

**Georgia HAI Advisory Committee Meeting (GHAIAC)
October 24th, 2012
Georgia Hospital Association**

Attending HAI Advisory members: Jeanne Negley, Robert Jerris, Cindy Prosnak, Lynn Reynolds, Susan Ray, Craig Smith, James Steinberg, Kate Arnold, Renee Watson, Armando Nahum, Peggy McGee

Present via Teleconference: Denise Leaptrot, Marcia Delk, Donna Matthews (for Mary Key), Connie Smith (for Ryan Deal), Nimale Stone

Not present HAI Advisory members: Robert Thornton, Beth Morrow, Jesse Jacob, Susan Fuller

Public Health Adhoc members present: Lauren Lorentzson, Matthew Crist

Committee meeting guest: n/a

Agenda Item	Presenter	Discussion	Action Item	Responsible Person(s)	Due Date
Welcome and Call to Order	Jeanne Negley	Called to order at 9:10 a.m.			
Clostridium <i>difficile</i> Laboratory Methods Survey	Robert Jerris	<p>A draft survey for Clostridium <i>difficile</i> laboratory testing methods was presented based on the EIP's CDI laboratory methods survey. The purpose of the survey would be to summarize statewide data and to determine if the GHAIAC would like to make recommendations regarding laboratory methods.</p> <p>Members provided comments, which included distinguishing between labs performed in- and out-of-house, obtaining the name of lab director, and asking if the facility had revised its lab method in the last year.</p> <p>It was decided that IPs should be sent the survey to encourage communication with laboratory managers and to learn the methods used in their facility. Also, this would likely increase the response rate. The survey will be distributed to IPs using a link to an online survey sent via email.</p> <p>Members decided that the survey would be sent to acute care facilities first, and that a LTC survey would be tabled until further review.</p>	<p>Final design for CDI laboratory survey – to be sent to Jeanne Negley to distribute</p> <p><u>Response:</u> Jeanne distributed the revised tool to committee members during the first week of November, and the tool is finalized. On 11/19/2012, Jeanne learned NHSN is revising its C. <i>difficile</i> questions in its annual survey, and she has submitted the survey to CDC to see if the GHAIAC survey questions can be incorporated.</p>	Robert Jerris	

Roll Call and Minutes	Lauren Lorentzson	Minutes from the previous meeting were approved without revisions.			
Validation of HAI Data	Kathryn Arnold	<p>The role of the infection preventionist was emphasized in performing internal NHSN data validation. Internal validation of data can help facilities with HAI tracking, planning, and prevention. The Infection preventionist as a validator is a coordinator role working with a team that should include administrative staff.</p> <p>NHSN will send out a tool next year to assist with mapping. The Committee discussed EMR difficulties. One member reported that it took a year with many improvement cycles to bring central line data errors down in his EMRs, but that it was worth it because the datasets become incredibly rich. Once an EMR is tested, updated, and corrected to provide accurate data, there is a lot of potential for research.</p> <p>Validation guidance for ICU CLABSIs is under development, and a validation tool is being tested by Committee members at GDPH, partnered with a metro hospital and the EIP. The tool will be prescriptive, with detailed instructions that will facilitate objective validation.</p> <p>One member pointed out that there is a great deal of emphasis placed on IPs doing all of this work. It was noted that IPs have a new role in their organization with the advent of value based purchasing and the Quality Improvement Program. IPs are encouraged to talk to CEOs.</p> <p>Committee members discussed it is unclear if the number of IPs has increased to match the increasing demands of CMS reporting requirements. It was noted once we have NHSN data, we can evaluate IP FTE vs. bed size.</p>	<p>Distribution of validation tools to GHAIAC <u>Response:</u> We have distributed the tools via a web site connection, so all IPs in the state can have access to them.</p> <p>Follow-up with Katie re: CDC contact for software vendors/provide this information to the Committee</p> <p><u>Response:</u> CDC has a support program for facilities that are having challenges using CDA (nhsncda@cdc.gov). Facilities are also encouraged to have vendors use this support program when facilities have questions vendors cannot address. As suggested by CDC, Jeanne is also following up with Alabama to learn how their IPs have used MedMined for reporting.</p>	Jeanne Negley	Jeanne Negley

Public Health Update / Validation in a Resource-Efficient Manner	Matthew Crist	<p>The role of the state in validation was highlighted in a presentation on CLABSI validation by the Tennessee Department of Health. Tennessee developed a targeted validation method, which included validating facilities with the highest and lowest CLABSI rates, requiring all facilities to submit positive culture lists, and targeting infections known to have a higher probability of being misreported.</p> <p>Since the results in Tennessee showed around a 10% difference between what is reported and what is found on validation, there seems to be little evidence of systematic under-reporting in the hospitals surveyed in Tennessee.</p> <p>It was noted that there are still facilities in Georgia that use paper medical records and lab reports, so it could be difficult to get line lists from them when validation is performed here.</p>			
HEN and NICU Affinity Group Update	Denise Flook	<p>Denise Flook presented on NHSN CLABSI data available to the HEN. Overall, a trend toward lower rates has been observed.</p> <p>The current goals of the HEN are:</p> <ul style="list-style-type: none"> • to reduce HACs by 40% (that is, a CLABSI HAC rate of 0.67/1,000 discharges) • < 1 CLABSIs per 1,000 central line days <p>The HHS HAI Action Plan goals for 2013 are:</p> <ul style="list-style-type: none"> • CLABSI SIRs < 0.5 • 25% reduction in CAUTI rates <p>The accuracy of the HEN data was questioned, and it was noted that falling rates were noted nationally, including states with validated data. It is believed CMS penalties have increased focus on HAIs in facilities and rates have dropped.</p> <p>One member noted that NHSN does not monitor “appropriateness” in regards to catheter and other device utilization. Only the device’s presence is monitored. It is up to the staff to determine appropriateness at the patient</p>			

		<p>level.</p> <p>GHA's HEN is changing with CMS' shift to an "All Cause Harm" model and will include all Georgia hospitals in the future.</p>			
10 th Scope of Work Update	Cindy Prosnak	<p>All seven facilities that missed the deadline for reporting first quarter data won their cases on appeal, and will receive full reimbursement. Second quarter data are due November 15th, 2012. Recruiting is still ongoing for <i>Clostridium difficile</i> Lab ID Event reporting; 13 have committed and the total may reach 15 or 16. Clarification from CMS is needed as to whether the QIO can work with any facility that wants to join, or if there are restrictions by CDI rate.</p> <p>There is some concern that many member facilities cannot lower their rates beyond their current levels. They are already complying with Appropriate Use. Having started with 25, there are now 22 members. Two that left dropped out to work with the HEN. Denise Flook said that all hospitals in Georgia besides 1 are in some kind of HEN.</p> <p>GIPN went very well. Attendees reported that it was helpful for IPs not familiar with NHSN. An upcoming GHA webinar will address mapping issues for <i>C. difficile</i>.</p> <p>It was noted that one facility required daily re-orders for foley catheters – the same process facilities use for restraints – and their utilization has lowered dramatically. That facility will be presenting on their process and progress soon.</p>			
Fungal Meningitis Outbreak Update	Matthew Crist	<p>The Georgia Department of Public Health has worked closely with the one facility in the state that received the potentially contaminated lots methylprednisolone injections from the New England Compounding Company (NECC) compounding pharmacy. One case has been found to meet the fungal meningitis case definition in Georgia. When the FDA expanded the recall of NECC products, GDPH contacted all affected facilities in the state.</p>	<p>Follow-up regarding notification of patients exposed to NECC products</p> <p><u>Response:</u> For those who received high risk medication (i.e.,</p>	Matthew Crist	

			the initial lots), after six weeks, the risk is less than 1%.		
Adjournment	Jeanne Negley	Meeting adjourned at 12:45 p.m.			