30-Day Hospital Readmission Benchmarking Guide

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The Benchmarking Program is generously supported by
**Introduction**

Benchmarking in the health care industry collects measurable performance data to develop quality standards based on aggregating information from a wide range of providers. When multiple providers participate, it adds context for comparing results from one location to standards determined through reporting from locations across the entire industry. National benchmarks are the gold standard for measuring individual performance, and reporting over time encourages continuous quality improvement. Applying benchmarking in home infusion is a process of identifying where action can be specifically directed and monitored.

**NHIF Benchmarking Programs**

- 30-Day Hospital Readmission Rates
- Patient Satisfaction
- Status at Discharge

**Types of Benchmarking**

**Internal Benchmarking**

Internal benchmarking is used when providers compare their historical performance, such as comparing one year’s data with another. This process allows providers to track, analyze, and trend their performance over time or compare different locations within the same organization.

**External Benchmarking**

External benchmarking establishes context for judging results. It is a tool that provides key information on how one provider’s service measures up against other “similar” providers. Without this added context, providers lack the perspective of what constitutes good performance.

**Role of NHIF**

NHIF is a not-for-profit 501(c)(3) affiliate of the National Home Infusion Association. The mission of NHIF is to advance infusion practice through research, leadership, and education programs. Benchmarking programs are funded and administered through NHIF as a research initiative. Data submitted from individual organizations is used following all aspects of the Ethics Code of the American Association of Public Opinion Researchers, thereby protecting respondent confidentiality. Data received by NHIF is de-identified, and NHIF will never have the ability to associate the raw, extracted data with any individual provider who participates in benchmarking. NHIF will not sell or otherwise provide participating location contact information to anyone and retains ownership of all raw data and benchmarks.

**Data De-identification**

A unique data participation code (DPC) is assigned to each location using a third party to de-identify the provider with their data. Data is submitted using a secure data entry portal available through registration by the provider entering a new password and using their DPC code. The DPC code and password-protected data entry portal maintain provider privacy. Provider data is anonymous to NHIA/NHIF.

**Contact Information:** Inquiries about this project may be directed to [NHIFdata@nhia.org](mailto:NHIFdata@nhia.org).
30 Day Hospital Readmission Benchmark Metric

Purpose
NHIF proposes this metric to help providers better understand the frequency and reason for re-hospitalization within the first thirty days of initiation of home infusion therapy for patients with congestive heart failure (CHF) receiving either dobutamine or milrinone infusions; and in parenteral nutrition (PN) patients referred for home therapy. These populations were selected for the high level of complexity associated with the transition of care and high patient acuity. Providers will be able to use this information to identify and further investigate the factors that contribute to re-hospitalization in these patient populations and reduce the rate of readmission.

Minimum participation (in each therapy category) to report:
Individual Locations = 10 locations or
Sample size = 150 patients

Participation Criteria
Providers wishing to participate in the 30-day hospital readmission Benchmark must:

1. Adopt and report data according to the NHIF standard therapy categories.
   NHIF published standardized therapy categories to facilitate consistent analysis of benchmarking results by therapy type. In addition, this requirement ensures providers can quickly identify patients eligible for inclusion in the benchmarking metric.

2. Adopt, collect, and report data according to the standard NHIF definition for unplanned hospitalization, the reason for unplanned hospitalization, and the outcome of unplanned hospitalization.
   NHIF published standardized definitions to collect and report standardized data for unplanned hospitalization events in the home infusion patient population. Providers wishing to participate in the 30-day readmission benchmarking metric must demonstrate that the reported data is consistent with the NHIF standard definitions for unplanned hospitalization events, reasons, and outcomes.

3. Adopt, collect, and report data using the NHIF categories for access device type.
   NHIF published standardized categories for access device types. This metric requires providers to classify access devices according to the NHIF standard definitions for access devices to facilitate analysis that may identify trends in access device utilization related to unplanned hospitalizations.

4. Adopt an organizational policy describing the methods for identifying benchmarking eligible patients and exclusions, conducting employee training, and designing data collection procedures.
   • The organizational policy outlines the data sources (E.g., reports used for identifying eligible and excluded patients, patient demographic information, and unplanned hospitalization events, reasons, and outcomes.)
   • Identifies procedures for training employees on the standard definitions.
   • Identifies procedures for internal review and validation of data.
5. **Inclusion Criteria:**
   Any patient for whom services were initiated with one of the following therapies:
   1. Inotrope therapy with dobutamine or milrinone
   2. Parenteral Nutrition

6. **Exclusion Criteria:**
   1. Hospice patients

7. Agree to submit data for all eligible patients.

8. Sign the NHIF participation agreements as applicable.
30-Day Hospital Readmission Benchmarking Guide

Benchmarking Process

1. **Apply to Participate**
   - Complete electronic application and submit to NHIF

2. **Evaluate Participation**
   - Requirements
   - SOPs
   - Training and education

3. **Signed Agreement**

4. **DPC Code Assigned**
   - Code sent to participant

5. **Portal registration**
   - Users created in the portal
   - Portal instructions sent to participants

6. **Data Submission to Portal**
   - 1. Collect data
   - 2. Upload spreadsheet data to portal

7. **Data Retrieval from Portal**
   - Report generated by date span
   - Master data files

8. **Data Analysis**
   - Statistical, cross-tabulation
   - Validate and review for flaws
   - Individual analyses for each provider

9. **Provider Report Created**
   - 1. Summary report
   - 2. Individual

10. **Individual Reports Distributed**
    - Participants notified to view their reports in the portal

   **Timeline:**
   - **1 - 3 months**
   - **2 days**
   - **4 days**
   - **10 days**
   - **2 days**
Data Collection and Reporting

1. Required Data Elements (Table 1) will be coded and entered in an Excel® spreadsheet. A formatted spreadsheet will be provided containing the required data elements. Table 1 describes how to code the data. In most cases, the data is entered into the spreadsheet cells as a number, that refers to a given response.

2. Data Portal Instructions for Use (Appendix D)
   a. Register for an online account.
   b. Access the portal website to register.
   c. Enter the assigned DPC code as the Username
   d. Registered DPC accounts require approval through NHIF and become available for access within 1-2 business days.

3. Each DPC account is linked to a portal folder containing any individual reports that have been created for that DPC code.

4. Use Data Collection and Submission Tool (Excel®) for collecting data to submit to the portal (see Table 1 and Appendix C).

5. File Naming Convention: DPC#monthyearREAD Example: DPC is 123456, the file name for the July 30 Day Hospital Readmission would be 123456july2021READ.

6. Provider Report Access
   a. Located in the NHIF Benchmarking Data Portal (See Appendix A: Sample Report and Appendix D: NHIF Benchmarking Data Portal Instructions)
## Table 1: Required Data Elements

<table>
<thead>
<tr>
<th>Patient Data</th>
<th>Field Description and Data Codes</th>
<th>Data Collection Column (for use with Excel®)</th>
<th>Excel® Column Letter</th>
</tr>
</thead>
<tbody>
<tr>
<td>Data Participation Code</td>
<td>This field is the Data Participation Code (DPC) that was assigned to each participating location. Data analysis will be linked to this code. Data from multiple participating locations can be included in the same file as long as the DPC code for each location is entered into Column A.</td>
<td>dpc</td>
<td>A</td>
</tr>
<tr>
<td>Patient ID</td>
<td>This field is the unique ID assigned by the home infusion provider. Patient names should not be entered</td>
<td>patid</td>
<td>B</td>
</tr>
<tr>
<td>Sample Month</td>
<td>This field should be set to the first day of the sample month for submitting patient data. The format for date is MM/DD/YYYY. Example: If entering data for a patient that was discharged on October 7, 2021, the sample month would be entered as 10/01/2021.</td>
<td>sammon</td>
<td>C</td>
</tr>
<tr>
<td>Date Initiated Service</td>
<td>Date of initiation of home infusion services. Services are considered initiated on the day when the home infusion drug enters the patient's body. Format for date is MM/DD/YYYY</td>
<td>indate</td>
<td>D</td>
</tr>
<tr>
<td>Patient Age</td>
<td>This field should contain the patient’s age in years, in digit format, on the date of initiation of services. Do not submit the patient date of birth in this column.</td>
<td>ptage</td>
<td>E</td>
</tr>
<tr>
<td>Patient Gender</td>
<td>This field contains patient gender. Valid values for this field are: 1 - Male 2 - Female M - Missing/Unknown</td>
<td>ptgen</td>
<td>F</td>
</tr>
<tr>
<td>Therapy</td>
<td>This field contains the type of therapy that the patient received. Valid values for this field are: 1 - Inotrope therapy with dobutamine or milrinone 2 - Parenteral nutrition</td>
<td>therapy</td>
<td>G</td>
</tr>
<tr>
<td>Access Device</td>
<td>This field contains the type of access device used for the home infusion therapy (for patients with multiple access devices, report the primary access device for the therapy provided). Valid values for this field are: 1. Central Venous Catheter (CVC), tunneled, cuffed 2. Central Venous Catheter (CVC), non-tunneled 3. Implanted port 4. Intrathecal 5. Epidural 6. Peripheral (PIV) 7. Peripherally inserted central catheter (PICC) 8. Midline 9. Subcutaneous 10. Other (The write-in response will be in Column &quot;I&quot;)</td>
<td>acdevice</td>
<td>H</td>
</tr>
<tr>
<td>Patient Data</td>
<td>Field Description and Data Codes</td>
<td>Data Collection Column (for use with Excel®)</td>
<td>Excel® Column Letter</td>
</tr>
<tr>
<td>--------------</td>
<td>---------------------------------</td>
<td>---------------------------------------------</td>
<td>---------------------</td>
</tr>
<tr>
<td>Access Device Other</td>
<td>This field contains the ‘other’ write-in response for the type of access device used. Leave this column blank if there was no write-in response.</td>
<td>otherg</td>
<td>I</td>
</tr>
<tr>
<td>Parenteral Nutrition Patient Diagnosis</td>
<td>This field contains the primary diagnosis associated with the infusion therapy (parenteral nutrition patients only). Leave the cell blank for inotropic patients. Valid values for this field are: 1. Malnutrition 2. Post-surgical Malabsorption 3. Fistula of the Intestine 4. Other (If this option is chosen, define what &quot;other&quot; is in Column K)</td>
<td>pndiag</td>
<td>J</td>
</tr>
<tr>
<td>Parenteral Nutrition Patient &quot;Other&quot; Diagnosis</td>
<td>Fill in this field if &quot;other&quot; was chosen for Column J (Parenteral nutrition patient diagnosis). Leave this cell blank if &quot;other&quot; was not chosen. Valid values for this field are: write-in response</td>
<td>pndiagot</td>
<td>K</td>
</tr>
<tr>
<td>Inotropic Patient Diagnosis</td>
<td>This field contains the primary diagnosis associated with the infusion therapy (inotropic patients only). Leave the cell blank if a Parenteral nutrition patient. Valid values for this field are: 1. Congestive Heart Failure 2. Other (If this option is chosen, define what &quot;other&quot; is in Column M)</td>
<td>indiag</td>
<td>L</td>
</tr>
<tr>
<td>Inotropic Patient &quot;Other&quot; Diagnosis</td>
<td>Fill in this field if &quot;other&quot; was chosen for Column L (inotrope patient diagnosis). Leave this field blank if &quot;other&quot; was not chosen. This field contains a write-in response</td>
<td>indiagot</td>
<td>M</td>
</tr>
<tr>
<td>Unplanned Hospitalization</td>
<td>Did the patient have an unplanned hospitalization? Valid values for this field are: 1. Yes 2. No If you entered “2” (No), there is no more data to enter for this patient. The remaining data entry cells for this patient will remain blank.</td>
<td>hospyn</td>
<td>N</td>
</tr>
<tr>
<td>Hospital Admission Date</td>
<td>If Column “N” included a &quot;Yes&quot; (1) response, this field contains the date the patient was admitted to the hospital. The format for a date is: MM/DD/YYYY</td>
<td>hosdate</td>
<td>O</td>
</tr>
</tbody>
</table>
### Table 1: Required Data Elements (continued)

<table>
<thead>
<tr>
<th>Patient Data</th>
<th>Field Description and Data Codes</th>
<th>Data Collection Column (for use with Excel®)</th>
<th>Excel® Column Letter</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Hospitalization Related or Unrelated to Infusion Therapy</strong></td>
<td>This field provides the answer to the question, &quot;Was the unplanned hospitalization related or unrelated to the infusion therapy?&quot; Additional information about this determination can be found in this guide. Valid values for this field are 1. Related 2. Unrelated If you entered &quot;2&quot; (Unrelated), there is no more data to enter for this patient. The remaining data entry cells for this patient will remain blank.</td>
<td>infrelate</td>
<td>P</td>
</tr>
<tr>
<td><strong>Reason for Unplanned Hospitalization</strong></td>
<td>If &quot;1&quot; (Related) was selected for Column P, select the best, most applicable reason for the unplanned hospitalization. Valid values for this field are 1. Adverse Event- Infused Drug Related 2. Adverse Event- Equipment Related 3. Adverse Event – Access Device Infection 4. Adverse Event – Access Device Related - Other than Infection 5. Change in Eligibility 6. Insufficient response 7. Unknown Reason 8. Other: (If this option is chosen, include a write-in response in Column R)</td>
<td>hospreas</td>
<td>Q</td>
</tr>
<tr>
<td><strong>“Other” Reason for Unplanned Hospitalization</strong></td>
<td>This field contains the &quot;other&quot; write-in response from the reason for the unplanned hospitalization. Leave this column blank if “other” was not chosen for Column Q</td>
<td>otherhos</td>
<td>R</td>
</tr>
<tr>
<td><strong>Unplanned Hospitalization Outcome</strong></td>
<td>This field contains the unplanned hospitalization outcome Valid values for this field are: 1 - Resumption of home infusion services with therapy changes 2 - Resumption of home infusion services without therapy changes 3 - Home infusion services discontinued 4 - Pending/remains hospitalized at time of reporting</td>
<td>outcom</td>
<td>S</td>
</tr>
</tbody>
</table>

### Revision History

<table>
<thead>
<tr>
<th>Date</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>12/31/2021</td>
<td>Content reorganized. Table of Contents added. Gender added to the data collection. Two new columns added to the data collection to provide a free text option for “other” as a diagnosis for both parenteral nutrition and inotrope patients. Data collection and reporting instructions incorporated.</td>
</tr>
<tr>
<td>1/1/2020</td>
<td>Updated</td>
</tr>
<tr>
<td>11/1/2019</td>
<td>New</td>
</tr>
</tbody>
</table>
Introduction

This initiative is based on the need for data that describes inotropic and parenteral nutrition home infusion patients that are admitted to the hospital following the initiation of home infusion therapy. Furthermore, it also purposes to determine if the hospital admission was related to the patient’s home infusion therapy. Home infusion staff strive to keep patients out of the hospital and at home with the goal to prevent readmission. It is common knowledge, that most inotropic and parenteral nutrition patients are the most ill with co-morbidities, thus it is not uncommon for these patients to be readmitted to the hospital. As a result, the goal of this benchmarking program is to determine the percentage of inotropic and parenteral nutrition patients that have a hospital admission following the initiation of home service that is related to the home infusion therapy.

All home infusion providers were invited to participate in the 30-Day Hospital Readmission Benchmarking Program of which 13 submitted their April – June 2021 patient hospitalization data using the NHIF selected study variables, Data Entry Guide, and Data Collection Form. Through the generosity and efforts of the participating providers, for which NHIF is very thankful, the home infusion industry has gained further insight to home infusion hospitalizations. As a thank you for participating, providers who contributed data are receiving this project report.

Results

Home infusion providers submitted de-identified data from 300 patients (Inotropic patients = 50, Parenteral nutrition patients = 250) who were hospitalized within 30 days following the initiation of home infusion therapy. The two therapy types are different in several ways thus were analyzed separately.
Inotropic Patients (n = 50)
The mean patient age was 57.56 (SD=19.71) with a range of under one year to 84 years of age. When patient age is grouped into 5 categories, the largest percentage of patients is in the 65+ age group followed by the 50-64 age group, as shown in Table 1. Of the inotropic patients, 90.00% were diagnosed with congestive heart failure. The most common access device used was a PICC (peripherally inserted central catheter) with nearly 90.00% of the patients using this type followed by a central venous (tunneled, cuffed) access device (Table 2).

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-16</td>
<td>4</td>
<td>8.00</td>
</tr>
<tr>
<td>17-29</td>
<td>1</td>
<td>2.00</td>
</tr>
<tr>
<td>30-49</td>
<td>8</td>
<td>16.00</td>
</tr>
<tr>
<td>50-64</td>
<td>18</td>
<td>36.00</td>
</tr>
<tr>
<td>65+</td>
<td>19</td>
<td>38.00</td>
</tr>
<tr>
<td>Total</td>
<td>50</td>
<td>100.00</td>
</tr>
</tbody>
</table>

A 30-day, all-cause hospital readmission was observed in 17 (34.00%) of the 50 inotropic patients. Of the 17 hospitalizations, 11 were related to the infusion therapy, of which 8 were from an insufficient therapy response, 1 from a drug related adverse event, and 1 had a change in eligibility. One case did not provide data about the reason for the unplanned infusion related hospitalization.
Table 3 summarizes the rates of 30-day hospital readmission as a percentage of the overall population. 66.00% of the inotropic patients were not hospitalized while the all-cause rate of readmission within 30 days was 34.00%. The rate of 30-day hospital readmissions across all patients that were related to the home infusion therapy or diagnosis was 22.00%. Compared to the other quarters of analysis, these results are not the highest or lowest.

![Exhibit 3. Inotropic Patient Hospital Readmission Status Summary](image)

Parenteral Nutrition (PN) Patients (n = 250)
The mean patient age was 48.26 (SD=20.88) with a range of a under one year to 87 years of age. When patient age is grouped into 5 categories, the largest percentage of patients is in the 50-64 age group followed by the 65+ age group as shown in Table 4. Typically, it is the 65+ age group that has the highest percentage of readmission, as has been observed in past quarterly analysis.

As shown in Table 5, the primary diagnosis for these patients was post-surgical malabsorption, which was observed in 41.20% of the patients followed by malnutrition (38.00%). These results are comparable to last quarter. The most common access device used was a PICC (peripherally inserted central catheter) with slightly less than 70% of the patients using this type followed by a central venous catheter (tunneled, cuffed) (Table 6).

![Exhibit 4. Parenteral Nutrition Patient Population by Age Group](image)

<table>
<thead>
<tr>
<th>Patient Status: Hospitalized/Not Hospitalized and Related/Unrelated to Home Infusion Therapy (HIT)</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient No Unplanned Hospitalization</td>
<td>33</td>
<td>66.00</td>
</tr>
<tr>
<td>Patient All-cause Hospitalization</td>
<td>17</td>
<td>34.00</td>
</tr>
<tr>
<td>Patient Hospitalized, Unrelated to HIT</td>
<td>6</td>
<td>12.00</td>
</tr>
<tr>
<td>Patient Hospitalized, Related to HIT</td>
<td>11</td>
<td>22.00</td>
</tr>
</tbody>
</table>

*All-Cause Hospitalization is a total of Unrelated and Related Hospitalizations thus the percentage does not equal 100

<table>
<thead>
<tr>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-16</td>
<td>24</td>
</tr>
<tr>
<td>17-29</td>
<td>22</td>
</tr>
<tr>
<td>30-49</td>
<td>62</td>
</tr>
<tr>
<td>50-64</td>
<td>75</td>
</tr>
<tr>
<td>65+</td>
<td>64</td>
</tr>
<tr>
<td>Total</td>
<td>247</td>
</tr>
</tbody>
</table>
A 30-day, all-cause hospital readmission was observed in 81 (32.40%) of the 250 PN patients. Of these 81 hospitalizations, 17 were related to the infusion therapy. Of these 17 patients, 6 had an access device infection, 5 had an insufficient response, 4 had a change in eligibility, 1 had an infused drug related adverse event, and 1 had an access device related adverse event.

As shown in the patient summary table (Table 7), 67.60% of PN patients did not have a hospital readmission, while 25.60% had a re-admission that was unrelated to the home infusion therapy, and 6.80% had a re-admission related to home infusion. All-cause hospitalization is 32.40%. These results are comparable to last quarter’s, as shown in Table 8 which summarizes the past analysis.
National Home Infusion Foundation
30-Day Hospital Readmission Benchmarking Results
Quarter 2, 2021

**Exhibit 7. Parenteral Nutrition Patient Hospital Readmission Status Summary**

<table>
<thead>
<tr>
<th>Status</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient No Unplanned Hospitalization</td>
<td>169</td>
<td>67.60%</td>
</tr>
<tr>
<td>Patient All-cause Hospitalization</td>
<td>81</td>
<td>32.40%</td>
</tr>
<tr>
<td>Patient Hospitalized, Unrelated to HIT</td>
<td>64</td>
<td>25.60%</td>
</tr>
<tr>
<td>Patient Hospitalized, Related to HIT</td>
<td>17</td>
<td>6.80%</td>
</tr>
</tbody>
</table>

*All-Cause Hospitalization is a total of Unrelated and Related Hospitalizations thus the percentage does not equal 100

**Discussion**

This NHIF benchmarking initiative investigated inotropic and PN patients who experienced hospital readmission within 30-days after the initiation of home infusion therapy. The goal of this benchmarking project was to determine the rate of 30-day hospital readmissions related to inotropic and PN home infusion therapy (HIT). Table 8 shows a comparison of the past quarter’s benchmarks. When all four quarters of 2021 data are aggregated and analyzed, annual benchmarks will be established. Due to the larger sample size, the benchmarks will be more valid and generalizable to the home infusion industry.

**Table 8. Benchmark Summary Table with Comparison to Previous Quarters**

<table>
<thead>
<tr>
<th>Quarter</th>
<th>Inotropic</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>All-cause</td>
<td>Hospitalization</td>
<td>All-cause</td>
</tr>
<tr>
<td></td>
<td>Hospitalizations</td>
<td>related to HIT</td>
<td>Hospitalizations</td>
</tr>
<tr>
<td>Quarter 3-4, 2020</td>
<td>(n=76)</td>
<td>44.74%</td>
<td>(n=227)</td>
</tr>
<tr>
<td></td>
<td>23.68%</td>
<td></td>
<td>30.40%</td>
</tr>
<tr>
<td>Quarter 1, 2021</td>
<td>(n=35)</td>
<td>31.43%</td>
<td>(n=170)</td>
</tr>
<tr>
<td></td>
<td>11.43%</td>
<td></td>
<td>30.00%</td>
</tr>
<tr>
<td>Quarter 2, 2021</td>
<td>(n=50)</td>
<td>34.00%</td>
<td>(n=250)</td>
</tr>
<tr>
<td></td>
<td>22.00%</td>
<td></td>
<td>32.40%</td>
</tr>
</tbody>
</table>
### Appendix B: Unplanned Hospitalization Event Definitions

<table>
<thead>
<tr>
<th>Data Element</th>
<th>Definition</th>
<th>Additional Information/ Examples</th>
</tr>
</thead>
</table>
| **Unplanned Hospitalization** | When an active home infusion patient requires an unplanned, inpatient admission to an acute care hospital for any reason. | • Patients under “observation” at an acute care facility are not considered hospitalized.  
• Patients are considered hospitalized when the inpatient benefit is being billed for services. |
| **“Infusion Related” Unplanned Hospitalization** | An unplanned hospitalization is “related” to the infusion therapy when it occurs in response to an event associated with the infused medication, access device, administration method, or the diagnosis, and/or symptoms being treated. | The following are examples of events would be considered “infusion related” if they result in an unplanned hospitalization.  
• A patient is admitted to the hospital after developing severe shortness of breath during an infusion of IgG.  
• A patient is hospitalized for possible treatment of a suspected deep vein thrombosis associated with the access device.  
• A patient is hospitalized for symptoms of worsening cellulitis despite 2 weeks of treatment with an IV antimicrobial.  
• A patient is hospitalized with a suspected access device related blood stream infection after reporting to the Emergency Department with fever and chills. |
| **“Infusion Unrelated” Unplanned Hospital Readmission** | An unplanned hospital readmission is “unrelated” to the infusion therapy when it occurs in response to an event that is NOT associated with the infused medication, access device, administration method or the diagnosis and/or symptoms being treated. | The following are examples of events would be considered “unrelated” to the infusion therapy if they result in an unplanned hospital readmission.  
• A patient is admitted to the hospital for treatment of injuries resulting from a car accident.  
• A patient receiving IgG weekly is hospitalized after reporting to the emergency department for extreme emesis and dehydration post chemotherapy treatment received in the oncology clinic. |
| **Unplanned Hospital Readmission Reasons** | For “Infusion Related” events only, select the best, most applicable reason for the unplanned hospital readmission.  
• Adverse Event – Infused Drug Related  
• Adverse Event – Equipment Related  
• Adverse Event – Access Device Infection  
• Adverse Event – Access Device Related – Other than Infection  
• Change in Eligibility  
• Insufficient Response  
• Unknown Reason  
• Other: ___________________ | “Change in eligibility” includes, but is not limited to: unsafe home environment, lack of caregiver support, reimbursement challenges, loss of IV access, desire for home treatment, or unable to comply with home treatment orders.  
“Insufficient Response” includes exacerbations of diagnosis and/or symptoms being treated with home infusion therapy. |
Appendix B: Unplanned Hospitalization Event Definitions (continued)

<table>
<thead>
<tr>
<th>Data Element</th>
<th>Definition</th>
<th>Additional Information / Examples</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unplanned Hospital Readmission Outcomes</td>
<td>Select the outcome that best describes the impact of the unplanned hospital readmission on the home infusion episode. • Resumption of home infusion services with therapy changes • Resumption of home infusion services without therapy changes • Home infusion services discontinued • Pending/remains hospitalized at time of reporting</td>
<td>Use “Home Infusion Services Discontinued” for patients that remain hospitalized, but are discharged based on a company policy requiring discharge from infusion services if care is not resumed within a specific number of days after hospitalization. When hospitalized patients remain active or in a “hold” status with the home infusion provider, use the outcome: “Pending/remains hospitalized.”</td>
</tr>
</tbody>
</table>

Appendix C: Sample Data Collection and Submission Tool (Excel®)

Sample Data Collection Tool

<table>
<thead>
<tr>
<th>dpc</th>
<th>patid</th>
<th>sammon</th>
<th>indate</th>
<th>ptage</th>
<th>pttgend</th>
<th>therapy</th>
<th>acdevice</th>
<th>otherg</th>
<th>pndiag</th>
</tr>
</thead>
<tbody>
<tr>
<td>123456</td>
<td>65579</td>
<td>09/01/2021</td>
<td>9/15/2021</td>
<td>75</td>
<td>2</td>
<td>2</td>
<td>1</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Appendix D: Creating and Accessing the NHIF Portal

Creating/Accessing Your NHIF Portal Account

Use the link below to create and access your NHIF Portal account.

**If you have already registered for your account skip to page 3.

NHIF Benchmarking Portal

---

Login

Username

Password

Remember Me

Sign in

Register

Forgot your password?

---

If this is the first time accessing the NHIF Portal you will need to register for an account.

Click the Register link, your **Username** must be the personalized **DPC Code** that has been provided to you.

**NOTE: If your company has multiple locations/DPC codes participating in a NHIF program you will need to register each code separately.

The email address & password you enter when registering is your choice, that password will be required every time you log into your account.
Continue to DPC Account Registration Form.

Once you have registered a DPC account we will approve it on our end and link each DPC account to a folder that will contain all individual reports that have been created for that DPC code. All reports will be placed in this file; you will be able to log-in and access that folder and your reports anytime using the same portal link.

NHIF Benchmarking Portal

Login

Username

Password

Remember Me

Sign in

Register

Forgot your password?
Effective 3/1/2021 we will ask you to start using the portal to both access reports and to submit your data for any of the NHIF Benchmarking and Research programs.

Each DPC account will have a folder structure created by NHIF for Reports and Data Submissions, you only need to use the folders for the programs you are participating in.

**NHIF Portal Folder Structure**

- **DPC Folder 123456**
  - **NHIF Reports**
    - 30 Day HRA Reports
      - 2021 30 Day HRA Reports
    - Patient Satisfaction Reports
      - 2021 Pt Satisfaction Reports
    - Status at Discharge Reports
      - 2021 Status at Discharge Reports
  - **DPC Data Uploads**
    - 30 Day HRA Reports – Data Upload Files (HRA = Hospital Re-Admission)
      - 2021 30 Day HRA – Data Upload Files
    - Pt Satisfaction – Data Upload Files
      - 2021 Pt Satisfaction – Data Upload Files
    - Status at Discharge – Data Upload Files
      - 2021 Status at Discharge – Data Upload Files
    - Clinical Services Study – Data Upload Files
      - 2021 Clinical Services Study – Data Upload Files
    - Telehealth Study – Data Upload Files
      - 2021 Telehealth Study – Data Upload Files
Document Listing

Click on "DPC Data Uploads"

Click on the folder for the program for which you are submitting data – **ie: Pt**

Previous folder

- 30 Day HRA – Data Upload Files
- Clinical Services Study – Data Upload Files
- Pt Satisfaction – Data Upload Files
- Status at Discharge – Data Upload Files
- Telehealth Study – Data Upload Files
Document Listing

Click on Folder for the Year/Otr you are submitting for

Previous folder

2021 Pt Satisfaction – Data Upload Files

2021 Pt Satisfaction – Data Upload Files

Previous folder

Qtr 1 2021

Qtr 2 2021

Once you have chosen the folder where you want to put your data click the + "Add your file"

Manage Uploads

Start > DPC Data Uploads > Pt Satisfaction - Data Upload Files > 2021 Pt Satisfaction - Data Upload Files > Qtr 2021

Previous folder

Add your file
Select the files you want to upload, you will see them populate in the portal.

Manage Uploads

Once you have uploaded all of your file you log out of the Portal.