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).

SAN JOSE 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	$ 4,156	$ 2,667	35.83
3	430	PSYCHOSES	8	$ 40,340	$ 16,409	59.32
5	127	HEART FAILURE & SHOCK	206	$ 40,447	$ 33,299	17.67
6	089	SIMPLE PNEUMONIA & PLEURISY AGE >17 W CC	151	$ 37,512	$ 33,768	9.98
7	209	MAJOR JOINT & LIMB REATTACHMENT PROCEDURES OF LOWER EXTREMITY	19	$ 110,126	$ 62,075	43.63
8	143	CHEST PAIN	181	$ 18,338	$ 14,603	20.37
9	390	NEONATE W OTHER SIGNIFICANT PROBLEMS	6	$ 11,902	$ 6,872	42.26
10	462	REHABILITATION	538	$ 44,480	$ 46,308	-4.11
11	088	CHRONIC OBSTRUCTIVE PULMONARY DISEASE	83	$ 31,495	$ 28,159	10.59
12	182	ESOPHAGITIS, GASTROENTERITIS & MISC DIGEST DISORDERS AGE >17 W CC	61	$ 31,041	$ 25,044	19.32
13	359	UTERINE & ADNEXA PROC FOR NON-MALIGNANCY W/O CC	33	$ 24,768	$ 24,911	-0.58
14	416	SEPTICEMIA AGE >17	84	$ 49,825	$ 60,405	-21.23
15	174	GASTROINTESTINAL HEMORRHAGE W CC	80	$ 27,565	$ 30,386	-10.23
16	014	INTRACRANIAL HEMORRHAGE OR CEREBRAL INFARCTION	132	$ 57,236	$ 42,251	26.18
18	296	NUTRITIONAL & MISC METABOLIC DISORDERS AGE >17 W CC	71	$ 28,435	$ 25,332	10.91
19	320	KIDNEY & URINARY TRACT INFECTIONS AGE >17 W CC	50	$ 30,308	$ 26,364	13.01
20	527	PERCUTANEOUS CARDIOVASCULAR PROC W DRUG ELUTING STENT W/O AMI	165	$ 87,875	$ 64,473	26.63
22	098	BRONCHITIS & ASTHMA AGE 0-17	96	$ 14,594	$ 13,346	8.55
23	316	RENAL FAILURE	41	$ 44,911	$ 40,745	9.28
24	138	CARDIAC ARRHYTHMIA & CONDUCTION DISORDERS W CC	51	$ 30,504	$ 26,013	14.72
25	167	APPENDECTOMY W/O COMPLICATED PRINCIPAL DIAGNOSES W/O CC	45	$ 21,228	$ 22,780	-7.31

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).

SAN LEANDRO 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	14	$ 17,201	$ 16,409	4.60
5	127	HEART FAILURE & SHOCK	541	$ 28,640	$ 33,299	-16.27
6	089	SIMPLE PNEUMONIA & PLEURISY AGE >17 W CC	181	$ 34,279	$ 33,768	1.49
7	209	MAJOR JOINT & LIMB REATTACHMENT PROCEDURES OF LOWER EXTREMITY	315	$ 89,648	$ 62,075	30.76
8	143	CHEST PAIN	133	$ 16,691	$ 14,603	12.51
10	462	REHABILITATION	521	$ 34,102	$ 46,308	-35.79
11	088	CHRONIC OBSTRUCTIVE PULMONARY DISEASE	161	$ 30,380	$ 28,159	7.31
12	182	ESOPHAGITIS, GASTROENTERITIS & MISC DIGEST DISORDERS AGE >17 W CC	171	$ 26,051	$ 25,044	3.87
14	416	SEPTICEMIA AGE >17	152	$ 42,940	$ 60,405	-40.67
15	174	GASTROINTESTINAL HEMORRHAGE W CC	143	$ 28,991	$ 30,386	-4.81
16	014	INTRACRANIAL HEMORRHAGE OR CEREBRAL INFARCTION	120	$ 37,451	$ 42,251	-12.82
18	296	NUTRITIONAL & MISC METABOLIC DISORDERS AGE >17 W CC	162	$ 27,869	$ 25,332	9.10
19	320	KIDNEY & URINARY TRACT INFECTIONS AGE >17 W CC	96	$ 26,368	$ 26,364	0.02
23	316	RENAL FAILURE	100	$ 48,895	$ 40,745	16.67
24	138	CARDIAC ARRHYTHMIA & CONDUCTION DISORDERS W CC	80	$ 28,126	$ 26,013	7.51
25	167	APPENDECTOMY W/O COMPLICATED PRINCIPAL DIAGNOSES W/O CC	16	$ 40,774	$ 22,780	44.13

SAN LUIS OBISPO CO 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	693	$ 2,800	$ 16,409	-486.04

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).

SAN MATEO 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	654	$ 22,313	$ 16,409	26.46
5	127	HEART FAILURE & SHOCK	105	$ 15,821	$ 33,299	-110.47
6	089	SIMPLE PNEUMONIA & PLEURISY AGE >17 W CC	59	$ 17,741	$ 33,768	-90.34
7	209	MAJOR JOINT & LIMB REATTACHMENT PROCEDURES OF LOWER EXTREMITY	31	$ 37,229	$ 62,075	-66.74
8	143	CHEST PAIN	42	$ 9,468	$ 14,603	-54.24
10	462	REHABILITATION	5	$ 35,254	$ 46,308	-31.36
11	088	CHRONIC OBSTRUCTIVE PULMONARY DISEASE	43	$ 13,195	$ 28,159	-113.41
12	182	ESOPHAGITIS, GASTROENTERITIS & MISC DIGEST DISORDERS AGE >17 W CC	28	$ 13,336	$ 25,044	-87.79
13	359	UTERINE & ADNEXA PROC FOR NON-MALIGNANCY W/O CC	40	$ 17,531	$ 24,911	-42.10
14	416	SEPTICEMIA AGE >17	35	$ 31,859	$ 60,405	-89.60
15	174	GASTROINTESTINAL HEMORRHAGE W CC	56	$ 19,618	$ 30,386	-54.89
16	014	INTRACRANIAL HEMORRHAGE OR CEREBRAL INFARCTION	37	$ 26,787	$ 42,251	-57.73
18	296	NUTRITIONAL & MISC METABOLIC DISORDERS AGE >17 W CC	44	$ 16,964	$ 25,332	-49.33
19	320	KIDNEY & URINARY TRACT INFECTIONS AGE >17 W CC	40	$ 16,751	$ 26,364	-57.39
22	098	BRONCHITIS & ASTHMA AGE 0-17	18	$ 6,418	$ 13,346	-107.95
23	316	RENAL FAILURE	23	$ 18,460	$ 40,745	-120.72
24	138	CARDIAC ARRHYTHMIA & CONDUCTION DISORDERS W CC	20	$ 12,727	$ 26,013	-104.39
25	167	APPENDECTOMY W/O COMPLICATED PRINCIPAL DIAGNOSES W/O CC	103	$ 12,762	$ 22,780	-78.50

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).

SAN MATEO MEDICAL CENTER LONG TERM CARE SERVICES

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	$ 11,815	$ 16,409	-38.88
5	127	HEART FAILURE & SHOCK	2	$ 31,267	$ 33,299	-6.50
6	089	SIMPLE PNEUMONIA & PLEURISY AGE >17 W CC	2	$ 11,581	$ 33,768	-191.58
10	462	REHABILITATION	247	$ 46,553	$ 46,308	0.53
11	088	CHRONIC OBSTRUCTIVE PULMONARY DISEASE	2	$ 10,406	$ 28,159	-170.60
14	416	SEPTICEMIA AGE >17	6	$ 14,304	$ 60,405	-322.29
16	014	INTRACRANIAL HEMORRHAGE OR CEREBRAL INFARCTION	1	$ 3,025	$ 42,251	-1,296.73
18	296	NUTRITIONAL & MISC METABOLIC DISORDERS AGE >17 W CC	1	$ 58,576	$ 25,332	56.75
19	320	KIDNEY & URINARY TRACT INFECTIONS AGE >17 W CC	2	$ 51,572	$ 26,364	48.88
23	316	RENAL FAILURE	5	$ 20,581	$ 40,745	-97.97

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).

SAN RAMON 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	624	$ 4,879	$ 2,667	45.34
2	373	VAGINAL DELIVERY W/O COMPLICATING DIAGNOSES	480	$ 20,855	$ 10,150	51.33
3	430	PSYCHOSES	2	$ 24,106	$ 16,409	31.93
4	371	CESAREAN SECTION W/O CC	280	$ 32,725	$ 19,904	39.18
5	127	HEART FAILURE & SHOCK	127	$ 62,049	$ 33,299	46.33
6	089	SIMPLE PNEUMONIA & PLEURISY AGE >17 W CC	128	$ 66,736	$ 33,768	49.40
7	209	MAJOR JOINT & LIMB REATTACHMENT PROCEDURES OF LOWER EXTREMITY	166	$ 87,271	$ 62,075	28.87
8	143	CHEST PAIN	47	$ 28,802	$ 14,603	49.30
9	390	NEONATE W OTHER SIGNIFICANT PROBLEMS	123	$ 7,380	$ 6,872	6.88
11	088	CHRONIC OBSTRUCTIVE PULMONARY DISEASE	41	$ 53,511	$ 28,159	47.38
12	182	ESOPHAGITIS, GASTROENTERITIS & MISC DIGEST DISORDERS AGE >17 W CC	122	$ 34,771	$ 25,044	27.97
13	359	UTERINE & ADNEXA PROC FOR NON-MALIGNANCY W/O CC	131	$ 42,231	$ 24,911	41.01
14	416	SEPTICEMIA AGE >17	37	$ 83,912	$ 60,405	28.01
15	174	GASTROINTESTINAL HEMORRHAGE W CC	49	$ 44,530	$ 30,386	31.76
16	014	INTRACRANIAL HEMORRHAGE OR CEREBRAL INFARCTION	37	$ 59,784	$ 42,251	29.33
17	372	VAGINAL DELIVERY W COMPLICATING DIAGNOSES	40	$ 26,275	$ 14,242	45.80
18	296	NUTRITIONAL & MISC METABOLIC DISORDERS AGE >17 W CC	61	$ 48,090	$ 25,332	47.32
19	320	KIDNEY & URINARY TRACT INFECTIONS AGE >17 W CC	50	$ 42,024	$ 26,364	37.26
20	527	PERCUTANEOUS CARDIOVASCULAR PROC W DRUG ELUTING STENT W/O AMI	115	$ 89,890	$ 64,473	28.28
21	370	CESAREAN SECTION W CC	28	$ 42,953	$ 27,150	36.79
22	098	BRONCHITIS & ASTHMA AGE 0-17	16	$ 18,275	$ 13,346	26.97
23	316	RENAL FAILURE	14	$ 102,901	$ 40,745	60.40
24	138	CARDIAC ARRHYTHMIA & CONDUCTION DISORDERS W CC	33	$ 48,530	$ 26,013	46.40
25	167	APPENDECTOMY W/O COMPLICATED PRINCIPAL DIAGNOSES W/O CC	74	$ 35,437	$ 22,780	35.72

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).

SANTA BARBARA COTTAGE 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	2,138	$ 2,291	$ 2,667	-16.41
2	373	VAGINAL DELIVERY W/O COMPLICATING DIAGNOSES	1,543	$ 8,297	$ 10,150	-22.33
3	430	PSYCHOSES	518	$ 13,423	$ 16,409	-22.25
4	371	CESAREAN SECTION W/O CC	605	$ 14,297	$ 19,904	-39.22
5	127	HEART FAILURE & SHOCK	310	$ 27,925	$ 33,299	-19.24
6	089	SIMPLE PNEUMONIA & PLEURISY AGE >17 W CC	227	$ 31,790	$ 33,768	-6.22
7	209	MAJOR JOINT & LIMB REATTACHMENT PROCEDURES OF LOWER EXTREMITY	735	$ 63,505	$ 62,075	2.25
8	143	CHEST PAIN	155	$ 9,746	$ 14,603	-49.84
9	390	NEONATE W OTHER SIGNIFICANT PROBLEMS	162	$ 7,740	$ 6,872	11.21
11	088	CHRONIC OBSTRUCTIVE PULMONARY DISEASE	126	$ 23,928	$ 28,159	-17.68
12	182	ESOPHAGITIS, GASTROENTERITIS & MISC DIGEST DISORDERS AGE >17 W CC	156	$ 25,798	$ 25,044	2.92
13	359	UTERINE & ADNEXA PROC FOR NON-MALIGNANCY W/O CC	274	$ 19,784	$ 24,911	-25.91
14	416	SEPTICEMIA AGE >17	104	$ 50,889	$ 60,405	-18.70
15	174	GASTROINTESTINAL HEMORRHAGE W CC	222	$ 28,605	$ 30,386	-6.23
16	014	INTRACRANIAL HEMORRHAGE OR CEREBRAL INFARCTION	197	$ 29,262	$ 42,251	-44.39
17	372	VAGINAL DELIVERY W COMPLICATING DIAGNOSES	160	$ 10,715	$ 14,242	-32.92
18	296	NUTRITIONAL & MISC METABOLIC DISORDERS AGE >17 W CC	198	$ 25,658	$ 25,332	1.27
19	320	KIDNEY & URINARY TRACT INFECTIONS AGE >17 W CC	98	$ 24,005	$ 26,364	-9.83
20	527	PERCUTANEOUS CARDIOVASCULAR PROC W DRUG ELUTING STENT W/O AMI	207	$ 55,858	$ 64,473	-15.42
21	370	CESAREAN SECTION W CC	51	$ 28,743	$ 27,150	5.54
22	098	BRONCHITIS & ASTHMA AGE 0-17	88	$ 16,634	$ 13,346	19.77
23	316	RENAL FAILURE	90	$ 47,402	$ 40,745	14.04
24	138	CARDIAC ARRHYTHMIA & CONDUCTION DISORDERS W CC	102	$ 26,215	$ 26,013	0.77
25	167	APPENDECTOMY W/O COMPLICATED PRINCIPAL DIAGNOSES W/O CC	219	$ 18,837	$ 22,780	-20.93

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).

SANTA BARBARA 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	295	$ 11,900	$ 16,409	-37.89

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).

SANTA CLARA VALLEY 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	3,222	$ 4,774	$ 2,667	44.13
2	373	VAGINAL DELIVERY W/O COMPLICATING DIAGNOSES	3,190	$ 11,333	$ 10,150	10.44
3	430	PSYCHOSES	1,736	$ 12,432	$ 16,409	-31.99
4	371	CESAREAN SECTION W/O CC	549	$ 18,215	$ 19,904	-9.27
5	127	HEART FAILURE & SHOCK	388	$ 22,640	$ 33,299	-47.08
6	089	SIMPLE PNEUMONIA & PLEURISY AGE >17 W CC	298	$ 20,968	$ 33,768	-61.05
7	209	MAJOR JOINT & LIMB REATTACHMENT PROCEDURES OF LOWER EXTREMITY	51	$ 50,078	$ 62,075	-23.96
8	143	CHEST PAIN	960	$ 10,849	$ 14,603	-34.60
9	390	NEONATE W OTHER SIGNIFICANT PROBLEMS	1,323	$ 9,232	$ 6,872	25.56
10	462	REHABILITATION	397	$ 120,983	$ 46,308	61.72
11	088	CHRONIC OBSTRUCTIVE PULMONARY DISEASE	149	$ 19,615	$ 28,159	-43.56
12	182	ESOPHAGITIS, GASTROENTERITIS & MISC DIGEST DISORDERS AGE >17 W CC	199	$ 16,603	$ 25,044	-50.84
13	359	UTERINE & ADNEXA PROC FOR NON-MALIGNANCY W/O CC	187	$ 21,280	$ 24,911	-17.06
14	416	SEPTICEMIA AGE >17	149	$ 76,803	$ 60,405	21.35
15	174	GASTROINTESTINAL HEMORRHAGE W CC	198	$ 21,223	$ 30,386	-43.17
16	014	INTRACRANIAL HEMORRHAGE OR CEREBRAL INFARCTION	168	$ 38,856	$ 42,251	-8.74
17	372	VAGINAL DELIVERY W COMPLICATING DIAGNOSES	709	$ 14,211	$ 14,242	-0.22
18	296	NUTRITIONAL & MISC METABOLIC DISORDERS AGE >17 W CC	142	$ 18,931	$ 25,332	-33.81
19	320	KIDNEY & URINARY TRACT INFECTIONS AGE >17 W CC	160	$ 18,706	$ 26,364	-40.94
20	527	PERCUTANEOUS CARDIOVASCULAR PROC W DRUG ELUTING STENT W/O AMI	69	$ 58,288	$ 64,473	-10.61
21	370	CESAREAN SECTION W CC	450	$ 22,850	$ 27,150	-18.82
22	098	BRONCHITIS & ASTHMA AGE 0-17	222	$ 12,288	$ 13,346	-8.61
23	316	RENAL FAILURE	163	$ 25,102	$ 40,745	-62.32
24	138	CARDIAC ARRHYTHMIA & CONDUCTION DISORDERS W CC	108	$ 21,124	$ 26,013	-23.14
25	167	APPENDECTOMY W/O COMPLICATED PRINCIPAL DIAGNOSES W/O CC	144	$ 17,959	$ 22,780	-26.84

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).

SANTA MONICA - UCLA 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	1,549	$ 1,493	$ 2,667	-78.63
2	373	VAGINAL DELIVERY W/O COMPLICATING DIAGNOSES	965	$ 7,443	$ 10,150	-36.37
3	430	PSYCHOSES	1	$ 10,673	$ 16,409	-53.74
4	371	CESAREAN SECTION W/O CC	693	$ 13,327	$ 19,904	-49.35
5	127	HEART FAILURE & SHOCK	279	$ 22,110	$ 33,299	-50.61
6	089	SIMPLE PNEUMONIA & PLEURISY AGE >17 W CC	192	$ 19,567	$ 33,768	-72.58
7	209	MAJOR JOINT & LIMB REATTACHMENT PROCEDURES OF LOWER EXTREMITY	306	$ 52,235	$ 62,075	-18.84
8	143	CHEST PAIN	108	$ 11,111	$ 14,603	-31.43
9	390	NEONATE W OTHER SIGNIFICANT PROBLEMS	222	$ 3,534	$ 6,872	-94.45
10	462	REHABILITATION	4	$ 45,089	$ 46,308	-2.70
11	088	CHRONIC OBSTRUCTIVE PULMONARY DISEASE	93	$ 18,177	$ 28,159	-54.92
12	182	ESOPHAGITIS, GASTROENTERITIS & MISC DIGEST DISORDERS AGE >17 W CC	103	$ 19,644	$ 25,044	-27.49
13	359	UTERINE & ADNEXA PROC FOR NON-MALIGNANCY W/O CC	134	$ 16,123	$ 24,911	-54.51
14	416	SEPTICEMIA AGE >17	148	$ 49,085	$ 60,405	-23.06
15	174	GASTROINTESTINAL HEMORRHAGE W CC	149	$ 18,646	$ 30,386	-62.96
16	014	INTRACRANIAL HEMORRHAGE OR CEREBRAL INFARCTION	106	$ 28,788	$ 42,251	-46.77
17	372	VAGINAL DELIVERY W COMPLICATING DIAGNOSES	95	$ 9,732	$ 14,242	-46.34
18	296	NUTRITIONAL & MISC METABOLIC DISORDERS AGE >17 W CC	106	$ 15,502	$ 25,332	-63.41
19	320	KIDNEY & URINARY TRACT INFECTIONS AGE >17 W CC	129	$ 18,752	$ 26,364	-40.59
20	527	PERCUTANEOUS CARDIOVASCULAR PROC W DRUG ELUTING STENT W/O AMI	164	$ 50,241	$ 64,473	-28.33
21	370	CESAREAN SECTION W CC	85	$ 21,503	$ 27,150	-26.26
22	098	BRONCHITIS & ASTHMA AGE 0-17	85	$ 5,876	$ 13,346	-127.13
23	316	RENAL FAILURE	140	$ 27,477	$ 40,745	-48.29
24	138	CARDIAC ARRHYTHMIA & CONDUCTION DISORDERS W CC	72	$ 21,556	$ 26,013	-20.68
25	167	APPENDECTOMY W/O COMPLICATED PRINCIPAL DIAGNOSES W/O CC	63	$ 19,617	$ 22,780	-16.12

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).

SANTA ROSA MEMORIAL HOSPITAL-MONTGOMERY

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	1,094	$ 3,241	$ 2,667	17.71
2	373	VAGINAL DELIVERY W/O COMPLICATING DIAGNOSES	866	$ 14,855	$ 10,150	31.67
3	430	PSYCHOSES	668	$ 27,045	$ 16,409	39.33
4	371	CESAREAN SECTION W/O CC	253	$ 22,651	$ 19,904	12.13
5	127	HEART FAILURE & SHOCK	293	$ 31,654	$ 33,299	-5.20
6	089	SIMPLE PNEUMONIA & PLEURISY AGE >17 W CC	235	$ 33,014	$ 33,768	-2.28
7	209	MAJOR JOINT & LIMB REATTACHMENT PROCEDURES OF LOWER EXTREMITY	425	$ 73,119	$ 62,075	15.10
8	143	CHEST PAIN	93	$ 16,787	$ 14,603	13.01
9	390	NEONATE W OTHER SIGNIFICANT PROBLEMS	183	$ 10,156	$ 6,872	32.34
10	462	REHABILITATION	807	$ 36,728	$ 46,308	-26.08
11	088	CHRONIC OBSTRUCTIVE PULMONARY DISEASE	155	$ 28,305	$ 28,159	0.52
12	182	ESOPHAGITIS, GASTROENTERITIS & MISC DIGEST DISORDERS AGE >17 W CC	190	$ 31,628	$ 25,044	20.82
13	359	UTERINE & ADNEXA PROC FOR NON-MALIGNANCY W/O CC	104	$ 30,812	$ 24,911	19.15
14	416	SEPTICEMIA AGE >17	189	$ 55,099	$ 60,405	-9.63
15	174	GASTROINTESTINAL HEMORRHAGE W CC	209	$ 32,693	$ 30,386	7.06
16	014	INTRACRANIAL HEMORRHAGE OR CEREBRAL INFARCTION	145	$ 40,158	$ 42,251	-5.21
17	372	VAGINAL DELIVERY W COMPLICATING DIAGNOSES	122	$ 19,799	$ 14,242	28.07
18	296	NUTRITIONAL & MISC METABOLIC DISORDERS AGE >17 W CC	161	$ 25,792	$ 25,332	1.78
19	320	KIDNEY & URINARY TRACT INFECTIONS AGE >17 W CC	87	$ 30,886	$ 26,364	14.64
20	527	PERCUTANEOUS CARDIOVASCULAR PROC W DRUG ELUTING STENT W/O AMI	157	$ 69,095	$ 64,473	6.69
21	370	CESAREAN SECTION W CC	85	$ 26,393	$ 27,150	-2.87
22	098	BRONCHITIS & ASTHMA AGE 0-17	59	$ 9,470	$ 13,346	-40.93
23	316	RENAL FAILURE	102	$ 39,171	$ 40,745	-4.02
24	138	CARDIAC ARRHYTHMIA & CONDUCTION DISORDERS W CC	66	$ 21,966	$ 26,013	-18.42
25	167	APPENDECTOMY W/O COMPLICATED PRINCIPAL DIAGNOSES W/O CC	92	$ 27,294	$ 22,780	16.54

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).

SANTA TERESITA 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	7	$ 14,113	$ 33,299	-135.95
6	089	SIMPLE PNEUMONIA & PLEURISY AGE >17 W CC	16	$ 23,767	$ 33,768	-42.08
10	462	REHABILITATION	15	$ 13,892	$ 46,308	-233.34
11	088	CHRONIC OBSTRUCTIVE PULMONARY DISEASE	5	$ 5,607	$ 28,159	-402.21
12	182	ESOPHAGITIS, GASTROENTERITIS & MISC DIGEST DISORDERS AGE >17 W CC	1	$ 4,995	$ 25,044	-401.38
14	416	SEPTICEMIA AGE >17	2	$ 45,212	$ 60,405	-33.60
15	174	GASTROINTESTINAL HEMORRHAGE W CC	2	$ 12,300	$ 30,386	-147.04
16	014	INTRACRANIAL HEMORRHAGE OR CEREBRAL INFARCTION	3	$ 4,094	$ 42,251	-932.02
18	296	NUTRITIONAL & MISC METABOLIC DISORDERS AGE >17 W CC	3	$ 2,892	$ 25,332	-775.93
19	320	KIDNEY & URINARY TRACT INFECTIONS AGE >17 W CC	2	$ 15,905	$ 26,364	-65.76
23	316	RENAL FAILURE	4	$ 12,418	$ 40,745	-228.11

SANTA YNEZ VALLEY COTTAGE 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	17	$ 13,338	$ 33,299	-149.66
6	089	SIMPLE PNEUMONIA & PLEURISY AGE >17 W CC	25	$ 17,638	$ 33,768	-91.45
8	143	CHEST PAIN	2	$ 6,929	$ 14,603	-110.75
11	088	CHRONIC OBSTRUCTIVE PULMONARY DISEASE	11	$ 15,660	$ 28,159	-79.81
12	182	ESOPHAGITIS, GASTROENTERITIS & MISC DIGEST DISORDERS AGE >17 W CC	10	$ 20,827	$ 25,044	-20.25
13	359	UTERINE & ADNEXA PROC FOR NON-MALIGNANCY W/O CC	1	$ 11,596	$ 24,911	-114.82
15	174	GASTROINTESTINAL HEMORRHAGE W CC	8	$ 14,532	$ 30,386	-109.10
16	014	INTRACRANIAL HEMORRHAGE OR CEREBRAL INFARCTION	5	$ 10,050	$ 42,251	-320.41
18	296	NUTRITIONAL & MISC METABOLIC DISORDERS AGE >17 W CC	5	$ 18,999	$ 25,332	-33.33
19	320	KIDNEY & URINARY TRACT INFECTIONS AGE >17 W CC	10	$ 11,142	$ 26,364	-136.62
23	316	RENAL FAILURE	1	$ 13,786	$ 40,745	-195.55
24	138	CARDIAC ARRHYTHMIA & CONDUCTION DISORDERS W CC	4	$ 11,366	$ 26,013	-128.87