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).

The Federal Office of Rural Health Policy (FORHP) tasked the Flex Monitoring Team with producing a set of state-level reports for the additional MBQIP measures. Measures in the “additional” MBQIP measure category are not required to be reported by CAHs, however many CAHs choose to report these measures.

This report contains the following additional MBQIP measures:

- Healthcare-Associated Infections (HAI) measures
  - Central-Line Associated Bloodstream Infections (CLABSI)
  - Catheter-Associated Urinary Tract Infections (CAUTI)
  - *Clostridiodes difficile (C.diff)* Intestinal Infections (CDI)
  - Methicillin-Resistant *Staphylococcus aureus* Blood Infections (MRSA)
  - Surgical Site Infections From Colon Surgery (SSI:C)
  - Surgical Site Infections From Abdominal Hysterectomy (SSI:H)
General Report Information

For the measures in this report, state-level data include the number of cases for each measure for three previous reporting periods and the current reporting period. Additional state-level data and national data are also included for the current quarter, including:

- The number of CAHs reporting
- Total number of cases
- Standardized infection ratios (SIRs)

The data for this report only include CAHs with a signed MBQIP Memorandum of Understanding (MOU). Data used for this report is from the Centers for Medicare and Medicaid Services (CMS). 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.

Standardized Infection Ratios (SIRs)

SIRs are a ratio of the total number of infections observed divided by the predicted number of infections. Predicted number of infections data are calculated and made available by the Centers for Disease Control and Prevention (CDC). A SIR can only be calculated when there are one or more predicted infections for the time period. A lower SIR indicates better performance.

Measure Aggregation

State measures (including SIRs) aggregate all CAHs in the state and national measures aggregate all CAHs nationwide.

Data Exceptions

- “N/A” indicates that no CAHs in the state submitted data for this measure.
- “N/C” indicates that a SIR was not able to be calculated.
Wyoming

State-Level Patient Safety/Inpatient and Outpatient MBQIP Additional Measures Report
Quarter 1 - 2021
Generated on 10/20/21

<table>
<thead>
<tr>
<th>Healthcare-Associated Infection</th>
<th>Q2 2020</th>
<th>Q3 2020</th>
<th>Q4 2020</th>
<th>Q1 2021</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td># Cases</td>
<td>SIR</td>
<td># Cases</td>
<td>SIR</td>
</tr>
<tr>
<td>CAUTI Catheter-associated urinary tract infections</td>
<td>0</td>
<td>N/C</td>
<td>0</td>
<td>0.0</td>
</tr>
<tr>
<td>CDI Clostridium difficile (C.diff) intestinal infections</td>
<td>1</td>
<td>0.9</td>
<td>0</td>
<td>0.0</td>
</tr>
<tr>
<td>CLABSI Central-line associated bloodstream infections</td>
<td>0</td>
<td>N/C</td>
<td>0</td>
<td>N/C</td>
</tr>
<tr>
<td>MRSA Methicillin-resistant Staphylococcus aureus blood infections</td>
<td>0</td>
<td>N/C</td>
<td>0</td>
<td>N/C</td>
</tr>
<tr>
<td>SSI:C Surgical site infections from colon surgery</td>
<td>0</td>
<td>N/C</td>
<td>0</td>
<td>N/C</td>
</tr>
<tr>
<td>SSI:H Surgical site infections from abdominal hysterectomy</td>
<td>0</td>
<td>N/C</td>
<td>0</td>
<td>N/C</td>
</tr>
</tbody>
</table>

"N/A" indicates that no CAHs in the state submitted data for this measure.
"N/C" indicates that a SIR was not able to be calculated.