



JUNE 2026

MBQIP Quality Measures National Annual Report – 2024

MADELEINE PICK, MPH

GRACE NEUGER

ROBERT BARCLAY, MPH

KEY FINDINGS

- Nationally, 99.9% of CAHs (1,373) reported at least one MBQIP measure in 2024, and the median number of measures reported was eight (of nine measures).
- Overall, 64% of CAHs nationally reported all original six MBQIP measures (Antibiotic Stewardship, EDTC, HCP/ IMM-3, HCAHPS, OP-18, and OP-22), while nearly 29% reported all nine current MBQIP measures.

BACKGROUND

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 Flex Monitoring

CONTENTS

Background.....Page 1

Data and Methods.....Page 2

Reporting.....Page 2

Performance

 Antibiotic Stewardship.....Page 4

 CAH Quality Infrastructure.....Page 5

 Emergency Department Transfer Communication (EDTC).....Page 6

 HCP/IMM-3.....Page 8

 Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS).....Page 8

 Hybrid Hospital-Wide Readmission.....Page 10

 OP-18.....Page 11

 OP-22.....Page 11

 Safe Use of Opioids.....Page 11

Appendix.....Page 12

Team (FMT) has been producing national annual reports on quality measures for over a decade, and this annual report from the FMT focuses specifically on MBQIP measures using data collected under the five MBQIP domains: Global Measures, Patient Safety, Patient Experience, Care Coordination, and Emergency Department. The FMT also produces state-level annual MBQIP reports, which can be found on the [FMT website](http://www.flexmonitoring.org).



DATA AND METHODS

Quality measures included in this report are limited to the nine MBQIP measures, including: one Global Measure (CAH Quality Infrastructure); three Patient Safety measures (Antibiotic Stewardship, HCP/ IMM-3, Safe Use of Opioids); one Patient Experience measure (ten measure components from the Hospital Consumer Assessment of Healthcare Providers and Systems or HCAHPS survey); one Care Coordination measure (Hybrid Hospital-Wide Readmission), and three Emergency Department measures (Emergency Department Transfer Communication or EDTC, OP-18, OP-22).

The data used for this report are reported to CMS and extracted from QualityNet, or to the Centers for Disease Control and Prevention (CDC) National Healthcare Safety Network (NHSN) annual survey. Emergency Department Transfer Communication (EDTC) data used for this report are from the Federal Office of Rural Health Policy (FORHP) as reported by CAHs to State Flex Programs. CAH Quality Infrastructure data are submitted to the FMT through the annual CAH Quality Infrastructure Assessment. The data values in this report only include CAHs with a signed MBQIP Memorandum of Understanding (MOU).

There are two sections of this report: reporting and performance. Data are aggregated to the national level, and across all measures, data are not displayed for measures where the aggregated national data include fewer than 25 patients/cases/surveys.

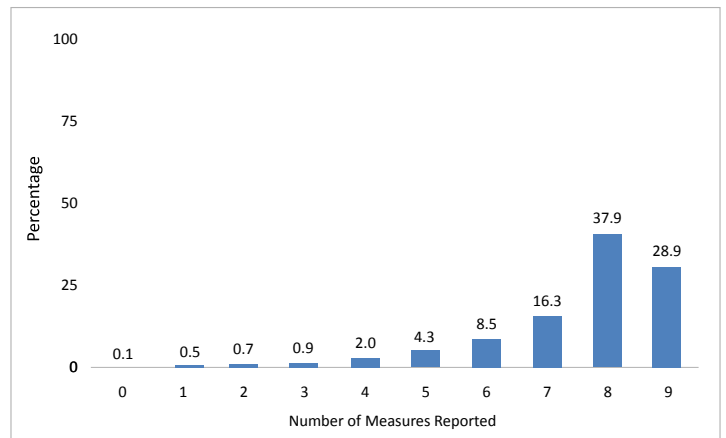
CAHs were considered reporting for any measure if they reported data for the entire reporting period for that measure. For example, CAHs would need to report all four quarters of the quarterly measures (EDTC, HCAHPS, OP-18) as well as Safe Use of Opioids (an annual measure requiring reporting of all four quarters) to be considered reporting the measure.

The reporting denominator of all CAHs in the U.S. for 2024 is 1,375 CAHs (the total number of CAHs designated on December 31, 2024), and the reporting numerator includes all CAHs with a signed MBQIP MOU reporting for the specific measure. Please see the Appendix for additional information about the calculation of performance values and statistical testing in each domain.

REPORTING

This section includes a summary of MBQIP measure reporting for all CAHs nationally. In 2024, 1,373 CAHs nationally (99.9%) reported at least one MBQIP measure, with eight measures being the median number of measures reported among all CAHs nationally. Figure 1 displays the distribution of the number of MBQIP measures reported by CAHs nationally. Table 1 shows the reporting rate for each MBQIP measure. HCP/IMM-3 was the most reported measure with 94.5% of CAHs reporting, while Hybrid HWR was the least reported measure with 40.2% of CAHs reporting (though this measure is not expected to be reported until fall of 2026).

FIGURE 1: Percentage of CAHs Reporting MBQIP Measures by Number of Measure for All CAHs Nationally, 2024





Flex Monitoring Team

University of Minnesota | University of North Carolina at Chapel Hill | University of Southern Maine

TABLE 1: CAHs Reporting Each MBQIP Measure for All CAHs Nationally, 2024

| | # of CAHs Reporting | % of CAHs Reporting |
|----------------------------|---------------------|---------------------|
| | | (n = 1,375) |
| Antibiotic Stewardship | 1,295 | 94.2 |
| CAH Quality Infrastructure | 1,282 | 93.2 |
| EDTC | 1,287 | 93.6 |
| HCAHPS | 1,244 | 90.5 |
| HCP/IMM-3 | 1,300 | 94.5 |
| Hybrid HWR | 553 | 40.2 |
| OP-18b | 1,212 | 88.1 |
| OP-22 | 1,085 | 78.9 |
| Safe Use of Opioids | 1,217 | 88.5 |

Tables 2 and 3, respectively, provide rankings of all 45 Flex states based on the number of CAHs reporting the six original MBQIP measures and all nine current MBQIP measures. Approximately 64% of CAHs nationally reported all original six MBQIP measures (Antibiotic Stewardship, EDTC, HCP/IMM-3, HCAHPS, OP-18, and OP-22), while nearly 29% reported all nine current MBQIP measures. We anticipate that reporting across all the MBQIP measures will increase in forthcoming years, as expectations for reporting all MBQIP measures were implemented in Fall 2025.

TABLE 2: State Ranking of CAHs Reporting All Original Six MBQIP Measures, 2024

| Rank | State | CAHs Reporting | % of CAHs |
|------|----------------|----------------|-----------|
| 1 | North Dakota | 35 | 94.6 |
| 2 | South Dakota | 37 | 92.5 |
| 3 | Virginia | 7 | 87.5 |
| 4 | Nevada | 11 | 84.6 |
| 5 | Nebraska | 52 | 83.9 |
| 6 | Minnesota | 63 | 82.9 |
| 7 | Wisconsin | 47 | 81.0 |
| 8 | Maine | 14 | 77.8 |
| 9 | New Hampshire | 10 | 76.9 |
| 10 | Georgia | 23 | 76.7 |
| 11 | Pennsylvania | 13 | 76.5 |
| 12 | Iowa | 62 | 75.6 |
| 13 | Massachusetts | 3 | 75.0 |
| 14 | Oregon | 18 | 72.0 |
| 15 | Kansas | 58 | 69.9 |
| 16 | Oklahoma | 27 | 69.2 |
| 17 | Arkansas | 19 | 67.9 |
| 18 | Idaho | 18 | 66.7 |
| 18 | Louisiana | 18 | 66.7 |
| 18 | South Carolina | 2 | 66.7 |
| 21 | California | 25 | 65.8 |
| 22 | Michigan | 23 | 65.7 |
| 22 | Missouri | 23 | 65.7 |

| Rank | State | CAHs Reporting | % of CAHs |
|------|-----------------|----------------|-------------|
| | National | 882 | 64.1 |
| 24 | West Virginia | 13 | 61.9 |
| 25 | North Carolina | 12 | 60.0 |
| 25 | Tennessee | 9 | 60.0 |
| 27 | Utah | 7 | 53.8 |
| 28 | Illinois | 29 | 52.7 |
| 29 | Montana | 26 | 52.0 |
| 30 | Ohio | 17 | 51.5 |
| 31 | Alabama | 3 | 50.0 |
| 31 | Colorado | 16 | 50.0 |
| 31 | Florida | 6 | 50.0 |
| 31 | New York | 10 | 50.0 |
| 31 | Wyoming | 9 | 50.0 |
| 36 | New Mexico | 6 | 46.2 |
| 36 | Washington | 18 | 46.2 |
| 38 | Indiana | 15 | 45.5 |
| 39 | Mississippi | 13 | 44.8 |
| 40 | Hawaii | 4 | 44.4 |
| 41 | Arizona | 7 | 41.2 |
| 42 | Texas | 37 | 40.7 |
| 43 | Kentucky | 12 | 40.0 |
| 44 | Alaska | 5 | 38.5 |
| 45 | Vermont | 0 | 0.0 |

Note: The six measures included in determining reporting status throughout this table include: Antibiotic Stewardship, EDTC, HCP/IMM-3, HCAHPS, OP-18 and OP-22



TABLE 3: State Ranking of CAHs Reporting All Nine MBQIP Measures, 2024

| Rank | State | CAHs Reporting | % of CAHs | Rank | State | CAHs Reporting | % of CAHs |
|------|----------------|----------------|-----------|------|-----------------|----------------|-------------|
| 1 | Virginia | 6 | 75.0 | | National | 397 | 28.9 |
| 2 | Wisconsin | 33 | 56.9 | 24 | Iowa | 23 | 28.0 |
| 3 | New York | 10 | 50.0 | 24 | Montana | 14 | 28.0 |
| 4 | Pennsylvania | 8 | 47.1 | 26 | Georgia | 8 | 26.7 |
| 5 | Maine | 8 | 44.4 | 27 | Louisiana | 7 | 25.9 |
| 5 | Wyoming | 8 | 44.4 | 28 | Michigan | 9 | 25.7 |
| 7 | Kansas | 35 | 42.2 | 29 | Massachusetts | 1 | 25.0 |
| 8 | Missouri | 14 | 40.0 | 30 | Oklahoma | 9 | 23.1 |
| 8 | Oregon | 10 | 40.0 | 30 | Washington | 9 | 23.1 |
| 10 | Indiana | 13 | 39.4 | 32 | Hawaii | 2 | 22.2 |
| 11 | Arkansas | 11 | 39.3 | 33 | Nebraska | 12 | 19.4 |
| 12 | Minnesota | 29 | 38.2 | 34 | Colorado | 6 | 18.8 |
| 13 | West Virginia | 8 | 38.1 | 35 | California | 7 | 18.4 |
| 14 | Ohio | 12 | 36.4 | 36 | Arizona | 3 | 17.6 |
| 15 | North Carolina | 7 | 35.0 | 37 | Alabama | 1 | 16.7 |
| 16 | Florida | 4 | 33.3 | 38 | Utah | 2 | 15.4 |
| 16 | South Carolina | 1 | 33.3 | 39 | South Dakota | 6 | 15.0 |
| 16 | Tennessee | 5 | 33.3 | 40 | Mississippi | 4 | 13.8 |
| 19 | Illinois | 17 | 30.9 | 41 | Kentucky | 4 | 13.3 |
| 20 | Nevada | 4 | 30.8 | 42 | Texas | 8 | 8.8 |
| 20 | New Hampshire | 4 | 30.8 | 43 | Alaska | 1 | 7.7 |
| 20 | New Mexico | 4 | 30.8 | 44 | North Dakota | 2 | 5.4 |
| 23 | Idaho | 8 | 29.6 | 45 | Vermont | 0 | 0.0 |

PERFORMANCE

This section includes a summary of CAH performance on MBQIP measures for all CAHs nationally, displayed in Tables 4-14. Trend data is also included for most measures to show performance changes over time (Figures 2-10). Time periods for trend figures vary based on data availability for each measure.

TABLE 4: Antibiotic Stewardship Results for All CAHs Nationally, 2024

| Measure | Description | CAHs Reporting | CAH Performance |
|------------------------|--|----------------|-----------------|
| Antibiotic Stewardship | Fulfill antibiotic stewardship core elements | 1,295 | 93.6 |

Note: Antibiotic Stewardship is the percentage of CAHs fulfilling all antibiotic stewardship elements

FIGURE 2: Antibiotic Stewardship Trends for All CAHs Nationally, 2021-2024 | CAHs fulfilling the seven antibiotic stewardship core elements

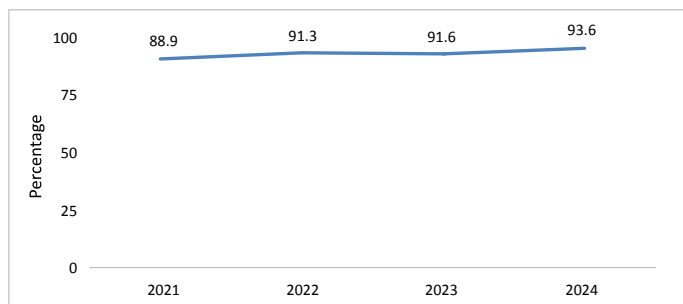




FIGURE 3: CAH Quality Infrastructure Trends for All CAHs Nationally, 2023-2024

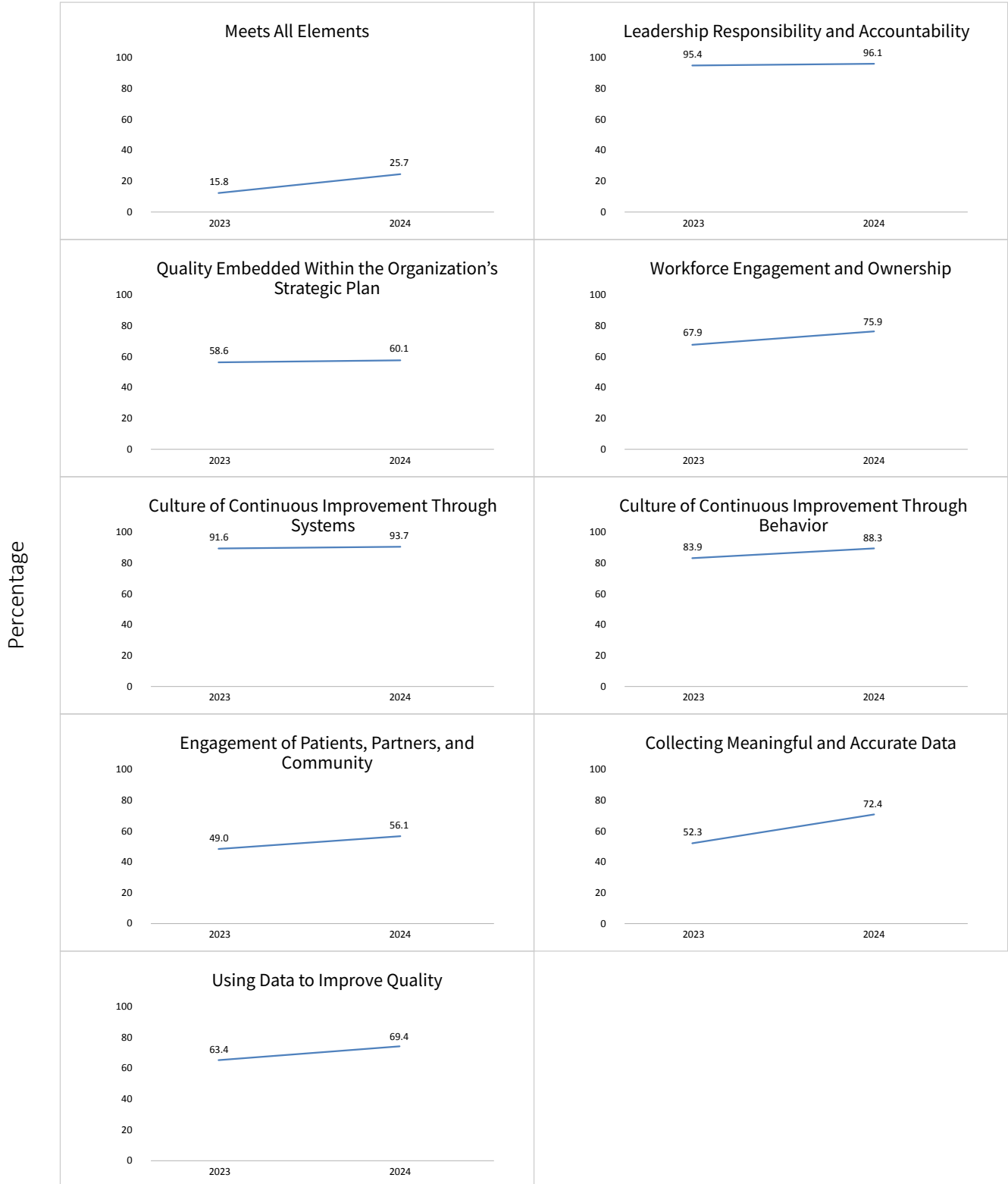




TABLE 5: CAH Quality Infrastructure Results for All CAHs Nationally, 2024

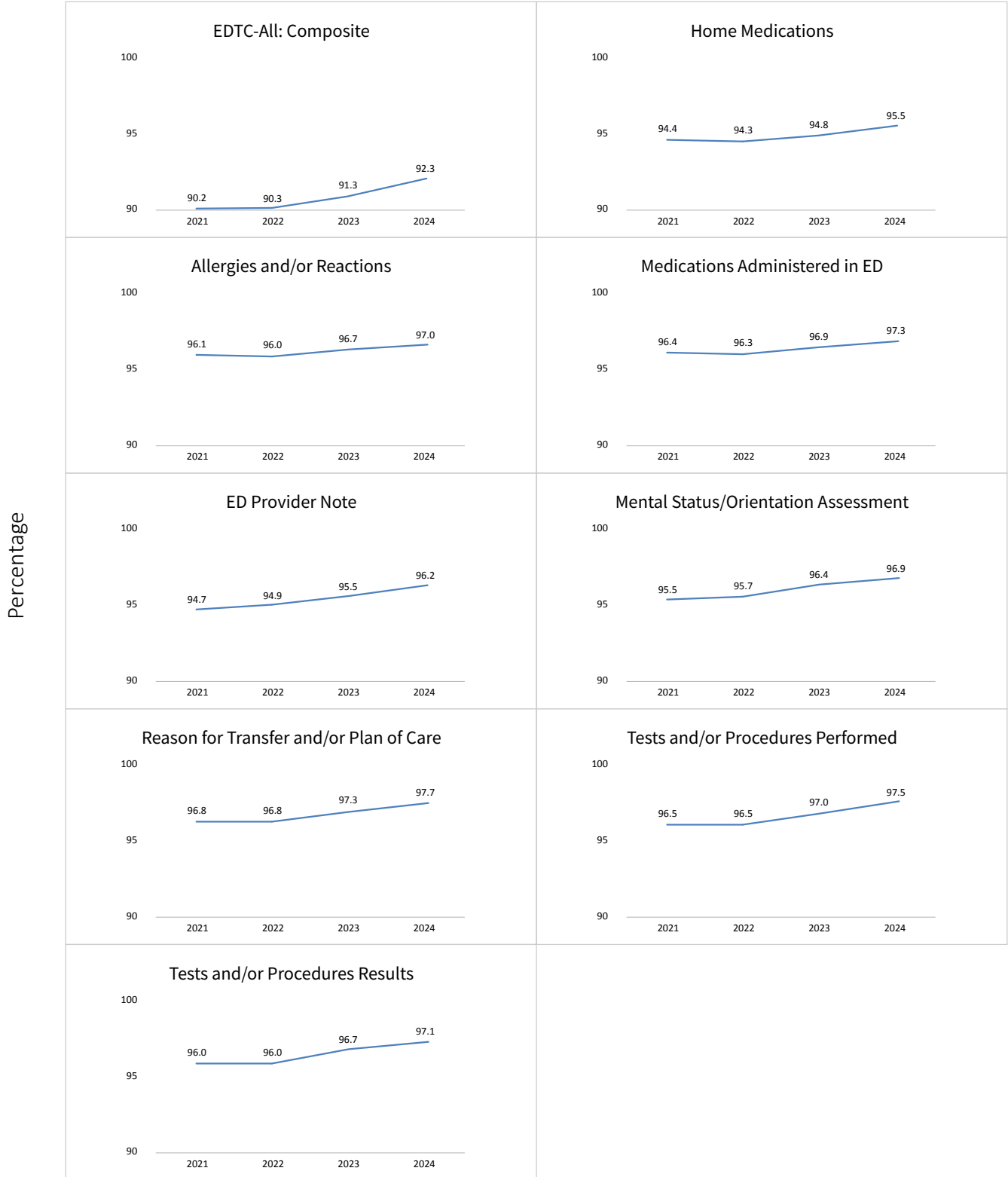
| Quality Measure | Percentage |
|---|-----------------|
| CAHs Reporting | n= 1,282 |
| Meets All Elements | 25.7 |
| Leadership Responsibility and Accountability | 96.1 |
| Quality Embedded Within the Organization’s Strategic Plan | 60.1 |
| Workforce Engagement and Ownership | 75.9 |
| Culture of Continuous Improvement Through Systems | 93.7 |
| Culture of Continuous Improvement Through Behavior | 88.3 |
| Engagement of Patients, Partners, and Community | 56.1 |
| Collecting Meaningful and Accurate Data | 72.4 |
| Using Data to Improve Quality | 69.4 |

TABLE 6: EDTC Results for All CAHs Nationally, 2024

| EDTC Measure | Percentage |
|---|-----------------|
| CAHs Reporting | n= 1,287 |
| EDTC-All: Composite | 92.3 |
| Home Medications | 95.5 |
| Allergies and/or Reactions | 97.0 |
| Medications Administered in ED | 97.3 |
| ED Provider Note | 96.2 |
| Mental Status/Orientation Assessment | 96.9 |
| Reason for Transfer and/or Plan of Care | 97.7 |
| Tests and/or Procedures Performed | 97.5 |
| Tests and/or Procedure Results | 97.1 |



FIGURE 4: EDTC Trends for All CAHs Nationally, 2021-2024





Flex Monitoring Team

University of Minnesota | University of North Carolina at Chapel Hill | University of Southern Maine

TABLE 7: HCP/IMM-3 Results for All CAHs Nationally, 2024

| Measure | Description | CAHs Reporting | % of Healthcare Workers |
|-----------|--|----------------|-------------------------|
| HCP/IMM-3 | Healthcare workers given influenza vaccination | 1,300 | 75.5 |

FIGURE 5: HCP/IMM-3 Trends for All CAHs Nationally, 2021-2024 | *Healthcare workers given influenza vaccination*

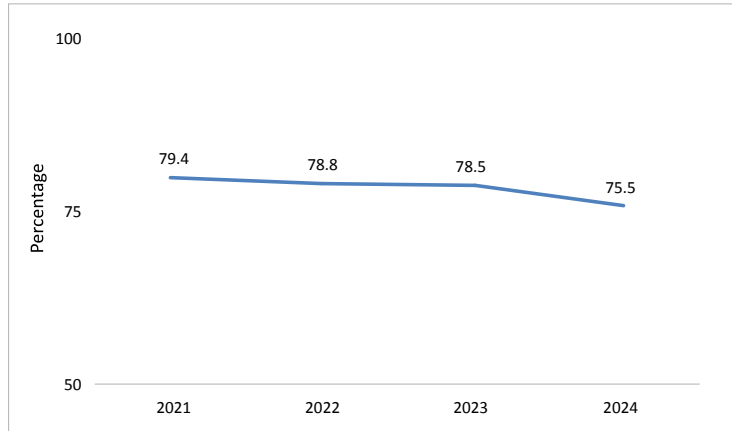


TABLE 8: HCAHPS Results for All CAHs Nationally, 2024

| HCAHPS Measure | Percentage |
|---|------------|
| CAHs Reporting | n= 1,244 |
| Nurses always communicated well | 84.2 |
| Doctors always communicated well | 83.9 |
| Patient always received help as soon as wanted | 74.8 |
| Staff always explained medications before giving them | 66.6 |
| Yes, staff gave patient info. about recovery at home | 89.1 |
| Strongly agree care understood when left hospital | 56.5 |
| Patient's room and bathroom were always clean | 80.2 |
| Area around patient's room was always quiet at night | 66.6 |
| Overall hospital rating of 9 or 10 (high) | 78.5 |
| Would definitely recommend hospital to others | 75.6 |



FIGURE 6: HCAHPS Trends for All CAHs Nationally, 2021-2024

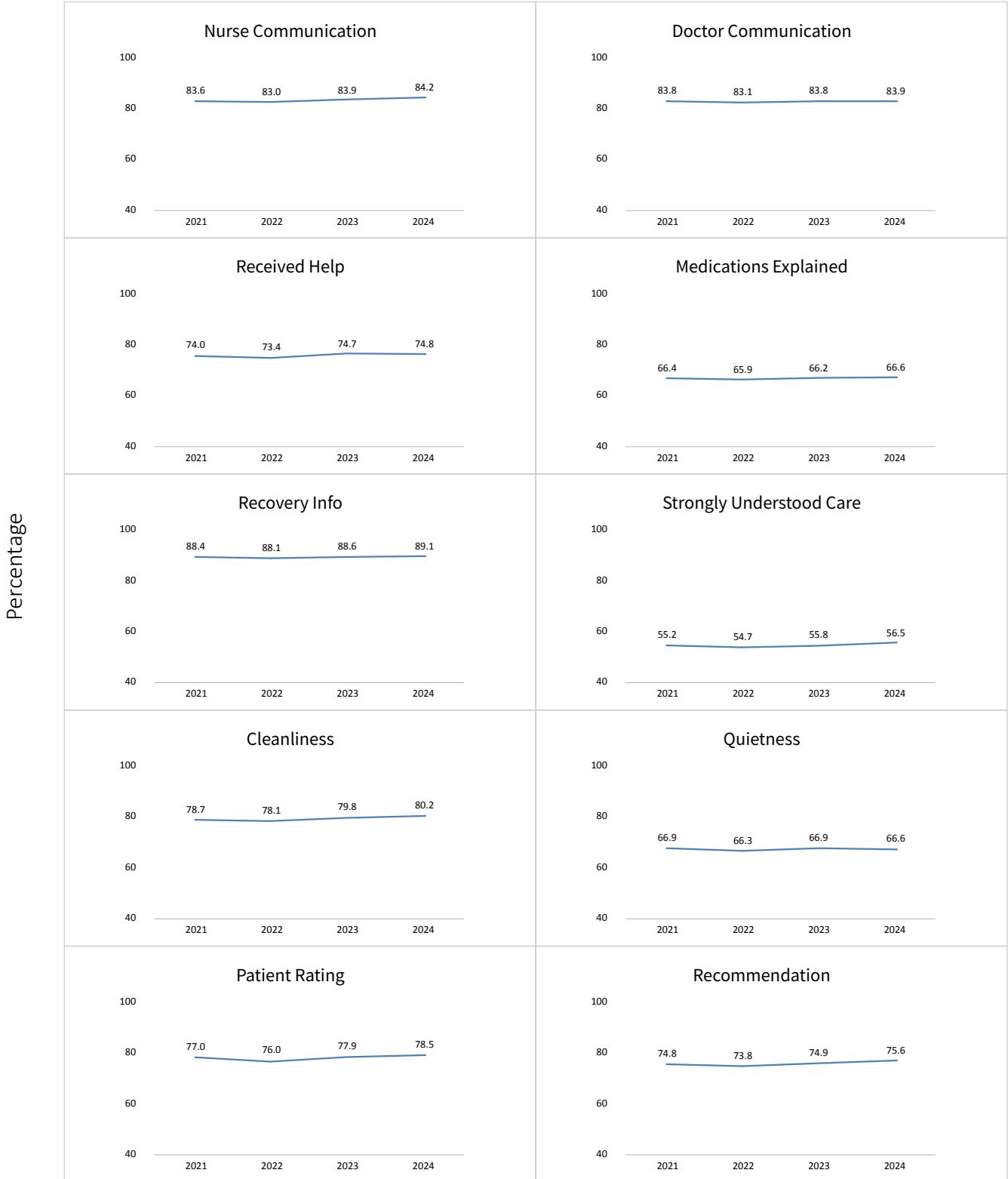




FIGURE 7: Completed HCAHPS Surveys among CAHs Reporting Data, 2021-24

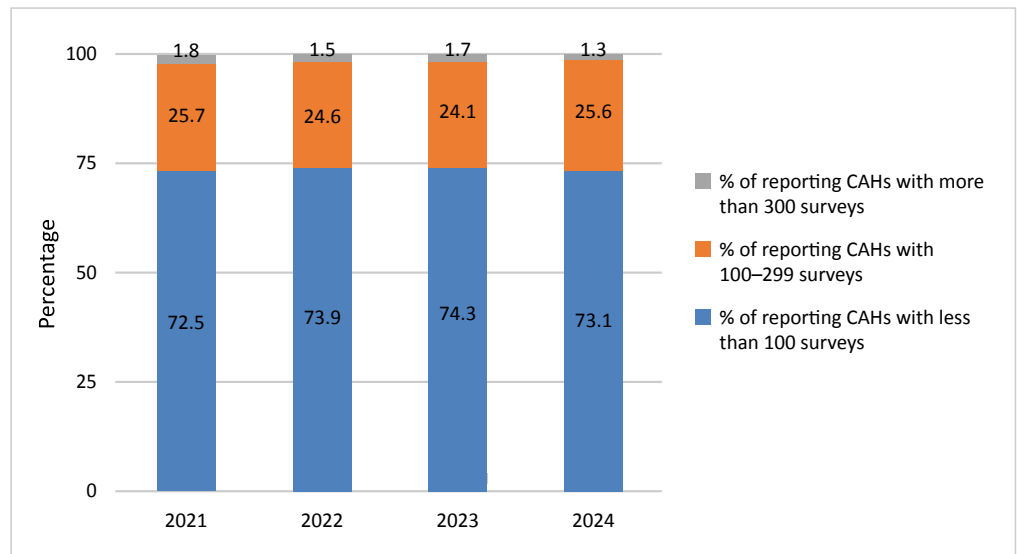


TABLE 9: CAHs by Number of Completed HCAHPS Surveys and Hospital Admissions, 2024

| # Completed Surveys | 0-250 Admissions | 251-500 Admissions | 501-800 Admissions | >800 Admissions | Total |
|---------------------|------------------|--------------------|--------------------|-----------------|--------------|
| Less than 25 | 256 | 55 | 20 | 5 | 336 |
| 25-49 | 124 | 103 | 29 | 3 | 259 |
| 50-99 | 33 | 160 | 91 | 28 | 312 |
| 100-299 | 1 | 20 | 107 | 190 | 318 |
| 300 and higher | 0 | 0 | 1 | 15 | 16 |
| Total | 414 | 338 | 248 | 241 | 1,241 |

Note: Three CAHs did not have AHA annual survey data and are excluded from this table.
Data sources: MBQIP, CY2024; AHA Annual Survey data, FY2024

TABLE 10: Number of Completed HCAHPS Surveys and Response Rates for CAHs, 2024

| | Total CAHs Reporting | Number of completed surveys | | | | | HCAHPS survey response rates | | |
|----------|----------------------|-----------------------------|-------|-------|---------|------|------------------------------|--------|------|
| | | <25 | 25-49 | 50-99 | 100-299 | ≥300 | <25% | 25-50% | >50% |
| National | 1,244 | 337 | 259 | 313 | 319 | 16 | 569 | 667 | 8 |

TABLE 11: Hybrid Hospital-Wide Readmission Results for All CAHs Nationally, 2024

| Measure | CAHs Reporting | % of Patients |
|----------------------------------|----------------|---------------|
| Hybrid Hospital-Wide Readmission | 553 | 15.0 |



FIGURE 8: Hybrid Hospital-Wide Readmission Trends for All CAHs Nationally, 2023-2024

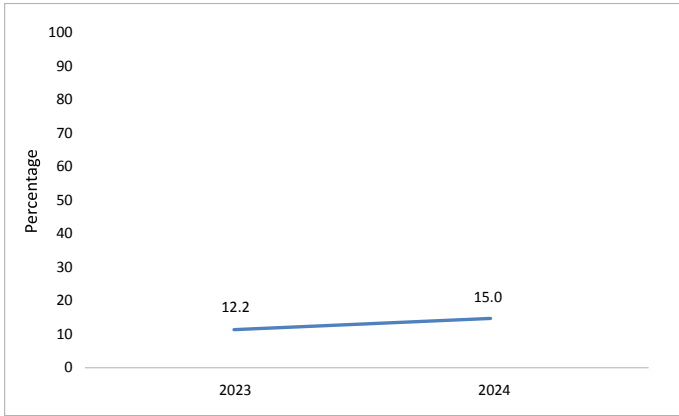


FIGURE 9: OP-18 Trends for All CAHs Nationally, 2021-2024 | Median time from ED arrival to ED departure for discharged patients (lower is better)

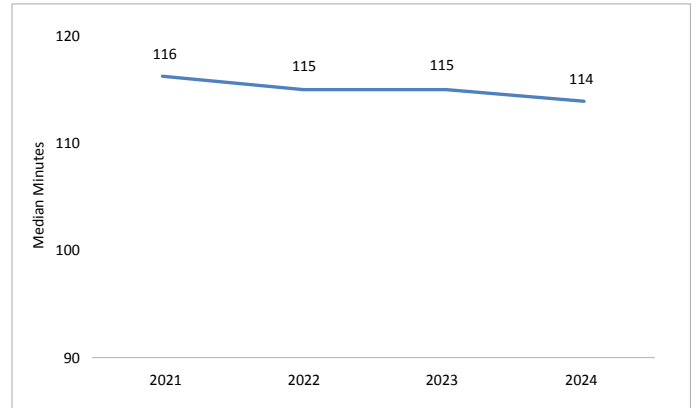


TABLE 12: OP-18 Results for All CAHs Nationally, 2024

| Measure | Description | CAHs Reporting | Median Minutes |
|---------|---|----------------|----------------|
| OP-18 | Median time from ED arrival to ED departure for discharged patients | 1,212 | 114 |

Note: Lower is better for this measure

TABLE 13: OP-22 Results for All CAHs Nationally, 2024

| Measure | Description | CAHs Reporting | % of Patients |
|---------|----------------------------------|----------------|---------------|
| OP-22 | Patients left without being seen | 1,085 | 1.2 |

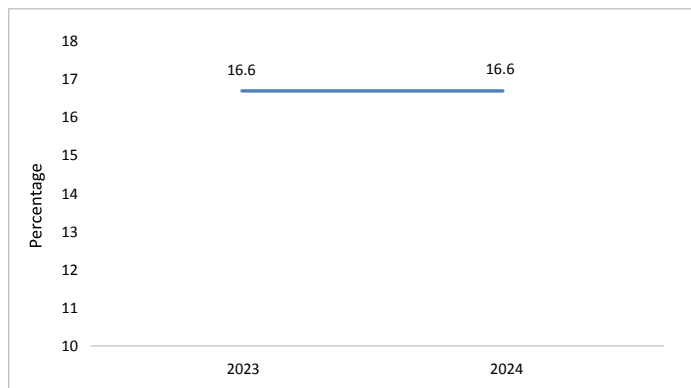
Note: Lower is better for this measure

TABLE 14: Safe Use of Opioids Results for All CAHs Nationally, 2024

| Measure | Description | CAHs Reporting | % of Patients |
|---------------------|---|----------------|---------------|
| Safe Use of Opioids | Proportion of patients prescribed two or more opioids or an opioid and benzodiazepine concurrently at discharge | 1,217 | 16.6 |

Note: Lower is better for this measure

FIGURE 10: Safe Use of Opioids Trends for All CAHs Nationally, 2023-2024 | Proportion of inpatient hospitalizations prescribed two or more opioids or an opioid and benzodiazepine concurrently at discharge (lower is better)





APPENDIX

This appendix includes additional detailed information regarding the methods and data used in this report. Performance for each measure is shown in a variety of ways depending on the measure.

Percentages were 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. Antibiotic stewardship and CAH Quality Infrastructure performance were measured as the percentage of CAHs that fulfilled all seven core elements of an antibiotic stewardship program, or eight elements of CAH Quality Infrastructure. The questions in the NHSN and CAH Quality Inventory and Assessment address different activities CAHs can participate in to fulfill the elements for each measure, respectively. Values were rounded to the nearest decimal place. Trend figures are not included for OP-22 (due to low annual variation).

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. For median time measures, lower scores, indicating shorter median times, are better.

For each **HCAHPS measure component**, the percentage of patients reporting the highest response (e.g., “always”) on each measure were summed and averaged across all reporting CAHs nationally. Beginning in Q3 2022, the FMT received and included data for CAHs that were reporting data, but had volumes too low to be displayed. These CAHs are now considered to be “reporting” where previously they were not due to a lack of data indicating their low volume.

Performance for the EDTC measure was calculated as the percentage of patients nationally that met each of the data elements.

For more information on this report, please contact Madeleine Pick, pickx016@umn.edu.

This report was completed by the Flex Monitoring Team with funding from the Federal Office of Rural Health Policy (FORHP), Health Resources and Services Administration (HRSA), U.S. Department of Health and Human Services (HHS), under PHS Grant No. U27RH01080. The information, conclusions, and opinions expressed in this document are those of the authors and no endorsement by FORHP, HRSA, or HHS is intended or should be inferred.