

**Georgia HAI Advisory Committee Meeting (HAIAC)  
October 26th, 2011  
Children's Healthcare of Atlanta, Atlanta, GA**

**Attending HAI Advisory members:** Denise Flook, Cindy Prosnak, Mary Key, Nancy White, James Steinberg, Kate Arnold, Jesse Jacob, John McGowan, Craig Smith, Robert Thornton, Susan Ray

**Not present HAI Advisory members:** Henrietta Smith, Nimalie Stone, Robert Jerris, Marcia Delk, Renee Watson, Cyndra Bystrom, Steve Marlowe, Lynn Reynolds, Denise Leaptrot, Amando and Victoria Nahnum

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

**Committee meeting guests:** Heather Bond, Russell Crutchfield

Agenda Item	Presenter	Discussion	Recommendation	Responsible Person(s)	Date for completion or Update
Welcome and Call to order	Teresa Fox	Called to order at 9:17 am	None		
Minutes	Teresa Fox	Minutes presented and approved as presented.	None		
Introductions	Melissa Tobin-D' Angelo	New Member: Matthew Crist (HAI Medical Epidemiologist); Lauren Lorentzson (HAI Epidemiologist), Cherie Drenzek (State Epidemiologist); Robert Thornton (Representative for local and district PH)	None		
On the CUSP: HAI Initiative and CMS Update	Denise Flook	It was noted that CLABSI rates have gone down according to the national data. (CMS writes regulations every year.) It was suggested that work be done with manufacturers to address issues with equipment, for example problems with the adherence of dressings.  It was emphasized that culture change is the most important and effective assurance of compliance with regulations. Work will be done with hospital boards, CEOs, and other managerial leadership. Monthly CUSP coaching calls will continue as a resource to support staff and to offer feedback. Techniques for increasing compliance with policies and regulations include putting emphasis on getting back to core values of patient safety and peer-to-peer accountability.	Update committee as needed	Denise Flook	Ongoing
QIO 10 <sup>th</sup> Scope of Work	Cindy Prosnak	It was found that 82% of hospitals had an SIR of <1.0. The goal is to work with 22 CAUTI hospitals, and 21 have been recruited with 2 more to be added soon. (It was noted that the hospitals	Continue to work with GHA and PH to decrease HAIs; update committee	Cindy Prosnak	Ongoing

		working with GHA are not eligible for working with the QIO) The national goal for HACs is 40% reduction. A culture of non-punitive accountability was emphasized.	as needed		
EIP Update	Susan Ray	<p>The GA EIP is currently working on four projects:</p> <ol style="list-style-type: none"> <li>1) HAI Surveillance (denominator simplification project and multi-drug resistant use and HAI prevalence survey). The simplification project is working to evaluate the feasibility and accuracy of using a less resource intense method (sample of one day per week) for determining denominator (device-days) used for calculating device HAI rates instead of the current method of daily collection of data. The project is about 75% complete, and the preliminary results show that the sampling method is valid and feasible. The HAI and antimicrobial use prevalence survey team recruited 25 facilities to participate in this project. The team reviewed the charts of all patients on antimicrobials during a defined timeframe. The team recorded antimicrobial specifics, clinician's reason for antimicrobial use, and identified the HAI currently being treated. 1400 patients were included (including 225 children). Phase II of the project is nearing completion. The preliminary results showed that 48% of patients were on at least one antimicrobial agent. The challenges of standardization of definitions, documentation, and reporting were discussed. An evaluation team for Phase III is needed.</li> <li>2) MUGSI (multi-drug resistant gram negatives). The objectives are: 1) to evaluate the incidence of carbapenem-nonsusceptible infections, 2) to characterize cabapenem-non-susceptible strains to guide prevention efforts, 3) describe know resistance mechanisms among certain species of cabapenem-nonsusceptible <i>Enterobacteriaceae</i></li> <li>3) Invasive MRSA. Surveillance and hospital-acquired community-onset case-control study. The project reviewed MRSA isolated from invasive sites utilizing sterile technique. Based on epidemiologic criteria, cases were classified as healthcare-associated healthcare-onset, healthcare-associated community-onset, or community-associated.</li> <li>4) Candidemia surveillance. The project began March 2008 and includes surveillance for <i>Candida</i> blood</li> </ol>	Update as needed	Susan Ray Nancy White	

		stream infections in GA District 3, with all ages included. Presently 1783 cases have been reported and 95% of the reported cases have been reviewed. Literature review indicates community-onset <i>Candida</i> BSIs appears to be increasing worldwide.			
NHSN Enrollment	Teresa Fox	NHSN enrollment continues to increase. Presently, NHSN enrollment stands at 126. The total number of facilities reporting to NHSN for CLABSI is 106. The total number of hospitals in GA was discussed. Based on the data received from American Hospital Association there are 186 facilities. The Georgia Hospital Association (GHA) shows 156 members. Teresa is to contact NHSN and request a list of participating facilities. The recruitment for G-SNUG continues to be very low at 3.	Continue to recruit for NHSN and G-SNUG  PH and GHA are to work together to determine the correct number of facilities and, if possible, the number of critical access facilities.	Teresa Fox Nancy White  Teresa Fox Denise Flook	Ongoing  January, 2012
GIPN Annual Educational Conference	Cindy Prosnak	The Annual GIPN Educational Conference was held Oct 5-7. There were 134 attendees. Attendee breakdown: acute care - 93; long term care - 8; public health - 9; public health students - 1; long term acute care - 1; consultant - 4; clinic - 2; ASC - 3; drug rehab - 1; mental health - 2; retired - 2. Conference presentation topics included NHSN definitions, NHSN validation process, use of standardized infection ratios (SIR), sterilization, and other infection prevention and control topics.	None		
HAIAC Charter	John McGowan	Input from the subcommittee lead to the current draft of the charter. There was a change in the wording. Nancy White suggested using the same acronym for the committee throughout, as well as a consistent title for Teresa Fox. Teresa has two titles, HAI Coordinator and HAI Surveillance Program Director. HAI Surveillance Program Director was decided on as the title to use in the charter. HAIAC was decided on as the official acronym of the committee. It was requested that facilitating communication be added to the guiding principles because we are a forum for collaboration. The group was instructed to go back to constituents and communicate to them what we are working on. It was noted that our minutes are posted on the website.	After completing the requested revisions, the charter will be emailed to committee members for final approval	Teresa Fox	December, 2011
Data Use Agreement	Kate Arnold	Because state and local public health are responsible for assuring the health of their constituents, CSTE proposed that CDC find a way to share NHSN data that is not otherwise required by mandate with states, for public health purposes. A Data Use	PH will continue to investigate options to access state HAI data	Teresa Fox Melissa Tobin- D' Angelo Matthew Crist	January, 2012

		<p>Agreement (DUA) template has been developed to make this possible. Unless a state mandate specifically requires public reporting, individual and facility-level NHSN data must be protected from disclosure by the state under the DUA. If the state can document sufficient protections for this "covered data," a DUA can be negotiated with NHSN/CDC staff. Under the DUA, there are potential sanctions and penalties for misuse or inappropriate disclosure.</p> <p>Georgia will be discussing entering into a DUA with NHSN later this month. This approach is favored by the Department of Public Health because assuring the quality of publicly reported data would require investment for data validation and additional staffing that is not currently available or likely. Momentum for a public reporting law has also been building, and may also eventually lead to a mandate through legislation. Present at the meeting was the DPH attorney and the DPH legislative representative to answer questions for members.</p>		Lauren Lorentzson	
HAI Plan Revision Subgroup	Melissa Tobin-D'Angelo	<p>Subcommittees are meeting and revising. The plan is to be distributed to all members for review before the website is updated. It was suggested that the surveillance section should be updated or deleted. Additional sources for stakeholder members were discussed. It was noted that the purpose of reporting was not outbreak surveillance, and that outbreaks would be detected by other means. Alignment of our surveillance with CMS requirements would be beneficial, and reduction of overlap of reporting demands from DPH and QIO, etc., was emphasized. It was decided that our official acronym will be HAIAC.</p>	Continue revisions to plan via subgroups and update full committee at next meeting	Teresa Fox Melissa Tobin-D'Angelo Matthew Crist	January, 2012
Open Discussion	Teresa Fox	None			
Next Meeting	Teresa Fox	Next meeting is to be scheduled.	Proposed 2012 meeting schedule to be sent with minutes	Teresa Fox	November, 2011
Adjournment	Teresa Fox	Meeting was adjourned at 1:20 PM.			