Report Description:

Statewide Benchmark Top 25 DRGs
These tables meet the requirements established by AB 1045 <http://www.oshpd.ca.gov/HID/hospital/chrgmster/index.htm> and were developed using the patient discharge data file aggregated at the hospital level. Using the statewide Top 25 Diagnosis Related Groups (DRGs) for all hospitals as benchmarks, the tables display the total number of discharges and the average charge per stay for the selected hospital, the average charge per stay statewide, and the percentage of difference between the statewide and selected hospital charges. Note that any particular hospital may not have discharges in all 25 of the Diagnosis Related Groups (e.g., specialty hospitals such as maternity hospitals will not have DRGs for cardiac surgery).

ALAMEDA CO MED CTR - HIGHLAND CAMPUS

Statewide Rank	DRG Code	DRG Description	Number of Discharges	Average Charge Per Stay (this Hospital)	Average Charge Per Stay Statewide	Percent Highter/ Lower than Statewide Change
1	391	NORMAL NEWBORN	1,100	$ 4,053	$ 2,667	34.20
2	373	VAGINAL DELIVERY W/O COMPLICATING DIAGNOSES	852	$ 9,410	$ 10,150	-7.86
3	430	PSYCHOSES	2,419	$ 28,953	$ 16,409	43.33
4	371	CESAREAN SECTION W/O CC	225	$ 19,655	$ 19,904	-1.27
5	127	HEART FAILURE & SHOCK	396	$ 15,992	$ 33,299	-108.22
6	089	SIMPLE PNEUMONIA & PLEURISY AGE >17 W CC	147	$ 14,807	$ 33,768	-128.05
7	209	MAJOR JOINT & LIMB REATTACHMENT PROCEDURES OF LOWER EXTREMITY	20	$ 45,068	$ 62,075	-37.74
8	143	CHEST PAIN	236	$ 7,841	$ 14,603	-86.24
9	390	NEONATE W OTHER SIGNIFICANT PROBLEMS	153	$ 10,223	$ 6,872	32.78
10	462	REHABILITATION	358	$ 74,677	$ 46,308	37.99
11	088	CHRONIC OBSTRUCTIVE PULMONARY DISEASE	167	$ 13,940	$ 28,159	-102.00
12	182	ESOPHAGITIS, GASTROENTERITIS & MISC DIGEST DISORDERS AGE >17 W CC	77	$ 14,721	$ 25,044	-70.12
13	359	UTERINE & ADNEXA PROC FOR NON-MALIGNANCY W/O CC	80	$ 19,283	$ 24,911	-29.19
14	416	SEPTICEMIA AGE >17	122	$ 40,907	$ 60,405	-47.66
15	174	GASTROINTESTINAL HEMORRHAGE W CC	114	$ 19,382	$ 30,386	-56.77
16	014	INTRACRANIAL HEMORRHAGE OR CEREBRAL INFARCTION	158	$ 29,185	$ 42,251	-44.77
17	372	VAGINAL DELIVERY W COMPLICATING DIAGNOSES	94	$ 18,236	$ 14,242	21.90
18	296	NUTRITIONAL & MISC METABOLIC DISORDERS AGE >17 W CC	112	$ 15,148	$ 25,332	-67.23
19	320	KIDNEY & URINARY TRACT INFECTIONS AGE >17 W CC	59	$ 20,519	$ 26,364	-28.49
21	370	CESAREAN SECTION W CC	91	$ 23,228	$ 27,150	-16.88
23	316	RENAL FAILURE	92	$ 26,363	$ 40,745	-54.55
24	138	CARDIAC ARRHYTHMIA & CONDUCTION DISORDERS W CC	66	$ 13,910	$ 26,013	-87.01
25	167	APPENDECTOMY W/O COMPLICATED PRINCIPAL DIAGNOSES W/O CC	66	$ 14,281	$ 22,780	-59.51

Report Description:

Statewide Benchmark Top 25 DRGs

These tables meet the requirements established by AB 1045 <http://www.oshpd.ca.gov/HID/hospital/chrgmster/index.htm> and were developed using the patient discharge data file aggregated at the hospital level. Using the statewide Top 25 Diagnosis Related Groups (DRGs) for all hospitals as benchmarks, the tables display the total number of discharges and the average charge per stay for the selected hospital, the average charge per stay statewide, and the percentage of difference between the statewide and selected hospital charges. Note that any particular hospital may not have discharges in all 25 of the Diagnosis Related Groups (e.g., specialty hospitals such as maternity hospitals will not have DRGs for cardiac surgery).

ALAMEDA HOSPITAL

Statewide Rank	DRG Code	DRG Description	Number of Discharges	Average Charge Per Stay (this Hospital)	Average Charge Per Stay Statewide	Percent Highter/ Lower than Statewide Change
3	430	PSYCHOSES	3	$ 20,784	$ 16,409	21.05
5	127	HEART FAILURE & SHOCK	162	$ 31,130	$ 33,299	-6.97
6	089	SIMPLE PNEUMONIA & PLEURISY AGE >17 W CC	129	$ 31,697	$ 33,768	-6.53
7	209	MAJOR JOINT & LIMB REATTACHMENT PROCEDURES OF LOWER EXTREMITY	73	$ 74,495	$ 62,075	16.67
8	143	CHEST PAIN	81	$ 18,876	$ 14,603	22.64
10	462	REHABILITATION	55	$ 33,638	$ 46,308	-37.67
11	088	CHRONIC OBSTRUCTIVE PULMONARY DISEASE	55	$ 29,730	$ 28,159	5.28
12	182	ESOPHAGITIS, GASTROENTERITIS & MISC DIGEST DISORDERS AGE >17 W CC	72	$ 23,991	$ 25,044	-4.39
13	359	UTERINE & ADNEXA PROC FOR NON-MALIGNANCY W/O CC	39	$ 28,521	$ 24,911	12.66
14	416	SEPTICEMIA AGE >17	84	$ 36,340	$ 60,405	-66.22
15	174	GASTROINTESTINAL HEMORRHAGE W CC	75	$ 32,814	$ 30,386	7.40
16	014	INTRACRANIAL HEMORRHAGE OR CEREBRAL INFARCTION	65	$ 78,710	$ 42,251	46.32
18	296	NUTRITIONAL & MISC METABOLIC DISORDERS AGE >17 W CC	39	$ 20,726	$ 25,332	-22.22
19	320	KIDNEY & URINARY TRACT INFECTIONS AGE >17 W CC	65	$ 24,309	$ 26,364	-8.45
23	316	RENAL FAILURE	28	$ 30,235	$ 40,745	-34.76
24	138	CARDIAC ARRHYTHMIA & CONDUCTION DISORDERS W CC	47	$ 26,389	$ 26,013	1.42
25	167	APPENDECTOMY W/O COMPLICATED PRINCIPAL DIAGNOSES W/O CC	22	$ 27,332	$ 22,780	16.65

Report Description:

Statewide Benchmark Top 25 DRGs

These tables meet the requirements established by AB 1045 <http://www.oshpd.ca.gov/HID/hospital/chrgmster/index.htm> and were developed using the patient discharge data file aggregated at the hospital level. Using the statewide Top 25 Diagnosis Related Groups (DRGs) for all hospitals as benchmarks, the tables display the total number of discharges and the average charge per stay for the selected hospital, the average charge per stay statewide, and the percentage of difference between the statewide and selected hospital charges. Note that any particular hospital may not have discharges in all 25 of the Diagnosis Related Groups (e.g., specialty hospitals such as maternity hospitals will not have DRGs for cardiac surgery).

ALHAMBRA HOSPITAL

Statewide Rank	DRG Code	DRG Description	Number of Discharges	Average Charge Per Stay (this Hospital)	Average Charge Per Stay Statewide	Percent Highter/ Lower than Statewide Change
3	430	PSYCHOSES	4	$ 9,606	$ 16,409	-70.82
5	127	HEART FAILURE & SHOCK	124	$ 17,462	$ 33,299	-90.69
6	089	SIMPLE PNEUMONIA & PLEURISY AGE >17 W CC	207	$ 20,287	$ 33,768	-66.45
7	209	MAJOR JOINT & LIMB REATTACHMENT PROCEDURES OF LOWER EXTREMITY	27	$ 37,324	$ 62,075	-66.31
8	143	CHEST PAIN	92	$ 9,182	$ 14,603	-59.04
10	462	REHABILITATION	241	$ 42,951	$ 46,308	-7.82
11	088	CHRONIC OBSTRUCTIVE PULMONARY DISEASE	125	$ 16,315	$ 28,159	-72.60
12	182	ESOPHAGITIS, GASTROENTERITIS & MISC DIGEST DISORDERS AGE >17 W CC	69	$ 10,908	$ 25,044	-129.59
13	359	UTERINE & ADNEXA PROC FOR NON-MALIGNANCY W/O CC	7	$ 12,873	$ 24,911	-93.51
14	416	SEPTICEMIA AGE >17	287	$ 31,626	$ 60,405	-91.00
15	174	GASTROINTESTINAL HEMORRHAGE W CC	96	$ 18,265	$ 30,386	-66.36
16	014	INTRACRANIAL HEMORRHAGE OR CEREBRAL INFARCTION	70	$ 57,509	$ 42,251	26.53
18	296	NUTRITIONAL & MISC METABOLIC DISORDERS AGE >17 W CC	144	$ 15,420	$ 25,332	-64.28
19	320	KIDNEY & URINARY TRACT INFECTIONS AGE >17 W CC	64	$ 12,732	$ 26,364	-107.07
22	098	BRONCHITIS & ASTHMA AGE 0-17	2	$ 4,950	$ 13,346	-169.62
23	316	RENAL FAILURE	93	$ 21,137	$ 40,745	-92.77
24	138	CARDIAC ARRHYTHMIA & CONDUCTION DISORDERS W CC	61	$ 12,010	$ 26,013	-116.59
25	167	APPENDECTOMY W/O COMPLICATED PRINCIPAL DIAGNOSES W/O CC	12	$ 11,708	$ 22,780	-94.57

ALTA BATES SUMMIT MED CTR - HERRICK CAMPUS

Statewide Rank	DRG Code	DRG Description	Number of Discharges	Average Charge Per Stay (this Hospital)	Average Charge Per Stay Statewide	Percent Highter/ Lower than Statewide Change
3	430	PSYCHOSES	2,029	$ 42,824	$ 16,409	61.68
10	462	REHABILITATION	607	$ 103,240	$ 46,308	55.15

Report Description:

Statewide Benchmark Top 25 DRGs
These tables meet the requirements established by AB 1045 <http://www.oshpd.ca.gov/HID/hospital/chrgmster/index.htm> and were developed using the patient discharge data file aggregated at the hospital level. Using the statewide Top 25 Diagnosis Related Groups (DRGs) for all hospitals as benchmarks, the tables display the total number of discharges and the average charge per stay for the selected hospital, the average charge per stay statewide, and the percentage of difference between the statewide and selected hospital charges. Note that any particular hospital may not have discharges in all 25 of the Diagnosis Related Groups (e.g., specialty hospitals such as maternity hospitals will not have DRGs for cardiac surgery).

ALTA BATES SUMMIT MED CTR-ALTA BATES CAMPUS

Statewide Rank	DRG Code	DRG Description	Number of Discharges	Average Charge Per Stay (this Hospital)	Average Charge Per Stay Statewide	Percent Highter/ Lower than Statewide Change
1	391	NORMAL NEWBORN	5,622	$ 3,662	$ 2,667	27.17
2	373	VAGINAL DELIVERY W/O COMPLICATING DIAGNOSES	4,386	$ 19,361	$ 10,150	47.58
3	430	PSYCHOSES	15	$ 24,453	$ 16,409	32.90
4	371	CESAREAN SECTION W/O CC	1,669	$ 41,384	$ 19,904	51.90
5	127	HEART FAILURE & SHOCK	436	$ 40,365	$ 33,299	17.51
6	089	SIMPLE PNEUMONIA & PLEURISY AGE >17 W CC	224	$ 42,378	$ 33,768	20.32
7	209	MAJOR JOINT & LIMB REATTACHMENT PROCEDURES OF LOWER EXTREMITY	312	$ 79,285	$ 62,075	21.71
8	143	CHEST PAIN	170	$ 18,494	$ 14,603	21.04
9	390	NEONATE W OTHER SIGNIFICANT PROBLEMS	980	$ 8,487	$ 6,872	19.03
11	088	CHRONIC OBSTRUCTIVE PULMONARY DISEASE	90	$ 30,705	$ 28,159	8.29
12	182	ESOPHAGITIS, GASTROENTERITIS & MISC DIGEST DISORDERS AGE >17 W CC	215	$ 33,908	$ 25,044	26.14
13	359	UTERINE & ADNEXA PROC FOR NON-MALIGNANCY W/O CC	422	$ 37,087	$ 24,911	32.83
14	416	SEPTICEMIA AGE >17	224	$ 77,634	$ 60,405	22.19
15	174	GASTROINTESTINAL HEMORRHAGE W CC	222	$ 36,642	$ 30,386	17.07
16	014	INTRACRANIAL HEMORRHAGE OR CEREBRAL INFARCTION	218	$ 48,022	$ 42,251	12.02
17	372	VAGINAL DELIVERY W COMPLICATING DIAGNOSES	642	$ 27,242	$ 14,242	47.72
18	296	NUTRITIONAL & MISC METABOLIC DISORDERS AGE >17 W CC	147	$ 31,694	$ 25,332	20.07
19	320	KIDNEY & URINARY TRACT INFECTIONS AGE >17 W CC	106	$ 30,454	$ 26,364	13.43
20	527	PERCUTANEOUS CARDIOVASCULAR PROC W DRUG ELUTING STENT W/O AMI	5	$ 69,260	$ 64,473	6.91
21	370	CESAREAN SECTION W CC	495	$ 55,325	$ 27,150	50.93
23	316	RENAL FAILURE	159	$ 43,575	$ 40,745	6.49
24	138	CARDIAC ARRHYTHMIA & CONDUCTION DISORDERS W CC	118	$ 31,528	$ 26,013	17.49
25	167	APPENDECTOMY W/O COMPLICATED PRINCIPAL DIAGNOSES W/O CC	95	$ 39,551	$ 22,780	42.40

Report Description:

Statewide Benchmark Top 25 DRGs
These tables meet the requirements established by AB 1045 <http://www.oshpd.ca.gov/HID/hospital/chrgmster/index.htm> and were developed using the patient discharge data file aggregated at the hospital level. Using the statewide Top 25 Diagnosis Related Groups (DRGs) for all hospitals as benchmarks, the tables display the total number of discharges and the average charge per stay for the selected hospital, the average charge per stay statewide, and the percentage of difference between the statewide and selected hospital charges. Note that any particular hospital may not have discharges in all 25 of the Diagnosis Related Groups (e.g., specialty hospitals such as maternity hospitals will not have DRGs for cardiac surgery).

ALTA BATES SUMMIT MED CTR-SUMMIT CAMPUS-HAWTHORNE

Statewide Rank	DRG Code	DRG Description	Number of Discharges	Average Charge Per Stay (this Hospital)	Average Charge Per Stay Statewide	Percent Highter/ Lower than Statewide Change
1	391	NORMAL NEWBORN	1,698	$ 3,799	$ 2,667	29.80
2	373	VAGINAL DELIVERY W/O COMPLICATING DIAGNOSES	1,393	$ 19,417	$ 10,150	47.73
3	430	PSYCHOSES	137	$ 64,597	$ 16,409	74.60
4	371	CESAREAN SECTION W/O CC	310	$ 38,344	$ 19,904	48.09
5	127	HEART FAILURE & SHOCK	589	$ 39,883	$ 33,299	16.51
6	089	SIMPLE PNEUMONIA & PLEURISY AGE >17 W CC	364	$ 40,292	$ 33,768	16.19
7	209	MAJOR JOINT & LIMB REATTACHMENT PROCEDURES OF LOWER EXTREMITY	293	$ 90,460	$ 62,075	31.38
8	143	CHEST PAIN	303	$ 18,334	$ 14,603	20.35
9	390	NEONATE W OTHER SIGNIFICANT PROBLEMS	216	$ 11,541	$ 6,872	40.46
10	462	REHABILITATION	1,058	$ 35,978	$ 46,308	-28.71
11	088	CHRONIC OBSTRUCTIVE PULMONARY DISEASE	347	$ 37,987	$ 28,159	25.87
12	182	ESOPHAGITIS, GASTROENTERITIS & MISC DIGEST DISORDERS AGE >17 W CC	242	$ 33,185	$ 25,044	24.53
13	359	UTERINE & ADNEXA PROC FOR NON-MALIGNANCY W/O CC	268	$ 42,182	$ 24,911	40.94
14	416	SEPTICEMIA AGE >17	403	$ 67,964	$ 60,405	11.12
15	174	GASTROINTESTINAL HEMORRHAGE W CC	307	$ 43,650	$ 30,386	30.39
16	014	INTRACRANIAL HEMORRHAGE OR CEREBRAL INFARCTION	205	$ 41,126	$ 42,251	-2.74
17	372	VAGINAL DELIVERY W COMPLICATING DIAGNOSES	149	$ 26,122	$ 14,242	45.48
18	296	NUTRITIONAL & MISC METABOLIC DISORDERS AGE >17 W CC	263	$ 27,352	$ 25,332	7.39
19	320	KIDNEY & URINARY TRACT INFECTIONS AGE >17 W CC	194	$ 29,129	$ 26,364	9.49
20	527	PERCUTANEOUS CARDIOVASCULAR PROC W DRUG ELUTING STENT W/O AMI	792	$ 44,123	$ 64,473	-46.12
21	370	CESAREAN SECTION W CC	117	$ 45,570	$ 27,150	40.42
22	098	BRONCHITIS & ASTHMA AGE 0-17	1	$ 16,490	$ 13,346	19.07
23	316	RENAL FAILURE	241	$ 55,497	$ 40,745	26.58
24	138	CARDIAC ARRHYTHMIA & CONDUCTION DISORDERS W CC	151	$ 31,166	$ 26,013	16.53
25	167	APPENDECTOMY W/O COMPLICATED PRINCIPAL DIAGNOSES W/O CC	33	$ 39,088	$ 22,780	41.72

Report Description:

Statewide Benchmark Top 25 DRGs
These tables meet the requirements established by AB 1045 <http://www.oshpd.ca.gov/HID/hospital/chrgmster/index.htm> and were developed using the patient discharge data file aggregated at the hospital level. Using the statewide Top 25 Diagnosis Related Groups (DRGs) for all hospitals as benchmarks, the tables display the total number of discharges and the average charge per stay for the selected hospital, the average charge per stay statewide, and the percentage of difference between the statewide and selected hospital charges. Note that any particular hospital may not have discharges in all 25 of the Diagnosis Related Groups (e.g., specialty hospitals such as maternity hospitals will not have DRGs for cardiac surgery).

ALVARADO HOSPITAL MEDICAL CENTER

Statewide Rank	DRG Code	DRG Description	Number of Discharges	Average Charge Per Stay (this Hospital)	Average Charge Per Stay Statewide	Percent Highter/ Lower than Statewide Change
3	430	PSYCHOSES	13	$ 20,474	$ 16,409	19.85
5	127	HEART FAILURE & SHOCK	313	$ 57,314	$ 33,299	41.90
6	089	SIMPLE PNEUMONIA & PLEURISY AGE >17 W CC	377	$ 51,494	$ 33,768	34.42
7	209	MAJOR JOINT & LIMB REATTACHMENT PROCEDURES OF LOWER EXTREMITY	200	$ 101,894	$ 62,075	39.08
8	143	CHEST PAIN	154	$ 40,696	$ 14,603	64.12
10	462	REHABILITATION	584	$ 49,644	$ 46,308	6.72
11	088	CHRONIC OBSTRUCTIVE PULMONARY DISEASE	211	$ 43,244	$ 28,159	34.88
12	182	ESOPHAGITIS, GASTROENTERITIS & MISC DIGEST DISORDERS AGE >17 W CC	205	$ 38,721	$ 25,044	35.32
13	359	UTERINE & ADNEXA PROC FOR NON-MALIGNANCY W/O CC	67	$ 38,674	$ 24,911	35.59
14	416	SEPTICEMIA AGE >17	146	$ 86,556	$ 60,405	30.21
15	174	GASTROINTESTINAL HEMORRHAGE W CC	141	$ 45,649	$ 30,386	33.44
16	014	INTRACRANIAL HEMORRHAGE OR CEREBRAL INFARCTION	109	$ 58,043	$ 42,251	27.21
18	296	NUTRITIONAL & MISC METABOLIC DISORDERS AGE >17 W CC	110	$ 29,971	$ 25,332	15.48
19	320	KIDNEY & URINARY TRACT INFECTIONS AGE >17 W CC	156	$ 40,493	$ 26,364	34.89
20	527	PERCUTANEOUS CARDIOVASCULAR PROC W DRUG ELUTING STENT W/O AMI	75	$ 62,555	$ 64,473	-3.07
23	316	RENAL FAILURE	68	$ 61,974	$ 40,745	34.25
24	138	CARDIAC ARRHYTHMIA & CONDUCTION DISORDERS W CC	59	$ 38,967	$ 26,013	33.24
25	167	APPENDECTOMY W/O COMPLICATED PRINCIPAL DIAGNOSES W/O CC	40	$ 36,181	$ 22,780	37.04

ALVARADO PARKWAY INSTITUTE B.H.S.

Statewide Rank	DRG Code	DRG Description	Number of Discharges	Average Charge Per Stay (this Hospital)	Average Charge Per Stay Statewide	Percent Highter/ Lower than Statewide Change
3	430	PSYCHOSES	1,744	$ 11,310	$ 16,409	-45.08

Report Description:

Statewide Benchmark Top 25 DRGs

These tables meet the requirements established by AB 1045 <http://www.oshpd.ca.gov/HID/hospital/chrgmster/index.htm> and were developed using the patient discharge data file aggregated at the hospital level. Using the statewide Top 25 Diagnosis Related Groups (DRGs) for all hospitals as benchmarks, the tables display the total number of discharges and the average charge per stay for the selected hospital, the average charge per stay statewide, and the percentage of difference between the statewide and selected hospital charges. Note that any particular hospital may not have discharges in all 25 of the Diagnosis Related Groups (e.g., specialty hospitals such as maternity hospitals will not have DRGs for cardiac surgery).

ANAHEIM GENERAL HOSPITAL

Statewide Rank	DRG Code	DRG Description	Number of Discharges	Average Charge Per Stay (this Hospital)	Average Charge Per Stay Statewide	Percent Highter/ Lower than Statewide Change
1	391	NORMAL NEWBORN	458	$ 1,997	$ 2,667	-33.55
2	373	VAGINAL DELIVERY W/O COMPLICATING DIAGNOSES	347	$ 9,606	$ 10,150	-5.66
3	430	PSYCHOSES	400	$ 37,821	$ 16,409	56.61
4	371	CESAREAN SECTION W/O CC	140	$ 17,905	$ 19,904	-11.16
5	127	HEART FAILURE & SHOCK	85	$ 36,605	$ 33,299	9.03
6	089	SIMPLE PNEUMONIA & PLEURISY AGE >17 W CC	123	$ 36,102	$ 33,768	6.47
7	209	MAJOR JOINT & LIMB REATTACHMENT PROCEDURES OF LOWER EXTREMITY	10	$ 61,756	$ 62,075	-0.52
8	143	CHEST PAIN	46	$ 14,248	$ 14,603	-2.49
9	390	NEONATE W OTHER SIGNIFICANT PROBLEMS	27	$ 3,022	$ 6,872	-127.40
11	088	CHRONIC OBSTRUCTIVE PULMONARY DISEASE	80	$ 26,733	$ 28,159	-5.33
12	182	ESOPHAGITIS, GASTROENTERITIS & MISC DIGEST DISORDERS AGE >17 W CC	26	$ 22,466	$ 25,044	-11.48
13	359	UTERINE & ADNEXA PROC FOR NON-MALIGNANCY W/O CC	18	$ 22,145	$ 24,911	-12.49
14	416	SEPTICEMIA AGE >17	69	$ 62,155	$ 60,405	2.82
15	174	GASTROINTESTINAL HEMORRHAGE W CC	62	$ 29,449	$ 30,386	-3.18
16	014	INTRACRANIAL HEMORRHAGE OR CEREBRAL INFARCTION	28	$ 35,357	$ 42,251	-19.50
17	372	VAGINAL DELIVERY W COMPLICATING DIAGNOSES	8	$ 10,791	$ 14,242	-31.98
18	296	NUTRITIONAL & MISC METABOLIC DISORDERS AGE >17 W CC	85	$ 28,208	$ 25,332	10.20
19	320	KIDNEY & URINARY TRACT INFECTIONS AGE >17 W CC	63	$ 34,125	$ 26,364	22.74
21	370	CESAREAN SECTION W CC	6	$ 26,595	$ 27,150	-2.09
22	098	BRONCHITIS & ASTHMA AGE 0-17	1	$ 16,338	$ 13,346	18.31
23	316	RENAL FAILURE	27	$ 46,895	$ 40,745	13.11
24	138	CARDIAC ARRHYTHMIA & CONDUCTION DISORDERS W CC	29	$ 24,438	$ 26,013	-6.44
25	167	APPENDECTOMY W/O COMPLICATED PRINCIPAL DIAGNOSES W/O CC	26	$ 23,067	$ 22,780	1.24

Report Description:

Statewide Benchmark Top 25 DRGs
These tables meet the requirements established by AB 1045 <http://www.oshpd.ca.gov/HID/hospital/chrgmster/index.htm> and were developed using the patient discharge data file aggregated at the hospital level. Using the statewide Top 25 Diagnosis Related Groups (DRGs) for all hospitals as benchmarks, the tables display the total number of discharges and the average charge per stay for the selected hospital, the average charge per stay statewide, and the percentage of difference between the statewide and selected hospital charges. Note that any particular hospital may not have discharges in all 25 of the Diagnosis Related Groups (e.g., specialty hospitals such as maternity hospitals will not have DRGs for cardiac surgery).

ANAHEIM MEMORIAL MEDICAL CENTER

Statewide Rank	DRG Code	DRG Description	Number of Discharges	Average Charge Per Stay (this Hospital)	Average Charge Per Stay Statewide	Percent Highter/ Lower than Statewide Change
1	391	NORMAL NEWBORN	1,551	$ 2,613	$ 2,667	-2.07
2	373	VAGINAL DELIVERY W/O COMPLICATING DIAGNOSES	1,129	$ 10,967	$ 10,150	7.45
3	430	PSYCHOSES	6	$ 18,002	$ 16,409	8.85
4	371	CESAREAN SECTION W/O CC	429	$ 20,072	$ 19,904	0.84
5	127	HEART FAILURE & SHOCK	451	$ 25,410	$ 33,299	-31.05
6	089	SIMPLE PNEUMONIA & PLEURISY AGE >17 W CC	396	$ 29,152	$ 33,768	-15.83
7	209	MAJOR JOINT & LIMB REATTACHMENT PROCEDURES OF LOWER EXTREMITY	249	$ 55,289	$ 62,075	-12.27
8	143	CHEST PAIN	374	$ 12,906	$ 14,603	-13.15
9	390	NEONATE W OTHER SIGNIFICANT PROBLEMS	186	$ 7,675	$ 6,872	10.46
11	088	CHRONIC OBSTRUCTIVE PULMONARY DISEASE	237	$ 22,521	$ 28,159	-25.03
12	182	ESOPHAGITIS, GASTROENTERITIS & MISC DIGEST DISORDERS AGE >17 W CC	265	$ 22,332	$ 25,044	-12.14
13	359	UTERINE & ADNEXA PROC FOR NON-MALIGNANCY W/O CC	262	$ 23,294	$ 24,911	-6.94
14	416	SEPTICEMIA AGE >17	145	$ 50,243	$ 60,405	-20.23
15	174	GASTROINTESTINAL HEMORRHAGE W CC	233	$ 25,786	$ 30,386	-17.84
16	014	INTRACRANIAL HEMORRHAGE OR CEREBRAL INFARCTION	143	$ 30,200	$ 42,251	-39.90
17	372	VAGINAL DELIVERY W COMPLICATING DIAGNOSES	144	$ 14,184	$ 14,242	-0.41
18	296	NUTRITIONAL & MISC METABOLIC DISORDERS AGE >17 W CC	114	$ 20,946	$ 25,332	-20.94
19	320	KIDNEY & URINARY TRACT INFECTIONS AGE >17 W CC	175	$ 23,650	$ 26,364	-11.48
20	527	PERCUTANEOUS CARDIOVASCULAR PROC W DRUG ELUTING STENT W/O AMI	237	$ 52,803	$ 64,473	-22.10
21	370	CESAREAN SECTION W CC	92	$ 26,136	$ 27,150	-3.88
22	098	BRONCHITIS & ASTHMA AGE 0-17	1	$ 15,091	$ 13,346	11.56
23	316	RENAL FAILURE	136	$ 34,508	$ 40,745	-18.07
24	138	CARDIAC ARRHYTHMIA & CONDUCTION DISORDERS W CC	128	$ 21,605	$ 26,013	-20.40
25	167	APPENDECTOMY W/O COMPLICATED PRINCIPAL DIAGNOSES W/O CC	64	$ 23,858	$ 22,780	4.52

Report Description:

Statewide Benchmark Top 25 DRGs

These tables meet the requirements established by AB 1045 <http://www.oshpd.ca.gov/HID/hospital/chrgmster/index.htm> and were developed using the patient discharge data file aggregated at the hospital level. Using the statewide Top 25 Diagnosis Related Groups (DRGs) for all hospitals as benchmarks, the tables display the total number of discharges and the average charge per stay for the selected hospital, the average charge per stay statewide, and the percentage of difference between the statewide and selected hospital charges. Note that any particular hospital may not have discharges in all 25 of the Diagnosis Related Groups (e.g., specialty hospitals such as maternity hospitals will not have DRGs for cardiac surgery).

ANTELOPE VALLEY HOSPITAL MEDICAL CENTER

Statewide Rank	DRG Code	DRG Description	Number of Discharges	Average Charge Per Stay (this Hospital)	Average Charge Per Stay Statewide	Percent Highter/ Lower than Statewide Change
1	391	NORMAL NEWBORN	4,308	$ 1,753	$ 2,667	-52.14
2	373	VAGINAL DELIVERY W/O COMPLICATING DIAGNOSES	3,146	$ 8,940	$ 10,150	-13.53
3	430	PSYCHOSES	602	$ 9,836	$ 16,409	-66.83
4	371	CESAREAN SECTION W/O CC	1,270	$ 13,925	$ 19,904	-42.94
5	127	HEART FAILURE & SHOCK	658	$ 25,431	$ 33,299	-30.94
6	089	SIMPLE PNEUMONIA & PLEURISY AGE >17 W CC	507	$ 24,085	$ 33,768	-40.20
7	209	MAJOR JOINT & LIMB REATTACHMENT PROCEDURES OF LOWER EXTREMITY	95	$ 60,527	$ 62,075	-2.56
8	143	CHEST PAIN	1,193	$ 12,143	$ 14,603	-20.26
9	390	NEONATE W OTHER SIGNIFICANT PROBLEMS	436	$ 4,313	$ 6,872	-59.33
11	088	CHRONIC OBSTRUCTIVE PULMONARY DISEASE	556	$ 19,966	$ 28,159	-41.03
12	182	ESOPHAGITIS, GASTROENTERITIS & MISC DIGEST DISORDERS AGE >17 W CC	295	$ 17,467	$ 25,044	-43.38
13	359	UTERINE & ADNEXA PROC FOR NON-MALIGNANCY W/O CC	362	$ 17,235	$ 24,911	-44.54
14	416	SEPTICEMIA AGE >17	128	$ 43,111	$ 60,405	-40.12
15	174	GASTROINTESTINAL HEMORRHAGE W CC	266	$ 21,601	$ 30,386	-40.67
16	014	INTRACRANIAL HEMORRHAGE OR CEREBRAL INFARCTION	234	$ 29,433	$ 42,251	-43.55
17	372	VAGINAL DELIVERY W COMPLICATING DIAGNOSES	318	$ 12,180	$ 14,242	-16.93
18	296	NUTRITIONAL & MISC METABOLIC DISORDERS AGE >17 W CC	188	$ 17,971	$ 25,332	-40.96
19	320	KIDNEY & URINARY TRACT INFECTIONS AGE >17 W CC	230	$ 17,828	$ 26,364	-47.88
20	527	PERCUTANEOUS CARDIOVASCULAR PROC W DRUG ELUTING STENT W/O AMI	111	$ 69,046	$ 64,473	6.62
21	370	CESAREAN SECTION W CC	206	$ 21,453	$ 27,150	-26.56
22	098	BRONCHITIS & ASTHMA AGE 0-17	366	$ 10,043	$ 13,346	-32.89
23	316	RENAL FAILURE	190	$ 25,381	$ 40,745	-60.53
24	138	CARDIAC ARRHYTHMIA & CONDUCTION DISORDERS W CC	160	$ 19,092	$ 26,013	-36.25
25	167	APPENDECTOMY W/O COMPLICATED PRINCIPAL DIAGNOSES W/O CC	252	$ 17,507	$ 22,780	-30.12

Report Description:

Statewide Benchmark Top 25 DRGs

These tables meet the requirements established by AB 1045 <http://www.oshpd.ca.gov/HID/hospital/chrgmster/index.htm> and were developed using the patient discharge data file aggregated at the hospital level. Using the statewide Top 25 Diagnosis Related Groups (DRGs) for all hospitals as benchmarks, the tables display the total number of discharges and the average charge per stay for the selected hospital, the average charge per stay statewide, and the percentage of difference between the statewide and selected hospital charges. Note that any particular hospital may not have discharges in all 25 of the Diagnosis Related Groups (e.g., specialty hospitals such as maternity hospitals will not have DRGs for cardiac surgery).

ARROWHEAD REGIONAL MEDICAL CENTER

Statewide Rank	DRG Code	DRG Description	Number of Discharges	Average Charge Per Stay (this Hospital)	Average Charge Per Stay Statewide	Percent Highter/ Lower than Statewide Change
1	391	NORMAL NEWBORN	2,315	$ 2,322	$ 2,667	-14.86
2	373	VAGINAL DELIVERY W/O COMPLICATING DIAGNOSES	2,017	$ 8,391	$ 10,150	-20.96
3	430	PSYCHOSES	2,737	$ 10,175	$ 16,409	-61.27
4	371	CESAREAN SECTION W/O CC	747	$ 17,502	$ 19,904	-13.72
5	127	HEART FAILURE & SHOCK	367	$ 20,711	$ 33,299	-60.78
6	089	SIMPLE PNEUMONIA & PLEURISY AGE >17 W CC	295	$ 23,746	$ 33,768	-42.21
7	209	MAJOR JOINT & LIMB REATTACHMENT PROCEDURES OF LOWER EXTREMITY	81	$ 56,013	$ 62,075	-10.82
8	143	CHEST PAIN	511	$ 8,541	$ 14,603	-70.98
9	390	NEONATE W OTHER SIGNIFICANT PROBLEMS	486	$ 4,927	$ 6,872	-39.48
11	088	CHRONIC OBSTRUCTIVE PULMONARY DISEASE	138	$ 16,003	$ 28,159	-75.96
12	182	ESOPHAGITIS, GASTROENTERITIS & MISC DIGEST DISORDERS AGE >17 W CC	128	$ 19,460	$ 25,044	-28.69
13	359	UTERINE & ADNEXA PROC FOR NON-MALIGNANCY W/O CC	72	$ 26,250	$ 24,911	5.10
14	416	SEPTICEMIA AGE >17	90	$ 61,714	$ 60,405	2.12
15	174	GASTROINTESTINAL HEMORRHAGE W CC	107	$ 26,484	$ 30,386	-14.73
16	014	INTRACRANIAL HEMORRHAGE OR CEREBRAL INFARCTION	142	$ 31,761	$ 42,251	-33.03
17	372	VAGINAL DELIVERY W COMPLICATING DIAGNOSES	182	$ 12,900	$ 14,242	-10.40
18	296	NUTRITIONAL & MISC METABOLIC DISORDERS AGE >17 W CC	119	$ 34,854	$ 25,332	27.32
19	320	KIDNEY & URINARY TRACT INFECTIONS AGE >17 W CC	129	$ 23,619	$ 26,364	-11.62
21	370	CESAREAN SECTION W CC	196	$ 22,362	$ 27,150	-21.41
22	098	BRONCHITIS & ASTHMA AGE 0-17	167	$ 9,457	$ 13,346	-41.12
23	316	RENAL FAILURE	181	$ 36,874	$ 40,745	-10.50
24	138	CARDIAC ARRHYTHMIA & CONDUCTION DISORDERS W CC	62	$ 17,548	$ 26,013	-48.24
25	167	APPENDECTOMY W/O COMPLICATED PRINCIPAL DIAGNOSES W/O CC	149	$ 17,009	$ 22,780	-33.93

Report Description:

Statewide Benchmark Top 25 DRGs
These tables meet the requirements established by AB 1045 <http://www.oshpd.ca.gov/HID/hospital/chrgmster/index.htm> and were developed using the patient discharge data file aggregated at the hospital level. Using the statewide Top 25 Diagnosis Related Groups (DRGs) for all hospitals as benchmarks, the tables display the total number of discharges and the average charge per stay for the selected hospital, the average charge per stay statewide, and the percentage of difference between the statewide and selected hospital charges. Note that any particular hospital may not have discharges in all 25 of the Diagnosis Related Groups (e.g., specialty hospitals such as maternity hospitals will not have DRGs for cardiac surgery).

ARROYO GRANDE COMMUNITY HOSPITAL

Statewide Rank	DRG Code	DRG Description	Number of Discharges	Average Charge Per Stay (this Hospital)	Average Charge Per Stay Statewide	Percent Highter/ Lower than Statewide Change
3	430	PSYCHOSES	1	$ 22,189	$ 16,409	26.05
5	127	HEART FAILURE & SHOCK	115	$ 26,708	$ 33,299	-24.68
6	089	SIMPLE PNEUMONIA & PLEURISY AGE >17 W CC	131	$ 31,346	$ 33,768	-7.73
7	209	MAJOR JOINT & LIMB REATTACHMENT PROCEDURES OF LOWER EXTREMITY	241	$ 51,801	$ 62,075	-19.83
8	143	CHEST PAIN	93	$ 10,537	$ 14,603	-38.59
10	462	REHABILITATION	116	$ 26,069	$ 46,308	-77.64
11	088	CHRONIC OBSTRUCTIVE PULMONARY DISEASE	68	$ 25,727	$ 28,159	-9.45
12	182	ESOPHAGITIS, GASTROENTERITIS & MISC DIGEST DISORDERS AGE >17 W CC	50	$ 25,315	$ 25,044	1.07
13	359	UTERINE & ADNEXA PROC FOR NON-MALIGNANCY W/O CC	12	$ 28,377	$ 24,911	12.21
14	416	SEPTICEMIA AGE >17	34	$ 34,156	$ 60,405	-76.85
15	174	GASTROINTESTINAL HEMORRHAGE W CC	78	$ 25,318	$ 30,386	-20.02
16	014	INTRACRANIAL HEMORRHAGE OR CEREBRAL INFARCTION	50	$ 29,469	$ 42,251	-43.37
18	296	NUTRITIONAL & MISC METABOLIC DISORDERS AGE >17 W CC	36	$ 17,334	$ 25,332	-46.14
19	320	KIDNEY & URINARY TRACT INFECTIONS AGE >17 W CC	32	$ 22,851	$ 26,364	-15.37
23	316	RENAL FAILURE	18	$ 31,216	$ 40,745	-30.53
24	138	CARDIAC ARRHYTHMIA & CONDUCTION DISORDERS W CC	40	$ 18,878	$ 26,013	-37.80
25	167	APPENDECTOMY W/O COMPLICATED PRINCIPAL DIAGNOSES W/O CC	50	$ 25,451	$ 22,780	10.49

AURORA CHARTER OAK

Statewide Rank	DRG Code	DRG Description	Number of Discharges	Average Charge Per Stay (this Hospital)	Average Charge Per Stay Statewide	Percent Highter/ Lower than Statewide Change
3	430	PSYCHOSES	3,114	$ 5,965	$ 16,409	-175.09

Report Description:

Statewide Benchmark Top 25 DRGs
These tables meet the requirements established by AB 1045 <http://www.oshpd.ca.gov/HID/hospital/chrgmster/index.htm> and were developed using the patient discharge data file aggregated at the hospital level. Using the statewide Top 25 Diagnosis Related Groups (DRGs) for all hospitals as benchmarks, the tables display the total number of discharges and the average charge per stay for the selected hospital, the average charge per stay statewide, and the percentage of difference between the statewide and selected hospital charges. Note that any particular hospital may not have discharges in all 25 of the Diagnosis Related Groups (e.g., specialty hospitals such as maternity hospitals will not have DRGs for cardiac surgery).

AURORA LAS ENCINAS HOSPITAL, LLC

Statewide Rank	DRG Code	DRG Description	Number of Discharges	Average Charge Per Stay (this Hospital)	Average Charge Per Stay Statewide	Percent Highter/ Lower than Statewide Change
3	430	PSYCHOSES	1,843	$ 12,260	$ 16,409	-33.84

AURORA SAN DIEGO

Statewide Rank	DRG Code	DRG Description	Number of Discharges	Average Charge Per Stay (this Hospital)	Average Charge Per Stay Statewide	Percent Highter/ Lower than Statewide Change
3	430	PSYCHOSES	1,972	$ 8,174	$ 16,409	-100.75

AURORA VISTA DEL MAR HOSPITAL

Statewide Rank	DRG Code	DRG Description	Number of Discharges	Average Charge Per Stay (this Hospital)	Average Charge Per Stay Statewide	Percent Highter/ Lower than Statewide Change
3	430	PSYCHOSES	2,358	$ 8,949	$ 16,409	-83.36