

**Georgia HAI Advisory Committee Meeting (GHAIAC)**  
**June 30<sup>th</sup>, 2010**  
**Georgia Hospital Association Educational Center, Marietta, GA**

**Attending HAI Advisory members:** George Chastain (Margaret Cousart), Renee Watson, Susan Ray, Denise Flook, Craig Smith, Cyndra Bystrom, Cindy Prosnak, Marcia Delk, Mary Key, Victoria Nahum, Nancy White, Henrietta Hardnett, Jesse Jacob, Steven Marlowe, Denise Leaprot, Nimalie Stone, James Steinberg, Lynn Reynolds (via teleconference)

**Not present HAI Advisory members:** John McGowan, Behzad Razavi

**Public Health Adhoc members present:** Kate Arnold, Arianne Reeves, Jessica Garcia, Teresa Fox

**Committee meeting guest:** Sophia Henlon

Agenda Item	Presenter	Discussion	Recommendation	Responsible Person(s)	Date for completion or Update
Welcome and Call to order	Kate Arnold	Inaugural meeting of the GHAIAC called to order at 9:15 am			
Minutes		Stakeholder's meeting minutes (12/2/09) distributed prior to meeting	No corrections requested		
Introductions and Ice Breaker	Teresa Fox	Committee member introductions. Draft bio-sketches and contact information distributed. Plan is to post bio-sketches on DCH website, unless member requests otherwise.	Each member to read and provide corrections to bio-sketch as needed, to Teresa	Members	7/22/10
			After updates, bio-sketch will be emailed to each member for final approval	Teresa Fox	8/6/10
Background: Surveillance and Reporting of HAI	Kate Arnold	Highlights: <ul style="list-style-type: none"> <li>• Definition, scope, and major types of HAIs.</li> <li>• Changing paradigms in HAI prevention and control with federal and state initiatives and advent of public reporting laws.</li> <li>• Overview of Georgia HAI Prevention Plan (<a href="http://health.state.ga.us/pdfs/epi/hai/HAI%20Plan_GA_final%20122209.pdf">http://health.state.ga.us/pdfs/epi/hai/HAI%20Plan_GA_final%20122209.pdf</a>)               <ul style="list-style-type: none"> <li>○ Use of CDC's National Healthcare Safety Network (NHSN) surveillance system</li> <li>○ Chosen initial HHS metrics and targets for GA:</li> </ul> </li> </ul>	Forward copies of slide presentation to all members of committee	Teresa Fox	7/8/2010  Completed

		<ul style="list-style-type: none"> <li>▪ CLABSI (NHSN)</li> <li>▪ Selected SSIs (NHSN)</li> <li>○ Existing prevention collaboratives <ul style="list-style-type: none"> <li>▪ GA Hospital Assn: “CUSP:Stop BSI” for the prevention of CLABSIs</li> <li>▪ GA Medical Care Foundation: “Team STEPPS” for the prevention of MRSA</li> </ul> </li> <li>• Draft CMS Rule: for FY 2013, CMS hospital performance scores will include HAI rates. Medicare payments to hospitals will be based on reporting to NHSN of CLABSIs in ICUs, beginning Jan 2011. It is anticipated that reporting of SSIs will be added the following year. <ul style="list-style-type: none"> <li>○ This creates a “fiscal mandate” for HAI reporting in GA</li> </ul> </li> <li>• Advisors expressed a desire to harmonize any state requirements with other reporting requirements such as the CMS rule</li> </ul>			
Georgia HAI Plan/ CDC Technical Review  Georgia HAI	Kate Arnold & Teresa Fox	<p>Georgia HAI Plan written following December 2009 Stakeholders’ Meeting and submitted to CDC before January 2010. Four sections:</p> <ul style="list-style-type: none"> <li>• Develop/enhance HAI program infrastructure <ul style="list-style-type: none"> <li>○ <i>Establish leadership (GHAIAC)</i>; a 21 member multidisciplinary group of healthcare providers, healthcare consumers, physicians, epidemiologists, and Infection Preventionists from across the state of GA. Included with the group is representation from professional infectious diseases physicians, infection prevention organization, healthcare purchasing, GA QIO and GHA, consumer and CDC.</li> </ul> </li> <li>• Surveillance, detection, reporting and outbreak response <ul style="list-style-type: none"> <li>○ <i>Prevention targets chosen at stakeholders’ meeting reviewed</i> (CLABSI: GHAIAC advisors voiced preference for CLABSI in ICUs only; selected SSIs (hip and knee prosthesis and abdominal hysterectomies).</li> <li>○ Discussion of Spinal fusion and cardiac procedures in order to accommodate pediatric facilities and additional acute care facilities. Committee will review SSI procedure inclusions after CMS rule clarifies required SSI reports for 2012, to allow</li> </ul> </li> </ul>	<p>Plan submitted January, 2010</p> <p>Plan provided to advisors via email prior to meeting</p> <p>Multidisciplinary membership has been Completed. (Attached membership roster)</p> <p>Hire experienced ICP as the state’s HAI Program Director</p> <p>Review SSI procedures selection at next meeting.</p>	<p>Kate Arnold &amp; Teresa Fox</p> <p>State</p> <p>Full membership</p>	<p>Plan accepted by CDC</p> <p>Completed April, 2010</p> <p>March, 2010</p> <p>September, 2010</p>

		<p>harmonized reporting requirements</p> <ul style="list-style-type: none"> <li>○ Transparency in SSI reporting must include provisions for standardized definitions and post-discharge surveillance criteria, standardized risk adjustment</li> <li>○ ICP training and workforce development issues were discussed.</li> <li>○ <i>Improve outbreak investigation and reporting</i>, HAI Surveillance Training for district and local public health departments will be provided to encourage involvement in HAI reduction activities. HAI Surveillance Program Director is working in conjunction with GMCF, State Regulation and CDC to design educational conferences to assist healthcare providers, regulators and public health staff with basic infection control and prevention activities to be conducted via WebEx and on-site presentations</li> <li>○ NHSN and G-SNUG Training will be available during the GIPN Annual Conference in October, 2010</li> </ul> <ul style="list-style-type: none"> <li>• <i>Prevention</i>: No ARRA funding was made available for new prevention collaboratives, but state is exploring potential for C.diff community collaborative if resources become available AND collaborating to train LTCFs in prevention <ul style="list-style-type: none"> <li>○ Continue GHA and GMCF collaboratives to prevent CLABSI and MRSA</li> </ul> </li> <li>• <i>Evaluation, oversight and communication</i>: CDC Technical Review, strengths and recommendations were presented, and generally positive.</li> </ul>	<p>Request work group to recommend appropriate risk-adjustment of rates.</p> <p>Design, develop and implement training activities presently for LTCF and state public health workforce staffers</p> <p>Design, develop and provided educational opportunities involving NHSN and G-SNUG to ICPs at conference</p>	<p>Teresa Fox</p> <p>Teresa Fox Kate Arnold Nimalie Stone Cindy Prosnak</p> <p>Teresa Fox Ariane Reeves Katie Arnold Nancy White Gloria Morrell (CDC)</p>	<p>September, 2010</p> <p>Ongoing</p> <p>October, 2010</p>
NHSN Reporting Update	Teresa Fox	<p>2010 Goals Update:</p> <ol style="list-style-type: none"> <li>1. To double NHSN enrollment and reporting of central line-associated bloodstream infections (CLABSIs) among GA hospitals (from 14 hospitals to 28 or more) by 2011. <ol style="list-style-type: none"> <li>a. Between January and June 2010, active reporting to NHSN had grown from 8 to 44 GA facilities, according to CDC</li> <li>b. EIP and DCH have been providing training thumb</li> </ol> </li> </ol>	Update NHSN and G-SNUG enrollment; continue to encourage participation and resource development	Teresa Fox Nancy White	Ongoing

		<p>drives for new and existing NHSN users to enhance sign-up, use and standardization of NHSN definitions.</p> <ol style="list-style-type: none"> <li>2. To achieve GA-State NHSN Users' Group (G-SNUG) participation among 50% of NHSN hospitals (from zero to 14 or more) by January, 2011. <ol style="list-style-type: none"> <li>a. No hospitals were reporting to G-SNUG, primarily because protections were not in place to protect raw data from Open Records Act Requests.</li> <li>b. CDC/NHSN are developing a means by which facilities in non-mandate states like GA can report anonymously to the State Users' Group</li> <li>c. GA DCH leadership are considering establishing a reporting law to provide state HAI epidemiologists access to HAI data.</li> </ol> </li> <li>3. Presently, only Acute care facilities are being asked to report, but in the future other types of facilities may be included (i.e. Ambulatory Care Centers, LTCF and Dialysis).</li> </ol>			
Collaborative I CLABSI – CUSP	Denise Flook	CUSP-Stop BSI collaborative has achieved much success in participating units during 2010 and is recruiting a new cohort for 2011. The goals for the collaborative are to eliminate CLABSI (state mean < 1/1000 device days with a median of zero), to improve safety culture by 50% and to learn from one defect per month. The focus of the project is unit based. The project focus for 2010 was the insertion of the line, but in 2011 the focus of the project will include maintenance and accessing the line after insertion.	To continue to recruit and apply national guidelines and checklists to the CLABSI process	Denise Flook	Ongoing
Collaborative II LTCF educational Activities	Cindy Prosnak	Joint venture between GMCF, DCH, CDC and state regulators for the education of LTCF ICPs, state surveyors, and local public health on infection control in LTCFs. The educational program is under development and the first presentation is scheduled for September, 2010 GMCF also heads an MRSA prevention collaborative: Team STEPPS.	Update on collaborative	Cindy Prosnak	Ongoing
Collaborative III CDI	Kate Arnold & Marcia Delk	Discussed a possible C.diff collaborative involving WellStar Hospitals and associated LTCFs in Atlanta. Discussions have involved CDC investigators, state facilitators, WellStar leadership, LTCF specialists, and GMCF QIO coordinators	Update on collaborative	Kate Arnold	Ongoing
EIP Project	Susan Ray	EIP not discussed due to time restrains	To be presented at next		

			meeting		
CMS Proposed Rules	Denise Flook	Discussed anticipated impact on GA hospitals of the proposed CMS regulations regarding the reporting of HAIs for annual payment (Reporting Hospital Quality Data for Annual Payment Update- RHQDAPU). There is uncertainty over specific details of the rule. Committee wants to review GA selected SSIs reportable after CMS publishes its selected surgical procedures. This information is expected in August, 2010.	To continue to monitor and update committee on the new CMS proposed payment guidelines	Denise Flook	September, 2010
Georgia Draft HAI Reporting Law	Kate Arnold	DCH Leadership has requested that DCH with the advice of the GHAIAC actively investigate and formulate draft legislation concerning HAIs for the next general session of the GA legislature. A draft law was distributed and reviewed section by section. Advisor comments and suggestions included: 1) make law concise 2) include protections from use for civil suits, 3) include resources for validation of data, 4) include resources for ongoing NHSN training due to workforce turnover 5) recommended a needs assessment (TBD at GIPN). The committee recommended that DCH create a work group to review and make recommendation in drafting the new law. Work group to provide update at next meeting.	Design and administer ICP Needs Assessment  Meet with DCH and GHA lawyers.  Create legal work group of committee for drafting the HAI Reporting Law	Teresa Fox  Kate Arnold, Teresa Fox  Group	October, 2010  August, 2010  September, 2010
Work groups	Teresa Fox	Presented a list of possible work groups that may be needed: there were 4 initially work groups identified: Reporting format, legislative, collaborative activities, and risk-adjustment of data. Volunteers for each work group were requested.	Work group membership will be addressed and available for next meeting	Teresa Fox	September, 2010
Next meeting	Teresa Fox	Consensus decision to hold full-day quarterly meetings on Wednesdays. Members asked to send a representative, if unable to attend. GHA and Children's Hospital of Atlanta volunteered to provide meeting space.	Set up next meeting and prepare a proposed meeting calendar for the rest of 2010 and for 2011	Teresa Fox	2 <sup>nd</sup> Meeting scheduled for September 22, 2010 at CHOA Tullie Circle
Adjournment	Kate Arnold	Meeting was adjourned at 3:15 PM.			