

Georgia HAI Advisory Committee Meeting (GHAIAC)
April 27th, 2011
Children’s Healthcare of Atlanta, Atlanta, GA

Attending HAI Advisory members, Renee Watson, Denise Flook, Cyndra Bystrom, Cindy Prosnak, Mary Key, Nancy White, Steven Marlowe, Denise Leaptrot, James Steinberg, Lynn Reynolds, Kate Arnold, Jesse Jacob, Armando Nahum

Not present HAI Advisory members: Henrietta Smith, Susan Ray, Nimalie Stone, Robert Jerris, Marcia Delk, John McGowan, Craig Smith

Public Health Adhoc members present: Teresa Fox, Lauren Lorentzson, Melissa Tobin-D’Angelo

Committee meeting guest: Beth Morrow (representing Marcia Delk)

Agenda Item	Presenter	Discussion	Recommendation	Responsible Person(s)	Date for completion or Update
Welcome and Call to order	Melissa Tobin-D’Angelo	Called to order at 9:20 am			
Minutes	Teresa Fox	Minutes presented and approved without corrections	None		
Introductions	Melissa Tobin-D’Angelo	New Member representing patient consumer, Armando Nahum. Ariane Reeves, Margaret Cousart, Cherie Drenzek and Mike Brown resigned due to resignations and/or retirement.	Members to submit names with bios to committee for consideration	Melissa Tobin-D’Angelo Teresa Fox	July 2011
On the CUSP: HAI Initiative	Denise Flook	Discussed the national collaboratives to reduce BSIs and CAUTIs and culture of safety, a major component of the collaboratives. The first BSI cohort will end in Sept. GHA will oversee the existing cohorts. It will work with the QIO to recruit new hospitals into Stop BSI as part of the 10th Scope of Work. The first cohort CAUTI is enrolling (32 hospitals enrolled). Much interest has been exhibited by facilities. The targeted audience is small, rural facilities; however any hospital may join. GHA will be focusing in their next scope of work on “Eliminating Preventable Harm”. New state goals will be established and 6 collaboratives will be forming, two of which are Stop BSI and Stop CAUTI. GHA, Public Health and the QIO will be working very closely in present and future collaboratives. Hospital trustee education on patient safety has been provided and will continue through the GHA Trustee Education program. Participation in CUSP varies by state. Georgia is in the top 5 of the participating 30 states. Georgia rate has been decreased within the collaborative by 50%. GHA is to co-author an article about the Georgia experience with Dr. Provonost. Consumer representative commented that educating the public is essential to reducing HAIs. Education should be provided to community and orient family and patients	Update committee as needed	Denise Flook	Ongoing

		on admission on how to prevent infections.			
LTC Collaborative	Cindy Prosnak	Three 2-day LTC infection prevention trainings have been conducted. A LTC needs assessment was conducted prior to training sessions. To evaluate instruction effectiveness, a pre and post-test was administered. Significant changes between pre- and post-test scores were observed, with the greatest change occurring in the third session.	Continue to assess the needs and training opportunities for this LTC project	Nimalie Stone Teresa Fox Cindy Prosnak Melissa Tobin- D'Angelo	Ongoing
NHSN Enrollment	Teresa Fox	NHSN enrollment continues to increase. Presently, the NHSN enrollment stands at 112. The recruitment for G-SNUG continues to be very low at 3. Anonymous participation is now available.	Continue to recruit for NHSN and G-SNUG	Teresa Fox Nancy White	Ongoing
Funding for HAI Activities	Melissa Tobin- D'Angelo	Briefly outlined submitted HAI funding for sustaining program	Submitted to CDC	Teresa Fox Melissa Tobin- D'Angelo	July, 2011
QIO 10 th Scope of Work CMS	Cindy Prosnak	This scope of work (SOW) will begin in August 2011 and continue over the next three years. The 10th SOW will have a greater HAI focus on acute care facilities; however some LTC activities are also addressed. The QIO will be recruiting hospitals that have BSIs rates of 1.5 or greater. The QIO cannot presently identify facilities for resource focus due to lack of available data. Facility individual rates/SIRs are not currently available to the state or the QIO. Facility recruitment is not to overlap with the CUSP project currently underway by GHA, although the QIO can continue the work with those facilities after the GHA CUSP project is completed. Cindy Prosnak will be sending a short questionnaire asking hospital-based GIPN members to voluntarily provide information about their facilities' CLABSI rates and reporting format. As part of the 10th SOW, learning and action networks in communities across the state will be created.	Administer questionnaire and provide results in aggregate form to the committee	Cindy Prosnak	July, 2011
Committee Membership and Structures	Melissa Tobin- D'Angelo	Discussed committee membership and structure including adding local Public Health and Facility Regulation representatives. Discussed the need for a mission statement, charter, guidelines and by-laws for making decisions. Discussed creation of a co-chairperson position outside of Public Health to provide leadership and help drive the content of meetings.	To form sub-committee to review and make recommendations for committee membership, terms, charter, co-chairperson and process for representative replacements	Melissa Tobin- D'Angelo Teresa Fox	July, 2011
CDC Validation of CLABSI Reporting	Kate Arnold	Longitudinal surveillance data are important to show trends. For example, BSI rates were decreasing prior to mandatory reporting, and continue to decrease; but the longitudinal data shows that mandatory reporting is only one factor contributing to the falling	Update CSTE proposal status	Katie Arnold	July, 2011

		<p>rates. Over 4500 hospitals are now reporting CLABSIs to NHSN, compared to less than 500 in 2006. This rapid change in reporting, with many inexperienced reporters, is one of several factors that could affect NHSN data quality, and data validation is needed to ensure continued high quality .Another example is potential error associated with electronic capture of denominator data, making it advisable to compare electronic and manual data before relying on electronic data. In addition, there may be under-or over-reporting of infections due to misunderstanding or inappropriate application of NHSN definitions. Unfortunately, external validation of NHSN data by the SHD is not possible in GA at this time because the SHD does not have access to NHSN data (few facilities have joined GSNUG and conferred rights to CLABSI data, even though this will largely be public through CMS "hospital compare"), and ARRA funding was not provided to GA for this purpose. Other states have been conducting validation projects and helping facilities to improve their performance. Facilities can conduct a form of "internal validation" by running NHSN reports on a monthly basis to look for missing, inconsistent, or implausible data reported to NHSN. In addition, CMS will be validating CLABSI data among hospitals participating in the IPPS system, along with other quality indicators but CLABSI data will not be validated until beginning January 2012. CMS will validate 800 preselected hospitals (nationwide) per year, by requesting line lists of positive blood cultures from ICUs, and requesting a select number of charts for review based on these lists. It is unclear whether our inability to validate reporting will increase problems for GA hospitals under IPPS. The Point-prevalence survey being conducted by the GA EIP may be one opportunity for hospitals to self-validate. Nineteen facilities are now enrolled, 25 are needed. EIP will continue to recruit for project within the Atlanta Metro Area. Data collected by this project will provide an opportunity for participating hospitals to see how their reporting compares with findings of the EIP team, in a non-punitive situation.</p> <p>The Council of State and Territorial Epidemiologists (CSTE) will vote on a proposal this summer to make CLABSIs in ICUs nationally notifiable via NHSN. The proposal will be presented to the CSTE membership during the 2011 CSTE Annual Conference for a vote. Most states will adopt what CSTE votes for, but GA is not obligated to do so.</p>	Update validation as needed		
State Health and Human Services legislative Committee	Teresa Fox	List of legislators were provided to committee for review. Discussed inviting legislator as a non-voting or one-time visitor to relevant meeting.	Consult with PH legal office about inviting a legislator	Melissa Tobin-D'Angelo	July, 2011

Open Discussion	Melissa Tobin-D'Angelo	Discussed inviting GMCF, GHA and DCH legal services to our next meeting. Discussed possible program funding opportunities including fees and fines. Discussed program successes, NHSN enrollment, needs assessments, training and the building of collaboratives. Identified gaps that need to be addressed: lack of epidemiology support to facilities, lack of access to HAI data and need for epidemiology training for districts to help with outbreak investigations. Discussed state supporting the formation of IP network, including local public health to help facilities reduce HAIs. A recommendation was made to review and revise state HAI Plan as needed.	Form sub-committee to review and make recommendations for updates to the state's HAI Plan Contact PH legal	Melissa Tobin-D'Angelo Teresa Fox	July, 2011
Next Meeting C	Teresa Fox	Next meeting is July 27 th			
Adjournment	Teresa Fox	Meeting was adjourned at 1:20 PM.			