



WISCONSIN DEPARTMENT
of HEALTH SERVICES

Wisconsin Approaches to Program Evaluation

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Accreditation Statement



Accreditation Statement

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This activity was planned by and for the healthcare team, and learners will receive 14.0 Interprofessional Continuing Education (IPCE) credit for learning and change.

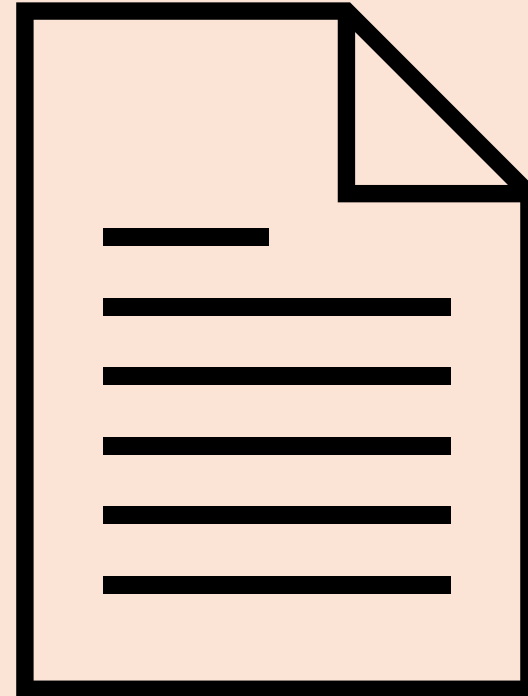
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Available Credit

- 14.00 ANCC
- 14.00 Attendance
- 14.00 IPCE

Disclosures

No relevant financial disclosures



Agenda

- Mechanisms for performance measure data collection
- Quarterly metric review process
- Example: Current program evaluation project



Only State TB Nurse Consultants Document Into Report of Verified Cases of Tuberculosis (RVCTs)

Structures for Regular Team Evaluation

- Performance measures follow National TB Indicators Project (NTIP), Aggregate Reports for TB Program Evaluation (ARPE), and Electronic Disease Notification (EDN) metrics (available through SAMS portal)
- Biweekly case reviews for cases less than four weeks old
- Quarterly case close outs for cases 6–9 months into treatment
- Quarterly NTIP and ARPE reviews

Before Each Quarterly NTIP/ARPE Review:

“Reminder of items to work on:

(NTIP) MUNK reports/ RVCT data clean up

- Case close out/ completion of therapy documentation in RVCTs and note COT and contact outcome on monitoring tool
 - Example: COT 7/4/25 26 weeks DOT, 5 cts, one LTBI tx completed, 4 not infected, case finalized
- Count and move over to confirmed list any relevant clinical cases, start or complete RVCT”

All of State Nursing Staff

Have access to:

- The Wisconsin Electronic Disease Surveillance System (WEDSS) that local and Tribal jurisdictions document in
- CDC SAMS to pull “missing and unknown” (MUNK) reports
- Shared files for monitoring tools, presentations

Expectation is to use tools made available to them regular to acquire needed information and resolve discrepancies in a timely manner.

Program Evaluation Focal Point

- Schedules quarterly reviews
- Wrote SOP for data clean up
- Updates metrics with current data
- Reviews line lists to understand reasons goals not met, inform team discussions

NTIP Trends

Case Management for PWTB

Program Strengths and Areas of Improvement



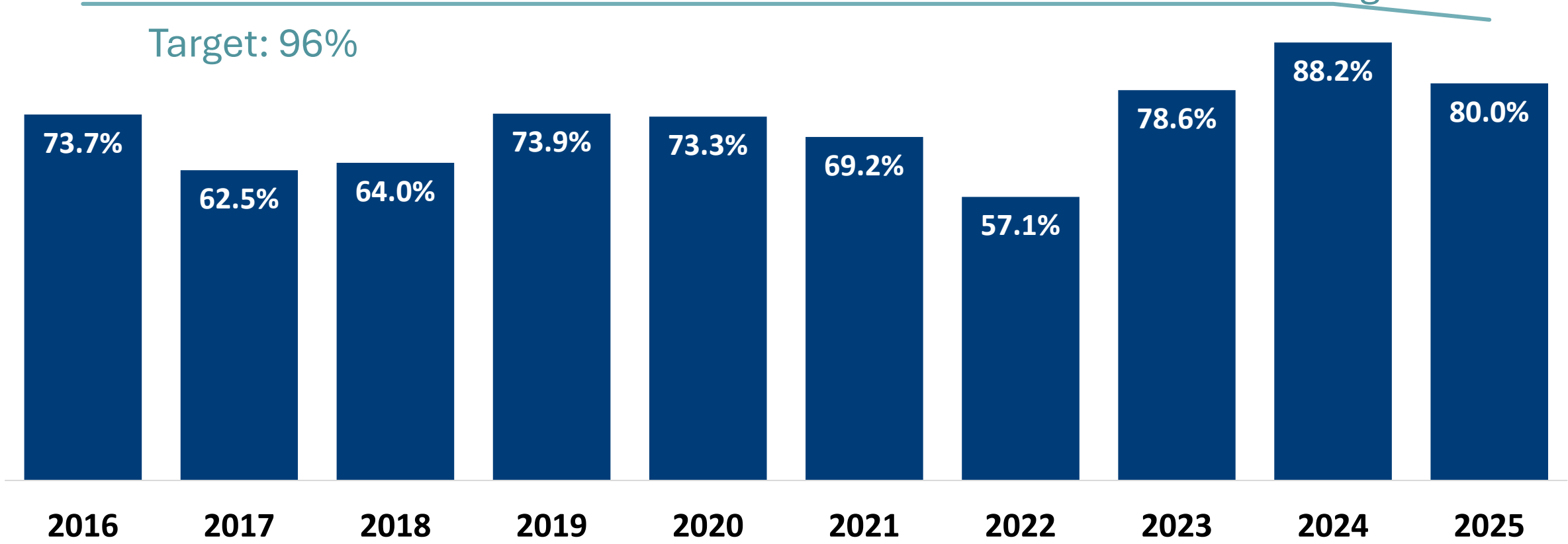
Indicates recent improvement

Percent of PWTB With Positive Smear Result Who Initiated Treatment Within 7 Days of Specimen Collection



Target 2030: 93%

Target: 96%



Possible Reasons for Delayed Treatment Initiation

Incremental delays in diagnosis:

- Four days to obtain PCR testing if contracted lab doesn't perform locally. Specimen shipped to Wisconsin State Lab of Hygiene (WSLH) adds another 1-2 days.
- Another up to a few days to see a provider for signed medication order.
- Another few days for shipping of medications once order is filled. Varying distances of health departments across Wisconsin.

Improvement Goals, 2025



Increase knowledge of program evaluation targets (disseminate goals, encourage local interventions, set up regional cohort reviews)



HIV testing project completed: continue improvement trend, present on findings and project (TB PEN, MCCT TB nurse symposium)



Educational content to increase nurse case manager confidence and skillset (MCCT SE regional NCM training, TB program manual publication, lab results webinar)

Benefits of Process

Reduces lift
before annual
reporting
deadlines

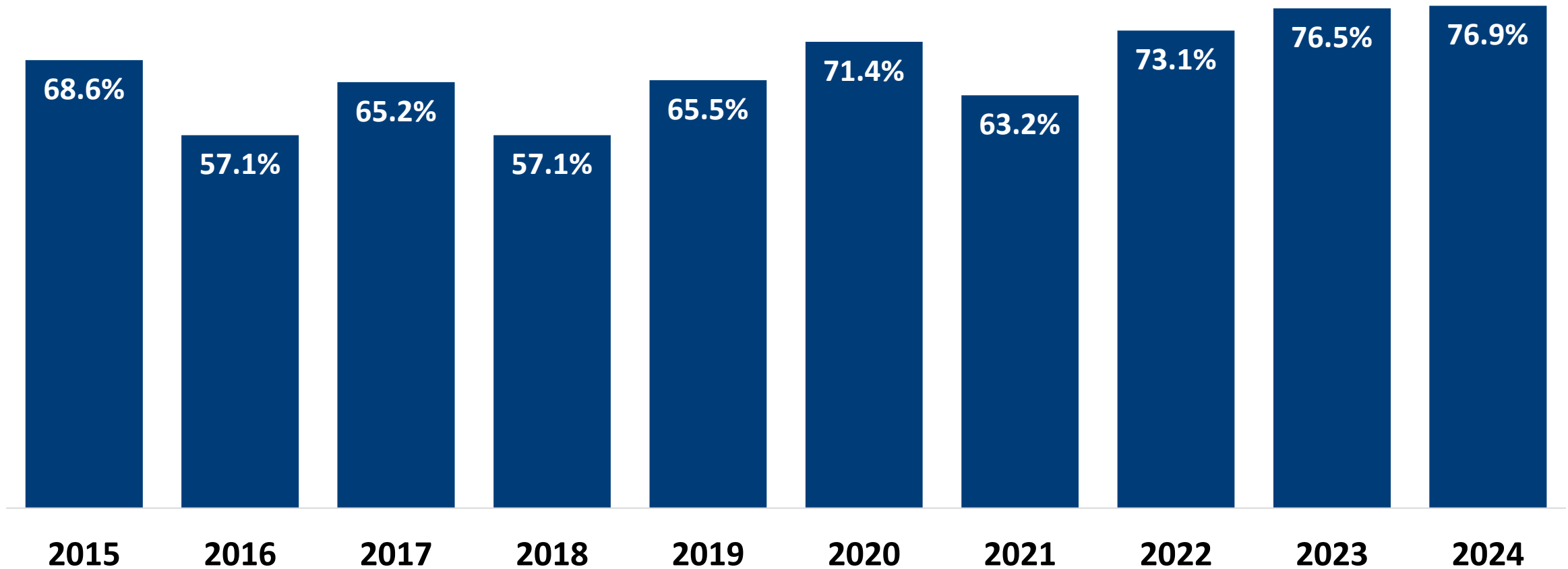
Team aware of
gaps and
strengths
throughout year

PE goals form
organically
from ongoing
discussions

Percent of PWTB Who “Culture Convert” Within 60 Days of Treatment Initiation



Target: 83%



Possible Reasons for Delayed “Culture Conversion”



Collection timing after 60 days, may have achieved culture conversion (two consecutive negative TB culture results with no positive cultures after), but due to collection date, were just over 60 day cut off.



PWTTB with high burdens of disease at diagnosis may take longer to achieve culture conversion.

Evaluation and Performance Management Plan, 2025-2026 Goals

Which of the two main reasons for delayed culture conversion can we most likely impact?

Those with culture conversion days in the 60s, just past the 60-day mark are likely due to timing of sputum collection.

Future Emphasis

- More work around disseminating performance measures to stakeholders (website)
- Utilizing feedback mechanisms such as Wisconsin Treatment Advisory Group (WI TAG)
- Launching regional cohort reviews





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Questions?

Thank you!

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Evaluation-Cohorts, Audits

Amy Hill

O K L A H O M A S T A T E D E P A R T M E N T O F H E A L T H

Cohort Review

- Increase staff accountability for patient **outcomes**
- Improve TB Case management and CI
- Identify strengths and weaknesses
- Identify staff training needs or increase staff knowledge

NTIP Evaluation

- Like Cohort but instead of client specific it is NTIP specific
- Brainstorm ways to improve individual NTIPs
- Identify strengths and weaknesses
- Identify staff training needs or increase staff knowledge



Evaluations, Cohorts, Audits – A Kansas Perspective

Lisa Edgerton- Johnston 4/16/26

- Evaluations
 - Team with Epidemiologist and staff
- Cohorts
 - A good place to share your NTIP goals
- Audits