

Georgia HAI Advisory Committee Meeting (GHAIAC)
August 29th, 2012
Georgia Medical Care Foundation

Attending HAI Advisory members: Marcia Delk, Denise Flook, Jesse Jacob, Robert Jerris, Mary Key, Denise Leaprot, Armando Nahum, Cindy Prosnak, Susan Ray, Lynn Reynolds, Craig Smith, James Steinberg, Nimalie Stone, Beth Morrow, Peggy McGee, Connie Smith, Susan Fuller
Public Health Adhoc members present: Jeanne Negley, Lauren Lorentzson, Matthew Crist, Ashley Moore
Committee meeting guests: Alice Guh, Delmar Little

Agenda Item	Presenter	Discussion	Recommendation	Responsible Person(s)	Date for completion or Update
Welcome and Call to order	Matthew Crist	Called to order at 9:10 a.m.			
Roll Call and Minutes	Lauren Lorentzson	Correction to minutes: Denise Flook was in attendance for our conference call meeting on July 25 th . Minutes approved.			
CRE and CDC Toolkit	Alice Guh	<p>Guest speaker Alice Guh from CDC presented on Carbapenem-resistant Enterobacteriaceae (CRE) epidemiology and prevention. Klebsiella Pneumoniae Carbapenemase (KPC) was emphasized. KPCs are of concern because they are plasmid-based, can transfer resistance, are extremely drug resistant, and are becoming widespread.</p> <p>Robert Jerris noted that there was a change in the breakpoints in 2010, and that some systems use different standards for determining resistance. Alice Guh presented data that had been entered into the NHSN device and procedure-associated module from 2007-2010.</p> <p>Craig Smith discussed the problem of LTCFs refusing to accept patients that are colonized with CRE. He recommended that CDC send out more educational materials.</p>			
MuGSI Surveillance	Jesse Jacob	<p>Jesse Jacob presented on CRE epidemiology in Georgia. CRE data is gathered by the EIP Multi-Site Resistant Gram Negative Bacilli Surveillance (MuGSI) program.</p> <p>Members' suggestions for control of CRE included hand-hygiene education and increased environmental vigilance. Craig Smith emphasizes removal of aerators on sink faucets.</p> <p>Alice Guh and Jesse Jacob explained that the carbapenemase gene can move from one species to another, although it is rare. MuGSI</p>	Further evaluate EIP methodologies and determine applicability to Georgia Outside Atlanta (GOA)	Jeanne Negley	

		<p>surveillance is assessing this, and has found that it spreads primarily through cloning.</p> <p>Nimalie Stone asked for recommendations for regular CRE surveillance. Alice Guh said that using a 6 month to 1 year timeframe would be a good starting point. Not all labs use the same breakpoints. A surveillance definition would need to be created based upon a stated goal. States can write evaluation protocols according to their purposes.</p> <p>Facilities in metro areas may have higher rates than rural facilities, and be reluctant to report if located in a high prevalence area. But even a ‘quick and dirty’ survey could help with evaluation of need, establishment of a rough baseline, and an opportunity to intervene. A strategy for getting cleaner data could follow. Not only would we like to know where the burden is greatest, but <i>how</i> labs are detecting CRE.</p> <p>Jesse Jacob informed the committee that communication should be improved between IPs and labs. Often IPs are not notified of a CRE or other MDRO, especially when the labs are off-site.</p> <p>Craig Smith emphasized the importance of keeping precautions simple. Since precaution guidelines are the same or similar for all MDROs, then using universal MDRO precaution guidelines is easier for nurses and other healthcare providers to understand and remember.</p> <p>Beth Morrow asked if CRE was being added to the NHSN facility survey under the MDRO module. Nimalie Stone said that the survey catches a lot, but does not ask about specific organisms. A layer of complexity would have to be added.</p> <p>Robert Jerris pointed out that labs are not using the systems, panels, and breakpoints to properly detect MDROs. A definition is needed in the labs. The extent of the problem is unknown. The definitions are good now, but standardization is needed. He requested that the committee use him for education on labs. Jesse Jacob said that lowering breakpoints makes detection easier and more sensitive for detecting resistance. The FDA decides the panels, and CLSI has broader, better standards.</p> <p>It is not recommended that there be public reporting of CRE at this time. The problem of CREs is emerging and the uniformity of laboratories is not known.</p>			
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		<p>Matt Crist said that eliminating the Hodge test helped to simplify detection. The public health perspective would be that casting a wider net would be better. It is unknown what mechanism is at work – ESBLs with porin versus plasmid mediated. Jesse Jacob said that while this is interesting, it is of more academic interest than practical. It is usually transmitted via hand-spread of the same organism.</p> <p>Craig Smith said that CRE is a good organism for new initiatives.</p> <p>James Steinberg wants to send out a recommendation against using carbapenems for surgery prophylaxis.</p>			
H3N2 Influenza	Delmar Little	<p>With ‘state fair season’ approaching, it is of some concern that H3N2 influenza virus infections will increase. This virus is not as severe as others in the past.</p> <p>Signs are being sent out to be put next to pig displays to inform fair-goers that they should not get too close to swine. Brochures and flyers are also being sent out. The virus has only been seen in the US so far. Regular seasonal flu is showing typical off-season numbers.</p> <p>Denise Leaptrot offered to send out Delmar Little’s materials to all her hospital IPs. Cindy Prosnak offered to send out the materials through the GIPN listserve.</p> <p>Labs are having meetings on their detection panels. The public health side, medical side, and agricultural side are coordinating.</p>	Send out H3N2 educational materials	Denise Leaptrot; Cindy Prosnak	October 2012
QIO 10 th Scope of Work	Cindy Prosnak	<p>CLABSI reports from 2011 were due in August, as well as CAUTIs in ICUs, and SSIs for COLOs and HYSTs since January 2012. There are hospitals that have not reported before because they do not have ICUs. Some realized two weeks before the due date for SSIs that they had to report.</p> <p>Cindy Prosnak has done NHSN training and ensured all hospitals had reported by August 15th.</p> <p>Seven hospitals are under CLABSI appeal for data not sent to CMS – no results yet.</p> <p>In January of 2013, facility-wide in-patient C. diff and MRSA bacteremia lab ID events and HCW influenza vaccination data will</p>	<p>Influenza vaccination training</p> <p>Attend NHSN training conference</p>	Matthew Crist, Jeanne Negley	October 2012

		<p>be reportable to CMS.</p> <p>There is a 3-day NHSN training in Atlanta that conflicts with the 3-day GIPN conference in Savannah. Both are October 2-4th, 2012.</p> <p>The NHSN training course is full, and many hospitals in Georgia are waitlisted for registration. However, materials will be archived on the internet this year.</p> <p>Cindy Prosnak updated the committee on the QIO C. diff initiative that began with July reporting. Thirteen hospitals agreed to report on C. diff. After baseline data are collected from July through December 2012, CMS will require that facilities have a rate of 6/10,000 or higher to continue to work in this initiative, and that the data will have to be reported to CMS.</p> <p>Jeanne Negley gave a presentation to this initiative featuring a screen-by-screen orientation to C. diff data entry into NHSN. This presentation was very informative and helpful according to the facilities.</p> <p>CAUTI numbers are low in the data so far. Cindy Prosnak is focusing on device utilization, instructing facilities that not all patients in ICUs need Foley catheters. There has been some pushback, but it is improving.</p> <p>Jay Steinberg asked about testing for inter-rater reliability (kappa score) by the States. Although there will be validation by CMS through TelGen (26 Georgia hospitals have been selected for validation in May 2013), inter-rater reliability is not being assessed that the committee is aware of.</p> <p>CMS validation will consist of reviews of three medical charts per hospital for a sample of hospitals.</p> <p>Hospital-wide CLABSI reporting is not in the new federal register, only ICU CLABSIs.</p> <p>Jeanne Negley urged the committee to convince facilities to begin reporting on flu vaccination of healthcare workers now. Required reporting begins in January 2013, but by that time flu season will be well under way and many workers will already have their vaccines. Vaccine tracking beginning now will help facilities to be prepared for mandatory reporting later. Denise Flook would</p>			
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		like Jeanne Negley to provide a training webinar as soon as possible.			
HEN and NICU Affinity Group Update	Denise Flook	<p>Denise Flook holds HEN conference calls emphasizing an attitude of “all causes, all preventions,” and making infection control processes more reliable and sustainable. She is encouraging workers to ask each other questions about all risks and device use during rounding.</p> <p>Goals continue to change. The denominator for SIR calculations will be updated by CMS and will roll forward. The SIR for her collaborative is .77, but the State not having access to NHSN data hampers understanding of change over time.</p> <p>Hospitals are finding CLABSI rates outside of ICUs are pushing SIRs above 1. Insertion guidelines are often being followed, and the focus should turn to maintenance and dressing changes. Maintenance guidelines are not currently standardized.</p> <p>Armando Nahum described a project he is working on with CMS to make the best practices of champion hospitals widely available on the internet. The champion hospitals don’t have time to spread the word, they are working hard on maintaining standards. Dissemination of information via conference calls with collaboratives is somewhat slow and repetitive when the goal is to spread the highest quality models nationally and worldwide. He plans to speak with Jay Steinberg about Emory Hospital’s excellent VAPs work.</p>			
Update on HAIs becoming Notifiable	Matthew Crist	All signatures have been obtained for approval to make HAIs Notifiable Diseases in Georgia, except the Commissioner’s, which is expected soon. The data reported would be protected, and soon facilities will be encouraged to confer NHSN rights to the State.	Get hospitals to join the State NHSN user’s group, and confer rights to the State	Jeanne Negley, Denise Flook	
Review of Mission and Vision and Discussion of Committee Priorities	Jeanne Negley; Craig Smith	<p>Brainstorming was done for updating the Action Plan. Craig Smith emphasized pushing recommendations and communicating with hospitals.</p> <p>Many hospitals are not aware of the GHAIAC, and although they are already doing well with NHSN help, there is a need for recommendations across the continuum of care.</p> <p>There are many sources of information and an overwhelming amount of recommendations and requirements. The GHAIAC can</p>	Update the GHAIAC Action Plan	HAI Plan Subcommittee	

		<p>emphasize the best ones. New education does not need to be created, it already exists. Smaller hospitals may not be aware of all the programs available and how to prioritize them. There is a heavy focus on NHSN as facilities struggle to keep up with reporting requirements, so focus may have shifted away from the bigger picture.</p> <p>There is a trend in downsizing in infection control professionals. Infection prevention may be seen as a clerical position by hospital administrators. The IP industry is changing as facility-experienced IP nurses are retiring and young, relatively inexperienced academically-trained personnel move into those positions. High turnover exacerbates the problem as younger nurses do not want IP jobs since they fear being laid off not long after being hired. Craig Smith is concerned that when the rates appear to be low the administrators think there is no need for IPs, but the numbers are actually low because there aren't enough IPs to work on finding all cases and producing good data. Cindy Prosnak says that some facilities report to the QIO as few as 0.2 FTEs will be dedicated to doing infection control work. Beth Morrow reports that IP vacancies remain open for a long time.</p> <p>It is important to educate administrators that infection control is a separate, important job. Many IPs dedicate only a portion of their time to infection control because they are expected to do other jobs as well. NHSN reporting requirements may be a mechanism for improvement. Denise Flook is telling personnel that if they "do the right thing the numbers will follow."</p> <p>She noted that the advantage for the State is that it represents a neutral body that all types of healthcare providers can trust for recommendations; the reach is broader than for the GHA. Once the State has access to data and can disseminate it to facilities they will see the utility of reporting.</p> <p>Jeanne Negley wants to set 5-year goals once data can be accessed to assess a baseline. Craig Smith wants staff to present on processes at APIC meetings and at GIPN.</p> <p>Nimalie Stone asked what can be done to emphasize infection control resource needs to administrations – to motivate administrations to support their IP staff. Since greater resources need to be budgeted for IP, Jay Steinberg suggested a study to assess if there is a correlation between resource allocation and lower rates. Denise Flook says that analysis can be done, and that</p>			
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		<p>money lost on readmissions should also be brought to administrator's attention. (Beth Morrow and Nimalie Stone say that readmission rates for HAIs are not available at this time, however.) HAC data cannot be used to describe the relationship between resources and outcomes because it is not risk-adjusted.</p> <p>Jay Steinberg suggested offering a certification in infection control to MPH students, with multiple courses and training in statistics. Lauren Lorentzson suggested having a course of NHSN training for nursing students.</p> <p>Cindy Prosnak suggests that the State needs to make recommendations to lawmakers that IPs have minimum levels of education, since this is done for other positions. Infrastructure development to support this plan and enforce it would be needed, and the GHAIAC does not have the power to set up infrastructure, although creating the requirement may lead to infrastructure development. Beth Morrow would like to see more attention given toward support for IPs that are already on the job if infection control is going to improve quickly.</p>			
Closeout	Matthew Crist	The next date for a GHAIAC meeting was set for October 24 th .			
Notes:		The West Nile Virus presentation to be given by Melissa Ivey was tabled.			