

**Georgia HAI Advisory Committee Meeting (GHAIAC)  
October 28, 2015  
Alliant Quality**

**Attending GHAIAC members:** Renee Watson, Cherie Drenzek, Lauren Lorentzson, Kimberly Rask, Roben Summers, Renee Miller, Mary Key, Lynn Reynolds, Peggy McGee, Gianna Peralta, Melissa Tobin D'Angelo, Melody Brown, Susan Morabit, Craig Smith, Sheena Kandiah, Amy Tunali

**Adhoc members:**

**Guests:** Matthew Penn, Lorez Meinhold, Brad Sperber

| Agenda Item                       | Presenter   | Discussion  | Action Item  | Responsible Person(s) | Due Date |
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| Welcome and Call to Order         | Jeanne Negley,<br>Georgia<br>Department of<br>Public Health<br>(GDPH)   | Called to order at 9:35 a.m.  |  |                       |          |
| Approval of Minutes               | Jeanne Negley,<br>Georgia<br>Department of<br>Public Health<br>(GDPH)   | Peggy McGee made the motion to approve and Sheena Kandiah seconded. Minutes approved without revision.  |  |                       |          |
| Review of State HAI Plan          | Jeanne Negley,<br>Georgia<br>Department of<br>Public Health<br>(GDPH)   | The draft updated Georgia HAI Plan was briefly reviewed, and group members were encouraged to submit updates and suggestions to their sections to Jeanne Negley within two weeks.   | Submit updates and suggestions on the draft Georgia HAI Plan | GHAIAC members        | 11/16/15 |
| Electronic Health Records Toolkit | Matthew Penn,<br>Centers for<br>Disease Control<br>and Prevention;<br>Lorez Meinhold,<br>Brad Sperber,<br>Keystone Policy<br>Center | The presenters discussed a collaboration between CDC, ASTHO, and The Keystone Policy Center to create a toolkit to support health agency capacity to access electronic healthcare records (EHRs) for HAI outbreak investigations. The impetus for the toolkit was identified during the wake of the national Fungal Meningitis Outbreak. It was determined that the health department could be more responsive during the outbreak (i.e., identifying diseases and conducting epidemiological studies) if the health department had in place structures to access EHRs. |  |                       |          |

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|  |  | <p>The Keystone Policy Center conducted a retrospective evaluation with 12 states, consisting of structured interviews with key health department personnel to determine real and perceived barriers to HER access, best practices, and state policies. The draft toolkit was reviewed, and APIC and SHEA were involved in the project steering committee. Key findings and toolkit sections include:</p> <ul style="list-style-type: none"> <li>• Building and sustaining relationships with facilities before, during, and after outbreak response</li> <li>• Manage patient privacy, authority, and security concerns</li> <li>• Requesting access to and using EHRs</li> </ul> <p>The toolkit website will be launched by the end of 2015.</p> <p>Committee discussion included:</p> <ul style="list-style-type: none"> <li>• The need for EHRs to be standardized, and that common software used by hospitals is meant to support billing and are not useful for surveillance. This toolkit is similar to what is done for disaster management and emergency preparedness.</li> <li>• The role of software vendors is to serve healthcare facilities, not public health. Healthcare workers and public health together can increase visibility of the value of public health for providers as motivation. Facilities need to be aware that with multi-facility outbreaks or natural disasters, public health helps them with patients going home earlier.</li> <li>• Georgia EIP during its recent Phase 4 prevalence study found that each facility had a different medical record structure. Some were not straightforward and presented logistical challenges. There was not a consistent way of gaining access to the records.</li> <li>• It was asked if our current statues supporting outbreak investigations supports access to EHRs. In response, it was noted that some states' statues do. There are many different ways of dealing with EHRs by state and different uses of EHRs.</li> </ul> |  |  |  |
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| <p>Program Updates</p> | <p>Elizabeth Smith, Georgia Department of Public Health</p> <p>Sheena Kandiah Emory</p> <p>Melody Brown, Alliant Quality GMCF</p> <p>Roben Summers, Georgia Hospital Association</p> <p>Amy Tunali, Susan Morabitt, Georgia Emerging Infections Program</p> | <p>Liz Smith discussed the Georgia Targeted Assessment for Prevention (TAP) reports that are being sent to hospital IPs and CEOs. The report includes tables that serve as a tool for IPs to have a better understanding of how their facility’s data compare to state performance and national benchmarks. The first TAP reports were sent out October 21<sup>st</sup>, 2015 to the NHSN administrator of each acute care facility. The first page of the report summarizes 2014 data. The remaining pages explain the report components. DPH HAI program goals are to deliver these reports regularly in the future, and to implement data quality checks.</p> <p>Dr. Kandiah provided a brief update on a 3-year EpiCenter grant recently obtained by Emory University. The projects will include an evaluation of electronic monitoring of hand hygiene project and the determinants of self-contamination in donning and doffing PPE.</p> <p>Melody Brown remarked on attending and exhibiting at GIPN this year. Alliant Quality also attended the CMS Sepsis Coalition meeting and Town Hall with approximately 10 QIOs from the Southeast. Alliant is also involved in monthly webinars on CAUTI, CLABSI, CDI, and other HAI topics in partnership with the GHA and NCQC. Recently, all states were notified they will have additional funding from CMS to work with LTCFs on entering CDI data into NHSN. They may need GHAIAC support.</p> <p>Roben Summers is the new IP specialist at GHA; Jan Ratteree has taken a position at the CDC. Roben provided an update on GHA’s collaborative work with the national HEN to address HAIs in Georgia.</p> <p>Updates from the Georgia EIP include:</p> <ul style="list-style-type: none"> <li>• iMRSA incidence has declined from 26.6 to 23 cases per 100,000 between 2010 and 2014. [<i>preliminary data</i>]</li> <li>• Candidemia incidence for HD3 declined from 14.1 cases to 8.5 cases per 1000,000 between 2008 and 2014. [<i>preliminary data</i>]</li> <li>• CDI case control study: adult cases needed for this project to identify exposures that disturb the intestinal microbiome and increase risk for CDI have been enrolled. Child enrollment in the study is ongoing.</li> </ul> |  |  |  |
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|   |  | <ul style="list-style-type: none"> <li>• MuGSI: A surveillance pilot for Carbapenem-resistant <i>Pseudomonas aeruginosa</i> that began in June 2015 is finishing up. Sentinel surveillance has been performed at two labs in HD3. Isolates are undergoing characterization at CDC and case report forms were filled out for each case. There has been an average of 14 incident cases per month.</li> <li>• Starting in 2016 the EIP program will collect for information about prior healthcare exposures in cases to accurately track patients throughout the healthcare spectrum. All facilities will be assigned a de-identified ID that will be consistent among EIP HAI projects.</li> <li>• HAI antibiotic use survey: Phase 4 of the HAU prevalence survey began in May 2015. Twenty-two acute care hospitals in the metro area participated. Chart abstractions are ongoing. This project will build upon the findings of the 2011 survey.</li> </ul> |  |  |  |
| Final Comments, Next Steps, and Adjournment | Jeanne Negley, Georgia Department of Public Health | <p>Jeanne Negley reminded the GHAIAC to send feedback on the new Georgia HAI Plan draft.</p> <p>The next meeting will be at Alliant Quality on January 27, 2016. Marion Kainer is to present on CRE surveillance at the next meeting.</p>  |  |  |  |
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