



# State-Level Patient Safety/Inpatient and Outpatient MBQIP Core Measures Report

Quarter 4 - 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 state-level reports for the core MBQIP measures.

This report contains the following core MBQIP measures:

### Patient Safety/Inpatient Measures

- HCP/IMM-3: Influenza Vaccination Coverage Among Health Care Personnel (annual measure, updated in quarter 4 only)
- Antibiotic Stewardship (annual measure, updated in quarters 3 & 4 only)
  - Number of Elements Met
  - Element 1: Leadership
  - Element 2: Accountability
  - Element 3: Drug Expertise
  - Element 4: Action
  - Element 5: Tracking
  - Element 6: Reporting
  - Element 7: Education

## Outpatient Measures

- OP-2: Fibrinolytic Therapy Received Within 30 Minutes of ED Arrival
- OP-3b: Median Time to Transfer to Another Facility for Acute Coronary Intervention
- OP-18b: Median Time from ED Arrival to ED Departure for Discharged ED Patients
- OP-22: Patient Left Without Being Seen (annual measure, updated in quarter 4 only)

## General Report Information

For the tables in this report, state-level data are included for previous reporting periods and the current reporting period. Additional state-level data and national data are also included in the tables for the current quarter, including:

- The number of CAHs reporting
- Median values
- 90th percentile values

State measures aggregate all CAHs in the state and national measures aggregate all CAHs nationwide. The data 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, or to the Centers for Disease Control and Prevention (CDC) National Healthcare Safety Network (NHSN) annual survey.

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>.

## Population and Sampling Data

Population and sampling refers to recording of the number of cases the hospital is submitting to the CMS Clinical Warehouse. Entering a “zero” (0) when appropriate in population and sampling data is a mechanism that allows CAHs to report that they had no cases that met the measure set population requirements in a given quarter. These data are used to distinguish between hospitals that did not have any cases in the patient population versus those that chose not to report. The state and national values for number of CAHs reporting a given measure include:

- All CAHs that submitted case values for that measure, and
- All CAHs that indicated that did not have any patients in the measure population.

## Percentage Values

Percentages are calculated using the number of patients (or healthcare workers for the measure HCP/IMM-3) who meet the measure criteria, divided by the number of patients or workers in the measure population, which are specifically defined for each measure. For antibiotic stewardship measures, this report shows the percentage of CAHs in your state that met the seven elements individually, as well as the percentage that met all elements. Values are rounded to the nearest whole number.

## Time Values

Median time includes the median number of minutes until the specified event occurs among patients who meet certain criteria, which are specifically defined for each measure.

## Percentiles

Some measures include state and national values for 90th percentile. The 90th percentile is the level of performance required to be in the top 10% of CAHs for a given measure (i.e., 10% of CAHs perform at or better than the 90th percentile).

## Benchmarks

Benchmarks for HCP/IMM-3 and Antibiotic Stewardship are set at 100% to align with the benchmarks used in FORHP's MQBIP Performance Score (<https://www.ruralcenter.org/resource-library/mbqip-performance-score>). Benchmarks for OP-2, OP-22, OP-3b, and OP-18b are set at the national 90th percentiles of CAHs with MOUs during 2020.

## Reporting Periods for Annual Measures

Measure OP-22 is reported annually, with data due May 15 of each year reflecting the prior calendar year. Measure HCP/IMM-3 is also reported annually, with data due May 15 of each year reflecting the prior Flu season (quarter 4 of the previous year through quarter 1 of the current year).

Antibiotic Stewardship is an annually reported measure collected through submission of the NHSN Annual Facility Survey. Hospitals are asked to submit surveys reflective of the previous calendar year by March 1 (e.g., 2020 surveys are submitted by March 1, 2021). New survey data first becomes available with the Quarter 4 reports and are repeated in reports for Quarters 1 and 2 (in our example, Quarter 4 2020, Quarter 1 2021, and Quarter 2 2021). A final run of the data reflecting any updates to the survey or additional hospital submissions will be reflected in Quarter 3 data reports of the following year (in our example, Quarter 3 2021).

## Data Exceptions & Labels

- “\*” indicates that no CAHs in the state submitted data values for eligible patients, but that one or more CAHs in the state either:
  - Reported a population of 0, meaning there were no patients that met the patient population, or
  - Submitted eligible cases that were accepted to the CMS Clinical Warehouse, but those cases were excluded for the measure.
- “N/A” indicates that either:
  - No CAHs in the state submitted any measure data, or
  - CAHs submitted data that was rejected/not accepted into the CMS Clinical Warehouse.

## Trend Figures

Trend figures show national and state-level data over multiple reporting periods. Missing or excluded data are indicated by a missing data point, and a missing line indicates data are not available for any reporting period in the figure. For measures OP-2, OP-3b, and OP-18b, in instances where a CAH does not report a data value greater than 0 (shown by an \* in the tables), the trend figures will also have a missing data point for that period. Due to similarities between some state and national values, trend lines may overlap in some figures. A trend figure is not included for OP-22 due to its low annual variation.

# Wyoming

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Generated on 05/25/22

|                           |   | State Performance by Quarter |         |         |         | State Current Quarter |                          |                 | National Current Quarter |                          | Benchmark                |
|---------------------------|---|------------------------------|---------|---------|---------|-----------------------|--------------------------|-----------------|--------------------------|--------------------------|--------------------------|
|                           |   | Q1 2021                      | Q2 2021 | Q3 2021 | Q4 2021 | # CAHs Reporting      | Median Time/Overall Rate | 90th Percentile | # CAHs Reporting         | Median Time/Overall Rate | Median Time/Overall Rate |
| AMI Cardiac Care Measures |   |                              |         |         |         |                       |                          |                 |                          |                          |                          |
| OP-2                      | Fibrinolytic Therapy Received within 30 Minutes of ED Arrival               | 55%                          | 33%     | 42%     | 80%     | 10                    | 80%                      | 100%            | 999                      | 48%                      | 100%                     |
|                           | Number of Patients (N)  | N=11                         | N=3     | N=12    | N=5     |                       |                          |                 |                          |                          |                          |
| OP-3b                     | Median Time to Transfer to Another Facility for Acute Coronary Intervention | *                            | 112 min | *       | *       | 10                    | *                        | *               | 999                      | 76 min                   | 33 min                   |
|                           | Number of Patients (N)  | *                            | N=1     | *       | *       |                       |                          |                 |                          |                          |                          |

|  |  | State Performance by Quarter |         |         |         | State Current Quarter |             |                 | National Current Quarter |             | Benchmark   |
|--|--|------------------------------|---------|---------|---------|-----------------------|-------------|-----------------|--------------------------|-------------|-------------|
|  |  | Q1 2021                      | Q2 2021 | Q3 2021 | Q4 2021 | # CAHs Reporting      | Median Time | 90th Percentile | # CAHs Reporting         | Median Time | Median Time |
| Emergency Department – Quarterly Measure |  |                              |         |         |         |                       |             |                 |                          |             |             |
| OP-18b                                   | Median Time from ED Arrival to ED Departure for Discharged ED Patients | 126 min                      | 123 min | 135 min | 130 min | 10                    | 130 min     | 90 min          | 1,032                    | 119 min     | 79 min      |
|  | Number of Patients (N)   | N=999                        | N=1,233 | N=1,430 | N=1,500 |                       |             |                 |                          |             |             |

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|       | Emergency Department –<br>Annual Measure                  | State Performance by<br>Calendar Year |                |                | State Current Year  |                     |                    | National Current Year |                     | Bench-<br>mark      |
|-------|---|---------------------------------------|----------------|----------------|---------------------|---------------------|--------------------|-----------------------|---------------------|---------------------|
|       |   | CY 2019                               | CY 2020        | CY 2021        | # CAHs<br>Reporting | CAH<br>Overall Rate | 90th<br>Percentile | # CAHs<br>Reporting   | CAH<br>Overall Rate | CAH<br>Overall Rate |
| OP-22 | Patient Left Without Being Seen<br>Number of Patients (N) | 0%<br>N=15,255                        | 0%<br>N=16,567 | 1%<br>N=37,894 | 10                  | 1%                  | 0%                 | 827                   | 1%                  | 0%                  |

|           | NHSN Immunization Measure                    | State Reported Adherence<br>Percentage |             |             | State Current Flu Season |                     |                    | National Current<br>Flu Season |                     | Bench-<br>mark      |
|-----------|--|--|-------------|-------------|--------------------------|---------------------|--------------------|--------------------------------|---------------------|---------------------|
|           |  | 4Q19 - 1Q20                            | 4Q20 - 1Q21 | 4Q21 - 1Q22 | # CAHs<br>Reporting      | CAH<br>Overall Rate | 90th<br>Percentile | # CAHs<br>Reporting            | CAH<br>Overall Rate | CAH<br>Overall Rate |
| HCP/IMM-3 | Healthcare Provider Influenza<br>Vaccination | 90%                                    | 85%         | 72%         | 11                       | 72%                 | 87%                | 983                            | 79%                 | 100%                |

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|  | State Percentage by Survey Year |                  | State Percentage for Current Survey Year |                           | National Percentage for Current Survey Year |                           | Benchmark                 |
|--|---------------------------------|------------------|--|---------------------------|---|---------------------------|---------------------------|
|  | Survey Year 2020                | Survey Year 2021 | # CAHs Reporting                         | % of CAHs Meeting Element | # CAHs Reporting                            | % of CAHs Meeting Element | % of CAHs Meeting Element |
| Antibiotic Stewardship Measure – CDC Core Elements |                                 |                  |  |                           |   |                           |                           |
| All Elements Met                                   | 60%                             | 83%              | 12                                       | 83%                       | 1,157                                       | 89%                       | 100%                      |
| Element 1: Leadership                              | 100%                            | 92%              | 12                                       | 92%                       | 1,157                                       | 98%                       | 100%                      |
| Element 2: Accountability                          | 80%                             | 92%              | 12                                       | 92%                       | 1,157                                       | 97%                       | 100%                      |
| Element 3: Drug Expertise                          | 80%                             | 92%              | 12                                       | 92%                       | 1,157                                       | 97%                       | 100%                      |
| Element 4: Action                                  | 93%                             | 92%              | 12                                       | 92%                       | 1,157                                       | 97%                       | 100%                      |
| Element 5: Tracking                                | 93%                             | 92%              | 12                                       | 92%                       | 1,157                                       | 96%                       | 100%                      |
| Element 6: Reporting                               | 67%                             | 92%              | 12                                       | 92%                       | 1,157                                       | 98%                       | 100%                      |
| Element 7: Education                               | 80%                             | 83%              | 12                                       | 83%                       | 1,157                                       | 99%                       | 100%                      |

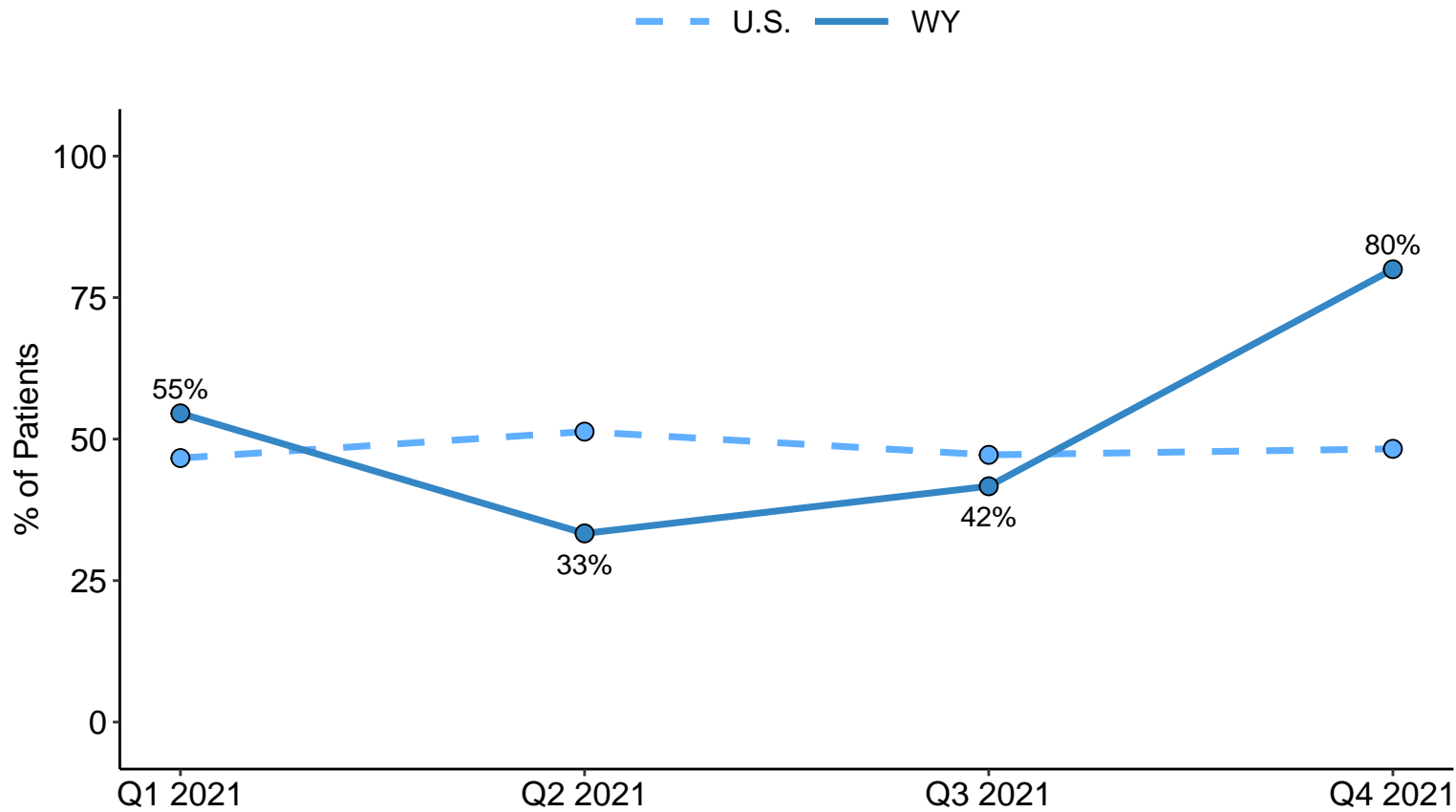
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Figure 1. OP-2 Trends in Wyoming and All CAHs Nationally  
Fibrinolytic therapy received within 30 minutes



# Wyoming

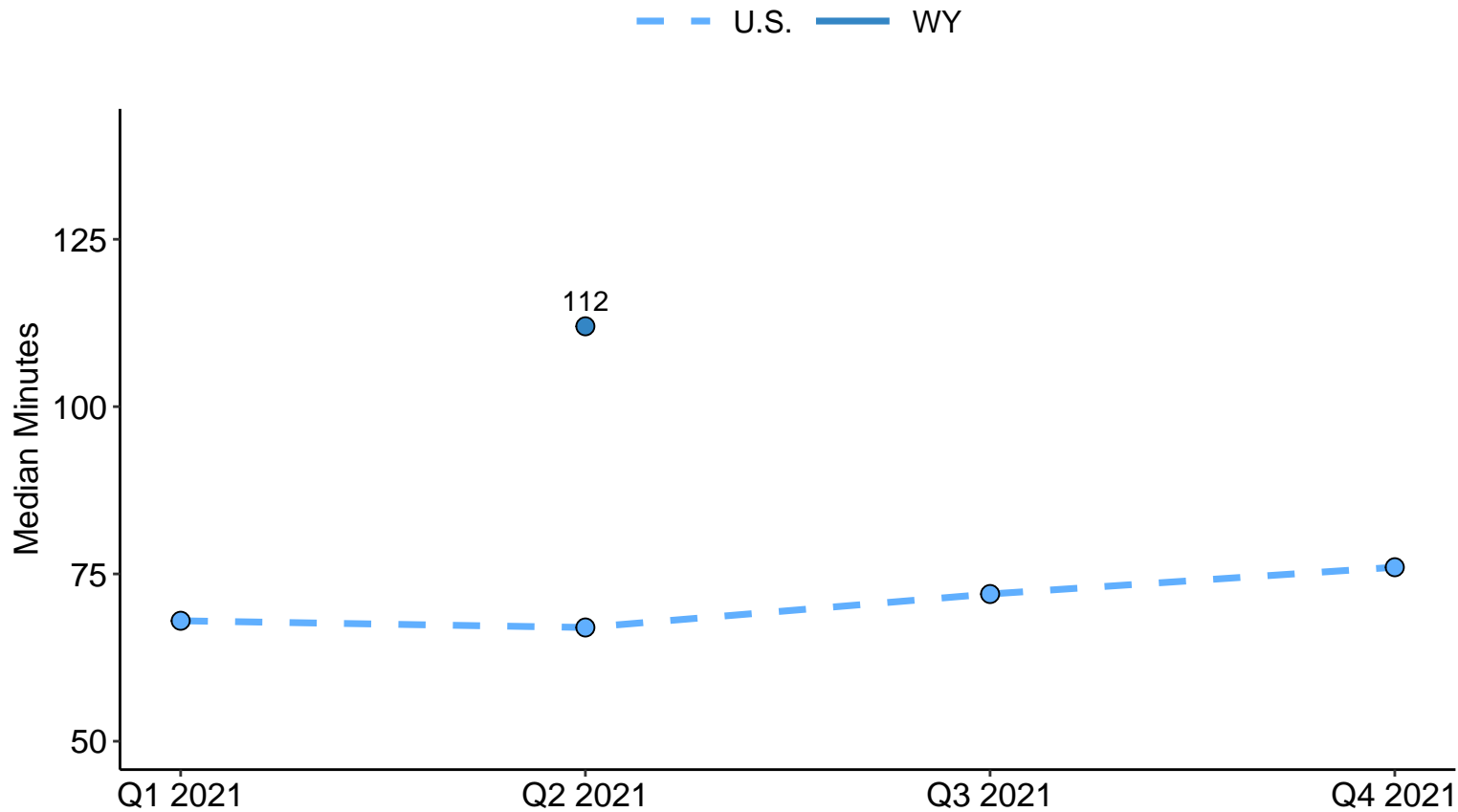
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Quarter 4 - 2021

Generated on 05/25/22

Figure 2. OP-3b Trends in Wyoming and All CAHs Nationally

Median time to transfer to another facility - acute coronary intervention (lower is better)





# Wyoming

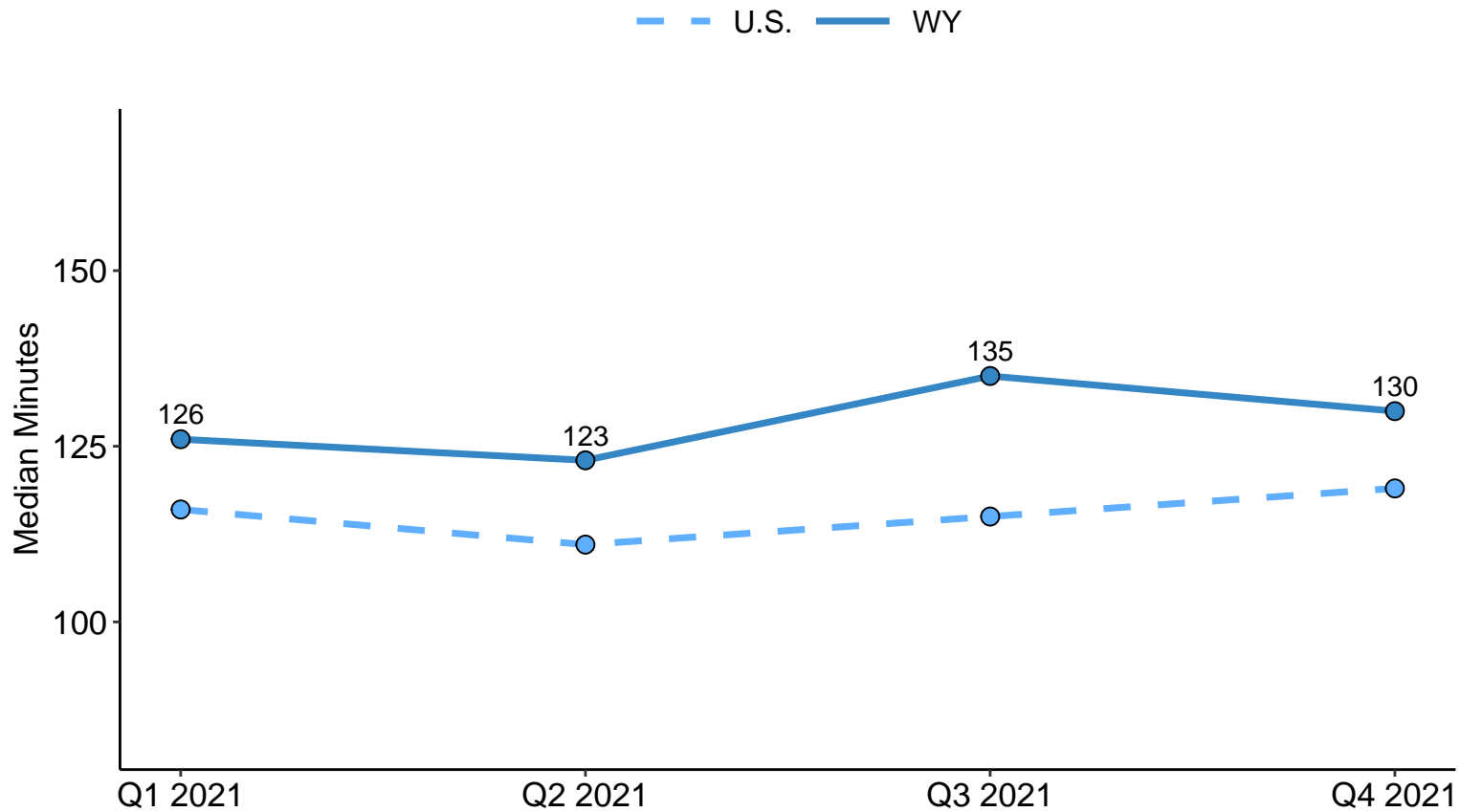
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Quarter 4 - 2021

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Figure 3. OP-18b Trends in Wyoming and All CAHs Nationally

Median time from ED arrival to ED departure for discharged patients (lower is better)



# Wyoming

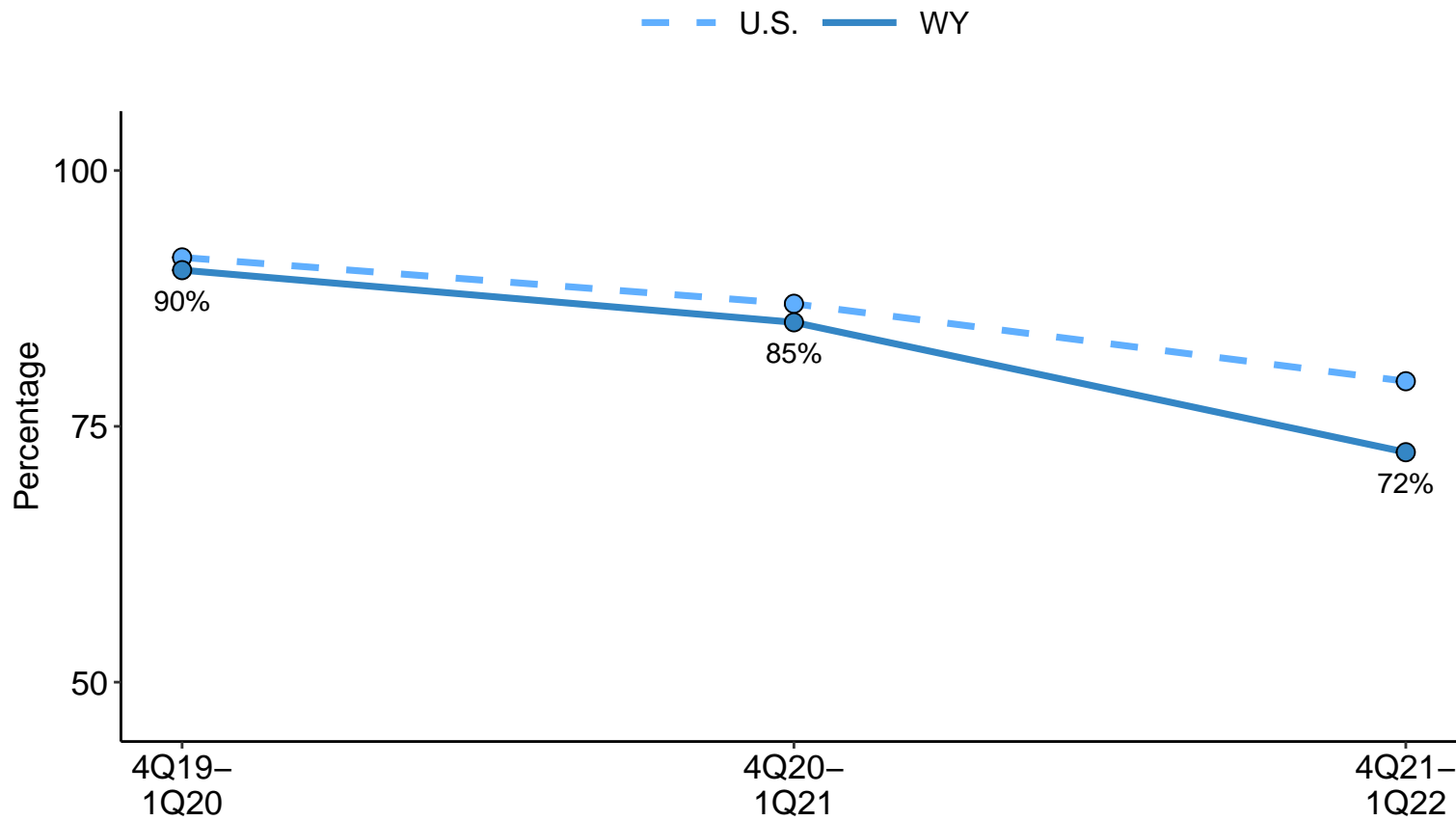
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Quarter 4 - 2021

Generated on 05/25/22

Figure 4. HCP/IMM-3 Trends in Wyoming and All CAHs Nationally

Healthcare workers given influenza vaccination



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Quarter 4 - 2021

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Figure 5. Antibiotic Stewardship Trends in Wyoming and All CAHs Nationally  
CAHs fulfilling the seven antibiotic stewardship core elements

