

**Georgia HAI Advisory Committee (GHAIAC) Meeting  
July 25th, 2012  
Conference Call**

**Attending HAI Advisory members:** Jeanne Negley, Marcia Delk, Robert Jerris, Cindy Prosnak, Lynn Reynolds, Craig Smith, James Steinberg, Kate Arnold, Robert Thornton, Peggy McGee, Susan Fuller, Ryan Deal, Denise Leaptrot, Denise Flook

**Not present HAI Advisory members:** Beth Morrow, Cyndra Bystrom, Mary Key, Victoria Nahum, Nimalie Stone, Jesse Jacob, Susan Ray, Renee Watson

**Public Health Adhoc members present:** Matthew Crist, Ashley Moore, Cherie Drenzek, Lauren Lorentzson

**Committee meeting guest:** Abby Berns

Agenda Item	Presenter	Discussion	Recommendation	Responsible Person(s)	Date for completion or Update
Welcome and Call to order	Matthew Crist	Called to order at 10 a.m. Changes to the committee roster announced.  1.) Jeanne Negley is the new HAI Coordinator at GDPH, and co-chair of the GHAIAC 2.) Craig Smith has agreed to be the new co-chair 3.) Henrietta Smith has withdrawn her membership	None	None	None
Minutes	Lauren Lorentzson	Minutes approved without revisions. Roll called.	No corrections requested	None	None
10 <sup>th</sup> Scope of Work	Cindy Prosnak	QIO CAUTI work is continuing with 25 acute care hospitals in GA using a “trigger tool” to review the necessity for catheters, and to get unnecessary urinary catheters removed. Most are doing well, some are having challenges with updating their electronic medical records.  Recruitment for lab identified C. difficile infections (CDI) efforts is starting, recruiting from the pool of 25 hospitals referred to above. Not all of them are participating yet. They have been asked to enter data into NHSN starting now. Facilities have to have a CDI rate of 6 per 10,000 or higher. This may pose a challenge. It will be important to assess what the rates are at present. Claims data were used to estimate a baseline, but some	Determine if CDI data are corrected for EIA vs. PCR labs  Send GHAIAC members the HAI planner for LTCFs that is out for comment  Assist facilities with CDI reporting  Continue work with the QIO	Cindy Prosnak  Cindy Prosnak  Jeanne Negley  Cindy Prosnak	October 2012  By the next in-person meeting  Ongoing  Ongoing

	<p>facilities report that their internal tracking shows different numbers from the claims data. Hospitals can be dropped later if their rates do not meet the requirement.</p> <p>The C. difficile cases are determined by lab ID, not by method. It is unknown if there is any correction for EIA vs. PCR.</p> <p>The CLABSI validation tool is due on August 1<sup>st</sup> 2012 for eligible hospitals. Approximately 800 hospitals turned in data using a template. Any patient that spent time in the ICU that had a positive blood culture had to be listed.</p> <p>TelGen is the company working on validation.</p> <p>Based on 1st Quarter reporting, 7 hospitals have been denied their payments (APU). Appeals are due by Friday (7-27-2012), and are being developed with help from the GHA and QIO. The 7 hospitals that were denied had not mapped their data to the ICU, and therefore the data did not transmit to CMS. It is hoped that CMS will accept the appeals while mapping issues are further addressed.</p> <p>Similar mapping issues were addressed in October and November of 2011.</p> <p>In addition, Denise Flook reports that in April 2012 CMS was not receiving data from hospitals that were submitting. There was a glitch preventing data entered into NHSN from getting to CMS. The QIOs sent reports to hospitals, indicating that the data had been entered.</p> <p>Jeanne Negley has experience with training facilities in Oregon to report CDI. She offered her help.</p> <p>All hospitals with ICUs have to have 1<sup>st</sup> Quarter data from this year submitted by August 15<sup>th</sup> to NHSN to be sent on to CMS.</p> <ol style="list-style-type: none"><li>1.) Procedure data for hysterectomies and colons</li><li>2.) CLABSIs</li><li>3.) CAUTIs</li></ol>			
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HEN HAI Collaboration and NICU Affinity Group	Denise Flook	<p>Hospitals are receiving information, some only listening in on conference calls.</p> <p>36 facilities have conferred rights to Denise Flook on NHSN so that she can see their data.</p> <p>National HEN CAUTI SIR data were made available, and Georgia's HEN's SIR was higher (1.4-0.8) than the national SIR (0.6). The national data include approximately 4,000 hospitals. The goal is 1 case per 1,000 catheter days. The high was in Quarter 2 in 2010, and many hospitals have improved since 2011. Approximately 120 Georgia hospitals are in a HEN. Denise Leaptrot asked if there were any plans to change the data once validation is done, and Cindy Prosnak stated that she was unaware of any plans to correct the data.</p> <p>SIR data from 2010 indicated that Georgia's NICUs have a higher than 1 ratio, so started a 'NICU Affinity Group' in May of 2012. 17 hospitals participate. Both local and national NICUs have given webinar presentations. Last month's call featured an excellent presentation from California collaborative member Janet Pedit.</p> <p>Denise Flook emphasized that work has to go beyond bundles and checklists.</p> <p>1.) Accountability</p>	<p>Continue working with the HEN HAI Collaborative to bring down CAUTI and CLABSI SIRs</p> <p>Continue to work with the NICU Affinity Group to lower the NICU CLABSI SIR</p>	<p>Denise Flook, Collaborative members</p> <p>Denise Flook, Matt Crist, Affinity Group members</p>	<p>Ongoing</p> <p>Ongoing</p>

		<p>2.) Ownership  3.) Involvement of senior leadership  4.) Involvement of all staff  5.) Empowerment</p> <p>Focus has been shifting away from insertion practices to line maintenance in adults this year, looking beyond the ICUs to also cover general floor PICC lines. Insertion practices have improved greatly, but line maintenance has been lacking.</p> <p>On the monthly collaborative call, a change to unit-level responsibility was encouraged.</p> <p>Denise will be emphasizing best practices with the CLABSI collaborative in September 2012. Her goal is to do more site visits and one-on-one work. She will be working with Johns Hopkins University on SSI and VAP programs that will begin in January 2013.</p>			
HAI Reporting Progress	Matthew Crist	<p>Matthew Crist met with Sid Barrett, the General Counsel at the GDPH, and learned that the commissioner has the power to declare data confidential, so there is now a method in place to protect the data. After meeting with Sid Barrett and getting suggestions for edits, a formal notice was written, and converted into a 'notice from the commissioner.' It is under review starting today, so it should be in place and go into effect in January 1<sup>st</sup> 2013. This will allow the State access to HAI data being reported to CMS, and will follow the CMS schedule. Matt Crist credited Katie Arnold with the idea and thanked her.</p> <p>Katie Arnold asked if voluntary reporting of HAIs to the State from hospitals will be protected with the same level of confidentiality. Cherie Drenzek said she would talk to Sid about this.</p>	<p>Complete the process for making HAIs Notifiable</p> <p>Ask the GDPH legal team if hospitals reporting data voluntarily will be protected with the same level of confidentiality as other facilities</p>	Matthew Crist  Cherie Drenzek, Matthew Crist	<p>January 2013</p> <p>By the next in-person meeting</p>
Renewal of Mission and Vision	Matthew Crist	<p>The mission and vision statements were sent to the GHAIAC before the call for members to review.</p> <p>The GHAIAC was originally created to provide guidance on how</p>	<p>Re-write the Mission and Vision statements and provide them to the GHAIAC</p>	Matthew Crist	<p>By the next in-person meeting</p>

		<p>to best use NHSN data for prevention, and since those data will soon be accessible, an update to the mission and vision may be necessary.</p> <p>Various members of the committee offered suggestions for changes in wording, and Katie Arnold encouraged the group to choose priorities. The GHAIAC is meant to consider Georgia's situation and focus attention on actions that will have the highest yields in terms of improvement.</p>			
Necrotizing Fasciitis Update	Jay Steinberg	<p>Jay Steinberg gave a case report on a woman that had suffered post-partum Group A Streptococcus necrotizing fasciitis. Her case was complex because she was a resident of another state, and had a natural birth of twins with several attending doulas. In addition, the case caught the attention of the press.</p> <p>During the investigation, another case of post-partum GAS was identified from three months prior. This second case triggered an outbreak protocol, and all medical staff with any contact with the patient were swabbed. Seventy-four staff members had had contact with the patient, with 14-15 having had intimate contact (i.e. performance of a vaginal exam). Intimate contacts had up to five sites swabbed. All 74 were swabbed, and all swabs were negative.</p> <p>Due to ongoing EIP surveillance of GAS in Georgia, the isolate from the previous case was still available and was tested. It was not the same strain type as this case.</p> <p>Hand hygiene compliance was emphasized at the facility.</p> <p>Whether one or two cases of GAS should trigger an outbreak investigation was discussed. The CDC guidelines and literature on how to respond to cases of GAS were reviewed. At the moment the guideline is two cases.</p>	None	None	None
Invasive Group A Streptococcus Outbreak Investigation	Matthew Crist	<p>An invasive Group A Streptococcus outbreak at a skilled nursing facility beginning in April of 2009 and being thoroughly investigated by GDPH and CDC in November of 2011 was still ongoing. Despite the extensive intervention at that time, four new</p>			

		<p>cases were identified this year.</p> <p>Healthcare Facility Regulation and Quality were alerted, and after discussions with GDPH, CDC, and the skilled nursing facility senior leadership, the decision was made to give antibiotic prophylaxis to all residents and staff.</p> <p>Approximately two-thirds of the residents received penicillin/rifampin, and a third received Keflex. Swabs were taken on positive cases and any residents with wounds before administration of antibiotics. Any staff member who refused antibiotics was swabbed and furloughed until confirmed to be negative.</p> <p>Ashley Moore has drafted a letter to be sent out to any facility with one or more invasive GAS cases that are either at a LTCF or are post-partum. Queries of invasive GAS data entered into SendSS are done monthly to ensure that cases are found and facilities notified.</p>			
Final Comments	Matthew Crist	An in-person meeting is to be scheduled for late August or early September, since there is so much work ongoing and the new HAI Coordinator and co-chair is finally here.	Schedule an in-person meeting	Matthew Crist	August 2012
Adjournment	Matthew Crist	Meeting adjourned at 11:33 a.m.	None	None	None