



State-Level Patient Experience Core Measures/HCAHPS Report

Current Reporting Period: Q3 2020 - Q1 2021

Wyoming

The Medicare Beneficiary Quality Improvement Program (MBQIP) focuses on quality improvement efforts in the 45 states that participate in the Medicare Rural Hospital Flexibility (Flex) Program. Through Flex, MBQIP supports more than 1,350 small hospitals certified as rural Critical Access Hospitals (CAHs) in voluntarily reporting quality measures that are aligned with those collected by the Centers for Medicare and Medicaid Services (CMS) and other Federal programs.

The Federal Office of Rural Health Policy (FORHP) tasked the Flex Monitoring Team with producing a set of hospital-level reports for the core MBQIP measures.

This report contains the following core MBQIP measures:

- HCAHPS Composite 1: Q1 to Q3, Communication with Nurses
- HCAHPS Composite 2: Q5 to Q7, Communication with Doctors
- HCAHPS Composite 3: Q4 & Q11, Responsiveness of Hospital Staff
- HCAHPS Composite 5: Q13 & Q14, Communication about Medicines
- HCAHPS Composite 6: Q16 & Q17, Discharge Information
- HCAHPS Composite 7: Q20 to Q22, Care Transition
- HCAHPS Q-8: Cleanliness of Hospital Environment
- HCAHPS Q-9: Quietness of Hospital Environment
- HCAHPS Q-18: Overall Rating of Hospital
- HCAHPS Q-19: Willingness to Recommend This Hospital

Note: Some question numbers have changed in the HCAHPS survey, though the measures remain the same.

General Report Information

For the measures in this report, state-level data are included for the current reporting period and previous reporting periods. In this report, the first two reporting periods consist of four rolling quarters, the previous reporting period of two rolling quarters (Q3 & Q4 2020), and the current reporting period of three rolling quarters (Q3 2020, Q4 2020, & Q1 2021) based on available data from CMS due to COVID-19. State-level data include:

- The number of completed surveys - the number of participants who returned the survey in the specified timeframe.
- The survey response rate - the percentage of participants sampled who returned the survey.

This report also includes state and national averages for each measure.

The data for state and national values in this report only include CAHs with a signed MBQIP Memorandum of Understanding (MOU). The data used for this report are reported to the Centers for Medicare and Medicaid Services (CMS) and extracted from QualityNet.

Specific information on how data elements were calculated for inclusion in this report is outlined below. Please direct questions regarding your MBQIP data reports to your FORHP Project Officer. You can find contact information for your Project Officer at: <https://www.hrsa.gov/rural-health/rural-hospitals/region-map.html>.

Measure Adjustment & Aggregation

For each measure (composite or individual question), hospital-level data scores have been adjusted by CMS for the mix of patients and the mode by which the survey was administered. Adjusted scores show the percentage of survey respondents who selected certain responses to the survey questions, and is completed to reduce the bias in comparisons between hospitals. State measures aggregate all CAHs in the state and national measures aggregate all CAHs nationwide (not all hospitals, as was the case in the MBQIP reports previously produced by Telligen). Values for state and national data may not always add to 100% due to rounding.

Response Categories

Response categories vary by question. For example, some questions use “Yes” or “No” as response options, where others have scales ranging from “Never” to “Always” or “Strongly disagree” to “Strongly agree”. For this report, some responses are combined into one category, for example “Sometimes to Never,” compared to “Usually” or “Always”.

Benchmarks

Benchmarks for the HCAHPS measures come from the benchmarks selected for CMS’ Hospital Value-Based Purchasing Program in 2021. HCAHPS Question 19 (patient recommendation) does not have a benchmark as part of these standards, and HCAHPS questions 8 and 9 (quietness and cleanliness) receive a joint benchmark.

Data Exceptions & Labels

- “N/A” indicates that no CAH in the state submitted data for this reporting period.

Trend Figures

Trend lines show state and national performance over multiple reporting periods. Missing or excluded data are indicated by a missing data point, and a missing line indicates that data are not available for any of the previous three reporting periods or the current period.

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Generated on 12/17/21

HCAHPS Composites and Individual Items	Your State's CAH Data									National CAH Data			Benchmark			
	Q4 2018 - Q3 2019			Q1 2019 - Q4 2019			Q3 2020 - Q4 2020			Current Reporting Period Q3 2020 - Q1 2021						
	# Completed Surveys	Response Rate		# Completed Surveys	Response Rate		# Completed Surveys	Response Rate		# Completed Surveys	Response Rate					
	1,331	27%		1,312	27%		596	26%		850	25%		77,247	27%		
HCAHPS Composites	Sometimes to Never	Usually	Always	Sometimes to Never	Usually	Always	Sometimes to Never	Usually	Always	Sometimes to Never	Usually	Always	Sometimes to Never	Usually	Always	
Composite 1 (Q1 to Q3) Communication with Nurses	3%	14%	82%	3%	14%	83%	2%	13%	85%	3%	14%	84%	3%	13%	84%	87%
Composite 2 (Q5 to Q7) Communication with Doctors	3%	13%	84%	3%	13%	84%	3%	12%	85%	4%	12%	84%	3%	12%	85%	88%
Composite 3 (Q4 & Q11) Responsiveness of Hospital Staff	5%	16%	79%	4%	17%	79%	4%	19%	77%	5%	19%	77%	5%	19%	75%	81%
Composite 5 (Q13 & Q14) Communication about Medicines	12%	18%	70%	11%	17%	71%	13%	22%	66%	13%	22%	65%	14%	18%	68%	75%
Hospital Environment Items	Sometimes to Never	Usually	Always	Sometimes to Never	Usually	Always	Sometimes to Never	Usually	Always	Sometimes to Never	Usually	Always	Sometimes to Never	Usually	Always	
Q8 Cleanliness of Hospital	6%	16%	78%	6%	17%	77%	6%	16%	78%	6%	17%	77%	6%	15%	79%	80%
Q9 Quietness of Hospital	7%	29%	64%	8%	30%	62%	8%	25%	68%	7%	26%	66%	6%	26%	68%	80%
Discharge Information Composite	No	Yes		No	Yes		No	Yes		No	Yes		No	Yes		
Composite 6 (Q16 & Q17) Discharge Information	13%	87%		12%	88%		10%	90%		10%	90%		11%	89%		92%
Care Transition Composite	Disagree to Strongly Disagree	Agree	Strongly Agree	Disagree to Strongly Disagree	Agree	Strongly Agree	Disagree to Strongly Disagree	Agree	Strongly Agree	Disagree to Strongly Disagree	Agree	Strongly Agree	Disagree to Strongly Disagree	Agree	Strongly Agree	
Composite 7 (Q20 to Q22) Care Transition	4%	41%	55%	3%	41%	55%	4%	41%	55%	4%	41%	56%	4%	40%	56%	63%

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HCAHPS Global Items	Your State's CAH Data									National CAH Data			Benchmark			
	Q4 2018 - Q3 2019			Q1 2019 - Q4 2019			Q3 2020 - Q4 2020			Current Reporting Period Q3 2020 - Q1 2021				Current Reporting Period Q3 2020 - Q1 2021		
	0-6 rating	7-8 rating	9-10 rating	0-6 rating	7-8 rating	9-10 rating	0-6 rating	7-8 rating	9-10 rating	0-6 rating	7-8 rating	9-10 rating		0-6 rating	7-8 rating	9-10 rating
Q18 Overall Rating of Hospital (0 = worst hospital, 10 = best hospital)	6%	21%	73%	6%	20%	74%	4%	18%	77%	5%	18%	77%	5%	17%	78%	86%
Q19 Willingness to Recommend This Hospital	Definitely Not or Probably Not	Probably	Definitely	Definitely Not or Probably Not	Probably	Definitely	Definitely Not or Probably Not	Probably	Definitely	Definitely Not or Probably Not	Probably	Definitely	Definitely Not or Probably Not	Probably	Definitely	No Benchmark
	3%	24%	73%	3%	23%	74%	3%	23%	74%	3%	24%	72%	3%	21%	76%	

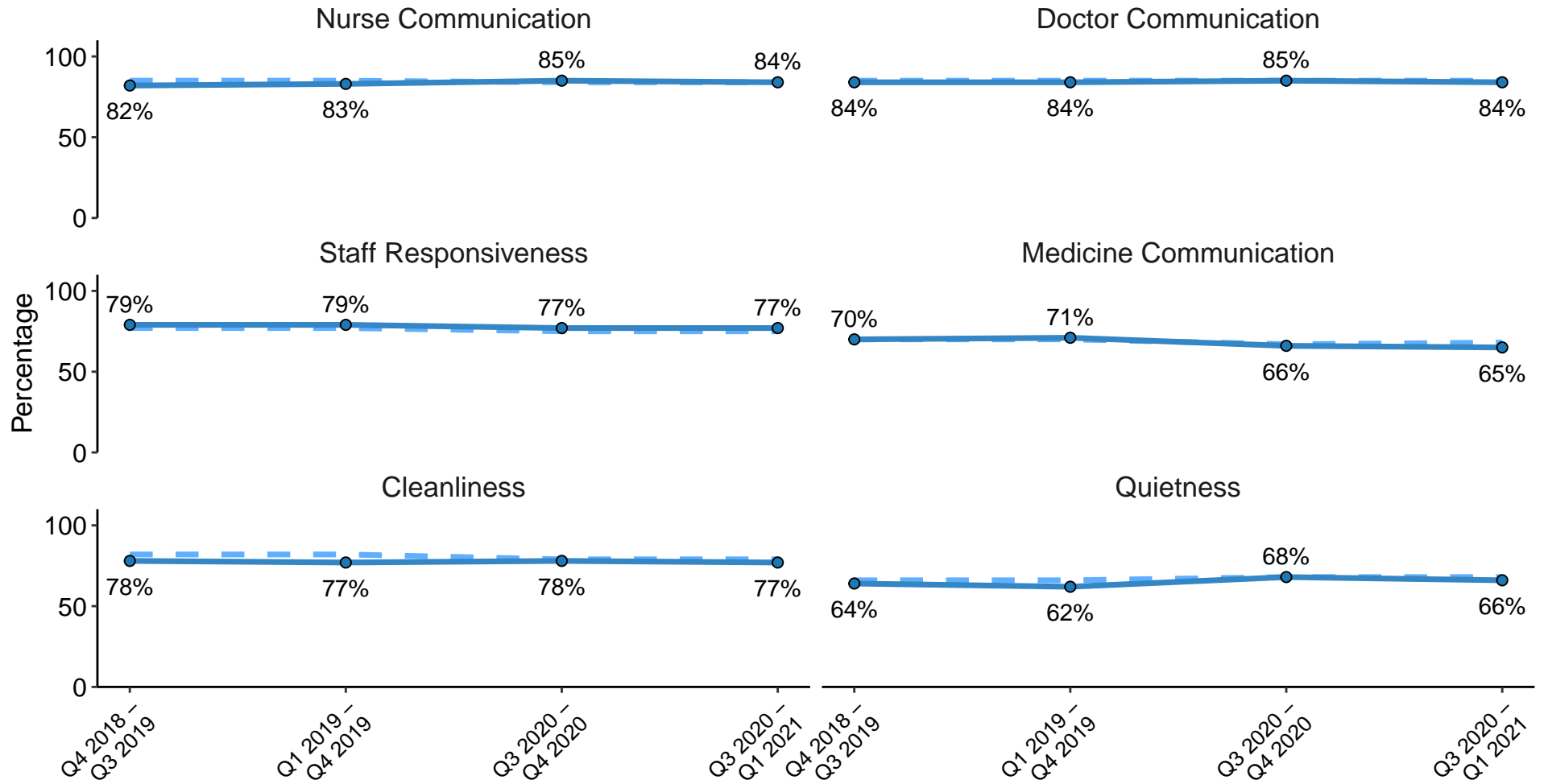
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HCAHPS Trends in Wyoming and All CAHs Nationally

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State-Level Patient Experience Core Measures/HCAHPS Report Current Reporting Period: Q3 2020 - Q1 2021

HCAHPS Trends in Wyoming and All CAHs Nationally (continued)

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