

## Background

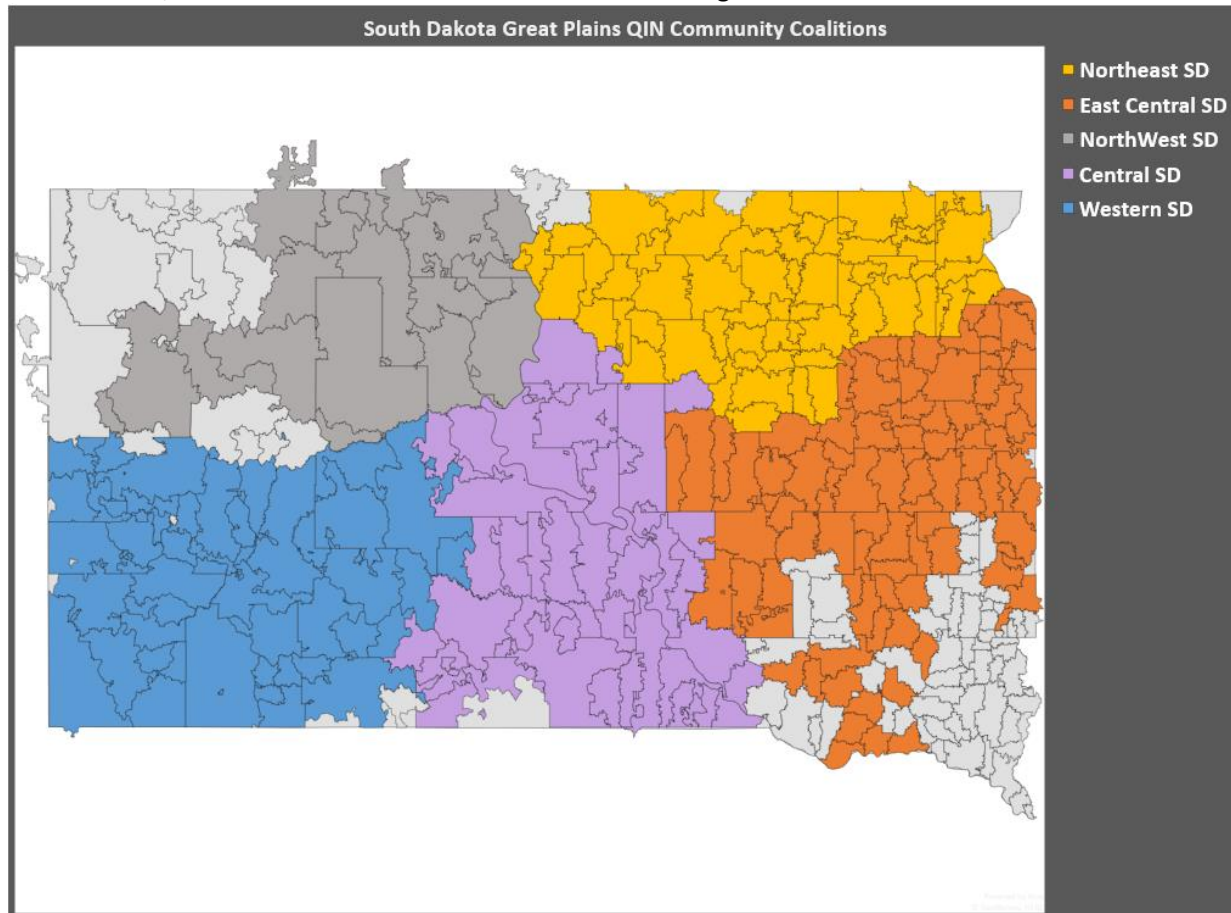
North Dakota and South Dakota communities have many attributes that are similar, yet qualities that make them unique. However, when it comes to healthcare, each state has a shared commitment to ensuring quality of care for its community members.

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.



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.

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*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/>

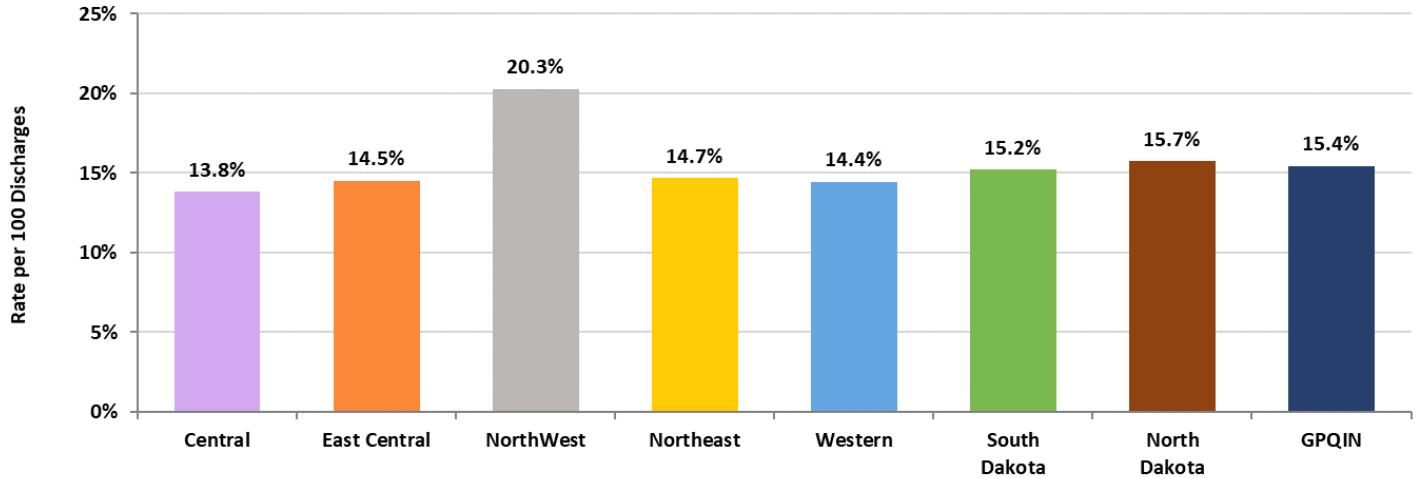
*Go to our GPQIN Nursing Home Quality Webpage:*

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

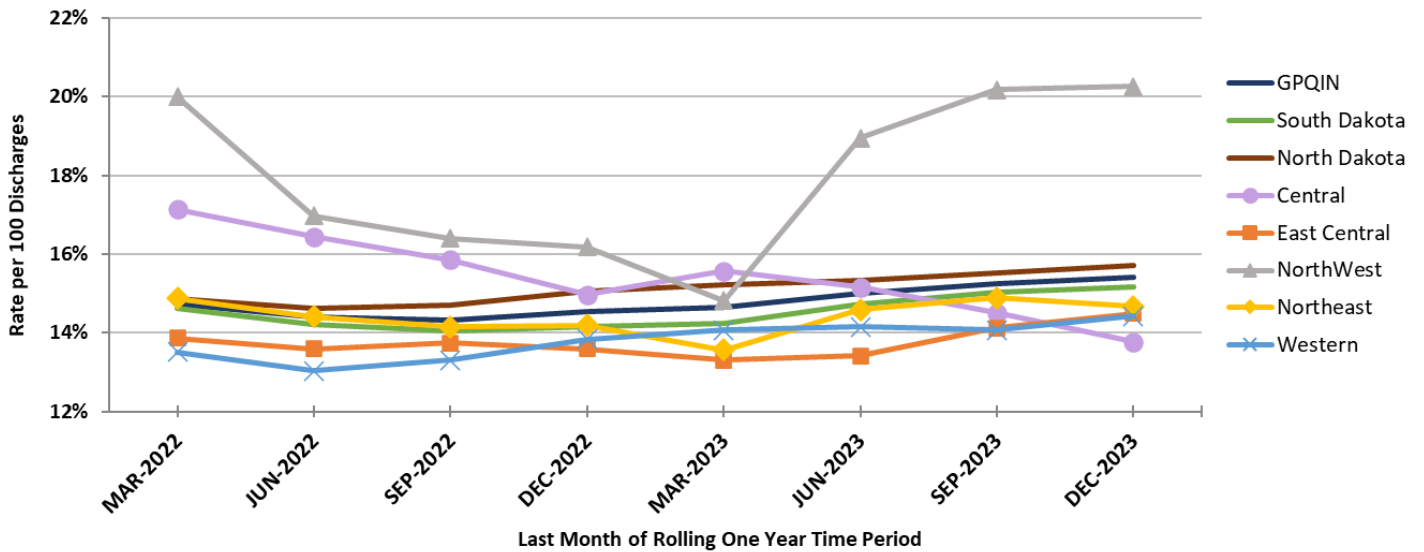
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## Community Data Highlights

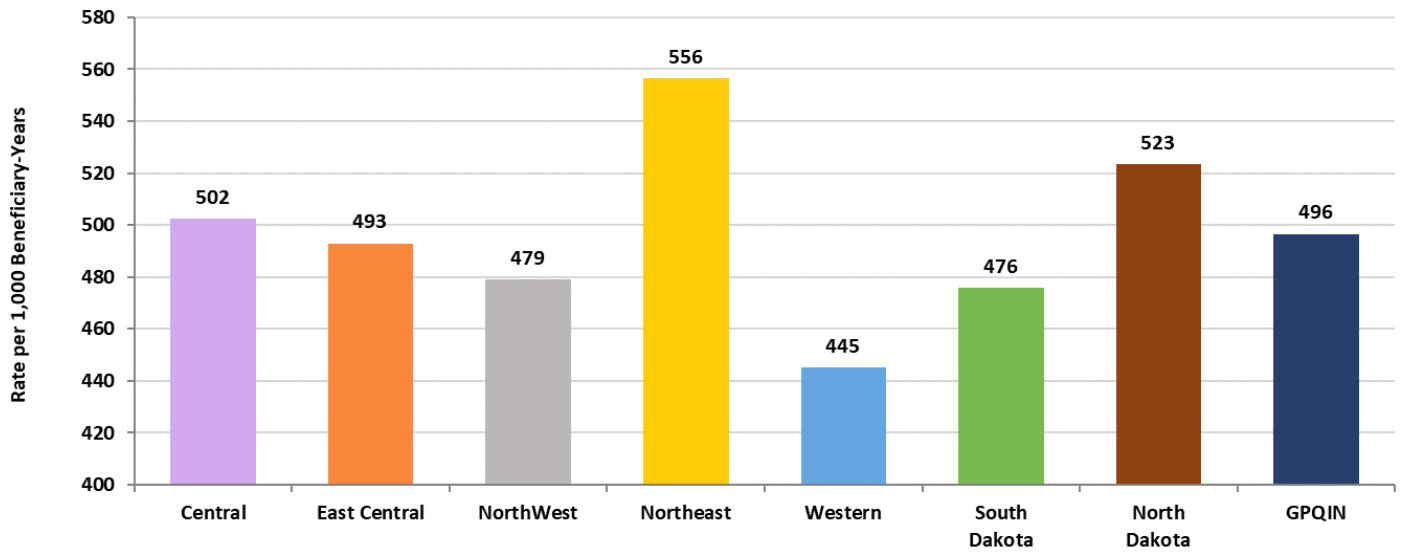
Current Readmission Rates (# of readmissions within 30 days / # of discharges): 01/01/2023 - 12/31/2023



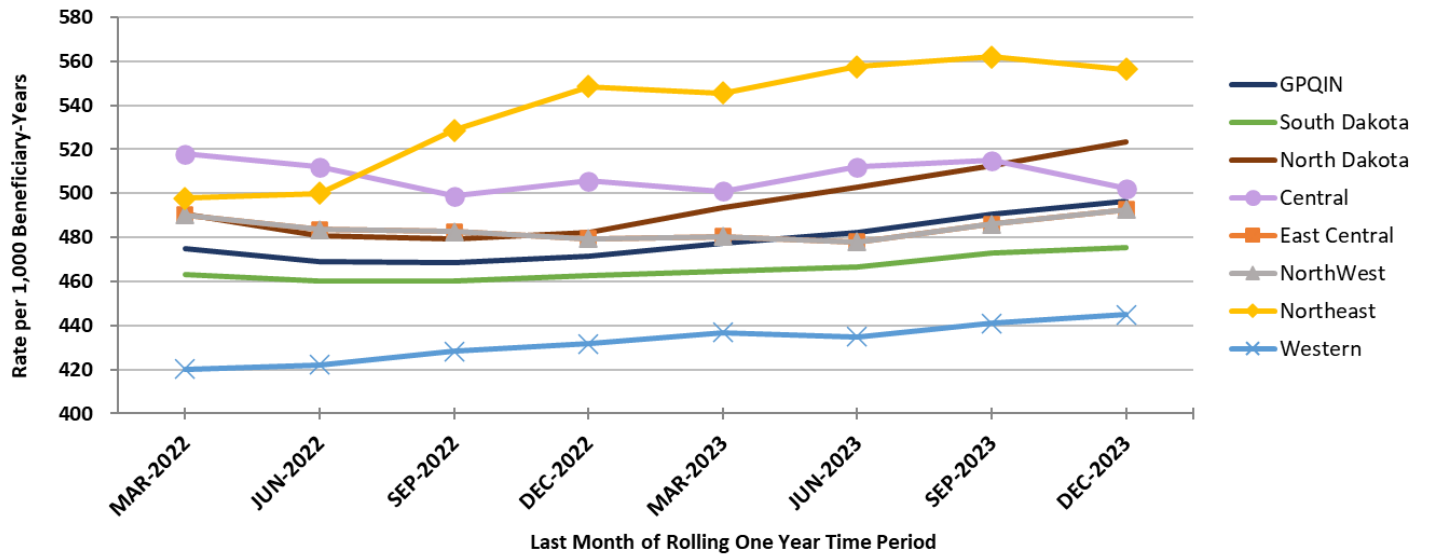
### Readmission Rate Trends:



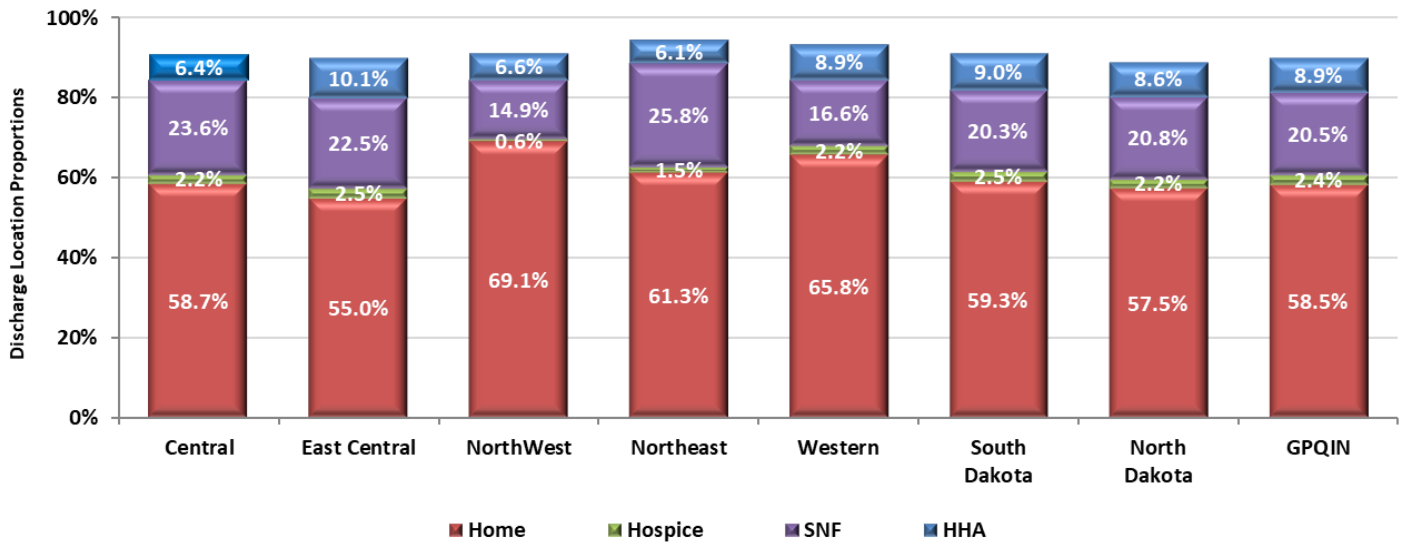
**Current Hospital Utilization (Admissions and ED Visits per 1,000 Beneficiary-Years): 01/01/2023 - 12/31/2023**



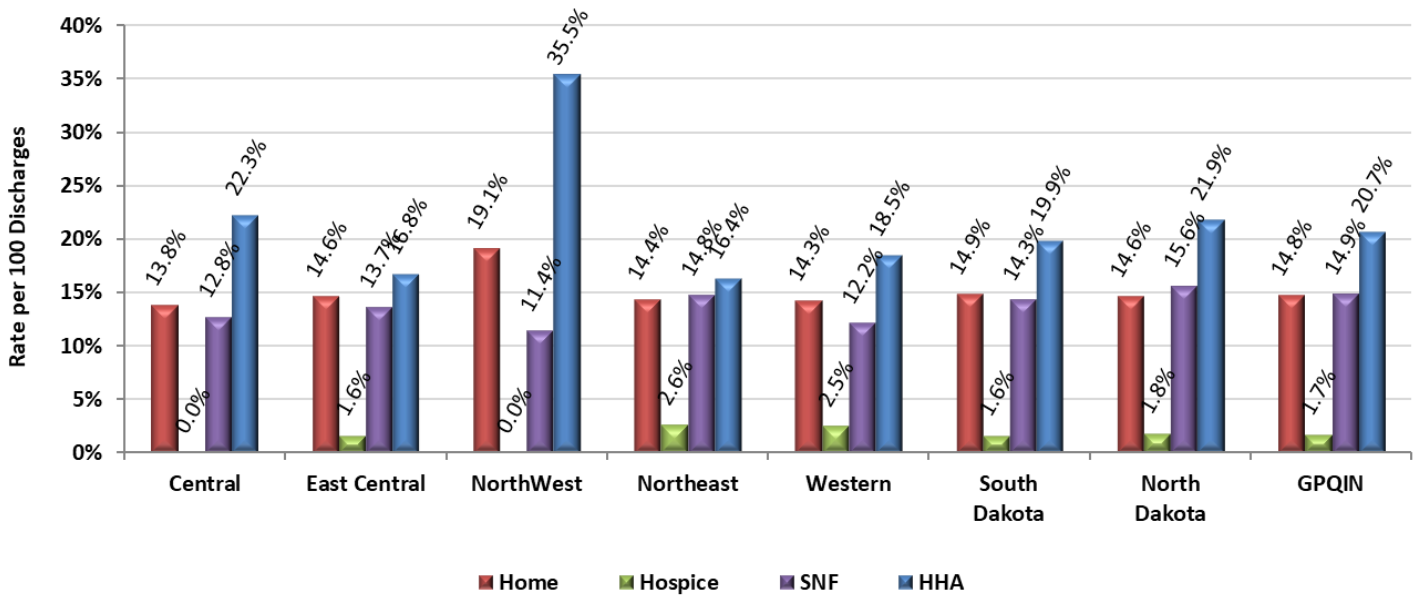
**Hospital Utilization Trends:**



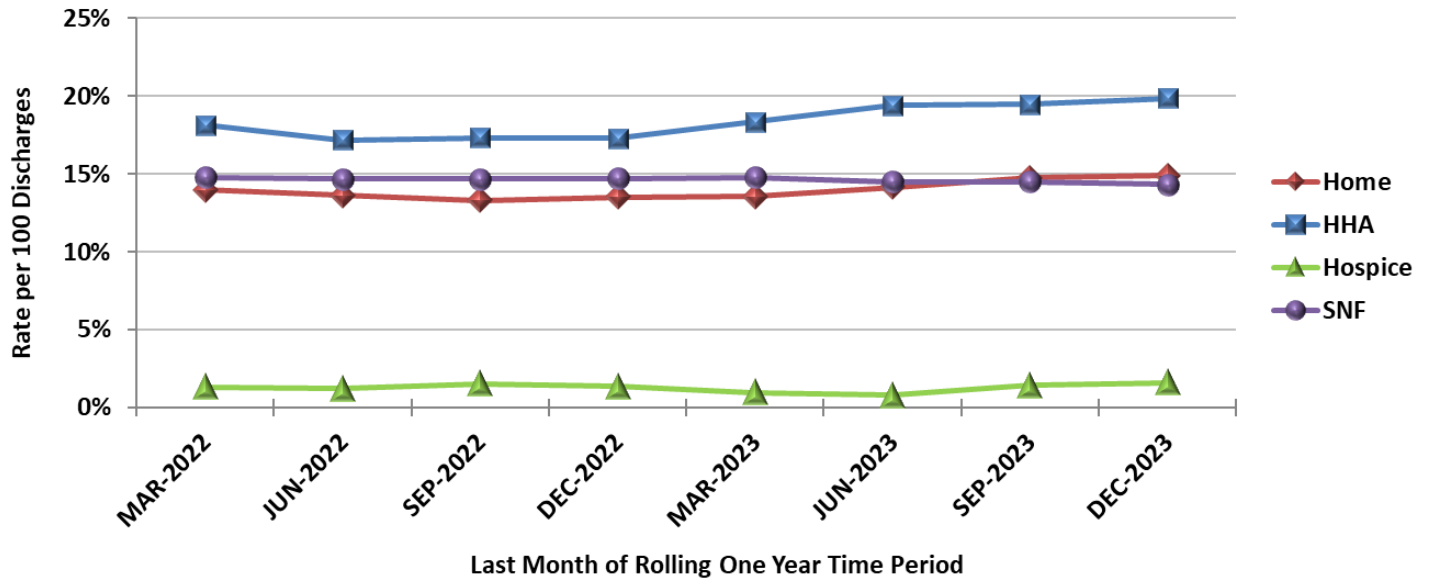
Discharge Locations: 01/01/2023 - 12/31/2023



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



### Readmission Rates by Discharge Location: South 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
Central	SEPTICEMIA OR SEVERE SEPSIS	162	1,896	8.54%
	SIMPLE PNEUMONIA & PLEURISY	97	1,896	5.12%
	MAJOR JOINT REPLACEMENT OR REATTACHMENT OF LOWER EXTREMITY	78	1,896	4.11%
	HEART FAILURE & SHOCK	76	1,896	4.01%
	NUTRITIONAL & MISC METABOLIC DISORDERS	53	1,896	2.80%
East Central	SEPTICEMIA OR SEVERE SEPSIS	342	4,915	6.96%
	HEART FAILURE & SHOCK	207	4,915	4.21%
	SIMPLE PNEUMONIA & PLEURISY	194	4,915	3.95%
	CARDIAC ARRHYTHMIA & CONDUCTION DISORDERS	131	4,915	2.67%
	KIDNEY & URINARY TRACT INFECTIONS	130	4,915	2.65%
	RENAL FAILURE	130	4,915	2.65%
NorthWest	SEPTICEMIA OR SEVERE SEPSIS	30	448	6.70%
	HEART FAILURE & SHOCK	19	448	4.24%
	NUTRITIONAL & MISC METABOLIC DISORDERS	16	448	3.57%
	SIMPLE PNEUMONIA & PLEURISY	15	448	3.35%
	MAJOR JOINT REPLACEMENT OR REATTACHMENT OF LOWER EXTREMITY	14	448	3.13%
Northeast	SEPTICEMIA OR SEVERE SEPSIS	210	2,641	7.95%
	SIMPLE PNEUMONIA & PLEURISY	130	2,641	4.92%
	HEART FAILURE & SHOCK	93	2,641	3.52%
	ACUTE MYOCARDIAL INFARCTION	92	2,641	3.48%
	MAJOR JOINT REPLACEMENT OR REATTACHMENT OF LOWER EXTREMITY	86	2,641	3.26%
Western	SEPTICEMIA OR SEVERE SEPSIS	426	5,377	7.92%
	MAJOR JOINT REPLACEMENT OR REATTACHMENT OF LOWER EXTREMITY	274	5,377	5.10%
	HEART FAILURE & SHOCK	228	5,377	4.24%
	SIMPLE PNEUMONIA & PLEURISY	182	5,377	3.39%
	KIDNEY & URINARY TRACT INFECTIONS	135	5,377	2.51%
South Dakota	SEPTICEMIA OR SEVERE SEPSIS	1,585	21,874	7.25%
	HEART FAILURE & SHOCK	905	21,874	4.14%
	SIMPLE PNEUMONIA & PLEURISY	840	21,874	3.84%
	MAJOR JOINT REPLACEMENT OR REATTACHMENT OF LOWER EXTREMITY	684	21,874	3.13%
	KIDNEY & URINARY TRACT INFECTIONS	589	21,874	2.69%
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
Central	SEPTICEMIA OR SEVERE SEPSIS	*	*	7.66%
	HEART FAILURE & SHOCK	*	*	5.75%
	RENAL FAILURE	*	*	4.98%
	SIMPLE PNEUMONIA & PLEURISY	*	*	4.60%
	DISORDERS OF LIVER EXCEPT MALIG,CIRR,ALC HEPATITIS	*	*	3.45%
East Central	HEART FAILURE & SHOCK	48	712	6.74%
	SEPTICEMIA OR SEVERE SEPSIS	45	712	6.32%
	PSYCHOSES	39	712	5.48%
	SIMPLE PNEUMONIA & PLEURISY	33	712	4.64%
	RENAL FAILURE	25	712	3.51%
NorthWest	RENAL FAILURE	*	*	6.32%
	CELLULITIS	*	*	5.26%
	HEART FAILURE & SHOCK	*	*	5.26%
	NUTRITIONAL & MISC METABOLIC DISORDERS	*	*	5.26%
	OTHER DIGESTIVE SYSTEM DIAGNOSES	*	*	4.21%
Northeast	SEPTICEMIA OR SEVERE SEPSIS	32	382	8.38%
	HEART FAILURE & SHOCK	21	382	5.50%
	SIMPLE PNEUMONIA & PLEURISY	17	382	4.45%
	CHRONIC OBSTRUCTIVE PULMONARY DISEASE	12	382	3.14%
	ACUTE MYOCARDIAL INFARCTION	11	382	2.88%
	KIDNEY & URINARY TRACT INFECTIONS	11	382	2.88%
	PSYCHOSES	11	382	2.88%
Western	SEPTICEMIA OR SEVERE SEPSIS	64	788	8.12%
	HEART FAILURE & SHOCK	49	788	6.22%
	DIABETES	25	788	3.17%
	SIMPLE PNEUMONIA & PLEURISY	20	788	2.54%
	CARDIAC ARRHYTHMIA & CONDUCTION DISORDERS	19	788	2.41%
	RENAL FAILURE	19	788	2.41%
	RESPIRATORY INFECTIONS & INFLAMMATIONS	19	788	2.41%
South Dakota	SEPTICEMIA OR SEVERE SEPSIS	246	3,337	7.37%
	HEART FAILURE & SHOCK	189	3,337	5.66%
	SIMPLE PNEUMONIA & PLEURISY	118	3,337	3.54%
	PSYCHOSES	109	3,337	3.27%
	RENAL FAILURE	96	3,337	2.88%
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
Central	SEPTICEMIA OR SEVERE SEPSIS	43	439	9.80%
	SIMPLE PNEUMONIA & PLEURISY	33	439	7.52%
	KIDNEY & URINARY TRACT INFECTIONS	24	439	5.47%
	HEART FAILURE & SHOCK	23	439	5.24%
	HIP & FEMUR PROCEDURES EXCEPT MAJOR JOINT	22	439	5.01%
East Central	SEPTICEMIA OR SEVERE SEPSIS	88	1,088	8.09%
	HIP & FEMUR PROCEDURES EXCEPT MAJOR JOINT	59	1,088	5.42%
	SIMPLE PNEUMONIA & PLEURISY	59	1,088	5.42%
	KIDNEY & URINARY TRACT INFECTIONS	56	1,088	5.15%
	HEART FAILURE & SHOCK	40	1,088	3.68%
	RENAL FAILURE	40	1,088	3.68%
NorthWest	HIP & FEMUR PROCEDURES EXCEPT MAJOR JOINT	*	*	10.45%
	SEPTICEMIA OR SEVERE SEPSIS	*	*	7.46%
	ACUTE MYOCARDIAL INFARCTION	*	*	4.48%
	MAJOR JOINT REPLACEMENT OR REATTACHMENT OF LOWER EXTREMITY	*	*	4.48%
	<b>9 DRG Bundles Tied For Fifth</b>	*	*	2.99%
Northeast	SEPTICEMIA OR SEVERE SEPSIS	59	654	9.02%
	SIMPLE PNEUMONIA & PLEURISY	42	654	6.42%
	HIP & FEMUR PROCEDURES EXCEPT MAJOR JOINT	41	654	6.27%
	ACUTE MYOCARDIAL INFARCTION	24	654	3.67%
	HIP REPLACEMENT, PDX HIP FRACTURE	24	654	3.67%
Western	SEPTICEMIA OR SEVERE SEPSIS	90	883	10.19%
	KIDNEY & URINARY TRACT INFECTIONS	50	883	5.66%
	HEART FAILURE & SHOCK	45	883	5.10%
	MAJOR JOINT REPLACEMENT OR REATTACHMENT OF LOWER EXTREMITY	44	883	4.98%
	HIP & FEMUR PROCEDURES EXCEPT MAJOR JOINT	35	883	3.96%
South Dakota	SEPTICEMIA OR SEVERE SEPSIS	391	4,372	8.94%
	HIP & FEMUR PROCEDURES EXCEPT MAJOR JOINT	253	4,372	5.79%
	SIMPLE PNEUMONIA & PLEURISY	220	4,372	5.03%
	KIDNEY & URINARY TRACT INFECTIONS	211	4,372	4.83%
	HEART FAILURE & SHOCK	184	4,372	4.21%
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

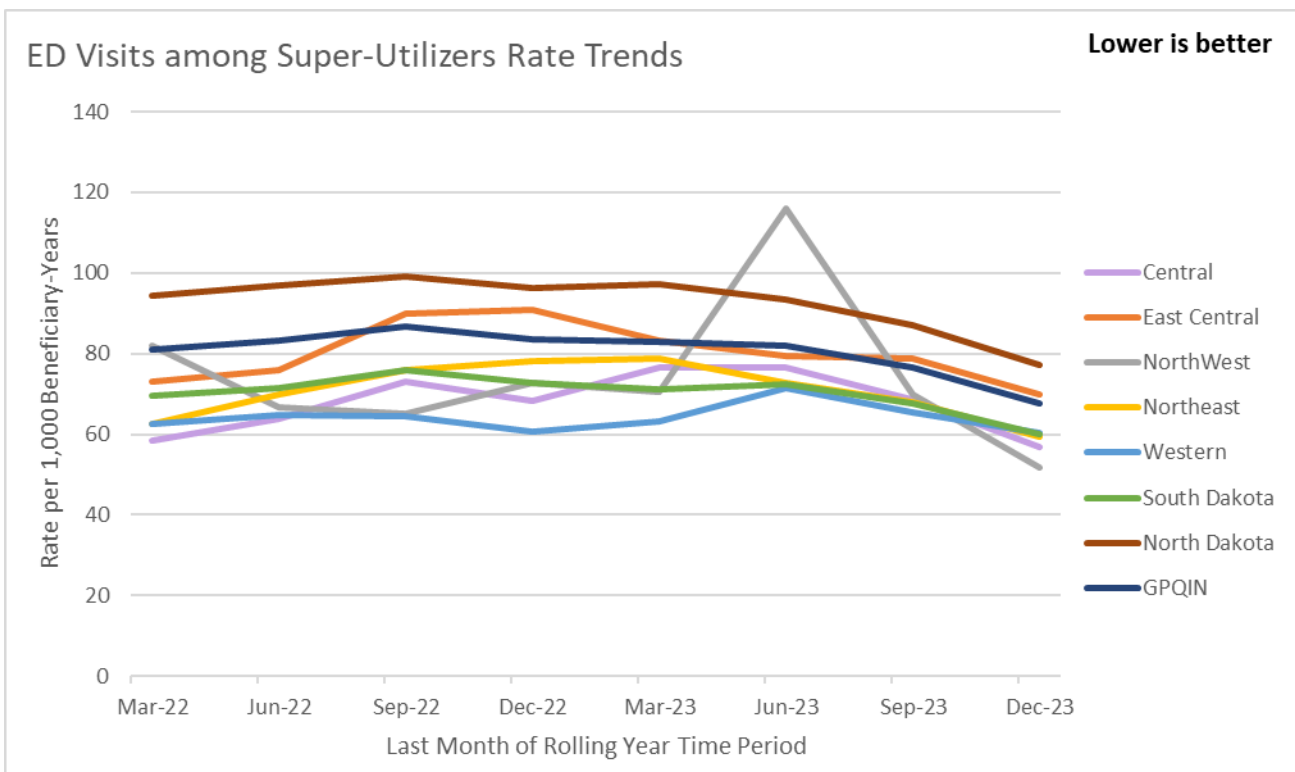
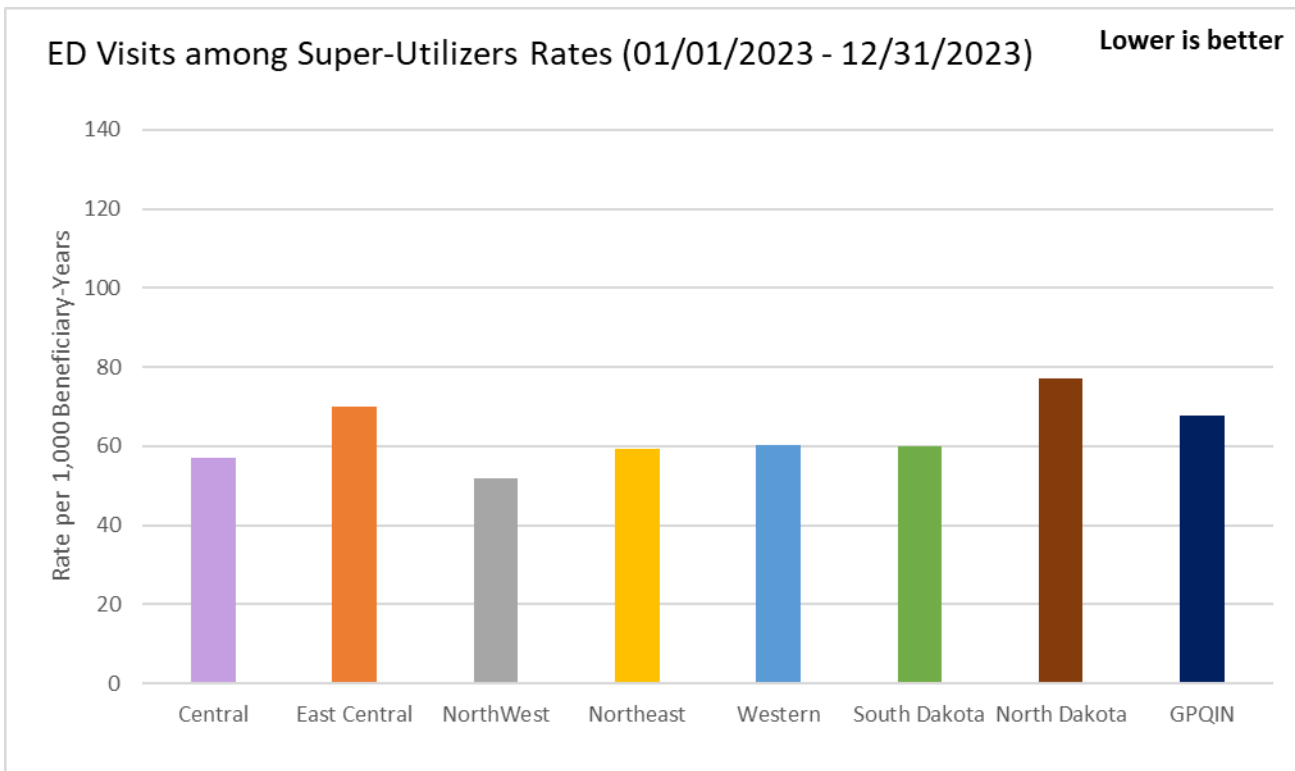
\*\*\*See first paragraph on page 2 for definition of Index Discharge

Community	DRG Bundle Description	DRG Bundle 30-Day Readmissions	Community 30-Day Readmissions	Percent of Community 30-Day Readmissions
Central	HEART FAILURE & SHOCK	*	*	15.79%
	HIP & FEMUR PROCEDURES EXCEPT MAJOR JOINT	*	*	7.02%
	INFECTIOUS & PARASITIC DISEASES W O.R. PROCEDURE	*	*	5.26%
	KIDNEY & URINARY TRACT INFECTIONS	*	*	5.26%
	SEPTICEMIA OR SEVERE SEPSIS	*	*	5.26%
East Central	SEPTICEMIA OR SEVERE SEPSIS	*	*	9.93%
	SIMPLE PNEUMONIA & PLEURISY	*	*	7.29%
	HEART FAILURE & SHOCK	*	*	5.96%
	HIP & FEMUR PROCEDURES EXCEPT MAJOR JOINT	*	*	5.96%
	RENAL FAILURE	*	*	5.30%
NorthWest	AMPUTAT OF LOWER LIMB FOR ENDOCRINE,NUTRIT,& METABOL DI	*	*	**
	CRANIAL & PERIPHERAL NERVE DISORDERS	*	*	**
	INFECTIOUS & PARASITIC DISEASES W O.R. PROCEDURE	*	*	**
	MAJOR GASTROINTESTINAL DISORDERS & PERITONEAL INFECTIONS	*	*	**
	OTHER MUSCULOSKELETAL SYS & CONNECTIVE TISSUE DIAGNOSES	*	*	**
	PEPTIC ULCER	*	*	**
	SEPTICEMIA OR SEVERE SEPSIS	*	*	**
	SIGNS & SYMPTOMS	*	*	**
Northeast	SEPTICEMIA OR SEVERE SEPSIS	*	*	10.10%
	HIP & FEMUR PROCEDURES EXCEPT MAJOR JOINT	*	*	7.07%
	HEART FAILURE & SHOCK	*	*	5.05%
	HIP REPLACEMENT, PDX HIP FRACTURE	*	*	5.05%
	NUTRITIONAL & MISC METABOLIC DISORDERS	*	*	4.04%
Western	SEPTICEMIA OR SEVERE SEPSIS	*	*	13.64%
	HEART FAILURE & SHOCK	*	*	6.36%
	KIDNEY & URINARY TRACT INFECTIONS	*	*	6.36%
	CELLULITIS	*	*	3.64%
	ESOPHAGITIS, GASTROENT & MISC DIGEST DISORDERS	*	*	3.64%
	HIP & FEMUR PROCEDURES EXCEPT MAJOR JOINT	*	*	3.64%
	HIP REPLACEMENT, PDX HIP FRACTURE	*	*	3.64%
	OTHER KIDNEY & URINARY TRACT DIAGNOSES	*	*	3.64%
South Dakota	SEPTICEMIA OR SEVERE SEPSIS	69	639	10.80%
	HEART FAILURE & SHOCK	43	639	6.73%
	HIP & FEMUR PROCEDURES EXCEPT MAJOR JOINT	39	639	6.10%
	KIDNEY & URINARY TRACT INFECTIONS	30	639	4.70%
	SIMPLE PNEUMONIA & PLEURISY	26	639	4.07%
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%

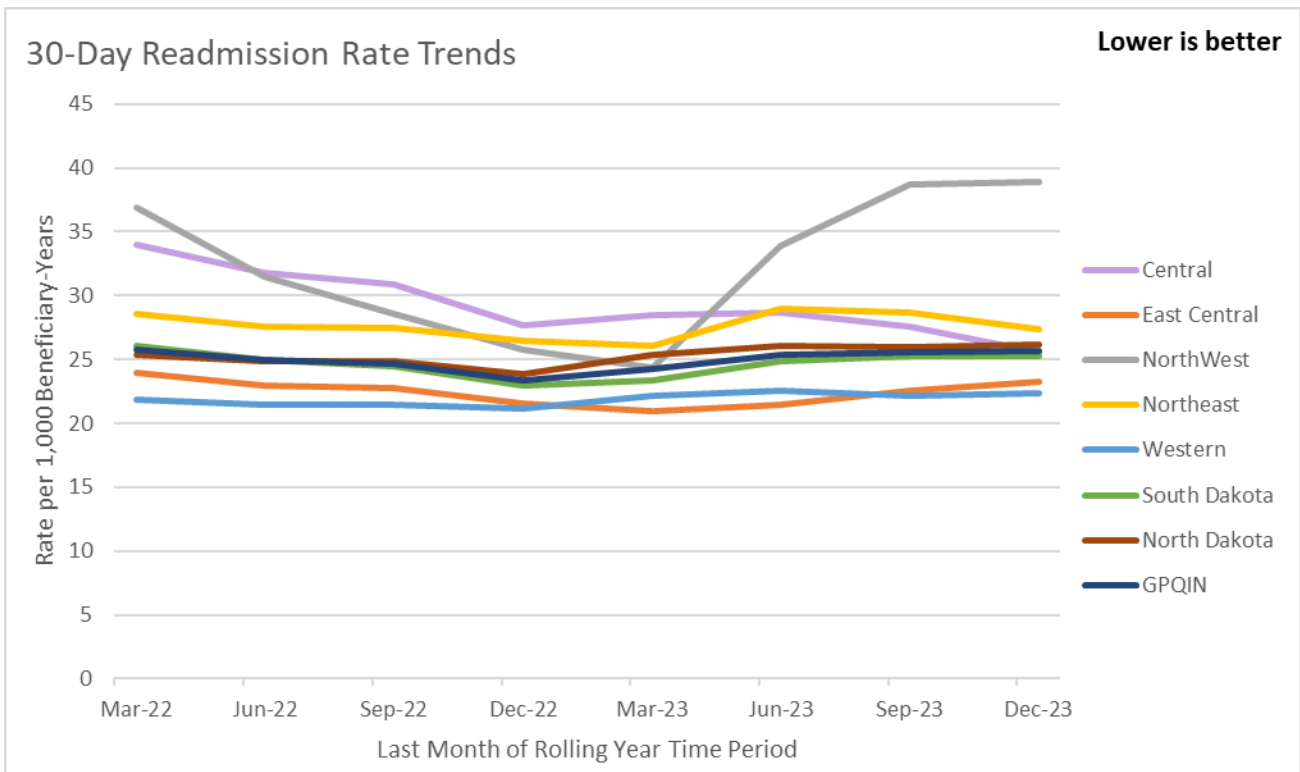
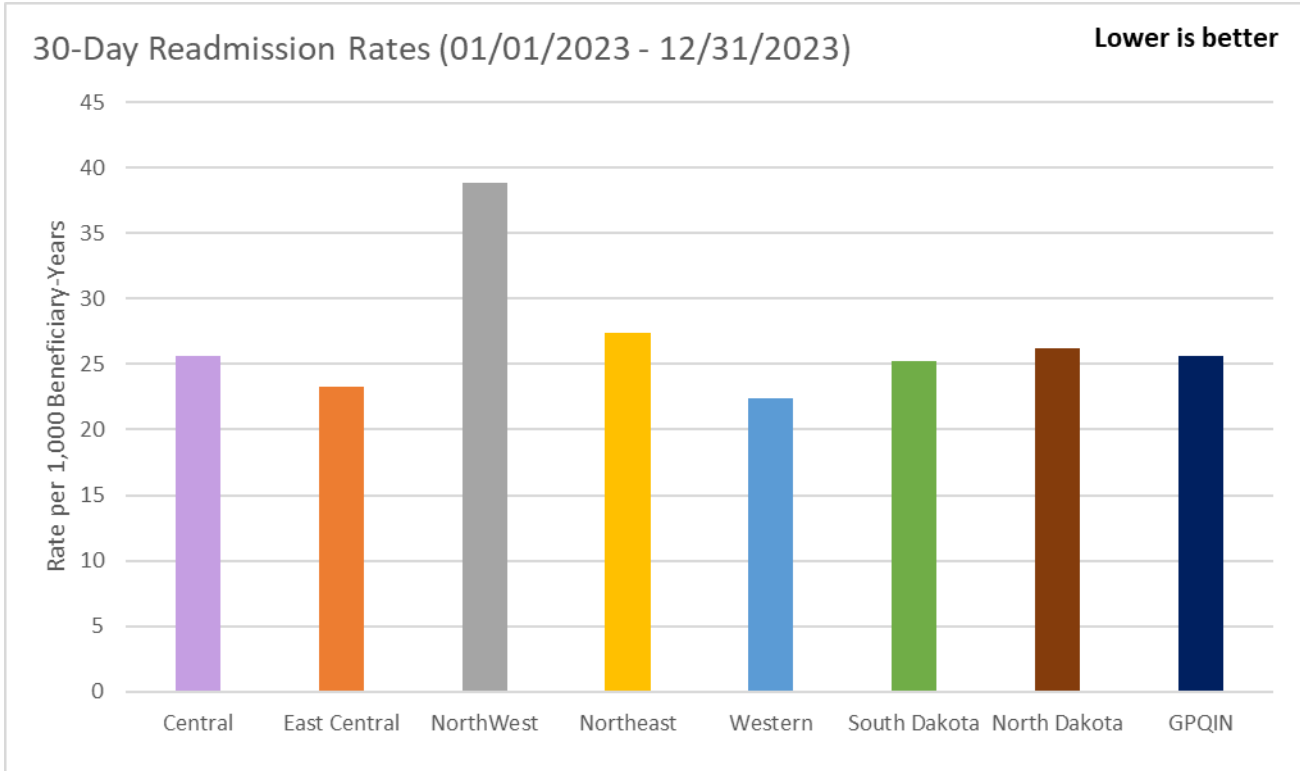
\* The number of readmissions is too small to report.

\*\* 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)



**30-Day Readmissions Rates:**



## NURSING HOME

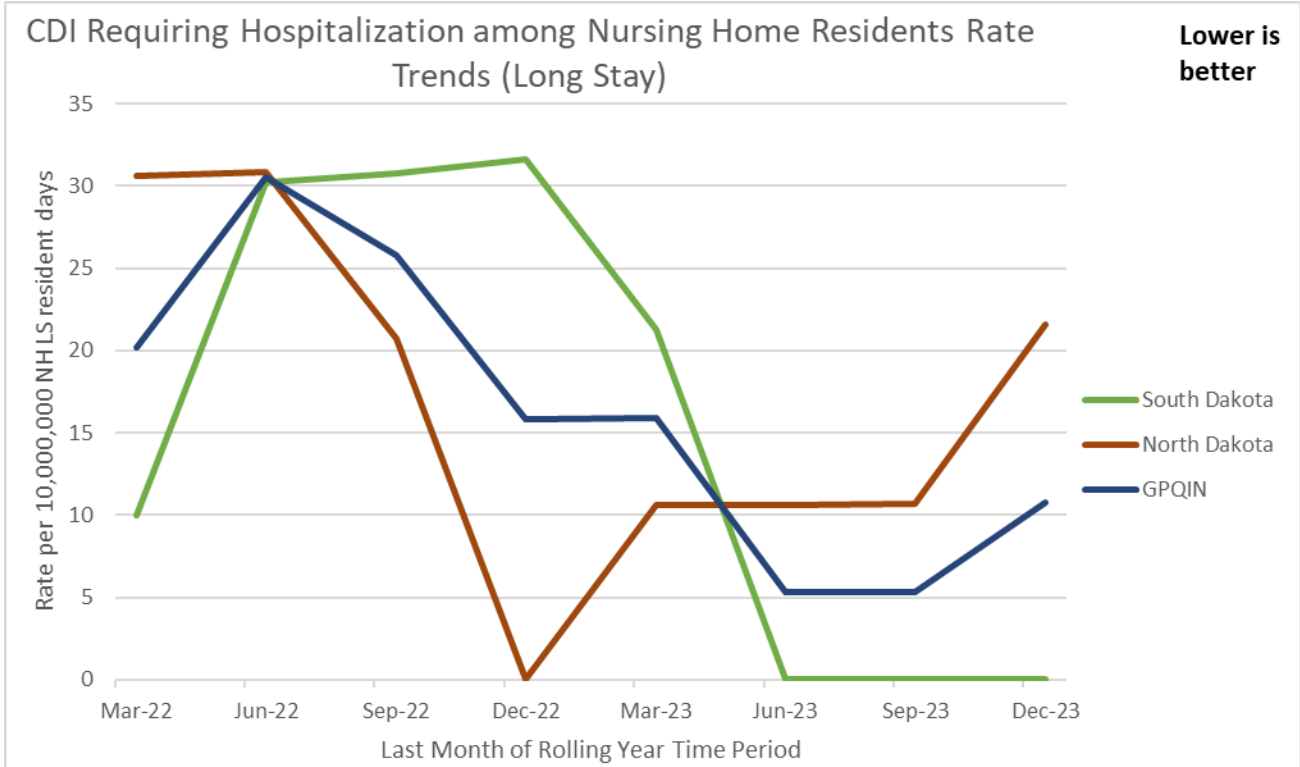
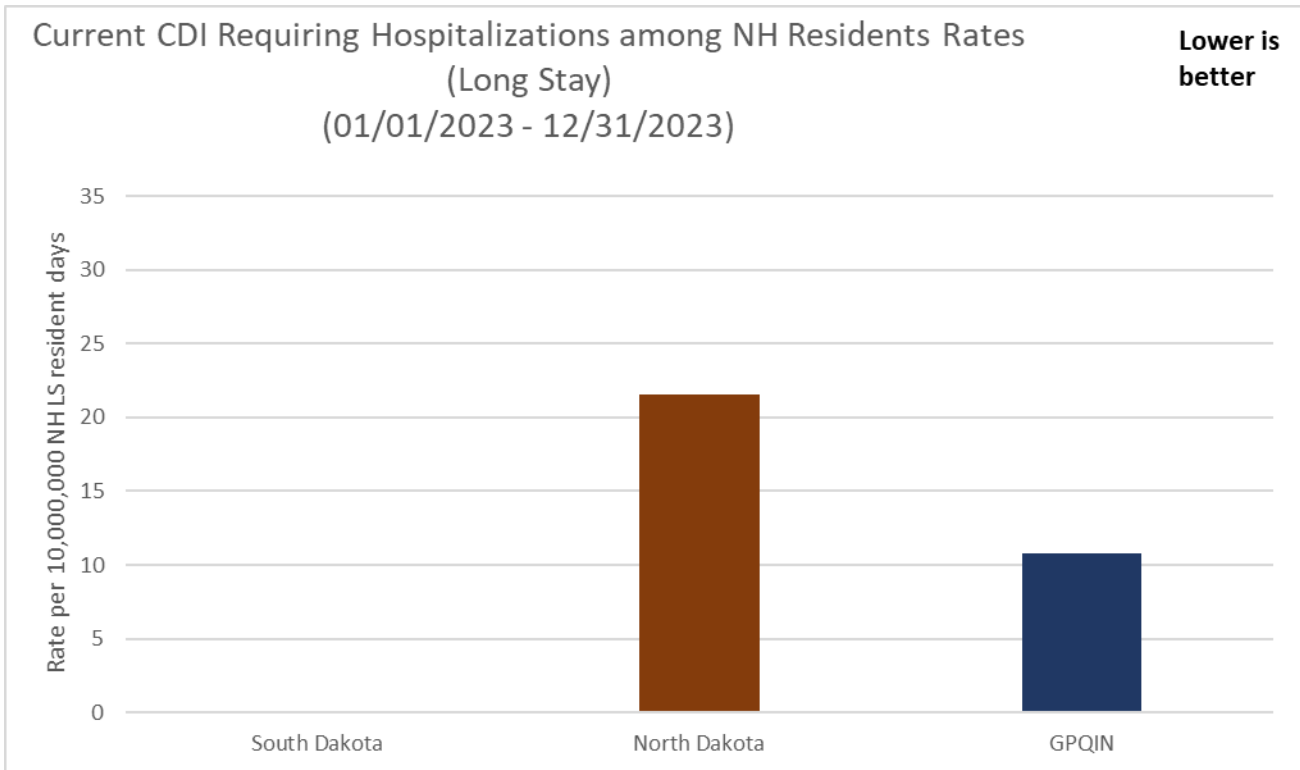
### Data Overview and Definitions

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 101<sup>st</sup> cumulative day among stays in the same nursing facility. Short stay includes all days prior to the 101<sup>st</sup> cumulative day in the same nursing facility.

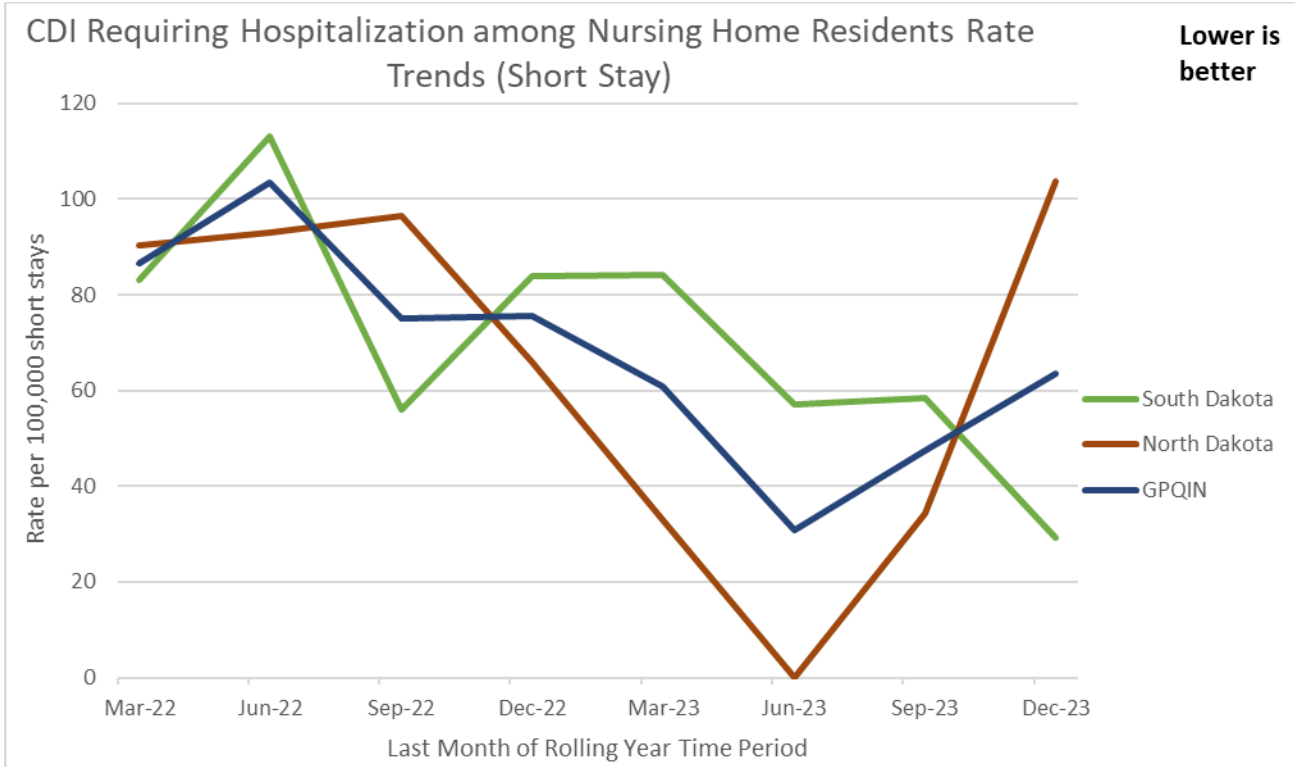
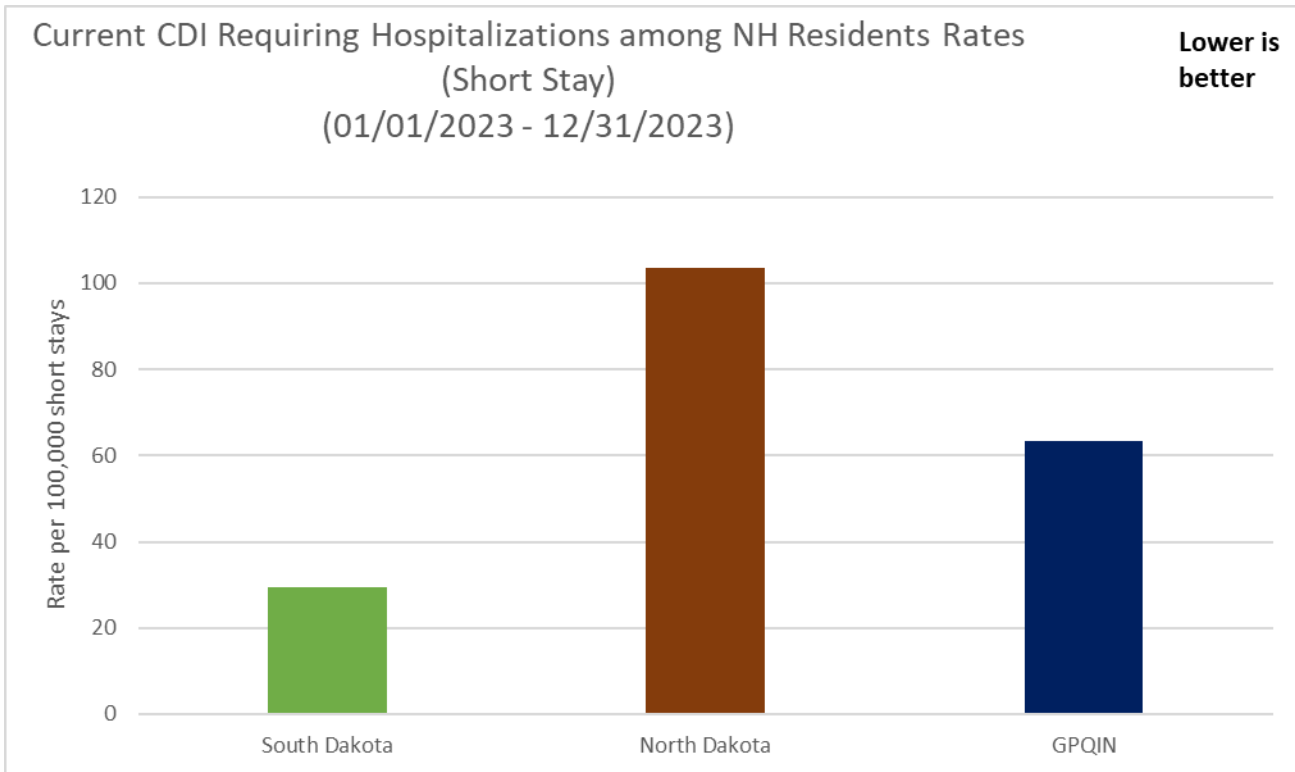
Measures included are:

- **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.

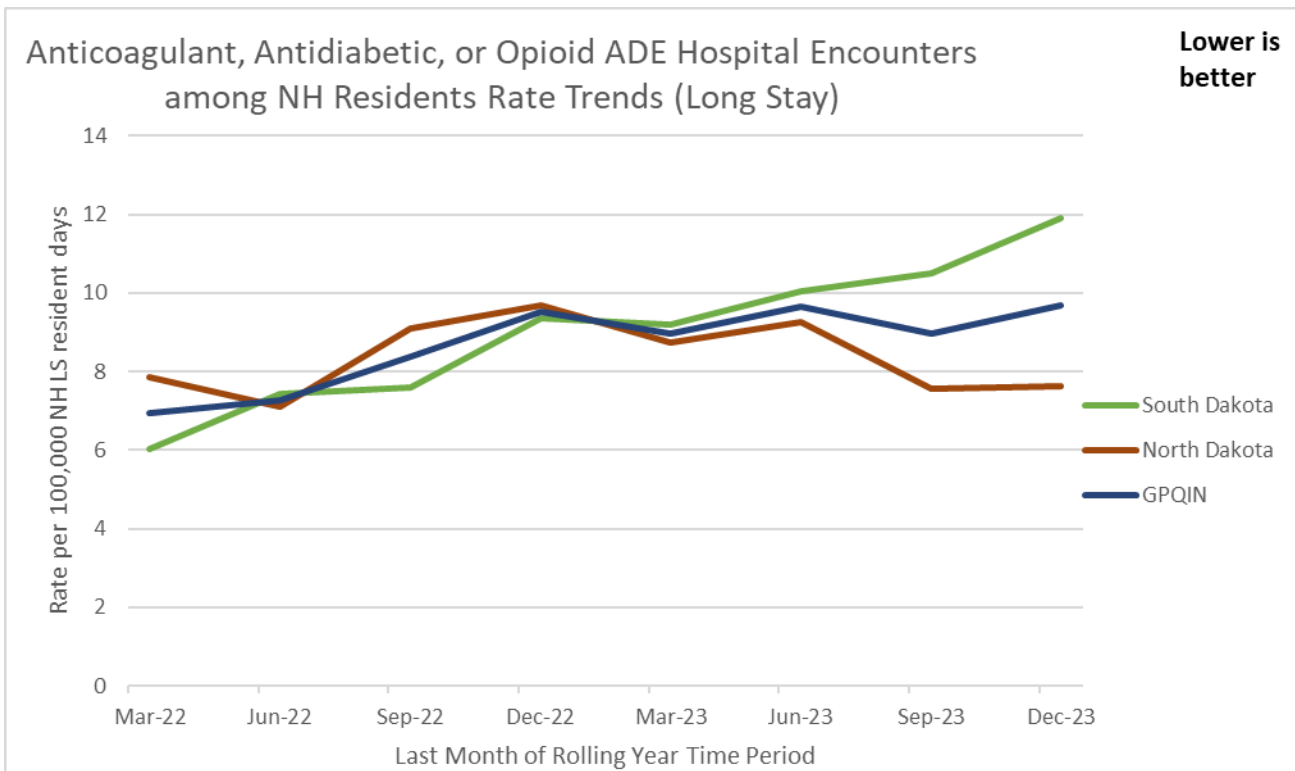
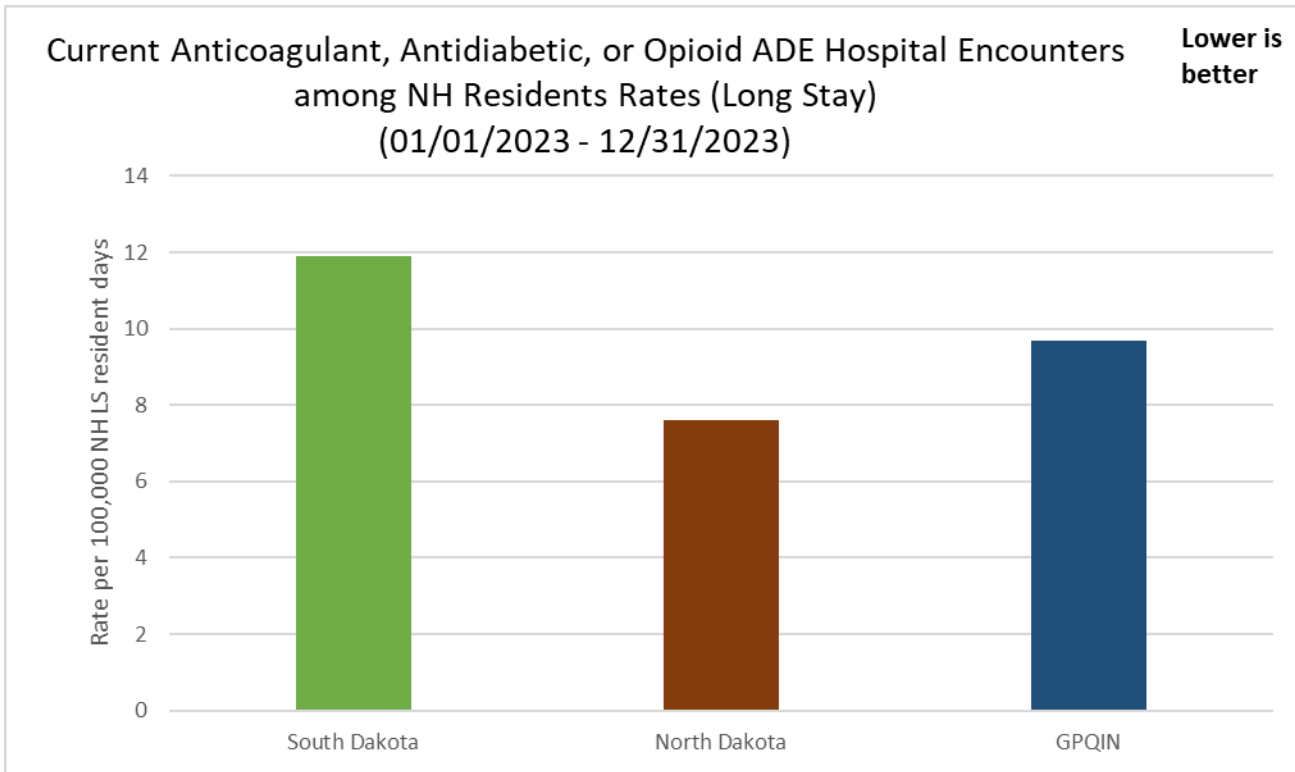
**Clostridioides difficile (CDI) Requiring Hospitalization (Long Stay):** Rate of inpatient admissions due to CDI per 10 million nursing home long-stay resident days among Medicare Fee-for-Service beneficiaries.



**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.

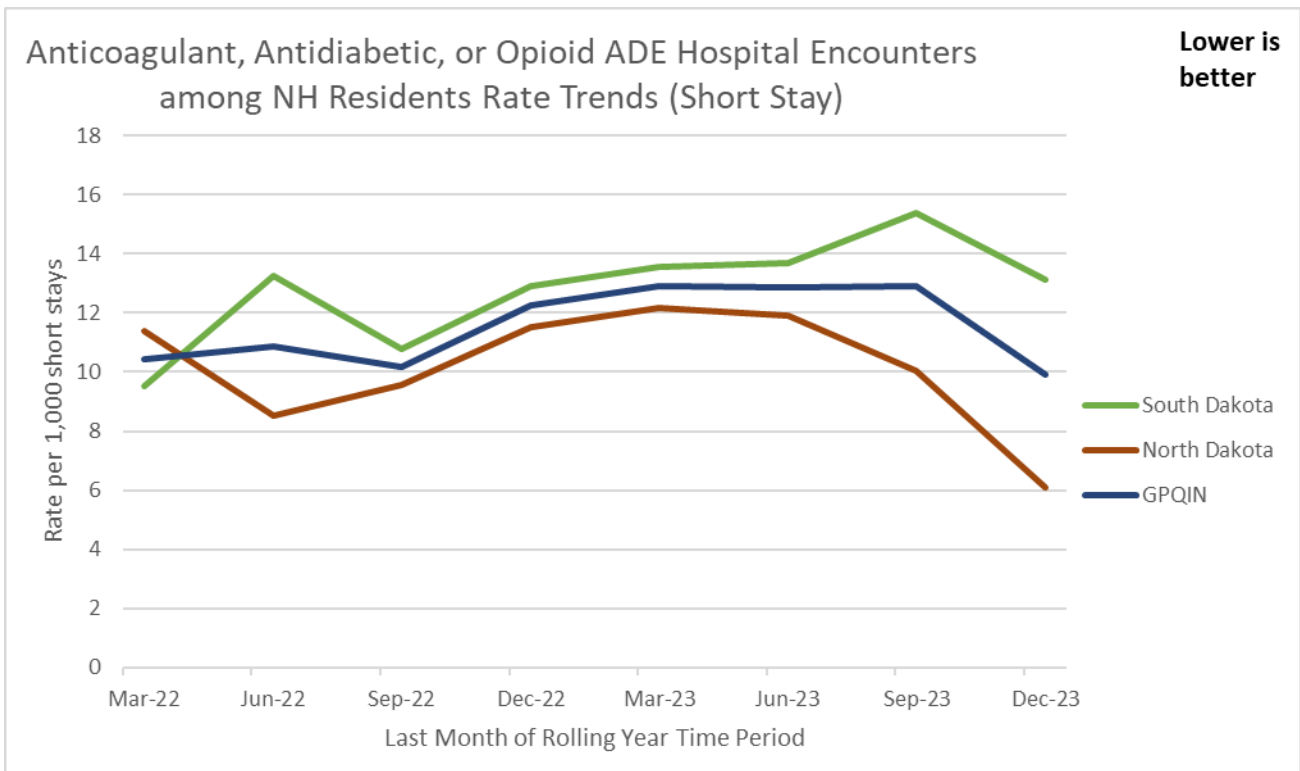
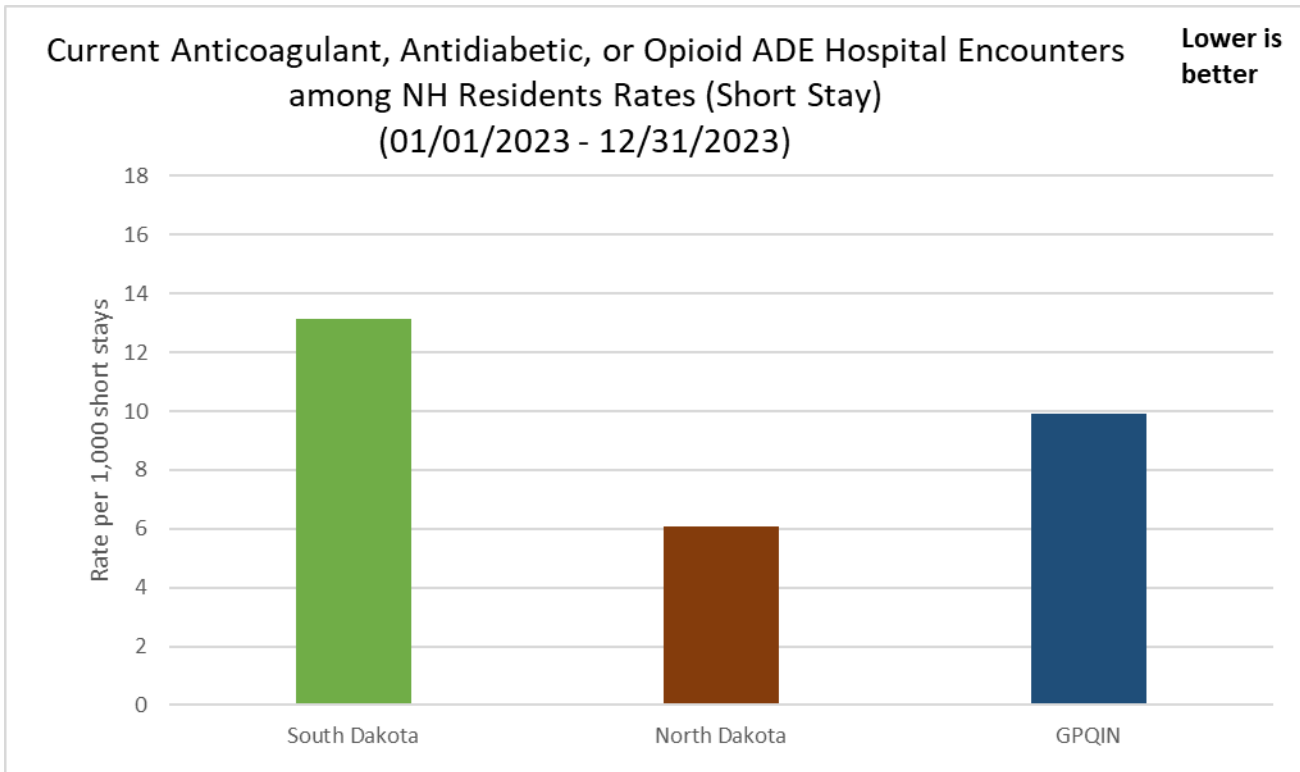


**Anticoagulant, Antidiabetic, or Opioid Adverse Drug Event (ADE) Hospital Encounters (Long Stay):** Rate of emergency department, observation, and inpatient anticoagulant, antidiabetic, or opioid ADEs per 100,000 nursing home long-stay resident days among Medicare Fee-for-Service beneficiaries with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

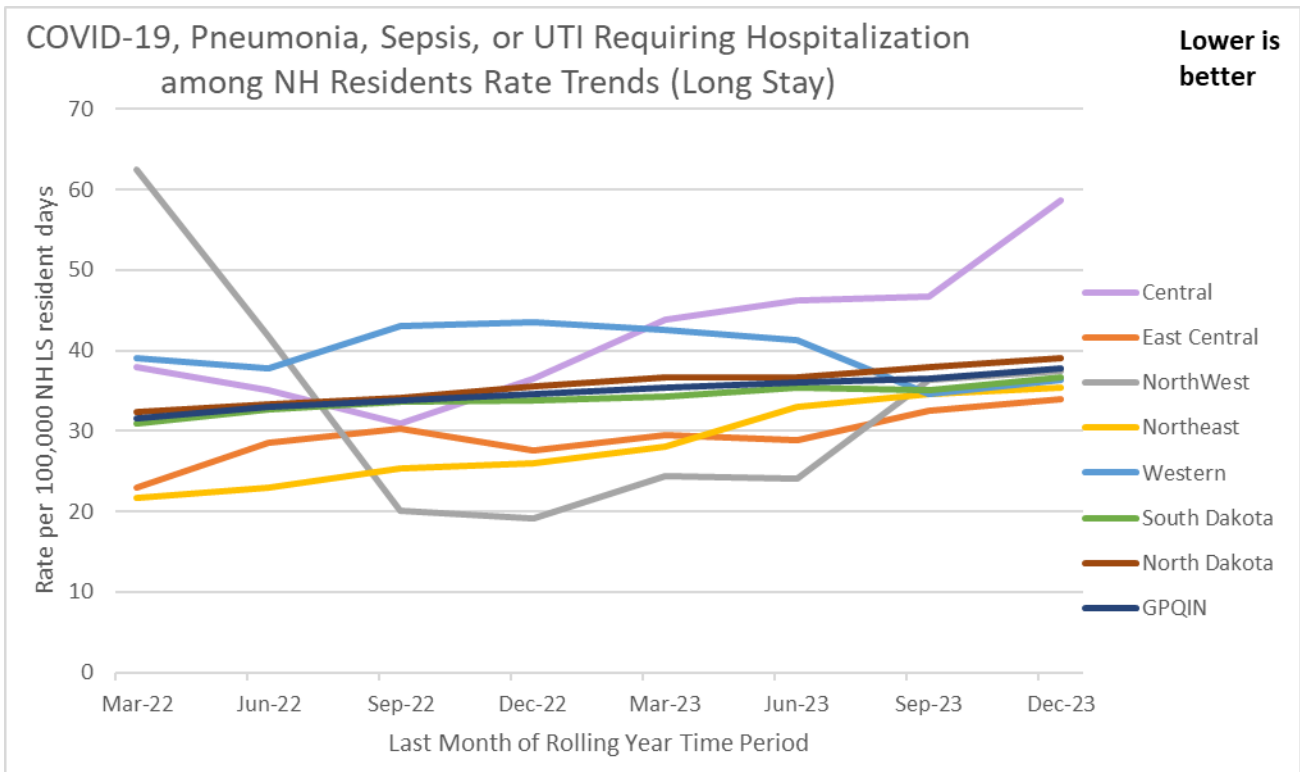
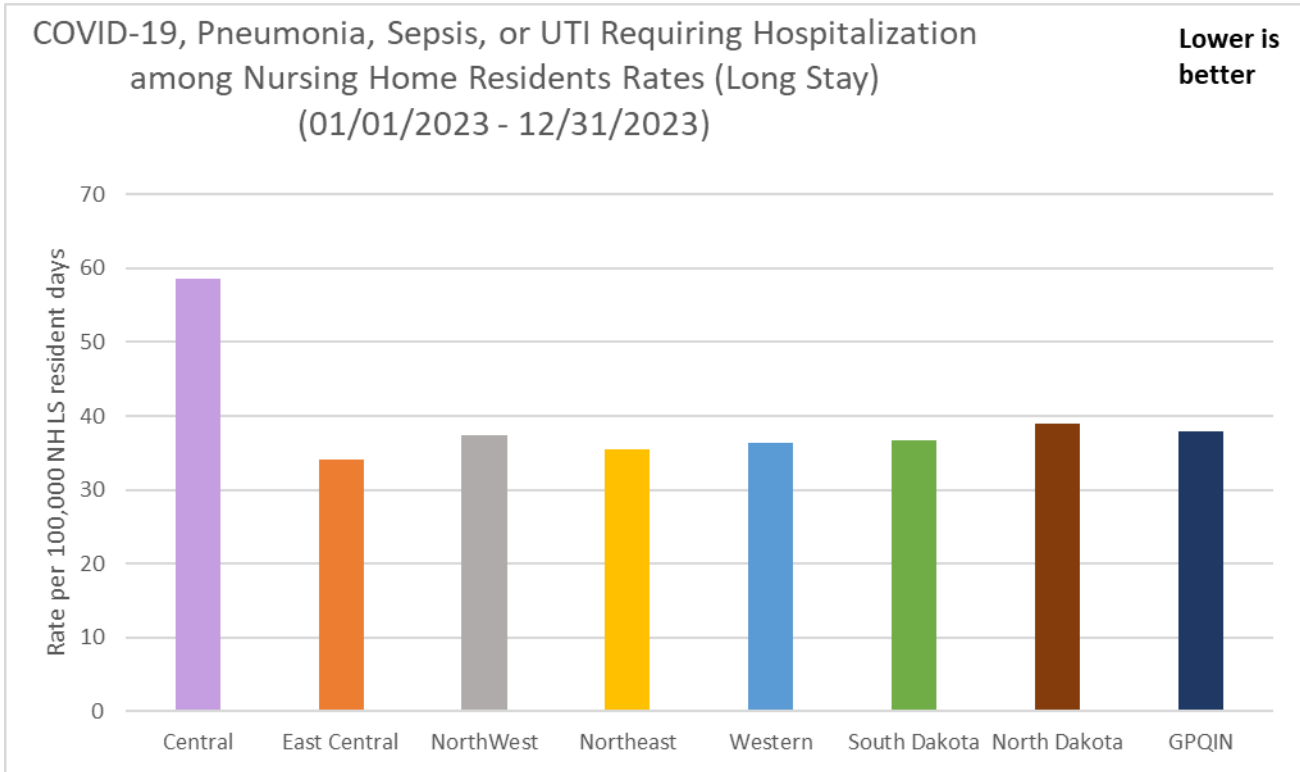




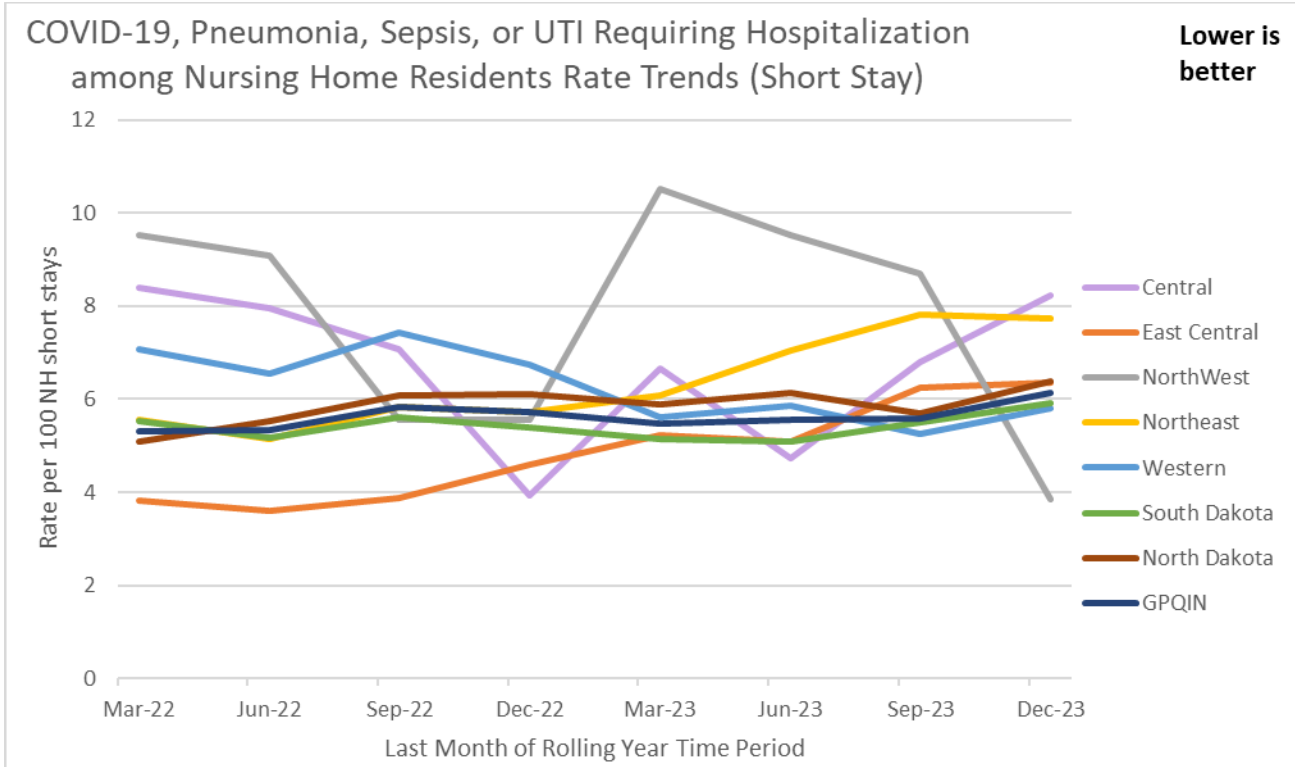
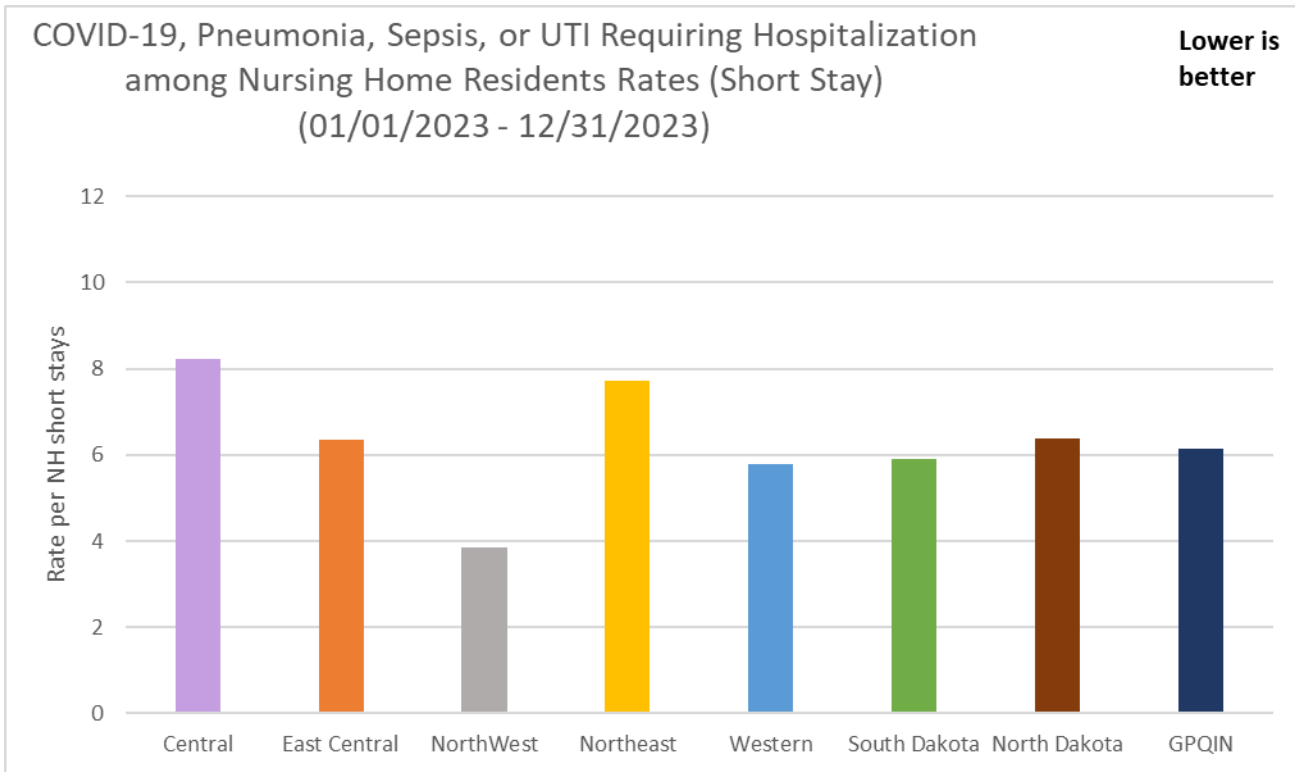
**Anticoagulant, Antidiabetic, or Opioid Adverse Drug Event (ADE) Hospital Encounters (Short Stay):** Rate of nursing home short stays with an emergency department, observation, or inpatient anticoagulant, antidiabetic, or opioid ADEs per 1,000 stay stays among Medicare Fee-for-Service beneficiaries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



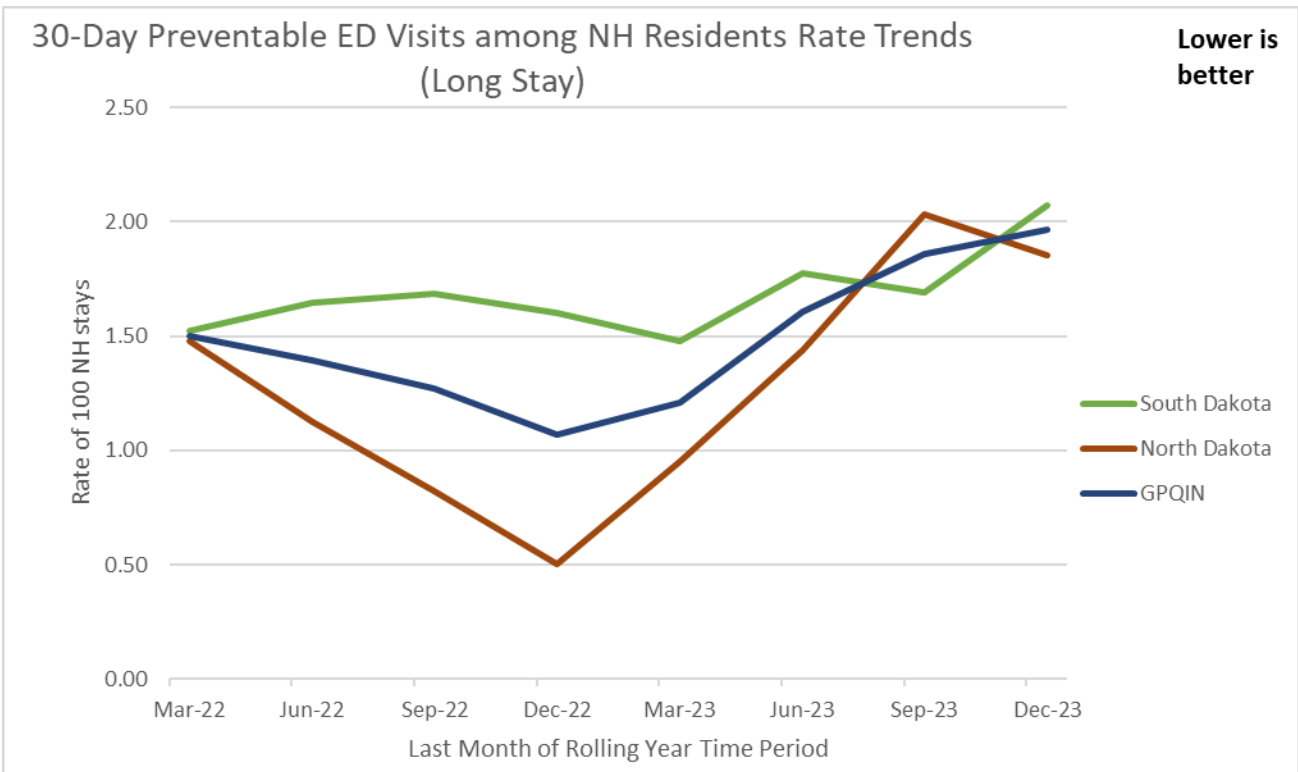
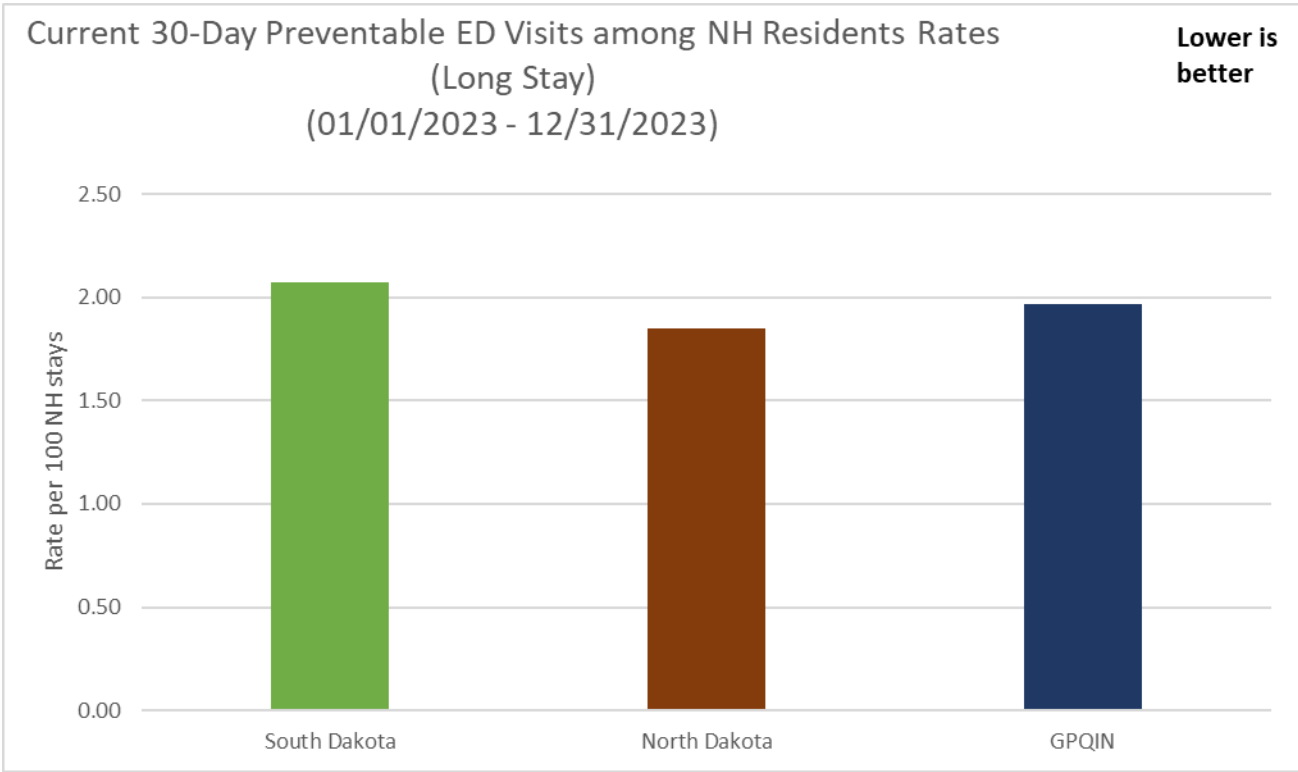
**COVID-19, Pneumonia, Sepsis, or UTI Requiring Hospitalization (Long Stay):** Rate of inpatient admission due to COVID-19, pneumonia, sepsis, or UTI per 100,000 nursing home long-stay resident days among Medicare Fee-for-Service beneficiaries.



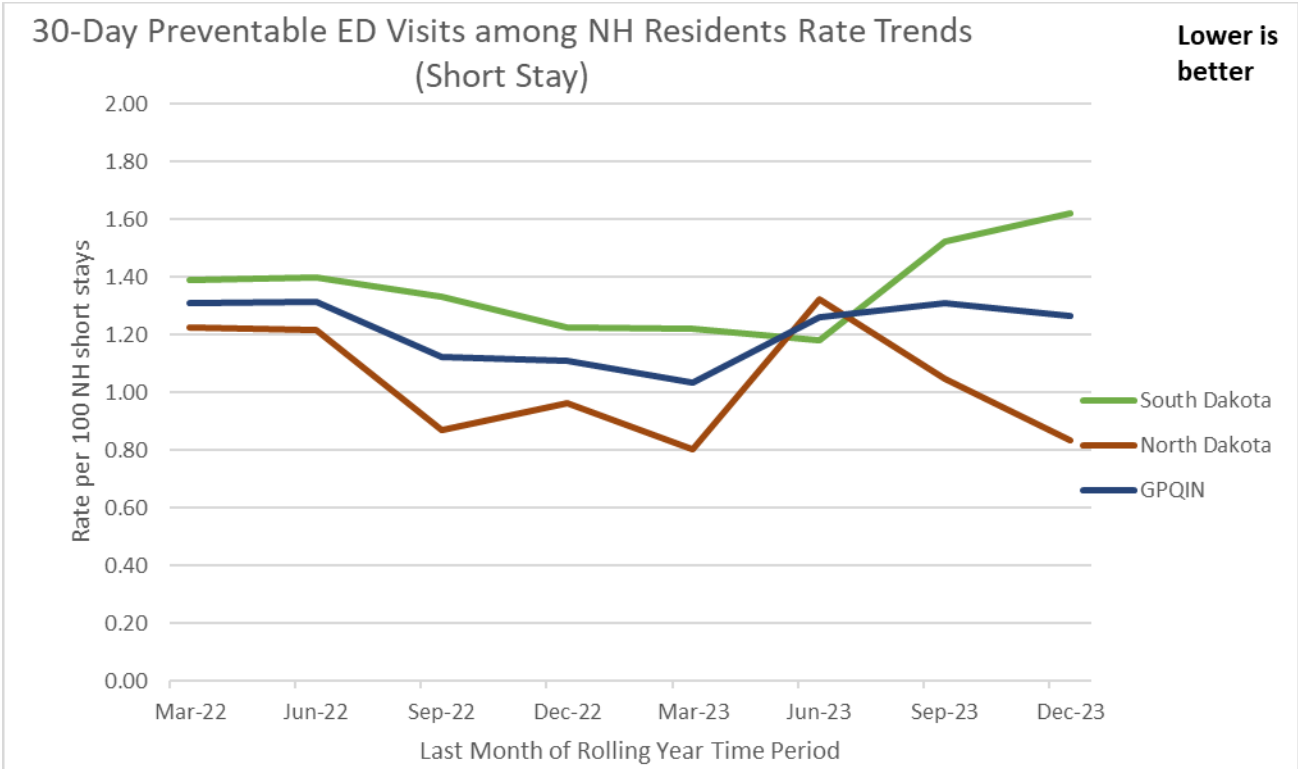
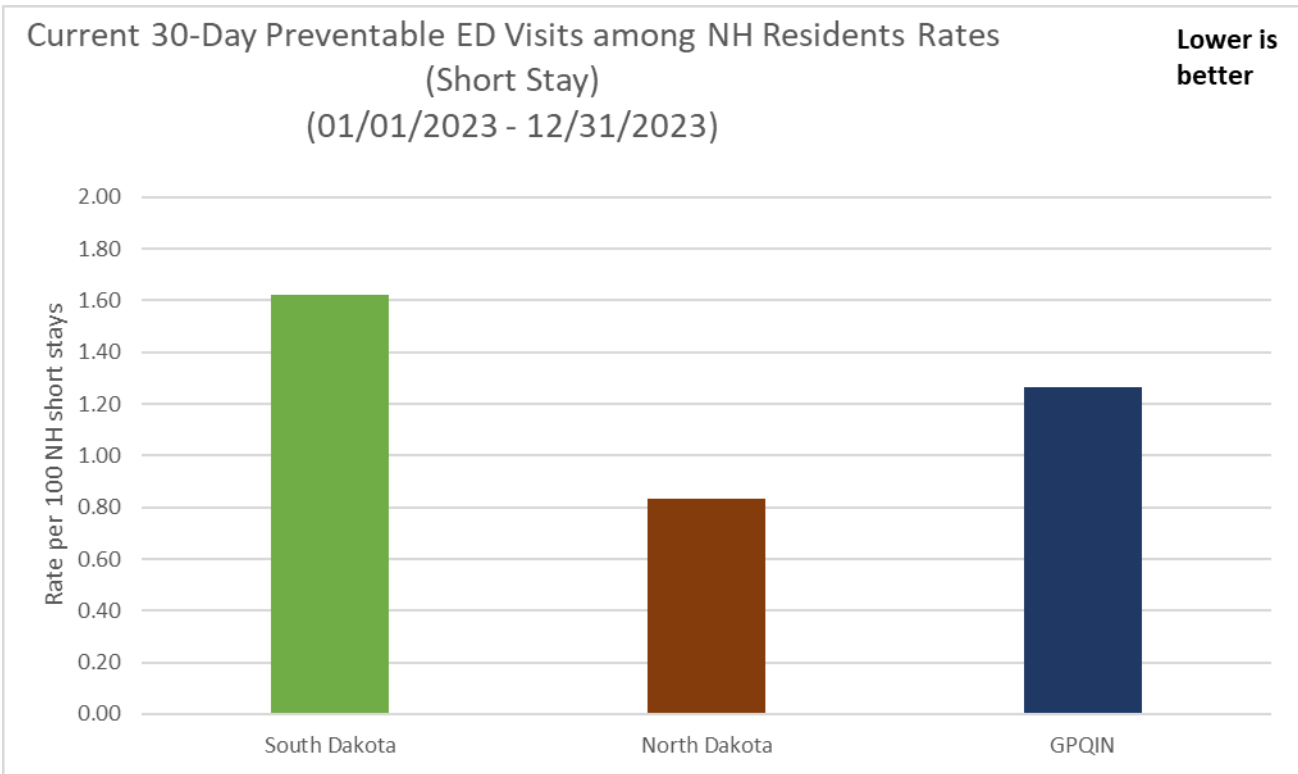
**COVID-19, Pneumonia, Sepsis, or UTI Requiring Hospitalization (Short Stay):** Percentage of nursing home short stays by Medicare Fee-for-Service beneficiaries having an inpatient admission due to COVID-19, pneumonia, sepsis, or UTI.



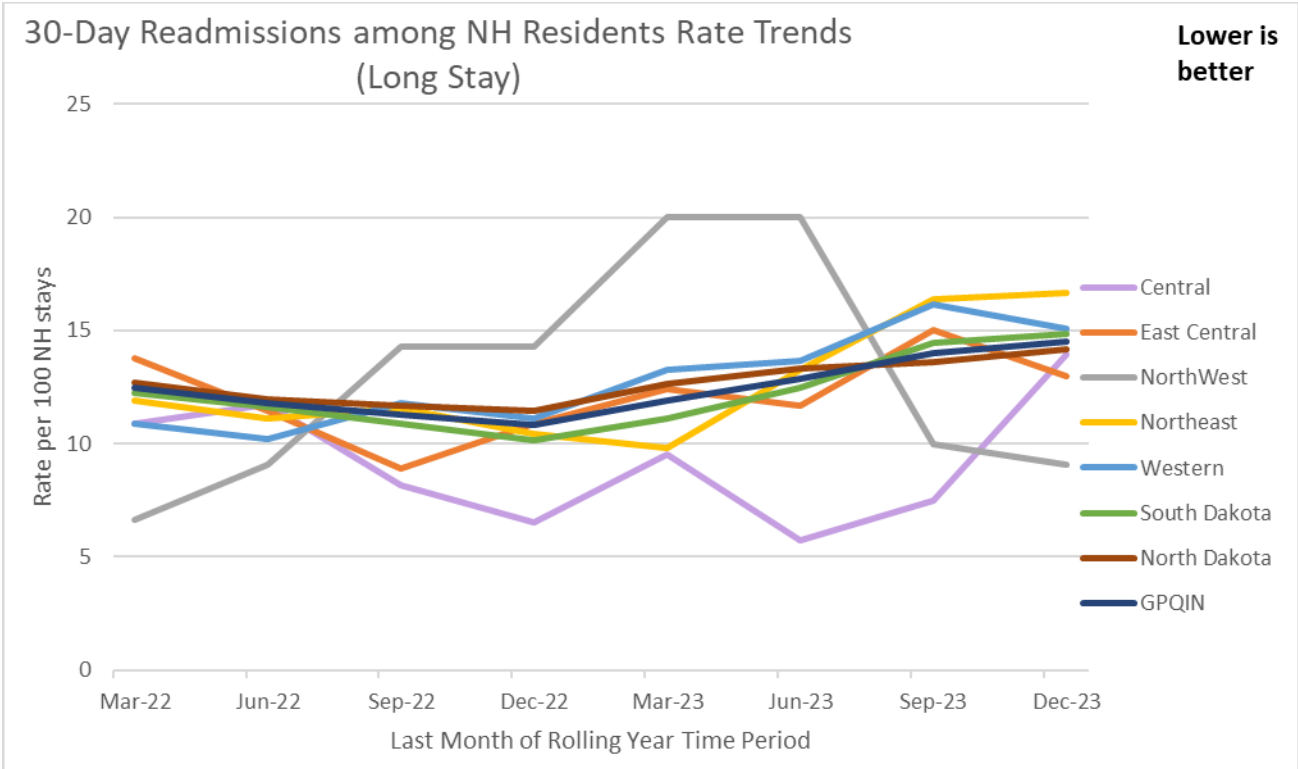
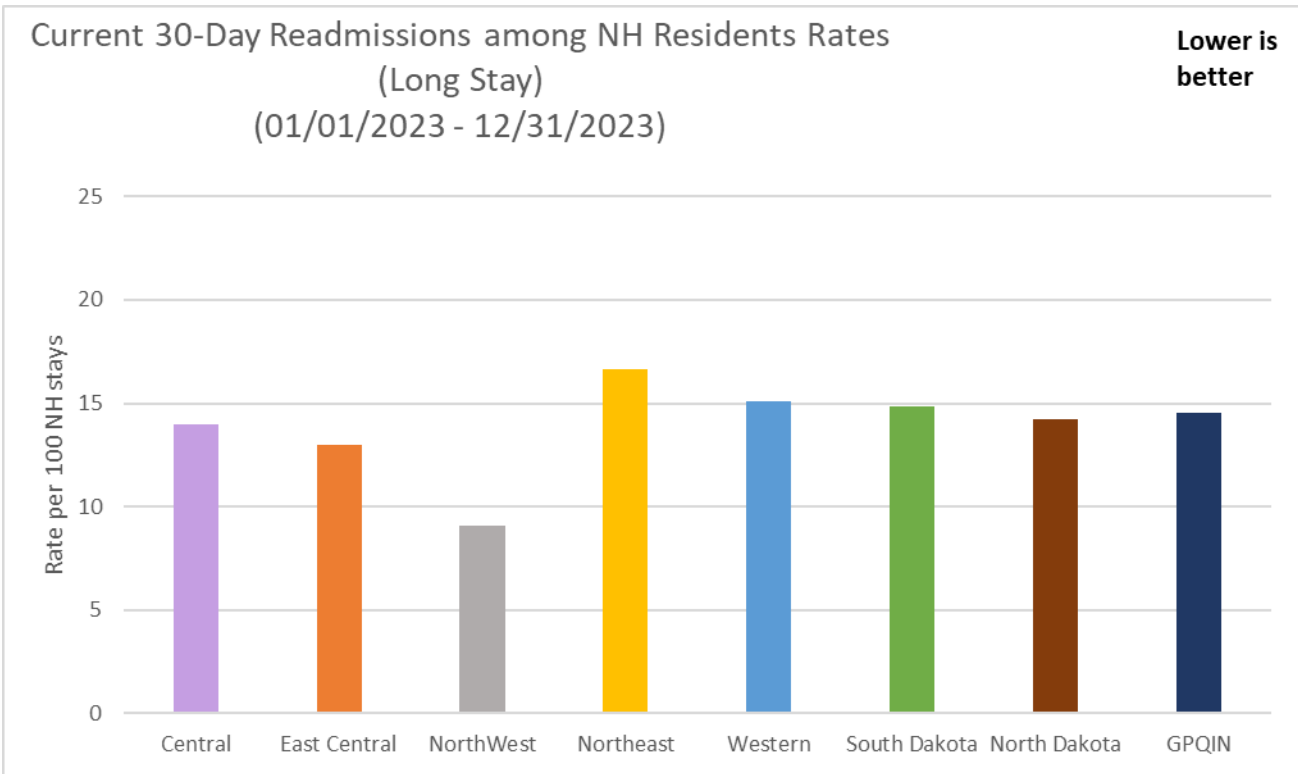
**30-Day Preventable ED Visits (Long Stay):** Percentage of nursing home stays by long-stay residents who are Medicare Fee-for-Service beneficiaries having a potentially preventable emergency department visits within 30 days after an inpatient discharge.



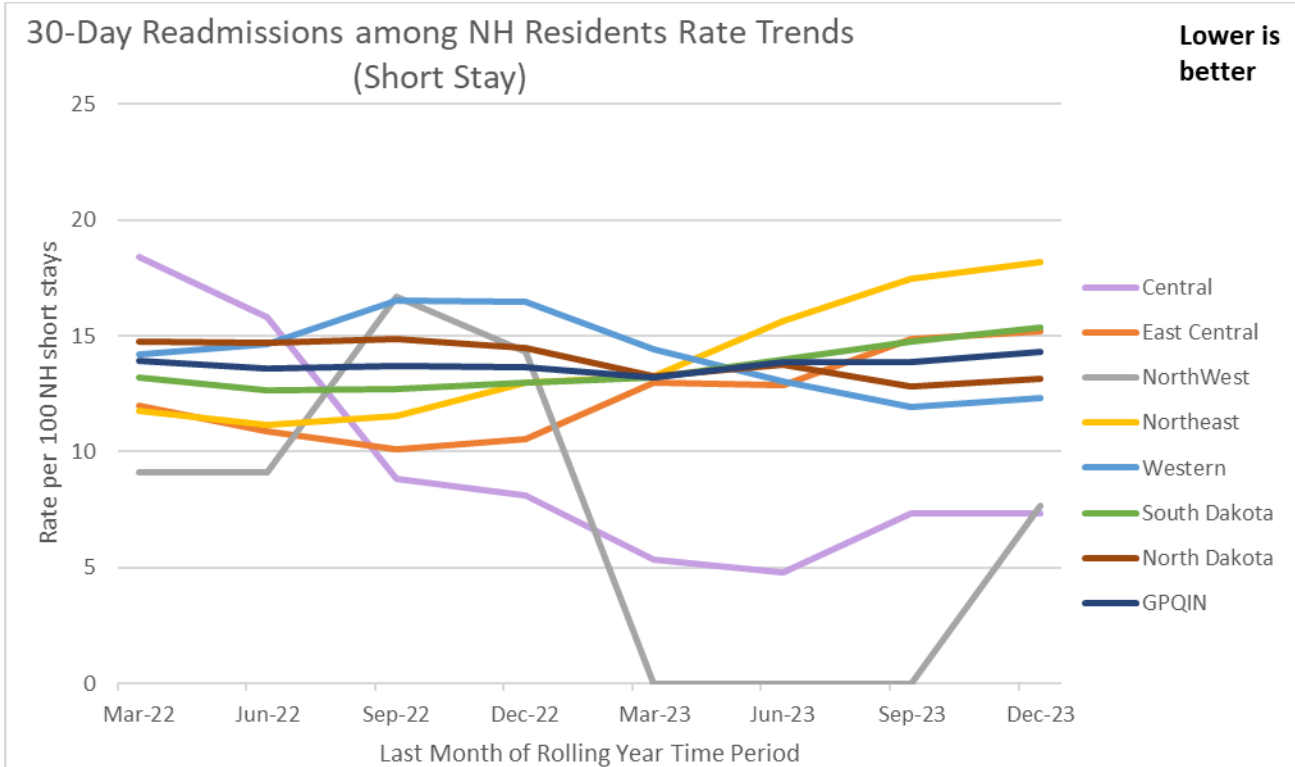
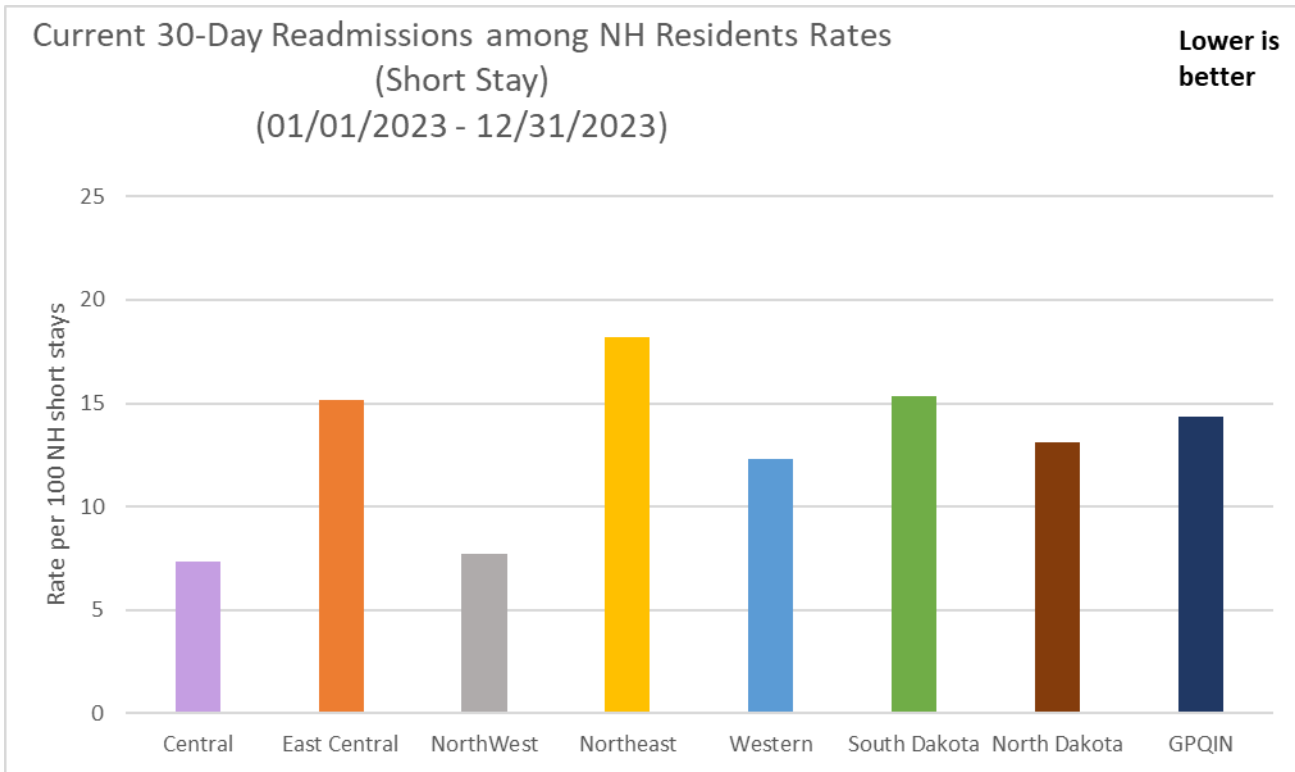
**30-Day Preventable ED Visits (Short Stay):** Percentage of nursing home short stays by Medicare Fee-for-Service beneficiaries having a potentially preventable emergency department visits within 30 days after an inpatient discharge.



**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.