

From: Allen, Nadine <nallen@wha.org>

Sent: Monday, July 15, 2024, 9:21 AM

Subject: WHA Quality Alert: Medicaid P4P Readmission Reports, CCHD & Hearing Screening Summary, Quality Improvement Webinars Offered

Good morning, Quality and IPC leaders, there are some important items to make sure you are aware of that have been distributed or have open registration available.

Registration Open:

- Upcoming quality improvement webinars:

Substance Use Clinical Support & Education

These offerings are designed for physicians, advanced health care professionals, pharmacists, and anyone on a team that offers ongoing care and support for people struggling with substance use disorders in Wisconsin and beyond.

The Rural Health and Substance Use Clinical Support (RHeSUS) program, a joint initiative by the Wisconsin Hospital Association and the University of Wisconsin–Madison's Program for Research, Outreach, Therapeutics, and Education in the Addictions (PROTEA), offers evidence-based training and education to fulfill the MATE Act requirements. It also provides monthly office hours for clinical support to health care professionals treating opioid and other substance use disorders. The program's content is continually updated and tailored to reflect national and Wisconsin-specific trends, ensuring it effectively supports those working with substance use disorder patients in rural Wisconsin. Participation is free of charge.

[Monthly virtual lunch and learn series](#) - Every third Monday of the month.
[Join Webex Meeting](#) | 12:15 – 1:15 p.m.

- **7/15/2024** – Case presentations on hospitalized patients with Opioid Use Disorder
- **8/19/2024** – Resources for patients, families, and providers: identifying appropriate treatment

[Substance Use Disorder Office Hours](#) - Every third Tuesday of the month
[Join Zoom Meeting](#) | 12 – 1 p.m.

Medications for Opioid Use Disorder (MOUD) – Self Paced Modules

This self-paced education program, developed by Dr. Bobby Redwood, meets the MATE Act requirements. It includes six 30-minute modules covering:

- Opioid Prescribing Best Practices
- Alternatives to Opioids (ALTO)
- Harm Reduction

- Reducing Stigma and Unconscious Bias
- MOUD in the ED
- MOUD for Primary Care Clinicians

Funding is provided by the UW School of Medicine and Public Health from the Wisconsin Partnership Program (WPP).

Sepsis Town Hall with Dr. Bobby Redwood

When: July 25, 2024 – 2 - 3 p.m.

Register [here](#).

This is the second town hall in a series of one-hour interactive question and answer sessions that will be led by Dr. Bobby Redwood, WHA physician quality improvement advisor. During this live session, you will have an opportunity to ask Dr. Redwood questions and engage with others on sepsis updates and evidence informed practices.

On-demand Sepsis Education Mini-series

These short, self-paced videos, developed by Dr. Bobby Redwood, include offerings on Sepsis 101 - The Basics, The SEP-1 Core Measure, Sepsis 1 vs. Sepsis 3, Multidrug Resistant Organisms in Sepsis, Septic Shock and much more, and are available via the [WHA Quality Center Sepsis](#) page, in the Training/Ed. Tab. *Note: if this is your first time visiting the Quality Center, you will be asked to enter your first and last name, email address, and to create a password.*

Achievement of Antimicrobial Stewardship (AMS) and Quality Outcomes Via Diagnostic Safety and Stewardship

When: July 31, 11 a.m. - 12 p.m. CT

Register [here](#).

Providing quality care and optimal outcomes for patients depends on getting an accurate diagnosis the first time, especially for critical diagnostic tests like the blood culture, which is the standard for diagnosing bacteremia and fungemia that may lead to sepsis. Unfortunately, nearly half of all positive blood cultures are wrong due to contamination from skin residing microbes, impacting patient care and quality. Reducing these contamination events has been proven to support antimicrobial stewardship efforts and optimize patient care quality and outcomes.

In this webinar, we will describe the impact of contaminated blood cultures on patient outcomes and hospital economics. Additionally, we will illustrate how combining evidence-based technique with technology can achieve a 97% positive predictive value for blood cultures and contribute to diagnostic stewardship, antimicrobial stewardship, and care quality.

The Identification and Mitigation of False-Positive Central Line-Associated Bloodstream Infections (CLABSIs)

When: August 21, 2024, 11 a.m. - 12 p.m. CT.

Register [here](#).

Central line-associated blood stream infections (CLABSIs) continue to be a challenge for patients and hospitals, with current literature indicating that 30 to 45% of all CLABSIs reported are most likely the result of blood culture contamination. Reporting these events are not only problematic for hospital quality metrics, but they can also negatively impact the patient.

The clinical and economic consequences of blood culture contamination are numerous. An average-sized hospital may have more than 300 patients impacted by false positive blood cultures every year in the ED alone. These patients frequently become a part of the in-patient population often receiving treatment with unnecessary broad-spectrum antibiotics with attendant risks of secondary infection such as *C. difficile*, MDROs and other antibiotic-associated complications. With CLABSI rates still above pre-pandemic rates, reducing blood culture contaminations has been proven to be effective in supporting this goal.

Attend this educational webinar to draw the link between blood culture contamination and CLABSI incidence. We will explain how to define and detect false-positive CLABSIs and apply an evidence-based blood culture collection bundle designed to mitigate patient harm, provide enhanced quality and equitable care and preserve the efficacy of available antibiotics.

Distributed:

- **WI Medicaid PPR MY2023 Preliminary Reports and MY2024 Q1 Reports Posted to ForwardHealth Portal (see above attachment WI DHS Hospital MY2023)**

On Behalf of Dan Stevenson, Hospital Rate Setting and Policy Section Manager

[This email was sent blind copy to the Wisconsin Medicaid Hospital Quality List participants]

Good afternoon,

The Measurement Year 2023 Preliminary PPR working data reports and Measurement Year 2024 Q1 PPR working data reports are now available on the ForwardHealth portal. Please note, the PPR experience indicated on these reports likely will change as additional claims are submitted to ForwardHealth for payment. As indicated in the P4P guide, the final PPR results for MY 2023 will be based on data available through June 30, 2024, to better account for claim runoff.

If you do not have access to the ForwardHealth portal, please contact your local hospital portal administrator. If you do not know who that is or if you are having issues with the portal, please contact the portal help desk at 866-908-1363. If you have questions on the content of the reports, please contact Andrew Wiese at andrew.wiese@dhs.wisconsin.gov.

Thank you,

Andrew Wiese, MS

Email: andrew.wiese@dhs.wisconsin.gov

- **Critical Congenital Heart Disease (CCHD) & Hearing Newborn Screening Summary Report (see above attachment Internal Report Template....)**

Attached is the Q2 2024 newborn screening summary report distributed by Leah Ricci.



Leah Ricci leah.ricci@dhs.wisconsin.gov

WI Newborn Screening Data Reporting Specialist

UW-Madison, State Laboratory of Hygiene

In support of Wisconsin Department of Health Services, Division of Health

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If you are not receiving the bi-monthly Quality Advisor newsletter and would like to be added to our list, please email Marcia Egle: megle@wha.org

Thanks,
Nadine

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Critical Congenital Heart Disease (CCHD) & Hearing Newborn Screening Summary Report

Individual organization reports have been distributed for **Q2 (April-June 2024)**. This report includes a summary of all CCHD & hearing screenings done across Wisconsin. Please direct questions about these reports to [Leah Ricci](#).

Screening report	Statewide in hospital	In Hospital: Regional					Statewide out of hospital
		Northern	Northeastern	Southern	Southeastern	Western	
Total newborn screening cases	13,903	1,286	2,921	2,739	5,227	1,730	649
CCHD							
Babies who passed screening	13,169 (94.7%)	1,212 (94.2%)	2,774 (95.0%)	2,575 (94.0%)	4,957 (94.8%)	1,651 (95.4%)	593 (91.4%)
Babies who did not pass screening	17 (0.1%)	3 (0.2%)	1 (0.0%)	8 (0.3%)	3 (0.1%)	2 (0.1%)	2 (0.3%)
Babies screened—results unknown	11 (0.1%)	0 (0.0%)	0 (0.0%)	1 (0.0%)	10 (0.2%)	0 (0.0%)	0 (0.0%)
Babies not screened—reason reported	599 (4.3%)	66 (5.1%)	126 (4.3%)	144 (5.3%)	190 (3.6%)	73 (4.2%)	35 (5.4%)
▪ Refused screen	20	1	0	1	11	7	27
▪ Transferred	86	1	8	10	54	13	2
▪ Deceased	13	2	1	311	3	4	0
▪ Echo normal	28	2	11	0	13	2	0
▪ Confirmed heart disease	18	5	1	1	4	7	1
▪ Other reason	434	55	105	129	105	40	5
Babies transferred to another organization	24 (0.2%)	3 (0.2%)	8 (0.3%)	1 (0.0%)	11 (0.2%)	1 (0.1%)	10 (1.5%)
Missing—no data reported	83 (0.6%)	2 (0.2%)	12 (0.4%)	10 (0.4%)	56 (1.1%)	3 (0.2%)	9 (1.4%)
Hearing							
Babies who passed screening	13,220 (95.1%)	1,210 (94.1%)	2,789 (95.5%)	2,618 (95.5%)	4,973 (95.1%)	1,630 (94.2%)	334 (51.5%)
Babies who did not pass screening	275 (2.0%)	26 (2.0%)	56 (1.9%)	47 (1.7%)	96 (1.8%)	50 (2.9%)	14 (2.2%)
▪ Hearing within normal limits	17	3	1	1	4	8	1
▪ Permanent hearing loss	13	0	3	0	9	1	0
▪ Transient conductive hearing loss	4	0	0	1	2	1	0
▪ No diagnostic evaluation	241	23	52	45	81	40	13
Babies not screened—reason reported	65 (0.5%)	7 (0.5%)	9 (0.3%)	14 (0.5%)	15 (0.3%)	20 (1.2%)	150 (23.1%)
▪ Refused screen	15	1	0	3	2	9	136
▪ Moved/non-resident	0	0	0	0	0	0	0
▪ Deceased	27	4	2	4	11	6	0
▪ Unresponsive family/lost to follow up	0	0	0	0	0	0	0
▪ Other reason	23	2	7	7	2	5	14
Babies transferred to another organization	245 (1.8%)	41 (3.2%)	50 (1.7%)	54 (2.0%)	76 (1.5%)	24 (1.4%)	18 (2.8%)
Babies with partial data recorded	6 (0.0%)	0 (0.0%)	1 (0.0%)	2 (0.1%)	3 (0.1%)	0 (0.0%)	6 (0.9%)
Missing—no data reported	92 (0.7%)	2 (0.2%)	16 (0.5%)	4 (0.1%)	64 (1.2%)	6 (0.3%)	127 (19.6%)

*Please note that the summary above includes all babies processed through WE-TRAC in the quarter and is specific to birthing units.