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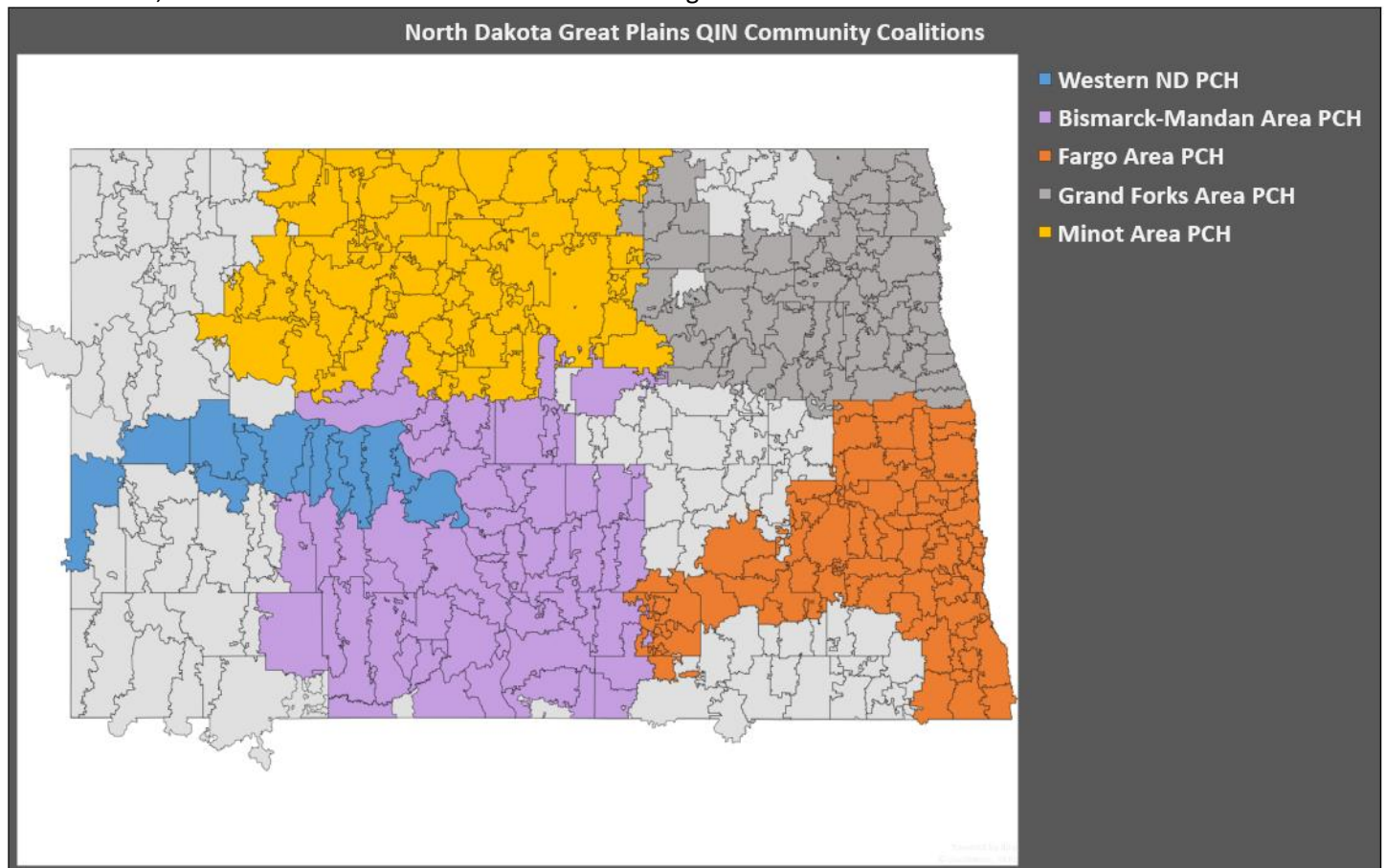
North Dakota and South Dakota communities have many attributes that are similar, yet qualities that make them unique. However, when it comes to healthcare, each state has a shared commitment to ensuring quality of care for its community members.

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 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

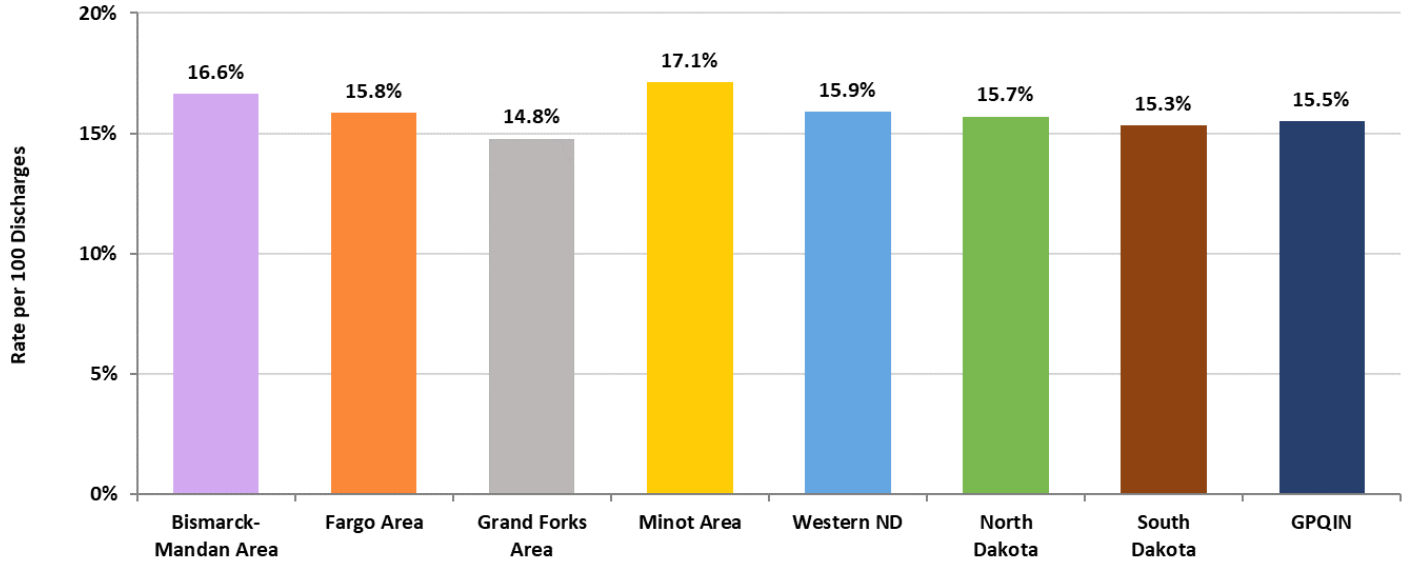
<https://greatplainsqin.org/initiatives/care-transitions/>

Go to our GPQIN Nursing Home Quality Webpage:

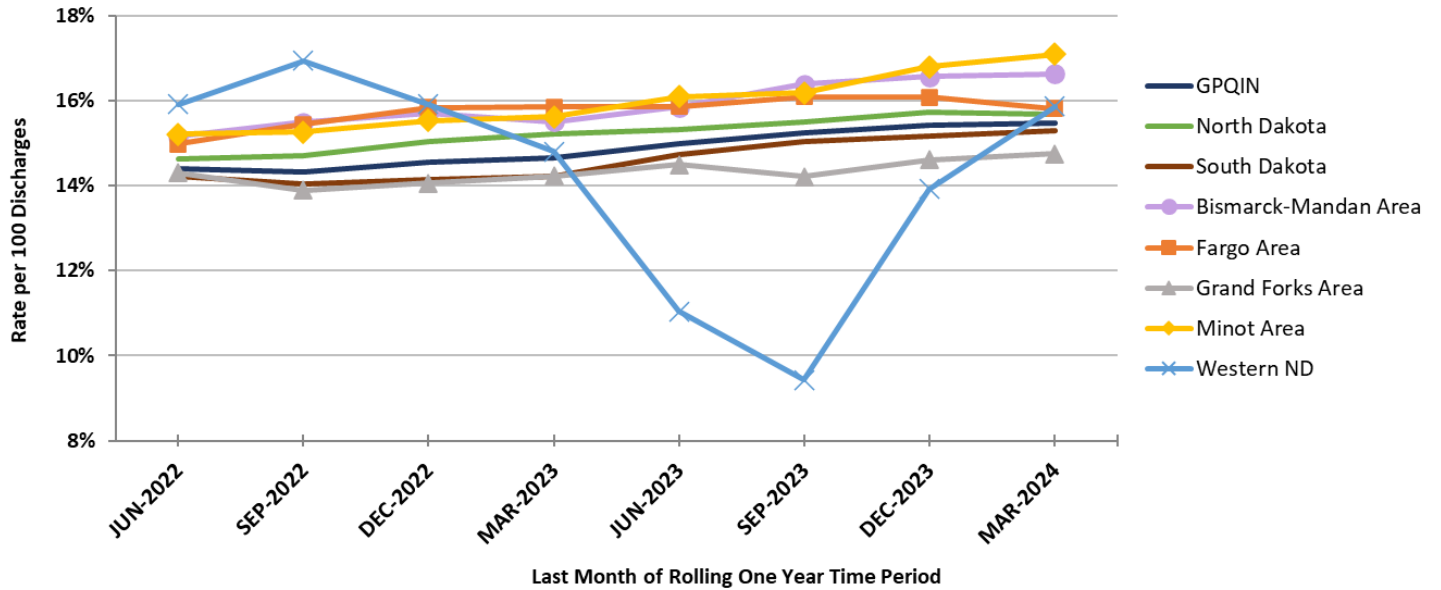
<https://greatplainsqin.org/initiatives/nursing-home-quality/>

Community Data Highlights

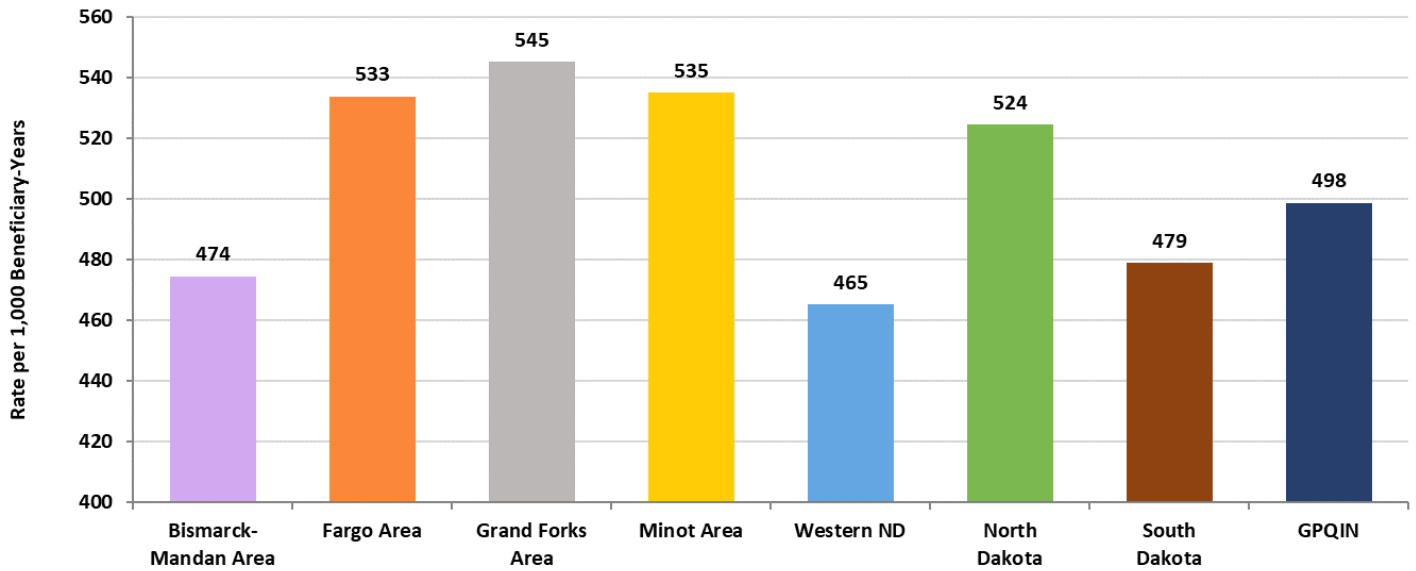
Current Readmission Rates (# of readmissions within 30 days / # of discharges): 04/01/2023 - 03/31/2024



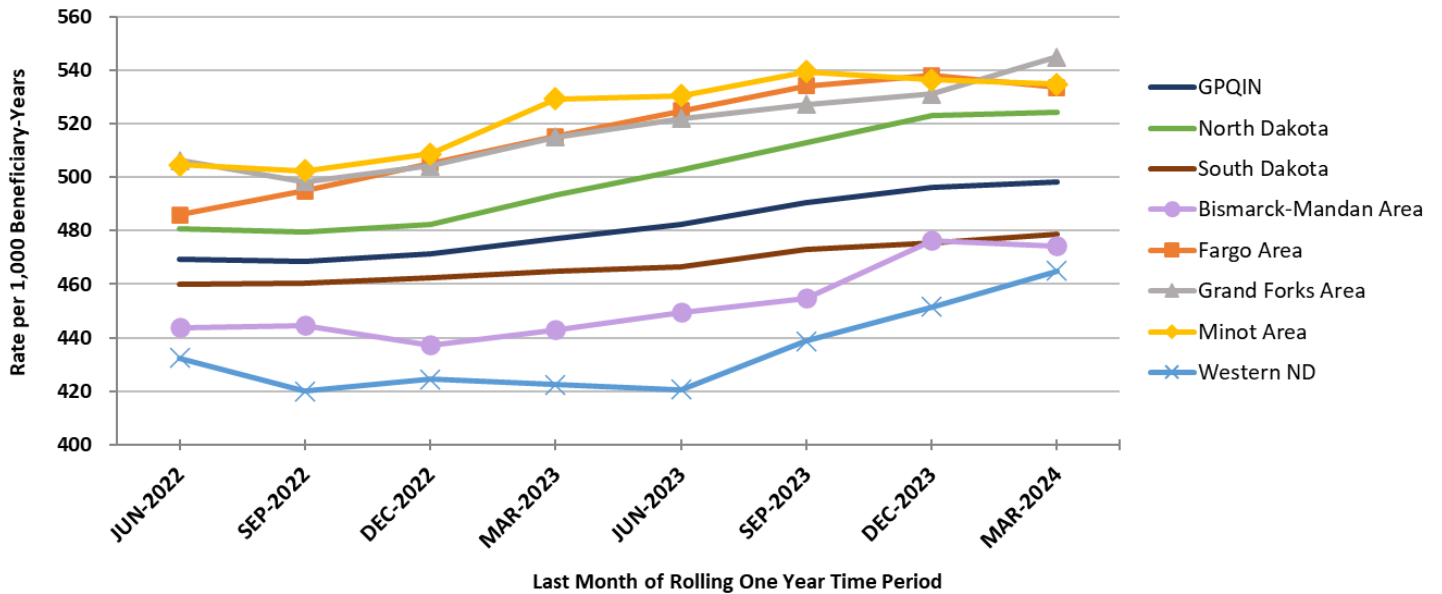
Readmission Rate Trends:



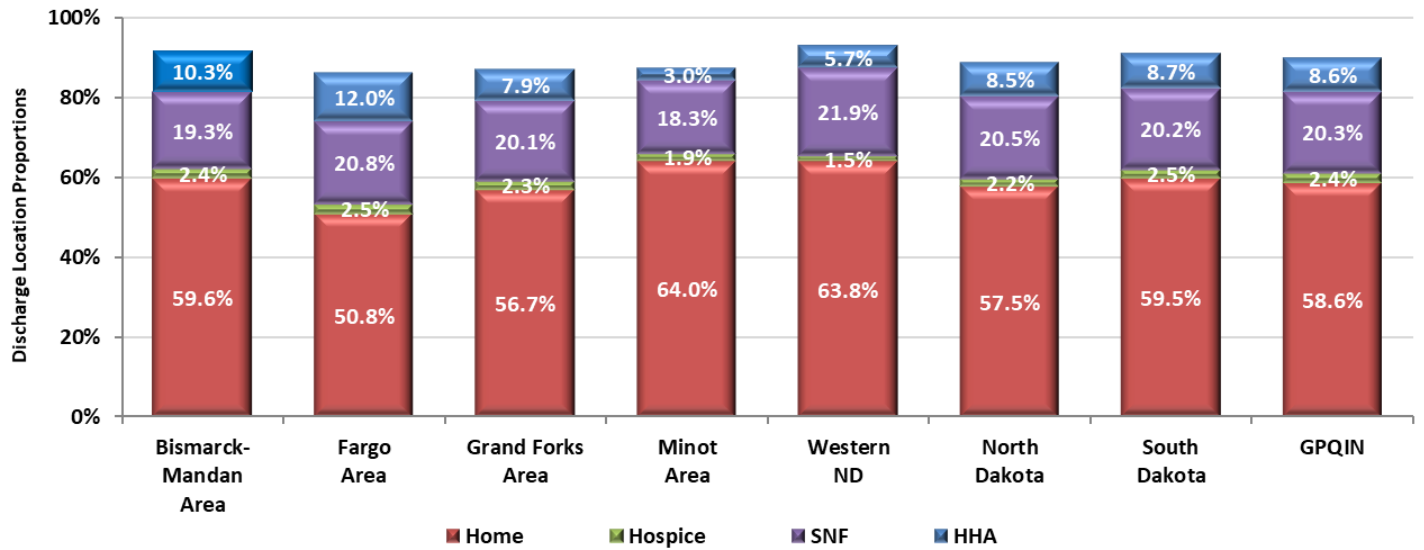
Current Hospital Utilization (Admissions and ED Visits per 1,000 Beneficiary-Years): 04/01/2023 - 03/31/2024



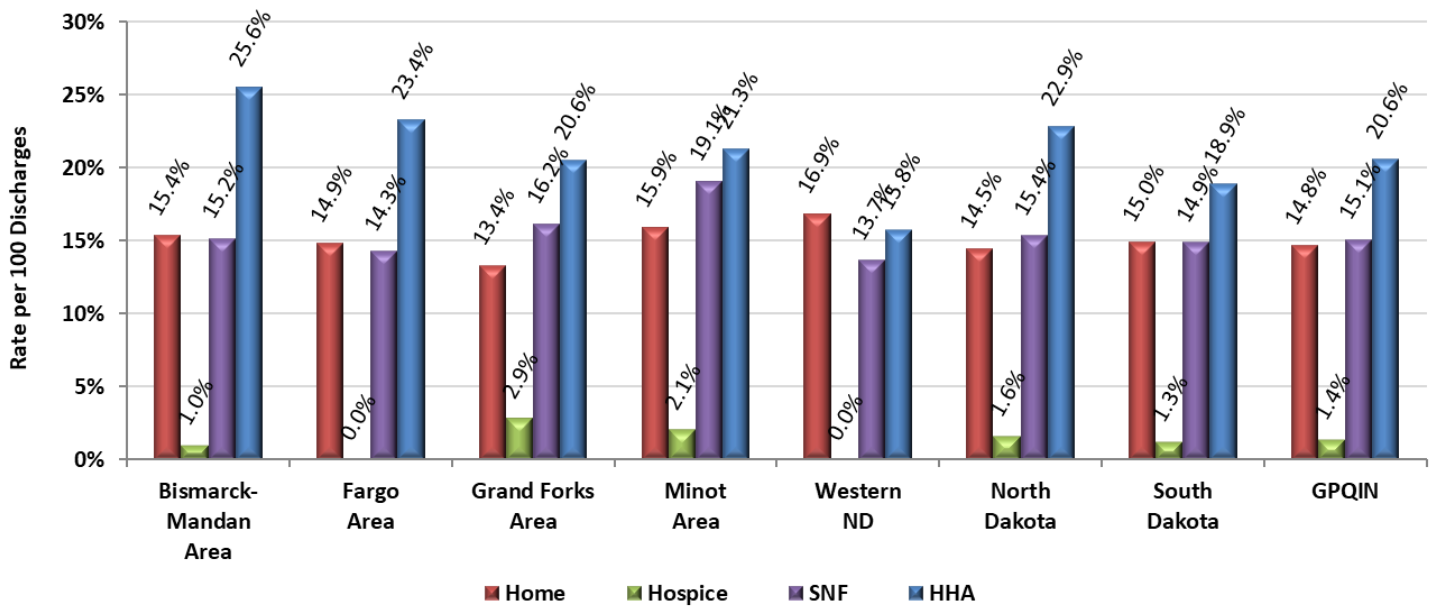
Hospital Utilization Trends:



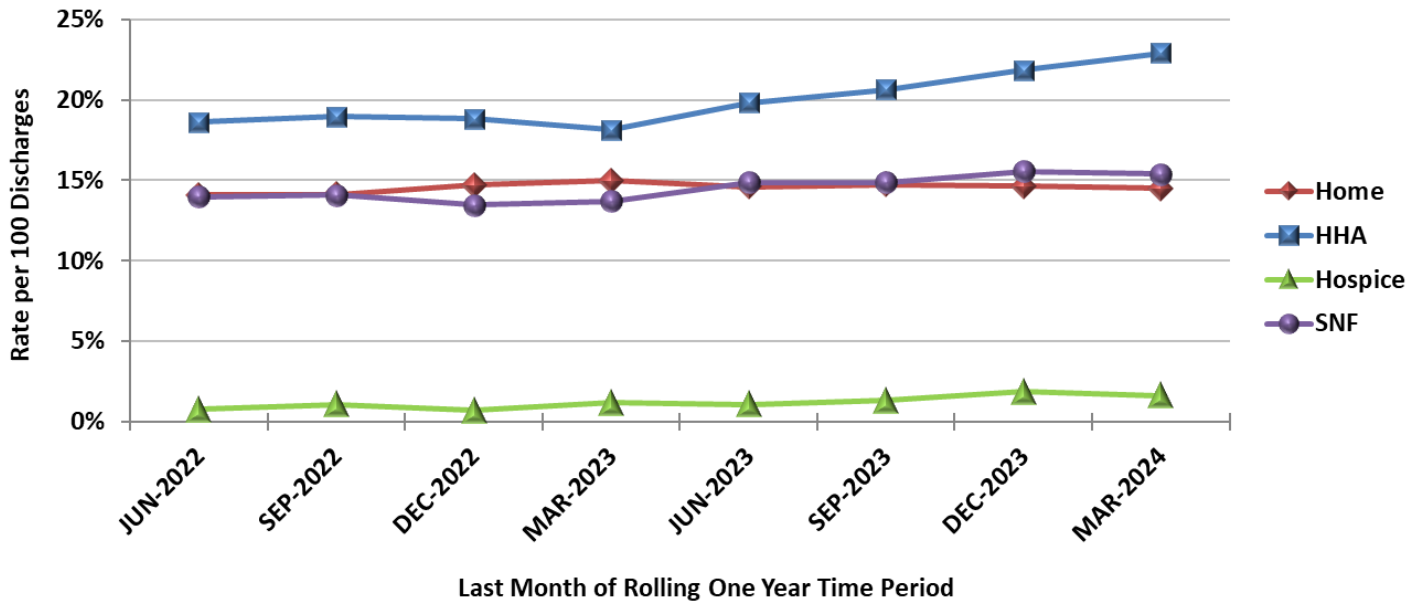
Discharge Locations: 04/01/2023 - 03/31/2024



Readmission Rates among Discharge Locations: 04/01/2023 - 03/31/2024



Readmission Rates by Discharge Location: North Dakota



Top 5 Admission DRG Bundles: 04/01/2023 - 03/31/2024

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	350	3,970	8.82%
	HEART FAILURE & SHOCK	181	3,970	4.56%
	ACUTE MYOCARDIAL INFARCTION	166	3,970	4.18%
	SIMPLE PNEUMONIA & PLEURISY	152	3,970	3.83%
	KIDNEY & URINARY TRACT INFECTIONS	97	3,970	2.44%
Fargo Area	SEPTICEMIA OR SEVERE SEPSIS	325	4,501	7.22%
	HEART FAILURE & SHOCK	212	4,501	4.71%
	ACUTE MYOCARDIAL INFARCTION	177	4,501	3.93%
	SIMPLE PNEUMONIA & PLEURISY	142	4,501	3.16%
	G.I. HEMORRHAGE	114	4,501	2.53%
Grand Forks Area	SEPTICEMIA OR SEVERE SEPSIS	305	2,980	10.24%
	SIMPLE PNEUMONIA & PLEURISY	128	2,980	4.30%
	HEART FAILURE & SHOCK	120	2,980	4.03%
	RENAL FAILURE	115	2,980	3.86%
	INTRACRANIAL HEMORRHAGE OR CEREBRAL INFARCTION	81	2,980	2.72%
Minot Area	SEPTICEMIA OR SEVERE SEPSIS	186	2,534	7.34%
	SIMPLE PNEUMONIA & PLEURISY	153	2,534	6.04%
	HEART FAILURE & SHOCK	121	2,534	4.78%
	ACUTE MYOCARDIAL INFARCTION	87	2,534	3.43%
	INTRACRANIAL HEMORRHAGE OR CEREBRAL INFARCTION	87	2,534	3.43%
Western ND	SEPTICEMIA OR SEVERE SEPSIS	25	344	7.27%
	SIMPLE PNEUMONIA & PLEURISY	20	344	5.81%
	ACUTE MYOCARDIAL INFARCTION	13	344	3.78%
	HEART FAILURE & SHOCK	13	344	3.78%
	RESPIRATORY INFECTIONS & INFLAMMATIONS	12	344	3.49%
North Dakota	SEPTICEMIA OR SEVERE SEPSIS	1,388	17,003	8.16%
	HEART FAILURE & SHOCK	784	17,003	4.61%
	SIMPLE PNEUMONIA & PLEURISY	712	17,003	4.19%
	ACUTE MYOCARDIAL INFARCTION	583	17,003	3.43%
	RENAL FAILURE	442	17,003	2.60%
GPQIN	SEPTICEMIA OR SEVERE SEPSIS	2,959	38,891	7.61%
	HEART FAILURE & SHOCK	1,644	38,891	4.23%
	SIMPLE PNEUMONIA & PLEURISY	1,591	38,891	4.09%
	ACUTE MYOCARDIAL INFARCTION	987	38,891	2.54%
	KIDNEY & URINARY TRACT INFECTIONS	978	38,891	2.52%

Top 5 Readmission DRG Bundles: 04/01/2023 - 03/31/2024

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	52	669	7.77%
	HEART FAILURE & SHOCK	36	669	5.38%
	ACUTE MYOCARDIAL INFARCTION	33	669	4.93%
	G.I. HEMORRHAGE	23	669	3.44%
	OTHER KIDNEY & URINARY TRACT DIAGNOSES	21	669	3.14%
Fargo Area	HEART FAILURE & SHOCK	55	729	7.55%
	SEPTICEMIA OR SEVERE SEPSIS	52	729	7.13%
	PSYCHOSES	34	729	4.66%
	ACUTE MYOCARDIAL INFARCTION	31	729	4.25%
	G.I. HEMORRHAGE	24	729	3.29%
Grand Forks Area	SEPTICEMIA OR SEVERE SEPSIS	48	444	10.81%
	RENAL FAILURE	24	444	5.41%
	HEART FAILURE & SHOCK	16	444	3.60%
	SIMPLE PNEUMONIA & PLEURISY	16	444	3.60%
	ALCOHOL/DRUG ABUSE OR DEPENDENCE	15	444	3.38%
Minot Area	HEART FAILURE & SHOCK	30	434	6.91%
	SEPTICEMIA OR SEVERE SEPSIS	29	434	6.68%
	ACUTE MYOCARDIAL INFARCTION	26	434	5.99%
	SIMPLE PNEUMONIA & PLEURISY	25	434	5.76%
	KIDNEY & URINARY TRACT INFECTIONS	16	434	3.69%
Western ND	ACUTE MYOCARDIAL INFARCTION	*	*	7.55%
	SEPTICEMIA OR SEVERE SEPSIS	*	*	7.55%
	PULMONARY EDEMA & RESPIRATORY FAILURE	*	*	5.66%
	7 DRG Bundles Tied For Fourth	*	*	3.77%
ND	SEPTICEMIA OR SEVERE SEPSIS	210	2,687	7.82%
	HEART FAILURE & SHOCK	161	2,687	5.99%
	ACUTE MYOCARDIAL INFARCTION	114	2,687	4.24%
	SIMPLE PNEUMONIA & PLEURISY	84	2,687	3.13%
	G.I. HEMORRHAGE	80	2,687	2.98%
GPQIN	SEPTICEMIA OR SEVERE SEPSIS	466	6,050	7.70%
	HEART FAILURE & SHOCK	330	6,050	5.46%
	SIMPLE PNEUMONIA & PLEURISY	199	6,050	3.29%
	RENAL FAILURE	182	6,050	3.01%
	PSYCHOSES	177	6,050	2.93%

* The number of readmissions is too small to report.

Top 5 Admission DRG Bundles on Claims Discharged to a Skilled Nursing Facility: 04/01/2023 - 03/31/2024

Community	DRG Bundle Description	DRG Bundle Admissions	Community Admissions	Percent of Community Admissions
Bismarck-Mandan Area	SEPTICEMIA OR SEVERE SEPSIS	76	765	9.94%
	HIP & FEMUR PROCEDURES EXCEPT MAJOR JOINT	41	765	5.36%
	SIMPLE PNEUMONIA & PLEURISY	40	765	5.23%
	HEART FAILURE & SHOCK	33	765	4.31%
	KIDNEY & URINARY TRACT INFECTIONS	31	765	4.05%
Fargo Area	SEPTICEMIA OR SEVERE SEPSIS	74	925	8.00%
	HIP & FEMUR PROCEDURES EXCEPT MAJOR JOINT	49	925	5.30%
	HEART FAILURE & SHOCK	48	925	5.19%
	KIDNEY & URINARY TRACT INFECTIONS	39	925	4.22%
	ACUTE MYOCARDIAL INFARCTION	38	925	4.11%
Grand Forks Area	SEPTICEMIA OR SEVERE SEPSIS	71	595	11.93%
	SIMPLE PNEUMONIA & PLEURISY	41	595	6.89%
	HEART FAILURE & SHOCK	33	595	5.55%
	RENAL FAILURE	30	595	5.04%
	HIP & FEMUR PROCEDURES EXCEPT MAJOR JOINT	23	595	3.87%
Minot Area	SIMPLE PNEUMONIA & PLEURISY	40	456	8.77%
	SEPTICEMIA OR SEVERE SEPSIS	32	456	7.02%
	HEART FAILURE & SHOCK	25	456	5.48%
	KIDNEY & URINARY TRACT INFECTIONS	25	456	5.48%
	HIP & FEMUR PROCEDURES EXCEPT MAJOR JOINT	24	456	5.26%
Western ND	HIP & FEMUR PROCEDURES EXCEPT MAJOR JOINT	*	*	9.72%
	SEPTICEMIA OR SEVERE SEPSIS	*	*	9.72%
	SIMPLE PNEUMONIA & PLEURISY	*	*	8.33%
	KIDNEY & URINARY TRACT INFECTIONS	*	*	4.17%
	NUTRITIONAL & MISC METABOLIC DISORDERS	*	*	4.17%
	RESPIRATORY INFECTIONS & INFLAMMATIONS	*	*	4.17%
ND	SEPTICEMIA OR SEVERE SEPSIS	307	3,445	8.91%
	SIMPLE PNEUMONIA & PLEURISY	189	3,445	5.49%
	HEART FAILURE & SHOCK	176	3,445	5.11%
	HIP & FEMUR PROCEDURES EXCEPT MAJOR JOINT	175	3,445	5.08%
	KIDNEY & URINARY TRACT INFECTIONS	147	3,445	4.27%
GPQIN	SEPTICEMIA OR SEVERE SEPSIS	710	7,799	9.10%
	HIP & FEMUR PROCEDURES EXCEPT MAJOR JOINT	436	7,799	5.59%
	SIMPLE PNEUMONIA & PLEURISY	390	7,799	5.00%
	KIDNEY & URINARY TRACT INFECTIONS	346	7,799	4.44%
	HEART FAILURE & SHOCK	339	7,799	4.35%

* 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:**

04/01/2023 - 03/31/2024

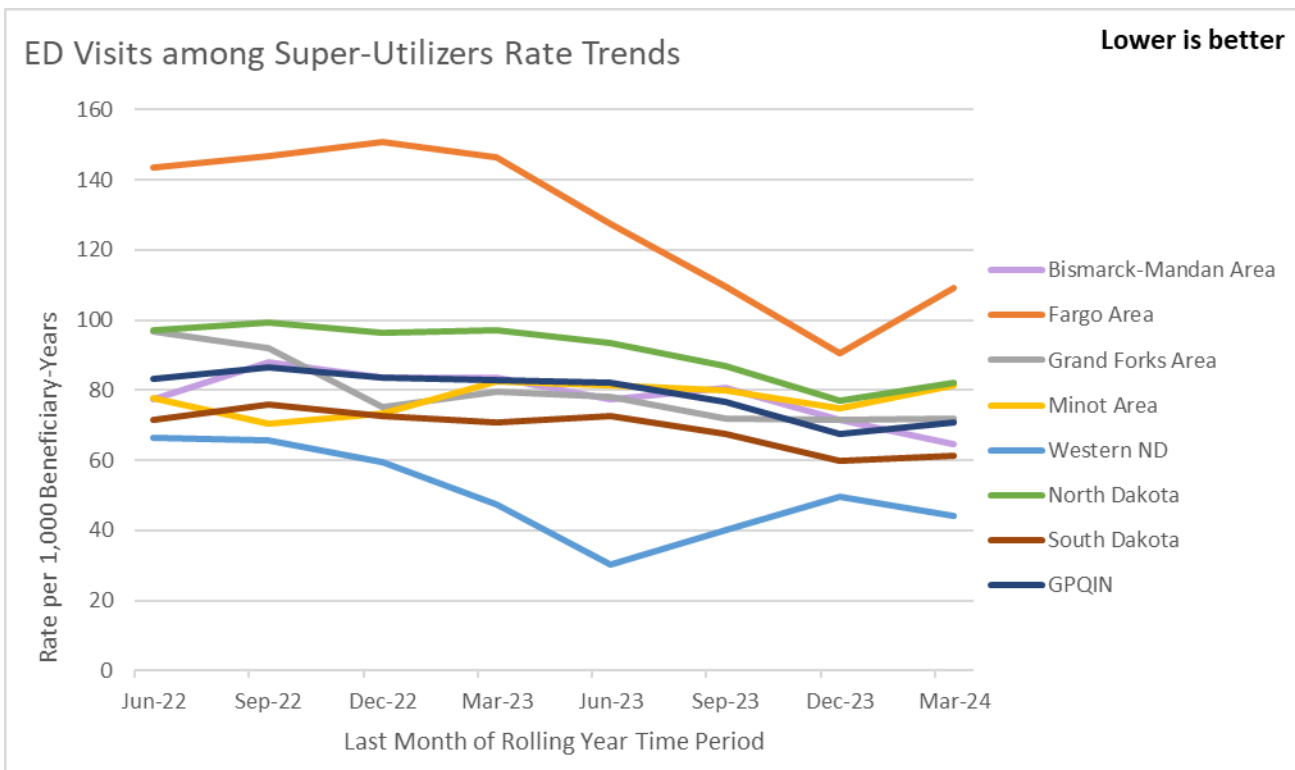
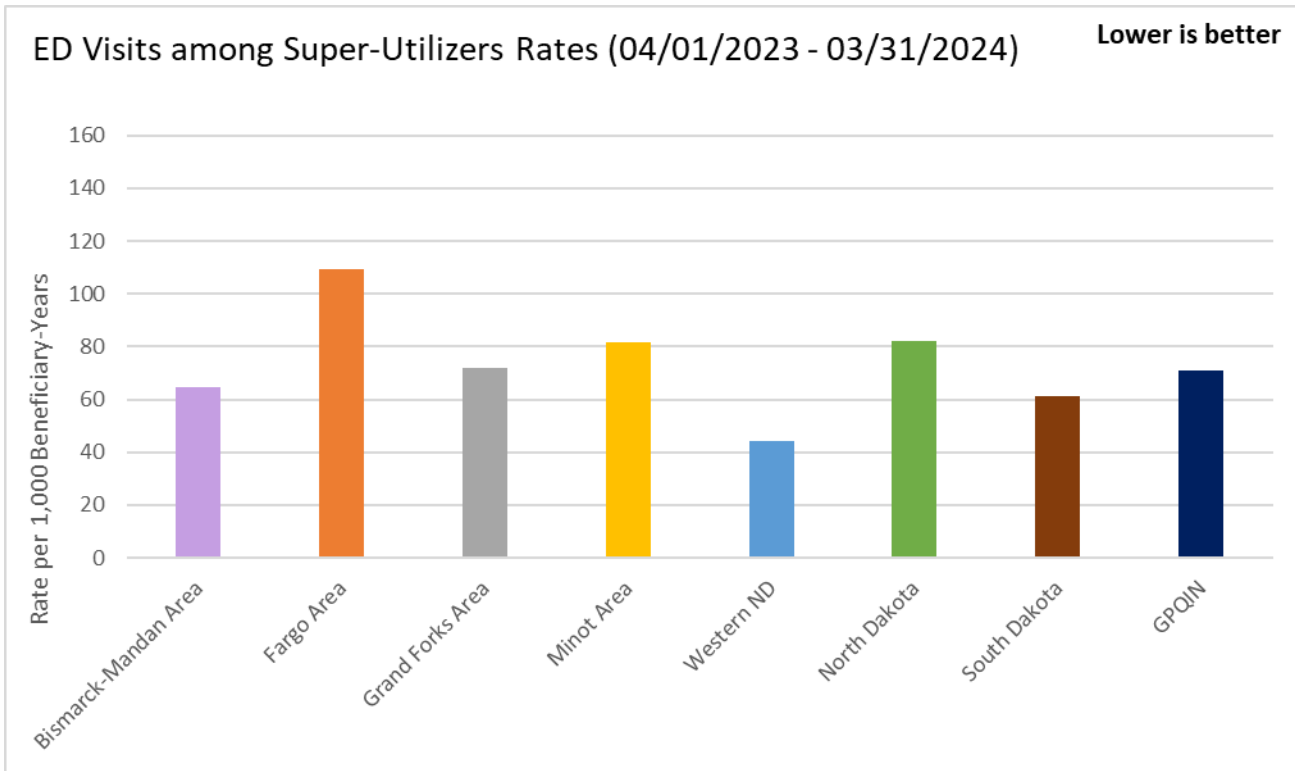
***See first paragraph on page 2 for definition of Index Discharge

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	*	*	9.32%
	HEART FAILURE & SHOCK	*	*	5.09%
	MEDICAL BACK PROBLEMS	*	*	4.24%
	ACUTE MYOCARDIAL INFARCTION	*	*	3.39%
	CRANIOTOMY	*	*	3.39%
	DIABETES	*	*	3.39%
	SIMPLE PNEUMONIA & PLEURISY	*	*	3.39%
Fargo Area	HEART FAILURE & SHOCK	*	*	8.03%
	SEPTICEMIA OR SEVERE SEPSIS	*	*	7.30%
	NUTRITIONAL & MISC METABOLIC DISORDERS	*	*	6.57%
	KIDNEY & URINARY TRACT INFECTIONS	*	*	4.38%
	REVISION OF HIP OR KNEE REPLACEMENT	*	*	4.38%
Grand Forks Area	SEPTICEMIA OR SEVERE SEPSIS	*	*	13.27%
	RENAL FAILURE	*	*	12.25%
	HEART FAILURE & SHOCK	*	*	6.12%
	CHRONIC OBSTRUCTIVE PULMONARY DISEASE	*	*	5.10%
	CELLULITIS	*	*	4.08%
	HIP REPLACEMENT, PDX HIP FRACTURE	*	*	4.08%
	SIMPLE PNEUMONIA & PLEURISY	*	*	4.08%
Minot Area	SIMPLE PNEUMONIA & PLEURISY	*	*	12.36%
	HIP & FEMUR PROCEDURES EXCEPT MAJOR JOINT	*	*	6.74%
	KIDNEY & URINARY TRACT INFECTIONS	*	*	6.74%
	SEPTICEMIA OR SEVERE SEPSIS	*	*	6.74%
	HEART FAILURE & SHOCK	*	*	5.62%
	INFECTIOUS & PARASITIC DISEASES W O.R. PROCEDURE	*	*	5.62%
Western ND	CRANIOTOMY	*	*	**
	DISORDERS OF LIVER EXCEPT MALIG,CIRR,ALC HEPA	*	*	**
	FOOT PROCEDURES	*	*	**
	OSTEOMYELITIS	*	*	**
	PENIS PROCEDURES	*	*	**
	PERIPHERAL VASCULAR DISORDERS	*	*	**
	PERMANENT CARDIAC PACEMAKER IMPLANT	*	*	**
	RENAL FAILURE	*	*	**
	SIMPLE PNEUMONIA & PLEURISY	*	*	**
	SOFT TISSUE PROCEDURES	*	*	**
ND	SEPTICEMIA OR SEVERE SEPSIS	50	541	9.24%
	HEART FAILURE & SHOCK	35	541	6.47%
	RENAL FAILURE	27	541	4.99%
	SIMPLE PNEUMONIA & PLEURISY	23	541	4.25%
	NUTRITIONAL & MISC METABOLIC DISORDERS	20	541	3.70%
GPQIN	SEPTICEMIA OR SEVERE SEPSIS	125	1,204	10.38%
	HEART FAILURE & SHOCK	71	1,204	5.90%
	HIP & FEMUR PROCEDURES EXCEPT MAJOR JOINT	54	1,204	4.49%
	RENAL FAILURE	49	1,204	4.07%
	KIDNEY & URINARY TRACT INFECTIONS	47	1,204	3.90%

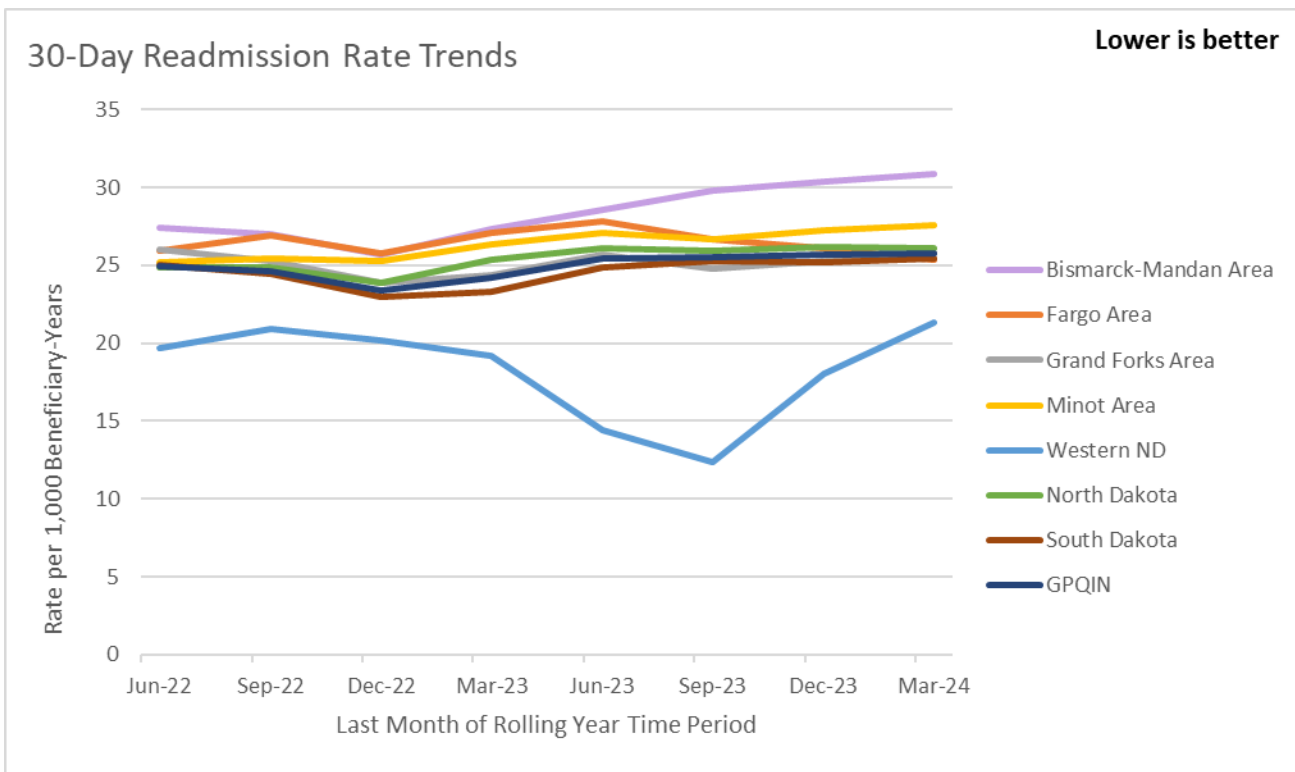
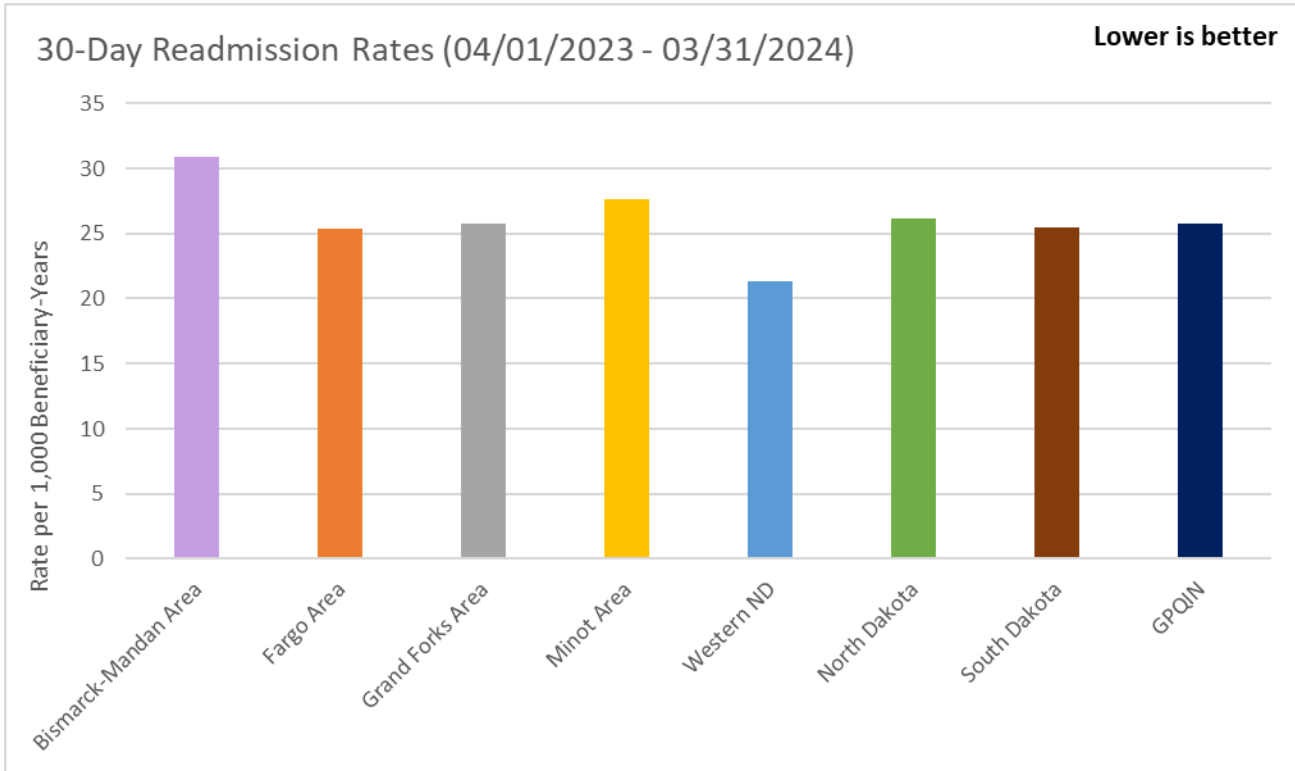
* The number of readmissions is too small to report.

** 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

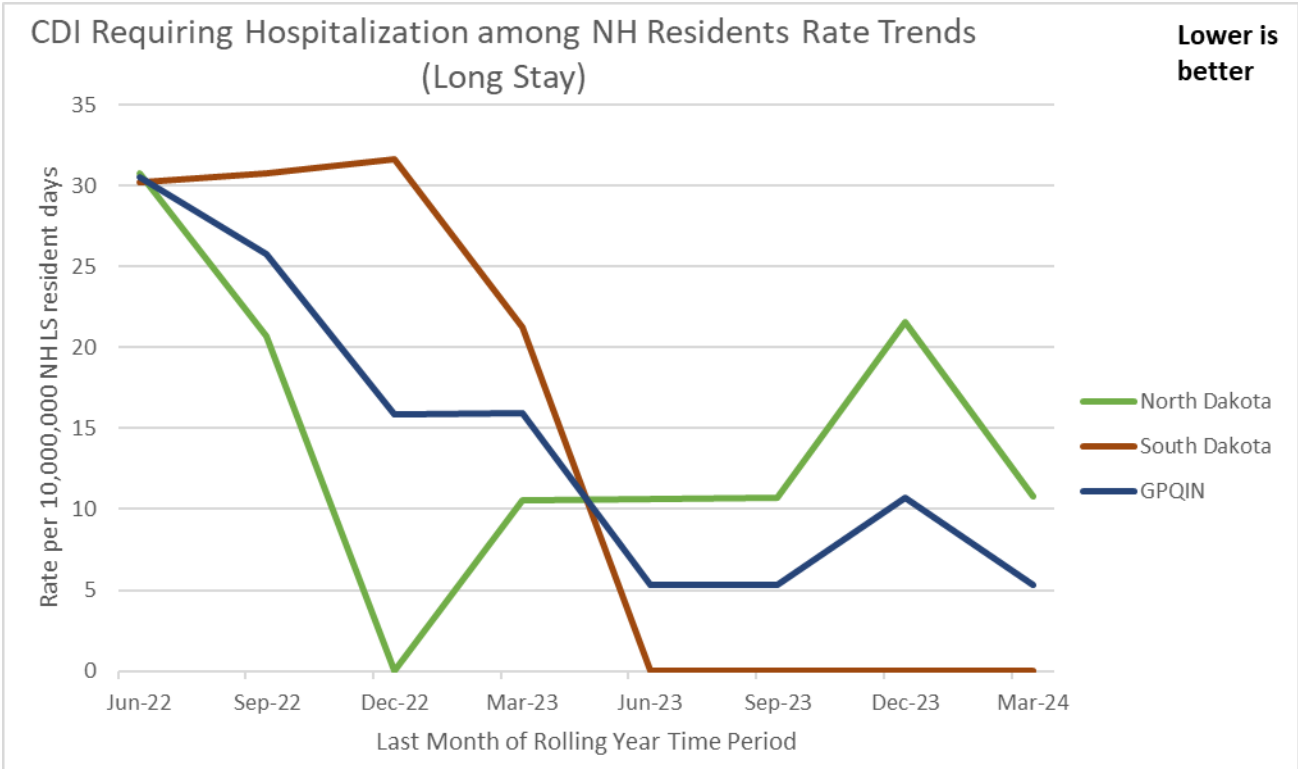
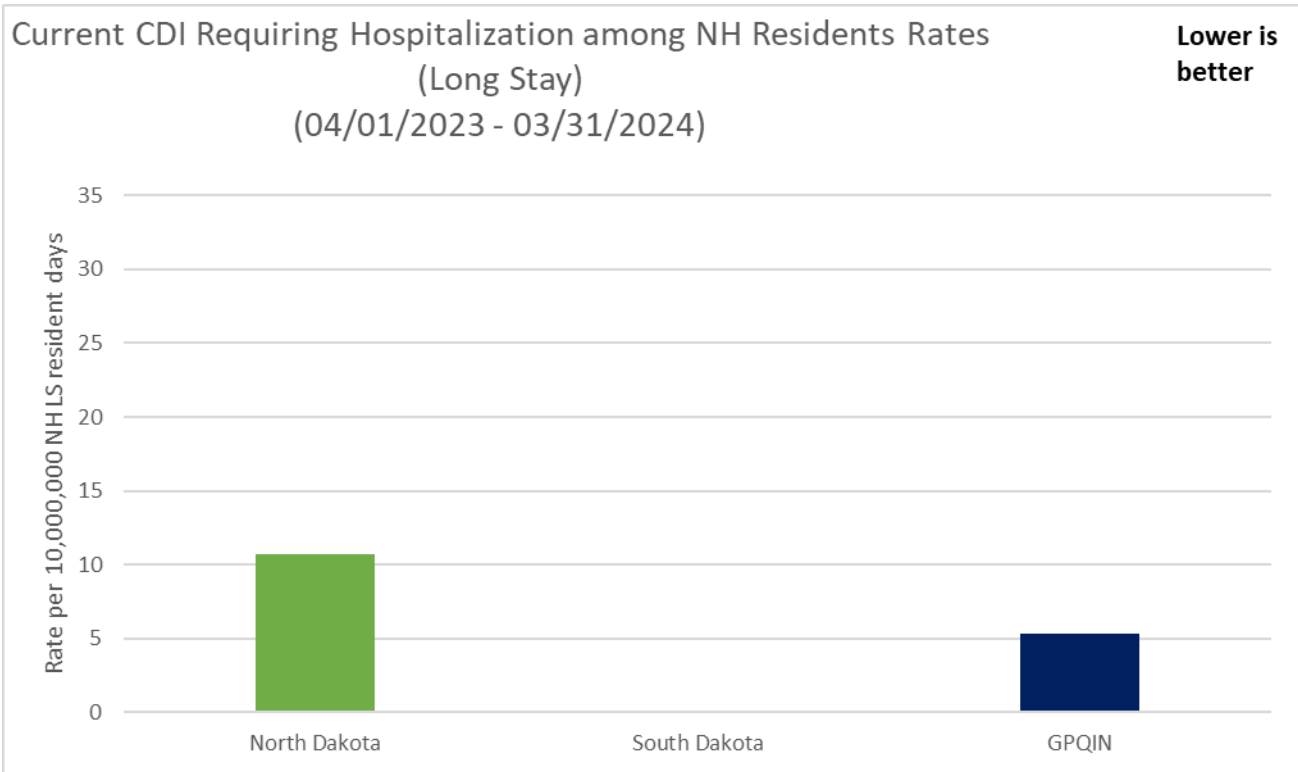
Data Overview and Definitions

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.

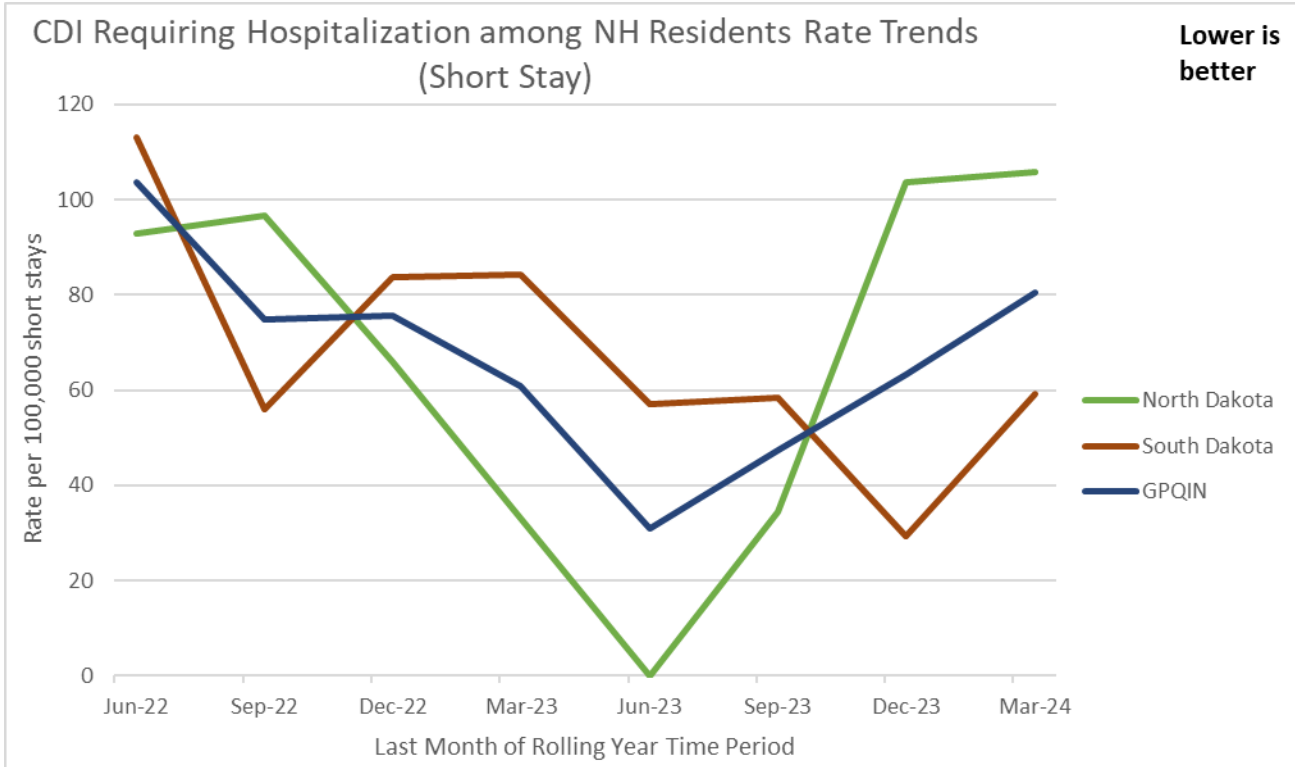
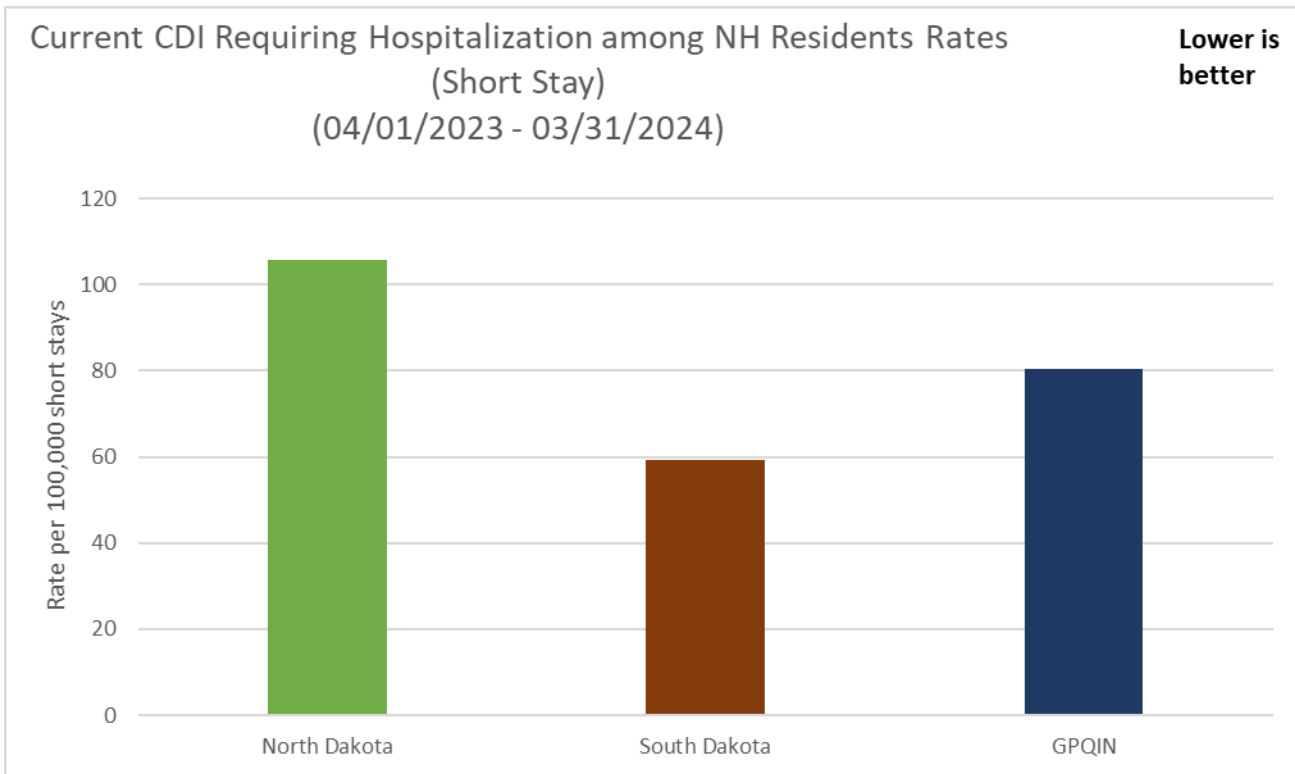
Measures included are:

- **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.

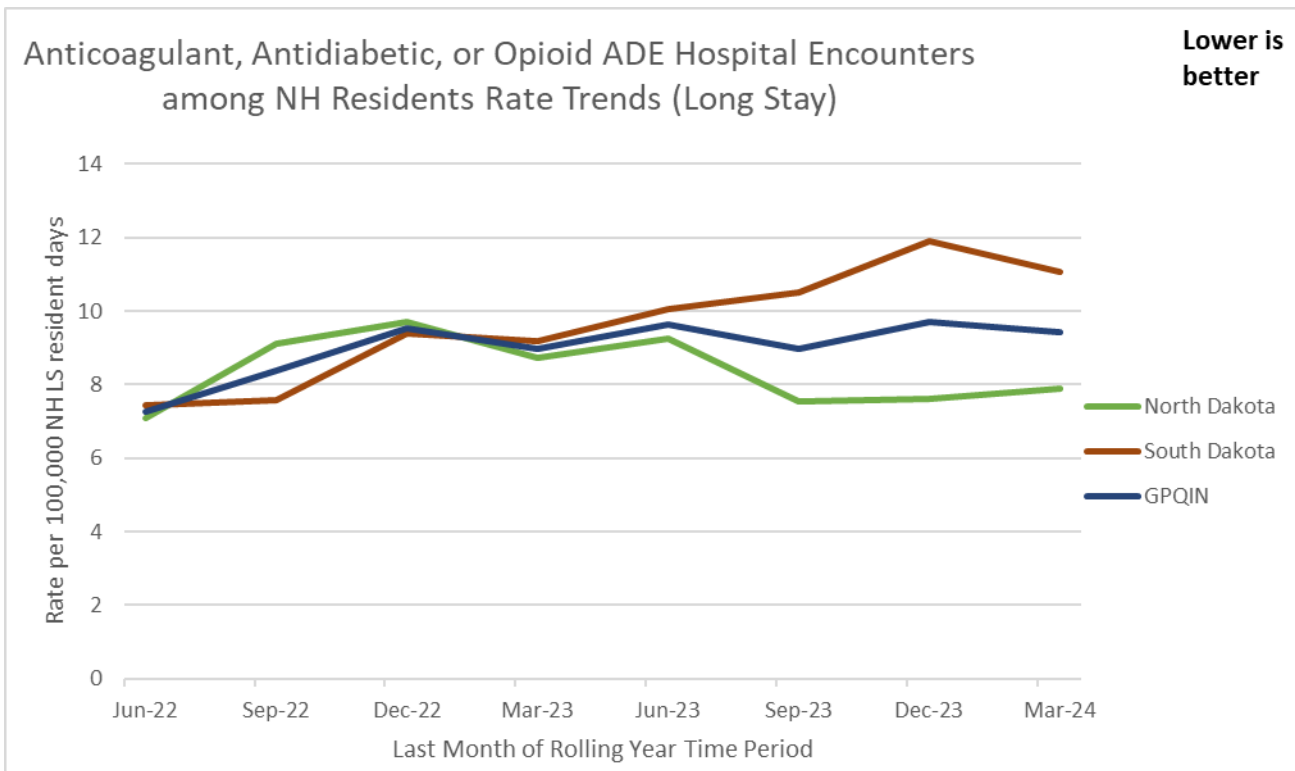
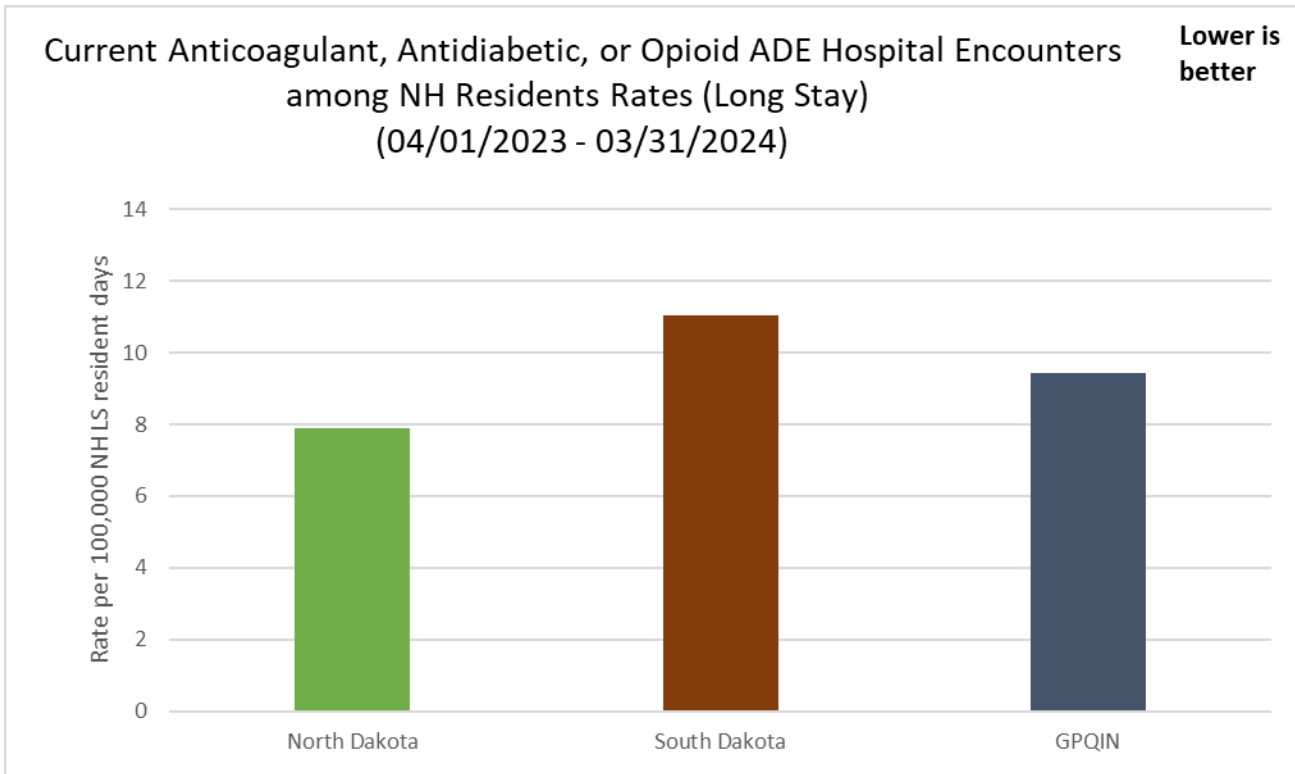
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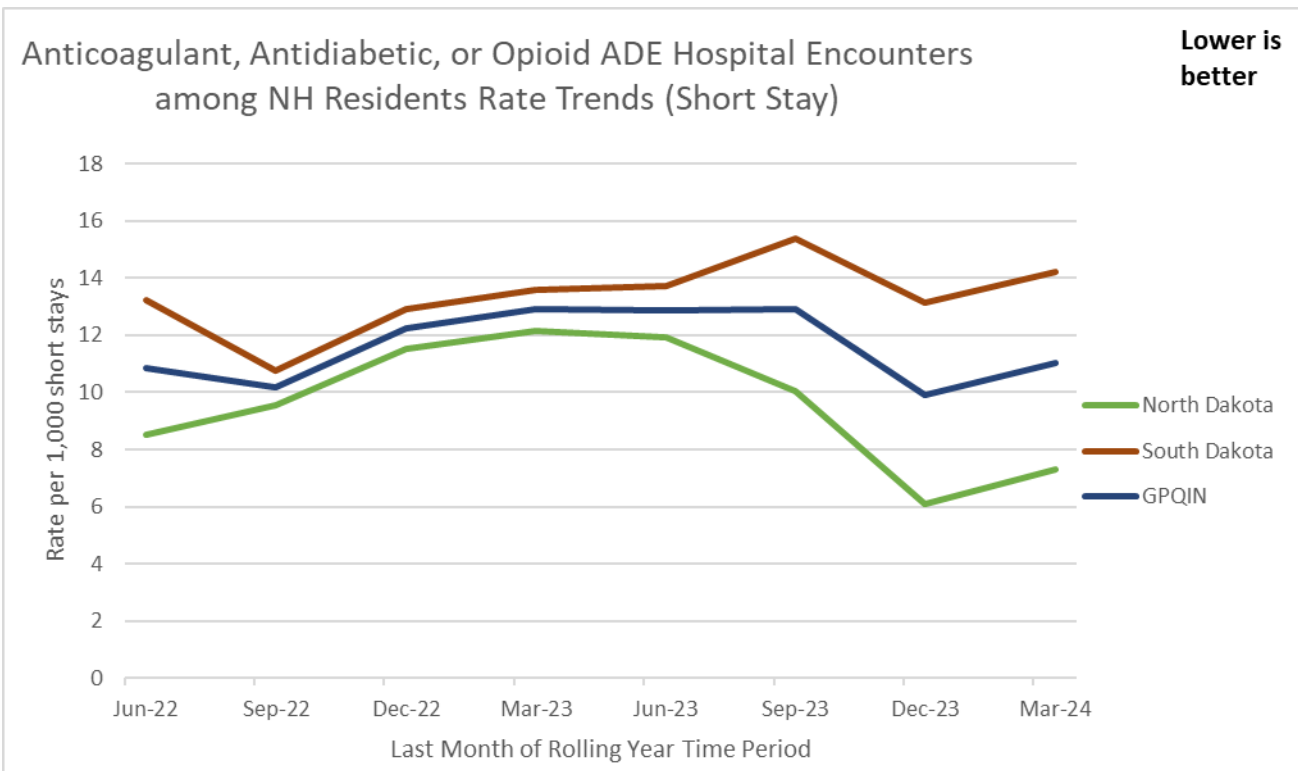
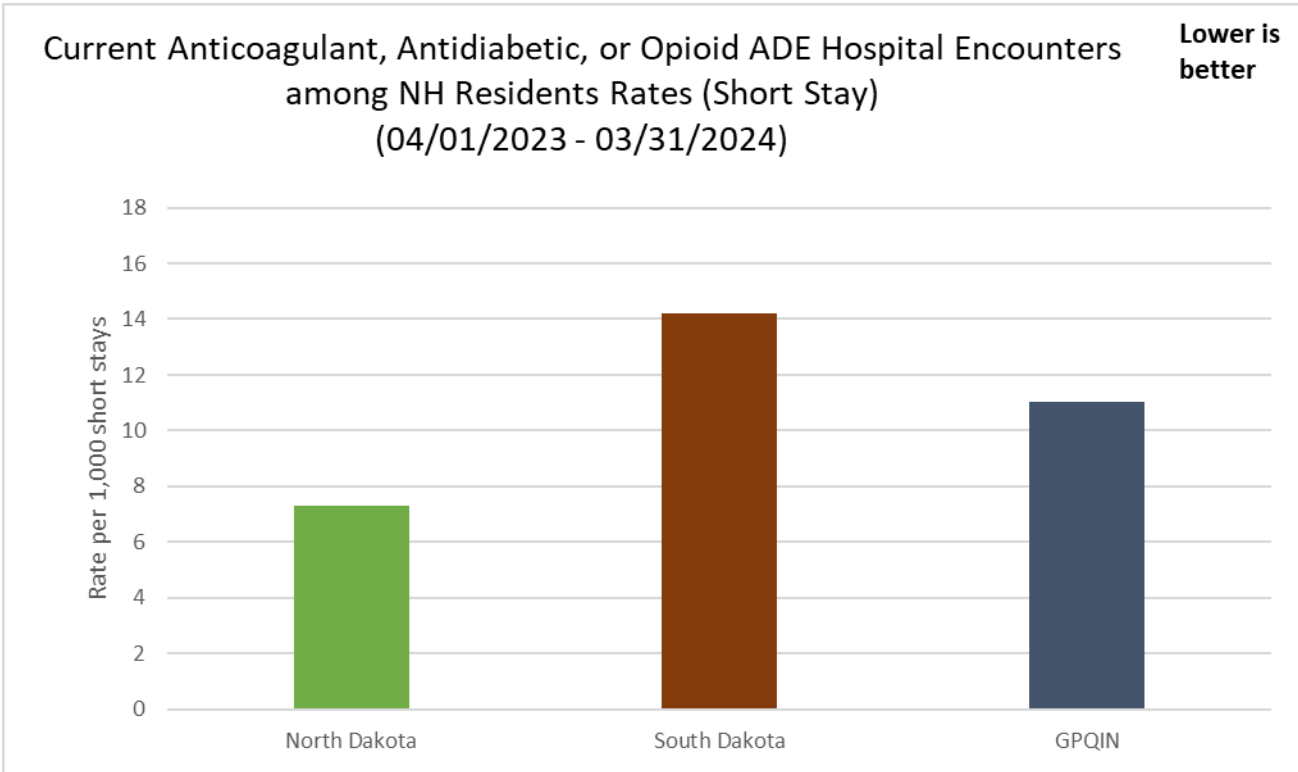
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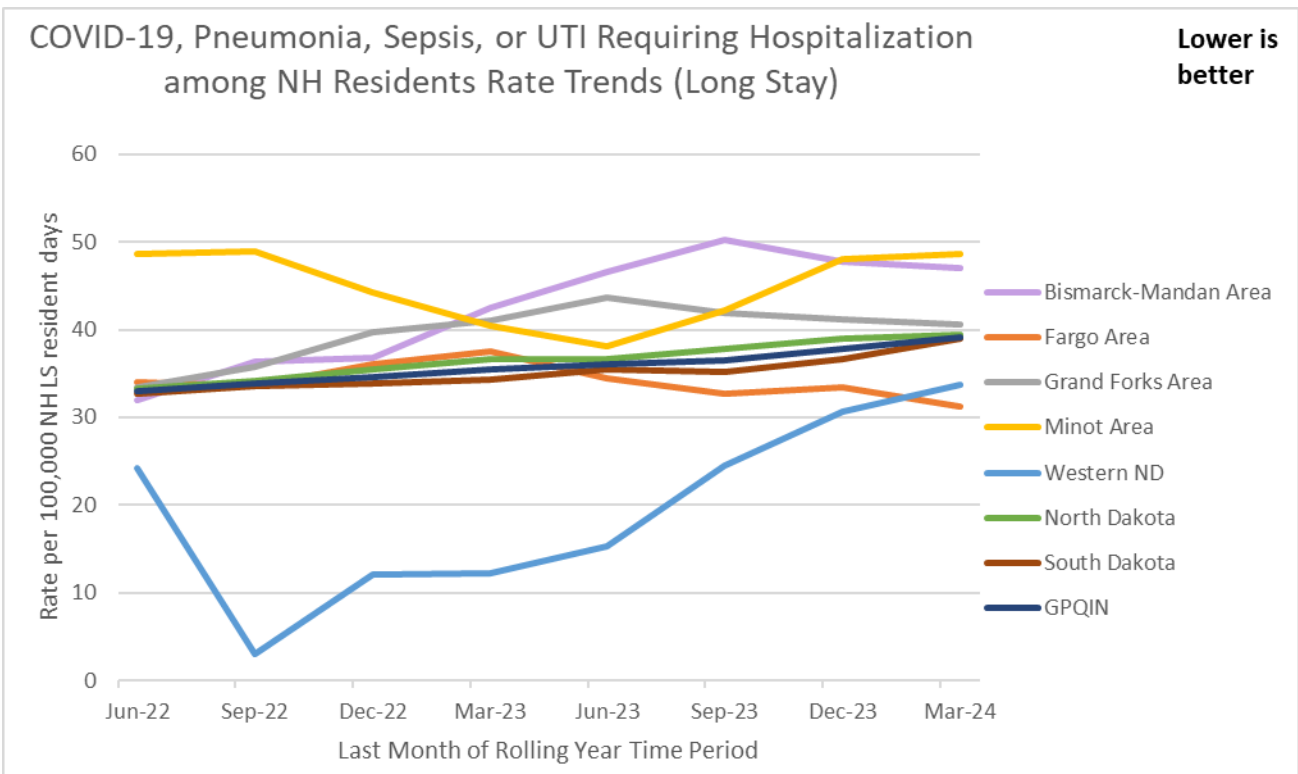
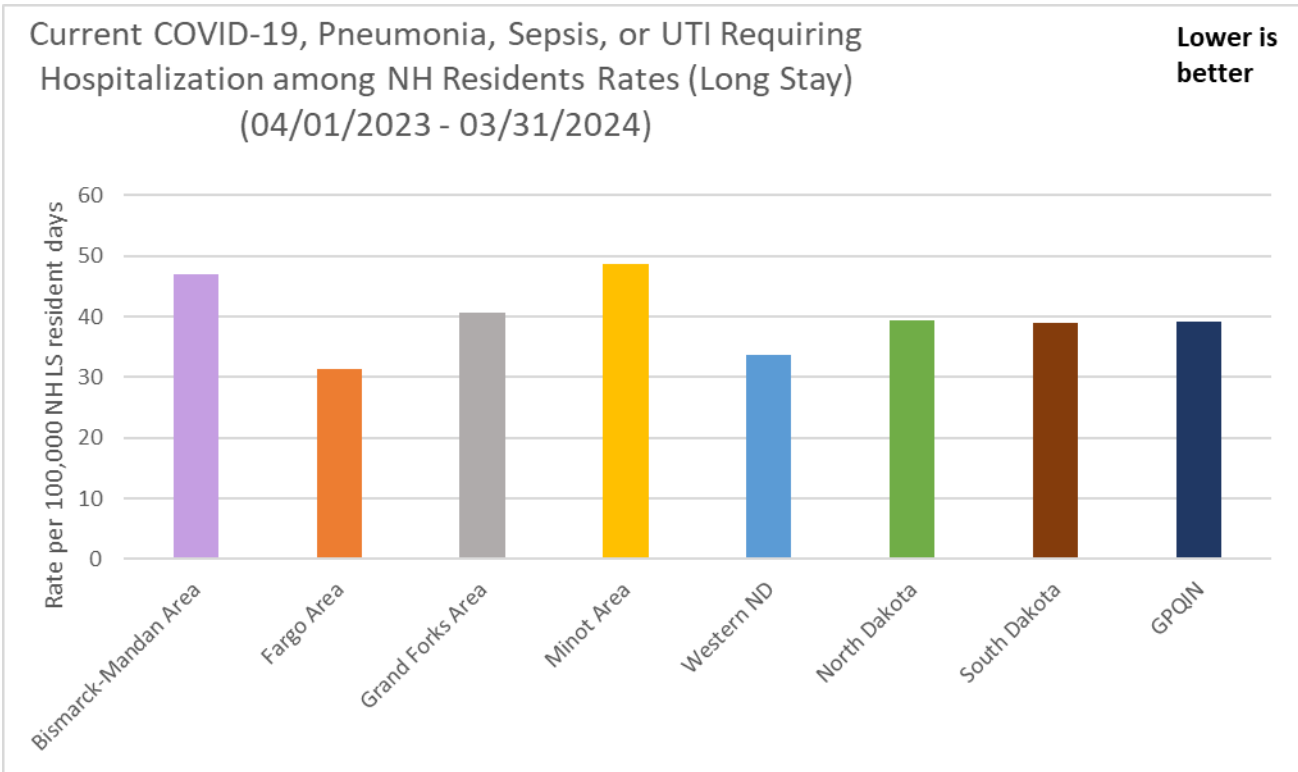
Anticoagulant, Antidiabetic, or Opioid Adverse Drug Event (ADE) Hospital Encounters (Long Stay): Rate of emergency department, observation, and inpatient anticoagulant, antidiabetic, or opioid ADEs per 100,000 nursing home long-stay resident days among Medicare Fee-for-Service beneficiaries with filled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



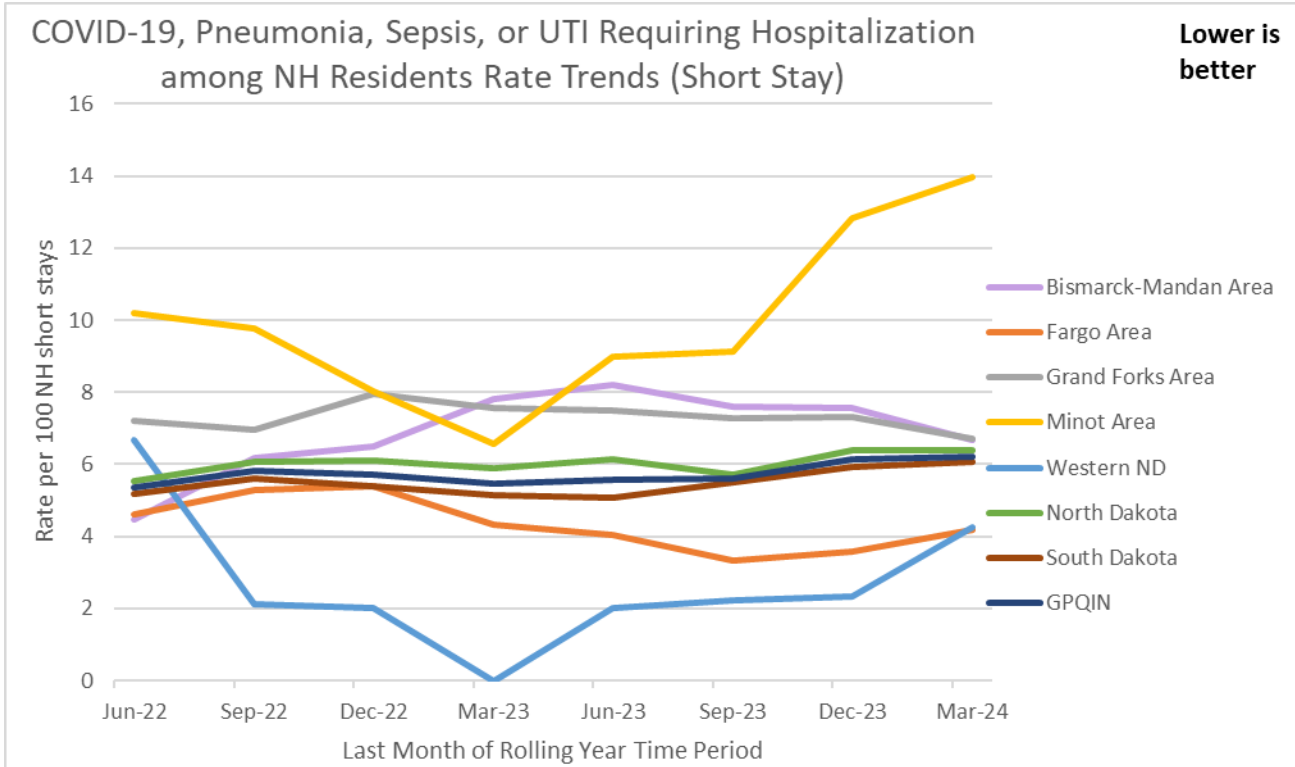
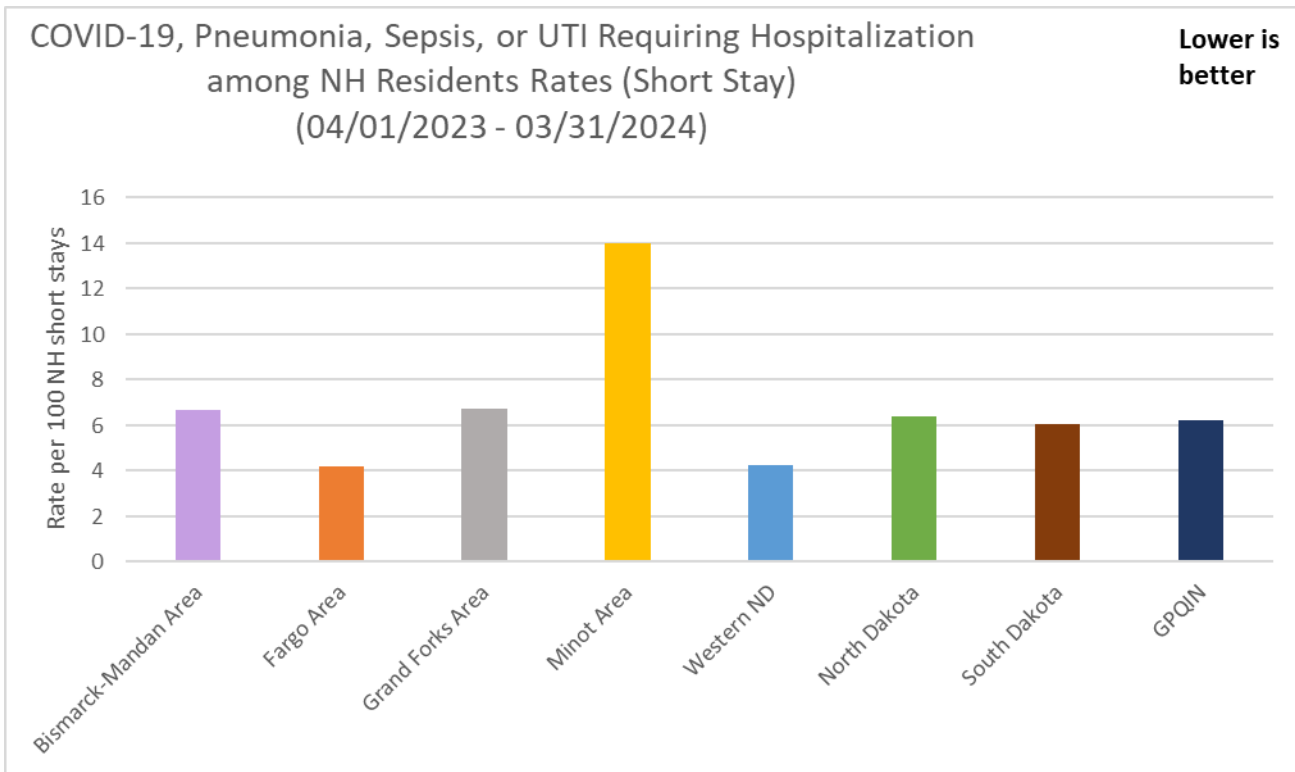
Anticoagulant, Antidiabetic, or Opioid Adverse Drug Event (ADE) Hospital Encounters (Short Stay): Rate of nursing home short stays with an emergency department, observation, or inpatient anticoagulant, antidiabetic, or opioid ADEs per 1,000 stay stays among Medicare Fee-for-Service beneficiaries with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



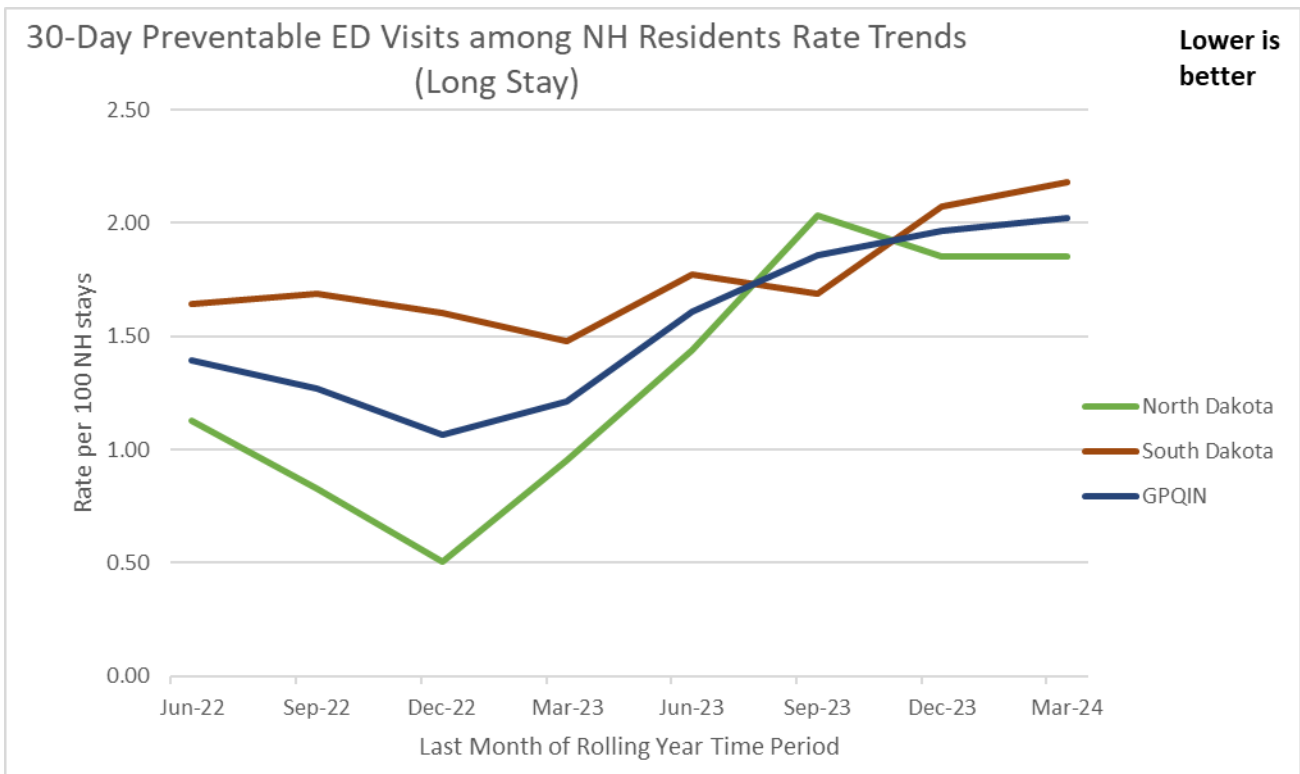
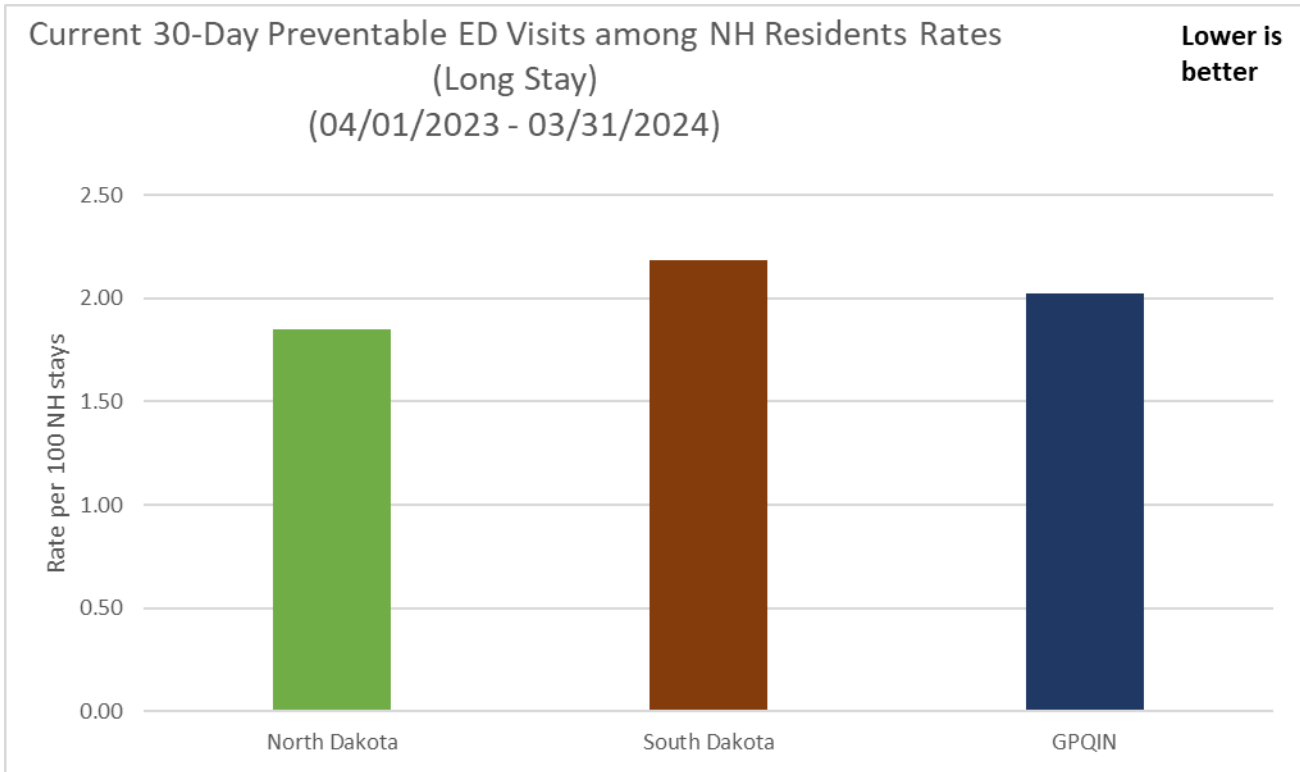
COVID-19, Pneumonia, Sepsis, or UTI Requiring Hospitalization (Long Stay): Rate of inpatient admission due to COVID-19, pneumonia, sepsis, or UTI per 100,000 nursing home long-stay resident days among Medicare Fee-for-Service beneficiaries.



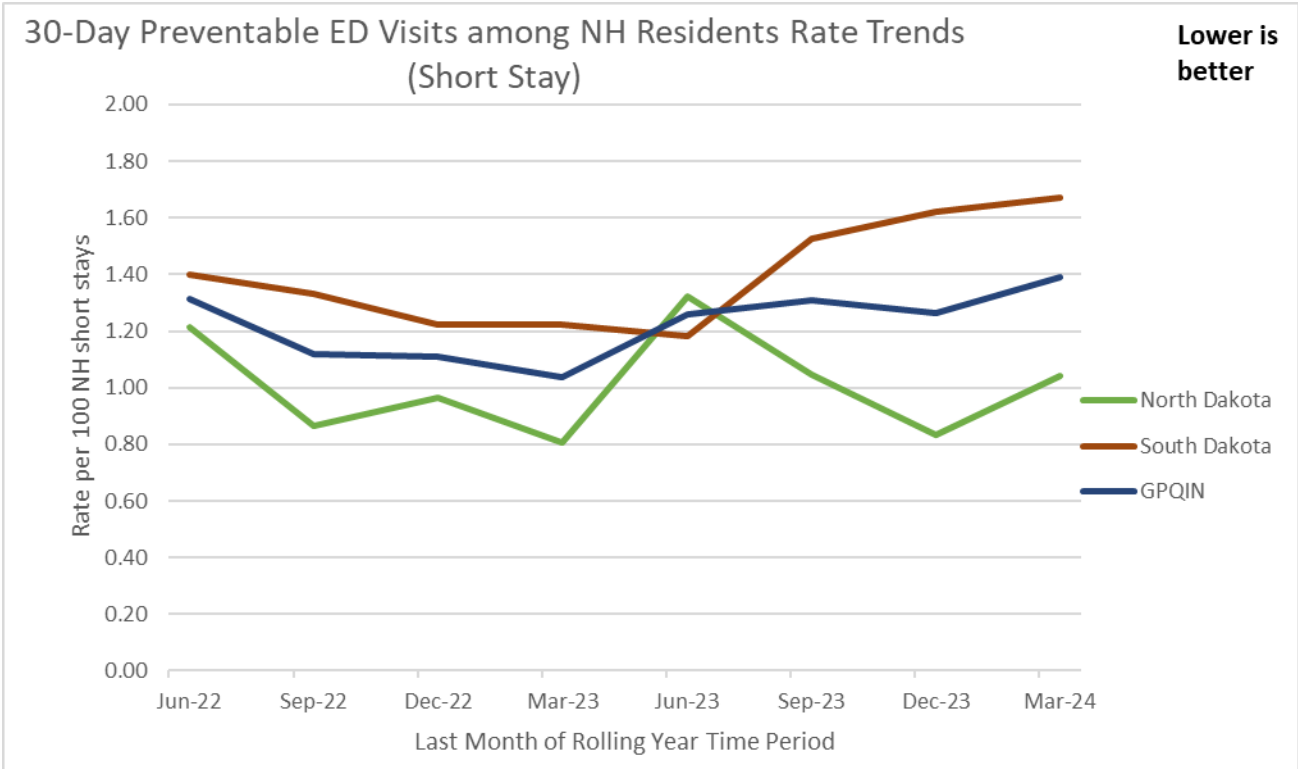
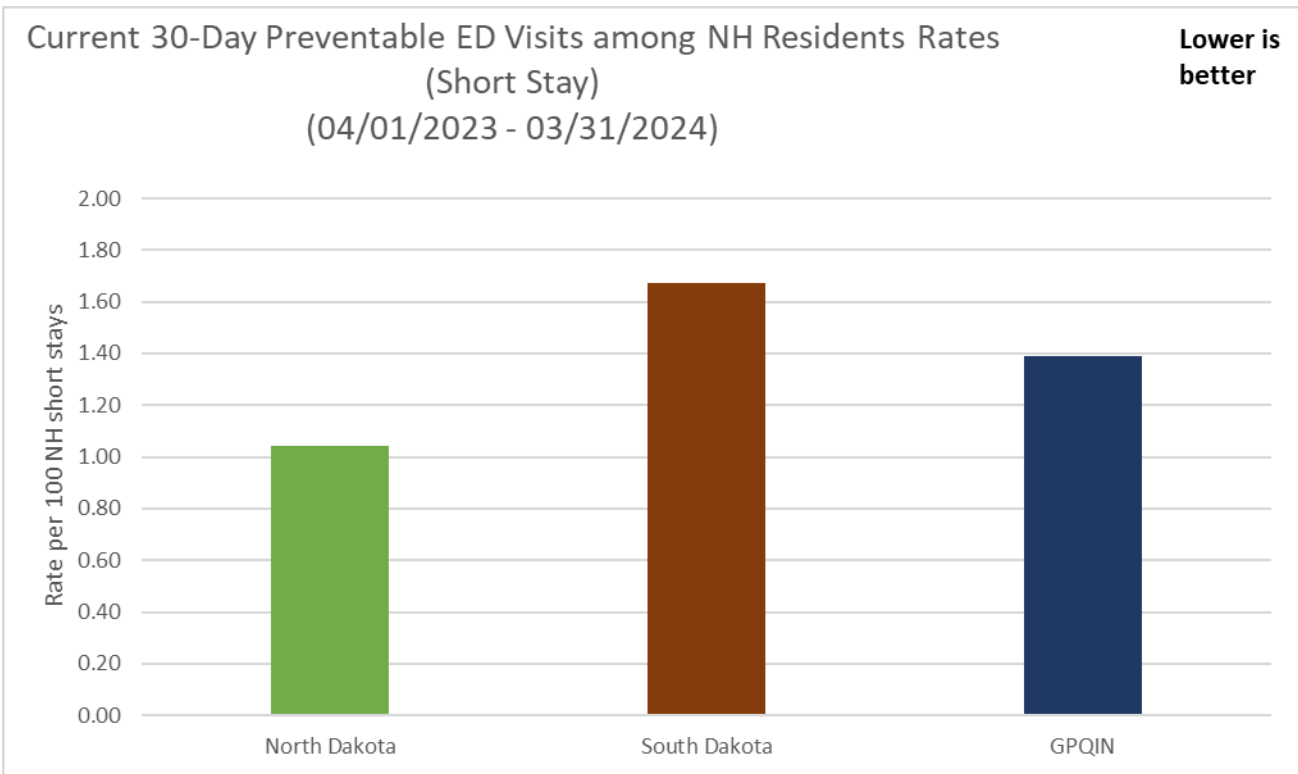
COVID-19, Pneumonia, Sepsis, or UTI Requiring Hospitalization (Short Stay): Percentage of nursing home short stays by Medicare Fee-for-Service beneficiaries having an inpatient admission due to COVID-19, pneumonia, sepsis, or UTI.



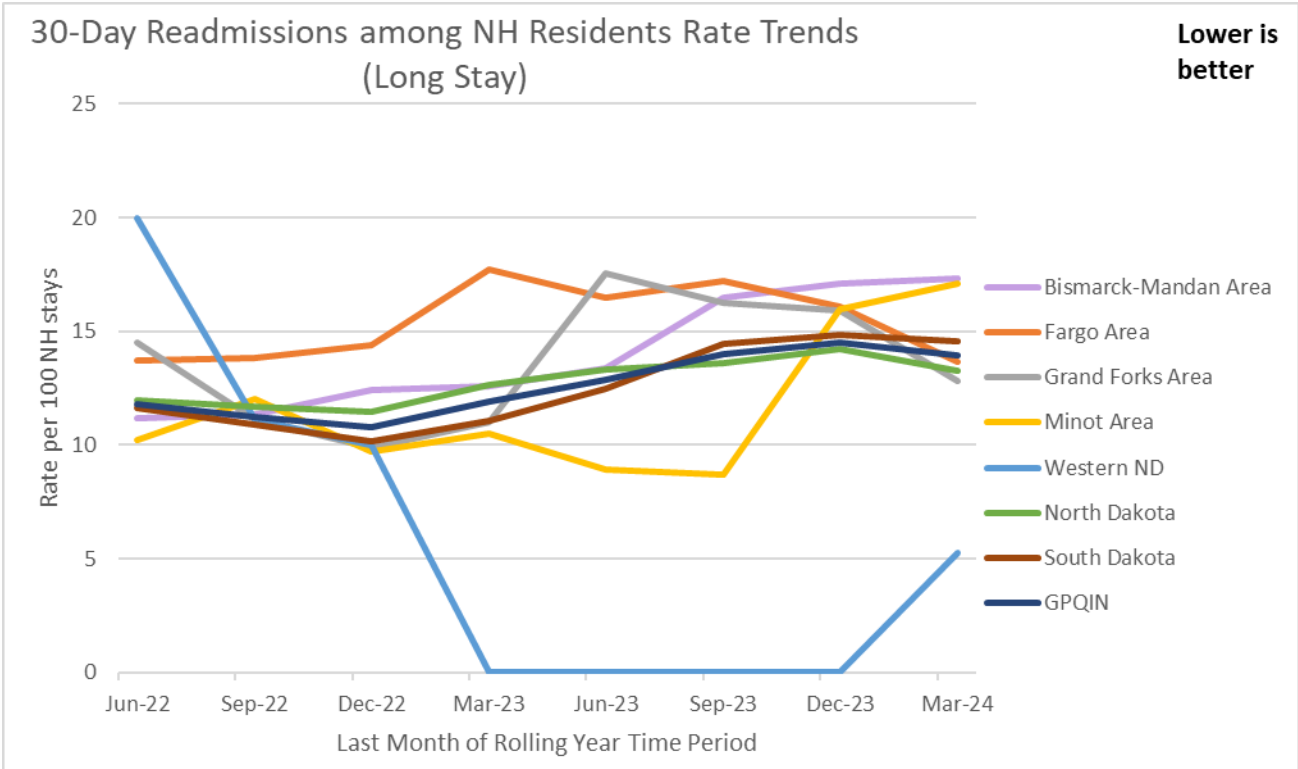
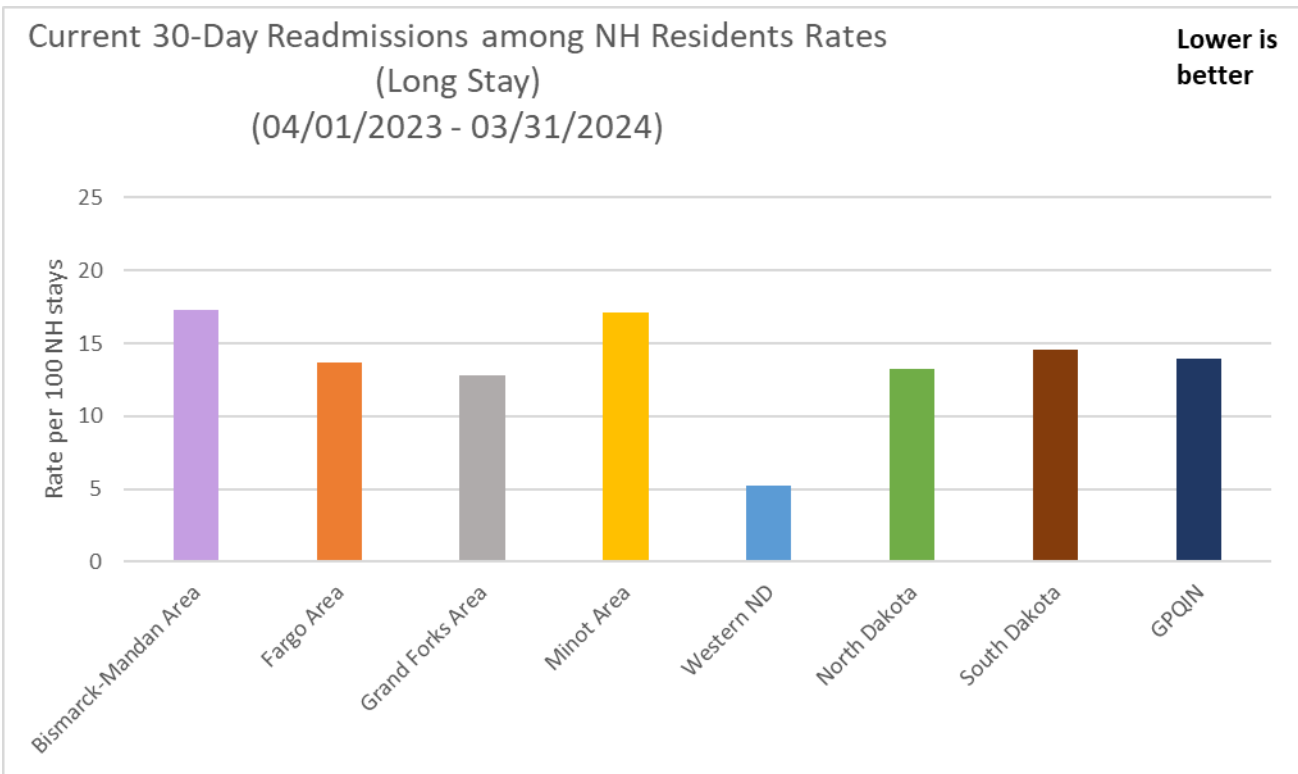
30-Day Preventable ED Visits (Long Stay): Percentage of nursing home stays by long-stay residents who are Medicare Fee-for-Service beneficiaries having a potentially preventable emergency department visits within 30 days after an inpatient discharge.



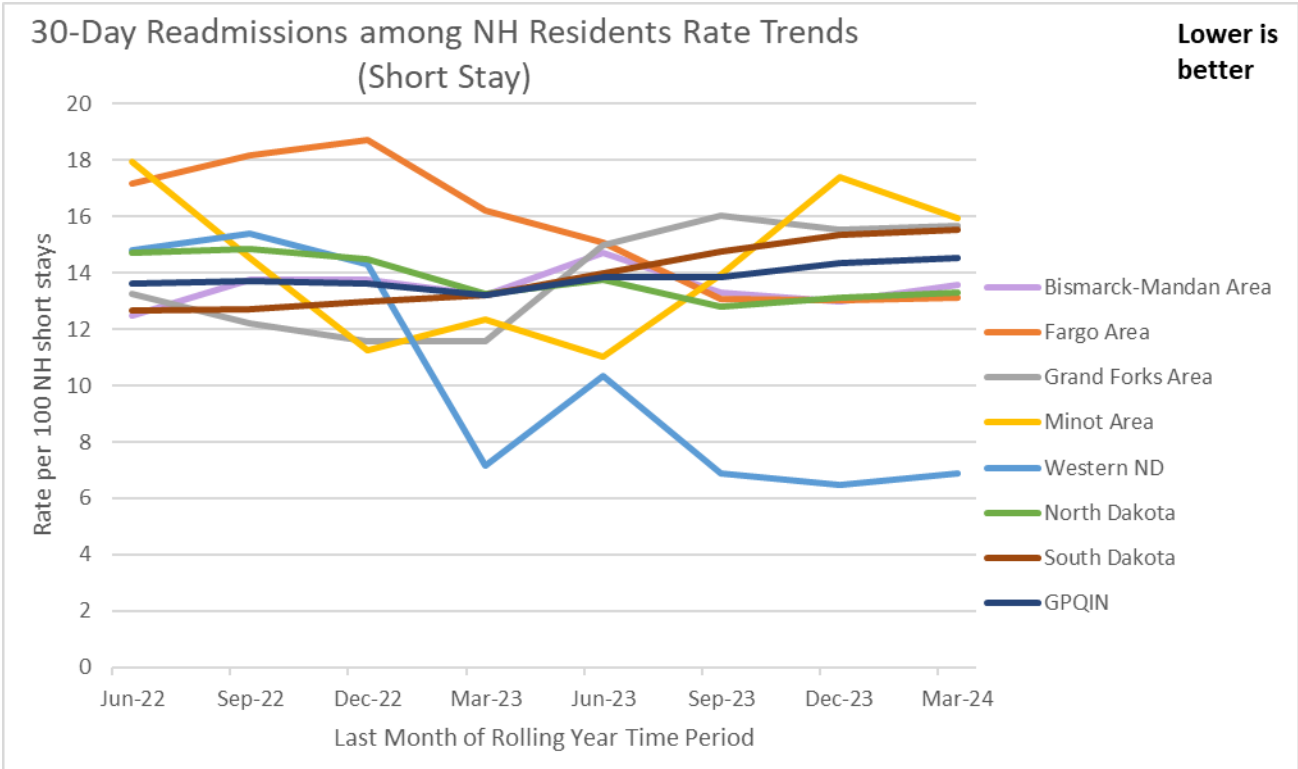
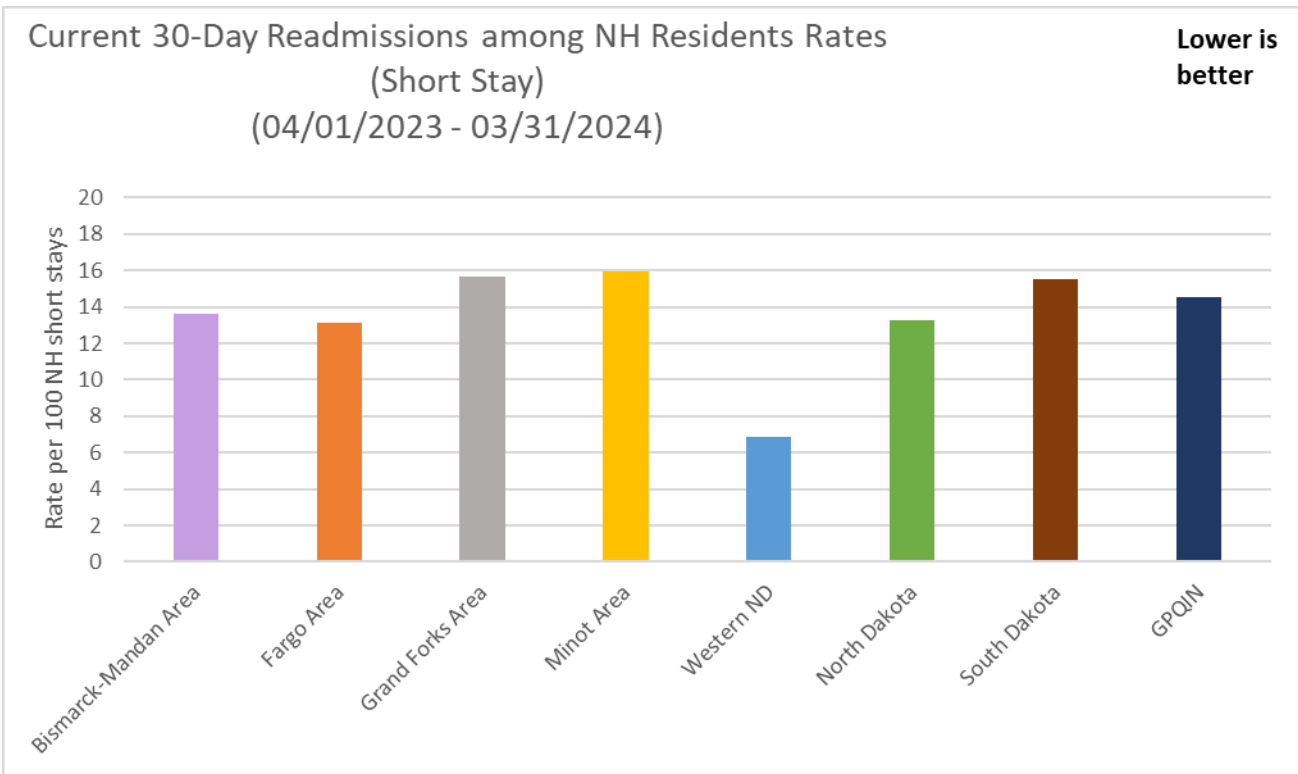
30-Day Preventable ED Visits (Short Stay): Percentage of nursing home short stays by Medicare Fee-for-Service beneficiaries having a potentially preventable emergency department visits within 30 days after an inpatient discharge.



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.