



MBQIP Measures State Report

2024 - Report 4

Wisconsin

The Medicare Beneficiary Quality Improvement Project (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 state-level reports for the MBQIP measures.

Measures Included In This Report by MBQIP Domain:

Domain: Emergency Department

- EDTC – Emergency Department Transfer Communication (quarterly measure, updated each quarter)
- OP-18b – Median Time from ED Arrival to ED Departure for Discharged ED Patients (quarterly measure, updated each quarter)
- OP-22 – Patient Left Without Being Seen (annual measure, updated in Report 3)

Domain: Global Measures

- CAH Quality Infrastructure (annual measure, updated in Report 1)
- HCHE – Hospital Commitment to Health Equity (annual measure, updated in Report 3)

Domain: Patient Safety

- HCP/IMM-3 – Influenza Vaccination Coverage Among Health Care Personnel (annual measure, updated in Report 3)
- Antibiotic Stewardship (annual measure, updated in Report 3)
- Safe Use of Opioids (annual measure, updated in Report 3)

Domain: Care Coordination

- Hybrid HWR – Hybrid Hospital-Wide Readmission (annual measure, updated in Report 4)
- SDOH-1 - Screening for Social Drivers of Health (annual measure, updated in Report 3)
- SDOH-2 - Screen Positive Rate for Social Drivers of Health (annual measure, updated in Report 3)

Data for the Patient Experience MBQIP Domain (HCAHPS data) are released separately each quarter in HCAHPS Reports. For more information regarding the data and calculations used in this report, please reference the Appendix at the end of this document.

Emergency Department – Emergency Department Transfer Communication (EDTC)

Table 1: EDTC Performance in Wisconsin

		Your State's Performance by Quarter					State Current Quarter			National Current Quarter		Benchmark
MBQIP Quality Measure		Q4 2023	Q1 2024	Q2 2024	Q3 2024	Aggregate for All Four Quarters	# CAHs Reporting	Average Current Quarter	90th Percentile	# CAHs Reporting	Average Current Quarter	Composite Percentage
EDTC-All	Composite	87%	90%	93%	93%	91%	53	93%	100%	1,228	92%	100%
	Home Medications	93%	95%	96%	95%	95%	53	95%	100%	1,228	95%	
	Allergies and/or Reactions	95%	96%	97%	96%	96%	53	96%	100%	1,228	96%	
	Medications Administered in ED	95%	97%	97%	96%	96%	53	96%	100%	1,228	97%	
	ED Provider Note	92%	93%	96%	95%	94%	53	95%	100%	1,228	96%	
	Mental Status/Orientation Assessment	94%	96%	97%	96%	96%	53	96%	100%	1,228	96%	
	Reason for Transfer and/or Plan of Care	94%	96%	97%	97%	96%	53	97%	100%	1,228	97%	
	Tests and/or Procedures Performed	96%	97%	97%	97%	97%	53	97%	100%	1,228	97%	
	Tests and/or Procedures Results	95%	96%	97%	97%	96%	53	97%	100%	1,228	96%	
	Total Medical Records Reviewed (N)	N=2,353	N=2,353	N=2,469	N=2,485	N=9,660	N=2,485			N=55,013		

“DNR” indicates that CAHs in the state did not submit any measure or submitted data was rejected/not accepted.

Figure 1: EDTC Composite Trend in Wisconsin and All CAHs Nationally

Percent of cases that fulfill all components of the EDTC measure (EDTC-All)

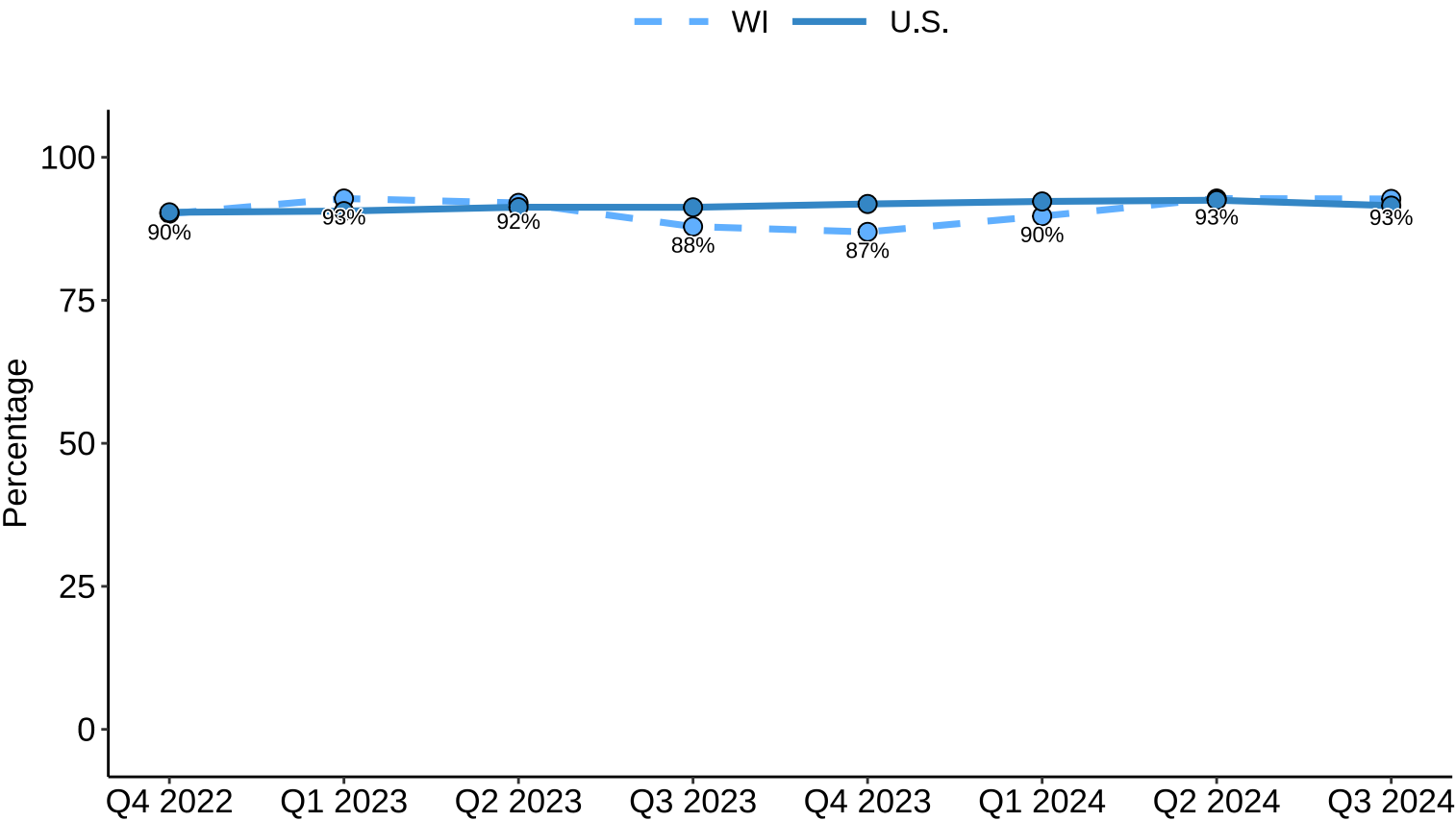
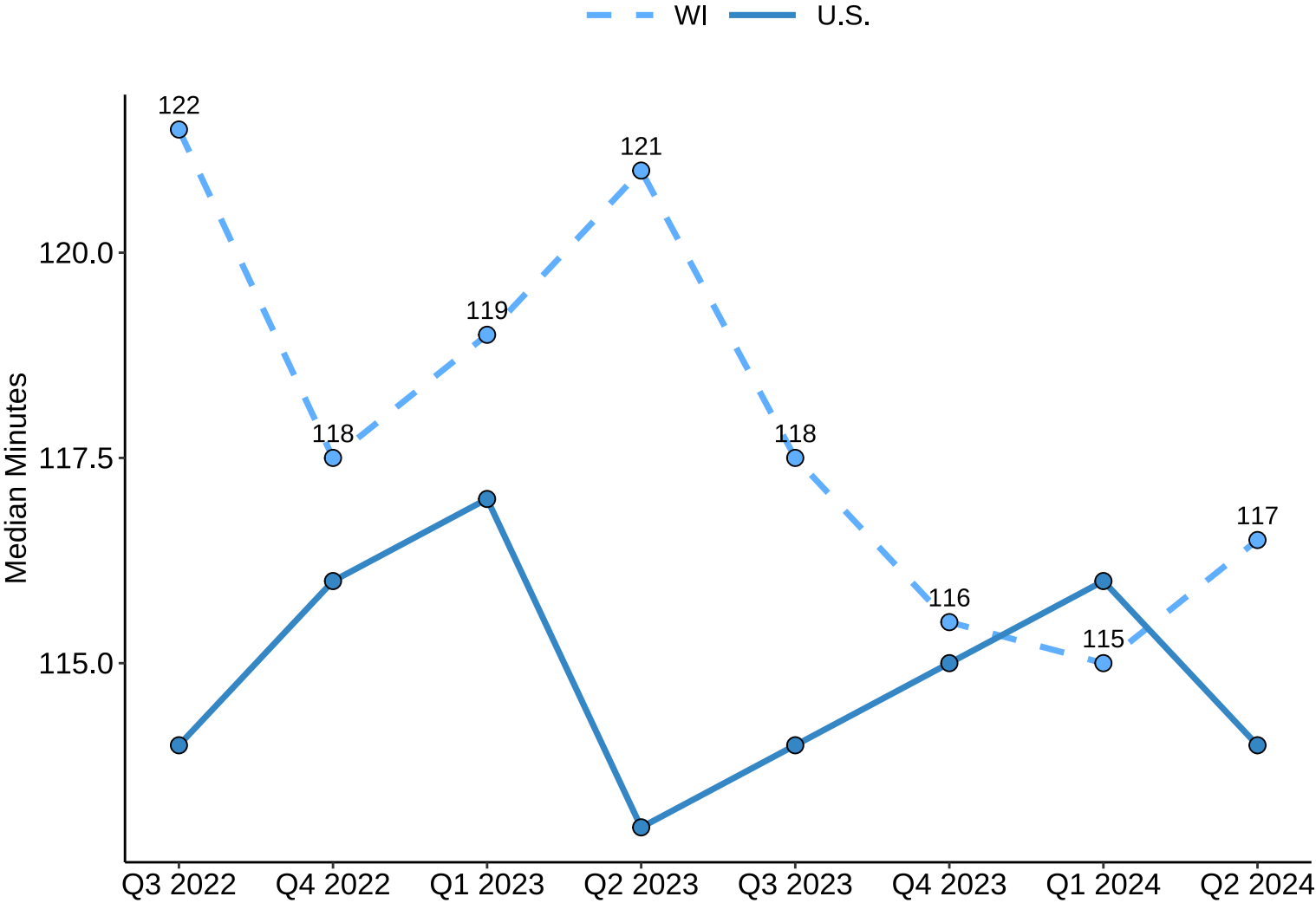


Table 2: OP-18b Performance in Wisconsin

		State Performance by Quarter				State Current Quarter			National Current Quarter		Benchmark
Emergency Department – Quarterly Measure		Q3 2023	Q4 2023	Q1 2024	Q2 2024	# CAHs Reporting	Median Time	90th Percentile	# CAHs Reporting	Median Time	Median Time
OP-18b	Median Time from ED Arrival to ED Departure for Discharged ED Patients	118 min	116 min	115 min	117 min	54	117 min	85 min	1,116	114 min	85 min
	Number of Patients (N)	N=6,000	N=5,927	N=5,674	N=5,743	N=5,743			N=148,218		

“DNR” indicates that CAHs in the state did not submit any measure or submitted data was rejected/not accepted.

Figure 2: OP-18b Trends in Wisconsin and All CAHs Nationally
Median time from ED arrival to ED departure for discharged patients (lower is better)



Emergency Department – OP-22

Table 3: OP-22 Performance Wisconsin

		State Performance by Calendar Year				State Current Year			National Current Year		Bench- mark
Emergency Department – Annual Measure		CY 2020	CY 2021	CY 2022	CY 2023	# CAHs Reporting	CAH Overall Rate	90th Percentile	# CAHs Reporting	CAH Overall Rate	CAH Overall Rate
OP-22	Patient Left Without Being Seen Number of Patients (N)	1% N=293,325	1% N=343,429	1% N=376,214	1% N=398,383	48 N=398,383	1%	0%	1,027 N=7,159,942	1%	0%

“DNR” indicates that CAHs in the state did not submit any measure or submitted data was rejected/not accepted.

Global Measures – CAH Quality Infrastructure

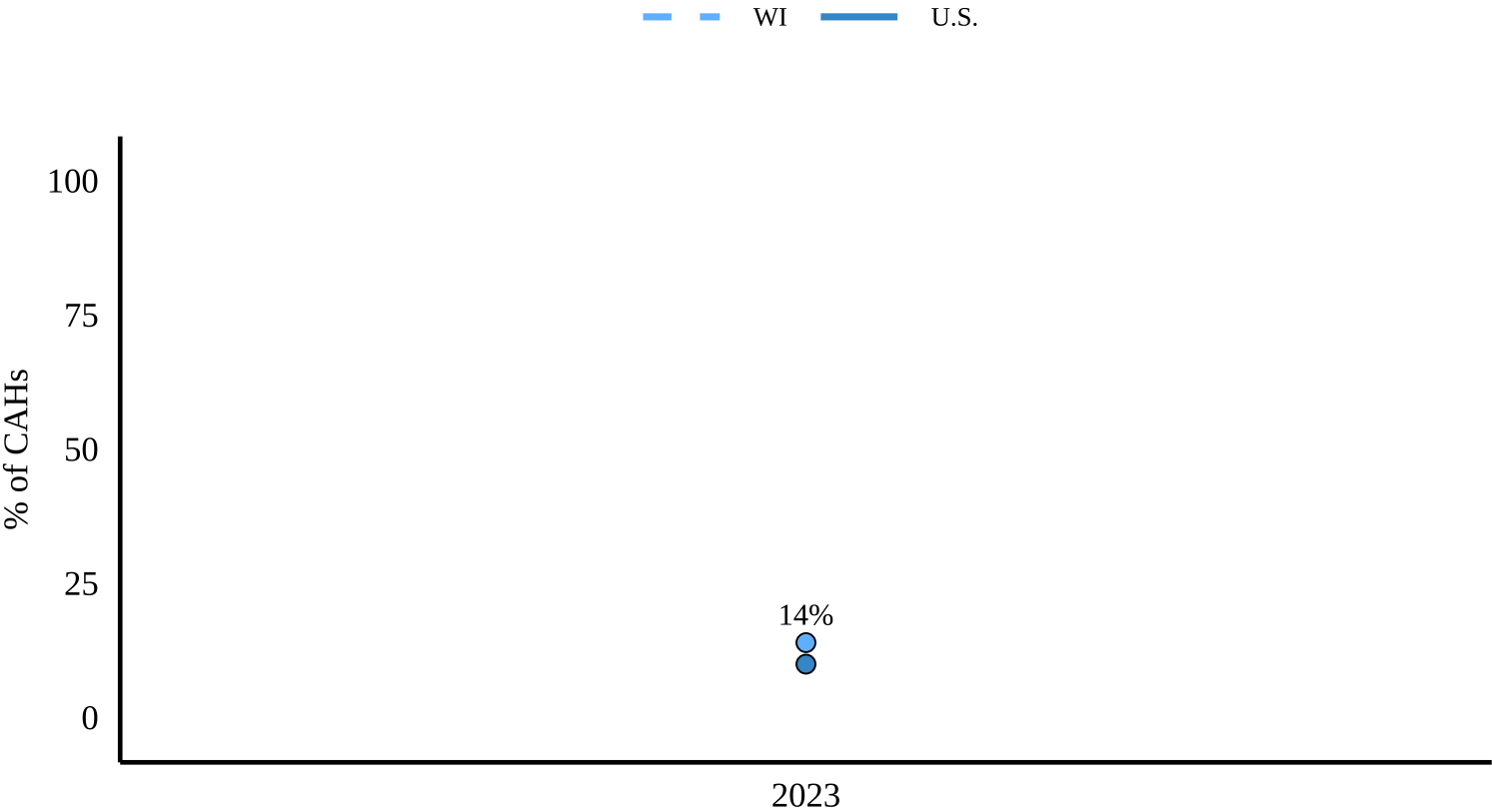
Table 4: CAH Quality Infrastructure Performance in Wisconsin

Infrastructure Elements	State Percentage by Survey Year	State Percentage for Current Survey Year		National Percentage for Current Survey Year		Bench- mark
	Survey Year 2023	# CAHs Reporting	% of CAHs Meeting Element	# CAHs Reporting	% of CAHs Meeting Element	% of Elements Met
Met All 9	14%	44	14%	1,207	10%	100%
Element 1: Leadership	95%	44	95%	1,207	95%	
Element 2: Strategic Plan	45%	44	45%	1,207	58%	
Element 3: Workforce	66%	44	66%	1,207	61%	
Element 4: CQI System	93%	44	93%	1,207	91%	
Element 5: CQI Behavior	91%	44	91%	1,207	84%	
Element 6: Equity	36%	44	36%	1,207	22%	
Element 7: Pt Engagement	61%	44	61%	1,207	52%	
Element 8: Collecting Data	89%	44	89%	1,207	78%	
Element 9: Using Data	73%	44	73%	1,207	63%	

“DNR” indicates that CAHs in the state did not submit any measure or submitted data was rejected/not accepted.

Figure 3: All Elements Met for CAH Quality Infrastructure Trend in Wisconsin and All CAHs Nationally

Percent of CAHs meeting all CAH Quality Infrastructure core elements



Global Measures – Hospital Commitment to Health Equity

Table 5: HCHE Performance in Wisconsin

Hospital Commitment to Health Equity	State Performance by Calendar Year	State Current Year		National Current Year		Benchmark
	CY 2023	# CAHs Reporting	% of CAHs Meeting Domain	# CAHs Reporting	% of CAHs Meeting Domain	% of Domains Met
All Domains Met	77%	26	77%	485	68%	100%
Domain 1: Equity is a Strategic Priority	77%	26	77%	485	81%	
Domain 2: Data Collection	100%	26	100%	485	87%	
Domain 3: Data Analysis	81%	26	81%	485	77%	
Domain 4: Quality Improvement	100%	26	100%	485	94%	
Domain 5: Leadership Engagement	81%	26	81%	485	76%	

“DNR” indicates that CAHs in the state did not submit any measure or submitted data was rejected/not accepted.

Figure 4. All Domains Met for HCHE Trend in Wisconsin and All CAHs Nationally

Percent of CAHs meeting all HCHE domains

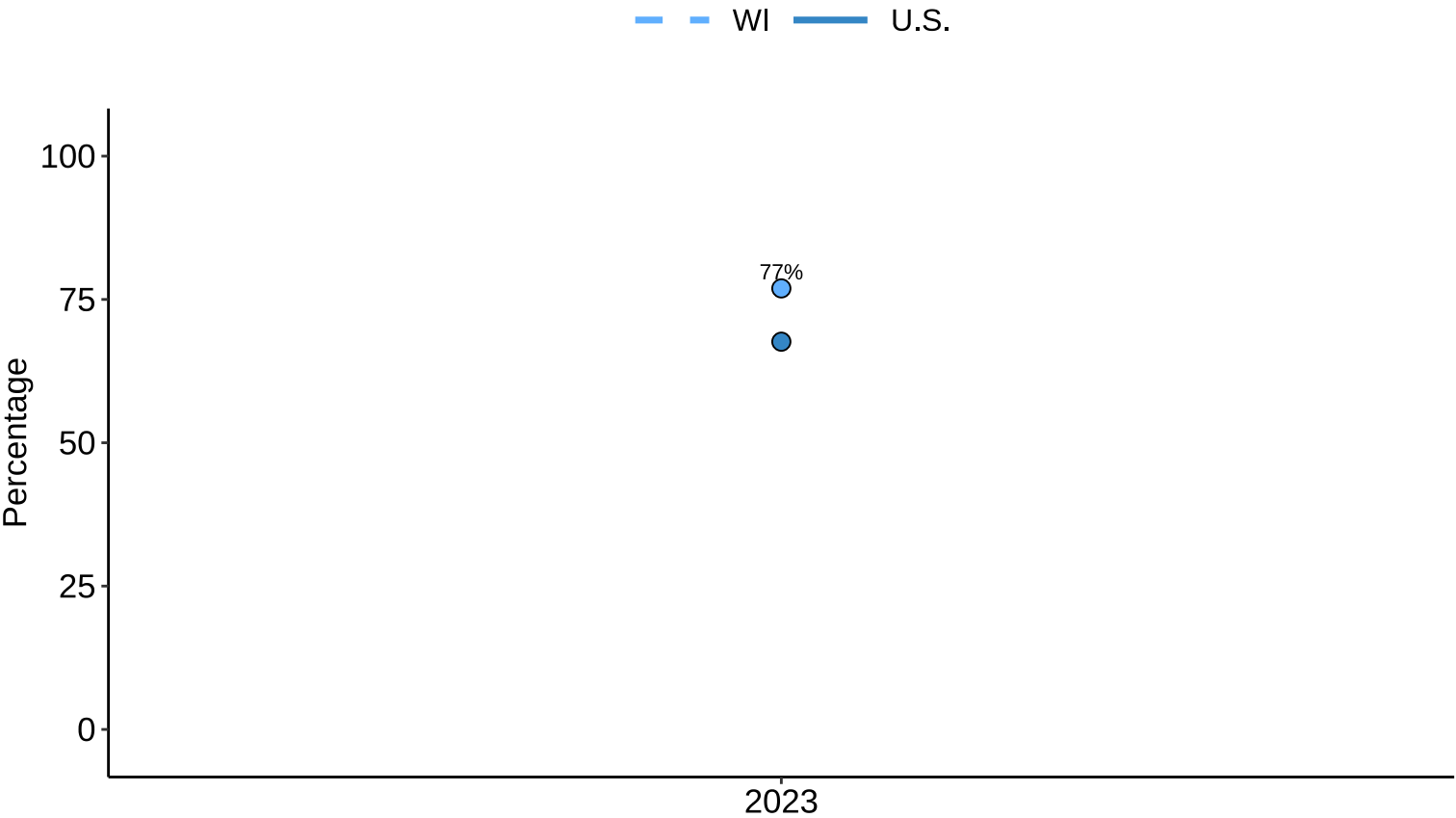
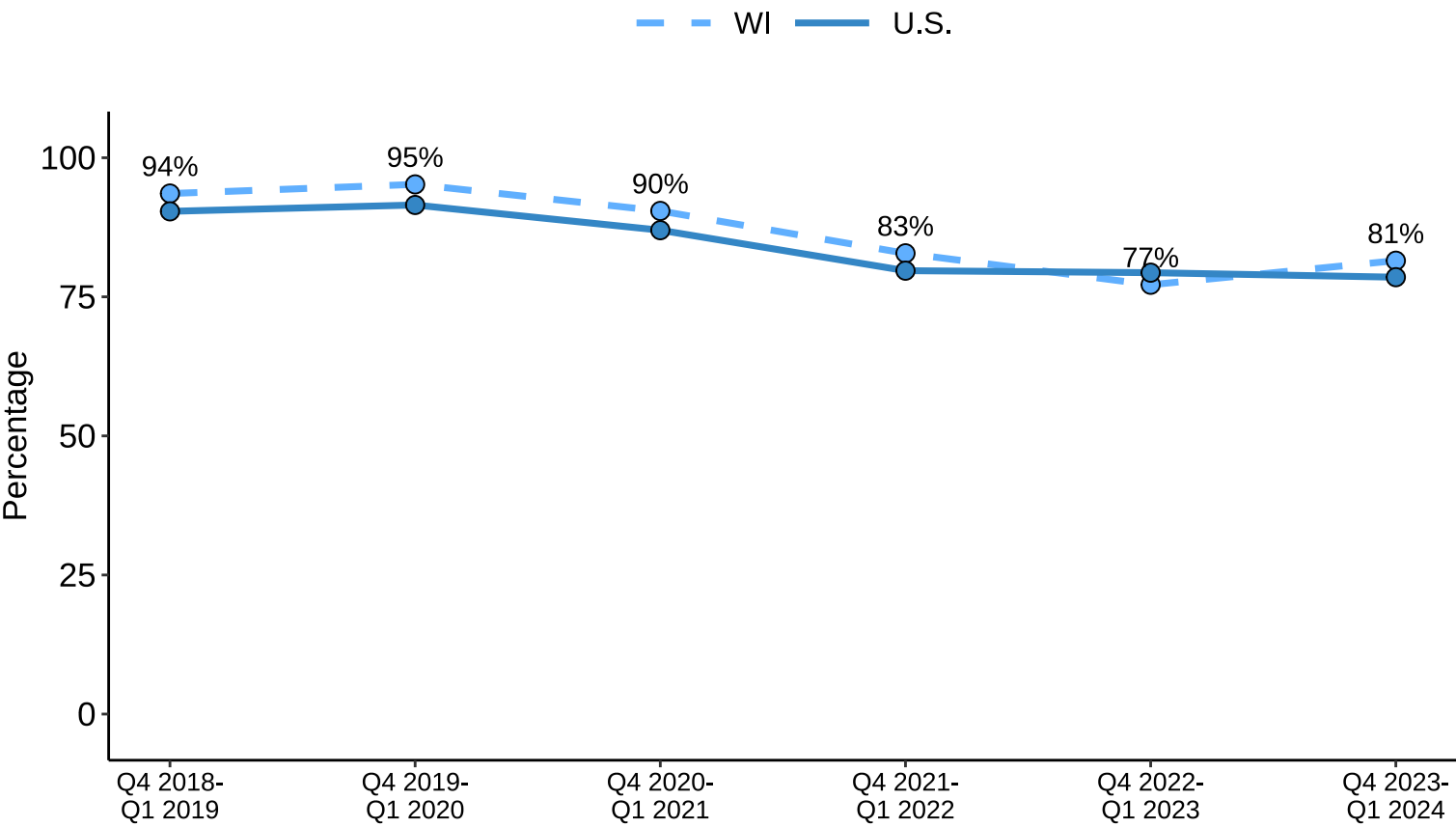


Table 6: HCP/IMM-3 Performance in Wisconsin

		State Reported Adherence Percentage				State Current Flu Season			National Current Flu Season		Benchmark
NHSN Immunization Measure		Q4 2020 - Q1 2021	Q4 2021 - Q1 2022	Q4 2022 - Q1 2023	Q4 2023 - Q1 2024	# CAHs Reporting	CAH Overall Rate	90th Percentile	# CAHs Reporting	CAH Overall Rate	CAH Overall Rate
HCP/IMM-3	Healthcare Provider Influenza Vaccination	90%	83%	77%	81%	53	81%	94%	1,207	79%	100%

“DNR” indicates that CAHs in the state did not submit any measure or submitted data was rejected/not accepted.

Figure 5. HCP/IMM-3 Trend in Wisconsin and All CAHs Nationally
Percent of healthcare workers given influenza vaccination



Patient Safety – Antibiotic Stewardship

Table 7: Antibiotic Stewardship Performance in Wisconsin

Antibiotic Stewardship Measure – CDC Core Elements	State Percentage by Survey Year				State Percentage for Current Survey Year		National Percentage for Current Survey Year		Bench- mark
	Survey Year 2020	Survey Year 2021	Survey Year 2022	Survey Year 2023	# CAHs Reporting	% of CAHs Meeting Element	# CAHs Reporting	% of CAHs Meeting Element	% of Elements Met
All Elements Met	86%	95%	95%	93%	58	93%	1,271	92%	100%
Element 1: Leadership	100%	98%	98%	100%	58	100%	1,271	98%	
Element 2: Accountability	98%	95%	97%	98%	58	98%	1,271	97%	
Element 3: Drug Expertise	97%	100%	97%	97%	58	97%	1,271	96%	
Element 4: Action	100%	100%	100%	100%	58	100%	1,271	99%	
Element 5: Tracking	100%	100%	100%	98%	58	98%	1,271	96%	
Element 6: Reporting	97%	100%	98%	98%	58	98%	1,271	98%	
Element 7: Education	90%	100%	100%	100%	58	100%	1,271	99%	

“DNR” indicates that CAHs in the state did not submit any measure or submitted data was rejected/not accepted.

Figure 6: All Elements Met for Antibiotic Stewardship Trend in Wisconsin and All CAHs Nationally

Percent of CAHs meeting all core elements of Antibiotic Stewardship

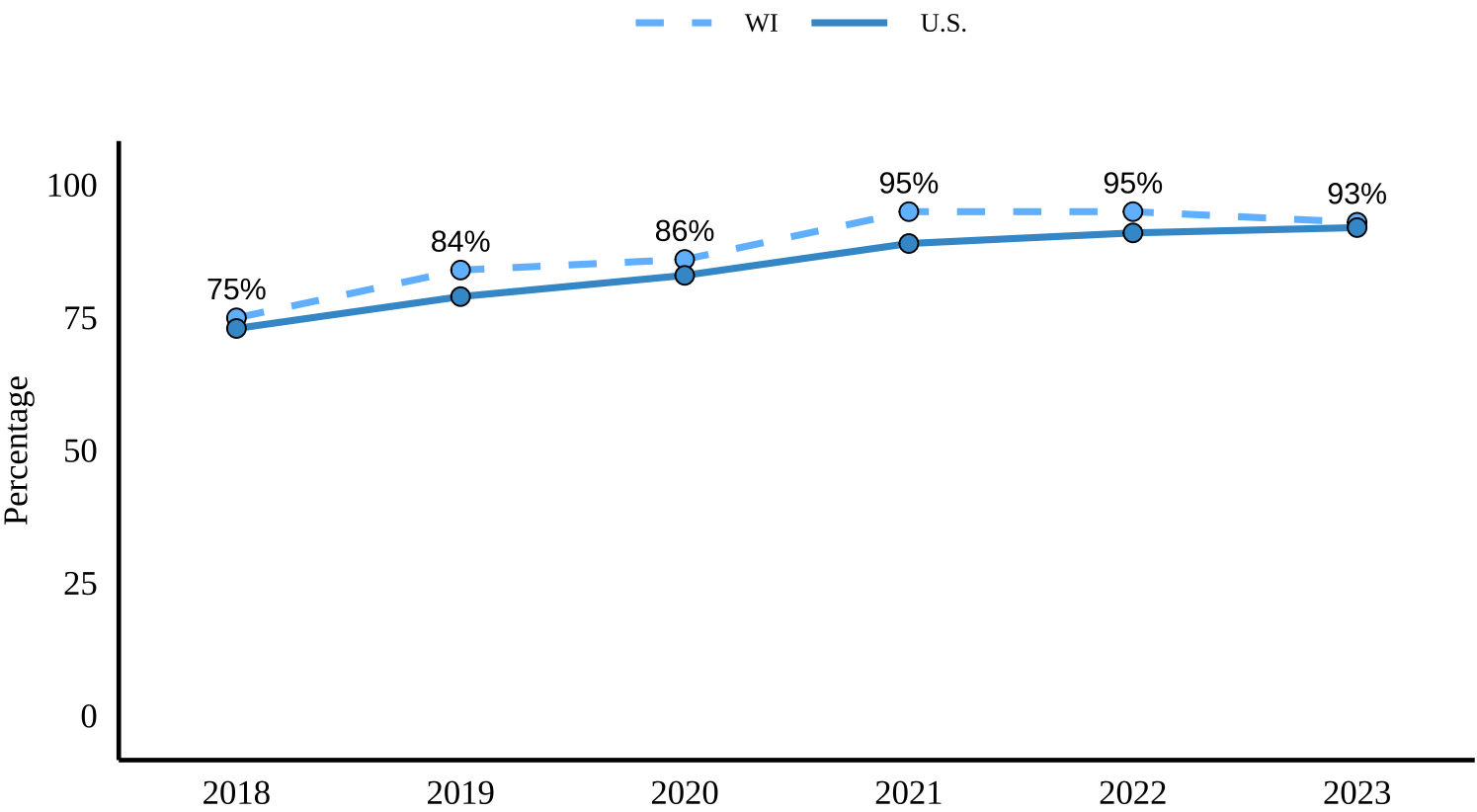


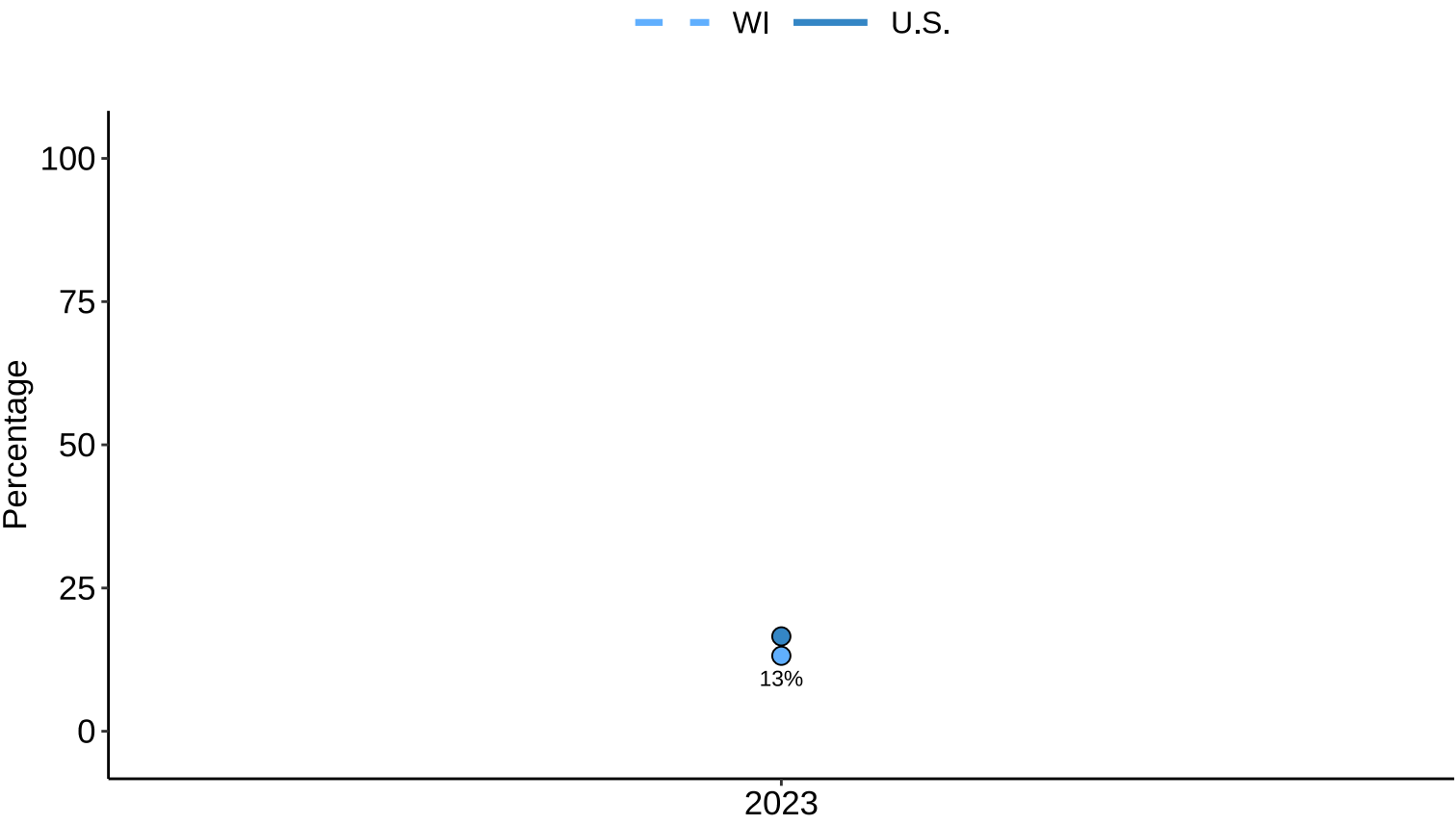
Table 8: Safe Use of Opioids Performance in Wisconsin

	Your State’s Performance by Calendar Year	State Current Year		National Current Year		Benchmark
	CY 2023	# CAHs Reporting	Current Year %	# CAHs Reporting	Current Year %	
Safe Use of Opioids	13%	54	13%	1,030	17%	N/A
Number of Patients	N=6,735	N=6,735		N=112,128		

“DNR” indicates that CAHs in the state did not submit any measure or submitted data was rejected/not accepted.

Figure 7. Safe Use of Opioids Trend in Wisconsin and All CAHs Nationally

Proportion of inpatient hospitalizations prescribed two or more opioids or an opioid and benzodiazepine concurrently at discharge



SDOH-1: Screening for Social Drivers of Health

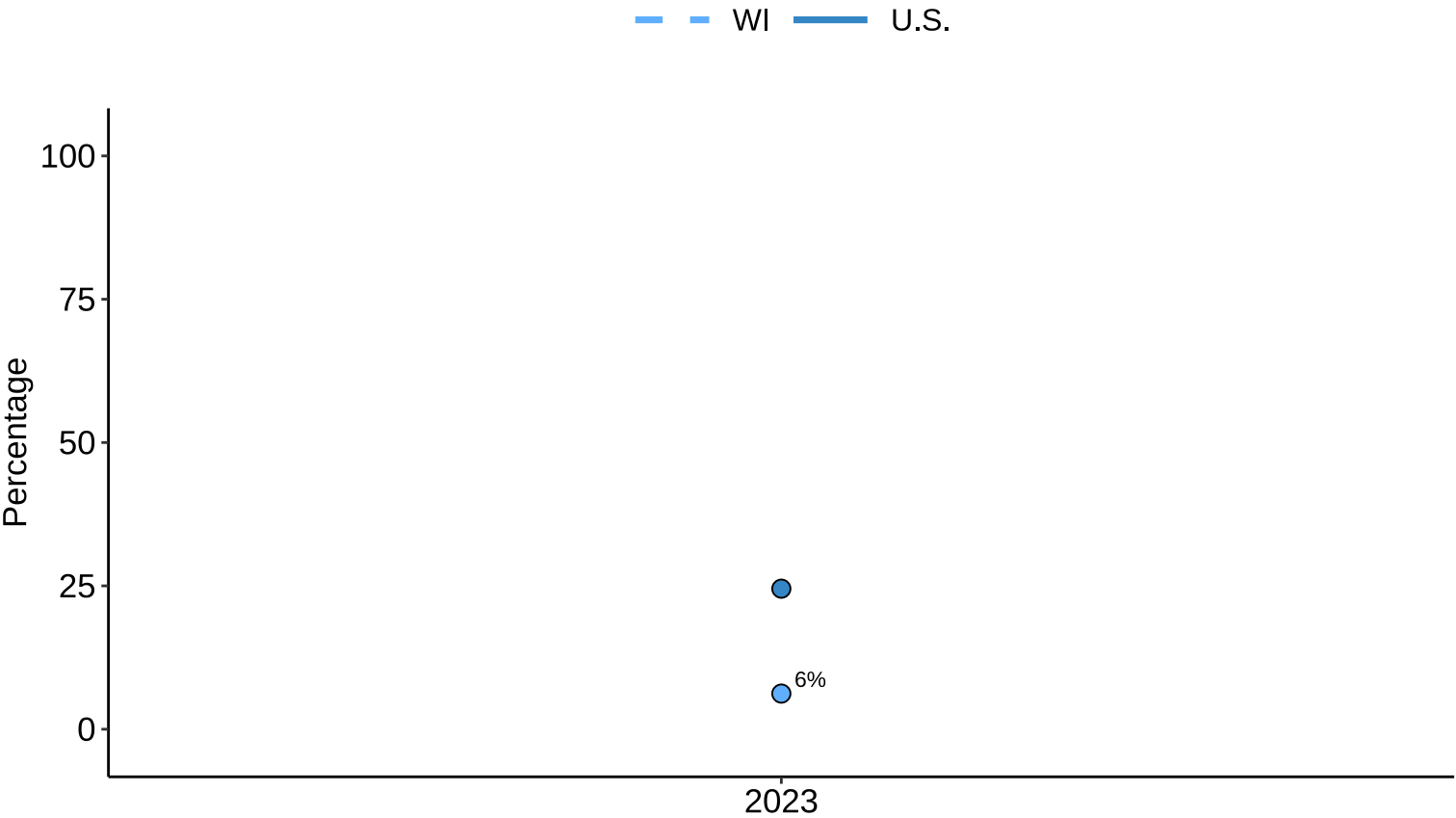
Table 9: SDOH-1 Performance in Wisconsin

	State Performance by Calendar Year	State Current Year		National Current Year		Benchmark
	CY 2023	# CAHs Reporting	Current Year %	# CAHs Reporting	Current Year %	
Patients Screened for Social Drivers of Health	6%	8	6%	133	25%	N/A
Number of Patients	N=4,459	N=4,459		N=47,464		

“DNR” indicates that CAHs in the state did not submit any measure or submitted data was rejected/not accepted.

Figure 8: SDOH-1 Trend in Wisconsin and All CAHs Nationally

Percent of patients screened for all five social drivers of health



SDOH-2: Screen Positive Rate for Social Drivers of Health

Table 10. SDOH-2 Performance in Wisconsin

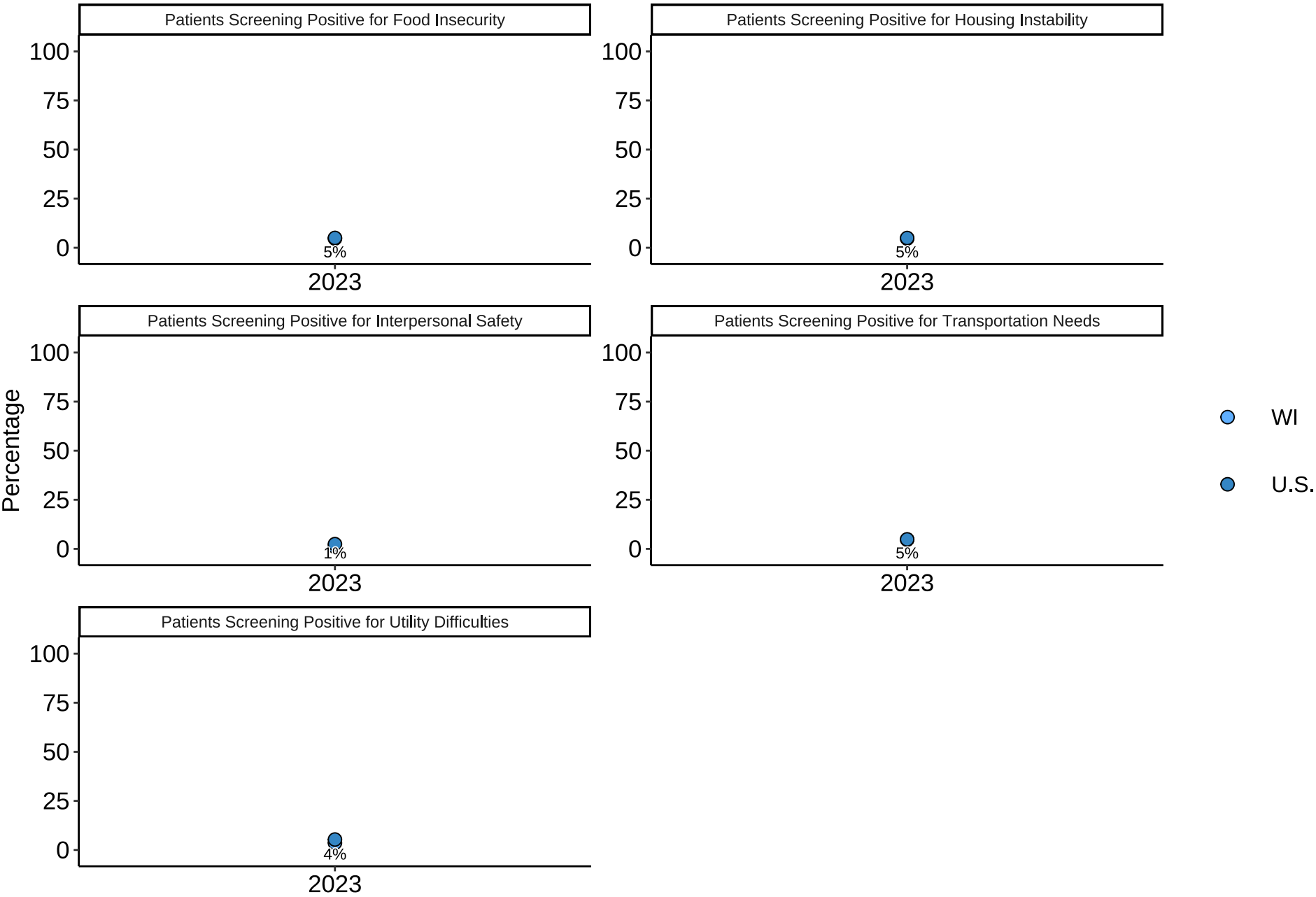
	State Performance by Calendar Year	State Current Year		National Current Year		Bench- mark
	CY 2023	# CAHs Reporting	Current Year %	# CAHs Reporting	Current Year %	
Patients Screening Positive for Food Insecurity	5%	8	5%	133	5%	N/A
Patients Screening Positive for Housing Instability	5%	8	5%	133	5%	N/A
Patients Screening Positive for Interpersonal Safety	1%	8	1%	133	2%	N/A
Patients Screening Positive for Transportation Needs	5%	8	5%	133	5%	N/A
Patients Screening Positive for Utility Difficulties	4%	8	4%	133	5%	N/A
Number of Patients	N=277	N=277		N=11,634		

“DNR” indicates that CAHs in the state did not submit any measure or submitted data was rejected/not accepted.

“ZD” indicates a zero denominator. While no value is available for this measure, CAHs in this state reported the measure, but did not screen any patients.

Figure 9: SDOH-2 Trends in Wisconsin and All CAHs Nationally

Percent of patients screening positive for each social driver of health screened



Hybrid HWR – Hybrid Hospital-Wide Readmission

Table 11: Hybrid HWR Performance in Wisconsin

	State Performance by Reporting Period	State Current Reporting Period		National Current Reporting Period		Benchmark
	Q3 2022-Q2 2023	# CAHs Reporting	Current Year %	# CAHs Reporting	Current Year %	
Hybrid Hospital-Wide Readmissions	14%	22	14%	176	12%	N/A
Number of Patients	N=2,132	N=2,132		N=19,285		

“DNR” indicates that CAHs in the state did not submit any measure or submitted data was rejected/not accepted.

Appendix

General Report Information

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

- The number of CAHs reporting
- Median or average values
- 90th percentile and/or benchmark values

State measures aggregate all CAHs in the state and national measures aggregate all CAHs nationwide. These data may be useful in understanding how your hospital's performance compares to other hospitals. 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 from a variety of sources, including data reported to the Centers for Medicare and Medicaid Services (CMS) and extracted from QualityNet, data reported to the Centers for Disease Control and Prevention (CDC) through the National Healthcare Safety Network (NHSN) annual survey, data reported to State Flex Programs (for the EDTC measure), and data reported to the Flex Monitoring Team (for the CAH Quality Infrastructure measure).

Data Labels

- “DNR” indicates that CAHs in the state did not submit any measure or submitted data was rejected/not accepted.
- “ZD” indicates a zero denominator. While no value is available for this measure, CAHs in this state reported the measure, but did not screen any patients.

Percentiles

Some measures include state 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).

Trend Figures

Trend figures show state and national data over multiple reporting periods, formatted as line or bar graphs. For line graphs, missing or excluded data are indicated by a missing data point, while a missing line for your state indicates data are not available for any reporting period in the figure. For bar graphs, missing or excluded data are indicated by a missing bar. 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.

Measure Calculations

Specific information on how data elements were calculated for inclusion in this report is outlined below.

EDTC – Emergency Department Transfer Communication

The EDTC measure is calculated as the percentage of patients that met all eight data elements. The number of records reviewed are reported at the state and national level. EDTC is reported quarterly. The benchmark for EDTC is set at 100%. For more information on this measure, please visit the [measure specifications](#).

OP-18b – Median Time from ED Arrival to ED Departure for Discharged ED Patients

The value for OP-18b is median time – the median number of minutes from ED arrival to departure among discharged ED patients who meet certain criteria (a lower value indicates better performance). OP-18b is reported quarterly. The benchmark for OP-18b is set at the national 90th percentile of CAHs with MOUs during 2023 (value is updated annually). For more information on this measure, please visit the [measure specifications](#).

OP-22 – Patient Left Without Being Seen

Percentages are calculated using the number of patients who meet the measure criteria divided by the number of patients in the measure population (a lower value indicates better performance). Values are rounded to the nearest whole number. OP-22 is reported annually, with data due May 15 of each year reflecting the prior calendar year. The benchmark for OP-22 is set at the national 90th percentile of CAHs with MOUs during 2023 (value is updated annually). No trend figure is included for this measure due to low measure variation. For more information on this measure, please visit the [measure specifications](#).

CAH Quality Infrastructure

For CAH Quality Infrastructure, data include a total value for the percentage of CAHs in the state that met all nine core elements. The report also includes a value for the percentage of CAHs in the state that met each of the core elements. The CAH Quality Infrastructure measure is reported annually each fall through submission of the National CAH Quality Inventory and Assessment. The benchmark for CAH Quality Infrastructure is 9 out of 9 core elements (100%). For more information on this measure, please visit the [measure specifications](#).

HCHE – Hospital Commitment to Health Equity

Data for this measure include a total value for the percentage of CAHs in the state that met all five domains of HCHE. The report also includes a value for the percentage of CAHs in the state that met each of the domains. The Hospital Commitment to Health Equity measure is reported annually each spring. The benchmark for HCHE is 5 out of 5 domains (100%). For more information on this measure, please visit the [measure specifications](#).

HCP/IMM-3 – Healthcare Personnel Flu Vaccination

Percentages are calculated using the number of healthcare workers who meet the measure criteria, divided by the number of workers in the measure population. Values are rounded to the nearest whole number. HCP/IMM-3 is reported annually, with data due May 15 of each year

reflecting the prior Flu season (Q4 of the previous year through Q1 of the current year). The benchmark for HCP/IMM-3 is 100%. For more information on this measure, please visit the [measure specifications](#).

Antibiotic Stewardship

For Antibiotic Stewardship, data include a total value for the percentage of CAHs in the state that met all seven elements. The report also includes a value for the percentage of CAHs in the state that met each of the elements. Antibiotic Stewardship is an annually reported measure collected through submission of the NHSN Annual Facility Survey. Hospitals are asked to submit surveys annually reflective of the previous calendar year by March 1 (e.g., 2024 surveys are submitted by March 1, 2025). The benchmark for Antibiotic Stewardship is 100%. For more information on this measure, please visit the [measure specifications](#).

Safe Use of Opioids

Percentages are calculated using the number of patients who meet the measure criteria, divided by the number of patients in the measure population. Values are rounded to the nearest whole number. The Safe Use of Opioids measure is reported annually each spring. To be considered reporting for this measure, CAHs must submit data for the entire calendar year of the data period (e.g., all four quarters). This measure does not yet have a benchmark (may be updated at a later date). For more information on this measure, please visit the [measure specifications](#).

Hybrid HWR – Hybrid Hospital-Wide Readmission

Percentages are calculated using the number of patients who meet the measure criteria divided by the number of patients in the measure population, and then these data are then risk adjusted by CMS. The Hybrid Hospital-Wide Readmission measure is reported annually each fall, for a time period of the previous year's Q3 through the current year's Q2 (e.g., data reported in fall 2023 include data from Q3 2022-Q2 2023). This measure does not have a benchmark. No trend figure is included for this measure due to low measure variation. For more information on this measure, please visit the [measure specifications](#).

SDOH-1 – Screening for Social Drivers of Health

Percentages are calculated using the number of patients who meet the measure criteria (screening) divided by the number of patients in the measure population. The SDOH-1 measure is reported annually each spring. To be considered reporting for this measure, CAHs must report a non-zero value for the measure denominator. This measure does not have a benchmark. For more information on this measure, please visit the [measure specifications](#).

SDOH-2 – Screen Positive Rate for Social Drivers of Health

Percentages are calculated using the number of patients who meet the measure criteria (screening positive) divided by the number of patients in the measure population (patients screened). This is calculated for each of the five social drivers of health (food insecurity, housing instability, transportation needs, utility difficulties, and interpersonal safety). The SDOH-2 measure is reported annually each spring. This measure does not have a benchmark. For more information on this measure, please visit the [measure specifications](#).