

**Georgia HAI Advisory Committee Meeting (HAIAC)  
January 25th, 2012  
Department of Public Health Teleconference**

**Attending HAI Advisory members:** Cindy Prosnak, Mary Key, James Steinberg, Kate Arnold, Jesse Jacob, Craig Smith, Robert Thornton, Susan Ray, Lynn Reynolds, Denise Leaptrot, Amando Nahnum, Robert Jerris, Beth Morrow

**Not present HAI Advisory members:** Denise Flook, Nancy White, Henrietta Smith, Nimalie Stone, Marcia Delk, Renee Watson, Cyndra Bystrom, Steve Marlowe

**Public Health Adhoc members present:** Teresa Fox, Lauren Lorentzson, Melissa Tobin-D'Angelo, Cherie Drenzek, Matthew Crist,

**Committee meeting guests:** None

Agenda Item	Presenter	Discussion	Recommendation	Responsible Person(s)	Date for completion or Update
Welcome and Call to order	Teresa Fox	Called to order at 1:03 pm	None		
Minutes	Teresa Fox	Explanation that a conference call was utilized for this meeting to save time and reduce travel burden, and because there are fewer updates than usual. Minutes presented and approved as presented.	None		
Roll Call	Lauren Lorentzson	18 members were present via telephone for call; attendees listed above	None		
On the CUSP: HAI Initiative and CMS Update	Denise Flook	Denise was unable to attend and will provide a written update to be added to the minutes.	Update committee as needed	Denise Flook	Ongoing
EIP/NHSN Update	Nancy White	Nancy was unable to attend and will provide a written update to be added to minutes.	Update committee as needed	Nancy White Susan Ray	Ongoing
GIPN Conference Update	Cindy Prosnak	A retreat is beginning this weekend for the purpose of working on planning the next GIPN conference scheduled for October 2012. This year the conference will be held in Savannah. Anyone with suggestions for the agenda should email Cindy Prosnak so she can pass them on to the program chair. They want to serve the needs of all members.	Update committee as needed	Cindy Prosnak	Ongoing

QIO 10 <sup>th</sup> Scope of Work	Cindy Prosnak	<p>The QIO has been working to recruit hospitals to work on issues with SSIs, CAUTIs, and C. diff. So far there are 27 hospitals involved. There were two successful kickoff meetings in December 2011, one in Tifton and one in Atlanta, with a webinar for hospitals that could not attend. The hospitals were trained in CUSP methodology for CAUTI. There was a support call yesterday (Jan 24<sup>th</sup>, 2012), with 26 of the 27 hospitals in attendance. The call offered a forum for sharing ideas and discussing dealing with various aspects of CAUTI. The program is off to a great start.</p> <p>Ann Hernandez wanted to bring to our attention to the need for an advisory committee for this work, and wanted our input. It was decided, with many members concurring, that GHAIAC could function as the advisory committee for the QIO 10<sup>th</sup> Scope of Work.</p>	Continue to work with GHA and PH to decrease HAIs; update committee as needed	Cindy Prosnak Anne Hernandez	Ongoing
NHSN Enrollment	Teresa Fox	PH and GHA determined that 172 facilities should be reporting to NHSN, and this number was submitted to CDC for use in the 2009-2010 SIR report that the committee will be reviewing at today's meeting.	Continue to recruit for NHSN and G-SNUG	Matt Crist Lauren Lorentzson Nancy White Denise Flook	Ongoing
HAIAC Charter	Teresa Fox	After completing suggested revisions, the HAIAC Charter was emailed to committee members for final approval. No other comments or revisions were requested.	None		Completed December 2011
HAI Plan Revision Subgroup	Melissa Tobin-D'Angelo	No updates since the last meeting. Their work will be concentrating on surveillance activities, and work cannot move forward until a decision is made in regards to a data use agreement (DUA) and it is known how surveillance will work in Georgia.	Continue revisions to plan via subgroups and update full committee at next meeting	Melissa Tobin-D'Angelo Matthew Crist Lauren Lorentzson	April , 2012
CDC-GA Data Use Agreement Update	Melissa Tobin-D'Angelo	<p>Sub-group members met with the Georgia Department of Public Health legal team and the Georgia Hospital Association legal team to discuss utilizing a data use agreement for disease reporting and any legislative issues that may come up during this session.</p> <p>Some of the legal staff have expressed that they have heard from Georgia representatives that there may be something coming up that will affect disease reporting.</p> <p>There are issues with the need to update disease reporting rules since DPH became a separate entity from DCH. CDC will need</p>	Updates will be emailed to committee members as available	Matthew Crist Lauren Lorentzson Melissa Tobin-D'Angelo	Ongoing

		those updates before they can approve the DUA.			
SIR Report Discussion	Matthew Crist	<p>Prior to the call, the committee was provided via email a copy of the 2012 State-specific SIR report to be released in mid-February. The portions of the report to be released publicly are: Tables 1a-c, Tables 3a-d, Table 6, and Table 7.</p> <p>The structure of the report, i.e. the order that the tables are presented, is based on precedent, according to Katie Arnold. The data will be made public via website. The data can be put in an executive summary, and developing a communication plan for orienting the public to the data is the purpose of our receiving this draft report ahead of time</p> <p><b><u>Key Points for Georgia</u></b></p> <ol style="list-style-type: none"> <li>1. Georgia's CLABSI rates are showing significant improvement from 2009 to 2010.</li> <li>2. We still have a lot of work to do, particularly in NICUs. The ideal goal is 0, but we are working to eliminate as many of the preventable CLABSIs as possible through our partnerships with GHA, the QIO, GIPN to provide education to promote evidence based practices shown to reduce CLABSIs.</li> <li>3. We are working on a collaboration to help reduce CLABSIs in NICUs.</li> <li>4. This data is based on a somewhat small sample of the hospitals in Georgia, and we know that by the beginning of 2011 there were already 94 facilities reporting to NHSN.</li> <li>5. There has not been any external validation performed on this data.</li> </ol> <p><b>Discussion</b></p> <p>Tables 1a-c list the facilities reporting for each state for CLABSIs, CAUTIs, and SSIs respectively. In 2010, 37 (21.5%)</p>	Continue to monitor and update committee as needed	Matthew Crist	Ongoing

		<p>of 172 hospitals in Georgia reported CLABSI data to NHSN, so this is still a fairly small percentage of the hospitals. It is expected that these are the larger hospitals, so it may represent considerably more than 21% of the central line days in the state but we don't really know. These 37 hospitals reported data on 154 units and 67.4% of the total months that could have been reported were reported. With the CMS requirements going into place in 2011 a much higher percentage of facilities to be reporting.</p> <p>Tables 3a-d are the key part of the report that will be made public. They show the CLABSI SIRs and 95% CIs for all locations (a); adult/pediatric ICUs (b); non-critical care wards (c); and NICUs (d) separately. The SIR is an observed/expected ratio with 2006-2008 NHSN data used to predict the expected number of infections based on type of units and number of central line days in a facility (or entire state). Georgia's overall SIR is 0.806 (0.713-0.907), so the observed infections are significantly less than the predicted number of infections predicted from the reference data. However Georgia is significantly above the national SIR of 0.684 (0.673-0.696).</p> <p>Table 3b looks at adult/pediatric ICUs and divides them up by states with and without reporting mandates. There doesn't appear to be a glaring difference between mandate and non-mandate states as there was with the validation and non-validation states on the 2009 report. This is the area where Georgia seems to be doing best, with an SIR of 0.645 (0.539-0.765), significantly less than 1 and slightly better than the national avg. of 0.654 (0.639-0.669).</p> <p>Table 3c shows that of 15 facilities that reported on ward location our SIR of 0.948 (0.763-1.164) is slightly below 1, though not significantly so, and is worse than the national average of 0.728 (0.708-0.748). Prevention efforts have largely been focused on ICUs as the baseline rates were considerably lower, and there are fewer controllable variables in the wards, so it's not surprising that there has not been a dramatic change nationwide compared to the 2006-2008 data.</p> <p>Table 3d is expected to raise questions from the public. For the 10 facilities reporting NICU data, Georgia's SIR is 1.275 (0.952-1.672). Though not statistically significantly higher than 1, the number attracts attention. In Tennessee the NICUs had</p>			
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		<p>significant improvement prior to public reporting due to the Tennessee Initiative for Perinatal Quality Care, which is like a QIO for infants. They led more of a grass roots campaign that got a lot of frontline staff to champion the cause, and the SIR dropped from over 1 to less than 0.5. Teresa Fox has been in contact with Seema Csukas in maternal/child health at DPH, who said Georgia does not have an equivalent organization, but they are working to establish one. They are going to meet soon to talk about how the GHAIAC could be involved with and partnered with them on CLABSI reduction in NICUs. This should get a lot of bang for our effort, and hopefully significantly reduce CLABSIs in NICUs. The committee was unsure how many NICUs are presently providing care in Georgia. DPH will try to find out how many NICUs there are in GA.</p> <p>Table 6 compares our overall CLABSI SIR in 2010 to the SIR in 2009 (15 facilities reported in 2009) and shows a significant decrease from 0.982 to 0.806 (P=0.027). This emphasizes that Georgia is improving. Comparing the 15 facilities that reported both years, the improvement was also statistically significant (P=0.044).</p> <p>Table 7 shows the national reductions for CLABSIs and various SSIs from 2009 to 2010.</p> <p>These data are not meant for state-to-state comparison. Katie Arnold discussed that the purpose of the data will be to allow for states to compare their SIRs serially across time. They are not meant to be compared across states because they are so different depending on mandates, validation, and number and types of facilities.</p> <p>Without the ability to mandate we don't know the quality of the data. The data cannot be properly interpreted without validation. Matt Crist pointed out that there tends to be underreporting if there are no validations being performed. Lynn Reynolds comes from Virginia, and they validate their data. She reports that in Virginia the interpretations of the CDC definitions were not consistent, and the definitions were often being modified. She emphasized the importance of ensuring that facilities are using the CDC definitions verbatim. It was discussed that determining if an infection – particularly a secondary infection – fulfills the definition can be very difficult with certain patients and cases, such as trauma patients. It was emphasized that at the moment</p>	<p>Contact Medicaid Office to see they have the number of NICUs in GA</p>	<p>Teresa Fox Lauren Lorentzson</p>	<p>April 2012</p>
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		we should work to provide the best education possible and reinforce, and that there is a great benefit to validation despite the cost and time consumption. It provides a check to the pressure to keep the reported numbers low, and ensures that the definitions are being applied as accurately as possible.			
Open Discussion	Teresa Fox	Teresa announced her resignation and informed the group that she will begin working in Alabama next month. She expressed her best wishes for the progress and continuation of a great program in Georgia. Teresa was thanked by many members of the group and wished good luck.	None		Resignation effective February 2, 2012
Next Meeting	Teresa Fox	Meetings are planned for:  <b>April 25</b> <b>July 25</b> <b>Oct 24</b>  Please mark your calendars. The meeting location is the Georgia Hospital Association If the situation should arise that another meeting is needed before the scheduled April meeting, a notice will be emailed at least 2 weeks prior to the called meeting.	Reminders, agenda will be sent prior to meeting	Matthew Crist Lauren Lorentzson	
Adjournment	Teresa Fox	Meeting was adjourned at 1:59 pm.			