

Georgia HAI Advisory Committee Meeting (GHAIAC)
January 22, 2014
Georgia Medical Care Foundation

Attending HAI Advisory members: Ryan Deal, Denise Leaptrot, Jeanne Negley, Cindy Prosnak, Craig Smith, Nimalie Stone, Jessica Reno, Lynn Reynolds, James Steinberg, Renee Watson

Present via Teleconference: Denise Flook, Jesse Jacob, Robert Jerris, Mary Key, Peggy McGee, Susan Ray, Robert Thornton, Rebecca Walker

Members excused: Kate Arnold, Marcia Delk, Armando Nahum

Adhoc members present: Matthew Crist, Turquoise Griffith, Cherie Drenzek

Agenda Item	Presenter	Discussion	Action Item	Responsible Person(s)	Due Date
Welcome and Call to Order	Jeanne Negley, Georgia Department of Public Health	Called to order at 9:35 a.m.			
Approval of Minutes	Jeanne Negley, Georgia Department of Public Health	Minutes from the previous meeting were approved without revisions.			
GHA Hospital Engagement Network Update	Denise Flook, Georgia Hospital Association	Additional details regarding the LEAPT project were relayed. A current focus of the project is to address CAUTI and readmissions. CAUTI reduction is related to culture and attitude changes to reduce catheter use. A question was raised regarding the inclusion of yeast in the definition for CAUTI, considering that candiduria can represent colonization rather than infection. It was relayed that CDC is aware of this problem and has an expert panel studying it.	Jeanne will follow up with Nimalie to determine the SME for CAUTI/candiduria.		
Presentation	Nimalie Stone, Center for Disease Control and Prevention	The presentation was opened by a national perspective of infection prevention in long-term care (LTC): <ul style="list-style-type: none"> • In 2012, updated guidance for LTC surveillance was issued (McGeer definitions). • Fall of 2012, the NHSN module for LTC was released. Includes Lab ID event for MDROs and <i>C. difficile</i> and UTIs for catheter and non-catheter associated infections. • Currently ~150 facilities enrolled; 5 from Georgia. Highest enrollment in states with collaboratives • (New York, Vermont, Nevada, and Kentucky). 	Nimalie will send Jeanne a link to the new CDC LTCF IP web site to be distributed by the committee		

<p>Q and A Session</p>		<ul style="list-style-type: none"> • More LTC facilities are using the Lab ID module vs. UTI (about a 2:1 ratio) • Advancing Excellence (AE) is a national LTC facility (LTCF) improvement campaign initiated in 2006. Targets for its campaign have included reducing restraints and antipsychotic use. • In the summer of 2013, AE released its first infection prevention goal, with a series of checklists to address <i>Clostridium difficile</i>. • 100% of Georgia's LTCF (i.e., skilled nursing) are enrolled in AE. • The Georgia Medical Care Foundation works on AE goals through Local Areas of Excellence (LANE) in the state. • CDC is about to update HAI LTCF website, to include links to AE. • Funding for training LTCF IPs set aside by DPH will need to be spent by the end of the fiscal year. <p>Nimalie presented the work of Kara McGinnis, CDC fellow. Kara conducted in-depth interviews of participants of the 2010/2011 LTC training conducted in Georgia. Highlights include:</p> <ul style="list-style-type: none"> • An attrition rate of 34.4% was identified (54 facilities lost a participant/160 facilities that send a participant) • 95% of facilities reported using resources from the training; most often the training binder/CD (83%). • Participants reported changing IP practices; most often monitoring hand hygiene (73%) and identifying MDROs and cohorting (66%). • Fewer reported changes to IP policies (38%); however, it was noted that policy makers did attend the training and policy updates were in progress. It was also noted that some participants were not aware how to implement policies and training helped them to do so. • Conclusion: <ul style="list-style-type: none"> ○ Training was a success. ○ Participants made changes to infection prevention practices as result of training. 	<p>CDC website link:</p> <p>http://www.cdc.gov/longtermcare/.</p> <p>Below are the Advancing Excellence tools discussed. Look for "early identification," "hand hygiene," "cleaning/disinfection," and "antibiotic stewardship"</p> <p>http://www.nhqualitycampaign.org/star_index.aspx?controls=InfectionsImprove</p>		
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		<ul style="list-style-type: none"> ○ Turnover impacts facilities. ● Recommendations: <ul style="list-style-type: none"> ○ More training, focused on long-term care. ○ Facilitate interaction between long-term care and acute care. ○ Provide materials and education on LTC infection prevention. ○ Explore possibility of LTCF IP certification. <p>A question was raised how acute care facilities or GIPN can more effectively engage LTCF. It was relayed that we need to understand the LTCF IPs have a lack of support and it is typically not their primary job to be an IP. It was recommended to provide training/programs to include LTCF and make sure these programs include value for LTCF.</p> <p>Additional comment made that a follow-up to any training should include questions, such as: Why did you attend? Who did not come and why? Do you feel like you are part of the solution?</p>			
<i>Clostridium difficile</i> Laboratory Methods	Robert Jerris	Jay Steinberg and Craig Smith are interested in reviewing the draft position statement. Post meeting, Peggy McGee expressed interest as well.	Jeanne to send draft position statement to team for its review.		
GMCF 10 th Scope of Work Update	Cindy Prosnak, Georgia Medical Care Foundation	We were updated on the progress of the 10 th SOW for GMCF. Two favorable outcomes were reported for CAUTI SIR of 1.01 and the measure for urinary catheter utilization was 1.04. Hospitals participating in CDI reduction have shown a 37% relative improvement rate. GMCF is currently preparing a proposal for its next SOW, which may cover services in 3 to 6 states.			
Georgia Department of Public Health Update	Matthew Crist and Turquoise Griffith Georgia Department of Public Health	DPH has completed record reviews for the validation study and is currently completing the denominator evaluations. DPH has hired a nurse consultant to lead the collaborative. Her name is Michele Nelson, and she will begin February 3. Recent outbreaks included two cases of invasive GAS at a long-term care facility. A carriage study is underway. A research facility in TN has identified aspergillus infections associated with post-transplants patients; one affected patient is a Georgia resident.			

		<p>The communications division has issued three articles regarding the Georgia HAI program: the Savannah city-wide stewardship effort, the physician stewardship webinar trainings, and the impact of new molecular methods on stewardship. A twitter account has been established for the committee, which has over 60 followers and over 400 tweets.</p>			
Antibiotic Stewardship Subcommittee Update	Renee Watson, Children's Healthcare of Atlanta	<ul style="list-style-type: none"> • We need to add a pharmacist from a community hospital to the Antibiotic Stewardship subcommittee. • Renee noted she has already sent a pre-communication to her C-suite and agreed to share it as a tool. • Members noted the release of the Honor Roll needs to include marketing. • Data from the assessment tool from the Honor Roll was released. Highlights include: <ul style="list-style-type: none"> • Received assessment data from 38 facilities. • About half reported they had a multidisciplinary antimicrobial stewardship subcommittee. • A minority (13%) reported budgeted support for stewardship. • In terms of facility specific guidelines for antimicrobial selection, participants reported high rates for community-acquired pneumonia and surgical prophylaxis. About one-third reported antimicrobial guidelines for UTIs. • Most facilities reported measuring antibiotic use via pharmacy purchasing data. • Most facilities reported using an antibiogram; however, it is unclear if the creation and use of an antibiogram is well understood. The use of an antibiogram was removed from the Honor Roll requirement, given such a high rate was reported its use. 			
Final Comments and Adjournment	Jeanne Negley, Georgia Department of Public Health	The next meeting will be April 24, 2014 at the Georgia Medical Care Foundation			