North Dakota
Partnership for Community Health (PCH)
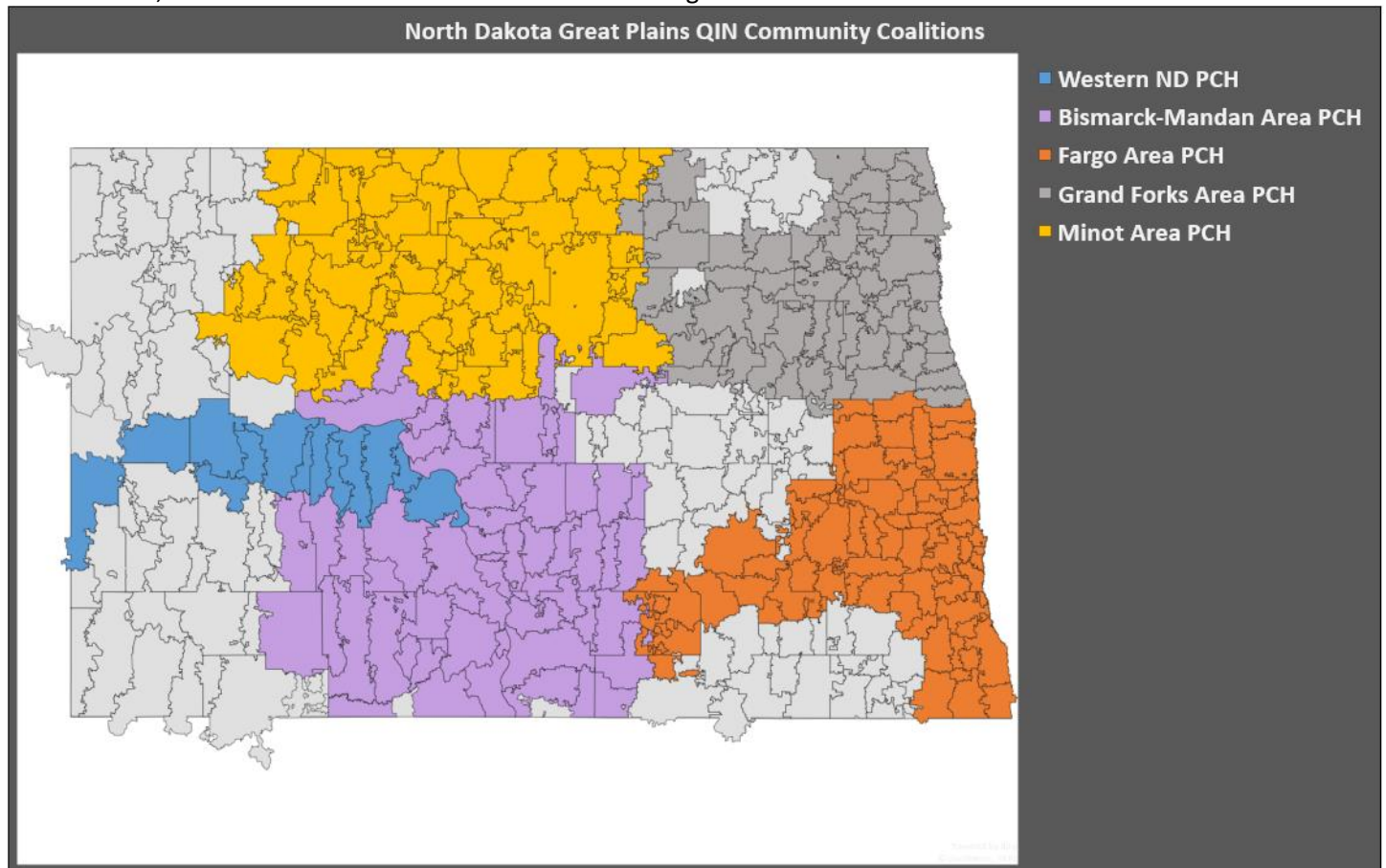## Quarterly Report – Q4 2023

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 (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.

North Dakota Great Plains QIN Community Coalitions

- Western ND PCH
- Bismarck-Mandan Area PCH
- Fargo Area PCH
- Grand Forks Area PCH
- Minot Area PCH

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 <u>within 30 days of discharge</u>. 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](#)
[RHIhub-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](#)

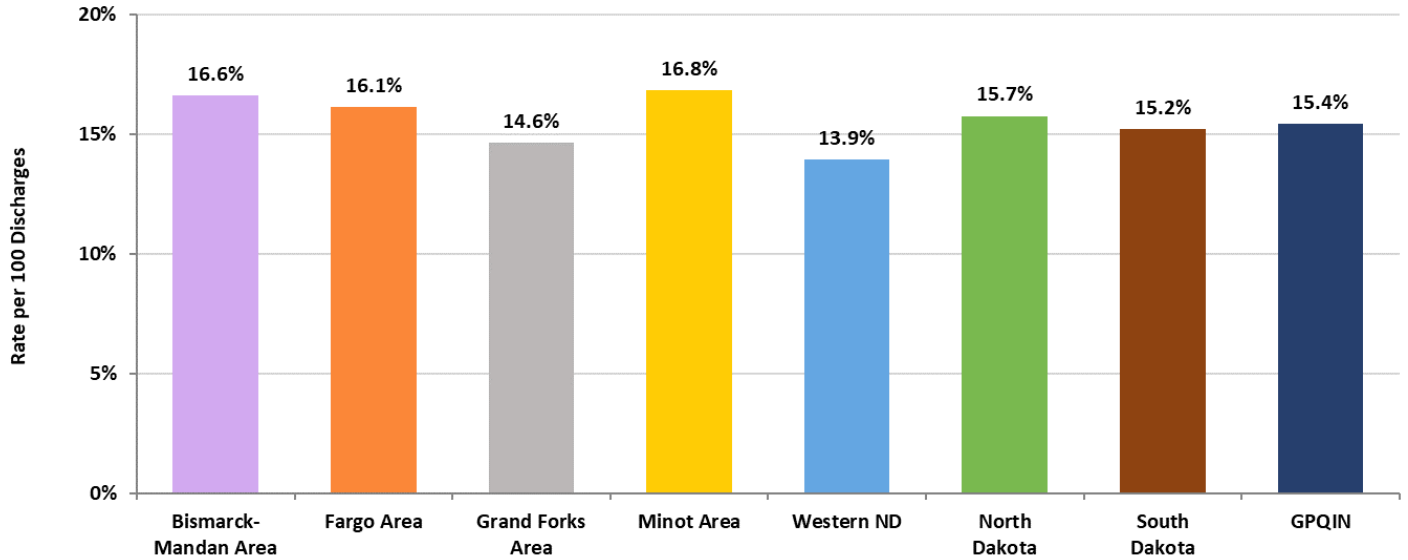*Go to our GPQIN Quality of Care Transitions Webpage*
https://greatplainsqin.org/initiatives/care-transitions/

Go to our GPQIN Nursing Home Quality Webpage:
https://greatplainsqin.org/initiatives/nursing-home-quality/
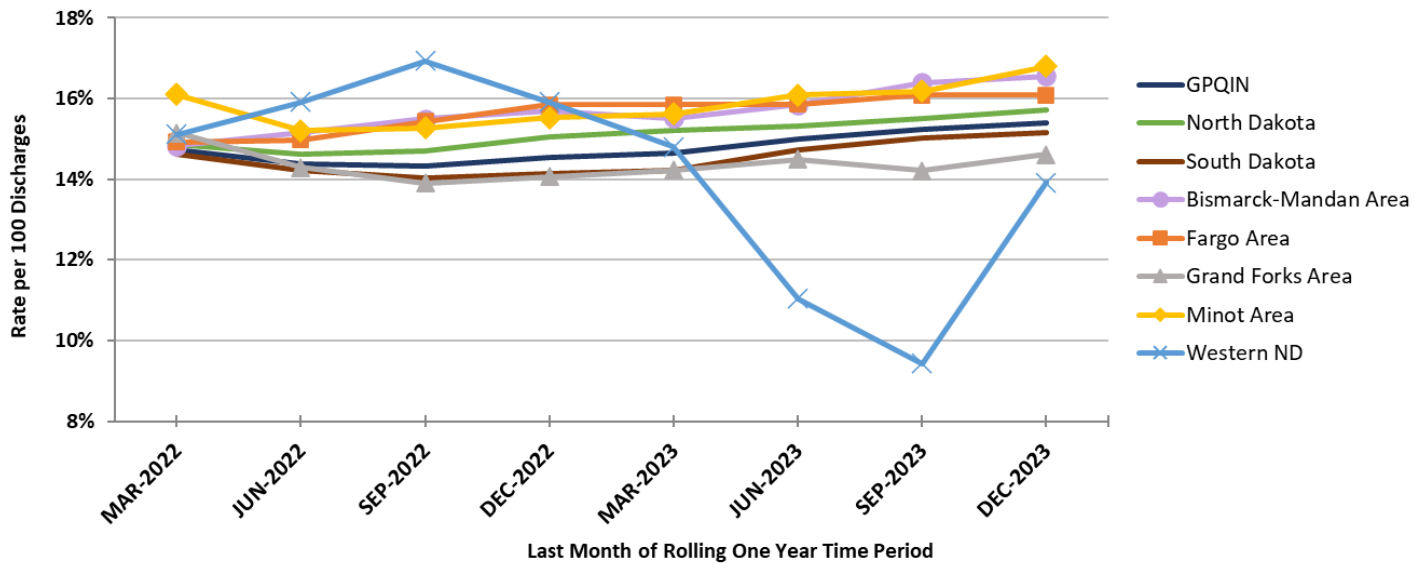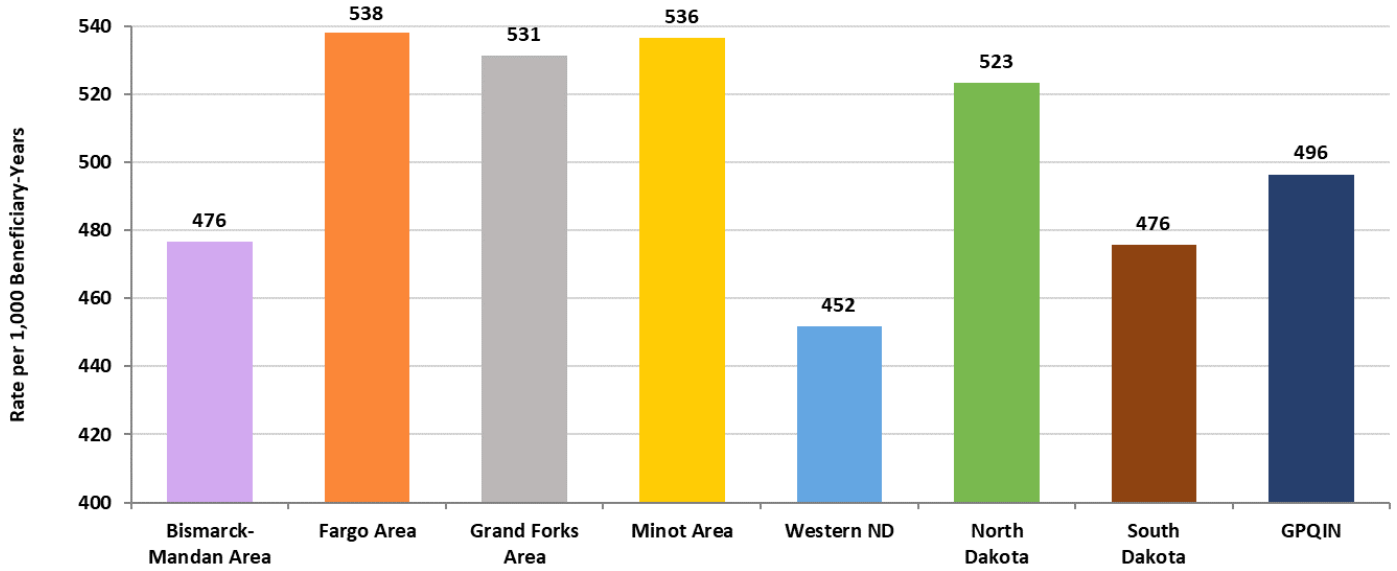
Community Data Highlights

Current Readmission Rates (# of readmissions within 30 days / # of discharges): 01/01/2023 - 12/31/2023
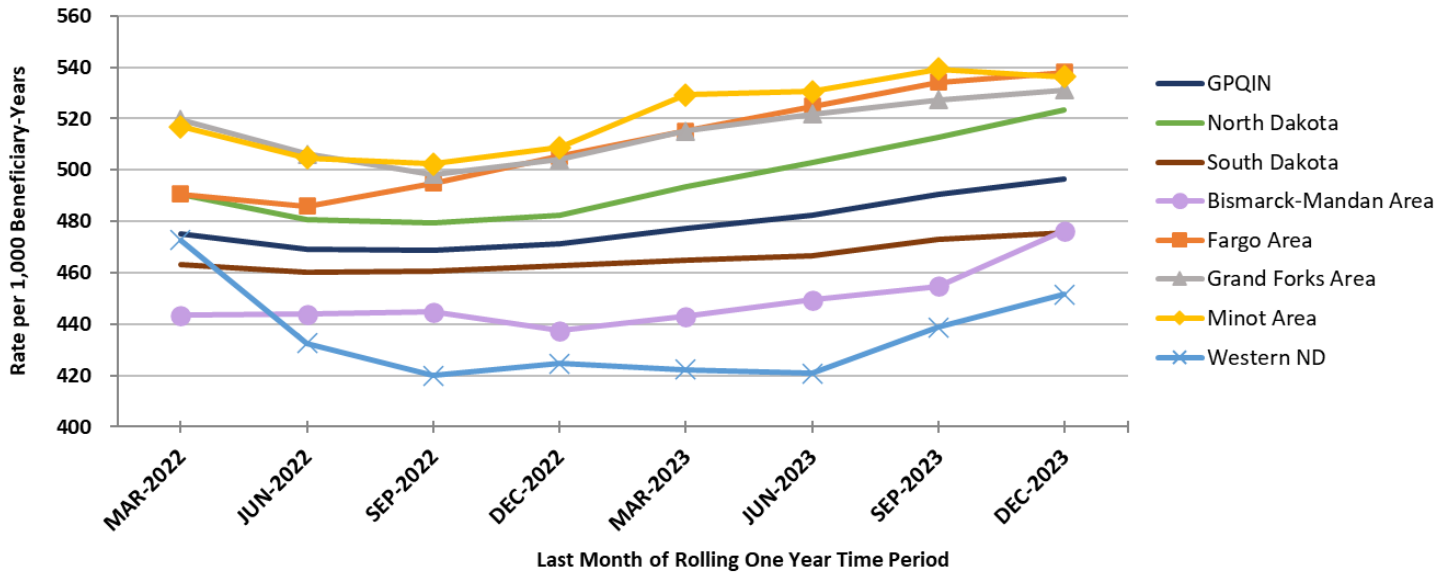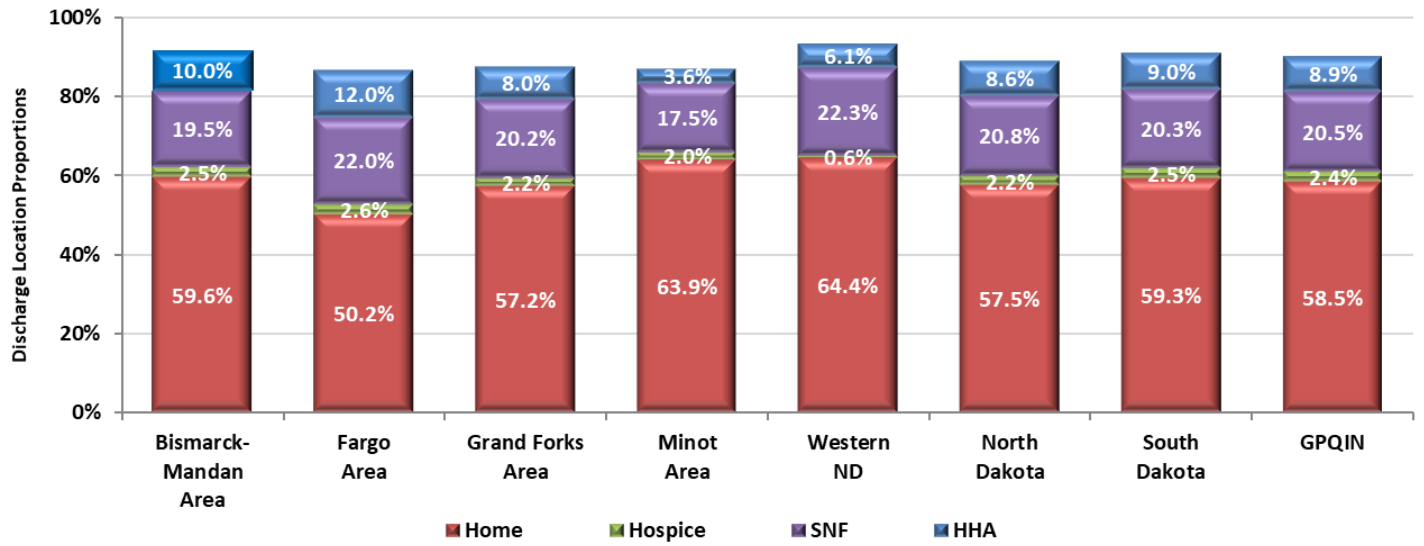

Readmission Rate Trends:

Current Hospital Utilization (*Admissions and ED Visits per 1,000 Beneficiary-Years*): 01/01/2023 - 12/31/2023
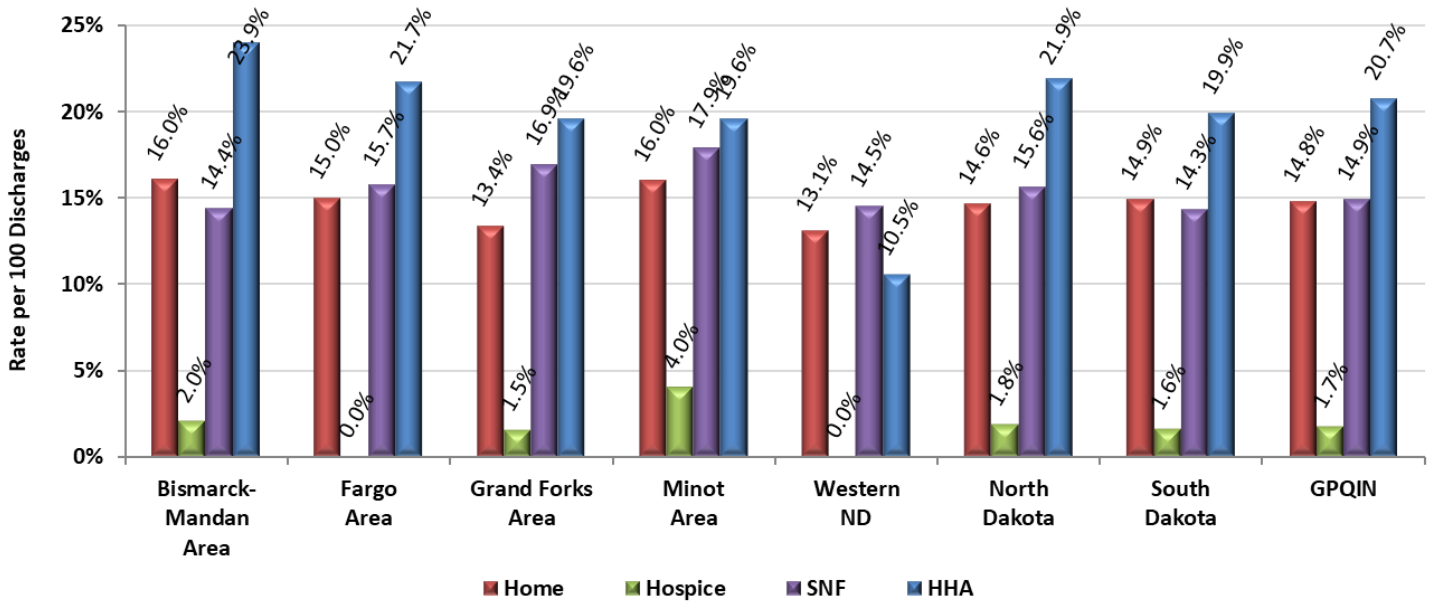
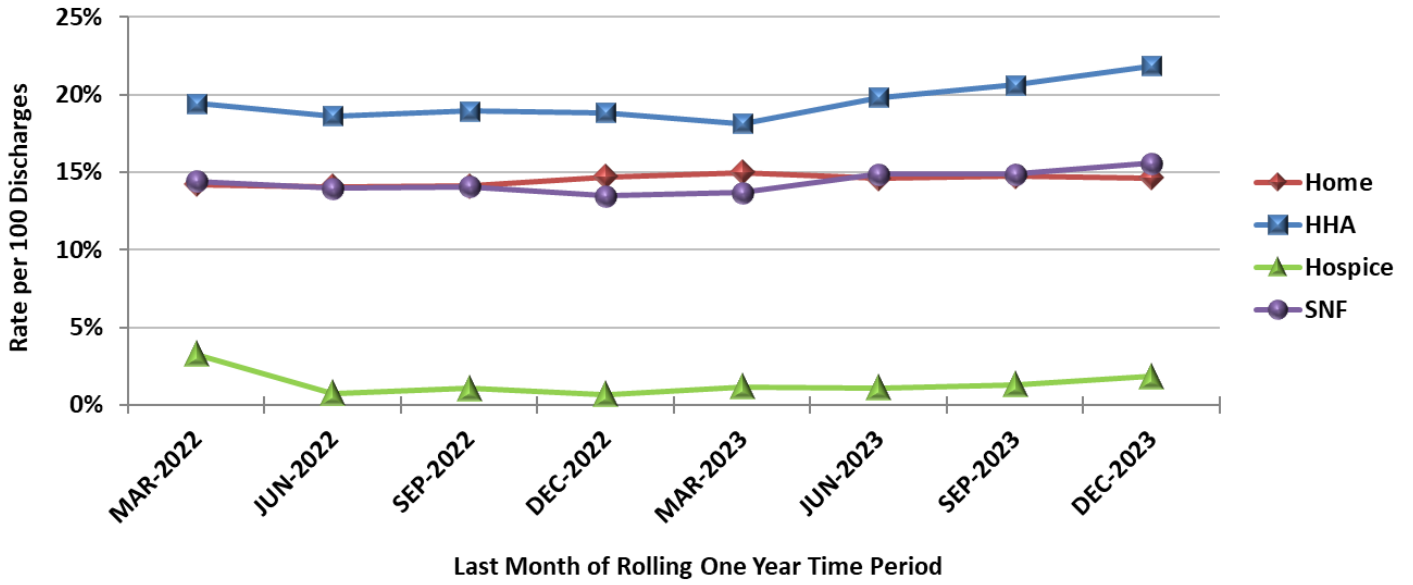

Hospital Utilization Trends:

Discharge Locations: 01/01/2023 - 12/31/2023

Readmission Rates among Discharge Locations: 01/01/2023 - 12/31/2023

Readmission Rates by Discharge Location: North Dakota

Top 5 Admission DRG Bundles: 01/01/2023 - 12/31/2023

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
Bismarck-Mandan Area	SEPTICEMIA OR SEVERE SEPSIS	342	3,949	8.66%
	HEART FAILURE & SHOCK	174	3,949	4.41%
	ACUTE MYOCARDIAL INFARCTION	168	3,949	4.25%
	SIMPLE PNEUMONIA & PLEURISY	154	3,949	3.90%
	KIDNEY & URINARY TRACT INFECTIONS	99	3,949	2.51%
Fargo Area	SEPTICEMIA OR SEVERE SEPSIS	363	4,597	7.90%
	HEART FAILURE & SHOCK	236	4,597	5.13%
	ACUTE MYOCARDIAL INFARCTION	192	4,597	4.18%
	SIMPLE PNEUMONIA & PLEURISY	145	4,597	3.15%
	PSYCHOSES	122	4,597	2.65%
Grand Forks Area	SEPTICEMIA OR SEVERE SEPSIS	298	2,884	10.33%
	HEART FAILURE & SHOCK	131	2,884	4.54%
	SIMPLE PNEUMONIA & PLEURISY	117	2,884	4.06%
	RENAL FAILURE	111	2,884	3.85%
	INFARCTION	78	2,884	2.71%
Minot Area	SEPTICEMIA OR SEVERE SEPSIS	176	2,557	6.88%
	SIMPLE PNEUMONIA & PLEURISY	158	2,557	6.18%
	HEART FAILURE & SHOCK	115	2,557	4.50%
	ACUTE MYOCARDIAL INFARCTION	96	2,557	3.75%
	INFARCTION	79	2,557	3.09%
Western ND	SEPTICEMIA OR SEVERE SEPSIS	22	321	6.85%
	SIMPLE PNEUMONIA & PLEURISY	15	321	4.67%
	HEART FAILURE & SHOCK	12	321	3.74%
	ACUTE MYOCARDIAL INFARCTION	11	321	3.43%
	RESPIRATORY INFECTIONS & INFLAMMATIONS	11	321	3.43%
North Dakota	SEPTICEMIA OR SEVERE SEPSIS	1,409	17,070	8.25%
	HEART FAILURE & SHOCK	805	17,070	4.72%
	SIMPLE PNEUMONIA & PLEURISY	712	17,070	4.17%
	ACUTE MYOCARDIAL INFARCTION	612	17,070	3.59%
	RENAL FAILURE	443	17,070	2.60%
GPQIN	SEPTICEMIA OR SEVERE SEPSIS	2,994	38,944	7.69%
	HEART FAILURE & SHOCK	1,710	38,944	4.39%
	SIMPLE PNEUMONIA & PLEURISY	1,552	38,944	3.99%
	ACUTE MYOCARDIAL INFARCTION	1,007	38,944	2.59%
	KIDNEY & URINARY TRACT INFECTIONS	985	38,944	2.53%

* The number of admissions is too small to report.

Top 5 Readmission DRG Bundles: 01/01/2023 - 12/31/2023

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	58	661	8.78%
	ACUTE MYOCARDIAL INFARCTION	33	661	4.99%
	HEART FAILURE & SHOCK	32	661	4.84%
	G.I. HEMORRHAGE	23	661	3.48%
	OTHER KIDNEY & URINARY TRACT DIAGNOSES	19	661	2.87%
Fargo Area	SEPTICEMIA OR SEVERE SEPSIS	53	754	7.03%
	HEART FAILURE & SHOCK	47	754	6.23%
	PSYCHOSES	43	754	5.70%
	ACUTE MYOCARDIAL INFARCTION	32	754	4.24%
	G.I. HEMORRHAGE	22	754	2.92%
Grand Forks Area	SEPTICEMIA OR SEVERE SEPSIS	45	427	10.54%
	RENAL FAILURE	23	427	5.39%
	HEART FAILURE & SHOCK	20	427	4.68%
	SIMPLE PNEUMONIA & PLEURISY	20	427	4.68%
	ALCOHOL/DRUG ABUSE OR DEPENDENCE	16	427	3.75%
Minot Area	SEPTICEMIA OR SEVERE SEPSIS	35	428	8.18%
	SIMPLE PNEUMONIA & PLEURISY	28	428	6.54%
	ACUTE MYOCARDIAL INFARCTION	26	428	6.08%
	HEART FAILURE & SHOCK	26	428	6.08%
	INTRACRANIAL HEMORRHAGE OR CEREBRAL INFARCTION	11	428	2.57%
	KIDNEY & URINARY TRACT INFECTIONS	11	428	2.57%
	PULMONARY EDEMA & RESPIRATORY FAILURE	11	428	2.57%
Western ND	SEPTICEMIA OR SEVERE SEPSIS	*	*	9.30%
	ACUTE MYOCARDIAL INFARCTION	*	*	6.98%
	6 DRG Bundles Tied For Third	*	*	4.65%
North Dakota	SEPTICEMIA OR SEVERE SEPSIS	219	2,700	8.11%
	HEART FAILURE & SHOCK	150	2,700	5.56%
	ACUTE MYOCARDIAL INFARCTION	114	2,700	4.22%
	SIMPLE PNEUMONIA & PLEURISY	93	2,700	3.44%
	RENAL FAILURE	83	2,700	3.07%
GPQIN	SEPTICEMIA OR SEVERE SEPSIS	465	6,037	7.70%
	HEART FAILURE & SHOCK	339	6,037	5.62%
	SIMPLE PNEUMONIA & PLEURISY	211	6,037	3.50%
	PSYCHOSES	179	6,037	2.97%
	RENAL FAILURE	179	6,037	2.97%

* The number of readmissions is too small to report.

Top 5 Admission DRG Bundles on Claims Discharged to a Skilled Nursing Facility: 01/01/2023 - 12/31/2023

Community	DRG Bundle Description	DRG Bundle Admissions	Community Admissions	Percent of Community Admissions
Bismarck-Mandan Area	SEPTICEMIA OR SEVERE SEPSIS	80	767	10.43%
	HIP & FEMUR PROCEDURES EXCEPT MAJOR JOINT	42	767	5.48%
	SIMPLE PNEUMONIA & PLEURISY	37	767	4.82%
	HEART FAILURE & SHOCK	36	767	4.69%
	KIDNEY & URINARY TRACT INFECTIONS	33	767	4.30%
Fargo Area	SEPTICEMIA OR SEVERE SEPSIS	90	1,003	8.97%
	HEART FAILURE & SHOCK	71	1,003	7.08%
	HIP & FEMUR PROCEDURES EXCEPT MAJOR JOINT	44	1,003	4.39%
	ACUTE MYOCARDIAL INFARCTION	38	1,003	3.79%
	KIDNEY & URINARY TRACT INFECTIONS	37	1,003	3.69%
Grand Forks Area	SEPTICEMIA OR SEVERE SEPSIS	74	582	12.72%
	SIMPLE PNEUMONIA & PLEURISY	34	582	5.84%
	HEART FAILURE & SHOCK	33	582	5.67%
	RENAL FAILURE	33	582	5.67%
	NUTRITIONAL & MISC METABOLIC DISORDERS	27	582	4.64%
Minot Area	SIMPLE PNEUMONIA & PLEURISY	37	441	8.39%
	SEPTICEMIA OR SEVERE SEPSIS	29	441	6.58%
	KIDNEY & URINARY TRACT INFECTIONS	24	441	5.44%
	HIP & FEMUR PROCEDURES EXCEPT MAJOR JOINT	23	441	5.22%
	HEART FAILURE & SHOCK	22	441	4.99%
Western ND	SEPTICEMIA OR SEVERE SEPSIS	*	*	8.82%
	HIP & FEMUR PROCEDURES EXCEPT MAJOR JOINT	*	*	5.88%
	SIMPLE PNEUMONIA & PLEURISY	*	*	5.88%
	NONSPECIFIC CEREBROVASCULAR DISORDERS	*	*	4.41%
	RENAL FAILURE	*	*	4.41%
North Dakota	SEPTICEMIA OR SEVERE SEPSIS	331	3,499	9.46%
	HEART FAILURE & SHOCK	201	3,499	5.74%
	SIMPLE PNEUMONIA & PLEURISY	177	3,499	5.06%
	HIP & FEMUR PROCEDURES EXCEPT MAJOR JOINT	161	3,499	4.60%
	KIDNEY & URINARY TRACT INFECTIONS	142	3,499	4.06%
GPQIN	SEPTICEMIA OR SEVERE SEPSIS	722	7,871	9.17%
	HIP & FEMUR PROCEDURES EXCEPT MAJOR JOINT	414	7,871	5.26%
	SIMPLE PNEUMONIA & PLEURISY	397	7,871	5.04%
	HEART FAILURE & SHOCK	385	7,871	4.89%
	KIDNEY & URINARY TRACT INFECTIONS	353	7,871	4.49%

* 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:
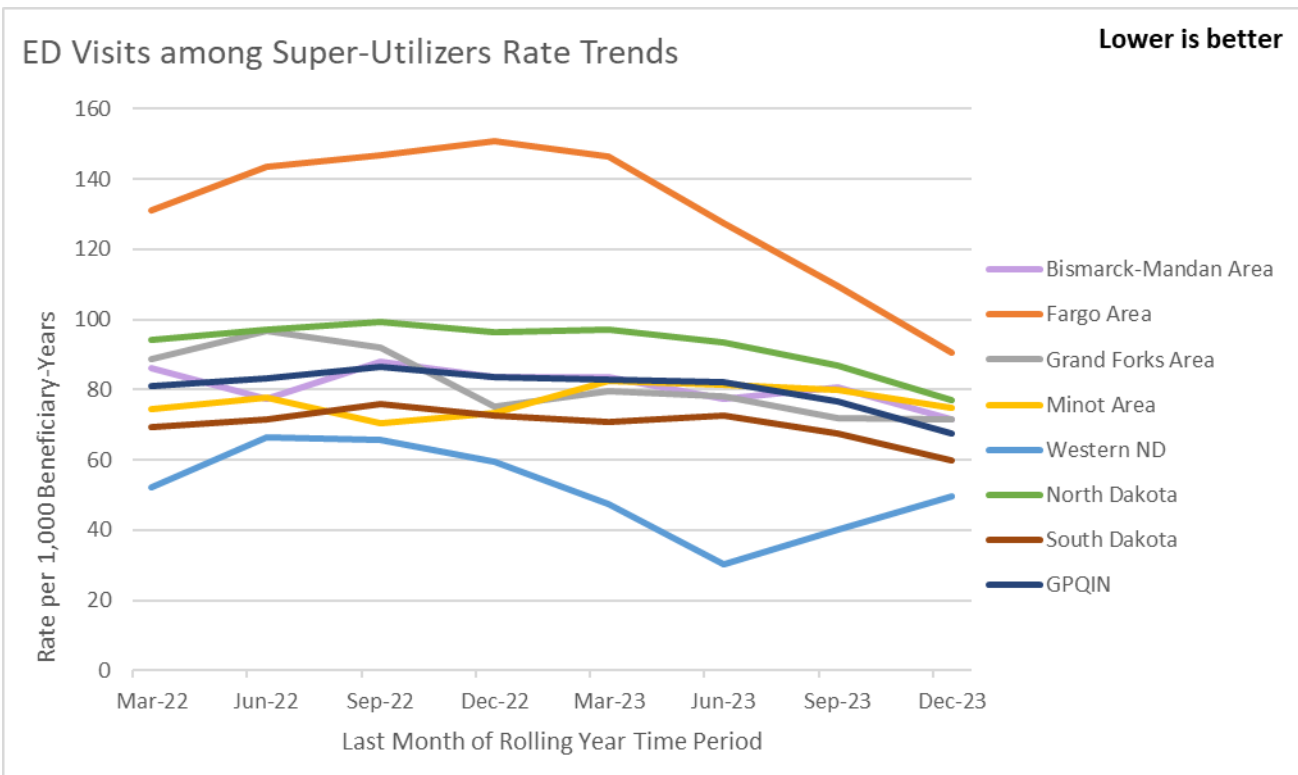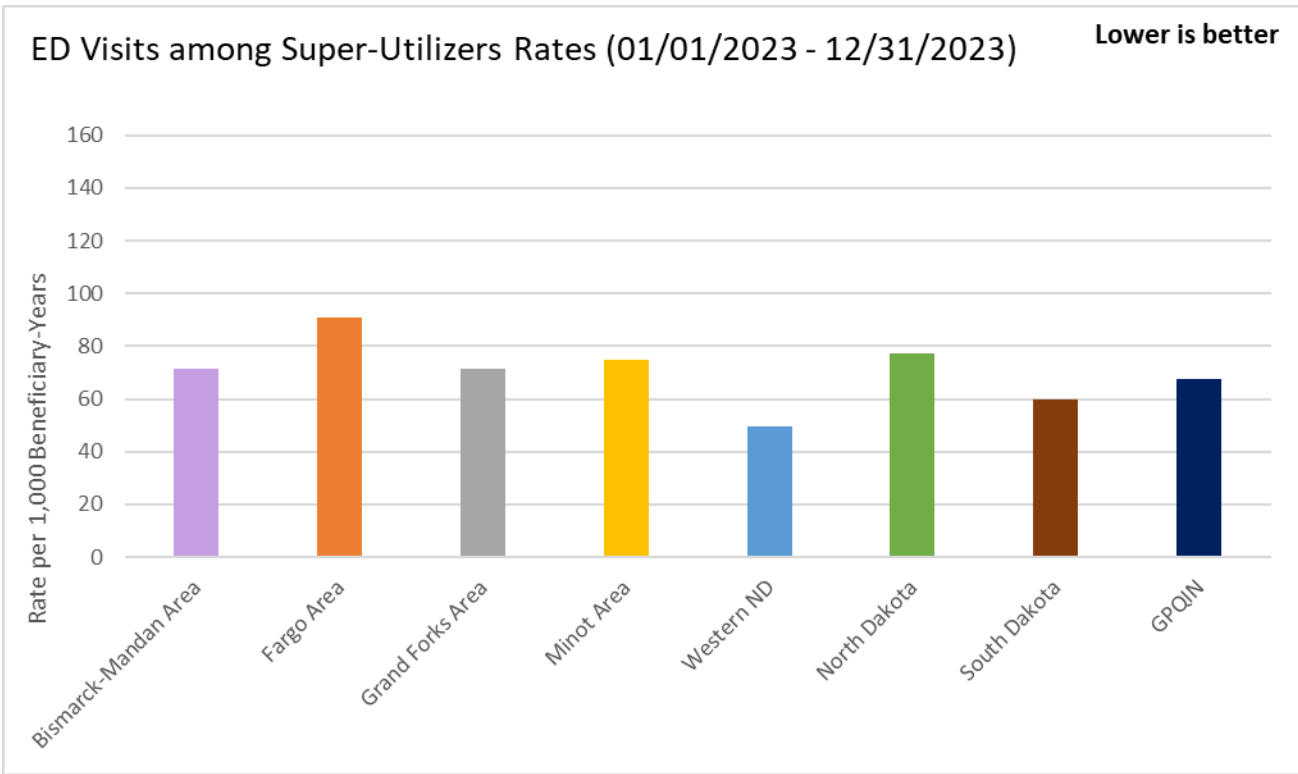01/01/2023 - 12/31/2023
***See first paragraph on page 2 for definition of Index Discharge

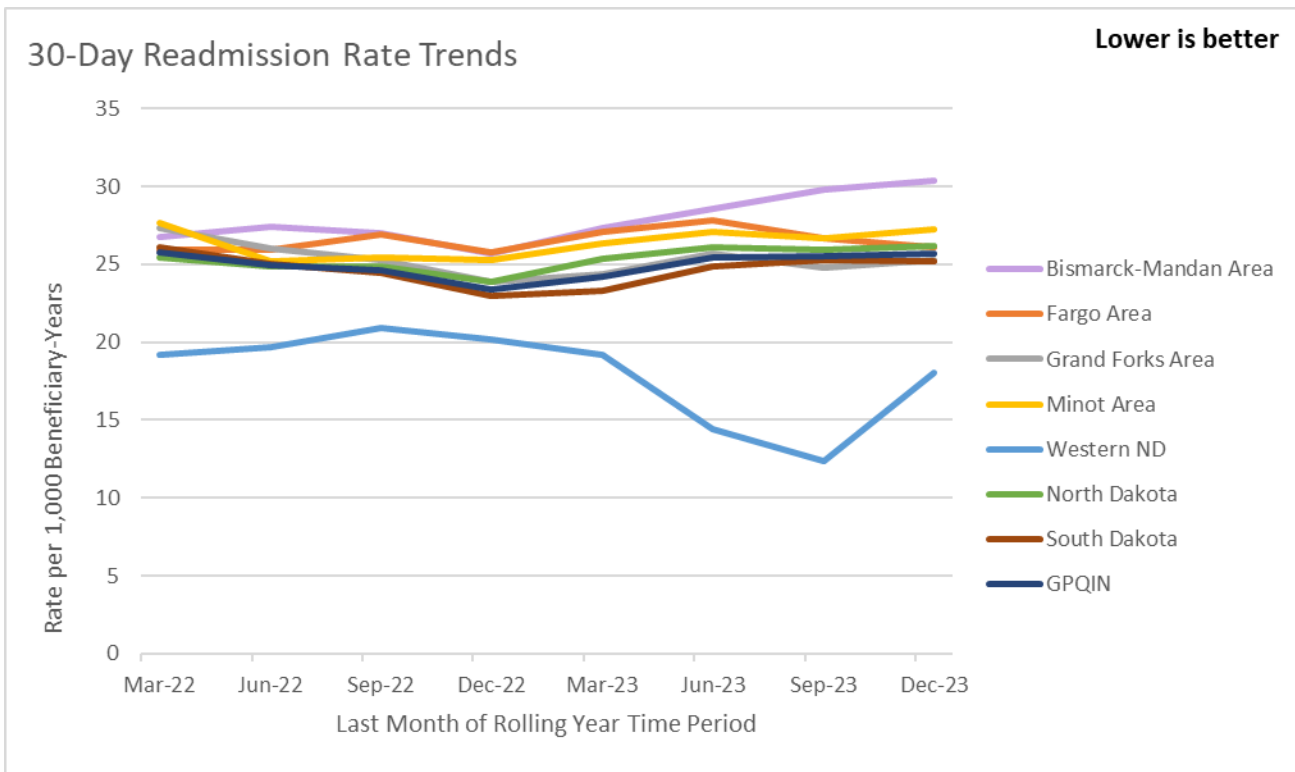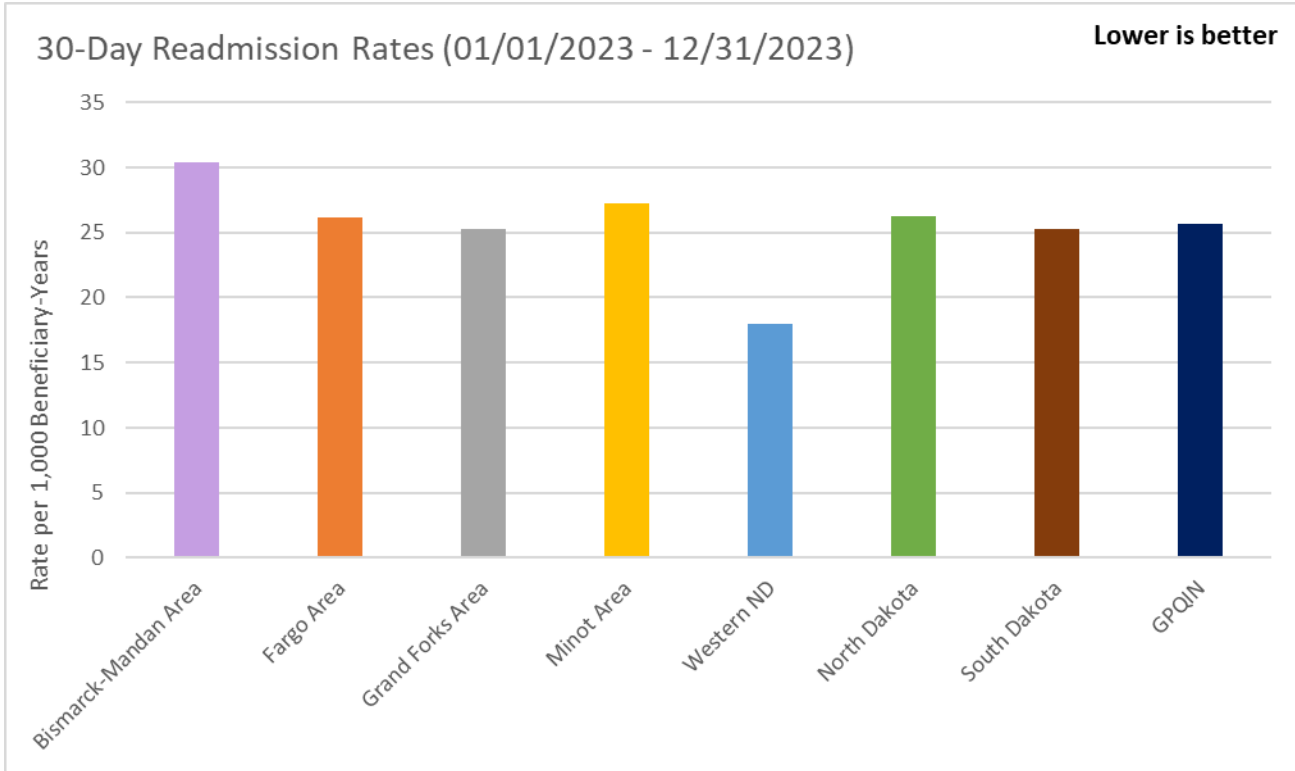| Community	DRG Bundle Description	DRG Bundle 30-Day Readmissions	Community 30-Day Readmissions	Percent of Community 30-Day Readmissions
Bismarck-Mandan Area	SEPTICEMIA OR SEVERE SEPSIS	*	*	10.71%
	HEART FAILURE & SHOCK	*	*	5.36%
	DIABETES	*	*	4.46%
	CRANIOTOMY	*	*	3.57%
	KIDNEY & URINARY TRACT INFECTIONS	*	*	3.57%
	RED BLOOD CELL DISORDERS	*	*	3.57%
Fargo Area	SEPTICEMIA OR SEVERE SEPSIS	*	*	9.26%
	HEART FAILURE & SHOCK	*	*	7.41%
	NUTRITIONAL & MISC METABOLIC DISORDERS	*	*	5.56%
	REVISION OF HIP OR KNEE REPLACEMENT	*	*	4.32%
	HIP & FEMUR PROCEDURES EXCEPT MAJOR JOINT	*	*	3.70%
Grand Forks Area	SEPTICEMIA OR SEVERE SEPSIS	*	*	**
	RENAL FAILURE	*	*	**
	HEART FAILURE & SHOCK	*	*	**
	SIMPLE PNEUMONIA & PLEURISY	*	*	**
	CELLULITIS	*	*	**
	HIP REPLACEMENT, PDX HIP FRACTURE	*	*	**
Minot Area	SIMPLE PNEUMONIA & PLEURISY	*	*	**
	SEPTICEMIA OR SEVERE SEPSIS	*	*	**
	KIDNEY & URINARY TRACT INFECTIONS	*	*	**
	HEART FAILURE & SHOCK	*	*	**
	HIP & FEMUR PROCEDURES EXCEPT MAJOR JOINT	*	*	**
	INFECTIOUS & PARASITIC DISEASES W O.R. PROCEDURE	*	*	**
Western ND	CIRCULATORY DISORDERS EXCEPT AMI, W CARD CATH	*	*	**
	CRANIOTOMY	*	*	**
	DISORDERS OF LIVER EXCEPT MALIG,CIRR,ALC HEPA	*	*	**
	FOOT PROCEDURES	*	*	**
	OSTEOMYELITIS	*	*	**
	PENIS PROCEDURES	*	*	**
	PERMANENT CARDIAC PACEMAKER IMPLANT	*	*	**
	RENAL FAILURE	*	*	**
	SIMPLE PNEUMONIA & PLEURISY	*	*	**
	SOFT TISSUE PROCEDURES	*	*	**
North Dakota	SEPTICEMIA OR SEVERE SEPSIS	59	555	10.63%
	HEART FAILURE & SHOCK	35	555	6.31%
	RENAL FAILURE	28	555	5.05%
	SIMPLE PNEUMONIA & PLEURISY	26	555	4.69%
	NUTRITIONAL & MISC METABOLIC DISORDERS	18	555	3.24%
GPQIN	SEPTICEMIA OR SEVERE SEPSIS	128	1,194	10.72%
	HEART FAILURE & SHOCK	78	1,194	6.53%
	HIP & FEMUR PROCEDURES EXCEPT MAJOR JOINT	54	1,194	4.52%
	SIMPLE PNEUMONIA & PLEURISY	52	1,194	4.36%
	KIDNEY & URINARY TRACT INFECTIONS	46	1,194	3.85%
	RENAL FAILURE	46	1,194	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)

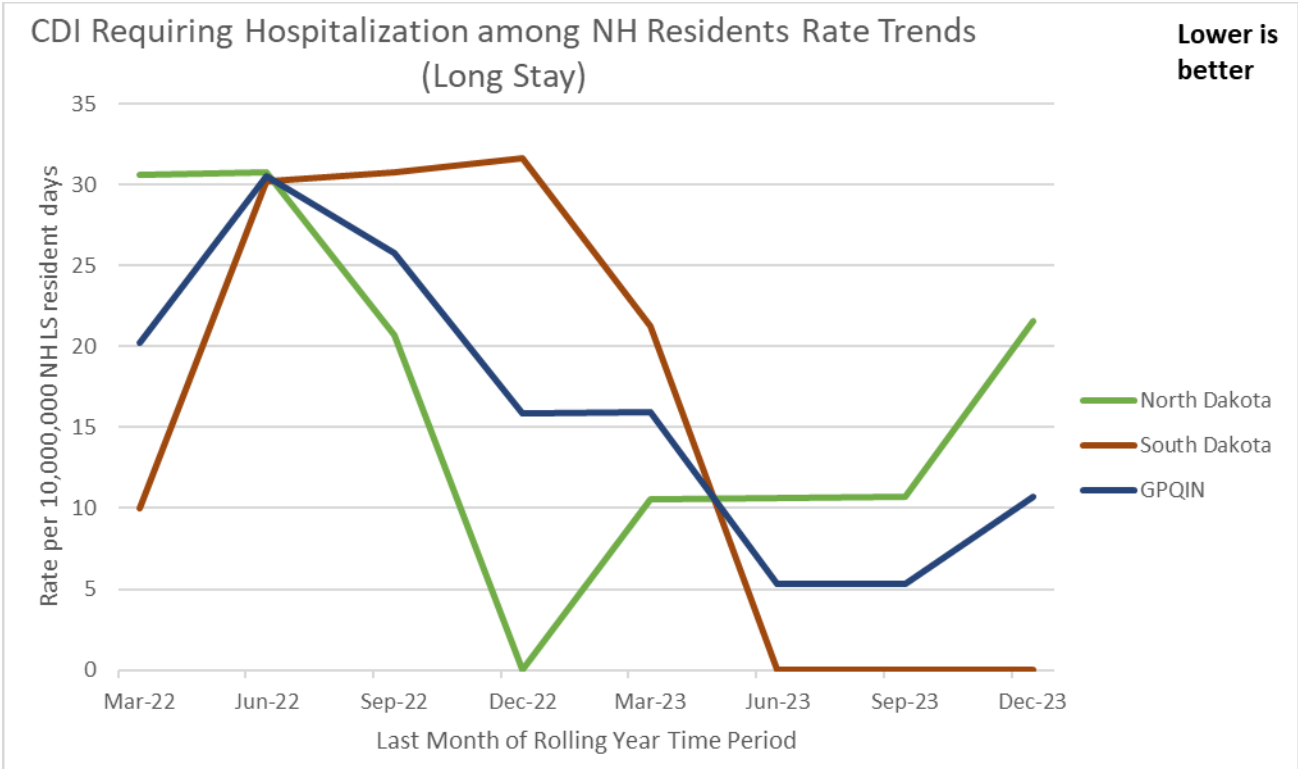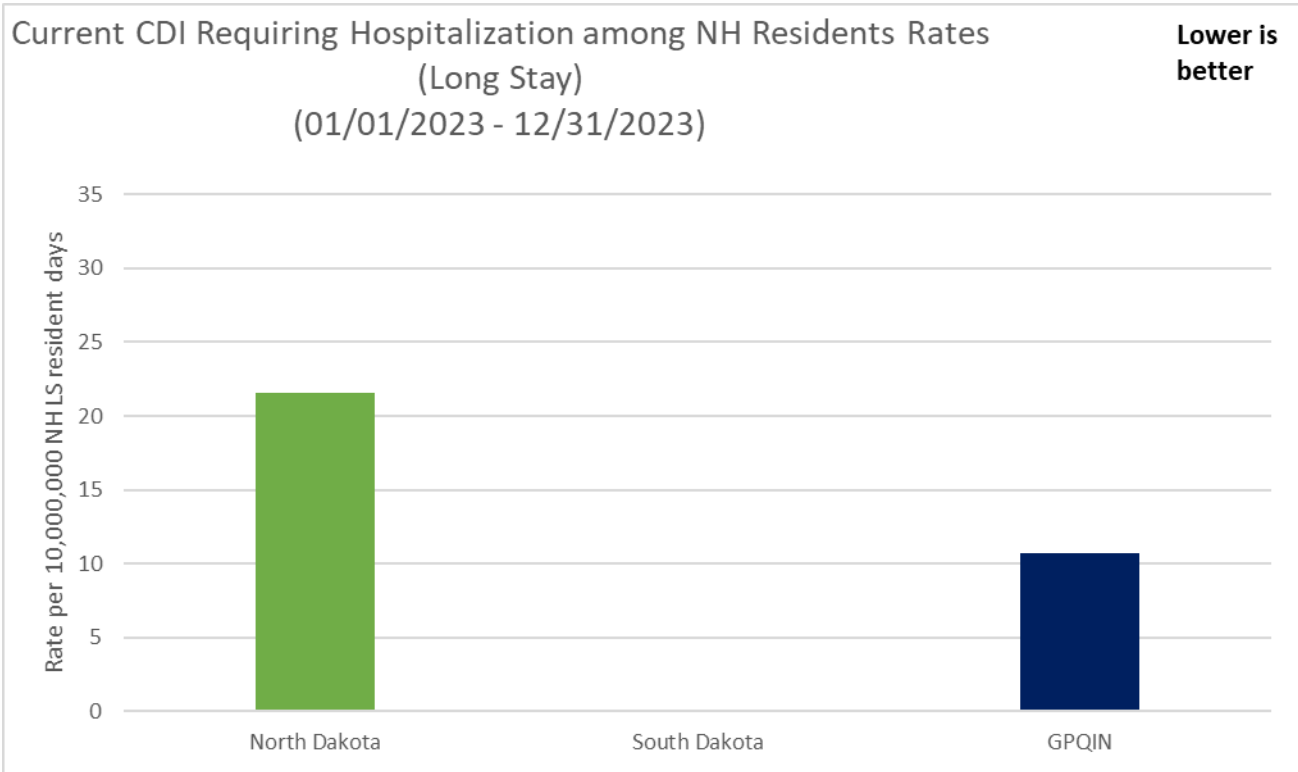ED Visits among Super-Utilizers Rates (01/01/2023 - 12/31/2023) — Lower is better

ED Visits among Super-Utilizers Rate Trends — Lower is better

30-Day Readmissions Rates:

30-Day Readmission Rates (01/01/2023 - 12/31/2023)

Lower is better

30-Day Readmission Rate Trends

Lower is better

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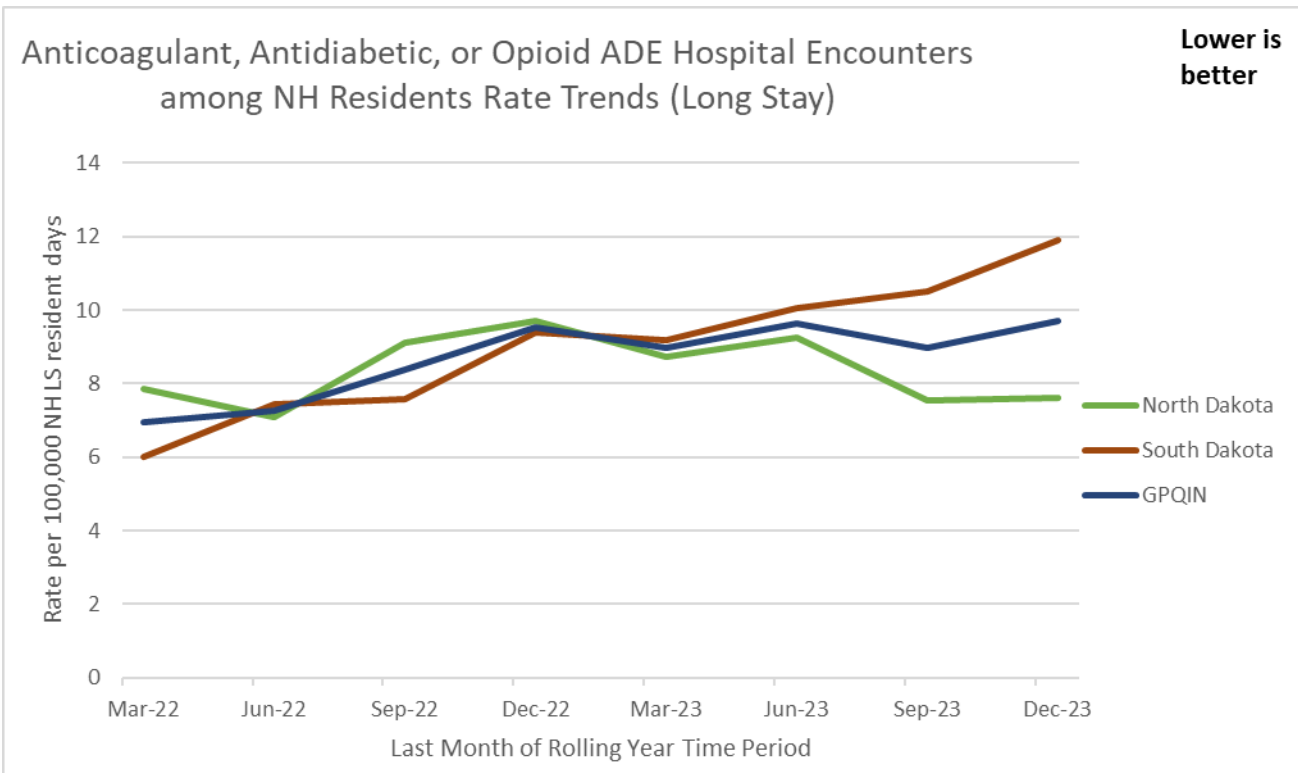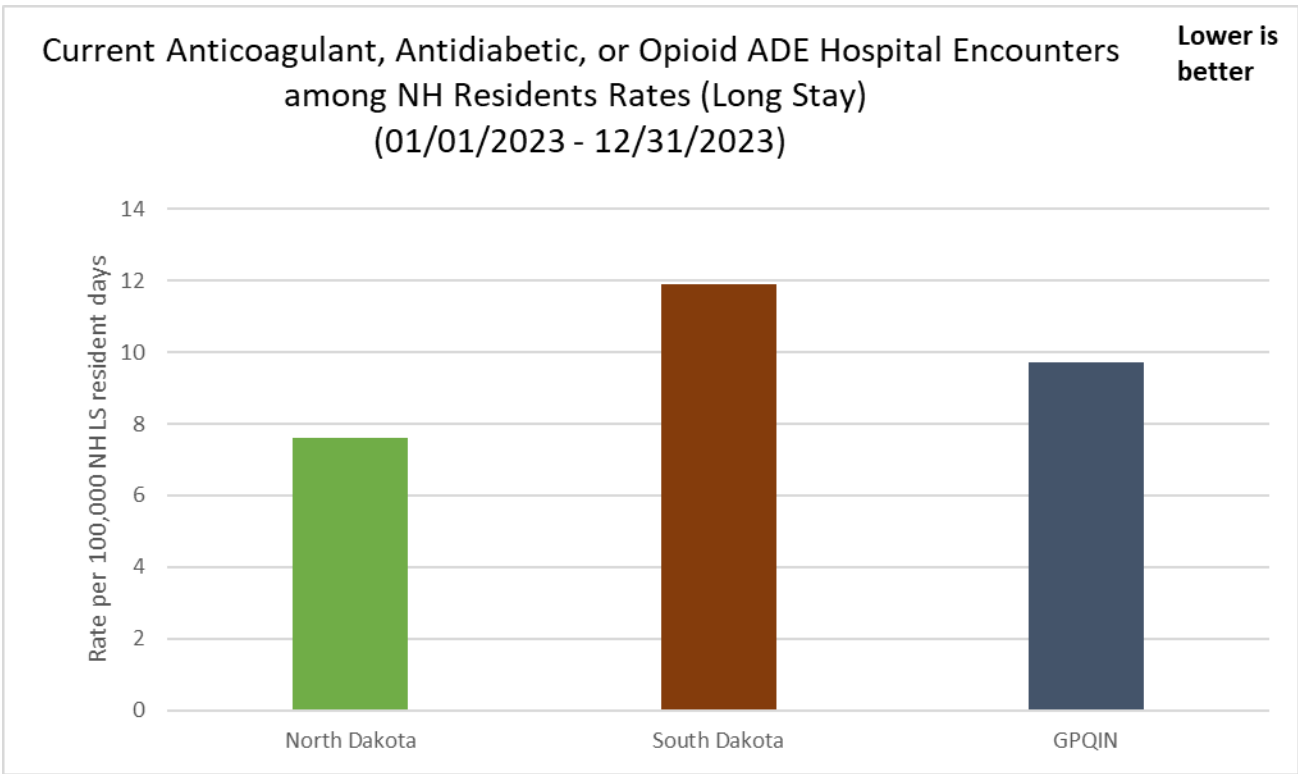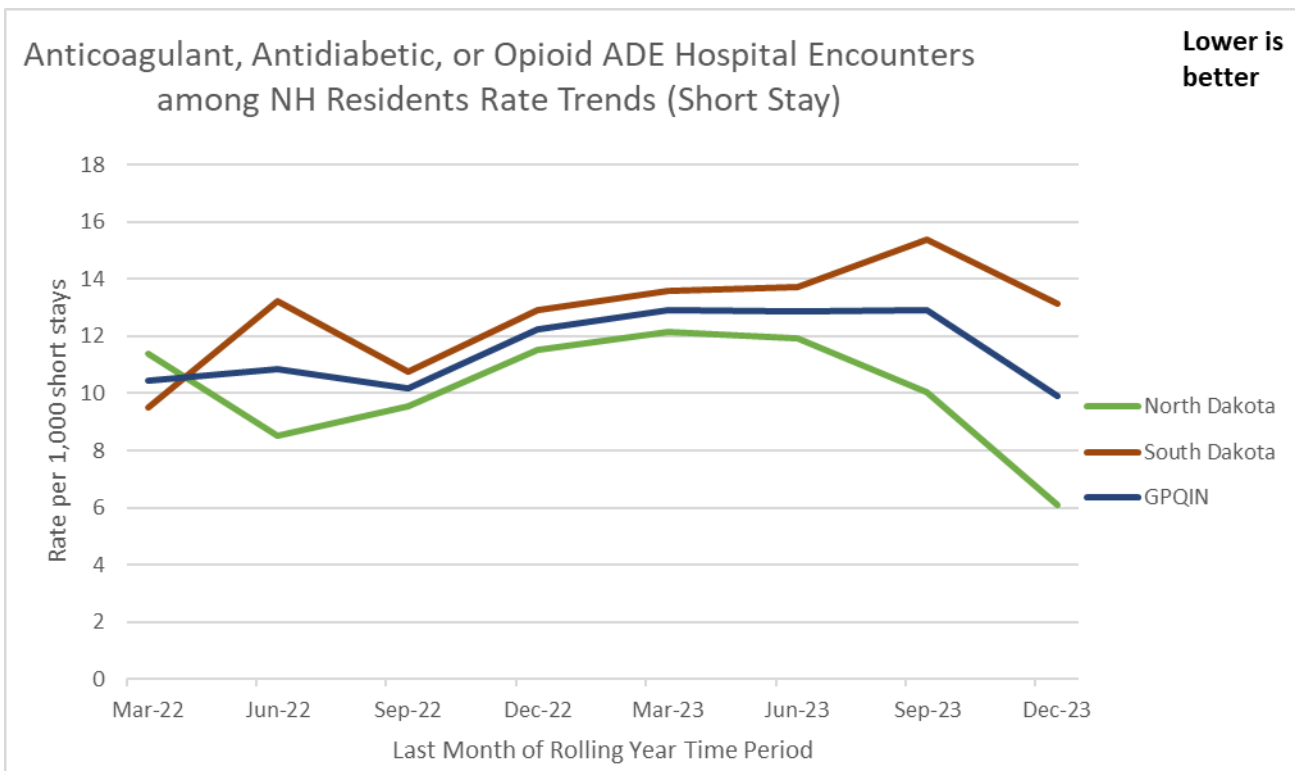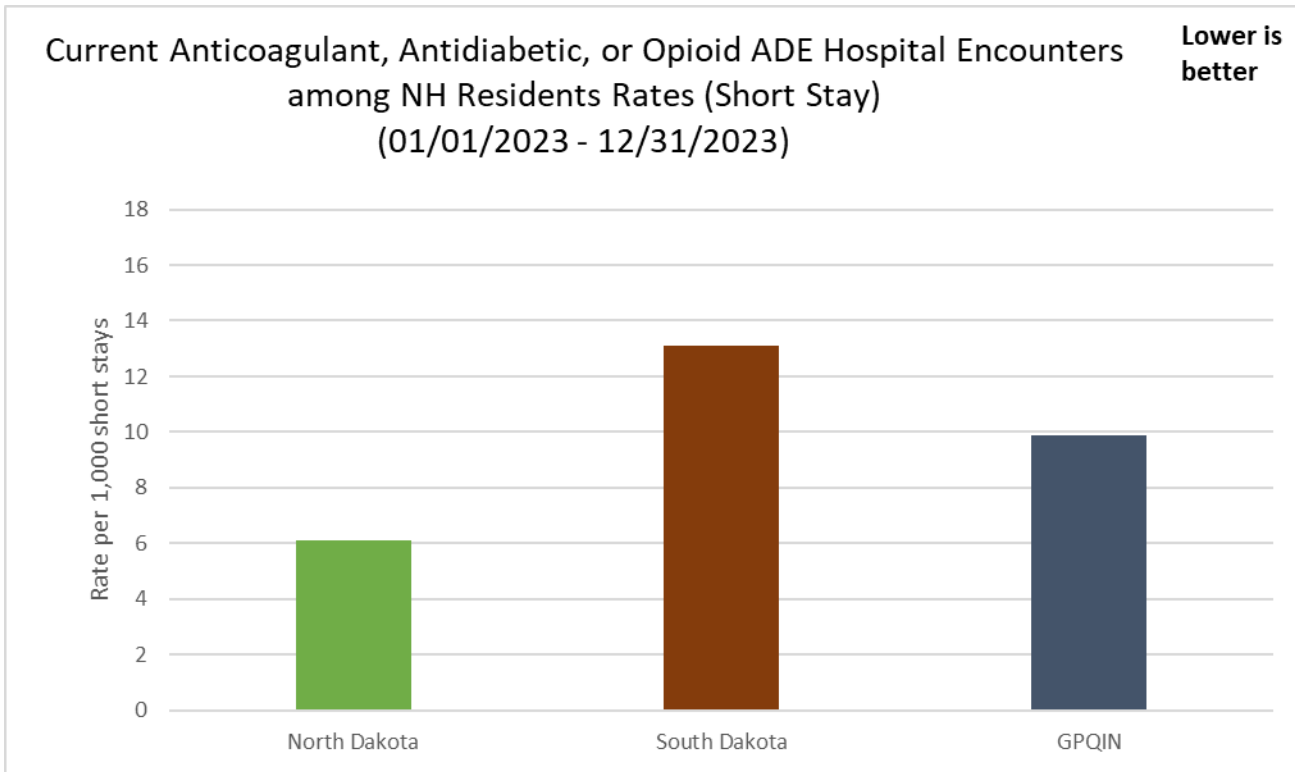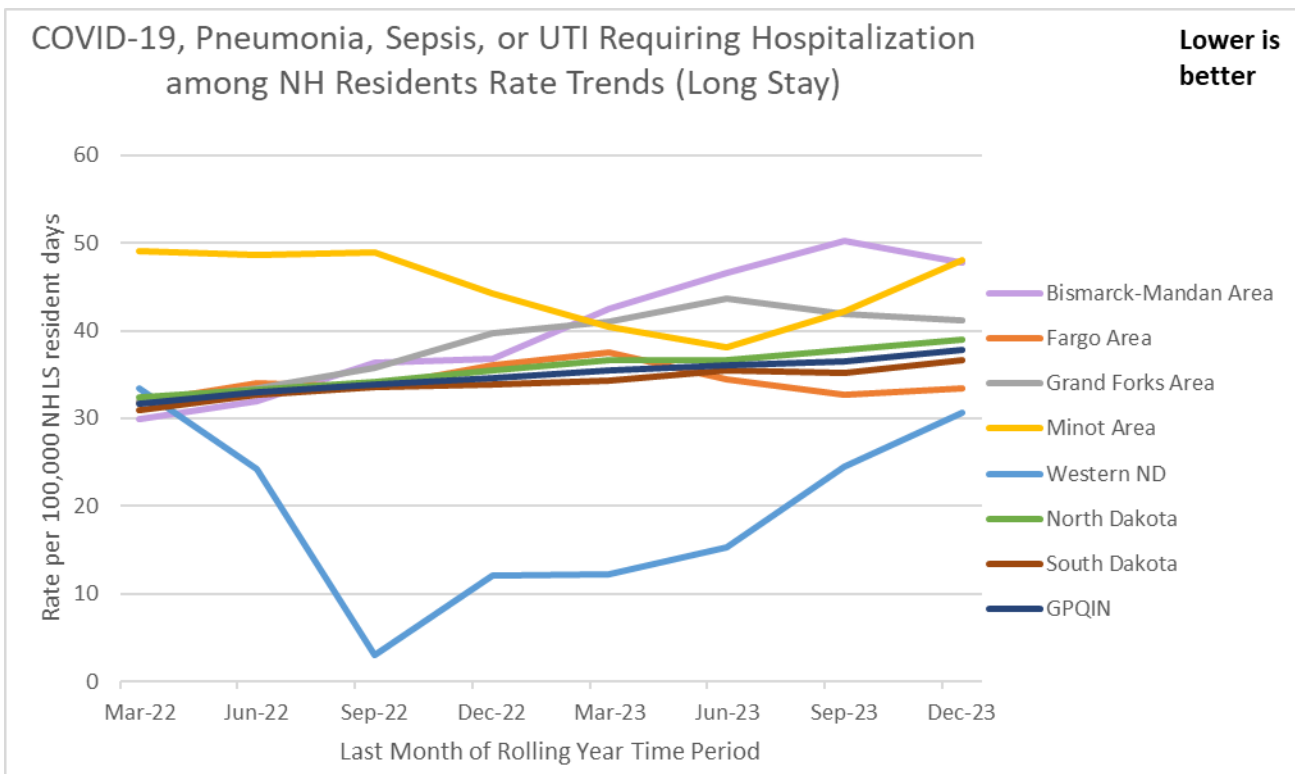
Clostridioides difficile (CDI) Requiring Hospitalization (Long Stay): Rate of inpatient admissions due to CDI per 10 million nursing home long-stay resident days among Medicare Fee-for-Service beneficiaries.

Current CDI Requiring Hospitalization among NH Residents Rates (Long Stay) (01/01/2023 - 12/31/2023)

Lower is better

CDI Requiring Hospitalization among NH Residents Rate Trends (Long Stay)

Lower is better

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.
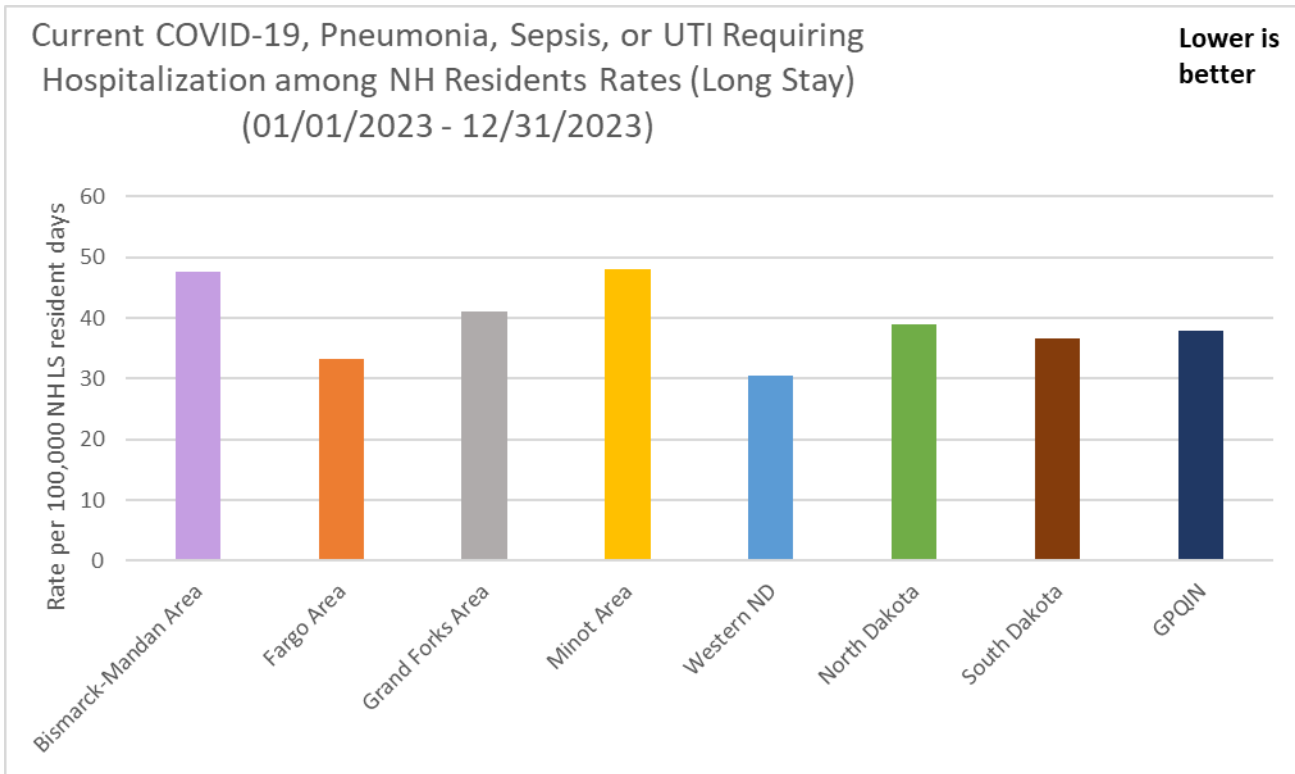

Current CDI Requiring Hospitalization among NH Residents Rates (Short Stay) (01/01/2023 - 12/31/2023)

Lower is better

CDI Requiring Hospitalization among NH Residents Rate Trends (Short Stay)

Lower is better

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).
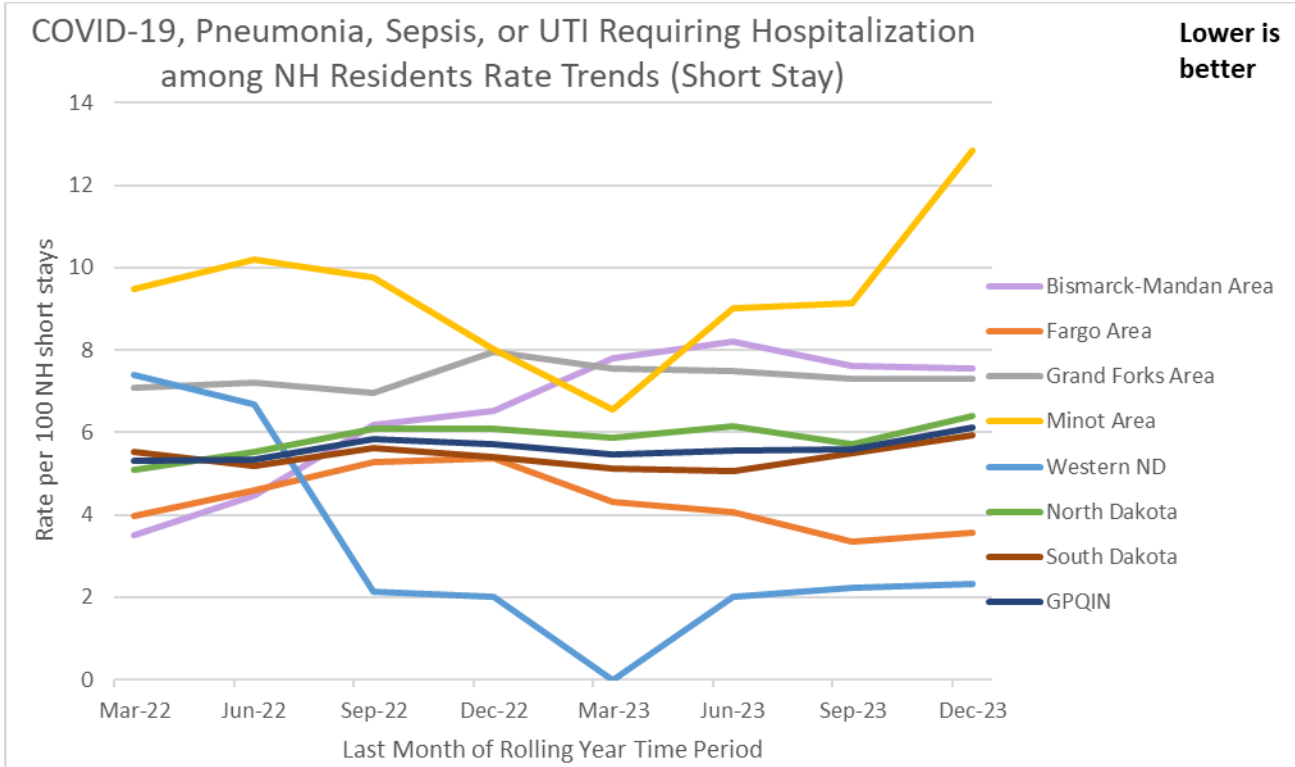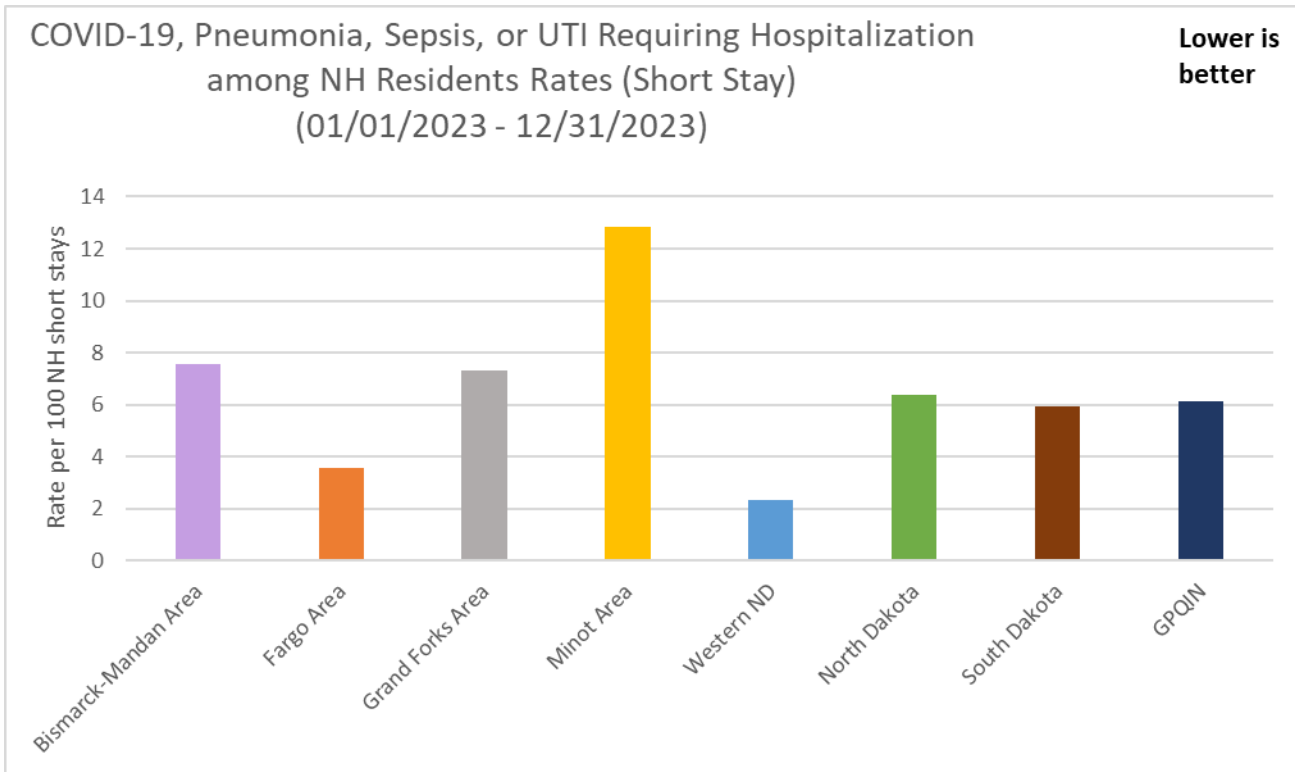
Anticoagulant, Antidiabetic, or Opioid Adverse Drug Event (ADE) Hospital Encounters (Short Stay): Rate of nursing home short stays with an emergency department, observation, or inpatient anticoagulant, antidiabetic, or opioid ADEs per 1,000 stay stays among Medicare Fee-for-Service beneficiaries with filled anticoagulant, antidiabetic, or opioid prescription(s).
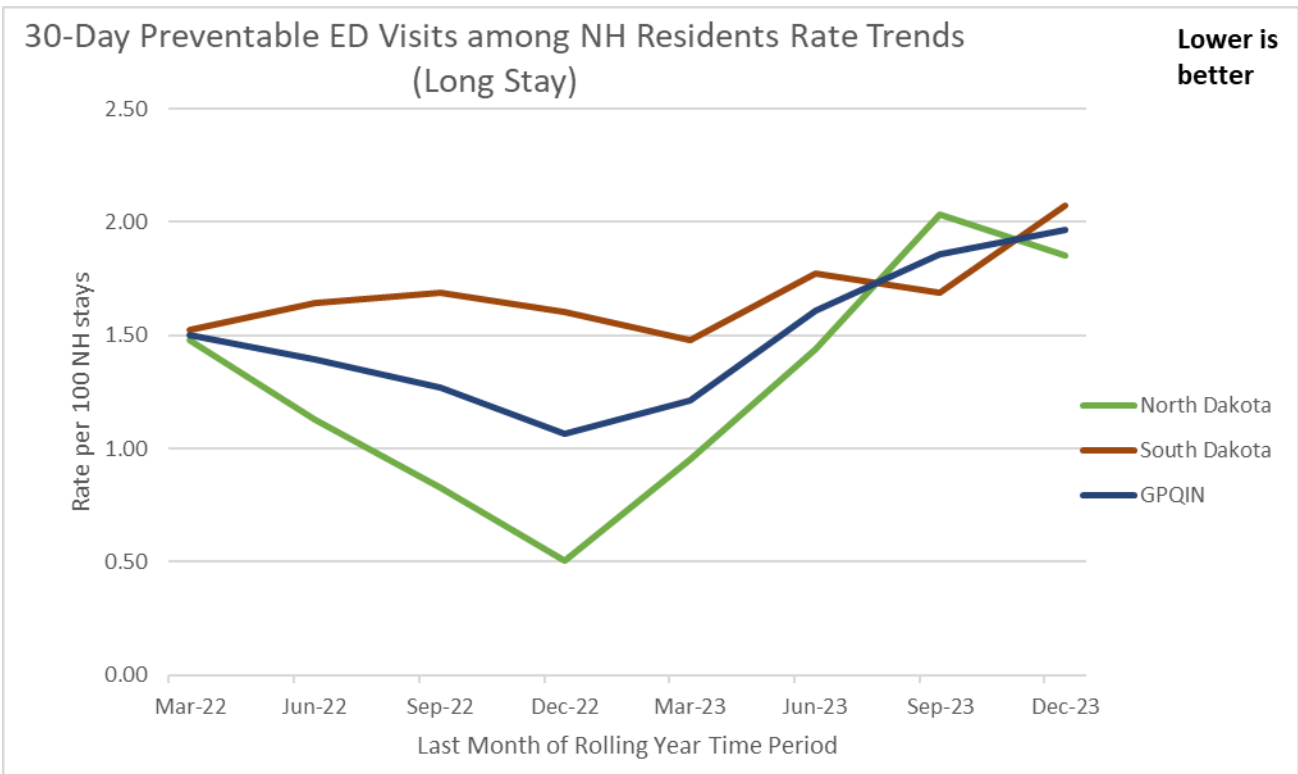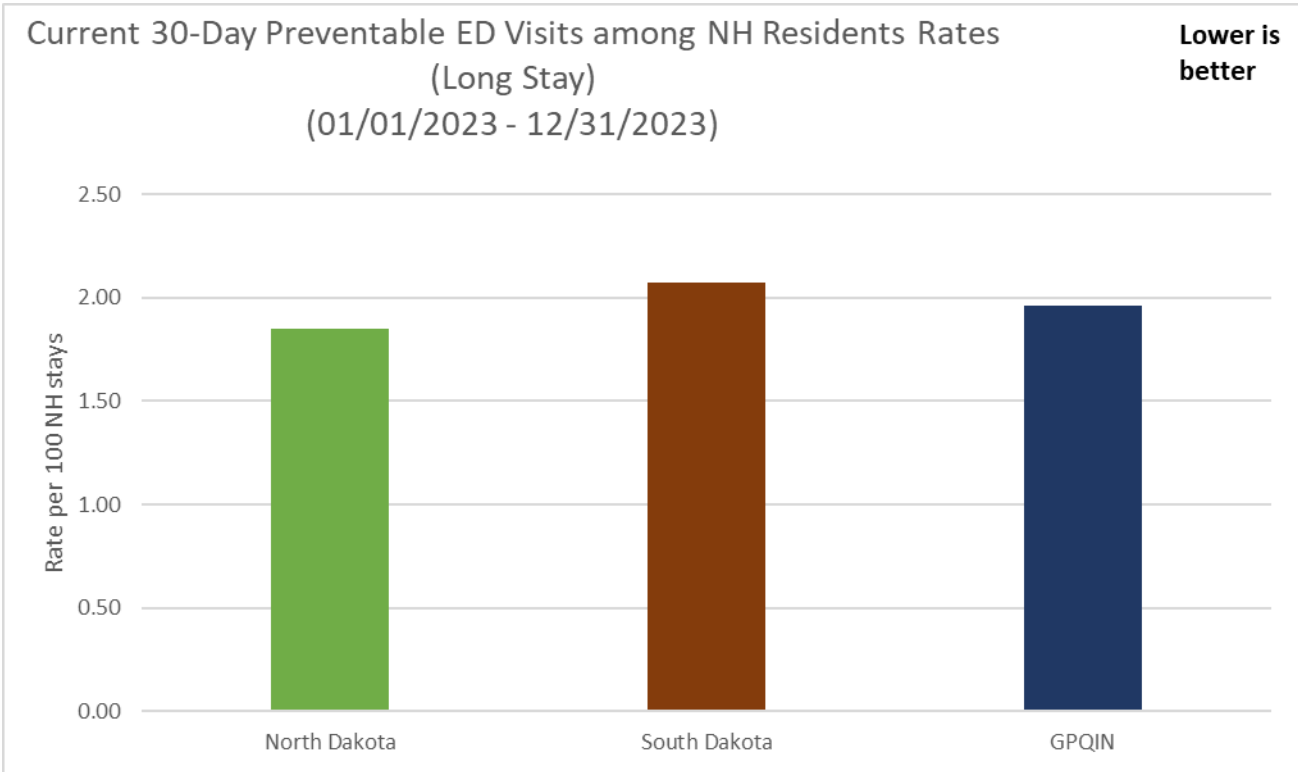
COVID-19, Pneumonia, Sepsis, or UTI Requiring Hospitalization (Long Stay): Rate of inpatient admission due to COVID-19, pneumonia, sepsis, or UTI per 100,000 nursing home long-stay resident days among Medicare Fee-for-Service beneficiaries.
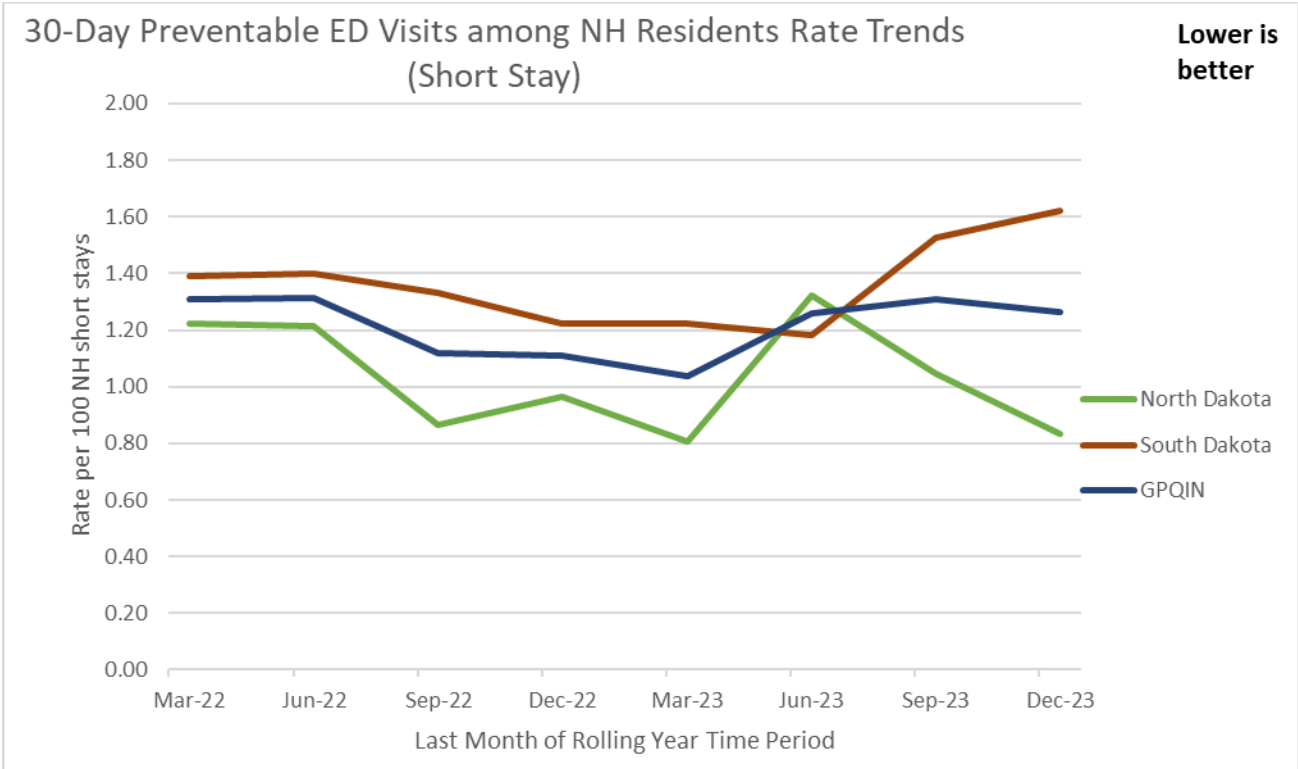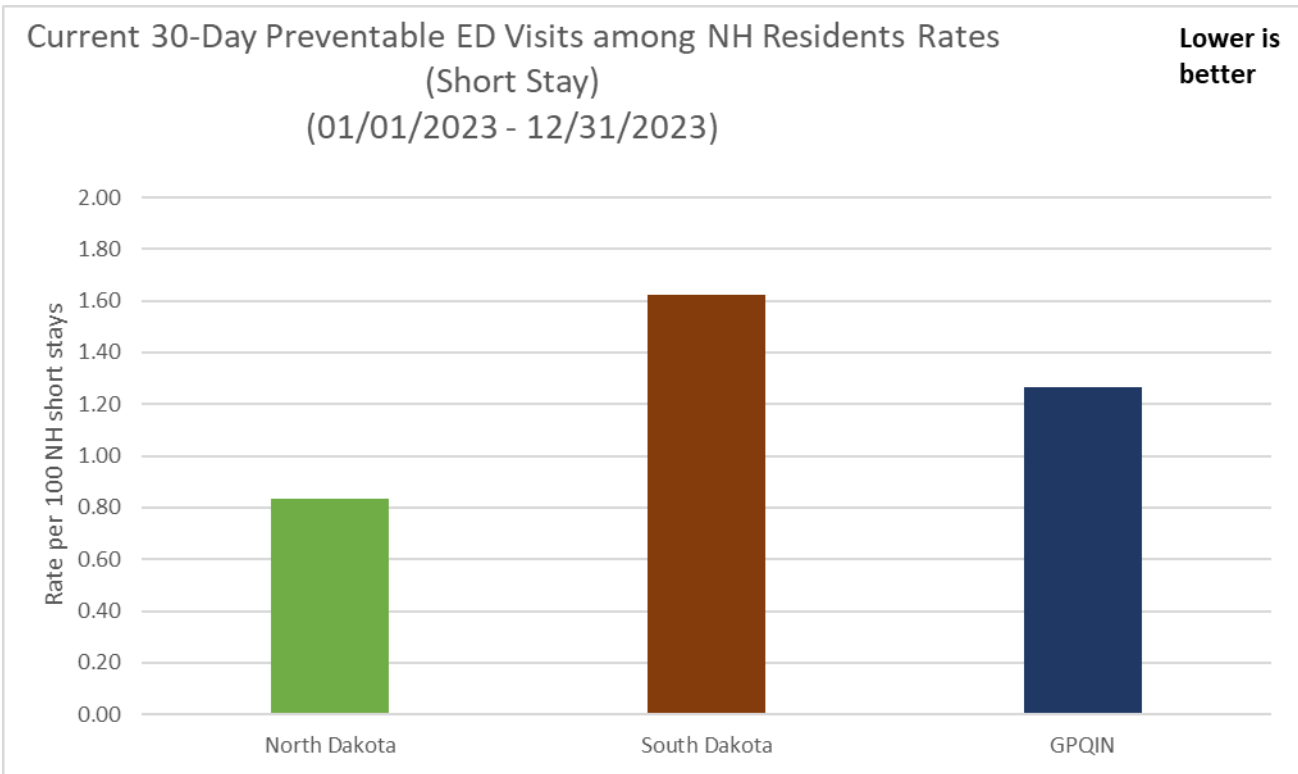
COVID-19, Pneumonia, Sepsis, or UTI Requiring Hospitalization (Short Stay): Percentage of nursing home short stays by Medicare Fee-for-Service beneficiaries having an inpatient admission due to COVID-19, pneumonia, sepsis, or UTI.
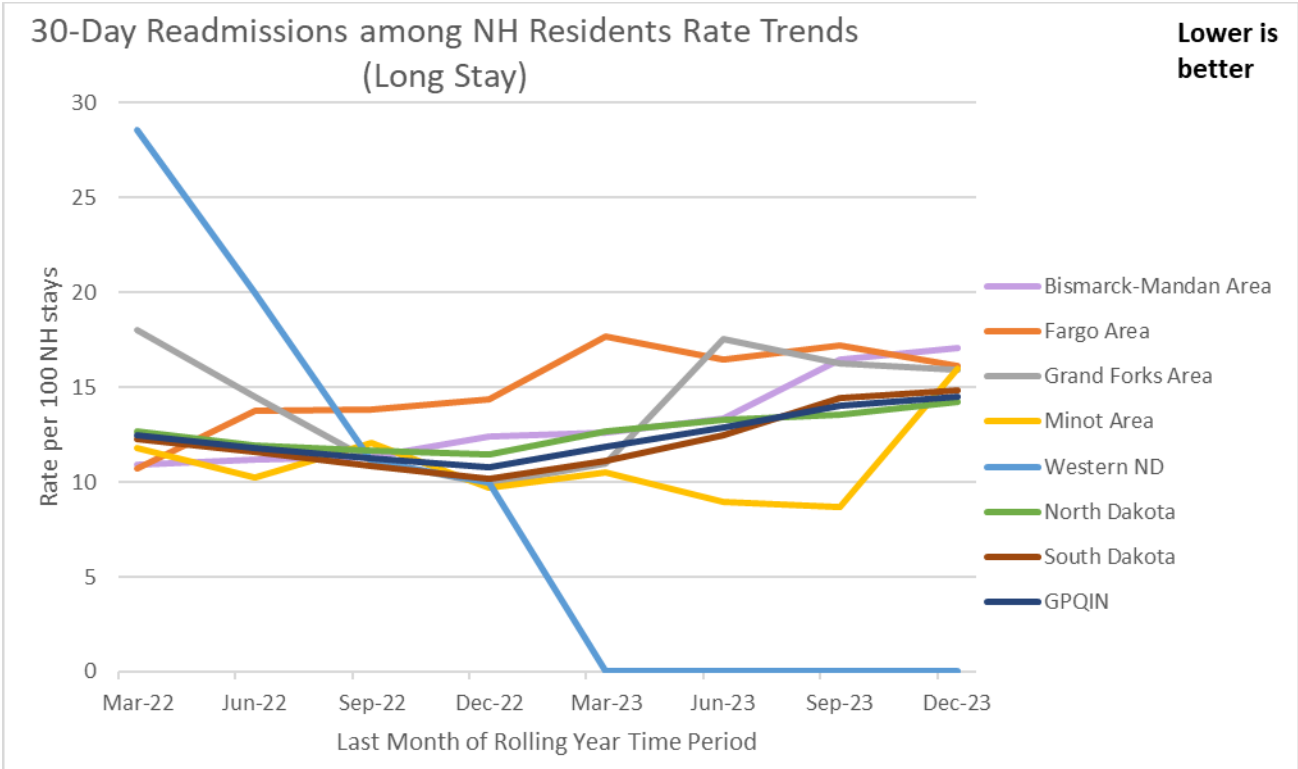

COVID-19, Pneumonia, Sepsis, or UTI Requiring Hospitalization among NH Residents Rates (Short Stay) (01/01/2023 - 12/31/2023)

Lower is better

COVID-19, Pneumonia, Sepsis, or UTI Requiring Hospitalization among NH Residents Rate Trends (Short Stay)
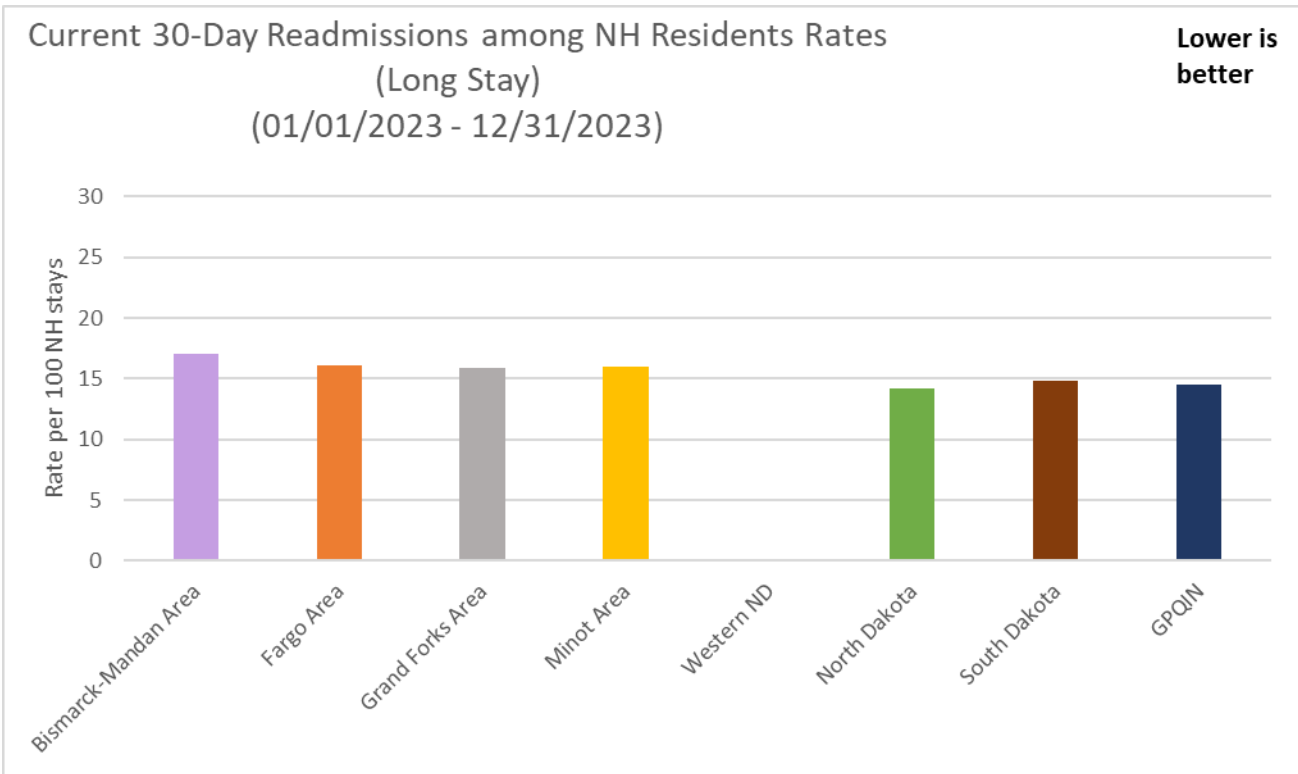
Lower is better

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.

Current 30-Day Preventable ED Visits among NH Residents Rates (Long Stay) (01/01/2023 - 12/31/2023)

Lower is better

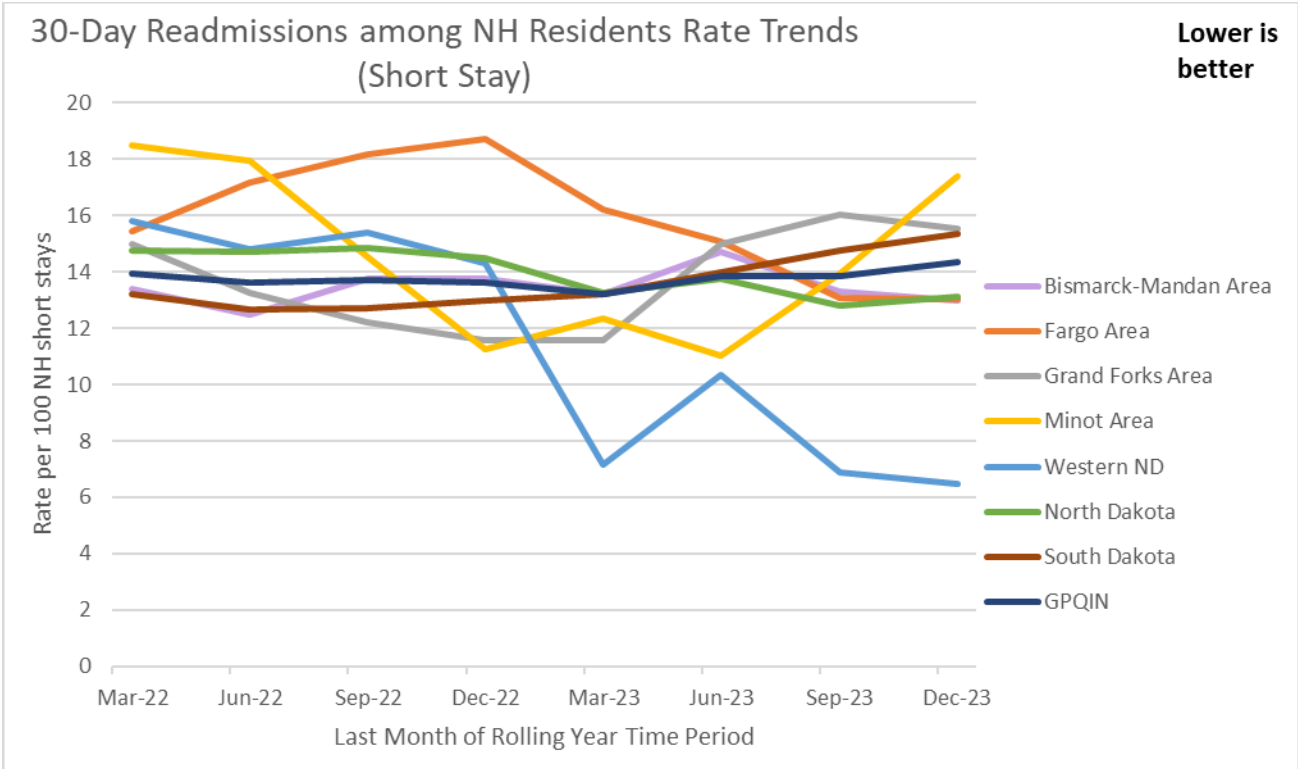30-Day Preventable ED Visits among NH Residents Rate Trends (Long Stay)
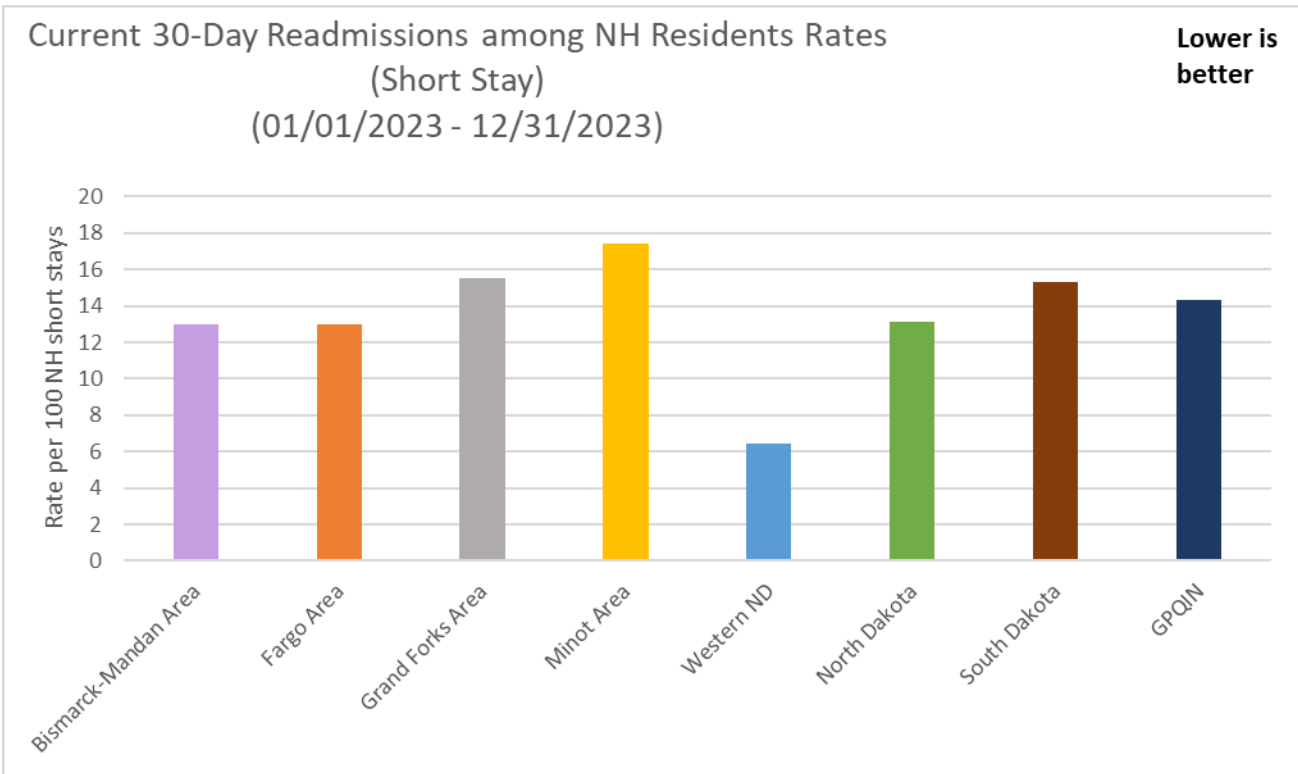
Lower is better

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.

Current 30-Day Readmissions among NH Residents Rates (Long Stay) (01/01/2023 - 12/31/2023). Lower is better.

30-Day Readmissions among NH Residents Rate Trends (Long Stay). Lower is better.

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.