November 2 – 3, 2022

Emory Conference Center Hotel

Atlanta, GA and Virtual

CORHA

CORHA FALL MEETING 2022

Table of Contents

CORHA FALL MEETING 2022

MEETING AGENDA

*A continental breakfast (which will be available starting at 7am each day) and lunch will be provided on both days of the meeting.

Wednesday, November 2			
Time	**Activity**	**Participants**	**In-Person Location**
9:00 – 9:15 a.m.	**Registration**		
			Azalea Room
9:15 – 9:45 a.m.	**Welcome Session**		
	• Opening remarks • Introductions/Icebreakers	**All**	Azalea Room
9:45 – 10:45 a.m.	**Discussion**		
	From Flu to COVID-19, From GAS to MPX: How to Address Outbreak Response Needs for both Existing and Emerging Infections	**All**	Azalea Room
10:45 – 11:15 a.m.	**Break**		
11:15 – 12:30 p.m.	**Presentation and Discussion**		
	CORHA Activities • Strategic Map Update • Product Updates • Workgroup Updates • Principles and Practices for Outbreak Response (P&P) Update • Communications	**All**	Azalea Room
12:30 – 1:30 p.m.	**Lunch**		
1:30 – 2:30 p.m.	**Presentation**		
	CLUSTER Trial: An 82 U.S. Hospital Cluster Randomized Trial (CRT) to Assess the Impact of an Automated Statistical Outbreak Detection Tool and Response Protocol to Limit Hospital Transmission • **Meghan Baker, MD.** Division of Infectious Diseases, Brigham and Women's Hospital and Department of Population	**All**	Azalea Room

	Medicine at Harvard Medical School and Harvard Pilgrim Health Care Institute		
2:30 – 2:45 p.m.	**Announcements**	**All**	Azalea Room
2:45 – 3:00 p.m.	**Break**		
3:00 – 4:15 p.m.	**Workgroup Breakout Sessions**		
	• Policy • Lab • Detection and Response	**All**	Policy: Magnolia Room Lab: Beech Room Detection and Response: Basswood Room
4:15 – 5:00 p.m.	**Council Business Meeting**		
	• Bylaws and Strategic Map • Membership Discussion	**CORHA Voting members**	Azalea Room
5:00 p.m.	**Adjourn**		
6:30 p.m.	**Optional:** Dinner at General Muir		
Thursday, November 3 *(Discussion order to be voted upon by meeting attendees, please find alternate agenda below)*			
8:30 – 9:00 a.m.	**Registration**		
			Azalea Room
9:00 – 10:00 a.m.	**Discussion**		
	What's missing from CORHA's outbreak response toolkits? Addressing gaps and making improvements to current and future CORHA products	**All**	Azalea Room
10:00 – 10:30 a.m.	**Break**		
10:30 – 11:00 a.m.	**Presentation**		
	Standardized Variables List for Healthcare Outbreak Response with Health Equity Considerations • **Ayana Hart**, CDC • **Kiran Perkins, MD, MPH**, CDC	**All**	Azalea Room
11:00 – 12:00 p.m.	**Discussion**		
	HAI Outbreaks, Regulatory Agencies and Accreditors: What to Share and When	**All**	Azalea Room

12:00 – 1:00 p.m.	**Lunch**		
1:00 – 2:30 p.m.	**Discussion**		
	From Flu to COVID-19, From GAS to MPX: Opportunities and Needs for CORHA Going Forward	**All**	Azalea Room
2:30 – 3:00 p.m.	**Wrap Up and Adjourn**	**All**	Azalea Room

Alternate agendas for Thursday, November 3:

8:30 – 9:00 a.m.	**Registration**		
			Azalea Room
9:00 – 10:00 a.m.	**Discussion**		
	What's missing from CORHA's outbreak response toolkits? Addressing gaps and making improvements to current and future CORHA products	**All**	Azalea Room
10:00 – 10:30 a.m.	**Break**		
10:30 – 11:00 a.m.	**Presentation**		
	Standardized Variables List for Healthcare Outbreak Response with Health Equity Considerations • **Ayana Hart**, CDC • **Kiran Perkins, MD, MPH**, CDC	**All**	Azalea Room
11:00 – 12:00 p.m.	**Discussion**		
	From Flu to COVID-19, From GAS to MPX: Opportunities and Needs for CORHA Going Forward	**All**	Azalea Room
12:00 – 1:00 p.m.	**Lunch**		
1:00 – 2:30 p.m.	**Discussion**		
	HAI Outbreaks, Regulatory Agencies and Accreditors: What to Share and When	**All**	Azalea Room
2:30 – 3:00 p.m.	**Wrap Up and Adjourn**	**All**	Azalea Room

Session-Specific Agendas

POLICY WORKGROUP AGENDA

Wednesday, November 2	
Time	**Activity**
3:00 p.m.	Roll Call
3:05 p.m.	Workgroup Charge Review and Approval
3:15 p.m.	Product Discussion – What product(s) would we like to work on that aligns with the new workgroup priority? • Begin product development
3:55 p.m.	Planning for future workgroup meetings • Meeting cadence • Communication • Future agenda items
4:05 p.m.	Action Item and Next Steps
4:15 p.m.	Adjourn

LAB WORKGROUP AGENDA

Wednesday, November 2	
Time	**Activity**
3:00 p.m.	Intros and Welcome to new Lab Co-Chairs
3:05 p.m.	Review of Lab Workgroup charge • Starting the review and revision process • Planning next steps
3:30 p.m.	Update on Products • Overview and status update of Chapter 6 of the CORHA Principles and Practices • Review of products on A – Z library ○ Are there key gaps or products this group needs to revisit?
3:50 p.m.	Lab Workgroup roster review • Current membership • Recruitment • Key Gaps to be filled
4:10 p.m.	Next Steps
4:15 p.m.	Adjourn

DETECTION AND RESPONSE WORKGROUP AGENDA

Wednesday, November 2	
Time	**Activity**
3:00 p.m.	Welcome

3:05 p.m.	Resources and Products Library (A-Z) • Review status of current products in development • Identification of remaining needs/gaps • Review layout/content and gather input on additional items to include in our product templates • Review and update strategies/publishing living documents
3:35 p.m.	Medical Products Discussion • Next steps for Supplement A ○ Alignment with Medical Products page
4:05 p.m.	Open Discussion
4:15 p.m.	Adjourn

COUNCIL BUSINESS MEETING

Wednesday, November 2	
Time	**Activity**
4:15 p.m.	Welcome Remarks from Governance Committee
4:20 p.m.	Bylaws Refresher and Strategic Map Update
4:30 p.m.	Membership Discussion
4:40 p.m.	Open Discussion
4:55 p.m.	Wrap-Up
5:00 p.m.	Adjourn

CORHA FALL IN-PERSON MEETING PARTICIPANTS

First Name	Last Name	Affiliation	Email
Elizabeth	Beshearse	CDC	pgz1@cdc.gov
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CORHA FALL VIRTUAL MEETING PARTICIPANTS

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Rick	Wild	CMS	richard.wild@cms.hss.gov
Kelly	Wroblewski	APHL	kelly.wroblewski@aphl.org

Governance Committee

Erin Epson Governance Committee Co-Chair CSTE	**David Gifford** Governance Committee Co-Chair ASTHO
Joe Perz Governance Committee Member CDC	**Dawn Terashita** Governance Committee Member Policy Workgroup Lead NACCHO

Council Members

Massimo Pacilli NACCHO	**Erica Washington** CSTE
Scott Harris ASTHO	**Kristen Ehresmann** ASTHO
Kiran Perkins CDC	**Linda Greene** Detection and Response Workgroup Lead APIC
Waleed Javaid Detection and Response Workgroup Lead SHEA	**Jafar Razeq** APHL
Marisa D'Angeli CSTE	

CORHA Member Organization Support Staff

Grace Lee ASTHO	**Erin Laird** ASTHO
Kate Heyer ASTHO	**Lindsay Pierce** CSTE
Will Fritch CSTE	**Beth Daly** CSTE
	Jackie Abramson NACCHO

CORHA
Strategic Map: 2020-2025

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

Draft
07/06/2022

	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**			

CORHA FALL MEETING 2022

Bylaws and Operating Guidance

Revised and Approved by Council Voting Representatives on January 19, 2022

Bylaws

I. History and Purpose

In 2015, the Centers for Disease Control and Prevention's Division of Healthcare Quality Promotion (CDC/DHQP) funded the Association of State and Territorial Health Officials (ASTHO) and the Council of State and Territorial Epidemiologists (CSTE) to create and Co-Chair the Council for Outbreak Response: Healthcare-Associated Infections (HAI) and Antimicrobial-Resistant (AR) Pathogens (CORHA) and serve as Founding Members. HAIs including AR pathogens cause hundreds of thousands of illnesses and deaths among U.S. patients each year. Consistent and coordinated approaches are needed to speed up detection of new threats, develop tools to support outbreak investigation, stop outbreaks from spreading, and better inform prevention activities. The Council will work to 'Build Capacity for Public Health and Healthcare to Improve Outbreak Detection, Response and Prevention.'

II. Mission

To improve practices and policies at the local, state, and national levels for detection, investigation, control, and prevention of HAI/AR outbreaks across the healthcare continuum, including emerging infections and other risks with potential for healthcare transmission.

III. Vision

Public health and healthcare collaborating effectively to protect patients and prevent harms from HAI/AR outbreaks.

IV. Membership in CORHA

Member Organizations include the following categories:

1. **Founding Member Organizations** are CDC/DHQP, ASTHO, CSTE and the National Association of County and City Health Officials (NACCHO). Founding member organizations form the CORHA Governance Committee (see Section V.2) and do not have membership term limits.
2. **Stakeholder Member Organizations** serve four-year terms on CORHA, and the Governance Committee votes to renew the four-year term of each member organization.
3. **Federal Partner-Liaison Member Organizations** include federal agencies invited to participate on CORHA in a non-voting member capacity. Federal Partner Liaison member organizations serve four-year terms on CORHA, and the Governance Committee votes to renew the four-year term of their membership.

V. *CORHA's Organizational Structure*

CORHA's organizational structure includes organizations, professional associations, and other agencies that have an active interest in delivering safe healthcare and promoting patient safety.

1. **Full Council (CORHA)** – the council refers to the assembly of founding member organizations, stakeholder member organizations and Federal Partner-Liaison member organizations (as defined in Section IV). Each member organization designates one individual to serve as their representative on CORHA. The number and specific mix of member organizations are approved for addition or subtraction from CORHA through action by the Governance Committee.
2. **The Governance Committee** – the Governance Committee is comprised of representatives from CORHA's founding member organizations, CDC/DHQP, ASTHO, CSTE, and NACCHO, each of which appoints an individual representative (as described in Section VI below).
3. **Workgroups and Committees** – see Section VIII below for more information.

VI. CORHA Voting Representatives and Responsibilities

Each CORHA member organization (as defined in Section IV) designates one individual to serve as a voting representative on CORHA. The following exceptions apply:

1. CORHA Co-Chair organizations (ASTHO and CSTE) will each have three voting representatives on the Council, one of whom will be designated to serve as Co-Chair on the Governance Committee.
2. Founding Member organizations that are not Co-Chairs (NACCHO and CDC/DHQP) will each have two voting representatives on the Council, one of whom will be designated to serve on the Governance Committee.
3. Federal Partner-Liaison Member Organizations will each have a formally designated representative, but they will participate in a non-voting capacity.

CORHA voting representatives will have a strong scientific background, knowledge of HAI outbreak and response, extensive knowledge of the organization they represent, understanding of HAI policy issues, and be dedicated to the mission and vision of CORHA.

CORHA voting representative responsibilities include:

- Supporting and implementing the decisions of the Governance Committee.
- Approving modifications to the CORHA Bylaws.
- Approving the addition of organizations to add to covered membership.
- Approving changes to CORHA's vision, mission, or Strategic Map.
- Participating in and/or providing support and guidance to CORHA workgroups.
- Participating in in-person meetings and quarterly member conference calls.
- Providing feedback on CORHA initiatives.
- Reviewing, approving and voting on CORHA-developed products.
- Disseminating and promoting final and approved CORHA products.

A. Casting Votes and Quorum

- Regarding CORHA covered business (action), a quorum must be established with a simple majority of the total number of voting representatives for a vote to occur. Each voting

representative may cast one vote. For an action to be considered "approved," the total number of affirmative votes must be equal to the simple majority of the total number of voting representatives.

- If a voting representative knows in advance that he/she will not be present for a vote, that member may designate a proxy (from the same member organization) to vote on his or her behalf.

- *CORHA-developed products requiring approval and a vote will follow the processes and guidelines outlined in the CORHA Workgroup to Publication process.* CORHA voting representatives will be responsible for obtaining the appropriate level of input from their respective organizations during open review periods.

B. Meeting Attendance and Participation

- The Council will strive to meet quarterly, including two in-person meetings per year (e.g., once in the spring/summer and once in the fall/winter) with intervening meetings occurring via video or teleconference. In-person meetings are subject to availability of Council funds.
- If a voting representative is unable to represent their organization at quarterly meeting, they or their member organizations may propose an alternate. Notification of all proposed alternates must be sent to the Council Co-Chairs and the meeting planning staff as soon as possible prior to the meeting or call. Alternates should have a strong scientific background, knowledge of HAI outbreak and response, extensive knowledge of their member organization they represent and understanding of HAI outbreak policy issues, and CORHA.

VII. CORHA Governance Committee Responsibilities

The CORHA Governance Committee is responsible for providing overall guidance for CORHA. One representative from each of the four founding member organizations (ASTHO, CDC/DHQP, CSTE, NACCHO) serves on the Governance Committee. Governance Committee members are appointed by the organizations they represent and have relevant leadership and management experience. If a Governance Committee member is no longer able to serve on the Governance Committee, the sponsoring organization will present another candidate for consideration.

The Governance Committee strives to make decisions by consensus, but when consensus is not clear, a vote will be conducted. Each Governance Committee member will have one vote and a decision must be approved by at least three-fourths of Governance Committee members.

CORHA Governance Committee responsibilities include:

- Approving changes to CORHA's vision, mission, and Strategic Map.
- Providing strategic direction for CORHA.
- Introducing, prioritizing, and maintaining a list of proposed CORHA projects for consideration.
- Providing guidance on policy, legal, and financial matters of CORHA.

- Approving new CORHA processes and all internal and external-facing documents bearing the CORHA logo.
- Suggesting, vetting, and approving member organizations to be voted upon by CORHA.
- Approving four-year term renewals for additional member organizations.
- Approving federal liaison member organizations.
- Approving CORHA voting representatives and workgroup members.
- Approving the creation, scope, and goals of workgroups.
- Providing guidance to CORHA workgroups, committees, and other initiatives.
- Inviting voting representatives, their alternates, selected non-voting representatives or subject matter experts to CORHA meetings.
- Promoting and representing CORHA at public events.
- Responding to media requests for CORHA.
- Granting permission to persons and organizations who wish to make presentations, announcements to or on behalf of CORHA.
- Attending CORHA meetings and conference calls.
- Providing resolution if conflicts arise with member organizations.
- Advocating for CORHA.

VIII. CORHA Workgroups and Committees

CORHA Workgroups and Committees will be formed to address specific short or long-term projects as approved by the CORHA Governance Committee. CORHA workgroups will be led by a Chair and a Co-Chair, one of whom should be a current CORHA voting representative. If CORHA voting representatives do not volunteer to serve in these roles, the Governance Committee will consider an alternate designee. Individual workgroup members may be identified and recommended by CORHA voting representatives and the Governance Committee. Workgroup members will have a strong scientific background, knowledge of HAI outbreak and response, and be dedicated to the mission and vision of CORHA. The Governance Committee will consider approving the inclusion of workgroup members who do not represent a CORHA member organization, on the advice of the workgroup co-chairs, when this is deemed necessary to expand the subject matter expertise and perspectives represented in the workgroup.

CORHA FALL MEETING 2022

Operating Guidance

Revised 01/19/2022

The CORHA Operating Guidance supplements the formal CORHA Bylaws

I. CORHA In-Person and Video/Teleconference Meeting Logistics

- Meeting Frequency:
- The Council will strive to meet quarterly, including two in-person meetings per year (e.g., once in the spring/summer and once in the fall/winter) with intervening meetings occurring via video or teleconference. In-person meetings are subject to availability of Council funds.
  The CORHA meeting schedule will occur as follows:

Meeting	Format	Tentative Month
CORHA Member Call	Video/Teleconference	Winter
CORHA In-Person Meeting (Spring)	In-Person	Spring
CORHA Member Call	Video/Teleconference	Summer
CORHA In-Person Meeting (Fall)	In-Person	Fall

- Meeting Notices and Invitations: The hosting organization (ASTHO or CSTE), with direction from the Governance Committee will be responsible for identifying and inviting and voting representatives, their alternates, selected organization representatives and Subject Matter Experts (SMEs) to the meeting. Invited in-person meeting participants will be given at least 6 weeks' notice when practicable, while video or teleconference meeting participants will be given at least 3 weeks' notice when practicable. Meeting invitations and notices may be in the form of a calendar meeting request, email, or formal digital letter.

- Meeting Attendance, Absences and Alternates: Per the CORHA Bylaws, if a voting representative is unable to represent their organization at quarterly meeting, they or their member organizations may propose an alternate. Notification of all proposed alternates must be sent to the Council Co-Chairs for awareness and meeting planning staff as soon as possible prior to the meeting or call. Alternates preferably will be drawn from existing CORHA membership (e.g. another voting member or a staff representative).

  Notice shall be given to the member organization (by CORHA's ASTHO or CSTE staff) when a voting representative of a member organization has been absent from three consecutive meetings.

- Agenda Development: The Council Co-Chairs, with support from CORHA staff shall be responsible for the development, review, and approval of CORHA in-person meetings and video/teleconferencing call agendas. CORHA staff will be responsible for drafting and editing the meeting agendas, for review and feedback by the Co-Chairs. Meeting agendas will be developed and distributed with the goal of providing at least 7 calendar days advanced notice of the items to be discussed. Agendas will be developed taking into consideration the following:

- Content and Agenda Items – the Co-Chairs shall be tasked with selecting discussion topics and identifying presenters and facilitators for the selected agenda items.
- Time Allocation and Breakout Sessions -- the Co-Chairs shall determine the structure, appropriate time necessary and facilitators for breakout sessions.

- Meeting Facilitation: The Co-Chairs shall be tasked with facilitating CORHA meetings, with the intent to cover all agenda items, prompt participant engagement, clarify action items and accomplish meeting objectives. CORHA staff will be responsible for providing meeting support to the Co-Chairs to ensure that meeting objectives are met.

  Principles of Robert's Rules of Order shall be used when necessary to govern business of the CORHA, its Governance Committee, other committees, and workgroups.
- Meeting Report: CORHA staff will provide a meeting report or summary following the meeting. Meeting reports will include the date, time and place, the members present, and the action(s) taken at each meeting.

II. Appointment of New CORHA Member Organizations and Voting Representatives

Every effort will be made to ensure that all relevant organizations are represented in the CORHA membership. Organizations that are relevant to CORHA's work shall be identified in discussions with CORHA voting representatives, but as indicated in the Bylaws, decisions to extend membership to organizations and individuals shall be made by the Governance Committee.

- New CORHA Member Organizations: The Governance Committee will discuss and determine the need to add new member organizations to CORHA. Following the approval of the Governance Committee, member organizations of interest will be discussed for approval and a vote by the full Council. Approved organizations will be issued an official CORHA invitation letter.
- New CORHA Voting Representatives: New CORHA voting representatives may be nominated by their organizations and will be approved by the CORHA Governance Committee. Curriculum Vitae's may be required for new CORHA voting representatives for consideration. Approved CORHA members will be issued an official CORHA invitation letter.

III. Voting

CORHA voting processes and quorum requirements will follow Section VI outlined in the Bylaws. A consent calendar will be considered as an option for voting, when necessary. Votes may be conducted in-person, where applicable, or via email or other electronic means. Votes will be coordinated by CORHA staff who will provide voting information and directions. Voting results will be generated by CORHA staff and announced by the Council Co-Chairs. All voting records will be recorded and saved.

IV. Workgroup Formation

CORHA workgroups and committees will be formed to address specific short or long-term projects as approved by the CORHA Governance Committee. The Governance Committee and workgroup Co-Chairs, with support from CORHA staff will draft the workgroup charge. Workgroup charge documents following the Governance Committee's approval, will be shared with CORHA voting representatives for review and discussion.

Following the approval of the charge document, Governance Committee members will identify workgroup Co-Chairs to lead the workgroup. The workgroup Co-Chairs and Governance Committee will be tasked with identifying workgroup members and establishing the direction of the workgroup.

CORHA will strive to maintain the following composition for workgroups:

- Workgroup Co-Chairs – CORHA workgroups will be led by a Chair and a Co-Chair as outlined in Section VII of the Bylaws. As indicated in the CORHA Bylaws, one of the workgroup Co-Chairs must be a CORHA voting member. The Governance Committee will vote to approve nominations for workgroup Co-Chairs, and as necessary, will support the Co-Chairs in recruiting representatives for other key workgroup positions.
- Workgroup Members – workgroup members will support implementation of the workgroup charge, serving as advisors, content developers and reviewers. The workgroup Co-Chairs will manage recruitment of workgroup members for approval by the Governance Committee.

V. CORHA Communication and Marketing Taskforce

The CORHA Communication and Marketing (C&M) Taskforce seeks to address all branding and marketing-related efforts of the Council. The taskforce works to advance the Council's mission and vision to both internal and external stakeholders, as well as oversee all external communication efforts of the Council. C&M taskforce activities are coordinated by CDC and NACCHO staff and include a Governance Committee liaison member responsible for decision-making and the overall direction of the taskforce.

The taskforce meets once a month via conference call to discuss taskforce activities.

VI. Processes

The following process documents were developed to support and operationalize CORHA activities:

- The CORHA Workgroup to Publication Process

VII. Staff Support

ASTHO and CSTE staff will be responsible for providing programmatic and administrative support on various CORHA activities.

Principles and Practices for Outbreak Response Chapter List

CORHA			CIFOR
Chapter	**Full Title**	**Abbreviated Title**	**Chapter**
1	Overview of the CORHA Principles and Practices for Outbreak Response	Overview	1: Overview of CIFOR Guidelines
2	Fundamental Concepts of Healthcare-Associated Infections and Antimicrobial Resistance Pathogens Surveillance and Outbreak Response	Fundamental Concepts	2: Fundamental Concepts of Public Health Surveillance and Foodborne Diseases
3	Planning and Preparation for Healthcare-Associated Infection and Antimicrobial Resistant Pathogen Outbreak Response	Planning and Preparation	3: Planning and Preparation
4	Healthcare-Associated Infection and Antimicrobial Resistant Pathogen Outbreak Detection and Reporting	Detection	4: Foodborne Disease Surveillance and Outbreak Detection
5	Investigation and Control of Healthcare-Associated Infection and Antimicrobial Resistant Pathogen Outbreaks	Investigation	5: Investigation of Clusters and Outbreaks 6: Control Measures
6	Laboratory Best Practices in Support of Healthcare-Associated Infection and Antimicrobial Resistant Pathogen Outbreak Response	Lab	
7	Special Consideration for Multi-Facility and Multi-Jurisdictional Outbreaks	Multi-Facility/Jurisdiction	7: Special Considerations for Multi-Jurisdictional Outbreaks
8	Legal Considerations for Reporting, Investigation, and Control of Healthcare-Associated Infection and Antimicrobial Resistant Pathogen Outbreaks	Legal	9: Legal Preparedness for the Surveillance and Control of Foodborne Disease Outbreaks
Supplement A	Outbreak Investigations Related to Medical Products	Medical Products	
Supplement B	Infection Control Break Investigations	IC Breaches	

Principles and Practices Chapter Progress

CORHA Chapter		Chapter Status	Publish Date
Overview	1	Complete	October 2022
Fundamental Concepts	2	Complete	October 2022
Planning and Preparation	3	Complete	October 2022
Detection	4	Complete	October 2022
Investigation	5	Complete	October 2022
Lab	6	In Review	
Multi-Facility/Jurisdiction	7	Pending Review	
Legal	8	Complete, In Final Review	
Medical Products	Supplement A	Pending Review	
IC Breaches	Supplement B	Complete	October 2022

CORHA FALL MEETING 2022

CORHA *Workgroup to Publication* Process Guidance

Approved by the CORHA Governance Committee on May 14, 2019

Background

This guidance describes the process by which CORHA-developed products advance from the workgroups to publication. This process aims to: standardize the workflow process for CORHA member organization support staff; establish Governance Committee (GC) and Council review priorities; prepare workgroup leads and SMEs for product presentations; and allow for cohesive product branding. Note that this guidance will typically apply to CORHA products that represent newly-created content. A more streamlined process will be used for posting resources or information taken or adapted from other reliable sources (e.g., CDC website). Additionally, while the Council will strive to use this guidance on all applicable CORHA products, more flexible processes will be used on products that require expedited publication. Of note, CORHA products are not co-branded with its member organizations. As such, member organizations are expected to assist their CORHA voting representatives in applying an appropriate level of product vetting and approval, as described in Appendix A.

Workgroup to Publication Processes

The workgroup to publication process consists of the following steps:

I. Product Packet Preparation

Upon the completion of the workgroup product, CORHA workgroup leaders, with staff support and a designated product manager will:

a. Finalize the content; where applicable, pursue cross-workgroup input/coordination;
b. Conduct informal CDC scientific and technical writing reviews to ensure accuracy, clarity, and consistency with other products and guidelines;
c. Compile all accompanying materials/resources into one packet; refer to Appendix B for CORHA workgroup packet requirements.

Target Completion: 7-14 Days

II. Governance Committee Review

The purpose of the Governance Committee review is for leadership awareness and to raise any additional issues that need to be addressed.

Target Completion: 7-14 Days

III. CORHA Voting Member Review & Feedback Reconciliation [OPTIONAL—certain products may go straight to step IV for an up-or-down vote at the discretion of the Governance Committee]

Support staff will send the packet to CORHA voting members for review. For the roles and expectations of CORHA voting members during this open review period, please refer to Appendix A.

Target Completion: 14-28 Days

IV. Voting/Approval

Member organization voting will be conducted via Qualtrics. A product is considered approved by a simple majority vote (refer to CORHA Bylaws).
Target Completion: 14 Days

V. Editing

A product that has been approved by a majority vote will go through technical editing to standardize all product language.
Target Completion: 7-21 Days

VI. Graphic Design [OPTIONAL—product-dependent]

Once a product has approved and edited, it will be sent to the graphic designer. The final product, with graphic design, will be posted to a development site to be reviewed and approved by workgroup member leads and the CORHA Communications Task Force.
Target Completion: 14-28 days

VII. Posting to the CORHA Website

Approved products will be posted to the CORHA website with a version date, standard disclaimer*, and mechanism for feedback and suggestions from users.
Target Completion: 7 days

VIII. Monitoring

Ongoing monitoring will take place based on bi-annual review and revisions are needed.

**Use of Disclaimers*: Because CORHA products are not co-branded by its member organizations, product pages will feature a disclaimer indicating that the positions and views expressed in this guidance do not necessarily represent the official positions of CORHA's member organizations.

APPENDIX A

Roles and expectations of CORHA workgroup and voting members:

CORHA workgroup members are encouraged to review and provide feedback on workgroup products during the development process. Comments are expected to build on the contributions of the workgroup, advance the work developed and aim to achieve consensus. Ultimately, the aim of product reviews is to ensure that recommendations align with CORHA's mission and are consistent with current science. A workgroup consensus is achieved when a majority of workgroup members agree on the final product.

Per CORHA's bylaws, CORHA voting members who represent the CORHA member organizations listed below are expected to review and submit their votes on CORHA products. Voting members are considered representatives of their respective organizations and are responsible for reviewing products to help the Council avoid discordance with their organizations' official guidance and policies. Voting members may consult with their organizations or subject-matter experts within their networks to help guide their review and votes. CORHA member organization support staff who are involved in CORHA will be expected to support their organizations' voting members by: updating their organizations on CORHA products; obtaining the appropriate internal approvals; tracking the status of their voting members' reviews; and communicating updates to CORHA staff.

Voting Members (*as of 10/20/2022):* 1 vote assigned per voting member. **

ASTHO:	3 Voting Members Scott Harris, Kris Ehresmann, David Gifford
CSTE:	3 Voting Members: Marisa D'Angeli, Erin Epson, Erica Washington
CDC:	2 Voting Members: Kiran Perkins, Joe Perz
NACCHO:	2 Voting Members: Massimo Pacilli, Dawn Terashita
APIC:	1 Voting Member: Linda Greene
APHL:	1 Voting Member: Jafar Razeq
SHEA:	1 Voting Member: Waleed Javaid

** In the event that a CORHA member is unable to vote, CORHA member organization support staff may serve as a designee on behalf of that Council voting member to submit official CORHA votes.

APPENDIX B

All CORHA product packets should include the following:

1. An editable copy of the final watermarked draft, exclusive of markups or comments.
2. The official title of the document.
3. References, supplemental resources, and other supporting materials.
4. A current roster of all active workgroup members and subject-matter experts that participated in the product development process (for record keeping).

APPENDIX C

CORHA product presentations by CORHA workgroup Co-Chairs or SMEs should include the following:

1. A brief overview of the product (purpose, content, etc.).
2. The rationale behind the product development process (justifications, frameworks used, important research referenced, conclusions reached, etc.).
3. Acknowledgement of workgroup Co-Chairs, members, and SMEs.
4. Time for questions and discussion.

Appendix D

Posted Products: Feedback and Refinement

All posted CORHA-developed products will feature a feedback mechanism whereby users will have the option of submitting feedback and suggestions through the website (e.g., an email link appearing on the page that hosts the product).

CORHA will strive to review comments on a regular basis (e.g., quarterly). In general, products will be reviewed at least bi-annually. If it is deemed necessary to revise the product in response to comments, feedback, or new information, workgroup co-chairs will consult with the CORHA Governance Committee to determine the approval process, which may be expedited (i.e., not requiring full council vote) for minor updates.

In the event that a CORHA product addresses an issue or topic that is particularly novel or for which evidence and expert opinion are evolving, the product may be designated as “Interim Guidance” or an equivalent term. The decision to introduce this qualifier will typically be made by workgroup chairs in consultation with the CORHA Governance Committee.

CORHA Product Statuses

Product	Workgroup	Status
CRE	Workgroup B	In review
NTM	Workgroup A	Final version posted
C. auris	Workgroup B	Final version posted
CDI	Workgroup A	Final version posted
Influenza	Workgroup A and B	Final version posted
Group A Strep	Workgroup A	Development on hold
HAI Notification Framework	Policy	Final version posted

Interacting with Survey Agencies and Accreditors as Part of Healthcare Outbreak Investigations: What to Share and When Notes

- Overview: One of the discussions that emerged from the CORHA Spring Meeting was on the protocols for communication with accrediting organizations, as relates to the framework for patient notification. This sparked the creation of this ad hoc group.
- One theme that all participants agreed upon was that the goal for surveyors and accreditors is to provide the safest environment possible for patients. Thus, there needs to be more clarity on reporting.
    - The accrediting organization occupy a gray space, as they are deemed to measure surveys in a regulatory role.
    - In many states, the approach has always involved a balancing act with the regulatory folks.
- CDC has a sense of reporting from accrediting organizations to state health departments, as required by the CMS memo (originally published in 2014). Most accrediting organizations share their reports with the state.
        - Participants had questions on the broad guidance that is given to HAI/AR teams on when to call surveyors during an outbreak investigation.
        - One participant noted the factors that come into play here include the scope and severity of the problem and the pace of corrective actions
- Participants suggested putting in place a joint framework for making referrals. This may mean defining terminology and standardizing messaging with the regulatory and accrediting sides.
    - From the perspective of patient advocates,
        - if infectious disease consultants constantly see a pattern of infection control issues with a particular facility, that should be reported even if the severity does not reach the highest level;
        - strengthening communication with the regulatory side is important: if information is only kept internally, then it is not good for the public.
    - Within LTC and LTAC settings, if these facilities view HAI staff as helpers and consultants, an agent in solving problems, this deepens the relationship and creates a safer environment in which problems are identified earlier
- Regarding the point above (patient advocate POV), multiple participants commented that multiple minor infractions can indicate a larger issue. Pushing the issue of safety is sometimes more important than maintaining a friendly relationship with a particular facility. The public expects the department to prioritize safety.
- It is important to focus on patient protection by working more collaboratively. This means ensuring clear and consistent means of communication.
    - In some states, survey agencies reach out to the ICAR and HAI team when they see an issue in a facility. If an audit is being conducted and IPC issues are found, they will tell the facility and locate the correct resources and make a “referral” to HAI/ICAR.
    - Consideration of bidirectional communication is important.
- It is important to recognize the different definitions of the term “outbreak”, which can result in an adverse action. There must be care taken in how “outbreak” is defined.

- The CORHA Policy workgroup may be able to take this on, as outbreak reporting is usually required under state law.
- There was discussion describing how it is helpful to create a space initially for the HAI team to lead initial response and then involve regulatory agencies on an as needed basis, as when roadblocks to implementing control measures are encountered.
- CORHA thresholds for reporting are based on the idea that there are conditions where facilities should seek help, to get assistance assessing a situation and remedy problems, to prevent an outbreak from occurring in the first place or to contain an outbreak early to reduce its impact; we don't want to discourage facilities from asking for this type of help

Next Steps

- The notes from this meeting will be used to inform future discussions.

Notes