Georgia HAI Advisory Committee Meeting (GHAIAC)
July 24, 2013
Georgia Medical Care Foundation

Attending HAI Advisory members: Susan Ray, Jacki O'Brien, Janine Scott, Jeanne Negley, Cindy Prosnak, Denise Flook, Rebecca Walker
Present via Teleconference: Denise Leaptrot, Mary Key, Peggy McGee, Jesse Jacob, Nimale Stone, Renee Watson, Robert Jerris
Members excused: Armando Nahum, Robert Thornton, Jay Steinberg, Marcia Delk, Kathryn Arnold
Adhoc members present: Matthew Crist, Lauren Lorentzson
Guests: Marcy Clarke, Jovan Givens

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.			
Roll Call and Approval of Minutes	Lauren Lorentzson	Minutes from the previous meeting were approved without revisions.			
Review of the GHAIAC's Past Year	Jeanne Negley	Committee activities were reviewed for the past year. In August of 2012, an ELC grant application for a CRE collaborative was written, and the first case of NDM-CRE was reported in Georgia. In October of 2012 voluntary CLABSI validation efforts were initiated, and an antibiotic stewardship committee had their first meeting. In 2013, an ASTHO grant was awarded to GDPH to support antibiotic stewardship activities, the GHAIAC worked on developing a sponsored Honor Roll and Training Program. In a recent survey, committee members have offered the following topics for discussion: • Infection prevention/communication across the healthcare continuum • SSIs/GHA Collaborative • Updates on relevant state legislation • Communication to healthcare providers on outbreak investigations • Discussion of CMS validation experiences • More emphasis on public awareness • Consulting facilities on how they would like to see the state use NHSN data			

		• How to help "laggers" (i.e., in terms of performance)			
SWOT Analysis	Committee Members	The GHAIAC participated in a SWOT (Strengths, Weaknesses, Opportunities, Threats) analysis exercise. The following were identified: Strengths • Expertise of members (i.e., knowledge of national and state initiatives on patient safety and HAI prevention) • Broad representation of key stakeholders • Examination of current issues • Commitment to common goals • Partners working together • Ability to build on existing work Weaknesses • Lack of visibility Opportunities • Expertise with national and international background allows the GHAIAC to influence programs and public reporting • Enhancing networking • Alignment of resources Threats • Funding There was a discussion of committee issues. The GHAIAC would like to be visible to healthcare institutions and the public. The public could be provided with education to reduce HAIs and community-associated and community-acquired disease and to show progress toward state and national reduction targets. The GHAIAC is interested in conducting a formal risk assessment once per year. The assessment criteria would include burden, severity (morbidity/mortality), and ability to address risks (i.e., existence of evidence-based practices to address identified HAIs). This risk assessment could be conducted annually. It was noted that infection control conditions of institutions	The first two topics were identified as a top priority; its progress will be reviewed.	Committee Members	October meeting

		outside of acute care will also need to be addressed (i.e., primary care, home healthcare nursing). Areas with the highest risk of infection in the outpatient and non-acute care setting will need to be identified. It was put forward that the GHAIAC consider an Advancing Excellence Program related to MDROs and antibiotic stewardship with GMCF. Outpatient care targets could include injection safety and safe use of endoscopes. Use of Georgia HAI data was discussed. The GHA, QIO, GDPH, and EIP each have different datasets with information related to HAIs, and a strategy to merge or coordinate use of these data to create a more complete picture of the status of HAIs in Georgia needs to be created. In regards to visibility, a website or committee clearinghouse online was discussed. This site would provide a space to aggregate resources, toolkits and recommendations. The GIPN website was suggested as a possibility. Concern was raised regarding the costs of buying space and maintaining the site. Communication grants may be pursued.			
Program Updates	Denise Flook, Georgia Hospital Association	The focus of the GHA HEN is to decrease HAIs by 40%. Fourteen critical access hospitals were added recently. CLABSIs in ICUs have improved, but improvement needs to spread to non-ICU units. SSI improvements have been seen. There are 10 SUSP hospitals focusing on culture in perioperative areas. CAUTI is a big challenge, in Georgia and nationally. A national call on CAUTIs is scheduled for July 29th, with over a thousand hospitals expected to attend.			
	Cindy Prosnak, Georgia Medical Care Foundation	GMCF has formed a new NHSN group that all hospitals in the state can join on a voluntary basis. This will allow GMCF to troubleshoot data entry issues. GMCF and GDPH will be assisting 4 LTCFs attached to acute care hospitals with beginning reporting to NHSN. The IPs at the acute care hospitals will assist IPs at their LTCF. The QIO has made CDI progress, with 3 out of 4 recruited			

		hospitals implementing antimicrobial stewardship activities. All should have their program running by October 2013. The CMS target is 85%. QIO CAUTI work is going well. The aggregate SIR is below the target level. The catheter utilization relative improvement rate is above 15%, above the CMS target rate of 10%. There is some concern that with the drop in device days (denominator data), CAUTI rates will go up, disguising improvement.			
	Janine Scott, Georgia Emerging Infections Program	The EIP conducts surveillance on various common HAI pathogens: MRSA, *C. diff*, MDROs, and Candida species. Definitions of index cases were given, as well as the history and other details on the surveillance of each pathogen. The Phase 4 HAI and Antimicrobial Use Prevalence Survey will be underway soon. This is a point-prevalence survey. There is also a pilot underway for a similar survey of nursing homes.			
	Matthew Crist, Georgia Department of Public Health	GDPG HAI activities include continued communication and assistance continued for facility confirmation of rights to the Georgia User's Group in NHSN. Community-acquired MRSA was removed from the notifiable disease list. CLABSI validation was performed at 3 additional hospitals, for 6 total validated so far and 4 more to go by December. GDPH HAI participated in 3 visits to dialysis centers to assist with a pilot dialysis validation toolkit being developed by CDC. Outbreak investigations: Serratia would infections in cardiac surgery patients; Strep viridans BSIs in a bone marrow transplant unit; first NDM-CRE in Georgia in a patient with no travel history for the last 15 years.			
Committee Proposals		Robert Jerris will present at the September Power Hour regarding Clostridium *difficile* testing methods. Jeanne Negley noted that toolkits were added to Honor Roll, and we were evaluating options to post the Honor Roll on a web site.			