

Georgia HAI Advisory Committee Meeting (GHAIAC)
April 24th, 2013
Georgia Medical Care Foundation

Attending HAI Advisory members: Susan Ray, Renee Watson, Denise Flook, Jeanne Negley, Cindy Prosnak, Lynn Reynolds, Peggy McGee, Jesse Jacob, Armando Nahum, Janine Scott, Robert Jerris

Present via Teleconference: Jacki O'Brien, Mary Key, Craig Smith, Denise Leaptrot, Marcia Delk, Rebecca Walker, Mary Key

Members excused: Katie Arnold, Nimalie Stone, Ryan Deal

Adhoc members present: Matthew Crist, Lauren Lorentzson, Melissa Tobin-D'Angelo

Guests: Jenna Krisher, Priti Patel, Kimberly Rask, Chris Lowell, Linda Kluge, Jenna Krisher, Angela Adams, Yolanda Pierce, Teresa Tapley

Agenda Item	Presenter	Discussion	Action Item	Responsible Person(s)	Due Date
Welcome and Introductions	Jeanne Negley	Called to order at 9:10 a.m.			
Approval of Minutes	Jeanne Negley	Minutes from the previous meeting were approved without revisions.			
Approval of Mission and Vision	Jeanne Negley	The GHAIAC mission, vision, and goals statement was approved without revisions.			
Dialysis Validation and Prevention	Jenna Krisher, Southeastern Kidney Council Inc ESRD Network 6	<p>Jenna Kirsher presented on end stage renal disease (ESRD) and dialysis care, and described ESRD networks. There are 18 ESRD networks in the U.S., and the Southeastern Kidney Council holds the CMS contract for Network #6, which covers Georgia, South Carolina, and North Carolina. Networks provide oversight and care to achieve CMS goals.</p> <p>The ESRD Network contracts have three aims:</p> <ul style="list-style-type: none"> • Better care for the individuals through beneficiary and family-centered care • Better health for the ESRD population • Reduce ESRD costs while improving care 			

	<p>Priti Patel, Centers for Disease Control and Prevention</p>	<p>The ESRD information system for CMS is CROWNWeb, which does not overlap with NHSN. The Network also has a Quality Incentive Program (QIP). A facility's QIP score is based on clinical and reporting measures, and could result in a reimbursement reduction in 2015. The QIP requires 2012 data to be entered by 4/30/13. The Network has a new Learning Action Network (LAN) for action-based communication and education, with its first conference call held 3/27/13.</p> <p>There are a few Georgia facilities participating in the National Opportunity to Improve Infection Control in ESRD (NOTICE). Participation is voluntary, but encouraged.</p> <p>Priti Patel presented on NHSN reporting validation for dialysis centers.</p> <p>There are approximately 380,000 ESRD patients in the U.S., and 5,700 dialysis facilities. Around 15% are affiliated with hospitals with IPs, with no IPs at the free-standing clinics. There were approximately 37,000 dialysis-associated BSIs in 2008. The presence of a vascular access carried the highest risk.</p> <p>The Dialysis Surveillance Network (DSN) is now in NHSN. It was begun in 1999, and participation was voluntary until recently. In June of 2011, the event types to be reported changed to:</p> <ul style="list-style-type: none"> • IV antimicrobial start • Positive blood cultures • Evidence of infection at access site <p>A question was raised about reporting BSIs that occur in a hospital after transfer from a dialysis center. Priti Patel followed-up to meeting and stated if the BSI occurs on Day 1 or Day 2 of transfer, the infection is attributable to the transferring dialysis center. The February 2014 release of NHSN may include a flag for BSIs that occur in hospitals that are associated with dialysis centers. A custom field can be used now, and in February IPs can go back and enter for 2013.</p>			
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<p>HEN Update</p>	<p>Denise Flook, Georgia Hospital Association</p>	<p>Denise Flook presented on the progress of the GHA HEN. The HEN ICU CLABSI SIR continued to drop in quarter 4 of 2012, to 0.61 from 0.77 in the previous quarter. The HEN CAUTI SIR remained stable at 1.11. There is an HAI Affinity group focusing on CAUTI. Ten hospitals enrolled in Safe Surgical Care program with Johns Hopkins QR group.</p> <p>They must meet interim goals of 60% of hospitals showing 30% or more improvement on 6 or more HACs by July to apply for a third year of funding. This is on track for CLABSI and SSI.</p> <p>This year the HEN is able to go out on 1-on-1 coaching visits with facilities. Emphasis is placed on upper management and staff-level engagement, and reliable processes for every</p>			

		patient every time.			
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. The QIO was selected as outstanding CAUTI performers at the 18th month evaluation. There are 25 hospitals participating and providing current NHSN data entry, with an SIR for recruited hospitals at 0.62.</p> <p>Nineteen hospitals are participating in a CDI initiative with a concentration on antimicrobial stewardship. Jeanne Negley and Cindy Prosnak conducted a kickoff webinar on March 27th.</p> <p>Thirteen Georgia hospitals have been selected for CMS FY 2015 validation for CLABSI, CAUTI, and SSI. The QIO will provide assistance to these hospitals as needed as they work to submit all positive blood and urine cultures collected from ICU patients.</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"> • Continued NHSN enrollment efforts <ul style="list-style-type: none"> ○ 86 hospitals and 179 dialysis centers are enrolled • 2012 CLABSI validation completed at 3 hospitals. 111 charts reviewed; 29 NHSN CLABSIs DPH called 4 CLABSIs not reported 2 CLABSIs reported not by DPH • Long-Term Care Survey <ul style="list-style-type: none"> --Collaborated with a fellow at CDC who conducted a survey of 64 individuals attended the 2011-2012 long-term care IP trainings. Survey indicated more training needed, with concentration on long-term care specific issues. An EIS officer at GDPH is interviewing staff at these facilities to assess practices and needs. 			
Proposal: Clostridium <i>difficile</i> laboratory methods	Robert Jerris, Children's Healthcare of Atlanta	Robert Jerris began a discussion on a proposal regarding CDI laboratory testing methods. Preliminary results are available from the NHSN 2012 annual survey, which include information on <i>C. difficile</i> testing methods. These data have not been confirmed with identification of test kits. It was	Write memo re: test methods and follow-up with "EIA" only facilities.	Robert Jerris, Jeanne Negley	

		<p>noted 41% (n=37) reported using the EIA method alone.</p> <p>It was recommended that Robert Jerris write up a memo, that Jeanne Negley gather more detailed information from facilities and large reference labs, and that the GHA discuss the matter in an educational webinar.</p>	Consider holding webinar on topic of lab method and CDI.	Denise Flook	
Proposal: Antibiotic Stewardship Recognition Program	Jeanne Negley, Georgia Department of Public Health	<p>Jeanne Negley presented on the development of an antibiotic stewardship program (ASP) at the GDPH, and opened discussion on a proposed recognition program for incentivizing facility participation. The logic model for the program was reviewed with the GHAIAC. The current focus of the ASP is outreach to acute care facilities. Jeanne Negley has discussed 5 “buckets” (measurements) of activities with CDC partners. .</p> <p>It was suggested that there be tiers of recognition, depending on the extent and quality of a facility’s ASP, and strategies for this evaluation were discussed. Renee Watson inquired about a possible summit with the GHA so that specific questions can be answered. Members suggested trying to identify existing toolkits for antibiotic stewardship. Denise Flook pointed out that facilities are interested, and need the “how” so they can get started from scratch if they currently have no ASP.</p>	Revise recognition program to add a second tier of recognition for implementation of ASP	Jeanne Negley will work with Cindy Prosnak, Matt Crist, Craig Smith, and Denise Flook to identify/create ASP toolkits.	
Georgia Society of Health System Pharmacists	Denise Flook, Georgia Hospital Association	Denise Flook briefly introduced the Georgia Society of Health-System Pharmacists (GSHP). The GHAIAC is encouraged to consider partnering with this group for antibiotic stewardship activities, and to invite a pharmacist to be a guest or member. The GSHP 2013 summer meeting will be July 19 th -21 st .	Identify next steps to work with GSHP	Denise Flook, Jeanne Negley	
Final Comments, Next Steps, and Adjournment		<p>The GHAIAC subsection of the GDPH HAIs webpage will be updated in May.</p> <p>The next meeting will be July 24th, 2013 at GMCF.</p>	Update HAI website	Lauren Lorentzson	