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).

SHARP CHULA VISTA 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	2,432	$ 2,122	$ 2,667	-25.68
2	373	VAGINAL DELIVERY W/O COMPLICATING DIAGNOSES	1,657	$ 9,560	$ 10,150	-6.17
3	430	PSYCHOSES	9	$ 11,263	$ 16,409	-45.69
4	371	CESAREAN SECTION W/O CC	792	$ 17,543	$ 19,904	-13.46
5	127	HEART FAILURE & SHOCK	607	$ 35,984	$ 33,299	7.46
6	089	SIMPLE PNEUMONIA & PLEURISY AGE >17 W CC	327	$ 30,081	$ 33,768	-12.26
7	209	MAJOR JOINT & LIMB REATTACHMENT PROCEDURES OF LOWER EXTREMITY	239	$ 50,135	$ 62,075	-23.82
8	143	CHEST PAIN	208	$ 20,342	$ 14,603	28.21
9	390	NEONATE W OTHER SIGNIFICANT PROBLEMS	212	$ 4,182	$ 6,872	-64.32
10	462	REHABILITATION	42	$ 18,711	$ 46,308	-147.49
11	088	CHRONIC OBSTRUCTIVE PULMONARY DISEASE	229	$ 28,806	$ 28,159	2.25
12	182	ESOPHAGITIS, GASTROENTERITIS & MISC DIGEST DISORDERS AGE >17 W CC	234	$ 24,353	$ 25,044	-2.84
13	359	UTERINE & ADNEXA PROC FOR NON-MALIGNANCY W/O CC	155	$ 25,211	$ 24,911	1.19
14	416	SEPTICEMIA AGE >17	244	$ 47,490	$ 60,405	-27.20
15	174	GASTROINTESTINAL HEMORRHAGE W CC	232	$ 28,758	$ 30,386	-5.66
16	014	INTRACRANIAL HEMORRHAGE OR CEREBRAL INFARCTION	181	$ 41,335	$ 42,251	-2.22
17	372	VAGINAL DELIVERY W COMPLICATING DIAGNOSES	146	$ 12,435	$ 14,242	-14.53
18	296	NUTRITIONAL & MISC METABOLIC DISORDERS AGE >17 W CC	145	$ 28,983	$ 25,332	12.60
19	320	KIDNEY & URINARY TRACT INFECTIONS AGE >17 W CC	173	$ 24,162	$ 26,364	-9.11
20	527	PERCUTANEOUS CARDIOVASCULAR PROC W DRUG ELUTING STENT W/O AMI	149	$ 79,348	$ 64,473	18.75
21	370	CESAREAN SECTION W CC	89	$ 23,005	$ 27,150	-18.02
23	316	RENAL FAILURE	141	$ 42,273	$ 40,745	3.61
24	138	CARDIAC ARRHYTHMIA & CONDUCTION DISORDERS W CC	87	$ 25,326	$ 26,013	-2.71
25	167	APPENDECTOMY W/O COMPLICATED PRINCIPAL DIAGNOSES W/O CC	50	$ 22,730	$ 22,780	-0.22

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).

SHARP CORONADO HOSPITAL AND HEALTHCARE 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	2	$ 28,190	$ 16,409	41.79
5	127	HEART FAILURE & SHOCK	126	$ 27,631	$ 33,299	-20.51
6	089	SIMPLE PNEUMONIA & PLEURISY AGE >17 W CC	83	$ 24,013	$ 33,768	-40.62
7	209	MAJOR JOINT & LIMB REATTACHMENT PROCEDURES OF LOWER EXTREMITY	364	$ 34,528	$ 62,075	-79.78
8	143	CHEST PAIN	48	$ 9,639	$ 14,603	-51.50
10	462	REHABILITATION	29	$ 9,658	$ 46,308	-379.48
11	088	CHRONIC OBSTRUCTIVE PULMONARY DISEASE	53	$ 22,977	$ 28,159	-22.55
12	182	ESOPHAGITIS, GASTROENTERITIS & MISC DIGEST DISORDERS AGE >17 W CC	46	$ 14,682	$ 25,044	-70.58
13	359	UTERINE & ADNEXA PROC FOR NON-MALIGNANCY W/O CC	8	$ 34,050	$ 24,911	26.84
14	416	SEPTICEMIA AGE >17	39	$ 27,596	$ 60,405	-118.89
15	174	GASTROINTESTINAL HEMORRHAGE W CC	50	$ 23,276	$ 30,386	-30.55
16	014	INTRACRANIAL HEMORRHAGE OR CEREBRAL INFARCTION	36	$ 25,149	$ 42,251	-68.00
18	296	NUTRITIONAL & MISC METABOLIC DISORDERS AGE >17 W CC	40	$ 14,850	$ 25,332	-70.59
19	320	KIDNEY & URINARY TRACT INFECTIONS AGE >17 W CC	44	$ 17,480	$ 26,364	-50.82
23	316	RENAL FAILURE	31	$ 28,380	$ 40,745	-43.57
24	138	CARDIAC ARRHYTHMIA & CONDUCTION DISORDERS W CC	37	$ 23,547	$ 26,013	-10.47
25	167	APPENDECTOMY W/O COMPLICATED PRINCIPAL DIAGNOSES W/O CC	16	$ 21,671	$ 22,780	-5.12

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).

SHARP MARY BIRCH HOSPITAL FOR WOMEN

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	6,031	$ 2,437	$ 2,667	-9.44
2	373	VAGINAL DELIVERY W/O COMPLICATING DIAGNOSES	4,366	$ 10,463	$ 10,150	2.99
4	371	CESAREAN SECTION W/O CC	2,004	$ 22,285	$ 19,904	10.68
9	390	NEONATE W OTHER SIGNIFICANT PROBLEMS	745	$ 7,306	$ 6,872	5.94
12	182	ESOPHAGITIS, GASTROENTERITIS & MISC DIGEST DISORDERS AGE >17 W CC	1	$ 7,664	$ 25,044	-226.77
13	359	UTERINE & ADNEXA PROC FOR NON-MALIGNANCY W/O CC	531	$ 19,477	$ 24,911	-27.90
17	372	VAGINAL DELIVERY W COMPLICATING DIAGNOSES	584	$ 13,907	$ 14,242	-2.41
21	370	CESAREAN SECTION W CC	343	$ 40,705	$ 27,150	33.30

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).

SHARP 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	9	$ 15,222	$ 16,409	-7.80
5	127	HEART FAILURE & SHOCK	612	$ 27,899	$ 33,299	-19.36
6	089	SIMPLE PNEUMONIA & PLEURISY AGE >17 W CC	336	$ 30,505	$ 33,768	-10.70
7	209	MAJOR JOINT & LIMB REATTACHMENT PROCEDURES OF LOWER EXTREMITY	691	$ 51,841	$ 62,075	-19.74
8	143	CHEST PAIN	684	$ 12,793	$ 14,603	-14.15
10	462	REHABILITATION	324	$ 52,800	$ 46,308	12.30
11	088	CHRONIC OBSTRUCTIVE PULMONARY DISEASE	260	$ 25,000	$ 28,159	-12.64
12	182	ESOPHAGITIS, GASTROENTERITIS & MISC DIGEST DISORDERS AGE >17 W CC	325	$ 22,579	$ 25,044	-10.92
13	359	UTERINE & ADNEXA PROC FOR NON-MALIGNANCY W/O CC	3	$ 37,015	$ 24,911	32.70
14	416	SEPTICEMIA AGE >17	202	$ 50,625	$ 60,405	-19.32
15	174	GASTROINTESTINAL HEMORRHAGE W CC	310	$ 26,056	$ 30,386	-16.62
16	014	INTRACRANIAL HEMORRHAGE OR CEREBRAL INFARCTION	308	$ 34,552	$ 42,251	-22.28
18	296	NUTRITIONAL & MISC METABOLIC DISORDERS AGE >17 W CC	182	$ 21,824	$ 25,332	-16.07
19	320	KIDNEY & URINARY TRACT INFECTIONS AGE >17 W CC	194	$ 23,975	$ 26,364	-9.96
20	527	PERCUTANEOUS CARDIOVASCULAR PROC W DRUG ELUTING STENT W/O AMI	266	$ 67,193	$ 64,473	4.05
21	370	CESAREAN SECTION W CC	1	$ 71,308	$ 27,150	61.93
23	316	RENAL FAILURE	202	$ 39,958	$ 40,745	-1.97
24	138	CARDIAC ARRHYTHMIA & CONDUCTION DISORDERS W CC	175	$ 20,254	$ 26,013	-28.43
25	167	APPENDECTOMY W/O COMPLICATED PRINCIPAL DIAGNOSES W/O CC	183	$ 23,120	$ 22,780	1.47

SHARP MEMORIAL HOSPITAL D/P APH

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	3,520	$ 14,749	$ 16,409	-11.26

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).

SHASTA COUNTY P H F

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	311	$ 6,431	$ 16,409	-155.15

SHASTA 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
3	430	PSYCHOSES	3	$ 39,134	$ 16,409	58.07
5	127	HEART FAILURE & SHOCK	200	$ 75,010	$ 33,299	55.61
6	089	SIMPLE PNEUMONIA & PLEURISY AGE >17 W CC	264	$ 71,667	$ 33,768	52.88
7	209	MAJOR JOINT & LIMB REATTACHMENT PROCEDURES OF LOWER EXTREMITY	529	$ 112,118	$ 62,075	44.63
8	143	CHEST PAIN	58	$ 42,022	$ 14,603	65.25
11	088	CHRONIC OBSTRUCTIVE PULMONARY DISEASE	234	$ 69,797	$ 28,159	59.66
12	182	ESOPHAGITIS, GASTROENTERITIS & MISC DIGEST DISORDERS AGE >17 W CC	139	$ 68,070	$ 25,044	63.21
13	359	UTERINE & ADNEXA PROC FOR NON-MALIGNANCY W/O CC	145	$ 47,232	$ 24,911	47.26
14	416	SEPTICEMIA AGE >17	120	$ 154,196	$ 60,405	60.83
15	174	GASTROINTESTINAL HEMORRHAGE W CC	123	$ 67,240	$ 30,386	54.81
16	014	INTRACRANIAL HEMORRHAGE OR CEREBRAL INFARCTION	112	$ 73,409	$ 42,251	42.44
18	296	NUTRITIONAL & MISC METABOLIC DISORDERS AGE >17 W CC	117	$ 68,719	$ 25,332	63.14
19	320	KIDNEY & URINARY TRACT INFECTIONS AGE >17 W CC	90	$ 61,138	$ 26,364	56.88
20	527	PERCUTANEOUS CARDIOVASCULAR PROC W DRUG ELUTING STENT W/O AMI	7	$ 125,192	$ 64,473	48.50
23	316	RENAL FAILURE	55	$ 109,080	$ 40,745	62.65
24	138	CARDIAC ARRHYTHMIA & CONDUCTION DISORDERS W CC	53	$ 81,477	$ 26,013	68.07
25	167	APPENDECTOMY W/O COMPLICATED PRINCIPAL DIAGNOSES W/O CC	23	$ 43,734	$ 22,780	47.91

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).

SHERMAN OAKS HOSPITAL AND HEALTH 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	194	$ 23,592	$ 16,409	30.45
5	127	HEART FAILURE & SHOCK	152	$ 28,699	$ 33,299	-16.03
6	089	SIMPLE PNEUMONIA & PLEURISY AGE >17 W CC	138	$ 25,960	$ 33,768	-30.08
7	209	MAJOR JOINT & LIMB REATTACHMENT PROCEDURES OF LOWER EXTREMITY	217	$ 62,425	$ 62,075	0.56
8	143	CHEST PAIN	169	$ 11,229	$ 14,603	-30.05
10	462	REHABILITATION	68	$ 14,645	$ 46,308	-216.20
11	088	CHRONIC OBSTRUCTIVE PULMONARY DISEASE	105	$ 28,382	$ 28,159	0.79
12	182	ESOPHAGITIS, GASTROENTERITIS & MISC DIGEST DISORDERS AGE >17 W CC	75	$ 18,108	$ 25,044	-38.30
13	359	UTERINE & ADNEXA PROC FOR NON-MALIGNANCY W/O CC	6	$ 22,808	$ 24,911	-9.22
14	416	SEPTICEMIA AGE >17	82	$ 49,816	$ 60,405	-21.26
15	174	GASTROINTESTINAL HEMORRHAGE W CC	66	$ 27,165	$ 30,386	-11.86
16	014	INTRACRANIAL HEMORRHAGE OR CEREBRAL INFARCTION	62	$ 34,413	$ 42,251	-22.78
18	296	NUTRITIONAL & MISC METABOLIC DISORDERS AGE >17 W CC	60	$ 17,468	$ 25,332	-45.02
19	320	KIDNEY & URINARY TRACT INFECTIONS AGE >17 W CC	115	$ 23,964	$ 26,364	-10.02
23	316	RENAL FAILURE	98	$ 36,616	$ 40,745	-11.28
24	138	CARDIAC ARRHYTHMIA & CONDUCTION DISORDERS W CC	41	$ 16,849	$ 26,013	-54.39
25	167	APPENDECTOMY W/O COMPLICATED PRINCIPAL DIAGNOSES W/O CC	19	$ 18,790	$ 22,780	-21.23

SHRINERS HOSPITAL FOR CHILDREN - L.A.

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
9	390	NEONATE W OTHER SIGNIFICANT PROBLEMS	3		$ 6,872	
10	462	REHABILITATION	8		$ 46,308	

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).

SHRINERS HOSPITALS FOR CHILDREN NORTHERN CALIF.

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
9	390	NEONATE W OTHER SIGNIFICANT PROBLEMS	18		$ 6,872	
10	462	REHABILITATION	59		$ 46,308	
25	167	APPENDECTOMY W/O COMPLICATED PRINCIPAL DIAGNOSES W/O CC	1		$ 22,780	

SIERRA KINGS DISTRICT 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	1,269	$ 1,027	$ 2,667	-159.69
2	373	VAGINAL DELIVERY W/O COMPLICATING DIAGNOSES	968	$ 3,057	$ 10,150	-232.02
4	371	CESAREAN SECTION W/O CC	363	$ 8,457	$ 19,904	-135.36
5	127	HEART FAILURE & SHOCK	33	$ 9,460	$ 33,299	-252.00
6	089	SIMPLE PNEUMONIA & PLEURISY AGE >17 W CC	77	$ 9,908	$ 33,768	-240.82
8	143	CHEST PAIN	15	$ 5,777	$ 14,603	-152.78
9	390	NEONATE W OTHER SIGNIFICANT PROBLEMS	105	$ 1,397	$ 6,872	-391.91
11	088	CHRONIC OBSTRUCTIVE PULMONARY DISEASE	33	$ 10,486	$ 28,159	-168.54
12	182	ESOPHAGITIS, GASTROENTERITIS & MISC DIGEST DISORDERS AGE >17 W CC	24	$ 7,019	$ 25,044	-256.80
13	359	UTERINE & ADNEXA PROC FOR NON-MALIGNANCY W/O CC	34	$ 8,717	$ 24,911	-185.77
14	416	SEPTICEMIA AGE >17	18	$ 10,771	$ 60,405	-460.81
15	174	GASTROINTESTINAL HEMORRHAGE W CC	19	$ 9,021	$ 30,386	-236.84
16	014	INTRACRANIAL HEMORRHAGE OR CEREBRAL INFARCTION	16	$ 9,036	$ 42,251	-367.59
17	372	VAGINAL DELIVERY W COMPLICATING DIAGNOSES	54	$ 4,291	$ 14,242	-231.90
18	296	NUTRITIONAL & MISC METABOLIC DISORDERS AGE >17 W CC	29	$ 5,609	$ 25,332	-351.63
19	320	KIDNEY & URINARY TRACT INFECTIONS AGE >17 W CC	35	$ 7,624	$ 26,364	-245.80
21	370	CESAREAN SECTION W CC	88	$ 10,435	$ 27,150	-160.18
22	098	BRONCHITIS & ASTHMA AGE 0-17	5	$ 4,301	$ 13,346	-210.30
23	316	RENAL FAILURE	2	$ 3,674	$ 40,745	-1,009.01
24	138	CARDIAC ARRHYTHMIA & CONDUCTION DISORDERS W CC	9	$ 5,600	$ 26,013	-364.52
25	167	APPENDECTOMY W/O COMPLICATED PRINCIPAL DIAGNOSES W/O CC	1	$ 13,156	$ 22,780	-73.15

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).

SIERRA NEVADA 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
1	391	NORMAL NEWBORN	351	$ 1,923	$ 2,667	-38.69
2	373	VAGINAL DELIVERY W/O COMPLICATING DIAGNOSES	267	$ 5,340	$ 10,150	-90.07
3	430	PSYCHOSES	4	$ 19,912	$ 16,409	17.59
4	371	CESAREAN SECTION W/O CC	84	$ 16,015	$ 19,904	-24.28
5	127	HEART FAILURE & SHOCK	189	$ 16,914	$ 33,299	-96.87
6	089	SIMPLE PNEUMONIA & PLEURISY AGE >17 W CC	273	$ 16,489	$ 33,768	-104.79
7	209	MAJOR JOINT & LIMB REATTACHMENT PROCEDURES OF LOWER EXTREMITY	201	$ 47,936	$ 62,075	-29.50
8	143	CHEST PAIN	144	$ 8,970	$ 14,603	-62.80
9	390	NEONATE W OTHER SIGNIFICANT PROBLEMS	100	$ 2,740	$ 6,872	-150.80
10	462	REHABILITATION	398	$ 13,781	$ 46,308	-236.03
11	088	CHRONIC OBSTRUCTIVE PULMONARY DISEASE	181	$ 17,156	$ 28,159	-64.13
12	182	ESOPHAGITIS, GASTROENTERITIS & MISC DIGEST DISORDERS AGE >17 W CC	181	$ 13,276	$ 25,044	-88.64
13	359	UTERINE & ADNEXA PROC FOR NON-MALIGNANCY W/O CC	149	$ 17,537	$ 24,911	-42.05
14	416	SEPTICEMIA AGE >17	141	$ 22,788	$ 60,405	-165.07
15	174	GASTROINTESTINAL HEMORRHAGE W CC	152	$ 16,340	$ 30,386	-85.96
16	014	INTRACRANIAL HEMORRHAGE OR CEREBRAL INFARCTION	90	$ 15,722	$ 42,251	-168.74
17	372	VAGINAL DELIVERY W COMPLICATING DIAGNOSES	65	$ 6,259	$ 14,242	-127.54
18	296	NUTRITIONAL & MISC METABOLIC DISORDERS AGE >17 W CC	106	$ 12,927	$ 25,332	-95.96
19	320	KIDNEY & URINARY TRACT INFECTIONS AGE >17 W CC	86	$ 12,274	$ 26,364	-114.80
21	370	CESAREAN SECTION W CC	35	$ 17,959	$ 27,150	-51.18
22	098	BRONCHITIS & ASTHMA AGE 0-17	23	$ 8,013	$ 13,346	-66.55
23	316	RENAL FAILURE	45	$ 16,094	$ 40,745	-153.17
24	138	CARDIAC ARRHYTHMIA & CONDUCTION DISORDERS W CC	123	$ 14,530	$ 26,013	-79.03
25	167	APPENDECTOMY W/O COMPLICATED PRINCIPAL DIAGNOSES W/O CC	25	$ 16,724	$ 22,780	-36.21

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).

SIERRA VIEW DISTRICT 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	1,690	$ 2,176	$ 2,667	-22.56
2	373	VAGINAL DELIVERY W/O COMPLICATING DIAGNOSES	1,338	$ 6,291	$ 10,150	-61.34
3	430	PSYCHOSES	2	$ 4,953	$ 16,409	-231.29
4	371	CESAREAN SECTION W/O CC	434	$ 15,614	$ 19,904	-27.48
5	127	HEART FAILURE & SHOCK	181	$ 19,353	$ 33,299	-72.06
6	089	SIMPLE PNEUMONIA & PLEURISY AGE >17 W CC	345	$ 23,496	$ 33,768	-43.72
7	209	MAJOR JOINT & LIMB REATTACHMENT PROCEDURES OF LOWER EXTREMITY	97	$ 72,076	$ 62,075	13.88
8	143	CHEST PAIN	51	$ 6,973	$ 14,603	-109.42
9	390	NEONATE W OTHER SIGNIFICANT PROBLEMS	191	$ 3,029	$ 6,872	-126.87
11	088	CHRONIC OBSTRUCTIVE PULMONARY DISEASE	129	$ 15,785	$ 28,159	-78.39
12	182	ESOPHAGITIS, GASTROENTERITIS & MISC DIGEST DISORDERS AGE >17 W CC	76	$ 15,052	$ 25,044	-66.38
13	359	UTERINE & ADNEXA PROC FOR NON-MALIGNANCY W/O CC	127	$ 19,783	$ 24,911	-25.92
14	416	SEPTICEMIA AGE >17	160	$ 34,689	$ 60,405	-74.13
15	174	GASTROINTESTINAL HEMORRHAGE W CC	88	$ 23,388	$ 30,386	-29.92
16	014	INTRACRANIAL HEMORRHAGE OR CEREBRAL INFARCTION	140	$ 24,482	$ 42,251	-72.58
17	372	VAGINAL DELIVERY W COMPLICATING DIAGNOSES	50	$ 9,520	$ 14,242	-49.60
18	296	NUTRITIONAL & MISC METABOLIC DISORDERS AGE >17 W CC	78	$ 63,152	$ 25,332	59.89
19	320	KIDNEY & URINARY TRACT INFECTIONS AGE >17 W CC	192	$ 16,854	$ 26,364	-56.43
21	370	CESAREAN SECTION W CC	78	$ 20,495	$ 27,150	-32.47
22	098	BRONCHITIS & ASTHMA AGE 0-17	130	$ 8,315	$ 13,346	-60.51
23	316	RENAL FAILURE	115	$ 24,146	$ 40,745	-68.74
24	138	CARDIAC ARRHYTHMIA & CONDUCTION DISORDERS W CC	69	$ 13,801	$ 26,013	-88.49
25	167	APPENDECTOMY W/O COMPLICATED PRINCIPAL DIAGNOSES W/O CC	30	$ 18,112	$ 22,780	-25.77

SIERRA VISTA 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	2,247	$ 8,369	$ 16,409	-96.07

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).

SIERRA VISTA 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	909	$ 4,447	$ 2,667	40.03
2	373	VAGINAL DELIVERY W/O COMPLICATING DIAGNOSES	655	$ 19,483	$ 10,150	47.90
3	430	PSYCHOSES	4	$ 55,433	$ 16,409	70.40
4	371	CESAREAN SECTION W/O CC	326	$ 39,042	$ 19,904	49.02
5	127	HEART FAILURE & SHOCK	83	$ 59,945	$ 33,299	44.45
6	089	SIMPLE PNEUMONIA & PLEURISY AGE >17 W CC	118	$ 56,748	$ 33,768	40.49
7	209	MAJOR JOINT & LIMB REATTACHMENT PROCEDURES OF LOWER EXTREMITY	200	$ 86,937	$ 62,075	28.60
8	143	CHEST PAIN	32	$ 29,805	$ 14,603	51.00
9	390	NEONATE W OTHER SIGNIFICANT PROBLEMS	87	$ 26,808	$ 6,872	74.37
11	088	CHRONIC OBSTRUCTIVE PULMONARY DISEASE	54	$ 55,078	$ 28,159	48.87
12	182	ESOPHAGITIS, GASTROENTERITIS & MISC DIGEST DISORDERS AGE >17 W CC	71	$ 47,939	$ 25,044	47.76
13	359	UTERINE & ADNEXA PROC FOR NON-MALIGNANCY W/O CC	133	$ 43,996	$ 24,911	43.38
14	416	SEPTICEMIA AGE >17	61	$ 85,888	$ 60,405	29.67
15	174	GASTROINTESTINAL HEMORRHAGE W CC	76	$ 41,276	$ 30,386	26.38
16	014	INTRACRANIAL HEMORRHAGE OR CEREBRAL INFARCTION	97	$ 77,572	$ 42,251	45.53
17	372	VAGINAL DELIVERY W COMPLICATING DIAGNOSES	102	$ 28,178	$ 14,242	49.46
18	296	NUTRITIONAL & MISC METABOLIC DISORDERS AGE >17 W CC	31	$ 50,205	$ 25,332	49.54
19	320	KIDNEY & URINARY TRACT INFECTIONS AGE >17 W CC	39	$ 42,685	$ 26,364	38.24
20	527	PERCUTANEOUS CARDIOVASCULAR PROC W DRUG ELUTING STENT W/O AMI	143	$ 101,316	$ 64,473	36.36
21	370	CESAREAN SECTION W CC	84	$ 54,780	$ 27,150	50.44
22	098	BRONCHITIS & ASTHMA AGE 0-17	66	$ 22,353	$ 13,346	40.29
23	316	RENAL FAILURE	16	$ 56,894	$ 40,745	28.38
24	138	CARDIAC ARRHYTHMIA & CONDUCTION DISORDERS W CC	38	$ 47,990	$ 26,013	45.79
25	167	APPENDECTOMY W/O COMPLICATED PRINCIPAL DIAGNOSES W/O CC	41	$ 36,362	$ 22,780	37.35

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).

SIMI VALLEY HOSPITAL AND HEALTH CARE SVCS-SYCAMORE

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	497	$ 2,005	$ 2,667	-33.02
2	373	VAGINAL DELIVERY W/O COMPLICATING DIAGNOSES	377	$ 7,221	$ 10,150	-40.56
3	430	PSYCHOSES	840	$ 17,175	$ 16,409	4.46
4	371	CESAREAN SECTION W/O CC	150	$ 18,837	$ 19,904	-5.66
5	127	HEART FAILURE & SHOCK	193	$ 35,914	$ 33,299	7.28
6	089	SIMPLE PNEUMONIA & PLEURISY AGE >17 W CC	195	$ 31,562	$ 33,768	-6.99
7	209	MAJOR JOINT & LIMB REATTACHMENT PROCEDURES OF LOWER EXTREMITY	51	$ 50,696	$ 62,075	-22.45
8	143	CHEST PAIN	172	$ 15,994	$ 14,603	8.70
9	390	NEONATE W OTHER SIGNIFICANT PROBLEMS	71	$ 2,972	$ 6,872	-131.22
10	462	REHABILITATION	173	$ 36,176	$ 46,308	-28.01
11	088	CHRONIC OBSTRUCTIVE PULMONARY DISEASE	131	$ 31,528	$ 28,159	10.69
12	182	ESOPHAGITIS, GASTROENTERITIS & MISC DIGEST DISORDERS AGE >17 W CC	106	$ 29,765	$ 25,044	15.86
13	359	UTERINE & ADNEXA PROC FOR NON-MALIGNANCY W/O CC	131	$ 20,292	$ 24,911	-22.76
14	416	SEPTICEMIA AGE >17	76	$ 63,221	$ 60,405	4.45
15	174	GASTROINTESTINAL HEMORRHAGE W CC	74	$ 31,998	$ 30,386	5.04
16	014	INTRACRANIAL HEMORRHAGE OR CEREBRAL INFARCTION	73	$ 43,451	$ 42,251	2.76
17	372	VAGINAL DELIVERY W COMPLICATING DIAGNOSES	25	$ 8,101	$ 14,242	-75.81
18	296	NUTRITIONAL & MISC METABOLIC DISORDERS AGE >17 W CC	71	$ 28,825	$ 25,332	12.12
19	320	KIDNEY & URINARY TRACT INFECTIONS AGE >17 W CC	47	$ 26,709	$ 26,364	1.29
21	370	CESAREAN SECTION W CC	37	$ 23,773	$ 27,150	-14.21
22	098	BRONCHITIS & ASTHMA AGE 0-17	18	$ 8,415	$ 13,346	-58.60
23	316	RENAL FAILURE	65	$ 40,167	$ 40,745	-1.44
24	138	CARDIAC ARRHYTHMIA & CONDUCTION DISORDERS W CC	59	$ 30,358	$ 26,013	14.31
25	167	APPENDECTOMY W/O COMPLICATED PRINCIPAL DIAGNOSES W/O CC	87	$ 21,783	$ 22,780	-4.58