

	<p>Angelina Davis, WellStar Health System</p> <p>Christin Ko, Emory Johns Creek Hospital</p>	<p>Improvement (IHI). The development of driver diagrams and how they can be applied to improve healthcare was discussed. She noted that IHI has developed several diagram drivers for healthcare quality improvement, and that the diagram for antibiotic stewardship was the most challenging to create. This challenge is reflected in the complexity of the antibiotic prescription and administration process, which can involve several individuals and transfers between departments. The difficulties of measuring antibiotic use was also noted.</p> <p>The GHAIAC considered ways to use electronic medical records (EMRs) to drive improvement, and discussed barriers and flaws with current EMR technology. Craig Smith recommended starting a user's group through the Committee.</p> <p>Angelina Davis presented on WellStar Cobb Hospital's participation in a pilot program developed by the CDC and IHI to develop a conceptual model of key drivers for reducing inappropriate antibiotic utilization over a year-long initiative. WellStar conducted a gap analysis and determined to focus their work on antibiotic use related to UTIs, skin and soft tissue infections, and pneumonia. Selected primary drivers included:</p> <ul style="list-style-type: none"> • Timely and appropriate initiation of antibiotics • Appropriate administration and de-escalation • Data monitoring, transparency, and stewardship infrastructure • Availability of expertise at the point of care <p>WellStar Cobb's improvement cycle work on drivers 1 and 2 were presented. Angelina Davis suggests educating hospitalists for improved responsibility in antibiotic use.</p> <p>Christin Ko presented on the hospitalist-led antibiotics stewardship project at Emory John's Creek Hospital. The tripartite mission from the CDC/IHI partnership included:</p> <ul style="list-style-type: none"> • Improved documentation in progress notes • Standardized appropriate length of treatment • Implementation of a 72 hour antibiotic time-out 	<p>Research options for state User's Group re: EMR/NHSN</p> <p>Report if GHA has surveyed hospitals regarding EMR use.</p> <p>Report on CDC resources regarding NHSN and EMR/related software interfaces</p>	<p>Craig Smith/ Jeanne Negley</p> <p>Denise Flook</p> <p>Loria Pollack</p>	
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	<p>Nimalie Stone, Centers for Disease Control and Prevention</p>	<p>The initial focus of their work is on community acquired pneumonia and UTIs. The next steps for Emory John's Creek will be:</p> <ul style="list-style-type: none"> • Adding cellulitis to documentation expectations • Addition of cellulitis to antibiotic time-out <p>Christin Ko suggests frequent feedback to physicians to drive improvement; doctors respond to data.</p> <p>Nimalie Stone presented on antibiotic stewardship in nursing homes. In nursing homes, antimicrobials are the most frequently prescribed drug class and represent a high percentage of adverse drug events. Nursing homes are reservoirs for MDROs; the prevalence of MDR gram negative rods, MRSA, and VRE colonization in nursing homes were presented, as well as numbers of initial and recurrent cases of <i>C. difficile</i> in hospitals and nursing homes. Nursing homes have several federal regulations in place that promote antibiotic stewardship, including those covering unnecessary drugs, medication errors, drug regimen review, and infection control.</p>			
<p>HEN and NICU Affinity Group Update</p>	<p>Denise Flook, Georgia Hospital Association</p>	<p>Denise Flook provided an update on the Georgia HEN and NICU Affinity Group. The 2013 Hospital Engagement Network is focused on All Cause Harm. HAI education will be provided to all hospitals, with emphasis on coaching and on-site visits. There will be regional in-person meetings every 3rd month.</p> <p>As of January 7, 2013, 57 facilities have conferred rights to the GHA group in NHSN. They are encouraging critical access hospitals to use NHSN and to confer rights to GHA and the state.</p> <p>The Surgical Unit-based Safety Program (SUSP) is beginning in February 2013 in conjunction with the Johns Hopkins QR group. SUSP webinars will be available. Attention will be paid to care of patients with ventilators beyond VAP – getting them up to walk, etc.</p>			

		The CLABSI SIR for the GHAREF HEN has lowered from 1.00 in Quarter 1 of 2011 to 0.81 in Quarter 3 of 2012. It was noted that the SIR lowered continuously even with increased numbers of facilities participating over time. The US SIR goal is 0.5. Twenty-three hospitals have 0 CLABSIs in Quarter 3. The CAUTI SIR was 1.035 in Quarter 1 of 2012, and 1.09 in Quarter 3 of 2012. The US CAUTI goal is 0.8. There will be a CAUTI focus over the next two months.			
10 th Scope of Work Update	Cindy Prosnak, Georgia Medical Care Foundation	<p>Cindy Prosnak presented on the current state of the 10th Scope of Work. She is querying the data in NHSN monthly, with 23 hospitals available. All 23 are going well with monthly data entry. The CAUTI SIR is .62. The data are in from July to December, so she can see their onset rate.</p> <p>Cindy spoke to CMS at QualityNet in Baltimore. They may change the recommendations regarding CAUTI targets. She noted that NHSN does not measure appropriateness of use of devices, just its presence or absence. The utilization rate has been tracked, and it raises and lowers often.</p>			
GDPH HAI Program Update	Matthew Crist	<p>Matthew Crist reported on the current activities and goals at the Georgia Department of Public Health (GDPH) HAI section. Current activities include:</p> <ul style="list-style-type: none"> • NHSN enrollment <ul style="list-style-type: none"> *69 hospitals and 25 dialysis centers are Enrolled. *Expecting ~396 total facilities. • Limited CLABSI validation <ul style="list-style-type: none"> *Voluntary recruitment *11 facilities enrolled • Communications <ul style="list-style-type: none"> *Website updates • Antibiotic Stewardship <ul style="list-style-type: none"> *Subcommittee convened, two meetings held. • Long-Term Care Survey <ul style="list-style-type: none"> *To conduct an impact evaluation of 2011-2012 LTCF IP with the help of CDC 			
Survey of	Robert Jerris	Robert Jerris recommended that the committee use	Communicate with	Robert Jerris/	

Clostridium <i>difficile</i> laboratory survey	Children's Healthcare of Atlanta	Clostridium <i>difficile</i> laboratory data to be collected in the annual NHSN survey. He noted that after viewing the data obtained from the survey, the committee could determined if it wished to collect additional data. Committee members agreed with the proposal.	providers re: committee interest and use of NHSN survey data	Jeanne Negley	
Review of State HAI Plan	Jeanne Negley	The draft Georgia State HAI Plan was opened to suggestions and comments. The appropriateness of the presentation of data in graphs and charts was discussed. Some Committee members stated that it was appropriate and added value, while others questioned whether data belongs in the Plan at all. It was noted that a grant template is used, and other states are using this format. Activities that are planned are required to be in the action plan, but dates of completion are not set for many of them.	Communicate web strategy for reporting Follow-up with committee to review plan and mission/vision during meeting interim	Lauren Lorentzson Jeanne Negley	
GHAIAAC Mission and Vision	Jeanne Negley, Craig Smith	The GHAIAAC mission and vision statement was reviewed. The final draft will be ready by the next GHAIAAC meeting.			