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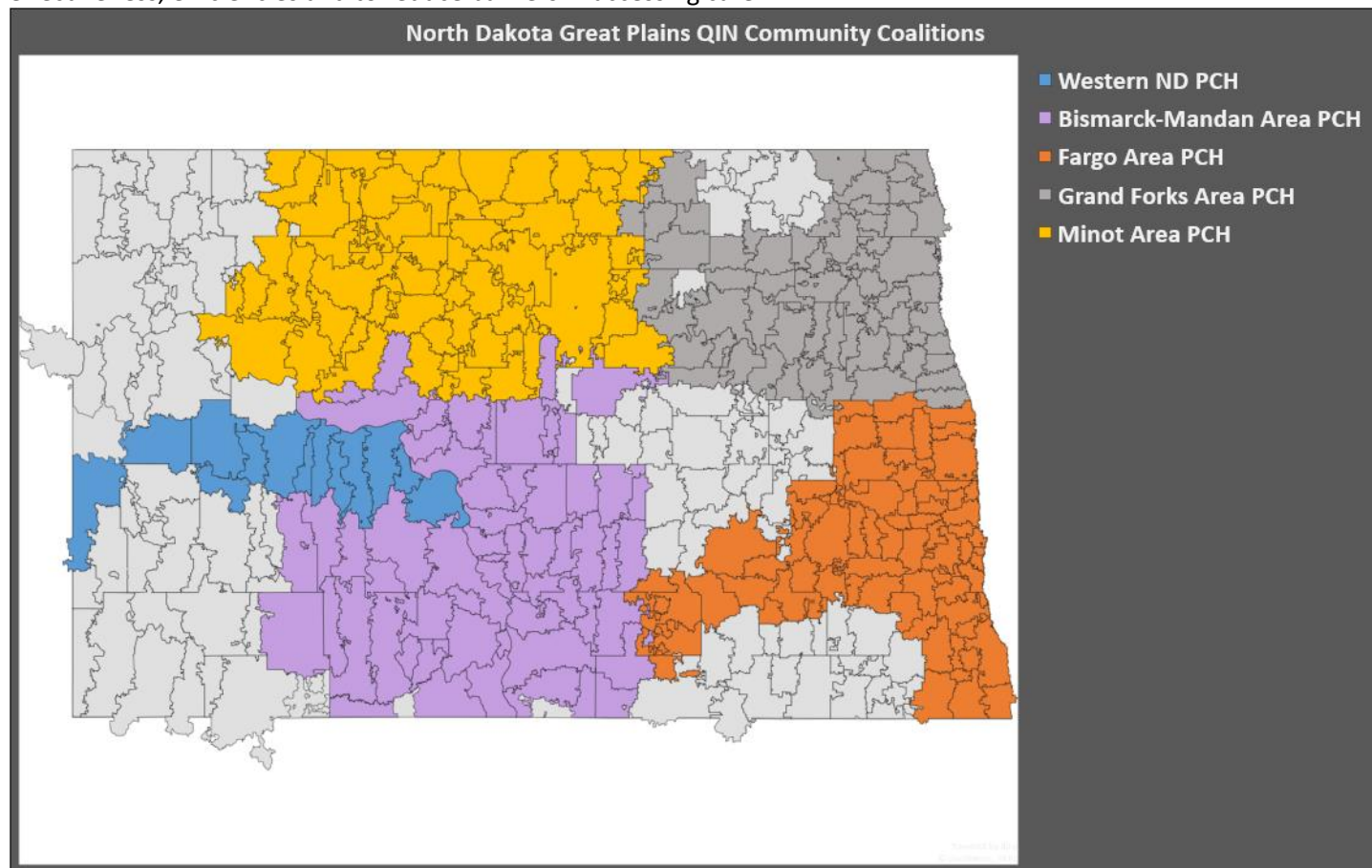
North Dakota and South Dakota communities have many attributes that are similar, yet qualities that make them unique. However, when it comes to healthcare, each state has a shared commitment to ensuring quality of care for its community members.

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 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 (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 withing 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

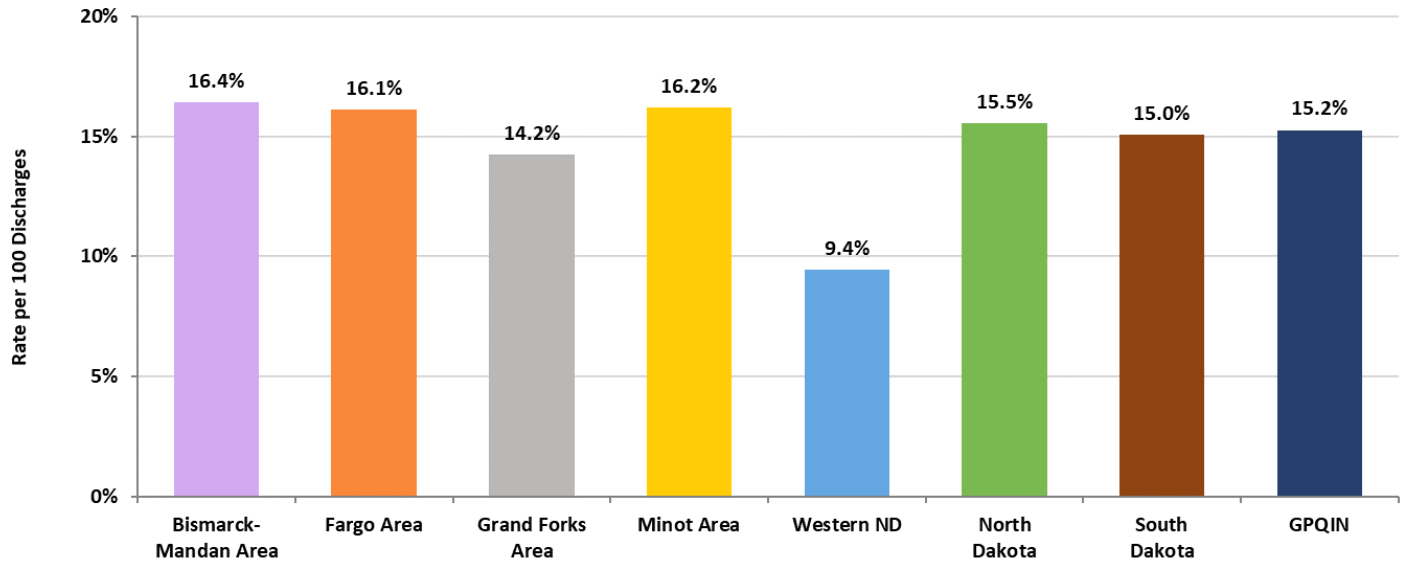
<https://greatplainsqin.org/initiatives/care-transitions/>

Go to our GPQIN Nursing Home Quality Webpage:

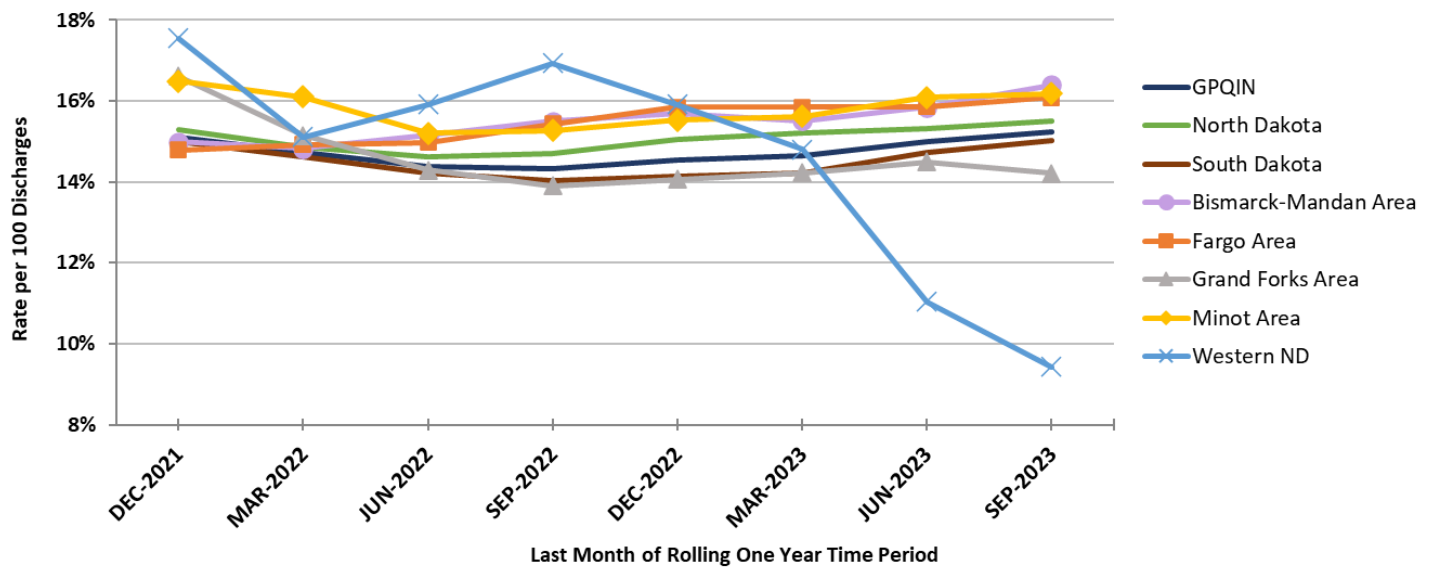
<https://greatplainsqin.org/initiatives/nursing-home-quality/>

Community Data Highlights

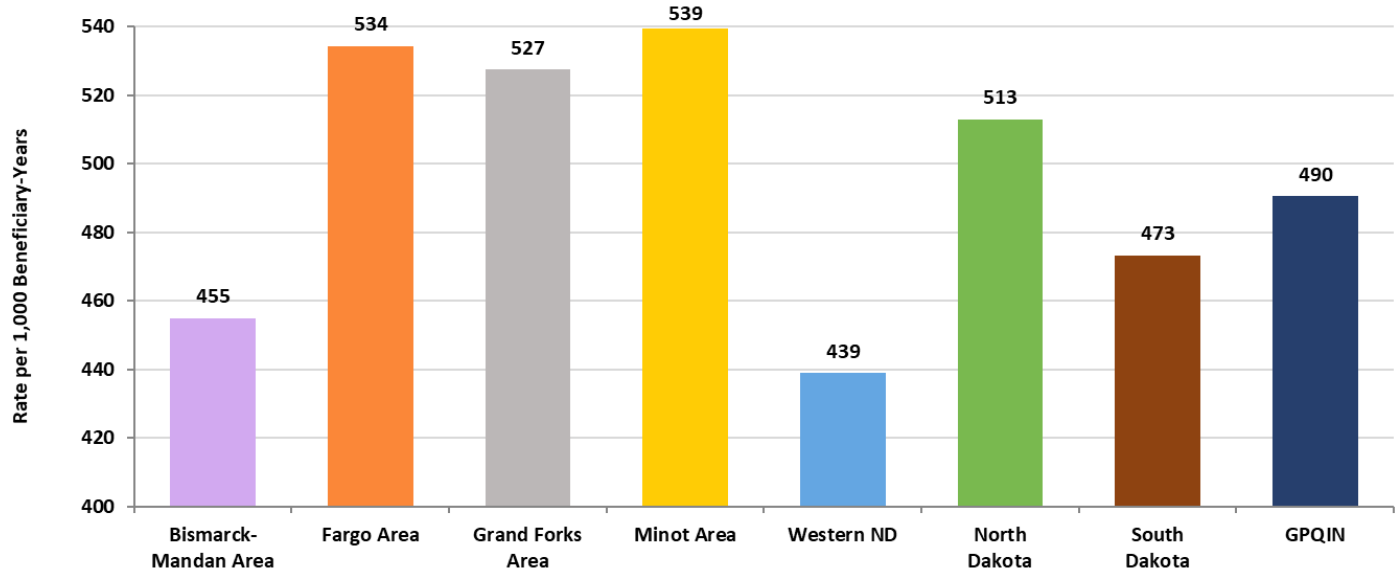
Current Readmission Rates (# of readmissions within 30 days / # of discharges): 10/01/2022 - 09/30/2023



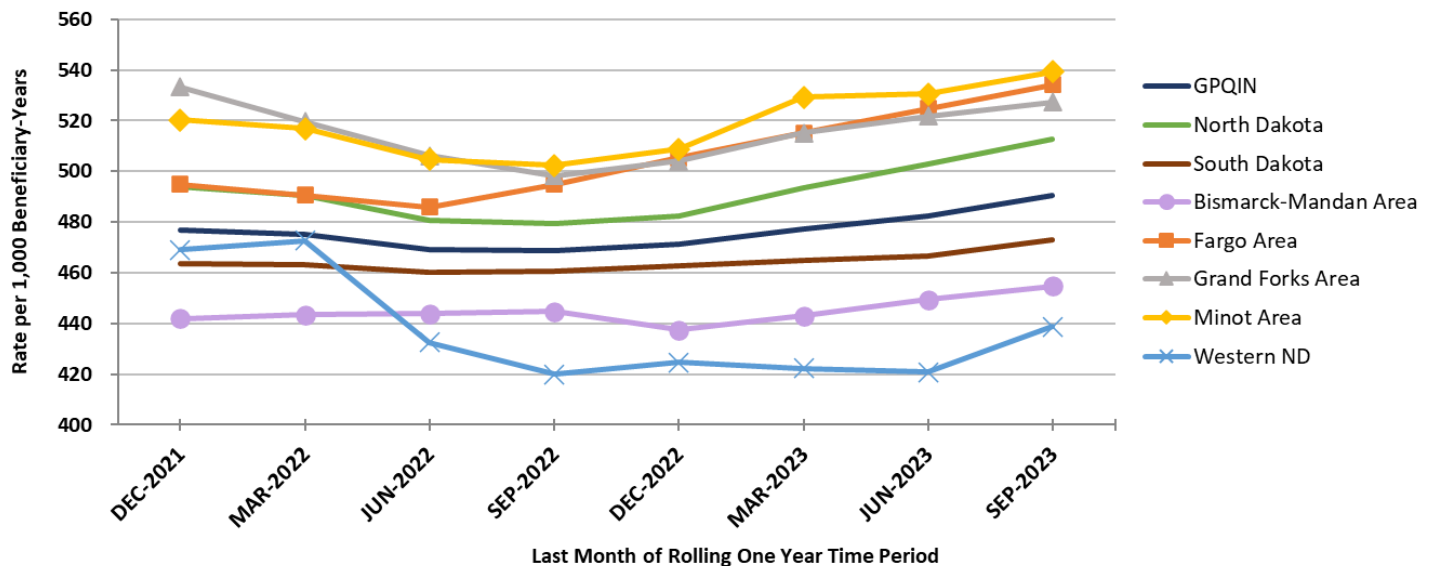
Readmission Rate Trends:



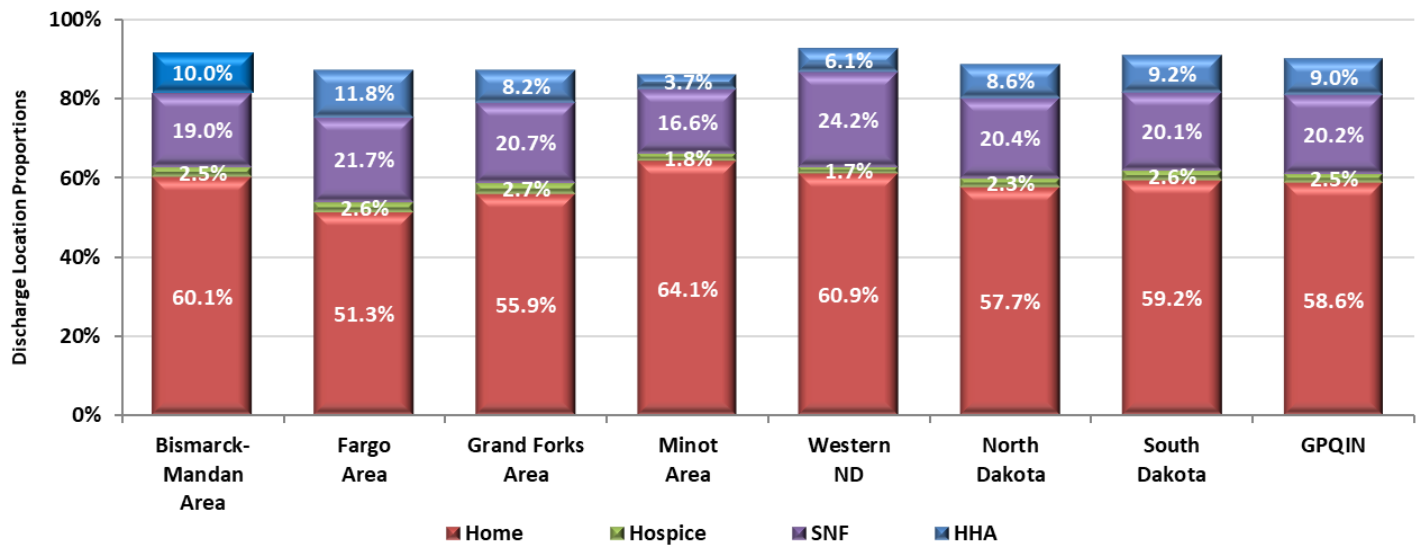
Current Hospital Utilization (Admissions and ED Visits per 1,000 Beneficiary-Years): 10/01/2022 - 09/30/2023



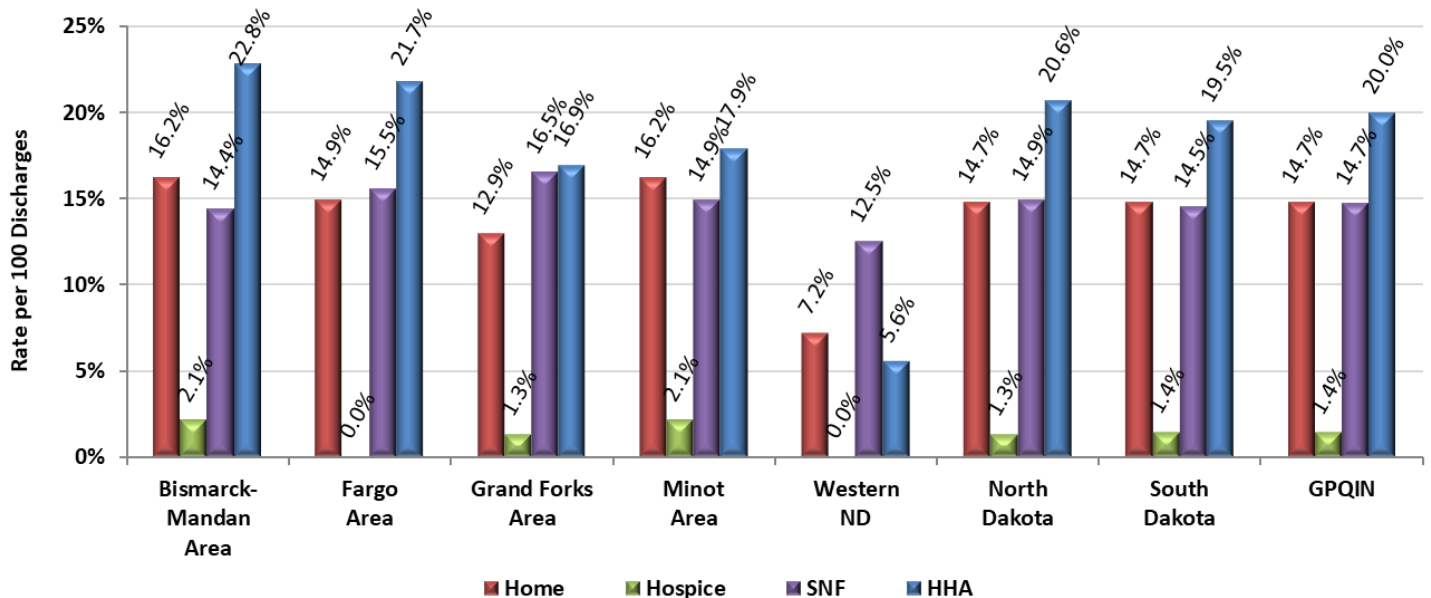
Hospital Utilization Trends:



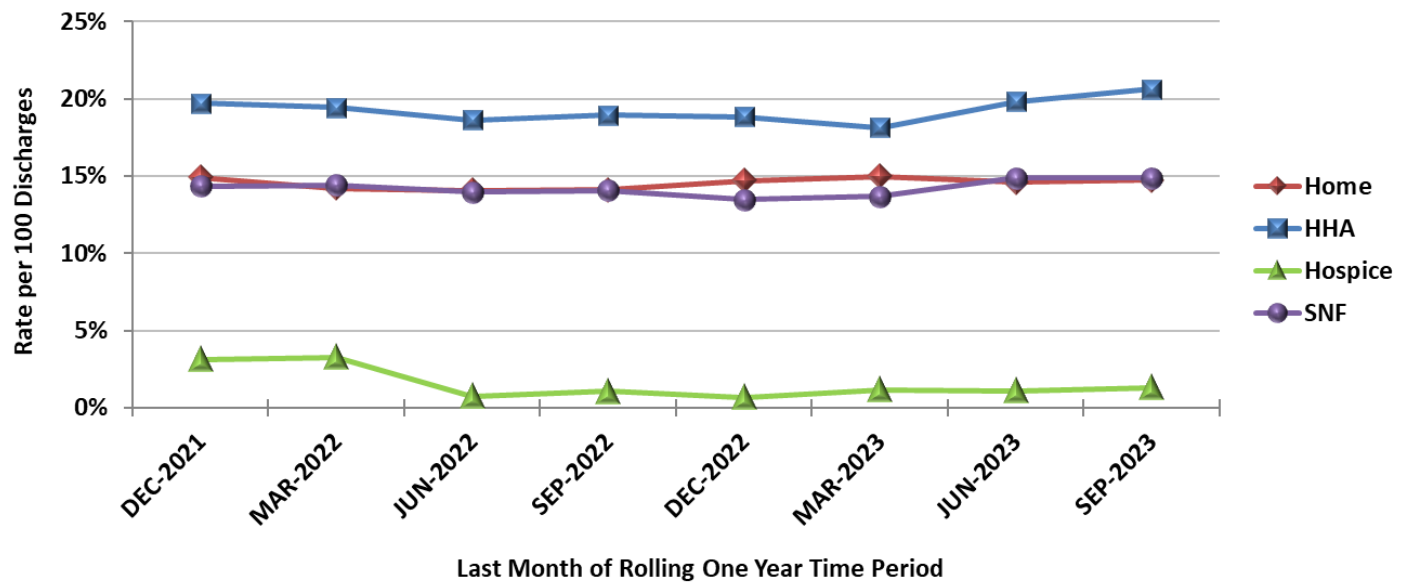
Discharge Locations: 10/01/2022 - 09/30/2023



Readmission Rates among Discharge Locations: 10/01/2022 - 09/30/2023



Readmission Rates by Discharge Location: North Dakota



Top 5 Admission DRG Bundles: 10/01/2022 - 09/30/2023

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	326	3,806	8.57%
	HEART FAILURE & SHOCK	184	3,806	4.83%
	ACUTE MYOCARDIAL INFARCTION	162	3,806	4.26%
	SIMPLE PNEUMONIA & PLEURISY	158	3,806	4.15%
	KIDNEY & URINARY TRACT INFECTIONS	101	3,806	2.65%
Fargo Area	SEPTICEMIA OR SEVERE SEPSIS	361	4,567	7.91%
	HEART FAILURE & SHOCK	235	4,567	5.15%
	ACUTE MYOCARDIAL INFARCTION	185	4,567	4.05%
	SIMPLE PNEUMONIA & PLEURISY	154	4,567	3.37%
	PSYCHOSES	118	4,567	2.58%
Grand Forks Area	SEPTICEMIA OR SEVERE SEPSIS	320	2,873	11.14%
	HEART FAILURE & SHOCK	142	2,873	4.94%
	SIMPLE PNEUMONIA & PLEURISY	124	2,873	4.32%
	RENAL FAILURE	100	2,873	3.48%
	INTRACRANIAL HEMORRHAGE OR CEREBRAL INFARCTION	75	2,873	2.61%
Minot Area	SEPTICEMIA OR SEVERE SEPSIS	196	2,597	7.55%
	SIMPLE PNEUMONIA & PLEURISY	152	2,597	5.85%
	HEART FAILURE & SHOCK	119	2,597	4.58%
	ACUTE MYOCARDIAL INFARCTION	98	2,597	3.77%
	INTRACRANIAL HEMORRHAGE OR CEREBRAL INFARCTION	83	2,597	3.20%
Western ND	SEPTICEMIA OR SEVERE SEPSIS	*	*	6.84%
	SIMPLE PNEUMONIA & PLEURISY	*	*	5.21%
	HEART FAILURE & SHOCK	*	*	4.56%
	NUTRITIONAL & MISC METABOLIC DISORDERS	*	*	3.26%
	PERC CARDIOVASC PROC W STENT	*	*	2.93%
	RENAL FAILURE	*	*	2.93%
	RESPIRATORY INFECTIONS & INFLAMMATIONS	*	*	2.93%
North Dakota	SEPTICEMIA OR SEVERE SEPSIS	1,405	16,837	8.35%
	HEART FAILURE & SHOCK	825	16,837	4.90%
	SIMPLE PNEUMONIA & PLEURISY	725	16,837	4.31%
	ACUTE MYOCARDIAL INFARCTION	593	16,837	3.52%
	RENAL FAILURE	416	16,837	2.47%
GPQIN	SEPTICEMIA OR SEVERE SEPSIS	2,946	38,332	7.69%
	HEART FAILURE & SHOCK	1,713	38,332	4.47%
	SIMPLE PNEUMONIA & PLEURISY	1,620	38,332	4.23%
	ACUTE MYOCARDIAL INFARCTION	998	38,332	2.60%
	KIDNEY & URINARY TRACT INFECTIONS	990	38,332	2.58%

* The number of admissions is too small to report.

Top 5 Readmission DRG Bundles: 10/01/2022 - 09/30/2023

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	54	626	8.63%
	HEART FAILURE & SHOCK	31	626	4.95%
	ACUTE MYOCARDIAL INFARCTION	30	626	4.79%
	G.I. HEMORRHAGE	20	626	3.20%
	SIMPLE PNEUMONIA & PLEURISY	19	626	3.04%
Fargo Area	HEART FAILURE & SHOCK	51	750	6.80%
	SEPTICEMIA OR SEVERE SEPSIS	50	750	6.67%
	PSYCHOSES	43	750	5.73%
	ACUTE MYOCARDIAL INFARCTION	34	750	4.53%
	SIMPLE PNEUMONIA & PLEURISY	22	750	2.93%
Grand Forks Area	SEPTICEMIA OR SEVERE SEPSIS	47	413	11.38%
	RENAL FAILURE	26	413	6.30%
	HEART FAILURE & SHOCK	19	413	4.60%
	ALCOHOL/DRUG ABUSE OR DEPENDENCE	16	413	3.87%
	SIMPLE PNEUMONIA & PLEURISY	16	413	3.87%
Minot Area	SEPTICEMIA OR SEVERE SEPSIS	33	413	7.99%
	HEART FAILURE & SHOCK	29	413	7.02%
	ACUTE MYOCARDIAL INFARCTION	24	413	5.81%
	SIMPLE PNEUMONIA & PLEURISY	24	413	5.81%
	KIDNEY & URINARY TRACT INFECTIONS	13	413	3.15%
Western ND	SIMPLE PNEUMONIA & PLEURISY	*	*	10.71%
	KIDNEY & URETER PROCEDURES FOR NON-NEOPLASM	*	*	7.14%
	RESPIRATORY INFECTIONS & INFLAMMATIONS	*	*	7.14%
	SEPTICEMIA OR SEVERE SEPSIS	*	*	7.14%
	19 DRG Bundles Tied For Fourth	*	*	3.03%
North Dakota	SEPTICEMIA OR SEVERE SEPSIS	204	2,617	7.80%
	HEART FAILURE & SHOCK	154	2,617	5.89%
	ACUTE MYOCARDIAL INFARCTION	107	2,617	4.09%
	SIMPLE PNEUMONIA & PLEURISY	96	2,617	3.67%
	RENAL FAILURE	80	2,617	3.06%
GPQIN	SEPTICEMIA OR SEVERE SEPSIS	437	5,868	7.45%
	HEART FAILURE & SHOCK	346	5,868	5.90%
	SIMPLE PNEUMONIA & PLEURISY	212	5,868	3.61%
	RENAL FAILURE	175	5,868	2.98%
	ACUTE MYOCARDIAL INFARCTION	167	5,868	2.85%

* The number of readmissions is too small to report.

Top 5 Admission DRG Bundles on Claims Discharged to a Skilled Nursing Facility: 10/01/2022 - 09/30/2023

Community	DRG Bundle Description	DRG Bundle Admissions	Community Admissions	Percent of Community Admissions
Bismarck-Mandan Area	SEPTICEMIA OR SEVERE SEPSIS	82	712	11.52%
	HEART FAILURE & SHOCK	34	712	4.78%
	SIMPLE PNEUMONIA & PLEURISY	32	712	4.49%
	HIP & FEMUR PROCEDURES EXCEPT MAJOR JOINT	30	712	4.21%
	KIDNEY & URINARY TRACT INFECTIONS	30	712	4.21%
Fargo Area	SEPTICEMIA OR SEVERE SEPSIS	91	986	9.23%
	HEART FAILURE & SHOCK	65	986	6.59%
	HIP & FEMUR PROCEDURES EXCEPT MAJOR JOINT	55	986	5.58%
	SIMPLE PNEUMONIA & PLEURISY	38	986	3.85%
	HIP REPLACEMENT, PDX HIP FRACTURE	33	986	3.35%
Grand Forks Area	SEPTICEMIA OR SEVERE SEPSIS	86	590	14.58%
	SIMPLE PNEUMONIA & PLEURISY	32	590	5.42%
	HEART FAILURE & SHOCK	29	590	4.92%
	NUTRITIONAL & MISC METABOLIC DISORDERS	27	590	4.58%
	RENAL FAILURE	27	590	4.58%
Minot Area	SIMPLE PNEUMONIA & PLEURISY	35	414	8.45%
	SEPTICEMIA OR SEVERE SEPSIS	34	414	8.21%
	HIP & FEMUR PROCEDURES EXCEPT MAJOR JOINT	22	414	5.31%
	KIDNEY & URINARY TRACT INFECTIONS	22	414	5.31%
	HEART FAILURE & SHOCK	20	414	4.83%
Western ND	SEPTICEMIA OR SEVERE SEPSIS	*	*	11.27%
	HIP & FEMUR PROCEDURES EXCEPT MAJOR JOINT	*	*	7.04%
	SIMPLE PNEUMONIA & PLEURISY	*	*	7.04%
	FRACTURES OF HIP & PELVIS	*	*	4.23%
	NUTRITIONAL & MISC METABOLIC DISORDERS	*	*	4.23%
	RENAL FAILURE	*	*	4.23%
North Dakota	SEPTICEMIA OR SEVERE SEPSIS	339	3,380	10.03%
	HEART FAILURE & SHOCK	182	3,380	5.39%
	SIMPLE PNEUMONIA & PLEURISY	169	3,380	5.00%
	HIP & FEMUR PROCEDURES EXCEPT MAJOR JOINT	159	3,380	4.70%
	KIDNEY & URINARY TRACT INFECTIONS	128	3,380	3.79%
GPQIN	SEPTICEMIA OR SEVERE SEPSIS	700	7,642	9.16%
	HIP & FEMUR PROCEDURES EXCEPT MAJOR JOINT	404	7,642	5.29%
	SIMPLE PNEUMONIA & PLEURISY	388	7,642	5.08%
	HEART FAILURE & SHOCK	354	7,642	4.63%
	KIDNEY & URINARY TRACT INFECTIONS	340	7,642	4.45%

* 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:**

10/01/2022 - 09/30/2023

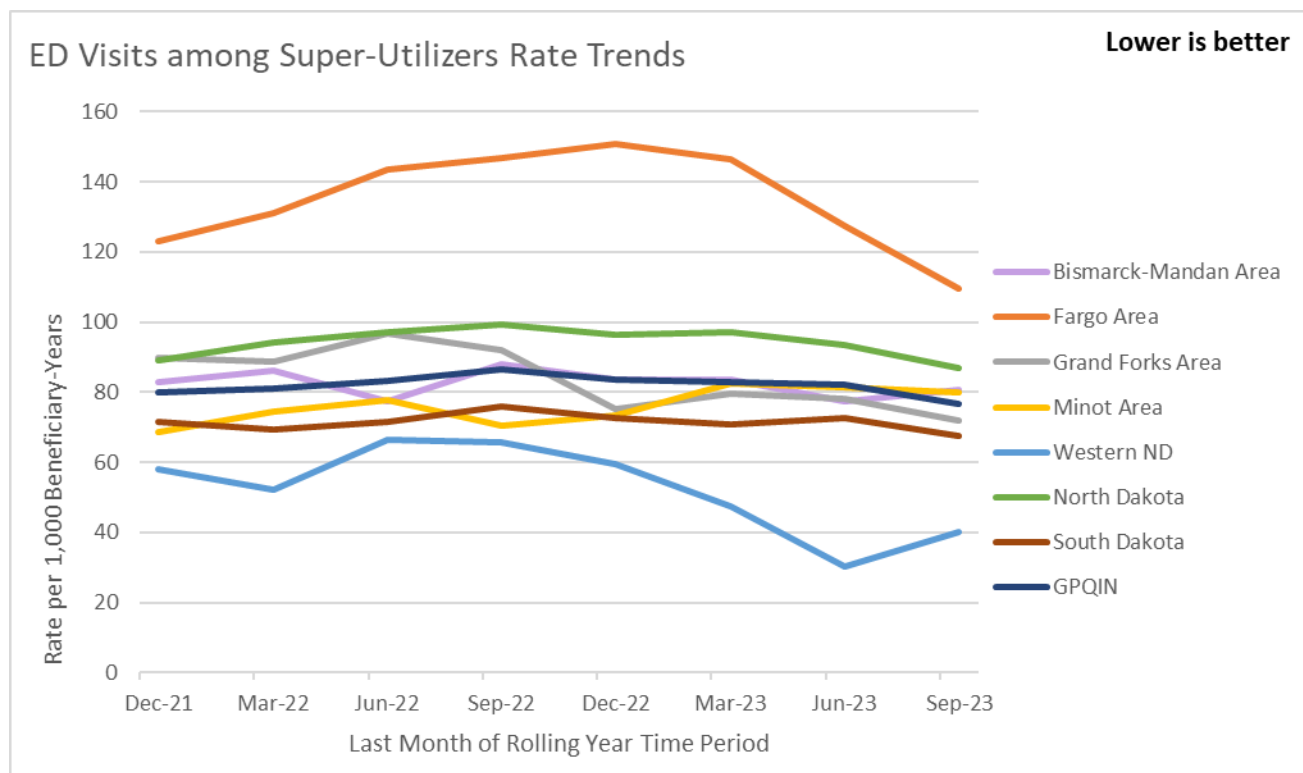
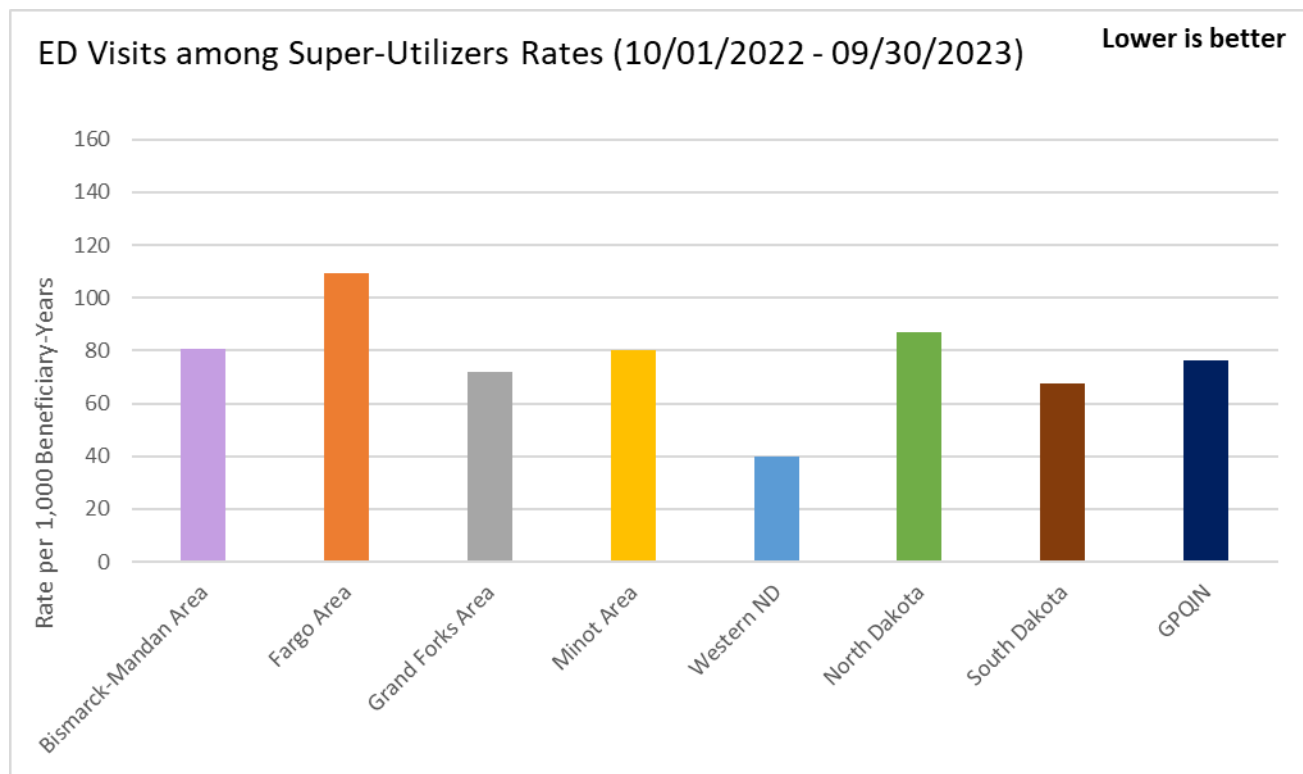
***See first paragraph on page 2 for definition of Index Discharge

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	*	*	10.58%
	HEART FAILURE & SHOCK	*	*	5.77%
	KIDNEY & URINARY TRACT INFECTIONS	*	*	4.81%
	ACUTE MYOCARDIAL INFARCTION	*	*	3.85%
	CRANIOTOMY	*	*	3.85%
	DIABETES	*	*	3.85%
	RED BLOOD CELL DISORDERS	*	*	3.85%
Fargo Area	SEPTICEMIA OR SEVERE SEPSIS	*	*	10.83%
	HEART FAILURE & SHOCK	*	*	7.01%
	REVISION OF HIP OR KNEE REPLACEMENT	*	*	5.10%
	HIP REPLACEMENT, PDX HIP FRACTURE	*	*	3.82%
	OTHER KIDNEY & URINARY TRACT DIAGNOSES	*	*	3.82%
Grand Forks Area	SEPTICEMIA OR SEVERE SEPSIS	*	*	20.20%
	RENAL FAILURE	*	*	11.11%
	INFECTIOUS & PARASITIC DISEASES W O.R. PROCEDURE	*	*	5.05%
	DIABETES	*	*	4.04%
	HEART FAILURE & SHOCK	*	*	4.04%
	NONSPECIFIC CEREBROVASCULAR DISORDERS	*	*	4.04%
	SIMPLE PNEUMONIA & PLEURISY	*	*	4.04%
Minot Area	SIMPLE PNEUMONIA & PLEURISY	*	*	12.70%
	SEPTICEMIA OR SEVERE SEPSIS	*	*	11.11%
	KIDNEY & URINARY TRACT INFECTIONS	*	*	7.94%
	HEART FAILURE & SHOCK	*	*	6.35%
	HIP & FEMUR PROCEDURES EXCEPT MAJOR JOINT	*	*	6.35%
	INFECTIOUS & PARASITIC DISEASES W O.R. PROCEDURE	*	*	6.35%
Western ND	CIRCULATORY DISORDERS EXCEPT AMI, W CARD CATH	*	*	**
	DISORDERS OF LIVER EXCEPT MALIG,CIRR,ALC HEPA	*	*	**
	FOOT PROCEDURES	*	*	**
	OSTEOMYELITIS	*	*	**
	PENIS PROCEDURES	*	*	**
	RENAL FAILURE	*	*	**
	SEPTICEMIA OR SEVERE SEPSIS	*	*	**
	SIMPLE PNEUMONIA & PLEURISY	*	*	**
	SOFT TISSUE PROCEDURES	*	*	**
North Dakota	SEPTICEMIA OR SEVERE SEPSIS	61	513	11.89%
	HEART FAILURE & SHOCK	30	513	5.85%
	RENAL FAILURE	25	513	4.87%
	SIMPLE PNEUMONIA & PLEURISY	19	513	3.70%
	INFECTIOUS & PARASITIC DISEASES W O.R. PROCEDURE	17	513	3.31%
	KIDNEY & URINARY TRACT INFECTIONS	17	513	3.31%
GPQJN	SEPTICEMIA OR SEVERE SEPSIS	126	1,143	11.02%
	HEART FAILURE & SHOCK	70	1,143	6.12%
	HIP & FEMUR PROCEDURES EXCEPT MAJOR JOINT	50	1,143	4.37%
	KIDNEY & URINARY TRACT INFECTIONS	50	1,143	4.37%
	SIMPLE PNEUMONIA & PLEURISY	46	1,143	4.02%

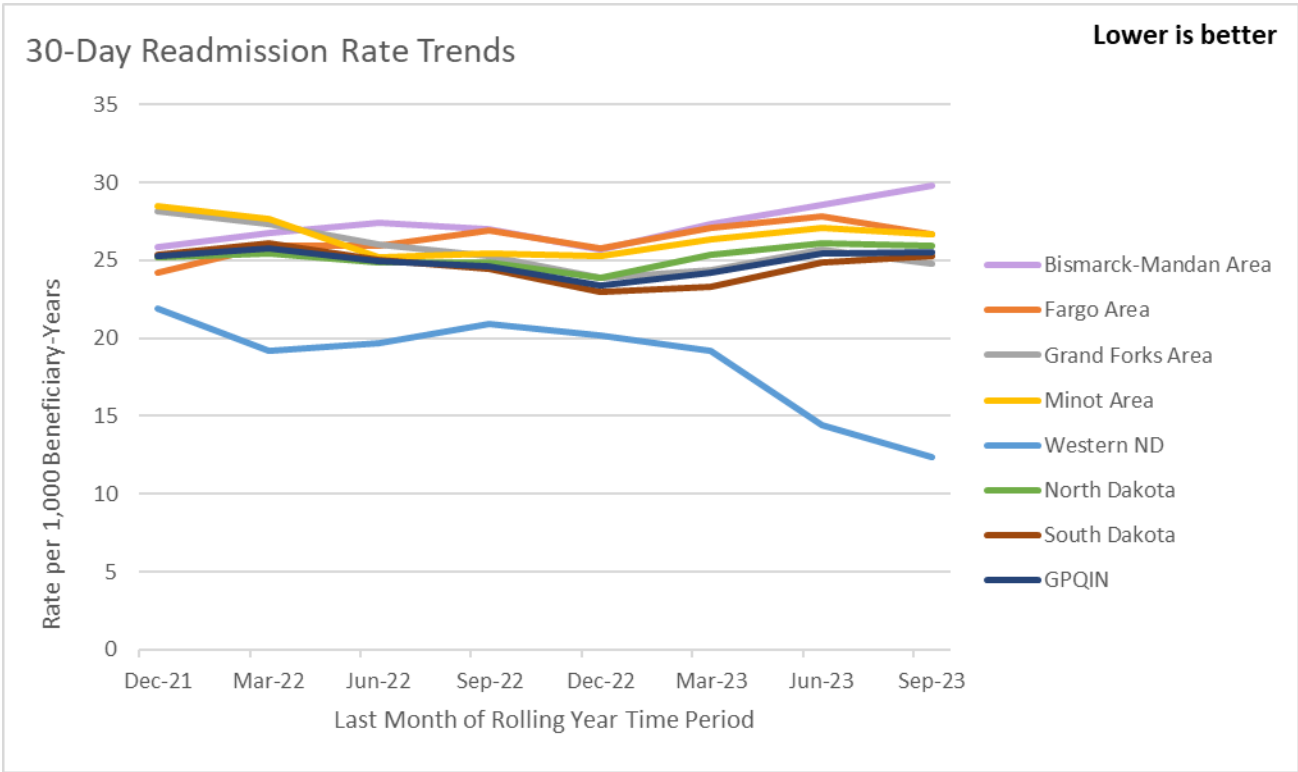
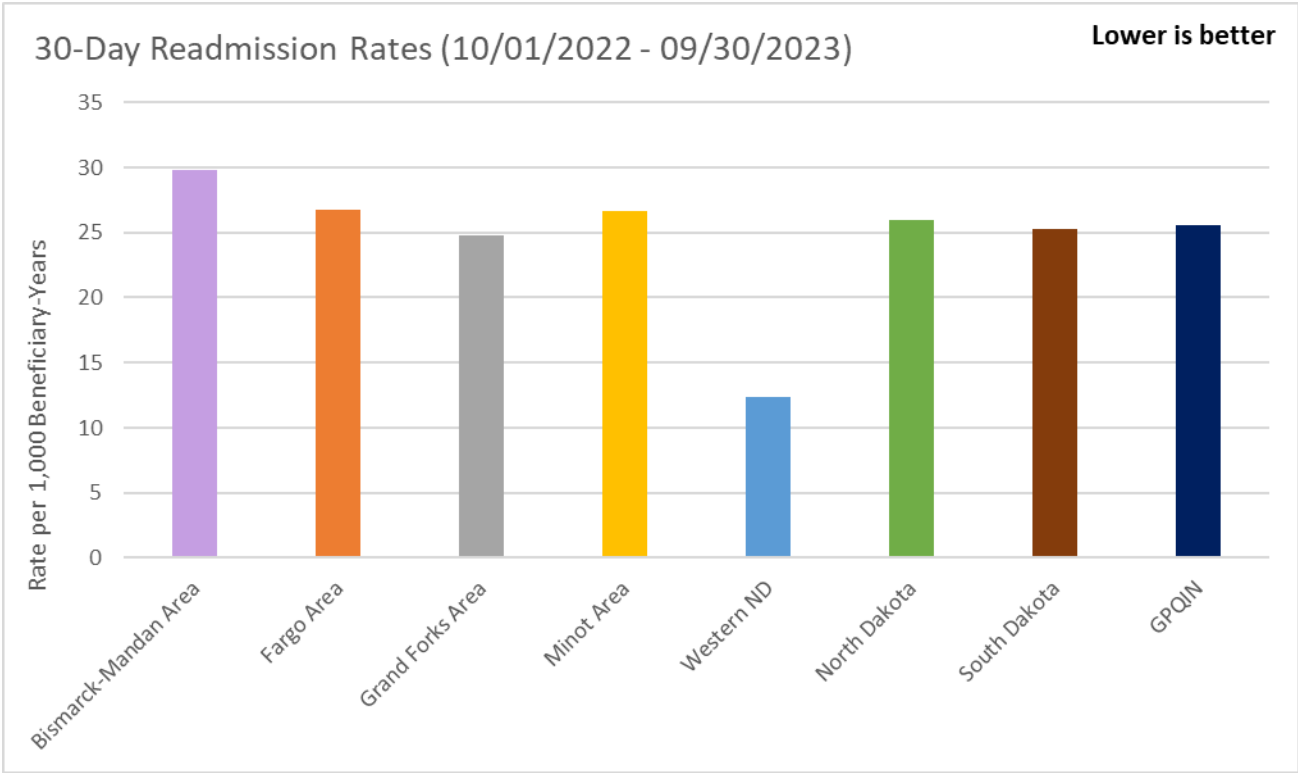
* The number of readmissions is too small to report.

** 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

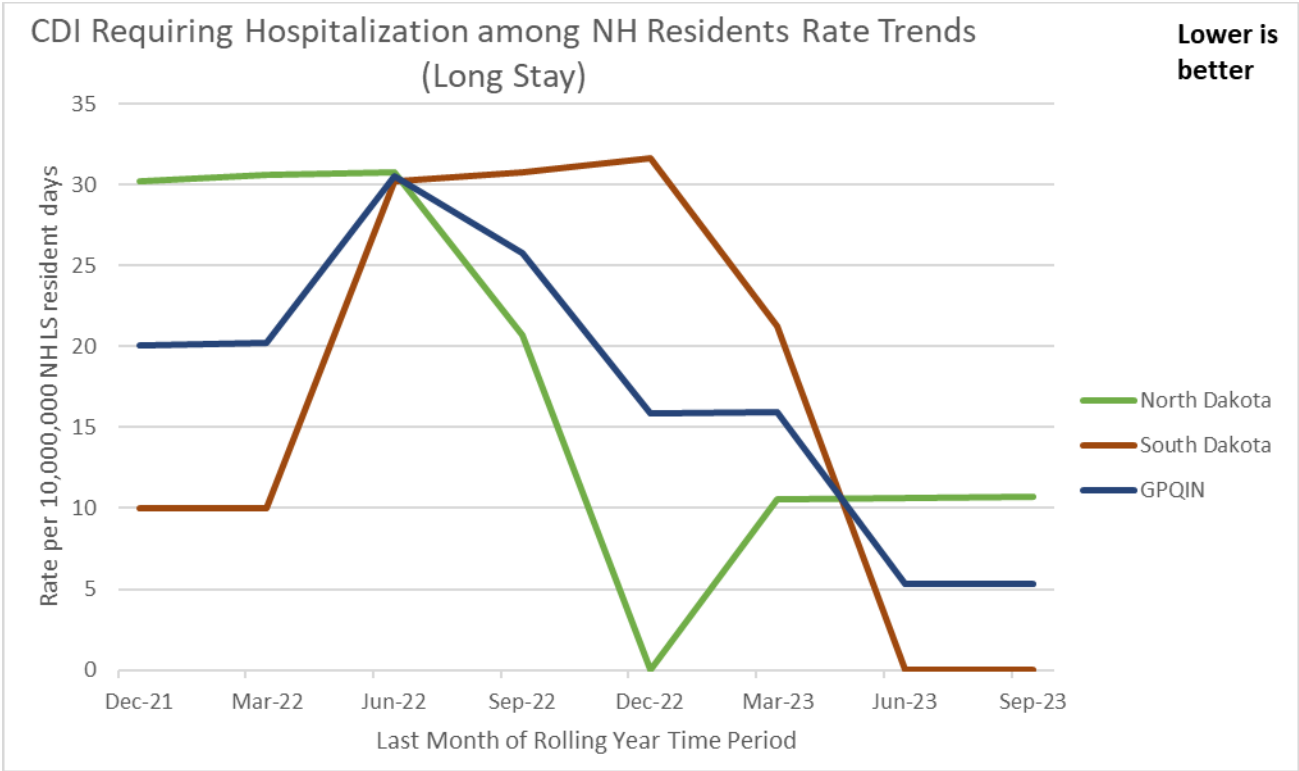
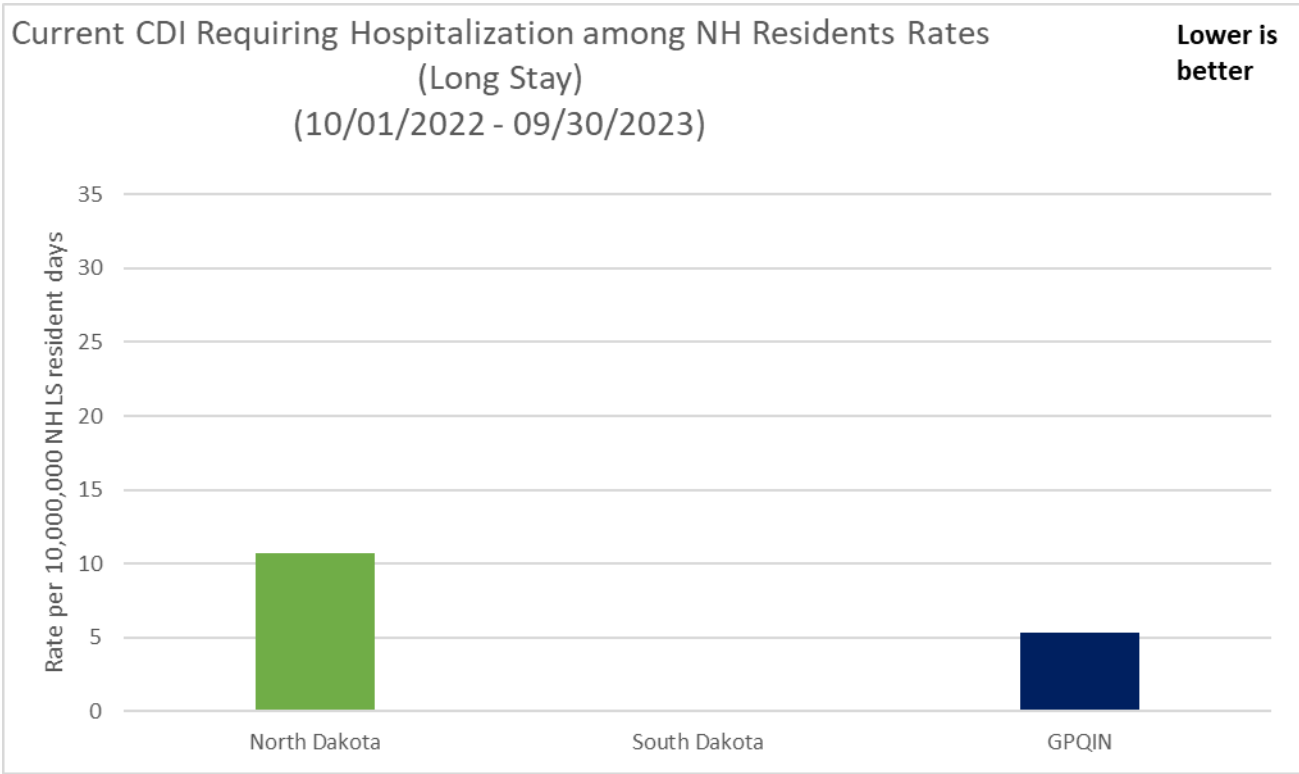
Data Overview and Definitions

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.

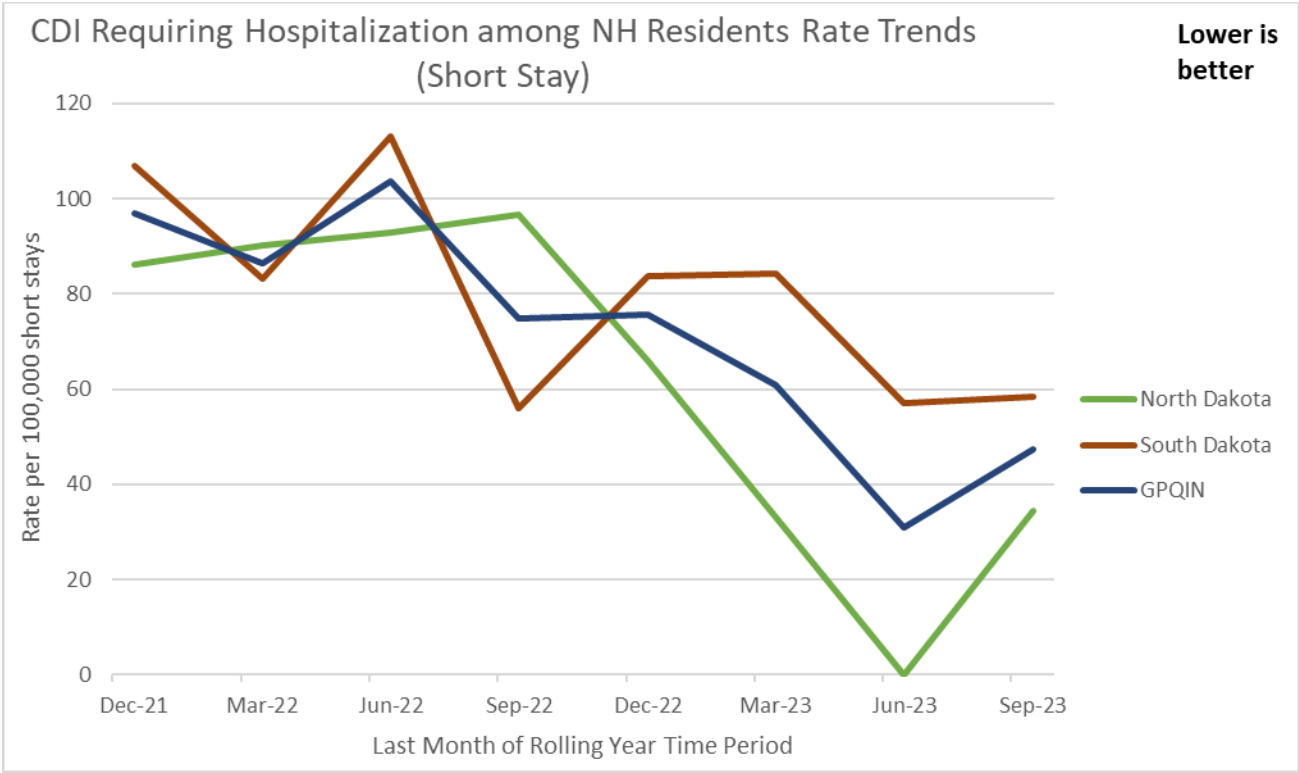
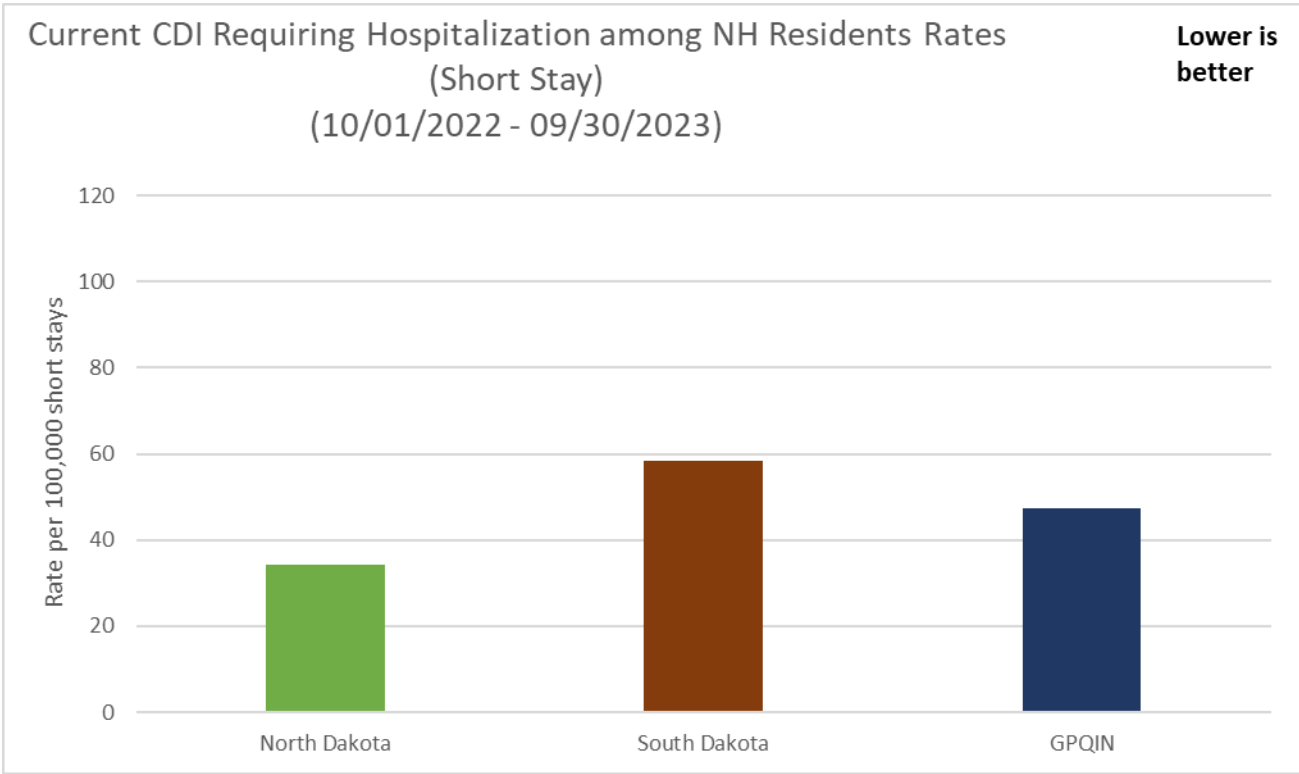
Measures included are:

- **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.

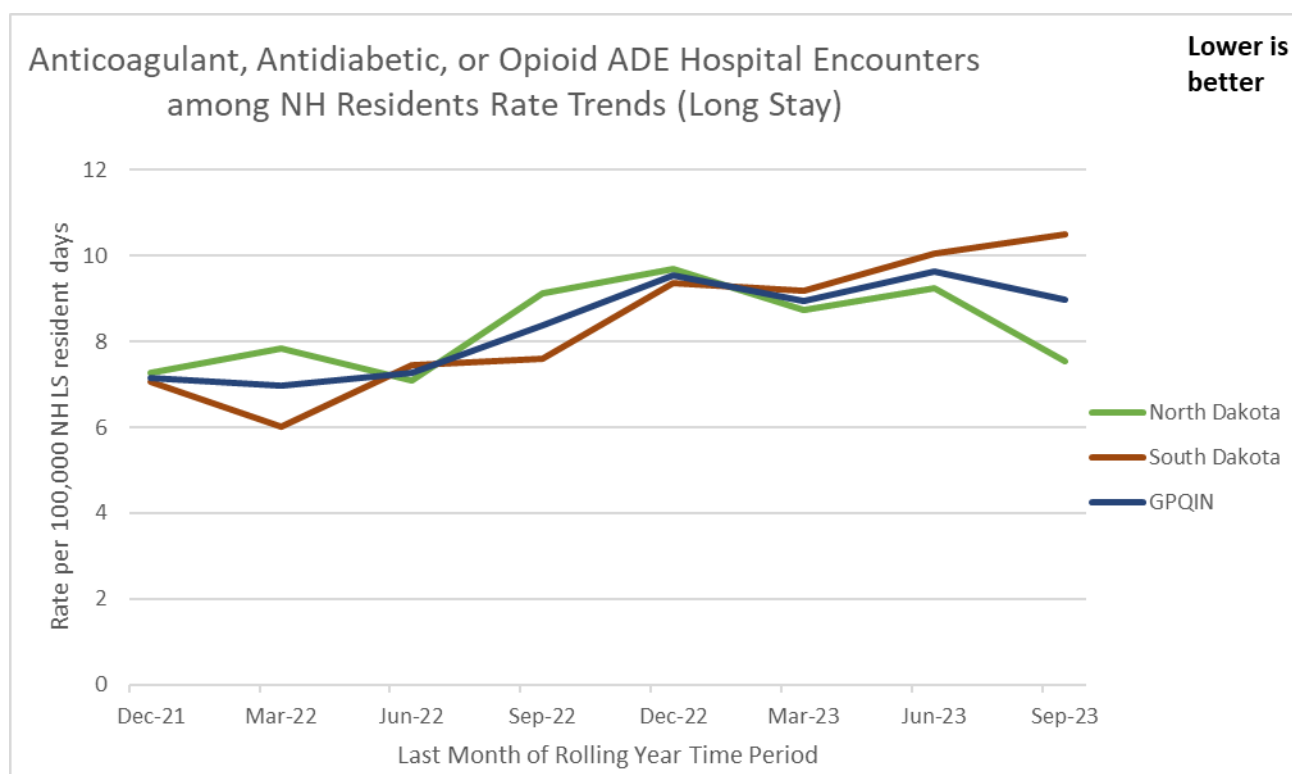
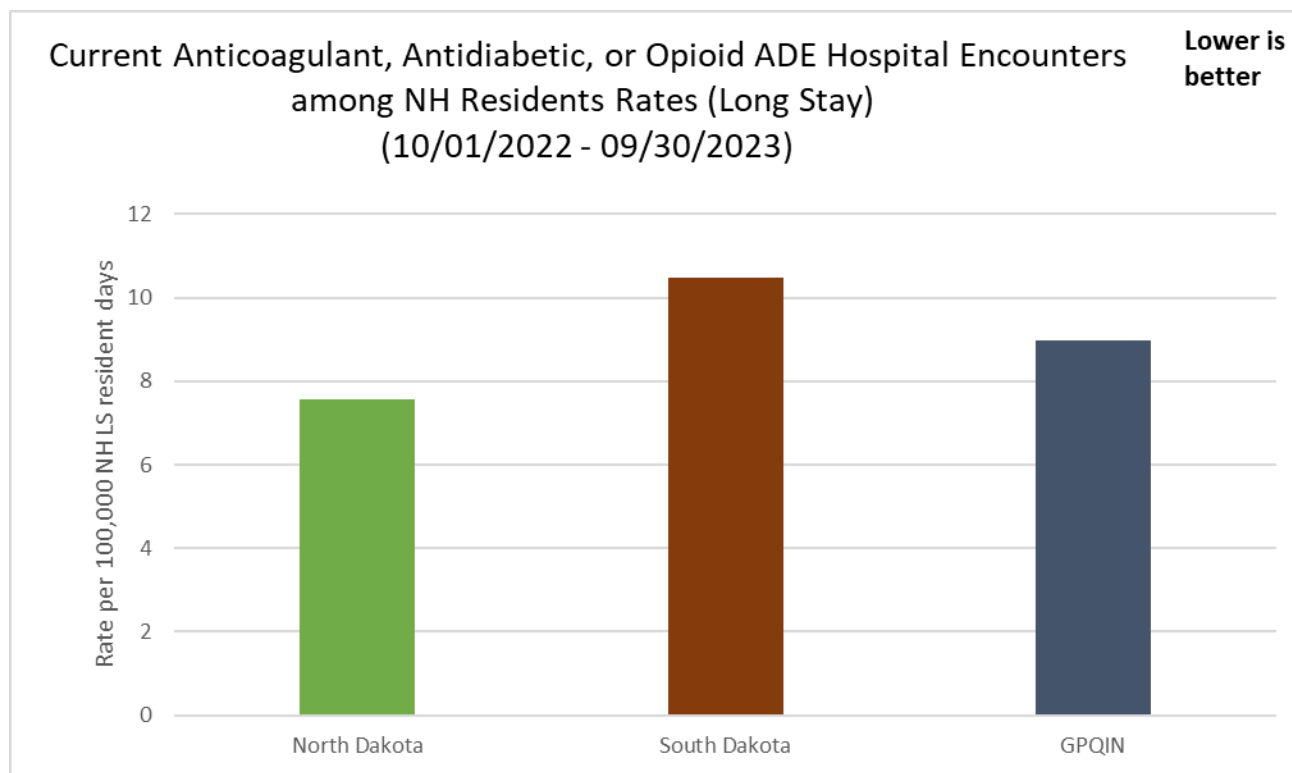
Clostridioides difficile (CDI) Requiring Hospitalization (Long Stay): Rate of inpatient admissions due to CDI per 10 million nursing home long-stay resident days among Medicare Fee-for-Service beneficiaries.



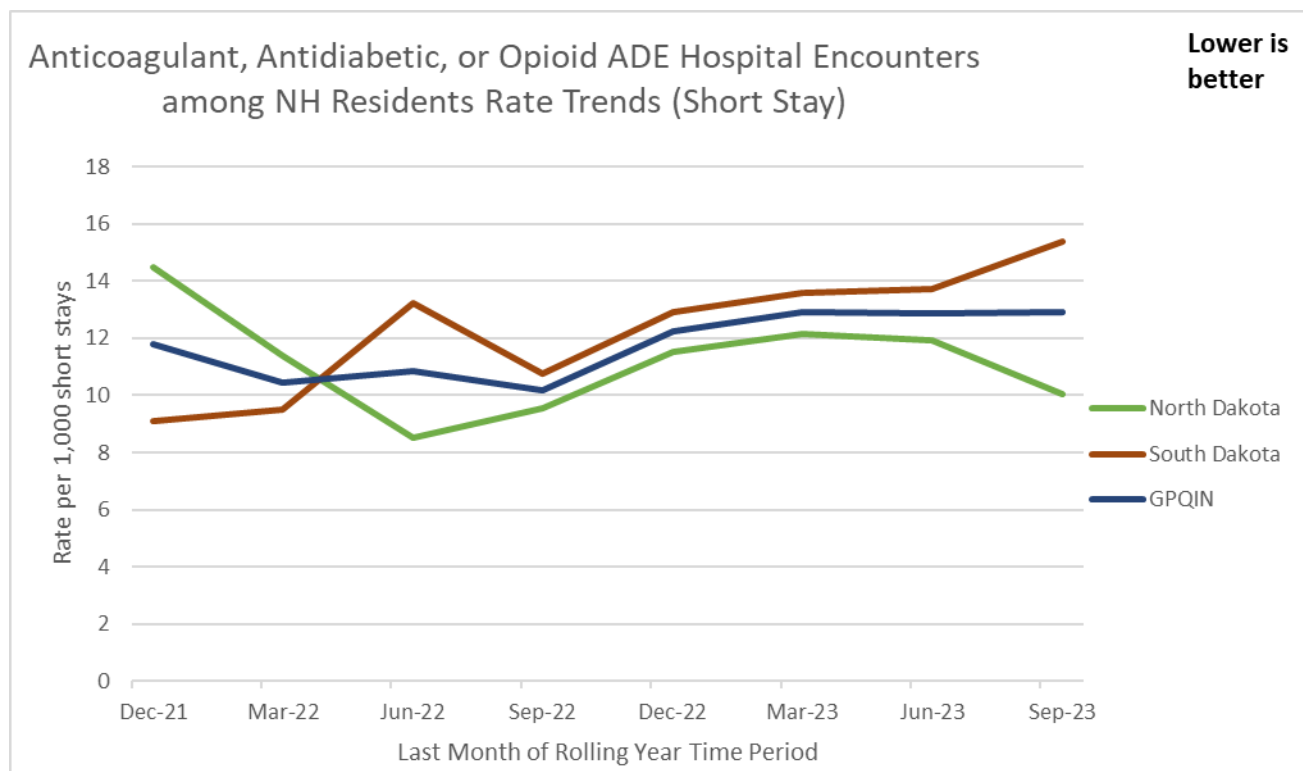
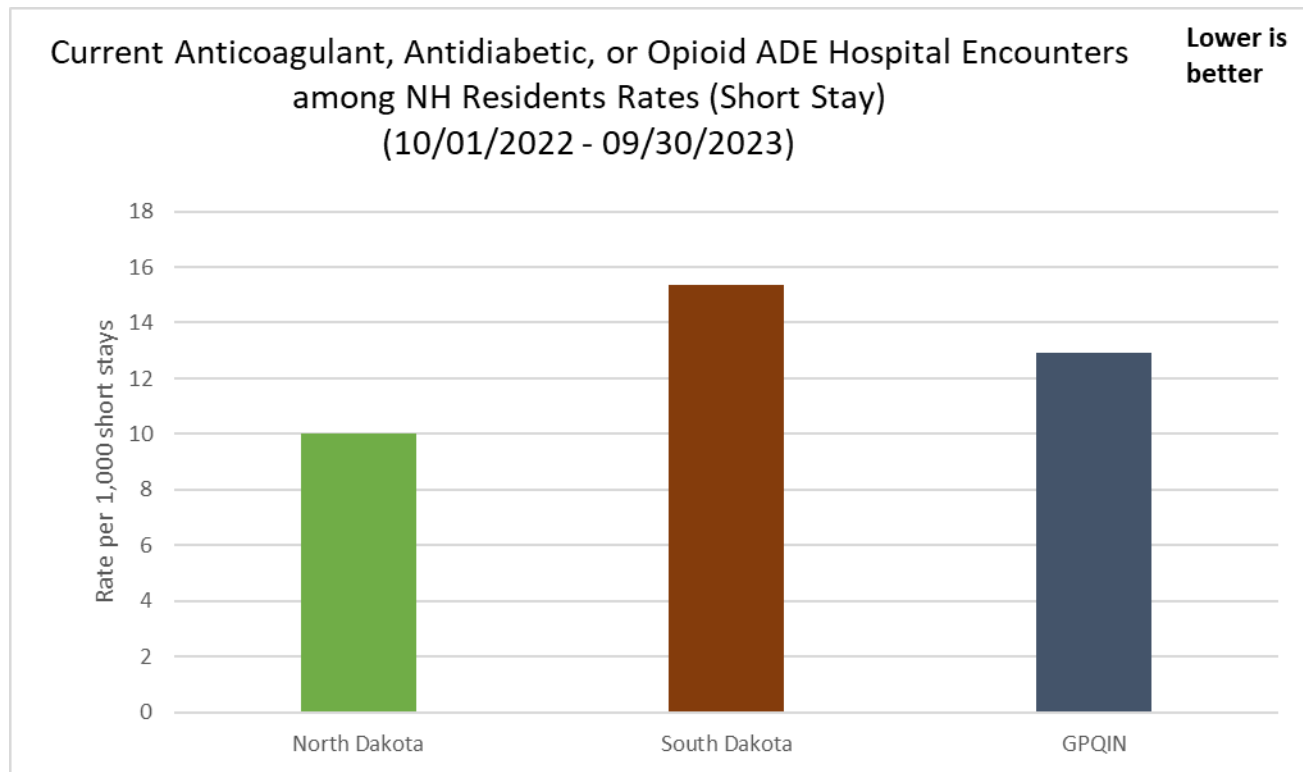
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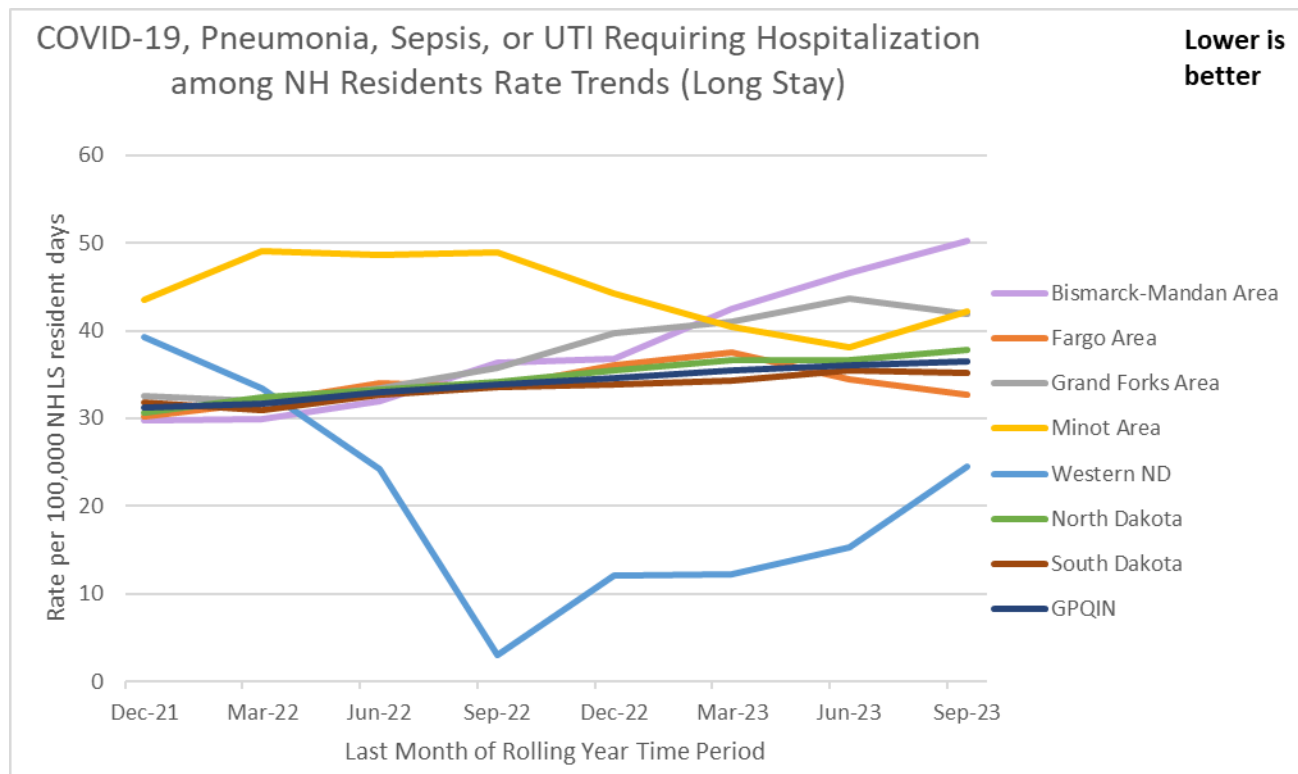
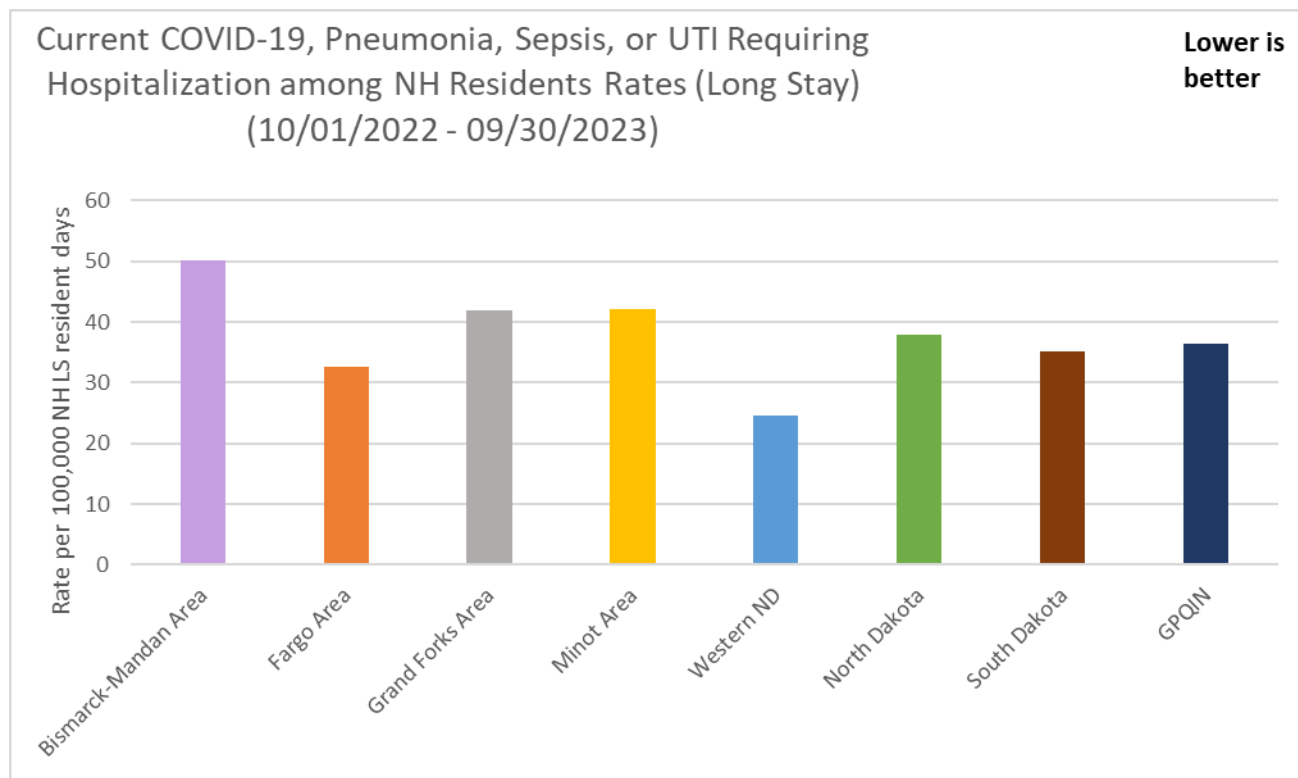
Anticoagulant, Antidiabetic, or Opioid Adverse Drug Event (ADE) Hospital Encounters (Long Stay): Rate of emergency department, observation, and inpatient anticoagulant, antidiabetic, or opioid ADEs per 100,000 nursing home long-stay resident days among Medicare Fee-for-Service beneficiaries with filled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



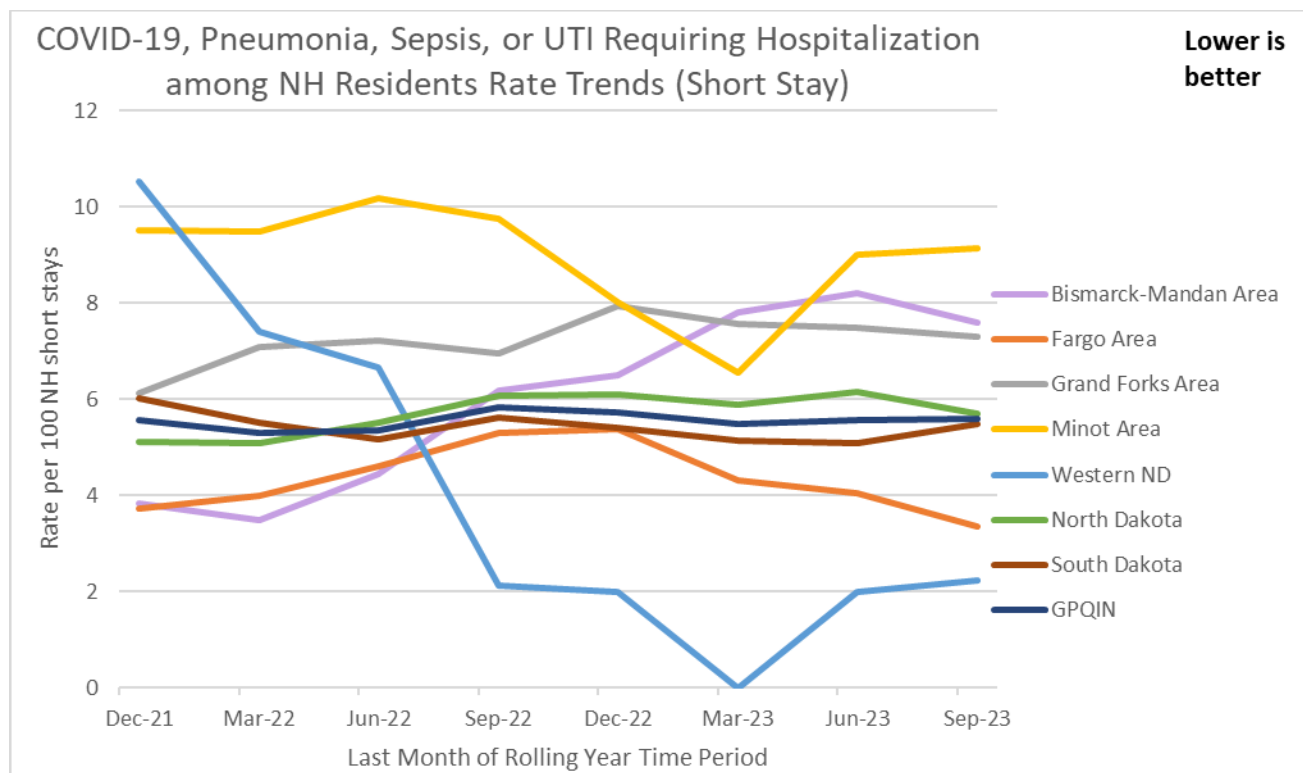
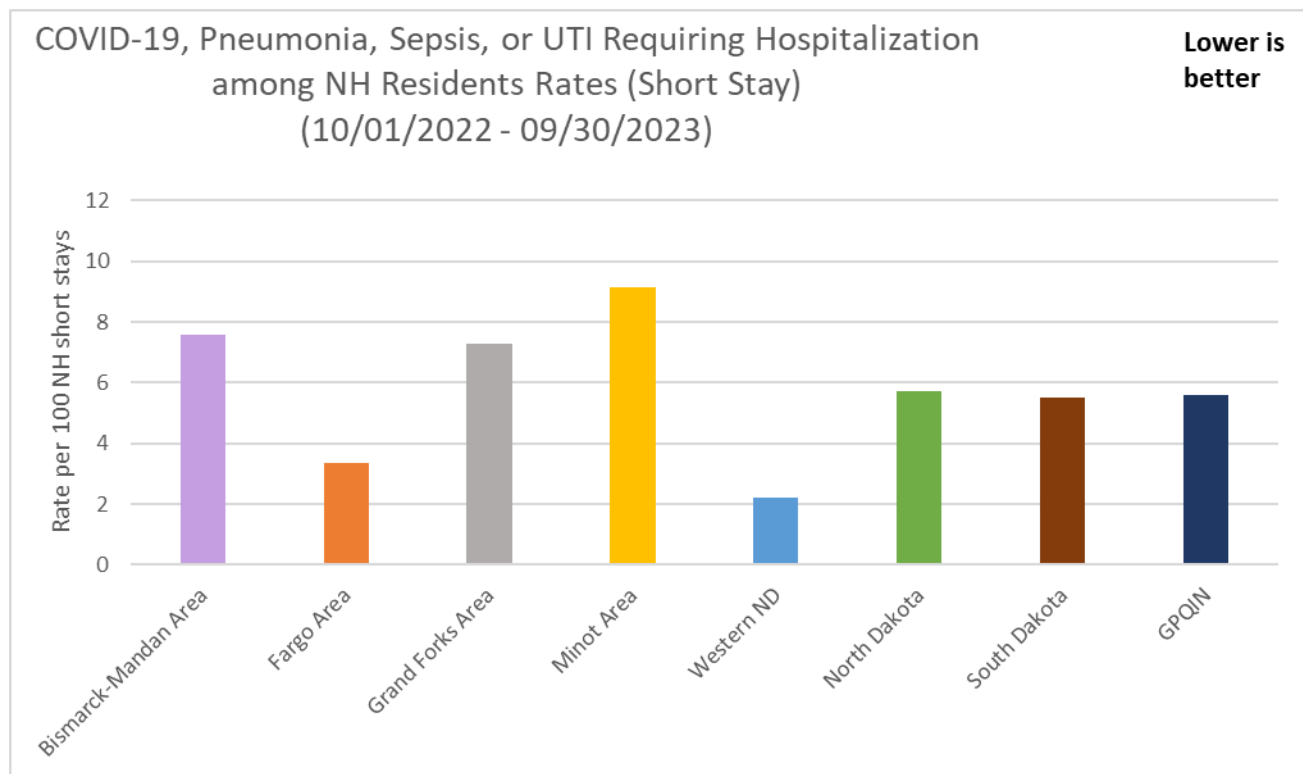
Anticoagulant, Antidiabetic, or Opioid Adverse Drug Event (ADE) Hospital Encounters (Short Stay): Rate of nursing home short stays with an emergency department, observation, or inpatient anticoagulant, antidiabetic, or opioid ADEs per 1,000 stay stays among Medicare Fee-for-Service beneficiaries with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



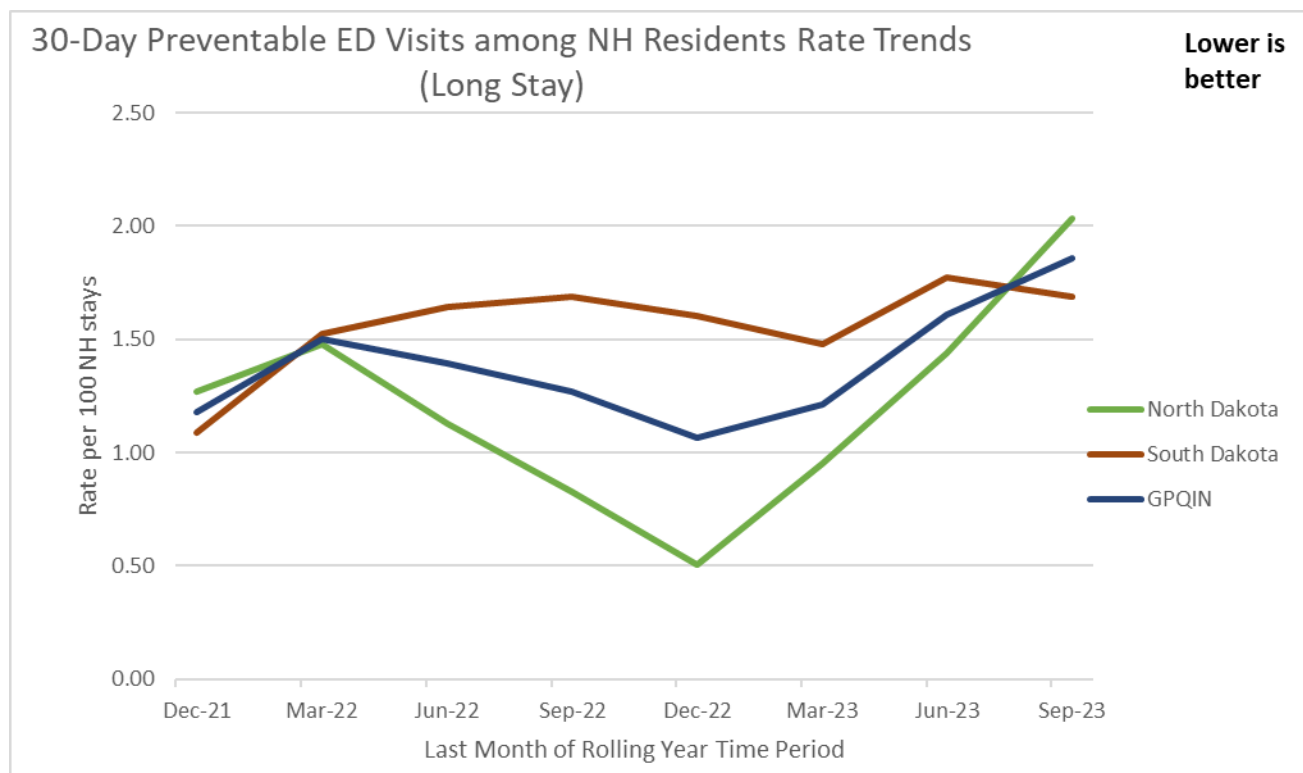
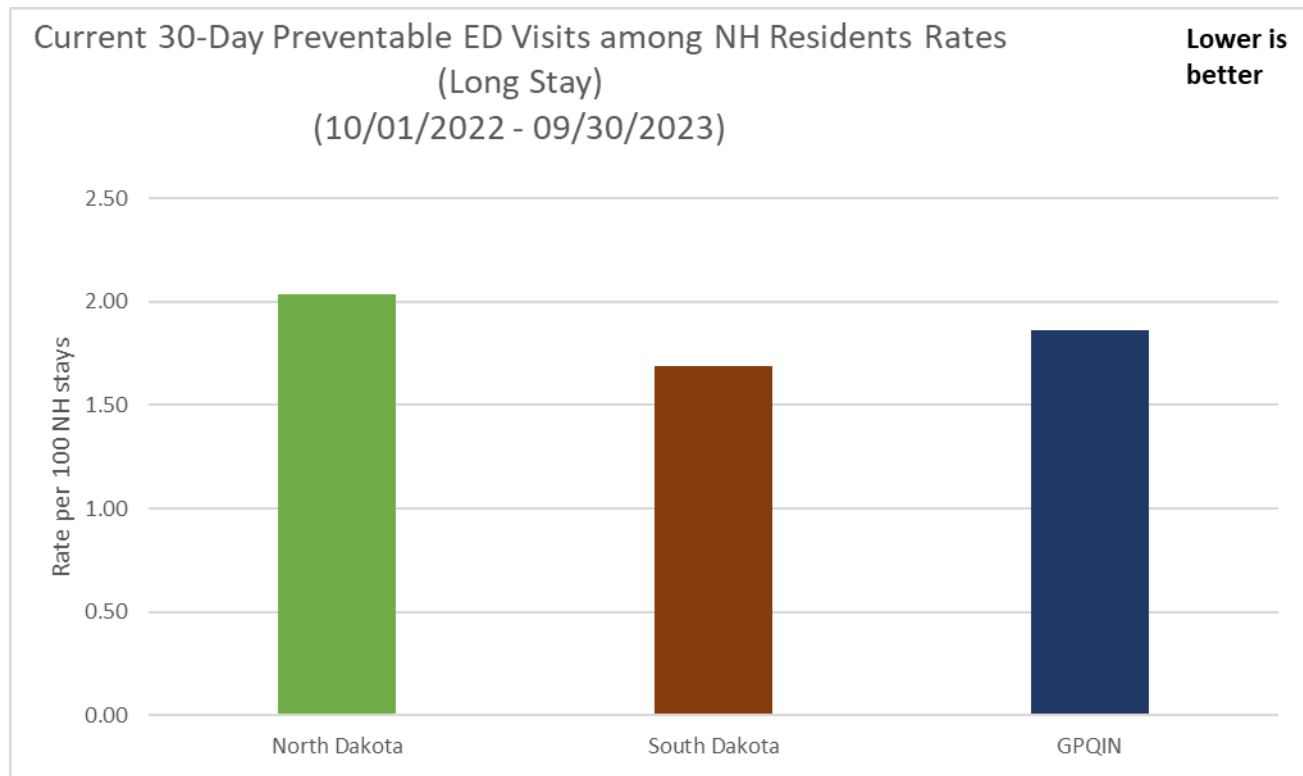
COVID-19, Pneumonia, Sepsis, or UTI Requiring Hospitalization (Long Stay): Rate of inpatient admission due to COVID-19, pneumonia, sepsis, or UTI per 100,000 nursing home long-stay resident days among Medicare Fee-for-Service beneficiaries.



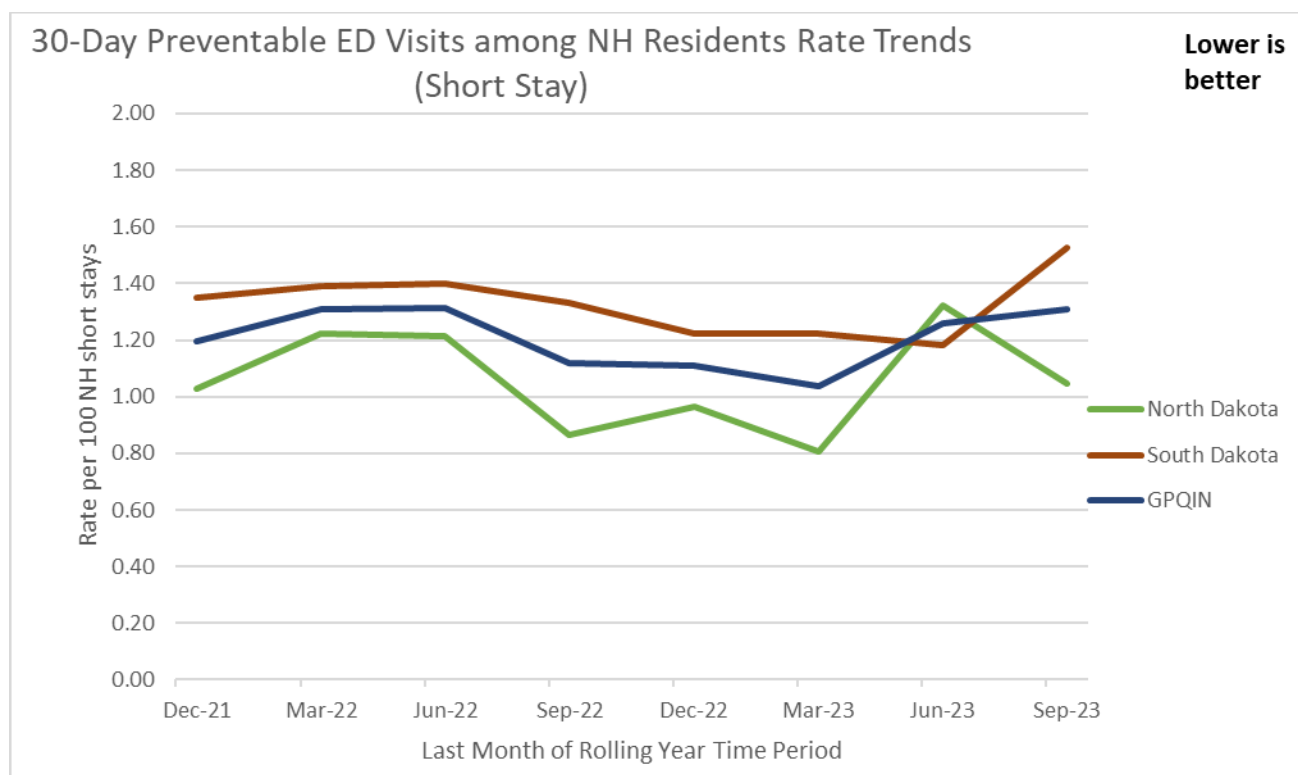
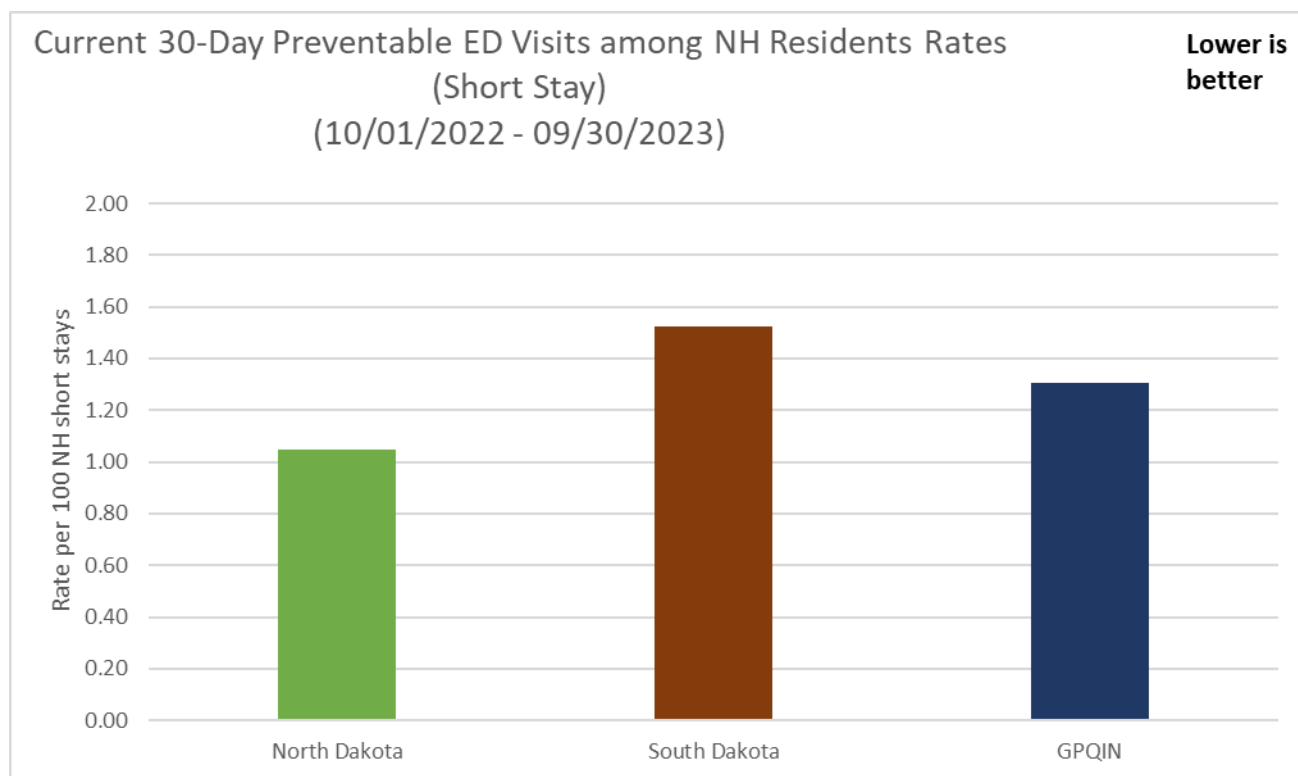
COVID-19, Pneumonia, Sepsis, or UTI Requiring Hospitalization (Short Stay): Percentage of nursing home short stays by Medicare Fee-for-Service beneficiaries having an inpatient admission due to COVID-19, pneumonia, sepsis, or UTI.



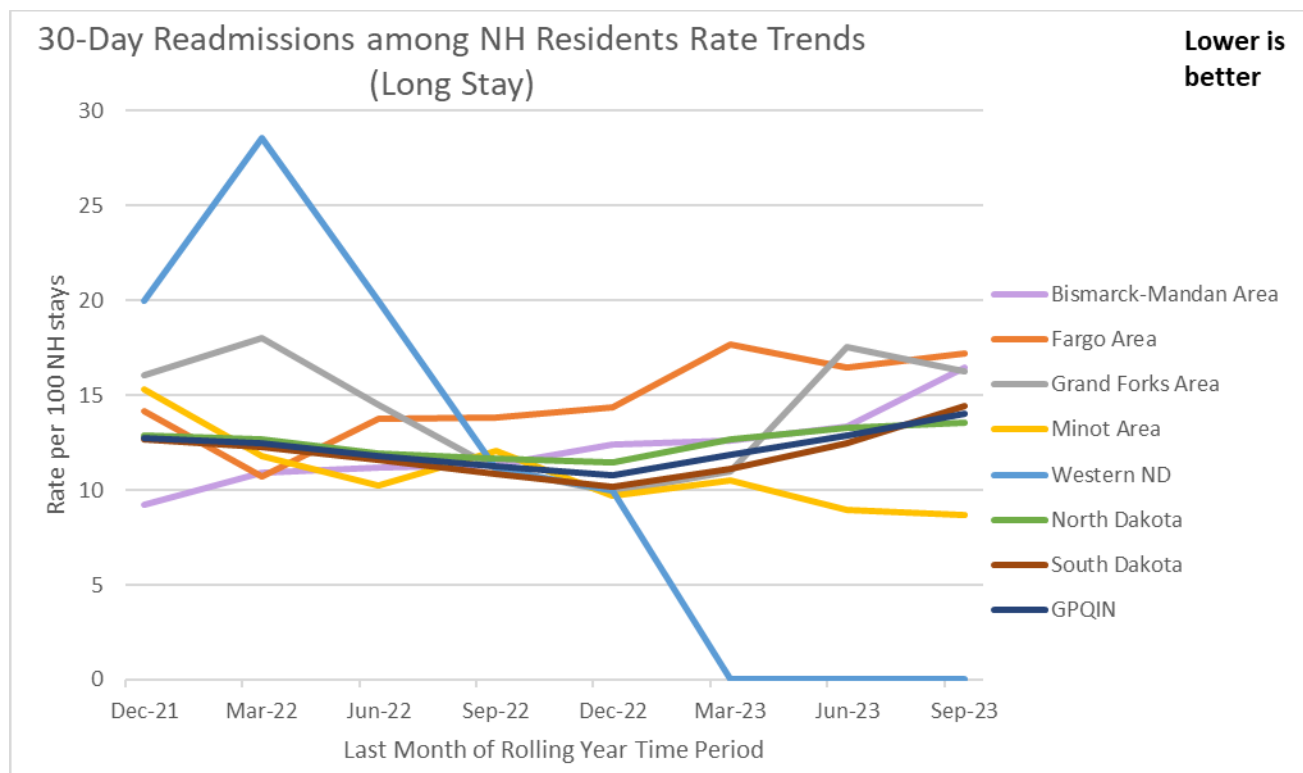
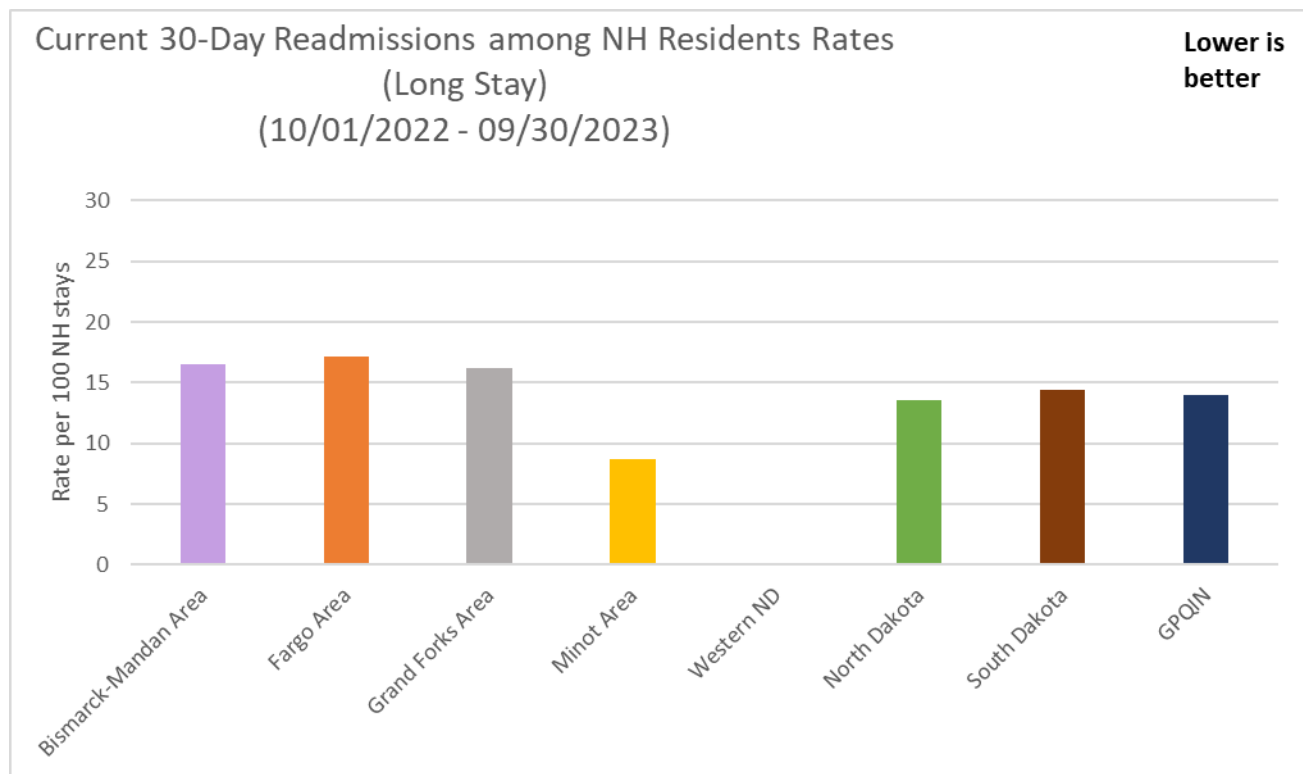
30-Day Preventable ED Visits (Long Stay): Percentage of nursing home stays by long-stay residents who are Medicare Fee-for-Service beneficiaries having a potentially preventable emergency department visits within 30 days after an inpatient discharge.



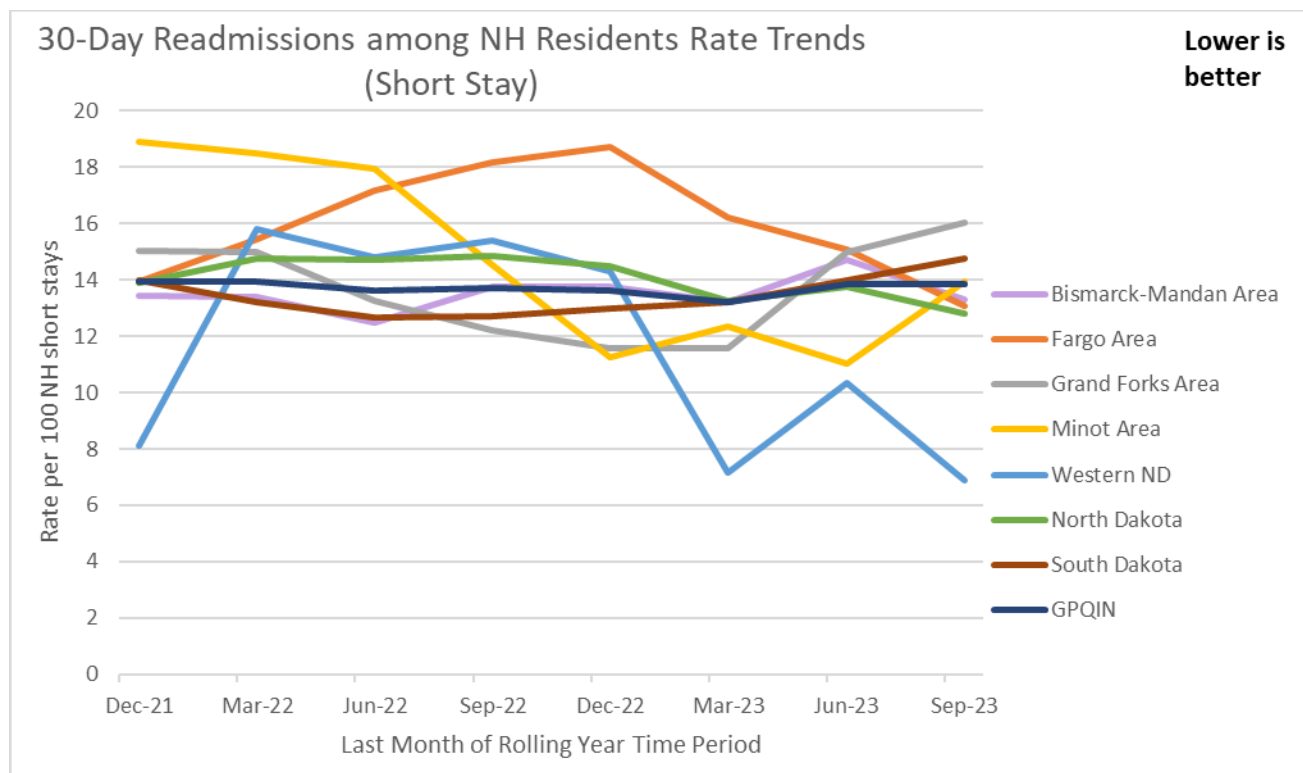
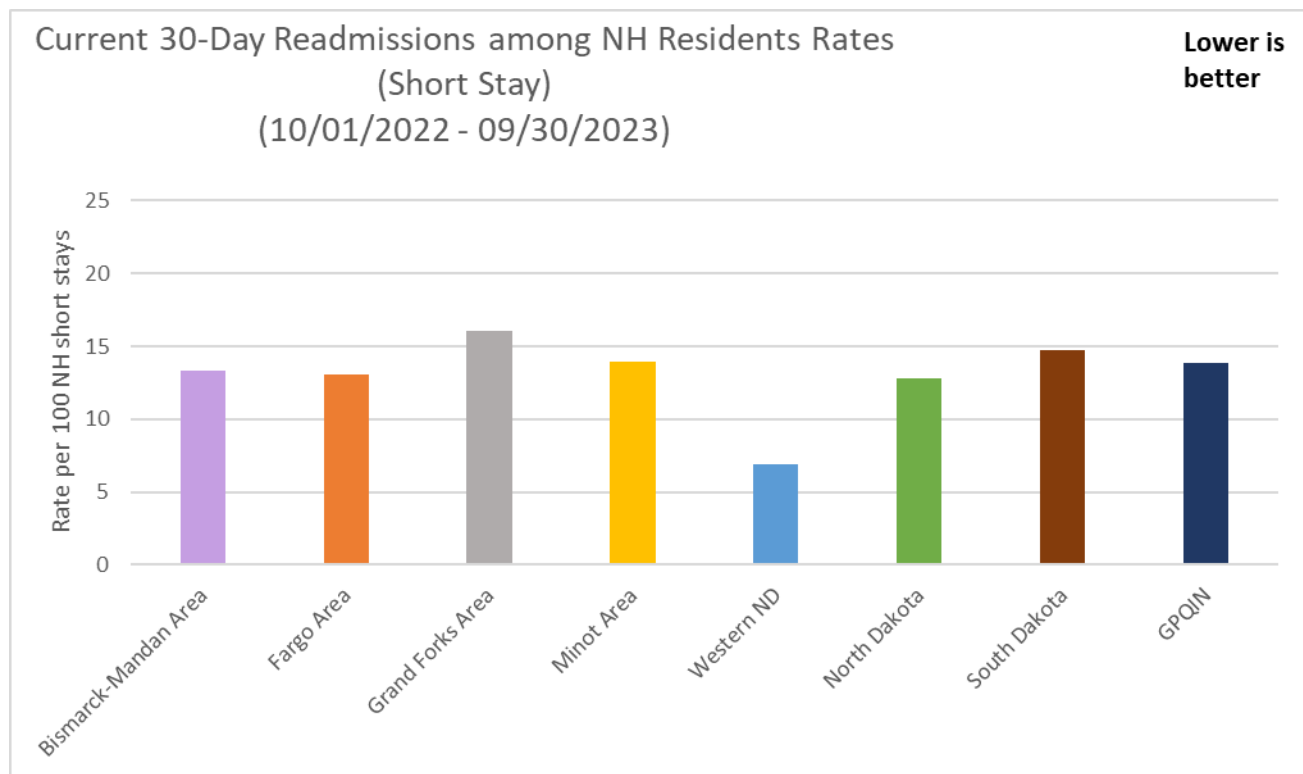
30-Day Preventable ED Visits (Short Stay): Percentage of nursing home short stays by Medicare Fee-for-Service beneficiaries having a potentially preventable emergency department visits within 30 days after an inpatient discharge.



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.