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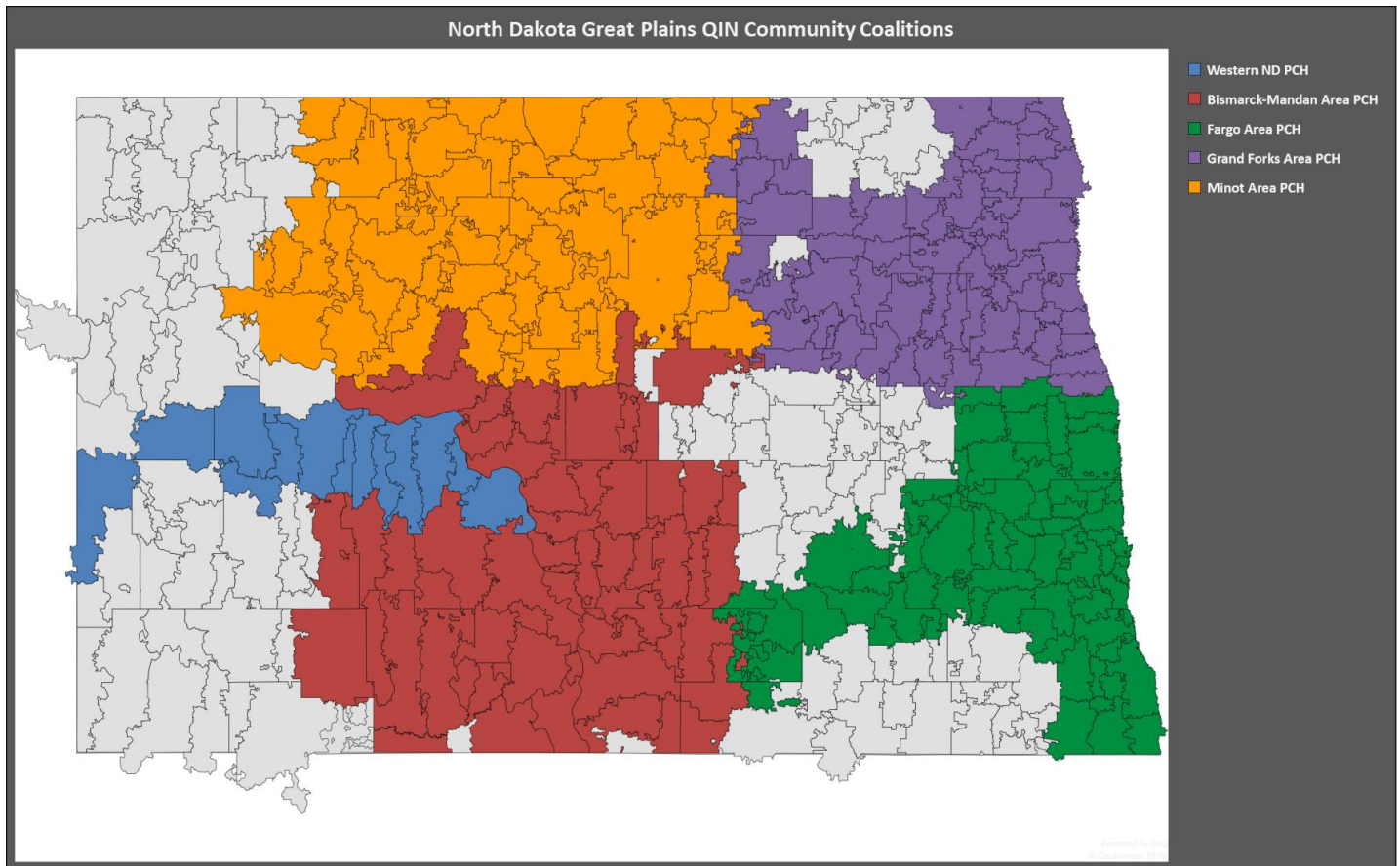
North Dakota and South Dakota communities have many attributes that are similar, yet qualities that make them unique. However, when it comes to healthcare, each state has a shared commitment to ensuring quality of care for its community members.

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](#)

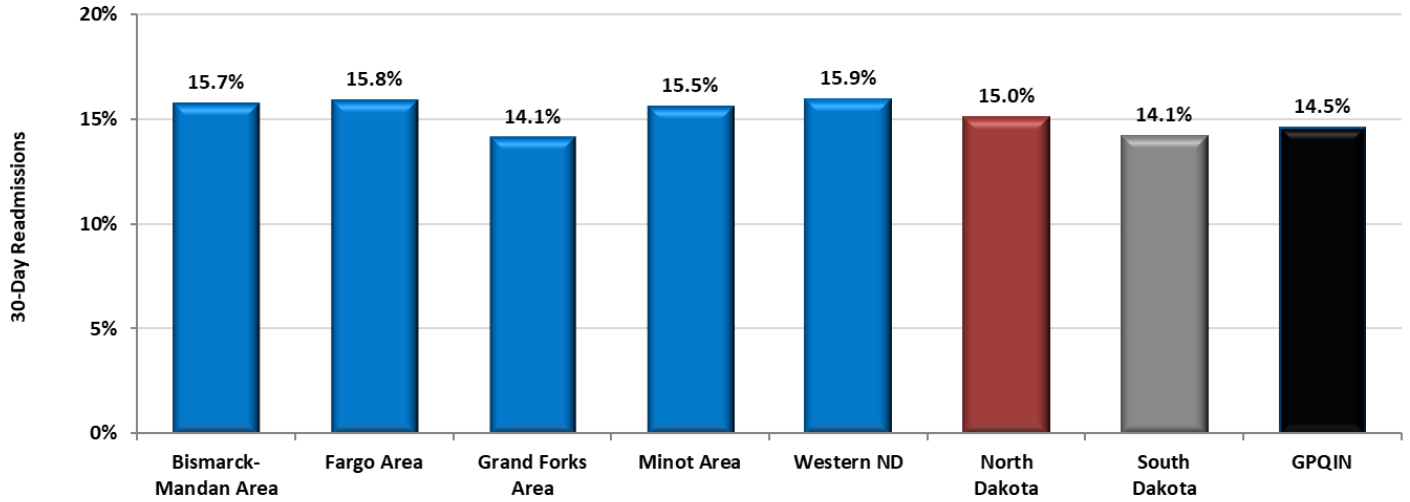
Working with your Super-Utilizer population?
[GPQIN: Readmissions Interview Tool](#)
[PRAPARE Implementation and Action Toolkit](#)
[Social Determinants of Health in Rural Communities Toolkit](#)

Go to our GPQIN Quality of Care Transitions Webpage
<https://greatplainsqin.org/initiatives/care-transitions/>

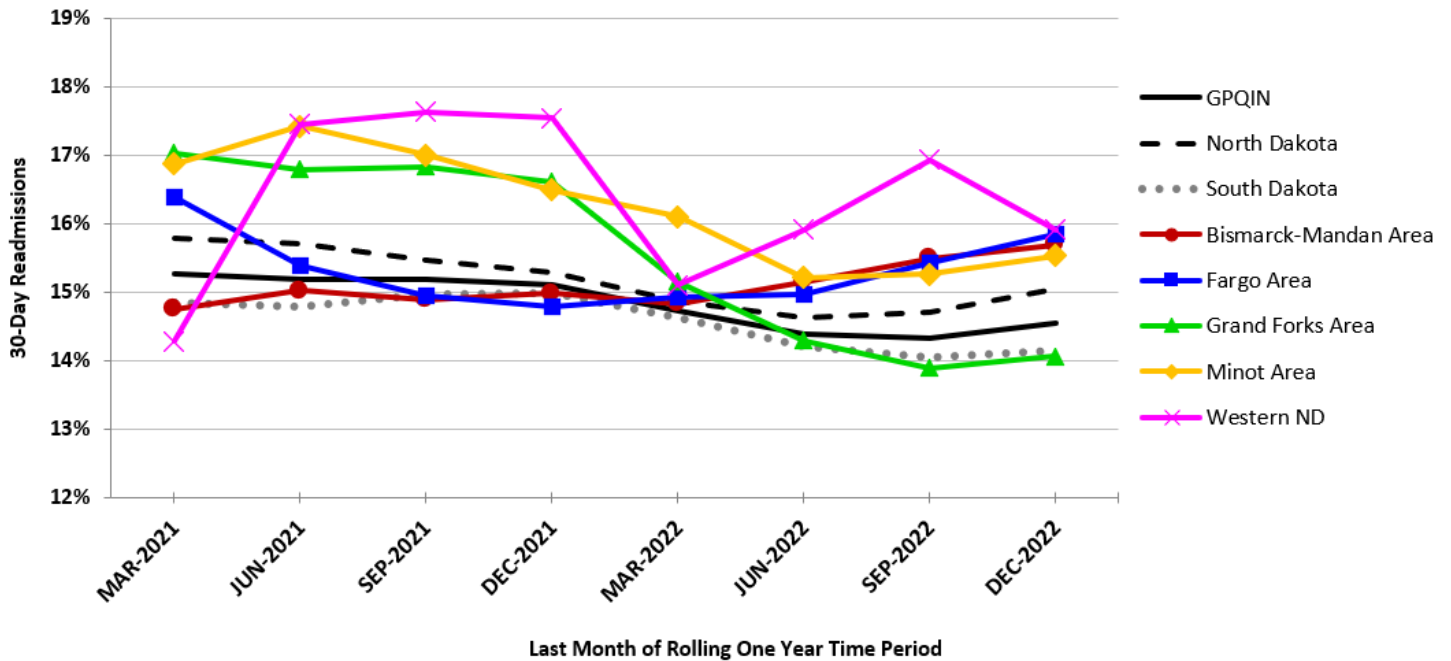
Go to our GPQIN Nursing Home Quality Webpage:
<https://greatplainsqin.org/initiatives/nursing-home-quality/>

Community Data Highlights

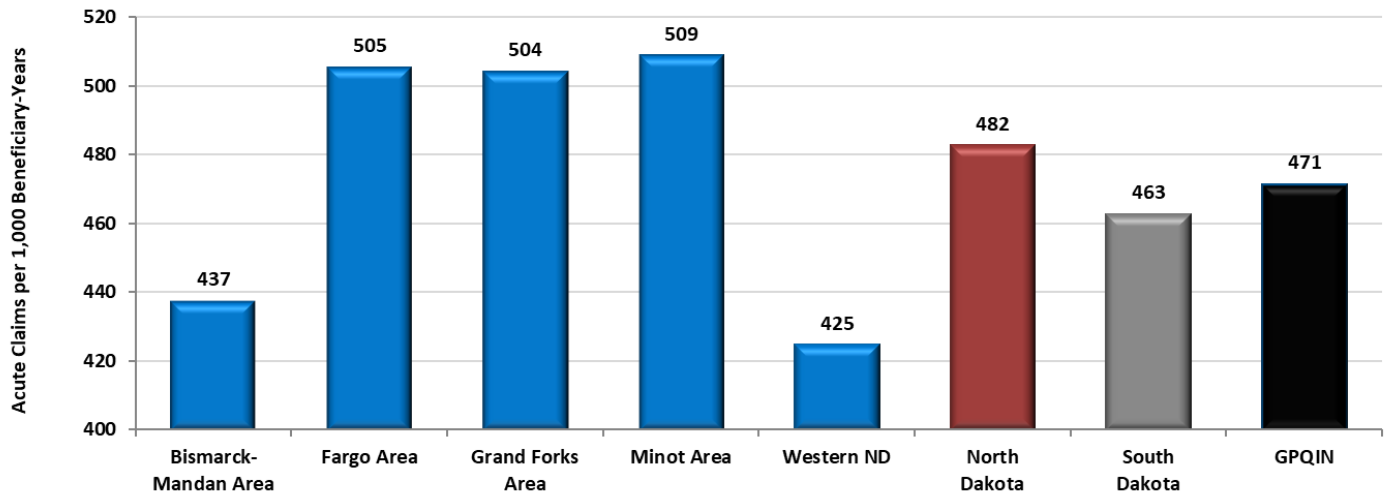
Current Readmission Rates (# of readmissions within 30 days / # of discharges): 01/01/2022 - 12/31/2022



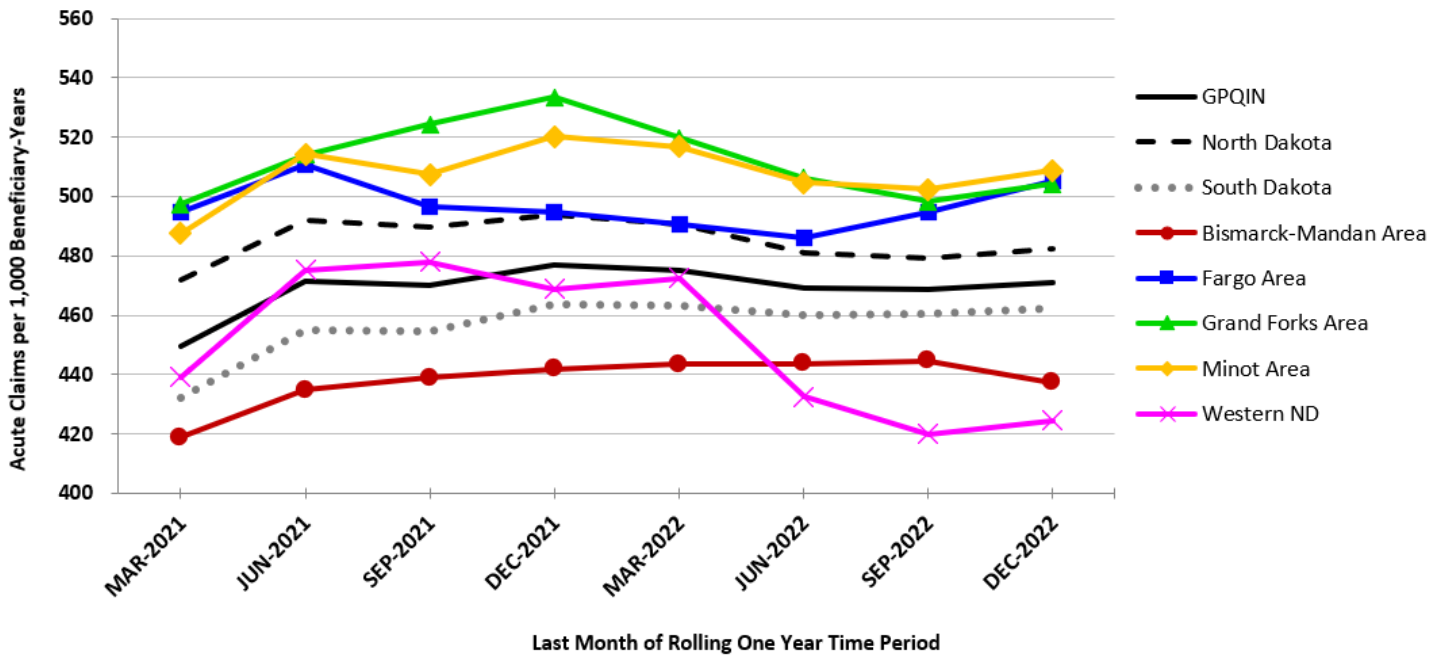
Readmission Rate Trends:



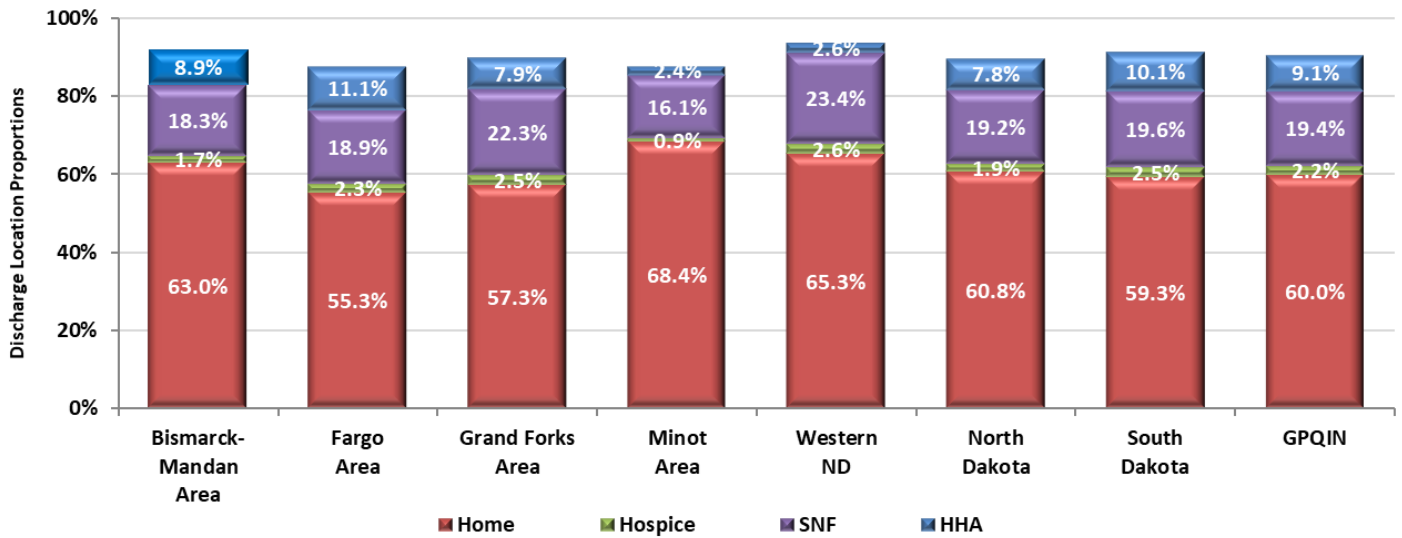
Current Hospital Utilization (Admissions and ED Visits per 1,000 Beneficiary-Years): 01/01/2022 - 12/31/2022



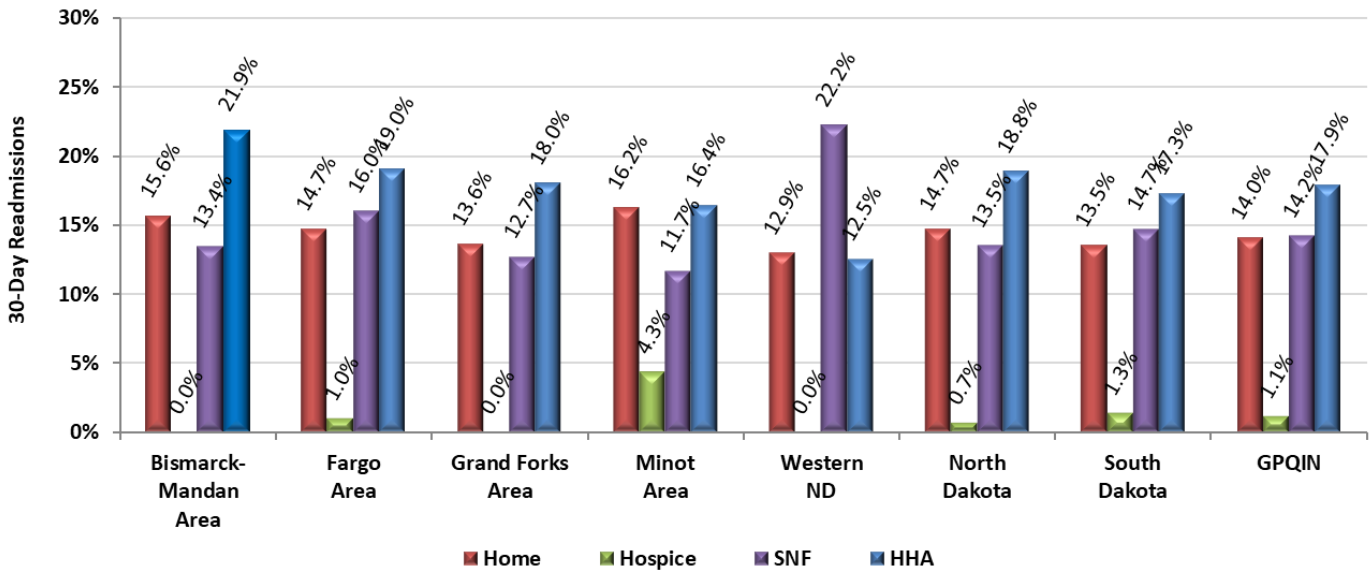
Hospital Utilization Trends:



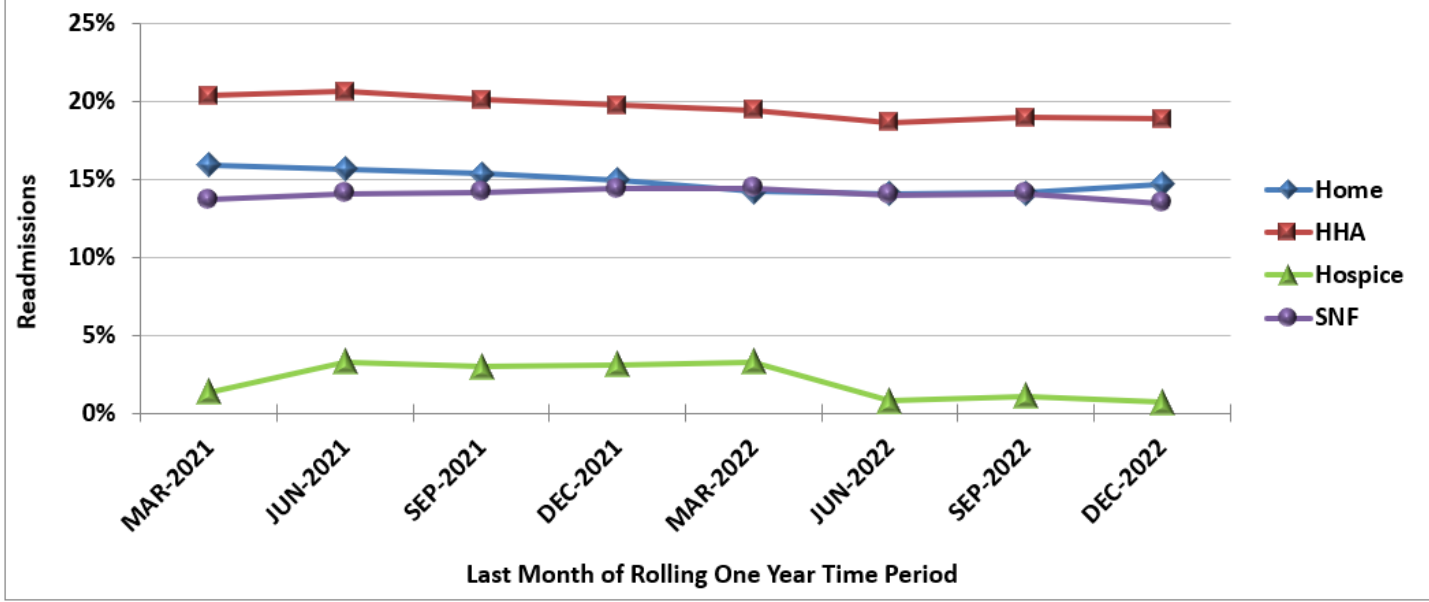
Discharge Locations: 01/01/2022 - 12/31/2022



Readmission Rates among Discharge Locations: 01/01/2022 - 12/31/2022



Readmission Rates by Discharge Location: North Dakota



Top 5 Admission DRG Bundles: 01/01/2022 - 12/31/2022

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	291	3,586	8.11%
	HEART FAILURE & SHOCK	197	3,586	5.49%
	SIMPLE PNEUMONIA & PLEURISY	162	3,586	4.52%
	ACUTE MYOCARDIAL INFARCTION	132	3,586	3.68%
	KIDNEY & URINARY TRACT INFECTIONS	94	3,586	2.62%
Fargo Area	SEPTICEMIA OR SEVERE SEPSIS	356	4,348	8.19%
	ACUTE MYOCARDIAL INFARCTION	235	4,348	5.40%
	HEART FAILURE & SHOCK	184	4,348	4.23%
	PSYCHOSES	133	4,348	3.06%
	SIMPLE PNEUMONIA & PLEURISY	121	4,348	2.78%
Grand Forks Area	SEPTICEMIA OR SEVERE SEPSIS	239	2,696	8.87%
	HEART FAILURE & SHOCK	136	2,696	5.04%
	SIMPLE PNEUMONIA & PLEURISY	107	2,696	3.97%
	RENAL FAILURE	86	2,696	3.19%
	NUTRITIONAL & MISC METABOLIC DISORDERS	76	2,696	2.82%
Minot Area	SEPTICEMIA OR SEVERE SEPSIS	190	2,533	7.50%
	SIMPLE PNEUMONIA & PLEURISY	134	2,533	5.29%
	HEART FAILURE & SHOCK	101	2,533	3.99%
	ACUTE MYOCARDIAL INFARCTION	90	2,533	3.55%
	INTRACRANIAL HEMORRHAGE OR CEREBRAL INFARCTION	72	2,533	2.84%
Western ND	HEART FAILURE & SHOCK	*	*	5.13%
	SEPTICEMIA OR SEVERE SEPSIS	*	*	4.49%
	SIMPLE PNEUMONIA & PLEURISY	*	*	2.88%
	ACUTE MYOCARDIAL INFARCTION	*	*	2.56%
	EXTRACRANIAL PROCEDURES	*	*	2.56%
	MAJOR SMALL & LARGE BOWEL PROCEDURES	*	*	2.56%
	NUTRITIONAL & MISC METABOLIC DISORDERS	*	*	2.56%
	OTHER VASCULAR PROCEDURES	*	*	2.56%
	PERC CARDIOVASC PROC W STENT	*	*	2.56%
North Dakota	SEPTICEMIA OR SEVERE SEPSIS	1,232	15,914	7.74%
	HEART FAILURE & SHOCK	741	15,914	4.66%
	SIMPLE PNEUMONIA & PLEURISY	675	15,914	4.24%
	ACUTE MYOCARDIAL INFARCTION	594	15,914	3.73%
	RENAL FAILURE	383	15,914	2.41%
GPQIN	SEPTICEMIA OR SEVERE SEPSIS	2,638	36,333	7.26%
	HEART FAILURE & SHOCK	1,613	36,333	4.44%
	SIMPLE PNEUMONIA & PLEURISY	1,489	36,333	4.10%
	ACUTE MYOCARDIAL INFARCTION	1,007	36,333	2.77%
	MAJOR JOINT REPLACEMENT OR REATTACHMENT OF LOWER EXTREMITY	940	36,333	2.59%

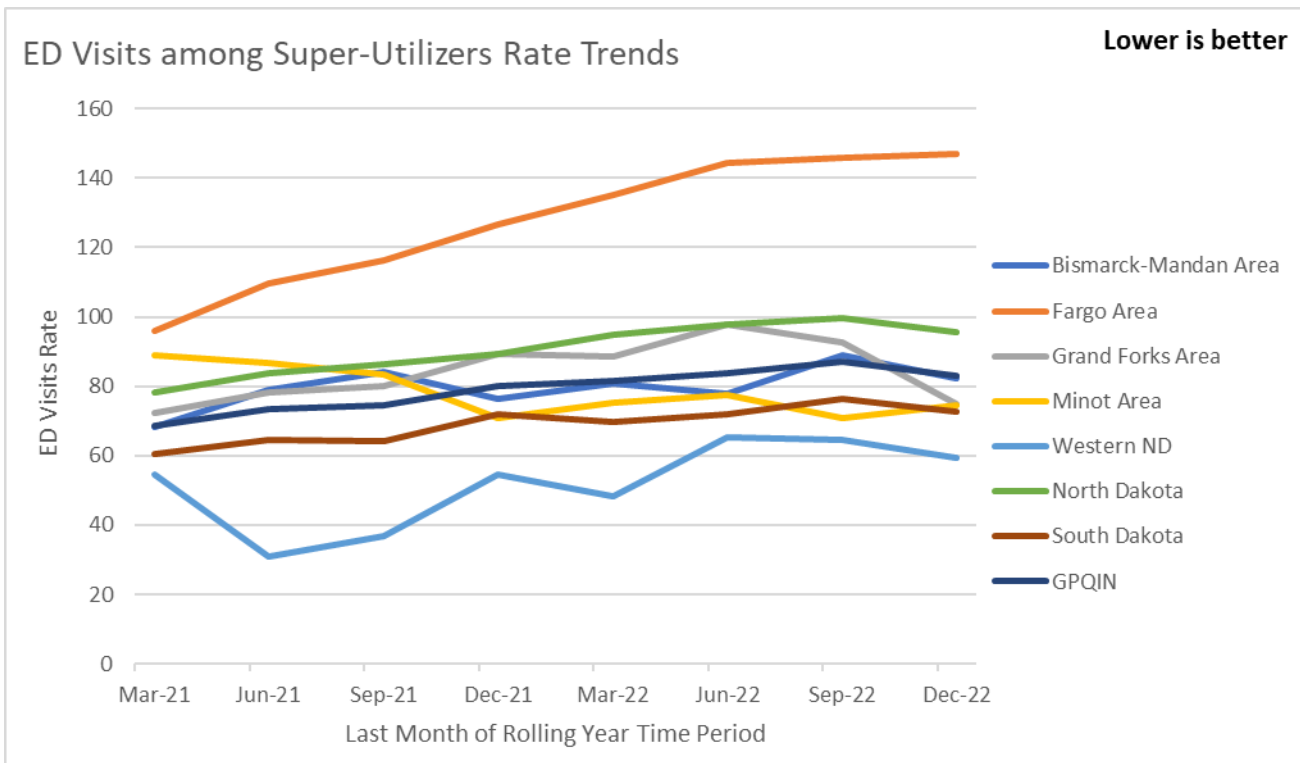
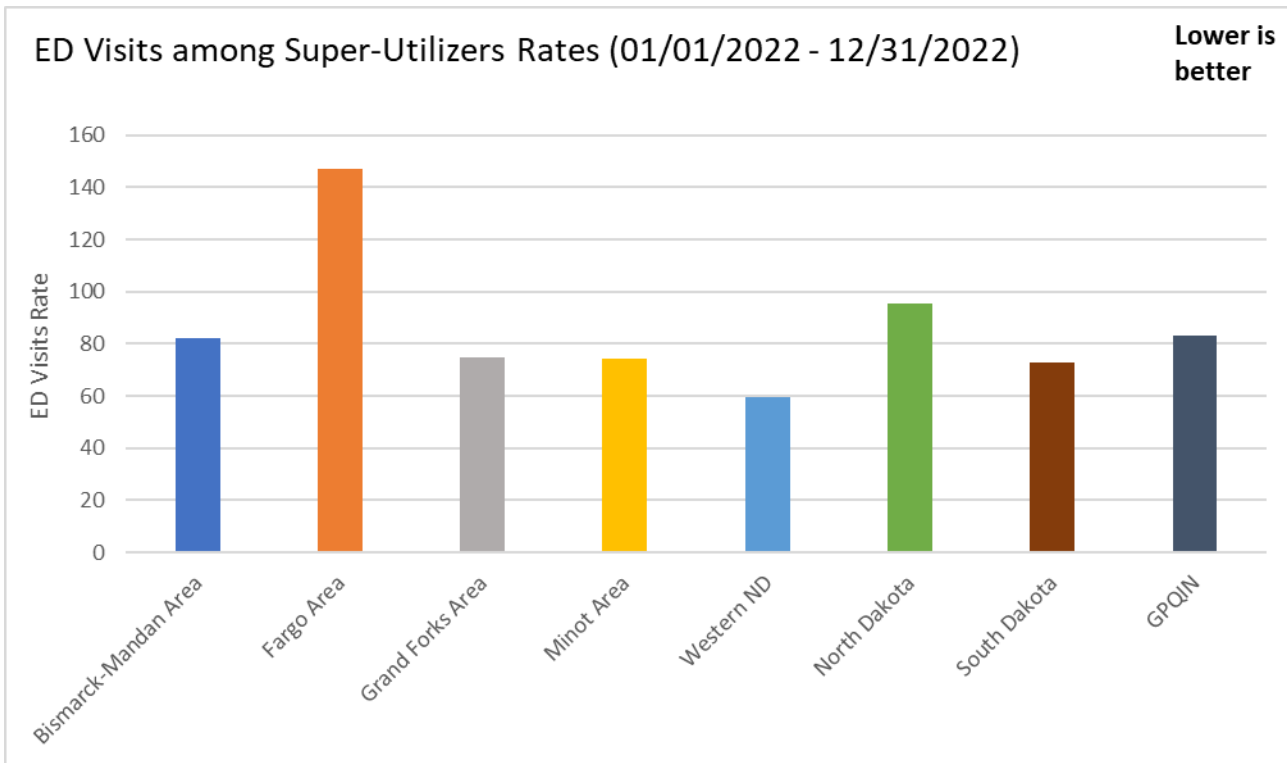
* The number of readmissions is too small to report.

Top 5 Readmission DRG Bundles: 01/01/2022 - 12/31/2022

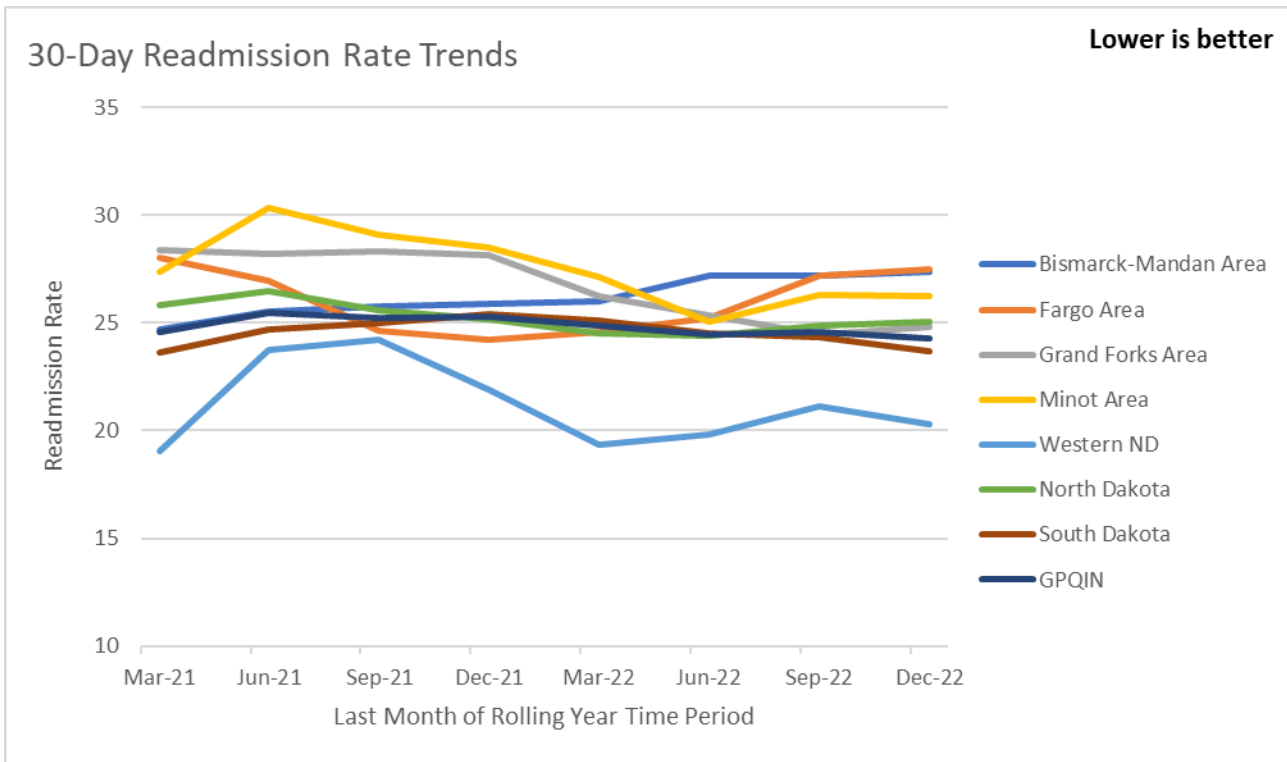
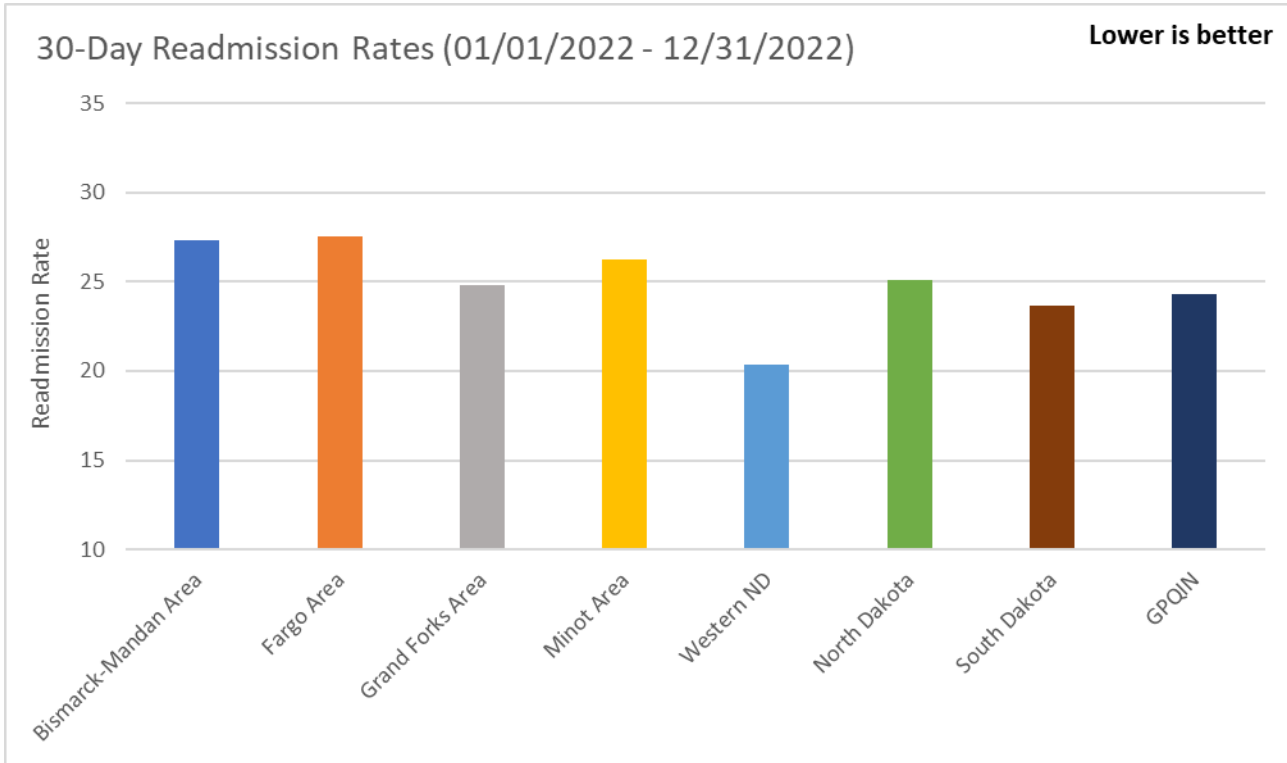
Community	DRG Bundle Description	DRG Bundle 30-Day Readmissions	Community 30-Day Readmissions	Percent of Community 30-Day Readmissions
Bismarck-Mandan Area	SEPTICEMIA OR SEVERE SEPSIS	39	556	7.01%
	HEART FAILURE & SHOCK	33	556	5.94%
	SIMPLE PNEUMONIA & PLEURISY	28	556	5.04%
	ACUTE MYOCARDIAL INFARCTION	27	556	4.86%
	NUTRITIONAL & MISC METABOLIC DISORDERS	19	556	3.42%
Fargo Area	ACUTE MYOCARDIAL INFARCTION	56	698	8.02%
	SEPTICEMIA OR SEVERE SEPSIS	45	698	6.45%
	HEART FAILURE & SHOCK	41	698	5.87%
	PSYCHOSES	38	698	5.44%
	NUTRITIONAL & MISC METABOLIC DISORDERS	26	698	3.73%
Grand Forks Area	SEPTICEMIA OR SEVERE SEPSIS	39	377	10.35%
	HEART FAILURE & SHOCK	25	377	6.63%
	RENAL FAILURE	23	377	6.10%
	SIMPLE PNEUMONIA & PLEURISY	14	377	3.71%
	G.I. HEMORRHAGE	13	377	3.45%
	INFECTIOUS & PARASITIC DISEASES W O.R. PROCEDURE	13	377	3.45%
Minot Area	SEPTICEMIA OR SEVERE SEPSIS	32	388	8.25%
	SIMPLE PNEUMONIA & PLEURISY	19	388	4.90%
	HEART FAILURE & SHOCK	18	388	4.64%
	RENAL FAILURE	15	388	3.87%
	ACUTE MYOCARDIAL INFARCTION	14	388	3.61%
Western ND	SEPTICEMIA OR SEVERE SEPSIS	*	*	8.16%
	RESPIRATORY INFECTIONS & INFLAMMATIONS	*	*	6.12%
	ACUTE MYOCARDIAL INFARCTION	*	*	4.08%
	CARDIAC ARRHYTHMIA & CONDUCTION DISORDERS	*	*	4.08%
	G.I. HEMORRHAGE	*	*	4.08%
	INTRACRANIAL HEMORRHAGE OR CEREBRAL INFARCTION	*	*	4.08%
	OTHER VASCULAR PROCEDURES	*	*	4.08%
	SIMPLE PNEUMONIA & PLEURISY	*	*	4.08%
	SYNCOPE & COLLAPSE	*	*	4.08%
North Dakota	SEPTICEMIA OR SEVERE SEPSIS	175	2,381	7.35%
	HEART FAILURE & SHOCK	130	2,381	5.46%
	ACUTE MYOCARDIAL INFARCTION	110	2,381	4.62%
	SIMPLE PNEUMONIA & PLEURISY	104	2,381	4.37%
	RENAL FAILURE	78	2,381	3.28%
GPQIN	SEPTICEMIA OR SEVERE SEPSIS	368	5,266	6.99%
	HEART FAILURE & SHOCK	294	5,266	5.58%
	SIMPLE PNEUMONIA & PLEURISY	203	5,266	3.86%
	PSYCHOSES	171	5,266	3.25%
	ACUTE MYOCARDIAL INFARCTION	167	5,266	3.17%

* 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.