

Georgia HAI/AR Advisory Committee Meeting (GHAIAC)
January 27th 2016
Alliant Quality

Attending GHAIAC members: Melody Brown, Pam Clayton, Angelina Davis, Pam Falk, Rachel Franklin, Amanda Green, Kim Hazelwood, Bob Jerris, Sheenah Kandiah, Mary Key, Kristina Lam, Lauren Lorentzson, Renee Miller, Ashley Moore, Jeanne Negley, Tonia Parrott Gianna Peralta, Kimberly Rask, Liz Smith, Roben Summers, Robert Thornton, Melissa Tobin-D'Angelo, Amy Tunali, Rebecca Walker, Renee Watson, Jordan Wong Wendy Vance

Agenda Item	Presenter	Discussion	Action Item	Responsible Person(s)	Due Date
Welcome and Call to Order	Jeanne Negley, Georgia Department of Public Health (GDPH)	Called to order at 9:30 a.m.; directions for connecting to webinar.			
Approval of Minutes	Lauren Lorentzson, Georgia Department of Public Health (GDPH)	Minutes approved without revision.			
HAI State Report Review	Elizabeth Smith, Georgia Department of Public Health (GDPH)	Elizabeth Smith presented on the State HAI Report for January 1, 2014 – December 31, 2014. Types and number of facilities reporting to NHSN were included, as well as aggregate data and SIR trends for infections and locations with required reporting from quarter 1 of 2013. The 2013 baseline, HHS goal, and Georgia state data were reviewed. The most common organisms and antibiotic resistance information were also presented. Ms. Smith reminded the GHAIAC that the baselines for determining the SIRs will be changing soon.	Give feedback over the next two weeks	GHAIAC members	02/10/16
CRE in Tennessee and Antibiotic Resistance Survey	Dr. Marion Kainer, Tennessee Department of Public Health (TDPG)	Dr. Kainer presented a webinar to the GHAIAC reviewing carbapenem-resistant enterobacteriaceae (CRE) in Tennessee. Tennessee HAI leadership were inspired by an August 2015 MMWR report on the effectiveness of coordinated antibiotic stewardship. The reporting definition for CRE was simplified to include any carbapenem resistance, including ertapenem. It was discovered that large cities were not significantly affected			

		<p>by CRE. Areas with a smaller population were the most affected. Large hospitals with immunocompromised patients were not driving the CRE rates. There were higher rates at the borders with neighboring states. Tennessee is working with other states to coordinate intervention and prevention of CRE in these areas. 10% of Tennessee hospital admits are from residents of other states. Next steps may include using RedCap as a registry of CRE patients and allow other states to see it, as is done in Illinois.</p> <p>For facilities with higher numbers of CRE, Tennessee performed a “deep dive,” looking closer at the isolates. There were differences throughout the state. One facility was performing outpatient testing for a high number of clinics and nursing homes. Approximately 60% of patients were from nursing homes. Most cultures were urines positive for <i>Enterobacter</i>. In northeast Tennessee there were many isolates with <i>Klebsiella pneumoniae</i> carbapenemase (KPC) genes.</p> <p>A committee member asked if the CRE isolates were from patients that were colonized or with active infections. Dr. Kainer replied that they don’t have the capacity to differentiate that at this time, especially for urine. It is known if the isolate is collected for screening. Approximately 98-99% are clinical cases with positive blood, respiratory, or urine cultures.</p> <p>Jeanne Negley asked if there is an XDR registry report on CRE. Dr. Kainer said that, no, they are for admissions in the last 24 hours. CRE are reported to the surveillance system normally, then Tennessee personnel extract from it to update their registry. Inter-facility transfer forms are encouraged, but many patients are going home and then to a second facility.</p> <p>Dr. Kainer also presented on antibiotic resistance prevention program surveys. The surveys are on the CDC website. There are many geographic differences in hospitals’ 7-part antibiotic stewardship programs. 39.2% of facilities nationally have implemented a program, with 100% being the goal by 2020. Dr. Kainer emphasized the importance of the state hospital association sending out recommendations.</p>			
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<p>Program Updates</p> <p>Outbreak Summary</p>	<p>Gianna Peralta, Georgia Department of Public Health (GDPH)</p>	<p>Gianna Peralta presented on an outbreak investigation on <i>Mycobacteria abscessus</i> in children having undergone dental procedures at the same pediatric dental practice. As of January 1, 2015, 20 patients had been identified, however case finding was still ongoing. The median incubation period is >65 days. 11 patients are culture confirmed. 17 required excision procedures. All water samples from the dental clinic grew <i>M. abscessus</i> in excess of CDC's recommendations. GDPH recommended adherence to manufacturer guidelines when cleaning dental equipment daily, and installation of point-of-use filters, monitoring water quality and ensuring plumbing doesn't promote biofilm formation.</p>			
<p>Dialysis Validation</p>		<p>Validation studies of outpatient dialysis facilities reporting to NHSN has begun. Dialysis events have been reportable to CMS since 2013. The goals include investigating and enhancing the accuracy and completeness of NHSN dialysis data. Site visits</p>			

Emory EpiCenter	Susan Ray, Grady Memorial Hospital	<p>will be conducted at a sample of 10-30 facilities. Summary reports will be provided to the facilities. The ESRD network has stated support for validation, which will be performed between April and June 2016.</p> <p>Dr. Susan Ray presented on behalf of Dr. Jesse Jacobs on the Prevention EpiCenter of Emory and Atlanta Consortium Hospitals (PEACH). PEACH is a network of medical academic centers partnering to answer scientific questions. EpiCenters are a CDC-funded research program started in 1997.</p> <p>Recently projects are being implemented to address issues pivotal to Ebola infection control, such as PPE donning and doffing and hand hygiene compliance. Detailed projects to study these processes have been implemented.</p>			
Quality Improvement Organization (QIO) Update	Melody Brown, Alliant Quality	<p>Melody Brown informed the GHAIAC that Elizabeth Smtih at the GDPH did a webinar on the TAP reports that have been going out. And presented to the Georgia Hospital Association (GHA) because <i>Clostridium difficile</i> data are to be reported from nursing homes. Webinars with GHA are continuing.</p> <p>NHSN annual training is approaching.</p>			
Georgia Hospital Association Hospital Engagement Network (GHA HEN) Update	Roben Summers, Georgia Hospital Association	<p>Roben Summers reported to the GHAIAC that the GHA IC has allied with HRET, engaging hospitals with ICUs that need help as determined by the TAP reports. The deadline is February 1st. They are working with 10 hospitals.</p>			
Georgia Emerging Infections Program (EIP)	Amy Tunali, Emerging Infections Program	<p>Amy Tunali gave a summary of recent Emerging Infections Program (EIP) activities. For years the EIP program performed surveillance on invasive MRSA cultures. Now, they are going to start surveillance for invasive MSSA in the metro statistical area. Based on a pilot done in 2015 by other EIP sites, MSSA epidemiology and risk factors may be quite different from that of MRSA.</p> <p>In 2016 all EIP sites will begin collecting treatment data for</p>			

		<p>candidemia cases in order to determine if treatments are appropriate and completed as prescribed.</p> <p>EIP is continuing a case control study began in 2014 to quantify the association between sources of exposure and development of disease with community-onset <i>C. difficile</i>. The study includes both adults and children. The child portion is expected to be complete by March 2016.</p> <p>There has been a change to the MuGSI definition that simplifies surveillance. For 2016, an incident case is defined as the first isolation of carbapenem-resistant <i>Acinetobacter baumannii</i> or Enterobacteriaceae from urine or a sterile site in a patient in the metro Atlanta area. The new definition drops the cephalosporin parameter and now includes ertapenem. In the second half of 2016, EIP will begin surveillance for carbapenem-resistant <i>Pseudomonas aeruginosa</i>.</p>			
Adjournment	Jeanne Negley, Georgia Department of Public Health (GDPH)	The next meeting of the GHAIAC will be at the Georgia Medical Care Foundation on April 27 th , 2016. Meeting adjourned.			