30-Day Hospital Readmission Benchmarking Guide

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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.

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
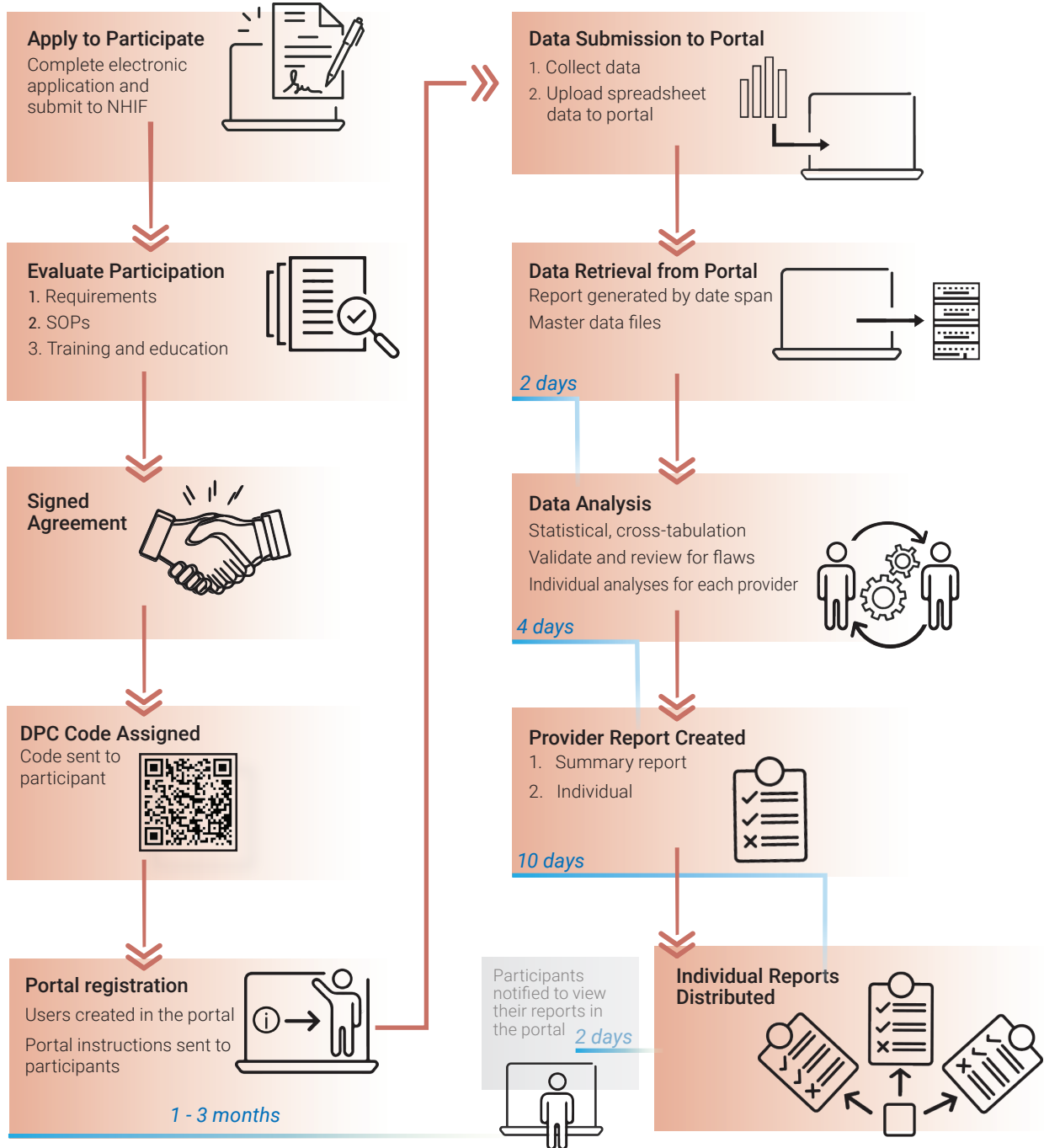   2. Parenteral Nutrition

6. **Exclusion Criteria:**

   1. Hospice patients

7. Agree to submit data for all eligible patients.

8. Sign the NHIF participation agreements as applicable.

Benchmarking Process

Apply to Participate
Complete electronic application and submit to NHIF

Evaluate Participation
1. Requirements
2. SOPs
3. Training and education

Signed Agreement

DPC Code Assigned
Code sent to participant

Portal registration
Users created in the portal
Portal instructions sent to participants

1 - 3 months

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

Data Retrieval from Portal
Report generated by date span
Master data files

2 days

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

4 days

Provider Report Created
1. Summary report
2. Individual

10 days

Participants notified to view their reports in the portal

2 days

Individual Reports Distributed

NHIF Benchmarking Data Submission Timeline

Quarter	Enrollment Deadlines	Sample Months	Data Collection Deadlines	Data Submission Deadlines	Report Available
Q1	Dec 15	January	Feb 15	Apr 30	May 31
		February	Mar 15		
		March	Apr 15		
Q2	Mar 15	April	May 15	Jul 30	Aug 31
		May	Jun 15		
		June	Jul 15		
Q3	Jun 15	July	Aug 15	Oct 31	Nov 30
		August	Sep 15		
		September	Oct 15		
Q4	Sep 15	October	Nov 15	Jan 31	Feb 28
		November	Dec 15		
		December	Jan 15		

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

Patient Data	Field Description and Data Codes	Data Collection Column (for use with Excel®)	Excel® Column Letter
Data Participation Code	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.	dpc	A
Patient ID	This field is the unique ID assigned by the home infusion provider. Patient names should not be entered	patid	B
Sample Month	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.	sammon	C
Date Initiated Service	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	indate	D
Patient Age	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.	ptage	E
Patient Gender	This field contains patient gender. Valid values for this field are: 1 - Male 2 - Female M - Missing/Unknown	ptgen	F
Therapy	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	therapy	G
Access Device	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 "I")	acdevice	H

Table 1: Required Data Elements *(continued)*

Patient Data	Field Description and Data Codes	Data Collection Column (for use with Excel®)	Excel® Column Letter
Access Device Other	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.	otherg	I
Parenteral Nutrition Patient Diagnosis	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 "other" is in Column K)	pndiag	J
Parenteral Nutrition Patient "Other" Diagnosis	Fill in this field of "other" was chosen for Column J (Parenteral nutrition patient diagnosis). Leave this cell blank if "other" was not chosen. Valid values for this field are: write-in response	pndiagot	K
Inotropic Patient Diagnosis	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 "other" is in Column M)	indiag	L
Inotropic Patient "Other" Diagnosis	Fill in this field if "other" was chosen for Column L (inotrope patient diagnosis). Leave this field blank if "other" was not chosen. This field contains a write-in response	indiagot	M
Unplanned Hospitalization	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.	hospyn	N
Hospital Admission Date	If Column "N" included a "Yes" (1) response, this field contains the date the patient was admitted to the hospital. The format for a date is: MM/DD/YYYY	hosdate	O

Table 1: Required Data Elements *(continued)*

Patient Data	Field Description and Data Codes	Data Collection Column (for use with Excel®)	Excel® Column Letter
Hospitalization Related or Unrelated to Infusion Therapy	This field provides the answer to the question, "Was the unplanned hospitalization related or unrelated to the infusion therapy?" Additional information about this determination can be found in this guide. Valid values for this field are 1. Related 2. Unrelated If you entered "2" (Unrelated), there is no more data to enter for this patient. The remaining data entry cells for this patient will remain blank.	infrelate	P
Reason for Unplanned Hospitalization	If "1" (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)	hospreas	Q
"Other" Reason for Unplanned Hospitalization	This field contains the "other" write-in response from the reason for the unplanned hospitalization. Leave this column blank if "other" was not chosen for Column Q	otherhos	R
Unplanned Hospitalization Outcome	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	outcom	S

Revision History

12/31/2021	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.
1/1/2020	Updated
11/1/2019	New

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).

Exhibit 1. Inotropic Patient Population by Age Group
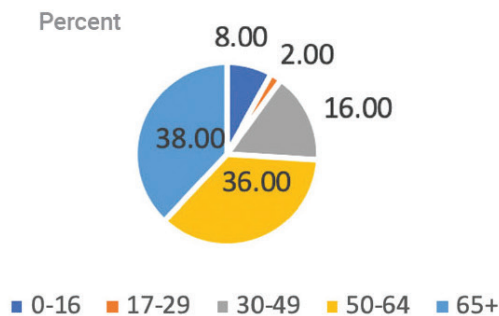
Table 1. Inotropic Patient Population by Age Group

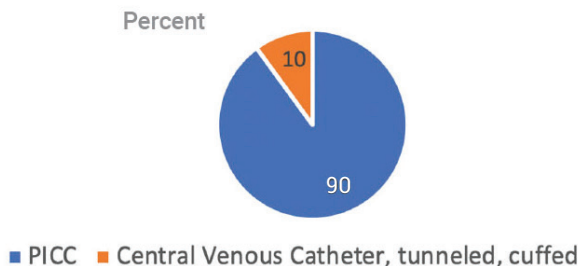| Age Group	Frequency	Percent
0-16	4	8.00
17-29	1	2.00
30-49	8	16.00
50-64	18	36.00
65+	19	38.00
Total	50	100.00

Exhibit 2. Inotropic Infusion Access Devices

Table 2. Inotropic Infusion Access Devices

	Frequency	Percent
PICC	45	90.00
Central Venous Catheter, tunneled, cuffed	5	10.00
Total	50	100.00

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
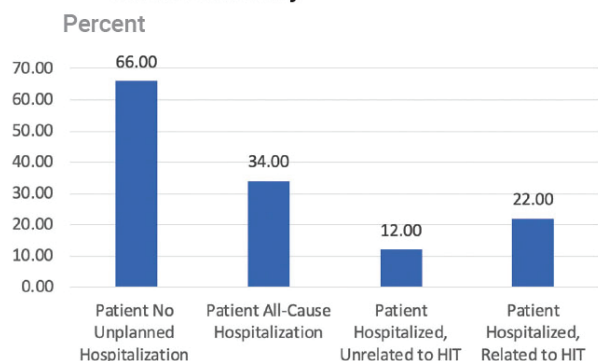
*All-Cause Hospitalization is a total of Unrelated and Related Hospitalizations thus the percentage does not equal 1

Table 3. Inotropic Patient Hospital Readmission Status Summary

Inotropic Patient Status: Hospitalized/Not Hospitalized and Related/Unrelated to Home Infusion Therapy (HIT)	Frequency	Percent
Patient No Unplanned Hospitalization	33	66.00
Patient All-cause Hospitalization	17	34.00
Patient Hospitalized, Unrelated to HIT	6	12.00
Patient Hospitalized, Related to HIT	11	22.00

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

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).

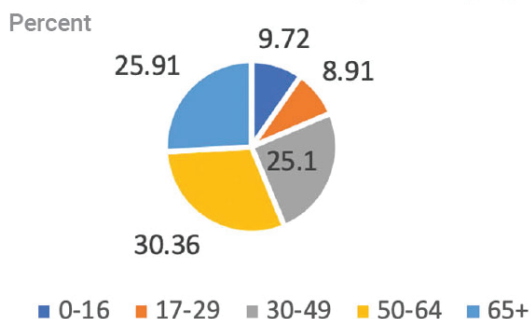**Exhibit 4. Parenteral Nutrition Patient Population by Age Group**

Table 4. Parenteral Nutrition Patient Population by Age Group

	Frequency	Percent
0-16	24	9.72
17-29	22	8.91
30-49	62	25.10
50-64	75	30.36
65+	64	25.91
Total	247	100.00

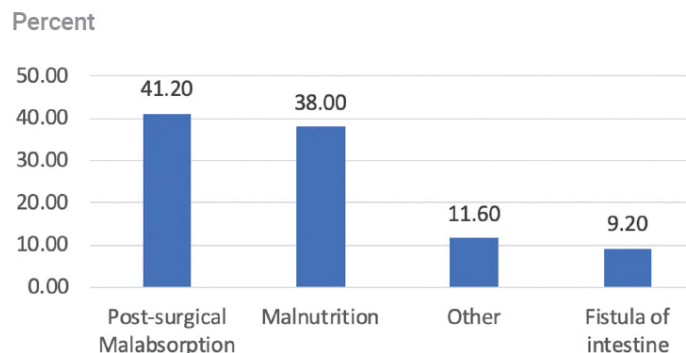## Exhibit 5. Parenteral Nutrition Patient Diagnosis

Percent

Table 5. Parenteral Nutrition Patient Diagnosis

	Frequency	Percent
Post-surgical Malabsorption	103	41.20
Malnutrition	95	38.00
Other	29	11.60
Fistula of intestine	23	9.20
Total	250	100.00

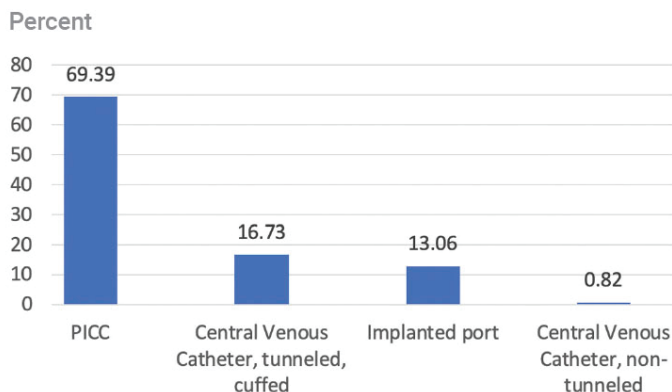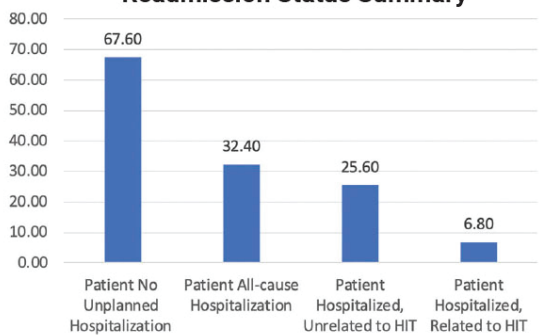## Exhibit 6. Parenteral Nutrition Patient Access Device

Percent

Table 6. Parenteral Nutrition Patient Access Device

	Frequency	Percent
PICC	170	69.39
Central Venous Catheter, tunneled, cuffed	41	16.73
Implanted port	32	13.06
Central Venous Catheter, non-tunneled	2	0.82
Total	245	100.00

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.

Exhibit 7. Parenteral Nutrition Patient Hospital Readmission Status Summary

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

Table 7. Parenteral Nutrition Patient Hospital Readmission Status Summary

Parenteral Nutrition Patient Status: Hospitalized/Not Hospitalized and Related/Unrelated to Home Infusion Therapy (HIT)	Frequency	Percent
Patient No Unplanned Hospitalization	169	67.60
Patient All-cause Hospitalization	81	32.40
Patient Hospitalized, Unrelated to HIT	64	25.60
Patient Hospitalized, Related to HIT	17	6.80

*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

| | Inotropic | | PN | |
	All-cause Hospitalizations	Hospitalization related to HIT	All-cause Hospitalizations	Hospitalization related to HIT
Quarter 3-4, 2020	(n=76) 44.74%	(n=76) 23.68%	(n=227) 30.40%	(n=227) 10.57%
Quarter 1, 2021	(n=35) 31.43%	(n=35) 11.43%	(n=170) 30.00%	(n=170) 6.47%
Quarter 2, 2021	(n=50) 34.00%	(n=50) 22.00%	(n=250) 32.40%	(n=250) 6.80%

Appendix B: Unplanned Hospitalization Event Definitions

Data Element	Definition	Additional Information/ Examples
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)*

Data Element	Definition	Additional Information / Examples
Unplanned Hospital Readmission Outcomes	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	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."

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

Sample Data Collection Tool

dpc	patid	sammon	indate	ptage	ptgend	therapy	acdevice	otherg	pndiag
123456	65579	09/01/2021	9/15/2021	75	2	2	1		3

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](#)

NHIF
National Home Infusion Foundation

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.

Register

Username

123456

Email

jennifer.lyons@nhia.org

Password

••••••

Confirm Password

••••••

Register

Register   Forgot your password?

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"**

+ Manage Your Uploads

📁 DPC Data Uploads

📁 NHIF Reports

Document Listing

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

+ Manage Your Uploads

← 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/Qtr you are submitting for

← **Previous folder**

📁 **2021 Pt Satisfaction – Data Upload Files**

📁 **2021 Pt Satisfaction – Data Upload Files**

Document Listing

+ Manage Your Uploads

← **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

🏠 Start > DPC Data Uploads > Pt Satisfaction - Data Upload Files > 2021 Pt Satisfaction - Data Upload Files > **Qtr 2021**   🔍 ⬆ ⋮ 🔄

⬅ **Previous folder**

W NHIF Portal File Structure.docx

May 12, 2021   8:59pm   66 KB

1 Item
67.17KB   +

W NHIF Portal File Structure.docx
67.17KB

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