

Background

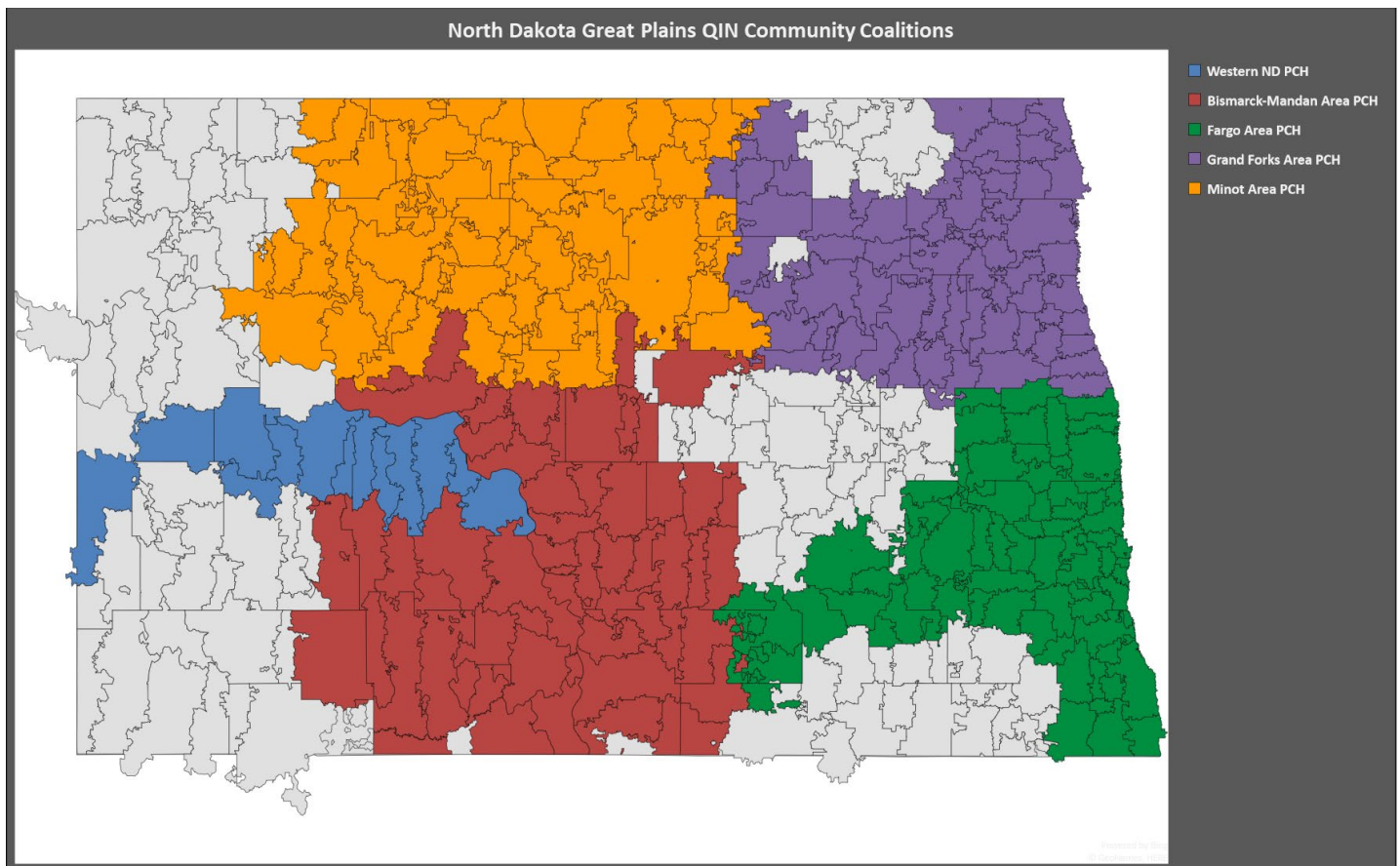
North Dakota and South Dakota communities have many attributes that are similar, yet qualities that make them unique. However, when it comes to healthcare, each state has a shared commitment to ensuring quality of care for its community members.

The Great Plains Quality Innovation Network is the Quality Innovation Network–Quality Improvement Organization (QIN-QIO) for North Dakota and South Dakota. Through our Quality Care Coalitions– Partnership for Community Health, we strive to improve healthcare quality and patient outcomes. We work with partners to identify areas for improvement, which include reducing avoidable hospital admissions and readmissions, including those caused by high-risk medications related to adverse drug events, improving medication safety and overall better care coordination.

As your quality partner, our team has developed these community data reports to offer a snapshot for growth, addressing gaps and quality improvement.

Partnerships for Community Health

These Partnerships are defined by geographical service areas or zip codes (communities) and comprised of healthcare practitioners, providers and/or members from various settings, healthcare groups, non-clinical organizations, and local support/service organizations. Great Plains QIN engages these partnership communities to coordinate care for cost effectiveness, efficiencies and to reduce barriers in accessing care.



This material was prepared by the Great Plains Quality Innovation Network, the Medicare Quality Improvement Organization for North Dakota and South Dakota, under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services. The contents presented do not necessarily reflect CMS policy. 11SOW-GPQIN-ND-C3-46/0316 (Revised 04/19)

Data Overview and Definitions

Medicare claims Fee-for-Service data is used to calculate the measures contained in this report. Readmissions are defined as "all-cause" readmissions to any hospital within 30 days of discharge. We refer to the initial hospital admission as the "index discharge" and the second return admission as the "readmission." None of the measures are risk adjusted.

COVID-19 related Medicare claims were excluded from all the measures in this report. Specifically, inpatient admissions, inpatient discharges, emergency department (ED) visits and observation stays are excluded when they had a principal/first-listed diagnosis of COVID-19. In addition, inpatient admissions and inpatient discharges are excluded when they had a principal diagnosis of Sepsis or Transplant Complication with a diagnosis of COVID-19 in any secondary position.

Community-level measures included are:

- **30-day Hospital Readmission Rate and Trends:** The percentage of hospital readmissions within 30 days of discharge
- **Acute Care Utilization Rate:** Admissions and Emergency Department (ED) Visits (without admission)
- **Hospital Discharge Rate per Location:** Home (Community), Home Health, Hospice, and Skilled Nursing Facility
- **30-Day Hospital Readmission Rate per Discharge Location:** As Above
- **Top Five DRG Bundles for Admissions:** DRG bundles designated by Great Plains QIN
- **Top Five DRG Bundles for 30-Day Readmissions:** DRG bundles designated by Great Plains QIN
- **ED Visits among Super-Utilizers Rate:** Rate of emergency department visits per 1,000 Medicare Fee-for-Service beneficiary-years among Super-Utilizers. One beneficiary-year is comprised of 12 months of original Medicare enrollment. "Super-Utilizers" are Medicare Beneficiaries who have at least 4 inpatient discharges or at least 5 ED visits, observation stays, and inpatient discharges combined in the 12-month period immediately preceding the performance period.
- **30-Day Readmissions Rate:** Rate of all-cause inpatient readmissions within 30 days after inpatient discharge per 1,000 Medicare Fee-for-Service beneficiary-years. One beneficiary-year is comprised of 12 months of original Medicare enrollment.

Great Plains QIN QIO works in partnership with communities in North Dakota and South Dakota utilizing evidence-based tools and interventions that make a positive impact in communities reducing readmission rates and hospital utilization.

[Begin by using the GPQIN Quality Improvement Project Guide](#)

Working on reducing readmissions to the hospital?

[Re-Engineered Discharge \(RED\) Toolkit](#)

[RHlhub-Rural Care Coordination Toolkit](#)

Working on reducing ED visits and observation stays?

[GPQIN: Reducing Avoidable Emergency Department Visits & Hospitalization Toolkit](#)

Working with your Super-Utilizer population?

[GPQIN: Readmissions Interview Tool](#)

[PRAPARE Implementation and Action Toolkit](#)

[Social Determinants of Health in Rural Communities Toolkit](#)

Go to our GPQIN Quality of Care Transitions Webpage

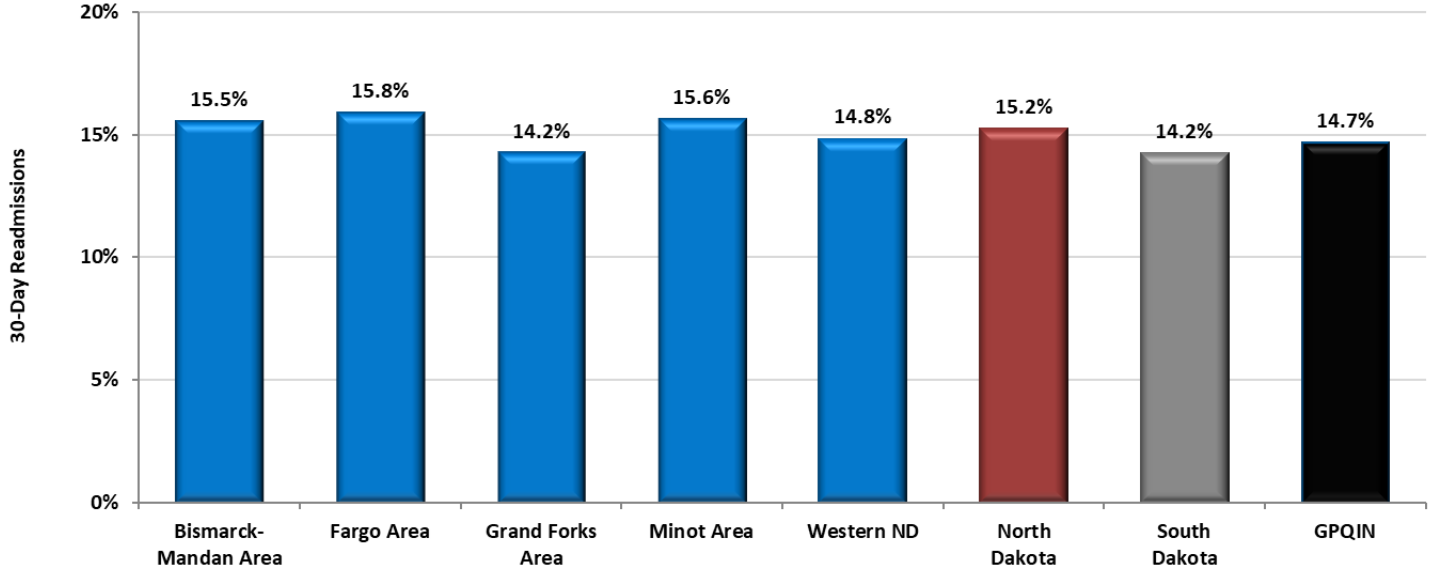
<https://greatplainsqin.org/initiatives/care-transitions/>

Go to our GPQIN Nursing Home Quality Webpage:

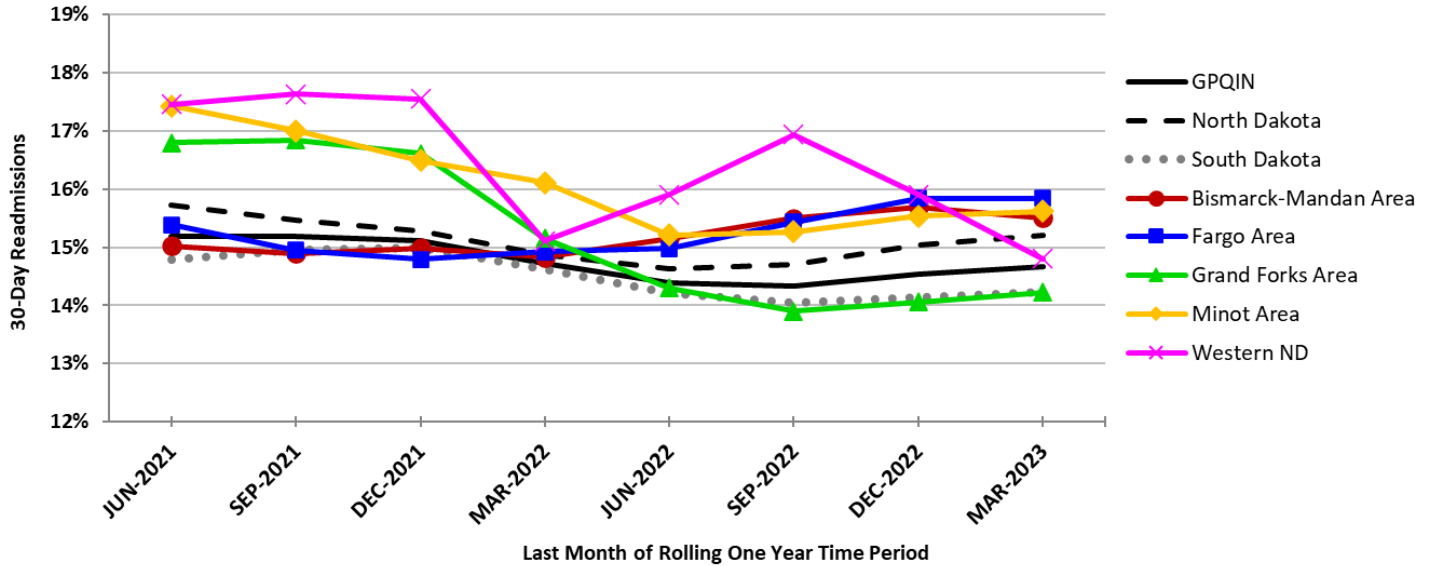
<https://greatplainsqin.org/initiatives/nursing-home-quality/>

Community Data Highlights

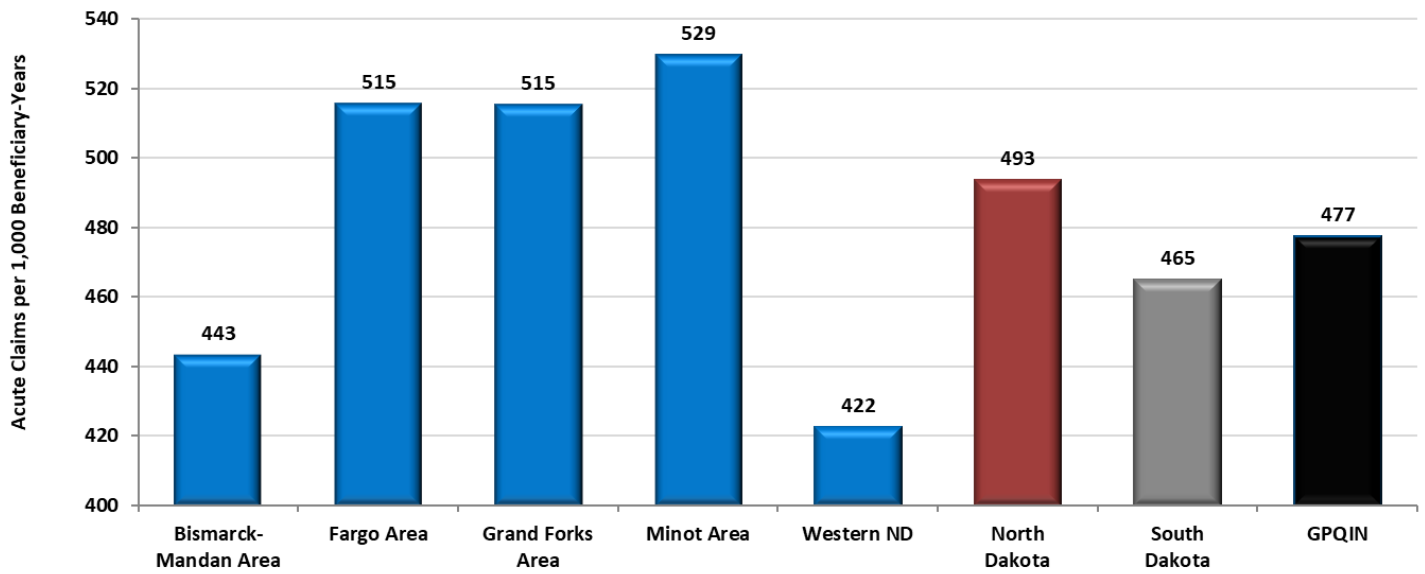
Current Readmission Rates (# of readmissions within 30 days / # of discharges): 04/01/2022 - 03/31/2023



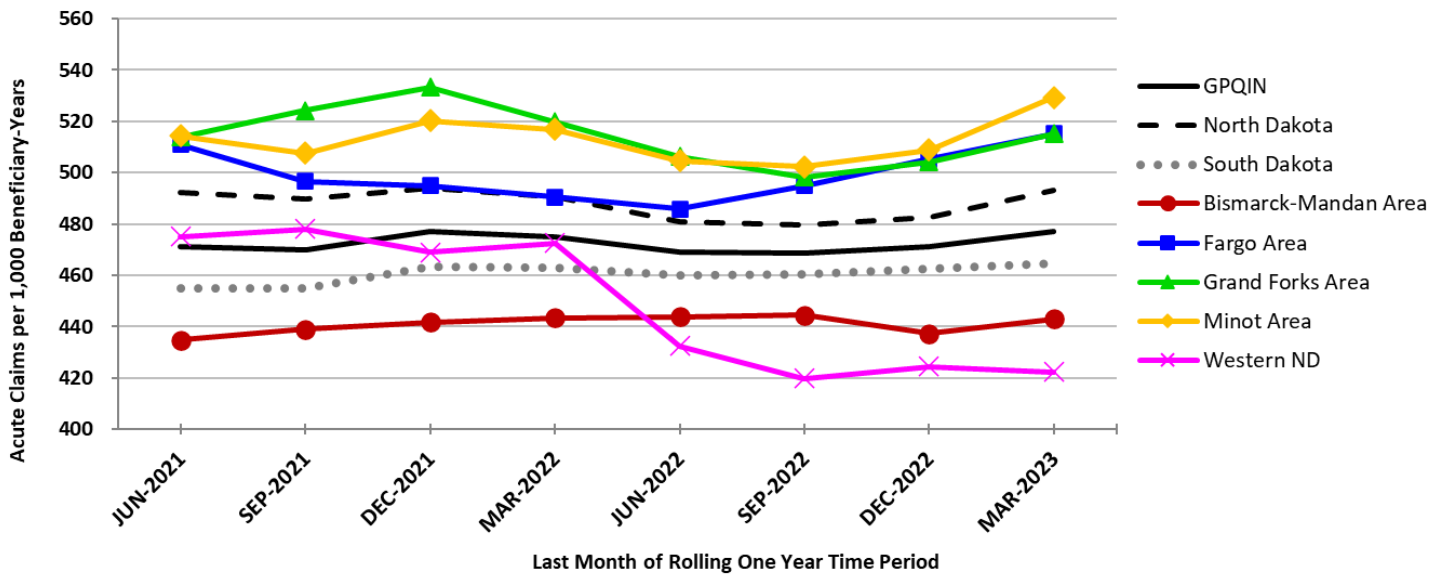
Readmission Rate Trends:



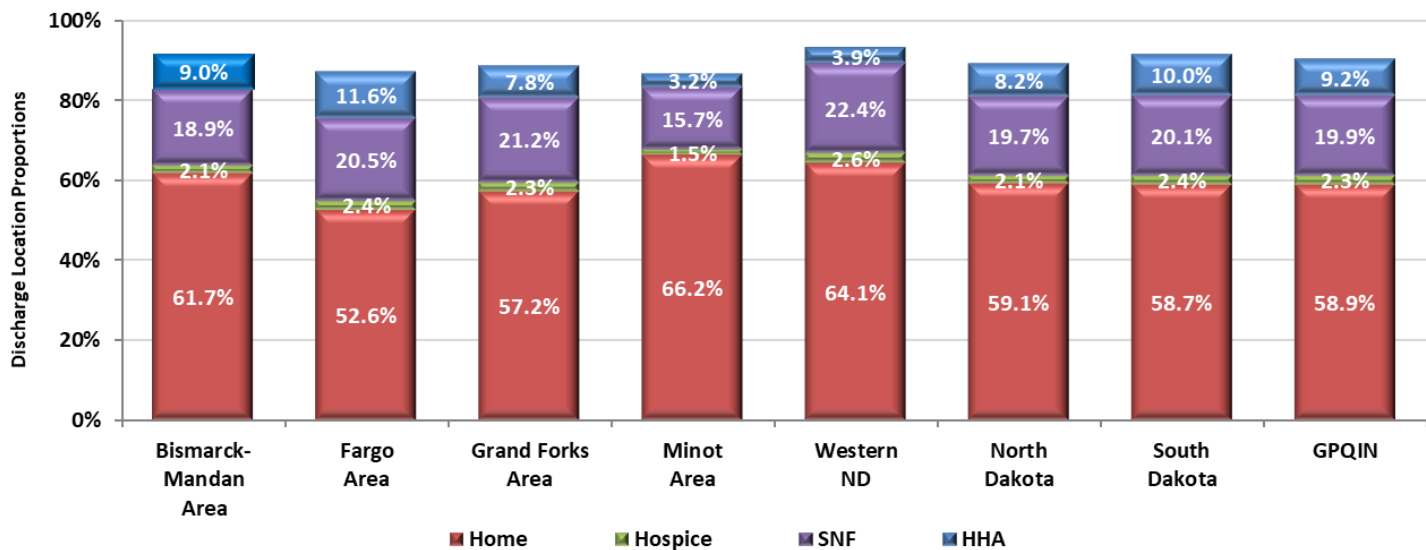
Current Hospital Utilization (Admissions and ED Visits per 1,000 Beneficiary-Years): 04/01/2022 - 03/31/2023



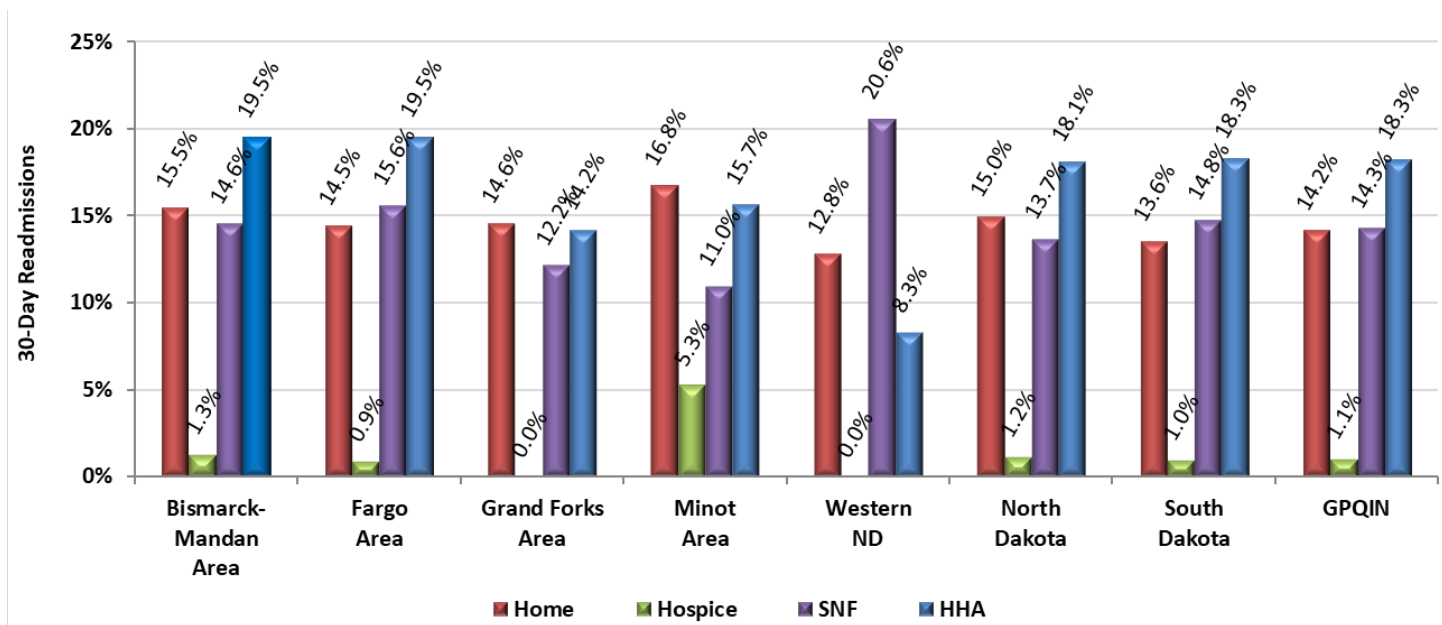
Hospital Utilization Trends:



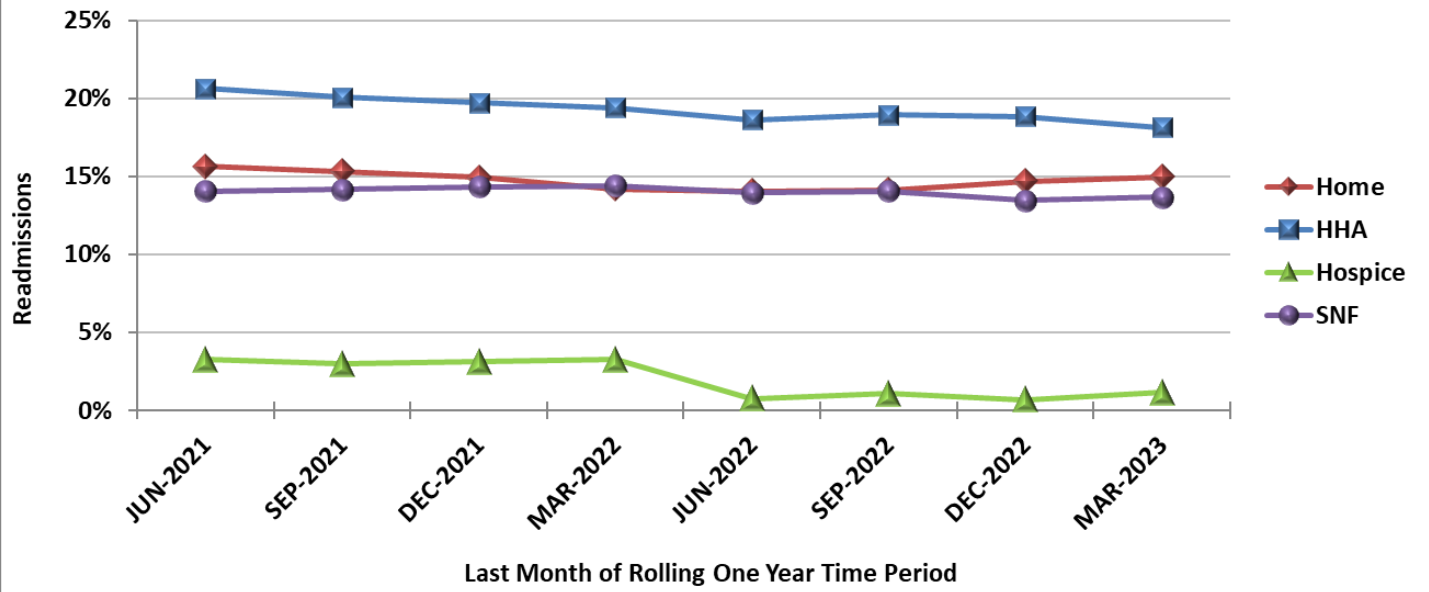
Discharge Locations: 04/01/2022 - 03/31/2023



Readmission Rates among Discharge Locations: 04/01/2022 - 03/31/2023



Readmission Rates by Discharge Location: North Dakota



Top 5 Admission DRG Bundles: 04/01/2022 - 03/31/2023

DRGs that differ only in their level of complications are combined into “DRG Bundles” as designated by Great Plains QIN. For example, DRGs 637, 638, and 639 (Diabetes with major complications, with complications, and without complications) are combined into one DRG bundle called Diabetes.

Community	DRG Bundle Description	DRG Bundle Admissions	Community Admissions	Percent of Community Admissions
Bismarck-Mandan Area	SEPTICEMIA OR SEVERE SEPSIS	310	3,633	8.53%
	HEART FAILURE & SHOCK	203	3,633	5.59%
	SIMPLE PNEUMONIA & PLEURISY	163	3,633	4.49%
	ACUTE MYOCARDIAL INFARCTION	133	3,633	3.66%
	RENAL FAILURE	95	3,633	2.61%
Fargo Area	SEPTICEMIA OR SEVERE SEPSIS	375	4,464	8.40%
	ACUTE MYOCARDIAL INFARCTION	235	4,464	5.26%
	HEART FAILURE & SHOCK	198	4,464	4.44%
	SIMPLE PNEUMONIA & PLEURISY	133	4,464	2.98%
	PSYCHOSES	128	4,464	2.87%
Grand Forks Area	SEPTICEMIA OR SEVERE SEPSIS	267	2,782	9.60%
	HEART FAILURE & SHOCK	144	2,782	5.18%
	SIMPLE PNEUMONIA & PLEURISY	116	2,782	4.17%
	RENAL FAILURE	99	2,782	3.56%
	NUTRITIONAL & MISC METABOLIC DISORDERS	89	2,782	3.20%
Minot Area	SEPTICEMIA OR SEVERE SEPSIS	206	2,633	7.82%
	SIMPLE PNEUMONIA & PLEURISY	134	2,633	5.09%
	HEART FAILURE & SHOCK	104	2,633	3.95%
	ACUTE MYOCARDIAL INFARCTION	92	2,633	3.49%
	INTRACRANIAL HEMORRHAGE OR CEREBRAL INFARCTION	82	2,633	3.11%
Western ND	SEPTICEMIA OR SEVERE SEPSIS	*	*	4.90%
	HEART FAILURE & SHOCK	*	*	4.58%
	NUTRITIONAL & MISC METABOLIC DISORDERS	*	*	2.61%
	RESPIRATORY INFECTIONS & INFLAMMATIONS	*	*	2.61%
	SIMPLE PNEUMONIA & PLEURISY	*	*	2.61%
North Dakota	SEPTICEMIA OR SEVERE SEPSIS	1,324	16,364	8.09%
	HEART FAILURE & SHOCK	773	16,364	4.72%
	SIMPLE PNEUMONIA & PLEURISY	690	16,364	4.22%
	ACUTE MYOCARDIAL INFARCTION	596	16,364	3.64%
	RENAL FAILURE	419	16,364	2.56%
GPQIN	SEPTICEMIA OR SEVERE SEPSIS	2,790	37,113	7.52%
	HEART FAILURE & SHOCK	1,631	37,113	4.39%
	SIMPLE PNEUMONIA & PLEURISY	1,493	37,113	4.02%
	ACUTE MYOCARDIAL INFARCTION	998	37,113	2.69%
	MAJOR JOINT REPLACEMENT OR REATTACHMENT OF LOWER EXTREMITY	939	37,113	2.53%

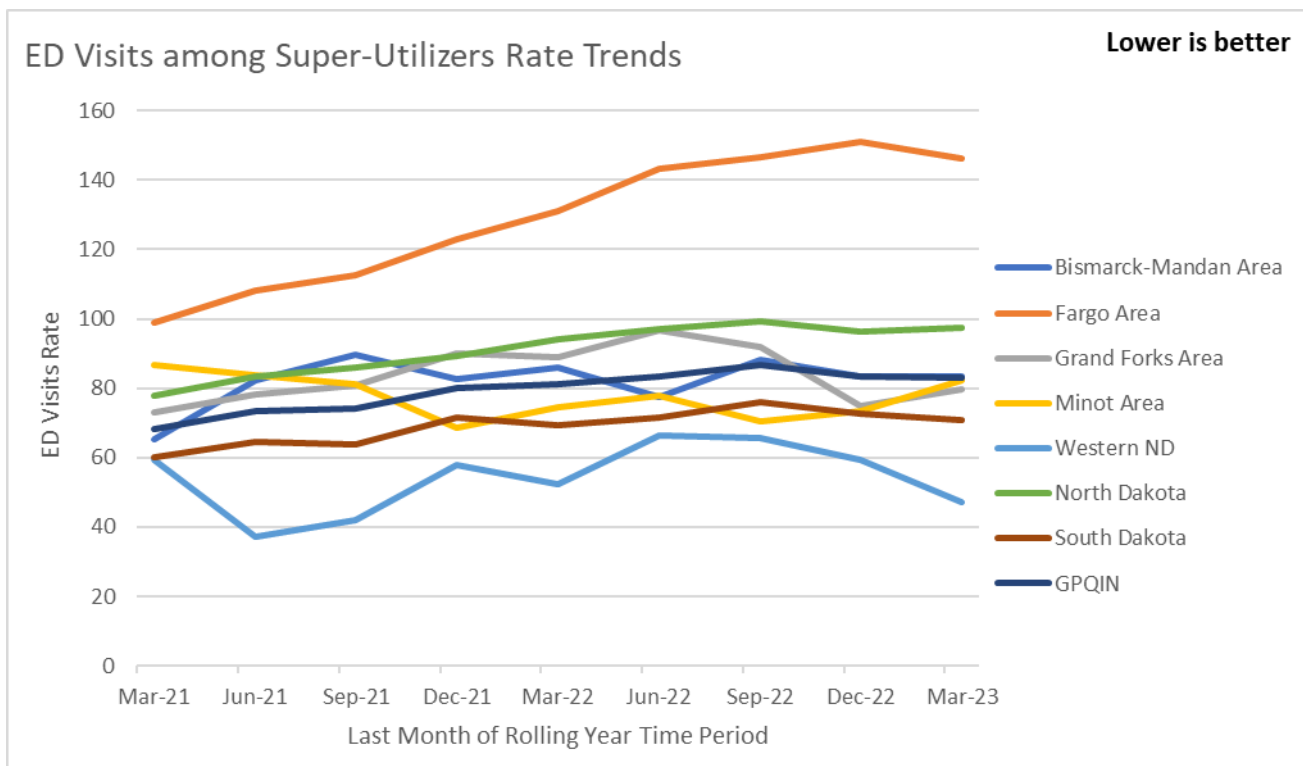
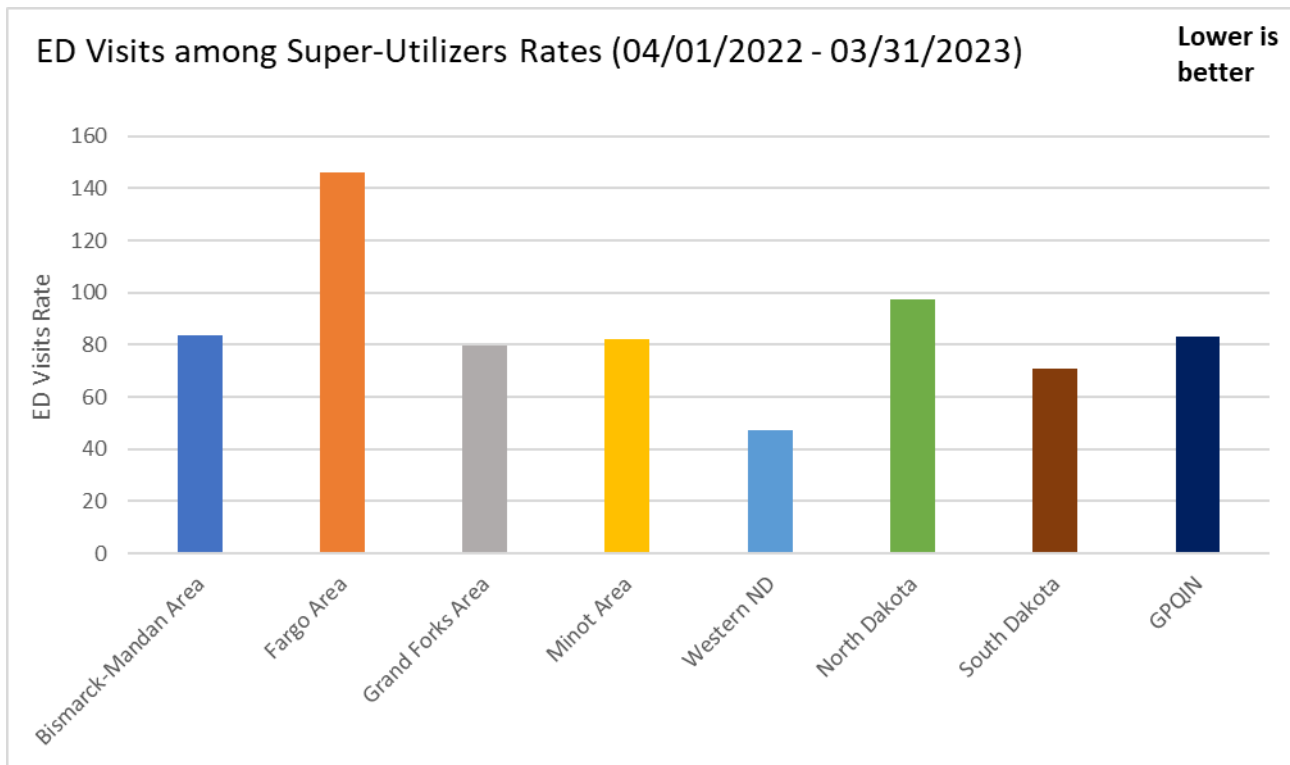
* The number of admissions is too small to report.

Top 5 Readmission DRG Bundles: 04/01/2022 - 03/31/2023

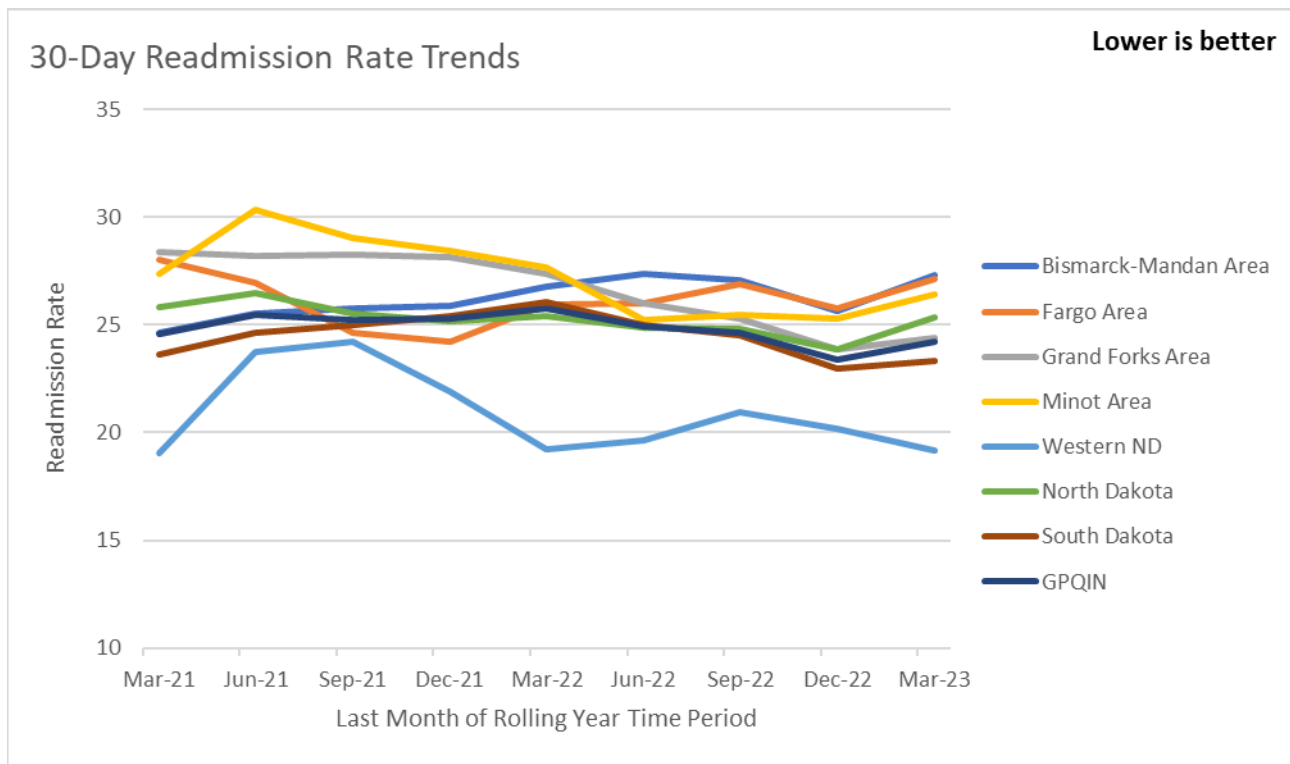
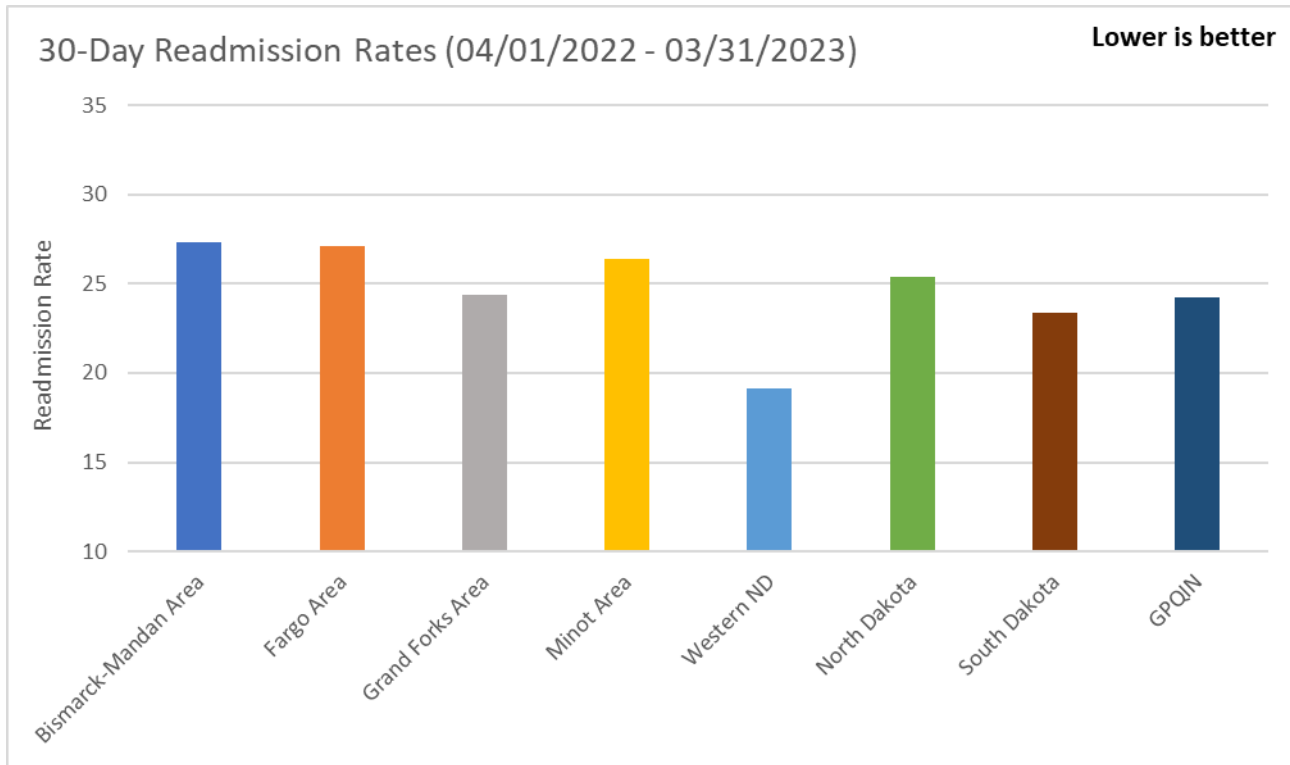
Community	DRG Bundle Description	DRG Bundle 30-Day Readmissions	Community 30-Day Readmissions	Percent of Community 30-Day Readmissions
Bismarck-Mandan Area	SEPTICEMIA OR SEVERE SEPSIS	44	557	7.90%
	HEART FAILURE & SHOCK	32	557	5.75%
	SIMPLE PNEUMONIA & PLEURISY	27	557	4.85%
	ACUTE MYOCARDIAL INFARCTION	25	557	4.49%
	G.I. HEMORRHAGE	16	557	2.87%
	RENAL FAILURE	16	557	2.87%
Fargo Area	SEPTICEMIA OR SEVERE SEPSIS	53	718	7.38%
	ACUTE MYOCARDIAL INFARCTION	52	718	7.24%
	HEART FAILURE & SHOCK	38	718	5.29%
	PSYCHOSES	37	718	5.15%
	CHRONIC OBSTRUCTIVE PULMONARY DISEASE	24	718	3.34%
	KIDNEY & URINARY TRACT INFECTIONS	24	718	3.34%
Grand Forks Area	SEPTICEMIA OR SEVERE SEPSIS	43	397	10.83%
	RENAL FAILURE	27	397	6.80%
	HEART FAILURE & SHOCK	25	397	6.30%
	SIMPLE PNEUMONIA & PLEURISY	16	397	4.03%
	ALCOHOL/DRUG ABUSE OR DEPENDENCE	15	397	3.78%
Minot Area	SEPTICEMIA OR SEVERE SEPSIS	39	408	9.56%
	HEART FAILURE & SHOCK	21	408	5.15%
	SIMPLE PNEUMONIA & PLEURISY	21	408	5.15%
	ACUTE MYOCARDIAL INFARCTION	18	408	4.41%
	CIRRHOSIS & ALCOHOLIC HEPATITIS	13	408	3.19%
	RENAL FAILURE	13	408	3.19%
Western ND	SEPTICEMIA OR SEVERE SEPSIS	*	*	6.67%
	SIMPLE PNEUMONIA & PLEURISY	*	*	6.67%
	ACUTE MYOCARDIAL INFARCTION	*	*	4.44%
	INTRACRANIAL HEMORRHAGE OR CEREBRAL INFARCTION	*	*	4.44%
	NUTRITIONAL & MISC METABOLIC DISORDERS	*	*	4.44%
	OTHER VASCULAR PROCEDURES	*	*	4.44%
	RESPIRATORY INFECTIONS & INFLAMMATIONS	*	*	4.44%
	SYNCOPE & COLLAPSE	*	*	4.44%
North Dakota	SEPTICEMIA OR SEVERE SEPSIS	201	2,485	8.09%
	HEART FAILURE & SHOCK	131	2,485	5.27%
	ACUTE MYOCARDIAL INFARCTION	113	2,485	4.55%
	SIMPLE PNEUMONIA & PLEURISY	109	2,485	4.39%
	RENAL FAILURE	91	2,485	3.66%
GPOIN	SEPTICEMIA OR SEVERE SEPSIS	399	5,441	7.33%
	HEART FAILURE & SHOCK	298	5,441	5.48%
	SIMPLE PNEUMONIA & PLEURISY	209	5,441	3.84%
	PSYCHOSES	191	5,441	3.51%
	RENAL FAILURE	189	5,441	3.47%

* The number of readmissions is too small to report.

ED Visits among Super-Utilizers Rate: (“Super-Utilizers” are Medicare Beneficiaries who have at least 4 inpatient discharges or at least 5 ED visits, observation stays, and inpatient discharges combined in the 12-month period immediately preceding the performance period)



30-Day Readmissions Rates:



For questions on this report, please contact a member of our Great Plains Quality Innovation Network team; visit the Who We Are page (<https://greatplainsqin.org/about-us/who-we-are/>) for a listing of team members and contact information.