

Georgia HAI Advisory Committee Meeting (GHAIAC)
October 23, 2013
Georgia Medical Care Foundation

Attending HAI Advisory members: Denise Flook, Jesse Jacob, Jeanne Negley, Cindy Prosnak, Jacki O’Brien, Jessica Reno, James Steinberg, Renee Watson

Present via Teleconference: Ryan Deal, Mary Key, Peggy McGee, Lynn Reynolds, Nimale Stone, Rebecca Walker

Members excused: Kate Arnold, Marcia Delk, Robert Jerris, Denise Leaprot, Armando Nahum, Susan Ray, Craig Smith, Robert Thornton

Adhoc members present: Matthew Crist, Turquoise Griffith, Lauren Lorentzson, Melissa Tobin-D’Angelo

Guest: Mike Crooks

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.			
Roll Call and Approval of Minutes	Lauren Lorentzson, Georgia Department of Public Health	Minutes from the previous meeting were approved without revisions.			
GMCF 10 th Scope of Work Update	Cindy Prosnak, Georgia Medical Care Foundation	Data entry is lagging slightly, which may be due to work with influenza vaccinations. CAUTI SIR is below target at this time, but new denominator data may correct the rate. Work is being done to understand why the national coordinating center’s SIR is different than CMS’s for January through August 2013. Four hospitals will work with the GMCF on targeting <i>C. diff</i> , and 24 hospitals are targeting CAUTI.			
GHA Hospital Engagement Network Update	Denise Flook, Georgia Hospital Association	The HEN has been awarded a contract extension to participate in “LEAPED,” which will be called “GAP” in Georgia. Out of 26 HENs that applied, only 6 were awarded contracts. Georgia is one of the largest HENs by number of hospitals. There are 5 target areas. All hospitals have to participate in the sepsis area, and can choose to target <i>C. diff</i> with antibiotic stewardship,			

		<p>pneumothorax procedural harm, worker safety, and/or failure to rescue. Invitations were sent to HEN hospitals in July and August 2013. Seventeen hospitals of varying sizes responded, with 16 now participating (1 slot still available). Each volunteered for the areas they plan to target. Denise Flook is the co-lead for this project. There will be affinity groups for each focus area, and each will have a lead hospital. There will be conference calls for guidance, and the educational calls will be open to all HEN hospitals</p> <p>The new scope of work is CAUTI. The SIR is not moving nationally as catheter utilization ratios are going down. Although the change in denominators is possibly inflating the SIR, overall incidents are not really decreasing. Focus will be on insertion and maintenance competency, and getting catheters removed promptly.</p> <p>The alliance between the QIO, state hospital association, public health, and the GHAIAC is not something that is happening in other states.</p>			
<p>Webinar: Back to the Future – E-surveillance for Infection Prevention</p>	<p>Marc-Oliver Wright, NorthShore University HealthSystem</p>	<p>The GHAIAC hosted a webinar for the infection prevention community. Marc-Oliver Wright of the NorthShore University HealthSystem presented on the use of electronic medical records for e-surveillance and infection prevention, with a focus on EMRs and data warehousing.</p> <p>EMRs can facilitate communication across the healthcare continuum, assist with regulatory compliance and research, and expand surveillance. Cons of EMRs include cutting/pasting of blocks of information, over-dependence on the system (“how can EPIC fix this?”), and difficulty with regulatory compliance and QI. The method of implementation at the NorthShore University HealthSystem was described, as well as the automated reports to the IPs. Listeners were cautioned against alarm and alert fatigue. Early and frequent participation of IPs in the implementation process was emphasized, as well as the importance of good documentation and avoiding “garbage-in garbage-out.”</p>			

Q and A Session	James Steinberg, Emory Healthcare System	<p>A question and answer session followed the webinar.</p> <p>Q: How much infrastructure and time is dedicated to building custom automated reports? A: Have a committee. Sketch out in writing what you want and have the committee score the request based on need, complexity, and cost.</p> <p>Q: Is there a good resource for hospitals to find open source Sequel code? A: Only for CLABSI, at bsi.cchil.org/index.html. A programmer familiar with SQLI can read the code and modify it.</p> <p>Q: Outcome measures were shown, but what about process measures and monitoring? A: An example would be our VAP bundle compliance built into the bundle flow sheet. “What angle is the head of the bed?” and the IP would enter “compliant” or “non-compliant.”</p> <p>Q: Describe data validation efforts. A: Random validation was done on 1,000 historical records. We looked at chest x-rays to assess central line placement. Validation is done to this day. Get early and immediate commitment to proper use by dismissing employees that do not use it correctly. IPs look quarterly at what is in the chart and what is in the data warehouse.</p>			
Georgia Department of Public Health Update	Matthew Crist, Georgia Department of Public Health	<p>GDPH received an Epidemiology Laboratory Capacity (ELC) grant to fund a prevention collaborative between acute and long term care facilities in the metro-Atlanta area to reduce CRE infections. Strategies will include promotion of best IP practices, antibiotic stewardship, and use of the inter-facility transfer form. Facility recruitment is underway.</p> <p>Antibiotic stewardship activities funded by the ASTHO grant are underway. Over 80 pharmacists from across the state attended a training conducted on October 9, 2013. Renee Watson hosted the event, and speakers included Angelina Davis, Jesse Jacob, and Craig Smith. A focus group was conducted afterward to perform measurement. A webinar for</p>			

		<p>physicians is to be scheduled in November or December. Renee Watson and Jesse Jacob are the co-chairs of the antibiotic stewardship subcommittee. A meeting with ASTHO, the HAI subcommittee, and CDC will be held on November 1st to discuss lessons learned and next steps.</p> <p>2012 CLABSI validation work continues. Six hospitals have completed discrepancy reviews, and site visits with remaining 4 facilities are being scheduled.</p>			
Vote on GHAIAC Logo	Lauren Lorentzson, Georgia Department of Public Health	Three options for the GHAIAC logo were presented and ballots collected. Members present via teleconference voted orally or by email.	Lauren Lorentzson	Communicate results to committee	
Emerging Infections Program Update	Jessica Reno, Georgia Emerging Infections Program	The next Emerging Infections Program (EIP) conference will be held March 28, 2014. The <i>C. diff</i> infection study will be starting soon. The Georgia EIP will also be looking at <i>C. diff</i> and candidemia coinfections. The Prevalence Survey will be entering Phase 4 and should take place over the summer, before the next flu season. It will include a survey on antibiotic use.			
<i>Clostridium difficile</i> Laboratory Methods	Peggy McGee, Liberty Regional Medical Center	<p>A discussion was started about <i>C. diff</i> lab detection methods. One member noted that there is a need for the committee to send out a statement regarding requiring <i>C. difficile</i> testing methods, especially for smaller hospitals. IPs at one location indicated they would be enabled to change their lab methods if they had a document they would show their administration for support. Denise Flook found an article with recommendations for testing and purchased it. She is working to find out if she can share it and webinar slides.</p> <p>Members suggested Robert Jerris to be the main author of the statement, and it was suggested that Jacki O'Brien join to represent adult acute care. Jesse Jacob offered to edit the document and James Steinberg and Denise Flook volunteered to provide input into the statement.</p>	<p>Write official GHAIAC statement of recommendations for <i>C. diff</i> laboratory testing methods.</p> <p>Will determine if article purchased re: <i>C. difficile</i> testing methods can be shared.</p>	<p>Robert Jerris, Denise Flook, James Steinberg, Jesse Jacob [and maybe Jacki O'Brien]</p> <p>Denise Flook</p>	
Antibiotic Stewardship Subcommittee Update	Jesse Jacob, Emory Healthcare System; Renee Watson, Children's	<p>There are 3 major antibiotic stewardship activities being worked on.</p> <ul style="list-style-type: none"> • Education session for pharmacists 			

	Healthcare of Atlanta	<ul style="list-style-type: none"> ▪ Held on October 9th, 2013 ▪ Initially open to 40; overflowed to 92 ▪ Feedback was favorable and pharmacists would like more <ul style="list-style-type: none"> • Education session for physicians <ul style="list-style-type: none"> ▪ To be a Q and A webinar ▪ Held at three times in one week • ASTHO meeting with CDC <ul style="list-style-type: none"> ▪ Next Friday, November 1st ▪ Nimalie Stone will be there because she wants to move this work into long term care <p>It was noted that most of the hospitals in Georgia have fewer than 100 beds and few resources. They like the honor roll because CEOs will favor it. It is seen as an opportunity for facilities to show themselves and give themselves credit for their hard work. It allows for practical application, “small bites at a time,” and a workshop style.</p> <p>The assessment tool filled out by the pharmacists at the antibiotic stewardship training may be useful to assess needs.</p>	Create GHAIAC Twitter.com account to participate in Get Smart Week	Jessica Reno, Turquoise Griffith	
Final Comments and Adjournment	Jeanne Negley, Georgia Department of Public Health	The next meeting will be January 22 nd , 2014 at the Georgia Medical Care Foundation			