

## Background

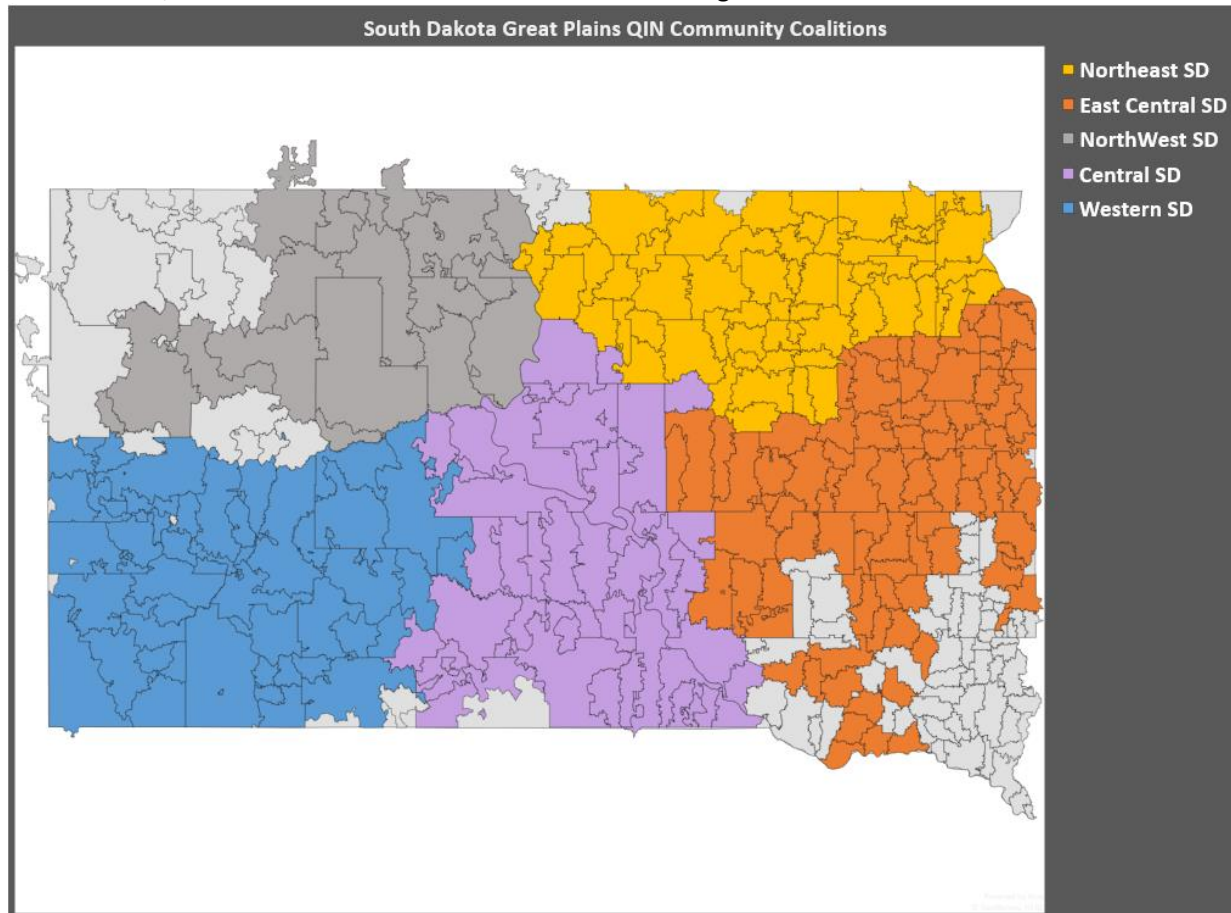
North Dakota and South Dakota communities have many attributes that are similar, yet qualities that make them unique. However, when it comes to healthcare, each state has a shared commitment to ensuring quality of care for its community members.

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 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.

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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/>

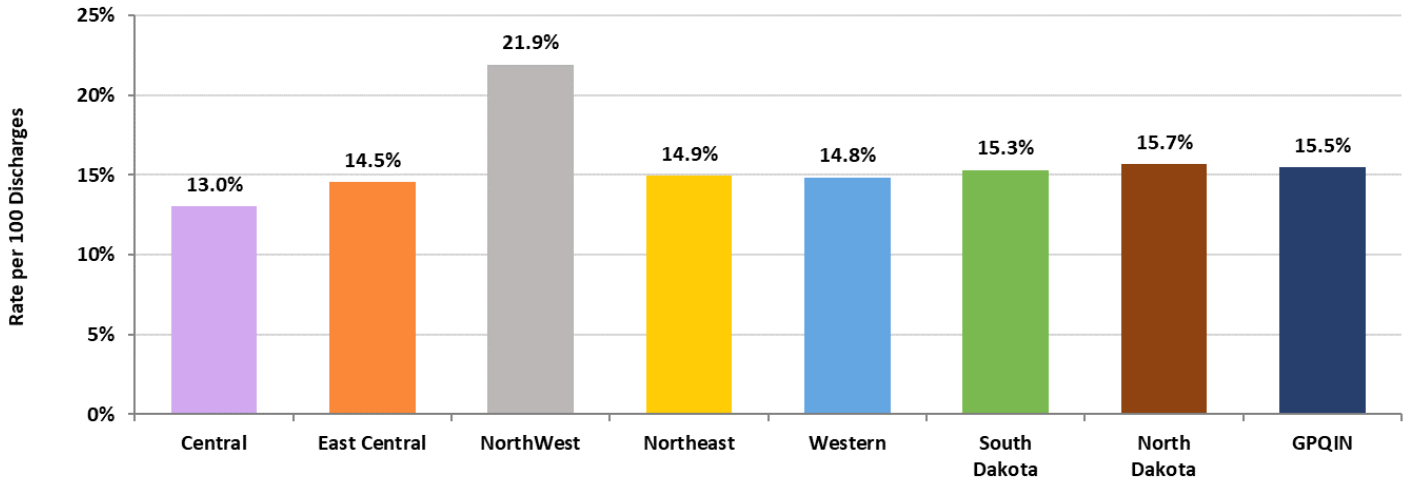
*Go to our GPQIN Nursing Home Quality Webpage:*

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

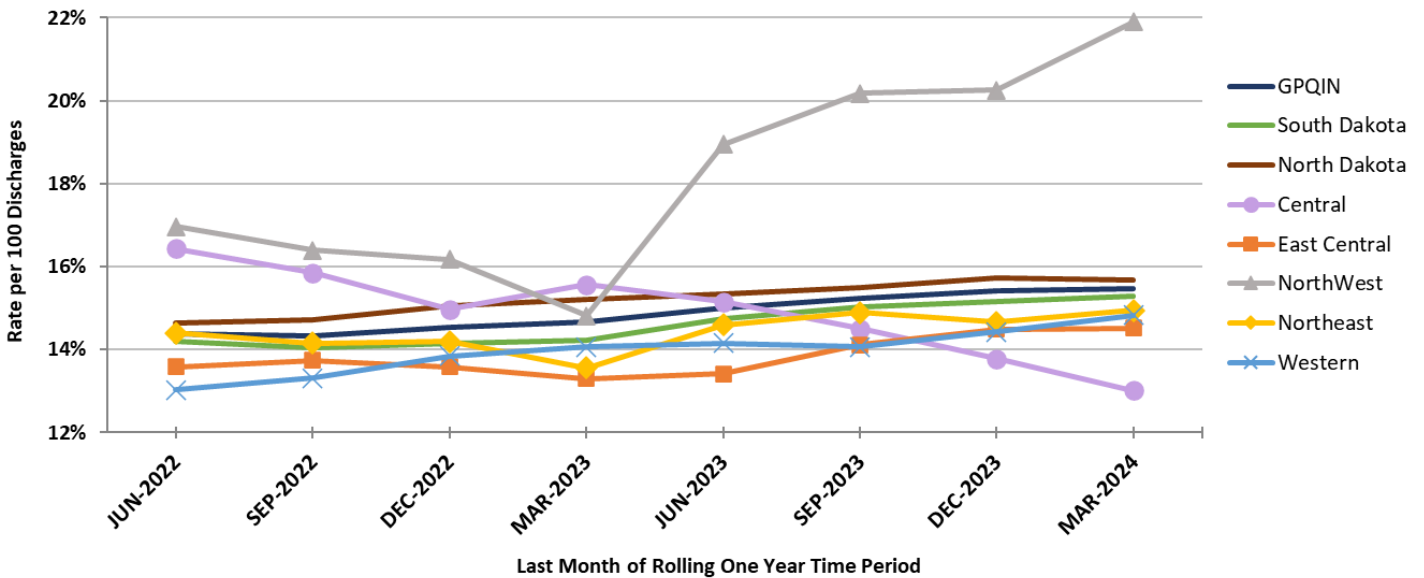
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## Community Data Highlights

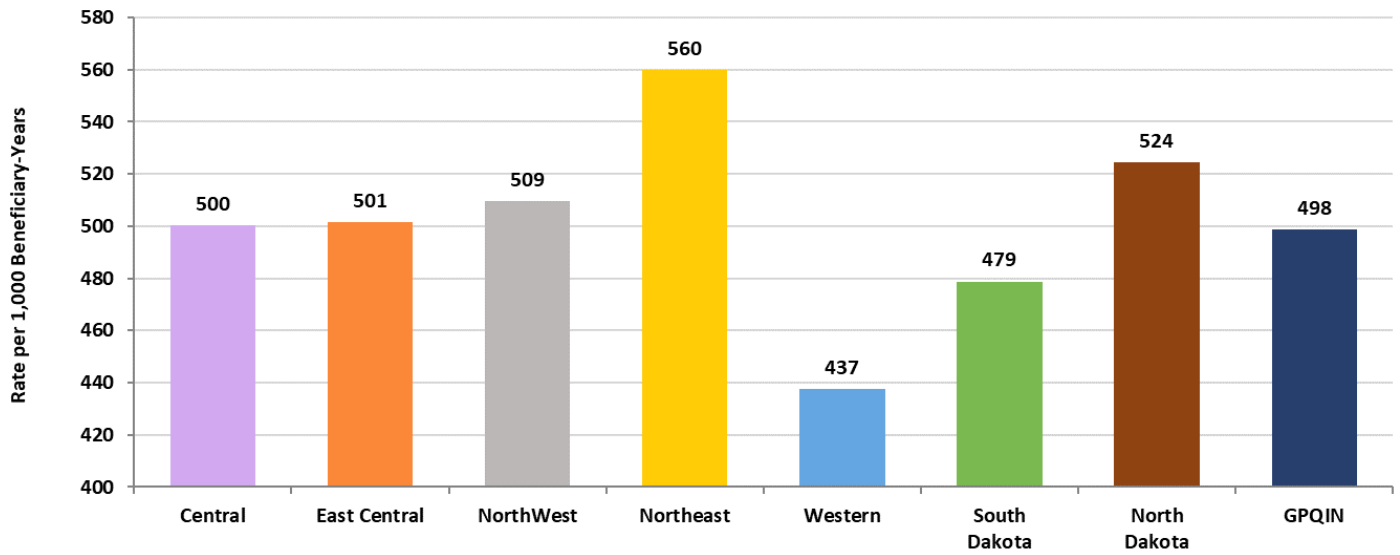
Current Readmission Rates (# of readmissions within 30 days / # of discharges): 04/01/2023 - 03/31/2024



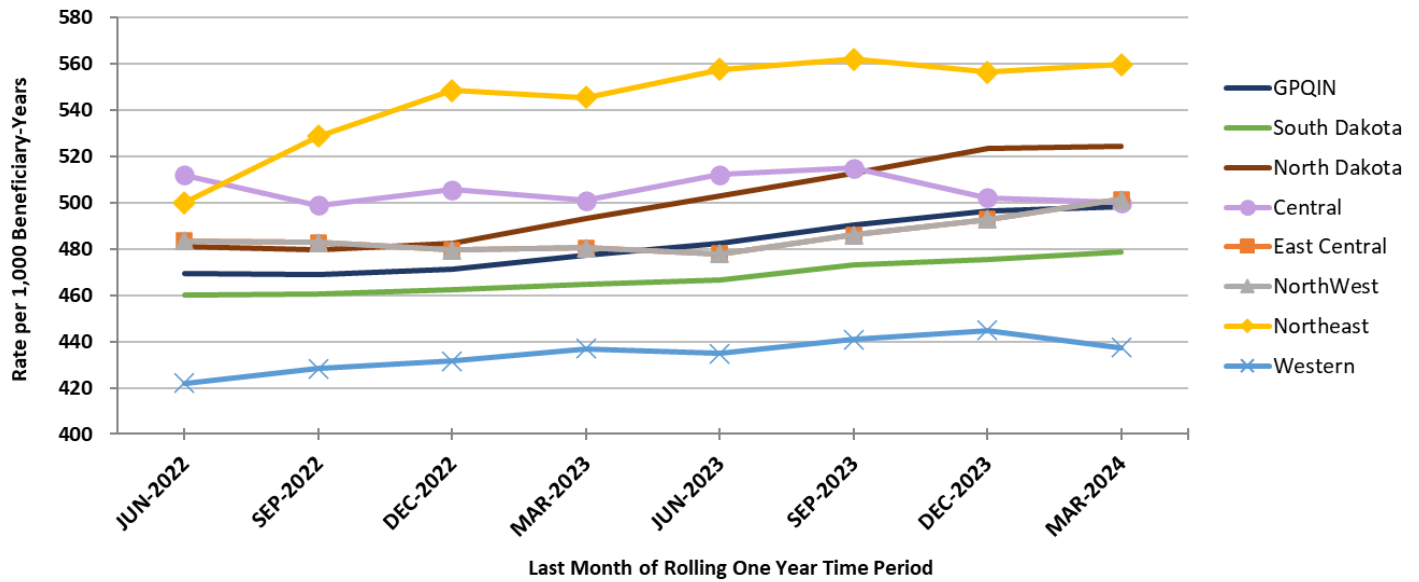
### Readmission Rate Trends:



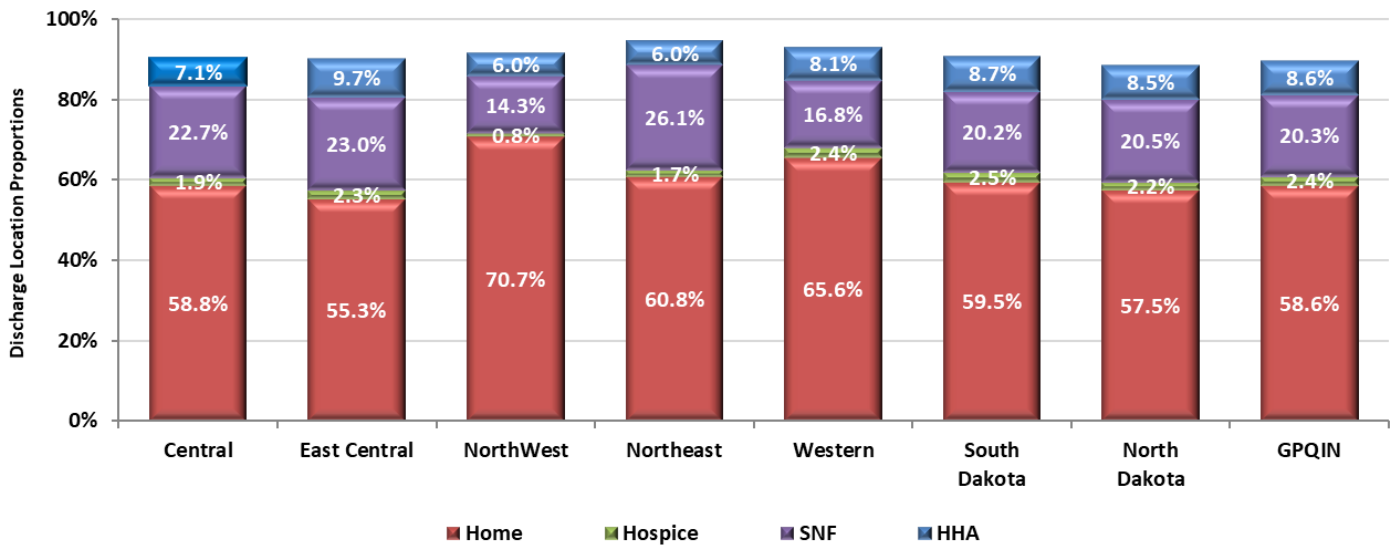
**Current Hospital Utilization (Admissions and ED Visits per 1,000 Beneficiary-Years): 04/01/2023 - 03/31/2024**



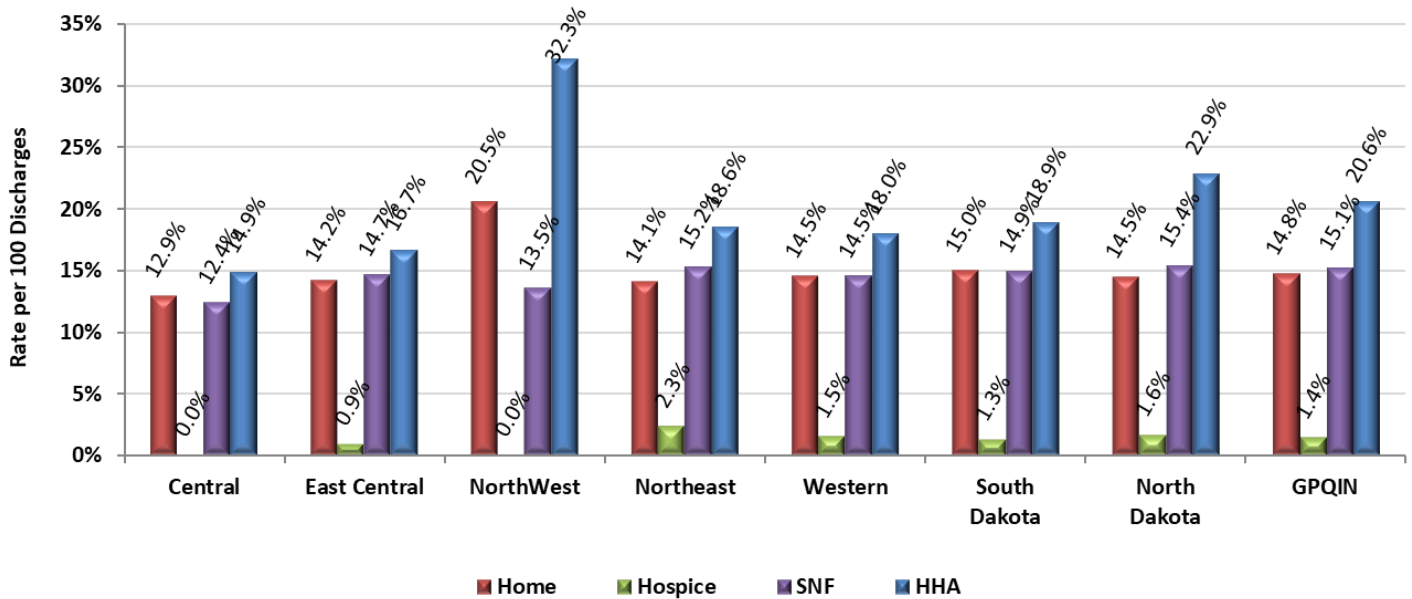
**Hospital Utilization Trends:**



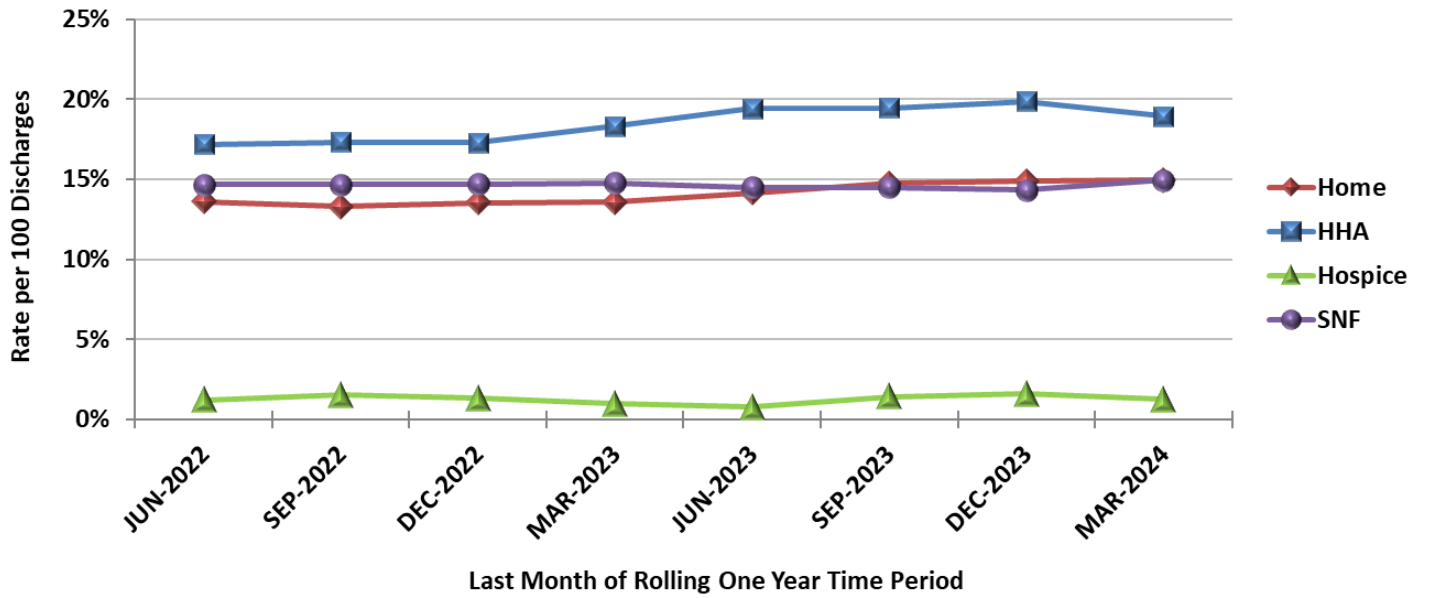
Discharge Locations: 04/01/2023 - 03/31/2024



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



### Readmission Rates by Discharge Location: South 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
Central	SEPTICEMIA OR SEVERE SEPSIS	168	1,880	8.94%
	SIMPLE PNEUMONIA & PLEURISY	99	1,880	5.27%
	HEART FAILURE & SHOCK	76	1,880	4.04%
	MAJOR JOINT REPLACEMENT OR REATTACHMENT OF LOWER EXTREMITY	67	1,880	3.56%
	NUTRITIONAL & MISC METABOLIC DISORDERS	57	1,880	3.03%
East Central	SEPTICEMIA OR SEVERE SEPSIS	332	4,869	6.82%
	SIMPLE PNEUMONIA & PLEURISY	208	4,869	4.27%
	HEART FAILURE & SHOCK	199	4,869	4.09%
	CARDIAC ARRHYTHMIA & CONDUCTION DISORDERS	140	4,869	2.88%
	KIDNEY & URINARY TRACT INFECTIONS	124	4,869	2.55%
	RENAL FAILURE	124	4,869	2.55%
NorthWest	SEPTICEMIA OR SEVERE SEPSIS	33	489	6.75%
	HEART FAILURE & SHOCK	23	489	4.70%
	SIMPLE PNEUMONIA & PLEURISY	22	489	4.50%
	MAJOR JOINT REPLACEMENT OR REATTACHMENT OF LOWER EXTREMITY	18	489	3.68%
	NUTRITIONAL & MISC METABOLIC DISORDERS	18	489	3.68%
Northeast	SEPTICEMIA OR SEVERE SEPSIS	207	2,617	7.91%
	SIMPLE PNEUMONIA & PLEURISY	127	2,617	4.85%
	HEART FAILURE & SHOCK	95	2,617	3.63%
	ACUTE MYOCARDIAL INFARCTION	93	2,617	3.55%
	MAJOR JOINT REPLACEMENT OR REATTACHMENT OF LOWER EXTREMITY	71	2,617	2.71%
Western	SEPTICEMIA OR SEVERE SEPSIS	409	5,425	7.54%
	MAJOR JOINT REPLACEMENT OR REATTACHMENT OF LOWER EXTREMITY	285	5,425	5.25%
	HEART FAILURE & SHOCK	221	5,425	4.07%
	SIMPLE PNEUMONIA & PLEURISY	195	5,425	3.59%
	PULMONARY EDEMA & RESPIRATORY FAILURE	133	5,425	2.45%
South Dakota	SEPTICEMIA OR SEVERE SEPSIS	1,571	21,888	7.18%
	SIMPLE PNEUMONIA & PLEURISY	879	21,888	4.02%
	HEART FAILURE & SHOCK	860	21,888	3.93%
	MAJOR JOINT REPLACEMENT OR REATTACHMENT OF LOWER EXTREMITY	631	21,888	2.88%
	KIDNEY & URINARY TRACT INFECTIONS	568	21,888	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
Central	SEPTICEMIA OR SEVERE SEPSIS	22	245	8.98%
	RENAL FAILURE	16	245	6.53%
	HEART FAILURE & SHOCK	11	245	4.49%
	SIMPLE PNEUMONIA & PLEURISY	*	*	3.67%
	CHRONIC OBSTRUCTIVE PULMONARY DISEASE	*	*	2.86%
East Central	SEPTICEMIA OR SEVERE SEPSIS	47	705	6.67%
	HEART FAILURE & SHOCK	45	705	6.38%
	SIMPLE PNEUMONIA & PLEURISY	32	705	4.54%
	PSYCHOSES	30	705	4.26%
	RENAL FAILURE	23	705	3.26%
NorthWest	RENAL FAILURE	*	*	6.20%
	HEART FAILURE & SHOCK	*	*	4.43%
	RED BLOOD CELL DISORDERS	*	*	4.43%
	<b>5 DRG Bundles Tied For Fourth</b>	*	*	3.54%
Northeast	SEPTICEMIA OR SEVERE SEPSIS	35	387	9.04%
	HEART FAILURE & SHOCK	21	387	5.43%
	CHRONIC OBSTRUCTIVE PULMONARY DISEASE	13	387	3.36%
	SIMPLE PNEUMONIA & PLEURISY	13	387	3.36%
	NUTRITIONAL & MISC METABOLIC DISORDERS	12	387	3.10%
Western	SEPTICEMIA OR SEVERE SEPSIS	62	813	7.63%
	HEART FAILURE & SHOCK	43	813	5.29%
	DIABETES	30	813	3.69%
	NUTRITIONAL & MISC METABOLIC DISORDERS	23	813	2.83%
	RENAL FAILURE	23	813	2.83%
SD	SEPTICEMIA OR SEVERE SEPSIS	256	3,363	7.61%
	HEART FAILURE & SHOCK	169	3,363	5.03%
	SIMPLE PNEUMONIA & PLEURISY	115	3,363	3.42%
	PSYCHOSES	114	3,363	3.39%
	RENAL FAILURE	105	3,363	3.12%
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
Central	SEPTICEMIA OR SEVERE SEPSIS	40	419	9.55%
	SIMPLE PNEUMONIA & PLEURISY	29	419	6.92%
	HIP & FEMUR PROCEDURES EXCEPT MAJOR JOINT	25	419	5.97%
	HIP REPLACEMENT, PDX HIP FRACTURE	23	419	5.49%
	KIDNEY & URINARY TRACT INFECTIONS	20	419	4.77%
East Central	SEPTICEMIA OR SEVERE SEPSIS	88	1,103	7.98%
	HIP & FEMUR PROCEDURES EXCEPT MAJOR JOINT	68	1,103	6.17%
	KIDNEY & URINARY TRACT INFECTIONS	57	1,103	5.17%
	SIMPLE PNEUMONIA & PLEURISY	45	1,103	4.08%
	RENAL FAILURE	40	1,103	3.63%
NorthWest	SEPTICEMIA OR SEVERE SEPSIS	*	*	8.45%
	HIP REPLACEMENT, PDX HIP FRACTURE	*	*	7.04%
	ACUTE MYOCARDIAL INFARCTION	*	*	5.63%
	HIP & FEMUR PROCEDURES EXCEPT MAJOR JOINT	*	*	5.63%
	MAJOR GASTROINTESTINAL DISORDERS & PERITONEAL INFECTIONS	*	*	4.23%
	MAJOR JOINT REPLACEMENT OR REATTACHMENT OF LOWER EXTREMITY	*	*	4.23%
Northeast	SEPTICEMIA OR SEVERE SEPSIS	61	661	9.23%
	HIP & FEMUR PROCEDURES EXCEPT MAJOR JOINT	46	661	6.96%
	SIMPLE PNEUMONIA & PLEURISY	42	661	6.35%
	ACUTE MYOCARDIAL INFARCTION	28	661	4.24%
	NUTRITIONAL & MISC METABOLIC DISORDERS	27	661	4.09%
Western	SEPTICEMIA OR SEVERE SEPSIS	96	901	10.66%
	KIDNEY & URINARY TRACT INFECTIONS	50	901	5.55%
	MAJOR JOINT REPLACEMENT OR REATTACHMENT OF LOWER EXTREMITY	49	901	5.44%
	HIP & FEMUR PROCEDURES EXCEPT MAJOR JOINT	43	901	4.77%
	HEART FAILURE & SHOCK	39	901	4.33%
SD	SEPTICEMIA OR SEVERE SEPSIS	403	4,354	9.26%
	HIP & FEMUR PROCEDURES EXCEPT MAJOR JOINT	261	4,354	5.99%
	SIMPLE PNEUMONIA & PLEURISY	201	4,354	4.62%
	KIDNEY & URINARY TRACT INFECTIONS	199	4,354	4.57%
	HEART FAILURE & SHOCK	163	4,354	3.74%
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

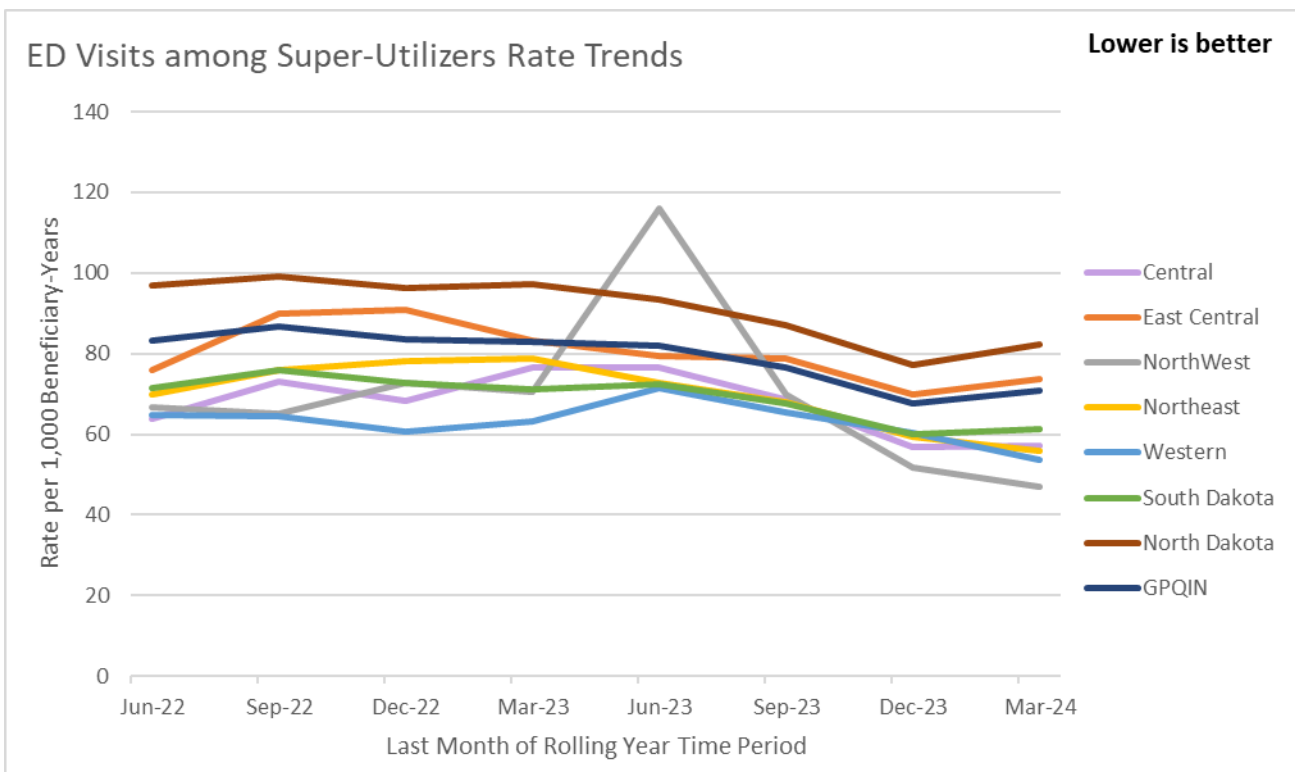
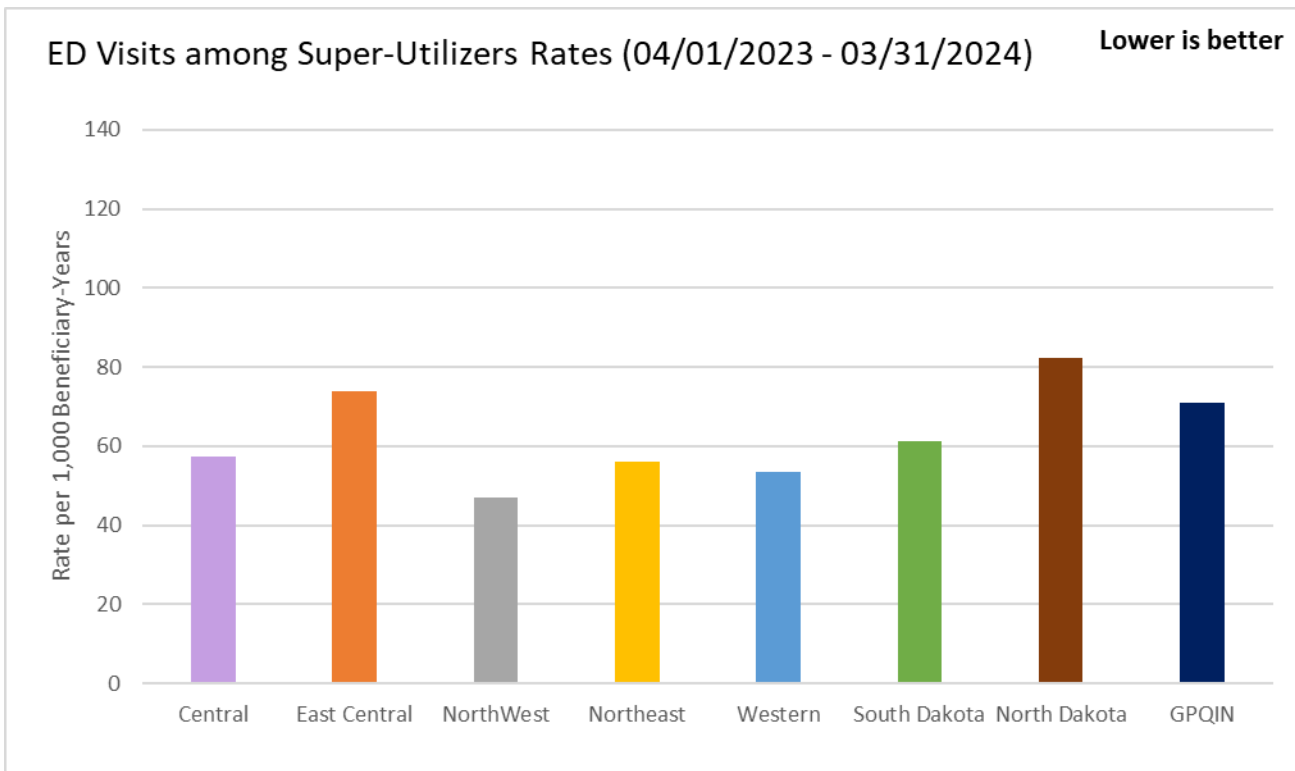
\*\*\*See first paragraph on page 2 for definition of Index Discharge

Community	DRG Bundle Description	DRG Bundle 30-Day Readmissions	Community 30-Day Readmissions	Percent of Community 30-Day Readmissions
Central	HEART FAILURE & SHOCK	*	*	11.32%
	HIP & FEMUR PROCEDURES EXCEPT MAJOR JOINT	*	*	7.55%
	HIP REPLACEMENT, PDX HIP FRACTURE	*	*	7.55%
	SEPTICEMIA OR SEVERE SEPSIS	*	*	7.55%
	ENDOVASCULAR PROCEDURES	*	*	3.77%
	INFECTIOUS & PARASITIC DISEASES W O.R. PROCEDURE	*	*	3.77%
	KIDNEY & URINARY TRACT INFECTIONS	*	*	3.77%
	RENAL FAILURE	*	*	3.77%
East Central	SEPTICEMIA OR SEVERE SEPSIS	*	*	10.37%
	RENAL FAILURE	*	*	5.49%
	HEART FAILURE & SHOCK	*	*	4.88%
	HIP & FEMUR PROCEDURES EXCEPT MAJOR JOINT	*	*	4.88%
	KIDNEY & URINARY TRACT INFECTIONS	*	*	4.88%
NorthWest	MAJOR GASTROINTESTINAL DISORDERS & PERITONEAL INFECTIONS	*	*	**
	AMPUTAT OF LOWER LIMB FOR ENDOCRINE,NUTRIT,& METABOL DIS	*	*	**
	AMPUTATION FOR MUSCULOSKELETAL SYSTEM &CONNECTIVE TISSUE DISORD	*	*	**
	HIP REPLACEMENT, PDX HIP FRACTURE	*	*	**
	INFECTIOUS & PARASITIC DISEASES W O.R. PROCEDURE	*	*	**
	OTHER MUSCULOSKELETAL SYS & CONNECTIVE TISSUE DIAGNOSES	*	*	**
	PEPTIC ULCER	*	*	**
	SEPTICEMIA OR SEVERE SEPSIS	*	*	**
	SIGNS & SYMPTOMS	*	*	**
Northeast	SEPTICEMIA OR SEVERE SEPSIS	*	*	9.71%
	HIP & FEMUR PROCEDURES EXCEPT MAJOR JOINT	*	*	8.74%
	NUTRITIONAL & MISC METABOLIC DISORDERS	*	*	5.83%
	HIP REPLACEMENT, PDX HIP FRACTURE	*	*	4.85%
	HEART FAILURE & SHOCK	*	*	3.88%
Western	SEPTICEMIA OR SEVERE SEPSIS	*	*	11.94%
	HEART FAILURE & SHOCK	*	*	5.97%
	KIDNEY & URINARY TRACT INFECTIONS	*	*	5.97%
	OTHER KIDNEY & URINARY TRACT DIAGNOSES	*	*	4.48%
	RENAL FAILURE	*	*	3.73%
SD	SEPTICEMIA OR SEVERE SEPSIS	75	663	11.31%
	HIP & FEMUR PROCEDURES EXCEPT MAJOR JOINT	37	663	5.58%
	HEART FAILURE & SHOCK	36	663	5.43%
	KIDNEY & URINARY TRACT INFECTIONS	29	663	4.37%
	SIMPLE PNEUMONIA & PLEURISY	23	663	3.47%
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%

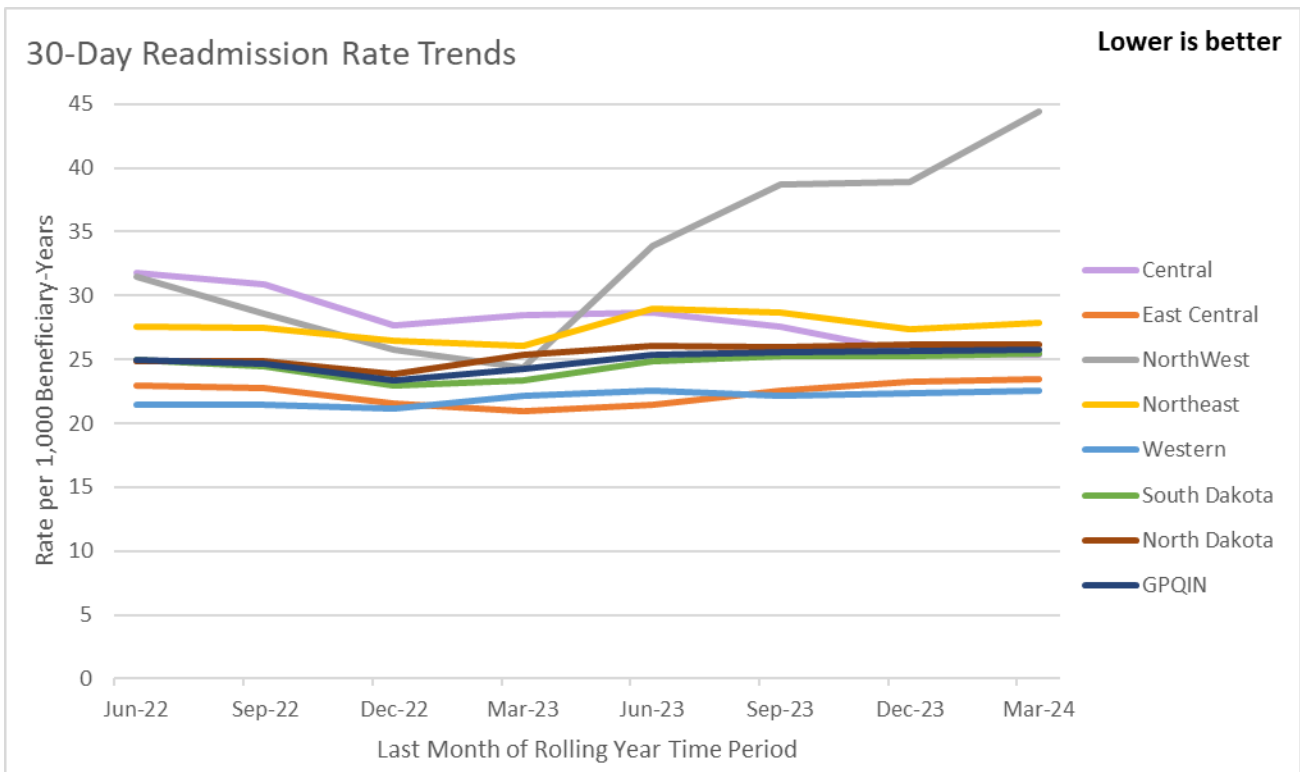
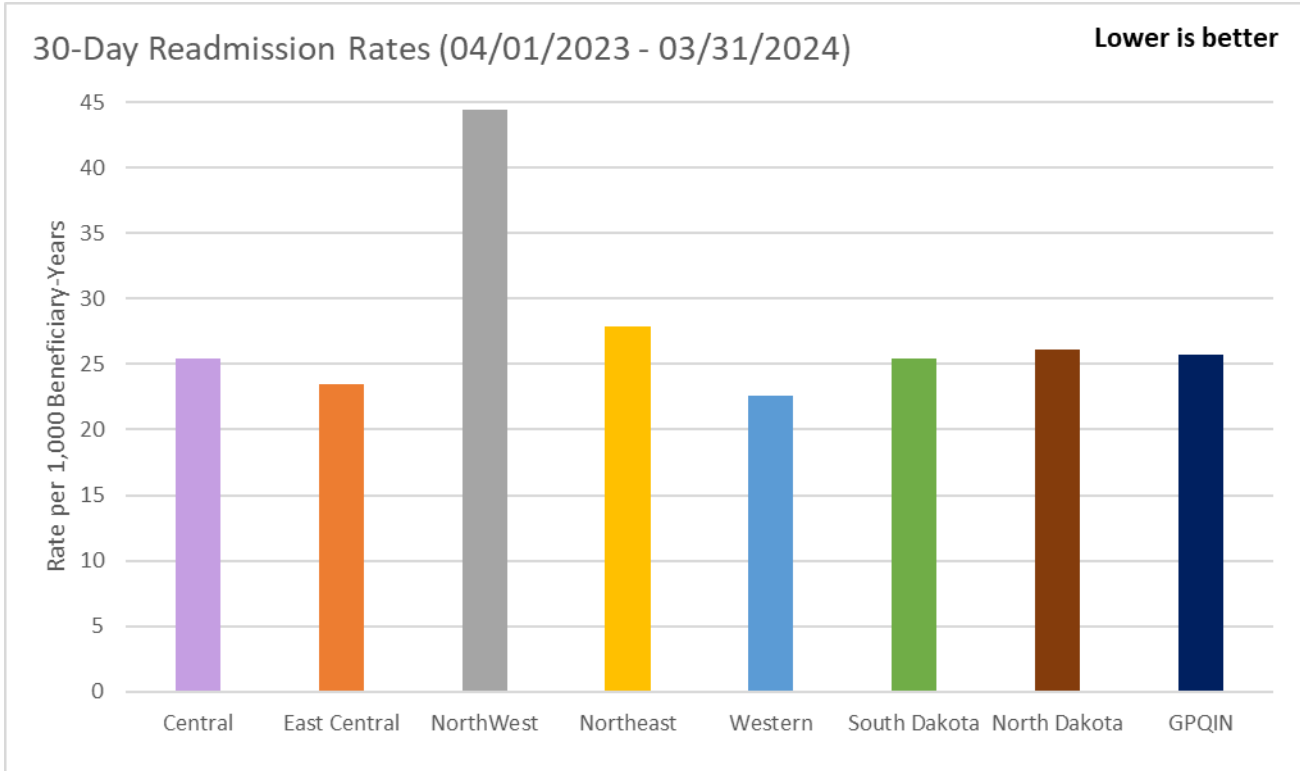
\* The number of readmissions is too small to report.

\*\* 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

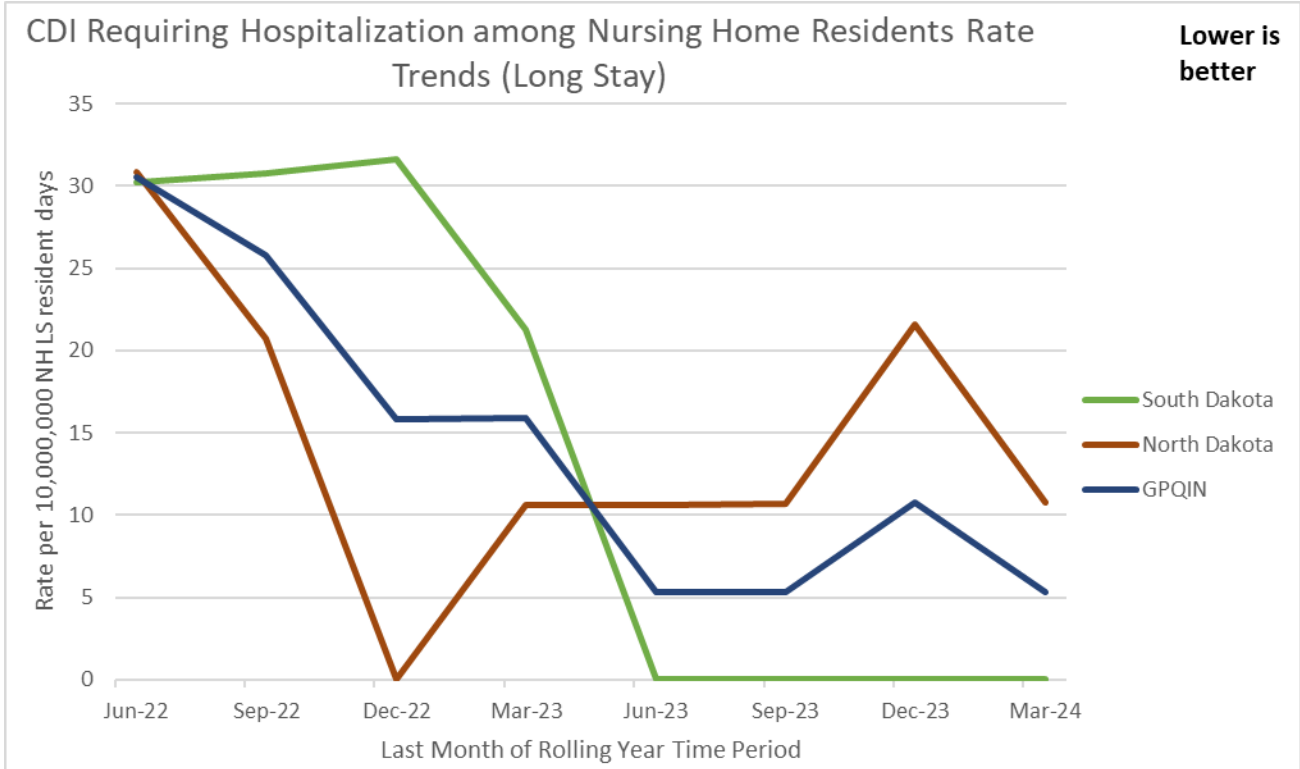
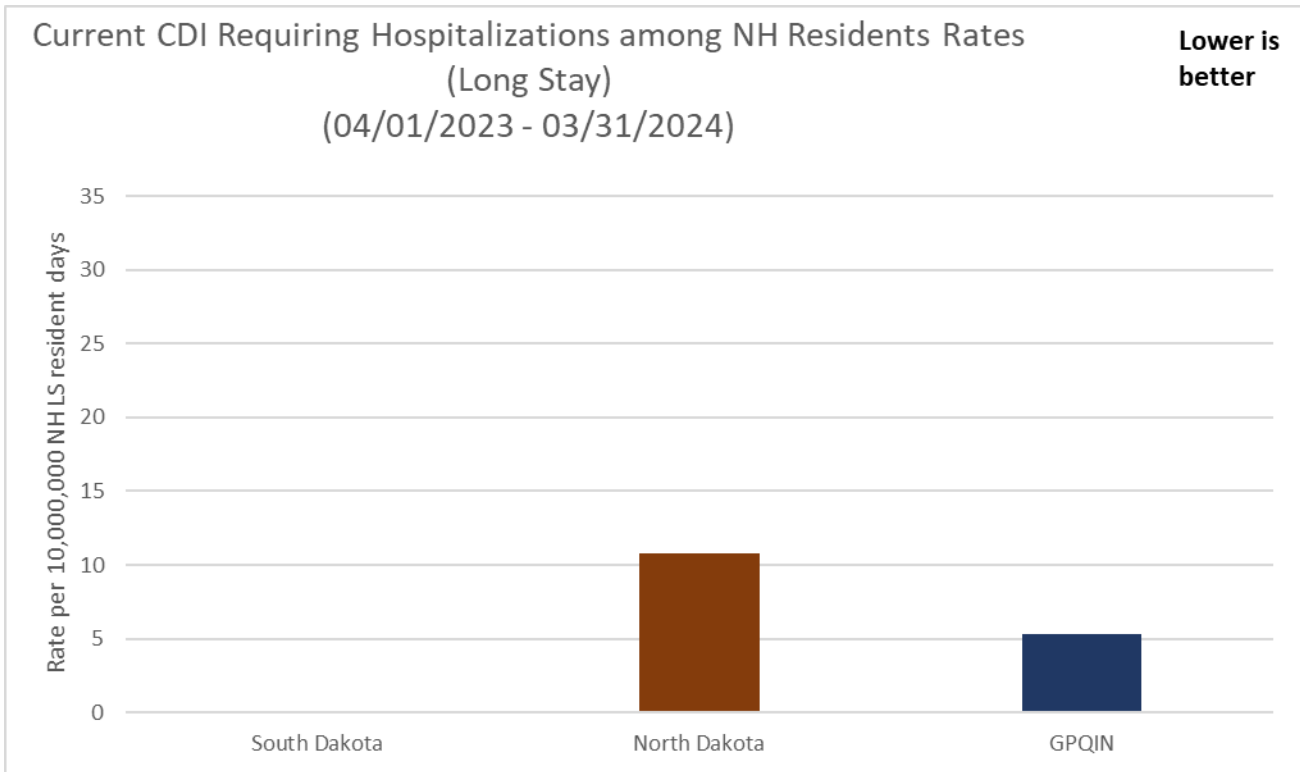
### Data Overview and Definitions

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 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.

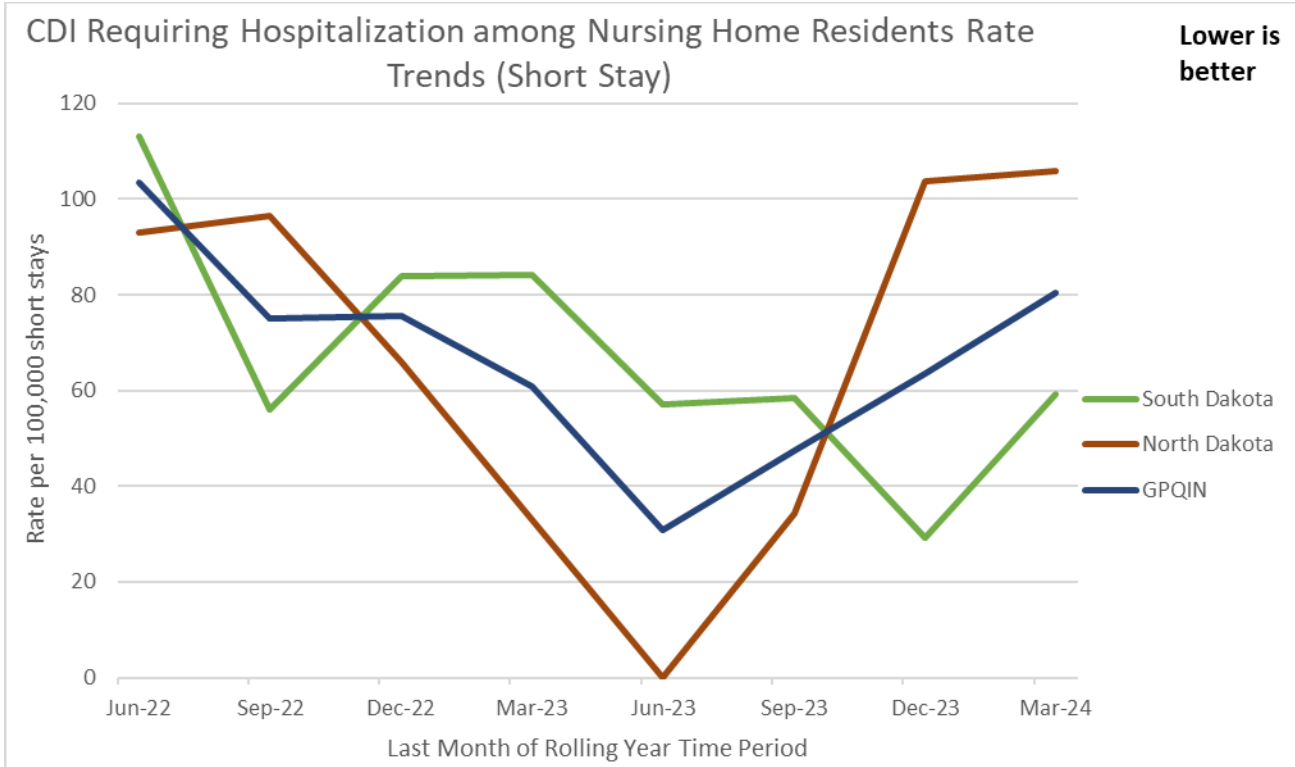
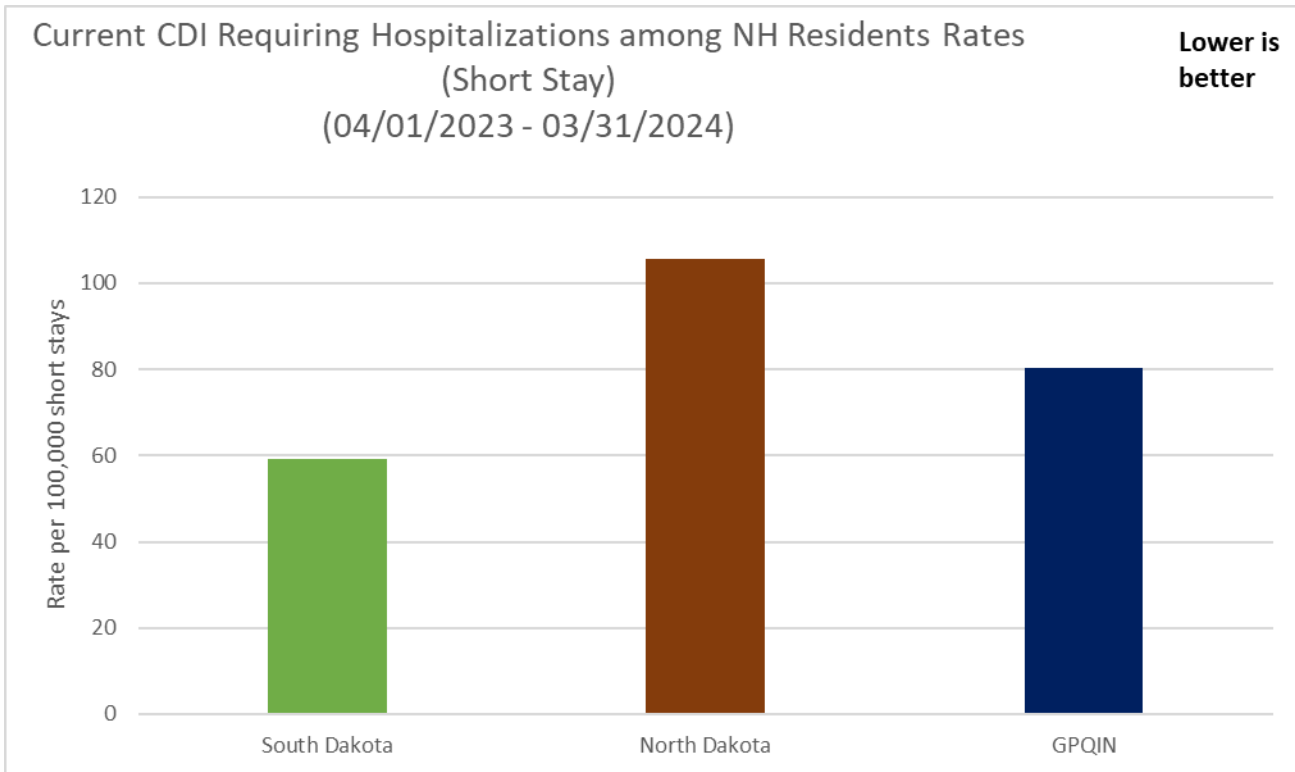
Measures included are:

- **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.

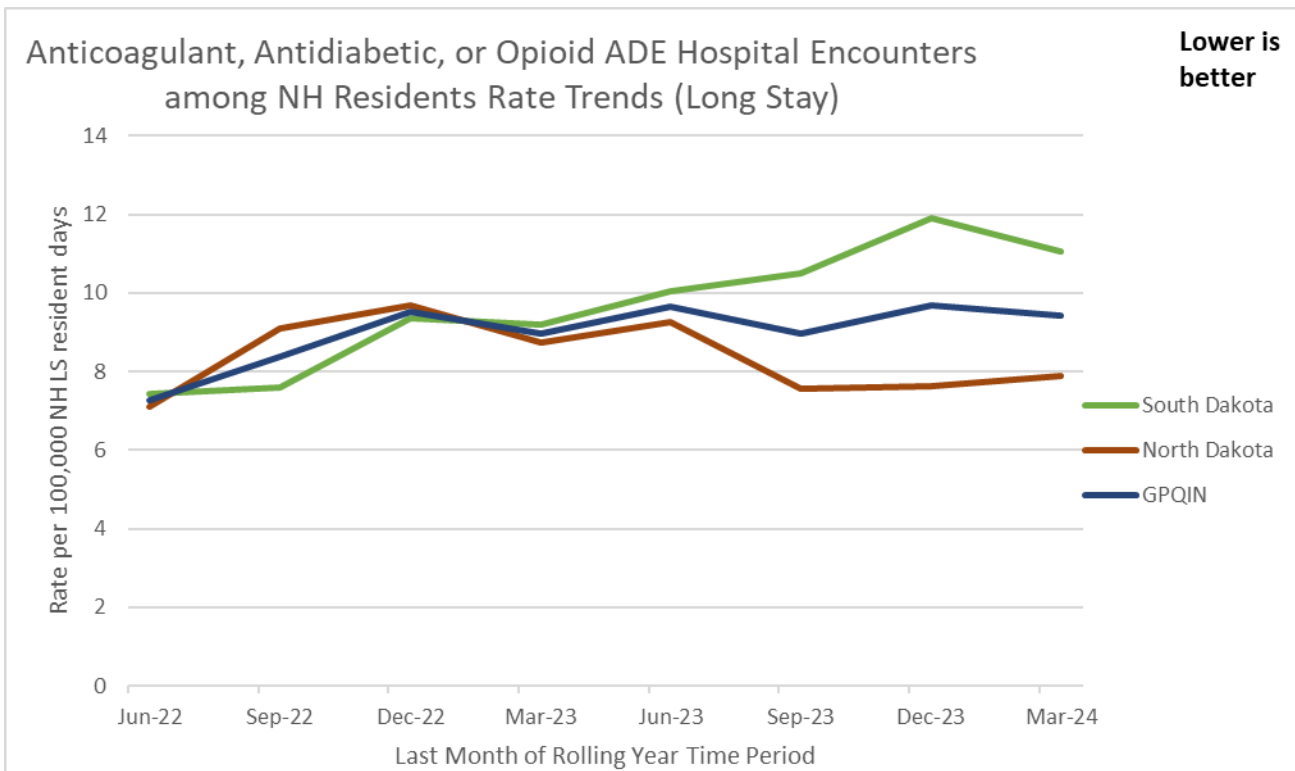
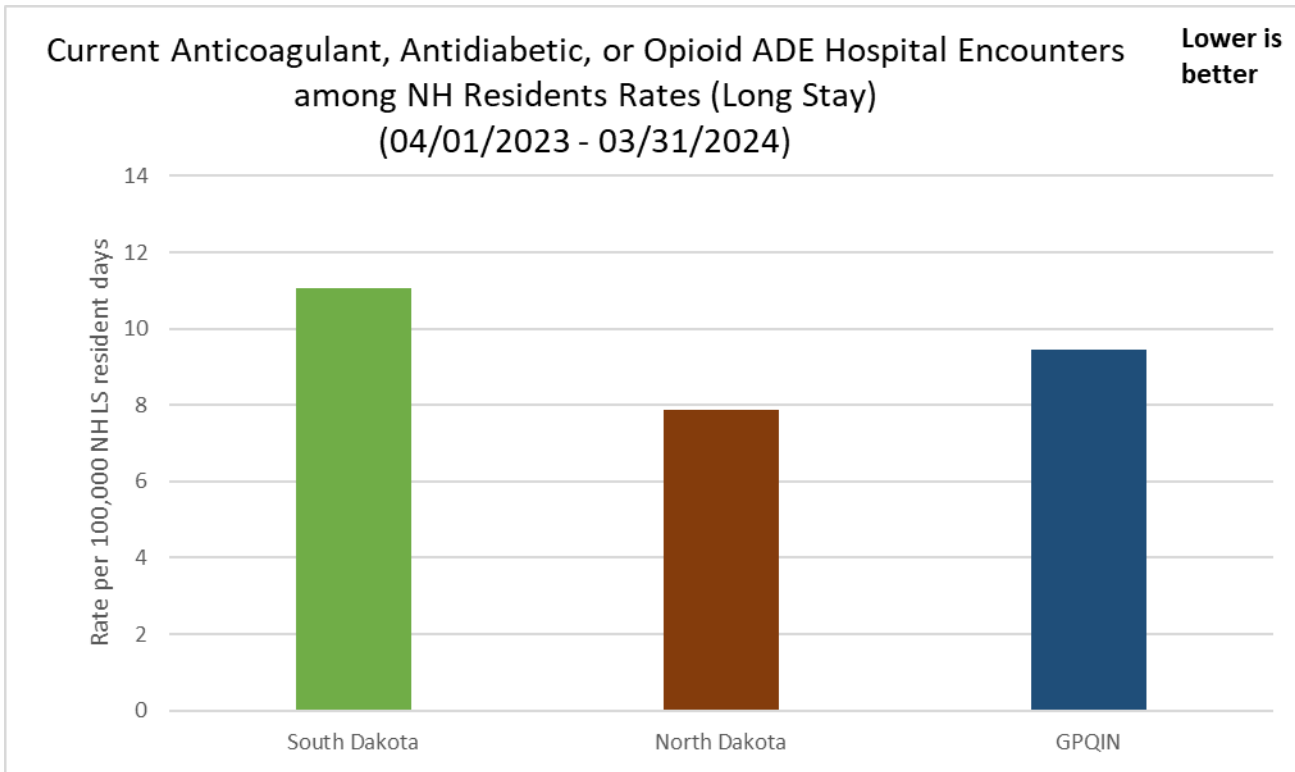


**Clostridioides difficile (CDI) Requiring Hospitalization (Short Stay):** Rate of nursing home short stays with an inpatient admission due to CDI per 100,000 short stays among Medicare Fee-for-Service beneficiaries.

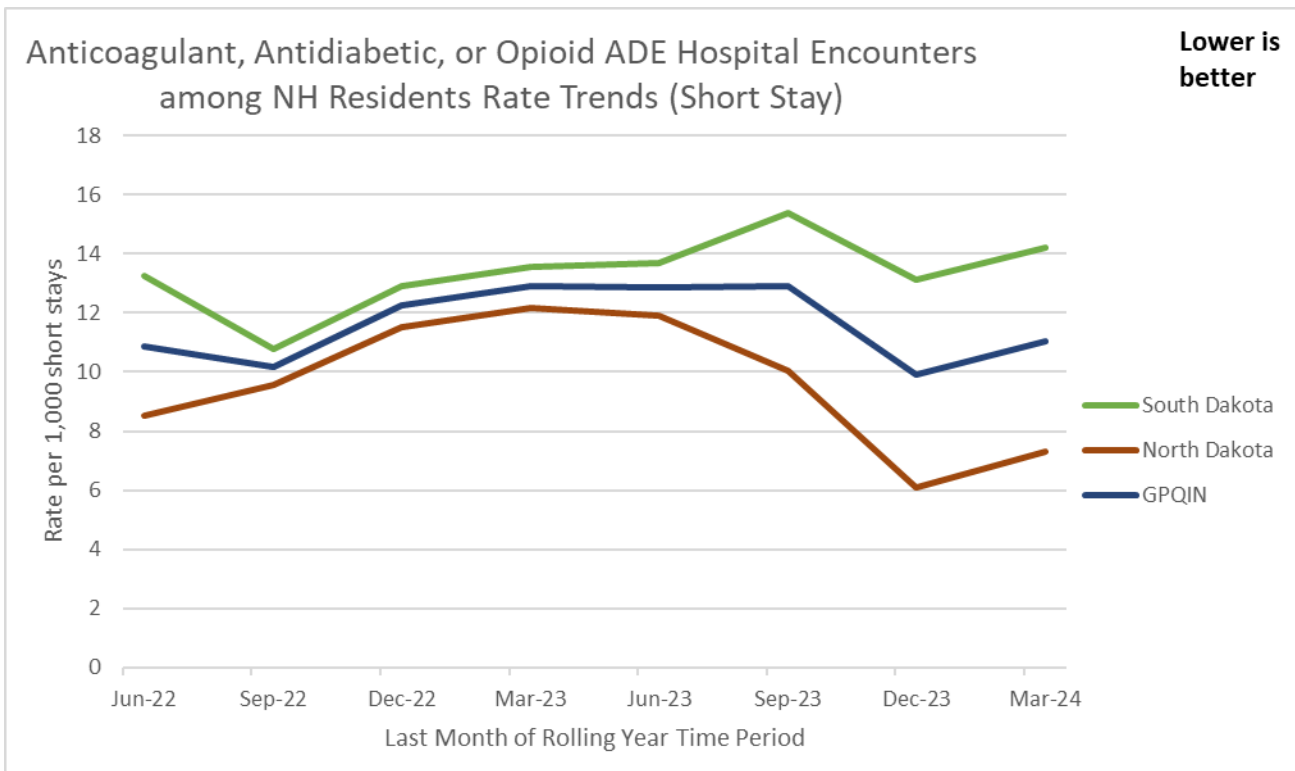
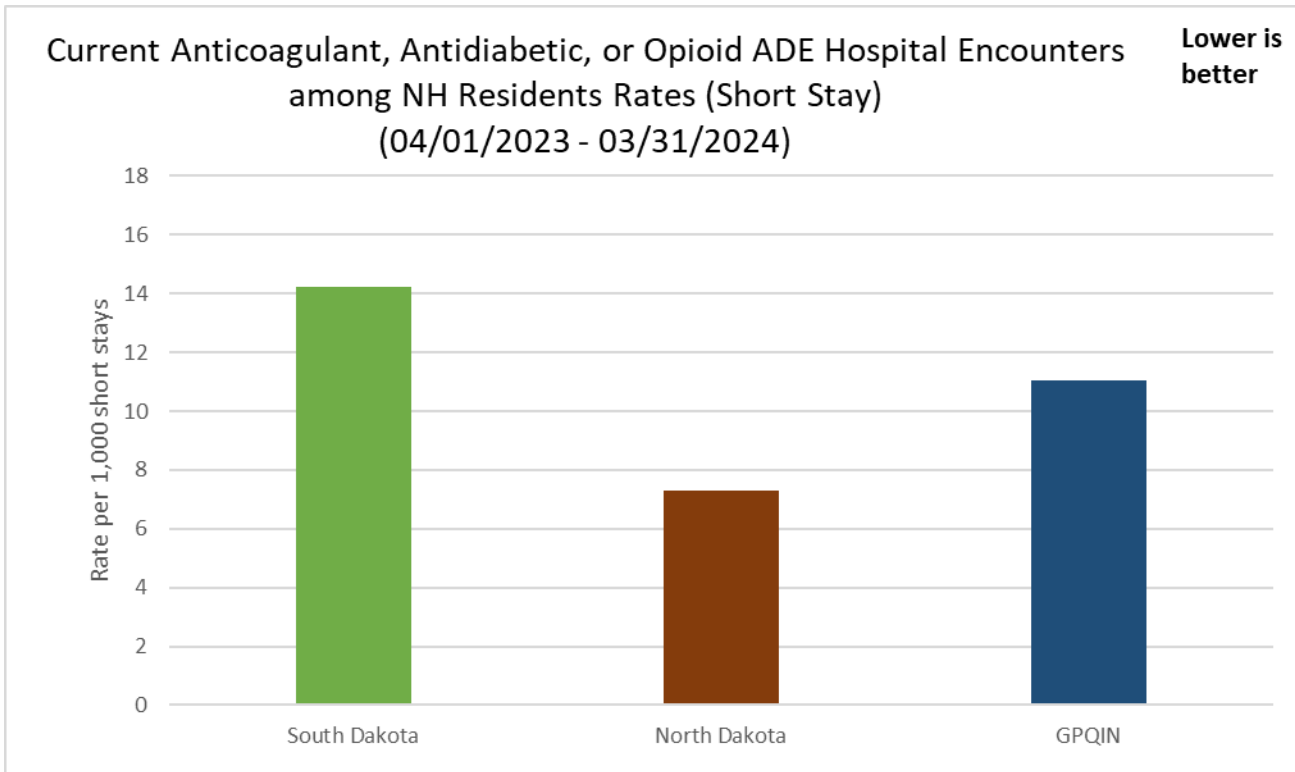




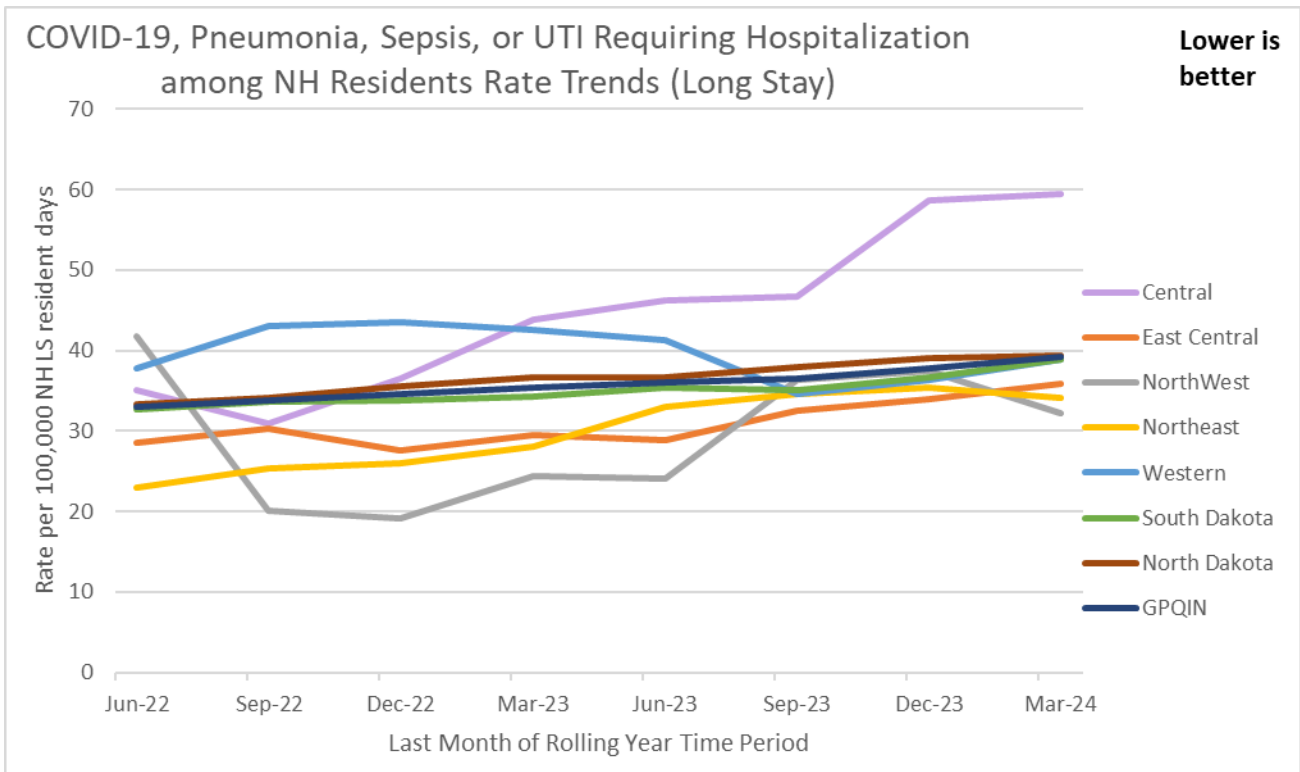
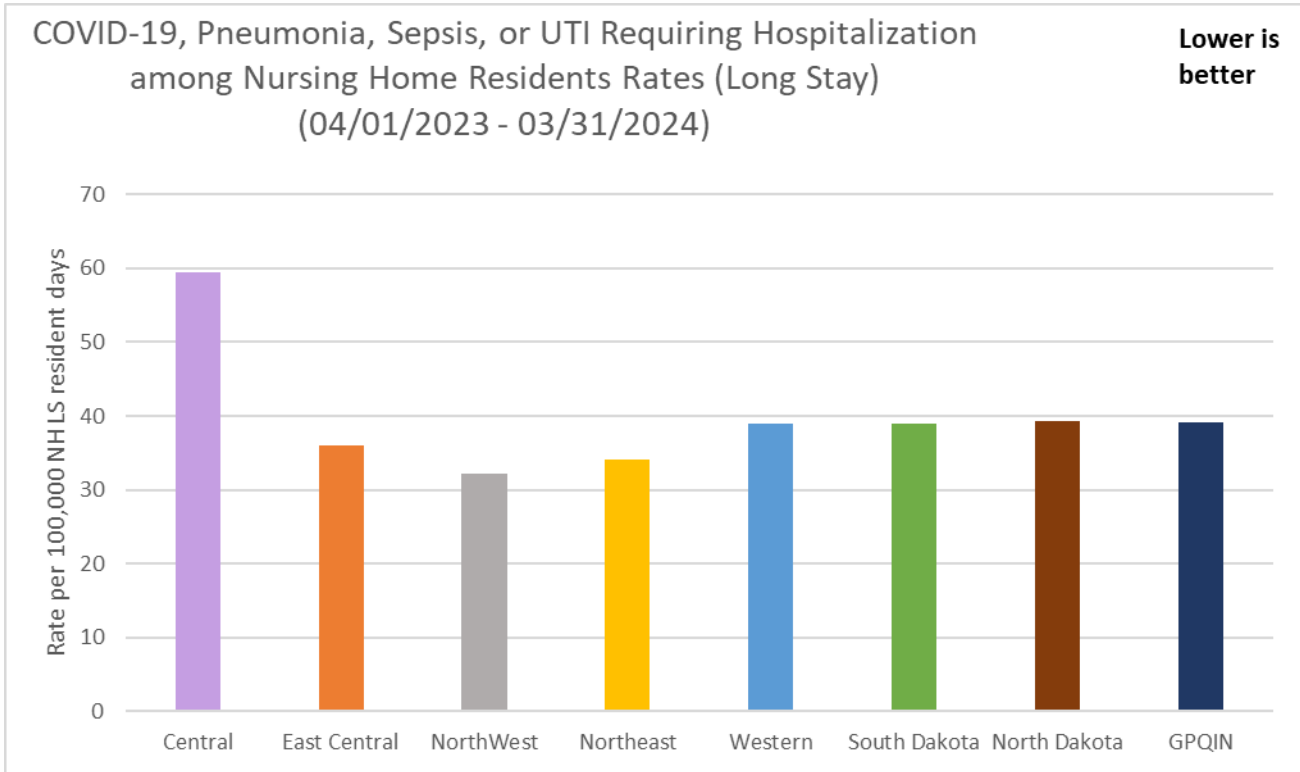
**Anticoagulant, Antidiabetic, or Opioid Adverse Drug Event (ADE) Hospital Encounters (Long Stay):** Rate of emergency department, observation, and inpatient anticoagulant, antidiabetic, or opioid ADEs per 100,000 nursing home long-stay resident days among Medicare Fee-for-Service beneficiaries with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



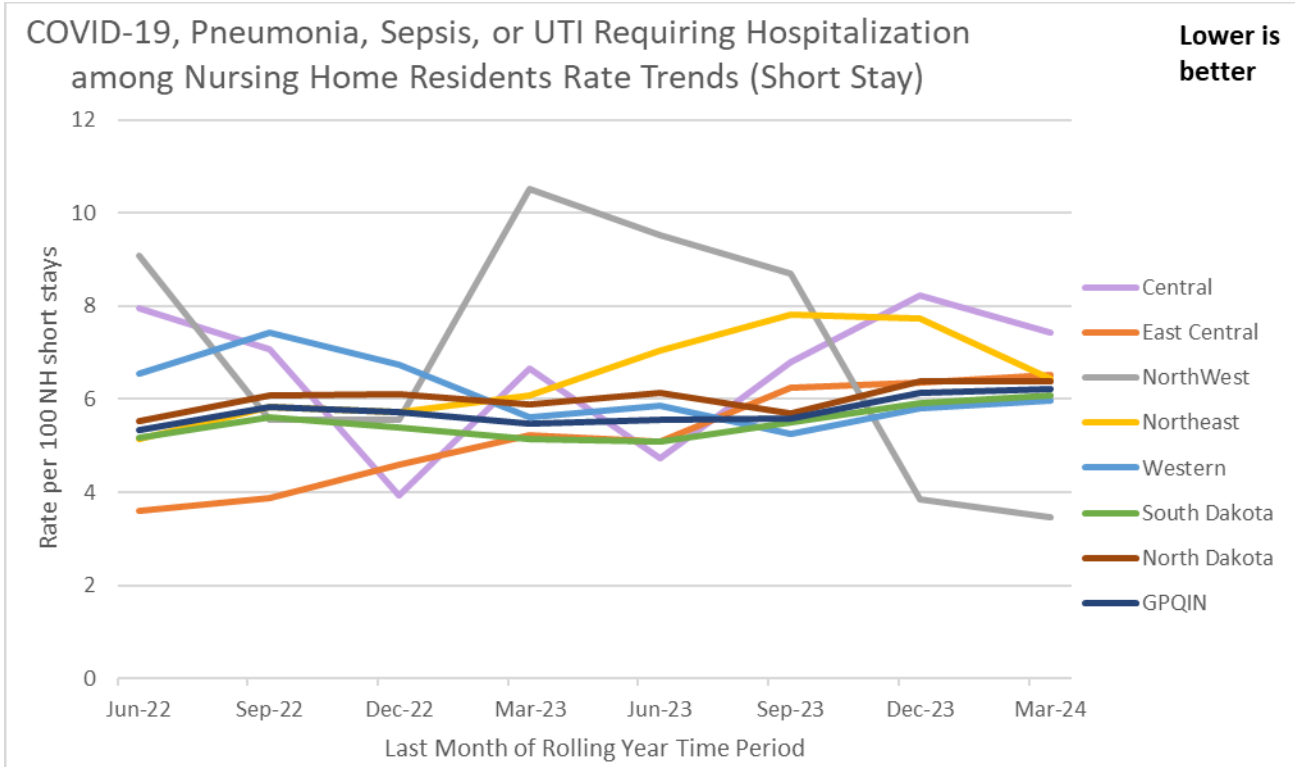
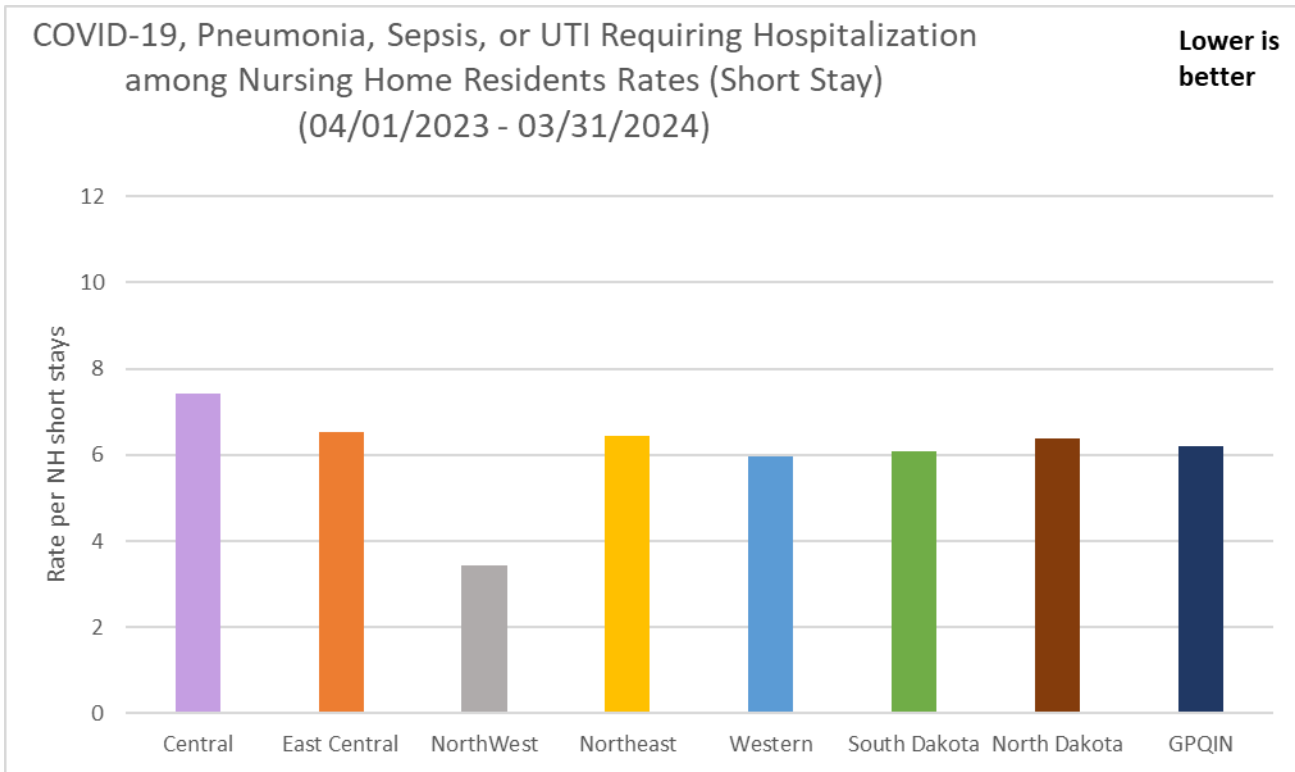
**Anticoagulant, Antidiabetic, or Opioid Adverse Drug Event (ADE) Hospital Encounters (Short Stay):** Rate of nursing home short stays with an emergency department, observation, or inpatient anticoagulant, antidiabetic, or opioid ADEs per 1,000 stay stays among Medicare Fee-for-Service beneficiaries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



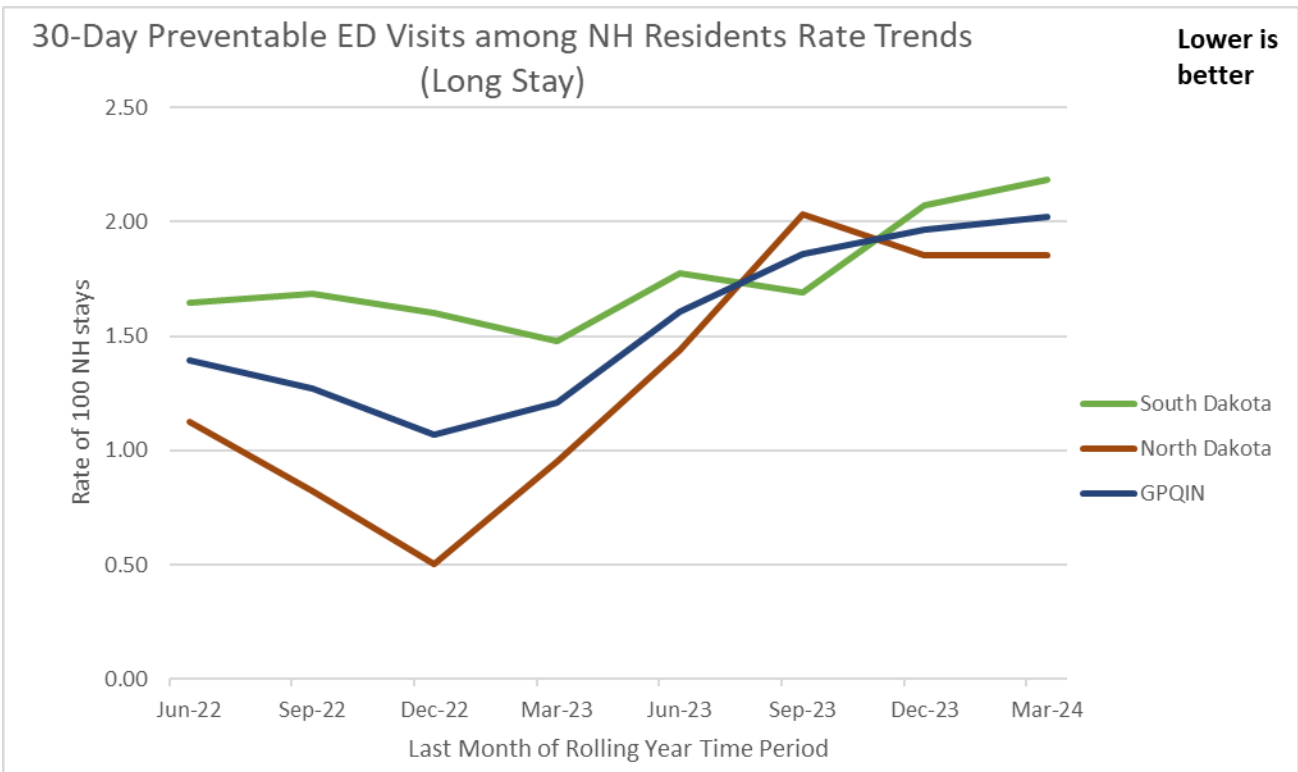
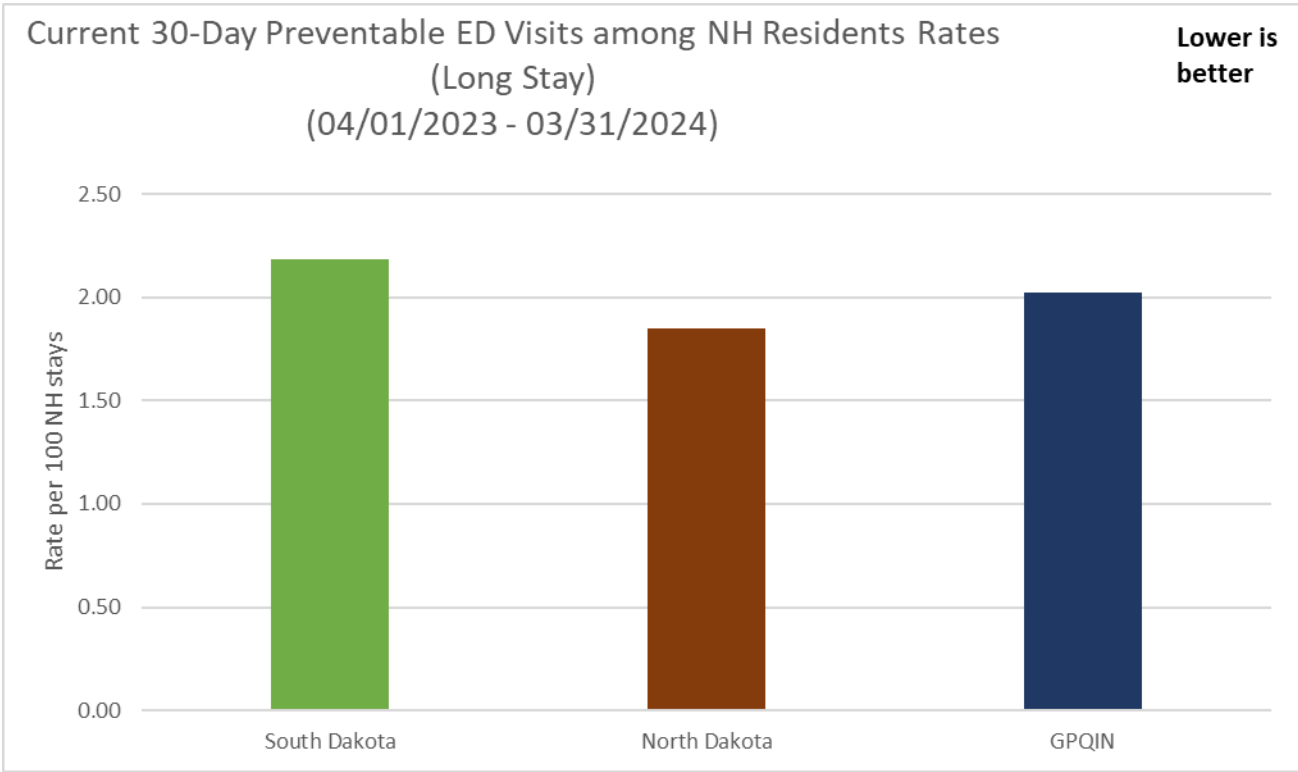
**COVID-19, Pneumonia, Sepsis, or UTI Requiring Hospitalization (Long Stay):** Rate of inpatient admission due to COVID-19, pneumonia, sepsis, or UTI per 100,000 nursing home long-stay resident days among Medicare Fee-for-Service beneficiaries.



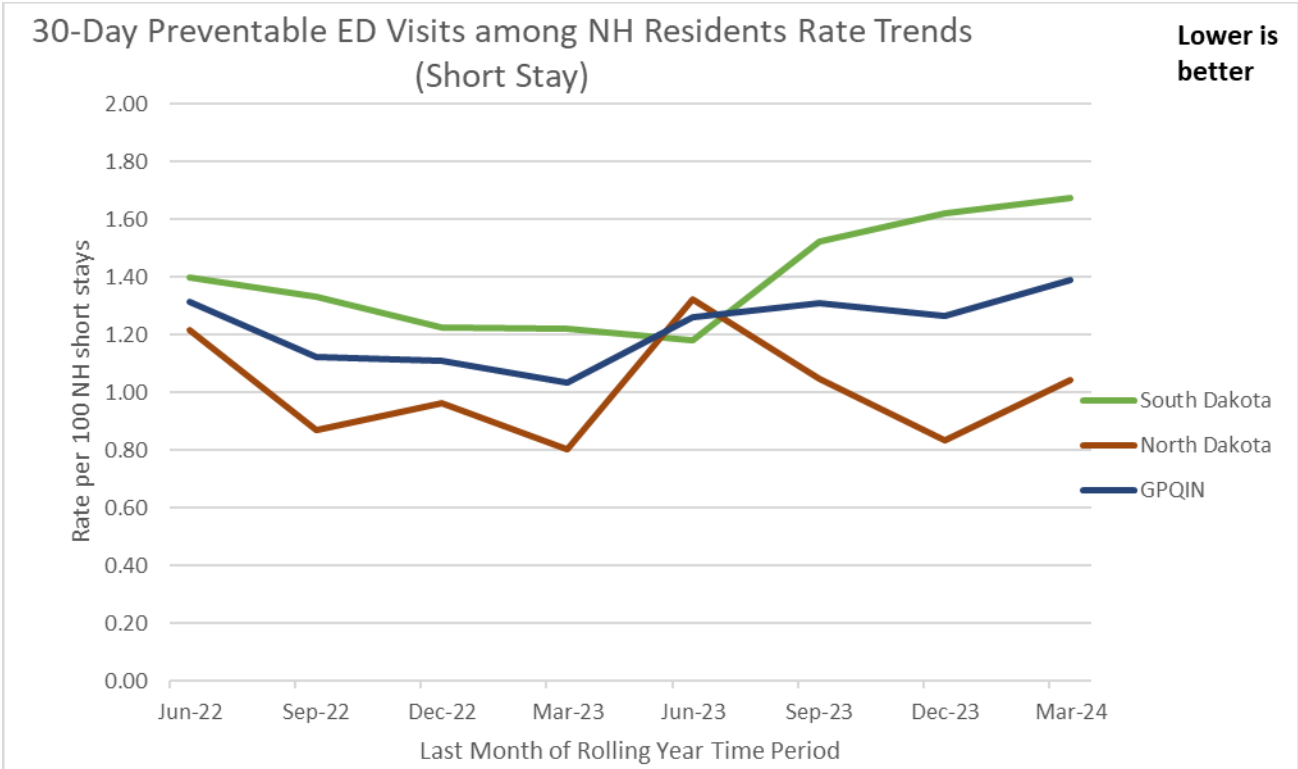
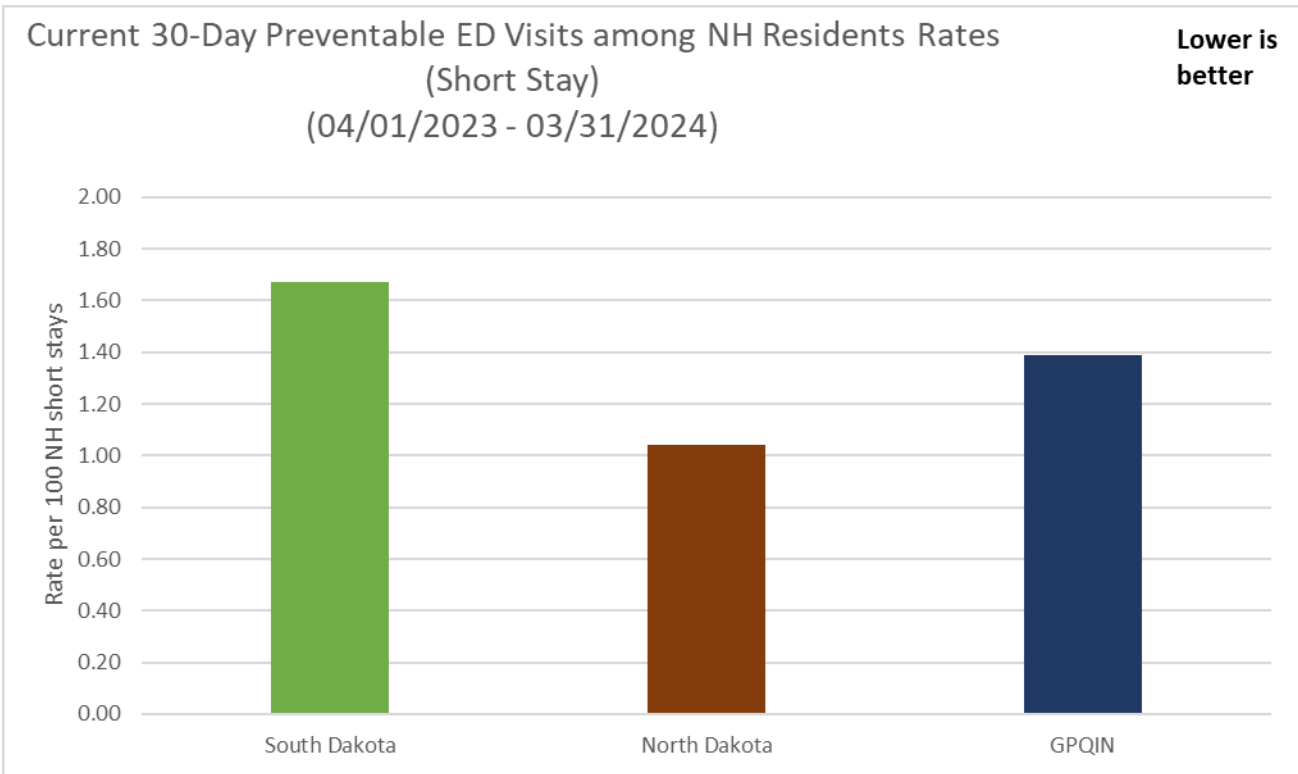
**COVID-19, Pneumonia, Sepsis, or UTI Requiring Hospitalization (Short Stay):** Percentage of nursing home short stays by Medicare Fee-for-Service beneficiaries having an inpatient admission due to COVID-19, pneumonia, sepsis, or UTI.



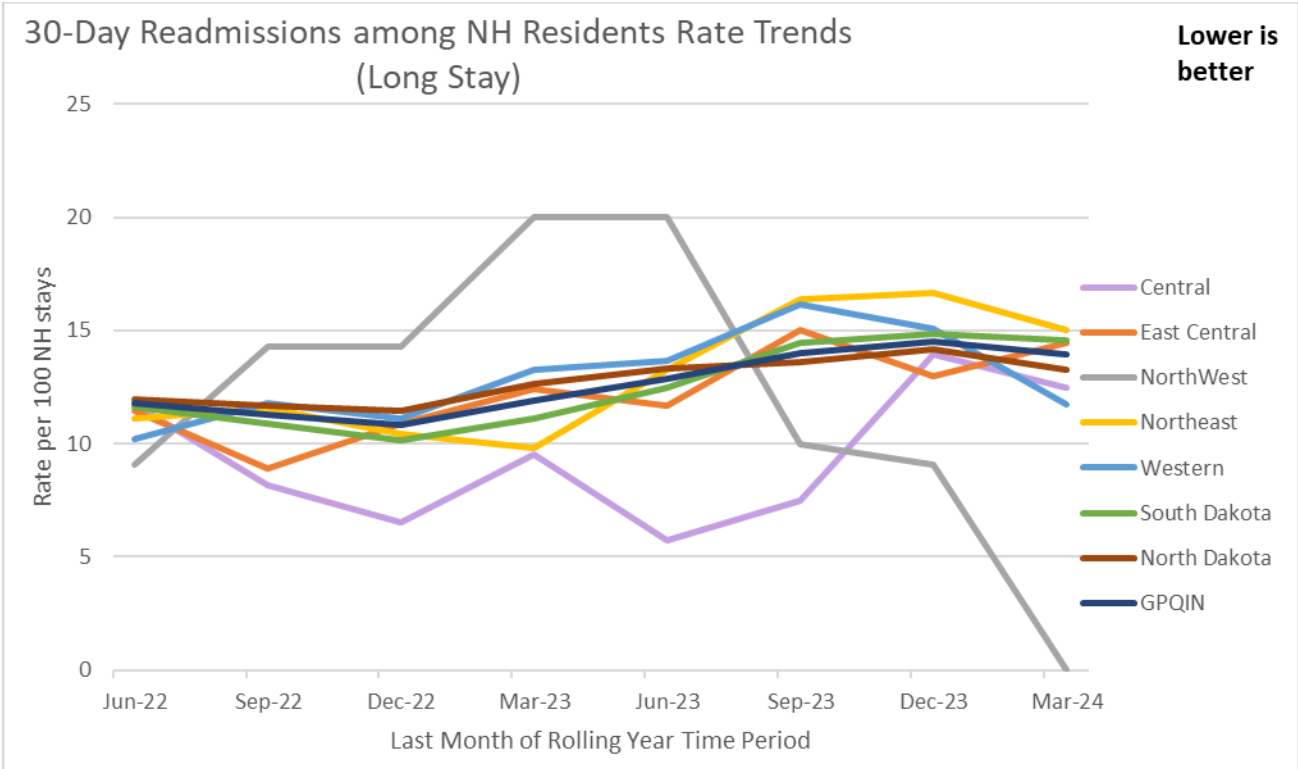
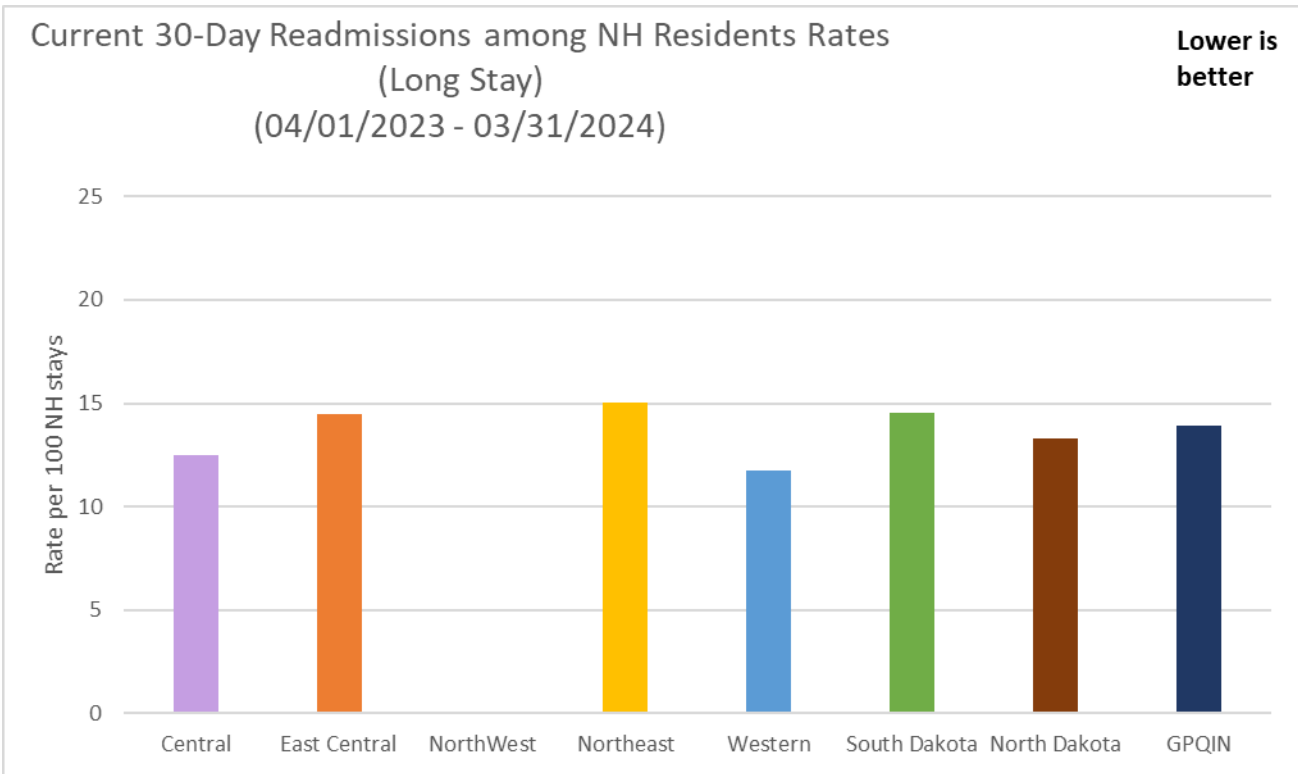
**30-Day Preventable ED Visits (Long Stay):** Percentage of nursing home stays by long-stay residents who are Medicare Fee-for-Service beneficiaries having a potentially preventable emergency department visits within 30 days after an inpatient discharge.



**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.

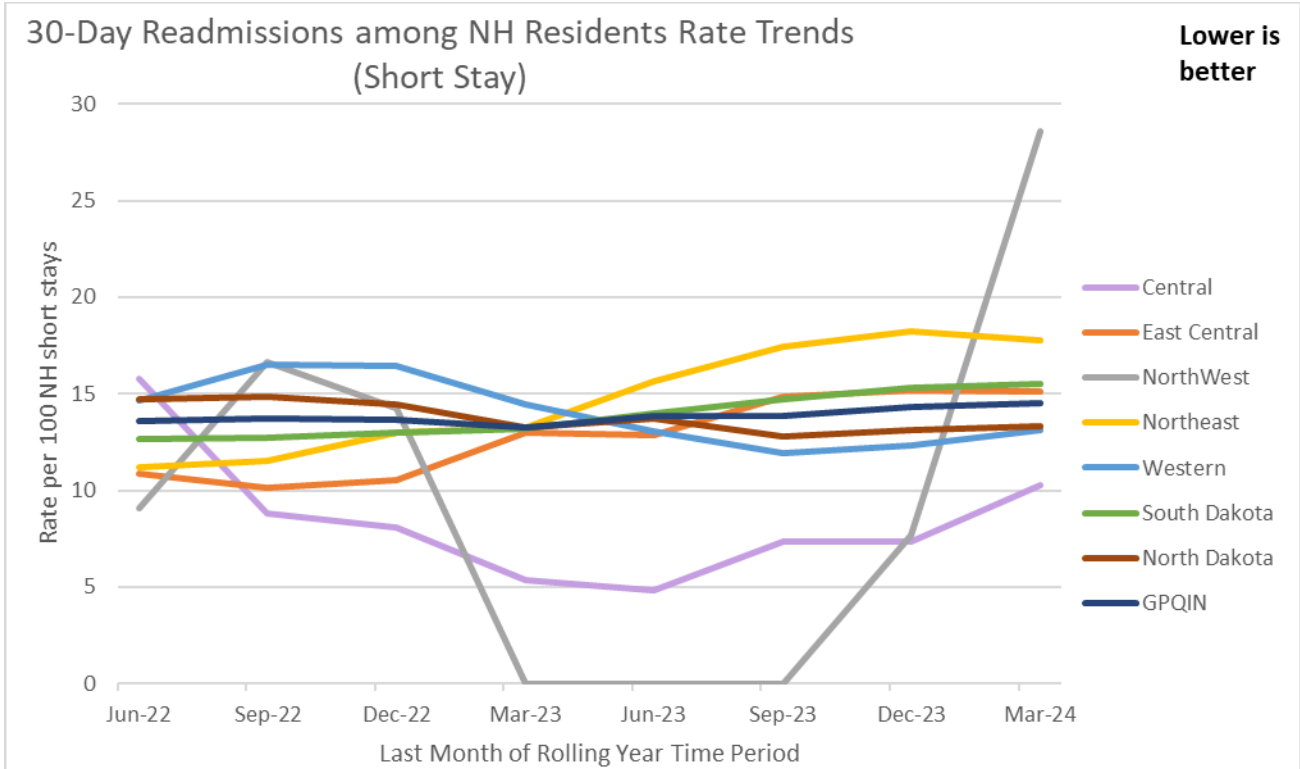
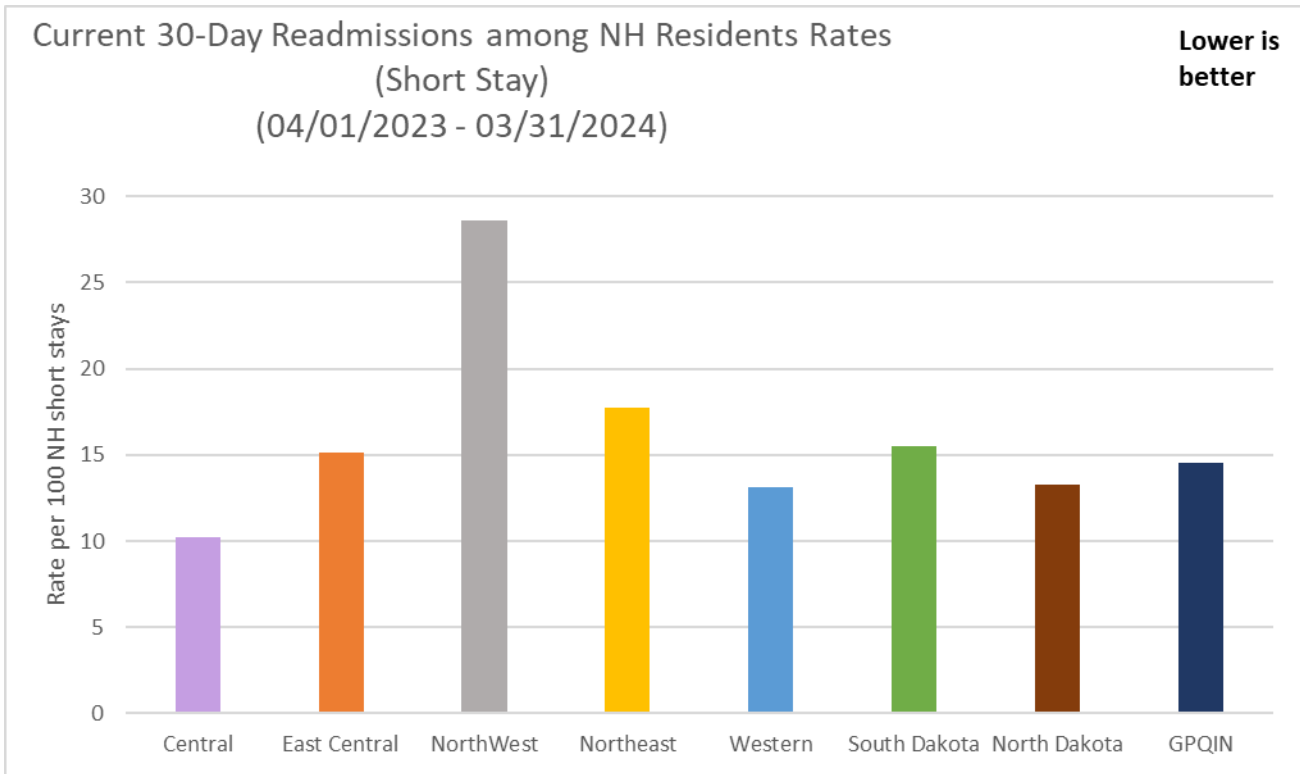


**30-Day Readmissions (Long Stay):** Percentage of nursing home stays by long-stay residents who are Medicare Fee-for-Service beneficiaries having an all-cause inpatient readmission within 30 days after an inpatient discharge.





**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.