

**Georgia HAI Advisory Committee Meeting (GHAIAC)**  
**April 25<sup>th</sup>, 2012**  
**Georgia Medical Care Foundation, Dunwoody, GA**

**Attending HAI Advisory members:** Dawn M. Sievert, Denise Flook (via teleconference), Jesse Jacob, Susan Ray, Marcia Delk, Craig Smith, Suleima Salgado, Armando Nahum, Renee Watson, L. Clifford McDonald, Cindy Prosnak, Lynn Reynolds, Donna Matthew (via teleconference), Peggy McGee (via teleconference)

**Not present HAI Advisory members:** Beth Morrow, Cyndra Bystrom, Marcia Delk, Nancy White, Henrietta Smith, Robert Jerris, Mary Key, Denise Leaptrot (via teleconference), Victoria Nahum, Nimalie Stone, Robert Thornton, Katie Arnold

**Public Health Adhoc members present:** Lauren Lorentzson, Matthew Crist, Ashley Moore, Melissa Tobin-D'Angelo

**Committee meeting guest:** none

Agenda Item	Presenter	Discussion	Recommendation	Responsible Person(s)	Date for completion or Update
Welcome and Call to order	Matthew Crist	Called to order at 9 a.m. Introduction of new members made.	None	None	None
Minutes		Minutes approved without revisions. Sign-in sheet distributed.	No corrections requested		
<i>Clostridium difficile</i> Vital Signs	L. Clifford McDonald	<p>Vital Signs is a monthly release from CDC with facts, announcements, and calls to action pertaining to a particular health issue. The first Making Healthcare Safer release was March 2011 with a focus on blood stream infections, and the second was released March 2012, with a focus on <i>Clostridium difficile</i> infections (CDI).</p> <p>A summary of the current rates, recommendations, prevention methods, and data was presented. It was noted that NHSN collects laboratory identified events, and if the CDI event was healthcare or community associated. CDC is working on preventing penalization for large numbers of CDI because good diagnosis and reporting is needed.</p> <p>The importance of including environmental health personnel in developing cleaning policies within facilities to prevent spread of CDI was emphasized, and it was suggested that patients with viral URI be given cold packs to avoid a demand for antibiotics.</p> <p>CDC puts instructional videos on Youtube.com, which cannot be watched in many hospitals due to restrictions on internet use.</p>	Consider gaining access to CDI data in NHSN	Matt Crist	None

		QI0 is considering CDI for the 10 <sup>th</sup> Scope of Work.			
EIP Update	Susan Ray	Phase III activities have concluded and results are heading toward publication.	Publication of results	Susan Ray	None
SafeCare Update	Armando Nahum	Armando Nahum brought to our attention the release of a new free 2012 SAFE CARE Patient Safety Education Program at <a href="http://www.safecarecampaign.org/poster/welcome.html">http://www.safecarecampaign.org/poster/welcome.html</a> , where 11x17" posters are available for download with QR codes that link to instructional videos for patients, patient advocates, and other consumers to learn precautions to help prevent infection while receiving care. The primary poster is free. There is a library of videos, and the poster can be customized for a fee.	Make healthcare providers aware of the availability of the QR  Send out link, discuss on conference calls	All members  Denise Flook	Ongoing
New Business, Membership Discussion	Matt Crist	We are seeking a new co-chair. Craig Smith fits the requirements, and expressed interest in the position.  Two new members have been added to the committee. Ryan Deal from GDPH will serve as the communications representative and Peggy McGee from Liberty Regional will represent critical access hospitals.  Members were asked to consider if they would like to add an IP who primarily works in an LTAC or if the current representation in the committee that cover LTACs as part of their role is adequate representation.  The job description and announcement for the position of HAI Coordinator at DPH, formerly Teresa Fox's position, are now up on the relevant websites, and applicants, are expressing interest. It is anticipated that the position may be filled in mid-June.	Assume responsibilities of new posts  Consider LTAC representative	Craig Smith, Matthew Crist, Peggy McGee, Ryan Deal  All members	By next meeting, July 25 <sup>th</sup> 2012
GHA Collaboratives – HEN, NICU, CUSP	Denise Flook	Barriers to compliance were discussed, such as getting everyone on board and believing that it is possible to prevent all infections.  A facility has reported going 5 years without a CLABSI.  Johns Hopkins got another grant – Pronovost – for Surgical Care	Continue with supportive conference calls  Continue working with Georgia hospitals in	Denise Flook	Ongoing

		<p>Safety – SUSP (Surgical Unit-based Safety Program). It includes using the Surgical Care Checklist to improve surgical care safety and reduce SSIs. A SUSP collaborative to reduce surgical complications including SSI begins in Fall 2012.</p> <p>Conference calls are the 2<sup>nd</sup> Wednesday of every month:  NICU 10-11 am  CUSP 11-12:30 pm</p> <p>GHA is now a CMS Hospital Engagement Network (HEN) with 121 Georgia hospitals. National goals by 2013 are to reduce HACs by 40% and reduce readmissions by 20%. Emphasis is on culture change and evidence-based practices.</p> <p>A NICU CLABSI Affinity Group began in April.</p> <p>VAPs to be addressed.</p> <p>HAI collaborative work continues to evolve.</p>	collaboratives		
NHSN Update	Dawn Sievert	<p>We were informed that adjusted SIRs can't be done for at least another year.</p> <p>SIRs are not using confidence intervals yet.</p> <p>Denise told the committee that the PPS rule for CMS was just put up on AHA and was accepted.</p> <p>NHSN major changes:  Release 6.6.1 on April 28<sup>th</sup>, 2012  Release 7.0 in late August of 2012  Release 7.1 in January 2013</p>	None	None	None
State Activities Update	Matthew Crist	<p>CMS now requires reporting of HAIs to NHSN to receive 2% reimbursement. Numbers are posted on <a href="http://hospitalcompare.hhs.gov">hospitalcompare.hhs.gov</a> each Quarter, approximately 1 year after submission. The first 2011 Quarter was posted February 2012.</p> <p>2011 first Quarter data refers to CLABSI data for acute care facility ICUs. 36 Georgia hospitals submitted enough data to</p>	<p>Develop a method for obtaining HAI data from Georgia facilities</p> <p>Provide education on prevention, NHSN enrollment, and case</p>	Matthew Crist, Lauren Lorentzson	Ongoing

		<p>compute SIRs. [172 acute care facilities currently in Georgia]</p> <p>Validation is performed on 3 charts from each facility per quarter, approximately 800 hospitals.</p> <p>The NHSN State Specific Report to be released publically 4/19/12. (Deidentified data were released to individual state HAI Coordinators last month for review.)</p> <p>Georgia has an overall SIR of 0.55, 8 hospitals with SIR of 0 (zero), and 29 hospitals <math>\leq 1.0</math>. SIRs have significantly decreased since 2009.</p> <p>-----</p> <p>Georgia has no reporting mandate due to open records laws and hospital concerns about confidentiality and accuracy of data. Potential solutions include: 1.) reporting mandate (law), 2.) data Use Agreement (DUA), 3.) addition of HAIs to the notifiable diseases list. The latter option would allow GDPH HAIs section to be added as an NHSN users group. Resources for validation are scarce.</p> <p>It is hoped that GDPH can obtain data reported to NHSN in accordance with CMS requirements so that data can be used to direct public health interventions. We want to be able to assist with validation if we are going to have a mandate.</p> <p>Dawn Sievert told the committee that NHSN are working to fix the DUA problem (3 month delay in obtaining data, etc.).</p> <p>Renee Watson reminded the committee that dealing with public reporting was part of the reason for the formation of GHAIAC in the first place. She discussed the importance of remembering our charter and mission and vision.</p> <p>It was discussed that while reporting would be a tool for improvement, the hospitals would have to do the work to fix the problems. (The reporting and data can be used to empower healthcare workers to convince colleagues to use best practices.)</p>	<p>determinations</p> <p>Consider small-scale voluntary validation</p> <p>Continue to work with collaboratives and partners (CUSP, NHSN, etc.)</p> <p>Continue to reevaluate the situation as personnel and funding situation changes</p> <p>Review and potentially update mission and vision</p>		
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10 <sup>th</sup> Scope of Work	Cindy Prosnak	Postponed due to time constraints.	None	None	None
Adjournment	Matthew Crist	Meeting adjourned at around 2:00 pm.	None	None	None