# Council for Outbreak Response: Healthcare-Associated Infections and Antimicrobial-Resistant Pathogens


## June 26-27, 2019 Meeting Report

# Strategic Map Update Session Summary

Prepared by Laurie Schulte of The Clarion Group

## Introduction

Marion Kainer, Co-Chair of the Council for Outbreak Response: Healthcare-Associated Infections and Antimicrobial-Resistant Pathogens (CORHA), welcomed participants to the strategic planning session and thanked them for their participation. Marion invited Laurie Schulte of The Clarion Group to facilitate the session.

Laurie outlined the agenda for the session:

- Review progress with implementing CORHA's 2016-2019 Strategic Map.
- Update CORHA's Strategic Map for the next three years.
- Begin to get organized for the first year of implementation of the updated Strategic Map.

## Review of Strategic Effectiveness

Laurie provided an overview of strategic effectiveness – an organization's ability to set the right goals and consistently achieve them.


Organizations with high strategic effectiveness:

- Quickly formulate a "good enough" strategic plan.
- Move immediately to implementation – letting implementation teach them the ways that the strategy is on target and the ways it needs to be improved.
- Review progress on implementation regularly with honesty and candor.
- Make needed adjustments based on what is working, what isn't, and how the world has changed.
- Focus on results, not activities.

## Review of CORHA's 2016-2019 Strategic Map

Using a one-page graphic representing a Strategic Map, Laurie reviewed the concepts of the Strategic Map: central challenge, strategic priorities and strategic objectives.

- The oval at the top of the Strategic Map is the central challenge.
    - It is the focal point for the strategy.
    - It focuses on what the organization needs to do in the next three years to advance its mission and vision.
- The central challenge is supported by some number of strategic priorities. Strategic priorities are the few critical things an organization must do in order to meet its central challenge. The number of strategic priorities can vary, but it is never fewer than three or more than six.
- There are two tests of a strategic priority:
    - Is each priority necessary to meet the central challenge?
    - Are the strategic priorities taken together sufficient to meet the challenge?
- In Strategic Map logic, a cross-cutting strategic priority:
    - Is placed at the bottom of the Strategic Map to show that it is foundational to the strategy.
    - Spans the map from left to right to demonstrate that efforts to achieve the cross-cutting priority will be embedded in the efforts to implement all other strategic priorities on the map.
    - No plan to implement the other strategic priorities will be considered adequate unless it includes emphasis on the cross-cutting priority [priorities].
- The boxes under each strategic priority are strategic objectives. Objectives spell out more specifically "what to do" in order to achieve the strategic priority.

Laurie then briefly reviewed CORHA's 2016-2019 Strategic Map. The map, reflected on the following page, will serve as context for the strategy update session.

# CORHA
## Strategic Map: 2016-2019

**Build Capacity for Public Health and Healthcare to Improve Outbreak Detection, Response, and Prevention**

| | A | B | C | D |
|---|---|---|---|---|
| | **Support Standardized Approaches to Detection and Reporting** | **Support Consistent and Coordinated Approaches to Investigation and Control** | **Foster Implementation and Uptake Among External Stakeholders** | **Create a Sustainable Council Model** |
| 1 | Standardize Outbreak and Adverse Event Definitions and Thresholds for Reporting | Define Appropriate Levels of Response | Enhance Collaboration Between Public Health & Healthcare | Formally Define the Scope of the Council's Work |
| 2 | Improve Reporting of Outbreaks and Exposure Events to Public Health | Improve Response to Outbreaks | Use Investigation & Control to Inform Improvements in Prevention | Ensure Effective Council Governance |
| 3 | Improve the Use of Existing Surveillance Systems to Detect Outbreaks | Improve Data Management for Outbreak Investigation and Tracking | Foster Improvement in Workforce Competencies | Recruit Partners as Council Members and Workgroup Members |
| 4 | Define Public Health, Clinical, and Commercial Laboratory Best Practices to Support Outbreak Detection and Response | | Disseminate Tools and Guidance | Identify and Develop Impactful Product Offerings |
| 5 | Explore Legal Authority to Support Best Practices | | Identify Key Stakeholders and Foster Effective Communication | Develop a Business Plan Including Financial Projections |
| 6 | Develop Tools and Guidance | | Articulate the Value of Public Health's Role | Brand and Promote the Council |

## Review of Progress with Implementation of the Strategic Map

Participants met in small groups to review progress with implementing CORHA's Strategic Map. They answered the following questions:

- What do you see as CORHA's accomplishments with implementing its Strategic Map?
- What implementation issues, problems, and/or gaps did we experience?
- What did we learn from implementing the strategy?
- What are the critical issues facing CORHA over the next three years?

A summary of the small group reports follows.

### Accomplishments with Implementing the Strategic Map

**Group 1**

- Started in 2015 from scratch.
- Workgroups are very focused and reflect the Strategic Map well.
- Communications Task Force.
- Branding and promoting the Council has happened; people "know" CORHA.
- Workgroups are good at producing products: tools, resources, guidance.
- The right people are on the workgroups, which makes a difference to success.
- Added APHL as a member.
- The Governance Committee does a good job driving the plan.
- Good collaboration with private healthcare groups/CMS/patient advocacy.
- The website is up, useful, and growing.
- The newsletter is a continual form of outreach.
- Policies and procedures of the Council, including voting, are helpful.
- CORHA is responsive to things in the news/globally:
    - E.g., notification guidelines.
    - It keeps us relevant.
- CORHA has been featured at several conferences including CSTE, SHEA, APIC – and the FDA noticed.
- Having key organizational staff present is critical and valuable.

**Group 2**

- Discreet products:
    - CRE.

- Scabies.
- Tracking document.
- Etc.

- We've grown/developed the Council (e.g., adding APHL).
- Branding and promoting the Council (SHEA, CSTE, etc).
- Improved outbreak detection and reporting; aware of more outbreaks.
- Use surveillance data (NHSN/ELR).
- Formed functioning workgroups to address the strategic plan.
- Developed communication tools:
  - Points of contact.
  - Calendar.
- Formally defined CORHA's scope of work and standard operating procedures.

**GROUP 3**

- Workgroups A and B have followed their priorities.
- The Strategic Map has been a useful reference for guiding activities.
- Work products:
  - Disease-specific guidance.
  - Clearinghouse.
  - Tracking system.
  - Medical product investigations.
  - The work products have increased CORHA's visibility.
- The Strategic Map has helped manage growth of the workgroups and partners/new members.
- The map keeps us focused on CORHA's mission, vs. other groups.
- We've shared the Strategic Map with partners.
  - Received additional input.
  - Policy workgroup launch.

## Issues/Problems/Gaps with Implementing the Strategic Map

**GROUP 1**

- Workgroups cover overlapping areas.
- Reviews/approvals/organizational processes can be challenging:

- E.g., newsletters, documents.
- Voting/vetting through the Council.
  - How do you address a concern expressed in the process?
  - Determining "show stoppers" – accuracy/science vs. preference.

- Workgroup leads need to be comfortable using the review/approval process.
  - This can be challenging.
  - Don't let perfection be the enemy of the good.
- Workgroup composition can be challenging.
  - All volunteer.
  - Not your day job.
  - A possible solution:
    - How we staff/lead the workgroups.
    - Contract with an external party to help push things through.
    - More consultants involved has helped.
    - Workgroup leads play the role of subject matter experts.
- A group full of passionate, driven people used to producing detailed materials.
  - CORHA is slightly different.
  - "Setting a lane" – guidance must be generalizable (e.g., not HICPAC, APIC, etc.)
  - Make sure all members in CORHA understand this role/difference.
- Representative – represent the broad group you represent, not your agency or facility (ASTHO, CSTE, APHL, NACCHO).
- If 9 of 10 agree, the product should move forward.
- A CORHA product is a CORHA product:
  - Not necessarily endorsed by member organizations.
  - Not every product has to go to the Board of Directors of member organizations.
  - Member organizations decide how high to take CORHA products.
  - Need to have a common understanding of this.
  - An exception is notification of outbreaks/identifying situations, which will go to high-level member organization leadership due to public scrutiny.
- Role of voting members:
  - Trusted representative.
  - Need to communicate back to their organizations.

- Make sure organizational staff and voting members connect.

- No staff from APIC supporting CORHA.
- We could improve/increase partner awareness of our work.
  - Need to reach those people who may not be able to attend meetings/conferences.
  - We are at the point with our website and newsletter that we can now promote CORHA.
  - With more materials and products coming out in 2019-2020, it's a perfect time to promote the CORHA brand:
    - Use existing communication channels.
    - Develop "cut and paste" social media messaging to share with partners.
  - Suggest having the Communication Task Force become a workgroup and have quarterly calls with PR reps from member organizations.
  - Have the lead from the Communication Task Force be the subject matter expert spokesperson in marketing new products, working with communications people closest to the work who know it best.

**GROUP 2**

- Large central challenge.
- Variations in settings/capacity; need to scale support.
- Integrating guidelines in clinical care settings and public health (audience ambiguity).
- High staff turnover at facilities and the need for workforce development.
- Stretched resources.

**GROUP 3**

- Need to better represent Policy workgroup activities, beyond Strategic Objective A/B-5.
- Infrastructure growth has been slow.
  - Workgroup products to publication/approval.
  - This issue isn't represented in the strategic map.
  - Need to define "operational processes".
- Need to build an evaluation.
  - Product offerings.
  - Uptake.
  - Implementation.
  - Branding of CORHA.

## Lessons Learned from Implementation

### GROUP 1

- The Strategic Map did a good job in serving as a reference.
- Hard work and everyone doing their best.
- Flexibility is key: expand, contract, adapt.
- Continue to be nimble and adaptive.
- Suggestion to combine workgroups A and B given how much overlap exists; then could have pathogen-specific sub-workgroups.
- The Policy workgroup has the most diverse group of members.
    - It has been successful in ensuring diverse perspectives are heard.
    - It's a challenge to identify balance.
- In-person workgroups meetings are amazingly productive.
    - In-person or virtual/video conferencing Workgroup meetings would be valuable.
    - Hold more in-person workgroup meetings tagged onto other meetings? Dial in?
    - May work if people are limited in their travel.
- Build depth in workgroup leads; identify the next layer of people who could help lead the groups.
- Need to formally acknowledge the important role workgroup members play; need the entire workgroup to take ownership and be engaged.

### GROUP 2

- Taking advantage of existing opportunities – being timely and relevant.
- Increasing awareness of response activities overall has helped with CORHA's work.
- Leadership support is a critical element.

### GROUP 3

- Need to work on branding and positioning CORHA in the public health and healthcare HAI/AR outbreak space.
- Be conscious of timing for promoting CORHA and its products.
- Ensure coordination between CSTE position statement development (case definitions) and CORHA products.
    - To others developing standards.
    - Be sensitive to member associations' statements/priorities, etc.

**Critical Issues Facing CORHA over the Next Three Years**

**GROUP 1**

- The current central challenge is still good.
- The healthcare–public health relationship impacts how outbreaks are reported and responded to.
- Need to ensure CORHA name recognition and brand launch.
- As CORHA moves into adolescence/maturity, we need to ensure a sustainable Council model.
- CORHA staff/governance needs to ensure/strengthen its structure.
- Funding:
    - Initially CDC funded; how do we supplement?
    - Consultant to do workgroup leadership?
    - Need to show value and successes to show CORHA's worth to funders.
    - Look for opportunities for other federal agencies to contribute to funding CORHA.
- Translating what CORHA has done to practice:
    - ROI.
    - Uptake of products.
    - Evaluation plan.
- Ensuring CORHA is not duplicating the efforts of others.
    - We will need to coordinate with others as public health/healthcare intersection grows.
    - Look for gaps, not just overlap.
    - Learn from CIFOR example.
    - Formalizing a way of keeping track of these other groups.
        - Monitoring the landscape/environment.
        - Situational awareness.
    - Can also use this to be able to work on issues collectively.
- High level guidance – process for developing and reviewing products.
- Establish a good game plan to follow.
- The High-level guidance will be CORHA's biggest endeavor and will require a lot from everyone on the Council.

**GROUP 2**

- Consider establishing a formal evaluation process.
- Need to increase/improve dissemination of tools; defining items with roles is helpful.

- Consider whether additional partners and/or targeted marketing is needed:
    - Veterans Administration.
    - Indian Health Service.
    - American Hospital Association.
    - Risk management.
- Coping with resource limitations.
    - Council level.
    - Partner levels:
        - State health departments.
        - Local health departments.
        - Health care facilities, e.g., long-term care.

**GROUP 3**

- Need to be thoughtful about engaging with media; could consider the Association of Healthcare Journalists.
- Use Twitter to amplify CORHA's work.
    - Need a dedicated representative to help engage with stakeholders.
    - Need to establish CORHA's social media accounts in strategy.
- Need to coordinate member engagement to monitor and respond to media/news opportunities – crowdsourcing information and pathways for CORHA response.
- Decennial conference (2020 – CDC/APIC).
    - CORHA products/policy presentations.
    - Abstracts due October 2019.
    - Organize for course submissions.
    - Marketing; consider a booth/exhibit.
- Leverage existing meetings to advance product development.
- Evaluation and monitoring implementation.
    - Working with ELC to create metrics for evaluation, to ask state health departments to indicate how/if they have used core products/tools (tracking uptake).
    - Awareness of products/tools.
    - Was it helpful?
    - Faster detection of more outbreaks/clusters detected.
    - Shorter time interval to detection and response.
    - Smaller number of patients affected.

- Flexibility to address challenges/issues we haven't anticipated.
    - Positioning CORHA to respond/react to emergencies.
    - Define the role of CORHA.
- Business plan.
    - Prospectus.
    - Pursue additional funders.
- Create a succession plan for workgroup leads and CORHA members.
- Consider maintaining a list of interested individuals we could call upon for future engagement with CORHA.
    - Develop guidance for sponsoring organizations to consider for representatives and workgroup members:
        - Talking points from members.
        - Sign up for CORHA Insider newsletter.
    - Workgroup membership could be a path to CORHA membership.

Discussion included the following points:

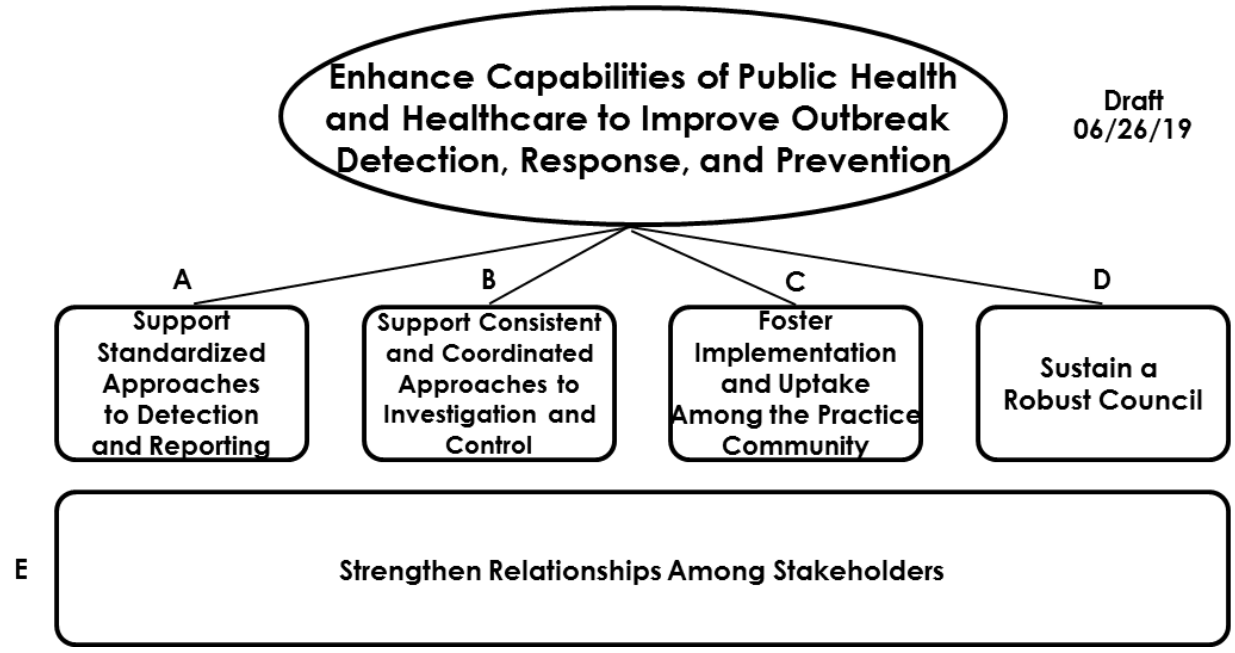
- The group recognized the difficulty of integrating healthcare guidance and public health guidance.
    - This is both a strength and a lesson learned/limitation.
    - We need to be cognizant of this challenge going forward.
- Particularly given infrastructure limitations, CORHA needs to recognize what it must do, vs. what it wants to do. It must:
    - Develop institutional knowledge and bench strength.
    - Reduce duplication by:
        - Recognizing those things that need to be done, but not necessarily by CORHA.
        - Being clear on ownership vs. collaboration.
- The group discussed the extent to which CORHA is hampered by operational inefficiencies.
    - Workgroups A and B have experienced some challenges due to the overlap in their work.
    - To improve efficiency, the Governance Committee, workgroup leads, and workgroup members need to be aligned as to their roles and charges.
- The group discussed the "good enough" principle as it pertains to CORHA's work.
    - Scientific accuracy is essential.
    - Flexibility is appropriate everywhere else.

- The Council needs to identify what its role is in the next instance of a catastrophic event/outbreak.
    - This should be an imperative in the next strategic plan.
    - CORHA needs a strategy for rapid response to crises, particularly as pertains to media efforts and public notification.
- Engaging healthcare in this work is essential. How should CORHA best do so?
    - Should healthcare be represented on CORHA? What staff support would be required?
    - Can CORHA survive as a volunteer organization?
- To supplement its infrastructure, CORHA is considering:
    - Additional reliance on external consultants.
    - Leveraging areas of expertise housed in member organizations and other external groups – for example, in communications and public relations/branding.

## Strategic Map Update

### Central Challenge and Strategic Priorities

Participants reviewed CORHA's current Strategic Map and considered what changes, if any, needed to be made to the central challenge and strategic priorities. After discussion and revision, the group agreed to the following version as "good enough" to begin work to update the bottom portion of the Strategic Map.




## Strategic Mapping

Using the prior Strategic Map and the previous discussion as input, participants worked in small groups to identify strategic objectives that support each strategic priority. A summary of the small group reports follows.

**STRATEGIC PRIORITY A: SUPPORT STANDARDIZED APPROACHES TO DETECTION AND REPORTING (MARION K., WENDY B., MAUREEN T., JIM B.)**

- Strategic Objective A-1: Keep it as is, except change "adverse" to "exposure."
- Strategic Objective A-2: Keep as is.
- Strategic Objective A-3: Keep as is.
- Strategic Objective A-4: Keep as is, ensuring it aligns with the Lab workgroup's charge.
- Strategic Objective A-5: "Develop best practice guidance and standards for public health policy and legal authority."
- Strategic Objective A-6: Keep as is.

**STRATEGIC PRIORITY B: SUPPORT CONSISTENT AND COORDINATED APPROACHES TO INVESTIGATION AND CONTROL (ERIC B., DAWN T., MICHELLE C.)**

- Strategic Objective A/B-4: Include in the A column only.
- Add communication notifications and disclosures.
- Extend Strategic Objective A/B-6 to Strategic Priority C and include dissemination.

- Add a cross-cutting strategic priority about evaluation.

**STRATEGIC PRIORITY C: FOSTER IMPLEMENTATION AND UPTAKE AMONG THE PRACTICE COMMUNITY (BONNIE H., VALERIE D., CECILIA J., CAITLYN P., MONICA S.)**

- Strategic Objective C-1: Keep as is.
- Strategic Objective C-2 concerns:
    - What is CORHA's role in this item?
    - How does it relate to Strategic Priorities A and B?
    - What's missing if we were to remove the objective?
- Strategic Objective C-3: Keep as is, except change "competencies" to "capabilities."
- Strategic Objective C-4: Keep as is.
- Strategic Objective C-5: Add "communication" to the new Cross-cutting Strategic Priority E, and then delete this objective.
- Strategic Objective C-6: Delete.
- Include evaluation as a part of Strategic Priority C or D.

**STRATEGIC PRIORITY D: SUSTAIN A ROBUST COUNCIL (WENDY V., KRIS E., DHARA S., CATHY R.)**

- Strategic Objective D-1: Delete, as it has been completed.
- Strategic Objective D-2: "Ensure effective Council vision, governance, and leadership."
- Strategic Objective D-3: Change to read, "recruit, retain, and engage" or "manage and engage."
- Strategic Objective D-4: Change to read, "Ensure resources for product offerings."
- Strategic Objective D-5: Delete it and replace with, "Increase and diversify Council funding."
- Strategic Objective D-6: Delete or move to Strategic Priority C.
- Add, "Ensure adequate processes, operations, and workgroup infrastructure."
    - Guidelines.
    - Bylaws.
    - Policies/procedures.
    - Workgroup management.
    - Consider role definition.
- Add a strategic objective regarding succession planning and Council sustainability.

## CORHA's Updated Strategic Map

Based on the above input and extensive discussion that followed, the group developed the updated Strategic Map on the following page to guide CORHA during the next three years.

# CORHA
# Strategic Map: 2020-2022

**Enhance Capabilities of Public Health and Healthcare to Improve Outbreak Detection, Response, and Prevention**

**Draft 06/27/19**

| | A | B | C | D |
|---|---|---|---|---|
| | **Support Standardized Approaches to Detection and Reporting** | **Support Consistent and Coordinated Approaches to Investigation and Control** | **Foster a Posture of Responsiveness Among the Practice Community** | **Strengthen CORHA's Effectiveness and Sustainability** |
| 1 | Standardize Outbreak & Exposure Event Definitions & Thresholds for Reporting | Describe Appropriate Levels of Response for Improved Outcomes | Promote Collaboration Between Public Health & Healthcare | Ensure Effective Council Vision and Leadership |
| 2 | Improve the Use of Surveillance Systems to Detect Outbreaks | Improve Data Management for Outbreak Investigation and Tracking | Promote and Disseminate Tools and Guidance | Recruit and Engage Council and Workgroup Members |
| 3 | Improve Reporting of Outbreaks and Exposure Events to Public Health | Foster Consistent Notifications and Disclosures | Foster Implementation and Uptake of CORHA Products | Ensure Operational Infrastructure and Process Efficiency |
| 4 | Develop Best Practice Guidance and Identify Standards for Public Health Policy and Legal Authority | | Increase CORHA Brand Recognition | Collaborate with Member Organizations to Share and Leverage Resources |
| 5 | Define Public Health, Clinical, and Commercial Laboratory Best Practices to Support Outbreak Detection and Response | | Facilitate and Guide the Sharing of Lessons Learned and Prevention Needs | Increase and Diversify Council Funding |
| 6 | Develop a Comprehensive Repository of Tools and Guidance | | Define and Operationalize CORHA's Role in Emerging Threats | Implement Succession Planning |
| E | **Strengthen Relationships and Communication Among Stakeholders** | | | |
| F | **Develop and Implement a Formal Evaluation Plan** | | | |

Discussion of the Strategic Map included the following points.

- In the central challenge, the group replaced, "Build capacity for" with "Enhance capabilities of" public health and healthcare to improve outbreak detection, response, and prevention.
    - CORHA is not "building capacity" in the typical way in which this is interpreted; it is not providing funding, building hard assets, etc.
    - CORHA provides intellectual resources so that public health and healthcare can better detect, respond to, and prevent outbreaks.
- The group discussed at length whether Strategic Priority A, "Support standardized approaches to detection and reporting," and Strategic Priority B, "Support consistent and coordinated approaches to investigation and control," should continue to be separate priorities or be combined as one.
    - Ultimately, the majority of the group agreed that this is the way public health practice is phased.
        - First, you figure out the problem.
        - Then, you do something about it.
    - Rather than combining the priorities, CORHA recognizes the need to improve coordination across Workgroups A and B. This is an operational, not a strategic, concern.
- In Strategic Objective A/B-4, "Develop best practice guidance and identify standards for public health policy and legal authority":
    - The objective has been modified to better reflect CORHA's policy role and provide a charge to its new Policy Workgroup.
    - "Identifying standards" means existing standards based on legal authority by state. CORHA will not be developing or enforcing standards.
- In Strategic Objective A/B-5, "Define public health, clinical, and commercial laboratory best practices to support outbreak detection and response":
    - While most of the current laboratory work is reflected in Strategic Priority A, this may change in the future.
    - The role of labs in response is important, and:
        - Standardization is lacking.
        - Capacity is limited.
- Strategic Objective A/B-6, "Develop a comprehensive repository of tools and guidance," reflects CORHA's role – similar to that of CIFOR – as a clearinghouse/ portal for:
    - CORHA tools and guidance.
    - Tools and guidance developed elsewhere that CORHA can help make available to practitioners.

- The repository will be a collaborative resource for practitioners.

- Strategic Objective B-1, "Describe appropriate levels of response for improved outcomes":
  - Includes defining appropriate levels of response.
  - Is ongoing work.
- In discussing Strategic Objective B-3, "Foster consistent notifications and disclosures," the following points were made.
  - The objective distinguishes between reporting and notification. This box is housed in Strategic Priority B to distinguish it from the reporting in Strategic Priority A.
  - Notification could be limited to simply the patient and the patient's doctor; it doesn't necessarily mean public notification.
  - Often times investigation is needed before a broad, public reporting of an incident.
- In discussing Strategic Priority C, "Foster a posture of responsiveness among the practice community," the following points were made.
  - This is "where the rubber meets the road." It is the "wheels of the car" to carry the tools and guidance of Strategic Priorities A and B forward in the field.
  - The goal of this priority is to advance readiness among practitioners. It outlines CORHA's role in helping public health and healthcare with preparedness and implementation. CORHA's direct role in response is more limited.
  - The group was purposeful in not using the word "preparedness" in this column, as the meaning can be misconstrued with the preparedness field.
- In discussing Strategic Objective C-1, "Promote collaboration between public health and healthcare," the following points were made.
  - An intellectual case can be made that C-1 is subsumed in Cross-cutting Strategic Priority E, "Strengthen relationships and communication among stakeholders."
  - Given the importance of this work and the gaps/obstacles that remain, the group agreed to keep this as a free-standing objective.
- Strategic Objective C-2, "Promote and disseminate tools and guidance":
  - Reflects CORHA's role in "pushing things out" to the field.
  - Includes CORHA products as well as other tools and guidance.
- Strategic Objective C-3, "Foster implementation and uptake of CORHA products," has been modified from its former position as Strategic Priority C. "Uptake" is really about CORHA products and not about the broader notion of responsiveness.
- The group agreed to delete the former Strategic Objective C-3, "Foster improvement in workforce competencies," as this is more an outcome from CORHA's other work than it is a specific strategic initiative.
- In Strategic Objective C-5, "Facilitate and guide the sharing of lessons learned and prevention needs":

- This is the “readiness” objective. CORHA can act as the feedback loop for lessons learned so they can be incorporated by others.
- The Council needs to identify what its role is in the next instance of a catastrophic event/outbreak.
- It is unclear whether CORHA would also play a role as a national “after action” convener.

- In Strategic Objective D-1, “Ensure effective Council vision and leadership,” “leadership” includes:
  - The organization.
  - The Governance Committee.
  - The workgroups.
  - Workgroup co-chairs.
- Strategic Objective D-3, “Ensure operational infrastructure and process efficiency,” includes:
  - Better coordination between workgroups A and B and other workgroups as appropriate.
  - Streamlining decision making and approvals by the Governance Committee and between workgroups.
  - Developing a “turn on a dime” capability.
  - Leveraging additional resources including external consultants – while not “throwing people at the problem.”
- Critical to this objective is role clarity, including:
  - Staff organizations.
  - Staff (whose “day jobs” include CORHA) vs. volunteer members.
  - CDC functioning in multiple roles.
  - Member organization roles and the need for empowerment in decision-making.
- Cross-cutting Strategic Priority E, “Strengthen relationships and communication among stakeholders”:
  - Embeds the former Strategic Priority C, “Foster implementation and uptake among external stakeholders,” and recognizes that strengthening relationships and communication among stakeholders is foundational to all of the strategic priorities on the map.
- Cross-cutting Strategic Priority F, “Develop and implement a formal evaluation plan”:
  - Was a strong learning from implementation of the prior strategy.
  - Will include determining the extent to which CORHA’s efforts result in uptake among external stakeholders.

## Next Steps

At the conclusion of the meeting, the group identified the following next steps.

- Laurie Schulte will provide the following for distribution to participants:
    - A final version of the Strategic Map.
    - A "presentation version" of the Strategic Map.
    - This written summary of the strategic planning session.
- Laurie will meet by phone with appropriate CORHA leaders and staff to initiate planning for Phase 2 of this work, which will outline plans for effective implementation of the updated CORHA Strategic Map.

# Council Discussion Report

## HIGH-LEVEL GUIDANCE UPDATE

The following updates about the CORHA High-Level Guidance were shared:

- Wendy Bamberg was identified as the Consultant to oversee the development of the CORHA High-Level Guidance. As of July 22, 2019, Wendy will no longer serve as the Chair of the Detection and Reporting Workgroup.
- Wendy Bamberg is working on an operational plan for chapter prioritization, timelines, and key personnel, which will be shared with the Council soon.

## COMMUNICATIONS REPORT-OUT

Members of the Communication Task Force provided the following updates:

- Since its launch in October 2018, the CORHA Insider newsletter continues to highlight HAI outbreak-related news, papers and resources. The newsletter also includes a "Partner Spotlight" section, which highlights relevant information from CORHA's partner organizations.
- The CORHA website continues to be populated with resources or draft CORHA guidance. The next phase of website updates includes a more user-friendly search function of the Resource Clearinghouse.
- A CORHA calendar, which includes important CORHA and other relevant HAI outbreak-related meetings and events is available on Basecamp. Members are encouraged to suggest relevant events/meetings for the calendar.
- A CORHA Communications and Marketing Activity Tracker, also shared with members, highlights key CORHA presence at meetings, conferences, as well as CORHA mentions and highlights in blogs, newsletters and more.
- The Communications team is working on a media plan and talking points to prepare for any media-related activities that will involve CORHA. With guidance from the Governance Committee, the team will identify 1-2 members of the Council to serve as contacts for impromptu media requests.
- The team encouraged members to promote CORHA within their networks and also offered to provide templates, presentation slides, blurbs, and additional assistance for members willing to highlight CORHA at an event or through other channels.

# Workgroup Sessions Report

## Policy Workgroup

CORHA Policy Workgroup Members met in-person over the course of the two-day meeting. The Workgroup:

- Reviewed and made edits to the draft "CORHA Guiding Principles for HAI Outbreak Notification and Disclosure."
- Discussed case scenarios using the principles in the draft. The scenarios were:
    - A moderate to large Hospital setting.
    - Rural or small-town healthcare setting.
    - Outpatient setting.
    - Environment or water source outbreak at an in-patient setting.
- The Workgroup concluded by prioritizing next steps, which were to identify additional Workgroup members and external reviewers for the Guiding Principles document.
- External reviews will occur in a tiered method:
    - Tier 1: Jeff Duchin, Tom Gallagher, potentially SHEA members (when invited).
    - Tier 2: Patient Advocate (Christian Lillis or other), Journalist (preferably a member of the AHCJ).
- Next Steps:
    - The Workgroup will finalize the working document on the July Workgroup call.
    - Officially invite SHEA members to the Workgroup.
    - Identify an APIC Workgroup member.
    - Inform the Governance Committee of the plan to share the draft document with external reviewers (Jeff Duchin, Tom Gallagher, etc.)
    - Staff will develop a guided-review process for external reviews.

## Detection and Reporting Workgroup

CORHA 'Detection and Reporting' Workgroup Members met in-person over the course of the two-day meeting. The Workgroup:

- Worked with the Investigation and Control Workgroup to:
    - Develop the proposed investigation/reporting thresholds and outbreak definition for *Group A Streptococcus.*
    - Develop the proposed investigation/reporting thresholds and outbreak definition for *Influenza.*
    - Discussed the prioritization of forthcoming products.
- Convened separately to develop and discuss a product on identifying safety signals for potential medical product-related infection/outbreaks.

## Investigation and Control Workgroup

CORHA 'Investigation and Control' Workgroup Members met in-person over the course of the two-day meeting. The Workgroup:

- Worked with the Detection and Reporting Workgroup to:
    - Develop investigation and control aspects (i.e. case review, contact screening, patient placement, infection control measures, etc.) of *Group A Streptococcus.*
    - Develop investigation and control aspects (i.e. case review, contact screening, patient placement, infection control measures, etc.) of *Influenza.*
    - Discussed the prioritization of forthcoming products.
- Finalized recommendations for healthcare outbreak investigation guidance for CDI.
- Finalized recommendations for healthcare outbreak investigation guidance for *C. auris.*
- Worked to standardize recommendations for healthcare outbreak investigation guidance for CRE.
- Next Steps:
    - The Workgroup will work to finalize product content on upcoming Workgroup calls.