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).

FAIRCHILD 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	134	$ 1,301	$ 2,667	-105.00
2	373	VAGINAL DELIVERY W/O COMPLICATING DIAGNOSES	110	$ 2,371	$ 10,150	-328.09
3	430	PSYCHOSES	1	$ 10,148	$ 16,409	-61.70
4	371	CESAREAN SECTION W/O CC	50	$ 9,220	$ 19,904	-115.88
5	127	HEART FAILURE & SHOCK	54	$ 8,016	$ 33,299	-315.41
6	089	SIMPLE PNEUMONIA & PLEURISY AGE >17 W CC	93	$ 11,117	$ 33,768	-203.75
7	209	MAJOR JOINT & LIMB REATTACHMENT PROCEDURES OF LOWER EXTREMITY	86	$ 32,488	$ 62,075	-91.07
8	143	CHEST PAIN	60	$ 3,736	$ 14,603	-290.87
9	390	NEONATE W OTHER SIGNIFICANT PROBLEMS	61	$ 1,965	$ 6,872	-249.72
11	088	CHRONIC OBSTRUCTIVE PULMONARY DISEASE	30	$ 6,813	$ 28,159	-313.31
12	182	ESOPHAGITIS, GASTROENTERITIS & MISC DIGEST DISORDERS AGE >17 W CC	34	$ 5,503	$ 25,044	-355.10
13	359	UTERINE & ADNEXA PROC FOR NON-MALIGNANCY W/O CC	59	$ 9,919	$ 24,911	-151.14
14	416	SEPTICEMIA AGE >17	13	$ 14,746	$ 60,405	-309.64
15	174	GASTROINTESTINAL HEMORRHAGE W CC	51	$ 6,536	$ 30,386	-364.90
16	014	INTRACRANIAL HEMORRHAGE OR CEREBRAL INFARCTION	22	$ 9,252	$ 42,251	-356.67
17	372	VAGINAL DELIVERY W COMPLICATING DIAGNOSES	20	$ 3,323	$ 14,242	-328.59
18	296	NUTRITIONAL & MISC METABOLIC DISORDERS AGE >17 W CC	26	$ 6,364	$ 25,332	-298.05
19	320	KIDNEY & URINARY TRACT INFECTIONS AGE >17 W CC	21	$ 5,993	$ 26,364	-339.91
21	370	CESAREAN SECTION W CC	8	$ 11,833	$ 27,150	-129.44
22	098	BRONCHITIS & ASTHMA AGE 0-17	9	$ 4,520	$ 13,346	-195.27
23	316	RENAL FAILURE	7	$ 7,260	$ 40,745	-461.23
24	138	CARDIAC ARRHYTHMIA & CONDUCTION DISORDERS W CC	23	$ 7,001	$ 26,013	-271.56
25	167	APPENDECTOMY W/O COMPLICATED PRINCIPAL DIAGNOSES W/O CC	16	$ 8,887	$ 22,780	-156.33

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).

FALLBROOK HOSPITAL DISTRICT

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	479	$ 1,840	$ 2,667	-44.95
2	373	VAGINAL DELIVERY W/O COMPLICATING DIAGNOSES	353	$ 8,413	$ 10,150	-20.65
3	430	PSYCHOSES	3	$ 6,854	$ 16,409	-139.41
4	371	CESAREAN SECTION W/O CC	131	$ 18,880	$ 19,904	-5.42
5	127	HEART FAILURE & SHOCK	67	$ 19,108	$ 33,299	-74.27
6	089	SIMPLE PNEUMONIA & PLEURISY AGE >17 W CC	80	$ 19,896	$ 33,768	-69.72
7	209	MAJOR JOINT & LIMB REATTACHMENT PROCEDURES OF LOWER EXTREMITY	138	$ 52,029	$ 62,075	-19.31
8	143	CHEST PAIN	129	$ 12,912	$ 14,603	-13.10
9	390	NEONATE W OTHER SIGNIFICANT PROBLEMS	24	$ 3,005	$ 6,872	-128.69
10	462	REHABILITATION	282	$ 5,753	$ 46,308	-704.94
11	088	CHRONIC OBSTRUCTIVE PULMONARY DISEASE	47	$ 16,379	$ 28,159	-71.92
12	182	ESOPHAGITIS, GASTROENTERITIS & MISC DIGEST DISORDERS AGE >17 W CC	43	$ 14,510	$ 25,044	-72.60
13	359	UTERINE & ADNEXA PROC FOR NON-MALIGNANCY W/O CC	6	$ 24,573	$ 24,911	-1.38
14	416	SEPTICEMIA AGE >17	33	$ 34,928	$ 60,405	-72.94
15	174	GASTROINTESTINAL HEMORRHAGE W CC	44	$ 23,089	$ 30,386	-31.60
16	014	INTRACRANIAL HEMORRHAGE OR CEREBRAL INFARCTION	16	$ 23,342	$ 42,251	-81.01
17	372	VAGINAL DELIVERY W COMPLICATING DIAGNOSES	28	$ 10,947	$ 14,242	-30.10
18	296	NUTRITIONAL & MISC METABOLIC DISORDERS AGE >17 W CC	28	$ 18,476	$ 25,332	-37.11
19	320	KIDNEY & URINARY TRACT INFECTIONS AGE >17 W CC	50	$ 19,360	$ 26,364	-36.18
21	370	CESAREAN SECTION W CC	17	$ 24,728	$ 27,150	-9.79
22	098	BRONCHITIS & ASTHMA AGE 0-17	4	$ 7,774	$ 13,346	-71.67
23	316	RENAL FAILURE	9	$ 10,853	$ 40,745	-275.43
24	138	CARDIAC ARRHYTHMIA & CONDUCTION DISORDERS W CC	39	$ 19,766	$ 26,013	-31.60
25	167	APPENDECTOMY W/O COMPLICATED PRINCIPAL DIAGNOSES W/O CC	23	$ 23,123	$ 22,780	1.48

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).

FEATHER RIVER 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	551	$ 2,268	$ 2,667	-17.59
2	373	VAGINAL DELIVERY W/O COMPLICATING DIAGNOSES	399	$ 8,664	$ 10,150	-17.15
3	430	PSYCHOSES	1	$ 73,400	$ 16,409	77.64
4	371	CESAREAN SECTION W/O CC	124	$ 21,320	$ 19,904	6.64
5	127	HEART FAILURE & SHOCK	125	$ 37,525	$ 33,299	11.26
6	089	SIMPLE PNEUMONIA & PLEURISY AGE >17 W CC	100	$ 33,599	$ 33,768	-0.50
7	209	MAJOR JOINT & LIMB REATTACHMENT PROCEDURES OF LOWER EXTREMITY	203	$ 81,387	$ 62,075	23.73
8	143	CHEST PAIN	51	$ 24,466	$ 14,603	40.31
9	390	NEONATE W OTHER SIGNIFICANT PROBLEMS	67	$ 4,494	$ 6,872	-52.91
10	462	REHABILITATION	268	$ 25,705	$ 46,308	-80.15
11	088	CHRONIC OBSTRUCTIVE PULMONARY DISEASE	62	$ 33,335	$ 28,159	15.53
12	182	ESOPHAGITIS, GASTROENTERITIS & MISC DIGEST DISORDERS AGE >17 W CC	69	$ 23,998	$ 25,044	-4.36
13	359	UTERINE & ADNEXA PROC FOR NON-MALIGNANCY W/O CC	83	$ 32,563	$ 24,911	23.50
14	416	SEPTICEMIA AGE >17	144	$ 58,246	$ 60,405	-3.71
15	174	GASTROINTESTINAL HEMORRHAGE W CC	79	$ 32,827	$ 30,386	7.44
16	014	INTRACRANIAL HEMORRHAGE OR CEREBRAL INFARCTION	88	$ 37,497	$ 42,251	-12.68
17	372	VAGINAL DELIVERY W COMPLICATING DIAGNOSES	64	$ 11,551	$ 14,242	-23.30
18	296	NUTRITIONAL & MISC METABOLIC DISORDERS AGE >17 W CC	68	$ 24,797	$ 25,332	-2.16
19	320	KIDNEY & URINARY TRACT INFECTIONS AGE >17 W CC	29	$ 26,299	$ 26,364	-0.25
21	370	CESAREAN SECTION W CC	43	$ 23,427	$ 27,150	-15.89
22	098	BRONCHITIS & ASTHMA AGE 0-17	8	$ 18,425	$ 13,346	27.57
23	316	RENAL FAILURE	25	$ 49,243	$ 40,745	17.26
24	138	CARDIAC ARRHYTHMIA & CONDUCTION DISORDERS W CC	55	$ 30,304	$ 26,013	14.16
25	167	APPENDECTOMY W/O COMPLICATED PRINCIPAL DIAGNOSES W/O CC	28	$ 36,249	$ 22,780	37.16

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).

FOOTHILL PRESBYTERIAN HOSPITAL-JOHNSTON MEMORIAL

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	621	$ 2,372	$ 2,667	-12.44
2	373	VAGINAL DELIVERY W/O COMPLICATING DIAGNOSES	435	$ 5,775	$ 10,150	-75.76
4	371	CESAREAN SECTION W/O CC	261	$ 14,165	$ 19,904	-40.52
5	127	HEART FAILURE & SHOCK	223	$ 27,889	$ 33,299	-19.40
6	089	SIMPLE PNEUMONIA & PLEURISY AGE >17 W CC	191	$ 27,414	$ 33,768	-23.18
7	209	MAJOR JOINT & LIMB REATTACHMENT PROCEDURES OF LOWER EXTREMITY	75	$ 52,434	$ 62,075	-18.39
8	143	CHEST PAIN	293	$ 13,440	$ 14,603	-8.65
9	390	NEONATE W OTHER SIGNIFICANT PROBLEMS	107	$ 3,614	$ 6,872	-90.15
11	088	CHRONIC OBSTRUCTIVE PULMONARY DISEASE	115	$ 17,544	$ 28,159	-60.51
12	182	ESOPHAGITIS, GASTROENTERITIS & MISC DIGEST DISORDERS AGE >17 W CC	102	$ 19,662	$ 25,044	-27.37
13	359	UTERINE & ADNEXA PROC FOR NON-MALIGNANCY W/O CC	201	$ 16,681	$ 24,911	-49.34
14	416	SEPTICEMIA AGE >17	113	$ 47,286	$ 60,405	-27.74
15	174	GASTROINTESTINAL HEMORRHAGE W CC	107	$ 25,194	$ 30,386	-20.61
16	014	INTRACRANIAL HEMORRHAGE OR CEREBRAL INFARCTION	67	$ 26,324	$ 42,251	-60.50
17	372	VAGINAL DELIVERY W COMPLICATING DIAGNOSES	17	$ 6,310	$ 14,242	-125.71
18	296	NUTRITIONAL & MISC METABOLIC DISORDERS AGE >17 W CC	80	$ 20,732	$ 25,332	-22.19
19	320	KIDNEY & URINARY TRACT INFECTIONS AGE >17 W CC	81	$ 20,281	$ 26,364	-29.99
21	370	CESAREAN SECTION W CC	28	$ 17,965	$ 27,150	-51.13
22	098	BRONCHITIS & ASTHMA AGE 0-17	42	$ 10,106	$ 13,346	-32.06
23	316	RENAL FAILURE	44	$ 31,435	$ 40,745	-29.62
24	138	CARDIAC ARRHYTHMIA & CONDUCTION DISORDERS W CC	59	$ 25,073	$ 26,013	-3.75
25	167	APPENDECTOMY W/O COMPLICATED PRINCIPAL DIAGNOSES W/O CC	60	$ 18,916	$ 22,780	-20.43

Report Description:

Statewide Benchmark Top 25 DRGs
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FOUNTAIN VALLEY RGNL HOSP AND MED CTR - EUCLID

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	2,807	$ 3,288	$ 2,667	18.89
2	373	VAGINAL DELIVERY W/O COMPLICATING DIAGNOSES	2,137	$ 13,419	$ 10,150	24.36
3	430	PSYCHOSES	12	$ 30,103	$ 16,409	45.49
4	371	CESAREAN SECTION W/O CC	891	$ 22,290	$ 19,904	10.70
5	127	HEART FAILURE & SHOCK	345	$ 38,399	$ 33,299	13.28
6	089	SIMPLE PNEUMONIA & PLEURISY AGE >17 W CC	227	$ 39,605	$ 33,768	14.74
7	209	MAJOR JOINT & LIMB REATTACHMENT PROCEDURES OF LOWER EXTREMITY	160	$ 74,793	$ 62,075	17.00
8	143	CHEST PAIN	392	$ 17,372	$ 14,603	15.94
9	390	NEONATE W OTHER SIGNIFICANT PROBLEMS	563	$ 7,731	$ 6,872	11.11
11	088	CHRONIC OBSTRUCTIVE PULMONARY DISEASE	237	$ 38,113	$ 28,159	26.12
12	182	ESOPHAGITIS, GASTROENTERITIS & MISC DIGEST DISORDERS AGE >17 W CC	297	$ 30,713	$ 25,044	18.46
13	359	UTERINE & ADNEXA PROC FOR NON-MALIGNANCY W/O CC	289	$ 33,431	$ 24,911	25.49
14	416	SEPTICEMIA AGE >17	209	$ 74,430	$ 60,405	18.84
15	174	GASTROINTESTINAL HEMORRHAGE W CC	177	$ 34,947	$ 30,386	13.05
16	014	INTRACRANIAL HEMORRHAGE OR CEREBRAL INFARCTION	197	$ 49,941	$ 42,251	15.40
17	372	VAGINAL DELIVERY W COMPLICATING DIAGNOSES	282	$ 16,524	$ 14,242	13.81
18	296	NUTRITIONAL & MISC METABOLIC DISORDERS AGE >17 W CC	148	$ 32,076	$ 25,332	21.03
19	320	KIDNEY & URINARY TRACT INFECTIONS AGE >17 W CC	137	$ 32,321	$ 26,364	18.43
20	527	PERCUTANEOUS CARDIOVASCULAR PROC W DRUG ELUTING STENT W/O AMI	199	$ 88,517	$ 64,473	27.16
21	370	CESAREAN SECTION W CC	129	$ 30,981	$ 27,150	12.37
22	098	BRONCHITIS & ASTHMA AGE 0-17	212	$ 28,506	$ 13,346	53.18
23	316	RENAL FAILURE	125	$ 46,425	$ 40,745	12.23
24	138	CARDIAC ARRHYTHMIA & CONDUCTION DISORDERS W CC	126	$ 27,204	$ 26,013	4.38
25	167	APPENDECTOMY W/O COMPLICATED PRINCIPAL DIAGNOSES W/O CC	117	$ 34,090	$ 22,780	33.18

Report Description:

Statewide Benchmark Top 25 DRGs

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FRANK R HOWARD MEMORIAL 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	$ 6,042	$ 16,409	-171.58
5	127	HEART FAILURE & SHOCK	37	$ 18,506	$ 33,299	-79.94
6	089	SIMPLE PNEUMONIA & PLEURISY AGE >17 W CC	54	$ 21,608	$ 33,768	-56.28
7	209	MAJOR JOINT & LIMB REATTACHMENT PROCEDURES OF LOWER EXTREMITY	144	$ 37,087	$ 62,075	-67.38
8	143	CHEST PAIN	4	$ 11,083	$ 14,603	-31.76
10	462	REHABILITATION	9	$ 14,628	$ 46,308	-216.57
11	088	CHRONIC OBSTRUCTIVE PULMONARY DISEASE	13	$ 17,915	$ 28,159	-57.18
12	182	ESOPHAGITIS, GASTROENTERITIS & MISC DIGEST DISORDERS AGE >17 W CC	12	$ 13,684	$ 25,044	-83.02
14	416	SEPTICEMIA AGE >17	12	$ 23,607	$ 60,405	-155.88
15	174	GASTROINTESTINAL HEMORRHAGE W CC	19	$ 15,613	$ 30,386	-94.62
16	014	INTRACRANIAL HEMORRHAGE OR CEREBRAL INFARCTION	26	$ 22,957	$ 42,251	-84.04
18	296	NUTRITIONAL & MISC METABOLIC DISORDERS AGE >17 W CC	18	$ 14,422	$ 25,332	-75.65
19	320	KIDNEY & URINARY TRACT INFECTIONS AGE >17 W CC	7	$ 10,883	$ 26,364	-142.25
23	316	RENAL FAILURE	11	$ 16,841	$ 40,745	-141.94
24	138	CARDIAC ARRHYTHMIA & CONDUCTION DISORDERS W CC	8	$ 13,359	$ 26,013	-94.72
25	167	APPENDECTOMY W/O COMPLICATED PRINCIPAL DIAGNOSES W/O CC	10	$ 20,722	$ 22,780	-9.93

FREMONT 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	2,574	$ 10,171	$ 16,409	-61.33

Report Description:

Statewide Benchmark Top 25 DRGs
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FREMONT 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	1,768	$ 2,002	$ 2,667	-33.22
2	373	VAGINAL DELIVERY W/O COMPLICATING DIAGNOSES	1,228	$ 6,849	$ 10,150	-48.20
3	430	PSYCHOSES	3	$ 15,203	$ 16,409	-7.93
4	371	CESAREAN SECTION W/O CC	509	$ 10,584	$ 19,904	-88.06
5	127	HEART FAILURE & SHOCK	123	$ 13,436	$ 33,299	-147.83
6	089	SIMPLE PNEUMONIA & PLEURISY AGE >17 W CC	189	$ 19,504	$ 33,768	-73.13
7	209	MAJOR JOINT & LIMB REATTACHMENT PROCEDURES OF LOWER EXTREMITY	242	$ 34,084	$ 62,075	-82.12
8	143	CHEST PAIN	53	$ 7,337	$ 14,603	-99.03
9	390	NEONATE W OTHER SIGNIFICANT PROBLEMS	191	$ 3,322	$ 6,872	-106.86
11	088	CHRONIC OBSTRUCTIVE PULMONARY DISEASE	102	$ 15,449	$ 28,159	-82.27
12	182	ESOPHAGITIS, GASTROENTERITIS & MISC DIGEST DISORDERS AGE >17 W CC	89	$ 13,243	$ 25,044	-89.11
13	359	UTERINE & ADNEXA PROC FOR NON-MALIGNANCY W/O CC	245	$ 10,057	$ 24,911	-147.70
14	416	SEPTICEMIA AGE >17	68	$ 33,892	$ 60,405	-78.23
15	174	GASTROINTESTINAL HEMORRHAGE W CC	48	$ 14,787	$ 30,386	-105.49
16	014	INTRACRANIAL HEMORRHAGE OR CEREBRAL INFARCTION	34	$ 20,739	$ 42,251	-103.73
17	372	VAGINAL DELIVERY W COMPLICATING DIAGNOSES	128	$ 9,009	$ 14,242	-58.09
18	296	NUTRITIONAL & MISC METABOLIC DISORDERS AGE >17 W CC	84	$ 13,328	$ 25,332	-90.07
19	320	KIDNEY & URINARY TRACT INFECTIONS AGE >17 W CC	63	$ 13,342	$ 26,364	-97.60
21	370	CESAREAN SECTION W CC	128	$ 12,712	$ 27,150	-113.58
22	098	BRONCHITIS & ASTHMA AGE 0-17	233	$ 5,687	$ 13,346	-134.68
23	316	RENAL FAILURE	63	$ 20,185	$ 40,745	-101.86
24	138	CARDIAC ARRHYTHMIA & CONDUCTION DISORDERS W CC	19	$ 13,917	$ 26,013	-86.92
25	167	APPENDECTOMY W/O COMPLICATED PRINCIPAL DIAGNOSES W/O CC	14	$ 11,118	$ 22,780	-104.89

Report Description:

Statewide Benchmark Top 25 DRGs
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FRENCH 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	648	$ 2,118	$ 2,667	-25.92
2	373	VAGINAL DELIVERY W/O COMPLICATING DIAGNOSES	514	$ 9,881	$ 10,150	-2.72
3	430	PSYCHOSES	3	$ 21,666	$ 16,409	24.26
4	371	CESAREAN SECTION W/O CC	121	$ 30,580	$ 19,904	34.91
5	127	HEART FAILURE & SHOCK	76	$ 33,983	$ 33,299	2.01
6	089	SIMPLE PNEUMONIA & PLEURISY AGE >17 W CC	74	$ 36,355	$ 33,768	7.12
7	209	MAJOR JOINT & LIMB REATTACHMENT PROCEDURES OF LOWER EXTREMITY	130	$ 74,965	$ 62,075	17.19
8	143	CHEST PAIN	85	$ 13,863	$ 14,603	-5.34
9	390	NEONATE W OTHER SIGNIFICANT PROBLEMS	64	$ 4,113	$ 6,872	-67.08
11	088	CHRONIC OBSTRUCTIVE PULMONARY DISEASE	44	$ 28,775	$ 28,159	2.14
12	182	ESOPHAGITIS, GASTROENTERITIS & MISC DIGEST DISORDERS AGE >17 W CC	48	$ 25,781	$ 25,044	2.86
13	359	UTERINE & ADNEXA PROC FOR NON-MALIGNANCY W/O CC	61	$ 40,323	$ 24,911	38.22
14	416	SEPTICEMIA AGE >17	26	$ 41,506	$ 60,405	-45.53
15	174	GASTROINTESTINAL HEMORRHAGE W CC	77	$ 26,940	$ 30,386	-12.79
16	014	INTRACRANIAL HEMORRHAGE OR CEREBRAL INFARCTION	37	$ 46,333	$ 42,251	8.81
17	372	VAGINAL DELIVERY W COMPLICATING DIAGNOSES	59	$ 11,783	$ 14,242	-20.87
18	296	NUTRITIONAL & MISC METABOLIC DISORDERS AGE >17 W CC	44	$ 21,536	$ 25,332	-17.63
19	320	KIDNEY & URINARY TRACT INFECTIONS AGE >17 W CC	32	$ 25,030	$ 26,364	-5.33
20	527	PERCUTANEOUS CARDIOVASCULAR PROC W DRUG ELUTING STENT W/O AMI	82	$ 106,914	$ 64,473	39.70
21	370	CESAREAN SECTION W CC	31	$ 34,073	$ 27,150	20.32
23	316	RENAL FAILURE	16	$ 37,941	$ 40,745	-7.39
24	138	CARDIAC ARRHYTHMIA & CONDUCTION DISORDERS W CC	38	$ 31,094	$ 26,013	16.34
25	167	APPENDECTOMY W/O COMPLICATED PRINCIPAL DIAGNOSES W/O CC	32	$ 32,413	$ 22,780	29.72

FRESNO COUNTY PSYCHIATRIC HEALTH FACILITY

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	443	$ 5,969	$ 16,409	-174.90

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).

FRESNO HEART 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
5	127	HEART FAILURE & SHOCK	114	$ 11,580	$ 33,299	-187.56
6	089	SIMPLE PNEUMONIA & PLEURISY AGE >17 W CC	5	$ 12,870	$ 33,768	-162.38
8	143	CHEST PAIN	42	$ 5,710	$ 14,603	-155.74
11	088	CHRONIC OBSTRUCTIVE PULMONARY DISEASE	1	$ 36,342	$ 28,159	22.52
15	174	GASTROINTESTINAL HEMORRHAGE W CC	2	$ 9,553	$ 30,386	-218.08
16	014	INTRACRANIAL HEMORRHAGE OR CEREBRAL INFARCTION	1	$ 29,583	$ 42,251	-42.82
18	296	NUTRITIONAL & MISC METABOLIC DISORDERS AGE >17 W CC	5	$ 10,484	$ 25,332	-141.63
20	527	PERCUTANEOUS CARDIOVASCULAR PROC W DRUG ELUTING STENT W/O AMI	537	$ 41,551	$ 64,473	-55.17
23	316	RENAL FAILURE	3	$ 22,572	$ 40,745	-80.51
24	138	CARDIAC ARRHYTHMIA & CONDUCTION DISORDERS W CC	22	$ 6,081	$ 26,013	-327.78

FRESNO SURGERY 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
7	209	MAJOR JOINT & LIMB REATTACHMENT PROCEDURES OF LOWER EXTREMITY	430	$ 29,528	$ 62,075	-110.22
13	359	UTERINE & ADNEXA PROC FOR NON-MALIGNANCY W/O CC	182	$ 16,967	$ 24,911	-46.82