

## Background

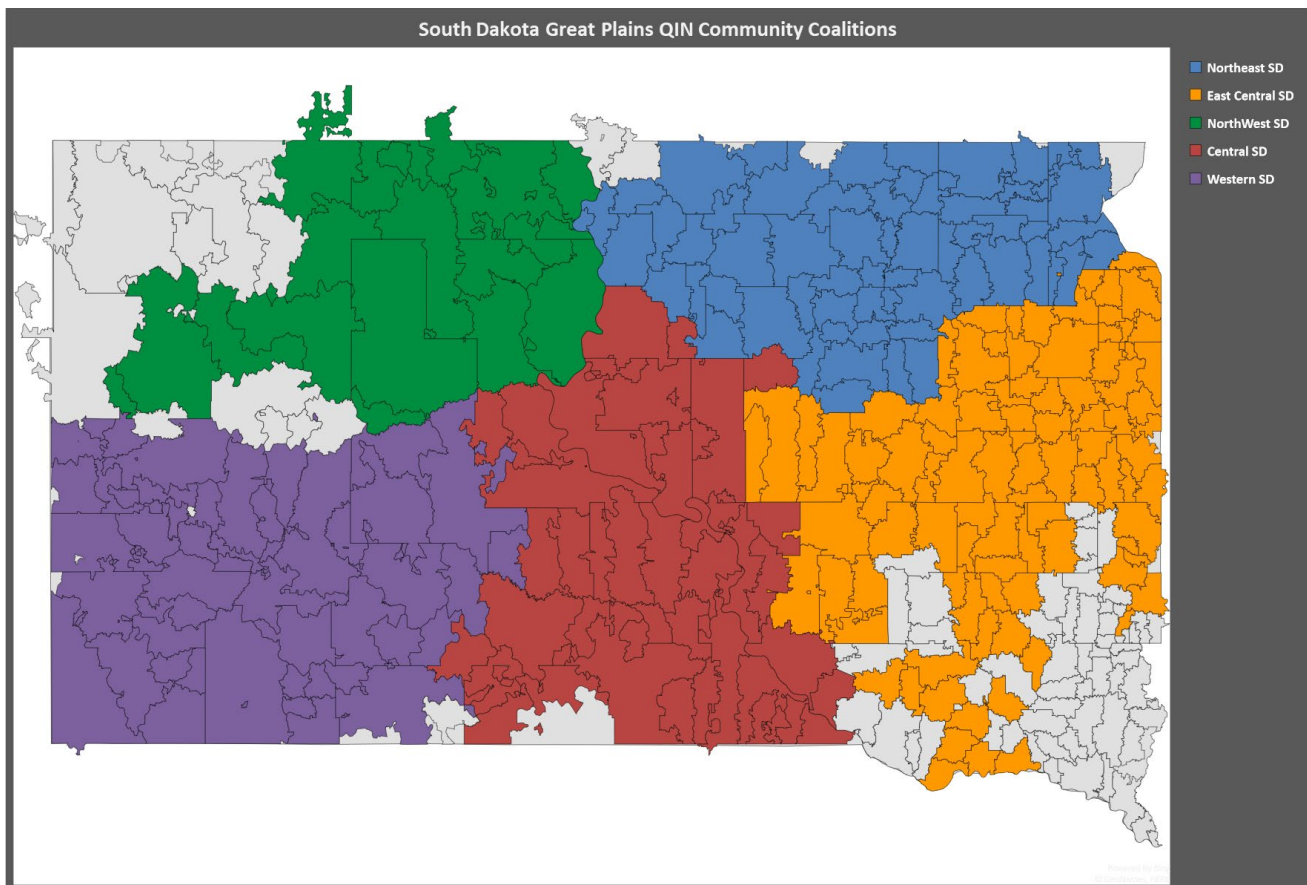
North Dakota and South Dakota communities have many attributes that are similar, yet qualities that make them unique. However, when it comes to healthcare, each state has a shared commitment to ensuring quality of care for its community members.

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 Great Plains Quality Innovation Network, a Quality Innovation Network – Quality Improvement Organization, under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services (HHS). Views expressed in this material do not necessarily reflect the official views or policy of CMS or HHS, and any reference to a specific product or entity herein does not constitute endorsement of that product or entity by CMS or HHS. 12SOW/GPQIN/QIN-QIO-331/0623

## 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](#)

[RHHub-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/>

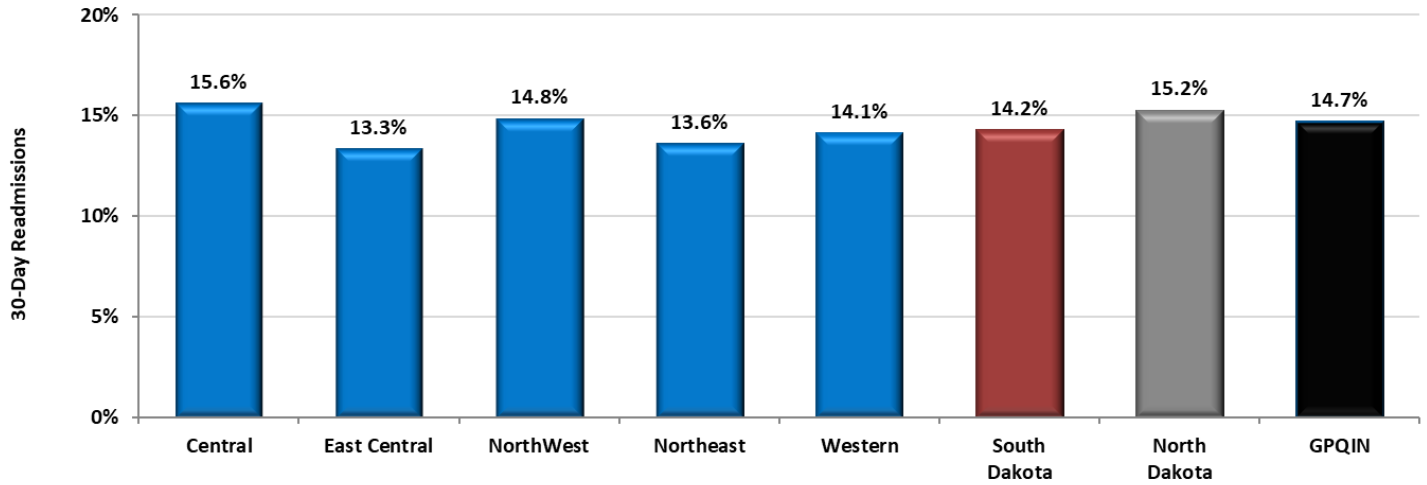
*Go to our GPQIN Nursing Home Quality Webpage:*

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

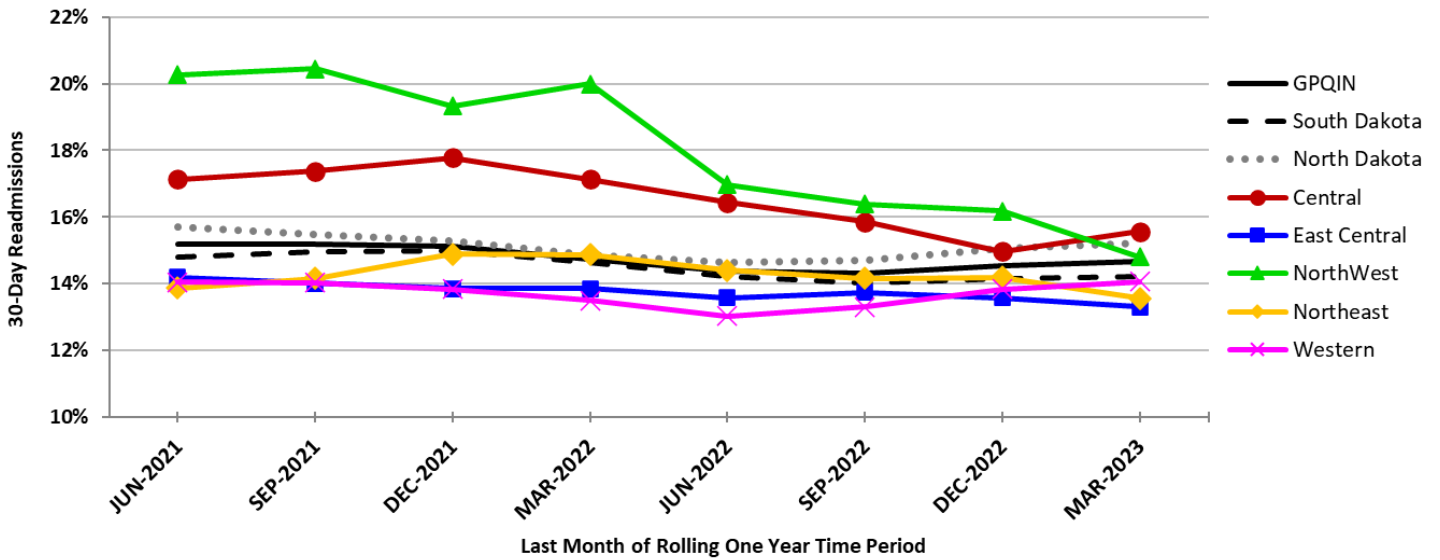
---

## Community Data Highlights

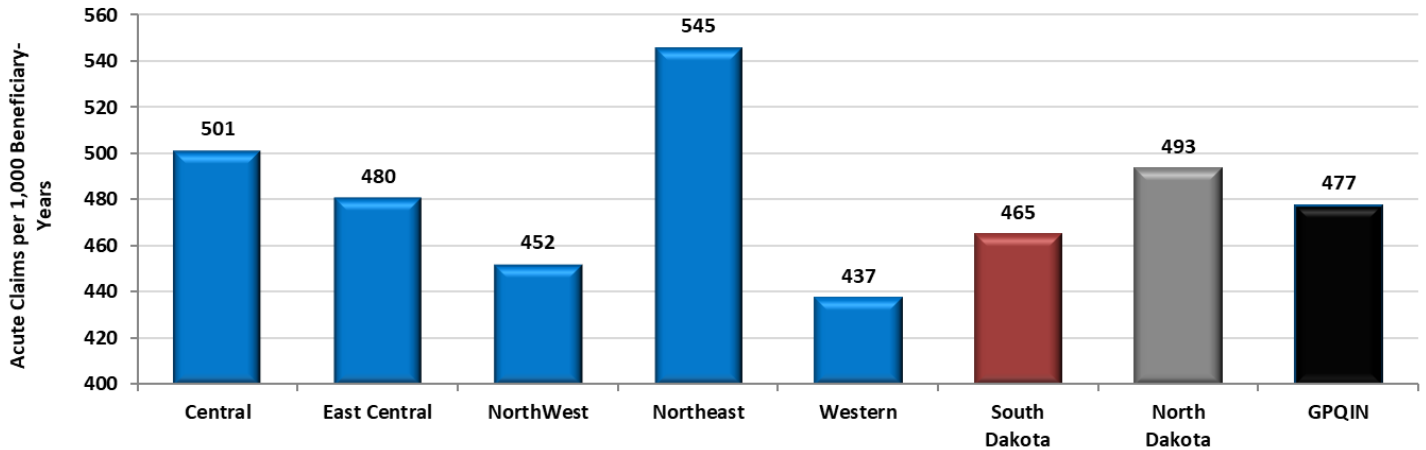
Current Readmission Rates (# of readmissions within 30 days / # of discharges): 04/01/2022 - 03/31/2023



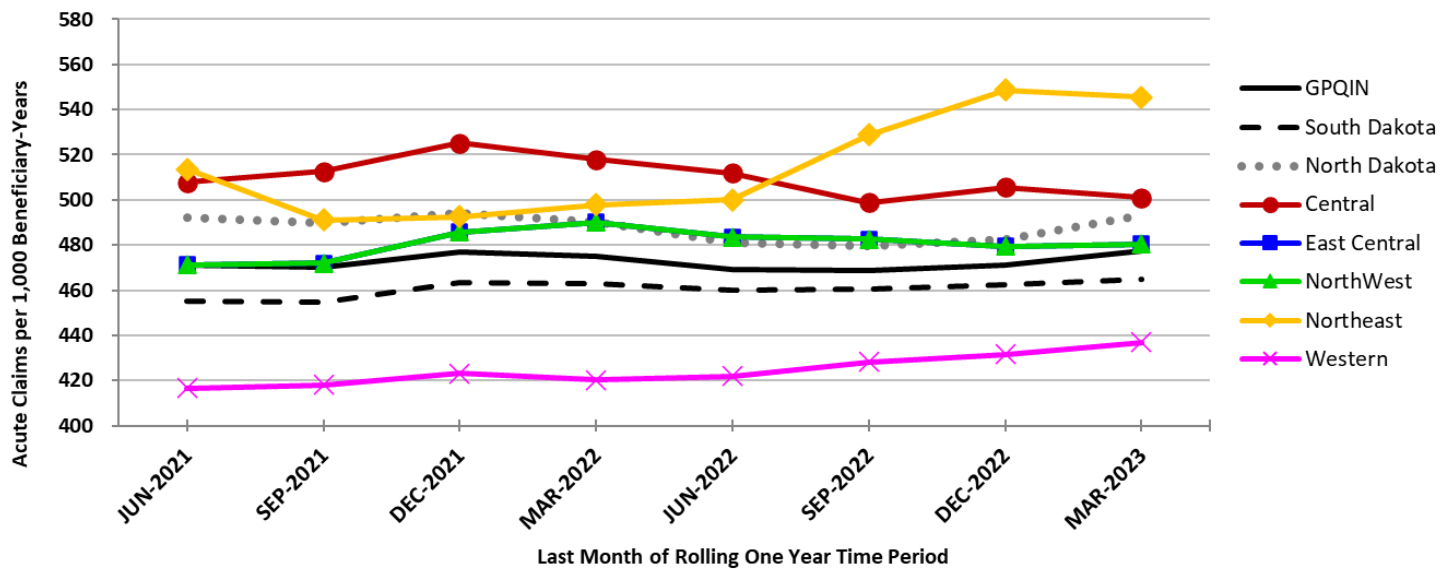
### Readmission Rate Trends:



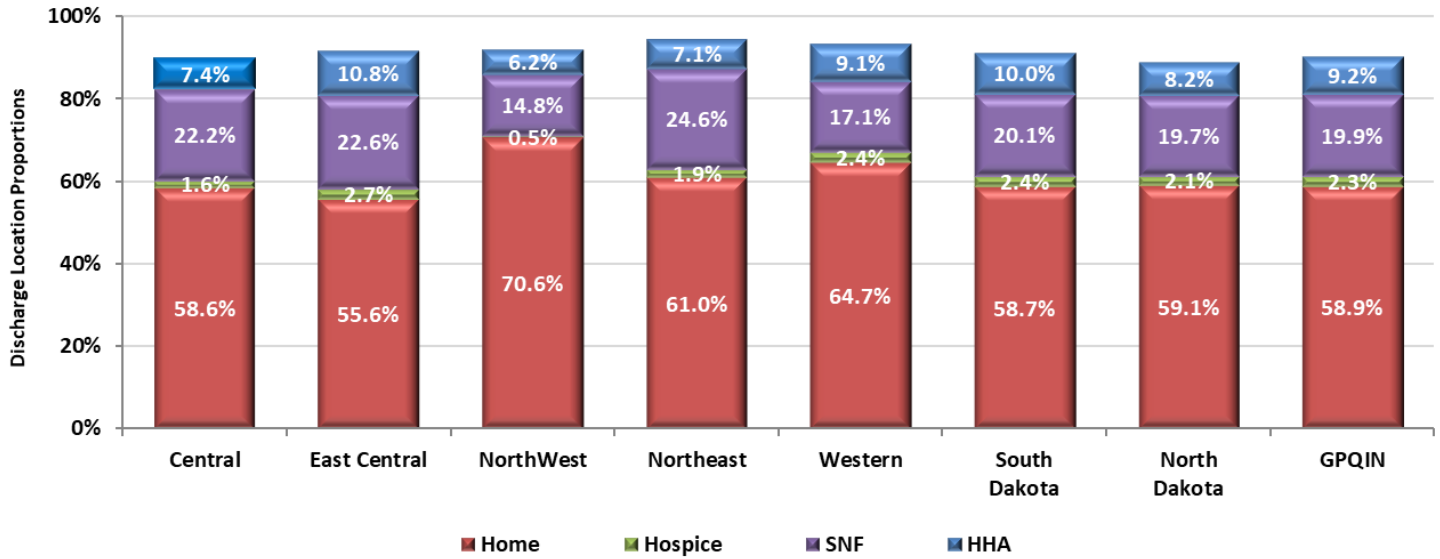
**Current Hospital Utilization (Admissions and ED Visits per 1,000 Beneficiary-Years): 04/01/2022 - 03/31/2023**



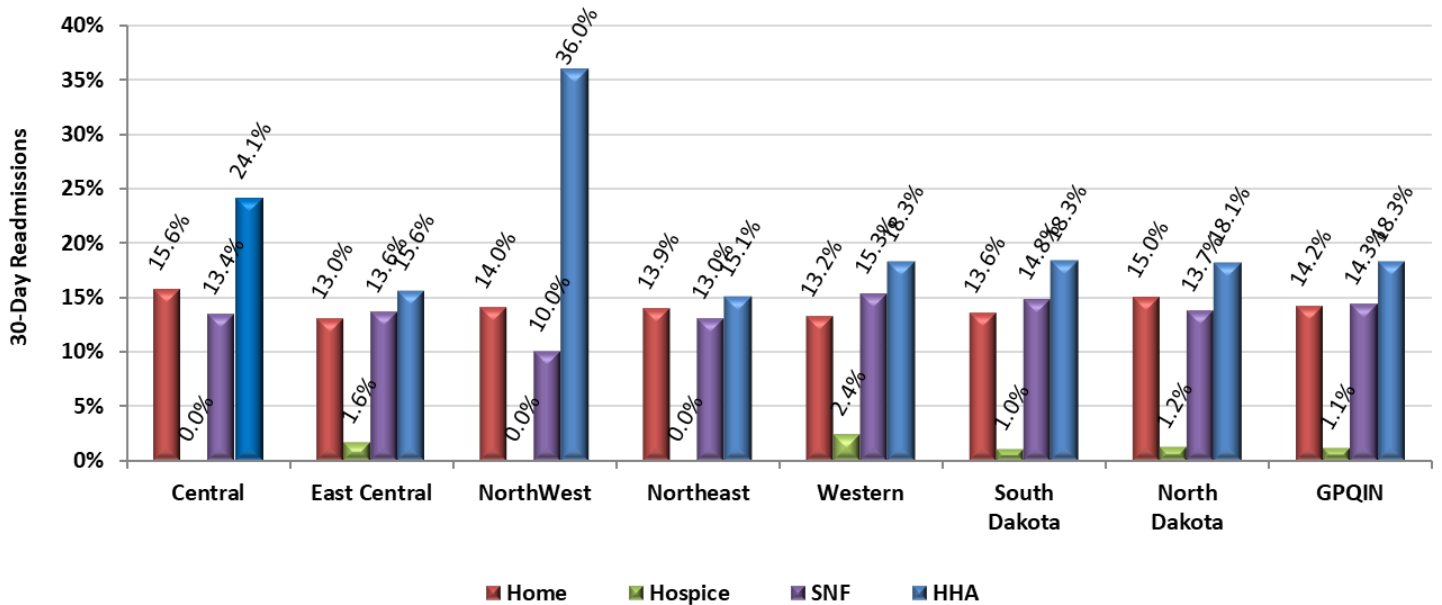
**Hospital Utilization Trends:**



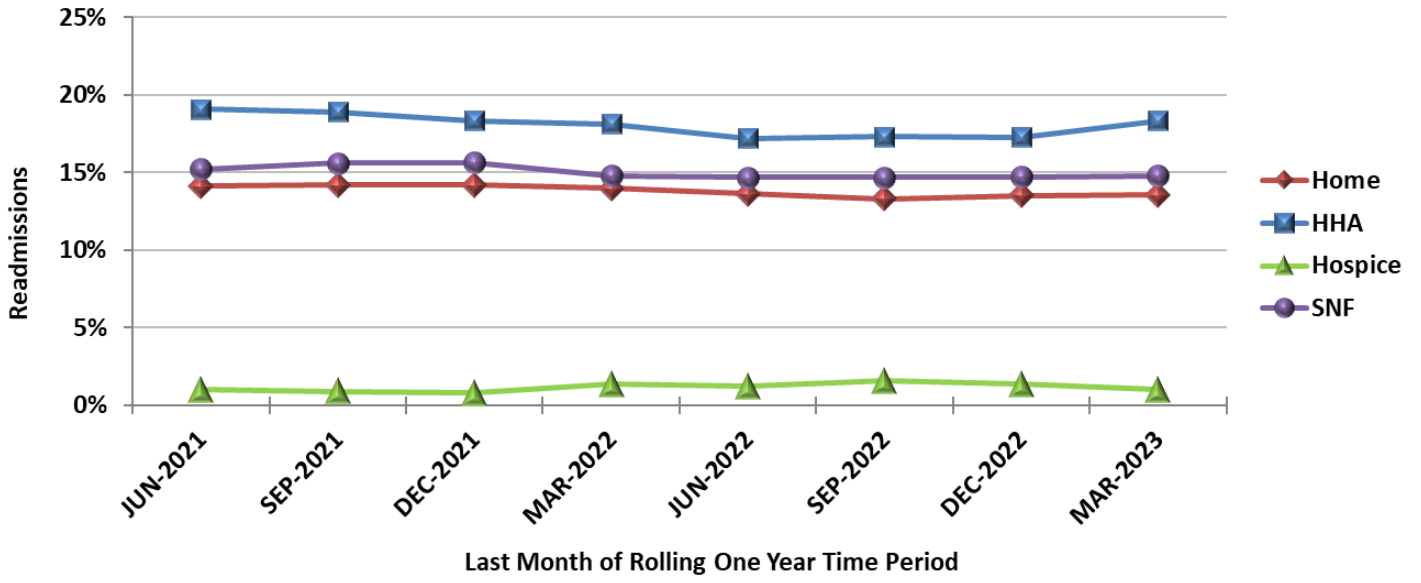
Discharge Locations: 04/01/2022 - 03/31/2023



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



### Readmission Rates by Discharge Location: South 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
Central	SEPTICEMIA OR SEVERE SEPSIS	141	1,853	7.61%
	SIMPLE PNEUMONIA & PLEURISY	99	1,853	5.34%
	HEART FAILURE & SHOCK	78	1,853	4.21%
	KIDNEY & URINARY TRACT INFECTIONS	60	1,853	3.24%
	MAJOR JOINT REPLACEMENT OR REATTACHMENT OF LOWER EXTREMITY	59	1,853	3.18%
East Central	SEPTICEMIA OR SEVERE SEPSIS	332	4,649	7.14%
	HEART FAILURE & SHOCK	195	4,649	4.19%
	SIMPLE PNEUMONIA & PLEURISY	184	4,649	3.96%
	MAJOR JOINT REPLACEMENT OR REATTACHMENT OF LOWER EXTREMITY	165	4,649	3.55%
	INTRACRANIAL HEMORRHAGE OR CEREBRAL INFARCTION	137	4,649	2.95%
NorthWest	SEPTICEMIA OR SEVERE SEPSIS	24	390	6.15%
	SIMPLE PNEUMONIA & PLEURISY	18	390	4.62%
	KIDNEY & URINARY TRACT INFECTIONS	14	390	3.59%
	HEART FAILURE & SHOCK	12	390	3.08%
	NUTRITIONAL & MISC METABOLIC DISORDERS	12	390	3.08%
Northeast	SEPTICEMIA OR SEVERE SEPSIS	190	2,575	7.38%
	SIMPLE PNEUMONIA & PLEURISY	120	2,575	4.66%
	HEART FAILURE & SHOCK	104	2,575	4.04%
	MAJOR JOINT REPLACEMENT OR REATTACHMENT OF LOWER EXTREMITY	101	2,575	3.92%
	ACUTE MYOCARDIAL INFARCTION	89	2,575	3.46%
Western	SEPTICEMIA OR SEVERE SEPSIS	398	5,238	7.60%
	MAJOR JOINT REPLACEMENT OR REATTACHMENT OF LOWER EXTREMITY	290	5,238	5.54%
	HEART FAILURE & SHOCK	195	5,238	3.72%
	SIMPLE PNEUMONIA & PLEURISY	193	5,238	3.68%
	KIDNEY & URINARY TRACT INFECTIONS	144	5,238	2.75%
South Dakota	SEPTICEMIA OR SEVERE SEPSIS	1,466	20,749	7.07%
	HEART FAILURE & SHOCK	858	20,749	4.14%
	SIMPLE PNEUMONIA & PLEURISY	803	20,749	3.87%
	MAJOR JOINT REPLACEMENT OR REATTACHMENT OF LOWER EXTREMITY	757	20,749	3.65%
	KIDNEY & URINARY TRACT INFECTIONS	546	20,749	2.63%
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%

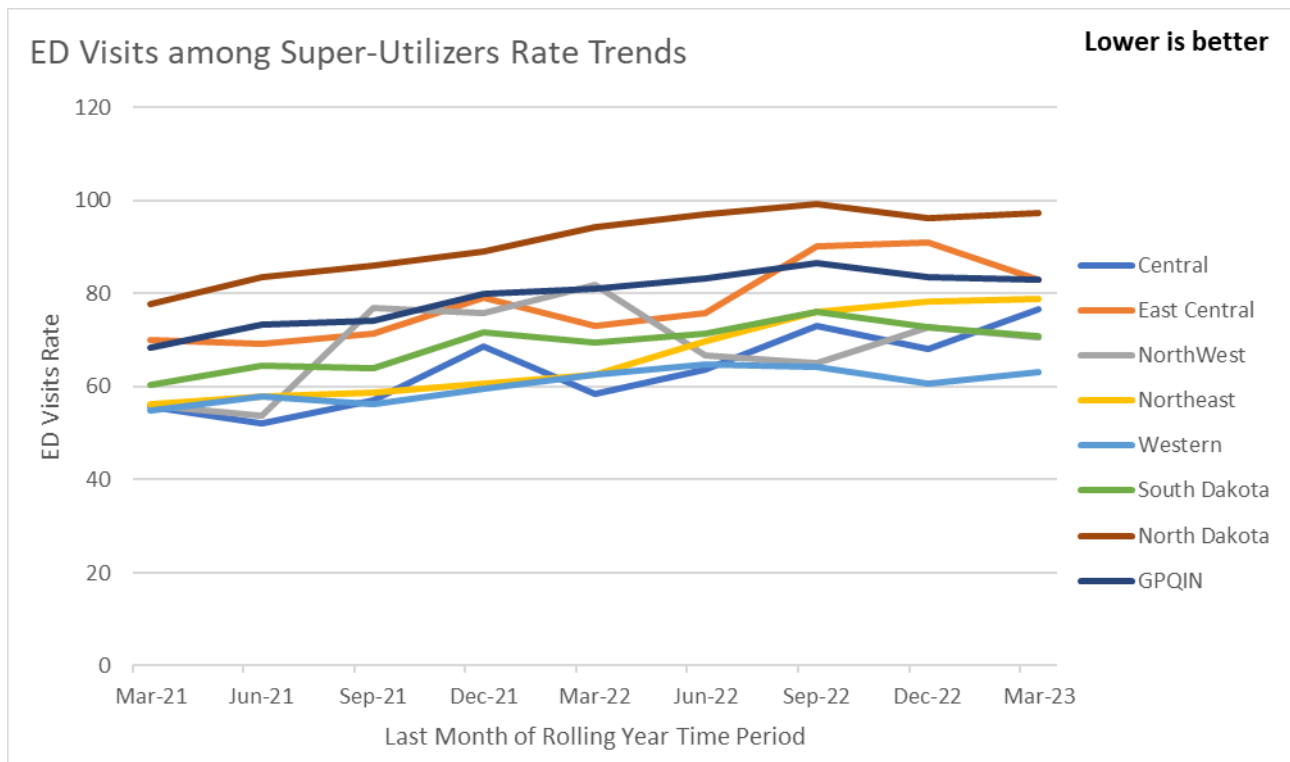
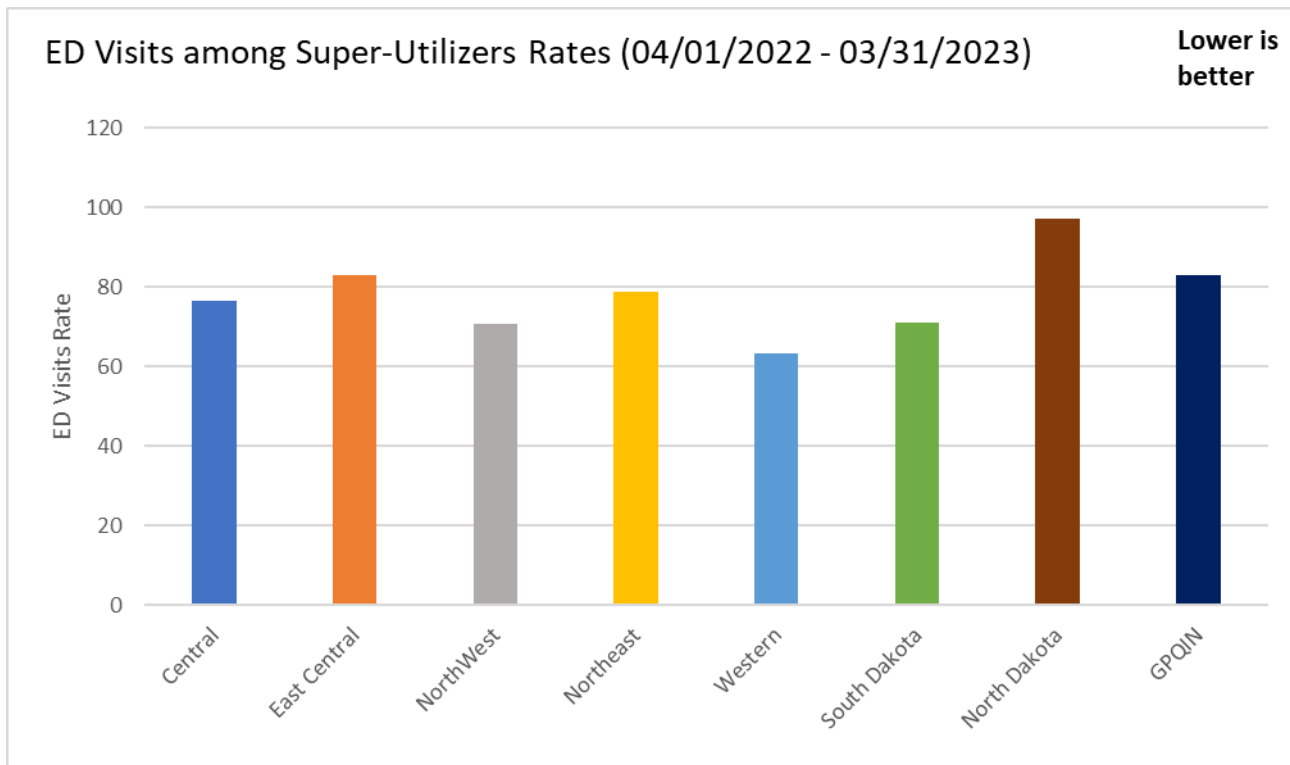
**Top 5 Readmission DRG Bundles: 04/01/2022 - 03/31/2023**

Community	DRG Bundle Description	DRG Bundle 30-Day Readmissions	Community 30-Day Readmissions	Percent of Community 30-Day Readmissions
Central	SIMPLE PNEUMONIA & PLEURISY	16	287	5.58%
	SEPTICEMIA OR SEVERE SEPSIS	15	287	5.23%
	HEART FAILURE & SHOCK	14	287	4.88%
	KIDNEY & URINARY TRACT INFECTIONS	13	287	4.53%
	RENAL FAILURE	11	287	3.83%
East Central	HEART FAILURE & SHOCK	44	615	7.15%
	PSYCHOSES	44	615	7.15%
	SEPTICEMIA OR SEVERE SEPSIS	42	615	6.83%
	RENAL FAILURE	27	615	4.39%
	SIMPLE PNEUMONIA & PLEURISY	24	615	3.90%
NorthWest	ACUTE MYOCARDIAL INFARCTION	*	*	8.33%
	KIDNEY & URINARY TRACT INFECTIONS	*	*	8.33%
	NUTRITIONAL & MISC METABOLIC DISORDERS	*	*	8.33%
	SEPTICEMIA OR SEVERE SEPSIS	*	*	8.33%
	RESPIRATORY INFECTIONS & INFLAMMATIONS	*	*	5.00%
Northeast	SEPTICEMIA OR SEVERE SEPSIS	18	344	5.23%
	HEART FAILURE & SHOCK	17	344	4.94%
	SIMPLE PNEUMONIA & PLEURISY	15	344	4.36%
	ACUTE MYOCARDIAL INFARCTION	14	344	4.07%
	RENAL FAILURE	13	344	3.78%
Western	SEPTICEMIA OR SEVERE SEPSIS	59	746	7.91%
	HEART FAILURE & SHOCK	35	746	4.69%
	KIDNEY & URINARY TRACT INFECTIONS	26	746	3.49%
	PSYCHOSES	24	746	3.22%
	SIMPLE PNEUMONIA & PLEURISY	23	746	3.08%
South Dakota	SEPTICEMIA OR SEVERE SEPSIS	198	2,956	6.70%
	HEART FAILURE & SHOCK	167	2,956	5.65%
	PSYCHOSES	120	2,956	4.06%
	SIMPLE PNEUMONIA & PLEURISY	100	2,956	3.38%
	RENAL FAILURE	98	2,956	3.32%
GPQIN	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%

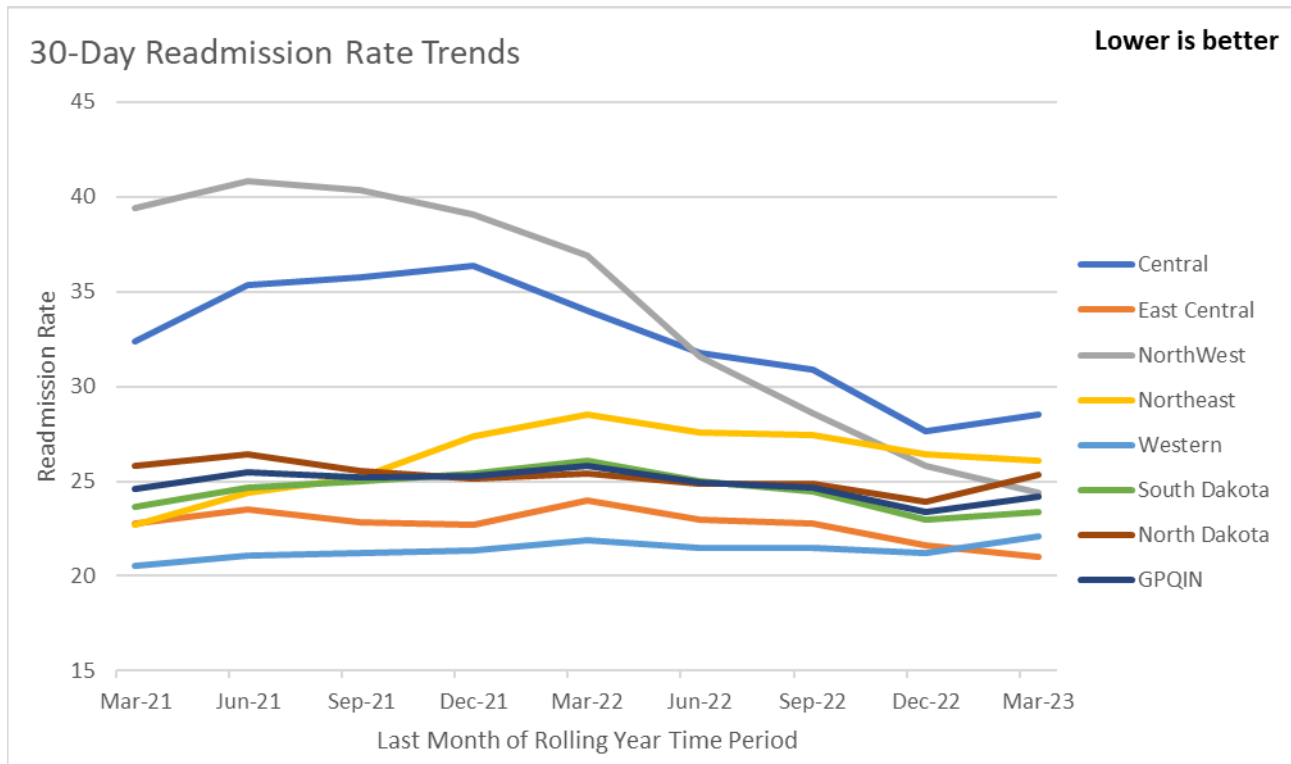
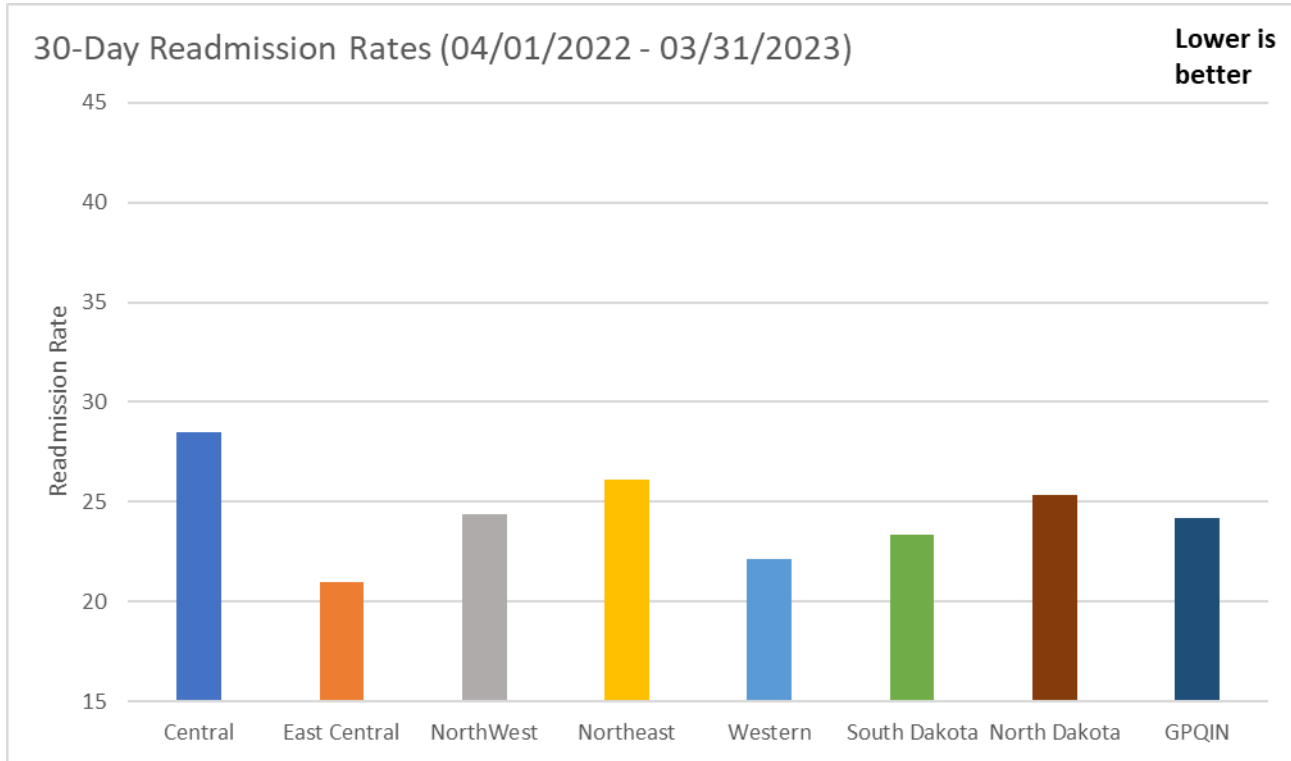
\* The number of readmissions is too small to report.



**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.