

**Georgia HAI Advisory Committee Meeting (GHAIAC)  
Alliant Quality, 1455 Lincoln Parkway E, Atlanta, GA 30346  
July 22, 2015, 9:30 am to 12 noon**

**Attending HAI Advisory members: Craig Smith, Lynn Reynolds, Peggy McGee, Jan Ratterree, Pam Falk, Armando Nahum, Melissa Tobin-D'Angelo, James Steinberg, Melody Brown, Pam Clayton, Jeanne Negley, Liz Smith, Linda Kluge, Jesse Jacob, Nancy Fendler, Sheena Kandiah, Amy Tunali, Lauren Lorentzson**

**Attending HAI Advisory members by phone: Rachel Franklin, Michelle Nelson, Renee Miller, Tonia Parrott, Danny McBride, Mary Key**

Agenda Item	Presenter	Discussion	Action Item	Responsible Person(s)	Due Date
Welcome and Introductions	Jeanne Negley, Georgia Department of Public Health				
Approval of Minutes	Lauren Lorentzson, Georgia Department of Public Health	Jan Ratterree made a motion to approve the April 22 <sup>nd</sup> GHAIAC meeting minutes; James Steinberg seconded. None opposed.			
Healthcare Coalitions and Healthcare-Associated Infections	Kelly Nadeau, Health Protection, Georgia Department of Public Health	<p>Kelly Nadeau presented on the Hospital Preparedness Program founded in 2003 to ensure each state has a plan in place for emergency healthcare preparedness. States need to be able to:</p> <ul style="list-style-type: none"> <li>• Coordinate a response</li> <li>• Share information</li> <li>• Handle a surge of patients</li> <li>• Care for emergency responders</li> </ul> <p>There are regional healthcare coalitions, and each public health district has a healthcare liaison that can connect the State to the appropriate healthcare coalition.</p> <p>Georgia is a large state with 158 counties, creating the potential for difficulties with organization. There are 14 regional coordinating hospitals in Georgia, and the goal is to meet all capabilities by June 30, 2017. Kelly advised visiting</p>			

		<p>GHA911.org for maps and information on healthcare coordination. There is also a quarterly meeting of emergency preparedness called the “mutual aid taskforce.”</p> <p>The Hospital Preparedness Program is developing an Infectious Disease Network to address high risk infectious diseases in the state and will work with the State HAI program as it further develops its network.</p>			
Discussion of Revision of State HAI Plan, and Identification/ Confirmation of Member Teams for State HAI Plan Input	Committee Members	<p>GHAIAAC members went over the subsections of the Georgia State HAI Plan. Jeanne Negley discussed necessary revisions, such as the need to address the continuum of care and update the Plan with current data from the CDC. Craig Smith suggested considering response to biological emergencies. Melissa Tobin-D’Angelo recommended including updates on activities and accomplishments.</p> <p>It is important that the Plan covers surveillance and response, use of NHSN, broadens communications, and is up to national standards. The role of public health should be defined in the section on HAI infrastructure. Validation and reporting may be addressed. Armando Nahum said to include the patients’ perspective.</p>	Several teams of HAI Committee members were identified to participate in calls to provide input on the HAI plan.	Committee Members	
Program Updates	<p>Nancy Fendler, Alliant Quality</p> <p>Jan Ratteree, Georgia Hospital Association and Hospital Engagement Network</p> <p>Lauren Lorentzson, Georgia Department of Public Health</p>	<p>Jeanne Negley and Liz Smith are reviewing TAP reports to be sent to facilities. The Georgia Hospital Association will help with education, and Alliant Quality will be assisting with technical support.</p> <p>The hospital association reported applying for additional HEN funding to support CUSP CAUTI work.</p> <p>In May the Georgia Department of Public Health (DPH) was alerted to 2 cases of invasive group A <i>Streptococcus</i> (GAS) in residents of a skilled nursing facility, both resulting in mortality. Epidemiologists at DPH investigated the facility, reviewed infection control policies and practices, obtained lab records for additional case finding, and performed oropharyngeal and wound swabbing on the residents and staff. Swabs were cultured by the Georgia Public Health Laboratory and positive cultures forwarded to CDC for</p>			

	<p>Amy Tunali, Georgia Emerging Infections Program</p> <p>Liz Smith, Georgia Department of Public Health</p>	<p>typing. Two additional invasive GAS cases were found, as well as 6 staff and 3 residents that were colonized. CDC analysis found that the cases were type <i>emm</i> 1.49. The epidemiologic investigation was ongoing.</p> <p>Overall incidence of invasive MRSA cases in the Georgia EIP MSA catchment area has declined from 26.6 cases per 100,000 in 2013 to 23 cases in 2014. The decline is primarily driven by fewer hospital onset cases. CDC and several EIP sites conducted a pilot study to assess the feasibility of adding MSSA to EIP surveillance. More discussion is needed before a decision is made. Candidemia cases per 100,000 have been steadily declining over the past 4 years. A <i>C. difficile</i> case control study was begun in August to quantify the association between exposure sources and disease development, and to identify non-antibiotic exposures that might affect the intestinal microbiome. In 2016, the case definition for CRE will change and may increase case counts by up to 4 times. The change will align the MuGSI definition with the current NHSN definition. In June 2015, the MuGSI team began a sentinel surveillance pilot on carbapenem-resistant <i>Pseudomonas aeruginosa</i>. Phase 4 of the HAI prevalence survey began in May 2015 with 22 participating acute care hospitals.</p> <p>The HAIs program at DPH will begin sending TAP reports to hospitals with state summary data to inform IPs how their facility's performance compared to aggregate state data and HHS goals. The number of infections that have to be prevented to reach the goals is also presented. These will be sent to acute care and critical access hospitals. Jan Ratterree said this will be a phenomenal resource since the numbers are very actionable. Susan Ray and Jesse Jacob suggested deleting the confidence interval information to avoid confusion over the meaning of the numbers.</p>			
Conclusion	Jeanne Negley	The next GHAIAC meeting will be October 28 <sup>th</sup> , 2015. This meeting of the GHAIAC concluded at 12 p.m.			