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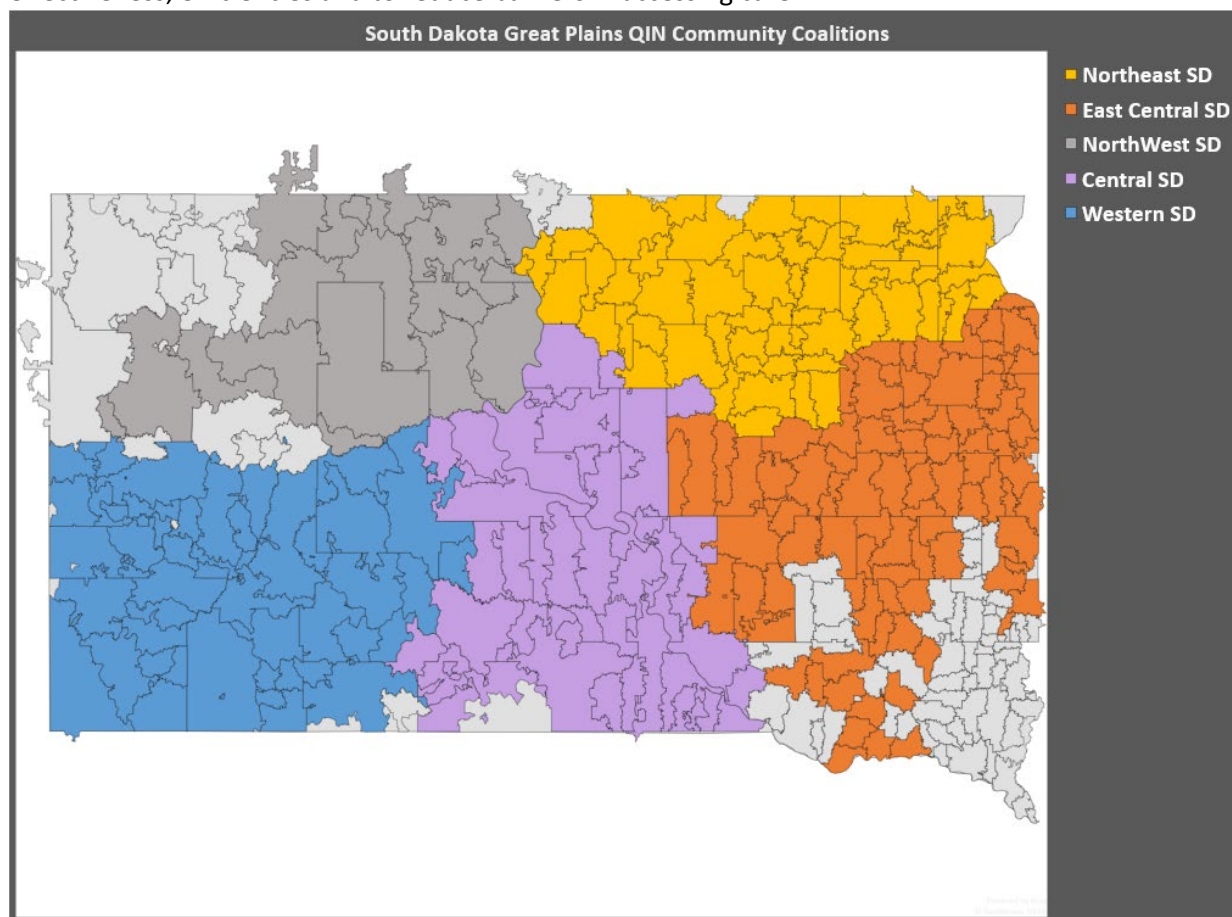
North Dakota and South Dakota communities have many attributes that are similar, yet qualities that make them unique. However, when it comes to healthcare, each state has a shared commitment to ensuring quality of care for its community members.

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-454/0224

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

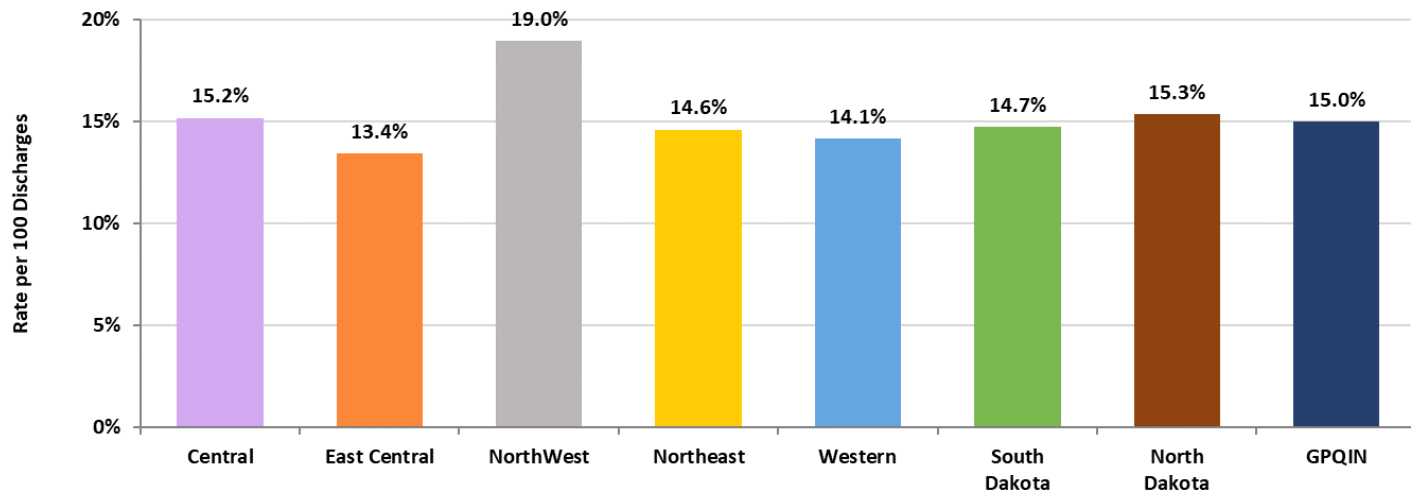
<https://greatplainsqin.org/initiatives/care-transitions/>

Go to our GPQIN Nursing Home Quality Webpage:

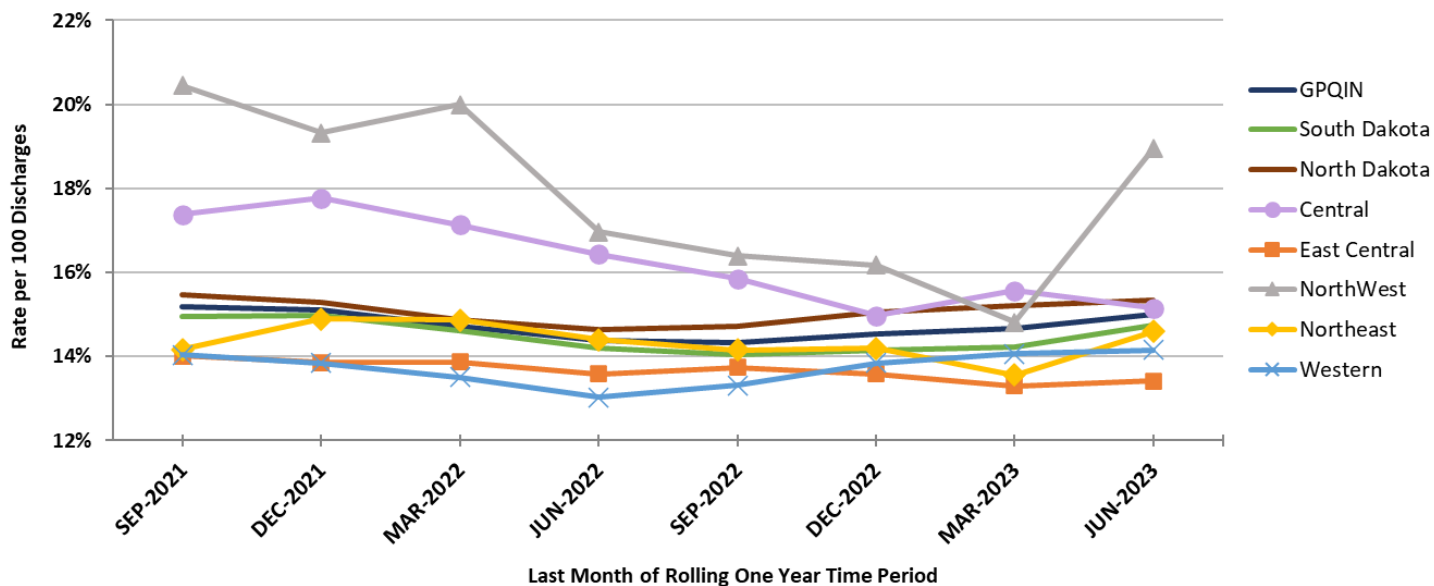
<https://greatplainsqin.org/initiatives/nursing-home-quality/>

Community Data Highlights

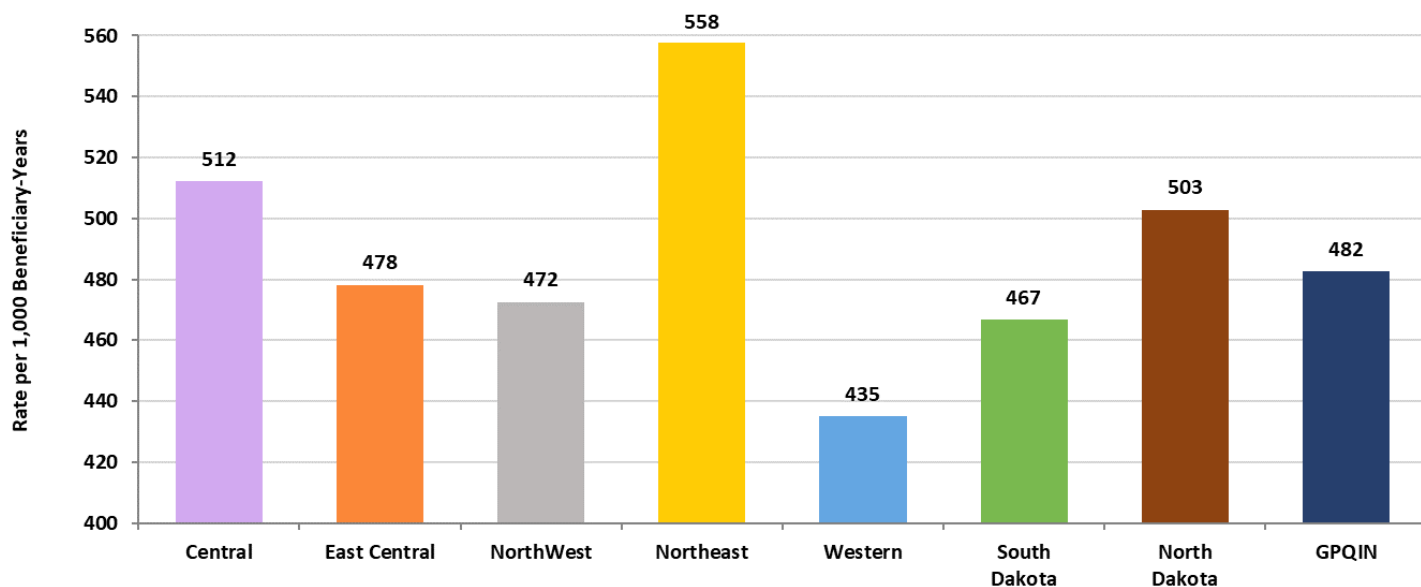
Current Readmission Rates (# of readmissions within 30 days / # of discharges): 07/01/2022 - 06/30/2023



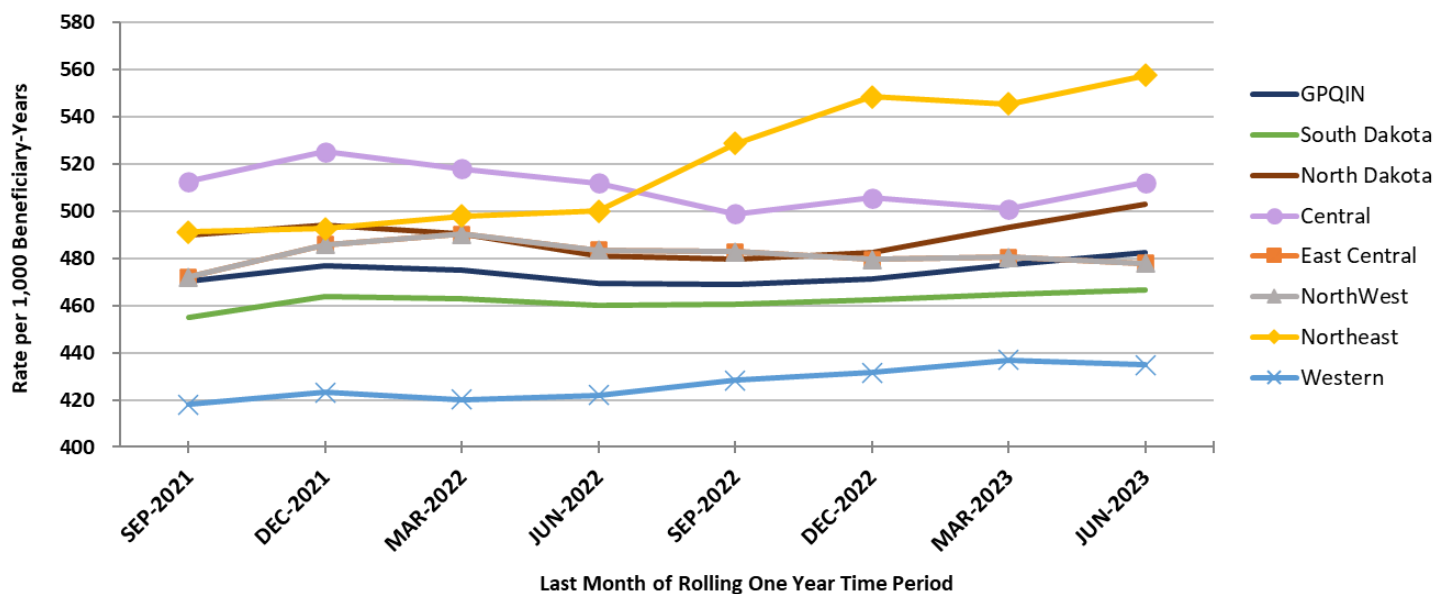
Readmission Rate Trends:



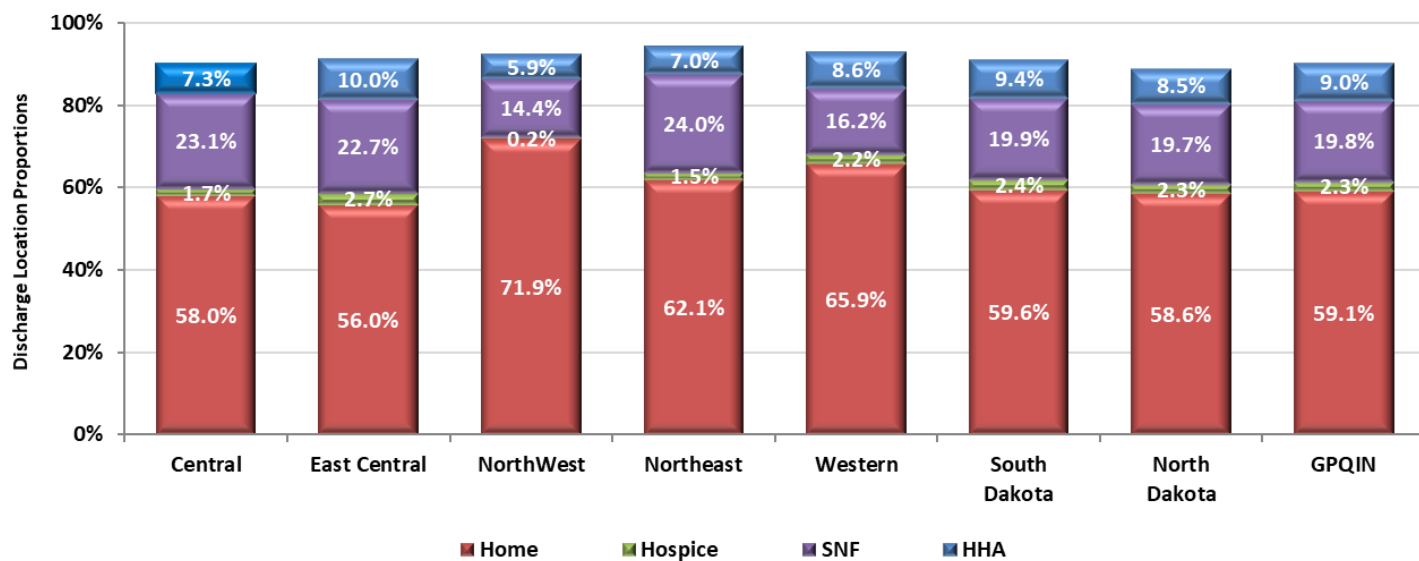
Current Hospital Utilization (Admissions and ED Visits per 1,000 Beneficiary-Years): 07/01/2022 - 06/30/2023



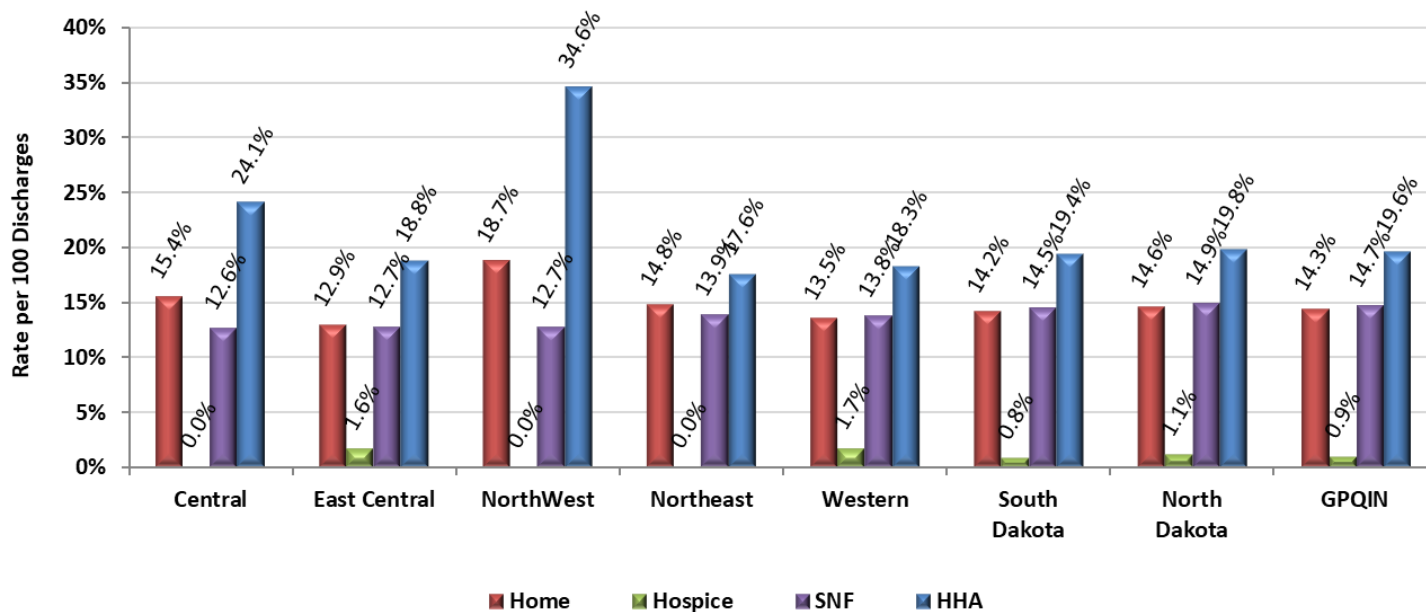
Hospital Utilization Trends:



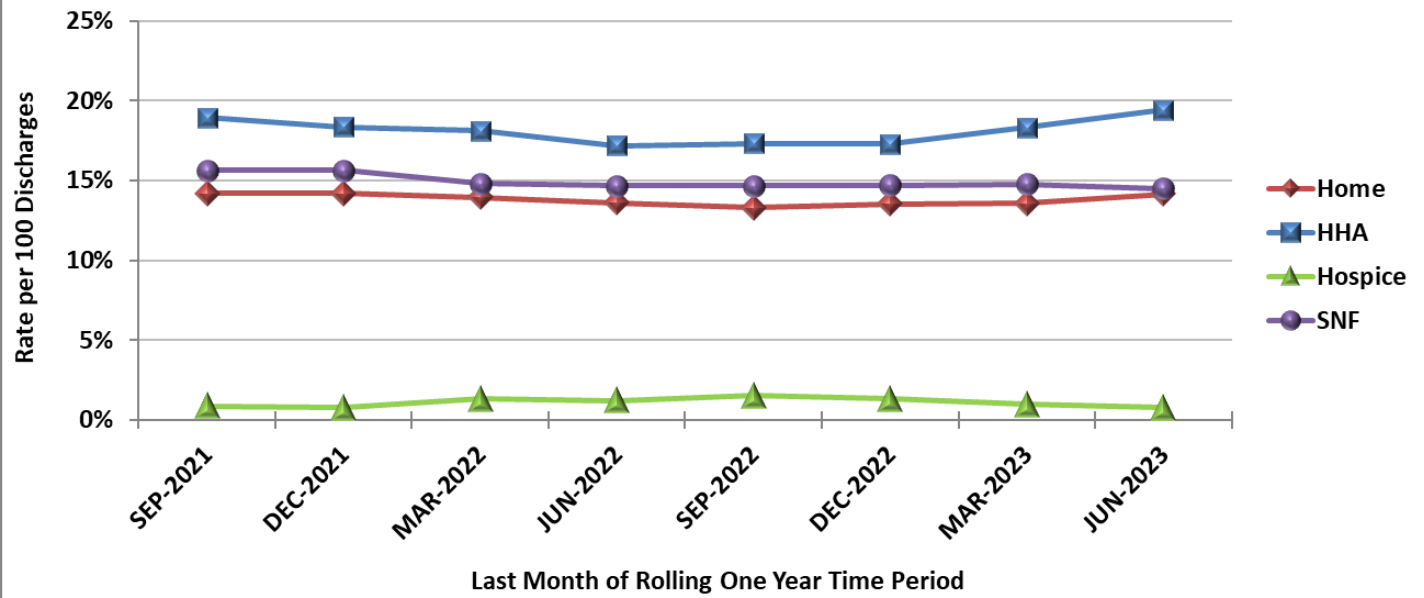
Discharge Locations: 07/01/2022 - 06/30/2023



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



Readmission Rates by Discharge Location: South 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
Central	SEPTICEMIA OR SEVERE SEPSIS	146	1,892	7.72%
	SIMPLE PNEUMONIA & PLEURISY	102	1,892	5.39%
	HEART FAILURE & SHOCK	85	1,892	4.49%
	MAJOR JOINT REPLACEMENT OR REATTACHMENT OF LOWER EXTREMITY	64	1,892	3.38%
	KIDNEY & URINARY TRACT INFECTIONS	56	1,892	2.96%
East Central	SEPTICEMIA OR SEVERE SEPSIS	317	4,621	6.86%
	HEART FAILURE & SHOCK	199	4,621	4.31%
	SIMPLE PNEUMONIA & PLEURISY	185	4,621	4.00%
	MAJOR JOINT REPLACEMENT OR REATTACHMENT OF LOWER EXTREMITY	145	4,621	3.14%
	INTRACRANIAL HEMORRHAGE OR CEREBRAL INFARCTION	138	4,621	2.99%
NorthWest	SEPTICEMIA OR SEVERE SEPSIS	25	422	5.92%
	SIMPLE PNEUMONIA & PLEURISY	19	422	4.50%
	HEART FAILURE & SHOCK	17	422	4.03%
	NUTRITIONAL & MISC METABOLIC DISORDERS	17	422	4.03%
	G.I. HEMORRHAGE	14	422	3.32%
Northeast	SEPTICEMIA OR SEVERE SEPSIS	213	2,622	8.12%
	SIMPLE PNEUMONIA & PLEURISY	124	2,622	4.73%
	ACUTE MYOCARDIAL INFARCTION	103	2,622	3.93%
	HEART FAILURE & SHOCK	100	2,622	3.81%
	MAJOR JOINT REPLACEMENT OR REATTACHMENT OF LOWER EXTREMITY	90	2,622	3.43%
Western	SEPTICEMIA OR SEVERE SEPSIS	407	5,241	7.77%
	MAJOR JOINT REPLACEMENT OR REATTACHMENT OF LOWER EXTREMITY	262	5,241	5.00%
	SIMPLE PNEUMONIA & PLEURISY	207	5,241	3.95%
	HEART FAILURE & SHOCK	203	5,241	3.87%
	KIDNEY & URINARY TRACT INFECTIONS	145	5,241	2.77%
South Dakota	SEPTICEMIA OR SEVERE SEPSIS	1,493	20,980	7.12%
	HEART FAILURE & SHOCK	877	20,980	4.18%
	SIMPLE PNEUMONIA & PLEURISY	855	20,980	4.08%
	MAJOR JOINT REPLACEMENT OR REATTACHMENT OF LOWER EXTREMITY	700	20,980	3.34%
	KIDNEY & URINARY TRACT INFECTIONS	581	20,980	2.77%
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
Central	SEPTICEMIA OR SEVERE SEPSIS	19	286	6.64%
	HEART FAILURE & SHOCK	16	286	5.59%
	SIMPLE PNEUMONIA & PLEURISY	16	286	5.59%
	KIDNEY & URINARY TRACT INFECTIONS	11	286	3.85%
	RENAL FAILURE	11	286	3.85%
East Central	HEART FAILURE & SHOCK	49	617	7.94%
	SEPTICEMIA OR SEVERE SEPSIS	38	617	6.16%
	RENAL FAILURE	31	617	5.02%
	PSYCHOSES	28	617	4.54%
	SIMPLE PNEUMONIA & PLEURISY	25	617	4.05%
NorthWest	NUTRITIONAL & MISC METABOLIC DISORDERS	*	*	7.23%
	KIDNEY & URINARY TRACT INFECTIONS	*	*	6.02%
	HEART FAILURE & SHOCK	*	*	4.82%
	RENAL FAILURE	*	*	4.82%
	9 DRG Bundles Tied For Fifth	*	*	3.61%
Northeast	SEPTICEMIA OR SEVERE SEPSIS	24	377	6.37%
	HEART FAILURE & SHOCK	21	377	5.57%
	ACUTE MYOCARDIAL INFARCTION	16	377	4.24%
	SIMPLE PNEUMONIA & PLEURISY	15	377	3.98%
	CHRONIC OBSTRUCTIVE PULMONARY DISEASE	13	377	3.45%
Western	SEPTICEMIA OR SEVERE SEPSIS	61	754	8.09%
	HEART FAILURE & SHOCK	42	754	5.57%
	KIDNEY & URINARY TRACT INFECTIONS	26	754	3.45%
	PULMONARY EDEMA & RESPIRATORY FAILURE	26	754	3.45%
	SIMPLE PNEUMONIA & PLEURISY	25	754	3.32%
SD	SEPTICEMIA OR SEVERE SEPSIS	213	3,103	6.86%
	HEART FAILURE & SHOCK	183	3,103	5.90%
	RENAL FAILURE	104	3,103	3.35%
	SIMPLE PNEUMONIA & PLEURISY	104	3,103	3.35%
	PSYCHOSES	94	3,103	3.03%
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
Central	SEPTICEMIA OR SEVERE SEPSIS	41	429	9.56%
	SIMPLE PNEUMONIA & PLEURISY	34	429	7.93%
	HEART FAILURE & SHOCK	27	429	6.29%
	KIDNEY & URINARY TRACT INFECTIONS	22	429	5.13%
	CELLULITIS	19	429	4.43%
East Central	SEPTICEMIA OR SEVERE SEPSIS	71	1,035	6.86%
	HIP & FEMUR PROCEDURES EXCEPT MAJOR JOINT	60	1,035	5.80%
	SIMPLE PNEUMONIA & PLEURISY	54	1,035	5.22%
	INTRACRANIAL HEMORRHAGE OR CEREBRAL INFARCTION	44	1,035	4.25%
	KIDNEY & URINARY TRACT INFECTIONS	43	1,035	4.16%
NorthWest	HIP & FEMUR PROCEDURES EXCEPT MAJOR JOINT	*	*	8.48%
	SEPTICEMIA OR SEVERE SEPSIS	*	*	8.48%
	INTRACRANIAL HEMORRHAGE OR CEREBRAL INFARCTION	*	*	6.78%
	KIDNEY & URINARY TRACT INFECTIONS	*	*	5.09%
	MAJOR JOINT REPLACEMENT OR REATTACHMENT OF LOWER EXTREMITY	*	*	5.09%
Northeast	SEPTICEMIA OR SEVERE SEPSIS	54	608	8.88%
	HIP & FEMUR PROCEDURES EXCEPT MAJOR JOINT	32	608	5.26%
	SIMPLE PNEUMONIA & PLEURISY	32	608	5.26%
	KIDNEY & URINARY TRACT INFECTIONS	26	608	4.28%
	HIP REPLACEMENT, PDX HIP FRACTURE	23	608	3.78%
Western	SEPTICEMIA OR SEVERE SEPSIS	72	844	8.53%
	KIDNEY & URINARY TRACT INFECTIONS	49	844	5.81%
	MAJOR JOINT REPLACEMENT OR REATTACHMENT OF LOWER EXTREMITY	46	844	5.45%
	HEART FAILURE & SHOCK	44	844	5.21%
	HIP & FEMUR PROCEDURES EXCEPT MAJOR JOINT	39	844	4.62%
South Dakota	SEPTICEMIA OR SEVERE SEPSIS	329	4,123	7.98%
	HIP & FEMUR PROCEDURES EXCEPT MAJOR JOINT	233	4,123	5.65%
	SIMPLE PNEUMONIA & PLEURISY	197	4,123	4.78%
	KIDNEY & URINARY TRACT INFECTIONS	194	4,123	4.71%
	HEART FAILURE & SHOCK	175	4,123	4.24%
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

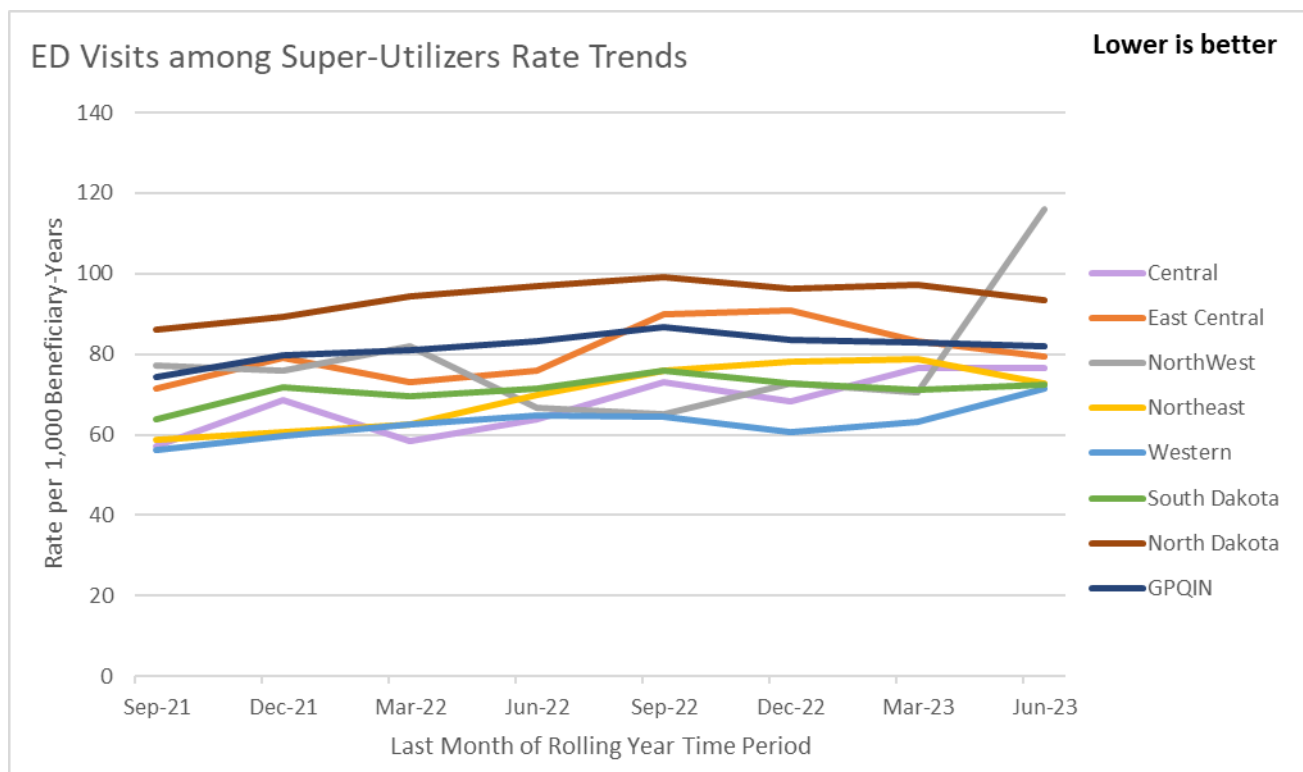
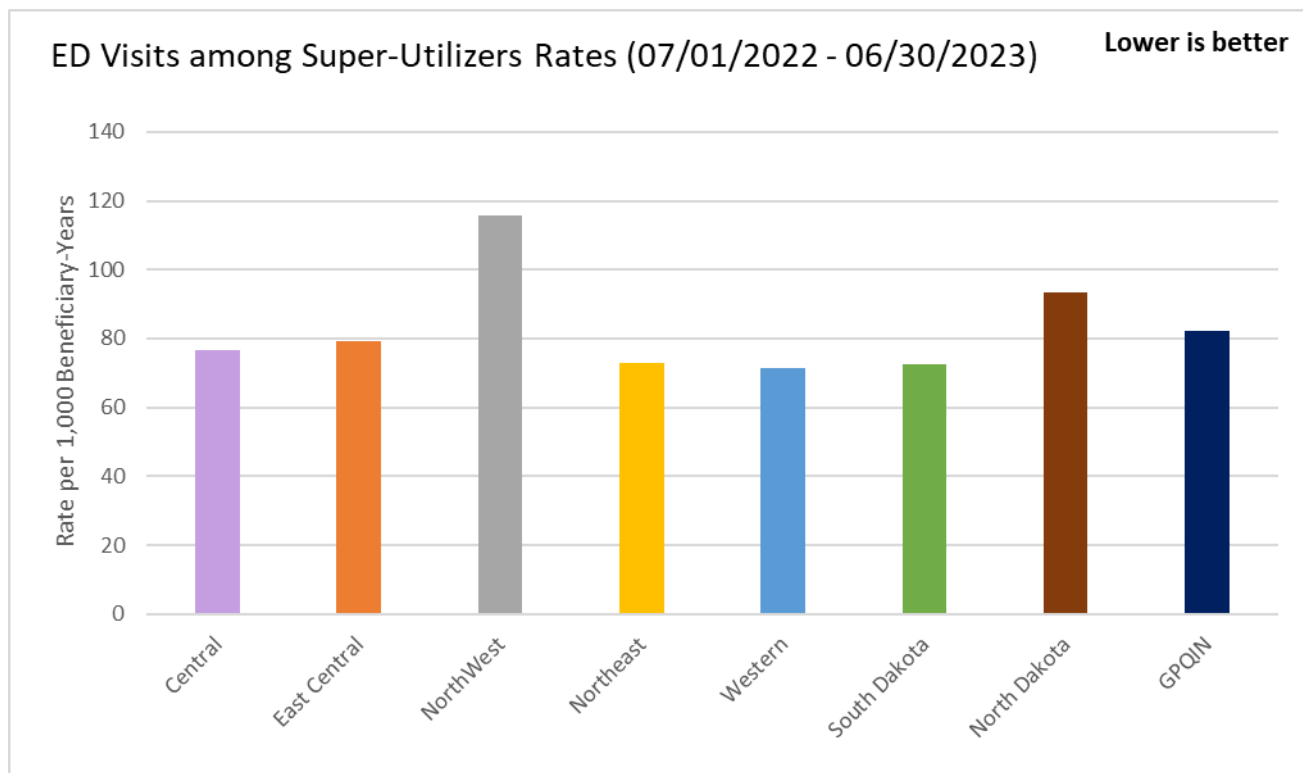
***See first paragraph on page 2 for definition of Index Discharge

Community	DRG Bundle Description	DRG Bundle 30-Day Readmissions	Community 30-Day Readmissions	Percent of Community 30-Day Readmissions
Central	HEART FAILURE & SHOCK	*	*	14.55%
	KIDNEY & URINARY TRACT INFECTIONS	*	*	9.09%
	INFECTIOUS & PARASITIC DISEASES W O.R. PROCEDURE	*	*	7.27%
	SEPTICEMIA OR SEVERE SEPSIS	*	*	7.27%
	SIMPLE PNEUMONIA & PLEURISY	*	*	5.46%
East Central	SEPTICEMIA OR SEVERE SEPSIS	*	*	9.02%
	HIP & FEMUR PROCEDURES EXCEPT MAJOR JOINT	*	*	7.52%
	RENAL FAILURE	*	*	7.52%
	SIMPLE PNEUMONIA & PLEURISY	*	*	7.52%
	HEART FAILURE & SHOCK	*	*	6.77%
NorthWest	KIDNEY & URINARY TRACT INFECTIONS	*	*	**
	SEPTICEMIA OR SEVERE SEPSIS	*	*	**
	CRANIAL & PERIPHERAL NERVE DISORDERS	*	*	**
	INFECTIOUS & PARASITIC DISEASES W O.R. PROCEDURE	*	*	**
	O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS	*	*	**
	OTHER MUSCULOSKELETAL SYS & CONNECTIVE TISSUE DIAGNOSES	*	*	**
Northeast	SEPTICEMIA OR SEVERE SEPSIS	*	*	6.98%
	HEART FAILURE & SHOCK	*	*	5.81%
	HIP REPLACEMENT, PDX HIP FRACTURE	*	*	5.81%
	ACUTE MYOCARDIAL INFARCTION	*	*	4.65%
	HIP & FEMUR PROCEDURES EXCEPT MAJOR JOINT	*	*	4.65%
	NUTRITIONAL & MISC METABOLIC DISORDERS	*	*	4.65%
Western	SEPTICEMIA OR SEVERE SEPSIS	*	*	10.08%
	KIDNEY & URINARY TRACT INFECTIONS	*	*	9.24%
	HEART FAILURE & SHOCK	*	*	5.88%
	HIP & FEMUR PROCEDURES EXCEPT MAJOR JOINT	*	*	4.20%
	HIP REPLACEMENT, PDX HIP FRACTURE	*	*	3.36%
South Dakota	SEPTICEMIA OR SEVERE SEPSIS	54	609	8.87%
	HEART FAILURE & SHOCK	40	609	6.57%
	KIDNEY & URINARY TRACT INFECTIONS	33	609	5.42%
	HIP & FEMUR PROCEDURES EXCEPT MAJOR JOINT	32	609	5.26%
	INFECTIOUS & PARASITIC DISEASES W O.R. PROCEDURE	24	609	3.94%
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%

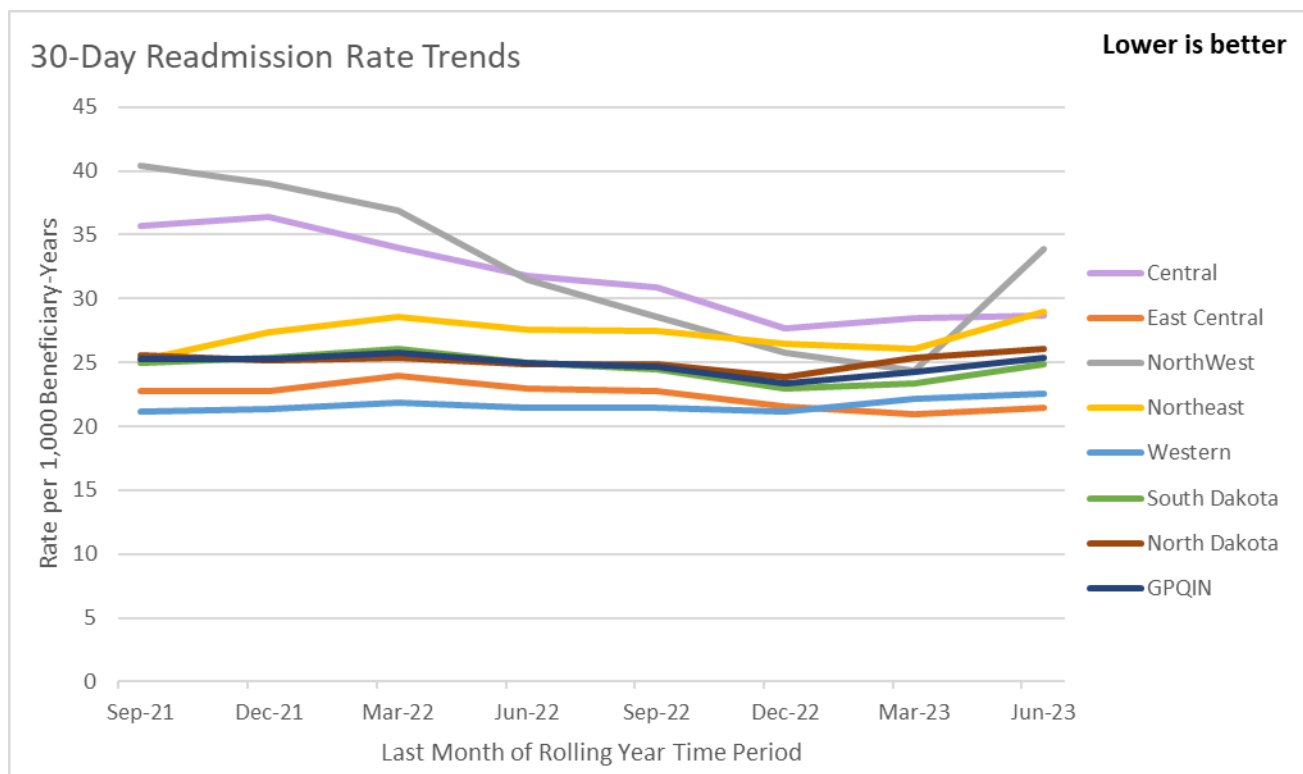
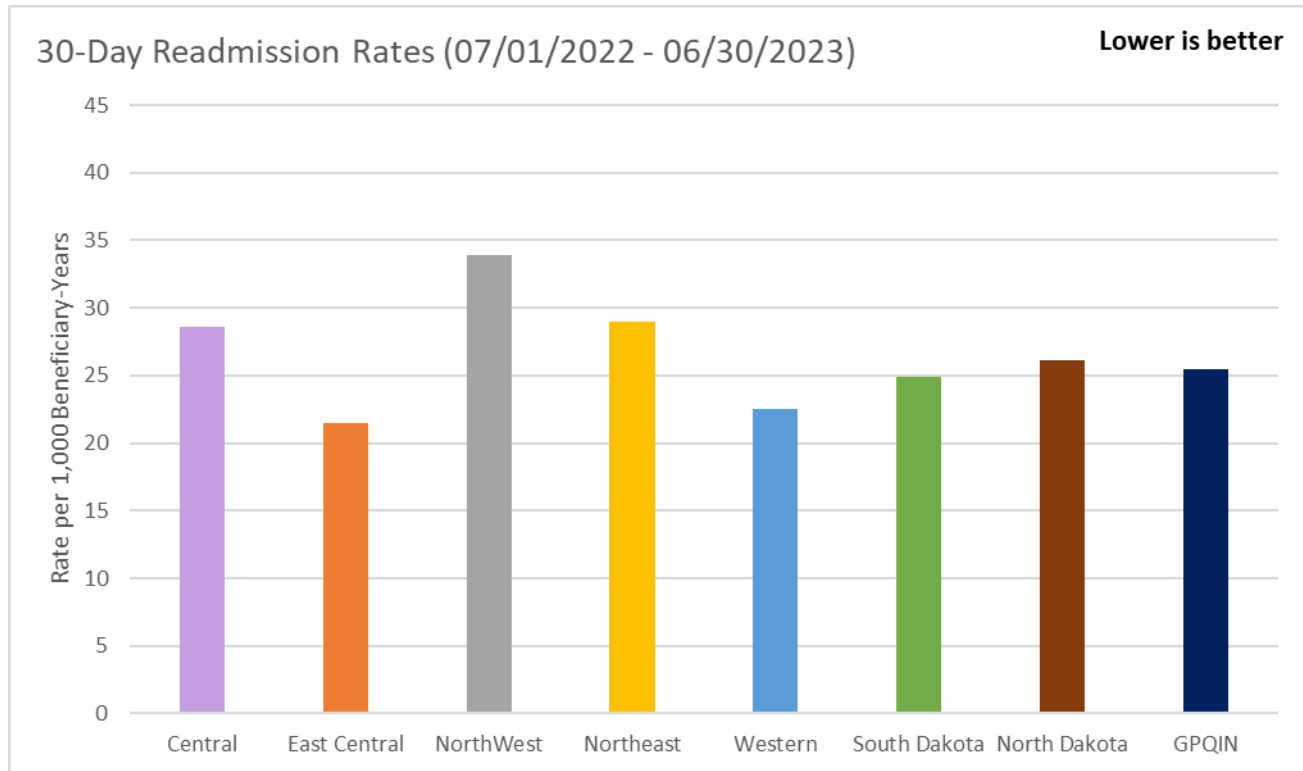
* The number of readmissions is too small to report.

** 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

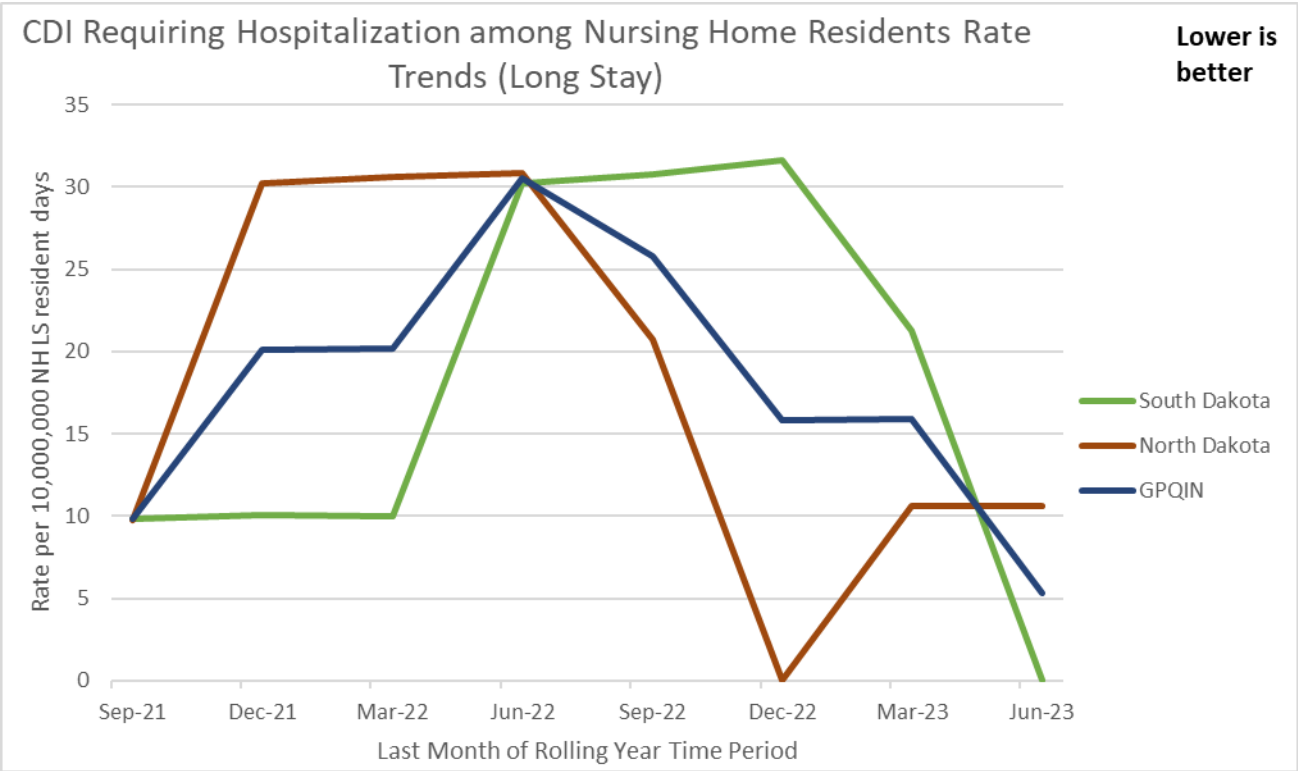
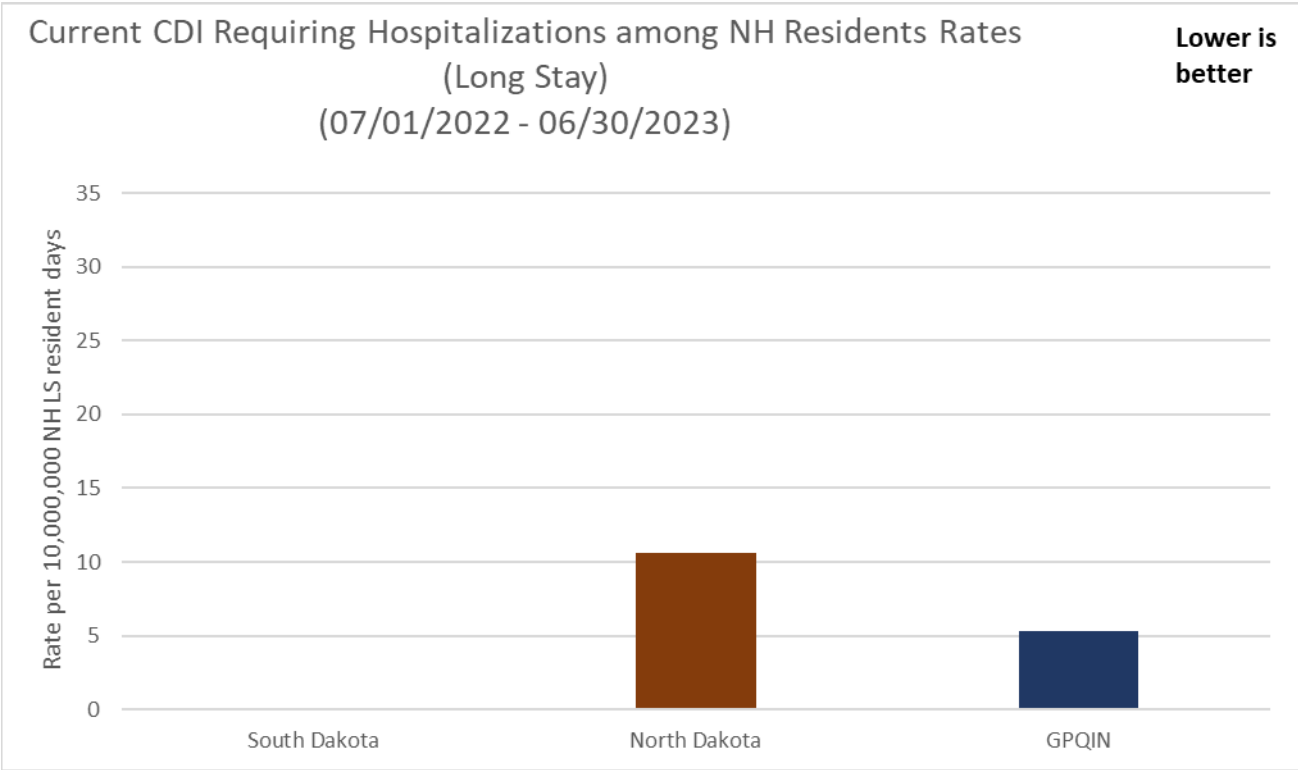
Data Overview and Definitions

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.

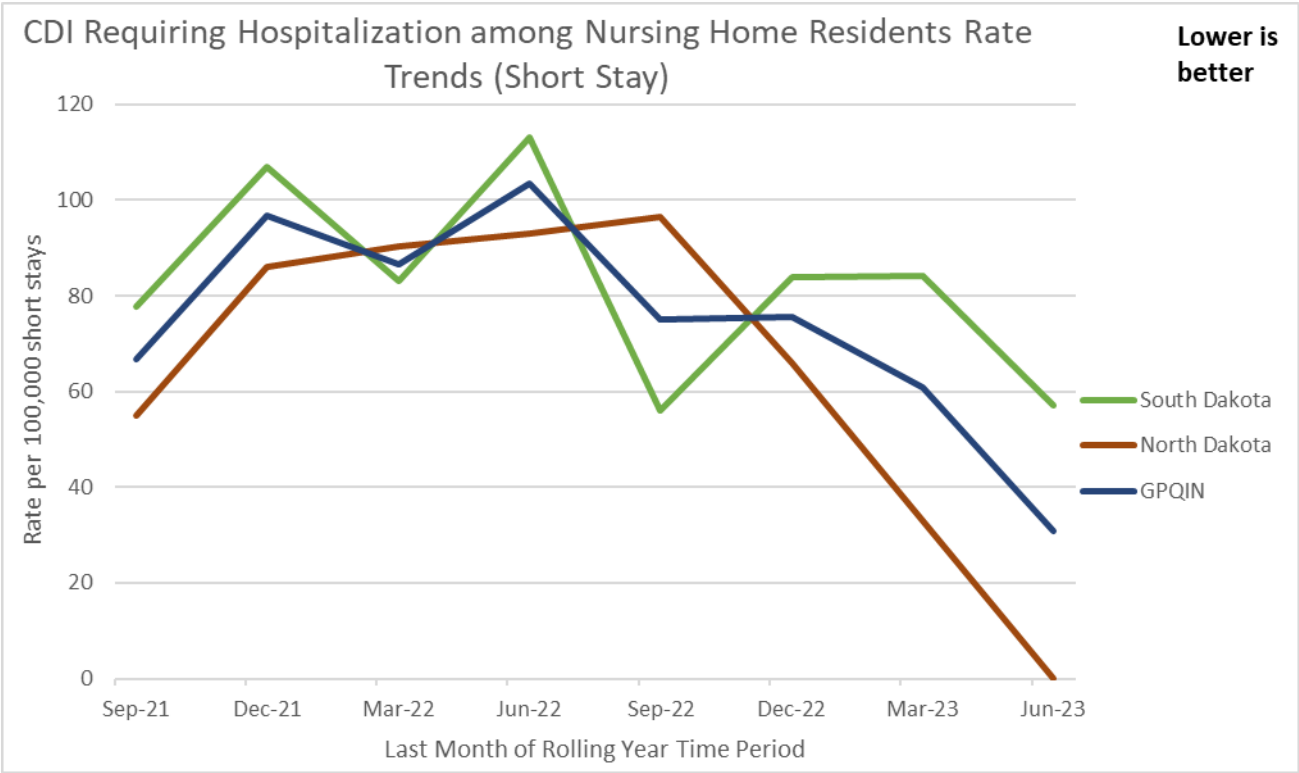
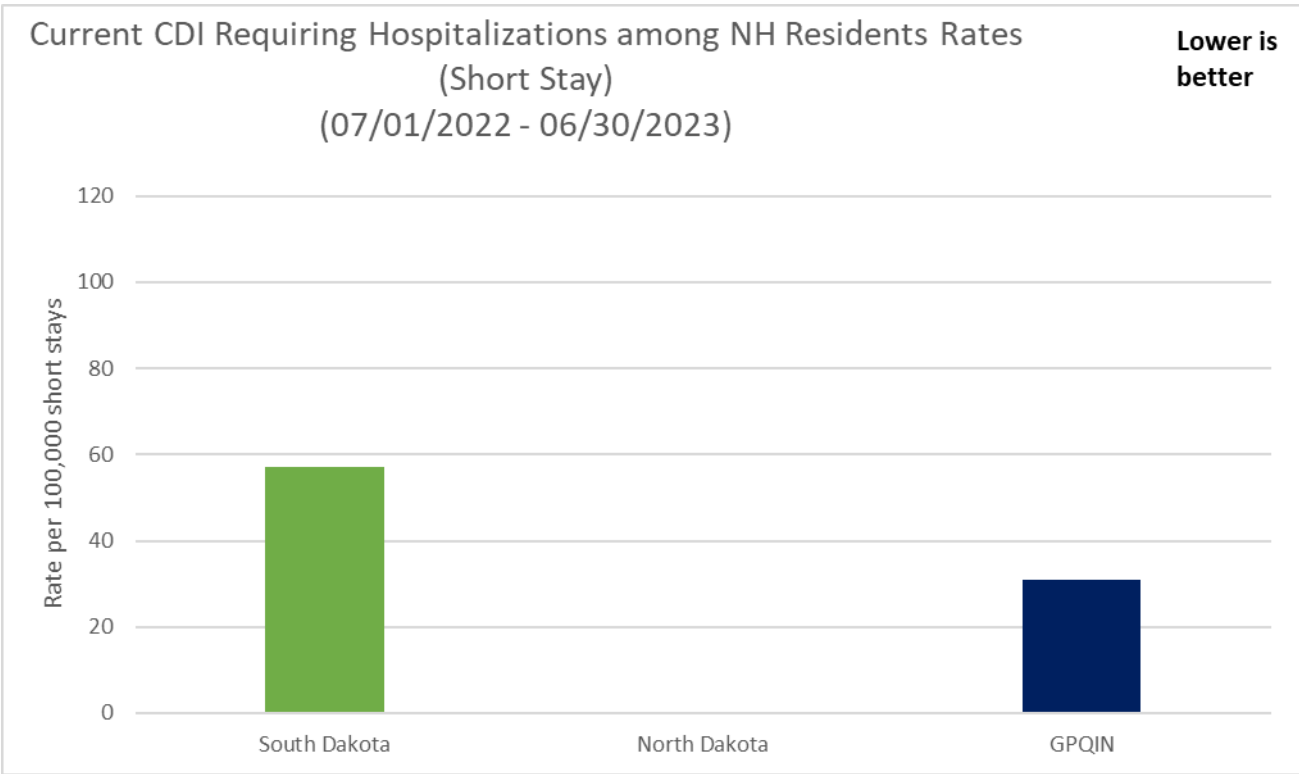
Measures included are:

- **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.

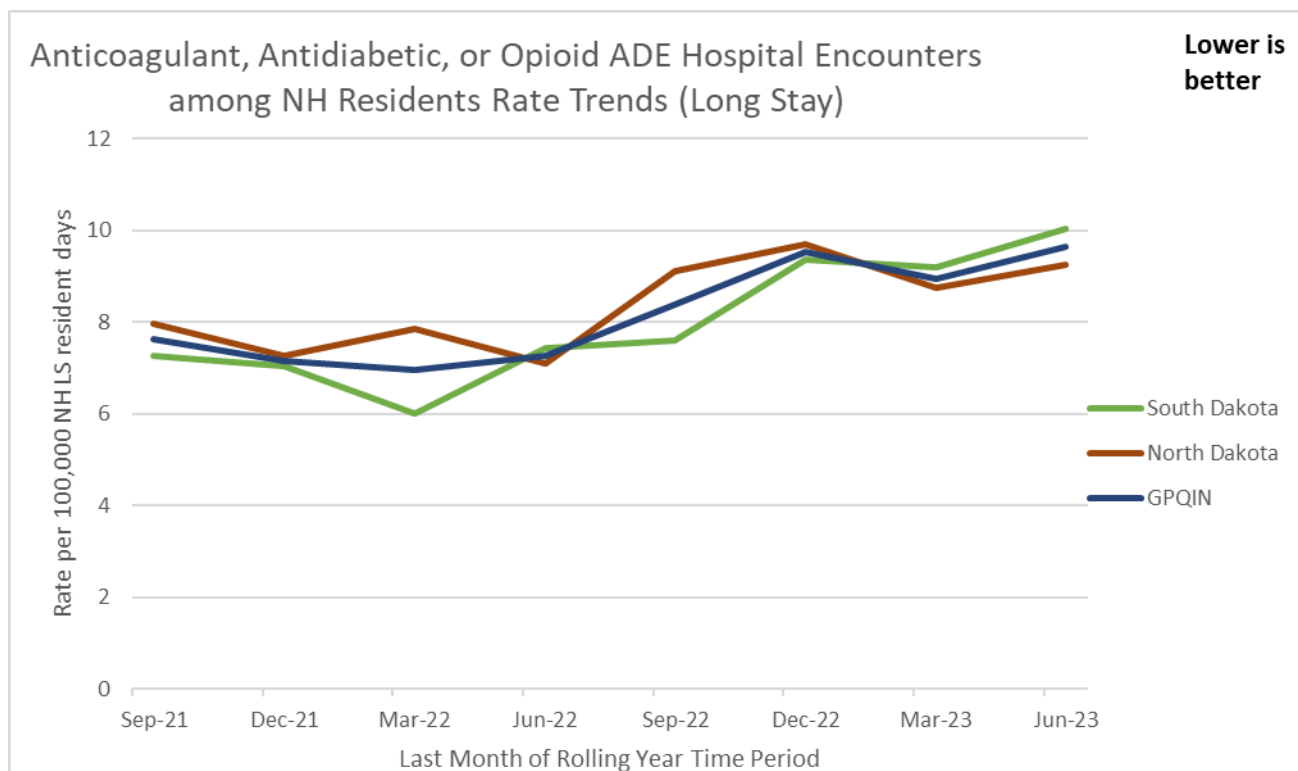
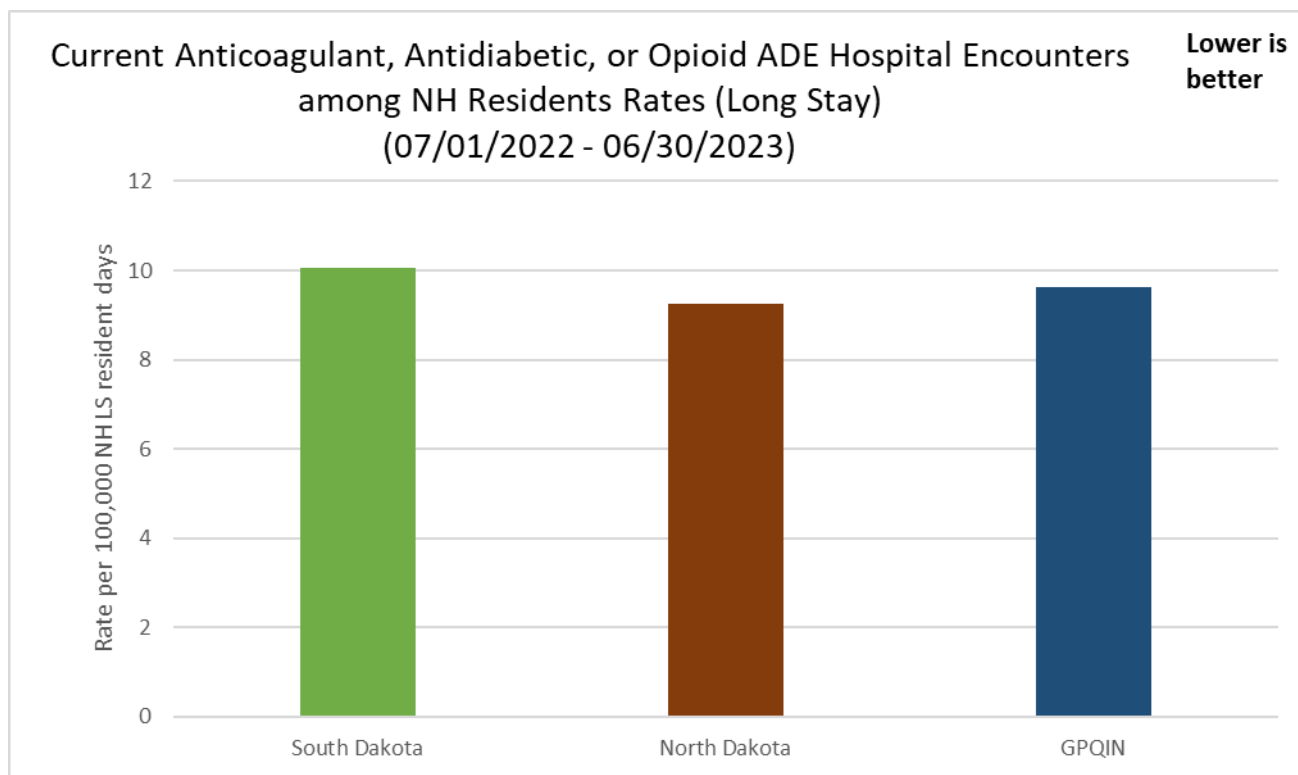
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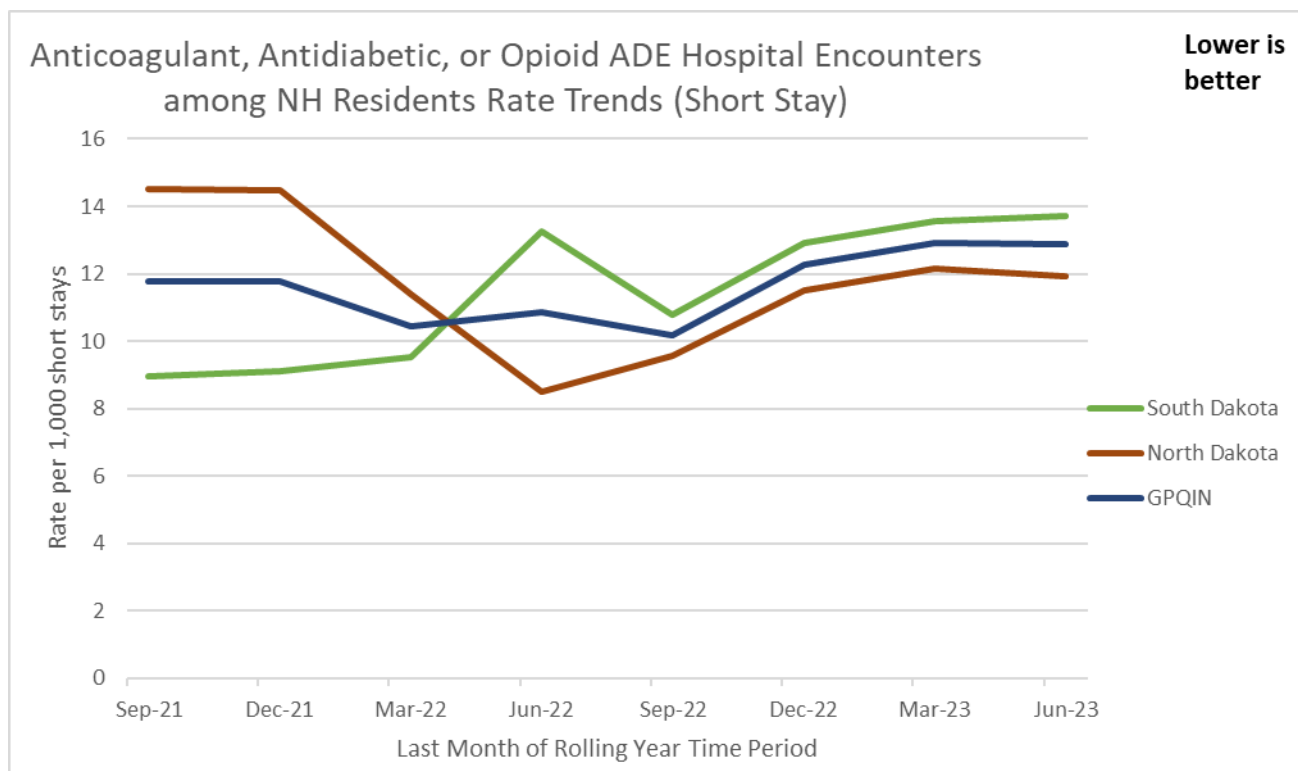
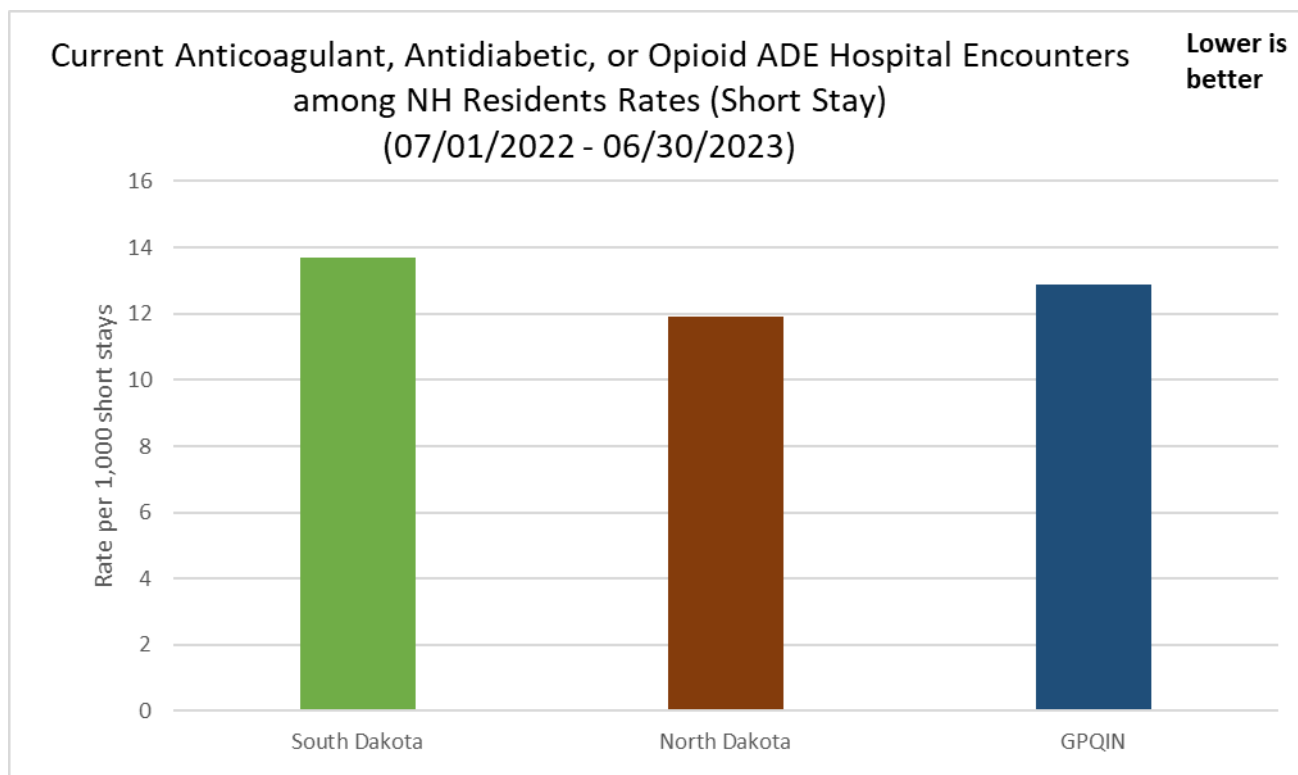
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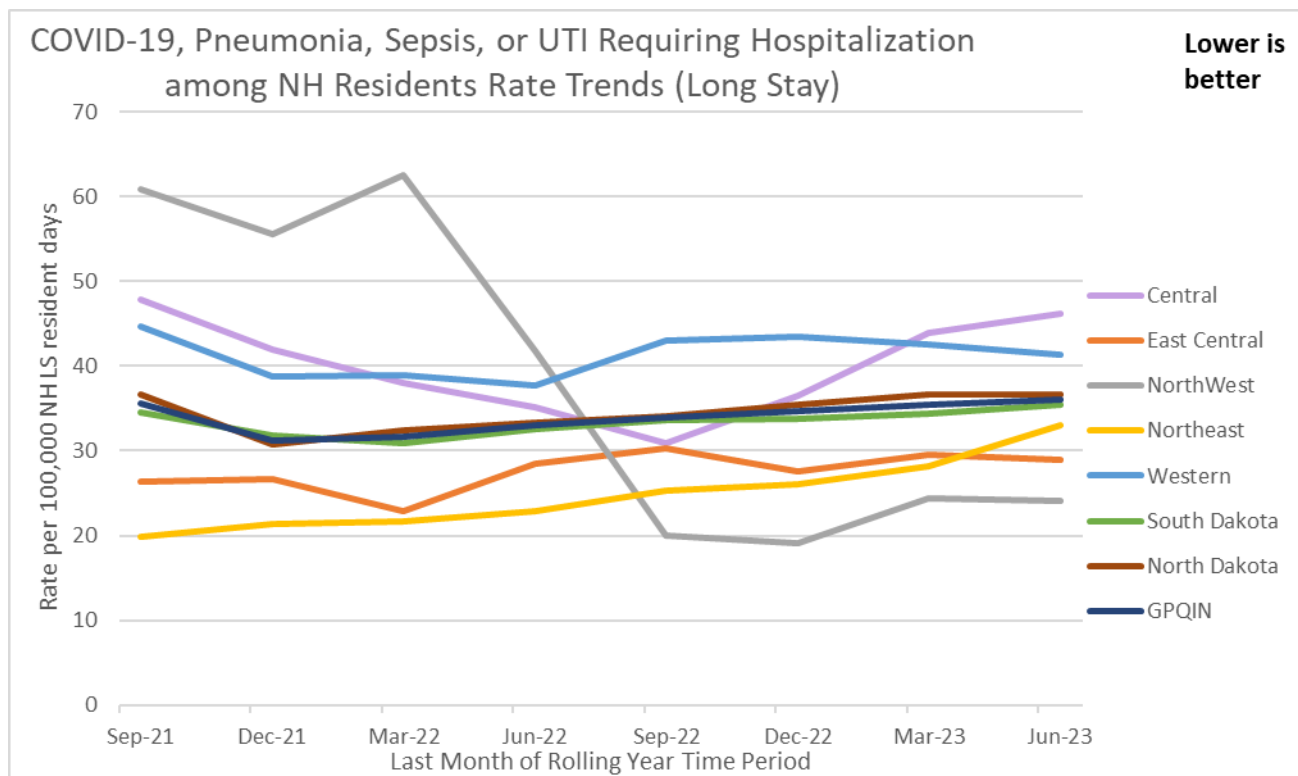
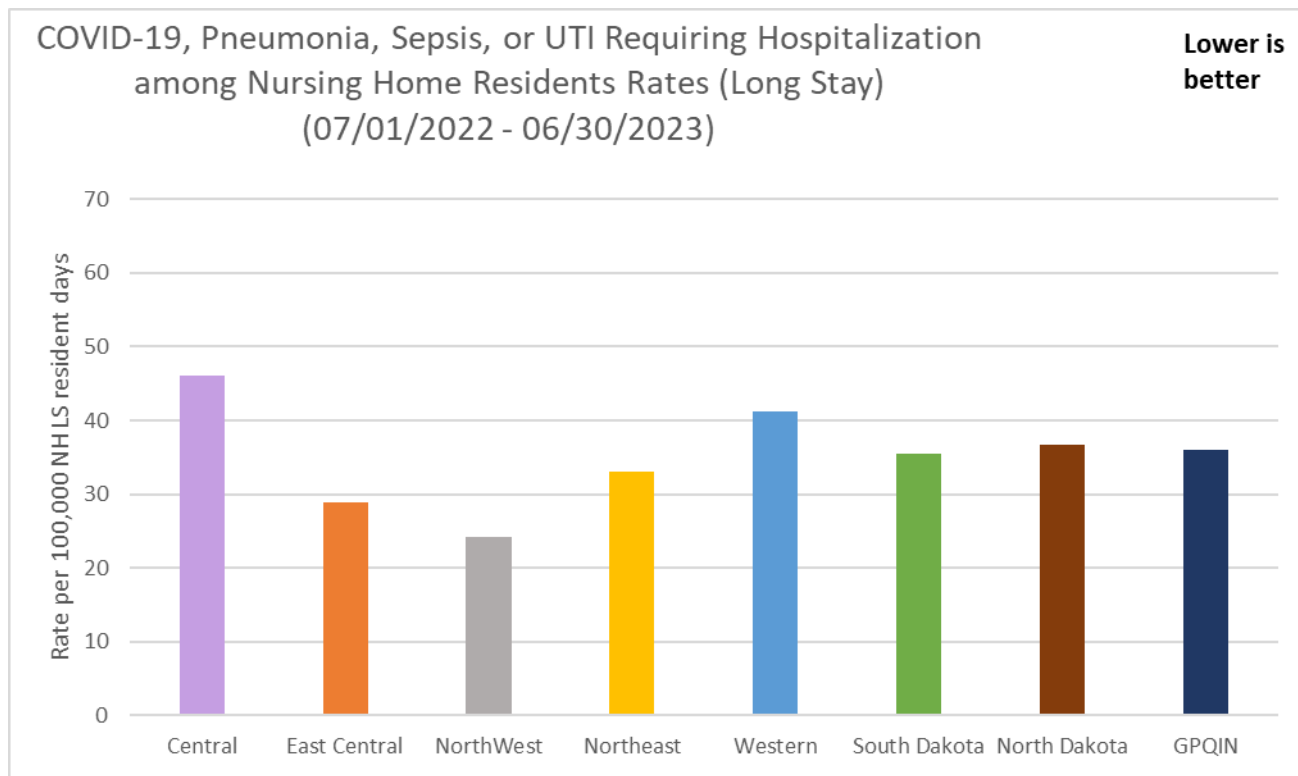
Anticoagulant, Antidiabetic, or Opioid Adverse Drug Event (ADE) Hospital Encounters (Long Stay): Rate of emergency department, observation, and inpatient anticoagulant, antidiabetic, or opioid ADEs per 100,000 nursing home long-stay resident days among Medicare Fee-for-Service beneficiaries with filled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



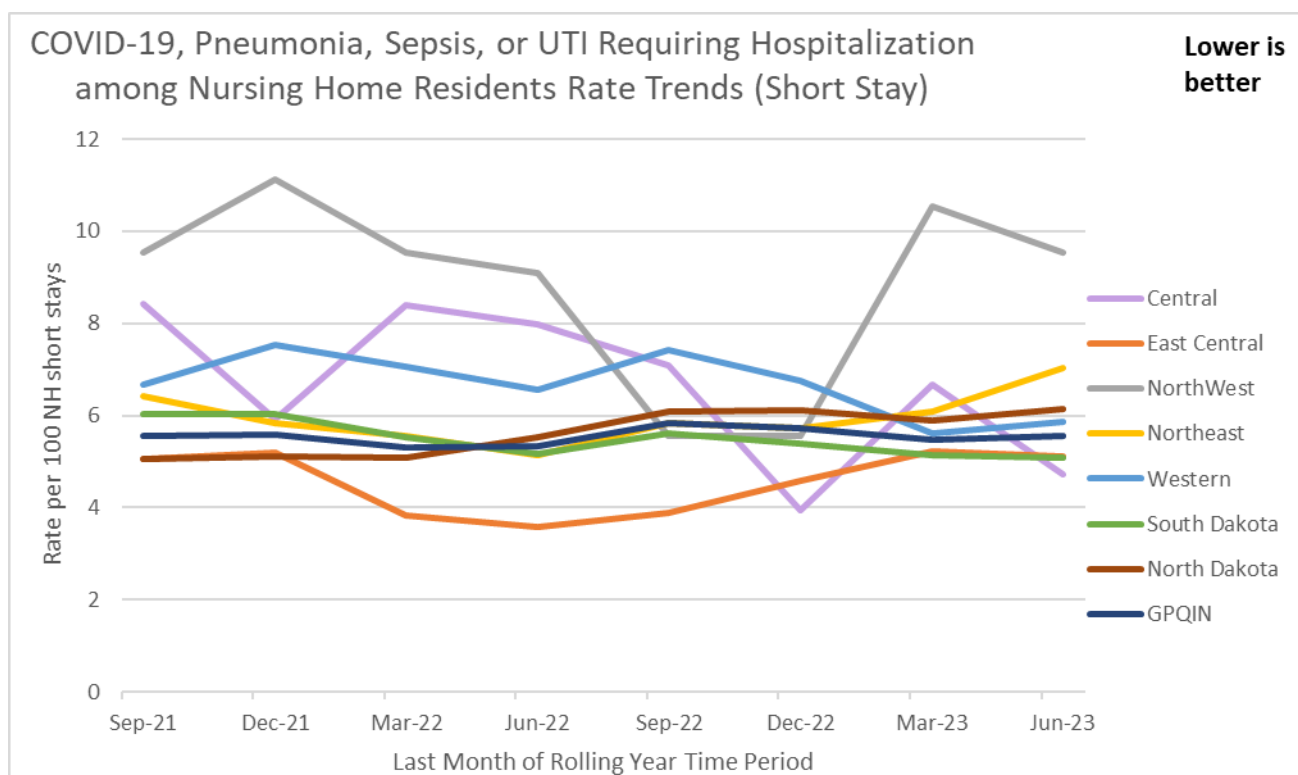
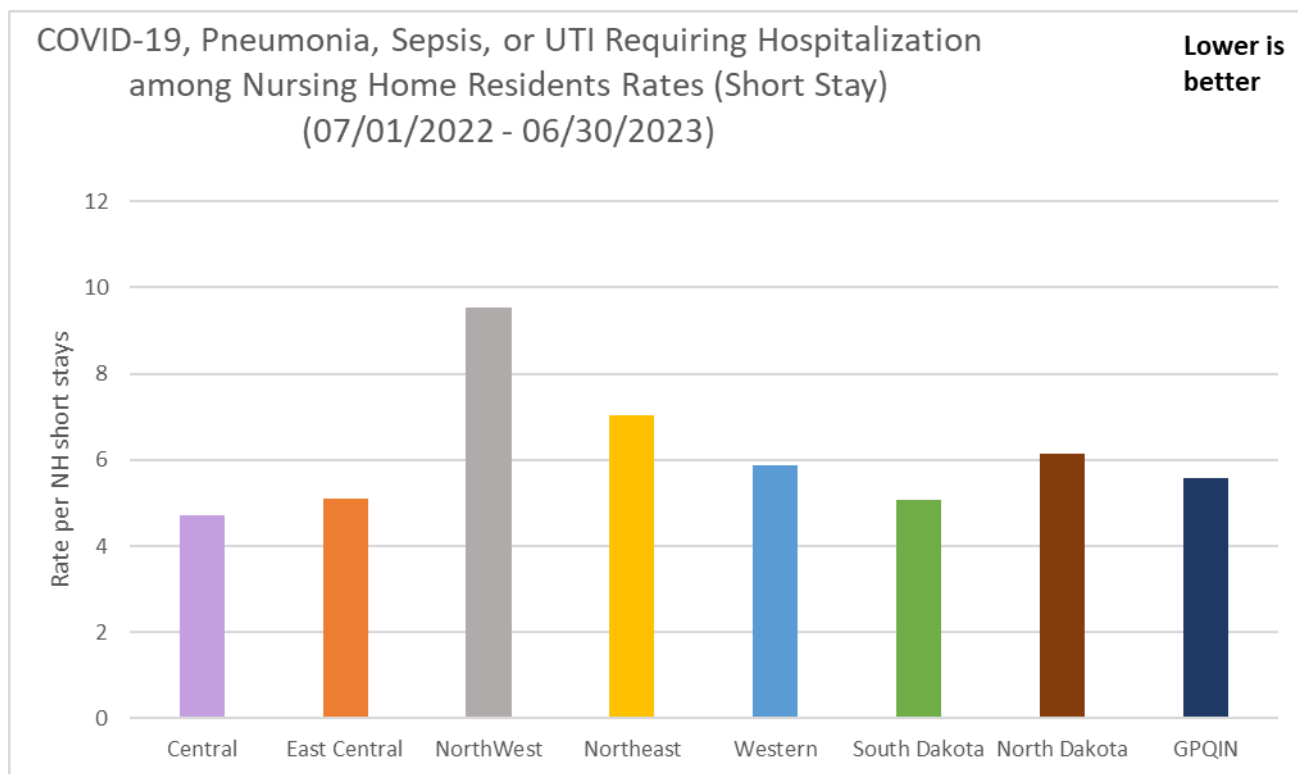
Anticoagulant, Antidiabetic, or Opioid Adverse Drug Event (ADE) Hospital Encounters (Short Stay): Rate of nursing home short stays with an emergency department, observation, or inpatient anticoagulant, antidiabetic, or opioid ADEs per 1,000 stay stays among Medicare Fee-for-Service beneficiaries with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



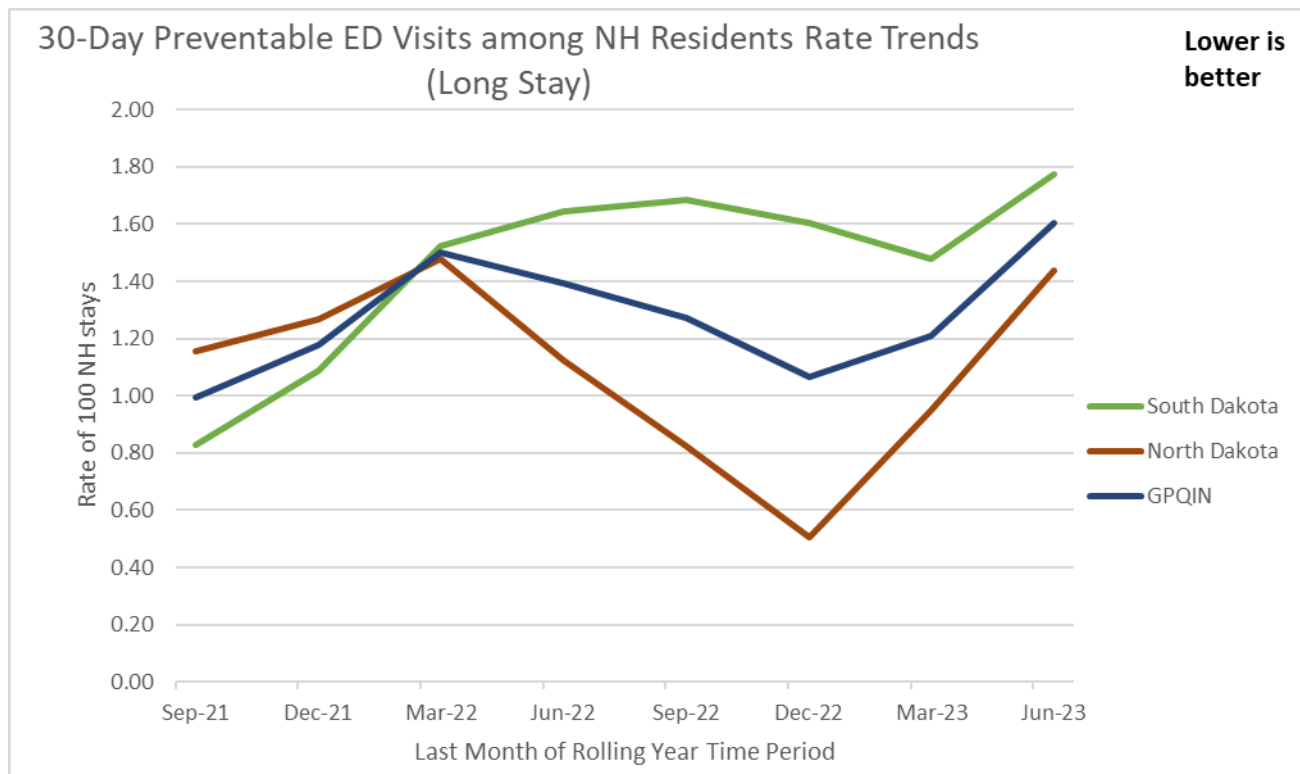
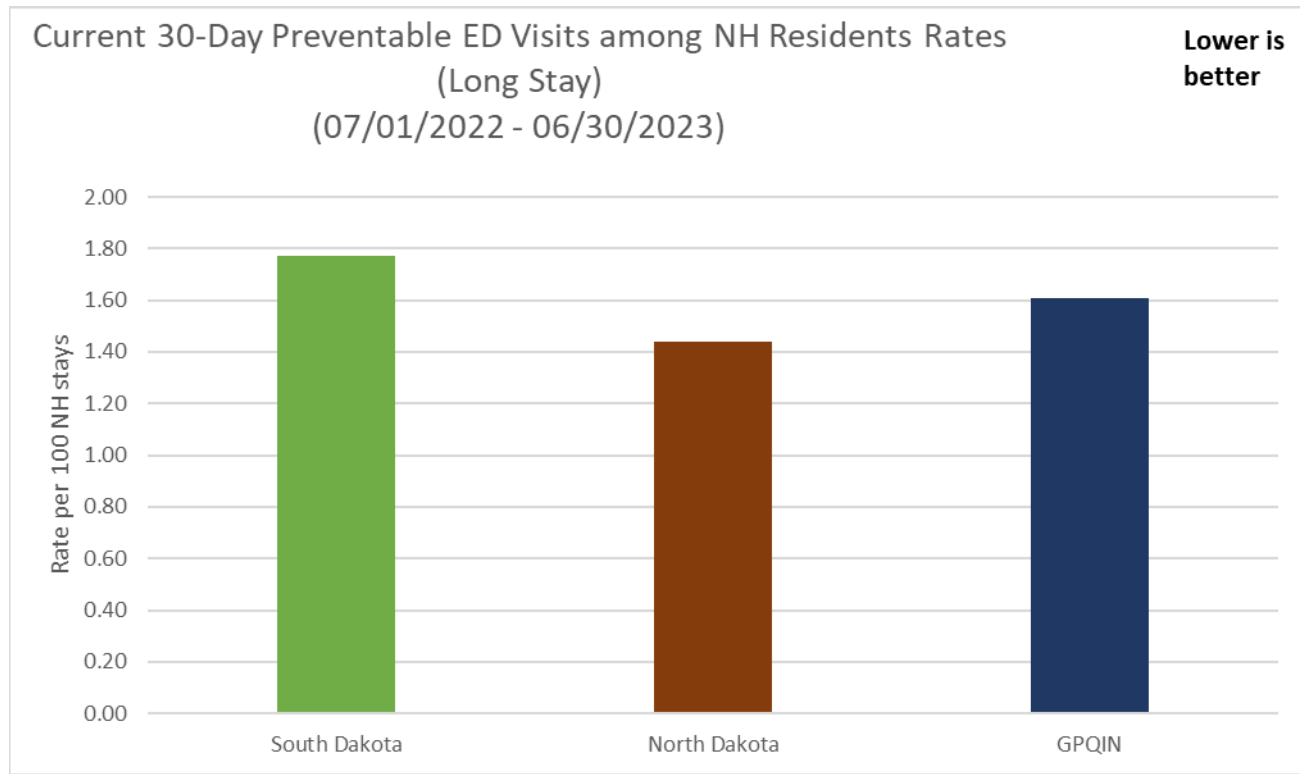
COVID-19, Pneumonia, Sepsis, or UTI Requiring Hospitalization (Long Stay): Rate of inpatient admission due to COVID-19, pneumonia, sepsis, or UTI per 100,000 nursing home long-stay resident days among Medicare Fee-for-Service beneficiaries.



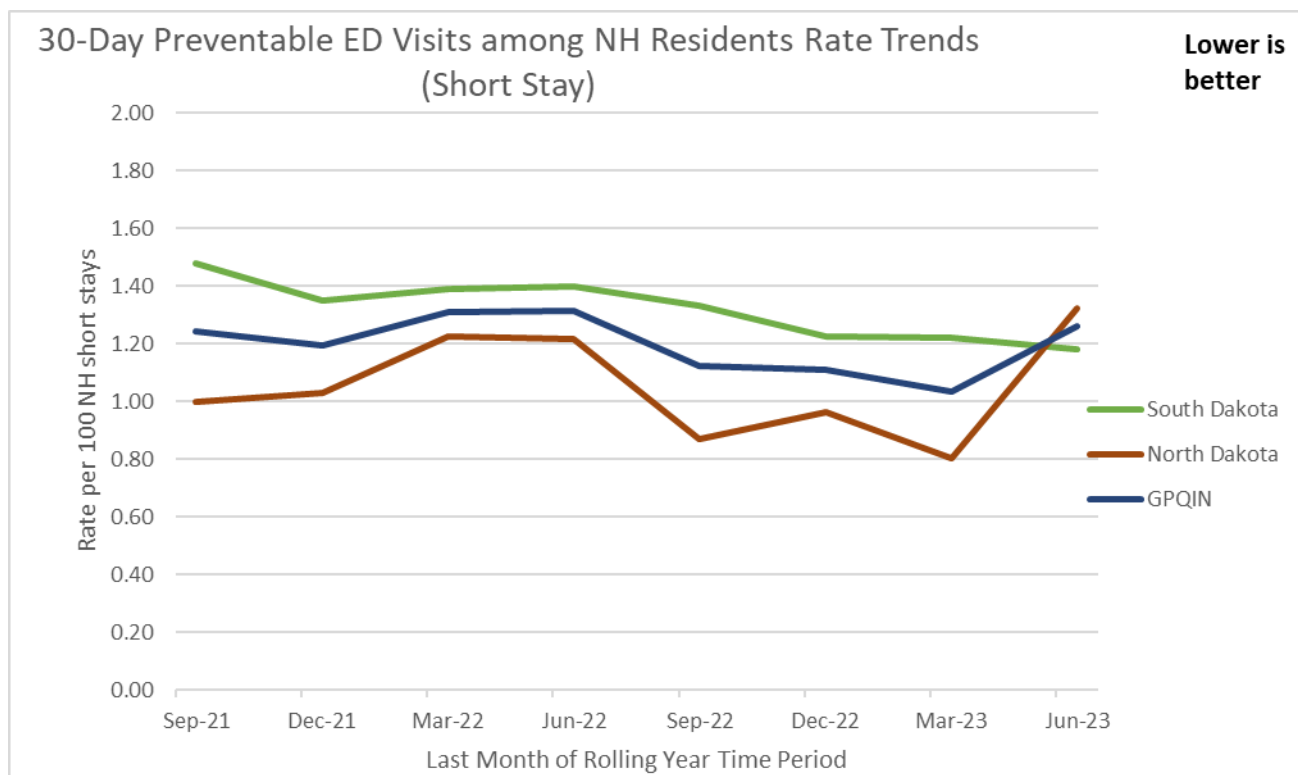
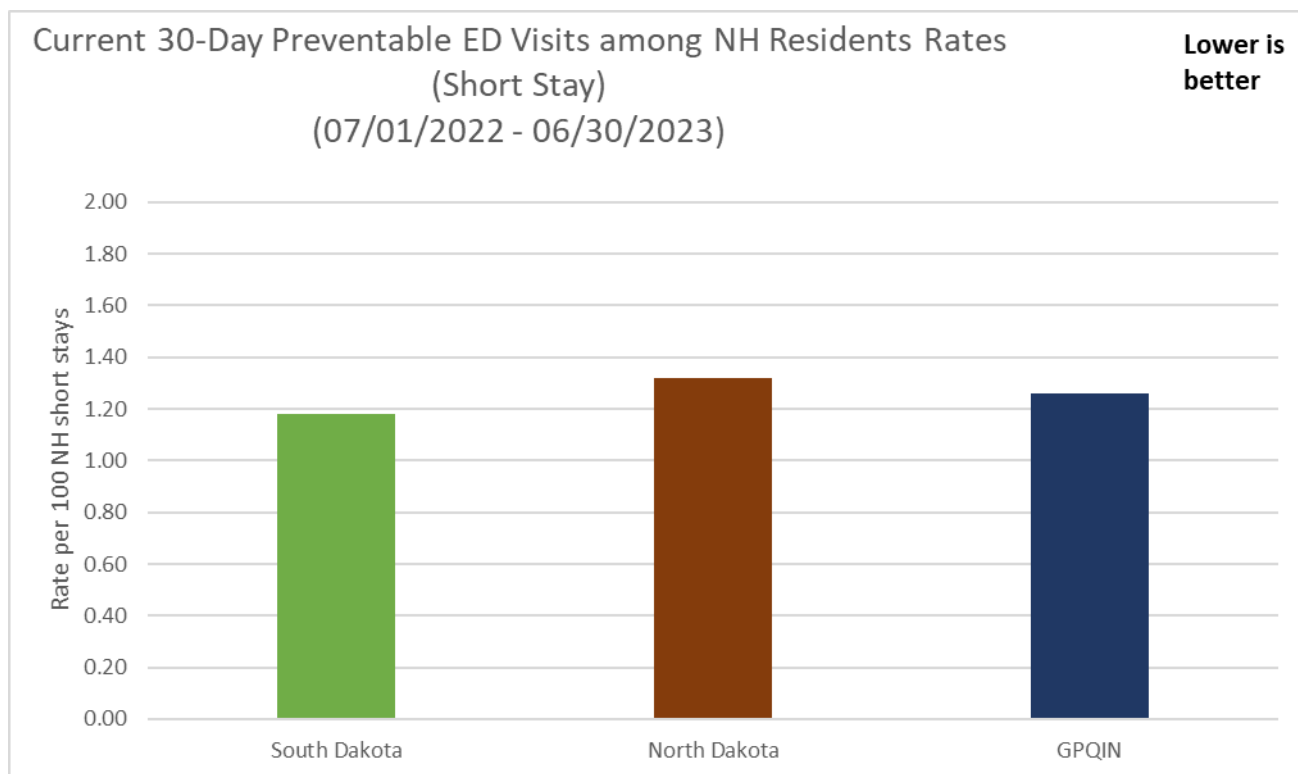
COVID-19, Pneumonia, Sepsis, or UTI Requiring Hospitalization (Short Stay): Percentage of nursing home short stays by Medicare Fee-for-Service beneficiaries having an inpatient admission due to COVID-19, pneumonia, sepsis, or UTI.



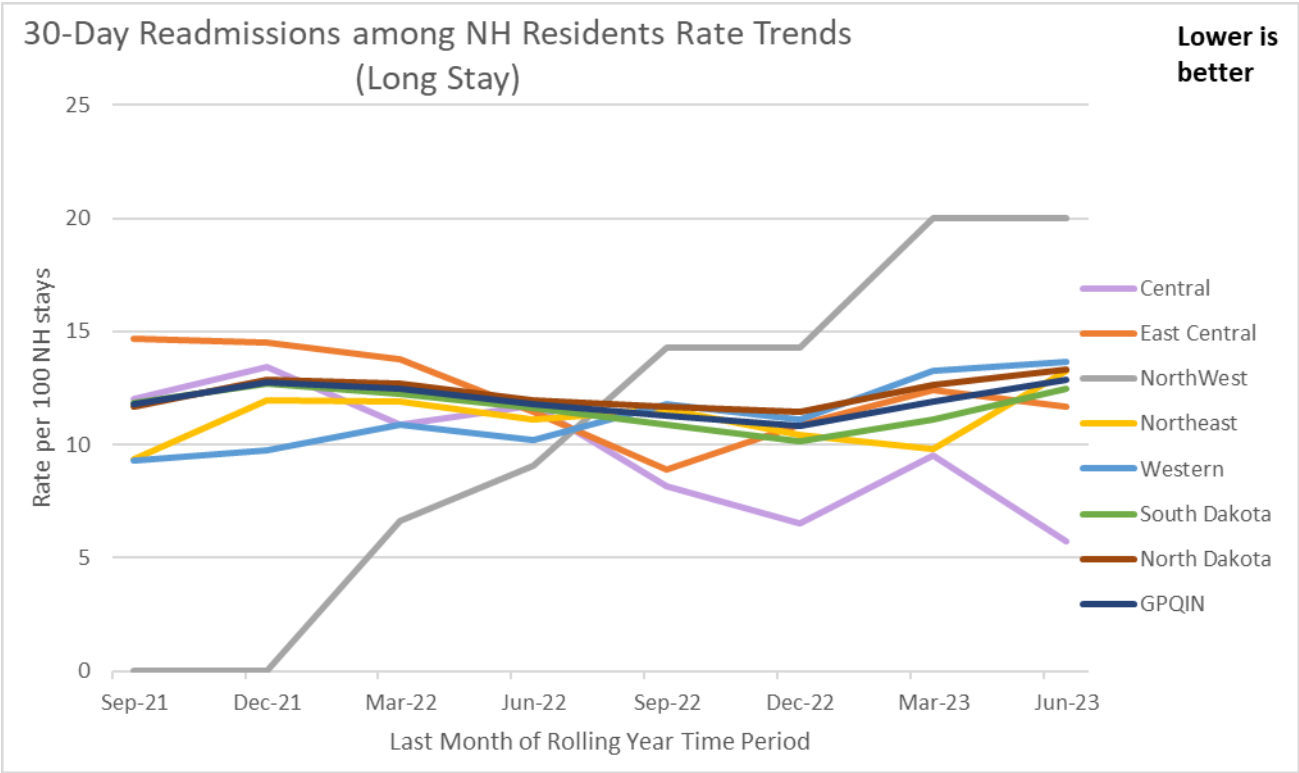
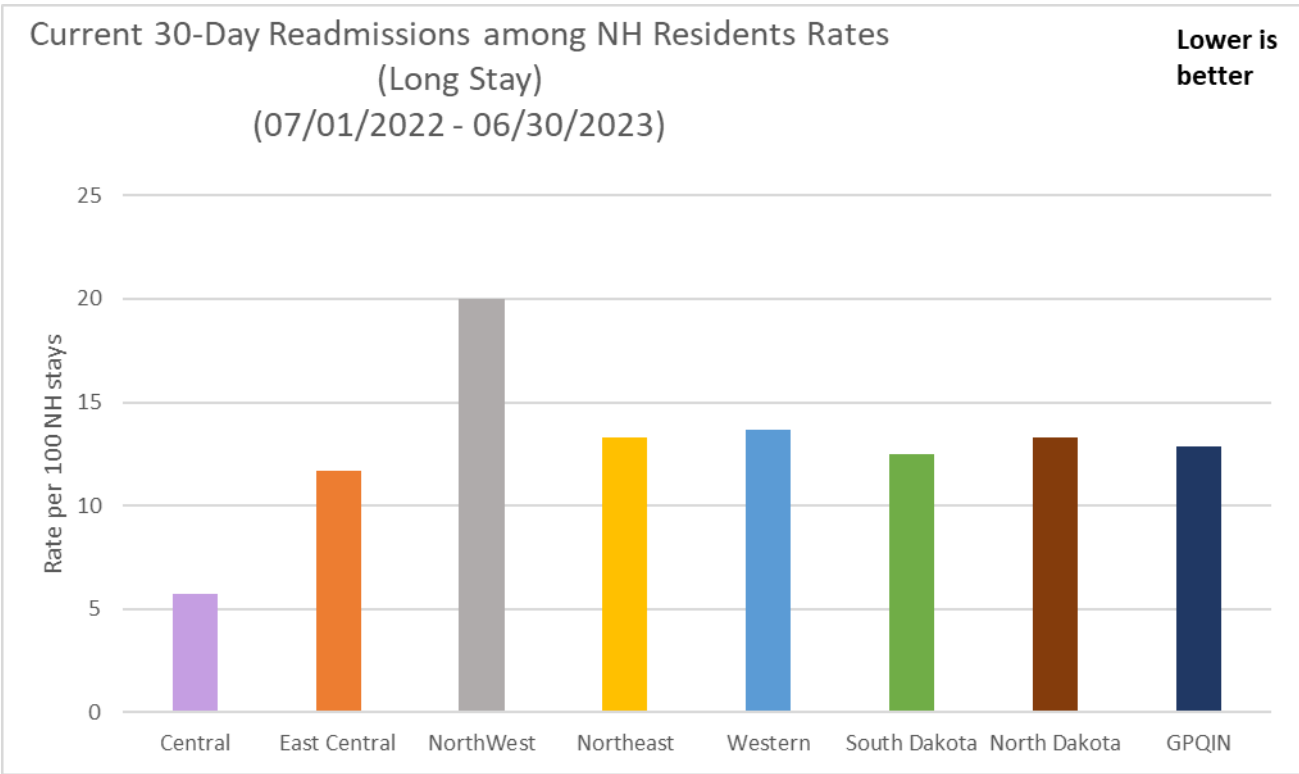
30-Day Preventable ED Visits (Long Stay): Percentage of nursing home stays by long-stay residents who are Medicare Fee-for-Service beneficiaries having a potentially preventable emergency department visits within 30 days after an inpatient discharge.



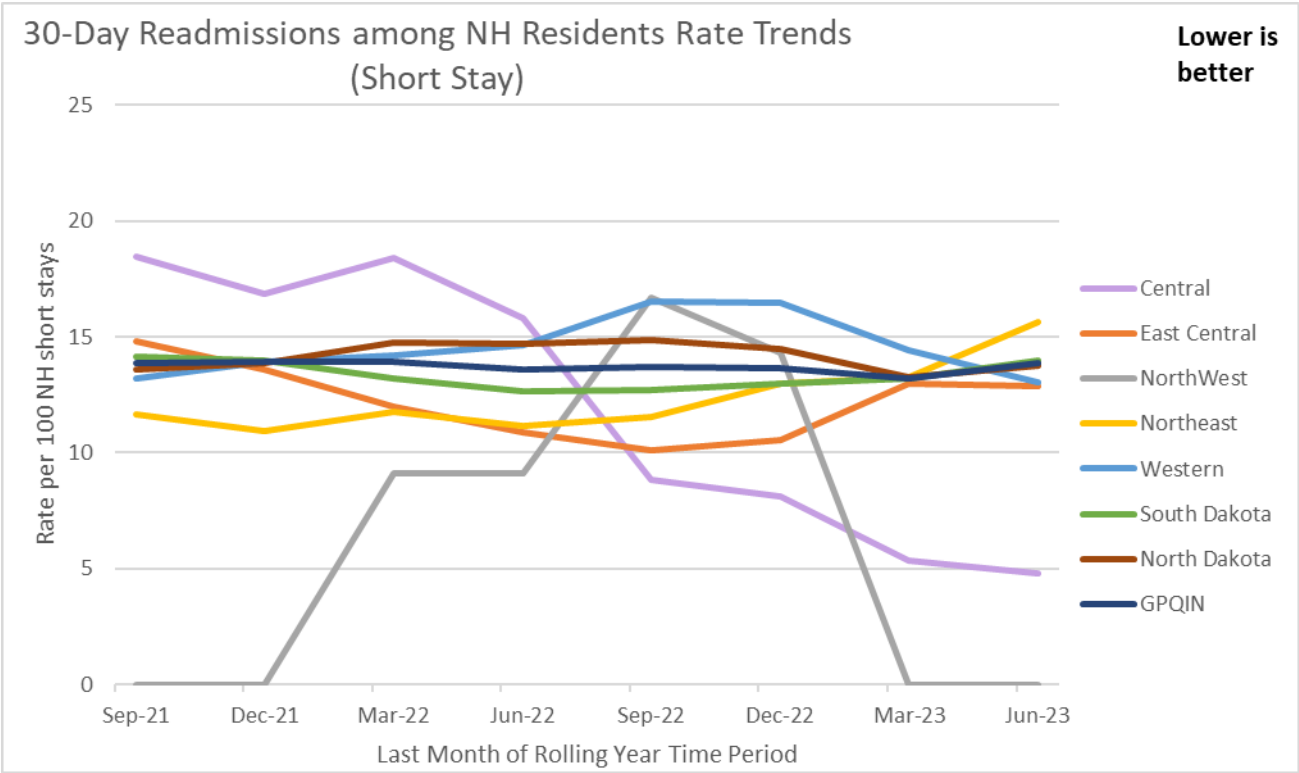
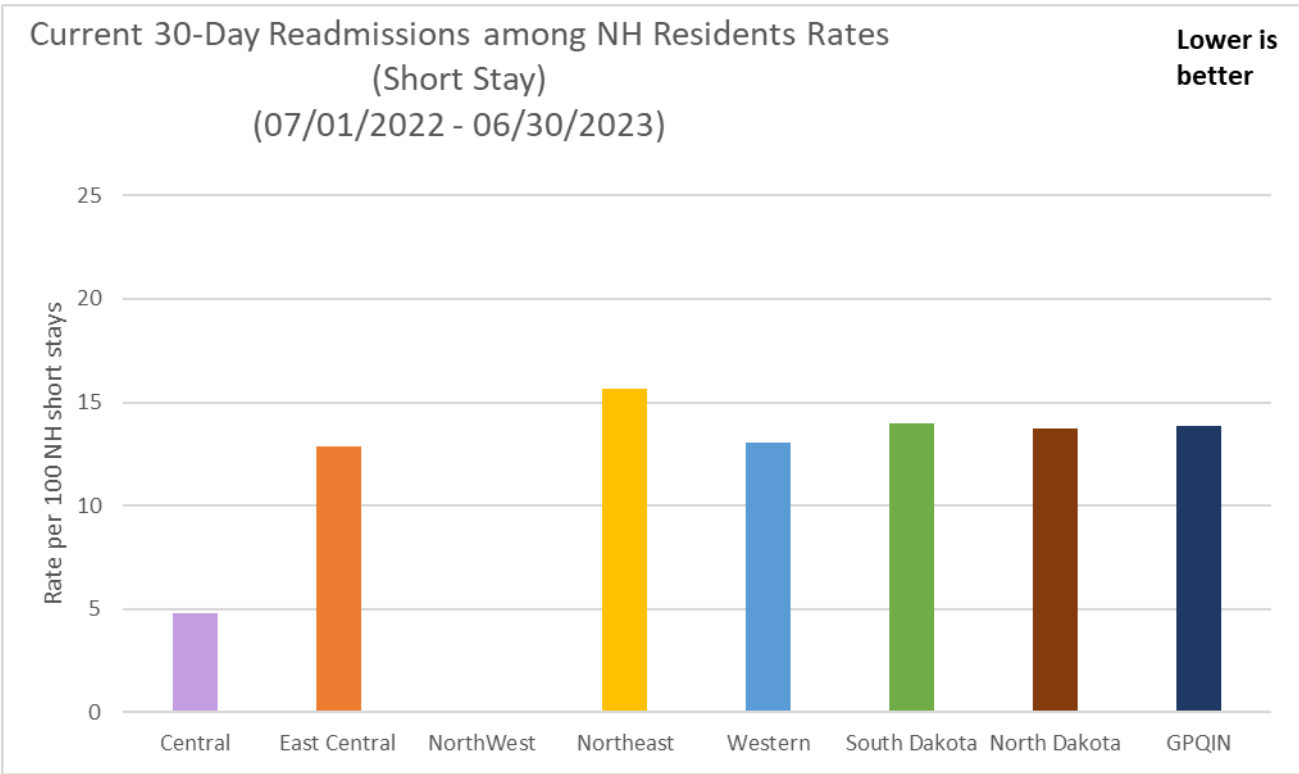
30-Day Preventable ED Visits (Short Stay): Percentage of nursing home short stays by Medicare Fee-for-Service beneficiaries having a potentially preventable emergency department visits within 30 days after an inpatient discharge.



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.