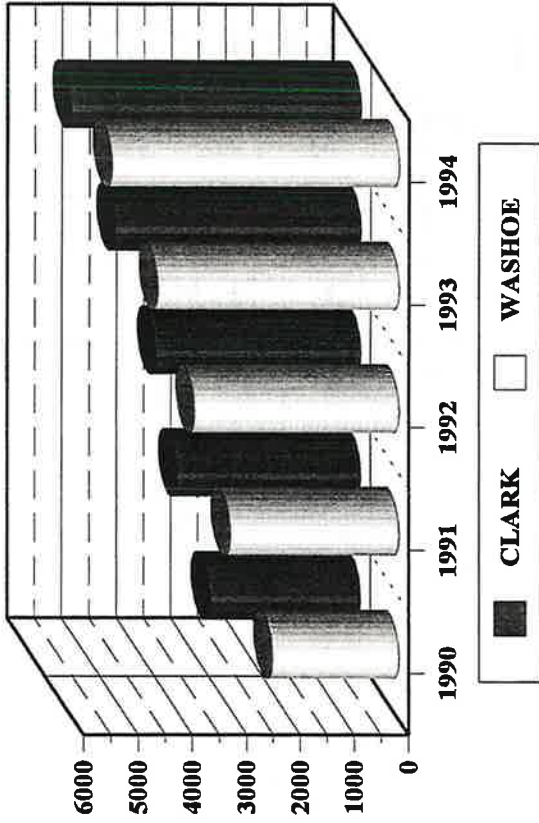
Clark County's average length of hospital stays (ALOS) decreased steadily over the five years, yielding a 1.1 day decrease on a 1990 base ALOS of 3.8 days (29 percent reduction). Washoe County's ALOS decline was also steady between 1990 and 1994 and dropped by a significant 1.5 days although the 1994 average length of stays was still lower in 1994 for Clark County in contrast to Washoe County. Carson-Tahoe Hospital also reduced its ALOS over the five years, not steadily, from 4.2 to 3.6 average days in the hospital for DRG 215. These patterns are depicted in the chart below which graphs ALOS for the two urban counties of Nevada.

All three reporting regions increased their total billed charges over the five years, Clark County hospitals by over \$3800, Washoe County hospitals by nearly \$7000, and rural hospitals by just over \$4700. Significant reductions in average days in the hospitals coupled with increases of these magnitudes in total billed charges resulted

DRG 215: AVERAGE LENGTH OF STAYS (ALOS)
NEVADA: TWO COUNTIES: 1990-1994



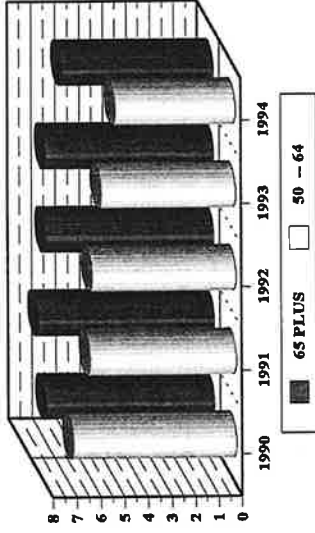
DRG 215: AVERAGE DAILY CHARGES
NEVADA: TWO COUNTIES: 1990-1994



in sizeable gains in average daily billed charges for the hospitals in both urban counties as well as for Carson-Tahoe Hospital. The chart above illustrates this trend for the two urban counties of Nevada over the five reporting years.

University Medical Center, Sunrise Hospital, and Valley Hospital, all in Clark County, registered significant reductions in ALOS between 1990 and 1994, and all three hospitals increased their average billed charges at about the county's overall rate noted above. Sunrise was the discharge leader in the county as well as statewide at 680 during 1994, 56.1 percent of Clark County's discharges and 38.6 percent of all DRG 215 discharges statewide in that year. Washoe Medical Center was second statewide in discharges with 278; it reduced its ALOS by 1.6 days and increased average billed charges by just under \$8000 -- from 1990 to 1994 -- making it the hospital effecting the greatest increase in average daily billed charges across the state. St. Mary's Regional Medical Center achieved a two day reduction in ALOS over five years but increased its billed charges by only just over \$4000 during the same period of time.

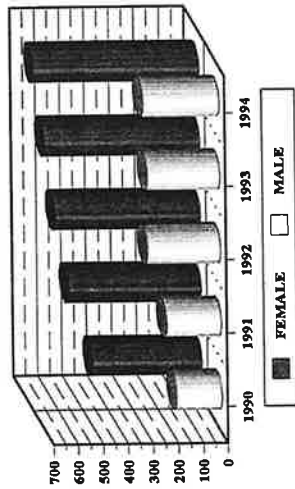
DRG 320: AVERAGE LENGTH OF STAY (ALOS)
NEVADA: TWO AGE GROUPS: 1990-1994



DRG 320: KIDNEY AND URINARY TRACT INFECTIONS AGE > 17 W/CC

This DRG contains clinically related principal diagnoses for 972 patients discharged from Nevada hospitals during 1994. This is actually one of three related DRG's, the other two being DRG 321-- age greater than 17 without comorbidity (CC) -- with 350 admissions in 1994 and DRG 322 -- age 17 or less (pediatric cases) -- with 193 admissions. All three of these DRG's include such common ailments as urinary tract infections (not otherwise specified), urethritis and cystitis, as well as pyelonephritis, the latter a potentially very serious condition if not treated in a timely fashion. The five year trend in discharges for DRG 320 reveals a 56.8 percent increase in patient counts. There was a 0.4 day decline in average length of stays (ALOS), all of which occurred between 1993 and 1994. Average billed charges rose by 29.3 percent over the five year reporting period, the greater portion of this occurring between 1990 and 1991. In-hospital death rates were fairly constant, falling between 2.4 and 3.8 percent of discharges over the five years.

DRG 320: PATIENT DISCHARGES
NEVADA: TWO GENDERS: 1990-1994



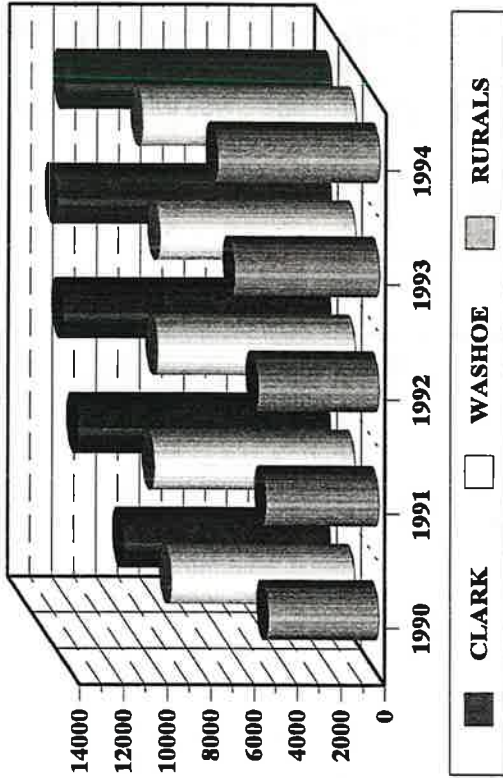
anatomy as contrasted with the male.

About 78 percent of all 1994 discharges for DRG 320 were age 50 or older. There was a fairly constant average length of stay (ALOS) for the 65 plus age group between 1990 and 1993, followed by a 0.7 day decline between 1993 and 1994. In contrast, patients in the 50 to 64 age group started the five year period with slightly lower ALOS than the older age group and then declined much more rapidly, dropping steadily from 6.9 days average stay to 5.1 days over the five year reporting period (see chart at upper right). On the other hand average billed charges began the five year period with only about a \$550 per patient difference between these two oldest age groups, then spreading apart to over a \$1500 difference in favor of the age 65 and older category by 1994. In-hospital death rates were also considerably higher for the plus age group, falling in the range 3.5 to 5.6 percent of discharges over the period 1990 to 1994 in contrast to the next younger age group which began the five year period at 3.1 percent dead upon discharge and dropped steadily to 0.7 percent by 1994.

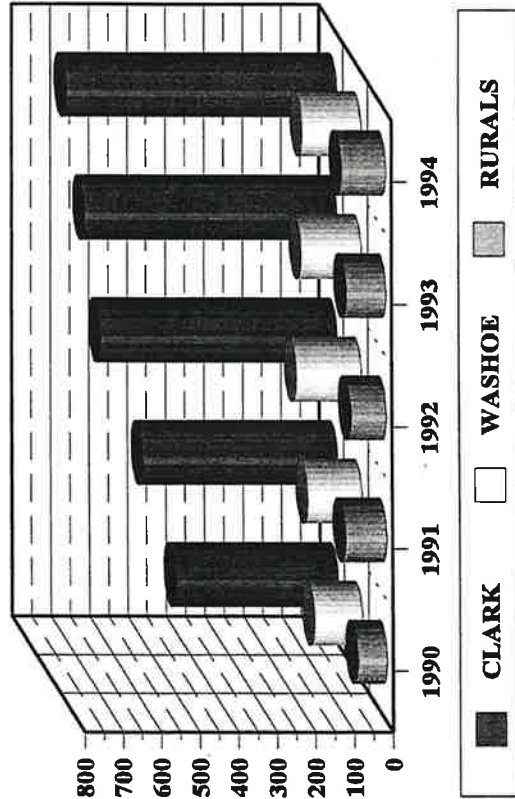
DRG	320	1990	1991	1992	1993	1994
TOTAL	Discharges	620	751	876	915	972
	ALOS	6.3	6.6	6.4	6.5	5.8
	Expired	3.2	2.4	3.8	2.8	3.2
	Avg. Charge	\$9359	\$10265	\$10989	\$11351	\$11329
Male	Discharges	184	222	295	293	307
	ALOS	7.0	7.0	6.3	6.8	6.3
	Expired	1.6	1.8	4.7	5.1	3.9
	Avg. Charge	\$9850	\$10890	\$10886	\$13108	\$12494
Female	Discharges	436	529	581	622	665
	ALOS	6.1	6.5	6.5	6.3	5.5
	Expired	3.9	2.6	3.3	3.7	2.9
	Avg. Charge	\$8299	\$10063	\$11042	\$10523	\$10791
0 - 17	Discharges	0	0	0	0	0
	ALOS	0.0	0.0	0.0	0.0	0.0
	Expired	0.0	0.0	0.0	0.0	0.0
	Avg. Charge	\$0	\$0	\$0	\$0	\$0
18 - 35	Discharges	120	116	110	117	125
	ALOS	4.3	4.6	4.4	5.2	4.0
	Expired	0.0	0.0	0.0	0.0	0.0
	Avg. Charge	\$5918	\$6757	\$7246	\$8323	\$9099
36 - 49	Discharges	53	86	77	80	89
	ALOS	5.0	5.5	4.8	5.0	5.0
	Expired	0.0	0.0	1.3	1.1	1.1
	Avg. Charge	\$6397	\$9822	\$10257	\$9566	\$9900
50 - 64	Discharges	96	90	134	134	143
	ALOS	6.9	6.2	6.1	5.7	5.1
	Expired	3.1	2.2	1.5	0.7	0.7
	Avg. Charge	\$9390	\$10156	\$12076	\$11126	\$10585
65 plus	Discharges	351	489	555	584	615
	ALOS	7.1	7.4	7.1	7.1	6.4
	Expired	4.8	3.5	5.6	4.1	4.7
	Avg. Charge	\$9934	\$11256	\$11570	\$12254	\$12162

Two of Nevada's three regions -- Clark County and the rural counties -- recorded significant percentage increases in patient discharges for DRG 320 during the reporting period 1990-1994 (see chart below). In the case of Clark County hospitals discharge counts increased by a strong 67.5 percent over the five years, and for rural hospitals the equivalent percentage gain was 52.0 between 1990 and 1994. Key hospitals driving the increase in discharges in Clark County were Desert Springs Hospital which more than doubled its patient counts, Lake Mead Hospital which increased 152 percent, and (from a volume of discharges point of view) Sunrise Hospital with nearly an 80 percent increase during the interval 1990 to 1994 with 187 discharges in the latter year, 19.2 of discharges statewide. With slightly over half of 1994's rural hospital discharges for DRG 320, Carson-Tahoe Hospital's 123 percent increase more than balanced out relatively unchanging five year patterns of discharge counts among the remainder of the rural county facilities. Washoe County hospitals reported only a 23.4 percent increase in patient discharges between 1990 and 1994, most of which was due to gains at Washoe Medical Center.

DRG 320: TOTAL BILLED CHARGES
NEVADA: THREE REGIONS: 1990-1994



DRG 320: PATIENT DISCHARGES
NEVADA: THREE REGIONS: 1990-1994



The same pattern -- large increases in Clark County and among the rural county facilities -- was also noted for total billed charges during the period 1990 to 1994. Note in the chart above that a large increase in total billed charges appeared between 1990 and 1991, and to a lesser extent the next year, among Clark County hospitals. The largest yearly jump among rural hospitals was between 1992 and 1993, slowing its rate to some extent the following year. Total five year increases in average billed charges were as follows: Clark County (29.2 percent), Washoe County (16.2 percent), and rural hospitals (47.5 percent). All three regions also reduced their net average length of hospital stays (ALOS) over the five year period, greatest for Clark County at 0.7 days, least for Washoe County at 0.1 days, although overall five year patterns did not display steady up or down trends from one year to the next. Carson-Tahoe Hospital, which more than doubled its average billed charges over the 1990 to 1994 period, was the state percentage leader among facilities having substantial increases. Other significant five year increases in average billed charges were noted at Desert Springs Hospital (36 percent), University Medical Center (34.3 percent), Valley Hospital (26.1 percent), and St. Mary's Regional Medical Center's 44.5 percent, the latter offset by Washoe Medical Center's relatively unchanging billing pattern over the five year reporting period.

DRG 320: KIDNEY & URINARY TRACT INFECTIONS AGE >17 WITH CC																	
			1990			1991			1992			1993			1994		
COUNTY	Discharges ALOS Avg. Charge	(combined data)	1990			1991			1992			1993			1994		
			Discharges	ALOS	Avg. Charge	Discharges	ALOS	Avg. Charge	Discharges	ALOS	Avg. Charge	Discharges	ALOS	Avg. Charge	Discharges	ALOS	Avg. Charge
CLARK COUNTY (combined data)			421	505	657	705	705	657	705	657	705	705	657	705	657	705	
			6.6	7.2	7.0	5.9	5.9	7.0	7.0	7.0	7.0	5.1	5.1	5.1	5.1	5.0	
			\$9507	\$11614	\$12310	\$12280	\$12280	\$12628	\$12628	\$12628	\$12628	\$6674	\$6674	\$6674	\$6674	\$7482	
Boulder City Hospital			5	26	28	27	27	17	17	17	17	0	0	1	1	1	
			7.0	6.5	8.3	4.6	4.6	4.6	4.6	4.6	4.6	0	0	8.0	8.0	4.0	
			\$8436	\$7741	\$10042	\$6564	\$6564	\$5774	\$5774	\$5774	\$5774	\$0	\$0	\$5229	\$5229	\$3164	
Desert Springs Hospital			49	38	94	101	101	108	108	108	101	36	36	28	28	58	
			5.9	6.2	5.6	5.7	5.7	7.8	7.8	7.8	5.7	6.4	6.4	5.9	5.9	6.0	
			\$8411	\$9198	\$8425	\$11438	\$11438	\$11556	\$11556	\$11556	\$11438	\$8941	\$8941	\$6524	\$6524	\$9782	
Sunrise Hospital and Medical Center			104	168	146	187	187	157	157	157	187	22	22	12	12	10	
			6.6	7.4	7.5	6.2	6.2	7.0	7.0	7.0	6.2	4.5	4.5	4.1	4.1	5.2	
			\$11045	\$14025	\$16160	\$14310	\$14310	\$14905	\$14905	\$14905	\$14310	\$6494	\$6494	\$5006	\$5006	\$8458	
Lake Mead Hospital and Medical Center			33	45	67	83	83	67	67	67	83	8	8	10	10	12	
			7.6	7.4	6.6	6.8	6.8	6.9	6.9	6.9	6.8	3.5	3.5	3.8	3.8	3.0	
			\$10001	\$10834	\$12476	\$13203	\$13203	\$11278	\$11278	\$11278	\$13203	\$4091	\$4091	\$3960	\$3960	\$4410	
St. Rose Dominican Hospital			30	19	33	37	37	27	27	27	37	1	1	1	1	3	
			5.9	6.5	5.4	5.4	5.4	5.9	5.9	5.9	5.4	2.0	2.0	4.0	4.0	4.7	
			\$10203	\$12321	\$11901	\$11694	\$11694	\$12645	\$12645	\$12645	\$11694	\$2887	\$2887	\$2264	\$2264	\$5359	
University Medical Center			94	82	96	119	119	100	100	100	119	5	5	2	2	6	
			6.9	7.1	7.9	6.9	6.9	6.9	6.9	6.9	6.9	4.2	4.2	4.5	4.5	4.2	
			\$6746	\$8596	\$11008	\$9062	\$9062	\$10352	\$10352	\$10352	\$9062	\$3138	\$3138	\$2434	\$2434	\$3376	
Valley Hospital Medical Center			104	127	152	150	150	161	161	161	150	7	7	5	5	2	
			6.7	7.4	6.6	6.4	6.4	7.0	7.0	7.0	6.4	3.0	3.0	3.4	3.4	3.0	
			\$10771	\$12060	\$12271	\$13586	\$13586	\$13991	\$13991	\$13991	\$13586	\$2233	\$2233	\$2503	\$2503	\$3717	
Women's Hospital			2	0	0	1	1	0	0	0	1	13	13	19	19	9	
			3.0	.0	.0	3.0	3.0	.0	.0	.0	3.0	5.8	5.8	4.6	4.6	4.1	
			\$4545	\$0	\$0	\$4129	\$4129	\$0	\$0	\$0	\$4129	\$8719	\$8719	\$7477	\$7477	\$5820	
WASHOE COUNTY (combined data)			124	140	169	153	153	156	156	156	153	3	3	2	2	3	
			5.9	5.9	5.6	5.8	5.8	5.2	5.2	5.2	5.8	3.0	3.0	3.0	3.0	5.0	
			\$8449	\$9245	\$9090	\$9815	\$9815	\$9030	\$9030	\$9030	\$9815	\$3860	\$3860	\$2972	\$2972	\$5747	
Northern Nevada Medical Center			17	17	16	17	17	24	24	24	17	3	3	7	7	5	
			5.6	4.9	4.7	4.2	4.2	3.8	3.8	3.8	4.2	4.3	4.3	5.1	5.1	2.0	
			\$7589	\$7104	\$7647	\$7942	\$7942	\$6468	\$6468	\$6468	\$7942	\$3253	\$3253	\$4870	\$4870	\$2470	
St. Mary's Regional Medical Center			49	53	50	62	62	49	49	49	62	4	4	4	4	5	
			5.1	5.2	5.4	5.7	5.7	6.3	6.3	6.3	5.7	3.8	3.8	3.8	3.8	4.0	
			\$6611	\$7545	\$10058	\$9552	\$9552	\$10847	\$10847	\$10847	\$9552	\$3606	\$3606	\$4443	\$4443	\$3839	
Washoe Medical Center			58	70	103	74	74	83	83	83	74	915	915	876	876	972	
			6.7	6.6	5.9	6.2	6.2	5.9	5.9	5.9	6.2	6.5	6.5	6.4	6.4	5.8	
			\$10254	\$11051	\$8844	\$10466	\$10466	\$8699	\$8699	\$8699	\$10466	\$11351	\$11351	\$10989	\$10989	\$11329	
TOTAL ALL COUNTIES																	

DRG 320: KIDNEY & URINARY TRACT INFECTIONS AGE >17 WITH CC

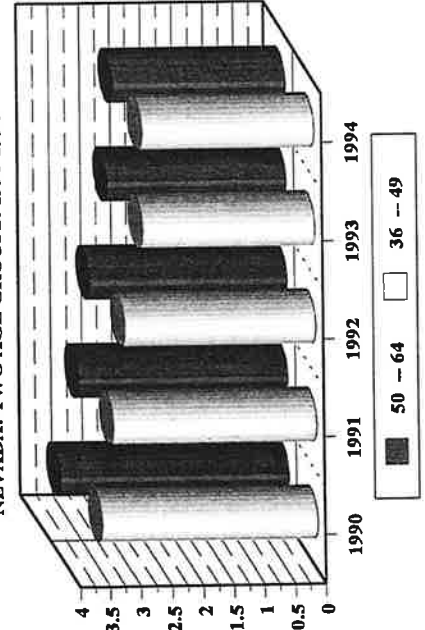
DRG 359: UTERINE AND ADNEXA PROCEDURES FOR NON-MALIGNANCY WITHOUT COMORBIDITY

About one third of the 2775 Nevada women who underwent surgery during 1994 for non-malignant conditions of the uterus and ovaries had principal diagnoses of uterine leiomyoma or endometriosis. In addition a significant number of women suffered from menstrual disorders, particularly excessive menstruation, as well as from ovarian cysts. A considerably greater number of DRG 359 patients underwent total abdominal hysterectomies as opposed to vaginal hysterectomies, and over half had their fallopian tubes and ovaries surgically removed. Discharge counts for DRG 359 increased steadily between 1990 (2423) and 1993 (3011), then dropped by 236 to 2775 during 1994. Average length of hospital stays (ALOS) declined steadily and significantly over the entire five year reporting period for a net decrease of 0.8 days per average discharge. Average billed charges increased 32.7 percent between 1990 and 1994, rising by just under \$2500 per average patient discharge over the reporting period. This pattern of decreases in average length of stays coupled with increases in total average billed charges produced a rise in average daily billed charges of nearly \$1600 per patient (see chart at upper right). DRG 359 is twinned with DRG 358, being identical except for the existence of comorbid conditions, resulting in 1.2 days longer average hospital stays during 1994 and average billed charges over \$3400 higher than DRG 359. Patient counts for DRG 358 fluctuated between 684 and 874 per year, with 738 discharges from Nevada hospitals during 1994.

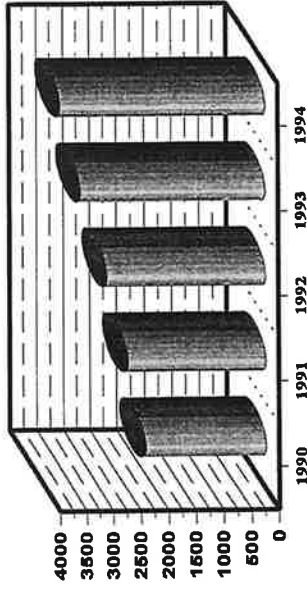
All five age ranges had patients undergoing uterine and adnexa surgical procedures although there were only 14 pediatric patients (17 and younger) among the 2775 discharges statewide. The modal age category for these procedures was the 36 to 49 range (52 percent of all discharges), reflecting decisions often made after the conclusion of the birthing cycle. The next most represented age range was the 18 to 35 group with 28.4 percent of patient totals statewide. Decreases in average lengths of hospital stays (ALOS) among all age groups was noted, with the two oldest age groups depicted in the chart below (see discussion above), and the effect of these reductions and increases in total billed charges illustrated above to the right for all age groups combined.

Note there were no in-hospital deaths related to DRG 359 -- uterine and adnexa procedures -- for any of the five reporting years. In-hospital death percentages for DRG 358 (with comorbidity) were zero for two of the five reporting periods, 0.1 for two others (including 1994), and 0.6 percent for reporting year 1990. All but one of these eleven in-hospital DRG 358 deaths occurred in the 65 plus age range.

DRG 359: AVERAGE LENGTH OF STAYS (ALOS)
NEVADA: TWO AGE GROUPS: 1990-1994



DRG 359: AVERAGE DAILY CHARGES
NEVADA: ALL HOSPITALS: 1990-1994



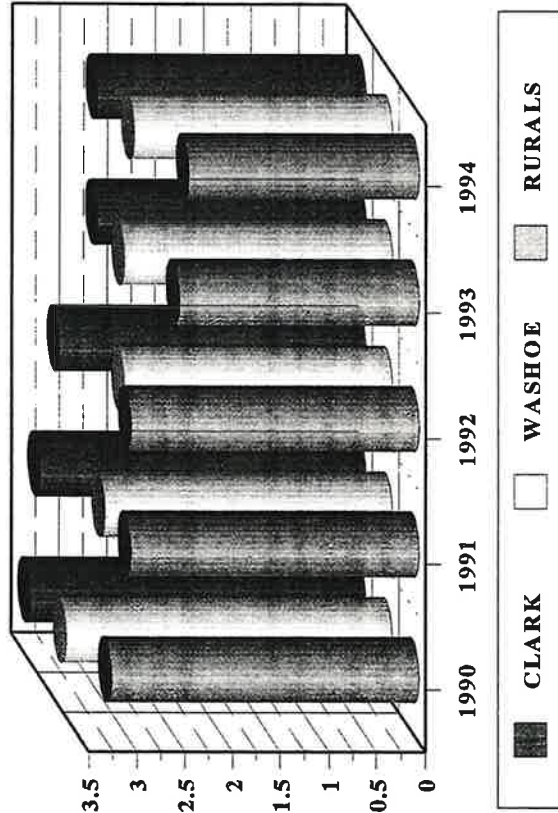
DRG	359	1990	1991	1992	1993	1994
TOTAL	Discharges	2423	2619	2956	3011	2775
	ALOS	3.5	3.3	3.1	2.8	2.7
	Expired	0.0	0.0	0.0	0.0	0.0
	Avg. Charge	\$7634	\$8229	\$8914	\$9437	\$10133
Male	Discharges	0	0	0	0	0
	ALOS	0.0	0.0	0.0	0.0	0.0
	Expired	0.0	0.0	0.0	0.0	0.0
	Avg. Charge	\$0	\$0	\$0	\$0	\$0
Female	Discharges	2423	2619	2956	3011	2775
	ALOS	3.5	3.3	3.1	2.8	2.7
	Expired	0.0	0.0	0.0	0.0	0.0
	Avg. Charge	\$7634	\$8229	\$8914	\$9437	\$10133
0 - 17	Discharges	18	18	24	9	14
	ALOS	3.2	4.6	3.5	3.1	2.4
	Expired	0.0	0.0	0.0	0.0	0.0
	Avg. Charge	\$789	\$10576	\$9258	\$11488	\$10092
18 - 35	Discharges	924	914	931	880	789
	ALOS	3.3	3.1	2.9	2.7	2.7
	Expired	0.0	0.0	0.0	0.0	0.0
	Avg. Charge	\$7343	\$7962	\$8642	\$9081	\$9803
36 - 49	Discharges	1149	1323	1531	1620	1444
	ALOS	3.5	3.3	3.1	2.8	2.8
	Expired	0.0	0.0	0.0	0.0	0.0
	Avg. Charge	\$7771	\$8330	\$9001	\$9591	\$10217
50 - 64	Discharges	252	280	347	384	386
	ALOS	3.7	3.4	3.2	2.9	2.8
	Expired	0.0	0.0	0.0	0.0	0.0
	Avg. Charge	\$8013	\$8596	\$9285	\$9608	\$10366
65 plus	Discharges	80	84	123	108	142
	ALOS	3.8	3.5	3.2	3.0	3.0
	Expired	0.0	0.0	0.0	0.0	0.0
	Avg. Charge	\$7886	\$7834	\$8765	\$9240	\$10471

Hospitals in each of the three regions of Nevada experienced gains in discharges for DRG 359 over the five year reporting period, but the pattern was not constant. For example Clark County hospitals discharged an increasing number of patients in this DRG until 1993, reaching a high of 2175, then declined by 248 cases in 1994. Washoe County's discharges jumped between 1991 and 1992, then declined to levels lower than the base year of 1990. Rural facilities experienced their largest increase in discharges between 1990 and 1991, then remained relatively flat or declined in numbers for the remainder of the reporting period. Looking at only 1994 data, Clark County hospitals discharged 69.4 percent of the state's total of 2775 patients for DRG 359 and Washoe County accounted for another 22.9 percent, both figures reasonably close to their representation in Nevada's population. At 661 discharges Sunrise Hospital was the state's leader in DRG 359 discharges followed closely by Valley Hospital with 569. Carson-Tahoe Hospital discharged exactly half of the rural counties' DRG 359 patients during 1994 with Elko General Hospital accounting for the majority of the remainder.

Of particular interest is the striking regularity of the three regions' reductions of average length of hospital stays (ALOS) over the five year reporting period. In the chart below note that Clark County facilities started (in 1990) with a slightly higher average length of hospital stay in comparison to the other two regions, and maintained

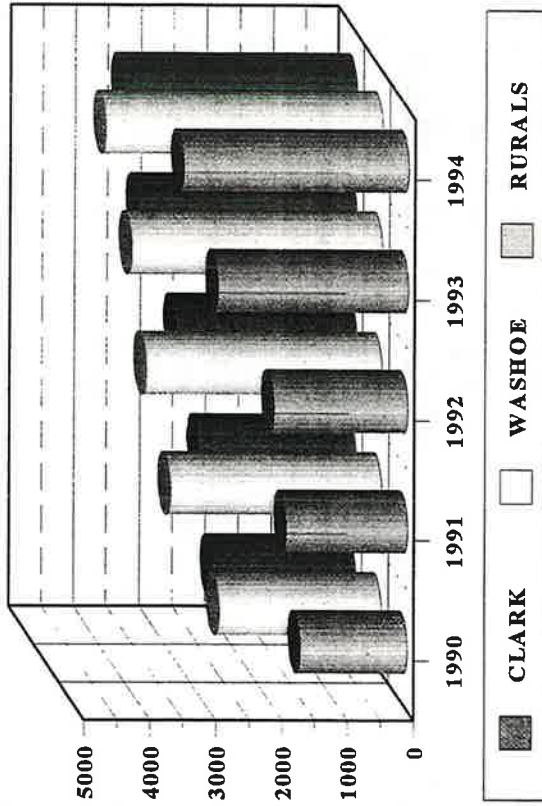
DRG 359: AVERAGE LENGTH OF STAYS (ALOS)

NEVADA: THREE REGIONS: 1990-1994



DRG 359: AVERAGE DAILY CHARGES

NEVADA: THREE REGIONS: 1990-1994



that slight lead through the five years of reporting. Washoe County facilities were a slight step down in 1990 and maintained that position as did rural hospitals which were just another slight step below Washoe County. This pattern of declining average lengths of hospital stays, observed in this report for DRG after DRG, is found here in almost perfect form. Further, hospitals in all three regions increased their average billed charges over the period 1990 to 1994, 30.9 percent for Clark County (led by Valley Hospital and University Medical Center), 35.5 percent for Washoe County (equally distributed between St. Mary's Regional Medical Center and Washoe Medical Center), and 58 percent among rural facilities (60.7 percent at Carson-Tahoe Hospital).

As has been noted throughout this report, the inevitable effect of rising average billed charges and declining average lengths of hospital stays is a rise in average daily billed charges, a pattern graphically illustrated in the chart above. Although the rate of increase was greatest among rural facilities (note Elko General Hospital's 131.6 percent five year rise in total billed charges coupled with a full two day decline in ALOS), Washoe County hospitals achieved the highest average daily billed charge figure by 1994 (\$4205), eclipsing Clark County facilities by \$654 per patient per day and rural hospitals by \$790.

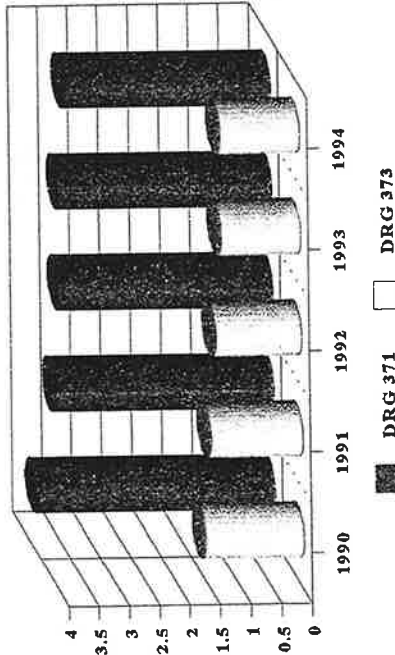
DRG 359: UTERINE & ADNEXA PROCEDURES FOR NON-MALIGNANCY WITHOUT CC																	
			1990			1991			1992			1993			1994		
CLARK COUNTY (combined data)	Discharges ALOS Avg. Charge	1596 3.5 \$7594	1683 3.4 \$8090	1939 3.2 \$8780	2175 2.8 \$9290	1927 3.0 \$9943	1990 3.2 \$5188	260 3.0 \$5531	222 3.0 \$6113	205 2.5 \$7213	212 2.4 \$8197	RURAL COUNTIES (combined data)					
												Discharges ALOS Avg. Charge	1990 3.2 \$5188	260 3.0 \$5531	222 3.0 \$6113	205 2.5 \$7213	212 2.4 \$8197
Boulder City Hospital	Discharges ALOS Avg. Charge	18 3.1 \$5372	16 2.8 \$5390	5 3.0 \$5801	5 4.4 \$9730	6 4.3 \$10223	0 .0 \$0	0 .0 \$0	0 .0 \$0	0 .0 \$0	0 .0 \$0	Battle Mountain Hospital (Lander)					
Desert Springs Hospital	Discharges ALOS Avg. Charge	111 3.9 \$8092	110 4.8 \$8624	199 3.4 \$9076	248 2.9 \$9299	140 3.0 \$9559	71 2.8 \$5177	127 2.9 \$6058	113 2.6 \$6806	117 2.3 \$7882	106 2.2 \$8317	Carson-Tahoe Hospital (Carson City)					
Sunrise Hospital and Medical Center	Discharges ALOS Avg. Charge	441 3.6 \$9060	360 3.4 \$9155	333 3.2 \$10197	483 2.9 \$10586	661 2.8 \$10720	18 2.9 \$4960	26 3.0 \$5355	16 3.6 \$7002	15 2.8 \$7594	22 3.2 \$10171	Churchill Community Hospital (Churchill)					
Lake Mend Hospital and Medical Center	Discharges ALOS Avg. Charge	66 5.2 \$7553	121 4.1 \$8319	135 3.6 \$9315	151 3.0 \$9564	180 2.9 \$10246	34 4.1 \$3597	51 3.0 \$3801	61 3.1 \$4497	28 2.4 \$6350	50 2.1 \$8329	Elko General Hospital (Elko)					
St. Rose Dominican Hospital	Discharges ALOS Avg. Charge	153 3.2 \$7500	163 3.4 \$10040	178 3.1 \$11066	227 2.8 \$12353	166 2.7 \$12840	0 .0 \$0	0 .0 \$0	0 .0 \$0	0 .0 \$0	0 .0 \$0	Grover C. Dil Medical Center (Lincoln)					
University Medical Center	Discharges ALOS Avg. Charge	64 3.0 \$5880	87 3.3 \$7611	125 3.2 \$9732	123 3.2 \$10221	94 3.0 \$10446	4 5.8 \$6357	16 4.0 \$6255	12 3.8 \$5869	27 3.5 \$5985	15 3.6 \$6269	Humboldt General Hospital (Humboldt)					
Valley Hospital Medical Center	Discharges ALOS Avg. Charge	414 3.2 \$5956	477 3.0 \$6872	608 2.5 \$7344	582 2.5 \$7496	569 2.6 \$8191	4 3.3 \$4954	4 3.8 \$6274	5 4.6 \$8123	2 4.0 \$7802	0 .0 \$0	Mount Grant General Hospital (Mineral)					
Women's Hospital	Discharges ALOS Avg. Charge	329 3.5 \$8030	349 3.4 \$7740	356 3.4 \$8100	356 2.9 \$8062	111 3.1 \$9506	32 2.9 \$6671	23 2.5 \$5973	5 3.0 \$6244	4 2.0 \$5120	0 .0 \$0	Nye Regional Medical Center (Nye)					
WASHOE COUNTY (combined data)	Discharges ALOS Avg. Charge	653 3.4 \$8382	676 3.0 \$9615	795 2.8 \$10024	631 2.8 \$10668	636 2.7 \$11354	0 .0 \$0	0 .0 \$0	0 .0 \$0	0 .0 \$0	0 .0 \$0	Pershing General Hospital (Pershing)					
Northern Nevada Medical Center	Discharges ALOS Avg. Charge	15 3.7 \$8670	15 3.3 \$9377	25 2.3 \$9192	20 2.5 \$9438	19 2.5 \$11187	0 .0 \$0	0 .0 \$0	0 .0 \$0	0 .0 \$0	0 .0 \$0	South Lyon Medical Center (Lyon)					
St. Mary's Regional Medical Center	Discharges ALOS Avg. Charge	303 3.4 \$8513	342 2.9 \$9860	451 2.8 \$10157	310 2.7 \$10597	285 2.6 \$11652	11 3.9 \$5891	13 3.2 \$5622	10 3.4 \$5939	12 2.8 \$5598	19 2.7 \$6416	William B. Ririe Hospital (White Pine)					
Washoe Medical Center	Discharges ALOS Avg. Charge	335 3.4 \$8250	319 3.1 \$9362	319 2.9 \$9900	301 2.9 \$10824	332 2.8 \$11107	2423 3.5 \$7634	2619 3.3 \$8229	2956 3.1 \$8914	3011 2.8 \$9437	2775 2.7 \$10133	TOTAL ALL COUNTIES					

DRG 373: VAGINAL DELIVERY WITHOUT COMPLICATING DIAGNOSES

During 1994 Nevada hospitals discharged 15055 women who birthed their newborns vaginally without suffering from complicating diagnoses; another 3687 women had their newborns via Caesarian section ("C-section") -- under DRG 371, surgical removal of the fetus -- again without comorbid conditions or complications. These two DRG's were twinned by two others: DRG 372, vaginal birth with complications (1352 discharges in 1994) and DRG 370, Caesarian section with comorbidity or complications (746 discharges in 1994).

DRG 371/373: AVERAGE LENGTH OF STAYS

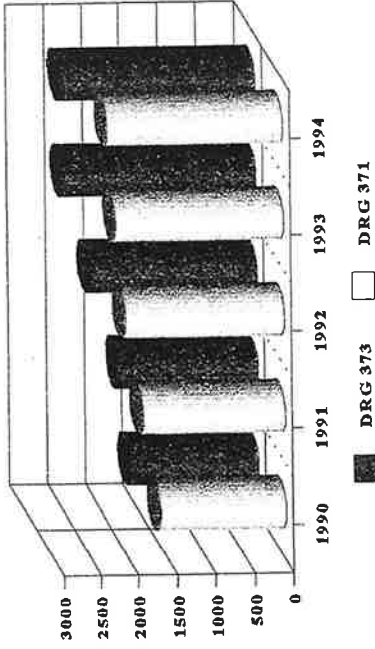
NEVADA: ALL HOSPITALS: 1990-1994



has the inevitable effect of increasing the per day average billed charge, a pattern depicted in the chart at the upper right. In contrast, DRG 371 mothers, undergoing C-sections, stayed in the hospital about two days longer on the average and were billed over twice as much as for DRG 373. There were no in-hospital deaths attributed to these normal vaginal births and no deaths due to C-section births in which comorbid conditions were absent for any of the five reporting years; there were a very small number of in-hospital deaths in the case of DRG 370, C-section births with accompanying comorbid conditions: one each in 1991 and 1992 and two in 1994.

The percent of in-hospital DRG 373 births to women aged 17 and younger increased steadily over the five year reporting period, from 4.3 percent in 1990 to 6.3 percent in 1994, a rate of increase of 46.5 percent, in contrast to 15.1 percent growth among the 18 to 35 year old group and 25.5 percent for the 36 to 49 year old category of mothers. With some variation, DRG 371 (C-section without comorbidity or complications) mothers who were less than 18 years of age also increased in percent of all DRG 371 births between 1990 and 1994, peaking in 1993 at 2.6 percent. Viewed another way, a far larger percentage of DRG 371 mothers were in the age range 36 to 49 during 1994 than were DRG 373 mothers: 11.1 percent for the former and 5.7 percent for the latter. Some portion of this difference can be attributed to second or multiple C-sections on the part of DRG 371 mothers, thus accounting for their older ages and their appearance in the non-vaginal category of birthing.

DRG 371/373: AVERAGE DAILY CHARGES
NEVADA: ALL HOSPITALS: 1990-1994

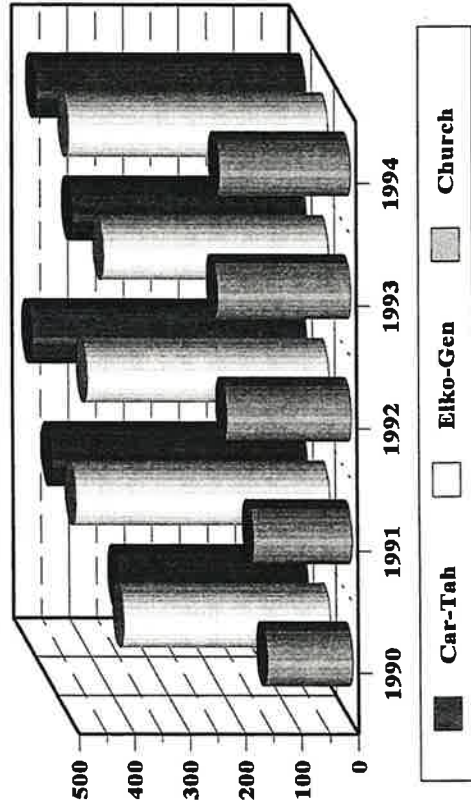


DRG	373	1990	1991	1992	1993	1994
TOTAL	Discharges ALOS Expired Avg. Charge	12733 1.6 0.0 \$2634	13342 1.5 0.0 \$2692	13635 1.4 0.0 \$3052	13825 1.3 0.0 \$3284	15055 1.3 0.0 \$3309
Male	Discharges ALOS Expired Avg. Charge	0 0.0 0.0 \$0	0 0.0 0.0 \$0	0 0.0 0.0 \$0	0 0.0 0.0 \$0	0 0.0 0.0 \$0
Female	Discharges ALOS Expired Avg. Charge	12733 1.6 0.0 \$2634	13342 1.5 0.0 \$2692	13635 1.4 0.0 \$3052	13825 1.3 0.0 \$3284	15055 1.3 0.0 \$3309
0 - 17	Discharges ALOS Expired Avg. Charge	541 1.5 0.0 \$2703	692 1.5 0.0 \$2714	704 1.4 0.0 \$3235	829 1.4 0.0 \$3516	948 1.4 0.0 \$3391
18 - 35	Discharges ALOS Expired Avg. Charge	11514 1.6 0.0 \$2623	11929 1.5 0.0 \$2685	12192 1.4 0.0 \$3046	12763 1.3 0.0 \$3259	13256 1.3 0.0 \$3298
36 - 49	Discharges ALOS Expired Avg. Charge	678 1.6 0.0 \$2761	721 1.5 0.0 \$2794	739 1.4 0.0 \$2987	733 1.4 0.0 \$3404	851 1.4 0.0 \$3394
50 - 64	Discharges ALOS Expired Avg. Charge	0 0.0 0.0 \$0	0 0.0 0.0 \$0	0 0.0 0.0 \$0	0 0.0 0.0 \$0	0 0.0 0.0 \$0
65 plus	Discharges ALOS Expired Avg. Charge	0 0.0 0.0 \$0	0 0.0 0.0 \$0	0 0.0 0.0 \$0	0 0.0 0.0 \$0	0 0.0 0.0 \$0

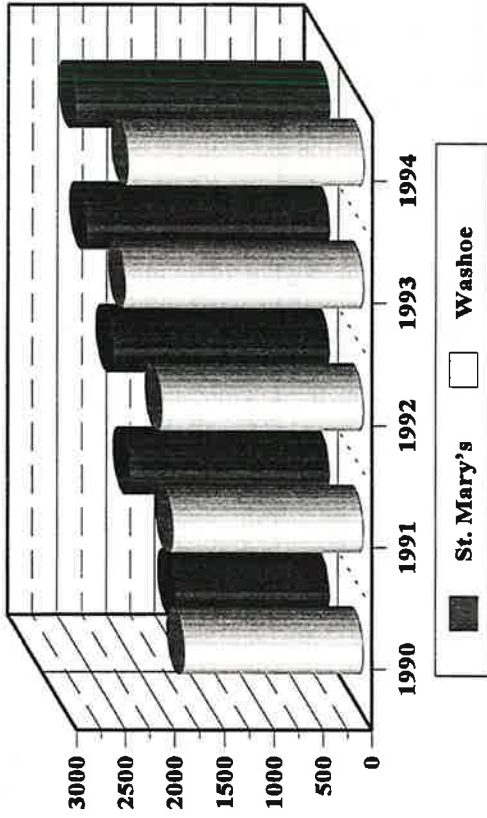
Both Clark County and rural county hospitals increased their patient counts for DRG 373 by substantial percentages between 1990 and 1994, 27.3 percent for the former and 38.1 for the latter. On the other hand Washoe County's two main birthing hospitals, Washoe Medical Center and St. Mary's Regional Medical Center both declined in total patients over the five year period, the county-wide net decrease being 4.4 percent. Just over 80 percent of the rural county discharges in 1994 occurred at three hospitals, Carson-Tahoe, Elko General, and Churchill Community; the five year patterns of their patient discharges is displayed in the graph below. Churchill Community Hospital, with the smallest discharge counts of the three hospitals, year by year, achieved the greatest five year increase at 55.0 percent. Carson-Tahoe Hospital was second in percentage of increase at 42.7 with Elko General Hospital trailing the two at 26 percent, again for the five year reporting period. Elko General Hospital increased its average billed charges for DRG 373 by 70.9 percent, followed by Carson-Tahoe's 47.2 percent and Churchill Community's more modest 29.3 percent. Both Carson-Tahoe and Churchill Community hospitals decreased their average length of patient stays (ALOS) between 1990 and 1994, with the former more than halving their's from 2.3 to 1.1 days and the latter decreasing their ALOS by 0.2 days. Elko General Hospital kept their patients 1.4 days in both 1990 and 1994 for no change.

Most urban hospitals also decreased average length of hospital stays over the five year reporting period, Sunrise Hospital by a half day and University Medical Center by an insignificant 0.1 day. Also, Sunrise Hospital in particular increased its patient

DRG 373: PATIENT COUNTS
NEVADA: THREE HOSPITALS: 1990-1994



DRG 373: AVERAGE DAILY CHARGES
NEVADA: TWO HOSPITALS: 1990-1994



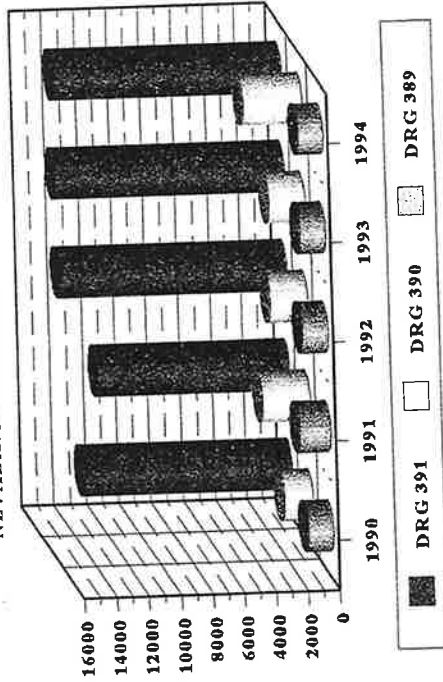
discharge count dramatically between 1993 and 1994, by 85.8 percent, due to the opening of a new, enlarged women's pavilion at their Las Vegas facility. Women's Hospital in Las Vegas maintained substantial patient counts for DRG 373 from 1990 through 1993, only to fall significantly during 1994 due to the imminent closing of the facility. Valley Hospital nearly doubled its DRG 373 discharges over the five years, the gradual but significant increase due primarily to their relatively late entry into birthing and pediatric treatment areas.

Focusing on the two large Washoe County facilities, note in the chart above the sizeable increase in St. Mary's Regional Medical Center's average daily charges, rising from \$1558 in 1990 to \$2583 in 1994, due to a \$700 plus increase in total billed charges and, more significantly, a 0.4 per day decrease in average length of hospital stays for DRG 373 mothers. In contrast Washoe Medical Center's total billed charges increased more steeply, from \$2721 in 1990 to \$3588 in 1994, but their average length of stays remained constant over the reporting period producing, in their case, a more modest \$578 per day increase in average daily billed charges. Northern Nevada Medical Center, owned by the same corporation which owns Valley Hospital in Las Vegas, also commenced birthing operations in the late 1980's, producing an increase in patient discharges from only 8 in 1990 to 154 in 1994, with a net reduction in average length of stays of 0.3 days over the same period of time.

DRG 391: NORMAL NEWBORN

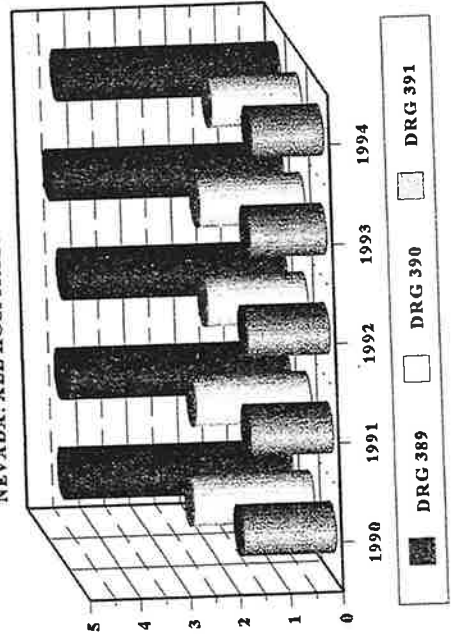
At 14259 discharges, normal, full-term in-hospital birthing is the most common DRG among Nevadans during 1994. At a per case average billed charge of \$619, DRG 391 is also the least expensive of the range of DRGs considered in this report. Keep in mind the mother's portion of the birthing charges are billed separately, in most cases under DRG 373 (normal vaginal birth, no complications). The \$619 average billed charge for DRG 391 was just \$37 higher than 1993's average. In fact average billed charges for this DRG varied only \$49 over the five year period from 1990 to 1994. Average lengths of hospital stays (ALOS) decreased 0.4 days over the five years, producing an increase in per day average billed charges from \$322 in 1990 to \$442 in 1994, a 37.3 percent increase. There were no in-hospital deaths among DRG 391 babies for any of the five reporting years. The other full term, vaginal birth DRG's are DRG 390 (full term, some complications but minor in extent) and DRG 389 (full term, with major complications such as fetal malnutrition, severe birth asphyxia, congenital pneumonia, drug intoxication, or withdrawal symptoms from drugs). Patient counts for these three DRG's are illustrated in the chart at the right. From the table at the lower right and the chart below, DRG 391's average length of hospital stays (ALOS) in 1994 was 1.4 days, varying little over the five year reporting period. As complications increased in relation to these full term births, so did ALOS, such that DRG 390 infants remained in the hospital 1.8 days in 1994 and DRG 389 children had an ALOS of 4.4 days, the latter statistic indicating the relative severity of problems these newborns experienced. Other DRG's related to in-hospital newborns contain children who are born prematurely. For example, DRG 388 includes children who are premature (but not extremely) and who have the conditions defined in DRG 389; DRG 387 contains newborns who are extremely premature but who weighed at least 1500 grams at birth and who had the same complications as in DRG's 388 and 389; DRG 386 contains children who were extremely premature and who weighed less than 1500 grams. In extreme prematurity, one of the major complicating problems is lung immaturity, requiring a respirator and often resulting in brain bleeds with possible lifetime conditions such as cerebral palsy or, in some instances, death. DRG 385 is reserved for children born in the hospital who died before discharge or who were transferred to another acute care hospital. Naturally ALOS and average billed charges were often high for these premature children, in certain extreme cases reaching months in the hospital and hundreds of thousands of dollars in billed charges.

DRG 391/390/389: PATIENT DISCHARGES
NEVADA: ALL HOSPITALS: 1990-1994



DRG 391/390/389: AVERAGE LENGTH OF STAYS

NEVADA: ALL HOSPITALS: 1990-1994



DRG	391	1990	1991	1992	1993	1994
TOTAL	Discharges	12987	11983	14147	14301	14259
	ALOS	1.8	1.6	1.6	1.5	1.4
	Expired	0.0	0.0	0.0	0.0	0.0
	Avg. Charge	\$580	\$570	\$606	\$582	\$619
Male	Discharges	6553	6186	7280	7405	7359
	ALOS	1.8	1.6	1.6	1.5	1.5
	Expired	0.0	0.0	0.0	0.0	0.0
	Avg. Charge	\$612	\$594	\$630	\$600	\$649
Female	Discharges	6344	5797	6867	6896	6900
	ALOS	1.8	1.6	1.5	1.5	1.4
	Expired	0.0	0.0	0.0	0.0	0.0
	Avg. Charge	\$548	\$543	\$580	\$563	\$587

Between 1990 and 1994, Clark County and rural county hospitals maintained a flat pattern with regard to average billed charges for birthing (DRG 391); in fact Clark County's net five-year change was \$2.00 and the rural hospitals \$1.00 per discharge -- both declines -- over that period of time. In contrast, Washoe County hospitals increased their average billed charges by \$160 per newborn, an increase of 25.6 percent over the five year reporting period. These comparisons are displayed graphically in the chart below.

Over the same period of time, all three regions reduced their average lengths of hospital stays for newborns, 0.4 days in Clark County, 0.3 days in Washoe County, and 0.5 days among the rural facilities (see chart to the right).

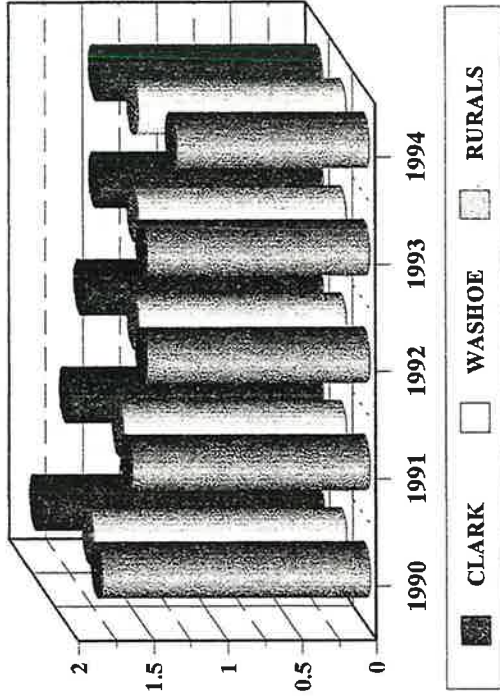
For the rural hospitals and those in Clark County, starting as they did with lower average billed charges than Washoe County and maintaining a constant billing rate over the five year reporting period, the effect was to increase their average daily billing rate to a relatively modest extent. Washoe County hospitals, with similar declines in ALOS between 1990 and 1994 (see chart at upper right) but with a sizeable increase in average billed charges, increased daily billings by nearly \$200 per infant on a baseline 1990 average billing of \$368 per day, a

rise of 52.5 percent.

Comparing the two urban counties -- noting the \$189 higher average daily billed charge rate in Washoe County -- one could speculate that the effects of negotiated rates with Health Maintenance Organizations and labor union health plans had a much greater effect in capping average billed charges and, in combination with competitive market forces, produced a much lower average daily billed charge for DRG 391 children in Clark County as opposed to Washoe. These patterns are depicted in the chart to the right (in each chart, regions have been arranged with the higher values at the rear for clarity of visual interpretation).

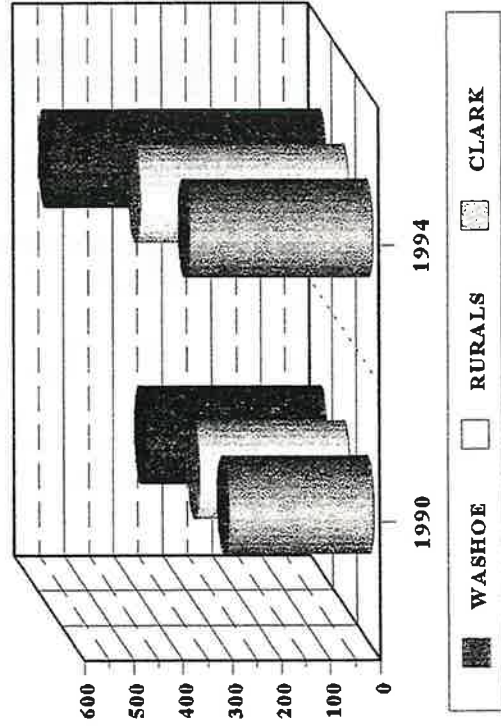
DRG 391: AVERAGE LENGTH OF STAYS (ALOS)

NEVADA: THREE REGIONS: 1990-1994



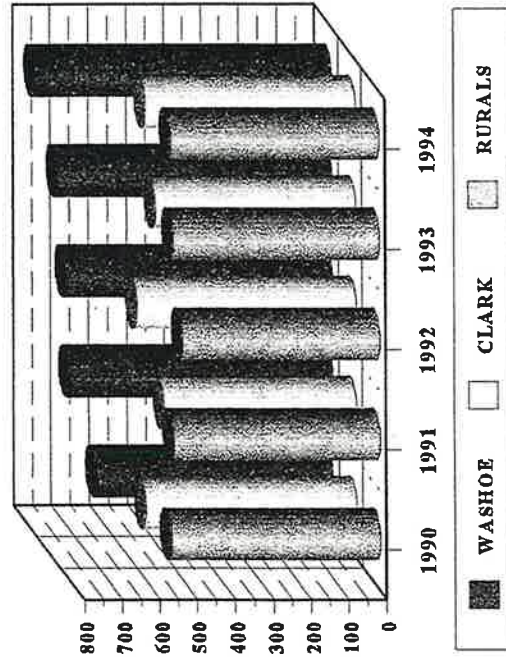
DRG 391: AVERAGE DAILY BILLED CHARGES

NEVADA: THREE REGIONS: 1990-1994



DRG 391: AVERAGE BILLED CHARGES

NEVADA: THREE REGIONS: 1990-1994



DRG 391: NORMAL NEWBORN

		1990			1991			1992			1993			1994		
CLARK COUNTY (combined data)	Discharges ALOS Avg. Charge	7373 1.9 \$560	6885 1.7 \$509	8796 1.6 \$582	9149 1.5 \$532	8647 1.5 \$558	1332 1.8 \$553	1482 1.6 \$546	1738 1.5 \$522	1577 1.5 \$547	1747 1.3 \$552					
Boulder City Hospital	Discharges ALOS Avg. Charge	0 .0 \$0	0 .0 \$0	0 .0 \$0	0 .0 \$0	0 .0 \$0	0 1.0 \$532	0 0 \$0	0 0 \$0	0 0 \$0	0 0 \$0					
Desert Springs Hospital	Discharges ALOS Avg. Charge	0 0 \$0	0 0 \$0	0 0 \$0	0 0 \$0	0 0 \$0	390 1.6 \$583	505 1.5 \$555	547 1.3 \$563	530 1.4 \$660	589 1.3 \$625					
Sunrise Hospital and Medical Center	Discharges ALOS Avg. Charge	2663 2.0 \$663	2193 1.9 \$586	2042 1.8 \$617	2157 1.6 \$563	3633 1.5 \$505	210 1.9 \$553	194 1.8 \$565	273 1.7 \$546	260 1.5 \$548	268 1.4 \$604					
Lake Mead Hospital and Medical Center	Discharges ALOS Avg. Charge	0 0 \$0	0 0 \$0	0 0 \$0	350 1.4 \$765	907 1.4 \$888	481 1.8 \$519	535 1.6 \$550	548 1.5 \$507	463 1.5 \$513	539 1.4 \$541					
St. Rose Dominican Hospital	Discharges ALOS Avg. Charge	432 1.7 \$442	314 1.3 \$523	691 1.3 \$602	777 1.3 \$649	852 1.3 \$768	2 1.5 \$398	0 2.0 \$0	1 2.0 \$281	0 0 \$0	0 0 \$0					
University Medical Center	Discharges ALOS Avg. Charge	1282 1.5 \$385	1436 1.4 \$337	1864 1.5 \$371	2143 1.5 \$380	1985 1.4 \$425	109 1.8 \$421	139 2.0 \$429	211 1.9 \$410	197 1.6 \$403	200 1.4 \$354					
Valley Hospital Medical Center	Discharges ALOS Avg. Charge	961 1.8 \$531	1313 1.8 \$487	1572 1.5 \$513	1572 1.4 \$510	729 1.5 \$570	1 1.0 \$772	2 1.0 \$326	0 0 \$0	0 0 \$0	3 1.3 \$635					
Women's Hospital	Discharges ALOS Avg. Charge	2035 2.0 \$573	1629 1.7 \$571	2627 1.7 \$741	2150 1.6 \$587	541 1.5 \$501	71 2.2 \$916	44 1.7 \$835	54 1.5 \$842	39 1.4 \$636	52 1.4 \$756					
WASHOE COUNTY (combined data)	Discharges ALOS Avg. Charge	4192 1.7 \$626	3616 1.5 \$695	3613 1.4 \$704	3575 1.4 \$727	3865 1.4 \$786	3 1.3 \$263	3 1.0 \$307	5 1.8 \$385	1 2.0 \$387	2 1.0 \$288					
Northern Nevada Medical Center	Discharges ALOS Avg. Charge	11 1.4 \$623	20 1.4 \$618	1 2.0 \$1192	4 2.0 \$2000	39 1.4 \$696	0 0 \$0	4 1.8 \$1040	2 1.5 \$796	2 1.5 \$1140	3 1.3 \$772					
St. Mary's Regional Medical Center	Discharges ALOS Avg. Charge	1367 1.9 \$623	1142 1.6 \$687	1145 1.5 \$674	1054 1.5 \$724	1258 1.5 \$765	65 2.3 \$468	55 1.8 \$410	97 1.7 \$369	85 1.4 \$311	91 1.2 \$300					
Washoe Medical Center	Discharges ALOS Avg. Charge	2814 1.6 \$627	2454 1.5 \$699	2467 1.4 \$718	2517 1.4 \$727	2568 1.4 \$797	12897 1.8 \$580	11983 1.6 \$570	14147 1.6 \$606	14301 1.5 \$582	14259 1.4 \$619					
RURAL COUNTIES (combined data)	Discharges ALOS Avg. Charge															
Battle Mountain Hospital (Lander)	Discharges ALOS Avg. Charge															
Carson-Tahoe Hospital (Carson City)	Discharges ALOS Avg. Charge															
Churchill Community Hospital (Churchill)	Discharges ALOS Avg. Charge															
Elko General Hospital (Elko)	Discharges ALOS Avg. Charge															
Grover C. Dill Medical Center (Lincoln)	Discharges ALOS Avg. Charge															
Humboldt General Hospital (Humboldt)	Discharges ALOS Avg. Charge															
Mount Grant General Hospital (Mineral)	Discharges ALOS Avg. Charge															
Nye Regional Medical Center (Nye)	Discharges ALOS Avg. Charge															
Pershing General Hospital (Pershing)	Discharges ALOS Avg. Charge															
South Lyon Medical Center (Lyon)	Discharges ALOS Avg. Charge															
William B. Ririe Hospital (White Pine)	Discharges ALOS Avg. Charge															
TOTAL ALL COUNTIES	Discharges ALOS Avg. Charge															

DRG 416 SEPTICEMIA, AGE GREATER THAN 17

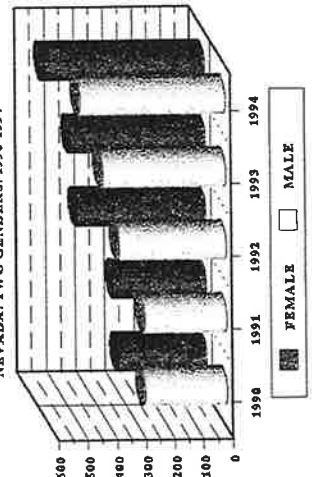
Septicemia -- systemic blood-borne infections -- is divided into two DRG's, one each for pediatric patients (DRG 417) and adults (DRG 416). Other than septicemia from an unspecified source, the most common forms for adults were staphylococcal ("staph") and e-coli septicemia, while pediatric patients more commonly suffered from streptococcal ("strep") infections. There were 136 discharges during 1994 for DRG 417, up 47 cases (52.8%) for the five year reporting period, and 1055 discharges involving adults (DRG 416), up 79.7 percent since 1990. Average length of hospital stays (ALOS) for DRG 416 were relatively unchanged between 1990 and 1993, ranging from 9.3 to 9.9 days, but then declined to an average of 7.7 days for 1994. Average billed charges were also relatively constant across the five years, increasing just over \$2300 or 12.8 percent. Septicemia is a very serious condition, as reflected in percents of in-hospital deaths: in 1994 exactly one in five adult DRG 416 patients died while hospitalized, up slightly from 1990's rate of 18.1 percent, although no five year pattern is discernible or statistically significant.

Across all five reporting years women patients outnumbered men. In 1994 the ratio favored women by 53 cases, or 52.5 percent of total discharges in that year. Five year discharge information is summarized by gender in the chart below. After smoothing out fluctuations over the period 1990 to 1994, average length of stays (ALOS) and average billed charges were essentially equal for male and female DRG 416 patients. This same generalization -- few if any gender differences over the five years -- pertains to in-hospital death rates as well.

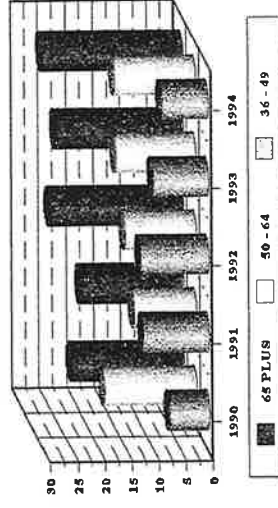
Just under 61 percent of patients discharged in 1994 for septicemia were age 65 and older, and another 20.9 percent were between the ages of 50 and 64; these age proportions remained fairly constant across the five year reporting period. Average length of hospital stays generally increased with advancing age for each of the years from 1990 to 1994; on the other hand average billed charges varied considerably among the top three age categories. Some insight into the 1994 in-hospital death rate of 20 percent can be gained by examining percentages of in-hospital deaths within the oldest three age categories of DRG 416 (summarized in the chart at the upper right). Note that death rates increase steadily and significantly with advancing age category for all but one of the five reporting years.

Note, too, the in-hospital death rate for patients age 65 and older during 1994 reached 25.9 percent, or over one in four discharges. This relationship between advancing age and higher in-hospital death rates may help explain the relatively unchanging ALOS and average billed charges across the oldest three age groups for most of the reporting years, since death prematurely ends hospital stays. Put differently, when patients who died while in the hospital are removed from the analysis, average billed charges and ALOS tended to increase more regularly with advancing age, as one would certainly expect from the patterns of many other DRG's in this report.

DRG 416: PATIENT DISCHARGES
NEVADA: TWO GENDERS: 1990-1994



DRG 416: PERCENT IN-HOSPITAL DEATHS
NEVADA: THREE AGE GROUPS: 1990-1994



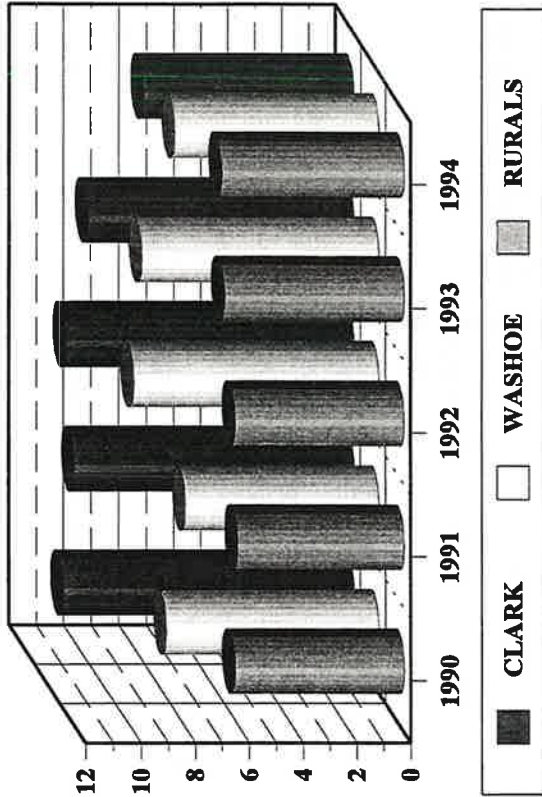
DRG	416	1990	1991	1992	1993	1994
TOTAL	Discharges	587	600	811	888	1055
	ALOS	9.9	9.4	9.9	9.3	7.7
	Expired	18.1	16.3	19.9	19.5	20.0
	Avg. Charge	\$18368	\$18247	\$21302	\$21897	\$20710
Male	Discharges	284	284	370	425	501
	ALOS	9.9	9.3	9.8	9.5	7.3
	Expired	19.4	14.4	20.0	18.6	21.4
	Avg. Charge	\$18435	\$19090	\$22073	\$22362	\$20401
Female	Discharges	303	316	441	463	554
	ALOS	10.0	9.5	10.0	9.1	8.1
	Expired	16.8	18.0	19.7	20.3	18.8
	Avg. Charge	\$18394	\$17490	\$20655	\$21286	\$20959
0 - 17	Discharges	0	0	0	0	0
	ALOS	0.0	0.0	0.0	0.0	0.0
	Expired	0.0	0.0	0.0	0.0	0.0
	Avg. Charge	\$0	\$0	\$0	\$0	\$0
18 - 35	Discharges	41	33	62	56	77
	ALOS	8.8	5.0	8.5	9.9	6.6
	Expired	9.8	6.1	1.6	5.4	2.6
	Avg. Charge	\$15726	\$10955	\$18744	\$21951	\$17909
36 - 49	Discharges	54	49	79	87	116
	ALOS	8.7	6.7	8.3	8.9	7.5
	Expired	7.4	12.2	12.7	10.3	8.6
	Avg. Charge	\$21486	\$14316	\$18426	\$24903	\$21463
50 - 64	Discharges	111	121	129	162	220
	ALOS	8.8	8.9	10.5	9.4	7.6
	Expired	17.1	11.6	13.2	14.8	15.0
	Avg. Charge	\$17588	\$19246	\$26423	\$23439	\$22493
65 plus	Discharges	381	397	541	583	642
	ALOS	10.6	10.3	10.2	9.2	7.9
	Expired	20.7	19.1	24.6	23.5	23.9
	Avg. Charge	\$18437	\$19034	\$20791	\$21014	\$20299

Clark County hospitals, with 790 discharges for DRG 416 during 1994, led the state with 72.9 percent. Washoe County hospitals discharged 159 patients, somewhat ahead of the rural facilities with 106. These proportions remained fairly constant during the period 1990 to 1994 although rural hospitals more than doubled their discharge counts over the five year period, and Washoe County hospitals also approached the doubling mark. These patterns are depicted in the chart at the bottom of this column.

In 1994, Clark County also led in average length of hospital stays (ALOS) at 7.8 days, two-tenths of a day longer than Washoe County hospitals and one full day longer than ALOS in rural facilities. Clark County hospitals reduced their ALOS by 2.9 days over the five year reporting period while Washoe County hospitals achieved a reduction in average length of stays of 0.3 days and rural hospitals actually increased their ALOS by one-half day. Over the five years between 1990 and 1994, the outcome of these various change patterns was for ALOS to converge for the three reporting regions of Nevada. Trends and differences in average length of hospital stays by region of Nevada is graphically illustrated in the chart to the right.

Average billed charges increased by \$2268 for Clark County patients over the five year period, a 11.2 percent increase, while Washoe County hospitals' average billed charges

DRG 416: AVERAGE LENGTH OF STAYS (ALOS)
NEVADA: THREE REGIONS: 1990-1994



rose by \$3031 on a 1990 base of \$14660, a 20.7 percent increase. But by far the percentage leader in increased billed charges over the reporting period were rural county hospitals with a \$5364 rise, representing 78.7 percent over their base average billed charge of \$6820 in 1990.

In-hospital death rates fell within a ten percentage point spread, from 15.1 percent of discharges in 1991 among Clark County hospitals to 24.4 percent in 1992 among rural facilities. An examination of individual hospitals in the three regions suggests that a hospital's patient mix, especially if it is preponderantly poorer and/or older, has an impact on in-hospital death rates. For example, University Medical Center's in-hospital death percentages were in the low to mid twenties over the five years and Washoe Medical Center's began the period with two years of death rates in the thirty percent range before settling down to the mid to low twenties during the last three years of the five year reporting period. Both facilities tend to receive many of the poorer, older age patients in their respective counties. As a caveat, one should note that in the case of Washoe Medical Center the earlier and higher death percentages were based on relatively low patient counts -- a problem with rural facilities also -- and would, thus, be more statistically unstable than some other comparable figures in this report.

DRG 416: PATIENT DISCHARGES
NEVADA: THREE REGIONS: 1990-1994

