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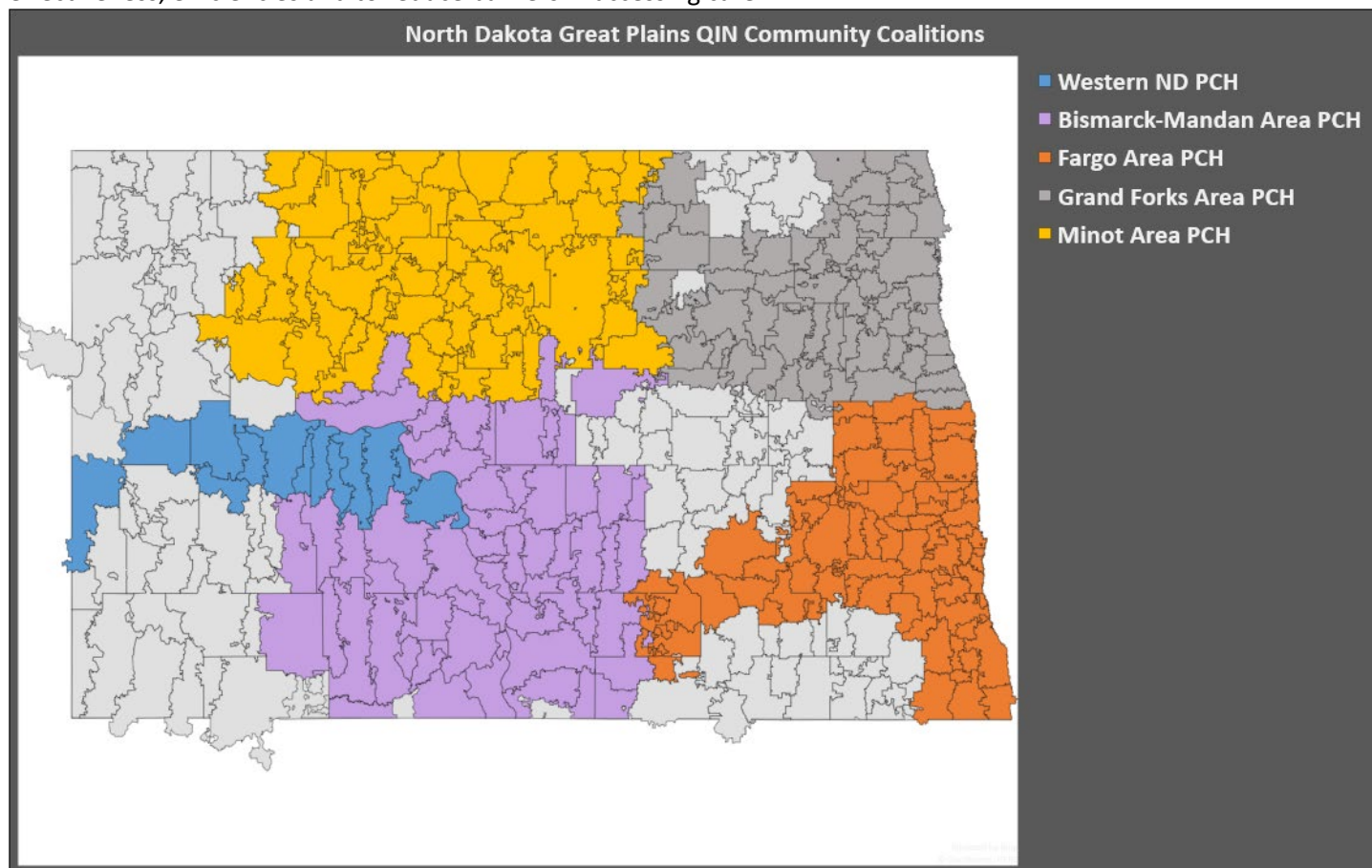
North Dakota and South Dakota communities have many attributes that are similar, yet qualities that make them unique. However, when it comes to healthcare, each state has a shared commitment to ensuring quality of care for its community members.

The Great Plains Quality Innovation Network (GPQIN) 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 (PCH)

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-455/0224

Data Overview and Definitions

Medicare claims Fee-for-Service (FFS) 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.

PCH data includes those Medicare FFS Beneficiaries living in identified zip codes; GPQIN and State data includes all Medicare FFS beneficiaries.

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

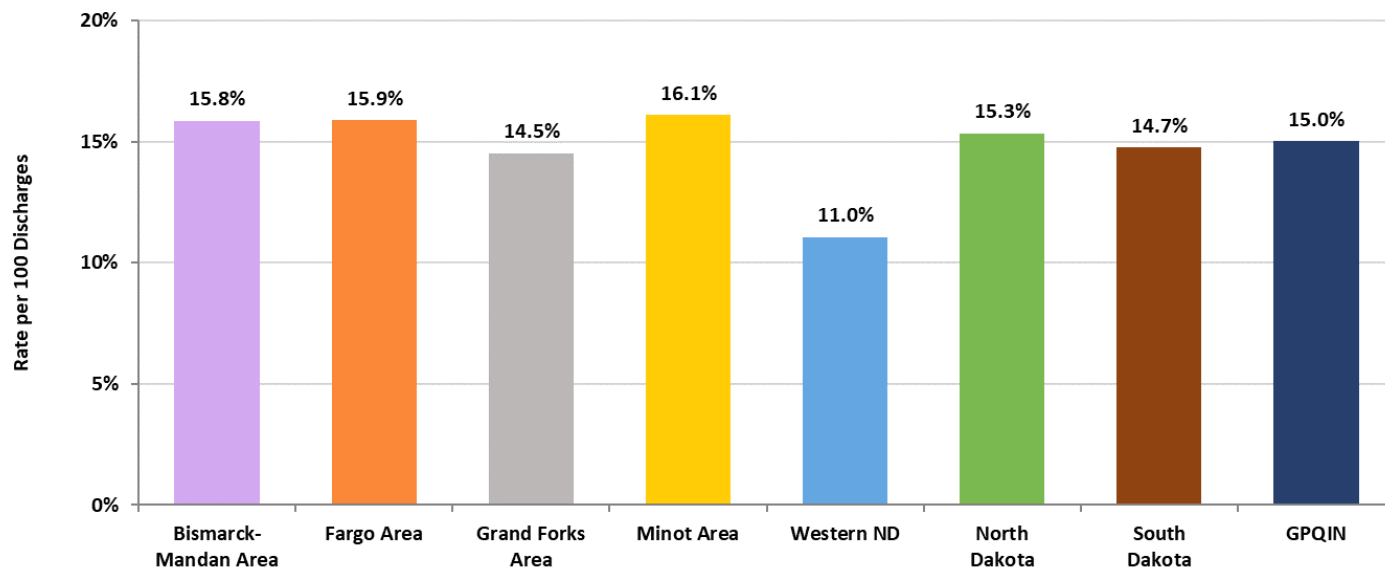
<https://greatplainsqin.org/initiatives/care-transitions/>

Go to our GPQIN Nursing Home Quality Webpage:

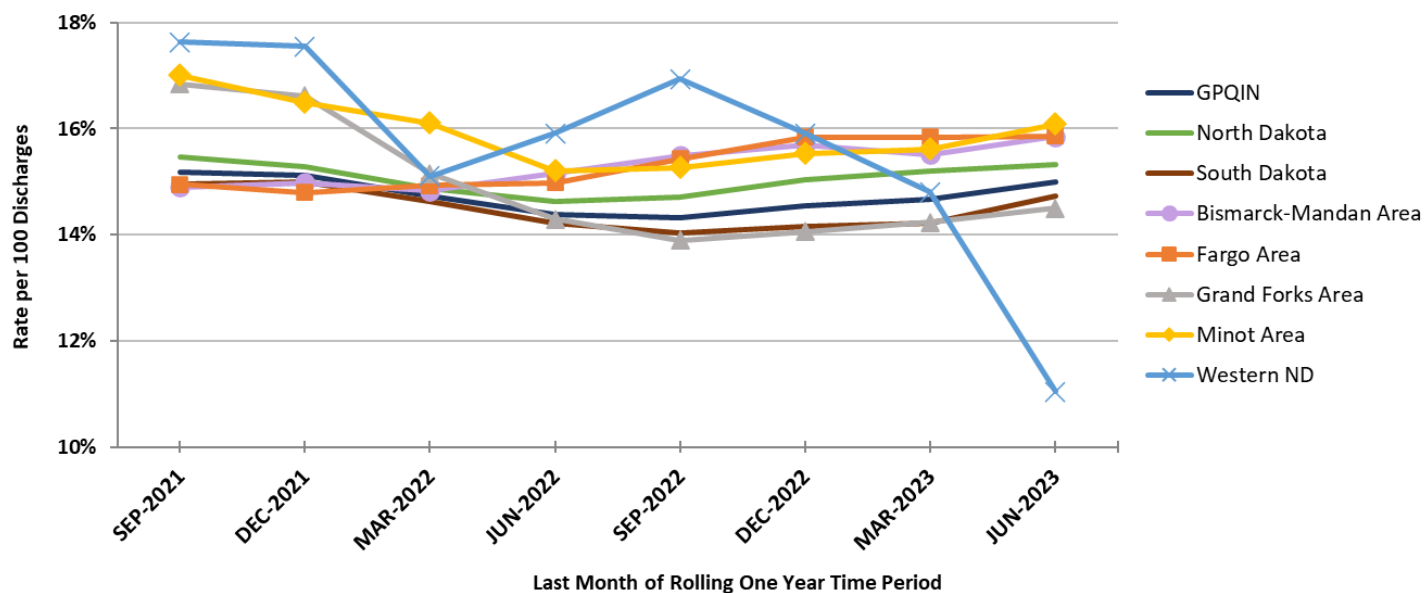
<https://greatplainsqin.org/initiatives/nursing-home-quality/>

Community Data Highlights

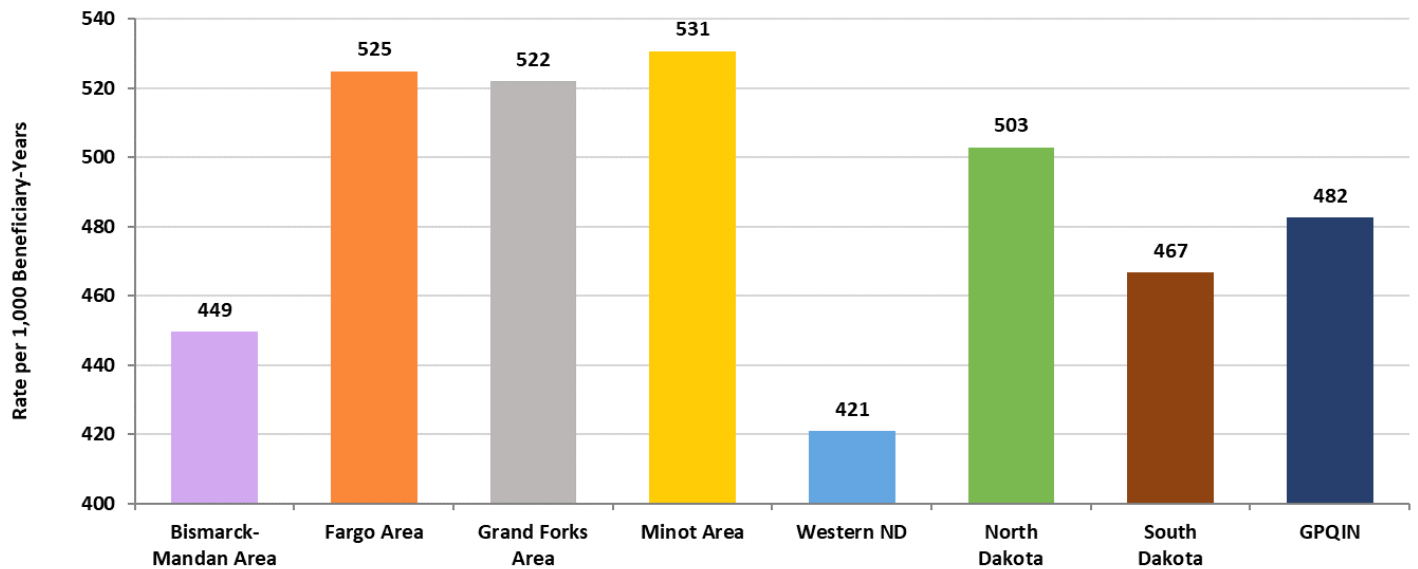
Current Readmission Rates (# of readmissions within 30 days / # of discharges): 07/01/2022 - 06/30/2023



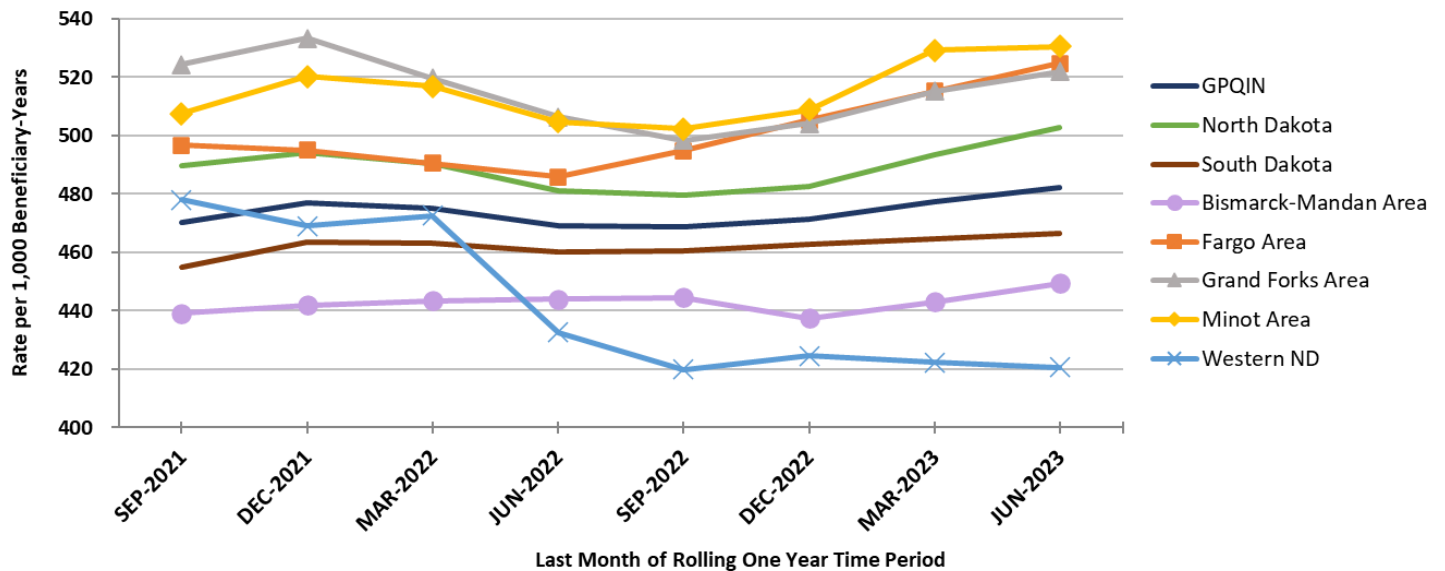
Readmission Rate Trends:



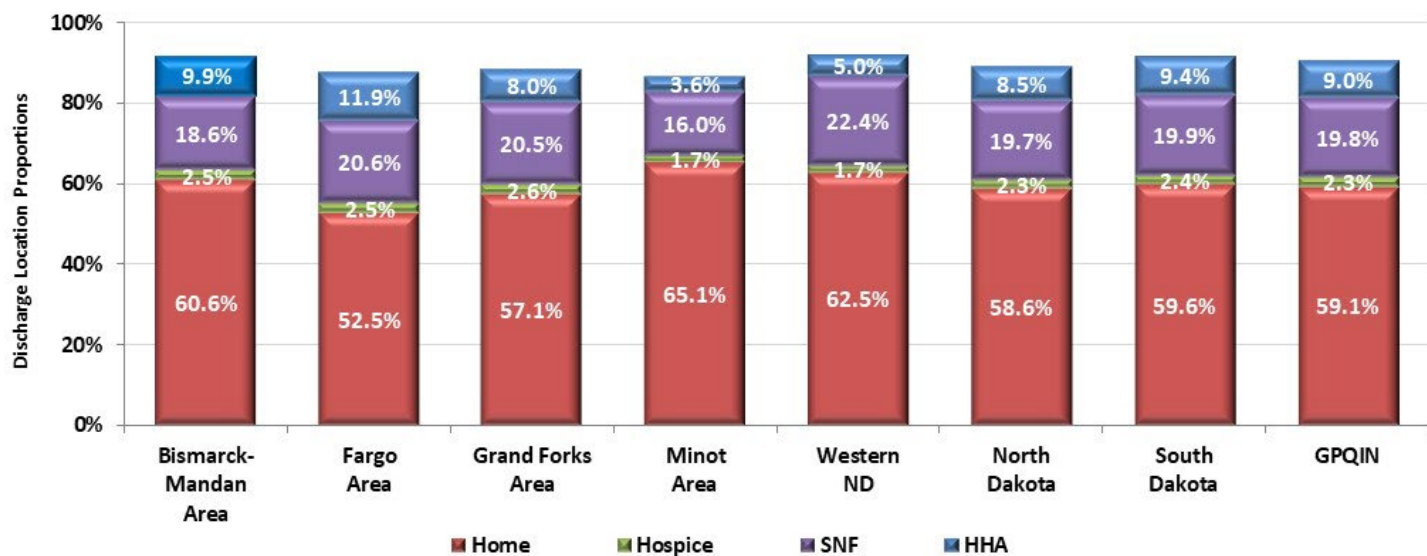
Current Hospital Utilization (Admissions and ED Visits per 1,000 Beneficiary-Years): 07/01/2022 - 06/30/2023



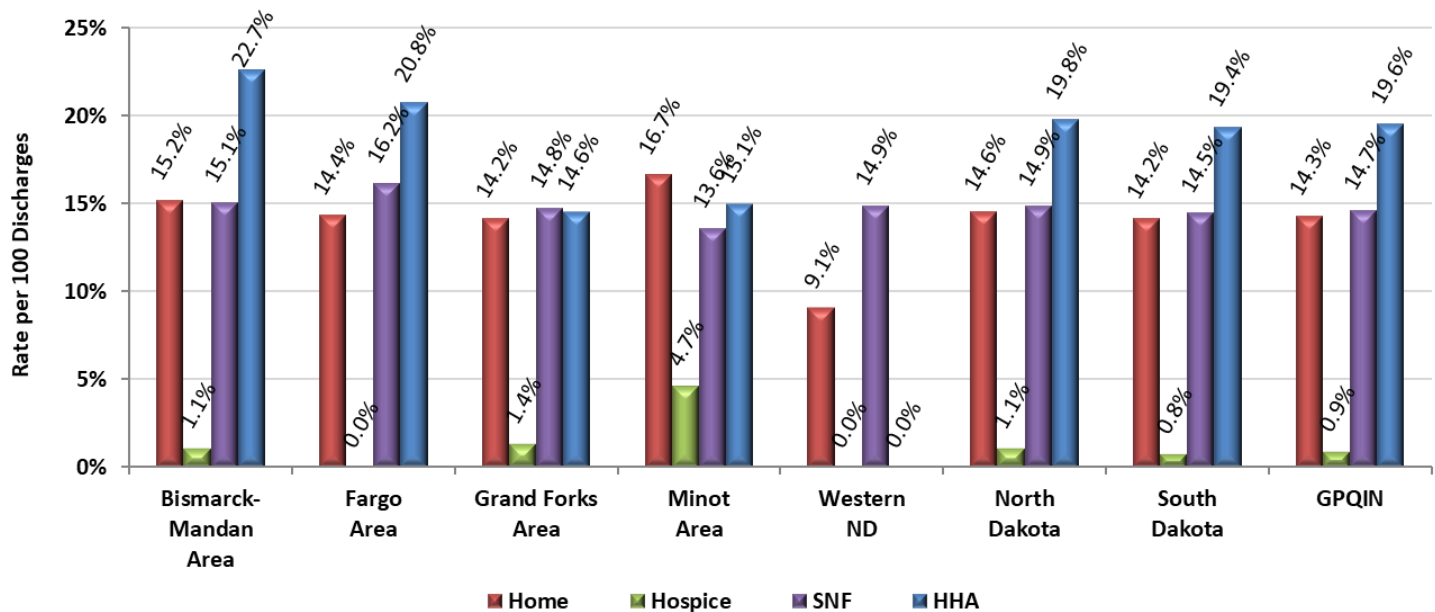
Hospital Utilization Trends:



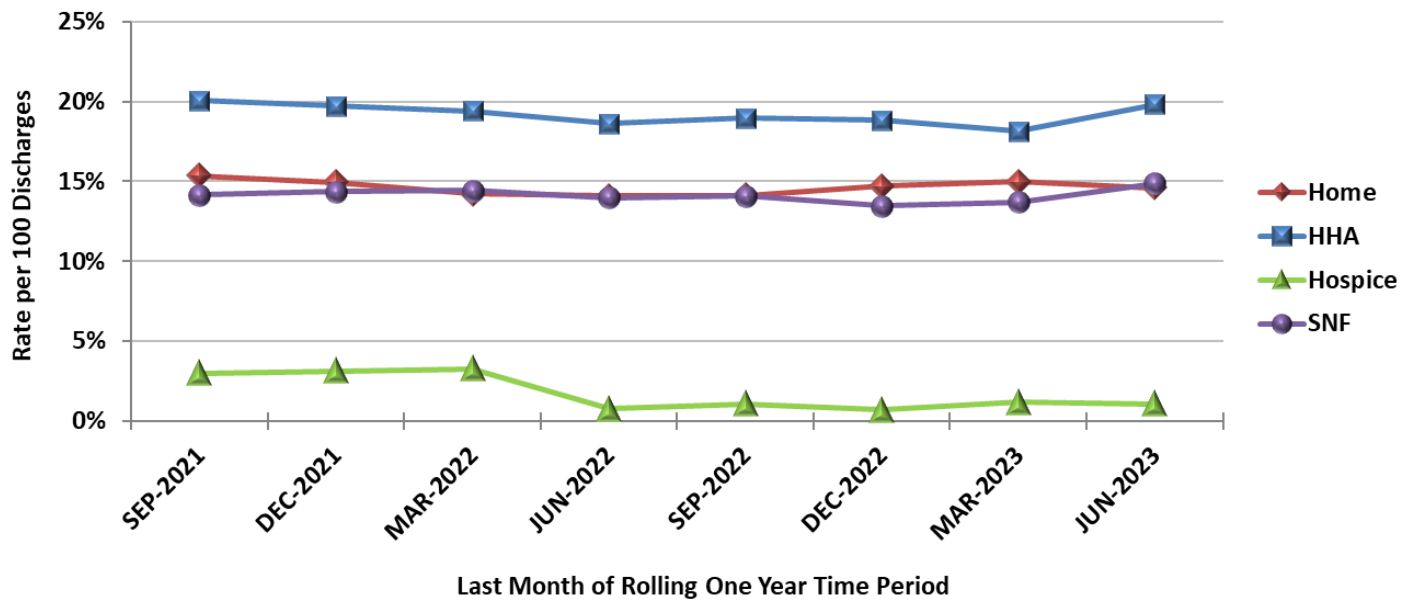
Discharge Locations: 07/01/2022 - 06/30/2023



Readmission Rates among Discharge Locations: 07/01/2022 - 06/30/2023



Readmission Rates by Discharge Location: North Dakota



Top 5 Admission DRG Bundles: 07/01/2022 - 06/30/2023

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	313	3,696	8.47%
	HEART FAILURE & SHOCK	193	3,696	5.22%
	SIMPLE PNEUMONIA & PLEURISY	161	3,696	4.36%
	ACUTE MYOCARDIAL INFARCTION	151	3,696	4.09%
	RENAL FAILURE	92	3,696	2.49%
Fargo Area	SEPTICEMIA OR SEVERE SEPSIS	370	4,473	8.27%
	HEART FAILURE & SHOCK	211	4,473	4.72%
	ACUTE MYOCARDIAL INFARCTION	199	4,473	4.45%
	SIMPLE PNEUMONIA & PLEURISY	140	4,473	3.13%
	PSYCHOSES	121	4,473	2.71%
Grand Forks Area	SEPTICEMIA OR SEVERE SEPSIS	291	2,815	10.34%
	HEART FAILURE & SHOCK	144	2,815	5.12%
	SIMPLE PNEUMONIA & PLEURISY	115	2,815	4.09%
	RENAL FAILURE	92	2,815	3.27%
	NUTRITIONAL & MISC METABOLIC DISORDERS	81	2,815	2.88%
Minot Area	SEPTICEMIA OR SEVERE SEPSIS	195	2,599	7.50%
	SIMPLE PNEUMONIA & PLEURISY	144	2,599	5.54%
	HEART FAILURE & SHOCK	115	2,599	4.43%
	ACUTE MYOCARDIAL INFARCTION	89	2,599	3.42%
	INTRACRANIAL HEMORRHAGE OR CEREBRAL INFA	88	2,599	3.39%
Western ND	SEPTICEMIA OR SEVERE SEPSIS	*	*	4.61%
	SIMPLE PNEUMONIA & PLEURISY	*	*	4.28%
	HEART FAILURE & SHOCK	*	*	3.95%
	NUTRITIONAL & MISC METABOLIC DISORDERS	*	*	3.29%
	CELLULITIS	*	*	2.96%
	PERC CARDIOVASC PROC W STENT	*	*	2.96%
	RENAL FAILURE	*	*	2.96%
North Dakota	SEPTICEMIA OR SEVERE SEPSIS	1,329	16,476	8.07%
	HEART FAILURE & SHOCK	796	16,476	4.83%
	SIMPLE PNEUMONIA & PLEURISY	697	16,476	4.23%
	ACUTE MYOCARDIAL INFARCTION	585	16,476	3.55%
	RENAL FAILURE	405	16,476	2.46%
GPQIN	SEPTICEMIA OR SEVERE SEPSIS	2,822	37,456	7.53%
	HEART FAILURE & SHOCK	1,673	37,456	4.47%
	SIMPLE PNEUMONIA & PLEURISY	1,552	37,456	4.14%
	ACUTE MYOCARDIAL INFARCTION	1,004	37,456	2.68%
	KIDNEY & URINARY TRACT INFECTIONS	948	37,456	2.53%

* The number of admissions is too small to report.

Top 5 Readmission DRG Bundles: 07/01/2022 - 06/30/2023

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	51	582	8.76%
	HEART FAILURE & SHOCK	36	582	6.19%
	ACUTE MYOCARDIAL INFARCTION	32	582	5.50%
	SIMPLE PNEUMONIA & PLEURISY	21	582	3.61%
	G.I. HEMORRHAGE	16	582	2.75%
Fargo Area	SEPTICEMIA OR SEVERE SEPSIS	50	723	6.92%
	HEART FAILURE & SHOCK	46	723	6.36%
	ACUTE MYOCARDIAL INFARCTION	42	723	5.81%
	PSYCHOSES	37	723	5.12%
	CHRONIC OBSTRUCTIVE PULMONARY DISEASE	22	723	3.04%
Grand Forks Area	SEPTICEMIA OR SEVERE SEPSIS	42	411	10.22%
	RENAL FAILURE	25	411	6.08%
	HEART FAILURE & SHOCK	22	411	5.35%
	ALCOHOL/DRUG ABUSE OR DEPENDENCE	20	411	4.87%
	SIMPLE PNEUMONIA & PLEURISY	17	411	4.14%
Minot Area	SEPTICEMIA OR SEVERE SEPSIS	36	414	8.70%
	HEART FAILURE & SHOCK	21	414	5.07%
	SIMPLE PNEUMONIA & PLEURISY	21	414	5.07%
	ACUTE MYOCARDIAL INFARCTION	20	414	4.83%
	CIRRHOSIS & ALCOHOLIC HEPATITIS	14	414	3.38%
Western ND	SIMPLE PNEUMONIA & PLEURISY	*	*	9.09%
	RESPIRATORY INFECTIONS & INFLAMMATIONS	*	*	6.06%
	28 DRG Bundles Tied For Third	*	*	3.03%
ND	SEPTICEMIA OR SEVERE SEPSIS	197	2,526	7.80%
	HEART FAILURE & SHOCK	144	2,526	5.70%
	ACUTE MYOCARDIAL INFARCTION	113	2,526	4.47%
	SIMPLE PNEUMONIA & PLEURISY	96	2,526	3.80%
	RENAL FAILURE	82	2,526	3.25%
GPQIN	SEPTICEMIA OR SEVERE SEPSIS	410	5,629	7.28%
	HEART FAILURE & SHOCK	327	5,629	5.81%
	SIMPLE PNEUMONIA & PLEURISY	200	5,629	3.55%
	RENAL FAILURE	186	5,629	3.30%
	ACUTE MYOCARDIAL INFARCTION	174	5,629	3.09%

* The number of readmissions is too small to report.

Top 5 Admission DRG Bundles on Claims Discharged to a Skilled Nursing Facility: 07/01/2022 - 06/30/2023

Community	DRG Bundle Description	DRG Bundle Admissions	Community Admissions	Percent of Community Admissions
Bismarck-Mandan Area	SEPTICEMIA OR SEVERE SEPSIS	78	670	11.64%
	HEART FAILURE & SHOCK	32	670	4.78%
	HIP & FEMUR PROCEDURES EXCEPT MAJOR JOINT	32	670	4.78%
	SIMPLE PNEUMONIA & PLEURISY	30	670	4.48%
	KIDNEY & URINARY TRACT INFECTIONS	29	670	4.33%
Fargo Area	SEPTICEMIA OR SEVERE SEPSIS	89	911	9.77%
	HEART FAILURE & SHOCK	58	911	6.37%
	HIP & FEMUR PROCEDURES EXCEPT MAJOR JOINT	50	911	5.49%
	SIMPLE PNEUMONIA & PLEURISY	37	911	4.06%
	RENAL FAILURE	36	911	3.95%
Grand Forks Area	SEPTICEMIA OR SEVERE SEPSIS	77	571	13.49%
	NUTRITIONAL & MISC METABOLIC DISORDERS	30	571	5.25%
	SIMPLE PNEUMONIA & PLEURISY	30	571	5.25%
	RENAL FAILURE	27	571	4.73%
	HEART FAILURE & SHOCK	26	571	4.55%
Minot Area	SEPTICEMIA OR SEVERE SEPSIS	32	396	8.08%
	SIMPLE PNEUMONIA & PLEURISY	30	396	7.58%
	HEART FAILURE & SHOCK	20	396	5.05%
	HIP & FEMUR PROCEDURES EXCEPT MAJOR JOINT	20	396	5.05%
	KIDNEY & URINARY TRACT INFECTIONS	18	396	4.55%
Western ND	SEPTICEMIA OR SEVERE SEPSIS	*	*	7.58%
	SIMPLE PNEUMONIA & PLEURISY	*	*	6.06%
	CELLULITIS	*	*	4.55%
	FX, SPRN, STRN & DISL EXCEPT FEMUR, HIP, PELVIS & THIGH	*	*	4.55%
	HIP & FEMUR PROCEDURES EXCEPT MAJOR JOINT	*	*	4.55%
	NUTRITIONAL & MISC METABOLIC DISORDERS	*	*	4.55%
	RENAL FAILURE	*	*	4.55%
North Dakota	SEPTICEMIA OR SEVERE SEPSIS	313	3,175	9.86%
	HEART FAILURE & SHOCK	160	3,175	5.04%
	SIMPLE PNEUMONIA & PLEURISY	157	3,175	4.95%
	HIP & FEMUR PROCEDURES EXCEPT MAJOR JOINT	153	3,175	4.82%
	KIDNEY & URINARY TRACT INFECTIONS	123	3,175	3.87%
GPQIN	SEPTICEMIA OR SEVERE SEPSIS	642	7,298	8.80%
	HIP & FEMUR PROCEDURES EXCEPT MAJOR JOINT	386	7,298	5.29%
	SIMPLE PNEUMONIA & PLEURISY	354	7,298	4.85%
	HEART FAILURE & SHOCK	335	7,298	4.59%
	KIDNEY & URINARY TRACT INFECTIONS	317	7,298	4.34%

* The number of admissions is too small to report.

Top 5 Readmission DRG Bundles on Claims Whose Index Discharge*** was to a Skilled Nursing Facility:

07/01/2022 - 06/30/2023

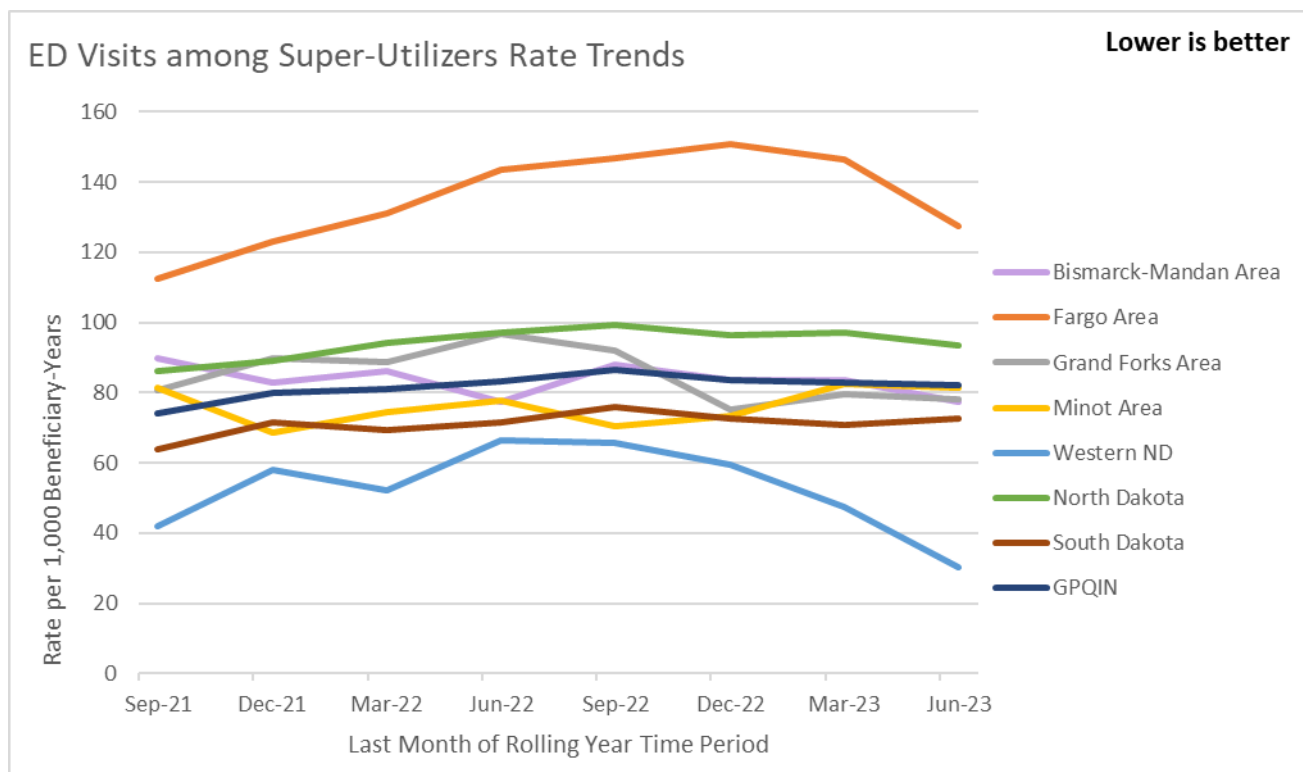
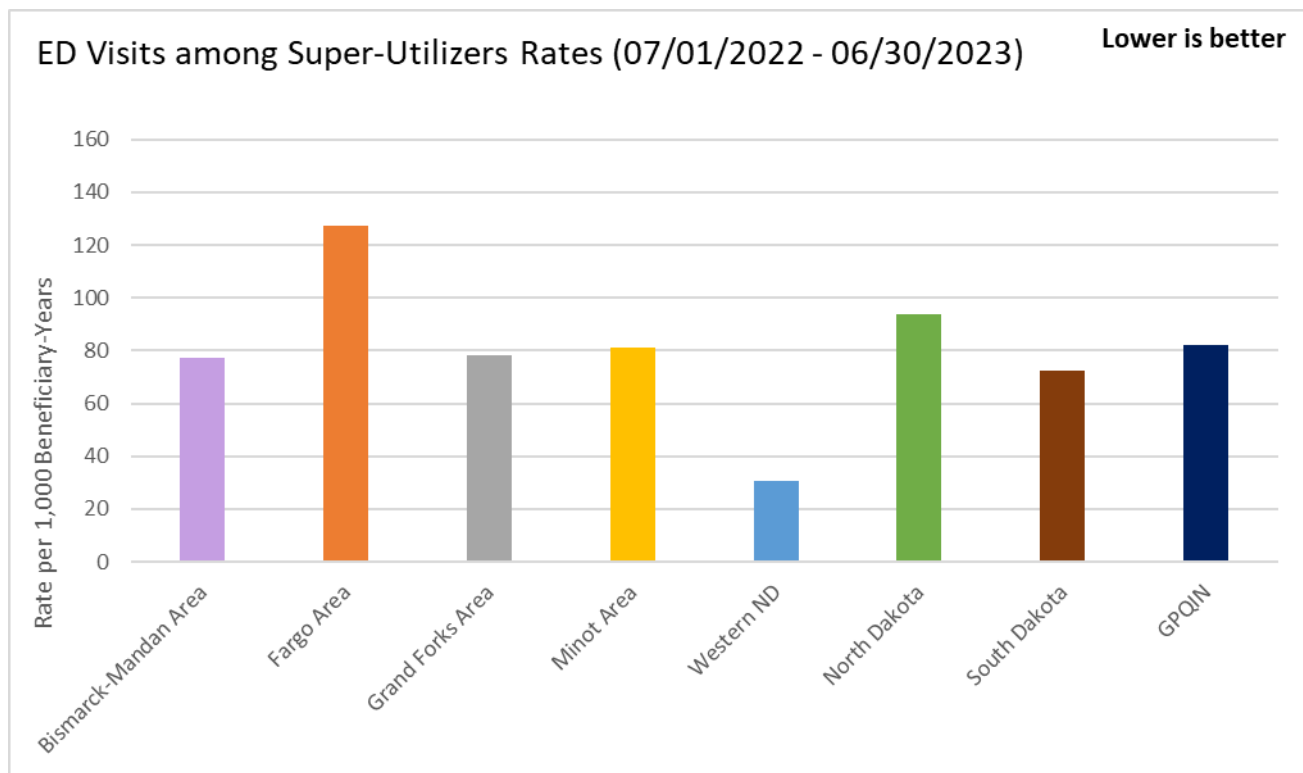
***See first paragraph on page 2 for definition of Index Discharge

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	*	*	11.65%
	HEART FAILURE & SHOCK	*	*	5.83%
	KIDNEY & URINARY TRACT INFECTIONS	*	*	4.85%
	RENAL FAILURE	*	*	4.85%
	ACUTE MYOCARDIAL INFARCTION	*	*	3.88%
	DIABETES	*	*	3.88%
	O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS	*	*	3.88%
Fargo Area	SEPTICEMIA OR SEVERE SEPSIS	*	*	11.18%
	HEART FAILURE & SHOCK	*	*	6.58%
	ACUTE MYOCARDIAL INFARCTION	*	*	4.61%
	KIDNEY & URINARY TRACT INFECTIONS	*	*	3.95%
	NUTRITIONAL & MISC METABOLIC DISORDERS	*	*	3.95%
Grand Forks Area	SEPTICEMIA OR SEVERE SEPSIS	*	*	18.61%
	RENAL FAILURE	*	*	6.98%
	SIMPLE PNEUMONIA & PLEURISY	*	*	6.98%
	INFECTIOUS & PARASITIC DISEASES W O.R. PROCEDURE	*	*	5.81%
	DIABETES	*	*	3.49%
	NUTRITIONAL & MISC METABOLIC DISORDERS	*	*	3.49%
Minot Area	SEPTICEMIA OR SEVERE SEPSIS	*	*	12.50%
	SIMPLE PNEUMONIA & PLEURISY	*	*	8.93%
	HEART FAILURE & SHOCK	*	*	7.14%
	INFECTIOUS & PARASITIC DISEASES W O.R. PROCEDURE	*	*	7.14%
	RENAL FAILURE	*	*	7.14%
Western ND	ACUTE MYOCARDIAL INFARCTION	*	*	**
	CIRCULATORY DISORDERS EXCEPT AMI, W CARD CATH	*	*	**
	FOOT PROCEDURES	*	*	**
	FRACTURES OF HIP & PELVIS	*	*	**
	HIP & FEMUR PROCEDURES EXCEPT MAJOR JOINT	*	*	**
	MAJOR CHEST PROCEDURES	*	*	**
	MENSTRUAL & OTHER FEMALE REPRODUCTIVE SYSTEM DISORDERS	*	*	**
	OSTEOMYELITIS	*	*	**
	SEPTICEMIA OR SEVERE SEPSIS	*	*	**
	SOFT TISSUE PROCEDURES	*	*	**
ND	SEPTICEMIA OR SEVERE SEPSIS	57	483	11.80%
	HEART FAILURE & SHOCK	25	483	5.18%
	RENAL FAILURE	24	483	4.97%
	SIMPLE PNEUMONIA & PLEURISY	19	483	3.93%
	INFECTIOUS & PARASITIC DISEASES W O.R. PROCEDURE	18	483	3.73%
GPQIN	SEPTICEMIA OR SEVERE SEPSIS	111	1,092	10.17%
	HEART FAILURE & SHOCK	65	1,092	5.95%
	KIDNEY & URINARY TRACT INFECTIONS	50	1,092	4.58%
	HIP & FEMUR PROCEDURES EXCEPT MAJOR JOINT	47	1,092	4.30%
	INFECTIOUS & PARASITIC DISEASES W O.R. PROCEDURE	42	1,092	3.85%

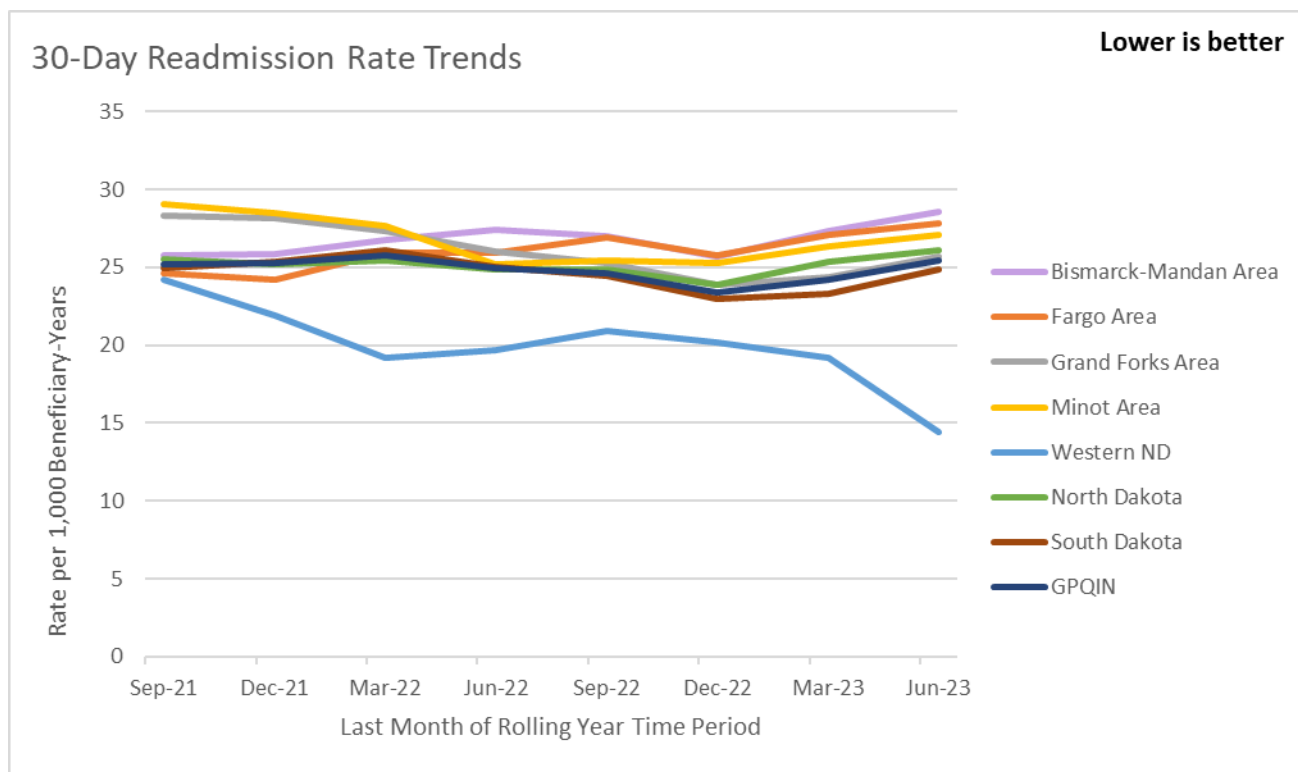
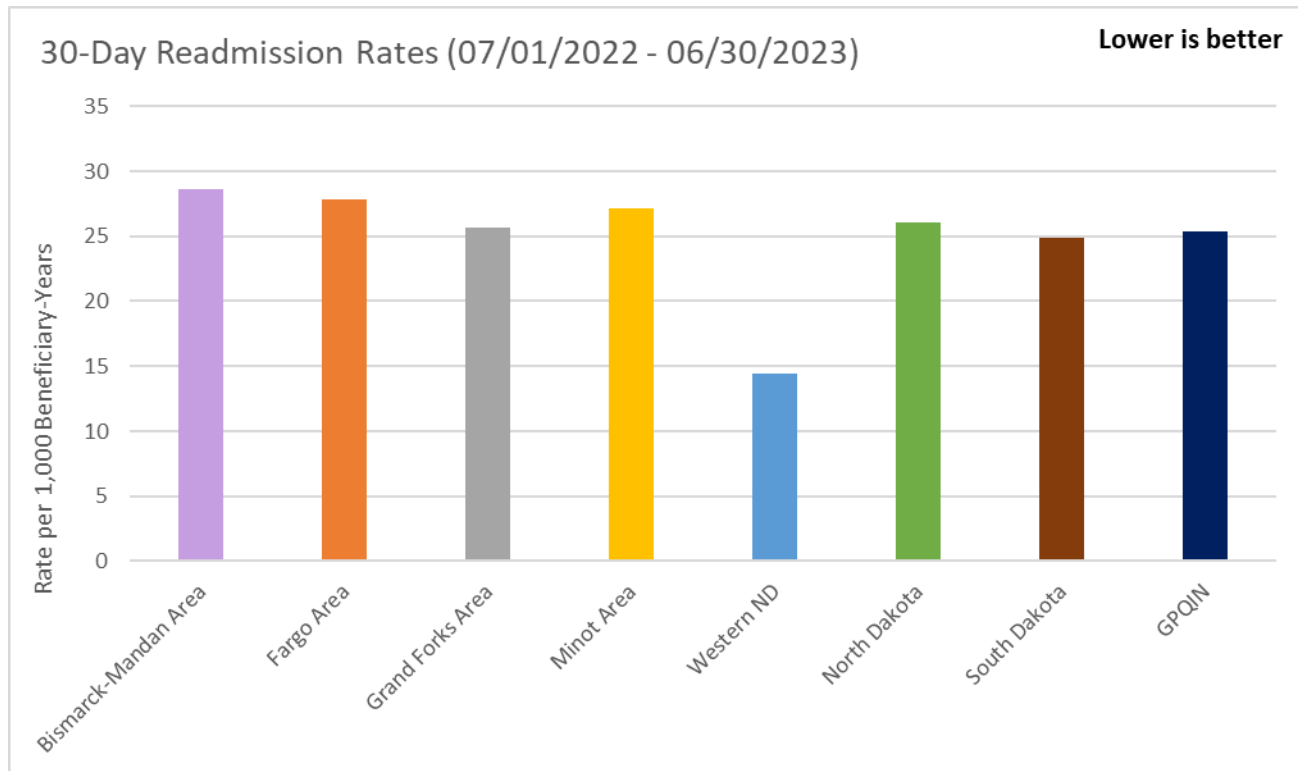
* The number of readmissions is too small to report.

** Not reported to maintain confidentiality

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:



NURSING HOME

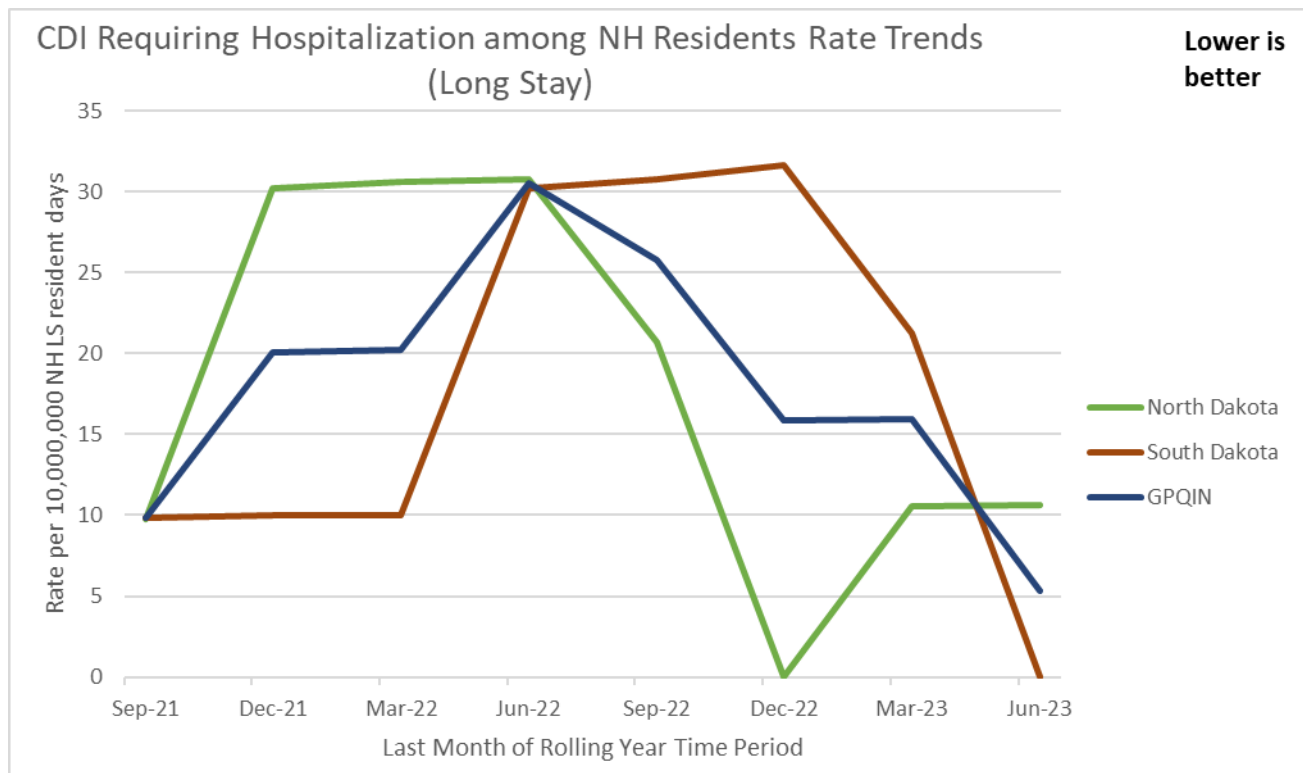
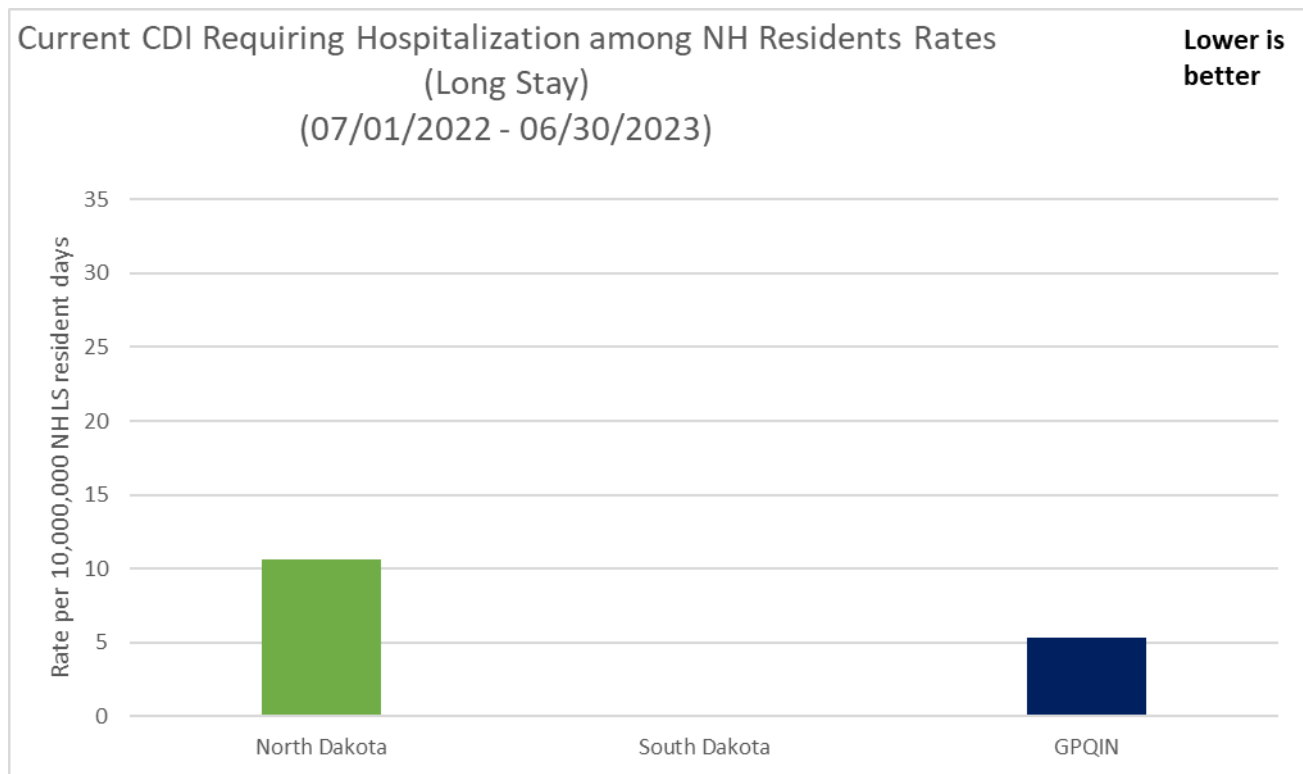
Data Overview and Definitions

The following Nursing Home (NH) measures utilize Medicare Claims Fee-for-Service (FFS) and Minimum Data Set (MDS) data prepared by the CMS Data Validation and Administration (DVA) contractor. Rates and trends are reported at GPQIN and state level for all measures. Where sufficient data is available, rates and trends are also reported at the PCH level. Each measure is calculated separately for long stay (LS) and short stay (SS) classified beneficiaries. Long stay is defined as all days in the nursing home beginning on and continuing after the 101st cumulative day among stays in the same nursing facility. Short stay includes all days prior to the 101st cumulative day in the same nursing facility.

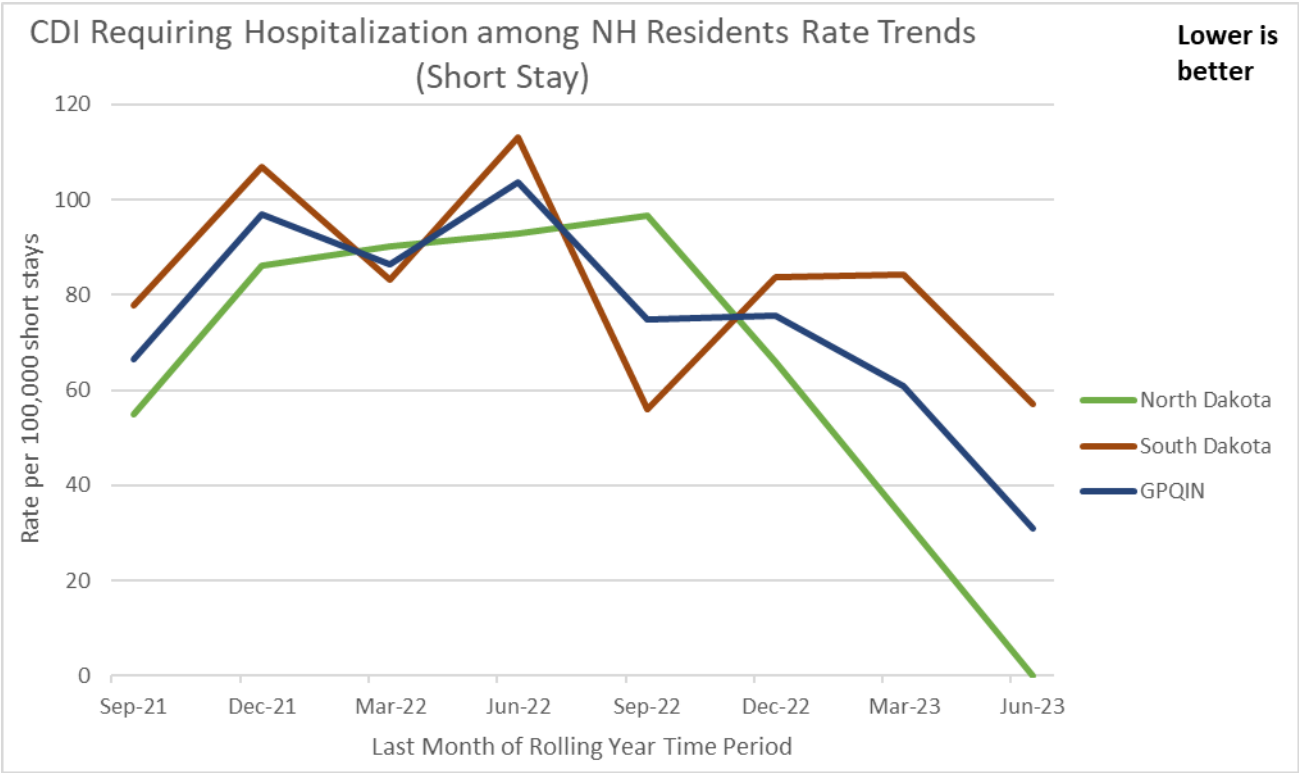
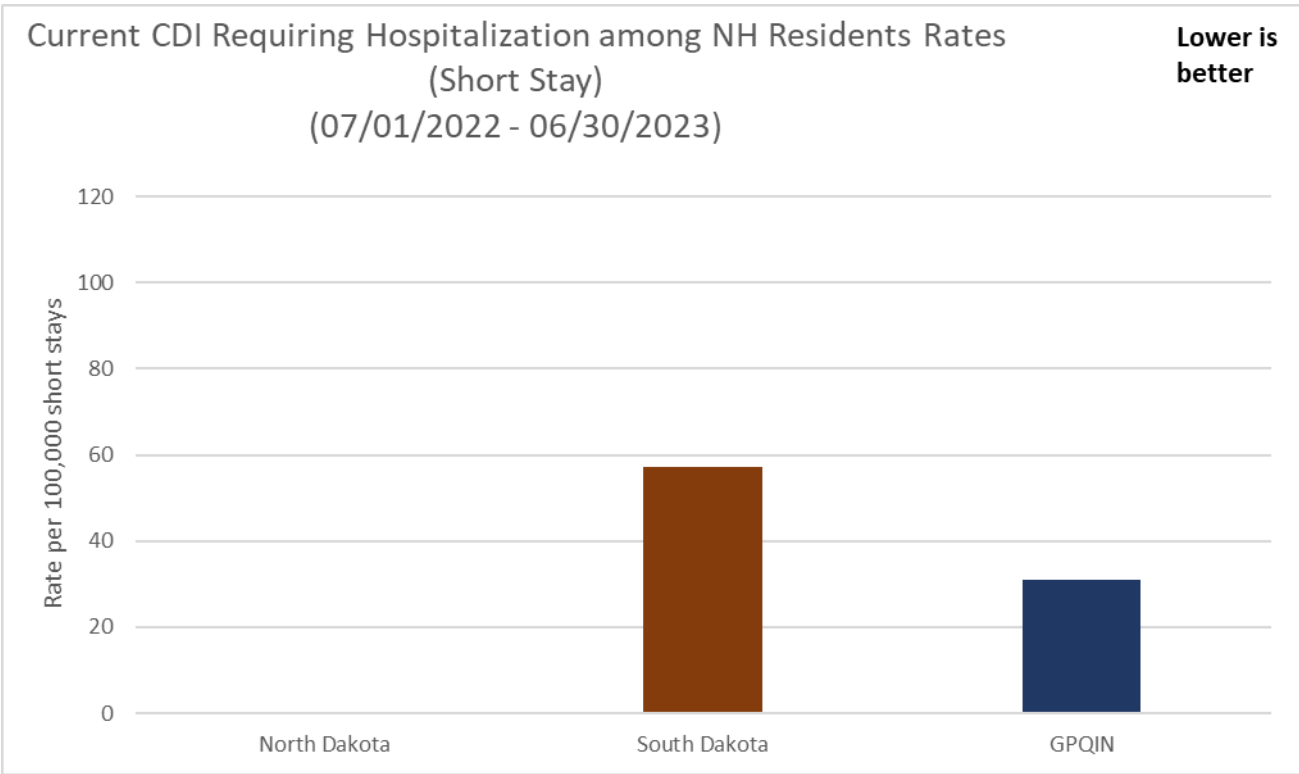
Measures included are:

- **Clostridioides difficile (CDI) Requiring Hospitalization (Long Stay):** Rate of inpatient admissions due to CDI per 10 million nursing home long-stay resident days among Medicare Fee-for-Service beneficiaries.
- **Clostridioides difficile (CDI) Requiring Hospitalization (Short Stay):** Rate of nursing home short stays with an inpatient admission due to CDI per 100,000 short stays among Medicare Fee-for-Service beneficiaries.
- **Anticoagulant, Antidiabetic, or Opioid Adverse Drug Event (ADE) Hospital Encounters (Long Stay):** Rate of emergency department, observation, and inpatient anticoagulant, antidiabetic, or opioid ADEs per 100,000 nursing home long-stay resident days among Medicare Fee-for-Service beneficiaries with filled anticoagulant, antidiabetic, or opioid prescription(s).
- **Anticoagulant, Antidiabetic, or Opioid Adverse Drug Event (ADE) Hospital Encounters (Short Stay):** Rate of nursing home short stays with an emergency department, observation, or inpatient anticoagulant, antidiabetic, or opioid ADEs per 1,000 stay stays among Medicare Fee-for-Service beneficiaries with filled anticoagulant, antidiabetic, or opioid prescription(s).
- **COVID-19, Pneumonia, Sepsis, or Urinary Tract Infection (UTI) Requiring Hospitalization (Long Stay):** Rate of inpatient admission due to COVID-19, pneumonia, sepsis, or UTI per 100,000 nursing home long-stay resident days among Medicare Fee-for-Service beneficiaries.
- **COVID-19, Pneumonia, Sepsis, or Urinary Tract Infection (UTI) Requiring Hospitalization (Short Stay):** Percentage of nursing home short stays by Medicare Fee-for-Service beneficiaries having an inpatient admission due to COVID-19, pneumonia, sepsis, or UTI.
- **30-Day Preventable ED Visits (Long Stay):** Percentage of nursing home stays by long-stay residents who are Medicare Fee-for-Service beneficiaries having a potentially preventable emergency department visits within 30 days after an inpatient discharge.
- **30-Day Preventable ED Visits (Short Stay):** Percentage of nursing home short stays by Medicare Fee-for-Service beneficiaries having a potentially preventable emergency department visits within 30 days after an inpatient discharge.
- **30-Day Readmissions (Long Stay):** Percentage of nursing home stays by long-stay residents who are Medicare Fee-for-Service beneficiaries having an all-cause inpatient readmission within 30 days after an inpatient discharge.
- **30-Day Readmissions (Short Stay):** Percentage of nursing home short stays by Medicare Fee-for-Service beneficiaries having an all-cause inpatient readmission within 30 days after an inpatient discharge.

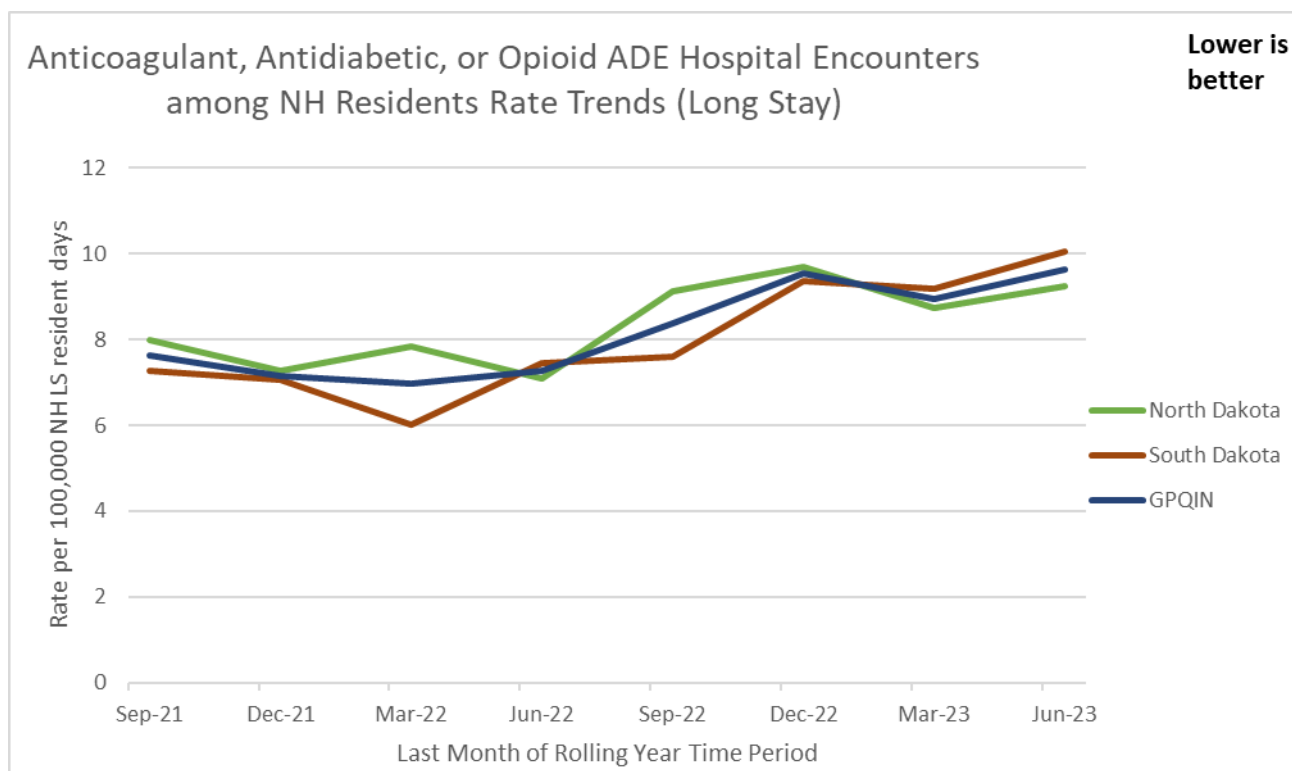
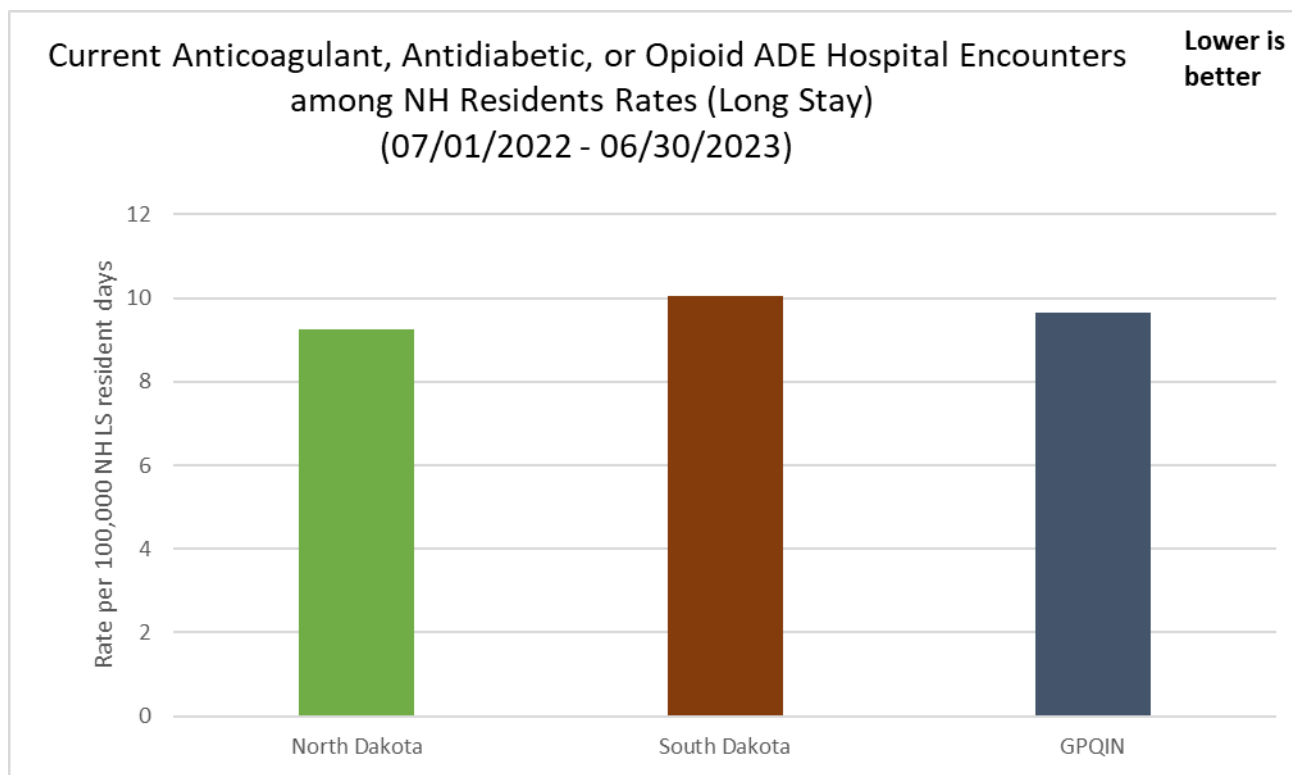
Clostridioides difficile (CDI) Requiring Hospitalization (Long Stay): Rate of inpatient admissions due to CDI per 10 million nursing home long-stay resident days among Medicare Fee-for-Service beneficiaries.



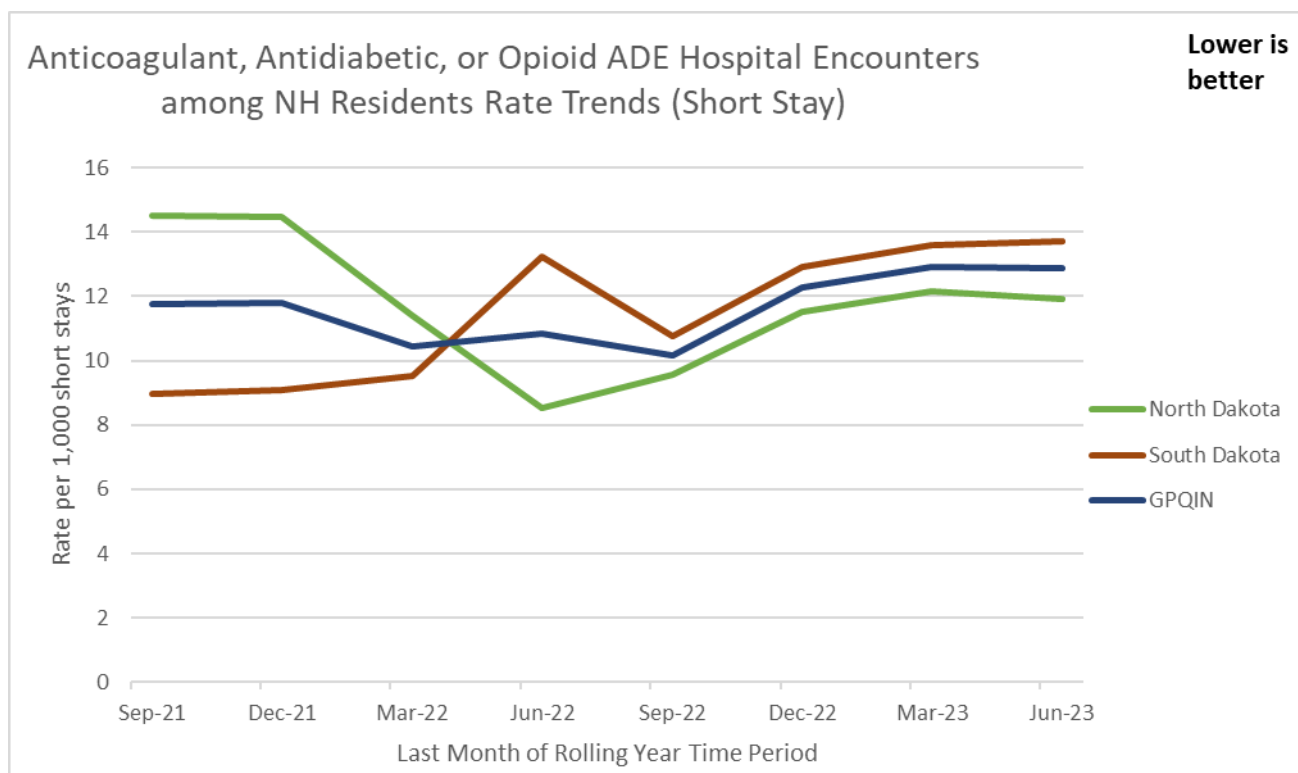
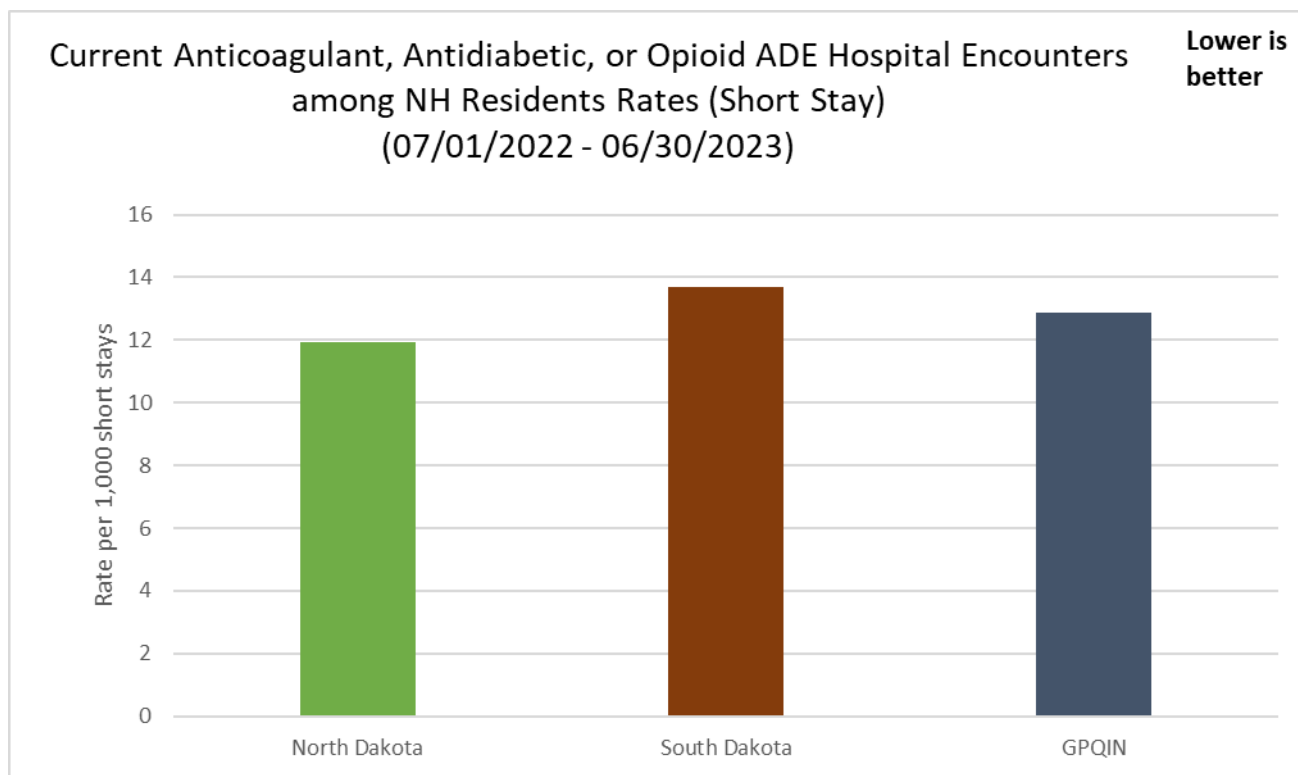
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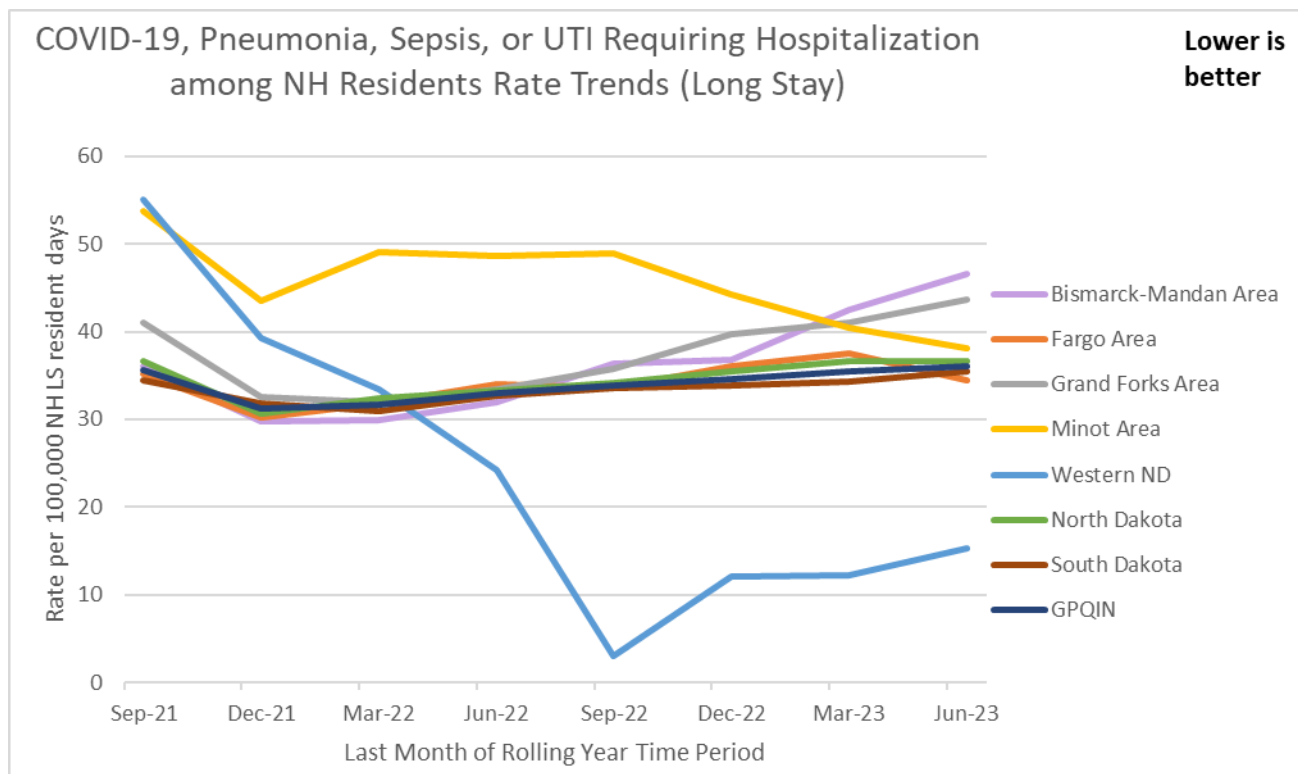
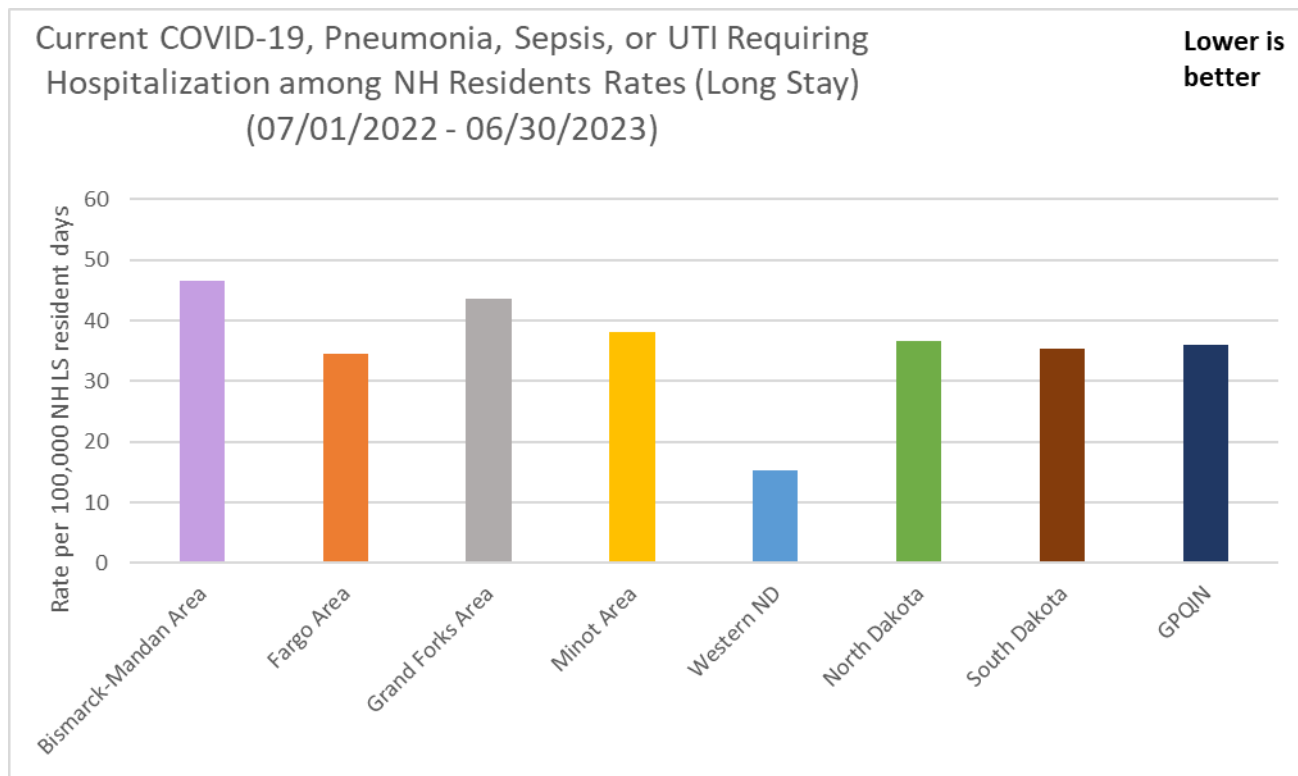
Anticoagulant, Antidiabetic, or Opioid Adverse Drug Event (ADE) Hospital Encounters (Long Stay): Rate of emergency department, observation, and inpatient anticoagulant, antidiabetic, or opioid ADEs per 100,000 nursing home long-stay resident days among Medicare Fee-for-Service beneficiaries with filled anticoagulant, antidiabetic, or opioid prescription(s).



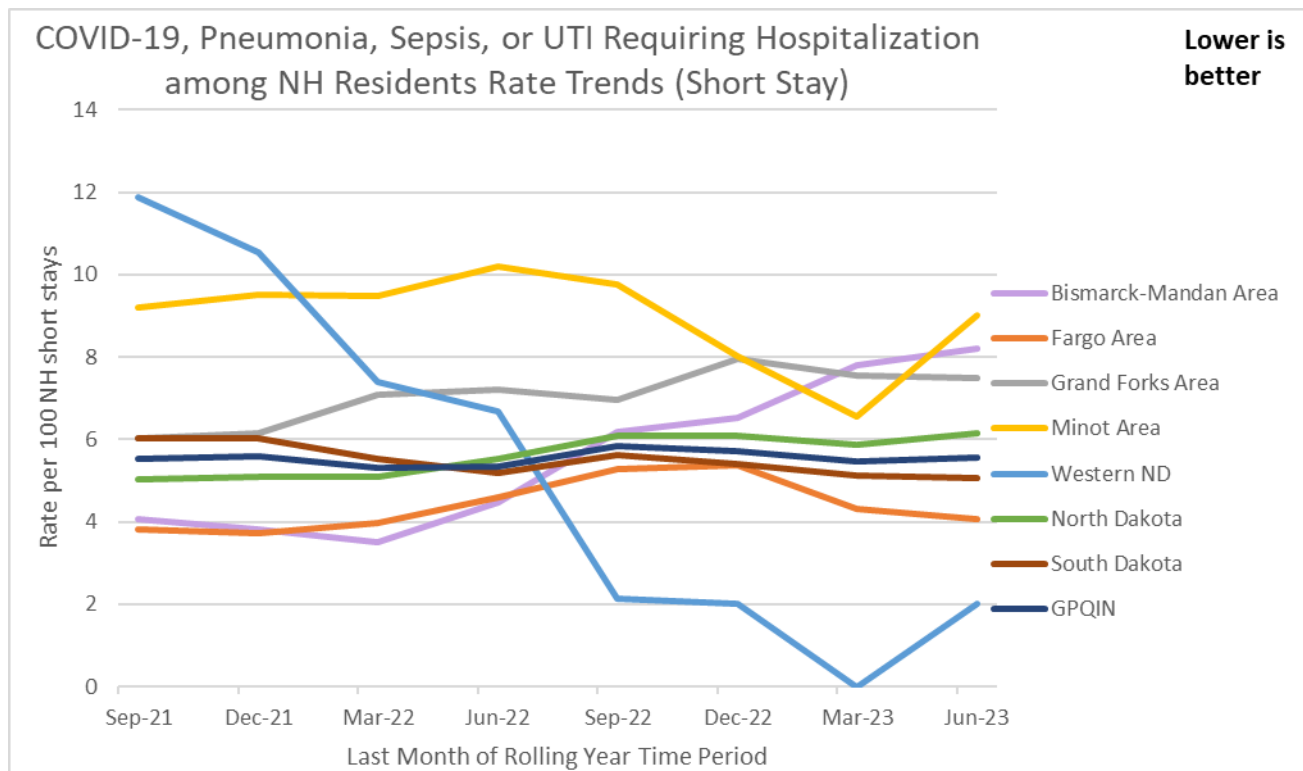
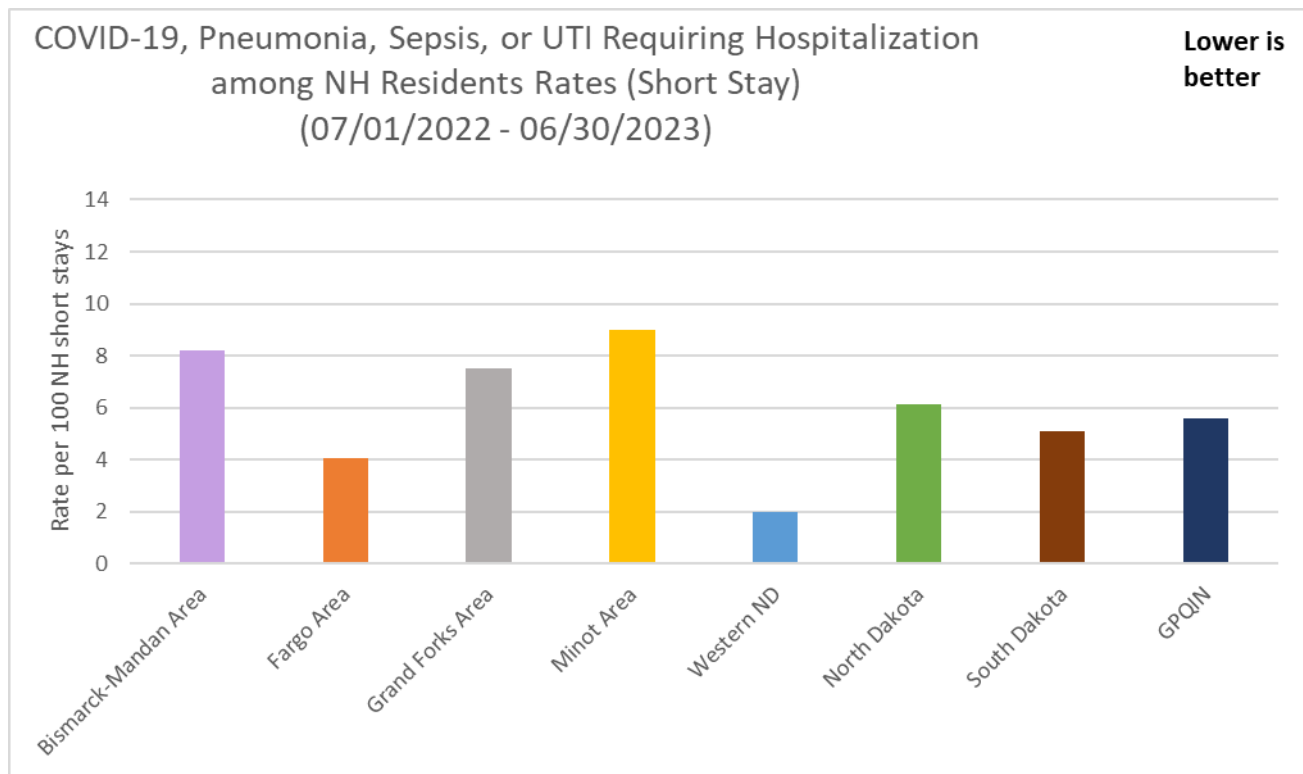
Anticoagulant, Antidiabetic, or Opioid Adverse Drug Event (ADE) Hospital Encounters (Short Stay): Rate of nursing home short stays with an emergency department, observation, or inpatient anticoagulant, antidiabetic, or opioid ADEs per 1,000 stay stays among Medicare Fee-for-Service beneficiaries with filled anticoagulant, antidiabetic, or opioid prescription(s).



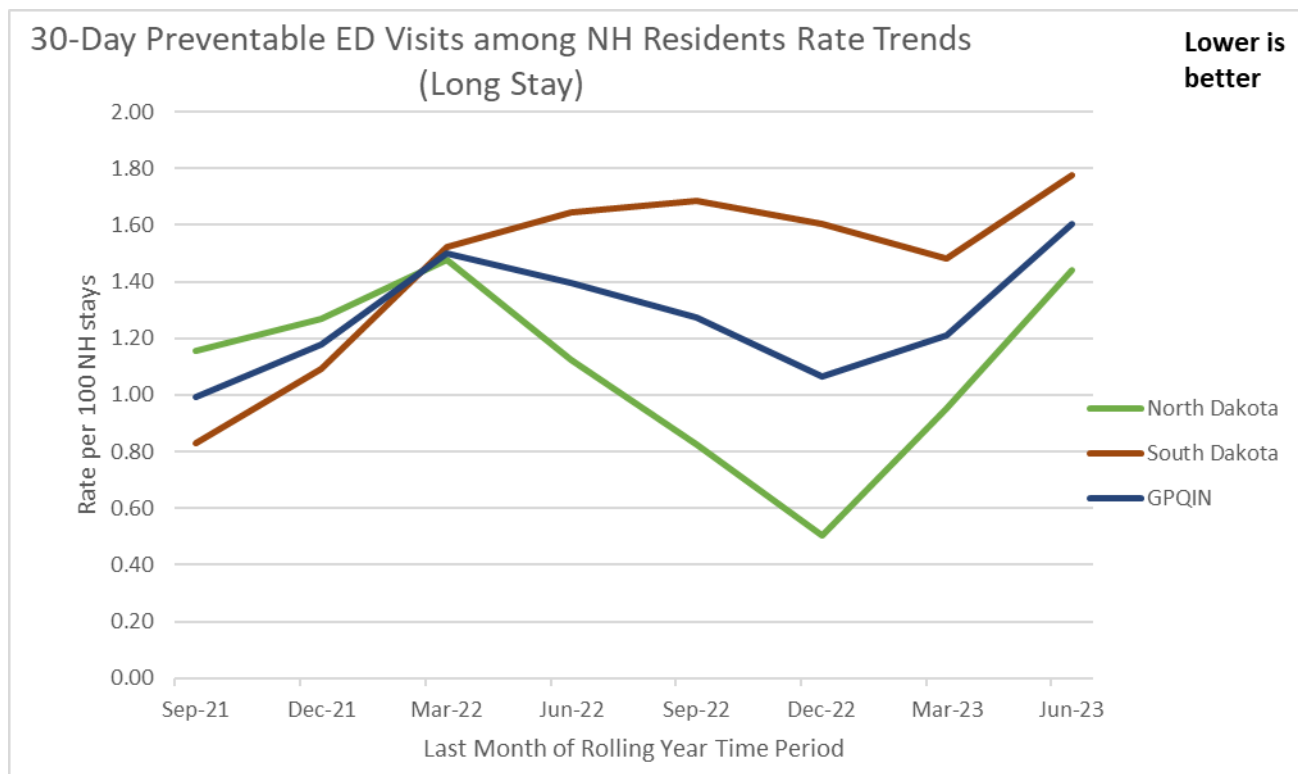
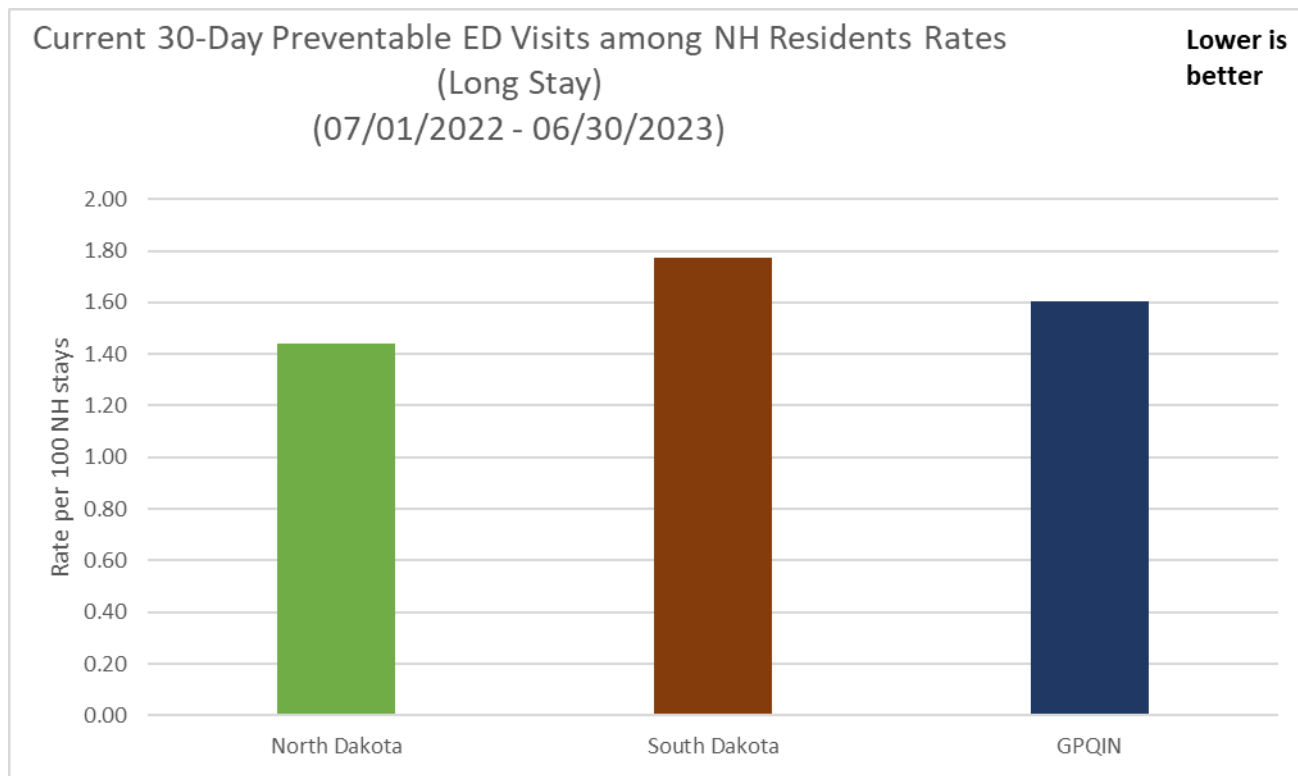
COVID-19, Pneumonia, Sepsis, or UTI Requiring Hospitalization (Long Stay): Rate of inpatient admission due to COVID-19, pneumonia, sepsis, or UTI per 100,000 nursing home long-stay resident days among Medicare Fee-for-Service beneficiaries.



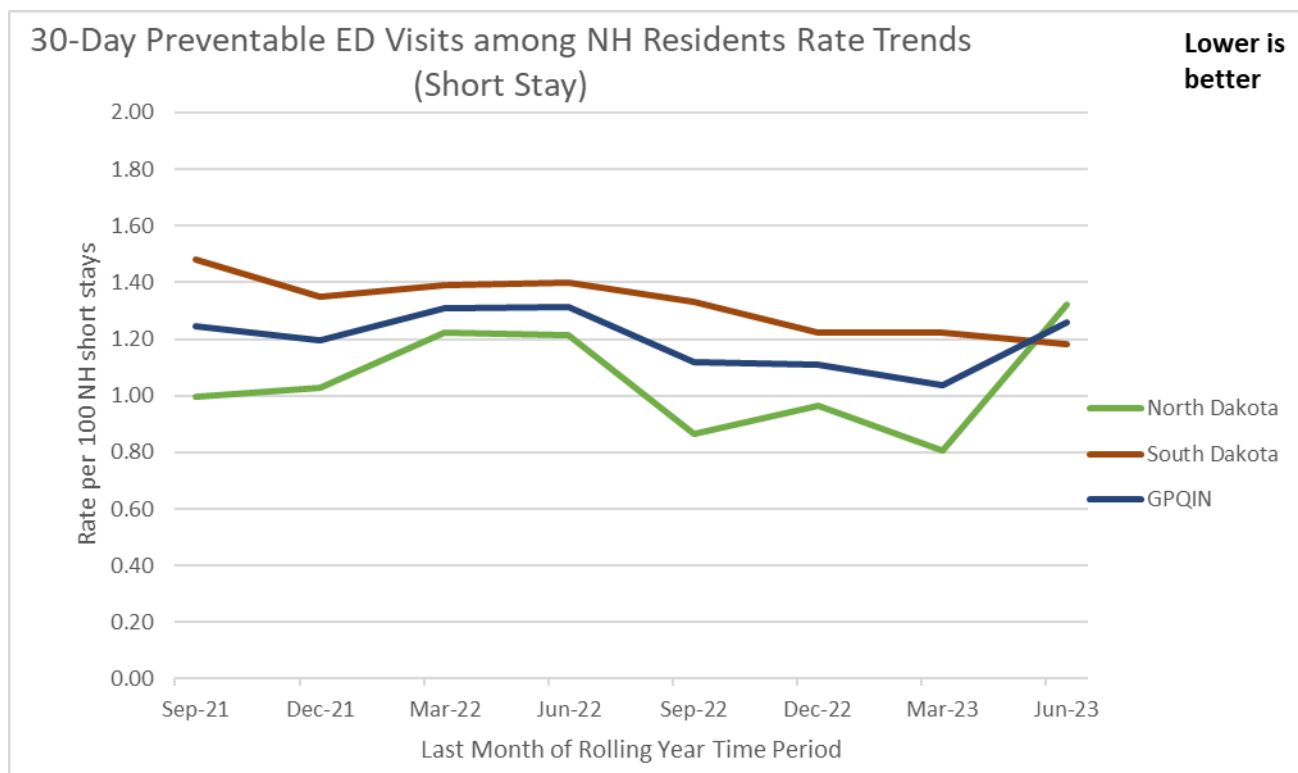
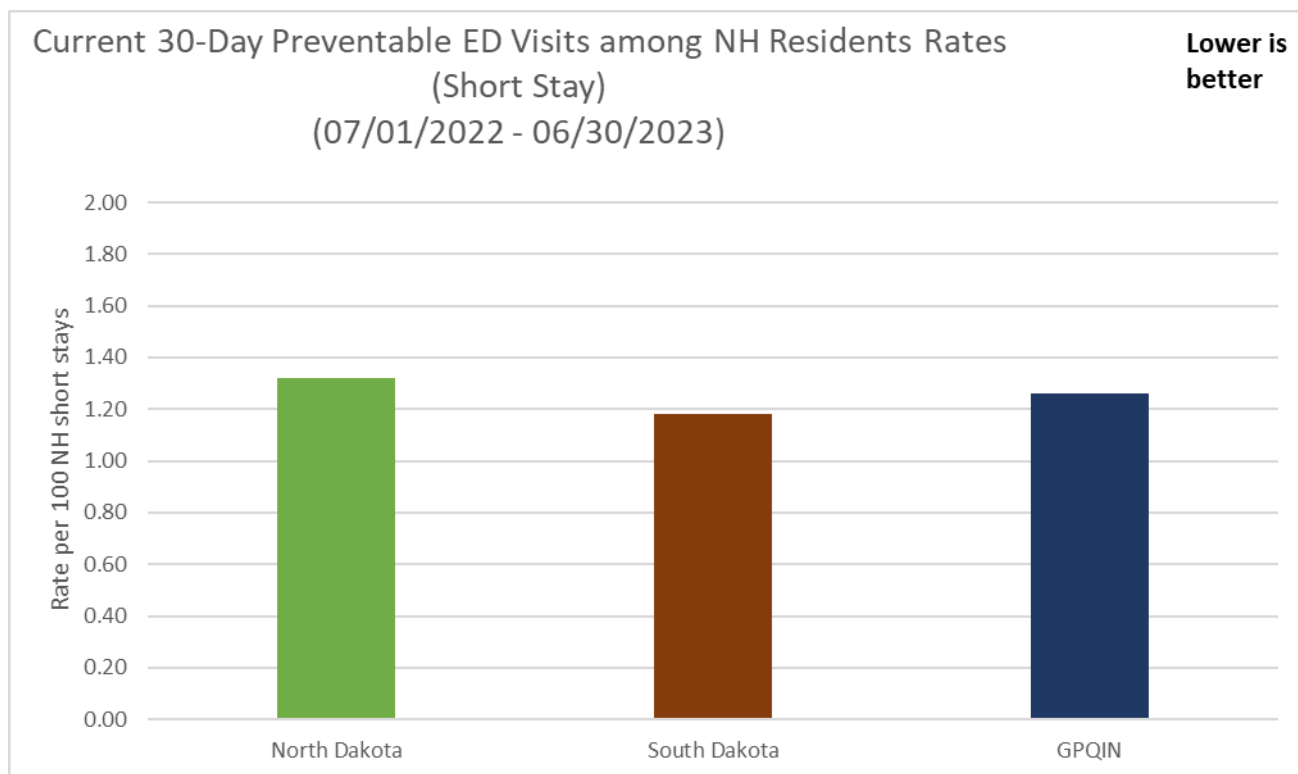
COVID-19, Pneumonia, Sepsis, or UTI Requiring Hospitalization (Short Stay): Percentage of nursing home short stays by Medicare Fee-for-Service beneficiaries having an inpatient admission due to COVID-19, pneumonia, sepsis, or UTI.



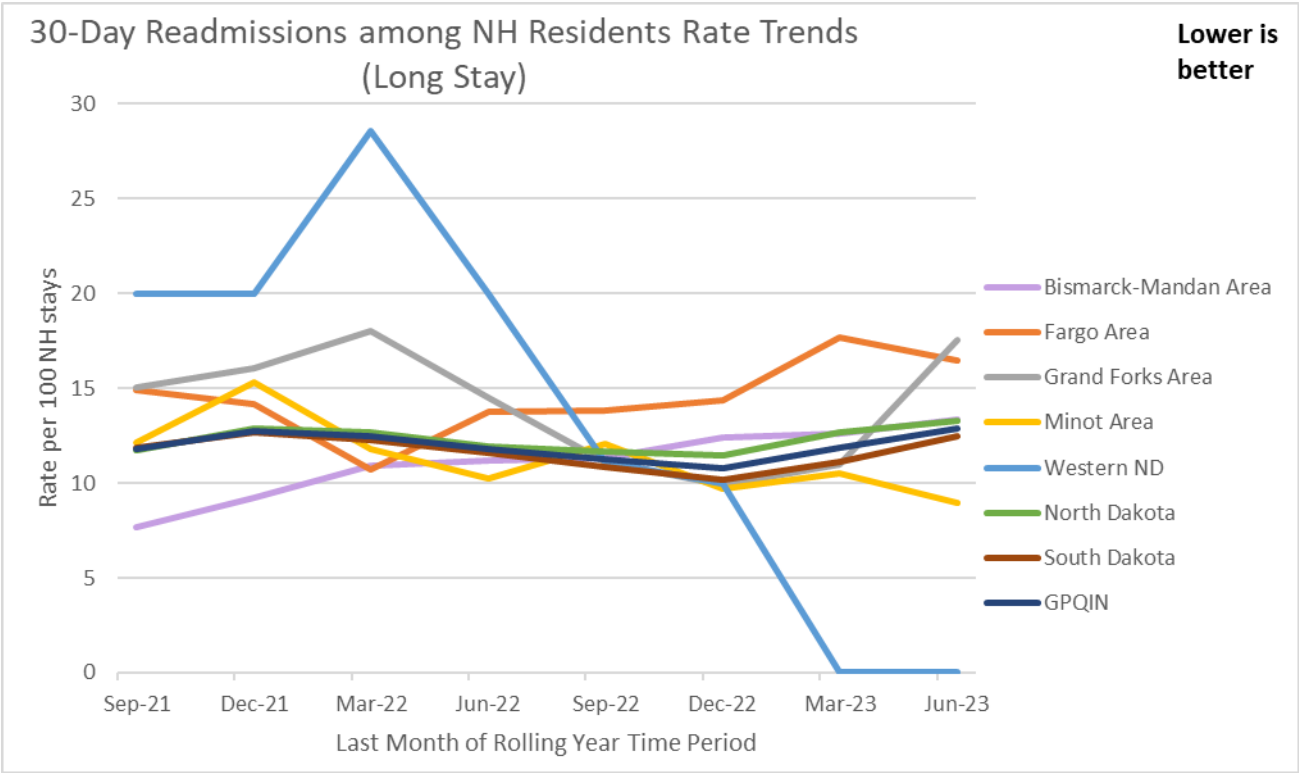
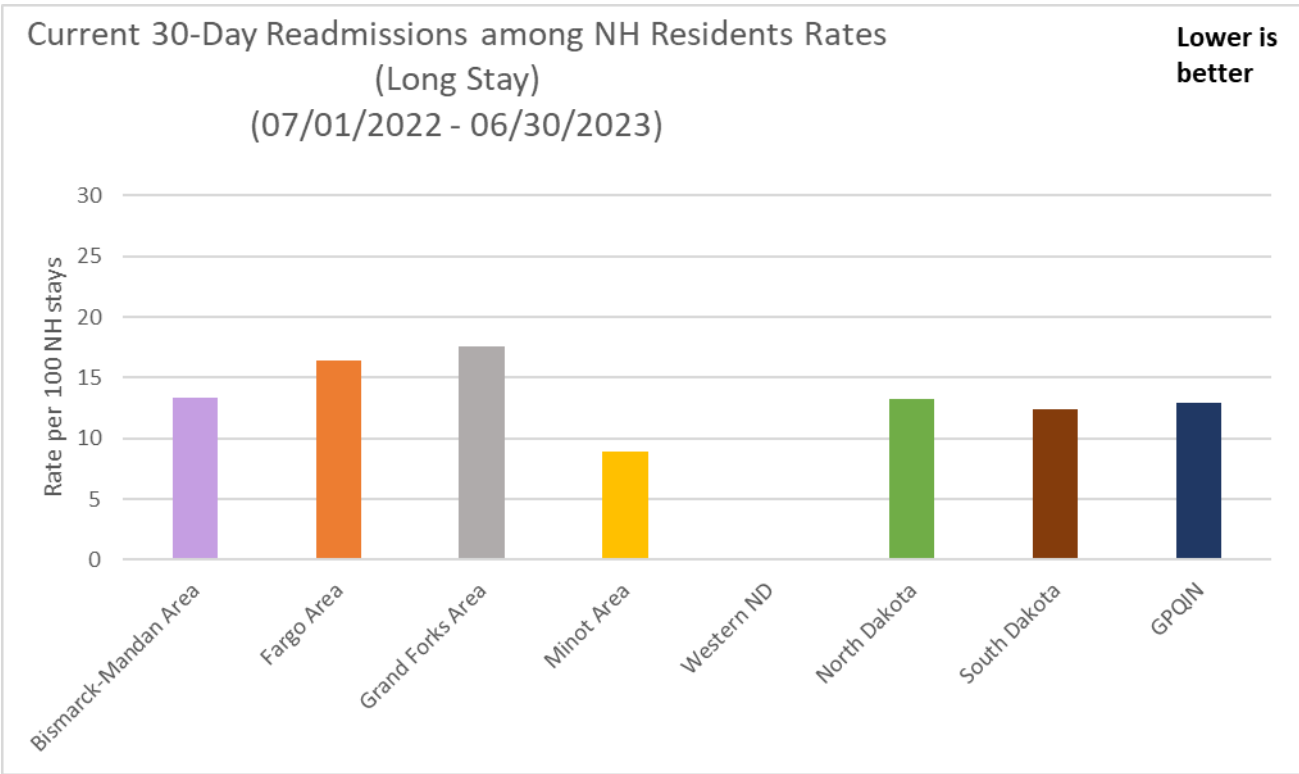
30-Day Preventable ED Visits (Long Stay): Percentage of nursing home stays by long-stay residents who are Medicare Fee-for-Service beneficiaries having a potentially preventable emergency department visits within 30 days after an inpatient discharge.



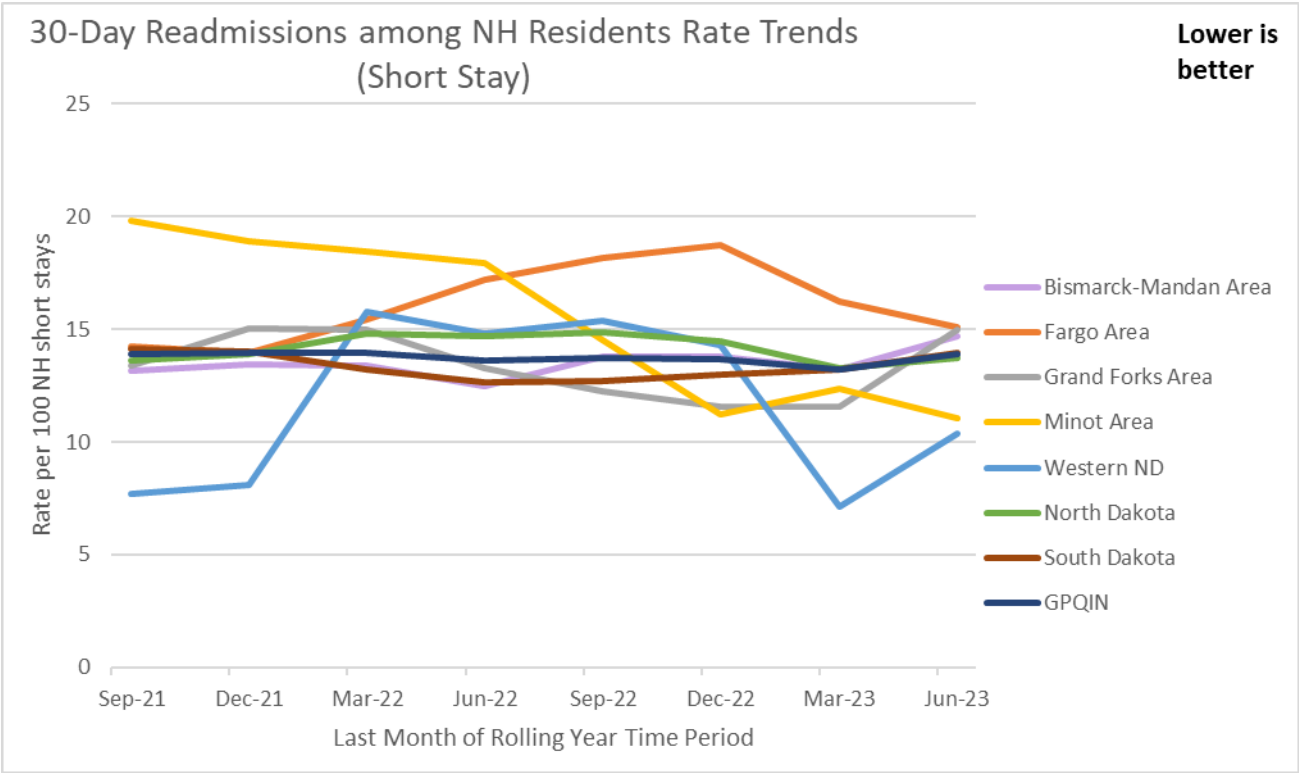
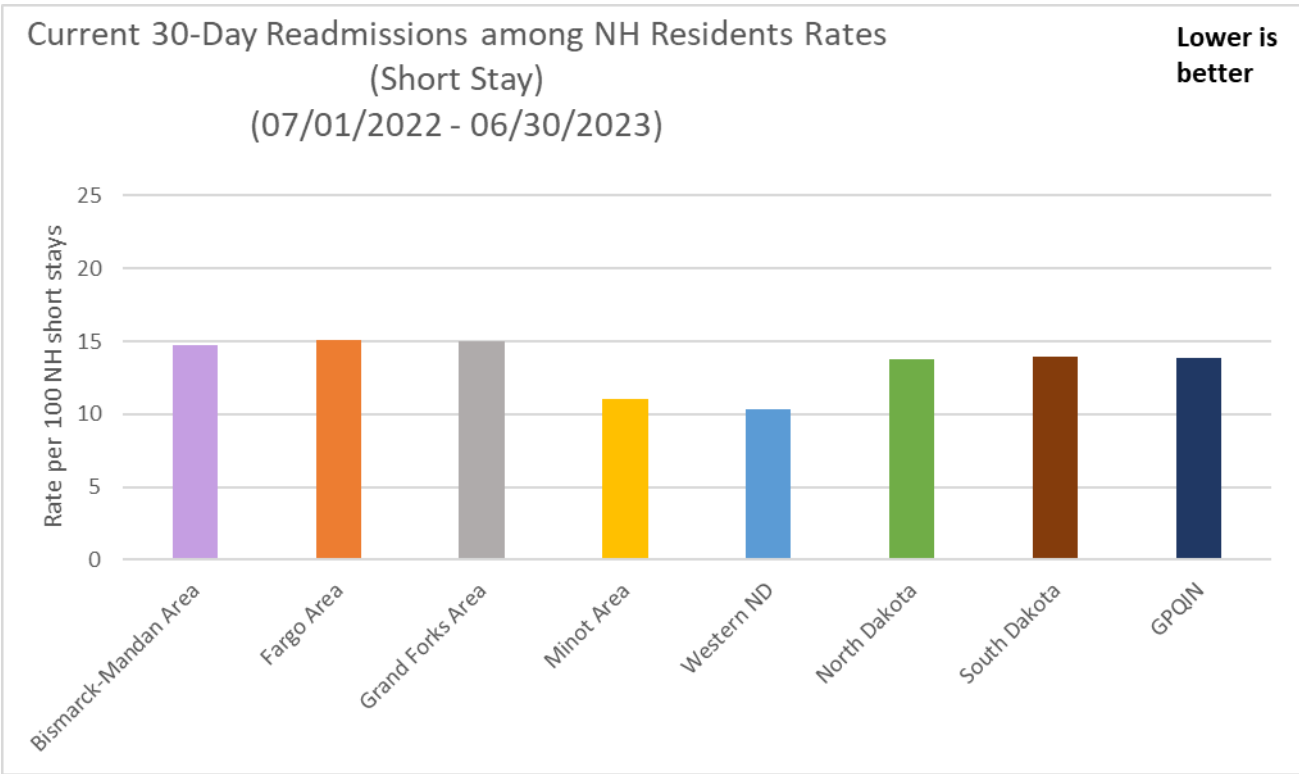
30-Day Preventable ED Visits (Short Stay): Percentage of nursing home short stays by Medicare Fee-for-Service beneficiaries having a potentially preventable emergency department visits within 30 days after an inpatient discharge.



30-Day Readmissions (Long Stay): Percentage of nursing home stays by long-stay residents who are Medicare Fee-for-Service beneficiaries having an all-cause inpatient readmission within 30 days after an inpatient discharge.



30-Day Readmissions (Short Stay): Percentage of nursing home short stays by Medicare Fee-for-Service beneficiaries having an all-cause inpatient readmission within 30 days after an inpatient discharge.



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.